Food insecurity amongst AIDS caregivers in Ethiopia

Summary of review

A recent study set out to assess the validity and dependability of the Household Food Insecurity Access Scale (HFIAS) among community health volunteers in Addis Ababa, Ethiopia. The HFIAS was deemed by its developers to capture the "universal experience of the access component of household food insecurity across countries and cultures" and to require only minor adaptation to local contexts. For this study, the HFIAS was translated into Amharic and subsequently tested for content and validity. This was followed by a quantitative validation study based on a representative sample (n=99) of female community volunteers (HIV/AIDS home-based caregivers). With this group, the HFIAS was administered at three time points over the course of 2008, in the context of the local and global food crisis. The sample was drawn from two local non-governmental organisations. The study site included the neighbourhoods surround the Ministry of Health's ALERT Hospital on the southwest outskirts of Addis Ababa.

By pooling observations across data collection rounds and accounting for intra-individual correlation in repeated measures, the researchers found that the HFIAS performed well according to standards in the field. They also observed slight improvement in reported food insecurity status over time, which seemed paradoxical given the increasing inaccessibility of food over the same time period due to food price inflation and reductions in food aid. Following a general trend of increasing food prices during 2005-7 in Ethiopia, the year 2008 was characterised by record highs during the first 8 months. This was followed by somewhat attenuated prices during the latter part of the year. The researchers attempted to resolve the paradox by considering self-report related phenomena that arise in the context of longitudinal study designs. First, 'observation bias', in which respondents change their reports according to changing expectations of the observer-respondent relationship or change their behaviour in ways that ameliorate food insecurity after baseline self-reports. Secondly, 'response shift', in which respondents change their reports according to reassessment of internal standards of food insecurity.

A limitation of the study was that the researchers did not assess the distribution of government-subsidised wheat that could have helped to buffer some households from increasing food insecurity.

The authors conclude that the results of the study are important for the validation of food insecurity tools and for the sustainability of community health programmes reliant on volunteerism in sub-Saharan Africa. In particular, as low income volunteer health workers become an increasing part of the African and indeed global health work force, situations that are prone to induce response shifts will become increasingly common. More research is needed to ensure that existing instruments accurately and dependably assess the food security situation of individuals.

Experiences of the author in this research have been posted online at: http://www.youtube.com/watch?

Taken from Field Exchange 38

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