



The Effects of parental loss on the psychosocial wellbeing of AIDS-orphaned children living in AIDS-impacted communities: Does gender matter?



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ABSTRACT

Purpose: The aims of this study are to examine the effects of parental loss on the psychosocial wellbeing of AIDS orphaned children in communities heavily affected by HIV/AIDS, and to ascertain whether boys and girls are affected differently.

Methods: Baseline data from a total of 1410 adolescents (average age 12.7 years) who had lost one or both parents to HIV/AIDS were utilized. Logistic regression analyses were conducted to examine the relationship between gender and the effects of parental loss on children's psychosocial wellbeing.

Results: Findings indicate that both boys and girls reported high levels of sadness, isolation, being scared and worried following parental loss. Controlling for socio-demographic characteristics, parental loss affect boys and girls differently. Specifically, orphaned girls were more likely than boys to report taking on additional household responsibilities such as taking care of a surviving parent (OR = 1.3, 95% CI = 1.0–1.7, $p < .05$), taking care of small children (OR = 1.38, 95% CI = 1.1–1.8, $p < .01$), starting school late (OR = 1.47, 95% CI = 1.1–1.8, $p < .01$), and having less food and money in their households (OR = 1.4, 95% CI = 1.1–1.9, $p < .01$).

Conclusion: Study findings suggest that in communities affected by HIV/AIDS, parental loss has significant negative effects including socioeconomic and psychological distress on children -especially girls. Therefore, programs and policies that support AIDS-orphaned children in sub-Saharan Africa should work to address the psychological wellbeing of orphaned children over and above the material support they currently provide. Special attention should be paid to the girl-orphaned child, to enable them to carry out their caregiving roles without adverse impact on their own wellbeing.

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1. Introduction

Communities in sub-Saharan Africa continue to bear the biggest share of the global HIV/AIDS burden compared to the rest of the world. In 2012, an estimated 23.5 million people – approximately 71% of all people living with HIV/AIDS worldwide – reside in sub-Saharan Africa (UNAIDS, 2013). Although the increase in the access and use of antiretroviral treatment (ART) has reduced the number of people dying from HIV/AIDS related illnesses in sub-Saharan Africa – from 1.8 million in 2005 to 1.2 in 2012 (UNAIDS, 2013) – the number of children orphaned as a result of HIV/AIDS (defined as those who have lost one or both parents due to HIV/AIDS) remains high because of the high numbers of people living with the disease—many of whom still have no access to quality treatment. Indeed, global statistics indicate that sub-Saharan Africa is home to 90% of all children orphaned as a result of HIV/AIDS (UNAIDS, 2010). The majority of these orphaned children are between the ages of 10 and 15. One of the sub-Saharan African countries hardest hit by the HIV/AIDS pandemic, Uganda, is estimated to have

over 2.7 million orphaned children, with 1.2 million of them directly resulting from HIV/AIDS (UAIS, 2012; UNICEF, 2013).

2. The impact of parental loss on children

Losing a parent or both is a double tragedy to children. Not only do they have to deal with the experience of loss and grief associated with parental loss, but also the additional stressors that arise after the death of parents. Unlike children orphaned due to other causes, AIDS orphans begin to suffer psychologically and emotionally long before the death of their parents. For example, the prolonged AIDS related illnesses usually lead to the reversal of parent–child roles, with the child assuming the role of a caretaker in the household (Stein, 2003). After parental loss, children may experience stigma, changes in living situations and a lack of support, which continues to complicate their grieving process (Bray, 2003; Cluver & Gardner, 2006; Foster, Makufa, Drew, & Kralovec, 1997). Moreover, many are ostracized. As a result,

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orphanhood is likely to have profound effects on child development and later outcomes including physical, social, economic (McLoyd, 1998; Ssewamala & Ismayilova, 2009; Ssewamala, Han, & Neilands, 2009) and mental health functioning (Atwine, Cantor-Graae, & Bajunirwe, 2005; Field, Diego, & Sanders, 2001; Klein, Dougherty, & Olino, 2005; Reinherz, Giaconia, Carmola-Huff, Wasserman, & Silverman, 1999; Ssewamala et al., 2009).

Several studies have examined the impact of orphanhood on the mental health and psychological wellbeing of children. Findings indicate that compared to children orphaned due to other causes, children orphaned as a result of HIV/AIDS are more likely to experience anxiety (Atwine et al., 2005; Pelton & Forehand, 2005), depression, sadness, hopelessness and loneliness (Bhargava, 2005; Sengendo & Nambi, 1997), posttraumatic stress and suicidal feelings (Cluver, Gardner, & Operario, 2007). Studies also indicate that AIDS-orphaned children suffer from peer problems (Makame, Ani, & Grantham-McGregor, 2002), conduct problems (Atwine et al., 2005) and higher levels of internalizing problems and delinquency (Cluver et al., 2007).

