Disclosure of HIV Status among HIV Clinic Attendees in Jamaica

TR Clarke[1,2], R Gibson[3], G Barrow[2], S James[3], WDAbel[3], EN Barton[1,2]

ABSTRACT

Objective: *This study aimed to examine factors related to disclosure of HIV serostatus among clinic attendees in an outpatient HIV clinic at the University Hospital of the West Indies (UHWI).*

Methods: *This was a cross-sectional survey of 107 attendees to a HIV clinic at the University Hospital of the West Indies. Participants were selected on a convenience basis. The instrument was developed for this study and covered socio-demographic data and self-report of disclosure and other variables related to HIV experience such as perceptions of family support. Data were analysed using non-parametric tests.*

Results: *Findings demonstrate a 49% disclosure rate among males and 60% among females. The results further indicate that age, sexual orientation, mode of transmission, and perception of family support were significantly associated with disclosure. Age and perception of family support were found to be significantly associated with consistent condom use. Age and perception of family support were the factors demonstrating the most significant correlations with age being significantly associated with disclosure to partner. Perception of family support was significantly associated with disclosure to family.*

Conclusion: *Findings from this study demonstrate a low disclosure rate among HIV clinic attendees. Given that disclosure of HIV serostatus is critical in the control of the spread of HIV, this report highlights the need for the development of prevention interventions focussed on de-stigmatization for both infected and non-infected persons.*

Key words: HIV, Serostatus disclosure

Revelación del Estado de VIH Entre los Pacientes que Asisten a la Clínica de VIH en Jamaica

TR Clarke[1,2], R Gibson[3], G Barrow[2], S James[3], WDAbel[3], EN Barton[1,2]

RESUMEN

Objetivo: *Este estudio tiene por objeto examinar factores relacionados con el dar a conocer el seroestado de VIH entre los pacientes externos que asisten a la clínica de VIH en el Hospital Universitario de West Indies (UHWI).*

Métodos: *Se realizó un estudio transversal de 107 asistentes a una clínica de VIH en el Hospital Universitario de West Indies. Se seleccionaron los participantes de acuerdo con las conveniencias. El instrumento fue desarrollado para este estudio y abarcó los datos sociodemográficos así como autoreportes de la revelación del estado y otras variables relacionados con la experiencia del VIH, tales como las percepciones de apoyo familiar. Los datos fueron analizados usando pruebas no paramétricas.*

Resultados: *Los resultados muestran una tasa de revelación de 49% entre los varones y 60% entre las hembras. Los resultados también indican que la edad, la orientación sexual, el modo de transmisión, y la percepción de apoyo familiar, estuvieron significativamente asociados con la revelación de esta condición. La edad y la percepción del apoyo familiar estuvieron significativamente asociadas con el uso consistente del condón. La edad y la percepción del apoyo familiar fueron los factores que demostraron las correlaciones más significativas, hallándose la edad significativamente asociada con*

From: [1]Department of Medicine, [2]The Centre for HIV/AIDS Research, Education and Services, University Hospital of the West Indies, Kingston 7, Jamaica and [3]Department of Community Health and Psychiatry, The University of the West Indies, Kingston 7, Jamaica.

Correspondence: Dr WD Abel, Department of Community Health and Psychiatry, The University of the West Indies, Kingston 7, Jamaica. Email: wendelabel@hotmail.com.

la revelación de la condición a las parejas. La percepción del apoyo familiar estuvo significativamente asociada con la revelación de la condición a la familia.
Conclusión: *Los resultados de este estudio demuestran una baja tasa de revelación entre los asistentes a la clínica de VIH. Puesto que dar a conocer el seroestado de VIH es un aspecto crítico en el control de la diseminación del VIH, este informe resalta la necesidad de desarrollar intervenciones de prevención encaminadas a la desestigmatización tanto para los infectados como para los no infectados.*

Palabras claves: VIH, revelación del seroestado

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The Caribbean has the second highest infection rate of Human Immunodeficiency Virus (HIV) in the world after Sub-Saharan Africa with an estimated adult prevalence ranging from 1 – 2% (1, 2). Inevitably, reducing this high rate of infection through prevention techniques is a critical issue in the region.

Jamaica has the second largest land area in the Caribbean with a population of approximately 2.6 million people (2001) [3]. It is estimated that approximately 1.6% of the adult population is HIV-infected and the prevalence of the infection among more vulnerable groups is higher than that of the general population (3).

