Assessment of HIV Status Disclosure of People Living with HIV in Harare, Zimbabwe

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DOI: https://doi.org/10.47772/IJRISS.2023.7501

Received: 31 March 2023; Revised: 17 April 2023; Accepted: 20 April 2023; Published: 18 May 2023

ABSTRACT

HIV and AIDS is the most stigmatized illness in the world. It is a difficult decision for People living with HIV (PLWHIV) to disclose their seropositive status. This qualitative study aimed at exploring HIV disclosure occurrences in Harare, Zimbabwe. In-depth interviews were conducted for fifteen (15) participants who are PLWHIV, are on ARVs and have disclosed their status. The interviews were audio recorded then transcribed and analyzed using qualitative content analysis and the emerging themes were noted. Findings revealed that majority of PLHIV who have disclosed their HIV status to their significant other received overwhelming support including compliance to adherence of medication. Few of them who disclosed faced stigma, discrimination and tensed relationship. The study also revealed that people who have knowledge on HIV/AIDS have no issue in dating a PLHIV. The study recommends more HIV/AIDS education on disclosure to the population at large and a similar study to be conducted in other parts of the country and globally to find out whether the same findings would be obtained.

Key Words: HIV, Disclosure, ARVs, Stigma, Zimbabwe

INTRODUCTION

One of the world's most health challenges is the HIV virus which causes AIDS. According to UNAIDS, the number of People with HIV in 2021 was approximately 38.4 million people across the globe. Globally, the East and Southern African region puts up with the highest burden of HIV which narrates for 54% of PLHIV (UNAIDS, 2019). You cannot distance yourself from being HIV by word of mouth. The only way is through HIV testing. UNAIDS conveyed that globally in 2021, about 85% of people with HIV realized their HIV status. Testing and counselling is fundamental for prevention, control and treatment of HIV.

There is an international determination to end AIDS as a public health threat by providing treatment to people who have been diagnosed with HIV. People with HIV who are aware of their status, take ART as prescribed, and get and keep an undetectable viral load, can live long and healthy lives and will not transmit HIV to their HIV-negative partners through sex (Atuyambe et al., 2014).

Contained in HIV testing and counselling programs, disclosure of HIV status as a public health is habitual as a measure to prevent transmission and enhance treatment adherence support. Disclosure can be understood as a PLHIV informing someone else about his/her status. Disclosing one's HIV status to a sexual partner means talking honestly about one's sexual orientation, possible drug use, and results of HIV testing (Alema et al., 2015). John & Chipwanza (2022) assert that different studies have raised a concern that, HIV status disclosure may be associated with dilemmas, where on one hand, the disclosure can promote health, social support, and psychological well-being. According to Chanklin and Markmee (2022) factors that inspire the need for disclosure of HIV status take account of family acceptance, economic factors, social acceptance, and access to health services. WHO and UNAIDS support human rights approach by encouraging beneficial disclosure of HIV status (WHO, 2011). Disclosure of Human Immunodeficiency Virus (HIV) status to sexual partners plays a significant role in the successful prevention and care of HIV infection (Tibebu, Rade, Kebede & Kassie, 2023). It is of significant importance to disclosure of your HIV

for effective control of HIV. The most common reasons for disclosure were to relieve stress, satisfy the need to tell, help others, and to receive support (Gaskin et al., 2011). Ideally, there is no particular time to disclose. Obermeyer, Baijal & Pegurri (2011) express that the duration taken to disclose also varies widely from the time of HIV diagnosis to after many years of living with the disease. However, Dako-Gyeke et al. (2016) mentioned that disclosure is a major psychosocial challenge faced by PLHIV. PLHIV fail to disclose their status due to fear of negative reaction or stigma, the fear of the disclosure recipient telling others, a belief that there was no need to tell, not being ready to tell, and not wanting to burden others with the disclosure (Gaskin et al.,2011). PLHIV are required to weigh the benefits against the harm before disclosing their status (Hallberg, Kimario, Mtuya, Msuya & Björling, 2019).

A central public health goal of disclosure is value-added access to necessary medical care and treatment. According to Madi et al. (2015) disclosure has been positively ascribed to a rise in adherence to antiretroviral treatment. In addition, disclosure prompts PLHIV to go and get treatment. Studies confirm that disclosure is associated with timely linkage to care and adherence to treatment (Lemin et al., 2018; Sanga et al., 2017).

