



Psychosocial Correlates of HIV Status Disclosure and Adherence to Antiretroviral Therapy among Persons Living With HIV in Ibadan Metropolis, Oyo State, Nigeria

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Abstract

HIV status disclosure and adherence to ART remain issues of concern to health related professional, most especially counselling psychologists in the field of STI/HIV/AIDS as many of the Persons living with HIV hardly adhere to ART and some of them are experiencing psychological related issues which are impeding their HIV positive status disclosure. This informed the direction of this study to examine psychosocial factors as correlates of HIV status disclosure and adherence to ART among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria. The study adopted descriptive survey research design of correlational type and structured questionnaires were used to gather information. Multistage sampling procedure was adopted which involved the use of simple random sampling technique to select three (3) APIN/PEPFAR Clinics Ibadan metropolis and purposive sampling technique was used to select (150) Persons living with HIV from each of the selected clinics. The data collected were analysed using frequency count, Pearson Product moment correlation and Multiple

Regression Statistical Tool, and tested at 0.05 level of significance. The result revealed that self-concept ($\beta=0.423$; $t = 4.324$; $p<0.05$), stigmatization ($\beta=-0.389$; $t = -3.762$; $p<0.05$), depression ($\beta=0.531$; $t = 4.341$; $p<0.05$) and social support ($\beta=0.618$; $t = 5.277$; $p<0.05$) made significant independent contribution to HIV status disclosure among Persons living with HIV. The result also indicated that psychosocial factors (self-concept, depression, stigmatization and social support) had significant joint contribution to HIV status disclosure among Persons living with HIV ($F_{(4,140)}= 9.012$; $p<0.05$). It was recommended that counselling psychologists and health related professionals should take cognisance of self-concept, depression, stigmatization and social support in the development of any intervention to improve adherence to ART and help people living with HIV through disclosure.

Keywords: *Psychosocial, Disclosure, Adherence, HIV, Correlates and Antiretroviral Therapy*

Introduction

Disclosure of positive HIV status is typically difficult and fraught with concern and fear regarding the outcomes of the disclosure, which has some bearing on the motivation to disclose among PLHIV. While certain psychological and social assets can buffer or ameliorate the worry, disclosure remains a salient issue for PLHIV, and in adhering to ART which is other to improve their quality and longevity of life. Human's physical health, mental health, emotional life and social life which comprises relationships, attitudes, cultural values and the influences of

family, school, peers and community all affect psychosocial well being. PLHIV are also influenced by their capacity for independence and self-management, understanding and knowing how to limit and cope with psychosocial factors that are impeding on disclosing of their HIV status and adhering to ART. Such factors may include any or combinations of stigma, isolation, discrimination, anger, self-esteem, vulnerabilities linked to orphan hood, poverty, illness and abuse, coping with death and bereavement, educational challenges or cognitive impairment, and

disclosure to others for emotional and practical support Abdulkareem, (2019). In another vain he added that, HIV status disclosure and adherence to ART are very significant in treating, controlling and promoting healthy and happy living among PLHIV to the extent that they can go about living their life in a very fulfilling, purposeful, joyous, prosperous and prolonging manner. With the adherence to ART, the negative effects of HIV can be suppressed to a possible near zero level and prevent it from crossing the threshold level of been HIV infection to AIDS-related complex or full-blown AIDS through volitional disclosure of HIV status by the PLHIV which will offer them opportunity to access supports and lessen the burden of adhering to the ART. However, it is very saddening that the rate of HIV status disclosure and adherence to ART among PLHIV in Nigeria remain very low.

According to Balogun (2017) being HIV positive attracts stigma, discrimination and violence because of fear of the unknown source of HIV, the generally poor knowledge of HIV transmission and the association of HIV to death. A striking difference between HIV and other chronic diseases is that HIV is highly infectious and predominantly transmitted through sexual contact (Chemaitelly, Awad & Abu-Raddad, 2014). However, HIV is yet to be a socially accepted as a normal chronic illness, making HIV patients vulnerable, stigmatized and disinclined to disclose their HIV positive status.

