

REVISITING THE BASICS: A PLATFORM FOR EFFECTIVE INTERVENTION IN IMPROVING RURAL LIVELIHOODS OF HIV/AIDS AFFECTED HOUSEHOLDS

- LESSONS FROM BINDURA DISTRICT (WARD 16), ZIMBABWE

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ABSTRACT

Effects of HIV/AIDS on rural livelihoods were investigated in Ward 16, Bindura District. The random sampling technique was employed to select three villages. A sample of 90 households was proportionally chosen from the villages. Data were mainly collected using questionnaire interviews. Triangulation was done with unstructured interviews and observation guide. Data were analysed using SPSS version 16. Descriptive statistics was used to assess the effects of HIV/AIDS on rural livelihoods. Tabular and graphical representations were used to present the results. Research findings revealed that effects of HIV/AIDS on rural livelihood are mainly on production processes by dwindling productive household members. Results show that households and communities affected by HIV/AIDS also lost income, suffer food insecurity, and reduce diversification leading to increased vulnerability and poverty. Policy makers and development practitioners should study and map vulnerabilities at all levels and re-design programmes that enhance livelihood security, poverty alleviation, HIV/AIDS prevention and control.

Key words: HIV/AIDS, Platform, Intervention, Rural, Livelihoods

BACKGROUND

Introduction

Rural livelihoods comprise of the capability, assets and activities required for a means of earning a living (Chambers, 1992). These are means and ways employed by people in order to make their living. Traditionally rural livelihoods were affected by factors such as bad climate, state of governance, farming systems and poor soils. In recent decades, livelihood vulnerability has been compounded in most communities by HIV/AIDS (Barnett, 1994). It strikes the human capital which is the anchor of livelihoods. World Bank (1999) proposed HIV/AIDS as the greatest cause of death globally. Jackson (2002) proposed that the affected do not act according to a previously formulated livelihood strategy, they just respond to the immediate need by disposing assets when they run out of alternatives.

FAO (1994) proposed that more than two-thirds of the African populations are living in rural areas. White and Robinson (2000) added that African Rural Areas are highly susceptible to HIV/AIDS infection due to urban-rural linkages. Therefore, the aim of this study was to investigate the effects of HIV/AIDS on rural livelihoods.

Statement of the Problem

HIV/AIDS undermines the livelihood activities by weakening or destroying the human capital which is the key livelihood provider. According to Barnett (1994), this pandemic depletes control and access to key financial, social, natural assets and constrains options for productive activities. This study will therefore investigate the effects of HIV/AIDS on rural livelihoods.

Significance of the Study

There is inadequate information for sustainable rural livelihoods options, programs and policies. The generated information will assist government officials, policy implementers and development workers to implement the planned policies that reduce the outbreak of HIV/AIDS as well as providing communities with information on non erosive coping mechanisms, especially to the most vulnerable rural fork. Finally, the information will form a base for further research in this dynamic field.

Research questions

This study takes an overview of the research that addresses the following general questions:

- What are the main livelihood strategies/activities by HIV/AIDS affected households?
- What are the effects of HIV/AIDS on rural livelihoods?
- What alternatives can be implemented to mitigate the effects of HIV/AIDS on rural livelihoods?

Objectives

The major objective of this study was to investigate the effects of HIV/AIDS on rural livelihoods. The specific objectives of the study were to:

- Identify the main livelihood strategies/activities by HIV/AIDS affected households.
- Assess the effects of HIV/AIDS on rural livelihoods.
- Establish sustainable alternatives for mitigating the effects of HIV/AIDS on rural livelihoods.

LITRATURE REVIEW

HIV/AIDS is the most cause of death in Africa and are considered as the greatest cause of death globally (World Bank, 1999). It spreads both within and across borders primarily affecting the economically active groups between the age of 15 to 35 (Jackson, 2002). The pandemic has been affecting sizeable proportions of the population. The high prevalence rate in rural areas is posing serious impediments to development of Third World Countries (Mutungadura, Mukuraziva and Jackson, 1999). Rural households directly and indirectly feel the impact of the pandemic. A review of literature on experiences and interlinkages between HIV/AIDS and rural livelihoods will be done to draw out the coping mechanisms and responding strategies of affected individuals or small communities.

