

Gender Disclosure Differences of Sexual Partners among People Living with HIV/AIDS in Chongwe, Zambia

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Abstract

To halt HIV new infections, it is important to also understand the gender differences related to disclosure of sero-status among people living with HIV/AIDS. The objective of this study was to understand the trends in disclosure rates of at-risk partners focusing much attention on sexual partners among men and women living with HIV/AIDS. This was in an effort to forge workable strategies towards partner notification bearing in mind the disclosure disparities, if any, inherent in them. Secondary/Archival data analysis of gender variations of 3,990 above 14 years old of People Living with HIV (PLHIV), entered in Facility Information Management System (FIMS), from October 2018 to September 2019 was done. Findings were that from a total of 3,990 PLHIV 23% were males, while 74% were females indicating a higher prevalence of HIV among females than males. Overall acceptance rate of 92% (3,683) PLHIV willing to disclose who their at-risk (sexual) partners to HIV were, with a 7% gender difference (87% of males accepted while 94% females) and only 8% declining to disclose (13% males and 6% females). Further analysis of at-risk (sexual) partners aged 15 years and above, indicated that more males were at-risk of contracting HIV (63% males vs 37% females), and that they may be the most unaware of their sero-status. This prompts for new strategies aimed at reaching out to and promoting more men to know their sero-status as they are both riskier and unaware of their HIV status, unlike females.

Keywords: People Living with HIV/AIDS (PLHIV), Partner Notification, At-risk Partner, Disclosure.

Introduction

An effective global response to HIV requires that individuals know their HIV status, with HIV Testing Services (HTS) providing a gateway for both prevention and treatment. Globally, it is estimated that over 74.9 million people are currently living with HIV, with a global HIV prevalence at 0.8% among adults. Yet about 21% are unaware of their HIV-positive status (UNAIDS, 2019). It further argues that approximately 20.6 million people living with HIV are living in East and Southern Africa, with 800 000 new HIV infections recorded in 2018. With an approximate number of global populations at 21% unaware of their HIV sero-status, the WHO recommends that HIV partner notification is an approach that has the potential to improve HIV testing coverage, while also identifying people with undiagnosed HIV infection.

According to World Health Organization (WHO), HIV partner notification or disclosure

or contact tracing is defined as a voluntary process whereby a trained provider asks people diagnosed with HIV about their sexual partners and/or drug-injecting partners, and then, if the HIV-positive client agrees, offers these partner(s) HIV Testing Services (HTS). The principle of partner notification is to break the chain of HIV transmission by offering HTS to persons who have been exposed to HIV and linking them to: HIV treatment as early as possible if positive and Prevention services if negative.

Studies on HIV partner notification have shown that assisted partner notification has the potential to identify undiagnosed HIV-positive individuals who are then able to enter into care and treatment. A meta-analysis on partner notification indicated that disclosing HIV status to one's sexual partner(s) is associated with reducing stigma and increasing social support (Fast-Track - Ending the AIDS epidemic by 2030, 2014), and that it is key to facilitate engagement in care and treatment. Other studies

also argue that partner notification increase early referral to care and treatment (Andrews J. et al, 2013).

In order to understand the implementation of the partner notification strategy for HIV case identification, the researcher went to look at the differences in the rates at which males disclose who their sexual partners were as opposed to how women do. Firstly, identify PLHIV and their acceptance to disclosure At-Risk Partners, then establish disclosure of at-risk partners, and finally examine gender differences in disclosing At-risk Partners. The findings would help come up with specific workable approaches in dealing with partner notification and those at-risk partners that may be unaware of their sero-status, thereby promoting early detection of the HIV virus and referral into care.