Some of the barriers to disclosure of HIV status include fear of accusations of infidelity, abandonment, discrimination and violence. Despite these fears and barriers, disclosure of HIV status to sexual partner has been emphasized by WHO and the centre for disease control and prevention (CDC). Disclosure of HIV status to partners is associated with less anxiety and increased social support among many women (Mathews, Kuhn, Fransman, Hussey & Dikweni, 1999). Disclosure of HIV status to partners also enables couples to make informed reproductive health choices that may ultimately lower the number of unintended pregnancies and prevention of mother-to-child transmission among HIV positive women.

The Human Immune Virus (HIV) has created a vast challenge throughout the world and across all human race. A report by UNAIDS (2012) shows that, at end of the year 2012, approximately, 34 million people around the world are living with HIV/AIDS. The epidemic continues to be more severe in Africa than another country in the world. Presently an estimated 33.4 million people are living with HIV worldwide, nearly two-thirds of these

live in sub-Saharan Africa. Antiretroviral therapy (ART) has shown to delay progression to AIDS, resulting in a greater and more sustained virology and immunologic response and improve survival (HIV/AIDS Prevention and Control Office, 2012).

Stigma associated with HIV/AIDS infection is underpinned by many factors, including lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS, prejudice and fears relating to many socially sensitive issues including sexuality, disease and death, and drug use. Stigma can lead to discrimination and other violations of human rights which affect the well-being of PLHIV in fundamental ways. In countries all over the world, there are well-documented cases of PLHIV being denied the right to healthcare, work, education, and freedom of movement, among others. Global consensus on the importance of tackling AIDS-related stigma and discrimination is highlighted by the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in 2001. The Declaration states that confronting stigma and discrimination is a prerequisite for effective prevention and care, and reaffirms that discrimination on the grounds of one's HIV status is a violation of human rights.

Statement of the Problem

Despite the concerted efforts of Nigeria Government and concern stakeholders, both locally and international, the rate of HIV status disclosure and adherence to ART among PLHIV still remain very low in Nigeria. The Nigerian Government and the concerned stakeholders such as World Health Organization, National Action Committee on AIDS, United State AID, United Nation Educational, Scientific and Cultural Organization, State Action Committee on AIDS, Local Action Committee on AIDS etc. have put in place many measures to increase rate of volitional disclosure of HIV status and adherence to ART among PLHIV. **Based on the arguments presented here, women are mostly affected by HIV-infection and being in a long-term discordant relationship increases the chances of such infection. Globally, these remain challenges that are militating against the success of interventions and programmes aimed toward improving HIV positive status disclosure and adherence to antiretroviral therapy among PLHIV.**

HIV status disclosure remains an important step as far as HIV prevention and subsequent treatment and, care among discordant couples are concerned, also for the prevention of transmission, family or partner support, and treatment adherence. However, there seems to be paucity in the literature on the reasons why there is a lack of disclosure to at least a treatment or sexual partner. Better understanding of the circumstances and events leading to disclosure to a treatment or sexual partner is required to better prepare such individuals for the possible consequences of disclosure. It is still very disappointing that those measures have achieved low or no success at all. This justifies the need to conduct productive research in identifying, understanding and proffering sustaining solutions to psychosocial factors that are militating against those concerted efforts geared toward increasing the rate of HIV status disclosure and adherence to ART among PLHIV in Nigeria.

Objectives

The main purpose of this study was to investigate psychosocial factors as correlates of HIV status disclosure and adherence to ART among PLHIV in Ibadan metropolis, Oyo State, Nigeria. The following specific objectives were addressed in this study:

1. To examine the pattern of significant relationship between psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis.
2. To examine the joint contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis.
3. To examine the relative contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis.
4. To examine the pattern of significant relationship between psychosocial factors (self-concept, depression, stigmatization and social support) to adherence to ART (Adherence to antiretroviral therapy) among Persons living with HIV in Ibadan metropolis.

