



Coral Sea



**PEDIATRIC HIV DISCLOSURE
IN PORT MORESBY GENERAL
HOSPITAL**

Introduction

- 3.2M HIV infected children under the age of 15 years old (UNAIDS, 2014)
- 4151 children in PNG infected with HIV (Papua New Guinea National Department of Health, 2015)
- 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

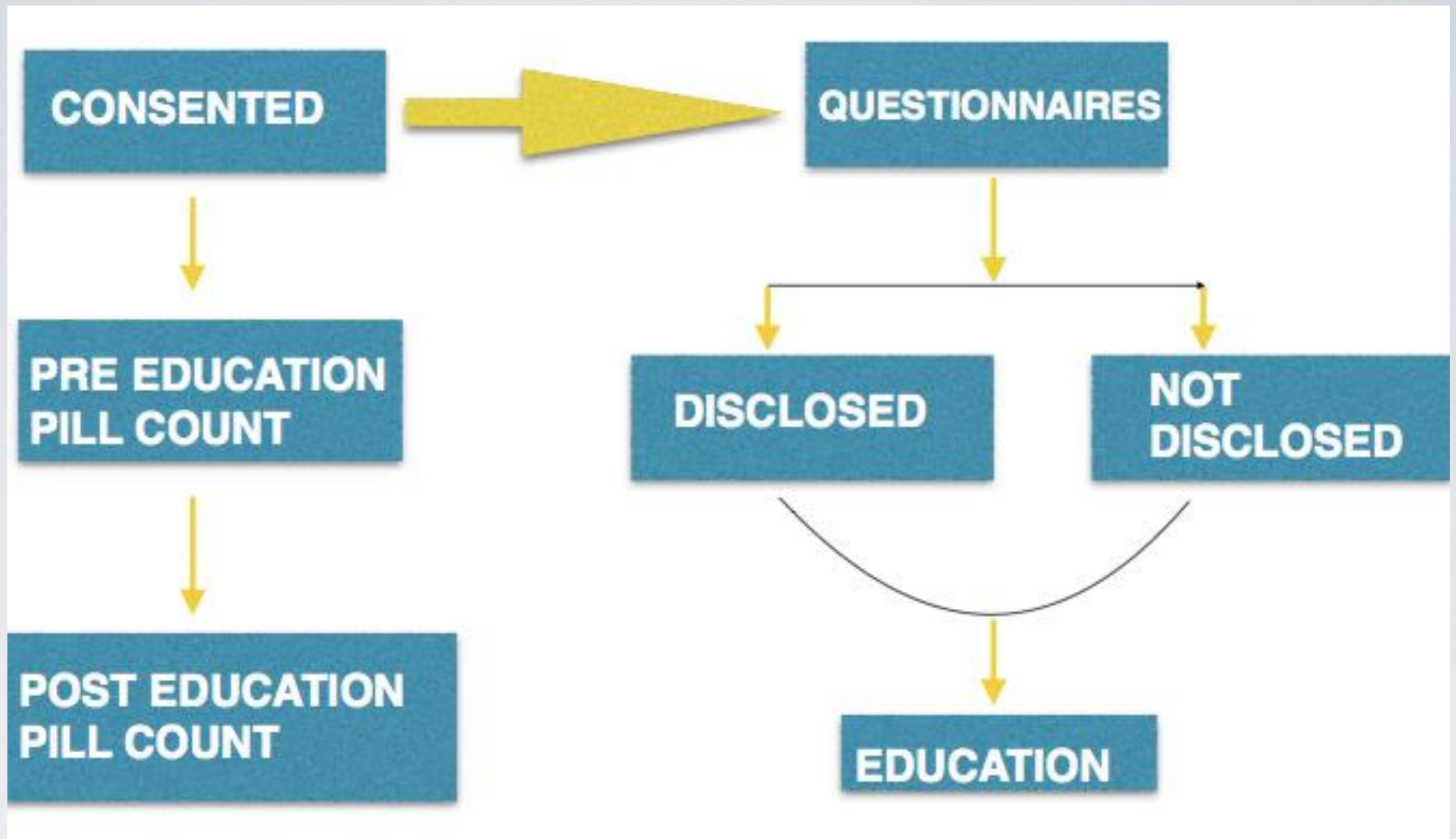
Research Methodology

- Study setting

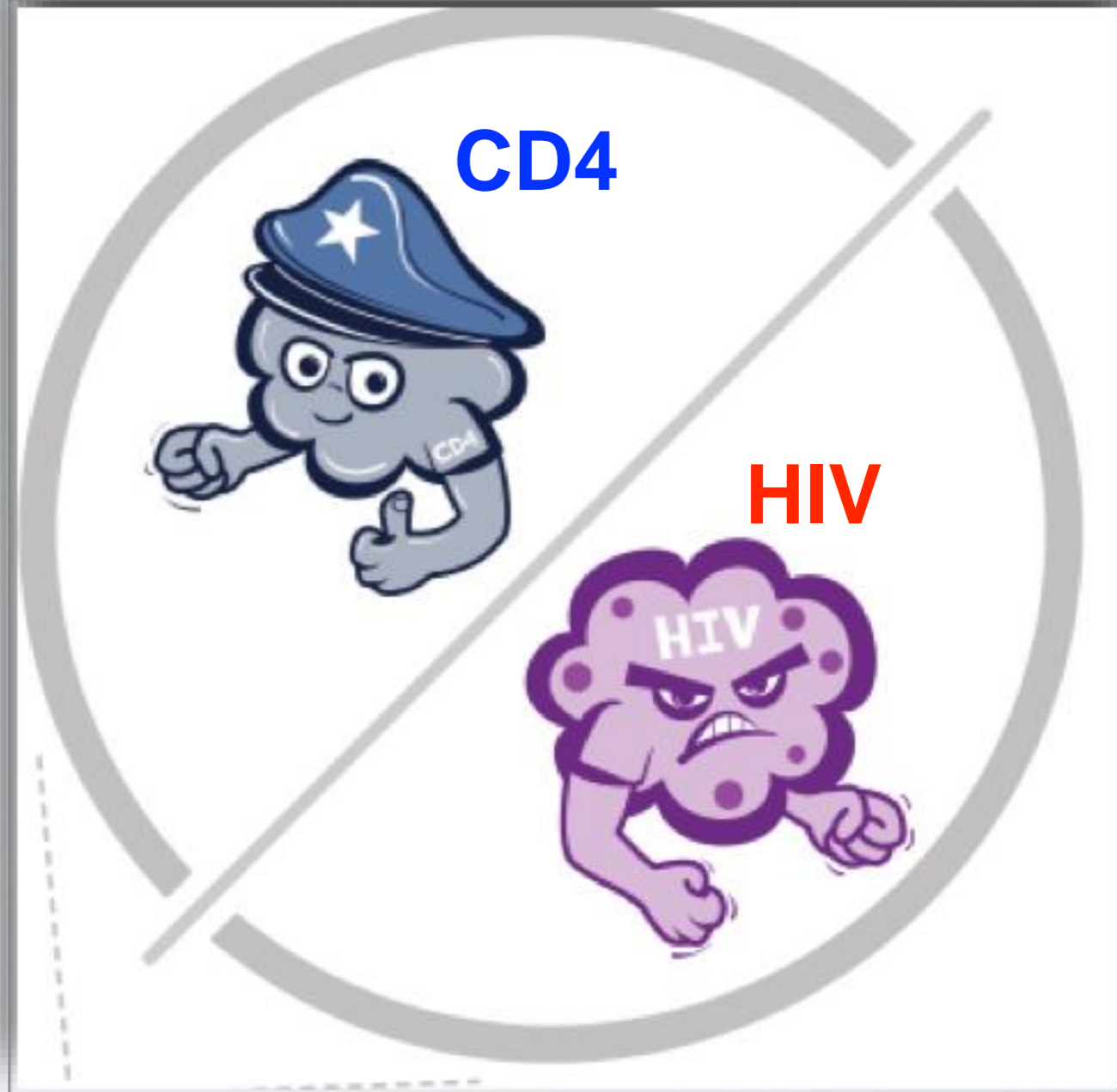
- Port Moresby General Hospital
- May 2015 - May 2016

