

Interactions between poverty and HIV/AIDS at the household level

Prof John Seager

Ms Thulisile Ganyaza-Twalo

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Outline

1. Study design
2. Realisation of the sample
3. Results

Socio-economic status
HIV affected households and
proxy indicators of HIV
infection
Economic shocks
Food security
Burden of care

4. Conclusions



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Objective

- To provide empirical evidence on
the relationship between poverty
and HIV at the household level



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Methodology

Identification of HIV affected households

- Recruit HIV positive participants
 - volunteers from PLWHA support groups
 - Identify where they live
 - accessible areas (convenience cluster sampling)
 - peri-urban area on outskirts of Cape Town
 - formal and informal housing
 - some variation in poverty
- 3 neighbourhood controls per case



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Methodology (2)

AIDS-affected households

- preserve HIV status anonymity, both within and beyond the household
- All households treated identically (to avoid stigma)
- Randomisation unobtrusively on site (based on house numbers)
- Need to address 'control' households that may include other PLWHA whose HIV status is unknown and/or undisclosed

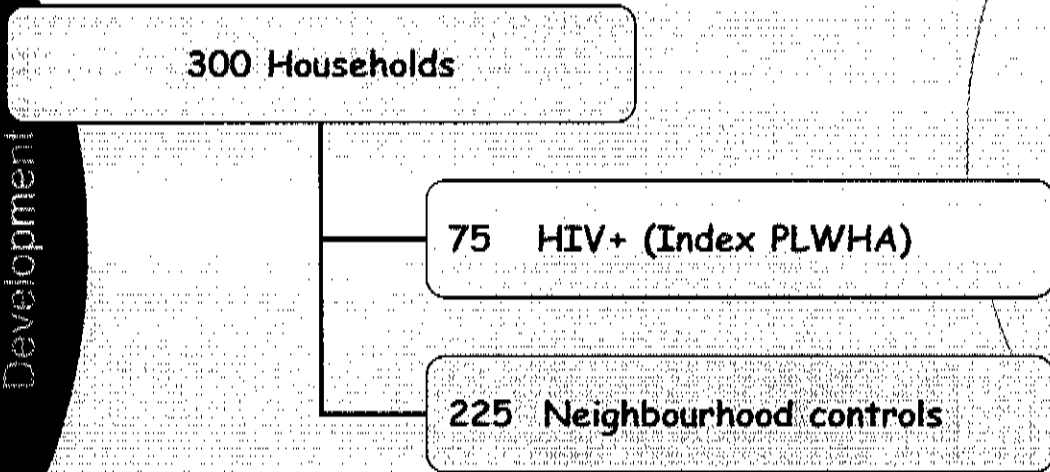


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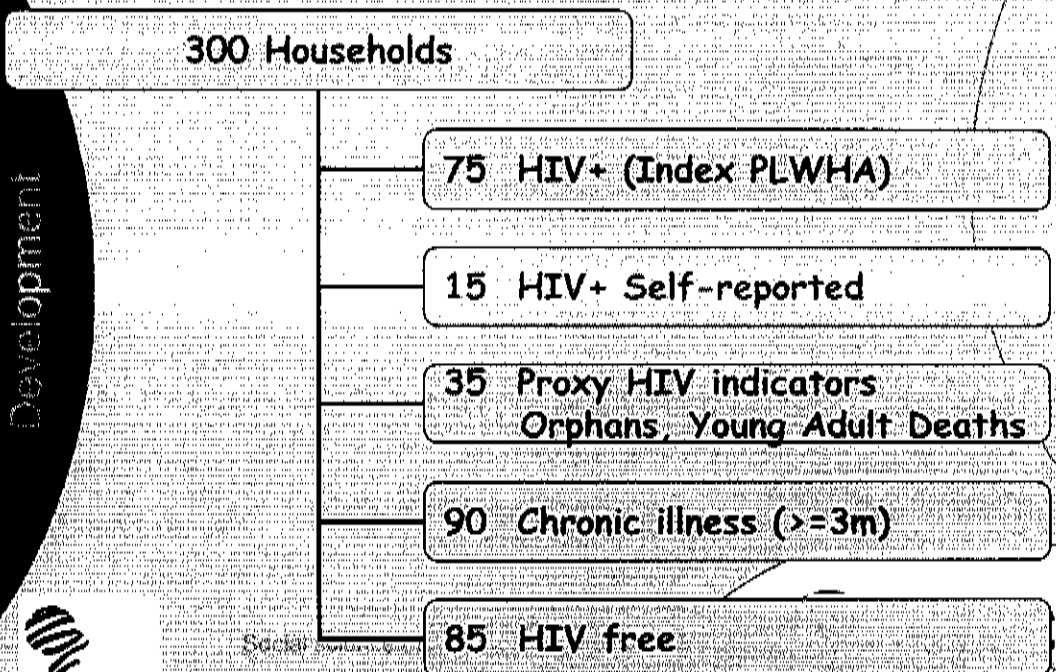
Sample design



