

Factors Influencing Disclosure of HIV/Aids Status by Infected Married Partners in Makurdi Town, Nigeria

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ABSTRACT

This study examined the factors influencing disclosure of HIV/AIDS status by infected married partners in Makurdi town. This study employed questionnaires to obtain data from 347 respondents randomly sampled across the five purposively selected healthcare facilities in Makurdi town while descriptive and inferential statistics were used for the data analysis. The result of the study revealed that most of the HIV/AIDS infected partners in the study area disclose their HIV status and many believed that with the disclosure of HIV/AIDS status to partners, further spread of the virus can be reduced to a bare minimal level. The study reveals that there is a significant difference in HIV/AIDS awareness and disclosure of status among the infected married partners in Makurdi town as indicated by the chi-square statistical test result. The findings of this study suggest that disclosure of one's HIV/AIDS status is critical to reducing the spread and understanding of one's partner status is very important. The study recommends that there is need for married partners to take action on HIV status disclosure by disclosing their HIV status among themselves.

KEY WORDS: HIV/AIDS, Status, Infected Married Partners

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I. INTRODUCTION

The pandemic of Human Immunodeficiency Virus (HIV) infection, the cause of Acquired Immune Deficiency Syndrome (AIDS) ranks among the greatest infectious disease scourges in history (WHO, 2018). HIV/AIDS epidemic is one of the most devastating health disasters that have faced humanity in the recent decades. The disease is ravaging lives, families and communities throughout the world. It has continued to be a major global public health challenge (National Population Commission (NPC), (2019).

The burden of HIV in Africa is a major public health concern in the sub-Saharan Africa. HIV prevalence in Nigeria is 1.4% (NDHS, 2019) compared to other sub-Saharan African countries such as South Africa (19.1%) and Zambia (12.5%), the size of Nigeria's population means that there were 3.2 million people living with HIV in 2018. In 2017, Approximately 160,000 people died from AIDS-related illnesses in Nigeria, which is 14% of the global total. Since 2005, there has been no reduction in the number of annual deaths, indicative of the fact that only 31% of people living with HIV in Nigeria are accessing antiretroviral treatment (ART) (UNAIDS 2017). The population living with Human Immunodeficiency Virus in Nigeria today is very high (Aliyu, Mohammad, Saidu, Mondal, Charurat, Abimiku, Nasidi and Blattner, 2010). In Nigeria, a National Survey conducted in 2019 revealed a HIV prevalence rate of 1.4%, (NPC, 2019). It was interesting to also note that the prevalence of HIV is higher in the reproductive age group than the old and the widowed which also increases the risk chances of mother to child transmission (Bello, 2014).

Despite major medical and technological breakthroughs and advancements, the AIDS epidemic continues its relentless spread in many poor resource based settings. HIV continues to be a major global public health issue. In 2017, an estimated 36.9 million people were living with HIV (including 1.8 million children) with a global HIV prevalence of 0.8% (UNAIDS, 2017). Since the discovery of the epidemic, an estimated 78 million people have become infected with HIV and 35 million people have died of AIDS-related illnesses (NPC, 2019).

Nigeria has the second largest HIV epidemic in the world, (NACA 2019). The Nigeria HIV/AIDS Indicator and Impact Survey (2019) reported that Benue state has one of the highest rates of HIV victims in terms of prevalence and incidence in north central Nigeria. The prevalence rate in the state stands at 5.2% (NACA, 2019).

Centres for Disease Control and the World Health Organization emphasized the importance of HIV status disclosure (CDC, 2018 & UNAIDS, 2017). Disclosure is a major decision that can have consequences for the person living with HIV and the relations (International Planned Parenthood Federation (IPPF), 2012).

UNAIDS (2017) explains that people generally have great difficulty in openly facing issues involving sex, disease and death. In many countries, the stigma and discrimination surrounding HIV/AIDS prevents many people who are HIV positive from informing partners, lovers, family, friends, colleagues and even health care providers about their status. There is every incentive to keep their HIV status a secret. In poor resource based countries, particularly, the fear of stigma, lack of treatment options, and the very limited access to voluntary counselling and HIV testing have led only a small number of people voluntarily to test for HIV and disclose their status.

