Silently Starving? The HIV Epidemic and Communal Farmers

A survey carried out by NEPRU among communal farmers affected by the HIV epidemic shows dire living conditions. The majority of households surveyed are unable to feed themselves. Different strategies are being used by communal farmers to cope with a disease that shows regional and sub-regional dynamics. These strategies are not working and other forms of intervention are required.

Using the basic household survey tool of the NHIES 2003/04, a total of 144 HIV affected households were surveyed in three regions of Northern Namibia (Kavango, Oshana and Oshikoto) during November 2004. Data was collected on household demographics, income and expenses. Four key points emerge from the analysis.

Incomes and expenses were examined. Very few households had a formal income, making agricultural production key to a sustainable livelihood. Yet, agriculture among households in the survey did not meet these needs.

According to the FAO, Namibians derive 53% of their caloric needs from grains. In the areas of the study, pearl millet (omahangu) is the staple grain. Using the caloric requirements of adult males and females, as well as the caloric value of cooked omahangu porridge, it was possible to calculate the amount of threshed omahangu an average household from the sample needed to meet the FAO estimate of caloric needs. This came to 1705 kilograms of omahangu for the average household.

The survey found that 86% of households did not produce the amount needed to meet roughly half of their caloric requirements via omahangu production. This shortfall was not filled by other crops, neither by livestock. Two thirds of the sample had livestock, though the majority had numbers too small to allow for regular off-take, and thus addition to the diet. The only conclusion is that the majority of households surveyed are hungry for parts of every year.

A similar study carried out in 2003 in the Ohangwena Region found that almost 60% of HIV affected households they sampled had at least one day in the previous month where they did not have food. This study points to a loss of labor and knowledge of farming practices which in turn led to smaller fields being planted. In 2000 an analysis of the epidemic on livestock production also pointed to the loss of both labor and knowledge as factors which contribute to decreases in livestock numbers. Livestock, as an asset are likely the first to be sold once a household’s medical expenses increase due to illness brought on by AIDS. Cultural practices also play a role, as a widow does not inherit her husband’s livestock after he dies, instead these go back to his family.

As we examined historical patterns from the Sentinel Survey data in each region, a sense of dynamism is evident within the epidemic itself. While national results show an overall decline in HIV prevalence, specific sites associated with the regions surveyed indicate a mixed pattern. Some sites

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1The NHIES 2003/04 is a comprehensive survey of over 10,000 households in Namibia. A number of different instruments are used to collect data. In the NEPRU survey, the base questionnaire (Form 1) was used.

are in decline, others on the rise and still others showing little change. These fluctuations could be the result of mortality, actual change in behavior, failure to change behavior, migration, or statistical issues in the Sentinel Survey itself.

Analysis of orphans in the sample shows that the majority have lost their father while their mother is still alive. This early die-off of men may be the cause of a temporary decrease in prevalence rates as their partners, who themselves are probably HIV positive, are not likely to become pregnant and thus not likely to attend ante natal clinics — something which can lower prevalence rates at a particular site. If these women find new partners, they may then become pregnant and return to ante natal clinics, possibly increasing prevalence rates.

Unfortunately, the Sentinel Survey does not measure behavior, or if it does, this information is not published. It is also not clear if basic demographic information of women attending ante natal clinics is collected. These types of data would complement the Sentinel Survey, and enhance our understanding of dynamics of the epidemic. A further analysis of specific Sentinel Survey sites indicated that due to the relatively small samples collected at each site, a shift in a small number of cases can change the results for that site. At one site which had recorded a 6% increase in prevalence from 2002 to 2004, a decrease of 10 fewer HIV positive women would have eliminated the overall increase. The potential for such small numbers to change results of a site, points to a need to increase sample sizes.

