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# Food and nutrition insecurity, HIV/AIDS, and gendered vulnerability in Buhaya, Tanzania

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**This article draws on socio-cultural anthropological research conducted in a rural village in Buhaya, Tanzania, and focuses on how food and nutrition insecurity and gendered vulnerability fuel HIV/AIDS. Poverty, land insecurity and agricultural decline have increased in Buhaya, affecting men and women. However, women are the primary farmers and providers of household food and nutrition security and are more limited by their access to land and other resources including capital, economic livelihood alternatives and education. Poor women with dependents who lack adequate access to land and the ability to provide household food and nutrition security may engage in poverty-induced transactional sex as a means to secure daily food for their household. In the process they make their children, themselves and their partners vulnerable, increasing the likelihood for HIV/AIDS transmission on a larger scale. This article encourages the development and implementation of policies which acknowledge the crucial roles that women play in food and nutrition insecurity, the roles that food and nutrition insecurity play in fueling the HIV/AIDS epidemic, and gendered vulnerability.**

**Keywords:** Food and nutrition insecurity, HIV/AIDS, gendered vulnerability, Tanzania.

## INTRODUCTION

This article focuses on how food and nutrition insecurity and gendered vulnerability fuel HIV/AIDS (FAO, 2005; Barnett and Whiteside, 2002; Müller, 2004; Pottier, 1999; Kalipeni et al, 2004; 2005a,b; Iliffe, 2006; Shaw, 2007; Leathers and Foster, 2009; Devereux and Maxwell, 2001) in Buhaya (Rugalema, 1999; Githinji 2008, 2009a,b, 2011; Kaijage; 1993; Lugalla et al, 1999; Tibaijuka, 1997; Rugalema and Mathieson, 2009), the cultural region located in northwestern Tanzania which is predominately inhabited by the Bahaya ethnic group. The article discusses how land insecurity, declining agricultural production (Baijukya, 2004) and widespread poverty increase household food and nutrition insecurity and women's particular vulnerability and susceptibility to HIV/AIDS (Githinji, 2009b). Although Bahaya women are the primary agriculturalists and provisioners of food and nutrition insecurity (Rald and Rald, 1975; Swantz, 1985; Berry, 1994; Rugalema, 1999, Githinji, 2009a,b), customary, patriarchal practices constrain women by limiting their access to resources such as land, capital, and education, challenging their ability to fulfill their

role. In addition, women are asymmetrically affected by poverty, food and nutrition insecurity, poor health, and AIDS (FAO, 2005; Morgen, 2002; Kalipeni et al, 2004; Müller, 2005a,b; TACAIDS, 2005; Stillwaggon, 2006; Shaw, 2007; Iliffe, 2006; Githinji 2008, 2009a,b). This situation renders women and consequently, their dependent children, vulnerable to food and nutrition insecurity, poor health and HIV/AIDS (Githinji, 2009a,b). Women with dependent children in this situation may engage in poverty-induced transactional sex as a means to provide household food and nutrition security; a 'survival' strategy which assists in fueling HIV/AIDS.

The Bahaya people are known for the production of bananas, which have served as their staple food crop and culture core for centuries (Rald and Rald, 1975; Weiss, 1996, 2003; Rugalema, 1999; Baijukya, 2004; Stevens, 2004; Berry, 1994; Cory and Hartnoll, 1971; Githinji, 2011). 'Buhaya' is the traditional homeland of the Bahaya people, and the landscape is marked by undulating ridges, high rainfall, a long history of environmental degradation and poor soil fertility (Rald and Rald, 1975;

Berry, 1994; Schoenbrun, 1993). Animal husbandry, particularly cattle-keeping, has traditionally played a significant role in the Bahaya agricultural system (Schoenbrun, 1993; Baijukya 2004, Rugalema, 1999) since the application of manure helps to maintain soil fertility particularly in the *kibanja*, the banana homegarden, and ensure adequate agricultural yields and household food and nutrition security.

During colonialism, the Bahaya were forced to grow coffee as a cash crop in the *kibanja* at the expense of food crops (Smith, 1989; Weiss 1993, 2003; Berry, 1994; Rald and Rald, 1975) which extracted from agricultural development, soil fertility and food and nutrition security. Although some Bahaya became wealthy, the global market price for coffee crashed in the 1930s (Weiss, 2003), leading to an economic downturn in Buhaya and widespread poverty. While people continue to grow coffee in their *kibanja*, in Nsisha, the village fieldwork site, it is neither a significant crop grown nor provides much financial return.