HIV/AIDS: Experiences from Zimbabwe

Even though varied methods have been employed to control the pandemic since the 1990s, little has been done to support the affected communities in Zimbabwe. UNAIDS (2005) found out that HIV prevalence rate in women attending postnatal clinics dropped in Zimbabwe from 35 % in 1999 to 21 % in 2004. Observations are that prevalence was 58 % of the population in rural areas and 18.9 % in urban areas (NAC, 2004). HIV/AIDS has contributed significantly to the diminishing of human capital in all sectors of the country's economy (UNAIDS, 2005). It has had substantial socio cultural effects on the affected communities. Economic effects occur when there is diversion of resources to other uses that were not important in the absence of HIV/AIDS. This has mainly taken the diversion of human resource from productive activities to home based care. It also occurs when population declines due to the disease. The socio cultural effects may be defined as any sudden shock or slow acting cumulative series of events that disrupts existing system of social support (UNAIDS, 2005). White *et al.* (2000) noted that HIV/AIDS has effects at household and community levels in varying ways. They suffer from loss of productive labour, income, food reserve savings and assets which are diverted to meet health and funeral expenses. The problem has also led to reduction in children's educational opportunities as they are withdrawn from school to care for the sick or to do odd jobs for income (World Bank, 1999).

The effectiveness of traditional strategies used to cope with livelihoods are reduced and in some cases rendered impossible and or dangerous. For example in Sub-Saharan Africa, observations have been that the combination of mobility and mortality as well as the associated reallocation and withdrawal of production factors have a number of adverse changes with effects on household food and livelihood security. HIV/AIDS has led to loss of staff or skilled labour and hence reduced experience and knowledge. Evidently, in most rural communities, the all important traditional transfer of knowledge from father to son or mother to daughter has been greatly disrupted. This has had negative consequences for potential future rural livelihood management practices. The major adverse changes include down graded crops, loss of assets and farm management resources and increased dependency (Wimmer, 2003). A higher proportion of the limited income is also directed towards sourcing the basics rather than making other long term economical investments (Jackson, 2002).

The epidemic has also resulted in changes in household dynamics and gender relations. In most cases men have taken over duties carried out by women for example growing cowpeas women's crop or market gardening or beer brewing (Mutangadura, *et al.*, 1999). There have been increased conflicts over resources within the affected households. Thus, HIV/AIDS threaten the ability of households to function as an economic unit. In extreme cases, the whole social fabric of the family is almost disrupted or dissolved (Rugalema, 1998).

Effects of HIV/AIDS: A community analysis

Mutangadura *et al.* (1999) reported that the loss of human resources affected all institutions (NGOs) and community structures. They further indicated that there are some problems that may arise in communities as a result of HIV/AIDS which include the need to support an increasing number of orphans, reduced participation of the community in neighborhood and community structures, increased homeless and increased crime. Social cohesion of the community is threatened a situation that in turn increase the risk of HIV/AIDS transmission (Mutangadura, *et al.*, 1999). The epidemic undermines the ability of

the community to respond particularly as a social unit. Middle aged adults are affected thus eroding the future economic performance of the community.

Orphaned children that grow up in such circumstances usually lack development as limited resources restrict their family ability to provide sufficient care. This increases the deterioration of the children's situation in terms of education and nutrition.

A study that was carried by FAO (1994) indicated that the majority of orphans were also dependents. There were others who depend on other caregivers, including close relatives and foster families. Orphans lacked needs such as food, housing and education. Due to hardships these orphans were forced to seek help in the streets begging for money which made them vulnerable to abuse. Girls turned to prostitution for survival and were most likely to become infected like their parents thus perpetrating the vicious cycle (Topouzis, 1998).

