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An Exploration of Alternative Developmental Programmes for HIV Positive Disability Grant Applicants

By

Lindiwe Carol Mathopa

A mini-dissertation submitted in partial fulfilment of the requirements for the degree

MAGISTER ARTIUM

in UNIVERSITY OF JOHANNESBURG

Social Work

at the

University of Johannesburg

SUPERVISOR: PROFESSOR J. TRIEGAARDT

OCTOBER 2014
Abstract

Assistance with a disability grant has made a number of positive contributions, especially to improving the life of its beneficiaries. In addition to the increasing number of job demands by a multitude of people in the country, there are also thousands of people living with HIV and AIDS who apply, especially those who have no income, for a disability grant to meet their basic needs and promote positive health.

Throughout the study, it has been identified that the disability grant not only benefits individual beneficiaries in most instances, but also benefits their families and plays a major role not only in ensuring food security, but is extended in meeting other basic needs of the households. By its nature, the disability grant is not permanent social assistance as beneficiaries only qualify for a period ranging from six to 12 months. The cancellation of the grant also leaves the beneficiaries in a vulnerable condition as on cancellation, some beneficiaries are not in a position to provide for themselves financially. For the purpose of the study, purposive sampling was selected for its convenience in getting information relevant to the study. The study was guided by its goal which was to explore the need for developmental programmes for HIV positive disability grant applicants, with the purpose of improving food security and self-reliance. The objectives of the study included the interrogation of grantees on their desire, or not, to be self-reliant, to solicit their ideas for developmental programmes, to consult with social workers who are experienced in the field of Antiretroviral (ARV) intervention on alternative developmental programmes for disability grant re-applicants, and to make recommendations to social workers regarding appropriate developmental programmes for disability grant re-application.

Practically, South Africa has no alternative assistance which will ensure continuous food security once the grant has lapsed. This raises a need for initiatives to address this situation as it was discovered that disability grant beneficiaries feel that they can participate in income-generating activities and thereby take more control of their lives.
and be economically sufficient. Other factors that were identified included a will to change and self-determination.

These factors were therefore identified as better tools to be utilised and invested in to encourage them to do things for themselves, as meeting their basic needs is their individual responsibility, especially in cases where the individual's medical condition has improved. These interventions need to consider the socio-economic factors of the grant applicants as services provided to them should not treat other factors in isolation since the focus has been on medical aspects; hence assistance with disability grants is only provided when they cannot provide for themselves due to poor health and poor physical strength.
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1.1 BACKGROUND AND RATIONALE

Initially, HIV and AIDS were perceived to be solely a medical problem based on the damaging effects the virus has on the immune system. Various resources, which include financial, human and material, have been channelled in addressing the situation as is evident in a number of interventions ranging from education, condom distribution, counselling and care giving, in our communities. However, with the latest development regarding the progression of this pandemic and vast literature on its dynamics, focus needs to go beyond medical factors and spread to its socio-economic effects in the broader society (Gillies, Tolley, & Wolstenholme, 1996; Venkatanamani, Maughan-Brown, Nattrass & Ruger, 2009). Since its inception in 1994, the existing social security system has been applauded for its inclusiveness and making remarkable progress in assisting a number of beneficiaries and improving their socio-economic circumstances, including a number of disability grant beneficiaries with HIV and AIDS (Goldblatt, 2009; Patel & Triegaardt, 2008). This has been identified as the South African Social Security Agency (Sassa), which receives hundreds of thousands applicants applying for a disability grant (Sassa, 2014). However, the disability grant on its own is not sufficient for the promotion of poverty prevention and alleviation, (Department of Welfare and Population Development (DWPD, 1997) since it is temporary in nature and criteria for qualifying use the medical model as the grant is granted on the basis of the level of the respective applicant's disability (Nattrass, 2006). This situation necessitates more insight into other strategies towards fighting the pandemic as many people with HIV and AIDS continuously reapply for this disability grant on the assumption that they are entitled to benefit from it, based on their medical diagnosis, even though their health has improved from the previous condition when the disability grant was awarded (Oldwage-Theron & Slabbert, 2010).
Medical interventions have been the core in addressing HIV and AIDS and the Department of Health has been largely involved in promoting and providing treatment, as well as other stakeholders providing extended services in the provision of psychosocial support. However, these days HIV and AIDS allows a number of interventions, such as economic support, which need to complement the medical and psychosocial support. More assistance is needed as there are an increased number of people applying for the disability grant - some have been applying on a continual basis as they need a source of income to be better able to provide for their basic needs and those of their families, specifically in cases where no-one is employed.

The reality is that not all HIV-positive patients qualify for the disability grant and even for those who have qualified, their grant is not permanent as it is granted only for periods ranging from six to 12 months. After its termination they mostly re-apply. The disability grant reapplications may identify effects of the grant in creating financial power as it provides financial independence in meeting their own basic needs rather than depending on others. Therefore, this sparked the researcher’s interest in investigating the need of the disability grant applicants to participate in developmental programmes that will assist in generating their own income since the disability grant is temporary, and they mostly get to qualify for specified, limited periods. The study was undertaken to discover if there is a need for participation in developmental programmes by the disability grantees, or what may assist to ensure food security and other basic needs in their families. The interest was motivated by the reality of observing that not all disability grant beneficiaries are physically weak or have no interest in finding a job, as it is a common practice that people need a source of income in order to be in a better position to meet their own basic and financial needs, and live the life they want to live. In this vein, a future long-term economic programme to serve as a discharge programme for disability grant beneficiaries might be of great assistance, as the disability grant mandate is to improve the quality of life of those who are not in a position to provide for themselves due to unemployment, poverty and other circumstances beyond their control (Sassa, 2014; SA Constitution, 1996). The researcher also assumes that it might be more favourable when any planned intervention in this regard can include disability grant applicants. Through the investigations, various views of the grantees were noted,
especially their interpretations of the disability grant as they identified it as a source of income to alleviate poverty, income for the sick and unemployed and therefore commented that it needs to be permanent and not stopped as it is of great assistance where there is no income, and they expect to continuously benefit from it. In this light, people need their own income to meet basic needs, and need opportunities to create their own income. People need permanent income, but they need to engage in activities that will allow them to create this income since there are limited jobs for the unskilled.

1.2 THE GOAL AND OBJECTIVES OF THE STUDY

The goal of this study was to explore the need for developmental programmes for HIV-positive disability grant applicants, with the purpose of improving self-reliance. It is therefore of interest to the researcher to find out if there is such a need for developmental programmes specifically for disability grant applicants since there is no follow-up plan after the lapsing of disability grants. This concern is based on the view that there is no assurance that when the disability grant is cancelled, this will eventually result in improved social conditions, such as guaranteed job placement or food security as, in reality, they end up with no source of income.

In some instances the grant lapses, however the beneficiaries’ chronic condition makes it impossible to work and some cannot afford to buy food, especially the unemployed (Center for Civil Society, 2003). However, initiatives such as developmental programmes aimed at income generation for grant applicants in tackling problems that undermine their health are perceived as necessary. Moreover, this may be an attempt to address the reality that once the grant has lapsed, grant-holders struggle to make ends meet and with restricted job opportunities, there are limited chances of generating their own income (Campbell & Cornish, 2010). Thus, this situation has also resulted in the increased involvement of social workers in the health sector, as they refer unemployed and needy clients for disability grants, specifically those presenting various chronic illnesses.

The objectives of the study include:
1.2.1 To interrogate the desire of HIV positive disability grant applicants to be self-reliant.

1.2.2 To solicit from HIV positive disability grant applicants ideas for developmental programmes.

1.2.3 To consult with social workers, who are experienced in the field of Antiretroviral (ARV) intervention, on alternative developmental programmes for disability grant re-applicants.

1.2.4 To make recommendations to social workers on how HIV positive grant applicants can be assisted to be self-reliant.

1.3 SUMMARY OF PRELIMINARY LITERATURE REVIEW

With the significant job losses and poor support system in place for the unemployed, there is an increase in adults of a working age applying for disability grants as their only reachable source of income, irrespective of their medical diagnosis (Sminchowitz, 2004). Moreover, the disability grant is used to contribute towards the general household and often becomes the family’s main source of income although it was meant to practically compensate individuals for the impact of their disability (Nattrass, 2006). With the visible effects of poverty suffered, the health of the poor is perceived to be affected mostly in terms of poor dietary intake and more common when there is no source of income. These factors are observed as other reasons for an increase of disability grant applicants (De Paoli, Gronningseater & Mills, 2010).

Systems theory, and developmental and capability approach were guiding theoretical lenses in this study. Despite the challenges in their environment, disability grant applicants were viewed as achievers, having capabilities and potential. The awarding of disability grants also indicated that it is a regulated process and is designed to benefit individuals in the event where they are unable to provide for themselves as a constitutional mandate under the domains of poverty prevention (Department of Welfare and Population Development (DWPD), 1997). However, such regulations as measures tend to have a negative impact on the people who are intended to benefit,
specifically in assessing circumstances faced by former grant-holders when the grant has lapsed (Nattrass, 2006). Moreover, there is no guarantee that on termination of the grant their social circumstances would have improved and such improvements will remain sustainable (Sminchowitz, 2004).

Learning ways to handle circumstances that might prevent disability grant applicants from being self-sufficient and reaching the desired state is recommended. However, it is recognised that this process acknowledges the reality that limited access and lack of capital hinders individuals in realising their capabilities, and practically it is a typical situation in which people applying for a disability grant find themselves (Campbell & Cornish, 2010). Exposure to such circumstances might urge or also lead individuals to use their capabilities and initiate developmental projects of their choice or social activity to improve their social circumstances. In this light, material and financial support channelled to encourage grassroots participation, and investment in social capital to enhance their living conditions collectively might be encouraged (Ibrahim, 2006). Investing in the grant applicants’ capabilities and developmental initiatives might be a measure to broaden access to social assistance for the unemployed (Midgley & Tang, 2008; Sen, 1999; Potgieter, 1998). Thus, the process will also add concerns for people’s health and education as key ingredients to producing economic and material prosperity (Deneulin & Shahani, 2009).

The participation of HIV positive vulnerable groups is perceived to be valuable, especially in providing constructive opportunities for the development of a stronger agency; further, it might increase the likelihood of eliciting health-enhancing behaviour. In future, it might also enable them to collectively tackle economic problems and those that are undermining their health (Campbell & Cornish, 2010; Potgieter, 1998)). As such, human capabilities are considered to be essential as they reflect individual potential to achieve and freedom to choose ways of living (Kuklys, 2005). Aspects such as strong participation will be a requirement together with building the capacity of the grant applicants to eventually exercise leadership in every aspect of project design, budgeting, implementation and decision making. Moreover, the process will further necessitate engagement of policy-makers to create a supportive environment to facilitate collective action (Rondinelli & Cheema, 2003).
1.4 RESEARCH METHODOLOGY

1.4.1 Design and approach

The study was qualitative in nature and the design was explorative, and was selected in order to get an in-depth understanding of the disability grant applicants’ experiences in relation to the key developmental themes (De Vos, Strydom, Fouché, & Delport, 2011). It also involved the use of textual data, which was written on the basis of interpretation of the researcher, through examination of the interest in disability grant re-application by HIV-positive patients, and investigation of their desire for a developmental programme (Porter, 2007). As such, this study is assumed to be helpful, provide better understanding of participants’ experiences and add value to the profession (Welman, Kruger, & Mitchell, 2011).

1.4.2 Population and sample

The population was comprised of patients at Michael Maponya ARV Clinic, situated in Soweto, which has 1800 patients. Patients who attend the clinic have been diagnosed with HIV, receive ARV treatment, and benefit from the services provided by the multi-disciplinary team, of which the researcher is also a member. Purposive sampling was utilised. The criteria for the sample were HIV-positive disability grant re-applicants and social workers working at ARV clinics around Soweto, all disability grant re-applicants have an equal opportunity to participate irrespective of gender, and their age groups ranged between 21 and 50 (Babbie, 2010). All participants were noted to have applied for a disability grant more than once. In terms of race, only Africans stay in the area but if other race groups happened to be patients of the clinic during the process of the study, they would have had an equal opportunity to participate if they were interested.
1.4.3 Data collection instrument and method

This study utilised semi-structured interviews with patients, who have experiences of re-applying for a disability grant, for the purpose of expressing their opinions on questions that were drafted for the purpose of the study (Welman et al., 2011). The semi-structured interview was also used with ARV clinic social workers who have assisted patients in applying for disability grants. This method has been considered appropriate in collecting data as a qualitative technique, to prevent issues of stigma and acknowledges sensitivity around HIV and AIDS (De Vos et al., 2011).

The process of collecting data also included note-taking and tape recording the participants’ conversations. Furthermore, the draft interview schedule was pre-tested as a pilot study, to gain an understanding of the participants’ experiences, interests and desires. This process also allowed the researcher to obtain additional information with regard to improving the final draft of the interview schedule and to determine the amount of time needed for the questions for the study (Babbie, 2010).

1.4.4 Data analysis

For the purpose of this study the researcher engaged in the recording of field notes and tape recordings, preparing of field notes and transcripts, theme identification, data coding in accordance with capacity approach and testing the emerging ideas against the original data (De Vos et al., 2011). The common coding process that is open coding, axial coding and selective coding was utilised (Strauss & Corbin 1998, p. 102 as cited in Babbie, 2010). Furthermore, the data was coded and the process included, open coding whereby the researcher classified and labelled the concepts, axial coding, which involved the researcher identifying significant general concepts through the use of regrouping of data in which the researcher looked for more analytic concepts, and memoing which was utilised to offer initial theoretical formulation, deal with methodological issues and for purposes of describing (Babbie, 2010). All the data was therefore read, edited for accuracy and commented upon (Welman et al., 2011).

