PARTNER DISCLOSURE OF HIV STATUS AMONG HIV POSITIVE MOTHERS IN NORTHERN NIGERIA

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Abstract

Introduction

Partner consent and support can substantially enhance adherence to PMTCT interventions. This study explores the issues concerning disclosure of HIV status to partners of HIV sero-positive mothers in a PMTCT programme in Jos, Northern Nigeria.

Methods

Previously field-tested questionnaires were administered by trained counsellors to 570 consenting HIV positive mothers who were participating in the PMTCT programme at Jos University Teaching Hospital (JUTH), Jos. The findings were entered into Epi Info and analysed using frequencies.

Results

The median age of respondents was 29 years while that of their partners was 37 years. Five hundred and fifty-five (99.5%) of respondents were married. Majority of the women were Christians (82.9%) while 16.9% were Moslems. Seventy four percent (419/563) of the mothers were aware of their husband's HIV sero-status. Of these, 65.4 %(274/419) of the partners were HIV positive while 34.6% were sero-negative. Eighty nine percent (500/560) of the women have disclosed their HIV status to their partners. Of these, 39.6% (199/502) required the assistance of health workers while 59.4% (298/502) did it by themselves. Following disclosure of HIV status, 86.9% (430/495) of the partners were supportive, 5.7% were indifferent, 6.7% were quarrelsome and abusive while 1.0% was violent.

Conclusion

The reactions of partners of HIV positive mothers to disclosure of their wives' HIV status are predominantly supportive. This should strengthen strategies to promote partner disclosure.

Key words: **Partner HIV status, disclosure, partner's reaction, PMTCT, Nigeria.**

Introduction

One of the tragic consequences of the HIV/AIDS pandemic is mother-to-child transmission (MTCT), a major burden in sub-Saharan Africa. Interventions to reduce MTCT rates are rapidly expanding to reach population of women at risk of infection with the virus. There has long been concern that routine HIV screening during pregnancy exposes women who test positive to violence and abandonment when they disclose their status to their partners and family members. However, within HIV testing and counseling programmes emphasis is placed on the importance of HIV status disclosure to sexual partners. Disclosure is an important public health goal for a number of reasons. First, disclosure may motivate sexual partners to seek testing, change behaviour and ultimately decrease transmission of HIV. Secondly, disclosure may facilitate other health behaviours that may improve management of HIV. Women who disclose their HIV status to partners may be more likely to participate in programmes for prevention of mother to child transmission (PMTCT). Through disclosure of her HIV status, a woman may receive support from her family or others in her social network and may also be able to access available support services. By adequately addressing the emotional, social, and practical problems associated with her HIV positive status she may be more willing to adopt and maintain health behaviours such as cessation of breastfeeding or adherence to treatment regimens and other interventions for PMTCT. It has been well documented in Africa that women often lack the power to make independent decisions with regards to their own health care and that of their children [1, 2].

Disclosure of HIV status is however a difficult emotional task creating opportunities for both support and rejection[3]. Some of the barriers to disclosure of HIV status include fear of accusations of infidelity, abandonment, discrimination and violence[4]. Inspite of these fears and barriers, disclosure of HIV status to sexual partner has been emphasized by WHO [5] and the centre for disease control and prevention (CDC) [6]. Disclosure of HIV status to partners is associated with less anxiety and increased social support among many women [7]. Additionally, HIV status disclosure may lead to improved access to HIV prevention and treatment programs, increased opportunities for risk reduction and increased opportunities to plan for the future of the family. It has been clearly documented that risk behaviours changed most dramatically among couples where both partners are aware of their HIV status.[8,9] Disclosure of HIV status to partners also enables couples to make informed reproductive health choices that may ultimately lower the number of unintended pregnancies among HIV positive women.

In view of the crucial roles that HIV disclosure plays on HIV transmission in general and PMTCT in particular it is imperative to document our experience of HIV disclosure to partners of women accessing PMTCT services in our HIV care program in Jos University Teaching Hospital (JUTH), north-central Nigeria.

Study Setting:

As part of the national PMTCT programme, the AIDS Prevention Initiative in Nigeria (APIN) supported the development of HIV voluntary counseling and testing (VCT) services at JUTH antenatal clinic in October 2001. HIV positive clients at the antenatal

clinic are recruited for PMTCT interventions. This service has now grown to a comprehensive PMTCT Plus programme. Patients are also recruited through HIV testing and counseling services in the JUTH labour ward[10] and by transfers from the JUTH HIV treatment clinic. After delivery, mothers and their exposed babies are followed up in the PMTCT and Paediatric Infectious Disease Clinics. Subjects for this study were recruited from the PMTCT follow up clinic between November 2004 and September 2006.

