

HIV Prevention with Positives and Disclosure of HIV Status: Practice and Views of Thai Healthcare Providers

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Objective: The present study provides information from health care providers about sexual practices of, and preventive and disclosure counseling for People Living with HIV and AIDS (PLWHA).

Material and Method: A survey of health care providers attending HIV prevention workshops was undertaken using self-administered and anonymous questionnaires.

Results: Of 678 respondents, 72% were nurses. Ninety-six percent agreed that they had duty to provide prevention services and measures. However, less than half (46%) had enough time for counseling. Asking health providers to estimate different aspects of sexual practice in their patients, the highest chosen band estimation was 'unsafe sex' (21-40%), 'partner disclosure' (41-60%) and 'abstinence' (0-10%). When patients did not disclose their HIV status to partner, most health care providers kept HIV serostatus of patient confidential from their sexual partners. The main reasons for not notifying were patients' rights and fear of adverse effects on patients. Some (9%) did notify the patient's partner directly or indirectly. The main notification reasons were for preventing HIV transmission and recognizing the partner's right to be informed. Seventy percent agreed that a law should require disclosure of HIV status to husband, wife, or intimate partner.

Conclusion: Health care providers supported the 'Prevention with Positives' strategy. HIV status disclosure is a continuing ethical dilemma since there are conflicts of principle between confidentiality of patients and right to healthy life of their partner. Improved or new interventions are needed to prevent HIV transmission with consideration of both rights of PLWHA and of HIV risk reduction for sexual partner.

Keywords: HIV, Prevention, Disclosure, Counseling

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The prevention and control of HIV infection depends on the success of strategies to prevent new infections. The current paradigm of HIV prevention is self-protection with emphasis on safer sex with condom use⁽¹⁾. Advances in medical treatment, especially antiretroviral treatment, have improved quality of life and prolonged survival of People Living with HIV and AIDS (PLWHA). Thailand's nationwide policy for antiretroviral therapy (ART) has been implemented since 2005⁽²⁾. By June 2008, the number of adult PLWHA on ART reached 168,072 persons⁽³⁾. Attendance for medical care presents an opportunity to promote sexual health of PLWHA including practicing safe sex lifestyle. In 2003, The Center for

Disease Control in United States (USA) recommended 'Prevention with Positives' strategy to promote sexual health among PLWHA attending HIV/AIDS clinic and to help reduce onward HIV transmission⁽⁴⁾. Several strategies of HIV prevention among PLWHA are being implemented in clinical settings in Thailand such as risk reduction (condom promotion, reducing number of sexual partners), sexually transmitted infections' screening and treatment, disclosure of HIV status to sexual partner, HIV testing for partner, promotion of antiretroviral adherence, prevention of unwanted pregnancy, and prevention of mother to child transmission^(5,6).

Among the employed strategies for 'Prevention with Positives', disclosure of HIV status to sexual partner is a sensitive and controversial issue. Disclosure may cause separation and abandonment by spouse or even violence against PLWHA. On the other hand, disclosure may increase opportunities to get social support, to discuss and implement HIV risk

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reduction with partners, and to motivate sexual partners to seek testing⁽⁷⁾. Evidence also suggests that disclosure is associated with less unprotected sex^(8,9). Since the majority of new HIV cases in Thailand occur in spousal transmission, disclosure may play an important role in prevention since condom use in intimate relationships is low when compared with commercial sex and casual sex^(10,11). The sexual behavior of the younger generation is changing with the higher levels of premarital sex and an increase of cohabitating couples. These intimate relationships generally based on trust, which is a crucial factor that makes people in intimate relationships seldom use condoms, so are vulnerable to contracting HIV^(11,12). Some countries have enacted HIV specific laws that demand PLWHA to disclose HIV status to sexual partners. However, there is concern that disclosure would create stigma and drive PLWHA underground⁽¹³⁾. The principle of beneficial disclosure and ethical counseling emphasizes voluntary disclosure except in the very few cases where health care providers should be authorized to inform sexual partners⁽¹⁴⁾.

What is unknown is how sexual health promotion and preventive counseling for PLWHA is managed in clinical settings. The present study reports the finding from surveys of health care providers (HCP) who attended five workshops for sexual health promotion of PLWHA across Thailand. The surveys were to find out HCP opinions regarding 'Prevention with Positives' strategy, their current practices in respect of promoting sexual health, their estimates of sexual practice of HIV patients, and their opinions regarding their own and PLWHA responsibility for disclosure of HIV status to sexual partners.

