

Outcome Of A Nurse-Led Intervention On Consequences Of Disclosure Among Hiv/Aids Patients Attending Selected Hospitals In Osun State

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Abstracts:

The burden associated with HIV/AIDS disclosure in this part of the world has continue to generate a whole lot of concern among health experts. This study is to investigate Outcome of a nurse-led intervention on consequences of disclosure among HIV/AIDS Patients attending selected Hospital in Osun State. This study adopted quasi-experimental design. A sample size of 228 were selected using purposive sampling techniques across two health care facilities: State Hospital, Ede, Osun State and Osun University teaching hospital, Osogbo, Osun State. Data collected were analysed descriptive statistics of frequency and percentage, while hypotheses were tested using t-test at 0.05 level of significance. Findings revealed that, a higher percent (46.5%) were between 28-37years, while, majority (67.5%) were female, a higher percent (42.2%) were married and had secondary education (38.6%), 67.5% were employed and a higher percent (50.9%) were from monogamy family. Findings revealed that, majority disclosed first to their partners, parents and siblings. Also, findings revealed that, during pre-intervention, due to disclosure, majority of the respondents' experienced high degree of psychological, social and physical health impact, however the degree of influence of psychological, social and physical health reduced during post-intervention. These findings also corroborated the results of test of hypotheses which show that, there is a significant difference in the Pre and Post intervention psychological effect, social effect and physical health impact of HIV/AIDS disclosure. This study concluded that, Nurse led-intervention was sufficient to reduce the psychological, social and physical health consequences of disclosure. Based on the findings, it is suggested that, there is need for massive test of families of respondents to ensure everyone is aware of their HIV status. Also there is need for legislation to discourage discrimination of HIV positive persons, this should include, strict sanctions to anyone who discriminate against people with HIV.

Keyword: Outcome, Nurse-Led Intervention, Consequences, HIV/AIDS Patients

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I. Introduction

The burden associated with HIV status disclosure in this part of the world has continue to generate a whole lot of concern among health experts. Ogunyemi et al., (2022) emphasized that, stigma and discrimination of people with HIV/AIDs has been a normal event in the society, which remain a major barriers to achieving global health objectives. Therefore, in recent times, there has been a continual reduction in this rate of timely disclosure across the continent of Africa (Woollet et al. 2017; Odiachi et al. 2018). Yet, inability of HIV/AIDs patients to disclosing their status to spouse, other families and friends, could make them become susceptible to the infection. Previous studies have shown that disclosure remained low due to fear of stigma and social rejection (Olumide A, and Owoaje 2018; Ogunyemi et.al, 2022). A study conducted by UNAID (2020) in 50 countries revealed that, on average one in every eight people living with HIV is denied health services in developing countries. This however continue to contribute towards increasing prevalence of HIV/AIDs in the World.

It is estimated globally that over 40million individuals had been infected with HIV and two-thirds of these live in sub-Saharan Africa (Joint United Nations Programme on HIV/AIDs, 2017). National Agency for the Control of HIV/AIDs in Nigeria (2019) reported that, Nigeria has the second highest burden of HIV/AIDs in the world. In 2016, only 34% of Nigeria's large HIV positive population were estimated to know their HIV status, and only 30% of those diagnosed received antiretroviral therapy (ART) (UNAIDS, 2017). This implies that majority of HIV/AIDs patients do not know their status, by implication majority of HIV/AIDs patients had not disclosed their status, probably due to some consequences attracted to psychological, social and physical health, which could be alleviated with adequate intervention.

World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) in their protocols for HIV testing and counseling, have emphasized the importance of health worker's intervention towards increasing the rate of disclosure of HIV status especially to sexual partners as an important of HIV prevention goal (CDC, 2011). This is an indication that, health worker's education may contribute positively towards preventing HIV/AIDS prevalence in Nigeria. For the majority of people living with HIV, disclosure is stressful. There is a fear of discrimination, rejection, disruption of family relationship, blame and abandonment, rather than the relief that is anticipated when one discloses to others (Dankoli, et.al, 2014; Olaseni, 2020). Disclosing HIV positivity status could be a difficult, frightening and yet an important decision for all infected people. However, it has also been identified that, disclosure play a significant role in how individuals cope with management of the infection (Pantelic et al., 2017). In addition, it may enable individuals to receive care and socio-economic support from sexual partners, family and the community (Mwanga, 2012). While disclosure can have positive effects on an individual's health, such as increased social support and decreased stress, it may also poses some negative impacts on physical health social and psychological health of patients. This study found it necessary to investigate outcome of a nurse-led intervention on consequences of disclosure among HIV/AIDS Patients attending selected Hospital in Osun State.

