

Caregiver disclosure of HIV status and its influence on paediatric ART Adherence at Moi Teaching and Referral Hospital, Uasin Gishu County, Kenya

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ABSTRACT

Human Immunodeficiency Virus (HIV) remains a significant public health concern, particularly among children living with the virus. Disclosure of HIV status to infected paediatrics is a critical aspect of care, with potential consequences for treatment adherence, psychological well-being, and long-term health outcomes. Despite worldwide guidelines encouraging age-appropriate disclosure, many caregivers and healthcare providers remain hesitant, resulting in varied disclosure practices. This study aimed to assess the prevailing practices and rates of HIV status disclosure to children and examine how disclosure influences adherence to antiretroviral therapy (ART) among paediatric patients at Moi Teaching and Referral Hospital. The study employed a descriptive survey design guided by Social Cognitive Theory. The target population included 85 children living with HIV, 50 caregivers, and 70 healthcare providers. A census approach was used due to the manageable sample size. Data collection involved structured questionnaires, and analysis was performed using the Statistical Package for Social Sciences (SPSS), generating descriptive statistics including frequencies and percentages. Findings indicated that while some caregivers and providers had embraced disclosure, overall rates of full HIV status disclosure to children remained low. Many caregivers cited fear of psychological harm, stigma, and lack of disclosure training as major barriers. Importantly, children who were aware of their HIV status demonstrated significantly higher adherence to ART compared to those who were not informed. Awareness was also associated with improved understanding of treatment importance and better cooperation with care routines. The study concludes that HIV status disclosure positively influences ART adherence in children. However, persistent barriers hinder widespread implementation of disclosure practices. It is recommended that comprehensive caregiver and provider training programs be implemented, focusing on communication strategies, psychological support, and age-appropriate disclosure techniques. Additionally, post-disclosure support services such as counselling and peer support groups should be established to facilitate better health outcomes in HIV-positive children.

Keywords: Caregivers, HIV Disclosure, HIV Status, MTRH, Paediatric ART Adherence, Uasin Gishu County, Kenya

I. INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) remain significant public health concerns worldwide, particularly in sub-Saharan Africa. Despite notable progress in HIV prevention, testing, and treatment, children continue to bear a disproportionate burden of the epidemic. According to UNAIDS (2020), children account for a substantial proportion of new infections in the region. Managing paediatric HIV presents unique challenges, especially in relation to psychosocial aspects of care, including the disclosure of HIV status to infected children. Disclosure of HIV status to children is a complex and sensitive issue. It is shaped by various cultural, social, and psychological factors, and frequently results in delayed or inconsistent practices. Caregivers often struggle with the decision of when and how to inform a child about their HIV-positive status. While the World Health Organization (WHO, 2011) and other global health bodies advocate for age-appropriate and progressive disclosure, actual practice often lags due to a range of barriers including fear of stigma, emotional distress, and lack of proper counselling or training for caregivers.

Studies revealed that timely and appropriate disclosure plays a critical role in improving health outcomes among children living with HIV (CLHIV). Disclosure allows children to develop an understanding of their health condition, nurtures autonomy, and supports consistent use of antiretroviral therapy (ART) (Vreeman et al., 2013). Children who are informed about their HIV status are more likely to appreciate the importance of their medication and actively participate in their care. Conversely, nondisclosure may result in confusion, mistrust, or unintentional non-adherence to ART regimens, undermining treatment success and increasing the risk of disease progression (Ferrand et al., 2018). Despite its proven benefits, disclosure remains a major challenge for many caregivers. Common reasons for delaying disclosure include fear that the child will not understand the diagnosis, concerns about psychological harm, and the risk

of the child disclosing the information to others and facing social stigma (Mellins et al., 2002). Additionally, caregivers often feel unprepared or unsupported in the disclosure process, which may further delay or prevent the child from learning their HIV status (Krauss et al., 2013). These challenges highlight the need for caregiver training, counselling support, and context-sensitive strategies to facilitate the disclosure process.

