

Partner HIV Status Disclosure and Serodiscordant Couples Rates Among Infected Adults in an Urban Community in South-East Nigeria: A Cross-sectional Study

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ABSTRACT

Background and aim: The Human Immunodeficiency Virus (HIV) is a global pandemic, with sub-Saharan Africa contributing to the majority of cases of HIV. There have been various challenges towards the treatment and prevention of HIV infection in our environment, and these include; low uptake of voluntary counselling and testing, high discrimination rate, and non-disclosure of a positive status to sexual partners. This study aimed to determine the prevalence and predictors of partner disclosure of seropositive status amongst HIV-infected adults and the serodiscordant rate amongst sexual partners.

Materials and methods: An interviewer-administered structured questionnaire was used to obtain data from 380 HIV-infected adults aged 18 years and above. Descriptive statistics were used to summarize obtained data. Multiple logistic regression was done to show predictors of disclosure. P-value.

Results: The prevalence of partner disclosure of HIV positive status was 91.8%, and the serodiscordant rate was 38.9%, with 52.4% of participants having a positive partner and 8.7% being unaware of their partner's status. Marital status and knowledge of partner's HIV status were significantly associated with disclosure.

Conclusion: There was a high prevalence rate of partner disclosure of HIV status amongst infected participants in our environment. Couple counselling should be encouraged to allow for mutual disclosure. Also, counselling on the importance of partner disclosure of status should be intensified, especially among unmarried persons, while efforts should be made to reduce the stigmatization rate.

1. Introduction

HIV is a global pandemic, with over two-thirds of infected people living in the African region.¹ Despite the advancements in HIV prevention and treatment, success has been variable by region, country, and population, with sub-Saharan Africa recording the lowest rate of success.^{1,11} There is a varying rate of HIV status disclosure to sexual partners between the developing and developed countries, with rates being lower in developing countries compared to developed countries.¹² It is probably has contributed to the higher rates of new HIV infections in these countries. Since the disclosure of HIV status to sexual partners may be associated with positive behavioral change, less engagement in risky sexual practices, early entry to HIV care, decreased transmission to sexual partners, increased social support, and improved relationship with a partner.^{13, 41} Persons with non-disclosed HIV status are more likely to engage in condomless sex and also have been reported to be

less adherent to their HIV medications and treatment, thus increasing transmission risk.¹⁵ An estimated 1.3- 2.4 million persons living with HIV in Nigeria, with approximately 73% of infected persons being aware of their seropositive status. Of these, about 1.1m of the people aware of their status are on treatment. Before disclosing HIV status, about 14.7% of infected persons engage in unprotected sexual intercourse with their partners, even after knowledge of their HIV diagnosis.¹⁴ A delayed disclosure implies that transmission may occur after diagnosis (and before disclosure). Despite the beneficial effects of partner disclosure of HIV status, there are some barriers to disclosure in Nigeria. These include; stigmatization and fear of discrimination, fear of abandonment or loss of economic support from partners, fear of accusation of infidelity, amongst others.¹² In Nigeria, the stigmatization rate against people living with HIV remains high and is between 50% to 87.9%.¹⁶⁻⁸¹

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Various factors can positively or negatively influence the disclosure of a seropositive status to sexual partners. One of the factors positively influencing HIV status disclosure is assistance from healthcare workers following voluntary counselling and testing (VCT).^[9] In Nigeria, uptake of VCT is sub-optimal, which could be due to poor knowledge of VCT, location of the VCT center, high level of stigmatization and discrimination, and concerns about confidentiality.^[10, 11] Following diagnosis, infected persons are encouraged to disclose their status to their partners, who subsequently get tested and possibly commenced treatment if already infected or educated on preventive measures if the partner has a seronegative HIV status (serodiscordant couple). This disclosure of status to sexual partners is an important step in curtailing HIV transmission as sexual transmission accounts for the highest transmission mode in Nigeria.^[12]

HIV serodiscordance means that one partner is HIV positive and the other is HIV negative. HIV serodiscordance rate varies between 8.4% - 52%.^[13-15] Various factors can predict serodiscordance, and these include; proximity to voluntary counselling and testing centers, condom use, male gender, World Health Organization (WHO) clinical stage.^[13-16] Among serodiscordant couples, the risk of HIV transmission is zero following viral suppression; hence the term "undetectable means untransmissible".^[17] Therefore, immediate disclosure of a positive HIV status to a sexual partner, early partner testing, and early commencement of treatment for infected persons effectively prevents seroconversion among serodiscordant couples.^[15] Currently, WHO recommends the "test and treat" policy in the management of HIV.^[18] This approach has led to decreased mortality following earlier initiation of antiretroviral medications.^[19]

