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Summary
In South Africa poverty and HIV/AIDS is concentrated among blacks, particularly Africans. Social support grants mitigate amongst the deserving poor. There is a need to understand the impact of social grants even among the impoverished black minorities, like that of the South African Indian community in order to inform the social welfare policy. The study examines the impact of grants in the context of poverty and HIV among the South African Indian people residing in an impoverished urban informal community in Durban, South Africa.

Abstract
In South Africa poverty and HIV/AIDS is concentrated among blacks, particularly Africans. Social support grants mitigate amongst the deserving poor. There is a need to understand the impact of social grants even among the impoverished black minorities in order to inform the social welfare policy. The study examines the impact of grants in the context of poverty and HIV among Indian people residing in an impoverished urban informal community in Durban, South Africa. Thirty-two in-depth interviews were conducted with local community members' and health care service providers. Interviews were audio recorded, and transcripts were coded and analyzed using ATLAS.ti. An array of factors was identified by respondents and three major themes emerged from these factors, including poverty HIV and social grant intersection, frustration and desperation, hope and relief. In many impoverished and HIV/AIDS affected households, the ability to generate an income was reduced through unemployment, the loss of productive family members through ill health and death making them rely on social welfare grants for relief.

Introduction
An estimated 6.4 million people were living with HIV/AIDS in South Africa in 2012 which is more than in any other country in the world [1]. Although the HIV epidemic has stabilized over the past couple of years, the epidemic continues to undermine the institutions and human capital development strategies on which future health, security and progress depend [2]. The HIV/AIDS epidemic has had a profound impact on the level of poverty whilst poverty reduces the ability of the poor living with HIV/AIDS to cope with the disease. HIV/AIDS generates new poverty as people lose employment, and household incomes fall owing to the loss of wage earners [3].

It is common cause that social assistance programmes significantly mitigate poverty amongst groups of deserving poor especially in the context of HIV [4]. Consequently, in South Africa the number of social support grant beneficiaries grew rapidly, mainly because of the HIV/AIDS epidemic [5,6,7]. The eligibility criteria to receive social support grant has been based purely on the medical perspective, where only people in clinical stage four of AIDS (CD4 counts lower than 200 cells/mm3) are entitled. Referring to physical or mental impairment due to severity of the disease at extent to which certain activities of daily living cannot be undertaken [8,9]. This is the same criteria that would later be used for eligibility to received ARV therapy (ART) [8,9].

Approximately 16.0 million social grant payments were made to vulnerable people in 2013 of which approximately 1.2 million were paid out as disability grant [10]. South Africa is a highly unequal middle-income country in which enduring structural poverty relegates huge portions of the population to the economic periphery. According to Fried [11] and Leclerc-Madlala [6], the

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question of who should or should not access financial assistance from government in this time of high unemployment and poverty coupled with the high burden of HIV/AIDS elicits much heated discussions. Recipients generally belong to the black African population [9]. Although not by the same magnitude poverty and HIV/AIDS also affect other black communities in South Africa. Consequently, while the research lens has tended to focus on the black African population, there is a need to broaden our research agenda to other black minorities in order to gain a comprehensive understanding of the combined and evolving effect of poverty and HIV/AIDS in the country. It is for this reason we had undertaken to look at this minority population, as it is under researched and more needs to be understood about the South African Indian community and HIV/AIDS.

This study examines the impact of grants in the context of poverty and HIV among the South African Indian people residing in an impoverished urban community in Durban, South Africa. Understanding the impact of social grants among the impoverished black minorities in vital for informing the social welfare policy.

**Methodology**

**Study Site and Population**

The study was conducted in Chatsworth a predominantly South African Indian township in South Africa which is almost 65 years old, with an estimated population of 750,000 [12]. The study site is situated fifteen kilometers South of Durban the third largest South African city. The population is characterized by new generation South-Africans Indians who use English as their first language. In addition, Indian languages such as Hindi, Tamil, Telugu, Gujarati and Urdu are spoken at home by most of inhabitants. The major religions practiced amongst the Indian community of Chatsworth are Hinduism, Islam, Christianity and Buddhism. Present day Chatsworth consists mainly of poor (lower income group) and working class people.