1.4.5 Rigour and trustworthiness
The researcher made observations and had prolonged engagement with research participants to get background and more insight into their thoughts and experiences pertaining to disability grants to establish trustworthiness. The researcher was able to report on the credible findings of the study and their truth value through reflection on the participants’ experiences and realities and provide interpretations of such realities (Shenton, 2004). The researcher also ensured that there was consistency in the findings to enable the study to be repeated with the same participants in the same or similar context and that it has a potential of applicability with other participants (Lincoln & Guba, 1985; Porter, 2007).

1.5 PROPOSED STRUCTURE OF STUDY

1.5.1 Chapter 1 – Introduction: This chapter provides background and rationale, goals and objectives of the study and research method, with the relevant literature being reviewed in Chapter 2.

1.5.2 Chapter 2 – Literature review: Firstly, the impact of the disability grant is considered in a broad sense. This is followed by a discussion on a Capabilities Approach and a Developmental Approach, both of which are in line with Social Development, which is the adopted approach in South Africa, and Systems Theory in relation to HIV-positive disability grant applicants.

1.5.3 Chapter 3 – Methodology: This chapter discusses the research design and the methods applied. As the study was exploratory in nature, it was essential to have an in-depth understanding of the disability grant applicants’ experiences in relation to the developmental themes. This chapter also includes the method used to collect, analyze and interpret the data.

1.5.4 Chapter 4 – Results and discussion: This chapter presents the research findings, namely the interest in participating in developmental programmes, together with the researcher’s interpretation and the integration of findings with the literature.

1.5.5 Chapter 5 – Conclusions and recommendations: The conclusions and recommendations that flow from the study are presented in this chapter. The researcher made conclusions based on what has been discovered from the literature and in the findings of the study.
1.6 ETHICAL CONSIDERATIONS

In terms of ethical consideration, the researcher adhered to a code of ethics, and ensured respect of all participants and their right to privacy (Babbie, 2010). Furthermore, their identifying particulars were treated with confidentiality; however, the researcher was honest in reporting results and identified herself to participants to avoid deception and lying about the study purpose in that the study was undertaken as part of the university’s research programme (De Vos et al., 2011). It was required of the participants to provide informed consent based on their participation in the study and acknowledge their understanding of possible risk involved. Participants were also interviewed to correct any problems generated by the research experience (Welman et al., 2011).

CHAPTER 2 - LITERATURE REVIEW

2.1 INTRODUCTION

The existence of HIV and AIDS is largely seen to have its impact on families in the communities in a manner that has the potential to draw them closer together. However, in some instances, it may drive them further apart, especially in cases of death of fathers, mothers, children and siblings. In such circumstances, it gets to change the family structure and create additional financial constraints for the surviving members (Collins & Leibbrandt, 2007). Furthermore, it also contributes to a rise in poverty by its very nature which reduces the ability of the poor living with HIV and AIDS to cope with the disease. Its effects may further generate more socio-economic challenges in terms of loss of employment and household income and even the loss of wage earners (UNDP, 2000; Baylies, 2002).

With the epidemic entering its fourth decade, progress has been made in terms of interventions by the country to combat the disease, and resources which vary from financial to human and material are continuously channelled to address it (Barnett &
Clement, 2005). These include education, condom distribution, counselling and caregiving, which are all still visible in our communities. Furthermore, the infected have benefited in terms of accessing a temporary disability grant which is granted for a period ranging from six to twelve months. Practically, the future impact of the epidemic might exacerbate more administrative costs as these conditions require increased government expenditures for the continuation of these services (Prince-Smith, Tubin & Ostergard, 2007; Devereux, 2010). However, the current situation necessitates more insight into other strategies toward the assistance of the disability grant holder, as thousands of people with HIV and AIDS continuously reapply for the disability grant on the assumption that they are entitled to benefit from it (South African Social Security Agency, Sassa, 2014). Their behaviour is also based on their medical diagnosis, even though their health has improved compared when the disability grant was originally granted (Oldwage-Theron & Slabbert, 2010).

With the current socio-economic circumstances of the country and increasing unemployment rate, it is perceived that there will always be a need for remedial and maintenance-oriented social welfare programmes (Statistics South Africa, Stats SA, 2014). However, this does not mean that social grants should dominate the social welfare system. Moreover, future interventions should consider the view that individuals need to engage in income-earning activities and assist in contributing towards the country’s economic development (Scott & Simon, 2011; Prince-Smith, et al., 2007).

2.2 THE SOCIO-ECONOMIC IMPACT OF HIV AND AIDS

The impact of HIV and AIDS is beyond health issues as it affects all components of human development and presents challenges to all sectors other than health only (Boutayeb, 2009). These may include sickness, severe economic upheavals for families and the erosion of people’s sense of dignity and self-esteem, especially in cases of poor support (Baylies, 2002). In addition, its presence can also contribute to a rise in poverty, reduce the ability of the poor living with HIV and AIDS to cope with the disease, and generate itself in different forms, as people lose employment, leading to the loss of household income owing to the loss of wage earners (UNDP, 2000). In this regard it touches at the very heart of families, in some instances it may
draw them closer together or it may even drive them further apart as a result of the illness and death of parent(s), children and siblings. As such, it changes the very structure of the family and even causes additional financial constraints (Collins & Leibbrandt, 2007 as cited in Tshoose, 2010).

Moreover, HIV and AIDS is perceived to be either more of a cause and consequence of poverty, as it constitutes challenges to financial security and human development by diminishing the chances of alleviating poverty and hunger (Baylies, 2002; Oldwage-Theron & Slabbert, 2010; Devereux, 2010). In this regard, the disease might impede development by reversing the social and economic gains the country is striving for. It is, therefore, assumed that to address the presenting socio-economic circumstances in our communities regarding HIV and AIDS, it may necessitate a shift in terms of thinking towards welfare and human development as human capital formation and encourage the generation of income in afflicted households. In this light, Baylies’ (2002, p. 618) view that “the nature of state welfare provision is minimal and the government capacity is limited” is adopted. Hence there is a pressing need for the role of the individual, families and the communities in dealing with illness and for alternatives to increase their “capacity”. Hence, poverty is viewed as the deprivation of viable means rather than only focusing on the lowness of income (Sen, 1999; Gurses, 2006).

2.3 HIV AND AIDS AND THE DISABILITY GRANT

The existing social security system has made a positive impact in covering a number of beneficiaries and improving their socio-economic circumstances with its inclusive nature. It has also made progress in covering a number of beneficiaries since its inception in 1994, as it still benefits a number of disability grant beneficiaries due to HIV and AIDS (Goldblatt, 2009; Patel & Triegaardt, 2008). However, qualification for a disability grant has been viewed from a medical perspective, which looks at the physical or mental impairment and views the degree of severity as the extent to which certain activities of daily living cannot be undertaken (Nattrass, 2006; Tshoose 2010). Thus, in terms of the South African social assistance system, disability is measured and defined entirely by the medical profession; as such, the profession’s interpretation determines a person’s qualification to receive the disability grant.
However, not all HIV and AIDS patients meet the criteria when applying for a social grant. It has also been asserted in Nattrass (2006) that many working age adults tend to look to the disability grant as their only potential source of income. In the case of those HIV-positive patients who qualify, it has been further identified that because of poverty, unemployment and desperation, they use their temporary disability grant as a source of income to contribute towards the general household and often become the family’s main source of income (De Paoli et al., 2010). The social grants are viewed to have many advantages for impoverished and vulnerable South Africans. In this light, they have enabled recipients to care for their households, ensure food security and nutrition, human capital, and are invested in other livelihood activities, create economic power, provide the recipients with bargaining power within the family and are therefore, considered to be both economically and socially empowering (Tshoose 2010; Phaswana-Mafuya, Peltzer & Petros, 2009). For instance, the social grant has been effective for purchasing food, clothing, improving nutrition and basic welfare (Black Sash, 2010; Collins & Liebbrant, 2007; Drimmies & Casale, 2009). Furthermore, social grants enable recipients to enter into systems of social reciprocity and mutual support, which continue to characterise many impoverished South Africans.

However, the challenge of meeting their basic needs increases when their disability grants lapse and they tend to re-apply for access, even if they do not meet the criteria. Moreover, the whole process of the disability grant application becomes regulated like any other social assistance offered by the government. In South Africa, the Constitution grants access to social security and social assistance as a fundamental human right, stipulating that “everyone has the right to have access to social security including situations in which they are unable to support themselves and their dependents” (SA Constitution, 1996). The White Paper for Social Welfare (1997) in Strydom (2006, p. 23) also supports that “the domains of social security are poverty prevention, poverty alleviation, social compensation and income distribution”. However, the social security also covers a wide variety of public and private measures that provide cash or in-kind benefits in the event of an individual’s earning power being interrupted or permanently ceased, and if such person is unable to avoid poverty due to a poor socio-economic environment (White Paper for Social Welfare, 1997). Basically, benefits should continue to be granted for a limited period
of time for those who are considered to have work capacity and who are expected to recover with the aim of improving their ability to work and to function better in everyday life.

2.4 UNEMPLOYMENT AND HIV AND AIDS

Initially, it was an accepted practice that HIV-positive and AIDS patients may be unable to look for or accept employment opportunities due to the severity of their condition and poor physical strength, therefore they qualified for disability grants. However, with access to ARVs their health improves, and as a result they lose the grant (Nattrass, 2006). The loss of a disability grant has substantial impact on the socio-economic status and health of the grantees as when they can no longer access the disability grant, the reality remains that they are still unemployed and have no source of income. In this regard, an individual may be faced with a number of challenges after termination of the disability grant, which may vary from not finding a job, receiving a limited food supply from formal institutions or the family and health condition might be threatened due to poor nutrition (Venkatanamani, Maughan-Brown, Nattrass & Ruger, 2009). Moreover, with the country’s state of massive unemployment, the loss of a disability grant is not necessarily followed by a shift to employment, and consequently people who lose their grants may find themselves trapped in a state of unemployment and with serious consequences in terms of their welfare.

The rate of unemployment in South Africa is presently at 25% (Stats SA, 2014) for various reasons which include the slow-moving economic growth which might find it challenging to absorb the increasing number of young men and women seeking to enter the labour market, owing to demographic growth and rising participation rates. In addition, the current issues of unemployment may also result from policies and actions of government, organised labour and businesses, which might result in growth paths that veer towards joblessness (Tshoose, 2010). However, the growth path has entailed rising productivity and rising wages for a decreasing pool of workers with concomitant shrinkage in unskilled employment opportunities (Statistics South Africa, 2010). As such, the alarming unemployment rate will increasingly lead to a high demand for access to disability grants, regardless of medical disability.
Considering the experienced poverty of grant applicants and having no source of income, this situation becomes uncontrollable as many adults of a working age tend to look to the disability grant as their potential source of income. On the other hand, the unemployment rate in South Africa is perceived to be growing as more people join the ranks of the unemployed. So the continued financial viability of many formal social security schemes becomes uncertain in dealing with the impact of HIV and AIDS. Moreover, the focus has mainly been on the risk associated with the virus while limited attention has been channelled in addressing issues pertaining to the integration of people living with HIV and AIDS into the labour market in order for them to be able to continue to derive an income and support themselves (Sminchowitz, 2004).

As such, these are situations which require the policy-makers to be cognisant of the levels of poverty and unemployment that characterise the lives and households of disability grant applicants. Moreover, the loss of a disability grant in the case of improved health has had a significant impact on physical and emotional health, and undermines the adherence of ARVs (Venkatanamani et al., 2009; De Paoli, 2010). In some cases, employment is still desired by HIV-positive patients. However, they struggle to maintain good health without employment and sometimes hunger affects their adherence to ARVs, and not all of them have the strength to work. As such, fraud on applications seems to be inevitable as long as disability grants are perceived to be the only way for an adult of working age to have access to income, especially as the country is presently not providing for the disability grant applicants in need of work. Furthermore, more intervention is necessary in addressing maladministration and to cope with the high volume of disability grant applications, although the Department of Social Development has now begun tightening restrictions on disability grants throughout the provinces, claiming that too many people are using the grants as a form of poverty alleviation (De Paoli et al., 2008; Mutasa, 2010).

These conditions identify a need for a comprehensive social security policy that would uplift the majority of people who find themselves unemployed. As such, focus should be on implementing measures aimed at employment creation policies, re-skilling or retraining, access to labour market and social integration that should be adapted as an integral part of the social security system (Olivier, et al., 2003).
Furthermore, it would be interesting to explore the feasibility of designing and implementing income support programmes which target HIV-positive disability grant re-applicants, to assist as an alternative to social grants to decrease government expenditure (Scott & Simon, 2011).

2.5 SYSTEMS THEORY

Systems Theory has been selected for its appropriateness in pointing out the environmental factors for the functioning of disability grant applicants, acquiring information and reactions towards exploring the need for developmental programmes (Compton & Galaway 1999). It was also adopted for its support of the view that there is a need for a transformation process in our social security paradigm to champion the needs of disability grant applicants and establish structures focusing on community-based activities such as the improvement of their education, training and employability.

