



## **CD-ROM Publication**

Track B - Diagnosis, and disclosure of HIV disease

## CDB0365 - Appropriate counseling approach to disclose HIV status to HIV-infected children: Chiradzulu, Malawi

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Issues: Inadequate educational and counseling tools exist in limited resources setting to effectively disclose HIV status to children living with HIV/AIDS. Cultural beliefs, parental/guardian uncertainty to communicate virus transmission to children and difficulty understanding medical information has left children unclear of understanding what is HIV, the need for doctor visits and adherence to HAART. Disclosure of status routinely occurs when a child is seven years old. An integrated parent/child education and support system is needed to ensure proper follow-up.

Description: Parallel family and group-counseling education programs were developed for children and parents. "Working Together" provides information and tools to help parents incorporate HIV-related issues into discussions with children and other family members. Child-centered "Growing up Together" addresses the importance of CD4-count, how HIV attacks CD4, why blood is taken and need for clinical visits. Sessions include visual aid of need for medical check-up, CD4-count meaning, how the virus survives in the body, how ARVs fights the virus, and nutrition significance. Additionally, playing sessions with culturally representative dolls, arts and crafts facilitate the expression of feelings. Lessons learned: Children, once given the opportunity, posed inquisitive questions: "Why am I the only one sick in the family? Where did I get virus?" Additionally, they expressed fear of parents becoming sick. Unresponsive children, after time, were able to express fears and uncertainty through drawing and roll playing. Difficulties included children understanding how the virus survives in the body and reiteration explaining CD4-counts. Parents found the most challenging issue was communicating to children how transmission occurred; culturally the process of childbirth is not explained to children.

Next steps: As children enter teen years, methods are needed to help them negotiate sexual relationships, longterm complications related to ARVs, and continued adherence. Measuring the effectiveness of the currently used tools by quantifying adherence and attrition in the program is needed.

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