



## **Joint Learning Initiative on Children and HIV/AIDS JLICA**

### ***Learning Group 1 – Strengthening Families***

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# **FAMILIES' EFFORTS TO SECURE THE FUTURE OF THEIR CHILDREN IN THE CONTEXT OF MULTIPLE STRESSES, INCLUDING HIV AND AIDS<sup>i</sup>**

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## **Preface - Learning Group 1: Strengthening Families**

The work conducted in Learning Group 1 was based on the fact that families, in all their many forms, are everywhere the primary providers of protection, support and socialization of children and youth, and families exert a very strong influence on children's survival, health, adjustment and educational achievement. This influence tends to be greater under conditions of severe strain, such as is caused by HIV and AIDS, particularly in the context of poverty.

In general, functional families love, rear and protect children and buffer them from negative effects. Functional families are those that have sufficient material and social resources to care for children, the motivation to ensure that children are nurtured and protected, and are part of a community of people who provide one another with mutual assistance. Family environments are especially important for young children. It is well established that multiple risks affect the cognitive, motor and social-emotional development of children and that the quality of parenting, assisted by intervention when needed, can ameliorate such impacts.

From the start of the epidemic, families have absorbed, in better or worse ways, children and other dependents left vulnerable by AIDS-induced deaths, illness, household and livelihood changes, and migration. Similarly, families have contributed, more or less successfully, to the protection of young people from HIV infection. Under the devastating effects of the epidemic, families need to be strengthened – economically, socially and with improved access to services – to enable them to continue, and to improve, their protection and support of children and youth. Families that neglect and abuse children need to be identified and social welfare services must be provided to them.

Families, extended kin, clan and near community are the mainstay of children's protection in the face of the AIDS epidemic - as they have been in poor countries under other severely debilitating social conditions, including war, famine and natural disaster. Only a very small proportion of AIDS-affected children are currently reached by any assistance additional to support they receive from kith and kin. The most scalable strategy for children is to strengthen the capacity of families to provide better care for more children.

The co-chairs, secretariat, lead authors and stakeholders of Learning Group 1 were guided in the work undertaken in the Learning Group by the following key questions. By and large, these are the critical research, policy and programme questions currently being debated in the field.

1. On which children and families should we focus?
2. What evidence is available on which children are vulnerable and what can be done to help them, and how good is the research?
3. What aspects of the HIV/AIDS epidemic impact on children, how and why?
4. How are families changing as a result of adult illness and death associated with HIV and AIDS?
5. In what ways are children's health, education and development affected by the HIV/AIDS epidemic?
6. What does knowledge and experience of other crises teach us about the AIDS response for children and families?
7. What can we learn from carefully evaluated family strengthening efforts in fields other than HIV and AIDS that can be usefully applied in hard hit countries in southern Africa?
8. What programmatic experience has been gained in strengthening families in the HIV/AIDS field?
9. What promising directions are there for the future and what do they suggest?
10. What mistakes have been made and what now needs to be done?

These questions form the structure of the integrated report. As indicated in the Preface, detailed data and references are to be found in the respective LG1 papers.

Twelve detailed review papers constitute the primary evidence base for the conclusions drawn and the recommendations made by Learning Group 1. The papers, their authors in alphabetical order, and their affiliations are listed below.

**List of authors, affiliations and paper titles**

<b>Authors</b>	<b>Affiliation</b>	<b>Title</b>
Adato, M Bassett, L	International Food Policy Research Institute (IFPRI) – United States of America	What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates
Belsey, M	Consultant – United States of America	The family as the locus of action to protect and support children affected by or vulnerable to the effects of HIV/AIDS: A conundrum at many levels
Chandan, U Richter, L	Human Sciences Research Council (HSRC) – South Africa	Programmes to strengthen families: Reviewing the evidence from high income countries
Desmond, C	Human Sciences Research Council (HSRC) – South Africa	The costs of inaction
Drimie, S Casale, M	International Food Policy Research Institute (IFPRI), Regional Network on AIDS, Food Security and Livelihoods (RENEWAL), Health Economics and AIDS Research Division (HEARD – South Africa	Families' efforts to secure the future of their children in the context of multiple stresses, including HIV and AIDS
Haour-Knipe, M	Consultant – Switzerland	Dreams and disappointments: Migration and families in the context of HIV and AIDS

Hosegood, V	London School of Hygiene and Tropical Medicine (LSHTM), Human Sciences Research Council (HSRC) – South Africa	Demographic evidence of family and household changes in response to the effects of HIV/AIDS in southern Africa: Implications for efforts to strengthen families
Kimou, J Kouakou, C Assi, P	Ivorian Centre for Economic and Social Research (CIRES), Family Health International (FHI) - Côte d'Ivoire	A review of the socioeconomic impact of antiretroviral therapy on family wellbeing
Madhavan, S DeRose, L	University of Maryland – United States of America	Families and crisis in the developing world: Implications for responding to children affected by HIV/AIDS
Mathambo, V Gibbs, A	Human Sciences Research Council (HSRC) – South Africa	Qualitative accounts of family and household changes in response to the effects of HIV and AIDS: A review with pointers to action
Sherr, L	Royal Free and University College Medical School – United Kingdom	Strengthening families through HIV/AIDS prevention, treatment, care and support
Wakhweya, A Dirks, R Yeboah, K	Family Health International (FHI) – United States of America	Children thrive in families: Family-centred models of care and support for orphans and other vulnerable children affected by HIV and AIDS

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OF THEIR CHILDREN IN THE CONTEXT OF  
MULTIPLE STRESSES, INCLUDING HIV AND  
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## **Abstract**

*Many countries in southern Africa are home to a large number of rural people, dependent on rain-fed agriculture, barely subsisting at poverty levels in years without shocks, and highly vulnerable to the vagaries of the weather, the economy and government policy. Within this context, characterised by a range of multiple stressors on people's livelihoods, particularly exacerbated by HIV and AIDS, families attempt to plan and act to secure their own livelihoods and the future for their children. Through a review of literature and case studies this paper argues that families are often unable to recover sufficiently from these "entwined" stressors, particularly as HIV and AIDS has undermined their resilience, with the result that they are unable to adequately secure the future of their children beyond immediate needs. Rather short-term demands around basic survival limit choices and with few material resources, inadequate external support and poor access to appropriate services, the long-term welfare of children has become a serious challenge for many families. This argument is explored by looking at issues of family food security, education options and the inheritance of property to underpin the future sustainable livelihoods of children.*

## **Introduction**

A chronic food security crisis rooted in a complex set of interlinked problems has unfolded across the southern African region since early 2000. Many more people than during the 1990s now live 'close to the edge' and relatively minor shocks, such as erratic rainfall at critical times during the cropping season, can trigger widespread hunger (Maunder and Wiggins, 2006). This is in stark contrast to a number of 'averted famines' in southern African over the past fifty years, including Zimbabwe and Botswana in the early 1990s, which were effectively dealt with by national governments and the international community<sup>iii</sup>. Arguably, something dramatic has changed in the region to result in this level of generalised vulnerability to a range of shocks and stresses.

Many countries in southern Africa now see large numbers of their rural populations, which depend 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). Many development agencies believe that the underlying problems of chronic poverty, weakening service delivery and HIV and AIDS have rapidly reversed development gains made in past two decades (Maunder and Wiggins, 2006). The outcome is that many more communities have been left more vulnerable to external shocks than in the

past. The increase in vulnerable households means that any crisis, whether it is due to climatic shocks, civil disturbance or economic mismanagement, becomes increasingly difficult to absorb. Most assessments understand this to be as much a crisis of livelihoods or of development in general, as a series of simple food shocks.

The main goal of this paper is to explore how families plan and act to secure the future of their children in this context of increased regional vulnerability which has been exacerbated by a range of multiple stressors<sup>iv</sup>. It does so by reviewing the general literature on these issues with particular attention to in-depth case studies at local level. In particular, the paper looks at the environment within which families operate to achieve the three broad outcomes of food security, education and property rights for their children. These outcomes are central to the future of children in a context of multiple stressors, including HIV and AIDS. Through the application of a rational choice framework to a selection of case studies, which depict how families plan and act, a detailed picture of livelihood strategies and their outcomes for children has emerged.

In order to strengthen the roles of families, an understanding of the dynamics of planning is required, as well as the challenges families and primary caregivers face in parenting, and some of the strategies they employ in their efforts to plan in the context of the AIDS epidemic and other stressors. As such, this paper links to several JLICA Learning Group One papers including Paper 1 by Sangeetha Madhavan *Families and crises in the developing world*; Paper 2 by Vicky Hosegood *Demographic evidence of family and household change*; Paper 3 by Mary Haour-Knipe *Migration and families affected by HIV/AIDS*; Paper 4 by Mathambo et al *Qualitative cultural accounts of family and household changes*; and Paper 5 by Mark Belsey *The family as the locus of actions to protect and support children*.

### **Key argument and structure**

A key argument of this paper is that in the southern African context, characterised by a range of multiple stressors that are impacting on people's livelihoods, particularly exacerbated by HIV and AIDS, families are often unable to recover quickly or sufficiently enough to plan and act to secure the future of their children. Too often short term demands around basic survival limit choices that might secure the longer-term livelihoods of children. Families affected by these stressors often lack material resources, receive limited external support and have poor access to appropriate services. In such situations the consequences can be very serious for the long-term welfare of these children. This argument is explored by looking at

issues of family food security, education options, inheritance of property and family capital formation to underpin the sustainable livelihoods of children in the future.

These arguments are supported by a comprehensive review of current literature and case study material laid out in the following manner.

The paper is divided into six main sections:

- 1: Introduction, methods, conceptual framework
2. Food and nutrition security
3. Education
4. Property Rights
5. Family capital formation
6. Conclusions and recommendations

These areas have been chosen as a main focus of the paper because they relate directly to children's future security. Food and nutrition security, along with education, are key determinants of human capital formation and wellbeing. Without these children may be inadequately nourished and ill-prepared to derive sustainable livelihoods in a fast changing political economy. Property rights relates to the physical and natural capital necessary to secure a livelihood, as well as possible financial capital through liquidation or collateral. This refers to different forms of property such as a dwelling, household utensils, land, and access to natural resources. Finally, family capital formation is vital to ensure the institutional linkages between and within families, including inter-generational dimensions, to enable children to secure immediate and long-term livelihood security. As such, these areas cover the main "building blocks" of the sustainable livelihoods framework, namely human capital, physical capital, natural capital, social capital and financial capital, which form the underlying conceptual framework of this paper.

Each of these sections is structured in the following way: (1) background and general literature 2) evidence from case studies 3) implications and conclusions. These are drawn into the final section on conclusions and recommendations.

Section one provides a conceptual framework for the paper, defining the concepts of families, planning and livelihood strategies. It is recognised upfront that issues around family decision-making and planning to secure the future of children are complex sociological processes that are intensely personal and specific to particular social groupings and contexts.

The approach adopted in this paper has been to look critically at the broader contextual issues within the southern African region that enables (or disables) decision-making in families in terms of seeking long-term optimal outcomes for children. As such a livelihoods framework is used throughout the paper drawing on the concept of “rational choice” and “coping strategies”.

Section two then provides a discussion on the broader context facing southern Africa looking particularly at multiple stressors affecting families. Specific focus is provided on issues of climate change, HIV and AIDS and a crisis in governance. It is argued that the frequency of erratic weather since the late 1990s in combination with other stressors such as HIV and AIDS and weak state capacity has meant many families had all but exhausted their coping strategies with many such strategies becoming erosive in nature, as choices were made that undermined the future livelihood options of families to meet immediate, short-term needs. By outlining the particular combination of circumstances that affect the livelihoods of millions of families and by extension the future of millions of children, a backdrop is provided to understanding family planning for children in the context of food insecurity with reference to in-depth case study material.

Section three looks critically at the issue of education as a strategy to secure children’s future. One of the key areas that preoccupy many families is the need for good education to enable a child to be able to secure a livelihood, particularly through entering the formal or wage economy in a context where land-based livelihoods are not as secure as in the past. This was seen as the ultimate safety net for children to “guarantee” a future livelihood in a fast changing environment. The section explores this argument through a number of case studies.

Section four follows a similar approach in looking at the issue of property rights. A key outcome of family planning in a context of multiple stressors, especially HIV and AIDS, is ensuring the inheritance of important assets and property for children on the demise of parents or caregivers. Indeed, one of the essential functions of families is the transmission of property rights from one generation to the next. Property rights to land, livestock and other agrarian resources are critical to the livelihoods of rural men, women and children. Insecure property rights perpetuate gender inequalities, livelihood insecurity and poverty. Through a comprehensive review of the literature, validated by a number of in-depth case studies, an argument is made around this aspect of family planning and decision making.

Section five considers the issue of family capital for the future as an outcome of the elements above. The argument is made that without adequate investment into family capital through education (human capital), property and secure livelihoods, very little choice is offered to families to secure the future of their children

The final section provides a broad discussion and analysis of some of the emerging issues followed by a set of recommendations intended to feed into the JLICA process as a whole.

## **1. Introduction, methods and conceptual framework**

### ***1.1. Methodological approach***

Family decision-making and planning to secure the future of children are complex sociological processes that are intensely personal and specific to particular social groupings and contexts. Any attempt to undertake a comprehensive review of the literature around these provides an immense challenge. This is largely due to the different cross-cultural definitions of these processes, which are frustrated by extensive heterogeneity, social evolution, and their inherent complexity range. The approach adopted in this paper has been to look critically at the broader contextual issues within the southern African region that enables (or disables) decision-making within families in terms of seeking long-term optimal outcomes for children. Where appropriate (and available), in-depth case study material was used to detail and provide nuance to this analysis. In particular, two in-depth case studies from Malawi (Chikwawa) and South Africa (AmaJuba) have been drawn upon to provide a thread of analysis across the different outcomes (Casale *et al*, 2007). In this way the paper attempts to contribute to the agenda of Learning Group One by exploring variations in family response on the frontlines of the AIDS epidemic, and the range of other stressors affecting and shaping the broader environment, and to assemble evidence on models of family support for children as well as the role of systems and services strengthening in protecting children and adolescents from HIV infection and the worst effects of poverty and social disruption.

The approach used to develop the paper has been to review literature largely from southern Africa to identify the major issues emerging around family decision-making, and then to utilise this to analyse and understand recent case study material from sites in the region. Gaining an understanding on how parents plan and act to ensure the welfare of their children is a complex task that has difficult social, economic and political dimensions

inherent in the interdisciplinary nature of the undertaking. The approach required a diverse use of methods and different modes of investigation, which are described below.

The key sources of information included:

*Peer reviewed articles:*

Peer reviewed articles were identified through a wide-ranging search of major academic databases of material in English. Search engines included Sociological Abstracts and Google Scholar. This systematic search was carried out using key words such as “rational choice”, “family decision making”, “multiple stressors”, “health shocks”, “adult illness”, “HIV”, “family resilience”, “parental planning”, “vulnerable children”, and “coping strategies”.

*Non-peer reviewed literature:*

Non-peer reviewed publications were identified through web searches using search engines such as Google and publication databases of major international agencies working on issues related to vulnerable children.

