

Caregivers of child support beneficiaries at risk for depression

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Table 7: Family structure of CSG beneficiaries

Family structure	Frequency	Percentage
Child and 1 parent	326	11
Child and both parents	451	15
Child, 1 parent and adult relatives	1043	34
Child, both parents and adult relatives	345	11
Child and relatives	897	29
Total	3062	100

A distinguishing feature of the family structure of grant beneficiaries is that in 74 percent of cases relatives were present in the household. Single parent families with relatives as the most common family form. Credit: From the research report 'Family contexts, Child Support Grants and child well-being in South Africa', produced by the CSDA at the University of Johannesburg, for the South African Programme to Support Pro-poor Policy Development (PSPPD).

In South Africa, the Child Support Grant (CSG), a cash transfer for poor children, reaches a third of children under eight years. It is one of the

country's most successful poverty reduction programmes with positive benefits for children, but by itself it cannot address all the socioeconomic and developmental needs of children and their families.

A new study and a resulting policy brief, examines the mental health status of the [caregiver](#) and its impact on child food security and perceptions of the child's health. The findings point to the need for psychosocial care for caregivers and for family and community-based developmental welfare interventions to scale up the impact of social grants.

Caregiver depression is associated with child food insecurity and lower levels of child health in urban areas

In the study of 3123 [children](#) under eight years and their families who receive social grants, caregivers were almost all women (97%), had a secondary education and were largely unemployed (87%). One in two caregivers lived in households where no one was employed and all the children in the study lived in households that earned below the upper bound of the poverty line. In view of the rising poverty rates in the country, it is anticipated that the situation of grant beneficiary children has worsened since the data was collected.

Despite the positive benefits of the CSG in ensuring food security, four out of ten children and adults experienced hunger to some extent over a 12 month period due to food shortages. Moreover, 17% of children under 5 years were found to be moderately stunted and 9% were severely stunted. This is caused by long-term nutritional deprivation, which results in delayed cognitive development and poor school performance.

"Although two thirds of caregivers experienced good mental health, a

third were at risk of depression, which was more marked among those with lower education and income and who were living in urban areas," said Prof Leila Patel, Director of the Centre for Social Development in Africa (CSDA) at the University of Johannesburg.

"The study also found that the presence of symptoms of caregiver depression had a negative effect on child food security and these caregivers perceived the health of the children in their care to be poorer than the rest of the sample. Similar findings emerged from studies in the United States where poverty and food insecurity were associated with parental depression and behavioural problems in children. Depression is a significant risk factor that could compromise child well-being outcomes," added Prof Patel.

Table 17: Mental health of caregiver

Mental Health Status of Caregiver	Frequency	Percentage
No depression	1984	68
Depression	941	32
Total	2925	100

- In terms of caregiver characteristics, analysis of the Centre for Epidemiologic Studies Short Depression Scale (CES-D10) was conducted in order to reveal whether caregivers experienced feelings or behaviours associated with depression.
- The majority of caregivers (68%) did not present with a high number of depressive symptoms, while the remaining 32% had a high risk of depression. Bearing in mind the majority of caregivers were women, the results of this study were lower by 10% from the prevalence rate for depression among women with a low socio-economic status in an urban community (Moodley, 2014).

The CES-D10 was conducted to reveal whether caregivers experienced feelings or behaviours associated with depression. Credit: From the research report 'Family contexts, Child Support Grants and child well-being in South Africa', produced by the CSDA at the University of Johannesburg, for the South African Programme to Support Pro-poor Policy Development (PSPPD).

Having family or a social support network could moderate negative life experiences. A positive finding was therefore that 77% of caregivers had another family member to help them with the care of the children.

Caregiver relations with the children

Though primary caregivers had a sound knowledge of the emotional and social care needs of the children, they had trouble in managing the behaviour of the children. Some reported using harsh disciplinary practices but were open to learning about different ways of managing children's behaviour. "The caregivers indicated a significant need for knowledge and skills in alternative styles of discipline to more effectively manage the behaviour of children, and build on positive parenting strategies that exist," said co-author Prof Trudie Knijn, from the University of Utrecht.

Prof Deborah Gorman-Smith, from the School of Social Administration at the University of Chicago who pioneered the SAFEChildren programme in the United States, and a member of the research team, reiterated this. She said that "preventative family interventions that provide social support and parenting education contributed to better school completion rates and reduced violence in children in a longitudinal study in poor African American communities in the United States".

Pointers for interventions

The findings provide pointers for public service improvements, policies and social development programmes to provide better social and [mental health](#) support for caregivers of CSG beneficiaries.

"Early identification of depressive symptoms in caregivers is needed," said Prof Patel, "as well as appropriate psychosocial support particularly in [urban areas](#) where female caregivers reported higher rates of symptoms of depression."

Family strengthening programmes that are community based could improve family functioning. Nutritional support is also needed,

especially for larger households that are severely food insecure in rural areas where the need was found to be greatest. Access to quality basic services, such as shelter, water, electricity, sanitation, transport, safety and security, health services, and access to childcare services, could boost caregiver and child wellbeing if improved.

Provided by University of Johannesburg

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