

Families and family-centred approaches: Implications for children affected by HIV/AIDS and poverty

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Road to Vienna: Advancing the agenda of family-centred services for children affected by HIV and AIDS

HUMAN TOUCH

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Topics

- Families: What are they?
 - In southern Africa and generally
- Family-centred: What does it mean?
 - Juncture box, task shifter, ally, family capital, force in its own right etc
- The signs are right!
- PMTCT as an entry point



FAMILIES .. WHAT ARE THEY?



Families – definitions

- From traditional kinship to self-definition
- Standard definition – see Madhavan & Hosegood (including fictive families)
- Definitions that open up family space:
 - White (1991) – “a family is an intergenerational social group organised and governed by social norms regarding descent and affinity, reproduction and the nurturant socialization of the young”



Definitions (cont)

- Berger & Berger (1983) term “families” as a way of giving meaning to shifts in ideological positions and the empirical fact of diversity in domestic relations
- Marxism, feminism, a.o. led to self-definitions, “families are what they say they are” (Bateman, 1996; Edgar, 1992; Goode, 1964)



Families are changing

Global influences on families, a.o. (Giddens, 2000)

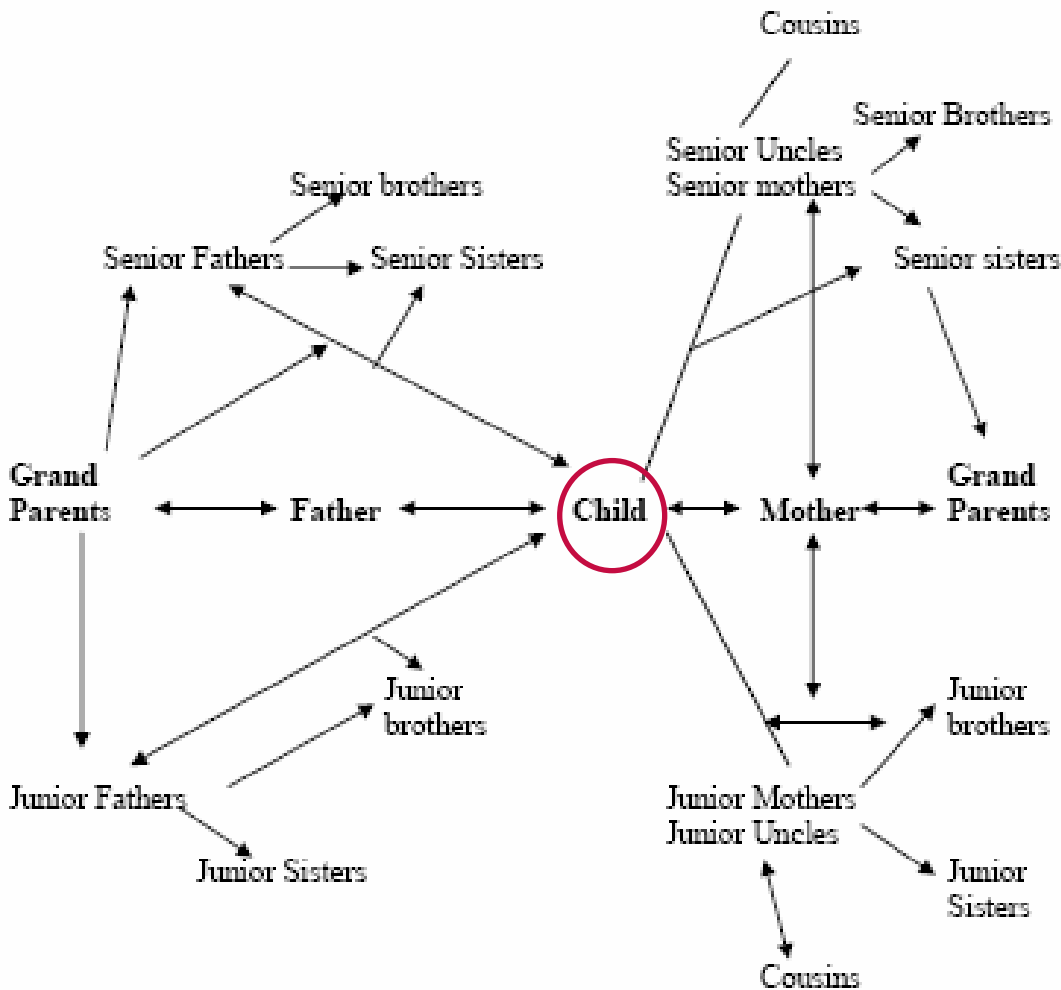
- More egalitarian relationships between men and women
- Family relations increasingly based on love & sentiment than economic and social concerns
- Increasing numbers of women in work outside the home & public life
- Increasing separation of sexuality and reproduction
- Increasing separation of family members as a result of labour migration – regional and international



