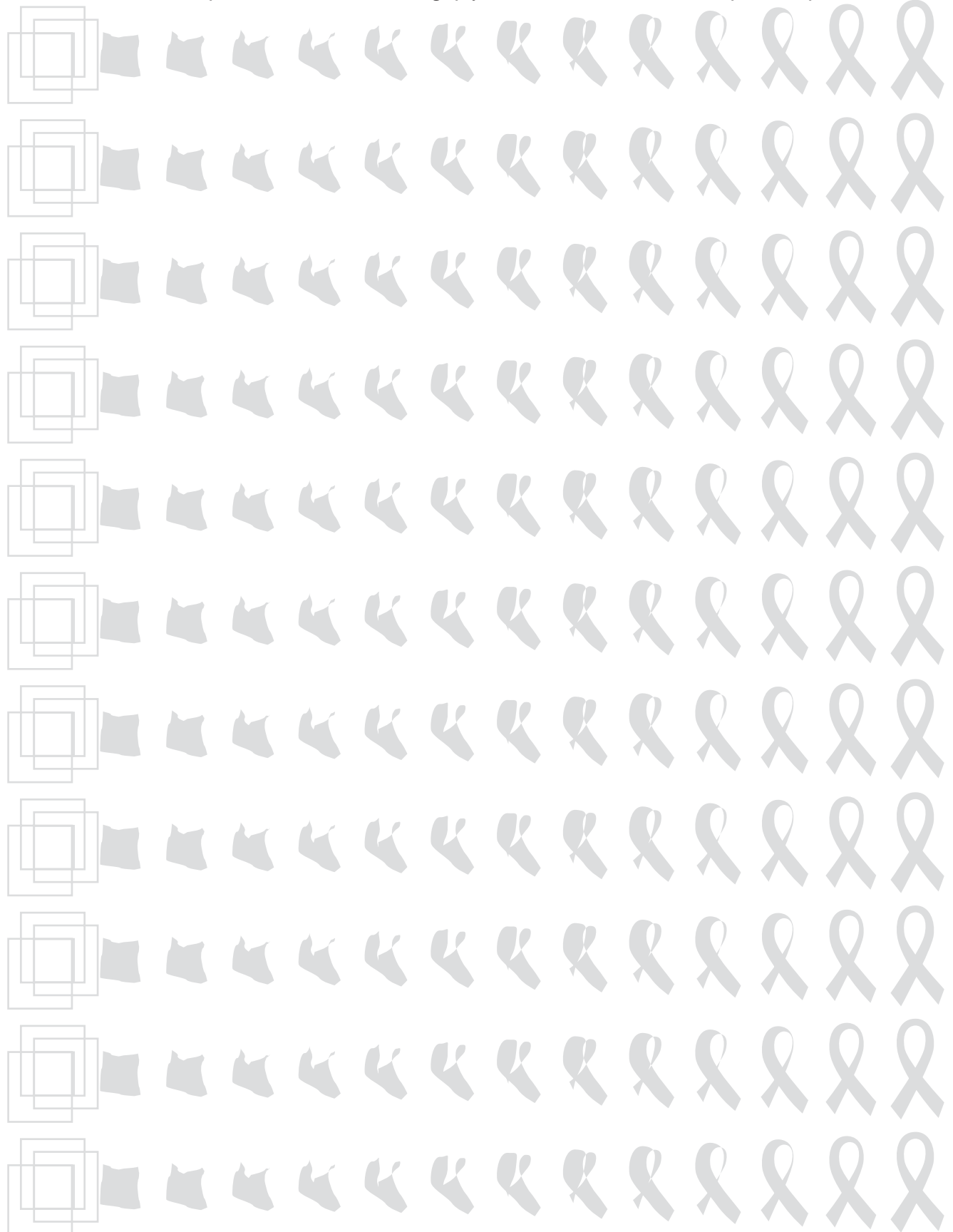




HIV/AIDS and work: global estimates, impact and response 2004

This document is one of 6 chapters, 6 sets of tables, the bibliography and the technical notes that make up the full report.



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First published 2004

Revised edition 2004

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ISBN 92-2-115824-1

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Photocomposition by the International Labour Office

Printed in Switzerland SRO

OF/LE/270704 (rev.)

Chapter 4. The impact on women and children

i) Women and HIV/AIDS: lost contributions to the economy and to the family

“The effects of HIV/AIDS on socially reproductive labour ... have not been explored and may be more important than some more obviously measurable economic impacts”.

