CHAPTER 5: STUDY CONCLUSIONS

Purpose of the Study

As indicated throughout this report, the purpose of the study is to attempt to fill some of the existing information gap and try to determine the impact of HIV/AIDS on the demographic structure and livelihood patterns in rural Swaziland. In particular the study aimed to achieve the following:

➢ To provide information on the links between HIV/AIDS, current demographic status and livelihoods in rural Swaziland to enable better informed decision making for policies, programmes and interventions

➢ To ascertain the quantitative impact of HIV/AIDS on the rural population of Swaziland, in particular on the age and sex composition

➢ To establish relationships between HIV/AIDS and livelihoods in rural Swaziland

➢ To analyse and learn from the process of the study

Lessons from methodological approach

➢ The concept note and early drafts of the questionnaire were circulated amongst relevant expertise, including the Regional VAC, to ensure sharing of regional experience and expertise in the early stages of the study.
➢ The inclusion of government officials ensured buy-in and support from national structures. Increased rates of participation during the survey were likely because of government implementation and understanding that household information would be strictly confidential.
➢ The size of the study and interest from stakeholders as a result of the collaborative nature of the study meant that the study results have credibility within Government, UN and NGOs.
➢ Training of interviewers/enumerators could have been improved by more support from a trainer(s) with wider sectoral backgrounds that could explain a livelihood based approach. Some difficulties were experienced explaining wealth ranking and other household economy / livelihood terminologies and approaches.
➢ While the quality and validity of the data collected during the Swazi VAC survey meets the necessary high standard, some difficulties were experienced by a limited number of enumerators. For instance:

o Some of the enumerators had difficulty differentiating between wealth groups particularly because the criteria were not made clear enough in the training. The main criteria for ascertaining wealth status used in six Food Economy / Livelihood Zones (all except Timber Highlands and Lomahasha Trading and Arable) were the area of land cultivated and quantity and type of livestock owned by the household. In the other two Food Economy / Livelihood Zones, a more sophisticated approach including consideration of employment levels was used to differentiate between wealth groups.

o Defining chronic illness is always difficult and some enumerators agreed. A small minority of enumerators used slightly different definitions. Some defined it as bedridden for 3 months, others defined it as sick for 3 months but still mobile, a small minority included chronic illness that clearly came from other forms of ailment etc.

o   Some enumerators confused the timeframe for death to have occurred within the family. A few enumerators recorded deaths in the household in the last few years when it should only have been the last year.

➤ The absence of any full-time staff working for the VAC in Swaziland proved to be an obstacle to finalise tasks. Members of the VAC Secretariat have permanent posts within their respective agencies or government ministries, with resultant delays in report production. Data analysis and report writing was inhibited by the part-time nature of all the participants in the study within the Swazi VAC and regional technical support from UNAIDS and RVAC.

HIV/AIDS and the current demographic structure of Swaziland

This 2003 HIV/AIDS, demographic and livelihoods VAC survey in rural Swaziland, confirmed that rates of natural increase have lessened in rural areas down to approximately 2.0% growth per annum. This reduction was mostly as a result of the long term trend of declining fertility rates in Swaziland. However, the death rate among the rural population also played a hand and was found to be high and increasing, particularly among age groups between 20 and 50 years. In addition, a fair proportion of these young and normally unexpected deaths occurred after a bout of chronic illness, some indication that AIDS related complications play a determining role in the increasing death rate. These results should be seen against a backdrop of rising HIV prevalence rates as measured at selected antenatal clinics in the country.

The survey confirmed the presence of relatively high rates of chronic illness among the rural population, even in age groups where one would normally not expect this to occur. The statistics show that women are bearing the brunt of the disease with higher levels of morbidity and mortality at younger ages than men.

The 2003 VAC survey in Swaziland found high rates of orphanhood among children below the age of 15 years. At present, 5.9% of children (totalling 19,206) aged 0-14 years are maternal orphans and 2.3% of children (totalling 7,400) less than 15 years have lost both their parents. Given the predicted course of the epidemic, characterised by deaths among young adults, the proportion of orphaned children is set to rise in the coming years. This will have numerous social and economic implications, both on care-giving households, as well as the country as a whole. Access to education for these orphans is one determinant of whether they will be in a position to actively contribute to Swaziland society and economy as they grow older. It is important to monitor how many of these orphans are indeed regularly accessing education and build on current initiatives (by NERCHA, Ministry of Education, UN and NGOs etc.) of education provision for these often vulnerable children.

One of the pre-survey expectations was that this study would show higher dependency ratios at the national and sub-national levels as a result of increasing mortality among adults. However, the results of the survey indicate that changes in the age structure, as a result of declining fertility, more than compensated for deaths among those in the most productive age groups. When taking into account household members who reported bouts of chronic illness, and thus are not likely to be productive (income earners/home makers etc.) in the usual sense, the Swaziland VAC survey found that the "effective dependency ratio" in rural Swaziland was between 20% and 35% higher than the conventional age dependency ratio. The effective dependency ratio will, of course, vary by area and household. Therefore individual households who lost productive members, or who took in orphans from households that have dissolved, or who have ill members, may be faced by a "dependency" crisis: children, sick members and elderly persons depending on fewer or no productive adults that may bring income into the household. However, targeting such households for support based solely on this indicator is not advised. A more in-depth socio-economic analysis will determine the true

vulnerability of each household to factors such as losing access to education or food insecurity.

