



## LEARNING GROUP 1: STRENGTHENING FAMILIES

CHILD, YOUTH, FAMILY AND  
SOCIAL DEVELOPMENT

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*“As economically active members become sick and are no longer able to work, household production and consumption decrease.”*

### QUALITATIVE ACCOUNTS OF FAMILY AND HOUSEHOLD CHANGES IN RESPONSE TO THE EFFECTS OF HIV AND AIDS: A REVIEW OF POINTERS TO ACTION

BY VUYISWA MATHAMBO<sup>1</sup> & ANDY GIBBS<sup>2</sup>

HUMAN SCIENCE RESEARCH COUNCIL, SOUTH AFRICA  
HEALTH ECONOMICS AND AIDS RESEARCH DIVISION, UKZN,  
SOUTH AFRICA

#### INTRODUCTION

The AIDS epidemic poses a major challenge to families and households due to its wide-reaching social, economic and health consequences. The prolonged illness and death of income-earning family and household members compromises household livelihoods and their capacity to provide for children.

Many of the families and households affected by HIV/AIDS are simultaneously faced with high levels of poverty, which may be exacerbated by drought and other natural disasters, war and conflict. Despite facing numerous challenges, however, families and households still remain a critical social safety net.

In most of sub-Saharan Africa, family encompasses a wide array of relationships. Members of extended families may belong to two or more nested households, and are expected to support and protect one another. In this context, childcare and socialization are shared amongst kin and social relations – with children customarily being sent to live with relatives for a variety of reasons.

This review begins from the premise that families and households, like other social institutions, are dynamic rather static entities. They change and adapt when faced with threat, including disease and social disruption. However, change and adaptation are not necessarily always successful. This review challenges the validity of the notion that the African family is collapsing in the face of the the HIV/AIDS epidemic.

#### METHODS

This review includes qualitative literature - particularly anthropological, ethnographic and sociological - which explores the questions of how families and households are understood, how AIDS is impacting on families and households, how families and households are responding to AIDS, and how the concept of coping is used. Papers were identified by electronic and manual searches. Papers combining qualitative and quantitative approaches were included, but purely quantitative studies and those focused only on individuals were excluded.

**Email**

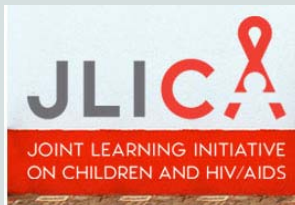
*JLICAFamilies@bsrc.ac.za*

**Telephone** : +27 31 242 5544

**Fax** : +27 31 242 5555

*“Families provide food and shelter, share domestic labour, distribute family goods and resources, socialise the young and make decisions.”*

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## KEY FINDINGS

### Understanding the concepts of families and households

Families may occupy many households, and households may consist of family and non-family members. Conceptions of the family are broader than the nuclear family model, as is generally the case in the South. Programmes aiming to strengthen family capacity to respond to the HIV/AIDS epidemic should consider a more collective understanding of family.

### Impact of AIDS on families and households

Recently, there has been growing interest in the capacity of the extended family to care for increasing numbers of orphaned children. Literature on the capacity of the extended family to care for orphaned children remains contradictory. One approach – the social rupture thesis – suggests that the extended family network is collapsing under the strain of AIDS. On the other hand, families are also portrayed as resilient and dynamic entities which are adapting their systems of childcare in response to the epidemic.

Extended family capacity to take in children may be constrained by high levels of poverty, family dynamics and other socio-political challenges being faced by communities affected by AIDS. The ability of the extended family to cope is also impacted by hierarchical relationships, with members having differential privileges and duties.

It has been proposed that a distinction be made between the economic, emotional and social capacities of the extended family system to provide for children. Many families are already extremely poor. Furthermore, the closeness of ties between deceased parent/s and their surviving kin is also a strong determinant of family and household willingness to foster orphaned children. The extended family system should be viewed realistically and in context.

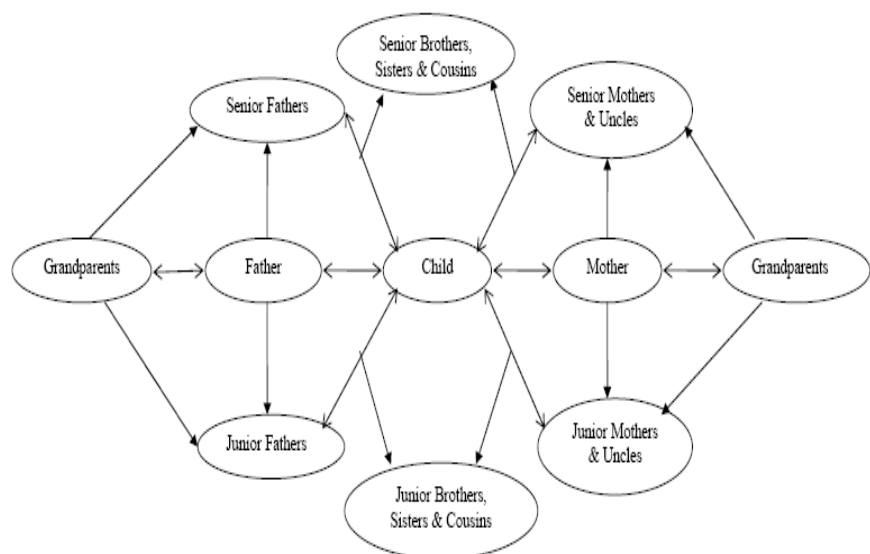


Figure 1. Characterisation of a southern African family (Chirwa, 2002:99)

