Influence of HIV Status Disclosure on Quality of Life among HIV/AIDS Patients in Benue State

[1]Pauline Aiingona Atsehe (Ph.D), [2]Samuel Terzungwe Anhange (Ph.D), [3]Anna Garos Ngbea, [4] Abraham Tersugh Kwaghgbah, [5]Raymond Tachin, [6]Fateman Iorlumun

1&2Senior Lecturer

3Graduate Assistant

4Postgraduate Student

5Assistant Lecturer

6Postgraduate Student

Benue State University Makurdi

DOI: https://dx.doi.org/10.47772/IJRISS.2023.70848

Received: 26 June 2023; Revised: 15 July 2023; Accepted: 18 July 2023; Published: 22 August 2023

ABSTRACT

Stigma and discrimination have affected the disclosure of HIV/AIDS status among the populace in Benue State. This may have led to the impairment of patients' quality of life emotionally, physically and cognitively. Therefore, this study investigated the influence of HIV status disclosure on quality of life among HIV/AIDS patients in Benue State. Cross-sectional survey design was used on a sample of 375 HIV/AIDS patients consisting of 180 (48%) male and 195 (52%) female patients. Their ages ranged from 18-53years with a mean age of 38.66years (SD=6.34). The sampling technique used was proportionate sampling while the instruments used for data collection were the HIV/AIDS Status Disclosure Scale and the Professional Quality of Life – HIV Scale. The four hypotheses raised were tested using Multiple Linear regression and Standard Multiple Regression Analysis. Results indicated that there was a significant influence of HIV status disclosure on emotional distress among HIV/AIDS patients in Benue State. Secondly, there was a significant influence of HIV status disclosure on intimate relationship among HIV/AIDS patients in Benue State. Thirdly, there was no significant influence of HIV status disclosure on physical/cognitive functioning among HIV/AIDS patients in Benue State. Lastly, there was a significant influence of HIV status disclosure on quality of life among HIV/AIDS patients in Benue State. It was hence recommended that, clinical psychologists and other health workers should proliferate their efforts in campaigning against HIV related stigma. This will eradicate the hesitation people have in disclosing their HIV status to other persons.

INTRODUCTION

Quality of life is a necessity among patients suffering chronic illnesses such as HIV/AIDS. Even though the prevalence of HIV/AIDS has dropped significantly from 12.9 per cent in 2015 to 4.7per cent in 2021, which is commendable, the burden of this health condition on human beings is still devastating, especially when it is not well managed. Currently, 1.9 million people representing 1.4% (15-49years) are living with HIV in Nigeria. Out of this number, Benue State accounts for 188,482 representing 4.9%, thus, the State is now second as against the previous reports which have consistently placed Benue State as the state with highest prevalence of HIV/AIDS in Nigeria since the beginning of the pandemic in the country.

The new prevalence estimates by states, however, still categorize Benue state and six other states with high prevalence of 2% and above (Onifade, 2021).

HIV/AIDS weakens human immune system and shatters the defense created for alien bodies. This virus is that dangerous that it affects not just the immune system but also one's quality of living. Thus, HIV/AIDS patients who have high quality of living are likely to be emotionally healthy and have a prolonged life even with the disease, whereas those with declined quality of life may suffer other psychological conditions such as depression, anxiety, suicidal behaviour amongst other conditions. Victims of this disease are thus prone to different illnesses and this poses a threat to their actual and perceived quality of functioning (Pasos & Souza, 2018). Medical research has made fervent efforts and antiretroviral drugs are now readily available worldwide to weaken the virus. However, the quality of life of these patients seems to be affected and accusing fingers are pointed to factors such as HIV status disclosure.

HIV status disclosure to sexual partners is associated with positive outcomes including increased social support, acceptance, kindness, decreased anxiety and depression, and strengthening of relationships. While fear of negative outcomes is a major reported barrier to HIV status disclosure, most individuals who chose to disclose reported experiencing positive social outcomes as a result of their disclosure including support and understanding from partners(World Health Organization Document Summary,2012). People with the non-disclosure attitude face many problems in relating to their families, partners and seeking treatment. Therefore, this study seeks to assess the quality of life of patients in the face of the current decline in prevalence rates in Benue State. The study provides more literature to reinforce HIV status disclosure among patients, and also lend support to previous studies given the existing inconsistencies in previous studies (Pasos & Souza, 2018).