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Sample realisation



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Assessing Socio-economic impacts

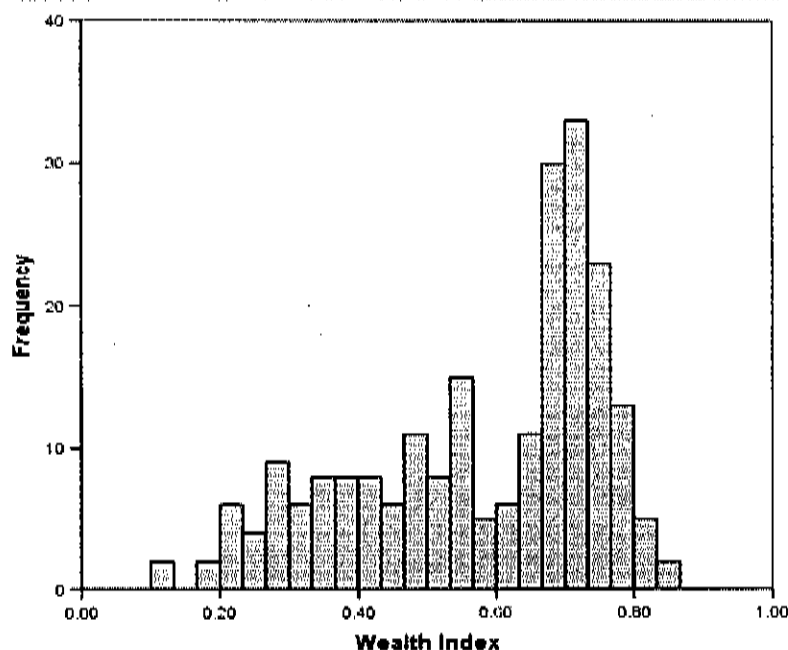
Developing a composite indicator or "Wealth Index"

- **HQ Housing quality (14)**
Rooms/person, wall, roof, & floor durability.
 - **SV Services (14)**
Electricity, water, sanitation, cooking fuel.
 - **A Assets (15)**
Radio, TV, mobile, phone, PC, plough, tractor,
power tools, hand tools, bike, car, truck,
donkey/horse, cattle, other livestock
- **Wealth Index = (HQ+SV+A)/3**
Range = 0.0 - 1.0

