Contested Strategies for Defining and Confronting Food Insecurity and HIV/AIDS: Case Studies from Zambia and Zimbabwe

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Overview of HIV/AIDS and Food Insecurity

Cyclical droughts, unstable regional economies, political uncertainty, and the need for emergency food assistance in southern Africa are commonplace. However, unlike past food security crises the last decade has witnessed the growth of an HIV/AIDS pandemic that continues to exacerbate both the problems and solutions. Whether one chooses to call this relationship a “New Variant of Famine” (NVF) a “Triple Threat” (HIV/AIDS, Food Insecurity, and Lack of Government Capacity), “AIDS-Affected Famine,” “Twin Peril,” or some other label, it is clear that all long and short-term programs must consider both HIV/AIDS and food insecurity as inextricable for any sustainable intervention.

This short report highlights country case studies from Zambia and Zimbabwe that begin to reveal contested strategies for both defining and confronting food insecurity and HIV/AIDS. The Zambia example reviews coordinated responses to the food crisis in 2002-2003 in light of HIV/AIDS and the country’s resistance to genetically modified (GM) food aid. The Zimbabwe case study is focused on food aid targeted at mitigating the effects of HIV/AIDS for rural households based on an analysis of 2005 & 2006 Household Livelihood Security Assessments.

“New Variant Famine”?

De Waal and Whiteside,1 using analytical frameworks from famine theory, argue that unlike drought-related food crises of the past, the current HIV/AIDS epidemic in southern Africa has combined with drought to create a new category of highly vulnerable and food insecure households. This has been labeled “New Variant Famine” (NVF). The basic tenets of the theory are related to conditions arising from declines in household labor, assets, and social networks linked with the vicious synergism of malnutrition and HIV/AIDS.

Even though the concept of linking HIV/AIDS and food insecurity is nothing new, some dispute has emerged regarding whether or not the current crisis should be referred to as a “famine.” One must keep in mind that the concept was proposed amidst the call for a massive humanitarian response to the severe southern Africa food crisis of 2002-2003.

Perhaps a more appropriate critique can be found by investigating those underlying assumptions concerning the diversity of shifting livelihoods and coping strategies. For example, a restudy by Drinkwater et al. on the effects of HIV/AIDS on Agricultural Production Systems in Zambia (1993-2005) observed that the impact of HIV/AIDS on livelihoods varies widely by region in terms of traditional cultural coping strategies (e.g., matrilineal kinship system), beliefs and stigma surrounding the disease, and the degree of dependency on external inputs.

Proceedings and publications surrounding the International Conference “HIV/AIDS and Food and Nutrition Security: From Evidence to Action” held in Durban, South Africa in April 2003 provides numerous examples that further supports how diverse, complex, and unclear the interrelationships are between HIV/AIDS and food security.

Case Study: Zambia

Many nations throughout central and southern Africa continue to express concerns about the safety, political, economic, sociocultural, and legal implications of genetically modified organisms (GMOs), especially when promoted as a solution for food insecurity.

The use of genetically modified (GM) maize (originating mostly from the U.S.) as an emergency relief food to ameliorate the drought-linked 2002-2003 food shortage and hunger alert crisis became a paramount concern for Zambia, who refused to allow it into their country for distribution. The ensuing fervor that

(Continued on page 10)
Contested Strategies for Defining and Confronting Food Insecurity and HIV/AIDS: Case Studies from Zambia and Zimbabwe

(Continued from page 9)

resulted must also be put in to the context of the high prevalence of HIV/AIDS and food insecurity in Zambia. This created similar exaggerated conditions that led to the NVF concept being proposed in the same timeframe.

During this period Zambian officials were highly criticized by various relief agencies and governments for their "No GMOs" action. The resulting U.S. administration's political spin on the crisis led to presenting Zambia as a nation that was letting "Africans" starve rather than allowing them GM food aid.