Families – southern Africa

- **Major influences on families**
(Amoateng & Richter, 2007)
 - Cultural determinants
 - Urbanization, migration
 - Poverty and inter-dependence
 - Social and economic position, age and gender of children, family tensions and favouritisms, social and personal pathologies

Figure 1. Parenthood, Family and Kinship Structures.



On the right hand the child is connected to all the relatives on the mother's side. Those on the father's side are on the left. This structure can be stretched by including aunts (father's sisters) and their children (paternal cousins) on the left side, affines (marital) relatives, and the siblings and marital relatives of the grandparents on both sides. The responsibility for the care of orphans and the processes of social fostering and material provisioning will normally follow the hierarchy of these kinship structures.

Traditional kinship structures in southern Africa Chirwa (2002)



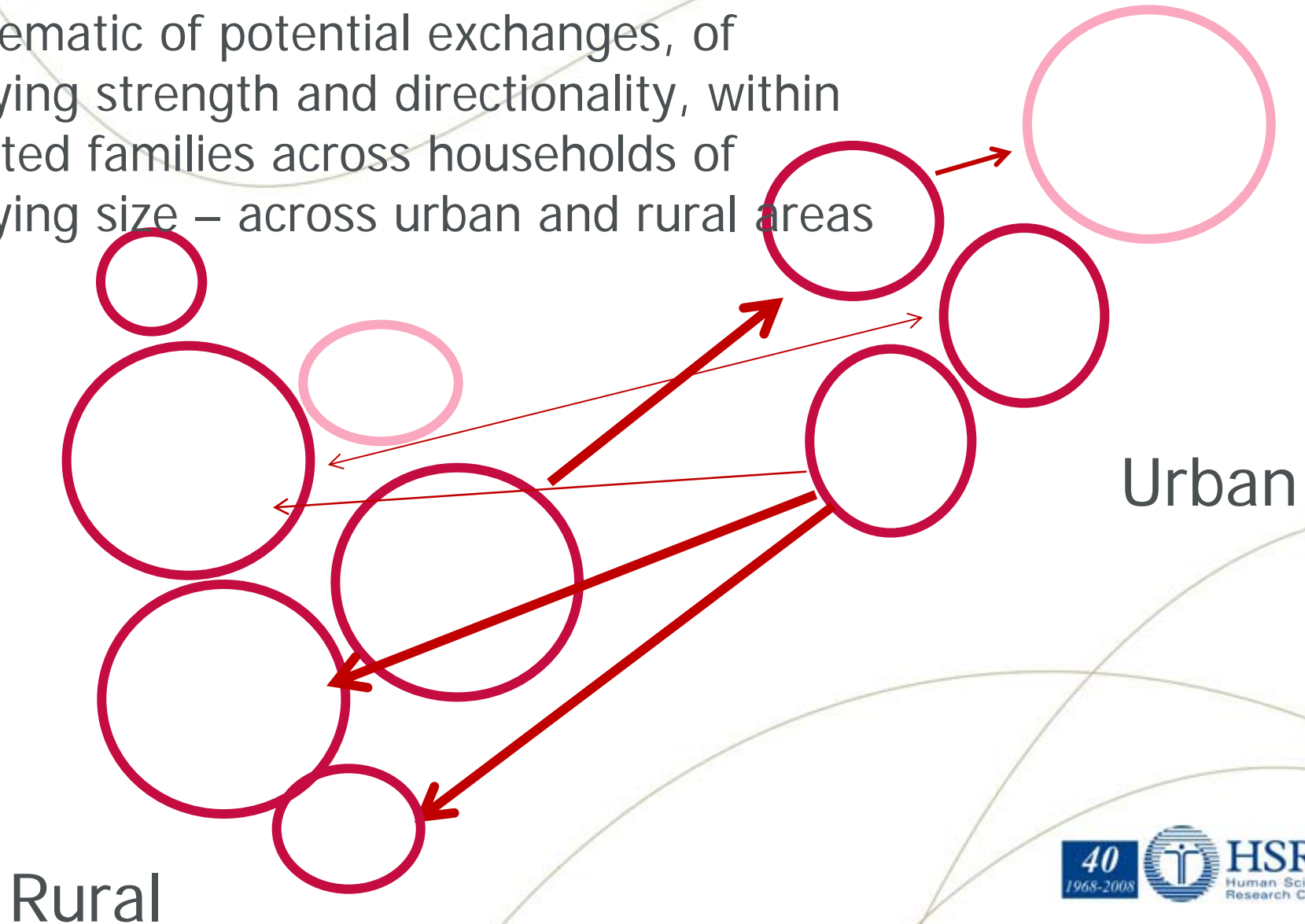
Families always exist

- Families (intimate social groups) are a specific human adaptation and evolve under all conditions
- Preference in southern Africa remains for complex, multi-generational families (extended)
- Families exist across households, increasing resources through transfers
- Households – cooperative-conflictual intra-household exchanges



Families and households

Schematic of potential exchanges, of varying strength and directionality, within related families across households of varying size – across urban and rural areas