Material and Method

The present study is a survey of health care providers from hospitals under Thai Ministry of Public Health who attended one of five workshops on 'Prevention with Positives' held across the country between October and November 2008. Respondents were asked to complete anonymous, self-administered questionnaires. The questionnaire was about 'Prevention with Positives' strategy including attitude, role and activity of HCP, estimates of sexual practice of PLWHA from HCP's view and opinions regarding law and policy on disclosure of HIV status to sexual partner. Some Likert scale opinion questions involved HCP rating statements from 'Strongly agree' to 'Strongly disagree'. The study protocol was presented to, and accepted by the ethical research committee of

the Department of Disease Control, Ministry of Public Health. The data was analyzed by descriptive statistics using Stata 9.0 in term of frequency and percentage.

Results

Eight hundred twenty two health care providers attended five workshops across the country. There were 678 respondents (83%), of whom 71%, 10%, and 2% were respectively nurses, public health practitioners, and physicians. They were from regional hospitals (3.4%), provincial hospitals (15.5%), community hospitals (72%), and other institutions (9%).

Attitude and practice

Ninety-six percent of respondents agreed that their duties included promoting prevention of HIV transmission among HIV patients. Eighty-four percent could talk about sexuality freely with patients and 76% were confident in knowledge and skill. Twenty percent were fatalistic, taking the view that no matter how much effort they gave to preventive counseling, they could not prevent patients from having unsafe sex. The most common way of promoting 'Prevention with Positives' was condom promotion of which 75% said they often did, 63% often talked about disclosure when that was needed; and 55% often asked patients whether they were sexually active. According to Fig. 1, there were greater variations in disclosure counseling practice than in safer sex education. Less than half (46%) reported that they had enough time for counseling, and 20% felt that counseling might not be effective for prevention.

Estimates of sexual practice of PLWHA by HCP

HCP were asked to estimate sexual practice of HIV patients in their clinics by choosing the most likely band range for (a) abstinence, (b) unprotected sex, and (c) HIV status disclosure to a sexual partner. According to Fig. 2, the highest chosen range for prevalence of unsafe sex was '21-40%', for partner disclosure was '41-60%' and for abstinence was '0-10%'. The graph shows high consensus between HCP and low abstinence, but disagreement on estimates of unsafe sex and HIV status disclosure.

Confidentiality and disclosure to third party

Seventy-eight percent believed that counseling could solve disclosure problems. More than half (55%) did not consider patient benefit more

important than public health benefit. When HCP were asked, in relation to patients who did not disclose HIV status to their sexual partner, whether they ever disclosed HIV status of the patients to sexual partner by themselves, almost all HCP (579 or 88%) said that they keep confidentiality of HIV serostatus of the patient from their sexual partner. However, some (9%) did notify patient's partner when patients did not self-disclose their HIV status to partner, either directly (13, 2.0%), indirectly (22, 3.4%), or both (26, 3.9%).

Open-ended questions invited HCP to give reasons for disclosing or not disclosing to sexual partner of HIV patients. Most respondents (331) indicated that their reason for non-disclosure was respect of patient's rights, 19 respondents gave fear of adverse effect on patients. Fear of litigation was a further reason given by some HCP. Disclosure to sexual partners by HCP seldom occurred. When it did occur, most disclosure was indirect such as not answering direct questions, or not denying a question from the sexual partner of patient. Most reasons for notifying were prevention of HIV transmission and right of partner to be informed. The total list of reasons provided is in Table 1.

Opinion on duty of PLWHA to disclose HIV status to sexual partners

Regarding responsibility of HIV patients to disclose their HIV status to sexual partners, 96% of HCP agreed or strongly agreed that disclosure of HIV status to sexual partner could reduce unprotected sex (Fig. 3). Ninety-four percent agreed that PLWHA should disclose HIV status to regular sexual partner and 79% agreed that PLWHA should disclose HIV status to casual sexual partner. Fig. 3 shows that, regarding the option of introducing a law requiring HIV status disclosure, 46% agreed that there should be a law that gives HCP the right to disclose to a third party in some defined situation; 65% agreed on the need for a law for PLWHA to disclose to any sexual partner, and 70% agreed on the need for a law for PLWHA to disclose to an intimate partner, respectively.

An open-ended question also invited HCP to give the pros and cons of introducing such a law as shown in Table 2.