To complement this approach, the reference lists distributed for JLICA (on CD Rom) contained a number of articles related to the questions explored in this paper. In addition there is growing literature in the area of coping strategies, or household survival and livelihood strategies in response to the compounding impacts and interactions of HIV and AIDS, representing the evidence on which to build responses to the epidemic. Much of this evidence base, at least up to 2005, including a number of studies and experiences mostly from Eastern and Southern Africa, was collected and analysed by Gillespie and Kadiyala (2005) and others subsequently presented at the ‘International Conference on HIV/AIDS and Food and Nutrition held 14-16 April 2005 in Durban, South Africa’.

*Case Study Material:*

In addition to the methods above, the findings from a number of case studies relating to family planning and decision making for children’s future were explored. As mentioned above, a recently completed qualitative research study in South Africa and Malawi was drawn upon (Casale *et al*, 2007)<sup>vi</sup>. This research set out to identify the multiple stressors that impinge on family’s efforts to secure the future of their children in southern Africa<sup>vii</sup>. The data was further interrogated in this paper to provide information on parents’ knowledge, experiences and perceptions of current and future environmental opportunities and stresses and how these interplay with food, care and health actions and plans. It should be recognised

that the iterative nature of the case study research and the trust developed between the researchers and the participants enabled more subtle elements to emerge.

The empirical focus of the case study research was on how parents plan and act to ensure the welfare of their children. This was the means to draw out their perspectives and experience of key stressors that affected their families' welfare, their responses and how they accommodated government and non-government interventions to ameliorate the known general threats to human welfare in the region. The experiential research design was adopted to help identify rather than measure critical stressors in people's lives. Data collection was built around practical questions on health, nutrition and education; they provided the basis on which participants described their livelihoods. The framework, in turn, was the means to analyse the data from each research site; in essence, to describe the links between external factors threatening lives and livelihoods to which participants were exposed, societal interventions, their responses and the outcomes in terms of the consequences on their lives. Analysis of the data within a common analytical frame enabled comparative analysis to help understand the common (regional) and (local context) specific articulation of different stressors and their outcomes on human welfare.

### ***1.2. Conceptual framework: families, planning and livelihood strategies***

It is important to clarify the meaning of different concepts that are situated at the core of this paper, in particular, the concept of "family" and "parental planning". Ultimately the intention was to identify some of the strategies families employ in their efforts to plan in the context of the AIDS epidemic as well as other stressors. The focus on parental decision-making over time promised to capture the realities of vulnerability and parental and children's roles as agents and subjects of those circumstances.

However, the case study research revealed that the concept of parental planning based upon an understanding of the parent as a "biological parent" was problematic as in many cases children were being cared for by other members of an extended family. This extended family consisted of the immediate caregiver and children, sometimes living with other family or kin, with non-resident family members with whom there was likely to be important social and economic interaction. In these cases the non-resident family member was likely to represent a significant factor in assessing family capital, and was likely to be an important contributor to the resilience or vulnerability of families affected by HIV and AIDS (Belsey, 2005)<sup>viii</sup>. The extended family should be recognised as a primary social security mechanism. The focus of this paper thus looks explicitly at primary caregivers within an extended family. This

complemented a broader definition of family as a social unit, which referred to people linked by marriage or kinship or to people claiming descent from common ancestors in a lineage, tribe or clan (Bruce *et al.*, 1995). People may form and extend families by adopting and fostering children, defining non-relatives as family, or establishing consensual partnerships.

This concurs with Timaeus' assertion that "African families tend to have blurred and overlapping boundaries and are bound together by complex networks of mutual support and obligation involving an extended network of kin and affines (2008). Belsey identifies the productive, reproductive and protective functions of families, as they provide food and shelter, share domestic labour, distribute family goods and resources, socialise the young, make decisions regarding access to health and educational opportunities, and transfer cultural and moral traditions from one generation to another (2005). It should, however, be noted that sometimes this network of relationships can be exploitative, although usually it is supportive (Timaeus, 2008).

This understanding of family and caregiver argues that these concepts need to be understood in an African context where separations of children from adults generally and biological parents specifically may be part of a cultural experience where extended separations may well occur and a variety of parenting and caretaking modes are employed. These serve to cement wider family bonds, facilitate child-care and education, feed into household help and adapt to parental labour migration patterns. Grandparents, in particular, are socially and legally accorded the status of parents. Furthermore, children do not necessarily grow up in the parental home. They may live with various relatives for extended periods of time. In southern Africa, this is a function of the migrant labour system, the increasing practice of families sustaining rural and urban arms of a household, and, indeed, of the universal practice of children being sent to stay with relatives in periods of family stress or shock.

As such these relations contribute to family resilience in the southern African context where, for instance, in principle, "no child can be an orphan" because biological parenthood is not regarded as the only basis of 'parenting'. Nonetheless, research is beginning to highlight the burden on these social mechanisms, notably the increasing proportion of grandparents who are caring for large numbers of children as result of death of their own offspring (Chazan, 2005; 2007).

### *Rational Choice*

To understand how decision-making and planning occurs within families, particularly around the future of children in the context of multiple stressors including AIDS, a conceptual approach using rational choice and rational expectations was utilised. This draws upon the rational choice literature of development economics. It is held that families have a choice set incorporating the livelihood assets available to them (entitlements), which are then subject to decision making according to diverse and often conflicting outcomes.

Reference to a theoretical background is necessary when using a decision making approach because it acknowledges that there are complex social and psychological factors that contribute to how decisions are made. The argument of this paper begins from the premise that people are not always optimising and rational and so idealised decision making models are unlikely to be achieved (Clark and Marshall, 2002). This premise is based on a substantial body of literature (Kahneman et al., 1982; Sargent, 1993; Simon, 1982) that has originated from Herbert Simon's work (1957). The assumption is that individuals do not have 'perfect knowledge' and will not all make the same decisions as each other, and that decisions will not be made in isolation of the environment (Weber, 1994). In this model, decisions, therefore, depend on how the problem is presented and the nature of interaction of the individual with their environment.

Decisions are constrained because individuals do not have perfect knowledge of all variables and therefore must make a decision based on limited knowledge, cognitive capacity, resources and the structure of the environment in which the decision occurs (Simon, 1957). These factors are seen as 'filters' in determining the response to new information. There are both 'external' and 'internal' filters that individual's encounter in responding to new information. The external filters depend on the livelihood context, the assets and the networks that transmit information. Internal filters are dependent on personal objectives and individual decision-making characteristics. In this paper, it is the combination of these two filters that is seen to determine how families, sometimes including children as agents within this process, make decisions around livelihood options and ultimately impact of the family unit as a whole.

### *Livelihood Strategies*

Rational choice is situated within the concept of livelihood security, which is also central to this analysis. There are many varying definitions of livelihoods, although most share key

characteristics. The definition underpinning many of these variations was developed by Chambers and Conway (1992), which states:

*A livelihood comprises the capabilities, assets (including both material and social assets) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, while not undermining the natural resources base.*

Households apply livelihood strategies to pursue their desired goals or outcomes such as food security. A household's livelihood strategy is determined by the resources and assets that it owns, has access to or controls, and the restrictions created by the institutional environment. A household seeks to adapt its livelihood strategy in response to crises such as conflict, natural disaster or economic shock. As such, rational choice is applied over the implicit and explicit factors that a family is trying to manage in order to derive a secure livelihood.

When a household or another social unit is affected by a shock or a stress, such as a sudden flood that washes away irrigated fields or a gradual stress like the erosion of health status due to limited access to essential health services, temporary adjustments will become necessary for survival. These temporary adjustments to respond to change or a short-term modification of livelihood activities in the face of a shock or stress are widely defined as a coping strategy. This is elaborated in more detail below.

The distinction between chronic and transitory livelihood insecurity is purely temporal, and does not include an analysis of the severity or intensity of the insecurity that may exist. For example the distinction between chronic and transitory food insecurity is often conflated with measures of severity, whereby transitory food insecurity is assumed to be severe and chronic food insecurity moderate. The severity of food insecurity does not depend on the temporal dimension (Devereux, 2006). To avoid this source of confusion, it is recommended that the terms 'moderate' and 'severe' to describe the severity of livelihood insecurity, and chronic and transitory the temporal aspect.

### *Coping Strategies*

Focusing on coping strategies in situations of livelihood stress and in the context of HIV and AIDS may imply that people do cope with the situation and will ultimately recover from a transitory change to their livelihoods. However, this fails to distinguish between "erosive"

(unsustainable, undermining resilience) and “non-erosive” (easily reversible) strategies that may be adopted.

Consumption reducing and switching strategies are generally the first line of defence against food shortage. Households may, for example, switch to “wild foods” or skip entire days without eating. Another option for households under stress is the removal of children from school in order to release them for household strategies requiring labour or to relieve costs associated with school attendance (fees, uniforms, stationary). The “erosive” nature of such a strategy is the diminishing stock of human capital for future livelihood options. Another “negative” for food security is that these children may be removed from school feeding schemes and denied opportunities for nutritional balance.

In related literature, some commentators have challenged the usefulness of the concept of “coping strategies” in certain situations. Rugalema, for example, emphasises the negative effect of HIV-induced illness and death on the ability to produce food, schooling of children, cropping patterns, livestock production, the allocation of labour, access to productive assets and the consumption of goods and services essential for household maintenance and reproduction (2000). In many instances households have been unable to secure these livelihood outcomes and therefore a concept that implies that the household is managing or persevering is misleading.

It should also be recognised that households often do not act in accordance to a previously formulated plan or strategy but react to the immediate need by disposing assets when they run out of alternatives. For example, when AIDS impacts become severe, decisions are increasingly based on health needs and not on the importance and usefulness of assets. For example, in some cases, land has been abandoned and sold formally and informally to meet medical costs, a situation that has long term implications for the food security of households that are dependent on own production.

Since coping strategies tend to be described as short-term responses to entitlement failure, they give an impression that it only requires negligible additional costs, in which case it obscures the true cost of coping. For example, while reducing the quantity and number of meals is a coping strategy it can also have long-term health implications. Similarly the withdrawal of children from schools (mostly girl children) has serious implications for future literacy levels and the child’s participation in the modern economy. In essence, authors such as Rugalema believe that the use of the concept of “coping strategies” is appropriate in circumstances of drought or famine but not for the impact of HIV and AIDS, which not only

changes communities and demographic patterns but also agro-ecological landscapes with long-term implications for recovery (2000).

There are, however, more positive conceptualisations of coping strategies even in the context of HIV and AIDS. For example, De Waal *et al* argue that there are indications that traditional rural African coping strategies can mitigate the worst effects of AIDS where households are not subject to additional multiple stresses and when viewed over a short reference period of, for example, a couple of years (2005). De Waal describes the complex factors that determine the success of these strategies including:

- The sex, age and position in the household of the ill/deceased person,
- The household socio-economic status,
- The type and degree of labour demand in the production system,
- The availability of labour support to affected households,
- Other livelihood opportunities,
- Available natural resources,
- The availability of formal and informal sources of support including credit and inter-household transfers,
- The length of time that the epidemic has been impacting upon the rural economy, and
- The existence of concurrent shocks such as drought and a commodity price collapse.

Other research, has also reiterated the factors that determine a household's ability to cope such as access to resources, household size and composition, access to resources of extended families and the ability of the community to provide support (Mutangadura, Mukurazita & Jackson, 1999). The interaction of these factors will determine the severity of the impact of HIV and AIDS on the household. Hence households that have higher incomes or better alternative resources are better able to cope with the impact of HIV and AIDS.

The key message here is that it should not be assumed that coping strategies are enabling households to manage or to persevere during a period of stress or shock, particularly when it is HIV and AIDS related and when there are multiple stresses over a period of time.

## **2. Food and nutrition security**

### ***2.1. Regional food insecurity***

Much has been written about the underlying causes of the food security 'crisis' affecting southern Africa since 2001 (Devereux, 2003; de Waal and Whiteside, 2003; Lambrechts and Barry, 2003; Zimbabwe VAC, 2004; Drimie, 2004; DFID/RHVP, 2004; Oxfam International, 2006; Maunder and Wiggins, 2006). Many of these papers concur that there has been a long-term erosion of livelihoods over time with resultant increases in levels of food insecurity as a major outcome of less resilient livelihood strategies. Food security can be defined as the success of local livelihood strategies to guarantee access to sufficient food at the household or family level (Devereux and Maxwell, 2001).

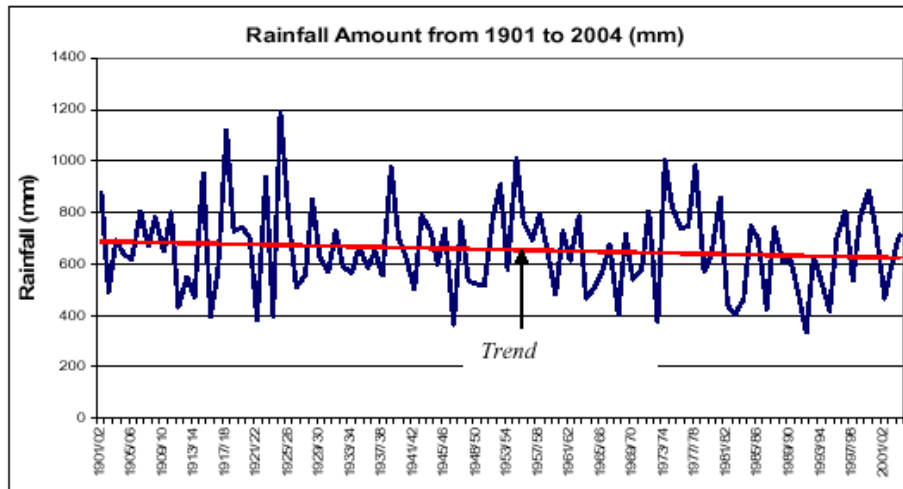
One outcome of this increasing food insecurity has been worsening regional nutritional trends. A UNICEF review of these trends found that acute malnutrition was kept more or less under control until recently, while chronic malnutrition, as measured through levels of stunting have worsened considerably since the late 1990s (UNICEF, 2003). UNICEF have argued that the slow national trend of improvement in nutrition across the sub-region in the 1990s ceased in the late 1990s and after some worsening, deteriorated sharply with drought in high HIV prevalence areas in early 2000 (2003). The Southern African Development Community (SADC) have recognised the rising levels of chronic malnutrition and increasing rates of stunting in children and concur that these indicators point to rising food insecurity in the region (SADC RVAC Five Year Plan, 2005). The United Nations (UN) charged with overseeing an unprecedented food aid response in southern Africa after 2001 defined the prevailing situation as the "Triple Threat" <sup>ix</sup>. The combination of HIV&AIDS, food insecurity and a weakened capacity for governments to deliver basic social services recognises that the region is experiencing an acute phase of a long-term emergency. Each of these elements is assessed in more detail in the section below.

### ***2.2 The impact of climate on livelihoods***

A revealing set of data that point to the deterioration of the largely agriculturally based livelihood system in southern Africa is that of rainfall over the past one hundred years. Using rainfall amount as an indicator of climate events, it is clear that the region was far worse affected in terms of rainfall failure during the 1980s and in particular in the early 1990s than in early 2000<sup>x</sup>. This raises important questions as the more "moderate" rainfall in the early 2000's led to a series of humanitarian crises being declared by the United Nations and

SADC. Despite the worse rainfall (and temperature) figures, the earlier periods in the 1980s and 1990s can be defined as ‘averted famines’ as the rainfall failure, and resultant food availability decline, were effectively dealt with by national governments and the international community (Devereux and Maxwell, 2001).

