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The Intergenerational Transmission of Poverty during the AIDS Epidemic in Uganda

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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 the poverty line.



Abstract

In this paper I examine through longitudinal survey and case study data the role of HIV and AIDS in the intergenerational transmission of poverty in rural Uganda. I focus on the factors that contribute to chronic poverty in rural Uganda; the patterns of intergenerational transfers and asset inheritance in the study households; the impact on children orphaned by AIDS and on older people of the intergenerational transmission of poverty, and the gender aspects in the transmission of intergenerational poverty in the context of the AIDS epidemic. Data from 15 case study households, drawn from the findings of a longitudinal study of rural households in South-West Uganda, is used to examine these factors.

The case study households were or are all headed by women, a number of whom have experienced relationship instability and have as a consequence often struggled to take care of children and grandchildren with little support from partners. Their experience of managing land and property transfers, the provision for children's education and skill-training and health care are described. I examine the impact on the transmission of poverty to children of HIV and AIDS as well as the same impact on older people. I go on to explore some of the strategies employed by household members to break the cycle of poverty such as migration for waged work and marriage. I then explore some policy implications of the findings: the provision of anti-retroviral therapy, food security as well as access to good education and work and the importance of kin in the provision of support.

The findings of this study show how a large network of kin and associates who can help out provides an effective safety net for many poor families in times of need. However, members of poor families who prosper often find themselves with additional mouths to feed that can drain their resources. The conditions in which poverty exist are reproduced through similar mechanisms to those experienced by previous generations; poverty is not therefore 'transmitted' so much as recreated because external and internal factors continue to constrain the opportunities to build assets. I conclude that despite the strain that the AIDS epidemic has put on many families the kin network remains a vital safety net in the absence of other social support, yet it is also a levelling force: keeping poor adults and their children poor, as resources are stretched, shared and traded.

Keywords: HIV and AIDS, Uganda, chronic poverty



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List of Acronyms

ESCR	Economic and Social Research Council (UK)
GPC	General Population Cohort study (MRC-UVRI Research Unit)
HHH	household head
MRC	Medical Research Council (UK)
SES	socio-economic status
UPE	Universal Primary Education
UVRI	Uganda Virus Research Institute



1 Introduction

A lack of assets, such as land or financial resources, does not necessarily cause chronic poverty in Uganda, according to Lawson *et al.* (2006) and Bird and Shinyekwa (2003). Difficulty accessing markets, corruption, insecurity, poor gender relations and alcohol abuse, as well as a lack of the 'necessities of life' (Lawson *et al.* 2006: 1228), in addition to having few assets, contribute to keeping poor people poor. The same factors cause the downward mobility of others (who may not yet be poor) into poverty. How can the cycle of poverty be broken? Are children of poor parents destined to be poor themselves? Concern with families who are caught in a poverty trap has given rise to research into the concept of the intergenerational transmission of poverty: the persistence of poverty across generations where poor parents, or other carers, pass on their disadvantaged situation to their children in adulthood and beyond. The purpose of this paper is to look at one aspect of the intergenerational transmission of poverty. I examine through longitudinal survey and case study data the role of HIV and AIDS in the intergenerational transmission of poverty in rural Uganda. The paper focuses on the following issues:

- The factors that contribute to chronic poverty in rural Uganda.
- The patterns of intergenerational transfers and asset inheritance in the study households in Uganda.
- The impact on children orphaned by AIDS and on older people of the intergenerational transmission of poverty.
- The gender aspects in the transmission of intergenerational poverty in the context of the AIDS epidemic.

I draw on the findings of 'Livelihood Trajectories and HIV and AIDS in South West Uganda – a longitudinal study of rural households' funded by the UK Medical Research Council (MRC) and the UK Economic and Social Research Council (ESRC). This was a 24 month study with the overall objective of assessing the impact of HIV-infection on households over a 15 year period (1991-2006) in a rural setting in Uganda. The study began in early 2006 and data collection finished in mid 2007.



2 Background to the intergenerational transmission of poverty

There is a growing body of work which provides insights into the nature of the intergenerational transfer of poverty (see, for example, Castañeda and Aldaz-Carroll 1999, Corcoran 2001, Beegle *et al.* 2005, Bird 2007) showing the impact on, in particular, education and health outcomes. Frameworks for the analysis have been suggested by a number of commentators (Moore 2001, Quisumbing 2007) highlighting factors that influence the transmission (or lack of transmission) of private, or access to public, resources from carer to child or from a youth/adult to an older person. The transmission of resources may be seen as the fulfilment of some form of exchange between the two parties. McGregor *et al.* (2000: 47) refer to this as the intergenerational bargain which sets out the 'uncodified rights and obligations between generations' which bind the parties in the transfer of goods and services. The care and resources of and from the parent for the child today (or promised in the future) will translate into support for the parent in older age from the child.

The importance of family background and structure, parental education and wealth, localised norms of entitlement and existing patterns of distribution of resources in the household and society, have been highlighted as important in determining resource transfers to children (Tomes 1981, Castañeda and Aldez-Carroll 1999, Bird 2007). The impact of these factors in determining lifetime incomes and poverty of children and their impact on the next generation depends, not surprisingly, on the broader economic and socio-cultural policies and context and the opportunities that the context provides in overcoming negative transfers (inability to pay school fees, leading to a lack of education or debts, for example) and interrupting poverty transmission (Harper *et al.* 2003:536; Quisumbing 2007:9) as well as the resilience of children and adults in overcoming 'significant life adversity' (Luthar 2003: xxix quoted in Bird 2007: 34). The understanding of the intergenerational transmission of poverty is, therefore, context-specific. Nevertheless, attempts have been made to identify common themes and experiences to develop conceptual frameworks through which the intergenerational transmission of poverty can be examined.

Quisumbing (2007) uses a life-course approach to understand the inter-linkages between patterns of intergenerational transfers and their role in the transmission of poverty. She focuses on intergenerational transfers within the family. While noting that the family may 'consist of multiple households related by blood or marriage but not necessarily living together' (*ibid.*: 1) much of her discussion focuses on a limited family unit as the locus of decision making: parents and children. She identifies four core assumptions that underlie notions of how parents transfer assets and invest in children's education, skills and health, and shows how the reverse of these assumptions serve as 'stumbling blocks' in the transfer of resources. Summarised as 'preferences', 'returns', 'constraints' and 'bargaining', her assumptions form the basis of her analytical framework. First, she argues that parents do not necessarily care equally about their children, and have 'preferences' regarding which children they should invest their resources in. The sex of the child, birth order, physical attributes, the ability of the child to benefit from the investment, the possible future returns from investing in the child and other contextual factors, often individually or in complex interaction with each other, determine how much and to whom resources are transferred



(Quisumbing, 2007:2). Secondly, parents make strategic investments in their children based on the possible future 'returns' or benefit that both the child and the parents will gain from investing in the child (in recognition of the intergenerational bargain alluded to above). These include returns in both the labour and marriage markets as well as the potential for care-giving and old-age security that a child can offer the parents. Thirdly, she states that asset transfers and investments in children are made in the context of credit and time constraints. Factors that bear upon credit constraints are parental characteristics such as education and health, and external factors such as the remuneration offered in different sectors, cost of investment in human capital of children (for example the cost of school fees or health care) and the cost of living. Finally, she recognises that parents are not always in agreement regarding what and to whom assets should be transferred, and the ability of a parent to impose their preference, or their 'bargaining power', will determine the outcome of the transfers. In a context where decisions about transfers are being made by carers who are not parents this final factor, which may involve bargaining among a number of different family members, may be particularly important in determining poverty outcomes for a child. She goes on to explore the 'mirror image' of these assumptions, the so-called 'stumbling blocks' that lead to persistent poverty.

Quisumbing's framework, while helpful in breaking down factors that influence decision-making within a family unit and pointing to intra-household differences in decision-making (bargaining) is limited by the assumptions about the unit of analysis (albeit the family, rather than household) building on an older tradition of 'the new household economics' (Becker 1965 for example). There is also a suggestion in this framework that parents seek to maximise their returns from their investment in their children. As Guyer (1981:104) reminds us, there are problems in 'designating complex collectivities [such as household, lineage or family] as units' because of the reality of social relations often mediated by kinship and domestic organisation. This point is corroborated in the recent work of Drinkwater and colleagues who have recently made use of 'clusters' in their study of the effects of HIV and AIDS on agricultural production systems in Zambia, as a way of establishing significant links between households.¹ The framework developed by Harper *et al.* (2003), highlights the essential dimension of social relations that influence decision-making and thereby complements the work of Quisumbing. Their framework includes the linked set of social and policy processes from the micro to the macro levels that are responsible for the intergenerational transmission of poverty. They argue that the intergenerational transmission of poverty at the micro level is related not only to "[I]ndividual actions, [but also] the interface between the individual and the wider environment and the set of social processes that connect the individual to the wider environment and enable and constrain change over time" (p. 536). Their framework identifies social relations, and specifically a) family, kin and household structures; b) social norms and practices; and c) social connectedness, as being

¹ They defined a cluster as consisting of 'households, usually, though not necessarily, living in the same geographical area [...] clusters range in size from about five people (usually a single household) to about 20 people (multiple households).' (Samuels *et al.* 2006: 2). They used this approach to identify interconnected groups of households for study.



the key structures and processes that mediate an individual's interface with the wider environment (pp. 539-541) and thus influence the transmission of poverty.

The AIDS epidemic has affected the transmission of property and knowledge from parent to child because of so-called 'prime-age' (aged 15-49 years) deaths. HIV and AIDS affect not only those who are infected but also, when infected people die, their survivors, particularly children or aged parents. As Collard notes (2000: 456), for the intergenerational bargain to deliver, each generation needs to make 'such transfers as are consistent with each cohort having a good life-prospect'; if they do not, the intergenerational bargain fractures. The epidemic is a cause of such fractures, shifting the transmission of resources across generations from, for example, grandparent to grandchild. In Uganda, where many thousands of people are living with HIV and more than a million people have died (UNAIDS 2006, Uganda AIDS Commission 2008) as a result of the epidemic, large numbers of children have been orphaned and left in the care of other relatives (Foster and Williamson 2000). The effects on children may be multiple, including 'loss of assets, reductions in consumption and investment, [...] changes in social behaviour and marriage patterns, orphans dropping out of school and possible psychological damage' (Deininger *et al.* 2005).

In this paper I explore the effects on children, and older people, of the loss of their parents and children, respectively, and examine in which ways HIV and AIDS may be contributing to the intergenerational transmission of poverty.

The paper is structured in the following way. I next describe the research setting and the methods used in the study before providing brief portraits of the 15 households on which I focus. I then describe the patterns of intergenerational transfers and asset inheritance in the study households before exploring the particular impact of the AIDS epidemic on the transmission of poverty itself. I then go on to describe the strategies young people adopt, to attempt to break out of the cycle of poverty and reflect on the successfulness of these approaches before turning to the policy implications of the study findings. I conclude by returning to the frameworks of Harper *et al.* (2003) and Quisumbing (2007) and propose some modifications to take account of the intergenerational transmission of poverty in a context where transmission is affected or perhaps compounded by death and illness.



3 The setting

The research was undertaken in one of the study sites of the Medical Research Council and Uganda Virus Research Institute (UVRI) Research Unit on AIDS. There is a General Population Cohort study (GPC) at the site which was established in 1989 in 15 rural villages (expanded to 25 villages in 2000) in a sub-county of Masaka district in south-western Uganda. The main objectives of the GPC are to describe the dynamics of HIV infection within a rural population, to identify the major risk factors for contracting HIV, to quantify the impact of mortality and fertility and to study treatment seeking behaviour. Every year since its inception, the GPC team has conducted annual household censuses of the resident population covering age, sex, education, and relationship to household head among other variables. In addition, a medical survey of all willing residents aged 13 and above, collecting blood specimens for HIV testing and a brief behavioural questionnaire, have also been administered. The annual surveys are well accepted by the population, with coverage of 60-70 per cent of the resident population in any given year.

In 1991/1992 an ethnographic study of household coping mechanisms was undertaken that looked at the experience of the members of 27 households selected from three of the MRC/UVRI cohort study villages. The findings of that study were presented in Seeley (1993). The study was repeated in 2006/2007. The focus of the study both in 1991/1992 and 2006/2007 was not only on HIV and AIDS but on wider aspects of daily life, because we were interested in understanding more about people's lives in general and the challenges (as well as the opportunities) they face.

