

HIV and the Family: Rights and Challenges



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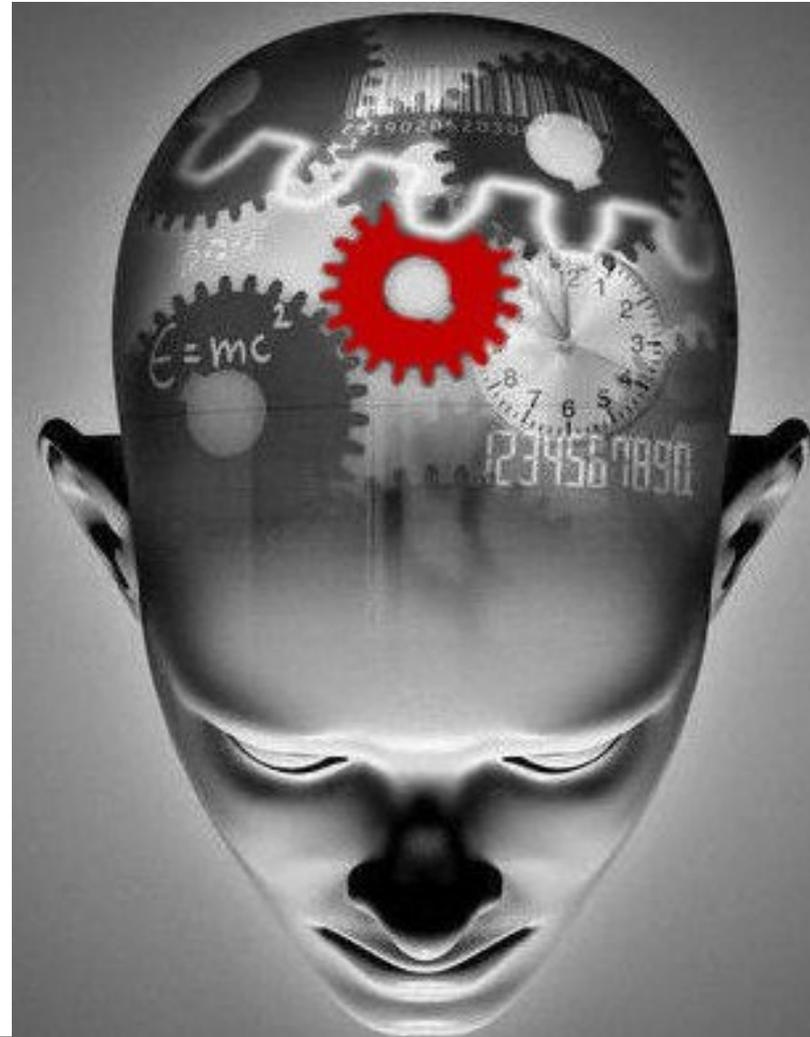
HIV is a family disease

- Broadest definition of family:
 - ***gay family, heterosexual family, nuclear family, extended family***
- HIV clusters in families
- Women, mothers, fathers, partners, children, grandparents – often under the radar despite high numbers
- Why?
 - Complex and multiple challenges
 - Migrants
 - Mental health and quality of life as a human right

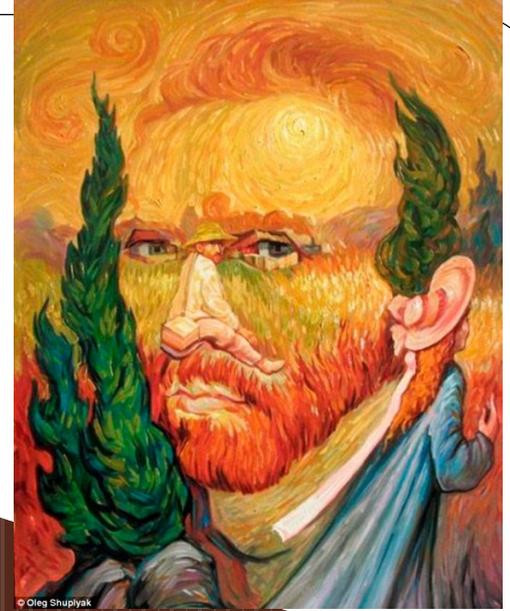
Mental health – rights based approach

- **Brief review of key mental health state of knowledge**
- **Adults**
 - All HIV positive
 - Mothers
 - Fathers
- **Children**

NO HEALTH WITHOUT MENTAL HEALTH (PATEL 2012)