Significance of the study

The UNAIDS report of 2019 indicates that in 2018, around 48,000 adults and 5,400 children became newly infected with HIV in Zambia, with a generalized HIV epidemic driven by heterosexual sex. As of 2019, 87% of people living with HIV were aware of their status, and 89% on treatment and 75% were virally suppressed. Another study in 2012 found a number of reasons explaining why people were not testing, including a fear of HIV-related stigma, rejection by their sexual partner and a fear of antiretroviral treatment (Gari, S. et al 2012). In 2016, another study (STAR) conducted among more than 1,600 people in Lusaka found that 47% had not tested in the past year (HIVST.org, 2017). Not much literature is available that studies the impact of the rate and willingness to disclose sero-status and sexual partners have on the spread of HIV/AIDS in the communications (Brown LB, et al. (2011). Much of research has focused on statistics on how far we are to achieving the ambitious 95-95-95 End AIDS Strategy by 2030, and it is therefore the aim of this study to bridge the knowledge gap on Gender differences in disclosure of at-risk partners, focusing on sexual partners. This eventually is aided at working out specific approaches and policies on how to control the epidemic.

Methodology

Secondary/Archival data analysis of gender variations of 3,990 above 14 years old of People

Living of HIV (PLHIV), entered in Facility Information Management System (FIMS), for a period of one (1) year, from October 2018 to September 2019 was utilized. The parameters included gender (male, female), age (above 15 years old), PLHIV, acceptance to disclose at-risk partners, and number of at-risk partners disclosed. HIV negative, those unaware of their HIV status, PLHIV that were less than 15 years old and those not within Chongwe District were excluded from the study. The data was further analyzed using Microsoft Excel.

Limitations of the study

The study was limited to a population in a rural district of Lusaka Province, with a strong cultural orientation of the Soli People and that there are few male-friendly activities provided in the health facilities as compared to the female-friendly ones (Cervical Cancer, Family Planning Services, Maternal and Child Health Services), this eventually affects male's attendance in the health facilities.

Conceptual framework

The concept of a successful HIV/AIDS diagnosis and prevention program lies in the ability to identify those at-risk individuals and providing adequate diagnostic services. More identification of these unaware individuals leads to an eventual higher linkage rate into care, viral suppression of client in care, and a reduction in the number of new infections in the communities (incidence rate).

Results and Discussion

The following were the results and analysis of the findings:

Identifying PLHIV and their acceptance to disclosure At-Risk Partners.

From the results it can be seen that overall total of PLHIV was at 3,990. Overall acceptance to freely disclose their at-risk partners (partner notification) of a total 3,683 from those that accepted. From a total of 3,990 PLHIV 92% (3,683) agreed to disclose who their at-risk partners were while only 8% declined, as shown in Figure 1.

This basically means that from the total number of PLHIV not everyone was free to discuss matters of sexual encounters or risky behaviours. On the other hand, the majority of PLHIV accepted to disclose who their at-risk

partners were, with only a few declining, this points towards the success made towards reducing stigma and discrimination around HIV/AIDS, and the importance of halting its further spread in our communities. However, the topic of at-risk partner (partner notification) exposure is still an alien topic to discuss around

people owing to several factors such as cultural barriers towards sexual exposure, the environment where the issue is being discussed, and with whom are some of them that impacting on the comfortability of people to freely talk about it.



Figure 1. Overall Acceptance to disclose at risk partners-

Establishing disclosure of at-risk partners

When looking at the disclosure of at-risk partners it was noted that a total of 2,766 contacts from of 3,683 clients that accepted disclose who their at-risk partners were, as

shown in Figure 2. The data revealed the evidence of having more than one (1) at-risk partners in those living with HIV, this further proves the risk of HIV transmission in many people un-aware of their HIV status.

