

# STEP BY STEP GUIDE FOR CONVERSATIONS WITH CHILDREN (TOWARDS DISCLOSURE)

- Can be a difficult process for all concerned
- Effective conversations are dependent on the age and understanding (developmental level) of the child
- Aim to build up a body of knowledge in the child that leads to the point of disclosure of HIV diagnosis

- The **first step** is to find out what the child already knows (often more than adults think)
- Failure of full disclosure by early teenage years can lead to:
  - Poor adherence
  - Emotional difficulties
  - Poor school performance
  - HIV transmission if sexually active

## VERY YOUNG 0 - 4 Years



NO DISCLOSURE YET

### DEVELOPMENTAL LEVEL

- Depends on adult for all needs and information
- Child needs comfort, support and most of all security

### WHAT DO YOU EXPLAIN:

- Carry on consultation with child present
- Child too young for direct information about HIV but explanations to caregiver about how HIV can affect the child remain important
- Provide ideas to help caregiver support child taking medicine
- Congratulate child on taking medicines well
- Address caregiver anxieties
- Build relationship with the child through play/singing
- Provide a safe and welcoming clinic

### AIM

BUILD UP CONFIDENCE of CHILD in HEALTH WORKERS and MEDICINE TAKING

## YOUNG CHILD (Pre-school) 5 – 7 Years



EARLY DISCLOSURE

### DEVELOPMENTAL LEVEL

- Can understand concrete based ideas e.g. real events in the present and past
- Thinking is based in the present
- Take the lead from confidence of caregiver interactions with health workers
- Beginning to link medicines and health

### WHAT DO YOU EXPLAIN:

Child needs to learn about illness but not HIV by name yet

- Introduce ideas of good and bad health by eating healthy food, keeping clean, exercising, looking after teeth etc.
- Medicines help to keep a body healthy and strong
- Introduce infections as 'germs' that can hurt or damage the body/make you sick or hurt
- Introduce (white) blood cells as the part of the body that look for and kill infections or germs
- Some germs hide and you need to take medicines to help fight the germs

### AIM

UNDERSTANDING that MEDICINES SUPPORT the BODY to KEEP WELL

## SCHOOL CHILD 8 – 11 Years



PARTIAL DISCLOSURE

### DEVELOPMENTAL LEVEL

- Able to hold onto ideas and apply them to new situations
- Can understand past, present and future
- Has social and moral awareness about right & wrong behaviour
- Beginning to be more curious and take some control over their lives

### WHAT DO YOU EXPLAIN:

- Explain that the germ concerned is a virus
- Viruses are 'clever germs' which can damage white blood cells
- If medicines are not taken correctly, the virus can get stronger and stop the medicines working (resistance)
- Naming of virus as HIV may occur but not essential
- Need to explain that information is private and should only be shared with those agreed with the caregiver(s)
- Help the child identify who they can talk with about their health or HIV with
- Disclosure to symptomatic school age children is strongly encouraged

### AIM

NAMING of INFECTION as HIV VIRUS

## SCHOOL CHILD 11 – 14 Years



FULL DISCLOSURE

### DEVELOPMENTAL LEVEL

- More abstract thinking (understands future consequences of actions)
- Increasingly making decisions on their own regarding identity, independence, school, career
- Puberty/sexual development
- Dependence on caregivers decreases
- Importance of relationships with friends increases

### WHAT DO YOU EXPLAIN:

- Check understanding of health, medicines, sexual development and HIV infection
- Directly address young person during clinic consultations
- Need to understand responsibility for not transmitting HIV i.e. safer sex, and their rights i.e. family planning, confidentiality
- Preparation for future, encourage direct involvement in discussions and decisions
- Promote the benefits of attendance at adolescent support group

### AIM

FULL UNDERSTANDING and RIGHTS and RESPONSIBILITIES  
ABILITY to NEGOTIATE own HEALTH CARE