

# Factors Influencing Disclosure of HIV Positive Status to Sexual Partners Among Clients Attending Lagos University Teaching Hospital

Author(s), BOATENG, Elizabeth Omoyeni (RN, RM, B.Sc, BNSc., M.Sc.)  
AND  
OKAFOR, Ngozi Anthonia (RN, RM, RPHN, PhD)

## Abstract:

Disclosure of HIV positive status is an on-going process of discussion about the disease to sexual partners, family members or others in their social circle gradually overtime, as the individual matures cognitively, socially, emotionally and sexually. Sub Saharan Africa continues to be the epicentre of HIV with about 70% of people living with HIV globally, with a low rate of disclosure of about 61% among HIV positive patients. HIV status disclosure is critical to prevention, access to health care and treatment. The study examined the factors influencing a person's decision to disclose his/her positive status to their sexual partners among clients attending Lagos University Teaching Hospital. The study adopted a quantitative design, using a descriptive cross sectional approach to identify factors influencing disclosure of positive status to partners among people living with HIV. The data was collected from a convenience sample of two hundred people living with HIV using an adopted questionnaire. The data was coded and analysed through a descriptive and inferential statistics. The findings from this study revealed that there are numerous factors which influenced HIV status disclosure 78% female participants living with HIV disclose more to their sexual partners compared to their male counterparts. Influence of Stigmatization was identified as a factor which

**EASIJ**

Accepted 10 May 2021

Published 14 May 2021

DOI: 10.5281/zenodo.4763581



influences HIV status disclosure to others. Stigmatization accounted for 24.3%, with a significance influence and a major reason for delayed or non-disclosure. HIV acceptance accounted for 27.4% of the variance, it therefore had a significant influence on disclosure. Social Support accounted for 24.3% of the variance in the disclosure and therefore has a significant influence on disclosure. It was recommended among others that disclosure should be the pinnacle of pre and post-counselling and should be considered a concern of healthcare providers of various disciplines who care for persons living with HIV as well as health authorities, municipalities and community organizations.

**Keywords:** Self-Disclosure, HIV Positive Status, sexual partners,



About Author

**Author(s):**

**BOATENG, Elizabeth Omoyeni (RN, RM, B.Sc, BNSc., M.Sc.)**

Department of Medical Surgical/Adult Health Nursing,  
School of Nursing Sciences,  
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

**And**

**OKAFOR, Ngozi Anthonia (RN, RM, RPHN, PhD)**

Department of Public/Community Health Nursing,  
School of Nursing Science,  
Babcock University, Ilishan-Remo, Ogun State, Nigeria.



## Introduction

Human immunodeficiency virus (HIV) is a chronic viral infection and remains a global public health challenge especially in low and middle income countries. Human immunodeficiency virus (HIV) has spread over the last thirty years, and has dealt a great blow on employment, health, and welfare not sparing any social or ethnic groups throughout the world. The first two cases were reported in 1986, and the estimated overall number of people living with HIV stands as a public health issue that consistently drains the country's economy, and have affected more than 25 million lives throughout the world (WHO, 2018). The estimated overall number of people living with HIV by 2019 was approximately 36.1 million and Sub-Saharan Africa is the most affected with region having 28.8 million (66%), (UNAIDS, 2016).

Human immune deficiency virus (HIV) causes acquired immunodeficiency syndrome (AIDS). The virus, which is spread via body fluids, has continually spread rapidly across the world, especially in developing nations (Wu et al., 2018). Several approaches have been made available to reduce the spread of HIV by not sharing needles, limiting the number of sexual partners, and consistently using sexual protection such as condoms (CDC, 2017). Nigeria's progress report on global AIDS response has revealed a rise in population of people living with HIV (PLWHIV) and that the country has the second heaviest burden of HIV infection among all African countries (NACA, 2019). Considering population of PLWHA, Nigeria ranks second to South Africa on the population of PLWHA which stands at 3,200,000; HIV-related deaths at 210,000 and new HIV infections at 220, 000 (UNAIDS, 2019). Issues related to HIV/AIDS has drawn global attention as evidenced by the resolutions of world leaders to accepting eight millennium development goals. The sixth MDG goal, was to tackle HIV/AIDS and other diseases with the commitment to stop and reverse the spread of HIV/AIDS and ensure access prompt treatment to infected persons (WHO, 2018). The sustainable development goals SDG is to help national strategic framework on HIV and AIDS. Though Nigeria has made some improvement in its response to HIV/AIDS, the country has to struggle to overcome the psychological and social issues linked with HIV, its consequence of positive status disclosure yet.

