

# HIV Stigma and Serostatus Disclosure to Sexual Partners:

## A Comparative Assessment in Accra and Assessewa

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# STIGMA

“a mark of  
**shame**  
or discredit”

(Merriam-Webster, 2000)

# HIV/AIDS-RELATED STIGMA

“AIDS-related stigma **discourages** individuals who are aware of their HIV-positive status from sharing information about their status with their sexual partners and families, and **makes it difficult to prevent the spread of the infection or to plan a secure future** for surviving children and family members.”

(Ehiri et al, 2005)

# HIV/AIDS-RELATED STIGMA

“Stigma associated with HIV/AIDS continues to profoundly affect prevention efforts, leading people to **deny risk... avoid testing...delay treatment... and suffer needlessly.**”

(CDC, April 2007)

# Clinical Aim of My Project

- Evaluate the stigma surrounding HIV/AIDS and its effect on serostatus disclosure or non-disclosure, specifically to sexual partners.

# Background--World View

- Myths and misconceptions about HIV/AIDS remain common around the world.
- 1/3 of some populations believe that the virus can be transmitted through casual contact.
- **Denial** remains one of the greatest obstacles to AIDS prevention.
- Denial + Misconceptions → Fear ⇒ **stigma**

(WHO 1991, 2003)

# Background--Sub-Saharan Africa

- No correlation between being on ARV therapy and disclosure of HIV status.
- No correlation between disclosure of HIV status with different levels of counseling and access to support groups.

(Skogmar et al., 2006)

# Background--Sub-Saharan Africa

- Patients with non-disclosure of HIV status to sex partners were considerably more likely to be married, have multiple partners, HIV-negative partners, partners of unknown HIV status, and unprotected intercourse with non-concordant sex partners.
- Non-disclosure was also associated with having lost a job or a place to stay because of being HIV positive and feeling less able to disclose to partners for fear of adverse reactions.



# Background--Ghana

Although **HIV/AIDS** has spread more slowly in **Ghana** than in other African countries, the **disease is firmly established within the general population and shows no signs of stabilizing.**

(WHO, 2006)

# Background--Ghana

Kassena-Nankana district of rural northern Ghana:

- ❖ A quarter (24%) of respondents believed that it was possible to acquire HIV through sharing a drinking cup with a PLWHA (person living with HIV/AIDS).
- ❖ Half (52.1%) considered that a teacher with HIV/AIDS should not be allowed to teach,
- ❖ 77.2% would not buy vegetables from a PLWHA.
- ❖ Respondents who believed that sharing a drinking cup with a PLWHA could transmit HIV infection and respondents without formal education were more likely to stigmatize PLWHAs.

(Baiden et al, 2007)

# MY PROJECT--The Questions

- ❖ How does stigma influence HIV serostatus disclosure to sexual partners?
  - ❖ Does the **type** of stigma differ in Accra and Assessewa?
  - ❖ Does the **strength** of stigma differ in Accra and Assessewa?

# Hypothesis

- Null Hypothesis: The fear of negative consequences causes a reduced disclosure rate to sexual partners.
  - Stigma will be more severe for HIV patients living Assessewa versus Accra, and therefore have a stronger negative influence on serostatus disclosure.

# Goals/Objectives

- Interview 100 patients (50 in Accra, 50 in Assessewa) who have HIV/AIDS.
- Solicit the reasons for disclosure or non-disclosure to each patient's sexual partner.
- Identify the major sources of social support for each patient.
- Evaluate the perceived change in social support since diagnosis.
- Suggest an intervention based on the elucidated types of stigma and support system.

# Project Design

- 12-item questionnaire
- Excluded questions about sexual orientation, method of acquiring HIV, and extramarital relationships
- Interviews administered in the Fevers Clinic Outpatient rooms

# Questionnaire

- Demographics (age, gender, education, occupation, relationship status)
- How long have you known about your HIV status?
- Since being diagnosed with HIV, do you have more, less, or same social support?
- Identify your major sources of social support (sexual partner, family, friends, church, doctors/nurses, other)

# Questionnaire

- Do you currently have a sexual partner?
- Have you told your sexual partner that you have HIV?
  - **If yes, what motivated you to tell your partner?**
  - **If no, why have you not told your partner?**



# Results

- Questionnaires administered over one week in Fevers Clinic
- 62 questionnaires administered, 48 completed
- Only the 48 completed questionnaires included in study results

# Results

- 33 men (68.8%) and 15 women (31.2%)
- Average age of 38.5 (average age of women 29, average age of men 48)
- Most respondents had at least a secondary education (79%).
- Occupations: 23 unemployed (47.9%), 18 traders (37.5%), 6 taxi drivers (12.5%), and 1 accountant (2%)
- No persons reported cohabitation for the relationship status item.
- 24 married (50%), 11 with GF/BF (22.9%), 13 not in any type of relationship (27%)
- 62.5% reported knowing diagnosis 5 years or less

# Results

- 35 respondents in relationship each reported current sexual partner
- 94.3% respondents reported serostatus disclosure to sexual partner
- 5.7% respondents (2 patients) reported non-disclosure

# Patients who disclosed serostatus

- 66.7% married, 33.3% with GF/BF
- Reported **health workers advice** as the motivating factor for disclosure

# Patients with non-disclosure

- 2 patients
- Married women employed as traders
- Diagnosed with HIV within the last year
- Reasons for non-disclosure: **“fear of what would happen to me”** and **“may not get help from partner”**

# Results

- All respondents reported having the **same** level of social support since diagnosis.
- The major **sources of support** identified were **sexual partner** and **doctors/nurses**.

# Project Shortcomings

- **Region where patient resides**
- Complete health history (hospitalizations, physical symptoms)
- **Serostatus of partner**
- **Number of partners**
- Gender of partner
- Condom use
- Substance abuse
- Exchange of sex for money
- **Time to disclosure**
- **Disclosure to persons other than sex partner**
- Effect of **non-anonymous** surveying method

# Discussion/Conclusions

Important to address items excluded from study:

- **Serostatus of partner**
- **Number of partners**
- **Time to disclosure**



# Discussion/Conclusions

- Accuracy and anonymity
- Disclosure to persons other than sexual partners
- Anticipated versus actual number of patients who did not disclose serostatus

# Recommendations

1. **Continue this study** in a future NMF/GE internship.
2. Future investigations provide more confidentiality and uniformity in translation and information gathering.
3. Every patient who reports non-disclosure should be immediately recommended for further counseling in order to encourage disclosure.

# Citations

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**Questions?**



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