

# Built Environment Support Group

Presentation and discussion on:

Household Coping Strategies in the  
context of chronic illness and  
increasing mortality

Shirin Motala  
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# WORKSHOP AIM

- To share experiences on how households cope and adapt to adverse events such as illness (HIV/AIDS)
- An object of this workshop is to help participants to gain a better understanding of the impact of HIV/Aids on the households structure and day to day functioning

# PERSONAL INTRODUCTIONS

- PLEASE INTRODUCE YOURSELF

Tell us:

- Where you work?
- What work your organisation does within communities?
- What you hope to get out of this workshop?

# PRESENTATION

The coping and adaptive strategies of low-income households affected by HIV/AIDS

# Research Outline

- 2 Communities in Durban an informal settlement at Besters, Inanda and in Pmb a new housing project at Slangspruit.
- Focus group session and 20 household interviews per community.
- Scope of study - impact of shelter on coping and adaptive abilities.

# Focus group findings

- Both communities have experienced shocks/stresses
- Household composition changing
- Chronic illness and death on the increase
- High levels of unemployment/underemployment
- Financial burden of educational costs, caring for sick family members
- Coping strategies
- Distinguishing between happy and unhappy families

# Household interviews - findings

- 231 people in the study with 97 being children (under 18 yrs) and 24 people over 60 yrs.
- 22 of hhs had more than 5 people resident including 12 with 8 or more.
- 29 hhs were female headed households
- 5 hh were headed by people aged between 19 and 29 yrs

# Household Economy

- 6 hhs - no income
- 13 hhs - income per capita less than R 100pm
- Household expenditure pattern - Food, Electricity and Education costs.
- Health care and transport costs were big expenditure items for 7 hhs



# Impact of illness on Households

- 18 hhs had at least one member who had been chronically ill
- 19 hhs were caring for orphans
- 15 hhs had lost an adult in last 2 years
- Deaths caused by illness (12), accidents (2) and crime (1)

# Burden of illness and death

- Health care - clinic fees, transport and medication costs - extremely high - households chose either to pay and reduce consumption of something else e.g food or electricity or don't provide health care.
- Funeral costs - as high as R 7000 - 00 borrowed.

# Shelter- problems

- Dampness and water seepage into house
- Low flush toilet - next to kitchen, within one room
- Overcrowding
- All this added to burden of illness and caring for ill hh members

# Value of Shelter

- Garden to grow food
- No rent to pay
- Neighbourly support - 16 hhs indicated neighbours and relatives as their second source of food.
- Secure place to live

# Supportive Environment

- Lack of space and income meant that some young hh could not harness other support - ie. relatives
- hhs with a pension - were more secure
- $\frac{3}{4}$  of hhs with children under 7 were not in receipt of CSG - lack of documentation

# CONCLUSION AND RECOMMENDATIONS

- Households negatively impacted by HIV/Aids
- Community support invaluable
- Changing family labour roles
- Loss/reduced income impacts on family well being