Two different types of coping strategies were found, household consolidation and crop substitution. Household consolidation varies from region to region. Consolidated households occur as female headed households join together as adults, particularly male adults, die off. Evidence for this practice was found in the Kavango and Oshana samples. In Oshikoto there was little evidence of this practice. Given that households in Oshikoto were on average economically better off than the other two regions, it is not clear if this difference results from the possibility that the epidemic is not as advanced in Oshikoto as in the other two regions, or if factors specific to that Region are involved.

Some households are switching from omahangu to maize. The rationale for this switch is that maize requires less work — particularly in terms of weeding — and has a better market value. Yet, this switch is more of a Devil's Trade-off. Maize is both a heavy feeder thereby depleting the soil, and it is not as drought tolerant as omahangu. Of the 50 households in the sample that planted maize, 42 produced less than 150 kilograms, making this alternative crop a poor choice for households crippled by the HIV epidemic.

Assisting these households will require targeted responses. We can classify households in the sample as either in a state of collapse in terms of their farming operations, or in a state of near-collapse. Collapsed communal farming households can be further divided into those that are in severe crisis, and those that are in crisis. Using these definitions strategies for assistance can be devised.

**Collapsed Farming Operations**

**Severe Crisis Households:** These households produce less than 750 kg of omahangu per year. Of the 144 households sampled, 113 fall into this category. Twenty-nine of these households have cattle, and 43 households have goats. Over half of those who own livestock do not have enough for regular off take for either consumption or sale. Given the very low levels of production, hunger is a constant feature of life. It should be remembered that 11 of these households produced no crop at all.

These households are not coping. With them a hard question must be asked whether or not it is best to support them with assistance to agriculture, or to provide them with direct support via disability pay outs, pensions, support for orphans or a basic grant. Food for work programs may not be successful with these households because there may not be enough healthy adults able to work.

**Crisis Households:** These households produce between 751 and 1500 kg of omahangu per year. The sample has 23 households in this category. Thirteen of these households have cattle, and 14 have goats. As with the previous grouping, most livestock owners do not have enough animals for regular consumption or sale. Hunger too is a constant feature of these households, though perhaps slightly less frequent.

As with the previous grouping, a hard question on the viability of agriculture should be asked. These households will require much of the transfer support noted for severe crisis households. Some may be able to revive their agricultural production, though they may require extensive assistance in doing so. A key consideration for both types of households is to ensure that children stay in school.
Conclusion

Near Collapse farming operations
These households produce more than 1500 kg of omahangu per year. All of them own cattle and goats. The survey found 8 households in this category. Some households are producing to an extent that they can sell surplus.

Many of these households will require monitoring to identify if, or when, their farm operations begin to collapse. Assistance should be geared toward keeping these households out of collapse. Their agricultural operations need support to withstand the impacts of the epidemic.

If anything, this report shows the need for deeper research into the effects and dynamics of the HIV epidemic in Namibia. This survey highlights the potential for regional differences in the epidemic, and of possible differences in the response of communal farming households to its consequences. This would have an impact on policy as it would require greater knowledge of the trajectory of the epidemic in a given region. It is possible, perhaps advisable, to carry out studies such as this in conjunction with other national level surveys. We know very little at the moment of how communities in Southern, Eastern or Western Namibia are coping with the effects of HIV. The NEPRU team found that both HIV support groups, as well as their clients were willing to discuss their situations openly. By carrying out this kind of targeted study, much could be learned about the ongoing impacts of the disease.

Policy Recommendations

- The HIV epidemic has brought hunger to families in rural Namibia. These families need support that matches both their predicament and their ability to effectively use that support.
- A better understanding of the trajectories of the disease is required. Enhancements to the Sentinel Survey will be of use in this endeavour.
- Regular and national level, monitoring of the socio-economic impacts of the HIV epidemic are required.

References and further reading
University of Namibia/FAO The Impact of HIV/AIDS on the Different Farming Sectors in Namibia, FAO, Windhoek. ms. Published document available from FAO in Windhoek

Ben Fuller is a Senior Researcher at the NEPRU. He has over 20 years experience of research in Namibia's rural areas.

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