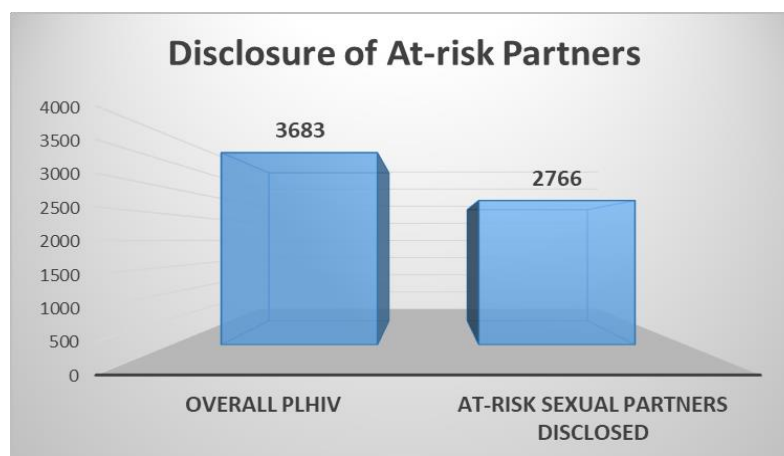


Figure 2. Disclosure of At-risk Partners

Examine gender differences in disclosing At-risk Partners

a. PLHIV Clients

From the results it can be seen that overall total of PLHIV clients at 3,990 only 23% were males, with 77% females. It can also be noted that 58% of the PLHIV clients identified were in the age band between 25 – 39 years old, as shown in Figure 3.

This indicates that more women than men are living with HIV, and that the majority were in

the age range of 25 – 39 years old, as shown in Figure 4. This means that most of the productive and reproductive population is infected with HIV posing a risk on their economic and social productivity if not on appropriate medications. Further risk is on the intimate relationships they are engaged in posing a huge risk of transmitting the HIV virus to their sexual partners or unborn children.

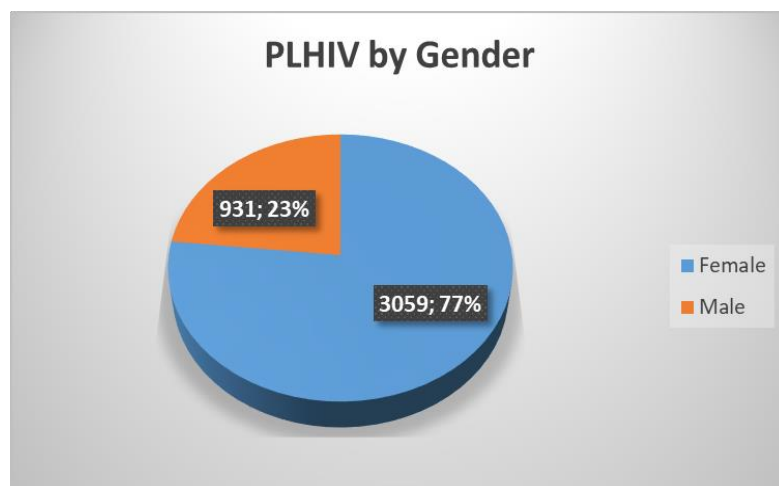


Figure 3. PLHIV by Gender

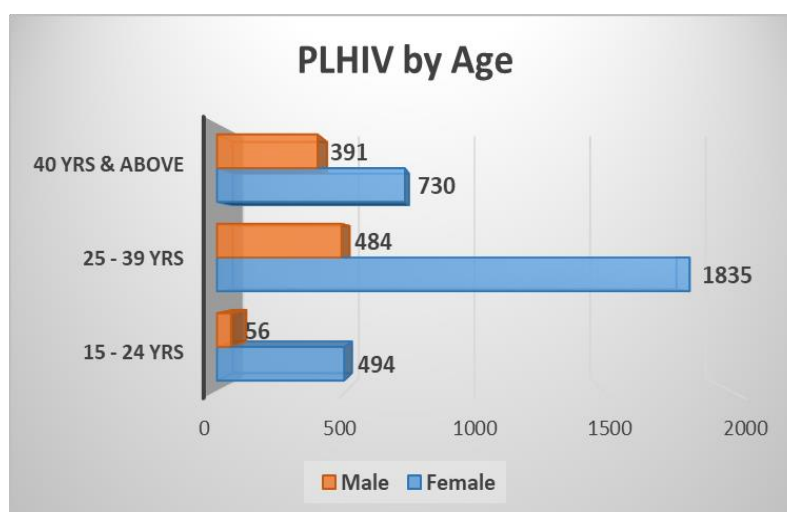


Figure 4. PLHIV by Age

b. Acceptance to disclose at-risk Partners by Gender and Age

Overall acceptance of partner notification of a total of 3,683 from PLHIV that accepted to disclose, 87% of males (813 from 931) accepted while 94% females (2870 from 3058) did accept to reveal who their sexual partners were, as shown in Figure 5. With 13% males and 6% females declining to disclose who their sexual partners were. Overall acceptance rate of 92% (3,683) PLHIV willing to disclose who they're at-risky (sexual) partners to HIV were with a 7% gender difference in disclose (87% of males accepted while 94% females) and only 8% declining to disclose (13% males and 6% females).

