



Chronic Poverty
Research Centre

Working Paper

February 2011

No. 185

Inheritance, poverty and HIV/AIDS: Experiences of widows and orphaned youth heading households in Tanzania and Uganda

**Ruth Evans
Caroline Day**

University of Reading
Department of Geography and Environmental Science
Whiteknights, PO Box 227
Reading
RG6 6AB

What is Chronic Poverty?

The distinguishing feature of chronic poverty is extended duration in absolute poverty.

Therefore, chronically poor people always, or usually, live below a poverty line, which is normally defined in terms of a money indicator (e.g. consumption, income, etc.), but could also be defined in terms of wider or subjective aspects of deprivation.

This is different from the transitorily poor, who move in and out of poverty, or only occasionally fall below



Abstract

This paper investigates inheritance practices and the intergenerational transmission of poverty for two particularly marginalised groups: 1) widows living with HIV and children caring for them; and 2) orphaned young people heading households without a co-resident adult relative. Qualitative interviews conducted with 85 participants (women with HIV, young people with caring responsibilities and non-governmental organisation workers) in rural and urban areas of Tanzania and Uganda provided in-depth insights into the ways HIV- and AIDS-related stigma is linked to gender and generational inequalities in access to assets.

The research suggests that the HIV and AIDS epidemic has led to a fracturing of the intergenerational contract in severely affected communities in Tanzania and Uganda. Some young people are taking on caring responsibilities and gaining access to land and property at a younger age than usual. Access to land and/or property is crucial to the formation and viability of sibling-headed households. Stigma and discrimination, however, have negative impacts on women's and young people's health and emotional well-being, and in some instances leads to disinheritance and asset loss. This results in a lack of investment in children's education and care and the perpetuation of conditions of chronic poverty for younger generations.

This research calls for a holistic approach to understanding women's and young people's access to resources and their present and future security. A complex range of factors influence their vulnerability and resilience to inheritance/disinheritance and chronic poverty. Key protective factors include social capital; written evidence of bequests, property ownership and land titles; awareness of gender and generational inequalities; and advocacy. Women's and children's capacities to safeguard their inheritance and avoid chronic poverty in the present and future can be enhanced through legal support, advocacy and education on inheritance rights; rights-based social protection measures; and opportunities for participation, peer support and collective mobilisation.

Keywords: HIV/AIDS, Tanzania, Uganda, widows, orphaned young people, intergenerational transmission of poverty, inheritance



Acknowledgements

This paper is one of a series on asset inheritance and the intergenerational transmission of poverty commissioned and published by the Chronic Poverty Research Centre. It was first presented at a Roundtable on Inheritance and the Intergenerational Transmission of Poverty hosted jointly by the Chronic Poverty Research Centre and the Overseas Development Institute on 11 October 2010.

We would like to thank the young people, parents/relatives and non-governmental organisation staff in Tanzania and Uganda who participated in the study and shared their experiences. We are also grateful to the Economic and Social Research Council, the Royal Geographical Society (with the Institute of British Geographers), the University of Reading and the Chronic Poverty Research Centre for financial support.

We would also like to thank Dr. Sally Lloyd-Evans and Dr. Sophie Bowlby, University of Reading, and Prof. Saul Becker, University of Nottingham, for their support and, finally, Kate Bird and Elizabeth Cooper and an anonymous reviewer for their comments on an earlier draft. Any errors remain the authors' own.

Ruth Evans is a Lecturer in Human Geography in the School of Human and Environmental Sciences, University of Reading, UK. Her research interests include: caring relations in families experiencing disability and chronic illness, sibling care in Eastern and Southern Africa, childhood and migration in the UK, social exclusion/ inclusion and the participation of young people in research and policy.

Caroline Day is a research student in the Department of Geography and Environmental Science, School of Human and Environmental Sciences, University of Reading. Her research is in Geographies of Care, Disability and Family Relationships in Sub-Saharan Africa.

Email: r.evans@reading.ac.uk

This document is an output from the Chronic Poverty Research Centre (CPRC) which is funded by UKaid from the UK Department for International Development (DFID) for the benefit of developing countries. The views expressed are not necessarily those of DFID. The CPRC gratefully acknowledges DFID's support.



Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
MHSW	Ministry of Health and Social Welfare (Tanzania)
NBS	National Bureau of Statistics (Tanzania)
NGO	Non-Governmental Organisation
TACAIDS	Tanzania Commission for AIDS
UBOS	Uganda Bureau of Statistics
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund



Contents

Acronyms	4
Executive summary	6
1 Introduction	9
2 Asset inheritance and the intergenerational transmission of poverty in Sub-Saharan Africa	10
2.1 Chronic poverty, care and inheritance in HIV- and AIDS-affected households.....	12
2.2 HIV- and AIDS-related stigma and property grabbing.....	15
3 Research methodology and analysis	17
4 Changing inheritance practices in communities affected by HIV and AIDS	23
5 Stigma, gender and generational inequalities in inheritance practices	27
5.1 Experiences of women living with HIV and their children.....	27
5.2 Experiences of young people heading households.....	30
5.3 Dual inequalities on the basis of gender and generation	33
6 Factors that influence inheritance/disinheritance and the intergenerational transmission of poverty	37
6.1 Protective factors for young people heading households.....	37
6.2 Protective factors for women living with HIV and their children	39
6.3 Framework of factors influencing asset inheritance and chronic poverty for families affected by HIV and AIDS	43
7 Conclusion	46
References	51



Executive summary

Three decades of the HIV and AIDS epidemic in Eastern and Southern Africa have led to changing patterns of care and the emergence of new household forms, such as sibling-headed and skipped generation households. Widows living with HIV and orphaned young people are often stigmatised and occupy a weak bargaining position in relation to safeguarding asset inheritance following the death of male heads of household. This paper investigates the relationship between inheritance practices and the intergenerational transmission of poverty for two particularly marginalised groups: 1) widows living with HIV and children caring for them; and 2) orphaned young people heading households and caring for their siblings without a co-resident adult.

The paper investigates the following research questions:

- To what extent are conventional norms of asset inheritance changing in communities severely affected by the HIV and AIDS epidemic in Tanzania and Uganda?
- How do hierarchies of gender and generation and processes of stigmatisation affect inheritance practices and the intergenerational transmission of poverty for women with HIV, children caring for them and siblings heading households?
- Which factors help women with HIV, children caring for them and siblings heading households to safeguard asset inheritance and avoid chronic poverty?

This paper is based on the analysis of two qualitative studies conducted in rural and urban areas of Tanzania and Uganda. In-depth interviews were conducted with a total of 85 participants comprising women living with HIV (the majority of whom were widows); children caring for them; orphaned young people heading households without a co-resident adult relative; and non-governmental organisation (NGO) support workers. In the second study, participatory feedback workshops were held with 33 young people living in sibling-headed households and 39 NGO workers and community members in Mbeya and Kagera in Tanzania and Kampala in Uganda.

The research suggests that inheritance practices and familial responsibilities are changing in communities most affected by HIV and AIDS. This has resulted in a fracturing of the intergenerational contract for some families, since young people take on caring responsibilities and gain access to land and property at a younger age than usual. Physical assets (land and property) are key determining factors in the formation and viability of sibling-headed households in Tanzania and Uganda. These appear to be more common in rural areas owing to greater access to agricultural land and lower costs of living. However, young people heading households face a number of difficulties in achieving food security and



sustainable livelihoods in rural areas, including lack of investment capital; inadequate labour resources; time poverty when combining subsistence agriculture with schooling; lack of transport; ill-health; and climatic shocks. When young people inherit property in urban areas, they face difficulties securing a rental income from tenants and safeguarding it from relatives.

Many widows living with HIV and their children have few, if any, physical assets, and they often experience chronic poverty and insecurity, exacerbated by stigmatisation and harassment by landlords, relatives, neighbours and peers. Parental HIV-related illness, combined with poverty and young people's care work, can contribute to poor educational outcomes. This is likely to constrain young people's livelihood options, limit lifelong earning and increase the intergenerational transmission of poverty.

The research suggests that younger widows and their children, orphaned young women heading households and grandmothers and orphaned children living in skipped generation households are particularly vulnerable to property grabbing, loss of usufruct land rights, misappropriation of financial and other assets, chronic poverty and physical insecurity. Their vulnerability is related to stigmatisation and the exploitation of their weak socioeconomic position in gender and generational hierarchies. Loss of access to land in rural areas can lead to hunger and food insecurity, poor health and nutritional status and loss of livelihood and of a future stream of benefits. Multiple experiences of stigma and discrimination reproduce existing gender and generational inequalities and impact on women's and children's health and emotional well-being. This could limit investments in children's education and care and perpetuate conditions of chronic poverty for younger generations.

Despite the difficulties they face, several sibling-headed households and some households headed by widows living with HIV manage to safeguard and enhance their assets, develop diverse livelihood strategies and build their social capital, which has helped them to avoid chronic poverty. In Tanzania in particular, participants are often supported by NGO practices that build on families' strengths. These include legal support, advocacy and education on women's and children's inheritance rights; opportunities for young people to develop life skills and livelihood strategies; financial and material resources; practical, emotional and peer support; and community mobilisation.

This research calls for a holistic approach to understanding women's and young people's access to resources and their present and future security. A combination of structural, relational and individual factors influences their vulnerability and resilience to inheritance/disinheritance and chronic poverty. *Physical assets and material resources; human capital; health and emotional well-being; and social capital* are central components of the conceptual framework developed in this regard. These factors also need to be understood within the wider global and national institutional environment.



The research emphasises the agency of women and young people in developing social capital, in managing vulnerabilities and in taking measures to safeguard their assets. Key factors that reduce disinheritance and asset loss include:

- Social capital: developing supportive relations with extended family members, neighbours, community leaders and NGOs;
- Written evidence of bequests, property ownership and land titles;
- Awareness of gender and generational inequalities;
- Advocacy to safeguard women's and children's inheritance rights.

Efforts to prevent disinheritance should focus on legal support, advocacy and education; rights-based social protection measures; and opportunities for participation and collective mobilisation. These approaches have considerable potential to build women's and children's capacities to safeguard their inheritance, achieve sustainable livelihoods and avoid chronic poverty in the present as well as in the future.



1 Introduction

Few studies to date have explored the relationship between the inheritance (or non-inheritance) of physical assets and financial resources, the intergenerational transmission of poverty and HIV- and AIDS-related stigma. Widows living with HIV and their children and young people heading sibling households occupy a weak bargaining position in relation to safeguarding asset inheritance following the death of male heads of household. In this research study, young people heading households in Tanzania and Uganda identified the need to tackle 'property grabbing' and to safeguard their inheritance rights as key messages for policymakers and practitioners.

This paper seeks to investigate the relationship between asset inheritance practices and the intergenerational transmission of poverty for two particularly marginalised groups in Tanzania and Uganda: 1) women living with HIV (the majority of whom were widows) and the children caring for them; and 2) orphaned young people heading households and caring for their siblings without a co-resident adult relative. It focuses on the following key research questions:

- To what extent are conventional norms of asset inheritance changing in communities affected severely by the HIV and AIDS epidemic in Tanzania and Uganda?
- How do hierarchies of gender and generation and processes of stigmatisation affect inheritance practices and the intergenerational transmission of poverty for women with HIV, children caring for them and siblings heading households?
- Which factors help women with HIV, children caring for them and siblings heading households to safeguard asset inheritance and avoid chronic poverty?

We analyse qualitative datasets of semi-structured interviews and visual data gathered for two research studies with families affected by HIV and AIDS in Tanzania and Uganda. Following an overview of the literature and research methods, we first discuss the ways that inheritance practices appear to be changing in HIV- and AIDS-affected communities in Tanzania and Uganda. We then analyse how stigma, gender and generational inequalities constrain the capabilities of women and children to safeguard their assets. We identify the factors that enable some households to safeguard and enhance their assets and avoid chronic poverty, and develop a framework to conceptualise these processes. We conclude by highlighting the key findings and implications for policy and practice.



2 Asset inheritance and the intergenerational transmission of poverty in Sub-Saharan Africa

Assets provide financial, physical and emotional security for household members in the present and also in the future, through the transfer of resources and wealth from generation to generation. In Sub-Saharan Africa, assets have been conceptualised as comprising different forms of capital, including material resources, such as land, livestock and property, as well as human, financial, socio-political and environmental capital (Soto Bermant, 2008). A key defining feature of 'chronic poverty' is its extended duration, and people who experience 'significant deprivations for a period of five years or more' are more likely to remain poor for much of their lifecourse and pass on their poverty to subsequent generations (Hulme and Shepherd, 2003: 405). Positive transfers of resources appear to break poverty cycles and interrupt this 'intergenerational transmission of poverty' (Soto Bermant, 2008).

In much of Sub-Saharan Africa, longstanding customary laws underpin social relations at the clan, community and household levels and explicitly privilege men and exclude women from asset ownership and inheritance (Bird and Espey, 2010).¹ In the study areas in Tanzania and Uganda,² most ethnic groups follow patrilineal systems, in which women are regarded as belonging to their husband's relatives (following payment of bride wealth). Married women retain ties with their natal family, however, to which they may return in the event of divorce, separation or widowhood (Omari and Mbilinyi, 1997; Seeley, 2008). Prior to marriage, women 'belong' to their father's family. Rather than owning land, women thus gain usufruct rights to land through their father, husband, sons or clansmen (Strickland, 2004).

Gender discriminatory asset inheritance (or non-inheritance) practices following widowhood or divorce can have major impacts on the socioeconomic position and security of women and their children (Bird and Espey, 2010; Bruce and Lloyd, 1997). Traditional inheritance practices mean land and property are usually divided among male heirs, who are also regarded as responsible for the maintenance of widows and children belonging to the family (Armstrong *et al.*, 1995). In the context of limited land and competition for resources, the rights of widows and their children to remain on family property and within the family group often conflicts with the interests of other family members (*ibid.*).

¹ Customary law refers to the 'unwritten social rules and structures of a community derived from shared values and based on tradition' (Kameri-Mbote, 2005: 11).

² Despite commonalities in patrilineal lineage systems in Tanzania and Uganda, the study locations differ in terms of economic and political context, socio-cultural practices, availability of external support and livelihood options in rural/urban areas. Section 3 discusses the selection of research locations.



Indeed, evidence suggests that, in many Sub-Saharan African countries, women are increasingly finding themselves forced from their home and stripped of their assets (Benschop, 2004; Deere and Doss, 2006; Izumi, 2007; Strickland, 2004; Walsh, 2005). In Peterman's (2010) analysis of Demographic and Health Survey data, fewer than half of widows in 15 Sub-Saharan African countries reported inheriting any assets, and fewer again reported inheriting the majority of assets. In Tanzania and Uganda, 47 percent and 49 percent of widows, respectively, reported that their spouse's children or family inherited the majority of assets (*ibid*).