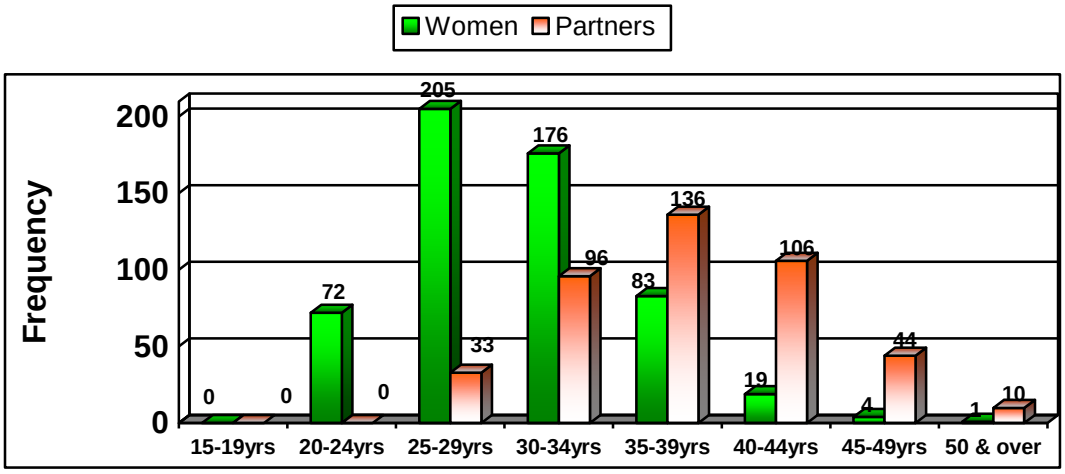
Study Design and Methodology

This was a cross-sectional questionnaire survey of consecutive volunteers. The study was done at the PMTCT unit of the Jos University Teaching Hospital, Jos. Five hundred and seventy (570) consenting HIV-infected women participating in the PMTCT programme were administered pre-tested questionnaires by trained counselors. All the women had delivered and were attending the follow up clinic. The variables measured were age of the women and their spouses, their religion, marital setting, disclosure of their HIV status to their partners, partner's reaction to disclosure, reasons for non disclosure and the HIV status of the partner. The findings were entered into Epi Info and analysed using frequencies.

Results

The median age of respondents was 29 years while that of their partners was 37 years.

Figure 1: Age Distribution of HIV Positive Mothers and Their Partners in Jos Nigeria



Five hundred and fifty-five (99.5%) of respondents were married and of these, about two-thirds (65.2%) have been married for 5 years or less.

Table 1: Duration of Current Marriages among HIV Positive Mothers in a PMTCT Program in Jos, Nigeria

Duration	Frequency	%
≤ 1 year	80	15.7
2-5 years	252	49.5
6-10 years	97	19.1
11-15 years	45	8.8
16-20 years	25	4.9
21 years and over	10	2.0
TOTAL	509	100

Polygamous marital settings were recorded in 75 (13.3%) of cases while 480 (84.7%) were monogamous. Majority of the women were Christians (82.9%) while 16.9% were Moslems. Seventy four percent (419/563) of the mothers were aware of their husband's

HIV sero-status. Of these, 65.4 %(274/419) of the partners were HIV positive while 34.6% were sero-negative. Eighty nine percent (500/560) of the women have disclosed their HIV status to their partners. Of these, 39.6% (199/502) required the assistance of health workers while 59.4% (298/502) did it by themselves. Moslem clients were more likely to require healthcare professionals to assist with partner disclosure of HIV status in comparison to the Christian clients (45.8% vs 33.5% $p<0.05$). Following disclosure of HIV status, 86.9% (430/495) of the partners were supportive, 5.7% were indifferent, 6.7% were quarrelsome and abusive while 1.0% was violent. Over time however, more partners (103/493 or 20.9%) became quarrelsome and abusive. The majority of clients (63.3%) have also disclosed their HIV status to persons other than their partners. In this regard, disclosures have been to siblings, parents, in-laws and close friends.

Partner disclosure increased over time that after 12 months of diagnosis, only about 5% of clients were yet to disclose their HIV sero-status to their partners (Figure 3). Overall, 60/500 (10.7%) women were yet to disclose their HIV positive status to their partners. The main reasons given by clients for non disclosure were fear of an adverse response and the suspicion that they may have been infected by their partners and so would want them to test as well before considering disclosure.

Table 2: Questionnaire Responses of HIV Positive Mothers in a PMTCT Programme in Jos, Nigeria

Questions (Variable)	Frequency	Percentage
Type of marriage (Does your husband have other wives?)	480	84.7%
• **Monogamy**	75	13.2%
• **Polygamy**	3	0.5%
• **Unmarried**		
What is your religion?		
• **Christianity**	470	82.9%

