

DECLARATION

I, Beatrice Stella Afitumukiza do hereby declare that the work contained in this thesis is entirely my own work, except where it is attributed to other authors or sources. This research has not been submitted for a degree in any other university.

Dated at the University of Fort Hare.....this15 day of February.....2013.

Signed.....

DEDICATION

This work is dedicated to my daughter, Natasha, from whom I have gained so much strength.

ACKNOWLEDGEMENT

My supervisor Dr Philani Moyo, for his continuous guidance, assistance and character building criticism that lead to the completion of this work.

The University of Fort Hare Library staff and my inspiring course mates; Bola Ayeni and Dina Alufandika. Thank you so much for your unwavering support.

ABSTRACT

This study examines the coping and adaptation strategies employed by HIV and AIDS affected and infected households to address food insecurity in East London. The study found that households diversified their income portfolios to cope with the effects of HIV and AIDS household food insecurity. Livelihood diversification was accompanied by adaptation changes at household level that included buying cheap food from affordable stores, rationing food and adults skipping meals to ensure that they preserve some food for the children. Some households went as far as sending their children to live with relatives (in most cases grandmothers) in the rural areas in order to ease the pressure on the household budget. The respondents stated that such children would be able to have food on a regular basis whilst the affected households in the urban area will be having few mouths to feed. Social networks were an important livelihood strategy with 17 out of 19 households reporting that they use this resource. It was difficult to calculate the value of social networks on household monthly incomes but the study noted that social networks played an important role in an environment where there were less or no government or civil society programmes to assist the affected households. Unemployment was high among the households studied but in those households where members had employment, such income made a difference in household food access. Government grants to the elderly and children were a significant source of income for food for the affected and afflicted households.

LIST OF ACRONYMS

ANC..... African National Congress

ART..... Anti-Retroviral Therapy

ARVs.....Antiretroviral drugs

DFID.....Department for International Development

ESAP..... Economic Structural Adjustment Programmes

FAO..... Food and Agricultural Organisation

HIV and AIDS.... Human-Immunodeficiency Virus and Acquired Immunodeficiency Syndrome

HSRC..... Human Sciences Research Council

IFSS..... Integrated Food Security Strategy

NGOs.....Non-Governmental Organisations

PLHIV..... People living with HIV

SADC..... Southern African Development Community

SAfAIDS..... Southern African Acquired Immune Syndrome

SLF..... Sustainable Livelihoods Framework

StatsSA..... Statistics South Africa

LIST OF TABLES

Table 4.1 : Sample Characteristics	44
Table 4.2 : Sample Questions from Interview Guide	45
Table 4.3 : Data Analysis Steps	51
Table 4.4 : Ages of Respondents and Household Sizes	53
Table 4.5 : Status and Form of Employment	56
Table 4.6 : Household Monthly Income and Monthly Average Income	58
Table 5.1 : Household Coping and Adaptation Strategies	62
Table 5.2 : Garden Products and Prices	74

LIST OF FIGURES

Figure 1 : The DFID Conceptual Framework	21
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TABLE OF CONTENTS

<i>Declaration</i>	2
<i>Dedication</i>	3
<i>Acknowledgements</i>	4
<i>Abstract</i>	5
<i>List of Acronyms</i>	6
<i>List of Tables and List of Figures</i>	7
<i>Table of Contents</i>	8
CHAPTER ONE: INTRODUCTION TO THE STUDY	12
Introduction	12
Statement of the Problem	15
Research Questions	16
Research Objectives	16
Significance of the Study	16
Ethical Considerations	17
Structure of the Dissertation	18
CHAPTER TWO: SUSTAINABLE LIVELIHOODS : A THEORETICAL REVIEW	19
Livelihoods	19
Vulnerability Context	24

Livelihood Assets	25
Transforming Structures and Processes	28
Livelihood Strategies	28
Livelihood Outcomes	29
Limitations of the Framework	29

CHAPTER THREE: HIV and AIDS AND FOOD SECURITY IN AFRICA: SOME DEBATES

31

Food Security	31
Food Security and HIV and Aids in Sub-Saharan Africa	33
Food Security and HIV and Aids in Southern Africa: Coping and Adaptation Strategies	36
Food Security and HIV and Aids in South Africa	38

CHAPTER FOUR : RESEARCH METHODOLOGY AND DESIGN

42

Qualitative Methodology	42
Gaining Entry	43
Sampling Techniques	43

Interview Guide Design	45
Data Collection Methods	47
Semi-structured Interviews	48
Non- Participant Observation	49
Data Analysis and Interpretation	50
Gender of Respondents	52
Age of Respondents and Household Sizes	53
Educational Level of Respondents	55
Employment Status and Form of Employment for Respondents	55
Household Income	57
Conclusion	60
CHAPTER FIVE : DATA ANALYSIS, PRESENTATION AND INTERPRETATION	61
Introduction	61
Coping and Adaptation Strategies employed by HIV and AIDS affected and afflicted households in Mdantsane and Spunzana	
61	
Food Rationing	63
Buying Cheap Food	64

Skipping Meals	65
Employment	66
Social Grants	67
Social Networks	68
Sending Children to Relatives	71
School Feeding programmes	72
Government Food Parcels	72
Urban agriculture	
73	
Conclusion	75

CHAPTER SIX : CONCLUSIONS AND RECOMMENDATIONS

Government and Civil Society Role	81
Social Grants for HIV and AIDS affected Households	82
Jobs and Subsidies for Members of affected Households	82

REFERENCES	85
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APPENDIX: Interview Guide	90
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CHAPTER 1: INTRODUCTION TO THE STUDY

1.0 Introduction

According to Jooma (2005:59) “Sub-Saharan Africa is the only region in the world where the number of people living in extreme poverty has almost doubled, from 164 million people in 1981 to 314 million..” Africa has the highest percentage of people who are undernourished and in the last 30 years has shown the least progress in reducing the prevalence of undernourishment (Clover, 2003:6). Chronic food insecurity is said to affect about 28 percent of the population meaning that nearly 200 million of the people are suffering from malnutrition. Clover states that acute food insecurity affected 38 million people in Africa with 24 000 dying daily from hunger. Between 2002 and 2003, Southern Africa experienced a severe food crises caused by lack of rainfall affecting 15 million people, half of whom were children in six countries (Jooma, 2005:60).

This challenge has been worsened by the HIV/AIDs epidemic that is affecting many households in Africa. Whilst Africa is home to 67 percent of people living with HIV and AIDS globally (Skweyiya, 2006:21), Clover (2003:10) pointed out that Southern Africa is at the epicentre of the pandemic, with average infection levels of 25 percent of the population and with 58 percent of the infected being women. This has serious implications for the development of the region. More serious is the higher rate of infection among women, given their indispensable roles in household welfare and in particular food security. As Rusenga (2007) has shown, women play many roles in agriculture and in informal sector activities inter alia, important for household food security and well-being.

To demonstrate the impact of the pandemic in Southern Africa, analysts have stated that by 2020 Namibia could lose up to 26 percent of its agricultural workforce to the virus with Zimbabwe losing 23 percent, Mozambique and South Africa 20 percent and Malawi 14 percent (Jooma, 2005). The impact of this on national food security cannot be overemphasised. The pandemic also affect other sectors in the national economies, but it is at household level where it manifests its worst effects.

Whilst South Africa is generally regarded as food secure at national level, the General Household Survey indicated that about 20 percent of South Africa's population were food insecure (Statistics South Africa (StatsSA), 2009). The survey further showed that in Eastern Cape Province 21.4 percent of households had inadequate or severely inadequate access to food. The survey results are important because they show that whilst food security can be attained at local, regional and national level, many households can still remain food insecure.

Thus food insecurity, poverty and HIV/Aids are intricately and inextricably related and work in ways that enhance each other. Clover (2003) has pointed out that the food crises in Southern Africa are worsened by the HIV/Aids pandemic. She argued that where the prevalence of the pandemic is high, all dimensions of food security – availability, stability, access and utilisation are affected. The pandemic affects the capabilities of households to produce own food degenerate the livelihoods resulting in shrinkage of households' earnings (Clover, 2005:10). The resultant food shortages are worsening the health of HIV/Aids patients and children are suffering malnutrition. Clover pointed out that traditional safety nets are breaking down and the

African extended family is struggling to cope with the burden of care. The outcome of this is that households suffering from HIV/Aids become affected more by food insecurity.

Skweyiya (2006:23) concurs with Clover arguing that the epidemic is causing family, community and social disintegration. He noted that the result is an increase in the number of orphans, child-headed households and vulnerable children affected by HIV/Aids. Because the family system is crumbling, the extended family system is failing to provide adequate support including food provision.

Clover (2003) raises an important point that the relationship between HIV/Aids and food security is bi-directional. By this she means that “vulnerability and food insecurity feed into the very risk behaviour that drives the HIV/Aids pandemic; and the impact of HIV/Aids exacerbates food insecurity, which again feeds into risk” (Clover,2003:10). That is why it is being argued that the relationship between the two is inextricable.

HIV/Aids affect the livelihoods strategies of the households affected. According to Topouzis (2004) HIV/AIDS impacts livelihoods and the extent of the impact depends on the presence of other vulnerability factors including household resilience. Household food insecurity occurs when food is not available or cannot be accessed with certainty in terms of quality, quantity, safety and culturally acceptable ways (United Nations, 1991). Although urban HIV prevalence rates vary considerably, in most countries urban rates are higher than rural (Garcia-Calleja et al, 2006). Whilst the impact of HIV/Aids on urban households' livelihoods is widely acknowledged, the strategies households are employing to cope particularly with food insecurity are being extensively researched and therefore any added research brings current information on this issue. Given the fact that HIV/Aids affect food security as shown above by

Clover (2003), there is need to examine the coping and adaptation strategies of the affected households. This study will focus on the strategies employed by poor urban households in East London cope with HIV/AIDS and ensure food security.

1.1 Statement of the Problem

HIV/AIDS has exacerbated the food crises of many rural and urban households alike. The pandemic is inextricably linked to household food insecurity in South Africa (De Waal and Whiteside, 2003 cited in Kaschula, 2008). Moreover, as shown above all dimensions of food security (availability, stability, access and use) are affected where prevalence of HIV/AIDS is high among the poor (Clover, 2003).

Appleton (2000) has argued that “HIV/AIDS is not only a health issue that demands prevention and care for the sick: it is a livelihood issue, since if AIDS depleted households are not a target of a particular support, the precious livelihoods of survivors are likely to collapse under the impact of the epidemic.” In fact, Barnett and Blaikie (1992) argued that HIV/AIDS afflicted households struggle to cope and therefore none of the strategies devised are sufficient enough to sustain household food security and livelihoods because the epidemic destroys both the human and financial capital. The health status of individuals, communities and nations affects their ability to secure food (Anderson, 1990). In addition to that, it also destroys social capital as extended families struggle to cope with the burden of HIV/Aids (Skweyiya, 2006).

Barnnet (1999) argues that HIV/AIDS is a “long wave event”, not a sharp shock. This means that unlike other diseases with shorter operating windows, the pandemic tends to affect individuals over a long period. And during that time, it diminishes households’ capabilities.

Whilst households’ capabilities are affected, the need for them to provide food for their

households does not change. In the process, individuals and households adapt to the long-term effects of HIV/AIDS on their food supplies in many different ways. It is these ways, known as coping and

adaptation strategies that this study examines. The focus is on HIV/AIDS affected and afflicted households in East London.

1.2 Research Questions:

- 1 Which coping and adaptation strategies are used by HIV/AIDS affected and afflicted households to access food?
- 2 What effects, if any, do the coping and adaptation strategies have on households' access to food?
- 3 How effective and sustainable are these coping and adaptation strategies in bridging household food gaps?

1.3 Research Objectives

1. To examine coping and adaptation strategies used by HIV/AIDS affected and afflicted households to access food.
2. To investigate the effects of the coping and adaptation strategies on households' access to food.
3. To analyse the effectiveness and sustainability of these coping and adaptation strategies.

