

# **FACTORS AFFECTING DISCLOSURE OF HIV STATUS TO SEXUAL PARTNERS AMONG WOMEN ATTENDING ANTENATAL CLINIC IN STATE SPECIALIST HOSPITAL, IKERE-EKITI**

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## **ABSTRACT**

### *BACKGROUND:*

In this study, the factors affecting level of disclosure of HIV status to sexual partners was studied among HIV positive women in Ikere Ekiti.

### *PATIENTS AND METHODS:*

An interviewer administered questionnaire was administered to 50 female respondent attending care and support group meeting. The degree of correlation between disclosure of HIV status to sexual partner and level of education was studied using chi square method at level of significance of  $\alpha = 0.05$ . other factors were also compared e.g. stigmatisation, fear of divorce etc.

### *RESULT:*

Despite effort and resources available for HIV care including counselling service, 76% of patient who have not disclosed their status are not ready for disclosure. The study also shows that there is no relationship between level of education and significance.

Stigmatization is still a big challenge in the fight against the scourge as majority attached non disclosure to fear of stigma.

### *CONCLUSION:*

Much effort is still required in the aspect of disclosure of HIV status among sexual partners through improvement of counselling section, legislation against non disclosure that is harmful to others and adoption of contract referral system into our health policy.

## **IDENTIFICATION OF PROBLEM**

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) is now a chronic infectious disease due to availability of potent antiretroviral drugs to inhibit its progression. Despite the availability of potent antiretroviral drugs, it still remains the leading cause of death from infectious diseases especially among the reproductive age group in the developing world in which Ikere Ekiti in southwestern Nigeria is not an exemption.

The disease prevalence is more in women than men. A survey conducted in Nigeria put the prevalence in women between ages 15-24 years to be three times higher than that of men. It also revealed that female constitute about 58% of people living with HIV and AIDS (PLWHA)<sup>1</sup>.

HIV prevalence in Nigeria is 3.6% in the year 2013 while the median prevalence among pregnant women is 4.1%<sup>1</sup>.

Despite the mass enlightenment about the disease, it is still difficult to disclose ones status either openly or to a close relative and sexual partners due to stigma attached to the disease and many on towards effect.

Data on rate of disclosure either among sexual partners or to other people in Nigeria are not readily available and nil national survey to that effect despite its high importance in curbing the spread of the infection which in one of the most important goal in HIV and AIDS control programme.

Local study at the State Specialist Hospital, Ikere Ekiti in Southwestern Nigeria which serves as main treatment center for the city and its neighboring towns revealed that about 64.6% of pregnant women attending Prevention of Mother to Child transmission clinic (PMTCT) have not disclosed their status to their sexual partners.

## **LITERATURE REVIEW**

HIV and AIDS is one of the highly stigmatized diseases in this part of the world. Other diseases in this category are leprosy, epilepsy, pulmonary tuberculosis and psychiatric illnesses. Despite the wide campaign and series of legislation on the disease, people living with HIV and AIDS are still being discriminated against virtually in all aspect of the society particularly in term of social relationship with others in the community, housing, employment and other basic needs of man which may even weigh the patient down even developing psychiatric disorders like depression.

Disclosure is the process of telling another person or community about ones HIV status. It is an act of revealing ones state of health, in this contest HIV status, to those that are important to the patient i.e. people that are affected by his/her HIV status. These people may include the sexual partners, children and other patient's dependant.

