

Factors associated with caregivers' readiness for diagnostic disclosure to HIV-infected children in Bangkok, Thailand, 2005-2009

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Background

- Disclosure of a diagnosis of HIV infection to a child is a challenging issue facing parents and guardians of HIV-infected children.
- A diagnostic disclosure model for HIV-infected children was developed and implemented at two tertiary care hospitals in Bangkok during 2005-2009.
- The model comprises of 4 steps that are
 - 1) Screening child's eligibility for disclosure
 - 2) Readiness assessment for child and caretaker
 - 3) Disclosure of a diagnosis of HIV infection to a child
 - 4) Follow-up child at two and six months after disclosure
- We determined prevalence of and factors associated with caregivers' readiness to disclose an HIV diagnosis to a child in a hospital setting in Thailand.

Methods

- A cross-sectional study was conducted during February 2005 - June 2009 among primary caregivers of HIV-infected children aged ≥ 7 years who had not been disclosed their HIV status and who were receiving care at two Bangkok hospitals.
- The counselor explored the caregiver's attitudes about the child's HIV illness and counseled them on the risks and benefits of disclosure.
- Disclosure readiness assessment was conducted using a semi-structured questionnaire. The counselors assist caretakers through counseling to determine whether or not the child is ready.
- Child's readiness was subjectively assessed and mutually determined by counselors and caretakers.
- Data on most recent CD4 count were obtained from medical records.
- Univariate analyses and logistic regression analysis were done to examine factors associated with disclosure readiness.

Results

- 427 children were screened, and 387 (90%) were determined eligible. Of these, 353 (91%) eligible children and caregivers had readiness assessments.
- 216/353 (61%) caregivers reported that they were ready if health care providers provide an HIV diagnostic disclosure to their child.
- In multivariable analysis, caregivers' readiness to disclose was associated with children's age > 9 years (adjusted odds ratio [aOR] 5.46; 95% CI: 1.30-23.30) and perception that a child was old enough to comprehend the diagnosis (aOR 9.35; 95% CI: 1.48-58.82).
- Caregivers who believed that the appropriate age for HIV disclosure was 7-12 years were more likely to be ready to disclose compared with those who believed that the appropriate age was >12 years (aOR 4.53; 95% CI: 1.18-17.41).

Univariate and Multivariate Analysis of Disclosure Predictors

Factors	Univariate Analysis			Multivariate Analysis Odds Ratio (95%CI)
	Outcome (N=353)		p-value	
	Caregiver were ready for child's disclosure n/N (%) (N=216)	Caregiver were not ready for child's disclosure n/N (%) (N=137)		
Child's median age (years) (min-max)	10 (7-16)	8 (7-15)	<0.001	
Child's age > 9 years	164/216 (75)	53/137 (39)	<0.001	5.46 (1.30-23.30)
Male child	96/216 (44)	59/137 (43)	0.799	
Median CD4 count (min-max)	548.5 (1-2141)	678.5 (1-2177)	0.003	
Child's severe immunosuppression (CD4 less than 200 cells/mm ³)	40/212 (19)	10/128 (8)	0.005	N/A
Child had internalizing behaviors	41/195 (21)	15/88 (17)	0.437	
Child had psychological maladjustment	63/195 (32)	32/88 (36)	0.504	0.80 (0.21-3.14)
Child had expressive personality	65/195 (33)	30/88 (34)	0.901	
Child did not attend school	18/215 (8)	8/137 (6)	0.376	N/A
Child had learning problem	23/204 (11)	15/119 (13)	0.660	
Biological parent as primary caregiver	76/216 (35)	53/137 (39)	0.506	
Caregivers had previous communication about disease with their child	56/214 (26)	1/133 (1)	<0.001	N/A
Caregivers perceived that child has ability to understand	183/197 (93)	96/132 (73)	<0.001	9.35 (1.48-58.82)
Caregivers perceived that child is inability to keep secret	41/197 (21)	49/132 (37)	0.001	0.40 (0.11-1.45)
Caregivers perceived that disclosure has negative impact on parent-child relationship	5/197 (3)	4/132 (3)	0.167	N/A
Caregivers fear of child's learning diagnosis from elsewhere	6/94 (6)	6/32 (19)	0.040	0.13 (0.02-1.10)
Caregivers perceived that disclosure can improve the child's adherence/self-care	100/152 (66)	10/34 (30)	<0.001	0.91 (0.23-3.66)
Caregivers perceived that proper age for child's HIV disclosure was 7-12 yrs	123/187 (66)	48/94 (51)	0.017	4.53 (1.18-17.41)
Caregivers perceived that child suspicion of HIV diagnosis	61/214 (29)	3/133 (2)	<0.001	N/A
Caregivers perceived that disclosure will create stigma to their child	111/161 (69)	56/84 (67)	0.716	

• N/A = Not Available in multivariate analysis -- Denominators may be vary due to missing data

Limitations

Missing data could result in incorrect ascertainment of the results.

Conclusions and Recommendations

- Child's age, caregiver's perceptions of the child's ability to comprehend a diagnosis and of the appropriate age for disclosure were associated with readiness of caregiver for child's disclosure.
- Readiness assessments for diagnostic disclosure to HIV-infected children should include caregiver readiness measures.
- In order to prepare caregivers' readiness for an HIV diagnostic disclosure to their child, health care providers should educate caregivers on appropriate age that child has ability to understand a diagnosis, basic HIV knowledge, benefits, and adverse effects of child's HIV disclosure. In addition, health care providers should ensure caregivers that their child will be prepared readiness before disclosure so the child will be able to understand their diagnosis.