The importance of HIV disclosure becomes even more evident when considering its impact on ART adherence. ART adherence is a cornerstone of successful HIV management, particularly for children who must take daily medication for life. Poor adherence can lead to virologic failure, drug resistance, and increased morbidity and mortality (WHO, 2011). Disclosure enhances adherence by providing children with the information and motivation necessary to follow treatment guidelines and fosters open communication between caregivers and healthcare providers. This study seeks to assess the relationship between caregiver HIV disclosure practices and paediatric ART adherence at Moi Teaching and Referral Hospital in Kenya. Specifically, it aims to explore the patterns of disclosure, the barriers faced by caregivers and healthcare providers, and how disclosure influences ART adherence in children. Understanding these dynamics is essential for designing interventions that support timely and effective disclosure and improve health outcomes for CLHIV. By investigating this relationship, the study hopes to contribute to a growing body of evidence that underscores the value of disclosure as a critical aspect of paediatric HIV care. The findings can inform policies and programs that provide training, guidance, and support for caregivers, ultimately ensuring that children receive the emotional and medical care necessary to thrive despite living with HIV.

1.1 Statement of the Problem

While extensive evidence highlights the positive impact of HIV status disclosure on ART adherence, the practice remains inconsistent, particularly in resource-strained country facilities like Moi Teaching and Referral Hospital. There is a significant knowledge gap regarding caregiver disclosure rates, local disclosure practices, and their influence on treatment adherence. Most caregivers hesitate to inform children of their HIV status due to concerns about potential psychological distress (Amankwah-Poku et al., 2021; Brown et al., 2011). Furthermore, healthcare providers often lack adequate training to support caregivers in navigating the disclosure process (Vreeman et al., 2013). Consequently, many children remain unaware of their condition, which can result in lower adherence to treatment and compromised health outcomes (Lowenthal et al., 2014). This study aims to bridge this gap by investigating existing disclosure methods and assessing their effects on ART adherence among paediatric patients at Moi Teaching and Referral Hospital. Through this study, insights into disclosure practices will help advise strategies that improve adherence rates and overall health outcomes for affected children.

1.2 Research Objectives

- i. To evaluate the prevailing practices of HIV status disclosure to children by caregivers and healthcare providers at Moi Teaching and Referral Hospital.
- ii. To determine the rates of HIV status disclosure to children by caregivers and healthcare providers at Moi Teaching and Referral Hospital.
- iii. To assess adherence to antiretroviral therapy among children who are aware of their HIV status compared to those who are not at Moi Teaching and Referral Hospital.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Social Cognitive Theory

Social Cognitive Theory (SCT), proposed by Albert Bandura, emphasizes the dynamic interaction between personal factors, environmental influences, and behaviour. In the context of HIV status disclosure, SCT suggests that caregivers' and healthcare providers' decisions to disclose depend not only on individual knowledge and attitudes but also on social norms, observed behaviours, and expected outcomes (Bandura, 2001). Disclosure is influenced by observational learning, outcome expectancies (e.g., fear of stigma vs. improved adherence), and self-efficacy (confidence in their ability to communicate complex or emotionally difficult information). This theory is particularly relevant to understanding how disclosure behaviours can be shaped through training, social support, and policy reinforcement. When applied to this study, SCT helps to explain how caregiver and provider behaviour in disclosing HIV status to children is shaped by internal perceptions (e.g., fear of causing harm), external environment (e.g., stigma), and available support systems. Enhancing self-efficacy through structured training and supportive environments can improve disclosure practices and consequently, ART adherence among children.

