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Introduction: Anthropologists Confront HIV/AIDS and Food Insecurity in Sub-Saharan Africa

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Anthropologists have made significant contributions over the years to understanding and confronting the HIV/AIDS pandemic at local and global levels. Their work in the sub-Saharan Africa region has generated a wealth of program and policy-relevant knowledge designed for resource-poor settings to support traditional HIV/AIDS prevention strategies, access to treatment, and mechanisms to enhance livelihoods and coping strategies. Some of the most significant contributions to policy and programs have focused on reducing stigmatization, vertical transmission, food and nutrition insecurity, and overall barriers to basic healthcare. The call to action is even more urgent in light of the recent debate over how to best use the $10–15 billion spent annually on the prevention and treatment of AIDS. With the revised downward estimate of the number of people living with HIV/AIDS worldwide, the slow development of a promising vaccine, and the mixed results from recent microbicide trials, health experts have suggested that some of the billions of dollars spent in these efforts should be reallocated to address basic problems such as malnutrition, tuberculosis, diarrheal and enteric diseases, and malaria. The co-occurrence of these problems with HIV/AIDS underscores the role that structural inequalities and poverty play in the spread of infectious diseases.

This volume brings together the research of applied anthropologists, other social scientists, and practitioners working in different countries and regions of sub-Saharan Africa on a wide range of issues related to HIV/AIDS and food insecurity. The theoretical and methodological approaches and topics of the chapters vary but the authors all share a commitment to applying the knowledge to alleviate human suffering: preventing new HIV infections, improving treatment programs, integrating measures to increase economic security—particularly food security—with HIV/AIDS programs, and improving the efficacy of aid programs. All the contributions in this volume highlight insights useful for activists, policy makers, funding agencies, and others involved in HIV/AIDS-related work in sub-Saharan Africa. As such, the coeditors concur with Singer, who argues that anthropologists need to ensure that their “research is readily accessible, relevant, and understood among those who work in this field” (Singer 2009:383). This research goal encourages us to find ways to disseminate our findings and to interact with others involved in addressing the AIDS epidemic.
Many of the contributors to this volume participated in panels at two major international meetings. At the 2006 American Anthropological Association annual meeting, an invited Presidential Session on “New Approaches for Combating HIV/AIDS and Food and Nutrition Security in Sub-Saharan Africa,” organized by David Himmelgreen, focused on the contribution of social sciences to addressing the problem. This session spurred additional forums for discussion, including one organized by Barrett Brenton at the 2007 Society for Applied Anthropology meeting entitled, “Strategies for Combating HIV/AIDS and Food Insecurity in Sub-Saharan Africa.” Some participants contributed short articles on HIV/AIDS and food security that were published in the October 2008 issue of Anthropology News. It is also worth noting the increased visibility of anthropological contributions to HIV/AIDS in two recent edited volumes: AIDS, Culture, and Africa published by University Press of Florida (Feldman 2008) and a special 2009 issue of the African Journal of AIDS Research entitled “Anthropological Perspectives,” guest edited by Alexander Rödlach and David Turkon.

The purpose behind this volume is to demonstrate the value of anthropology for confronting HIV/AIDS and food insecurity by highlighting some of the applied research produced by anthropologists, other social scientists, and practitioners working in sub-Saharan Africa. Chapters throughout the volume emphasize work done in southern Africa, with contributions representing Botswana, Lesotho, Malawi, Namibia, South Africa, Zambia, and Zimbabwe, and contain case studies from eastern Africa, representing Ethiopia, and Kenya. Specific questions addressed throughout the volume include: What have anthropologists learned about the relationship between economic insecurity and HIV risk behaviors that can enhance the creation of innovative programs that combine prevention strategies with development aid? What effective programs are currently in place that combine HIV prevention and treatment with the alleviation of health disparities and food insecurity, and what can we learn from these programs in terms of best practices? What role do anthropologists have in the development of policy and programming with regard to these issues? How do we design programs that are culturally appropriate and that effectively address the problem of AIDS stigmatization? How do we recruit individuals into such programs, retain them through time, and increase compliance? How can such programs be evaluated to measure their efficacy?