The literature suggests that self-disclosure of HIV serostatus plays an important role in controlling the spread of the infection. As such, patterns of self-disclosure among HIV-infected persons is an area for examination, especially identifying factors associated with this variable in the HIV population, which can be used to reduce the barriers to disclosure.

Several economic, cultural and social factors perpetuate the spread of the disease. Notably among these are the failure to disclose HIV status to partners and engaging in sexual transmission risk behaviours (4, 5). Furthermore, epidemiological studies identify other contributing factors to the epidemic: multiple partnerships, early sexual debut, high levels of transactional sex and inadequate condom use (3). Findings from past studies corroborate that persons living with HIV (PLWHIV) continue to engage in sexual risk behaviours such as sexual intercourse without consistent condom use (6, 7).

Research indicates that almost two-thirds of HIV-infected persons remain unaware of their status (8). In addition, mounting evidence suggests a strong correlation between failure to disclose HIV serostatus and the engagement in sexual transmission risk behaviour (9 – 11). In developing countries, disclosure rates among women range from 16.7% to 86% (12). Among men who sleep with men (MSM), disclosure rates have been found to range between 77.94% and 87.31% (13). A myriad of socio-demographic and cultural factors have been reported to influence disclosure; these include gender, age and cultural identity (14). O' Brien and colleagues revealed that 31% of those 18 to 22 years old *versus* 75% of those above 35 years old, reported their serostatus (15). As it relates to psychological factors which affect the decision to disclose, it has been documented that in cultures that are predisposed to the marginalization of homosexuality, disclosure of one's sexuality and ultimately one's serostatus becomes less likely (16). Moreover, in these societies, there is intense fear of stigma and discrimination associated with both serostatus and sexual orientation.

Disclosure of HIV status to partners and other members of one's social network are of major public health significance. Researchers have emphasized the critical importance of disclosure to the transmission and prevention of the infection, its impact on sexual partners in test-seeking behaviour and possible subsequent behaviour change (17).

In addition, disclosure may facilitate the mobilization of instrumental and emotional social support and facilitate the implementation of risk reduction strategies with partners (18).

Research on the pattern of disclosure indicates that individuals are most likely to disclose their serostatus to friends rather than to family members (19). Findings from a study conducted in African states suggest that although disclosure to family is a more daunting task than disclosure to friends, perception of family support is an important factor in disclosure (20). Several psychological barriers to disclosure have been identified in the literature; these include fear of abandonment, rejection, discrimination and fear of violence (18).

The aim of this research was to determine the prevalence of disclosure of HIV serostatus to family and sexual partners among clinic attendees at the University Hospital of the West Indies. The researchers also set out to examine factors related to disclosure such as age, educational level, employment status, gender, sexual orientation, mode of transmission and perception of family support. The relationship between disclosure and consistent condom use was also examined.

SUBJECTS AND METHOD

This was a cross-sectional study which was conducted over a three-month period in a specialized outpatient clinic for the treatment of HIV/AIDs at the University Hospital of the West Indies in Kingston, Jamaica.

All eligible patients who were attending the clinic for at least six months prior to the study were invited to participate. Patients were considered to be eligible if they were

eighteen years and older, if they were HIV-positive and medically stable and capable of completing the interview. Persons needing emergency medical attention were excluded from the study. The identity of all subjects was protected. Informed consent was obtained from all participants and the study was approved by the institutional ethics review committee.

An instrument was developed for the purposes of this study. It included items on socio-demographic variables such as gender, age, employment status and education level. In addition, there were items on disclosure to partner or family and frequency of condom usage. Consistent condom usage was operationalized as using a condom ≥ 90% of the time.

After obtaining informed consent, the enrolled patients were administered a questionnaire by a Registered Nurse or a Resident Physician who was trained in the administration of the questionnaire.

Data were expressed as frequencies or means with standard deviations as appropriate and were analysed using the Statistical Package for the Social Sciences (SPSS) version 10.0 for Windows software programme. Fisher's exact test was used to determine significant relationships between variables. *Phi* was used to assess the strength of the associations between the variables.

RESULTS

At the time of this study, there were 646 patients enrolled in the HIV outpatient clinic of Centre for HIV/AIDS Research, Education and Services (CHARES) at the University Hospital of the West Indies. One hundred and seven patients attending the clinic during the three-month period over which the study was conducted met the inclusion criteria and consented to participate in this study. Demographics of these patients are displayed in Table 1.

