CHAPTER 1:
HIV&AIDS among farm workers in Zimbabwe: An Overview

INTRODUCTION

HIV&AIDS among farm workers in Zimbabwe is a serious cause for concern. Currently, HIV prevalence rate is 13.7% in Zimbabwe (Ministry of Health and Child Welfare, 2009). In Zimbabwe, very few studies have endeavoured to research on the determinants of HIV infections among farm workers. The reason could be that farm workers are a marginalised group because their living and working conditions often place them at risk (National AIDS Council, 2004). They are the most underserviced workers due to their remote location of work (Heideman, 2010). According to Heideman (2010), farm workers suffer from poor access to health care and health related information, high incidence of poverty and low levels of education, hence, the need to carry out a study of this nature. This study seeks to explore the determinants of HIV infection among farm workers at Rattray Arnold Research Farm that is situated in Goromonzi District, about 35 kilometres east of Harare.

BACKGROUND

Globally, 33.3 million individuals were estimated to be living with HIV&AIDS (UNAIDS, 2011). Sub-Saharan Africa is the hardest hit region in the world, with 1.8 million people who became newly infected with HIV in 2010 alone, bringing the total number of people living with HIV to 22.9 million in the region (UNAIDS, 2011). While the rate of new HIV infection in Sub-Saharan Africa has slowly declined, the number of people living with HIV in Sub-Saharan Africa has also declined from 24.5 million in 2006 to 22.9 million in 2010.

National surveys in Zimbabwe revealed that the prevalence of HIV declined from 25% in 2003 to 16% in 2007 (Ministry of Health and Child Welfare, 2009). Currently, adult HIV prevalence stands at 13.7%. Clearly, the foregoing statistics of the HIV situation in Africa and particularly in Zimbabwe, call for broad based interventions especially in commercial farms. Farm Community Trust of Zimbabwe (FCTZ, 2005) estimated that the spread of HIV&AIDS is 35% higher in farming and mining areas, compared to 28.1% and 20% of infected people living in towns and rural areas respectively.

Levels of HIV infection is very high among farm workers as revealed by various studies that were carried out on HIV&AIDS among farm workers globally. The National Centre for Farm Worker Health (NCFH, 2009) carried out a survey among farm workers in the United States on the prevalence rate and found out

that infection rates ranged from as low as 2.6% to as high as 13%. WHO (2005) asserts that in Zimbabwe the average HIV prevalence rate in large-scale commercial farms and mines was about 35% in 2003. The study also revealed that farm workers were perceived to be at high risk of HIV infection as they were having unprotected sex. In Zimbabwe Siziya *et al.* (1999) carried out a study in 1999 on risk awareness of HIV&AIDS among commercial farm workers. Their findings revealed that 57.6% and 64.6% of female and male respondents respectively reported that they had no chance of acquiring the HIV infection because they only had sex with their spouses.

Despite several studies on HIV&AIDS done among farm workers globally, regionally and nationally, comprehensive research about the determinants of HIV infection among farm workers is still lacking. Thus, it is against this background that the root causes of HIV infection among farm workers need to be established because most of the labour force is employed in agriculture (Rukuni, 2006). They depend on agriculture for food, income and employment. In Zimbabwe, the agricultural sector is the major contributor to the economy of Zimbabwe contributing about 18.5% of the Gross Domestic Product (GDP). It also provides over 60% of raw materials required for the manufacturing sector (Ministry of Agriculture and FAO, 2006). A FAO (2006) report, concluded that HIV&AIDS is perceived as a health sector issue alone, leaving out agriculture and other sectors. Its impact-on agriculture and food security has been neglected for many years (Ministry of Agriculture and FAO, 2006). Therefore, the potential role of the agricultural sector to assist in the prevention and mitigation of the disease is not recognised especially in farms.