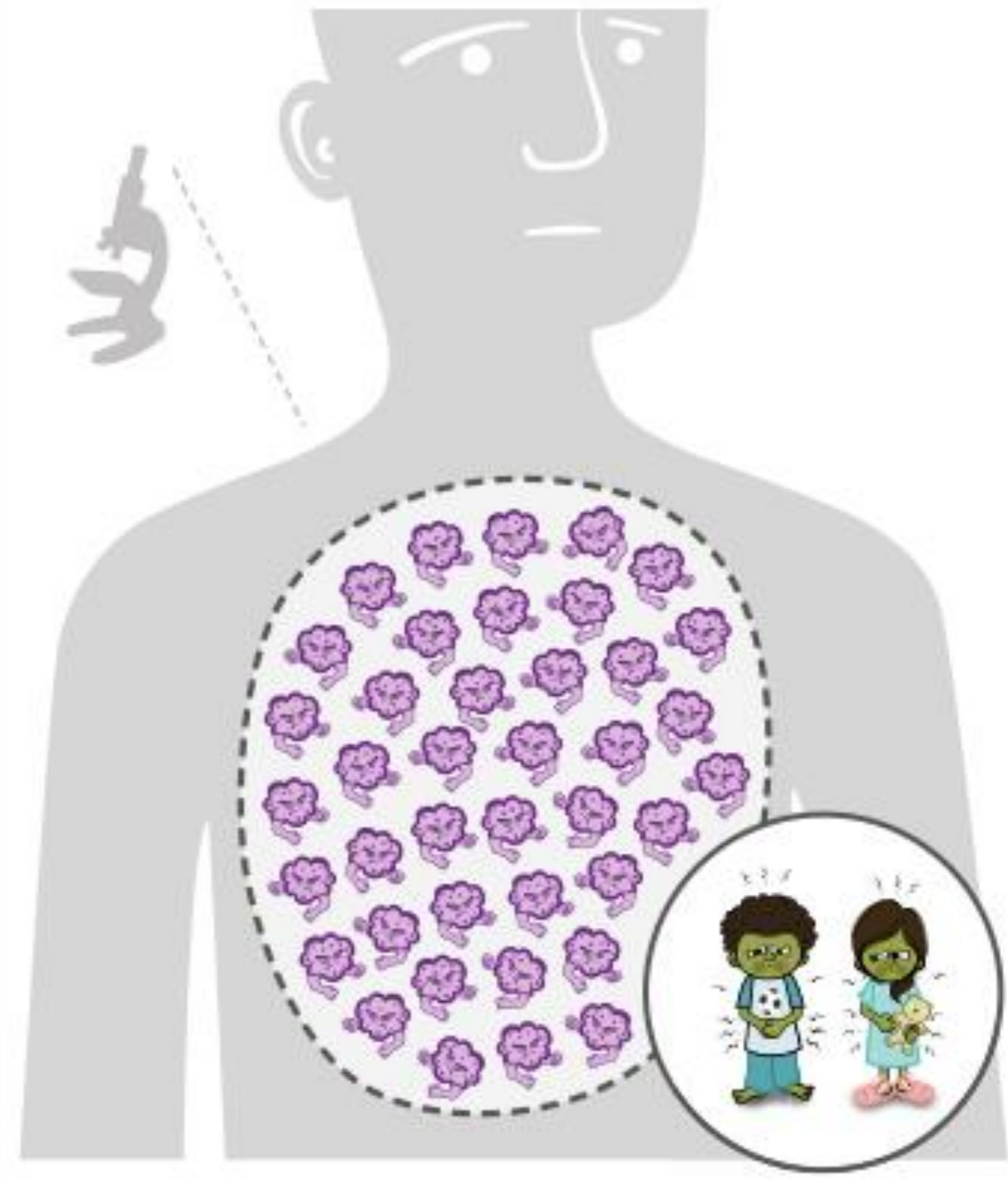
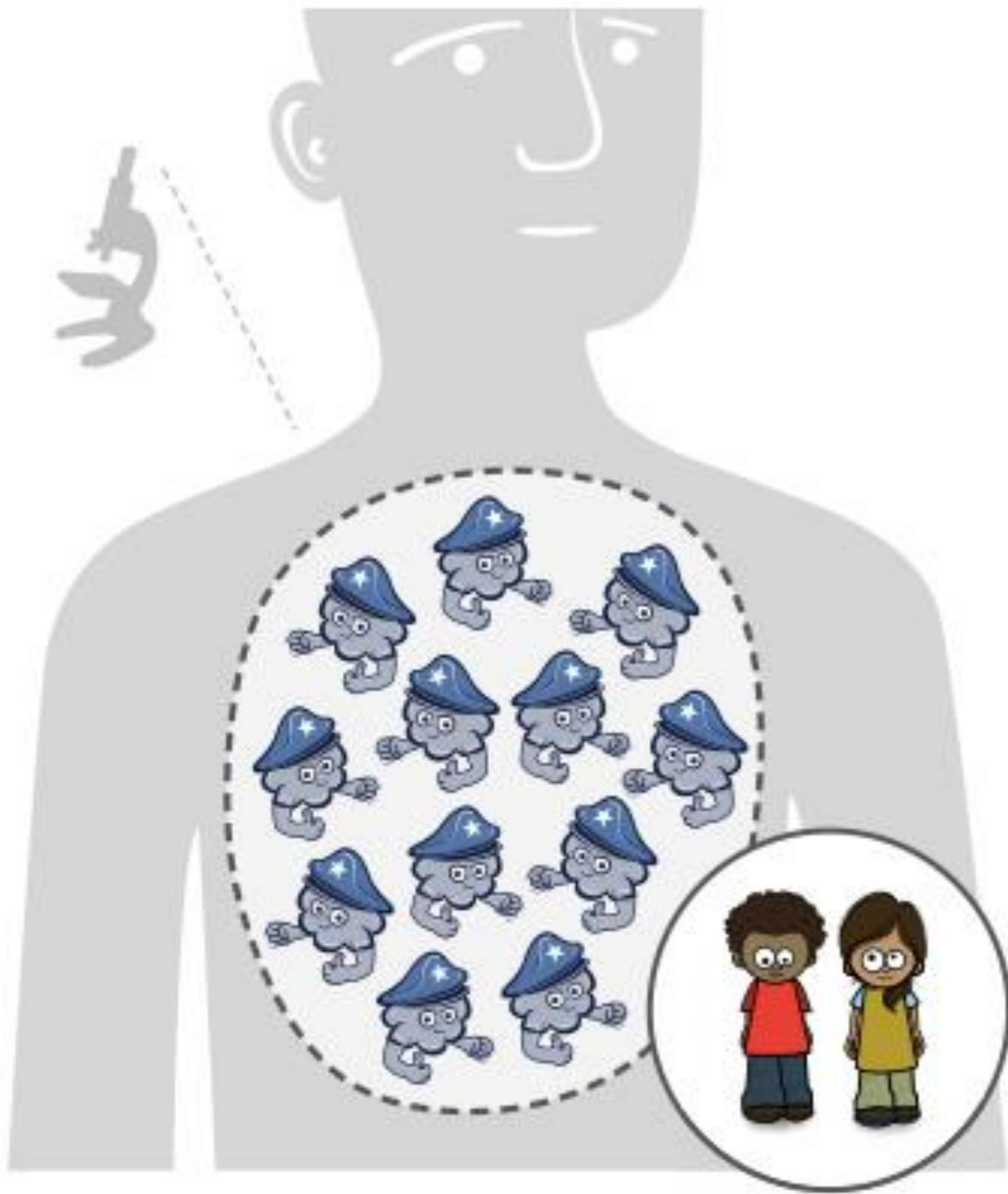
- Study design

