How do coping strategies and situational variables affect HIV disclosure?

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Introduction

Diagnosis of HIV presents many interrelated social issues, notably whether or not to disclose seropositivity to others. Disclosure has been found inconsistently to motivate sexual safety (1), as well as enable support (2). The present study aimed to:

1.enhance understanding of the role of coping and medically relevant variables in disclosure decisions and

2.explore the situational context surrounding disclosure and nondisclosure through qualitative exploration.

Participants

32 women enrolled in the Chicago site of the Women's Interagency HIV Study (WIHS), an NIH funded, longitudinal, multicenter study established in 1993.

Sample Characteristics

Mean age	44
Household income	Over half (66%) <$12,000
Race	94% African American 6% Caucasian or Hispanic
Education	31% <high school 28% completed high school 28% some college 13% college
HIV exposure category	44% heterosexual risk 25% IDU risk 31% no identified risk or unknown

Measures

Participants looked at a picture of an ethnic minority woman with a neutral facial expression standing in front of a mirror and were prompted to tell a story.

- Guided autobiography task: Participants shared three significant life experiences they considered to be turning points in their lives in the form of autobiographical narratives (3).
- WIHS bi-yearly visits included a clinical exam and self-report interview cross-checked with medical records.

Analyses

- Qualitative/grounded theory analyses: Narratives where participants referenced disclosure and/or nondisclosure were qualitatively categorized into codes relating to disclosure or nondisclosure by a single investigator using Strauss and Corbin's grounded theory methods. The results were derived by a consensus among three coders who initially coded the narratives independently.
- Quantitative codes derived from narratives: Narratives were reliably coded by a group of trained coders for coping styles, including instances of disclosure/nondisclosure to potential/actual sexual partners and others, on a 4 point scale based on level of intensity, frequency, and saliency. Scores of codes across the four narratives were analyzed in Pearson correlations and independent samples *t*-tests.

Qualitative findings

Participants recalled instances where they disclosed selectively within their social network and publicly on a large-scale briefly and at length in their narratives. Motives for disclosure and nondisclosure decisions centered around the core experience of living with HIV in a naturally social world (**fig. 1**), themes co-occurring with instances of disclosure and nondisclosure (**fig. 2**), and positive and negative outcomes of disclosure (**fig. 3**) were extracted from grounded theory analyses.

Figure 4. Any disclosure by history of AIDS (no/yes)

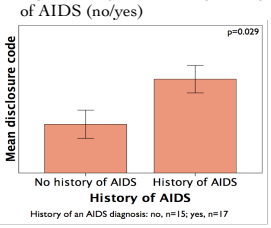
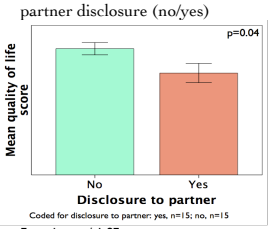


Figure 5. Quality of life score by partner disclosure (no/yes)



Error bars: +/-1 SE

Figure 1. Motives for disclosure and nondisclosure

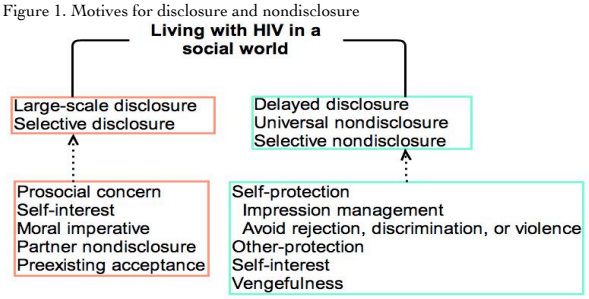


Figure 2. Theme codes co-occurring with disclosure & nondisclosure codes

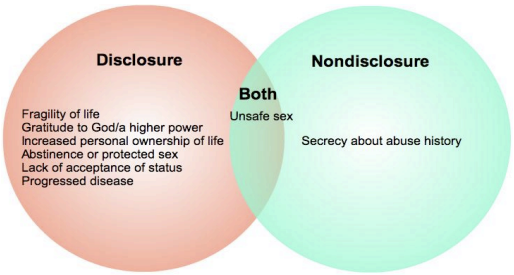


Figure 3. Consequences of disclosure

Consequences of disclosure

Acceptance
- General/unspecified
- Emotional support
- Instrumental support

Benefit to others
- Teaching moment
- Responsive testing

Betrayal of trust

Rejection/stigmatization

Quantitative findings

- Significant partial correlations testing relationships between disclosure and coping styles, controlling for age:
  - Positive relationships between spiritual soothing and disclosure to partners ($p<.05$) and overall disclosure ($p<.01$)
  - Inverse relationships between altruism and nondisclosure to partners ($p<.05$) and insight and overall nondisclosure ($p<.05$).
- Participants who had ever received an AIDS diagnosis were coded for higher disclosure levels (**fig. 4**).
- Participants who chose to talk about disclosing to partners in their narratives had a lower quality of life (**fig. 5**).

Conclusions & Implications

- *Prosocial orientation motivates disclosure:* Women who referenced disclosure in their narratives were most frequently motivated by the framing of disclosure as prosocial conduct. Outreach to reported patients can be done to build this prosocial motivation to disclose to partners. This approach can act as one piece of source-based prevention, an under-utilized concept recently popularized by "treatment as prevention."
- *Positive coping styles co-occur with disclosure:* Narratives speaking of disclosure were most frequently coded for the theme of increased personal ownership of life. These women credited their HIV diagnosis for mobilizing them to make positive life changes (e.g., sobriety). Frequently emergent themes also included expressing gratitude to God and insight that life is precious.
- *Disclosure was more often met positively than negatively:* More often than not, women expected a negative response upon disclosing but were contrarily met with acceptance, emotional, and instrumental support.

References

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