

Resilience factors associated with HIV and AIDS and poverty: the Case of Beitbridge District, Zimbabwe**Sunungurai D. Chingarande****Abstract**

The burden of HIV and AIDS has affected Beitbridge community's ability to remain resilient in the face of various man-made and natural shocks. HIV and AIDS is one of the shocks affecting the district. Beitbridge district has the highest HIV prevalence rate of 26.6% (ZDHS, 2010/11), and poverty is regarded as one of the vulnerability factors. This paper presents findings from a qualitative study, whose data was collected using in-depth interviews and focus group discussions in ward 15 of Beitbridge district with support from the Resilient Africa Network. The findings show that poverty in the district is linked to the dry environment that does not promote crop production. However, that dry environment promotes livestock production which helps build the community's asset base. On top of the wealth base created through livestock production, people in Beitbridge district have built various other forms of capital to fall back on, namely, human, financial, natural, social and physical. The strategies employed that build these forms of capital include labour migration to neighbouring South Africa, cross border trade, cattle sales, harvesting and sale of mopane worms, support groups, village savings and lending schemes and commercial sex work. It is important to highlight that some of these strategies have in the long term worked to promote further vulnerability on the part of the community in question. For instance, migration leads to spousal separation that further propels the spread of HIV as the migrants cannot afford to come back home frequently owing to low remuneration from the menial jobs they get; those with large heads of cattle find themselves with disposable income for which they do not have skills to manage and end up luring sex workers and get into high risk of contracting HIV and commercial sex work also presented vulnerability to HIV. In their quest to meet their livelihoods through various coping strategies, people in Beitbridge district have ended up in a scenario that can best be described as a trap, where a livelihood option chosen leads to further vulnerability and exposure to risk. Community based networks such as support groups have remained the sole form of capital that has supported community resilience in the face of the heavy burden created by HIV and AIDS and poverty. Such platforms, though social in orientation, have expanded in form to offer information on various issues, not necessarily HIV related, skills transfer, and economic capital to support both the HIV infected and affected. The paper highlights the need to replace several short term coping strategies with longer term adaptive intervention strategies that produce structural changes to reduce vulnerability. The paper concludes that social capital is one of the resilience factors that can be capitalised on in HIV and AIDS burdened communities.

Key words: Shocks, Resilience, Livelihoods, Capital, Coping

Introduction

The burden of HIV and AIDS has affected the ability of the population in Zimbabwe in general and Beitbridge district in particular to remain resilient in the face of various man-made and natural shocks. Zimbabwe is one of the Southern African countries with the highest HIV prevalence. Estimates in the region put Zimbabwe alongside Lesotho, Swaziland and Zambia, with more than 14 per cent of women and men aged 15-49 infected with HIV¹. HIV prevalence is highest in Matabeleland South Province, at 21 per cent. In this province, over 1 in 5 adults age 15-49 are living with HIV (MEASURE DHS, 2012). Within Matabeleland South province, HIV prevalence is highest in Beitbridge district, at 26.6 per cent (ZDHS, 2010/11), and poverty is regarded as one of the vulnerability factors. Linked to poverty are issues of food availability and access in this district owing to the fact that the district falls in the driest region in the country. Rain fed agriculture is not profitable and is often not an option. The major livelihood possibility is cattle ranching but, due to drought, herds are continually lost due to the decline in pastures. The situation is further compounded by the fact that there are few water reservoirs since it is an area with low rainfall area. The Zimbabwe Vulnerability Assessment Committee (ZimVAC, 2012) report indicates that of the eight food insecure provinces, Matabeleland South also had the highest proportion of food insecure households (30 per cent) and that this province continues to stand out as food insecure since the 2011-12 season owing to recurrent droughts. Matabeleland South had the highest proportion of households (20 per cent) with poor consumption patterns as a result of food insecurity and the most vulnerable groups are women and children. Our results show that people in Beitbridge district in particular have capitalised on both the dry natural environment as well as the man made physical infrastructure to cope through intensified livestock and water melon production and sale, harvesting and sale of *mopane* worms and baobab fruit, cross border trade and labour migration amongst others. Although there are common vulnerability and adaptive factors for both men and women, some vulnerability and adaptive strategies are unique to each of the gender groups and produce different outcomes. In spite of the complexity and multiple interactions of vulnerability and resilience factors at community level, existing theoretical and empirical literature tends to treat them as less interacting hence the single focus and piece meal interventions to address vulnerability (Bennett et al, 2015).