**Study Setting**

To add to the burden of the poor, the closing down of textile companies saw tens of thousands of jobs lost [7]. Consequently many of the families’ bread winners that had lost their jobs faced the threat of evictions, water and electricity cuts [13]. The high rates of unemployment, homelessness, welfare dependency, crime, prostitution and high school drop outs saw an increase in the prevalence of HIV/AIDS within the South African Indian community of Chatsworth [13]. In Chatsworth HIV/AIDS is still considered to be someone else's disease. Many in the community believe that it would never happen to them [13,7]. This attitude, coupled with poverty, unemployment and gender inequalities, sets the context for the potentially rapid spread of HIV/AIDS within the community, and this was the reason that we chose Chatsworth among other Indian townships as a study location, since it is also the largest Indian settlement in South African [13,7].

**Data Collection Procedure**

The study required an approach that would elicit the subjective experiences of people and how HIV impacted on their lives. Therefore a qualitative research approach through in-depth interviews (IDIs) were used to unpack the range of meanings that people associate with the HIV and AIDS and the way in which social welfare grant significance was viewed within the context of poverty and HIV. The interviews included service providers such health care workers (mainly nurses) from the local clinic and programme officers from 'A Ray of Hope', a community based organization (CBO). This organization was established in the late 1990's, and offers counseling to HIV positive people and their families, provides poverty alleviation (for example food and clothing), rape/trauma counseling and skills training for income generation.

Respondents were informed about the purpose, methods and risks associated with the research. The respondents were informed verbally as well as in the written informed consent form that was drawn up for the respondents to sign, before the interview. Confidentiality and anonymity were ensured by protecting the participants' identity by not indicating the subjects' names in the recordings. The study was approved by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and Biomedical Research Ethics Committee (BREC) at the University of KwaZulu-Natal in South Africa.

**Data Analysis**

The interviews and FG were audio-taped, transcribed and entered into ATLAS.ti version 7 for line-by-line coding (www.atlasti.com). Codes were further organized into categories and developed categories into emerging themes and sub themes.

**Results**

A total of 35 in-depth interviews were completed among the most reproductive and productive age group (25-59 years). The interviews consisted of 49% male and 51% females. The respondents came from both middle and lower income groups, and 28% were HIV positive, and this included 11% of males and 17% of females.

There was a clear intersection between poverty, HIV and social grant in this community. This was a recurring theme throughout. An array of factors was identified by respondents as important barriers to access to social grants. Among these factors two more major themes that were common among the responded emerged, and these included frustration and desperation as well as hope and relief.
Poverty HIV and Social Grant Intersection

When asked about the impact of social grants in the context of poverty and HIV One service provider explained that “Many of the households in this community have lost the breadwinner as a result of HIV. Most have lost their husbands and sons who were the only source of income for the family, now that they have died this has put lots of strain on the family unit, putting them more into poverty. They do not know where their next meal will come from as the remaining people in the households are unemployed and cannot find a job. These people are really suffering here.” (Male, 50 years)

A health worker at a local clinic said that she sees so many patients a day who are HIV positive. “It is really sad to see so many Indians coming into the clinic for AIDS related treatment. Most of them are really poor, so we at the clinic advise them to go and apply for the disability grant for HIV positive people. For many of these HIV positive patients the grant is their only source of income.” (Female, 46 years) Another care giver explained that the disability grant helps the poor HIV and AIDS affected people survive, “by helping them buy their staple food so that they do not starve. Many of the people that I attend to are too sick and weak to work they rely on this grant for survival.” (Female, 53 years)

A respondent living with HIV stated that “we are poor and dying here and the government does not see that, being poor is like a curse. Government does not care about us, I am sick and I get this disability grant that helps me to get by. Most of the people here depend on these grants just to get by.” (Female, 32 years) Another HIV positive female respondent said “The government wants us to wait until we are sick and dying before they can give us the grant. I need food now, if I do not eat I will get sick, I think that is what they want from us, to get sick. What is the use, government giving the grant when you get very sick, while I am fine now they should give it so I can buy food and be in good health?” (Male, 41)

