

Food production and HIV/AIDS

In Zimbabwe, where two-thirds of the population live in the rural areas, poverty and underdevelopment have facilitated the spread of HIV/AIDS. Throughout Southern Africa, governments have tended to see HIV/AIDS as a health problem. However, experience shows that HIV/AIDS is much more than this. Not only has the epidemic caused social and emotional devastation but it has crippled the capacity of many village communities to produce the food they need for an adequate and nutritionally balanced diet. Without reliable and varied food the population becomes more susceptible to disease and the sick deteriorate quickly. The remaining households do not have the strength and energy to meet the increasing demands made on them by the HIV/AIDS epidemic including caring for the sick and orphans at the same time as they have to take increasing responsibility for providing good food.

Poor diet leads to deteriorating health and effects both physical and mental development. In both the short and long term this can only lead to an intensification of poverty and the persistence of conditions that break people's resistance to disease. For those already infected with the HIV virus good nutrition can help delay the onset of AIDS. The sustainable production of good quality food is, therefore, basic to breaking the cycle of poverty related disease. However, food production depends on secure access to natural resources, and in many parts of Southern Africa large numbers of rural households do not have access to sufficient agricultural land or the agricultural inputs they need to grow food.

Impacts

HIV/AIDS has caused a particularly heavy death rate amongst able-bodied men and women. This is clearly reflected in the demography of rural Zimbabwe. More than 52 percent of the country's population are women and 86 percent of them live and depend on land for their livelihood. Women account for 70 percent of the agricultural population but many have no land, few resources, are illiterate and excluded from information and decision-making processes because of their weak social status. HIV/AIDS has had a dramatic effect on the lives of many of these women. In communities devastated by HIV/AIDS it is becoming increasingly difficult for them to meet their responsibilities and provide food and care.

Two systems

Zimbabwean women have no constitutional rights under customary law. This is a legacy of British colonialism which maintained the system of traditional law alongside the statutory law they introduced to support their colonial administration. For the British, both at home and in the colonies farmers were by definition men. They had little interest in the complexities and inequalities of women's land rights under customary law, even in those areas hardest hit by labour migration.

Since the early 1900s, land tenure arrangements in Zimbabwe, as in neighbouring Botswana, Zambia, Malawi, the Republic of South Africa and Swaziland have been based on British, Roman Dutch and customary law. These systems apply to different categories of women and define rights of ownership and access according to their own specific principals.

Under statutory law women can buy land on the open market but not many rural women are able to get control of land in this

way. In pre-colonial times, customary land tenure arrangements offered relative security to all members of the community. Women were given pieces of land to manage in their own right either by their fathers or by their brothers and husbands. The political and economic changes of the twentieth century, however, have destabilised customary practises and gradually eroded the effectiveness as far as women's rights to land are concerned. Today, in Southern Africa where customary law puts the inheritance rights of a man's paternal relatives above those of his wife, the traditional system is often unable (or unwilling) to meet its responsibilities to his widow.

The provisions of statutory and customary law as these were developed in the colonial period were taken up in the constitution many of independent African states. Zimbabwe is an example. Whilst the Zimbabwean constitution states that every citizen has an equal right to the ownership of property, women do not have the right to land under customary law. More recent legislation passed by the Zimbabwean government has strengthened customary law and further weakened the position of women living in communal areas. Today women have no secure access to land and can never be certain that they will be able to benefit in the long term from the labour and capital they invest in land that they hold through rights that belong to their husbands or other male relatives.

Agricultural productivity suffers not only because implements and other assets often have to be sold to pay for medicine, but also because women, although they play a major role in agricultural production, may not always have the agricultural knowledge they need to carry out tasks traditionally done by men. A hidden effect of HIV/AIDS is that the transfer of agricultural knowledge between generations and from one member of the rural community to another is rapidly deteriorating. The impact this has on women's capacity to deal with agricultural problems is intensified by the fact that women generally have less access to agricultural extension services than men. While access to land is fundamental to food production, it must be combined with the knowledge and capacity to use it effectively. ■

This article has been compiled by the editors.

References:

- Du Guerny, Jacque., 2002. **Agriculture and HIV/AIDS**. UNDP South East Asia HIV and Development Project, UNDP, Thailand.
- De Waal, Alex. 2002. **New Variant Famine' in Southern Africa**, presentation for SADC VAC Meeting, Victoria Falls, 17-18 October 2002 (available from ILEIA).