Study methodology

The high prevalence of HIV and AIDS, along with crippling food insecurity, provided the justification for purposively sampling Matabeleland South Province, particularly Beitbridge district, for an in-depth study on the resilience of an HIV and AIDS burdened community to loss in livelihood and food insecurity. Data for this manuscript was collected from ward 15 of Beitbridge district. This ward has 4 villages: Mapai, Dumba, Shabwe, and Old Nuli. It has a

¹ MEASURE DHS surveys, July 2012

total population of 4,248 and is broken down as follows: 1971 males and 2,277 females. It has a total of 982 households and the average household size is 4.3.

Data was collected using qualitative research methodology. Qualitative methodology is governed by the interpretive social science (or constructivist) paradigm which assumes relativist ontology. This ontology appreciates that there are multiple realities to explain a phenomenon. Realities on vulnerability and adaptation strategies in Beitbridge district were therefore uncovered and presented as lived experiences and realities. The qualitative methodology was chosen for its flexibility in allowing thick descriptions of phenomena. It was ideal for a study of this nature considering the complexity, sensitivity and relativity of analyzing vulnerability issues considering that they are wrought with diverse cultural meanings both at household and community levels. The methodology allowed for an in-depth investigation and analysis of this private, discreet and often secretive sphere of vulnerability and adaptive strategies using field based observations, participatory focus group discussions (FGDs) and in-depth interviews with key informants and community men and women. A total of 6 focus group discussions (3 with females and 3 with males) were held with 22 men and 40 women. All FGDs were conducted at Old Nuli Primary School in ward 15, which is the central place for meetings in the ward. FGD participants were drawn from people of unknown and known HIV status. Single sex FGDs were conducted to allow for unfettered discussions. Owing to the methodology used, the presentation of findings is interspersed with direct quotations from the respondents.

Data was analysed using Atlas Ti. Relationships between variables were established using code-co-occurrences.

Study Findings

Multiple exposures and livelihoods support in Beitbridge district

The results of the study show an interplay of multiple interacting socio-economic exposures occurring simultaneously to produce a vulnerability and resilient environment for the Beitbridge community. We discuss first the interconnectedness of factors that form the vulnerability context, that include drought, poverty, HIV and AIDS and loss of human capital, before discussing the interconnectedness of resilience factors. With regards to drought, it is important to point out that Zimbabwe is divided into five natural regions, based on the amount of rainfall received in each region and Beitbridge district is in Natural region 5 which receives below 450mm of rainfall annually. Frequent droughts in Beitbridge are described as a cause of poverty and a driver of HIV and AIDS in this district. Owing to the amount of rainfall received, farming activities on which people depend for livelihoods, are affected. Poor harvests in turn affect the general health and nutrition of the Beitbridge community, as well as adherence to HIV treatment for people living with HIV, which in turn weakens the immune systems of these people, ultimately making them vulnerable to opportunistic infections. These vulnerabilities in turn affect agricultural production and household food security. A study by the ILO (2012) established that poverty in Beitbridge

fueled transactional sex which resulted in HIV infections that in turn further promote vulnerability to poverty by impacting on households' livelihoods and labour productivity and on the ability of households and communities to cope (Van deWaal and Whiteside, 2003). One key informant remarked,

'..Beitbridge is prone to droughts due to its geographical location, it is in natural region 5. As a result of its location, the district receives very low rainfall annually and the rains are not sufficient to sustain the life of crops. This affects people's health, particularly those living with HIV since they will not have adequate food. People on ARVs are expected to eat nutritious food in-order to boost their immune system. As a result of inadequate food, these people become vulnerable to other opportunistic infections.'