Frustration and Desperation

One respondent complained “How must I go to the place to apply for the grant when I don’t even have enough money to buy food, it is really hard, I do not have money to go and I have lost my I.D (identity document) book I do not have the money to go and reapply for another I.D book and also to get the child grant and disability grant. I got AIDS and I saw somewhere that people with AIDS can get a grant.” (Female, 32 years) Another respondent expressed her frustration “These big shots government people don’t know how the poor people live. They have a big house, drive fancy cars and eat well they don’t know what is going on in the communities. How people suffer to survive just to put food on the table. It is even worse if you got this AIDS, I’m sick all the time and I need this grant and I cannot find a job I have tried so hard, what I must do then?” (Female, 28)

One employed HIV positive respondent explained that he cannot work because he gets sick often resulting in him having to leave work. “I was the only breadwinner in the family, and as a result now there is no income, my family is struggling to purchase the bare essentials, and they rely on the help of others in the community. All these stress factors are making me more ill.” Another HIV positive female respondent said “My husband died and he was the breadwinner in the family, I do not work and cannot find a job, I collect a government grant but that is not enough, I buy food and the money is finished, I have no extra money to go to the clinic, taxi fees are expensive and I cannot afford it.” (Female, 36 years)

Another respondent expressed his frustration “I was the only one working in the house, when I lost my job I did not know what to do. At that stage I did not know I was HIV positive and I did not know about the grants. My wife, children and I had no choice but to move in with my parents in their two bed room flat, both my parents are pensioners. My parents were supporting us.” (Male, 35) One service provider confirmed “many of the families that she helps rely on the old age pension, as most of the breadwinners of the families were ill and could no longer work, so they move in with their parents for help. This is really stressful for the old people, who now take care of their children’s family.” (Male, 49)

There was also a view that many people in living with HIV/AIDS stand to lose their grants as a result of restored health from ARTs. One female respondent explained that “HIV grant helps her to put food on the table as she does not work and is always sick. She went onto say if they stop her HIV grant, how is she going to feed her children? How will she survive? All she cares about is her children, what will happen to them?” (Female, 32 years) Another female respondent also explained that “I am poor and I have AIDS, if it was not for my children I would have ended my life a long time ago. If I am not here who will take care of my children? We are living on this grant, it is an income for us, my husband left us a few years ago, I do not want him back, he gave me this disease, he does not give me or the children any money. With the help of the Ray of Hope I managed to get the disability grant. I am on the waiting list to go on treatment, but I heard that if I get better the grant will be taken away, how will we survive? Where will we get food to eat? I was thinking maybe I will just go on treatment for a while then can stop it and then carry on again, but I have no idea, I am just worried about the grant being taken away.” (Female, 34)

Hope and Relief

Disability grants are an essential source of income for many HIV and AIDS-affected households in Chatsworth. The importance of the disability grant was illustrated a female respondent who said “Thank god for this grant.” (Female, 29 years) She added that she is
really grateful for this grant to support her family. This respondent lives with her parents who are pensioners, and before the grant they used to take care of her and her children. She says at least now she has the grant life is much easier for her parents. She is able to contribute to the household and buy food and clothes for her children.

Another female respondent explained that she is too young to collect the old age pension, her husband passed away a few years ago and she has three children to feed. She said “I did not know what to do, and family and friends did not want to help me. However with the help of the community based organization I found out about the child grant and applied, now I am able feed my children.” (Female, 37 years) Similar sentiments were shared by another female respondent “I did not know about the grant for my children or even the disability grant for HIV positive people. Even before I was positive I struggled to find a job. I found out about the disability grant and the child grant through a friend. A friend of mine told me about all this, she attended a workshop run by Ray of Hope, who told them about the grants and how to go about getting them. I am not working and cannot find a job this grant helps me and my children.” (Female, 27 years)

One of the HIV positive respondent explained that the grant is the only source of income for the household, “I rely on the grant, as I am always sick and have three children to feed, so the grant is a life saver for them.” A service provider also explained that “Many of these people were retrenched when the local textile and leather industries closed. Many of the families survive on the old age pension, while others on the child grant and the disability grants. Many families in Chatsworth rely on this money to pay their rent and purchase food.” (Male, 50 years)

Discussion

The general feeling among service providers was that many of the people living in this community were poor and relied on government grants to survive since they have no other means of income. While others felt that their situation made coping with HIV even more difficult, other felt that HIV was actually making their situation worse. There were mixed view with regards to the impact of grants in the context of poverty and HIV. However, three major themes emerged from the interviews and these included poverty HIV and social grant intersection, frustration and desperation, hope and relief all recurring throughout the analysis.

