PEDIATRIC HIV DISCLOSURE IN PORT MORESBY GENERAL HOSPITAL
Introduction

- 3.2M HIV infected children under the age of 15 years old (UNAIDS, 2014)


- ART increase in coverage rate from 23% in 2007 to 80% in 2014 (Papua New Guinea National Department of Health, 2015)

- Challenge – informing children infected with HIV their status

- Incremental approach - recommended
Aims

• Primary aims
  • To determine the current disclosure rate of HIV amongst the children attending the HIV clinic
  • To determine whether a disclosure education model
    • increases the child’s knowledge about their HIV illness over time
    • increase adherence rate amongst the children, as defined by their pill count

• Secondary aim
  ✦ To determine the reasons for delaying or avoiding disclosure of a child’s HIV status
Research Methodology

• Study setting
  • Port Moresby General Hospital
  • May 2015 - May 2016

• Study design
  • Questionnaire
  • Education model
  • Drug adherence
% Adherence = (# pills dispensed - # pills leftover) x 100 / # pills expected to be taken
• Ten Domains

1. Concept of HIV
2. Medicine keeps you healthy
3. Number of pills
4. Name of medicine
5. Soldiers of the body (CD 4+)
6. Bad guys (HIV)
7. Drug resistance prevention
8. Proper used name of drugs
9. Mode of transmission
10. HIV myth dispelled

1: Poor understanding or was difficult to assess
2: Moderate understanding but needed improvement
3: Excellent understanding of the concept
RESEARCH METHODOLOGY

• Data analysis
  • Excel Spread Sheet
  • Stata 14

• Permission - The Clinton Health AIDS (CHAI) foundation and PMGH

• Study Approval - UPNG and Health Science and Research Committee
## Patient demographics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range years</td>
<td>3-15</td>
</tr>
<tr>
<td>Mean age years (SD)</td>
<td>7.7 (0.28)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>70 (51)</td>
</tr>
<tr>
<td>Male</td>
<td>68 (49)</td>
</tr>
<tr>
<td><strong>Clinical staging (WHO)</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>56 (41)</td>
</tr>
<tr>
<td>2</td>
<td>19 (14)</td>
</tr>
<tr>
<td>3</td>
<td>61 (44)</td>
</tr>
<tr>
<td>4</td>
<td>2 (1)</td>
</tr>
</tbody>
</table>
Patient demographics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education levels</strong></td>
<td></td>
</tr>
<tr>
<td>No formal education</td>
<td>65 (47)</td>
</tr>
<tr>
<td>Play school</td>
<td>20 (15)</td>
</tr>
<tr>
<td>Elementary school</td>
<td>18 (13)</td>
</tr>
<tr>
<td>Primary school</td>
<td>35 (25)</td>
</tr>
<tr>
<td><strong>Parental status</strong></td>
<td></td>
</tr>
<tr>
<td>Both parents living</td>
<td>56 (41)</td>
</tr>
<tr>
<td>Both parents dead</td>
<td>29 (21)</td>
</tr>
<tr>
<td>Mother dead</td>
<td>20 (14)</td>
</tr>
<tr>
<td>Father dead</td>
<td>30 (22)</td>
</tr>
<tr>
<td>Unknown status of parents</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Variables</td>
<td>Number (%)</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Parent unspecified</td>
<td>8 (5.8)</td>
</tr>
<tr>
<td><strong>Mother</strong></td>
<td>60 (43.5)</td>
</tr>
<tr>
<td>Step mother</td>
<td>1 (0.7)</td>
</tr>
<tr>
<td>Father</td>
<td>12 (8.7)</td>
</tr>
<tr>
<td>Foster parent</td>
<td>1 (0.7)</td>
</tr>
<tr>
<td>Adopted parent</td>
<td>3 (2.2)</td>
</tr>
<tr>
<td>Aunt / Uncle</td>
<td>12 (8.7)</td>
</tr>
<tr>
<td>Grandparent</td>
<td>40 (29)</td>
</tr>
<tr>
<td>Sibling</td>
<td>1 (0.7)</td>
</tr>
</tbody>
</table>
## Caregivers HIV status

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>78 (56.5)</td>
</tr>
<tr>
<td>Positive and on ART</td>
<td>73</td>
</tr>
<tr>
<td>Positive but not on ART</td>
<td>3</td>
</tr>
<tr>
<td>Discordant couple on ART</td>
<td>1</td>
</tr>
<tr>
<td>Discordant couple not on ART</td>
<td>1</td>
</tr>
<tr>
<td>Negative</td>
<td>55 (36.9)</td>
</tr>
<tr>
<td>Unknown</td>
<td>5 (3.6)</td>
</tr>
</tbody>
</table>
Reasons for not disclosing among 128 caregivers and their children with HIV

- Child is too young: 57%
- Inability to keep secrets: 14%
- Child cannot understand: 10%
- Fear of emotional and health consequence: 8%
- Don’t know how to tell the child: 6%
- Others: 5%
Reasons for disclosing

- Disclosure rate of 7%
- Mean disclosure age 12.7 (SD 0.99)

