

FAMILY SUPPORT AMONG PEOPLE LIVING WITH HIV/AIDS IN THE PRAIRIES

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By:
Carol Hussa Harvey,
Department Of Family Social Sciences,
The University Of Manitoba;

Paula Migliardi,
Community-Based Research Facilitator,
Nine Circles Health Centre, Winnipeg;

Kim McKay-McNabb,
First Nations University, Regina;

Javier Mignone,
Department Of Family Social Sciences,
The University Of Manitoba

The nature of family support for marginalized people living with HIV or AIDS is complex. Family support is also often limited. Here we report on the nature of family support for a group of individuals living with HIV/AIDS in Winnipeg, MB and Regina, SK, Canada.

Research Questions Explored

- What is the nature of family support for marginalized people with HIV/AIDS?
- How are these families structured?
- What social processes are operating in them (e.g. help, violence, cruelty, love)?

Methodology

Using a variation of Photovoice, we conducted in-depth open-ended interviews with volunteer participants, living in poverty with HIV/AIDS or their caregivers. Participants were mostly recruited through local AIDS or community service organizations. They took a total of 803 pictures of people or things helpful to them in coping with HIV/AIDS. These photographs assisted them in describing their experiences receiving and providing care and support. Of the 31 participants, 18 volunteered family information.



Analysis

Using N-Vivo software, concepts related to “family” were identified. The concepts were then grouped into themes.

Results

1. FAMILY SEPARATION

Family separation was shown across the life cycle, due to the adoption of the respondents themselves or of their children, illness or death of parents, siblings or offspring; and physical displacements.

ADOPTION:

My mum had me at birth. She gave me up. I was adopted.

I was born in Northern Manitoba and raised in Texas. There were three kids [in my adopted family] and then two of us adopted. Me and my little brother are both native.

SEPARATION FROM CHILDREN:

I do have two girls, but I haven't seen them since they were born. One is 21...the other is 16.

My mom keeps three of them; two are in Child and Family.

2. FAMILY SUPPORT (OR LACK THEREOF)

While for some participants family support was available and useful; for many, this was absent. This lack of support was due to the HIV status of the person, or other conditions such as use of drugs and alcohol.

SUPPORT:

Yeah, I can talk to them about how my health is. Um, about what's happening in my life. Ah, I can talk to them about anything, pretty much anything.

LACK OF SUPPORT:

I moved over here because I contracted the virus, and I didn't have no support. My family, they kind of just threw me aside.

The only time they want me to come around is when I have my cheque.

3. FAMILY VIOLENCE

Family violence was common and well represented in their descriptions of the photos participants took. Experiences of violence ranged from racial comments in adoptive families, intimate violence and intergenerational sexual abuse.

Ah, I don't really care for my brother, because I stabbed his girlfriend in the back. Because my brother punched me.

My adopted father calls me [a racist name] when he is drunk...He'd phone my father and says, "You have to come home right now." So... he beat him up and threw him out.

Implications for practice

1. Service providers should not assume that family members can or will offer care or support.
2. Resilience is shown among respondents, and self-reliance is common.
3. Security of housing tenancy and food security are needed.
4. Family violence is a common pattern, part of everyday life, and must be taken into consideration.