1.4 Significance of the Study

This study focuses on East London and there is not much literature on the city that focus on the effects of HIV/AIDS on affected households' food security and the coping strategies that are adopted to address the situation. The study contributes to the identification of livelihood strategies adopted by HIV/AIDS affected households. With high levels of unemployment, poverty, inequality and rocketing food prices, poor urban households are struggling to access food. The identification of food insecurity coping and adaptation strategies used by HIV/AIDS affected households in East London will provide insights that will improve policy formulation and implementation.

1.5 Ethical Considerations

For this study ethical considerations focused on both respondents and the researcher. Ethical approval to conduct the study was sought from the University of Fort Hare in East London. Permission was also obtained from two Non-Governmental Organisation homes that are in touch with HIV/AIDS households. The following ethical issues were observed:

Permission/Access

Permission to access communities and households of those afflicted and affected by HIV/AIDS was sought from the Non-Governmental Organisations (NGOs) that care and work with People Living with HIV (PLHIV). The researcher was able to network with respondents who consented to the visit to carry out some interviews.

Informed Consent

The researcher explained to the respondents what it entailed to participate in the research and the purpose of the research. Secondly, they were informed that participation is voluntary and they could withdraw whenever they wanted (Smith, 2010:43). The duration of the research and activities involved were explained to them as well as how the data will be used. After this, permission to carry the research was requested.

Emotional harm

HIV and AIDS is an emotive issue in South Africa especially because of the stigma that is associated with having the disease. Doing interviews with the affected households may draw unwanted attention to them. Moreover, the interviews may have brought back sad memories such as days when the households struggled to provide food for their members. To make sure respondents were not taken by surprise, the focus of the interviews were explained before interviews started. They were informed that should they wish to take a break, interviews will be stopped and start when they feel better.

Anonymity and Confidentiality

Respondents' identities are kept anonymous so that information is not traceable back to them. Information that is treated by respondents as secret and not for public consumption is treated as such to maintain confidentiality.

1.6 Structure of the Dissertation

Chapter 1: INTRODUCTION TO THE STUDY.

Chapter 2: SUSTAINABLE LIVELIHOODS: A THEORETICAL REVIEW.

Chapter 3: HIV/AIDS AND FOOD INSECURITY IN AFRICA: SOME DEBATES.

Chapter 4: RESEARCH METHODOLOGY AND DESIGN.

Chapter 5: DATA ANALYSIS, PRESENTATION AND INTERPRETATION.

Chapter 6: CONCLUSION AND RECOMMENDATIONS.

CHAPTER 2: SUSTAINABLE LIVELIHOODS: A THEORETICAL REVIEW

2.0 Livelihoods

The definition of livelihoods is generally understood as referring to capabilities, assets (stores, resources, claims and access) and activities required for a means of living (Chambers and Conway, 1992). Assets comprise natural, physical, financial, social and human capital and access to these and activities that households and individuals engage in are mediated by institutions and social relations (Ellis, 2000:10). People's assets, activities and mediating processes provide the means for them to meet their basic needs and support their wellbeing (Chileshe, 2005:71). This shows that access to assets may not improve households' livelihoods if not accompanied by supportive conditions and policies. Also important to note are the mediating processes (laws, policies, culture, institutions) which influences people's access to resources and how they use resources at their disposal to create livelihoods.

The definition above is important in that it puts importance on the diversity of livelihood strategies households employ. This is typical of all households in Africa, be it they are rural or urban (see Bryceson, 2002). In fact, Bank and Makubalo (2005:7) have stated that the “rural and urban poor are constantly combining varying work, state and personal resources and networks in their strategies for survival.” Livelihood diversification has always been important as a coping strategy for poor people faced with an uncertain world such as HIV/AIDS. The hardship inflicted by HIV/AIDS, through the loss of family members, costs of care and loss of labour highlights the need for adoption of different livelihood strategies to address the households’ needs.

According to Moyo (2010), livelihood strategies also vary across households as a result of different households possessing different capitals. The capability of households to diversify is differentiated in practice by different access to capital opportunities and political circumstances. Individuals and households develop different capacities to cope with shocks such as HIV/AIDS.

Bank and Makubalo (2005) pointed out that in the rural context, the study of livelihoods would focus on people’s productive resources whilst in the urban context more emphasis is on labour market participation, engagement in entrepreneurial activities or involvement in the informal sector. However, they stated that in East London and Mdantsane (their study site), some household engage in urban agriculture especially in gardens on a very small scale (Bank and Makubalo, 2005: 8).

An accurate and realistic understanding of people’s strength (assets or capitals) is crucial to analyse how they endeavour to convert their assets into positive livelihood outcomes

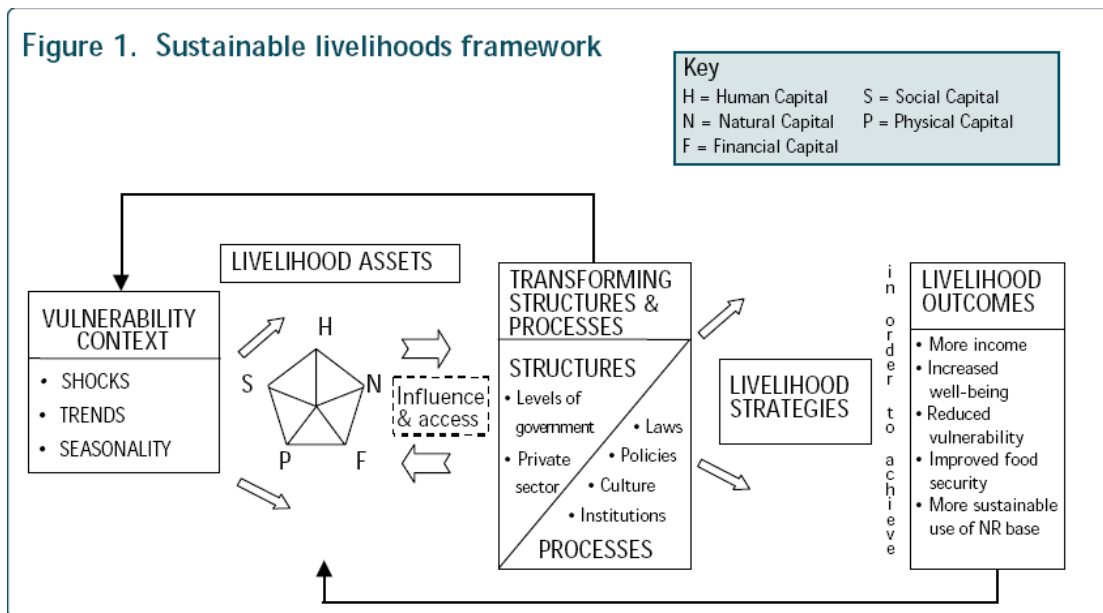
(Bebbington, 1999). People require a range of assets in order to cope and adapt for no single endowment is sufficient to yield the desired outcomes on its own. For example lack of financial capital in HIV/AIDS affected households can be substituted by a better endowment with social capital.

This study is based on the Sustainable Livelihoods Framework (SLF) of the Department of International Development (DFID) of the British government. The concept of sustainable livelihoods is central to poverty reduction and therefore the framework is suitable for the examination of the coping and adaptation strategies of HIV/AIDS affected households

The SLF conceptualises how people operate within a vulnerability context due to various shocks on individuals or households. It illustrates that people draw from their different types of livelihood assets or capital (human, physical, social, financial and natural) which enable them to develop a range of livelihood strategies to achieve desired livelihood outcomes including food

security (Desatge, 2002; Kaschula, 2008). The financial capital (cash, credit/debt, savings and other economic assets), human capital (skills, knowledge, ability to labour and physical capability) and social capital (networks, social claims, social relations, affiliations and associations) are all essential for the devising of livelihood strategies.

Figure 1: The DFID Conceptual Framework



Source: DFID (1999)

Chileshe (2005:70) has unpacked the sustainable livelihoods framework (SLF) in a way that is insightful for this study. He pointed out that the concern of the livelihood analysis is to find out what people have rather than what they lack. Therefore the focus is on strengths and opportunities rather than needs and seeks to build on what people have. This is important because what people have and their potential determines the quality of life they can afford. It is a better indicator of their situations than using what they need.

For him, the SLF focus on the ability of people to support themselves in their current situations and into their future. Covered in that is the ability of a livelihood to cope with and recover from stresses and shocks (Scoones, 1998 cited in Chileshe, 2005:72). Therefore, “livelihood resilience in the face of short and long-term challenges is key to livelihood adaptation and coping” (p. 72). Thus sustainability of livelihoods focuses on the ability to cope and recover

from shocks and the ability to maintain and enhance the capabilities and assets of households both in the short and long run (Chambers and Conway, 1992). In terms of adaptation, vulnerability and resilience, Davies (1996) argues that the ability of a livelihood to be able to cope with and recover from stresses and shocks is central to the definition of sustainable livelihoods. Such resilience in the face of stresses and shocks is key to both livelihood coping and adaptation strategies. According to Devereux (1999), coping strategies are responses to adverse events or shocks, while adaptive strategies are adjustments to adverse trends or processes (cited in Moyo, 2010). An HIV/AIDS affected household is likely to utilise capitals of family members in bridging household food gaps.

Research findings from various case studies indicate that rationing of food consumption is one of the first responses to a decline in food entitlements (Watt, 1983; Corbett, 1985; Campbell, 1990; Rahmato, 1991; Davies, 1996 cited in Moyo 2010). Moyo has argued that the adapted coping strategies of households change over time, either through reinforcing, shifting and adding new strategies to their livelihood portfolios. Some of the coping strategies adopted included limiting expenditure on food and reducing the number of meals as well as the quality and quantity of food consumed by households. This is one of the strategies poor households adopt to ensure that their food resources last. In his study of urban households' responses to the effects of the economic structural adjustment programmes (ESAP) in Zimbabwe, Mlambo (1997) observed that

households cut the number of meals taken per day. The rationing of food consumption has got some detrimental effects on the health and learning abilities of the children of the affected households. In addition to that, it deteriorates the health of the infected persons in the households thereby speeding the occurrence of deaths.

Understanding these dimensions is helpful in the study of coping and adaptation strategies of HIV/Aids affected households. Attention is on what coping and adaptation strategies households adopt and the quality of such strategies. This means that the strategies should be able to assist households to ensure there is adequate food despite the challenge of HIV/Aids. If the strategies are not resilient to the challenges, households are likely to suffer food insecurity. In other words, HIV/Aids create a tension in the livelihoods of the affected households. On one hand the disease put pressure and sometimes destroys households' capabilities and asset portfolios whilst on the other hand households try to repel that pressure and maintain or enhance their capabilities and assets to improve their livelihoods. In the same manner, households devise strategies to fight food insecurity in the face of negative pressure from HIV/Aids on their strategies.

The guiding assumption of the DFID (1999) approach is that people pursue a range of livelihood strategies to achieve multiple outcomes for their livelihoods. The coping and adaptation strategies employed by most vulnerable people like the HIV/AIDS affected households in accessing food often encompass the abilities of all household members to make contributions. In this framework HIV/AIDS affected households are operating in a context of vulnerability. This context influences the livelihood strategies that are open to people in pursuit of their livelihood outcomes.

2.1 Vulnerability Context

Vulnerability is defined by Moser (cited in Bank and Makubalo, 2005:83) as the insecurity of the wellbeing of individuals, households and communities in the face of a changing

environment. People are said to operate in uncertain and challenging environments that affect their livelihoods. The context includes shocks (which could be natural, social, health problems, economic problems etc). The shocks can be short term or long term (Chileshe, 2005). It should be noted that most households are faced with many challenges/shocks at any particular moment. For instance, whilst a household may be affected by HIV/Aids, it may be confronted by the loss of job by the affected head of household. In this case the loss of a job is an economic shock on top of a health or social shock, HIV/Aids. The two can work together to make life difficult for the household and in its response the household's strategy will seek to address the effects of both shocks. What this means is that household face many shocks and the cumulative effect of this is that multiple strategies are adopted to ensure household welfare. This is resourceful for this study as it shows that one should not go there looking for one super-livelihood that addresses food insecurity, as households have diverse strategies. This leads to the discussion below on the different capital resources that most households have at their disposal. They are combined differently by different households to address the need for food.

