

**Factors Associated with HIV Status Disclosure among Adult
Patients at Kilifi District Hospital's HIV Clinic, 2008.**

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**A thesis submitted in partial fulfillment for the Degree of Master of
Science in Applied Epidemiology in the Jomo Kenyatta University of
Agriculture and Technology**

2009

ABSTRACT

HIV/AIDS remains a highly stigmatized disease and a great public health challenge in Sub-Saharan Africa where majority of the infections (both new and pre-existing) and deaths occur. As the HIV pandemic continues to spread, there is an urgent need to identify innovative strategies to prevent new infections and improve the quality of life for those who are infected; HIV status disclosure is one such intervention. Disclosure is likely to improve uptake of HIV testing, increase enrollment into HIV care, treatment and support services and probably reduce stigma associated with the disease.

An analytic cross-sectional study was conducted at Kilifi district Hospital's HIV clinic. Adult people living with HIV (PLHIV) on follow-up were interviewed to determine the prevalence of disclosure to; sexual partners, family members and other persons. Factors associated with disclosure to anyone and, to sexual partners were identified and comparisons of the proportions and differences done using chi-square or Fishers exact and student t-test or Kruskal Wallis for categorical and continuous variables respectively. The differences were considered statistically significant at 95% confidence intervals. Data entry and analysis was done using Epi-info version 3.3.2 and Stata version 9.

In total, 422 PLHIV were interviewed comprising of 116(27.5%) males. For all the interviewees, the median age was 36 years (IQR 30-44), 127(30%) had no formal education, 250(59%) were either married or cohabiting and majority 252(60%) were from the rural part of the district.

In all, 401(95%) had disclosed their status to at least one person, with 276(65%) having disclosed to their sexual partners. Of the 266 (63%) clients who reported to be sexually active in the past year, 218(81%) had disclosed to their sexual partners.

Within the family, disclosure to mothers and siblings (41% and 44%) was much higher than to fathers (15%), disclosure to extended family members was also high (30%). Generally, HIV status disclosure was significantly associated with being married or cohabiting (p-value=0.043), longer duration on follow up (p-value<0.001), longer duration of living with HIV diagnosis (p-value<0.001), being sexually active (p-value=0.015), being on ART (p-value<0.001) and having children (p-value=0.038) at bivariate analysis. At multivariate analysis; longer duration on follow up (p-value =0.032) and being on ART (p-value=0.005) remained independently associated with disclosure at 95% confidence interval.

Disclosure to sexual partners among the sexually active (n=266) was associated with being married or cohabiting (p-value<0.001), having children (p-value=0.006), longer duration of living with a diagnosis of HIV (p-value=0.0305) and duration of follow-up in the clinic (p-value=0.017), at bivariate analysis. At multivariate analysis; longer duration on follow-up (p-value=0.024) and being married or cohabiting (p-value<0.001) remained independently associated with disclosure of HIV status.

Despite relatively high levels of disclosure, non-disclosure to sexual partners among the sexually active still existed. There is need therefore to promote HIV status disclosure among PLHIV with an aim to improve HIV status disclosure

and safe sex practices. This may reduce new HIV infections, improve HIV testing uptake, adherence to antiretroviral therapy as well as reduce stigma associated with HIV/AIDS.