Mental Health



Adult Mental Health

- Well established
- Affects child

Child Mental Health

- Well established
- Long lasting, worsening

Links

- MH Screening
- MH Services
- MH baseline
- Integrated care

Parental mental health



HIV
affects
adult
mental
health

Anxiety
Depression

PTSD

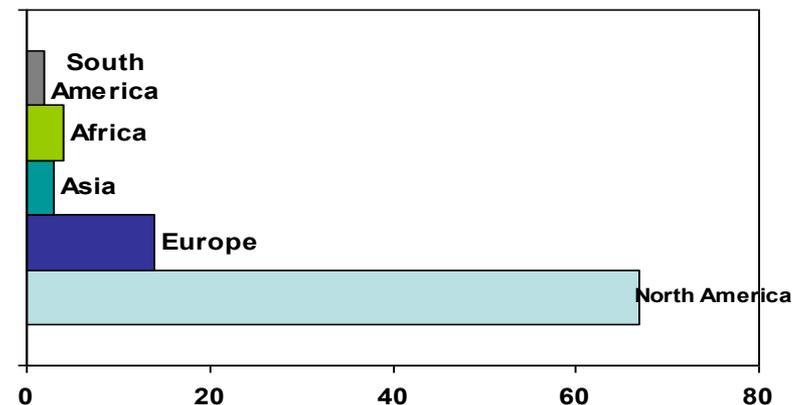
Suicidality

Adult
mental
health
affects
parenting
and child
development

Child
impact

Depression (Sherr et al 2011)

- Associated with HIV infection initially
- Associated with disease progression (non adherence?)
- Most common
 - 36% HCSUS *Bing 01*
 - 35% Chase *Pence 2007*
 - 44% Sherr 2011
- Systematic review 90 studies
- Skewed (USA 70%, Male 65%)
- Elevated suicidality (*Sherr 2011*)
- Effective interventions exist



Post Natal Depression in HIV

Bennetts et al 1999 – n=129 Bangkok, 43% above cut off for depression (18-24 months post partum)

Rochat et al 2006 – n=242 South Africa 41% depression. (HIV status not known at point of depression testing).

Rubin et al 2011 – n=139 HIV+ve, 105 HIV-ve both groups elevated depression (IDU), pregnancy depression predictive of pp

Ross et al 2007 – Thailand. N=85; 74.1% depressed.

Anxiety

- Common including generalized and panic attacks
- 16% HCSUS
- 29.5% Chase
- 16% Clucas 2011
- 39 papers retrieved.
- USA Biased (76.9%)



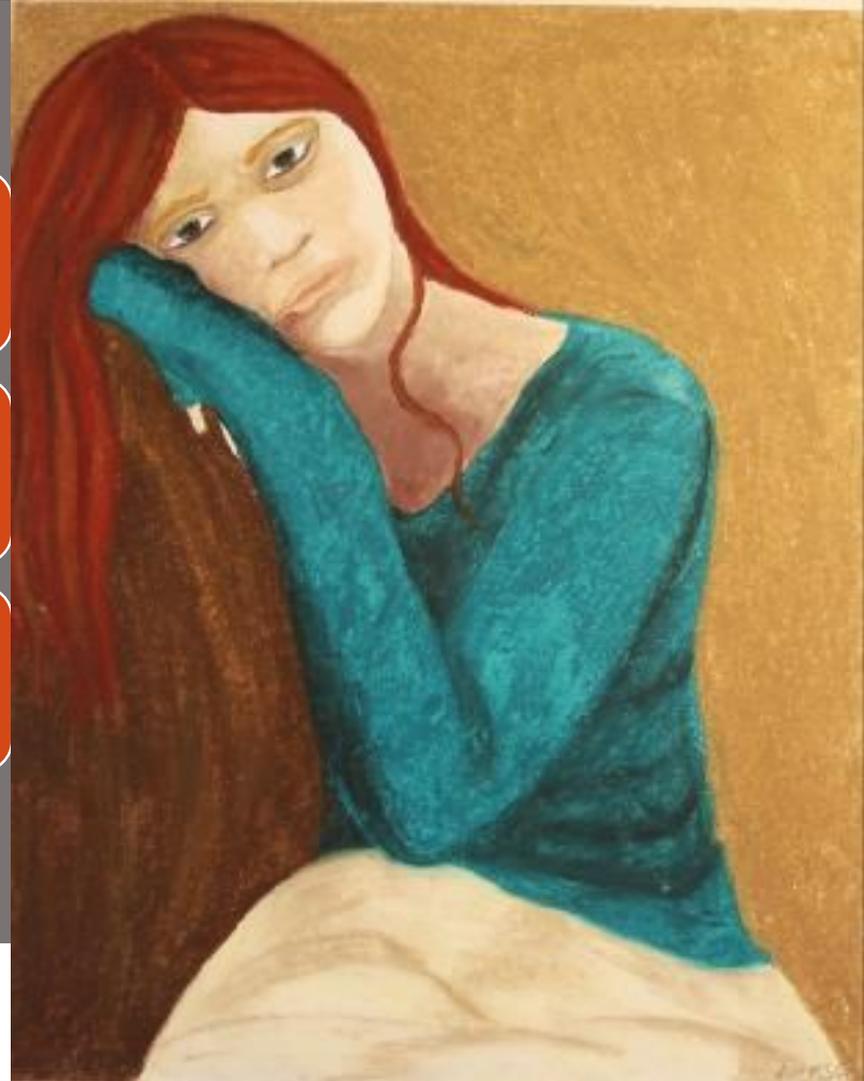
- **Suicidal behaviour**
- Ideation (thoughts)
- Acts (Self Harm)
- Completions

