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HIV Disclosure by Perinatal Women in Thailand

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Little is known about HIV disclosure among perinatal women, although we do know that disclosure can facilitate timely initiation of appropriate interventions for infected individuals and their families. This study, therefore, examined predictors of HIV disclosure among perinatal Thai women. Data ($N = 207$) were extracted from two larger studies of depressive symptoms in HIV-positive pregnant or postpartum women in Thailand in which participants completed questionnaires. Most participants had low socioeconomic status. Logistic regression indicated that significant predictors of disclosure included older age, employment, and high family support. Psychiatric mental health nursing interventions to promote family support are critical during this time.

HIV INFECTIONS GENERALLY have greater effects on people in developing countries such as Thailand than on people living in developed countries (Ross, Sawatphanit, Mizuno, & Takeo, 2011). At the end of 2009, the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2011) estimated that 33.3 million people were living with HIV, including at least 600,000 Thai adults (ages 15–49 years), 21,000 of whom were pregnant women.

Since the introduction of antiretroviral therapies (ART) in Thailand, HIV has shifted from a terminal to a chronic illness, making the need for disclosure essential (Lee et al., 2010). However, disclosure of HIV status is a complex concern for those living with the illness and, in particular, for pregnant women (Lee et al., 2010). Disclosure to others carries unique risks and challenges. Because increasing numbers of Thai women are being tested for HIV during pregnancy to reduce perinatal transmission of the illness, more women now learn of their infection during pregnancy (Ross, Sawatphanit, & Zeller, 2009). As a result, they must choose whether to disclose their diagnosis during the relatively short period before the birth of their babies. Meanwhile, HIV-positive women in Thailand who are pregnant encounter physical symptoms, depression, social isolation, and fears about transmitting the virus to their unborn children (Ross et al., 2009, 2011).

HIV disclosure involves a complex process that is influenced by a number of factors, including psychological state, ability to communicate, motivation, and anticipated reactions (Visser, Neufeld, Villiers, Makin, & Forsyth, 2008). The stages of disclosure include coming to terms with the traumatic diagnosis; deciding upon the appropriateness of disclosure to a specific person; weighing the anticipated consequences and benefits of disclosure; and then choosing an appropriate situation for disclosure (Kimberly & Serovich,

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1996). This process has been well described in the HIV/AIDS literature, but not for HIV-positive pregnant and postpartum women who face particularly challenging issues (Doull et al., 2006). Personal reasons for choosing to disclose HIV status include relief of stress and access to social support and treatment. On an interpersonal level, disclosure is also motivated by a desire to maintain honest relationships, to prevent transmission of the illness to others, and to encourage behavioral change, such as safe sexual practices (Kalichman, DiMarco, Austin, Luke, & DiFronzo, 2003; Simoni et al., 1995). Twenty-one percent of HIV-infected caregivers in Ghana disclosed their disease states to their children, whereas 30.1% of caregivers did so in Thailand (Kallem, Renner, Ghebremichael, & Paintsil, 2011; Oberdorfer et al., 2006). In these studies, predictors of disclosure included family financial difficulties, child's older age, death of the child's father, adherence to antiretroviral medications, and longer duration of clinic attendance.

Although HIV disclosure may lead to positive outcomes such as support from family members, improved access to care, and decreased perinatal transmission, there are also potential negative consequences to disclosure, such as discrimination, stigma, and abandonment by spouses (Makin et al., 2008; Rodkjaer, Sodemann, Ostergaard, & Lomborg, 2011; Visser et al., 2008). Most research on disclosure has taken place in developed countries or African countries (Forbes et al., 2008; Makin et al, 2008; Visser et al., 2008). Few studies have looked at disclosure in Asian countries like Thailand. Nevertheless, researchers have identified several demographic variables associated with disclosure of HIV in pregnant women. Younger age, lower socioeconomic status, lower level of education, and greater perceived social support have been linked to increased disclosure to partners (Forbes et al, 2008; Makin et al, 2008; Visser et al., 2008). Women are more likely to disclose when they feel supported by significant others and feel less stigmatized (Makin et al, 2008). Women in long-standing relationships who report emotional closeness with their partners are more likely to disclose than women in shorter relationships and women who have had multiple sexual partners (Visser et al., 2008). Finally, the perceived severity of physical symptoms (people with more perceived physical symptom severity are more likely to disclose their HIV status), but not HIV stages or biomarkers, has been found to be related to HIV disclosure (Armistead, Tannenbaum, Forhand, Morse, & Morse, 2001).

Factors associated with failure to disclose include fear of discrimination, negative emotional reactions such as anxiety and depression, accusations of infidelity, violence, loss of economic support from a partner, and abandonment (Forbeset et al., 2008; Makin et al, 2008; Visser et al., 2008). Stigma, fear of discrimination, poor self-esteem, and depression have been cited as major barriers to disclosure, resulting in poorer adherence to ART and increased transmission through sexual contact (Lee et al., 2010; Makin et al., 2008). Nevertheless, although stigma and discrimination are salient concerns, studies have found that women weigh their fears of abandonment and discrimination against their desire to raise risk awareness along with their needs for support and for protection of partners and unborn children (Makin et al, 2008; Visser et al., 2008). Although disclosure often precipitates disbelief, shock, and emotional distress in those to whom an HIV-positive status is disclosed, many researchers have found that significant others and relatives remained supportive after disclosure (Lee et al, 2010; Makin et al, 2008; Ross, Sawatphanit, Suwansujarid, & Draucker, 2007; Visser et al., 2008).

As noted above, there is little research to inform our understanding of the complexities of HIV disclosure among pregnant and postpartum women in Thailand. Therefore, this study examined predictors of HIV disclosure among these women. Results from this study will help psychiatric mental health nurses and other health care professionals identify interventions and future research that can facilitate disclosure, as disclosure is found to be associated with better antiretroviral adherence (Li et al., 2010; Rotheram-Borus et al., 2010) and opportunities for greater social support (Rotheram-Borus et al., 2010), resulting in decreased depressive symptoms (Ross et al., 2009). The conceptual framework of the study is shown in Figure 1. It is hypothesized that Thai pregnant and postpartum women with the following characteristics are likely to disclose their HIV status to someone: young, married/living with partner, with lower socioeconomic status (unemployment, low educational level, and insufficient family income), adverse psychological–mental health status (high levels of depressive symptoms and