While a growing literature reveals gender inequalities in asset inheritance, few studies explicitly address children's inheritance rights and the difficulties they may face in safeguarding assets. However, the social status and value accorded to mothers in many African societies has a considerable impact on the socioeconomic position of children within the household (Evans, 2004). According to constructions of childhood in many patrilineal societies in Eastern and Southern Africa, customary, religious and statutory law vests rights over children in men. In the event of divorce, separation or a husband's death, the father or his clan members therefore retain custody of children (Omari and Mbilinyi, 1997). Children traditionally were regarded as a key resource linking generations and kinship groups, rather than as the exclusive property or responsibility of their biological parents (Armstrong *et al.*, 1995; UNICEF, 1999). While in the past such constructions of childhood protected children, wider societal changes, such as the individualisation of familial responsibilities, have resulted in an increase in the significance of the role of biological parents and 'a loss of safeguards' for children (Armstrong *et al.*, 1995: 366). Furthermore, children's low status in generational hierarchies means they are rarely involved in decision-making processes about the use of family assets and inheritance (*ibid*; Rose, 2007).

Indeed, intergenerational relations and children's inheritance of assets can be theorised as based on an implicit 'generational bargain' (Collard, 2000). Collard (2000) argues that the most economically active 'middle generation' makes transfers to the young with the expectation that they will receive care and support in old age, at the same time as fulfilling their obligations to support their elderly parents. The intergenerational bargain relies on each generation making 'such transfers as are consistent with each cohort having a good life-prospect', which can break down if the middle generation is unable to make the necessary transfer of resources to the young and old (*ibid*: 456). The limited evidence available about socio-cultural expectations to provide for younger and older family members suggests that these ideas about an intergenerational bargain are applicable in Sub-Saharan Africa (Evans and Thomas, 2009; Van Blerk and Ansell, 2007; Zimmer and Dayton, 2005). Decisions about the intergenerational transfer of assets and resources thus need to be understood within a complex set of 'preferences', socio-cultural values and relations, including family, kin, household structure, inter-household relations, social norms and practices and social



connectedness (Harper *et al.*, 2003; Quisumbing, 2007). Furthermore, a broader context of very limited welfare systems and neoliberal economic restructuring in many Sub-Saharan African countries has reinforced intergenerational obligations to provide care, which has resulted in public health spending reductions, user fees and policies that emphasise home-based care (Evans, 2010b; Ogden *et al.*, 2006; Sparr, 1994).

2.1 Chronic poverty, care and inheritance in HIV- and AIDS-affected households

Three decades of the HIV and AIDS epidemic have led to changing patterns of care and inheritance in Eastern and Southern Africa (Drimie, 2003; Nyambedha *et al.*, 2003; Oleke *et al.*, 2005). Since the disease was first recognised in the early 1980s, the study locations have been affected severely by the HIV and AIDS epidemic, although adult HIV prevalence rates are now declining. In 2009, 6.5 percent of adults (aged 15 to 49) in Uganda and 5.6 percent in Tanzania were living with HIV (UNAIDS, 2010). Parental chronic illness and the compromised ability of middle generation adults to provide an income to support the household play a major role in the downwards spiral towards chronic poverty for families affected by HIV (Hulme and Shepherd, 2003). As the health of parents with HIV deteriorates, households struggle to pay increased health care costs. Household members have to deal with simultaneously reduced productivity and the loss of income of parents and other relatives who are ill or involved in care giving (Evans and Becker, 2009).

An estimated 1.3 million children (aged 0 to 17 years) in Tanzania had lost one or both parents to AIDS in 2009; in Uganda, the figure was 1.2 million (UNAIDS, 2010). This represents 6 percent of children under 18 in Tanzania and 7 percent of those in Uganda (UNICEF, 2009). Indeed, the loss of the parental middle generation has led to the emergence of new household forms, such as 'skipped generation households' (comprising only older people and children: Samuels and Wells, 2009) and 'child- and youth-headed households'/'sibling-headed households' (where siblings live independently without a co-resident adult relative) (Evans, 2005; 2010a; Foster *et al.*, 1997).

While children living in child-headed households represent a minority of the total number of orphaned children, commentators suggest that the phenomenon is becoming increasingly widespread, as numbers of orphans continue to rise in countries like Tanzania and Uganda affected by the 'long-wave impacts' of the epidemic (Bicego *et al.*, 2003; Foster and Williamson, 2000).³ Furthermore, 41 percent of older adults (aged 60 or over) in Sub-

³ In Tanzania, an estimated 12 percent of the 1.1 million children considered 'most vulnerable' lived in child-headed households in 2007 (MHSW, 2006). The Uganda National Household Survey 2005/06 suggests that 0.3 percent of all households in Uganda are headed by a child aged under 18 years and 12 percent by a young 12



Saharan Africa live with a grandchild under the age of 15 years (Zimmer and Dayton, 2005). Of these older adults, almost 14 percent live with one or more grandchildren without any co-resident adult children. The majority of these skipped generation households are headed by grandmothers living with young children in rural areas (ibid). Meanwhile, the number is expected to increase in the future as a result of the continuing impacts of AIDS-related orphanhood and climatic and other shocks (Samuels and Wells, 2009).

Caring for a sick family member is usually gendered as part of women's and girls' 'natural' role as carer and nurturer (Evans and Thomas, 2009; Robson, 2004). Research from Eastern and Southern Africa, however, suggests that both girls and boys are involved in providing care for a parent with HIV when female adult relatives are not available (Evans and Becker, 2009; Save the Children, 2010; Skovdal *et al.*, 2009). Children may thus be called on to fulfil familial responsibilities as part of the intergenerational contract at a much younger age than would usually be expected (Evans and Becker, 2009). This can have negative impacts on children's education, family relationships, health and emotional well-being, social lives and participation in the community (ibid; Bray 2009; Robson *et al.*, 2006). Education in particular is regarded as a key factor in building human capital and empowering young people, particularly girls, to understand their rights and entitlements as a means of halting the intergenerational transmission of poverty (CPRC, 2010; Harper *et al.*, 2003; Kabeer, 2000). Reduced access to education therefore means children may not receive investment in their education and welfare, limiting their human capital and their lifelong earning capacity.

Loss of the breadwinning capacity of mothers with HIV and care work demands on household labour increase the vulnerability of HIV-affected households to chronic poverty. Drimie (2003) suggests that HIV-affected households in Kenya, Lesotho and South Africa generally have less access to agricultural labour and less capital to invest in their land, and are less productive than non-AIDS-affected households. This is because women and children, who are primarily responsible for food production, are needed to care for sick family members. Women's and children's care work thus directly contributes to food shortages and greater vulnerability to the loss of usufruct land rights.

person aged 18 to 25 years (UBOS, 2006). A higher proportion of girls head child-headed households, whereas a higher proportion of young men aged 18 to 25 head youth-headed households in Uganda (ibid). These figures should be treated with caution, however, since they are likely to underestimate the *de facto* numbers of child- and youth-headed households, which are often hidden in survey reporting.



Indeed, the HIV and AIDS epidemic has exacerbated existing gender and generational inequalities in terms of access to land, property and other assets (Drimie, 2003; Seeley, 2008). Seeley (2008) argues that the transfer of assets such as property and knowledge from adults to children has been 'interrupted' because of the large number of 'prime-age' deaths as a result of HIV and AIDS. A lack of resource transfers from the most economically active middle generation to the young and old can be seen as causing the generational bargain to 'fracture'. This increases children's and older people's vulnerability to chronic poverty and asset loss and may intensify their involvement in paid and unpaid work (Collard, 2000; Van Blerk and Ansell, 2007).

The land rights of women with HIV and orphaned children are further undermined by wider institutional and legal discrimination, such as that embedded in land acts and community regulations about land use (Drimie, 2003; Rose, 2007). Progress has been made in relation to legal reforms to prohibit discrimination and address women's property and inheritance rights following the death of a husband in several African countries (including Tanzania and Uganda) in recent years (Cooper, 2010a). In Tanzania, women are granted the same rights as men in the Constitution and in the 1999 Land Acts (Odgaard, 2002). Peterman (forthcoming) finds significant increases in women's property inheritance in Kagera, northwest Tanzania, between the early 1990s and 2004. However, women in Tanzania continue to experience significant barriers to being allocated land and to buying it in their own right through formal land acquisition processes, because such rights are often considered in light of a woman's marital status and made conditional on the consent of her husband (Odgaard, 2002). The costs and bureaucracy involved represent additional barriers.

Indeed, research evidence from other Sub-Saharan African countries reveals that the introduction of privatised land ownership systems has in some instances hindered rather than facilitated women's access to land (Peterman, 2010; Tripp, 2001; Whitehead and Tsikata, 2003). In many countries, a lack of legal documents with the woman's name listed as co-owner of the land may result in the denial of their entitlement to the land (Drimie, 2003). Where children are all girls, or are too young to inherit directly, the husband's father or brother often assumes ownership of the land, in accordance with patrilineal inheritance practices. Widows and children thus often depend on the goodwill of the husband's/father's family for their continued access to the land (ibid). Furthermore, if land is unused and/or underused, relatives or neighbours may take it over, or when local authorities are informed of the underuse of land, they may assign it to others (Drimie, 2003; Odgaard, 2002; Rose, 2007). Since households headed by women living with HIV, grandparents and orphaned young people struggle to access land and to secure sufficient agricultural labour, they are at risk of losing access to a vital asset on which they rely for food security (Rose, 2007; Samuels and Wells, 2009) and a future stream of benefits.



2.2 HIV- and AIDS-related stigma and property grabbing

Research has identified common causes, forms and consequences of HIV- and AIDS-related stigma across many different socio-cultural contexts (Muyinda *et al.*, 1997; Ogden and Nyblade, 2005). Although Goffman's (1963) classic work on stigma has been very influential,⁴ Parker and Aggleton (2007: 450) argue that stigmatisation and discrimination need to be understood not just as affecting individuals, but rather as 'social processes inherently linked to the production and reproduction of structural inequalities'.

In many African societies, as elsewhere globally, HIV- and AIDS-related illness is seen as a 'disease of shame' (Muyinda *et al.*, 1997), resulting in discrimination and ostracism for people living with HIV and their families. In rural Uganda, the stigma surrounding AIDS may have a major impact on the allocation of resources in the home and inheritance practices following the death of the household head (*ibid.*). A woman living with HIV and/or whose husband has died of AIDS is often seen as a 'vector' of the disease owing to assumptions that she engages in promiscuous sexual relationships. This may lead to blame and shame for infecting her husband and potentially also her children, despite the fact that the promiscuity of men is accepted and often highly encouraged (*ibid.*).

Research from several African countries reveals that women living with HIV may experience multiple forms of stigma and discrimination within the family and community (Evans and Becker, 2009; Kohi *et al.*, 2006). Although property grabbing may affect all widows, regardless of the cause of their husband's death, some researchers suggest that a woman living with HIV whose husband has died of AIDS-related illness may be more likely to experience property grabbing and asset stripping than other widows, and this often leads to impoverishment (Mendenhall *et al.*, 2007; Walsh, 2005). A woman living with HIV is likely to be blamed for the death of her husband because of relatives' assumptions that she 'brought' the disease into the family and/or used witchcraft against her husband and their children (Evans and Becker, 2009; Ogden and Nyblade, 2005).⁵ Relatives may use such beliefs to justify the denial of a widow's inheritance rights, dispossessing a woman of her late husband's assets without any regard for her and her children's needs.

⁴ Goffman (1963) defines stigma as a 'discrediting attribute' and distinguishes between 'felt' or perceived stigma and 'enacted' stigma, that is, direct experiences of discrimination.

⁵ Liddell *et al.* (2005) argue that many characteristics of AIDS make witchcraft and sorcery an especially likely attribution for the disease within Sub-Saharan African societies, including the means of transmission through reproductive fluids, the fact that it is a cause of premature death and its spread to the levels of an epidemic. Indigenous understandings of the cause of sexually transmitted diseases are readily able to accommodate biomedical views of the causation of HIV and AIDS. Furthermore, AIDS emerged in the 1980s at a time of considerable social, economic and political changes in many Sub-Saharan African countries.



Recent research reveals that 'courtesy' stigma (stigma by association) often affects carers, including children caring for relatives with HIV, just as much as it does people living with HIV themselves (Evans and Becker, 2009; Mwinituo and Mill, 2006; Thomas, 2006). Orphaned children and elderly relatives living in sibling-headed and skipped generation households, where parents have died of AIDS-related illness, may also experience stigmatisation, exploitation and asset loss (Evans, forthcoming; Thurman *et al.*, 2008).

Several studies of orphans and children with caring responsibilities suggest that their inheritance rights may be denied following parents' death (Clacherty, 2008; Evans, 2005; 2010a; Save the Children, 2010). Although few studies focus explicitly on these issues, the stigma surrounding AIDS and children's weak socioeconomic position in the community are identified as factors contributing to children's difficulties in safeguarding their deceased parents' land and property (Evans, 2005; 2010a). Rose (2007) and Drimie (2003) suggest that the loss of children's inheritance rights occurs when relatives confiscate their deceased parents' land, either for their own use or to transact with someone else. While relatives may claim to be using the land or the money gained from transacting the land to benefit the children, evidence suggests that many relatives develop the land and refuse to relinquish it to the children when they reach the age of majority. Similarly, when relatives transact land, the money is used for their own benefit rather than for the orphaned children, and the land is alienated permanently (Rose, 2007).

Property grabbing and asset stripping of widows and their children and orphaned young people affected by AIDS can thus be regarded as a form of 'enacted stigma' that is particularly detrimental to their livelihoods and lifelong earning capacities. However, research evidence on the relationship between HIV and AIDS and disinheritance is very limited to date. As Cooper (2010a: 13) notes, 'while many policy analysts are concerned about the inter-related risks of property disinheritance and HIV/AIDS, how the two affect each other is not yet well understood'.

Despite these negative impacts of HIV and AIDS on households, men, women and children in rural and urban environments are social actors who constantly adapt to their circumstances, manage vulnerabilities and often diversify their livelihood strategies in order to break the cycle of poverty (Chambers, 1997; Seeley, 2008; Yaqub, 2003). Commentators have called for a greater understanding of the factors that mediate poverty outcomes and prevent its intergenerational transmission (Boyden, 2007; Shepherd, 2007). This paper explores the factors influencing inheritance and the intergenerational transmission of poverty at the individual, family and community levels across a diverse range of rural and urban locations in Tanzania and Uganda. It reveals the ways in which families that are particularly marginalised (women with HIV and children caring for them and orphaned young people heading households) seek to safeguard their inheritance in order to avoid chronic poverty.