### *Zimbabwe National Average Rainfall Trends*



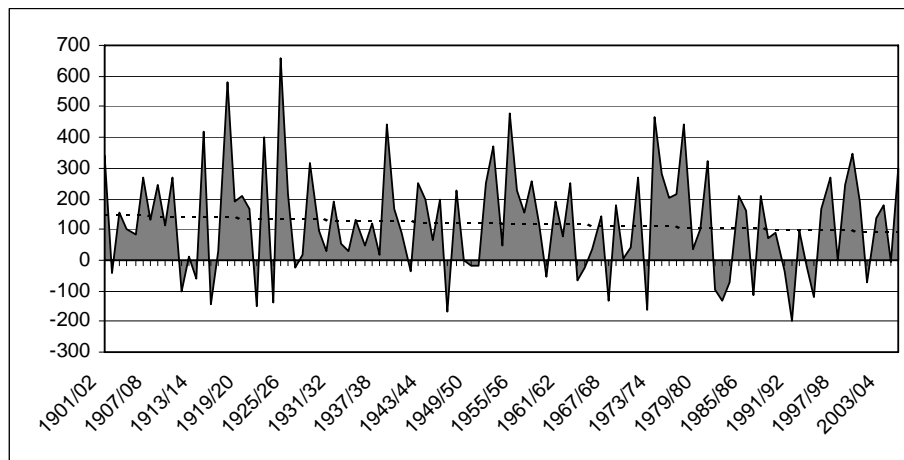
*Source: Zimbabwe Met. Services, 2005; personal communication*

The graphs depicted both above and below clearly demonstrate that the rainfall amounts were significantly less in the 1981, 1985, and 1992 than in 2001 in the case of Zimbabwe. Yet this, as has been argued, led to an unprecedented humanitarian response including millions of tons of food aid for affected families. The significant difference between the 1980s and the late 1990s and early 2000s is the frequency of these climatic shocks. With less severe but more frequent rainfall failure, many millions of families were increasingly unable to recover from these sudden impacts. Certainly this frequency is a significant variable (Ziervogel *et al*, 2006) although other issues also need to be taken into account.

One argument as to why this frequency has changed rests with the climate change debate. Indeed, the Intergovernmental Panel on Climate Change (IPCC) has concluded that warming of the climate is unequivocal. Climate change refers to changes in variability and changes in the average state of climatic conditions over time, caused by human activities. This may result in more erratic weather and more frequent sudden weather events such as floods or droughts. Variability is expected to increase with more rain falling in intense-rainfall areas, and larger year-to-year variations in precipitation areas where increased mean precipitation is projected and increased variability (IPCC, 2001). This has direct implications for southern

Africa with increasing impacts of below-normal rainfall, droughts and the increased frequency of extreme weather events. The consensus of scientific opinion is that countries in the temperate, high-, and mid-latitude regions are generally likely to enjoy increased agricultural production, whereas countries in tropical and subtropical regions are likely to suffer agricultural losses as a result of climate change in coming decades (Arnell *et al*, 2002 cited in Ziervogel *et al*, 2006).

*Zimbabwe National Average Rainfall Trends expressed as Departures from the Long-Term National Mean*



*Source: Zimbabwe Met. Services, 2005; personal communication*

The latest IPCC Report emphasises that the enormous uncertainties around the question of climate change *increase* as at each successive level from regional (predictions of emission scenarios and the sensitivity of the global climate to emissions) to local-level socio-economic impacts (2007). However, despite all the complexities and uncertainties, there are urgent reasons to recognise the reality of changes in climate and to seek ways to support adaptation to the resultant impacts. One reason is the fact that there is a 'lag' in climatic response to emissions of greenhouse gases and aerosols. This is such that even if concentrations had been kept at the levels they were at in 2000, the next two decades would still see a continued warming of 0.1°C per decade (IPPC, 2007).

### **2.3 The impact of HIV and AIDS**

It should be recognised that climate change is only one of the many stressors that affect resource-constrained communities living in southern Africa. What is clear is that southern Africa is characterised as a region impacted and effected by *multiple stressors*. Within this

context, a significant feature has been the pervasive AIDS epidemic. HIV and AIDS are now widely acknowledged as major drivers of livelihood insecurity across the region. Indeed, one third of the world's people living with HIV live in southern Africa, where one third of global AIDS deaths occurred in 2006. Adult HIV prevalence exceeds 20 percent in four of these countries: Swaziland, Lesotho, Botswana and Zimbabwe. Another five countries ~ South Africa, Namibia, Zambia, Mozambique, and Malawi ~ all have adult prevalence rates in the range of 10 to 20 percent (UNAIDS, 2006). Epidemics in southern Africa are fully-fledged, generalised epidemics affecting the general population, which are sometimes referred to as "hyper-epidemics" (Gillespie *et al*, 2007b).

HIV and AIDS exacerbate the impacts of poverty and other stressors that affect vulnerable families in particular. It increases disabling deprivations suffered by young children as a result of lost family livelihood and employment income when breadwinners become ill and die, and when available family resources have to be shared amongst affected kin (Richter *et al*, 2006). Gillespie has shown through detailed reviews of scientific evidence that there is a complex "bidirectional" relationship between the progression of HIV and AIDS and livelihood and food insecurity (2005, Gillespie *et al*, 2007a). On the upstream side of viral transmission, livelihood insecurity may put poor people at greater risk of being exposed to HIV ~ for example through forced migration to find work, or through poverty-fuelled adoption of transactional sex as a "survival" strategy (Gillespie *et al*, 2007b). On the downstream side, the various impacts of chronic illness and premature mortality on household assets and resources are well documented.

There is thus an increasing recognition that household and community livelihood insecurity in rural and urban southern Africa cannot be properly understood if the epidemic is not considered as a significant component of the underlying causes (Baylies, 2001). As Gillespie *et al* demonstrate, HIV and AIDS both affect, and are affected by, people's livelihoods (2007b). The macro context, conditions and trends will to some extent determine vulnerability of different livelihood systems to upstream HIV exposure and to the downstream impacts of AIDS. After HIV has entered a household or community, the type and severity of its impacts on assets ~ mediated by institutional structures, processes and programmes ~ will determine the type of strategies that the household adopts. These strategies will differ, among other ways, in terms of their ability to reduce people's exposure to HIV and increase their resilience to AIDS impacts. Such strategies and responses in turn lead to various outcomes, including food and nutrition security. If this "bidirectional" relationship between the progression of HIV and AIDS and livelihood and food insecurity is

broken, people ~ most especially children ~ will suffer less from the negative impacts of the epidemic (Gillespie and Kadiyala, 2005).

The evidence is clear that across these problems HIV and AIDS has intensified the vulnerability and poverty of the many households affected by the disease (Gillespie and Kadiyala, 2005). The rural impact of HIV and AIDS is insidious. For the most part it goes unnoticed as the seasons and natural rhythms that frame rural existence mean the pace of this long-wave event's impact will be slow (Barnett and Whiteside, 2006). Each turn of the cultivating season will see a small, significant and usually negative change in farming, household relationships and the social fabric of the community. Along the way there will be abrupt changes when, for example, the remaining parent in a household dies and the family unit dissolves. Gradual changes such as leaving fields uncultivated are easily reversible in the short-term but increasingly difficult to reverse as bush encroaches or others exploit complex landholding patterns to lay claim to land.

HIV and AIDS thus contribute to the livelihood crisis in three ways (Maunder and Wiggins, 2006). Firstly, it reduces farm production and incomes as labour and capital are lost to disease and death. Secondly, it undercuts the ability of households to cope with shocks. Assets are likely to be liquidated to pay for the costs of care. Sickness and caring for the sick prevent people from migrating to find additional work. Thirdly, there have been costly losses of scarce, skilled staff in the public service and private enterprise. Another major consequence of the AIDS epidemic may not be the reduction in average incomes but a large rise in inequality (Timaues, 2008) through the "impoverishing" nature of the disease affecting some families and not others (Richter *et al*, 2006).

#### ***2.4 Weak state capacity***

The third element of the "Triple Threat" is the issue of weak state capacity. In general, while the unavailability of food triggered the southern African food shortages of 2002-2003 and then again in 2005-2006, the problem was more than one of household access and entitlements. Apart from the impact of HIV and AIDS and climate shocks, this erosion of sustainable livelihoods was due also to the inability of States to effectively reach all of its citizens, as socio-economic opportunities have dramatically changed in the past two decades. SADC have openly recognised that human resources and technological capacities of the public sector, particularly in health, water and sanitation, education and agriculture, continue to be weak across the region (SADC RVAC Five Year Plan, 2005). HIV and AIDS

have now also impacted these systems, already under pressure from budget constraints, inadequate training programmes and poor staff retention.

As such, weakened capacity of service delivery has been widely recognised as a driver of livelihood insecurity, particularly in terms of agricultural extension and inputs. Coupled with this, inadequate agricultural policies, which favoured large-scale commercial enterprises, has done little to underpin a small farmer sector ensuring that they marketed little if any produce and were largely net buyers of food, depending on farm labouring and non-farm activities to provide cash. For example the cash budget approach for government veterinary services in the 1990s in Zambia led to decrease in vaccination coverage, and thus when Corridor Disease spread through southern Zambia, decimating cattle holdings, household's productive and capital assets were not protected thus increasing vulnerability to shocks and reducing their resilience to the 2001/2 drought impacts on crop production.

These debates are obviously sensitive for sovereign States critical of external "judgement" about meeting obligations of service as the custodians of state resources. Part of this discussion is about the role and impact of structural adjustment policies in the 1980s and 1990s, which often resulted in the dilution of state-run services for agriculture. This was based on the faulty assumption that the private sector would replace the state in delivering services and contributing to economic growth in distant areas. One result has been increasing isolation of rural areas and the growth of rural poverty over two decades.

### ***2.5 Erosive coping strategies***

Thus the frequency of erratic weather since the late 1990s in combination with other stressors such as HIV and AIDS and weak state capacity has meant poorer farmers had all but exhausted their coping strategies since the late 1990s through the inability to help their lands recover and the liquidation of productive assets through distress sales (SADC FANR VAC, 2003). This meant that some coping strategies had become erosive in nature, as choices were made that undermined the future livelihood options of families to meet immediate, short-term needs. For example the sales of chickens, goats or cattle are classic coping strategies that households all over sub-Saharan Africa engage. Some level of livestock sales is normal and does not result in increased poverty. At a certain point, however, household livestock holdings reduce to the level where they are no longer sustainable. At this point, livestock sales become erosive. SADC was acutely aware that erosive coping strategies were become far too frequent during the 2002-2003 periods, and argued that the

exacerbating impact of HIV and AIDS was probably the factor that was pushing more people into hunger (SADC FANR, 2003).

Oxfam-GB has coined the term “vulnerable livelihoods” to characterise households or communities who generally, year in year out make only barely enough to sustain their life and for whom a small shock quickly slides them into deficit. These groups or households are distinct from those who have enough resources to accumulate marketable surpluses in most or some years from which they can draw on in bad times. The level of these resources or asset holdings in large part determines the resilience of households in a particular context. In the context of families’ decision making or planning around the future, households with vulnerable livelihoods are clearly less likely to be able to make long-term decisions. Rather their reality is “survivalist”, based on what is immediately available with short-term trade-offs that often have long-term implications. For example, the selling of assets such as livestock or land undermines the ability of a household to recover their livelihood over time.

Children are vulnerable in this survivalist context, particularly to the negative impacts of HIV and AIDS because in affected households they are expected to help with food production particularly through agricultural activities, the collection of wild foods, or working to earn cash to buy more food, as well as to care for the sick (Rose, 2006). Moreover, they may be withdrawn from school (especially girls) on a sporadic basis so that they can assist with various tasks and so that the money spent on their education can be diverted to the purchase of food or health services for ailing family members. Clearly children are directly affected by the trade-offs and strategies families are forced to implement in order to secure livelihoods in this complex setting.

## ***2.6. Case studies: food security and HIV&AIDS in Southern Africa***

The following section reviews a number of studies and case study material to demonstrate how families are responding to the broader context described above. In particular, the section focuses on attempts to secure a livelihood and food security in particular and the limited choices that caregivers often face. These choices may result in the erosive coping strategies discussed above as short-term needs are desperately prioritised with long-term consequences for families and children. One desired goal of a livelihood strategy is food security. This term is understood to mean “secure access by all people at all times to enough food for a healthy, active life” (World Bank 1986). Food security exists in a situation in which people at all times have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (*UN*

*World Food Summit, 1996*). Food is only one of a whole range of factors that determine why the poor make decisions and spread risk, and how they finely balanced competing interests in order to subsist in the short and longer term. People may choose to go hungry to preserve their assets and future livelihoods. It is misleading to treat food security as a fundamental need, independent of wider livelihood considerations (Frankenberger *et al*, 2000).

### *2.6.1 HIV and hunger: limiting choice*

A recent study has found that women in food insecure southern Africa are putting themselves in danger of contracting HIV in their struggle to feed themselves and their families (Weiser *et al*, 2007). The study investigated the association between food insufficiency and inconsistent condom use, sex exchange, and other measures of risky sex among 1,255 adults in Botswana and 796 adults in Swaziland. The study argued that insufficient food for people's daily needs and infection with HIV were inextricably linked and major causes of illness and death. The study found that women in both countries who reported food insufficiency were nearly twice as likely to have used condoms inconsistently with a non-regular partner or to have sold sex.

This clearly reinforces the point that as a result of severe food insecurity, people develop negative coping mechanisms, or ways of survival that have harmful effects on their lives, which include eating fewer meals, migration, pulling children out of school and often, girls and women exchanging sex for food. The burden was particularly heavy on women because they were not only expected to feed their immediate families, but also relatives such as grandparents and orphans. The study clearly demonstrates how immediate needs for survival and the lack of options open to women in particular have led to harmful coping strategies that will likely have long-term consequences for children. As argued in the previous section, the bi-directional relationship between HIV and food insecurity is very serious in southern Africa, as both are significant features of the region. In countries with high prevalence levels, such as Botswana and Swaziland, the chances of contracting the virus from unprotected transactional sex for food is high, particularly for women who have little control over using protection.

A similar issue emerged in western Zambia, which suffers from pockets of food insecurity, where livelihood strategies have been placed under pressure largely because AIDS has left extended families caring for large numbers of orphans, while AIDS-related deaths have reduced the productivity of families, further affecting the amount of food farmed (IRIN, 2007). The report details how women in border towns and major trading routes exchange

sex for food, as the only recourse available to ensure the survival of themselves and children. Catholic Relief Services, which is working with many of these women, report that some women say: 'I know HIV is going to kill me but I still have to feed my kids; hunger will kill me tomorrow but AIDS will kill me in a few years' (IRIN, 2007).

### *2.6.2 Dealing with food insecurity in Chikwawa District, Malawi and AmaJuba, South Africa*

The survivalist strategies adopted above were reflected in the ongoing research project entitled 'Dealing with Vulnerability: Parents' efforts to secure the future of their children' undertaken in Chikwawa and AmaJuba. In terms of planning around securing food, Chikwawa in Malawi reveals how families are struggling in a survivalist context. The levels of poverty and food insecurity have increased dramatically in Malawi in the last 15 years as a result of severe droughts coupled with implementation of liberal economic reforms (Mann, 1998; Chinsinga, 2004). The situation between 2000 and 2006 was in stark contrast to that of the late 1980s when the critical food policy problem was how to prevent the maize price from collapsing in the wake of prolific production spurred by an increased uptake of hybrid seed and chemical fertiliser technologies (Chilowa, 1998; Orr *et al.*, 2001). After 2001, millions of Malawians received food aid as a direct result of the livelihoods crisis (Maunder and Wiggins, 2006). More recently, the reintroduction of chemical fertilisers across the country has revitalised the small farm sector with surpluses being produced at local level.