The Bahaya agricultural system traditionally involves perennial cultivation of the *kibanja* and generational patterns of inheritance whereby *bibanja* (plural of *kibanja*) are patrilineally bequeathed (Cory and Hartnoll, 1971) leading to old, worn out, and unproductive soils. These socio-cultural, agricultural, and land inheritance practices combined with high population density and progressive soil infertility have increased land insecurity in Buhaya, leading to an increasing use of diminishing marginal grazing areas and seasonal farm lands known as *orweya* (Baijukya, 2004). In addition, an increase in pathogens and diseases affecting bananas, other food and agricultural crops, and livestock have increased poverty and food and nutrition insecurity and susceptibility to illness, including AIDS (Rugalema and Mathieson, 2009; Githinji, 2008, 2011).

The synergistic combination of historical, environmental and socio-cultural factors created a 'fertile terrain' for an HIV/AIDS epidemic (Stillwaggon, 2006) in Buhaya, and to this region forming part of the world's first HIV/AIDS epicenters approximately three decades ago (Kaijage, 1993; Tibaijuka, 1997; Lugalla et al, 1999; Iliffe, 2006; Barnett and Whiteside, 2002; Kalipeni et al, 2004; Rugalema, 1999). Although HIV/AIDS rates have declined significantly from approximately 25% in some highly affected areas at the apex of the epidemic in the 1990s to approximately 3.7% at present (TACAIDS, 2005), people are still vulnerable and affected as the effects of the epidemic continue to reverberate, escalating household poverty, food and nutrition insecurity, and its manifestations and cycles (Githinji 2008, 2009a,b; Rugalema and Mathieson, 2009).

### **The link between poverty, food and nutrition insecurity, poor health and HIV/AIDS**

Poverty, food and nutrition insecurity, poor health and

illness susceptibility form a vicious cycle (Shaw, 2007; Devereux and Maxwell, 2001; Leathers and Foster, 2009). Food and nutrition security play key roles in maintaining the proper functioning of the immune system and defending against pathogens. Macronutrients and micronutrients derived from an adequate diet function symbiotically to maintain an effective immunity. Access to adequate food on a daily basis (food security) which is balanced and rich in carbohydrates, protein, fats, vitamins and minerals (nutrition security) is crucial to the proper functioning of the immune system. Food and nutrition insecurity compromise immunity, and increase vulnerability and susceptibility to illness. People living in impoverished households are more vulnerable and susceptible to food and nutrition insecurity, compromised immunity, and illness, such as HIV and AIDS. Those affected with HIV and living in impoverished, food and nutrition insecure households are more vulnerable and susceptible to severe bouts of illness and a quick escalation to AIDS and death (TACAIDS, 2005; FAO, 2005).

### **Gendered poverty, food and nutrition insecurity and AIDS**

Women in general are more vulnerable to poverty, food and nutrition insecurity and illness (Swantz, 1985, Morgen, 2002; Leathers and Foster, 2009; Devereux and Maxwell, 2001; Pottier, 1999) including HIV/AIDS (Stillwaggon, 2006; Githinji, 2009a,b; FAO, 2005; Barnett and Whiteside, 2002; Müller, 2004, 2005a,b; Kalipeni et al, 2004; Iliffe, 2006; Shaw, 2007). Bahaya women are restricted by patriarchal strictures which prevent them from inheriting adequate farming land and accessing capital, education and economic livelihood alternatives needed to fulfill their prescribed role as primary farmer and provisioner of household food and nutrition insecurity. Widespread poverty and its emanations combined with Bahaya patriarchal norms entrench and perpetuate gendered poverty, food and nutrition insecurity, HIV/AIDS vulnerability, and essentially, female marginalization (Githinji, 2009b). This situation renders women asymmetrically vulnerable and susceptible to HIV/AIDS, specifically given that risky, poverty-induced transactional sex is one of the only alternative income-generating activities available.

