Multiple stressors in Southern Africa: the link between HIV/AIDS, food insecurity, poverty and children’s vulnerability now and in the future

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Several countries in Southern Africa now see large numbers of their population barely subsisting at poverty levels in years without shocks, and highly vulnerable to the vagaries of the weather, the economy and government policy. The combination of HIV/AIDS, food insecurity and a weakened capacity for governments to deliver basic social services has led to the region experiencing an acute phase of a long-term emergency. ‘‘Vulnerability’’ is a term commonly used by scientists and practitioners to describe these deteriorating conditions. There is particular concern about the ‘‘vulnerability’’ of children in this context and implications for children’s future security. Through a review of literature and recent case studies, and using a widely accepted conceptualisation of vulnerability as a lens, we reflect on what the regional livelihood crisis could mean for children’s future wellbeing. We argue that an increase in factors determining the vulnerability of households – both through greater intensity and frequency of shocks and stresses (‘‘external’’ vulnerability) and undermined resilience or ability to cope (‘‘internal’’ vulnerability) – are threatening not only current welfare of children, but also their longer-term security. The two specific pathways we explore are (1) erosive coping strategies employed by families and individuals; and (2) their inability to plan for the future. We conclude that understanding and responding to this crisis requires looking at the complexity of these multiple stressors, to try to comprehend their interconnections and causal links. Policy and programme responses have, to date, largely failed to take into account the complex and multi-dimensional nature of this crisis. There is a misfit between the problem and the institutional response, as responses from national and international players have remained relatively static. Decisive, well-informed and holistic interventions are needed to break the potential negative cycle that threatens the future security of Southern Africa’s children.

Keywords: vulnerability; multiple stressors; Southern Africa; children

Introduction

A chronic food security crisis has unfolded across Southern African since early 2000, with many more people than during the 1990s now living ‘‘close to the edge’’ and increasingly unable to absorb shocks or stresses (Maunder & Wiggins, 2006; Wiggins, 2003). Arguably, something dramatic has changed in the region, and most assessments understand this to be as much a crisis of livelihoods or of development in general, as a series of simple food shocks. Understanding the underlying causes of this crisis inevitably means untangling the knot of ‘‘multiple stressors’’ which lie at the root of regional food insecurity, compounded in particular by the AIDS epidemic. Multiple stressors can include any changes that manifest as shocks (e.g., floods, job losses, death) or gradual changes (e.g., land degradation, deterioration of health care systems).

‘‘Vulnerability’’ is a term commonly used to describe these stressors and, more in general, the deteriorating livelihood conditions of much of Southern Africa’s population. Reference is commonly made to communities and households being left more ‘‘vulnerable’’ than in the past with greater ‘‘vulnerability’’ to shocks and stresses. There has also been much attention on the particular ‘‘vulnerability’’ of children in Southern Africa. This goes beyond the implications of deteriorating livelihoods on current wellbeing, to concerns around children’s future welfare.

In this paper we use a widely accepted conceptualisation of the notion of vulnerability (Chambers & Conway, 1992) as a lens to reflect on livelihoods in Southern Africa, with a particular focus on children’s vulnerability and threats to their future wellbeing. Through a review of literature and a reference to case studies (for example, Casale et al., 2007), we argue that an increase in factors determining vulnerability of households – both through greater intensity and frequency of stressors (‘‘external’’ vulnerability) and undermined resilience or ability to cope (‘‘internal’’ vulnerability) – are threatening not only current wellbeing of children but also their longer-term vulnerability.
security. Two pathways pointing to future deterioration of children's wellbeing are scarce parental planning and erosive coping strategies, both a result of households' struggle to recover sufficiently from the entwined stressors they are exposed to and go beyond meeting immediate basic needs.

Lastly, we reflect on what this "entangled crisis" means for policy and programme responses which, we argue, have to date failed to take into account the complex and multi-dimensional nature of this crisis. A better understanding of factors contributing to the "vulnerability" of Southern African families and children is required in order to inform responses that may help reduce the pace of deteriorating livelihood conditions. A necessary first step is to define the notion of "vulnerability".

