

4th World Congress of Rural Women

Theme 5: Health and Well-being

Poverty, HIV/AIDS, and Orphan Care- The Triple Tragedy of the African Matriarchs

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1. THE TRAGEDY



How do we break the vicious poverty cycle and re-create a generation with hope?



- Mama Tembu is 79 years old. She is a widow, living in remote Temboland.
- In the 1960s, she was mother to 8 children, today, she is mother to 13 grand children. Seven of her children succumbed to AIDS. She derives her livelihood from a 2 acre plot, on which she grows vegetables and maize to provide for the family. Income is low and seasonal; periodically she receives food from Aid Agencies.
- This is the tragedy of many rural women in Africa. **The triple tragedy of the African Matriarchs: Poverty, HIV/AIDS, and Orphan Care!**
- These women have reached an age where in a more prosperous society, they would be **the revered matriarchs enjoying a well-earned rest from a lifetime of toil**. But there is no break now, AIDS has robbed society of the most productive women, and hence the grandmothers are now the sole source of hope for the next generation.



2. Challenges

- **64% Of PLWA are in sub Saharan Africa**
- **75% of all Women LWA are in SSA**
- **Women comprise 13.2 million or 59% of adults living with AIDS in Africa**
- **These women are the main food producers in sub-Saharan Africa, accounting for 70% of the agricultural labour force and 80% of food production in Africa**
- **Over 42 million orphans in SSA (2003), 12.1 are a result of AIDS, number projected to increase to 18.4 million by 2010**



Challenges cont'd

- **Most critical challenges facing Africa today is how to arrest:**
 - **Poverty and Food Insecurity;**
 - **Diseases, particularly AIDS, Malaria and TB; and**
 - **The looming problem of orphans.**
- **Need to adopt comprehensive and holistic approaches, which recognise the impact of the HIV and AIDS.**



3. Introduction

**HIV and AIDS impact on the household at 3 levels:
(1) chronic illness, (2) death, (3) after death.**

Need to understand:

- **What are the main circumstances through which the epidemic affects household agriculture and food security systems?**
- **What is the overall livelihoods outcome for affected households and how can this be best quantified to facilitate effective response?**
- **Are all households affected in the same way?**
- **What new policies can be put in place at both national and regional level to deal with the problem?**



4. Impact of HIV and AIDS on the Rural Households

- **Dynamics of HIV/AIDS impact on a household in an agriculture-based livelihood**
 - Adult becomes sick
 - S/he reduces work
 - Replacement labour is “imported”, perhaps from relatives
 - Health care expenses rise (drugs, transport)
 - Household food consumption is reduced
 - There is a switch to labour-extensive crops and farming systems, small livestock
 - Adult stops work
 - Increased care given to sick adult, with less time for agriculture and child care
 - Debts increase
 - Children drop out of school to help with household labour
 - Adult dies
 - Funeral expenses incurred



4. Impact of HIV and AIDS on the Rural Households CONT.

- Household may fragment as other adults migrate for work
- Cultivation of land is reduced, as more left fallow
- Inappropriate natural resources management may lead to increased spread of pests and disease
- Effects of knowledge loss intensify
- Increased mining of common property resources
- Access to household land and property may be affected (re: rights of surviving widow and/or children)
- Solidarity networks strained, possibly to points of exclusion
- Partner becomes sick
- Downward spiral accelerates



5. Impact of HIV and AIDS on Agriculture

- **Increased rural inequality as a result of disproportionately severe effects of AIDS on relatively poor households;**
- **A reduction in household assets and wealth, leading to less capital-intensive cropping systems for severely affected communities and households; and**
- **Problems in transferring knowledge of crop husbandry and marketing to the succeeding generation of farmers.**



6. Effect on Agricultural Extension services

7 million agricultural workers have died from AIDS related diseases in 27 severely affected African countries.

An estimated 16 million more deaths, are reported likely in the next two decades.

Extension services are less able to respond and support farmers' needs.



7. Impact of HIV and AIDS on Women in Agriculture

- **Traditionally, rural women have always had a triple role to play in society:**
 - reproductive,
 - productive and
 - community roles.