LITERATURE REVIEW

Theoretical Review

This study is anchored on the Hierarchy of Need theory developed by Maslow (1943). In his book "Towards a Psychology of Being", established a theory of quality of life. Maslow based his theory for development towards happiness and true being on the concept of human needs. He described his approach as an existentialistic psychology of self-actualization, based on personal growth. As an American psychologist, Abraham Maslow characterized the good life as a fulfillment of needs, which is one of eight different ways of considering quality of life that have been eagerly used throughout history (Maslow, 1962). His perspective was simple: happiness, health, and ability to function come when you take the responsibility for fulfilling all your needs. The difficulty in this lies in the fact that to do so, you must know yourself well-enough to understand which needs you really have. Maslow tried to solve this difficult problem by giving a universal roadmap of personal development, applying a progressive series of needs, where the next need is revealed as you realize the previous. In this way, Maslow established a form of staircase, which obtained its popular interpretation in the pyramid or his hierarchy of needs.

When we take more responsibility for our own life, we take more of the good qualities that we have into use, and we become more free, powerful, happy, and healthy. It seems that Maslow's concept of self-actualization can play an important role in modern medicine. As most chronic diseases often do not disappear in spite of the best biomedical treatments, it might be that the real change our patients have for betterment is understandings and living the noble path of personal development. The hidden potential for improving life really lies in helping the patient to acknowledge that his or her lust for life, his or her needs, and his or her wish to contribute, is really deep down in human existence one and the same. But you will only find this hidden meaning of life if you scrutinize your own life and existence closely enough, to come to know your innermost self (Ubesie, Iloh, Emodi, Ibeziako, Obumneme-Anyim, Iloh, Ayuk, Anikene & Enemuo, 2016).

Empirical Review

HIV Status Disclosure and Emotional Distress

Gesese, Desta and Behire (2018) examined behavioral and psychosocial determinants of quality of life among adult people living with HIV (PLWHIV)on Highly Active Antiretroviral therapy (HAART), in Public Hospitals of Jimma Zone, South West, Ethiopia 2018. Institution based unmatched case control study was employed. Simple random sampling technique was used to select cases and controls using screening criteria. Interviewer administered data collection method was used. Data were entered into Epi-Data and analyzed using SPSS version 20.Bivariate and multivariate logistic regressions were performed. Results indicated that status disclosure significantly predicted emotion distress, health concern and treatment impact dimensions of quality of life. Despite the strength of this study, it has the weakness of using only adults for the study. Moreover, the geographical scope of the study was limited to patients in Ethiopia.

Pasos and Souza (2018) evaluated the quality of life and its associated factors among people living with HIV/AIDS at a regional reference center for the treatment of HIV/AIDS in southern Brazil. WHOQOL-HIV Bref, ASSIST 2.0, HAD Scale, and a questionnaire were used to assess 625 participants on quality of life, clinical and socio-demographic characteristics, drug use, depression and anxiety. It was also found that status disclosure was significantly associated with emotional distressing quality of life. This study has contributed to knowledge, however it failed to assess how the subscales of HIV status disclosure affects quality of life. This gap was covered in the present study via an indigenous sample.

Bulali, Kibusi and Mpondo (2018) examined factors associated with HIV status disclosure and its effect on treatment adherence and health-related quality of life among children between 6 and 17 years of age living with HIV/AIDS in the Southern Highlands Zone, Tanzania, 2017. A hospital based unmatched case control study was conducted between April and September 2017. HIV status disclosure was associated with ART adherence and increased the odds of having good quality of life devoid of emotional distress. They concluded that, HIV status disclosure significantly improved adherence to treatment and quality of life among children living with HIV/AIDS. This Tanzanian based study was also restricted to pediatric patients.

HIV Status Disclosure and Intimate Relationship

Vu, Tran, Hoang, Hall, Phan, Ha, Latkin, Ho and Ho (2020) identified trends and emerging topics among research concerning the QOL of people living with HIV/AIDS (PLWHA). Findings illustrated that intimacy in relationships are more enhance when patients disclose their status to partners. Further studies should consider investigating the role of socio-cultural factors, especially where long-term treatment is involved. Policy-level decisions are recommended to be made based on the consideration of cultural factors, while collaborations between developed and developing nations, in particular in HIV/AIDS-ridden countries were strongly recommended.

