24. The impact of AIDS on the national economy: the case of women labour force in Tanzania

Humphrey P. B. Moshi

Introduction

Infection with the human immunodeficiency virus (HIV) and the Acquired Immuno-Deficiency Syndrome (AIDS) epidemic in Africa has received considerable attention by epidemiologists and demographers, as well as health economists concerned with the sectoral impact of the disease. Given the alarming prevalence of this deadly disease in Africa 'modelling' the macroeconomic impact of AIDS becomes imperative.

In Tanzania, following recognition of the first AIDS case in 1983, reported cases escalated rapidly. As for end 1990, a cumulative total of 21,175 AIDS cases had been reported throughout the country (Chin and Sonnenberg 1991). The number of officially reported cases is thought to understate considerably the true number, given: the rapid increase in reported cases as knowledge of the disease has improved; the current HIV seroprevalence and incidence rates which suggest an older epidemic than reported AIDS cases would indicate; and current knowledge of the disease's transmission and progressions rates.

Such underreporting would, in fact, be expected due to: the inadequate access to health facilities by the population; the lack of resources for management of the case reporting system; and, despite National AIDS Control Programme's (NACP) best efforts, the continued insufficiencies in laboratory facilities, supplies, and training of clinical staff.

The NACP estimates that the true number of AIDS cases from the start of the epidemic through 1990 is more than 100,000 (or about 5 times the number of reported cases. Chin and Sonnenberg's model, based on data through 1989, projects a total of about 64,700 cases through 1990, while Bulatao's (1990) projections through 1990 range between 43,000 and 224,200 cases, depending upon the scenario selected. Recent data from NACP projects 2.4 million HIV infections by the year 2000, 850,000 AIDS cases and 1 million orphans (NACP 1995).

Despite the fact that there exists different estimates, depending on the scenarios selected and the simulation methods used, the above projections are a clear manifestation that AIDS is a serious problem in the country. Since the disease affects mainly the sexually active members of the population and infants, e.g., about 94 percent of all

reported AIDS cases have been between the ages of 15 and 55 years, and 4 percent have been children under five (NACP 1991), serious macroeconomic effects on the Tanzanian society are unavoidable.

The purpose of this paper is to draw attention to the impact of AIDS from a gender perspective, specially analysing how the disease will affect women's employment patterns and opportunities, migration, age at marriage, and patterns in prostitution.

In terms of organisation, the first section will provide justification for the gender approach adopted in this paper; the second section provide an overview on women and AIDS in Tanzania. The third section will analyse the effects of AIDS on women labour force using indicators suggested in the foregoing section. The final section comes out with some policy recommendations and areas for further research.

Justification for gender approach

Gender analysis takes as its starting point the different situations of men and women, which in turn generate different interests and priorities which sometimes coincide, sometimes conflict. In gender analyses, these differences are not based in biological differences, but because of a society's construction of what constitutes male and female roles and responsibilities, behaviour, values, cultures. Gender analysis also recognizes gender, as opposed to sex, as a social construct which varies in different historical and socio-economic contexts. Societies have given men and women different roles, activities, responsibilities and authorities and levels of power and value. These differences intersect with other axes of differentiation such as age, ethnic group and urban/rural location to characterize the life situations and parameters of various women (Mbughuni 1994).

It could therefore be argued that women face various cultural constraints, and their consequences have hindered them from participating effectively in labour force.

Cultural barriers towards women's employment has led to: *(1)* high unemployment rates among women in urban areas; *(2)* high entry of women into the informal sector due to their low levels of education; *(3)* occupancy of the lowest paid and sex differentiated occupations; and *(4)* the undervaluing of the contribution of women to development.

Studies done in Tanzania tend to confirm the above assumptions. Firstly, an examination of the labour force geographically shows that in the urban areas males constitute 55.9 percent of the total urban labour force, and genders constituted 44.1 percent. In the rural areas the situation was 48.5 percent and 51.5 percent for males and females respectively (Bureau of Statistics 1993). This is in line with the theory that in the rural areas, where a lot of agricultural activities are taking place, more women are involved than men.

