A Triple Threat in Rural Zimbabwe: How Drought, HIV/AIDS and Poverty Endanger Food Security

John Mazzeo, *DePaul University*

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DePaul U

Much of the international attention paid to Zimbabwe over the past several months has focused on the failure of its most recent presidential election and the ensuing political turmoil. The nation also faces a food security crisis as the economy slips further into crisis and the country faces its largest food deficit in over ten years. The impending food shortage poses the greatest threat to HIV/AIDS affected households, especially those with primary breadwinners living with HIV infection.

In their research on HIV/AIDS and globalization, Barnett and Whitehead (2002) offer a framework for examining the social, cultural and economic impacts of HIV/AIDS at levels of organization (such as the household) that care for infected individuals. Anthropological approaches to HIV/AIDS have been successful at identifying household-level mechanisms by which the epidemic has affected the means, relations and processes of livelihood systems. Applications of this analytical framework have been adapted by development professionals and incorporated into the design of interventions (for an example see Gillespie and Kadiyala 2005).

Between 2004 and 2007, I conducted fieldwork to better understand the impacts of HIV/AIDS on the livelihoods of rural, mostly Shona-speaking households living in Zimbabwe's semi-arid regions. I collaborated with CARE Zimbabwe, an international non-governmental organization, during my research. These data offered some insights into the mechanisms by which HIV/AIDS and drought-related crop failures have damaged household food access in a place with an adult HIV infection rate of 24%. Its findings were used to develop an integrated HIV/AIDS program that addressed health, HIV awareness and food security, and helped strengthen household livelihood activities such as farming and small-scale commerce.

COMMENTARY

Coping with Crisis

Zimbabwe has been part of a more widespread regional food emergency in southern Africa for the past several years. A "triple threat" of disease, drought and poverty has made populations, especially the rural poor, increasingly vulnerable to food insecurity. During my stay in rural Zimbabwe, I observed how the presence of HIV/AIDS in impoverished households compromises their capacity to cope with a food crisis. The synergies between poverty and HIV/AIDS not only threaten the immediate food security of a household, but the survival strategies used to meet short-term food consumption needs compound the long-term sustainability of the unit's livelihood strategy.

The government's response to this impending crisis will likely be inadequate. Since it cannot afford to purchase the necessary maize required to fill the gap. In January 2008 inflation on the Zimbabwean dollar exceeded 100,000% (the highest in the world, followed by Iraq at 60%), causing food prices to soar and supplies to dwindle. Making matters worse, the restrictions placed on humanitarian aid agencies during the election crisis have effectively prevented the World Food Programme and its partner organizations from delivering much needed food aid to the food insecure regions.

Despite an increase in Zimbabwe's cultivated area of about 200 million hectares since 1999, a combination of factors—political, economic, climatic and epidemiological—have caused the nation's annual maize yield to decline to its lowest on record in 2008. Zimbabwe's Land Acquisition Act of 1992 and its "fast track" resettlement program in 2000 gave the government the right to forcibly seize any property for the purposes of resettlement. As a result, Zimbabwe's once strong commercial farming sector is currently in ruins and the country has gone from southern Africa's largest food exporter to a nation dependent on food imports and international aid.

Declines in food production can also be attributed to global climate change, as climatologists correlate the changing climate patterns affecting Southern Africa with the rise in greenhouse gases. Rain-fed maize agriculture, the mainstay of most rural households, has been adversely affected by the increasing frequency and severity of extreme climate conditions, including prolonged drought and flooding caused by torrential rains. As a result, rain-fed maize farming has become more risky and less sustainable than in the past.

Furthermore, the prevalence of HIV/AIDS has taken a significant toll on the productive capacity of households to access food through farming or purchasing. HIV/AIDS is perhaps the greatest threat to Zimbabwean households because of the synergism between disease and poverty that leads to a more rapid deterioration of food security. The presence of HIV/AIDS among poor households, especially those with limited access to health care and no option for anti-retroviral treatment, creates a dependence on draining coping strategies, such as asset and livestock divestment. These types of coping strategies are used when few other options exist for paying for basic expenditures such as food, medicine and education.

Livelihood Strategies

In southwestern Zimbabwe, where drought is a persistent problem, HIV/AIDS has had a particularly heavy impact on food security. Overall, households affected by HIV/AIDS have significantly lower access to food, both independently-produced and purchased. During successive droughts, the resources a household has at its disposal to cope with food shortages are consumed. Households employ sequential coping strategies to achieve three objectives: (1) reallocating and increasing the household labor supply, (2) accessing non-food goods and services and (3) improving food security. Their strategies rely initially on internal resources (eg., sales of livestock) and subsequently on resources in social networks. Over time, the gradual erosion of a household's livelihood strategies leads to ever more desperate coping strategies and worsening food insecurity. During the 2004-05 drought, a household could have sold cattle, for example, to purchase food. Because HIV/AIDS affected households experience a drain on labor and increased expenditures on medical care, they are less able to recover resources following a crisis and they suffer decreased capacity to cope with recurring food shortages.

Based on the findings of this research, CARE Zimbabwe developed a Community Home Based Care (CHBC) program using a livelihood systems model that views the production of health as part of the overall household livelihood. The program recognizes that HIV/AIDS prevention and treatment cannot be isolated from household objectives such as food security, education, income generation or agriculture. Households enrolled in the CHBC program have access to a range of services: a diverse food aid package; a supply kit that includes personal hygiene, first aid and medical supplies; capacity building for primary caregivers; space in a cooperative garden; and membership in a credit and savings group. Programs like this demonstrate the relevance of anthropological knowledge for influencing policy and helping to create culturally relevant programs.

John Mazzeo is an assistant professor of anthropology and associate faculty for the School of Public Health at DePaul University. He is currently co-editing a book on HIV/AIDS and food security in Sub-Saharan Africa.

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a comprehensive picture of food security and social and economic well-being, and of the nutritional and health situations of communities before and during an intervention. Further, such evaluation can be used to fine-tune interventions as they progress and to make recommendations for future programming.

David A Himmelgreen is an associate professor of anthropology at University

of South Florida. His interests include maternal and child health, nutritional assessment, food security, obesity, nutrition education and HIV/AIDS prevention in India, Lesotho, Costa Rica and the US. He has written 45 published peer-reviewed research reports, book chapters, book reviews and editorials, including a chapter in The Political Economy of AIDS (1997).

Nancy Romero-Daza is a medical anthropologist with special interests in HIV/AIDS, drug addiction, political economy, reproductive health and minority health. She has research experience in Lesotho, Costa Rica and the US. She is currently a PhD candidate in anthropology at the University of Pennsylvania, with a focus on the intersection of HIV/AIDS and tobacco use in Botswana.