Disclosure requires personal responsibility. Not only past partners but potential partners need to be informed. Even though this is a challenge to all relationships, it will remain central to limiting the spread of the AIDS. It is also important to understand the conditions, circumstances, and environments in which disclosure is likely encouraged, and in some cases required to promote the well-being of others. These include various types of interpersonal relationships, support groups, medical and religious communities and social service organizations. The processes, purposes, and outcomes of disclosure within these settings are essential to understanding the barriers that inhibit certain disclosures and how people attempt to address those barriers, (Ignatius & Kokkonen, 2007).

Fratraro (2006) stated in her meta-analysis of health disclosure research that: it is believed that disclosing information may allow people to free their mind of unwanted thoughts, help them to make sense of upsetting events, teach them to better regulate their emotions, habituate them to negative emotions, and improve their connections with their social world, all of which can lead to beneficial effects on health and well-being. Bello (2014) believed in the health benefits of disclosing for the discloser. This notion was rooted in a fundamental belief that people have a mental, emotional, known, (Abah, 2012). These benefits come through engaging in the process of disclosure and most likely occur when people disclose about difficult topics commonly avoided, (Almeleh, 2006). Pennebaker, another notable scholar in this area of research, argued that people who do not talk about emotional turmoil or tragic events work to keep the effects of the turmoil from emerging, which may negatively affect them both cognitively and physiologically, (Bello, 2014).

Disclosure has a number of other potential benefits for the individual including increased opportunities for social supports, improved access to necessary medical care including antiretroviral treatment, increased opportunities to discuss and implement HIV risk reduction with partners, and increased opportunities to plan for the future. WHO summary report (2018) disclosure of HIV status has become an entry criteria for many treatment in resource constrain settings. Disclosure of HIV status is an important public health goal for a number of reasons and there is increasing recognition that it is an essential part of behaviour modification required to reduce the incidence of HIV (Collins and Miller, 1994). Disclosure may motivate sexual partners to seek testing, change behaviour and ultimately decrease transmission of HIV.

Disclosure of one's HIV status to partners is essential in stopping the spread of HIV infection, (Abah, 2012). As described above there is evidence that disclosure of HIV status is likely to expand the awareness of HIV risk of untested partners which can lead to voluntary HIV testing and counselling, ARVs and change in HIV risk behaviours resulting to the reduction in the spread of HIV/AIDS. The paper therefore investigates the factors influencing disclosure of HIV/AIDS status among positive married partners.

II. THE STUDY AREA

Makurdi town is located between latitudes 07°39'N - 07°46'N and longitudes 08°29'E - 08°40'E as shown in Fig. 2. The town is bounded in the North by Agan village, South by Apir, West by Adaka and East by Air force base (See Figure 2). The study area is situated on the northern limb of the eastern scarp land of Nigeria, with its relief generally undulating between elevations of 300 and 400 meters above sea level. It lies on the Guinea - Savannah zone where climatic and soil resources are more favourable for more luxurious vegetation. The area is within the Aw (tropical wet and dry climate) by Koppen system of classification with an average temperature of 25°C.

The town is accessible by the intra state roads such as the Makurdi - Oturkpo road, Makurdi - Gboko road as well as footpaths with many rural road networks linking the rural areas to Makurdi town and the Makurdi - Lafia road. Makurdi is a fast growing urban centre and accommodates people from many states and ethnic groups with the majority being the Tiv, Idoma and Igede who are the indigenes of the state.

The population of Makurdi town with reference to NPC, 2006 figure is projected to have over 394,565 people in 2019 (www.population.city/nigeria/makurdi, 2019). Makurdi town is a built up area with the highest concentration of people in High Level and Wadata. Dense population also exist in some parts of the town such as Wurukum, Gyado villa, NorthBank, Modern Market and Logo.

As an administrative town, most of the inhabitants are civil service servants. However, the other population in the town engage in other cultural and commercial activities like fishing, bricks making, small scale livestock farming and petty trading (Hula, 2009). Other services like health care, transportation, banking,

hotel and even commercial sex workers are also carried out in the area. Crop farming is also practiced in the area on a subsistence but intensive scale producing crops like rice and vegetable.