Secondly, labour force surveys in Tanzania show that unemployment ratio were 3.6 percent in the case of males and 4.2 percent for females. However, underemployment rates for males are higher (4.3 percent) than for females (3.9 percent). The latter rates

being indicative of women being overloaded than men.

The majority of non-farm positions are still monopolised by men in both rural and urban areas. The largest concentration of women remains in cultivation and mixed farming, in rural areas; and in clerical service and small scale trade in urban areas. Women are 39 percent of all service employees and 45 percent of clerks; compared to only 26 percent of all professionals; and 14 percent of administrators and managers. They are systematically deprived of access to positions which have decision-making power by factors which are explored below in this section, as well as factors in education, culture and politics.

Most women are concentrated in traditional female occupations; nursing, teaching, clerical and sales work. Women employed in the formal sector, which is regulated by government, are mainly found at the bottom of the occupational ladder, with low wages and fewer opportunities for on-the-job training and advancement. The only occupation with half or more women is nursing (69 percent) —even clerical remained a male preserve in 1980 (69 percent men), and only 27 percent of teachers were women. Women have been blocked from equal entry into wage employment, even in occupations which are universally considered to be female work (TGNP 1993).

Many women are employed for years on a casual or temporary basis, illegally. According to the Employment Ordinance, after three consecutive months of employment, a worker has the right to regular terms of employment. Employers use different tactics to keep employees on casual terms, so as to reduce production costs. On the other hand, many women may prefer part-time work, so as to be able to carry out other economic activities, including maintenance of their households (Mbilinyi 1990).

The female ratio in formal wage employment rose in private and public sectors during the 1977-84 period, according to a study by Marjorie Mbilinyi, using *Employment and Earnings* (EE) data of the Bureau of Statistics. EE data are limited to enterprises employing ten or more workers, whose management responds to written questionnaires. The female ratio of regular employees in the private sector rose steadily from 7.5 percent in 1977 to 12 percent in 1984 (Total N=110,669 in 1977; = 121,366 in 1984); for casual employees, it rose from 8 percent to 17 percent for the same period (N=46,271 in 1977 and 46,371 in 1984). In the public services sector, the female ratio of regular employees rose steadily from 13 percent in 1977 to 20 percent in 1984 (N=260,482 in 1977 and 413,475 in 1984); the female ratio of casual employee rose from 8 percent in 1977 to 12 percent in 1983 (N=61,011 in 1977 and 48,094 in 1984). A growing proportion on both regular and casual employees were therefore women. Both women and men found much greater employment opportunity in the public sector, which is now being reduced as a matter of public policy retrenchment.

The proportion of all adult wage earners who were casually employed (i.e., the casualisation rate) varied, according to gender and

private/public sector during the same period. In the private sector, more women than men were hired on casual terms throughout the same period (1977-1984), and the casualisation rate increased from 31 percent to 35 percent for women, whereas it declined from 30 percent to 26 percent for men. In the public services sector, the casualisation rate was actually higher for men than women, and declined for both: from 20 percent to 11 percent for men, and from 13 percent to 7 percent for women.

Employers were hiring more women on regular terms, and fewer casual workers, during the same period —which suggests that women represented a source of cheap labour, whether on regular or casual terms.

Plantation work remains one of the largest sources of employment, for both women and men. Data on plantation work is usually an underestimate, because so many people work on a daily, unrecorded basis — especially women. Recent research conducted by the Organisation of Tanzania Trade Unions (OTTU) under the financial support of International Labour Organisation (ILO) has confirmed the fact that plantation management began to specifically target women for work as field workers and in agroprocessing factories in the 1990s. Management explain that women are more reliable and dexterous —repeating universal gender stereotypes about women. In fact, there has been a decline in the number of men who are willing to accept low-paid farm work on plantations and large farms, because of the expansion of non-farm employment opportunities since independence. Women may be more reliable workers, because they lack alternative sources of employment (Mbilinyi and Semakafu 1993).