The article enriches literature on food and nutrition insecurity (Shaw, 2007; FAO, 2005; Leathers and Foster, 2009; Devereux and Maxwell, 2001; Pottier, 1999), HIV/AIDS in the context of Buhaya (Kaijage, 1993; Lugalla et al, 1999; Tibaijuka, 1997; Rugalema, 1999; Weiss, 1993; Stevens, 1995; Githinji 2008, 2009a,b, 2011), and sub-Saharan Africa (Barnett and Whiteside, 2002; Kalipeni et al, 2004; TACAIDS, 2005; Iliffe, 2006; Stillwaggon, 2006), and gendered vulnerability (Swantz, 1985; Morgen, 2002; Müller, 2004, 2005a,b). By high-

lighting the myriad factors which combine synergistically to intensify gendered vulnerability to food and nutrition insecurity and AIDS, and illustrating women's livelihood coping strategies this article also builds on 'vulnerability' research (Adger, 2006; Eriksen and Brown, 2005). Furthermore, this work advocates for the creation and implementation of development policies which recognize the crucial roles that women play in food and nutrition insecurity, the roles that food and nutrition insecurity play in fueling HIV/AIDS, and women's gendered vulnerability.

## **MATERIALS AND METHODS**

This article stems from broader ethnographic, socio-cultural anthropological research on the connections of widowhood, land issues, food insecurity, and HIV/AIDS which was conducted from 2005 to 2006 in Nsisha, a rural village located approximately twelve kilometers from Bukoba town. At the time of research, the village was comprised of approximately 184 households and a population of 1,000 inhabitants. The author conducted 311 semi-structured and open-ended interviews with widowed, married, and single household heads and people affected by HIV/AIDS. During the first phase of the research, the author conducted a village census of the 184 households in the village, and conducted semi-structured interviews which lasted approximately forty-five minutes with the household head, or adult household member who was available, and asked questions in regard to the household composition and economy. During the second phase, 97 in depth interviews which lasted approximately two and a half hours were conducted with the 30 known widows in the village, and 67 semi-randomly selected married and single household heads. Interview questions and discussions focused on life histories, and issues of land, agriculture, food and nutritional security, health, and HIV/AIDS. The last phase of research consisted of re-interviewing 15 widow headed households and 15 non-widow headed households to gain more in depth information focused on agricultural change, soil fertility, and food and nutrition insecurity. The author worked with an assistant who was native to the region and fluent in Luhaya, the primary language spoken in the village. Interviews were conducted in Luhaya and Kiswahili. Given the sensitive research topic and for ethical reasons, the author primarily relied on interviewees' disclosures of their HIV/AIDS status, for example, and states in cases where an individual's status was 'alleged' or assumed by informants living in the village.

## **RESULTS AND DISCUSSION**

During the course of this research, it was evident that agricultural decline and household food and nutrition in-

security were widespread in the village. All households were affected by crop pathogens which threatened and destroyed their banana plants, their staple food crop and culture core. The situation was shifting their way of life (Githinji, 2011), causing most people to replace their traditional banana-based daily meals with cassava and potatoes. Other important food crops, including cassava, maize, potatoes and tomatoes were also affected by pathogens. The situation reduced household income, increased food and nutrition insecurity, poverty, vulnerability to poor health, and forced many to reduce the number of daily meals from two to one. Only those who worked in salaried positions in town or received regular remittances from their kin were somewhat buffered from the manifestations of agricultural decline, poverty, and food and nutrition insecurity and could afford to purchase, for example, agrochemical inputs used to improve their yields, and food items, particularly protein-rich foods, such as milk, eggs, meat, chicken, fish, and sardines, which are so needed by those who are food and nutrition insecure, malnourished, and sick.

The gender and marital status of the household head strikingly affects household food and nutrition security. There were 29 widows and 1 widower in the village; illustrating that widowhood primarily and disproportionately affects women, since men practice polygyny, die earlier, or re-marry upon death of a wife. When the widower and the three single men in the village were asked if their household income and food and nutrition security did not change much upon widowhood, they quickly stated 'no, there was no noticeable change.'

