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CORRELATES OF HIV SERO-DISCLOSURE AND PARTNER STATUS AT A PMTCT CENTRE, UCH IBADAN.

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Introduction

- Self-disclosure—revealing personal information to others—can have major consequences for a person's relationships, mood, image, and life (Derlega et al., 2000).
- Due to the stigma associated with HIV (Cline and McKenzie, 2000), disclosure of HIV-positive serostatus can be particularly difficult.
- It means weighing enormous potential consequences, both positive and negative (Derlega, Lovejoy, & Winstead, 1998).
- For example, consequences can include greater intimacy or rejection, feelings of relief or remorse, and enhanced status or a "spoiled image" (Omarzu, 2000).
- Disclosure may have negative repercussions.
- PLHIVs and even their family members may experience reactions as extreme as physical assault or loss of employment (Gielen et al., 1997; Grinstead et al., 2001; Simoni et al., 1997), rejection, and many other hardships (Banteyerga et al., 2004).
- They may find, in fact, that the rewards of transparency are outweighed by the risks incurred.
- Many PLHIVs, anticipating this situation, choose not to reveal their condition at all.
- Disclosure can also affect the target of the disclosure, who might find the new information beneficial or distressing (Derlega et al., 2000; Fesko, 2001).
- On the other hand, it can also produce substantial benefits in the form of greater emotional, physical, or instrumental support and care (Derlega et al., 2000).
- thereby improve both their psychological and physical health (Chesney & Smith, 1999).
- For the HIV positive pregnant woman, the quality of support she receives from her partner, family and community following disclosure could be directly related to the woman's own psychological and physical well-being.[1].
- Women who disclose may also receive more appropriate health care because family members are key decision-makers with regard to facilitating access to medical treatment and in providing palliative care.
- Decisions may be better informed if HIV infection is accepted among family members and openly discussed with health care providers.
- Understanding the impact of serostatus disclosure on social support and mental health is important because of the reported associations between these factors and
- sexual risk (Kimberly and Serovich, 1999),
- adherence to antiretroviral regime (Holzemer et al., 1999; Singh et al., 1996),
- and immune responses (Ullrich et al., 2003).
- Most critical of these consequences from the perspective of public health is that revealing a positive HIV diagnosis to a sexual partner enables that person to take

measures to protect him/herself from exposure to the virus, thus decreasing the risk of transmitting the disease to PLHIV social networks (Greene, Derlega, Yep, & Petronio, 2003).

- While this information does not always lead to safer-sex practices with serodiscordant partners, many ethicists agree that it is a partners' right to be informed (Bennett et al., 2000).

Rationale for study

- Nigeria has the second largest body of PLWHAs in the world.
- Interactions with PLWHAs reveal that a lot of sexual activities are still going on without disclosure to sex partners.
- In the absence of a vaccine or cure, intervention at the level of interpersonal transmission is key to controlling the pandemic, and disclosure to sexual partners is central to reducing interpersonal transmission (McFarland, Lindan, Mandel, & Rutherford, 2002).

Objectives

- To determine the correlates of disclosure and the status of the partners of women accessing PMTCT care at the University College Hospital Ibadan.
- January 2007 to June 2008, all patients were asked during counseling if they had disclosed to sex partners and the status of partners who had tested following disclosure documented.

Methodology

- Study participants were recruited from the HARVARD-PEPFAR PMTCT clinic at the University College Hospital, Ibadan.
  All pregnant women in the course of counselling at presentation in the clinic were asked if they had disclosed to their partners.
  Information was obtained by the counsellors.
  Inclusion criteria are:
  - Being HIV-seropositive (by reliable patient self-report or laboratory documentation),
  - Had known they were HIV positive for at least 6 months,
  - 18 years of age or older,
  - Attending the clinic on a day of study recruitment.
- Other information obtained from the clinic records included demographic characteristics.

Results

- Five hundred and seventy (570) women were surveyed in the study period.
- Ninety women did not have enough information and so were excluded from further analysis.
- The mean age and gestational age at presentation of the women was 29.48± 5.03 years and 30.57± 4.69 weeks.
- The primigravidae was the modal parity.