Understanding vulnerability

Vulnerability has been defined in slightly different ways both across and within disciplines (Kelly & Adger, 2000; O'Brien et al., 2004; Wisner, Blaikie, Cannon, & Davis, 2004). Yet the most commonly accepted definition is that given by Chambers (1989): "Vulnerability refers to exposure to contingencies and stress and means for coping with them. Vulnerability thus has two sides: an external side of risks, shocks and stress to which an individual or household is subject and an internal side which is the means for coping without damaging loss". The "external" side of vulnerability refers to the structural dimensions of vulnerability and risk, whilst the "internal" dimension of vulnerability focuses on coping and action to overcome, or at least mitigate, the negative effects of economic and ecological change (Bohle, 2001).

External vulnerability is generated and shaped by interacting biophysical and socio-economic factors. These include not only physical changes, but also economic, social, and political changes brought about by processes such as economic globalisation, urbanisation, infectious diseases, conflicts and environmental changes (McCarthy, Canziani, Leary, Dokken, & White, 2001). The "internal" side of vulnerability has been less well understood, as coping is a highly complex, contextual and dynamic issue, especially in times of acute crisis, but also in coping with everyday or seasonal risks (Bohle, 2001). Coping resources or assets underpin resilience and the capacity to manage crisis situations and solve conflicts; these may be economic, socio-political, infrastructural, ecological or personal assets.

While the concept of poverty is distinct from the concept of vulnerability, the two are closely related, particularly if poverty is understood as a multi-dimensional concept – including dimensions of economic, human, political, socio-cultural and protective capabilities – and vulnerability is understood in terms of exposure, sensitivity and resilience to stresses and shocks (Segnestam, 2004). Conditions of poverty usually result in increased vulnerability, while this same vulnerability reduces peoples' ability to improve their position, often pushing people into situations of chronic poverty (Parker & Kozel, 2005).

Living with few physical and financial assets, limited income and poor access to services, poor people are likely to be significantly more affected by environmental stressors than those that have, for example, insurance and greater financial capital. This is closely linked to the resilience of individuals, households and communities or their ability to cope with, recover from and adapt to environmental stresses and shocks. This resilience is influenced not only by economic endowments but also aspects such as nutrition and health status, political influence, access to decision making and social networks (Segnestam, 2004).

Increased vulnerability in Southern Africa: an "entangled" crisis

An “entangled” crisis

Several countries in Southern Africa now see large numbers of their population, many dependent on rain-fed farming, barely subsisting at poverty levels in years without shocks, and highly vulnerable to the vagaries of the weather, the economy and government policy (Wiggins, 2003). There is a growing literature on the underlying causes of the food security "crisis" affecting Southern Africa (de Waal & Whiteside, 2003; Devereux, 2003; Drimie, 2004; Lambrechts & Barry, 2003; Maunder & Wiggins, 2006; Oxfam International, 2006; Vulnerability Assessment Committee [VAC], 2004).

Yet food security, defined here as the success of local livelihood strategies to guarantee access to sufficient food at the household or family level (Devereux & Maxwell, 2001), is only one dimension of a wider livelihood crisis. The United Nations (UN), charged with overseeing the unprecedented food aid response in Southern Africa between 2001 and 2006, defined the prevailing situation as the “Triple Threat”: the combination of HIV and AIDS, food insecurity and a weakened capacity for governments to deliver basic social services has led to the region experiencing an acute phase of a long-term emergency (Maunder & Wiggins, 2006).

HIV/AIDS exacerbates the impacts of other stressors and intensifies the insecurity of many communities affected by the disease in Southern Africa (Baylies, 2001; Gillespie & Kadiyala, 2005). The epidemic
contributes to the crisis by reducing production and income, as labour and capital are lost to disease and death (Maunder & Wiggins, 2006); undercutting the ability of households to cope with shocks; and contributing to losses of scarce, skilled staff in the public service and private enterprise. Another possible consequence of the AIDS epidemic is increasing inequality (Timaeus, 2008), even where average incomes remain constant, through the “impoverishing” nature of the disease affecting some families and not others (Richter, Foster, & Sherr, 2006).

