

The Triple Threat of HIV/AIDS, Gender and Food Insecurity: Key Gaps and Suggested Interventions

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Abstract

HIV/AIDS is leading to demographic and changes in labor demand and supply in developing countries. The loss of labor through sickness and subsequent death, is leading to downstream effects which include food insecurity, malnutrition, due to neglect of farm and off-farm activities. These effects are two way, underlying the inadequacy in current research objectives and the sector interventions.

This paper examines this triple effect of HIV/AIDS and identifies the gaps in multisector responses. Recommendation is suggested, which includes addressing food and nutrition policy, and capacity building targeting extension staff and the policy makers in Kenya.

Keywords: HIV/AIDS; Gender; Interventions

Introduction

HIV and AIDS pandemic is a major threat to achieving the sustainable development goals which include reducing, extreme poverty and zero hunger by 2030. Recognizing the concern of rural households in Kenya to day is food security [5], the challenge still remains, how can HIV/AIDS policies be effectively be developed and institutionalized to contribute towards halting the devastating impacts of pandemic on human capital? Agriculture sector constitutes major source of rural livelihood in Kenya, the sector engages 80% of the nations workforce, and majority depends on the sector for both subsistence and cash income [5]. However, the AIDS Pandemic has hugely disrupted the success in the Agricultural Economy and the sector is now challenged by complex issues of gender in production and service delivery, there is no doubt that workers in the Agricultural sector are vulnerable to AIDS and its devastating effects [7]. The effect has reduced programme implementation capacity due to limited ability of extension workers to address challenges posed by AIDS on food production capacity. AIDS has in addition posed adverse effects on agricultural development. Similar challenges on extension service delivery cross cut the institutional, technical and operational components. Extension is complex and tied to such activities as land tenure issues, crop production, technological adoption, agricultural research, credit and marketing systems and cultural issues some of which are insensitive to gender [7]. All these services have far reaching consequences on overall agricultural development. Also links between extension service, food/nutrition security at household and national levels are vital. Diminished extension service delivery is likely to undermine food supply not only at house hold level but also nationally. In macroeconomic terms arrange of studies suggest that AIDS can lower GDP growth by up 1.5% per year [7]. And in atypical scenario of prevalence of 20% the pandemic has a potential of lowering the GDP by up to 2.6% per year. But although the potential impact of HIV/AIDS on productivity in labor in Africa has long been recognized little rigorous empirical research on the magnitude of that impact has been done to inform policy on the same [12]. In a study in Kenya showed that adult deaths in Kenya has significant impact both on crop income and value of households assets [7], while in another study established that death of farmers has led to downshifting from large livestock to small stock due to reduction of labor and skills in the industry (Republic of Kenya 2005). These scenarios could be worsened by high mortality rates amongst extension workers who infact should bridge the gap of agricultural information and skills transfer to young farmers and children that has been brought about by the AIDS pandemic [4]. There

has been little attention of impact of HIV/AIDS on Ministry staff and normal operations while at the same time, substantial numbers of staff have been lost at least one colleague to AIDS.

