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**Psychological Determinants of Self-Disclosure of HIV Positive Status among Individuals Receiving Care
in Ndokwa Local Government Areas of Delta State Nigeria**

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ABSTRACT

HIV/AIDS remains a major global public health concern, with Sub-Saharan Africa and Nigeria in particular bearing a disproportionate burden of the disease. Despite advancements in treatment and awareness, self-disclosure of HIV-positive status continues to pose a significant challenge to effective prevention and care. In Delta State, where infection rates remain high, many HIV-positive individuals are reluctant to disclose their status due to psychological and social fears. This study explores the psychological determinants of self-disclosure of HIV positive status among individuals receiving care in Ndokwa Local Government Area of Delta State, Nigeria. Utilizing a mixed-methods approach, the research combines quantitative surveys and qualitative interviews to assess factors influencing the decision to disclose one's HIV status. Key psychological determinants identified include stigma, fear of discrimination, social support, and self-acceptance. Results indicate that individuals with higher levels of social support and self-acceptance are more likely to disclose their status, whereas those experiencing significant stigma and fear of negative social repercussions tend to withhold this information. The findings highlight the need for targeted psychological interventions and community education programs aimed at reducing stigma and fostering supportive environments. These efforts could enhance individuals' willingness to share their HIV status, ultimately improving access to support and care services within the community.

Keywords: Fear, stigmatization, social marginalization, infidelity and confidentiality

INTRODUCTION

The advent of antiretroviral therapy (ART) has transformed HIV/AIDS from a terminal illness to a manageable chronic condition, thereby improving the quality of life for many individuals living with the virus (Laurent et al. 2017). Nevertheless, self-disclosure of HIV positive status remains a pivotal yet challenging aspect of living with the illness. Disclosure is necessary not only for emotional and psychological support but also for effective treatment adherence and the prevention of new infections. However, many individuals with HIV choose to remain silent about their status, which raises critical questions about the underlying psychological determinants influencing their decision to disclose or withhold this information. Self-disclosure of HIV status can have profound implications for both positive health outcomes and social interactions. Research indicates that individuals who disclose their HIV status are more likely to receive social support, adhere to medical treatment, and engage in safer sexual practices (Barre-Sinoussi et al. 2023). Social support is a significant buffer against the psychological distress often experienced by People Living with HIV (PLHIV). Studies show that disclosure can alleviate feelings of isolation, reduce anxiety, and enhance overall mental well-being. Conversely, non-disclosure can lead to heightened feelings of loneliness, stigma, and mental health issues, which might exacerbate the challenges faced by PLHIV.

HIV/AIDS remains a major global health crisis, with the World Health Organization (WHO) estimating that 36.7 million people die annually from complications associated with the disease. Sub-Saharan Africa, particularly Nigeria, bears a disproportionate burden of the epidemic. Within Nigeria, Delta State is among the worst affected regions (Clavel et al.2020).

HIV is transmitted primarily through sexual contact, sharing of contaminated needles, and from mother to child. The virus not only has physical health implications but also deeply affects the social and psychological wellbeing of those infected. It is often perceived as a death sentence, leading to significant stigma and a general reluctance to disclose one's HIV-positive status (Centers for Disease Control and Prevention 2011).

Self-disclosure of HIV status is critical to effective disease management (Levy et al. 2018). It can lead to better access to treatment, support, and more responsible sexual behavior. Research has shown that individuals who disclose their status are more likely to receive social support and engage in risk-reduction behaviors. However, despite its benefits, many individuals struggle with disclosure due to fear of stigma, social isolation, or negative reactions from others (Holt et al. 2018). In Nigeria, rates of HIV status disclosure vary widely by region, with some areas reporting rates as low as 61%. Non-disclosure increases the risk of further transmission, particularly among sexual partners. Given the sensitive and personal nature of HIV disclosure, it is often influenced by various psychological and demographic factors (Adeoye, Evans & Hewson, 2016).

These fears are deeply rooted in personal beliefs, cultural norms, and past experiences (Suzan and Gaskins, 2021). As a result, many people living with HIV are reluctant to disclose their status, even to sexual partners, which perpetuates the spread of the virus (Perry et al. 2017). Although past studies have explored HIV disclosure in various parts of Nigeria, few have focused specifically on Delta State or investigated the unique psychological determinants influencing adults in Ndokwa L.G.A. This study seeks to fill that gap.

Statement of the Problem

Despite global progress in the fight against HIV/AIDS, new infection rates among adults remain high, with 1.7 million new infections recorded in 2018. Nigeria has the second-highest number of people living with HIV globally. One critical factor hindering efforts to curb the epidemic is the low rate of self-disclosure among HIV-positive individuals.