Negera and Mega (2019) assessed the quality of life of admitted HIV/AIDS patients and the association of socio-demographic, clinical, and psychosocial characteristics of patients with health-related quality of life. Health facility-based cross-sectional study was conducted from April 1 to May 31, 2018 in selected tertiary care hospitals of Ethiopia. It was found that, status disclosure had impact on the quality of intimate relationship of the patients. The study showed that the majority of the participants had poor health- related quality of life which was affected by unemployment, co-morbidity, and social support from family. The study also used a shorter scale to measure quality of life of admitted HIV patients which contrasts so much with the parameters in this study. Moreover, it was Ethiopian based and not indigenous.

Ubesie, Iloh, Emodi, Ibeziako, Obumneme-Anyim, Iloh, Ayuk, Anikene and Enemuo (2016) examined the rate of HIV status disclosure, caregivers' reasons for non-disclosure, and factors influencing

disclosure among a sample of HIV-infected children in Enugu, southeast Nigeria. No relations were established between status disclosure and quality of relations. It was concluded that, there is a low rate of HIV disclosure to infected children, and it was found to be lower for younger children. They recommend improving efforts for disclosure counseling to caregivers in pediatric HIV clinics. Despite the fact that this study was conducted in Nigeria, its target was children and not general HIV/AIDS patients are employed in the present study.

HIV Status Disclosure and Physical/Cognitive Functioning

Shallo and Tassew (2020) assessed HIV status disclosure and its associated factors among children on ART in West Shoa Zone, Ethiopia. Institutional-based observational study was conducted from February to April 2019. This finding reveals that HIV status disclosure is generally low, and the decision to disclose or not is affected by factors like child-related, caregivers, and health institution-related factors. This may affect the child's drug adherence, treatment outcome, and disease transmission. There was no effect of disclosure on cognitive performance of patients. A major limitation of this study was the used of only children for the study.

Padilla, Johnson, Galarza, Greene, McGwin and Jolly (2019) investigated HIV status disclosure and its impact on sexual practices among HIV-positive women in Nairobi, Kenya. A cross-sectional study was conducted among HIV-positive women seeking care at two hospitals in Nairobi. However, no associations were obtained between disclosure and physiological functioning. The belief that HIV status disclosure is important for HIV prevention and control and that the benefits of disclosure outweigh the risks was also significantly associated with disclosure. They recommended prospective studies to assess these observations would provide reliable guidance on how to increase disclosure by all women. However, this study was targeted at assessing sexual practices and not quality of life among women.

Saidu (2017) assessed health-related Quality of Life of PLWHA receiving ART in North-eastern Nigeria using a mixed method approach. The study was based on the revised Wilson and Cleary conceptual model (RWCM) which integrates both biological and psychosocial aspects of QoL. Participants with better physical and cognitive functioning and better general health had significantly better overall QoL and were more likely to disclose their HIV status to others around them. However, the method of data collection used in this study was in-depth interview which has its associated limitations.

HIV Status Disclosure and Quality of Life

Suleiman, Yahaya, Olaniyan, Sule and Sufiyan (2020) assessed the determinants of Health-related quality of life (HRQOL) among HIV-positive patients at Ahmadu Bello University Teaching Hospital (ABUTH) Zaria. They conducted a cross-sectional study of 353 HIV-positive adults on HAART attending the HIV clinic of ABUTH, Zaria. The participants were recruited into the study using a systematic sampling technique. Identified determinants of HRQOL were spousal HIV- positive status and high family function. Having highly functional family and having HIV-positive partner were the major determinants of HRQOL. Routine family counseling and strengthening the HIV social-support network should be incorporated into the routine patients' care in HIV treatment centers.

Den-Daas, van den Berk, Kleene, de Munnik, Lijmer and Brinkman (2019) evaluated a comprehensive set of themes that encompass health-related quality of life (HRQOL) among HIV patients, which enables clinicians to tailor care to individual needs, follow changes over time and quantify returns on health care investments and interventions. Regression analysis showed that social support, self-esteem, status disclosure and sexuality problems were associated with general health; adding anxiety and depression, sleeping difficulties and perceived side-effects explained 51.2% of the variance in total. They succeeded in developing a questionnaire that comprehensively assesses HRQOL.