FAMILY-CENTRED SERVICES ... WHAT DO THEY LOOK LIKE?



Models - family services

- Necessary evil in treatment for index person
- Assistant to treatment for index person
- To amplify effects eg 2-generational ECD
- Address family-interdependence
- Junction box – family as a switchboard of contacts
- Strengthening families as social preventive, treatment, care and support in their own right
- Family capital – relationships, resources and resilience



Family services

- Several forms
 - Placed on place (see Leeper)
 - Relationships (no single individual eg HIV/AIDS is a family disease) – “mindshift”
 - Incremental
 - PMTCT – vertical transmission, prevention of infection in children



Strategies and services

- JLICA recommendations – strengthen families
 - Recognise importance of families to child wellbeing
 - Provide economic support
 - Family-centred services
- Overall strategies
 - Keep families in communities
 - Keep families in exchanges with others
 - Keep families in their homes
 - Keep family members together
 - Enable families to keep their assets



Focus

- Danger of being over-ambitious
- Speak into dominant frames
 - Vertical transmission, elimination of infection in children
 - Task shifting, community systems strengthening, primary health care
 - Prevention
 - Especially marginalised groups

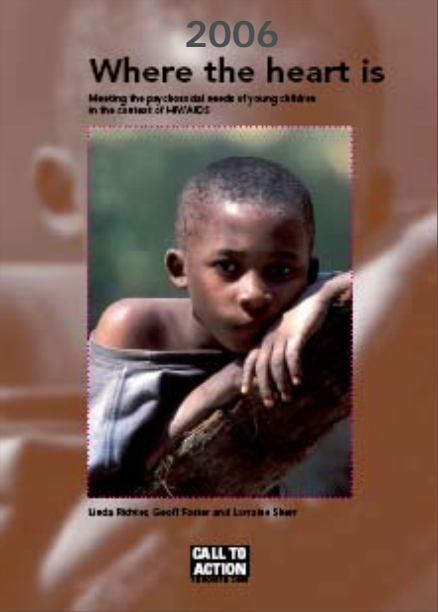


THE SIGNS ARE RIGHT!