The people living in the study area are largely subsistence farmers who produce small amounts of cash crops such as bananas, coffee and beans. The land is largely fertile. Agriculture is primarily rain fed and therefore agricultural production is subject to periods of dry weather, which is a major constraint to agriculture in the area (particularly for banana and maize production). The majority of the population are ethnically Baganda (75 per cent), but there is a large representation of immigrants from Rwanda (15 per cent) who have tended to settle over the last 70 years on land at the outskirts of established villages. Four per cent of the population are immigrants from Tanzania. A mixture of other tribes makes up the remainder. The main local language is Luganda which is spoken and understood by all the tribes. The community is predominantly Roman Catholic (58 per cent), with 12 per cent Protestant and 28 per cent Muslim. Just over 50 per cent of the population is under 15, and the ratio of females to males for the total population is roughly 1.1:1. Most households have less than five acres of land. However, there are a small number of sizeable land owners and relatively few households are landless.

Table 1, below, shows age distribution of the overall GPC study population, showing that with 44 per cent of the population aged under 13 years of age, dependency rates are high.



Table 1 Population distribution in the study area in 2005

Age-group	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
< 13	4621	22.31%	4566	22.04%	9187	44.35%
13-19	1997	9.64%	1908	9.21%	3905	18.85%
20-29	1180	5.70%	1423	6.87%	2603	12.57%
30-39	855	4.13%	901	4.35%	1756	8.48%
40-49	552	2.66%	677	3.27%	1229	5.93%
50-59	339	1.64%	427	2.06%	766	3.70%
60-69	294	1.42%	363	1.75%	657	3.17%
70-79	200	0.97%	237	1.14%	437	2.11%
> 79	92	0.44%	82	0.40%	174	0.84%
Total	10130	48.90%	10584	51.10%	20714	100.00%

Research in the GPC found HIV prevalence in the adult population (age 13+) of the original 15 villages to be 8.5 per cent in the annual survey round 1990/1991, 6.2 per cent in 1999/2000 and 7.7 per cent in 2004/2005. In the 10 new villages, which include the administrative and trading centre of the sub-county, prevalence rose steadily from 4.4 per cent in the 1999/2000 survey round to 8.2 per cent in the 2004/2005 survey round (Shafer *et al.* 2008).

Child care data for the 2005/2006 annual survey round showed that 10,278 children under 18 years of age were being cared for by 5,061 different carers. Because some children moved between households or had more than one carer (multiple carers could be listed in the survey), 19,181 child to carer relationships were recorded. Of these relationships, 13,211 listed at least one parent as their carer (including 523 cases where the parent was over 60 years of age). The remaining children, 5,970, were cared for by others (Table 2).

Table 2 Relationship of carer to child under 18 years of age who is not resident with parents (2005/2006)

Relationship of carer to child	Both parents alive		Father dead		Mother dead		Both parents dead		Total	%
	Number	%	Number	%	Number	%	Number	%		
Grandparent	2702	75.3	384	10.7	268	7.5	234	6.5	3588	100.0
Uncle or aunt	504	60.5	126	15.1	73	8.8	130	15.6	833	100.0
Other relative or non-relative	958	69.7	150	10.9	148	10.8	118	8.6	1374	100.0
Self or sibling	89	50.9	39	22.3	16	9.1	31	17.7	175	100.0
Total	4253	71.2	699	11.7	505	8.5	513	8.6	5970	100.0



As the data in Table 3 show, 2,169 child-to-carer relationships were with people over 60 years of age and 40 per cent of these (869) were cared for by people over 70 years of age.² However, the majority of children that these older people cared for had at least one parent alive, although these parents did not live in the same household and did not provide day to day care for their children. What these tables do not show is the reciprocal caring relationship that some children had with older people, a point I return to in the discussion below.

Table 3 Age of carer of unmarried child under 18 years not resident with parents (2005/2006)

Age of non-parent carers	Both parents alive	%	Father dead	%	Mother dead	%	Both parents dead	%	Total	%
Under 60 yrs	2736	72.0	432	11.4	319	8.4	314	8.3	3801	100
60-69 yrs	941	72.4	134	10.3	111	8.5	114	8.8	1300	100
70-74 yrs	265	65.9	59	14.7	36	9.0	42	10.4	402	100
75 yrs and over	311	66.6	74	15.8	39	8.4	43	9.2	467	100
Total	4253	71.2	699	11.7	505	8.5	513	8.6	5970	100

The main ethnic group in the area is the Baganda, as noted above. They have a patrilineal kinship system, which means that individuals belong to their father's descent group. Bridewealth is exchanged at marriage symbolising the effective transfer through a marital contract the reproductive and productive capacities of a woman, as well as the ownership of children resulting from the union, from her family to her husband's. Nahemow (1979: 172) describes the social structure of the Baganda as 'loose patrilineal' because of the propensity for people to live in nuclear households 'and the generations are often segregated by considerable distances. This was the traditional pattern and is still true today' (ibid). She goes on to explain that this residence pattern was encouraged by the lack of land pressure because of the availability of very fertile land as well as high rates of residential mobility.³

Land is arguably the most important resource in this agricultural community, and therefore the passing on of land from one generation to another, is an important item of intergenerational transfer. What is passed on to whom is influenced by the three different land tenure systems in Masaka district: customary tenure, *mailo* tenure, and leasehold

² The number 2,169 is the sum of the totals for all non-parent carers over 60 and the number 869 the sum of the two totals for those over 70.

³ Residential mobility was caused by a number of factors. Traditionally individuals may have moved at the bidding of the *Kabaka* (King) or if they were dissatisfied with a local chief. Then they could move and offer their allegiance to another in return for cultivation rights. In addition, as a number have commentators have observed, marital instability was and is high, resulting in the dissolution and reformation of households (see Gibbs 1965 and Nabaitu, Bachengana and Seeley 1994 for example).



tenure; rules of inheritance vary with each type. Customary tenure, which predates the other forms of land tenure, was mainly in the form of communal land tenure through the chief or ruler, the tribe, the clan and the family. Land was owned corporately but individuals had specific rights to use, and these use rights could be passed on to one's heirs. Women's access to land was only through men in this system. While a woman may be given access to land through her natal family she could not alienate the family property (Barnett and Blaikie 1992). Despite the introduction of other systems, customary tenure remains widespread in Masaka District (Karuhanga 2008: 118). *Mailo* tenure was introduced to Buganda by the British colonial administration.⁴ This system introduced individual land ownership thereby allowing land to be purchased or sold, as well as inherited by those who had been given *mailo* land. The majority of Baganda, who were not from royal, chiefly or other prominent families, did not receive *mailo* land and had to obtain user rights on a piece of land from the owner, by purchasing a tenancy. The tenants did not, therefore, own the land and without title land cannot be used to secure credit. Despite the restrictions this system was better than customary practice for women since they could purchase or inherit a tenancy. However, as Barnett and Blaikie (1992: 77) explain, given that many women did not have access to cash their main source of land was only through inheritance which was still influenced by customary norms (West 1972). The third type of tenure, leasehold, pertains to leases to public land granted by the Uganda Land Commission for 45 or 99 years for specific development activities (Karuhanga 2008: 120).

Karuhanga goes on to note that while women may not be restricted from acquiring land, their access to land is difficult because most cannot afford to purchase (2008: 121). Therefore, she argues that an important way in which women may get land remains that under customary land tenure, where women's primary access to land is through marriage. In the event of the death of a spouse Ugandan law allows widows to retain 15 per cent of her husband's property (*ibid.*) although in practice this land may be retained by the husband's family. Deininger and Castagnini (2004) observe that the 1998 Land Act in Uganda that ruled that all customs that prevent women and children from inheriting land are null and void has failed to have its desired impact on women's rights to their husband's property.

⁴ The *Mailo* (taken from the word 'mile') came in with the 1900 Uganda Agreement. Under the agreement the *Kabaka*, his family and Baganda Chiefs acquired 8,958 square miles of land as freehold. The remaining land (9000 square miles) was allocated to the protectorate (Karuhanga 2008: 119).



4 Methods

Twenty-seven households (self-defined by the household members but usually considered to be the people living together on a compound and sharing meals) participated in the study in 1991/1992. Members of 24 of those original households participated in the restudy in 2006/2007. The original 27 households were chosen in 1990 from the populations of three of the study villages to represent a cross-section of different household types. There was a particular weighting given in the sample towards female-headed households because we were at that time interested in understanding more about the factors that may put poorer women household heads at risk of HIV infection as well as factors that might make mitigating the impact of the epidemic difficult. The socio-economic status of the participating households was derived from the GPC data in both 1990 and 2006 using 1989/1990 and 2005/2006 survey round data. In 1991/1992 the following indicators were used for the assessment of socio-economic status: materials used in house construction (grass only, mud and wattle with grass roof, baked bricks with grass roof, mud and wattle with iron sheet roof, baked bricks with iron sheet roof or tiled roof); the total land acreage available for cultivation (the *kibanja*); and the household item index. Households with 0-2 household items, owning less than two acres of cultivable land were categorised as 'poor', those with 3-4 items and owning two- three acres of land were 'less poor' while those with more than 4 items and owning over three acres of land were classified as comparatively 'rich'. The condition of the house and roof was also taken into account. In each case the materials used in the house, roof construction and the condition of the roof of the house fitted with the categorisation derived from the index of items and land ownership. Because the household item index was modified between the baseline and round 17 (2005/2006) to take account of changing access to assets in the study area,⁵ the categories used at baseline were reclassified on the basis of an item index score of 0-3 = "poor", 4-6 = "less poor", 7-9 = "rich" The information on socio-economic status derived from the survey data was cross-checked by the researchers visiting the households. Interestingly in only two cases in 2006/2007 was a modification of the original socio-economic status made: in one case to change the category for 'rich' to rich/less poor (a mix of characteristics of both the rich and the less poor categories) and the other to change from less poor to less poor/poor (a mix of characteristics of both the less poor and poor categories). In both cases this was because the research team member felt that the ranking based on number of household items was misleading because in each case one or two of items were either in poor condition or old and the general situation of each household was not compatible with a higher ranking, compared to other households in those categories.

⁵ In 1989/1990 the household item index consisted of a jerry can for carrying and storing water, a pot for boiled water, a dish drying rack, bed(s), a radio or radio cassette, a bicycle, and a motorised vehicle. Four years later breakable plates were added to the index and items that had been very common at baseline removed (jerry can and dish drying rack). The introduction of cheap breakable plates into the area led to their removal from the index in 2006/2007 as they were no longer a scarce luxury item. Mobile phones were added to list in 2006/2007 because of increasing ownership among better-off households.



During 1991/1992 the field research team, who were all local people trained in ethnographic research, paid monthly visits of up to half a day to study households to chat to household members and take part in household activities so that they could learn about the changes in different aspects of the household's daily life such as composition, employment, health, food consumption and social networks. Detailed accounts of the visits were written up by team members and the visits (and the reports) were discussed with the team members and the Principal Investigator to ensure that important information had not been missed.⁶ Monthly meetings were held so that the team could discuss emerging themes and agree if there were any particular issues that they should focus on in their next visits.

The 27 households had been selected from three villages in the MRC/UVRI study area, as noted above. The methodology used in the study is explained in more detail in Seeley *et al.* (1995). In 2006/2007 when the study was repeated the same approach was used. In addition to collecting detailed information on day to day life, the life stories were collected from adults, and some older children. People were also asked to recall their memories of what had happened in the intervening 16 years. Information on two households which no longer existed because their household heads had died and their children had moved away was gathered from neighbours and relatives. One household refused to take part in the restudy.

The analysis of the data was done manually in both 1991/1992 and 2006/2007 by members of the whole team (field team and Principal Investigator) using content analysis. Themes were discussed in the team and where information was missing or unclear attempts were made in the follow-up visits to households to fill gaps. Kinship diagrams and social network diagrams were drawn for each household, which provided valuable background information with which to keep track of people mentioned during the monthly visits and thereby build up a picture of the household's network of kin and other contacts.

Overall approval for the study was given by the Ugandan National Council of Science and Technology. Ethical approval was given by the review boards of the Uganda Virus Research Institute and the University of East Anglia. For both the 1991/1992 and the 2006/2007 studies consent was obtained from the participants. In the first study the household head gave verbal consent on behalf of all household members, in the second study written consent was obtained from the household head and then members over the age of 13 gave their verbal agreement to take part.

Twenty-one female and six male headed households made up the original 27 households. Eleven household heads died in the intervening 15 years. In 2006 the distribution of participating household heads was 17 females and seven males.⁷ Among this number, two of the female heads, one in her 70s and one in her 80s had moved out of the study area to live

⁶ The Principal investigator worked with four post-graduate social scientists to support the field team in this study in 1991/1992. In 2006/2007 the field team was more experienced (it included the same woman that had led the field team in 1991/1992) and one social science graduate provided support.