Research Questions

The following research questions were answered in this study:

1. What is the pattern of significant relationship that exists between psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis?
2. What is the joint contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis?
3. What is the relative contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis?

Methodology

This study adopted descriptive survey research design of correlational type. The rationale for the adoption of this research design is that the variables of the study had occurred prior to the commencement of the study and it involved no manipulation of any variables of the study. The population for this study consisted of all Persons living with HIV who are assessing antiretroviral treatment from PEPFAR/APIN clinics in Ibadan metropolis, Oyo State, Nigeria, in which the total of male and female are 313,128.

The study adopted multi-stage sampling procedure. The first stage involved the use of simple random sampling technique to select three (3) PEPFAR/APIN clinics in Ibadan metropolis, where Persons living with HIV are accessing antiretroviral treatments. The three (3) selected PEPFAR/APIN clinics are; Adeoyo Maternity Teaching Hospital, Yemetu; Moniya Health Care Centre, Moniya and Oluyoro Catholic Hospital, OluyoroOke-Offa.

The second stage involved the use of purposive sampling technique to select 50 persons living with HIV each from the three (3) selected PEPFAR/APIN clinics in Ibadan Metropolis. The sample size for the study is 150 persons living with HIV.

Results

Research question one:

What is the significant relationship between psychosocial factors (self-concept, depression, stigmatization and social support) and HIV status disclosure among

Persons living with HIV in Ibadan metropolis? This was analysed using Pearson Product Moment Correlation statistical tool and the result is presented in the Table 1

Correlation Matrix showing the Relationship between Psychosocial Factors (Self-concept, Depression, Stigmatization and Social Support) and HIV Status Disclosure.

Variables	Mean	SD	1	2	3	4	5
Self-concept	47.99	10.77	1.000				
		3					
Depression	18.61	3.058	-.041	1.000			
Stigmatisatio n	12.46	2.010	-	.971*	1.000		
			.073	*			
Social- support	12.32	2.411	.019	.917*	.795*	1.000	
				*	*		
Disclosure	17.04	2.635	-	.481*	.403*	.546*	1.00
			.455	*	*	*	0
			*				

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 1 reveals the inter-correlational matrix between the between psychosocial factors (self-concept, depression, stigmatization and social support) and HIV status disclosure among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria. The result reveals that depression ($r=.481$, $p<0.05$), stigmatization ($r = .403$, $p<0.05$) and social support ($r = .546$, $p<0.05$) positively and significantly correlated with HIV status disclosure while Self-concept($r = -.455$, $p<0.05$) was negatively and significantly correlated with HIV status disclosure among Persons living with HIV in Ibadan metropolis.

Research question two: What is the joint contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis? This was analysed using multiple regression statistical tool and the result is presented in Table 2

Table 2: Summary of Regression for the Joint contribution of Psychosocial Factors (Self-Concept, Depression, Stigmatization and Social Support) to HIV Status Disclosure.

R= .549
R (adjusted) = .301
R² (adjusted) = .286
Standard error of estimate = .335

Model	Sum of Squares	Df	Mean Square	F	Sig.	Remark
Regression	6.808	4	2.269	20.272	.000 ^b	Sig
Residual	15.785	140	.112			
Total	22.593	144				

Table 2 shows the joint contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria. The result shows that psychosocial factors (self-concept, depression, stigmatization and social support) yielded a coefficient of multiple correlations (R) of 0.301 and multiple correlations square of 0.286. This shows that about 30.1% (Adj.R²=0.301) of the total variance of HIV status disclosure among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria was accounted for by the linear combination of psychosocial factors (self-concept, depression, stigmatization and social support) while the remaining 69.9% could be assigned to other estranged factors not considered in this study.

The result in the Table 2 also indicated that psychosocial factors (self-concept, depression, stigmatization and social support) had significant joint contribution to HIV status disclosure among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria ($F_{(4,140)} = 9.012$; $p < 0.05$).

