

## The Impact of Disclosure on Health Outcomes in HIV-Infected Nigerian Children

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**AIM:** The study aimed to determine the prevalence, age and main agent of disclosure among Nigerian children on antiretroviral treatment. The study also sought to elicit barriers to, and facilitators of disclosure, and the context and process of disclosure. **METHODS:** In this cross-sectional, facility-based study, a semi-structured questionnaire was administered to 110 parents/caregivers of children > 6 years, to determine child's disclosure status. This was followed by a more detailed interview with 15 parent/caregivers of disclosed children. CD4, viral load, opportunistic infections and adherence information were also extracted from medical records for all 110 children. **RESULTS:** The mean age (SD) of the children in the study was 10.15 (2.97) years, with a median (range) of 9.50 (6 – 18) years. According to parents/caregivers' accounts 34 (30.9%) children knew they were living with HIV, while 74 (67.3%) did not know. Mean age (SD) at disclosure was 10.47 (2.62) years, with a median (range) of 10.00 (6 - 17) years. Most of the children (79.4%) were disclosed at home by their parent(s)/caregiver. The rest were disclosed at the hospital: five were disclosed by a health care provider, while two were accidental disclosure. The most common reasons for disclosure were related to adherence issues – either to help prepare the children to take their medicines or that the child had refused to take his/her medicines (39.4%). This was followed by the child asking a lot of questions related to his/her health, frequent visits to the hospital, or why s/he was taking a lot of medicines even though s/he did not feel ill (27.3%). Most parents/ caregivers did not disclose because the child was considered too young (84.0%) or will not be able to keep their HIV status a secret (10.7%). Disclosure was mostly unplanned and a one-off event. Children's reaction to disclosure ranged from no reaction to shock and crying. Multivariate logistic regression showed that only child's age was a statistically significant predictor of status disclosure (OR 1.69, p=0.002; 95% CI 1.21 – 2.34). The study did not show any association between disclosure and other child and parent/caregiver characteristics. There was no association between disclosure and self-reported adherence (p=0.615).