


**UNITED NATIONS  
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ON HIV/AIDS**

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**Fact Sheet**

## HIV/AIDS, food security and rural development

*Growing links between rural and urban areas through improved transport networks, trade and migration have caused HIV prevalence rates to rise rapidly in rural areas—where AIDS is becoming an even greater threat than in cities of the developing world.*

### AIDS and rural areas

- Access to information and health services is poorer in rural areas than in cities. Rural people are less likely to know how to protect themselves against HIV. If they fall ill, they are also less likely to receive adequate care.
- Rural communities bear especially heavy burdens, as many HIV-infected urban dwellers tend to return to their rural communities when they fall ill.
- Studies have shown that HIV prevalence rates can be unusually high among mobile populations. HIV/AIDS therefore disproportionately affects the agriculture, transportation and mining sectors, which rely on large numbers of migrant workers.
- In Kenya's Ministry of Agriculture, an estimated 58% of all staff deaths are caused by AIDS, while some 16% of staff in Malawi's Ministry of Agriculture and Irrigation are living with the disease. Researchers have calculated that HIV/AIDS is causing the loss of up to 50% of agricultural extension staff time in sub-Saharan Africa.
- In badly affected parts of Thailand, one-third of rural families affected by AIDS experienced a halving of their agriculture output, threatening their food security. Around 15% had to take their children out of school, and over half the elderly were left to fend for themselves.
- Rural families and households hit by the epidemic often are forced to sell productive assets in order to pay for health care and funerals. Replacing those assets is very difficult. The price paid can be the long-term development of rural enterprises and communities.

### Undermining development

- By striking people in the prime of their working and parenting lives, AIDS hinders knowledge and expertise from being passed on to subsequent generations. The effects are particularly harsh in sub-Saharan Africa. A study in Kenya has shown that only 7% of farming households headed by orphans have adequate knowledge of agricultural production.

### Weaker agriculture systems

- More than one-third of the gross national product of the worst affected African countries comes from agriculture. Labour-intensive farming systems with a low level of mechanization and agricultural input are particularly vulnerable to the epidemic.

- AIDS has killed around 7 million agricultural workers since 1985 in the 25 worst hit African countries. It is estimated that the epidemic could claim as much as 25% of the agricultural labour force in badly affected countries by 2020.
- In contrast to other diseases, AIDS kills mostly members of the productive age group—people aged 15–49 years. AIDS cuts productivity as more people become ill and as more time has to be devoted to caring for the sick and for funeral rituals.
- In some cases, traditions meant to ensure widows' access to land might contribute to the spread of HIV. An example is the custom that obliges a man to marry his brother's widow. Unfortunately, initiatives to stop these practices, while effective in slowing the transmission of HIV, may also leave widows without access to land and food.
- Studies in several countries have found that some rural women whose husbands have died of AIDS have resorted to commercial sex as a means of survival, because they had no legal rights of inheritance to their husbands' property.

### Food security under threat

- The loss of assets and productive workers severely affects household capacities to produce and purchase food. Evidence from Namibia shows widespread sale and slaughter of livestock to support the sick and provide food for mourners at funerals. This jeopardizes the livestock industry, as well as communities' long-term food security and survival options.
- In badly affected areas, many households take in sick relatives and foster orphans, which reduces the amount of food available for each household member. As a result, nutrition levels tend to drop and people's health is compromised further.

### Meeting the challenges

- Effective prevention, care and support programmes demand greater insight into the dynamics of the epidemic in rural areas. Although these are complex issues, a growing understanding is evolving of better ways to tackle the problems of AIDS that are specific to rural areas.

### Women on the frontline

- Women whose husbands are migrant workers are especially vulnerable to HIV/AIDS, as their spouses may have other sexual partners. Similarly, some women may engage in transactional sex to earn money or other commodities in times of economic insecurity.
- In rural areas, as in cities, the epidemic further adds to the already formidable burdens women bear—as workers, caregivers, educators and mothers. At the same time, in some countries, their legal, social and political status make them more vulnerable to HIV/AIDS.