

SJMLS-3(2)-016

HIV Serostatus Disclosure to Sexual Partners Among People Living with HIV (PLWHA) in Southwest NigeriaGbemiga Peter Olubayo¹, Saheed Opeyemi Usman^{*2}, Funmilola Olive Abodunde³*Department of Community Medicine, Equitable Health Access Initiative, Lagos, Nigeria¹, Department of Clinical Laboratory Services, Equitable Health Access Initiative, Lagos, Nigeria², Department of Clinical and Quality Improvement Services, Equitable Health Access Initiative, Lagos, Nigeria³.**Author for Correspondence *: senatorhopsy@yahoo.com/+234-803-467-6223***Abstract**

Disclosure of HIV sero-status especially to sexual partners carry high potential to increase uptake of HIV testing and counselling, antiretroviral therapy and treatment outcomes among People Living with HIV/AIDS (PLWHA). Nigeria has the second highest number of PLWHA globally following South Africa. However, available studies revealed a low disclosure rate of HIV sero-status among the general population. In view of this, there is a need to understand the barriers to disclosure and document its implication especially in achieving the last 90 in the UNAIDS 90-90-90 target by year 2020. This descriptive cross-sectional study was conducted among 501 consenting HIV positive patients randomly selected from six adult antiretroviral clinics in Ondo and Ekiti States, South-West Nigeria. The questionnaire was reviewed by three experts to ascertain face validity while pilot study was conducted with adequate internal consistency (Cronbach's alpha = 0.75). Data were collected by trained volunteers who were calibrated before the field study. All data were analyzed, using Statistical Package for Social Sciences (SPSS) and statistical test of significance was performed with Chi-Square test. The mean age of respondents was 39.05 ± 9.48 years. A total of 154 (30.7%) subjects are males while 347 (69.3%) are females. Among the subjects studied, only 334 (66.7%) have disclosed their HIV status of which 92.5% were to main partners only. Among those that disclosed, 299 (89.5%) of disclosure happened within the first three months of diagnosis. Fear of stigma and discrimination, and fear of divorce are largely responsible for most (78.2%) non-disclosure. Level of education did not affect HIV status disclosure ($\chi^2 = 10.949$, $df = 6$, $p = 0.090$). Subjects who disclosed to their family members are more likely to disclose to their sexual partner (OR: 1.98, 95% CI: 1.35-2.90) while those who disclosed their HIV status to their sexual partners were four

times more likely to achieved virological suppression (OR: 4.13, 95% CI: 2.40-7.09). The study revealed a close linkage between HIV sero-status disclosure and patient treatment outcome. In order to optimize all the benefits linked with status disclosure, stigma and discrimination probable elimination programmes through multi-faceted community approach geared towards creating an enabling environment for HIV sero-status disclosure are needed.

Keywords: Antiretroviral Therapy; Sexual Partner; Disclosure.

Introduction

HIV/AIDS epidemics have witnessed a drastic fall in the last decade due to anti-retroviral therapy scale up globally (El-Sadr *et al.*, 1999). In order to harness its gains, prevention and control of HIV infection depends on the success of strategies to prevent new infections and treat currently infected individuals. Disclosures of HIV sero-status especially to sexual partners carry high potential to increase uptake of HIV testing and counselling, antiretroviral therapy and positive treatment outcomes among people living with HIV. It is encouraged as a way to reduce sexual risk behaviour and transmission of the virus, decrease stigma associated with HIV, and increase access to support and care (WHO, 2004). A reported 49% average rate of HIV sero-status disclosure to sexual partners in developing countries was considerably lower than was reported among studies conducted in developed countries (79%). In addition, larger proportions of studies from developing countries reported women that did not share their HIV test results with anyone (10%-78%) as compared to women in developed country studies (3%-10%) (Ahn *et al.*, 2016; Sendo *et al.*, 2013; WHO, 2004).

