The Prevalent Causes Of Non-Disclosure Of HIV Status And Their Effect On Tema Municipality

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ABSTRACT

This research looks at the widespread effect of HIV patients (adults)' unwillingness to disclose their HIV Status. The study takes the Tema Municipality as a case study to investigate the causes of non-disclosure of HIV status. A sample of 300 HIV-infected adults who currently attending Tema General Hospital for medicals and counseling are selected. The focus was on their disclosure rate, gender disclosure rate, outcomes of disclosure and non-disclosure and causes of non-disclosure of their HIV status. The study reveals that 75% of the sampled respondents had revealed their HIV status and 25% failed to do so. A lot of factors were found out to be the reasons for non-disclosure. Key among them are fear of victimization, rejection, physical abuse and breach of confidentiality. The non-disclosure rate for male is 2.096 times higher than that of female. Out of the 75 non-disclosure respondents, 93.3% of them are living their normal lives while 6.7% of respondents felt like there was a heavy responsibility on their shoulder for not disclosing their status. The result of multivariate analysis shows the variables (gender, educational status and use of condom during sex) are significant in determining non-disclosure rate. Though there are more females living with HIV status, males have higher non-disclosure rate. Furtherance However, educational level of the individual and use of condom at the time of sex have negative impact on non-disclosure rate. The study recommends that the hospital attendants ensure, they listen to and document reactions of PLHIV victims and also organize counseling session for the victims on how to disclose their status immediately to, especially, partners and families. The Government should encourage the existing health institutions to provide friendly sexual and reproductive counselling and testing services. This should include voluntary counselling and testing for HIV.

Keywords: Widespread Causes of Non- Disclosure, Gender disclosure rate, Fear of breach of confidentiality, HIV/AIDS, Stigmatization, Logistic Regression

1. INTRODUCTION

Clearly observed in many countries across the globe, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) poses a great threat to the Ghanaian's socio-economic growth. Since the first discovery of the disease in the early 1980s, HIV/AIDS has triggered responses of fear, denial, stigma and discrimination, often targeted at HIV/AIDS patients. For people living with HIV (PLHIV), the decision to tell someone about their condition means weighing enormous potential consequences, both positive and negative (Carter A. J, et al, 2013; Montaner M, 2008; Tathan, 2014; Kesler et al, 2013). Scholars in public health opine that revealing a positive HIV diagnosis to a sexual partner enables that person to take good and effective measures to protect him/herself from exposure to the virus, thus reducing the risk of transmitting the disease to others (Gardezi et al., 2008; Lax-Vanek et al., 2012; O'Byrne et al., 2012 & Amon, 2013). With respect to disease treatment and care, PLHIV who disclose their status to selected persons may increase their access to

social and material support and thereby improve both their psychological and physical health (Bernard et al., 2007).

Various studies conducted have shown that disclosure helps the victim live longer and thereby protect people around him or her (Bachanas, 2013; Deribe, 2007; Deribe, 2008; Mohammed, 2012). AIDS-related stigma and discrimination remains one of the biggest barriers to effectively manage the AIDS epidemic (Adedimeji, 2009; Anglewicz, 2008; Akpa, 2011; Bachanas 2013; Benkert, 2006 & Bennetts, 1999). A South African study found out that HIV-related stigmatization and the rate of discrimination are highly link with the non-disclosure (Norman, 2007). As observed in Ghana, the consequence of being a woman and having HIV/AIDS is abject poverty, malnutrition and ostracism. HIV-infection cripples women, rendering them unable to care for themselves and their children. Carter (2013) reported that negative attitudes towards HIV-positive women create additional barriers that limit the introduction of control measures to curb the spread of HIV. HIV/AIDS-related stigmatization continues to be a strong stressor. Addressing HIV/AIDS-related stigma in Ghana will involve dealing with perceptions and values towards sexuality and the HIV/AIDS epidemic. The issue of disclosure of one's HIV status has been researched into at different levels and times by some scholars (Bird, 2011; Bouillion, 2007; Deribe, 2007; Deribe, 2008; Deribe, 2009; Earnshaw, 2009; Eustace, 2010; Fishel, 2011; Kadowa, 2009; Mohammed, 2012). It was discovered that disclosure has very negative consequences such as relationship problems among community members, employers and colleagues' rejection. In spite of the negative effect of disclosure, disclosing ones HIV status will go a long way to protect themselves and others as well (O'Brien, 2003; Seidu, 2006 & Ohemeng, 2013).