Mitigatory approaches to the effects of HIV/AIDS on rural livelihoods

There are different coping strategies or household survival and livelihood strategies in response to the compounding effects and interactions of HIV/AIDS in a bid to try to build responses to the epidemic. The ability of a community to withstand HIV/AIDS shock and stress depends on the existing vulnerability of the livelihood activities to labor shortage and other outputs. White *et al.* (2000) noted that complex factors that determine the success of strategies include the position of the ill/deceased person in the household, the household social economic status as well as availability of other livelihood opportunities. According to Mutangadura *et al.* (1999), there are other factors that determine the households' ability to cope such as access to resources of extended family and the ability of the community to provide support.

In Malawi a study conducted by CARE found that 70 % of the households affected by chronic illnesses suffer from labour shortages that result in 23 % delaying of agricultural operations and 25 % leaving land fallow or changing the crop mix (SafAIDS, 1998).

RESEARCH METHODOLOGY

Study Area Description

The study was carried out in ward 16 of Bindura District in Mashonaland Central Province. Ward 16 consists of an area extending from Mumhurwi dam along Harare-Shamva road to Guwa communal area. The ward is close to the high way and a busy business centre (Musiiwa) about 44km from Harare which greatly influences the spread of HIV/AIDS. The area is one of those highly affected by HIV/AIDS (ZHDR, 2003). Its prevalence continues to spread at an alarming rate and this is evidenced by an increase in the number of patients, orphans and widows. Figure 1 shows the study area.