Discussion

Most HCP perceived 'Prevention with Positives' as one of their duties; however, the great barrier to doing so was limitation of time. The most common practice was safer sex promotion such as

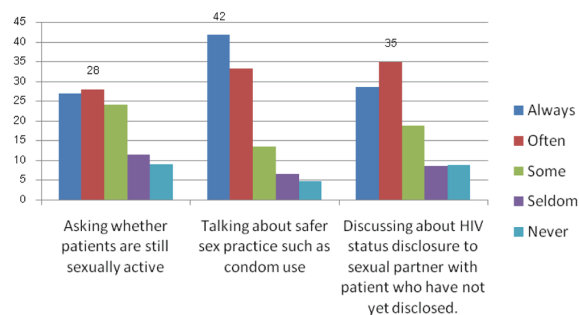


Fig. 1 Percentage of health care providers adopting different counseling strategies (n = 678)

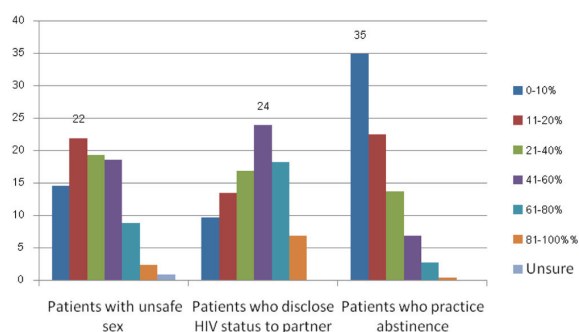


Fig. 2 HCP's estimates of sexual practice of HIV-infected patients (n = 678) (Percentage of HCP who chose band estimation)

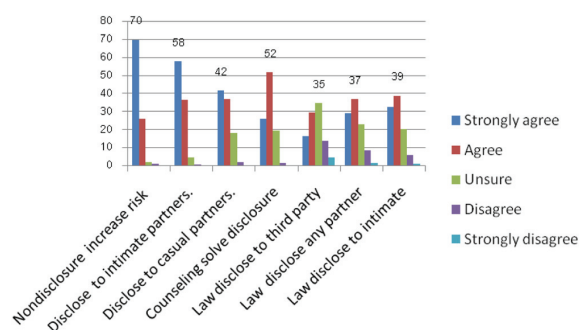


Fig. 3 HCP's opinions regarding responsibility of PLWHA to disclose HIV status to sexual partners

condom promotion and provision. Practice varied greatly between hospitals especially in provision of disclosure counseling service as shown in Fig. 1. A previous study also showed that HIV clinics differed substantially in the preventive service patients received from clinic staff⁽¹⁵⁾.

Table 1. Number of HCP who support different reasons on whether to disclose or not disclose HIV status to sexual partners of patients (third party)

Reasons to disclose	n	Reasons not to disclose	n
1. Prevention of onward transmission	11	1. Right of patient to privacy	331
2. Protection of the rights of sexual partner	9	2. Adverse effect such as violence, divorce and abandonment	19
3. Giving both patient and partner care and prevention and reducing long term cost	5	3. Warning is not a direct duty	16
4. Patient bringing the spouse to test and treat	5	4. No patients have sexual partner at the hospital	9
5. Reducing long term cost and partner getting treatment at the same time	5	5. Confident of disclosure by counseling	5
6. Patient and partner taking care of themselves appropriately	5	6. Ethical issue	5
7. Spouse asking for information when patients are near dying or after death	4	7. Fear of litigation	2
8. Patients asking health care provider to disclose to partner	4		
9. Needing antiretroviral treatment and quality management program	2		

Table 2. HCP' views on benefit and disadvantage of laws requiring disclosure of HIV status to sexual partners

	A (Number of responses)	B (Number of responses)
The benefits		
Prevent of onward transmission	295	310
Protect the right of sexual partners	190	123
Create sense of responsibility and equality before law	10	16
Lead to proper and healthy self care for both patients and sexual partners	19	18
Health care provider can work conveniently and simply	11	12
Identify high risk and sexual partners got voluntary HIV testing	8	6
Increase disclosure rate to sexual partners	3	4
Reduction of pregnancy and poor drug adherence	2	8
The adverse effect		
Invade right and privacy of patient	306	138
Effect on patients such as embarrassment and pressure	182	140
Lack of trust between health care provider and HIV patients	15	
Violation of ethical standard of health care provider such as confidentiality of client	11	
Lack of clarity in the law and fear of litigation	11	4
Difficult to put into practice for both health care provider and patients	10	18
Social problem	9	12
Deny treatment, then lost to follow-up	4	2
Invade ethics		7

A: A law giving HCP the right to disclose HIV status of patients to sexual partner in some defined situation

B: A law giving responsibility to PLWHA to disclose HIV status to intimate sexual partner

