

Economic Constraints Facing People Living with HIV/AIDS (PLWHAs) in Income Generating Activities (IGAs) in Nyando and Nyakach Sub –Counties

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Abstract: Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) continue to cause premature deaths among adults, particularly those in their most economically productive years. This has significantly affected the social and economic development of affected communities, leaving behind dependents, increasing the number of orphaned children, and placing a heavy caregiving burden on families. Income-Generating Activities (IGAs) have become an important strategy for empowering households affected by HIV and AIDS to meet basic needs and support dependents. The specific objectives was to establish the economic constraints respondents for income generating activities (IGAs) on livelihood of people living with HIV/AIDS in Kisumu County, Kenya.1T4 his study adopted a survey research design combining both qualitative and quantitative approaches. A pilot study was conducted in Homa Bay County due to its similarity to Kisumu in terms of HIV prevalence and cultural factors. The target population was 3,1508people living with HIV and AIDS participating in three Income-Generating Activities, with a sample size of 339 planned. However, the study reached 287 respondents drawn from Nyando and Nyakach sub-counties in Kisumu County. The data was collected through interview schedules, checklists, and document analysis; and analyzed using the Statistical Package for the Social Sciences (SPSS) version 28. The findings revealed that most Income-Generating Activities were home-based and included farming, mat making, poultry keeping, basket weaving, small-scale trading, table banking, and merry-go-round savings. Member contributions were the most common source of funding (31.3%), followed by loans (26.7%). The study also identified financial limitations, poor infrastructure, limited training, and inadequate market access as major constraints. While 57.7% of respondents agreed that both men and women managed their group activities regardless of socio-cultural limitations, 42.3% disagreed, citing traditional norms. Furthermore, 53.9% reported equal participation in management, while 46.1% did not. The study concludes that Income-Generating Activities significantly improve the livelihood of people living with HIV and AIDS by enabling them to meet daily needs, access medical care, and educate their children. They also promote self-reliance and social inclusion. The study recommends improved training, increased policy support, gender- sensitive management, and better access to external funding to enhance sustainability. The findings are of importance to policymakers, health workers, non-governmental organizations, religious leaders, and community mobilizers working to uplift the welfare of people4a1 infected by HIV and AIDS. The study recommended further training for IGAs members on financial management and modern methods of faming.

Keywords: Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), Income-Generating Activities (IGAs), Livelihood, People Living with HI/AIDS, Economic Constraints.

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I. INTRODUCTION

➤ *Statement of the Problem*

The influence of HIV/AIDS on development in Kenya is well documented and is significant, affecting various aspects of life including health, education, and the economy. The epidemic has led to increased mortality and morbidity, particularly among the economically productive population, affecting labor force participation and productivity. Furthermore, it has strained household and community resources, leading to increased poverty, reduced access to education, and a rise in child-headed households. However, there is limited information on the impact of IGAs on people living HIV/AIDS across the nation, and specifically in Kisumu County. There are existing income -generating projects targeting people living with HIV/AIDS (PLWHAs) HIV, in Kisumu County aimed at empowering them economically, socially and emotionally. Kisumu is one of the 47 counties in Kenya, which suffer high HIV/AIDS prevalence rates. This study, therefore seeks to establish the extent to which IGAs among PLWHAs have an impact on the lives of PLWHA in relationship to economic constraints.

➤ *Research Objectives*

To assess the existing economic constraints affecting the participation of people living with HIV/AIDS in IGAs in Kisumu County, Kenya.

➤ *Research Questions*

What are the existing economic constraints that undermine effective participation of people living with HIV/AIDS in IGA in Kisumu County, Kenya?

II. LITERATURE REVIEW

➤ *Economic Constraints to the Effective Participation of People Living with HIV/AIDS.*

Economic constraints significantly hinder the effective participation of people living with HIV/AIDS (PLWHA) in various aspects of life, including employment, access to healthcare, and social engagement. These constraints often stem from the disease itself, which can lead to lost income, increased medical expenses, and social stigma, influencing to livelihood people living with HIV/AIDS in their overall socio-economic status.

