



Academic Achievement and Psychosocial Needs of Children Affected or Infected by HIV/AIDS



Key Questions

What is the impact of HIV/AIDS on the long-term academic achievement of children affected by and/or infected with HIV/AIDS?

What are the psychosocial needs of children affected by and/or infected with HIV/AIDS?

Key Take-Home Messages

- There is very little research that directly examines the long-term academic achievement or the psychosocial needs of children affected by HIV.
- Of the studies that do exist on the topic, very few are scientifically rigorous or comprehensive enough to be included in systematic reviews in this area (1).
- There is some evidence that children affected by HIV may have increased negative educational outcomes (2).
- Further research on the unique psychosocial and education support needs of children affected by HIV is needed.

The Issue and Why It's Important

Children who are infected or affected by HIV may have increased negative educational, psychological, sociological, and emotional outcomes compared to the general population. These children may therefore have unique educational and psychosocial support needs in order to thrive. Understanding these particular vulnerabilities is crucial to implementing an effective response that focuses on the specific needs of this affected population.

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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What We Found

Children in low HIV-prevalence countries who are nevertheless affected by HIV face similar vulnerabilities to those children who are affected by HIV in high prevalence countries (3).

A recent systematic review of psychosocial interventions for children affected by HIV was unsuccessful in finding any existing studies that met the inclusion criteria. Although many studies discussed psychosocial well-being of children affected by HIV, including a few which were comprehensive and rigorous, overall the studies were not able to provide evidence of effectiveness of the interventions that were being discussed. The three studies of interventions which were determined to be rigorous and comprehensive included: a youth headed household mentoring program; a succession planning program; and a family empowerment program. Further research which examines the effectiveness of these and other psychosocial interventions for children is important (1).

A recent study in New York compared the language skills of children aged 9-16 years who were perinatally infected with HIV to those who were exposed but not infected. Although youths living with HIV had significantly lower language functioning scores than exposed but uninfected youths, both groups scored low overall. Youths living with HIV were also more likely to have attended special education classes. CD4+ count and viral load were not significantly associated with language scores; however, youths living with HIV who were on antiretroviral medication scored lower than those who were not on antiretroviral medication (2). A related study from Tanzania and Burkina Faso examined the academic achievement of orphans and non-orphans who may be affected by HIV and determined that factors such as age, religion, family of origin, relationships, and number of children versus adults were more relevant indicators for predicting academic achievement than orphan status (4).

A number of recent published theses and dissertations have explored the psychosocial and educational needs and outcomes of children affected by HIV. A survey of teachers and caregivers of AIDS orphans in Kenya determined that orphaned children experienced the most negative psychological and educational effects within their first year. By their second year, orphaned children were described by participants as having more positive emotions and attitudes (5). Another dissertation explored the mental health needs of children in Kenya and determined that these children experience issues with access to appropriate education and access to psychosocial support, among other negative outcomes. Improvements to existing psychosocial interventions are recommended (6).

Factors that May Affect Local Applicability

Many of the cited studies are from countries across Africa and therefore results may not be entirely applicable to the present local setting. Nevertheless, it has been determined that children who are affected by HIV in low-prevalence countries are facing similar vulnerabilities to those who are affected by HIV in high-prevalence countries (3). Different educational and psychosocial support services may be available in different settings however, and this may affect local indicators and outcomes. Therefore, further research that explores outcomes for children affected by HIV, as well as the effectiveness of local interventions is important.

What We Did

To identify any systematic reviews we first conducted hand searches of the reviews and protocols from the HIV/AIDS Cochrane Review Group and searched www.health-evidence.ca (hand searched the 'acquired immunodeficiency syndrome', 'HIV', and 'Social Determinants of Health' categories and combined the 'Child health' category with HIV as a text search term). To locate additional reviews and primary literature we then searched Medline using combinations of relevant MeSH and text terms. Lastly, we searched the Cochrane Library, PsychInfo and DARE using a similar combination of text terms. We also contacted researchers working in this field.

MeSH and text terms searched in Medline: (HIV or Acquired Immunodeficiency Syndrome) AND education (text term) AND child* (text term) [limited to results published in 2000 and later)

Text terms searched in Cochrane, PsychInfo and DARE: HIV AND education AND child*

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