N.M. Ncube, 1999

A striking feature of the epidemic is that more women than men are now HIV-positive in the countries most affected by the epidemic, and women typically become infected at earlier ages because of the general tendency for men

female population by 2005, compared to 26.5 years by the male population; by 2020–2025, the gap will have widened and the female population is projected to lose 6 more years of life expectancy than males, in some countries. Figure 4.1 shows the projected life expectancy differences for three heavily affected countries up to 2015. The gender differential in HIV infection is especially wide with respect to young men and women aged 15 to 24 (two-thirds of infections are among young women), which is the critical age of entry into social and economic roles, thereby creating a major challenge for policy-makers.

There is ample evidence that the high and increasing vulnerability of women to HIV in Africa is due to gender-based economic inequalities; sexual violence in homes, the workplace and other social spheres, including

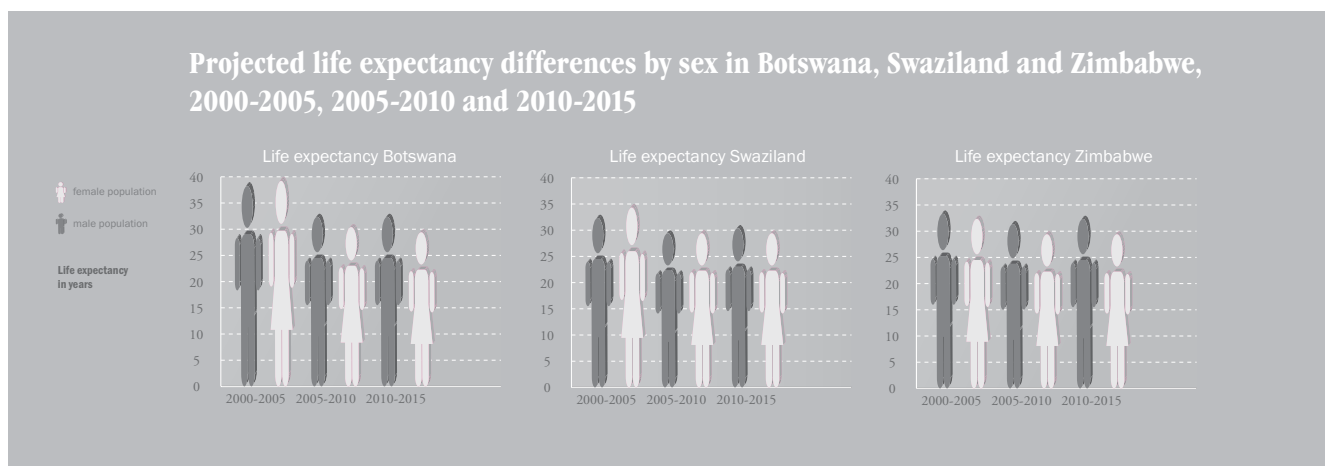


Figure 4.1

Source: UN, 2003

to seek relationships with younger women. Consequently, as women generally live longer than men, they lose more years of healthy and productive life. Worldwide, half of all persons living with HIV/AIDS are women; in sub-Saharan Africa, the figure is 58%. New infections are occurring faster among women than men in Asia as well as Africa. On the basis of the UN data for the 50 countries studied here, the ILO has estimated that 29.5 years of life expectancy will have been lost by the

schools; and lack of access to prevention, education and training, and care. The different attributes and roles that societies assign to their male and female members affect behaviours, the ability to self-protect against HIV/AIDS, and the capacity to cope with its impact. The power imbalance between women and men is compounded when the man is older, and the economic dependence of young women on (older) men is also greater.

Maintenance of women's economic position, however fragile, is key to reducing poverty, yet is seriously threatened by HIV/AIDS

A vicious cycle develops when AIDS strikes: poor and disadvantaged women become even less economically secure as a result of the impact of HIV/AIDS on the level and distribution of household incomes; women are often deprived of rights to housing, property or inheritance upon the loss of their spouses to AIDS, or if it becomes known that they are infected; bearing in mind that women perform the majority of agricultural tasks in rural areas, any decline in agricultural production caused by labour shortage due to HIV/AIDS leads to food insecurity, depriving women and men of the means to feed their families; and income and food insecurity, in turn, leads to family break-ups, migration, child labour, trafficking and prostitution, all of which increase the risk of HIV transmission and cause a deeper decline into poverty.

A report based on Kenya's export-oriented sectors (coffee and tea plantations and light manufacturing industries) found that women experienced sexual harassment and violence as a normal part of their working lives. Also, an increasing number of women are being trafficked, mainly across national borders, for sexual exploitation.

