

Remarks at the Capitol Hill Forum 2004
on
The Critical Role of International Agricultural Development
in the Fight Against Undernutrition and HIV/AIDS

Gender Considerations in the Agriculture, Nutrition, and Health Connection
by
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Michael Loevinsohn has made the case most eloquently: there is a meaningful and powerful link between HIV/AIDS, agriculture, and nutrition; a link that urgently needs to be translated into and reflected in policies and programs if we are to contain the devastating impact of the AIDS epidemic in sub-Saharan Africa and elsewhere – a link that needs to be translated into policies and programs if we are to maximize the impact and reach of agricultural and nutritional investments.

In my remarks today I will make the case for adding one other piece to Michael's argument – that women are at the nexus of the link between agriculture, nutrition, and HIV/AIDS and that therefore, investing in women is the most efficient and potent way to apply an HIV/AIDS lens to the link between agriculture and nutrition.

Last year's Southern African famine illustrated this for us in a tragic way. It was clear that it was the combination of the drought and the onslaught of the AIDS epidemic that finally pushed women's resilience over the edge. Responsible for household food security, they could no longer do what they had done for years in the face of a drought – they could no longer spend the time and energy required to coax from the land whatever it could offer nor earn the income necessary to buy the food, nor find the time to forage for it in order to feed their families. Why? Because they were exhausted, in more ways than one, from being the primary caretakers and providers for their loved ones who were sick and dying from HIV/AIDS or raising multiple orphans, or because they were sick and unwell themselves, or because, as widows they did not have the access to or control of the land that had once belonged to their husbands. And they could not, as they had often done in the past, depend on the good will and support of their extended family and community, because each of them were also struggling to cope with the drought and the epidemic. In short, the AIDS epidemic made it impossible for women and their households to apply the innovation and invention, that Michael talked about, to deal with the drought and its impacts. They understood the linkages between agriculture, nutrition and AIDS because they experienced their consequences personally.

Women are the glue that holds communities together in the face of the AIDS epidemic. Women, both young and old, provide the care and the sustenance for the orphaned, the sick, and the dying. Women are also the most vulnerable to HIV infection. Their

numbers, among those who are infected, is rapidly increasing. We know through many, many years of research on women's roles in development, that gender norms, and the policies based on those norms, greatly restrict women's access to productive resources (such as land, income, education, and credit), creating an economic and social imbalance in power between women and men, an imbalance that favors men. The economic vulnerability and dependency that results makes it more likely that women will sell or exchange sex for money, goods or favors, less likely that they will be able to negotiate safer sex with their partners; less likely that they will leave relationships that they perceive to be risky; less likely that they will be able to cope once infected; and less likely that they will be able to care for loved ones who are infected without great cost to themselves and their families. Women, thus, are at the forefront of this epidemic – which is significant for those who work on agriculture and nutrition because women, particularly in Africa where they grow and process as much as 80 percent of food crops for family consumption, are also at the center of household food security and nutrition.

We know that improving women's access to agricultural and nutritional inputs such as extension services, new technologies, nutrition education, and agricultural credit, can reap powerful results if we are mindful of their time constraints and multiple responsibilities as providers and caretakers for their families.

The best example to prove this is from a trial intervention supported by ICRW in Western Kenya that maximized on the knowledge of this link between women's roles, nutrition and agriculture by offering women farmers a new variety of vitamin A rich sweet potato to grow and sell. Women were provided with planting materials, nutrition education, and training in improved food processing methods through a process that built on women's traditional agricultural knowledge and practices, actively engaged women in problem solving processes at all stages, and provided women with direct access to the key resources and inputs. As a result, after only one year, children in the farm households showed significant improvements in Vitamin A intake. In addition, women market vendors readily substituted the new variety sweet potato for more expensive white flour and sugar in preparing the breakfast and snack foods they sold. They thus lowered their costs, improved the nutritional content of their products, and positioned themselves to increase their profit margins. Most importantly, these women farmers developed a new sense of confidence in their abilities because they saw that they could make a difference in their communities and that change was possible.

There are many such examples. The key in each case is to invest in women's knowledge and skills – to put resources in the hands of women – because we know from decades of development practice that they use them most efficiently for the well-being of their households and communities. In the context of the HIV/AIDS epidemic, this means for example, that women must have access to agricultural technologies and the know-how to enable them to grow food crops that have shorter cropping cycles, generate a higher yield, are more nutritious, but are not labor intensive. All of these are HIV/AIDS interventions – even though they are often not recognized as such.

To take advantage of the knowledge that women are at the nexus of the link between HIV/AIDS, agriculture and nutrition and to strengthen their ability to respond and cope with the AIDS epidemic, while simultaneously ensuring positive agricultural and nutritional outcomes requires us to most immediately act on four fronts:

The first is to acknowledge that dealing with women's lives as separate sectors does not work – just as much as dealing with AIDS as only a public health or biomedical problem does not work. Funding and the way in which it is organized must recognize the realities of people's lives -- there is a need to bring together communities and technical specialists – so that the solutions that evolve are more suited to those realities. To this end the establishment of a Fund for Agriculture, Nutrition and Health collaboration, as suggested in the paper, is an excellent one.