Although the majority of AIDS-orphaned children in sub-Saharan Africa are no strangers to poverty, HIV/AIDS usually worsens the problem (Case, Paxson, & Ableidinger, 2004; Duncan & Brooks-Gunn, 1997; Ssewamala & Ismayilova, 2009). Household wealth diminishes due to increased medical care and other related expenses yet the capacity to generate income reduces significantly (Bechu, 1998; Subbarao & Coury, 2004). These circumstances negatively impact children's access to basic needs including food, shelter, health, education and schooling needs (Foster & Williamson, 2000; Steinberg, Johnson, Schierhout, & Ndegwa, 2002). Unfortunately, the extended family system that hitherto provided care and support to AIDS-orphaned children is so overwhelmed by the high numbers of orphans that many are unwilling to take in more orphans (Foster, 2000; Ssewamala & Ismayilova, 2009; Ntozi & Nakayiwa, 1999; Madhavan, 2004; Karimli, Ssewamala, & Ismayilova, 2012; Lund & Agyei-Mensah, 2008). As a consequence, child-headed households are increasing and more children are dropping out of school to work. Others end up on the streets where they engage in illegal activities including selling drugs and prostitution (Lindblade, Odhiambo, Rosen, & DeCock, 2003; Salaam, 2004).

Although the psychological impact of orphanhood on children has received considerable attention in research, very few empirical studies have examined gender differences among children orphaned by HIV/AIDS. Yet, gender perspectives could provide important information needed to facilitate meaningful and equitable service delivery for orphaned children. Although all orphaned children experience multiple and multidimensional disadvantages and stressors, given the sub-Saharan culture and traditions which prefer boys to girls (Ssewamala et al., 2010), orphaned girls are particularly considered to be at a disadvantage, in regards to social isolation and early sexual activity including early marriages (Bruce, 2007) and are more likely to be taken out of school to perform care giving roles than boys (Booyesen & Arntz, 2002; Ssewamala et al., 2010; Steinberg et al., 2002).

In addition, few studies exist that incorporate the gender question into mental health and psychological outcomes of orphaned children (Cluver & Gardner, 2007; Lata & Verma, 2013). Moreover, even for the few studies that exist, very few, among them, use measures developed and tested in sub-Saharan Africa. As Cluver and Gardner (2007) rightly observe, the use of standardized scales tested and validated on populations in developed countries is problematic. There is a need to apply scales that have been tested and validated on sub-Saharan African populations within sub-Saharan Africa.

Against this backdrop, this study uses measures tested in sub-Saharan Africa (see Ssewamala et al., 2009, 2010; Ssewamala & Ismayilova, 2009) to address the gender question in regards to the psychosocial wellbeing of orphaned children—by examining the effects of parental loss on boys and girls. Specifically, the study addresses the following research questions: 1) What effects does parental

loss has on the psychosocial wellbeing of AIDS-orphaned children? and 2) Does parental loss affect boys and girls differently? The two questions are important for community practice and programming, especially when working in communities dominated with children orphaned as a result of HIV/AIDS.

3. Methodology

3.1. Data and sample

This study uses baseline data from a National Institute of Child Health and Human Development (NICHD) study, called Bridges to the Future study (2011–2016), implemented in Uganda. Bridges to the Future includes a total of 1410-orphaned children ($n = 625$ boys, and $n = 785$ girls), with an average age of 12.7 (range 10–16). The overall aim of the study is to evaluate the long-term impacts of a family based economic strengthening intervention that used children savings accounts aimed at promoting health outcomes and life options for AIDS-orphaned children. Participants were eligible to participate in the study if: 1) they had lost one or both parents to HIV/AIDS, 2) enrolled in grades 5 and 6, in a government-aided primary school. Participants were recruited through the school system from 48 rural primary schools, in 4 political districts of Rakai, Masaka, Lwengo and Kalungu in South Western Uganda—a region heavily affected by HIV/AIDS. The study received Institutional Review Board approval from Columbia University, and the Uganda National Council of Science and Technology (UNCST). Data were collected using surveys administered by trained Ugandan interviewers. Each interviewer had to undergo good clinical practice training and had to obtain the Collaborative Institutional Training Initiative (CITI) Certificate before interacting with the children.

3.2. Measures

3.2.1. Effects of parental loss

Measures for the effects of parental loss were first tested as open-ended questions in previous studies (see Ssewamala et al., 2009, 2010; Ssewamala & Ismayilova, 2009). Children's responses were coded and later used in this study as the outcomes variables. Specifically, study participants were asked to answer questions regarding life changes after the loss of their parent(s). The questions included: 1) What has changed in your daily life (circumstances) since your father died? and 2) What has changed in your daily life (circumstances) since your mother died? Responses for both questions included changes in education, basic needs and family responsibilities (e.g. *school attendance has declined, grades have worsened, have to take care of small children, have to take care of a parent, etc.*).

To measure the effects of parental loss on children's feelings, participants were asked the following questions: 1) How has the loss of your father affected the way you feel about life? and 2) How has the loss of your mother affected the way you feel about life? Responses for both questions included both positive and negative feelings (e.g. *happy and contented, determined to do well, worried, angry, scared, etc.*). All responses were coded as 1 for a "yes" response and 0 for a "no" response to a reported change.

3.2.2. Demographics

Socio-demographic characteristics of participants such as gender, age groups (below 13 years and 13 years and above), double orphanhood (whether a child lost both parents), and household composition (number of people living in the household and number of children in the household) were included. Gender was used as the major independent variable in the regression analyses.

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