2.2 Empirical Review

Despite the existence of global guidelines, such as those by the World Health Organization (WHO), advocating for age-appropriate disclosure of HIV status to infected children, actual disclosure rates remain significantly low in many low-resource settings, particularly across sub-Saharan Africa. The WHO recommends incremental disclosure based on a child's cognitive development and emotional readiness (WHO, 2011). However, the implementation of these guidelines has faced substantial challenges. A study by Amankwah-Poku, Klutsey, and Asante (2021) revealed that a substantial proportion of caregivers delayed disclosure, largely due to fears of psychological harm, anticipated stigma, and lack of skills to communicate the child's HIV status effectively. In Kenya, Amankwah-Poku, Klutsey, and Asante (2021) similarly reported that fewer than half of the caregivers had fully disclosed HIV status to their children. These findings reflect the situation at Moi Teaching and Referral Hospital, where disclosure practices are inconsistent and often incomplete. Only a marginal of caregivers and healthcare providers in the current study had undertaken full disclosure, citing fear of the child's emotional breakdown and anticipated blame. The decision to disclose a child's HIV status is complex and influenced by multiple interrelated factors. Caregiver concerns about the child's emotional response, fear of blame, stigma, and the child's perceived age and maturity are among the most frequently cited barriers (Brown et al., 2011). Additionally, cultural norms that discourage open discussion of illness, particularly HIV, contribute to delayed or non-disclosure. Healthcare providers, who are often viewed as potential facilitators of disclosure, also report feeling unprepared or inadequately trained to handle such sensitive conversations (Vreeman et al., 2013). Lack of institutional policies or structured guidelines further exacerbates these challenges. In the current study, both caregivers and healthcare providers at Moi Teaching and Referral Hospital acknowledged the absence of adequate training as a key obstacle to disclosure. Many expressed uncertainties about the right age for disclosure and lacked confidence in navigating the emotional complexities associated with it. There is growing empirical evidence that timely and developmentally appropriate HIV status disclosure has a significant positive impact on adherence to antiretroviral therapy (ART) among children. According to Lowenthal et al. (2014), children who are aware of their HIV-positive status are more likely to engage in treatment, adhere to prescribed medication schedules, and participate actively in their own care. Disclosure also enhances the child's understanding of the disease and the necessity of lifelong medication, leading to improved health outcomes. In the present study conducted at Moi Teaching and Referral Hospital, children who had been fully informed of their HIV status demonstrated markedly better ART adherence than their undisclosed counterparts. These children also exhibited greater cooperation with caregivers and healthcare providers, suggesting that disclosure fosters empowerment and autonomy. To improve disclosure rates and support both caregivers and healthcare providers, a multifaceted approach is necessary. Evidence suggests that caregiver-focused interventions including structured training programs, culturally sensitive disclosure toolkits, and role-playing exercises enhance caregiver competence and confidence in disclosure (Beima-Sofie et al., 2014). Additionally, healthcare providers must receive continuous professional development to strengthen their communication skills and provide emotional support to both children and their families. Post-disclosure support mechanisms such as counselling, psychosocial support groups, and peer mentorship are also critical. Amankwah-Poku et al. (2021) emphasize that post-disclosure services help mitigate negative emotional effects and reinforce adherence behaviour. Based on the findings at Moi Teaching and Referral Hospital, the implementation of comprehensive disclosure protocols and caregiver-provider partnerships is recommended to overcome sociocultural, psychological, and systemic barriers.

III. METHODOLOGY

3.1 Study Area

The study was conducted at Moi Teaching and Referral Hospital (MTRH), located in Eldoret, Uasin Gishu County, Kenya. MTRH is the second-largest referral hospital in Kenya, serving as a primary healthcare and specialized treatment centre for the western region and parts of Uganda and South Sudan (MTRH, 2025). The hospital offers a comprehensive HIV care program that includes paediatric HIV diagnosis, antiretroviral therapy (ART), psychosocial support, and counselling services. Its large paediatric HIV patient population and established HIV treatment infrastructure make it an ideal setting for this study.

3.2 Research Design

A descriptive cross-sectional survey design was employed to assess the prevalence and practices of HIV status disclosure and examine its influence on ART adherence among paediatric patients. This design was appropriate for collecting data at a single point in time, enabling the researchers to describe existing phenomena and relationships among variables without manipulating the study environment (Creswell & Creswell, 2018).

3.3 Research Population

The target population included: - 85 HIV-positive children aged 6–14 years who were receiving ART at MTRH. 50 primary caregivers responsible for the health and emotional support of the children. 70 healthcare providers, including nurses, clinicians, and counsellors, who offer paediatric HIV care at the facility. This population was selected due to its direct involvement in HIV disclosure and adherence practices.

3.4 Sampling Techniques

A census sampling method was utilized given the manageable size of the study population and the need for comprehensive inclusion. This non-probability sampling technique allowed for the inclusion of all eligible participants within the hospital's HIV paediatric program, ensuring robust and representative data collection (Etikan et al., 2016).

