



Disclosure Of Hiv Status To Children Living With Hiv: National Clinical Approach And Psychosocial Support In The Context Of Uzbekistan

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ABSTRACT

This article analyzes the medical, psychological, and legal aspects of disclosing HIV status to children living with HIV based on the healthcare system and national legislation of the Republic of Uzbekistan. The study highlights the stages of HIV status disclosure, multidisciplinary approaches, cooperation with parents, age-related and psychological characteristics of children, as well as psychosocial adaptation after disclosure. In addition, practical recommendations aimed at preventing discrimination, maintaining medical confidentiality, and protecting children's rights in Uzbekistan are presented.

Keywords:

HIV, AIDS, PLHIV, child psychology, HIV status disclosure, ART, psychosocial support, medical ethics, Uzbekistan.

Introduction

Today, HIV infection is considered not only a medical problem but also a significant social and psychological issue. In particular, informing children living with HIV about their health condition in a careful and appropriate manner remains a complex process. A child's awareness of their HIV status directly influences treatment adherence, psychological adaptation, and social activity.

In the Republic of Uzbekistan, human rights, the interests of children, and the protection of medical confidentiality are recognized as important priorities of state policy. The Laws "On Protection of Citizens' Health," "On Guarantees of the Rights of the Child," as well as regulatory documents on combating HIV infection are aimed at protecting people living with HIV.

Disclosure of HIV status to a child is not merely the provision of information, but rather a long-term medical and psychological process. Pediatricians, pediatric infectious disease specialists, psychologists, social workers,

teachers, and parents all play an essential role in this process.

Purpose of the Study

The purpose of this study is to scientifically analyze the clinical, psychological, and social mechanisms of HIV status disclosure to children living with HIV in Uzbekistan and to develop practical recommendations.

Materials and Methods

The article was prepared using the following sources:

- Legislative documents of the Republic of Uzbekistan related to healthcare;
- National clinical protocols on HIV/AIDS;
- Recommendations of UNICEF and UNAIDS;
- Scientific literature on child psychology and medical ethics;
- Practical guidelines for working with children living with HIV.

The study employed methods of systematic analysis, comparative legal approach, clinical

and psychological observation, and scientific generalization.

Main Part

Psychological Importance of HIV Status Disclosure

Providing timely and accurate information about HIV status helps reduce a child's internal fears, strengthens trust in treatment, and develops a sense of responsibility for personal health. Conversely, inappropriate or harsh disclosure may lead to depression, social isolation, low self-esteem, and psychological trauma.

According to specialists, successful psychological adaptation of children living with HIV largely depends on the emotional environment within the family. When parents demonstrate supportive attitudes, children are more likely to accept their health condition more positively.

Stages of HIV Status Disclosure

Stage 1. Assessment of the Child's Physical and Psychological Condition

At this stage, a multidisciplinary team evaluates the child's:

- psychological maturity;
- emotional stability;
- understanding of medical terminology;
- family environment;
- adherence to ART;
- overall health condition.

The psychologist assesses how well the child understands concepts such as "illness," "life," "death," and "health." In addition, if family crises such as divorce, death of a close relative, violence, or social instability are present, disclosure should be postponed.

The pediatrician or infectious disease specialist evaluates opportunistic diseases, immune status, and possible adverse effects of

antiretroviral therapy. Disclosure is not recommended in severe clinical conditions.

Stage 2. Preparing Parents

Practice shows that many parents are afraid to disclose HIV status to their child. They often fear deterioration of the child's mental state or rejection by society.

Therefore, individual and group psychological counseling for parents is essential. During this process, specialists explain:

- how to talk to the child;
- which expressions to use;
- how to respond to possible emotional reactions;
- methods of emotional support.

Creating a trusting and safe family environment is one of the key factors for successful disclosure.

Stage 3. Disclosure of HIV Status to the Child

In the context of Uzbekistan, disclosure of HIV status should consider the child's age, psychological readiness, and family conditions. Specialists generally consider the age period between 7 and 11 years as the most appropriate. Disclosure should be conducted:

- considering the child's emotional readiness;
- with parental or guardian participation;
- in a safe and familiar environment;
- gradually and step-by-step.