Chikwawa district lies in the southern part of Malawi where most people engage in small-scale agriculture activities which are rain-fed, labour intensive and require a substantial amount of farming inputs due to land degradation, rainfall failure and higher temperatures prevalent in the area<sup>xi</sup>. Apart from the Sugar Estates owned by the Illovo Group of companies, only a handful of farmers are involved in commercial agriculture through sugar outgrower schemes and as labourers. Although the district is just 40km from Blantyre, the commercial capital city of Malawi, Chikwawa district is among the poorest districts in the country.

The 'townships' located in the Amajuba district in KwaZulu-Natal, South Africa, are approximately 25km from the town of Newcastle, which is a regional industrial centre as well as the district's agricultural node. Families face intense stress in terms of securing livelihoods, both in the present and for children in the future. Employment and social grants underpin livelihood opportunities in the district. Limited employment opportunities are available in the steel manufacturing plant, several textile factories and a cement production

factory. Additional opportunities lie within the retail and residential sector of the town, which is expanding. Although the district used to be a coal-mining centre, many of the mines have closed since the mid-1990s. Socio-economic and demographic data indicates that there are significant disparities within the district; in particular, high levels of unemployment, poverty and HIV prevalence. The following are some key indicators highlighted in the 2001 Census (Statistics South Africa, 2001): the estimated poverty ratio was 56.8 percent and unemployment 55 percent; an estimated 52 percent of the population had completed Grade 12, whereas only 7 percent had proceeded to tertiary institutions. The HIV prevalence amongst women visiting antenatal clinics in the Amajuba district was 40 percent in 2001 (Department of Health, 2003) and, in 2005, it was estimated to be 36,5 percent (Department of Health, 2006).

Of the ten households interviewed at length and over several sessions in each site, lack of adequate nutrition was a common issue raised and one of the primary 'everyday' concerns of children's caregivers. Respondents reported inadequate nutritional diversity and occasional food shortages; in particular foodstuffs such as vegetables, oils, fruits and proteins. While financial constraints were identified as the major underlying cause of this food insecurity, climatic factors were also identified an important contributory factor.

*~ Factors affecting food and nutrition Security*

In the case of families in Chikwawa district, food insecurity was an ever-present phenomenon, as indicated by regular food aid interventions. Similarly, climatic extremes were identified as contributing to problems experienced by residents in Amajuba district with horticultural work. In both cases, there was a seasonal pattern to food and nutrition insecurity. These patterns were directly linked to plant growth and harvesting cycles and, indirectly, in the case of one Amajuba household, where food security fluctuated with the key breadwinner's seasonal employment. Respondents in both sites stressed that food insecurity was exacerbated by lack of physical strength and illness of elderly caregivers within families. As explained by Chikwawa interviewees, some guardians were old and unable to cook or unable to undertake any 'piece work' to generate income; thus children found themselves having to eat 'anything available at that time', however lacking in nutritional value.

Most interviewees in Amajuba agreed that the absence of biological parents could have a negative effect on the quality of care children were receiving and/or on the ability of the caregiver to plan for their children; this included ensuring current and future food security. One biological mother gave an example of grandparents who were so sick they could not

“even place the pot on top of the stove”. This finding resonated with other research that has demonstrated that children are better able to cope with their vulnerabilities when their adult caregiver is healthy and able to provide love and cognitive stimulation (Richter *et al*, 2006). Other studies indicate that the presence of a biological relationship with an adult caregiver, children’s health, educational and nutritional outcomes fare better (Foster *et al*, 1996; Adato *et al*, 2005).

*~ Consequences of Food and Nutrition Security*

Respondents also spoke of the consequences of food insecurity. In Chikwawa, where the phenomenon was most acute, ‘food deficiency’ was perceived as the cause of a number of serious illnesses, whose symptoms ranged from lethargy, fever and general body pains to sinuses. Poor health, in turn, impacted directly on the ability of children to attend school and both children and adults to work (on their land or elsewhere) and carry out chores, thus also contributing to loss of household income. The impact of food insecurity thus compounded a downward spiral that exposed the interrelatedness of various stressors such as climate shocks, poor health and financial instability.

When reflecting on the situation of many families in Chikwawa, Chanika and Msoma (2007) argue: “these illnesses, whether general or serious, affected greatly the ability of the households to lead a normal life. In certain instances children were forced to skip school for a day to a week, while adults were forced to either take care of the sick children or nurse their own illnesses, thus affecting their ability to work in the fields or other jobs for the same period of time. In certain instances... household members were taken ill for a month or more thus affecting their productivity in the short and long term. The respondents noted that there could be a recurrence of this common illness since the causes of most of the illnesses are beyond their own control while other illnesses could only be overcome if there were an opportunity for better livelihood support systems (increased food supply and income).”

The inability to fulfil the household’s dietary needs, even for short periods of time, was a significant source of emotional stress for caregivers. Respondents said they were particularly worried about the children when this happens. Some specific comments were: ‘I feel down and feel like crying’ and ‘I get sick. My blood pressure rises. The children are the ones that comfort me’ (grandmother in Amajuba).

*~ Responses: Short-term coping*

In terms of responding to food insecurity a number of short term coping strategies were undertaken, rather than long-term plans; understandably the first priority was putting food on the table for the next meal: "...most of the (Chikwawa) households live by the day. They just get enough food to last them a day to a week and just be hopeful that when that ends they will have another source of income." (Chanika and Msoma, 2007).

In both Amajuba and Chikwawa, immediate coping strategies included changing eating habits, specifically cutting down on the number and size of meals and reducing diversity of foodstuffs. Other approaches frequently used were borrowing food and money from relatives and other households, and, in some cases, engaging in small income-generating activities. School feeding schemes helped buffer food insecurity for children (although not explicitly mentioned this could be one of the motivators behind ensuring children's school attendance in Newcastle; in Malawi sending children to schools that have feeding schemes was externalized as a coping strategy). In the case of Chikwawa, parents reported collecting wild herbs and vegetables as well as slaughtering and selling livestock. Food aid, on the part of international development agencies and government disaster response programmes (in the case of drought) also contributed significantly to ensuring food availability amongst households in Malawi.

Whilst most of the responses mentioned were short term, Chikwawa findings reveal one strategy carried out with the longer-term in mind: parents and guardians increasingly arranging their daughters' marriage at an early age. The rationale behind this decision was that there would be one less mouth to feed in the household; moreover, should the new husband come to live in the village with his wife's family, the household would have acquired 'one more set of hands' to work on their land.

Although largely unintended, there were longer-term implications of these coping strategies, which were negative. For example, reducing food intake and dietary diversity no doubt had implications for individuals' health as well as children's school attendance and adults' income-earning ability. It also affected households' ability to cultivate and procure adequate food in the future. The Malawian findings illustrate these dynamics: '...those who did not harvest enough, due to their fields being affected by floods or heavy rains, were generally weak and would have recurrence of minor illnesses in their homes. This in turn affected the year's production as they were not able to work harder, whether in their field or when doing piece-work, so they could not get enough to feed their households' (Chanika and Msoma,

2007). As previously mentioned, the burden on children was often significant; in particular, the eldest child would be the first expected to contribute to the household income and security.

Similarly, selling or slaughtering livestock risked jeopardizing future food security and income-generating ability, with obvious effects on capacity to provide for the household and pay for secondary education. In the case of Malawi this also had social implications: "... selling livestock is a big issue because it is taken as wealth when they (households) have many cattle or goats so this (selling or slaughtering livestock) reduces their status in the village" (Chanika and Msoma, 2007). Moreover, the obvious consequence of family members engaging in a greater amount of external or 'piece' work is that of reducing investment in their own land: energy is focused on cultivating other peoples' fields. This provides short-term relief, but can negatively affect the food security status of the households in the long run.

Marrying off daughters early, on the other hand, might improve the food security of some families by decreasing the number of people requiring food or increasing labour where the husband came to stay in the village with his wife's family. However, this also affected the future of young girls who risked being pulled out of school and becoming dependent at a very early age. This represents a 'coping' mechanism that, like child labour, reflects a system under severe strain. While it enabled households to survive in the short term, it came at the possible cost of the future welfare of those girls, in terms of children growing up in relative ill health and becoming unskilled, uneducated adults.

Both in Amajuba and Chikwawa, reciprocity to deal with food shortages appeared to be under pressure as it had become increasingly difficult to find solace with friends and neighbours. Several interviewees indicated that they were reluctant to ask relatives and neighbours for help, since everyone was facing similar problems and that assistance was becoming less common. A key finding from this micro-level study was that while people are sustaining their families and livelihoods, often in terms of survival, there is evidence of internal family and household inability to deal with multiple stressors that indicate their vulnerability.

*~ General Conclusion: Food and Nutrition security in AmaJuba and Chikwawa*

In sum, there appeared to be little purposive family planning for children's future food security. This was no doubt in large part a result of lack of agency and the need to respond ~

often with extreme measures ~ to immediate food needs, if not food crises. Unfortunately, many of the current coping strategies risked further jeopardizing the household's future income-generating opportunities and food security. Findings suggest the risk of a vicious downward cycle that many households may not be able to break out of.

### *2.6.3 Mothers in Sofala, Province, Mozambique: planning for future children's care*

The lack of purposive family planning for children's future livelihood security was echoed in another study focusing on Mozambique mothers living with terminal illness and their childcare plans (Roby *et al*, 2007). This study, implemented in a small village in the Sofala Province of central Mozambique explored the child welfare plans of 102 mothers with terminal illnesses (predominantly AIDS). The majority of mothers assumed that after their death the extended family would care for the children, but none offered a clearly identified plan. Many hoped that the government would provide for the children's education, food, and health care, although very little assistance was available currently. The vast majority of the women reported a preference for placement in an orphanage over other options due to the perception that the children will be better fed and educated there.

Ranked 170th out of 191 nations on the Human Development Index, Mozambique is among the most impoverished nations of the world, with an annual per capita GNP of \$210 and a life expectancy of only 38.5 years (Roby *et al*, 2007). Save the Children ranked Mozambique 90<sup>th</sup> out of 110 countries in terms of maternal and children's well-being (Save the Children, 2005). The lack of participation by women in discussing and making plans for their children was due to issues ranging from intra-family dynamics to governmental policy. The gender relations that have formed women's particular vulnerability also inhibit women's attempts to protect themselves and their families (Baylies, 2000). Despite women's traditional role of caring for their families and children (Jacques, 1999), legal and cultural barriers prevent women from exercising rights and privileges or having input, limiting their influence on policy decisions.

### *2.6.4 Child future security: in-depth research from South Africa*

In contrast to the experiences documented above, research examining the experiences of children affected by HIV and AIDS at different stages of impact in South Africa found concrete strategies being developed for children's future security (Adato *et al*, 2005). These strategies were being developed by caregivers who were HIV-positive and had a clear sense of their situation. The study was undertaken in the Eastern Cape, Western Cape, and

KwaZulu-Natal provinces and based on in-depth interviews, observations, and survey data. The study explicitly investigated whether HIV positive mothers and primary care givers developed strategies in response to HIV and AIDS stresses, and how parents plan for their children's future security.

The research found that in sites in the Western and Eastern Cape, for mothers who were aware of their HIV positive status, making plans for their children represented a chance to take part in their children's future growth and development. HIV positive mothers were actively planning for their children's future, within their limited resources. These plans ranged from organising future care-giving arrangements to preparing wills to ensure the inheritance of their assets. While many of the women in the study emphasised the desire to save for expenses such as the future educational requirements of their children, their limited resources largely made this impossible.

The study raised the challenge that in order to strengthen the roles of mothers, there must be an understanding of the dynamics of planning, the challenges HIV positive women face in parenting and the strategies they are utilising in order to secure their children's future

The South African study has found that when potential caregivers are able to obtain government grants, as well as have access to counselling services, the extended-family safety net seems capable of offering protection to many of the children affected by HIV and AIDS (Adato *et al.*, 2005). This raises a number of opportunities for policy makers looking to strengthening the family safety net for children.

### ***2.7 Conclusions: an "entangled" crisis***

The inevitable conclusion of these studies is that families and households were barely 'coping' in the sense that they were not able to improve their conditions of existence and were living with the constant threat of deterioration to family and individual welfare. The study revealed emerging threats alongside others, notably crime and weakening of family bonds. Perhaps the key indicator of 'coping' was the lack of long term planning by parents. The levels of illness amongst children and diverse restrictions on the latter getting sound education are indicators of parents' inability to provide their children with the means and skills to achieve a stable existence. The broader significance of these findings is the illustration of some dynamics of increasing social differentiation, the widening gap between the rich and the poor, in southern Africa.

As a result of the combination of a generally poor macro-economic situation across SADC, inappropriate government policies, some of which caused intense political instability such as in Zimbabwe, and the AIDS epidemic, meant food security had been drastically destabilised by 2002. One might conceptualise this situation as an “entangled crises” in which different stressors, such as rainfall failure and illness, have become entwined within a “knot” of issues affecting food security. By pulling at one stressor or strand of this knot, one only entangles this situation further. This implies that understanding and responding to this situation requires looking at the complexity of these multiple stressors that undermine livelihoods and to comprehend their interconnections and causal links. The outcome of this underlying situation is that there has been a widespread inability for livelihood strategies to adequately support people’s lives. It is increasingly evident through reports and internal discussions that international agencies regard this situation not only as about food shortages, predicated upon “traditional” causes, but a situation reflecting a widespread livelihoods crisis (Witteveen, 2006; Maunder and Wiggins, 2006).

For more than a decade, responses to this livelihoods situation have emphasized sustaining people’s access to food; for instance, via food aid and diverse forms of agricultural and horticultural extension programmes. However, these efforts are proving to be stopgap measures in the face of societal and environmental change, including HIV and AIDS. It thus can be argued that there is a misfit between the problem and the institutional response, particularly as this situation is clearly no longer simply a weather induced harvest failure that is temporary in nature. Also the frequency of these extreme events, such as rainfall failure, floods, hail and sudden cold spells seem to be increasing, and in some cases intensifying (Gandure *et al*, forthcoming). In addition, a prolonged humanitarian response consisting largely of food aid might possibly contribute to reductions in sustainability. As a whole, the responses from national and international players have remained relatively static and “traditional”, and have not been as flexible and ready to ramp up as necessary. This institutional response would partly enable families to have different options in terms of their livelihoods, and by extension, to facilitate family decision making for the long-term benefits of children. However, the reality is that in a survivalist situation, longer term planning is a luxury.

To reiterate, the main argument of this section is that Southern Africa is the locus for a particular combination of circumstances that affect the livelihoods of millions of families and by extension the future of millions of children. This “entangled crisis” is particularly lethal largely because the region remains the epicentre of the global AIDS epidemic where large numbers of children are living in families or other domestic arrangements in which they are

extremely poor and vulnerable, and where HIV and AIDS intersects with other causes of distress to create a peculiarly complex and intractable set of adverse circumstances.