This research therefore attempts to investigate the prevalent causes of non-disclosure of one's HIV/AIDS positive status and its effect in the Tema Municipality. The research seeks to; (I) find out the reasons for not disclosing HIV positive status, (II) find out the gender disclosure rate, (III) find out the outcomes of disclosure and (IV) find out the outcomes of non-disclosure.

2. METHODOLOGY OF THE STUDY

The research employs mixture of quantitative and qualitative design for the analysis and the data source was primarily obtained by the use of structured questionnaires. The target population was HIV/AIDS patients from Tema municipality. Data for the study were collected from 300 sampled patients in the Municipality. This sample size was pre-determined bearing in mind that estimations and predictions would be done at 5% significance level with desired tolerance error of 6% and population variability as 0.50. In absence of sampling frame, a non-probabilistic sampling approach is used. Descriptive and inferential statistics were used to analyse the data. The association between dependent and the independent variables was established using Binary Logistic Regression analysis.

3. DATA ANALYSIS AND DISCUSSION

Under this, the researchers presents the findings under descriptive as well as inferential analysis.

3.1 DESCRIPTIVE ANALYSIS

In this section, the socio-demographic data (age, gender, educational background and marital status), HIV status and its management of the respondents are described.

Age and gender of the respondents

The ages of the respondents are categorized between 15-24 years, 25-34 years, 35-44 years, 45-54 years and 55 and above (Table 1).

Table 1: Age and Sex of respondents

	Category	Frequency	Percent
Age	15 – 24	33	11.0
	25 – 34	172	57.3
	35 – 44	70	23.3
	45 – 54	22	7.3
	55 and above	3	1.0
GENDER	MALE	127	42.3
	FEMALE	173	57.7

From Table 1, the modal age class of the respondents is 25-34 years; this is made of 57.3% of the sample. This is followed by 35-44 years age group (23.3%) and then 15-24 age group (voting for 11.0%). Also, 7.3% of the respondents are found to be in the 45-54 year bracket while only 1.0% of the respondents are in the age of 55 and above. It is also be seen from the table that the female respondents are the dominant gender.

Table 2: Marital status and length of current relationship of the respondents

		Frequency	Percent
MARITAL STATUS	Never married	90	30.0
	Married	120	40.0
	Divorced	2	.7
	widow/Widower	51	17.0
	Seriously in a relationship	21	7.0
	Separated	16	5.3
LENGTH OF CURRENT RELATIONSHIP	More than 5 years	32	22.7
	Exactly 5 years or less than	109	77.3

From Table 2, it is obvious that the most of the respondents are married (40%). This is closely followed by never married (voting for 30%) and then the respondents who are left single as result of death of their spouse (accounting for 17.0%). Only 7.0% of the respondents are seriously in relationship while 5.3% are separated with the divorced being the least accounting for 0.7% of the respondent.

Out of those respondent who are still in relationship (either married or serious pre-marital relationship), 77.3% have been in relationship for five or more years while 22.7% have been in it for less than five years.

Table 3 reveals that 273(91%) of the respondent are on antiretroviral drugs while 27(9%) are not. In same table, it is clear that 75% of the respondents willingly disclosed their HIV status while 25% of them did not. It was also revealed that the respondents who disclosed their status to their partners or closed associate do so at different length of time (79 non-response in this case). The table revealed that the majority of valid response (66.4%) disclosed their status within 1-2 years after diagnosis while 29.5% of the valid respondents did so 3-4 years. Also, 3.4% of the valid respondents disclose their status to their partners less than a year while 0.7% revealed it to the partner 5 or more years after diagnosis.

