55932

Distr. LIMITED

E/ECA/ACGD/RC.VII/04/ 5
August 2004

Original: English

UNITED NATIONS
ECONOMIC AND SOCIAL COUNCIL

ECONOMIC COMMISSION FOR AFRICA
African Centre for Gender and Development (ACGD)

Seventh African Regional Conference on Women
Decade Review of the implementation of the Dakar and Beijing Platform for Action (Beijing+10)

6 – 14 October 2004
Addis Ababa, Ethiopia

The Gender Dimensions of HIV/AIDS in Africa

Table of content

1 Introduction 3

2 The nature of gender differentiation and inequality in Africa 3

3 Gender and HIV/AIDS: Linkages 4

3.1 Feminisation of HIV/AIDS 4

3.2 The vulnerability and susceptibility of women and girls to HIV/AIDS 5

3.3 Stigmatisation of women affected/infected by HIV 5

3.4 Violation of women's human rights 7

3.5 Impact of HIV/AIDS on women's workload in the care economy 8

4 The orphan crisis 8

4.1 What is the HIV/AIDS orphan crisis? 8

4.2 Gender dimensions of the orphan crisis 9

4.3 Abuse and exploitation of orphaned girls 9

4.4 Girl orphans: school drop-outs 10

4.5 Girl orphans: overworked 11

5 Conclusion 11

6 Discussion questions 11

7 References 12

1 Introduction

The Beijing Declaration and Platform for Action highlighted the issue of HIV/AIDS in the strategic objective on Women and Health, noting, "Social vulnerability and the unequal power relationships between women and men are obstacles to safe sex" and emphasised that the health consequences of HIV/AIDS have to be seen from a gender perspective. Today, the most up-to-date data from UNAIDS show that in Sub-Saharan Africa, women account for 57% of people living with HIV, while 75% of all the young people living with HIV are female. The epidemic has indeed assumed a 'female face'[1].

The major objective of this issues paper is to provide a basis for discussions that will point to policy and action oriented recommendations and proposals, to address the different gender dimensions of the HIUV/AIDS. The paper examines the gender dimensions of the pandemic from the point of view of women and girls highlighting some of the key issues of concern. Ultimately, the most important question is, how can African countries reduce/eliminate the vulnerability of women and girls to HIV infection, and the socially related negative impacts? Specifically, the paper raises the issues of:

- Escalation of HIV infection for women and girls that gives the pandemic a female face,
- The gender dimension of HIV/AIDS, highlighting the impacts of social tolerance for gender based violence on women, and other types of abuse or neglect of women's rights, such as denied access to anti-retroviral and prevention of mother to child transmission drugs.
- The gender dimensions of the orphan crisis and its impact on the girl child. In particular, the vulnerability and exploitation of young girls within their extended and foster families, the sexual abuse of young women by much older men, and the exclusion of girls from education must be given attention.

2 The nature of gender differentiation and inequality in Africa

The term "gender" will be used, as it is popularly defined, to refer to the socially defined roles and relationships between women and men. The term also implies that these socially defined relationships, roles, privileges and rights are different for men and women, hierarchical and unequal. In addition, the most common characteristics of gender in Africa are that it is defined from a patriarchal perspective. In a patriarchal system male dominance is the framework within which gender relations and roles are defined and validated. It is in this system of beliefs and practices that the impacts of the HIV/AIDS crisis are being manifested in different ways, for women and men.

The ideology of patriarchy by nature, with its emphasis on male dominance, regulates and enforces rigidly differentiated gender role structures and inequalities, but more fundamentally, patriarchy as an ideology has provided a framework for idealising and legitimising the subordination of women. Some of the examples of this subordination are the unequal power relations in which violence against women and their diminished access to resources has become the norm. It is logical to conclude that there are negative consequences in a system where relations of inequality, as well as status, roles and responsibilities are based on socially constructed differences between women and men,

[1] UNAIDS: 2004 Report on the global AIDS epidemic, July 2004

and legitimised by a strong cultural ideology of male dominance. It is in this social context that the HIV/AIDS crisis is assuming a female face.