### **3. Education**

#### ***3.1 The value of education for children's future***

One of the key areas that preoccupied respondents within the South African case study (AmaJuba) of the RENEWAL research documented throughout this paper was the need for good education to enable a child to enter the formal economy (Casale *et al*, 2007). This was seen as the ultimate safety net for children to “guarantee” a future livelihood in a fast changing environment. In contrast, the Malawi case study (Chikwawa) revealed cases where girl children's educational opportunities were cut short as they were either directed into other livelihood activities with immediate benefits to the family or into early marriage. As such, the two demonstrate how family planning ~ and rational decision making within an existing environment ~ around education is a key outcome for children's future.

One of the assumptions commonly made around HIV and AIDS and the ‘orphan crisis’ is that parental death will negatively affect children's educational opportunities, through a number of pathways. The rational expectations literature and various authors concerned with the effects of HIV and AIDS, suggest that reduced (real and subjective) life expectancy for caregivers and their children will adversely affect children's schooling by diminishing the perceived value of education amongst caregivers. The argument is that parents will be less willing to invest in the future if they are not expecting one, so will prioritise current expenditure.

With regard to the first assumption – related to linkages between parental death, care-giving arrangements and schooling (measured, in most studies, by the school enrolment rate and/or years of schooling completed) - the numerous empirical country-specific and multi-country studies carried out have produced divergent evidence, suggesting that generalisations cannot be made (e.g. Case *et al*, 2002; Yamano and Jayne, 2004; Ainsworth *et al*, 2005; Evans and Miguel, 2007; Case and Ardington, 2006; Yamano, 2006; Parikh *et al*, 2007).

In many cases other factors emerge as predictors of educational outcomes, in the context of high morbidity and mortality resulting from HIV and other illnesses; these include: socio-economic status, age and/or gender of children, recent mobility; loss of a mother versus

father, location and nature of the local economy (e.g. urban versus rural setting), relationship between the caregiver and the children. This highlights the existence of multiple influencers on what is but one presumable indicator of educational attainment, human capital investment and future opportunities (i.e. school attendance).

A cross-country analysis conducted by the World Bank Development Research Group, using data collected in the 1990s from 28 countries in Sub-Saharan Africa, Latin America and Southeast Asia, confirms the absence of common trends across countries when examining the relationship between orphan status, household wealth and school enrolment; findings are diverse and the only trend highlighted is the strong relationship between socio-economic status and access to schooling in countries with moderate overall enrolment rates. Apparently contradictory results of studies carried out in the same country – or province – show that generalisations are difficult to make even at a local level (Yamauchi et al, 2006; Parikh et al, 2007; Timaues and Boler, 2007).

Analysing schooling-related indicators in survey data in South Africa, Adato *et al* found that there were few differences between orphans and non-orphans, possibly because children were fostered mainly by close relatives (2005). According to respondents in the study, African norms require that orphans be treated the same as the children of the fostering relatives, and observations mainly confirmed this, although cases of discrimination were also observed. It should be noted that orphans suffer unique stresses from having dealt with parental illness and death, affecting them at home and school.

However, there is also a lack of evidence to support the assumption of a devaluation of education resulting from reduced life expectancy, as posited by various authors concerned with the impact of HIV/AIDS on children's educational outcomes (examples include Barnett and Whiteside, 2002; Bell et al, 2003; Mattes, 2003).

There *is* a body of research, carried out mainly in developed countries, that highlights a positive relationship between parental attitudes and perceptions of education, and children's attitudes and outcomes (e.g. Buchmann, 2000; Noack, 2004; Ibanez et al, 2004). For example, a study working with ninety-three 5 – 17 year-old children not attending school, in three marginalized urban Gauteng communities (Porteus et al, 2000), found that the fourth most common factor undermining children's school attendance was 'lack of family stability and support', including family failing to support or undermining school attendance.

Yet empirical work has not shown the causal link between reduced life expectancy resulting from HIV/AIDS and parents' devaluation of children's education. On the contrary, qualitative work, focusing specifically on the effects of HIV/AIDS, suggests that this is not the case. For example, de Lannoy (2005) shows that HIV-positive and AIDS-sick mothers place considerable importance on their children's education. This is reinforced by a number of household studies which - while not focusing specifically on perceived value of education - reveal how important their children's schooling is to caregivers and the lengths these parents will go to in order to meet school-related costs and ensure attendance (e.g. Steinberg et al, 2002; Booysen et al, 2003; Van Blerk and Ansell, 2006).

A more recent (2007) quantitative study by De Lannoy, aimed at investigating the observable relationship between AIDS and values attached to education, challenges the assumption of reduced life expectancy leading to devaluation of education. Using data from the 2005 Cape Area Study<sup>xii</sup>, the author constructs and applies a model of how AIDS-related poor health might affect the perceived value of education, and thus affect educational decision-making in South Africa. Both the 'instrumental' (value for employment, higher income etc) and 'societal' (value for respect, discipline, keeping children away from crime) dimensions of perceived value are explored. Findings suggest that a strong belief in future opportunities and traditional gender beliefs have a significant impact on the perceived *instrumental* value of education.

Furthermore, household monthly income, belief in future opportunities and traditional gender beliefs are also important determinants of the perceived *societal* value of education. People's low life expectancy for children correlates significantly and negatively with societal value as well, however, importantly 1) South Africans' *subjective* life expectancy for both themselves and their children is very high and 2) subjective life expectancy is not influenced by poor health, especially in the most heavily HIV-affected, African section of the population. Also, there is no evidence that the AIDS pandemic is resulting in loss of belief in future opportunities.

### ***3.2 Case studies: education in Amajuba, South Africa***

Findings from the South African case study in AmaJuba indicate that children's education is afforded high priority by both biological and 'social' parents; this was accordingly reflected in parental decision-making and actions. The reason for so much importance placed on education was that it was seen as the key to children's future, one of the few strategies caregivers can pursue and a 'guarantee' or at least source of hope that the children will be

able to fend for themselves when the caregiver is no longer around or unable to look after them. Many caregivers' central concern was their economic vulnerability underpinned by high unemployment. This was explicitly linked to education: caregivers' priority was that their children find jobs in the formal economy and consequently able to support themselves and their family<sup>xiii</sup>. The links between future livelihood security, employment and education reflected the shift from a rural economy to an urban one, and lack of income-earning opportunities in rural areas.

Caregivers juggled the many competing family needs, in the presence of scarce resources, in order to ensure that their children attended school. For example, strategies pursued amongst families in Amajuba to deal with the economic cost of schooling included borrowing money, negotiating payment of school fees through instalments, passing school-related items (e.g. books, bags, uniforms) from one child to the other or asking children to share items. In general caregivers reported sending children to school even when they were suffering from minor illness. A few caregivers told of their children having to walk long distances and occasionally in wet, muddy conditions, to reach their school. Moreover, investment in children's education was the most commonly cited reason to save. A few respondents said they were trying very hard to put money aside regularly with their children's future in mind, although this was difficult since they were sometimes forced to use the money to cope with unforeseen 'shocks' or current necessities. There was, of course, always the exception, as demonstrated by a grandmother and practicing *sangoma* in Amajuba, who reported having buried eleven years' regular savings in a safe place in her back yard. Many families, in attempts to ensure the school attendance of children, negotiated the payment of school fees in instalments, on the premise that education represents the key to employment and, therefore, a better future for them.

### ***3.3 Case studies: education in Chikwawa, Malawi***

Results of the Malawian case study show quite different dynamics, which suggest children's education was being compromised. In some cases this was linked to the devaluation of education on the part of families, a function of low faith in future employment opportunities, on the one hand, and the preferred allocation of human capital to other more valued activities, such as land-based livelihoods, which are essential for survival, on the other. In other cases, though, findings indicate recognition of the value of education but a nevertheless coexisting need for children to dedicate their time to other activities in order to support the family (e.g. household chores, agriculture). While children required investment in their education, children's labour was often required to sustain pressured households. Either way,

it appeared the 'devaluation' of education was linked to the agriculturally based nature of the economy and the scarcity of labour in relation to land owned by families. As a result, formal education was not prioritised as it was amongst the South African respondents: perceived future opportunities were less linked to finding a job in the formal urban economy and still considerably tied to agriculture.

The resulting burden on children in Malawi was also significant, since they often found themselves having to balance a number of tasks, such as cultivating the land, doing 'piece work' (external part-time employment), carrying out household chores, attending school and, in some cases, care-giving. This situation was not always sustainable and could lead to reduced concentration and performance in school and/or school dropout, as children may no longer have the energy required for growth and intellectual development. This also risked affecting the children's opportunities in the long run as they "cannot engage in modern agriculture practice which require reading and understanding of concepts and instructions" (Chanika and Msoma, 2007). In brief, children were a critical source of labour, usually for household's own lands, but at the cost of affecting their education at school. This points to future wage income insecurity, as voiced in the Amajuba case (children growing up to be illiterate and unskilled).

The qualitative evidence produced through these case studies therefore suggests that a key determinant of parents' approach to education and decision-making around schooling is the nature of the local economy and their source of livelihoods. For example, key factors included whether the system was primarily agricultural or industrialised, urban or rural, and whether there was availability of income-earning opportunities. Current financial constraints were also a major challenge. Both Malawian and South African respondents said they were concerned about issues surrounding child future security in general – and education in particular - but felt they were helpless to do anything about it unless their financial situation were to change; their current concern was getting support or solutions for their current livelihood problems. Specifically, the inability to pay for tertiary education and related expenditure was highlighted as a major concern by South African caregivers, who recognized that unemployment amongst young adults in their households and communities was in part the result of a lack of appropriate skills and qualifications.

In Malawi supporting secondary education already posed a challenge. In fact, beyond primary education (which is free) there was much diminished secondary school attendance due to the inability of parents to pay for school fees (*Chanika and Msoma, 2007*). Several caregivers explained that they would like to see their children dedicating time to school-

related activities rather than “getting involved in the fields.” However, the financial hardship faced meant that they have not other choice, at times, but to send the children to school without breakfast (which makes it harder for children to concentrate in class) and ask children to help in the field when they return home. Parents indicated that one of their aspirations was to “have an investment through access to government loans and business opportunities” which in turn would enable them to support their children’s secondary education and related ‘necessities’, such as food, school uniforms and books.

### ***3.4 Synthesis of South African and Malawi case studies***

The case studies demonstrate livelihood dynamics amongst a small group of low-resourced households in two high HIV prevalence areas, characterized by very different geographical locations and economic conditions. With regard to education, they confirm the difficulty in generalising and suggest that the relationship between HIV and AIDS, difficult livelihood conditions and children’s schooling is by no means straightforward, but rather the outcome of a number of interacting factors – including stressors and perceived opportunities - specific to the local environment. In particular, the South African study results directly contradict assumptions around devaluation of education as an investment in the presence of decreased life expectancy (*see De Lannoy*). On the contrary, the Amajuba findings suggest that schooling may even be considered a key component of parental planning; it is one of the few strategies parents are able to pursue, and may be seen as the only opportunity for the children’s ‘better future’.

Moreover, the importance placed on education does not appear to be diminished in the case of caregivers who are grandparents; on the contrary, their awareness of their age, health status and the dependence of the household on their pension are arguably an additional source of concern. These social parents were particularly worried about the fate of the children in their care after their death; their preoccupation was motivated, in some cases, by the realisation that their remaining life expectancy was lower than that of biological parents and that there will be no-one else ‘left’ to substitute them when they were gone, in the way that they ‘stepped in’ for the biological parents. Many women in the study expressed fear of passing away before their children were able to take care of themselves, since their death would deprive children both of parental care and of a key financial source of sustenance (i.e. pension income), which will have to be replaced by employment income of children, as they became young adults. The family’s survival therefore depends on the older ‘children’ becoming employable.

In Amajuba an interesting ‘trade-off’ revealed amongst caregivers was that of postponing traditional ‘spiritual’ obligations – specifically the traditional feasts held to reunite deceased family members with their ancestors – in order to fit the bill for current household priorities, a key component of these being school fees. The weight of such a decision for parents should not be overlooked; these costly feasts were not merely a social obligation, but were a direct obligation to the ancestors, who may not understand off-setting the ritual and whose anger could manifest itself in various forms, including the death of livestock or even a child. A household head therefore could not achieve peace of mind until these obligations were fulfilled. In other words, the price of investing today for their children’s future may well include living with guilt and fear of the consequences of ancestral anger, that parents will attempt to placate by constantly informing, apologising and renegotiating, in the hope that they will be met with understanding.

Moreover, from a financial point of view, postponing these obligations equates to trading liquidity today for debt tomorrow – one more burden looming over the household’s future. As one grandmother recounted: “...you can put money aside for the feast and set a date, but then things come up, for example your child needs to study and you need to pay for a course. You can use this money, but the problem is with the ancestors. You have to set a date with them so (when you shift the date) you have to update them and explain again; and it is difficult for them (ancestors) to understand. The ancestors may make everything go wrong because they are angry about this. It is better to not fix a date, so the ancestors don’t get upset. You must rather keep it in your heart. They can even kill you.”

In brief, in South Africa, as in Malawi, choices regarding education are the outcome of a series of tradeoffs. In Malawi the tussle is often between children supporting the family through subsistence agriculture and casual labour and going to school in order to lay the foundations for a ‘better future’. Across sites, findings show that expenditure related to schooling has to be reconciled with other family needs.

### ***3.5 Case studies from Malawi and Lesotho***

The AIDS epidemic in Malawi and Lesotho has produced a large number of “overburdened and in some cases, disintegrating family support systems”, which have important implication for families being able to invest into education (van Blerk *et al*, 2006). A recent paper has investigated changes to traditional patterns of resource transfer from the working generation to the young and old (the inter-generational contract). It assesses the extent to which AIDS has altered this inter-generational contract and how these changes have affected the care of

orphans. The paper argues that long-term sickness and death impose increased stress on extended families economically, physically and socially, particularly because caring for new and increasing numbers of dependents cannot be disentangled from the care of other vulnerable household members such as the elderly (van Blerk *et al*, 2006).

The paper posits that historically in Malawi and Lesotho, orphans moved into relatives' households. Today, maternal grandmothers are the most likely carers for these children, but with changing terms and conditions. Immediate reciprocity is favoured over a long-term moral obligation of the working generation to care for the old and the young. Von Blerk argues that while children require investment in their education, children's labour is often required to sustain pressured households. Young or elderly carers might not live long enough to fulfil longer-term obligations. And, in circumstances where carers expect their own children to provide for their future needs, incoming orphans need to provide more immediate 'repayment' for their care.

The researchers also found that contracts have become more explicit in households where children are taken on out of necessity rather than moral obligation. Furthermore, there is an emerging inequality in the provision of resources: AIDS orphans are stigmatised, and many households are too poor to fully support the children for whom they have taken responsibility. Although resonating with the findings of the AmaJuba and Chikwawa study (Casale *et al*, 2007) this is in direct contrast to the findings of Adato *et al* in South Africa (2005). The study also found that when families have exhausted their resources, children are often abandoned or left in institutional care. This resonated with the case study from Mozambique where mothers identified orphanages as places of choice to care for the children on their demise.

### ***3.6 Orphanhood and school enrolment***

Many studies have reported the negative impacts of HIV and AIDS on children's schooling, primarily using indicators of enrolment, attendance and retention. One study has findings emanating from 19 Demographic and Health Surveys conducted between 1992 and 2000 (Case, Paxson and Ableidinger, 2004) where the impact of orphanhood on children's school enrolment is examined in ten sub-Saharan African countries (Gillespie, 2008 forthcoming). The study claims that orphans are less likely to be enrolled than are non-orphans with whom they live. This is largely explained by the greater tendency of orphans to live with distant relatives or unrelated caregivers who are more likely than extended family to discriminate against the orphaned child.