Post traumatic stress/growth

33 papers on PTSD

3 papers on PTG

5-74% prevalence



Positive mental health

- Coping
- Adaptation
- Coping interventions 16/28 effective
(Harding et al 2011)

Effect of HIV on Child Development



Cognitive

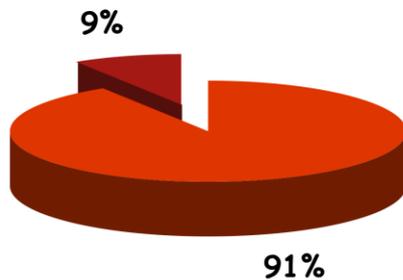
effects

What we know

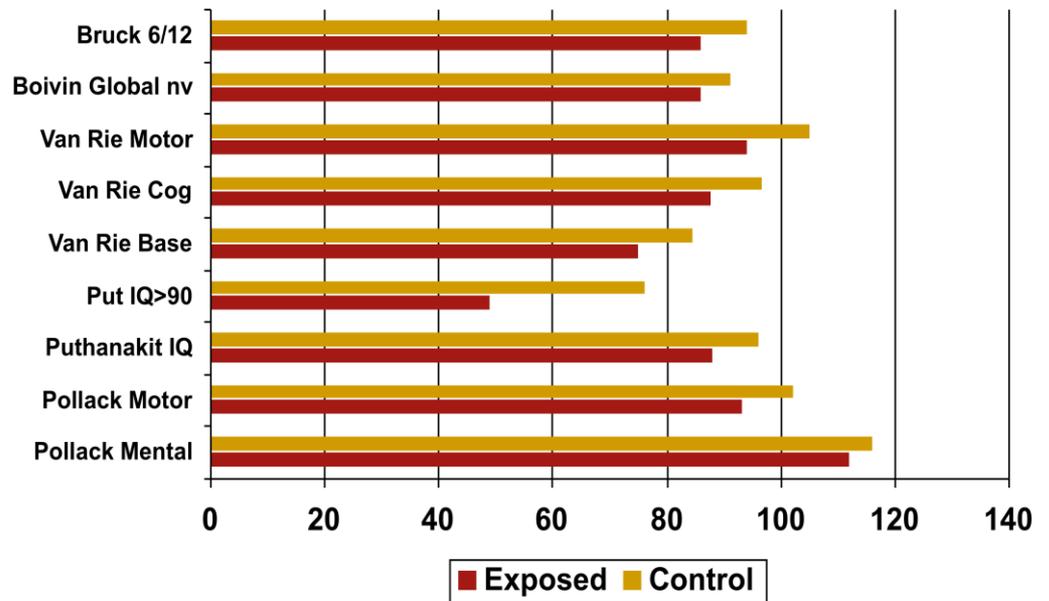
(2009 review Sherr ~~Futale~~, 2010) concerns

- Systematic review of 56 studies (*Sherr 2010 Save the children*)
- Of 56 with data, majority (51/56 91.1%) recorded cognitive deficits for children with HIV/infected

- Worrying effect of stepwise delay in HIV affected children (Filteau 2010)
 - Either by exposure to virus
 - Exposure to ART



■ Cognitive Delay ■ No Cognitive delay



■ Exposed ■ Control

Adolescent Risk Behavior

Operaro 2011, Akwara 2010, Cluver 2013

Orphanhood

- Linked to seroprevalence and risk behaviorsunprotected sex, pregnancy, lifetime partners, forced sex, transactional sex