In the UNDP pre-Beijing Human Development report of 1995, it was stated that according to the Gender Development Index (GDI), no country was found to treat its women as well as it treats its men. The data available, for the last ten years, on the general situation of women in Africa shows that little has changed[2]. The data available on the HIV/AIDS pandemic show that nowhere else are these observations more pertinent than when applied to the situation of women and girls within the framework of HIV/AIDS in Africa, thus confirming that the pandemic is a gender issue. It is therefore imperative that the HIV/AIDS crisis be examined in the general context of gender inequality that, today, is still characteristic of African societies.

3 Gender and HIV/AIDS: Linkages

3.1 Feminisation of HIV/AIDS

The escalation of HIV infection for women in Africa, and feminisation of the pandemic is clearly indicated in the statistics on the HIV/AIDS crisis in Africa.

The UNAIDS Epidemic updates of 2003 and report of July 2004 illustrate the link clearly:

- Sub-Saharan Africa is the only region of the world in which more women than men are infected with HIV/AIDS. Today, women account for 57 per cent of the people estimated to be living with HIV in Africa, and the proportion of women infected is increasing.
- African women become infected at an earlier age than men. This means that the gender gap among young people is even larger than among adults, ranging from 20 infected girls to every 10 boys in one country, and 45 girls to every 10 boys in another country.
- More than one in five pregnant women are HIV infected in most countries in southern Africa, and in some countries, (in Gaborone, Botswana and Manzini, Swaziland) the prevalence among pregnant women is up to 40 per cent. Within South Africa, in five out of the nine provinces, at least 25 per cent of pregnant women are HIV positive. In Mozambique, the prevalence rate varies from 8 per cent among pregnant women in one region to 36 per cent in another region.
- Biologically, HIV is more easily transmitted from men to women than the other way round.
- Women hesitate to seek HIV testing and to disclose their HIV positive status even to their partner because of fear of stigma, discrimination and physical violence.
- After a spouse's death, a mother is more likely than a father to continue caring for his/her children and is more willing to take in orphans. Young girls and older women shoulder a heavier burden of care for the sick and household duties.
- Women have lower access to health care, and as a result generally come forward later for testing and follow-up.

These facts and figures highlight the issues related to the escalating number of women and young females infected by HIV. However, the feminisation of the pandemic is also

[2] Gender in Africa: the issues, the facts, an ECA pocket reference publication in collaboration with the World Bank

directly linked to the social realities of gender inequalities, as the next section will demonstrate.

3.2 The susceptibility of women and girls to HIV/AIDS

Biological factors that enhance the susceptibility of women are well documented and these include: the higher viral concentration in semen compared to vaginal fluids, larger exposed surface and longer viral contact among women. The biological susceptibility of women and girls, however, is exacerbated by the social factor of gender inequality. For example, sexual activity tends to start earlier for women and at the same time; young women tend to have sex with older partners. The critical issue however is that because of the gender inequalities and women's subordinate position there is: lack of autonomy for women in sexual decision-making; rampant violence against and sexual abuse of women; and early forced marriages for girls. Women's poor economic status, resulting from gender disparities in access to and control of resources, may also encourage HIV transmission risky behavior.

The UNAIDS report, released in July 2004, has highlighted the sexual vulnerability of women and girls showing that **marriage and monogamous relations do not protect women from HIV**. Some of the explanations for this are linked to men having multiple sexual partners, while they do not practice safe sex with either their extramarital partners, or their wives. In some African countries, it has been found that "**adolescent, married 15-19 year old females have higher HIV infection than non-married sexually active females of the same age".** Moreover, most of the first sexual encounters that young women have are not consensual. In some countries, it has been noted that **one in five women experience sexual violence from an intimate partner, while up to 33 per cent of girls have reported forced sexual initiation.** Yet, it is a well-known fact that violent or forced sexual encounters increase HIV-transmission risk.

Another factor that increases women's/girls' vulnerability are the patriarchal ideologies of succession and inheritance in Africa, where a woman's cultural and social status is still largely based on her ability to marry and bear children, boys particularly. These are expectations that override the HIV status of the men and women involved in a relationship, but which enhance the vulnerability of women and girls to HIV infection.

