SUMMARY

Background

Interests in family functioning have been gaining grounds in recent times as the role it plays in overall health is being elucidated. In our local environment not much work has been done in this field. Several studies have shown the relationship between chronic illnesses and Family functioning. This study aims to elucidate family functionality amongst people living with HIV and AIDS.

Objectives of the study

Family functioning was assessed among a cohort comprised of people living with HIV/AIDS in order to assess for the pattern of functionality, the factors which influence functionality and the relationship between family function and the respondents’ clinical indices.

Materials and methods

This was a cross sectional analytical study. One Hundred and five respondents were randomly selected (using systematic random sampling) from the adult HIV clinic and assessed using the McMasters family assessment device across 7 dimensions of family functioning. The results were collated on a scale of 1 to 4. Scores closer to 1 represented healthier function, while scores close to 4 represented dysfunctionality. Scores above the McMasters family assessment cutoff points were regarded as dysfunctional. Statistical analyses were performed to ascertain the factors which influenced family functioning, and to ascertain the relations with various clinical indices.

Results
Most respondents had normal functionality in the problem solving and communication dimensions with mean scores of 1.56 and 1.97 respectively. However in the other subscales majority of the respondents had dysfunctional scores; Family roles: 2.42; Affective responsiveness: 3.14; Affective involvement: 3.24; Behaviour control: 2.66. The mean general family functionality score was 2.35 which fell into the dysfunctional range also. Higher educational status and higher socioeconomic status were associated with higher dysfunctionality levels. Having another family member other than the spouse being positive to HIV had a protective effect against family dysfunction. There was no relationship between family functioning and clinical indices.

Conclusions and recommendations

Family functioning is negatively influenced by being positive to HIV and this is most marked in the affective responsiveness and involvement dimensions and this should be taken into consideration when designing family oriented services. It should be noted that this effect is more pronounced in individuals with higher education and socioeconomic status. PLWHA will benefit from the integration of family oriented services into the antiretroviral clinics.