A cycle of poverty and vulnerability is therefore created. Due to poverty, people living with HIV cannot afford bus fare to access health services and pay for health services. This results in non-adherence to treatment, weak health and deaths. Weak health and deaths result in loss of labour which supports livelihoods. In a focus group discussion with men, one respondent remarked,

' the high number of deaths in the area leads to the shortage of manpower within households because, to be honest, most young men are dying due to HIV and AIDS and most homes are left with only women to be in charge of all the work. For example, we have a gardening project that we run in this area for all residents. We call this "mushandira" [cooperative] and what I can tell you is that of the 56 people involved in the project, 52 are female and only 4 are male. 'Even that can tell you that there are not many men in this area.'

School drop outs and early pregnancies are also a common feature linked to poverty, drought and HIV and AIDS in Beitbridge district. The 2012 ZimVAC Report showed that the proportion of children not in school was highest in Matabeleland North (18 per cent) and Matabeleland South (17 per cent) followed by Mashonaland West (16 per cent) (ZimVAC, 2012). Previous studies had shown that school enrolment is a protective factor, and orphans are more affected by school dropouts. In Zimbabwe in high HIV prevalence areas, such as Beitbridge, 50 per cent of new HIV cases are found in young people, with girls affected at younger ages. Studies have shown that AIDS orphans tend to begin sexual activity earlier than their non-orphaned peers do and are especially vulnerable to coercive sex and report increased sexual abuse (Snider, 2005; Gilborn et al, 2006, Karlenza, 1998).

Lack of education owing to distance to schools, inability to pay school fees as well as negative attitudes towards education have led to lack of skills that has in turn led to the

inability of people to get employment in skilled or better paying jobs. A woman in a focus group discussion with women remarked,

I also want to add that distance to schools is another factor that makes children lose interest in education. They walk very long distances to school. Girls are then lured by men who offer them lifts and that would be it. They are impregnated at very tender ages. The other reason why children drop out from school is that there are no school fees.