Disclosure of HIV status could be very challenging and require a lot of encouragement and counseling (Disclosure counseling)

Disclosure of status is affected by many factors in our local environment which includes major factors like:

- Fear of being neglected by the loved ones.
- Fear of broken family due to high risk of being divorced and it's on towards effect on the children- children of broken home are prone to risky behaviour due to lack of parental guidance and poverty e.g. engaging in prostitution to make ends meet.
- Fear of stigmatization
- Fear of physical abuse and exposure by the sexual partner. This is particularly common in those that have being having estranged relationship. Women in Africa especially among the uneducated are prone to abuse from their male partners.
- Patient in a polygamous family setting may find it difficult to disclose due to fear of reaction from other wives and fear of being blamed for introducing the disease to the household which is not usually true in most cases as studies done has shown that male risky sexual behavior account for larger proportion of HIV/AIDS transmission.
- Other factors include having new sexual partners e.g. a newly married patient after previous divorce or death of sexual partner- fear of being lonely again. Patient with multiple sexual partners may not want to disclose her status due to lack of commitment /importance attached to the relationship or well being of the partners e.g. in cases of commercial sex workers which still serves as main source of infection in our environment.

Enabling factors for disclosure include:

- Stable and harmonious relationship- people in a long term and very cordial relationship have confidence and find it easy to reveal their status to their sexual partners than those in casual or estranged relationship.
- Known status of partners: it is easier for a patient to disclose to a sexual partner if the status of the partner is known to be positive unlike in discordant couples.
- Previous discussion between sexual partners about HIV and AIDS goes a long way to determine attitude towards disclosure.
- Attitude/ temperament of the partner.

A study conducted in Cape Town, South Africa revealed that 20% of 630 HIV infected men and women have not disclosed their status to their partners. In a similar study carried out at adult clinic in kemissie district of North-East Ethiopia revealed that out 360 patient studied, 93.1% have disclosed their status to their sexual partners with 74.5% accepted, 10.8 % of them faced with minor challenges or suspicion of result and 7.8% were faced with physical abuse and blame<sup>3</sup>. The level of acceptance in this study is very significant and can be adduced to factors like high level of awareness of the disease among people and knowledge of safety precaution.

Prior studies on the role of gender in disclosure have shown no significant difference, however, the barriers and motivators of disclosure varied by gender<sup>4</sup>.

In a study conducted putting various ethnicity into consideration (including black, white, latino) and different risk of transmission (IV drug user, homosexual and heterosexual) about 60% have disclosed their status while 40% have not disclosed.

The odd that individual with 1 sexual partner disclosed was 3.2 times the odds that a person with multiple sexual partners disclosed. The odds that an individual with high spousal support disclosed was 2.8 times the odds of individuals without spousal support. The odds that whites or latinos disclosed was 3.1 times the odds that black disclosed.

This study corroborate the fact that multiple sexual partners is one of the main factors millitating against disclosure. This is common among the blacks in which Ikere people are not an exemption. Though Ekiti State is one of states in Nigeria with least HIV prevalence, ranking second to Kebbi State, Ikere Ekiti is one of the town with highest prevalence in the State. Non disclosure as evidenced by the local data collected in HIV positive women under PMTCT with about 64.6% not ready to disclose their status to their husband / sexual partner despite series of disclosive counselling is a major challenge to the control of spread of HIV infection. Hence the high prevalence rate.

There is increase rate of coarbitation and pregnancy out of wedding as many youth get involved in unsafe sex practice. This has greatly increased due to effect of improved access to multimedia and internet facilities which has greatly influenced our adolescents and youth.

Nigeria is a typical example where study shown that with advent of GSM (Global System Mobile telecommunication) around year 2000, there has been significant increase in risky behaviour like unsafe sexual practice, homosexuals, changes in mode of dressing – copying body revealing type of dressing in the western world. This has in turn increase the prevalence of raping particularly in female. Most youth were also found to be accessing internet for pornographic video and picture to enhance sexual stimulation.

Involvement of younger age in unplanned marriage particularly in some cultures in Nigeria is a great risk in disclosure as most ladies (adolescent) are bethroted to an elderly person or arranged into marriage without her full conscent or even when she is too young to make a sound decision. This predispose to poor relationship (Boss to servant relationship) hence, low spouse support.

