

# Inadvertent Disclosure of HIV Status to Adolescents Living with HIV and Subsequent Impact on Medico-Social Wellbeing in Kaduna, Nigeria

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## ABSTRACT

**Background:** Inadvertent disclosure of HIV status poses significant challenges for adolescents living with HIV, particularly in settings where stigma and discrimination are prevalent.

**Objective:** This research seeks to delve into the prevalence and ramifications of accidental disclosures of HIV status among adolescents frequenting a Youth Friendly Clinic (YFC) at a major hospital in Kaduna, Nigeria. It further aims to uncover the medical and social repercussions following such incidents.

**Methods:** Employing a comprehensive mixed-methods strategy, this study combined quantitative and qualitative analyses. Initially, a survey was conducted among 217 adolescents aged between 10 and 19 years, who were patients at the YFC of a tertiary care facility. This survey gathered information on demographic factors, experiences related to the disclosure of HIV status, and the effects of accidental disclosures on emotional health and the consistency of antiretroviral treatment adherence. Subsequently, the study engaged in qualitative research through detailed interviews and group discussions with 85 adolescents who had unintentionally disclosed their HIV status. This allowed for an exploration of the experiences surrounding these disclosures, the coping strategies adopted, and their perceptions of available support. Ethical clearance was secured to ensure the confidentiality and integrity of the research process.

**Results:** The initial analysis revealed that a significant portion (39.2%) of the adolescent participants had inadvertently disclosed their HIV status, mostly by overhearing conversations (56%) and through discussions with peers at the clinic (17%). The qualitative exploration identified key themes such as heightened experiences of stigma and discrimination, difficulties in securing social support, and detrimental effects on mental health. Following these unintended disclosures, adolescents reported feelings of social isolation, changed perceptions by family members, and battles with depression and anxiety. The findings highlight the intricate relationship between accidental disclosure and its social and medical impacts, emphasizing the necessity for bespoke interventions aimed at addressing the needs of this at-risk demographic.

**Conclusion:** The confidentiality of adolescent patients must be a top priority for healthcare professionals, alongside the development of preventative measures against accidental disclosures and the provision of comprehensive support services to counteract the adverse outcomes. By enhancing privacy protection and offering individualized support, it is feasible to mitigate the negative effects associated with unintended disclosures, including stigma and mental health challenges. This investigation enriches our comprehension of accidental HIV status disclosure among adolescents and accentuates the critical need for creating interventions that improve their overall well-being and social inclusion.

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## Keywords

HIV, Adolescents, Unintended disclosure, Medicosocial impact, Clinic for youth, Nigeria.

## Introduction

The struggle against HIV/AIDS remains laden with complexities, including issues of disclosure, stigma, and discrimination that are particularly acute in the global context. Currently, more than 38 million individuals live with HIV worldwide, navigating the psychological and social intricacies associated with the virus [1]. Among HIV-positive adolescents globally, the discovery of their HIV status by accident is notably varied, with the observed range being between 9% and 72%, as indicated by research [2]. Adolescents, particularly in Sub-Saharan Africa, are among those most severely impacted, underscoring the necessity for effective policy interventions in these regions to address such challenges [3].

Inadvertent HIV disclosure occurs when the child learns of his or her HIV positive status indirectly, either by overhearing confidential conversations among adults or because of psychological distress. However, evidence advocating for complete secrecy about an HIV diagnosis in children is increasingly being challenged, as open and honest communication with the child has been shown to be beneficial. But despite this established body of knowledge, so far there has been very little research on inadvertent HIV disclosure and its effects on the health and psychological well-being of children living with the virus, especially in sub-Saharan Africa where the phenomenon is relatively more common. In Kaduna State, Nigeria, adolescents with HIV confront distinctive hurdles. Unintended disclosures of your HIV status can have significant adverse effects on your health and social well-being. Recognising the importance of careful handling and confidentiality in HIV treatment is paramount, as outlined by the National Institutes of Health and the CDC, which advocate for the ethical treatment and privacy of individuals with HIV [4,5]. Despite these guidelines, inadvertent disclosures persist, with critical implications for adolescents' psychosocial development, as demonstrated in a study [6], and further explored by other workers regarding prevalence and impacts in resource-constrained environments [7]. Overburdened healthcare systems in these settings often fail to adequately address or prevent such disclosures, leaving affected adolescents with minimal support [8].

