



Impacts of HIV/AIDS

The AIDS epidemic is gradually eroding food security, damaging rural livelihoods and exacerbating poverty, which means that more and more men, women, youths and children who depend on farming are suffering from poor nutrition, insecure livelihoods and reduced incomes. The epidemic affects households in different ways and the scope and intensity of the impact on men, women and children of any one household is influenced by factors such as the wealth status of the household; sex and age of the household head; the length of time that the household member(s) has/have been sick; and kinship and other social supports available to the household or the household member who is sick.

The immediate impact of HIV/AIDS on a person with HIV infection is on his/her health. The second stage of impact at the rural level is what that household can do to continue to produce, access and distribute food, reallocate available labour for both productive and reproductive activities - including caring for their sick household member(s). All of these activities have to take place where there are less men and women available to provide labour, people have less and less assets because they are forced to sell them to cover medical and food costs, they have low or no income and a greater demand for health care and social support.

After the death of their family member, many find themselves (especially women and youths) without land or assets, either because they have been sold or grabbed. It is important to understand and take into account the various stages of progression of HIV/AIDS because it will largely determine the kind of problems that a particular household is facing at that point in time as well as understanding what real opportunities (given their situation) they have in order to maintain or improve their livelihoods.

The AIDS epidemic affects households in different ways not only in terms of agricultural production. There are many psychological and social impacts of the disease too that need to be understood in order to appreciate how AIDS impacts on people's motivation to grow and harvest crops, as well as why people might not want to invest in the future especially when they seem to feel that there is no real future for them.

This chapter aims to show the user some of the major impacts AIDS has on agricultural communities, households and different household members (the impact of the disease has very different effects on men, women, youths, the elderly and children). The impacts of AIDS and its associated problems at the household level and within households are closely interlinked, and any classification of it in this chapter, to a certain extent, is artificial. However, in an attempt to provide a good overview, this chapter will try to describe the impacts of HIV/AIDS under the following headings:

- The impact of HIV/AIDS on farm labour
- The impact of HIV/AIDS on household food security
- The impact of HIV/AIDS on farm management knowledge and skills
- Gender-related impacts of HIV/AIDS
- Differences in impacts of HIV/AIDS on crop farming, pastoral and fishing communities
- Impact of HIV/AIDS on rural social organisations

The impact of HIV/AIDS on farm labour

Farming and agricultural production at the household level consists of a series of complex activities and tasks, which include ploughing, selecting the right seeds for sowing, weeding, looking for water and pasture for animals all the year round, on top of performing housework that now includes caring for those who are suffering from the AIDS disease. Rural households rely on family labour as a way of producing their food and earning money. AIDS infection in the household wears away the households' ability to ensure good agriculture production because of direct loss of labour for farm activities and other domestic tasks. HIV/AIDS changes the way labour is divided among household members and also the way they use their time. Some of the common effects of HIV/AIDS on household labour are as follows:

Increased workload on the healthy household members: the responsibilities that the sick person initially had are now shared among other household members. Caring for the sick takes up more time than before and is usually over a longer period of time also because HIV/AIDS can mean that a person is sick for a number of years before they die.

Reduced time for farm activities: HIV-affected households usually use relatively less time on productive tasks such as farming and fishing and relatively more time on reproductive tasks such as caring for the sick, which is mainly done by women and girls.

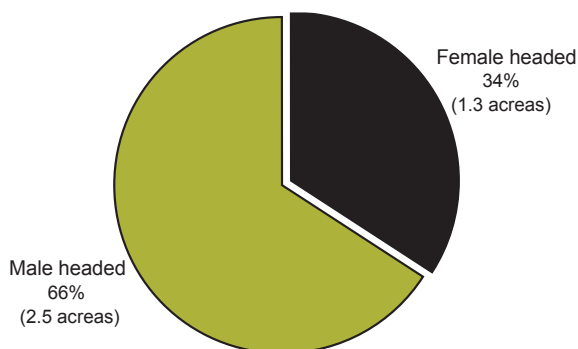
Reduced skilled labour: As the AIDS virus reduces efforts of the adult family members who are skilled in agriculture, children are often pulled out of school to provide the much needed seasonal labour on the farm, off-farm and in caring for the sick. Older people find themselves taking on bigger workloads due to reduced labour of the adults who are sick or have passed away because of AIDS. Often the elderly are the only family members left to look after their orphaned grandchildren.

Increased demand for casual labour: As labour availability in households reduces due to sickness or deaths, there is more demand for casual labour to work on farms. However, only better-off households are able to pay for the hired labour.