Gender and resilience to HIV/AIDS and poverty

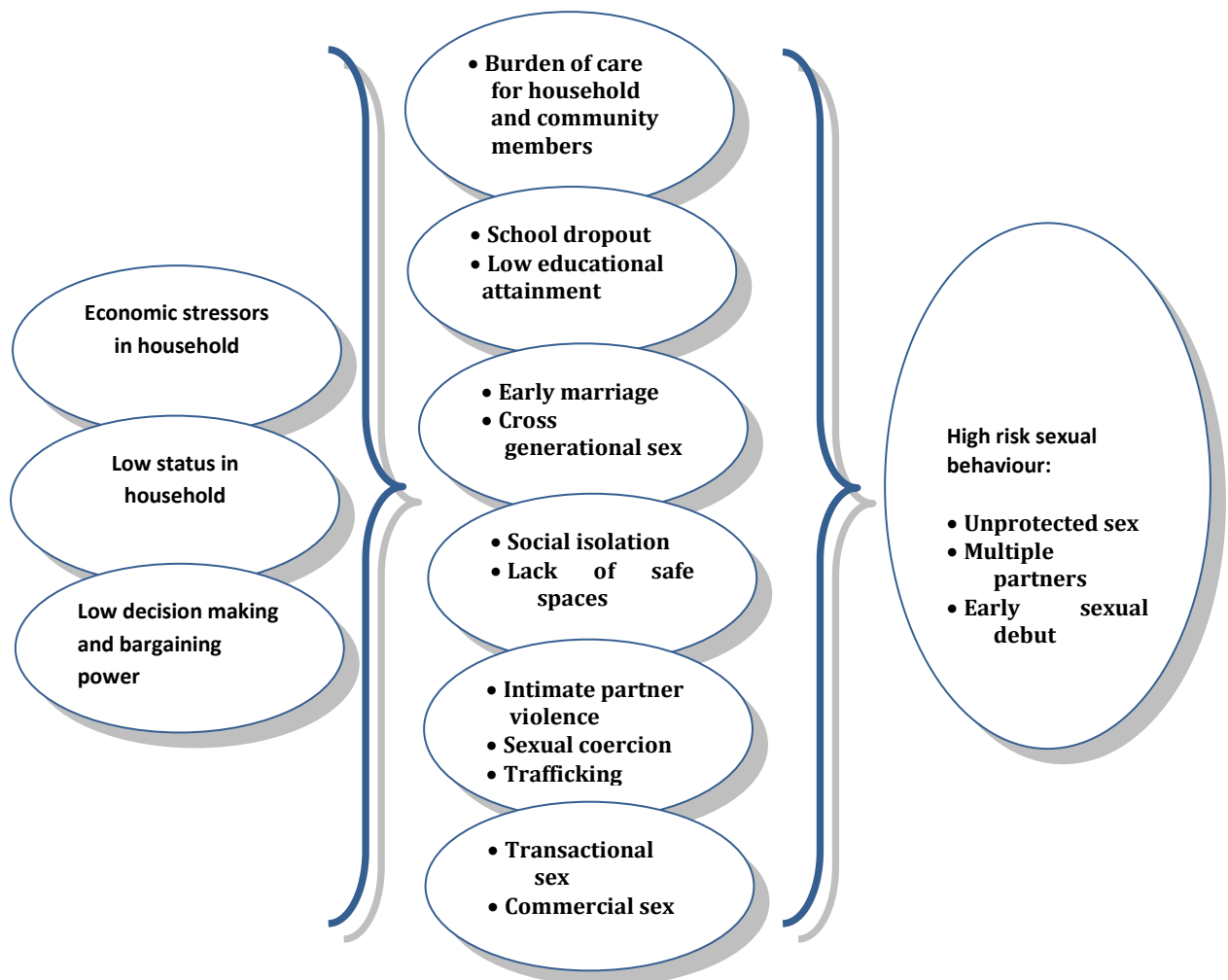
A look at global trends and data shows that women and girls continue to bear the greater burden of the HIV pandemic and are highly vulnerable to infection than their male counterparts. Globally, over half of all HIV infections are among women (UNAIDS 2009), and the World Health Organization has found that HIV and AIDS is the leading cause of death for women of reproductive age (World Health Organization 2009).² Whilst there may be variations of prevalence rates across different regions, it is widely acknowledged that women and girls are more vulnerable. The International Centre for Research on Women (ICRW) notes that there are numerous factors including biological, social, economic, religious and cultural that determine HIV risk for girls and young women.

In Zimbabwe, poverty levels are high among women than among men. These high poverty levels have led to negative coping strategies among women such as transactional sex in exchange for cash, groceries and rentals. For example, the ILO study established that poverty and idleness among women along the transport corridors forced them to engage in transactional sex with truck drivers to sustain their livelihoods. Although the situation was dire for both men and women in terms of poverty and employment, men were better off because ‘they can do any job, anywhere and anytime’ while women are inhibited by cultural and economic factors. In Beitbridge district, it was reported that poverty leads to negative coping strategies that then exposed people in particular women and girls to the risk of HIV infection due to their economic and social disempowerment. Their ability to negotiate the conditions of sex (including abstinence, condom use and multiple partners) is constrained by their weak economic and social position, shaping their risk of infection. They tolerate gender based violence from their intimate partners and this affects their health adversely and is an important factor for HIV infection. This is confirmed by HIV statistics which show that the percentage of HIV positive women and men is highest in Matabeleland South with 22.7 per cent of women and 19.3 per cent of men HIV positive. Among young women, Matabeleland South has the highest HIV prevalence of 11 per cent. Among young men, HIV prevalence is highest in Matabeleland North and Matabeleland South, at 7 per cent each.