In this light, this shift is perceived to have the advantage of enabling the grantees to live a sustainable life (Potgieter, 1998). This information will therefore be helpful in identifying circumstances focusing on disability grant re-applications and the contributing environmental factors. It is also assumed that it will guide and help in identifying resources in the environment that could be influential in determining interests and viable means of the disability grant applicants in the context of their environment. This is anticipated with the knowledge of the disability grant applicants’ capacity, opportunities and motivation to work on the concern to effect change (Raco, 2000). This theory is also significant and permissible in allowing problems and opportunities to be identified, as well as limitations among individuals at various levels of the environment that make up the social system. In addition, the acknowledgement of multi sector responsibility will also be necessary as it is not only the state that is responsible for the provision of social assistance. In this regard, the involvement of other agents such as private companies, charities and non-governmental organisations, and even individuals themselves, is encouraged (Tshoose, 2010). Thus, in this modern age civil society occupies a central position in the provision of key services and goods essential for individuals as the
government on its own cannot realise the socio-economic rights enshrined in the Constitution (Olivier, Smit & Kalula, 2003).

The absence of resources, lack of opportunities and the multifaceted character of problematic conditions such as poverty can have a crippling effect; as such, the motivation of disability grant applicants to take charge of their life situation and striving to reach a desired lifestyle is central (Potgieter, 1998). Although this process might be fraught with conflicts, social support and resources provided by other stakeholders who are part of the system will be essential and enabling in coping with environmental demands. In this regard, individuals are perceived as knowledgeable agents who have a practical consciousness of their actions and reflexively think about their day to day activities (Giddens 1994, in Ibrahim 2006).

Understanding complex interactions between disability grant applicants and all levels of the social system, as well as the meaning attached to these interactions is of the essence (Ibrahim, 2006). This process will be in accordance with the view that disability grant applicants are observed as a part of their total life situation; the grant applicants and their situations will therefore be viewed as a whole. For instance, the cancellation of a disability grant and not even qualifying for it is identified as a problematic situation by HIV-positive patients or a limitation that exists whereby there is no good fit between what the disability grant applicants want and desire due to regulations related to the provision of disability grants. The proposed change efforts should therefore be aimed at increasing the support available from the environment and strengthening the individuals’ coping abilities (Barnett & Clement, 2005).

Practically, South African citizens depend on government for services and various forms of support, however various government departments have the power to give or withhold opportunities for growth and impose limitations through their power to define acceptable role performance. However, the change in a system may be brought about by considering how the disability grant applicants feel about bringing change themselves that will address their concerns in terms of their living standards and the way they interact with the larger social system (Compton & Galaway, 1999; Baylies, 2002). In this regard, grant applicants are viewed as socially-embedded agents who interact with societies and can flourish by participating in social affairs with the emphasis on the significance of social values and commitment (Sen, 1999).
Thus, the developmental programme should provide an opportunity whereby they may collectively foster positive changes in their respective environments and initiate a course of action to achieve and act in accordance with self-identifying values and achieve an aspired life.

2.6. CAPABILITY APPROACH

Individual and collective functioning is important in this approach and refers to things that people value; in the case of an HIV-positive disability grant re-applicant it can vary from being nourished, employed, having friends and can also be formulated in more specific terms. However, the person’s ability to pursue and realise goals that are valued and has reason to value is also significant in this regard as well as the real opportunity for choice that is often denied to people in situations of social deprivation (Sen, 1999; Alkire & Denuelin, 2009; Kuklys, 2005). The capability approach therefore promotes the view that human beings can collectively generate something which will be more than the sum total of their individual lives and cannot be reduced to individual characteristics. To direct efforts towards the opportunities for grantees to lead valuable and dignified lives seems an obvious goal to pursue in developed human societies, although it often remains at the idealistic level (Silva & Howe, 2012; Trani, et al., 2009). As such, this approach necessitates focusing attention on the development of the opportunities and achievements of each individual, and it diminishes the possibility of reinforcing established social inequalities while increasing the possibility for positive impact on the lives of people in a disadvantaged social position. Furthermore, this view is also supported for considering human beings to possess inherent dignity and therefore, all social projects must consider each person as an end to him/her (Nussbaum, 2006).

It therefore, views social assistance as displaying the recognition of human rights and ends with the principle of welfare through work with the intent of seeking to secure the minimum living standards for all people. Furthermore, it encourages expansion of opportunities for self-support in socio-economic activities which address the need for a balance between conflicting principles of the market and welfare. In this light the capability approach can be viewed as an investment for improved productivity while improving their quality of life and promoting social
development (Office of the President, 2000, in Midgley, 2010). However, in this regard human development is the necessary primary end and principal means of development, which is viewed as the process of widening the grantees’ choices and the level of their achieved well-being. Moreover, the process should consider the increasing choice by enlarging capabilities and functioning as ideal goals (UNDP, 1990; Silva & Howe, 2012). This approach is also adopted as it captures the interactive relationship between the grantees viable means, emphasising the intrinsic and instrumental importance of social structures and explaining the significance of institutions and social capital in generating new collective capabilities (Sen, 1999). It is the view of the study that the programmes offered as alternatives to the disability grant should comprise the grantees’ choices and include their freedom in designing them. In addition, it would be in support of Sen’s view and emphasis that “what matters is the actual possibility” (Sen, 1999, p. 75; Deneulin & Shahani, 2009). It therefore, provides a shift from material criteria to the things the person can be (Alkire & Deneulin, 2009). By focusing on each individual as the ultimate unit of analysis, “the capabilities approach illuminates the situations of individuals, and refers to the potential or opportunities for choice that a person possesses to achieve functioning that he or she has reason to value doing or being” (Sen, 1999, p. 79).

Situations in which individuals have limited access to a disability grant, or any other stable source of income can be turned around when those affected can realize viable means of survival. With the support of social networks, there might be motivation for engagement in developmental projects for informal income generation or as a social activity initiated to achieve improvements in one’s well-being. In accordance with promotion of self-reliance, such projects may be crucial for promoting grant applicants to become viable economically, to allow them to create and seize new opportunities, and to collectively invest in their financial and social capital. Politically, this initiative will need to encourage grassroots participation and complement the role of NGOs in addressing the various needs of our society (Ibrahim, 2006; Lebmann, 2006).

Consideration of individual capabilities or viable means seems sufficient to evaluate a state of affairs, recognising the vital role of social norms, group movements and social institutions which are essential for developing policies to advance capabilities. The focus of development and policy is then to emancipate people to enjoy a
combination of functioning, enabling them to expand their capabilities, helping them achieve the lives they value and drawing attention to social development, the value of empowerment responsibility and informed public action (Deneulin & Shahani 2009; van Ginneken, 2006). However, this process of capability expansion is highly dependent on the social, economic and political context where these individuals live in a collective setting, to seize an economic and social opportunity. Furthermore, this process will also depend on people acting in different contexts to address questions themselves in order to build up and share their repertoire of good practices and encourage participation and engagement (Trani et al., 2009).

However, the process might not be that easy task and it should be realised that the vulnerable might also be disadvantaged in group formation due to a lack of assets and time and their limited access to political institutions, social networks, financial resources, information and the market, as well as unequal power relations in their communities. However, reconciling their multiple identities in a way that nurtures intra-group cooperation and with a supportive environment to facilitate collective action might be helpful (Tang & Ngan-Munghan, 2001). However, this process may also require the nurturing of trust and reciprocity, assistance in reaching collective decisions, information sharing as well as coordination of activities (Ibrahim, 2006).

2.7 DEVELOPMENT APPROACH

From this perspective, people can be active and creative with the ability to act on behalf of their aspirations and the required interventions needed to have a wide reach whereby it has to facilitate economic development and foster social integration, as well as enhance their individual participation and responsibility (Tang & Ngan-Munghan, 2001; Midgley & Tang; 2008). In support of all the existing interventions regarding HIV and AIDS, alternative developmental programmes to accommodate disability grant beneficiaries once the grant has lapsed are essential and to specifically ensure access to basic needs. Thus, this will enable people to cope better with stress and retain confidence in managing needs and problems in daily life. Furthermore, it is necessary especially when designed with the intention to encourage grant applicants to live healthy lives, meet their own basic and economic
needs, be in control of their own lives and promote independence. In addition, the design may also result in a shift in terms of thinking towards welfare and human development as human capital formation with the intent of generating household income in afflicted households (Barnett & Clement, 2005; Tang & Ngan-Munghan, 2001). Developmental programmes and their relevance to field realities could be ensured by participation in the decision-making processes and progressive transfer of appropriate knowledge and skills, as well as ownership of programmes by the “beneficiaries” to raise awareness of key members of the community at an early stage.

However, the anticipated developmental programmes need to be economical in a manner that they will generate income for the poor while widening their social opportunities and helping them challenge the unequal power relations in their communities (Raco, 2000). Furthermore, they need to enhance their protective security by mutually helping at times of crises. However, the initiative will depend on transparency, and be built on trust and reciprocity. Much effort may also be on the task of specifying the capabilities which might have some challenges, whereby groups may inadvertently overlook a capability that is quite important. In addition, there might be a danger that the powerful will select capabilities that advance their views, perhaps at the expense of minority voices (Deneulin & Shahani, 2009; Silva & Howe, 2012).

HIV and AIDS, poverty eradication and development have been issues of concern for a number of years and generally there has also been growing acknowledgement of HIV and AIDS as a major factor of poverty, linked to broader development concerns (Trani et al., 2009). As such, there is a need to view mainstreaming HIV and AIDS concerns as a sustainable means in fighting poverty. However, this study will adopt the view that poverty eradication can be attainable through the adoption of policies that enhance production, create employment and raise standards of living. In this regard, the involvement of the disability grant re-applicants and freedom to design developmental programmes is essential; as such the programmes will need to be in support of human development, expand people’s choices and emphasise the actual possibilities (Sen, 1999 as cited in Deneulin & Shahani, 2009; UNDP, 2000). The approach is in support of the view that “the real wealth of a nation is its people” (Nussbaum, 2006), thus the anticipated developmental programmes need to improve
livelihoods and social protection and eradicate poverty (Trani et al., 2009; DFID 2000). In this light, such programmes need to consider poverty and the inadequate access to resources, and create opportunities to enhance productivity; individuals need to gravitate towards income-earning activities that will place them at an advantage which will decrease their dependency and enable them to live a healthy lifestyle (Scott & Simon, 2011).

In support of these programmes, social empowerment with economic assistance offered through income-generating programmes is also essential in placing grant applicants in a position of independence and allowing them to participate in building the economy of the country (van Ginneken, 2006; Prince-Smith, et al., 2007). This might enable disability grant applicants to learn to understand their economic strengths and weaknesses and find existing skills and resources for income-generating activities within their community (Ibrahim, 2006). The intent is to identify and find ways to increase their viable means to deal with change and enhance self-reliance. As such, disability grant applicants need to be actively involved in identifying workable alternatives and opportunities for the future and to become flexible and more market responsive in support of efforts to promote economic growth (Midgley & Tang, 2008).

Furthermore, adopting this approach will indicate that the responsibility of prevention and addressing the socio-economic impact of HIV and AIDS is a shared responsibility, whereby social empowerment is further developed with economic assistance offered through income-generating programmes (Ibrahim, 2006). As HIV and AIDS exacerbates the impacts of the stressors and intensifies the insecurity of many communities, the holistic interventions should aim to break the potential negative cycle that threatens their stable future well-being (Drimmies & Casale, 2009). The approach needs a shift of focus on national economic growth alone as the purpose of development, to also creating an enabling environment for people to enjoy long healthy and creative lives (Nussbaum, 2011).

Moreover, it is perceived that there is a need for the integration of social security policy with economic policy and adopting the developmental approach in supporting that social security programme should permanently function as an investment that contributes to economic development (Midgley & Tang, 2008). These efforts may
involve initiatives that involve social assistance to make a positive impact in enhancing human capital investment and subsequently contribute to economic development of the country, specifically in giving the economic power even to the poorest. This has been evident in South Africa in terms of the old age pension which circulates within the household, benefits other family members, provides access to other resources in the household economy, increases the nutritional status and improves housing conditions (Triegaardt & Patel, 2005). Access to social grants has also resulted in the stimulation of the local economy, particularly in rural areas.

The study also acknowledged developmental programmes that are interactive and participatory in nature, envisaged to enable people to interactively shape the debate about HIV and AIDS to fit their own needs (Barnett & Clement, 2005). Furthermore, there are critical observations regarding public policies tackling disability issues that remain limited to the provision of a few services while ignoring the need to be strengthening potentials and enhancing means of survival of individuals by taking into account empowerment and participation (Sen, 1995, 1999 in Trani et al. 2009). Moreover, the nature of the developmental programmes should enable disability grant applicants to reconcile their individual and communal well-being by improving their own living conditions while enhancing the social conditions in which they live (Midgley & Tang, 2008; Sen, 1999). Hence, the study supports the view that development is the process aimed at promoting improvement in the living and working conditions of the community through the creation of new jobs, the retention of existing jobs and the generation of income (Beyer et al., 2003). For sustenance purposes, these programmes may contract with the government to provide services and placements based on acquired skills in programmes that operate in their communities.

2.7.1 Participation and partnership

With recognition of the demands of employment, even among HIV and AIDS patients, there is a need for the design of comprehensive but flexible strategies that will include public-private partnerships and civil society participation (Department of Social Development, DSD, 2004). These efforts may involve a process to create linkages between stakeholders and plan for enhancing economic productivity and diversification using local resources. Participation as a form of social action needs to
be voluntary and might be based on the belief that individuals or communities have joint interests that allow cooperative solutions (Maistry & Vasi, 2010).

