



**LEARNING GROUP 1: STRENGTHENING FAMILIES**

CHILD, YOUTH, FAMILY AND  
 SOCIAL DEVELOPMENT

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*“How unique is the impact of HIV/AIDS, and what relevance does the answer to this question have for AIDS response policy and programming for children and families?”*

**FAMILIES AND CRISIS IN THE DEVELOPING WORLD: IMPLICATIONS FOR RESPONDING TO CHILDREN AFFECTED BY HIV/AIDS**

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**INTRODUCTION**

Families have been the mainstay of support, care and financing of responses to the impact of the HIV epidemic on children and families in poor countries. The illness and death of those infected with the virus has raised important questions about the capacity of families to cope with the demands for care in areas with high HIV prevalence. This paper helps to answer these questions by exploring how families have been affected by and responded to a range of societal crises in the past. Families in the poorest countries have always dealt with crises of various types, with little long-term assistance. To what extent does HIV present new challenges, and what can we learn from the study of prior crises with similar characteristics?

Through a thorough literature review, including analysis of the conceptual and methodological aspects of the published work on the topic, the effects of HIV on families are compared and contrasted with the effects of other crises by locating HIV/AIDS historically, within global social changes that have affected family life. How unique is HIV/AIDS, and what relevance does the answer to this question have for AIDS response policy, and programming for children and families?

The insights gained from the review enable lessons to be learned about how to identify pitfalls associated with particular intervention efforts, particularly those related to the undermining of existing social structures, and to ensure that existing knowledge is put to maximum use.

**METHODS**

The inclusion criteria for crises in this literature review were that they: 1. be processual in nature, that is, they evolved over time; 2. occurred during the 20th Century; 3. are well-documented; and 4. are covered in the academic literature. The crises identified by using these criteria include famine and disease, economic reversals, and political crises. The review focuses on the effects of crises most closely related to changes in family composition, livelihoods and functioning. The key intermediate variables or processes identified in this regard were: 1. Mortality; 2. Nuptiality; 3. Fertility; 4. Migration; 5. Child fosterage; and 6. Child labor and schooling.

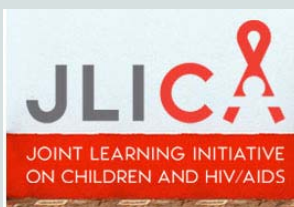
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*“Perhaps the single most important reason that the HIV/AIDS epidemic will have lasting effects on families in sub-Saharan Africa is because it degrades human capital so extensively.”*

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## KEY FINDINGS

### Overall

The various ways in which families have been affected by and responded to the HIV epidemic have all been seen in previous crises—migration, interruption of schooling, increased child labour, and so on. However, their combination in the context of the HIV epidemic is unique due to the particular features of the epidemic. Sexual and vertical transmission means that the effects are particularly strongly felt in families. The HIV epidemic is also multidimensional and long-term, resulting in multiple, staged impacts on individuals, families and communities. Its impact on human capital is particularly severe and multifaceted, and it also has a strong potential to deepen social inequality.

### Mortality

- Excess mortality among women and people of reproductive age, as is caused by HIV, has occurred in previous crises. What is new, however, is the extended length of illness prior to death, the long-term nature of the epidemic, and the tendency for particular households to experience multiple deaths.
- Support for families and/or children needs to be long-term, and should supplement the regenerative ability of families following the death of an adult member. Social protection programmes for poor families will also improve their capacity to cope with HIV-related mortality.

### Nuptiality

- Typical responses to crises include delayed marriage, worker migration and marital dissolution; there is evidence of all of these in response to HIV.
- There is also evidence of earlier marriage amongst the poorest members of society, and particularly among young women in AIDS-affected households. Keeping girls from AIDS-affected families in school will help to delay early marriage, and protect them from associated increases in vulnerability to HIV. Educating poor families on the risks of early marriage, empowering girls to negotiate safe sex through condom use, and providing livelihood opportunities for girls also all have a role to play.
- Marriage usually plays a protective role in crises but, in the context of HIV, it has the potential to increase vulnerability. By contrast, separation or divorce, which historically only rarely served a protective role for women, may do so in the HIV epidemic. Women who decide to leave their partners need support to improve their livelihoods particularly if they have children. Legal frameworks determining women's property rights and assets should receive attention. Women who get married, remain married or enter relationships with HIV-positive partners also need support.

### Fertility

- Fertility generally decreases during crises, but tends to then rebound to higher levels before returning to its starting point. The effects of protracted crises on fertility are less clear, but are likely to be extremely context-specific.
- The HIV epidemic is expected to decrease fertility, but little specific data is available. Decreased fertility would lead to a disproportionately higher number of older people, while increased fertility would increase dependency ratios in households. In either case, pensions and other income support programmes in affected countries would need to be adopted or adjusted.
- Delayed childbearing is also expected in response to the HIV epidemic but, again, data is poor. Any changes in timing or spacing of births would also require the redesign of social support and protection programmes.