3.3 Stigmatisation of women affected/infected by HIV

Infected women experience a higher proportion of rejection than their male counterparts. The fear, and in many cases the reality, of rejection means that women will not disclose[3] their status early enough to benefit from treatment. In a study commissioned in March 2004, by the Commission on HIV/AIDS and Governance in Africa on "Gender Work and HIV /AIDS in Uganda", the research confirms that the family is the primary site where the struggles for social/gender equality begin. Because of this, it is also the site for greater stigmatization, discrimination and violence against women. The study noted that "it was not just their sero-status that was key to altering women's lives, but equally (and at times, more) important was their spouse/partner's response to the new crisis in the family" as the case below shows:

[3] Interestingly, in a study commissioned by UNECA on Gender, work and HIV/AIDS, the research notes that "notably, public disclosure of HIV status is generally a class phenomenon, with poor women having the highest incidence, followed by poor men and fewer from the elite class. Hence, the more needy a person is, the more likely they are to disclose their sero-status to the public". The poorer the person is the more likely they are to face stigmatization because their status becomes common knowledge.

> I was widowed at 24 and it took me a long time to get into another relationship. Eight years ago I met my current husband who'd also lost his partner... Because we were both HIV-positive, I took it for granted that we'd be compatible, value life more, value our companionship, stay faithful, you know, things like that... Unfortunately, it didn't work that way; I'm still vulnerable to the gender dynamics in the home and I face the same challenges that other women face – infidelity, constantly defending myself, haggles over property... What I've learnt is that with or without HIV, issues of gender, parenting, and power do not change.

The study reveals how inequalities in gender relations remain constant even in the context of the HIV/AIDS crisis. Furthermore, most of the people interviewed (at least 73 per cent of the participants in this study) believed that much of the stigma is associated with the standard ABC (Abstain, Be faithful and Condomise) campaign message for behavioural change.[4] The female PWLHA feel that such messages exacerbated the stigma and discrimination that they face because it creates negative stereotypes about them.

> "To us PLWHA, the ABC model is stigmatising because we know that over 60 per cent of HIV+ women had only one sexual partner in their lives. ABC makes PLWHA appear like people that failed the morality test... It also stigmatises us in the eyes of our children. A child with HIV will be thinking, "If only my mother had followed ABC, I wouldn't have AIDS".

Women in other countries have also argued that the ABC message does not take into account the unequal power relations between men and women, and how this affects sexuality in marriage.

Stigmatization and discrimination of women who are affected/infected by HIV/AIDS is not limited within the family boundaries. In the same study in Uganda, the women interviewed highlighted the different types of stigma they experienced in different arenas. More than half of the participants[5] in this study had disclosed their HIV sero-status to their families and others in their communities and workplaces. Nearly all had experienced some type of stigma and discrimination from community members, as these personal testimonials from different women show:

> "My co-tenants complained to the landlord that they would not risk sharing the bathroom with me as I might infect them... I had to move houses because of that".

> "One time I extended my hand to greet a neighbour and he declined to shake it... It happens all the time".

---

[4] Recently, the America-based "Silver Ring Thing" (SRT) programme was invited in Uganda. The SRT is a conservative, religious-based programme that is against sex education for unmarried people, and concentrates on promoting chastity. Young people are supposed to wear silver rings as a reminder of their vows to remain virgins until marriage. Virginity in patriarchal societies is a feminine ideal, which means that the SRT is principally and fundamentally flawed.

[5] In the study, in-depth interviews were conducted with 52 female and 12 male[5] informants that were infected and/or affected by HIV/AIDS. Approximately 85 per cent of these informants were people living below the poverty line. A further 32 interviews were conducted with governmental and non-governmental managers and bureaucrats associated with the pandemic

"If you try to contribute ideas to a local council meeting you hear remarks such as, "What is that one saying when she's going to die?" Would you return to such a place?"

