INTRODUCTION

• There is considerable interest in the association of maternal HIV with developmental outcomes among adolescents.
• Greater familial dysfunction, weakened family bonds associated with chronic illness, or imitation of the HIV-positive mother’s risky behaviors may be mechanisms that disrupt healthy development and foster maladaptive behaviors and relationships among youth.

METHOD

• We examined 18-month outcomes among adolescents of HIV-positive mothers who were randomized to an intervention program at baseline (N = 256 adolescents, 60% female, mean age = 14.7 years, 50% in the intervention, 73% Hispanic).
• The intervention was designed to improve parenting by reducing conflict, improving communication and bonding, clarifying roles, and reducing risky sexual behaviors.
• Outcomes included conflict behaviors, parental bonds, and sexual risk behaviors as reported by the adolescents. Age, Hispanic ethnicity, and gender served as background demographic predictors.
• The outcomes at 18 months were examined as a function of 1) being in the intervention group or not and also 2) by the number of sessions the parent attended. Maternal participation varied widely (0-36 sessions attended) so intent-to-treat was not the only criterion used to assess success.

RESULTS

• The longitudinal structural equation model had excellent fit indexes: Robust Satorra-Bentler Scaled Chi-Square = 230.83, 214 df; RCFI = .97; RMSEA = .020.
• The adolescents in the intervention reported more positive family bonds at 18 months. Greater participation by the parent predicted less family conflict behavior at 18 months. There was a significant indirect effect of greater parent participation on reduced sexual risk behavior at 18 months, mediated through prior reduced sexual risk behavior.

DISCUSSION

• Because HIV has become a chronic illness, greater attention must be given to the contribution of parenting and family dynamics to positive and healthy development and as well as negative HIV risk behaviors among adolescents of parents with HIV.
• There were two important direct effects of intervention participation: Youth who were in the intervention group reported greater levels of parental bonding at 18 months. Moreover, youth whose mothers participated in more intervention sessions reported less family conflict at 18 months.
• Our findings support implementing future interventions for MLH that approach HIV as a chronic illness and develop the coping skills and parenting skills that will enable MLH to reduce emotional distress and family conflict and strengthen parent-child bonds.

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