The Poverty-HIV/AIDS Nexus in Africa: A Livelihoods Approach

Winford H. Masanjala

March 2006
The Poverty-HIV/AIDS Nexus in Africa: A Livelihoods Approach

Winford H. Masanjala

March 2006
The Poverty-HIV/AIDS Nexus in Africa: A Livelihoods Approach

Winford H. Masanjala†
University of Malawi, Chancellor College

Abstract: This paper reviews the nexus between poverty and HIV/AIDS in Africa using a sustainable livelihood framework. Much of the literature on HIV and AIDS has generated an almost universal consensus that the AIDS epidemic is having an immense impact on the economies of hard-hit countries, hurting not only individuals, families and firms, but also significantly slowing economic growth and worsening poverty. International evidence has concentrated on the pathways through which HIV/AIDS undermines livelihoods and raises vulnerability to future collapse of livelihoods. Yet, little attention has been paid to the role that social relations and livelihood strategies can play in bringing about risky social interaction that raises the chance of contracting HIV. Using the sustainable livelihood and social relations approaches, this article demonstrates that although AIDS is not simply a disease of the poor, determinants of the epidemic go far beyond individual volition and that some dimensions of being poor increase risk and vulnerability to HIV.

1. Introduction

Two strands of orthodoxy have held sway over most writings on the relationship between the AIDS epidemic and poverty in Africa. The conventional view of the poverty-AIDS nexus is that debilitating HIV or full-blown AIDS undermines livelihoods by eroding affected households' resource base thereby raising vulnerability to future collapse of livelihoods. The central argument is that the experience of AIDS by individuals, households and even communities can readily lead to an intensification of poverty among those that are

* I thank conference participants to the conference on HIV/AIDS, Agency and Empowerment held at the University of Illinois, Urbana Champaign. The usual disclaimer applies.
† Lecturer in Economics, Department of Economics, University of Malawi: whmasanjala@hotmail.com
poor and even push some non-poor into poverty (see Loewenson and Whiteside, 2001; UNAIDS, 2002). In contrast, the second school of thought argues that poverty and its companions not only encourage the spread of HIV but also a quicker progression from HIV seropositivity to full blown AIDS. While acknowledging that AIDS is not simply a disease of the poor, this school of thought argues that the shape and form of the AIDS epidemic reflects the economic, political and cultural characteristics of the society (Barnett & Whiteside, 2000; 2002). That is, determinants of the AIDS epidemic go far beyond individual volition to the extent that some dimensions of poverty and inequality can drive those on the margin of destitution into risky livelihood and coping strategies that raise their likelihood of contracting HIV.

In view of the divergence of these positions, this article seeks to adapt the livelihoods framework (e.g. Carney, 1998; DFID/FAO, 2000) to analyse the poverty-AIDS nexus. To this end, we build upon a number of studies that have attempted to systematically apply the livelihoods framework to study the impact of the AIDS epidemic on livelihoods (e.g. Seeley, 2002; Stokes, 2003; and Loevinsohn and Gillespie, 2003) and then extend the analysis to consider the role that unequal social relations and livelihoods may play in the transmission of HIV.

There is any number of empirical and theoretical justifications for employing the sustainable livelihoods framework to understand the poverty-AIDS nexus (see Seeley, 2002; Stokes, 2003). On the empirical front, the past fifteen years have witnessed a proliferation of studies where economists have attempted to systematically link the AIDS epidemic and poverty, and to test the strength of those linkages. Both the pioneering studies (Ainsworth & Over, 1992; Cuddington, 1993; Cuddington and Hancock, 1994) and more recent ones (e.g. Bloom and Mahal, 1997; Greener, Jefferis and Siphame, 2001; Arndt and Lewis, 2001; Haacker, 2002; Craft and Haacker, 2003) have generated an almost universal consensus that the AIDS epidemic has begun to have an immense impact on the macro-economies of hard-hit countries, significantly slowing economic growth and worsening poverty and income distribution (also see UNFPA, 2002; UNAIDS, 2002).

