

Effects of Positive HIV Status Disclosure on Sexual Behaviour Change

Jonathan Taiswa¹, Erastus Lewis Mukhisa¹, Rukia Omolloh¹,
Dolphine Mochache¹, Joyce Atieno Nyacharo¹, Brian Barasa Masaba²

¹Masters Nursing Student, Department of Clinical Nursing and Health Informatics, Masinde Muliro University of Science and Technology, Kenya, ²Doctoral Fellow, Department of Health Studies, University of South Africa, South Africa

Abstract

Introduction: Disclosure of HIV serostatus is critical to controlling the spread of HIV, and understanding the experience for disclosure enhances the development of prevention interventions and ultimately leads to better control of the spread of the disease. The present narrative review aimed to synthesize literature on the effects of positive HIV status disclosure on sexual behaviour change.

Method: A narrative review design was utilized. Literature search of articles was from the following databases; Scopus, Science Direct, PUBMED, OVID and Google scholar. The searches were conducted from August 2019 to June 2020. The qualitative analysis was used to present data into themes.

Results: The main findings were discussed under four thematic domains: 1) disclosure, 2) number of sexual partners, 3) type of sexual partners and 4) use condoms.

Conclusion: The narrative review presents evidence on; how patients revealing their HIV positive status to their sexual partner(s), family members, or others in their social circle are associated to better, less risky sexual behaviors. This finding implies that when people living with HIV disclose their status, they are most likely to; 1) have less sexual partners, 2) use condoms and 3) minimize casual/temporary sex. The behavior change brought by the positive HIV status disclosure can significantly reduce the transmission of HIV within the society.

Keywords: Disclosure, HIV infections, Humans, Partners, Sexual Behavior.

Introduction

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) still remains a potentially fatal transmissible disease of the immune system and a significant threat to the quality of life¹. There were approximately 37.9 million people living with HIV at the end of 2018². As a result of concerted

international efforts to respond to HIV, coverage of services has been steadily increasing². The role of HIV counseling, testing and disclosure linked with the timely uptake of antiretroviral drugs has been significant in changing HIV infection to a progressively chronic manageable disease with the potential of living a long healthy and productive life¹. In 2018, 62% of adults and 54% of children living with HIV in low- and middle-income countries were receiving lifelong antiretroviral therapy (ART)². Eastern and Southern Africa accounts for 45% of new HIV infections in the world and is home to 53% of people living with HIV globally in 2017; which makes it the region most affected by the HIV epidemic³. According to international reports by AIDS Virus Education Research Trust [AVERT], Kenya has the

Corresponding Author:

Brian Barasa Masaba

Doctoral Fellow, Department of Health Studies,
University of South Africa, South Africa
e-mail: 63714094@mylife.unisa.ac.za

joint third-largest HIV epidemic in the world (alongside Tanzania) with 1.6 million people living with HIV in 2018⁴. In the same year, 25,000 people died from AIDS-related illnesses. While this is still high the death rate has declined steadily from 64,000 in 2010⁴. The western part of the country through Homabay, Siaya, Migori and Kisumu are the most affected with HIV prevalence rates of 18.9%, 14.3%, 13.2% and 12.6% respectively⁵.

In the context of HIV prevention, “disclosure” is defined as the process of revealing HIV positive status to sexual partner(s), family members, or others in their social circle and typically occurs gradually, over time⁶. Disclosing one’s HIV status to a sexual partner means talking honestly about one’s sexual orientation, possible drug use, and results of HIV testing⁷. Disclosure of HIV serostatus is critical to controlling the spread of HIV, and understanding the experience for disclosure will enhance the development of prevention interventions and ultimately lead to better control of the spread of the disease⁷. Annual reports by Center of Disease Control [CDC] advised that knowing your HIV status, telling it to your sexual partners, and having them tell you their status before you start having sex may help reduce risky behaviors and lessen the chances of getting or transmitting HIV⁸. The disclosure rate is notably lower in developing countries than in the developed world (17% vs 86%, respectively)⁷. In sub-Saharan Africa, disclosure rates among partners vary between 33% and 93%, depending on the country⁷. The lowest rate was reported in Malawi⁷.

The positive attributes of disclosure include the ease to access HIV-Related services such as counselling and participating in education and training services accessing ART services⁹. Furthermore, disclosure tremendously increases opportunities for obtaining social support, implementation of HIV risk reduction with partners and motivates the partners to seek voluntary counseling and testing (VCT)⁹. Self-disclosure of HIV status to sexual partners is an important strategy to prevent future transmission of HIV because it can reduce risky sexual behavior and improve HIV testing of sexual partners¹⁰. In addition, disclosure of HIV status to sexual partners enables couples to make informed reproductive health choices that may ultimately lower the number of unintended pregnancies among HIV-positive women¹¹. However, there are also several potential negative consequences associated with HIV disclosure such as domestic violence and abuse, abandonment, and discrimination, which can serve as viable reasons for nondisclosure¹².