Statement of the Problem

In spite of the advancements in HIV treatment as well as innovations of various means to educate the populace, HIV-related stigma still occupies the front seat in the social response to HIV/AIDS (Chambers et al., 2015). Therefore in general, the adverse effect of HIV/AIDS on the world is still on the increase because of the high frequency of new infections as against the primary goal of HIV control/prevention programme. This in no doubt could deter achievement of sustainable development goals on wellness and good health. According to Ontario HIV Treatment Network, (2013), the impacts and outcomes of HIV status disclosure are wide-ranging and it include, violence, abuse, rejection, stigma and discrimination.

In spite of these potential benefits of HIV/AIDS disclosure, evidence from a number of studies and several reviews show that a substantial number of people are hesitant to disclose their HIV status, due to fear of consequences that accompanied it, such as violence, abandonment, relationship dissolution, stigma, loss of children or loss of their home (Olowookere et al., 2020; Adekanle, et.al, 2015). However, available studies on disclosure of HIV status and associated factors, especially in Nigeria, have been inclusive and limited (Olumide & Owoaje, 2018; Olaseni, 2020). This is because, most of these studies either focused on reducing effects associated with disclosure or individual factors associated with disclosure (Tam et al., 2015; Okolo-Francis, 2021). On the foregoing, it is clear that, researches that assessed health workers interventions on disclosure have not been well dealt with, as evidence are scares. However, there is need for sustainable and evidence based policies, such that would guarantee peace and confidence of HIV positive persons to be confidently disclose their status to partner and relatives. This study was conducted to fill the space left in previous studies, by investigating outcome of a nurse-led intervention on consequences of disclosure among HIV/AIDS Patients attending selected Hospital in Osun State.

II. Methodology

This study adopted quasi-experimental design. The sample size for this study was determined using Slovine formula, which gave 228 for the two selected health facilities. Two sampling techniques was adopted in this study. Firstly, the study selected two health facilities: a secondary health facility (State Hospital, Ede, Osun State) and a tertiary health facility (Osun State University Teaching hospital) using purposive sampling techniques. The need to adopt this sampling techniques was based the importance of covering both secondary and tertiary health facilities from difference senatorial districts. Also, systematic sampling techniques was used to select participants. The need to adopt this sampling technique is based on the need to avoid any bias in selection process. The instrument used for this study was a structured questionnaire, which elicited information on demographic characteristics, psychological, social and physical health consequence of disclosure respectively. Data was sorted, coded and processed into a computer using software SPSS (Statistical Package for the Social Sciences version 28.0) for analysis using descriptive statistics technique of F\frequency and percentage, while hypotheses were tested using t-test at 0.05 level of significance.

III. Results And Discussion

Table 1: Demographics Characteristics

| Item | Frequency (228) | Percentage (%) |
|-------------------|------------------------|-----------------------|
| Age | | |
| 18-27years | 68 | 29.8 |
| 28-37years | 106 | 46.5 |
| 38years and above | 54 | 23.7 |
| Gender | | |

| | | |
|----------------------|-----|-------|
| Male | 74 | 32.5 |
| Female | 154 | 67.5 |
| Marital status | | |
| Single | 66 | 28.9 |
| Married | 96 | 42.2 |
| Cohabiting | 66 | 28.9 |
| Educational status | | |
| Non formal education | 30 | 13.2 |
| Primary | 66 | 28.9 |
| Secondary | 88 | 38.6 |
| Tertiary | 44 | 19.3 |
| Employment status | | |
| Employed | 154 | 67.5 |
| Self employed | 44 | 19.3 |
| Unemployed | 30 | 13.2 |
| Family Type | | |
| Monogamy | 116 | 50.9 |
| Polygamy | 112 | 49.1 |
| Family size | | |
| 3-6 | 112 | 49.1 |
| 7-10 | 90 | 39.5 |
| Above 10 | 26 | 11.4 |
| Total | 228 | 100.0 |
| Social stratum | | |
| Low class | 142 | 62.3 |
| Middle class | 68 | 29.8 |
| High class | 18 | 7.9 |