Joint United Nations Programme on HIV/AIDS (UNAIDS, 2012) re-emphasized that global financial and economic crisis threatens to reverse the gains made in HIV/AIDS prevention, treatment, care and support programmes in many middle and low-income countries. International Labour Organization (ILO, 2012) also concur with this view that, People living with HIV/AIDS are faced with job losses, declining earnings, reductions in remittances and large falls in economic activity due to the current global financial crisis affects households' ability to pay for health care and to ensure food security. Further, dependence on

external sources of income, undue delays in getting sanctioned grants, prospect of prolonged unemployment, deepening poverty and inequality, could jeopardize good initiatives (Socio-Economic Empowerment Initiatives for women living with HIV in Asia, 2012). Lack of coordination among stakeholders at different levels can also hamper the success of these initiatives.

The global financial and economic crisis poses a serious threat to the progress made in the fight against HIV/AIDS, potentially reversing gains in treatment and prevention efforts, and affecting the livelihoods of people living with HIV. A key concern is the potential for reduced funding for HIV programs, particularly those targeting vulnerable populations, which could lead to increased infection rates and treatment (UNAIDS 2023).

As observed in many forums, establishing linkages with local self-governance institutions with policy makers and governments to assess market opportunities, potential sources of financial support and capacity building facilities will further improve sustainability. In addition, feasibility assessments must include PLHIV to thus enhance greater involvement of People Living with HIV from the planning stages and implementation (UNAIDS, 2010). Similar sentiments were made by United States Agency for International Development (USAID, 2013) that PLWHA should benefit from opportunities of vocational training, business development and self-employment opportunities.

The UN AIDS Strategic Investment Framework (2015) report recognizes that insufficient livelihoods opportunities create and exacerbate vulnerabilities to HIV. People may engage in higher risk activities to generate an income or access basic commodities, such as sex work or transactional sex. Exploitation, especially of women and girls due to their economic status, puts them at even higher risk. Dworkin) assert that for people living with HIV (PLWHA), insufficient income affects their ability to access healthcare. Although anti-retroviral therapy (ART) is often free, there are many other costs associated with healthcare that are not. These may include transport to clinics and treatment for opportunistic infections (OIs). In the end, the impact of IGAs to PLWHAs hangs on the balance.

On other hand, Pandit et al (2010) states that lack of livelihoods strategies has a direct impact on household food security, a critical need for PLWHAs. More often, when someone living with HIV is facing significant illness, caregiving responsibilities can hinder the household's productive capacity and reduce income. They emphasized that increased nutritional needs for PLWHAs to maintain health and ARV adherence can increase the cost burden for food. Beyond what is manageable and in most cases many households will sell off assets in order to pay for transport, clinics, traditional healers, medical care and additional food. Selling off assets offers a short-term solution but weakens the

family's coping capacity when a future shock or stress arrives, rendering them more vulnerable than before. Livelihoods are inevitably undermined, due to competing priorities; most businesses and projects suffer from losses and stunted growth.

Microfinance initiatives are linked with improvements in women's self-confidence, household decision-making authority, bargaining power and participation in community leadership roles (Kim et al.2008).Therefore, IGAs activities should give PLWHA equal opportunity for enterpreneurial development, training ,access to loans and leadership roles regardless gender.

III. METHODOLOGY

➤ Study Area

National Aids Control Report on new infections, 2023 (1210) ranked Kisumu County number one among the 47 counties in Kenya. The County has some income-generating activities, which are supported by different NGOs, religious organizations, government and community-based organizations. The study outcome shown that these income – generating activities were initiated by the local community members.

➤ Target Population

The impact of HIV/AIDS on the livelihoods of people living with HIV/AIDS (PLHIV) was substantial, affecting their ability to earn living, access resources, and maintain a decent standard of living. HIV/AIDS proportionately affects individuals in their most productive years, leading to loss of income, increased healthcare costs, and potential asset depletion. This can trap families in poverty and increase vulnerability to food.