According to King et al. (2008) & Vu et al.(2012) covering up of HIV-positivity status may possibly expose HIV-negative partners to infection, intensify reinfection among HIV-positive partners, and give rise to missed opportunities for HIV care. It has also been noted that the incapacity to disclose ones status can have consequences in a lack of moral, financial and physical support, which are primary to poorer outcomes and increased HIV transmission risks (Evangeli & Wroe, 2017; Kadowa & Nuwaha, 2009; Lugalla et al., 2012).

The finest way of telling someone about your HIV positive status in not open. HIV status disclosure decision and time varies amongst different persons. Dessalegn et al. (2019) carried out a study on HIV-positive status disclosure to sexual partners among individuals receiving HIV care in Addis Ababa, Ethiopia. They convey that the choice of location of HIV disclosure differs with PLHIV and the would-be confidant.

Yao, Hui, Xia, Huan, Anliu & Hong (2019) investigated the status and associated characteristics of HIV disclosure among PLWHA in Liangshan in China. The study was a cross-sectional study that used a stratified, convenience sampling method from August to December in 2017 in a sample size of 318 participants. Data was collected through a structured questionnaire which included HIV disclosure status, demographic and HIV-related characteristics, social support, and perceived HIV-related stigma. It was revealed that the frequency of HIV disclosure was relatively low in Liangshan.

Kalichman et al.(2003) carried out a study on stress, social support, and HIV-status disclosure to family and friends among HIV-positive men and women. They assert that PLWHIV and particularly those with a recent diagnosis, are faced with the often-difficult decision of whether, when, and how to disclose their HIV-positive status to others. One is not guaranteed on how those you tell will react or whom they may choose to tell. Most people fail to disclose because of fear of stigmatization.

Mkwanazi, Rochat, and Bland (2015) conducted a study on living with HIV, disclosure patterns and partnerships a decade after the introduction of HIV programs in rural South Africa. They report that studies assessing barriers to HIV disclosure among predominantly female PLWHIV participants report significant anticipated stigma. HIV stigma refers to the disgrace, dishonor and embarrassment of PLHIV. Maeri et al. (2016) assert that people living with HIV/AIDS anticipate HIV-related stigma and fear disclosure to intimate partners. HIV status disclosure can be a period of heightened risk for partner stigma, abuse and financial withdrawal and thus should be handled with caution.(Colombini, James, Ndwiga ; Integra team; Mayhew 2016: Olowookere, Fawole, Adekanle, Adeleke and Abioye-Kuteyi,(2015).

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VII Issue IV April 2023

This affects the health and well-being of both HIV-positive and HIV-negative individuals.

A study by Yaya (2015) in Togo on HIV disclosure to sexual partners among PLHIV on ART revealed that 60.9% of participants had disclosed their HIV status. In Uganda, King et al (2008) carried out a study on processes and outcomes of HIV serostatus disclosure to sexual partners among people living with HIV in Uganda. He noted that men greatly disclosed their status to their sexual partners and brothers, while women largely disclosed their status to their sisters.

Berhe et al. (2020) carried out a cross sectional study to assessed the magnitude and factors associated with HIV-positive status disclosure among HIV-positive adults attending antiretroviral therapy clinic at the public health facilities of Butajira town, Southern Ethiopia. A total of 414 study participants were selected by systematic random sampling technique. Data were collected by using pretested interviewer-administered semi structured questionnaire and regression analysis taken on to single out elements of HIV-positive status disclosure. The study concluded that a big margin of the participants which was a representation of 90% disclosed their HIV-positive status, lack of disclosure by few people can tackle HIV prevention and control programs. Health programs could improve disclosure of HIV-positive status by providing counseling service, strengthening adherence of antiretroviral therapy, suppressing viral load, and avoiding (reducing) stigma on HIV-positive patients by their community.

Miller & Rubin (2007) carried out a study on factors leading to self-disclosure of positive HIV diagnosis in Nairobi in Kenya. They established that men for the most part disclosed to their wives than other family members, while women a good number or women disclosed to family members. Greef et al. (2008) note that men and women differ with regard to who they disclose their HIV status to. According to an article by Rice, Comulada, Green, Arnold & Rotheram-Borus (2009) women were more than 2.5 times more likely to disclose to a particular network member if that member provided the women with social support. They add that these women single out female network members who were believed to also be HIV positive as their preferred people to disclose to.