2.2 Livelihood Assets

According to Bank and Makubalo (2005:82) assets are at the centre of the livelihoods approach. Households and individuals draw from these assets to make their livelihoods. Figure 1 above presents the SLF in a visible manner and shows five different types of assets households may make use of:

Human Capital

In the context of SLF human capital represents the skills, knowledge, ability to labour and good health that together enable people to pursue different livelihood strategies and achieve their

livelihood objectives (DFID, 2000). At the household level, human capital varies according to household size, skill levels, leadership potential, health status and so on. According to Bank and Makubalo (2005:84) money and jobs are important sources of livelihoods for urban households. This makes human capital assets very essential for livelihoods in urban areas. Thus, access to jobs is an important strategy for HIV/AIDS affected household in their quest to acquire food for an active and healthy life.

Social Capital

Social capital is taken to mean the social resources upon which people draw to achieve their livelihood outcomes, such as networks and connectedness that increase peoples trust and ability to cooperate or membership in more formalised groups (Bank and Makubalo, 2005:9). Woolcock defines social capital as networks and norms that facilitate collective action (2002 cited in Khan, 2006). He conceptualises it in terms of bonding and bridging social capital. The former refers to intra-relations among members within a community whilst the latter refers to inter-relations with other associations outside one's community. In addition to these horizontal associations, there are vertical linkages to people or institutions of influence and power.

Social capital's structural version emphasises networks, organizations and linkages through which information and norms are conveyed. Structural forms are associational and facilitate mutually beneficial collective action and this form of social capital is external and pertains to rules, procedures, networks and organizations. The cognitive version focuses on shared norms, values, trust, attitudes and beliefs. This capital inclines individuals towards collective action and is facilitated by structural social capital (Evans and Syrett, 2007; Khan, 2006).

Social capital may differ within or among households. For the most vulnerable and deprived social groups such as HIV/AIDS affected households, social capital often represents a place of refuge in mitigating the effects of shocks or lacks in other capitals through informal networks. All the variations of social capital noted above will be part of this study's approach to examining the strategies of the households to address food insecurity. This is acknowledgement that households operate in very complex environments where they interact with many stakeholders who contribute to the concerned households' welfare. For instance, relations with extended family and community members may play a part, but at the same time there are NGOs and state institutions that are playing roles that improve households' access to food. If the contrary is true, that is the lack of such networks, this means that households will be having limited social capital to rely on to address food insecurity.

Natural capital

Natural capital comprises natural resources such as land, water, and biological resources used by people for their livelihoods (Chileshe, 2005:74). Although most of the urban poor do not make use of natural resources such as land for agriculture like what rural households do, some households produce food in their gardens (Bank and Makubalo, 2005). Thus food gardens play an important role in enhancing food security of households. Therefore, this study will also assess the role land play in households' coping strategies.

Physical capital

Physical capital comprises the basic infrastructure and producer goods needed to support livelihoods such as affordable transport, secure shelter and buildings, adequate water supply and sanitation, clean, affordable energy and access to information. This play a major role in determining the quality of life the affected households have. Physical capital can be used to launch livelihood strategies that address food insecurity and other deprivations. They can be used also in times of shocks as safety nets where people will use their resources to generate income for a living.

Financial capital

Financial capital denotes the financial resources that people use to achieve their livelihood objectives. The availability of cash or equivalent enables people to adopt different livelihood strategies. In urban settings money is one of the most important sources of livelihoods alongside jobs as noted by Bank and Makubalo (2005). However, it tends out to be the asset least available for the most vulnerable. Moreover, the situation is much worse for HIV/Aids affected households because of the long term effects of the pandemic. The disease make households incur a lot of costs to the extend others end up in debts. The cumulative effect of this is reduced ability for households to acquire food. As a result, coping and adaptation strategies are adopted by households to improve household food security. Financial capital can be sourced from available cash or bank deposits or valuable household assets. For the most vulnerable, financial

capital comprises labour income, pensions, or other state transfers or remittances. This study will investigate whether these financial flows are sustainable in accessing household food.

2.3 Transforming Structures and Processes

According to Shankland (2000) and Keeley (2001) these represent the institutions, organisations, policies and legislation that shape livelihoods. Culture and power relations also affect livelihoods. These occupy a central position in the framework and directly feed into the vulnerability context. They determine economic trends through political structures and mitigate or enforce the effects of shocks such as HIV/AIDS and food insecurity. They can also restrict people's choices of livelihood strategies. The study will assess whether these structures and processes support food acquisition strategies devised by HIV/AIDS affected households.

2.4 Livelihood strategies

This refers to a range and combination of activities and choices that households undertake in order to achieve their livelihood goals. The devastating effect of HIV/AIDS on household food security requires "livelihood diversification" which helps households to acquire food. A changing asset status may further or hinder other strategies depending on the policies and institutions at work. The study will investigate how livelihood diversification has influenced effective coping and adaptation strategies.

2.5 Livelihood outcomes

As shown in Figure 1 above, livelihood outcomes are products of livelihood strategies. Such outcomes include increased income, increased well-being, reduced vulnerability and improved

food security as key indicators of sustainable livelihoods. The SLF will assist this study in examining the various strategies HIV/AIDS affected households use to enhance food security.

2.6 Limitations of the framework

The vulnerability context is seen as a context of "opportunities" yet research conducted elsewhere in relation to the impact of HIV/AIDS on household food security indicates that households may fail to recover from the HIV/AIDS shock. Affected households do not "cope" in the sense of succeeding to preserve an acceptable livelihood, but rather they "struggle" and in fact commonly dissolve entirely (Rugalema, 2000). The very concept of "coping" distracts policy-makers from the enormity of the crisis.

HIV/AIDS cannot thus be considered "a shock like any other" (Baylies, 2002). The death of an adult is often disastrous, leading to sharp declines in production and income. The impact of a death depends upon the age, role and gender of the individual. With AIDS, there is an increased likelihood of both spouses succumbing, compounding the loss (Webb and Mutangadura, 1999).

The framework illustrates transforming structures and processes whereby government institutions and private sector create an enabling environment to put policies and processes in place that will aid the affected households deal with the shock. However current areas of concern when dealing with vulnerable livelihoods include power relations and gender issues. When it comes to the development of livelihood strategies, the DFID framework does not offer an explicit platform for dealing with crucial elements of decision-making.

The SLF is a simplification and does not represent the full diversity and richness of livelihoods which can only be understood by qualitative and participatory analysis at the local level. The mitigation of the impact of the epidemic needs to include activities and interventions that build capitals. It is essential to stress the fact that people living with HIV/AIDS do not stop being decision-makers. Ensuring their participation often requires challenging the stigma and fear surrounding HIV/AIDS.

CHAPTER 3: HIV/AIDS AND FOOD SECURITY IN AFRICA: SOME DEBATES

3.1 Food Security

The World Bank (1986) defines food security as access to enough food for all people for an active and healthy life. According to Drimie and Mini (2003:4) food security's essential elements are the availability of food and the ability to acquire it. This shows that whilst food may be available in the markets at local and national level, some households or people may not have the capacity to acquire it. This suggests the need for a dual approach to address food insecurity in communities. On one hand food should be made available or accessible whilst on the other hand the capabilities of households should be enhanced for them to be able to acquire food for an active and healthy life.

The expanded definition of the 1996 World Food Summit means that "food security at the individual, household, national, regional and global level is achieved when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (Rusenga, 2007:67). Whilst physical access can be easily attainable given the improved distribution networks in modern

societies, economic access is more difficult to attain for most poor households. Economic access depends on capabilities and assets households are endowed with. With many households living on less than one dollar a day, this means that food security is a major challenge for many societies and households. But it is the poor households in both rural and urban areas that face the most food challenges.

The point above means that the food security challenge transcends boundaries; it is neither rural nor urban. Understanding food insecurity in this way enriches our analysis of the problem whether from a sociological perspective or political economy angle. Nabudere (2006) stresses the symbiotic relationship between the rural and urban poor. He stated that “the rural poor and urban poor are in a closer system of symbiosis than the gap between the poor and the non-poor”. Nabudere’s analysis is important in that it breaks with the traditional neoliberal view of the rural space existing independent of the urban space. What it means is that it draws attention to the networks and relationships that exist between the two spaces. In other words, there is a globalisation of poverty and food insecurity as well. Moreover, his analysis also point towards the stark contradictions of the urban areas in Africa, which is also important for this study in its examination of the food insecurity situations of urban households. Nabudere argues that the rural exist in the urban areas. By this he means that the conditions of poverty that are usually associated with rural areas are now found in the urban areas, particularly in shanty towns where most of the dispossessed poor are found. This is a product of urbanisation without development, where many people move to urban areas and end up in shanty towns.

Access to food derives from opportunities to produce food directly or to exchange other commodities or services for food (Rusenga, 2007). The opportunities are based in turn on

access to resources, production technologies, environmental and market conditions, non-market food transfers and accumulated food reserves (Chavas 1995 cited in Maxwell and Wiebe, 1999, 828). Rusenga has identified food security as having three components which are:

- food availability;
- access;
- utilisation

For him, food availability looks into whether a country has food supplies which people can access via different means. Access deals with the different ways people obtain food such as own

production, purchase from shops and other strategies households employ. And utilisation refers to the appropriate biophysical conditions (good health) required to utilise food to meet adequately specific dietary needs (Tolossa, 2003:9 cited in Rusenga, 2007). Whilst food insecurity is a major challenge facing many households, this has been exacerbated by the endemic challenge of HIV/Aids (Jooma, 2005:63).

3.2 Food Security and HIV/Aids in Sub-Saharan Africa

Barnnet and Blaikie (1992) defined AIDS-afflicted households as those where a member of the household is ill or has died of AIDS. They further stated that affected households are those where the household members are not infected, but have been affected by AIDS. These two kinds of households will form part of this study. As pointed earlier, Africa is home to 67 percent of people living with HIV and Aids globally (Skweyiya, 2006:21). This is not good news for a continent that is affected by food insecurity.

Jooma (2005:59) has pointed out that the number of people living in extreme poverty has almost doubled in Sub-Saharan Africa from 164 million people in 1981 to 314 million. Whilst 798 million people in developing countries were undernourished between 1999 and 2001, the highest percentage was in Africa (Clover, 2003:6). Chronic food insecurity is said to affect about 28 percent of the population meaning that nearly 200 million of the people are suffering from malnutrition. Acute food insecurity is said to affect 38 million people in Africa with 24 000 dying daily from hunger.

Factors behind food security challenges in Sub-Saharan Africa include increasing food prices, greater reliance on cash food purchases and spiralling vulnerability as a result of HIV/AIDS morbidity and mortality (Hendricks, 2005; Kaschula, 2009; Moyo, 2010). Most households spend most of their expenditure on food purchases from supermarkets. Jacobs (2009:7) have observed that many of the poor spend a larger share of the household expenditure on staple agro-foods which means that their food security status is very sensitive to food price shocks. He further noted that almost all rural net consuming households purchase their food from supermarkets rather than other traditional food outlets, especially in South Africa. Commenting on eastern and southern Africa, Jacobs stated that the globalisation of agro-food markets led to pricing of staple foods in terms of the global prices. Thus any instability in global prices is transmitted to the local prices. Against this backdrop, what has become of livelihoods of HIV/Aids affected households. It is clear that HIV/Aids affected households are affected more by these price instabilities given that the pandemic depreciates their asset stocks, savings and economic capabilities.

Since the 1980s and early 1990s, studies in Uganda, Tanzania and Zimbabwe have indicated that HIV/Aids threatened household labour and cash incomes needed to sustain household food security (Abel et al, 1988; Gillespie, 1989). Barnett and Blaikie (1992) reported that HIV/AIDS destroyed the household economy and a variety of strategies known as coping mechanisms and household adaptations were being employed by the affected households but with minimal success.

