

Clients' experiences of HIV positive status disclosure to sexual partners at St Rita's hospital, Limpopo Province, South Africa

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Abstract

The purpose of the study was to describe the experiences of HIV positive clients as they disclose their HIV positive status to their sexual partners. A qualitative descriptive and phenomenological design was used. Purposive sampling was used to select 15 HIV positive clients to participate in the study. Semi-structured interviews were used to collect data until saturation was reached. Data analysis was done using Techs open coding method. The study revealed problems of disclosure related to rejection or acceptance of HIV positive status, precipitating factors towards HIV infection transmission and consequences of HIV positive status such as fear of losing a partner. The study recommended health education campaigns on disclosure of HIV positive status and awareness campaigns regarding coping with HIV positive status and disclosure.

Keywords: Disclosure, HIV positive, AIDS, experiences, sexual partner.

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Introduction

Disclosure of positive human immune deficiency virus (HIV) status is an important public health goal component of management and care of HIV and acquired immune deficiency syndrome (AIDS). This goal seeks to ensure that people living with HIV and AIDS (PLWHA) negotiate and use condoms consistently with their sexual partners in order to significantly reduce HIV transmission (Medley, Garcia-Moreno, McGill & Maman, 2004; Ateka, 2006). PLWHA are faced with a constant challenge of preventing further spread of HIV infections and being re-infected as they engage in sexual intercourse with their partners.

Due to inconsistent disclosure of HIV positive status, most PLWHA continue to engage in unprotected sexual intercourse with their steady sexual partners than with casual sexual partners (Hong, Goldstein, Rotheram-Borus, Wong & Gore-Felton, 2006). In some people, the perception of the HIV status of a sexual partner is based on observable characteristics such as level of education and the type of work the person does rather than on explicit direct disclosure (Hong et al., 2006). As such health care professionals and people working in health-related institutions are perceived to be HIV negative. Amongst men who have sex with other men, abstaining from anal sex while one continues to visit gay

venues and sex clubs is perceived as indication of HIV positive status (Hong et al., 2006).

Sexual partners of PLWHA are at high risk of being infected with HIV, as such understanding disclosure motivation could limit the spread of HIV infections (Julianne, Serovich & Mosack, 2003, Simbayi, Kalichman, Cloete & Henda, 2007). The World Health Organization (WHO) recognises that disclosure of HIV positive status is a behaviour modification strategy that ensures that PLWHA take responsibility not to transmit the infection to their sexual partners (WHO, 2004). Disclosure of positive HIV status to a sexual partner is fundamental in preventing HIV transmission and in adhering to complex ARV treatment regimen (Norman, Chopra & Kadiyala, 2005).

Disclosure is an entry point to many treatment programmes in resource strained settings. It is difficult for some people to disclose their HIV positive status to their partners especially when the HIV status of their partner is unknown. The way each person experiences and copes with living with HIV is reflected in the way that person takes a decision to disclose or not and to whom he or she discloses. The decision on whether to disclose or not is based on individual perception and local context of HIV and AIDS (Norman et al., 2005). The decision to disclose has a potential to result in safer sex practices but studies have however shown that some PLWHA continue to practice unsafe sexual practices such as unprotected anal and vaginal intercourse, multiple sex partners and the use of intoxicating substances before sexual intercourse. The use of intoxicating substances is associated with unprotected sexual intercourse (Olley, Gxamza, Reuter & Stein, 2005).

According to WHO rates of disclosure to sexual partners both with past or current casual partners range from 42% to 100% in developing countries and 86 % in developed countries. The lowest rate of disclosure of HIV positive status of 16.7% to 32% has been found in Sub-Sahara Africa amongst pregnant women attending antenatal care (WHO, 2004). In South Africa, disclosure of HIV positive status to sexual partners seems to be a problem because the number of new HIV infections is increasing at an alarming rate (Department of Health, 2006). HIV is an epidemic in the country with estimates of infected people ranging from 18.8 % in adults 15 to 49 years of which 55 % are women (Department of Health, 2006). The authors assume therefore that if PLWHA do not disclose their HIV positive status to their sexual partners and fail to use condoms consistently, this will lead to a rapid increase in the incidence of HIV infections.

The purpose of the study was to explore and describe the experiences of PLWHA regarding their disclosure of HIV positive status to their sexual partners at St Rita's hospital in Limpopo Province, South Africa and to develop

guidelines that could assist PLWHA who wish to disclose their HIV positive status to their sexual partners.

