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Poverty and Labour Market Markers of HIV+ Households: An Exploratory Methodological Analysis

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Forward

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For further information contact:
Haroon Bhorat – hbhorat@commerce.uct.ac.za
Najma Shaikh – nshaikh@pawc.gov.za

Development Policy Research Unit
University of Cape Town
Private Bag • Rondebosch • 7701
Cape Town • South Africa
Tel: 27 21 650 5705 • Fax: 27 21 650 5711
www.commerce.uct.ac.za/dpru/

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A glimpse into the home of the HIV positive woman

There are a number of causal studies that have been done on the relationship between poverty and HIV/Aids infection. Let us consider poverty not as a *contributing cause* of HIV/Aids infection, but rather as a *reality* of the infected individual.

More specifically, consider the situation of the young HIV positive woman in terms of poverty and labour. How poor or wealthy is she compared to her HIV negative cohort? What is the reality she faces in the home as a mother? Is she a provider and if so, is she the sole provider? How extensive is her economic support network? Is she employed, and if so, where?

These are some of the questions we aim to answer in this policy brief, using the objective data available to us to create probable scenarios that move us beyond the realm of statistics and into the realm of personal understanding, where the economic and welfare circumstances of HIV infected women between the ages of 20 and 29 emerge in a very real way.

> *The in-depth, focussed understanding of the HIV infected woman on an individual and household level is essential for the effective management of the HIV pandemic both on a policy and programme level.*

Below are the findings of this study, conducted with the purpose of providing a tentative analysis on the relationship between HIV, poverty and the labour market.

An innovative and promising methodology using existing data

The base of this policy brief rests in the development of a method of analysing the household characteristics associated with HIV+ status using currently available data obtained in the Antenatal Clinic Survey (1998) and the October Household Survey (1999) respectively.

The *Antenatal Clinic Survey* (ANC survey) is undertaken by the National Department of Health, and provides the primary source of information for measuring the pandemic in the heterosexual, sexually active, adult population (Shaikh & Abdullah, 2002).

This survey includes all pregnant women attending public sector clinics during the month of October in any given year (in this case 1998) and involves, among other activities, the testing of blood samples to establish the number of pregnant HIV positive women who visited public clinics during that time. This information is then used to model the pandemic in terms of growth and its socio-demographic impact as well as for planning, monitoring and evaluating HIV strategies and programmes. (DOH, 2000; WHO, 2000).

The information obtained from the ANC survey is particularly important bearing in mind that it is the only "hard" information on HIV trends in South Africa.

The second survey is *The October Household Survey*, which is a nationally representative household survey conducted each October (in this case 1999) in 30 000 randomly selected homes in 3 000 Enumerator Areas. This survey incorporates a questionnaire covering a range of issues ranging from standard person and household characteristics, details of births and deaths within the household, household income and expenditure, to fairly detailed labour market information. These are the particular questions that are of importance in this survey.

> *Data indicates that the women most affected by the HIV pandemic are unemployed, urban women aged between 20-29.*

In light of the above we are therefore in possession of two sets of data; one detailing HIV status, and the other detailing in-depth personal information such as education, employment and economic status.

To form a representative model of the poverty and labour markers among a defined group of HIV positive women, it becomes necessary to link these two sets of data. This is done using an innovative method to overlay the two sets of data obtained from the above surveys, through which we are able to arrive at an exploratory but promising methodology which allows us to *simulate the impact of HIV on the households of individuals with respect to poverty and labour markers.*

The representative nature of this policy brief

In assessing the data presented in this policy brief, it must be remembered that both surveys mentioned above deal with a limited section of the population. In the case of the Antenatal Clinic Survey, we are dealing only with those women at public clinics and thereby omit to include those women in private care. In the case of the October Household Survey we have access to data on only 30 000 households in South Africa, with just over 100 000 individuals being surveyed.

In addition, the nature of the methodology means that that the matrix of women on which the report is based do not have an *actual* but rather an *imputed* HIV positive status.