Results revealed that, below a third (29.8%) of the respondents were between the age of 18-27years (46.5%) were between 28-37years, while, others (23.7%) were 38years and above. Result also shows that, 32.5% were male while, majority (67.5%) were female. On marital status, 28.9% were single, below half (42.2%) were married, while over a quarter (29%) were Cohabiting. On educational level, 13.2% of the respondent had no formal education, slightly above a quarter (28.9%) had primary education, over a third (38.6%) had secondary education, while a fifth (19.3%) had tertiary education. Results on employment, shows that, 67.5% were employed, 19.3% were self-employed, 13.2% were unemployed. On family type, majority (50.9%) were from monogamy family, while others 49.1% were from polygamy family. On family size, majority (49.1%) were 3-6, 39.5% were 7-10 while 11.4% were above 10. On social stratum, majority (62.3%) were from low class, 29.8% were from the middle class, While 7.9% were from the high class.

Table 2: Frequency distribution of respondents on disclosure of HIV Status

| Item | Frequency | Percent (%) |
|--|------------|-------------|
| Who was the first you told about your status | | |
| Partner | 82 | 35.8 |
| Parents | 54 | 23.7 |
| Siblings | 74 | 32.5 |
| Relatives | 10 | 4.4 |
| Friends | 4 | 1.8 |
| Others | 4 | 1.8 |
| Total | 228 | 100 |
| Have you disclosed to any other aside from partner/parents | | |
| Yes | 97 | 42.5 |
| No | 131 | 57.5 |
| Total | 228 | 100 |
| If yes in (10) above who | | |
| Friends | 8 | 8.2 |
| Siblings | 74 | 76.3 |
| Relatives | 10 | 10.3 |
| Others | 5 | 5.2 |
| Total | 97 | 100 |
| How long does it takes, before you disclose your status | | |
| Minutes or days | 21 | 9.2 |
| Weeks | 45 | 19.7 |
| Months | 71 | 31.1 |
| Years | 91 | 39.9 |
| Total | 228 | 100 |
| What method of notification did you adopted while disclosing | | |
| Self-disclosure | 187 | 82.0 |

| | | |
|-----------|------------|------------|
| Counselor | 24 | 10.5 |
| Others | 17 | 7.5 |
| Total | 228 | 100 |

Result revealed that, on who was the first you told about your status, (35.8%) told partner, (23.7%) told parents first, 32.5% told siblings first, 4.4% told relatives first, 1.8% told friends first while 1.8% told others. Result also shows that 42.5% agreed that they have disclosed to any other aside from partner/parents while majority 57.5% disagreed. Further result shows that, 8.2% disclose to friends aside from partner/parents, 76.3% disclose to siblings aside from partner/parents, 10.3% disclose to relatives, while 5.2% disclose to others aside from partner/parents. Result on How long does it takes to before you disclose your status shows that 9.2% takes minutes or days, 19.7% takes weeks, 31.1% takes months, 39.9% takes years. Result on what method of notification did you adopted while disclosing, majority 82.0% self-disclosure, 10.5% counselor, 7.5% others.

Table 3 Frequency distribution of respondents by psychological consequences of disclosure

| Items | | PRE | | POST | |
|---|---|-------|-------|-------|-------|
| | | Often | Never | Often | Never |
| Ever experienced anxiety after disclosure | F | 152 | 76 | 98 | 130 |
| | % | 66.7 | 33.3 | 43.0 | 57.0 |
| Ever experienced low self-esteem after disclosure | F | 187 | 41 | 65 | 163 |
| | % | 82.0 | 18.0 | 28.5 | 71.5 |
| Ever experienced low Self Efficacy after disclosure | F | 177 | 51 | 89 | 139 |
| | % | 77.6 | 22.4 | 39.0 | 61.0 |
| Ever experienced depression after disclosure | F | 177 | 51 | 102 | 126 |
| | % | 77.6 | 22.4 | 44.7 | 55.3 |
| Ever been moody after disclosure | F | 163 | 65 | 99 | 129 |
| | % | 71.5 | 28.5 | 43.4 | 65.6 |
| Ever experience Cognitive Disorder after disclosure | F | 117 | 111 | 83 | 145 |
| | % | 51.3 | 48.7 | 36.4 | 63.6 |
| Ever been angered as a result of your disclosure | F | 163 | 65 | 91 | 137 |
| | % | 71.5 | 28.5 | 39.9 | 60.1 |
| Ever been worry as a result of your disclosure | F | 181 | 47 | 75 | 153 |
| | % | 79.4 | 20.6 | 32.9 | 67.1 |
| Ever experience stress as a result of your disclosure | F | 180 | 48 | 93 | 135 |
| | % | 78.9 | 21.1 | 40.8 | 59.2 |

