Rural Livelihoods and Food Insecurity of Elderly-headed Households Fostering School-age Orphans in the context of HIV and AIDS in western Kenya

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Areas surrounding the basin of Lake Victoria have been experiencing the impact of the AIDS epidemic since early 1980s. Since then, 25 million people have died of the disease. Today worldwide about 39 million people are estimated to be living with HIV/AIDS, of whom 4.3 million acquired the human immunodeficiency virus (HIV) in 2006 alone. In the same year, AIDS claimed more than 2.9 million lives. Sub-Saharan Africa (SSA) is the hardest hit region in the world. In its total population of 711 million, about 24.7 million people are living with HIV/AIDS, more than 15 million have died from AIDS (UNAIDS, 2006). The impact of HIV/AIDS is far from gender-neutral. In Sub-Saharan Africa, about three million more women than men are infected with HIV (UNAIDS, 2004). Children and the elderly are severely affected by the consequences of the epidemic, with an estimated 12 million children orphaned by AIDS. By 2010, the total number of orphans is expected to climb to more than 18 million in Sub-Saharan Africa (UNICEF/USAID/UNAIDS, 2004).

Since AIDS-related diseases strike mainly the most productive age groups and entail a prolonged period of illness before death in the absence of the life-prolonging medicines (i.e. antiretroviral (ARV) therapy), there are systematic and multiple impacts of AIDS on individuals, families, and communities across different settings. Knodel et al.'s research in northern Thailand examines elderly parents' caregiving roles, ranging from personal care (cooking, feeding, bathing, cleaning, etc.) and instrumental help (arranging transportation, welfare benefits, financial and legal matters). In their study of northern Thailand, they find that elderly parents often suffer the loss of financial resources that their sick or deceased adult children previously provided. Moreover, the elderly often bear financial responsibilities for medical care and funeral costs for their adult children (Knodel et al., 2002, 2003). While there is a growing literature on the elderly's well-being in the context of HIV/AIDS in SSA (Williams and Tumwekwase, 2001; Dayton and Ainsworth, 2002; Ntozi and Zirimenya, 1999; Baylies, 2002; Nyambedha et al., 2003; HelpAge International, 2003; WHO, 2002), there is a dearth of contextualized evidence and meaningful understanding of the impact of an adult child's mortality on an elderly person's livelihood and food security. This paper attempts to disentangle the multi-dimensional impacts of premature adult mortality on the livelihoods of elderly parents in Nyanza Province in western Kenya, where the HIV prevalence rate is well above the national prevalence rate of 6.7 percent, remaining as high as 15.1 percent (18.3 percent for women and 11.6 percent for men) in 2003 (Kenya Demographic and Health Survey, 2003).

The primary data collection for this dissertation employed mixed methods, including 206 household surveys, and 18 life history interviews with elderly persons (ages 60+) in five villages in Bondo District, Nyanza Province. The survey data will be used to examine livelihood strategies and food insecurity situations across households.

The Nyanza Province is important because the AIDS epidemic was observed earlier there than other parts of Africa. Examining the current situation in Nyanza should contribute to our understanding of the long term nature of the impact of the premature adult mortality on food insecurity experienced

by family members, especially among elderly-headed households. This paper examines household demographic characteristics in predicting livelihoods and food insecurity situations, in light of AIDS, and utilizes the life course perspective and the role theory as analytical tools. Parents of the deceased adult child experience his/her child's death differently from his/her grandchildren who lose their parent. But their experiences of the premature adult mortality within their household are closely linked in shaping their prevailing livelihoods situations, options, and trajectories.

It may take up to 10 years for HIV/AIDS to run its course from initial infection, to onset of AIDS-related illness, and eventual death. At the household level, the impact of AIDS differs from other shocks to rural livelihoods, such as droughts, malaria, or floods, by the concentration of mortality in young and prime-age adulthood. Because the primary mode of HIV transmission in Africa is through sexual contact, the virus enters sexually active adults and spreads between husbands and co-wives. Thus at the household level, survivors of the premature mortality consist eventually of children and the elderly. Early descriptive statistics indicate that the vast majority of households in the sample (over 90 percent) foster school-age orphans.