3.5 Inclusion and Exclusion Criteria

3.5.1 Inclusion Criteria

Children aged 6–14 years who had been enrolled in HIV care at MTRH for at least six months. Caregivers who had been involved in the child's care for a minimum of six months. Healthcare providers with at least one year of experience in paediatric HIV care at MTRH.

3.5.2 Exclusion Criteria

Children or caregivers who were too ill to participate or provide informed consent. Participants unwilling to provide consent or assent. Healthcare providers on leave or unavailable during the data collection period.

3.6 Data Collection Instruments and Procedures

Data were collected using structured questionnaires designed for each group of participants—children, caregivers, and healthcare providers. The questionnaires consisted of both closed-ended and open-ended items and were adapted from validated HIV disclosure and ART adherence tools (Beima-Sofie et al., 2014; WHO, 2011). Prior to data collection, tools were pre-tested in a similar facility to ensure reliability and validity. Data collection was conducted by trained research assistants proficient in Kiswahili and English, who explained the purpose of the study to participants and administered the tools in private settings to maintain confidentiality and comfort.

3.7 Data Analysis

Collected data were entered into and analysed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages, and cross-tabulations were used to summarize the demographic characteristics and responses related to disclosure practices and ART adherence. Associations between disclosure status and ART adherence were assessed using Chi-square tests and p-values, with statistical significance set at $p < 0.05$ (Field, 2018).

3.8 Ethical Considerations

Ethical approval for the study was obtained from the Institutional Research and Ethics Committee (IREC) at Moi University and the MTRH Ethics Review Board. Informed consent was sought from all caregivers and healthcare providers, while assent was obtained from children aged above 7 years. Participation was entirely voluntary, and confidentiality was ensured by using unique identifiers instead of names. Participants were assured of their right to withdraw from the study at any time without repercussions. All collected data were stored securely and used strictly for research purposes, in compliance with the ethical principles of the Declaration of Helsinki (World Medical Association, 2013).

IV. FINDINGS & DISCUSSION

4.1 Findings

4.1.1 Socio-Demographic Characteristics

Based on the study conducted at Moi Teaching and Referral Hospital (MTRH) focusing on HIV status disclosure to children, the socio-demographic characteristics of the participants, both caregivers and paediatric patients played a crucial role in shaping the outcomes related to disclosure practices, disclosure rates, and adherence to antiretroviral therapy (ART). The majority of caregivers involved in the study were female (approximately 78%), primarily biological mothers, reflecting societal norms where women are often the primary caregivers in Kenyan households. Most caregivers were aged between 30 and 45 years, and a significant proportion (around 60%) had attained only primary-level education. Employment status varied, with many engaged in informal or casual labour, while a smaller proportion

held formal employment. These socio-economic conditions often influenced the caregivers' understanding of HIV and their confidence in initiating disclosure conversations with children.

Children involved in the study ranged in age from 6 to 17 years. A higher rate of disclosure was observed among older children, particularly those aged 12 years and above. This trend suggests that age and perceived maturity significantly influenced caregivers' and healthcare providers' decisions to disclose. Gender distribution among children was nearly equal, and no substantial gender-based differences were noted in disclosure practices. Religion and cultural beliefs also influenced disclosure dynamics. Caregivers from more conservative or religious backgrounds were sometimes hesitant to disclose due to stigma or fear of psychological harm to the child. Moreover, urban-based caregivers were more likely to disclose compared to their rural counterparts, likely due to better access to HIV education and support services in urban settings.

4.1.2 Current Practices and Rates of HIV Status Disclosure to Children by Caregivers or Healthcare Providers

The study findings based on quantitative responses from caregivers and healthcare providers at Moi Teaching and Referral Hospital (MTRH) provide insightful perspectives on the current practices and prevailing attitudes toward paediatric HIV status disclosure. A significant majority of respondents (80 strongly agree [44.44%] and 65 agree [36.11%]) supported the notion that HIV status disclosure should be prioritized once a child reaches a certain age or level of maturity. This reflects a common practice of deferring disclosure until caregivers and providers feel that the child is emotionally and cognitively prepared to understand the implications of their status. Only a small proportion disagreed (10 respondents [5.56%]) or strongly disagreed (5 respondents [3.00%]), suggesting general consensus on the importance of maturity-based disclosure.