⁷ For the restudy we included the surviving household heads from the original study and the successors of those who had died: sons and daughters of the original household head or a son-in-law.



near relatives. Two households had dissolved and their surviving members had moved out of the study area by 2006.

All of the study households have been affected by HIV and AIDS, either within their own home or among family members and friends. However, I have chosen 15 of the case study households as the main focus in this paper because all but two of these households have children orphaned as a result of AIDS-related deaths or are fostering non-orphan children. All 15 were classified as 'poor' or 'less-poor' in 1990 when the selection of households for the 1991/1992 study was undertaken.⁸ All of these households were headed by women in 1991 except one, where the male head had died in 1995 and his widow had become household head. The two households without orphans or foster children have been included because they have been affected by the impact of AIDS-related death and other losses and therefore are valuable for comparative purposes.

Pseudonyms are used for all the people referred to in this paper and the villages in which they live are not named.

Tables 4 and 5 below provide an overview of the study households showing their socio-economic status during the 1991/1992 and 2006/2007 study, whether the household has experience with HIV infection within the household or wider family and the relationship to the household head of the foster children.

In the next section I provide a short introduction to the 15 case study households.

Table 4 Households *with* orphans or non-orphan foster children, socio-economic status (SES) 1991 and HIV status in household and wider family

Household head (HHH) name* in 1991	Sex of HHH in 1991	SES in 1991	SES in 2006	HIV in household?	HIV in wider family?	Orphans/foster children
Madina	Female	Poor	Poor	Yes	Yes. Daughter and son-in-law, nephews and nieces	Grandchildren
Nazziwa	Female	Poor	Poor	No	Yes. Former husband, daughter and son-in-law.	Grandchildren
Harriett	Female	Poor	n/a	Yes	Yes. Partner	Children
Varista	Female	Poor	Poor	No	Yes. Brother.	Grandchild
Eva	Female	Less poor	Less poor	Yes	Yes. Sons, daughter, daughter-in-law.	Grandchildren

⁸ In 1990 five households were classified as 'poor', 18 as 'less-poor' and four as 'rich'.



Household head (HHH) name* in 1991	Sex of HHH in 1991	SES in 1991	SES in 2006	HIV in household?	HIV in wider family?	Orphans/foster children
Regina	Female	Less poor	n/a	Yes	Yes. Regina's husband and sister.	Niece and nephews
Maria	Female	Less poor	Less poor	Yes	Yes. Maria's daughter.	Children
Grace	Female	Less poor	Less poor	No	Yes. Brothers, sister-in-law	Brother's children. Nieces and nephews
Hawa	Female	Less poor	Poor/less poor	Yes	Yes. Brother and sister-in-law	Grandchildren
Namutebi	Female	Less poor	Less poor	No	Yes. At least two brothers, daughter.	Grandchildren
Gertrude	Female	Less poor	Less poor	No	Yes. Brother.	Grandchildren
Teresa	Female	Less poor	Less poor	No	Yes. Son, daughter and brother. Fostering grandchildren.	Grandchildren
Nanono	Female	Less poor	Less poor	No	Yes. Son. Fostered grandchildren	Grandchildren

* All names have been changed.

Table 5 Households *without* orphans/non-orphan foster children, socio-economic status in 1991 and HIV status in household and wider family

Household head (HHH) name* in 1991	Sex of HHH in 1991	SES in 1991	SES in 2006	HIV in household?	HIV in wider family?	Children
Betty	Female	Less poor	Poor	Yes	Yes. Husband, co-wife, brothers and sister	Grandchildren (with their mother**)
Moses (Roda in second house)	Male (female)	Less poor	Poor	Yes	Yes, son, daughters	Granddaughter (with her mother**)

* All names have been changed.

** The children's mother was also resident in the household.



5 Case study households

5.1 Poor households containing children who have been orphaned⁹ or who are fostered

Madina was categorised as 'poor' in both 1991 and 2006. By 2006 she was in her 80s living with two grandchildren who were then in their early 20s, the son and daughter of her daughter Agnes. The children had been living with her in 1991, at which time their mother had also been living with Madina. Agnes was then between marriages. The children had different fathers. Their mother had remarried after she had given birth to both of her children and had been unable to take her children to her new home. In 2003 her husband had died of AIDS-related illnesses. Agnes died in 2007. In 1991 Madina's house was made of mud and wattle with a grass roof. It was in very poor condition. A two room mud brick house had been built in 1996 to replace Madina's old house which fell down because it was attacked by termites. By 2006 they had another three acres of land at the place where Agnes stayed and the children had also borrowed one acre from a neighbour in addition to the two acres of land given to Madina by Agnes' father (giving a total of six acres). The two children used the land to grow crops for sale. However, by 2007 the grandson had moved to Kampala to look for work, his sister had married and was living in another village. With the death of Agnes the family lost access to the land on her husband's family's plot. Once her grandchildren had left Madina was struggling to cultivate even a small portion of the land.

Nazziwa, aged 59 in 2006, was classified among the poorest households in 1991 and in 2006 the household was still classified as poor. Nazziwa had married two men and had four surviving children with the first one and three with the second (she was his second wife and he did not live with her). The second husband died in 1997 of AIDS-related illness. Her husband had given her a grass thatched house but that had fallen down and her brother, who was a fisherman and stayed near Lake Victoria most of the time, had allowed her to stay in his house (mud brick with iron-sheet roof) and use some of his land while she tried to find money to build a house on the portion of her husband's land which had been left to the children she had had with him. In 2006 she was living with three teenage children and an orphaned granddaughter aged 13.

Harriett, who lived with her children in 1991, was among the poorest households. Her husband had died in 1988 and she died in 2000 aged 37. Both died of AIDS-related illnesses. She had nursed her husband until his death and her stepmother, who told us what had happened with Harriett's household between 1992 and 2000, had nursed her in her father's home. By 2000, when his mother died, one son had already left home and was working as a coffee trader and her daughter had married. The remaining son was taken to live with his paternal grandfather. All three children now live outside the study area.

Varista was classified as poor in 1991 and was still poor in 2006. In 1991 she lived with three children all aged under 10. She has had a husband who she had left because he used to beat her. She had one child with him, her other children were the result of two different

⁹ The Government of Uganda defines an orphan as any child aged 0-17 years who has lost one or both parents.



relationships. After leaving her husband she stayed with various people: her mother, her brother and a sister. For a while an aunt gave her a house to stay in. By 2006, by then in her 50s, she was living with a teenage son and a granddaughter (the daughter of her daughter who was working in Kampala) in a house that she had built with the help of her nephew who had also given her some land. Her brother had died and had told his son to take care of Varista, a task the boy had taken very seriously.

5.2 Less-poor households containing children who have been orphaned or who are fostered

Eva was among the middle category of households in terms of socio-economic status in both 1991 and 2006. In 1991 she had been a single parent living with four children, a niece, a grandchild and her 24 year old brother (who had learning difficulties), at that time she stayed in a house belonging to her aunt and tilled the land by that house. Her socio-economic status had been assessed on the basis of her access to borrowed resources because she did not have her own house and land.¹⁰ By 2006, when she was aged about 60, she was living with four grandchildren and the same brother. The children belonged to her eldest son. Both he and his wife had died of AIDS-related illnesses. *Eva* had moved to the son's house and land to take care of the children and the property (which was their inheritance). A daughter and her husband had also died and *Eva* was concerned with the wellbeing of those children who were living with their paternal relatives.

Regina died in 1995 aged 34. She had been living with a niece and two nephews, who were aged 13, eight and five, respectively in 1990. The niece and the eight year old were the children of her sister who had died in 1990. Their father, a lorry driver, had died in 1986. The younger nephew was the son of her brother. He had remarried and his wife had refused to have his son by an earlier relationship in their house. *Regina's* family stayed in the house that had belonged to her and her sister's father. When *Regina* died another sister came to stay in the house to care for the children until they were old enough to leave home. That aunt returned to her own home but her son came to care for the house and cultivate some of the land. The niece married and moved away (to a place very close to the study area and was, therefore, able to participate in the restudy) and her brother moved first to the local trading centre and then to Kampala to look for work while their cousin started drinking heavily and now has no fixed home in the area.

Maria died in 1997 aged 46 of AIDS-related illness. Her husband had died in the 1980s. She had had four sons and three daughters with her husband and two sons and a daughter after his death with a partner who was a neighbour. Her eldest daughter died at around the same time as her mother. *Maria's* husband's children shared the *kibanja* after her death. Two of their sons settled on the land. The children that she had with her neighbour went to live with their father when their mother died. They were then in their teens and soon left home (their father's house was made of mud and wattle and had only two rooms). The daughter first

¹⁰ Given her relative insecurity we questioned her ranking as 'less poor'. She did not own the house in which she lived or any land.



went to live with an aunt before going to work near Lake Victoria (where she formed a relationship with a fisherman). Her brothers also went to the lake and became fishermen.

Grace was categorised as less-poor in both 1991 and 2006. In 1991 Grace, then aged 56, was household head, living with her 85 year old mother Marita, and her 54 year old sister Eunice. In addition, two children of Eunice (a son aged 17 and a daughter aged 12) and four of her grandchildren (grandsons aged 13, 13, and three and granddaughter of seven years) and a six year old granddaughter of the household head's brother were living with them. Grace had been married twice, both marriages had failed and she had moved back to live with her mother. She had had no children. Eunice had seven (out of 10) surviving children. By 2006, Grace and Eunice's mother had died but their mother's sister, who was in need of care, had moved in with them. In addition, three nieces and two nephews (children of a brother who had died) and two of Eunice's grandsons lived with them. They lived on land that had belonged to their mother in a house of bricks with an iron-sheet roof, which Grace had had built in 2000 (because their old mud and grass-thatched house leaked). She had paid for the bricks herself while Eunice's grown-up children paid for the roof and the labour costs.

Hawa was considered 'less-poor' in 1991 and also in 2006. She was a widow. Her husband had died in 1986. She had been pregnant when he died and that baby had also died. However, she already had a son and two daughters. After her husband's death she had two other relationships resulting in three more sons. By 2006 two sons (aged 14 and nine), two grandsons (aged five and eight) and a granddaughter (aged six), children of her daughters' working in Kampala, were living with her. Her granddaughter was HIV-positive and was frequently ill. During the end of the study period that child's mother took her to stay with her in Kampala because of her ill-health.

Namutebi, in her mid-50s in 2006 is a single parent living on land inherited from her parents. She had a large household in both 1991 and 2006. She was considered as 'less-poor' in both 1991 and 2006. Namutebi had had four partners with whom she had had children. In 1991 she lived with three sons (nine, six and four), a daughter (aged two), a granddaughter (aged four), grandson (aged three), two nieces (aged 20 and 12) and a nephew aged 23. In 2006 she lived with a son (aged 18), a daughter (in her early 20s), the daughter's son (aged four), another grandson (aged about 10, the child of another of her children), a niece (aged 13) and a granddaughter (aged 12, also the child of a non-resident child of Namutebi). The household composition was fluid because Namutebi lived close to other relatives, so children often moved between households and the composition changed from month to month.

Gertrude is Namutebi's older sister who lives nearby in a house she built on land inherited from her grandmother. She is also classified as 'less poor'. She has 10 children, the three youngest had lived with her in 1991 with a two year old granddaughter. In 2006 a 20 year old son, two daughters, one aged 30 and the other 22, a granddaughter (aged 22), a niece aged 17, a nephew aged seven and three daughters of her 30 year old daughter aged 15, six and one. The 30 year old daughter was mentally ill as a result of having had cerebral malaria a few years ago. For half of the year Gertrude also provided a home for her brother who was seriously ill because of diabetes. She nursed him until he was well enough to go to his own home (where he lived alone).



Teresa aged 61 in 2006, was also categorised as less poor in both 1991 and 2006. She had two husbands with whom she had seven children, two had died as babies and two when adults. She had worked in Kampala as a tailor when she was younger but had come home to the village in 1987 to be near her mother who was sick. She bought a plot of land with her savings and built a house for herself and her children. In 2006 her 40 year old daughter, who was divorced, a 13 year old niece and 10 year old granddaughter lived with her. The granddaughter was deaf and attended a special school in Masaka (the fees were paid by 'a kind lady in Masaka'). In addition, Teresa also helped care for grandchildren in Kampala whose parents were away working.

Nanono was in her 80s by 2006. While she had some of her children resident in her own village it had been decided by her children that she should be moved out of the study area to live near another son and daughter. Unfortunately the son died of AIDS-related illnesses soon after she moved. Two teenage grandchildren, the children of her daughter resident in that area, were sent to live with her in the house her son had given her. A seven year old grandson also lived with her. The two teenagers moved away during the course of 2006, having had misunderstandings with their grandmother, leaving her with the seven year old.