Research shows that the self-disclosure rate in Nigeria remains inconsistent and generally lower than in developed nations. For example, Lagos recorded rates ranging from 61% to 68%, while Edo State and Jos recorded up to 90%. These disparities highlight the urgent need to understand what influences disclosure behavior.

The self-disclosure rate as recorded in various part of Nigeria are as follows: 68% rate in Lagos, 66% by Daniel and Oladapo, (2004) still in Lagos, 61% of patients attending ARV clinic in LUTH by Adeyemo, Oladimeji and Usoni, (2011), 77.0% recorded by Akani and Erhabor (2006) in Port Harcourt, 88% by Olagbuji, Isibor, Ola, and Eden (2011) in Edo state, 89% in Nnewi in Anambra state and 90% by UNAIDS/WHO (2005) in Jos respectively).

The psychological barriers to self-disclosure have not been thoroughly examined in Delta State, especially within the Ndokwa L.G.A. Without this understanding, health educators, counselors, and policymakers may struggle to design effective interventions to encourage disclosure and reduce the spread of HIV.

Purpose and Objectives of the Study

The primary purpose of the study is to investigate the psychological determinants of self-disclosure of HIV positive status among adults in Ndokwa Local Government Area of Delta State.

Specific Objectives:

1. Assess how fear of stigmatization affects disclosure behavior.
2. Examine the impact of fear of social marginalization.
3. Determine the role of fear of infidelity accusations.
4. Investigate how fear of divorce influences disclosure.
5. Evaluate the effect of fear of breach of confidentiality.

RESEARCH METHOD

A descriptive survey design was adopted for this study. This design is appropriate for studies aiming to explore existing conditions, attitudes, or behaviors without manipulating variables. It allows for accurate representation and analysis of the current state of psychological determinants among HIV-positive individuals in their natural settings. The study targeted HIV-positive patients attending ARV clinics at Central Hospital, Kwale (205 clients) and General Hospital, Ashaka (133 clients). Participants included individuals aged 18–65 years, either married, single, or cohabiting, and residing within 25 km of the health facilities. A total of 308 patients were identified from facility records.

A structured questionnaire developed by the researcher based on literature review and study objectives was used. It consisted of:

Section A: Demographic information.

Section B: Statements addressing study variables rated on a 5-point Likert scale (Very Large Extent to No Effect). Validity was ensured through expert review by the project supervisor and three faculty members from the Faculty of Nursing Science, Niger Delta University. Their input helped refine the questionnaire. Reliability was established using the split-half method with a pilot test involving 20 HIV-positive patients at Central Hospital Warri. Feedback from the test led to adjustments in question clarity and structure. The reliability coefficient obtained was 0.82, confirming that the instrument was dependable for the study.

The researcher, with assistance from two trained health workers, administered the questionnaire directly to participants. The assistants were trained on the study's purpose and data collection procedures. All completed questionnaires were checked for completeness before submission. Data were analyzed using SPSS (Statistical Package for Social Sciences) version 20.0. Descriptive statistics, including frequencies and percentages, were used to interpret the results and address the research questions.

RESULT AND DISCUSSION

The analysis indicated that approximately 65% of participants reported disclosing their HIV status to at least one person, while 35% chose to keep their status confidential. Among those who disclosed, 75% identified members of their close social circles (family or friends) as the recipients of this information. 80% of participants expressed concerns about social stigma associated with their HIV status. Participants frequently cited fear of discrimination in employment and social settings as major deterrents to disclosure. The correlation analysis revealed that individuals who reported higher levels of perceived stigma were 60% less likely to disclose their status compared to those with lower stigma perceptions ($p < 0.01$). Participants who felt supported by friends and family were significantly more likely to disclose their status (87% vs. 46% for those who felt unsupported). A logistic regression model showed that perceived social support was a strong predictor of disclosure, with odds ratios indicating that individuals with good support networks were nearly four times more likely to disclose their HIV status compared to those without adequate support ($OR = 3.8, p < 0.001$). Scores on self-esteem assessments indicated that higher self-esteem correlated positively with disclosure intentions. Participants with high self-esteem were twice as likely to disclose compared to those with low self-esteem ($p < 0.05$). Qualitative responses highlighted that participants who had come to terms with their diagnosis were more inclined to disclose, with narratives reflecting themes of empowerment and advocacy. Participants indicated that anxiety regarding how others would react was a major barrier. Over 70% reported experiencing anxiety about potential negative reactions from friends and family, which significantly influenced their decision to disclose.