Although these studies succeeded in imposing some structure on our understanding of the broader socio-economic impacts of the AIDS epidemic in hard-hit countries, since the population suffering from AIDS or debilitating HIV is still a relatively small proportion of the total population, macro-level studies fail to paint a complete picture of the level of immiseration at the household level. That is, even where the macro-level demographic or economic impacts of AIDS are likely to be barely visible in national statistics, there is no
gainsaying the fact that HIV/AIDS clearly has an impact on the prospects of individuals infected with the virus and the livelihood outcomes of households to which they belong (Desbarats, 2002). Therefore, it is important to develop a framework that systematically links the impact of the AIDS epidemic on livelihoods and vice versa at the micro (household) level where the link should be much more direct and clearer.

To this end, the utility of the livelihoods framework lies in its ability to generate analysis that has both positive and normative policy implications. At the positive level, the livelihoods framework allows us to show that AIDS can and does affect every part of a livelihood - some livelihoods more so than others. We also demonstrate how certain dimensions of being poor not only increase the likelihood of engaging in risky social interaction and raise the probability of contracting the HIV but also how they stymie access to, and efficacy of life-prolonging anti-retroviral treatment (ART). At the normative level, the livelihood framework demonstrates that just as the impact of AIDS can be seen at every point of a livelihood, in Africa and similarly impoverished populations efforts to address either poverty or the AIDS epidemic should be heuristic and attend to factors that affect a household’s livelihood outcomes.

The preceding notwithstanding, the livelihoods framework, whether in its basic form or the myriad variants, is still a limited instrument for analysing the complex dynamics between livelihoods and the spread of HIV. For starters, like much of the social science, the livelihoods framework has depended on the household as the basic building block for research and analysis. Implicit in this approach is the image of a household, comprising individuals who behave as if they share common preferences and aim at maximising a common utility function. In turn, this requires an assumption of impact homogeneity, where individuals within a household are portrayed as being equally wealthy or poor, to have equal access to goods and services and suffer equally when a shock hits the household. However, we know that intra-household decision-making and resource allocation are affected by different culturally, temporally and spatially specific dimensions of social differences (Bolt and Bird, 2003). These social differences result in intra-household differential levels of wealth and poverty, consumption, leisure and work, and differential access to and control over resources and benefits.

To account for the role of these social differences on the risk of transmission of HIV, in the second part of the paper, we compliment the livelihoods framework with gender analysis framework. We recognize that within the household, a socially constructed gender division of labour exists which places differential demands on time.
and energy of males and females (Moser, 1993; Bolt and Bird, 2003) and there is limited substitutability between male and female labour on specific tasks (Kabeer, 1994). While we concede that there are other social differences beyond gender, e.g. age differences, child birth-order, wife order in polygamous marriages (Bolt and Bird, 2003), we demonstrate that gender differences influence individual behaviour and shape the HIV risk environment more than the other dimensions through asymmetric sexual relations, inequalities and movement.

### 2.0 A Primer on Sustainable Livelihoods Framework

A livelihood is defined as a means of living, and the capabilities, assets and activities required for it (Chambers and Conway, 1992, Carney, 1998). A livelihood encompasses income, as well as social institutions, gender relations and property rights required to support and sustain a certain standard of living (Ellis, 1998). It also includes access to and benefits derived from social and public services provided by the state such as education, health services and other infrastructure. Following Chambers and Conway (1992), a livelihood is deemed sustainable if it can cope with and recover from stress and shocks and maintain or enhance its capabilities and assets both in the present and in the future, while not undermining the livelihoods of future generations.

In this framework, a household’s livelihood outcomes (e.g. income or food security) depend on the interaction of four interlinked dimensions: livelihood assets, the vulnerability context, livelihood strategies and transforming structures and processes. To begin with, livelihood assets include human capital (productive or marketable skills); financial assets (like saving, cash), social capital (kin, patronage and other networks), physical capital (e.g. agricultural assets) and natural capital (e.g. land resources). In contrast, vulnerability is generally defined as a high degree of exposure to risk, shocks and stress and proneness to food insecurity (Chambers, Pacey & Thrupp, 1989). The vulnerability context deals with the risk, susceptibility and likelihood of livelihood collapse due to economic and environmental factors beyond the household’s control.