HCP estimated unprotected sex and HIV status disclosure to a sexual partner mainly at 21-40% and 41-60%, respectively. They also agreed that abstinence from sex by PLWHA was low indicating an

active sexual life. The great variations across clinics in estimates of unprotected sex and incidence of HIV status disclosure indicated heterogeneity and potential gap for improvement of sexual health promotion and

prevention. For unprotected sex, a study of PLWHA in Bamrasnaradul Institute, an infectious diseases hospital in Thailand, found over a three month period that condom use was consistently 65% for men and 82% for women⁽⁸⁾. Another study, by Chaiyamahapark found that 18% of sexually active PLWHA in hospitals of the lower north reported some unprotected sex in the previous three months⁽¹⁰⁾.

In the present study, disclosure of HIV status to a sexual partner was predominantly estimated at 40 to 60%, with great variation across clinics. A study of PLWHA in the lower north showed HIV status disclosure to sexual partners of 75%⁽¹⁰⁾. Another study in Bangkok showed 80% in women and 62% in men⁽⁸⁾. HCP see disclosure of HIV status as a factor leading to more protected sex. Most agree that PLWHA should disclose their HIV status to a sexual partner, especially an intimate partner. However not all PLWHA self-disclose to sexual partner. In the present study, with patients who do not self disclose their HIV status to sexual partners, almost all HCP respected the right of patients to confidentiality. Few reported that they had informed the sexual partners.

Consequently, an ethical dilemma emerges. Is it the right to confidentiality of the patient or the right of their partner to be informed? It also involves the need to clarify the duty of the HCP, to warn or not to warn. International Guidelines on HIV/AIDS and Human Rights, regarding beneficial disclosure and ethical partner counseling, identify the following criteria that need to be considered before sexual partners are informed of the HIV status of a patient: providing thorough counseling that fails to achieve appropriate behavioral changes, refusing to notify or consent to the notification, a real risk of HIV transmission, reasonable advance notice, concealing identity of the HIV-positive person if possible and following up to ensure support⁽¹⁴⁾.

The majority of HCP preferred that there should be a law requiring PLWHA to disclose HIV status to an intimate sexual partner. With regard to their own situation, less than half of HCP agreed that they should be legally protected if they inform sexual partner of PLWHA in some defined situation. No respondent mentioned the existing legal situation in Thailand. In fact, there are no HIV specific laws demanding PLWHA to disclose HIV status to sexual partners. Regarding partner notification by health professionals, there are no recommendations, guidelines, and policies. There are some general laws that might be applied to partner notification. The 1997

Official Information Act, which provides citizens with information that they need and controls the use of such information, is one such law. According to this law, the personal medical record is a confidential document that cannot be made available to others (section 15). However, sections 20 and 24 allow disclosure when it is justified and reasonable. The justification is based on the advantage of disclosure such as public interest and the life and health of other people outweighing the right to information being protected⁽¹⁶⁾. Another law, The National Health Act states that personal health information is protected under privacy laws except when other laws have precedence⁽¹⁷⁾. Section 323 of the Criminal Code states that health professionals are liable in law if they disclose patient information and cause adverse effects on patients. However, Section 68 of the Criminal Code states that persons who need to act to protect their rights or the rights of others are not liable by law if the action is reasonable⁽¹⁸⁾.

HCP's concern about the vulnerability of the sexual partner of a PLWHA is reflected in their support for the introduction of a disclosure law. Existing mechanisms and current programs on counseling, autonomy of PLWHA, and self-protection of their partner might be inadequate for some situations. More improvement to existing programs, added mechanisms or a wider range of interventions should be explored and implemented.

Though there is support for HIV status disclosure, a law would put the onus of disclosure on PLWHA. In 2007, a group proposed a specific HIV law that included provision for disclosure of HIV status. However, the proposal was not acceptable to the Thai HIV community and PLWHA group. Many civic societies objected because the proposed law violated the human rights of PLWHA⁽¹⁹⁾.

There is room for improvement in HIV prevention among PLWHA in clinical settings. Safer sex and disclosure counseling need more attention, more time, more staff, and more capacity building. If both parties are tested and informed as couple HIV testing during antenatal care, premarital or pre-cohabitation counseling, the disclosure dilemma may be avoided.

A limitation of the present study is that HCP estimates of sexual practice of PLWHA may be based on guesses that reflect their attitude to this issue and their knowledge and relationships with specific patients. The estimates in the present study can show approximately, what the situation is from the holistic view of HCP. A direct survey of PLWHA might provide

better information, but their self-reports could also be biased by social desirability responses.

