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**Policy Brief: Pathways from parental AIDS to psychological, educational and HIV risks for children.**

*Citation: Cluver, L, Orkin, M, Boyes, M, Sherr, L, Makhasi, D, Nikelo, J. (2013). Pathways from parental AIDS to child psychological, educational and sexual risk: developing an empirically-based theoretical model*

**The Research:**

* Cross-sectional survey of 6002 children aged 10-17
* Rural and urban sites in the Western Cape, Mpumalanga, and KwaZulu-Natal, South Africa.
* Validated scales and symptom checklists were used. Structural equation modelling in AMOS 19 identified pathways of risk.

**The Questions:**

* Evidence shows that parental AIDS-illness and death have severe negative impacts on children. But we need to understand *why* AIDS has these effects.
* This study aims to identify these pathways, and thus identify important targets for interventions.
* 3 key outcomes are examined: psychological, HIV-infection risks and educational

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**Key findings:**

* AIDS orphanhood and parent AIDS-illness impact children through a set of linked factors. Family AIDS increases likelihood of parental disability, poverty, community violence, stigma and child abuse, and these in turn negatively impact children.
* These risk pathways work in chain effects – they link with each other to increase risks further
* We may not be able to reverse AIDS-orphanhood, or have a cure for HIV in the immediate future. But we *can* improve outcomes for AIDS-affected children by targeting interventions at these risk pathways.

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AIDS-orphanhood and parental AIDS-illness raise risks of poverty and parental disability.

Through these linkages, AIDS-affected children are more likely to be stigmatised outside the home, and exposed to physical, emotional and sexual abuse or rape.

It is these ‘interlinking factors’ that cause psychological distress such as depression, anxiety and suicidal behaviour.

And it is psychological distress that leads to higher rates of HIV infection risks (such as transactional sex, low condom use) amongst AIDS-affected adolescents.

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Education risks are also higher amongst AIDS-affected children. Parental AIDS raises levels of poverty, which leads directly to non-enrolment through inability to afford fees or uniforms.

Children in AIDS-affected families also have more exposure to community violence (such as being robbed, seeing someone shot) – this is also linked to education risks such as non-attendance.

Parental AIDS also raises education risks such as grade failure through psychological distress.

Psychological, educational and HIV-infection risks are also linked with each other, causing multiple risks for AIDS-affected children.

In all models, living with an AIDS-unwell parent had stronger links to negative outcomes than AIDS-orphanhood, but both predicted negative child outcomes. Girls and older children were worst affected overall.

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**Implications for programming:**

* Targeting programmes at these intervening factors such as hunger and abuse can interrupt pathways of risk for AIDS-affected children
* Many of these factors have good evidence of effective interventions, for example cash transfers to reduce poverty, and parenting support programmes to reduce abuse.

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