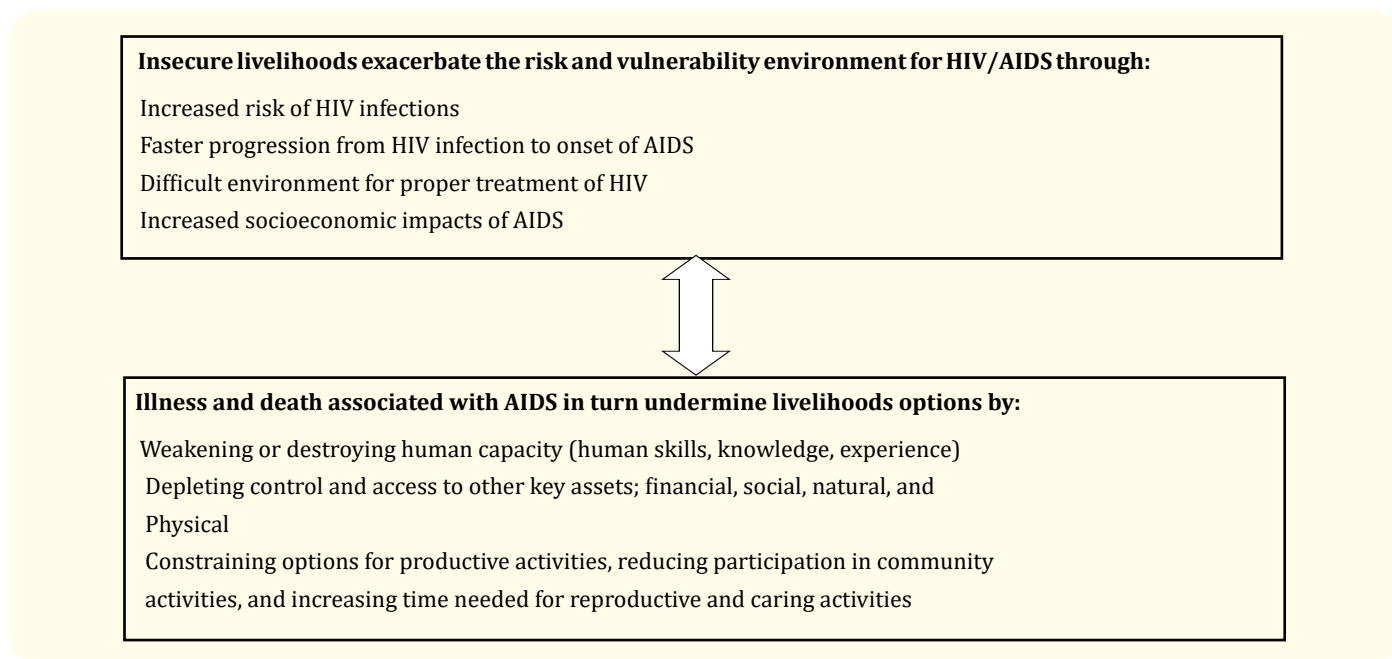
The Gender dimension

HIV/AIDS responses require gendered approach to be effective. Several observation point to a demographic impact [9] now termed “Grandmother Disease” since women in grandmother phase of life more than men bears the brunt of care for ill family members and subsequently the orphans. At the same time when these women expect to be taken care of by their adult children, they have take care of the mother role, which is a reversal of natural course of events. It is also a break from the natural traditionally established pattern of reciprocal relations between the generations [9]. In Kenyan set up it is expected that care giving at household level is universally a woman’s job providing material assistance is usually mens’ responsibility as an extension of their role as bread winner. In order, therefore to mitigate the ever challenging food security, interventions need to be engendered to address the intra household division of labour and care giving, allocation of scarce resources, and address differential impacts of AIDS morbidity and mortality of women, men and children “chimney effect”. Further the strategy needs to address the implication of household coping on intra-household homogeneity of those affected [2]. The evidence available also points to the disproportionate risks faced by women, especially younger women [6]. In one country in Southern Africa 60% of prime age deaths observed nationally in rural areas were of young women 15 to 30 years old, peaking at 34 years, with young single women being most at risk. Similar observation has been seen in Kenya [9]. Resources distribution amongst different gender plays apart on vulnerability to infection and death from the infection [1]. Some observations have shown that Men in upper level of asset distribution are more likely to die of the epidemic than their counter parts on the lower half. In contrast, it has been observed that poor women are more likely to die just as better off women [7]. Among the poor women those with some form of formal or informal business income are 15% less likely to die of diseases related to the AIDS epidemic, suggesting that efforts to provide greater income earning opportunities for poor women may make at least modest contribution to reduce female prime age mortality [7]. The link between poverty, gender and HIV infection is mediated through the need to move in search of livelihood, mobility being a marker of increased risk. Among the richer women who are more mobile, the protection conferred by financial independence is negated by heightened mobility –induced risk [6].

Food Security and Livelihood nexus

Food security comprises the three components of availability, access and stability of food sources. At household level, there is a two way relationship between livelihoods and HIV/AIDS [2]. Insecure livelihoods exacerbate the risk and vulnerability environment for HIV/AIDS [2]. At the same time, illness and death associated with AIDS undermine livelihoods options [10]. Vulnerable people are forced to make trade offs, for example a family with food but insecure livelihoods may be forced to sell some of the stocks of foods to raise money for other needs, but later buy back the same foods at much higher cost. In this case insecure livelihoods exacerbate the vulnerability to HIV/AIDS infection [11]. Luck of secure livelihoods may force some people to make decisions which put others at risk of infection for example sex work. Lack of food and health care are key factors in rapid progression of HIV infection to onset of AIDS. Those with weak livelihoods are more vulnerable to social and economic impacts of illness and death in their families and communities. Understanding of the negative two-way relationship between livelihoods and HIV/AIDS opens opportunities, for policy makers and government to pursue livelihoods objectives in such away that also addresses major aspects of HIV and AIDS [12].

Intertwined Relationship between Food Insecurity and HIV/AIDS



Key Gaps and Suggested Interventions

The complexity and context specificity of interactions between HIV/AIDS and food security and gender presents challenges for the intervention in this area, as do some methodological implications of dealing with such cross-cutting issues. The main generic gaps are as indicated below; Effective intervention in the HIV/AIDS, food Security and Gender continue to be constrained by these gaps.

Impact of HIV/AIDS on Food Security and Nutrition

Existing research on interrelationships between HIV and AIDS and Food/nutrition security and actions derived from it, is limited in several ways. Though there is increasing understanding that the interactions are potentially two ways, far more attention remains focused on the impacts of AIDS on food security not the other direction on how food and nutrition security outcomes, policy and practice may contribute to the spread of HIV. Most research areas still leave the gray area of the dynamics of impacts and responses and their micro-macro and gender links remaining unresearched. Furthermore, interdisciplinary approaches are needed to understand the dynamics of interaction between HIV/AIDS and food security.

Sector Policy

There is a need to examine the country’s national food policy and approaches to food. Given the workplace and health oriented approach to HIV/AIDS mainstreaming has been more complex to institutionalize. In order to overcome some of these inherent challenges, the sectoral HIV/AIDS approach has been an extremely useful to guide the key actors to as to the implications of mainstreaming for their core work. To overcome the challenges posed garnering high-level support in agricultural sector is critical for success. The sector needs to develop AIDS/Gender mandate, this needs to be integrated and implementation plans with well-defined roles responsibilities, and structures. This calls for the need to develop HIV/AIDS sector policy with emphasis on Food/Nutrition lens to guide the future interventions in the sector. This should further be disseminated at all levels. Since the responses and nature of HIV/AIDS and gender are similar, the policy responses can be joint. This will ensure more engendered approach to HIV/AIDS, identification of both to mainstreamed in agricultural sector and maximize human resources available.

Capacity building

The senior officers in the sector Ministries need to be trained in order to operationalize some concepts in both HIV/AIDS and Gender Mainstreaming. This has the important efforts of building agricultural Sector staff in understanding the Linkages between HIV/AIDS, gender and food and nutrition security. This will build capacity for operationalizing, monitoring and evaluating the interventions which will turn the mainstreaming into practical actions.

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