A study conducted by Ndayala et al. (2015) on Nature and Extent of HIV Self Disclosure by Seropositive Adults in HIV Support Groups in Nairobi County, Kenya, revealed that younger people, people with low socio- economic status and low education level are less likely to disclose their HIV status. Poku, Owusu, Mullen, Markham and McCurdy (2017) describe disclosure as a complex process that requires delicate handling to prevent occurrence of unwanted effects.

According to Ismail, Matillya, Ratansi & Mbekenga (2021) despite the benefits of disclosure, many people living with HIV delay disclosing their status to those close to them thereby increasing the risk for disease transmission. Disclosing about your HIV status is a personal choice of the infected individual. It is against this background that this study purposes to assess HIV Status Disclosure of People Living with HIV/AIDS in Harare, Zimbabwe. The country was picked upon by virtue of it being the first country in Africa and the third in the world to approve an HIV prevention drug (long-acting injectable cabotegravir (CAB-LA) recommended by the World Health Organization (WHO).The country has by now got hold of a target known as 90-90-90 – 90% of people living with HIV knowing their status; 90% getting antiretroviral treatment; and 90% having the virus suppressed.

Objectives

The focus of this research is to draw information about outcomes of disclosure among PLHIV in Zimbabwe. The results of the study are expected to display the importance of disclosure among PLHIV and those affected, add literature on HIV status disclosure and be the basis for further research on HIV status disclosure in counselling. The study seeks to answer the following questions guided by the five “W” of

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VII Issue IV April 2023

disclosure.

- Who is the preferred person to disclose to?
- What do you need to disclose?
- What is the expected response ?
- When is it appropriate to disclose?
- What is the best place to disclose?
- What is the reason for your disclosure?

Theoretical Framework

This study is anchored on Bandura's social cognitive theory (SCT) which states that new behaviors are learned either by modelling the behavior of others or by one's direct experience. According to Bandura (1977) social cognitive theory puts emphasis on the significant roles played by indirect, symbolic, and self-regulatory processes in psychological functioning and looks at human behavior as a continuous interaction between cognitive, behavioral and environmental determinants. In this study, the theory suggests that people make decisions about whether to disclose their HIV status based on their perceptions of the benefits and risks associated with disclosure Factors such as stigma, social support and social consequences of disclosure can influence these perceptions.

RESEARCH METHODOLOGY

The catchment area of the study was Harare Region in Zimbabwe. This study followed a qualitative approach research design. This study received ethics approval from Catholic University of Eastern Africa, Kenya. The participants were selected purposively and through snowballing. Fifteen (15) participants were interviewed which is within Creswell (2013) recommendations. A written informed consent was obtained from each participant who agreed to participate into the study. To protect the identification of the study participants, all personal information were excluded in the questionnaire and reports. The inclusion criteria were PLHIV in Harare who are on ARVs and have disclosed their HIV status to someone. All authors made significant inputs in coming up with an in-depth semi-structured interview guides containing open-ended questions which were exclusive for HIV-positive disclosure drawing from their wealth of personal, research and experience in counselling psychology. Data was collected face to face by the first author from December 2022 to February 2023 taking between 40 to 90 minutes and were audio-taped. Each participant was interviewed alone and they were assured of anonymity in the presentation and publication of the data. Data collected was send to the second author immediately who transcribed verbatim immediately. To ensure content validity the researchers sought for opinions of experts on the research tools. For truthfulness, the first author informed the participants of the purpose of the questionnaire and of the need to respond truthfully. The study also put in place participant validation. According to Lindheim (2022) participant validation implies that the first author presents the preliminary analysis done by the second author to the participants so that they validate and assess the interpretations.

Ethical consideration

The study drew in human participants. It was reviewed and approved by the Catholic University of eastern Africa, Kenya, Department of psychology. The first author elaborated the goal of the research project to potential participants before they were enrolled in the study. The participants were informed in writing about the purpose and procedure of the study, assurance of confidentiality of the information shared, their right to withdraw from the study at any time. The interviews were held where the participants preferred. Participants were provided with written consent prior to the interview having been informed of the purpose, confidentiality, and anonymity of the study. Recorded interviews were kept under lock and key. The

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VII Issue IV April 2023

researchers are counselors hence the researcher who was conducting the interview informed the participants that he was ready to help in case of distress.