Moreover, the global HIV/AIDS epidemic is taking a devastating toll on women in terms of the burden it places on them to be caregivers and to cope with the impact of the disease on their family and livelihood. Women are increasingly bearing the brunt of the epidemic and, as a consequence, are becoming poorer. Within the household, the burden of caring for sick family members falls more heavily on women and girls, which not only adds to their workload but also undermines the other vital roles they play. Women's contributions to the economy have long been systematically underestimated, as well as unpaid. These include both productive activities such as subsistence agriculture and domestic work, characterized as the care economy. UNDP estimates that unpaid work produces an output in the developed world of at least half of GDP. The global estimated product of women's

unpaid work at the global level was estimated by UNDP at US\$11 trillion, compared to a global GDP of about US\$23 trillion in the mid-1990s. Of all 'invisible' activities, the unpaid care economy may account for the largest share, with about 70% of women's unpaid time being spent on the care of family members.

Women must often manage both paid employment and home-based provision of care. Lack of support for caregivers in the face of increasing burdens due to HIV/AIDS, however, means that it is increasingly difficult for women to find and keep work in all types of employment. The higher demands made on them have led to women's increased absenteeism on the job. Women who lose formal employment in many of the high-prevalence countries contribute to the over-representation of women in the informal economy, where they have no income security or social protection and no access to health facilities. These consequences of the epidemic are costly to households and to society at large. When women's time is spent caring for patients, not only is their time devoted to formal work diverted, but also the time needed for other essential 'invisible' tasks such as subsistence agriculture (of fundamental importance to survival in many of the most affected communities). One outcome is the depletion of savings and other resources, as well as distress sales of assets. A cycle of impoverishment can result, and women may suffer increased hardship in their old age.

Both government and employers need to share the burden of care. Effective support to caregivers requires the creation of public and enterprise-based social protection programmes. Social support to caregivers competes, however, with macroeconomic goals. The costs to social programmes are very high when governments alter priorities to meet externally generated and changing agendas. Already, the expansion of social protection is competing against costs of economic adjustment priorities and required fiscal constraints. Decreases in social investment have occurred in many countries at a time when such investment is desperately needed. Such policies have often been pursued without taking into account the importance of the care economy as a productive sector of the economy, itself needing investment.

ii) The impact of HIV/AIDS on children: out of school and into labour

Without adult mentors and with limited prospects for education, many orphaned children miss out on the developmental skills and technical know-how needed to obtain decent work in their adult lives.

The high mortality of adults has resulted in an increasing number of children growing up without a parent or responsible guardian. There are nearly 15 million children under 18 years of age who have lost one or both parents as a result of AIDS, according to estimates for 2003, and over 12 million of them live in sub-Saharan Africa (see Main Table 5). A joint report published by UNAIDS/UNICEF/USAID in 2002 estimated that a third (32.2%) of all orphans under the age of 15 had lost their parent(s) to AIDS. The report projections suggest that this proportion will exceed 40% in 2005 and reach nearly 50% in 2010. The projected levels are even higher (between 60% and 90% by 2010) for the countries currently most affected by HIV/AIDS, and the proportion of all children likely to be orphans in these countries will range from 15% to 25%.

Outside Africa, even where the prevalence is lower or has declined, populations affected by HIV/AIDS are expected to show effects of parental loss. AIDS is projected to account for over a third of all orphans in Thailand by 2010, and for 40–50% of all orphans in countries of Latin America and the Caribbean, including the Bahamas, Belize, the Dominican Republic, Guyana, Haiti, and Trinidad and Tobago. In Guyana and Haiti, more than 10% of all children under 15 would be orphans by 2010.

The implications of increasing numbers of children growing up in households and communities where the HIV epidemic is undermining social and economic structures are profound, both for the children themselves and for society as a whole.

Without adult mentors and with limited prospects for education, many orphaned children miss out on the developmental skills and technical know-how needed to obtain decent work in their adult lives. There is ample evidence that increasing numbers of children from HIV-affected households are not enrolled in school in countries with a mature epidemic of HIV; this is especially true for girls, but boys are also affected. In Mozambique in 2004, German Technical Cooperation (GTZ) found local estimates of up to as many as 60,000 orphans in one province alone (Sofala), and recent field estimates by UNICEF put the number of orphans at 379 in a single district of about 3,000 inhabitants. Most of the orphans had dropped out of school because they could not afford the US\$1.50 annual school fee, and the cost of learning materials and school uniforms.

