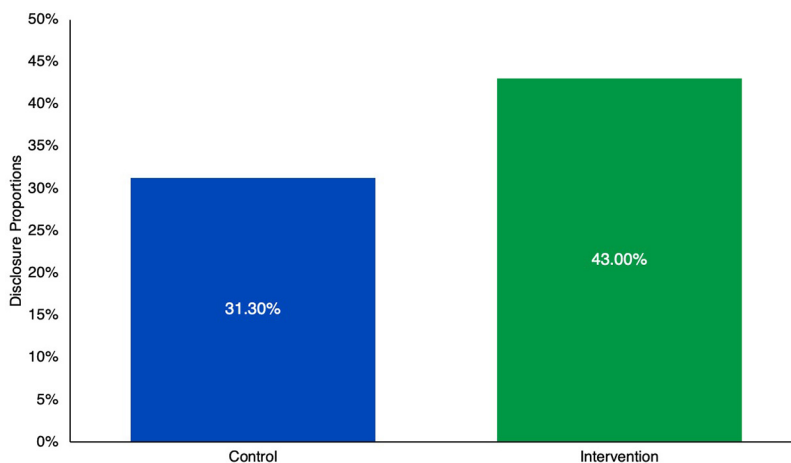


FIGURE 3. Disclosure Proportions Across Study Arms Among Adults Living With HIV in Rural Uganda^a



^aP<.001.

TABLE 4. Adverse Events Following Disclosure Among Adults Living With HIV in Heterosexual Relationships in Rural Uganda

Adverse Events	Intervention, No. (%)	Control, No. (%)	P Value
Total	12 (12.1)	9 (12.5)	.941
Separations	5 (5.1)	1 (1.4)	.199
Quarreling/abuse	4 (4.0)	4 (5.6)	.411
Threatening	3 (3.0)	4 (5.6)	.643

among men. Because men rarely receive adequate HIV disclosure counseling due to their low attendance at health facilities,²⁶ the CHW mechanism may have reached them adequately in the community.

Participation in an HIV/AIDS association or group (e.g., as a peer educator) increased the chances of disclosure, a finding consistent with previous studies.^{8,60,69} Such groups create a sense of duty in an individual to inform others about one’s HIV status due to the occasional receipt of information regarding prevention of HIV transmission and adherence to HIV care services.⁷⁰ Also, being leaders in some contexts, peer educators are meant to be exemplary to others; hence, they feel more responsibility to disclose compared to other PLHIV. In contrast, a multicenter study done in Burkina Faso, Kenya, Malawi, and Uganda showed that HIV support groups were negatively associated

with HIV disclosure.⁷¹ This difference could have been due to the differences in study design, as that study was cross-sectional as opposed to the current longitudinal interventional study.

Having a negative attitude toward other people knowing one’s HIV status reduced the chances of disclosure. This is probably linked to HIV-related stigma, as the negative effect of stigma on disclosure has already been reported.^{72–76} In addition to stigma, fear of the negative consequences of disclosure in a sexual relationship might have been responsible for the negative attitude some participants exhibited toward other people knowing their HIV status, as also reported elsewhere.^{77,78} However, several cross-sectional studies reported perceived stigma as a non-significant factor for HIV status disclosure.^{70,79,80} The cross-sectional nature of these studies might be responsible for the contradiction with the current interventional study.

Despite reports that receipt of disclosure counseling is associated with disclosure,^{60,66} participants who had received disclosure counseling before study entry were less likely to disclose. This could have been because these participants may have made disclosure attempts before the study and noticed the possible negative consequences, which they never wanted to elicit again.

It was remarkable that 22.1% of the partners who were disclosed to and discovered to be HIV positive were already in HIV care. This is similar to reports from previous studies that concordant positive sexual partners may not be aware of each

Having a negative attitude toward other people knowing one’s HIV status reduced the chances of disclosure.

other's HIV status, and occasionally, they may suspect each other's HIV positivity without open discussion about it.^{37,81}

The overall prevalence of adverse outcomes following disclosure was 12.3%, and there was no significant difference between the study arms. However, this prevalence was remarkably lower than in previous studies.^{59,82–85} Specifically, the overall prevalence of separation was 3.5%, which was lower than the average of 8.3% reported in previous studies.^{59,86–89} In the current study, partner separations were more in the intervention than in the control arm (5.0% versus 1.4%), though not statistically significant. However, separations in the intervention arm were lower than the 9.0% and 7.7% reported in previous interventional studies.^{82,86} The findings in the current study reaffirm the fact that negative outcomes may occur following disclosure, but the risks are much smaller in the long term and are worth undertaking, as reported in previous studies.^{10,11,90}

The findings in the current study reaffirm the fact that negative outcomes may occur following disclosure, but the risks are much smaller in the long term and are worth undertaking.

Study Strengths and Limitations

To the best of our knowledge, this is the first study to scientifically evaluate the role of CHWs in supporting HIV disclosure among adults living with HIV in heterosexual relationships. We reduced the social desirability bias associated with HIV disclosure¹⁵ by confirming self-reported disclosures with CHWs in the intervention arm and encouraging those who disclosed to bring their partners to the study site or HIV care center for additional counseling and testing. Fortunately, 60.8% of the sexual partners who were disclosed to came to the study site (health facility) for further counseling and HIV testing.

The findings of this study should be interpreted with caution because this was a nonrandomized cluster study, which was prone to selection bias or confounding. However, confounding was assessed during statistical analysis and no confounder was identified; hence, there was minimal possibility of this occurrence. Because of the community nature of the intervention, the study was prone to cross-contamination from the possibility of sharing intervention information between the participants of the 2 study arms. However, we created a buffer zone between the clusters in the intervention arm and those in the control arm, which minimized the possibility of participants from different study arms meeting while in the community. To minimize contamination at the study sites during in-clinic study visits, participants in the intervention group at the sites that recruited in both arms were given different

appointment dates for enrollment and follow-up, which reduced their chances of meeting at the study sites. Finally, there was a variation in participants' baseline characteristics between study arms, which was probably due to the nonrandomized nature of the study clusters. This limitation was minimized by controlling the presumed independent variables in the modified cluster multivariate regression analysis.

CONCLUSION

The CHW-led mechanism increased HIV disclosure among adults living with HIV in heterosexual relationships in rural Uganda. CHWs can play a fundamental role in supporting disclosure among adults living with HIV with disclosure difficulties in a rural community setting. Further studies assessing and evaluating the operational feasibility and sustainability of this approach may be required.

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Author contributions: ZL conceptualized the study. RNM and ZL participated in data collection and its management and drafted the manuscript. BS conducted the analysis. PM and LMB supported and guided conceptualization, data collection and management, and manuscript writing. HK supported data management. RK and PA contributed to the conceptualization of the study. MB participated in manuscript writing. FMK provided overall technical guidance for the conceptualization process. All authors reviewed the manuscript and provided substantial input, and all approved the final manuscript.

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