Result revealed that, during pre-intervention, majority experienced anxiety after disclosure only a few (33.3%) never experience anxiety after disclosure, however during post intervention majority (57.0%) never experienced anxiety after disclosure only few 43.0% still experienced anxiety. During pre-intervention majority 82.0% experienced low self-esteem after disclosure, only few 18.0% never experienced it while during post intervention majority 71.5% never experienced low self esteem only few 28.5% still experience it. Result also revealed that, during pre- intervention majority 77.6% experienced low Self Efficacy after disclosure while 22.4% never experienced it, during post majority 61.0% never experience it, just few 39.0% still experience it. Further result revealed that, majority 77.6% experienced depression after disclosure while 22.4% never experienced it, during post majority 55.3% never experience it, just few 44.7% still experience it. More result revealed that, during pre-intervention majority 71.5% always/often been moody after disclosure, few 22.4% never get moody after disclosure, during post most 65.6% of the respondents never get moody after disclosure few others 43.4% still get moody after disclosure. During pre-intervention most 51.3% of the respondent experience Cognitive Disorder after disclosure, others 48.7% never experience it, the post intervention revealed that majority 63.6% never experience it while few other 36.4% still experience it. During the pre- intervention majority 71.5% of the respondent agreed to been angered as a result of your disclosure, few 28.5% never experience it, the post intervention shows that, most 60.1% of the respondent never experience it just few 39.9% others still experience anger after disclosure. More result revealed that, a higher percentage 79.4% of the respondent agreed to been worry as a result of your disclosure , while few others 20.6% never experienced it, during the post intervention, 67.1% never experienced it, few others 32.9% still experienced it. During the pre-intervention, majority 78.9% experience stress as a result of their disclosure, others 21.1% never experienced it, during the post intervention most 59.2% of the respondents never experienced it.

Table 4: Frequency distribution of respondents by social factors consequences of disclosure

| Items | | PRE | | POST | |
|---|---|-------|-------|-------|-------|
| | | Often | Never | Often | Never |
| Ever experienced negative self-image after disclosure | F | 168 | 60 | 102 | 126 |
| | % | 73.7 | 26.3 | 44.7 | 55.3 |
| Ever experienced shame after disclosure | F | 203 | 25 | 93 | 135 |

| | | | | | |
|--|---|------|------|------|------|
| | % | 89.0 | 10.9 | 40.8 | 59.2 |
| Ever experienced reduced Social Support | F | 202 | 26 | 103 | 125 |
| | % | 88.6 | 11.4 | 45.2 | 54.8 |
| Ever experienced Social Seclusion after disclosure | F | 150 | 78 | 97 | 131 |
| | % | 65.8 | 34.2 | 42.5 | 57.5 |
| Ever experienced Isolation after disclosure | F | 201 | 27 | 93 | 135 |
| | % | 88.1 | 11.9 | 40.8 | 59.2 |
| Ever experienced Discrimination after disclosure | F | 192 | 36 | 97 | 131 |
| | % | 84.2 | 15.8 | 42.5 | 57.5 |
| Ever experience Self-denial as a result of your disclosure | F | 178 | 50 | 87 | 141 |
| | % | 78.1 | 21.9 | 38.2 | 61.8 |
| Ever experience Sadness as a result of your disclosure | F | 170 | 58 | 83 | 145 |
| | % | 74.6 | 25.4 | 36.4 | 63.6 |
| Ever experience antagonism as a result of your disclosure | F | 134 | 94 | 91 | 137 |
| | % | 58.8 | 41.2 | 39.9 | 60.1 |