Another reason employers may prefer to hire women is that women employees tend to be paid lower wages in practice even though statutory wage differentials were abolished after independence. Statistical analyses have shown that women earn less than men, within the same industrial sector, and even within the same occupation. In their 1980 study of urban employment, Sabot *et al*. found that women with Standard 7/8 education earned 87 percent of what men with similar education levels earned in manual unskilled work; in manual semi-skilled work, their earnings were 83 percent of men with the same education; in clerical and secretarial work, 68 percent at the Standard 7/8 level, 77 percent at the Form 1.4 level, and 85 percent at the post-Form 4 level. Women managers with Form 1-4 education earned 61 percent of their male counterparts earnings; those with post-secondary education earned 63 percent. In other words, wage discrimination actually increased against women, the higher they rose in the occupational hierarchy, and the more education they acquired.

Further, studies have shown that women's working day is much longer than men's. Women tend to have a workday of more than 16 hours! According to a recent study by Danish Development Agency (DANIDA) in four villages of Iringa region, 25 percent of women's working hours (totalling 14 hours) was devoted to farm work; 28 percent to food preparation, 8 percent to washing and cleaning; 8 percent to collecting water and firewood; 2 percent to child care;

15 percent to other activities; and only 14 percent to resting.

In summary therefore the gender approach to HIV epidemic is justifiable on the following grounds:

First, women are increasingly becoming infected with HIV. In most of the developing world, there are as many, or more, infected women as there are infected men. These women are wives and other partners, daughters and grandmothers, sisters, aunts and nieces.

Second, women are becoming infected at a significantly younger age than men. In areas where the epidemic is newly emerging and in areas where it is deeper, the same pattern is recorded; on average, women become infected five to ten years earlier than men.

Third, proportionally more girls and young women in their teens and early twenties are becoming infected than women in any other age group. A possible exception is post-menopausal women who also seem to be particularly susceptible to HIV infection.

It is our contention that the extent of HIV infection in young girls in their teens or early twenties shown in these data sets will be affected by all the contribution factors currently identified in the literature as increasing the rates of infection in women and men but cannot be adequately accounted for by these factors, even in the aggregate. In the case of young women there would seem to be other influential factors. These need to be identified.

The factors identified in the literature include the incidence of sexually transmitted infections (STIs), frequency of intercourse, sexual practices, and male/female age differences in sexual relationships. To these may also be added women's nutritional status, and the presence of lesions, inflammation and scarification in female genital tract from causes other than STIs as well as women's socio-economic status. These may well be contributing factors but cannot be the complete explanation. Other factors like physiological vulnerability as contributory factor become relevant here. These include issues on young women's genital tract, mucus production in young women, the presence of cervical ectopy in young sexually-active women and the influence on vulnerability to infection of these biologically based differences and how they might be amplified by the circumstances and situation in which women have sexual intercourse. We do not intend to discuss these issues in detail. However, we would like to point out that the biological (physiological) differences between women and men increases the vulnerability of women to AIDS than men.

Women and AIDS in Tanzania

AIDS is a leading course of death in women aged twenty to forty in major cities in sub-Saharan Africa, the Americas, and Western Europe (Gillespie 1991). This global picture is also reflected in Tanzania. A recent study conducted by a Tanzanian English weekly paper, *The Express* (1993), cautions that as Tanzania enters the second decade of the AIDS epidemic, more women are increasingly being infected than

men in urban and rural areas. It goes further by indicating that prevention strategies lag behind and delays in introducing AIDS education in schools deprive school girls of the necessary education to protect themselves from the scourge.

The general male to female ratio of HIV infection has decreased to current 1:5 significantly low from 1:16 three years back and the NACP reports that by the year 2000 there are expected to be more HIV-infected women than men.

In some regions, HIV infection is already 1.5 times more common in women than in men. The trend is evident both in urban and rural areas. According to African Medical Research Foundation (AMREF 1995), men and women HIV ratio is 1:2 in rural, 1:6 in the roadside and 1:7 in urban stratum in the country's lake zone region of Mwanza. Similar ratios have been recorded in the neighbouring Kagera region where the country's first AIDS case was reported in November 1983.

