# South Asia Multi Sector briefs on HIV/AIDS

Agriculture and Rural Development

## The Rationale for Mainstreaming HIV/AIDS in Agriculture & Rural Development

### Vulnerability and Risk among Rural population

Information about the scale of the problem of HIV/AIDS in rural areas in South Asia is scarce, but survey findings in selected areas show that rural areas are not immune. For example in Tamil Nadu, India, a prevalence of 6.7% has been found[1]. The vulnerability and risk of rural populations to HIV/AIDS is influenced by:

- **Migration:** Migration of poor, rural, sexually active young people to urban centers and abroad plays a major role in transmission of HIV to rural areas.[2] Large numbers of men and women migrate from rural to urban areas in search of employment opportunities, particularly in the agricultural lean season. Rural areas are also the source of large numbers of migrant workers traveling abroad to neighboring countries and the Middle East. They spend a lot of time away from home, are removed from social structures, separated from spouses or partners, and may engage in high risk sexual behaviors, become infected and upon return to their homes, may also infect their spouses.
- **Access to health services:** Rural areas tend to have fewer health providers and other health services than urban areas. Some areas are very remotely located and difficult to reach and without services.
- **Literacy and awareness:** There is low awareness and knowledge about HIV/AIDS and STIs in most rural areas, and high levels of illiteracy compound this knowledge deficit. In addition, talking about sex is often taboo.
- **Gender:** The low social status of women in some countries, especially in rural areas, increases their vulnerability to HIV. They are typically not empowered to negotiate safe sex, including with their spouses. In one study, 3.8% of housewives in rural areas were infected with HIV, mostly by their spouses or regular partners.[3] It is also common for husbands to make decisions on health care for many rural women, limiting their access to health care and proper treatment. Education levels are lower among rural women than men. Some 60 percent of women in rural areas of Tamil Nadu were unaware that consistent condom use can prevent HIV transmission compared to 30 percent of rural men.[4]
- **Marginalized populations:** Tribal populations and low caste households living in rural areas who are marginalized in society, tend to be among the poorest and most vulnerable. In Jharkhand, AIDS awareness among tribal communities, who constitute 27 percent of the state's population, is only 4.2 percent. In urban areas of the state 49 percent are aware of HIV/AIDS and in rural areas only 8.4 percent know about it.[5]
- **Selling and buying sex:** Commercial sex work is frequent in both urban and rural areas, especially traditional sex work. 25% of sex workers in Karnataka, India were Devadasi sex workers, who are largely based in rural areas.[6,7]

## The Impact of HIV on Rural Development

- **Potentially catastrophic impact on livelihood:** A great part of the rural economy depends on labor-intensive activities such as agriculture, fishing and other manual work. HIV infection leads to more sick days and a reduction in productivity, which may result in loss of livelihood. In most parts of South Asia the prevalence is still low and levels of

absenteeism and attrition remain low. In areas with high HIV prevalence, at the household level, the impact on the affected family is huge with productivity and income losses as family members become ill and/or die and others devote time to caring for the sick, or planning for and attending funerals.

- **Erosion of social capital**: HIV is a highly stigmatized disease, and in many communities infected individuals are ostracized or excluded from the community and lose the social networks and support that help them cope with adverse events. When parents die and leave orphans, there is a need for a sense of social cohesion to encourage adoption and care of children orphaned by HIV/AIDS as well as for home-based care of the sick. **India currently has the largest number of AIDS orphans in the world.**[8]

- **Increased Cost of Health care services:** HIV/AIDS remains an expensive illness to manage and the associated costs of treatment will deplete the already limited resources allocated for health care delivery in rural areas. This is important given the other competing health priorities in most countries. Poor rural households are more likely to dispose of assets to meet medical expenses.

**Piloting HIV/AIDS mainstreaming in rural projects—Responding to demand**

HIV/AIDS mainstreaming is being piloted in two South Asia Agriculture and Rural Development (SASAR) projects. In Sri Lanka, HIV/AIDS mainstreaming is being piloted in the Community Development and Livelihood Improvement "Gemi Diriya" Project. Youth in this project have identified HIV/AIDS as one of the important social issues facing their communities. There also appears to be quite a high incidence of prostitution in some communities and hence relatively high risk and vulnerability to HIV.

In response to community concerns, information on HIV/AIDS issues was informally shared with communities participating in the project, but there was demand for more follow-up and technical support. Linkages were made between the Sri Lanka HIV/AIDS Prevention Project and the Gemi Diriya project.

Two Gemi Diriya teams will be trained on HIV/AIDS awareness and general health issues. These teams include an adult team and a second specifically focused on youth issues. These trained community members are expected to further disseminate this information among the project villages. The HIV/AIDS Prevention Project will also link the Gemi Diriya health para-professionals to resource centers/health care providers that can provide services to individuals living with HIV/AIDS in the Gemi Diriya villages. The plan is to learn by doing from demand-driven rural development projects and to draw lessons from such pilots for the development of a tool kit for mainstreaming.