Drinkwater (1993) noted that HIV/Aids contributed to decreased production (cited in Kaschula, 2009). Responding to the worsening effects of HIV/Aids in Africa, FAO (1993) commissioned studies which confirmed the impact of HIV/AIDS on rural households' income and labour output. The effect of HIV/Aids on labour is well acknowledged. Projections are that by 2020 Namibia could lose up to 26 percent of its agricultural workforce to the virus with Zimbabwe losing 23 percent, Mozambique and South Africa 20 percent and Malawi 14 percent (Jooma, 2005). The underlying point is that the pandemic affects households' livelihoods through reducing income gained. Although FAO's studies focused on rural households, the lessons are that HIV/AIDS has a negative impact on household food security. This could be worse in urban households as they depend on labour and cash incomes to offset household food insecurity (Bank and Makubalo, 2005).

UNAIDS (1999) commissioned a review of existing knowledge to ascertain household and community responses to HIV/AIDS epidemic in rural Sub-Saharan Africa. It was confirmed that households adopted strategies to cope with loss of household labour, adjust to loss of household food security and regain economic activities. According to UNAIDS the strategies adopted were varied. These strategies aimed to improve household food security by

supplementing income to maintain household expenditure patterns through improved capital. Individual households underwent processes of experimentation and adaptation when adults were ill and or died in order to cope with the immediate and long-term changes.

Factors that determine a household's ability to cope includes access to resources, household size and composition, support from the extended family and the ability of the community to provide support (UNAIDS, 1999). Moyo (2010) affirms that livelihood diversification is a deliberate strategy for urban poor households in seeking to bridge household food gaps. This is the process by which households construct diverse portfolios of activities and social support capabilities in their struggle for survival in spite of existing shocks. Households have changed their strategies over time, reinforcing, shifting and adding new strategies to their livelihood portfolios (Moyo, 2010). Moyo argues that the ways in which poor people manage their lives are too fluid and diverse because urban poor households juggle between different livelihood activities in response to the options available.

3.3 Food Security and HIV/Aids in Southern Africa: Coping and Adaptation Strategies

Rugalema (2000) asserts that HIV/AIDS afflicted households are not able to preserve an acceptable livelihood as many strategies employed by affected households in an attempt to avert household food insecurity are unsuccessful. SADC (2003) reported that while HIV/AIDS increased vulnerability to food insecurity, households engaged in distress strategies in response to food insecurity.

Moyo (2010) defines coping strategies as “the bundle of poor people's responses to declining food availability and entitlements in abnormal seasons or years. Davies (1996) posits that coping strategies are responses to adverse events or shocks, while adaptation strategies are

adjustments to adverse trends or processes. Coping strategies are therefore concerned with livelihood system success rather than failure. The sequence of adoption is determined not only by the effectiveness of each strategy in terms of bridging the food gap, but also by the extent of commitment of domestic resources involved and the degree of reversibility of each response (Moyo, 2010).

The emphasis from the SADC studies was that coping strategies adapted by HIV/AIDS afflicted and affected households were more likely to be irreversible compared to the strategies employed by households facing other shocks (Kadiyala & Gillespie, 2003). Research done by Rugalema (1998) in Tanzania and Barnett et al (1995) in Uganda found out that some households cut back the number of meals when faced with food shortages. This was also a common strategy used in Bulawayo (Moyo, 2010). Social networks formed in the urban community were an important asset for reducing vulnerability and aiding livelihood diversification in that overall, community level social networks were rated as effective by respondents since they were playing a crucial part in meeting household food gaps (Moyo, 2010). A research conducted by SAfAIDS (1998)

found that households were buying less expensive foods as an alternative (UNAIDS, 1999). Other households undertook a range of income generating activities such as selling assets and petty trade to supplement income (Sauerborn et al, 1996; Barnett et al, 1995). Other households provided labour to cope with household food insecurity (Mnthali, 1998).

Devereux (2001) asserted that due to varying degrees of wealth among households, different coping behaviours are adopted by households at different poverty levels. However, some coping strategies were common to all households although the extent to which such strategies

enable a household to remain afloat depend on the assets at their disposal. For example, faced by an income or food shock, households may either protect their food consumption by purchasing or receiving food from other sources (Davies, 1993).

Another study by Moyo (2010) shows that household livelihood diversification portfolios will depend on different levels of household wealth, level of education, household sizes, age and gender of head of household and type of employment. The interaction of these factors will determine the severity of the impact of HIV/AIDS on affected households. Some households are more able to adapt and recover from shocks and stresses than others. The responses are likely to depend inter alia on assets available to households, the economic context, the social group to which the household belongs, the capacity of government to deliver services and the activities of NGOs.

Households that have higher incomes or better alternative resources are able to cope with the impact of HIV/AIDS much better. Poor households that have no margin to absorb the extra costs of HIV/AIDS are the most vulnerable to the epidemic. They do not have the assets which

influence the choice of subsequent coping strategies. These households are at risk and require special assistance to help strengthen their coping capacity (UNAIDS, 1999).

3.4 Food Security and HIV/Aids in South Africa

The national food security index illustrates that South Africa is food self-sufficient in almost all the major foods (Department of Agriculture, 2002). While South Africa may be food secure, including export of food, large numbers of rural and urban households within the country are

food insecure (Aliber, 2009) The 2002 Integrated Food Security Strategy IFSS called for an empirical research to determine food security strategies of households under “normal” conditions, identify vulnerable households and monitor the impact of various shocks and stressors (including HIV/AIDS) on household food security. (Kaschula, 2008).

At household level, food security refers to the availability of food and access to such food within the household. In this case, a household is food secure when its members do not live in hunger or fear of starvation (Anderson, 1990). HIV/AIDS has multifaceted impacts on household food and nutrition security. It affects food availability, food access, stability, supply and utilisation. A survey of more than 700 AIDS affected households in different regions of South Africa indicated that two-thirds of these households suffered loss of income as a consequence of HIV/AIDS. Almost half reported not having enough food and that their children were going hungry.

According to Moyo (2010), urban food insecurity has been off the political agenda, and indeed urban food security problems have received relatively little attention from politicians, national food and urban planners. Urban food insecurity remains largely hidden within households and has to be dealt with at that level (Moyo, 2010). Urban households, especially those in high

density areas or townships have proportionally become poorer and food insecure, a condition worsened by the impact of HIV/AIDS.

Poverty and food insecurity has affected many poor rural and urban households for many years amid a food secure South Africa. The South African Constitution declared that “everyone has the right to have access to sufficient food...” (RSA, 1996:1255). In light of this, the government

developed policies and programmes to ensure that South African citizens are given opportunities that will enable them to meet their basic food needs. For example the Integrated Food Security Strategy (IFSS, 2002) was devised so that households and communities have the ability to secure adequate food. This strategy envisages that individuals and households will be self-sufficient in food production/accessibility, or through access to markets.

The Human Sciences Research Council (HSRC) (2004) indicated that the bigger number of households not having enough money to feed themselves showed that household food security has deteriorated since 1994. Coupled with other socio-economic and political problems such as poverty, unemployment and inequality, the incidence of HIV/AIDS in most African countries like South Africa is becoming a serious challenge to governments. Poor households are most affected. Nkurunziza and Rakodi (2005) assert that the livelihood strategies and well-being of urban households in sub-Saharan Africa have been affected by short-term shocks and long duration stresses due to economic decline, increasing poverty, deteriorating living conditions and the HIV/AIDS epidemic.

Measures of food access are useful in assessing the severity of food shortfalls, characterising the nature of household food insecurity (seasonal or chronic), monitoring changes in circumstances, assessing the impact of various interventions (Hoddinott and Yohannes, 2000) and the capacity

of the households to withstand the effects of these shocks. Coping strategies include behaviours reflecting dietary changes, increasing short-term household food availability (including use of credit), decreasing the number of people to feed, and rationing portion sizes (Hendricks, 2005). Mekuria and Moletsane (1996) asserted that coping strategies commonly employed by

households in the face of food insecurity were: dependence on community/ social networks, own food production, seeking employment, and asset accumulation.

Among social and economic issues that affect South Africa's food security are structural inequalities, poverty, high food prices and a high rate of unemployment that is exacerbated by the effect of HIV/AIDS on household food security. Existing literature already indicates that households with chronic illness report a higher experience of food insecurity, particularly in terms of eating less preferred foods and skipping days without eating (Kaschula, 2008). HIV/AIDS is believed to be extremely damaging to household food security precisely because it erodes food security resilience on multiple levels and in varying degrees (De Waal and Whiteside, 2003).

The HIV/AIDS epidemic has heightened food insecurity thereby creating newly-vulnerable populations and reduced capacity of poor households to secure sustainable livelihoods (Anderson, 1990). According to Stokes (2003), wealthier households may be able to stand the shock of HIV/AIDS when a head of a household is affected or dies. An HIV/AIDS affected household that is unable to withstand the shock is less able to provide adequate and nutritious food and therefore the household becomes food insecure. Drinkwater (1993) argues that the effect of HIV/AIDS on some household livelihoods is devastating in that the loss of a household head, followed by long depletion of livelihood productive assets could result in the impoverishment of the remaining family members and the breakdown of the family structure.

In the Eastern Cape province De Swart and Fraser (2003) have stated that households that had access to reliable income sources (grants, salaries and wages) experienced transitory food insecurity. These households diversified income sources for survival and relied on piecework

for wages or food parcels. Family networks were an important resource in times of need. Household gardens provided food and a means of bartering for other food items in times of need. Poor households were often forced to liquidate assets following poor harvests, reduce the number of meals per day or gather traditional vegetables in times of hunger. De Swart (2003) found out that about 81 percent of urban households in Cape Town had either borrowed food, or asked for credit at the store, or worked for food as a means of coping strategy to access food, an indication that urban food insecurity is problematic for the majority of poor households.

Against this backdrop, this study assesses diverse livelihood strategies adopted by HIV/AIDS affected households in East London to acquire food. The focus is on the coping and adaptation strategies employed by East London households that are food insecure as a result of the effects of HIV/AIDS. An in-depth investigation of individual household experiences provides an insight into the various household coping and adaptation strategies.

CHAPTER 4: RESEARCH METHODOLOGY AND DESIGN

4.0 Qualitative Methodology

This research applied the qualitative research methodology in investigating and examining the coping and adaptation strategies of HIV/AIDS affected households in East London. According to Wisker (2008:191), this type of research design is suitable when a researcher is interested in capturing the views of people on their feelings and experiences relating to a particular issue. The qualitative research approach is ideal for the description of people's representation and construction of what is occurring in their world. It is used to describe the situation and study human actions and meanings from their social context, (Hakim, 1987 cited in Robinson 1998).

This means that qualitative researchers always attempt to study human action from the insiders' perspective (Babbie, 2001).

Applying this approach enables this research to describe and understand the impact of HIV/AIDS on urban household food security and the coping strategies adopted. It allows the study to collect data on households' livelihood trajectories, which is the path through time and the consequences of the changing ways in which individuals/households construct a livelihood over time (Murray, 2002:496). The author further stated that qualitative data reveal how and why and highlight differences and variety within a range of human experiences in areas studied. Geertz (1973) posits that qualitative descriptions do not focus on counting and quantifying patterns in behaviour, instead the emphasis is on "a rich, detailed description of specifics", in this case the coping and adaptation strategies employed by HIV/AIDS afflicted and affected households to access food. This study is underpinned by the Sustainable Livelihoods Framework.

4.1 Gaining Entry

The study sites for this study are Spunzana informal settlement and Mdantsane. HIV/AIDS is a very sensitive issue and it is difficult to get access to affected households with the intention of carrying out research. For this study, the researcher made use of a local non-governmental organisation (NGO) working with HIV/AIDS affected people to identify key informants. Siyakhana Health Trust Centre, located in Southernwood, East London provides anti-retroviral (ARVs) medication to HIV/AIDS affected people in East London and its surrounding neighbourhoods.

After meeting the key informants who are on ARVs, and their consenting to participating in this study, other participants were identified through the networks of the key informants. In other words, the key informants introduced the researcher to other affected households which subsequently became part of this study. This is how households were accessed. However, since communities have got their own leadership structures, the researcher also informed the local councillor of her intention to conduct research in the area and permission was granted.