The vulnerability context and the sustainability of livelihood outcomes faced by a household in part depend on macro and meso-level institutions and policies as well as community-level institutions (i.e. transforming structures and processes). Transforming structures reflect the level of government, private sector and civil society participation while institutions and transforming processes deal with “rules of the game” used by groups of individuals to organise and regulate social interactions that produce outcomes that
affect those individuals and potentially affect others (Ostrom, 1992). Lastly, the combination of the household's portfolio of assets, institutional and policy environment and the implied vulnerability context circumscribes the livelihood strategies adopted by the household. Livelihood strategies are the sum of all the different activities that people do in the context of generating their livelihood (Chambers & Conway, 1992). They include the particular mix of economic activities that households choose, based on opportunities open to them and their comparative advantages.

Livelihood strategies can be categorized in many dimensions depending on whether the household is proactive or reactive and whether the strategy increases or reduces assets (see Devereux, 1999). Whereas accumulative strategies seek to increase the flow of income and stocks of assets through profitable enterprises, adaptive strategies seek to spread risk through livelihood adjustment or income diversification. In contrast, coping strategies seek to minimise the cost and impact of adverse livelihood shocks such that future livelihood capacity is not seriously impaired while survival strategies are those undertaken to prevent destitution and death. Adaptive and accumulative strategies are more proactive and positive strategies that do not erode the household's asset base while coping and survival strategies are more defensive and reactive, associated with reduction of assets (Orr & Orr, 2002).

Figure 1 is two-dimensional matrix depicting the possible mix of livelihood strategies open to a rural household in Africa. Suppose a rural household can generate its livelihood either from agriculture or non-farm business or a combination of both. The Y-axis of the matrix shows the level of household income from agriculture, whereas the X-axis shows the level of income from non-farm income sources. A household's position on the matrix reflects its level of income from each of the two livelihood strategies. Households in the bottom left-hand corner are subsistence farmers with limited income from both agriculture and business and their livelihood strategies are primarily for survival. The framework illustrates the processes of economic change that involves transitions between states of economic structure or performance.

Figure 1: A typology of livelihood strategies for a rural household
In the absence of AIDS and depending on their assets and capabilities, households can move either up, along or diagonally across the matrix. A household moving up the Y-axis specialises in agriculture at the expense of non-farm income. A household that moves along the X-axis specialises in non-farm business at the expense of agriculture while those that move along the diagonal balance agriculture with non-farm business (diversification). In general any movement towards the origin represents impoverishment. In the next section we demonstrate how the AIDS epidemic is expected to cause households to move towards the origin.

### 3.0 Impact of HIV/AIDS on Livelihoods

The effect of AIDS on livelihood outcomes is profound and varied. International evidence reveals that household impacts of the AIDS epidemic are being felt at different levels (see Koestle (2002) for cases from Malawi and Tanzania; Serpell (1999) for Zambia and Bollinger, Stover, Kerkhoven, Mutangadura and Mukurazita (1999) for cases from Zimbabwe). In this section we demonstrate how HIV/AIDS impacts the four components of a livelihood.
3.1 HIV/AIDS and Livelihoods Assets

Recent research on livelihoods in rural Africa has highlighted the crucial role that assets play in anchoring livelihoods and imposing constraints on the repertoire of livelihood strategies open to different households (see Ellis and Alderman, 2002; Ellis, Kutengule and Nyasulu, 2002; and McDonagh, 2002). Although the most immediate impact of HIV falls on human capital, the epidemic equally depreciates other categories of a household’s livelihood assets – financial, social, physical and natural. With respect to human capital, the AIDS epidemic generates new poverty as affected households suffer reductions in total income owing to illness, the diversion of household resources to caring for those affected or total loss of income due to death of a breadwinner (see Serpell, 1999). AIDS-related illnesses also have a depressing effect on overall labour productivity due absenteeism by the ill or care-giving and attending funerals by the healthy.