Even before they are orphaned, children in households affected by HIV/AIDS face impoverishment and malnutrition, and are taken out of school to help with the care of sick family members and/or to supplement household income. When out of school, children become among the hardest groups to reach with HIV-prevention information.

De-schooling of children on such a scale leads to de-skilling of their entire generation. Beyond damaging the future of individual children, HIV/AIDS impedes human capital formation and compromises sustainable development. As a group, these individuals are inadequately schooled and inexperienced when they enter the labour force. This depresses their wages and limits their opportunity of later moving to better-paying jobs. They also experience a loss of expected long-term income due to the lost years of education. In these ways, HIV/AIDS not only harms individual children, but can cause a reversal of any gains achieved in recent years in improving the welfare of whole generations of children.

At the same time, there is exacerbation of child labour due to the necessity for orphaned children to enter the labour force prematurely and ill-equipped—sometimes in physically dangerous and equally psychologically damaging work including child prostitution—to support themselves and younger siblings. The pressures on households affected by HIV/AIDS are immense, and their reactions have implications for intergenerational transmission of poverty through effects on the future labour force. A long-term reduction in the quality of the labour force, and thus on economic growth and employment, works against

policies for poverty reduction and increased social protection. As a result, also, the HIV/AIDS epidemic poses a particular challenge to the elimination of child labour, and constitutes a real threat to the global fight against child labour spearheaded by the ILO.

A study conducted by the *Innocenti* centre reported a strong association between parental loss and child labour on the basis of household surveys in 11 sub-Saharan African countries (Angola, Burundi, Central African Republic, Côte d'Ivoire, Gambia, Ghana, Kenya, Lesotho, Senegal, Swaziland and Zambia). The study's findings indicate that orphans are twice as likely to work as other children, especially in poor households. Girls are more likely to stop attending school to meet the burden of care for a sick parent, to compensate for the loss of adult income due to parental incapacity to work and, ultimately, because of impoverishment following parental death.

De-schooling of children on such a scale leads to de-skilling of their entire generation. Beyond damaging the future of individual children, HIV/AIDS impedes human capital formation and compromises sustainable development.

Rapid assessments to investigate the situation of working children in South Africa, the United Republic of Tanzania, Zambia and Zimbabwe conducted by the ILO's International Programme on the Elimination of Child Labour (IPEC) in 2002–2003 revealed that orphaned children are far more likely than non-orphans to be working in commercial agriculture, domestic service, sex work and as street vendors. In South Africa, one-third of the orphans surveyed in these sectors had lost their parent(s) to AIDS. In Zambia, HIV/AIDS was estimated to have increased the child labour force by 23–30%. Moreover, all the assessments established strong links between HIV/AIDS, orphanhood and the worst forms of child labour, as defined by the ILO's Worst Forms of Child Labour Convention, 1999, which include slavery in all its forms and practices, child prostitution, children in drug trafficking, and other physically or mentally harmful work.

In parts of South-East Asia, 50–90% of children rescued from brothels have been found to be HIV-positive. According to ILO estimates, about 1.2 million children—both boys and girls—are trafficked each year into exploitative work in agriculture, mining, factories, armed conflict, and sex work. As many as 1 million children around the world may be forced into prostitution each year, and the total number of prostituted children could be as high as 10 million at any time, of whom a minority (1.8 million) are older children aged 15 to 17.

In the absence of social security nets, most African societies rely on the tradition that the extended families and communities take care of orphans, but the system is showing signs of strain with the advance of HIV/AIDS. Even though grandparents are most likely to take care of orphaned grandchildren, studies in Thailand, Uganda and the United Republic of Tanzania have shown that grandparents are often poor and unable to offer substantive material support; it is particularly hard for them to care for very young children and for older adolescents, and the number of child-headed households is increasing.

The ILO's pro-child actions aim to remove children from child labour and to provide training to orphans so that they can become productive members of society. This is challenging because most children who are already out of school are beyond the reach of preventive education policies. Yet such children are especially vulnerable to HIV transmission because of their age (the highest rate of new infections with HIV is in the 15–24-year-old age group) and their life styles. Resorting to risky sexual behaviours is too often the fallout of the absence of decent work opportunities.

Existing rates of unemployment among young people are extraordinarily high, in part because they do not possess the requisite skills to take on jobs. In addition, the high school dropout and failure rates, which are higher for orphans, further diminish these orphans' chances of entering the labour force. This reality calls for initiatives to ensure the educational attainment and skills of working children and, ultimately, the quality of an increasingly youthful supply of labour. On the demand side, employment-generation opportunities must be created for youth entering the labour market.