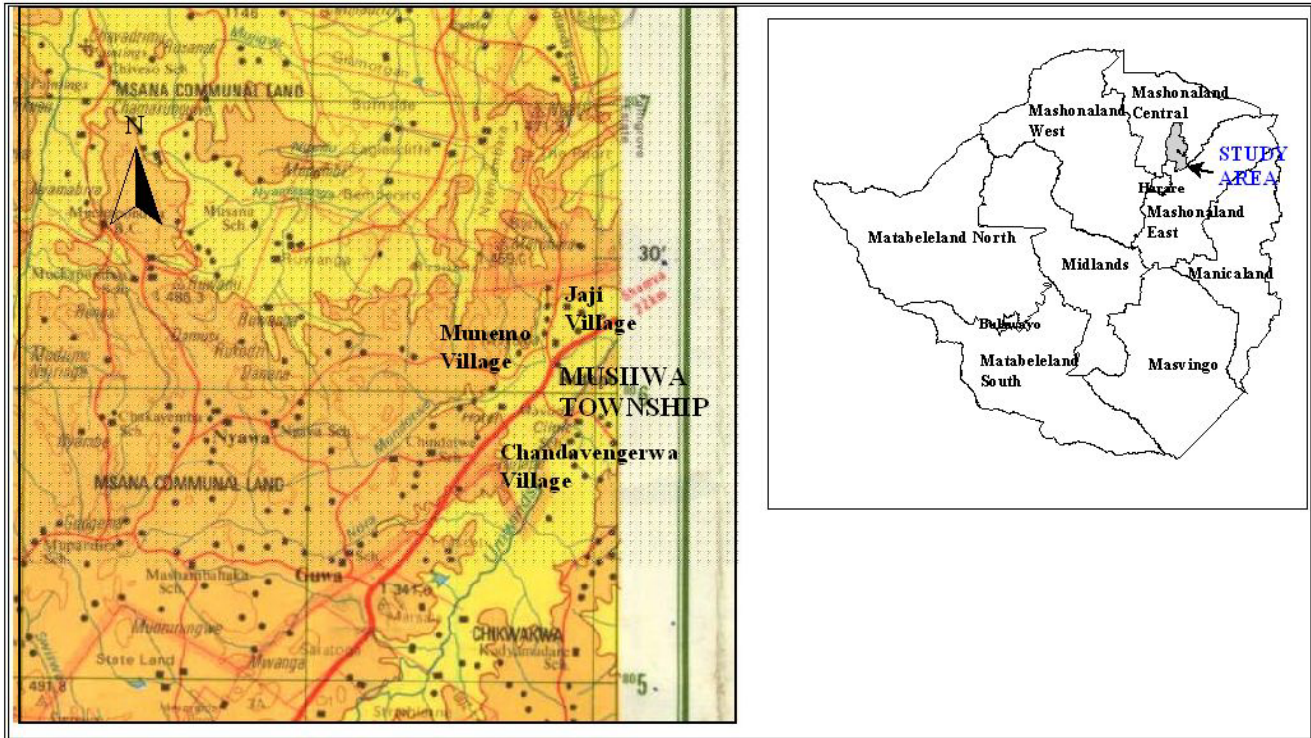


Figure 1: Study area

Sampling techniques

A survey approach was used on 90 respondents. Ward 16 was purposively chosen because the researcher is familiar with it and is closer to the work place. Ward 16 consists of 27 villages. Random sampling technique was employed to select three villages (Munemo, Chandavengerwa and Jaji) using the hat technique. This technique was used to reduce bias and provide equal chances of inclusion for each village. Proportionate sampling technique was then used to cater for the variations in village sizes thus making the sample more representative of the village.

Data collection methods

The research employed both quantitative and qualitative approaches where a questionnaire and unstructured interviews were employed. Triangulation was also done using observations to validate the primary data collected.

Data analysis

The data were then analyzed using the Statistical Package for Social Scientists (SPSS) and graphical presentations were generated using Microsoft Office Excel.

RESULTS

Table 1: Descriptive statistics for selected variables

<i>Variable</i>	<i>Mean</i>	<i>S.E</i>
Age	34.20	2.17
Years in schooling	10.75	0.51
Household size	7.28	0.37
Members who died	2.82	0.20
Withdrawing children from school	3.45	0.21

Table 1 show that the age mostly affected by HIV/AIDS was on average thirty-four years and this is the productive age group who are livelihood providers. The statistics show that most of the household heads spent eleven years in schooling.

Causes of death

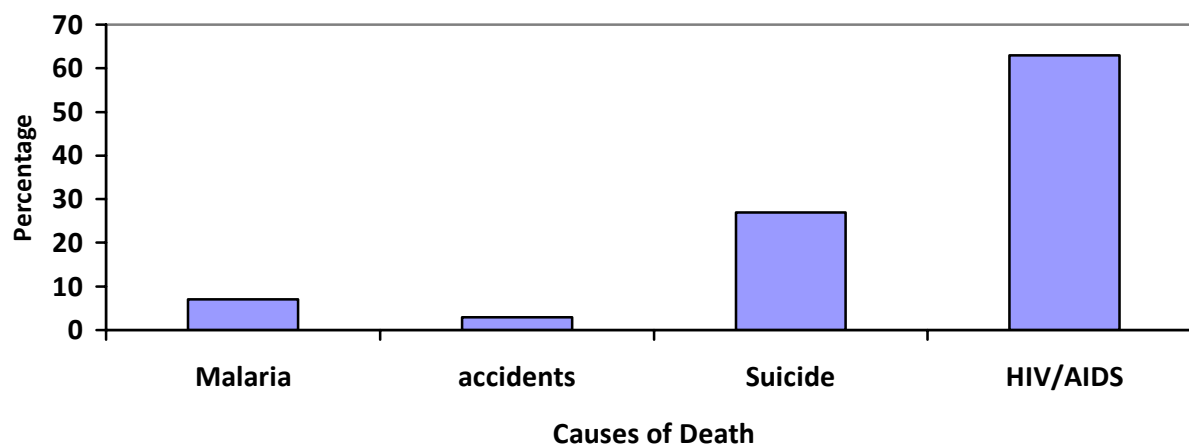


Figure 2: Causes of death for household members of respondents

From Figure 2 HIV/AIDS dominated the deaths while accidents accounted for the least deaths.

