

Families, Households and HIV/AIDS: A Demographic Perspective

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Structure of Presentation

- Value of a demographic perspective
- Key findings from JLICA reports
 - Resilience of families through history
 - Historical precedence for family response to crises
 - Long term effects will be felt in the normative demographic processes linked to the family life course
- Case for family-centered approaches
 - Conceptual clarity needed for household and family
- Anticipating challenges

Value of a Demographic Perspective

Enables Systematic Analysis

- Focus on each of the components of family and household life cycle
 - Fertility
 - Mortality
 - Migration/Mobility
 - Marriage/Union Formation and Dissolution
- Facilitates clearer identification of family factors and processes
- Identifies protective family factors and processes for intervention and policy targeting

Focus on Age

- Age at first birth
- Age at death
- Age composition of household
- Age at union formation/dissolution
- Difference in ages between union partners

- Population-based studies include all age groups and allow us to explore in younger age groups the antecedents of health and well-being at later ages. e.g. early child development and later school attainment

- Enables a more focused analysis of effects and focused intervention

Focus on Time

- Life cycle of individuals, households and families is crucial to understand impact of HIV
- History of individuals, households and families is vital for understanding impact of HIV
 - Must know conditions prior to HIV infection to be able to make the case for a causal effect
- Use of longitudinal and retrospective data enables better understanding of cause and effect

Focus on Relationships

- Identification of relationships between family members
 - Marital and non-marital couples
 - Parents and children
 - Between siblings
 - Caregivers and recipients
 - Between kin
- Follow-up of changes in family relationships
 - Parental death
 - Marital dissolution

Focus on Households

- Most commonly used unit of analysis
- Important (though not necessarily the only) locus of activity and social interaction
- Important site for child care
- Immediate effects of HIV morbidity and/or mortality will be felt in the household
- Understanding the functioning of families and how best to support them, requires knowledge about intra- and inter-household relationships

Dispelling Doomsday Myths

- Population based data collection enables a scrutiny of extreme phenomenon (child-headed households) that are often based on anecdotal evidence
- Focus on individual components (fertility, mortality, migration, marriage) allows clearer assessment of relative impacts
- Demographic techniques ideally suited to determine how unique HIV/AIDS really is (e.g. multiple decrement life tables)

Findings from JLICA

Based on existing evidence of HIV/AIDS impacts

Based on historical review of other crises (wars, famines, economic reversals)

Fertility

- Fertility decreases during periods of acute crisis (war) but rebounds in the aftermath
- HIV decreases fertility due to biological effects of infection
- HIV could also affect timing of childbearing
- Decrease in fertility could decrease dependency burdens within households
- Fertility decline was well on its way in Africa before HIV i.e. families were already adjusting to changes (e.g. in the norms of inter-generational support)

Mortality

- Age and sex pattern of HIV mortality is not new (e.g. smallpox in Sudan in early 20th century)
- Progression from HIV infection to death is protracted which results in a gradual erosion of resources and puts long term strain on family coping mechanisms
- Clustered mortality within a household or family can result in increased strain and household dissolution in very poor families particularly if the income earner dies
- HIV/AIDS results disproportionately in the dissolution of two intra-household relationships: (i.e. couple and parent-child relationship)

Migration

- Historically, migration has been a coping mechanism in response to crises in Africa
- Migration was a defining feature of Black families in southern Africa under *Apartheid* and remains a response to fragile economic conditions
- Death of a household head precipitates migration and household dissolution
- Among poorer households, the death of non-household heads reduces opportunities for migration by the household as a whole and by other adult members, particularly women
- Who (age, gender, income earner, remittances) leaves determines how vulnerable households become

Union Formation/Dissolution

- Historically, crises have led to delayed marriage, non-marriage and marital dissolution, but not known if causally linked with HIV
- Some evidence that girls from poor AIDS-affected families are married off earlier as a way to lower dependency burdens
- Marriage has traditionally played a protective role for women in crises but with HIV, it can put them at risk

Children's Well-Being

- Data do not show a substantial increase in child-headed households
- Data do not show a substantial increase in skipped generation households (elderly and children)
- Children's separation from parents predates HIV in southern Africa, as a result of labour migration and low marriage rates
- Effect of parental death on children left behind is not consistently negative which suggests that families are managing to meet children's needs as well (or poorly) as most

How unique is HIV?