**The inability to cope**

When a social unit such as a household is affected by a shock or a stress – for instance a sudden flood that washes away irrigated fields – temporary adjustments, known as “coping strategies” will become necessary for survival. Research has reiterated the factors that determine a household’s resilience or ability to cope; these include access to resources, household size and composition, access to resources of extended families and the ability of the community to provide support (Mutangadura, Mukuizita, & Jackson, 1999). These factors are linked to Chambers’ (1989) definition of “internal vulnerability”, explained above.

The increase in internal vulnerability of households means that any external “shock”, whether it is due to climatic factors, civil disturbance or economic mismanagement, becomes increasingly difficult to absorb. In other words, households are finding it more difficult to “cope”. Using this concept we will explore two key potentially harmful implications for households’, and in particular children’s, future security: (1) adoption of “erosive” coping strategies to deal with current needs and (2) inability to act or plan for the future.

**Erosive coping strategies and inability to plan for the future: implications for children’s future wellbeing**

**Erosive coping strategies**

Some commentators have challenged the usefulness of the concept of “coping strategies” in the context of HIV and AIDS, as this may imply that people do cope with the situation and will ultimately recover from a transitory change to their livelihoods (Rugalema, 2000). However, this fails to distinguish between “erosive” and “non-erosive” strategies. “Erosive” strategies are those that are not sustainable and undermine resilience in the long run (Drimie & Casale, 2008; Haan, Marsland, & Oliveria, 2003). Thus, while providing relief in the short-run, some coping strategies risk further jeopardising future livelihood options.

For example, households under stress may remove children from school in order to release them for household labour requirements or to relieve costs associated with school attendance (e.g., fees, uniforms, stationary). The “erosive” nature of such a strategy is the diminishing stock of human capital for future livelihood options. Another example is the liquidation of productive assets through distress sales by farmers, in response to the frequency of erratic weather since the late 1990s in combination with other stressors (Haan, Marsland, & Oliveria, 2003).

Recent empirical studies conducted in Southern Africa have shown evidence of strategies that risk increasing future vulnerability of children. For example, research reflected in Drimie and Casale (2008), a comparative qualitative study conducted on a rural site in Chikwawa District, Malawi, and a peri-urban site in Amajuuba District, South Africa (Casale et al., 2007), revealed that households reduced food intake and dietary diversity to deal with a lack of food and other stressors, with obvious implications for family members’ health, children’s school attendance and adults’ income-earning ability in the long run.

Amongst Malawian households interviewed, selling or slaughtering livestock threatened future food security through diminished ability to “provide for the household”. Moreover, Chikwawa family members’ engagement in a greater amount of casual work for third parties occurred at the expense of reduced investment in their own land, thus potentially affecting productivity in the long run. Children in this context were a critical source of labour for households’ own lands but at the cost of affecting their education at school, thus prefiguring future wage income insecurity or future inability to “engage in modern agriculture practices which require reading and understanding of concepts and instructions” (Chanika & Msoma, 2007). Likewise, marrying off daughters at a younger age represented a coping mechanism that, like child labour, reflected a system under severe strain: young girls were being pulled out of school and made dependent at a very early age, at the possible cost of growing up to be unskilled and uneducated.

Similarly, van Blerk and Ansell (2006) found that children’s labour was often required to sustain pressured households. And, in circumstances where carers expected their own children to provide for their future needs, incoming orphans were required to provide more immediate “repayment” for their care. The researchers also found that contracts had become more explicit in households where children had been taken on out of necessity rather than moral obligation.

An extreme coping strategy of food insecure women, with potentially harmful long-term consequences for children, was exposed in recent studies
conducted in Botswana, Swaziland and Zambia (IRIN, 2007; Weiser et al., 2007): these caregivers were putting themselves in danger of contracting HIV in their struggle to feed themselves and their children, as they were more likely to have engaged in transactional and unprotected sex.

The high increase in foster care of children with the spread of the AIDS epidemic (Belsey, 2005; Yamano Shimarura, & SSerunkuuma, 2006) is exerting significant additional strain on social networks. For example, van Blerk and Ansell (2006) argue that the AIDS epidemic in Malawi and Lesotho has produced a large number of “overburdened and, in some cases, disintegrating family support systems”, as caring for new and increasing numbers of dependents cannot be disentangled from the care of other vulnerable household members such as the elderly.