This indicates that more females than males were free to disclose who their sexual partners were as compared to males. The combined total of 19% (13% males and 6% females) that

declined to disclose their sexual partners could either blatantly refute ever being involved in an intimate relationship, or that they had no clear details of who their previous sexual encounter/partners were. This further highlight that despite more females living with HIV they are freer to disclose who their sexual partners are unlike among men where disclosure rate of sexual partners was only at 87%, as shown in Figure 6.

Figure 7 shows age disaggregation of the 15 – 24-year olds, acceptance rate to disclose at-risk partners was high among females at 91% and while 9% for males; among the 25 – 39 years old females 80%, while males 20%; and the 40 years old and above females at 67%, while males 33%. Overall, the 25 – 39 years olds PLHIV were freer to disclose who their at-risk partners were, than the other age-group from the general population. This can be attributed to the fact this is the age group that is mostly sexually

active and reproductive, indicating that there more people engaged in intimate relationships than the other age groups.

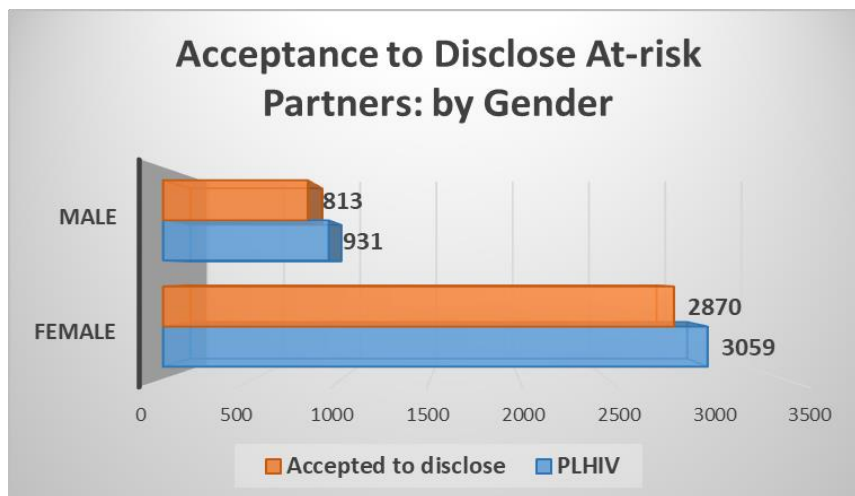


Figure 5. PLHIV accepting to disclose their at-risk partners by Gender



Figure 6. Acceptance rate to disclose At-risk Partners by Gender

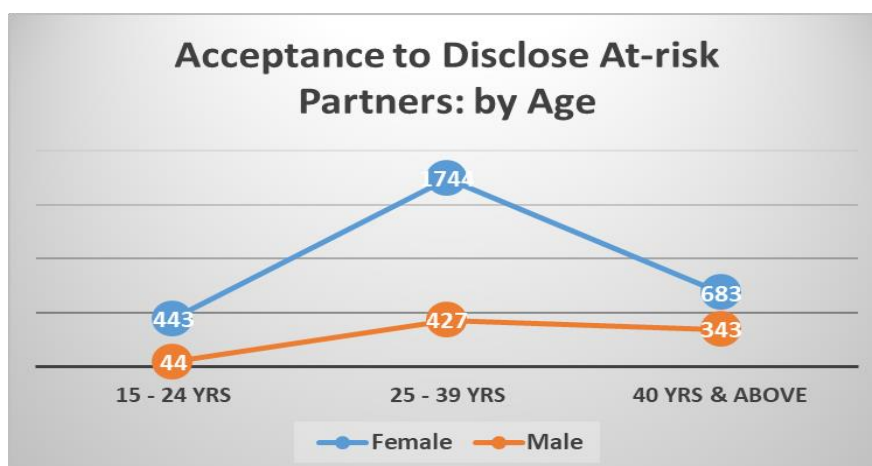


Figure 7. PLHIV accepting to disclose their at-risk partner by Age

c. At-risk (Sexual) Partners disclosed

When looking at the at-risk partners (15 years old and above) disclosed, it was noted that 62% of the at-risk partners were males, while females were at 38%, as shown in Figure 8. Confounded with the fact that not all males are free to disclose their other sexual partners unlike females, the data indicates that more men are at

risk of acquiring and transmitting the HIV virus, and that males are more likely to be unaware of their sero-status unlike females.