3 Research methodology and analysis

This paper analyses the findings of two qualitative research studies that investigated the experiences and priorities of young people with caring responsibilities in families affected by HIV and AIDS in Tanzania and Uganda.⁶ Both studies sought to understand the perspectives of young people with caring responsibilities and those they cared for (adult relatives with HIV or younger siblings), in addition to those of non-governmental organisation (NGO) workers and community members.

Despite the focus on young people's caring responsibilities, stigmatisation and inheritance rights emerged as significant themes in both studies. As such, this paper reanalyses the qualitative datasets in order to investigate the relationship between inheritance practices and the intergenerational transmission of poverty for families affected by HIV and AIDS that participated in the studies. Since investigating inheritance practices was among the original research aims, and there were no questions specifically about this, data on this theme are partial. However, semi-structured interviews with participants enabled us to build up a holistic understanding of different aspects of their lives, including their livelihood strategies, access to assets and resources, family relations, social networks, significant events, biographical disruptions and experiences of stigma and discrimination. The use of an analysis template (see below and Table 1) focused our analysis on women's and young people's access to assets, inheritance and stigma.

Owing to the hidden nature of young people's care work, purposive sampling techniques were used to recruit participants through NGOs supporting HIV- and AIDS-affected families. This may have resulted in an atypical sample of particularly vulnerable families currently or recently accessing services and support from community-based NGOs.⁷ However, the difficulties in gaining access to young people with caring roles, who tend to be highly marginalised, made this approach necessary. In practice, some children and mothers had received no or very little support from the organisations that had referred them. Thus, the sample reflects a diverse range of experiences of accessing NGO services and support.

⁶ The first study was led by Ruth Evans and Saul Becker, University of Nottingham, and funded by the UK Economic and Social Research Council (2006–07), grant number RES-000-22-1732-A. See Evans and Becker (2009) for more information. The second study was led by Ruth Evans (2008–10) and funded by the Royal Geographical Society with the Institute of British Geographers and the School of Human and Environmental Sciences, University of Reading. See Evans (2010a) for more information.

⁷ In Tanzania, an estimated 4 to 6 percent of orphans and vulnerable children receive external support (MHSW, 2006); in Uganda, the figure is just under 11 percent (UBOS and Macro International Inc., 2006). This is consistent with the overall estimate that only a minority (10 percent) of orphaned and vulnerable children who are in need of support are able to access external support in Sub-Saharan African countries (UNICEF, 2006).



In addition, a key objective of both studies was to investigate NGO approaches to supporting families affected by HIV. A range of different NGOs working in rural and urban areas (including national faith-based organisations, local home-based care organisations, orphan-focused organisations and organisations led by women living with HIV) were therefore selected to participate. Support workers identified parents/relatives living with HIV, children caring for them and young people heading households as potential participants and gave them information leaflets about the studies in the appropriate language. Participants were selected only where HIV/AIDS had been recognised either medically or by organisations working with family members. Verification that participants fulfilled the selection criteria regarding their HIV status/caring responsibilities was obtained when negotiating consent to participate in the study.

The first study, in Tanzania, conducted semi-structured interviews with 20 mothers/female relatives living with HIV and one guardian; 22 children and young people (aged 11 to 24) who cared for or used to care for a parent/relative with HIV; and 13 NGO workers supporting them from 7 NGOs. Both the caregiver and care receiver within households were recruited wherever possible. 'Life story books' and photographic diaries were also used to gain further insights into young people's caring responsibilities. Participants were recruited from four regions of Tanzania: Arusha and Kilimanjaro (rural) and Dar es Salaam, Mererani (Manyara region) and Moshi (Kilimanjaro region) (urban). These regions were selected because of their high rates of HIV prevalence and orphanhood. Adult HIV prevalence is 11 percent in Dar es Salaam, 7 percent in Kilimanjaro, 5 percent in Arusha and 2 percent in Manyara (although prevalence rates are considered to be much higher in Mererani mining town, where the research was conducted) (TACAIDS *et al.*, 2005). Three regions had some of the highest rates of orphanhood (especially paternal orphanhood) in Tanzania: 14 percent of children aged under 18 were estimated to have lost one or both parents in Kilimanjaro; 13 percent in Dar es Salaam; 12 percent in Arusha; and 6 percent in Manyara (*ibid*).

In the second study, a small purposive sample of young people who cared for their siblings without a co-resident adult were identified through NGOs working in rural and urban areas in Tanzania (Nshamba (Kagera region), Dar es Salaam and Mbeya) and Uganda (Kampala and Mpigi, Mukono, Wakiso and Luwero districts (Central region)). These regions were selected because of very high levels of orphanhood and differences in NGO approaches to supporting orphans and vulnerable children. Mbeya region has the highest rate of orphanhood in Tanzania (17 percent of children estimated to be orphans); Dar es Salaam has 13 percent and Kagera 11 percent (TACAIDS *et al.*, 2005). In Uganda in 2005, the highest percentage of orphaned children lived in Central region (18 percent of children had lost one or both parents), and 15 percent of children were estimated to be orphans in Kampala (UBOS, 2006).



The first phase of this second study conducted semi-structured interviews with 13 young people (9 girls, 5 boys, aged 12 to 23) from 11 sibling-headed households; 1 grandmother and 1 young woman caring for her in a skipped generation household; and 15 project workers from 5 organisations. Focus groups were held with a further 15 young people and 5 community leaders and NGO staff in Tanzania. Following data analysis, the second phase entailed participatory workshops in the three main research locations of Kampala, Mbeya and Nshamba, with 33 young people (15 siblings heading households and 18 of their younger siblings) and 39 NGO workers and community members. The workshops with young people used participatory diagramming (Kesby, 2000) and focus groups to verify initial findings and involved participants in identifying priorities through the coproduction of creative research outputs (art posters and video-recorded drama and music performances).

In both studies, all interviews and focus groups in Tanzania were conducted in Kiswahili by Ruth Evans and transcribed and translated into English with research assistance. In Uganda, interviews were conducted in English with interpretation to/from Luganda provided by NGO workers, although some young people spoke English. Informed consent, confidentiality and the safety and security of the participants and researcher in the collection and storage of the data and dissemination of the findings were of paramount importance throughout. Individuals' accounts and, where appropriate, NGOs and research locations have been anonymised to protect participants' identities. In both studies, all participants received a summary report of the findings in Kiswahili, Luganda or English and expense payments to compensate them for their time and contribution to the research process. While these qualitative samples cannot be seen as representative, they provide in-depth insights into a diverse range of experiences of asset inheritance, chronic poverty and stigmatisation in the context of communities severely affected by HIV and AIDS in East Africa.

An analysis template was developed based loosely on Bolt and Bird's (2003) Vulnerability and Capacity Analysis Tool and on our reading of the literature (Table 1). This template was used to thematically code interview transcripts and write an analytical summary for each case study household from the two datasets. Visual and audio-visual data and interviews conducted with NGO workers were also analysed thematically. The different methods and focus of the studies inevitably generated different types of data. However, reanalysis of the two datasets using the analysis template facilitated reading across the data.



Table 1: Asset inheritance analysis template for each case study household

Current household composition	Physical assets and material resources	Human capital and resources, e.g. education, livelihood strategies, support within household	Social capital, e.g. ties with relatives, support within the community	Physical and emotional well-being and priorities for future
Significant events and changes in household composition				
E.g. death of father				
Mother's illness				
Move to live with grandparents, etc.				
Assets/ stigma/ intergenerational transmission of poverty quotes				

A total of 35 case study households from the two studies were analysed. The sample comprises a diversity of household structures, types of access to land/property and living arrangements, as Tables 2 and 3 show. The majority of households interviewed across the studies were located in rural areas (21 of total of 35 households).

In the first study, in Tanzania (13 out of 23 households), the majority of women living with HIV were mothers being cared for by their children in one-parent households (Table 2). Several mothers with HIV were living with their children in extended family households (5), and a small number of young people (3) who had cared for their mother lived with grandparents, with a neighbour or in a youth-headed household following the parent's death. The majority of the women with HIV (16 of the 20 women) had been widowed or had lost at least one male partner to AIDS-related illness.

In the second study, in Tanzania and Uganda, all of the young people interviewed had been orphaned by AIDS and lived in child- or youth-headed households, except for one skipped generation household (Table 3). Despite differences in socio-cultural norms, in access to external support and in the broader socio-political context, sibling-headed households in Tanzania and Uganda shared common experiences which contrasted with the situation of children caring for their mother/adult relative with HIV in Tanzania. Women's and young people's experiences from the two studies have therefore been analysed primarily according to household structure and caring relations within families across a diverse range of locations. Differences in experiences between young people heading households in Tanzania and those in Uganda are identified where relevant.



Table 2: Characteristics of case study households in Tanzania in Study 1

Household structure	No. of households	Access to land/property	Rural/ urban
One-parent households			
Mother living with HIV and her children (and sometimes orphaned nieces and nephews)	13	Own house: 2	Urban
		Own house and farm: 4	Rural
		Rental housing: 7	Urban
Extended family households			
Mother with HIV and her children living with one or both her parents	3	Relative's house and farm: 2	Rural
		Rental housing: 1	Urban
Mother with HIV and her children living with her adult siblings	1	Relative's house: 1	Urban
Mother with HIV and her children living with father-in-law	1	Relative's house and farm: 1	Rural
Grandmother with HIV living with daughter and grandchildren	1	Own house and farm: 1	Rural
Aunt with HIV cared for by niece	1	Rental housing: 1	Rural
Skipped generation household			
Orphaned siblings living with grandparent(s) and orphaned cousins	1	Own house and farm: 1	Rural
Foster household			
Orphaned children living with neighbour and her children	1	Foster guardian's house and farm	Rural
Youth-headed household			
Orphaned siblings (under 25) living without a co-resident adult relative	1	Own house and farm: 1	Rural
Total no. of households:	23		



Table 3: Characteristics of case study households in Tanzania and Uganda in Study 2

Household structure	No. of households	Access to land/property	Rural/ urban
Child- and youth-headed households			
Orphaned siblings (under 25) living without a co-resident adult relative	10	Tanzania:	
		Own house and rental property: 1	Urban
		Own house and farm: 4	Rural
		Uganda:	
		Own house and farm: 2	Rural
		Own house and rental property: 2	Urban
		Live in rental housing 1	Rural
Orphaned young woman (aged 16) living alone (used to care for younger siblings)	1	Uganda:	
		Own house and farm: 1	Rural
Skipped generation household			
Orphaned siblings living with grandparent(s) and orphaned cousins	1	Uganda:	
		Own house and farm: 1	Rural
Total no. of households	12		

The following sections discuss the empirical findings in relation to the research questions, focusing first on the extent to which inheritance practices are changing in communities affected by HIV and AIDS.



4 Changing inheritance practices in communities affected by HIV and AIDS

Many NGO workers thought conventional patterns of care and inheritance practices had changed significantly in recent years in the research locations owing to the long-term impacts of HIV and AIDS on families and communities. Traditionally, within patrilineal societies, orphaned children would be divided between different paternal relatives following their father's death (Omari and Mbilinyi, 1997). But paternal relatives appear increasingly unable or unwilling to fulfil these kinship responsibilities, owing to poverty and to the high numbers of orphaned children the HIV and AIDS epidemic is generating. This has resulted in maternal relatives, particularly grandmothers, playing an important role in supporting widows and orphaned children. This echoes the findings of previous studies (Nyambedha *et al.*, 2003; Oleke *et al.*, 2005).

Project workers felt that relatives' fear of accepting responsibility to care for orphaned children was leading to harsh, unkind attitudes towards children and the exploitation of their weak bargaining position in terms of securing asset inheritance. Parents' decision to invest in their children's education is often motivated by an intergenerational contract based on the premise that children will provide them with care and support during illness and old age (Kabeer, 2000). Relations with orphaned children are more tenuous. In a wider context of poverty and a scarcity of resources available for relatives to invest in their own (biological) children, investments in the care and education of orphaned children could be regarded as a much riskier strategy. If relatives meet orphaned children's educational and other expenses, there is no guarantee they will receive returns on their sacrifices in the longer term. Such changing understandings of childhood and the responsibilities of extended family members seem to be linked to wider processes of individualisation, urbanisation and the geographical separation of extended families in Eastern and Southern Africa (Armstrong *et al.*, 1995).

Project workers in Uganda suggested that funeral practices were changing because of the enormity of the HIV and AIDS epidemic. They explained that most people did not usually make a written will but rather bequeathed their property verbally to family members. As Wood *et al.* (2006) note, preparing for death goes against the cultural norms of many African societies, and writing a will is often considered to risk bringing misfortune and premature death. However, verbal wills cause difficulties for widows and orphaned children, as family members and neighbours who claim they have been told different information about the inheritance could exploit their vulnerable position. NGO staff commented that few relatives or local leaders now support the bereaved family with planning for the future care of the children as they used to. Family elders are not as respected as in the past, and this is linked to conflicting worldviews between the generations and the changing value accorded to



children's education over time. Furthermore, project workers in Uganda suggested that relatives were increasingly motivated to look after orphaned children only if this enabled them to gain access to inherited assets or NGO assistance.

Young people, community members and NGO staff regarded sibling-headed households as an increasingly common phenomenon, one emerging in recent years as a result of the severity of the HIV and AIDS epidemic in Tanzania and Uganda. Young people's experiences suggest that the physical assets (especially land and property) that they inherit from their parents are crucial in the formation and viability of sibling-headed households. According to conventional inheritance practices, (paternal) relatives would usually keep children's land and other inherited property in trust until they reached the age of majority. However, children's negative experiences of foster care, fear of losing access to their late parents' assets and the availability of NGO support have resulted in some young people (especially older children) securing control of their land.

Three of the young people heading households in Tanzania saw their transition to caring for their siblings as a shared decision to stay together and safeguard their inherited land. As Rickson's story shows (Box 1), young people's decisions are sometimes motivated by a fear of relatives and/or neighbours appropriating their land if they move away to live with foster relatives, as well as concerns about fitting into new routines and being mistreated within foster households. Indeed, one sibling-headed household was formed following young people's negative experiences of harassment and mistreatment within their aunt's household. Johanes (aged 17) and his four younger siblings lived with their aunt and uncle following their parents' death, but found they were treated differently from their aunt's biological children. The cash transfers they received from an NGO were also misappropriated by their aunt and not used for their benefit. Johanes and his siblings decided it was better to move back to their deceased parents' house. They sought support from NGO workers and their peers to rebuild their inherited home and cultivate their farm.