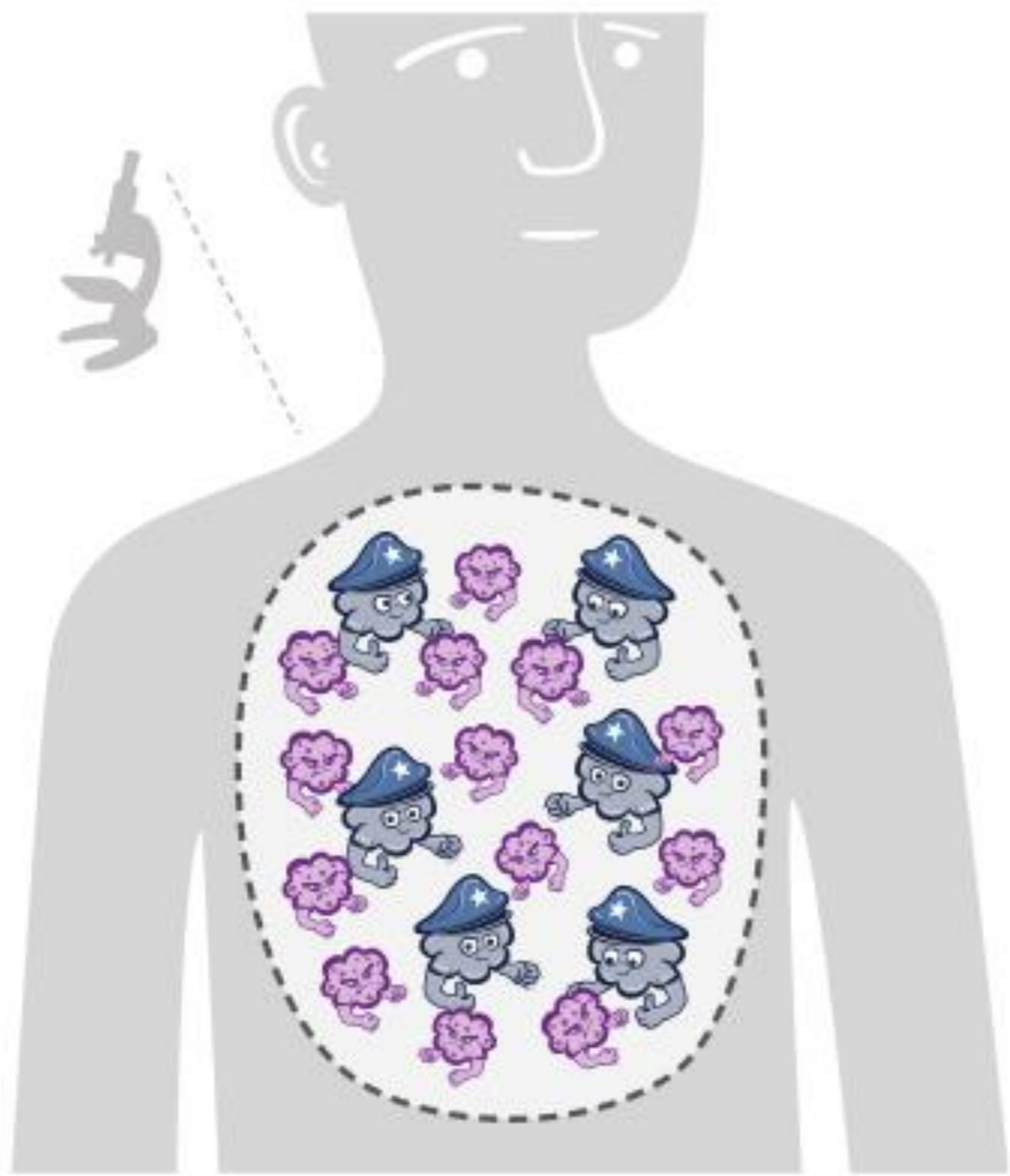
- Questionnaire
- Education model
- Drug adherence