A 2012 Ethiopian district study revealed a 93.1% level of disclosure to a sexual partner, with 74.5%

accepted, 10.8% minor challenges or suspicion of result and 7.8% faced physical abuse and blame (Seid *et al.*, 2012). In Northern Ethiopia, a 63.8% disclosure proportion was reported, with 84% of the respondents disclosing their status to their usual partner where 16% disclosed to their casual partner (Alemayehu *et al.*, 2014). Some Indian researchers reported an 80.8% disclosure rate of HIV status to sexual partner in a study comprising both men and women in a hospital in south India (Madi *et al.*, 2015). Also, in Makonde district of Zimbabwe, it was revealed that 66% of participants disclosed their HIV status and that there was no difference in the level of knowledge on the importance of disclosure of HIV status between those that disclose and those that did not (Mucheto *et al.*, 2011).

Nigeria has the second highest number of PLHIV globally following South Africa and has one of the highest new infection rates in sub-Saharan Africa (Avert, 2016). The disclosure rates for HIV positive women attending antenatal clinics from different studies are as high as 83.5% - 90% across the country (Uah *et al.*, 2015; Olagbuji *et al.*, 2011; Sagay *et al.*, 2006). However, available studies revealed a low disclosure rate of HIV sero-status among the general population. In a 2014 study involving 260 patients from the Niger Delta region, the disclosure rate was 62% (Ebuenyi *et al.*, 2014). In a work with a higher disclosure rate (97.5%) in Gombe, only 36.8% disclosed to their sexual partners (Dankoli *et al.*, 2014). A similar study in Abuja; north central Nigeria, revealed that 50.4% had disclosed to their sexual partners (Olutayo *et al.*, 2016). In Southwest Nigeria, available data shows a disclosure rate ranging from 50.9% in Ogun state to 75.6% in a 2014 study involving 578 clients in Ondo state (Adebayo *et al.*, 2014; Amoran, 2012; Adeyemo *et al.*, 2011).

The most common reasons for non-disclosure were fear of shame in family (Madi *et al.*, 2015), fear of abandonment (Alemayehu *et al.*, 2014; Seid *et al.*, 2012; Ssali *et al.*, 2010) closely tied to fear of loss of economic support from partners, fear of stigma and discrimination [5], fear of violence, fear of upsetting family members, and fear of accusations of infidelity (WHO, 2014; Ssali *et al.*, 2010; Sagay *et al.*, 2006). The study aimed at assessing level of HIV sero-status disclosure to sexual partners, barriers and possible treatment outcome from non-disclosure among PLWHA.

Specific Objectives of study

1. To determine the level of HIV sero-status disclosure to sexual partners in this setting.
2. To determine barriers to HIV sero-status

disclosure to sexual partners.

3. To assess the influence of disclosure on patients' virological status.

Research Hypothesis

1. Educational status does not significantly affect HIV sero-status disclosure to sexual partners.
2. Individuals who disclosed their HIV sero-status to their family members are not likely to disclose to their sexual partners.
3. HIV sero-status disclosure to sexual partners does not significantly influence patients' virological status.

Methodology

This descriptive cross-sectional questionnaire-based study was conducted among 501 consenting HIV positive patients randomly selected from six adult antiretroviral clinics in Ondo and Ekiti States, South-Western Nigeria.

The questionnaire was reviewed by three experts to ascertain face validity while pilot study was conducted with adequate internal consistency (Cronbach's alpha = 0.75). Data were collected by trained volunteers who were calibrated before the field study. All data were analyzed, using Statistical Package for Social Sciences (SPSS) and statistical test of significance was performed with Chi-Square test. A p-value of ≤ 0.05 was considered significant in all statistical analysis. Ethical approval was obtained from the Ethical Review Committee, Federal Teaching Hospital Ido-Ekiti.