This study investigates the prevalence and consequences of accidental HIV status disclosure among adolescents attending a youth-friendly clinic at a tertiary hospital in Kaduna, Nigeria. By comprehensively examining the specific medico-social effects of these disclosures, as detailed by many workers [9,10], this research aims to pinpoint care and policy gaps. Our objective extends beyond contributing to the discourse on paediatric HIV/AIDS care globally [11], to informing targeted interventions designed to alleviate the detrimental impacts of unintentional disclosures. Such inadvertent disclosures not only violate ethical guidelines but also fuel stigma and discrimination, hindering effective HIV prevention, treatment, and care efforts [1]. These breaches exacerbate challenges for adolescents, including treatment adherence and social integration, highlighting the critical

need for comprehensive measures to prevent unintentional disclosures [6]. The consequences of unplanned disclosures transcend the individual, affecting families and communities, potentially altering societal views and hampering public health initiatives [7]. Addressing the medico-social ramifications of HIV within a broader societal and healthcare framework requires an in-depth investigation into the causes of unintended disclosures and the formulation of strategic countermeasures.

## Methodology

This study employed a mixed-methods approach, utilizing sequential quantitative and qualitative methodologies to explore the inadvertent disclosure of HIV status to adolescents receiving care at a Youth Friendly Clinic (YFC) of a tertiary hospital in Kaduna, Nigeria.

### Quantitative Phase

The first phase of the study involved a cross-sectional survey conducted among adolescents aged 10-19 years who received care at the YFC. A structured questionnaire was developed to collect data on sociodemographic characteristics, HIV status disclosure experiences, and the impact of inadvertent disclosure on psychological well-being and adherence to antiretroviral therapy (ART). The sample size was determined using the Cochran formula, and the participants were selected using a systematic random sampling technique. Data were analyzed using descriptive statistics, chi-square tests, and logistic regression to identify factors associated with inadvertent disclosure and its consequences.

### Qualitative Phase

Following the quantitative phase, a purpose sampling technique was used to select participants for in-depth interviews and focus group discussions (FGDs). The qualitative phase aimed to explore the context and dynamics of inadvertent disclosure, the coping mechanisms adopted by adolescents, and their perceptions of the support received from healthcare providers and family members. A semi-structured interview guide was developed to facilitate the discussions. The interviews and FGDs were recorded on audio tape, transcribed verbatim and analysed using thematic analysis to identify emerging themes and patterns.

### Ethical Considerations

Ethical approval for the study was obtained from the Health Research Ethics Committee of Barau Dikko Teaching Hospital (BDTH/2023/092/VOL/1). Written informed consent was obtained from participants aged 18-19 years, while parental consent and consent were obtained from participants aged 10-17 years. Confidentiality and anonymity were maintained throughout the study and participants were informed of their right to withdraw from the study at any time without consequences.

## Results

### Implications of Unintentional HIV Status Revelation among Adolescents Living with HIV

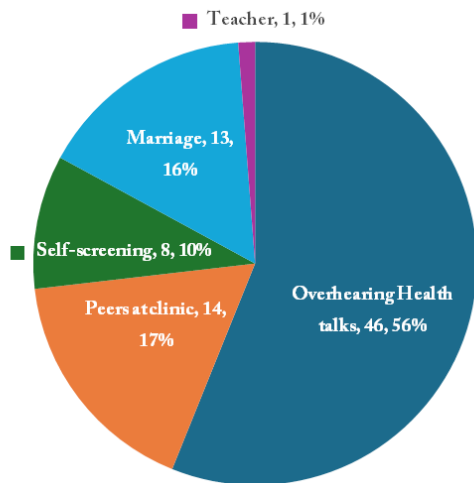
Principal observations are as follows:

- **Stigma and Discrimination:** Reports of increased stigma

and discrimination were prevalent, significantly disrupting adolescents' interactions with peers and family members.