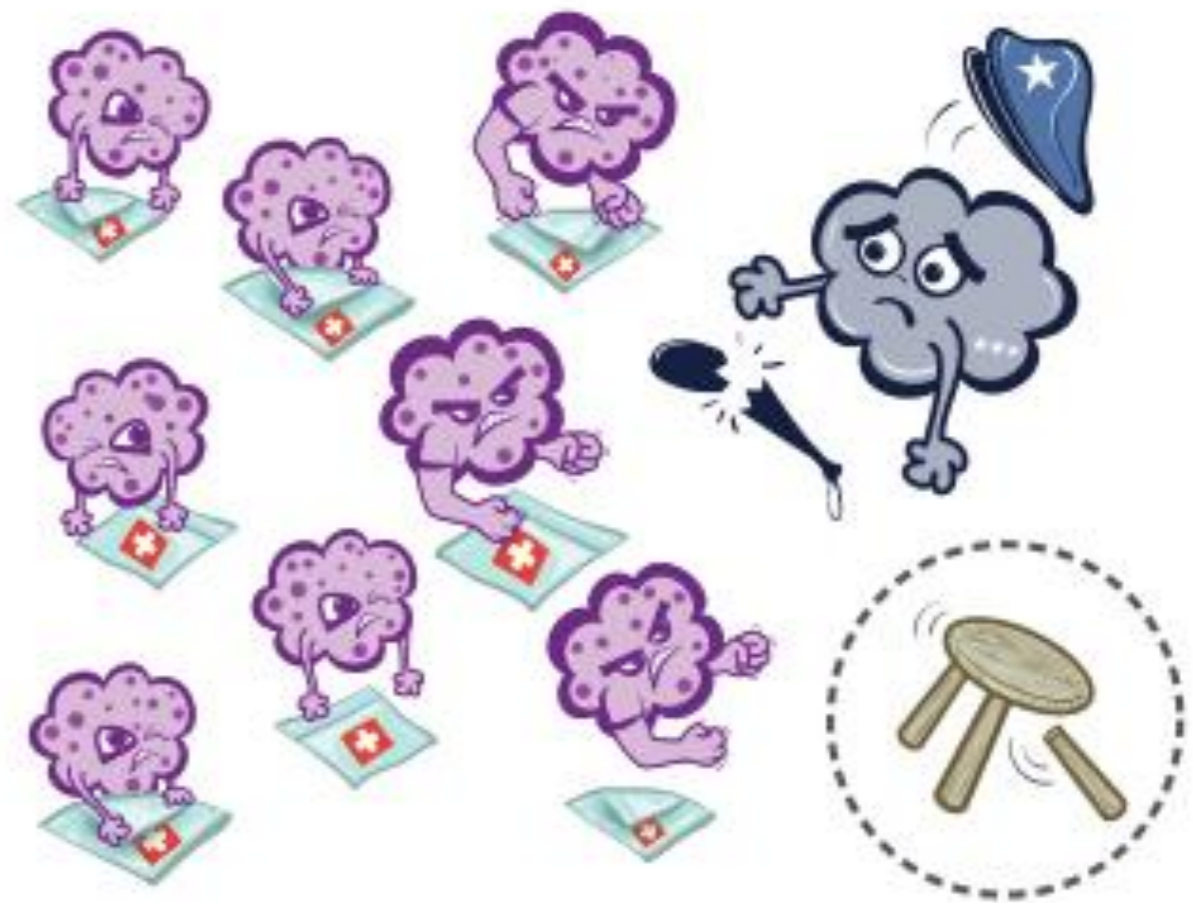
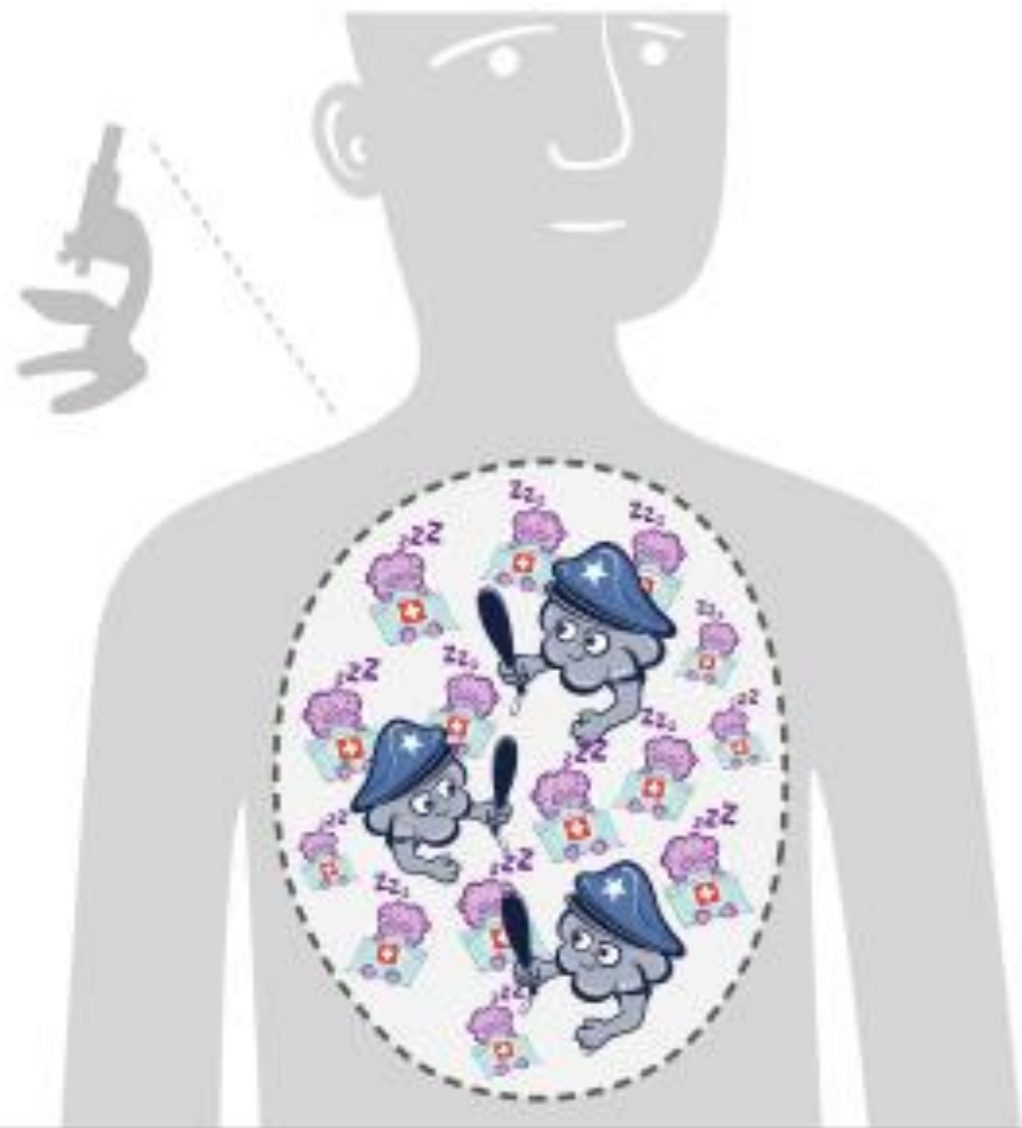


