Age at disclosure of HIV infection amongst children attending the Paediatric HIV care and treatment clinic of the Federal Medical Centre Owerri, south eastern Nigeria.

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Short Report

ABSTRACT

Background: with easier access to life saving antiretroviral drugs, children with HIV/AIDS now have better life expectancy and informing them of their status has become of exceeding importance.

Objectives: this study set to assess the age at which HIV infected children attending the Paediatric HIV care and treatment clinic of the Federal medical centre Owerri, were informed of their status.

Methods: the study was cross sectional in nature and carried out over six months between February and July 2010. Parents/Care providers of HIV infected children were interviewed using a purpose created questionnaire. Information on age and other socio-demographic features of the patient and diagnosis disclosure status were obtained.

Results: Sixty Parents / Care providers of HIV infected children were interviewed.10 (16.7%) children have had their status disclosed to them. 6(60%) had disclosure at age 11-13years, 3(30%) had disclosure at 8-10years and only 1(10%) child had diagnosis disclosed at less than 8years of age. The inability of the child to fully understand and comprehend the meaning of HIV infection was the commonest reason for non disclosure. Other reasons were the child's inability to keep the diagnosis secret and the belief that the information would depress the child.

Conclusion: the diagnosis disclosure rate in our study was low and this could impact negatively on outcome. This is so because diagnosis disclosure has been shown to enhance adherence to treatment and coping strategies.

Key words. HIV, Diagnosis, Disclosure, Outcome.

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Âge à la divulgation de l'infection à VIH parmi les enfants fréquentant de pédiatrie soins et au traitement du VIH centre à Owerri, sud-est du Nigéria.

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Rapport court

RÉSUMÉ

Antécédents: with plus facile accès à sauver la vie médicaments antirétroviraux, les enfants vivant avec le VIH/SIDA vivent maintenant plus longtemps et la divulgation du statut VIH d'enfants infectés est de plus en plus important.

Objectifs: tson étude défini pour évaluer l'âge à la divulgation du diagnostic de l'infection à VIH parmi les enfants fréquentant un soins pédiatriques et centre de traitement à Owerri, sud-est du Nigéria.

Sujets/méthodes: til étude transversale par nature et réalisée entre février et juillet 2010 dans la pédiatrie soins et au traitement du VIH clinique du fédéral, du centre médical Owerri. Les parents et les dispensateurs de soins des enfants infectés par le VIH ont été interrogés à l'aide d'un questionnaire structuré. Informations sur les caractéristiques socio-démographiques caractéristiques du patient et le diagnostic divulgation statut ont été obtenus .

Résultats : 60 Parents / fournisseurs de soins des enfants infectés par le VIH étaient interviewed.10 (16,7 %), les enfants ont eu leur statut qui leur sont communiqués. 6 (60%) avaient la divulgation à l'âge de 11-13ans , 3 (30 %) divulgation avait à 8-10ans et seulement1 (10 %) enfant diagnostic avait divulgué à moins de 8 ans. La raison la plus commune pour non-divulgation a été l'incapacité de l'enfant à comprendre le sens de l'infection par le VIH. D'autres raisons ont été l'enfant est dans l'incapacité de conserver le diagnostic secret et cette conviction que l'information serait enfoncer l'enfant.

Conclusion: til diagnostic taux de divulgation dans notre étude était faible et cela pourrait avoir un impact négatif sur les résultats. Il en est ainsi parce que le diagnostic la divulgation a été montré pour améliorer l'observance du traitement et des stratégies d'adaptation.

Mots clés. Le VIH, le diagnostic, la divulgation, le résultat.

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INTRODUCTION

In the earlier years of the HIV/AIDS pandemic, infection in children in most resource poor countries of sub Sahara Africa tended to result in poor outcomes (1). With increasing availability of counseling and testing centers, the opportunity for easier access to testing and subsequent early diagnosis became possible. These centers with the assistance of implementing/donor partners helped to increase access to life saving antiretroviral drugs (2). The resultant effect is that children with HIV/AIDS in these countries now have better life expectancy and disclosing their HIV status to them has become exceedingly important.

Informing a child of his/her HIV status has numerous well documented (3-4) challenges bordering on the child, the parents/caregivers and even the health personnel. Diagnosis disclosure should amongst others take cognizance of the child's age, mental maturity and family related issues.

Informing the child of the diagnosis of HIV infection is not a one off event but a process involving multiple visits. It has been advocated that disclosure be done at school age and should involve the parents/caregivers and knowledgeable professionals (5).

Diagnosis disclosure has tremendous advantages which include better adherence, increased ability to cope with challenges brought about by the infection as well as reduction of negative psychosocial impacts of the disease and reduction of risk of infecting others (6-7). The children have been noticed following disclosure to become better able to understand the disease and the periodic health challenges they might intermittently face and the benefit of adhering to their drugs (8).

In spite of these advantages, there is still intense reluctance amongst parents/caregivers and health professional in disclosing a diagnosis of HIV/AIDS (9-10). Numerous reasons have been adduced and they appear to be similar in spite of economic and socio cultural differing status and scenarios (11-14).

In Nigeria, there is still a paucity of studies documenting the age at disclosure and the factors associated with it. This study set to document the age at which HIV infection status was disclosed to children attending the Paediatric HIV care and treatment clinic of Federal Medical Centre Owerri, South Eastern Nigeria.

METHODS

The Federal Medical Centre, Owerri is a tertiary health facility providing multi disciplinary medical services to clients from Imo state and surrounding states of Abia, Anambra and Rivers. The hospital has a Heart to Heart centre which is supported by Family health international through the GHAIN project. The centre provides comprehensive HIV care and treatment to both adults and children.

Study design.