RESULTS

Fifteen (15) participants were interviewed according to selected background characteristics. The oldest participant was 44 years old while the youngest was 26years old. Among the participants nine (9) were female while six (6) were male. Out of them six (6) were married, six (6) were single , two (2) were divorced and one (1) was widowed Twelve (12) of them were Christians and three of them expressed they had no religion. Twelve (12) of them had tertiary education while three (3) of them had secondary school education as their highest level of education. Seven (7) of them were employed, four (4) were having own businesses, three(3) were not working while one (1) was a student. All the participants mentioned that they stayed in town. All the participants acquired HIV through unprotected sex.

These demographics coincides with Ndayala et al. (2015) who unveiled that younger people, people with low socio- economic status and low education level are less likely to disclose their HIV status.

Table 1. Participants' characteristics

No	Code	Sex	Age	Marital status	Religion	Education	Occupation	Location
1	01	Male	30	Single	Christian	College	Not working	Town
2	02	Female	29	Single	Christian	Secondary	Own business	Town
3	03	Female	27	Married	Christian	College	Not working	Town
4	04	Female	44	Widowed	None	College	Employed	Town
5	05	Female	38	Single	Christian	College	Employed	Town
6	06	Female	35	Divorced	Christian	College	Employed	Town
7	07	Male	35	Married	Christian	College	Own business	Town
8	08	Female	26	Married	None	University	Student	Town
9	09	Male	33	Married	Christian	Secondary	Employed	Town
10	10	Male	38	Married	Christian	College	Employed	Town
11	11	Female	28	Divorced	Christian	University	Employed	Town
12	12	Female	40	Single	None	College	Own business	Town
13	13	Male	42	Single	Christian	Secondary	Employed	Town
14	14	Male	36	Single	Christian	University	Own business	Town
15	15	Female	31	Married	Christian	College	Not working	Town

Evaluation of HIV Status Disclosure

Data was analyzed using significant statements, formulated meanings and themes following Moustakas's Approach.

From the descriptions, all participants affirmed that they that they had disclosed their status to someone. This made them suitable for the research. On who to disclose to, it was evident that the participants had their own preference. They mentioned,

"My loving brother." (Participant 01, personal communication, December 07, 2022).

"I told someone who had proposed for a relationship." (Participant 02, personal communication, December 14, 2022).

"Just my mother and best friend." (Participant 03, personal communication, December 20, 2022).

"My sister who is like a mother to me." (Participant 04, personal communication, December 20, 2022).

"I was only close to my lover. Therefore, I told him." (Participant 05, personal communication, December 28, 2022).

"I just had to tell my children." (Participant 06, personal communication, January 10, 2023).

"I broke the news to my wife and children." (Participant 07, personal communication, January 16, 2023).

"Who else could I tell other than my parents."(Participant 08, personal communication, January 25, 2023).

"My wife was the first person to disclose to." (Participant 09, personal communication, January 25, 2023).

"Unfortunately, I had to disclose to my wife who I had betrayed."(Participant 10, personal communication, February 03, 2023).

"I made it public through face book." (Participant 11, personal communication, February 10, 2023).

"I told my love." (Participant 12, personal communication, February 17, 2023).

"There was a guy who was hitting on me. I had to tell him." (Participant 13, personal communication, February 18, 2023).

"I told my parents and sibling." (Participant 14, personal communication, February 18, 2023).

"I found out when I had gone for my antenatal clinic. I told my husband the same day." (Participant 15, personal communication, February 21, 2023).

On the reason for having a preferred person to disclose, themes that emerged included trust, support ,understanding, similar status, relationship and being an advocate for PLHIV. A participant expressed,

"I trust them." (Participant 03, personal communication, December 20, 2022).

Another participant mentioned,

"I disclosed my status to my parents and siblings in order that they may know how they can look up to my health." (Participant 14, personal communication, February 21, 2023).

A participant who had disclosed to her children echoed that,

"*They are supposed to know their mother's status."*(Participant 06, personal communication, January 10, 2023).

A participant who disclosed to a PLHIV expressed,

" I chose my sister because she is also HIV positive and she understands me more than anyone else in the family."

(Participant 04, personal communication, December 20, 2022).

A participant who disclosed to the wife expressed that,

"I thought she was the best to know this."(Participant 09, personal communication, January 25, 2023).

A participant who disclosed to the lover echoed that he wanted the partner to seek medication. She said,

"I started medication immediately I found out and I thought it will be better for my partner to know his status and start too." (Participant 05, personal communication, December 28, 2022).

A participant mentioned she disclosed to her best friend. She echoed,

"I could not thought of anyone. She was the only one I could confine too and also can send for medication is I am not able to reach the center."(Participant 03, personal communication, December 20, 2022).