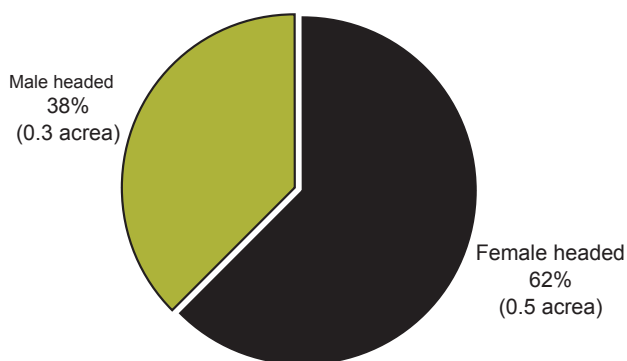
Decrease in area cultivated: The IP* survey in 2002 showed that with increasing numbers of dependants and growing domestic and agricultural workloads, households affected by HIV/AIDS cultivated less land. This was particularly evident in affected female-headed households, which cultivated a total of only 1.3 acres, compared with affected male-headed households cultivating a total of 2.5 acres. Affected male-headed households reduced the area cultivated by 11% (0.3 acres) during the last five years, while affected female-headed households had reduced the area cultivated by 26% (0.5 acres). See figures on the next page.

*The Integrated Support to Sustainable Development and Food Security Programme (IP) is a trust fund programme in FAO supported by the Norwegian Government. Since 2002 the IP has addressed HIV/AIDS, agricultural productions and rural livelihoods in Uganda, Zambia and Namibia through research and pilot project. For more information and to download survey reports see: <http://www.fao.org/sd/ip>.

Area cultivated by both female and male headed affected households in 2002



Percentage reduction of area cultivated in affected female and male headed households in the period from 1997 in 2002



The impact of HIV/AIDS on household food security

The previous section described the effect of HIV/AIDS on household labour leading to low food production and hence little income. This affects a household's food security and nutrition. Sufficient food stock and proper nutrition are essential in providing the necessary food requirements in a household. HIV/AIDS-affected households tend to:

- Have household members with increased nutrition requirements (like people living with HIV/AIDS)
- Have insufficient time, energy and adequate food to prepare a good meal
- Have less possibilities and resources to improve the diets of their household members
- Consume low quality foods, for example starchy staples and legumes
- Have inadequate knowledge about improving nutrition
- Sell food crops and milk normally destined for household consumption to cover increases in health care and funeral associated costs.
- Reduce the amounts and number of meals taken per day
- Sell labour for casual work in exchange for food, (this is common practice among orphans)
- Have an increasing number of dependants
- Widow and orphan headed households continue to have less access to food since they depend on hiring out their labour and tend to experience food problems during times of intensive production periods on the farm. In times of desperate need people may resort to begging from neighbours and/or send orphans to live with other relatives.

'Most of us eat one meal a day due to shortage of food. Many of us have also resorted to eating hunger/desert resistant crops like "kidoozi" (Plantain) and yams. These foods are despised and only eaten by very poor people. However we eat them because they are readily available and don't need a lot of labour. The yams grow by themselves. From source, we buy the tiny fish known as "mukene", and supplement it with "dodo" (greens).'

'We used to minimize fruits, thinking that they are for women and children. However because we now know the value of fruits to our health we eat them. Fruit also helps a great deal in times

of food scarcity. It is now common to find men eating fruits like jack fruit or mangoes, which wasn't the case before.'

'We have a problem of people who discriminate against households that are known to be infected with HIV/AIDS. Many widower headed households for instance eat one meal a day because they fear to be laughed at when they cook food many times.'

'A nutrition project has taught us how to prepare food so as to maintain its nutritious value. We have also learnt the value of various available foods as well as ways of preparing a balanced diet. Unfortunately, many of us cannot afford to fully utilise the knowledge for instance on balanced diet due to limited food. We also don't have enough time to prepare the food in the recommended ways.'