The target population was people living with HIV/AIDS (PLHIV) in Nyakach and Nyando sub –counties. This group was defined by specific characteristics, location, or other relevant attributes. Pritha Bhandari (2023) describes a population as the entire group that a researcher wants to study from which a sample is selected. According to Kenya National Census of the year 2019, PLWHAs in Nyakach and Nyando sub–counties, had approximately 60,721 (KNBS, 2019). The number of IGAs run by PLWHAs in the two counties is ten (10). Comprising of 3,150 members, including program officers/coordinators, community leaders and social workers.

➤ Sampling Procedure and Sample Size

Sampling procedures and sample size determination are crucial aspects of research, involving the selection of a subset of individuals from a larger population to gather data and draw conclusions about the whole. The sample size refers to the number of observations or participants included in the study. The sampling procedure outlines the way for selecting a representative subset of individuals from a larger population to conduct a study, focusing on who to sample, how many to sample, and how to sample them (Shona Mc Combes, 2023).

This study applied purposive and stratified random sampling procedures. The research applied purposive sampling techniques to select three IGAs out of ten (10) IGAs in Nyakach and Nyando sub- counties of Kisumu County. Purposive sample technique was used to save money and time by allowing the researcher to gather the same answers from a sample that has the same characteristics received from the bigger population.

➤ Data Collection and Analysis

The researcher obtained a formal introductory letter from the Director, postgraduate school, Egerton University, permission to collect the data was granted from the Ministry of Planning and Devolution, License from the National Council Science & Technology (NCST), Kisumu County Commissioner's Office and the representatives of two sampled organizations for IGAs in Nyando and Nyakach, sub counties in Kisumu County.

The researcher analyzed the qualitative data from the Interview schedule, on participant observation and FGDs by categorizing all the items, transcription before coding and classifying them according to their themes in tandem with the study Objectives. The quantitative data drawn from the questionnaires was coded and analysed. The data was analysed with the aid of Statistical package for social sciences version 28 and summarized using descriptive statistics. The data was discussed statistically using percentages, frequencies, mean and summary on tables.

➤ Ethical Considerations

The researcher got the consent from participants before taking part in interacting with the research instruments. Notifying the person of his or her rights is necessary to get their consent. This covers the goals of the research, methods to be used, potential risks and benefits of involvement, the expected length of the study, the extent of personal identifiable privacy, and demographic information (Bryman, 2016).

Respect for the dignity and secrecy of research participants was prioritized being that the target respondents are HIV/AIDS positive. The researcher also made the data anonymous, uphold confidentiality and reduce any biasness.

IV. PRESENTATION, RESULTS AND DISCUSSION

The Income Generating Activities (IGAs) for the people living with HIV/AIDS were established to improve the livelihood of PLWHAS for their self- dependency by creating employment in Kisumu County, Kenya. However, the implementation of IGAs faces economic constraints, and other obstacles regarding its sustainable utilization. The purpose of this chapter is to present and interpret the findings of the study pertaining to the impact of people living with HIV/AIDS. The presentation and interpretation of findings.

The researcher explained to the respondents the meaning of economic constraints as the limitations or restrictions on economic activity, often stemming from scarcity of resources or other external factors. These constraints can affect individuals, businesses, and governments, impacting their choices and actions. Examples include budget limitations, resource scarcity, inflation, and government regulations then the respondents asked to fill in the questionnaires. Several economic constraints significantly impact Income Generating

Activities (IGAs) on Kisumu, including poverty, limited access to finance, related to market access and competition. These factors can hinder income-generating activities (IGAs), particularly in rural and marginalized communities. Major economic constraints affecting IGAs in Kisumu County included financial limitations (63.1%, 161), Agricultural challenges (36.9%, 94), Market access issues (35.7%, 91), Resource scarcity (20.4%, 52) (County Government of Kisumu, Department of Agriculture 2023).

