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An examination of the resources and relationships available to impoverished rural households to adapt and cope in response to HIV/AIDS: a survey of villages in the Sekhukhuneland region of South Africa's Limpopo Province.

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ABSTRACT

This study utilises secondary analysis of data derived from the IMAGE study to examine the resources and relationships available to impoverished rural households in South Africa to adapt and cope with idiosyncratic and covariant crises. Set in the Sekhukhuneland region of Limpopo Province, the study encompasses eight villages and 9,500 households. HIV/AIDS is used as a proxy for chronic illness in the study, providing a unique context of vulnerability in which to frame the analysis of household means of adaptation and coping. The study employs the capital asset model of the sustainable livelihoods framework to provide a conceptual basis for detailing the diversity of resources and relationships available to households, both in isolation and in the broader context of the social network within which they exist. The study aims to augment the limited existing contextual research on the resources and coping mechanisms available to the rural poor of South and Southern Africa, specifically in the context of the HIV/AIDS epidemic.

A significant proportion of the study population is reliant on debt for basic consumption, a majority of households lack access to banking or credit facilities and four-fifths of households have limited or no capacity to acquire even R50 to cover emergency expenses. Financial capital, the most readily convertible of asset types, thus, constitutes a reliable resource for only a few households and is inaccessible to the majority of the population.

Natural capital is similarly unavailable to most households as three-quarters of the population do not own their land. Lacking ownership and control, most households are, unable to alter land-use or sell land and property as a coping strategy in times of crisis.

The population is also characterised by low levels of physical capital ownership across all modern and livestock asset types. The scarcity of cash-convertible or readily-exchangeable physical assets, thus, further limits the coping strategies available to most households.

Given the magnitude and severity of financial, physical and natural asset scarcity at the household level, the instrumental value of social capital is significantly diminished. Regardless of the strength of social cohesion and the willingness of individuals in a population to assist others in times of crisis, a lack of necessary financial, physical or natural capital within the network undermines and effectively nullifies the value of relational resources as a means of responding and adapting to crises.

Beyond the scarcity of available capital within the social network, there is significant inter-household variation in perceived ability to access social capital, and a marked disparity between the perceived availability of assistance and the willingness of households to assist others, with two-thirds of households believing they would be able to access financial and in-kind assistance in a time of crisis, but only one-third of households in the population acknowledging their own willingness to assist others. Social capital is, thus, not a significant or available means of adaptation and coping for the majority of households.

In theory, affected households have a diversity of available coping strategies to respond and adapt to crises. However, given the severity of physical, natural and financial resource scarcity among the low-income rural population, the nature of relational resources and available social capital, as well as the high prevalence of HIV/AIDS and the clustered incidence of the epidemic in South Africa, most low-income rural households have few available options beyond reducing consumption and dispersing household members.