

HIV/AIDS and Young Age Widowhood in Sub-Saharan Africa

Background: One of the main characteristics of AIDS deaths in sub-Saharan Africa is that they are male-led – most of the deaths in the initial decade of the epidemic occurred among men. A recent estimate of male adult deaths in five sub-Saharan African countries showed major increases (Timaeus, n.d., cited in Population Council, 1998). For example, between 1988 and 1993 in Zimbabwe, the probability of an adult male dying between ages 15 and 60 increased from 18% to 50%. In Zambia, the probability increased from about 40% in 1990/91 to about 70% in 1995/96. If such high rates of adult mortality are observed in a context where near-universal male marriage occurs among adults, one consequence would be an increase in the proportion widowed among young women.

About a decade ago, Palloni and Lee (1990) produced a model estimate of the impact of AIDS on widowhood in Africa. They assumed in the model that the proportion of widows at the initial periods of the epidemic would occur. However, the degree to which available evidence supports or disproves this assumption has not been investigated. In this paper, therefore, existing survey data are used to assess trends in widowhood in selected African countries. The objective is to find out whether the proportion of young widows increased in countries with high HIV prevalence relative to countries with low HIV prevalence.

Research Questions: The major questions that this study seeks to answer are: how high is the level of widowhood in countries with high HIV prevalence compared to those with low HIV prevalence rates? Has the proportion widowed under age 50 increased in countries with high HIV prevalence? The first question is important for two reasons. First, despite the estimated high HIV prevalence for sub-Saharan Africa, the scourge of the epidemic has not been evenly distributed across the region. Southern Africa is the worst hit area by the pandemic. In 1998, UNAIDS estimates that about 20 per cent of people aged 15-49 are living with HIV or AIDS in the southern African countries of Botswana, Namibia, Zimbabwe and Swaziland. In many other sub-Saharan African countries, the prevalence is less than one per cent while others have intermediate prevalence rates. By comparing countries with high HIV prevalence rates with those with low prevalence, it is possible to arrive at another indirect effect of AIDS-related adult deaths, increase in the number of young widows. This seems to be highly relevant to research and policy.

Data and Methods: To answer these questions, I analyzed nationally representative survey data from eight sub-Saharan African countries, four countries with high HIV prevalence rates and four countries with low prevalence rates. Given that high HIV prevalence rates would result in excess adult mortality, in spite of possible high remarriage rates among widows, I expect to see higher prevalence of widowhood in countries with high prevalence of HIV (10% or more of adults) than in those countries with low prevalence rates. Although remarriage rates may be high among widows left behind by AIDS victims, I anticipate that over time, knowledge of how HIV infection is spread would increase and that many of these widows will have problems remarrying.

Thus, the proportion widowed would increase in countries with high HIV prevalence rates. In the absence of AIDS, there is probably no reason to expect an increase in the proportion of widows under age 50. Rather, an increasing longevity among both males and females is expected, and the proportion of young widows should either decrease or remain stable over time. By comparing countries with high HIV prevalence rates with those with low prevalence, I hope to see another possible dimension of the effects of AIDS.

Using UNAIDS estimates of HIV prevalence rates among adults in developing countries, I selected a set of sub-Saharan African countries with high HIV prevalence rates (above 10 per cent in 1991) and another set of countries in the same region with low HIV prevalence. I then cross-checked the list of countries that have participated in the DHS program in the 1990s. Four countries with high HIV prevalence rates met this criterion. They are Zimbabwe (16 per cent of adult infected), Zambia (16 per cent of adults infected), Uganda (about 13 per cent of adults infected) and Malawi (about 12 per cent of adults). Similarly four countries with low HIV prevalence rates that have participated in DHS program in the region are found. They are Mali, Niger, Senegal, and Ghana (with about 1-2 per cent of adults infected). Three countries from each group have participated at least twice in the DHS program and hence have data on trends in widowhood.

Preliminary Findings: The results show that the proportion of women aged 15-49 who are widows is on the average higher in countries with high HIV prevalence than in those with low HIV prevalence (Table 2). For example, in Uganda, Zambia and Zimbabwe, the proportion widowed is about 4% while the proportion widowed in low HIV prevalence countries are generally less than 2%.

However, in the study of widowhood, age is important. The risk of being a widow increases with age. Younger men and women, a large proportion of whom would be single, tends to have low risks of becoming widows. At ages 35 and above, most of the respondents would have married. The proportion widowed in ages 35-49 is presented for each age group (Table 3). The proportion widowed among women aged 35-39 is usually 6.5-7.7% although the proportion widowed in this age group is lower in Malawi – perhaps because its survey date was earlier than in other countries. These proportions are however higher than those observed in countries with low HIV prevalence, which ranged between 1.4 in Mali to 2.4 in Ghana and Senegal. At age 45-49, the proportion widowed is also higher in countries with high HIV prevalence than in those with low prevalence. Trend data are available for three of the countries in each group and are analyzed by age. These results for ages 45-49 are presented and they show that in both periods, the proportion widowed is higher in the high prevalence countries than in the low prevalence countries. Uganda has the highest proportion widowed in each of the periods. Besides, while the proportion widowed declined in each of the low prevalence countries, the proportion widowed increased in high prevalence countries.

TO BE CONTINUED.