There was mentioned of disclosing to people who initiated love relationships. A participant happily said,

"I disclosed first to a person who wanted to date me. All he said was it is okay. I still want you. That was my road to healing." (Participant 02, personal communication, December 14, 2022).

A participant who disclosed to the public expressed,

"I was tired of stigmatization and pity including gossiping behind my back. I went to my Facebook page and boom…I posted my status. I do not regret." (Participant 11, personal communication, February 10, 2023).

These revelations correspond with Chanklin & Markmee (2022) who mentions factors that inspire the need for disclosure of HIV status take account of family acceptance, economic factors, social acceptance, and access to health services.

On those who the participant wanted to disclose to but felt they should not ,there were mention of fear of people being affected, fear of rejection. A participant expressed,

"My parents will be affected."(Participant 10, personal communication, February 03, 2023).

Another one said,

"I cannot allow my mother to have an idea. I don't think she will be able to carry the situation." (Participant 13, personal communication, February 18, 2023).

Another one said,

" I failed to disclose my status to the rest of siblings because I know them well, they were not going to tolerate me anymore. They will know when I am dead."(Participant 01, personal communication, December 07, 2022).

Another participant who wanted to tell the partner but could not expressed,

"I could not tell my partner for fear of being dumped unceremoniously so I decided to keep off the relationship slowly till it is now nonexistence."(Participant 08, personal communication, February 25, 2023).

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VII Issue IV April 2023

On what needs to be disclosed there were mention of health facility, time for treatment. A participant mentioned,

"I disclosed about my health facility so that in case I need medication and I am far I will rely on the person to pick them for me." (Participant 03, personal communication, December 20, 2022).

Another one mention he disclosed on time for medication,

"I also told my wife on the time I take medication. She helps me in being consistent."(Participant 07, personal communication, January 16, 2023).

This response is in harmony with Madi et al. (2015) who express that disclosure has been positively ascribed to a rise in adherence to antiretroviral treatment.

Narratives on the expected response revealed that participants experience emotional support, others faced rejection ,abuse and others faced betrayal. Participants who got support mentioned,

"My spouse is aware that I am a PLHIV and is very supportive." (Participant 10, personal communication, February 03, 2023).

"I didn't have to do it alone I know I have my family with me always." (Participant 14, personal communication, February 21, 2023).

"When I opened up, I was shocked that he knew more about HIV. He has been educating me a lot and encouraging me as well." (Participant 05, personal communication, December 28, 2022).

Participants who got rejected mentioned.

" I have been rejected." (Participant 12, personal communication, February 17, 2023).

"Since we were planning to get married. I disclosed my status. He told me never to call him again and that he did not even want to be in a relationship." (Participant 12, personal communication, February 17, 2023).

A participant who is experiencing domestic violence expressed,

"Ever since, I disclosed to my husband, he beats me every day. I do not have a good relationship with him. Worse is he has refused to get tested still have unprotected sex." (Participant 15, personal communication, February 21, 2023).

A participant who disclosed the status in public expressed that,

"*I got rejected because of my public status. One company terminated my contract .they said my status could affect some of them."*(Participant 11, personal communication, February 10, 2023).

It also emerged that some people who participants disclosed to could not keep the information confidential. A Participant said,

"When I told my mother she told others about my HIV status." (Participant 03, personal communication, December 20, 2022).

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These findings are in line with John and Chipwanza (2022) who assert that different studies have raised a concern that, HIV status disclosure may be associated with dilemmas.

On the appropriate time to disclose, participants mentioned that it depends on the readiness of the individual. A participant expressed,

"I took time to consider who to tell."(Participant 03, personal communication, December 20, 2022).

Another expressed,

"I noticed that I was suffering to depression day in day out."(Participant 01, personal communication, December 07, 2022).

Another participant mentioned ,.

"Commonly, one needs some help from other people when they are having an issue. Every time I found myself in a challenging circumstance of any kind, I considered my current position and decided what I would do if I were not in it. As a result, it occasionally prompts me to disclose." (Participant 14, personal communication, February 21, 2023).

One participant expressed,

"It just suddenly dawned in me that the only person to inform about my situation is my closest person who is my sister. I went straight to her house after I got the results."(Participant 04, personal communication, December 20, 2022).

A participant happily expressed,

"Soon after I got home, I felt I should share with my wife who then gave me the moral support I never expected."(Participant 09, personal communication, January 25, 2023).