Box 1: Rickson caring for his siblings and heading the household in Tanzania⁸

Rickson (aged 19) cares for his younger sister (aged 13) and brother (aged 9) in the home they inherited from their parents in a village in Tanzania. Their farm is of 'average' size and they cultivate cassava, bananas, beans and maize for food consumption. They also grow coffee and can usually sell up to two sacks per year for around Tsh 20,000. The siblings receive a monthly cash transfer (Tsh 15,000) and health care from a local NGO, and also earn a small monthly allowance (Tsh 1,500 each) from a youth-led volunteer project to provide support to older people in the community. This external support enables all three siblings to continue their studies; Rickson is studying in Form 3 secondary school and his siblings are at primary school.

Rickson explained that the siblings became involved in the volunteer project following his father's death from AIDS-related illness in 2004. When their mother started to become ill, their grandmother came to live with them and cared for her until she died. Rickson sometimes missed school to help his grandmother care for his mother. He felt very worried about his mother's illness, which affected his concentration at school during this period. When their mother died in 2005, their aunt stayed with them for three weeks following their mother's burial and tried to persuade them to live with her. However, Rickson was worried about losing their property and belongings, and a neighbour advised him to stay and protect their assets. Rickson was also concerned about how they would be treated in their aunt's home. Their farm and food stores were a key influence on Rickson's decision to stay in the siblings' inherited home, as he explained:

'I started [looking after my siblings] because my father died, then our mother died. Therefore we were left alone. I had to think, should we go and start living with neighbours or friends? I got the courage to say that we will take care of ourselves. We have a farm, although we will not be able to meet all our needs, but it is better we live here alone than going to stay with someone else, because if we go to stay with someone we might suffer more. My sister could even get raped; you know staying with others is not the same as staying by yourselves. So I had to decide to look after them. Then, after our mother died, we had maize for cooking ugali [maize porridge]. We had maize, we had other food, so I was convinced we would be able to live and take care of ourselves. [...]

In those three weeks, [our aunt] was telling us to go and live at her house, "Why should you live alone?" I was convinced we should stay there. I said that I can't leave, I will stay here, to guard our things, our assets, because if I leave, things will be destroyed. So I said that I will stay here. So, after three weeks, my aunt left and we were left alone. We have stayed here until now.'

Physical assets such as land and property are thus crucial to the formation and viability of sibling-headed households. Following their parents' death, young people become able to look after their siblings by using their assets to generate an income, such as by renting property to tenants, selling surplus farm produce or rearing and selling livestock. For young people in rural areas, agricultural land is crucial for food security and as a source of income.

However, young people highlighted a range of difficulties facing them in maximising the productivity of their land: lack of money for agricultural inputs; lack of assistance in digging

⁸ \$1 was equivalent to roughly Tsh 1,150 when interviews were conducted in 2008.



the land; ill-health preventing them from working; distance to their land and lack of transport; and climatic shocks. Although poor farmers of all ages are likely to experience these difficulties in rural Tanzania and Uganda, young people heading households face particular pressures that increase the likelihood of chronic poverty. The lack of a co-resident adult who can earn a livelihood, the young age of siblings and the time pressures involved in combining work with school limit the household labour available to work on the farm. This has negative impacts on the food security and long-term sustainability of rural sibling-headed households.

As Luzze and Ssedyabule (2004) find, sibling-headed households appear to be more common in rural areas compared with in towns and cities, owing to the greater likelihood of being able to access agricultural land, the lower cost of living and the reduced need for a cash income in the village. Project workers in Uganda explained that, if children were living in rented accommodation in town when their parents died, they often decided to move back to the village, where their relatives allowed them to construct a house on their land. However, siblings may still have to look after themselves and live independently with little support from their relatives, despite their proximity.

In the focus group in Tanzania, young people thought that inherited financial resources helped reduce the pressures siblings experienced in combining work with their schooling. Some providers, however, thought that financial resources (either inherited or raised through the sale of land and property) could cause conflict among siblings and lead to the dispersal of the household. Although young people are less likely to head households in urban areas, inherited property enables siblings to stay together in town following parents' death. Sophia (aged 21) cared for her three younger siblings (aged 15 to 19) and young daughter (aged 5) in Dar es Salaam. She regarded the home they inherited from her mother as a key asset enabling the siblings to continue living together. Without this inherited asset, she felt they would have been forced to live on the street and become involved in crime, prostitution and drug use.



5 Stigma, gender and generational inequalities in inheritance practices

The previous discussion revealed the ways that conventional norms of asset inheritance and familial responsibilities are changing in rural and urban communities affected by HIV and AIDS in Tanzania and Uganda. These changes are linked in part to HIV- and AIDS-related stigma directed against orphaned children and women living with HIV. This section discusses how stigma intersects with gender and generational inequalities to constrain the capabilities of women and children to safeguard their assets. We focus first on the experiences of women living with HIV and their children and second on young people heading households.

5.1 Experiences of women living with HIV and their children

Most of the women with HIV interviewed in Tanzania occupy a vulnerable socioeconomic position owing to processes of stigmatisation and gender discrimination in inheritance practices. Customary norms that restrict widows' inheritance of their deceased husband's assets, and the fact that assets are often sold as the household economy declines during parents' chronic illness, mean that women own few, if any, physical assets. Over half (7 out of 13) of the one-parent households of mothers with HIV and their children live in poor quality rented housing, predominantly in urban areas (Table 2) and are characterised by a lack of assets and chronic poverty. A small number of extended family households (2) also live in rented accommodation and experience chronic poverty. Many of the mothers had lived in rented accommodation with their children before their partner's death, or separated from their partner and moved several times between rented rooms as they became ill and struggled to pay the rent.

Many mothers experienced a high level of insecurity and feared eviction, given their lack of regular income. They were concerned about how their children would cope without them in the future and wished they could leave a house for them to inherit, as Mary commented: *'I wish someone could build us a house, even a small one. When I die, I wouldn't worry because I would know my children were safe in their own house.'*

The chronic poverty that mothers with HIV and their children face is often directly related to stigmatisation and harassment from landlords, abandonment by their husband/male partner and relatives' refusal to provide care or support for the family. As Ogden and Nyblade (2005) note, women tend to be both stigmatised more heavily than men, because of the association of HIV with judgements about sexual morality, and blamed more often for 'bringing' HIV into a family or marriage. Some young people caring for a parent with HIV are also bullied and ostracised by their peers, leading to isolation and further marginalisation. Such experiences



reveal that children caring for relatives with HIV can be just as vulnerable to direct discrimination as people living with HIV.

Stigmatisation and harassment, combined with chronic poverty, could have significant impacts on the emotional and physical well-being of children with caring responsibilities. Anxiety about the life-limiting nature of their mother's illness, tiredness and lack of time for private study as a result of their caring responsibilities, as well as a lack of money for school fees and materials, often disrupt children's schooling. These factors mean that some young people are unable to continue their education, or contribute to failure in school leaving examinations. This severely affects children's educational outcomes and potential employment opportunities. Such experiences of chronic poverty in childhood may limit children's future life chances and perpetuate the conditions that their parents experienced, preventing them from escaping the poverty trap (Seeley, 2008).

Several women with HIV in Tanzania decided to move back to their natal family in order to reduce the chronic poverty they were experiencing and to gain access to material and care resources. When living alone with their children in town, mothers had few assets and faced financial pressures and the risk of eviction each month, as they became increasingly ill and unable to provide an income for the family. They also lacked other co-resident adults who could provide an income or care for them. In contrast, extended family households, particularly those in rural areas, can provide women and their children with access to crucial material resources, such as food and livelihood opportunities. In addition, adult family members can perform domestic chores and help to care for mothers when they are ill, which reduces the extent of children's domestic and care work. A move to the natal family can also potentially secure a place for children to stay and obtain care after their mother's death.

In practice, such extended family households are often characterised by a large number of other family members who also require care or will require care in the future, such as orphaned children from other relatives (the youngest of whom are often living with HIV), sick adult siblings and/or elderly grandparents. Without access to anti-retroviral treatment for HIV and a nutritional diet, extended family households with sick middle generation members (such as mothers with HIV) are likely to become skipped generation households and potentially sibling-headed households over time (when the older generation of grandparent(s) dies). In these circumstances, orphaned children may eventually gain access to inherited assets through maternal relatives. This challenges conventional inheritance practices in patrilineal societies (see Box 5 below). However, a study of children living with their grandmother in Tanzania suggests that children fear that aunts and uncles will take their grandmother's land and property following her death (Clacherty, 2008). Children's inheritance of grandparents' assets thus seems unlikely unless specific measures (such as a written will) have been put in place to bequeath assets directly to their grandchildren.



A mother's return to the natal family in the village is stigmatised in Tanzania, given customary norms of patrilocalism and assumptions about a woman's separation from a husband/male partner. The return of sick adults to the natal village is also associated with AIDS and the practice of 'coming home to die'. As Natasha, a mother living with HIV who had moved back to her parents' home with her four children, commented, *'It's very difficult here. If people know you are ill, they don't want to talk to you and don't even want to go past your house. It's not usual to return to your parent's home, but because I'm ill, I have to stay here.'* Her eldest daughter, Happy (aged 12), commented on the way the community blamed the family for bringing AIDS with them from the town: *'They say, "Why did you bring us this problem?" [...] I say, "Don't talk like that because I don't know who brought it."'* This illustrates how women living with HIV and their children are constructed as 'vectors' of the disease (Muyinda *et al.*, 1997) and stigmatised by notions of contamination, blame and shame.

Many of the women living with HIV experience high levels of enacted stigma, which affects their physical security and access to assets. Four households headed by women with HIV were stripped of their property and other assets by the extended family following their husband's death. This loss of assets is linked to the exploitation of existing gender inequalities in customary law inheritance practices that discriminate against widows and children. In all four cases, the late husband's relatives appropriated the property, financial assets and belongings, as the assets were regarded as belonging to his clan. Assets taken from women include their home, agricultural land, the husband's pension, business equipment, building materials and, in one instance, their children. Such a loss of assets, combined with increasing ill-health, could lead to chronic poverty for women with HIV and their children. For example, Agnes, living in a rural area in Tanzania with her five children (aged 6 to 15), was able to stay in the same house she had shared with her husband after his death. However, his relatives took away all the building materials that she and her husband had been accumulating in order to build a brick house on their plot of land:

'After his death, the in-laws took everything away from me. [...] I had some bricks to build a house, all got stolen. There were some other construction materials that were left by my late husband, like cement, corrugated iron steels, grills for the windows, all were taken by my in-laws. So I am destitute and can't construct the house.'

The misappropriation of Agnes' and her late husband's building materials means that building a better quality home for herself and her children is beyond her means. Agnes expressed her dissatisfaction with their current house, which is constructed from wood and mud and is leaking, exposing Agnes and her children (one of whom also is living with HIV) to the cold, rain and mosquitoes. The house is also insecure: Agnes reported that a mattress had recently been stolen. These problems with the home are detrimental to Agnes' and her children's health and make them vulnerable to further theft of their personal belongings.



5.2 Experiences of young people heading households

Almost all of the sibling-headed households interviewed inherited or have usufruct rights to their late parents' home and land which they can cultivate for food production. However, a third of the sibling-headed households (4 of the 12) have experienced a loss of some assets, such as financial resources or land, through appropriation by relatives. Loving and supportive family relationships can represent an important protective factor for children with caring responsibilities (Bray, 2009; Evans and Becker, 2009; Save the Children, 2010). However, the experiences of young people heading households suggest that, following their parents' death, some family members (particularly paternal aunts and uncles in patrilineal societies) exploit unequal adult-child power relations, deny orphaned children's rights to inherited land and financial assets and ostracise them.

Amina (aged 16) and Jamiru (aged 16), who care for their younger siblings in Uganda, have both inherited property adjacent to their home which is rented to tenants. However, their weak socioeconomic bargaining position as young people living alone without a co-resident adult makes it difficult for them to secure the rental income from tenants or to safeguard the income from their relatives. This echoes the findings of research with children heading households in Rwanda (Rose, 2007).

Godfrey's narrative of heading the household and caring for his three younger brothers in Uganda (Box 2) reveals how orphaned children's relationships with relatives can become increasingly fractured over time and result in a loss of access to land and marginalisation from sources of support.



Box 2: Godfrey and his brothers' fractured relations with their uncle in Uganda⁹

Godfrey (aged 17) lives with his three younger brothers (aged 8 to 14) in a rented room in a village in Uganda. Godfrey does casual agricultural labour for people, for which he usually earns Ush 3,000–5,000 depending on the area of land, but sometimes finds that people do not pay him. He has to raise Ush 12,000 for rent each month and struggles to pay this and earn enough to pay for food, his brothers' school materials and other necessities.

Godfrey's father died in 1988 and his mother started to become ill a few years later. When she became seriously ill in 2002, her sister came to take her to be cared for in her home a few miles away. Godfrey and his brothers continued to live in their parental house, which neighboured their uncle's house. As the eldest sibling, Godfrey became responsible for looking after his brothers, who were young at the time. Their mother expressed her wish that the brothers would look after each other: *'She used to talk to them, that my children, you have to be together, one time, I am going to separate from you, like your father has separated from us, but whenever I separate from you, never separate also, you have to be together, you have to grow together'*.

Godfrey found it difficult to continue at school, as there was 'no one to pay the school fees, coming back from school, the brothers were very hungry, [there was] no one to cook for them, they were young'. Their mother eventually died in 2006. They continued living in their parents' house until it collapsed and they moved in with their uncle. However, after a few months, he threw the brothers out and Godfrey had to find alternative accommodation. He started renting a room for himself and his brothers nearby and worked hard to pay the rent. Some months later, they moved to their current home, as the original room they rented was very cramped for all of them and the roof had leaked.

As a result of the conflict with their uncle, the brothers have lost access to the land that they used to cultivate food, and relations with their uncle have fractured: *'[their relationship with relatives] it's still the same, they don't want them, they don't love them, because they had somewhere, they had land where they used to dig their food, they told them to go away and they took that land'*.