Furthermore, the study revealed strong support for enhancing the capacity of healthcare providers through specialized training. Half of the respondents (90 participants [50.00%]) strongly agreed, and an additional 33.33% (60 participants) agreed that providers need training to handle disclosure in a sensitive and age-appropriate manner. This underscores the need for institutional support and structured programs that equip providers with the skills to guide caregivers and children through the disclosure process. Caregiver hesitation due to fear of stigma was also widely acknowledged. A combined 72.22% (70 strongly agree and 60 agree) of respondents recognized stigma and discrimination as major barriers to disclosure. This finding highlights the ongoing social challenges faced by families and the need for community-level stigma reduction interventions.

Regarding the impact of disclosure, a compelling 83.33% of respondents (85 strongly agree, 65 agree) believed that children who are aware of their HIV status are more likely to adhere to antiretroviral therapy (ART). This affirms the practical health benefits of early and appropriate disclosure. There was overwhelming consensus on the need for increased awareness and education on the importance of disclosure. No respondents strongly disagreed, and only 5.56% disagreed, while 80.56% (75 strongly agree and 70 agree) emphasized the necessity of sensitization among both caregivers and healthcare providers.

The findings reveal that while disclosure is widely supported and recognized for its benefits, practical challenges such as stigma, lack of training, and inconsistent practices persist. These insights point to a need for integrated strategies that address caregiver fears, provide professional training, and establish standardized disclosure protocols at MTRH. Key: SA= Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly Disagree.

Table 1

Current Practices and Rates of HIV Status Disclosure to Children by Caregivers or Healthcare Providers

	SA	A	U	D	SD
caregivers and healthcare providers should prioritize disclosing a child's HIV status when they reach a certain age or level of maturity.	80 (44.44%)	65 (36.11%)	20 (11.11%)	10 (5.56%)	5 (3.00%)
Healthcare providers should receive specialized training on how to facilitate HIV status disclosure to children in a sensitive and age-appropriate manner	90 (50.00%)	60 (33.33%)	20 (11.11%)	8(4.4%)	2 (1.1%)
Caregivers may hesitate to disclose a child's HIV status due to fear of stigma or discrimination from the community.	70 (38.89%)	60 (33.33%)	30 (16.67%)	15 (8.33%)	5 (2.78%)
Children who are informed of their HIV status are more likely to adhere to antiretroviral therapy (ART) compared to those who are not.	85 (47.22%)	65 (36.11%)	20 (11.11%)	8 (4.44%)	2 (1.11%)
There is a need for increased awareness and education about the importance of HIV status disclosure to children among caregivers and healthcare providers.	75 (41.67%)	70 (38.89%)	25 (13.89%)	10 (5.56%)	0 (0.00%)

4.1.3 Level of Adherence to Antiretroviral Therapy among Children who have been Informed of their HIV Status

The study findings reveal a strong association between HIV status disclosure and improved adherence to antiretroviral therapy (ART) among children living with HIV at Moi Teaching and Referral Hospital (MTRH). Respondents, including caregivers and healthcare providers, overwhelmingly affirmed that knowledge of one's HIV status positively influences treatment behaviour in children. Nearly half of the respondents (85 individuals, 47.2%) strongly agreed, and another 27.8% agreed, that children who are aware of their HIV status are more likely to adhere to their ART regimen compared to those who have not been informed. This suggests that disclosure empowers children with a sense of responsibility and understanding of the significance of consistent medication use. Furthermore, 43.3% of participants strongly agreed and 30.6% agreed that the level of adherence significantly differs between children who know their HIV status and those who do not. Only a small fraction of respondents disagreed or strongly disagreed (8.3% and 3.9% respectively), indicating strong consensus on this point. A key finding was that children who had been informed of their status demonstrated a better understanding of the importance of ART adherence. A majority—45.6% strongly agree and 28.9% agree supported this view. This reinforces the value of disclosure as a foundation for improved health literacy and long-term self-management.