## KEY FINDINGS

### Migration

- Movement of both individuals and families is a common response to crisis, and generally has both positive and negative implications for family stability. In the context of HIV, migration continues to increase income, but also the risk of HIV infection. Migration also contributes to labour and skill shortages because the most capable members of the family migrate to look for work. The pattern of migrants returning to homes in rural areas to die appears to be largely unique to the HIV epidemic, and may exacerbate the negative effects of migration.
- Families with migrants require a range of interventions around coping with and preventing HIV. Social protection tools such as cash transfers can be used to reduce the incentives for migration, help can be given to facilitate the return of migrants, and the promotion of “family friendly” migration would help families remain together without risking their economic well-being.

### Child fosterage

- Fostering is a common response to crisis in sub-Saharan Africa, and is fairly wide-spread even in non-crisis situations. Although the extended family structure is being stretched by the HIV epidemic, it remains the most important form of care-giving for affected children, and needs to be strengthened and supported in culturally appropriate ways.
- Support for fostering could include culturally based succession planning, financial support to offset the additional costs of fostering, and outreach through home and community visits. Orphan care for groups of related children needs to be improved, and orphanages should only be considered as a last resort.

### Labour, education and livelihoods

- Households' need for labour increases during crises, and is typically met by a combination of intensified work by both adults and children, withdrawal of children from school, and increases in household size. Children are most likely to be withdrawn from school during long-term crises and in poorer countries, and children from poor families are hardest hit.
- HIV/AIDS is likely to be more detrimental to human capital than other crises because adult mortality increases the demand for child labour, the crisis is long-term in nature, schooling quality in the most affected countries is already poor, re-enrolment of dropouts is unlikely, and marriage is likely to occur earlier.
- Economic support to poor families may enable children, particularly girls, to remain in school longer. Skills training could diversify employment potential within families, while addressing barriers to returning to school will allow children to resume their education. Existing community resources, including faith groups and kin, should be leveraged to meet increases in household labour needs due to illness or death.

### Methodological observations to improve data

- Most research takes households as the unit of analysis, rather than families, ignoring the range of social connections in the family beyond the household.
- Repeated cross-sectional surveys provide data that balance cost and reliability.
- Longitudinal studies could incorporate a qualitative element to provide even richer data.
- Longitudinal and cross-sectional studies can be used to distinguish long and short term effects of the epidemic.
- Analyses must be context-specific, particularly regarding socio-economic variation.

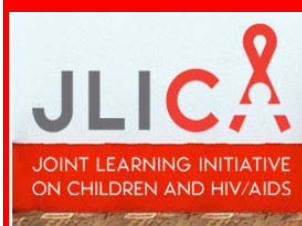
*“...AIDS has strong potential to deepen social inequality.”*

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*“The fact that HIV/AIDS is not entirely unique in its effects on age structure, fertility, marriage, migration, and labor and education should offer us both models to adapt and lessons on mistakes to be avoided.”*

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## RECOMMENDATIONS

### 1. Interventions should be tailored

Interventions must be tailored according to socio-economic status, household size, and other pre-existing factors (i.e. household dependency burdens, number of children under five, income sources, and presence of temporary migrants). Currently, a simplistic notion of vulnerability is applied uniformly to all households that have experienced HIV related illness or death. National-level programmes are needed to improve the social protection of all poor children and families, but some form of differentiation, or targeting, is still needed at the family level in HIV/AIDS programmes to take account of existing capacities and resources.

### 2. Targeting of interventions must be culturally appropriate and allow for scale up

Regardless of whether a country has a social grants programme in place or not, all interventions should be targeted in a way that is culturally appropriate, while also allowing for scale-up. The use of holistic criteria that take into account measurables, such as household composition indices and income, as well as non-measurables, such as culturally sanctioned practices and available community resources, needs to be promoted.

### 3. Duration of interventions must match the duration of needs

Duration of both intervention and need must be considered when designing intervention programmes. Short-term interventions in the form of food assistance might be appropriate for the period of intense caregiving for the sick, or immediately following the death of a breadwinner. But, as time passes, other programmes focused on job training, educational assistance and an accessible referral system are needed. There needs to be comprehensive programming with a long term vision and with a range of components addressing the different needs that arise at different points of the caregiving process. Given the challenges associated with any form of transfer (cash, food, etc.), it is vital to include training and education as part of a long term strategy to safeguard the livelihood of children and families.

### 4. Research must guide policies and interventions

Policies and interventions need to be based on well designed research. This means that scientists have a responsibility to inform policy makers about the limitations of various studies, as well as their results. Additionally, more also needs to be done to convey qualitative research findings to policy makers so that these also inform policies and programmes.

### Examples of crises used in the analyses

1900-1940 epidemics in colonial Somaliland; 1949 famine in Malawi; 1955-1959 dislocation due to the construction of the Kariba Dam in Zambia; 1961-2002 civil war in Angola; 1968-1974 droughts in Chad, Nigeria and Sahel; 1975-1979 Khmer Rouge in Cambodia; 1980's recessions in Brazil, Bolivia, Ecuador, Honduras, Peru; 1982-1988 drought in Botswana; 1983-2005 Second Sudanese civil war; 1991-1994 agricultural shocks and excess adult mortality in Tanzania; 1997-1998 East Asian financial crisis; 1998-2000 border disputes between Ethiopia and Eritrea.