The process of a development programme should therefore incorporate strong practices in both participation and partnership. Furthermore, there might be socio-economic and political inequities between stakeholders; however, with progressive leadership at the local level these constraints can be minimised with a well-designed participatory process (Giddens, 1994; Gupta, 2000). Therefore, this process might be helpful in ensuring that the outcome of the process is cross-sectoral and respects various interests of the grant applicants and society at large (Beyer et al., 2003). As such, the partnership between private, public and non-profit organisations become crucial for a sustainable development process, allowing the convergence in investment programming between the different local actors (Maistry & Vasi, 2010).

In addressing poverty and food security challenges, the development programmes need to ensure people’s integration into society as productive citizens and contribute not only to their own well-being but also to the development of the community to increase labour force participation among the able-bodied people (Dahl & Lorentzen, 2005 as cited in Midgley et al 2008; Midgley, 1997; Drimmies & Casale, 2009). Hence, the study adopted the view that there is a fundamental shift in the objectives of social security as it has moved from being an income-replacement measure to an indispensable tool for poverty alleviation (Strydom, 2006). However, it is still necessary for the government to establish and preserve an enabling environment for private enterprise, individual creativity and social action (van Ginneken, as cited in Midgley, 2010; van Ginneken & Mckinnon, 2007). This will also supports the view of promoting the importance of the involvement of local communities, with expectations of better decision-making, enhanced programme delivery and improved sustainability (Raco, 2000). However, in this regard, the strength of partnership and quality of services will largely depend on interaction between stakeholders, namely local businesses, communities and neighbourhood groups, in the process of local planning, decision-making and implementation. This might also be helpful for employment creation, for instance with viable economic assets that can be created at the local level and the provision of unskilled employment which needs to link up with training for self-employment in agricultural and non-agricultural occupations so
that the generation of employment becomes a sustained process (van Ginneken & Mckinnon, 2007; Collins & Leibbrandt, 2007).

The planning of participatory processes and encouraging community ownership and responsibility over project activities is necessary (Beyer et al., 2003). For example, an increased representation and participation by women in decision-making and an increased level of representation of other vulnerable groups provides a better understanding of the issues of their complexities. It can also provide commitment to address priorities in a cross-sectoral manner and guarantee sustainable implementation of strategies because it allows for divergent interests to reach consensus. However, deciding the number of stakeholders and ensuring diversity of representation is necessary but the process is more dependent on local conditions, cultural and political context as communities have a unique local condition, hence the mix of stakeholders will tend to vary (Beyer et al., 2003; Giddens, 1994; Rondinelli & Cheema, 2003).

2.7.2 Empowerment

Poverty and unemployment are amongst the reasons for an increase in social grant applications (Collins & Liebbrandt, 2007). In this light, the study adopted the view that with poor support for the poor unemployed in South Africa, many adults of a working age look to the disability grant as their potential source of income (De Paoli et al., 2010). In addressing this situation, which is characterised by inadequate access to resources and opportunities for enhancing productivity, individuals need to gravitate towards income-earning activities that would place them at an advantage, decrease their dependency and encourage responsibility in leading a healthy lifestyle (Scott & Simon, 2011). The empowerment of the grantees is therefore observed as a necessary process for change and can mostly occur between the individual and the environment (Gandjour, 2008). Fukuda-Parr (2011) suggested that in order for people to be in control of their situation and to take back their power rather than displaying feelings of powerlessness, they need to gain information about themselves and their environment and be willing to identify and work with others for change. It is also believed that people understand their own needs far better than anyone else and as a result should have the power to define and act upon them.
The study therefore also supports the view that empowerment should aim at enhancing possibilities for people to control their own lives, promote their sense of belief in the ability to make decisions; solve their own problems; allow them to find expression in the ability to act; implement practical knowledge, information, skills and capabilities; and identify and acquire new resources in the course of the process (Maistry & Vasi, 2010; Potgieter, 1998).

Moreover, the outcome of the empowerment of the grantees needs to be more skills-based for their own benefit and may also allow them to display an ability to participate with others, have the capacity to cope with frustrations and to struggle for influence over the environment (Campbell & Cornish, 2010). To cope with contradictions and challenges in their social environment and to develop social networks, grantees may need skills development programmes to address the socio-economic condition, with emphasis on community-based development, including the development welfare (Potgieter, 1998; Midgley & Tang, 2008). However, this process might be determined by their circumstances and its essence needs to be more on human activity in the direction of change from a passive state to an active role, including the capacity to display self-confidence, the ability to play a significant part in decision-making, to be in control of resources in the environment and make efforts to obtain a relative degree of ability to influence the world (Raco, 2000).

These influences could include, for example, food gardens on a larger scale of which participation will be a requirement, organised by local people themselves, with the support of local activist and non-governmental organisations, international and government funding. However, the process might be more effective when emphasis is more on local governance and people’s involvement in service provision (Midgley & Hall, 2004). In this light, the state, in partnership with civil society and the private sector, is significant in terms of ensuring social equity and sustainable development, improving poverty alleviation programmes, mobilising resources, finances and re-skilling, as well as implementing policies that have strong impacts on people’s involvement and well-being (Rondinelli & Cheema, 2003).

This intervention therefore needs to broaden measures to access social assistance for the unemployed through job creation; for instance, to introduce an employment guarantee scheme to remedy the situation, since not all applicants qualify for the
disability grant, and this scheme may vary from housekeeping to food gardening and artisanship in construction and various fields. It may also involve development initiatives that incorporate conscientisation and people’s empowerment in the provision of community social programmes.

2.7.3 Social security

The impoverishing effect and impact by HIV and AIDS on the affected households and crisis around the affordability of basic services may contribute to the alarming concerns over food insecurity (Center for Civil Society, 2003). As such, the situation has placed an undue burden on the poor who daily face the increasing costs of basic goods and services at a time when their income is being steadily eroded or even completely removed. Although not all of them have the strength to work, employment is still desired by some HIV-positive patients as they struggle to maintain good health, as sometimes hunger affects their adherence to ARVs (Venkatanamani, Maughan-Brown, Nattrass & Ruger, 2009; Potgieter, 1998).

The current social-assistance grants are largely categorical, for instance they are largely available to those who are sufficiently young, disabled or not able to work. The implication is that those whose CD4 count is below 200 and who are not sufficiently disabled are left to the mercy of poverty as there are no universal benefits specifically targeted at people who are excluded from disability grants (Phaswana-Mafunya et al., 2009).

In Nattrass (2006), it is highlighted that the grant compensates the individual for the impact of their disability on earning potential and is based on the principle that those who are capable of working should not be eligible; hence there is an increasing number of re-applicants as they were once given grants as disabled people. Mpedi (2008) argues that laws governing our social security need to be systematised under a comprehensive Act, which will raise people’s awareness about social security laws and procedures for claiming benefits and enforcing their rights. Such laws are therefore perceived to make provision for legal assistance for poor people who would want to enforce their social security rights as presently it has been identified that there is no clear procedure of enforcing social security rights. Furthermore, the scope of coverage of the South African social security system is observed to have
some limits, specifically in excluding certain groups while it caters for others (Strydom, 2006).

Social grants in South Africa play a critical role in reducing poverty and promoting social development. Past studies on social security in South Africa have focused on the state old age pension, identifying important positive effects in terms of broadly reducing household poverty as well as improving health and nutrition (DSD, 2004). In 2002, the Taylor Committee of Enquiry into a comprehensive system of social security for South Africa developed a definition of “comprehensive social protection” for South Africa that is broader than the traditional concept of social security and incorporates development strategies and programmes designed to collectively ensure the minimum acceptable living standard for all citizens (Midgley & Tang, 2008). It, therefore, links social welfare interventions to other social services and to income-generating development. As such there should be a promotion of the view that social security needs to provide protection and ensure the maintenance of income when certain contingencies arise, through a series of public measures against the economic and social distress.

2.8 CONCLUSION

Since the study has adopted the view that capabilities are the valuable things people freely choose and do while enjoying the opportunities to realise them, assisting the disability grant applicants by providing opportunities and supporting them to exercise control over events while helping them to realise their goals in improving their socio-economic circumstances, is necessary. Such involvement considers that individuals need to gravitate toward income-earning activities that would place them at an advantage, which will decrease their dependency and facilitate responsibility towards leading a healthy lifestyle (Scott & Simon, 2011).

The provision of social security needs developmental programmes as a long-term strategy which will provides a safety net for those who are not able to cope financially by engaging them in the empowerment and development of grantees in poverty eradication programmes. Furthermore, it encourages people’s enhancement of their self-reliance and interdependence.
However, all will largely depend on an individual degree of motivation in mobilising and sustaining given tasks, and their degree of endurance in situations that they may be exposed to. This study is also in support of social development which incorporates social security and developmental social services, with the aim of promoting active participation by people in their own development and employs a multi-sectoral approach that encourages partnership between government and all stakeholders in social welfare.

CHAPTER 3 - RESEARCH METHODOLOGY

3.1 INTRODUCTION

As per discussion in the literature review chapter, poverty, food insecurity and the lack of employment have been identified, amongst other social changes that are largely presenting in our communities. HIV and AIDS also present a number of challenges in the broader society setting and a number of interventions at different levels are facilitated for its address (Sminchowitz, 2004). However, with the severity of poor health, a portion of HIV-positive patients still benefit from the disability grant for assistance with basic needs to gain food access, whereas some have no source of income, while some might have lost their jobs while in the process of recovering their health.

However, the provision of disability grants is a temporary intervention in its nature as its beneficiaries receive the grant for a specified period and has a positive impact in improving their lives, especially in times where they were not able to provide for themselves due to HIV illnesses (Nattrass, 2006). The challenge is that the beneficiaries find it difficult to cope after the cancellation of the grant. However, life in these families must continue and ensuring food security is a priority; some need to
start over as while they were very ill, they might have lost their jobs, property and for some, even their family support.

Furthermore, after their period of benefiting has lapsed, an exit plan from a social grant is necessary, as some have the sole responsibility to find ways of meeting their basic needs. For instance, linking them with other services that might be of assistance, until such time that they are able to provide for themselves financially. Their circumstances are also worsened by challenges of not getting a job. The researcher was, therefore, involved in this study to explore the need for developmental programmes for HIV-positive disability grant applicants, with the purpose of improving food security and self-reliance. In order to reach this goal, the study objectives were to interrogate the grantees on their desire for self-reliance, to solicit their ideas for developmental programmes, to consult with social workers’ experienced in ARV intervention about alternative developmental programmes for disability grant re-applicants, and to make recommendations to social workers on appropriate developmental programmes for disability grant re-application.

For the purpose of this study, purposive sampling was selected for its relevance on grounds of achieving the best information by focusing on deliberately-selected participants on the basis of their known attributes (Welman, Kruger & Mitchell, 2011). The research methods utilised in this study involved interviews which were guided by a semi-structured interview schedule, which was selected as the appropriate method to achieve detailed data on the experiences of HIV-positive grant applicants, and to get a clear understanding of their situations.

3.2 RESEARCH DESIGN

The researcher had little knowledge about the research topic; as such, exploratory research was observed as appropriate. In this instance, the researcher obtained background knowledge to permit quite a precise area of investigation, with interest in finding out whether HIV-positive disability grant applicants desired developmental programmes (Bless & Higson-Smith, 2004).

This study was qualitative in nature. The design was explorative with the aim of gaining an in-depth understanding of HIV-positive disability grant applicants’
experiences in relation to whether they desired to participate in developmental programmes, as well as their ideas in relation to proposed development programmes (De Vos, Fouché, Strydom, & Delport, 2011). The researcher investigated the need for developmental programmes and made use of verbal and textual data (Porter, 2007). Therefore, this study was assumed to be helpful in providing an understanding of participants’ experiences (Welman et al., 2011).

3.2.1 Population and sampling

The study used purposive sampling as it is favourable in producing accurate findings without the need to collect data from each and every member of the study population. The population were patients at Michael Maponya ARV Clinic, situated in Soweto, which comprises 1800 patients. All patients who attend the clinic have been diagnosed with HIV, and thus receive ARV treatment and benefit from the services provided by the multi-disciplinary team of which the student is also part. The criteria included: HIV-positive disability grant re-applicants; patients attending Michael Maponya ARV Clinic; a gender balance; and ages between 21 and 50 years. Three patients and three social workers working at ARV Clinics in the Johannesburg-Metro District formed part of this study.

However, the non-probability sampling which was utilised was specifically purposive sampling, which was selected on the grounds that it would enable the researcher to obtain the best information by focusing on a relatively small number of participants deliberately selected on the basis of their known attributes (Babbie, 2010). Furthermore, with purposive sampling, the sample was selected for the research on the basis of relevance to the issue being investigated and knowledge as well as experience about the topic (Denscombe, 2010). As such, the nature of selected sampling was appropriate as the researcher already knew something about the specific people or events and deliberately selected the sample because these individuals were likely to produce the most valuable data.

3.2.2 Pilot study
A pilot study was conducted to enable the researcher to learn which questions were best suited for the study, and to use and determine the amount of time needed for answering questions. Furthermore, it also provided the researcher with an opportunity to probe further, through the use of a semi-structured interview (Hallowell, Lawton & Gregory, 2005).

Conducting a pilot study was helpful for the researcher before formulation of a final interview schedule. As such, these methods helped to clarify concepts and problems and they allowed for the establishment of a list of possible answers or solutions, which in turn facilitated the discovery of new aspects of the problem by exploring in detail the explanations supplied by participants (Denscombe, 2010; Richardson, 2009). This process also assisted in the elimination of unessential questions and the reformulation of ambiguous ones.