Secondly, the AIDS epidemic also negatively impacts the household’s financial capital. When faced with the costs associated with increase in morbidity and mortality due to HIV/AIDS, households cope by using up savings, borrowing money, taking additional debt at penal rates of interest or searching for additional sources of income (Koestle, 2002). Similarly, debilitating HIV and AIDS-linked illnesses also contribute to the erosion of physical and natural capital because when households deplete their financial assets, the next step in the course of impoverishment is to dispose of unproductive assets (a reversible strategy) before finally disposing of productive assets like land, draft animals and equipment (i.e. disinvestment and a non-reversible strategy) (see Mutangadura, 2000).

Lastly, the AIDS epidemic also depreciates social capital in that death and sickness erode social networks. In the AIDS era, the rate at which friends and relatives are lost is very high making the maintenance of the kin group more difficult. In addition, since AIDS may result in social exclusion resulting from stigma on the part of those affected by the HIV or fear others may have of AIDS-related illness, some cultural and social events may change because of the risk of HIV/AIDS or become less attractive to those afraid that social activity may spread the virus (Seeley, 2002). Similarly, due to traditional inheritance patterns and economic subordination of women, AIDS-induced transformations of the household may not only worsen pre-existing gender inequities but the loss of a bread winner may result in the dissolution of an entire household.
3.2 AIDS and Vulnerability Context

As noted above the vulnerability context deals with the risk, susceptibility and likelihood of livelihood collapse due to economic and environmental factors beyond the household’s control. In the context of rural Africa, the vulnerability context includes the lack or diminutive size of land holdings, reliance on rain-fed subsistence agriculture and seasonality of income and reliance on a narrow range of income sources (Ellis and Alderman, 2002; Ellis, 1998; McDanagh, 2002). Even in the absence of AIDS, reliance on rain-fed subsistence agriculture has rendered most African households vulnerable to the risk of livelihood collapse in the face of shocks such as droughts, floods and seasonality (DeWaal and Whiteside, 2004; Ellis, 1998). Although rural households confront seasonality as an inherent feature of their livelihoods when continuous household needs are mismatched with uneven income flows, the AIDS epidemic compounds the problems faced by households by increasing the likelihood of livelihood collapse due to natural disasters, seasonal changes and the shock of accidents or sudden illness (Koestle, 2002). AIDS related illnesses and death undermine the capacity of households to reallocate labour between tasks with variable returns to labour during the year. Household may be less able to adjust to seasonal changes in occupations that require labour time to be switched from lower to higher return activities.

Therefore, the AIDS epidemic can be expected to create new poverty by increasing the risk of income failure overall by diluting the diversity of household portfolio and increasing inter-year income variability due to instability in agricultural production (also see DeWaal and Whiteside, 2004). In addition, due to underdeveloped or non-existent formal credit markets, the loss of family and friends may also spell the end of access to informal, affordable credit. This is more troubling when one considers that the extended family and other traditional social safety nets are also facing enormous pressures and collapsing at a time when state support systems, rather than replacing these, are also collapsing (see Bryceason and Fonseca (2005) for examples from Malawi).

3.3 HIV/AIDS and Transforming Structures and Processes

Policies and institutions can play a key role in transforming livelihoods since a livelihood also includes access to, and benefits derived from, social and public services provided by the state. Kabeer (1994) identifies four different levels of institutional locations - the state, the market, the community and family/kinship - which not only determine one’s livelihood outcomes but also have a tendency
towards creating and reproducing systemic inequality. For instance, at the state level, the emergence of AIDS as a cross-cutting issue, has given rise to the need to formulate new development policies and to create institutions and bureaucracies for their implementation (e.g. the National AIDS secretariats/councils).