John, widower and head of a household of seven in Iganga, Uganda

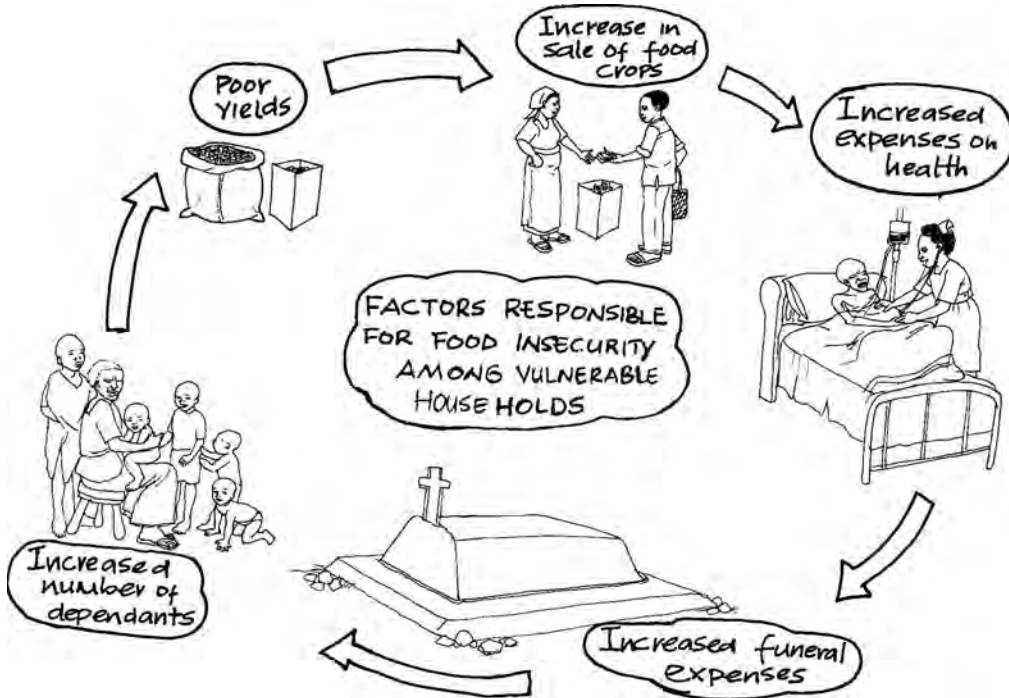


Figure 3: Factors responsible for food insecurity

The impact of HIV/AIDS on farm management knowledge and skills

Sickness and death of parent(s) and other adults disrupts the transmission of both traditional and modern knowledge and farm management skills from generation to generation. Loss of knowledge can result in less effective agriculture practices, low production and poor crop yields and consequently, less income.

- Families affected by HIV/AIDS are often forced to abandon crops that were previously used to generate income. This is because the remaining household members, women and children, often lack the necessary skills to manage them and have insufficient labour to tend to them.
- Lack of knowledge and skills transfer leaves children and orphans with little guarantee for their future security.
- Loss of knowledge and skills also happens when community extension workers are themselves affected by HIV/AIDS. During sickness they cannot effectively and efficiently provide services to the community and after death, it takes sometime before a replacement is made.

- Widows and orphans sometimes lack farm management skills for activities that are traditionally handled by men. The roles of women and children are shifting to previously male dominated activities. An example of this is the fact that looking after livestock in many communities is men's work, once the male head of the house dies and the wife and/or children have to take over care of the animals they have not been trained in recognising illness, diseases and what steps to take to prevent or treat them.

Gender-related Impacts of HIV/AIDS

This guide has tried at all time to ensure that all aspects of its content are gender sensitive, but would like to take this opportunity of going into a little more detail on the relationship between gender and HIV/AIDS to help you understand how it influences people's access to resources and their ability to deal with the impacts of HIV/AIDS.

It is important for the extension worker to have a deep understanding of the different roles and responsibilities that woman, men and children perform, because it is vital in mobilising communities for effective control and prevention of HIV/AIDS. Such understanding will also help you in guiding communities to come up with appropriate plans and activities that would reduce the effects of HIV/AIDS on special groups of men, women and the youths.

Although HIV/AIDS affects both men and women, women are more open to getting HIV infection and other sexually transmitted diseases because of their biological structure and social-cultural factors. Women often are not in a position to make decisions concerning their own sexuality, especially in deciding when and with whom they want to have sex. Women also tend to have little access to information about HIV/AIDS and reproductive health because often socially and culturally they are not seen as having the same status in society as men, in fact they are marginalized and seen as minors (the same approach is taken to youth i.e. boys and girls). This often means they are not given the same access to health services, because their 'women's' complaints are taken less seriously by society in general. In addition, poverty, powerlessness and unequal resource distribution make it difficult for women to deal with the impacts of HIV/AIDS in a more meaningful and sustainable way.

"Susan, 17 a mother of one, recently woke up to the reality of marginalisation of women in property matters. This was after the death of her 62-year-old husband who died of AIDS shortly after their marriage last year. She was eight months pregnant then. Close sources say Susan was forced to marry the deceased who had been retired from work due to poor health. Sources argue that although Susan's parents knew the deceased had AIDS, they had received 12 cows from him as bride price. Susan, a food vendor in Ndeeba is today in tears mainly because of mistreatment, stigmatization and rejection especially by her in-laws. She is being blamed for her husband's death. Worse still Susan's in-laws took away her baby".