"I had no choice but to breastfeed my baby [despite being on a prevention of mother-to-child transmission programme]... I knew that people would ask me why I wasn't breastfeeding and then what would I say?"

3.4 Violation of women's human rights

Women who are HIV+ or lose husbands as a result of, HIV/AIDS are also subject to discrimination, violence and dispossession. In patriarchal ideology, the social system revolves on rules of hierarchy, in which the dominant male is expected to provide for the needs of all the subordinate members of the family unit. Consequently, in Africa, patriarchal rules define inheritance rules where property is transmitted from male to male, within both the patrilineal and matrilineal systems. In this system, male members of the society have a chance of inheriting from their fathers, brothers, or father's brothers. In this way, the ideology of male dominance validates the dependency and subordination of women and girls. One of the major negative results of this system is the loss of property, by women and their children, when the patriarchal rules of male dominance are revoked after the loss of the patriarch. This situation has worsened within the context of the HIV/AIDS crisis.

A report based on studies of women affected by HIV/AIDS in Kenya and Zambia highlights the plight of women and their children regarding family property:

"The experiences women in Kenya described to Human Rights Watch were horrifyingly consistent in their cruelty. Some of the widows we interviewed indicated that having no sons was a grave liability for them: women with no children or only daughters are often considered worthless and undeserving of property"[6].

The widows and their children are usually sent away from their homes as other male members of the family assert their rights to inherit family property. In Uganda, a research by the East African Sub-Regional Support initiative for the Advancement of Women found that most HIV-positive women between the ages of 18-30 years become homeless after losing their husbands.

In other cases, the husband's family will claim the boys, thus mutually depriving the mother her son, and the boy of his mother. The Human Rights Watch has profiled many cases of dispossession; the story of Theresa from Bungoma, Kenya is a classic example of this dispossession:

"When my husband died, his relatives came and took everything. They told me to take my clothes in a paper bag and leave. I left, because if I had resisted, they would have beat me. The relatives identified someone to inherit me. It was a cousin of my husband. They told me, 'Now you are of less value, so we'll give you anyone available to inherit you'. I didn't say anything. I just left and went to my parents' home... this is customary. If I had married a cousin, I could have lived where I was. I decided not to because he was polygamous- he had five wives. I know if a

[6] Human Rights Watch: Policy Paralysis: A call for Action on HIV/AIDS –related Human Right s abuses against women in Africa.

woman is inherited, she is normally mistreated by the one who inherits her. If I had sons instead of daughters, they would have apportioned land to me... when they told me to leave, they said there was no way they could recognise my daughters since they'll marry and leave the homestead. They said I shouldn't have given birth at all. My in-laws took everything-mattress, blankets, and utensils. They chased me like a dog. I was voiceless"[7].

3.5 Impact of HIV/AIDS on women's workload in the care economy

The UNAIDS report notes that "as the epidemic becomes ever more severe, women's unpaid care workload increases dramatically. In Sub-Saharan Africa, an estimated 90% of AIDS care occurs in the home, placing extraordinary strains on women who must take care of the children and produce income or food crops."[8] Care economy is unpaid work, carried out in the home, mostly by women. The predominance of women in the care economy is a direct result of the social construction of gender roles and relations, prescribing of what men and women can or cannot do. Even in times of the HIV/AIDS crisis, this strict division of labour defined on the basis of gender remains almost constant. The gravity of this issue, however, lies in the marginalisation/exclusion of the care economy from the world of work and national economic planning. Especially because there is very little (if any) State support for the care economy, as the traditional caregivers women of all ages (even when they themselves are sick) have assumed an excessive workload, caring for the sick and orphaned, while continuing to play their traditional gender roles in the family, community, and in the market economy.

Describing the lives of women living with HIV/AIDS, the study in Uganda concludes that "what was very clear from this study was that the effects of HIV/AIDS on women's work are deeply rooted in structures of gender inequality, women's subordination and class differences ... Furthermore, women's disproportionate responsibilities within the care economy in the context of gender inequality exert extra pressures on their work patterns, income levels and control of resources". Clearly, changes are needed in gender roles and relations, and in the way the care economy is conceptualised and excluded from 'productive work' in order to ease the excessive workload of women.