Jonas, the sole widower, originally said that his household food and nutrition insecurity situation did not change upon widowhood, however, he later mentioned that his diet lacked bambara nuts and groundnuts, which are considered to be 'women's crops' (Swantz 1985, Rugalema 1999). Interestingly, he eventually started growing these crops himself, indicating a shift in Bahaya gender norms in regard to crop production perhaps instigated by a changing agricultural system, gender norms and the experience of male widowhood. This may also be a testament to Jonas' uniqueness and unconventional personality; he was the sole widower known in Nsisha who chose not to remarry. When asked 'why' he stated that his wife left him to raise the children in the village alone while she worked as a prostitute in Dar es Salaam, and she eventually died of AIDS. 'This situation,' he said 'combined with the gravity of the epidemic in Nsisha and having lost so many kin, neighbors, and friends to AIDS made me decide to remain single so that I can continue living'.

In contrast to the four widowed and single men in the village, all 29 widows in Nsisha stated emphatically that after the death of their husband, the household income and food and nutrition security declined. Most stated that prior to widowhood, they had enjoyed milk with tea daily, eggs, meat, and fish regularly, and could afford to pur-

chase flour, rice, and sugar when needed. However, upon widowhood, many were dispossessed of their husband's livestock which were 'taken' by or bequeathed to men in the patriclan. For those who were able to maintain ownership of their husband's livestock, many were not able keep up with the care of the animals and they died of disease. Those who were able to maintain ownership and care of the livestock for some time were eventually forced to sell these assets due to poverty and lack of income and the need to pay for education, healthcare and funeral costs.

Similarly, all 31 single women who had separated from their husband or partner stated that household food and nutrition insecurity strikingly increased once they became the sole household provider. Many married and single women with dependents complained that they were unable to send all the children to school, and that sometimes, their daughters' education was sacrificed so that the sons could attend. Many daughters remained home to tend to younger children and household farming. Single women with children are often the most vulnerable because if the children are not recognized by their father and respective patriclans, they are considered illegitimate (Cory and Hartnoll, 1971). Consequently, an illegitimate child often does not receive any assistance or inherit land, putting the the entire responsibility on the mother. If she does not have adequate land, which most do not, she and her children most often live in food and nutrition insecure, impoverished, and vulnerable livelihood situations (Githinji, 2009 a,b).

These situations illustrate that in the patriarchal and patrilineal Bahaya society, men in general have greater access to income, capital, assets, land, and the ability to purchase food, particularly the most expensive protein-rich foods needed by those who are malnourished and sick. Women mediate their basic needs, such as land, food and nutrition security, health care and education, through men. Upon widowhood which asymmetrically affects women, women generally experience a great shock and decline in household income and food and nutrition security which increases their household's vulnerability (Adger, 2006; Eriksen and Brown, 2005; Githinji, 2009b,a) to impoverishment and manifestations of food and nutrition insecurity and illness.

### **Gendered land insecurity**

Land insecurity, decline in agricultural production, and low soil fertility affect most people in Nsisha; both men and women. As some men and women mentioned, land insecurity actually affects men more, because 'the land defines Bahaya men.' One cannot be a man in Buhaya without having land and as many informants explained, 'if a man lacks land, this can prohibit him from marrying' and ultimately fulfilling his Bahaya prescribed socio-cultural role. Furthermore, not all sons in a Bahaya home

necessarily inherit equal, sizeable portions of their father's *kibanja* and one son, the *musika* (usually the eldest son) inherits the biggest portion (Cory and Hartnoll, 1971). Consequently, this leaves the remaining sons and daughters vulnerable to land, food, and nutrition insecurity and potentially to cycles of poverty and vulnerability. This situation illustrates the generalized issues of land insecurity, poverty, and food and nutrition insecurity affecting Bahaya people.

However, women are asymmetrically affected given that cultural norms favor men, specifically in regard to land inheritance because men still generally receive larger slices of the *kibanja*, and women's access to land and farming is mediated by men, limiting their ability to achieve land and food and nutrition security. Hence, in the context of land insecurity and poverty, women with dependents are in general, most vulnerable. Although times have changed and women are entitled to land inheritance through their fathers and husbands, theory does not always equate to practice. Women do not always know their rights to land inheritance for example or do not have the money, social power, and courage to enforce justice. Women gain usufructory rights of their husband's *kibanja* if 'she' produced a son; however if not, she can be chased away upon widowhood, in spite of the fact that it is the primary farm from which she procures the household food and nutrition security. There were very few cases found during this research in which, upon the death of a husband, widows had been chased from the *kibanja* they farmed. However, older male and female informants stated they knew many women, primarily widows, who had been chased away from the land. In such cases these widows 'had not produced children', so the husbands' families chased the widows away, forcing them to leave Nsisha and return to their natal village. This patriarchal practice was no doubt a tactic which preserved the patriclan's land security while intensifying and perpetuating women's marginalization (Swantz, 1985; Githinji, 2009b,a). The fact that few cases were found of widows who had been chased away from their marital *kibanja* also shows that there is a sense of silence shrouding the representation of this experience in Nsisha, since these widows were no longer there to speak about it after having been forced to leave the village and clan they married into and return to their natal village.

