HIV/AIDS, food security and rural livelihoods

KEY FACTS

- AIDS has killed around 7 million agricultural workers since 1985 in the 25 hardest-hit countries in Africa. It could kill 16 million more before 2020.
- The most-affected African countries could lose up to 26 percent of their agricultural labour force within two decades *(see* Map*, overleaf)*.
- Food consumption has been found to drop by 40 percent in homes afflicted by HIV/AIDS.
- Total spending on AIDS in Africa, which goes largely to prevention, is just US$150 million a year. Barely one tenth of that sum comes from national budgets in the region.
- In 2000, close to 3 million people died of AIDS and 5.3 million people became infected around the world.
- By 1999, there were 13.2 million AIDS orphans, 95 percent of them in sub-Saharan Africa *(see* AIDS orphans, *overleaf)*.
- HIV infection rates are three to five times higher in young women than in young men *(see* Women, *overleaf)*.

Ninety-five percent of people living with HIV/AIDS are in developing countries. Once a largely urban problem, HIV/AIDS has moved to rural areas: more than two-thirds of the population of the 25 most-affected African countries live in the countryside. The epidemic is undoing decades of economic and social development and causing rural disintegration. With farmers dying in the prime of life, before they can pass on knowledge to their children, the potential long-term impact on nutrition and food security is devastating.

HOW HIV/AIDS UNDERMINES FOOD SECURITY

HIV/AIDS increases present and future food insecurity through its impact on:

- households' ability to produce food, because of labour shortages and loss of knowledge about farming methods;
- households' ability to buy food, because of impoverishment due to the loss of productive family members and of assets;
- communities' ability to produce and buy food, as the epidemic reaches every home and neighbours become too overburdened to help each other with food, loans or a hand in the fields;
- countries' ability to import food, as HIV/AIDS reduces GDP growth per capita by an estimated 1 percent annually in Africa.

Rural communities also bear a higher burden of the cost of HIV/AIDS as many urban dwellers and migrant labourers return to their villages when they become sick. At the same time, household expenditures rise to meet medical bills and funeral expenses and, while the number of productive family members declines, the number of dependents grows.

VULNERABILITY OF RURAL HOUSEHOLDS

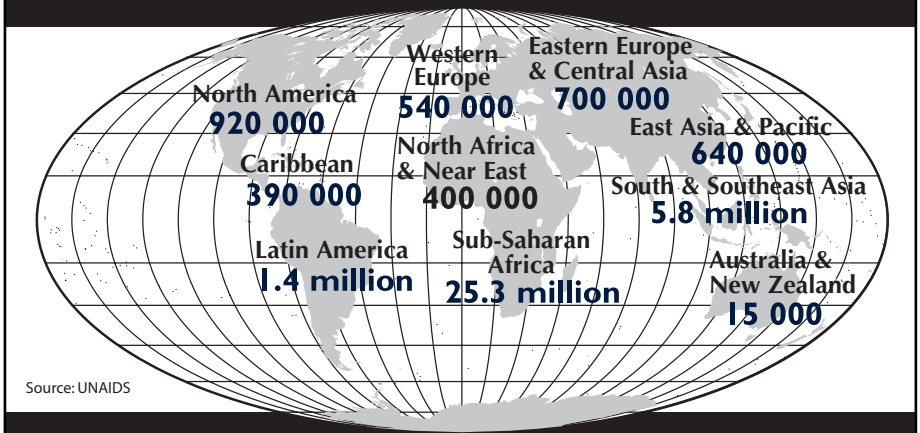
Although HIV/AIDS statistics are not broken down by urban and rural areas, it is reasonable to infer from population data that the majority of the world's HIV/AIDS-affected people live in rural areas. In sub-Saharan Africa, home to 70 percent of cases, more than two-thirds of the population of the 25 most-affected countries live in rural areas. In the Indian state of Tamil Nadu, a survey of randomly selected households found that 2.1 percent of adults in rural areas had HIV compared to 0.7 percent of the urban population. Other developing countries ravaged by the disease have similar demographic profiles.

Poverty, widespread in rural areas, leads to poor nutrition and poor health, which make a person more vulnerable to HIV infection. Poor health can also shorten the incubation period of the virus, causing symptoms to appear sooner. This situation is especially severe for the rural poor, who have the least access to medical care.

Rural farming services break down as the disease strikes government workers. One study found that up to 50 percent of agricultural extension staff time was lost due to HIV/AIDS in sub-Saharan Africa.

Poverty makes AIDS education difficult, given poor people's lower levels of literacy and access to mass media and health and education services, particularly in rural areas (*see* Case study, *overleaf*).

People estimated to be living with HIV/AIDS as of end 2000



Total: 36.1 million

AIDS AFFECTS WOMEN DISPROPORTIONATELY

• AIDS worsens existing gender-based differences in access to land and other resources. In Africa, some of the traditional mechanisms to ensure a widow's access to land contribute to the spread of AIDS, such as the custom that obliges a widow to marry her late husband's brother.