According to UNAIDS (2009), significant strides have been made in HIV prevention and improved access to treatment, but HIV/AIDS continues to be a major global health priority. Sub-Saharan Africa is the most affected region in the world and this regional epidemic is still growing. In 2008, there were 22.4 million people living with HIV/AIDS (PLWHAs), an increase of 2.7 million individuals since 2001 when the number of PLWHAs was 19.7 million. This region continues to have countries with the most widespread epidemics. South Africa is home to the world’s largest population of PLWHAs of 5.7 million. At the same time, surveillance suggests that the regional epidemic is stabilizing and in some countries, such as Zimbabwe, actually declining. The number of deaths because of AIDS among adults and children has remained constant at 1.4 million in 2008 suggesting that larger numbers of individuals are receiving care. There has been a decrease in the number of new infections among adults and children by 400,000 compared
to 2001. Finally, the adult prevalence for the region has declined to 5.2 percent compared to 5.8 percent in 2001.

Part of the challenge in developing a global strategy for confronting HIV/AIDS and food insecurity is related to the geographic variation in the character of epidemics between and within regions and countries. This has been made particularly acute by the ongoing global food crisis (Himmelgreen 2009). HIV surveillance demonstrates that epidemic patterns are constantly changing. There is also widespread failure to match national strategies with documented needs. The gaps in basic prevention approaches are most acute in hyperepidemic or overrepresented settings. There is also a call for greater involvement of people living with HIV in planning, implementation, and monitoring of efforts. For the sub-Saharan Africa region, strategies need to account for the disproportionate impact on women and girls, infections across diverse populations, and wide variations in subregional and national epidemics. Future work in the region will need to identify effective approaches for scaling up treatment, increasing knowledge of HIV status, strengthening prevention, and improving surveillance (UNAIDS 2009). The continued challenge in addressing HIV/AIDS in sub-Saharan Africa stands to benefit from the anthropologists who can tackle complex and varied epidemic scenarios at local, regional, and global levels drawing on a broad range of perspectives and methodological tools and can make their research relevant for action.

Overall, this volume details the important ways in which public health measures can be effectively integrated with HIV/AIDS prevention and antiretroviral treatment efforts in sub-Saharan Africa. The design and promotion of best practices that incorporate culturally, economically, and politically appropriate solutions are highlighted throughout the volume as case studies in applied anthropology.

The first theme in this volume is understanding susceptibility to HIV through a bio-cultural model and research aimed at reducing transmission, especially mother-to-child-transmission (MTCT). The chapter by Merrill Singer, “Toward a Critical Biosocial Model of Ecohealth in Southern Africa: The HIV/AIDS and Nutrition Insecurity Syndemic,” suggests that addressing HIV/AIDS in sub-Saharan Africa is perhaps more complex than in other regions due the effect that comorbidity of HIV and other endemic diseases, including malnutrition, have on increasing biological susceptibility to HIV and accelerating the progression of HIV to AIDS. The Ecohealth Model he advances expands this view of disease interaction to account for different ways in which disease epidemics are shaped by sociopolitical and the global–economic structures that affect the day-to-day context in which people live with disease and the kinds of treatment options to which they have access. Singer argues for a syndemic understanding and an ecohealth approach that is attentive to the full range of factors affecting HIV/AIDS that need to be addressed if we successfully respond to the epidemic. The chapter by Daniel Sellen and Craig Hadley, “Food Insecurity and Maternal to Child Transmission of HIV and AIDS in Sub-Saharan Africa,” recognizes the complex biocultural relationship between food security and HIV and examines how this contributes to the pediatric HIV epidemic seen in many sub-Saharan African countries. Their research identifies several ways in which food security can increase HIV infection rates and follows the development of effective
strategies for limiting such infections. They urge others to study how food insecurity contributes to pediatric infection and argue that applied anthropologists can best do so by documenting the lives of mothers living with HIV and AIDS. A related chapter by Lena Kroeker and Alyx Beckwith, “Safe Infant Feeding in Lesotho in the Era of HIV/AIDS,” examines infant feeding practices in Lesotho and variations in local interpretations about what “safe infant feeding” actually means. Their study speaks directly to national safe infant feeding programming and evaluates three options to safe feeding practices drawing on ethnographic research about the lives of mothers, weighing the feasibility and impacts of different options. Beckwith and Kroeker conclude that PMTCT interventions need to focus on the treatment of mother’s HIV infection during pregnancy and breastfeeding with the help of nutrition assistants.