- Three hundred and fifty seven women (357, 64.6%) had disclosed to their partners while one hundred and twenty three (123, 22.2%) had not disclosed.
- Among the women who had disclosed; the modal parity was para 1.
- Most of the women were married
- 20.1% being in polygamous unions.
- The modal sexual partners ever was reported as 2, ranging from 1 to 6.
- The mean age of the partners was reported as 37.09 ± 7.09 years.
- One hundred and twenty three (123, 22.2%) had not disclosed.
- Among the women who had not disclosed, the modal parity was para 0.
- Most of the women were married
- 34.0 % being in polygamous unions.
- The modal sexual partner ever was reported as 2, ranging from 1 to 6.
- The mean age of the partners was reported as 37.66 ± 8.21 years.

Socio-demographic characteristics

Variable	All women (480)	Disclosers (357, 64.4%)	Non-disclosers (123, 22.2%)	P-value
Age	29.48 (± 5.03)	29.07 (± 4.9)	28.67 (± 4.82)	0.47
Modal parity		1	0	
Parity 0	128 (27.5%)	82 (23.7%)	46 (38.3%)	0.008
1-4	318 (68.3%)	249 (71.9%)	69 (57.5%)	
5 and above	20 (4.2%)	15 (4.4%)	5 (4.1%)	
Type of marriage				
Monogamy	317 (65.6%)	250 (78.6%)	66 (62.3%)	0.002
Polygamy	100 (20.7%)	64 (20.1%)	36 (34.0%)	
Single	6 (1.2%)	1(0.6%)	5(3.8%)	
Widowed	4 (0.4%)	4 (0.6%)	0.0%	
No sex partners ever	2	2	2	0.052

- Among the partners of the women who had disclosed, 107 (30%) had not tested.
- Two hundred and twenty six (63.3%) had tested and were reported as being
  - seropositive (97, 27.2%) and
  - negative (129, 36.1%) respectively.
  - sixteen had tested but the result was not known.
  - Six of the partners had died of illnesses suspected to be AIDS.

Partner's HIV status

Aware but refused to test + Aware but has not tested	7+100= 107 (30.14%)
Aware has tested, reactive but not on HAART + on HAART	40 + 57 = 97(27.32%)
Aware has tested, non- reactive	129 (36.34%)
Has tested but result not known	16 (4.57%)
Died of illness suspected to be AIDS	6 (1.69%)
Total	355 (100.0%)

Discussion-Rates

- About sixty-five percent of the women had disclosed.
- Within literature on self-disclosure of HIV serostatus in Africa, the proportion of PLHIVs who report sharing their status with their partners varies widely.
- At the lowest end of the spectrum, MacNeil et al., (1999) indicated that 6 months after learning they were HIV-positive, only 26% of married respondents reported having shared their status with their spouse.
- On the other hand, two studies carried out in Tanzania reported closer to two-thirds of participants telling partners of their diagnosis (Maman et al., 2001, 2003).

Discussion-Correlates

Common correlates of disclosure in populations representing predominantly homosexual men in the United States include

- older age, higher education level, white ethnicity,
- fewer sexual partners, being diagnosed with AIDS,
- development of illness symptoms and greater length of time since initial HIV-positive test (Diamond & Buskin, 2000; O'Brien et al., 2003; Simoni & Pantalone, 2004; Wolitski et al., 2004].

- Steady partners or spouses are most likely to be informed of a positive HIV test result, followed by mothers and sisters.
- A recent report from Kenya found that partner notification of serostatus among HIV-infected pregnant women was significantly associated with marriage, young age, and

low socio-economic status [14].

- In this study, non-disclosers had fewer children, were more likely to be in polygamous unions and were younger.

Motivations

- Regarding reasons why female PLHIVs choose not to reveal their condition to their spouses or other sexual partners, women in Uganda reported concerns that if they tested HIV positive they would be
  - kicked out of their homes and left with no means of livelihood (Pool, Nyanzi, & Whitworth, 2001).
- Other commonly cited reasons for nondisclosure are the risks of:
  - rejection, relationship dissolution, revelation of sexual orientation, stigmatization, breach of privacy leading to loss of employment or housing, and even physical abuse. (Kalichman et al., 2003; Stine, 2003)

Conclusion

- Non-disclosure of HIV status to sexual partners and sero-discordance, with the potential for sexual transmission, is not uncommon in this population.
- Women with lower parity or in polygamous unions were more likely not to have disclosed.
- Women with lower parity or in polygamous unions might have reasons for not disclosing.
- There is a need to examine further the barriers to disclosure with a view to prescribing interventions to encourage same.
- Care and support program must institute interventions to reduce this potential through rigorous follow-up and preventive counseling.