MH related to risk

- Feeling low
- MH conditions (such as Drug Use, Alcohol Use) associated with risk

Living with HIV family

- Early sex debut, risk
- Mediated via stigma, poverty, abuse & psychological distress

Resilience



Resilience -

Understudied

Betancourt 2012, Skovdal 2012

- In every study, some adults and children cope (and cope well – beware of pathologising)
- 2 Resilience reviews
 - 29 papers (Betancourt);
 - 8/31 resilience Skovdal.
 - Coping review (Harding et al)

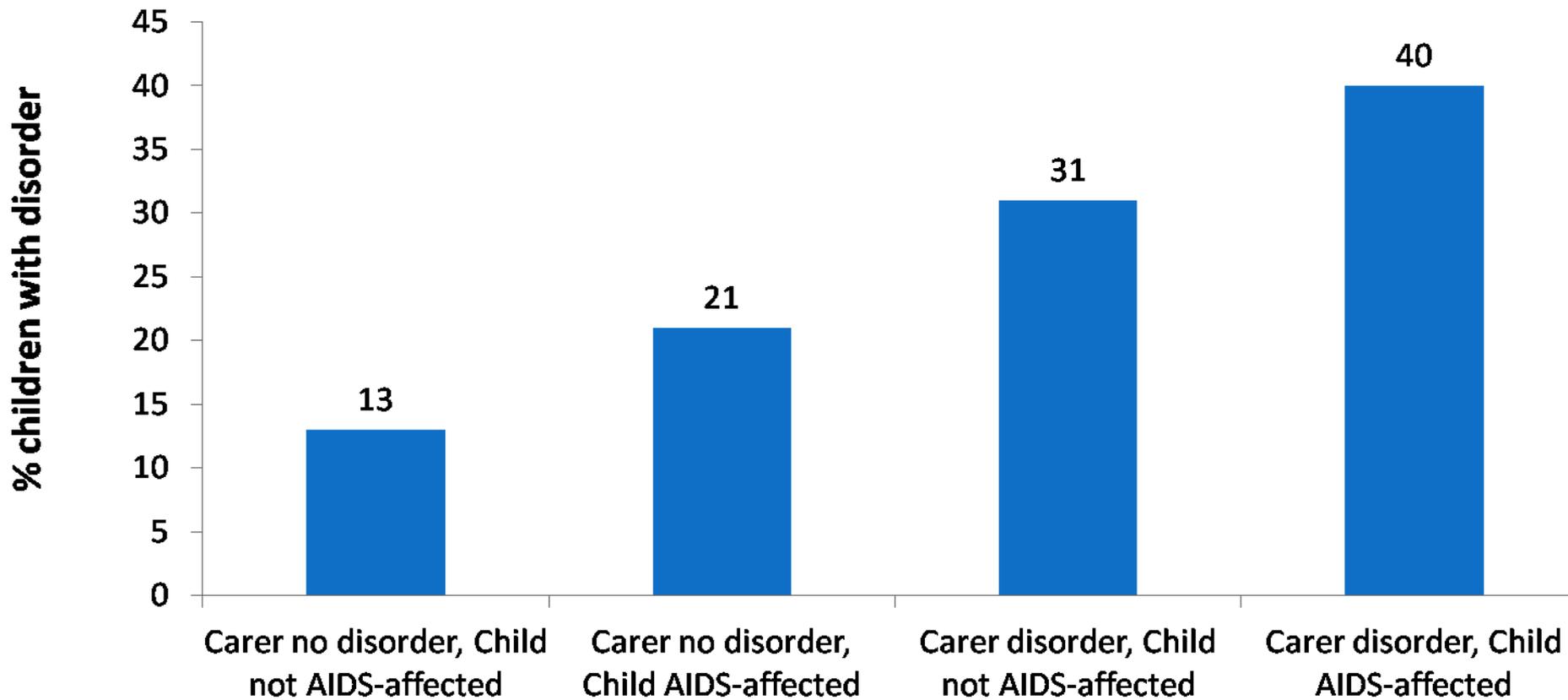


interventions



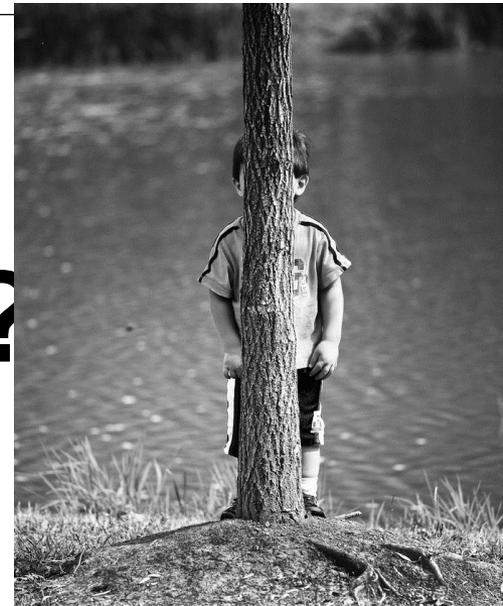
Cope, or promoted via pathways such as engagement, recognition, praise, support, positive identities