% Adherence = (# pills dispensed - # pills leftover) x 100 / # pills expected to be taken



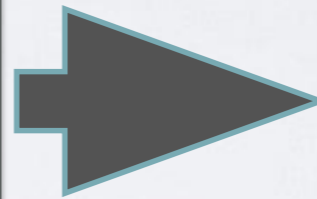






• Ten Domains

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

Variables	Number (%)
Age range years	3-15
Mean age years (SD)	7.7 (0.28)
Gender	
Female	70 (51)
Male	68 (49)
Clinical staging (WHO)	
1	56 (41)
2	19 (14)
3	61 (44)
4	2 (1)

Patient demographics

Variables	Number (%)
Education levels	
No formal education	65 (47)
Play school	20 (15)
Elementary school	18 (13)
Primary school	35 (25)
Parental status	
Both parents living	56 (41)
Both parents dead	29 (21)
Mother dead	20 (14)
Father dead	30 (22)
Unknown status of parents	3 (2)

Parents and caregivers

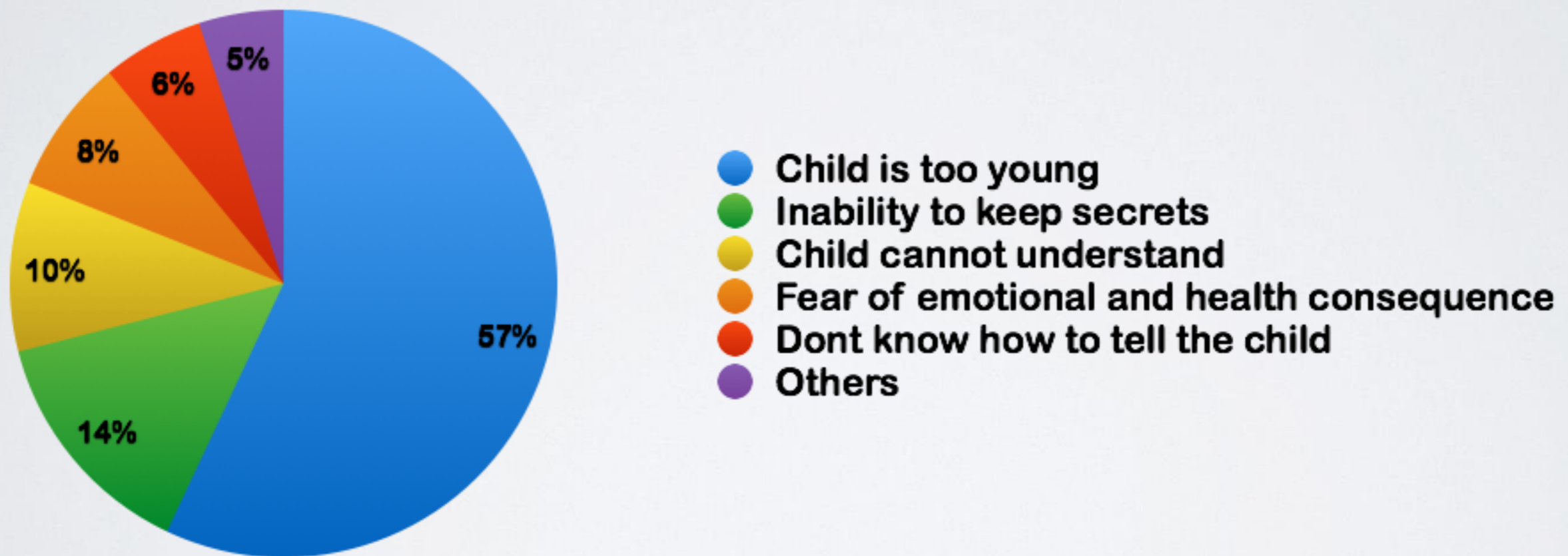
Variables	Number (%)
Parent unspecified	8 (5.8)
Mother	60 (43.5)
Step mother	1 (0.7)
Father	12 (8.7)
Foster parent	1 (0.7)
Adopted parent	3 (2.2)
Aunt / Uncle	12 (8.7)
Grandparent	40 (29)
Sibling	1 (0.7)

Caregivers HIV status

Variables	Number (%)
Positive	78 (56.5)
Positive and on ART	73
Positive but not on ART	3
Discordant couple on ART	1
Discordant couple not on ART	1
Negative	55 (36.9)
Unknown	5 (3.6)

