POLICY BRIEF No 2

POLICY BRIEF No. 98.4

POVERTY AND POPULATION:

Labour, Population and AIDS

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Research

A study was undertaken during 1996/97 in rural Bukoba district to assess the extent to which rural farming households face labour constraints and to establish reasons for that. The study focused on two questions: Does AIDS aggravate the situation, or is it the fact that children contribute less time to the family farm than before? Does this affect poverty, and are there differences in men's and women's situation and responses?

Results have been published in REPOA Research Report No. 98.4: **Labour Constraints, Population Dynamics and the AIDS Epidemic; the case of rural Bukoba District, Tanzania**; by *C. Kamuzora and S. Gwalema*.

Contrary to an earlier belief by many economists in a rural labour surplus, severe labour constraints have been observed in many rural areas of Africa, especially during particular seasons. These proved to be a severe limit on cultivated area, and therefore output and income. Even while only a few hours per day are worked on a farm, other duties (social, cooking, care for sick or being ill, collection of firewood and water) restrict the supply of labour for productive activities, especially of women.

Research Methodology

Kanyigo ward, bordering Uganda, was purposely selected as study area because of the early and severe incidence of AIDS. One village was randomly selected, and one purposely included because of a baseline survey ten years before. Four hundred households were randomly selected from within these villages, 378 of which were actually interviewed with the use of a structured questionnaire. In addition, a qualitative survey was conducted amongst focus groups of 6-8 persons for four age groups. Data analysis was quantitative (correlation, regression) and qualitative.

Poverty was measured by a possessions index, including housing quality, radio and bicycle ownership etc., and by people's perceptions. Labour constraints were measured through detailed time (allocation) budgets during the peak season.

Hypotheses tested were that households face labour constraints, exacerbated by declining contributions from children and AIDS; that in response to rising cost and limited family resources a smaller number of children was desired; but that family planning methods were ineffective due to the investment in children whose net benefits were (still) considered positive.

Research Findings

Poverty is high in the surveyed area: with the exception of the house they live in, usually of poor quality, almost 25% of the households do not possess much for normal living, and almost 2/3 reported not getting enough food from their farm, nor having adequate means for buying supplementary food. Single parent households (over 50% in the sample) are poorer than 'normal' ones with husband and wife, and female headed ones are likely to be poorer than male headed households without a wife. Lack of education of women plays a role in this.

Labour constraints were felt by almost all households. Few were able to complete planned tasks, or had money to hire labour. Unplanned tasks, like social obligations, meetings, bereavement and illness, often interfered. Poor health was a relatively strong reason for labour constraints in single parent households. Therefore, most households usually had to postpone planned tasks, with only 10% being able to hire extra labour.

In most households children do not help (anymore) with tasks, as they either live far away or have to attend school. Control over children seems to have reduced over time. Death toll due to AIDS clearly aggravated the observed labour constraints. There are gaps in age structure, as compared to national averages. For women death from AIDS occurred more at younger ages (20-39) than for men (40-49). Children, infected through the mother, are also missing, with deficits of about 8%, 5% and 3% at age groups 0-4, 5-9 and 10-14 years.

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Time-allocation budgets further confirmed the presence of labour constraints, at least for women. Women are usually busy 12 hours a day, 9 of which are for working and 3 for meals and personal hygiene, while men only work 3.5 hours on average, plus 3.5 hours for meals and hygiene. Men without a wife are more occupied than married men, with an additional 2.5 hours, and so are girls compared to boys. Laziness was quite often stated as a reason for poverty, especially by older men and by women.

Whereas five children were considered to be the ideal for a household, 10 was considered too much. Despite concerns about rising cost of maintaining children, less than 20% practice fertility control, often using unreliable methods. And still over 30% felt that children are of benefit, especially as insurance at old age. Amongst the surveyed households, those with a higher number of children (over 5) were usually better off than smaller families. The idea that many children could aggravate poverty was hard to internalise by people during group sessions.

Policy Lessons

Policies and development strategies ought to be designed in consultation with the people:

- Gender issues should be stressed, so as to reduce workload for women, but also to enlighten women on
 possibilities and rights to change the status quo.
- Optimal cropping patterns ought to be designed as farm size declines over time, e.g. a shift from bananas to maize in the surveyed area. Food habits are already changing in this direction.
- Well-intended development projects often over-estimate the 'free time' available for additional activities, especially for women; and therefore risk to fail.
- Family planning should focus more on desirable number of children than on minimal ones.

Further Research

Further research is recommended about the relationship between family size and poverty (see also Policy Brief No. 00.4). Gender issues should also be looked at more in explaining poverty, especially how to reduce patriarchy and draw more men into sharing the workload with women. Research might also help to remove barriers that hinder the adoption of methods of fertility control, so that people can have the family size they desire.

[Policy Briefs]