People living with HIV find disclosing their status challenging and a complex decision process. (Prendergast et al., 2017).

Self-disclosure of HIV status is an essential prevention goal stressed by the WHO and the Centres for disease control and prevention (CDC 2017) in their procedures for testing and counselling. Disclosure offers a number of essential advantages to the infected person and the general public. HIV test results disclosure to sexual partners is linked with less fear, anxiety and high opportunities for risk reduction, increased social support, and increased opportunities to plan for the future.

Rates of disclosure to sexual partners are more in the developed world where disclosure ranged from 42-100%. A study done in a tertiary institution in Nigeria, revealed a disclosure rate of 61% among HIV patients. HIV positive status disclosure increases chances of obtaining social support, implementation of HIV risk reduction with partners and increasing access to treatment as well as stimulate partners for voluntary counselling and testing (VCT). HIV status disclosure is therefore an issue to be addressed for HIV prevention

and treatment (Maman & Medley 2017). Not disclosing HIV status has the likelihood of exposing a lot of Nigerians to HIV and other sexually transmitted infections. A complete approach to HIV prevention demands that HIV positive people take protective and preventive measures since they may be at risk of both infecting their sexual partners, children, other members of their households or re-infecting themselves with different strains of the virus.

The researchers in their several years of clinical practice have observed that HIV positive patients who disclosed their status enjoyed better social support and good adherence to medication and care engagement. Addressing disclosure issues among partners is essential to ensure that new infections are kept under control. The researchers evaluated such nondisclosure factors as stigma social support, and HIV-related knowledge to establish the nature of their relationship to status disclosure. Therefore, this study was set out to assess the factors influencing disclosure of HIV positive status to sexual partners among people living with HIV/AIDS accessing care at the Lagos University Teaching Hospital. This study specifically examined:

1. the level of disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital;
2. the influence of HIV Acceptance on disclosure of HIV positive status to sexual partners;
3. the influence of stigmatization on disclosure of HIV positive status to sexual partners; and
4. influence of social support on disclosure of HIV positive status to sexual partners.

### Research Question

This research question was raised for this study:

1. What is the level of disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital?

### Research Hypotheses

The following research hypotheses were postulated for this study:

1. There is no significant influence of HIV Acceptance on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.
2. There is no significant influence of stigmatization on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.
3. There is no significant influence of social support on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital

### Methodology

This study adopted a quantitative design, using descriptive cross sectional approach to identify factors influencing disclosure of positive status to partners among people living with HIV. The research was carried out at the Lagos University Teaching Hospital. The population comprised people living with HIV/AIDS (PLWHAs) receiving care at HIV Clinic at the Lagos University teaching Hospital (LUTH), a tertiary health institution in Lagos state. The population was heterogeneous in nature including men and women above 18 years, across all ethnic, religious, economic and socio cultural background. The sample size of 200 was determined using the Slovin's formular. A convenient sampling method was used to select the study participants thereby giving everyone an equal opportunity to be part of the study. The

instrument used for data collection was an adopted questionnaire. The face and content validity of the instrument was ensured through the help of experts in the field of nursing. Their observations were used to correct the items in the research instrument.

The obtained data were analysed using descriptive and inferential statistics. Regression analysis was used to measure statistical relationship and association between variables. The research questions were answered with descriptive statistics and inferential statistics were used to test the formulated hypothesis.

## Results

**Research Question 1:** What is the level of disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital?

**Table 1a: HIV status disclosure to sexual partner**

<b>HIV status disclosure to sexual partner</b>	Yes	123	61.5
	No	77	38.5
<b>If 'YES' Time of Disclosure</b>	6 months less	3	2.5
	7-12 months	19	15.4
	1-2 years	64	52.0
	2years above	37	30.1

**Table 1b: Gender and HIV status disclosure to sexual partner**

Variable		Male (N=89)		Female (N =111)	
		Freq	%	Freq	%
<b>HIV status disclosure to sexual partner</b>	Yes	36	40.4	87	78.4
	No	53	59.6	24	21.6

The result in table 1a shows that only 123 (61.5%) ever disclosed their HIV status to their partners, out of which 34 (64.2%) disclosed to their status to partners between 1-2 years, and 144 (72.0%) of the total respondents never know the HIV status their partners. Table 1b shows that the rate at which male and female people living with HIV/AIDS discloses their status to their sexual partners. It was found that 87 (78.4%) female people living with HIV/AIDS disclose more to their partners compared to their male counterparts.

## Test of Hypotheses

**Hypothesis 1:** There is no significant influence of HIV Acceptance on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.