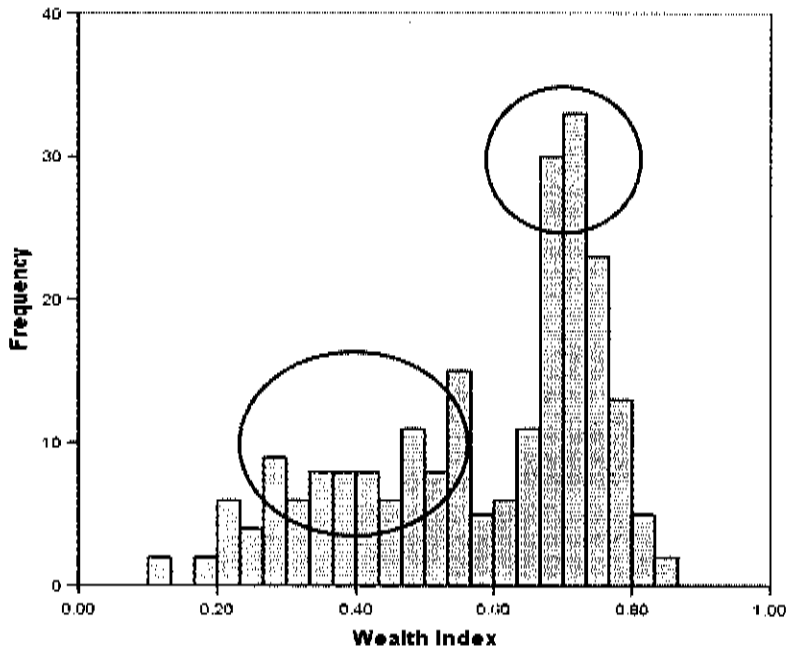


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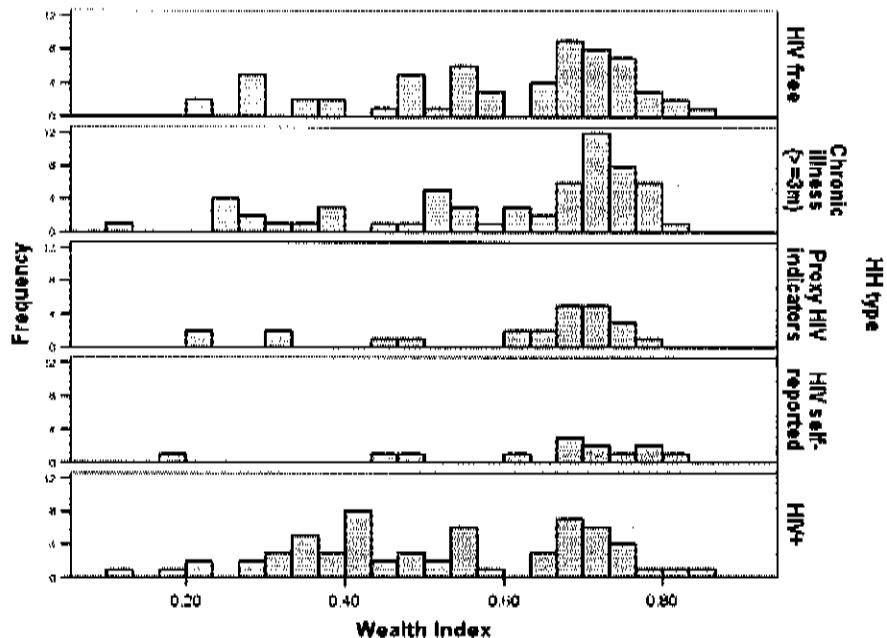
Wealth Index