Result show that, during pre-intervention, majority (53.5%) Often result to drug use to calm your nerves after disclosure only a few (46.5%) never experience experienced negative self-image after disclosure, however during post intervention majority (55.3%) never experienced negative self-image after disclosure only few (44.7%) still experienced negative self-image. During pre-intervention, majority (89.0%) experienced shame after disclosure, only few (10.9%) never experienced it while during post intervention majority (59.2%) never experienced shame after disclosure only few (40.8%) still experience it. Result also revealed that, during pre-intervention, majority (88.6%) experienced reduced Social Support while only few (11.4%) never experienced it, during post majority (54.8%) never experience it, just few (45.2%) still experience it. Further result revealed that, majority (65.8%) experienced Social Seclusion after disclosure while (34.2%) never experienced it, during post majority (57.5%) never experience it, just few (42.5%) still experience it. More result revealed that, during pre-intervention, majority (88.1%) always/often experienced Isolation after disclosure, few (11.9%) never experienced Isolation after disclosure, during post most (59.2%) of the respondents never experienced Isolation after disclosure few others (40.8%) still experienced Isolation after disclosure. During pre-intervention, most (84.2%) of the respondent experienced Discrimination after disclosure, few others (15.8%) never experience it, the post intervention revealed that majority (57.5%) never experience it while few other (42.5%) still experience it. During the pre-intervention, majority (78.1%) of the respondent agreed to experience Self-denial as a result of their disclosure, few (21.9%) never experience it, the post intervention shows that, most (61.8%) of the respondent never experience it just few (38.2%) others still experience Self-denial as a result of their disclosure. More result revealed that, a higher percentage (74.6%) of the respondent agreed to experience Sadness as a result of their disclosure, while few others (25.4%) never experienced it, during the post intervention, most (63.6%) never experienced it, few others (36.4%) still experienced it. During the pre-intervention, most (58.8%) experience antagonism as a result of your disclosure, others (41.2%) never experienced it, during the post intervention most 60.1% of the respondents never experienced it while others 39.9% still experience it.

Table 4: Frequency distribution of respondents by physical health consequences of disclosure

| Items | | PRE | | POST | |
|--|---|-------|-------|-------|-------|
| | | Often | Never | Often | Never |
| Often result to drug use to calm your nerves after disclosure | F | 122 | 106 | 78 | 150 |
| | % | 53.5 | 46.5 | 34.2 | 65.8 |
| Ever had stroke due to your disclosure | F | 0 | 228 | 0 | 228 |
| | % | 0.0 | 100.0 | 0.0 | 100.0 |
| Ever experienced compromised immunity after disclosure | F | 9 | 219 | 2 | 226 |
| | % | 3.9 | 96.1 | .9 | 99.1 |
| Still comply with treatment/medical appointment after disclosure | F | 103 | 125 | 167 | 61 |
| | % | 45.2 | 54.8 | 73.2 | 26.8 |
| adherence to your medication after disclosure | F | 77 | 151 | 192 | 36 |
| | % | 33.8 | 66.2 | 84.2 | 15.8 |
| Ever thought or attempt suicide after disclosure | F | 17 | 211 | 4 | 224 |
| | % | 7.5 | 92.5 | 1.8 | 98.2 |
| Ever experience advanced disease stage after disclosure | F | 3 | 225 | 1 | 227 |
| | % | 1.3 | 98.7 | .4 | 99.6 |
| Ever experience Shock after disclosure | F | 152 | 76 | 35 | 193 |
| | % | 66.7 | 33.3 | 15.4 | 84.6 |

Result show that, during pre-intervention, majority (53.5%) Often result to drug use to calm your nerves after disclosure only a few (46.5%) never result to drug use to calm their nerves after disclosure, however during post intervention majority (65.8%) never result to drug use to calm their nerves after disclosure only few (34.2%)

still result to drug use to calm their nerves after disclosure. Result show that, during pre-intervention, (36.8%) had stroke due to disclosure (63.2%) never had stroke due to disclosure, however during post intervention (28.5%) still had stroke due to disclosure, majority 71.5% never had stroke due to disclosure. During pre-intervention majority (52.2%) experienced compromised immunity after disclosure, only few (47.8%) never experienced it while during post intervention majority (55.7%) never experienced compromised immunity after disclosure only few (44.3%) still experience it. Result also revealed that, during pre-intervention majority (54.8%) never comply with treatment/medical appointment after disclosure while only few (45.2%) still comply, during post majority (73.2%) comply with treatment/medical appointment after disclosure, just few (26.8%) never comply. Further result revealed that, during pre-intervention only few (33.8%) adherence to their medication after disclosure , majority (66.2%) never adhere, during post majority (84.2%) adherence to their medication after disclosure, just few (15.8%) never adhere. More result revealed that, during pre-intervention (38.2%) always/often thought or attempt suicide after disclosure, (61.8%) never thought or attempt suicide after disclosure, during post (80.3%) of the respondents never thought or attempt suicide after disclosure only few (19.7%) still thought or attempt suicide after disclosure. During pre (45.8%) of the respondent experience advanced disease stage after disclosure, (54.8%) never experience it, the post intervention result revealed that, majority (57.5%) never experience it while few other (45.8%) still experience it. During pre-intervention majority (66.7%) of the respondent agreed to experience Shock after disclosure, few (33.3%) never experience it, the post intervention shows that, majority (84.6%) of the respondent never experience it just few (15.4%) others still experience.