Sample Size

Sample size calculation was done using 95% confidence interval, 0.05 precision and prevalence rate. The highest disclosure rate documented among general population in Southwest Nigeria was reported in 2014 as 75.6% (Adeyemo *et al.*, 2011). Using Leslie Fischer's formula for population $>10,000$, the formula for sample size calculation is:

$$n = Z^2PQ/d^2 \text{ (Daniel, 2013).}$$

Where:

- n = minimum sample size,
 - d = degree of precision (taken as 0.05),
 - Z = standard normal deviation at 95% confidence interval which is 1.96,
 - P = proportion of the target population (estimated at 75.6% which is $75.6/100 = 0.756$),
 - Q = alternate proportion (1-P) which is $1 - 0.756 = 0.244$
- $$n = (1.96)^2 (0.756) (0.244) = 283$$
- $$(0.05)^2$$

Also, adding a 5% non-response rate, the minimum sample size $(n) = 5/100 \times 283 = 14$
 Thus, $14 + 283 = 297 = n$

Statistical Analysis

Data was statistically analysed using Statistical Package for the Social Sciences (SPSS) for windows version 23.0 software (SPSS Inc., Chicago, IL, USA). Data were expressed as Mean \pm Standard Deviation (SD). Frequency counts were generated for all variables and statistical test of significance was performed with Chi-Square test. Significance was fixed $p \leq 0.05$ and highly significance when $p < 0.01$.

Result

Socio-Demographic Data

A total of 501 consenting respondents participated in this study. The mean age \pm SD is 39.05 ± 9.48 years.

One hundred and fifty-four (30.7%) of them are males while three hundred and forty-seven (69.3%) are females. Most of them are married, 348 (69.5%), with primary education being the highest level of education attained by most of the subjects 188 (33.5%) while trading/business was the major vocation 156 (31.1%). Table I show the socio-demographic data of respondents. Table 2 shows the HIV Sero-status Disclosure of respondents. Table 3 shows the antiretroviral therapy and respondents virological status. Table 4 shows the Chi Square result for hypothesis testing. Table 4 shows the Chi Square result for hypothesis testing. Table 5 show the Odd's Ratio (OR) indicating that patients that disclosed their status will have Suppressed Viral Load. Figure 1 shows the HIV serostatus disclosure and treatment outcome. Figure 2 shows the reasons for non-disclosure among the subjects.

Table I: Socio-demographic data of respondents (n = 501)

Variables	Frequency (%)
Age Group (years)	
20 – 29	75 (15.0)
30 – 39	191 (38.1)
40 – 49	173 (34.5)
50 – 59	48 (9.6)
60 years & above	14 (2.8)
Gender	
Male	154 (30.7)
Female	347 (69.3)
Marital Status	
Single	113 (22.6)
Married	348 (69.5)
Separated	16 (3.2)
Divorced	24 (4.8)
Family Type	
Nuclear	361 (72.1)
Extended	140 (27.9)
Religion	
Christianity	447 (89.2)
Islam	52 (10.4)
Traditional	2 (0.4)
Level of Education	
No formal education	64 (12.8)
Primary education	168 (33.5)
Secondary education	147 (29.3)
Tertiary education	122 (24.4)

Occupation	
Artisan	154 (30.7)
Trading/Business	156 (31.1)
Public Servant	47 (9.4)
Technician	20 (4.0)
Farmer	24 (4.8)
Teacher	34 (6.8)
Unemployed	34 (6.8)
Self Employed	15 (3.0)
Private Sector Worker	15 (3.0)
Retired	2 (0.4)

Table 2: HIV Sero-status Disclosure of respondents (n=501)

Variable	Frequency (%)
HIV status known by sexual partner	
Yes	334 (66.7)
No	167 (33.3)
Duration between Diagnosis & Disclosure to partner (n = 334)	
< 3 months	299 (89.5)
3 – 6 months	9 (2.7)
7 – 12 months	10 (3.0)
>1 year	16 (4.8)
Reason why partner is not aware of HIV status (n= 167)	
Fear of divorce	15 (8.8)
Fear of stigma/discrimination	116 (69.5)
Fear of physical abuse	11 (6.8)
Fear of accusation of infidelity	11 (6.8)
Others	14 (8.2)
HIV status known by family member	
Yes	315 (62.9)
No	186 (37.1)
Family member aware of HIV status (n=315)	
Father Only	95 (30.2)
Mother Only	102 (32.4)
Brother Only	43 (13.7)
Sister Only	40 (12.6)
Child/Children Only	20 (6.3)
Both Parents Only	6 (1.9)
All family members	9 (2.9)
Sexual Partner disclosed to (n=334)	
Main Partner	309 (92.5)
Casual partner	17 (5.1)
Both	8 (2.4)