This prompts for new strategies aimed at reaching out to and promoting more males to know their sero-status as they are both riskier and unaware of their HIV status, unlike females.



Figure 8. At-risk Partners Disclosed

Literature Review

HIV partner notification is an approach that has the potential to improve coverage while also identifying people with undiagnosed HIV infection. The sexual partners and drug injecting partners of people diagnosed with HIV infection have an increased probability of also being HIV-positive (Smith R, et al (2008), Bangsberg DR, et al (2013)). However, partner testing services, including partner notification, for people diagnosed with HIV have not been routinely offered or implemented, therefore, uptake and coverage remains low (UNAIDS, 2019).

The benefits of partner and couples HTS have been well documented, including mutual support to access prevention, treatment and care services, as well as improved adherence and retention in treatment and prevention of mother-to-child transmission programs. Partner testing also allows those in sero-discordant partnerships to prioritize effective HIV prevention, such as the use of condoms, immediate antiretroviral therapy (ART), medication adherence by HIV-positive partners, and Pre-Exposure Prophylaxis (PrEP) for HIV-negative partners (Joint United Nations Program on HIV/AIDS; 2016).

Partner notification can be used as an instrument to increase couples' HIV testing in

high-prevalence regions. Women in antenatal and postpartum care who disclosed their HIV status to their partners have benefited from improved prevention behaviors such as consistent condom use and uptake of Elimination of Mother-to-Child Transmission (EMTCT) Services (Farquhar C. et al (2001)). Couples HIV testing and counselling for sero-discordant couples, where couples are encouraged to disclose their HIV results to each other, also showed increased condom use and low rates of seroconversion (Malamba S. et al (2005), Farquhar C, et al. (2004), Carpenter L. et al (1999)).

In the United Republic of Tanzania, nearly 50% and in Kenya 73% of HIV-positive women reported receiving support from their partners (Marnan S. et al, 2003). Sigxashe T. et al, (2001) highlighted in their studies in South Africa that reactions to partner notification included trust, support and understanding, and kindness (19%) or no change in attitude (70%). Also, a further a meta-analysis showed a positive correlation between disclosure and social support (Smith R. et al, 2008).

Partner Notification: USAID (2018) Guidelines

HIV partner notification also known as disclosure or contact tracing is a voluntary

process where trained health workers, including lay providers, ask people diagnosed with HIV about their sexual partners or drug injecting partners, and with the consent of the HIV-positive client, offer these partners voluntary HIV testing. Assisted partner notification services (such as provider, contract or dual referral) increase the uptake of HIV testing among partners of HIV-positive clients, and high proportions of HIV-positive people are diagnosed and linked to care and treatment.

- Partner notification, or disclosure, or contact tracing, is defined as a voluntary process whereby a trained provider asks people diagnosed with HIV about their sexual partners and/or drug injecting partners and then, if the HIV-positive client agrees, offers these partners HTS. Partner notification is provided using passive or assisted approaches.
- Passive HIV partner notification services refer to when HIV-positive clients are encouraged by a trained provider to disclose their status to their sexual and/or drug injecting partners by themselves, and to also suggest HTS to the partner(s) given their potential exposure to HIV infection.
- Assisted HIV partner notification services refer to when consenting HIV-positive clients are assisted by a trained provider to disclose their status or to anonymously notify their sexual and/or drug injecting partner(s) of their potential exposure to HIV infection. The provider then offers HIV testing to these partner(s). Assisted partner notification is done using contract referral, provider referral or dual referral approaches.
- Contract referral: HIV-positive clients enter into a contract with a trained provider and agree to disclose their status and the potential HIV exposure to their partner(s) by themselves and to refer their partner(s) to HTS within a specific time period. If the partner(s) of the HIV-positive individual does not access HTS or contact the health provider within that period, then the provider will contact the partner(s) directly and offer voluntary HTS.
- Provider referral: With the consent of the HIV-positive client, a trained provider confidentially contacts the person's partner(s) directly and offers the partner(s) voluntary HTS.

