

# Exploring the Context of HIV Testing and Disclosure among Patients on ARV Treatment in Mombasa, Kenya

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## Background

In Kenya about 1.5 million people are living with HIV (PLHA) and four out of every five HIV-positive Kenyans are unaware of their status. About two-thirds of the country's 37 million people have never been tested for HIV. The purpose of this qualitative study was to understand the reasons PLHA receiving antiretroviral therapy (ART) provided for undertaking HIV testing and disclosing or not disclosing their status to their sexual partners. HIV testing and status disclosure in Kenya remains integral in HIV prevention programming within government, civil society, and community structures. Recent studies and initiatives have highlighted the following:

- HIV prevalence was measured at 7.1% among the general population (KAIS 2007). Overall HIV prevalence among men in Kenya is lower than among women.
- Overall, 36% of Kenyans adults ages 15–64 have tested at least once for HIV and received results. Nearly two-thirds of Kenyans report never having been tested for HIV, and are therefore unaware of their status and may not access appropriate services for prevention, care and treatment of HIV (KAIS 2007).
- Kenya government plans to test 4 million people for HIV/AIDS by the end of 2010.

HIV testing and disclosure of HIV test results is important in supporting individuals preventive actions whether the test result is found to be positive or negative. Testing and disclosure is especially important among sexual partners to prevent onward HIV transmission. Programs for scaling up HIV testing and intervention that increases disclosure of HIV test results can lead to significant reductions in new HIV infections among regular sexual partners and increase access to services.

## Methods

Stratified purposive sampling was used to randomly select in-depth interview (IDI) candidates. Twenty-three sexually active adults receiving ART (11 women and 12 men) were recruited from a larger ART adherence study. The median age of participants was 36 years (IQR 33–40). Content analysis was undertaken by two researchers using Atlas.ti 5.0 (Berlin, Germany).

## Results

The narratives provided by IDI participants revealed three broad contexts through which they first had HIV testing and disclosed or not:

### 1) Testing and disclosure was triggered by underlying health problems, risky sexual behavior or death of partner and/or child;

*I went to private hospitals, I tried traditional medicine, I tried all means of treatment and nothing of particular was found and my health kept on deteriorating I was sick to the extent that I could not even walk, my legs were like paralysed, I had lost all strength. I could not walk or stand... I lost all my strength such that I could not do anything for myself that's why I got myself tested.*

28-year-old woman

*I wanted to know my status because I knew I never did good things. I also got the information that it is important for people to go to the VCT. This led me to make a rational decision to go and be tested... I had fever every now and then and pain at times I was diarrhoeing. Before I was leading a bad lifestyle that's why I decided to be tested... I had many female partners and I never knew I could be infected.*

35-year-old man

*I am the one who initiated going for testing for HIV after my baby died. She looked different from my other children...she was always ill and in and out of hospital...she was 5 months old and could not even sit down.*

29-year-old woman

### 2) Knowledge of a positive HIV test caused severe stress likely compounding the respondent's already compromised health; and

*I was very angry I wanted to go and live in the rural area and he [husband] stays here ...the news of the test results affected both of us physically and mentally I would say my health deteriorated a lot after that.*

41-year-old woman

*I was given the positive results and the nurses talked to me about AIDS and all that... After this I took about six months without having sex and all that, I was worried about AIDS and I felt like quitting my work...I barely survived.*

32-year-old man

*When I knew I was infected I thought I would die. I thought I would die the way my husband had died...I got sicker after the test and lost weight. When I was given the result I just knew that the way my husband was moving with women outside it was him who had infected me.*

38-year-old woman

### 3) Disclosure of HIV status was met with mixed reactions from partners;

*Within my family my wife is aware of my status she does not have any problem...I got tested because of my wife, this opened a window of opportunity for me to get medication... I love her more because were it not for her I would have not known about my status....*

45-year-old man

*On the material day, my wife went to the clinic to be tested then she came out and told me she is negative, hence I decided to be tested. I was sure I was negative, I was looking healthy... even my previous sexual partners looked healthy. After the test I was told I have the virus...I did not believe it, I cried for a long time I wanted to kill myself... my wife got a bit suspicious and distrustful but I did not tell her I even asked the nurse not to tell my wife about it.*

34-year-old man

*There is no point at which I suspected myself, because he [husband] is the only person with whom I had slept with. So all the time I blamed him for bringing the virus. I would tell him 'You make yourself so holy and you brought me HIV'. He would threaten not to eat food because of that. I would also go on and tell him, 'If you don't eat, let me feed the virus that you gave me'. I also asked him 'has this disease been brought by the devil?'*

44-year-old woman

## Conclusions

Reasons for disclosure or nondisclosure to sexual partners were varied and this data provides insights for secondary prevention efforts with people living HIV and their sexual partners in view of KNASP III target to increase current testing levels from 36% to 80% by 2013. More research is needed to better understand salient issues motivating individuals to test and disclose in this setting.

For more information about this study, please visit the  
Population Council Booth #E-453,  
our website, [www.popcouncil.org](http://www.popcouncil.org), or  
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