

# DISCLOSURE OF HIV STATUS TO PARTNERS: REPORTS FROM PEOPLE LIVING WITH HIV AND AIDS

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**SUMMARY:** Disclosure of HIV status is critical to promoting effective condom negotiation and other behaviors to prevent transmission, as well as to ensuring adherence of those on treatment. Delegates attending a national conference of associations of people living with HIV and AIDS (PLWHA) filled out an anonymous, self-administered questionnaire and participated in focus group discussions.

Most HIV-positive respondents had not disclosed their HIV status to their spouse or regular partner. Fear of divorce was the main reason for non-disclosure. Low levels of partner disclosure have profound negative consequences for safer sex negotiation, prevention of new infections, treatment adherence and achieving good long-term outcomes.

**PROGRAM ISSUE:** A comprehensive approach to HIV prevention requires that HIV-positive people take protective and preventive measures since they may be at risk of both infecting their sexual

partners and re-infecting themselves with different strains of the virus. The 2003 Ghana DHS found that the number of PLWHA in discordant relationships (i.e. had a spouse or partner who was HIV-negative) was twice the number living with partners who were also positive (GDHS, 2003). Extrapolating from the DHS, we estimate that more than 190,000 Ghanaians living with HIV are in a marital relationship with an HIV-negative spouse or partner.

SHARP has identified promotion of partner disclosure among those who know they are HIV-positive as a key prevention intervention. Disclosure facilitates the subsequent HIV testing of a partner, the adoption of safe sex practices to prevent transmission of the HIV virus to an uninfected partner as well as to prevent re-infection of those who are already HIV+. Disclosure is also important for effective ART treatment and adherence, as treatment programs strongly encourage clients to enlist the help of a 'treatment monitor' to accompany them to appointments and to support their adherence to medication.

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**RESEARCH DESIGN:** This formative research was conducted in 2005 with delegates from all ten regions in Ghana who were attending a national conference of People Living With HIV and AIDS (PLWHA). SHARP considered that having undertaken to voluntarily disclose their status to other PLWHA and advocate for a stronger response to HIV/AIDS, the delegates would provide a useful barometer on disclosure to partners. If these respondents had not revealed their status, then it would likely follow that others might be even less likely to disclose.

Anonymous self-administered questionnaires were circulated at the conference. Out of 117 delegates and observers in attendance, 102 (47 men and 55 women) volunteered to complete the questionnaire. In addition, three focus groups were held one for men, one for women, and one for “leaders” (men and women).

## **KEY FINDINGS:**

1. Few PLWHA discovered their status through routine VCT: Ninety-seven (53 women and 44 men) of the 102 respondents reported that they had been tested and were HIV-positive; most had been tested to confirm a suspected infection (60%) or because their partner had tested positive (14%). Only 16% of the infections had been discovered through routine VCT.
2. Low disclosure to partners. Sixty-two HIV-positive respondents were married, in union, or had at least one regular sexual partner. While two-thirds (69%) reported that they had discussed ways to prevent HIV transmission with their partner, only 30% had actually informed their partner of their HIV status. Fewer than half of those already on ARV therapy had disclosed their status.
3. Fear of family retribution. When asked why they thought that people living with HIV and AIDS might not want to disclose their status to partners, 72% of respondents thought women feared being divorced and 55% thought men feared being divorced. Nearly half of the respondents (48%) also thought women feared being neglected, and 40% thought men feared being accused of harming their families if they disclosed that they were HIV-positive.
4. Low interest in early testing or testing with partners. Focus group discussants agreed that people are very unlikely to go for testing with their partners and that individuals usually go for HIV testing only when they fall sick and a doctor refers them. The groups were emphatic that it is difficult for couples to go for HIV testing together because if one partner proposes the test, the other partner might accuse him/her of being unfaithful or engaging in extra marital sexual relationships. Another

factor that makes it difficult for couples to go for HIV testing together is geographical separation.

5. Mixed interest in family support groups. Discussants had divided opinions about opening their associations to their spouses. Those in favor said that it would help couples relate to each other, practice safer sex, and encourage the HIV-negative spouse to care for the other. Those against opening membership argued that HIV-negative spouses might abandon their partners or stigmatize other members and disclose their status within the community.

## **CONCLUSIONS AND PROGRAM RECOMMENDATIONS:**

The DHS shows that 9 out of 10 HIV+ people in Ghana do not know their status (GDHS, 2003). The respondents in this study cannot be considered representative of all PLWHA, as most do know they are infected, and by virtue of their membership in a PLWHA Association, are probably more socially and politically active than most PLWHA in the country. These findings consequently suggest that there are even lower levels of disclosure among PLWHA in the general population.

Failure to disclose one's HIV+ status to a partner or trusted individual poses challenges for HIV

infection prevention programs, the scale-up of ART treatment programs, and HIV counseling & testing (CT) programs

## **HIV Program should:**

- Develop interventions promoting couples counseling/family disclosure promotion as part of prevention, CT, and ART programs.
- Help PLWHA support groups develop knowledge, attitude and skills that help them to disclose and to manage their relationships following disclosure.
- Build partnerships with organizations, community groups, churches or mosques that already provide couple/marriage/family counseling and support services to create a more enabling environment for disclosure.
- Identify couples who are successfully managing discordant HIV status relationships to promote disclosure to and testing of other couples/partners and to support couple communication and stronger relationships.
- Given that the majority of HIV+ people in Ghana are women, and that women are particularly vulnerable to domestic violence and other harmful social outcomes from disclosure, develop partnerships with women's groups and associations, and educate the local police, judiciary, and community leadership to promote a supportive environment for women who disclose to their male partners.

Comprehensive reports for other Behavioural Surveillance Studies,  
good practices and success stories are also available.

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