Understanding the Effects of HIV/AIDS on African Rural Households

“I Study results are very useful for confronting HIV/AIDS issues as well as gender and household vulnerable problems.”

Albertina Alage, Ministry of Agriculture, Mozambique

Agricultural and health interviews conducted with rural households in Mozambique

Innovative surveys initiated through USAID projects inform government and donor plans

Challenge: The HIV/AIDS pandemic has reached crisis proportions in much of Southern and Eastern Africa. Yet fully two decades since the onset of the pandemic, still very little is known about how the disease is affecting the agricultural sector, or how agricultural programs need to be modified to help adjust better to the pandemic. An empirical foundation is needed about which households are most affected, how they respond to illness and death, and assistance to best fit their needs. Most studies to date have limited ability to extrapolate to the national level, due to small case-study samples, often without a representative non-affected population to provide a “control group” or a context for interpreting results. Including a mortality/morbidity component to ongoing large-scale rural household surveys is a cost-effective way to investigate the (pre-and/or post-death) impacts of AIDS-related mortality and to identify ways to make rural communities more resilient.

Initiative: Ground-breaking efforts to confront these information gaps are being conducted through the Food Security III Cooperative Agreement funded by USAID/Washington and USAID cooperating field Missions in Kenya, Mozambique, Malawi, Rwanda and Zambia. Managed in the USAID/EGAT Bureau’s Office of Agriculture and Food Security, and working in close cooperation with Africa Bureau/SD, basic studies are conducted jointly by African researchers and faculty of Michigan State University’s Department of Agricultural Economics. The approach tracks large nationwide samples of rural households over time to understand how households are affected by disease-related mortality and how they adjust and adapt over time. Because of the strong contribution of AIDS deaths to total deaths in the prime-age range in these highly infected countries, insights about adult mortality due to illness gives a good indication of the effects of AIDS-related death

Results: Findings are increasingly assisting governments and development planners in elaborating specific policies and support programs to mitigate the impacts of the disease on vulnerable households. Results question the usefulness of a homogeneous view of “affected households”, especially in the context of proposals for targeted assistance, agricultural technology development, and other programs/policies. Most severe effects on households’ economic well-being result from the death of a male household head, and households that are initially poor also suffer more after incurring a death. Because many afflicted households live on small farms in densely populated areas, labor shortages are generally not as important as losses in cash and productive assets that often result from the mortality of a household head or spouse. However, in four of the five countries studied, a majority of deceased prime-age adults are not household heads/spouses, and thus not likely to be the primary breadwinners of the household.