Promoting and encouraging HIV positive partners in sero-discordant relationships to disclose their status, remains an important component of prevention that results in the adoption of preventive behaviours such as partner uptake of HCT and condom use and also, where in the event of disclosure, the negative partner can refuse sex or only participate in safe sex or significantly reduce the practice of risky sexual acts¹. The failure of people infected with HIV to disclose their positive status can expose their sexual partners and other relatives that have close contact with them to the virus¹³.

UNAIDS and WHO encourage beneficial disclosure³. This is disclosure that is voluntary; respects the autonomy and dignity of the affected individuals; maintains confidentiality as appropriate; leads to beneficial results for those individuals, their families and sexual and drug-injecting partners; leads to greater openness in the for community about HIV/AIDS; and meets the ethical imperatives of the situation where there is need to prevent onward transmission of HIV³. The exchange of information about one’s HIV status with a prospective partner is associated with safer sexual practices: when HIV-negative individuals are informed of a sexual partner’s HIV infection, this information influences the types of sexual practices in which they choose to engage¹⁴. Risky sexual behavior among people receiving ART is an area of concern; hence, it is the major effective driver of the HIV epidemic¹⁵. Among people living with HIV (PLHIV), these behaviors are common and potentially expose their partners to risk of disease, and for HIV-positive partners these habits expose them to a real risk of supra-infection by other strains of HIV¹⁵.

The main objective of this review was to describe the effects of positive HIV status disclosure on sexual behaviour change. The same methodology used in previous review studies was adapted to process and prepare the data for this study¹⁶.

Disclosure: Previously a study conducted on disclosure of HIV status to sex partners and sexual risk behaviours among HIV-positive men and women, in Cape Town, South Africa revealed that among the 903 participants who were currently sexually active, 378 (42%) indicated that they had had sex with a person they had not disclosed their HIV status to in the previous 3 months¹⁷. In support of this, a large cross-sectional survey among 380 HIV positive persons in rural western Kenya on disclosure status and disclosure intentions

showed that; 318 (84%) had “disclosed”, 22 (6%) had “not disclosed but intend to disclose” and 39 (10%) had “not disclosed and do not intend to disclose” their positive HIV status to their spouse at the time of the interview¹⁸. A recent similar study among HIV Positive Male Patients Receiving Care in Hospitals in Imo State, Nigeria reported that one third of the respondents had not disclosed their HIV positive status (31.7%) and 12% of the respondents were willing to disclose their HIV positive status¹. This has implications for HIV transmission as one of the partners who was already infected with HIV fails to disclose his/her status¹. Ssebunya et al. correspondingly calls for a need to promote mutual HIV status disclosure between sexual partners¹⁹. Furthermore, disclosure has been associated with greater adherence to HIV care and regimens, and improved mental and physical health²⁰.

Number of Sexual Partners: A retrospective survey conducted among PLWHA, who had been notified their HIV-positive status for more than 6 months in Hunan, China showed that among those who had risky sex, about 50% subjects had more than 1 sexual partner before notification²¹. After notification, the proportions of subjects who had more than 1 sexual partner decreased by 36.9%²¹. Anonymous surveys in South Africa completed by 413 HIV-positive men and 641 HIV-positive women sampled from HIV/AIDS services revealed that, people who had not disclosed their HIV status to partners reported more sex partners and reported more unprotected vaginal and anal intercourse than people who had disclosed¹⁷.

Type of sexual partners: In a Nigerian study, researchers noted that more than half of the respondents who reported involvement in casual sex had not disclosed their positive HIV status to their sexual partners²². A study conducted in Hunan, China among PLWHA, within those who had risky sex, the proportions of those who had temporary sexual partners decreased by 48.4% after notification of them being HIV-positive²¹.

Condom Use: In a South African study; unprotected vaginal and anal intercourse was far less common for participants who had disclosed their status to all of their recent sex partners, including unprotected acts with both concordant and non-concordant partners¹⁷. Adebisi and Ajuwon study on Sexual Behaviour and Serostatus Disclosure among Persons Living With HIV in Ibadan, Nigeria revealed that about one-third of all the respondents had not used condom with any sexual

partner since knowledge of their HIV status²². The Adebisi and Ajuwon study also found that non-usage of condom was more among females than males²². The increased sexual risk behaviors of women compared with men has been linked to the challenges faced by HIV-positive women in convincing their male partners to use condoms since condoms have been stigmatized as methods used primarily in commercial sex²². WHO recommends for correct and consistent use of male and female condoms during vaginal or anal penetration as this can protect against the spread of STIs, including HIV². Evidence from WHO studies shows that male latex condoms have an 85% or greater protective effect against HIV and other STIs².

Conclusion

The narrative review presents evidence on; how patients revealing their HIV positive status to their sexual partner(s), family members, or others in their social circle are associated to better, less risky sexual behaviours. This finding implies that when people living with HIV disclose their status, they are most likely to; 1) have less sexual partners, 2) use condoms and 3) minimize casual/temporary sex. The behavior change brought by the positive HIV status disclosure can significantly reduce the transmission of HIV within the society.

