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Forests as safety nets for mitigating the impacts of HIV/AIDS in southern Africa

Key Messages

- HIV/AIDS is having devastating impacts around the world, with southern Africa being particularly hard hit.
- Significant numbers of households and families in this region are undergoing dramatic social and livelihood change and suffering extreme poverty as a consequence of this disease.
- Recent studies suggest that forests can act as safety nets to help mitigate the negative impacts of HIV/AIDS and boost food security.
- However, we need to ensure that forest contributions are recognised and supported by governments, policy makers, donors, development organisations and markets.

The scourge of HIV/AIDS in southern Africa

The HIV/AIDS pandemic is now approaching its third decade and could be the most serious threat to development and welfare on the continent and in the region today.

- More than 45 million people worldwide are infected with the HIV virus; 70% of these live in sub-Saharan Africa.
- Prevalence rate is highest in southern Africa. It exceeds 30% in Botswana, Lesotho, Swaziland, and Zimbabwe, and 20% in Malawi, Namibia, South Africa and Zambia (UNAIDS/WHO 2002).
- The number of children orphaned by HIV/AIDS is growing daily; an estimated 12.3 million children across sub-Saharan Africa have lost one or both parents to AIDS.
- South Africa has almost one million HIV/AIDS orphans, and this is predicted to double by 2010 (Aliber 2003).

Considering these statistics it is not surprising that the disease is exacerbating the already persistent poverty situation in the region. In South Africa, HIV/AIDS is expected to contribute to chronic impoverishment of 26-33% more households than would be the case in its absence (Aliber 2003). In this context, the ambitious Millennium Development Goal of halving the number of people living in poverty is unlikely to be achievable without also confronting the considerable and daunting challenges presented by HIV/AIDS.

Impacts of HIV/AIDS on affected households

The impact of HIV/AIDS on households and families is causing enormous hardship and vulnerability on multiple fronts. The disease is a major driver of livelihood change, particularly in rural areas, through its impact on individuals, household structure, income, labour, productive activity and food security. The presence of an AIDS sufferer in the household places a substantial toll on household resources. Income is lost if the household member had been employed, and expenditure increases particularly on health care and funerals. In turn, this limits savings and spending on other needs (e.g. education and food). A study of South African households affected by HIV/AIDS showed that more than half had insufficient food to keep starvation at bay (UNDP 2003). The need to care for ill household members or orphans also limits occupational choices and labour availability for activities such as food production. In Tanzania, women caring for ill husbands spent about 60% less time cultivating food crops (UNAIDS 1999). Household assets, such as livestock, may be sold for cash eroding the few safety nets people have. Also, the disease impacts on household size, composition and dynamics leading to the expansion or contraction of households, and more elderly or younger households through a rise in single parent, 'granny' headed and orphan headed households. In this

process of reorganisation, crucial social networks and relations may be eroded or even destroyed. HIV/AIDS thus contributes to an exponential rise in vulnerability and food insecurity and the erosion of vital social and other safety nets, driving poor households deeper into poverty as well as creating new poverty.

Mitigating the impacts: the role of forest products

One of the few coping mechanisms that poor households with limited options can employ when subjected to such shocks and pressures is to turn to 'freely' available forest resources and other natural capital for subsistence and income (Box 1 and 2). This may include, adapting existing use patterns, intensifying use, adding new products to the portfolio, or engaging in the trade of products previously used primarily for subsistence or cultural purposes. Overall, HIV/AIDS affected households tend to attach more importance to forest product collection than non-affected households (Barany *et al.* 2005).

Evidence exists that agricultural labour and cash shortages amongst HIV/AIDS affected households has led to the reversion and increased consumption of wild foods, including fruits, nuts, leafy vegetables, fungi and protein sources such as bush meat and insects, (UNAIDS 1999, Kengni *et al.* 2004, Boxes 1 and 2).

Many households turn to traditional remedies to help ease some of the suffering of ailing household members, particularly from HIV/AIDS related opportunistic infections. These medicines may be collected by household members or purchased from traditional healers and medicinal plant vendors. They are often more affordable than conventional, western medicines, and consequently favoured. The growing demand for

traditional medicines created by the pandemic is likely to increase pressures on existing stocks possibly leading to scarcity in the future (Barany *et al.* 2005).

Affected households may also increase their consumption of other forest products such as fuelwood, since they can no longer afford to purchase alternatives (Box 1). An FAO study in Malawi revealed that households that had experienced the loss of a working aged adult were five times more likely to have increased fuelwood collection than non-affected households (Barany *et al.* 2005). The increased frequency of funerals also results in escalated demands for fuelwood and other traditional products associated with burials such as reed mats. In the long-term, this expanded use may have negative feedbacks on the forest resource possibly undermining one of the few coping strategies available to rural households impacted by HIV/AIDS.

Home-based production and trading activities, often using traditional skills such as weaving, are frequently a 'last resort' option for income for widows, grandmothers left with AIDS orphans to care for, or even for orphans themselves. In Bushbuckridge in South Africa, at least 10% of mat weavers and traditional hand broom producers were elderly women with sole responsibility for their grandchildren. They entered the trade for much needed extra income to pay school fees and purchase food (Shackleton 2005). Case studies from across South Africa indicate that a significant proportion of female crafters head their own households (between 50-70%), with many of these women having been recently widowed. Similarly, selling woven products was found to constitute an important coping strategy following illness and death in households in Mozambique, Malawi (Barany *et al.* 2005) and Uganda (Barnett & Haslwimmer 1995). Other products that households turn to for cash include

Box 1. Adult mortality and household use of forest products in northeast South Africa

Zodwa* collects edible wild herbs from the local communal woodlands in northeast South Africa. Her 12-person household has no regular income following the death of her husband who held a good job at a nearby game reserve. She explains that since his passing "*there is a big change now because we no longer have food, we just get assisted by the relatives...and we depend more now on the field.*" Similarly, Tintswalo* describes that since her husband's death, it is "... *very hard because we had nothing to keep us surviving.*" Her household relies on edible wild herbs for food "*on a day-to-day basis.*" Another young woman explains how, following the death of her father "*there are a lot of changes like I did not have to collect fuelwood...but now I need to do that on my own.*" Finally, in the words of another person whose household lost their primary breadwinner, "*Locusts are now our beef.*"

The impact of HIV/AIDS has important implications for the ways in which households use forest products as a part of their coping strategies. This was supported by the results of a recent CICRED-funded study conducted in rural South Africa, which explored the use of natural resources by households in relation to the death of a prime-age adult.