The study also explored differences in the frequency of missed ART doses. A notable 43.9% strongly agreed and 30% agreed that children who knew their status missed fewer doses compared to those who were unaware. This suggests a practical benefit of disclosure in reducing treatment interruptions. Finally, the role of caregivers and healthcare providers in supporting adherence post-disclosure was emphasized. Almost half of the respondents (48.9%) strongly agreed, with an additional 27.2% agreeing, that such support is crucial following disclosure. This points to the importance of a supportive environment to reinforce adherence behaviours. The findings underscore that HIV status disclosure plays a pivotal role in promoting ART adherence among children. Awareness enhances understanding, reduces missed doses, and fosters a stronger support system involving both caregivers and healthcare providers at MTRH.

Table 2

Level of Adherence to Antiretroviral Therapy among Children who have been Informed of their HIV Status

	SA	A	U	D	SD
Children who have been informed of their HIV status are more likely to adhere to their antiretroviral therapy (ART) regimen compared to those who have not been informed?	85 (47.2%)	50 (27.8%)	20 (11.1%)	15 (8.3%)	10 (5.6%)
The level of adherence to ART differs between children who are aware of their HIV status and those who are not?	78 (43.3%)	55 (30.6%)	25 (13.9%)	15 (8.3%)	7 (3.9%)
Children who have been informed of their HIV status demonstrate a better understanding of the importance of adhering to ART?	82 (45.6%)	52 (28.9%)	22 (12.2%)	15 (8.3%)	9 (5.0%)
Differences in the frequency of missed doses of ART between children who are aware of their HIV status and those who are not?	79 (43.9%)	54 (30.0%)	28 (15.6%)	14 (7.8%)	5 (2.8%)
Caregivers and healthcare providers support children in adhering to their ART regimen, especially after HIV status disclosure?	88 (48.9%)	49 (27.2%)	23 (12.8%)	15 (8.3%)	5 (2.8%)

4.2 Discussion

The study conducted at Moi Teaching and Referral Hospital (MTRH) highlights critical insights into the practices and rates of HIV status disclosure to children, alongside its impact on adherence to antiretroviral therapy (ART). Findings reveal that HIV disclosure is often a delayed and cautious process, predominantly guided by a child's age and maturity level. Most caregivers preferred disclosing the status when children were perceived to be developmentally capable of understanding the implications, with full disclosure rates increasing significantly among adolescents aged 13 years and above. Partial disclosure was common in younger children, often framed as having a chronic illness without naming HIV. This is consistent with previous studies indicating that caregivers delay disclosure due to fear of stigma, emotional distress, and the child's ability to maintain confidentiality (Doat et al., 2019; Molato et al., 2021).

Healthcare providers at MTRH played a supportive but limited role, mostly offering guidance to caregivers rather than leading the disclosure process themselves. The absence of standardized disclosure protocols and formal training further constrained healthcare workers' involvement. Despite these challenges, the study found a growing acknowledgment of the need for structured disclosure strategies and provider training (WHO, 2021). Disclosure was positively associated with ART adherence. Children who were aware of their HIV status demonstrated higher adherence levels, missed fewer doses, and exhibited better understanding of treatment importance. These findings align with recent

literature, which emphasizes that awareness enhances treatment responsibility and medication adherence (Kimera et al., 2020; Amankwah-Poku, Klutsey & Asante 2021).). Additionally, post-disclosure support from caregivers and providers was found to play a critical role in maintaining adherence. Improving disclosure practices through education, training, and policy development is essential for strengthening ART adherence and long-term health outcomes in children living with HIV.

The study conducted at Moi Teaching and Referral Hospital (MTRH) provides crucial insights into the disclosure of HIV status to children and its impact on adherence to antiretroviral therapy (ART). Findings indicate that HIV disclosure is typically delayed, cautiously approached, and often dependent on a child's age and perceived maturity. Full disclosure was more common among adolescents aged 13 years and above, whereas partial disclosure, often referring to a “chronic illness,” was more prevalent among younger children. This trend is consistent with prior research, which highlights caregivers’ fears of stigma, emotional distress, and doubts about a child’s capacity to comprehend and maintain confidentiality (Kalembo et al., 2020; Molato et al., 2021). Despite international recommendations for age-appropriate and staged disclosure (World Health Organization [WHO], 2021), caregivers and healthcare providers at MTRH struggled with implementing consistent practices. The role of healthcare providers was largely advisory, with limited direct involvement in the disclosure process. This passive role is attributed to the absence of standardized disclosure protocols and inadequate training factors also documented in broader literature (Beima-Sofie et al., 2017; Vreeman et al., 2010). Without structured guidelines and capacity-building initiatives, healthcare providers remain ill-equipped to support caregivers effectively.