Non disclosure has also been found to have adverse effect of the patient themselves in term of their adherence to medications, regularity in clinic and care and support group meeting. About 73% of patient under PMTCT who have not disclosed in SSH Ikere were found to be irregular with their drug pick up and adherence. Reasons for these usually include inability to give genuie reason to the husband for going to hospital often (monthly) and fear of being asked for the reason and purpose of the medication they take daily make their regularity on medication very poor hence reason for poor adherence, default and lost to follow up. The non disclosure due to afore mentioned factors is partly responsible for increase rate of drug resistance that we are having.

Among the patient who have not disclosed in a study, 57% used condom less than all the time. This also apply to our local setting as infected sexual partner do avoid raising suspicion from their sexual partners, hence may not practice protected sexual intercourse (use of condom)

There is no general conclusion as to when to disclose ones HIV status in those with new sexual partner but what is advocated is disclosure before sexual intercourse.

Means of disclosure include:

- Self disclosure- this is commoner among those in long term and steady relationship
- Through the assistance of the counselor or any other health care workers in charge of her management
- Involvement of religious leaders( priest and Imam)
- Any respectable person in the family or the community for the fear of negative reaction from the partner.

Benefit of disclosure.

- Disclosure help in ensuring that negative sexual partner is not infected.
- Encourage partner to access health care to know their status and receive care if positive.
- Reduction in risk of vertical transmission.
- Encourage provision of emotional support for the loved ones, thus relieving the patient from psychological trauma usually associated with the disease.
- Encourage adherence to medication as the patient can easily use the sexual partner as treatment supporter and there is no need for hiding the medications

## **PROJECT DESIGN.**

Like in many other diseases especially those that are associated with stigma, there is challenge of under-reporting.

Majority of the patients under care were gotten from the routine antenatal clinic screening, this is partly responsible for high female preponderance in population of people living with HIV and AIDS.

**STUDY AREA:** The study was performed in Ikere Ekiti, Ekiti State in southwestern part of Nigeria (7° 30'N, 5°14'E/7.5°N, 5.2° E) with population of more than 100000 inhabitants using State Specialist Hospital in the town as treatment center. The center serves as referral center in the area for PMTCT and adult ART services. Many patients from the neighboring towns also utilize the center due to fear of stigma in their environment. The town has a tertiary institution thus making high risk behavior very rampant in the environment particularly among the youth.

## **DATA COLLECTION**

Quota method of sampling was utilized in which pregnant women attending care and support group meeting under PMTCT were involved in the study.

Structured interviewer administered questionnaire was administered to elicit factors affecting disclosure of HIV status to their sexual partners.

**RESULT:** Out of 50 respondents studied, 52% have not disclosed their status to their sexual partner while only 48% have disclosed. This large chunk is really a cause for worry as non disclosure is a great risk for transmission of infection as most are involved in unprotected sexual intercourse like other people to avoid suspicion.

In the study of relationship between level of education and disclosure of HIV status.

DISCLOSURE

EDUCATION	YES	NO	TOTAL
Primary	2	1	3
Secondary	11	11	22
Tertiary	11	14	25
<b>Total</b>	<b>24</b>	<b>26</b>	<b>50</b>

Observed (O)	Expected (E)
2	1.44
1	1.56
11	10.56
11	11.44
11	12.0
14	13.0

$$X^2 = \sum_{i=1}^n \frac{(O - E)^2}{E} = 0.996$$

**HYPOTHESIS**

H<sub>0</sub>: There is no association between level of education and disclosure of HIV

H<sub>A</sub>: There is association between level of education and disclosure of HIV status.

Level of significance  $\alpha = 0.05$  (5%)

Decision rule:

Reject H<sub>0</sub> if chi square calculated is greater than chi square tabulated.