Table 3: Antiretroviral therapy and respondents' virological status (n=501)

Variable	Frequency (%)
On ART	
Yes	433 (86.4)
No	68 (13.6)
ART regimen type taken by respondents (n = 433)	
Tenofovir/Lamivudine/Efavirenz	342 (68.3)
Zidovudine/Lamivudine/Nevirapine	89 (17.8)
Tenofovir/Lamivudine/Lopinavir-Ritonavir	2 (0.4)
Viral load test done	
Yes	346 (69.1)
No	155 (30.9)
Viral load result in cp/ml (Virological status)	
<1000 (Suppressed)	273 (78.9)
≥1000 (Unsuppressed)	73 (21.1)

Table 4: Showing Chi Square result for hypothesis testing

Variables (Hypotheses)	χ^2	Df	Critical value	Decision	p-value
Educational status does not significantly affect HIV sero-status disclosure to sexual partners	7.25	3	7.82	Accepted	0.064
Individuals who disclosed their HIV sero-status to their family members are not likely to disclose to their sexual partners	12.47	1	3.84	Rejected	0.010
HIV sero -status disclosure to sexual partners does not significantly have effect on patients' virological status	28.52	1	3.84	Rejected	0.010

The null hypothesis is rejected when the test statistic is greater than the tabled value or critical value.

Table 5: Odd's Ratio (OR) Table Showing the Odds That Patients That Disclosed Their Status will have Suppressed Viral Load.

Variables	OR	95% CI ____
Estimated odds that individuals who disclosed their status to family members are likely to disclose to sexual partners	1.98	1.35-2.90
Estimated odds that patients that disclosed their status will have suppressed viral load.	4.13	2.40 -7.09

Figure 1: HIV serostatus disclosure and treatment outcome (n=346)

