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Mental Health reactions to HIV disclosure among children in DR Congo

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Background and History

- Prevalence of HIV in DRC: - *General population: 1.2%*
- *Pregnant woman: 1.6%*
- Prevalence of HIV among children:
 - *>3% of children born in PMTCT protocols were positive in 2013;*
 - *The age group between 15 and 24 years is the most affected of all ages.*
- Introduction of ARV in DRC: - *Officially and charged: 2002*
- *Free of charge: 2004*
- Proportion of HIV patients under ARV: *30% of eligible PLHIV.*
- Proportion of Children under ARV: *8% of eligible children*

Rationale

HIV-infected children in low income countries have now access to treatment and can therefore live longer. As such, it gives parents /caregivers the difficult task of disclosure, which may have both positives and negatives implications. Though, the process of disclosure is associated with psychosocial reactions, little is known on the topic in Africa, and particularly in the Democratic Republic of Congo (DRC).

Rationale (2)

- Since 2004, antiretroviral therapy has been made available in DRC, and disclosure to children has proven to be successful for disease management and good adherence to treatment. There is therefore a need to understand the mental aspect around the disclosure process among children in DRC.

Objective

To identify mental reactions after the disclosure of HIV status among children and adolescents attending the HIV care and treatment at KalembeLembe Pediatric Hospital in Kinshasa, DRC.

Methods

A cross sectional study among 107 children attending the HIV care treatment program was conducted from January 2008 to June 2015.

The Hamilton Scale for depression was used to screen for depressive symptoms. Focus group discussions were conducted to identify issues related to the disclosure of the HIV status.

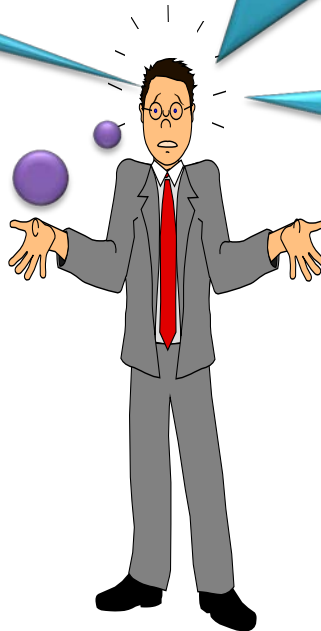
Definition of concept: Disclosure by accident?

By a third person
without preparation

Under emotional
situation (upset
parents or third
person)

Lack of
confidentiality

Medical file, lack
of discretion



Results

- Preliminary results after disclosure:
107 children, mean age: 12.3 (11 -17) years and divided into 3 groups:
 - Disclosure by accident: 36 (34%)
 - Disclosure by health workers & parents: 34 (32 %)
 - Disclosure by HW & peers: 37 (34 %)

Results ⁽²⁾

- Depression and anxiety symptoms
 - By accident: 26/36 (72%) moderate to severe symptoms
 - By HW & parents: 21/34 (61.7%) moderate to severe depression symptoms
 - By HW & peers: 1/37 (2.7%) severe depression .

Results₍₃₎

- **School performance:**

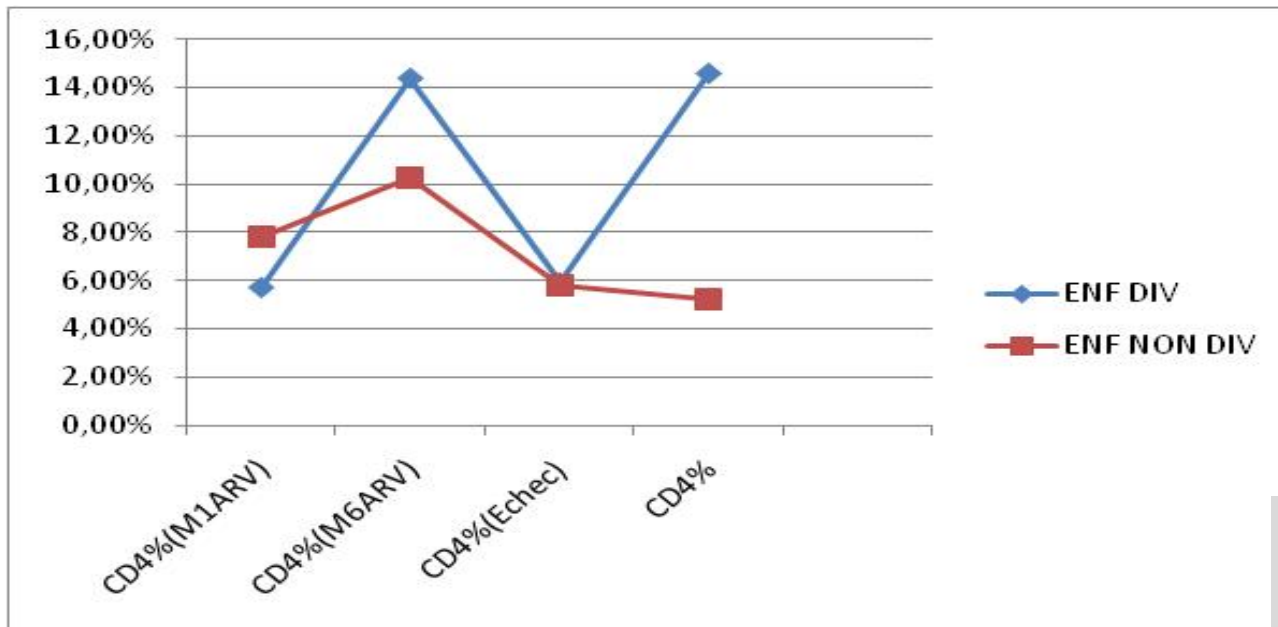
- Poor among by accident (50%), by HW & parents (12%) and none (0%) among HW plus peers.

