Abstract of Master's Dissertation

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Course	MPH	Name	Gakpo Gifty Abla
Thesis Title	The rate of HIV positive status South Municipality of Ghana.	disclosure	e and factors influencing it in the Ketu

No.1

Background:

Disclosure of HIV positive status to a sexual partner is an essential strategy for prevention emphasized by WHOs protocols for HIV testing and counselling (HTC). Among many other benefits, it has been identified as one of the factors associated with better adherence to treatment; it reduces the spread of HIV infection among discordant couples. It is also an important component of HIV counselling because it is an effective strategy to prevent secondary transmission, promote early diagnosis and treatment of sexual partners of person living with HIV(PLHIV), however, disclosure rates and the factors that influence it has not well been understood in Ghana. This study therefore aims to discuss the disclosure of HIV status to sexual partners.

Objective :

The general objective of this study is to determine the rate of HIV positive status disclosure and factors influencing it in the Ketu south municipality of Ghana.

Method:

A survey of 253 PLHIV and in-depth interviews of 8 health care workers (HCWs) were involved in a mixed methods study design. The quantitative study determined the rate of disclosure and factors influencing disclosure, using STATA version 16 for analysis. The qualitative study obtained data to understand the experiences of PLHIV who disclosed their status and HCWs perspectives on HIV status disclosure. The results from both strands were integrated to determine the rate of HIV positive status disclosure and to describe the experiences of PLHIV.

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^{*} The abstract, containing the objective, method, result and conclusion should not exceed 300-500words and printed double sided on A4 paper)

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Result:

The rate of HIV positive status disclosure to sexual partners observed in this study was 61.3% (n=155) among 253 PLHIV. Reasons cited for disclosure include HIV counselling (17.0%), partner is positive (27.0%) and using partner as a treatment monitor. Barriers to nondisclosure were fear of divorce/separation (48.0%) and fear of being accused of infidelity (28.6%). Reactions to disclosure was both positive (51%) and negative (49%).

These reasons were also confirmed by peer counsellors and HCWs, the counselors mentioned that majority of the persons who disclosed experienced negative outcome. The multivariate analysis showed HIV positive status disclosure was higher among PLHIV between age 34-44 [AOR=4.33, CI=1.23, 15.13], those who tested their HIV status due to partner's illness or death [AOR=3.08, CI=1.74, 5.44], knowledge of partners HIV positive status [AOR=8.75, CI=3.13, 24.47], knowledge of partners HIV negative status [AOR=3.80, CI=1.46, 9.86] and those with only one current sexual partner [AOR=6.64, CI=2.02, 21.87].

Conclusion :

This study reported 61.3% (n=155) rates of disclosure of HIV status to partner among PLHIV accessing services in the ART clinic in the Ketu South municipal hospital. The factors associated with HIV positive status disclosure are, age of diagnosis specifically35-44 years, reason for HIV testing, number of current sexual partners, and knowing a partners sero-status.

This study opined that the counselling provided by HCWs do not adequately equip PLHIV to disclose their status thus hindering disclosure initiatives. It is imperative to provide comprehensive support services, standard guidelines, and protocols and also re-training peer educators may be vital in creating an enabling environment for disclosure to thrive in Ghana.

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