One approach that may be used to overcome specific barriers to partner disclosure of HIV status is coupled voluntary testing and counselling, which supports mutual disclosure, thus overcoming barriers that lead to non-disclosure or delayed disclosure, e.g., fear. Other benefits of couples' HIV counselling and testing include; HIV prevention within couples (condoms, Antiretroviral ART medications), increased uptake and adherence to ART, increased marital cohesion and reduction in intimate partner violence, decreased stigma, and HIV prevention to external partners.^[20] Unawareness of partner HIV status leads to an increased vulnerability to HIV infection, as mutual knowledge of HIV status amongst partners leads to a reduction in HIV incidence. However, utilization of couples' VCT services remains low, especially in Africa.^[21] This study aimed at determining the prevalence and predictors of partner disclosure of HIV status and serodiscordance rates amongst HIV infected persons on treatment in a tertiary health center in South-East Nigeria.

2. Materials and methods

Study Area and Participants

This study was a hospital-based cross-sectional study done between September to November 2020. Study participants were adult HIV-infected persons receiving care at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, South-East Nigeria.

Sample Size

The sample size was calculated using the formula $n = Z^2 P(1-P)/d^2$, where n = minimum sample size, Z = Standard normal variate at 95% (standard normal value of 1.96), P = Estimated prevalence of partner status disclosure in Nigeria (62%) and d = Diagnostic accuracy (set at 0.05).^[22, 23] This gave a minimum sample size of 363. An additional 10% of the calculated sample size

^[37] was added for inadequately filled questionnaires, giving a calculated sample size of 400. However, 380 questionnaires were eligible for analysis.

Sampling technique

The study participants were recruited using a systematic random sampling technique. A sampling interval of 12 was obtained using the formula $K = N/n$, where N is the total number of patients on antiretroviral therapy (ART) and n is the calculated sample size. The total number of patients on ART was 4722 (as obtained from the hospital records). The 1st client recruited into the study daily was chosen randomly, and subsequently, every 12th client presenting to the ART clinic was recruited into the study consecutively until the sample size was met. Clients without sexual partners were excluded from the study.

Data Collection

Ethical clearance was obtained from the ethics committee of the institution. Data was obtained using a structured pre-tested interviewer-administered questionnaire divided into parts; sociodemographic data of participants, sociodemographic data of partners, disclosure status to a sexual partner, and knowledge of partner HIV status. Adequately filled questionnaires were 380, which was the total number of responses analyzed.

Data Analysis

Data were analyzed using the Statistical Package for social sciences (SPSS) version 20. Data was sorted, coded, and entered into the software. Variables were in the form of binary and categorical data. Data were summarized as mean, median, and proportions as appropriate, and bivariate analysis was performed. Logistic regression analysis was done to show predictors of partner HIV status disclosure. The significance level was set at < 0.05 .

3. Results

The majority of the respondents were 40-49 (41.0%) years old and married (85.5%). That may reflect the skewed nature of HIV testing and treatment among the married and unmarried in our environment. There were more male respondents (50.5%), and most of the respondents had secondary education as their highest educational attainment (60.8%), which is not surprising as the study was done in a commercial city where the majority of the inhabitants are traders/ unskilled workers. (Table 1).

Table 1. Socio-Demographic Characteristics of The Participants.

Variable	Frequency (n = 380)	Percent
Age (year)		
< 20	4	1.1
20 – 29	24	6.3
30 – 39	125	32.9
40 – 49	156	41.0
≥ 50	71	18.7
Mean age	41.8 ± 8.9	
Sex		

Male	192	50.5
Female	188	49.5
Marital status		
Single	36	9.5
Married	326	85.8
Divorced	2	0.5
Separated	6	1.6
Widowed	10	2.6
Religion		
Christianity	378	99.5
Islam	2	0.5
Education		
No formal	2	0.5
Primary	84	22.1
Secondary	231	60.8
Tertiary	63	16.6
Employment status		
Employed	355	93.4
Unemployed	25	6.6
Occupation		
Skilled worker	61	16.1
Unskilled worker	295	77.6
None	24	6.3

No formal	2	0.5
Primary	75	19.7
Secondary	229	60.3
Tertiary	74	19.5
Employment status		
Employed	324	85.3
Unemployed	56	14.7
Occupation		
Skilled worker	74	19.5
Unskilled worker	251	66.0
None	55	14.5

Most of the respondents' partners were between 30-39 years (36.1%) and similarly had secondary education as their highest level of education (60.3%).