Methodology

Qualitative, descriptive and phenomenological design was used to describe the lived experiences of PLWHA as they disclosed their HIV positive status to their sexual partners (de Vos, Fouché & Delpont, 2003). The target population was all PLWHA attending wellness clinic at St Rita's hospital, a regional hospital in Limpopo Province and had a confirmed HIV positive status through Elisa test. Purposive sampling technique was used to select 15 participants who had confirmed their HIV positive status through Elisa test. Sampling was continued until data saturation was reached after interviewing 10 women and 5 men.

Semi-structured interviews were used to collect data from the participants. A tape recorder was used with the permission of the participants. Data were analysed using the Techs open coding method ([Creswell, 2003](#)). The researchers organised and prepared data for analysis by transcribing the interviews. Data were arranged based on different types and sources of information. The transcripts were repeatedly read one by one to obtain a general meaning of the data collected. The mixture of data available was organized in themes ([Creswell, 2003](#)).

Trustworthiness

To ensure trustworthiness, credibility, conformability and dependability were used by using prolonged engagement, a tape-recorder and audit trail.

Ethical considerations

The proposal was submitted to Medunsa Research and Ethics Committee for ethical clearance. Permission to conduct the study was obtained from the Department of Health and Social Welfare, Limpopo Province. Participation in the study was voluntary and participants were informed of their rights to withdraw from the study without any threat of victimization (Burns & Groove, 2003; Polit & Beck, 2012).

Results and Discussion

Three themes emerged during data analysis as presented in Table 1.

Table 1: Themes and sub-themes

Themes	Sub-themes
1. Rejection versus acceptance of sexual partner related to disclosure of HIV positive status	1.1 Disclosure of an HIV positive status: a difficult process versus a good idea to obtain support. 1.2 Lack of disclosure of HIV positive status to sexual partners and relatives 1.3 Testing HIV positive and disclosure of status not a deciding factor to maintain an excellent relationship 1.4 HIV/AIDS signs and symptoms are not associated with the diseases by sexual partners
2. Precipitating factors towards HIV infection transmission	2.1 Extra-marital sexual engagement with a positive partner 2.2 Lack of honesty about disclosing an HIV positive status 2.3 Male partners refusing to utilise condom despite knowledge of HIV positive status
3. Consequences of an HIV positive results	3.1 Male partners get more agitated after an HIV positive test result than their female partners 3.2 Different HIV test results for partners lead to strenuous or termination of the intimate relationship 3.3 Lack of disclosure of an HIV positive status lead to feelings of discomfort around one’s partner 3.4 Disclosure of HIV positive results lead to positive and healthy lifestyle by the infected people

Theme 1: Rejection versus acceptance of sexual partner related to disclosure of HIV positive status

Participants indicated that their sexual partners were shocked when they learned that they were HIV positive while some although shocked accepted their HIV positive status as currently in the community just like other disease such as flu. Some of them also reported that they were rejected by their sexual partners after disclosing their HIV positive status. Some participants reported acceptance by sexual partners in a form of material, and psychological support as they were sick and subsequently tested HIV positive.

Sub-theme 1.1: Disclosure of an HIV positive status: a difficult process versus a good idea to obtain support.

Female participants who were above 35 years old, experienced problems of disclosing their HIV positive status to their sexual partners. All males reported to have disclosed immediately to the sexual partner. Women who were younger than 35 years of age were able to disclose more readily to sexual partners. One participant said:

*“It was difficult for me to disclose because he previously refused to present himself for treatment of sexually transmitted infections. I kept on motivating him for HIV test without disclosing. He was refusing. I left to stay with my brother, we both took the test and he tested negative and I tested positive. I told him about my initial HIV positive test then. After the test he blamed me for having not informed him about my intentions to test and not disclosing immediately. He however continued to refuse the use of condoms. We had sex without condoms”*The responses implied that disclosure of HIV status could be a difficult process and not a good idea to obtain support from sexual partner and may result in further spread of HIV.

According to WHO (2004) rates of disclosure to sexual partners both in past or current casual partners range from 42 to 100 per cent (%) in developing countries and 86 % in developed countries. Lowest rates of disclosure of HIV positive status has been found in Sub-Sahara in antenatal women as 16.7% to 32%. King et al. (2008) suggest that the ability of the individual to effectively prevent HIV transmission and adopt protective behaviour is when sexual partners know each other's HIV status as this will enable them to make informed sexual behaviour choice, appropriate care, treatment and preventive measures to curb the infection. Nebie et al. (2001) found that some women continued to be pregnant after knowledge of HIV status as giving birth may turn to be of better value as a social responsibility to women than their health.