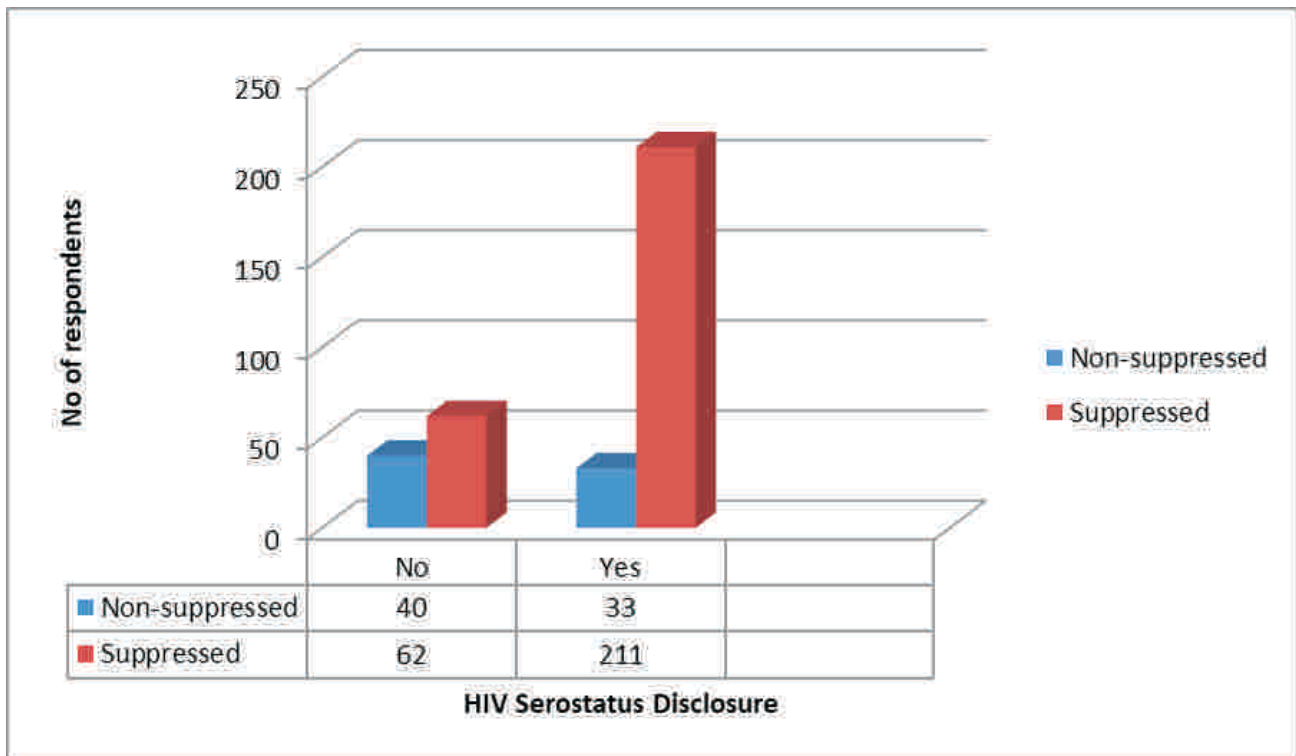
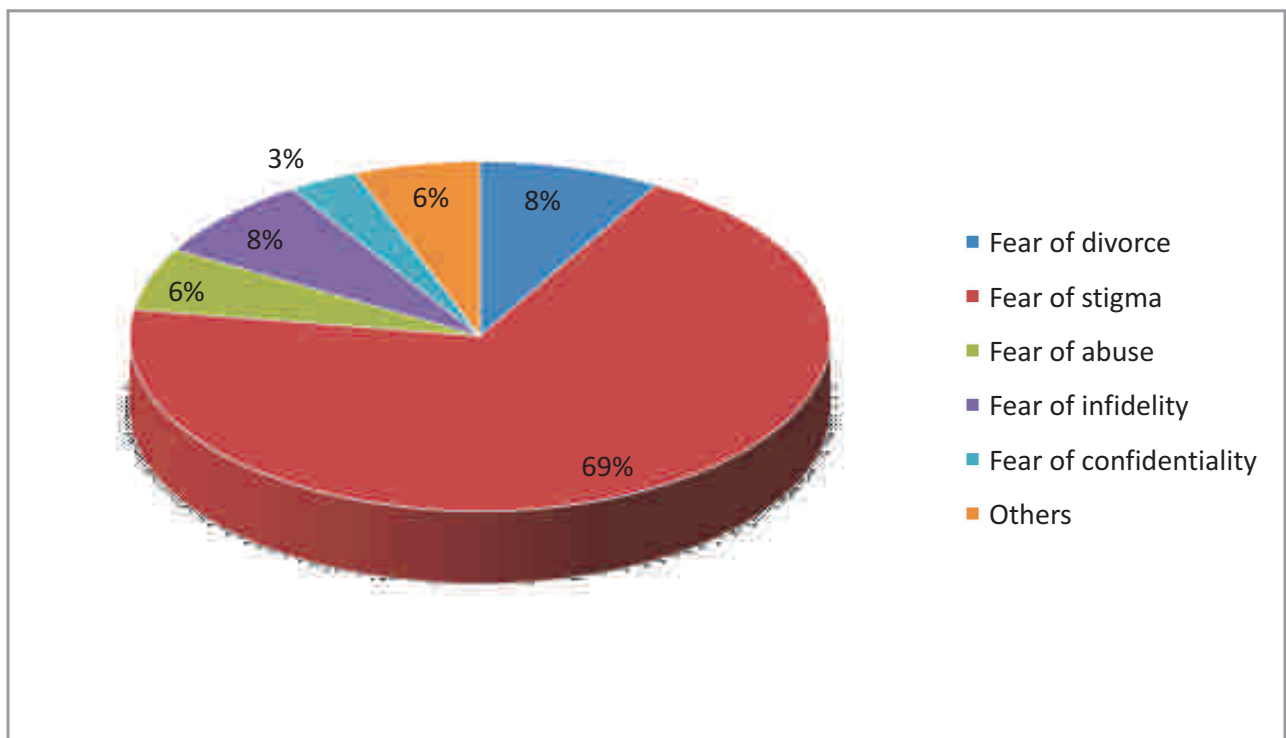