Cumulative effects of parental AIDS and parent psychological disorder on children's mental health (n=2600 children, 2600 parents)





Disclosure Right to know?

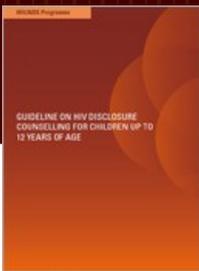


Child status

**Adult/Parent
status**

**WHO
Guidelines**

- Optimal age (DaBaets 2009)
13 studies (5 start, complete
11-14)
- Regrets (11 studies) few child,
parent preparation
- Sexual partners
- Emotional reactions
- Expected > actual
- Effects



Bereavement –

54 studies, 81% detrimental effect - 6 new by 2013

Atwine, B., et al (2005).	Uganda	Y	N
Bhargava, A. (2005).	Ethiopia	Y	-
Cluver, L. & Gardner, F. (2006).	South Africa	N	N
Dowdney, et al (99)	UK	Y	Y
Forehand. et al (99)	USA	N	-
Gregson et al (05)	Zimbabwe	-	Y
Lee, S., et al (07)	USA	Y	Y
Lester, P., et al. (06)	USA	Y	-
Makame, et al (02)	Tanzania	Y	-
Operario et al. (07)	SA	-	Y
Rotherham-Borus, et al . (06).	USA	Y	Y
Rotherham-Borus, et al (2005).	USA	Y	Y
Sengendo, J. & Nambi, J. (1997).	Uganda	Y	-
Tremblay, et al . (1998).	USA	Y	Y
Wolchik, et al (06)	USA	Y	Y
Wood, et al. (2006).	Zimbabwe	Y	Y

