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Presentation Title: Improving the emotional wellbeing of children affected by parental HIV in China: Efficacy of the ChildCARE Intervention

Abstract

Background: The complex nature of risks that children affected by parental HIV facing calls for resilience-based interventions targeting changes at multiple ecological systems. However, there is a dearth of multilevel interventions for this population, and the efficacy of such interventions on emotional adjustment is still an open question. The primary purpose of this dissertation work was to examine the efficacy of a multilevel, resilience-based, psychosocial intervention (“ChildCARE”) on outcomes of emotional adjustment (i.e., depressive symptoms, school anxiety, loneliness) among children affected by parental HIV. A second purpose was to examine the potential mechanisms through which the ChildCARE intervention works by testing the mediating effects of emotional regulation and coping in the effects of the intervention on emotional adjustment.

Method: Data for this dissertation were derived from a 4-arm cluster randomized controlled trial of the ChildCARE intervention among a sample of 790 children (51.6% boys, aged 6-17 years) affected by parental HIV in a rural county, China. The four arms were a control group and three intervention groups (child-only group, child + caregiver group, child + caregiver + community group). Children were asked to complete a self-administrated survey at baseline and every six months over 36 months.

Results: Overall, the ChildCARE intervention resulted in short-term, but not meaningful long-term changes in depressive symptoms, school anxiety, and loneliness for children affected by parental HIV. Children with older aged were found to benefit more from the intervention than their younger counterparts. Mediation analyses further showed that the ChildCARE intervention failed to cause a significant improvement in emotional and coping, whereas better emotional regulation, higher positive coping, and lower negative coping were associated with lower depressive symptoms, school anxiety, and loneliness.

Conclusion: The results indicate the limited impact of the ChildCARE intervention, in its current form, in promoting emotional adjustment in the long run for children affected by parental HIV. The results also provide important implications for future multilevel resilience-based interventions to facilitate more sustained and meaningful changes in emotional adjustment for this population.