**Table 2: Model Summary of the Regression Analysis for the influence of HIV Acceptance on disclosure of HIV positive status to sexual partners**

Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	P
Regression	281.001	1	281.001	28.131	.000 <sup>b</sup>
Residual	1977.822	198	9.989		
Total	2258.823	199			

**R = 0.523; Multiple R = 0.274; Multiple R<sup>2</sup> (Adjusted) = 0.271; SE = 6.741**

**a. Dependent Variable: Disclosure of HIV Status**

**b. Predictors: (Constant), HIV Acceptance**

The results in Table 2 indicated that with the predictor variable (HIV Acceptance) in the regression model influence disclosure of HIV positive status to sexual partners ( $R = .523$ ;  $R^2 = .274$ ;  $\text{Adj. } R^2 = .274$ ;  $F_{(1, 199)} = 28.131$ ;  $p = .000$ ). This showed that the HIV acceptance accounted for 27.4% of the variance in the disclosure of HIV positive status to sexual partners among the respondents. The null hypothesis which stated that "There is no significant influence of HIV Acceptance on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital" was rejected by this finding. This implies that there is a significant influence of HIV Acceptance on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.

**Hypothesis 2:** There is no significant influence of stigmatization on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.

**Table 3: Model Summary of the Regression Analysis for the influence of stigmatization on disclosure of HIV positive status to sexual partners**

Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	P
Regression	208.987	1	208.987	35.921	.000 <sup>b</sup>
Residual	1151.964	198	5.818		
Total	1360.951	199			

**R = 0.499; Multiple R = 0.249; Multiple R<sup>2</sup> (Adjusted) = 0.240; SE = 5.700**

**a. Dependent Variable: Disclosure of HIV Status**

**b. Predictors: (Constant), Stigmatization**

The results in Table 3 indicated that with the predictor variable (stigmatization) in the regression model have influence on disclosure of HIV positive status to sexual partners ( $R = .499$ ;  $R^2 = .249$ ;  $\text{Adj. } R^2 = .240$ ;  $F_{(1, 199)} = 35.921$ ;  $p = .000$ ). This showed that the predictor variable (stigmatization) accounted for 24.3% of the variance in the disclosure of HIV positive status to sexual partners. The null hypothesis which stated that "There is no significant influence of stigmatization on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital" was rejected by this finding. This implies that there is a significant influence of stigmatization on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.

**Hypothesis 3:** There is no significant influence of social support on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital

**Table 4: Model Summary of the Regression Analysis for the influence of social support on disclosure of HIV positive status to sexual partners**

Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	P
Regression	349.876	1	349.876	29.739	.000 <sup>b</sup>
Residual	2329.470	198	11.765		
Total	2679.346	199			

**R = 0.499; Multiple R = 0.249; Multiple R<sup>2</sup> (Adjusted) = 0.243; SE = 5.987**

**a. Dependent Variable: Disclosure of HIV Status**

**b. Predictors: (Constant), Social Support**

The results in Table 4 indicated that with the predictor variable (social support) in the regression model influence disclosure of HIV positive status to sexual partners ( $R = .499$ ;  $R^2 = .249$ ;  $\text{Adj. } R^2 = .243$ ;  $F_{(1, 199)} = 29.739$ ;  $p = .000$ ). This showed that the social support accounted for 24.3% of the variance in the disclosure of HIV positive status to sexual partners among the respondents. The null hypothesis which stated that "There is no significant influence of social support on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital" was rejected by this finding. This implies that there is a significant influence of social support on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital.

## Discussion

About one quarter of the respondents reported never disclosed their HIV status to their partners. This implies that the level of disclosure of HIV status to partners is still very low among Nigerians. Despite the fact that disclosure of HIV status is an important prevention goal emphasized by the WHO and the Centres for Disease Control and Prevention (CDC) in their protocols for testing and counselling. Disclosure offers a number of important benefits to the infected individual and to the general public. Disclosure of HIV test results to sexual partners is associated with less anxiety and increased social support, increased opportunities for risk reduction and increased opportunities to plan for the future.

The result of low level of disclosure or non-disclosure reported in this study is in line with the study of Ogoina et al (2017). According to their study, nondisclosure was found to have exacerbated the transmission rates of HIV. Nondisclosure among heterosexual partner's thwarts HIV prevention efforts by exposing others previously uninfected by HIV to secondary infections, increase re infection among HIV positive partners, and create missed opportunities for HIV care (Emlet et. al., 2017). There are reasons for non-disclosure of HIV status varies. HIV remains a highly stigmatized illness in the world, and the large majority of PLWH engaged in care endorse internalized negative attitudes regarding HIV (Emlet et. al., 2018). The competing consequences theory of disclosure suggests that PLWH tend to disclose



their HIV status in instances in which they appraise the benefits of disclosure to outweigh the perceived costs (Serovich, 2019).