4.2 Sampling Techniques

Because there is no public list of HIV/AIDS affected households available given the sensitivity of the issue, it was not possible to do a probability sampling for this study. As a result, non-probability sampling was used to select respondents. Sampling was done at two levels given the sensitivity and difficulty of getting affected people to volunteer in numbers. Firstly key informants were selected purposively after having been introduced to them by Siyakhana Health Trust Centre. Purposive sampling technique selects a sample on the basis of human judgement and on whether or not the subjects have information required to address the research question

(Robinson, 1998). Consequently the researcher selected research participants on the basis of background knowledge about the research problem. Therefore, those who could assist in answering the research questions asked by the study were selected.

The selected respondents were used to identify other households from their localities, who are affected by the pandemic. This technique is called snowball sampling. Snowball sampling is a method that is based on networks or interconnections between the informants (Neuman, 1997).

The researcher examined the social networks of the known informants (identified through

purposive sampling) in order to identify other suitable participants. These methods resulted in a sample that produced rich data on the coping strategies of the affected households in the face of food insecurity.

Snowball sampling suits this kind of research very well because the researcher can make use of the networks of key informants. This also meant that more risks were eliminated as the key informants introduced the researcher into their own world and introduced her to other affected households in appropriate terms. Nineteen (19) respondents were selected for the interviews from the two study sites. The table below provides a summary of the sample.

Table 4.1: Sample Characteristics

Total	Female	Male
19	18	1 ¹

Source; Afitumukiza, 2012, Field Data

4.3 Interview Guide Design

An interview guide was used during the gathering of data from respondents. It contained open-ended questions that sought to generate more data from the respondents on the impact of HIV/AIDS on their households' food security and the coping strategies they adopted to address that challenge (Slim et al, 1995). According to Willig (2001) in semi-structured interviews the questions posed by the researcher function as triggers that encourage the respondent to talk.

¹ The gender imbalance in the sample shows the difficulty one experiences when studying households affected by HIV/AIDS. Men are not more open when it comes to associating themselves with the pandemic and its effects unlike women.

Questions asked generated data on the impact of the pandemic on livelihoods and strategies employed among other things. The table below show some of the questions asked.

Table 4.2: Sample Questions from Interview Guide

Question	Purpose
How do you access food in this household?	To prompt respondents to talk about the methods they use to access food. Follow-up questions systematically investigated all the methods used; including those respondents thought were insignificant.
What resources do you use to supplement access to household food?	This investigated the assets households have for their welfare. Resources, in the context of the sustainable livelihoods framework are not limited to material resources, but include also social networks etc.

Who was providing food for this household before the household was affected by HIV/AIDS?	The question sought to gather data on the livelihood trajectories of the households before they were affected by HIV/AIDS. This is important for one to investigate the impact of the disease on the food security of the

	household.
Have the eating habits changed since the household head got to know of his/her status?	This allows one to understand the impact and to capture the effects of the disease in precise terms.
Has government or institutional support in form of aid helped to cover household food gaps?	Government support is investigated to understand the political and social environment these households operate in.
Has livelihood diversification helped to cover household food gaps?	This traces the effect of strategies adopted by households and their effectiveness in addressing the food insecurity challenge faced by the household.
Have family social networks helped in accessing food?	Social networks and their role in food security are investigated.

Do you only depend on buying food from the stores or you have other ways of accessing household food?	This allows the study to capture all methods used to acquire food, including own production in gardens and peri urban farms.
Is there anyone who has left the household due to the effect of HIV/AIDS on household food security?	This investigates the effect of the disease on household/family cohesion and the subsequent effects this may have on household food security.

Source: Afitumukiza, 2012, Field Data

4.4 Data Collection Methods

Interviews were the main data collection method and were supplemented by observation and secondary sources. Ackroyd and Hughes (1983:66) define interviews as encounters between a researcher and a respondent in which the latter is asked a series of questions relevant to the subject of the research. The respondent’s answers constitute raw data analysed at a later point in time by the researcher. Mishley (1986: 9) defines an interview as referring “to a face-to face verbal interchange, in which one person, the interviewer, attempts to elicit information or expressions of opinion or belief from another person or persons. Semi-structured individual interviews were used and allowed respondents to narrate their own experiences in their own words (Marvasti, 2004). Bryman (1988:45) define participant observation as the sustained immersion of the researcher among those whom he/she seeks to study with the view of generating a rounded, in-depth account of the group. These two methods were used to gather primary data from the respondents and complemented each other well.

4.5 Semi-structured Interviews

Interviews were conducted at the respondents' places of residence. Open-ended questions and the interview schedule guided the discussion in order to cover all important issues in the households' lives (Murray, 2002:500). Interviews were broken into sessions gathering related data at one particular moment. This was meant to allow the interviews to be specialised and to investigate issues in depth (Slim et al, 1995:64). Firstly, data on household demography (size, gender and education) and their histories was gathered. This allowed the study to understand the context in which the coping strategies operate in and the kind of households the respondents belonged to.

Secondly, the households' histories before and after being affected by the disease were traced to get an overview of the households. This was followed by investigation of the socio-economic activities the household members engaged in. The goal was to capture all the income sources for the households. The interviews also sought to find out if these activities have changed over time (before and after HIV/AIDS). The connections between the activities and household food security were investigated.

Another set of interviews investigated the household assets. According to May (2002) assets are important indicators of households' ability to purchase services and commodities needed for a minimum standard of living. The assets can be used to address different challenges faced by households. They are a sort of investment that households can fall back on when challenges

come and there is no money to use. The effects of the pandemic on the asset portfolios were also investigated. The focus was on whether the assets improved or not and the causes for such trends.

Data on household consumption, expenditure and satisfaction with government programmes was also gathered. Household expenditure is viewed as a closer reflection of a household's well-being (Chitonge and Ntsebeza, 2012). The questions enabled the study to investigate households view/perceptions on the impact the disease had on their lives and in particular, their food security. They also allowed the study to investigate consumption patterns before and after the disease affected the households. This way one is able to investigate the impact the disease have on household food security. The data generated by the interviews was comprehensive and allowed the study to investigate the effectiveness of the coping strategies households employed to address food insecurity. And this data was complemented by data generated through observing these households during visits for interviews.

4.6 Non- Participant Observation

Non-participant observation was an important component of the data gathering techniques for this study. The researcher observed the eating habits of the households during visits. This is important in that helps one to note the trends over time, whether there are changes from the time of contact to the time one finishes the study. This also helps one to understand the experiences of these households in their own context. Food insecurity is a socio-economic challenge that affects many households as shown earlier. But not all of us comprehend what it is like to sleep without eating or to skip meals in order to extend the duration the resources can cover the households.

Thus observing households eating habits assisted the researcher to put in context the data generated by the interviews.

The quality of the food eaten by the households was also observed. As indicated above, this enriches the data collected through the interviews. Above all it helps one to understand the socio-economic challenges households face. The quality of food is also an indicator of household food affordability which also complements data on consumption and expenditure. The state of the habitat, that is the shelter and utensils used in the household were observed as well. This helps one to understand the state of poverty or wellbeing for the households. Pictorial evidence was gathered to support data gathered through observation. The table below summarises the data collected through observation.

4.7 Data Analysis and Interpretation

Marshall and Rossman (2006:154) define data analysis as a search for general statements about relationships and underlying themes. Mouton and Marais (1988:103) defined data analysis as the breaking of the complex whole into its parts. Data analysis was done alongside the collection of data. All interviews were recorded on a tape recorder. The researcher was also keeping field notes. Van Maanen (1988) describes field notes as an ongoing stream of consciousness commentary about what is happening in the research, involving both observation and analysis. Qualitative data analysis procedures have been followed to analyse the data. The

recorded interviews were transcribed, cleaned and the types of data were labelled according to dates, names, times and places where they were gathered (Slim et al, 1995:85).

Themes and categories of meaning with internal convergence and external divergence were identified from the data. This was followed by coding of data. Codes are tags or labels for assigning units of meaning to the descriptive or inferential information collected during a study (Miles and Huberman, 1994:56). In other words, people's answers and views were allocated tags that grouped related views together. Analytic notes were written to make sure that a summarised account of what is in the data was kept. After coding, data will be interpreted. Mouton and Marais (1988:103) defined data interpretation as the construction of the whole out of the parts. The researcher drew meaning from the data in relation to how the data related to the study's focus and argument (Marvasti, 2004:90). The interpretation included searching through data for themes that oppose the argument of the study and possible explanations for such data. The table below summarises the main activities involved and their purpose in data analysis.

Table 4.3: Data Analysis Steps

Procedure	Purpose
Field notes	To keep updated on events in the field and those that needed follow-up
Transcription	To have the recorded data on paper from its

Procedure	Purpose
	electronic format.
Cleaning and labelling of data according to dates and places of interviews	To avoid mixing data

Theme creation	To categorise related data in order to observe the different views represented in the data on any particular question
Coding	To assign meanings to the themes and tags to identify them in the complex data set. This helps the researcher in her working with the data and its interpretation
Interpretation	To answer the research questions for this study using data collected.

Source: Afitumukiza, 2012, Field Data

.8 Gender of Respondents

As indicated earlier, this study is based on the interviews carried with 19 respondents from 19 households. Eighteen (18) respondents were women and one (1) was a men. The disproportion in terms of gender in the sample reflect the difficult of drawing representative samples in doing a study that deals with HIV/Aids in a society like South Africa's where stigma is high. Sing

female headed households are proportionately affected by HIV/AIDS and were found to be the ones devising coping and adaptation strategies to access household food.

4.9 Age of Respondents and Household Sizes

As shown on Table 4.1 below, the ages of respondents ranged from 24 years to 62 years old. The average age for respondents is 45 years. There was only one (1) respondent in the 20 – 29 years age category representing 5.3 percent of the total number of respondents. In the 30 – 39 age category, there were three (3) respondents representing 15.8 percent of the total respondents. Nine (9) respondents were aged between 40 and 49 years representing 47.4 percent. Four (4) respondents were aged between 50 and 59 years representing 21.1 percent of the total respondents. In the 60 to 69 years age category, there were two (2) respondents, constituting 10.5 percent of the total respondents.

Table 4.4: Age of Respondents and Household Sizes

Household Number	Age of Respondent	Household Size
1	49	8
2	54	9
3	41	3

Household Number	Age of Respondent	Household Size
4	40	9
5	44	5
6	42	4
7	54	9

8	62	9
9	54	12
10	42	6
11	62	4
12	24	3
13	45	3
14	39	6
15	40	3
16	38	7
17	39	3

18	53	4
19	48	2
Average	45.8	5.7

Source: Afitumukiza, 2012, Field Data

Household size in the sample ranged from two (2) to twelve (12) and the average household size was 5.7. This shows that households' sizes in the sample are considerably higher and the effect of HIV/AIDS may be devastating if no measures are taken to assist the affected households. Ten (10) households have five (5) or more members.

4.10 Educational Level of Respondents

Eight (8) of the respondents had completed grade 12 whilst the remainder dropped off before they completed their grade 12. Two of the respondents had achieved grade 8 whilst one had grade 7. Three had grade 6 whilst two had grade 5 education. Three respondents had the lowest grades at grade 4. Thus all respondents have undergone some form of education. Although some have very low levels of education, a considerable number have some education. Mtero (2006:83), commenting on the educational levels of informal sector operatives in Makana Municipality in the Eastern Cape, noted that they had both primary and secondary education contrary to studies that claim that low educational levels are factors behind participation in the informal sector. This has relevance here. As will be shown below the informal sector plays a role in the livelihoods of these households.

4.11 Employment Status and Form of Employment for Respondents

Ten (10) respondents reported that they were not employed at all. Employment in this study covered both formal employment and informal employment. This means that the ten respondents who reported not being employed are not participating in either formal or informal employment activities. Thus the unemployed in this study's sample represented 52.6 percent of all respondents. Two (2) respondents had formal jobs. This represented 10.5 percent of the respondents. The remaining seven (7) were employed in the informal sector doing various activities as a form of livelihood. They constituted 36.8 percent of the respondents. Table 4.2 below summarise the employment status of the respondents and the forms of employment undertaken by the respondents.

