

**PARENTING STRESS AMONG WOMEN LIVING WITH HIV – A CASE
STUDY ANALYSIS**

O.Aisha manju¹ & Dr.D.Nirmala²

¹Ph.D Scholar, ² Assistant Professor, Dept. of Social Work, Bharathidasan University,
Trichy.

Abstract

Macintosh et.al (2012) states that “HIV/AIDS is considered to be a family disease and it is considered as one of the major factors affecting women”. The HIV/AIDS epidemic impacts the lives of women in a unique way precipitates the integration of a host of strategies to face a range of stressors within and outside the biological context of the disease, stress is the process that occurs in response to events that disrupt, or threaten to disrupt, in physical and psychological functioning. Mental health issues are major factors in most of the HIV cases. Parenting stress is a complex issue which is confounded by many psychosocial factors. Parenting is an important task. According to Rodgers (1998), parentings stress both directly and indirectly affect parenting behaviour. Anderson (2008) found that parents with poor health reported significantly higher levels of parenting stress than healthier parents. The present study focuses on mothers living with HIV. Case study analysis was used to assess the parenting stress among mothers living with HIV. Poverty, stigma and their own health care needs make parenting more stressful and challenging in meeting everyday life situations.

Key words: Parental stress, women, HIV/AIDS

Introduction

Parenting is one of the highly valued social roles in all human localities and culture. It is a two way process of interaction between the child, and the parent. Parenting is characterised by warmth, sensitivity, support, responsiveness, conflict, hostility, methods and degree of monitoring and controlling the child’s behaviour and contingency (Hoghugh, 2004) There are more responsibilities for the fathers and mothers in parenting. When it comes to single parenthood, responsibilities and challenges of mothers are doubled and it creates a sense of stress in them. Single mothers are nowadays exposed to enormous stress and strain to meet the financial needs of the family concurrently, while caring for the home, including those responsibilities traditionally assumed by men. Acquiring new skills and

raising a child are also responsibilities of a woman at the same time. Women of childbearing age are increasingly infected with HIV worldwide Monasch.R, (2006). Stress can weaken the mother's immune system when CRH, a hormone that makes one more focused and ready to spring into action, is over secreted (Hittner, 1998). Corticotropin-releasing hormone (CRH) also known as corticotrophin - releasing factor (CRF) and it is a peptide hormone and neurotransmitter involved in the stress response (Wikipedia.org). "Permanency planning" is the process by which a parent makes arrangements for the placement of his or her children after his or her death. This is a major concern in HIV affected mothers.

Significance of the Study

According to Oxford Dictionary, disability is a physical or mental condition that limits a person's movements, senses or activities. It is true of HIV/AIDS because it limits a person's activities. Apart from this, chronic illness creates increased family stress and requires constant adaptation by the family members and poses a challenge to mothers and they used to face a lot of challenges to meet the needs of the family as well as the individual. The current study aimed to investigate the relationship and familial characteristics of HIV-infected mothers and their psychological health with regard to parenting, as well as their parenting beliefs. The study also aims at assessing the parenting skills of HIV positive mothers and the stress-related adjustment towards single parenting.

Review of literature

"Not uncommonly, mothers living with HIV experience a range of stressors above and beyond those related to their illness (e.g., poverty, residence in high-risk and low-resource communities, discrimination (CDC, 2011).

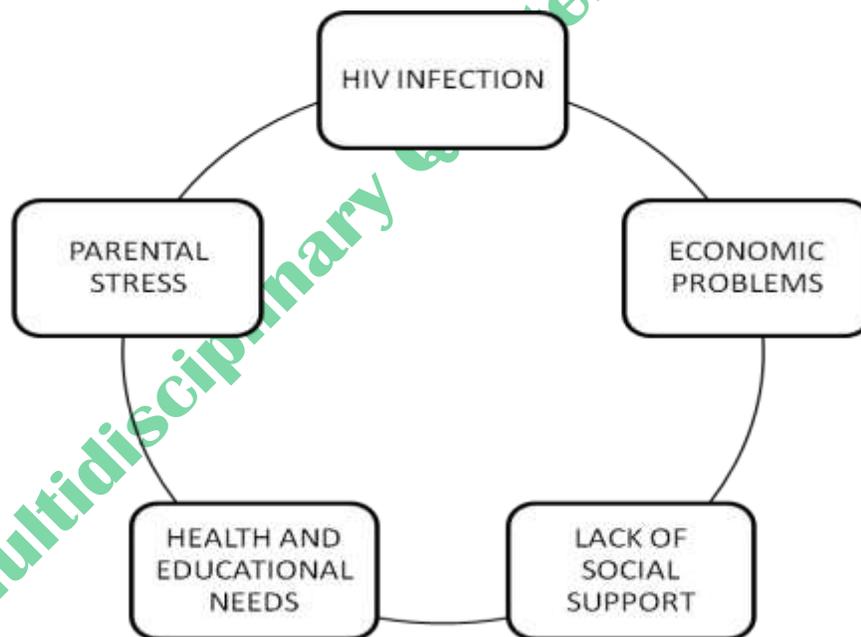
The family status of the mothers influences their ability to adjust to the constraints imposed by the daily management of the disease and widows or women who are heads of the family and who must ensure the income of the household through outside work thus have less room to manoeuvre (Hejoaka, F, 2009).