In cases where women are forced to or choose to leave the land that they toil in Nsisha, they customarily return to the home of their father or brother, where they often are allocated a very thin slice of the *kibanja* which is hardly adequate for producing household food and nutrition security requirements for herself and children. More often, as many single women with dependents in Nsisha stated, 'poor women are forced to beg and borrow land' from neighbors in exchange for part of their harvest, and, or, utilize government *orweya* land which surrounds and separates villages. This land, traditionally used for cattle grazing, the growing of seasonal female crops

such as bambara nuts and groundnuts, as well as potatoes, cassava, and long grasses used for thatching homes, carpeting the floor, basketry, and feeding livestock, is 'free' (Rugalema, 1999), but diminishing (Baijukya, 2004). As will be illustrated, it is common for widowed, single, and even poor married women to utilize several marginal slices of *orweya* farmland and still in the end, suffer from household food and nutrition insecurity (Githinji, 2009a, b).

### **Poverty, food and nutrition insecurity and AIDS in Nsisha**

Informants stated that the 'poverty and lack of nutritious food causes people, especially those with HIV/AIDS, to fall sick and die quickly,' which clearly shows their perception and understanding of the connection between lack of nutritious food, poverty, health, HIV and AIDS. To illustrate this point further, a young widow, Alyssia, whose husband had been a relatively wealthy builder in Nsisha prior to falling ill with AIDS, stated that he was able to survive as long as he did and provide for the family because he owned a cow which provided nutritious protein-rich milk that he needed to maintain his strength. He also sold the milk to purchase food and access healthcare.

On the other hand, informants mentioned that Rosa, a young HIV/AIDS infected mother, declined to AIDS quickly and severely because of her impoverishment, and lack of healthcare and food and nutrition. She lacked disposable assets and resorted to selling her cooking pots in order to purchase food and medicines. Toward the end of her life, she allegedly stopped eating and feeding her young and sick, vulnerable children. Her very poor and grave situation prevented her from getting the help she needed for herself and children. The shame associated with HIV/AIDS (TACAIDS, 2005) made her a subject of jokes and scorn to the extent that her own mother shunned her. She had been a professional prostitute in Bukoba town; one of the only occupations available to women outside of farming and which women are tempted into due to the attraction for money, materialism, and an escape from a rural life of poverty (Swantz, 1985; Larsson, 1991; Rugalema, 1999). In the end she was a woman who had 'bought her grave' (Weiss, 1993; Stevens, 1995).

Several informants in Nsisha mentioned that 'poverty forces people, especially poor women with children, to go out and get HIV/AIDS.' In other words, poverty makes people very vulnerable, to the point that they take risks, not thinking about their future. They mentioned that poor women will take the risk and engage in transactional sex if it will provide their children with a daily meal, even though, they are endangering themselves in the long run.

For example, Tanya was a young, single mother of four children. In spite of farming several marginal slices of

land, she was unable to ensure food and nutrition security for her family, and engaged in poverty-induced transactional sex as a means to 'get by'. Although scared of her HIV status and along with her children, chronically ill, she admitted that the money she got from this work assisted her in providing a day's meal for the household. At one point during research, she showed me a small pile of diseased potatoes and said, 'this is all I could get from farming today and it is not enough to feed my children.'