The role of institutions and policies is captured by the interplay between the state and the market in the provision of life-prolonging drugs. On the one hand, the good news is that the recent emergence of Anti-retroviral drugs (ARV) and an increase of clinical knowledge that has accelerated the diagnosis and treatment of opportunistic infections has brought some hope for Africa. Now, to be infected with the HIV is no longer synonymous with a death sentence because a person with HIV, provided that they receive all necessary treatment and care, can survive for many years more than was previously possible. On the other hand, now to live or to die depends largely on one’s access to ARVs which is mediated by state and market institutions and processes. Since ARVs are expensive, for a person who lives with HIV and is poor, as is the case for most of those infected Africa, life or death depends on the state’s capacity to provide free or subsidised ARVs to those who are both in poverty and infected with the HIV.

More importantly, even when one has access to these medicines, their efficacy may be compromised by livelihood outcomes, especially poor nutrition. Although we still know little about the long-term effects of ARVs, the fact that almost all anti-retroviral drugs need to be taken at regular intervals and on a full stomach suggests that these drugs may pose a problem for the poor with inadequate nutrition or irregular access to food. Similarly, if anti-retroviral drugs are toxic, as some seem to suggest, they may be particularly toxic to someone who is not well nourished (Loevinsohn and Gillespie, 2003). There may also exist an inherent conflict between extensive geographical and therapeutic coverage of ARV with informed policy debate into issues surrounding the effects of anti-retroviral treatment e.g. lypodystrophy (fat redistribution). The balance between the wholesale promotion of geographic and therapeutic coverage of ARV or official undermining of the case for ARV (as did the President of South Africa a few years ago) depends on what institutions and processes exist.
3.4 HIV/AIDS and Livelihood Strategies

A characteristic of rural livelihoods in Africa is covariance of risk. Most of the alternative income earning opportunities open to households in particular locations exhibit high correlation between risks in returns attached to them (Ellis, 1998). For instance, in a rain-fed subsistence agricultural setting, a drought or flood in a particular locality will affect all income streams available to the household, be it own-farm, livestock income or income from casual employment on other people’s farms. Yet the AIDS epidemic further undermines the household’s capacity for coping or survival by stripping the household of its livelihood assets through disaving or disinvestment, thereby pushing a household into portfolios with less variety, smaller returns and higher probability of livelihood collapse.

In addition, the knowledge that a household member is infected with HIV significantly changes the household’s sense of time-preference, which in turn impacts its inter-temporal resource allocation and utility maximisation (Collin & Rau, 2000). In the employment and deployment of their scarce resources, rural households are observed to take long-term strategic view of future income sources. For instance, among rural households, parents’ investment in their children’s education may be part of a long-term strategy of adaptation and accumulation often linked to rural-urban migration and remittance behaviour Ellis (1998). However, in the AIDS era, such long-established patterns of migration to employment may fail to provide as much promise or surety of social security now as in the past especially when those who left for the cities return to the country side with debilitating HIV or AIDS to die. As the expected rate of return from these investments falls and the associated risk rises, more households will find such investment unjustifiable.

4.0 Impact of Social Relations and Livelihoods on HIV

Whereas the link from HIV/AIDS to livelihoods is direct and clear-cut, much controversy surrounds the debates regarding the existence of reverse causality. This is because although some dimensions of being poor can increase risk and vulnerability to transmission, empirical evidence also clearly shows that AIDS is not simply a disease of the poor since AIDS is killing the poor and the rich alike. Yet, in many countries the spread of the AIDS epidemic has followed a definite pattern, often linked to socio-economic or political phenomena, where early in the epidemic HIV/AIDS primarily affected the wealthy and better educated but as the epidemic matured it became concentrated in poor populations (Bloom et. al.,
Moreover, it is typical of HIV infections to be spatially clustered with pockets of high infection rates within a country, province or district.