3.3 DATA COLLECTION

Methods of data collection included conducting semi-structured interviews consisting of open-ended questions, compiling field notes, transcribing and field observation to provide indispensable data for the study (Crano & Brewer, 2002). The methods were preferred for their appropriateness and efficiency in producing qualitative data.

Furthermore, to ensure that the data collection sessions involved those who were genuinely willing to take part and prepared to offer data freely, direct consent was obtained from the participants. The researcher was honest and informed the participants of positive and negative aspects or consequences of participation as in this case, the study was conducted as part of the university’s postgraduate research programme. Lastly, anonymity was ensured by providing participants with codes when referring to them in the research discussion and information given was treated with confidentiality. Participants were also assured that data would only be used for the stated purpose of the research and that no other person would have access to the interview data, with the hope that the participants would feel free to give honest and complete information (Porter, 2007; Bless & Higson-Smith, 2004).

3.3.1 Semi-structured interviews
Interviews involve a set of assumptions and understanding about the situation which are not normally associated with a casual conversation. The process must be consent-driven as it was particularly important in relation to research ethics and it openly intended to produce material that will be used for research purposes and the interviewee understands and agrees to it (Gibson & Brown, 2009). As such, the decision to use interviews for this research project took into account that it was possible to gain direct access to the prospective interviewees.

However, the researcher was flexible in terms of the order in which the topics were considered and even let the interviewees develop ideas and speak more widely on the issues raised by the researcher. The answers were open-ended and there was more emphasis on the interviewees elaborating on points of interest. However, the justification of interviews was based on the value of contact with participants in the field who could give privileged information (Janesick, 2011; Richardson, 2009; Hallowell et al., 2005). As the interviews were conducted on a one-on-one basis, that is, between the interviewer and the respective informants, it was manageable to arrange opinions and views expressed throughout the interview which stemmed from one source, and the researcher would only have one person’s ideas to grasp and interrogate.

It was also fundamental for the researcher to not influence the outcome of the research, remain neutral, present herself in a way which was designed not to antagonise or upset the interviewee, and listen and learn rather than preach to get the interviewee to open up, not provoke hostility or put the interviewee on the defensive side (Welman et al., 2011). Lastly, the researcher’s involvement included assuring that his or her audience understood and shared the underlying logic of the approach.

3.3.2 Planning and preparation for interviews

The researcher prepared for an interview by displaying knowledge on the research topic and issues that were likely to arise during the interview, and the choice of informants, who were deliberately chosen because of their experiences regarding the disability grant application (Hallowell et al., 2005: Richardson, 2009). Arranging the venue, contacting the prospective interviewees in advance, agreeing on the
length of time, and setting up seating arrangements were all the responsibilities of
the researcher.

3.3.3 Conducting interviews

During the initial phase, the researcher obtained confirmation that permission had
been given to record the discussion and reassurances about the confidentiality of
comments made during the interview were first given to the interviewee (Richardson,
2009; Janesick, 2011). The aim was to set the tone for the rest of the interview
which needed to be in a relaxed atmosphere in which the interviewee felt free to
open up on the topic under consideration. The researcher also prepared the
recording equipment and arranged the seating positions to the best advantage. This
process also included the responsibility of monitoring progress of the interview, the
main points being stated were identified, underlying logic or inconsistencies of what
was said were looked for, eye contact was kept throughout the interview and notes
of non-verbal communication which might help later with the interpretation of the
interview were made (Crano & Brewer, 2002; Richardson, 2009). The interviewees
were also invited to raise any point that they thought needed coverage and were
thanked for having given up the time to participate in the interview.

3.3.4 Recording the interview

The researcher had to write field notes after the interview, while the event was still
fresh in her mind (Crano & Brewer, 2002; Janesick, 2011). For example, field notes
can cover information relating to context of the location, the climate and the
atmosphere under which the interview was conducted, clues about the intent behind
the statements and comments on aspects of non-verbal communication as they were
deemed relevant to the interview.

3.4 SET OF INTERVIEW QUESTIONS

(Please see Appendices A & B)
3.5 DATA ANALYSIS

The analysis of qualitative data tends to be an evolving process. Analysing of data is continuous rather than being a once-off event taking place at a single point in time. However, this observation is in support of the view that data will be analysed to gain better understanding of all data that is collected, through a detailed examination of what is being studied with the aim of explaining how it works (Descombe, 2010; De Vos et al., 2011). Furthermore, with data analysis the researcher was able to provide the whole picture of the social context under study and tell a story in a narrative form which would be useful for the reader of the research in terms of the insight and actual words of the participants.

3.6 STAGES OF DATA ANALYSIS

In order to bring order, structure and interpretation were needed for the mass of collected data and to deal with a large volume of data, as it was not feasible to present it before editing or to prioritize certain parts over others (Richardson, 2009). Furthermore, to get the best out of the extracts, the researcher made use of quotes and extracts verbatim, providing sufficient details to distinguish informants from one another and to provide relevant background factors associated with each person while protecting the identity of the person being quoted by restricting the information given (Crano & Brewer, 2002; Denscombe, 2010; Janesick, 2011).

3.6.1 Preparing qualitative data for analysis

The qualitative data was collected, prepared and organised before it could be analysed. The researcher achieved this through the process of transcription which was observed as a valuable part of the research since the end-product of the process provided data that was easier to analyse. Therefore, annotations were used, that is putting informal notes and comments alongside the words of the interview, for example, memories that came flooding back during the process of transcribing, observations about the atmosphere during the interview and things like gestures, outside interferences, and uncomfortable silences (Richardson, 2009; Welman et al., 2011).
Line-numbering and coding was also helpful in locating different parts of the transcripts and included a reasonable amount of clear space on which to write notes; and the wider margin on the side of the page was used later for coding and classifying the data and writing of notes.

The student became aware that transcription of audio recordings was not a straightforward mechanical exercise - for example, people do not always speak in finite sentences. As such there was a need for the student to add punctuation and a sentence structure to the interview so that the sequence of wording could be understood (Crano & Brewer, 2002; Gibson & Brown, 2009; Wellman et al., 2011).

3.6.2 Codes, categories and concepts

At this stage, the researcher began by assigning bits of the raw data from interview transcripts to particular categories, which allowed her to see that some data had something in common, for example referring to the same issue, emotions, or use of similar phrases in relation to a specific topic. Consequently, the data was coded as belonging to a broader category (Gibson & Brown, 2009; Richardson, 2009; De Vos, 2011).

3.6.3 Memos

The researcher used memos for noting all ideas, logging new thoughts and exploring new possibilities in relation to the analysis of data. Memos were observed to be more of value throughout the data analysis process as new information emerged as relevant. These were therefore appropriate for this study as they refined the codes and categories, provided a permanent and tangible record and rendered the process of analysis explicit and accountable (Gibson & Brown, 2009; Janesick, 2011).

3.6.4 Coding the data

The researcher managed to code the data through the use of codes as tags or labels attached to the raw data; for example, names were used for the intention of linking data to an idea that related to the analysis. The researcher, therefore, engaged in
analytic coding by means of interview transcripts and field notes that were coded, using individual words, lines in the text, complete sentences and paragraphs based as units.

Furthermore, the researcher also categorised the codes by identifying ways in which the codes could be grouped into categories, reflecting the general idea of classifying the various components of the data under key headings and created links (De Vos et al., 2011; Bless & Higson-Smith, 2004; Crano & Brewer, 2002). This process also enabled the reduction of the number of codes and categories as part of the analysis and identified where there was sufficient congruence between them, and some were merged and brought together within a broader category. Furthermore, to make sense of the data the researcher needed to involve different coding among higher level and lower level codes whereby the higher level codes were broader and more inclusive.

3.6.5 Triangulation
At this stage, the researcher compared data from different informants and the process also involved viewing things from more than one perspective, namely using different sources of data, for instance, transcripts, field notes and observations, with the intention of getting a better understanding and confirmation of findings (Lincoln & Guba, 1985).

3.6.6 Checking transcripts with the informant
The researcher also checked with the interviewees that the transcripts portrayed an accurate statement - accurate in gathering facts and that the interviewer received the correct information (Crano & Brewer, 2004; Gibson & Brown, 2009; Richardson, 2009).

3.6.7 Checking plausibility of the data
The researcher perceived checking of the plausibility of data as necessary as some people were interviewed specifically because they were in a position to know about the issues that would interest the researcher. However, when assessing the credibility of information contained in an interview, the researcher needed to gauge how far the informant might be expected to be in possession of the facts and to know about the topic being discussed (Crano & Brewer, 2004; Gibson & Brown, 2009; Richardson, 2009; Janesick, 2011).

3.6.8 Look for themes in the transcripts

The researcher needed to avoid basing findings on one interview but rather looked for themes emerging from a number of interviews. In this light, a recurring theme in interviews indicated that the idea or issue is shared among a wider group (Richardson, 2009).

3.6 CONCLUSION

With the number of HIV and AIDS interventions visible at different community levels, some people still presented with challenges of food insecurity and had no source of income to meet their basic needs.

Thus far, the researcher’s knowledge was enhanced by the positive impact that access to disability grants has to a portion of the society who are presented with such social circumstances; however, the challenge remained as such benefits are only provided for a limited period irrespective of the beneficiaries’ circumstances.

Finding the grantees’ interest in addressing this predicament was the intent of this study. In this regard, this chapter demonstrated the process that was followed when conducting this qualitative study, whereby understanding the participants ‘respective situation was sought, finding their interests and learning from their experiences with the intention of managing and analysing all the data that was obtained when the study was conducted.
4. CHAPTER 4 - RESEARCH FINDINGS

4.1 INTRODUCTION

This study is in support of the view that since its inception the disability grant has been acknowledged for its remarkable economic changes to people with HIV and AIDS, specifically those who are sick and unemployed. It has been effective in providing them with a source of income, however its temporary nature may cause effects in terms of financial instability to them personally, as well as their families as on its cancellation; they struggle to keep their financial status the same while earning the grant (Nattrass, 2006; De Paoli et al., 2010). In this light, it was the aim of this study to ascertain participants’ coping skills with these changes, how they have picked up the pieces and continued with life while facing health, financial and any other challenges (Collins & Leibbrandt, 2007; Venkatanamani et al., 2009).

In addition, with the rising need for effective and efficient interventions in addressing the challenges and poor adjustment of the grantees, this study was conducted to focus on the grantees’ needs by inviting them to share their experiences (Hamelin, Mercier, Berdard, 2010). The face-to-face interviews were conducted in their place of choice, which was the office at the clinic, and all participants had an opportunity to ask questions about the study. Furthermore, to cover the topic properly, the interview included both open-ended questions and predetermined questions about their experiences with the disability grant and their current needs. In this light, this
chapter describes the experiences of the grantees, explores the need of developmental programmes designed to assist the grantees in generating income and meeting their financial needs, as well as their interest in participating in developmental programmes, and gives an analysis of the data that was provided by the participants in the qualitative study.

It is appropriate to point out that this study was initially piloted by interviewing two HIV-positive patients on a voluntary basis, as well as a practising social worker in the health sector. The semi-structured interview schedule was utilised to achieve the volume of data that was acquired. The interviews were conducted in the facility's lecture room, which was identified to be easily accessible and more convenient for the participants who participate in the study. Social workers were also interviewed at a different venue which they preferred as it was more convenient for them.

Semi-structured interviews were conducted with a purposive sampling of six participants, that is, three patients who are presently on ARV treatment and three social workers practising in ARV clinics around Soweto. The semi-structured interviews allowed the researcher to explore some questions in depth while ensuring that she received an answer to the research question. Voluntary consent to participate in this study was obtained from all participants. The issue of confidentiality and anonymity was discussed and the researcher ensured that there were no identities linking the data to the participants.

4.2. KEY FINDINGS FROM DATA COLLECTION QUESTIONS

This section focuses on the interview schedule questions which were utilised to gather the data provided by the participants, namely HIV-positive participants who had applied for a disability grant and social workers working at ARV clinics. The questions were as follows:

4.2.1 HIV-positive participants
4.2.1.1 Are you presently on ARVs?

All participants were currently on ARV treatment, however their adjustment to treatment varied as some had challenges with being initiated with ARVs and as such they displayed fear of the unknown, and negative attitudes were noted as they had more concerns about side effects when they initiated treatment than their recovery. These similarities were noted in participants who had started ARVs treatment in 2012. One of participants who initiated this treatment more than 10 years ago, displayed a positive attitude towards treatment and commitment (Baylies, 2002).

In the responses that were obtained regarding this question, the participants reported to be compliant with their medication. However, there were variations noted in terms of attitude and health complications experienced, and it was noted that the differences in attitude were mostly by the participants who had recently started treatment due to health challenges, denial as well as side-effects from the treatment.

4.2.1.2 Have you ever applied for a disability grant?

All the participants identified have benefited from disability grants though there were differences in terms of the period of benefiting. However, they indicated dissatisfaction when it lapsed as they had even re-applied and were more dissatisfied and disappointed when their re-applications were unsuccessful (Strydom, 2006).

However, differences were also noted in terms of duration for the participant whose first application was made more than 10 years ago. He benefited for a lengthy period and was making his re-application on a yearly basis, and had benefited from 2001 till 2011. In the case of those who qualified in 2012, they benefited for a period of six months and when they re-applied their applications were unsuccessful.