The agricultural sector is the back-bone of the Zimbabwean economy. According to the World Bank Development Indicators (The World Bank Group, 2022a), the value added by agriculture, forestry, and fishing has averaged around 8.5% of the gross domestic product (GDP) over the past decade. Although the contribution of these sectors to the GDP has been declining over time, Zimbabwe possesses highly productive arable land, offering the potential to boost economic growth through agricultural production. If these resources are utilised efficiently to enhance agricultural output, it could significantly impact economic growth (Mhaka & Runganga, 2022). The economic rebound in 2021 was primarily driven by the recovery in agriculture and industry, with GDP estimated to have grown by 5.8% in 2021 after a contraction of 6.2% in 2020 (The World Bank Group, 2022b). Most of the population depends on agriculture for food, income and employment, yet the impact of HIV&AIDS on agriculture and food security have been neglected for many years. HIV&AIDS has negatively affected productivity and food security in the agricultural sector. Given that agriculture is the primary livelihood for most people affected by HIV& AIDS, and with food

security becoming an increasing concern as the impacts of the epidemic intensify, it is essential for the agricultural sector to adopt a proactive approach in addressing these challenges (Gillespie, 2006). The government and Non-Governmental Organisations (NGOs) have largely neglected the farming community with regards to HIV&AIDS as they have not implemented relevant policies and programmes that target the agricultural sector. The absence of properly enforced HIV&AIDS policy with regards to farming communities has created problems that have worsened the plight of farm workers. Furthermore, the problem of HIV&AIDS in the agricultural sector in Zimbabwe is not adequately addressed and the research done on the area of addressing the pandemic among farm workers is minimal.

Currently, efforts to address HIV&AIDS among farm workers in Zimbabwe have yielded little results as the development of behavioural interventions are lacking in farming communities (Ministry of Agriculture and FAO, 2006). Efforts to curb the spread of HIV tend to focus on urban areas leaving out the farming community. Basset & Mhloyi (1991), Mhloyi & Mhloyi (1996), Lower (1997), Mutungadura, Mukuraziva & Jackson (1999), Siziya, Rusakaniko, Tshimanga & Marufu (1999), UNESCO (1999), Chiororo, Mashu & Muhwava (2002), Wekwete & Madzinga (2006), WHO (2005), Gunda (2008) and IOM (2010) carried out studies on HIV&AIDS in Zimbabwe. Though the studies where on the determinants, they did not target the farming community. Basset & Mhloyi (1991), Mhloyi & Mhloyi (1996),) targeted the Private sector in Zimbabwe, Mutungadura *et al.* (1999) targeted rural areas in Zimbabwe and Wekwete & Madzinga (2006) targeted adolescents in Murehwa district. UNESCO (1999) and WHO (2005) targeted other aspects of HIV&AIDS. These studies were carried out in areas near urban areas, hence the need to carry out research on the determinants of HIV infection among farm workers in Rattray Arnold Research Farm in Goromonzi District.

Furthermore, there is lack of HIV&AIDS campaigns in the farming communities in Zimbabwe. NAC (2004) highlighted that it was failing to effectively implement HIV&AIDS programmes in the farming communities due to the subdivision of former large-scale commercial farms. Therefore, this study will educate the residents of Rattray Arnold Research Farm on the determinants of HIV infection and their impact to reproductive health. Conversely, carrying out research in this part of Zimbabwe will be critical in developing a starting point for planners and policy makers to map the way forward for farming communities such as Rattray Arnold Research Farm.

The broad objective is to explore the determinants of HIV infection among farmworkers at Rattray Arnold Research Farm.

Sub objectives are to:

1. Assess the levels of HIV infection among farm workers at Rattray Arnold Research Farm.
2. Assess the knowledge, attitudes, perceptions, and sexual practices on HIV&AIDS among farm workers.
3. Establish the effects of HIV&AIDS infections among farm workers on the viability of the agricultural sector.
4. Make policy recommendations on the determinants of HIV infection among farm workers.

The study was cross-sectional in nature. It triangulated both qualitative and quantitative data collection methods. Quantitative data were collected using the survey method (using a questionnaire as a tool). Questionnaires were used to quantify the magnitude of the knowledge, attitudes, perceptions and practices towards HIV&AIDS. Focus Group Discussions (FGDs), Key Informant Interviews and In-depth interviews were used to collect qualitative data.

The study consists of five chapters. Chapter One covers the introduction, background to the study, statement of the problem, justification, objectives of the study and brief methodology. Chapter two reviews literature related to the study. Chapter 3 covers the theoretical framework and the methodology. The methodology consists of the geographic location of the study, target population, research design, data collection methods, data management and data analysis. Chapter 4 covers the research findings while chapter 5 presents the summary, discussions, conclusions and recommendations of the study.