² ICRW, What role can economic empowerment strategies play in reducing HIV risk and vulnerability among girls and young women?, April 2010

In a study conducted in Botswana and Swaziland it was observed that food insufficiency is an important factor for increased HIV risk taking among women.³ The aforementioned study identified the following correlations between lack of sufficient food and sexual behaviours of vulnerable women: 80 per cent increased odds of selling sex for money or resources; a 70 per cent increased odds of engaging in unprotected sex and reporting lack of sexual control, and a 50 per cent increased odds of intergenerational sex.⁴ In light of the growing evidence on the relationship between gender, poverty and HIV and AIDS the ICRW presents a conceptual model that identifies economic stressors that increase vulnerability of women and girls to HIV. As illustrated in Figure 1 below, there is a logical relationship between the stressors and identified behaviours.

Figure 1: Intersection between gender, economic vulnerability and HIV risk⁵



³ Weiser SD, Leiter K, Bangsberg DR, Butler LM, Percy-de Korte F, et al. (2007) Food insufficiency is associated with high risk sexual behavior among women in Botswana and Swaziland. PLoS Med 4(10): e260. doi:10.1371/journal

⁴ Ibid

⁵ Adapted from: ICRW, What role can economic empowerment strategies play in reducing HIV risk and vulnerability among girls and young women?, April 2010

Our study results confirm the issues highlighted in Figure 1 that women's HIV prevalence rate is fuelled by their socio-economic position, particularly economic dependency, the role of power in sexual relations and socio-cultural norms that encourage gender inequality. FGDs with women discussed that cattle belong to men; hence, wide inequalities between men and women emerge from ownership of livestock by men. Female participants described that these inequalities have a bearing on women's position in sexual relationships and their ability to negotiate for safe sex. Owing to poverty, some people cannot afford to acquire travel documents. People without adequate travel documents use the Limpopo River to illegally cross over into South Africa. Most of the women that illegally migrate through the Limpopo River are sexually abused and exposed to the risk of contracting HIV.

It was revealed that women's weak economic position makes them less likely to leave a relationship that they perceive to be violent or risky (State of African Youth Report, 2011). Women concurred with an FGD participant who remarked,

'men migrate to South Africa..... When they migrate the majority leave wives and children back here. The end result is neglect of the wife and children.....and when they come back they impose themselves sexually on their wives. Women can not refuse because they are economically dependent on these men. Some women, women left behind, engage in commercial sex work due to neglect.'

Lack of decision making power over sexual matters particularly in relationships where the age difference with their spouses is huge also renders young women vulnerable to HIV infection.

Low education levels particularly among women were cited for their economic and social dependence on men and for their inability to negotiate safe sex and also fuelling HIV infection. A key informant remarked,

Last year alone across this district there were 117 school drop outs among girls aged 13-14 years as a result of pregnancy. Long distances that girls walk to and from school through the thick forests further exposes them to sexual abuse by men, border jumpers and truck drivers.

The 2010/11 ZDHS established that generally, people with better education and socioeconomic status have lower HIV prevalence. The potential of women economic empowerment in reducing the spread of HIV lies in acquisition of business skills which can be accompanied by improvements in self esteem and self confidence, the ability to resolve conflicts, household decision making power and expanded social networks.

The interplay of resilience factors in livelihoods support

This paper discusses the interconnectedness and interplay of various forms of capital in livelihoods support and how some of these have bounced back in promoting further

vulnerability. A filter of the codes to specifically focus on the relationship of financial capital (income/wealth) to human capital (education and skills development) and natural capital (environment) shows a strong and complex relationship between financial capital and natural capital. Data shows that there is a cycle created by environment, in the form of drought and poverty. The relationship of these dimensions with health is also shown to be strong, with health as an effect of both the environment and wealth. Financial capital is built from remittances from migrants, livestock production, cross border trade, sale of watermelons and mopane worms and sex work. This confirms the findings by Maphosa (2004) which show that the remittances constitute an important source of household income in Matabeleland South province, together with cross border trading, sale of amacimbi (mopane worms) home brewed beer and crafts. Both FGD and key informant interview data showed that livestock production thrives well in Beitbridge. People in the area own large herds of cattle, goats and donkeys. Homann et al (2006) confirms the widespread production of cattle and goats in Beitbridge district. According to FGD and KII data, people liquidate their livestock and other assets to support urgent household needs. Yet such wealth in the form of disposable income in some cases promotes sex work, which fuels the spread of HIV.