Table 1: Economic Constraints Affecting Participation of IGAs HIV/AIDS in Nyakach and Nyando sub counties

Constraint	Frequency	Percent (%)
Financial Constraints	161	32.8
Agricultural Challenges	94	19.1
Market Access & Sales Issues	91	18.5
Resource & Material Scarcity	52	10.6
Climate & Environmental Issues	28	5.7
Skills & Training Gaps	22	4.5
Others (Infrastructure, Health, etc.)	43	8.8
Total	491	100.0

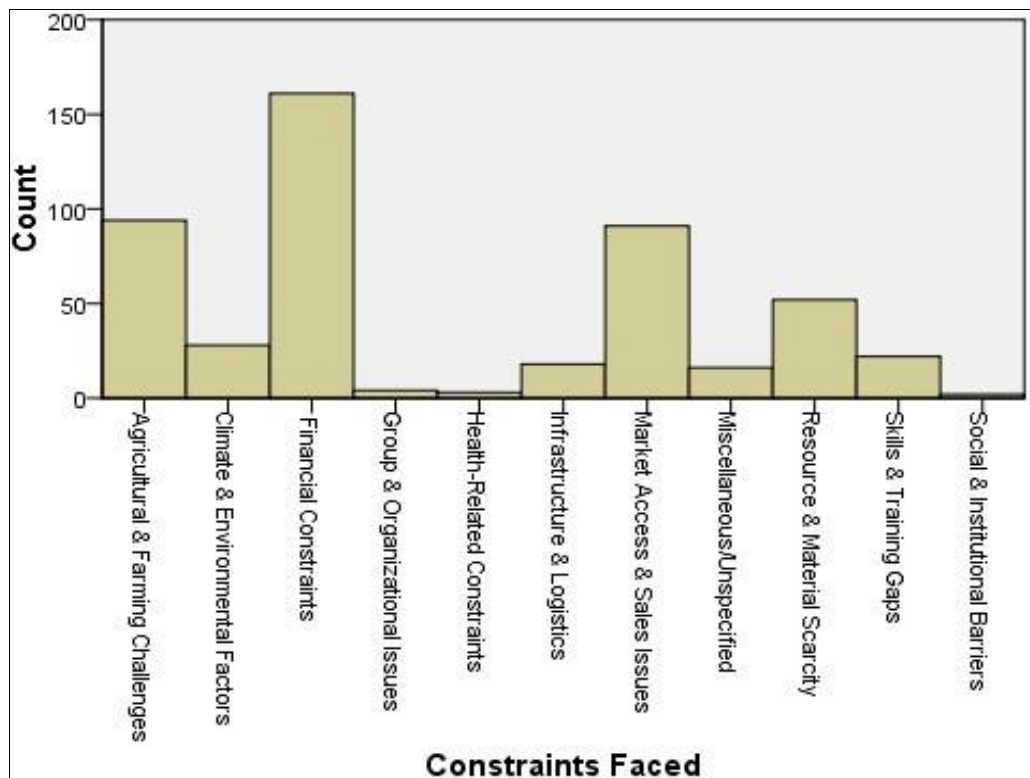


Fig 1: Economic Constraints Affecting Participation of Income Generating Activities (IGAs) for People Living with HIV/AIDS in Nyakach and Nyando Sub Counties

People living with HIV/AIDS mentioned that several economic constraints affecting their livelihood are related to social, financial, human and environmental sustainability of the IGAs.

➤ *Economic Constraints on Seasonality and Climate Change*

Economic constraints on climate change and seasonality in Nyakach and Nyando sub –counties, Kisumu County, Kenya include reduced crop yields and livestock productivity due to droughts, floods, and heatwaves, which disrupt supply chains and increase health problems. These effects threaten

food security, increase poverty, and create conflicts over resources like water and grazing land particularly in lower Nyakach Sub County which boarder Kalenjin and Luo tribes.

Research in Kenya indicates that climate change significantly impacts its GDP, causing annual losses estimated between 2-5% due to adverse events like droughts and floods, primarily affecting the agriculture, water, and livestock sectors (Africa Climate Summit, 2023).