Godfrey feels that looking after his younger brothers as a parent while he is still young is a heavy burden. Godfrey and his brothers experience ostracism from their relatives and are regarded with suspicion by neighbours, who had recently accused Godfrey of wrongdoing and reported him to the local leaders. Despite protesting his innocence, Godfrey was locked up and forced to pay a fine, which he is still paying off. These experiences have led to isolation and a strong sense of self-reliance among the brothers: *'[If he has a problem or is worried] he just keeps quiet, [they tell] no one, [...] they have decided to finish their problems here, with the brothers'*.

In addition to the risk of land grabbing and appropriation of financial assets by relatives, project workers suggested that neighbours sought to appropriate orphaned children's land by shifting plot boundaries. They highlighted the danger of orphaned children leaving the land uncultivated and of living with relatives away from their inherited property. Indeed, most support workers thought it was better to support orphaned children to continue living together in their inherited parental property rather than for siblings to live with foster relatives. They felt that siblings living together in their inherited home helped strengthen their emotional

⁹ \$1 was equivalent to roughly Ush 1,660 at the time of the interviews in 2008.



bonds and enabled them to look after their assets. They also thought that it increased the social inclusion of orphaned children in the community, since children are able to maintain supportive relationships with their deceased parents' friends, neighbours and kin.

Service providers in Uganda emphasised that orphaned children who had lost access to land and property were particularly disadvantaged in pursuing inheritance claims through the legal system when they came of age. They identified a number of barriers, such as bureaucracy, the informality of many land title agreements (especially the way that clan land is acquired), children's lack of involvement in family decision-making processes and their lack of information about, and access to, their parents' land title documents. Thus, institutional barriers and generational inequalities in inheritance practices make it very difficult for young people to regain property that relatives and neighbours took when they were minors. This confirms the findings of previous studies (Drimie, 2003; Rose, 2007).

Orphaned young people heading households do not appear to experience such intense HIV-related stigma as young people caring for relatives with HIV. However, many have had direct experiences of hurtful gossip and harassment from neighbours and community members. The stigmatisation they experience is linked to their status as orphans living in their own home without adult supervision, in poverty, and to assumptions that their parents died of AIDS. In some instances, community members also resent the fact that orphaned siblings are able to access NGO support and continue their education. This reflects previous research findings (Meintjes and Giese, 2006; Thurman *et al.*, 2008).

Several children living in sibling households are regularly insulted and frightened at night by neighbours throwing stones at their house, possibly trying to force them out of their home to seize their land. Some adults exploit orphans' low social status when negotiating payments for casual work, and sometimes refuse to pay them. As for young women caring for a parent with HIV, orphaned girls and young women said that they were often harassed and pressured to have sexual relationships with men in exchange for food or money. Young men living in sibling-headed households are viewed with suspicion and sometimes blamed for theft or, in Godfrey's case (Box 2), for having a sexual relationship with a married woman, resulting in a fine. Young people's 'in-between' position as 'not-yet-adults' taking on 'adult' roles in heading the household (Evans, forthcoming) means that young people are subject to community sanctions and receive the same punishment an adult would. Indeed, young people highlighted being wrongly accused of causing trouble or damage in the community and having to put up with the judgement as one of the worst aspects of living in child- and youth-headed households.

In the workshops, young people identified property grabbing and the harassment they experienced as key messages for community members, policymakers and practitioners.



They developed drama stories about orphaned children whose inheritance rights were denied. In the Kampala workshop, the drama showed neighbours claiming that the children's parents had sold their land to them before their death, forging a land deed agreement and trying to force the children to leave their inherited home. In the Mbeya workshop, the drama showed a paternal aunt, who was in debt and had lost her job, moving in with the children and planning to sell her deceased brother's house for her own financial gain. She used corporal punishment and verbal abuse to chase the children out of the house. The workshops highlighted the significance that young people attribute to being able to live together, securely and without harassment, in their inherited parental home.

5.3 Dual inequalities on the basis of gender and generation

Some HIV-affected households appear to be particularly vulnerable to the intergenerational transmission of poverty, owing to a combination of inequalities based on gender and generational relations. Gender discrimination in customary law inheritance practices means that brothers and sisters occupy differential positions in terms of land inheritance. Within patrilocal systems of marriage in patrilineal societies, young women usually move to live with their husband and gain only usufruct rights to land through their husband and children. As a result of such practices, households headed by girls and young women are regarded as being more vulnerable to property grabbing than those headed by young men, who have a greater claim to the inheritance. Gender discriminatory inheritance practices thus mean that even the youngest sibling, if he is a boy, will potentially have a greater claim to the land than the eldest sister who is heading the household (although no instances of such conflicts over assets between brothers and sisters were reported in this research).

Furthermore, young women heading households and living alone with their siblings experience physical insecurity and are particularly vulnerable to rape, sexual harassment and exploitation. This could lead to unwanted pregnancies and the risk of HIV and other sexually transmitted infections. Three young women heading households interviewed had become mothers since they started caring for their siblings, which had led to an increase in their care work. Since marriage continues to be regarded as a major marker of adulthood in Tanzania and Uganda, as in other African countries, young unmarried mothers are further stigmatised and marginalised within the community (Evans, forthcoming). According to customary law, children of unmarried mothers are not considered to be affiliated to their father's family, and hence fathers are unlikely to recognise their paternity or provide maintenance for their biological children (Armstrong *et al.*, 1995; Lockwood, 1997).

Harriet's story (Box 3) highlights how gender and generational inequalities intersect to heighten the vulnerability of young mothers heading sibling households. Harriet receives occasional material support from her aunt and is able to access some external support from



the community, including advice from volunteers and support from the local school, which enables her siblings to continue their education. Nevertheless, Harriet can be regarded as highly vulnerable to the intergenerational transmission of poverty, owing to a combination of factors. The household labour available to earn a livelihood is severely limited because of the large number of young children living in the household. Harriet's care work for her baby and siblings restricts the time she can spend working on the farm and earning an income. Harriet has not been able to study at secondary school because of poverty and her responsibility to care for her late mother. Her care work can thus be seen as contributing to low educational outcomes and limiting her future employment prospects. As a young unmarried mother living alone with her siblings and baby, Harriet is vulnerable to stigmatisation, sexual exploitation and further unwanted pregnancies. Her sense of isolation from her peers also appears to have negative impacts on her emotional well-being and aspirations for the future. The combination of limited physical and human capital within the household, weak social capital and poor health and emotional well-being suggests that Harriet, and other young mothers heading sibling households in similar circumstances, may experience poverty throughout the lifecourse.

Box 3: Harriet caring for her baby and younger siblings and heading the household in Uganda

Harriet (aged 17) cares for her baby and five younger siblings (aged 2 to 14) in the home they inherited from their mother in a village in Uganda. The siblings used to live with their parents in Jinja, where their father worked as a fisherman. One night in 2004, their father's fishing boat capsized and he drowned. Their mother was not able to continue living in Jinja and so moved the children to their home in another district. Their mother explained to Harriet that she needed to look for work and so Harriet started looking after her younger siblings in 2005 when her mother moved away: *'Before the mother died, she told her she should keep the home, keep the children; as for her, she looks for some work to keep them and in the process that is when she fell very sick and she died'*. Harriet had completed primary school by then, and worked on the farm to provide food for the family. In 2007, their mother became seriously ill while she was away and was taken to hospital for treatment. Shortly afterwards, Harriet received the news that her mother had died.

The siblings have a small farm which they use to grow cassava, maize and sweet potatoes for consumption, but the food they grow is not enough to live on, especially in the dry season. Their aunt sometimes comes to visit and brings maize for the children and pays off some of the debts that they have incurred, such as money owed to teachers who have lent Harriet money. Their aunt also sends tins of *mukene* [small fish] for Harriet to sell to earn a little income, but the fish is not available in the rainy season. Harriet can make Ush 300–500 per day from selling the fish, but sometimes she is not able to sell any.

Community-based volunteers from an HIV support NGO occasionally visit the family and provide emotional support and advice to Harriet and help negotiate with teachers at the local school to support the children's education. One teacher is also very kind, and Harriet turned to him for help to take the children to hospital when they were ill. Harriet mentioned one friend her age that she used to talk to, but this friend no longer comes to visit relatives in the neighbourhood. She does not have any other friends her age she can talk to if she is worried.



Harriet said that she felt bad about her caring responsibilities because the two youngest children were often ill with skin infections and she lacked money to take them to hospital. She also finds it very hard work fetching water from a long distance away, and the family lacks sufficient food, bedding, mattresses and blankets and money for school materials. Harriet said she was encouraged when her siblings brought home good reports from school, but had little hope for the future and wished that she could have achieved a higher level of education.

The experiences of a skipped generation household that became a sibling-headed household over time in Uganda (Box 4) further illustrates how gender and generational inequalities intersect and constrain the capacities of older women and orphaned children to safeguard access to land. Samuels and Wells (2009) note that not all skipped generation households are equally vulnerable. They identify the health status of older carers, their age and the number of children in their care as key factors impacting their livelihood chances and the household's capacity to survive. In the case of Diana and her grandmother (Box 4), access to land was crucial to ensuring food security and the survival of the household. Despite the grandmother being granted a land title, the son of the landowner who granted it refused to recognise her claim, which eventually led to the loss of most of the land that the family depended on for food security. Limited household labour owing to the absence of an economically active middle generation, the age of the children and the grandmother's frailty made the underutilisation of land likely and increased the risk of losing access to their remaining land. Diana's position as a young unmarried mother heading the household alone following her grandmother's death has further heightened their vulnerability and increased the risk of their precarious usufruct rights to the land being abused or exploited.

Box 4: Diana and her grandmother's loss of access to land in Uganda

In the first phase of the research, Diana lived with her elderly grandmother and five younger siblings and cousins (aged 8 to 14) in the grandmother's house in a village in Uganda. The grandmother had three children, two of whom had died in the Lord's Resistance Army conflict in northern Uganda some time earlier, and many grandchildren, some of whom lived with other relatives. Her last son had been in the army and used to send her remittances, which the family used to pay workers to cultivate their land, but he had died from AIDS two years previously. Diana studied up to the fourth year of secondary school, but did not obtain a school leaving certificate because there was no money to finish her studies following her uncle's death. She worked on the farm cultivating cassava, maize, beans, bananas and sweet potatoes for food consumption. Her brother milked the cow and they sold the milk for Ush 1,000 a day, which was their only income. Diana cared for her grandmother, who had tuberculosis, ulcers, high blood pressure and limited mobility.

The grandmother explained how she had gained access to the land that they farmed. She did not come from a landowning family, so her father used to work for a landlord and they lived on his land. As a young woman, the grandmother helped raise the landlord's son. When the landlord died, her family requested a plot of land from the son of the landlord she had raised. He gave her the land on the condition that she pay ground rent, which she did. One day, a violent storm destroyed the house and all the papers about her entitlement to the land were lost. When the man who had granted her the land died, his son started selling the land and demanding money from the



grandmother. She told him: *'I will ask my son, me I don't have money, but I will ask my son when he comes'*. However, while she waited for her son, she received the news that he was seriously ill. He died two weeks later. They assured her that the land would not be sold: *'When they came back to ask for money, she told them my son died, I don't have any way of raising that money. [...] So they lied to her, "Ok, no problem, we'll not do anything to you, we'll not sell the land."*

Soon after, the children saw people, who reported that they were working for the landowner, digging on their plot. When the grandmother called the man who had been demanding money from her, he told her he had sold the land, but they could continue to access part of the plot: *'The money I wanted from you, you could not raise. Now I have sold that piece of land. I will leave you where you are and I will even give you a title. So I will not sell any more land, but the other one is now sold as compensation'*. However, the family has never received a title for the land and they are worried about losing access to the rest of the land, since they have seen other people guarding the land.

Furthermore, following the grandmother's son's death, people stigmatised the family, saying that they were going to suffer because they had relied on her son's income and assistance to hire workers to cultivate the land: *'When her son was still living, he would come and get workers, negotiate with them and give them digging for her, doing everything for her. Now, she doesn't have that kind of support, what else can she do? She can't ask anybody in the community to come and dig for her, to come and look after her, they will ask for money from her.'*

Diana said that she felt very bad about the way the family had been mistreated and their land was sold off. She felt bad about the way that people stigmatised them and laughed at them because they were orphans and had nothing to live on. She said that she did not have many friends, as she needed to stay close to her grandmother to care for her. Diana struggled to pay for the younger children's school uniforms and shoes and their house was in poor condition, which meant they frequently became ill, especially in the rainy season.

By the second phase of the research, Diana had given birth and her grandmother had died. Diana looks after her baby and younger siblings alone without a co-resident adult. They continue to live in the same house and cultivate the land as best they can.

This research reveals that women with HIV and their children and young people heading sibling households may experience multiple levels of stigma, intertwined with and often exacerbating existing gender and generational inequalities in access to assets and resources. Asset grabbing and disinheritance represent additional layers of disadvantage that increase the likelihood that poverty will be passed on to the next generation.



6 Factors that influence inheritance/disinheritance and the intergenerational transmission of poverty

While most of the families participating in the study experience chronic poverty, many young people heading households and some women with HIV manage to safeguard their inheritance and, in some instances, enhance their assets over time. This section explores the factors enabling, first, young people heading households and, second, women living with HIV to safeguard their assets. We develop a conceptual framework based on the findings.

6.1 Protective factors for young people heading households

Almost all of the sibling-headed households interviewed inherited property and other assets from their parents. Despite experiencing poverty, half of these households have been able to draw on a range of material and emotional resources, household labour, social networks and external support that has helped them avoid chronic poverty. A number of significant protective factors can be identified as helping to safeguard inheritance and build their human and social capital to avoid chronic poverty (Table 4).

While none of the sibling-headed households can access all of these resources, their life stories suggest that it is the combination of some *physical assets and material resources*, *individual factors* (age and capabilities when eldest sibling started caring; values and beliefs), *relational factors* (availability of supportive older siblings/relatives who can share unpaid and paid work responsibilities; strong social ties) and *structural factors* (access to education, skills development, health care, employment opportunities) that helps safeguard inheritance and reduce the intergenerational transmission of poverty.