4 The orphan crisis

Access to treatment, although it has not been fully addressed in this paper, is another issue that has a gendered pattern. This issue has become complicated because of lack of clarity of policy makers, regarding access to treatment. However, it assumes a gender dimension because there are different and special needs for women as mothers. As an example, the prevention of mother to child transmission of HIV/AIDS (MTCT) is an important strategy for minimizing HIV infection in children. Studies have shown for example, that the administration of anti-retroviral drugs around the time of delivery reduces the risk of transmission to the baby by 30-50%. There are many other interventions that, if provided to women, can reduce mother to child transmission up to 2%[9]. In additions, access to treatment is an important issue because it is at the heart of an individual's right to life. It is one sure way of prolonging and improving quality of life, thus preventing the escalation of the orphan crisis. Yet, the issue of access to the varieties of treatment to improve the quality of life of women with HIV and to prevent MTCT

[7] Human Rights Watch: Policy Paralysis: A call for Action on HIV/AIDS –related Human Right s abuses against women in Africa. P. 42.
[8] UNAIDS: 2004 report on the global AIDS epidemic.
[9] Commission on HIV/AIDS and Governance report (CHGA) paper on Preventing mother –to-child transmission of HIV in Africa: issues and challenges. July 2004

transmission is still at the level of debate in most African countries. The linkage between this and the impending orphan crisis is just beginning to make it to the debating tables.

4.1 What is the HIV/AIDS orphan crisis?
Africa is experiencing an orphan crisis[10]. However, orphan-hood in Africa, a continent with the lowest life expectancy and the highest maternal mortality rate in the world, is not a new phenomenon. In some African countries, more than one woman in ten dies in childbirth. Currently, with the HIV/AIDS epidemic compounding other adverse health indicators, life expectancy is expected to fall to below 40 years between 2005-2010 in the worst hit countries.[11] As a result of these and other factors, 12 per cent of all children in Sub-Saharan Africa are orphans.

The escalating number of orphans, and speed at which they are being created in Africa is the best indicator of the HIV/AIDS- related orphan crisis. On this continent alone, it is estimated that the number of HIV orphans increased from 1 million to 11 million in the 1990s. In 1990, for most countries in Sub-Saharan Africa, the proportion of orphans due to HIV/AIDS was less than 3 per cent, averaging 3.5 per cent. By 1995, it had risen to almost 15 per cent for most countries, with an average of 14.1 per cent. By 2001, the figure had risen to more than 30 per cent for most of the countries, with an average of 32 per cent. Projections are that HIV/AIDS will have killed the parent(s) of half of Africa's increasing number of orphans in 2010. The high numbers of orphans and the speed at which they are being created illustrated in the statistics show the magnitude and range of the issues to be addressed. However, studies[12] also point out clearly that one of the distinct characteristics of the pandemic and the orphan crisis is the extreme exploitation and abuses that the girl orphans experience.

4.2 Gender dimensions of the orphan crisis

Orphaned children face increased risk of violence, exploitation, and abuse[13]. Orphaned children (boys and girls) experience homelessness as their parents' property gets redistributed and acquired by relatives; they drop out of school and mainstream institutions; they join the labour market prematurely without appropriate education or skills; and in the absence of intergenerational skills and knowledge transfer, they grow up in a moral and cultural vacuum. Nevertheless, the gender dimension of the pandemic pervades the orphan crisis. The gender role structure, with its rigid and unequal division of labour, as well as unequal power relations, exacerbates the vulnerability of the girl child in several ways. In this paper, the gender dimensions of the orphan crisis, especially as it affects the situation of the girl child, will be highlighted from several perspectives.