5.3 Households without foster children or orphans but affected by HIV and AIDS

Betty was classified as 'less-poor' in 1991 but was considered 'poor' by 2006. She was aged about 40 in 1991. Then she lived with her mother Namwandu (aged 80), three daughters (the eldest was called Beatrice) and two sons. Three daughters of Beatrice were also in the household. The house was made of mud and wattle with an iron sheet roof. It was an old house (the house of Betty's parents) and was not in a good state of repair. They had a very small plot of land for cultivation. The MRC/UVRI baseline survey gave the size of their *kibanja* to be 14 acres, but this was the size of Betty's father's *kibanja*. After he died the relatives had divided up the *kibanja* and left both Namwandu and Betty each with a small portion of banana plantation and coffee on poor land that was not very productive. They had borrowed some land from one of Betty's brothers to enable them to grow seasonal crops. Betty's mother died in 2000. In 2006 Betty was living with a twenty year old son and her daughter Beatrice (aged 35). Beatrice's seven year old son and two year old granddaughter also lived with them. They lived in the same house and were still borrowing land from Betty's brother to grow crops on because their plantation remained unproductive. They no longer grew coffee. Both Betty and Beatrice are HIV-positive and Betty has lost one son, who was a young child, to AIDS-related illness.

Roda was Moses' second wife. Moses participated in the 1991 study but at that time Roda lived in another house he owned outside the study area. In 1991 Moses had been living with two sons aged 17 and 18 (Fred and Deus), a teenage nephew and a 13 year old daughter. Moses lived in a mud brick/grass roof house but he had six acres of land. He was categorised as 'less-poor.' He died in 1995. Roda stayed on in the house in the study area and sold land she had inherited from her father to get money to build a new house which she did in 1997. Deus continued to live in a house nearby until 2001 when he died of AIDS-related illnesses. In 2002 and 2003 two of Moses and Roda's adult daughters who lived



elsewhere died as a result of AIDS. In 2006 Roda was living in a mud-brick house with an iron-sheet roof with her daughter Jessica and Jessica's daughter Maria (who was four years old).

5.4 Summary of case study households

The case study households described above include four of the poorest households which contain children who have been orphaned or who are fostered away from their parents. The next nine households, which also include orphans or foster children, are socio-economically better off ('less-poor') but they share many of the same characteristics as the first group: all were or are headed by women, a number of whom have experienced relationship instability and have as a consequence often struggled to take care of children and grandchildren with little support. The last two case study households, which are also 'less-poor', have been directly affected by HIV and AIDS, but do not have foster children or orphans. These are included to provide a comparison with the other households.

6 Intergenerational transfers and the case study households

In this section I describe the transfer of assets within the case study households, before discussing of the impact of HIV and AIDS on intergenerational transmission of poverty in these families.

6.1 Patterns of intergenerational transfers and asset inheritance in the case study households.

I begin by focusing on physical assets (land and property), then look at the link between the transmission of physical assets and the relationship of the child to the carer, before turning to the transfer of human assets, such as education, skills and health.

6.1.1 *Land and property*

As Mtika (2003) illustrates in his work on family transfers in Malawi, in subsistence economies having land on which to produce is fundamental to the well-being of families; this was true for our case study households where access to land for cultivation and on which to build a house was of central concern, given the place that agriculture continues to play in rural livelihoods. I look at the households of Madina, Eva, Nazziwa, Regina, Grace, Betty and Varista and their experience of asset transfers, which their stories provide differing perspectives on. In Section 3, above, I set out the background to the inheritance of land in the study area. In this section I show, that while customary practice does prevail in some cases, the transfer of land between siblings and across generations is often more complicated because it is affected by the nature of the personal relationships of those involved as well as outside influences.



Madina had been married many years ago, but had left her husband and children when a series of miscarriages had soured the marriage and the husband had taken another wife. She had stayed with her brother for some time before she met her second partner and moved to her present village. Her partner had a wife and family already. He purchased a *kibanja* from the owner of the *mailo* land in the early 1970s and built a house for Madina on that land. He passed that land to her when he died. Madina calls the land 'her grandchildren's' even though it was inherited by her. She explained her plans for the disposal of the land on her death:

I brought up those children. I grew with them right from birth up to when they left me. I know their misery because their fathers never cared for them at all. So this land is for them. But I tell you, my granddaughter is annoyed with me – yet I was not wrong. She wanted me to divide this land and give her a portion and give her brother the rest, but heredity is not done like that. A girl gets married (and in this case my granddaughter is already married) – her full property is where she gets married, not here where she grew up. That has been so from the time of our fathers. Some people within this village were blaming me for what I did because my granddaughter provides care for me but I told them I would not make a mistake because of that. What if the husband snatches the piece I have given her? It is better for her brother to take on the land then when she fails in marriage, her brother can accommodate her here. He cannot send her away. It is for both of them but the boy has the top responsibility!

Madina had reason to be concerned about the granddaughter's husband's control of the girl's affairs. Her granddaughter had moved in with her boyfriend in the middle of 2007.¹¹ Since then he had stopped her working as a domestic helper, through which she used to earn enough to help her grandmother and save up for a business she had wanted to start. He also stopped her participating in the MRC/UVRI survey rounds, he refused to be tested for HIV (or to allow his wife to continue to be tested). The granddaughter also told us he refused to use condoms.

The experience of other women, including Madina herself, in accessing support from brothers in time of need does suggest that Madina's strategy of making her grandson the custodian of the land might be in the best interests of her granddaughter. Varista, for example, like Madina, had sought refuge with her brother when her marriage and subsequent relationships had broken down. She told us that she had been given a small piece of her father's land but her paternal aunt had taken it from her claiming that she had bought it from her brother (Varista's father), leaving Varista with nothing. However, Varista's brother, who died of AIDS-related illnesses, left a will in which he said that his son should take care of his aunt Varista and provide her with a place to stay. Varista said that she 'thanked God that her nephew was understanding and put into action the plan of what his father told him before he died.' He built a mud and wattle house for her free of charge and gave her land to cultivate. Other women had reason to be grateful to their brothers.

¹¹ They had performed an 'introduction'. This amounted to a customary marriage.



Nazziwa's brother had provided a refuge for her when her husband died, letting her use both his house and land while she tried to raise money to build a house on the land left by her husband to their children. Betty's brother had also given her access to land when the plot she had been given proved to be infertile.

The experience of Regina and Grace is rather different. Regina had had two sisters (Rose and Teddy) and a brother. Their father had left his land to his four children. Each of the girls had received four acres but the boy had received more (it is not clear how much). The son had sold part of his land but retained part to cultivate and to put a house in which he lived. The children of Rose had inherited their mother's portion. Regina had not had children so her share had been given to her remaining sister, Teddy, when Regina died. Their brother did not like this arrangement, saying that he had been given full control of all the land by his father, and sought to reclaim his father's land from his sister and his sisters' children through the local courts. He failed in his attempt. Teddy's son now lives on her portion of land to 'guard' it from his uncle. The bulk of the land is fallow because the son of Rose is in Kampala and his sister, who could have access to the land if she needed it, has married and moved to another village.

We asked Teddy's son about the control of the *kibanja* that his mother had inherited. He estimated that he had lived on the land for over six years. He was in his early 20s and had a wife and young child. He said his mother allowed him to stay there to protect the land as well as so he could farm it to get capital to buy his own *kibanja*; he said very firmly that the land on which he lives is not his but belongs to his mother.

Grace's mother had been 'chased' off her husband's land by her step-son (the son of her husband's other wife). Grace recounted how they had sought refuge in a friend's house. Their mother had tried to continue to harvest 'their' crops off her husband's land but her step-son had gone to a local court to force her to stop. In later years, Grace learned that her step-brother had sold off their father's property. Grace took him to court and the land was restored to the family. Grace and her sister were given a small amount of their father's land as a result.

Grace and Regina's experience suggests that Madina needs perhaps to be more cautious in assuming that her grandson will help his sister in time of need. Much depends on the other demands that there may be on the resource (such as the number of dependants the brother has) as well as the relationship between the siblings.

Finally, Eva has been dependent on relatives for land and housing following two failed marriages and other short term relationships. She had lived with her grandmother between relationships but in 1988 when her maternal grandmother died an aunt and uncle forced her out of the house. Fortunately another maternal uncle helped her and negotiated with one of his sisters to lend her a house and some land elsewhere in the village. In 1991, during the first study period we found Eva living in that house with her children. In 2003 when her eldest son died she moved to the village where her son, who had become a prominent local business man, had bought land and built a house. She said that she moved not only to care for the children but also to secure the land and property for her grandchildren. In this she was only partially successful. Her daughter-in-law sold off some of her husband's possessions



before her mother-in-law could intervene. Then the daughter-in-law tried to sell the land around the house where Eva was now staying and took her to the local administration demanding that they make her mother-in-law give up the land. They refused, so the daughter-in-law took Eva to the Association of Ugandan Women Lawyers demanding that it was her right as the wife to sell the land.¹² They too refused and ruled that the grandmother should have the land to keep for the grandchildren. This happened in 2005. Then Eva's daughter-in-law died of AIDS and two more children joined her home: a granddaughter who had been living with the maternal grandmother and the youngest child who had been with the mother until she died. Eva commented that those children came 'without even a blanket' because everything else had been sold. To add to Eva's problems, in 2006 she was accused of witchcraft by the relatives of her daughter's husband (both the daughter and her husband had died of AIDS) who wished to take land left to Eva's daughter's children. Eva had tried to 'protect' the land for her grandchildren by burying some herbs given to her by a traditional healer on the land. Someone found out what she had done and it was only through the intervention of a powerful man in her village that she was not subjected to rough justice and then a court case. The paternal relatives then agreed that the land should be kept for the children.

Eva and Regina's family stories illustrate the importance of a physical presence on the land, or in the property, to secure the right to inheritance. What happens to children on the death of a parent, or another event that causes the dissolution of their family (divorce and subsequent remarriage of their mother, for example) has, therefore, an important bearing on the transmission of land and property, as well as the acquisition of human capital through education and the maintenance of their health. So, before turning to 'human capital', I summarise below what happened to the children in the case study households where there were orphans or foster children.

6.1.2 *The relationship of carer and child and link to the transmission of assets*

The table below shows with whom orphans and other foster children reside in the case study households.

The majority of children were staying with their maternal grandmother. This may seem surprising given the patrilineal descent system of the Baganda where children would normally be fostered within the father's extended family. Children born into patrilineal families automatically took on the identity of their father's lineage and thus "belonged" to this line (Roscoe 1965: 82 [first edition 1911]).¹³ Exceptions might be made for very young children where staying with maternal relatives may be seen as most appropriate but older children would be expected to be fostered by their father's kin. However, the marital status of the

¹² The Association of Ugandan Women Lawyers was established in 1974 to assist women and children attain effective legal protection. The Association has been instrumental in protecting widows and older women (often grandmothers) caring for orphaned children from loss of land and property.

¹³ One of the arguments that Regina's brother had used to try and evict his sisters from the land they had inherited was that their children were not of their father's lineage, and therefore had no right to till the land.



Table 6 Relationship of the carer to children in their care in the case study households

Relationship of carer to children	
Maternal grandmother	Madina daughter's children, Nazziwa daughter's daughter, Varista's daughter's daughter, Hawa's daughters' children, Namutebi's daughter's children, Gertrude's daughter's children, Teresa's daughter's daughter, Nanano's daughter's children
Paternal grandmother	Eva's son's children, Namutebi's son's children.
Paternal grandfather/ grandmother	Harriett's children, Eva's daughter's children,
Maternal aunt	Regina's foster children, Namutebi's niece, Gertrude's niece
Paternal aunt	Teresa's brother's daughter, Grace's brother's children
Brother	Maria's eldest son

children's parents' plays a part in the placing of the children, for example, where the parents were not married which may mean that the father refuses to take care of the children. By doing this the father effectively disinherits the child, by denying paternity.¹⁴ So the maternal grandmother is likely to be the refuge for such children when their mother dies or if their mother remarries. While these reasons applied for Madina's grandchildren, for example, this was not always the case; Nazziwa collected her granddaughter after the burial of her son-in-law (who had died after her daughter) because she said it was clear that no one else wanted to care for her. Another example is Teresa's granddaughter, who told us how she came to be living with her mother's mother. She said she had been collected from her father and mother's home when she was three years old, just after her father died. She said her mother was left with seven children to care for so her grandmother took her to 'ease the burden' on the child's mother.