During the interview PLWHAS mentioned that, during long rains *over flooding of River Nyando in Nyando sub-county it was not easy to get enough materials for making mats*". Besides, some project beneficiaries who were running tree nurseries and farming the river stated: *The heat and floods affect our gardens and tree nurseries*"

➤ *Economic Constraints on Lack of Market*

Economic constraints on lack of markets for the products of Income Generating Activities for people living with HIV/AIDS in Nyakach and Nyando sub-counties are contributed by different factors. These factors include limited access to physical infrastructure like poor roads, lack of storage, and vulnerability to climate change during droughts, floods that disrupt agricultural output and income, widespread poverty and subsistence farming with low productivity, inadequate access to finance and inputs for farmers, and poor farmer organization and lack of cooperative structures. These factors create a cycle where low production, low income, and inadequate infrastructure prevent farmers from accessing and participating effectively in larger markets, perpetuating the lack of market access.

Many respondents during the Focus Group Discussions mentioned that lack of market has caused discrepancy between demand and supply for the products this has effect on the project's sustainability and opportunities. The products of IGAs projects are home-based which depend on local markets that are already flooded with finished baskets, mats, and farm produce. They also mentioned that this could be improved by creating new products and improving existing ones, expanding market access through online platforms. There is need to build their capacity of PLWHAS on modern technology and technical training and market research finally forming partnerships with government and private sector stakeholders.

➤ *Economic Constraints on Access to Credit*

This study found out that People living with HIV/AIDS in Nyakach and Nyando are struggling to access microcredit from financial institutions to support their IGA operations. During data collection, most of the respondents indicated that lack of financial support from financial institutions has negative impact on the sustainability of their IGAs projects. The members of IGAs do not easily access loans from local banks and the bank could not give me a loan because of lack of collateral. The information obtained from the FGD showed that IGAs beneficiaries in Nyakach and Nyando constituencies

lack financial institutions willing to offer credit facilities to PLWHAS even though the beneficiaries are already involved in income-generating activities. In conclusion, the study revealed that most of the beneficiaries complained about the lengthy process of obtaining credit from financial institutions is wanting. This limited the sustainability of the IGAs project.

➤ *Economic Constraints on Health-Related Constraints*

Although health-related challenges were among the least frequently reported economic constraints in this study listed only by 1.2% of respondents, they remain a critical barrier to effective participation in income-generating activities (IGAs), particularly for people living with HIV/AIDS or those caring for affected household members. The low reporting may reflect stigma around health disclosure or the tendency to prioritize more visible constraints like finance and market access, but existing literature suggests that health limitations are deeply intertwined with poverty, food insecurity, and limited health care access.

Socio-economic status (SES) is a well-established determinant of HIV-related health outcomes. Individuals with low SES often delay treatment initiation relative to wealthier patients, reducing their chances of survival and productive engagement in economic activities (Joy et al., 2008).

For IGA members, this delay in treatment may lead to extended illness episodes, reduced physical strength, and missed group responsibilities. This is especially concerning in regions like Kisumu County, where informal support systems often fill the gap left by overstretched health infrastructure.

Structural barriers such as poverty, lack of employment opportunities, inadequate health care facilities, and poor transportation infrastructure further compound these challenges. As Walcott et al. (2016) note, these factors independently and interactively reduce health care engagement, particularly for HIV-positive women. This reality is evident in the current study context, where many widows and female-headed households participate in IGAs not only as a means of income but also as a buffer against health vulnerabilities.

Furthermore, SES disparities are strongly linked to HIV/AIDS-related mortality. Rubin, Colen, and Link (2010) observed that HIV/AIDS death rates are significantly higher in low-SES communities. This highlights the urgent need to integrate health support, especially HIV-related care within economic empowerment programs like IGAs. Without adequate health access, Respondents may remain physically and psychologically unable to sustain income-generating efforts.

Women in poorer households face compounded risks. According to Young et al. (2014), they may miss prenatal care opportunities that include HIV testing, and food insecurity may negatively impact both maternal and child health

outcomes, including adherence to antiretroviral therapy (ART). In settings where caregiving responsibilities fall heavily on women, these health burdens may prevent full engagement in group activities or lead to irregular attendance and participation.