Table 3: Status management using Antiretroviral Drugs, disclosure status and length of time before disclosure.

Management using ARV	Frequency	Percent
Yes	273	91.0
No	27	9.0
Disclosure	Frequency	Percent
Yes	225	75.0
No	75	25.0
Length of time	Frequency	Percent of Valid Response
Less than 1 year	5	3.4
1 - 2 years	97	66.4
3 - 4 years	43	29.5
5 or more year	1	0.7
Non-response	79	Invalid

The research also reveals that 95.2% of those who disclosed their status received emotional support from their partners while 4.8% do not; 88.5% of them still have normal relationships with their partners while 11.5% do not. Also, 39.7% of them have their sexual lives healthier and 13% of them have their partners helping them to adhere to medication.

It must be recapped that out of 300 HIV patients interviewed, seventy-five (75) of the respondents have not disclosed their status to anybody for various reasons. For non-disclosures, 86.7% of them are doing so because of fear of being labeled bad people; also, 77.3% have not disclosed their status because of fear of physical abuse while 58.7% have not disclosed their status because of fear of breach of confidentiality/remorse. Also, fear of accusation of infidelity amounted 14.7% while 6.7% of the respondents have not disclosed their status due to fear of partners' reaction/rejection and fear of separation/divorce.

The research also sought to know how the non-disclosure respondents feel or react to their non-disclosure status. The research revealed that 93.3% of respondents who have not disclosed their positive HIV status, live normal lives. However, 6.7% of non-disclosure respondents feel burdened for not disclosing their current status.

3.2 INFERENTIAL ANALYSIS

This section demonstrates relationship that exists between the dichotomous categorical dependent variable (disclosure status) and various categorical predictor variables. The response variable, non-disclosure, is a

response to a question on the measuring instrument demanding from the patients if they have ever disclosed their HIV status to anybody. The response "Yes" is coded zero (0) while "No" is coded one (1).

Relationship between Non-disclosure Status; and Gender and educational status

Table 4: Simple Logistic equation of non-disclosure

Variable	B	p-value	Odd Ratio	Variable	B	p-value	Odd Ratio
Gender(Male)	.740	.006	2.096	Educational Status(Yes)	-1.449	.000	.235
Constant	-1.445	.000	.236	Constant	.000	1.000	1.000

From Table 4, it is quite clear that gender is a significant factor affecting non-disclosure of a patient with HIV status (p-value 0.006 is less than level of significance of this research). The Odd Ratio for males been 2.096 implies that given a male, the non-disclosure rate will be 2.096 times higher that of female.

Notwithstanding, the research revealed that there is no significant relationship between age group and marital status with respect to non-disclosure. However, educational status has a significant negative impact on no-disclosure status.

Investigating whether or not a person who had never attended school has the same non-disclosure rate with a person who had ever had one form of formal education or the other, it came out clearly that they do not have the same non-disclosure rate. The p-value equals 0.000 (which is less than 0.05). This means that the two groups of people are significantly different. The differential coefficient for educational status (yes) been negative implies that, formal education helps in reducing non-disclosure rate. The Odds of Non-Disclosure rate for those who have one formal education or the other is 0.235 times of those who had no formal education. This further implies that the likelihood of a person who had no formal education to non-disclose his/her status to anybody is 4.26 (1/0.235) times higher than a person who had a formal education.