Alice Emasu, The New Vision
30 December 2003

In a home, women are the major caregivers for sick family members. A family member suffering from AIDS experiences frequent illness over a long period of time and therefore requires regular visits to hospital and a lot of physical attention at home. Such a situation creates additional responsibilities for women in terms of costs and time that limits their time and resources to engage in productive activities.

Widows often lose family assets like land, livestock or fishing equipment after the death of their husbands. This leaves widows without enough resources to continue with farming and earning money and yet they are expected to continue providing nutrition and caring for the sick, orphans and other family members and in most cases they are already ill with HIV related diseases themselves.



This residence belongs to a 48 years old widow in Northern Namibia. Shortly after her husband had passed away, his family “grabbed” everything from livestock to equipment in her kitchen. She had to take out a loan to pay for the funeral costs, since she had no assets left and no available savings. Fortunately she is still working as a teacher and can provide for the six younger members of the household. A household survey in the same area found that 44% of the widows had been stripped of cattle, 28% of small livestock, and 41% of farm equipment by relatives after the household’s male head had died of HIV/AIDS-related diseases (IP, FAO, 2003).

FAO is collaborating with the Ministry of Women’s Affairs and Child Welfare and the Legal Assistance Centre to implement a pilot project that addresses property grabbing in Ohangwena Province, Northern Namibia. The centre has several years of experience in legal litigation regarding property, and the ministry is committed to enforcing the Married Persons Equality Act. This project is based on sensitizing and training local leaders and ministry staff. It gives para-legal training in the use of appropriate materials on the rights of women, orphans and vulnerable children to community-based support workers. Training material on property grabbing has been adapted and translated into local languages.

Differences in impact of HIV/AIDS on crop farming, pastoral and fishing communities

HIV/AIDS has different effects on crop farming, pastoral and fishing communities (indeed on any community). Extension workers should try and fully understand the vulnerabilities of the different livelihoods of the communities they work with in order to suggest interventions that would improve agricultural production for such communities, taking into account each time that no two communities are ever the same even if they both practice the same kind of farming or fishing activities, each group has its own methods of doing things. Interventions on prevention, livelihood diversification and community mobilisation should take into account the different life-styles and settings of the crop farming, pastoral and fishing communities. When working with any or all of these communities it is important for the extension worker to remember also that HIV/AIDS exists in different percentages in each of them. Recent studies have shown that one group that is being very hardly hit by the AIDS epidemic is the fishing community, so their needs for support will therefore be different.

When analysing a community’s access to resources and services, we also need to be aware of the fact that not all communities receive public and social services in the same way, because of where they are (remote rural areas), so this needs to be given attention also when discussing and deciding on any interventions with men and women of the community. For example, it might seem reasonable to encourage fishing communities to start practicing crop farming to meet some of their nutritional needs, but in reality this is not possible because of environmental and socio-cultural issues and existing traditional knowledge and skills that men and women in these communities have.

The specific vulnerabilities of, impact and responses to each group’s needs will be discussed in more detail in Chapters 3 and 4.

Impact of HIV/AIDS on rural social organisations

Social relationships and trade networks provide for some of the socio-economic and physiological needs of individuals and households in rural areas. Different forms of social support networks and initiatives have emerged within communities as a result of the AIDS epidemic. The institutions that are emerging usually deal with HIV/AIDS counselling, nutrition education, and helping sick household members to deal with stigma from the community in general.

- For example, neighbours provide food to those households affected by HIV/AIDS as part of the community's traditional social system of mutual exchange or in exchange for labour, especially that of orphans. This kind of practice is most evident in crop farming community.
- One of the positive responses to the AIDS epidemic is the initiation of self-help groups, such as burial groups, funeral banks and labour saving groups. Burial groups have been founded in Mawagala (Iganga District) a crop farming community and are supported by community by-laws. In Mawagala, a highly commendable community-based group exists to help members cope with the grief and stress that follows the death of a household member.
- The Local Council systems continues to be actively involved in HIV/AIDS activities, which range from community mobilization to gathering support for HIV/AIDS sufferers by solving specific cases that are brought to their attention. The Local Council Chairpersons of fisheries community are actively involved in resolving disputes in which widows were being stripped of assets.
- Many NGOs, faith-based organizations, CBOs and other organizations are more present in crop farming community, where they provide affected families with care, counselling and food support programmes. Some of these groups direct their assistance to specific sections of the community; for instance, Uganda Women's Effort to Save Orphans (UWESO) is targeting women and children in Luweero.