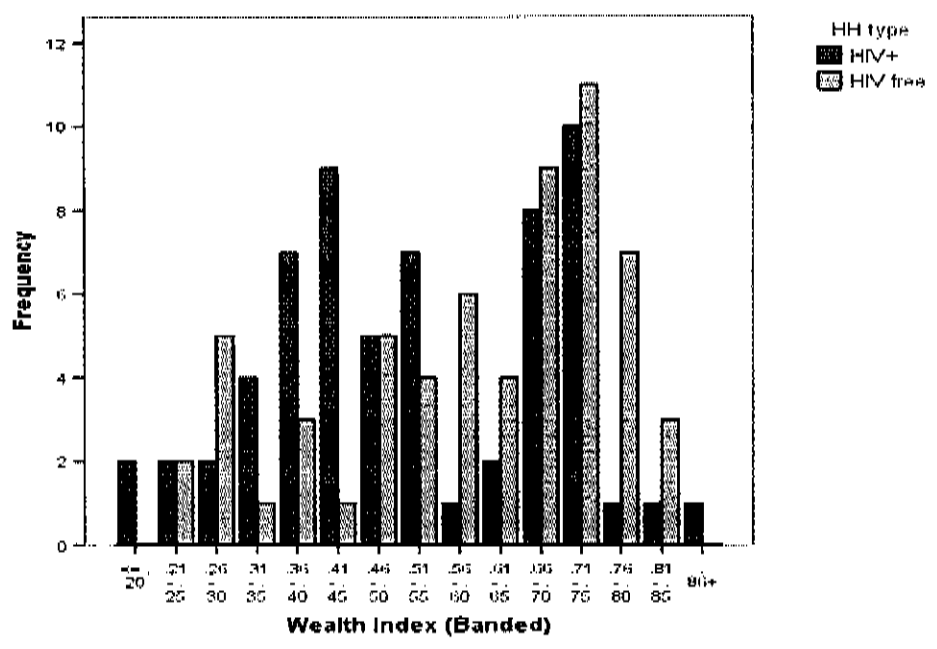
Wealth Index



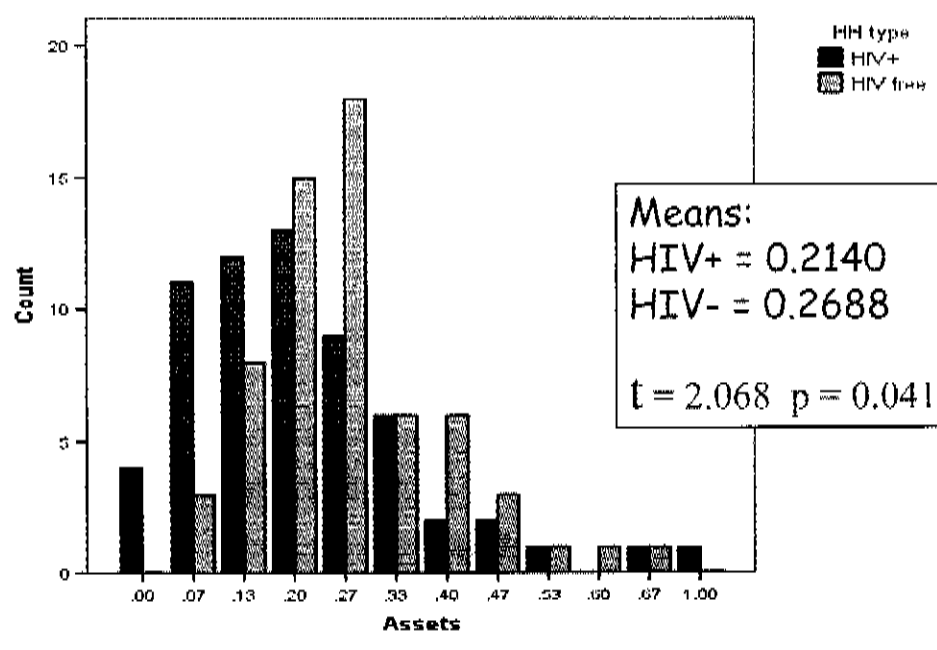
Wealth Index by HH type



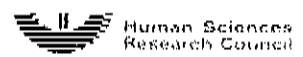
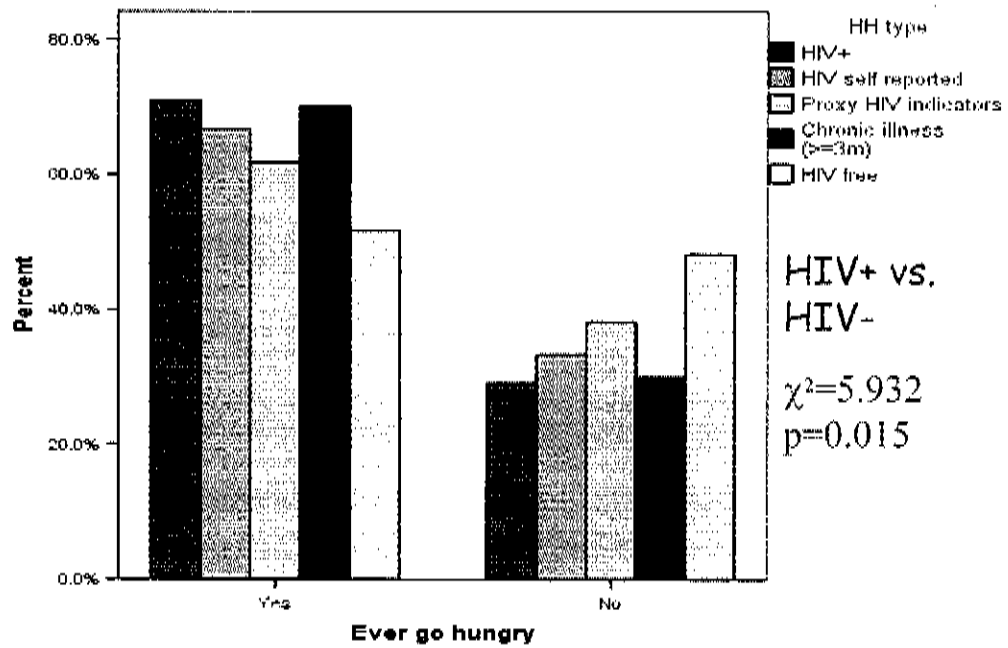
Wealth Index by HH type