## KEY FINDINGS

Childcare remains a collective responsibility within the extended family network. However, a shift has been noted from purposive fostering to crisis fostering. Children have always been sent to live elsewhere with relatives in order to strengthen relations or friendships, to facilitate access to better educational opportunities, to offer companionship to childless couples or grandparents, to offer additional labour when needed, to instill discipline in difficult children, or to reduce strain on limited household resources.

Crisis fostering arrangements tend to be permanent, which was usually not the case in the past with family fostering. Children also tend to find themselves in the care of their maternal kin rather than their paternal relations. For this reason, children may find themselves facing social ambiguities, and they may be unsure of where they belong, who is responsible for them, and what their rights to family property are.

### Family and household responses

A number of mechanisms are used by households and families to mitigate the impact of the AIDS epidemic. These include inter-household and family transfers, including customary practices such as widow inheritance, child migration and livelihood diversification. Families and households affected by AIDS do not necessarily have uniform trajectories, and some families will mitigate the impact more successfully than others. Transfers may vary in value, may be short-lived, and may favour households that are better-connected to start with. That is, households with more dense networks will generally be better placed to respond to the epidemic due to the support they receive from family and their social relations.

A gradual decline in the practice of widow inheritance – because of the disappearance of obvious candidate brothers due to war, violence and AIDS – has been noted. The decline of such practices has blurred the lines of responsibility for children (and their mothers) upon the death of their biological fathers. While it is accepted that some children may need to join other households after the death of their biological parents, some of these fostering arrangements will be unsuccessful – resulting in multiple migrations for children. Children may be unwelcome in their new households, allocated more household work, not know to whom to turn for affection, and struggle to form new friendships. Thus, the focus should be on securing long-term child-focused living arrangements which are based on kinship responsibilities and social relationships.

### Coping

Household responses to the AIDS epidemic can be placed along a continuum, ranging from rupture to successful adaptation to the challenges posed by the epidemic. A household may move along this continuum at different points in time depending on social, economic and other circumstances. A capable household may find itself struggling to survive, when an income earner falls ill, with its fortune again changing when this household member returns to work. More focus should be placed on enhancing family survival capacity, which will in turn improve household capacity to meet children's needs.

*“AIDS in combination with other socio-economic influences impacts on how households function, contributing to the emergence of ‘new’ family and household types.”*

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## RECOMMENDATIONS

*“More focus should be placed on improving household survival capacity which would enhance household capacity to meet children’s needs.”*

- Family and household types co-exist, and are structured and function differently across time and space. Rather than limiting conceptions of the family to the nuclear family model, it is important that programmes aiming to strengthen families affected by AIDS take cognisance of notions of family (and household) grounded in people’s lived experiences in southern Africa.
- Successes and failings of the extended family should be viewed realistically, given the dual epidemic of AIDS and poverty. While evidence on the capacity of the extended family to care for children remains polarized, the extended family continues to be a critical safety net - particularly when other resources are limited. Extended family capacity and childcare arrangements may be constrained by poverty, family dynamics, changing roles and responsibilities with families, and strained kinship relations. Economic strengthening of households, through cash transfers, should be primary, as this will ease the financial burden of care for affected children.
- It should be acknowledged that family environments and childcare arrangements are flexible and fluid, and capable of responding to challenges – albeit unsuccessfully at times. Rather than total collapse or rupture, it is evident that conceptions of family, relatedness and childcare responsibilities are innovatively being reconfigured to include a wider network of kin and social relations.
- Spontaneous household responses to the epidemic need to be acknowledged. Rather than only focusing on the overall failings of the extended family, it should be recognized that families and households do protect children during parental illness and after parental death. Although some of these responses may be frail and/or short-lived, they are a critical safety net for children (and other household members) in times of distress. Strengthening these capacities is critical for ensuring the wellbeing of children.
- It is noteworthy that the emotional impact of AIDS on households and children – for example, uncertainty about the future - tends to be downplayed. More research is required in this area.
- The differential impact of the AIDS epidemic on households needs to be acknowledged. Household capacity to mitigate the burden of the epidemic is influenced by contextual factors such as poverty and differential access to resources. These factors impact on the type and timing of responses at the disposal of households. As such, some households may be severely constrained in responding to the epidemic.
- The AIDS epidemic should be placed within a broader developmental context, as it exacerbates poverty and poverty disables the capacity of families to protect children. While households may have emotional and social capacity to take in additional children, their constrained economic capacity may hinder them from doing so. Where there is willingness to care, household economic strengthening through cash transfers will ease the financial burden of care.

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