Table 4.5: Status and Form of Employment

Employment Status	Number of Respondents
Formal Employment	2
Unemployed	10
Informal Sector	7
Total	19

Source: Afitumukiza, 2012, Field Data

Whilst the high rate of unemployment in the sample may be insignificant as an indicator of what is happening at national level given the manner in which the sample was drawn, it may be

worth commenting on it. Chitonge and Ntsebeza (2012) argued that unemployment in South Africa ran as high as 40 percent of the population. They acknowledge that the official unemployment rate for the third quarter of 2011 was put by Stats SA (2011:6) at 25 percent but they criticised the method used as leaving out those who are discouraged to seek jobs. They argued that if discouraged job seekers are included then the unemployment rate for South Africa would be 37.9 percent in the third quarter of 2011. This means that the unemployment level for this sample may not be above board after all, given that unemployment concentrations differ from place to place and region to region. Thus one part of the city may have less unemployment rates compared to another. This fits well with Nabudere's (2006) analysis of the African cities, in which he argued

that the rural is found in the modern cities. His argument was that within the African cities you find other parts with features like those of the rural, a good example being the informal settlements of which this study was located.

4.12 Household Income

All households earned some form of income every month. Household income ranged from R280 to R4 000 per household per annum. Households that received less income due to unemployment, fewer grants or weak social networks struggled to purchase household food. Three (3) households earned between R1 and R1 000 per month. This represented 15.8 percent of the households. The combined total of these households was R840 representing 2.3 percent of the total household income for all households reported in this study. Seven (7) households earned between R1 000 and R2 000 per month.

The total income was R11 048 representing 30 percent of the total household income for the 19 households interviewed. Six (6) households earned between R2 000 and R3 000 with a combined income of R14 780 representing 40.1 percent of total household income. Three (3) households earned between R3 000 and R4 000 per month. Their combined income was R10 148 representing 27.6 percent of total household income. The total income for all households in the sample is R36 816 whilst the monthly average income is R1 937 (see Table 4.3 below for the summary of household incomes).

Table 4.6: Household Monthly Income and Monthly Average Income

Household number	Monthly Income (R)
1	1 700
2	1 200
3	4 000
4	1 700
5	2 508
6	3 148
7	2 800
8	1 400
9	1 400

Household number	Monthly Income (R)
10	280
11	1 700
12	2 508
13	280
14	280
15	2 228
16	2 508
17	1 948
18	2 228
19	3 000
All Households Total	36 816
Average Monthly Income	1 937

Source: Afitumukiza, 2012, Field Data

Table 4.3 shows that 9 (47.4 percent) households have monthly incomes that are less than the monthly average for all households (R1 937). The average monthly income for households is misleading though as an indicator of households' ability to acquire food. This is because the sizes of the households are high, meaning that the average monthly income per capita for the

households is R337.76. This is lower than the upper bound and lower bound poverty lines for South Africa. According to Chitonge and Ntsebeza (2012) the upper bound poverty line used by Stats SA in the household Income and Expenditure Survey (Stats SA, 2008) is R555.55 per capita and the lower bound poverty line proposed by Woolard and Murray (2006) is R416.27 per capita. These were 2006 prices though. What this means therefore is that in general the households studied were poor and are likely to struggle to acquire food. Their per capita income is lower than that required for them to be counted as above the poverty line in South Africa. The implication is that the households have less capacity to acquire food.

If per capita income for each household is calculated, nine (9) households have per capita incomes above the lower bound poverty line of R416.27 as proposed by Woolard and Murray (2006) above. The per capita incomes for these households are not adjusted for inflation, meaning that in 2012 prices some of these households may also be lower than the poverty line. What is clear from the income data is that almost all of these households constitute low wage/income earners as described by Altman (2006). She stated that this category is made up of those who earn less than R2500 per month. Indeed Altman pointed out that the features of these households include food insecurity.

4.13 Conclusion

This chapter presented the procedures taken by the researcher to design the study, to collect the data and to analyse the data. These steps were followed because they were deemed to be important for this study in order for it to address the research question asked. Given the sensitivity that surrounds HIV/AIDS; qualitative methods were employed, where the researcher made use of an NGO and its clients to make inroads into the community. The

collection of the primary data involved interviews and observation. These two methods produced complementary data that assisted the researcher to answer the research questions asked in the study. Qualitative data analysis techniques were then applied to the data followed by the interpretation of the data.

CHAPTER 5: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

5.0 Introduction

This study aimed at analysing the coping and adaptation strategies employed by HIV/AIDS affected urban households in their quest to access food and minimise household food insecurity.

Various household coping strategies were identified and analysed to establish whether they were able to cover household food gaps. Identified coping strategies included behaviours reflecting dietary changes, purchasing basic foods, rationing food, social support networks, borrowing or exchanging food, social grants, buying food on credit, vegetable gardens, borrowing money for food, adults going hungry to preserve food for children, sending children to relatives, school feeding scheme and food aid. These findings are discussed in detail in the subsequent sections of this chapter.

5.1 Coping and Adaptation Strategies employed by HIV/AIDS Affected Households in Mdantsane and Spunzana

The study found that different coping strategies were employed at household level. Households adopted different coping strategies to minimise risks to their household food security and livelihoods.

Several coping strategies were employed by households to generate income for household welfare and food security. Table 4.1 below summarises the coping strategies adopted by households. What the table shows is that most households have diversified livelihood strategies. This is in line with available literature (see Ellis, 2000; Bryceson, 2002; Moyo, 2010). As noted

by Moyo (2010) urban poor households diversify their livelihood strategies to bridge household food gaps. Moyo further states that such households change their strategies over time, reinforcing, shifting and adding new strategies to their livelihood portfolios.

Table 5.1: Household Coping and Adaptation Strategies

Coping Strategy	Number of Households	As % of Total Households
Food Rationing	5	26.3
Buying Cheap Food	17	89.5
Employment: Formal	2	10.5
Employment: Informal	7	36.8

Old Age Grant	5	26.3
Child Grant	14	73.7
Skipping Meals	4	21.1
Send Children to Relatives	5	26.3
Short-term job	3	15.8
Borrowing Money	10	52.6
Money Club	1	5.3
Social Networks	14	73.7

School Feeding Scheme	6	31.6
Vegetable Garden	5	26.3
Food Stamps	1	5.3

Source: Afitumukiza, 2012, Field Data

5.1.1 Food Rationing

Five (26.3 percent) households rationed their food to make it last longer. The main reason behind food rationing was the inadequacy of financial resources to support normal household food consumption. In household number one (1) the respondent said that food rationing allowed the food to last longer, especially for children's sake. However, despite the rationing of

food the household experienced occasions when the adults had to go the whole day without food whilst the children ate at their school's feeding scheme. This shows that rationing did not help the household to spread its resources sustainably. The situation of household number one is different from that of household three (3) which rationed its food and managed to have food throughout the whole month. The respondent stated that "the household affords basic normal meals for a normal household" (Interviewee 3, Mdantsane, 12 October 2012). To stress the positive effect of food rationing the respondent further stated that the household eats good breakfast, fruit and bread sandwich for lunch and a good nutritious meal for supper.

In all households except household three (3), food rationing was mainly meant to preserve enough food for the children. In household thirteen (13) the respondent stated that "food rationing at least allows the household to sacrifice food for the care of the child because the food is not enough for all" (Interviewee 13, Spunzana, 20 October, 2012). In household fourteen (14)

the child was also noted as the main beneficiary of food rationing. This confirms findings by various case studies that indicated that rationing of food consumption is one of the first responses to a decline in food entitlements (see Watt, 1983; Corbett, 1985; Campbell, 1990; Rahmato, 1991; Davies, 1996 cited in Moyo 2010). Whilst food rationing benefits the children mostly, the sustainability of the strategy is not well comprehended. However, as argued in chapter two the shortage of food has detrimental effects for children's growth and their learning abilities.

5.1.2 Buying Cheap Food

Seventeen (89.5 percent) households stated that one of the ways they have adopted to adapt to food insecurity is to buy their cheap food from affordable stores. The respondents pointed out that this strategy allowed them to purchase more food than they can get from other food stores they perceived to be expensive. Ten (52.6 percent) respondents indicated that they buy food from Boxer shop, six (31.6 percent) stated that they buy their food from Shoprite with one respondent stating that the food is bought from the Spaza shop. The respondent who said she buys her from the Spaza shop indicated later than she buys the food from there because the owner allow her to take food on credit. In this case, the Spaza may not be less expensive compared to other shops. The household is forced by circumstances to rely on the Spaza shop. All the respondents bought fruits and vegetables from street vendors and said the prices in the streets are much cheaper than in the shops..

SAfAIDS (1998) found that the buying of cheap food by HIV/AIDS affected households is a common strategy among the poor households (cited in UNAIDS, 1999). This shows rational decision making among the households and especially after the food price crises of recent years in South Africa. The food bought by households from these shops includes the following samp, mealie meal, fruits, vegetables, bread and rice. The tendency to buy cheap food may also lead to the buying of low quality food with low nutrition content. This may affect the households' ability to live a healthy life.

5.1.3 Skipping Meals

Four (21.1 percent) households skipped meals when they do not have food or when the food is less in order to preserve the food for children. Respondent ten (10) indicated that when

HIV/AIDS affects her health and ability to work, her household goes without adequate food and it has to skip the lunch and eat in the evening. Consequently, the respondent noted that the lack of food affects her health and ability to recover. Respondent eleven (11) also stated that her household survives on two meals a day, breakfast and supper. Her household survives on two children's grants and skipping meals is a way of making the resources last. This finding is in line with research done by Rugalema (1998) in Tanzania and Barnett et al (1995) in Uganda. They found that some households cut back the number of meals when faced with food shortages. This is also a common strategy used in Bulawayo, Zimbabwe (Moyo, 2010).

Skipping meals is not only practised by HIV/AIDS affected households. It is a strategy that many poor households practise when affected by shocks in their livelihoods. As pointed out by Mlambo (1997), Zimbabwean urban households responded to the effects of the economic structural adjustment programme (ESAP) in the 1990s by cutting on the number of meals per day from three to two. The most skipped meal was the lunch and sometimes it was replaced with some light food such as tea and bread whilst some households delayed their breakfast to early afternoon in order to cover for the skipped lunch. However, the households indicated that given

the health status especially of the infected members, skipping of meals is only forced on them by their difficult circumstances.

5.1.4 Employment

Table 4.1 above shows that nine (9) households have individuals who are employed with two (10.5 percent) in formal employment whilst seven (36.8 percent) are employed in the informal

sector. Respondents three (3) and nineteen (19) indicated that they have formal employment. Household three (3) earns +/- R4 000 per month whilst household nineteen (19) earns +/- R3 000 per month. Those in the informal sector earned between R1 900 and R2 000 per month. The seven (36.8 percent) respondents in the informal sector indicated that they used their weekly wages to purchase household food. The income from employment played a major role in the acquisition of food by the households. The households chose to buy basic food such as samp, mealie meal, rice and bread from the shops. To highlight the significance of the income one respondent who works in an informal sector in Mdantsane said;

“We only eat meat on Fridays when we are paid. On other days, we eat pap, samp, vegetables and soup, which is okay. For us who are not rich, this is our basic food. There are many unemployed families in Mdantsane which cannot afford pap and vegetables” (Interviewee 16, Mdantsane, 25 October 2012).

Thus despite the fact that the majority of the jobs held by the respondents are low paying (Altman, 2006), their value cannot be undermined. Those who do not have jobs, their perceptions are that if they can get jobs their food security and healthy status could be greatly improved. Adequate dietary intake is essential for maximising the full benefits of antiretroviral therapy (ART). As a result, one respondent stated that;

I cannot sleep at night because my children are hungry. If I had a job I would be able to buy bread for my children. Government does not want to give me a ‘sick grant’ or allocate me a monthly food parcel. At least if government could give me a job I would work and buy food for my household. Sometimes I do not want to take my ARV’s because I am hungry” (Interviewee 10, Spunzana, 20 October 2012).