Sub-theme 1.2: Lack of disclosure of HIV positive to sexual partners

Only six out of ten women who participated in this study were able to disclose HIV positive status to their sexual partners. Some of these women were not aware of the HIV status of the sexual partner or were told by sexual partners that they were HIV negative as they did not test together. One female participant said: *“I started to be ill in 2006. I've been taking treatment for the past 8 years. My sexual partner is the father of my youngest child. We have been staying together for more than 8 year. I did try to discuss HIV issues with my partner. He went to town and told me that his doctor says he is negative. I did not reveal mine I however think that the wife is also positive. I found an empty container of alluvia. I know the types of treatment because I am also on treatment. I asked my partner what is this? and he replied and said”* I've noticed that the wife is hiding some treatments. Another participant said *“I started to be ill. I left Gauteng for home. I came to the clinic and requested an HIV test. I tested HIV positive, I have not disclosed to him.* Disclosure to sexual partner is difficult when the status of the other partner is unknown or is negative. Keeping the HIV positive status to oneself has also been described as a very difficult process (Norman et al., 2005; Ateka, 2006).

Sub-theme 1.3: Testing HIV positive and disclosure of HIV positive test not a deciding factor for excellent relationship

Some participants were separated from their sexual partners after disclosure of their HIV positive status. One participant's sexual partner continued to refuse the use of condoms during sexual intercourse even if he was aware that she was HIV positive. The sexual relationship between the two subsequently deteriorated. One participant shared this view: *"He refused to use condoms, sexual relations deteriorated. He has stopped visiting me. He took the medical aid card that he provided and removed my name. He is staying with another woman.* Another participant said: *"We used the condoms and my wife insisted. I was not happy because as I was sitting alone I would re-think about it. What is the meaning of this marriage? We are young and we don't have children. We later separated due to other reasons."* The above responses implied that disclosure of HIV positive status to sexual partner is not a deciding factor for excellent relationship.

Mlambo and Peltzter (2012) indicate that the way in which individuals respond to disclosure of HIV positive status to sexual partners is complex. Contextual environment of the individual to some extent also determines whether to disclose or not disclose and whether to accept disclosure or not. Disclosure of HIV positive status to sexual partner is determined by various factors that include personal factors, the nature of the relationship and challenges related to the relationship amongst others (Mucheto, Chadambuka, Shambira, Tshimanga, Notion & Nyamayaro, 2011). WHO (2004) recommends that, HIV positive clients should be encouraged to disclose their HIV positive status to their sexual partners. Disclosure of HIV positive status to sexual partner could reduce the number of new infections of HIV and AIDS in member countries (WHO, 2004).

Subtheme 1.4: HIV and AIDS signs and symptoms are not associated with the diseases by sexual partner

The female participants were motivated by ill health to be tested for HIV and AIDS and only one male participant was motivated by the ill health of the sexual partner. Some of the participants' sexual partners were aware or suspected the presence of opportunistic infections in their sexual partners but continued to have unprotected sex. One participant indicated that: *"I started to be ill in 2006. I've been taking treatment for the past eight years. I found an empty container of Aluvia in my partners' bedroom where he stays with the wife"*

Hong et al. (2006) found that HIV positive individuals continued to perceive the HIV status of their sexual partners based on their physical appearance. HIV positive individuals also continued to have unprotected sex with sexual partners who somehow did not show observable physical characteristics of HIV and AIDS (Marks, Crepaz, Senterfitt & Janssen 2005) found that some HIV positive clients had a challenge in maintaining behavioral change of using a condom consistently.

Theme 2: Precipitating factors towards HIV infection transmission

The precipitating factors towards HIV infection transmission were found to be extra-marital engagements by participants who are HIV positive, lack of honesty about disclosing HIV positive status and male partners refusing to use condoms despite knowledge of HIV positive status. WHO (2011) indicates that the importance of disclosure to sexual partner should be discussed in both pre- and post-counseling for HIV testing in training manuals for health workers in South Africa. Mutual disclosure of HIV positive status will increase access of sexual partners to testing and comprehensive HIV and AIDS care. Benefits to sexual partners who have disclosed to each other would encourage sexual partners to take informed decisions about HIV prevention and family planning. Disclosure of HIV positive status could make sexual partners to adopt safer sexual behaviours that include consistent use of both male and female condoms (WHO, 2011).