If one anayses specifically the correlation between a sample of socio-demographic characteristics and HIV among women in Tanzania, then the picture which emerges, according to S.H. Kapiga *et al*. (1993), could be summarized as follows:

1) Age

The HIV seroprevalence is lowest (4.2 percent) among the 15-19 years age group. The infection rates of 13.5 percent are observable within the 25-29 years age group. The age groups of 20-24 and 30 years and above have infection rates of 11.7 percent and 11.1 percent respectively.

2) Marital status

Whereas married (monogamous) women show an infection rate of 8.8 percent, polygamous marriages have higher infection rates of 12.2 percent. Further, relatively higher infection rates of 17.4 percent were observed in the cohabitating women and 13.3 percent for women who were either single, divorced or widows. These results could be interpreted that unstable marriages or situations which allow one to have more than one partner are a high HIV/AIDS risk factor.

3) Level of education

One would expect that the level of ones education should correlate negatively to the infection rate. Surprisingly, empirical evidence indicates the contrary. Women without formal or with adult education show the lowest infection rates of 7.2 percent. However, the highest infection rates are observable in primary and post primary education levels. Indeed, the rates of infection tend to increase with the level of women's education level or that of their male partner.Women with primary education display infection rates of 12.3 percent and 11.4 percent for their male partners. In the cases of women with secondary education the infection rate is 13.3 percent. This compares well with that of their male partners which is at 13.8 percent. These results are a puzzle. One would expect the contrary. The level of exposure through the medium of education should be a safe guard

against the disease. However, this does not seem to be the case. What could explain this phenomenon? Perhaps education leads to more exposure to social activities and intensify contacts; or better incomes tends to lead people to more temptations. Other explanatory factors could be that education, especially post primary, entails moving away from the vicinities (rural areas) from the curious eyes of parent, neighbours, relatives and hence enhances ones freedom of doing those things which would not have been done freely in a 'constrained environment'.

4) Occupation

As far as occupation is concerned, housewives tend to have lower (9.0 percent) infection rates than all other occupational categories. Hotel/bar women workers are the riskiest group with infection rates of 23.8 percent, followed by that of secretaries and professionals at 18.8 percent. The case of hotel/bar workers is understandable taking into consideration that in Tanzania prostitution is illegal. However, it is being practised indirectly under this occupational category. Indeed, the meagre incomes earned by these workers become another driving force for prostitution. Nonetheless, although the issue of meagre incomes could also provide a clue as far as women professionals are concerned, office sexual harrasment and the like cannot be ignored. Other reasons could be those which were mentioned under 'education' above. Likewise, women whose male partners happen to be employed either as a driver or as a soldier/police or any other profession, tend to display quite high infection rates. That is, 14.2 percent, 14.4 percent and 17.2 percent respectively.

The implication of the above results is that women morbidity and mortality rates will increase in future. What implications will all these have on the labour force?

Impact of AIDS on women labour force

The purpose of this section is to review relevant issues which HIV/AIDS will impact on female labour force by looking at *(1)* patterns of employment opportunities; *(2)* female unemployment and pressures to prostitution; *(3)* changes in age at marriage; and *(4)* migration.

Employment patterns and opportunities

We did note earlier that women labour force is more rural than urban based. Further, women are responsible for much of the planting, weeding and harvesting, which if delayed due to morbidity and mortality can cause a 25-50 percent reduction in yields as well as qualitative losses. Hence their death from AIDS or their diversion to take care of AIDS sufferers or to replace male labour can have serious consequences. Will this pattern change given the high incidence of AIDS on women? The answers to these question cannot be conclusive because of the paucity of research work which exists on the subject.

Nevertheless some assumptions can be made to give some tentative cum indicative answers.