Fig1. Benue State Showing Makurdi Town
 Source: State Ministry for Lands and Survey, (2020)

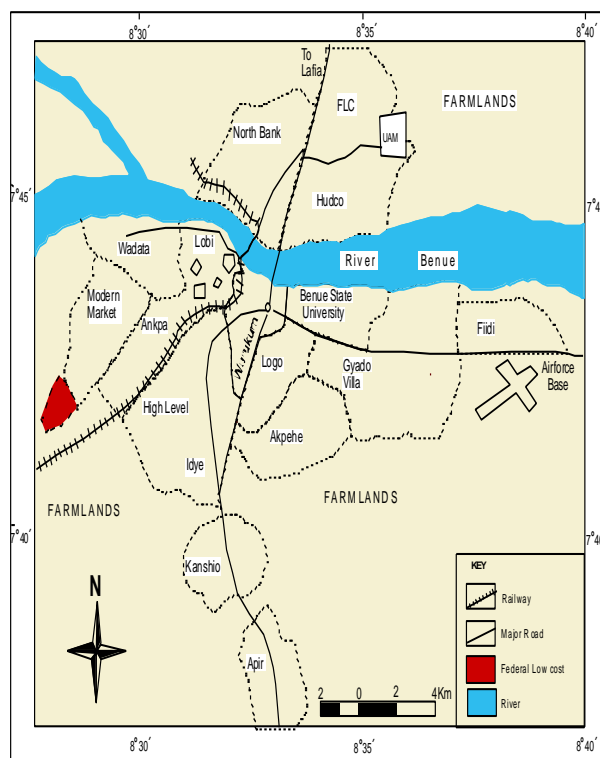


Fig2: Makurdi Town Showing Neighbourhoods
 Source: State Ministry for Lands and Survey, (2020)

III. MATERIALS AND METHODS

The study population constituted of all the HIV infected partners and HIV/AIDS health care providers in Makurdi town. Purposive sampling technique was employed to select four (4) out of thirty (30) comprehensive health care facilities in Makurdi town providing ART services. These include (General Hospital, Family Support Program Clinic, Madonna Hospital and Wadata Hospital all in Makurdi town). Also, systematic random sampling technique was used to select 347 respondents from the list of the active clients in the facilities. Data collected were presented in tables and analysed using frequency and percentage.

The study also used chi-square statistical tool to analyse the two hypotheses in a bid to examine HIV/AIDS awareness and disclosure among infected married partners in the study area. The hypotheses the hypotheses include;

Ho₁: There is no significant difference in HIV/AIDS awareness among infected married partners in Makurdi town. Ho₂: There is no significant difference among the infected married partners who claimed that disclosure of HIV status reduce the spread of HIV in Makurdi town.

IV. RESULTS AND DISCUSSIONS

4.1 Awareness of partner's HIV status, drugs administration and partners reaction

The study found that 89.3% of the respondents agreed they are aware of their partners HIV/AIDS status and 75.5% of the respondents even claimed to be aware of their partners taking ART drugs as indicated on table 1. The result also revealed that the attitude of the partners to their spouses taking HIV drugs treatment is good for their own health as revealed by 38.6% of the respondents partners who said that they are taking the drugs together with the respondents, 30.8% of the respondents partners are indifferent, 20.2% of the respondents partners are not aware their partners are taking HIV drugs, 9.2% of the respondents disclosed their partners disapproves it while 1.2% of the respondents claimed their partners approves their spouses to take the drugs. A chi-square statistical test was conducted to test the hypothesis which states that there is no significant difference in HIV/AIDS awareness among infected married partners in Makurdi town. The result indicate that there is a significant difference among the respondents since the chi-square calculated value (214.39) is greater than the

critical table value (3.841) at 0.05 significance levels. This means that most of the respondents are aware of their partners HIV status in Makurdi town (see table 2).