Stigma – systematic review 9 studies

High rates

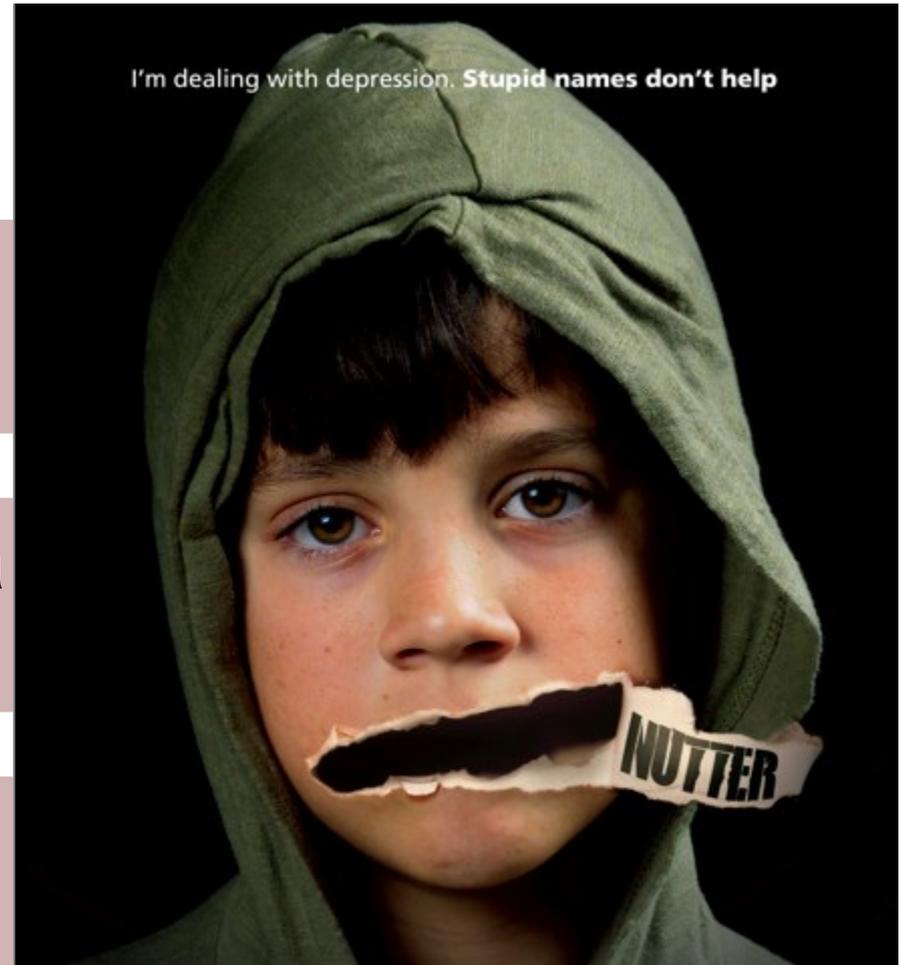
- 20-50 % report

Mental Health

- Stigma was a mediator

Inter-
vention

- 1 only

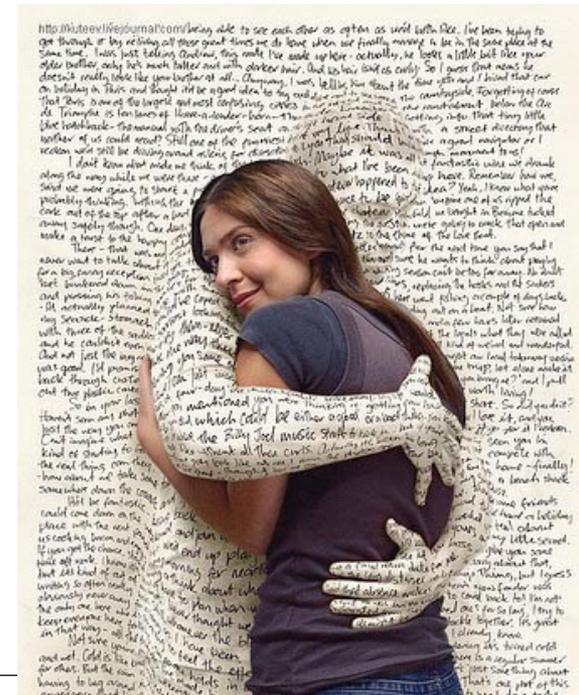


Social Support

Social Support
protective

- Different measures

Many sources



Q. ARE THE NEGATIVE EFFECTS OF AIDS ON CHILD MENTAL HEALTH DUE TO FACTORS THAT WE CAN CHANGE?

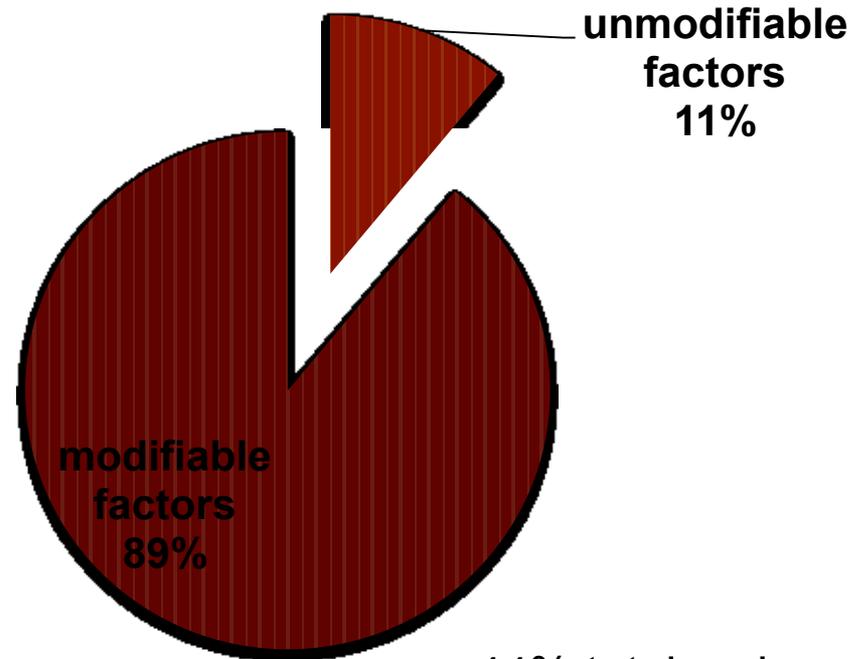
Proportion of explained child mental health (AIDS-affected children) due to modifiable and un-modifiable factors (n=6000, cross-sectional)

Un-modifiable:

- AIDS Orphanhood
- Parental HIV Infection

Modifiable :

