



## HIV/AIDS, Gender and Food Security

### Key Issues

“Food aid plays a pivotal role in responding to HIV/AIDS. The first thing poor families affected by AIDS ask for is not cash or drugs, it is food. And food has to be one of the weapons in the arsenal against this disease.”

James T. Morris, Executive Director, WFP

### HIV/AIDS, food insecurity and poor nutrition

Agriculture is the mainstay of predominantly rural economies which characterise many of the developing nations of the world. A significant proportion of the population relies on farming as their main source of livelihood, not only for feeding their own families but also for generating small surpluses of income in order to meet their household cash requirements. Women comprise the backbone of the agricultural workforce, being involved in almost all agricultural operations with the exception, in some cultures only, of ploughing with animal traction. Women spend more time than men on all other operations and are principally responsible for several, such as weeding, thinning and harvesting. The impact of HIV/AIDS severely erodes the asset base of farming households: as adults fall sick, women and young girls are forced to spend more time on care functions than on production; when adults die before being able to hand on knowledge and techniques to their children, there is a sharp decrease in the range and depth of agricultural knowledge and skills; and in order to be able to pay for medical care agricultural tools and implements are sold. The potential to earn cash from off-farm activities is compromised when a family member falls sick as their labour is lost and a second person, usually a woman, is required to spend time giving care. This further undermines the household ability to purchase, maintain and replace essential farm inputs.

Hence HIV/AIDS is inextricably linked with a farming household's ability to cultivate land, to sustain itself, and to maintain adequate levels of nutrition of members. In turn, poor nutrition hastens the onset of full-blown AIDS and increases the vulnerability of the whole household to opportunistic infections such as tuberculosis. Women and girls are doubly disadvantaged: they already spend more time on agricultural activities and have to compensate for any reduction in workforce within the family unit; they also bear the main responsibility for care of sick people and orphans. In situations of food scarcity women also tend to allocate choice foodstuffs to men and to their children. If their own health status is weakened by HIV infection this strategy will hasten the onset of AIDS and other infections in themselves.

### HIV/AIDS erodes the labour base

One of the most immediate impacts of HIV/AIDS is the creation of labour shortages at both household and community levels. This has significant implications for the viability of rural livelihoods where humans and most commonly women are the principal source of labour power. Household tasks, such as fetching water and firewood, food preparation and cooking, cleanliness and childcare are very time-consuming and repetitive, with the burden of work traditionally falling on female members of a household. Most farming activities, such as planting, weeding and harvesting are labour intensive and in large part performed by women; only the initial tilling of land benefits from mechanisation (from either draught animals or tractors) in certain farming systems and amongst less poor households. The exchange of labour, either on a reciprocal basis amongst poorer households or on a hire basis for less poor households, is an important mechanism for overcoming labour peaks and timeliness constraints in the farming calendar.

The drain on household labour availability starts as soon as any one member falls sick and women and girls have to take time away from their livelihood activities in order to care for them. This phase also has high cash requirements for medical treatment which can trigger the sales of crops and livestock which would normally be used to feed the family, as well as the liquidation of other assets. Following the death of key family members, although the time of carers is regained for farm work (provided they are not also infected with the virus), the household commences the long-term loss of family labour and further expense for funeral costs. Where the male head of the household dies, this may have a



severe negative impact on the widow's legal position, her access to resources, and the family's ability to secure a livelihood. In many parts of the world female members of the household will not be in the position to inherit the father's or husband's land and will lose entitlements and securities that had been previously mediated by him, thereby posing a serious threat to livelihood sustainability. Where mother dies, the well-being of children is severely endangered, with especially grandmothers and girls having to cope with the double burden of household work and engaging in agricultural (and other) labour for survival.

#### HIV/AIDS and food security: the scale of the problem

At present, the scale of the problem is most severe in sub-Saharan Africa where FAO estimates that approximately seven million agricultural workers have already been killed by HIV/AIDS since 1985, and a further sixteen million may die by 2020. In the absence of effective action, it is estimated that some countries could lose over 25 percent of their agricultural labour force by 2020. The current food crisis in southern Africa is cited by key UN agencies, such as WHO and FAO, as a clear example of how the impact of HIV/AIDS is much more than solely a health issue. Although the famine has been averted, the ability of many farmers in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe to recover is severely compromised by the effects of HIV/AIDS. All six countries have HIV prevalence rates of around 20 percent of the adult population. Moreover, the impact of HIV/AIDS is seriously undermining efforts to reduce poverty and, in many countries, is reversing some of the development gains made during recent decades. Although 70 percent of people with HIV/AIDS at present live in sub-Saharan Africa, trends elsewhere suggest that within the next ten years, the largest number of infections is likely to be in Asia.

#### Labour shortages contribute to food insecurity

The emerging crisis in labour availability in rural communities needs to be addressed urgently in order to avert substantial and sustained food insecurity. The cumulative effect of labour shortages is to undermine the capacity of households to feed themselves. They result in reduced land area under cultivation, less timely operations and the abandonment of labour-intensive activities (including the investment of time in soil and conservation work). Associated with the loss of labour is the loss of local knowledge and the opportunity to participate in traditional exchange mechanisms. Many agricultural activities are gender- and age-specific, and the loss of one household member has significant implications for the knowledge base of those remaining.