Table 5: Simple Logistic equation of non-disclosure and the use of contraceptive during sex

Use of Contraceptive	B	df	p-value	Odds Ratio
Use of Condom	-1.851	1	.000	.157
Constant	-.474	1	.005	.622

From Table 5, it is quite clear that there is a significant association between non-disclosure rate and use of contraceptive during sex (0.000 < 0.05). The use of condom at time of sex has a significant negative effect on the non-disclosure rate/status. The Odds of non-disclosure for a person who uses condom during sex is 0.157 times of an individual who does not use condom. This implies that a person who does not use condom during sex is about 6 times more likely to non-disclose his/her status than a person who normally uses condom during sex.

Relationship between Non-disclosure Status and gender, education, and use of condom during sex

This is a logistic regression on gender (differential influence of male over female), education (influence of those who have ever had any form of education over those who have no formal education), and use of condom during sex **(**influence of those who normally use condom during sex over those who do not normally use condom during sex).

Table 6: Multiple Logistic equation of non-disclosure

Predictor variables	B	Wald	df	p-value	Exp(B)
Gender(Male)	1.307	14.694	1	.000	3.695
Education(Ever)	-1.640	17.379	1	.000	.194
Use of condom during sex (Yes)	-1.847	27.484	1	.000	.158
Constant	.205	.383	1	.536	1.228

From Table 6, all the variables significantly influence non-disclosure rate of one's HIV status. It is proven based on the field data that, males are 3.695 times more likely not to disclose their status than females. Furthermore, those who had never had any form of formal education is 5 times (1/0.194) more likely not to disclose their status than, those who had had any form of formal education. Also, it was realized that, respondents who use condom during sex are 0.158 times likely to disclose their status than, those who do not use condom during sex. This means that those who do not normally use condom during sex are 6.33 times likely to non-disclose their HIV status compared to those who use condom during sex.

4. CONCLUSIONS

The conclusions based on findings is presented in this section of the research work.

The causes of non-disclosure, gender influence on non-disclosure rate, the reaction of others upon disclosure and patients assessment of their non-disclosure were the basis of this study.

The investigation reveals that, a high proportion (25%) of the patients in the community have not disclosed their HIV status to anyone. Reasons such as fear of partners' reaction/rejection, separation/divorce, worrying of partners, and fear of accusation of infidelity, fear of being labeled a bad person, physical abuse and fear of breach of confidentiality/rumors are among the main reasons why HIV/AIDS patients do not disclose their status. These reasons are not quite different from the study by Simbayi et al., 2007 in South Africa. He found out that HIV-related stigma and discrimination are associated with non-disclosure. Thus, we can also conclude that non-disclosure of HIV status is associated with stigma and discrimination.

Also, gender, educational status and use of contraceptive are a significant factor influencing non-disclosure rate. Though there are more females living with HIV status, males have higher non-disclosure rate. However, educational status and use of contraceptive during sex have negative influence on non-disclosure rate.

The research further discovered that 99.4% of the respondents, who disclosed their HIV Positive status, were receiving emotional support from others. A significant number of patients have retained their normal relationships and also enjoy financial support from families and friends. This finding contradicted the findings by Norman (2007). Norman (2007) clearly demonstrated that many who disclosed their status received reactions such as divorce, being sacked from employment and rejection.

5. RECOMMENDATIONS

Tema General Hospital Administration especially those handling HIV Positive victims, Policy makers, and the general public and future researchers should endeavor to take the following recommendations seriously in order the spread of HIV/AIDS and curb non-disclosure syndrome.

- The Government should encourage the existing health institutions to provide friendly sexual and reproductive health services including voluntary counselling and testing for HIV.
- Agencies providing AIDS education programmes should put emphasis on developing life skills and counselling to enable a change of attitudes and to avoid HIV/AIDS.
- It is recommended that the hospital attendants ensure, they listen to and document reactions of PLHIV victims and also organize counseling session for the victims on how to disclose their status immediately to especially, partners and families. This is because despite the appreciable level of disclosure, a large proportion of the patients still delay in the disclosure of their status to their partners.
- HIV negative people should also be educated to serve as a protective mechanism for them.
- The study also recommend that future researchers may use the above findings as basic information in their research in this area.

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