The population projection undertaken to benchmark the findings of the VAC survey, resulted in magnitudes largely consistent with the survey results, as well as with the findings of other projections carried out in Swaziland[18]. The VAC survey highlights a strong need for a demographic and health survey in Swaziland. Besides generating accurate fertility and infant mortality data, such a survey should investigate other reproductive health matters, not the least is the current use of barrier methods. This will indicate how successful current information, education and communication (IEC) campaigns are in convincing the population of Swaziland to change behaviour patterns in order to stop the epidemic from spreading any further.

Another aspect to note is the need for accurate population-based HIV prevalence data. Recently, population-based surveys conducted in Zambia, Kenya and South Africa found that surveillance data may overestimate the HIV prevalence rate in the population (ORCMacro, 2003; Shisana, et al 2003). Being able to work with more reliable prevalence data will give more credibility to the outputs of models predicting the course of the epidemic as well as population projections.

The relationships between HIV/AIDS and livelihoods in rural Swaziland

Simple qualitative analysis was used to search for relationships between HIV/AIDS proxy variables and important aspects of household food security. The analysis is a tentative first step on what could be a much more detailed and extensive process. Owing to the simplicity of the analysis and the small number of proxy variables used (because of time/funding limitations – although many more could be analysed) it is only possible to draw some tentative conclusions at this stage. The key conclusions are as follows:

Uniformity vs. Heterogeneity

Whilst the prevalence of HIV/AIDS infection across the country is reported to be fairly uniform, the incidence of key indicators associated with infection is not. The initial analysis conducted in chapter 4 shows that incidence of chronic illness in heads of household varies across the country and across wealth groups. It is likely that different indicators of HIV/AIDS impact will show different patterns with respect to geography and socio-economic status. It is important to analyse and document this.

Proxy variables and income sources

Certain common patterns emerge across wealth groups and geographical areas. In general terms, income from agricultural produce, remittances and sale of natural resources was less important to proxy households than to non-proxy households. The converse is true for non-farm casual income and livestock sales. These findings imply that there is a qualitative shift going on whereby households affected by HIV/AIDS are changing their income sources to compensate for losses of income from crop sales and remittances.

Proxy variables and food sources

In contrast to income sources, proxy status appears to have no bearing on what are considered to be the most important food sources. Intuitively, this finding is challenging as one would have expected there to be differences. It might be argued that the drought "evened-out" any differences in food sources, however, this does not explain the results for the Highveld which escaped the worst of the weather in the past 2 years. Further exploration of the data set with a wider range of variables is recommended.

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[18] It is understood that such a survey may be carried out in June 2004 however details are not known.

Recommendations

The implications of the findings contained in this report for current and future policies and emergency and development programmes are considerable. The study clearly demonstrates that HIV/AIDS is causing a great deal of illness and death among the rural population in Swaziland. At the current time levels of illness and death are projected to rise precipitating an increase in vulnerability of homesteads, communities and the nation as a whole to shocks. The economic and social implications for communities and the national economy are enormous and every effort must be made by Government, UN and civil society to minimise these detrimental effects. Prevention of further infection and support of infected and affected households should be prioritised. Wider consultations to discuss the policy and programmatic implications of the findings of this report with stakeholders are extremely important and necessary to flesh out more meaningful consequences for policy makers and programmers. The Swazi VAC does not believe that it should provide policy recommendations in isolation. In addition, further study is required to analyse the economic and social impacts of HIV/AIDS, from community to national level, to inform policy and programming nationwide in all sectors.

Given the large volume of data generated by this survey, its relevance for policy-making and interventions within the Government, UN, and civil society (regionally as well as nationally) and the difficulty of analysing it fully at the current time, it is recommended that further analysis of the demographic and livelihoods sections be undertaken in the near future. A short consultation process is required to pull together the types analysis that may be required by the plethora of agencies interested in the findings of this study. For instance more in-depth analysis of the income and food sources in the survey will provide additional evidence of the impact of HIV/AIDS on livelihoods throughout rural Swaziland. Furthermore, disaggregation of population growth rates, morbidity and/or mortality may prove interesting to ministries, agencies and organisations. It is possible to generate large amounts of essential information on a variety of outputs by smaller geographic area, socio-economic status and age/gender because of the large sample size of the VAC survey. The present report did not exhaust the numerous potential avenues of analysis because of length considerations. Therefore, Government Ministries, NGOs and multi-national donor and aid organisations active in Swaziland and in the region may desire additional analysis from the data collected during the survey. More detailed tabulations will make it possible to conduct interventions and programmes targeted in specific areas. For example, it is possible to determine figures on the estimated number of orphans by Tinkhundla, or for instance the number of chronically ill women and/or men by Tinkhundla. The comparison of crude death rates by smaller geographic area could also show if there are indeed any regional differences in the impact of HIV/AIDS. The Swazi VAC is keen to hear from stakeholders who are interested in further analysis.