The life course perspective provides a relevant framework to understand the importance of the dynamic nature of the inter-connectedness of household members, in shared experiences of hunger and shaping their livelihoods trajectories. One's demographic status (married, divorced, widowed) and life course phase (orphanhood, adolescence, transition to adulthood, prime-age adulthood, and old age) are both transitory. This paper discusses the impact of premature adult mortality by contextualizing how the loss of one's prime-adult family member(s) are experienced differently, in particular on experiences of hunger, by remaining family members across one's life course.

For the statistical analysis, we attempt to assess food insecurity in the 30 days prior to the survey. We are able to examine the four measures listed below that are on a scale of 1-5, "All the time/ Every day (5)," "Pretty often / 3-6 times a week (4)," "Once in a while/ Once-Twice a week (3)," "Hardly at all/ less than once a week (2)," and "Never (1)[1]" (Maxwell et al., 2003). The unit of the analysis is household.

(i) ***Dietary Change (***relying on less preferred and less expensive foods);
(ii) ***Increase Short-Term Household Food Availability*** (borrow food, or rely on help from a friend or relative; purchase food on credit; gathering wild food, hunt, or harvest immature crops; and consuming seed stock held for next season;
(iii) ***Decrease Numbers of People (***sending household members to eat elsewhere; and sending household members to beg); and
(iv) ***Rationing Strategies*** (limiting portion size at mealtimes; restricting food for adults so small children can eat; feeding working members at the expense of non-working; rationing the money you had and buy prepared food; reducing number of meals eaten in a day; and skipping entire days without eating).

We will begin by describing associations between the outcome variables and each covariate. Multivariate models will include controls for age of the household head, sex of the household head,

[1] In the household survey, the question was asked with the following wording:
"In the past 30 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to…: "

number of non-own child orphans fostered in the household, number of prime-adult deaths ages 15-49 within the household during the past 10 years, sex of the prime-adult deceased household members during the past 10 years, educational level of the household head and other household members, existence of formal/informal food assistance, and so forth.

The preliminary findings both from the household survey data and the qualitative data suggest that premature adult mortality concentrates in certain households. This is very understandable, since polygamous marriages are widely practiced and there is the tradition of widow inheritance, remarriage between the widow and one of her deceased husband's brothers, among the Luo people in the study area. The household survey data provide information on 277 individual deaths that occurred between 1995 and 2005 for the 128 households in the sub-sample. Of these deaths, 56% were to prime-age individuals (15-49 years old). Further, 63% of households experienced at least one death of a prime-age individual. In extreme cases, households lost three or more prime-age individuals. Most of these households were headed by an elderly person at the time of the survey.

The qualitative data allow us to examine the role of food-based assistance and informal farm labor exchange across households. Many of the interviews examined declining health status and energy levels among the elderly, and related increases in their vulnerability to ***Kech*** (hunger) and ***Paro*** (depression). Narratives of major life events and experiences of hunger over the life course will be analyzed. Three of the questions that can be addressed with these data are: Are there differences in caring for small grandchildren in one's old age and one's own children when much younger? Are there differences in hunger experiences over one's life course? What coping strategies do different family members adopt in alleviating hunger?

The study findings are expected to contribute to policy recommendation for enhancing food security and rural livelihoods of the elderly and their grandchildren in communities, highly affected by HIV/AIDS over the past two decades. By losing prime-age adult child(ren), premature mortality often imposes a series of shocks to households, and particularly to the elderly. For elderly survivors who often bear caring roles for school-age grandchildren, special attention needs be paid in order to reduce poverty and improve the well-being of the carers of orphans and vulnerable children.