In order to explore why the spread of HIV follows certain patterns linked to social-economic phenomena, we propose to compliment the livelihoods approach with a social relation approach (Kabeer, 1994). Social relations have been defined as dynamic structural relationships that create and reproduce systemic differences in the positioning of different groups of people, and determine their roles, responsibilities, claims, resources and level of control over their own and others lives (King, 2001). This approach recognizes that although it is through social relations (e.g. family or kin networks) that many poor people generate their livelihoods, poverty also arises out of people’s unequal social relations which dictate the unequal relations to resources, claims and responsibilities. This approach further postulates that at the basic level, social relations have three broad goals of survival, security and autonomy. The utility of the social relations approach is that it helps us explore the context in which sexual behaviour takes place since, as Whelan (1999) notes, social, economic and political factors foster the conditions that facilitate risk behaviours and further create obstacles to women’s and men’s ability to protect themselves from HIV and effectively cope with the impact of the epidemic.

Although there are many dimension of social differentiation and unequal relations, this approach recognizes that gender is one of the most potent vessels and manifestation of unequal social relations. In the discussion that follows, gender is taken to mean the socially-defined roles of men and women (Ellis, 1998). While we concede that gender alone does not define risk, we also note that across Africa poverty and gender are inextricably intertwined. Gender norms ascribe distinct roles – both productive and reproductive to women and men. Below, we demonstrate that by doing so, gender norms affect different classes of people’s vulnerability to HIV and AIDS in two distinct ways: directly by affecting people’s knowledge, attitudes and behaviours; and indirectly by increasing societal vulnerability and restricting their range of options for generating livelihoods, or coping or survival strategies.

4.1 Gender as barrier to knowledge

Much of the HIV and AIDS literature recognizes two dimensions of risk: individual risk and societal vulnerability. Whereas individual risk of HIV is influenced by cognitive, attitudinal and behavioural factors i.e. what people know and how they understand it, what people feel about situations and about others, and what people do
Societal vulnerability to HIV stems from socio-cultural, economic and political factors that limit the individual's options to reduce their risk. Gender norms disproportionately influence differences between women and men in terms of what they are supposed to know, what they believe, how they feel and how they behave. For instance, in many African cultures where the construction of the ideal feminine attributes typically emphasizes sexual innocence, virginity and motherhood, female ignorance of sexual matters is considered a sign of purity while knowledge of sexual matters and reproductive physiology is considered a sign of easy virtue (see Ankomah, 1992; Caldwell, Caldwell and Quiggin, 1989). Such gender norms not only interfere with women's knowledge but they in turn limit women's ability to protect themselves and are thus linked to attitudes and behaviours that contribute to their heightened vulnerability to HIV transmission (Whelan, 1999).

In contrast, a different set of cultural standards is applied to men who are expected to be more knowledgeable and experienced and take the lead role as sexual decision-makers. Since the gender norms dictate that men should know more about sexual matters, ignorance is construed as a sign of weakness males may be reticent about admitting their lack of knowledge and seeking out correct information regarding HIV and other venereal diseases (Gordon and Charnock, 1990). A tragic consequence of these gender norms is that both males and females are poorly informed about reproduction and sex, yet men put up the façade of knowledge to the detriment of their own and their partners' health. As we demonstrate below, this socialization process and gender expectations are reproduced through social relations which confer unequal power to males and females and further increase their vulnerability to HIV transmission in different ways.

4.2. Gender and the ideal feminine

Even when women have the requisite knowledge about sex and sexually transmitted diseases, a social construction that emphasizes motherhood as a feminine ideal stands in the way of women's seeking safer sex. In a culture where child-bearing is not only idealised, but where status may vary with the number of children, both men and women will find it hard to balance the demands of safe sex with the need for more children. In a similar vein, a culture that prizes virginity as purity sets up young girls in two ways. First, to preserve their virginity young girls may resort to alternative sexual practices that nonetheless expose them to the risk of HIV. Second, the value attached to virginity as a symbol of innocence, purity and
freedom from disease places young girls at heightened risk of advances from older men looking for clean partners. Research also seems to indicate that in the most extreme cases some men attack young girls in the misguided belief that they can rid themselves of HIV by having sex with virgins (see de Bruyn, 1992).