In the end, alternative non-GM food crisis shaped by a long-term HIV/AIDS epidemic. According to the UN, the current outlook on the nation's food security for 2006/2007 is bleak. They estimate 3 million individuals, or 25 percent of the population, will require food aid over coming months. Much of this aid will be delivered through "vulnerable group feeding" programs, which target households at risk, especially those caring for the chronically ill or supporting orphans.

To better understand Zimbabwe's food crisis, Mazzeo has been working with CARE International since the 2002 drought to monitor and address the food and livelihood security of rural households in parts of the arid south-east. A major component in monitoring the average food supply is expected to last seven to eight months. However, the food security crisis is significantly worse for AIDS-affected households.

Based on a 25 percent prevalence rate and course of HIV/AIDS, it is estimated that nine percent of the population will be chronically ill (CI) at a given time (Mazzeo finds that seven percent of the population is chronically ill and symptomatic of AIDS and another ten percent have lost an adult member to a chronic illness during the past twelve months). A cross-sectional comparison of affected and non-affected households in terms of access to cereals during non-drought (2006) and drought (2005) years shows that although drought has the greatest im-

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Sources were found but Zambian continues to be pressured to change their position by the U.S. government and U.S.-based multinational biotech companies. Fieldwork by Brenton suggests that rather than condemn countries for limiting their acceptance of GM foods, the situation must be approached with an integrated perspective that deals simultaneously with HIV/AIDS, food insecurity, and real concerns that countries have in contesting what is seen by many as the neo-colonial imperative of biotechnology. To date there have been no reports documenting any harm resulting from the delays in mobilizing non-GM food aid.

Case Study: Zimbabwe

Zimbabwe provides another case study for exploring the complexity of a

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Contested Strategies for Defining and Confronting Food Insecurity and HIV/AIDS: Case Studies from Zambia and Zimbabwe

(Continued from page 10)

members are being absorbed by other units; not just orphans, but also sick adults unable to care for themselves. Tracking individuals is resource intensive and methodologically problematic.

Conclusions

Many of the issues in Zambia and Zimbabwe are very similar, as they are for most of southern Africa. This allows us to move ahead and promote some best practices for understanding gaps that encompass the inter-relationship between HIV/AIDS and food insecurity. To avoid the pitfalls of over-generalizing the crisis, as may be the case with the "New Variant Famine" hypothesis, we must take into account factors that can help to reveal the diversity of responses. This includes: 1) Realizing that the interaction of HIV/AIDS and food insecurity are two way and synergistic; 2) Being cautious of a focus on smallholder farming in high HIV prevalent countries since it is often short term and concentrated on households which may obscure community level and above dynamics; 3) Recognizing that an overemphasis on passive victims and documenting the failure to cope without capturing the innovated strategies used to survive is dangerous; and 4) Promoting an assumption that the crisis is so different from any other that we need to invent an entirely new set of responses adds to a prevailing sense of hopelessness.

In conclusion, it could be argued that one downside of a NFV label’s focus on a famine model approach to monitoring a progressively eroding system of coping strategies in some ways de-emphasizes the constantly shifting nature of those mechanisms and resilience ongoing at both the household and community level. It is also problematic to try to make the model fit situations where it might not be completely appropriate.

Still, as anthropologists we are well aware of how important a label is for instilling an emotional impact. Even though the use of the word ‘famine’ might better help to mobilize humanitarian aid and support for a crises that no one denies will have a devastating impact on future generation to come, at what point do the generalizations hinder our relief efforts? This is question of hope that we would welcome for further discussion in the anthropology and AIDS community.

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Endnotes


4 E.g., the external need for fertilizers and markets for maize production in some regions vs. alternate crops such as cassava in others that are not as dependent on external factors.


8 Zimbabwe Demographic Health Survey for 2005-06 reports an 18% prevalence rate among adults.


10 WHO proxy indication of AIDS case for surveillance purposes. Based on 2 major/3 minor OIs.