Respondent 9, who lost her job as a result of being unable to work due to the illness, indicated that the loss of income increased her household food insecurity. Five (26.3 percent) respondents whose partners or husbands had passed away indicated how loss of income from one partner had affected household food availability. One respondent had this to say:

“I was working with my husband in the informal sector. We were not paid enough ,but we used to eat meat, buy eggs, potatoes and vegetables. We ate meat three times a week. Since he passed on, our diet has changed. My salary is not enough to afford good and nutritious food. My children only eat meat on Sundays” (Interviewee 15, Spunzana, 22 October 2012).

The results show that income from jobs is very important for household food security. This shows that income from jobs is very important in poor households’ food security.

5.1.5 Social Grants

Social grants, which the government provide to different categories of the population with special needs, play an important role as well. The old age grant provides R1 200 per month to South African citizens who are 60 years and above. Five (26.3 percent) households received the old age grant which was used to purchase food in the households. Four of the five households have no member who is employed, meaning that the income from the social grant is very important for household welfare and food security. Thus the social grant contributes significantly

to households’ income needs. This shows that whilst there are debates about the sustainability of the social grants on the part of the government, the grants play a role in sustaining the livelihoods of the poor and in particular HIV/AIDS affected households. The research also found that three (15.8 percent) households had instances where the grant was accessed through

relatives who decided to assist the struggling households. The respondents stated that this was not regular though but when it happened, it made a difference to their food needs.

Fourteen (14) households had children who received a social grant of R280 per month from the government. In total 31 (57.4 percent) children out of 54 children in the households received the grants. The grants were an important source of income for household food security. As noted earlier, these are poor households (Altman, 2006) and therefore any income that comes their way makes a big difference. Nine (9) households with children receiving the grants do not have anyone in employment whilst five (5) households receiving the grants have members working in the informal sector where the wages are low.

5.1.6 Social Networks

Fourteen (73.7 percent) households made use of friends, social institutions and extended family networks acquire food when in need. The study found that when household income and food is overstretched, money or food is borrowed from family members. Family members feel obligated to support affected households. Three (15.8 percent) respondents indicated that they received financial support from their parents' pension and/or grants. Two (10.5 percent) respondents stated that their relatives who are working buy food for them. One respondent whose parents had died said that;

“I am unemployed. I lost my job because of my illness. My two brothers often seek piece jobs. We are 6 in the family. We never go hungry and our dietary requirements have not changed. Our sister, who is married and is in good employment, buys nutritive food for our home every month. This helps us to access household food and cope with household food security”
(Interview 14, Mdantsane, 21 October 2012).

Nine (47.4 percent) respondents indicated that friends and church members give them money and food. The respondents indicated that the money contributions are irregular and sometimes they get the amount that they ask for when in need which range from a few Rands for vegetables to hundreds of Rands for household food basics. In other instances the friends and church members give them money without first asking. So the amount depends on what the giver has. The respondents noted the difficulty of attaching a figure to the amount of money they give through friends and church members. They said that the amounts can range between R50 and R200 per month.

When asked about the type of food their friends and church mates provided to them, they noted that it was mostly vegetables, bread and mealie meal. The food seems to be made up of basics only. The respondents stated that every month they get food from different people, especially when they come to visit them. The quantities per individual are not much but they contribute to household food security. This is in line with Moyo's (2010) findings in Bulawayo, Zimbabwe that social networks formed in the urban community were an important asset for reducing vulnerability and aiding households to acquire food. Despite the fact that the networks may not satisfy all the household food and basic needs, the contributions cannot be underestimated. For poor households, any contribution, no matter how small it is, makes a difference. This shows the importance of community values that says that a person is a person because of people (umuntu

ngumuntu ngabantu). This shows that part of the strategies to address social and developmental challenges affecting urban households should be to strengthen community bonds that are constantly being affected by the individualistic values globalisation is championing.

Moreover, the social networks facilitated the ability of the households to borrow money when in need. Ten (52.6 percent) households stated that they borrowed money from their networks when their resources are depleted. Three respondents stated that they borrow between R50 and R150 per month whilst seven respondents said they borrow between R100 and R300 per month. All the ten respondents stated that they borrow at least once every month when their resources are insufficient. Mostly, the money was for buying household food whilst waiting for their resource portfolios to improve to meet their food need.

Social networks tend to be an important livelihood strategy in Mdantsane and Spunzana. This becomes more valuable in the context of high unemployment affecting the communities and South Africa as a whole. As noted by Chitonge and Ntsebeza (2012), the country is battling an unemployment rate of around 25 percent. The data shows that ten (52.6 percent) of the respondents are unemployed whilst seven (36.8 percent) are employed in the informal sector where returns for labour are low, unreliable and not consistent. Against this backdrop, social networks' contributions to households' food security are important. One respondent indicated that:

“No one in my extended family does support my household. They are unemployed. My friends and neighbours are also struggling to access food. It is difficult to depend on one another” (Interviewee 17, dantsane,25 October2012).

5.1.7 Sending Children to Relatives

Five (26.3 percent) households reported that they had to send some of their children to stay with relatives in the rural areas to cope with the economic challenges their households faced.

They stated that they kept their contacts with their rural homes as they only came to the urban area to search for better livelihoods. However, when they noted that they could not cope with the economic demands of providing for the households they decided to send their children to the rural homes. The children attend school there and only visit their parents to the urban areas during holidays. Respondent 6 said that

“I am the only one who works in the house. My income from the informal sector is not enough for our household. There are many mouths to be fed and the children have to go to school. At least in the rural areas the cost of life is low and the child will stay with the grandparents there. We will send our support when we get some money and he can visit us during holidays...” (Interviewee 6, Spunzana, 19 October 2012).

This shows that social networks with relatives back home are important. Social networks operate at two levels, which are those within the communities studied and those maintained over time by households with origins in the rural areas of South Africa. As noted by Nabudere (2006) African countries are characterised by urbanisation without development. When emigrants get to the urban areas and find no employment, the rural areas continue to subsidise the urban households. In turn the urban relatives also contribute to the development of rural families through remittances. This prompted Nabudere to say that the rural and the urban areas are intricately linked such that problems in one part affect the other.

5.1.8 School Feeding programs

Six (31.6 percent) households have children who benefit from the school feeding schemes. They eat food at their schools allowing their households to adjust their consumption around

lunch. The food they eat includes bread, soup, milk and cold drinks. Whilst the objectives of the feeding schemes may have nothing to do with enhancing household food security, the results of this study show that respondents see them as playing a broader social and food security role. In other words, the feeding schemes have got some multiplier effects that are favourable for household food security. As one put it;

“Sometimes government does good things. At least we do not worry about what the children will eat during the day. They eat fruit, bread and soup at school. We worry about what to eat at night” (Interviewee 7, Mdantsane, 19 October 2012).

The school feeding scheme contributes also to human capital development needs of the households as the availability of food help the children to learn at school. The rationale behind the National School Nutrition Programme (NSNP), as the scheme is officially known, is that the availability of food enhanced the learning capacity of the pupils. The guide for the scheme from the Department of Basic Education states that the aim is to enhance children’s active learning capacity, alleviate short-term hunger, provides an incentive for children to attend school and to address certain micro-nutrient deficiencies (Department of Basic Education, 2012). Overall, the school feeding schemes play their role in contributing to household food security.

5.1.9 Government Food Parcels

Only one (5.3 percent) household receives food parcels from the government. The food parcels are received through the programmes supported by the National Department of Social

Development. The department funds programmes aimed to assist Orphans and Vulnerable Children (OVC) and the identified children received food parcels. It also has several

programmes aimed at assisting households in need such as food banks and distribution of food parcels to households. Sometimes the food parcels are provided to households for up to six months. The food parcels received by the household included mealie meal, rice, cooking oil, salt, sugar and vegetables.

This respondent indicated that she received food parcels twice and was suspended. She last received the food parcel in February 2012 at Mdantsane. As a result she added that,

“...my house never had enough basic food since then. I am not able to buy from the shops because I am unemployed. I even use my two children’s grants not only to buy food but also other household necessities. The government does not understand my situation. Maybe if social grants for children could increase, my household would afford basic food” (Interviewee 14, Mdantsane, 23 October 2012).

She stated that she was told that the department wanted to make sure that many people get the parcels hence it could not continue to provide the parcels to the same people. This shows that food parcels are operating mainly as relief programmes rather than sustainable sources of food for poor urban households. Whilst the food parcels contribute to livelihoods of the affected households, their sustainability is not guaranteed. Thus it is important that households have other livelihood strategies than waiting for food parcels alone.

5.1.10 Urban Agriculture

This study noted how urban food production does contribute to mitigating the effects of HIV/AIDs on household food security. Affected households turned to urban agriculture not only

to provide food, but also to save cash resources by reducing food expenditures. It also provided them with an accessible opportunity to earn some income by selling the surplus produce.

Table 5.1 above shows that five (26.3 percent) households cultivate vegetables to supplement household food security. The vegetables cultivated are cabbages, tomatoes, carrots, spinach, onions and butternuts. Most of these households maintained their vegetable gardens throughout the year. They stated that it is important for them to do so because it helps them reduce food costs. Households with vegetable gardens coped better than those who did not have vegetable gardens. They helped not only in improving household access to food but in their dietary requirements as well. Respondent 5 indicated that the vegetable garden provides extra income to buy other basic necessities for the household. The respondent said that she sell onions, tomatoes, butternuts and cabbages in the informal sector and raises approximately R100 per month from the sales. The prices of the products are shown on table 4.2 below.

Table 5.2: Garden Products and Prices

Product	Price
Five tomatoes	R10
Four onions	R10
Cabbage head	R7
One butternut	R6

Source: Afitumukiza, 2012, Field Data

The table above shows that five tomatoes are sold at R10 whilst four onions are sold for R10. One cabbage head is sold for R7 whilst one butternut is sold for R6. The products sold on the market are limited as some products are used for household consumption as well. This is typical of most poor households whether in urban areas or in rural areas. Commercialisation, which is the sale of products on the market for profit is done alongside production for household consumption (Shackleton et al, 2001). Whilst land cultivation is not a popular strategy for household food security in urban areas, it is certainly a natural capital that contributes to household food security where households make use of it (Ellis, 2000; Chileshe, 2005). Thus as pointed out by the sustainable livelihoods framework, households make use of many capitals available to them to improve their food security and livelihoods.

5.1.11 Conclusion

This chapter presented, discussed and analysed the results from the interviews conducted with households that are affected by HIV/AIDS. The results presented in this chapter show that most of the households are low income earners. Secondly, the households employ diversified strategies to address their food security challenges. Most of the households have a monthly per capita income that is less than the lower bound poverty line as suggested by Woolard and Murray (2006) indicating that their abilities to acquire food are very limited. Their per capita incomes are also less than the higher bound poverty line used by Stats SA (2008). The households also make some adjustments in their eating behaviour to help prolong the food supplies.

The study found that HIV/AIDS indeed has a big impact on the food security situation of all the households. It affects the human capital and increases the medical demands that

simultaneously compete with food for resources. The social grants play an important role as well as income from

employment. However most of those employed are in the informal sector. Nevertheless, the income generated plays an important role in household food security. A high number of households make use of their social capital to mobilise resources needed for household food security. The social networks go beyond the local communities in which the respondents live to include the relatives in the rural areas from which the respondents came from. Local networks provide access to financial and food resources whilst the relatives in the rural areas were used to take care of the children who were sent there to live with their grandparents mostly.

Urban gardens were a source of direct food and income. Households consumed the vegetables and sold some in the informal sector market. Food parcels from the government are not contributing much. Currently no household is receiving the assistance from the government as the only household that benefited for two months is no longer receiving the food. The school feeding scheme is helping the households to adjust their meals and food intake during lunch as children will have eaten at school. As a result, the households eat light lunch to make the food last longer.

Households also buy their food from stores they perceive to charge low prices to increase the amount of food bought and to make the budget cover more items. Some households also ration their food to make it last longer and in most cases this is done to benefit the children who need food all the time. As a result, some households often skip meals to preserve the remaining food for children when the stocks are depleted. Thus households do everything they can to make sure children do not starve. In conclusion, almost all the households studied have food security

challenges and are surviving on the margins. They need more assistance if their food security situation is to improve. HIV/AIDS played a big role in creating vulnerability and food insecurity in these households either through the death of the bread winners or their inability to work to generate income for household consumption.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

This study investigated the coping and adaptation strategies of HIV/AIDS afflicted and affected households in addressing their food insecurity. Very little is known about the food security status of afflicted and affected households, the strategies they adopt to feed themselves and the obstacles they face in doing so. The study found that various coping and adaptation strategies were employed at household level and these strategies differed considerably from household to household. Some households fared better than others depending on wealth characteristics, livelihood structure and social networks.