IV. Discussion

Finding revealed that, majority of the respondents were young and could still sexually active (18 year and above). This is an indication that, there is potential risk of increase in prevalence in HIV/AIDS across Osun State. Prohaska et al., (2014) reported that, risk of HIV infection is high among young men and women, often they do not perceive their risk to be high. More so, the fact that, majority were female is an indication that, the report corroborate the recent report released by ministry of health which indicated that, female are the most populous among those with HIV/AIDS. The fact that the women were also within the childbearing age is also a concern for increase prevalence of HIV of babies, if good preventive strategies is not in place. Also, since the future generation were said to be in the most concern in this study, there is need for adequate management strategies to ensure reduced prevalence.

More so, significant part of the respondents were married or cohabiting, which means either the husband or the wife is either positive or at risk, if appropriate care isn't taken. This implies that, there is higher risk of spread of HIV/AIDS across family line. More so, majority were educated and that probably may promote easy understanding of information required. This implies that, most respondents could understand the importance of timely disclosure and disclosing to right person. More so, majority of the respondents were employed, this implies most respondents may probably be scare of disclosing their status to avoid stigmatization at work. Also, almost half were polygamist, which also implies more risk of increase in HIV/AIDS. More findings shows that, majority belong to low class.

The present practice in Nigeria makes it compulsory that an individual diagnosed with HIV/AIDS disclosed to at least a family member. This was borne out of the fact that, HIV/AIDS positive person could be a risk to other members as well as they will need support in all areas of life. Findings revealed that, majority disclosed to their partners, parents and siblings. Ebuenyi et al., (2014) found that, HIV Status disclosure is an issue to be addressed for HIV prevention & treatment. This implies that, majority of those respondents disclosed to family members, which implies that, they should be more protected. However, Kibombo et al., (2017) found no strong association between knowing someone with HIV, and engaging in high risk behaviors among adolescents in Uganda. Findings is evidence in the result presented in table 4.2. More so, below half of the respondents have disclosed to other people such as siblings, friends, relative among others, while most respondents have disclosed to most relevant people such as close relatives: parents, partners among others. Mwanga, (2012) reported that, disclosure may enable individuals to receive care and socio-economic support from sexual partners, family and the community

From the finding above it is also clear that, majority of the respondents takes their time before disclosing. This could be that, most of them could not stand the shame at first and they have to think it through before disclosing. More so, majority disclose without the help of anyone health workers. However, if disclosure was not carried out appropriately, it's possible to degenerate to poorly managed scenario, whose end could be unbearable.

Effect of disclosure could be draining psychologically, especially when the disclosure was not properly done. Findings also revealed that, due to disclosure, majority of the respondents experienced high influence of psychological impact during pre-intervention. This is evidence in the results presented in table 4.3 which include but not limited to anxiety, low self-esteem, low Self Efficacy, depression, moody, Cognitive Disorder, stress among others. Calder et al., (2022) reported that, the most common cited response for non-adherence was fear of

status disclosure. However the high influence of psychological impact associated with disclosure was reduced during the post intervention. The plausible reason to this is that, the intervention was effective.

The low level of education in the society is the reason most people discriminate against HIV/AIDS patients. Discrimination is one of the most notable social effect of disclosure of HIV. Findings also revealed that, due to disclosure, majority of the respondents experienced high influence of Social impact associated during pre-intervention. Dankoli, et.al, (2014) reported that, there is a fear of discrimination, rejection, disruption of family relationship, blame and abandonment, rather than the relief that is anticipated when one discloses to others. This is evidence in the results presented in table 4.3 which include but not limited to negative self-image, shame, reduced Social Support, Social Seclusion, Isolation, Discrimination, Self-denial, Sadness among others. Oladunni et al., (2021) examines psychosocial factors of stigma and relationship to healthcare services among adolescents on antiretroviral therapy (ART) in Gwale Local Government Area (LGA) of Kano state, Nigeria. They found that, 67% of HIV-infected adolescents who have lost their father or mother to AIDS reported feeling less valuable than other children who are not infected with HIV. However the high influence of social impact associated with disclosure were reduced during the post intervention. The plausible reason to this is that, the intervention was effective.