Family and kin are usually the most appropriate source of support for vulnerable people and in the poorest communities, where there is little or nothing in the way of services provided by the government or civil society organizations they are the only form of support (Iliffe,1986).

The mother's stress is reflected in the children's "loneliness, withdrawal, regression, and fear of loss of the remaining parent. Socially too they showed either aggression or withdrawal symptoms". (Rani, 2006).

The researcher attempted to understand the parental stress with regard to the HIV status in women. Case study approach was selected for collecting data from the respondents. The case study aimed at (i) To understand the socio - economic condition of women living with HIV (ii) To understand the parental stress in women living with HIV (iii) To know about health and educational problems of women living with HIV (iv) To know about their social support level. The data was gathered from three mothers who were tested HIV positive and were registered in the HIV Positive Network for Women. Open-ended questions were used to collect data from the respondents.

CONCEPTUAL FRAMEWORK



Case Study 1:

Mrs. M was tested as HIV Positive for the last 14 years. She belongs to a semi-urban area. She was infected by HIV from her spouse. He was a lorry driver. She has only one

daughter. Her daughter is HIV negative. Her positive status made her very sad. She looked very tired and was afraid to check her CD4 count in every six months interval.

Parental stress

Mrs. M finds it difficult to raise her daughter. She feels that it is difficult to raise an HIV negative child than a HIV positive child. She says that financial assistance from government bodies is available for the HIV positive children towards their education and livelihood needs. When it comes to the HIV negative child, the mothers are more stressful to meet their requirements because they are living in utter poverty. She is also infected with TB hence she averts the physical contact with her daughter at the maximum. As she is not able to fulfill her child's needs, she feels disappointed in performing the role as a parent.

Economic problems

She is working as a domestic help and she faces economic problems. She wants to provide more facilities to her child but the financial constraint make her disappointed and usually feels stress in parenting.

Health and Educational problems

As Mrs. M often found having various health issues and always admitted in hospitals. This giving her more stress. This is related to the safety and care of her child. Mrs. M is a single parent and is more anxious about her daughter's future. She wants to give good education to her child. But she struggles to pay the school fees of the child.

Social Support

As Mrs. is a single parent .Her husband passed away when her daughter was just two years old. Her parents and in-laws often have an indifferent attitude towards her and her child. This pushes her to feel more stress. Mrs. M. is very close to her child, she thinks that she is very close to her daughter because she doesn't have any other close relatives. She feels that even though she is sick, the mother-child relationship is strong. Her daughter used to assist her at the time of difficult situations.

Case Study 2:

Mrs. X is 40 years old and she belongs to lower socio-economic status. She was tested HIV Positive 16 years back. She was infected from HIV by her husband. She is survived with one son and one daughter. Both the children are tested HIV negative. As the children are in the adolescent age, both their needs cannot be fulfilled by their mother.

Parental Stress

Mrs. X finds it difficult to raise HIV negative child than a HIV positive child. She said that financial assistance from government bodies are available for the HIV positive children towards their education and livelihood needs whereas HIV negative children didn't get any such benefits. Co-infection like TB, made her to maintain a reasonable physical contact gap with her children.

Economic problems

Mrs. X is working in a shop. She already has availed loans and it is a burden which was taken for her husband's medical treatment. Now her earnings are not enough to maintain the family. She said that her financial constraints were the main blockage to the children's development. She wants to provide more facilities to her children but the financial limitations makes her more disappointed and most of the time experiences a lot of stress in parenting.

Health and educational problems

As Mrs. X has very low CD4 count and also diagnosed with low Hemoglobin level. Apart from this, she is having some co-infections in between. She is often admitted in hospital; this increases stress in her relating to the safety and care of the children. Mrs. X is a single parent and is more anxious about her children's future. In this case study, she is not able to fulfill even the children's educational needs. Her son is now 16 years and had stopped his education. Here the mother feels disappointed in her role as a parent.

Social Support

Mrs. X feels that she doesn't have support from anybody except her children. Even though she experiences a lot of short comings, she thinks her parenthood as a great relief.

Case study 3

Mrs. V is 38 years old and she belongs to lower socio-economic status. She was tested as HIV Positive 17 years ago. She was infected by HIV from her husband. She has a son and her son is diagnosed HIV negative. He is studying in the higher secondary class. Her husband expired 10 years ago and after her husband's death, she was expelled from her husband's house along with her son.