Research question three: What is the relative contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis? This was analysed using multiple regression statistical tool and the result is presented in Table 3:

Table 3: Relative effect of Psychosocial Factors (Self-concept, Depression, Stigmatization and Social Support) on HIV status disclosure.

	Unstandardized		Standardized	T	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	.204	.223		.915	.362
Self-concept	.201	.073	.423	4.324	.006
Stigmatisation	-.018	.023	-.389	-3.762	.047
Social support	.101	.019	.618	5.277	.000
Depression	.119	.080	.531	4.341	.005

Table 3 revealed the relative contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to HIV status disclosure among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria. The table also shows that self-concept ($\beta=0.423$; $t = 4.324$; $p<0.05$), stigmatization ($\beta=-0.389$; $t = -3.762$; $p<0.05$), depression ($\beta=0.531$; $t = 4.341$; $p<0.05$) and social support ($\beta=0.618$; $t = 5.277$; $p<0.05$) made significant independent contribution to HIV status disclosure among Persons living with HIV in Ibadan metropolis. This implies that self-concept, depression, stigmatization and social support are potent predictors of HIV status disclosure among Persons living with HIV in Ibadan metropolis, Oyo State, Nigeria.

Discussions

The present study examined the influence of psychosocial factors (self-concept, depression, stigmatization and social support) on HIV status disclosure and adherence to ART among Persons living with HIV in Ibadan metropolis, Oyo state, Nigeria. The pattern of relationship that exist between the variables of the study was examined and the result revealed that depression, stigmatization and social support positively and significantly correlated with HIV status disclosure while Self-concept negatively and significantly correlated with HIV status disclosure among Persons living with HIV in Ibadan metropolis. This finding corroborates finding of Ojikutu, Pathak, Srithanaviboonchai, Limbada, Friedman Li (2016) that found in their study that there was significant

relationship between stigma and HIV status disclosure among PLHIV. They further reported that the higher the level of perceived stigma, the lesser the rate of HIV status disclosure among PLHIV. Also, Poindexter and Simpkins (2016) in their study found that there was significant relationship between stigma and HIV status disclosure among Persons living with HIV. Okello, Wagner, Ghosh-Dastidar, Garnett, Akena, (2015) also found that there was significant relationship between stigma and HIV status disclosure in their study which is consistent with the finding of the present study. Also, Brittain, Mellins, Remien, Phillips, Zerbe et al. (2019) found in their study that there was significant relationship between depression and HIV status disclosure among persons living with HIV.

The joint contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to adherence to antiretroviral therapy (ART) among Persons living with HIV in Ibadan metropolis was examined and the result indicated that psychosocial factors (self-concept, depression, stigmatization and social support) contributed about 12.3% to adherence to ART. Also, it was discovered that psychosocial factors (self-concept, depression, stigmatization and social support) had significant joint contribution to adherence to ART among Persons living with HIV in Ibadan metropolis. However, previous studies have not delineated the direction of significant joint contribution of psychosocial factors (self-concept, depression, stigmatization and social support) to adherence to ART (Adherence to antiretroviral therapy) among Persons living with HIV in Ibadan metropolis.

Conclusion

The conclusion of this study is based on findings that have been established through this study. The following conclusions were made:

The findings of the study revealed that depression, stigmatization and social support positively and significantly correlated with HIV status disclosure while self-concept was negatively and significantly correlated with HIV status disclosure among People living with HIV. Also, the result depicted that self-concept and depression had no significant correlation with adherence to ART while stigmatization negatively and significantly correlated with adherence to ART among People living with HIV and social support positively and significantly correlated with adherence to ART among People living with HIV in Ibadan metropolis, Oyo state, Nigeria.

Furthermore, the findings of this study revealed that psychosocial factors (self-concept, depression, stigmatization and social support) contributed about 30.1% to HIV status disclosure among People living with HIV in Ibadan metropolis while these factors also contributed about 12.3% to adherence to ART among People living with HIV in Ibadan metropolis, Oyo State, Nigeria. In addition, the findings revealed that psychosocial factors (self-concept, depression, stigmatization and social support) had significant joint contribution to HIV status disclosure and adherence to ART among People living with HIV in Ibadan metropolis, Oyo State, Nigeria.