The strategies employed by households include purchasing cheap food with low nutritional value (high in sugar/ carbohydrates); borrowing money to purchase food; reducing portion sizes; eating less preferred foods (porridge); skipping meals; household vegetable gardens; having strong social networks (friends, family, social institutions), permanent and short-term jobs, school feeding schemes, buying cheap food and receiving social grants from government.

The ability of the households to access the food they needed was undermined by unpredictable income, high food prices and other basic livelihood expenses. Some of the households were severely food insecure. In fact, a number of the afflicted households do not “cope” in the sense of succeeding to preserve an acceptable livelihood. The study found that the amount of income and regularity of household income is critical to food security as it largely determines

food accessibility. Households with insufficient income were food insecure and this resulted in households sacrificing dietary diversity.

The first research question aimed at identifying and analysing which coping and adaptation strategies employed by HIV/AIDS-afflicted and affected households in accessing household food. The study found that in spite of the respondents' themselves being afflicted by HIV/AIDS, they had the ability to devise means through employment opportunities or social networks that enabled them to purchase household food. These coping strategies helped to access household food to a greater degree. Through these coping strategies, some households were reluctant to attribute household food insecurity to HIV/AIDS but to the general status quo of unemployment and high food prices which affects every average poor urban household. Indeed, some households indicated that they were coping like any unaffected household. Such households relied on their assets as stipulated in the Sustainable Livelihoods Framework (SLF) in accessing household food through the indicated coping strategies.

The second question the study aimed to answer was what effects, if any, do the coping and adaptation strategies have on households' access to food? The study found that the majority of coping and adaptation strategies were successful to a certain degree, as they decreased food insecurity by increasing food access and the ability of the respondents to purchase food. Indeed the coping and adaptation strategies employed by the HIV/AIDS afflicted households have a positive effect on food accessibility and therefore decrease food insecurity. Most households exercised resilience to recover from the HIV/AIDS and through coping strategies were able to bridge household food gaps. For example, the reduction in household quantity and quality of food did not translate into child malnutrition. The government school feeding scheme provided

nutritious meals among poor school children including those from HIV/AIDS afflicted and affected households. Relying on social grants from the elderly and the children proved to be a vital role in accessing household food. These social grants were a worthy expenditure by the government for the most vulnerable members of society as was indicated by those afflicted and affected households. Some households entirely depended on government's monthly social grants

to access household food. Respondents indicated that these social grants were received on a sustainable basis.

The final research question was: how effective and sustainable are those coping and adaptation strategies in bridging household food gaps? The study found the coping and adaptation strategies marginally decreased food insecurity and allowed the members of the HIV/AIDS affected and afflicted households to access enough food for basic survival. Although the households were food insecure the various coping strategies allowed them to bridge household food gaps. Extended social networks were effective but not sustainable in the long run as most urban household struggled to cope with household food insecurity. The study found that afflicted households with no income are able to access household food through networks in terms of money donations and food gifts. While 5 respondents indicated that social networks were effective and sustainable in helping households to bridge household food gaps, the rest of the respondents indicated that it was not sustainable.

There were households whose labour that could potentially contribute to access of household food was not utilized due to lack of employment opportunities. The study found that labouring income for the affected households determined whether a household would access food or not.

Creating employment opportunities should be a strategy that governments departments and institutions should devise to support such households. The struggling households are those with no source of income other than the social grants. Piece jobs do not result in sustainable incomes to access household food. These are jobs with no sustainable incomes to purchase household food. The respondents indicated that government had succeeded in providing them with ARVs. There seems to be an assumption that ARVs alone will make the affected households have or experience normal livelihoods without considering their food security status. An adequate diet

will lead to an active and normal life of affected respondents. Poverty and failure to purchase household food was linked to limited economic opportunities. Some respondents indicated that if they had access to employment, they would be able to purchase household food, thus being able to cope on a sustainable basis.

Unemployment, poverty and inequality have worsened the food security status of poor households. The most hit households are those afflicted and affected by HIV/AIDS as nutritious food is vital for them to live a healthy and productive life. Despite government being aware of the vulnerability of affected households, no proposals have been advanced that take account of the food security problems experienced by the affected households. Clearly the Integrated Food Security Status (IFSS) has not met its food security status for the most food insecure households. Government needs to re-asses existing interventions and activities meant to improve the lives of the afflicted and affected households in relation to HIV/AIDS and food insecurity. An alternative that can support the most struggling affected households is needed to bridge the food gap.

The impact of HIV/AIDS on household food security is severe. Households that seem to cope and adapt are in reality struggling to cope. It is important that monitoring mechanisms are put in place if government has to achieve the goals set in the Integrated Food Security Strategy (IFSS) of 2002 as well as meeting the United Nations Millennium Development Goals (MDG) which South Africa ascribes to as part of eradicating poverty and hunger by 2015. Most poor urban South African households, like those in Spunzana and Mdantsane, who are afflicted by HIV/AIDS are struggling to cope with household food insecurity. Support for the diversification of household activities to access household food is perhaps the most viable method that government institutions and local non-governmental Organisations (NGOs) can adopt if household coping and adaptation strategies were to be sustainable. At all levels, livelihoods are

shaped by government policies, institutions and policies (PIPs). The respondents indicated that not much in relation to household food access was a result of the PIPs other than their own coping and adaptation strategies.

The following recommendations are made:

6.0 Government and Civil Society Role

The study found that the roles of the government and civil society are lacking leaving the affected households to fight their struggles alone within households. Most respondents voiced their desire for the government to play a role in supplementing their incomes with subsidies that can help their households to acquire food. Food insecurity, like most of the problems confronting poor people in informal settlements like Spunzana is an outcome of failed policies,

bad governance and a fundamental lack of political will. More research on afflicted and affected households coping and adaptation strategies needs to be done in order to improve the dignity and quality of life of affected citizens as is illustrated by both the Constitution and the African National Congress (ANC) manifesto.

Civil society can also play a role in enhancing the food security of the affected households. Meeting food security needs of the most vulnerable households through enhancing emergency food assistance, nutrition interventions and safety nets is urgent. Carefully targeted safety nets and social protection programmes for the most food insecure and vulnerable should be put in place and monitored.

Government policies and programmes should ensure food availability, access, safety and nutritional value by strengthening institutional framework and capacity building. Furthermore Government should invest in urban agriculture as this would ease household food security. Government has good policies but are often poor at implementing their policies. While the treatment campaign is successful, delivery of food parcels to the households most in need is inadequate, and medication cannot be taken when hungry. Government officials should be held accountable for failure to deliver food parcels for the most vulnerable households.

6.1 Social Grants for HIV/AIDS affected Households

The role of social grants has been found to be significant in this study. However, they are limited to those above 60 years and to children. The government should provide a sick grant to all households with members living with HIV/AIDS. That can go a long way to improve the health and welfare status of the patients as households would improve their food purchasing

power. Building resilience and contributing to household and nutritional security through expansion of social protection system is crucial. If NGOs and Government are able to provide ARVs, they can as well provide food aid to the neediest affected households. Some respondents argued that food aid parcels were not sustainable because government did not have effective measures in place to sustain the process.

6.2 Jobs and Subsidies for Members of affected Households

Jobs are important in households' welfare. The government and civil society should find ways to create jobs and give priority to the affected members so as to generate income to take care of the sick and their households. There is need to improve household food gardens that produce household vegetables through providing seedling and fertilizer. Some households said that they were not able to afford seedling and that the soil was not good. An intervention to improve livelihoods by increasing employment, enhancing skills of urban agriculture, establishing efficient supply chain of food aid/parcels should be put in place.

Most afflicted and affected households exercised resilience to recover from the HIV/AIDS shock and therefore were able to bridge household food gaps like any other normal household. Some households fared better than others depending on wealth characteristics, livelihood structure and social networks. From the government perspective, HIV/AIDS is perceived as a health issue, with a focus on prevention, treatment and care. Indeed the study found that all the sampled households receive the ARVs timeously but surprisingly did not receive any food parcels to bridge their household food gaps.

The study found that HIV/AIDS was a household issue and therefore households adapted various coping strategies to access household food. Therefore further recommendations include:

Interventions need to be designed and assessed not only in terms of their ability to mitigate the current impacts of HIV/AIDS on household food insecurity but to create mechanisms that support household coping and adaptation strategies that are likely to result in sustainable livelihoods. Support for the diversification of household activities to access household food is perhaps the most viable method that government institutions and local non-governmental organisations (NGOs) should support if household coping and adaptation strategies were to be sustainable.

The coping and adaptation strategies employed by afflicted and affected households should be supported. For example ensuring the sustainability of vegetable gardens that contribute to household nutritional and income needs should be revisited. Instead of focusing on daily survival, afflicted households need training and education to analyse their situations and find solutions that they can implement by themselves. These households struggling to access food need guidance from institutions in order to bridge household food gaps.

Government has managed to effectively deal with the HIV pandemic by accessing ARVs to those who need them most. A new strategic approach is needed which encompasses all aspects of food security – availability, accessibility, appropriateness and reliability, as well as quality, and their relationship with HIV/AIDS. Meeting the needs of the affected and afflicted households in terms of accessing basic food, targeting especially the resource poor, the

unemployed, the elderly parents and child headed households to ensure that they do not collapse due to their vulnerability to food insecurity is vital.

Coping and adaptation strategies employed by HIV/AIDS affected and afflicted households must be looked at as a component of food security in the urban context. There is a greater need for interventions and strategies that address the food security needs of the afflicted and affected households in the urban setting. A number of issues that need to be acknowledged and included are: the nutritional burden of HIV on affected and afflicted poor households; the extent to which food insecurity leads to increased vulnerability; the impact of HIV/AIDS on household income; the dietary challenges and the extent to which household food production can reduce the nutritional burden on such households.

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APPENDIX: INTERVIEW GUIDE

HIV/AIDS AND URBAN FOOD INSECURITY: AN EXAMINATION OF HOUSEHOLD COPING AND ADAPTATION STRATEGIES IN SPUNZANA AND MDANTSANE TOWNSHIPS, EAST LONDON.

1. How do you access food in this household?
 - How many meals do you have per day?
 - What kind of meals do you have and why?
2. What resources do you use to supplement access to household food?
3. Who was providing food for this household before the household was affected by HIV/AIDS?
 - When did they discover their status?
 - Since then, who provides household food?
 - Has household diet changed as a result of HIV/AIDS?
4. How many people in the household contribute to household food acquisition?
5. Have the eating habits changed since the household head got to know of his/her status?
 - When did he/she know of her status?
 - Since the household head got infected, then who provides?
6. Are there other household members able to bring in an income to purchase food?
 - What difference has been made in food access through contribution of different household members?
7. Is there anyone who has left the household due to the effect of HIV/AIDS on household food security?
 - How many members are left in the household?
8. Do you only depend on buying food from the stores or you have other ways of accessing household food?

9. Have family social networks helped in accessing food?

- In terms of social networks, how has community, friends and relatives helped in bridging food gaps?
- Is the social network support to households in terms of food aid or financial support to purchase food?

10. Has government or institutional support in form of aid helped to cover household food gaps?

11. To what extent has support from government, institutions, relatives, friends and community helped in covering household food gaps?

12. Has livelihood diversification helped to cover household food gaps?

13. Has support from government and other sources been sustainable?

- Do you experience difficulties in accessing support that would bridge food gaps?
- How effective is the support?
- How regular is the support?
- How long have you accessed this support?

14. Are there support structures that support the sustainability of access to household food?

15. Do you have difficulties in accessing resources from your support networks?

- Given that the level of food insecurity exists in most households:

16. What can be done to improve it?

- Who can help improve food security in households?
- By what means can access to household food be sustained?