4.2.1.3 Who needs to qualify?

There was more subjectivity in the participants’ responses regarding this question as their responses indicated that they regarded themselves as qualifying considering
their various circumstances. These are the responses obtained from participants about who qualified for a disability grant:

“People who are not in good position, not well, who suffer from HIV and TB and sick patients”.

“I qualify and people in my situation, my age – 55 years, unemployed and unemployable”.

“I can say I still need it as people who used to assist me come after two months and sometimes I don’t have anything ... and there’s a need to evaluate things that I managed to do with the grant and see if I am really well or have fully recovered”.

So the understanding is that in order for one to qualify for a disability grant, he/she must be sick, with dual diagnosis, of an age which is nearing old age, unemployed, have poor material support and using the grant for good cause (Nattrass, 2006).

4.2.1.4 Where did the disability grant benefit you mostly?

Participants responded to the above question as follows:

“By buying food, paying rates and helping my mother with household expenses and managed to buy myself clothes...”.

“Giving my family money and maintaining my son”.

“I managed to buy food”.

In this light it was observed that the disability grant benefits can spread from the individual to the entire family. It was also observed that it had no specific use as its availability covered more functions in maintaining financial stability in the family, for example, it ensured food security and paying household expenses (Goldblatt, 2009; De Paoli et al., 2010).

4.2.1.5 What do you consider as your current challenges?

The psychosocial issues were identified to be dominating aspects that participants find as challenging. These included health status and challenges to access services,
i.e., home-based care, food insecurity, financial limitations and economic stress, the poor health of participants and other significant family members.

“To get visited by health care workers to assess if I’m right or wrong…..(pause)…….I’m a big wrong, because I am not right, even at night I get dizzy and during my sleep I get cramps”.

“A lot…..things I managed to do while I was still getting the grant, I now have to share leftovers to have regular meals, not getting any food and my family comes late at night. As in now I don’t afford to buy myself bread which was not a challenge”.

“Thinking that I’m going to die because of my HIV status…..It stresses me a lot, my sick grandmother and my son’s father who gives me problems as he does not bring maintenance money as he promised”.

This identified that these patients have social and family issues that affect their social functioning, just like other community members (De Paoli et al., 2010).

4.2.1.6 What are your viable means?

In terms of identifying their viable means, the participants responded as follows:

“Child support grant that I receive for my son and money that my mother sends”.

“Income generated from motor mechanic”.

“I manage to survive with handouts from my sisters……. (mmmmmmhhhh)…… and my niece who shares her supper with me”.

The participants identified ways that they make a living. However, there were differences in the participants’ viable means as they varied from being skills-orientated to being more based on familial support and social assistance (Ibrahim, 2006). It was also noted that for all participants, family support played an essential role; two participants displayed low levels of confidence in considering their identified viable means to have the potential of providing financial stability if well invested, but this might exclude cases of the social grant which needed another source of income to complement it, as it was not sufficient on its own.
4.2.1.7 What would you like to change or improve in your circumstances?

The participants’ responses regarding this question were as follows:

“I’m used to things that I get…..(pause)…..it is life that I live so I’ll appreciate anything that I can get …….what I can like most is to sell fruit and sweets”.

“At present I’m thinking of going back to work as I was working as an armed response security guard last year November before I got sick”.

“I would like to live a right life or study for what I want to ….I would like to do nursing so that I can help those that are sick and live well”.

In the responses obtained, 1 participant displayed resistance towards change however his choices specifically in terms of life he wants to live was acknowledged (Sen, 1999). However, what was also interesting was that they all acknowledged that they have choice in taking decisions and making future plans to change their circumstances (Ibrahim, 2006; Deneulin & Shahan, 2009). To change one’s circumstances has illustrated that there is need for determination, which involve decision-making of which its impact may be lifelong and also involves issues of self-determination and a will to change.

4.2.1.8 Are you presently receiving any form of assistance?

The participants’ responses to this question were as follows:

“Yes, from my family............ material assistance from my brothers”.

“Yes, pep-talk from my friend…(pause) and sometimes in life you just get sick and not knowing what makes you sick but I think people should know what make them sick”.

One of the participants responded that a friend had been helpful in communicating on the (HIV) status and the grantee’s emotional support, which the participant valued.

It was noted that the assistance that had been of most significance to the participants was that of moral and/or material support from family and friends, which also promotes “Ubuntu” (Patel, 2005).
4.2.1.9 Have you ever received any skills training?

In terms of skills training, the participants responded as follows:

“I was trained as a merchandiser at Spar supermarket years ago”.

“I’m a trained armed response security officer”.

“I once did catering and décor....”

The participants were all skilled in various fields, and such skills are identified as a positive notion in terms of abilities, capabilities and strength (Ibrahim, 2006).

4.2.1.10 What other skills do you have?

The participants identified that they possessed the following skills:

“I once worked as a domestic worker”.

“Motor mechanic which I learned observing my father fixing his own car”.

“Petrol attendant”.

“I also worked as an assistant driver and specialising with deliveries”.

It was also interesting to note that the participants had more than one skill and the capabilities of changing their lives and making a difference, however assistance may be required for personal income-generating and sustainability purposes (Nussbaum, 2006).

4.2.1.11 Are there any of your skills that can assist to generate income?

In identifying skills that can assist in generating their own income, the participants responded as follows:

“The only way that I can earn an income ......(mhhhhhhh).......selling would be the best, whereby I will have my stand selling sweets, oranges and cold drinks and I even have a refrigerator at home to use”.
“I think of selling plates and I have even discussed with my sister as we have seen that my mother is always without money even a small one… so selling cold drinks and ice even though the money is not enough and bake cakes would help. At present we need to get cash as you can’t start something without money”.

“To get stock or buying things that I need, whether is money or stock is the same as long as I will start my business……my late sister was a business woman selling cold drinks and very helpful in meeting the family needs, so I have learned a lot from her in terms of running a business”

“Motor mechanic and having my own workshop where I can strictly work from….”

There was interest displayed by participants in generating personal income and all displayed potential, courage, confidence and self-determination in having to make a choice on what would individually assist them in generating income (Ibrahim, 2006; Deneulin & Shahani, 2009). It was also interesting to note that two participants opted to operate a business in order to generate income, although in their responses about skills, none reported to have entrepreneurial skills.

4.2.1.12 What do you understand about developmental programmes?

In this question the researcher had to narrow the question further for participants to understand it better as examples of community projects had to be used for them to understand what developmental programmes are about. Their responses were as follows:

“No, no idea and never heard of community projects”.

“I see them on TV’s but I don’t know anything”.

“Yes at a skills centre there’s a place where people train for baking and manicure….my friend chose to do manicure and doing eyelashes (beauty therapy)….but to do manicure is not my style only baking and cooking …..people from the other side said these trainings are not sustainable they just disappeared into thin air…I’m not even sure whether she completed hers”.

Mixed responses were obtained regarding this question as one participant identified having never heard of developmental programmes; a participant identified media to
have played an essential role in making people aware of developmental programmes, another participant identified people close to them to have participated in one that existed in their community (Patel, 2005).

4.2.1.13 What are your preferences?

In terms of their preferences, they responded as follows:

“I think motor mechanic will do”.

“Plumbing….I haven’t done it before but I can try”

“I can partake in any training that is available as now jobs are very scarce and to be selective won’t help”.

Participants were also open-minded when selecting developmental programmes that they preferred most. They also displayed interest in terms of participation and enhancing their capabilities (Ibrahim, 2006).

4.2.2 Social workers working at ARV clinics

4.2.2.1 What are your perceptions on the disability grant?

Their responses were as follows;

“A solution to people’s unemployment or those not having a source of income …..so most people who are unemployed, get excited if they get sick as there is this grant which will now be a solution and be their income”.

“I think the criteria that is used discriminates and not fair for some patients with low CD4 count as the doctors at Sassa don’t consider it……but for some it is helpful as people will get to buy food as they can eat and nurse their health. Although some will get into debts as they buy furniture, for some is that the grant does not only benefit one person and ends up maintaining the entire family, some use it for alcohol, gambling and entertainment and some have perception that they have to get it as they are sick, its theirs”.

“Disability grant has few elements, political campaign in it according to me as it is not as sustainable as politicians claim. It is a good tool in assisting with poverty for some time until the clients are self-sustainable. It could sometimes create dependency….clients thinking that because they once qualified for it, it is their permanent income it can be negatively used as there’s labelling of people getting disability grant as it is given to patients who are HIV positive and TB patients. It is okay for the disabled “the physical and mentally disabled” to get disability grant but it is not okay for chronic patients to get disability grant because they are not disabled in the first place”.

As a positive notion, the disability grant is a source of income for the sick, unemployed HIV-positive patients, helpful in terms of accessing food, meeting families’ financial needs, maintenance of patients’ children and it even allows them to pay for their children’s schooling (De Paoli et al., 2010; Nattrass, 2006; Tshoose, 2010). It is appropriate for both the mentally and physically challenged and not for patients with chronic conditions like HIV as they get better with ARV treatment. As a negative notion, the disability grant gets misused, as some patients use it for gambling, entertainment and to buy alcohol (Ventakanamani et al., 2009). It is used as part of a political campaign as in the process of campaigning it is reported that it is promoted to be helping the most vulnerable but in reality it lacks sustainability and the vulnerable are negatively affected by its cancellation. The disability grant is used to label its beneficiaries in the community.

4.2.2.2 What do you think is an alternative to the disability grant?

In identifying what would be an alternative to the disability grant, the following responses were obtained:

“Firstly, is for an individual to take care of himself because most of them are sick, they want a grant of which if they can start by taking care of their treatment appropriately they will see that they get healthy and they are fit to go and look for jobs……so my intervention will be largely based on adherence on medication and treatment”.
"I think of vouchers as an alternative, be strict on what to buy and where, not giving them money. We need more education as an intervention and monitoring........ even though it would be difficult to tell the grantees that you give them grant and expect them to do specific things with it. For some getting money would work in case they have children as they may depend on them to pay rent and rates and buy food”.

“Perhaps the government could come with other poverty alleviation programmes and projects to assist the needy and the poorest of them all. We also need to go back to sustaining primary health care and especially family planning as you find an HIV positive mother wants the disability grant and child support grant, as she is still giving birth to other kids. We need to change mind-set of our people and attitude towards money and that it is not only for spending but also to multiply it and that there are other ways to deriving money, using their hands beside their ailments, being taught life skills at crèche at younger age that life is all about doing things, standing up and be hands on. We need entrepreneurial skills and I need to see if there is any potential customer to sell to. We need Department of Education and Social Development as core players, whereby Department of Education have a subject, talks and a learning area on entrepreneurship and have teachers who have entrepreneurial minds”.

Taking care of oneself and staying healthy is significant for one to be in a better position to seek desired jobs, which will also make it possible for him/her to take care of their financial needs. The complementary voucher with strict terms and conditions was also seen as an alternative, however it might be limiting for some, especially when cash is needed, for example, transport to the clinic for medical follow-ups and for seeking jobs. It was also highlighted by the respondents that poverty-alleviation programmes are highly required and services provided should promote health, change attitude, be innovative and apply the principles of social development (Patel, 2005; Baylies, 2002; Barnett & Clement, 2005). These responses identified the necessity of establishing systems to enhance the disability grant applicants’ capacity and for creating opportunities for growth and development, specifically in terms of poverty alleviation programmes and projects to assist the poor and needy. These projects may involve initiatives that incorporated conscientisation and people’s empowerment entrepreneurial and life skills, sustaining primary health care, especially family planning, a change of mind-set and attitude towards money and
using their hands, irrespective of their HIV status (Potgieter, 1998; Midgley & Hall 2004). The process might be more effective, as identified in Chapter 2, in that there should be more emphasis on local governance and people’s involvement in service provision, to broaden the measures to access social assistance for the unemployed and emphasis on the state in partnership with civil society (Rondinelli & Cheema, 2003).

4.2.2.3 What is your understanding of developmental programmes?

The respondents identified that developmental programmes require social workers to do extensive community assessment first in terms of developing the community that individuals come from, and checking the resources available within the community (Kirst-Ashman & Hull, 2002).

“As social workers we need to work harder starting with support group to assess their needs, have data base of patients and then work from there in linking them with resources and even fundraising for women and children …… they require individuals to first find their interest and link them with what they have interest on”.

Some respondents indicated that they move people from depending on one thing; allow people not to depend on one thing but have a variety of choice of generating income; allow people to sustain themselves; move people from poverty to be more self-reliant; make people care for themselves; and have initiatives to get support so that they can be able to develop themselves further (Potgieter, 1998; Midgley & Tang, 2008)

Such circumstances may urge them to use their capabilities to achieve the desired life, for example, initiating informal income generation or social activity to improve their social circumstances. However, this will depend on material and financial support to encourage grass-roots participation and collectively invest in their social capital to enhance their living conditions (Ibrahim, 2006).
4.3 ANALYSIS AND INTERPRETATION

This section will provide analysis of attitudes towards medication, participants’ financial commitment, need for disability grant re-application, need for participating in developmental programme and interpretation of graphs as follows:

4.3.1 Attitude towards medication

The chart demonstrate the participants’ compliance with treatment, and physical strength, however cases tended to vary from one to the other as some health challenges were reported - for example, the participants displayed a positive notion towards treatment, specifically in terms of seeing themselves recovering; a negative notion was also observed when they had to change treatment and start with ARVs. It was also observed that a negative notion was common when the participants displayed lower levels of readiness to start with new treatment. However, they all identified that their health condition has improved.

“I’m presently taking ARVs and I’m sure it is more than five years now…..I’m fine with it and I’m always happy as long as I take treatment”.

