

Disclosure Intervention for Zimbabwean Parents

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Project Description

We propose a randomized controlled trial of a disclosure intervention in which 300 PLH are randomized to either an: 1) experimental condition, a disclosure intervention (n = 150 parents) or 2) attention control condition, a nutrition intervention (n = 150). The intervention's impact will be assessed over two years (recruitment, 3, 6, 12, 18, & 24 months). The 3-session, culturally tailored disclosure intervention will be delivered by local nurses and address planning for developmentally appropriate disclosure (how and when to disclose), responding to children's reactions, building a supportive family environment, and custody planning. The attention control condition will be relevant to PLH, also delivered by nurses and address nutrition. Therefore, the Specific Aims are to: 1) Primary Aim: Assess the efficacy of the intervention to increase the frequency and timing of parental disclosure. We hypothesize that PLH randomized to the disclosure intervention will be significantly more likely to disclose their own HIV status to their children (parental disclosure) and disclose sooner than PLH randomized to the control condition. 2) Primary Aim: Assess the longitudinal impact of disclosure on parent (medical, psychological, social), child (psychological, behavioral, social) and family outcomes. We hypothesize that parent (health status, depression, anxiety, social support), child (depression, anxiety, HIV-transmission risk behaviors, social support) and family outcomes (family relationships, custody planning) will be significantly better for families in the intervention than families randomized to the control condition. 3) Secondary Aim: Assess the efficacy of the intervention to increase pediatric disclosure. We hypothesize that PLH randomized to the disclosure intervention will be significantly more likely to disclose to a child that s/he is HIV-positive (pediatric disclosure) than PLH randomized to the control condition. The proposed study addresses a neglected and profoundly understudied area that is of high importance to millions of families affected by HIV. If successful, the proposed study will provide evidence for a sustainable model and efficacious disclosure intervention in low-income settings.

Significance

Zimbabwe is one of the countries hardest hit by HIV/AIDS, with over 900,000 living children who have lost one or both of their parents to AIDS. Given the growing number of families affected by HIV/AIDS, parents are faced by the challenge of whether, how, and when to disclose their HIV status to their children. The proposed study will significantly contribute to our understanding of disclosure by examining the impact of a culturally competent intervention to facilitate parental HIV disclosure and the subsequent impact of the disclosure on the parent, child and family. If successful, this study would develop an efficacious intervention for vulnerable families and inform current knowledge about the impacts of disclosure in developing countries.