



# Contribution of peer educators in the HIV status disclosure, adherence and retention in treatment to Adolescents and Young People Living with HIV

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October 11-13, 2022 | Barceló Sevilla Renacimiento

**NO8DO**

AYUNTAMIENTO DE SEVILLA



# Rationale

- Several approaches to the disclosure of HIV status have been described, each of which places particular emphasis on the role of parents, provider or psychosocial to mitigate the impact of this disclosure on the adolescent, but often underestimate the participation of "peers"

- Very few providers are trained in the HIV disclosure Process to adolescents and young PLVIH.
- In this fact, Kalembelembe Pediatric Hospital (DRC trained Adolescents and young PLVIH (Peer educators) to prepare their peers for disclosure and to ensure full disclosure under the supervision of healthcare providers.
- Given the number of health facilities, the distances to be covered and the number of sessions before the complete announcement by our peer educators, we have improved our approach by integrating the remote preparation of adolescents by videoconference (Zoom) while the complete announcement is face to face (peer to peer).

# Remote announcement process by Videoconference (Zoom)

PE prepring peers remotely  
by Zoom



Adolescents in the process of  
disclosure by videoconference



Complete announcement face  
to face PE and peers group



# Assessment of the disclosure process by ALHIV.

Comparison of the disclosure carried out by peer educators to other actors

DISCLOSER	TOTAL ALHIV	Well appreciate process of disclosure	Viral Load < 1000 copies/ml	Depressive symptoms (PhQ-9)
1. Biological Parents	14	2	6	2
2. HCWs	32	26	22	2
3. PE and HCWs	15	15	11	0
4, Guardians	7	1	4	1
5. Accidental discovery	3	0	1	0
6. Self-discovery	2	1	2	0
<b>TOTAL</b>	<b>73 (100%)</b>	<b>45 (61.6)</b>	<b>46 (63.0%)</b>	<b>5 (6.8%)</b>

# Assessment of the disclosure process by ALHIV.

## Some excerpts from the disclosed adolescents:

### A 15-year-old said:

*'When I was told, I started crying, it felt like the sky was falling on my head but when she added that she was born with it (the HIV) too, I stopped crying. I looked at her and started to listen to her attentively. She suddenly becomes interesting. As she spoke, she transformed me, she calmed me down and she finally convinced me. She became my confidant and the game-changer of my life.'*

### A 13-year-old boy explained:

*'I refused to get in touch with PEs because I did not know that they were also concerned. One day I got into a meeting of SSG and I understood that all these young people that I saw and wanted to be like them were not different from me. It was a new birth for me.'*



# Assessment of the disclosure process by ALHIV.

## **A 17-year-old declared:**

*“I never accepted this situation and to forget, I tried to relieve myself by using cannabis and indulge in sex. How can my parents, who are responsible for my pain, wake me up at night to advise me to take the medicine properly or I will die because I have AIDS. In front of my tears, they went to their bedroom and we did not talk more about it.”*



## **A 14-year-old girl orphan said:**

*‘I was dead right away listening to my aunt's husband screaming on her in the night, telling her that he did not want to see me at his house for fear of contaminating his children. The next day, my aunt will come to abandon me at the hospital.’*

## Lessons learned.

ALHIVs, whose disclosure involved peers, unanimously recognized the role of the latter in accepting their HIV serological status and development of self-esteem.

Literature on the key/appropriate person to the disclosure seems controversial. Existing literature shows that ALHIVs and their caregivers prefer disclosure by caregivers with assistance from HCWs as they have accurate knowledge of HIV.

However, for the vast majority of participants in our study, the key person in the disclosure was the peer formed or his/her direct involvement in all stages of the process, including the SSG.



## Conclusion.

We found that the HIV status disclosure process is one of the most important factors that allow adolescents living with HIV to accept their HIV status with minimum distress.

Adherence, retention to care and treatment, self-esteem, and risk of depressive symptoms results from the dynamics of the relationship between peer educators and adolescents living with HIV, and psychosocial support.