### **Fish – a source of food and nutrition security out of reach**

Ironically, malnutrition is very high in communities along Lake Victoria where fish is plentiful (Geheb et al. 2008). Although Nsisha is close to the shores of Lake Victoria, the inhabitants, specifically women and children, often do not benefit from fish – a traditional source of local protein and capital. Unfortunately, fish is shipped away for export and rural fisherfolk, particularly women, have been increasingly marginalized from this economic and food and nutrition security promoting enterprise. As observed in the village, Nsishans who can afford to purchase the fish only have access to *punk* (referring to the fish frames of Nile perch which consist of skin and bones and are considered to be waste). In addition, people say that even if they could afford to buy fish to supplement their diets, they do not because it is believed that Thiodine - a known poisonous agrochemical used to kill banana plant pathogens but which is also perceived to destroy banana plants - is used to catch the fish. As a result, Nsishans view eating fish akin to poisoning themselves. From this, we can see that the two major forms of food, banana and fish, which traditionally contribute to the bulk of Bahaya food and nutrition insecurity are becoming increasingly out of reach.

### **Food insecurity amidst flowing banana beer and gin**

In Buhaya, only certain varieties of bananas known as *ekito:ke* are suitable for consumption. Other banana varieties, known as *embí:le*, are not considered to be palatable and suitable only for the production of banana-based beer and gin. Some informants mentioned that although it is considered shameful, some very poor people resort to consuming beer bananas, due to a lack of food. It is unfortunate that the bananas that still tend to grow well are those utilized in alcohol production. In Nsisha banana-based alcohol is generally cheap and readily available, unlike food which is not growing well in the *kibanja*, and expensive and beyond the reach for many to purchase.

Drinking and alcoholism is a problem in the village which exacerbates poverty, agricultural decline, food and nutrition insecurity, and HIV/AIDS. Informants claimed

that people often imbibe to forget the life of poverty and AIDS. Some become addicted and unproductive and it ruins their and their family's life. Those who are cautious do not drink at all or only sparingly at times of celebration, such as at a birth or wedding party. Prior to the time of AIDS and according to Bahaya customs, a funeral and a celebration could never occur in the village simultaneously; doing so prevents paying respect to the deceased. However, AIDS has changed Bahaya customs and as informants stated, 'here some are partying, there some are burying,' indicating just how common and normal burials have become. Traditionally, children did not attend funerals, however due to the widespread impact and 'normalcy' of HIV/AIDS deaths in the village, funerals are commonplace and children now attend. Unfortunately, HIV/AIDS has made people numb to the epidemic's lethal effects. Informants mentioned that people commonly drink too much at social gatherings, such as parties and funerals, which serve as venues for HIV/AIDS transmission; people imbibe, forget the threat of HIV/AIDS, and engage in risky sexual behavior. And as many informants mentioned, 'people do not use condoms...some cannot afford them, others do not know how to use them properly, and then there are those who just don't give a damn, especially when they are drunk!...and we know because we never see the empty condom packets around, we only see the effects when people walking around begin showing the signs that they are infected'.

As most informants stated, those who are most to blame for drinking too much alcohol and spreading HIV/AIDS are, 'men...they are the ones who are at the bars or parties late at night getting drunk...they get HIV/AIDS and pour it into their wives'... As many men and women informants stated, Bahaya women can never refuse their husbands sexually, or risk getting beat up and chased away from their marital home and *kibanja*. This reality illustrates the vulnerability Bahaya women face in the time of HIV/AIDS and widespread poverty and food and nutrition insecurity.

### **More on the consequences of female marginalization: the choices in the margins**

Women are limited in their ability to fulfill their Bahaya prescribed role as the primary farmer and provisioner of food and nutrition security (Swantz, 1985). They are often prevented from attaining the very resources they need to fulfill their role and break out of generations of female marginalization in regard to land accessibility, education, capital, a life outside of farming, 'meekness' (Sundkler, 1980), and marriage and child bearing at an early age. Due to poverty, ignorance and powerlessness, young school girls fall victim to older 'sugar daddies' (Kalipeni et al, 2004) and respectable male figures in society such as church leaders, school teachers, and businessmen.

These sexual predators view young girls as virginal, pure, and free of HIV/AIDS and lure them with promises of school fees, clothing, and gifts in exchange for sex. Often such relationships lead to pregnancy, STDs, HIV/AIDS, and an untimely death, as informants explained. Ironically, women lured to poverty-induced transactional sex and prostitution are often blamed for the spread of AIDS, ignoring the fact that patriarchal practices deny women basic human needs and rights and offer few chances for self advancement, thereby creating women's poverty, food and nutrition insecurity, and vulnerability; a recipe for exploitation and HIV/AIDS spread.