Akilimali, Musumari, Kashala-Abotnes, Kayembe, Lepira, Mutombo, Tylleskar and Ali (2017) examined the impact of non-disclosure of HIV status on the loss to follow-up (LTFU) of patients receiving anti-retroviral therapy. A historic cohort of HIV patients from 2 major hospitals in Goma, Democratic Republic of Congo was followed from 2004 to 2012. Patients who did not share their HIV status, patients who did not live in the city of Goma, and those who attained secondary or higher education level had poor quality of life and a higher hazard of being LTFU. This study was longitudinal in nature which makes the result to be affected by maturational factors amidst others. Therefore, the following hypotheses were postulated:

i. HIV Status disclosure will significantly influence emotional distress among HIV/AIDS patients in Benue State.
ii. HIV Status Disclosure will significantly influence Intimate relationship among HIV/AIDS patients in Benue State.
iii. HIV Status Disclosure will significantly influence physical/cognitive functioning among HIV/AIDS patients in Benue State.
iv. HIV Status disclosure will significantly influence Quality of Life among HIV/AIDS patients in Benue State.

Study Design

This study adopted the use of cross-sectional survey design to investigate the influence of HIV status disclosure on quality of life among HIV/AIDS patients in Benue State. This design was adopted because the characteristics of the sample were captured at one point in time without any form of manipulation. Therefore, the independent variable is status disclosure while the dependent variable is quality of life.

Study Setting

Benue State is one of the North Central states in Nigeria with a population of about 6,141,300estimated in 2022. The state was created in 1976 among the seven states created at that time. It currently has 23 local government areas. The state derives its name from the Benue River which is the second largest river in Nigeria

Participants

The participants for the study were375 HIV/AIDS patients currently receiving treatment at General Hospitals in Makurdi, Gboko and Otukpo. They consisted of 180 (48%) male and 195 (52%) female patients. Their ages ranged from18-53years with a mean age of 38.66years (SD=6.34). As for their ethnic

groups, 153(40.8%) were Tiv, 105 (28%) were Idoma while the remaining 117 (31.2%) were from other ethnic groups. In terms of their religions, 300 (80%) were Christians while 75 (20%) were Muslims. Considering their educational qualification, 85 (22.7%) had primary school qualification, 193(51.5%)had secondary qualification while 97 (25.8%) had tertiary qualifications. Concerning their marital status, 225 (60%) were single, 75 (20%) were married while another 75 (20%) were separated. Lastly, all the respondents had HIV/AIDS for a range between 1-15years.

Sample Size Determination

The sample size for this study was determined using the Krejcie and Morgan Table (Krejcie & Morgan, 1970). Based on this table, a sample of 375 HIV/AIDS patients represents a population of 11,277 HIV/AIDS patients in the selected Hospitals in Benue State.

Sampling Procedure

This study employed the use of proportionate Sampling to draw the sample for the study. This technique was used because the respondents were sampled based on their proportions in the three selected hospitals from; General Hospital Makurdi (4,119 patients, Medical Records, 2021), General Hospital Gboko (3,242 patients, Medical Records, 2021) and General Hospital Otukpo (3,916 patients, Medical Records, 2021). The proportions drawn are as seen below:

General Hospital Makurdi $\frac{4119}{11277} \times \frac{375}{1} = 137$

General Hospital Gboko $\frac{3242}{11277} \times \frac{375}{1} = 108$

General Hospital Otukpo $\frac{3916}{11277} \times \frac{375}{1} = 130$

Participants

Therefore, a sample of 375 comprising 137, 108 and 130 patients from three hospitals was drawn for the study.

Instruments

The instruments for data collection included; HIV/AIDS Status Disclosure Scale and the Professional Quality of Life -HIV Scale.

1. This study assessed respondents' sex, age, ethnic group, religion, educational level, marital status and duration of HIV/AIDS.
2. HIV Status disclosure was measured using the HIV/AIDS Status Disclosure Scale developed by Olley and Ishola (2016). This 12-itemscale is measured on a5-point format of 1(strongly disagree) to 5 (strongly) agree. The scale has three dimensions; disclosure to family & friends (items 1-4, ? =.73), Avenue for disclosure, (items 9-12, ? =.75) and Self-imposed/Advocacy disclosure (items 5-8, ? =.73). In scoring the items, none of the mare reverse scored. The present study obtained an alpha coefficient of .85 for the overall scale while .78, .74 and .76 were obtained for the subscales; Intimate disclosure, Avenue for disclosure and Self-imposed disclosure respectively. A sample of items include; "I will not be scared of telling a new sexual friend that am HIV positive".

- Quality of life was measured using the Professional Quality of Life – HIV Scale developed in France.