8. Impact of Supporting Orphans

- **The New Dimensions:**

- 1. Rise in dependency ratio-**

- **Support for Orphans**
- **Strongest, able-bodied and most productive members most affected, needing support**
- **Urban to rural migration (the sick go to rural areas for support)**



9. Coping Strategies

- **Family network,**
- **Borrowing,**
- **Labour power –trading**
- **Sales of productive agricultural assets (bicycle, plows, oxen, and cows)**
- **Reducing food consumption**
- **Trade of sex for cash– “severe vulnerability” has led to extreme susceptibility”.**



10. Advocating for Policy Change

1. **Four integrated losses identified (1.skilled labour, 2. reduced utilisation of arable land 3.reduced access to finances and 4. loss of productive assets)**
2. **Impact of HIV and AIDS only a co-factor - Other social and economic factors e.g. as input application rates, level of education, asset base, gender of household**
3. **Gender interacts with all variables - land rights, income and productive asset - reflect possible areas for policy attention to safeguard livelihoods of women farmers affected by HIV in agriculture**



10. Advocating for Policy Change CONT.

4. **Household demographic structure, labour supply and dependency ratios**
 - Female-headed households are now more common.
 - Female-headed households have higher dependency ratios than male-headed households.
 - Households headed by elderly people (i.e. head above 60 years of age) have relatively higher dependency burdens
5. **Reduced Agricultural labour supply**
6. **The changing structure of rural families and implications on agriculture**
 - Increase in single parent households
 - Child Headed households
 - Grand mother headed households



10. Advocating for Policy Change CONT.

7. **A gap in agricultural knowledge transfer**
8. **Less area under cultivation**
9. **Changes in livestock rearing practices**
10. **Reduction in purchase of Agricultural inputs**
11. **Negative impact on extension**
12. **Higher expenditure on medicals than food – Reduced disposable income**
13. **Increased asset poverty: especially productive livestock assets Many households have nothing to sell**
14. **Three important Gender interactions: land-holding; income and productive assets**
15. **Varying levels of vulnerability among HIV-affected households-Differential vulnerability**



11. Policy implications

1. **Interventions should Consider heterogeneity of households- and aim to improve well being of women**
2. **Assistance with **Information**, (impact of the epidemic, mitigation strategies, new agricultural technologies, market information, etc)**
3. **Need for Social Protection Policies and Programmes**
4. **Need to shift focus of HIV programmes to support livelihoods, Strengthening household coping capacity.**
5. **Enhanced **agricultural education**, targeting the youths and ICT use- Rural Information Centres**
6. ****More research** (*longitudinal surveys and databases*) to provide information and monitor impact of interventions. Need to set targets for local, regional, national and link with the continental targets.**



12. Acknowledgements

This report is part of the research findings of a seven country study implemented by FANRPAN (Food Agriculture and Natural Resources Policy Analysis Network) with support from SADC and the European Union.

It presents results and recommendations based on research that explored the impact of HIV and AIDS on agriculture and food security in the southern African region. The studies in the seven countries were conducted by the following researchers:

Botswana: Professor I. N. Mazonde; Dr. K S. M. Gobotswang; Dr. P. Malope; Dr P. Ntseane and L. Gabaitiri of the University of Botswana

Lesotho: Ms Thope A. Matobo; Ms Makhala B. Khoeli and Ms Regina M.Mpemi of University of Lesotho

Namibia: Dr. Ben Fuller and Deon van Zyl of Namibian Economic Policy Research Unit

South Africa: Ms Petronella Chaminuka; Professor Francis Anim; Dr. Legessa Kassa Debuso of Limpopo University and Dr Simphiwe Nqangweni of University of Pretoria

Swaziland: Dr. M. B. Masuku; Dr. M. M. Sithole and Dr. P. M. Dlamini of University of Swaziland

Zambia: C. Hamusimbi, M. Mataa and G. Jere of School of Agricultural Sciences, University of Zambia

Zimbabwe: Dr Reneth Mano; Dr Innocent Matshe; U. Chipfupa, O. Pimhidzai and P. Marimo of University of Zimbabwe

FANRPAN is grateful to the Southern Africa Development Community (SADC) and the European Union which provided funding through the project, "Regional Support for an Expanded Multisectoral Response to HIV/AIDS in the SADC Region."



“As Women we have the right to enjoy the highest standard of physical and mental health”

THANK YOU