

INDICATORS OF SEROSTATUS DISCLOSURE BOTH REFLECTING THIS PHENOMENON'S COMPLEXITY AND RELEVANT IN VARIOUS SOCIO-CULTURAL CONTEXTS (Mali, Morocco, DRC, Ecuador, Romania)

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Background

Serostatus disclosure is associated with important outcomes for People Living With HIV (PLWHIV) such as quality of life and condom use. Most research studies on disclosure use basic indicators to estimate this very complex phenomenon. Forms and types of disclosure differ according to each individual's resources and environment and to whom serostatus is disclosed to. The community-based research project *ANRS 1224 Partages* was developed to explore those under-researched aspects of the HIV pandemic. This study aims at providing a set of tools (indicators, factors, scores and clusters) to take into account the different dimensions of disclosure. Those tools are designed to be used in various socio-cultural contexts.

Methods

The data collection took place in five countries with a questionnaire administered to 1500 PLWHIV (300 per country), focusing on (1) disclosure targets, (2) the degree of intentionally disclosure (direct, indirect or "accidental" disclosure) and (3) breaches of confidentiality. For statistical analysis, a principal axis factor analysis with an oblique rotation was done on the indicators of disclosure to identify the main factors of disclosure. In a second step, profiles of disclosure were identified via a hierarchical cluster analysis using the Ward method.

Results

Among our study population (mean age 36 years), 54% (n=813) were female, 91% (n=1360) were treated with HAART and the average time since HIV diagnosis was 5.6 years.

Disclosure characteristics

Main partner (n=923)	Direct disclosure	637 (69%)
	Concealment	153 (17%)
Mother and father (n=1160 with at least one)	Direct disclosure	357 (31%)
	Concealment	398 (34%)
Children (n=937)	Direct disclosure	150 (16%)
	Concealment	650 (69%)

3 scores of disclosure

Various indicators were studied in a matrix manner, considering both the details of disclosure and how pro-active the person was according to his/her various social networks (partner(s), sexual partners, parents or children, extended family, neighborhood and community, workplace etc).

The optimal solution when analyzing the indicators was to finally consider the following three factors:

- level of direct disclosure (self-disclosure) to the family (i.e. siblings, children and brother/sister-in-law)
- level of disclosure to the parents
- level of indirect disclosure (by someone else) to siblings and brother/sister-in-law

Three scores of disclosure were calculated for each respondent according to those three factors.

7 clusters

Then an analysis was done using the three disclosure scores and a binary indicator of direct disclosure to the main partner. The optimal solution consisted in seven different profiles of disclosure.

N	Direct disclosure to the family	Disclosure to mother/father	Indirect disclosure to brother/sister	Direct disclosure to main partner*
448	23%	0%	9%	0% Concealment
136	82%	100%	4%	0% Large direct disclosure except to partner
334	25%	6%	3%	100% Direct disclosure to main partner
127	42%	100%	79%	0% Indirect disclosure
142	28%	100%	36%	100% Direct and indirect disclosure
165	18%	80%	6%	0% Direct disclosure to mother & father
148	89%	100%	0%	100% Large direct disclosure

Nb : Individuals without the target network were considered as having 0% disclosure.

* The absence of main partner was coded as no disclosure.

Conclusions

Data on HIV disclosure are particularly important to collect and analyse, as (non)disclosure has strong repercussions at the individual level regarding quality of life. The different tools developed in this study give a better understanding of disclosure dynamics and its complexity.

Being able to score and measure levels of (non)disclosure according to one's particular situation may allow to help him/her more accurately with his/her choice. With its multicultural scope, the Partages study also permits to create tools that are relevant and easy to adapt in very different socio-cultural environments.

Coalition PLUS is an international union of 10 NGOs fighting the AIDS pandemic in their respective country (Ecuador, Burkina Faso, Burundi, Canada, France, Mali, Morocco, the Democratic Republic of the Congo, Romania, Switzerland). They decided to join forces to promote together community-based approach in the fight against HIV through advocacy, research and technical support programs.

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Scientific coordination



Study group



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