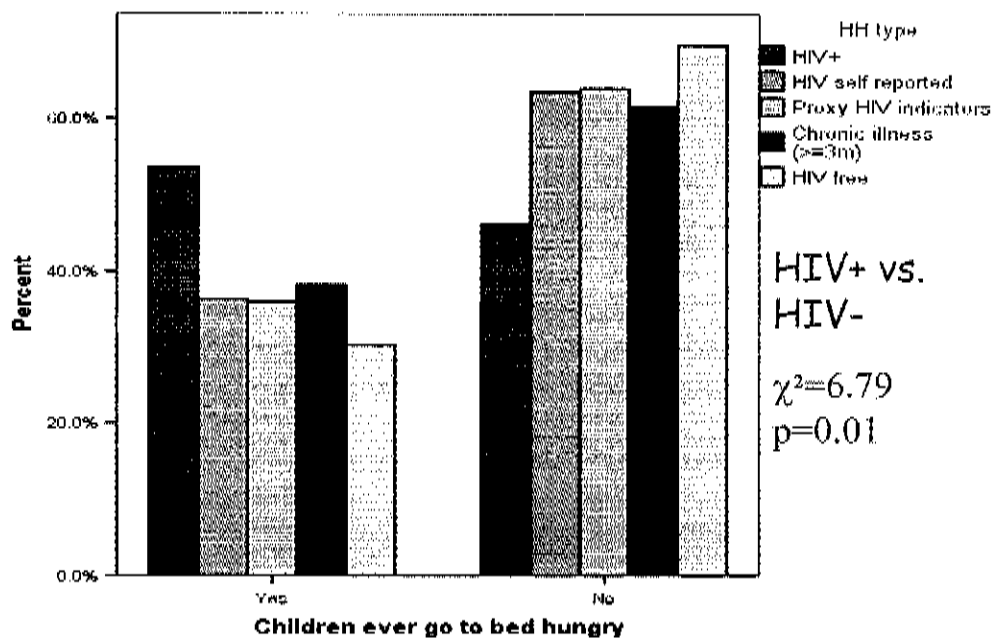
Economic shocks: asset depletion



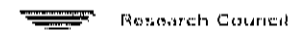
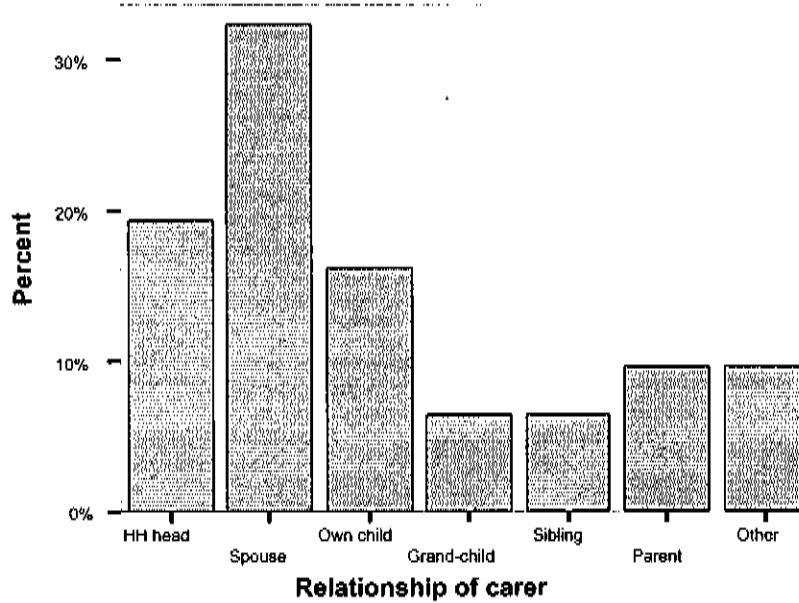
Food security: Do people in this HH ever go hungry?