4.3 Gender, Invisibility Factor and Vulnerability to HIV

Economic factors contribute to men’s and women’s vulnerability to HIV in two significant ways. First, gender related socio-cultural norms create barriers to women’s full participation in and ability to benefit from the productive economy, thereby increasing the likelihood that women will be dependent on male partners. African women have long been characterized by what the African food security literature calls the invisibility factor. That is, despite their significant contribution to household food and income security, women’s economic contribution remains under-appreciated and unrecognized due to their lack of power both inside their own households and in the community at large (Campbell and Shackleton, 2001). Although women are productively engaged in both the formal and informal sectors, there are gender-related differentials in women’s and men’s access to productive resources, such as land, property and in some countries women cannot get credit without a male guarantor (see studies summarised in Whelan, 1999). In these economically and socially dependent relationships, a woman’s ability to leave a high-risk sexual relationship is limited as is her ability to negotiate safer sex with a non-monogamous sexual partner.

In the case of single or widowed women, the pressures are even more amplified. A lack of livelihood assets, low incomes and even disinvestment in response to economic shocks or constrained cash flow all exert enormous economic pressures on women. However, without access to the means of production, these women are more likely to be forced by hardship and marginalisation into making sub-optimal choices (Loewenson and Whiteside, 2001; UNAIDS, 2002). For many women on the margin of destitution, unequal social relations have created conditions where transactional sex has become a rational means of survival and coping in order to support themselves and their children. Similarly, in an environment characterized by unequal social relations, a poor or destitute sex worker can more easily be forced, by threat of competition, into unprotected sex (Bloom et. al., 2002).

Gender also plays a role in determining how men and women cope with the impact of the AIDS epidemic in terms of economic effects, access to care and support (Whelan, 1999). To begin with,
AIDS places differential demands on male and female labour during sickness of family member. Across Africa, women still serve in the traditional role of housewives so that when a family member is stricken by debilitating HIV or full-blown AIDS, women are most often expected to be caregivers, in addition to assuming domestic chores and trying to earn some income outside the home. When adult women can no longer cope alone, girls are much more likely than boys to be taken out of school to help. In addition, since gender roles support the primary role of women in child welfare, upon death of family member, the burden of caring for children orphaned by AIDS is borne disproportionately by women.

4.4 Gender, Migration and Vulnerability to HIV

Much of the literature on HIV recognizes gendered responses to poverty and inequality. The conventional view is that in rural Africa, and similarly impoverished regions, whereas poverty and inequality pushes males into cyclical migration, among women the same factors can promote risky survival and coping livelihood strategies. Macroeconomic pressures contribute to men’s and women’s vulnerability to HIV infection by disrupting stable social relationships, thus increasing the likelihood that risky social interaction will occur.

Across Southern Africa, a consequence of the patterns of migration fostered by economic conditions has been the dramatic increase in the number of female-headed households and the phenomenon called the feminization of agriculture. On the one hand, due to predominantly male involvement in long distance cyclical migration to cities, mines and plantations, women have to balance the twin demand of family and generating a livelihood in an agricultural context where they have less access to agricultural support, have smaller land holdings and fewer assets. On the other hand, the disruption of marital and familial ties leads to sexual networks in urban areas where there is unequal ratio of men to women. However, women’s vulnerability is then increased as the men returning to their rural households where they re-establish sexual relationships and increase the possibility that HIV will be transmitted to rural women.

5.0 Conclusion

This paper draws upon two existing frameworks to suggest a methodology that provides an analytical starting point for analysing the nexus between HIV/AIDS and livelihoods. The livelihoods framework demonstrates that the AIDS epidemic affects every part
of a livelihood. The AIDS epidemic depletes livelihood assets, undermines normal livelihood strategies, renders households more vulnerable to collapse of livelihoods and thus creates a cycle of poverty and HIV and AIDS. By complimenting the livelihoods framework with a social relations framework, we were able to demonstrate the possible existence of reverse causal link.