The first assumption is that the pattern will not change much because cultural (traditional) restrictions might hinder women taking up employment opportunities in urban areas. The second assumption is that whenever employment opportunities in urban areas arise, of those already in urban areas are in a better position to tap such opportunities than those in rural areas. In other words, urban areas have better and varied communication media than rural areas in terms of newspapers, posters, pamphlets, booklets, etc. The third assumption is that as urban husband-workers die, there will be a tendency for the non-working wives with children to migrate back to the villages. This might also happen in the case of working wives who, after the death of the husband, are not in a position (incomewise) to sustain the family in an urban environment. For the latter case, a woman loses her employment opportunity in an urban area and chances for an employment in a near-home town or village. The fourth assumption is that employers knowing that the chances of women to be infected with AIDS are higher than men, may resort to discriminatory tendencies.

However, it is wrong to consider that the gender division of labour is a fixed factor. It is a part of reflection of the opportunity costs of male and female labour, wage rate differentials, and the marketability of different crops. The division of labour shifts as employment opportunities outside agriculture change, or as the introduction of new crops or technological innovations in agriculture affects labour requirements and the relative profitability of labour. This is clear from past behaviour. Men have switched their attention to food crops as they changed status from subsistence to cash crops. Women have taken responsibility for cash crops following the migration of their husbands to gain paid employment. Thus, current labour impacts are not necessarily indicative of future ones.

Nevertheless, the present gender division of labour tends to intensify the negative impacts of AIDS. Furthermore, not only are women commonly responsible for a large proportion of crop planting, weeding and harvesting as mentioned above, they also care for small ruminants and poultry, and collect most water and fuelwood requirements. In other words, they have very little unutilised time to compensate for male mortality. So any loss of male workers, or of female labour diverted to caring for AIDS patients, is difficult to absorb at the household level without additional agricultural production losses, or other health and welfare risks as those from unsanitary water or undercooked food, because of the lack of time to collect freshwater or adequate fuelwood.

Female unemployment and pressure to prostitution

Reference to Tanzania's unemployment statistics shows that 206,549 women compared to 145,960 men are usually unemployed. When these figures are presented in geographical terms, then a total of 131,068 (urban) women and 62,047 (urban) men are unemployed. In

the absence of other employment opportunities women might be forced to prostitution as a way of earning a living. We have already referred to cases where the female/male differences in prevalence of HIV and AIDS reach very high levels in some vulnerable communities on trade routes where a majority of women may be infected due to their economic dependence upon provision of commercial sexual services to infected mobile men.

The unemployment factor may not be the only one forcing women into prostitution. Women tend to be paid lower incomes than men even for the same work done. To supplement for this 'denied' income, prostitution may be the only salvation. Observations in urban areas: Dar es Salaam, Arusha, etc., show high prevalence of prostitution. This is more so after the adoption of the Economic Recovery Programme (ERP) policies aimed at liberalisation of the national economy and adoption of market-oriented policies. These policies reduced the real wages, through devaluation and high inflation, to unbearable proportions. Thus boosting both informal sector employment and prostitution.

The trade liberalisation has contributed to prostitution in a big way. Almost along all urban and suburb roads and streets in Dar es Salaam are full of the so called groceries. In reality these groceries are beer shops selling alcohol from the early hours of the morning to very late hours at night; thereby circumventing the official open hours of bars. These groceries have offered employment opportunities to unemployed women in Dar es Salaam. They have also exposed those women to prostitution since these places become contact points to the would-be customer.

Age at marriage

Evidence in Tanzania suggests that the AIDS epidemic affects women at an earlier stage than men. The implication of these is that the labour input of women into production is lower than that of men. That is, women's chances of an early pull-out from the workforce are higher than men because of early morbidity and mortality rates.

As women become aware of the dangerousness of AIDS, they may prefer to marry early so as to avoid a situation whereby one has to come into contact (sexually) with a number of boyfriends before getting the right choice of a husband. This tendency may coincide with the contemporary behaviour of men who view young and school girls as being safer than older women. However, in search for the 'virgins' the infection is spread even further and chances for early marriage are increased, especially in cases where pregnancy occurs.

Whether early marriages are voluntary or circumstantial, they would significantly weaken the position of women in the labour force for a number of reasons. Firstly, the educational status of women would be negatively affected. Secondly, chances for higher job status are reduced given that there are direct correlation between the level of education and the status of a job. Thirdly, male dominance will persist. If this happens women cannot insist on those types of

behaviour within partner relationships which would prevent the spread of sexually transmitted diseases.

