

## PERSONAL VIEW

# Safe sex is an essential ingredient for a safe economy

Last week's turnaround by US President Bill Clinton to allow the retroviral drug AZT to be supplied more cheaply to South Africa is to be welcomed, especially at this time when fighting Aids has become a national priority.

AZT cuts the transmission of the Aids virus from HIV-infected mothers to their babies by 50 percent. The cut in costs of AZT will have a positive effect on our economy and on those of the rest of Africa, where women are the worst affected by Aids because of their powerlessness to negotiate the terms of safe sex.

In South Africa, for example, the rate of HIV infection is greatest among women in the 15 to 44 age group. These are also the women who account for a large portion of home-based agricultural production in South Africa.

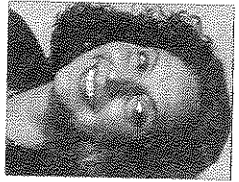
It is acknowledged in policy papers of the Northern Province, Eastern Cape, Kwazulu Natal, North West and Mpumalanga — the nation's poorest and most rural provinces, where women dominate in the populations — that small-scale farmers are predominantly women who farm on less than 0.2ha of land to meet the survival needs of their large families.

In so doing, they contribute not only towards household food security but also to national food security.

In sub-Saharan Africa alone, it is women who produce 80 percent of all basic foodstuffs. In Asia, between 50 percent and 90 percent of the work in the rice fields is done by women. The global average is that women produce over 50 percent of the world's food.

Moreover, after the harvest, rural women in developing countries are almost entirely responsible for storage, handling, stocking, marketing and processing. This trend in the developing world is undermining the stereotype of the farmer as a male.

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The loss of agricultural workers at the crucial periods of planting and harvesting can significantly reduce the size of the harvest. In those countries where food security has been an issue because of drought, any declines in household production can have serious consequences.

Moreover, at the level of big commercial farmers, a loss of agricultural labour is likely to cause them to switch to less labour-intensive crops. A recent study in the African Journal of Reproductive Health shows that this often means switching from crops for export (cash crops) to food crops. So Aids has an effect on the production of cash crops as well as subsistence food crops.

An interesting study has just been completed in Zimbabwe on the effect of Aids on small-scale and communal farm production. It finds that the death of a farmworker due to Aids will cut the production of maize by 61 percent. Cotton will be reduced by 47 percent, vegetables by 49 percent, groundnuts by 37 percent and the number of cattle owned by 29 percent.

In the Kagabiro village of Tanzania it was found that, when

a household had an Aids patient the household labour supply for food production was severely affected: on average, 29 percent of household labour was on Aids-related matters, including care of the patient and funeral duties. If two people were devoted to nursing duties, as occurred in 66 percent of cases, the total labour loss was 43 percent on average.

Another study on the economic impact of Aids on agriculture has been completed in Malawi, where 10 percent of gross domestic product comes from commercial estate agriculture. The study predicts that, in the longer term, it is the negative effect on the supply of skilled labour that will be the strongest effect of Aids on farming estates in Malawi.

The conclusion is inescapable: in developing nations, safe sex is necessary for safe economies.