A second theme raised in the volume is problems encountered by organizations providing antiretroviral therapy (ART) and the difficulties PLWHAs have in adhering to HIV care regimens while at the same time coping with the difficult and unpredictable everyday realities faced by people living in poverty. This theme parallels several of UNAID’s priority areas identified in Outcome Framework, 2009–11, such as ensuring people receive treatment, enhancing social protection for people affected by HIV, and preventing mothers from dying and babies from being infected (UNAIDS 2009). The chapter by Chaunetta Jones, “‘If I Take my Pills I’ll go Hungry’: The Choice between Economic Security and HIV/AIDS Treatment in Grahamstown, South Africa,” observes the economic inequalities and structural barriers that have forced PLWHAs to choose between economic security and their health. The choice between whether to participate in ART or not may impact their ability to receive social assistance grants as their health improves. Jones highlights the issue that treatment intervention programs need to understand, namely that PLWHAs modify, even refuse, ART because improved health will render them ineligible for material support. In “Poverty, Nutrition, and a Cultural Model of Managing HIV/AIDS among Women in Nairobi, Kenya,” Toni J. Copeland identifies the process by which recent female migrants to Nairobi from rural origins adapt their conceptual model in how to manage HIV/AIDS. The chapter provides a valuable perspective on how women in marginal conditions understand and manage their illness. The chapter by Kenneth Maes and Selamawit Shifferaw, “Cycles of Poverty, Food Insecurity, and Psychosocial Stress among AIDS Care Volunteers in Urban Ethiopia,” offers insight into the lives of AIDS care volunteers who are also PLWHAs and reveals how they cope with the psychosocial challenges of caring for the health of others, manage their own illness, and struggle to meet their own food needs in an urban setting. This case study addresses important questions in the design of community-based HIV/AIDS treatment programs, especially in regard to protecting the wellbeing of volunteers by providing adequate compensation and social support for volunteers.

Another theme is economic insecurity and its relationship to HIV transmission. This topic captures the core thesis of the 2010 International AIDS Conference in Vienna about stigma, discrimination and rights violations, and the misguided policies toward populations most affected by HIV that are obstacles to an effective response (International AIDS Conference 2010). These chapters also address sex work and migration,
which are two priorities identified by UNAIDS for southern Africa (UNAIDS 2009). The chapter by Janneke Verheijen, “Complexities of the ‘Transactional Sex’ Model: Non-Providing Men, Self-Providing Women, and HIV Risk in Rural Malawi,” offers a counterargument to assumptions about women who engage in transactional sex as powerless victims. She argues that our understanding of this livelihood strategy needs to be reexamined and should acknowledge women’s agency and their role in sustaining and shaping the exchange relationship. Mike Mtika’s chapter, “Livelihood Demands and the Spread of AIDS: The Case of Malawi,” offers an inside perspective on how existing patterns of circular migration among young males has been a contributing factor to the introduction and spread of HIV in rural Malawi. Colonialist structures involving the movement of labor to and from South Africa that have persisted after independence have been a significant factor in the transmission of HIV to remote rural areas.

Several chapters in this volume examine explicitly the impact of HIV/AIDS on food and nutrition security when the disease disrupts the livelihood systems practiced by rural households. The synergism among nutritional status, immune function, and disease is known to heighten susceptibility to HIV infection and accelerate its progression to full-blown AIDS. In addition to traditional HIV/AIDS prevention strategies and increased access to treatment, there is a great need to develop policies and programs that aim to reduce and eliminate food and nutrition insecurity in resource-poor countries affected by the HIV/AIDS pandemic. Food security refers to the physical and economic access individuals, households, and communities have to sufficient quantities of staple foods. Similarly, nutrition security includes not only quality foods but also a sanitary environment and adequate health services (Gillespie and Kadiyala 2005). HIV/AIDS places households at risk for food and nutrition insecurity through both upstream mechanisms (those pathways that place people at a greater risk of being exposed to the virus), and downstream mechanisms (how AIDS-related disease and mortality exacerbate poverty, mechanisms) (Gillespie 2008).

