

THE EXISTING LINKAGES BETWEEN HIV AND AIDS AND NATURAL RESOURCES MANAGEMENT IN UGANDA



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1.0 Background

In sub-Saharan Africa, AIDS is not only a health crisis, but a challenge to development, since AIDS affects nearly every dimension of social and economic life. In Uganda, more than 1,000,000 of the 23 million people are living with HIV and AIDS. In fact, AIDS related diseases such as malaria, TB, Pneumonia, are now the primary causes of illness and death (UNAIDS, 2006).

HIV and AIDS was first reported in Uganda in 1982 from 2 fish landing sites (Iukunya and Kasensero) in Rakai district. There after it rapidly spread through out the country resulting into a generalised epidemic. Currently 6.3% of the adult population live with HIV and AIDS related illnesses.

On the other hand, Natural resources in Uganda are very important for its economic growth and sustainability. For example, the agricultural sector which is primarily natural resource base supports 69% of the population. Economic growth in the country has however put significant stress on the environment and natural resources resulting to significant environmental degradation and hence threatening the country's sustainable economic growth. Their proper management is thus urgent and paramount (PEAP, 2004-2008).

This paper presents the linkages between HIV and AIDS and Environment identified through a desk study undertaken in Uganda by

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IUCN, November 2007. The paper begins by identifying and elaborating the risk factors and drivers of the epidemic in Uganda. This will then form a better background/framework to address the impacts of HIV and AIDS on the environment that are highlighted in this paper.

2.0 Drivers of the HIV and AIDs Epidemic in Uganda.

The risk factors and drivers of HIV and AIDS in Uganda include:

Higher risk sex: This has persisted and is still the main driver of HIV and AIDS in Uganda despite the high levels of knowledge on HIV and AIDS. Higher risk sex includes sex with multiple partners, non-consensual sex, inconsistent or no condom use, commercial sex, intergeneration sex and alcohol consumption and drug abuse before sex, among others. It has been argued that the majority of the population perceives that having

high risk sex is normal. Hence most do not know that they are engaging in high risk sex.

Mother to Child transmission (MTCT) of HIV: This is the transmission of HIV from an infected mother to her child. It is the second most common means of transmission of HIV in Uganda. Available data shows that MTCT including breastfeeding accounts for 15-25% of new infections (UAC, 2004). This has continued in Uganda despite the availability of effective and affordable PMTCT.

Discordant and non disclosure: This refers to a situation where one partner is infected and the other is not. The 2004-05 Uganda HIV-Sero behavioral Survey (MoH, 2006) showed that overall, 5% of the married or cohabiting couples are HIV discordant. However most couples are not aware of their HIV status and hence not motivated to take action to prevent infections.



Economic factors: Poverty is a leading economic driver of the HIV and AIDS. It influences people to engage in commercial sex, transactional sex and intergenerational sex as a means of survival. On the other hand, studies have shown that HIV prevalence rates have increased among the wealthy people as their lifestyles expose them to higher risk sex.

Socio-cultural factors that drive the epidemic include condoning early marriages, glorifying non-marital sex and multiple sexual partners, looking for children especially male children outside marriage or even when one is HIV positive. Several studies have indicated that the two key cultural institutions in most African societies are marriage and family. However, while the institution of marriage has its strengths, it may also expose some people to vulnerability due to cultural expectations with negative consequences on the transmission of HIV and AIDS that may drive the epidemic. In addition, cultural values and traditional gender roles increase vulnerability of women to HIV infection. Women are required to be submissive to men, hence cannot question their infidelity nor deny them sex. Further gender relations and power dynamics in marriage favours men over women, with regards to decision-making in areas such as economic needs, health care, determining the number and gender of children, ultimately making women very vulnerable.

High risk population and vulnerable groups: This refers to population groups that are considered to have high HIV prevalence rates. These includes, commercial sex workers (CSW), widowed, divorced and separated, persons living in internally displaced persons (IDP) camps, the uniformed forces and fishing communities.

Concurrent STIs: There is both biological and epidemiological evidence linking concurrent STIs to the risk of HIV transmission. Genital ulcer diseases, such as herpes simplex are very common and yet are associated with an increased risk of HIV transmission and acquisition.