The study was cross sectional in nature and was carried out in six months between February and July 2010. All consenting parents and care providers of HIV Infected children who were attending the clinic during the study period were eligible but only those whose children or wards were 5 years of age and above were enrolled. During the six month study period, 60 parents/care givers who met the criteria for inclusion and gave consent and were consequently included in the study.

Interviews

Parents/care providers of the patients were interviewed using a purpose developed questionnaire. The questionnaire elicited information on the age, socio- demographic details of the children and their HIV infection disclosure status.

Data analysis

Analysis following the interview was done using the Statistical Package SPSS Version 15.

Ethical clearance/issues

The ethical committee of the Federal Medical Centre, Owerri gave ethical

clearance for this study. Verbal consent was also sought and received from the parents or care providers before the interview.

RESULT

Sample description

Sixty parents/care providers were interviewed in the course of the study. They consisted of42 (70%) biological parents, 9 (15%) grandmothers and 9 (15%) other relatives. The children were 24 (40%) males and 36 (60%) females with an age range of 5 – 16years. 26 (43.3%) were between 5 and 7years, 16 (26.7%) between 8 and 10years, 11 (23.4%) between 11 and 13years and 7 (16.6%) between 14 and 16years.

Disclosure status

Ten children (16.7%) had been told and knew they were HIV positive. They consisted of 2 (20%) males and 8 (80%) females. Ages at disclosure were 3(30%) children at age 9, 4(40%) at age 11 and 3 (30%) at age 12. 50 (83.3%) children had not been told and did not know they were HIV Positive. Amongst these, intended age for disclosure by either the parent or care provider was: Age less than 10years 1(2%), between 10 and 15years 41(82%) and above 15years 8(16%) - Table 2.

Reasons for non disclosure of HIV diagnosis

A total of 78% of the children whose diagnosis had not been disclosed were as a result of their perceived inability to understand the diagnosis by their parents/care providers. The other reasons for non disclosure of diagnosis are shown in Table 1.

DISCUSSION

The HIV diagnosis disclosure rate in our study was 16.7%. Though higher, it is still in tandem with 13.5% reported in an earlier study in Ibadan, South western Nigeria (11), 14% in an Indian study (12) and 17.4% from Addis Ababa (15). A Thai study reported 19.8% while a study in Ghana reported21% (8). These low levels from our study and that from similar resource poor countries fit into the lower range of the 18%-77% reported from studies in resource rich countries (16). It has been suggested that these low levels could be linked to lack or paucity of a defined method or guild line targeted at teaching or aiding disclosure in children (8). This suggestion holds true for our study because as at when we interviewed the parents/care givers, no HIV disclosure manual or guild line had been issued locally. The World health organization produced one in 2011 (17) and it does not appear as yet to have been adapted for use in Nigeria.

The low diagnosis disclosure rate in our study would appear to suggest that most of our patients were receiving drugs without knowing what the drugs were for and why. This could potentially increase the risk of poor adherence, drug resistance and treatment failure. One of the attendant effects would be a negation of anticipated gains and better outcomes expected from early initiations and more readily availability of anti retroviral drugs.

Most of children in our study had their diagnosis disclosed at age of ten years and above. Most parents/care providers who had not disclosed, intended to ,when the child would have become ten years of age or older. This agrees with report from several other studies (11, 12, 14). Notably, both parents/care-providers in our study who had disclosed the diagnosis of HIV and those who had not, believe that beyond age ten the child would be in a better position or better able to understand the diagnosis of HIV and also be more likely in their opinion to keep the information secret because of the perceived stigma associated with the infection.

The commonest reason given in our study for not disclosing the diagnosis of HIV was that the child would not understand what HIV infection meant. This has also been reported and documented by several other studies (12-14). It would appear from these reports that in spite of cultural and religious differences, the thought that the child would not understand the implication of HIV remains the most significant reason for non disclosure of diagnosis.

Of note though, is the finding that the

more intelligent the child was as manifested by a higher IQ and the more expressive the family was increased the probability of earlier diagnostic disclosure to HIV-infected children (18). Parents/caregiver's HIV status has also been shown to impact significantly on disclosure of diagnosis to the child (19).Unfortunately this cannot be extrapolated from our study because we did not seek for the HIV status of parent/care giver during the course of our interview.

While various children-related reasons were given in our study for not disclosing the diagnosis, a South African study that assessed care givers barriers to disclosure found that while considering disclosure an important desire was the protection of their children from discrimination, social rejection, and pain (20). The resultant effect of these was the attendant non disclosure of diagnosis.

Our study did not assess the effect of disclosing diagnosis on adherence to antiretroviral drugs but several studies have documented that disclosure impacted positively on drug adherence, sexual behavior and general outlook (21).

We conclude that in spite of the numerous advantages and positive impacts of diagnosis disclosure, most of the children attending our HIV care and treatment centre were still ignorant of their HIV status and this potentially could affect adherence with its attendant deleterious effect on treatment outcome.

We recommend that the now available WHO manual for diagnosis disclosure be urgently adapted for local use in Nigerian and included in the Nigerian national guild line for providing care and treatment for children living with HIV and AIDS.

Conflict of interest
The authors received no financial support/grant for the study.

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Table 1: Reasons for non-disclosure of child's HIV Positive Status

Reasons	Number	Percentage (%)
The child would not be able to keep the information secret.	4	8
Does not think the patient would understand the information.	39	78
Does not think the patient "can handle" the information.	3	6
Does not know how to tell the patient	3	6
Thinks/believes the information would depress the patient.	1	2
Total	50	100

Table 2 Intended age of disclosure by parents/care providers who were yet to disclose diagnosis.

Intended age to disclose	Number	Percentage.
Less than 10years	1	2
10 – 15 years	41	82
Above 15years	8	16
Total	50	100