One of the most importance for disclosing status is to ensure social support such that will encourage HIV/AIDS patient to improve management. This is because keeping health of patients in good shape is significant ways to ensure they live long enough. Findings also revealed that, due to disclosure, majority of the respondents experienced high influence of Health impact associated during pre-intervention. This findings is against the report of Salami et.al, (2011) who found that, disclosure often provides and increases opportunities to receive social support, which may help individuals cope and recover from physical illness, and attenuate depressive symptomatology associated with HIV status test result notification. This is evidence in the results presented in table 4.3 which include but not limited to drug use, not comply with treatment/medical appointment, not adherence to your medication and Shock. Dada et al., (2021) in a study which assessed the level of adherence to Option B+ PMTCT program and its predictors among HIV+ Pregnant women accessing antenatal care in health facilities Abuja. They found that, Independent factors associated with non-adherence to ART included but not limited to disclosure of HIV status (OR 2.51; 95% CI 1.22-5.15). However the high influence of Health impact associated with disclosure were reduced during the post intervention. The plausible reason to this is that, the intervention was effective.

V. Conclusion And Recommendations

This findings concluded that, psychological and social effects associated with pre-intervention. However, with intervention, there is a significant reduction in the rate at which respondents felt the psychological and social effect of disclosure. The study therefore concluded that, the intervention was effective to impact reduced various effect of psychological and social effect associated with disclosure. The study also concluded that, health impact associated with disclosure isn't significant. The finding on general note show high level of psychological and social effect of disclosure. However, prevention programme should be strategic and evidence based such that, it should be designed to reach and capture the most concern groups, who are majorly young men and women. The need for this is to ensure, preservation of national health objectives Furthermore there is need for decentralization of national HIV/AIDS disclosure programme to rural communities, such as the setting. This will help young people to access counsellors who could rather help in the disclosure proper. HIV-related stigma and experiences of stigma and discrimination after disclosure in healthcare are recurring barriers that prevent people from disclosure. Therefore, stigmatization should be criminalised. Therefore legislation should include stringent penalties attached to stigmatization of people with HIV/AIDS. Consistency in the plan to control HIV/AIDS regardless of change in government or influence of political structure is a point to note. Every successive government should continue where the predecessor stopped. More so, gradual increase in the budget due to the need to fund free distribution of condom across sex establishment is another important strategies that can be adopted.

References

- [1] Adekanle Da, Olowookere Sa, Adewole Ad, Adeleke Na, Abioye-Kuteyi Ea, Ijadunola My. (2015). Sexual Experiences Of Married Hiv Positive Women In Osogbo, Southwest Nigeria: Role Of Inappropriate Status Disclosure. *Bmc Womens Health*. 15:6.
- [2] Calder, T., Tong, T., Hu, D. J., Kim, J. H., Kotloff, K. L. And Koup, R. A. (2022). Leveraging Lessons Learned From The Covid-19 Pandemic For Hiv. *Communications Medicine* 2:110
- [3] Centers For Disease Control And Prevention. (2011). Update On Hiv/Aids Epidemic In Guangxi. Mahwah, Nj. Lawrence Erlbaum Associates.
- [4] Chambers La, Rueda S, Baker Dn, Wilson Mg, Deutsch R, Raeifar E Et Al. (2015). Stigma, Hiv And Health: A Qualitative Synthesis. *Bmc Public Health*.:15: 848.
- [5] Dada A. O., Abubakar, O., Bashorun, A., Nguku, P. Oladimeji, A. (2021). Predictors Of Adherence To Option B+ Approach For The Prevention Of Mother To Child Transmission Of Human Immunodeficiency Virus In Abuja. *Pan African Medical Journal*.:38(54). 10.