This is a 34-item scale measured using the 5-point format of 1(never) to 5 (always). The dimensions of the scale are as follows; Emotional distress (items 1-14), Intimate relationship (items 20-27, 29-30), and Physical and Cognitive functioning (items 15-19, 28, 31-34).Herrmann, Rach, Neuling and Struber (2013) reported an alpha of .94. The present study obtained an alpha coefficient of .80 for the overall scale while .78, .77 and .81 were obtained for the emotional distress, intimate relationship and physical/cognitive functioning subscales respectively. Sample of items include; "I have had difficulty sleeping", "I have been depressed".

Procedure

The study was conducted at the General Hospitals in Makurdi, Gboko and Otukpo. The researchers obtained a letter of introduction which was presented to the management of the hospitals in seeking permission to carryout the study. The management of these hospitals sat and reviewed the request and the researchers were thereafter given ethical clearance to carry out the study. Upon their approval, the patients were assured that the information they will provide will be treated confidentially and that the data collection process will not constitute any harm to them. These patients were assessed during the period slated for their periodic examination and antiretroviral therapy. The patients were then randomly sampled using secret balloting and considered for the study. They were issued a copy of the questionnaire and guided on how to fill it correctly. Out of the 400 copies administered, only 375 representing a return rate of 93.8% were correctly filled and considered for statistical analysis.

Data Analysis

Data analysis for this study was carried out via the use of both descriptive and inferential statistics. Descriptive statistics such as the mean, standard deviation, frequency and percentages were used to describe the participants. Multiple Linear regression was used to test hypotheses 1, 2 and 3 while Standard Multiple regression was used to test hypothesis 4.

Results

The four hypotheses raised in this study were tested using Multiple Linear Regression and Standard Multiple Regression Analysis. The results are as shown in the following tables:

Table 1: Multiple Linear Regression showing the influence of HIV Status Disclosure on Emotional Distress among HIV/AIDS patients in Benue State

Predictor Variables	R	R 2	F	df	ß	t	Sig.
Constant	0.742	0.551	151.833	3,371		-3.048	0.002
Intimate Disclosure					-0.074	-2.071	0.039
Avenue for Disclosure					0.765	21.237	0.000
Self-imposed Disclosure					0.095	2.650	0.008

Dependent Variable: Quality of Life (**Source:** Field Data, 2023)

The result shown in Table 1 shows that there was a significant influence of HIV status disclosure on emotional distress among HIV/AIDS patients in Benue State R^2=.551, F(3,371)=151.833, p<.01. The result further showed that all the dimensions of HIV status disclosure significantly predicted emotional distress; intimate disclosure (ß=-.074, t=-2.071, p<.05), avenue for disclosure(ß=.765, t=21.237,p<.001) and self-imposed disclosure (ß=.095, t=2.650, p<.01). The result indicated that HIV status disclosure explained 55.1% of the variance observed in emotional distress. This implies that the patients who disclose their HIV statuses are prone to emotional distress. Therefore, hypothesis one was supported.

Table 2: Multiple Linear regression showing the influence of HIV Status Disclosure on Intimate Relationship among HIV/AIDS patients in Benue State

Predictor Variables	R	R 2	F	df	ß	t	Sig.
Constant	0.437	0.191	29.208	3,371		7.634	0.000
Intimate Disclosure					0.403	8.360	0.000
Avenue for Disclosure					-0.184	-3.806	0.000
Self-imposed Disclosure					-0.132	-2.762	0.000

Dependent Variable: Quality of Life(**Source:** Field Data, 2023)

The result shown in Table 2 shows that there was a significant influence of HIV status disclosure on intimate relationship among HIV/AIDS patients in Benue State R^2=.191, F(3,371)=29.208, p<.001. The result further showed that all the dimensions of HIV status disclosure significantly predicted intimate relationship; intimate disclosure (ß=.403, t=8.360, p<.001), avenue for disclosure (ß=-.184, t=-3.806,p<.001) and self-imposed disclosure (ß=-.132, t=-2.762, p<.001). The result indicated that HIV status disclosure explained 19.1% of the variance observed in intimate relationship. This implies that the intimate relationship of patients is influenced by their HIV status disclosure. Therefore, hypothesis two was supported.