On the other hand, HIV/AIDS has weakened traditional community-based safety nets, mainly because of the massively increased numbers of food-insecure and poor households. Also some support groups have virtually collapsed, usually because of the death of ill health of their founding members.

Among fishing communities, deaths due to HIV/AIDS continues to destroy the networks between fish traders and fishmongers. These networks had developed to the point that fish could be sold on credit, with payments being made later. Traders also provided fisherfolk with useful and timely market information, and inputs that have since been returned.

Example: Rural social group emerging as a result of the AIDS epidemic - A Community Savings Scheme

Twekembe Community Group in Kijabwemi parish in Masaka district is a self-help group that started in August 2000. It grew out of the need to provide moral support to households that had lost a family member to AIDS or are nursing one suffering from AIDS. The community realised that it was not an individual problem but a general community problem among all households in the community. The group consists of 40 households as members, and is lead by a team of committed members.

Members of the group decided to raise 1000/- per month to assist in burial and funeral arrangements of the deceased household and also to start a communal income generating projects Some of the money

raised was used to start up a tea nursery as a communal project. The group members manage the tea nursery project and seedlings are sold to out-grower farmers. Each member has a role to play in this project, for instance collecting materials to construct the nursery shelter, collecting brown soil, planting tea stalks and watering the nursery bed. The group is assisted by an agriculture extension worker who provides seed materials and regular advise on managing the nursery bed.

The 1000/- that each member contributes, is part of a savings strategy, where members can borrow small interest free loans to start individual income generating projects, like pig or poultry rearing or vending. Members who take loans pay it back in agreed installments and within certain period. After completing the principle amount, they can take another loan.

Examples of rganisations addressing the impacts of HIV/AIDS in Iganga District in Uganda

Female group

Institutions identified	Main functions and problems
Mawagala AIDS Care	AIDS related organization responding to stigma. Members join after testing
Muno Mukabi	Not typical AIDS related organization, but involved mostly with community mobilization
Integrated Development Activities and AIDS Concern (IDAAC)	AIDS related organization has AIDS clinic, sensitization, works with groups
Uganda Women's Effort to Save Orphans UWESO	AIDS related organization. Works with orphans and widows.
Bulamagi Integrated Farmers Association (BIFA)	AIDS related organization involved with prevention and mitigation. Problems: collapsing because founders are dead, present leaders are sick, and most members are ill.
Women's Trust Bank	Problems: Collapsing. Due to demands made for repayment and membership has reduced from 25 to 8 people
Kigulu Development Group	Problems: Collapsing. Leaders have died due to HIV/AIDS
Bulamagi Network Association	AIDS related organization
Mawagala Youth	AIDS related organization (dealing with counselling)
Katweyambe	AIDS related organization (dealing with counselling)

Male group

Institutions identified	Main functions
Mawagala AIDS Care	AIDS related organization that is dealing with counselling
Integrated Development Activities and AIDS Concern	AIDS related organization
Bulamagi Integrated Farmers Association (BIFA)	AIDS related organization
People with AIDS Development Association (PADA)	AIDS related organization (dealing with counselling)
Buwolomera Development Association (BUDEA)	AIDS related organization

Questions that you, the extension worker, can ask yourself:

1. What do I understand about the impact HIV/AIDS is having on the different rural communities in our country?
2. What do other community workers understand about it?
3. Who should I work with within and outside the community to better understand the impact the disease is having on the different members of communities (men, women, youth, the elderly etc.).
4. What impact is AIDS having on the different issues of the community like health, education, agriculture, trade and market, etc?
5. What services exist in the community that deal directly and indirectly with HIV/AIDS?
6. How can I/we improve access of available services to vulnerable households?
7. What is my role in networking with other service providers in the community? How can I do this?

Conclusions

This chapter has linked the impacts of illness and deaths due to HIV/AIDS and looked at how they contribute to low crop and animal production in a household. Because of lower production yields there is less food for household consumption, which leads to poor nutrition among affected households, less money is given for farm produce and this makes it especially difficult for widows and children to survive.

The situation in reality is complex, and means that the extension worker should give more attention to and respond more to the problems farmers affected by HIV/AIDS face in trying to meet their food, nutrition and incomes needs. The following chapters will provide more information and approaches that you as an extension worker can apply to help households affected by HIV/AIDS to improve their labour, food, nutrition and income needs.