4.3 Abuse and exploitation of orphaned girls

A highly disturbing trend in the orphan crisis is the increase in and severity of abuse against girls by members of their own families. The exploitation of girls as domestic labourers is, in many cases, accompanied by physical and sexual abuse even in cases where girls are living with their close relatives. In many of the cases reported to the Human Rights Watch, some girls had either contracted HIV, or become pregnant. In one

[10] The data in this section is reproduced from the paper, HIV/AIDS IN AFRICA: THE ORPHAN CRISIS, ISSUES AND CHALLENGES written by H. M. Tadria for the Commission on HIV/AIDS and Governance, March 2004.
[11] Special session of the general Assembly on HIV/AIDS, and UNDP Human Development Report, Human Development indicators, 2003
[12] (See all Human Rights Watch Reports quoted in the Bibliography)
[13] UNAIDS 2004 report on the global AIDA epidemic.

survey in Tanzania, where almost half of domestic workers are children, over 22 per cent of the children in domestic work reported having been sexually abused. In a Human Rights Watch study in Zambia, many people reported that female orphans being cared for by relatives were sexually abused by uncles, stepfathers, fathers, cousins, and brothers, but the children failed to report because of fear of loss of support. The story of Melanie, a twelve-year-old double orphan girl conveys the situation and vulnerability of many other girl orphans:

> "I went to live with my uncle and aunt – they used to mistreat me. I had to fetch water from long distances, and I didn't use to eat most of the day. I used to get sick, and nobody looked after me. My uncle used to beat me with electricity wires. Before I went to live with my uncle and auntie, I stayed with my big sister's mom and my brother used to take me in the bush, then he raped me. I was eight or nine. I was scared-he said "I 'm going to beat you if you ever tell anyone". He was fourteen or fifteen".[14]

A study in Kenya shows that the experiences of girls in their families of adoption are often so negative that the advantages of having been adopted are negated,

> Some girls are lured into leaving their parental homes with a promise of job training by their would be hosts. However, most of them turn out to be used as domestic workers during the day and child sex workers at night. The double role that girl child orphans play in their alleged new homes makes it difficult for the law enforcement authorities to fight against child exploitation in towns and neighbouring shopping centres. The occasional rounding up of sex workers in Kisumu town has shown that a large number of the young females on the streets are orphaned children.
>
> Page 14, UNDP HIV and Development programme STUDY PAPER No. 7: From Single Parent to child headed households; the case of children orphaned by AIDS in Kisumu and Siaya Districts: by Ayieko, M.A.

Given the abuse and exploitation the girl orphans experience at the hand of their relatives in the extended and adoptive families, questions must be raised as to whether the extended family unit is a viable option for taking care of the girl orphans. What support mechanisms and monitoring institutions must be put in place, to monitor the well-being of girls in their adoptive families and care institutions?

4.4 Girl orphans: school drop-outs

The unequal division of labour has direct negative consequences for the girls' development. For example, several country studies[15] have reported that one of the explanations of the gender gaps in school attendance, even among orphans, is that girls rather than boys are usually the first to be withdrawn from school, as they are expected to take on the roles of domestic work and care giving. As HIV prevalence increases, the total number of girls of all ages enrolled in primary school deceases.

---

[14] Page 29, Human Rights Watch Report on Zambia, suffering in Silence, 2002

[15] HIV/AIDS and child labour: a state-of-the-art review with recommendations for action. A synthesis report, by Bill Rau, paper No 6, International Labour Organisation.

4.5 Girl orphans: overworked

In the studies quoted above, it was also noted that although more male than female orphans were perceived to provide family leadership, girls were found to be doing most of the domestic work and making the decisions on the major day-to-day operations in the child-headed households. Already, girl orphans are assuming an excessive burden of work and the writer notes that, "by seeing the girls being more efficient in housekeeping the boys rely on them to do most of the chores alone around the home. Traditional gender roles favour males for leadership in the home whether they provide it or not. As such, more boys than girls were recorded as leaders." Although several country studies indicate that there are more boys than girls in the labour force, they also **emphasise that the involvement of girls in the labour force is a hidden factor, because they tend to be more involved in the domestic labour, which is excluded from the informal and formal sector estimates that are used to assess child labour involvement.** The implication of this is that the labour of the girl orphans, like that of their mothers is predominantly in the care economy, and therefore remains invisibility. The invisibility of the girl orphan is a major issue of concern. **Invisible, uncounted and unaccounted for, the girl orphan continues to be marginalized, sexually abused and exploited.**