Table 3: Multiple Linear regression showing the influence of HIV Status Disclosure on Physical/Cognitive Functioning among HIV/AIDS patients in Benue State

Predictor Variables	R	R 2	F	df	ß	t	Sig.
Constant	0.066	0.004	0.541	3,371		2.384	0.078
Intimate Disclosure					0.000	0.008	0.993
Avenue for Disclosure					-0.062	-1.150	0.251
Self-imposed Disclosure					-0.038	-0.707	0.480

Dependent Variable: Quality of Life(**Source:** Field Data, 2023)

The result shown in Table 3 shows that there was no significant influence of HIV status disclosure on physical/cognitive functioning among HIV/AIDS patients in Benue State R^2=.004, F(3,371)=.541, p>.05. The result further showed that all the dimensions of HIV status disclosure did not significantly predict physical/cognitive functioning; intimate disclosure(ß=.000, t=.008, p>.05), avenue for disclosure(ß=-.062, t=-1.150,p>.05) and self-imposed disclosure (ß=-.038, t=-.707, p>.05). The result indicated thatHIV status disclosure explained 0.4% of the variance observed in physical/cognitive functioning. This implies that patients' HIV status disclosure does not influence their physical/cognitive functioning. Therefore, hypothesis three was not supported.

Table 4: Multiple regression showing the influence of HIV Status Disclosure on Quality of Life among HIV/AIDS patients in Benue State

Predictor Variables	R	R 2	F	df	ß	t	Sig.
Constant	0.478	0.228	26.603	3,371		7.864	0.000
Intimate Disclosure					0.124	7.450	0.013
Avenue for Disclosure					0.288	11.647	0.010
Self-imposed Disclosure					0.194	11.780	0.009

Dependent Variable: Quality of Life (**Source:** Field Data, 2023)

The result shown in Table 4 shows that there was a significant influence of HIV status disclosure on quality of life among HIV/AIDS patients in Benue State R^2=.228, F(3,371)=26.603, p<.001. The result further showed that all the dimensions of HIV status disclosure significantly predicted quality of life; intimate disclosure (ß=.124, t=7.450, p<.05), avenue for disclosure (ß=.288, t=11.647,p<.05) and self-imposed disclosure (ß=.194, t=11.780, p<.01). The result indicated that HIV status disclosure explained 22.8% of the variance observed in quality of life. Thus, patients who disclose their HIV/AIDS status are more inclined to have a better quality of life. Therefore, hypothesis four was also supported.

DISCUSSION

Hypothesis One was tested to find out if there will be a significant influence of HIV status disclosure on emotional distress among HIV/AIDS patients in Benue State. Findings indicated that there was a significant influence of HIV status disclosure on emotional distress among HIV/AIDS patients. Emotional distress entails the affective crisis that build up when HIV/AIDs patients fail to disclose their HIV/AIDS status. The present finding that status disclosure influences emotional distress could be that, the act of disclosing one's status results to a level of emotional burden that exerts stress on the patient given that patients are normally stigmatized and discriminated. This finding tallies with Gesese, Desta and Behire (2018) who revealed that HIV status disclosure significantly predicted emotional distress, health concern and treatment impact dimensions of quality of life. Similarly, Pasos and Souza (2018) also found that HIV status disclosure was significantly associated with emotional distressing quality of life. Still in support, Bulali, Kibusi and Mpondo (2018) found that HIV status disclosure was associated with ART adherence and increased the odds of having good quality of life devoid of emotional distress.

Hypothesis Two was tested to find out if there will be a significant influence of HIV status disclosure on Intimate Relationship among HIV/AIDS patients in Benue State. Findings indicated that there was a significant influence of HIV status disclosure on intimate relationship among HIV/AIDS patients. A possible explanation for this result is that, people who disclose their HIV status may be more confident in their relationship. This finding thus tallies with **Negera and Mega (2019)** who found thatHIV status disclosure had impact on the quality of intimate relationship of patients. In same manner, Dessalegn, Hailemichael, Shewa-amare, Sawleshwarkar, Lodebo, Amberbir and Hillman (2019) revealed HIV disclosure to be associated with greater condom use, greater social support, knowing the partner's HIV status, having a good relationship with the partner, and cohabiting with the partner. Still in consonance with the present study, Vu, Tran, Hoang, Hall, Phan, Ha, Latkin, Ho and Ho (2020) indicated that intimacy in relationships are more enhanced when patients disclose their HIV status to partners. However, Ubesie, Iloh, Emodi, Ibeziako, Obumneme-Anyim, Iloh, Ayuk, Anikene and Enemuo (2016) found no established relations between HIV status disclosure and quality of relations.