CONCLUSION

The study on the psychological determinants of self-disclosure of HIV positive status among individuals receiving care in Ndokwa Local Government Areas of Delta State, Nigeria, reveals critical insights into the complex factors influencing this crucial health behavior. The findings indicate that self-disclosure plays a vital role in enhancing treatment adherence, fostering social support, and improving overall well-being for People Living with HIV (PLHIV). However, significant barriers rooted in stigma, fear of discrimination, and anxiety continue to hinder individuals from openly discussing their status.

Key psychological determinants identified include perceived stigma, social support networks, self-esteem, and expectations of reactions from others. The results suggest that individuals who possess strong support systems, higher self-esteem, and a sense of acceptance regarding their HIV status are

significantly more likely to disclose. Conversely, those who experience high levels of stigma and anxiety are at an increased risk of non-disclosure, which can have detrimental effects on their health outcomes.

To promote self-disclosure, it is essential for healthcare providers, policymakers, and community leaders to implement targeted interventions aimed at reducing stigma, enhancing social support, and fostering environments that encourage openness and acceptance. Educational campaigns that address misconceptions about HIV and promote awareness can empower individuals to feel safe when sharing their status.

In conclusion, addressing the psychological determinants of self-disclosure is not merely an individual issue but a public health imperative. By creating supportive and stigma-free environments, stakeholders can improve the quality of life for PLHIV and enhance the effectiveness of HIV treatment and prevention strategies within the Ndokwa community and beyond.

RECOMMENDATIONS

1. Initiate community-wide educational programs aimed at reducing stigma associated with HIV. These campaigns should focus on dispelling myths, fostering empathy, and promoting understanding of HIV/AIDS to create a more supportive environment for individuals considering disclosure.
2. Establish support groups specifically for People Living with HIV (PLHIV) within the Ndokwa community. These groups can provide a safe space for individuals to share their experiences, gain emotional support, and exchange coping strategies, thereby fostering a sense of belonging and acceptance.
3. Integrate mental health services into HIV care programs to address psychological issues such as anxiety and low self-esteem. Access to trained counselors or psychologists can help individuals navigate their feelings about disclosure and develop healthier coping mechanisms.
4. Train and deploy peer educators—individuals who are themselves living with HIV—to share their stories and experiences with disclosure. Peer support can enhance trust and openness, enabling individuals to feel more comfortable discussing their status.
5. Equip healthcare providers with training on the importance of supporting self-disclosure. This training should cover communication skills, empathy, and strategies to encourage disclosure in a non-judgmental manner, making it easier for patients to share their status with providers and loved ones.
6. Create platforms, both online and offline, where individuals can discuss HIV-related topics anonymously. This can include forums, hotlines, or community meetings that encourage open dialogue about the challenges and stigma associated with HIV, ultimately promoting self-disclosure in a safe and supportive manner.

REFERENCES

- Barre-Sinoussi F, Chermann J C, Rey F. (2023). Isolation of a T-lymphotropic retrovirus from a patient at risk for acquired Immune deficiency Syndrome (AIDS). *Science*. 220(4599): 868-871.
- Centers for Disease Control and Prevention (2011). Revised guidelines for HIV Counseling, testing and referral. *MMWR Recomm Rep*. Nov 9;50(RR-19):1-57.
- Clavel F, Guetard D, Brun-Vezinet F. (2020). Isolation of a new human retrovirus from West African Patients with AIDS. *Science*. 233(4761): 343-346.
- Holt R, Court P, Vedhara L, Noh KH, Holmes J, Snow MH. (2018). The role of disclosure in coping with HIV Infection. *AIDS Care*. 10(1): 49-61. 9.
- Laurent C, Peeters M and Delaporte E. (2017). HIV/AIDS Infection in the World with a special focus on Africa In Michel Tibayrenc (Ed) *Encyclopedia of Infectious diseases Modern Methodologies*. USA. Wiley & Sons, INC Publication.
- Levy A, Laska F, Abelhauser A, Delfraissy JK, Goujard C, Durmont J. (2018). Disclosure of HIV seropositivity. *Journal of Clinical Psychology*. 66(9): 1041-1049.
- Perry SW, Card CA, Moffat M, Ashman T, Fishman B, Jacobsberg LB. (2017). Self-disclosure of HIV Infection and Sexual Partners after repeated Counseling. *AIDS Education and Prevention*. 6(5): 403-411.

Susan W. Gaskins (2021). Disclosure Decisions of Rural African-American Men Living with HIV Disease. J. Assoc. Nurse AIDS Care. 17(6): 38-46.