Reasons for disclosing among 10 caregivers and their children living with HIV:

- Child is thought to be matured: 40%
- Hear from relatives: 10%
- Find out when the parents died: 10%
- Hear from neighbour: 10%
- Asking many questions: 20%
- Told by social worker: 10%
Mean Knowledge scores for the ten domains in all four sessions

- D1 Concept of HIV
- D2 Medicine keeps you healthy
- D3 Number of pills
- D4 Name of medicine
- D5 Soldiers of the body
- D6 Bad guys
- D7 Drug resistant prevention
- D8 Proper names of drugs
- D9 Mode of transmission
- D10 HIV myths dispelled
Pill adherence

- Pill adherence
  - Mean baseline 95.2 (SD 0.48)
  - During the study - mean 99.4 (SD 0.16)
  - $P = <0.001$
Discussion

- Low rate of disclosure (7%)
- Mean disclosure age 12.7 (SD 0.99)
- Reasons Sited
  - Increasing knowledge in - incremental education process
  - Relationship between knowledge and pill count
Disclosure of Their HIV Status to Infected Children: A Review of the Literature

by María C. Pinzón-Iregui, Consuelo M. Beck-Sagué, and Robert M. Malow
Robert Stempel College of Public Health and Social Work, Florida International University, Miami, FL, USA

Correspondence: Consuelo M. Beck-Sagué, Robert Stempel College of Public Health and Social Work, Florida International University, 11200 SW 8 Street, HLS (AHC II) Room 571, Miami, FL 33199, USA. Telephone (305) 348-4504, Fax 305-348-4901. E-mail <becksague@gmail.com>.

- 31 articles (17 LMI - 14 I)
  - LMI - 1.2% / Median Age 9.5 (IQ 8-15)
  - I - 73% / Median Age 8.3 (IQ 7-1)
DISCUSSION

- Low rate of disclosure (7%)
- Mean disclosure age 12.7 (SD 0.99)
- Reasons sited
  - Increasing knowledge - incremental education process
  - Relationship between knowledge and pill count
Research Article

HIV-Positive Status Disclosure and Associated Factors among Children in North Gondar, Northwest Ethiopia

Digsu Negese,1 Kefyalew Addis,1 Akilew Awoke,1 Zelalem Birhanu,1 Dagnachew Muluye,2 Sisay Yifru,3 and Berihun Megabiaw1

![Diagram 1: Reasons for disclosing HIV-positive status to HIV-positive children in North Gondar Zone, Northwest Ethiopia, 2012.]

![Diagram 2: Reasons for not disclosing HIV-positive status to HIV-positive children in North Gondar Zone, Northwest Ethiopia, 2012.]

Figure 1: Reasons for disclosing HIV-positive status to HIV-positive children in North Gondar Zone, Northwest Ethiopia, 2012.

Figure 2: Reasons for not disclosing HIV-positive status to HIV-positive children in North Gondar Zone, Northwest Ethiopia, 2012.
DISCUSSION

• Low rate of disclosure (7%)

• Mean disclosure age 12.7 (SD 0.99)

• Reasons sited

• Increasing knowledge - incremental education process

• Relationship between knowledge and pill count
“If I Take My Medicine, I Will Be Strong:” Evaluation of a Pediatric HIV Disclosure Intervention in Namibia

Gabrielle O’Malley, PhD,* Kristin Beima-Sofie, PhD,* Larissa Feris, MSc,† Mark Shepard-Perry, MPH,† Ndapewa Hamunime, MD,‡ Grace John-Stewart, MD, PhD,*§ Francina Kaindjee-Tjituka, BS,¶ and Laura Brandt, MD,† for the MOHSS study group

- Namibia Ministry of Health

- HW: appreciate cartoons / supports them through standard disclosure process and provided simple language for discussion

- C - better prepared for full disclosure / Facilitate understanding
DISCUSSION

- Low rate of disclosure (7%)
- Mean disclosure age 12.7 (SD 0.99)
- Reasons sited
  - Increasing knowledge - incremental education process
  - Relationship between knowledge and pill count
Adherence to antiretroviral therapy and its associated factors among children at South Wollo Zone Hospitals, Northeast Ethiopia: a cross-sectional study

Getachew Arage¹, Gizachew Assefa Tessema² and Hiwot Kassa³

- Adherence to ART
- Caregivers Knowledge
- No current use of substances
- Close proximity to the hospital
- Letting the child know his /her status
CONCLUSION

• Importance of incorporating HIV education for children within HIV services

• Greater awareness and comfort with being HIV positive and knowing that life can be lived in full despite the diagnosis - is an important aspect of dispelling stigma and enhancing community attitude to HIV infected people

• This study show that educational model is a useful tool for pediatric HIV care
RECOMMENDATION

• This model can be extended to other hospitals and clinics that deliver HIV care

• Promoting the importance of incremental and early disclosure and child education
ACKNOWLEDGEMENT

- Dr Henry Welch
- Professor Trevor Duke
- Dr Edwin Machine
- Dr W Pameh
- Sister Kalebe Veronica
REFERENCES


THANK YOU