- [6] Dankoli, R. S., Aliyu, A. A., Nsubuga, P., Nguku, P., Ossai, O., Tukur, D., Ibrahim, L., Madi, J.,
- [7] Dalhat, M. And Abdullaziz, M. (2014). Hiv Disclosure Status And Factors Among Adult Hiv Positive Patients In A Secondary Health Facility In North-Eastern Nigeria. *Pan Afr Med J.*;18(Supp 1):4
- [8] Joint United Nations Programme On Hiv/Aids (2023). Make Some Noise For Zero Discrimination.. Accessed August 2024.
- [9] Kibombo, R., Neema, S. And Ahmed, H.F. (2017). Perceptions Of Risk To Hiv Infection Among Adolescents In Uganda: Are They Related To Sexual Behavior? *African Journal Of Reproductive Health*; 11(3): 168–181.
- [10] Mwanga, J.A. (2012). Hiv Sero Status Disclosure And Associated Factors Among People Living With Hiv/Aids Attending A Care And Treatment Centre In Kisarawe District Hospital, Coastal Region, Tanzania.
- [11] Odiachi A., Ereka, S., Cornelius, L. J., Isah, C., Ramadhani, H. O., Rapoport, L. And Sam-Agudu, N. A. (2018). Hiv Status Disclosure To Male Partners Among Rural Nigerian Women Along The Prevention Of Mother-To-Child Transmission Of Hiv Cascade: A Mixed Methods Study. *Reproductive Health*, 15(36)1-12
- [12] Ogunyemi A. O. Et Al. (2022). Stigma, Discrimination And Non-Disclosure Among Young People Living With Hiv In Lagos, Nigeria. *Pan African Medical Journal.*;41(106). 10.11604/Pamj
- [13] Oladunni, A.A., Sina-Odunsi, A. B., Nuga, B. B., Adebisi, Y. B., Obasanjo, A. B., Adesina, A. A., And Don Eliseo Lucero-Prisno, D. E., (2021). Psychosocial Factors Of Stigma And Relationship To Healthcare Services Among Adolescents Living With Hiv/Aids In Kano State, Nigeria. *Heliyon*. 7(4): E06687.
- [14] Okolo-Francis, N.P., Victor-Ogie, U. D., Ibrahim, A., Oladunni, A. A., Odey, G. O., Osadolor, U. B. And Adebisi, Y. A. (2021). Disclosure Experiences And Challenges Among Children And Adolescents Living With Hiv/Aids In Nigeria-A Review Of The Literature. *Int J Health Life Sci*. 7(4):E110975.
- [15] Olaseni, A. O. (2020). Longitudinal Analysis Of Hiv Disclosure Intention: The Implication Of Duration Of Diagnosis Knowledge And Cd4 Counts Among Asymptomatic Treatment Seeking People Living With Hiv/Aids. *The Open Aids Journal*, 14: 84-89
- [18] Olowookere, S. A., Ajayi, A. A., Idowu, A., Ajayi, A. O. And Afolabi, B. A. (2020). Contraceptive Use Of Hiv-Positive Women Attending An Hiv Treatment Center In Osogbo, Nigeria, *Libyan International Medical University Journal*;5:8-14.
- [19] Olumide, A., And Owoaje, E. (2018). Patterns And Predictors Of Disclosure Of Hiv Positive Status Among Youth Living With Hiv In Ibadan, Nigeria. *Int J Adolesc Med Health*.;32(1).
- [20] Pantelic, M., Boyes, M., Cluver, L. And Meinck, F. (2017). Hiv, Violence, Blame And Shame: Pathways Of Risk To Internalized Hiv Stigma Among South African Adolescents Living With Hiv. *J Int Aids Soc.*; 20(1) 21771.
- [21] Prohaska, T. R., Albrecht, G., Levy, J. A., Sugrue, N. And Kim, J. (2016). Determinants Of Self-Perceived Risk For Aids. *J. Health And Social Behavior*. 31: 384–394.
- [22] Salami, A. K., Fadeyi, A., Ogunmodede, J. A. And Desalu, O. O. (2020). Status Disclosure Among People Living With Hiv/Aids In Ilorin, Nigeria. *West African Journal Of Medicine*, 30 (5): 359–363
- [23] Tam, N. T., Huy, N.T., Thoa, L.T.B., Long, N. P., Trang, N.T.H., Hirayama, K., & Karbwang, J. (2015). Participants' Understanding Of Informed Consent In Clinical Trials Over Three Decades: Systematic Review And Meta-Analysis. *Bulletin Of The World*
- [24] Unaid (2017). Unaid Data. Geneva: Joint United Nations Programme On Hiv/Aids.
- [25] Unaid. (2020). Global Aids Update: Seizing The Moment; Unaid Aids Info Website. Available At: [Http://Aidsinfo.Unaid.Org/](http://Aidsinfo.Unaid.Org/)
- [26] Woollet, N., Black, V., Cluver, L. And Brahmabhatt, H. (2017). Reticence In Disclosure Of Hiv Infection And Reasons For Bereavement: Impact On Perinatally Infected Adolescents' Mental Health And Understanding Of Hiv Treatment And Prevention In Johannesburg, South Africa. *Afr J Aids Res.*;16(2): 175-184.