- Dual referral: A trained provider accompanies and provides support to HIV-positive clients when they disclose their status and the potential exposure to HIV infection to their partner(s). The provider also offers voluntary HTS to the partner(s).

There are many contact methods through which passive or assisted partner notification services can be delivered. Passive approaches could occur in the context of post-test counselling, where the counsellor encourages the newly diagnosed person to disclose their status to all their sexual and drug injecting partners, or by providing a referral letter, appointment card or other written or electronic invitation to an HIV positive client (whether newly diagnosed or in care and treatment) to give to their partner(s).

Assisted partner notification methods could include face-to-face conversations with partners, letters, phone calls, text messages, videos, emails and Internet-based messaging systems. Care is needed when using methods such as phone calls and text messaging to ensure that the correct person receives the message and that the anonymity of both the HIV-positive client and notified partner is maintained. Where available, partner notification via Internet applications and text messages may be more acceptable to young people and to men who have sex with men than other groups, particularly when individuals do not have other contact information for their sex partners.

However, in both general and key populations, preferences varied depending on the type of partner and relationship. Among some men who have sex with men, notifying non-primary and casual partners through technologies such as text message, e-mail, the Internet and mobile apps was considered acceptable.

Monitoring and Evaluation in Partner Notification: WHO (2016) Guidelines on HIVST and Partner Notification

All documentation, monitoring and reporting systems must ensure the security and confidentiality of HTS client data as well as the personal and medical information of partners. Data collected to monitor partner notification services should include information on:

- Number and percentage of HIV-positive persons who are offered assisted partner notification services
- Number and percentage of HIV-positive persons who accept assisted partner notification services
- Number of partners identified per HIV-positive client
- Number and percentage of identified partners who were notified
- Number and percentage of partners who accept HTS
- Number and percentage of partners who test HIV-positive
- Number and percentage of HIV-positive partners enrolled in care and treatment
- Number and type of adverse events occurring to HIV-positive clients following partner notification

Approaches to implementing partner notification should be routinely monitored and periodically evaluated to determine their impact. These assessments should be used to inform programmatic decisions about whether to continue certain approaches, which specific approaches are being used for different population groups, and the appropriate level of resources needed to balance total program costs and cost-effectiveness.

Conclusion

The study revealed comparative results on the disclosure rates of sexual partners between men and women. It dispelled the common assumption that females do not disclose who their sexual partners are as compared to men, and also confirmed the assumption that it is more likely for a man to have more than one sexual partner at a time.

Further analysis of the findings highlighting higher HIV prevalence among females, females being more free to disclose their sexual partners, and more men being disclosed as being at-risk partners while being more likely to have more than one female sexual partner; may suggest that more females are at risk and unaware of their HIV status due to their possible HIV positive male partners that do not disclose identities of their sexual partners. This means for one HIV positive female there is possibly one male sexual partner unaware of his status, who may possibly have four female sexual partners equally unaware of their status. This therefore means

more efforts is required in coming up with specific strategies that encourage males to disclose their sexual partners and also enhance their health seeking behaviors.

As no one method of partner notification is universally preferred to maximize the benefits of HIV partner notification services (WHO, 2016), multiple service delivery points should be made available throughout an individual's interaction with the health system from the moment HIV infection is detected and when enrolled in care or visits a health facility, the healthcare provider should continually reassess whether the person has disclosed his/her status to all his/her partners, and if not, partner notification services should be offered bearing in mind that there are different approaches that can be used on an individual basis.

Recommendation/Application

Further studies must be aimed at assessing the levels of knowledge on HIV/AIDS across genders, and also looking at the influence of cultural practices on the HIV/AIDS epidemic transmission and control. Other studies would be to look at what strategies would enhance men's health seeking behaviours.

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