Conclusion

'Prevention with Positives' or HIV Prevention among PLWHA could be improved. HCW have limited time to provide PLWHA with preventive and disclosure counseling that could be a very cost-effective way to reduce HIV transmission. There is variation of frequency of service and practice across all HIV clinics. Many partners of HIV infected patients are still vulnerable to HIV infection. There is an ethical dilemma on disclosure of HIV status to an intimate sexual partner: what must be weighed is right to confidentiality of PLWHA versus right to healthy life of their sexual partners in many different relationship contexts. The interventions to resolve this dilemma might be preventive counseling for PLWHA, beneficial and ethical disclosure counseling, increased awareness of public regarding the risk in intimate relationships, condom promotion in intimate relationships and promotion of HIV testing for couples. Making disclosure compulsory in law, which is not acceptable to the Thai HIV community, might be the last and least desirable and feasible step.

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Potential conflicts of interest

None.

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การป้องกันในผู้ติดเชื้อเอชไอวีและการเปิดเผยผลเลือดต่อคู่นอน: การปฏิบัติและความคิดเห็นจากผู้ให้บริการสุขภาพ

ศักดิ์ชัย ไชยมหาพฤกษ์, ศุภสิทธิ์ พรรณารุโณทัย, ทวีศักดิ์ นพเกษร

วัตถุประสงค์: เพื่อทราบถึงสถานการณ์ การปฏิบัติด้านเพศสัมพันธ์ การเปิดเผยผลเลือดของผู้ติดเชื้อเอชไอวี และขอความคิดเห็นจากมุมมองของเจ้าหน้าที่ผู้ให้บริการการแพทย์

วัสดุและวิธีการ: การสำรวจโดยใช้แบบสอบถามชนิดตอบเองและไม่รู้ตัวตน ในเจ้าหน้าที่ที่เข้ารับการอบรมการส่งเสริมสุขภาพทางเพศสำหรับผู้ติดเชื้อเอชไอวี

ผลการศึกษา: ผู้ตอบแบบสอบถามจำนวน 678 คน ร้อยละ 74 เป็นพยาบาล ร้อยละ 96 เห็นด้วยกับหน้าที่ในการให้บริการด้านการป้องกัน แต่เพียงร้อยละ 46 มีเวลาเพียงพอในการปฏิบัติงาน ผู้ให้บริการสุขภาพจำนวนสูงสุดประเมินว่า เพศสัมพันธ์ที่ไม่ใช้ถุงยางอนามัยอยู่ในช่วง ร้อยละ 21 ถึง ร้อยละ 40 การเปิดเผยผลเลือดต่อคู่นอนอยู่ในช่วงร้อยละ 41 ถึง ร้อยละ 60 การงดการมีเพศสัมพันธ์อยู่ในช่วงร้อยละ 0 ร้อยละ 10 ในกรณีที่ผู้ติดเชื้อไม่เปิดเผยผลเลือดต่อคู่นอน ส่วนใหญ่เจ้าหน้าที่จะไม่เปิดเผยต่อคู่นอนโดยเหตุผลคือ สิทธิของผู้ป่วย และเกรงเกิดผลกระทบต่อนักวิชาการ มีร้อยละ 9 ที่ผู้ให้บริการเปิดเผยผลเลือดต่อคู่นอนของผู้ติดเชื้อในทางตรงหรือทางอ้อม โดยเหตุผลคือ ป้องกันการถ่ายทอดเชื้อ และสิทธิของคู่นอนที่ควรจะมี ครั้งหนึ่งให้เห็นด้วยว่าผู้ให้บริการสุขภาพควรได้รับการคุ้มครองสิทธิในการเปิดเผยผลเลือดต่อคู่นอน ร้อยละ 70 เห็นด้วยที่ควรมีกฎหมายให้ผู้ติดเชื้อเปิดเผยผลเลือดต่อคู่นอนประจำ

สรุป: เจ้าหน้าที่ผู้ให้บริการสนับสนุนการป้องกันในผู้ติดเชื้อ การเปิดเผยผลเลือดต่อคู่นอนยังคงเป็นข้อขัดแย้งทางจริยธรรมระหว่างความลับของผู้ป่วยกับสิทธิในการป้องกันสุขภาพที่ดีของคู่นอน ควรส่งเสริมการป้องกันที่มีอยู่และพัฒนาแนวทางและมาตรการในการลดความเสี่ยงของการติดเชื้อเอชไอวีของคู่นอน โดยคำนึงถึงสิทธิของทั้งผู้ติดเชื้อเอชไอวีและการป้องกันคู่นอน