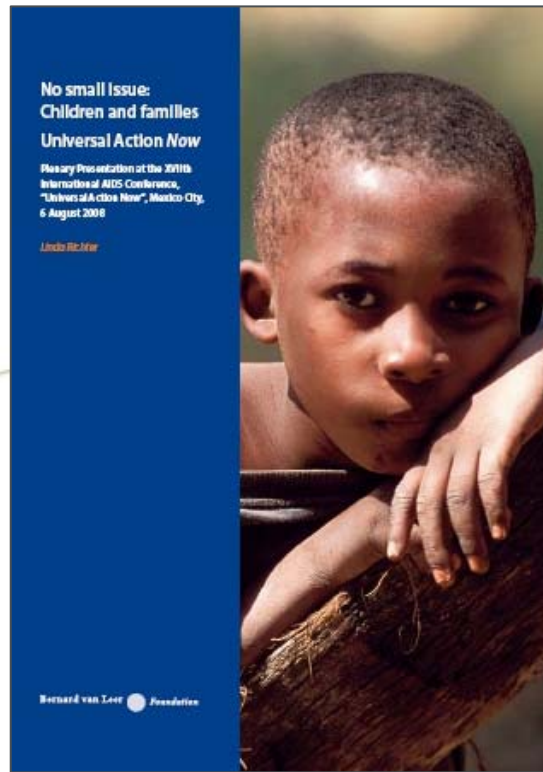
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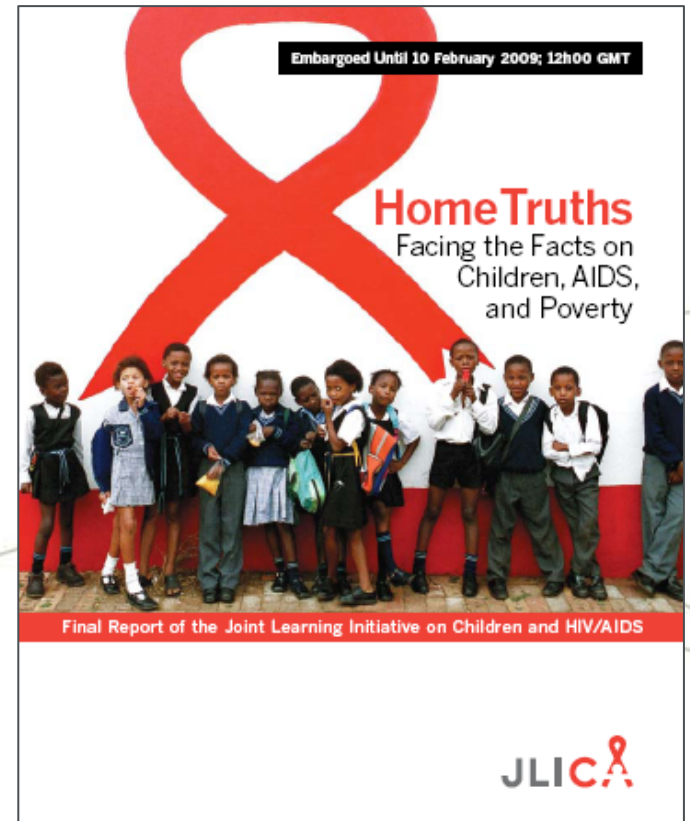


Post-Bangkok 2004
 'Road to Toronto'
 Formation of CCABA



← Mexico Plenary 2008

JLICA Launch 2009
 Briefings UNAIDS,
 UNICEF, Goosby et al
 Orphan change
 Social protection
 Families -> ->





Future investments guided by a.o.

Comprehensive approaches – prevention, treatment and care

Pursuit of wider goals in terms of development outcomes

Nine priority areas a.o.

Prevent mothers dying & children infected by ongoing care and treatment for women and their partners, and children in affected families

Enhance social protection

*“We can’t just build islands of excellence with HIV care and not address the larger health needs of that same individual. That’s shortsighted. The president and Secretary Clinton have been very clear about wanting all the vertical programs—HIV, TB, malaria, immunization, maternal and child health—to now look at expanding the service constellation and bringing in those broader health needs of what is a complete overlap in populations. **The discussion is mostly focused on using women as that access point to children, husbands, and partners.**”*

Interview with Eric Goosby after being sworn in new Global AIDS Coordinator and Ambassador at Large for the U.S. government, 17 Sept 2009



PMTCT AS AN ENTRY POINT



PMTCT + OVC

- Combine health service-based prevention+treatment (PMTCT) with integrated community-based family support (OVC)
- Why hasn't it been done? What are the challenges?
- Episode 2 !



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