Figure 2: Reasons for non-disclosure (n=155)



Discussion

This study has shown that only 66.7% of the respondents have disclosed their HIV status to their sexual partners of which 92.5% were to main partners only. This is in agreement with some previous studies reported in Nigeria and sub-Saharan African countries among the general population (Olutayo *et al.*, 2016; Alemayehu *et al.*, 2014; Adebayo *et al.*, 2014; Ebuenyi *et al.*, 2014; Amoran, 2012; Adeyemo *et al.*, 2011) but lower than was reported in the same region (Seid *et al.*, 2012) and South India (Madi *et al.*, 2015). Also, this is far lower than sero-status disclosure rates from studies in the developed nations (Ahn *et al.*, 2016; Sendo *et al.*, 2013; WHO, 2004). It implies that not less than one-third of the participants do not have access to the potential benefits that HIV sero-status disclosure holds. This might be responsible for low partner testing, low number of people seeking voluntary HIV testing and significantly low number of people aware of their HIV status in the country (Avert, 2016).

The study also showed that a comparable proportion (62.9%) of the participants are more likely to disclose to any member of their family. This is consistent with other studies which opined that disclosure of sero-status to family members play an important role in providing support which assumes the most common reason for disclosure (Ebuenyi *et al.*, 2014; Clarke *et al.*, 2010). Family members therefore form a critical support group to promote disclosure of HIV status. The reasons for non-disclosure is largely due to fear of stigma and discrimination (69.5%), followed by fear of divorce (8.8%), fear of accusation of infidelity (6.8%), fear of physical abuse (6.8%) and other reasons (8.2%). This finding concurs with previous researches which highlighted fears of stigma and discrimination, fear of physical abuse, fear of abandonment and other forms of negative consequences of disclosure as reasons for non-disclosure (Madi *et al.*, 2015; Alemayehu *et al.*, 2014; Seid *et al.*, 2012; Ssali *et al.*, 2010; Akani and Erhabor, 2006; Sagay *et al.*, 2006).

The Chi Square analysis in table 4 shows that educational status does not significantly affect HIV sero-status disclosure to sexual partners ($\chi^2 = 7.25$, $df = 3$, $P = 0.064$) as observed by the acceptance of the null hypothesis. This study finding is in contrast to other studies which found that women with higher level of education were more likely to disclose their HIV status than women who have lower level of education (Dankoli *et al.*, 2014; Issiaka *et al.*, 2001). The rejection of the second hypothesis on HIV sero-status disclosure to family members ($\chi^2 = 12.47$, $df =$

1, $p = 0.010$) as shown in table 4 reveals that individuals who disclosed their HIV sero-status to their family members are likely to disclose to their sexual partners. The rejection of the third hypothesis on influence of HIV sero-status disclosure on patients' virological status ($\chi^2 = 28.57$, $df = 1$, $p = 0.010$) as in table 4 shows that HIV sero-status disclosure to sexual partners have significant effect on patients' virological status. It is further interesting to note according to table 5 that those who disclosed their HIV status to their sexual partners are four times more likely to achieve virological suppression (OR: 4.13, 95% CI: 2.40 - 7.09). In this study, we found that 86.5% of patients who disclosed achieved viral suppression while only 60.8% of those who did not disclose achieved viral suppression. Though HIV status disclosure was not associated with viral suppression in a recent 2017 study done in UK (Daskalopoulou *et al.*, 2014). Our finding is slightly in agreement with a similar study which revealed that the proportions of patients who achieved viral suppression were 80.1% and 19.9% among patients who disclosed their HIV-status and those who did not respectively (Buma *et al.*, 2015). This is probably due to the fact that HIV clients who disclosed their status could get better support in adhering to their treatment plan and prevention strategies (Clarke *et al.*, 2010; WHO, 2004).

Conclusion

The study revealed a close linkage between HIV sero-status disclosure and patient treatment outcome. In order to optimize all the benefits linked with status disclosure and reduce the stigma and discrimination, probable elimination programmes through multi-faceted community approach geared towards creating an enabling environment for HIV sero-status disclosure are needed.

