



How Environmental Damage Makes Women More Vulnerable to AIDS

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Around the world we see encouraging declines in the number of people newly infected with the virus that causes AIDS (as the acquired immunodeficiency syndrome is called). But hard-won gains in preventing and treating this “disease that changed everything” are not equally distributed across places and groups of people. The AIDS crisis has, in fact, widened inequalities in health and wellbeing the world over. In poor nations, AIDS remains a leading factor contributing to health declines, because more than 95% of the 33.2 million individuals infected with the human immunodeficiency virus (or HIV) that causes AIDS reside in such countries. The spread of HIV/AIDS has been especially detrimental to women in poor nations. The number of women infected with HIV has increased dramatically in recent years, and young women in less developed nations are about twice as likely as men to become infected. Strikingly, AIDS is the leading cause of death among women of reproductive age.

How can we understand women’s special vulnerability to AIDS, especially in poorer countries? Theories of gender inequality provide clear insights by highlighting the ways in which women have fewer resources and less control than men over decisions about sex and health practices. In particular, women in less developed nations face many barriers in getting needed access to vital educational and health resources, including schools and contraceptives.

If gender inequalities, poverty, and low levels of education and access to health care make for a deadly brew that undermines the wellbeing of women across the less developed world, these harmful forces can be exacerbated by events and trends that further social disorder. In many poor countries, civil wars and violence obviously undermine the health and longevity of women (as well as men). In addition, the spread of AIDS can be spurred by environmental crises and degradation – exacerbated in many places by global warming. So far, the potential impact of environmental degradation on the spread of HIV/AIDS has received insufficient scholarly attention. Drawing insights from eco-feminist perspectives, our work takes a step in the direction of correcting this deficit.

Environmental Influences on Women’s Health

The crux of the connection between women’s health and the environment largely centers on gender norms governing divisions of labor in households. Women are the ones typically charged with providing household members with vital resources like food and water gleaned from their immediate surrounding environments. Because women supply the bulk of food, water, and other basic necessities to family members, any crises leading to basic resource scarcities complicate the challenges women face even as their own vulnerabilities to disease and hunger increase. In many less developed countries, for example, women and their families rely on subsistence farming, so any declines in soil fertility and water supplies quickly compromise their ability to provide for themselves and their households. Environmental crises that constrain food production lead to malnutrition which, in turn, makes people more susceptible to many infectious diseases, including HIV/AIDS. The connections play out in various ways:

- Meeting women’s needs is often subordinated to meeting men’s needs, so females disproportionately suffer from malnutrition and associated declines in immunity when food and water are scarce.
- Severe hunger may increase the likelihood of risky sexual behavior and HIV transmission among women who end up trading sex for needed household resources.
- Resource scarcity reduces the prospects for women to generate income from handicrafts and other cottage industries that rely heavily on natural inputs. Declines in earning capacity spurred by ecological

decline can further entrench women in poverty. That makes women more vulnerable to many health problems, including AIDS, because poverty is a major culprit in perpetuating HIV transmission.

- In areas of resource scarcity, women often must travel longer distances over increasingly dangerous terrain to secure food, fuel, and fiber. Formerly inconsequential tasks, such as walking to a nearby source to draw water, turn into physically strenuous searches lasting many hours, or even days. Women's time for other pursuits is strained and their physical strength taxed, making them yet more vulnerable to malnutrition and disease.
- Accumulating evidence shows that high rates of HIV infection are found in areas with contaminated water. As clean water becomes increasingly scarce, women are more likely to resort to using water that is infested with worms and parasites. Their overall health is compromised, and they become more susceptible to life-threatening infections – including urogenital inflammation that is a known risk factor for HIV infection.

Implications for Research and Policy

We have done empirical analyses that confirm the relevance of many of the causal links outlined here. Women in less-developed countries are, indeed, unduly harmed by ecological losses that exacerbate hunger, reduce the availability of public health resources, lower their autonomy, and contribute to the spread of HIV/AIDS and attendant threats to female life expectancy. Clearly, developmental and epidemiological approaches to improving women's health may benefit from incorporating environmental factors as a key area of concern.

As the world seeks to eradicate the HIV/AIDS epidemic, all key players must recognize the strong connections between environmental degradation and threats to the health and wellbeing of women. Ignoring environmental shifts and crises could lead experts, officials, and health providers to miss crucial processes. Women are key players in their families and communities, and so their wellbeing is intertwined in myriad ways with the health of the natural environments surrounding them.

Read more in Laura McKinney and Kelly Austin, “Ecological Losses are Harming Women: A Structural Analysis of Female HIV Prevalence and Life Expectancy in Less Developed Countries.” *Social Problems* (2015): 1-21.