

Report on the IUSSP Seminar on “Poverty and HIV/AIDS” held at the University of Cape Town, 12-14 December 2005.

This seminar was organized as an activity of the IUSSP Panel on Population and Poverty. The members of the panel are David Lam of the University of Michigan, Murray Leibbrandt of the University of Cape Town, and John Strauss of the University of Southern California. John Casterline of Pennsylvania State University serves as liaison between the panel and the IUSSP Council. The scientific organizers of the seminar were David Lam and Murray Leibbrandt. Other members of organizing committee were John Strauss, John Casterline, Germano Mwabu of the University of Nairobi and Nicoli Nattrass of the University of Cape Town. The collaborating organization was the University of Cape Town and the host was Murray Leibbrandt of the Southern Africa Labour and Development Research Unit at UCT.

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There were 63 participants at the seminar, 36 of whom were African. The seminar was run over three days. It aimed to present a substantial body of research, with serious attention being given to methodological issues and to ensuring the participation of a wide array of African researchers. The programme was organized in line with these objectives. The first two days were devoted to the presentation and discussion of 13 plenary papers. The third day began with a poster session at which 23 posters were presented. This was followed by a workshop focusing on best-practice research methodologies as well as the research possibilities of publicly available African data sets. Taken as a whole, the seminar facilitated interactions between experienced international participants, presenting first-rate academic papers and posters, and more junior researchers, presenting posters, attending papers and participating in the workshop on data and methodology. There was strong representation of African PhD students and post-doctoral students with a good blend of those based at African and non-African institutions. Most of the participants were quantitatively inclined demographers or economists although there was some representation from public health and sociology researchers and some presentation and discussion of qualitative work.

The intellectual goal of the seminar was to strengthen the scientific basis for drawing conclusions about the associations between poverty and AIDS and, thereby, developing appropriate policy and programmatic initiatives. A common assertion is that poverty has been an important facilitating factor in the spread of the epidemic. Another common assertion is that AIDS morbidity and mortality will be devastating to the economies in those countries most deeply affected by the epidemic. A related worry is that AIDS morbidity and mortality will (further) impoverish the affected households, and in so doing worsen economic inequality in the society as a whole.

These assertions about the association between AIDS and poverty are credible, but they are based on a slim empirical research foundation. In line with this, the seminar brought together researchers working on two major themes: (i) The impact of AIDS on the well-being of households and individuals. (ii) Poverty and the prevention and treatment of AIDS. Most of the papers and the posters were based on empirical analysis of individuals and households using micro-level data.

A number of general findings can be sifted out of the proceedings:

First, the household as a basic unit of analysis may be inadequate for much of the research on poverty and AIDS. It is often the case that households participate in savings schemes and social networks that reach outside the household. In understanding the impact of AIDS on poverty, it is important to understand these broader networks as well as understanding the adjustments made within households. However, even if some households are part of social support structures while some households are excluded from these structures, many of the papers at the seminar made it clear that it is specific individuals that represent households in these structures and specific individuals who receive support. Whether this support is financial, in-kind or in terms of time relief, once it comes into the household all members do not benefit equally and all members are not cared for in the same way. Studies looking at the impact of AIDS on well-being have to take account of who within the household is receiving transfers or support or services and who is dying or is sick. Papers that differentiated between deaths to different prime aged household members (male/female, male-head/female head or present/absent are examples) found empirical support for the thesis that the impacts of these deaths are not the same. Similarly, in looking at the impacts of poverty on AIDS, both qualitative and quantitative work at the seminar argued that it is young females who are most at risk of poverty-induced involvements in risky sexual behaviour. Thus, the links between socio-economic status, risky sexual behaviour and AIDS are gendered.

Second, our research is limited by the common need to use the death of a prime aged adult as a proxy variable for the presence of AIDS in a household. Access to direct information on the AIDS status of individuals as well as the stage of the disease allows for more effective pinpointing of the impacts of the disease on household well-being and tighter assessment of the mechanisms through which socio-economic circumstances affect AIDS incidence. It was clear from a number of papers that the care of those with AIDS – especially the use of time and financial resources to cope with morbidity episodes – places a greater burden on household members and resources than AIDS mortality per se. Moreover, in a number of African contexts it seems to be females rather than males who make major adjustments in their labour supply and time allocation in order to support household members who have AIDS.

Third, the causal linkages between poverty and AIDS are complex and operate in both directions. This makes it very hard to isolate empirical evidence of a particular impact of poverty on behaviour or the specific impact of an AIDS-related death on household well-being. Some of the seminar's papers made use of cross-sectional data sets (such as the Demographic and Health Surveys) in their analysis. It is particularly difficult to determine specific pathways with such data. Indeed, these papers generally had to deal with daunting endogeneity concerns by estimating complicated econometric models or by locating estimation work within strong theoretical models of behaviour.

A number of papers presented at the seminar pinned down specific pathways and effects by tracking the same individuals and households through time. A good example of the value of such panel data comes from the papers that assessed the impacts of orphanhood. These papers made use of rich panel data sets for Kenya and South Africa to show convincingly that there were significant impacts of orphanhood on school participation and school achievement even when orphans were analysed relative to other children of the same socio-economic status, the same school and even the same household. These effects were significantly stronger for maternal orphans. Another example comes from work in Tanzania showing that, after controlling for poverty status, an AIDS death in a household induces migration as a coping strategy. A final important example comes from the papers

examining the impact of socio-economic status on risky sexual behaviour. The use of DHS data from a number of African countries affirmed a positive relationship between income and the number of sexual partners. This correlation is particularly strong for males. Panel studies were able to address changes in such sexual behaviour as socio-economic status changed. Such studies confirmed the relationship between increases in wealth and increases in risky sexual behaviour for males. This relationship was not supported for females. The panel studies were able to discern that this positive effect was really the net outcome of two interacting effects; namely, a positive correlation between wealth and number of sexual partners and a positive correlation between wealth and condom use.

This is not to say that panel data are the solution to all problems. Indeed, commentators at the seminar were clear that, even in the best of circumstances, panel data estimates suffer from their own potential biases. There are two major concerns. First there is selectivity bias caused by panel attrition. Given that both AIDS and poverty cause household instability and migration, such attrition is to be expected and therefore deserves serious attention. Drawing general inferences based on those households that are left behind or those individuals that are left behind in households is to be avoided. These groups should not be expected to present a representative picture. A second concern is with measurement error. Much panel analysis is conducted in terms of changes in variables of interest. Therefore, if either of the two time periods is mismeasured then the change will be mismeasured. This is especially problematic if surveys are asking single respondents to recall behaviour or resources for other members of their household.

A number of micro-panel studies were used in the research that was presented at the seminar. The strength of such surveys is that they focus on very specific research objectives. However, it was clear from the seminar that such micro surveys need to be particularly well thought through in terms of their impact assessment strategies and the setting up of appropriate counterfactuals. Given their size, any design flaw makes it very difficult for empirical work to be definitive.