

How is HIV Communicated to Children Living with HIV in Bali, Indonesia?

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Background

The number of children living with HIV is increasing with a high loss to follow up rate among those within antiretroviral therapy (ART), particularly the teenagers. Communicating HIV to children holds an important key to keep them on treatment. This study explores how HIV is communicated to children by their caregivers.

Methods

A qualitative study conducted September-December 2017 in Denpasar City, Bali. Data collected through in-depth interviews with nine children living with HIV (age 10-14) and their caregivers separately. Data analysed thematically to understand the experiences and barriers to communicate HIV to children.

Results

- Seven interviewed children are living with parent while the others living with grandparents.
- All children are still on regular ARV treatment, even though some of them live in other districts and need more than 2 hours drive to the hospital in Denpasar for taking the ARV each month.
- Two children are on the second line ARV due to the first line ARV resistance.
- The study revealed that stigma and discrimination are strong barriers to talk about HIV to children.
- One child knows his HIV status, although not fully understands the transmission. His mother opened their family's HIV status when he was 10, but unready to explain how they got HIV.
- Other caregivers choose not to open the family's HIV status, although children frequently asked the reason of taking medicine regularly.
- Caregivers always refer to the children's history of opportunistic infection or malnutrition as the reason of ARV consumption.
- Most caregivers advised children not to let others see them taking ARV, but never explained the reason to them.
- Some caregivers said that they will wait until the children grown up to talk about HIV, while the others said they will let the children understand by themselves through information available in media.
- Parents raised the need of counseling services for communicating HIV to children as they feel incompetent and worried about the children's reaction.

Conclusion

HIV is not well nor early communicated to children due to stigma and discrimination. This may hinder ART process in particular stage when they do not get appropriate information. Counseling service is needed to facilitate the HIV communication to children.



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