Migration

We did discuss above the likely patterns among women which could emerge in the wake of HIV/AIDS. In this section we do not intend to dwell again in detail on the issue. It suffice to emphasize that the urban-rural, rural-urban, urban-urban and rural-rural migration among women will depend on a number of factors: employment opportunities, levels of education, levels of empowerment, compliance or non-compliance to traditions and beliefs, the economic status of women vis-à-vis men —after the latter's death, government policy on employment issues, etc. All these will not only affect the pattern and direction of migration but also the division of labour between women and men.

Perhaps one issue of migration which needs some focus is that of prostitutes and some members of the society who tend to feel that they are at higher risk to get infected because of either the nature of their job or of the area they come from. Observations in Dar es Salaam shows a lot of mobility among these groups as a way of concealment of identity. For example, if a barmaid in Sinza area contracts a skin disease or tuberculosis, after getting healed she migrates to Temeke where she continues with the same employment. The same phenomenon is evident among prostitutes who stay for a definite period in a location before migrating to another. We are of the opinion that this type of behaviour has been instrumental in spreading the disease in Dar es Salaam. It is in this context that serious interventions have to be undertaken to check such behaviour. However, such interventions have to be conceptualised in a wider context which realises that AIDS is not only a development issue but also a population and a gender issue.

Another factor which affects, and will continue to affect migration in Kagera region is of cultural nature. It is the tradition of Hayas to dispose women when their husbands die. Implying that the disposed women are thus forced to migrate to relatives or to other areas where they can earn a living. This cultural 'norm' portrays an overt discrimination against women as far as ownership of property is concerned. Further, it encourages the mobility of widows of AIDS victims and thus increases the likelihood of more people being infected through having sexual contacts with such women.

Furthermore, women migrating into distant areas, both rural and urban, will tend to hide their identity and background of where they come from and what had happened to their husbands so that they do not 'scare' the would be male customer or friend. Such an attitude will definitely increase the risk of AIDS infection. Indeed in Dar es Salaam and other urban areas one can observe a tendency of Hayas hiding their identity by changing names. Again, there is an emerging attitude among the Hayas that 'why should they die alone'. That is, AIDS should not be allowed to be a Haya disease. Over time this phenomenon is no longer confined to one tribe, it is now more widely

spread when compared to the past.

Conclusion and recommendations

The HIV/AIDS epidemic affects the capacity of the economy to produce by reducing the quantity of labour input. This is the basic assumption which guided this study. The effect of this impact is multifold: lower productivity, changes in labour/capital ratios, changes in migration patterns, lower savings, raise in prices of factors of production. In short, the adverse effects of the epidemic to the national economy are enormous. What then should be done to minimise this adversity?

— The Government should be more forceful, than at present, sensitize the population on the macro-economic impact of HIV/AIDS. Such a programme should target at all vulnerable groups or cohorts in all sectors of the national economy.

— The present policies of the ERP should be looked into in the context of their impact to AIDS. The policies should not contradict the AIDS prevention efforts. For example, in the wake of trade liberalisation the government lacks a policy of alcohol distribution and sale. Specifically the Government should strictly impose open and closure hours on bars and groceries.

— As it is becoming increasingly clear that HIV/AIDS is not only a development issue but also a gender issue. It is important therefore that more research should be directed towards studying the actual and potential impacts of AIDS morbidity and mortality on women in general and women labour force in particular and its subsequent impacts upon agricultural and industrial production and family survival. Women economic coping-strategies should be studied.

— Introduction of sex education should not be delayed any further. The Ministry(ies) responsible for shouldering this task should embark on it as soon as possible. Such education should contain strategies to lengthen the time before the onset of sexual intercourse in young women, increase the age at first pregnancy, and increase the ability of young girls to control the situations in which they are sexually active.