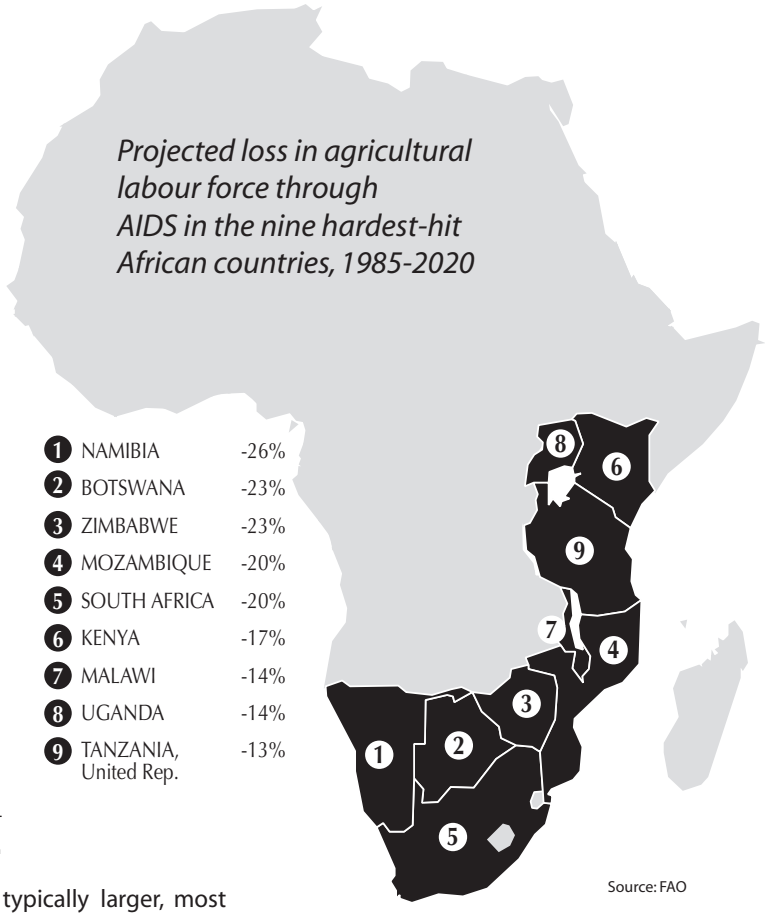
• HIV/AIDS adds to rural women's workload, as women are the traditional care-givers when people are sick.

• Women whose husbands migrate for work are especially vulnerable to AIDS, as their spouses may have other sexual partners.

• Biological and social factors make females more vulnerable to HIV, especially in youth and adolescence. In many places HIV infection rates are three to five times higher in young women than in young men.

• In several countries, studies have found that rural women whose husbands had died of AIDS were forced to engage in commercial sex to survive because they had no legal rights to their husband's property.

Projected loss in agricultural labour force through AIDS in the nine hardest-hit African countries, 1985-2020



Source: FAO

AIDS ORPHANS: SITUATION CRITICAL

• AIDS attacks mostly people in the 15 to 50 age group, when people have families. Therefore, large numbers of orphans are left behind when AIDS victims die.

• By 1999, there were 13.2 million AIDS orphans, 95 percent of them in sub-Saharan Africa. In 1997, in the most-affected countries, up to 11 percent of children were orphans.

• Since most AIDS cases are in rural areas, where families are typically larger, most AIDS orphans are also in rural areas.

• A study in Zambia found that 68 percent of rural orphans were not enrolled in school compared to 48 percent of non-orphans.

• Severe food insecurity among orphans is already reported in the most-affected areas.

• Many children lose their parents before learning basic agricultural skills and nutrition or health knowledge. A study in Kenya showed that only 7 percent of agricultural households headed by orphans had adequate knowledge of agricultural production.

CASE STUDY INNOVATIVE FARMER SCHOOL FOR AIDS PREVENTION

Poor access to information and low literacy levels are among the reasons why rural people are less likely to know how to protect themselves from HIV. The disease disproportionately affects economic sectors such as agriculture, transportation and mining that have many mobile or migratory workers.

Farmers discuss HIV/AIDS at a Farmer Life School in Cambodia.

FAO

In **Cambodia**, an innovative AIDS education method is based on the Farmer Field School model, developed by FAO, in which networks of farmers learn about safe methods to defend their crops from pests. Now farmers in southwest Cambodia have formed Farmer Life Schools, where they have adopted similar analytical methods to learn about human behaviour and AIDS prevention.

For example, they identify "vulnerability factors" in their habits and behaviour, such as drinking alcohol and frequenting sex workers. This group approach empowers rural people, allowing them to solve their problems in their own way.

Farmer Life Schools will now be started elsewhere in Cambodia, taking advantage of a network of 350 Farmer Field School trainers already familiar with the teaching methodology.

CONTACTS **For further information, contact:**

Population Programme Service
Tel. +39 06 570 52346
Fax +39 06 570 55490
marcela.villarreal@fao.org

Media inquiries
Tel. +39 06 570 53625
Fax +39 06 570 53729
media-relations@fao.org

Food and Agriculture Organization of the United Nations
Viale delle Terme di Caracalla
00100 Rome, Italy
www.fao.org

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