## *What the World Bank's Agriculture and Rural Development sector can do*

- **Advocacy***:* A focal person for HIV/AIDS has been designated in the agriculture and rural development unit of south Asia Region, to serve as champion.
- **Learning by doing:** HIV/AIDS mainstreaming is being piloted in two South Asia Agriculture and Rural Development (SASRD) projects-the Sri Lanka Community Development and Livelihood Improvement "Gemi Diriya" Project and the India - Tamil

Nadu Empowerment and Poverty Reduction Puthu Vazhvu Project.

- **Safeguards:** The impact of projects on HIV transmission is assessed and mitigation measures are implemented. Actions include introduction of clauses for HIV/AIDS mitigation in civil works contracts and signed agreements for HIV interventions for workers and the rural communities in which they work.
- **Economic Sector Work:** A review of the literature and available data on the extent of the HIV epidemic in rural areas is planned, focusing on knowledge, attitude and behaviors, as well as AAA on the economic and social impact of HIV on rural development.

## What can be done to mainstream HIV/AIDS in Agriculture and Rural Development?

| Type of Action | Examples of what to do |
|---|---|
| **Community Driven Development and Mobilization** | Communities which have identified HIV as a problem should be encouraged to develop locally owned programs to address HIV/AIDS. Sensitize communities about HIV/AIDS, and provide adequate information to address stigma and discrimination against groups with high risk behavior who are often marginalized as well as people living with HIV/AIDS.<br><br>Educate youth. |
| **Advocacy and Dialogue at Community level** | Continuous sensitization of community leaders and local politicians. Reaching local leaders (e.g., village panchayat leaders) to increase awareness and address issues related to stigma and discrimination and encourage open discussion of these issues in rural communities. |
| **Increased Outreach to Rural Communities, and migrant workers** | The Agriculture and Rural Development sector can harness its expertise in reaching rural populations, to disseminate information and awareness about HIV/AIDS to rural communities. Migrant workers and their families should be reached with prevention interventions (Education, VCTs, treatment of STIs) as this group plays an important role in the spread of the epidemic. |
| **Targeting vulnerable rural populations and those with HIV/AIDS.** | Given the disproportionate burden borne by the rural poor, safety nets could be targeted to the poorest households, especially households affected by HIV, before they dispose of assets and engage in other adverse coping mechanisms. These community-based programs should be linked to/or part of National and State programs (e.g. the Rural health mission in India). |
| **Partnership and technical cooperation** | Work with National and State level AIDS control organizations and programs for technical support, including coordination with NGOs and development partners to provide technical and financial support. |

### *Useful references and websites:*

[1] Poudel Krishna C, et al, "Mumbai disease in far western Nepal: HIV infection and Syphilis among male migrant-returnees and non-migrants", Tropical medicine and international health Vol. 8 No 10
[2] Quinn T.C "Population migration and spread of types 1 and 2 HIV viruses". Proceedings of the national Academy of Science USA, Vol. 91, pp 2407-1414. March 1994
[3] Solomon S, et al, "Prevalence and risk factors of HIV-1 and HIV-2 infection in urban and rural areas in Tamil Nadu, India". International Journal of STDs and AIDS 1998; 9: 98-103.
[4] Population Reference Bureau. Tamil Nadu HIV/AIDS in India: The Hard-hit States. Nov 2003. http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=9664.
[5] http://portal.unesco.org/education/en/ev.php-URL_ID=37495&URL_DO=DO_TOPIC&URL_SECTION=201.html
[6] O'Neil John et al. "Dhandra, dharma and disease; traditional sex work and HIV/AIDS in rural India" Social Science and Medicine 59 (2004) 851-860
[7] Blanchard J.F, O'Neil J, et al, "Understanding the social and cultural context of female sex work in Karnataka, India: implications for HIV prevention" J Infect Dis. 2005 Feb 1;191 Suppl 1; S139-46
[8] http://www1.worldbank.org/sp/safetynets/OVCWorkshop_5-03/Handout_India.pdf

- www.worldbank.org/saraids
- online at http://www.wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2003/10/03/000094946_03092504152762/Rendered/PDF/multi0page.pdf
- Research Institute exploring how agricultural and other livelihood systems, policy and practice - in urban as well as rural areas -- contribute both to the spread[i], and to the impacts, HIV/AIDS. April 14 -16 2005. Accessible online at http://www.ifpri.org/events/conferences/2005/20050414HIVAIDS.htm
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*This brief is a work in progress. It is updated as new information becomes available. We welcome your comments and feedback.*

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