Dossier HIV and AIDS & livelihoods

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"Poverty and inequality provide a fertile ground for the spread of HIV/AIDS."

Scope

The HIV/AIDS epidemic is eroding households' capacities to produce and purchase food, it depletes their assets, and exhausts social safety nets. At the same time, hunger is forcing many people into increasingly high-risk survival strategies (including the shift to subsistence farming or low input farming, migration and even prostitution). This KIT special will focus on the effects of AIDS on (African) rural households to be able to at least limit the extent of this vast topic.

Livelihoods

The term livelihood attempts to capture not just what people do in order to make a living, but the resources that provide them with the capability to build a satisfactory living, the risk factors that they must consider in managing their resources, and the institutional and policy context that either helps or hinders them in their pursuit of a viable or improve living.

Rural sector

Although HIV/AIDS has severe impact on both urban and rural sectors, this Special tries to emphazise on rural problems: in general it still comprises most people and poorest people in developing countries

whereas food production usually is located in the rural sector, subsequently in remote or peripheral areas. HIV/AIDS can constitute a serious threat to smallholder agriculture and to food, nutrition and livelihood security by affecting the productive capacity of (farm) households. This is felt on many levels, but particularly on access to food through its:

- Adverse effects on agricultural production and on land and labour productivity (incl. a reduction in area of land under cultivation; changes in cropping patterns; shift from cash to subsistence production; decline in range of crops cultivated; decline in the ability to control pests; loss of soil fertility; decline of crop yields; and loss of agricultural knowledge and farm management skills)
- Increased expenditures and decline in on-and-off farm disposable income
- Erosion of farm household resources and asset base
- Erosion of knowledge base and skills for agricultural production

In-depth

While the need to mitigate the effects of HIV/AIDS is increasingly acknowledged, it is equally important to recognize that food and livelihood security is a key element of prevention. Prevention is usually considered to be the health sector's responsibility and most commonly involves education and the promotion of safer sexual practices. However, food and livelihood insecurity often leads people into behaviours and strategies that increase their risk of infection, such as migration and prostitution. Improving livelihoods, especially among the most vulnerable groups in society, can provide a concrete way to tackle one of the most fundamental issues behind the spread of HIV.

The AIDS epidemic touches all sectors, and threatens to decimate the productive age group, whether they are farmers, teachers, doctors or business people. Communities and households need to be prepared for the effect the HIV/AIDS epidemic will have on their objectives, planning and (livelihood) activities. And there are more issues that needs to be addressed:

- income and employment;
- loss of jobs in the city because of return migration (AIDS patients usually return to their family or village of origin to be better taken care of or to die. In case of an advanced stage illness people might be helped with alternative jobs.
- farm income diversification,
- is another strategy to overcome loss in human capital and coping with risk.
- microcredit;
- or other ways of financing/assurance are likely to be discontinued when the applicant is HIV
 infected. Apart from this institutional "discrimination" there might be social issues that have might
 be even more depreciative.
- stigma and discrimination;
- prejudices and myths about HIV infected people and AIDS still induces dicrimination. People tend not to buy produce from farmers having AIDS.
- education:
- it becomes a serious problem for children (especially for orphans) to stay at school as they attain new responsibilities regarding household and income. Whilst education is a tool to prevent the spread of the disease and enfeeble stigma and social discrimination.

Livelihood approach

According to the livelihoods approach (Carney, 1998), the household or individuals within the household aim to "optimise" the household's situation given its resource base and the socio-economic

environment (e.g. agro-ecological situation, market access, institutional environment, etc.) or their own individual goals and priorities.

A livelihood comprises the capabilities, assets (stores, resources, claims and access) and activities required for a means of living (Chambers and Conway, 1992). Carney (1998) further refined this concept through the livelihoods framework, which sees livelihoods based on five classes of capital assets: natural, human, social, physical and financial.

The individual's or household's assets are used in such a way as to increase this particular capital or one of the others. For instance, financial capital can be used to increase social or political capital (supporting family or friends, buying votes). The livelihood approach does not necessarily part from the model of a unitary household as a single entity in relation to consumption and production, but realises that inequalities within households (due to gender relations or life cycle status) may lead to conflicting intended use of the resource base.

A sustainable livelihood is one that can deal with and recover from various stresses and shocks, can maintain or enhance its capabilities and assets, can provide sustainable livelihood opportunities for the next generation; and can contribute to the net benefits of other livelihoods at the local and global levels in the short and long term (Chambers and Conway, 1992). The livelihood concept is a dynamic one: the quality of a livelihood can fluctuate between seasons and from one year to another. There are urban-rural differences and regional differences, but there are also interrelationships where rural households may depend on remittances from urban migrants for instance.

Documents

Change, Choice and Power: Young Women, Livelihoods and HIV Prevention

Resources

KIT publications

- Land and sustainable livelihood in Latin-America
- Linking livelihood strategies to development
- Impact of AIDS on rural livelihoods in Benue State, Nigeria: Implications for policymakers
- Impact of AIDS on rural livelihoods in Benue State, Nigeria

Websites

- Livelihoods connect IDS/DFID
- Eldis
- HIV/AIDS and Food and Nutrition Security: From Evidence to Action
- Food security, livelihoods and HIV/AIDS
- ICTs for agricultural livelihoods: Impact and lessons learned from IICD supported activities

Glossary

- AIDS (or Aids) Acquired Immune Deficiency Syndrome or Acquired Immunodeficiency Syndrome is a collection of symptoms and infections resulting from the specific damage to the immune system caused by the human immunodeficiency virus (HIV). The late stage of the condition leaves individuals prone to opportunistic infections and tumors. Although treatments for AIDS and HIV exist to slow the virus's progression, there is no known cure.(or Aids) Acquired Immune Deficiency Syndrome or Acquired Immunodeficiency Syndrome is a collection of symptoms and infections resulting from the specific damage to the immune system caused by the human immunodeficiency virus (HIV). The late stage of the condition leaves individuals prone to opportunistic infections and tumors. Although treatments for AIDS and HIV exist to slow the virus's progression, there is no known cure.
- HIV Human Immunodeficiency Virus is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk. This transmission can come in the form of anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, or breastfeeding, or other exposure to one of the above bodily fluids. Although treatments for AIDS and HIV exist to slow the virus's progression, there is no known cure. Human Immunodeficiency Virus is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk. This transmission can come in the form of anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, or breastfeeding, or other exposure to one of the above bodily fluids. Although treatments for AIDS and HIV exist to slow the virus's progression, there is no known cure.
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