5 Conclusion

In conclusion, the paper has tried to highlight the gender dimensions of HIV/AIDS and how they impact on the lives of women and girls. There is a direct relationship between the new phenomenon of the female face of HIV/AIDS and the unequal power relations in which gender based violence and sexual abuse of women, their exploitation, dispossession and exclusion from mainstream resources and institutions is the norm. The cultural tolerance for gender based violence within extended families, local communities as well as in public institutions, including law enforcement institutions (for example the police, the judicial and criminal investigation systems) has to be addressed. From these perspectives, it is clear that policy and decision-makers in Africa need to begin to appreciate the direct link between gender inequalities and the escalation of the HIV /AIDS epidemic as well as the orphan crisis and to effect necessary changes. Just as gender roles and relations of inequality are socially constructed and defined, they can be socially redefined and changed.

6 Discussion questions

1. What, in your view, constitutes an HIV/AIDS crisis within your community/country?

2. What are the major issues relating to the impact of HIV/AIDS on women and girls in your country?

3. What actions can be put in place to address these issues, and to diminish the negative impacts on women and girls?

4. What cases of good/bad practice, and how effective/ineffective are they in coping with gender impacts of HIV/AIDS at the family, community and state institutional levels that we can learn from?

7 References

1. AIDS epidemic update, December 2002, UNAIDS and World Health Organization.
2. AIDS epidemic update, December 2003, UNAIDS and World Health Organization.
3. Africa's orphaned generations, UNICEF, 2003
4. Aids, Sexuality and Gender in Africa: collective strategies and struggles in Tanzania and Zambia: Carolyn Baylies and Janet Bujra, Routlidge, 2000
5. Impacts and interventions: the HIV/AIDS epidemic and the children of South Africa, edited by Jeff Gow and Chris Desmond, University of Natal Press, 2002
6. Declaration of Commitment on HIV/AIDS, Adopted by the General Assembly, 2001
7. Children on the Brink 2002: A joint Report on Orphan Estimates and program Strategies, July 2002.
8. Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead: Rose Smart, July 2003.
9. UNDP HIV and Development programme STUDY PAPER No. 7: From Single Parent to child headed households; the case of children orphaned by AIDS in Kisumu and Siaya Districts: by Ayieko , M.A.
10. Human Rights Watch Report: In the Shadow of Death: HIV/AIDS and Children's Rights in Kenya, Vol. 13, No.4 (A), June 2001
11. NBER Working paper Series 9213: Orphans in Africa by Anne Case, Christian Paxson, Joseph Ableidinger
12. Working paper No 8, International Labour Office, 2002, "Intersecting Risks: HIV/AIDS and Child Labour" by Bill Rau.
13. HIV/AIDS and child labour: a state-of-the-art review with recommendations for action. A synthesis report, by Bill Rau, paper No 6, International Labour Organisation.
14. Human rights Watch Report: 2002 Suffering in Silence
15. HIV/AIDS and child labour in Zambia: A rapid assessment, NO. 5, International Labour Organisation.
16. Statistics on Working Children and Hazardous Child Labour in Brief. By Kebebew Ashagrie, International Labour Office.
17. Every Child Counts New Global Estimates on Child Labour, International Labour Office, 2002
18. Tanzania: Child Labour in the Informal Sector: A Rapid Assessment, by C Kadonya, M. Madihi, and S. Mtwana, International Labour Organisation, 2002
19. Gender and Patriarchy: an African Perspective: by Hilda M. Tadria, paper presented to the 8th International Interdisciplinary Congress on Women, 2002.
20. Gender in Africa: the issues, the facts; an ECA pocket reference publication in collaboration with the World Bank.
21. HIV/AIDS in Africa: The orphan crisis, issues and challenges: written by H. M. Tadria for the Commission on HIV/AIDS and Governance, March 2004.
22. Preventing mother –to-child transmission of HIV in Africa: issues and challenges. CHGA Publication, July 2004