

“Why must I take medicines?” Ugandan Children’s understanding of Antiretroviral Therapy (ART).

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Introduction

The number of HIV infected children receiving ART in Uganda rose from 17,000 in 2008/2009 to 26,699 in 2011 (MOH, 2012). WHO Guidelines on Disclosure (2011) and the Uganda National Policy on HIV Counseling and Testing (2005) recommend that HIV infected children aged 6 years and above should be informed of their diagnosis and treatment depending on their level of understanding, to make them responsible for their medication. Research suggests that children are more adherent if they know their diagnosis and the reason for taking medicine. However, many children on ART seem to be unaware of what the treatment is for. The study explored HIV infected children’s understanding of ART.

Methods

We conducted a cross-sectional survey of 394 HIV infected children aged 8-17 years on ART and 393 caregivers in 9 health facilities in Jinja District, Uganda between September and December 2011. Associations between demographic characteristics of HIV infected children and their knowledge of ART were ascertained using STATA version 10.

Results

The majority of the children (55.7%) were female; median age was 12 years (SD=2.7, range 8-17 years), 68% were orphans. Almost all (93%) were attending school and 52% lived with caregivers other than their biological parents. The majority of caregivers (81%) were female, 78% had ever been to school and most were subsistence farmers.

Although 69% of the caregivers reported they informed the children that they were taking medicines for HIV/AIDS, only half (50.8%) of the children said they were taking medicines for HIV. Of the rest, 11.4% did not know why they were taking medicines, others mentioned taking medicines for TB (8.1 %); sickle cell (4.6%); malaria (7.4%) and other diseases (17.7%). Children aged 11-14 (AOR=6.12; CI: 2.79-13.75; p=0.00) and 15-17 years (AOR=12.57; CI:

4.61-34.33; $p=0.00$) were more likely to know they were taking medicines for HIV than those aged 8-10 years.

Conclusions

Based on the guidelines, all children in our study were in the age-range when they should know their diagnosis. Caregivers need to be supported to communicate messages regarding diagnosis to infected children.