- Primary caregiver sickness
- AIDS-related stigma
- Child abuse
- Access to basic necessities
- Food security
- Social welfare grant receipt
- Positive parenting
- Family emotional support
- Peer social support
- Bullying victimization
- Exposure to community violence



44% total variance in mental health explained

FATHERS



SYSTEMATIC OVERVIEW

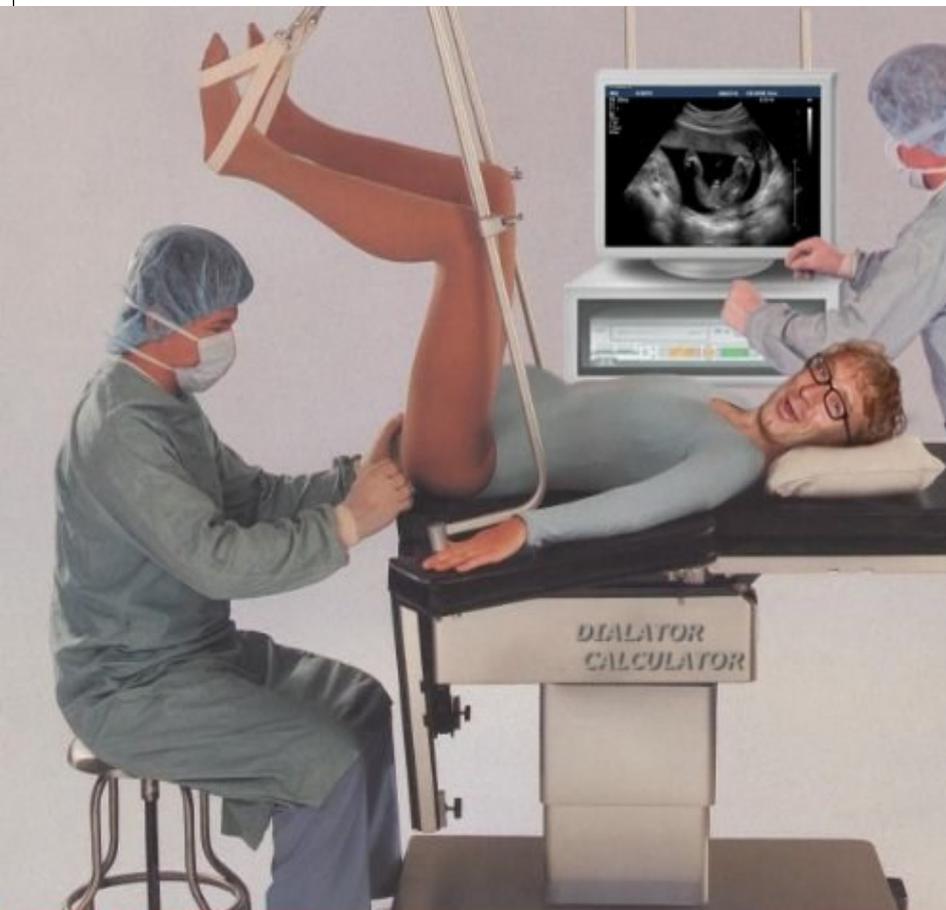


FreakingNews.com



- Desire for a child
- HIV testing in pregnancy
- Fatherhood and conception
- Fatherhood and MSM
- Fatherhood and IDU
- Fatherhood and support for HIV mothers
- Paternal disengagement
- Dead fathers