An interesting short-term resource impact was the use of large amounts of fuelwood at funerals. Of 120 households that had experienced the death of an adult over the last two years, 84% used wood for catering purposes at the funeral, using an average of 1.5 pick-up loads, or 750 kg, per event. Significant longer-term changes in fuelwood consumption by mortality-impacted households were not detected, primarily because wood is already so widely but sparingly used by households. Rather, the impacts of an adult death on household use of forest products were nuanced and complex. A key factor was the role the deceased had played in the household economy. If the deceased had been a resource collector, their duties were typically taken up by other members, with associated opportunity costs. More significantly though, if the deceased had been a breadwinner, their passing typically had a dramatic impact on the household's ability to buy food and fuelwood. Households typically compensated by collecting these natural resources themselves from the village commons. This evidence clearly suggests that forest products act as buffers for many rural households impacted by loss due to HIV/AIDS. * Pseudonym.

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Box 2. 'Children's foods': The role of wild edible foods in reducing childhood vulnerability to HIV/AIDS aggravated food and nutrition insecurity in central Kwazulu-Natal

When asked to account for how they cope with food shortages, a group of AIDS orphans stated simply: *"When we are hungry, we go out and play."* This association between children's play and food security may not at first be obvious, but many wild edible foods have been referred to as 'children's foods' (Barany *et al.* 2005), and it seems they may be increasingly important for children, orphans and vulnerable groups within the context of heightened HIV/AIDS food and nutrition insecurity. This position was supported by research carried out among children in a rural area in central KwaZulu-Natal, South Africa, where HIV/AIDS vulnerability is high and 4-5% of children under the age of 15 are maternal orphans. Among a sample of vulnerable children, birds, rodents, wild fruits and tubers were key sources of food - especially for boys - who commonly spent prolonged periods of time away from the home, playing, hunting and foraging for food. As Simo*, an orphaned nine year old boy living with his grandparents, noted: *"We get worried when there is no food in the house, and we cope sometimes by just drinking water and sleep, or we go and ask neighbours for help. Then we go and hunt and shoot birds. We look to the trees and if the trees are bare, we rip potatoes of the mountain from the ground and roast them in our fires"*. Maternal orphan Xolane* (11) explains: *"If we feel like we want to eat meat, we just go out into the forests because we are craving. We are familiar with these areas, so we have no problem going there."* For hungry, often socially alienated orphans, hunting birds, foraging for food and trapping animals is not only an important coping strategy for dealing with food insecurity, but is also a fun and sociable peer activity. Thobane* (9) explained: *"Yes, we eat these foods because we are hungry, but we don't just want it because we are hungry, we want to taste how nice it is, keep the ball rolling, keep surviving."*



As a result, birds and small mammals are frequently eaten with a regularity that even rivals the consumption of more conventional staples. Reportages of catching and consuming birds and bushmeat 2-3 times a week was not uncommon, with many children setting traps in the morning before school, and checking them on a daily basis. As Mlungise* (10) explained: *"I eat them at any time I can! Every day on school holidays! Every weekend! Often after school!"* * Pseudonyms



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wild fruits, mushrooms, insects such as mopane worms, construction materials, fuelwood and charcoal (Barany *et al.* 2005). Such local production activities not only have low barriers to entry, but also allow producers to work from home and earn an income while simultaneously caring for ill household members and young children.

Increasing the safety net role of forest products

The contributions that forest products make to mitigating some of the impacts of HIV/AIDS and in boosting food security need to be recognised and supported.

Interventions should:

- Secure access to important food and cash products on state, communal and private land.
- Improve management of forests and key products, such as medicinal plants, to ensure sustainability and increase yields, and empower and support local institutions and users to take on this responsibility.

- Investigate the potential to cultivate important wild food plants and enhance their nutritional value through different methods of post harvest treatment, storage, preparation, etc. (e.g. Kengni *et al.* 2004).
- Provide institutional support for the commercialisation of forest products, including micro-credit, training, and the development of value added products, to assist local producers grow their trading activities.
- Provide support to expand markets for traded products, as local markets could become oversupplied and buying power reduced as infection rates rise.
- Work together with other sectors to build a multi-sectoral approach to assisting HIV/AIDS affected households.
- Undertake further empirical research to improve the knowledge base and quantify the contribution forest products make to the livelihoods of HIV/AIDS affected households. While some understanding exists on the social, economic and human capital



changes in the face of HIV/AIDS, the links between this disease, vulnerability and wild natural capital has gone largely unexplored.

- Explore the intricacies and nuances of how different rural households and communities respond, cope and adapt to the crisis of HIV/AIDS, and where they can be best supported in their efforts to reduce vulnerability.
- Investigate the complex linkages and feedbacks between HIV/AIDS and natural capital in terms of the increased dependence on forest products; loss of indigenous knowledge; changing nature of markets; strain on institutions caused by the death of leaders and active members of society; and overexploitation of resources as demand grows.

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