Evidence obtained from this study suggests that growing numbers of South African Indians in the selected study community were suffering from AIDS related illnesses and many are dying from the disease. For most respondents in this impoverished community the disability grant was the only source of income for their household. Dependency of social welfare also included old age and child support grants to support HIV/AIDS affected families. Many of the respondents felt that the grant money was essential for buying food to eat, so that they can be healthy and able to fight the disease.

Studies suggest that there is a defined link between poverty and HIV/AIDS, with the poor predominating amongst those living with HIV and AIDS [11,14,15]. However, as shown in this study this link between poverty and HIV/AIDS is not simplistic. Poverty does not only enhance exposure to HIV infection, it also decreases the capacity of people living with and affected by HIV/AIDS to manage the consequences of infection [15].

It was also apparent in this study that HIV poor households are less able to access suitable health care services, mainly because lack financial resources for public transport to the public clinics and hospitals. HIV and AIDS undercuts attempts at poverty reduction, income earning, productivity and economic growth, and can lead to financial, resource and income impoverishment [16,17]. The findings showed households become poorer as a consequence of the illness and death of individuals, and in numerous cases it is the income-earning adults who die. The epidemic intensifies poverty and increases inequalities at all level of society.

The HIV/AIDS epidemic in the selected study community intertwined with high levels of unemployment. The majority of respondents stated that unemployment is a major driving force of poverty in the area. People reported that they were frustrated and desperately trying to survive, and questioned how they can be expected to be in good health when most are in dire straits and struggle daily with poverty. Loss of employment has a major impact on households in terms of living standards, households without a breadwinner are forced to rely on friends and relatives, as well as government grants as a form of poverty relief [9,14,6,18].

A public-sector antiretroviral (ARV) roll-out has given rise to a situation where PLHIV who take ARVs and become well will no longer receive disability grants that in many cases provided access to basic (life-saving) services and food, not only for themselves, but often for their extended families [8,9]. This is based on a purely biomedical model, not taking the social context into consideration [8,19]. Based on the finding of this study people choose to discontinue the ARV treatment so as to become sick again in order to qualify once more for the social grants. In terms of their health this will have a negative impact, and such behavior will intensify the likelihood of drug resistance, thus rendering the ARV treatment less effective [11,19].

This study has several limitations. The qualitative study design was appropriate to explore the subjective experiences of the participants but it did not allow the researchers to assess the accuracy of the information. Participants were recruited via a service provider in the community this could have caused.
selection bias. The study sample was predominantly Indian, and although the findings of this research study cannot be generalized to the broader Indian population, valuable information was obtained for the selected community.

**Conclusion**

In many impoverished and HIV/AIDS affected households, the ability to generate an income was reduced through the loss of productive family members through ill health and death. The experiences of people in this study shed light on how poverty is impacting on the burden of HIV/AIDS and vice versa in this South African Indian community. This situation is as a result of the high unemployment rate and a welfare system that has grown exponentially but is not meeting the demand due to HIV/AIDS, placing poor people in desperate situations which make them to rely on social welfare grants for relief.

The policy surrounding treatment and disability grants needs to go beyond a medical framework to consider the social context of poverty and unemployment. Finally, while the research lens on HIV/AIDS has tended to date to focus on the African population, there is a need to broaden our research agenda to other Black minorities to get a more in-depth dynamics of the disease in the so called less affected groups in the country.

**Acknowledgement and Conflict of Interest (COI)**

We would like to acknowledge and thank all the participants who participated in this highly sensitive study by sharing their experiences with us. We would also like to thank the community based organization whom helped us with the recruitment of participants for the study.

We as the authors declare that there was no conflict of interest while engaging in the study.

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