Perceptions of HIV and AIDS disclosure amongst affected people in Zimbabwe: A Case Study of Mashamanzou Care Trust

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Abstract

The world is facing a very difficult scientific battle in trying to help the lives of the world populace against the danger posed by HIV and Aids disease. The scientific researchers from a multidisciplinary approach have been focusing on addressing the global challenge of HIV and AIDS. HIV and AIDS has become a global crisis although it is very prevalent in the developing world especially the countries of the South. People affected with this deadly disease have the potential to get help from various stakeholders but the help may be limited by the fact that such victims may be reluctant to disclose their HIV status. It is from this background that the research aims to examine important factors that discourage HIV status disclosure, factors that encourage and discourage HIV and AIDS status information disclosure, the positive aspect of HIV and AIDS status information disclosure and to identify solutions that promotes the wellbeing of the community members with HIV and AIDS problem. In exploring this important phenomenon a qualitative research was chosen as the most appropriate in-depth methodology that can bring about rich data from the participants. The research was based on availability sampling of 30 participants who volunteered to take part in this research at the well-known Mashambanzou Trust Centre for HIV and AIDS patients. The data was collected and analysed using thematic method and themes were identified. The results have demonstrated that the numerous fears that discourages people to open up their HIV and AIDS status. This includes the fear of causing pain to care givers, fear of label, prejudice, discrimination, gossiping, regrets, isolation amongst many factors. Furthermore, the research have demonstrated that there are a number of benefits related to one's HIV and AIDS status disclosure, which includes personal peace, social support, reproduction management and management of diseases amongst other reasons. Therefore it is the role of various societal stakeholders like government, private sector, non-governmental organisations, churches and communities to collaborate and campaign against the mentioned feared factor that discourages status disclosure among HIV positive patients.

Key words: HIV and AIDS, HIV and AIDS disclosure, perceptions, HIV and AIDS affected people

Introduction

In the second Millennium period, the world has faced numerous forms of challenges, which involve climate change, poverty, migration and diseases. One of the prominent disease challenges is HIV and AIDS, a disease that has taken a centre stage in the language of medical field in modern era (Hardon, A., Gomez, G. B., Vernooij, E., Desclaux, A., Wanyenze, R. K.,……….., Obermeyer, 2013). The disease impose challenges at both personal, community and national level, with labelling and stigmatisation being the common challenges faced by people with HIV and AIDS. As a way of curbing the effects of HIV and AIDS, campaigns have been raised in support of HIV and AIDS disclosure. HIV and AIDS disclosure is defined as a process of communicating
potentially stigmatising information which had been previously been kept hidden in order to increase one’s psychological well-being, and in the case of disclosure to sexual partners, in order to preserve the quality of relationships (Borus, Kirshenbaum, & Chesney, 2004). Generally when people discover that they are HIV infected, majority isolate themselves due to fear of rejection and abandonment, linked to status disclosing (Cichocki, 2009).

The process of disclosing HIV status involves entailing a form of communication about potentially a life threatening, transmissible and stigmatised illness. In the United States the current estimates on HIV infections indicate that 56,300 people are infected each year (Kallem, Renner, Ghebremichael, & Paintsil, 2011). These numbers are very alarming and raise important questions about the growing population of people living with HIV and AIDS, as well as prevention strategies required. There are questions that revolve around what sort of illness-specific support needs of people living with HIV and AIDS? Besides other questions that may be raised is why does knowing how to prevent the transmission of HIV not translate to actually doing so? One emerging concept in response to both of these questions is disclosure. Disclosure is a communicative tool that can increase access to social support for people affected by HIV and AIDS and reduce transmission through the disclosure of one’s status to at risk individuals (Smith, Rossetto, & Peterson, 2008).

However, since the discovery of the disease, there is a plethora of literature and campaigns that are meant to support people affected by HIV and AIDS disease. These campaigns have provided a platform for mind change towards perception of HIV positive status. As a result many people are now free to communicate their HIV status, however, there is less information on the negative and positive aspects of information disclosure, hence, the research is meant to explore the perception of HIV and AIDS patients on information disclosure. Studies on the issue with population samples of persons living with HIV and AIDS in countries of the Americas, Asia, and Europe with access to treatment have indicated that disclosing one’s HIV status decreases stress and isolation, expands social support, and it actually favours adaptation to medication intake and the negotiation of safer sex in various inter subjective contexts, which have an impact on controlling the spread of the epidemic (Sowell, Seals, Phillips, & Julious, 2003). For most, an HIV or AIDS diagnosis is difficult to manage without social support and healthy coping strategies. A study of Latino gay men found that disclosure was related to greater quality of social support that facilitates initiation of, and adherence to, HIV treatment and medications. Public health messages have traditionally urged disclosure to all sexual and drug using among partners. In reality, some HIV positive persons may choose not to disclose due to fears of rejection or harm. Some studies have found that increased disclosure is associated with reduced sexual risk behaviour and also the raising of self-esteem, especially when accepted by the other partner (Smith et al, 2008).