Table 4: Protective factors in safeguarding asset inheritance

Resources	Examples of protective factors
Physical assets and material resources	<ul style="list-style-type: none"> • Inherited productive land for cultivating crops for consumption and sale • Livestock • Well-built house in good state of repair • Income from rental property • Cash transfers, food, health care and educational support provided by NGOs or others in the community • Capital to invest in business, agricultural inputs or support from NGOs to establish income generation activities such as rearing livestock • Bicycle/money for transport • Inherited financial resources • Remittances from older siblings/other relatives who are not co-resident
Human capital	<ul style="list-style-type: none"> • Age of eldest sibling when started caring for siblings • Availability of other older siblings who are able to share care work and engage in income generation activities • Willingness of siblings to look after each other and close loving relationships within the family • Opportunities to develop vocational and life skills in self care, livelihood strategies and managing the household, e.g. personal hygiene, agriculture, business and other income generation activities, budgeting, food preparation, child care, etc. • Strong value placed on education • Time for private study and access to extra tuition • Awareness of need to safeguard asset inheritance from unscrupulous relatives and neighbours
Social capital	<ul style="list-style-type: none"> • Practical and emotional support and guidance from extended family members, peers, neighbours, teachers, local leaders and community-based NGO workers/volunteers • Opportunities to participate in the community, e.g. youth groups, faith community, volunteer work, local celebrations and events
Physical and emotional well-being and priorities for future	<ul style="list-style-type: none"> • Siblings in good health and able to access health care • Opportunities to share experiences and feelings with peers in similar situations and with supportive adults • Positive outlook and clear goals and aspirations for future • Strong religious faith • Commitment to care for siblings until they are grown up and able to support themselves financially

Of the four dimensions of protective factors Table 4 identifies, young people demonstrate their agency most through the development of social capital that helps protect them from property grabbing and chronic poverty. Despite negative experiences of stigmatisation and harassment within the family and community, orphaned young people often develop strong social ties with their peers, extended family members, neighbours, community and faith



leaders and NGOs, on whom they rely for material and emotional support and protection. Young people emphasise the importance of their friendships and support from their peers in terms of working on each others' farms and developing other income-earning strategies. Several young people said they sought protection from neighbours and community leaders when they were harassed and threatened with physical and/or sexual violence at night.

Furthermore, young people's experiences suggest that developing supportive relations with community leaders and NGOs can represent an important strategy to safeguard their inheritance. The Kampala workshop drama showed the young people seeking legal help from the local council chairperson, who considered the case and upheld the young people's inheritance rights. The chairperson had signed the original land title with the children's parents and so was able to show that the land title produced by the neighbours was a forgery and arranged for the police to arrest them.

This example suggests written evidence of land titles may be important in demonstrating orphaned children's inheritance rights. However, it should be noted that, within customary systems of land tenure (which predominate in Uganda and Tanzania), land is not generally titled or formally registered, but rather is regulated by customary rules, usually administered by clan leaders (Odgaard, 2002; Tripp, 2001). Land rights depend on people's social relations within an ethnic group, family/clan relations, marital relations, friendship, patron–client relations, relations with authorities at various levels of society and so on (Odgaard, 2002). Children's claims to land under customary tenure therefore depend on their status and the social capital they are able to draw on within the community. Seeking support from community leaders to advocate for their inheritance rights is thus a strategy orphaned young people might adopt, if required.

6.2 Protective factors for women living with HIV and their children

Almost a third of women living with HIV (7 out of 23 households) interviewed in Tanzania have use rights to their husband's or other male relative's property until their children reach the age of majority (Table 2). Several households are characterised by chronic poverty and have few other assets except the land or house where they live. However, some women living with HIV have managed to safeguard and/or accumulate assets such as land, livestock and other resources, which has helped them avoid passing poverty on to their children.



Box 5: Hosiana and her daughters' and grandchildren's inheritance in Tanzania

Hosiana lives with her daughter, Irene, and three of her six grandchildren, including William (aged 16), who cares for her on the farm that she inherited from her father-in-law in a village in Kilimanjaro, Tanzania. Hosiana, Irene and William cultivate bananas, coffee and vegetables on the farm and rear goats and hens. They can earn around Tsh 2,500 every three months from the sale of bananas. William cares for his grandmother, who lives with HIV, and younger siblings and cousins when they are ill (they also have chronic illnesses). He also sometimes does casual agricultural work and earns around Tsh 500 per day. His neighbour sometimes helps him cut grass for the goats. The family obtained the goats through an NGO income generation initiative for people living with HIV, and a home-based care project provides food and medical gloves and visits Hosiana when she is ill.

William's mother is a domestic worker and sleeps at her employer's house, but comes to visit regularly. Her salary pays for her children's education and some of the households' needs. William's father has alcohol use problems and has had no contact with the family since he brought William and his siblings to live with their maternal grandmother when they were young. When they were grown up, William's older brother and sister (who married) moved to live in town.

Hosiana brought up her five children with little contact or support from her husband, who left her to live with another woman. He returned when he was ill with tuberculosis and required care. Hosiana described how he often used to drink *mbege* [strong local brew], come home drunk, beat the grandchildren and force her to have sex with him. He refused to listen when she suggested that he should have an HIV test. Hosiana cared for her husband until he died in 2002, and discovered her HIV status when she became ill the following year. Hosiana's son died and one of her daughters had a serious chronic illness and was being treated in Dar es Salaam.

Hosiana's father-in-law had given his son and Hosiana some clan land when they got married, and Hosiana and her husband had built the house and cultivated the land. When her father-in-law died, he had specifically stated that he wanted his inheritance to be shared between his sons and daughters and male and female grandchildren: *'When my father-in-law died, he said he was leaving this farm for his children, boys and girls, to inherit and, later, his grandsons and granddaughters. He specifically said that girls should be free to stay here even if they were divorced. He said they should be buried here in case that happened.'*

Hosiana sees the children's education and maintaining their property and other assets as key to the future well-being of her children and grandchildren: *'The grandchildren want to progress in their studies and I want their mothers to be strong and hardworking as heads of the family. They should clear the land that is lying fallow and maintain the present land. I want them to take good care of the goat and repair the crumbling house and build another one because this one isn't enough for us now.'*

William is doing well in the last year of primary school, despite his extensive household chores looking after the livestock and caring for his grandmother. Hosiana is very supportive of the children's education: *'I don't like children skipping classes because I have only Standard 4 education. So I don't want them to be illiterate, I make sure they go to school even when I am seriously ill.'* William wants to become a primary school teacher, but he is aware that, if he does not pass his exams, he will not be able to go to secondary school and will do casual farm work.

Hosiana has made a will as she wants to ensure that her children's and grandchildren's inheritance is secure. Hosiana is particularly concerned that the house is in a poor state of repair and that they need help to clear the land, as she wants to leave a good house and farm for her children and grandchildren to inherit:



'I don't want anyone messing about with my children and grandchildren after I die. I want them to be independent here in their own home. I will leave them this exotic breed goat. I have a farm with bananas. But the problem is with it lying fallow and turning into bush. There is no money to clear it. My children are earning enough money to send their children to school. I cannot ask for a loan because of the uncertainty of paying it back. But I wish I could get help to clear that farm, I don't like it just lying fallow.'

The household headed by Hosiana, who is living with HIV, her daughter and grandchildren (Box 5) could be regarded as a vulnerable elderly-headed household. However, Hosiana managed to safeguard and accumulate assets following her father-in-law's original allocation of land to her and her husband on their marriage. Her father-in-law's decision that she and her children and grandchildren (of both genders) should inherit the land and house where they lived challenged conventional inheritance norms, in which daughters-in-law and their daughters and granddaughters usually have only usufruct land rights dependent on their relationships with the male relatives who own the land. Hosiana is concerned to ensure that her daughters and grandchildren can continue to live in their home and maintain the farm without harassment after her death and she has left a will to help safeguard their assets. She is particularly worried about leaving the land unused for too long, as this will increase the risk of losing it. This echoes findings from previous research (Drimie, 2003; Rose, 2007).

The household's food security and livelihood options are restricted by the grandmother's worsening chronic illness and William's care work. However, a number of protective factors appear to be helping safeguard their inheritance and preventing the intergenerational transmission of poverty. These factors are similar to those identified for sibling-headed households in Table 4 and comprise a combination of:

- *Physical assets and material resources*, such as inherited productive land, livestock, remittances from an adult daughter;
- *Human capital*, including the availability of supportive co-resident adult children, close loving relationships within the family, awareness of gender discriminatory inheritance practices;
- *Social capital*, including practical and emotional support from neighbours, teachers, NGO workers and members of their faith community; and
- Hosiana's and William's *physical and emotional well-being and priorities for the future*, such as a positive outlook and a written will to ensure that Hosiana's children and grandchildren will inherit the property.

Inheritance practices in another household in Tanzania also challenge conventional gender norms. Husna used to live with her husband, who was an engineer, and four daughters in



Mwanza. Following his death, she and her daughters moved in with her father-in-law in a village in Kilimanjaro, where she works on his coffee and banana farm and cultivates maize on a cleared plot in the bush. The bananas and maize are for domestic consumption and any surplus is sold; her father-in-law keeps the proceeds from the coffee sales. Her father-in-law has agreed that Husna and her daughters should inherit the farm when he dies:

'My late husband was the last born. So this home is mine; according to Chagga traditions, they say women have no inheritance but my father in-law has agreed that the female children are also children like the male ones. So what he gave to their late father is what he is giving to me.'

However, like Hosiana (Box 5), Husna is concerned that her daughters might lose their inherited land in future. She feels strongly that education is very important in building her daughters' capacity to defend their inheritance rights:

'So in case things change in the future – that is why education for my female children is good. It will be better if they will have enough education so that in case something happens to violate their rights they will be able to defend themselves. They will be able to say that this is ours, but without education you may be able to say such things but nobody will understand you. If they went to school and understood better they will be able to stand up for their rights.'

This reflects Kabeer's (2000: 474) argument that education is not seen so much as a right in itself, but as 'a *guarantor of rights*, a precondition for the realization of other rights'. Education may thus help build young women's capabilities to resist violations of their inheritance rights.

In both of these examples of inheritance practices challenging gender norms in Kilimanjaro, Tanzania, widows' social capital, in terms of supportive relations developed with fathers-in-law over time, is crucial in safeguarding their inheritance. Their social capital is enhanced by the fact that both widows are older, have worked on their father-in-law's land and lived in the village for many years and are respected in the community. Indeed, research from several Sub-Saharan African countries suggests that young widows are more vulnerable than older widows in terms of land tenure security because they have had less time to build relationships with their husband's family (Aliber and Walker, 2004, in Cooper, 2010b; Bird, 2010; Peterman, 2010). In the examples from Tanzania, widows' social capital, combined with awareness of gender inequalities in inheritance practices, the priority the women place on children's education and, in Hosiana's case, specific measures such as a written will bequeathing the land and property to her daughters and grandchildren, appears to be helping safeguard their inheritance and preventing poverty being passed on intergenerationally.



6.3 Framework of factors influencing asset inheritance and chronic poverty for families affected by HIV and AIDS

NGO staff identified a number of practices they thought helped reduce the vulnerability of families affected by HIV. These included legal support, advocacy and education on inheritance rights; developing life skills and livelihood strategies; material resources, including unconditional cash transfers, food, clothing, educational support, access to health care, provision of livestock and other assets for small business activities; practical and emotional support, including assistance with care and agricultural work, maintaining the house, giving advice and guidance; peer support; and community mobilisation and education (discussed in more detail in Evans, 2010a; Evans and Becker, 2009). The young people and women with HIV who receive this support value it highly. It increases the material resources available to families, helps build their human and social capital and enhances their physical and emotional well-being. As the previous section discussed, these may represent key protective factors that help safeguard inheritance and reduce chronic poverty.

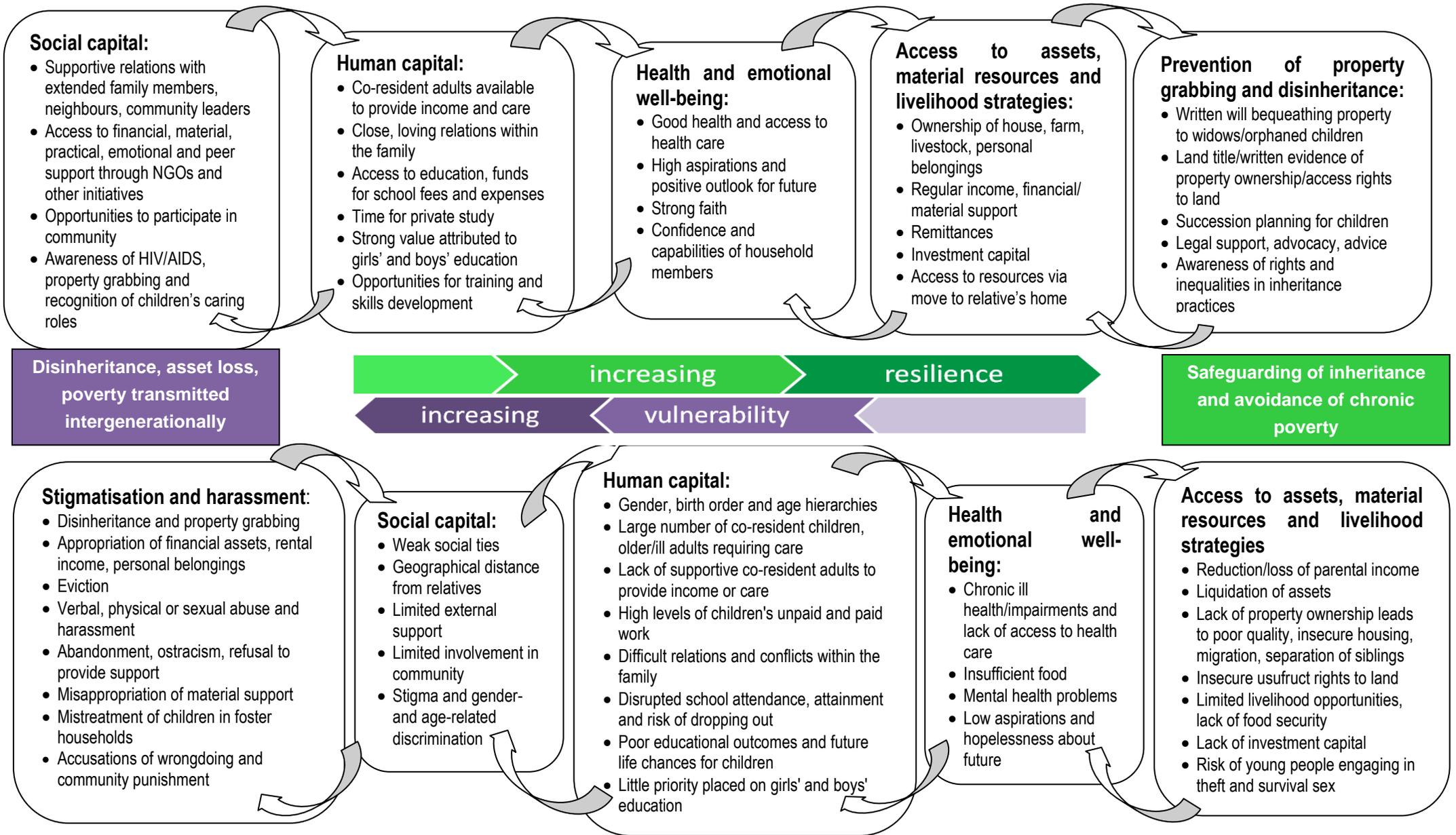
Based on our analysis of a range of urban and rural research locations in Tanzania and Uganda, several interrelated processes appear to influence vulnerability and resilience to asset inheritance and the intergenerational transmission of poverty for women and children in communities affected by HIV and AIDS. These can be conceptualised as a dynamic framework of positive and negative factors operating at the individual, household and community levels (Figure 1). These comprise: household members' access to assets and livelihood strategies; their health and emotional well-being; the human capital available within the household; and social capital, including inter-household relations, external support from NGOs and wider socio-cultural beliefs and practices, including stigmatisation and harassment and measures to prevent property grabbing and disinheritance. Positive factors that help in safeguarding inheritance and avoiding chronic poverty are identified in the upper half of the framework; negative factors that lead to disinheritance, asset loss and the intergenerational transmission of poverty are identified in the lower half. The different dimensions are not intended to constitute a hierarchy or composite list, or to imply a causal relation between each dimension. Meanwhile, the factors identified are illustrative examples based on our research findings. Household members have access to a range of different resources that may help them safeguard their inheritance, while simultaneously seeking to manage stigma and other disadvantages, which may or may not be significant in different socio-cultural contexts and rural/urban locations.