Sub-theme 2.1: Extra marital sexual engagements by clients who are HIV positive

Some of the participants continued to have unprotected sex with sexual partners outside of marriage. Other participants indicated using condoms and on ARV but continued to have sexual relations with a partner whose sero-status is unknown. The following are expressions of some participants: *“I disclosed immediately to my wife. She tested HIV negative. Our last child was born in 2007 and she died in 2009 due to quercocaine overdose. I have a total of 18 children including three in my marriage. I don't know the HIV status of my sexual partner neither of my children. I have not disclosed to my sexualpartners”*. Another participant said: *“I tested HIV positive in 2009 and I did not believe it. I did not disclose to my husband as my husband discuss our marital issues with the mother-in-law who is not supportive. I have other sexual partners but they don't know my HIV positive status. Myother sexual partners help me to support my family as my husband was not working. Yet another participant said: “They helped, me build the house and buy furnisher, my husband has just started working and he isnot providing well financially for the family. I also have the responsibility to take my children to school”*.

Multiple sexual partners was found to be one of the sex behaviours that challenge the increase of acquisition of HIV and AIDS amongst sexual partners (Department of Health South Africa & South African National AIDS Council, 2012; Clarke, Gibson, Barrow, James, Abel, & Barton, 2010). [Marks et al. \(2005\)](#) also reported that study participants did not indicate any sexually transmitted infection six months after diagnosis but reported sexually transmitted infection after 5 years on ARVs.

[Marks et al. \(2005\)](#) indicated that some men and women who tested HIV positive on wellness programme tend to have other sexually transmitted infections,

indicating that they might be having unprotected sex. Large proportions of women were found to be infected by sexual partners who had extra marital sexual relationship (Julliane et al., 2003; [Loubiere et al., 2009](#)). Some men in this study were found to somehow view extra marital relation to be related to expression of economic power as men are better economically in this type of relationship. Some women were driven to engage in sex with married men for economic empowerment and ability to live a better stylish type of life ([Dunkle et al., 2008](#)).

The National Department of Health (2010) indicates that the use of alcohol and drugs could be one of the factors that contribute to HIV transmission when taken by HIV positive sexual partners. Mlambo and Peltzer (2012) stated that the use of alcohol and drugs are predisposing factors in transmission of HIV among age 21 – 35 years.

Subtheme 2.2: Lack of honesty about disclosing an HIV positive status

Participants reported the intent to disclose their status but fear of rejection and possible dissolution of the relationship prevented them from doing so. Some participants shared their expressions and said: *“I only told her after the birth of our child”*. These findings imply that partners are dishonest in disclosing their status to each other resulting in the spread of HIV. Mucheto et al. (2009) found that participants who fear dissolution of relationships if they disclose HIV positive status are unlikely to disclose their HIV status to their partners.

Sub-theme 2.3: Male partners refuse to use condoms despite knowledge of HIV positive status

Some female participants reported that they have disclosed their HIV positive status to sexual partners but sexual partners refuse the use of condoms. The use of female condoms was not indicated by these female participants as part of their responsibility to reduce the transmission of HIV and AIDS. Female participants also continued to engage in unprotected sex despite knowing their HIV positive status and some had children after being counselled by health workers. One participant explained that: *“After 3 months of taking ARVs’ I started to regain my weight with big buttocks. I went back to Pretoria. My partner is refusing to use condoms. We have a baby who is negative, my viral load is undetectable and he is negative”. The partner went for testing alone and he says is negative”. We both went for the test after testing HIV positive and insisted that we should go for HIV test. I did not disclose then. He subsequently agreed for us to go for HIV test together. I tested positive and he tested negative. We did not use condoms during sexual intercourse He refused to use condoms. The sexual relationship deteriorated. We then separated”. Yet another participant had this to say: “Sister we did not believe the test, we thought it was unreliable and just said it gave*

wrong readings. We continued with unprotected sex until the man started to feel unwell, He was tested and the results for both are positive”.

These findings imply that sexual partners continue to practice unprotected sex despite their HIV positive status, and this could result in increased viral load of the sexual partners. WHO (2004) indicated that disclosure of HIV positive status was common in steady relationships and amongst sexual partners who are both HIV positive. According to King et al. (2008) it is important to disclose to sexual partners as this facilitates initiation of safer sex. Initiation of condom use without disclosure could lead to mistrust, quarrels and misunderstandings in the relationship (King et al., 2008).

