







Policy Brief: Positive parenting in families affected by HIV and AIDS

<u>Citation:</u> Lachman, J.M., Cluver, L., Boyes, M., Kuo, C., Casale, M., Impact of HIV/AIDS on parenting behavior in South Africa: the mediating role of depression and poverty. AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, 2013.

Families affected by HIV/AIDS in the developing world experience higher risks of psychosocial problems than non-affected families. Positive parenting behaviour – generally conceptualized as involved, nurturing, and accepting behaviour – may buffer against the negative impact of child AIDS-orphanhood and caregiver AIDS-sickness on child wellbeing. Although there is substantial literature regarding the predictors of parenting behaviour in Western populations, there is insufficient evidence on HIV/AIDS as a risk factor for poor parenting in low- and middle-income countries. This study examines the relationship between HIV/AIDS and positive parenting with poverty, caregiver depression, perceived social support, and child behaviour problems as potential mediating factors of this relationship.

The Questions:

- Do families with AIDS-ill caregivers or children orphaned by AIDS experience reduced positive parenting?
- What might be causing this?

The Research:

- Cross-sectional survey of 2477 caregiver-child dyads in KwaZulu-Natal Province
- Alabama Parenting Questionnaire was used to assess positive parenting
- Multiple mediation tests were conducted to using with poverty, caregiver depression, perceived social support, and child behaviour

Finding 1: Families with AIDS-ill caregivers and those with children orphaned by AIDS were associated with less positive parenting in comparison with non-affected families.

Finding 2: Familial HIV/AIDS's association to reduced positive parenting was mediated by poverty, caregiver depression and child behavior problems but not social support.

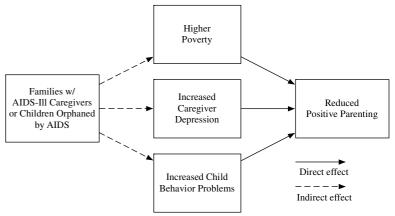


Figure 1.Multiple mediation model of familial HIV/AIDS's association with positive parenting.

Conclusions:

- Interventions targeted at strengthening child-caregiver relationships may require consideration of the broader social factors that influence parent behavior.
- Parenting interventions for HIV/AIDS affected families may need to incorporate cognitive behavioral or other strategies in order to adequately address parental depression.
- Parenting interventions may be more effective if integrated within a wider network of support services that address financial insecurity and family mental health.
- Parenting interventions may be more cost effective by targeting families living in high deprivation areas.

This research was generously funded by: the Health Economics and HIV and AIDS Research Division (HEARD) at the University of Kwazulu-Natal, the Economic and Social Research Council (UK), the National Research Foundation (SA), the National Department of Social Development (South Africa), the Claude Leon Foundation, the John Fell Fund, and the National Institute for Mental Health.