Worksite interventions have shown high rates of success as far as producing an 'AIDS conscious worker' is concerned. However, financial constraints have limited the scope of such interventions. It is in this context that labour force supportive organisations like the ILO should be encouraged to extend support to workers' unions and employers' associations so that they could embark on country-wide worksite interventions.

Bibliography

AMREF. 1995. *Study on HIV/AIDS infection rates in rural and urban areas in Tanzania*, Dar-es-Salaam: AMREF.

BULATAO Rodolfo A. 1990. "The demographic impact of AIDS in Tanzania". Background paper prepared for the Tanzania AIDS assessment and planning study, Washington DC: World Bank. June 1990s.

Bureau of Statistics [Tanzania]. 1993. *The labour force survey 1990/91*, Dar es Salaam, June 1993.

CHIN James and SONNENBERG F. [*nd,* 1991]. "The epidemiology and projected mortality of AIDS in the United Republic of Tanzania". Background paper prepared for Tanzania AIDS assessment and planning study, Washington DC: World Bank.

KAPIGA S.H. *et al.* 1993. *Risk factors for HIV infection among women in Dar es Salaam*, *Tanzania,* New York.

MBILINYI Marjorie (with Ave Maria SEMAKAFU). 1993. *Gender issues in employment and production in sugar industry*, Report for OTTU/MWEMA/ILO (forthcoming).

MBUGHUNI Patricia M. 1994. "Gender and poverty alleviation". Paper presented at a workshop for research on poverty alleviation in Tanzania, 11-12 January 1994, Dar es Salaam

MHLOYI M. 1991. "Presentation at the HIV weekly seminar at the School of Public Health, Columbia University", New York, The Population Council (October 1991).

TGNP [Tanzania Gender Networking Programme]. 1993. *Gender profile of Tanzania*, Dar es Salaam.

World Bank. 1991. *Tanzania AIDS assessment and planning study*, Washington, DC: World Bank (October 1991).

World Health Report. 1990. *Bulletin of the World Health Organisation*, Geneva: WHO (October 1990).

NACP. United Republic of Tanzania: Ministry of Health (Tanzania Mainland). 1991. *National AIDS Control Programme, (HIV/AIDS/ STD surveillance). Report No.4,* Dar es Salaam.

NACP. United Republic of Tanzania: Ministry of Health (Tanzania Mainland). 1991 and 1995. *National AIDS Control Programme (HIV/AIDS/STD surveillance). Report No.7 and 10*, Dar es Salaam.

Humphrey P.B. MOSHI, *The impact of AIDS on the national economy: the case of women labour force in Tanzania*

The objective of this paper is to analyse the impact of AIDS from a gender perspective. This methodological approach is informed by the conviction that AIDS is not only a developmental issue but also a gender issue. The major findings of the study is that women morbidity and mortality rates will increase in future and this will impact negatively on women labour force. Consequently, enhance rather than reduce gender inequalities. The implication of this is the need to empower both girls and women through educational programmes aimed at changing the current negative mindset towards gender issues to a positive one.

Keywords: gender • women labour force • socio-demographic characteristics • employment patterns • employment opportunities • migration • age at marriage • mindset.

Humphrey P.B. MOSHI, *L'impact du sida sur l'économie nationale : le cas des femmes travailleuses en Tanzanie*

Résumé — L'objectif de cette étude est d'analyser l'impact du sida dans une perspective de genre. Cette approche méthodologique est renforcée par la conviction que le sida n'est pas seulement un problème de développement, mais aussi un problème de genre. Les principaux résultats de cette étude montrent que les taux de morbidité et de mortalité chez les femmes augmenteront dans le futur et auront un impact négatif sur la force féminine de travail. Par conséquent, ces facteurs renforceront plutôt qu'ils ne réduiront les inégalités entre sexes. Il en résulte le besoin de renforcer à la fois les capacités des filles et des femmes à travers des programmes éducationnels visant à changer la mentalité négative actuelle relative aux questions de genre et de la rendre plus positive.

Mots-clés : genre • force féminine de travail • caractéristiques sociodémographiques • type d'emploi • opportunités d'emploi • migration • âge au mariage • mentalité.