Recommendations

We recommend that support for disclosure of HIV sero-status by PLWHA should be incorporated into HIV Control program. Disclosure programs should address challenges associated with disclosure of sero-status such as stigma and discrimination, and fear of divorce. Parents (father and mother) and main sexual partners should be suggested as the first considerations during disclosure counselling. The importance of disclosure to viral load suppression should be emphasised to PLWHA during disclosure counselling.

References

Adebayo, A.M., Ilesanmi, O.S., Omotoso, B.A., Ayodeji, O.O., Kareem, O.A. and Alele, F.O.

- (2014). Disclosure to sexual partner and condom use among HIV positive clients attending ART clinic at a tertiary health facility in South West Nigeria. *The Pan African Medical Journal*; **18**:245.
- Adeyemo, T.A., Adediran, A., Umeh, C., Akinbami, A., Unigwe, O., Akanmu, A.S. (2011). Psychosocial Impact of disclosure of HIV serostatus in heterosexual relationship at the Lagos University Teaching Hospital, Nigeria. *Nigerian Medical Journal*; **52**(1):55–59.
- Ahn, J.V., Bailey, H., Malyuta, R., Volokha, A., Thorne, C. (2016). Factors associated with non-disclosure of HIV status in a cohort of childbearing HIV-positive women in Ukraine. *AIDS Behaviour*; **20** (1): 174–183.
- Akani, C.I., Erhabor, O.(2006). Rate, pattern and barriers of HIV serostatus disclosure in a resource-limited setting in the Niger delta of Nigeria. *Tropical Doctor*; **36**(2):87-89.
- Alemayehu, M., Aregay, A., Kaley, A. and Yebo, H. (2014). HIV Disclosure to sexual partner and associated factors among women attending ART clinic at Mekelle Hospital, Northern Ethiopia. *BMC Public Health*; **14**(746): 1-7.
- Amoran, O.E. (2012). Predictors of disclosure of sero-status to sexual partners among people living with HIV/AIDS in Ogun State, Nigeria. *Nigerian Journal of Clinical Practice*; **15**:385-390.
- Avert (2016). HIV and AIDS in Nigeria. <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/nigeria>. Accessed on 22/12/2016.
- Buma, D., Bakari, M., Fawzi, W. and Mugusi, F. (2015). The Influence of HIV-Status Disclosure on Adherence, Immunological and Virological Outcomes among HIV-Infected Patients Started on Antiretroviral Therapy in Dar-es-Salaam, Tanzania. *Journal of HIV AIDS*; **1**(3): doi.org/10.16966/2380-5536.111.
- Clarke, T.R., Gibson, R., Barrow, G., James, S., Abel, W.D. and Barton, E.N. (2010). Disclosure of HIV Status among HIV Clinic Attendees in Jamaica. *West Indian Medical Journal*; **59**(4):445.
- Daniel, W.W. (2013). Biostatistics. A Foundation for Analysis in the Health Sciences, 10th ed.
- Dankoli, R.S., Aliyu, A.A., Nsubuga, P., Nguku, P., Okechukwu, P.O., Tukur, D., Ibrahim, L., Madi, J.E., Dalhat, M. and Abdullaziz, M. (2014). HIV disclosure status and factors among adult HIV positive patients in a secondary health facility in North-Eastern Nigeria, 2011. *Pan African Medical Journal*; **18** (1): 4.
- Daskalopoulou, M, Lampe, FC, Sherr, L, Phillips, AN, Johnson, MA, Gilson, R, ASTRA Study Group (2014). Non-Disclosure of HIV Status and Associations with Psychological Factors, ART Non-Adherence, and Viral Load Non-Suppression Among People Living with HIV in the UK. *AIDS and Behaviour*; **21**(1): 184–195.
- Ebuenyi, I.D., Ogoina, D., Ikuabe, P.O., Harry, T.C., Inatimi, O. and O.U. (2014). Prevalence Pattern and Determinants of Disclosure of HIV Status in an Anti-Retroviral Therapy Clinic in the Niger Delta Region of Nigeria. *African Journal of Infectious Disease*; **8**(2): 27–30.
- El-Sadr, W.M., Holmes, C.B., Mugenyi, P., Thirumurthy, H., Ellerbrock, T., Ferris, R., Whiteside, A. (2012). Scale-up of HIV Treatment Through PEPFAR: A Historic Public Health Achievement. *Journal of Acquired Immune Deficiency Syndromes*; **60**(3): S96–104.
- Issiaka, S., Cartoux, M., Zerbo, O.K., Tiendrebeogo, S., Meda, N., Dabis, F., Van de Perre, P. and Ditrane Study Group. (2001). Living with HIV: Women's experience in Burkina Faso, West Africa. *AIDS Care*; **13**:123-128.
- Madi, D., Gupta, P., Achappa, B., Bhaskaran, U., Ramapuram, J.T., Rao, S. and Mahalingam, S. (2015). HIV Status Disclosure Among People Living with HIV in the Era of Combination Antiretroviral Therapy (cART). *Journal of Clinical and Diagnostic Research (JC DR)*; **9**(8): OC14–OC16.
- Mucheto, P., Chadambuka, A., Shambira, G., Tshimanga, M., Notion, G. and Nyamayaro, W. (2011). Determinants of nondisclosure of HIV status among women attending the prevention of mother to child transmission programme, Makonde district, Zimbabwe. *Pan African Medical Journal*; **8** (51): 1-8.
- Olagbuji, B.N., Ezeanochie, M.C., Agholor, K.N., Olagbuji, Y.W., Ande, A.B. and Okonofua, F.E. (2011). Spousal disclosure of HIV serostatus among women attending antenatal care in urban