4.2 Disclosure of HIV status to married partner is helpful

Data on the disclosure of the partner’s HIV/AIDS status to spouse is presented in Table 1. The result indicated that 90.8% of the respondents are aware that it is important for HIV infected persons to disclose their status to their partners with 91.4% of the respondents further attesting that the disclosure of HIV status to partners can reduce further spread of the virus. A chi-square statistical test was conducted to test the hypothesis which states that there is no significant difference among the infected married partners who claimed that disclosure of HIV status reduces the spread of HIV in Makurdi town. The result indicates that there is a significant difference among the respondents since the chi-square calculated value (237.36) is greater than the critical table value (3.841) at 0.05 significance levels. This means that disclosure helps in reducing the spread of HIV in Makurdi town (see table 2).

4.3 Reasons for disclosing ones HIV status to spouse

The study also established that 89% of the respondents disclosed their HIV status in order to reduce the spread of HIV infection while 7.8% disclosed their status in order to get support whereas 3.2% did so to make married partners to be cautious. In this study, it was observed that knowledge about partner’s status is significantly associated with disclosure of HIV-positive status to the partner after adjusting for confounding variables. This finding is similar to the results of Taye , Dereje and Endrias (2010), who established that Communicating with one’s partner prior to HIV testing is a key point because it might help individuals to anticipate a partner’s reaction and would give them an opportunity to raise the issue and disclose their result.

Table 1: Awareness of Partner’s Status and the Disclosure of HIV/AIDS Status

| Variables | Frequency | Percentage |
|---|------------|------------|
| Awareness of partner’s HIV status | | |
| Yes | 310 | 89.3 |
| No | 37 | 10.7 |
| Disclosure of HIV status to married partner is helpful | | |
| Yes | 315 | 90.8 |
| No | 32 | 9.2 |
| Disclosure of HIV status to spouse can reduce the spread | | |
| Yes | 317 | 91.4 |
| No | 30 | 8.6 |
| Reasons for disclosing ones HIV status to spouse | | |
| To reduce the spread of HIV | 309 | 89.0 |
| So that my married partners can take caution | 11 | 3.2 |
| To get support | 27 | 7.8 |
| Partner awareness on taking HIV drugs | | |
| Yes | 262 | 75.5 |
| No | 85 | 24.5 |
| Partners reaction towards taking HIV drugs | | |
| Disapprove it | 32 | 9.2 |
| Indifferent | 107 | 30.8 |
| We are taking it together | 134 | 38.6 |
| Partner not aware | 70 | 20.2 |
| Approves it | 4 | 1.2 |
| Total | 374 | 100 |

Source: (Author’s Field work 2018)

Table 2: Chi-square test on HIV/AIDS Awareness and Status Disclosure among the HIV/AID Infected Married Partners in Makurdi Town using the data on Table 1.

| Hypothesis | X ² calculated value | df | Critical Table value | Decision |
|---|---------------------------------|----|----------------------|--------------------------|
| Ho ₁ : There is no significant difference in HIV/AIDS awareness among infected married partners in Makurdi town. | 214.78 | 1 | 3.841 | Ho ₁ Rejected |
| Ho ₂ : There is no significant difference among the | 237.36 | 1 | 3.841 | Ho ₂ |

| | | | | |
|---|--|--|--|----------|
| infected married partners who claimed that disclosure of HIV status reduce the spread of HIV in Makurdi town. | | | | Rejected |
|---|--|--|--|----------|

Note: Reject Ho if chi-square calculated value is greater than critical table value at 0.05 significance levels.

V. CONCLUSION AND RECOMMENDATIONS

The study concludes there is a high level of awareness of HIV/AIDS among the infected married partners in Makurdi town. The spread of HIV/AIDS can be controlled through the disclosure of HIV/AIDS status to partner in addition with effective means of communication, timing of disclosure, information, education, health talk and counselling sessions to the infected partners. However, the problem of HIV/AIDS status disclosure is not insurmountable; with appropriate response and decision from the healthcare providers and the clients the challenges can be overcome.

The study recommends that there is need for married partners to take action on HIV status disclosure by disclosing their HIV status among themselves. Also, support groups should provide the needed counselling to married partners to accept their HIV positive status and encourage them on status disclosure as it reduces spread of HIV/AIDS.

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