#### The spiral of decline

Households headed by women, children and orphans face additional challenges in communities where property rights are ill-defined or not recognised. Widowhood can result in the further loss of core productive assets, such as land, draught animals and implements where they are seized by other relatives and where women's rights of ownership are not recognised. The depletion of the asset base is usually irreversible, thereby compromising the ability of a household to feed itself not only in the short term but also in the medium term. The withdrawal of children from school in order to overcome immediate labour shortages, compromises their long-term livelihood options - especially for girls who are most likely to be withdrawn first to care for other family members.

Food insecurity and poverty fuel the HIV epidemic, as people are driven to adopt risky strategies in order to survive. The break-up of households due to labour migration in times of food insecurity as well as the exchange of sex for money or food during crises increase vulnerability, with women and children being particularly exposed.

#### Key Actions Required

##### Nutrition

HIV/AIDS and malnutrition are interrelated through a vicious cycle. HIV/AIDS often leads to malnutrition in individuals infected by the virus which, in turn, exacerbates the effects of HIV by wearing down the body faster and leaving people with the virus more



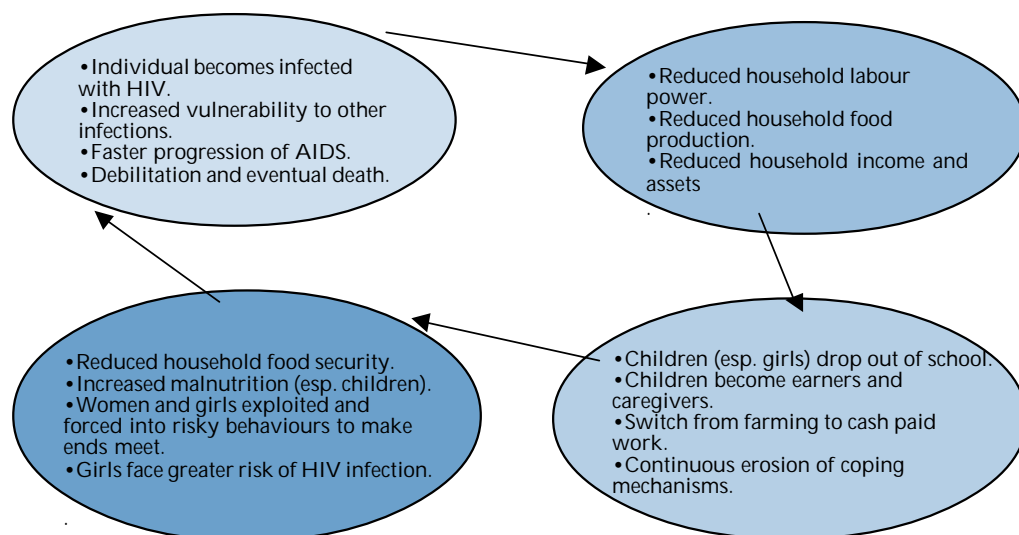
vulnerable to opportunistic infections. Recent research indicates that certain nutritional deficiencies are associated with progression of HIV to full-blown AIDS in adults. People with HIV have heightened nutritional needs: sufficient protein, vitamins, and minerals are essential in order to fight off opportunistic infections given weakened immune systems. Women who are pregnant and breastfeeding have higher nutritional needs irrespective of their HIV status. Providing vitamin and mineral supplements to HIV-positive women has beneficial effects on birth outcomes of pregnant women with HIV, including the increased birth weight of their babies. Even where anti-retroviral drugs are available, access to nutritious food is essential as many drugs have nutrient interactions or need to be taken on a full stomach. Moreover, improved nutrition enables people living with HIV/AIDS to continue to be productive members of their households for as long as possible.

### An integrated approach

Due to the depletion of productive adult labour and the irreversible impact of an adult death on the family, many households will never fully recover or regain their equilibrium through agricultural production or cash income alone. Poor HIV/AIDS-affected households become trapped in a cycle of poverty, food insecurity and malnutrition, each making the negative effects of the others worse. To break out of this trap and reduce households' vulnerability to the long-term adverse consequences of food insecurity, including the increased risk of HIV/AIDS, a drastic change in approach is required. An integrated approach must be adopted that covers prevention, mitigation and care for HIV/AIDS-infected and affected families, taking full account of the age and gender dimensions of the epidemic. No longer is it acceptable to only offer prevention information without also providing support services that include voluntary counselling and testing, treatment for HIV and other infections, nutrition education and counselling, coupled with links to vocational and skills training, and income and credit opportunities for healthy family members. The adoption of labour saving technologies and different cultural practices which reduce or diffuse the labour requirements for either farming or household activities will assist households already directly affected by the epidemic as well as those whose resource base is still intact but whose farming activities are compromised by a general shortage of labour and farm power within a community.

In order to design and implement such an integrated approach, partner agencies must find new ways of working together both at the secretariat and headquarters level as well as on the ground. Governments, international and local NGOs, faith-based organisations, donors and the communities themselves all have key roles to play in the search to reduce household vulnerability to food insecurity.

### The vicious cycle of food insecurity and HIV/AIDS





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