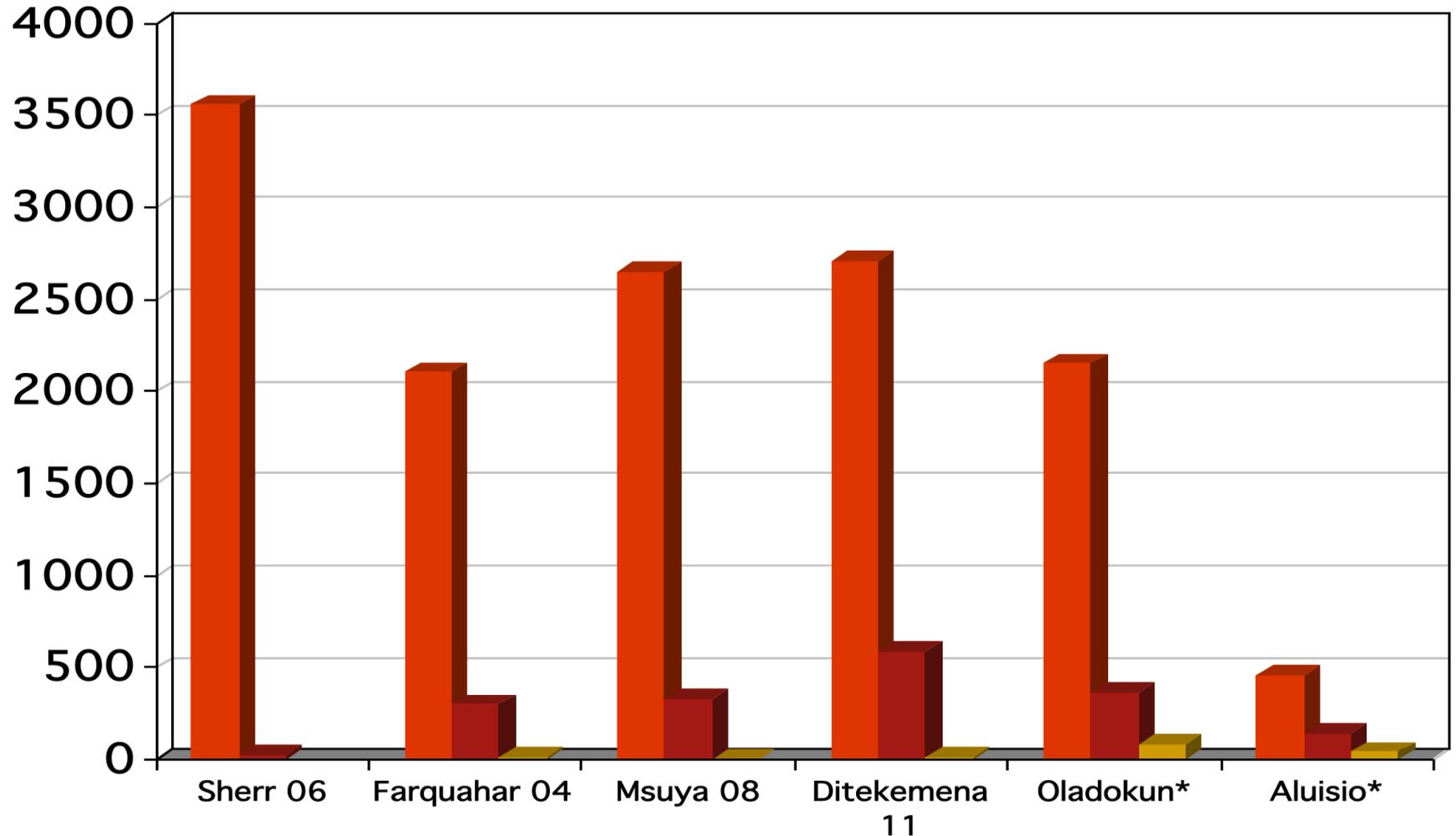
SEEN AS “WOMAN’S BUSINESS”



- Systematic review (Nattabi 2009) 29 studies – 20 women, 7 couples (only 2 on men reported)
- Systematic review (Sherr 2010)
 - Pregnancy Intention = 1122
 - + HIV = 66
 - + Father (Male) = 28
 - 13 (9 quantitative, 4 qualitative)

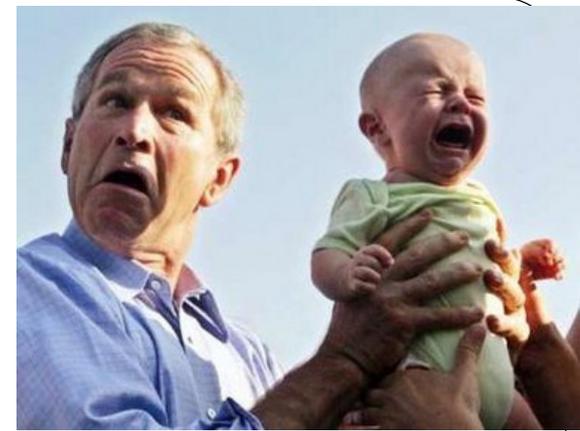
Partners offered testing

■ N ■ M test offer ■ M +ve



Father factors

DATA SHOWS LOOMING PROBLEM



- Cost effective to test men – avoid mother, child and father infection
- Traditionally male involvement has been overlooked, ignored, alienated and ill thought through
- Evidence is sorely compromised
 - In the few studies that exist, between 1.5% and 18.6% of males +ve when female –ve.
 - Between 12% and 20% test for HIV during pregnancy
 - Few interventions – HIV testing only outcome

Ageing

- Individuals and families getting older
- Over 50% PWA in the country are over 50 years
- Older, longer time, cumulative shocks
 - Toxic shock

Policy?

