The Perceived Benefit of the Disability Grant for Persons Living With HIV in an Informal Settlement Community in the Western Cape, South Africa

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For persons living with HIV (PLWH) in limited socioeconomic circumstances in South Africa, social grants for disability have contributed significantly to alleviate poverty, yet there is a risk that recipients may lose these grants once they are clinically stable on antiretroviral therapy (ART). Our qualitative research explored perceptions and experiences of PLWH on ART concerning the social grant for disability and its contribution to health. Three focus groups were conducted with 15 purposively selected participants who attended a primary care clinic in the Western Cape. A thematic data analysis approach revealed two themes: (a) disability grants as a means of survival and (b) disability grants and ART adherence. The disability grant was considered an essential source of income and, for some, the sole means of survival. Participants valued their health more than the income, however, and, despite the risk of losing the grant, remained adherent to ART.

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The socioeconomic effects of the HIV pandemic have been reported from resource-poor as well as resource-rich countries (Floyd et al., 2008; Grierson, Pitts, & Thorpe, 2007; Mahal & Rao, 2005; Tekola, Reniers, Mariam, Araya, & Davey, 2008; Xu, Sullivan, Douz, & Wu, 2007). The pandemic is a threat to economic development as it has an immediate impact on the earnings and income of households with HIV-infected family members. People living with HIV (PLWH) are often in their most productive years, are members of the labor force, or are in positions to provide family support (Mahal & Rao, 2005; Sekgoka, Mothiba, & Malema, 2013; Taraphdar et al., 2011). Ill patients also depend on family members to care for them, which in turn makes it difficult for family members to seek employment. In countries without social support structures or free treatment, a large proportion of family income is reportedly used on treatment costs (Xu et al., 2007).

The socioeconomic impact of HIV has been greatest in sub-Saharan Africa. The major economic effects of HIV are a reduction in labor supply and increased costs in household expenditures when a

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household member becomes infected with HIV (Taraphdar et al., 2011). This has devastating effects on the livelihoods of affected households and the direct costs of expenditures such as medical care, drugs, or funeral expenses when employed household members become ill or die (Piot, Greener, & Russell, 2007). Other studies in Africa have reported that HIV infection or death affect the family's access to resources. Individuals and their families feel the economic effects first, with rapid transition from relative wealth to relative poverty within affected households (Oluwagbemiga, 2007). Relatives and primary caregivers of deceased adults in Ethiopia experienced financial difficulties within their households following the death of a household member. This was more pronounced if the deceased were male or middle-aged, as such persons were often the main household breadwinners (Tekola et al., 2008). The detrimental effect on households of a loss of productive earning years has also been reported in Nigeria (Oluwagbemiga, 2007), Malawi (Floyd et al., 2008), and Uganda (Seeley et al., 2008). Economic impacts of HIV are felt beyond the family; business, government, and public sectors are affected by increases in employment costs, health care demands, and other services related to the epidemic (Piot et al., 2007).

With approximately 6.1 million people estimated to be living with HIV in South Africa (Joint United Nations Programme on HIV/AIDS, 2012), the socioeconomic impact of HIV in the country exacerbates a cycle of poverty and disease (Chhagan, Luiz, Mohapi, McIntyre, & Martinson, 2008; Naidu & Harris, 2006; Shisana, Rice, Zungu, & Zuma, 2010). Despite the availability of and increased access to antiretroviral therapy (ART), access is not yet equitable and is dependent on a complex set of factors that include geographical, legislative, and staffing factors (Jones, 2012).

Some positive economic and social advantages have occurred as a result of large-scale treatment provision, such as an overall increase in mean and personal income (Chhagan et al., 2008), as well as increases in workplace participation, productivity, and the ability of PLWH to live normal lives (Rosen et al., 2010). However, the high unemployment rate in South Africa has meant that PLWH have to compete with healthy work seekers and struggle to find employment (Rosen et al., 2010).

In South Africa, social grants, of which the disability grant is one, are an important source of income for households with very limited means (South African Social Security Agency, 2010). The South African social security system is one of the most extensive welfare systems of any developing country, and has been described as one of the largest antipoverty instruments in the postapartheid years (Goldblatt, 2005; Lalthapersad-Pillay, 2008). The social policy aims to eliminate poverty, achieve an acceptable distribution of income, lower unemployment levels, and increase social assistance programs. It has facilitated a significant increase of social welfare transfer to households and increased the pool of people who are eligible for grants (Pauw & Mncube, 2007). Social grants play an important role in alleviating the socioeconomic impact of HIV, particularly in keeping affected households from slipping deeper into poverty (Booysen & Van Der Berg, 2005). In the 2012-2013 fiscal year, approximately 16.1 million South Africans received social assistance through grants; for more than 22% of households in the country, social grants were the main source of income (Gordhan, 2012). The grant provides financial support for those who are temporarily disabled without sufficient financial support, or are unable to work because of a chronic medical condition (Provincial Administration: Western Cape, 2002; Republic of South Africa, 2004). The grant is awarded according to specific criteria, which include a recent medical assessment of disability and a determination of assets and need through a means test. In the 2014 financial year the grant was $129 USD per month (South Africa Government Services, 2014).

HIV is now regarded as a chronic illness, yet, despite the obvious benefits of adherence to lifesaving treatment, many factors may influence a decision to adhere to ART. Social support and access to financial support, in particular, may impact adherence. At the time of our study, one of the researchers, a Clinical Nurse Practitioner working in the primary care HIV clinic in the study setting, observed that there appeared to be a pattern of HIV-infected persons on ART becoming nonadherent. The reason stemmed from welfare regulations, which, at the time, precluded persons from obtaining disability grants if their CD4+ T cell counts improved to greater than