



## ETHIOPIA: Rising food prices hit HIV-positive people



Photo: IRIN  
Ethiopian food prices have risen by 40 percent in the past year

ADDIS ABABA, 23 June 2008 (PlusNews) - Whenever Bellatu Bakane goes to her local market in the Ethiopian capital, Addis Ababa, she can't help but feel frustrated.

"I get angry because every time I go food prices are higher," said the 38-year old mother of three. "Because food prices are increasing, we are eating less."

Many Ethiopians are [skipping meals](#) and cutting out "luxuries" like vegetables and eggs as the combination of drought and rising food prices squeezes already tight budgets. But for Bakane that's particularly dangerous; two-years ago she tested positive for HIV and began taking life-prolonging [antiretrovirals](#).

If her diet is too poor, her health could soon deteriorate. "ART [antiretroviral treatment] can't work if people aren't eating enough; this is where food prices impact more strongly on them," said Gideon Cohen, coordinator of a [United Nations World Food Programme](#) (WFP) feeding initiative for urban Ethiopians living with the virus.

Poor nutrition weakens the body's defences against the virus, hastens the development of HIV into AIDS, and makes it difficult to take ARVs. ART can also increase appetite and it is possible to reduce some side effects and promote adherence to ARV regimens if the medicines are taken with food, according to health officials.

As food prices continue to soar, Ethiopians with HIV are especially hard hit; they may be weak and unable to work, they often have less savings, and they may also have been shunned by the community.

Bakane's sisters, who live in the same neighbourhood, won't give her the support that Ethiopian families often provide to each other in hard times. When she goes to the local government office to receive food assistance, officials treat her coldly. "My sisters and neighbours don't talk to me because I'm HIV-positive," she said. "I could never go to my family for help."

So far, the medicines have kept her healthy enough to bake and sell injera, a spongy bread, an Ethiopian staple, made of a local grain called teff, at an outdoor market where she earns about five Ethiopian birr (US\$0.52) a day. But that's not enough to feed her children as well as a school-age niece and half-sister who live with her.

### Drought another factor

Food prices have risen by 40 percent in the past year, according to the country's Central Statistical Agency, but some staples have risen much faster. Bakane says a kilogramme of wheat that cost her 2.25 birr (\$0.23) last year now sets her back 6.50 birr (\$0.68).

Fikirte Tshomay's doctor told her to stop breastfeeding her eight-month old son to reduce the risk of transmitting the virus, and give him cow's milk instead, but this is an economic impossibility.

Her husband, a soldier, died from an AIDS-related illness before the baby was born, leaving her and the child to survive on a monthly pension of 265 birr (\$27.60), but the milk alone would cost her 196 birr a month.

Tshomay is feeding him a blend of corn and soybean flour designed for malnourished children, known locally as Famex. "It's not enough," she said.

Both Bakane and Tshomay get help from the WFP, which gives each woman a monthly ration of about 40kg of wheat, two litres of cooking oil, and a small sack of beans. It doesn't cover all their family's needs, but it helps.

WFP's programme helps feed 111,000 people living with HIV/AIDS and their family members, Cohen told IRIN/PlusNews, but the global food crisis has complicated plans to expand the initiative to reach an additional 43,000 people over the next three years.

The severity of the drought has affected 4.6 million people, and also means the UN and other aid agencies cannot buy food on local markets, while rocketing global food prices have stretched their budgets - WFP's HIV/AIDS feeding programme in Ethiopia is already 44 percent over budget and has had to borrow from other UN programmes.

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Nearly eight percent of Ethiopia's urban population is HIV positive, and even those receiving aid have been forced to make difficult choices. "I can't provide enough food for the family," said Sirkalem Yiffa, 30, a mother of two who learned she was HIV positive three years ago. "I'm also worried about getting enough food for myself to take the antiretrovirals."

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