The chapter by Fiona Samuels and Michael Drinkwater, “Twelve Years on:” The Impacts of HIV and AIDS on Livelihoods in Zambia,” examines the impact of HIV/AIDS in rural Zambia during their 12 years of fieldwork. Longitudinal research on HIV/AIDS is rare and this chapter finds that certain cultural systems, such as a matrilineal kinship system, can provide some resilience to the socioeconomic impacts of HIV by its ability to accommodate deaths and changing circumstances associated with death. The chapter also highlights the methodological importance of viewing households as part of larger social “clusters” and the value of these associations for mitigating the impacts of HIV/AIDS. The chapter by John Mazzeo, “The Double Threat of HIV/AIDS and Drought on Rural Household Food Security in Southeastern Zimbabwe,” examines how HIV/AIDS combined with chronic droughts acts on household livelihood strategies to drastically reduce food and nutrition security. This research demonstrates how the loss of household labor can result in reduced crop production and income generation, which becomes accentuated during a drought year. It argues that HIV/AIDS-affected households are more likely to resort to harmful coping strategies, such as the divestment of productive
assets and livestock that have long-term effects on the ability of the unit to meet its basic needs.

Related to addressing food insecurity, other chapters examine how international food relief efforts have responded to the complex food emergencies in southern Africa. The World Food Program, a major provider of food aid in the region, is guided by its commitment “to integrate food and nutritional support” in the response to HIV “with the goal that all people at all times, will have access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life, as part of a comprehensive response to HIV/AIDS” (UN 2006).

These chapters explore specific challenges in the delivery of food aid, the unanticipated outcomes that food relief has had on recipient populations, and the cultural perceptions of international food aid. The chapter, “Contested Strategies for Defining and Confronting Food Insecurity and HIV/AIDS in Zambia: Rejection of GM Food Aid during the 2002–2003 Food Crisis,” by Barrett Brenton, explores debate surrounding the use of genetically modified (GM) food aid amidst a food crisis and the labeling of the HIV/AIDS pandemic as a “New Variant Famine” (de Waal and Whiteside 2003). His chapter provides a case study in the early use of GM food aid in southern Africa and the ensuing politically and economically charged debate about potential negative impacts on the public and the environment in the context of HIV/AIDS. Brenton highlights the need to understand complex and controversial plans for development and argues that interventions need to pay attention to the shifting nature of coping mechanisms and resilience at household and community levels. Robert Hitchcock and Wayne Babchuk, “Food, Health, Development, and HIV/AIDS in a Remote Area of Southern Africa,” examines responses to the HIV/AIDS and food security crisis affecting populations living in the Kalahari Desert and Nyae Nyae region of Botswana and Namibia. The chapter demonstrates the unintended consequences of development and explores how projects in the region have increased the risk of HIV infection and the vulnerability of people’s livelihoods. Their work highlights the vulnerability of remote areas where development programming can dramatically alter the physical and socioeconomic environments. Finally, Alexander Rödlach’s chapter, “‘AIDS Is in the Food’: Zimbabweans’ Association between Nutrition and HIV/AIDS and their Potential for Addressing Food Insecurity and HIV/AIDS,” explores how cultural meanings about food can compromise or strengthen programs addressing HIV/AIDS and food insecurity. He presents a scenario in which cultural conceptions about food and nutrition contrast with international food relief efforts resulting in a rejection of food aid by locals. His case explores the varied ways in which Zimbabweans perceive the connection between HIV/AIDS and food that has caused some to view international food aid as a potential threat and cause of AIDS. This work highlights the importance of local knowledge about food and the value of tapping into such views for the purposes of addressing problems of food insecurity.
Overall, the editors of this issue of the Annals of Anthropological Practice are confident that the authors and their chapters in this volume represent contemporary anthropological scholarship on HIV/AIDS and have the potential to significantly contribute to the design, evaluation, and improvement of programs addressing food insecurity and the AIDS epidemic in sub-Saharan Africa. The Annals of Anthropological Practice is accessible and targeted to full-time practitioners to provide a venue for the dissemination of academic knowledge that has direct implications for policy.

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