Other potential factors which may be driving the epidemic include the following: Lack of prevention programs targeting men, Lack of focus on programs for married and cohabiting couples, Lack of programs for the protection of rape and domestic violence victims, Inadequate legislative and policy framework to ensure reduction of vulnerability, Inadequate programs for the prevention of HIV transmission in the health care and other, Inadequate focus on gender in designing interventions, Inadequate focus on programs that emphasize prevention for positives.

3.0 Linkages between HIV and AIDS on Natural Resources

The impact of HIV and AIDS on the management and conservation of natural resources is a field that is not well explored. This is partly because for a long time the epidemic has been perceived as a health problem and hence most interventions paid more attention to health. Studies have also looked at how HIV and AIDS is affecting rural agricultural systems, and the economy although impacts on natural resources conservation and management is yet poorly defined nor understood.

Nonetheless, the review has indicated a growing body of knowledge and evidence on the linkages between HIV and AIDS and the management and conservation of Natural Resources. It is also important to take note that the linkages between HIV and AIDS on food insecurity, poverty and natural resources degradation constitute a formidable challenge to development policy and practices in Uganda. This is because it affects the core of livelihoods options available to people. Hence, understanding the linkages between livelihood security and Natural Resources can help us draw conclusions on the linkages between HIV and AIDS and Natural Resources management.

A livelihood is the capabilities and assets available to a household to undertake activities that enhance

their lives (DFID 2003). The assets include: physical such as (housing, access to land, credit and tools), Human capacity (knowledge and skills of a family), social assets (such as political association, clans, and family networks associations); Natural assets (forests, wetland, rivers lakes) and financial assets (savings and liquid). The level of the mentioned assets and the external services available to an individual define the livelihoods status of that individual. Hence, the capability of a household to with stand shocks such as health and disease in this case HIV and AIDS will depend on the level of assets and the external services available to them. It is very important to note that for most poor people the most important livelihood asset is the Natural capital. Most local communities depend on ecosystem goods and services for their livelihoods. They provide the most important safety net for their support once other livelihoods options fail. Hence the reliable and secure access to these resources (ecosystem services) is fundamental to their lives.

The following factors have been highlighted as the consequences of HIV and AIDS on Natural resources, categorized according to the livelihood assets mentioned above.

Impact of HIV and AIDS on Human Capital: The AIDS epidemic has significantly affected Human capital though **reduction of the availability of productive labour as a result of** increased adult mortality due to AIDS or reduced capacity to engage in heavy productive activities by the sick or the people who look after the sick. This has lead to reduced activities that households can undertake to meet their livelihoods needs.

Human Capital has also been reduced through the **loss of traditional knowledge** in the management and conservation of natural resources that had been passed on through generations. Traditional practices such as sustainable fishing methods, agriculture and livestock production, use of medicinal plants, predicting weather and trends, knowledge

of bio-diversity conservation, wise use of natural resources, indigenous species for crops and animal varieties have continued to be lost due to AIDS (Barnet, et al, 1992, NAADS, 2003). A study undertaken in Kabale district in Southwestern Uganda” indicated that households affected by HIV and AIDS had replaced long term soil conservation measures with short term economic and environmental survival strategies because they do not feel they would personally benefit from the long term outcomes of stewardship.



Impact of HIV and AIDS on Financial Capital: Studies have indicated reduced income from the low productivity of labour and the increased costs on health associated costs. This has led to a drain of available resources for households.

Impact of HIV and AIDS on Physical Assets: (access to land, credit, tools): Impacts of the epidemic have mainly affected the women especially the widows and orphans. The HIV and AIDS epidemic has compounded the limited access to land by women and orphans due to land grabbing by extended family members. Thereby, affecting their long term investment in land (Robert Kabumbuli, 2007, FAO, 2003, NAADS, 2003, Astrid, 2003, Jackson Tumwine, 2004). In Uganda, women are mainly the resource users and yet they lack control over resources. The gender-based land inheritance and tenure systems in Uganda, excludes women from having direct control over land. Their right to land is usually “access-based” which means that women can cultivate land, but not own it. Access is usually permitted by a husband or male relative. Hence, women and orphans usually have no security of tenure when abandoned or widowed. This situation has been exacerbated by the HIV and AIDS pandemic.