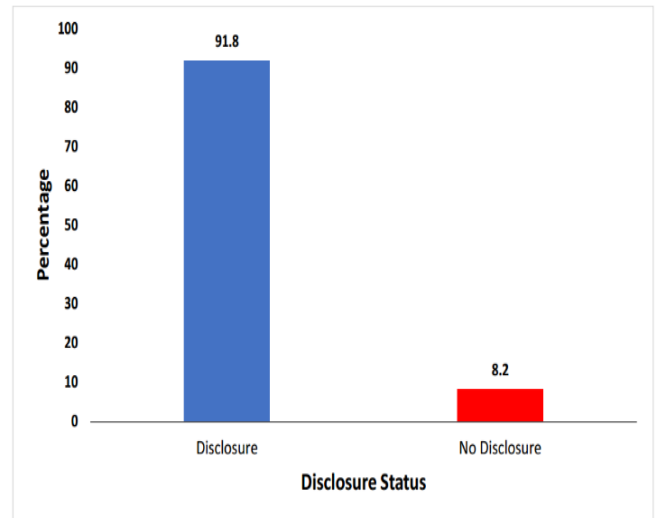


Fig. 1. Prevalence of partner disclosure of HIV seropositive status.

Most of the participants (91.8%) had disclosed their positive HIV status to their steady sexual partners, while 8.2% did not disclose.

Table 2. Socio-Demographic Characteristics of Partners.

Variable	Frequency (n = 380)	Percent
Age (year)		
< 20	5	1.3
20 – 29	37	9.7
30 – 39	137	36.1
40 – 49	133	35.0
≥ 50	68	17.9
Mean age	40.4 ± 9.5	
Education		

Table 3. HIV Serodiscordance Rate.

	Frequency (n = 380)	Percent
Negative	148	38.9
Positive	199	52.4
Unknown	33	8.7

Among the study participants, 38.9% of respondents had an HIV-negative partner, reflecting the serodiscordance rate.

Table 4. Multiple Logistic Regression of Disclosure of HIV Status to Partner and Associated Factors.

Independent variables	p-value	Adjusted OR	95% CI	
			Lower	Upper
Age of participants (year)	0.989	1.00	0.78	1.29
Sex (Male/Female ^{ref.})	0.325	0.05	0.00	20.99
Marital status (Married/Not married ^{ref.})	0.013*	51.87	2.32	1,160.38
Employment status of participant (Employed/Unemployed ^{ref.})	0.912	1.81	0.00	70,344.06
Age of partner (year)	0.724	1.04	0.84	1.29
Education of partner (ranked)	0.682	0.62	0.07	6.01
Employment status of partner (Employed/Unemployed ^{ref.})	0.246	9.51	0.21	425.73
RVD status of partner (Known/Unknown ^{ref.})	0.003*	3,165.57	14.73	680,108.26
Duration of ARV therapy	0.263	1.28	0.83	1.97

*Statistically significant †ref. = referenc ‡OR = Odds Ratio.

4. Discussion

Our study revealed a prevalence rate of partner disclosure of 91.8%. This study was similar to Dessalegn NG et al., which reported a partner disclosure rate of 82.5%.^[4] However, various other studies made contrasting findings as they reported lower partner disclosure rates. While Lifson AR et al. and Damian DJ et al. reported partner disclosure rates of 74% and 66%, respectively,^[24, 25] and even lower disclosure rates of 58%, 51.7%, and 41.2% were reported by Okafor CN et al., Meseret Y et al. and Boampong K respectively.^[26-28] The high partner disclosure rates from our study may indicate the efficacy of assisted partner notification (by healthcare workers) which is encouraged in our study center. Due to the various factors negatively influencing partner disclosure of HIV status, assistance from healthcare workers has been shown to influence disclosure positively.^[9] Compared to our study participants, the respondents in the study by Boampong K were majorly females,^[28] and this could explain the very low rate of partner disclosure of HIV status in their study. Similarly, Meseret Y et al. study also showed a low partner disclosure rate, involving only female participants.^[27] Gender inequality in Africa has made the female gender mostly dependent on their male partners. Due to fear of abandonment and domestic violence, loss of economic support, and fear of accusations of infidelity, the disclosure rate amongst females may likely be lower than the males.^[2, 9, 28] Amongst developed and developing countries, the average disclosure rate was 49% (ranging from 16.7% to 86%) in developing countries and 79% in developed countries (though these disclosure rates tend to increase with time). Despite the high disclosure rate of HIV in certain regions, these disclosures are occasionally delayed due to uncertainties about partner reactions which can be positive or negative. The rate of delayed disclosure is between 32.3% to 35.2%.^[27, 29]

