

How can rural seasonal food insecurity and environmental changes affect women's vulnerability to HIV?

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Background

Whilst recent research makes it clear that gender-based violence (GBV) can both increase women's vulnerability to HIV and worsen women's experience of their HIV, there has been scant research into the links between seasonal food insecurity and gender-based violence. With increased pressure on food security from environmental changes, this would appear to be an area overdue for further research.

Viewing food insecurity as a driving factor for increased GBV and consequentially increased vulnerability to HIV is likely to shed light on an as yet unexplored vector of transmission. It may provide insight into how organisations can work more effectively to reduce gender inequities within families and communities, to deliver better health outcomes for rural women, their children and partners. Overlooking this 'missing link' can potentially limit the capacity of policymakers and practitioners to devise effective programming.

The relationship between food insecurity and HIV

Studies have also highlighted the reciprocal relationship between food insecurity and HIV. Food insecurity, defined as existing 'when the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain' (Life Sciences Research Office, 1990) acts as an exacerbating factor for HIV vulnerability in environments where power relations between men and women are already unequal. Patel notes that hunger is not 'a deficit of calories but... a violation of a broader set of social, economic, and physical conditions' (2012).

Weiser et al. (2007) find an association between food insufficiency and inconsistent condom use, sex exchange and intergenerational sexual relationships. Transactional sex is a recurring theme for women whose access to food is limited. In relationships where the male partner travels regularly to find seasonal work, he may also engage in sexual activity with non-primary partners.

Moreover, poor nutrition at times of food scarcity has adverse consequences for those living with HIV. Anema et al. (2009) report that food insecurity is associated with reduced ART adherence, lower CD4 cell counts and ultimately poorer survival rates. For those taking antiretroviral medication, limited access to a nutritious diet also reduces the immediate efficacy of the drugs and exacerbates side effects.

In turn, those already affected by HIV are less likely to be able to sustain their farming commitments either as family members die or whilst caring for ill family members. This 'burden of care' (Gillespie, 2008) can lead to a reduction in productivity and removal of girls from school to undertake farming tasks. In some cultures, the death of a man will result in property being transferred away from his wife and children, leaving them with no means of food production or income.

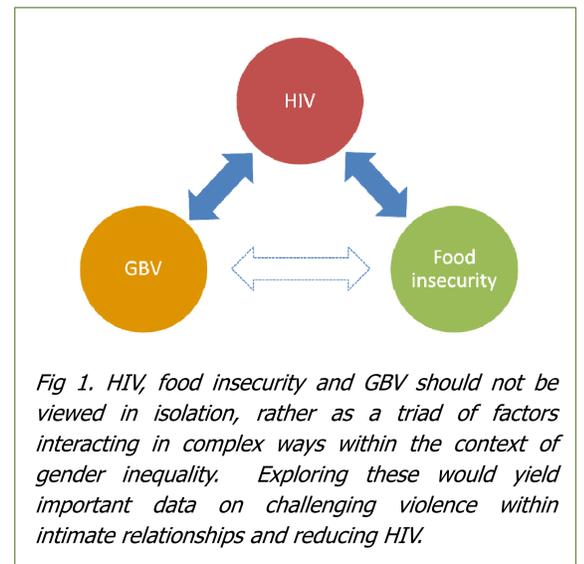


Fig 1. HIV, food insecurity and GBV should not be viewed in isolation, rather as a triad of factors interacting in complex ways within the context of gender inequality. Exploring these would yield important data on challenging violence within intimate relationships and reducing HIV.

"Women in this village explained that nowadays they have to return to field labour just a week after child birth for fear of being beaten by their husbands."



Courtesy of Beyond Profit

The relationship between GBV and HIV

Extensive international research has identified significant links between HIV and GBV. Women with a history of intimate partner violence are more likely to be living with or at risk of HIV (Jewkes et al., 2010). Moreover, several studies have found that women with HIV are more likely to experience intimate partner violence (IPV) than those without (Maman et al. 2002, Dunkle et al., 2004).

In particular, being in a violent relationship may cause a woman to engage in sexual practices that make her more vulnerable to HIV, including inconsistent condom use, transactional sex or excessive alcohol or other drug use (Hale & Vazquez, 2011, Engstrom et al. 2011). Violence can also negatively affect a woman's ability to access prevention, testing and treatment (Human Rights Watch, 2007), thereby worsening her experience of HIV.

The role of GBV within the context of food insecurity

While the evidence base elucidating the interaction between HIV and violence and between food insecurity and HIV is increasingly robust, research on the interaction between food insecurity and its psychosocial impacts within intimate relationships remains paltry. New data on gender-based violence and HIV suggests that violence is perpetrated in families at times of food scarcity. If food insecurity increases the likelihood of GBV, we suggest that, in communities vulnerable to HIV, this food insecurity may therefore render women more vulnerable to HIV than at times of abundance.

Participatory research conducted in East, West and Southern Africa in the early 1990s on the social and economic dimensions of poverty and ill-health, highlighted the seasonal nature of gender violence and its impact on the cycle of food production. Using the Rapid Rural Appraisal (RRA) technique, which aimed to identify specific health issues affecting people in rural areas and the relative value given to these problems by different groups (Welbourn, 1992; see also IIED website), this study showed how disharmony within couples is often a result of famine, heavy workload and lack of money during times of scarcity. Figure 2 shows two calendars drawn up by men and women in a village in Sierra Leone. Poverty, ill-health and worry feature highly for both groups and the men identify in their calendar how the heavy rains coincide with times of particular upheaval and disagreement within the family. Such upheaval may result in domestic violence, extramarital affairs and consequently an increased vulnerability to HIV.