“I started taking ARVs and when I started taking them I did not respond well,…..I ended up telling the nursing sister about my condition that when taking this treatment it just got stuck in my throat”.

“I even asked them (medical staff) if they are depriving me the treatment that I was enjoying …..I gave up on myself when they told me to go for another treatment (ARVs)….I was even short tempered as when you sick you lack patience”.
“I started taking ARVs from November 2012 and have gained lot of weight ever since……..I'm delighted because even when I go somewhere and people make remarks about me gaining lot of weight and so I tell them that I have to eat this treatment”.

One of the social workers has identified that……..“since I am working with ARVs my first thing is for an individual to take care of himself because most of them are sick……..they want grant of which if they start by taking care of their lives and then health wise improve their lives and take their treatment appropriately, they will see that they get healthy and they are fit to go and look for jobs. So my intervention will be largely based on adherence on medication and treatment …..so that they can personally see that they are getting better then they can start applying there and there……..So my focus will be largely involved in adherence counselling so that people can adhere on treatment so that they can see themselves getting fitter and can go and work”.

However, this may also vary from one case to the other as participant 1 and 2 have seen progress in terms of their health as they both started treatment in 2012, although they have not fully recovered; participant 3 is still physically weak although he started treatment in 2001, he still continuously reports chest problems.

4.3.2 Participants’ Financial Commitment

In the study it was identified that family commitments vary from one participant to the next. For example, all participants shared 40% to 50% their grants to cover household expenses; two participants paid 40% towards their children’s
maintenance and one participant who used 50% of the grant on personal use as (s) he has no child maintenance responsibilities. In this light it was observed that when their grants lapsed, it raised frustration and emotional stress and fear of not knowing what to do due to a loss of income. This also resulted in family conflicts and misunderstandings. The other challenges also included relationship problems encountered by participants, i.e. not getting along with siblings, feeling unwelcome, stigmatised, betrayal, deception, and being threatened with physical attack. According to the social workers other challenges faced by HIV-positive patients and which increases their vulnerability include, unemployment, a need for food, no birth certificates, the need for a place to stay, basic needs not met, malnutrition, and poor immunisation of children (De Paoli et al., 2010).

4.3.3 Need for disability grant re-application

This graph illustrates that none of the participants was employed nor had a stable income, which may also have increased the need of re-applying for a disability grant to access income and be able to meet their personal and family financial needs.

This graph demonstrates financial support from their families of which for one respondent is around 40% and for other two is between 20 and 30 %; employment opportunities and income for all participants to be below 10% which is very low; and food insecurity to be ranging between 50 and 70% which is very high. In this light, it is observed that there is a negative relationship between unemployment and food insecurity; without income participants find it challenging to buy themselves food and their access to food might largely depend on financial support from family.
4.3.4 Need for participating in a developmental programme

The need for participating in preferred developmental programmes was observed to be influenced by their family commitments, roles expected of them as parents, maintenance of the children, the need to have financial independence, and to be self-sufficient and reliant.

This chart illustrates that the participants had skills that they could use to generate income. All participants show that they have all had unsuccessful disability grant applications even though attempts made may differ according to number of applicants made. It was also interesting that all participants displayed interest in developmental programmes. With these observations it is assumed that need to participate in developmental programmes may be influenced by unsuccessful disability grant application experienced by the participants.

The study aimed to gather data from two groups, namely ARV social workers and HIV-positive participants who have applied for the disability grant. In De Paoli et al., (2010) & Nattrass (2006), the social grant is viewed to be efficient in providing financial assistance to people who are deemed disabled and therefore, unable to seek sustainable employment, until they are healthy enough to enter the labour force again. In this light, of the HIV-positive patients, 2 participants reported to have been employed when they got sick, and one reported that (s)he is unemployed due to limited job opportunities, age and a scarcity of jobs for which they qualified. All 3 participants agreed that the disability grant was for the sick, unemployed patient.

4.4 Conclusion

Views on the disability grant brought to the researcher’s attention that it has met its objective in assisting the unemployed, and sick including the people living with HIV and AIDS, individuals with a physical disability and that the level of sickness being
taken into consideration when an application is made. When the participants’ grant was still active, the benefits of the disability grant went beyond an individual as they spread to their family members; in that period it allows more access to food, provide buying power, allow active participation in the economy as they had economic power, paid the children’s school fees and transport, etc. However, the misuse of disability grants was also noted in gambling and buying alcohol.

The disability grant was also viewed by one of the respondent as a political initiative which is now seen to be inconsistent compared to when first implemented as permanent implementation. Issues on inconsistency were mostly observed in the criteria that one must meet in order to qualify for the grant. Its nature has created dependency, especially if you have qualified once and as a counter effect, grantees tended to have perceptions that it was a permanent benefit for people who were sick and unemployed. In addition, the lapsing of a disability grant, leads to financial problems, debts, poor food access and affects transport money for medical follow ups, therefore causing more frustration. In this light, the disability grant is observed to not be a viable means for one to permanently move out of poverty without a visible alternative plan or programme for further assistance, until the individual gets back to the labour force or finds alternative sources of income. On its termination, it becomes hard to adjust, especially if there is no other source of income for the family.

With adherence and compliance to medication, the individual’s health is more prone to improve, and such changes may bring opportunities of seeking alternative means of surviving that will ensure sustainable family income. Picking up the pieces is what needs to happen but this involves adjusting to decision-making, a willingness and readiness for change, motivation, being physically well, to be in control of the situation and an interest to have a means of creating income. In some instances, participants found themselves in challenging situations due to dependency on the disability grant that had developed, and presented with poor physical health such as health bodily pains, stress and inability to meet family needs. For an individual faced with such situations and with limited support at one’s disposal, desperate measures become unavoidable, such as selling property to buy food. In an attempt to address the challenges of grantees and the individual’s interest, the establishment of support groups was identified as appropriate for this change, hence, a changing the mindset, attitudes about money were emphasised and finding other ways of making
money by their own hands, irrespective of ailments. These changes are in
acknowledgement of Midgley’s view that forming social structures are needed to
coordinate economic and social development efforts to ensure that economic
development with direct benefits for social well-being and encouraging work training
in the area of high unemployment as employment is still desired by HIV-positive
participants (De Paoli et al., 2010; Midgley, 2010). However, the grantees need to
choose a life they need to live and complementing it with training and education can
be helpful for sustenance (Nussbaum, 2006).

CHAPTER 5 – CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

People living with HIV and AIDS are amongst the beneficiaries who have benefited
from the disability grant in South Africa which is acknowledged for its contribution as
social assistance and making remarkable changes in improving people’s lives,
especially in times where they could not provide or generate income on their own.
As this form of assistance is of a temporary nature, its cancellation has raised a
number of emotions that range from anger for lapsing, to some who appreciated it for
making a difference in their individual and families’ lives. The study has identified
that its benefits for most of the participants were extended to meet their families’
basic needs, which included increasing food security, paying school fees and
furniture, although some used it for personal entertainment.

The researcher is of the opinion that there are discrepancies in the provision of
social assistance, specifically in assisting people who have benefited from the
disability grant. These grants are not linked with other services that might be of
assistance to them until such time that they are independently able to meet their own
basic needs, especially when the grant lapses. During distress times, when people
with HIV and AIDS find themselves exposed, this form of relief is largely accepted by
the beneficiaries. Therefore, it makes it difficult for them to come to terms with its
cancellation, hence thousands of people with HIV and AIDS apply for it (Sassa,
2014). Technically, it is of a temporary nature thus the beneficiaries may benefit
from it for periods that range from six to 12 months; however, when it lapses the beneficiaries’ social conditions are not considered as some are left in distress.

The most noted factors which influence the disability grant re-applications from participants are unemployment, health challenges. The rising family needs and responsibilities, the need for financial independence and the inability to meet their own basic needs. In this light, the disability grant is observed to not be the only relevant intervention to address the number of social needs experienced by our society (De Paoli, Gronningseater & Mills, 2010).

This situation brings to one’s attention that there is a great need for balancing the economic affairs of the country with the rising social need. In this regard, it was also observed that it is appropriate to have developmental programmes that are aimed at income-generation for the grant applicant, since it has been identified that once the grant has lapsed, the beneficiaries struggle to make ends meet. An attempt to address these growing needs of the grantees was observed to be necessary, whereby they need to be actively involved in addressing their social situations and specifically find ways to generate their own income to improve their social situation.

5.2 Conclusions

This section will provide the focus on the conclusions in terms of the research methodology, literature review and research findings.

5.2.1 Research methodology

There have been remarkable changes in accessing the disability grant. Although, only a small portion of society gets such a right, and not all qualify. However, the challenge remains as such benefits are only provided for a limited period, irrespective of the stability of the beneficiaries’ circumstances. It also raises a concern that the very same people who have benefited from such interventions, are still presented with challenges of food insecurity and have no source of income to meet their basic needs.
To obtain an understanding of the grantees’ situation and to learn from their experiences, the researcher was guided by the goal and objectives of the study. The obtained data was then analysed and managed in a manner that will be easy to read and use.

5.2.2 Literature review

The literature reviewed on HIV and AIDS identified the manifestation of HIV and AIDS in our society, which was observed throughout the study to have a negative impact on the afflicted. This was also evident in the challenges identified by participants in coping with changes in terms of illness and the lapsing of the disability grant, loss of income, separation due to stigma and other domestic conflicts or problems. With these changes it was identified that the participants’ ability to cope with the disease was likely to decrease (UNDP, 2000). This was observed throughout the study as even though the participants reported to be compliant with their medication, yet they still complained of bodily pains which may have resulted from socio-economic stress.

As indicated in the literature review (Chapter 2), the implementation of the disability grant also gives an illustration that it is a regulated process for control purposes and designed to benefit the individual in the event where they are unable to provide for themselves under the domains of poverty prevention and alleviating (DWPD, 1997). However, such regulations as measures tend to have negative impact on the people who are aimed to benefit, specifically in assessing circumstances faced by the participants when such a grant has lapsed. This situation raises more concern since there is no guarantee that on the termination of grant their social circumstances would have improved and such improvements will remain sustainable.

However, in practical terms, in the future the impact of HIV and AIDS might exacerbate more administrative costs as all the interventions require an increased government expenditure for the continuation of these services (Prince-Smith, Tubin & Ostergard, 2007). In this light, more insight in strategies toward the assistance of
the disability grant might be a better way to go, as many people with HIV and AIDS continuously reapply for the disability grant, even when their applications get declined, on the assumption that they are entitled to benefit from it. This action may also be based on their HIV diagnosis, even though their health has improved from its previous state when the grant was granted (Oldwage-Theron & Slabbert, 2010).

The researcher therefore came to the conclusion that social security provision, which provides a safety net for those who are not able to cope, needs to encourage developmental programmes as a long-term strategy, by engaging individuals in immediate poverty alleviation programmes (SA Constitution, 1996). In addition, diversion of people to income-generating activities might also be of assistance in some situations (Scott & Simon, 2011). Therefore, this study is in support of social development, which incorporates social security and developmental social welfare, with the aim of promoting active participation of HIV-positive disability grant applicants in their own development, and emphasising the implementation of a multi-sectoral approach that encourages partnerships between government and all stakeholders in social welfare (Patel, 2005). However, the success of these interventions will largely depend on the individual degree of commitment, accountability and motivation.

5.2.3 Research findings

5.2.3.1 Understanding the disability grant & who qualifies

The disability grant was identified as the grant for unemployed HIV-positive people and some with a dual diagnosis of HIV and AIDS and TB, to buy food and other necessities. The researcher concluded that the grantees had their own understanding of disability grants and how one should use it, however, they expected to continuously benefit from it to meet family needs as long as they were diagnosed with HIV and AIDS, whereas in terms of policy-making it was specifically designed for people to benefit from it only when in distress. The researcher also concluded that the poor social conditions to which the grantees were exposed due to a lack of sustainable source of income were also motivating factors of their
expectation of continuously benefiting from the grant. Practically, this explanation was evident when people were benefiting from the disability grant between six and 12 months and when it lapsed the beneficiaries’ social conditions were not considered as some were left in distress and a cycle of poverty continued, especially those who had lost their jobs because of the illness (SA Constitution, 1996). The visible effects of poverty suffered, and food insecurity were also observed reasons that led the participants to continuously re-apply for the disability grant (De Paoli et al., 2010; Nattrass, 2006). Hence, the researcher also supports the view that investing in grantees’ capabilities and developmental initiatives will be a measure to broaden access to social assistance for the unemployed (Midgley & Tang, 2008; Sen, 1999; Potgieter, 1998).

5.2.3.2 Adherence and compliance

In the responses that were provided to this question, the participant reported to be compliant. However, there were variations noted in terms of attitude and health complications experienced and it was noted that the differences in terms of attitude were mostly by two patients who had recently started treatment, who reported to suffer from health challenges, poor dietary intake, denial, stress as well as side-effects from treatment (Baylies, 2002; De Paoli et al., 2010). This brought the researcher to conclude that there are a number of factors that can affect adherence and compliance; it was observed that even though the participants reported to be compliant with their medication, yet they still complained of bodily pains which may have resulted from socio-economic factors or psychosocial stress.

5.2.3.3 Disability grant application

Different responses were obtained in terms of the period of benefiting and it was noted when comparing those who had applied more than ten years ago, benefited for a lengthy period whereas among those who had applied ten years later, some benefited for the period ranging between six to 12 months. In this light, the researcher came to the conclusion that the disability grant is regulated and has no uniformity as it varies in terms of the benefit period; however, the differences hit hard
on the beneficiaries as they were the ones who directly felt that when they applied for the disability grant they had expectations that they will qualify and will ultimately benefit (Nattrass, 2006).