The HIV serodiscordance rate from our study was 38.9%. This study was relatively higher than the serodiscordance rates reported by Habte E et al. and

Ngilangwa DP et al., while Habte reported a serodiscordant rate of 8.4%.^[13] Ngilangwa DP et al. revealed a serodiscordance rate of 16%.^[14] Compared to our study, the study by Habte had a higher number of study participants, and it also showed that the discordance rate was higher amongst males than females.^[13] The female gender has been shown to have a higher risk of being infected with HIV, which could be due to various biopsychosocial factors.^[14] A higher serodiscordance rate of 52% was reported based on the study findings by Onovo AA et al., and this study had only female participants.^[15] The further supports the finding by Habte, which showed a higher discordance rate in males compared to their female counterparts.

Our study revealed that marital status was associated with disclosure as married participants had a higher odds of disclosure than unmarried participants. It is not surprising because the high stigma rate and the fear of discrimination and abandonment are some barriers to disclosure in our environment.^[2] Supporting our study findings was the study by Ebuenyi ID et al., which reported that currently being married was significantly associated with disclosure.^[23] Married couples are more likely to be seroconcordant as seroconversion of serodiscordant couples is higher within marriage.^[30] Knowledge of a partner's positive HIV status encourages disclosure.

Knowledge of a partner's HIV status was significantly associated with disclosure based on our study findings. Similar to our finding, Oseni O et al. and Boampong K et al. also revealed that knowledge of partner's status was associated with disclosure.^[28, 29] Other studies that supported our study findings were Dessalegn NG et al. and Wei CY et al., which showed an association between knowledge of partner's status and disclosure.^[4, 31]

Age was not shown to be significantly associated with disclosure based on our study findings. However, Boampong K et al. reported age and knowledge of the relevance of disclosure as additional factors associated with disclosure.^[28] Similarly, Oseni O et al. also reported that older age predicted

disclosure to partners.^[29] Though Nordberg B et al. reported that age was significantly associated with disclosure, they observed that younger participants were found to have a higher odds of disclosure compared to the older participant.^[32] Though our study showed no association between duration of HIV diagnosis and disclosure, Wei CY et al. and Oseni O et al., through their studies on HIV disclosure, showed that duration of HIV diagnosis was associated with partner disclosure.^[29, 31] This finding was supported by Odiachi A et al., who reported the lowest partner disclosure rates among newly diagnosed HIV-infected women. With assisted notification programs for infected persons in our study center, there is a shortened time interval between HIV diagnosis and partner disclosure. It could explain the absence of a significant association between diagnosis and partner disclosure of status from our study.

According to the findings from studies done by Ebuenyi ID et al. Damian J et al., a partner being on ART was significantly associated with disclosure.^[23, 25] ART has been shown to lead to undetectable viral load and thus reduced or eliminated the risk of transmission to sexual partners. The absence of transmission risk following viral suppression while on ART may increase infected persons' confidence to disclose their status. It is supported by the report by Wei, which showed that unawareness of one's viral load was associated with non-disclosure.^[31] These findings were in contrast with our study, which reported no association between ART use and partner disclosure of HIV status.

5. Conclusion

The prevalence rate of partner disclosure of a positive HIV status in our environment is high. However, more efforts should be made to improve the disclosure rate among unmarried infected persons. Education on the benefits of early status disclosure to partners should be continuous, especially among these people. Though the timing of disclosure was not assessed, couple counseling and tests are encouraged to allow for mutual disclosure. In addition, assisted partner notification should be offered to selected individuals unwilling to disclose to their partners due to uncertainty about partner reactions.

Conflict of Interest

The authors declared that there is no conflict of interest.

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