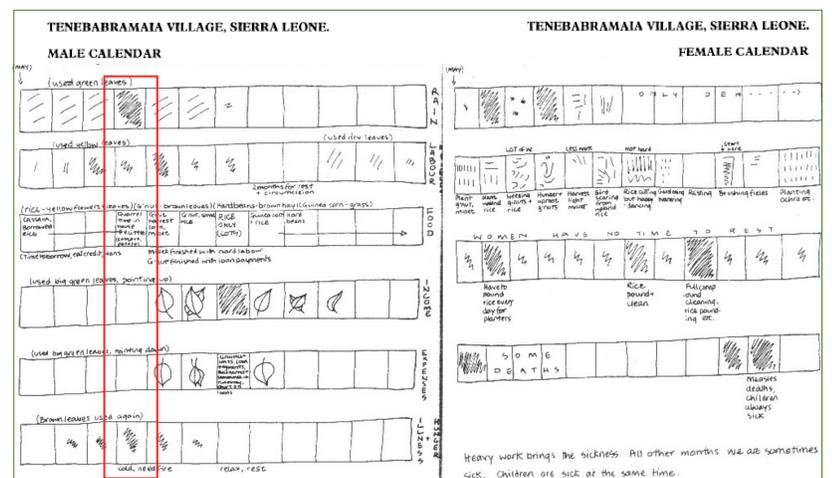


Fig 2. Calendars drawn up by male and female participants during an RRA exercise in a village in Sierra Leone, 1992. The highlighted section shows the heightened tensions within families during the period of heavy rain, low income and hunger.

Conclusions and recommendations

The research described above showed that seasonal variation in food security is linked closely to household arguments and physical violence. Renewed assessment of these findings in the context of the recognition of links between gender-based violence and vulnerability to HIV and of the effects of climate change on food security and malnutrition levels is likely to show significant associations between seasonal food insecurities and vulnerability to HIV. Observations from Rio +20 emphasise the importance of coordinating social development and sustainability (UN, 2012).

We propose that further research is required to investigate how these seasonal changes influence stress and behaviour in intimate relationships and how environmental change is likely to further affect women's vulnerability to HIV. In particular, an evaluative study assessing an intervention to address violence at times of scarcity would be beneficial in identifying techniques to counter new HIV transmissions and to challenge ongoing gender imbalances within families and communities.

References:

- Anema, A., Vogenthaler, N., Frongillo, E. et al. 2009. 'Food Insecurity and HIV/AIDS: Current Knowledge, Gaps and Research Priorities'. *Current HIV/AIDS Reports*. 6:224-231
- Anderson, S.A. 1990. The 1990 Life Sciences Research Office (LSRO) 'Report on Nutritional Assessment defined terms associated with food access. Core indicators of nutritional state for difficult to sample populations'. *Journal of Nutrition*. 102:1559-1660
- Dunkle, K., Jewkes, R., Brown, H et al. 2004. 'Gender-Based Violence, Relationship Power, and Risk of HIV Infection in Women Attending Antenatal Clinics in South Africa'. *The Lancet*, 363: 9419,1415-1421.
- Engstrom, M., Shibusawa, T., El-Bassel, et al. 2011. 'Age and HIV Sexual Risk among Women in Methadone Treatment'. *AIDS Behaviour*: 15:103-113
- Gillespie, S. 2008. 'Poverty, Food Insecurity, HIV Vulnerability and the Impact of AIDS in sub-Saharan Africa'. *IDS Bulletin*. 39:5
- Hale, F. & Vazquez, M. 2011. *Violence against Women Living with HIV/AIDS: A Background Paper*. Washington: Development Connections.
- Human Rights Watch 2007. *Hidden in the Mealie Meal: Gender-Based Abuses and Women's HIV Treatment in Zambia*. Human Rights Watch.
- Jewkes, R., Dunkle, K., Nduna, M. et al. 'Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study'. *The Lancet* . 376:9734, 41-48.
- Maman, S., Mbwambo, J. K., Hogan, N. M. et al. 2002. 'HIV-Positive Women Report More Lifetime Partner Violence: Findings from a Voluntary Counseling and Testing Clinic in Dar Es Salaam, Tanzania'. *American Journal of Public Health*, 92: 8,1331-1337.
- Patel, R.C. 2012. 'Food Sovereignty: Power, Gender, and the Right to Food'. *PLoS Med* . 9:6
- United Nations System Task Team. 2012. *Realizing the Future We Want for All - Report to the Secretary General*.
- Weiser, S., Leiter, K., Bangsberg, D. et al. 2007. 'Food Insecurity Is Associated with High-Risk Sexual Behavior among Women in Botswana and Swaziland'. *PLoS Medicine*, 4:10, 1589-1597.
- Welbourn, A. 1992. 'Rapid Rural Appraisal, Gender and Health - Alternative Ways of Listening to Needs'. *IDS Bulletin*. 23:1