The preference of the children, particularly once they are teenagers, may play a part in where they live, but this seems to rarely be the case when they are younger. Maria's daughter who was in her mid-teens, for example, chose to go to live with an Aunt when she found it difficult to live in her father's small house with her brothers after her mother's death.¹⁵

¹⁴ Varista told us about one of her partners who had denied that he was the father of one of her children. One day several years ago, when she was staying with her brother two women visited her she said one was the mother of Varista's former partner. They were coming from attending mass at the Catholic Church. The partner's mother asked to see the child. She looked at him and went away without any comment. When the mother reached home she started abusing the son saying that he cannot deny paternity when the child looks like him! She told him to either collect the child or provide Varista with support. He didn't want to provide support so in the end he took his son to live with him.

¹⁵ The question of foster children's input into decisions as to their care is explored in detail in Susan Kasedde (2008) 'The influence of HIV on fostering decisions in households in rural Uganda' DrPH thesis, London School of Hygiene and Tropical Medicine.



It is also important to note that children may not be placed in a home primarily for their welfare. Nanano's grandchildren had been told to live with her by her daughter to care for her, not the other way around and Teresa's daughter planned to send a grandson to live with her mother when the granddaughter living with her went to boarding school. The boy was being sent 'to help in the house' when he was not at school. The appointment of a child as a helper to an elderly relative is not unusual in the study area.

Where the children go when they are fostered, particularly the size and relative prosperity of the receiving household, is crucial not only in influencing what they may inherit in terms of assets but also in deciding the future of their education as well as their health care. It is to the transmission of this human capital that I now turn.

6.1.3 *Education and skills*

Not one of the children, or the adults in the case study households, had studied beyond secondary school. The majority had stopped in primary school. Lack of parental and child education is significant in our consideration of the intergenerational transmission of poverty given that a number of commentators, through research in different parts of the world, have highlighted the educational level of adult household members as one of the most important determinants of child poverty (Buvinic 1998, Mayer-Foulkes 2003, Harper 2004, Handa *et al.* 2004, Bhargava *et al.* 2005 and Falkingham and Ibragimova 2005, for example).

Given the relative poverty of many of the households it is easy to assume that it was lack of fees which had prevented educational advancement, but this was not always the case. Among our case study households the inability of the children to complete their secondary education was not always the parent or guardian's choice: Madina, for example, who had never been to school (when she was young education for girls was rarely considered) struggled to get her grandchildren through primary school. She was delighted when the local Catholic Church offered the granddaughter a scholarship for secondary school. Unfortunately the girl had not received her Primary School Leaving Certificate because her school had been accused of cheating, so she was told to repeat the year to qualify for the scholarship; at that point the girl became involved in a relationship with a local boy and refused to continue with her schooling. Madina laments to this day the lost opportunity. To further frustrate Madina's hopes, her grandson showed little interest in continuing with school either, he left at the end of Primary school saying he was not interested in continuing arguing that others made money without attending school, so he did not need to continue. His paternal uncle who had been paying his school fees found him a job in the trading centre repairing bicycles.

Regina's 12 year old niece's and 8 year old nephew's educations were disrupted by the deaths of their parents. Their father had died in 1986 and when their mother died in 1990 their school fees were paid by a paternal uncle. In February 1991 Regina was worried because she wanted to change the school that they were attending (the uncle had moved them from a local primary school to a madrassa (Islamic school) when he had taken over responsibility for their fees). Their father's family were Muslim and the children were being brought up as Muslims, even though their mother's family were Catholics. At the madrassa they were learning only Arabic and about their religion. Regina wanted them to go to an



'ordinary' school to have a general education. She was afraid to move them because she was sure the uncle would stop paying their fees. However, later in 1991 she managed to move the niece to a Muslim foundation primary school, but the nephew remained at the madrassa. Unfortunately the uncle could not pay their fees regularly and the niece missed her final primary school exams because of non-payment of fees. At that point she had to drop out of school. This was in late 1992. The third child in Regina's care was her five year old nephew (the son of a brother who had been rejected by the brother's new wife). She did not send him to school because she said that if she sent him without the father's agreement she would be the one who would have to pay the fees and buy the school books (she already had the responsibility of clothing and feeding the child). In February 1992 Regina told the interviewer that she wanted to send the boy to school to a local primary, but she still did not have the father's agreement.

Regina's older nephew continued to receive support for his school fees from the uncle after Regina died and his other aunt, who took over his care, succeeded in moving him to a primary school and then to secondary school, but in 1997, two years after the death of Regina, he had to leave secondary school because his uncle said he did not have enough money to support his own children, let alone his nephew. The boy went to work in a local trading centre in a butchery owned by his uncle. Then in 2002 he went to Kampala to look for work and began trading in wooden poles used in construction.

Children with one remaining parent who was responsible for their care also struggled with school fees. Betty's elder son recalled how the death of his father had affected the children's schooling:

I was 10 years old when my father died. If he was still alive we would have continued going to school, because studying is so important. When father died mother told us that she would not be able to pay our school fees. She tried for a while, but eventually we had to stop. I left school when I was in Primary 3.¹⁶

Another parent's struggle is illustrated in the case of Nazziwa who at the time of the 2006/2007 study was trying to keep her son in secondary school. Her income came from selling agricultural produce and animals and weaving mats. Her son was often sent home from school to collect outstanding fees. In September 2006 Nazziwa was looking for 19,000/= (£60) which she needed for the new term. She sent him to school without the money and her son was promptly sent home from school because he had not paid fees, so his mother borrowed 10,000/= from a neighbour planning to weave some mats (which she could sell at 5,000/= each) to pay him back. Then her daughter was sent home from school with a request that her fees be paid immediately. Nazziwa sold her pig for 30,000/= (£100) to get the money she needed for both sets of fees.

Universal Primary Education (UPE), introduced into Uganda in 1998, has been of benefit to many of the children in the case study households. Children currently living with Hawa, Nazziwa, Eva, Gertrude, Namutebi and Teresa attend UPE schools. While they do not pay

¹⁶ Their schooling predates Universal Primary Education. See below.



fees in UPE schools there are still costs, in terms of food taken at school, books and sometimes 'development costs' which the carers struggle to find, but at least there are no fees. Where one or both parents were still alive, as in the case of the children Namutebi cares for, the parent may pay the associated costs but this was not always guaranteed leaving the carer responsible for picking up any shortfall.

Some children were fortunate in accessing help from an outside sponsor. One of Gertrude's grandchildren receives sponsorship for her schooling from German Roman Catholics who have a link to the local Parish. Teresa's granddaughter is deaf, as noted above, and the family had successfully secured a sponsorship for her in a special school in Masaka.¹⁷

Maria's three youngest children were perhaps the least fortunate, their school days predated UPE and their father, who took over their care, showed little interest in their schooling and would not pay fees for them to attend school after their mother's death.

Among the study household only Namutebi's 22 year old son was recorded as having ended a technical course after he left school. He attended a two month electrical installation course in Mpigi from May-July 2006, after which he got a job in a garage in Rakai. All the other children who were working do not appear to have had any formal technical training, evidenced by the level of employment that they were, when they were fortunate, able to secure.

6.1.4 Health

Health, like education, suffers in situations of chronic poverty (Moore 2005). Access to care may be limited and nutritious food in short supply, resulting in poor health outcomes for children (Harper *et al.* 2003, Belli *et al.* 2005). Our study households were fortunate in having access to the MRC/UVRI clinic in the area and this certainly influenced the health status of some of the children. Even so, differences in access to health care, and attitudes to seeking health care, did influence children's well-being in the families.

All the children's carers mentioned purchasing drugs from the shops or using herbs for minor illnesses while, for more serious sickness, they would visit the MRC/UVRI clinic. Some, like Eva, complained about the distance to the clinic (over unmade roads, usually travelled on the back of a bicycle or motorbike), and she said that she would usually try to treat sickness at home before looking for transport to come to the clinic. In June 2007 she did travel to the MRC/UVRI clinic because her son's youngest daughter, who was four years old, was suffering from herpes zoster. Eva was alarmed by this knowing that it was a sign of HIV-infection and therefore rushed the child to the clinic being aware that AIDS had claimed the lives of the child's parents. Hawa also had a young granddaughter who was suffering from opportunistic infections. That child's mother, Hawa's daughter, who was still alive decided not to leave her sick child in her mother's care and took her to Kampala (where she was working) to care for her.

¹⁷ Other children who may well have had special needs were not so fortunate, being labelled 'lazy' or 'slow' and consequently dropping out of school.



Two children were not so fortunate in the care and attention they received. One was the six year old daughter of Gertrude's 30 year old daughter. The adult daughter had been mentally unstable since suffering from cerebral malaria and had not stayed with any of the four men with whom she had children (all daughters). One day late in 2007, when her six year old daughter was late (in her mother's view) coming back from fetching water she beat her so severely that the girl, who suffered from asthma, collapsed and died. The other child was Roda's three year old granddaughter. With her grandmother and mother sick for much of 2006 she did not get the attention she needed or regular meals, because they were often unable to cook. Ill-health and worry made her mother short-tempered: once during one of our visits we heard the mother severely chastising the small child telling her she was stupid; it seems that was not an unusual situation. It must have been a relief to the child when she and her mother moved to Masaka to live with her aunt while her mother sought treatment.

The transmission of HIV from parent to child provides the most direct illustration of the impact of the epidemic on child health. Betty's story provides an illustration of the consequences of such transmission on one family. Betty was HIV-positive and in 2006 was receiving anti-retroviral therapy from the MRC/UVRI clinic. Her ex-husband had died from AIDS-related illnesses, as had her co-wife. Her youngest son had died in 1999. When speaking of that death Betty commented that that child, Anatoli, was almost fully grown, and had struggled with so much sickness; even after all these years she was still in sorrow. In 1991, when Anatoli had been ill, his grandmother (who died in 2000) told us that she thought that the boy had AIDS because that is what she thought his father had died of. She said that 'that man had been infected by a co-wife (of Betty) who had loved another man who had sent witches to kill him (Betty's ex-husband) so that that man could have the woman for himself.' Betty was bitter about the loss of her son and blamed his death on the promiscuity of his father. Betty's elder son recalled his brother's final months in 1999:

We got drugs from MRC/UVRI. We would go there and he would be given drugs and he was not supposed to miss. He was supposed to take the drugs at the clinic because they said if they give them to him to take from home, he will not take them. Every morning I would take him and by then I didn't own a bicycle so I had to carry him on my back because he could not walk until they helped us and started giving him drugs every two days and we would then go to the clinic after every two days. The drugs overpowered him and they burnt him till they told us that he can not heal.

As the stories above illustrate, despite some differences in access to money that might be used for school fees or health care, there was remarkably little difference among the families in terms of the provision for schooling and health, for all 14 households finding school fees or cash to buy school supplies as well as financing health care was often a struggle. There is, however, no doubt that in the case of severe health problems access to the MRC/UVRI clinic was of considerable help to all, but particularly, for the poorest families. Madina, for example, who suffered from asthma had benefited from support from the clinic for the last ten years, something she said that had sustained her life.

What then can we distil from these findings about the impact of HIV and AIDS on the intergenerational transmission of poverty? It is to this question that I now turn.



6.2 Impact on children orphaned by HIV and AIDS of the intergenerational transmission of poverty

It is important to consider the impact of the epidemic on orphaned children within the broader context of child care, and child fostering in particular, in the study area. Table 2 above showed that in 2005/2006 5,970 children under 18 years of age were being cared for by people other than their parents; yet for 4,253 of these children both parents were still alive. This information fits with the findings of Zimmer and Dayton (2005: 305) in their assessment of older adults living with children and grandchildren in sub-Saharan Africa in 1997 (based on Demographic and Health Survey data from 24 countries) where they found that 9.9 per cent of all older adults (aged 60 and over) in sub-Saharan Africa were living in a household with a grandchild and both the child's parents. However, it was more common to find an older adult living in a household where at least one of the grandchild's parents was absent. Zimmer and Dayton go on to note that at the time the data they used were collected the absent parent was more likely to be living somewhere else rather than be deceased.

Fostering children, within the extended family, even when both biological parents are still alive, is a long-established practice among the Baganda (Roscoe 1965: 74 [First edition 1911]), as is the case in many other parts of Africa as evidenced by the considerable volume of research on this topic (Goody 1982, Bledsoe and Isiugo-Abanihe 1989, for example). Serra (2008) observes that 'purposive' or voluntary fostering is not unusual in Sub-Saharan Africa with biological parents sending their children to live with other people for long periods of time for socialisation, to secure education in a particular place or to provide help in the household (or some combination of these three). Serra (p.1) lists the reasons for fostering as 'strengthening extended family ties, redistributing child labour, making life-cycle adjustments of household size and composition, schooling and taking advantage of an informal insurance mechanism'. To this list I would add 'providing care for children whose biological parents have separated and formed new relationships where the child cannot be accommodated'. Therefore, not to be living with biological parents is not unusual, but given that biological parents often contribute in some way to the upkeep of their fostered child (even if the contributions are not regular), children who have lost both parents or the one parent who was their main provider may be affected economically as well as psychologically and socially by their loss (Gertler *et al.* 2003). Fostered children may not be entitled to inherit assets from their foster family but the transmission of human capital, access to education and health care, are influenced by the environment in which they grow up.