**Inability to plan for the future**

A consequence of families’ inability to recover sufficiently from the various entwined stressors is that they are unable to move beyond immediate needs to adequately plan or act for the future. Too often short-term demands around basic survival limit choices that might secure the longer-term livelihoods of children. Moreover, families affected by these stressors often lack material resources, receive limited external support and have poor access to appropriate services.

A common finding by Casale et al. (2007) was, for example, the scarcity of long-term parental planning, despite caregivers’ strong concerns for the future of their children and awareness of threats to their welfare, options and potential strategies. The common refrain of these “parents” was that they lacked resources and opportunities to make and implement substantive plans to safeguard their family’s future. Notably, they regarded saving for or investing in children’s education (including tertiary education) highly, as education was seen as the key to formal employment and a “better future”. However, they were resigned to the fact that they could not carry this out unless their financial situation were to change. This finding was echoed in a study conducted with mothers or female caregivers across three provinces in South Africa (Adato, Kadiyala, Roopnaraine, Biermayr-Jenzano, & Norman, 2005).

Despite expressed anxiety about their children’s future, various studies have shown that very few parents living with HIV make plans or provisions for their children’s future (Belsey, 2005). While decisions around living arrangements are often related to socio-cultural factors, as well as civil, religious and customary law (Belsey, 2005), financial vulnerability and weakening extended family networks are significant constraints to succession planning, especially in the context of a generalised HIV/AIDS epidemic.

For example, a study conducted with 102 Mozambican mothers living with terminal illness (predominantly AIDS) and their childcare plans (Roby & Eddleman, 2007), revealed that the majority of mothers assumed the extended family would care for the children after their death, but none offered a clearly identified plan. Many also hoped that the government would provide for their children's education, food, and health care, although very little assistance was currently available. The vast majority of the women reported a preference for placement in an orphanage over other options, due to the perception that the children would be better fed and educated within these structures.

**Implications for children’s future vulnerability**

Families’ increasing recourse to erosive coping strategies and scarce planning for the future have a number of negative implications for children’s future security.

For example, lack of significant parental planning implies that children will not be provided with adequate foundations or means to achieve a stable existence in a fast changing political economy. These means include sufficient investment and attention to human capital (e.g., education, nutrition and health), plans to ensure adequate future care-giving arrangements and family assets being passed on to children.

Evidence of scarce parental planning amongst families in Southern Africa, together with signs of strained social networks, raises the question of whether and how the material and emotional needs of children will be met in the not-too-distant future, especially once the current generation of caregivers is no longer around. This concern is particularly salient in a context of high HIV. The analysis also raises questions around the ability of children to access existing social networks and external assistance in the future without the support of healthy caregivers, bearing in mind that these networks currently constitute a key component of households’ ability to cope with stressors. These questions assume particular importance where rights and access to family assets are not secured by formal agreements, but are themselves dependent on the sustainability of informal networks and mechanisms.

**Conclusions and implications for programming**

This paper suggests that there is cause for concern about the future wellbeing of children in Southern Africa. Families are often unable to recover sufficiently
from the many “entwined” stressors they are exposed to, representing their “external” vulnerability, with the result that they are struggling to adequately plan and act to provide their children with the means to achieve a stable existence. This phenomenon, together with recourse to short-term strategies that could further erode future resilience, suggests that families may become ensnared in a vicious downward spiral, as their “internal” vulnerability gradually increases.

The challenge, as far as responses are concerned, is that by pulling at one strand of the knot of stressors, one only entangles this situation further. Understanding and responding to the widespread livelihoods crisis requires looking at the complexity of these multiple stressors, to try to comprehend their interconnections and causal links.

Yet for more than a decade, many efforts are proving to be stopgap measures in the face of societal and environmental change, including HIV and AIDS (Maunder & Wiggins, 2006). It can be argued that there is a misfit between the problem and the institutional response, as responses from national and international players have remained relatively static.