- **Obstacles in Accessing Social Support:** The quest for support was often obstructed by apprehensions of judgment and exclusion.
- **Detrimental Mental Health Effects:** The unintended revelations precipitated isolation, depression, and anxiety, underscoring the imperative for specialized support and intervention measures.

Research emphatically points to the urgent need for meticulous management of HIV status disclosures and the formulation of supportive frameworks to alleviate the negative repercussions on impacted adolescents. The overall results of the study on the inadvertent disclosure of HIV status among HIV-infected adolescents reveal profound sociomedical implications and a spectrum of responses from the adolescents. The initial quantitative analysis involved 217 adolescents, with a demographic breakdown as shown in Table 1 of 116 females (53.5%) and 101 males (46.5%). In particular, the majority, 135 individuals (62.2%), were between the ages of 15 and 19. The results indicate that 54% of these adolescents had their HIV status disclosed in a deliberate and controlled manner, while 75 (39.2%) experienced unintended disclosures, predominantly through overhearing conversations (56%) and peer discussions at clinic (17%) as depicted in Figure 1.



**Figure 1:** Sources of information for the inadvertent disclosure of HIV status.

**Table 1:**

Characteristics	Number	Percentage
Gender		
Female	116	53.5
Male	101	46.5
Age groups		
10 – 14	82	37.8
15 – 19	135	62.2
Disclosure type		
Formal	118	54
Inadvertent	85	39.2
Not disclosed.	14	6.5

The qualitative study focused on 85 adolescents who experienced inadvertent disclosure of their HIV status, with an average age of 17.5 years (standard deviation = 1.2), of whom 51 (60%) were women. They had been aware of their HIV status for an average of 3.5 years (standard deviation = 1.8).

Participants reported experiences of social exclusion, altered family perceptions, and struggles with depression and anxiety after inadvertent disclosure.

**Table 2:** Participant Demographics.

Participant	Age	Gender	Years knowing HIV status
P1	16	Female	3
P2	18	Male	4
P3	17	Female	2.5
P4	19	Female	3.5
P5	16	Male	3

Qualitative analysis revealed several themes: increased experiences of stigma and discrimination, challenges in obtaining social support, negative impacts on mental health, and the strategies these young people used to cope with their situations. Reports of social isolation following disclosure were common, with one participant stating, "My friends began to avoid me, fearing that HIV could be transmitted through casual contact." The psychological impact was significant, with another participant expressing feeling like a heavy burden to their family and experiencing deep isolation.

### Stigma and Discrimination

- Disclosure resulted in increased stigma and discrimination from peers and family members.
- Participant quote: "My family's perception of me changed once they realised I'm aware of my HIV status."
- Participant quote: "I started noticing many of my friends distancing themselves from me after learning about my HIV status."

### Barriers to Social Support

- Adolescents faced difficulties in seeking support from family and friends due to fears of judgement and ostracisation.
- Participant quote: "The thought of discussing my HIV status with others, even my family, fills me with dread."
- Participant quote: "I desperately wish for someone I can talk to openly, without fear of being judged."

### Negative Mental Health Outcomes

- The discovery of their HIV status had a harmful effect on the participants' mental health, leading to feelings of isolation and symptoms of depression.
- Participant quote: "The burden of living with HIV seems too heavy to bear."
- Participant quote: "I struggle with anxiety and depression as a result of my HIV status."
- Participant quote: "I felt like dying when I found out that I have HIV. I was not surprised when my friend killed herself. [sobbing] I could have done the same! [wipes tears with the back of hands]"

In summary, the study underscores the complex interplay between inadvertent disclosure of HIV status and its socio-medical impacts on adolescents. Highlights the need for tailored interventions to address the challenges faced by this vulnerable population group, emphasising the importance of maintaining confidentiality and providing adequate support in healthcare settings.