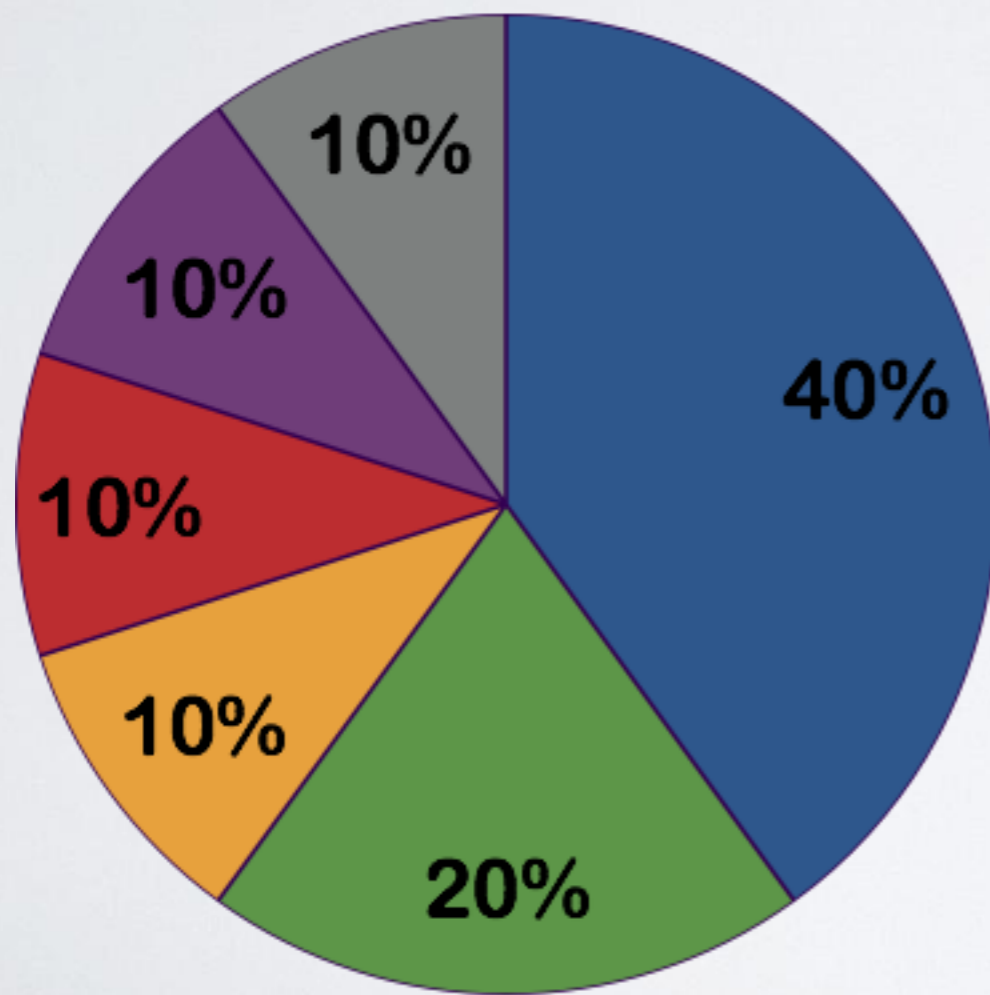
Reasons for not disclosing

Reasons for not disclosing among 128 caregivers and their children with HIV



Reasons for disclosing

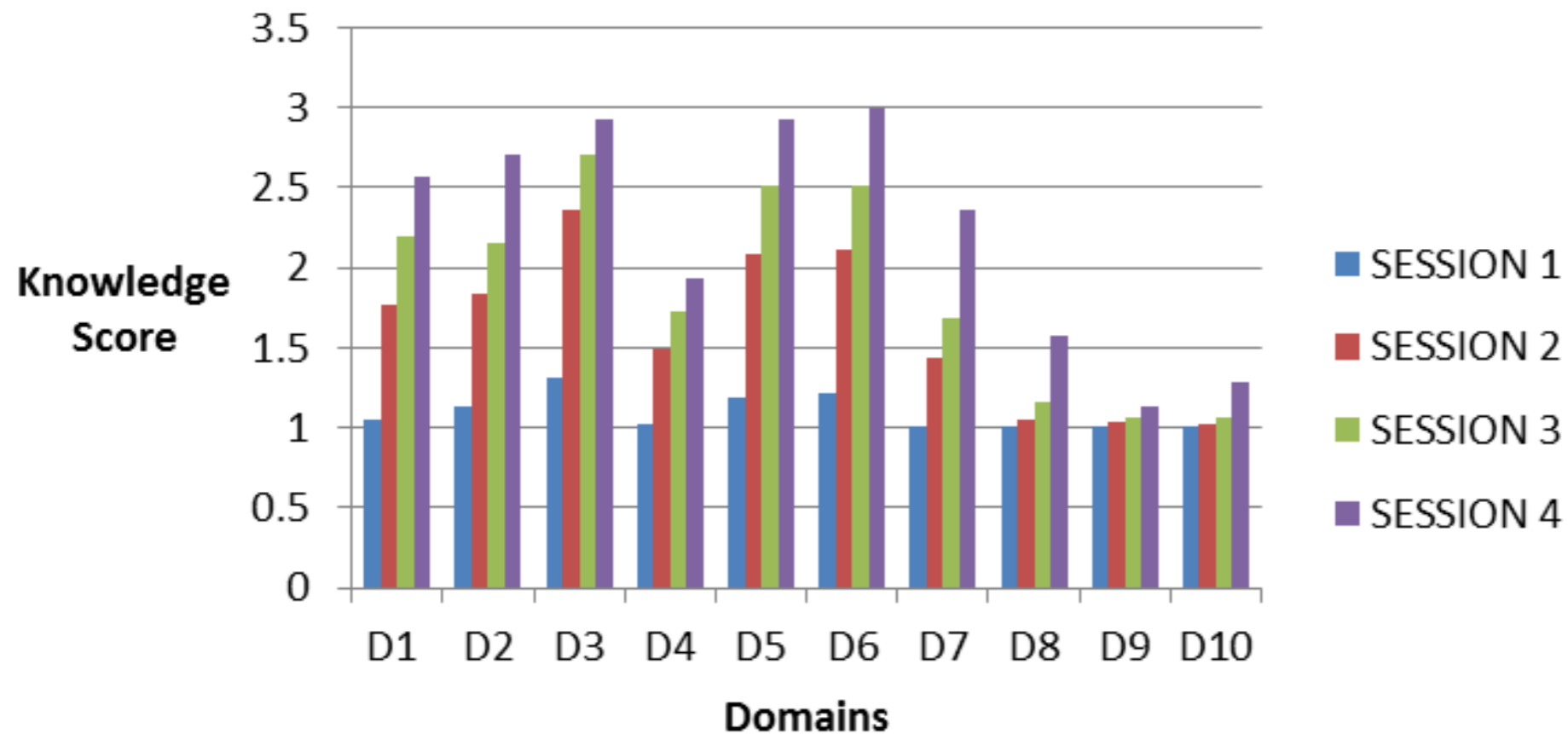
Reasons for disclosing among 10 caregivers and their children living with HIV