A clear argument has emerged for more comprehensive interventions that are sustainable and enabling for families to underpin livelihoods and children’s security. Given the many and varied challenges, no single intervention can achieve significant or sustained support for the wellbeing of children. This becomes particularly important when looking at the extended timescale of the AIDS epidemic in Southern Africa. By increasing the resilience and range of options that families have, through services and safety nets, one can optimise the positive outcomes for children.

Policies need to focus more on promoting children’s physical and psychological wellbeing, and the capacity and stability of their families. They need to address both their external vulnerability, by alleviating stressors threatening households, as well as their internal vulnerability, by strengthening their resilience or ability to cope. Decisive, well-informed and holistic interventions should aim to break the potential negative cycle that threatens the stable future wellbeing of Southern Africa’s children.

References

Adato, M., Kadiyala, S., Roopnaraine, T., Biermuyr-Jenzano, P., & Norman, A. (2005). Children in the shadow of AIDS: Studies of vulnerable children and orphans in three provinces in South Africa. Washington, DC: USA Regional Network on AIDS, Livelihoods and Food Security (RENEWAL), International Food Policy Research Institute (IFPRI). Retrieved January 16, 2008, from www.ifpri.org/renewal

Baylies, C. (2001). The impact of AIDS on rural house holds in Africa: A shock like any other. The Hague, The Netherlands: Institute of Social Studies.

Belsey, M. (2005). AIDS and the family: Policy options for a crisis in family capital. New York: United Nations, Department of Economic and Social Affairs.

Bohle, H. (2001). Vulnerability and criticality: Perspectives from social geography. Bonn, Germany: IHDP.

Casale, M., Chanika, D., Drimie, S., Gillespie, S., Kadiyala, S., Msoma, P., et al. (2007). Experiencing vulnerability in Southern Africa: The interaction of multiple stressors. Synthesis report. Durban: HEARD, University of KwaZulu-Natal and Washington, DC: RENEWAL Programme, International Food Policy Research Institute.

Chambers, R. (1989). Editorial introduction: Vulnerability, coping, and policy. IDS Bulletin, 20(2), 1–7.

Chambers, R., & Conway, G. (1992). Sustainable rural livelihoods: Practical concepts for the 21st Century (IDS Discussion Paper 296). Brighton, UK: Institute of Development Studies.

Chanika, D., & Msoma, P. (2007). Dealing with vulnerability: Parents’ efforts to secure the future of their children. Phase I Site Report: Chikwawa Sample.

de Waal, A., & Whiteside, A. (2003). ‘New Variant Famine’: AIDS and food crisis in Southern Africa. The Lancet, 362, 1234–1237.

Devereux, S. (2003). Policy options for increasing the contribution of social protection to food security. Forum for food security in Southern Africa. Retrieved January 16, 2008, from www.odi.org.uk/food-security-forum

Devereux, S., & Maxwell, S. (Eds.). (2001). Food security in sub-Saharan Africa. London: Intermediate Technology Development Group.

Drimie, S. (2004). The underlying causes of the food crisis in the Southern African region: Malawi, Mozambique, Zambia and Zimbabwe. Unpublished Report for Oxfam-GB Southern Africa Regional Office, Pretoria, South Africa.

Drimie, S., & Casale, M. (2008). Families’ efforts to secure the future of their children in the context of multiple stresses, including HIV and AIDS. Joint learning initiative on children and HIV/AIDS JLICA, learning group one: Strengthening families. Pretoria, South Africa: Human Sciences Research Council.

Gillespie, S. R., & Kadiyala, S. (2005). HIV/AIDS and food and nutrition security: From evidence to action (Food Policy Review 7). Washington, DC: IFPRI.

Haan, N., Marsland, N., & Oliveira, L. (2003). Towards identifying impacts of HIV/AIDS on food security in Southern Africa and implications for response. Findings from Malawi, Zambia and Zimbabwe (Vol. vi, p. 23). Harare, Zimbabwe: Southern African Development Community [SADC], Food, Agriculture and Natural Resources Vulnerability Assessment Committee.