**Table 3:** Summary of quantitative and qualitative findings.

Outcome	Quantitative Findings	Qualitative Themes
Psychological Well-being	Higher distress in the inadvertent disclosure group ( $p < 0.01$ )	Experiences of isolation, stigma, and depression
ART Adherence	Lower adherence in inadvertent disclosure group (67.1% vs. 84.5%, $p < 0.05$ )	N/A
Factors Associated with Disclosure	Lower educational level (OR = 2.14, $p < 0.05$ ), Lack of parental support (OR = 2.89, $p < 0.01$ )	Barriers to social support
Coping Mechanisms	N/A	

## Discussion

This study on the inadvertent disclosure of HIV status among adolescents living with HIV in Kaduna, Nigeria, has revealed profound implications, encompassing psychological distress, social dynamics, and healthcare management challenges. The findings resonate with the existing literature, highlighting the nuanced consequences that can arise when confidentiality is breached, either intentionally or accidentally.

Stigma and discrimination remain at the forefront of the issues faced by adolescents following unintended disclosure. Our participants reported a profound sense of isolation and withdrawal from social interactions, aligning with observations on the negative implications of delayed or mishandled disclosure on children's perception [12]. Central to the dilemmas encountered by these adolescents post-disclosure is stigma and discrimination, leading to severe social isolation and a retreat from communal activities. This observation is in line with the observed adverse effects of delayed or improperly managed disclosure on youth perceptions of their HIV status [11]. Furthermore, the stigma attached to HIV/AIDS forces people to hide their condition, thus restricting their access to vital support networks [13]. The challenge of accessing social support stands out, as our research indicates. The fear of being judged and rejected can prevent adolescents from seeking the necessary help, intensifying their sense of solitude and despair. This echoes the findings of another previous research, where HIV-positive children in Ghana faced difficulties due to insufficient knowledge about their illness and related stigma [14]. Therefore, establishing a supportive, non-judgmental atmosphere is crucial for promoting transparent communication and building a community among these adolescents. Furthermore, this study brings to light the significant mental health challenges that follow the disclosure of unintentional status, with a marked increase in depression, the reported commitment of suicide by one of the adolescents who accidentally learnt of her HIV status, anxiety, and other forms of psychological distress. This necessitates the provision of comprehensive mental health care, tailored to meet the specific needs of this demographic, echoing findings regarding

the psychological effects of finding out one's disclosure status among UK youths with congenitally acquired HIV [15].

The findings clearly demonstrate the extensive impact of unintentional disclosure of HIV status on adolescents, highlighting the interconnectedness of stigma, social support deficiencies, and mental health issues. It is imperative for healthcare professionals and policy makers to create supportive systems that protect privacy, enhance mental health, and build a more inclusive environment for HIV-positive adolescents. Addressing these pivotal areas can lead to a more empathetic and effective approach towards meeting the needs of adolescents living with HIV. To wrap up, this research emphasizes the urgent need to address accidental HIV status disclosure amongst adolescents in Kaduna, Nigeria. Through a deeper comprehension of its effects on adolescent health and the development of specific intervention strategies, healthcare providers and policymakers can significantly improve care quality and health outcomes for this at-risk group.

## Conclusion

In this research context, it has been observed that the rates of formal disclosure of HIV status to adolescents are notably low, leading to a situation where numerous young individuals encounter their diagnoses unexpectedly, devoid of any prior counseling or preparatory measures. This lack of forethought has been identified to severely impact the socio-medical conditions of the children under review.

It becomes imperative to integrate structured disclosure methodologies into the standard clinical management, serving as a critical component of the all-encompassing care for children afflicted with HIV. The research indicates that inadvertent disclosures are associated with a spectrum of adverse effects on the physical, psychological, and social well-being of the children. These insights are crucial for enhancing the care and assistance provided to HIV-positive children and their families and play a pivotal role in crafting guidelines and strategies to alleviate the detrimental impacts of such unintentional disclosures. The outcomes of this research will be instrumental in formulating support mechanisms and protocols to aid HIV-affected children and their families.

## Limitations

It is important to consider that the results of this study might not precisely mirror the broader demographic of HIV-positive children in Kaduna or Nigeria, attributable to the limited sample size and the nature of the study's design. Moreover, the reliance on self-reported data introduces a potential for bias, which might not completely encompass the real-world experiences and consequences for the children. There is a pressing need for further research to validate and build upon these findings, aiming to pinpoint the exact elements that lead to adverse outcomes following unintended disclosures.

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