Impact of HIV and AIDS on Natural Capital: (Natural resources, wetlands, rivers, forests etc), have continued to provide a safety net or required resources to populations

especially those affected by AIDS. However, the epidemic has also had significant impact on the sustainable use of natural resources. Studies have indicated increased exploitation of Natural Resources for medicinal plants, water, coffins and firewood among others. A study in Kanungu district” revealed that men had substituted agriculture with forest resources in Bwindi and Queen Elisabeth national park since they needed quick money to take care of their sick household members and meet their families’ food requirements. In addition, some animals and plants have been over exploited since they are believed to cure AIDS. The study indicated that traditional doctors had increased their exploitation of the park for medicine and this had resulted into a conflict between traditional healers and the park wardens.

It should be appreciated that Reduction of one of the livelihood assets, implies increased exploitation of other available assets to meet livelihood needs. In most cases, the HIV and AIDS pandemic has reduced most livelihood assets leaving Natural Resources capital as the last available option especially among the poor to support livelihoods and hence leading to their over exploitation and unsustainable use.

Impact on HIV and AIDS on Environmental Management Institutions

The ability of a household to withstand vulnerabilities such as disease in this case AIDS is

determined by two characteristics; people’s livelihoods, the assets they possess and the external services provided such as infrastructure and institution (IUCN/ISSD/SEI 2003). Hence it is important to appreciate the ability of institutions in charge of Natural Resource Management to provide external services towards prevention and management of HIV and AIDS Impacts on Natural Resources.

The desk review indicated that institutions in charge of environmental management have not been spared by the HIV and AIDS pandemic. Most of the institutions have suffered major losses in natural resources conservation capacity as a result of increased mortality of staff, loss of community champions, social structures for resource management, less time for community based natural resources management activities, and financial costs to take care of sick members. Some conservation staff are categorized as populations with high prevalence to HIV and AIDS this is due to their migratory nature of work. Hence are drivers of the epidemic.

Further more, a workshop organized by IUCN to share findings of the study agencies implementing HIV and AIDS programs, agencies implementing Environmental Conservation programs and Communities revealed that most of these institutions lack the skills on how to integrate HIV and AIDS management issues in their work. At the workshop it was appreciated

that the linkages are not well known and hence players in each field did not know how to intervene in this subject.

4.0 Conclusion

The paper has highlighted the drivers and the impacts of HIV and AIDS on the Environment. It has further highlighted that the impacts of the epidemic can be traced from the impacts of HIV and AIDS on livelihood assets and more so the Natural Resources Capital. Reduction of one of the livelihood assets, implies increased exploitation other assets to meet livelihood needs and as indicated above, Natural resources capital is usually left as the last available option especially among the poor to support livelihoods which leads to their over exploitation and unsustainable use.

Hence it is important to enhance the security of livelihoods of HIV and AIDS affected households by enhancing their capacity to mitigate against the impacts on their livelihoods. This would be

achieved by mitigating against the drivers and enhancing livelihood options such as natural capital through sustainable ecosystem management. The interventions targeted should provide immediate benefits to the affected households while also contributing to longer term conservation strategies.

Addressing the Drivers of HIV and AIDS epidemic through integration of HIV and AIDS prevention programs into Conservation programs is key. The strategies should target both the institutions policies and practice as well as the programs they implement. This means ensuring the institutional policies for Environmental management agencies address prevention (by addressing drivers) and management measures within their institutions and without their institutions through their programs that target the population.

Finally, there is need to promote the implementation of the HIV and AIDS policy in Uganda. The HIV and AIDS policy emphasizes openness

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and a multi-sectoral approach in addressing the pandemic, however, its implementation has fallen short. Implementation of the strategy has mainly skewed to health sector. This is due to many factors but one major factor highlighted in the workshop is the lack of skills and know how to integrate the HIV and AIDS in other sectors. Hence, this paper proposes the need to proactively enhance sectoral linkages between the environment and health sectors to support the implementation of the HIV and AIDS policy in Uganda. This should be done at both the policy and community levels.

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