

**EMOTIONAL AND BEHAVIORAL HEALTH TRAITS
ASSOCIATED WITH HIV STATUS DISCLOSURE IN
HIV INFECTED CHILDREN AGED 8 – 18-YEARS:
A CROSS SECTIONAL OBSERVATIONAL STUDY**

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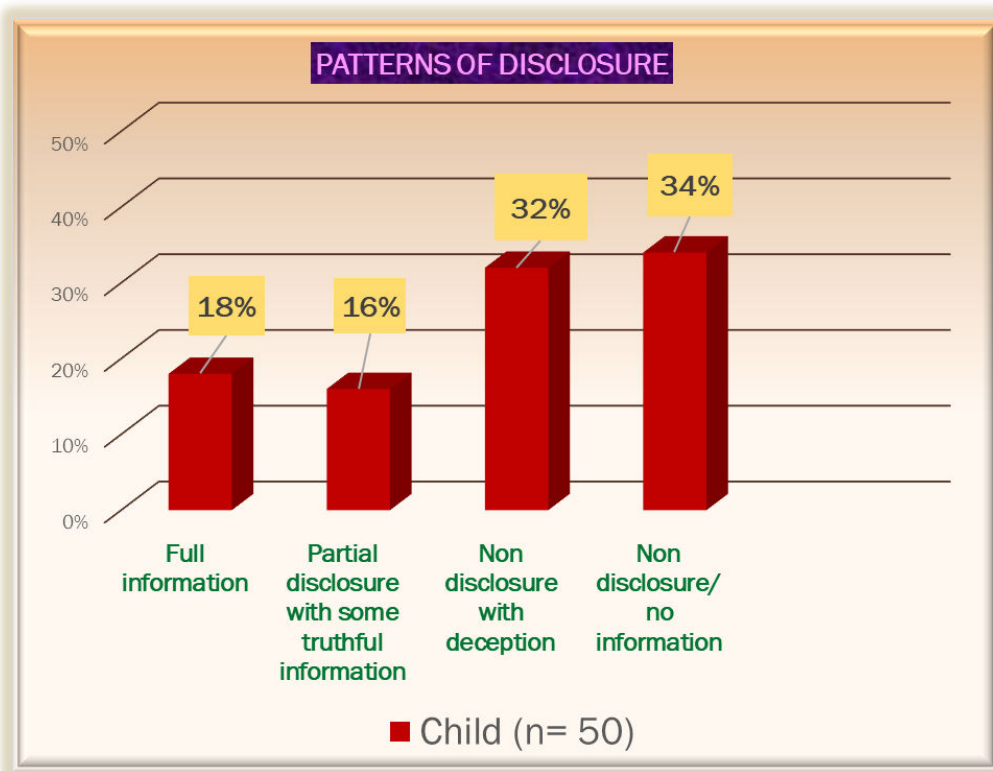
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With free availability of anti-retroviral therapy, increased numbers of HIV positive children are surviving into their adolescence and adulthood. Knowledge of their HIV status is crucial to involve them in their disease management and drug adherence. A Cross sectional interview-based study was carried from November 2015- March 2017. Caregivers (n=47) of 50 HIV infected children aged 8-18 years and children themselves were sequentially interviewed. Information regarding disclosure of serostatus, the exact disease information provided and circumstances of disclosure were assessed. Of 50 enrolled children (males, 62%); mean age 12.43 ± 2.89 years; 31(62%) were infected perinatally. As per caregiver report, 19 (38%) children were disclosed while only 17 (34%) children accepted their serostatus. In 8 cases there was discordance between caregiver and child report regarding disclosure of serostatus. Patterns of disclosure are summarized in table 1 and figure below. Approximately half of children were disclosed by biological parents (47.36%) followed by health care providers (HCP) (42.10 %). Among the demographic and health characteristics influencing disclosure, the only caregiver variable positively associated with disclosure was religion (hindu v/s non-hindu; OR=-6.88, p=0.00) whereas age of the child >12 years and non-perinatal mode of transmission were the child variables that significantly aided disclosure (p 0.01 and 0.02 respectively). Child's intellectual immaturity to understand his/her disease followed by fear of societal ostracisation were most reasons for non-disclosure of serostatus. . 64% caregivers felt that mid and late teenage (12-18 years) as most appropriate age for disclosure and Doctor/HCP as best person to disclose child's HIV status. In our study majority of children were either unaware about their HIV status or had partial information. There is an urgent need to empower and counsel caregivers regarding early HIV serostatus disclosure.

Table 1: Definitions of Patterns of Disclosure

Full disclosure -Given name of the disease, mode of transmission, how virus works, and how they acquired the disease
Partial disclosure with some truthful information provided – given name of disease and that lifelong medication required but child is unaware about mode of transmission and how virus works and future implications of the disease on child.
Non-disclosure with deception – Not given name of disease but informed to take medicines for other less stigmatizing physical illness (T.B, malaria, warts, pneumonia etc) or told to take medicines to maintain good health and go for hospital visits for routine check up
Non-disclosure - No information provided regarding any disease nor explanation provided or told to take medicines and go for hospital visits for routine check-up/ maintain good health



References

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