



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

#### ***1. Vulnerability and Risk among Rural populations***

Information about HIV prevalence in rural areas in South Asia is limited, but data show that rural areas are not immune. For example, India's 9<sup>th</sup> annual sentinel surveillance (2006) found that, although overall HIV prevalence was higher among urban than rural populations, some states had a slightly higher HIV prevalence among rural populations than urban populations, namely, Punjab, Tamil Nadu and Uttar Pradesh. The vulnerability and risk of rural populations to HIV 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 the rural areas. 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 remote areas are difficult to reach and without services.
- **Literacy and awareness**: There is limited awareness and knowledge about HIV, AIDS and STIs in many rural areas. High levels of illiteracy compound this knowledge deficit. Furthermore, 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. 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 typically lower among rural women than men.

- **Marginalized populations.** Tribal populations and low caste households living in rural areas who are marginalized tend to be among the poorest and most vulnerable.
- **Selling and buying sex.** Commercial sex work is frequent in both urban and rural areas, especially traditional sex work. 25 percent of sex workers in Karnataka, India were Devadasi sex workers, who are largely based in rural areas. Data from India suggest that local, concentrated rural epidemics may be driven by commercial sex work.

## ***2. 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, HIV prevalence is relatively 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.

- **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 AIDS as well as for home-based care of the sick.
- **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.

## 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	<p>Communities which have identified HIV as a problem should be encouraged to develop locally owned programs to address HIV and AIDS.</p> <p>Sensitize communities about HIV and provide adequate information to address stigma and discrimination against the most at risk groups (injecting drug users, men who have sex with men, sex workers and their clients) as well as people living with HIV/AIDS.</p> <p>Educating youth is a high priority.</p>
Advocacy and Dialogue at Community level	<p>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.</p>
Increased Outreach to Rural Communities, and migrant workers	<p>The Agriculture and Rural Development sector can harness its expertise in reaching rural populations, to disseminate information and awareness about HIV and AIDS to the rural communities. Migrant workers and their families should be reached with prevention interventions (Education, VCT, treatment of STIs) as this group plays an important role in the spread of the epidemic. Where appropriate, countries should increase the reach of HIV prevention, treatment and care activities in rural areas.</p>
Targeting vulnerable rural populations and those with HIV/AIDS.	<p>Given the disproportionate burden borne by the rural poor, safety nets could be targeted to the poorest households, especially when HIV/AIDS is known, 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)</p>
Partnership and technical cooperation	<p>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.</p>

***Useful References and websites:***

AIDS in South Asia: Understanding and Responding to a Heterogeneous Epidemic, World Bank, Washington, DC 2006

Food and Agriculture Organization of the United Nations <http://www.fao.org/corp/topics/en/>

India National AIDS Control Organization (NACO), provides information on India's HIV epidemic  
<http://www.nacoonline.org/NACO>

South Asia HIV/AIDS Website: [www.worldbank.org/sar aids](http://www.worldbank.org/sar aids)

World Bank Rural Development Strategy, "Reaching the rural poor" Chapter 6, August 2003. Available online at  
[http://www.wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2003/10/03/000094946\\_03092504152762/Rendered/PDF/multi0page.pdf](http://www.wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2003/10/03/000094946_03092504152762/Rendered/PDF/multi0page.pdf)

UNAIDS Gender & AIDS fact sheets : Rural HIV/AIDS, Accessible online at [www.unaids.org](http://www.unaids.org)

***For further information, feedback and suggestions please contact:***

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