The experiences of women with HIV, children caring for them and orphaned young people heading households in Tanzania and Uganda suggest that it is the combination of a complex range of structural processes, relational factors, access to material and emotional resources and an individual's agency over the lifecourse that helps people to safeguard inheritance and



avoid chronic poverty. Similarly, the accumulation of a number of negative factors can increase women's and children's vulnerability to disinheritance, asset loss and the likelihood of poverty being passed on from one generation to the next. Women with HIV and young people heading households negotiate their lifecourse transitions within the constraints and possibilities of these structural, relational and individual factors in specific contexts, within a broader institutional environment at the national and global levels (Evans, 2010b).

Figure 1: Factors influencing inheritance and chronic poverty for women and children in communities affected by HIV and AIDS





7 Conclusion

This paper shows that the HIV and AIDS epidemic has led to a fracturing of the intergenerational contract in the most affected communities in Tanzania and Uganda. This is evidenced by changing familial responsibilities and inheritance practices and the emergence of new household forms, such as sibling-headed and skipped generation households. Parental AIDS-related illness and death, and relatives' inability or unwillingness to care for women living with HIV and orphans, have resulted in some young people taking on caring responsibilities for parents with HIV, siblings and grandparents, gaining access to land and property and heading households at a younger age than usual. Such changes are accompanied by high levels of stigmatisation directed at orphaned young people and women with HIV and their children, which reproduce existing gender and generational inequalities in access to assets and resources. Such processes of stigmatisation and marginalisation make it difficult for women and young people to safeguard their inheritance, avoid chronic poverty and make the necessary investments in the younger generation in terms of care and education.

The research suggests that physical assets such as land and property represent key determining factors in the formation and viability of sibling-headed households. Ownership of physical assets, experiences of harassment and fear of property grabbing were cited as motivating factors for orphaned young people to continue living with their siblings without a co-resident adult in their inherited parental home. This is especially evident in Tanzania, where the young people interviewed were able to access external support from NGOs that helped to sustain the household and enabled children to attend school.

Sibling-headed households appear to be more common in rural areas owing to the lower costs of living, the wider availability of land and the livelihood opportunities that agricultural land offers in terms of developing food security and generating income. However, a number of difficulties, some related to orphaned young people's age and household formation, others to constraints that poor farmers commonly experience, influence their vulnerability to chronic poverty. These include lack of a co-resident adult who can earn a livelihood; the young age of siblings and time pressures of combining work with school, which limit the household labour available to work on the farm; a lack of investment capital to improve agricultural productivity; lack of transport; ill-health; and climatic shocks. These pressures compromise the food security and long-term sustainability of rural sibling-headed households.

When young people inherit property in urban areas, particularly where living accommodation is sufficient both for siblings and for tenants, they are often able to continue living together without a co-resident adult and seek to earn an income in the informal sector alongside their household care work. However, despite their deceased parents' wishes that they use rental



income to support themselves, siblings in Uganda reported difficulties securing rental income from tenants and safeguarding it from relatives, as Rose (2007) also finds in Rwanda.

Alongside livelihood strategies in agriculture or the informal sector, young people heading households in both rural and urban areas often develop supportive social networks with their peers, neighbours, community members and NGOs. These help to meet the household's basic needs for food, clothing, health care and education, and enable them to maintain/repair their homes and draw on labour resources for agriculture or other livelihood strategies. Young people heading households in Tanzania who receive regular financial and/or material support from NGOs emphasise the difference this makes to their lives in terms of reducing the pressure on them to meet all the family's material needs and enabling them to continue their education and/or pursue vocational training. Young people who lack such external support in Uganda, in contrast, are likely to drop out of school at a young age and work long hours to earn enough money to support themselves and their siblings (Evans, 2010a). Young people living in such sibling-headed households experience hunger and appear likely to be affected by poverty throughout the lifecycle.

Many women living with HIV and their children have few, if any, physical assets. They often experience chronic poverty and insecurity, as a result of mothers' ill-health and their accompanying loss of income, in addition to the consequences of the loss of assets sold during their own or their husband's illness. They commonly fear eviction from their poor quality rented housing. Women's and children's experiences of chronic poverty are often linked to stigmatisation and harassment by landlords, relatives, neighbours and peers, which has negative effects on their physical and emotional well-being and physical security. Parental HIV-related illness, combined with poverty and young people's care work, could contribute to poor educational outcomes. This is likely to constrain young people's livelihood options, limit lifelong earning and increase the intergenerational transmission of poverty.

The stigmatisation and harassment that women living with HIV and their children and orphaned youth heading households in Tanzania and Uganda experience are based on multiple processes of 'othering' that reproduce 'difference' and on the exploitation of their low social status within patriarchal lineage systems. Gender and generational norms in access to assets and resources mean that widows and orphaned children rarely inherit land and property from deceased male (adult) heads of household, although they are provided for within the extended family and usually continue to live in their home and have usufruct rights to land and other assets (Armstrong *et al.*, 1995). For widows living with HIV and children caring for them, however, stigma could result in disinheritance and property grabbing; the appropriation of financial and other assets and personal belongings; verbal, physical or sexual abuse and intimidation; and abandonment, eviction, ostracism and relatives' refusal to provide care and support.



Orphaned children's position and treatment in the community are connected closely to the value and status accorded to their mother and her affiliation with her husband's family. Meanwhile, although orphaned young people heading households do not experience such intense HIV-related stigma as women with HIV and young people caring for relatives with HIV, they are perceived as different and experience harassment. This is because of assumptions that their parents died of AIDS and because of their weak socioeconomic status as orphans living in their own home without adult supervision. The absence of a co-resident adult challenges conventional norms of childhood, household formation and kinship responsibilities to care for orphaned children in many Sub-Saharan African countries. Similarly, inheritance norms mean that orphaned male heirs are not usually expected to inherit their father's property until they reach the age of majority. Orphaned children who remain in their home following their parents' death and who gain access to important assets, such as land and property, at a young age thus challenge conventional inheritance practices and the boundaries of childhood and youth (Evans, forthcoming). The community thus sanctions this subversion of inheritance and generational norms through direct discrimination, including: property grabbing and misappropriation of assets and NGO support; verbal, physical or sexual abuse and intimidation; mistreatment and neglect in foster households; exploitation of young people's labour; and accusations of misbehaviour and theft that are subject to adult punishments.

Gender, age and generational relations significantly influence the vulnerability of HIV- and AIDS-affected households. Younger widows and their children, orphaned young women heading households and grandmothers and orphaned children living in skipped generation households appear particularly vulnerable to property grabbing, loss of usufruct rights to land, misappropriation of financial and other assets and chronic poverty. These household forms often have insecure usufruct rights to land that relatives and neighbours can exploit. Loss of access to land in rural areas can lead to hunger and food insecurity, poor health and nutritional status and loss of livelihood and a future stream of benefits.

In addition, girls and young women caring for sick parents/relatives and those who head sibling households experience considerable pressure to engage in sexual relationships with older men in exchange for material support. They are at risk of sexual violence and coercion, which could result in HIV and other sexually transmitted infections and unwanted pregnancies. Young motherhood, in turn, increases the care work of young women heading sibling households and reduces their access to education. This could lead to further marginalisation and contribute to poor educational outcomes that limit their lifelong earning capacities.

Stigmatisation, disinheritance and asset loss therefore increase the likelihood that widows and their children and orphaned youth will experience chronic poverty and physical insecurity



and that poverty will be transmitted to the next generation. Seeley (2008: 48) argues that ‘the conditions in which poverty exist are reproduced through similar mechanisms to those experienced by previous generations’. Poverty is not ‘transmitted’ from one generation to the next so much as ‘recreated’ because of structural factors that constrain opportunities to build assets and develop sustainable livelihoods (ibid). This research demonstrates that the factors that perpetuate conditions of chronic poverty are based on gendered and generational power imbalances. Girls and young women often have to negotiate multiple vulnerabilities and inequalities on the basis of gender, age and generation in order to avoid chronic poverty and disinheritance (CPRC, 2010).

Despite the difficulties they face, several sibling-headed households and some households headed by widows living with HIV manage to safeguard and enhance their assets, develop diverse livelihood strategies and build their social capital, which helps them to avoid chronic poverty. In Tanzania especially, families are supported by NGO practices that enhance their capacities. These include legal support, advocacy and education on women’s and children’s inheritance rights; opportunities for young people to develop life skills and livelihood strategies; financial and material resources; practical, emotional and peer support; and community mobilisation to challenge stigma and gender and generational inequalities.

This research calls for a holistic approach to understanding women’s and young people’s access to resources and their present and future security. A combination of structural, relational and individual factors influence widows’ and orphaned young people’s vulnerability and resilience to safeguarding their inheritance and avoiding chronic poverty. The main components of this framework of positive and negative factors comprise *physical assets and material resources; human capital; health and emotional well-being; and social capital*. The framework recognises the agency of women and young people in developing social capital, managing vulnerabilities and taking measures to safeguard their assets. Key protective factors that appear to reduce disinheritance and asset loss for women and young people include:

- Social capital, such as developing supportive relations with extended family members, neighbours, community leaders and NGOs;
- Written evidence of bequests, property ownership and land titles;
- Awareness of gender and generational inequalities; and
- Advocacy to safeguard women’s and children’s inheritance rights.

While this paper focuses on individual, family and community factors and socio-cultural norms that influence inheritance/disinheritance, previous research suggests that changes in care responsibilities and inheritance practices are influenced also by global and national



policies and processes. These include economic restructuring; the privatisation of health care and a policy emphasis on home-based care; very limited public social protection; rapid urbanisation; commercialisation and increasing competition for land and other resources; and the individualisation of familial responsibilities (Armstrong *et al.*, 1995; Collard, 2000; Evans and Becker, 2009; Ogden *et al.*, 2006; Odgaard, 2002).

Efforts to prevent disinheritance should focus on legal support, advocacy and education; rights-based social protection measures (Richter, 2010; Rose, 2007; Shepherd, 2007); and opportunities for participation and collective mobilisation (Clacherty and Donald, 2006; Evans and Becker, 2009; Madoerin, 2008). Such approaches have considerable potential to build the capacities of women with HIV and orphaned youth to safeguard their inheritance, achieve sustainable livelihoods and avoid chronic poverty in the present and in the future.



References

- Aliber, M. and Walker, C. (2004). *The impact of HIV/AIDS on land rights: case studies from Kenya*. Cape Town: Human Sciences Research Council.
- Armstrong, A., Chuulu, M., Himonga, C., Letuka, P., Mokobi, K., Ncube, W., Nhlapo, T., Rwezaura, B. and Vilakazi, P. (1995). 'Towards a cultural understanding of the interplay between children's and women's rights: an Eastern and Southern African perspective'. *The International Journal of Children's Rights*, 3, 333–68.
- Benschop, M. (2004). 'Women's rights to land and property'. Paper prepared for Commission on Sustainable Development Conference on Women in Human Settlements: Development Challenges and Opportunities, Nairobi, 22 April.
- Bicego, G., Rutstein, S. and Johnson, K. (2003). 'Dimensions of the emerging orphan crisis in sub-Saharan Africa'. *Social Science and Medicine*, 56 (6), 1235–47.
- Bird, K. (2010). 'Asset inheritance and the intergenerational transmission of poverty'. Paper prepared for Chronic Poverty Research Centre/Overseas Development Institute Roundtable on Inheritance and the Intergenerational Transmission of Poverty, London, 11 October.
- Bird, K. and Espey, J. (2010). 'Power, patriarchy and land: examining women's land rights in Uganda and Rwanda'. In Chant, S. (ed.). *The international handbook of gender and poverty*. Cheltenham: Edward Elgar.
- Bolt, V. and Bird, K. (2003). 'The intrahousehold disadvantages framework: a framework for the analysis of intra-household difference and inequality'. Working Paper 32. Manchester: Chronic Poverty Research Centre.
- Boyden, J., with Cooper, E. (2007). 'Questioning the power of resilience: are children up to the task of disrupting the transmission of poverty?' Working Paper 73, Manchester: Chronic Poverty Research Centre.
- Bray, R. (2009). 'A literature review on child carers in Angola, Nigeria, Uganda and Zimbabwe'. Unpublished report. London: Save the Children.
- Bruce, J. and Lloyd, C. (1997). 'Finding the ties that bind: beyond headship and household'. In Haddad, L., Hoddinott, J. and Alderman, H. (eds.). *Intrahousehold resource allocation in developing countries: models, methods and policy*. Baltimore, MD: Johns Hopkins University Press.
- Chambers, R. (1997). *Whose reality counts? Putting the last first*. London: Intermediate Technology Publications.
- Chronic Poverty Research Centre (CPRC) (2010). *Stemming girls' chronic poverty: catalysing development change by building just social institutions*. Manchester: Chronic Poverty Research Centre.
- Clacherty, G. (2008). 'Living with our Bibi. A qualitative study of children living with grandmothers in the Nshamba area of north western Tanzania'. Johannesburg: World Vision and Regional Psychosocial Support Initiative.