Declarations:

Ethics Approval and Consent to Participate: Not Applicable

Declaration of Competing Interest: The authors have declared that no conflicts of interest exist.

Funding:

No funding

Acknowledgements: The authors would like to thank the Masinde Muliro University of Science and Technology for their support to the study.

References

1. Iwu AC, Duru CB, Diwe KC, Uwakwe KA, Merenu IA. Sexual Behaviour, Sero-Status Disclosure and Willingness to Disclose Status among HIV Positive Male Patients Receiving Care in Hospitals in. *AIDS Clin Res.* 2017;8(7):1-10.
2. WHO. HIV/AIDS. Geneva: World Health Organization; 2019.

3. WHO. Opening up the HIV/AIDS Epidemic. Geneva: World Health Organization; 2020.
4. AVERT. HIV and AIDS in Kenya. New York: UNAIDS; 2018.
5. NACC. Homa Bay County Report on the Hiv Implementing Partners Online Reporting System (Hipors) for the Financial Year 2016/2017 February 2018. Nairobi: National AIDS Control Council; 2018.
6. Dessalegn NG, Hailemichael RG, Shewa-amare A, Hillman J. HIV Disclosure : HIV-positive status disclosure to sexual partners among individuals receiving HIV care in Addis Ababa, Ethiopia. *PLoS One*. 2019;14(2):1-17.
7. Hallberg D, Kimario TD, Mtuya C, Msuya M, Björling G. Factors affecting HIV disclosure among partners in Morongo, Tanzania. *Int J Africa Nurs Sci*. 2019;10(4):49-54.
8. CDC. Disclosure of HIV Status HIV Risk Reduction Tool. New York: Center for Disease Control and Prevention; 2020.
9. Atuyambe LM, Ssegujja E, Ssali S, et al. HIV/AIDS status disclosure increases support, behavioural change and, HIV prevention in the long term : a case for an Urban Clinic, Kampala, Uganda. *BMC Health Serv Res*. 2014;14(1):1-11.
10. Hino S, Grodensky C, Rutstein SE, et al. HIV status disclosure during acute HIV infection in Malawi. *PLOS ONE*. 2018;13(7):1-10.
11. Medley A, Garcia-moreno C, McGill S, Maman S. Rates, barriers and outcomes of HIV serostatus disclosure among women in developing countries : implications for prevention of mother-to-child transmission programmes. *Bull World Health Organ*. 2004;82(4):299-307.
12. Ssali SN, Atuyambe L, Tumwine C, Segujja E. Reasons for Disclosure of HIV Status by People Living. *AIDS Patient Care*. 2010;24(10):675-683.
13. Tesfaye T, Darega J, Belachew T, Abera A. HIV positive sero-status disclosure and its determinants among people living with HIV/AIDS following ART clinic in Jimma University Specialized Hospital, Southwest Ethiopia : a facility-based cross-sectional study. *Arch Public Heal*. 2018;76(1):1-10.
14. Deribe K, Woldemichael K, Wondafrash M, Haile A, Amberbir A. Disclosure experience and associated factors among HIV positive men and women clinical service users in southwest Ethiopia. *BMC Public Health*. 2008;8(81):1-10.
15. Mosisa G, Woldemichael K, Ayalew F. Risky sexual behavior and associated factors among antiretroviral therapy HIV. *Res Palliat Care*. 2017;10:1-13.
16. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions :Explanation and Elaboration. *Ann Intern Med*. 2009;151(4):65-94.
17. Simbayi LC, Kalichman SC, Strebel A, Cloete A, Henda N, Mqeketo A. Disclosure of HIV status to sex partners and sexual risk behaviours among HIV-positive men and women, Cape Town, South Africa. *sti journal*. 2007:29-34.
18. Burmen B, Obunga J, Mutai K. Disclosure status and disclosure intentions among HIV positive persons in rural western Kenya, 2011 –2012. *Cogent Med*. 2017;4(1291096):1-11.
19. Ssebunya RN, Matovu JKB, Makumbi FE, Kisitu GP, Maganda A. Factors associated with prior engagement in high-risk sexual behaviours among adolescents (10 – 19 years) in a pastoralist post-conflict community, Karamoja sub- region, North eastern Uganda. *BMC Public Health*. 2019;19(1027):1-11.
20. Clum GA, Czaplicki L, Andrinopoulos K, Muessig K. Strategies and Outcomes of HIV Status Disclosure in HIV-Positive Young Women with Abuse Histories. *AIDS Patient Care STDS*. 2013;27(3):191-200.
21. Zhou Y, Liu Y, Zhang Y, et al. Sexual Risk Behavior and Its Change among HIV-Positive Persons after Notifying their HIV Infection Status : A Retrospective Survey Keywords : *J Prev Med*. 2016;1(2):1-6.
22. Adebisi I, Ajuwon AJ. Sexual Behaviour and Serostatus Disclosure among Persons Living With HIV in Ibadan, Nigeria. *Afr J Biomed Res*. 2015;18(2):69-80.