- Nigeria. *Journal of Obstetrics Gynaecology*; **31(6)**:486-488.
- Olutayo, F.M., Hipoletus, C.N., Iliya, S.D. and Kingsley, C.N. (2016). Rates, Factors, Timing and Outcomes of HIV Status Disclosure Among Patients Attending the Special Treatment Clinic of the National Hospital Abuja Nigeria. *International Journal of HIV/AIDS Prevention, Education and Behavioural Science*; **2(3)**:13-19.
- Sagay, A.S., Musa, J., Ekwempu, C.C., Imade, G.E., Babalola, A., Daniyan, G., Malu, N., Idoko, J.A. and Kanki, P. (2006). Partner Disclosure of HIV Status Among HIV Positive Mothers in Northern Nigeria. *African Journal Medicine and Medical Science*:119-123.
- Seid, M., Wasie, B. and Admassu, M. (2012). Disclosure of HIV positive result to a sexual partner among adult clinical service users in Kemissie district. *Northeast Ethiopia. African Journal of Reproductive Health*; **16(1)**: 97 – 104.
- Sendo, EG, Cherie, A, & Erku, TA. 2013. Disclosure experience to partner and its effect on intention to utilize prevention of mother to child transmission service among HIV positive pregnant women attending antenatal care in Addis Ababa, Ethiopia. *BMC Public Health*; **13**: 765.
- Ssali, S.N., Atuyambe, L., Tumwine, C., Segujja, E., Nekesa, N., Nannungi, A. and Wagner, G. (2010). Reasons for Disclosure of HIV Status by People Living with HIV/AIDS and in HIV Care in Uganda: An Exploratory Study. *AIDS Patient Care and STDs*; **24(10)**: 675–681.
- Uah, I.A., Ezechi, O.C. and Ohihoin, A.G. (2015). HIV status discordance: Associated factors among HIV positive pregnant women in Lagos, Southwest Nigeria. *African Journal of Reproductive Health*; **19(2)**: 108 – 116.
- World Health Organization 2004. HIV Status Disclosure to Sexual Partners: Rates, Barriers and Outcomes for Women. Available on <http://www.who.int/gender/en>.

Citation: Olubayo, G.P., Usman, S.O. and Abodunde, F.O. HIV Serostatus Disclosure to Sexual Partners Among People Living with HIV/AIDS (PLWHA) in Southwest Nigeria. *Sokoto Journal of Medical Laboratory Science*; **3(2)**: 128 - 136.

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