HIV-infected People in Sudan Moving Toward Chronic Poverty: Possible Interventions

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*We sought to identify the socioeconomic impact on people living with HIV (PLWH) in Sudan. Focus group discussions were used to collect data and identify the most outstanding domains of HIV impact on PLWH and the survival mechanisms that may be common to a group of diverse HIV-infected persons (*n = *30). The findings indicated that the most striking financial and social impacts were due to stigma associated with HIV in the conservative Sudanese society, which led to loss of work with all its consequences (e.g., children's education and health care expenses were affected). The socioeconomic impacts of HIV on infected populations are discussed, and suggestions for possible interventions to mitigate harmful impacts and stigma within the society, the workplace, and health care settings are highlighted. We concluded that HIV has intensified the existing problems of infected people, contributing to their vulnerability to poverty.*

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HIV exhausts major financial resources. The diversion of finances to health expenses may result in maladaptive coping mechanisms with negative long-term effects such as child labor, disposing of assets, and depletion of savings (Mbirimtengerenji, 2007). Studies have shown a clear association between poverty and health status (Greener & Sarkar, 2010). HIV is associated with shame, stigma, and discrimination, shaped by fear and death. More than 35.3 million people around the world were living with HIV in 2012, of whom half were women and 2 million were children. Moreover, there were 2.3 million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 million in 2001, as more people received antiretroviral therapy (ART). The epidemic is most severe in Africa (Joint United Nations Joint Programme on HIV/AIDS [UNAIDS], 2013a, 2013b).

Sudan is categorized as a low-income country with low HIV prevalence compared to many other African countries (Lake & Wood, 2005). The significance of an impact assessment in a country with an HIV prevalence rate lower than 5% is explained by the need to inform the public of the importance of having both effective prevention programs and targeted care/support strategies.

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In Sudan, the first case of AIDS was reported in 1986, followed by an additional two cases in 1987 and a small annual increase to 250 cases by the end of 1997. This number quickly increased to 511 cases by 1998 and 652 cases by 2000. According to Sudan National AIDS Programme (SNAP, 2010), from 2004 up to the fourth quarter of 2011, 10,754 cases were reported, and the total number of HIV cases since the emergence of the first case has been calculated to be 11,484. Most affected people in Sudan have been ages 16 to 49 years, and HIV is mainly transmitted through heterosexual contact (Khamis, 2013). A comprehensive epidemiologic and behavioral assessment of the HIV situation in Sudan shows that HIV prevalence is estimated at 0.24% (UNAIDS, 2013a, 2013b).

Rationale and Objective of the Study

The Investment Framework for HIV prevention, treatment, and care, developed by UNAIDS in 2011 established the need to rapidly scale up key HIV interventions that directly or indirectly affect transmission. In addition, the consequences of HIV infection on the individual and the subsequent interventions required, including treatment, have been well studied and understood (Gillespie, Greener, Whiteside, & Whitworth, 2007). However, the socioeconomic impact on the HIV-infected individual, as well as on his/her family and community has not been well studied. Moreover, there is a need for academics and policy decision-makers to take this economic impact of HIV infection seriously. Thus, this article examines socioeconomic impacts and coping mechanisms of people living with HIV (PLWH) in Sudan, in an attempt to discover possible interventions to mitigate these problems.

Materials and Methods

Theoretical Framework

We adopted the Sustainable Livelihood Theory to achieve the aim of our study. The concept of sustainable livelihood arose out of the 1992 Earth Summit held in Rio de Janeiro, Brazil (Morse & McNamara, 2013). The theory was created from what can be recognized as an intentional approach to theory development. The base of the theory is the assessment of different capitals that are deemed to support livelihood (Morse & McNamara, 2013). These capitals are classified as human, social, physical, natural, and financial. The theory is defined as a way of living and comprises social and material capabilities, endowment, assets, and activities (Carney, 1998). Socioeconomic shocks contribute to negative livelihood outcomes and decreased assets, which result in severe poverty conditions (Sherbinin, Vanwey, & Twine, 2008). The framework describes the loss of resources when coping with risk. Different types of productive activities undertaken by households depend on the different types of livelihood assets available to them. These assets include human capital such as productive or marketable skills and knowledge; financial capital, which includes economic assets (e.g., savings or cash); social capital, including social resources such as social relations, networks, and associations; natural capital, including stock of natural resources and services essential for human survival and economic activity; and physical assets, such as infrastructure, production equipment, and technologies (Morse & McNamara, 2013). Having financial support enables households and individuals to cope better with HIV (Mbirimtengerenji, 2007).

Figure 1 shows how vulnerability to risk influences the household livelihood assets and how ownership of these assets decreases vulnerability. If livelihood strategies lead to a positive outcome, then the household will be able to accumulate assets and decrease vulnerability and risks. When livelihood strategies result in negative outcomes due to poor environments and weak institutional policies, it can lead to reduction in poor people's assets, which could increase their vulnerabilities to risk and uncertainties.

In poor households, the asset base is much more limited than it is in rich households. This happens because of limited access to human capital, and natural and financial resources, which make poor households more vulnerable to risk. The framework demonstrates the processes of economic change that include transition between different states of economic structures through changes in livelihood strategies. The framework describes the loss of resources in coping with the risk. Our study seeks to propose