The study also claims that while surviving fathers are less likely to care for children than surviving mothers, this tendency seems to be changing (Case, Paxson and Ableidinger, 2004). In the main, surviving mothers, grandmothers and related women provide most of the care for affected children (Richter and Rama, 2006). In most settings, grandparents are the most common caregivers. The fact that families are absorbing the care of affected children does not mean that they are doing so without difficulty. Despite the proliferation of HIV and AIDS resources, international responses to the AIDS crisis are not yet succeeding in getting significant resources to affected communities and families (Richter and Foster, 2005).

### ***3.7 Implications: education and human capital formation***

It is clear from the literature pertaining to education and HIV and AIDS that the impact of the epidemic at the family level has a disruptive effect on children's schooling. In low prevalence countries, younger children are not likely to be removed from school, whereas older children affected by HIV and AIDS are. The role of orphanhood in this is not clear cut. As in southern Africa, household structure and family relationships of care affect the probability of orphans attending school. There is also some indication that children and families affected by HIV and AIDS fear discrimination at school.

A crisis usually intensifies households' need for labour. Children may be withdrawn from school to supplement labour, especially when households lack assets to offset transitory income shocks. HIV/AIDS may be more detrimental to human capital accumulation than other crises because of its impact on education and educational systems. There are few alternatives to child labour when adult mortality is high, compounded by the fact that HIV/AIDS is a long-run crisis and parents cannot expect conditions to get better before their children finish school. In addition, many sub-Saharan countries do not offer schooling, or prospects following education, of high enough quality to be worth releasing children from productive tasks. In addition, as a result of HIV, it seems less likely that children who have left school will be motivated to return when the time horizons for returns on investments are more variable and shorter. Lastly, the epidemic seems to motivate early marriage for girls from the poorest households, and this affects their education.

## **4. Property rights**

### ***4.1 Securing property for children's future***

A key outcome of family planning in a context of multiple stressors, especially HIV and AIDS, is ensuring the inheritance of key assets and property for children on the demise of parents or caregivers. Indeed, one of the key functions of families is the transmission of property rights from one generation to the next. Property rights to land, livestock and other agrarian resources are critical to the livelihoods of rural men, women and children. Insecure property rights perpetuate gender inequalities, livelihood insecurity and poverty. Previous work in western countries shows that children are at a greater risk of long-term negative outcomes if their parents fail to make custody arrangements before they die (Simoni et al., 2000). In other words, where arrangements are made in advance before a parental death, particularly for care-giving arrangements and the handling of assets, children are more likely to be provided the necessary psycho-social and livelihood support than if these arrangements were not made. Children bereaved by sudden, unexpected parental loss demonstrate more negative outcomes than children who are prepared for such a loss and the legal complications are greater (West et al., 1991; Rotheram-Borus et al., 1997). This is particularly serious in the context of property rights.

Property is a bundle of rights entailing a set of entitlements as well as a set of obligations. In order for these rights to be secure they need to be enforced by an authority. As outlined by the Food and Agricultural Organization (FAO), property rights and property relations can be the subject of negotiation and compromise on the one hand and confrontation and struggles on the other, and these struggles can be violent in various ways (2008(a)). Legal rights may exist in principle but are not always respected in practice. The reality of one's rights depends on if and how one uses that right on the one hand – the generally more conservative role of custom – and the response of local and other respected authorities such as the State, local authorities, and customary leaders, on the other. At the local level, several different 'authorities' often interact, determining the actual application of legal rights in real situations and with real social consequences. In most countries in southern Africa, women and children's access and rights to land and property depend on their relationship to their male family members as a wife, daughter, sister or mother, with some exceptions, especially where matrilineal kinship system is practiced (Izumi, 2006(a)).

In a context of many, overlapping stressors, these property rights might become strained, particularly for younger children that have lost their biological parents. As an example from

Mozambique, two scenarios are described to highlight how HIV and AIDS have exacerbated insecure inheritance rights of property (Tanner, 2008). In the pre HIV and AIDS situation, the death of a husband occurred when children were already grown up and were able to inherit. In this situation, widows were usually cared for by their children. In the current HIV and AIDS situation, the death of a husband occurs much earlier, leaving a young widow and underage children (Tanner, 2008). Children may fail to inherit and widows may lose the land and other assets. Customary safeguards do not come into play and women have to return to their family house and/or remarry.

The situation of insecure property and inheritance rights for women and children seems to have deteriorated in recent years. For example, In Zambia at least 700-900 cases of confiscation of property from women are handled annually by the Police Victim Support Unit (FAO, 2008(b)) with 30 percent of widows experienced more than a 50 percent reduction in land size after their husbands had died (Chapoto *et al*, 2007). Children's property rights are often directly affected when their mother is dispossessed; practically these children have already lost their paternal property rights as it would not be easy to reclaim when they were older. In terms of specific figures of children losing property rights, a study in Zimbabwe claims that 53 percent of girl orphans were displaced from parental homes after their parents had died (HSRC, 2006).

In a desk study of children's property and inheritance rights in southern and East Africa, Laurel Rose focused on the legal aspects of children's rights (2006). The argument was made that children's property and inheritance rights have received little attention, despite the fact that many orphans are not only compelled to support themselves, but also have to defend their property and inheritance rights against potential or actual usurpations by relatives, neighbours and strangers (Rose 2006). Importantly, the relatives who usurp their property and inheritance rights are often the same people within their extended families who, in accordance with tradition, should be protecting their rights, as their guardians and caregivers. According to several testimonies of dispossessed people, such relatives maintain that the rules of customary inheritance stipulate that the property of deceased adults should be distributed within the extended family, or they maintain that the rules of customary inheritance require that adult guardians of children decide how inherited property should be distributed or earned property should be used (Izumi, 2006 (a)).

As a result of these rules of customary inheritance, it is not easy to ascertain when children's property and inheritance rights have been violated. Members of extended families usually have rights to the property of their deceased relatives, as stipulated by the laws of the

different countries within the region, and because the guardians of orphans have the right to determine how the property that the orphans inherited from their parents should be used to provide for their needs, including for clothing, food, housing, and education. The desk study undertaken by Rose clearly demonstrates through an analysis of various laws from select countries within the region as well as through illustrative case studies, that many members of extended families confiscate the property of deceased relatives to which they are not entitled by either customary or statutory law and that many guardians/estate executors use for their own benefit the property of deceased relatives which should be used for the benefit of the orphaned children.

Although the laws of several countries in Southern and East Africa contain provisions that aim to protect children's property and inheritance rights, the reality is that many children are not able to utilise these laws to protect themselves. Children's land and property rights are addressed by some international conventions and by new policies and laws enacted during the course of institutional reforms. However, the gap between formal policy and law and actual practice remains large. Bridging the gap between statutory law and customary law remains a significant challenge, as the latter dominates in practice (Izumi, 2006). A major part of this challenge is unresponsive authorities and ineffective courts (Rose, 2006). This argument is supported by other recent literature on this issue, largely facilitated by the Food and Agricultural Organization of the UN (FAO) and the International Center for Research on Women (ICRW) (see Aliber *et al*, 2004; Izumi, 2006(a); 2006(b); ICRW, 2007). However, the number of studies remain few and in view of how little attention children's property and inheritance rights have received, as well as how little is known about violations of these rights, it is no wonder that the governments of Southern and East Africa have not already fully protected such rights within legislation (Rose, 2006).

In general, children are not in a good position to use either customary law or statutory law to their advantage because of barriers which they commonly encounter: information (they are not fully aware of their rights), time (they are unable to pursue their property claims before their deceased parents' property is permanently alienated), status (they are of lower status and power than their competitors—often their own guardians), youth (they are not permitted by law to pursue their property claims on their own), and cost (they are unable to meet the logistical and legal costs of pursuing their property claims) (Rose 2006).

The basic premise of this literature is that property rights must be realised in order that other rights can be realised: children who are denied their property and inheritance rights will not likely be able to realise other rights, including to material sustenance and to

psychological well-being. In effect, children's property and inheritance rights constitute the essential building blocks of an interconnected system of rights, making children's property and inheritance rights as much a fundamental human rights issue as an economic issue. Another significant argument is that securing property and land rights for children can be couched both as a preventative and a mitigating factor to HIV&AIDS. When children's property rights are secure, they have more overall control of their bodies, particularly girls, and their actions (FAO, 2008). This control equals the ability to keep themselves safe from HIV.

Many children, particularly those orphaned and vulnerable to the range of stressors affecting southern Africa, do not have sustainable livelihoods: they lack material resources such as food, shelter, and bedding; they lack access to health and educational services, psychosocial support, and income generating activities; and they lack the capabilities, assets, and activities that would ensure their living (see Mchomvu and Ijumba 2006). Essentially, the livelihoods of these children are not sustainable because they are unable to use and access resources within the wider community to meet their immediate needs and are unable to cope with and recover from ongoing stresses and shocks.

If disinherited, children may be forced to employ various coping strategies in response to their situation. Some adverse knock-on effects of disinheritance can resultantly include the early marriage of girls, involvement in prostitution, hazardous labour, migration and children dropping out of school (FAO, 2008(a)). Property grabbing can therefore strip victims of their assets and often their livelihoods, as well as lead to a ripple effect of negative repercussions for the children's future.

#### ***4.2 Case studies from the region: Mozambique***

As argued above, the grabbing of property from children may occur openly following the death of a parent, or even before, when the parent is sick, or covertly, under the pretence that property will be kept in trust for the child. Research conducted in Mozambique in Gaza, Manica, Zambezia and Nampula provinces by Save the Children UK exhibits both scenarios (2007). Findings show that upon the death of a father or both parents, family of the deceased took assets from children who were heading households, leaving them to fend for themselves. In other cases, property was found to be transferred "nominally", while family guardians appropriated much of the goods, leaving nothing for the children to inherit when they were of legal age.

Methods of Grabbing Orphans' Parental Property
<p>Take moveable property when parents are sick</p> <p>Take moveable property after death of parents</p> <p>Take moveable property as specified by council during bereavement rituals</p> <p>Obtain burial order and death certificate and gain access to property</p> <p>Assume guardianship of orphans and dispose of property</p> <p>Assume guardianship and use property</p>
Source: Rose, 2006

The Save the Children research also revealed incidences (as highlighted by children) of abuse by aunts and uncles, excessive labour requirements, food deprivation and discriminatory treatment (2007). Further related effects include an inability to pay school fees and meet basic needs such as food and shelter and a loss of a symbolic connection to deceased parents.

In conclusion, the study showed several challenges facing children regarding inheritance. Save the Children argued that the reasons and the solutions were not simple and that to blame culture and tradition would be wrong (2007). This was based upon an argument that culture was dynamic and not static, and that there were instances where traditional leaders had openly supported children. The report argued that the key was to build on and expand some of the ongoing initiatives in the communities to increase awareness so that women and children both knew their rights to inheritance and could claim them without fear.

#### ***4.3 Property rights in Amajuba, South Africa and Chikwawa, Malawi***

As demonstrated throughout this paper, a central element of social capital is reciprocity, which allows households to count on neighbours or family members in times of need. In the South African case studies, respondents referred to factors that eroded or hindered reciprocal obligations: overstretched household finances, distrust, jealousy, gossip and 'crooking'. Another important asset that depended on reciprocal relations usually outside of a formal legal framework was the local land tenure system, which enabled residents to secure land for housing and horticulture. That system existed alongside the formal market and government subsidised system whereby residents, often in urban areas, can secure individual title to properties (sometimes called freehold title).

For most of the South African respondents, their land and homes were viewed as their most significant physical assets. The protection of such assets largely depended on the reciprocal relations around which they were held, used and transacted. Despite most respondents focusing their attentions on the demands of the present there was evidence of long-term planning to secure key assets for future generations, including property.

Most families invested in the construction of additional dwellings and improvements of existing dwellings, with the view of bequeathing the property to the children. This strategy held immediate benefits in terms of improved living standards in the present but also secured such “spaces” for future generations. By actively “living” in such dwellings and improving them, families’ rights to such assets was guaranteed. This strategy indicates that property arrangements in the future were an important issue to consider. There was, however, little evidence of utilising other strategies such as inheritance plans or wills to attempt to secure the future assets for children, particularly if adult members of the immediate family were not around.

An important dynamic in the South African case study is the convergence of two different conceptualisations of property or tenure, which is the terms and conditions under which property is held, used and transacted. Professor Ben Cousins at the Programme for Land and Agrarian Studies based at the University of Western Cape in South Africa argues that different conceptualisations of property rights raises the need to build a better understanding of the complexity of multiple, informal tenures within the ‘extra-legal’ sector, in all their diversity, and to acknowledge at the outset that they are fundamentally different to individualised, exclusive, private property systems that financial institutions traditionally work with (see Cousins et al, 2005). This raises questions about adjusting dominant frameworks to accommodate ‘extra-legal’ property and to create a bridge between the ‘extra-legal’ and the ‘legal’.

In the Malawian context, it appeared that the responsibility and financial burden of taking in orphans did not necessarily come with inheriting money or assets from the deceased parents or families. Three of the Malawian respondents that had taken in orphaned children explained that the parents of the children, as one respondent put it, “were just like us,” (i.e. as poor as the interviewees) and did not have any assets. Other anecdotal evidence includes recounts of all movable property being passed on to the father’s family or other relatives and inheritance of land that no-one is able to cultivate.

## **5. Family capital formation**

### ***5.1 The weakening of family capital and future caregiving arrangements***

Caregiving arrangements within a family depends on various factors, pertaining both to the specific conditions of that particular social arrangement and the broader context in which they are situated. While a good deal of literature has focused on parenting of children orphaned by HIV and AIDS, the issue of adequate caregiving arrangements concerns vulnerable children more broadly, for example children whose parents are absent, ill and unable to care for them.

As highlighted by Besley (2005), succession and permanency planning assume particular importance in the context of high HIV prevalence. 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 (Folayan, 2001 as quoted in Besley, 2005). In some cases this is related to socio-cultural factors, including belief in witchcraft (Foster et al, 1995 as quoted in Besley). Following an adult death, it is typically the members of the immediate or extended family that make decisions and assume responsibility for the care of orphaned children, yet specific living arrangements and circumstances are determined by a number of factors. These include cultural norms, as well as civil, religious and customary law (Besley, 2005). As explained in section one, in southern Africa the extended family has taken in and continues to take in the majority of children orphaned, there is evidence of this practice becoming less common. The diversity and percentages of orphans in various household residential arrangements have increased with the spread of the epidemic; AIDS has caused family foster care to greatly increase (Besley, 2005). For example, a household survey carried out in Uganda reveals that 23 percent of sample households live with at least one orphan (who has lost at least one parent) and about 12 percent of sampled children aged 0–18 are orphans (Yamano, 2006). Through survey data and second tracking amongst 15 villages in Burkina Faso's Basega province, Akresh (2005) finds that approximately twenty-seven percent of households either sent or received a foster child between 1998 and 2000.