With reference to human capital, which describes education, knowledge and skills possessed by individuals and households to enable them to survive, it was established that there is a strong link between this form of capital and financial and natural capital in the sense that owing to the dry natural environment, Beitbridge fails to attract investors which then limits employment opportunities in the district. Efforts at human capital development are thwarted by lack of school fees by parents resulting in school drop outs and consequently, people take advantage of the physical infrastructure in the form of the geo-physical location of the district at the border and migrate to neighbouring South Africa where the drop outs are absorbed in farms to do menial jobs.

Faced with a myriad of challenges, people in Beitbridge district have come together to form support groups to provide psychosocial support to each other. The support groups have evolved from offering support related to labour provision where labour is needed especially in gardens, to dissemination of HIV and AIDS and other information and being platforms for promotion of economic empowerment as people, mostly women in these groups have started income savings and rotating schemes. Through such strategies, they manage to raise money for household needs. One respondent remarked,

'Most of women we do round savings schemes, we agree on the amount to contribute every month towards one woman, we rotate until everyone in the group has received pooled cash. This money helps to pay school fees for children.'

Discussion and conclusion

There is an interaction of factors that that promote vulnerability to produce what the DFID terms the vulnerability context. Such an interaction has been highly neglected in literature as authors have focused on uni-dimensional approaches to studying vulnerability. In the case of Beitbridge district, the factors that characterise and describe the vulnerability context are both man made and natural including drought, physical infrastructure, poverty, and HIV and AIDS amongst others. These factors interact to the extend that the communities fail to establish which causes the other. The interplay of the factors has resulted in what can best be described as a poverty and vulnerability trap in the district. Poverty entails a loss of both social and economic status which makes the poor to do anything for survival, even the socially unacceptable things, because they already do not have social recognition and standing anyway. Commercial sex work in Beitbridge district is one such. The analysis presented in this paper has shown that owing to the trap, people end up compromising on and losing independence, security, self-respect, identity, and find themselves in exploitative social relationship. This confirms Latvia's observation when he looks at poverty as 'humiliation, the sense of being dependent on them, and of being forced to accept rudeness, insults, and indifference when we seek help' (Latvia, 1998).this situation is best explained when a consideration of negative coping strategies such as sex work, illegal crossing of the border, women's economic dependence on men and inability to negotiate safe sex amongst others.

Managing to deal with poverty, shows that poverty is not static, it is a condition as well as a process. As a process, poverty can be coped with, justifying the notion of coping and adaptation strategies. This study recognizes the two interrelated dimensions of poverty. It recognizes that poverty on its own cannot be simply seen simplistically as a driver of the HIV epidemic, rather its role is multi-dimensional and appears to interact with a range of other forces including mobility, economic and social inequalities (in particular gender inequalities) and social capital, which converge for women in Southern Africa in general and in Zimbabwe in particular. In Beitbridge district people have taken advantage of the vulnerability context that has created shocks and exposure to risk and built strong social networks to address many of the factors characterising the vulnerability context. These social groups have managed to produce social, financial and human capital for a resilient community.

The findings also show that poverty and vulnerability are closely connected. The most poor are usually also amongst the most vulnerable. Yet poverty and vulnerability do not coincide in the same way in all cases. Furthermore, poverty is feminised due to historical, cultural, political and economic factors. It increases the dependence of women on men and their vulnerability to oppression. Poverty, mobility and HIV are interlinked and reinforced by the unequal gender relations. As evidenced by the ZDHS 2010-11 report, populations that are impoverished as indicated by low education levels have limited knowledge on HIV prevention methods in comparison to their educated counterparts.