So, how might life have been different for orphaned children in the case study households if their parent/parents had been alive? Some answers to this question have emerged in the findings above on the transmission of assets. Here I describe two case studies to try to highlight some of the factors contributing to the intergenerational transmission of poverty to respond to this question more directly. I begin with Regina's household, who you will remember had taken over as carer of her sister Rose's children, and the child of her brother, when we first met her in 1990.

Regina had been born on the Ssesse islands, but when she was a child her father had bought land in the present village, and they had moved there. She had married (a church marriage) when she was 18 years old. She had lived with her husband for five years elsewhere in



Masaka district. She did not conceive a child, which made her husband's relatives very angry. Regina left and came back to live with her father (her mother was dead). When her father died Regina had continued to live on his kibanja with her older sister Rose until Rose died of AIDS related illnesses in 1990. After her return to her father's house Regina developed a relationship with a local man who used to visit her from time to time. The house the family lived in, in 1990 was made of mud bricks with a new iron sheet roof. It was a new house which was still incomplete. It had three rooms. The kibanja of four acres was poorly maintained. This, Regina said, was because she had been nursing her dying sister. The main source of income for the household was from the sale of bananas from the kibanja. The children worked on the land with their aunt. The price paid for bananas was low in 1990-1992 and Regina complained that she made little money from the sales. Regina sometimes made table cloths for sale. She said she could make profit (not counting the cost of her labour) of 100 per cent, after paying for the materials, on one tablecloth. She usually sold to people outside the village who were preparing for weddings. Regina told us that she bought household necessities (paraffin, matches, salt etc.) out of the proceeds of the sale of bananas. When she had none to sell they went without these things. Most of the food for the household came from the kibanja. The family ate matooke (plantain), cassava and beans as their main staples. The children always appeared well-fed although they often complained that they were eating cassava too often and they were tired of it.¹⁸ They said that they wanted good sauce (not local vegetables!).

In 1993 Regina began to fall ill. The children took responsibility for cultivation. Regina first complained of fever and later developed severe diarrhoea and completely lost appetite and weight. Since the niece had dropped out of school by then, she stayed home to take care of her aunt until another aunt came to care for her sister. At that time the children's paternal grandmother was unwell and the niece began making frequent trips to visit her. During those visits her grandmother introduced her to a local man with a view to marriage. The niece had had plans to marry someone near her mother's home but she had got into a relationship with another man and when the man she was betrothed to found out she was pregnant as a result of that relationship, the marriage was called off. However, the man her grandmother found for her did not seem to mind about her pregnancy and married her anyway. The baby, a daughter, was taken to live with the niece's paternal relatives after birth because the child's father did not want the child and the niece could not keep the baby in her new relationship at that time.¹⁹ Her brother stayed on with his aunt until he moved to the local trading centre in 1997 to work in his paternal uncle's butchery.

Regina's nephew remains unmarried but his sister has gone on to have four more daughters and a son in her marriage. The family are not well-off; her husband works as a builder and only has a small amount of land, but the marriage appears to be happy.

¹⁸ Rainfall was poor in late 1991 and through 1992 and many families relied on their cassava as a staple when their other crops failed.

¹⁹ When she was 11 years old, in 2006, her mother collected her from her paternal relatives and she joined her mother's household.



Had their mother and father lived the children might have continued with secondary education, but it is difficult to say how different their lives would have been. Their father had had a wage-earning job, but that does not necessarily mean that he would have spent his money on his children. Following the death of their mother, who had struggled to support them through subsistence agriculture, their aunts and their paternal uncle, as well as their paternal grandmother, seem to have tried to provide for the children as best they could and both children remember their aunt Regina fondly because she cared for them 'like a mother' through the years they lived with her. Perhaps, because Regina had not had children herself, she was able to devote her attention to her sister's children and therefore they fared better than if they had been taken into a family where their foster-parent had her own children? We cannot know.

Another woman who devoted herself to taking care of the children in her charge was Madina. She had cared for her two grandchildren all their lives. They, unlike Rose's children in Regina's care, were not orphans but they have not been so fortunate in the support they have received from others. Their fathers (different men) are still alive but neither provided support for his child when their mother was alive or since, although support has come from the grandson's paternal uncle who lived nearby and helped his nephew find a job. Life for their grandmother has always been a struggle, a struggle that predates the loss of their mother to AIDS in 2007:

In 1991, when Agnes was living with her mother and her children, she earned money or food (her 'pay' would be a bunch of matooke or a basket of cassava) by digging in the village. She was often employed by the person who owned the house in which they stayed. They got most of their food for home consumption from their kibanja, they produced only coffee for sale. They also raised pigs. By October 1991 money and food were short and Madina was also digging in the village to get food. Agnes paid the school fees for her eight year old son out of the money she earned from selling the mats she and her mother made (this was before UPE was introduced). By the time of the follow-up visit in July 1992, when a drought was at its height, the family were eating only maize porridge. The daughter was no longer being paid in matooke because matooke was scarce in the village. The daughter was trying to dig to earn money so that they could buy maize flour.

Madina's two grandchildren had come to live with her shortly after their birth and they considered that home was their residence. The grandson had been in contact with his biological father from time to time in Kampala but Madina's household had not received any material help from that man. The granddaughter had had little contact with her father over her life time. She told us in 2007 that 'he has never sent me anything. I can go to him and ask for a pen but he does not give it to me.'

Madina's grandchildren were her main help. In 2006 her granddaughter cooked and cleaned for her, and collected the medication she required to control her asthma attacks from the MRC/UVRI clinic (she had been accessing treatment from the clinic for about 10 years). Her grandson had a job repairing bicycles and her granddaughter cleaned a house two mornings a week (she had gone to work as a cleaner in Kampala in 2005, but had fallen sick and come home and then managed to secure similar work nearby). They both worked hard cultivating crops for sale. While they used their earnings on themselves (the granddaughter regularly



had her hair permed and the grandson had bought himself a mobile 'phone in 2005) they shared their money with their grandmother. By 2007 the situation had changed. The grandson had gone to Kampala in search of work (he hoped his father would help him find something to do). Madina heard that his mobile 'phone was lost soon after he moved and he was struggling to find work. The granddaughter moved away to live with her partner just after her mother died, leaving their grandmother alone.

Like Regina's niece and nephew a lack of education seems to have thwarted Madina's grandchildren's chances, although as noted above, they had had the opportunity to continue. The affection felt by Madina for her grandchildren, which they reciprocated, was obvious to us during visits to the home in 2006. Madina knew she could not keep the children close to her for ever and used to lament the plans her grandson had to move to Kampala. When both children left, Madina was heart broken; she had so recently lost her daughter and now she had no one left at home at all. Neither grandchild provided regular help to her any more once they had left; her granddaughter who lived close by sent her food items from time to time but the relationship with the grandmother seems to have been strained by the decision over the inheritance of Madina's land referred to above. The girl had asked someone locally to provide a child to sleep in the house with her grandmother at night, but this support had not materialised. It is probably the case that a lack of resources and a desire to get on with their own lives, rather than ambivalence in their relationship (Willson *et al.* 2003), was the cause of the children's recent relative neglect of Madina. One would hope so.

Similar stories of schooling opportunities missed, early pregnancy and marriage, thwarted attempts to find work and the struggle to make ends meet are themes that run through nearly all the case studies from poor and less-poor households in this study and from other information from households in the wider study area. AIDS has made a difference, by robbing families of parents and children who contributed not only labour and earnings but also care and love to their families. However, while there is evidence that the epidemic had contributed to the reduced development of households and has certainly hindered some families from getting out of poverty, a finding corroborated by Lawson (2004) it is but one factor among others (such as seasonality in rainfed farming, lack of employment opportunities and low educational attainment) that in general keeps children from poor families poor. I return to the multi-faceted dimensions of poverty at the end of this paper.

What of the impact on older people? It is to this that I now turn, briefly.

6.3 Impact on older people of HIV and AIDS and the intergenerational transmission of poverty

We have explored the impact of the AIDS epidemic on the elderly in some detail in two recent papers (Seeley *et al.* 2008 and Seeley *et al.* in press) so in this section I will focus on the specific impact on the intergenerational transmission of poverty from children to older people.

As some of the case studies above have illustrated older people have shouldered the burden of care and grief that has resulted from the AIDS epidemic, burying children who they would



have anticipated would have buried them; the loss and grief they feel affects their well-being as much as the loss of support. Madina, for example, described to us the feeling of emptiness she felt after her daughter died in mid-2007. She said she lay at night recalling how her daughter had suffered and died. Williams and Tumwekwase (2001: 234) identified the practical side of loss among their four factors of the impact of the AIDS epidemic on older people's lives in rural Uganda; as dependent old people who are deprived of any support in their old age that their deceased adult children might have provided in addition; as parents attempting to protect their children from infection and, if unsuccessful, as the carers of those who fall sick (and who bury those who die); as grandparents fostering orphans or children of single parents who have to work away from the village in order to earn a living; as individuals who are themselves vulnerable to infection. They did not mention the emotional toll that death and sickness bring, which may compound deprivation caused by poverty.

Varista's story is also one of similar loss. In 2003 she had lost a daughter, the mother of the grandchild she now cares for. Her son-in-law had died shortly before. Varista's father had also died at about the same time (of illnesses related to old age, she says). Varista described those two years as years of misery due to loss of her dear ones. The daughter who died used to send her money so she lost an important source of material support too.

Both Madina and Nanono had lost adult children who they had expected would care for them as they grew frail themselves. When Nanono's son died she was fortunate to have a daughter close by who could take care of her, even so she felt lonely with the two teenage grandchildren who resented having to live with their grandmother. She also found them troublesome, particularly when her grandson came home late and expected his grandmother to get up to unlock the door to let him in.

Madina might well have been grateful for such support, however little. She described to us what it was like just after her granddaughter had left to join her partner:

She had the problem of cooking food and sitting alone to consume it. She had lost appetite for the first two days that followed her granddaughter's departure and she hadn't wanted to cook until a neighbour comforted her and told her to cook some food and eat a little so that she does not starve. Madina says that she now prepares one meal from which she takes lunch and keeps aside some for supper. The neighbour tries to come each day to say hello to check she is all right.

Things did not improve for Madina. When we last saw her in early 2008 she was struggling to cope with her land. The roof of her house was leaking and she was unable to repair it alone. She moved slowly and looked very thin and older. Her grey hair was unkempt. She told us:

These days at times I wish I could run away. Since the death of my child I think about many things but then when I think about going away, who should I leave my grandchildren's land to? I stay in this little house and fail to sleep from worry!

For these women the intergenerational bargain made with the children who had died did not deliver the care and attention they might have expected in their old age, and the support derived from the next generation, their grandchildren was unsatisfactory. The situation was hardest for Madina because she had only one daughter having lost touch with her children



from her first marriage. Even the attention she might have hoped for from her two grandchildren seemed to have become negligible compared to the amount she had invested in them.

6.4 Breaking the cycle of poverty

The young people in our case study households adopted two main strategies, waged work and marriage, for trying to improve their lot and get out of their home situation and, perhaps, find a more prosperous future.

6.4.1 *Waged work as a route out of poverty?*

Diversifying livelihoods, beyond subsistence agriculture, has been identified as a strategy for reducing risk (Ellis 2000, Drinkwater *et al.* 2006) but also what Start (2001) describes as a strategy of last (or almost last) resort when agriculture fails to deliver. For many of the people in the case study households there was certainly an element of risk reduction in decisions to seek wage work as well as (from family members) a hope of remittances, but the desire to make money for him or herself, perhaps to invest in property, seemed to be the main draw; a pattern of behaviour that many of the children's parents had adopted with some measure of success in the past.

To take one example, the father of Maria's youngest three children, Kiwanuka (who was her neighbour) had been born and brought up in a village not far from where he now lives, next door to the plot of land now shared by the children of Maria's husband. He had fought in the Second World War and on his return he had settled near to Lake Victoria and had started a business selling fresh fish. Then he bought himself some land near Lake Victoria to farm cotton and food crops and started to work as a fisherman as well. He gave up fishing when he found out how much money could be made from growing coffee (during a boom in the coffee industry), so that was the next thing he did. He raised the money for the land, on which he still lives, from his savings from fishing and from earnings he got ferrying people in a boat across the swamp that borders his village.