5.2.3.4 Criteria for qualifying for disability grant

All participants identified themselves as qualifying for the disability grant, considering their various circumstances which specifically emphasised that a person qualifies for a grant when he/she is sick, and/or has dual diagnosis, i.e., TB and HIV and AIDS, is unemployed, has poor material support, those who will use the grant for a good cause, and age as some cannot find employment due to their age group, for example above 50 years. These responses brought the researcher to the conclusion that the medical model is not sufficient in identifying the needs of the grantees as it was evident in this study that the grantees presented with a number of socio-economic factors which needed to be taken into consideration and a holistic approach was required when addressing their needs as it was not only medical and mental impairment that disability grant applicants present with (Nattrass, 2006; Tshoose, 2010).

5.2.3.5 Benefits of disability grant

The benefits of the disability grant were identified to have spread to other family members rather than benefiting only the applicant. In this light, the researcher came to the conclusion that the disability grant has no specific use as its availability to its beneficiaries provides individual financial independence and covers more functions in maintaining financial stability in the respective families. It was also highlighted that they manage to go for a medical follow-up as they can pay for own transport to the hospital or clinic, it provides economic power and active participation in the economy as they have buying power, as well as ensuring food security and payment of household expenses (Patel & Triegaardt, 2005 in Midgley and Tang, 2008: Goldblatt, 2009).
5.2.3.6 Current challenges faced by grantees

The responses regarding challenges faced by grantees highlighted psycho-socio-economic issues as dominating, specifically their health status and challenges to access services which included home-based care services, food insecurity, unemployment, financial limitations and economic stress, poor health and that of significant family members (Ventakamani et al., 2009). The researcher therefore concluded that the lives of the grantees had more negative changes, especially when the grant was cancelled, as opposed to when the grant was still active when they had more control of their lives, as well as their financial needs.

5.2.3.7 Participants’ viable means

The identified viable means varied from being skills-oriented, familial support and social assistance. In this regard, the researcher came to the conclusion that the participants had low levels of confidence in the identified viable means and did not convincingly consider that they had the potential of providing themselves with financial stability (Raco, 2000). In addition, the researcher considered that in cases where social assistance is the only viable means, there is a great need for another source of income to complement it as on its own it is not sufficient.

5.2.3.8 Aspect to change or improve your circumstances

In some of the responses, resistance to change was noted and such reaction brought to the researcher’s attention that participants had a right to make their own choice, specifically in terms of the lives they wanted to live. Moreover, it was interesting to note that they all thought that specific activities had to take place, such as going back to work, pursuing their studies and selling merchandise. They also brought to the researcher’s attention that for such activities to take place they had to take decisions and make future plans in order to change their circumstances (Trani, et al., 2009; Tang & Ngan Manhung, 2001). This brought the researcher to conclude
that to have a change in one’s circumstances there were tasks involved which may involve a will to change, decision-making and self-determination, as the impact of such a change may be lifelong.

5.2.3.9 Other forms of assistance

The participants identified moral and material support from family and friends as a form of assistance and to have a significant impact on their lives. It was concluded that the need for continued support was crucial for the grantees and this was a practical example that some support systems were based on values and emphasised practices of social responsibility and reciprocal support (Ibrahim, 2006; Potgieter, 1998).

5.2.3.10 Skills and training

The participants were all skilled in various fields, such as working in a retail industry as a merchandiser, petrol attendant, domestic worker, assistant driver, armed response security officer, as well as in décor and catering. Having identified these vast work experiences and skills, the researcher acknowledged them as assets in displaying the participants’ abilities, capabilities and strengths (Ibrahim, 2006). The researcher concluded that irrespective of the challenges that they were presented with, the grantees had assets and potential in terms of the skills they were equipped with, which could act to their advantage if they were well invested for income generation (Deneulin and Shanani, 2009).

5.2.3.11 Developmental programmes

Mixed responses were obtained regarding the participants’ understanding of developmental programmes. One of the respondents indicated never having heard of such programmes, another identified the media to have played an essential role in making people aware of developmental programmes, whereas others identified people close to them to having participated in a programme that existed in their community. In this light, the researcher concluded that knowing one’s environment
is crucial, however the responsibility resides with both the developers and the individuals as they need to work together when development opportunities present; as such all means of communication need to work for the benefit of the community (Beyer et al., 2003; Patel, 2005). In addition the researcher was also of the view that for the grantees to be in control over their situation, they needed to gain information about themselves and their environment and be willing to identify and work with others for change (Fukuda-Parr, 2011).

5.2.3.12 Preferences on developmental programmes

The participants were open-minded when selecting developmental programmes that they preferred most, for example, such as a motor mechanic and plumbing, with perceptions that they could make a positive difference in their lives (Deneulin & Shahani, 2009, Trani et al., 2009). Thus, the researcher concluded that it is crucial for grantees to have a voice in whatever initiative takes place, especially when intended to bring positive changes, and as such, encourage them to have an interest in taking up the opportunity that may bring the needed change in their lives.

5.2.3.13 Perceptions on the disability grant

As a positive response to disability grants, the social workers interviewed had different views. Some viewed the grant as a source of income for the sick, unemployed HIV-positive patients and helpful in terms of accessing food, meeting families’ financial needs, maintenance of participants’ children and the grant even allows them to pay for their children’s schooling. As a negative response, the disability grant was noted to being misused, as some use it for gambling, entertainment and to buy alcohol. It is also used as part of a political campaign for the process of campaigning - politicians report that it is promoted in helping the most vulnerable, but in reality it lacks sustainability and the vulnerable are negatively affected by its cancellation. It is also used to label its beneficiaries. In this vein, the researcher is of the view that the disability grant is appropriate for its constitutional mandate; though some consider it only for the mentally and physically challenged.
and not for patients with chronic conditions like HIV as the individual gets better with ARV treatment use (van Ginneken & Mckinnon, 2007; Drimmies & Casale, 2009).

Although initially it has been an accepted practice that HIV positive and AIDS patients may be unable to look for or accept employment opportunities due to the severity of their condition and poor physical strength, they qualify for the disability grant. However, with access to ARVs their health improves and as a result they lose the grant (Nattrass, 2006; De Paoli et al., 2010; Mutasa, 2010). The loss of a disability grant has substantial impact on their socio-economic status and the health of the grantees when they can no longer access it, the reality remains that they are still unemployed and have no source of income - as such, opportunities of income generation or employment may come to their rescue.

5.2.3.14 Alternative to the disability grant

The researcher concluded that taking care of themselves and staying healthy is significant for individuals to be in a better position to seek desired jobs, which will also make it possible for them to take care of their financial needs, which is observed to be a pressing need for the grantees. The complementary vouchers were also seen as an alternative, however they might be limiting for some, especially when cash is needed, for example for transport. The researcher’s view is that poverty alleviation programmes are highly required and services provided should promote health, change attitudes, be innovative and in line with the principles of social development (Patel & Triegaardt, 2005; Ibrahim, 2006).

5.2.3.15 Understanding of the development programme

The researcher is of the opinion that the developmental programmes which is designed to assist the grantees, should move people from depending on a disability grant. However, it should allow grantees to have variety of choice of generating income, sustain themselves, move from poverty to be more self-reliant, care for
themselves, have initiative and get support so that they are able to develop themselves further (Sen, 1999, Midgley & Tang, 2008).

5.3. Recommendations

The focus of strategies and interventions around HIV and AIDS has mainly been on risk associated with the virus, while limited attention has been channelled to addressing issues pertaining to the integration of people living with HIV and AIDS into the labour market in order for them to be able to continue to derive an income and support themselves (Sminchowitz, 2004). This situation requires an extension in service provision as challenges that were faced a decade ago on the subject of HIV and AIDS have changed drastically and such changes have also been identified in the provision of disability grants from which they have been benefiting. The current challenges also require policy-makers to pay attention to the levels of poverty and unemployment that characterise the lives and households of disability grant applicants. It has also been highlighted that the loss of disability grants in cases of improved health had a significant impact on physical and emotional well-being, although participants have identified that they are compliant with their medication (Venkantanamani et al., 2009; De Paoli et al., 2010). The following recommendations are proposed to strengthen the grantees’ potential and ensure self-reliance:

5.3.1 Assisting families in distress

The researcher is of the opinion that there will always be a need for remedial and maintenance-oriented social welfare programmes to assist families in distress, such as in cases of the grantees. However, it does not mean that social grants should dominate the social welfare system, but rather explore the need of disability grantees to increase their knowledge and skills in order to contribute towards the country’s future economic development. The focus should be on encouraging their freedom to choose income generating activities that will emphasise skills development, and such initiatives should ensure mobilisation of resources and support for sustainability purposes. In a nutshell, the future interventions should embrace the view that individuals need to willingly engage in income-earning activities that would place
them in an advantageous position and decrease their dependence while taking responsibility for living a healthy lifestyle (Scott & Simon, 2010).

5.3.2 Unemployment and income support programmes

There has been evidence that in some cases, employment is still desired by HIV-positive patients as they struggle to maintain good health without employment and sometimes hunger affects their adherence to ARVs, although not all of them have the strength to work. Therefore, investing in the grantees’ capabilities is necessary.

The design of the proposed developmental programmes needs to address the pressing issue of job losses and the poor support system in place for the unemployed as there is an increase in the number of adults of a working age applying for disability grants as their only reachable source of income, irrespective of their medical diagnosis. Furthermore, it would be interesting to explore the feasibility of designing and implementing income-support programmes which target HIV-positive disability grant re-applicants. This would assist in decreasing government expenditure (Scott & Simon, 2011; Venkantanamani et al., 2009; Nattrass, 2006). For sustainability purposes, these programmes could be contracted by the government to provide the service and placements, based on their skills in programmes that operate in their communities.

5.3.3 Skills development programmes

The provision of life skills programmes that will educate the grantees to handle circumstances themselves, to be self-sufficient and to reach the desired state, specifically in producing economic and material prosperity, are proposed.

These programmes should have measures implemented that aim to create employment policies, to re-skill or retrain, to promote access to the labour market and to also ensure social integration that can be adopted as an integral part of the social security system (Olivier, et al., 2003).

5.4. Conclusion
The intent of the study was to explore whether there is a need for developmental programmes, specifically for disability grant applicants, since there is no follow-up plan after the lapsing of the disability grant. The greatest concern was based on the view that there is no assurance that when the disability grant is cancelled, that it will eventually result in improved social conditions, such as guaranteed job placement and food security. But, in reality, they end up with no source of income. The researcher noted that the experiences of the participants were the reflections of the literature as the manifestation of HIV and AIDS has not only been observed just as an illness, but also as severe economic challenges for families, helplessness, separation and stigmatisation, and impoverished individuals and families.

The study has also identified the dissatisfaction of participants regarding the lapsing of the disability grant which was used for maintaining their respective families as it had become the families' main source of income. Without any form of income at their disposal, the challenge of meeting their basic needs increased; when their disability grant lapses they tended to repeatedly reapply for access, even if they did not meet the criteria, as they acted on their own discretion or desperation.

The experiences of the grantees as well as their interest in developmental programmes was analysed and it was identified that the participants acknowledged that job opportunities are very scarce; however, they wanted to change their circumstances and consider ways to generate an income and make a living.

The researcher is of the opinion that the issues of poverty and unemployment necessitate a shift in terms of thinking towards welfare that encourages the generation of income by the afflicted households. In this regard, it is observed that this will lighten the burden on the grant system as people are considering it appropriate to address their social problems, especially HIV and AIDS patients, where cases of food insecurity have been identified as common challenges in the household of the participants. The vast advantages of the disability grant are evident in the impact they have had in benefiting the participants and their family members, specifically in meeting their families' financial needs. These circumstances make it apparent that there is growing need for government assistance, especially in cases in which people are not in the position of providing for themselves at that particular time. The challenge is that there are growing social problems which are not
considered when the disability grants get cancelled, but these remain the reality that we need to deal with and necessitate strategies and the availability of human and material resources in order to address them.

6. List of References


7. Appendices

7.1 Appendix A - Semi-Structured Interview Schedule for patients
1. Are you presently on treatment for HIV and Aids?
   (If yes, for how long?).
2. Have you ever applied for disability grant?
   (If yes, what was the outcome?)
3. What is your general thinking about disability grant?
4. In your opinion, do you find disability grant easy to access?
   (Please substantiate your answer)
5. Have you ever experienced challenges when applying for disability grant?
   (Please name them)
6. What are your viable means?
7. Are you presently receiving any forms of assistance/
   (If yes, what assistance and who is assisting you)
8. Have you ever received any skills training?
   (If yes, what were you training for?)
9. What other skills do you have?
10. Have you ever used any of the identified skills to generate income?
11. What do you think can assist you to be able to generate a self-income?
12. What do you understand about developmental programmes?
13. What is your opinion about them?
14. What are your most preferred?
15. Are there any developmental programmes that you've participated on?
16. What would you like to do to generate your own income?
1. Do you have any concerns/inputs regarding access to disability grant?
   (If yes, what are they?)

2. What do you think of alternative interventions to disability grants for HIV positive patients?

3. Do you know of any developmental programmes for disability grant holders that may be effect in empowering or building capacity?
   (If yes, please explain)

4. What other intervention do you prefer?

5. Who can implement them?

6. What might be your role in this regard?