Sources of income

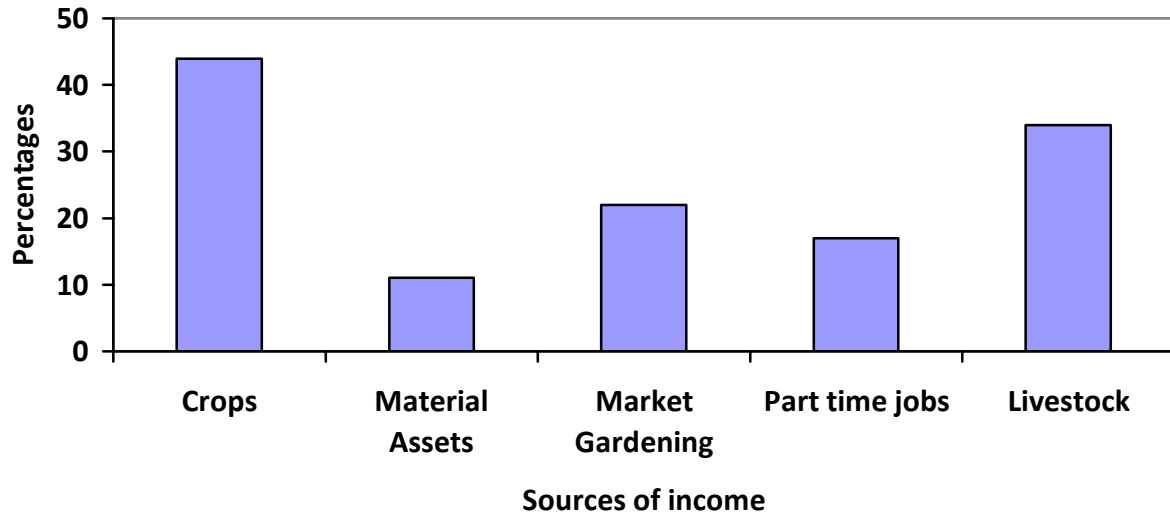


Figure 3: Sources of income

Figure 3 shows that the most dominant source of income was from sales of crops followed by livestock sales. Part time jobs were least opted as a source of income.

Asset endowment

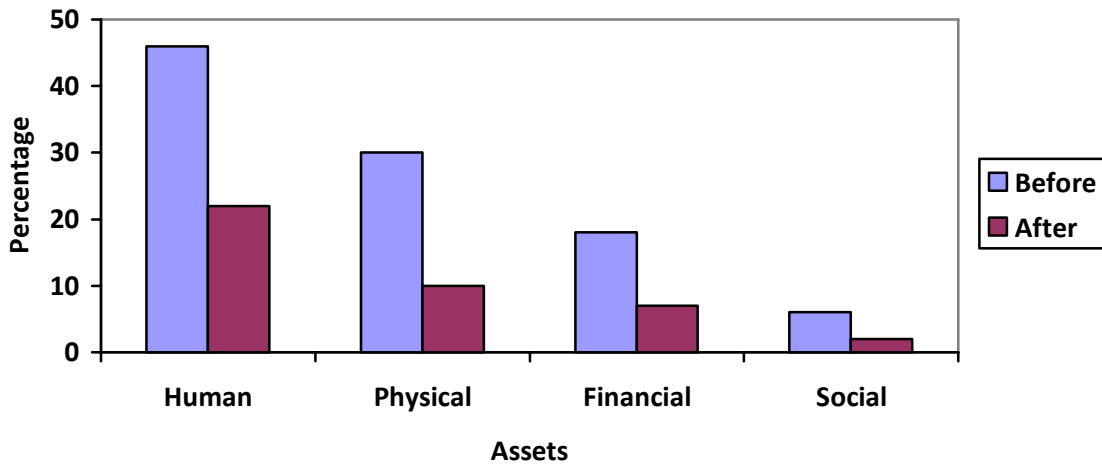


Figure 4: Assets before and after illness or death of member

Figure 4 shows family asset endowment before and after the illness or death of family member or members. There was a notable decrease in assets after illness or death of family member.

