

**Abstract:- Predictors of Disclosure of a Positive HIV Serostatus to Sexual Partners – A Systematic Review**

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**Background** Heterosexual intercourse accounts for 85% of HIV-1 transmission. In fact, most of these heterosexual transmissions have occurred within stable partnership, i.e., from an HIV-infected person to the non-infected partner or spouse. This poses sero-negative partners in a sero-discordant couple, the 'single largest risk group for HIV infection', at risk. In some areas the prevalence of sero-discordance ranges between 66.7% and 85.2% among tested couples. As a result, successful control of the epidemic depends on the ability of HIV prevention programs to avert those sexual transmissions, which occur among sero-discordant couples.

The prevention of HIV transmission within couples demand the knowing of the own sero-status, the sharing of this knowledge and the adoption of safe sexual practices. However, several studies have reported both testing and in particular disclosure of test result to be as low as 7.6%.

**Objective** This systematic review aimed at identifying predictive factors of disclosure of sero-status and by conversion predictors of non-disclosure which can be used for specific interventions measures.

**Methods** Electronic search engines using different key terms were used to identify and select studies, then quantitative data were extracted for analysis.

**Results** Marriage and cohabitation was the main predictor of disclosure. Fewer numbers of lifetime sexual partners, knowledge of the partner's sero-status, sexual debut at a later age and prior discussion about testing were factors that affected the disclosure of sero-status significantly.

**Discussion** The intimacy of relationship and physical closeness were predictive for more than 50% of disclosures. The openness couples regarding sexuality and delaying the age of sexual initiation also seem to affect disclosure in addition to its effect in primary prevention.

**Conclusion and recommendation** Involvement of men into reproductive and/or sexual health programs could solve many of the problems related to the disclosure of sero-status disclosure. For instance the impact of couple counseling (e.g. weekend couple sessions in clinics) needs also be considered. Counselors need to put more effort into discovering the presence of predictive factors of disclosure/non-disclosure in order to decide the need for ongoing counseling.