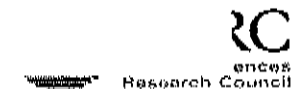
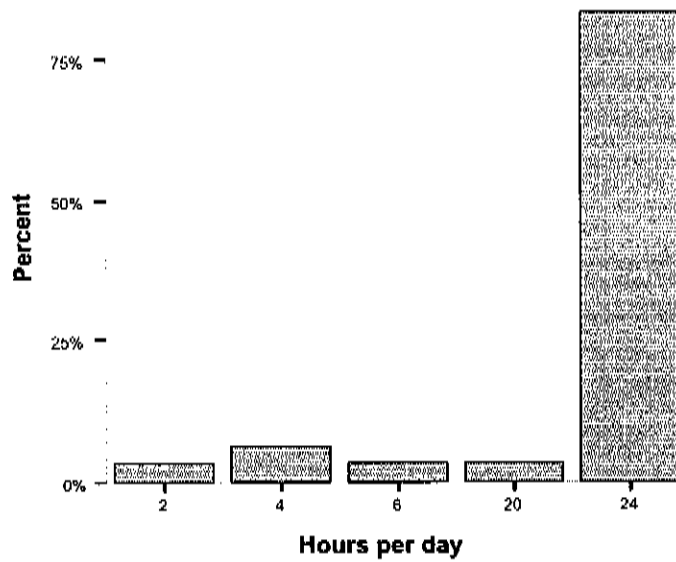
Food security: Do the children ever go to bed hungry?