The care of children can be considered in relation to social, and particularly, family capital (Besley, 2005). Family capital is considered a subset of social capital comprising the 1) bonds 2) resources and 3) characteristics of resilience found within families. Each of these three components can be described and further unpacked, and most can be measured or characterised, although some are less definable or quantifiable (Besley, 2005). The author explains that, on the other hand, the vulnerability of families to HIV can be thought of as the

erosion or absence of family capital and can be assessed at three levels: 1) the ability of a family to function in the face of adversity; 2) the risk of a family member becoming infected with and transmitting HIV and 3) the risk of rapid progression of the disease. Vulnerable families are those most likely to experience inability to meet family members' basic needs, physical or psychological exploitation (whether of the family as a whole or of single members) and a higher likelihood of breaking up. In general, families are able to respond to and survive shocks with surprising resilience. Unfortunately though, the AIDS epidemic is so destructive in some settings that it overwhelms the resilience capacity of affected families and communities. This was elaborated in section two. The three components of family capital listed above have been identified as factors affecting the ability of families to cope with the epidemic.

Kuo and Operario (2007) highlight the three general trends revealed by the literature on caring for children orphaned by AIDS: 1) the gendered pattern of care, as the majority of orphans live in female-headed households; 2) differential patterns of care across generations, as a higher proportion of orphans live in households headed by elderly persons and 3) geographical patterns of care, as the number of orphans and dependency ratios are higher in rural areas. Yet, the authors point out that there is a dearth of knowledge on other aspects, for instance on how patterns of orphan care may be changing in the context of the epidemic, how families are coping with care challenges, the role of non-family caregivers, the process of arranging orphan placement and determinants of this placement. While evidence has shown that family members are preferred caregivers, few studies show how selection takes place and how these caregivers experience the responsibility taken on. Also, norms regulating placement may be changing, as networks take strain under an increasing number of children in need of care and fewer potential caregivers (Kuo and Operario, 2007). The authors conducted qualitative research in KwaZulu-Natal, South Africa, drawing from interviews with NGO and CBO staff as well as focus groups with caregivers. Their study contrasts local understandings of childcare with theoretical and policy notions of care. Findings suggest that childcare practices are more diverse and complex than those currently recognized within existing theoretical and policy formulations.

Besley also refers to literature revealing differences in treatment of biological and foster children living in the same households (2005). This phenomenon is supported by evidence emerging from some, but not all empirical studies. For example, data from the first two years (2004 – 2006) of a three year longitudinal cohort study in the Amajuba district of KZN (SA), working with 174 children, does not show statistically significant differences in most education, health and labour outcomes between orphans and the non-orphans with whom

they live (Parikh et al, 2007). Caregiving arrangements may also differ depending on whether a child has lost their father or mother. For example, Kobaine *et al* (2005) find that the interaction of orphan status and kinship in Burkina Faso show a difference in kin support depending on whether there has been paternal and maternal death. Maternal orphans are more likely to enter school relative to non-orphans when they are supported by fathers and other relatives.

The burden of care may weigh down significantly on caregivers looking after a number of dependents, especially where caregivers are elderly and/or their health is compromised, making it difficult for them to properly care for the children. At the same time, these caregivers may have to deal with the stigma and grief of having lost children or other relatives to HIV/AIDS. Moreover, the financial costs of providing care are not insignificant and may be exacerbated by past shocks to the household (eg illness or death of family members). The existence of support networks and ability to access these can be critical for these adults in dealing with caregiving challenges.

For example, participatory research with traders in Warwick Junction (Chazan, 2005) highlights the disproportionate vulnerability of women and the elderly, many of whom have to care for a number of dependents, face poorer livelihood conditions and social factors such as gender inequality. Older women are “bearing an uneven burden of social, emotional and economic impacts from HIV/ AIDS” since they are often the main caretakers and breadwinners in their families; many are currently caring for children and ill family members, while struggling to support their family and, in some cases, suffering from their own chronic health problems; to make matters worse, they live with the fear of what will happen to their families if they can no longer work (Chazan, 2005).

Kuo and Operario (2007) argue that more research is needed on how particular caregiver characteristics influence children’s outcomes. For example, research has shown that child-headed households face specific challenges (Richter *et al*, 2006). The health of caregivers is also important in ensuring adequate care of children. A study in Zambia (Chatterji et al, 2005), that interviewed over 3000 caregivers, children and adolescents, found that orphans and children with chronically ill caregivers appear to be worse off compared to other children with regard to socio-economic status, in this case measured simply by the possession of a blanket, shoes, and an extra set of clothes. Moreover, lower proportions of orphans and children with chronically ill caregivers have indicators of good health compared to other children.

## **5.2 Case studies from South Africa and Malawi**

Several of the case studies, particularly the South African findings (Casale *et al*, 2007), provide evidence of inter-generational conflict that may be undermining intra-family relations; this suggests an erosion of family capital, as described by Belsey (2005), that makes families potentially more vulnerable or less resilient to various stressors. In Malawi, while caregiving arrangements still appear to be 'ensured' by social customs – suggesting this family capital is relatively intact - these same traditions may be contributing to already-vulnerable households' and children's insecurity (Chanika and Msoma, 2007).

Grandparents interviewed in Amajuba, for instance, expressed fear that there will not be anyone to 'step in' when they are no longer around, as they have done for the children's biological parents. Their concern extends both to parental care and financial resources and is, in some cases, heightened by the fact that the caregiver was also the sole or primary breadwinner (through grants and, in some cases, small income-generating activities). The other adults in the family (in some cases biological parents) were either unable (e.g. ill, unemployed) or unwilling to take on this responsibility. For example, one grandmother explained that, if she passed away, she believed it will be 'the end of the road' for the grandchildren she is taking care of; even though their parents are alive the children are dependent on her for both care and money. Other respondents expressed similar concerns. An interviewee who is a biological mother said her husband would probably organise his sister to come and take care of her children; but she (the sister) would come with her own grandchildren and would not care for the respondent's children in the same way.

There appears to be a significant association between the concern amongst Amajuba parents and grandparents and the apparent weakening of nuclear and extended family networks. Findings from the case study provide various examples of 'erosion' of family capital, as defined by Besley (2005), resulting from the weakening or breakdown of bonds, resources and characteristics of resilience amongst household and extended family members. This creates or exacerbates intergenerational tensions and makes it difficult for households to deal with shocks and challenges such as illness, death and financial difficulty. In brief, households become more vulnerable to the various stressors they are faced with.

Anecdotal evidence from Amajuba includes: family members not contributing to the household, yet spending money on 'brand clothing' and other consumer goods; young people defying traditions regarding dating and marriage; young adults engaging in risky behaviour; stigmatisation of HIV positive family members; abuse amongst family members. Specifically

with regard to parental arrangements, caregivers reported cases of biological parents not taking responsibility for their children and refusing to support the household, as well as other close family members refusing to take responsibility for the children in the event of the caregiver passing away. For example, one grandmother recounted her difficult situation: after one of the interviews, she started thinking more about what would happen to the children in her care (offspring of her deceased daughters) if she were to pass away. She decided to pose the question to her son working in Johannesburg (the uncle of these children and her only living child). He said that this was not his problem and they would have to 'go back to their homes', referring to the respective houses of their biological fathers or their fathers' families (one child no longer has either of his parents). None of the fathers live in the area and this grandmother has little contact with them; she does not know about their current family situations and has never received any support (financial or other) from them or their families.

There is no doubt that in Amajuba societal change, linked to urbanisation and migration, has influenced the interaction amongst family members, including the willingness of relatives to take in (often distantly-related) orphans. Added to the growing financial burden and precarious livelihood conditions of many households and individuals, this raises questions as to whether the extended family will continue to 'absorb' children in need of care, as it has done in most cases to date. It suggests the situation could be very different once the second generation of caregivers is no longer around and that the greatest impact of the AIDS epidemic on children in the area is yet to be seen.

On the one hand, there was an assumption that government would provide in South Africa, yet at the same time a recognition of the dependency of households on public transfers and consequent fear of the household's fate in the case of these being terminated (e.g. grandparents who realise their death will deprive the household of the pension income it depends on). The fact that most current social transfers target children and the elderly, exacerbated concerns about what will happen to the family when the caregivers were no longer around and the children grew up. Also, some Amajuba respondents expressed fear that these forms of assistance would be discontinued by government in response to 'crooking' (i.e. exploitation of the system by some).

As mentioned above, dynamics around parenting arrangements play out quite differently in the case of Chikwawa. Less concern about future care-giving arrangements was closely tied to the assumption that tradition would be respected and responsibility taken by close or extended family members. This suggests that family capital was still relatively strong and

that this was an important element in ensuring caregiving arrangements. Nevertheless, other types of concerns were expressed by respondents, mainly regarding the potential negative repercussions of ‘ripping children’ from their environment immediately after losing a parent, as well as their future socio-economic status. Malawian respondents explained that some of these children were removed from the cities where they have access to better schools, hospitals and other services; also, a sudden change of environment shortly after losing their parents was perceived to be a big contributing factor to increased frustration among the children. Moreover, tradition dictates that children be passed on to the most elderly relatives and those with the least to do (therefore most probably unemployed and the least-resourced); it is also seen as a way of providing an ‘extra hand’ to these households, suggesting that children’s schooling will not be prioritised. Hence this practice risked accentuating both the children’s and ‘foster’ households’ current and future vulnerability, especially in a context of high young adult mortality.

Specifically, children in Chikwawa are being sent to the eldest or most inactive relatives, who may not inherit any of the parents’ assets. This no doubt makes pragmatic sense in an agricultural-based society in which the allocation of labour to available land needs to be prioritised; yet it likely works against the assurance of children’s future entry into the job market through formal schooling. This raises concerns regarding future income-earning possibilities when ‘living off the land’ is becoming increasingly difficult, not least of all because of climatic factors. Also, children being moved from relatively well-serviced urban environments to rural villages, in the event of parental death, has a number of implications for schooling and, more in general, opportunities available to them.

### ***5.3 Implications***

Whilst the South African research demonstrates greater uncertainty around future caregiving arrangements, in Malawi lack of substantial family arrangements could be explained by the opposite phenomenon, which is the level of ‘certainty’: parents assume that the traditional system, prescribing who the children will be passed on to, will be upheld. Parental arrangements are therefore seen as ‘predetermined’ so do not require choices. In South Africa there appears to be greater anxiety than in Malawi around what will happen to the children when a caregiver dies. This is in part motivated by the strong reliance on grants that will fall away if the recipient (e.g. pensioner) passes away. However, it may also be a function of weaker social ties that exist among households in the South African samples.

The overall strain on social networks was an explicit worry amongst Malawian respondents, as in the South African cases. In rural Malawi, social networks have been the most important systems for providing moral and material support to family members in need. Yet findings of the case study material allude to the weakening of family support systems due to increased stresses and shocks such as poverty and high mortality. Chikwawa respondents explained that the biggest challenge they faced was not looking after their biological children, but the orphans that have been ‘passed on to them’. Interviewees on both sites expressed fear that there would be no-one left to take care of their children when they passed away, and concern around the fate of their children when they passed away, referring to both material and emotional wellbeing. This raises questions as to how long extended family networks will be able to continue ‘absorbing’ children in need of care, as they have to date.

In brief, there is evidence on both sites of strain on reciprocity and social networks as a coping strategy to deal with stressors in general, which raises questions as to the ability of households, and children in particular, to count on these in the future (Casale *et al*, 2007). Moreover, the lesser the role adults are able to play in managing the household – as a result of absence or illness – the more difficult it may become for children to access and sustain these networks and ‘systems’ of reciprocity. This suggests that the greatest impact of HIV/AIDS on children in many parts of sub-Saharan Africa may be yet to come.

## **6. Conclusions and recommendations**

### **Analysis and discussion**

This paper argues that families are often unable to recover sufficiently from these “entwined” stressors, particularly when HIV and AIDS has undermined their resilience, with the result that they are unable to adequately secure the future of their children beyond immediate needs. Rather, short-term demands around basic survival limit choices and—with few material resources, inadequate external support, and poor access to appropriate services—the long-term welfare of children becomes a serious challenge for many families. In other words, as resources erode, the capacity for coping decreases and the capacity for planning disappear. While it is certain families worry about their children’s future, it is not clear how much forward planning is actually done by households in poverty with or without AIDS.

As discussed in the conceptual framework offered upfront of this paper it was recognized that the concept of coping embodies the suggestion of acting in accordance with a preformulated plan or strategy (Rugalema, 2000). Yet, as is clear from most of these case

studies and the analysis, in practice coping and patterns of decision making can often be marked by a contingent and *ad hoc* quality. Decision making, particular in the face of livelihood threatening shocks, may be far less orderly, rationalistic and amenable to neat typologies than is conventionally supposed. The case studies demonstrate that the interface between the structural context and the exercise of individual agency is important.

When considering issues of agency the notion of coping often does not sufficiently problematise the question of who is doing the coping. In light of the fluidity, contingency and contestation which often underpin the family, and the locus of decision making often extends well beyond the individual in a homogenous, single household. Positive assessments of decision making and coping are often highly dependent on the particular time frame invoked. An event which at first may appear to be an example of the adaptive (non-erosive) coping may, within an enlarged temporal frame, prove to be a gradual downward trajectory. The presumption of sustainability implicit in much of the discourse of coping and decision making can furthermore obscure the long term costs of short term survival.

The second point, demonstrated clearly by a number of the case studies reviewed, is that families alone often cannot provide for all of their children's needs, particularly education, food and nutrition security, and secure property rights. Many of these require outside support. Access to services is therefore important in determining the quality of a given level of care. By implication, increasing the resilience and range of options that families have, through services and safety nets, one can optimize the positive outcomes for children.

A core argument is that the lack of investments by families—and the governments that support them—in human capital (education), coupled with adverse conditions during childhood (multiple stressors affecting already fragile livelihoods), has led to short term coping strategies that are often “erosive” in nature and may therefore lead to lower living standards in the future. Therefore, to avoid increased risk of poverty, exploitation, malnutrition, and poor access to health care and schooling, early intervention is critical so as to avoid the potential poverty trap.

The results of the literature review coupled with the in-depth case studies suggest that there is cause for concern. The findings show that people are aware of the threats to their welfare and, equally important, of their limited options to sustain their families and livelihoods. In many case studies it appears that families are barely “coping” in that they are not able to improve their living conditions and are living with the constant threat of things getting worse. This is demonstrated by the fact that there is generally an absence of significant long-

term planning for their children's future. This study suggests that those measures that are being pursued are not enough to provide children with the means and skills to achieve a stable existence. Furthermore, some of the current coping strategies adopted could contribute to future insecurity, accentuating this threat of deteriorating future livelihood conditions. This is worrying, because it points to the widening gap between the rich and the poor in Southern Africa.

However, there are still large gaps in understanding how and why the intersection and interaction of stressors impact households differently. Some find their livelihoods destroyed, while others survive and some even manage to adapt their livelihoods to benefit from the situation. This relates critically to finding programs that underpin family strengthening and supporting community responses. Integrated responses are needed, often best provided by local community-based organizations that operate in an enabling environment facilitated by the state. To date, family and community safety nets have supported the majority of vulnerable children. However, there is need to ensure that government actions give all children universal access to services, and the security and assistance families need to care for children. Governments thus have a crucial role to play, particularly in providing education, health, and social services that meet the needs of families that are considering their children's futures. Policies that need attention are those that promote children's physical and psychological well-being, and the capacity and stability of their families.

