



Policy Brief

Evidence for improving psychosocial outcomes for children affected by HIV/AIDS

Citation: Skeen, S, Tomlinson, M, Croome, N, Sherr, L, 2014. *Interventions for improving psychosocial outcomes for children affected by HIV/AIDS*. Report for RIATT-ESA.

Why is this issue important?

- HIV/AIDS places children at risk for poor social, emotional and mental health outcomes.
- There is a great deal of funding dedicated to addressing this issue, but very little evidence about what works to improve psychosocial outcomes for these children.
- In 2009, a systematic review could not identify any study that had adequately evaluated an intervention to improve psychosocial well-being for AIDS-affected children.
- This lack of evidence means that we don't know how programmes or interventions work to improve child outcomes, if they are reaching the most vulnerable, or even if they are having unintended negative effects.

What did we do?

A follow-up systematic review of studies published between 2008–2013 included studies that:

- Targeted children who had lost a parent to AIDS, were living with an HIV-infected parent or who were living in families or communities affected by the disease.
- Assessed interventions to improve psychosocial well-being.
- Took place in high-, low- and middle-income countries.
- Met research design quality standards.

What did we find?

- We found that there have been 12 studies that adequately assess these types of interventions, with almost all (except one) from low- and middle-income countries.
- Almost all (10 out of 12) of the studies were 'purpose-built' research projects and not evaluations of existing community programmes.
- Only two out of 12 studies targeted children of seven years or younger.
- It is difficult to compare the interventions that were identified. The studies employed highly diverse methods of recruiting participants, and targeted individuals, mother-child pairs, carers, families or groups of children. There were vast differences in how programmes were implemented and how their success was measured.
- Despite this, almost all the studies (10 out of 12) reported positive results on child psychosocial outcomes. These included increasing positive mental health outcomes such as self-efficacy and self-esteem, and decreasing symptoms of psychological distress and illness such as depression, anxiety and anger. Other outcomes included beneficial effects on school attendance and knowledge.

PSYCHOLOGICAL

- *Joint mother-child groups (USA)*
- *Carer support groups (Kenya)*

PSYCHOSOCIAL

- *Peer support programme (Uganda)*
- *School-based art intervention (South Africa)*
- *Group-based family counselling (South Africa)*
- *Group-based health promotion and citizenship intervention (Tanzania)*

SOCIAL

- *Conditional cash transfer to keep girls in school (Malawi)*
- *Material support for schooling for girls (Zimbabwe)*
- *Material support for schooling and home visiting (Kenya)*
- *Economic education programme with matched savings accounts (Uganda)*
- *Conditional and unconditional cash transfers (Rwanda)*

MEDICAL

- *Massage therapy (Haiti)*

* *Orange italics indicate that a positive impact on child psychosocial well-being was found*

POLICY IMPLICATIONS

- There are a number of group and individual interventions that have a positive impact on children, including psychological, social and physical interventions.
- Programme developers should make use of the existing evidence and lessons learned in their development of new programmes.
- Funders and NGOs should continue to take part in evaluation studies, build their research skills and work in partnership with researchers.
- Future research should include children under seven and boys, since most studies so far have not focused on these groups.
- We have an emerging research base, but we urgently need ongoing investigation to determine how interventions can improve the lives of children affected by HIV/AIDS.



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