Hypothesis Three was tested to find out if there will be a significant influence of HIV status disclosure on physical/cognitive functioning among HIV/AIDS patients in Benue State. Findings indicated that there was no significant influence of HIV status disclosure on physical/cognitive functioning among HIV/AIDS patients. The relations established in this study on HIV status disclosure and physical/cognitive functioning can be explained that, disclosing one's status eases their burden of keeping secrets, but may not pave way for them to be efficient in physical and cognitive functions. This finding tallies with Padilla, Johnson, Galarza, Greene, McGwin and Jolly (2019) who found no associations between disclosure of HIV status and physiological functioning. Still in support, Shallo and Tassew (2020) found no effect of HIV disclosure on cognitive performance of patients. However, Saidu (2017) who found that participants with better physical and cognitive functioning and better general health had significantly better overall quality of life and where more likely to disclose their HIV status to others around them.

Hypothesis Four was tested to find out if there will be a significant influence of HIV status disclosure on Quality of Life among HIV/AIDS patients in Benue State. Findings indicated that there was a

significant influence of HIV status disclosure on Quality of Life among HIV/AIDS patients. This finding tallies with Akilimali, Musumari, Kashala-Abotnes, Kayembe, Lepira, Mutombo, Tylleskar and Ali (2017) found that patients who did not share their HIV status, patients who did not live in the city of Goma, and those who attained secondary or higher education level had poor quality of life and a higher hazard of being loss to follow-up. Another supportive study by Den-Daas, van den Berk, Kleene, de Munnik, Lijmer and Brinkman (2019) showed that HIV status disclosure and sexuality problems were associated with general health; adding anxiety and depression, sleeping difficulties and perceived side-effects explained 51.2% of the variance in total. Furthermore, Suleiman, Yahaya, Olaniyan, Sule and Sufiyan (2020) found that the determinants of health-related quality of life were spousal HIV- positive status and high family function.

RECOMMENDATIONS OF THE STUDY

Given the findings obtained in the current study, the researchers have made the following recommendations:

1. People living with HIV/AIDS are advised to reveal their status atleast to family, close friends and their sexual partners. This will ease the emotional tension that builds up when they feel their status should be absolutely confidential and in the long run enhance their quality of living.
2. In addition, the quality of intimate relationship is better when the HIV/AIDS statuses of the partners are mutually understood, therefore, patients should endeavour to open up to their intimate partners by revealing their status to them.
3. Efforts on the side of clinical psychologists should be made to counsel HIV/AIDS patients whoare facing physical/cognitive crises due to their nondisclosure of status attitude.
4. Since the results obtained in this study shows that status disclosure affects quality of life among HIV/AIDS patients, clinical psychologists and other health workers should proliferate their efforts in campaigning against HIV related stigma. This will eradicate the hesitation people have in disclosing their HIV status to other persons.

LIMITATIONS OF THE STUDY

Despite the effort of the researchers, the following limitations were inevitable:

1. Cross-sectional studies are weak in establishing causality in research. Therefore, the effect of HIV status disclosure on the quality of life cannot be established in this study. It can only be said of the extent to which it predicts the dependent variable.
2. The use of objective self-reported measures of data collected also made the study vulnerable to the respondents' bias. Since, the study covers very sensitive issues in peoples' lives, some respondents may have faked their responses in order to suit society expectations.

REFERENCES

1. Akilimali, P. Z., Musumari, P. M., Kashala-Abotnes, E., Kayembe, P. K., Lepira, F. B., Mutombo, P. B., Tylleskar, T., & Ali, M. M. (2017). Disclosure of HIV status and its impact on the loss in the follow-up of HIV-infected patients on potent anti-retroviral therapy programs in a (post) conflict setting: A retrospective cohort study from Goma, Democratic Republic of Congo. *PLoS ONE*, *12*(2), 1-13.
2. Bulali, R. E.,Kibusi, S. M. & Mpondo, B. C. T. (2018). Factors Associated with HIV Status Disclosure and its Effect on Treatment Adherence and Quality of Life among Children 6–17 years on Antiretroviral Therapy in Southern Highlands Zone, Tanzania: Unmatched Case Control Study . *International Journal of Pediatric*, 1-11.

