

Canadian AIDS Society

HIV and Poverty Information Sheet Series

Info Sheet #6

WHAT IS THE IMPACT OF POVERTY ON THE LIFE OF SOMEONE WITH HIV?

A DECREASE IN QUALITY OF LIFE

“Quality of life” has a range of definitions and measures, each to describe the personal feelings that someone has towards their life. This is an important measure since the quality of life that a person with HIV/AIDS experiences is directly related to their degree of poverty.

Quality of life has been defined as “the degree to which a person enjoys the important possibilities of his/her life in three broad domains – being, belonging and becoming”.¹ Quality of life is how much a person can take part in, and enjoy, a range of life experiences. This can include life experiences relating to one’s physical, psychological and spiritual being. Someone who has a high quality of life is able to enjoy his or her physical body, psychological state and spirituality. An individual’s quality of life also depends on how he or she is able to enjoy and experience activities that help fulfill his/her personal goals, hopes and wishes. One of the most important components to a high quality of life and well-being is how someone “belongs” or fits into his/her environment. PLWHIV/AIDS not only have the physical limitations that impact how positively or negatively they experience their life, but stigma and discrimination compounds these limitations. Illness and disability can be supported when there are a range of employment options, secure income, and a supportive network of family, friends and community members. The experience of illness and disability become much more difficult when stigma and discrimination reduce or eliminate these supports.

In a study of women living with HIV in British Columbia (110 participants), 30% reported incomes of less than \$10,000, and 21% reported an income between \$10,000 and \$19,000.² The impact of economic instability on this particular group of women illustrates how poverty plays a large role in the psychosocial stressors that diminish a person’s quality of life.

Want to learn more about poverty and HIV?

Check out the other information sheets:

Info Sheet #1: The Link Between Poverty and HIV

Info Sheet #2: How is poverty identified in Canada?

Info Sheet #3: The Economics of Risk and Vulnerability

Info Sheet #4: Living with the Cost of a Disability

Info Sheet #5: HIV and the Downward Drift into Poverty

Info Sheet #6: What is the impact of poverty on the life of someone with HIV?

Info Sheet #7: Public Income and Health Related Benefits

For example, from a list of fourteen potential psychosocial stressors that were experienced “quite often or most of the time”, six were directly related to poverty or a lack of economic security. The number one stressor, reported by 61% of the participants, was “not having enough money”. Among the other income related stressors that the participants experienced,

- 40% were concerned about insufficient money for medications and therapies
- 38% were concerned about the lack of affordable housing
- 34% were concerned about the lack of transportation
- 24% feared losing their job (*only 25% were employed*)
- 13% were concerned about inadequate childcare (*only 51% had children*)

A number of issues were indirectly associated with poverty. Many were the result of a lack of resources in the health system, which could cause financial problems for the women in the future:

- 52% feared rejection or discrimination
- 41% were concerned about her own health/medical problems
- 30% were concerned about dealing with illness in the family
- 29% were concerned about not having enough emotional support

Similar experiences were reported from a group of participants in a 1998 study of PLWHIV/AIDS in New Brunswick (57 participants)³. Among this group, 33% reported incomes of less than \$14,999 (the Statistics Canada LICO for 1998), while 53% were in a higher income bracket of \$15,000 or more. In this study, the most significant difference between the low-income group and the higher-income group was their quality of life and their experience of living with HIV.⁴ Among a list of twenty-three problems and feelings, the low-income group identified all but three items on the list as something they experienced more frequently than the high-income group. The five items that were particularly significant were:

- Feelings of depression and hopelessness
- HIV-related discrimination
- Family tensions because of HIV/AIDS
- Alcohol or drug use
- Rejection by family or friends

FASTER DISEASE PROGRESSION

Evidence suggests that living in poverty not only leads to a lower quality of life, but can also speed up progression of HIV infection. A study of men living with HIV in Canada found that those who lived in poverty became sicker and died more quickly. This is despite a universal health care system where individuals have access to diagnostic and emergency medical care, HIV specialists, and in this case, equal access to, and use of, HIV treatment.⁵

WHAT CAN I DO?

Community Based Organizations

- Pursue or expand partnerships, alliances and collaborations with organizations and community-based movements to include ASOs, anti-poverty organizations and organizations supporting people living with disabilities. Identify common issues, share knowledge and skills, and support each other's work.
- Make the income needs of PLWHIV/AIDS a priority within your own work, as well as within the work of government, research and community-based partners.

Researchers

- Increase the amount of research into the relationship between HIV, quality of life and disease progression in Canada.
- Pursue or expand partnerships, alliances and collaborations with organizations and researchers to include ASOs, anti-poverty organizations and organizations supporting people living with disabilities. Identify common issues, share knowledge and skills, and support each other's work.
- Make the income needs of PLWHIV/AIDS a priority within your own work, as well as within the work of government, research and community-based partners.

Policy Makers/Analysts/Government

- Recognise that the health care system alone is not enough to create health in Canada.
- Include more discussions of the role of poverty as a key component of improving the health of Canadians, particularly those living with disability and illness.
- Develop strategies to address poverty as part of the continuum of public health care and illness prevention.
- The Canadian Government needs to show leadership and keep its commitment to the international conventions, declarations and commitments that it has signed as a member of the United Nations.
 - Declaration of Commitment on HIV/AIDS (2001)
 - International Guidelines on HIV/AIDS and Human Rights (1998) and Revised Guideline 6 (2002)
 - Universal Declaration of Human Rights (1948)
 - International Covenant on Economic, Social and Cultural Rights (1976)
 - International Covenant on the Rights of the Child (1989)
 - Declaration on the Rights of Disabled Persons (1975)
- The Canadian Government must commit to reducing economic disparities in Canada (absolute and relative poverty), and ensure that wealth in Canada is redistributed more equally.



- 1 Raphael, Dennis. (2001) "From Increasing Poverty to Societal Disintegration: How economic inequality affects the health of individuals and communities." In Pat Armstrong, Hugh Armstrong, and David Coburn.(Eds) *Unhealthy Times: Political Economy Perspectives on Health and Care*. Toronto: Oxford University Press
- 2 Kirkham, Colleen, and Daphne J. Lobb. The British Columbia Positive Women's Survey: a detailed profile of 110 HIV-infected women. *Canadian Medical Association Journal* 158(3):317-323.
- 3 Olivier, Claude.(2001) Relationships Between Income Level and Healthcare, Social Well-Being and Mental Health Among Persons Living with HIV/AIDS. *Canadian Social Work. Special Issue 3* (1): 46-58
- 4 Ibid.
- 5 Martin T. Schechter, Robert S. Hogg, Bruce Aylward, Kevin J.P. Craib, Think N. Le and Julio S.G. Montaner Higher Socioeconomic Status is associated with Slower Progression of HIV Infection Independent of Access to Health Care. *Journal of Clinical Epidemiology*. 47(1) 59-67 1994

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The Canadian AIDS Society (CAS) is a national coalition of more than 115 community-based AIDS organizations across Canada. CAS is dedicated to increasing the response to HIV/AIDS across all sectors of society, and to enriching the lives of people and communities living with HIV/AIDS.

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