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

- Child is thought to be matured
- Hear from relatives
- Find out when the parents died
- Hear from neighbour
- Asking many questions
- Told by social worker

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

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

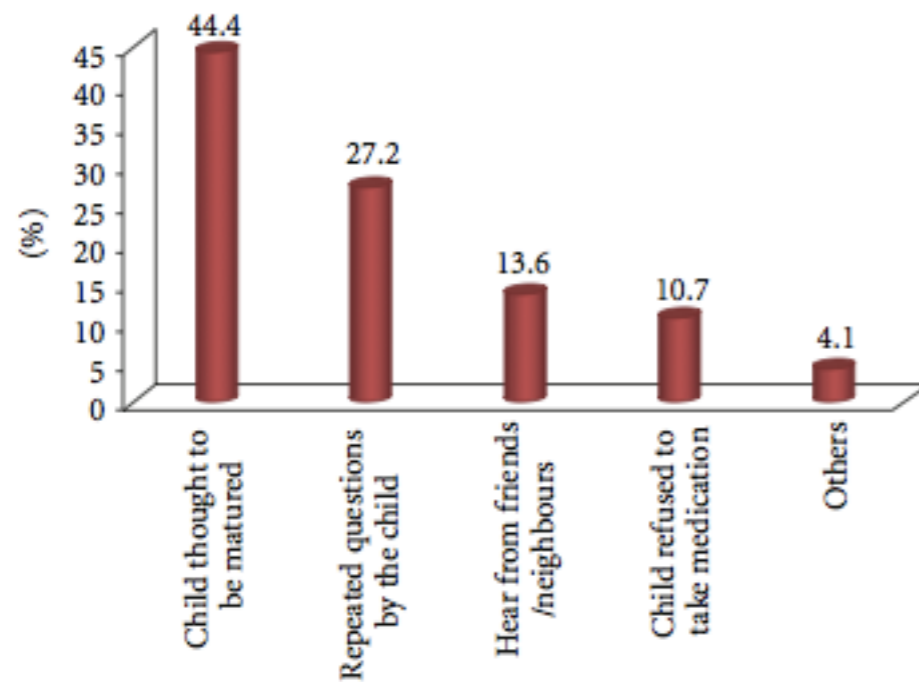


FIGURE 1: Reasons for disclosing HIV-positive status to HIV-positive children in North Gondar Zone, Northwest Ethiopia, 2012.

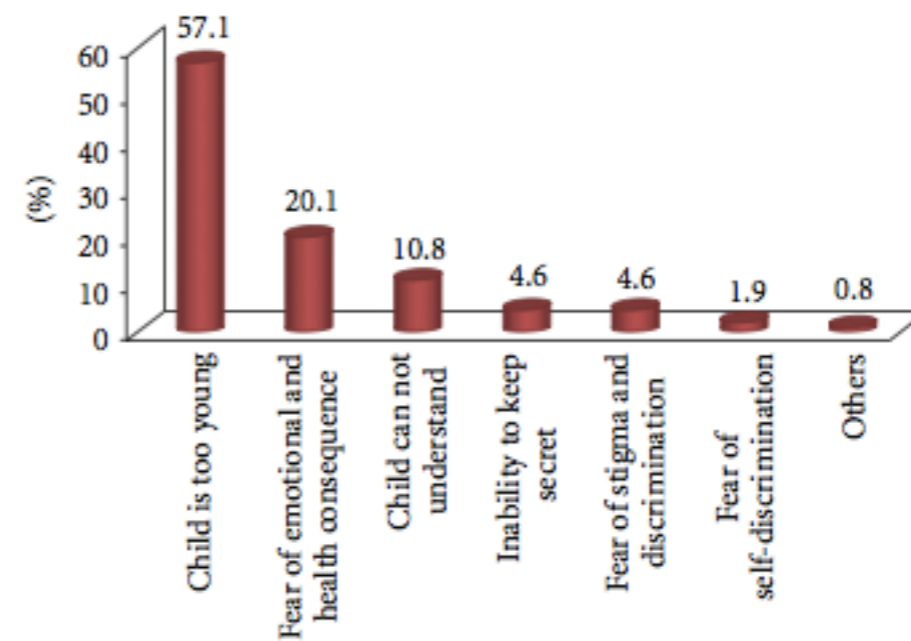


FIGURE 2: Reasons for not disclosing HIV-positive status to HIV-positive children in North Gondar Zone, Northwest Ethiopia, 2012.

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 Tessema^{2*} 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

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- Sister Kalebe Veronica

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THANK YOU