Recommendations

The present research has examined psychosocial factors (self-concept, depression, stigmatization and social support) predicting HIV status disclosure and adherence to ART among People living with HIV in Ibadan metropolis, Oyo State, Nigeria. Based on the findings of the study, the following recommendations were made:

Counselling psychologists, social workers and health related professionals have roles to play in helping and/or support people living with HIV/AIDS through disclosure period because the finding of this study revealed that social support had independent contribution to HIV status disclosure.

The finding of the study has underscores the importance of self-concept on disclosure among people living with HIV/AIDS and it is recommended that people living with HIV/AIDS should endeavour seek help from counselling psychologist to improve their self-concept. This will help then to disclose their status and lighten their psychological burden because the finding of this study revealed that self-concept had independent contribution to disclosure.

More also, it is imperative for counselling psychologists, clinical psychologists and health related professionals to take cognisance of the impact of these factors in the development of therapeutic intervention or any intervention channel towards helping People living with HIV to disclose their status and improving adherence to treatment.

REFERENCE

Abdulkareem, M. O. (2019) Psychosocial Correlates of HIV Status Disclosure and Adherence to Antiretroviral therapy among persons living with HIV in Ibadan metropolis, Oyo State, Nigeria. M.ED Thesis at Department of Guidance and Counselling, Faculty of Education, University of Ibadan, Ibadan, Nigeria

- Balogun, A. (2017). *Exploring the use of Healthcare Services and Antiretroviral Therapy among HIV Positive Men Who Have Sex with Men (MSM) in Nigeria: A Qualitative Study*. PhD thesis, University of Sheffield.
- Brittain, K., Mellins, C. A., Remien, R. H., Phillips, T., Zerbe, A., Abrams, E. J., Myer, L (2019). HIV-status disclosure and depression in the context of unintended pregnancy Among South African women. *Glob Public Health* 14(8):1087-1097. PMID PMC6557665. Doi:10.1080/17441692.2018.1560485.
- Chemaitelly, H., Susanne, F. Awad & Abu-Raddad, Laith J. (2014). The Risk of HIV Transmission within HIV-1 Sero-discordant Couples appears to vary across Sub-Saharan Africa. <http://doi.org/10.1016/j.epidem.2013.11.001>
- HIV/AIDS Prevention and Control Office. (2012) Elect of nutritional factors on adherence to antiretroviral therapy among HIV-infected adults: a case control study in Northern Ethiopia. *BMC Infectious Diseases* 13: 233.**
- Mathews, C., Kuhn, L., Fransman, D., Hussey, G. & Dikweni, L. (1999). Disclosure of HIV Status and its consequences. *South African Medical Journal*, 89:1238.**
- Ojikutu, B. O., Pathak, S., Srithanaviboonchai, K., Limbada, M., Friedman, R., Li, S., Mimiaga, M. J., Mayer, K. H., Safren, S. A., & HIV Prevention Trials Network 063 Team (2016). Community Cultural Norms, Stigma and Disclosure to Sexual Partners among Women Living with HIV in Thailand, Brazil and Zambia (HPTN063). *PLoS ONE* 11(5): e0153600. doi:10.1371/journal.pone.0153600
- Okello, E.S., Wagner, G.J., Ghosh-Dastidar, B., Garnett, J., Akena, D., Nakasujja, N. & Musisi, S. (2015). Depression, Internalized HIV Stigma and HIV Disclosure. *World Journal of AIDS*, 5, 30-40. <http://dx.doi.org/10.4236/wja.2015.51004>
- Simpkins, S. C. (2016). HIV Status Disclosure among Older African American Men Who Have Sex with Men and Women. University of Washington. Washington DC. Available online: pdfs.semanticscholar.org
- UNAID (2012). World AIDS Day Report. Geneva, Switzerland.**