Burden of care: relationships

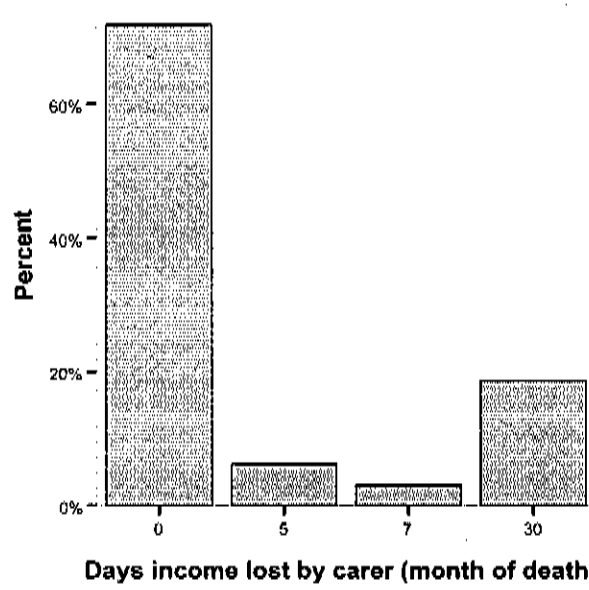


Burden of care: time





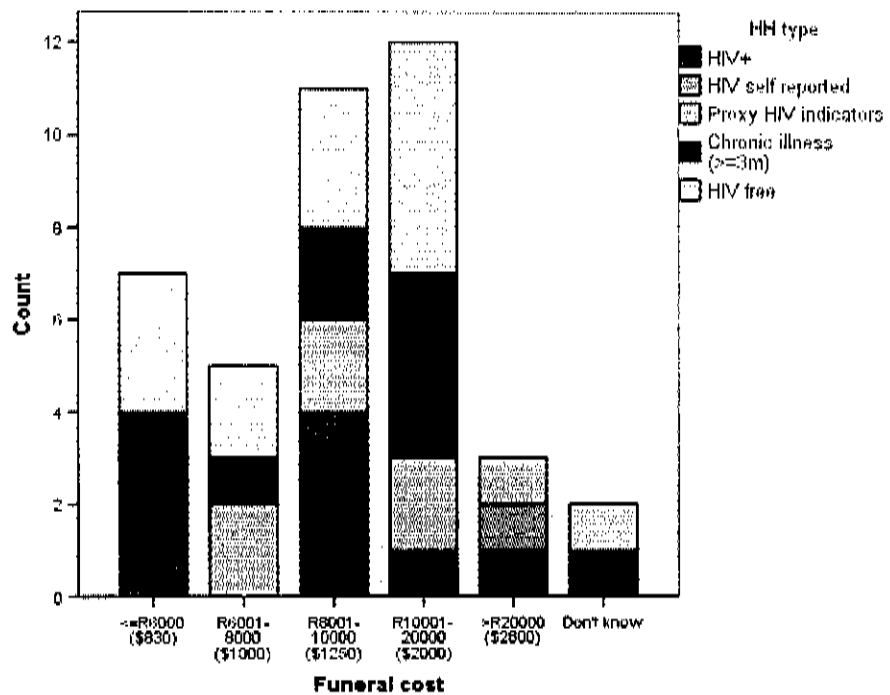
Burden of care: loss of income



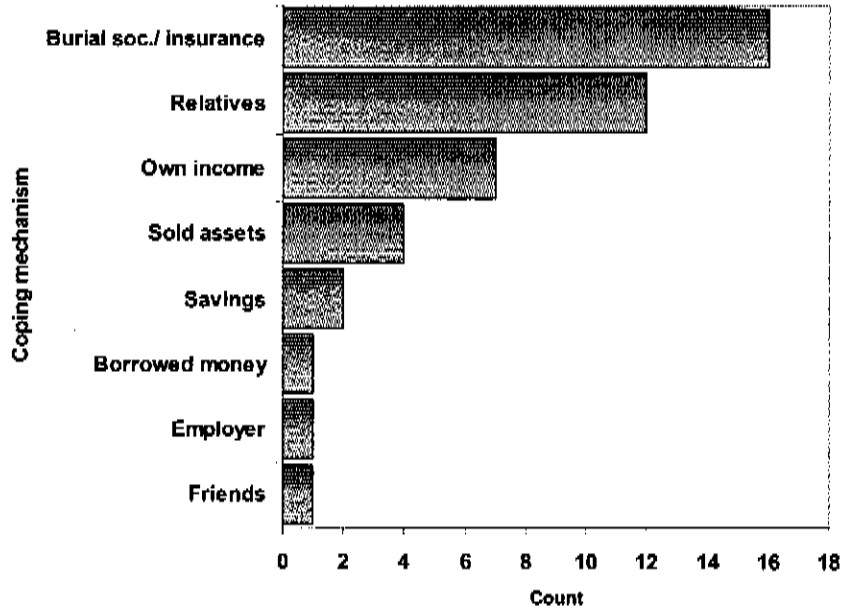
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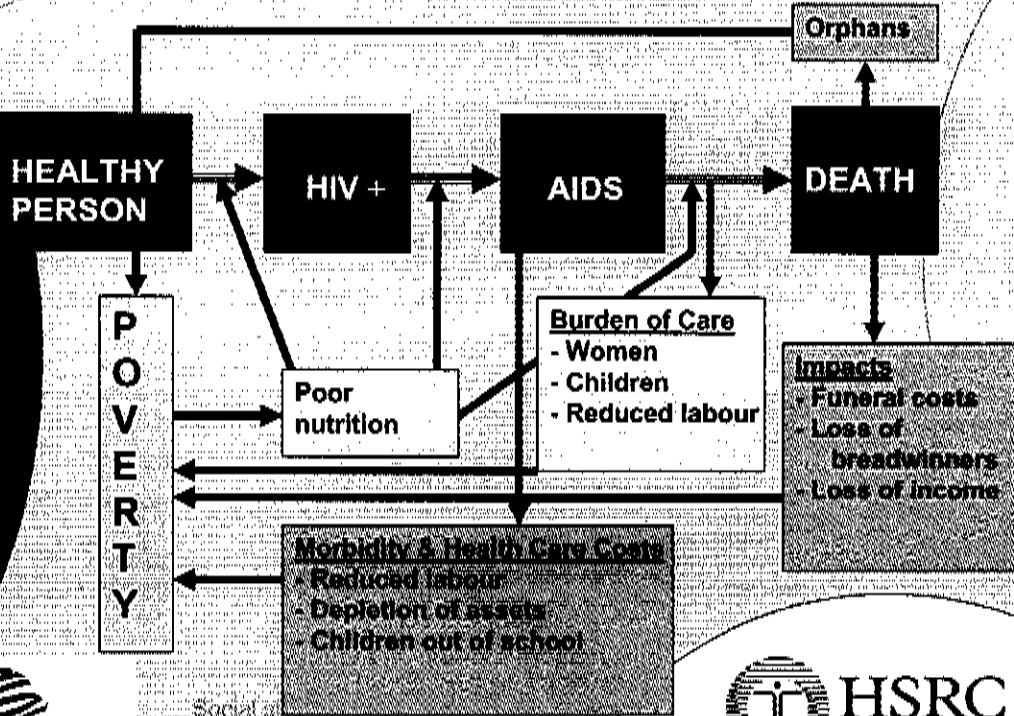
Economic shocks: funeral costs