• **Islam**	96	16.9%
• **Nil**	1	0.2%
What is your partner's religion?		
• **Christianity**	468	82.4%
• **Islam**	99	17.4%
• **Nil**	1	0.2%
For how long have you known your HIV Status		
• **< 6 months**	160	28.2%
• **6-12 months**	159	28.0%
• **>12 months**	241	42.5%
Have you disclosed to your partner your HIV status?		
• Yes	500	89.3%
• No	60	10.7%
How did you disclose to your partner your HIV status?	298	53.1%
• **Self**	199	35.5%
• **Healthcare Professional**	5	0.9%
• **Others**	59	10.5%
• **Yet to disclose**		
How would you describe your partner's initial reaction **after learning about your HIV status?**		
• **Supportive**	430	86.9%
• **Indifferent**	28	5.7%
• **Quarrelsome/abusive/denial**	32	6.5%
• **Violent**	5	1.0%
How would you describe your partner's subsequent reaction **after learning about your HIV status?**		
• **Supportive**	365	74.0%
• **Indifferent**	21	4.3%
• **Quarrelsome/abusive/denial**	103	20.9%
• **Violent**	4	0.8%
Have you disclosed your HIV status to any other person other than your partner?		
• **Yes**	336	63.3%
• **No**	195	36.7%
What is your partner's HIV status?		
• **Positive**	274	48.6%
• **Negative**	145	25.8%
• **Don't know**	144	25.3%

Table 3: Duration since diagnosis of HIV and partner disclosure among sero-positive mothers in Jos, Nigeria

PARTNER DISCLOSURE OF HIV STATUS?	Yes	No	Total
<6months since diagnosis	135 (86.5%)	21 (13.5%)	156
6-12 months since diagnosis	137 (87.3%)	20 (12.7%)	157
>12 months since diagnosis	228 (94.6%)	13 (5.4%)	241
Total	500	54	554 (100%)

Table 4 shows that over time, the supportive attitude of partners waned giving room to more quarrelsome and abusive tendencies. This trend was similar for both HIV negative and HIV positive partners. The rate of violent reaction from a partner following disclosure was lower (0.8%-1.0%) in this study. The few cases of violence reported were limited to HIV negative partners only.

Table 4: Partner's reaction over time following disclosure of wife's HIV positive status

	INITIAL REACTION		SUBSEQUENT REACTION	
	Partner HIV positive	Partner HIV negative	Partner HIV Positive	Partner HIV Negative
INDIFERENT	44 (16.1%)	9 (6.2%)	43 (15.7%)	9 (6.2%)
QUERRELSOME/ ABUSIVE/DENIAL	9 (3.3%)	5 (3.4%)	49 (17.9%)	28 (19.3%)
SUPPORTIVE	221 (80.7%)	128 (88.3%)	182 (66.4%)	107 (73.8%)
VIOLENT	0 (0.0%)	3 (2.1%)	0 (0%)	1 (0.7%)
Total	274(100.0%)	145 (100%)	274 (100%)	145 (100%)

Discussion

There has long been concern that routine HIV screening during pregnancy exposes women who test positive to violence and abandonment when they disclose their status to their partners and family members.[11] This study showed that in northern Nigeria, the majority of HIV-infected women do disclose their diagnosis to their partners and few experience severe repercussions. About 90% of HIV positive women receiving care at our PMTCT setting in Jos, Nigeria have disclosed their serostatus to their partners. This is higher than the 81% disclosure by 3 months postpartum reported recently in South Africa[12] and 40% disclosure reported from Dar es Salaam, Tanzania in 2001[13]. It has been shown that women were more likely to disclose their HIV status to their partner if they were married, had held prior discussions with their partner about HIV testing or had a partner with a tertiary level of education.[12] Over 99% of women in the current study were married and our PMTCT program provides a letter to partners giving information about the test conducted on their wives and the value of PMTCT interventions. We are yet to independently study the impact of the partner information letter that we have been requesting pregnant women taking HIV tests to give to their partners.

About two-thirds of clients in this study have also disclosed their HIV status to someone other than their partners. The high disclosure rates were suggestive of minimal stigma in the study population. Although there may be other explanations, it could be argued that provision of healthcare services is one way of countering stigma, given that the study was

conducted in a healthcare delivery setting where comprehensive HIV/AIDS treatment and care is provided. A similar observation was made in the USA recently. [14]

As the implications of the woman's HIV positive status becomes more apparent over time, the supportive attitude of partners wane giving room to more quarrelsome and abusive tendencies. This trend was similar for both HIV negative and HIV positive partners. Care givers should anticipate this trend and so, provide supportive ongoing counseling to help couples promote supportive behaviors to reduce the chances of vertical transmission to their child. The rate of violent reaction from a partner following disclosure was lower (0.8%-1.0%) in this study in comparison to the 3.5% - 14.6% prevalence reported by several studies in developing countries.[4]

In our setting, a large proportion of clients rely on counselors to assist with partner disclosure and when this is considered along with challenges related to polygamy and serodiscordance, they under score the need for large scale training of counselors to support the ongoing national expansion of PMTCT services in Nigeria.

Study Limitations

The main limitation of this study was that the study targeted a specific population (PMTCT follow up clinic attendees) in a comprehensive HIV treatment and care setting, so the findings may not be generalized to other populations and settings.

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