Parental stress

Mrs. V is not able to cope with her disease .She feels difficulty in parenting. Her son

is not showing interest in studies as he is more interested in sports. But she wants to make him an engineer.

Economic problems

In this case study, the mother is the only breadwinner and she has to go for job to maintain the family. So she doesn't have much time to spend with her son.

Health and educational problems

She used to be sick always because of her poor CD4 count. Her son is very anxious about her health and also very close to his mother. She was not able to pay her son's school fees and one philanthropist helped her to pay his school fees.

Social Support

Mrs. V doesn't have support from her relatives. She is having fear about her health. She is very concerned about the caring issues of her son. She wants to give him for adoption.

Findings

- Socio-economic problem is the basic problem leading to parental stress among HIV affected women.
- Children found to be more close to their mother because of their illness.
- Health status deterioration creates more parental stress among mothers living with HIV
- Lack of social support is also a contributing factor to parental stress.
- Major reason for parental stress is related to "Permanency planning".

Suggestions

- Professional services like social worker's assistance and intensive micro level social work interventions like family therapy and individual counselling are needed to cope with stress are needed for the mothers living with HIV.
- Social support enhancing activities like social and recreational programmes should be carried out for HIV affected Women.
- Parent support programmes home visiting services and family advocacy services should be carried out in individual level.
- Exclusive Workshops should be conducted in order to effectively cope with stress and enable them to learn positive parenting techniques.
- Better coping strategies for single parenthood among HIV affected women should be analysed through group meetings and through home visits.

- Government should be ready to adopt the children of HIV affected people.

Conclusion

The main issues identified during the case studies were that the respondents were facing financial burdens along with their concerns about their children and find it difficult to meet their children's requirements. They also experience difficulty in maintaining their health without nutritious food. Even though these mothers are close to their children, they try to withdraw physical contact with them. When it comes to the HIV negative child, the mothers are more stressful to meet their requirements because they are living in poverty. HIV/AIDS affected women are subjected to extreme social, political, financial and cultural marginalisation which make them disable .When compared with uninfected caregivers, HIV positive mothers reported higher incidences of isolation, as well as fewer financial and support resources (Hackl et al., 1997; Mellins & Ehrhardt, 1994). These case studies reveals that women with HIV exhibit poorer parenting skills and they are spending less quality of time with their children due to issues like livelihood strategies and hospitalization issues which has lead them to be less frequent in family routines. The presence of HIV/AIDS in families appears to impair parenting efforts, such that these mothers demonstrate poorer parent-child relationships and less behavioural monitoring (Bauman et al., 2002; Dutra et al., 2000).

References

1. CDC .(2011). Anxiety/Stress Among Mothers Living With HIV: Effects on Parenting Skills and Child Outcomes
2. Goode,W.J.(1963).World Revolution and Family Patterns,New York:Free Press
3. Hackl KL, Somlai AM, Kelly JA, Kalichman SC. (1997). Women living with HIV/AIDS: the dual challenge of being a patient and caregiver. *Health & Social Work. 22:53–62.* (PubMed)
4. Hejoaka, F. (2009).Care and secrecy: Being a mother of children living with HIV in Burkina Faso, *Social Science & Medicine*) 1–8
5. Hittner, P. (1998, March). When stress makes you sick. *Better Homes and Gardens*, 76(3), 76-80.
6. Hoghughi M,Long,N.(2004).Handbook of Parenting,theory and research for practice,New York,Sage Publications

7. Iliffe, J. (1986). *The African poor: A history*, Cambridge university Press
8. Mellins, C.A. Ehrhardt, A.A. (1994). Families affected by paediatric acquired immunodeficiency syndrome: sources of stress and coping. *Journal of Developmental & Behavioral Pediatrics*, 15(Suppl. 3):S54–S60. (PUBMED)
9. Monasch R. Mahy M. (2006). Young people: The centre of the HIV epidemic. *World Health Organ Tech Rep Ser.*;938:15–41.
10. Rani, N. I. (2006). Child care by poor single mothers: Study of mother-headed families in India. *Journal of Comparative Family Studies*, 37(1), 75-95.
11. Richter, I. (2008). No Small Issue: Children and Families. Plenary Presentation at the XVII International AIDS Conference, Mexico City, 3-8 August, The Hague: Bernard Van Leer Foundation
12. Salome, B., The Stress of Single Mothers and its Effect on Quality Child Care, retrieved January 30, 2014, from <http://www.kon.org/urc/v7/bronnimann.html>

Copyrights @ O.Aisha manju & Dr.D.Nirmala. This is an open access reviewed article distributed under the creative common attribution license which permits unrestricted use, distribution and reproduction in any medium, provide the original work is cited.