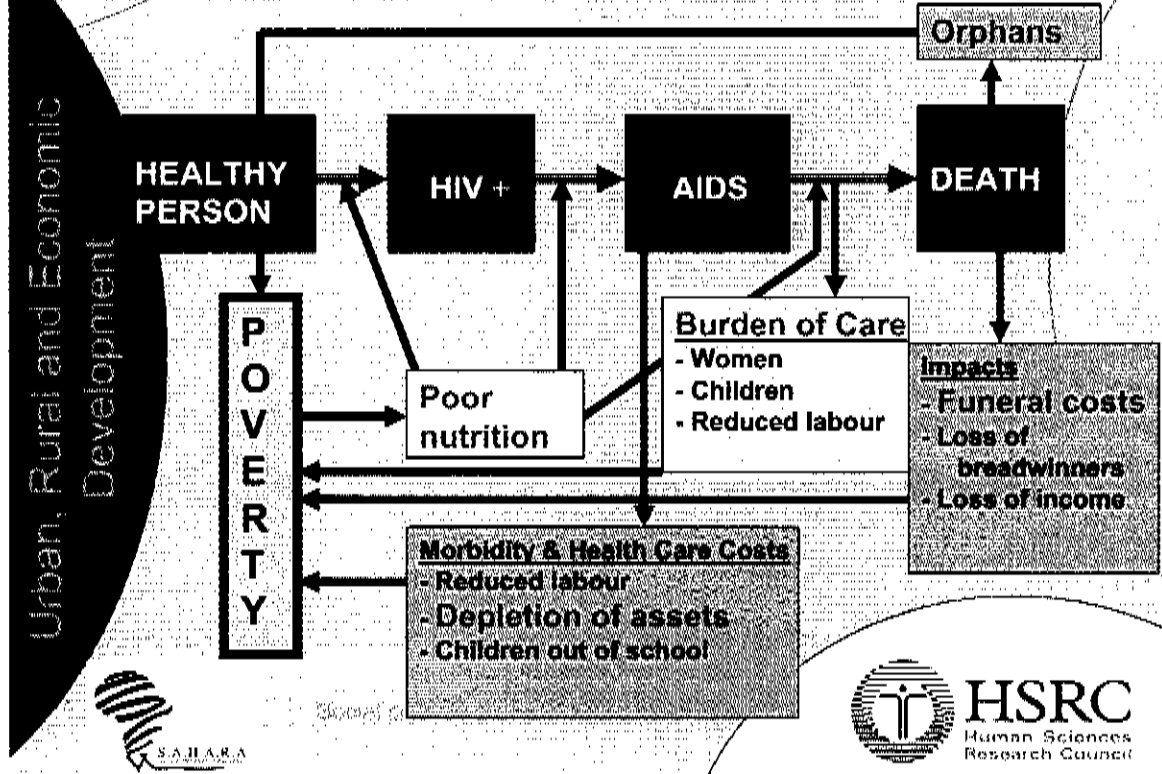
Economic shocks: coping mechanism



CONCEPTUAL FRAMEWORK



CONCEPTUAL FRAMEWORK



Conclusion

Asset depletion

- There is evidence of asset depletion in HIV-affected households.

Nutrition

- Both adults and children experience significantly more hunger in HIV affected households

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Conclusion (2)

Burden of care

- Family members bear the brunt of the burden of care and this impacts on income in 20% of households.

Funeral costs and the role of insurance.

- Funeral costs are high but the impact appears to be buffered by insurance.

Much more analysis to be done - especially of the household demographics and comparisons between this dataset and data from Kenya.



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Mercil

Thank you!



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