Second, in order to know and gain insights into the realities of people's lives we must use a methodological tool that we have had available to us for many decades: gender analysis. Gender analysis must be integrated into our efforts if we are to develop more effective and responsive programs and policies. Gender analysis helps to uncover the different roles and responsibilities of women and men, their decision-making power, and access to resources and benefits. The analysis can clarify where additional resources are most needed, which in turn will facilitate the development of interventions with the greatest potential to strengthen links between agriculture and nutrition. Gender analysis can help program and policy planners design interventions that enhance results and prevent unintended consequences. Gender analysis has helped repeatedly to identify time and labor demands of each household member, and strategies that can be developed to convert a potential win-lose into a win-win situation.

The best example of this is a project undertaken in Uganda where CIAT sought to increase protein availability through the production of different varieties of beans. By using gender analysis, they soon realized that men and women had different needs and preferences – men preferred high yielding varieties because they generated a higher income while women were not supportive of those high yielding varieties because they required lots of time and labor for processing. Using that information, and knowing that protein availability would be even greater if both women and men produced beans, CIAT invested in providing the male farmers with the high yielding varieties and women farmers with varieties that were not time or labor intensive. By responding to the differential preferences of women and men farmers, CIAT also reduced the chances of their intervention being sabotaged in subtle ways by women farmers!

Third, we must invest in the infrastructure to reduce women's time poverty because we know that the AIDS epidemic is greatly expanding the demands on women's time, which, because of women's multiple responsibilities, have always been overwhelming. Time use studies from around the world show that poor rural women and girls spend long hours collecting fuelwood and water, and are burdened with having to expend large amounts of energy to transport agricultural goods to markets, leaving them very little time and energy to be inventive and innovative in the face of a crisis such as AIDS or to adopt many of the new agricultural or nutritional practices that are they are told will result in more

positive outcomes. The lack of adequate physical facilities (roads, utility supply systems, communication systems, water and waste disposal systems etc.) contributes to women's heavy work burdens and time poverty. Infrastructure investments and interventions have been known to be important in the agricultural sector – they must now be thought of as a multi-sectoral intervention with significant positive outcomes for the health of households.

Of course, a much more fundamental approach to reducing women's time poverty would be to change gender roles in household work and care. Such changes can be proactively encouraged through interventions that seek to strengthen the ability of households to provide care – what we call homebased care interventions. Such interventions must be targeted to both women and men, boys and girls, so as to communicate the need for men to share women's burden in caring for those who are sick and ensuring the well being of all within the home.

And finally, a recommendation that is a first-generation development issue and that has for many years been a primary recommendation to increase women's agricultural productivity and economic security -- the need to guarantee women and girls' inheritance and land rights. Throughout the developing world, particularly in sub-Saharan Africa, women are frequently denied the right to inherit or own property. Women's lack of official title to land and property significantly restricts their economic options and security in the face of the AIDS epidemic, and provides them with virtually no collateral with which to obtain loans and credit. In the context of HIV/AIDS, ownership and control over housing and land, can save women and their children from total and complete destitution (FAO 2003). When they are unable to inherit land after the death of a father or husband due to AIDS, women are rendered powerless and unprotected just when they most need protection and support. Additionally, there is anecdotal evidence to suggest that, without access to economic assets such as property, women have diminished leverage to negotiate safer sex with their male partners and are more likely to sell or exchange sex for economic protection.

Although many sub-Saharan African countries have adopted legislation guaranteeing non-discrimination in property ownership and inheritance based on sex, very often policies or customary practices (as well as biased attitudes, unresponsive authorities, ineffective courts, and other obstacles) restrict women's ability to inherit property.¹ For example, in Uganda, the constitution and land laws were amended in the 1990s to provide greater legal protection against property rights abuses, but in practice, many Ugandan women cannot realize their legal rights. Because of this gap between legislation and practice, community organizations are developing innovative solutions to protect women's land rights in the context of the AIDS epidemic. TASO, a well known AIDS care and support organization in Uganda, for example, is assisting individuals living with HIV to write wills leaving their property to their family members – wills that are recognized by the formal legal system but do not need a lawyer to write.

¹ Land tenure systems in sub-Saharan Africa are too complex and diverse to summarize here and are changing due to economic and social processes; see Lastarria-Cornhiel (1997) and Platteau (1997) for detailed treatment of the topic.

Ultimately, to build on what Michael said, to respond to the link between agriculture, nutrition and AIDS we need a multisectoral response at all levels of decision making that takes account of the fact that women are at the center of the AIDS epidemic, agriculture and nutrition. We need a response that is not business as usual. Communities whose lives are severely affected by our inability to respond in a multisectoral way are looking to us now to be innovative and inventive. We must recognize that women are the link joins the different pieces of this chain together – agriculture, nutrition and health. Strengthening that link through appropriate investments – investments that empower women – will go a long way to strengthening that chain in positive ways.

Thank you.