IRIN. (2007). Southern Africa: Women take sexual risks to feed their families. Retrieved March 11, 2008, from http://www.plusnews.org
Kelly, P.M., & Adger, W.N. (2000). Theory and practice in assessing vulnerability to climate change and facilitating adaptation. *Climatic Change, 47*, 325–352.

Lambrechts, K., & Barry, G. (2003). Why is Southern Africa hungry? The roots of Southern Africa’s food crisis. *Christian Aid policy briefing*. Retrieved January 16, 2008, from www.christianaid.org

Mauner, N., & Wiggins, S. (2006). *Food security in Southern Africa: Changing the trend?* Review of lessons learnt on recent responses to chronic and transitory hunger and vulnerability, Oxfam-GB, World Vision International, CARE, RHVP and OCHA, Discussion Draft, September.

McCarthy, J., Canziani, O.F., Leary, N.A., Dokken, D.J., & White, C. (Eds.). (2001). *Climate Change, 2001. Contribution to Working Group II to the Third Assessment Report of the Intergovernmental Panel on Climate Change*. Cambridge: Cambridge University Press.

Mutangadura, G., Mukurazita, D., & Jackson, H. (1999). *A review of household and community responses to HIV/AIDS epidemic in rural areas of Sub-Saharan Africa*. Geneva, Switzerland: UNAIDS Best Practice Collection, UNAIDS.

O’Brien, K., Leichenko, R., Kelkar, U., Venema, H., Aandahl, G., Tompkins, H., et al. (2004). Mapping multiple stressors: Climate change and economic globalization in India. *Global Environmental Change, 14*(4), 303–313.

Oxfam International. (2006). *Causing hunger: An overview of the food crisis in Africa* (Oxfam Briefing Paper, No. 91) Oxford, UK: Oxfam International Secretariat.

Parker, B., & Kozel, V. (2005). Understanding poverty and vulnerability in India’s Uttar Pradesh and Bihar: A Q-squared approach. *Q-Squared Working Paper 9*, Centre for International Studies, University of Toronto.

Richter, L., Foster, G., & Sherr, L. (2006). *Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*. The Hague, The Netherlands: Bernard van Leer.

Roby, J.L., & Eddleman, N.C. (2007). When she is gone: Child care plans of Mozambican mothers with terminal illnesses. *Families in Society. The Journal of Contemporary Social Services, Alliance for Children and Families, 88*(2), 292–301. Retrieved January 16, 2008, from www.familiesinsociety.org

Rugalema, G. (2000). Coping or struggling: A journey into the impact of HIV/AIDS in Southern Africa. *Review of African Political Economy, 86*, 537–545.

Segnestam, L. (2004, August). *Poverty and vulnerability to environmental stress: Working with multiple dimensions of poverty*. SEI Briefing Note, Poverty and Vulnerability Programme, Stockholm Environment Institute, Stockholm, Sweden.

Timaeus, I.M. (2008, February 26). *Deaths in the family: AIDS, demography and poverty in Africa*. Inaugural lecture delivered to the London School of Hygiene and Tropical Medicine, London.

van Blerk, L., & Ansell, N. (2006). Children’s experiences of migration: Moving in the wake of AIDS in southern Africa. *Environment and Planning D: Society and Space, 24*(3), 449–471.

Vulnerability Assessment Committee. (2003, April). *Zimbabwe Emergency Food Security and Vulnerability Assessment*, Harare, Zimbabwe.

Weiser, S.D., Leiter, K., Bangsberg, D.R., Butler, L.M., Percy-de Korte, F., et al. (2007). Food insufficiency is associated with high-risk sexual behavior among women in Botswana and Swaziland. *PLoS Med, 4*(10), 1589–1597.

Wiggins, S. (2003). *Regional issues in food insecurity in Southern Africa*. Theme Paper for the Forum for Food Security in Southern Africa, Overseas Development Institute, London.

Wisner, B., Blaikie, P., Cannon, T., & Davis, I. (2004). *At risk: Natural hazards, people’s vulnerability and disasters*. London: Routledge.

Yamano, T., Shimamura, Y., & SSerunkuuma, D. (2006). Living arrangements and schooling of orphaned children and adolescents in Uganda. *Economic Development and Cultural Change, 54*, 833–856.