We have argued that in most societies gender not only determines how and what men and women are expected to know, but also results in the construction of an ideal feminine which may increase individual risk. We also recognized that women have a triple role involving reproductive, productive as well as community-management activities (as an extension of their productive role). In contrast males have a dual role of productive and community management (especially formal politics). As such women as a group have particular needs that differ from men as a result of their triple role and subordinate position to men in most societies. Yet the satisfaction of these differential needs is mediated by socially constructed gender norms. Our central argument is that although structural vulnerabilities may expose men and women to economic shocks that threaten their survival, gender norms and expectations that interfere with a woman's and men's knowledge about sexual risks or limit women's livelihood strategies contribute to increased individual risk and societal vulnerability to HIV.

Not apparent in the foregoing debate is another debate about the channels of HIV transmission. Underlying the preceding exposition of unequal social relation is an assumption of a transmission mechanism comprising female reservoirs and male vectors. There are other emerging dimension of economics, gender and social relations that we have chosen not to elaborate on e.g. the link between migration of females for economic betterment and vanity transactional sex with the spread of HIV and vice versa. Implicit in our discussion was an assumption that any extra-marital sexual relations or transactional sex primarily emanates from economic hardship and the need to survive rather than vanity or pure lust. As Bolt and Bird (1994) argue, the household is a site of conflict, negotiation and cooperation with individuals having competing interests and needs. While we recommend the use of the livelihoods framework coupled with the social relations approach, we also believe that a more realistic approach should account for intra-household bargaining and negotiation.
References


Kabeer, N., “Reversed Realities; Gender Hierarchies in Development Thought”. VERSO, London.


Other DOE Working Papers Series

2005

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Author(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/01</td>
<td>Pro-poor Growth in Agriculture and the Land Question in Malawi</td>
<td>Ephraim W. Chirwa</td>
<td>April 2005</td>
</tr>
<tr>
<td>2005/02</td>
<td>Evidence against Static Asset Pricing on the JSE Securities Exchange of South Africa</td>
<td>Ronald D. Mangani</td>
<td>May 2005</td>
</tr>
<tr>
<td>2005/03</td>
<td>Gender and Performance of Micro and Small Enterprises in Malawi</td>
<td>Ephraim W. Chirwa</td>
<td>May 2005</td>
</tr>
<tr>
<td>2005/04</td>
<td>Household Consumption of Complementary Infants' Foods in Malawi: The Case of Zomba and Chiradzulu Districts</td>
<td>Levison Chiwaula and Ben Kaluwa</td>
<td>July 2005</td>
</tr>
<tr>
<td>2005/05</td>
<td>Role of Migrants' Remittances in an Unstable Low-Income Economy: A Case Study of Malawi</td>
<td>Chinyamata Chipeta and Willie Kachaka</td>
<td>July 2005</td>
</tr>
<tr>
<td>2005/07</td>
<td>Cash Crop Liberalization and Poverty Alleviation in Malawi: Evidence from Malawi</td>
<td>Winford H. Masanjala</td>
<td>August 2005</td>
</tr>
<tr>
<td>2005/08</td>
<td>Agricultural Marketing Liberalisation and the Plight of the Poor in Malawi</td>
<td>Ephraim W. Chirwa, Peter M. Mvula and John Kadzandira</td>
<td>September 2005</td>
</tr>
<tr>
<td>2005/09</td>
<td>A Rough and Lonely Road to Prosperity: A Re-examination of the Sources of Growth in Africa using Bayesian Model Averaging</td>
<td>Winford H. Masanjala and Chris Papageorgiou</td>
<td>October 2005</td>
</tr>
<tr>
<td>2005/10</td>
<td>Expected Returns and Volatility on the JSE Securities Exchange of South Africa</td>
<td>Ronald Mangani</td>
<td>November 2005</td>
</tr>
</tbody>
</table>

2006

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Author(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/01</td>
<td>Determinants of Child Nutrition in Malawi</td>
<td>Ephraim W. Chirwa and Harold Ngalawa</td>
<td>January 2006</td>
</tr>
</tbody>
</table>