Maria and Kiwanuka's two sons first went to the Lake to become fishermen, like their father, in 2003. Edward, the elder of the two, went to the Ssesse Islands and his brother went to a landing site on the Lake shore near Masaka. They both found life difficult because the fishing was poor. Edward came back home and stayed with his father for two months. During that time a young man in the village suggested that he should go with him to try their luck at one of the bigger landing sites. When they got there they found good fishing, so Edward went and collected his brother and they started fishing at the new place. Edward and his brother found it easier to get work at the new place and, for a while, they had a more successful time. However, by 2006, they were complaining that fishing was too poor and there was too much competition to make a decent living; neither, however, wanted to give up their work. Both hoped for better catches and the chance to make money as their father had done.



For young women, as well as young men, fishing has been seen to be a source of a quick income (Allison and Seeley 2004: 222) and is a popular form of wage employment among young people in the study area.

Alternatives to fishing are to engage in local trade, young men like Hawa's son for example take up ferrying *matooke* to local trading centres. Others, like Madina's grandson and Regina's nephew, Grace's niece, Namutebi's granddaughter travel to Kampala looking for work. Namutebi's granddaughter secured work serving in a restaurant and Regina's nephew managed to become involved in trading eucalyptus poles (used in construction), but Madina's grandson had been unable to find any work, except daily wage work from time to time helping in garages, after nearly a year in Kampala. With youth unemployment in Kampala estimated to be 33 per cent (and 22.3 per cent overall), this young man's situation is not unusual (Shalita 2007). However, there are enough people who have found work, such as one of Nazziwa's daughters and Grace's niece (who are domestic workers in Kampala) and Namutebi's son who went to work as a mechanic in Rakai, to give others hope. This means that the quest for jobs in the city is unlikely to stop.

However, the cost of living in urban settings makes accumulation difficult and, for many, the hope that waged work can provide cash for a fresh start is elusive. Not infrequently the aspiring worker returns home without the expected cash that Kampala, and other urban or lakeside destinations, were hoped to provide.

6.4.2 *Marriage as a route out of poverty?*

Quisumbing (2007: 1) draws attention to the role of the marriage market and assortative matching in perpetuating asset inequalities across families and intergenerationally: poor/disadvantaged people tend to marry others in similar circumstances. Evidence from the case study households supports this outcome as being an important factor in sustaining poverty across generations rather than in providing a route out of poverty, particularly for women.

Madina's granddaughter and Regina's niece had both married young. Both had had relationships before their marriage with men they thought they might marry; these relationships had not worked out. For both young women it was apparent that once they were no longer in school, marriage may have offered an escape from the drudgery of work in their natal home. Madina's granddaughter, for example, was full of hope about her relationship before she had moved to join her partner. She told us 'I trust him because of the way he thinks, his family background and all he does. I don't think he has any health problem (meaning she did not think he was infected with HIV)'. Later Madina described the marriage of her granddaughter:

They did not have money to have a formal function (a customary introduction) or to wed in church. They took a few gifts and introduced themselves. Madina had told they must seek the approval of the girl's father, even though he had not been involved in her upbringing at all, so the couple took a kanzu (traditional piece of clothing for men) for her father, a gomesi (traditional dress) for her paternal aunt, some bars of soap, some meat and some sugar. Madina was pleased that when they went to her father's home he had told the couple to bring



some gifts to Madina because she was the one who brought up the girl and they did so. They brought her material for a new gomesi with some money to sew it, three bars of soap and three kilos of sugar. After that her granddaughter joined her partner in his home. She continued: "What could I have done? She was already an adult and no longer schooling. I just pray for her that she has mutual understanding with him because marriage is not easy!"

Madina's concern was based on her own experience; her first marriage had soured and she had been forced to abandon her children, leaving them with their father and his new wife, when she separated. Yet, the dream of a happy marriage was something that the older women in the case study households had once shared, while widows, like Hawa, lamented the loss of a supportive husband.

Only one woman among the household heads of the case study households said she had had a single husband/partner, Nanono. She had been married for 27 years before her husband died. It is difficult to know how many partners some women had had, given a propensity to list only those with whom they had had children, rather than all their relationships, but most had had two or three partners or husbands with whom they had had children.

Three women's stories illustrate their partnership histories:

Betty helped her parents at home until her brother found her a man to marry in a nearby sub-county. She stayed with that man less than a year because she found that he had lots of other women yet he was very possessive and would not let her move about freely. She returned to her parent's home and found another partner with whom she had her first child. The man denied that the child was his, because he was married. While still at home she got another partner and had her second child. She had her third child after two years as a result of a relationship with a man in another village. She then met a man from another village with whom she stayed almost 10 years and had six children although during the last two years of their relationship her husband had brought another woman home which Betty did not like, so she left that home when she was five months pregnant with her last born and came back to her parents. This was in 1985. Ironically, in 1991 Betty's mother had lamented during one of our visits to her household the multiple partnerships her granddaughters were having, complaining bitterly that Betty's daughters were draining their mother's resources by having children without husbands who could provide for them.

In 1965 Namutebi left the paternal grandparents' place where she had been staying and came back to her natal village. She met her first husband and they married in church. However, by 1971 her husband had taken another wife, so she left him. She stayed in her parents' home with her children until 1975 when she got a job in Kampala as a domestic worker. There the brother of the man she was working for asked her to marry him. She started a relationship with the man and subsequently lost her job as a result. She stayed in Kampala for two more years and then decided to leave that man and come back to her mother. While staying at her mother's place, she was approached by another man who was a body guard for Obote. She separated from him when Obote's regime was overthrown in the early 1980s. Her parents had both died by then and she could not support her self and the children. Because of poverty, she says, 'she gave in' to the father of her last children by



around 1983. She said that that the man never took care of the children which made her even work harder than she used to do, lamenting the lack of attention her partners had paid to her children.

Nazziwa had become pregnant just after she left primary school (when she was in her mid-teens). Her father was angry with her and forced her to search for her boyfriend and go and live with him. The boy hid for a while, but eventually Nazziwa found him and they set up home together. She had six children with him and describes those years as ones of struggle. When she and her husband began, finally, to make a little money from farming Nazziwa was dismayed to find that her husband wanted to spend the money on taking another wife, rather than spending on his present wife and children. She left him and went and lived in a small room that had been built as a kitchen on the outside of a paternal uncle's house. Her father heard of this and made her take her six children back to their father's home, which she did (with sadness) and then continued to stay in the room alone. Sometime later her brothers helped her build a mud and wattle house, but they also told her she should marry again. She said that she got a man who had recently divorced. This man moved into Varista's house. She said that the only thing that attracted her to this man was poverty; she wanted someone to give her support. The man was supportive but she soon learnt that he had other wives and so she did not see him very often. He died of AIDS-related illness in 1997. Varista cared for him through his final months.

Our sample of female-headed households undoubtedly biased us towards women who may have experienced unstable relationships, but several daughters and other young female relatives in the study households were experiencing the same problems as their mothers, aunts and sisters, in sustaining relationships.²⁰ They encountered the situation of the paternity of children born out of marriage denied, support withheld and, and even once married, finding their husbands taking other partners and thereby support to themselves and their children potentially undermined. This experience did not seem to dint women's quest for partnership. Perhaps because, as Jackson (2007: 117) observes:

Female-headed households are generally less likely to be rich than male-headed ones, and opting out of conventional male-headed households does not offer a reliable route to prosperity which might be expected if patriarchal exploitation of women within the household was quite as effective as supposed.

Not only may a married couple working together have the potential to build a prosperous household but even in the short-run, as Swidler and Watkins (2006: 2) observe, partners may stand to benefit from being in a relationship because there is 'a transactional element is a feature of most sexual relationships in many regions of sub-Saharan Africa'. They argue that patterns of sexual partnership should be understood in a social context where patron-client relationships are widespread, and that many forms of partnership, not just the more obvious forms of commercial sex, have a transactional element. Men as patrons may seek sexual partners, including wives, not just for sexual gratification or companionship, but also to get

²⁰ As we note above, the high incidence of marital instability among the Baganda has been noted by various commentators.



household support. Women accept sexual relationships with men, including in marriage, again for sexual gratification and companionship, but also as a strategy to gain some sense of short and long term material security for themselves and perhaps their children, a finding corroborated by van den Borne (2005).

Regina's niece had been fortunate that her husband had accepted to marry her even though she was married with another man's child and did, after 10 years of the child living with other relatives, accept the child into their home. Many were not so fortunate, leading to children born of relationships that were not sustained being fostered with their grandmother or other relatives, as noted above, while parents moved on to new relationships (Castle 1995).



7 Discussion and policy implications

7.1 Anti-retroviral therapy

Because HIV is sexually transmitted there is the possibility that if one parent is infected then the other will be too, leading to the potential loss of both parents (particularly in the absence of anti-retroviral therapy); this particular aspect of the epidemic has resulted in the large number of orphaned children in Sub-Saharan Africa. Another characteristic of the epidemic that has contributed to the intergenerational transmission of poverty: the length of time a person may be sick with AIDS-related illnesses, all of which may require expenditure on medical care (Baylies 2002, Drinkwater *et al.* 2006). In recent years the advent of the roll-out of anti-retroviral therapy has prolonged the lives of many people living with HIV and helped in the prevention of mother-to-child transmission of HIV. However, the roll-out of drugs has done little to address the poverty in which many people and their families live and their need for sources of income (Russell *et al.* 2007) nor, often, provided assistance with the hidden costs of accessing free medical care (lost income while visiting a clinic and transport costs, for example).

Anti-retroviral therapy (ART) offers the greatest opportunity of reducing the impact on children of HIV. Betty, one of our case study household heads, is a case in point. Access to ART has saved her children and her daughter's children from becoming double-orphans, like Harriett's children (whose death predated ART), and is helping many HIV-positive parents to have children free of the virus. However, in resource-poor settings people living with HIV face challenges which drugs cannot address, such as access to adequate food.

7.2 Food security

As noted above, the study area is fertile and the population has enjoyed a high level of food security, based on subsistence farming. However, people in the study area quite regularly talked of periods of "famine". This often meant that there was a shortage of *matooke*, one of the main staples. *Matooke* can be harvested all year round, and cassava keeps for long periods underground so it is rare for food to be short for long periods of time. Rutishauser (1963: 140) comments that the 'Baganda are almost unique in their failure to store food'. Some beans and groundnuts were stored for food (the beans being dried in the sun to preserve them) but most of the time the crop is sold and supplies are bought as required. When the rains failed and food was short, as in 1992 and again in 2003/2004, this can lead to serious problems for many households. The emigration of dependants from the study area from villages at the north of the subcounty, the area most seriously affected by the food shortage, was noted at the beginning of the annual survey round in October 1992. The survey team was told that the members (usually children) had gone to stay with other relatives who had food. While the nutritional status of some of the study households may have been compromised during the shortages recorded in July 1992 and in later years it would appear that the poorest households, and in particular the children in those households, suffered a poor diet for much of the time.



Returning to the case of Betty's household to illustrate this point, it is clear that while ART has kept Betty alive, her household has continued to be poor. Her extended family members are also poor. Betty is only 60 but she looks older. Her household situation is no better than it was 16 years ago when we first met her. The family clothing is poor and food is a problem. Lack of food and hunger was a constant complaint during our visits. We know that there is a tendency to exaggerate difficulties when someone from an organisation that provides support visits, but we are sure that Beatrice and Betty were not exaggerating. We have spent many hours in their home and know that many times they simply did not have enough to eat.

While some efforts have been made by the MRC/UVRI programme to support improvements in agricultural production in the area, in collaboration with Government services, people like Betty require access to social protection, including food support.

7.3 Fertility and household size

It is becoming increasingly apparent that access to ART is a key part of sustaining the productive lives of people living with HIV, but breaking the cycle of poverty demands other interventions. For those with access to productive land and access to labour, either within the family or by purchasing labour, an adequate income in years when drought or flood do not disrupt agricultural production may be secured, those with little or unproductive land struggled. Agriculture in the study area is rain fed and therefore subject to the vagaries of the weather, each one of our study households spoke of crop and animal losses during the study period as a result of too little or too much sun or rain. Those with more land and with a diverse range of crops, not surprisingly, fared better but an important safety net for many was access to off-farm income either through sale of items such as mats made of palm leaves or alcohol (brewed at home from bananas) or from remittances from relatives working outside the study area.

