Committee on Oversight and Government Reform, Chairman Henry A. Waxman

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HIV/AIDS and Nutrition

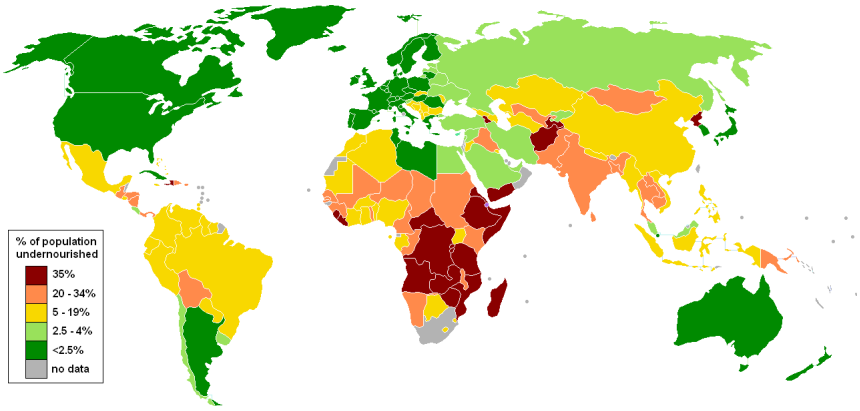
In many developing countries, malnourishment is both a cause and an effect of the HIV/AIDS epidemic. This week's factsheet explores the link between HIV/AIDS and nutrition.

THE SOCIETAL LINK BETWEEN NUTRITION AND HIV

HIV/AIDS and malnutrition have a devastating joint effect on countries. In Sub-Saharan Africa, the six countries most affected by the Southern Africa food crisis are also among the countries with the highest proportion of HIV-infected citizens.[i]

The burden of HIV/AIDS threatens families' and countries' ability to sustain their livelihood and retain a secure food supply. The HIV/AIDS epidemic impoverishes households through loss of labor in agriculture and other livelihood activities, increased cost of health care, and diminished capacity to care for children and other sick individuals. In the long term, AIDS reduces the availability of labor and knowledge, which in turn affects household level access to food.[ii]

In turn, food insecurity and poverty fuel the HIV epidemic by forcing people to adopt risky behaviors in order to survive. The break-up of households due to labor migration in times of food insecurity, as well as the exchange of sex for money or food during crises, increase vulnerability to infection.[iii]



Percent of population suffering from undernourishment, source http://commons.wikipedia.org. Based on data from the UN World Food Program and the UN Food and Agriculture Organization.

THE BIOLOGICAL LINK BETWEEN NUTRITION AND HIV

People with HIV and AIDS require more protein, vitamins, and minerals than people who are not HIV infected. Increased nutritional intake in the early stages can slow the disease's progression. For patients on antiretroviral treatment, adequate nutrients – as well as potable water – are necessary for effective absorption of the drugs. Among those receiving treatment for HIV/AIDS-related opportunistic infections, lack of food is one of the most commonly cited reasons for noncompliance with treatment regimens, which in turn exacerbates illness and may lead to drug resistance.[iv]

VULNERABLE POPULATIONS

Due to a combination of biological and sociocultural reasons, women are disproportionately affected by the joint burden of HIV/AIDS and food insecurity. Gender inequality, heavy responsibilities, and the high risk of infection for women living in the developing world can have devastating effects on household food security and nutrition. When women are spending more time caring for chronically ill family members, they are spending less time on agricultural production, which in turn adversely affects their children's nutritional status and overall health.[v]

Orphans are particularly vulnerable to both food insecurity and HIV, as well as exclusion, abuse, discrimination, and social stigma. Children without a home or living in child-headed households are highly food insecure and are particularly subject to exploitation and abuse.[vi]

ENDNOTES

[i] United Nations Food and Agriculture Organization's Committee on World Food Security, *Food Security and HIV/AIDS: An Update* (May 15, 2003) (online at http://www.fao.org/DOCREP/MEETING/006/Y9066e/Y9066e00.HTM).

[ii] World Food Program, *Programming in the Era of AIDS: WFP's Response to HIV/AIDS* (Feb. 7, 2003) (online at http://www.wfp.org/eb/docs/2003/wfp013221~2.pdf).

[iii] *Id.*

[iv] United Nations, *The Development of Programme Strategies For Integrating of HIV, Food, and Nutrition Activities in Refugee Settings* (May, 2006) (online at http://www.who.int/hac/techguidance/pht/UNAIDS_BP_HIV_Nut_in_Refs2006.pdf).

[v] *Id.*, *supra* note [ii]

[vi] *Id.*