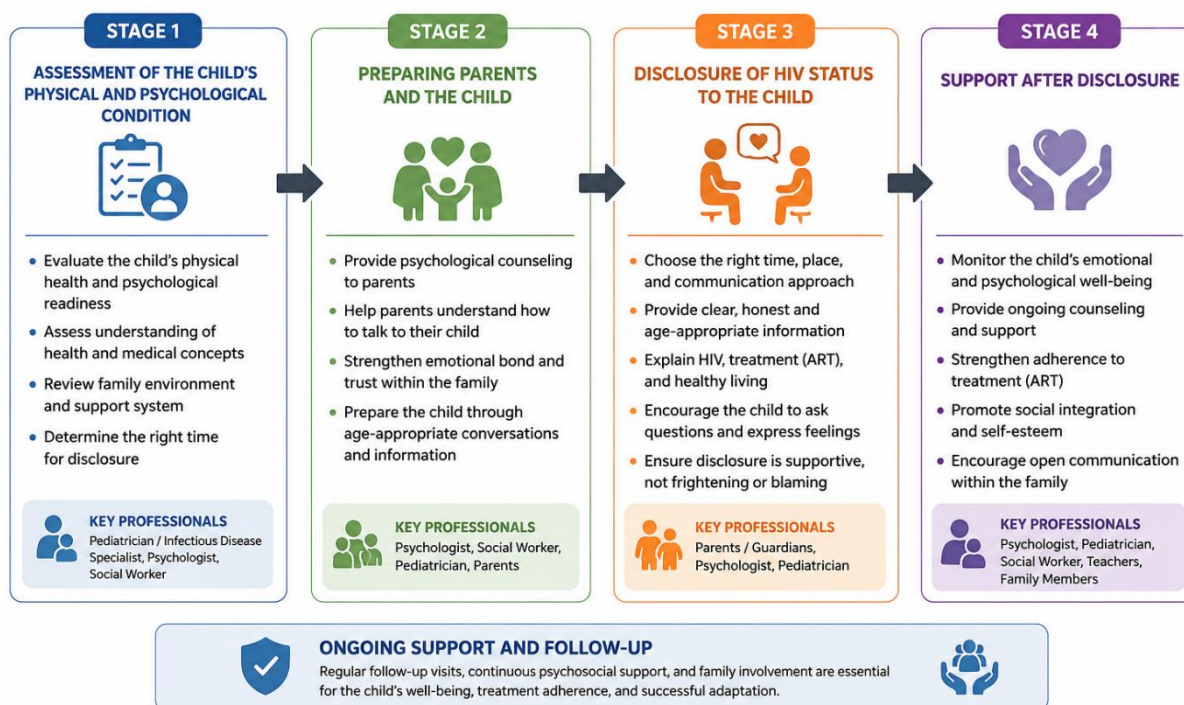
During the conversation, the child should be informed about:

- what HIV is;
- how the virus affects the body;
- why ART is necessary;
- the possibility of living a long and healthy life with HIV.

Fear, blame, or pressure must never be used during disclosure.

STAGES OF HIV STATUS DISCLOSURE

A child-centered, family-based and step-by-step approach



Legal Foundations of HIV Status Disclosure

In Uzbekistan, the rights of people living with HIV are protected by the state. In particular, the following principles are important:

- protection of medical confidentiality;
- prevention of discrimination;
- prioritization of the child's best interests;
- voluntary disclosure.

No healthcare worker has the right to disclose a child's HIV status to third parties without the consent of parents or legal guardians. Such actions violate medical ethics and national legislation.

Adolescence and Psychological Characteristics of Living with HIV

Adolescence is characterized by intensified self-awareness and identity formation. Adolescents living with HIV may particularly experience:

- fear of rejection by peers;
- stigma;
- concerns about physical appearance;

- loneliness;
- anxiety about the future.

Regular psychological support is extremely important during this period. When adolescents understand why they are taking ART, treatment adherence significantly improves.

In addition, adolescents should receive education on reproductive health, safe behavior, and social responsibility.

Support After Disclosure

After HIV status disclosure, continuous monitoring of the child's emotional condition and ongoing family support are required.

The main forms of support include:

- psychological counseling;
- peer support groups;
- social adaptation programs;
- educational assistance;
- family therapy;
- ART adherence monitoring.

One of the key indicators of successful disclosure is the child's ability to openly discuss HIV, understand the importance of medication, and maintain a positive outlook toward the future.

Conclusion

Disclosure of HIV status to children living with HIV is a complex but necessary medical and psychological process. This process should be individualized according to the child's age, psychological maturity, family environment, and social conditions.

In the context of Uzbekistan, multidisciplinary cooperation, partnership with parents, protection of medical confidentiality, and prevention of discrimination serve as the fundamental principles of disclosure.

Proper disclosure helps children achieve healthy psychological development, better adherence to ART, and successful social integration. Therefore, strengthening the role of psychologists, social workers, and educators within the healthcare system remains an urgent priority.

References

1. Law of the Republic of Uzbekistan "On Protection of Citizens' Health."
2. Law of the Republic of Uzbekistan "On Guarantees of the Rights of the Child."
3. National Clinical Protocols on HIV/AIDS in the Republic of Uzbekistan.
4. UNICEF. *Children and HIV Disclosure Guidelines*.
5. UNAIDS. *Global AIDS Update Reports*.
6. WHO. *Guidelines on HIV Disclosure Counselling for Children up to 12 Years of Age*.
7. Scientific literature on child psychology and medical ethics.