Small households with small kin networks made up of poor people, such as Betty's and Madina's, suffered because of the lack of labour and support available to them (Harper *et al.* 2003: 541). Mobilising social networks provides the potential to interrupt poverty transmission by mobilising emotional or financial support to individuals during crises or by providing information on opportunities to access resources. It is therefore ironic that high dependency ratios and increased household size are identified by Lawson *et al.* (2006) as important factors in the persistence of poverty in Uganda while Deininger *et al.* (2005: 324) argue that the addition of foster children to households, again in Uganda, 'resulted in significant reductions of per capita consumption, income, and household investment which were more pronounced for the poor'. On the basis of the evidence from our study I would argue that such factors may be detrimental for some (if not all) individual children, but for the household head and adult carers the deprivation may be transitory and attributed to the domestic cycle with high dependency ratios translating in later years, so the older adults may expect, into a large potential labour force. That labour force may because of the intergenerational bargain provide inputs into the household where they grew up, which may include helping with the school costs of younger children. This is of course a gamble, but there seems little reason to suggest that small family size in the study area, and in other parts of Uganda, is an attractive proposition at the moment when parents look to secure their and their children's future. This



affects the trade-off between child quantity and quality (Becker and Lewis 1973, Hanushek 1992) with relatively poor large families being unable to invest in education or skill development of all the children, but in a situation where quality education may be far beyond the reach of households even for one child, as is the case for much of secondary education in Uganda, a quantity of children provides scope for livelihood diversification, even if each child secures a low paid job or cultivates a small area of land. A large kin network may not be a route to riches, but it may well stop a family from sliding further into poverty.

7.4 Education and unemployment

Education *per se* is no longer perceived to be a form of protection from poverty in Uganda, unlike in the past, given the high levels of youth unemployment even among those with secondary and graduate level education. UPE has increased access to schooling but given the quality of schooling available seems unlikely to make a real difference to the burgeoning number of primary school graduates' employment prospects. Small wonder that some of the children in our study households chose to opt out of school where they felt they were deriving little benefit. Providing Universal Secondary Education, currently being tested, may not, therefore, make a difference without improvement in the quality of teaching and facilities and the creation of jobs for children who have had their aspirations raised. To a child with a secondary school certificate or even a degree, returning from Kampala to till the family land may seem like nothing more than failure and therefore something they are reluctant to do.

There is some evidence of differential access to and control of resources among women and men in the study population, because of customary inheritance practice and societal expectations of gender roles. Differences in investment in the education of boys and girls certainly exists, with evidence of girls in some families being more likely to drop out of school than boys but the significant differences that respondents reported in access to education for girls that existed in the past have largely gone.²¹ The question remains, as noted above, what boys and girls can do with the education and skills they may acquire. Marriage does not necessarily provide a route out of poverty for girls, and for boys and girls migration for work is, as explained above, fraught with problems. The strongly patrilineal system in the study area which continues to govern social relations between women and men and affects women's decision-making within sexual relationships, seems to pose the greatest challenge to countering the transmission of HIV, as well as social disadvantage.

Are the female-headed study households particularly disadvantaged because of the gender of the household head? Jackson (2007) argues that married women have access to the safety net of their husband assets and wage earnings and can, therefore, take risks in farming practices and investments not open to women not in a conjugal relationship. This would suggest that female-headed households may be expected, as a number of commentators have asserted, to be among the 'poorest of the poor.' Chant (1997, 2007)

²¹ In the past boys received preferential treatment in the provision of school fees and quality of schooling. Older women in our study area often told us that their male relatives had chosen not to invest in their schooling because education was not required for women since they were expected to stay at home and perform reproductive tasks.



argues against such generalisations. She asserts that female-headed households may be disadvantaged in terms of heavier work burdens and time and financial constraints due to the lack labour power and income when compared to households with both parents. This may result in children in such contexts being worse off than those in male-headed households. However, Chant argues that this varies with context and where gender discrimination is not widely prevalent, female-headed households may not necessarily face a greater disadvantage than other households and the gender dynamics within male-headed unit might be just as, or more, prejudicial as regards child well-being. The variety of experience within our case study households would support Chant's caution against generalisation. Much depends on access to social resources, in the form of kin and friends who provide support as well as physical assets. Chant observes (2007: 85): 'due to patriarchal norms and practices which operate at different levels and in different ways, there can be just as much privation among children in male as in female-headed households.' The marital histories of a number of the women in our case study households provide evidence in support of Chant's conclusion.



8 What contributes to chronic poverty in Uganda?

Our findings concur with the conclusion of Bird and Shinyekwa (2005: 82) that the poorest people in their study in Uganda had suffered 'recurrent and composite shocks and personal tragedies', those who had managed to stay 'non-poor' had been able to accumulate or retain assets which cushioned the impact of the shocks and tragedies they suffered. HIV and AIDS were one factor among many others that contributed to the poverty experienced by the households of Madina, Betty and Roda, for example.

By way of comparison and in order to provide examples of where the transmission of poverty is not a part of the household members experience and the reasons why, I introduce, briefly, two additional study households, both of which were categorised as less poor/rich in 2006.

Pontiano had been aged 26 when we first met him in 1991. He was newly married living with his sixteen year old wife Yuliana. He had had a child in a previous relationship, but this new couple was childless. Within three months of our visits beginning Yuliana had left the household and Pontiano had a new wife, Resty, who was 18 years old. Pontiano was a *matooke* trader and travelled around a lot and was seldom at home. He also made sun-dried bricks for sale. Resty had a son towards the end of our 1991/1992 period of study, ten months after she had moved in with Pontiano. Pontiano and Resty were living in the mud-brick house of his aunt, but he had land elsewhere in the village on which he planned to build a home. By 2006 Pontiano was still married to Resty, and now they had nine children. Pontiano's eldest daughter from his previous relationship, aged 18 years, was working as a trader in Masaka while his eldest daughter with Resty (aged 13 years) was living with her maternal grandmother in Kampala because the grandmother had asked for the girl to help her at home (this girl did go to primary school and her grandmother paid the related costs). Pontiano had built a house on his own land soon after the first study had finished and then replaced that structure (of mud and poles) with a brick house, with an iron sheet roof, in 1996. He bought additional land, established a retail shop in the trading centre, and continued to trade in *matooke*. His business was hit by drought in both 1998 and 2004 but each time he recovered. Pontiano paid school fees for his wife's sister for a while but needed only small amounts to pay as school fees for his own children because they went to UPE schools. The biggest items of expenditure have been health care for his own children and also, on one occasion, for his sister who had died shortly after delivering a child. No one in Pontiano or Resty's family was known to be infected by HIV. No one in their immediate family had died of AIDS-related illnesses. They contributed at burials in their neighbourhood and of friends but these small amounts had not affected Pontiano's income.

The other household is now headed by Lydia. In 1990 the household head had been her husband Anatoli, a prominent local man:

Lydia and Sara are co-wives. In 1990 they lived with their husband Anatoli, aged 71, who was household head. Lydia said she was aged 65 and Sara said she was 62 at that time. They had seven grandchildren staying with them: four grandsons – aged 18, 14, 14, and nine, and three granddaughters –aged 15 years, six months and, when she joined the household on the death of her mother, the wife of one of Anatoli's son's, half-way through the study period, one month. Two great nieces of Lydia who were orphans were also taken in by



the household during the year when their own grandmother who had been caring for them died. Their house was made of mud and wattle with an iron sheet roof. It had six rooms. The *kibanja* was 19 acres, but Anatoli said that he had already given some of this land to his grandchildren who were living in Kampala. There was another *kibanja* that Anatoli owned in the village. Anatoli had other partners/wives in addition to Lydia and Sara with whom he had children. They therefore had a large extended family of children and then grandchildren, a number of whom secured employment in Kampala and elsewhere in Uganda.

Eighteen of Anatoli's children and grandchildren died between 1990-2006, all but one of AIDS-related illnesses. Four of Sara's six children have died as have five of Lydia's eight children. Their surviving children and grandchildren provide them with support in addition to the income they make from their land (which a granddaughter and her husband cultivate for them). In 2006 Lydia and Sara lived with two grandsons, aged 11 and six years. Anatoli died in 1992. The old house is still standing, although it is in need of repair. A new structure, made of bricks and iron-sheets has been put up in the large compound. This was built by one of their sons who had intended to come and live there to care for them, but he died before the house was complete. Lydia had agreed with their remaining children that she would sleep in that house at night with one of the girls who the children employ to do the housework, to keep it ready for the children of the son if they should wish to come and live there. They still cultivate the same *kibanja* near the compound and a *kibanja* some distance from this home, in the same village.

It is apparent that these two households are not chronically poor largely because of their assets and sources of cash income and support. Lydia and Sara's household have, so far, been able to absorb the shocks caused by the loss of their children as well as their own ill-health because of the social and material resources they have, in contrast to the situation of Madina, for example, for whom the loss of one child to AIDS has been devastating. Pontiano and Resty have not felt the impact of HIV and AIDS in their own household, although friends and neighbours have been affected. Pontiano has yet to face the challenge of secondary school fees for his children, should he choose to support their education beyond the level he attained himself. There is also the matter of land size. Even with all the deaths in Lydia and Sara's household, which ought to theoretically reduce pressure on land inheritance by leaving bigger plots for the remaining survivors, land pressure and large family size means that the plot size to be inherited by remaining grandchildren is significantly reduced from that inherited by their parent. Large family size may be a safety net in terms of support and opportunities for diversification of livelihoods, but in the future it may become more of a liability.

In the concluding section I reflect on the applicability of the frameworks for the analysis of the intergenerational transmission of poverty put forward by Harper *et al* (2003) and Quisumbing (2007) in this particular study context.



9 Conclusion: analysing the intergenerational transmission of poverty in the context of the AIDS epidemic

As explained above, Harper *et al.* (2003) framework identifies social relations, and specifically a) family, kin and household structures; b) social norms and practices; and c) social connectedness, as being the key structures and processes that mediate an individual's interface with the wider environment and thus influence the transmission of poverty while Quisumbing (2007) identifies four stumbling blocks which are the mirror image of the core assumptions that underlie notions about the transfer of assets and investment in children's education, skills and health: 'preferences', 'returns', 'constraints' and 'bargaining'. The stumbling blocks she identifies (2007: 2) are as follows, with her wording adapted to accommodate the particular context of the study households described above:

- Carers may perceive that 'returns' to investing in children are low, owing to few opportunities in the labour market, or that returns to investing in some children may be lower than in others (children rejected by one or both parents, girls who experience early pregnancy);
- While carers (parents and guardians) may care about the welfare of their children, unequal preferences may lead to their favouring some children over others – this may not be on the basis of gender or age or biological versus foster children (when opportunities occur, aptitude in learning etc. may influence preferences);
- Carers may have limited resources, particularly if they have been drained by health care costs or supporting a number of children in need of care, so they may find the costs of investing in children too high or the demands from their wider social network restrictive, and may be constrained by their ability to trade off present for future resources, which may be critical when they face adverse shocks; and
- Carers may exercise their bargaining power in ways that may not be conducive to the transfer of wealth to the children in their care, or to some of their children (this may be influenced by patrilineal norms, mother's position in a polygamous household, birth order, as well as gender).

For each of the study households these stumbling blocks can be identified as affecting their socio-economic status in the past and now, as well as influencing the future transmission of poverty. The evidence from this study strongly supports Harper and her co-authors (2003) focus on social relations. I have shown above how a large network of kin and associates who can help out provides an effective safety net for many poor families in times of need. However, a safety net is not necessarily a trampoline (to adapt the phraseology of Conway and Norton 2000) that can lift individuals out of poverty in a situation where there are many demands that need to be met. Members of poor families who prosper find themselves with additional mouths to feed that can drain their resources. In kin networks which have experienced a number of shocks, such as a number of people being affected by HIV, and employment opportunities being difficult to find, those who are successful in finding waged work may be able to do little more than bring food for Eid or Christmas for their relatives because of low wages and the high costs of their own living. In such ways I would suggest



that the conditions in which poverty exist are reproduced through similar mechanisms to those experienced by previous generations; poverty is not therefore 'transmitted' so much as recreated because external and internal factors continue to constrain the opportunities to build assets.

Quisumbing's assumptions, the positive side of the stumbling blocks listed above, play a part in who receives what in terms of assets and support and who does not. There is a need to look beyond the parent-child bond to explore why preferences exist, what returns can reasonably be expected from investment in a child (and therefore what value there is in supporting a child's aspirations), the nature of constraints and who is involved in the bargaining over the outcome of transfers (which may include people beyond the family group). These assumptions and whether they become stumbling blocks are strongly mediated by the wider kinship network in the study area. The kin network remains a vital safety net in the absence of other social support, yet it is also a levelling force and often a source of the stumbling blocks; keeping poor adults and their children poor, as resources are stretched, shared and traded.



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