A common thread throughout the paper is the trade-off between competing needs and priorities that families are forced to juggle—whether physical, social, or spiritual. One such trade off is between current “coping” and future welfare, for example, food security today versus future food security and status, as well as investment in education for the future. Worryingly, various coping strategies pursued today, to deal with current shocks and stressors, further jeopardize the future security of households and children. This indicates the risk of families getting caught in vicious downward spirals that they may not be able to break out of.

The following section presents a number of emerging themes or issues from the paper that have a bearing on discussions on family efforts to secure the future of their children in the context of multiple stressors.

### ***6.1 Context is key***

The first point, which is fairly obvious but difficult to engage, is that context is key. The challenges facing families in southern Africa are not pivoted on HIV and AIDS alone but are entwined with a range of other stressors ranging from climate change to inadequate government services. There is therefore need for a nuanced analysis of the region that takes into consideration these wide-ranging issues that are not easily “unravelling”. What is clear is that where there are “overlaps” between climate, HIV, governance challenges and other stressors, the more vulnerable family livelihoods – and by extension family planning and decision-making – will be.

As a result of the combination of a generally poor macro-economic situation across SADC, inappropriate government policies, some of which caused intense political instability, such as in Zimbabwe, and the AIDS epidemic, food security had been drastically destabilized since the 1990s. One might conceptualise this situation as “entangled crises”, in which different stresses, such as rainfall failure and illness, have become entwined within a “knot” of issues affecting food security.

### ***6.2 No concrete plans made by families – an indication of fragility of livelihoods?***

The case studies show a lack of significant family planning in all areas, including future food security, children’s education and property arrangements. Families seem to be prioritising current coping over investment in the future: this no doubt the result of a lack of agency and limited opportunities. However, it is difficult to ascertain to what extent this is also a result of caregivers not being accustomed to thinking about the future and planning for the long term.

### ***6.3 Families cannot act alone***

The second point, demonstrated clearly by a number of the case studies, is that families alone often cannot provide for all of their children’s needs, particularly education, food and nutrition security and secure property rights. Many of these require outside support. Access to services is therefore important in determining the quality of a given level of care.

By implication, increasing the resilience and range of options that families have, through services and safety nets, one can optimise the positive outcomes for children.

A core argument thus emerging in the paper is that the lack of investments by families ~ and the governments that support them ~ in human capital (education), coupled with adverse conditions during childhood (multiple stressors affecting already fragile livelihoods) are often associated with lower living standards in the future. Therefore to avoid increased risk of poverty, exploitation, malnutrition, and poor access to health care and schooling, early intervention is critical so as to avoid the potential poverty trap.

#### **6.4 Adequate policy**

Clearly there is a need for adequate policy to enable families to better plan and act. Given the changes that the HIV and AIDS brings into families, Adato *et al* (2005) call for a systematic inquiry into understanding the trajectory of experiences of children and their families in the context of AIDS. As iterated above, they argue for inclusion of parents or primary caregivers in the future policy and planning on issues related children in countries most affected by the AIDS epidemic. However, this assumes a capacity and effectiveness in developing – and implementing – appropriate policies and strategies. Reflecting critically on the regional livelihoods crisis raises serious questions about regional governance. Obviously generalisations are dangerous as they are examples of very effective and well-implemented policies in southern Africa. But there are equally examples of poorly conceptualised and weakly implemented responses to some of the worst deprivations facing people on the ground. If a policy framework is solid it will take into consideration the many challenges, particularly around implementing capacity, facing its realisation. Otherwise such policies remain “paper tigers” at best.

In terms of regional governance, some commentators have defined the inadequacy of the state to effectively engage the complex array of problems as a regional governance ‘crisis’ (Maunder and Wiggins, 2006). This is not confined to policy choices, but the declining ability of governments to provide their populations with key services. Without such services there can be little opportunity for families to effectively engage policy and programming and have a set of options that enables them to develop response strategies to shocks and stresses that positively underpin their children’s future. One analysis of the impact of the declining quality and access to key social services such as health and education clearly finds it as a driver of structural food insecurity (Smith and Haddad, 2002). This analysis clearly confirms the importance of these basic services as estimates that female education, access to clean water and the improvement in the position of women are statistically key influences on child malnutrition (see table 2 below):

Table 2: Contributions to reductions in child malnutrition (1970 – 1995)

Factor	Percentage contribution
Women's education	43
Per capita food availability	26
Health environment improvements	19
Women's status relative to men	12

Source: Smith and Haddad, 2002

In many ways an analysis of the unfolding livelihoods crisis in Southern Africa are stating is that a major issue is the constrained capacity of government to formulate and implement appropriate policies and to deliver key social services. This paper concurs with this perspective and reiterates a call for state to play a more direct and effective role in stimulating, enabling and supporting families to plan and invest in children.

### **6.5 Conclusions**

A clear argument has emerged for more comprehensive interventions that are sustainable and truly enabling for families to underpin livelihoods and children security. It is evident that the challenges facing families and their children in the region are many and varied, particularly in a context of multiple stressors, which means that no single intervention can achieve significant or sustained support and protection for the wellbeing of children affected by these many stressors, not least HIV and AIDS. This becomes particularly significant when looking at the extended time scale of the epidemic in southern Africa.

However, there are still large gaps in understanding how and why the intersection and interaction of forces destroy the livelihoods of some while others survive and yet also create opportunities for others to adapt their livelihoods to their benefit. This relates critically to finding programmes that underpin family strengthening and supporting community responses.

The results of this literature review coupled with the in-depth case studies, suggest that there is cause for concern. The findings show that people are aware of the threats to their welfare and, as importantly, of their limited options to sustain their families and livelihoods. In many case studies it appears that families are 'coping' in that they are not able to improve their living conditions and are living with the constant threat of things getting worse. One key sign of 'coping' is the absence of significant long-term planning for their children's

future. This study suggests that those measures that are being pursued are not enough to provide children with the means and skills to achieve a stable existence. Furthermore, some of the current coping strategies adopted could contribute to future insecurity, accentuating this threat of deteriorating future livelihood conditions. This is worrying, because it points to the widening gap between the rich and the poor in Southern Africa.

From a perspective of family decision-making, the risk of children's insecure or deteriorating material and psychological welfare cannot simply be understood by looking at economic factors and their impact on livelihoods and decision-making. Rather, choices made are the outcome of multiple considerations and influencers that may lead parents to prioritise one alternative over another at a given time. For example, the decision of a caregiver to spend his/her life's savings on a traditional feast for the ancestors, while living with the uncertainty of how to pay for current family needs and children's education, could be defined as 'irrational', yet is evidence of the importance of the socio-cultural dimension of decision-making that will impact on children's current and future welfare.

Similarly, the decision of a family to invest in their child's future security through tertiary education at the expense of the entire household's current food security is an extreme example of prioritising future human capital over current basic needs/physical capital; it indicates just how important parents may perceive education to be and the extent to which this perception may influence their decision-making. Care-giving arrangements or the absence of these, will be a key factor in determining the living standards and future possibilities of children whose biological parents are absent or deceased; decisions around care-giving are not based on economic considerations alone, but are, once again, the end-result of multiple influencers, amongst which social norms and intrafamily relationships are central.

A common thread throughout the paper is the trade-off between competing needs and priorities that families are forced to juggle - whether physical, social or spiritual. One such trade off is between current 'coping' and future welfare, for example food security today versus future food security and status, as well as investment in education for the future. Worryingly, various coping strategies pursued today, to deal with current shocks and stressors, risk further jeopardising future security of households and children. This indicates the risk of families getting caught in vicious downward spirals that they may not be able to break out of.

Integrated responses are needed, often best provided by local community based organisations that operate in an enabling environment facilitated by the state. To date, family and community safety nets have supported the majority of vulnerable children (Richter et al, 2006). However, there is need to ensure that government actions give all children universal access to services, and the security and assistance families need to care for children. Governments thus have a crucial role to play, particularly in providing education, health and social services that meet the needs of families that are looking towards the future of their children. Policies need attention that promotes children's physical and psychological wellbeing, and the capacity and stability of their families.

### ***6.6 Recommendations***

Building on the analysis of the paper a number of general recommendations, as required by the Joint Learning Initiative on Children and AIDS, are offered below:

#### *POLICY*

Need for *decisive, well-informed and holistic interventions that aim to break this negative cycle families may find themselves caught in*. Need to target areas of current coping that risk being most detrimental to future livelihood security. For example, in Malawi, addressing the burden on children and ensuring their access to education is a potential point of intervention for future activity.

Need to *include parents or primary caregivers in future policy and planning on issues related to children* in countries most affected by the AIDS epidemic. This is a major recommendation that has emerged in the recent literature. However, this assumes a capacity and effectiveness in developing – and implementing – appropriate policies and strategies by states and NGOs in the region. Reflecting critically on the regional livelihoods crisis raises serious questions about regional governance and raises questions about state transformation before such recommendations of inclusion will yield results. This leads to a recommendation around driving a social accountability agenda within donor support to governments.

Economic assistance to prevent families from falling into destitution and support when families face short-term crises must be a foundational aspect of the response to improve the care and protection of children in the context of HIV and AIDS.

Need to encourage programmes that are designed to *improve the economic resilience* of affected families. Research confirms that economically self-sufficient and food (including nutrition security) secure families are more likely to care for their own children, and to provide better care. One approach to avoid targeting AIDS affected families is to provide economic and nutritional support whilst promoting income generating skills and activities to anyone in AIDS affected communities (see below). Another approach is to consider the importance of skills development and access to opportunities to enable young adults more 'employable'. Finally, the role of school feeding in the context of younger children, as a way of promoting school attendance and addressing food security amongst children is recommended.

In order to achieve the recommendation above, it is important to provide *income support* to reduce strong imperatives to respond to immediate pressing needs and to invest in long-term security of the family. While preserving basic levels of comfort and human dignity among the sick, income transfers may also be the only means of preventing destitution of entire households, and irreversible health, nutrition and education deprivation among children, with lifelong consequences. Income transfers thus have the potential to reduce trade-offs between short-term household needs and the long-term well-being of individuals and the wider society. It is noted that there are arguments against income support in terms of creating economic dependency in the long-run.

It is in this context that children's property and inheritance rights should be placed on any development agenda that seeks to reduce children's vulnerability and improve their livelihoods. In this regard it is essential to develop national policy initiatives that *protect children's property and inheritance rights*. For example, governments should promote succession planning and encourage families to write their wills in order to counter property-grabbing. Similarly, governments should implement policy that enables external parties to monitor the guardians of children who have lost parents or relatives in order to ensure that the guardians are not violating the children's property rights.

There is need for *children's property and inheritance rights should be secured by assisting care-givers within the extended family in new ways*. The caregivers might be assisted through community awareness programmes that encourage community action and responsibility such as through community childcare committees. Moreover, the caregivers should be supported psychologically and economically through home visits, skill training programmes, and business grant programs in order to ensure that they have sufficient means to assist children and reduced incentives to deny them their rights.

Building on the recommendation above, focus on blending customary norms and statutory law is required. While customary norms and practices often appear to conflict with statutory laws, it is evident that each contains encouraging elements and the challenge is thus to blend these positive aspects together into single, effective national strategies to combat the issue of women and children losing their rights to property.

This would partly require the *education of women and children on their legal and constitutional rights*. Women, children and community members often have limited knowledge of the law and lack understanding about legal and Constitutional rights to land and property that can be called into play if customary norms (or a breakdown in these norms) threaten their rights.

### *RESEARCH*

Need for more *qualitative and context-specific research that challenges stereotypes and contributes to better unravelling the motivation behind family decision-making*, often the outcome of various factors. In particular, there is a need to better understand how socio-cultural factors - and specifically belief systems - can influence behaviour and decision-making amongst families. Empirical work in a number of areas has illustrated the difficulty in generalising. Decisions may be far from 'rational' as expected or defined in the relevant theory and may not always be based on economic considerations and physical needs. This calls for an approach to research that bridges disciplines (e.g. economics, anthropology, sociology, nutritional science etc).

Need for a longer – term approach with regard to *research on the impact of parental death or absence (as a result of AIDS and other determinants) on child welfare*; the case study findings suggest that the greatest impact may still be to come, as the second generation of caregivers pass away and extended family becomes less and less able and willing to take on orphans, especially in the context of high mortality, deteriorating livelihood conditions and societal factors such as urbanization and mobility.

Need to *better define and understand the notion of parenting* in the African context in general and in specific local contexts, to improve our understanding of vulnerability in the context of multiple stressors and high parental absence and death. The research highlights dynamics that are common in many households within Southern African communities:

children living with caregivers who are grandparents or other 'social parents' while one or both of their biological parents are still alive; 'social' parents – usually close relatives.

Need to conduct research aimed at determining what different types of caregiving arrangements and household characteristics imply for the economic and psychosocial wellbeing of both caregivers and children in care, as well as for the ability of households to access capitals.

Finally, it is recommended that there is further *engagement in work on children's property rights*. Limited work has been conducted on children's property rights and HIV and AIDS. There is an urgent need to conduct extensive research on children's property rights and livelihoods in the context of HIV and AIDS

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<sup>ii</sup> This report was commissioned by the Joint Learning Initiative on Children and HIV/AIDS (JLICA). Founding

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<sup>iii</sup> Crop losses in six countries including Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe where the Emergency Operations Programme was implemented averaged 66% in 1992 compared to only 34% in 2002. Yet there were minimal humanitarian needs as a result of the 1992 crisis (Maunder & Wiggins, 2006). Southern Africa has experienced periodic droughts, which have been generally adequately ameliorated through a combination of indigenous response strategies, additional food imports and distribution of food aid (Devereux & Maxwell, 2003).

<sup>iv</sup> Multiple stressors can include any changes that manifest as shocks (e.g., floods, job losses, death) or gradual changes (e.g. land degradation, decline in terms of trade, deterioration and restructuring of health care systems).

<sup>v</sup> For an excellent review of studies focused on HIV/AIDS and nutrition see Gillespie and Kadiyala's work at <http://www.ifpri.org/themes/hiv/pdf/AIDSNutrition.pdf> and for a review on HIV and AIDS and food security see <http://www.ifpri.org/themes/hiv/pdf/AIDSFoodSecurity.pdf>.

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vii The authors noted two other studies in this vein, though in a different contexts: Zurbrigg, S. 1984. *Rakku's Story: Structures of Ill-Health and the Sources of Change*. Sidma, Madras; the second study is a RENEWAL study by Adato et al 2005. *Children Living in the Shadow of AIDS: Studies of Vulnerable Children and Orphans in Three Provinces in South Africa*.

viii As Belsey explains, resident and non-resident family members make up the family network, which may be intergenerational, horizontal, or a combination of the two. The responsibilities and obligations of non-resident family members may be culturally or legally defined, and may involve the provision of care or support for those within the network affected by HIV/AIDS (individuals with the disease and their immediate families). Specific duties often include, but are not limited to, economic support, inheritance or care of the widow (referred to as levirate\* in areas of Africa), assistance in the education of children, and the foster-care placement of orphans within the family network (2005).

ix. See [www.wfp.org](http://www.wfp.org)

x It should be noted that other variables such as fluctuations of rainfall across a given year and temperature are equally important to understand “drought” impacts, particularly in the context of seasonality of production in a rain-fed agricultural system.

xi The district has one of the highest average temperatures in southern Africa. During a normal year the temperatures go up to 42 degrees Celsius during the day.

xii This is a representative sample of adults in metropolitan Cape Town, South Africa.

xiii Some cited ‘good job’ positions were nurses, schoolteachers, clerks