A total of 107 attendees completed the study, 43 (40%) respondents were male and 64 (60%) were female, which is comparable to the 43% male and 57% female proportion in the total clinic population. As was the case with the clinic population, most participants fell within the 25 to 34-year age range, 41.1% (n = 44). Those older than 55 years represented the minority, 6.4 % (n = 7). There were 48.6% (n = 52) of the participants who had completed either secondary or tertiary education, with 5.6% of that total completing tertiary education. The majority of the participants had either completed up to the primary level of education or did not know at what level they stopped attending school, 51.4% (n = 55). Those unemployed represented the majority, 57% (n = 61). Overall, the sample was comparable to the clinic population. The demographic characteristics of the participants as well as other factors are displayed in Table 1.

Disclosure of serostatus to family members was significantly correlated to the participants' perception of family support and mode of transmission. There was a strong association between perception of family support and disclosure to family (Fisher's exact test; $p = 0.000$; *Phi* = 0.850) with a disclosure rate of 82.4% among those who perceived their families as supportive. The association between mode of transmission and disclosure to family was also found to be significant (Fisher's exact test; $p = 0.016$; *Phi* = 0.509) with those acquiring the virus through sexual activity showing a 62% disclosure rate to family. Disclosure of serostatus to family members was not significantly associated with gender, age, education level, employment or sexual orientation.

Age and consistent condom use were found to be associated with disclosure of serostatus to current sexual partner. Participants in the 25 – 34-year age group were more likely to disclose their status to their partners as demonstrated by a 71% disclosure rate among that age group (Fisher's exact test; $p = 0.00$; *Phi* = 0.502). Those reporting consistent condom use had a 57% rate of disclosure to their partners (Fisher's exact test; $p = 0.002$; *Phi* = 0.408). These relationships are presented in Table 2.

DISCUSSION

In this study, disclosure rates of HIV serostatus to family and partners among a cohort of clinic attendees were determined and factors associated with disclosure were examined.

The study found that 55% of participants disclosed to family and 51% to current sexual partner. Doyle reported comparable results (21). Worldwide, rates of disclosure vary from 42% – 100% (22, 23). Cultural attitudes, previously cited by Elford *et al* (24) may be an important factor influencing this relatively low rate of disclosure; conceivably, societies like Jamaica, which display high levels of homophobia and cultures that emphasize gender typicality and traditional values, are less likely to tolerate a HIV-positive member (16).

Our findings indicate that persons in the age category 25–34 years were more likely to disclose; those between 18–25 years and older than 34 years were less likely to disclose their status. These findings are consistent with those previously reported by Kebede (25) and contrasts with those reported by O'Brien who showed that persons above age 35 years were more likely to disclose their serostatus (15). The pattern noted in the present study may be attributed to fear of discrimination and HIV awareness as persons in the 25–34 year age group are likely to have matured in a generation when the stigma attached to HIV was decreasing. As a result, they would have developed fewer anxieties concerning stigmatization compared to those over 35 years who would have matured when HIV and AIDS were discovered and infected persons were perceived in a highly negative light by most members of society. A greater level of dependence on family which renders those under 25 years more susceptible to fears of isolation coupled with low emotional maturity are plausible explanations for the lower rates of disclosure.

Few studies have examined the relationship between mode of transmission and disclosure; interestingly, in the present study persons contracting the illness through sexual

Table 1: Characteristics of the participants in relation to self-disclosure of HIV status