Theme 3: Consequences of HIV positive results

Participants in this study expressed feeling of being agitated and that the lack of disclosure to the sexual partner leads to a feeling of discomfort around their partners.

Sub theme 3.1: Male partners get more agitated after an HIV positive test result than their female partners

All five male participants were married and were able to disclose to their sexual partners after they tested HIV positive. One male tested HIV positive and the wife was negative.

One male participant said: *“I would sometime give her the pill out of mercy feeling pity for her but afraid to tell her”*. The issue of procreation in males was of more importance more than prevention. HIV positive sexual partners do not use condoms and they also continued to have children. This finding implies that HIV positive people disregard their status and this could result in progression of the HIV status.

Sub-theme 3.2: Different HIV test results for partners lead to strenuous and possible termination of relationships

Some of the reasons for delay in disclosure included infidelity, gender violence, poor communication and poor social support. The following are some of the negative responses that HIV positive sexual partners experienced after disclosure of HIV positive status: *“After the test he blamed me for having not informed him about my intentions to test and not disclosing immediately. He continued to refuse the use of condoms and we had sex without condoms”*

The United Nations General Assembly (UNAIDS, 2011) has identified stigma and discrimination, gender inequality and marginalization of women and children as some of the factors that hamper universal access , prevention,

treatment and support in member states programs that seek to control the transmission of HIV and AIDS.

King et al. (2008) stated that disclosure of HIV positive status contributes to risk reduction for transmission of HIV/AIDS and improves access to comprehensive HIV/AIDS care for HIV positive clients. Improved partner communication amongst sexual partners where both or one partner is infected increases health seeking behaviors among sexual partners. Direct and assisted disclosure if carefully planned reduces transmission of HIV/AIDS and improves access to comprehensive HIV/AIDS care for couples (King et al., 2008).

Sub-theme 3.3: Lack of disclosure of an HIV positive status lead to feelings of discomfort around one's partner

Lack of disclosure in some clients made them feel pity and uncomfortable with the non-disclosure. Some of the participants want to disclose but are afraid to do so due to environmental barriers and some are unable to do so as they were afraid. *"I wanted to disclose to my husband. It was difficult and I was afraid. I was not sure of what I feared. It hurts me each day as we were sitting together chatting or doing things together that I have this secret that I cannot tell. I knew that HIV is transmitted through unprotected sex and we continued to do that with him not knowing. Another participant said: "I wanted to tell her, I was afraid that she would leave me as I loved her. I felt pity for her that I sometimes gave her the pill thinking that it would prevent transmission of the disease to her."*

The findings of this study agree with those of Paiva, Segurado and Filipe (2011) and [Wong et al. \(2009\)](#) who indicate that HIV positive people are eager to release their guilty feelings of not disclosing their HIV positive status to their sexual partners. The desire was to initiate responsibility and to stop transmitting the HIV to sexual partners.

Sub-theme 3.4: Disclosure of HIV positive results lead to positive and healthy lifestyle by the infected person

Some of the participants tested their status because of discovery of the wife using ARVs for two years. The HIV positive results were disclosed immediately to the sexual partner. The couple reports that they currently consistently use condoms and support each other to improve adherence to ARVs. The participant continues to be an ambassador of HIV at work and with friends. He is able to share his HIV positive status with friends as he encourages those who look ill to include HIV test as they seek to find out their individual health challenges.

One participant said: *"I am married and I don't stay with my wife as I have not completed some of the rituals. We regularly visit each other and have 4 children she has been taking treatment for 2 years but hiding it from me. I noticed her movements. I then confronted her. I went for a test and tested positive. I accepted*

the test and I immediately disclosed to my wife. Our relationship is healthy and we use condoms". Another participant said: "It seems as though this HIV comes from her side but I have accepted as we have 4 children and the disease is like flu. What helped me to accept is that I am treatment supporter to several of my friends."

UNAIDS (2011) advised member states to include PLWHA to be part of the governing structures that discuss, plan, implement, monitor and evaluate HIV initiative in their countries.

Recommendations

The wellness clinic should strengthen HIV disclosure awareness programme; also couple counseling should be encouraged; and awareness programme on HIV counseling and testing should be encouraged.

Conclusion

HIV positive patients who have disclosed their positive status experienced fear of rejection and possible termination of relationship with sexual partners. Participant's fear of disclosure led to feeling of discomfort in the presence of the sexual partner.

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