- Clacherty, G. and Donald, D. (2006). 'Impact evaluation of the VSI (Vijana Simama Imara) organisation and the Rafiki Mdogo group of the HUMULIZA orphan project, Nshamba, Tanzania.' Johannesburg: Novartis Foundation for Sustainable Development and Regional Psychosocial Support Initiative.
- Collard, D. (2000). 'Generational transfers and the generational bargain'. *Journal of International Development*, 12 (4), 453–62.
- Cooper, E. (2010a). 'Inheritance and the intergenerational transmission of poverty in Sub-Saharan Africa: policy considerations'. Working Paper 159. Manchester: Chronic Poverty Research Centre.
- Cooper, E. (2010b). 'Women and inheritance in 5 Sub-Saharan African countries: opportunities and challenges for policy and practice change'. Paper prepared for Chronic Poverty Research Centre/Overseas Development Institute Roundtable on Inheritance and the Intergenerational Transmission of Poverty, London, 11 October.
- Deere, C. and Doss, C. (2006). 'Gender and the distribution of wealth in developing countries'. Research Paper 2006/115. Helsinki: United Nations University World Institute for Development Economics Research.
- Drimie, S. (2003). 'HIV/AIDS and land: case studies from Kenya, Lesotho and South Africa'. *Development Southern Africa*, 20 (5), 647–58.
- Evans, R. (2004). 'Tanzanian childhoods: street children's narratives of home'. *Journal of Contemporary African Studies*, 22 (1), 69–92.
- Evans, R. (2005). 'Social networks, migration and care in Tanzania: caregivers' and children's resilience in coping with HIV/AIDS'. *Journal of Children and Poverty*, 11 (2), 111–29.
- Evans, R. (2010a). 'The experiences and priorities of young people who care for their siblings in Tanzania and Uganda'. Report to the Royal Geographical Society. Reading: School of Human and Environmental Sciences, University of Reading.
- Evans, R. (2010b). 'Children's caring roles and responsibilities within the family in Africa'. *Geography Compass*, 4 (10), 1477–96.
- Evans, R. (forthcoming) "'We are managing our own lives...": life transitions and care in sibling-headed households affected by AIDS in Tanzania and Uganda'. *Area*.
- Evans, R. and Becker, S. (2009). Children caring for parents with HIV and AIDS: global issues and policy responses. Bristol: The Policy Press.
- Evans, R. and Thomas, F. (2009). 'Emotional interactions and an ethic of care: caring relations in families affected by HIV and AIDS'. *Emotions, Space and Society*, 2 (2), 111–19.
- Foster, G. and Williamson, J. (2000). 'A review of current literature of the impact of HIV/AIDS on children in Sub-Saharan Africa'. *AIDS*, 14 (3), S275–84.
- Foster, G., Makufa, C., Drew, R. and Kralovec, E. (1997). 'Factors leading to the establishment of child-headed households: the case of Zimbabwe'. *Health Transition Review*, 2 (7), 155–68.
- Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*. London: Penguin.



- Harper, C., Marcus, R. and Moore, K. (2003). 'Enduring poverty and the conditions of childhood: lifecourse and intergenerational poverty transmissions'. *World Development*, 31 (3), 535–54.
- Hulme, D. and Shepherd, A. (2003). 'Conceptualising chronic poverty'. *World Development*, 31 (3), 403–23.
- Izumi, K. (2007). 'Gender-based violence and property grabbing in Africa: a denial of women's liberty and security'. *Gender and Development*, 15 (1), 11–23.
- Joint United Nations Programme on HIV/AIDS (UNAIDS) (2010). *UNAIDS report on the global AIDS epidemic 2010*. New York: Joint United Nations Programme on HIV/AIDS.
- Kabeer, N. (2000). 'Inter-generational contracts, demographic transitions and the "quantity-quality" trade-off: parents, children and investing in the future'. *Journal of International Development*, 12 (4), 463–82.
- Kameri-Mbote, P (2005). 'Gender issues in land tenure under customary law'. Available at www.capri.cgiar.org/wp/..%5Cpdf%5Cbrief_land-05.pdf. Accessed 24 August 2010.
- Kesby, M. (2000). 'Participatory diagramming: deploying qualitative methods through an action research epistemology'. *Area*, 32 (4), 423–35.
- Kohi, T., Makoe, L., Chirwa, M., Holzemer, W., Phetlhu, D., Uys, L., Naidoo, J., Dlamini, P. and Greeff, M. (2006). 'HIV and AIDS stigma violates human rights in five African countries'. *Nursing Ethics*, 13 (4), 404–15.
- Liddell, C., Barrett, L. and Bydawell, M. (2005). 'Indigenous representations of illness and AIDS in Sub-Saharan Africa'. *Social Science and Medicine*, 60 (4), 691–700.
- Lockwood, M. (1997). 'Reproduction and poverty in Sub-Saharan Africa. Tactics and trade-offs: revisiting the links between gender and poverty'. *IDS Bulletin*, 28 (3), 91–100.
- Luzze, F. and Ssedyabule, D. (2004). *The nature of child-headed households in Rakai district, Uganda*. Kampala: Lutheran World Federation.
- Madoerin, K. (2008). 'Mobilising children and youth into their own child- and youth-led organisations'. Johannesburg: Regional Psychosocial Support Initiative.
- Meintjes, H. and Giese, S. (2006). 'Spinning the epidemic: the making of mythologies of orphanhood in the context of AIDS'. *Childhood*, 13 (3), 407–30.
- Mendenhall, E., Muzizi, L., Stephenson, R., Chomba, E., Ahmed, Y., Haworth, A. and Allen, S. (2007). 'Property grabbing and will writing in Lusaka, Zambia: an examination of wills of HIV-infected co-habiting couples'. *AIDS Care*, 19 (3), 369–74.
- Ministry of Health and Social Welfare (MHSW) (2006). 'The costed MVC Action Plan 2006-2010'. Dar es Salaam: Ministry of Health and Social Welfare, Family Health International and United States Agency for International Development.
- Muyinda, H., Seeley, J., Pickering, H. and Barton, T. (1997). 'Social aspects of AIDS-related stigma in rural Uganda'. *Health and Place*, 3 (3), 143–7.



- Mwinituo, P. and Mill, J. (2006). 'Stigma associated with Ghanaian caregivers of AIDS patients'. *Western Journal of Nursing Research*, 28 (4), 369–82.
- Nyambetha, E., Wandibba, S. and Aagaard-Hansen, J. (2003). 'Changing patterns of orphan care due to the HIV epidemic in Western Kenya'. *Social Science and Medicine*, 57 (2), 301–11.
- Odgaard, R. (2002). 'Scrambling for land in Tanzania: process of formalisation and legitimisation of land rights'. *European Journal of Development Research*, 14 (2), 71–88.
- Ogden, J. and Nyblade, L. (2005). *Common at its core: HIV-related stigma across contexts*. Washington, DC: International Center for Research on Women.
- Ogden, J., Esim, S. and Grown, C. (2006). 'Expanding the care continuum for HIV/AIDS: bringing carers into focus'. *Health Policy and Planning*, 21 (5), 333–42.
- Oleke, C., Blystad, A. and Rekdal, O. (2005) "When the obvious brother is not there": political and cultural contexts of the orphan challenge in northern Uganda'. *Social Science and Medicine*, 61 (12), 2628–38.
- Omari, C.K. and Mbilinyi, S. (1997). *African values and child rights: some cases from Tanzania*. Dar es Salaam: Dar es Salaam University Press.
- Parker R. and Aggleton, P. (2007). 'HIV- and AIDS-related stigma and discrimination: a conceptual framework and implications for action'. In Parker, R. and Aggleton, P. (eds.). *Culture, society and sexuality: a reader*. London: Routledge.
- Peterman, A. (2010). 'Widowhood and asset inheritance in Sub-Saharan Africa: empirical evidence from 15 countries'. Paper prepared for Chronic Poverty Research Centre/Overseas Development Institute Roundtable on Inheritance and the Intergenerational Transmission of Poverty, London, 11 October.
- Peterman, A. (forthcoming). 'Women's property rights and gendered policies: implications for women's long-term welfare in rural Tanzania'. *Journal of Development Studies*.
- Quisumbing, A. (2007). 'Investments, bequests and public policy: intergenerational transfers and the escape from poverty'. Working Paper 98. Manchester: Chronic Poverty Research Centre.
- Richter, L. (2010). 'Social cash transfers to support children and families affected by HIV/AIDS'. *Vulnerable Children and Youth Studies*, S1 (5), 81–91.
- Robson, E. (2004). 'Hidden child workers: young carers in Zimbabwe'. *Antipode*, 36 (2), 227–48.
- Robson, E., Ansell, N., Huber, U.S., Gould, W.T.S. and Van Blerk, L. (2006). 'Young caregivers in the context of the HIV/AIDS pandemic in sub-Saharan Africa'. *Population, Space and Place*, 12 (2), 93–111.
- Rose, L. (2007). 'Children's property and inheritance rights, HIV and AIDS and social protection in Southern and Eastern Africa'. HIV/AIDS Programme Working Paper 2, Rome: Food and Agriculture Organization.
- Samuels, F. and Wells, J. (2009). 'The loss of the middle ground: the impact of crises and HIV and AIDS on "skipped-generation" households'. Project Briefing 33. London: Overseas Development Institute.



- Save the Children (2010). 'Child carers: child-led research with children who are carers. Four case studies: Angola, Nigeria, Uganda and Zimbabwe'. Pretoria: Save the Children.
- Schoon, I. (2006). *Risk and resilience: adaptations in changing times*. Cambridge: Cambridge University Press.
- Seeley, J. (2008). 'The intergenerational transmission of poverty during the AIDS epidemic in Uganda'. Working Paper 110. Manchester: Chronic Poverty Research Centre.
- Shepherd, A. (2007). 'Understanding and explaining chronic poverty: an evolving framework for Phase III of CPRC's research'. Working Paper 80. Manchester: Chronic Poverty Research Centre.
- Skovdal, M., Ogutu, V., Aoro, C. and Campbell, C. (2009). 'Young carers as social actors: coping strategies of children caring for ailing or ageing guardian in Western Kenya'. *Social Science and Medicine*, 69 (4), 587–95.
- Soto Bermant, L. (2008). 'Intrahousehold asset dynamics and its effect on the intergenerational transmission of poverty: a select annotated bibliography and literature review.' Working Paper 115. Manchester: Chronic Poverty Research Centre.
- Sparr, P. (1994). *Mortgaging women's lives: feminist critiques of structural adjustment*. London: Zed Books.
- Strickland, R. (2004). 'To have and to hold: women's property and inheritance rights in the context of HIV/AIDS in Sub-Saharan Africa'. Working Paper. Washington, DC: International Center for Research on Women.
- Tanzania Commission for AIDS (TACAIDS), National Bureau of Statistics (NBS) and ORC Macro (2005). *Tanzania HIV/AIDS indicator survey 2003–04*. Calverton, MD: Tanzania Commission for AIDS, National Bureau of Statistics and ORC Macro.
- Thomas, F. (2006). 'Stigma, fatigue and social breakdown: exploring the impacts of HIV/AIDS on patient and carer wellbeing in the Caprivi region, Namibia'. *Social Science and Medicine*, 63 (12), 3174–87.
- Thurman T., Snider, L., Boris, N., Kalisa, E., Nyirazinyoye, L. and Brown, L. (2008). 'Barriers to the community support of orphans and vulnerable youth in Rwanda'. *Social Science and Medicine* 66 (7), 1557–67.
- Tripp, A.M. (2001). 'Women's movements, customary law and land rights in Africa: the case of Uganda'. *African Studies Quarterly*, 36 (1), 39–63.
- Uganda Bureau of Statistics (UBOS) (2006). 'Uganda National Household Survey 2005/06: report on the socio-economic module'. Kampala: Uganda Bureau of Statistics.
- Uganda Bureau of Statistics (UBOS) and Macro International Inc. (2007). *Uganda demographic and health survey 2006*. Calverton, MD: Uganda Bureau of Statistics and Macro International Inc.
- United Nations Children's Fund (UNICEF) (1999). *Children in need of special protection measures: a Tanzanian case study*. Dar es Salaam: United Nations Children's Fund.
- United Nations Children's Fund (UNICEF) (2006). *The state of the world's children 2007. Women and children: the double dividend of gender equality*. New York: United Nations Children's Fund.



- United Nations Children's Fund (UNICEF) (2009). *The state of the world's children 2010. Celebrating 20 years of the Convention on the Rights of the Child*. New York: United Nations Children's Fund.
- Van Blerk, L. and Ansell, N. (2007). 'Alternative strategies for care giving in the context of AIDS in Southern Africa: complex strategies for care'. *Journal of International Development*, 19 (7), 865–84.
- Walsh, J. (2005). 'Women's property rights violations and HIV/AIDS in Africa'. *Peace Review: A Journal of Social Justice*, 17, 189–95.
- Whitehead, A. and Tsikata, D. (2003). 'Policy discourses on Women's land rights in Sub-Saharan Africa: the implications of the return to the customary'. *Journal of Agrarian Change*, 3 (1&2), 67–112.
- Wood, K., Chase, E. and Aggleton, P. (2006). "'Telling the truth is the best thing": teenage orphans' experiences of parental AIDS-related illness and bereavement in Zimbabwe'. *Social Science and Medicine*, 63 (7), 1923–33.
- Yaqub, S. (2003). 'Poor children grow into poor adults: harmful mechanisms or over-deterministic theory?' *Journal of International Development*, 14 (8), 1080–93.
- Zimmer, Z. and Dayton, J. (2005). 'Older adults in Sub-Saharan Africa living with children and grandchildren'. *Population Studies*, 59 (3), 295–312.



Chronic Poverty Research Centre

www.chronicpoverty.org

The **Chronic Poverty Research Centre** (CPRC) is an international partnership of universities, research institutes and NGOs, with the central aim of creating knowledge that contributes to both the speed and quality of poverty reduction, and a focus on assisting those who are trapped in poverty, particularly in sub-Saharan Africa and South Asia.

Partners:

Bangladesh Institute of
Development Studies (BIDS),
Bangladesh

Development Initiatives, UK

Development Research and
Training, Uganda

Economic Policy Research
Center, Uganda

HelpAge International, UK

Indian Institute of Public
Administration, India

IED Afrique, Senegal

Institute of Development Studies,
UK

Overseas Development Institute,
UK

Programme for Land and
Agrarian Studies, South Africa

University of Legon, Ghana

University of Manchester, UK

University of Sussex, UK

Contact:

cprc@manchester.ac.uk
© Chronic Poverty Research
Centre 2011