Problems faced by victims of HIV/AIDS

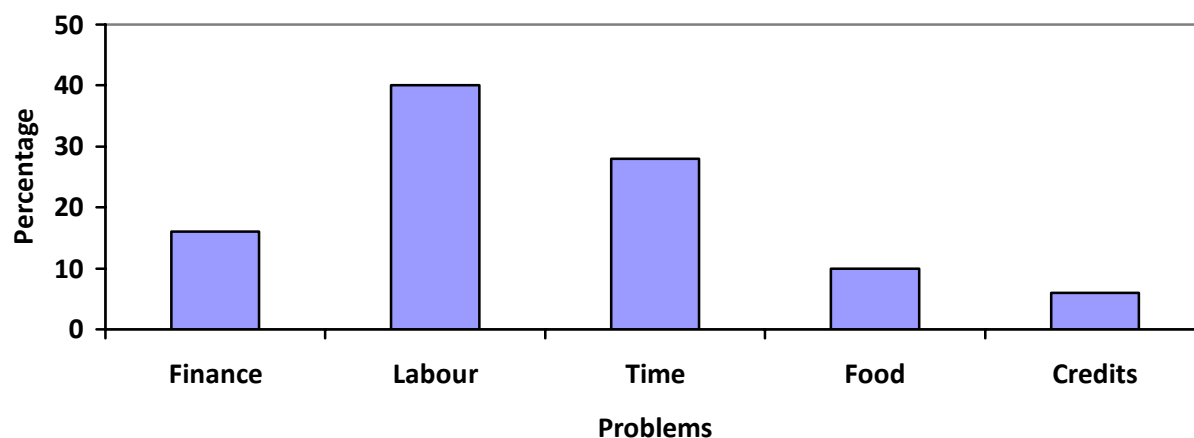


Figure 5: Problems after illness or death of household head

A number of problems including labour shortage, working time, disposable funds and food were encountered during illness and death of relatives who were affected by HIV/AIDS.

Table 2: Correlating selected variables, problems and coping mechanisms

<i>Factor</i>	<i>Problem</i>				<i>Coping Mechanism (Strategy)</i>			
	Finance	Time	Labour	Food	Social Capital	Labour Based	Income	Consumption
Gender of head	0.621	0.78	0.12	0.514	0.804*	0.144	0.440**	0.410
Number of deaths	0.386*	0.34	0.23*	0.28	0.48	0.506*	0.018	0.217
Family size	0.293*	0.03	0.761	0.392**	0.629	0.231	0.136	0.093*

* = Significant at 5 %, ** = Significant at 1 %

The coping mechanisms were broadly categorized as Labour based, consumption, social capital and income based. The corelationships were tested at 1 % and 5 % and results presented as in Table 2.

Table 3: Logistic regression on household poverty status

<i>Variable</i>	<i>Coefficient (B)</i>	<i>t - value</i>	<i>Marginal effect</i>
Constant	5.548	2.678	0.1328
House hold size	0.560	1.665	0.0423
Years in schooling of household head	0.283	2.723*	0.0002
Gender of household head	-1.804	0.4633	-0.0031
Marital status	1.874	2.447*	0.0077
Dependency ratio	3.785	2.588**	0.0551
Members who died	0.901	1.905*	0.0367
Log likelihood function	-67.9026		
χ^2 (df)	103.78(6)**		
Percentage of correct predictions	91.5		

* = Significant at 5 %, ** = Significant at 1 %

Table 3 shows the relationship between the probability of being poor on the basis of identified explanatory variables where poor was defined as spending below USD35 per month per family member. There are increased chances of being poor as the household size, dependency ratio and members who died increased. This is evidenced by the positive regression coefficients of 0.506, 3.785 and 0.901 respectively. The relationship is however not significant for household size but significant for the other two variables. The years in schooling and marital status had a significant impact on the likelihood of being poor.