One informant, Monicah, stated that girls are enculturated from a young age, 'to be docile, respectful and not to fight— however, boys and men are not taught this,' and this sets the stage for women's marginalization. Such patriarchal practices shape the perception of women as weak, incompetent, and dependent.

According to Bahaya cultural gender prescription, a 'real' Bahaya woman is regarded as one who is married with children; an unmarried woman, with or without children, is accorded less respect and seen by some as 'less than' or deficient. Commenting on his own sister, one male informant said; 'Daila was not a real woman' because she had left her husband. Even though he was aware that her husband was an alcoholic, beat her, and cheated on her, putting her at deathly risk to STDs and HIV/AIDS which she allegedly suffered from, he maintained that she should stay with him. He was judgmental of her because she had children from different fathers. In spite of the fact that she utilized several scraps of farming land, he considered her lazy because she was unable to provide food and nutrition security for herself and her thin, sickly children.

Indeed, female marginalization has been entrenched for generations in Bahaya socio-culture (Swantz, 1985). With little to no economic opportunity outside of semi-subsistent agriculture and petty agri-business where they may buy and then re-sell tomatoes, beer bananas, onions, and fruits for a small marginal profit, women have little opportunity to make money to purchase needed household items such as paraffin, cooking oil, kerosene, soap, clothing, shoes, and food items such as flour, salt, sugar, and rice. Many women, especially single women with children who lack basic resources such as farming land and adequate crop yields to sustain household food and nutrition security are the worst affected (Githinji, 2009 a,b). One of their only alternatives is to look for day-wage labor, which has become increasingly scarce due to agricultural decline and deepening poverty. As a result, people have less money to spend and therefore, cannot afford to spare money for engaging day-wage laborers.

With many economic alternatives beyond their reach, many women resort to poverty-induced transactional sex, where a single sexual act may be charged as little as \$0.25 – enough to purchase soap, some flour, or rice for

that evening's meal. This is the reality, a choice that women painfully make in order to make ends meet and to provide for their dependents. The society that denies them economic power or means of production is the same society that regards them as lazy, because they are 'choosing' to prostitute themselves rather than farm. It is true that not all prostitution is a consequence of desperation; however, a more holistic picture of this reality must assume a matrix of challenges which result in women's marginalization. Bahaya society is patriarchal, virilocal, and patrilineal; all practices revolve on revering the male identity. A woman in many situations is a man's subordinate. Her purpose is to farm, provide food and nutrition, care for dependents, and add to the wealth of the patrilines and in the end, own and inherit nothing, or very little.

The bold, unconventional woman seeks a life outside of rural, agricultural life and often becomes a maid, where she is not uncommonly raped, abused, and chased away if she becomes pregnant, as informants stated. She can work in a hotel or as a prostitute in town, on the islands in Lake Victoria and in other urban areas in Tanzania and East Africa. If she is very fortunate, she can become a teacher or get an education and become a professional, but these cases are too rare. In most cases, women are vulnerable and at the mercy of men, poverty and manifestations of food, nutrition and land insecurity, and HIV/AIDS. So too, are her children. These women engage in poverty-induced transaction sex as a means to get by, perpetuating the vicious cycle of female marginalization (Swantz, 1985, Githinji, 2009b,a).

## CONCLUSION

This article illustrates that Nsisha is being affected by food and nutrition insecurity, HIV/AIDS, and gendered vulnerability. Widespread poverty, land insecurity and agricultural decline have increased food and nutrition insecurity making people vulnerable and susceptible to poor health and HIV/AIDS. Although these challenges impact men and women, women are asymmetrically affected. Bahaya patriarchal practices prevent women from inheriting and accessing adequate farming land and crucial resources which they need to fulfill their prescribed role as primary farmer and food and nutrition provisioner. Without access to adequate land, education, and economic livelihood opportunities, women are at the mercy of men to mediate their basic human rights and needs. Widows and single women with dependents are usually the most poor, food and nutrition insecure, and vulnerable to poor health and HIV/AIDS. Often, poor mothers with dependent children engage in poverty-induced transactional sex so that they can provide a daily meal. This situation increases their vulnerability and susceptibility to HIV/AIDS spread on a larger scale. Due

to this, this article advocates for research and policies which address the roles that women play in food and nutrition insecurity, the role that food and nutrition insecurity plays in fueling HIV/AIDS, and women's gendered vulnerability.

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