3. Den-Daas, C., van den Berk, G. E., Kleene, M. T., de Munnik, E. S., Lijmer, J. G. & Brinkman, (2019). Health? related quality of life among adult HIV positive patients: assessing comprehensive themes and interrelated associations. *Quality of Life Research*, *28*, 2685– 2694.
4. Dessalegn, N. G., Hailemichael, R. G., Shewa-amare, A., Sawleshwarkar, S., Lodebo, B., Amberbir, A. & Hillman, R. J. (2019). HIV Disclosure: HIV-positive status disclosure to sexual partners among individuals receiving HIV care in Addis Ababa, Ethiopia. *PLoS ONE*, *14*(2), 119-123.
5. Gesese, A., Desta, Y. & Behire, E. (2018). Behavioral and psychosocial determinants of Quality of life among Adult PLWHIV on HARRT, in Public Hospitals of Jimma Zone, South West, Ethiopia 2018. *Research Square*, 1-22.
6. Herrmann, C. S., Rach, S., Neuling, T., & Struber, D. (2013). Transcranial alternating current stimulation: a review of the underlying mechanisms and modulation of cognitive *Frontiers in Human Neuroscience*, *7*, 279-288.
7. Krejcie, R. V. & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, *30*, 607-610.
8. Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*(4), 370–396.
9. **Negera, G. Z. & Mega, T. (2019).**Health-Related Quality of Life among Admitted HIV/AIDSPatients in Selected Ethiopian Tertiary Care Settings: A Cross-Sectional Study. *Open Public Health Journal*, *2*(3), 321-333.
10. Olley, B. O. & Ishola, A. (2016). A Brief Scale for HIV Self Disclosure: Development, Validity and Reliability. *Ife PsychologIA*, *24*(2), 290-297.
11. Onifade, O. (2021). Trend of Human Immunodeficiency Virus (HIV) or Acquire Immunodeficiency Syndrome (AIDS) and Care for People Living With HIV and AIDS in Benue State, North Central, Nigeria. *Annals of Clinical and Experimental Medicine*, *1*(2), 127-137.
12. Padilla, L. A., Johnson, T., Galarza, R., Greene, H., McGwin G. & Jolly, P. E. (2019). Human Immunodeficiency Virus (HIV) Disclosure and Sexual Behaviors among Kenyan *Journal of HIV/AIDS*, *5*(2), 1-7.
13. Pasos, S. & Souza, L. (2018). An evaluated the quality of life and its associated factors among people living with HIV/AIDS at a regional reference center for the treatment of HIV/AIDS in southern Brazil. *Quality of Life and HIV/AIDS*, *31*(4), 800-814.
14. Saidu, I. A. (2017). Health-related quality of life of people living with HIV receiving antiretroviral therapy in North-eastern Nigeria: A mixed methods study. *A thesis submitted to the School of Health and Social Care, University of Essex, Colchester in fulfillment of the requirements for the award of Doctor of Philosophy degree in Public Health.*
15. Shallo, A. & Tassew, M. (2020). HIV Positive Status Disclosure and Its Associated Factors Among Children on Antiretroviral Therapy in West Shoa Zone, Western Ethiopia,2019: A Mixed Method Cross-Sectional Study. *Journal of Multidisciplinary Healthcare*, *13*, 507–517.
16. Suleiman, B. A., Yahaya, M., Olaniyan, F. A., Sule, A. G. & Sufiyan, M. B. (2020). Determinants of health-related quality of life among human immunodeficiency virus positive (HIV-positive) patients at Ahmadu Bello University teaching hospital, Zaria, Nigeria- 2015. *BMC Public Health*, *20*, 1-9.
17. Ubesie, A. C., Iloh, K. K., Emodi, I. J., Ibeziako, N. S., Obumneme-Anyim, I. N., Iloh, O. N., Ayuk, A. C., Anikene, C. J. &Enemuo, J. E. (2016). HIV status disclosure rate and reasons for non-disclosure among infected children and adolescents in Enugu, southeast *Journal of Social Aspects of HIV/AIDS*, *13*(1), 136-141.
18. Vu, G. T., Tran, B. X., Hoang, C. L., Hall, B. J., Phan, H. T., Ha, G. H., Latkin, C. A., Ho, C. & Ho, R. (2020). Global Research on Quality of Life of Patients with HIV/AIDS: Is It Socio-Culturally Addressed? *International Journal of Environmental Research and Public Health*, *17*, 1-14.
19. World Health Organization (WHO) Document Summary (2012). HIV Status Disclosure to Sexual Partners: Rates, Barriers and Outcomes for Women, Rates of HIV status disclosure. Available at: http://www.who.int/gender/en