The results revealed that there is a significant influence of HIV Acceptance on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital. Self-acceptance is important in the lives of persons living with HIV. It allows them to move forward with their lives after an HIV diagnosis. The current study observed a desire among the participants to accept their status as a means of coping. This observation is consistent with those reported in previous findings, where self-acceptance allowed the older adults to move forward with their lives after an HIV diagnosis (Emlet et. al., 2018). The older persons in the current study needed to accept their status in order to be able to cope. Accepting is an accommodative way of coping (Emlet et. al., 2017). However, the current study found that, even though the participants said they had accepted their status, there was an underlying tone of passive acceptance, as later they would express difficulties in disclosing and finding closure with their status. Research suggests that a passive attitude is associated with negative effects and faster disease progression in PLHIV (Cook, et al, 2018).

The results showed that stigmatization accounted for 24.3% of the variance in the disclosure of HIV positive status to sexual partners. This implies that there is a significant influence of stigmatization on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital. This finding is similar to other studies among PLWHA in developing countries, where fear of stigma and discrimination reduced the willingness to disclose HIV status (Emlet et. al., 2018). This study found that the majority of participants had not disclosed their HIV status. This nondisclosure was mostly influenced by issues such as the fear of being blamed, the belief that HIV status disclosure is against traditional practice, fear of divorce, fear of loss of traditional support, and fear of being abused.

The results showed that the social support accounted for 24.3% of the variance in the disclosure of HIV positive status to sexual partners among the respondents. This implies that there is a significant influence of social support on disclosure of HIV positive status to sexual partners among clients attending Lagos University Teaching Hospital. The importance of social support from family and friends was highlighted in both the quantitative and qualitative components of this study, particularly for female participants. Previous research has examined social support as a predictor (Maman, et al, 2019), it is probable that there is a bi-directional relationship between social support and disclosure, such that availability of social support would facilitate disclosure, and that disclosure would garner even more or less social support. The relationship between social support and disclosure can better be assessed with prospective and longitudinal studies.

## Conclusion

The prevalence of HIV sero-status disclosure among HIV-positive people in this study is among the highest compared to rates in other settings across both developing and developed countries. Female people living with HIV/AIDS disclosed more to their partners compared to their male counterparts. The findings of the present study highlight the

importance of addressing HIV-related stigma, HIV Acceptance, intentions to avoid unsafe sex, social support, and depression to the life context of people living with HIV/AIDS.

The disclosure rate reported in this study is significant. Evidence on the factors associated with disclosure reported in this study could go a long way in informing policy makers, healthcare providers and persons living with HIV on the correlate that need to be addressed in the process of HIV sero-status disclosure. These is potential evidence seen as potent support for effective community health interventions in attempt of HIV identity transformation and role of being a helper to foster disclosure which has been shown to have seminal benefits to individuals and the community.

### Recommendations

On the basis of the empirical evidence provided in this study, the following recommendations are made:

1. Disclosure should be the pinnacle of pre and post-counseling and should be considered a concern of healthcare providers of various disciplines who care for persons living with HIV as well as health authorities, municipalities and community organizations.
2. Measures need to be put in place to empower men to talk about HIV, its impact in their lives and to engage in HIV programmes by advocating male clinics, more especially in rural areas.
3. Couples' testing should be strengthened as well as mutual disclosure of HIV test result, which should be done under the guidance of HIV counsellors to support those who have difficulties disclosing to their partners.

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### Cite this article:

**Author(s)**, BOATENG, Elizabeth Omoyeni (RN, RM, B.Sc, BNSc., M.Sc.), OKAFOR, Ngozi Anthonia (RN, RM, RPHN, PhD), (2021). “Factors Influencing Disclosure of HIV Positive Status to Sexual Partners Among Clients Attending Lagos University Teaching Hospital”, **Name of the Journal:** Euro Afro Studies International Journal, ([EASIJ.COM](http://EASIJ.COM)), P, 6 –16. DOI: [www.doi.org/10.5281/zenodo.4763581](http://www.doi.org/10.5281/zenodo.4763581) , Issue: 5, Vol.: 3, Article: 2, Month: May, Year: 2021. Retrieved from <https://www.easij.com/all-issues/>

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