DISCUSSION

The research revealed that a large percentage of respondents were vulnerable to HIV/AIDS effects as evidenced by a number of deceased households. Children of the victims spent most of their time roaming around townships which exposes them to sexual abuses (Case, Paxson and Ableindinger, 2004). This maybe attributed to the prevalence of orphan headed households (White, *et al.*2000). Contrary to the findings of FAO and UNDP (1998), results from this study showed a low percentage of school dropouts. There is a general tendency of fostering orphans by relatives and charity organizations while some migrate to nearby farms or towns to seek for employment to finance their education (Hebinck and Bordillon, 2001). However Rugalema (1999) and World Bank (1999) argued that these orphans put pressure on the old aged grand parents, who are also struggling with their own life and could not afford to cater for their material requirements. Further those who seek for employment are sometimes poorly remunerated and exposed to unfavorable working conditions which ultimately affect their attendance and performance in school.

The results showed that HIV/AIDS was the main cause of death, especially of the male household heads in the ward. In most cases, these male households are at the age of less than 60 years of which their widows would be still sexually active and could engage in prostitution thereby increasing the HIV/AIDS transmission (De Waal, *et al.*, 2005). Members interviewed reported that most of the people committed suicide when they discover that they were HIV positive. More so, HIV/AIDS led

to the weakening of the body defensive mechanism as well as increasing vulnerability to opportunistic infections such as malaria (Caldwell and Huddle, 2005).

The findings of the research on sources of income were supported by Mutangadura *et al.* (1999) who pinpointed that the immediate source of income for rural people was crop and livestock sales. Researchers' observation revealed that all the cattle of the village were collectively herded by one person which signified small numbers. This can be attributed to assets being disposed to obtain income to meet medical and death expenses of breadwinners (Donovan and Bailey, 2005; FAO, 1994; ZDHR, 2003).

The results show that death also can result in loss of labour since the productively aged members are the most victims (Mutangadura, *et al.*, 1999; White, *et al.*, 2000). Furthermore, villagers tend to spend most of their productive time attending to AIDS related cases (Barnett, 1999). It resultantly affects food security in the village. UNAIDS (2000) revealed that a woman with a husband in Kagera region sidelined her agricultural activities to attend to her sick husband.

The research revealed that the coping mechanisms that were employed by household heads in ward 16 were erosive and unsustainable, for example, selling of crops and livestock as well as over felling of trees resulting in desertification and land degradation. This is supported by Chambers (1992) who proposed that households can sell anything to survive if they are poor. Household's ability to produce, and accumulate food and income decreases, and dependency ratios and expenditure of resource could increase reliance on coping strategies that further disrupts the household livelihood security thereby increase poverty .

The results indicate that female headed households' livelihood activities are more likely affected by HIV/AIDS and hence reduce diversification and fall below the defined poverty datum line. Rugalema (1999) proposed that women are more likely to be illiterate, of low socio economic status and have fewer legal rights which limit accessibility to resources and social services (Mutungadura and Webb, 1998). It is also assumed that since the women's husbands had died of AIDS their likelihood of being infected is high and their physical strength may become weak which reduces their ability to engage in multiple income generating activities and food production and hence poverty (Bepura, 2002;Booyesen, *et al.*, 2003).

The results also revealed that large households consist of elderly and children who are dependents and cannot participate in sustainable income generating activities. It was also observed that high level of education or more years in schooling reduces the effects of HIV/AIDS since the individuals will be occupied.

CONCLUSIONS

The major findings of this study revealed that HIV/AIDS had negative effects on rural livelihood in that it affects the human asset which is the backbone of livelihood activities. Households consume less food and nutritional status deteriorates. Furthermore, households devote more of their time and resources mitigating effects of the pandemic at the expense of

productive activities. The mitigations are in most cases short term strategies and in the long term the effects re-manifest, further exposing the household to the negative externalities of HIV/AIDS.

RECOMMENDATIONS

- There is need to identify constraints and built on existing entry points program design which channel resources towards mainstreaming of HIV/AIDS effects.
- Therefore, there is need for adopting measures geared at enhancing the sustainability of livelihoods after being affected by HIV/AIDS.
- Policy makers and development practitioners are recommended to study and map vulnerabilities at all levels and redesign programmes that enhance poverty alleviation and livelihood security.

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