Given this, the results as reported in this document need to be treated with caution On the one hand the results should be viewed strictly as *indicative* only.

On the other hand, the strength of the document lies in the fact that we propose here a fairly rigorous methodological approach for accessing socio-economic information on the pandemic, in the absence of direct survey data probing these issues. And while there are obvious limitations inherent in the reported results due to the small sample size, the applied methodology facilitates a *representative* report on the labour market and poverty markers of HIV/AIDS.

The economic and employment situation of the HIV positive woman

The key finding arising from this survey is that *imputed HIV positive women come from poorer households than imputed HIV negative women.*

When we speak of poverty we refer both to absolute poverty (using the headcount index) and relative poverty (calculated using the poverty gap measure). Put differently, in an absolute and a relative sense, the HIV positive woman is poorer and further below the poverty line than her HIV negative cohort.

The reasons for this include the fact that when compared to the HIV negative woman, the HIV positive woman:

Generally earns less

Has a lower total household income

Has access to a lower quality of wage-earner – although imputed HIV positive women have *greater access to wage-earners as well as non-wage-earners* (the latter of which includes pensioners, remittances, welfare grants, disability etc.) the *quality of the support provided by these wage and non-wage earners is comparatively lower*. That is to say that although they have access to a higher number of people bringing in money in some form, these wage-earners quite simply earn less, bringing less money into the household, meaning they remain poorer.

Is more likely to be unemployed – this leads us to deduce that they are less likely to be employed in the future, worsening an already dire situation.

Generally earn less when employed – This may be because the HIV positive woman is:

- More often employed on the bottom-end of the occupational ladder
- Generally employed in the informal sector, with an especially high number in domestic employ.

HIV negative women and the wage-earners to which they have access earn more, relatively speaking, negating any other factors that could lead to them being poorer than their HIV positive cohorts.

The study further ascertained that the economic and labour situation of HIV positive women is made worse by the fact that she is more likely to be:

The head of the family – there are obvious economic implications on a household level of having an HIV positive woman as the head of the family, taking into account that she is more likely to be unemployed or employed at a lower wage and in the informal sector, than her HIV negative counterpart.

The biological, adopted or step daughter of the head of the family – meaning that the pensioners in the house may be absorbing the impact of poverty in the household. In contrast however, a larger portion of the imputed negative women are the wife or partner of the head.

Unmarried – in fact over half of the sample women had not been married and were not currently married.

Living in urban areas - Higher HIV rates in urban settings have been attributed to the combination of factors such as rapid urbanisation, migration, unemployment and unstable families or communities. (Quinn 1996).

The study showed that imputed HIV positive women come from marginally smaller families, possibly indicating a link between HIV infection and lowered fertility. It is of importance though that they remain poorer despite having smaller families.

The impact on our children and the future labour market

It is of vital importance to note that the survey revealed the highest group of HIV positive women to be between 20 and 29 years of age, meaning that:

Our future labour force is being severely compromised.

Children are being born who will soon be orphaned, which in turn has an impact on:

- The social and economic situation of the family
- The national economy as well as welfare programmes, specifically in the area of childcare grants and childcare institutions.

A better understanding of the realities of the HIV positive woman

In summary we may therefore say that although this policy brief **did not** provide definitive evidence on a causal link between HIV/AIDs and poverty, it **effectively established a relationship between poverty and HIV**, allowing us a glimpse into the poverty and labour realities of the household of the HIV positive woman.

The result is an understanding of poverty and labour markers in the HIV positive household that takes into account the very real problems faced by the persons in these households but focuses on providing a base for realistic solutions.

This in turn facilitates the formulation and implementation of policies and programmes directed specifically at the unique situation and needs of the HIV positive woman on a household level, taking into consideration her dependants and the additional family in the home.

If you would like more information on the information contained in this document, on the methodology employed, on the specific statistical data, or if you have any queries or questions, please contact the researchers: Haroon Bhorat and Najma Shaikh