- **Stomachache symptoms:** 31% vs. 12%, none among the HW plus peers group

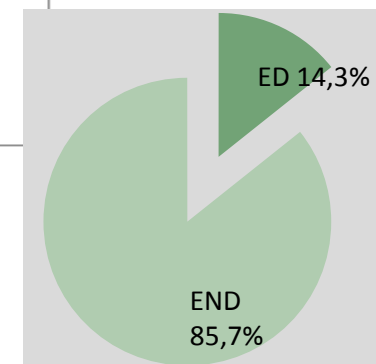
- **Death by refusal of treatment continuation & poor adherence:** 16.7% among the group by accident and none in the 2 other groups

Comparison of CD4 level between disclosure vs. non disclosure after failure of 1st line ARV

CD4 between disclosure vs. Non disclosure among children



Mortality rate



Comparison of CD4 level between disclosure vs. non disclosure after failure of 1st line ARV (2)

Very often when the children treatment failure, it could be considered either guardians neglect or the natural evolution of the disease. It's rare to think about the mental health and its management.

Discussion & Conclusion (2)

Results from the focus groups emphasized the need of early disclosure as it brings a mental and physical relieve, an answer to the often unformulated question of these children. Disclosure brings less emotional pain when it is done by HW rather than biological parents. There is a need to develop strategies considering the mental component of disclosure for better adherence to prevention and treatment.

Discussion and conclusion

- Findings suggested that children whose HIV status was disclosed by health workers and peers were less likely to report depressive symptoms.
- The majority of children, whose disclosure was accidental, reported major depressive symptoms with suicidal thoughts. They were more at risk of poor adherence or discontinuation of care.

Disclosure of HIV among children in DRC

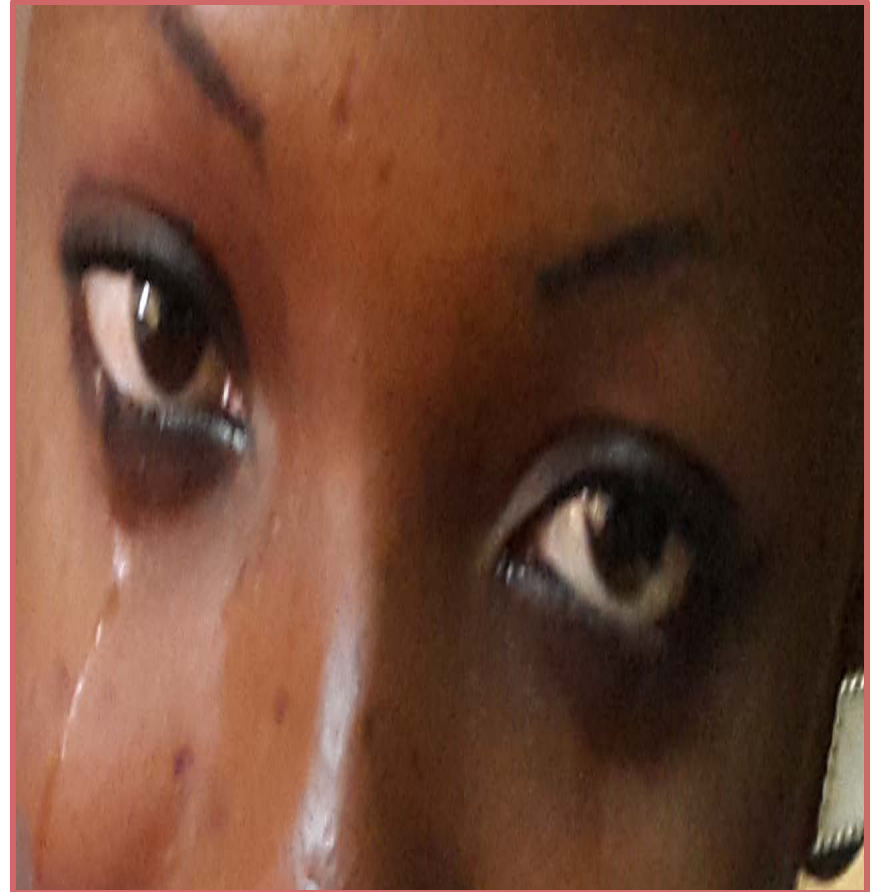
For HIV children, principal barriers to disclosure are parents' underestimation of their children's knowledge about HIV and the lack of initiative for the health workers.

Disclosure of HIV among children in DRC

- Lessons learn:
 - From the children:
 - Disclosure is well accepted and tolerated when done by a HW & peers, and less painful then when done by biological parents or closed caregivers
 - Disclosure brings a mental and physical relieve as it is an answer to a question without answer.
 - A key to a good adherence to care and to positive prevention

Some Illustrations

1. Accidental disclosure



2. Infant in the process of disclosure



3. Group of peers



4. UN SG Ban Ki-moon visits the Kalembelembe Paediatric Hospital accompanied by his wife Yoo Soon-taek.



United for the children

Thank you

