

Impact of HIV/AIDS on Food Security: The Case of Affected and Infected Urban Households in Malawi

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Malawi is one of the countries in the world with the highest HIV/AIDS prevalence rates of over 15% of its adult population infected. A study was conducted in three main urban areas of Malawi and its main objective was to analyse the linkages between HIV/AIDS and food security among urban households.

The study involved interviews conducted among people living with HIV/AIDS (PLWHAs), chronically ill patients and guardians and community members. Findings indicate that HIV/AIDS is both a cause and a consequence of food insecurity and poverty. HIV/AIDS affects food security through its negative effects on the human capital, financial capital and social capital. Among the working cohort, HIV/AIDS-related illnesses result in direct income loss through withdrawing from work (100%) or through reducing the amount of time and input. This study estimates an income loss of approximately 60%. Furthermore, about 51.2% reported that they had stopped working as a result of HIV/AIDS related illness. These result in increased household food insecurity. About 56 %indicated that they had stopped sourcing food for their households since they became ill.

HIV/AIDS is greatly inducing demographic changes in the Malawian society through increasing orphanhoodness, orphan-led households, elderly-led households and single parent households. Because the HIV/AIDS pandemic is taking away the very same productive young people, the shells of social support are gradually shrinking, paving way for increased deprivation and destitution.

Food insecurity results in: malnutrition, illnesses, deaths, reduced work and eventually low productivity; withdrawing children from school to work; migration in search of food and for other immoral activities which expose people to risks of HIV infection; and, in marital conflicts, family disruption and divorce.

While a general food aid programme may be preferred in alleviating hunger, types and quality of food issues need to be taken into consideration. This could be in the form of nutrient supplementation e.g. sodium selenite or multivitamin supplementation. In the same vein, provision of portable water and other sanitation assistance need to be integrated.