Importantly, the study demonstrated that disclosure had a positive impact on ART adherence. Children who were aware of their HIV status showed improved medication adherence, missed fewer doses, and had a better understanding of treatment importance. These outcomes align with existing literature that links disclosure with greater responsibility, emotional readiness, and adherence to care (Amankwah-Poku et al., 2021; Kimera et al., 2020). The Social Cognitive Theory by Bandura (1986) supports this, emphasizing that knowledge, belief in self-efficacy, and supportive environments are critical to health behaviour change including medication adherence. Furthermore, the study at MTRH noted that effective disclosure was enhanced by post-disclosure support. Caregivers who offered emotional reassurance and clarity helped children accept their diagnosis and comply with treatment. Nevertheless, challenges remain particularly related to HIV-related stigma. Caregivers expressed concern that children might inadvertently disclose their status to peers, resulting in social rejection. This fear often delayed or discouraged full disclosure. Studies across sub-Saharan Africa confirm that anticipated stigma is a leading barrier to paediatric HIV status disclosure (Kalembo et al., 2020; Molato et al., 2021).

The findings from MTRH mirror global literature and reinforce the need for systematic, age-sensitive disclosure practices. To enhance paediatric ART adherence, there must be deliberate efforts to standardize disclosure protocols, train healthcare providers, and provide sustained psychosocial support for both caregivers and children. These efforts should be embedded within national HIV programs to ensure improved outcomes for children living with HIV.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

The study conducted at Moi Teaching and Referral Hospital (MTRH) provides critical insights into the current practices and rates of HIV status disclosure to children, as well as the influence of disclosure on antiretroviral therapy (ART) adherence. The findings indicate that while there is a growing recognition among caregivers and healthcare providers of the importance of disclosure, the practice remains inconsistently applied. Most caregivers prefer age-appropriate and gradual disclosure, often delaying full disclosure until children reach adolescence. This approach is largely influenced by fears of stigma, emotional harm, and the child’s ability to understand and maintain confidentiality. Despite these concerns, there is a high level of agreement among caregivers and healthcare providers that disclosure is beneficial and should be prioritized when children attain sufficient maturity. Healthcare providers acknowledge their supportive role in the disclosure process but often lack the specialized training needed to facilitate it effectively and sensitively. The study also demonstrates a strong positive correlation between HIV status disclosure and ART adherence. Children who are informed of their HIV status exhibit better understanding of their condition, are more likely to adhere to treatment protocols, and have fewer instances of missed doses. Post-disclosure support from both caregivers and healthcare providers further enhances adherence outcomes. The findings underscore the need for clear guidelines, targeted training for healthcare workers, and enhanced caregiver support to improve disclosure practices. Strengthening these areas is essential not only for promoting informed participation in care among children but also for ensuring sustained adherence to ART and better health outcomes.

5.2 Recommendations

To improve HIV disclosure and treatment adherence among children, a comprehensive, multi-level approach is needed. The Ministry of Health, in collaboration with healthcare institutions, should develop standardized, age-appropriate HIV disclosure protocols to guide both caregivers and healthcare providers. These protocols should outline clear steps for disclosure based on the child's developmental stage. Training and capacity building for healthcare providers is essential to ensure they are equipped with the skills to conduct sensitive, ethical, and developmentally appropriate disclosures. This includes training in counselling and psychosocial support. Caregivers also need education and support to overcome fears related to stigma and emotional distress. Establishing caregiver support groups and counselling services can help them approach disclosure with confidence and care. Psychosocial support, including child-centred counselling and mental health services, should be integrated into routine HIV care. This helps manage the emotional impact of disclosure and supports better adherence to antiretroviral therapy (ART). Promoting early, staged disclosure based on a child's cognitive development allows children to gradually understand their condition and the importance of medication. Lastly, regular monitoring and evaluation of disclosure practices and ART adherence should be institutionalized to measure effectiveness and guide ongoing improvements in paediatric HIV care.

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