Another who disclosed to the wife echoed,

"My sex life had changed since I insisted on protection when having sex with my wife. Guilt was eating me up and felt it was time I need to disclose." (Participant 10, personal communication, February 03, 2023).

A participant who disclosed to someone who had initiated a relation said,

"I disclosed on our first date." (Participant 02, personal communication, December 14, 2022).

These narratives concur with Obermeyer et al. (2011) who express that the duration taken to disclose also varies widely from the time of HIV diagnosis to after many years of living with the disease.

On the best place to disclose, participants expressed that there was no specific place but anywhere private where you can hide your emotions to others who are not involved. A participant said.

"Our bedroom was the most appropriate." (Participant 15, personal communication, February 21, 2023).

A participant who disclosed to the children expressed,

"We were having our night prayers in the living room and something came to me I needed to disclose to my children at the moment." (Participant 06, personal communication, January 10, 2023).

A participant who disclosed to someone who had initiated a relation said,

"In the car. We had just left a hotel and I felt he should go home knowing my status." (Participant 13, personal communication, February 18, 2023).

On reason for disclosure response varied from feeling of depression, not wanting the family to know through other people and the need for partners to start treatment. A participant mentioned,

"I was low. I felt I need to relief this baggage couldn't carry it alone." (Participant 11, personal communication, February 10, 2023).

Another one expressed,

" I care for my wife. I wanted her to commence on treatment as I was doing."(Participant 09, personal communication, January 25, 2023).

This is in line with Alema et al. (2015) who included possible drug use when defining disclosure.

A participant said that she wanted peace,

"I did not want to suffer when it was time to take my treatment ,playing hide and seek. I wanted to take them in peace." (Participant 07, personal communication, January 16, 2023).

Another one expressed,

" I shared with my family so that they won't be surprised and they are the closest to me." (Participant 14, personal communication, February 21, 2023).

Participants who had disclosed to the partners stated,

"When I found out I was positive, I tried persuading my partner to do an HIV test, but he refused. So, I decided to break the news."(Participant 09, personal communication, January 25, 2023).

"Now that I had started taking ARVs … I felt it was important to disclose so that when I take medication daily, my family is aware." (Participant 14, personal communication, February 21, 2023).

The participants were asked if they could add anything. One mentioned frequent testing. She said,

"My love and I were dating for three years and faithful to each other. I had a little flu and decided to get medication. The doctor advised that I do HIV test which came positive. I shared with my partner who also went to test and turned positive too. The problem is we do not know who got it first. Its quit hard tracing our past partners years later." (Participant 12, personal communication, February 17, 2023).

DISCUSSION

Based on the findings of the study, the following discussion was drawn. It is a very challenging situation for a PLHIV to disclose his status to anyone. HIV/AIDS is still surrounded with dishonor which promotes a shame-based culture making it challenging for people with HIV/AIDS to disclose their status without

having the anxiety of being reckoned. Disclosure is exclusively a decision of the PLHIV. A PLHIV can solely settle on sharing his/her status to one person, many persons individual and/or the public. It is a personal decision for a PLHIV to choose who and when to tell and trying to balance honesty with protecting your right to privacy. There are PLHIV who would reveal their status to a potential date right away on being approached, sometimes even before the first meeting despite the them being strangers to each other. There is no perfect road map for how to disclose neither is there particular place and time for disclosure. Disclosure can be delayed at times. PLHIV who have disclosed may be embraced with positive experiences such as emotional support and initiating partner to get tested and if infected start therapy which reduces the rate of infection. This is beneficial as it lays a foundation for a support system of people in the life of a PLHIV.

Unfortunately, there are still lots of negative perceptions which may include rejection, stigmatization and hurtful reaction. daily, my people might not keep it confidential. Disclosure cannot be taken back. Before disclosing one needs to be prepared for either consequence.

RECOMMENDATIONS

The Ministry of health needs to come up with clear guidelines and appropriate standardized training for disclosure, adherence and U=U in extensive HIV/AIDS public education. The general population need to be advised on frequent testing especially after a breakup and before starting a new relationship. This would lead to positive health outcomes for PLHIV. There is need for a similar study in other parts of the country and also globally to find out whether the same findings would be obtained. The knowledge generated will help in better management and encourage disclosure of HIV positive status without fear of challenges afflicted with HIV status disclosure.

Conflict of Interest

The authors declare that they have no competing interest.

Author Contributions

All the authors participated in conception and the design and approved the final manuscript.

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