Degree of freedom:

$$df = (r - 1)(c - 1)$$

$$(3 - 1)(2 - 1)$$

$$= 2$$

At df of 2,  $X^2_{tab}$  at 0.05 = 5.999

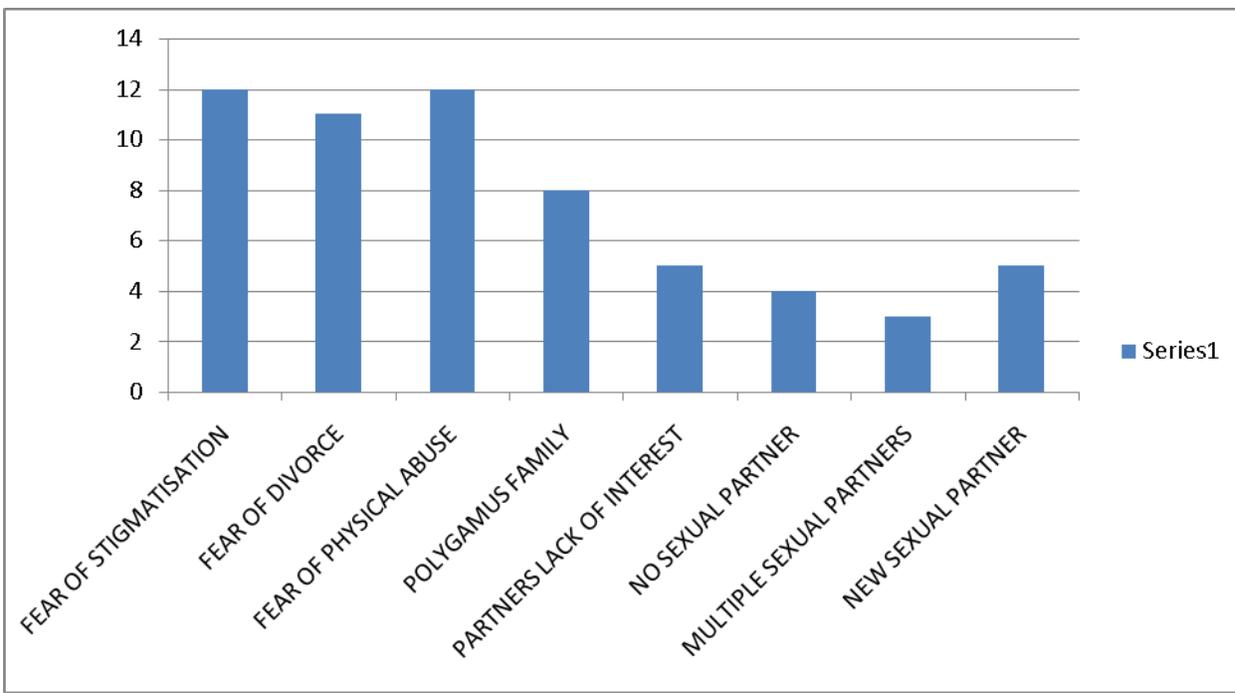
Calculated  $X^2_{cal}$  = 0.996

Decision and conclusion:

Since  $X^2$  tabulated is greater than  $X^2$  calculated. Null hypothesis ( $H_0$ ) is accepted.

Base on our finding; it shows that with or without education, people declare their HIV status.

**FACTORS AFFECTING NONDISCLOSURE OF HIV STATUS TO SEXUAL PARTNERS.**



Despite adequate awareness and past effort globally effect of stigmatization is still on high side as it account for large proportion of reason for non disclosure. Fear of divorce is also very important. This is expected as women in Africa at large place high value on their married life and will do all they can to preserve their family.

## **DISCUSSION:**

Despite the global effort aimed at preventing and curbing the spread of infection. Much effort is still required particularly at the local level. Due to dominating power of male in the family in African setting, there is need for more incorporation of male into health care particularly ANC as it is the major source of detecting patient HIV status.

There is also need for improvement in counselling service at local level as 76% of those who have not disclosed their status are not ready to disclose to their sexual partners. There should also be legislation against refusal to disclose. Deliberate refusal to disclose to sexual partner should be punishable under the law or adoption of contract referral system into our national health policy. This is the system in which patient make contract to notify partner by a particular date after which the health department or counsellor can contact the partner.

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