- Sexually transmitted component means that HIV and associated stresses cluster in families
- Cumulative time lagged effects of HIV is unique and introduces new challenges
- Migrants “returning home to die” phenomenon in southern Africa puts enormous short term stress on households and families
- Stigma could result in longer exposure to HIV infection without treatment and the weakening of familial bonds to cope with multiple illnesses (nb: some researchers have argued that the effects of stigma are exaggerated)

Situating HIV/AIDS

- General poverty – what are the interactive effects of HIV in a context of endemic poverty?
- Secular changes in fertility, mortality and nuptuality already under way in Africa means that families were already adopting new means of responding and coping
- Political economy – “entitlement” framework suggests that individuals/ households suffer from hunger because *they lack the resources to access* food NOT from food shortage

Family Resilience

- The historical record underscores the ability and adaptability of family networks to meet challenges brought about by various crises
- No question that families are under stress but they have not collapsed even in hard-hit countries
- Longitudinal population-based studies demonstrate a strong proclivity for households to survive rather than to dissolve

A Case for Family-Centered Approaches

Family Demography

- ▣ Any crisis-related effects will be reflected in family composition, family processes and family well-being
- ▣ Short-term effects will be felt by co-residents and non co-resident family members and will engender particular responses, such as migration
- ▣ Long-term effects will be felt in the normative processes of family formation i.e. birth, marriage, migration and death

New Directions in Family Demography

- Recent NIH report: Designing New Models for Explaining Family Change and Variation
- Emphasis on the centrality of the “family” in understanding all social processes and the recognition that large knowledge and methodological gaps exist in family demography
- Emphasis on data collection on inter-household connectivity particularly across generations, siblings, and parents

Distinguishing Family from Household

- Even though family and household are often used interchangeably in the demographic literature, it is important to have conceptual clarity
- Family: usually through kinship or marriage not defined by space
- Household: bounded by space with shared resources

Where to target interventions?

- *Inter* household links between family members may be more important than *intra* household connectivity between co-resident members
- What determines patterns of social support?
 - Kinship
 - Age distribution/intergenerational
 - Spatial dispersion
- Some interventions will make sense at the household level such as “home-based care” but others such as cash transfers need more thinking

Time Sensitive

- Need to determine life cycle stage of households and families – a young couple with young children are facing different challenges from an older couple with adult children and possibly grandchildren

Household Dissolution

- Dissolution is NOT necessarily an adverse outcome
- Dissolution is part of the household life cycle and may be the best way to manage crisis
- Intervention strategies must consider all options including dissolution
- Perhaps the focus should be on protecting certain key relationships (e.g. caregiver and children) rather than keeping households intact

Supporting Unions

- Union (not necessarily marital) stability is potentially an effective coping mechanism to deal with poverty as well as the prevention and management of HIV
- Children that result from unions stand to gain enormously from a stable parental union

Anticipating Challenges

Family Dispersion

- History of family dispersion in southern Africa spurred by *Apartheid* policy and more recently, employment needs
- Traditionally been the purview of men but there has been an increase in female labor migrants
- Need to focus certain activities on those who are spatially close (care giving, child care) but other activities (financial counseling, psycho-social support) could incorporate those who live far away

The Limits of Altruism

- Conflict abounds in households and in families
- It is important to identify potential points of conflict (e.g. gender, age, sisters-in-law, children of former partners, particular kin groups) in planning interventions
- Need to recognize that patterns of altruism are dynamic and are likely to be influenced by access to resources

Monitoring Effectiveness

- Only way to determine the effectiveness of any intervention is through longitudinal monitoring that has baseline measures as a point of comparison
- Baseline measures would also enable us to “control” for secular transitions already under way (fertility, migration, poverty)

ARV Roll Out

- Treatment will affect household and family processes through increases in life expectancy
- Positive effects: increase productivity, strengthening relationships between members
- Negative effects: increase number of people needing care (dependency burden)
- Multiple family members are likely to be on treatment at the same time so this could have an additive effect