In addition, environmental and social stressors such as food insecurity and residential instability magnify health-related constraints. Weisner et al. (2009) and Surratt et al. (2014) both show that individuals in such conditions have lower CD4 counts, poorer medication adherence, and reduced engagement with healthcare systems. This not only affects their health outcomes but also their economic productivity and consistency within IGA groups.

Lastly, barriers to HIV treatment adherence differ between resource-poor and resource-rich settings. In resource-limited contexts like Kisumu, poverty itself may block access to treatment, whereas in wealthier contexts, issues like mental health and substance abuse may disrupt adherence (Young et al., 2014). This underscores the need to approach health-related constraints in IGAs not only as a medical concern but also as an integrated development issue linked to social protection, nutrition, and gender empowerment. This study established that health related issues are a big economic constraint that hinder the performance of people living with HIV/AIDS in income-generating activities projects. Hence, the impact of the livelihood of people living with HIV/AIDS is very poor.

Table 2: Economic Constraints by Sub-County

	Nyakach		Nyando		
Economic Constraint	Frequency	Percent (%)	Frequency	Percent (%)	Total (n)
Financial Constraints	138	70.1	23	39.7	161
Agricultural & Farming Challenges	88	44.7	6	10.3	94
Market Access & Sales Issues	48	24.4	43	74.1	91
Infrastructure & Logistics	18	9.1	0	0.0	18
Skills & Training Gaps	17	8.6	5	8.6	22
Resource & Material Scarcity	26	13.2	26	44.8	52
Social & Institutional Barriers	1	0.5	1	1.7	2
Climate & Environmental Factors	24	12.2	4	6.9	28
Health-Related Constraints	3	1.5	0	0.0	3
Group & Organizational Issues	0	0.0	4	6.9	4
Miscellaneous/Unspecified	11	5.6	5	8.6	16
Total	197		58		255

Table 2 shows that the economic challenges faced by IGA Respondents in Nyakach and Nyando vary significantly. In Nyakach, financial constraints were the most reported issue, with 70.1% of respondents identifying lack of capital or access to credit as a key barrier. This contrasts sharply with 39.7% in Nyando, suggesting that Nyakach groups may have less exposure to microfinance institutions, cooperative lending schemes, or income diversity. Similarly, 44.7% of Nyakach respondents reported agricultural and farming challenges, such as farm inputs. In Nyando, however, only 10.3% of respondents cited agricultural difficulties, possibly due to the presence of irrigation infrastructure and floodplain farming in areas like Ahero, which can enhance food production despite seasonal flooding.

Conversely, market access and sales issues were most prevalent in Nyando, affecting a striking 74.1% of respondents compared to 24.4% in Nyakach. Poor road infrastructure, long distances to urban trading centers and lack of reliable transport options likely explain this disparity. Nyando respondents also reported more challenges related to resource and material scarcity, with 44.8% affected compared to 13.2% in Nyakach.

This may be attributed to Nyando's limited access to input supply chains or cooperative bulk purchasing models that might be more established in Nyakach.

Interestingly, infrastructure and logistics constraints were only reported in Nyakach (9.1%) and not at all in Nyando (0.0%). This may reflect a difference in how respondents interpret their challenges; Nyando Respondents may associate physical access limitations more directly with market problems. Meanwhile, climate and environmental factors such as drought or flooding were reported by 12.2% of respondents in Nyakach and 6.9% in Nyando, indicating that while both regions are exposed to climate risks, Nyakach may experience more frequent or severe environmental stress.

Other constraints such as skills and training gaps were reported equally in both sub-counties (8.6%), showing that capacity building is a shared need regardless of geography. Social and institutional barriers were minimally cited, with 0.5% in Nyakach and 1.7% in Nyando, likely referring to group dynamics or exclusion in decision-making. Nyando had a slight edge in-group and organizational issues, reported by

6.9%, while no such issues were mentioned in Nyakach. Health-related constraints and miscellaneous challenges were mentioned by a few respondents in both areas but were relatively insignificant in frequency

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