N = 107	Disclosure to Partner n, (%)				Disclosure to Family n, (%)			
Gender	Yes	No	NR	Total	Yes	No	NR	Total
Male	20 (47)	16 (37)	7 (16)	43 (100)	21 (49)	22 (51)	0 (0)	43 (100)
Female	35 (55)	17 (27)	12 (19)	64 (100)	38 (59)	25 (39)	1 (1)	64 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)
Age Group								
18 – 24	5 (38)	7 (54)	1 (8)	13 (100)	9 (69)	4 (31)	0 (0)	13 (100)
25 – 34	31 (71)	12 (27)	1 (2)	44 (100)	23 (52)	21 (48)	0 (0)	44 (100)
35 – 44	12 (40)	10 (33)	8 (27)	30 (100)	16 (53)	13 (43)	0 (0)	30 (100)
45 – 54	5 (45)	1 (9)	5 (46)	11 (100)	6 (55)	5 (45)	0 (0)	11 (100)
55 & over	2 (29)	2 (28)	3 (43)	7 (100)	4 (57)	3 (43)	0 (0)	7 (100)
Unstated	0 (0)	1 (50)	1 (50)	2 (100)	1 (50)	1 (50)	0 (0)	2 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)
Employment Status								
Employed	20 (46)	16 (36)	8 (18)	44 (100)	20 (46)	23 (52)	1 (2)	44 (100)
Unemployed	34 (56)	16 (26)	11 (18)	61 (100)	38 (62)	23 (38)	0 (0)	61 (100)
No Response	1 (50)	1 (50)	0 (0)	2 (100)	1 (50)	1 (50)	0 (0)	2 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)
Educational Level								
Primary	24 (44)	20 (36)	11 (20)	55 (100)	27 (49)	27 (49)	1 (2)	55 (100)
Secondary/ Tertiary	31 (60)	13 (25)	8 (15)	52 (100)	32 (62)	20 (38)	0 (0)	52 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)
Sexual Orientation								
Heterosexual	48 (55)	25 (28)	15 (17)	88 (100)	51 (58)	37 (42)	0 (0)	88 (100)
Homosexual	2 (29)	4 (57)	1 (14)	7 (100)	3 (43)	4 (57)	0 (0)	7 (100)
Bi-Sexual	4 (67)	2 (33)	0 (0)	6 (100)	2 (33)	4 (67)	0 (0)	6 (100)
Undisclosed	1 (17)	2 (33)	3 (50)	6 (100)	3 (50)	2 (33)	1 (17)	6 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)
Mode of transmission								
Sexual Activity	41 (52)	24 (31)	13 (17)	78 (100)	48 (62)	30 (38)	0 (0)	78 (100)
Blood transfusion	0 (0)	2 (100)	0 (0)	2 (100)	0 (0)	2 (100)	0 (0)	2 (100)
IVDU	13 (62)	5 (24)	3 (14)	21 (100)	8 (38)	13 (62)	0 (0)	21 (100)
Don't know	0 (0)	0 (0)	1 (100)	1 (100)	1 (100)	0 (0)	0 (0)	1 (100)
Accidental Inject.	1 (20)	2 (40)	2 (40)	5 (100)	2 (40)	2 (40)	1 (20)	5 (100)
Total	55 (51)	33 (31)	19 (18)	107	59 (55)	47 (44)	1 (1)	107 (100)
Consistent Condom Use								
Always (> 90%)	37 (57)	21 (32)	7 (11)	65 (100)	36 (55)	29 (45)	0 (0)	65 (100)
Not Always	16 (59)	7 (26)	4 (15)	27 (100)	16 (59)	11 (41)	0 (0)	27 (100)
No Response	2 (13)	5 (13)	8 (54)	15 (100)	7 (47)	7 (47)	1 (6)	15 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)
Perception of Family Support								
Supportive	33 (58)	13 (23)	11 (19)	57 (100)	53 (93)	4 (7)	0 (0)	57 (100)
Not Supportive	7 (44)	5 (31)	4 (25)	16 (100)	6 (38)	10 (62)	0 (0)	16 (100)
No Response	15 (44)	15 (44)	4 (12)	34 (100)	0 (0)	33 (97)	1 (3)	34 (100)
Total	55 (51)	33 (31)	19 (18)	107 (100)	59 (55)	47 (44)	1 (1)	107 (100)

NP/R – denotes no partner or no response; NR – denotes no response; Second. – denotes Secondary; Accidental Inject. – denotes accidental injection at doctor's office.

contact and persons describing their family as supportive were more likely to disclose to their family. Furthermore, this study indicated that these are findings that are consistent with those reported in the literature (19, 20, 26, 27). Finally, persons who had disclosed their serostatus to their partner were more likely to report using condoms and these results concur with those of other several studies (19, 28 – 30).

Several limitations of this study are noted. The small sample size makes it difficult to generalize the findings. Secondly, clinic attendees may not be representative of the wider society. Despite these limitations, these findings

Table 2: Summary of chi-square analyses of associations between study variables

	Disclosure to Family	Disclosure to Partner
Gender	NS	NS
Age Group	NS	$p = 0.003$
Employment	NS	NS
Education	NS	NS
Sexual orientation	NS	NS
Mode of transmission	$p = 0.001$	NS
Perception of Family Support	$p = 0.000$	NS
Consistent condom Use	NS	$p = 0$ .001

which remain preliminary provide useful information and highlight the need for future research to establish replicability of the results in a larger population.

Disclosure of HIV serostatus is critical in the control of the spread of HIV and research to better understand the factors influencing disclosure will enhance the development of prevention interventions and ultimately lead to better control of the spread of the disease.

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