The bulk of research literature done on the topic area is based on the international case studies that is, in societies where patience have institutional support and reliable medical facilities. For instance, Euro-Asia cases are highly reported in the literature regarding the topic than Afro-contextual studies (UNAIDS, 2000). There are several journalistic reports of people who are getting infected from their intimate sex partners without prior knowledge about one’s partner’s status position (Musiyiwa, 2015). The increasing cases of this nature means HIV and AIDS topic remains a very secretive and a sensitive discussion that can lead to psychological and social cost amongst the affected populace. Considering the collective efforts by various stakeholders, of medical
field, nongovernmental organisations, and education to educate people about the diseases, but in behavioural terms HIV and AIDS remains one of the sensitive and not communicated diseases. This poses a lot of vulnerability towards other members of the community who might not be aware on how best to relate with the infected individual. It therefore from such a background that a research is of great importance to explore the Zimbabwean contextual scenarios on why people continue to choose to be silent about their HIV and AIDS status to those individuals who matter to them. There is increasing numbers reports of infections and death, which is attributed to fear of disclosing one’s HIV status, as a number of individual continue to die in silence. Disclosure has been found to carry some positive results that are linked to institutional and community support of an individual, however cumulative reports have demonstrated that HIV infected individuals are still struggling to open up their status to communities. It is from this background that the goal of this project is to better understand the relationship between HIV and AIDS, disclosure, and the general wellbeing of the individual affected by the diseases. The Mashambanzou is composed of people who are working and being given care on voluntary bases, and this case study provides ital. case for studying a sensitive topic like HIV and AIDS as participants are more than ready to provide vital information that makes community difference.

**Research objectives**

Three research objectives that provided direction to the study were:
1. To examine important factors that interfere with patience’s HIV status disclosure
2. To explore the positive aspect of HIV and AIDS status information disclosure that patience might have experienced
3. To suggest solutions that promotes the wellbeing of the community members with HIV and AIDS problem after HIV status disclosure

**Materials and Methods**

The methodology adopted for this stage was a qualitative research which is an umbrella concept that involves various forms of inquiry that focus on explaining and understanding of a social phenomenon, and in this context HIV disclosure is a concept to be examined by the research. Contextual and cultural elements regarding the world of HIV infected members and community interactions were easily understood through face to face in-depth interaction, hence the basis for adopting qualitative methodology. The data collection methodology was based on the in-depth interview method as the data collection method from the Mashambanzou community care trust responsible for providing care and community support for people living with HIV and Aids. In the process the audio recording method was used to capture the responses of all the participants in the research. The important ethics for the research were observed which involve right to informed consent, anonymity and the right to privacy and this was crucial for harness co-operation and commitment of the people living with the diseases in the centre. The availability sample of 30 individual’s participants volunteered to participate in this research to provide rich information regarding the topic under study. The data collected were presented in themes and thematic analysis was the appropriate mode of data analysis.

**Presentation of Findings**

**Stigmatisation and prejudice**

The research have found that the process of divulging one’s HIV status is a very difficult, complex and also a personal matter.
Communicating with other people regarding one’s HIV status can trigger psychological traumatic events based on stigmatization and discrimination one has previously encountered. One of the participants who confessed the dangers of disclosure explained the horror she faced from the opening up one’s status to other people. Prejudicial behaviors was reported from various social groups includes families, spouses and even children. “My close mates used communicate with me as if I was going to die the following day, they were not including me in their future plans, and pity could be the appropriate word to describe my situation. I think this is the reason why many people shoes to be secretive about their status”.

The other main idea that came out of the discussion was how family members withdrew their support to family members who have suffered from HIV and AIDS. The most successful members of the family seem to offer unconditional support to members of the family who are young and adult members who have not declared their HIV status. HIV positive individuals seem to require unconditional support in areas of education, professional training, and also some funds to start their own businesses which is vital for them to be economically independent. However, due to the disclosure of the HIV status other members of the community seem to receive a lot of attentions at family level while the one well-known for his or her condition is left alone and blamed for his or her condition. This naturally makes them potentially poor as they will become the neglected members of the community. “I was going to school but my brother chose not to pay for my education after I disclosed my status, and my young sisters was the one who was now receiving my benefits” .

This testimony demonstrate clear signs of discrimination and stigmatisation at family level which then spread to other places like work places, and other social institutions and environment. It is from such a background that majority of HIV infected patients do choose to remain quiet about their HIV status position. The feelings, the shame, and rejection harm associated with honest disclosure has been explained as the main driver of long-term suffering for HIV infected individuals. In other words, this data reflect the opinion that majority of HIV patients prefer to conceal their condition in order to maintain healthy relationship with the community and those who are close to them. As these individuals share their experiences in centres like this, they tend to influence other not to disclose their status.

**Community Laughingstock and HIV Positive Disclosure**

Another theme that came up in this discussion with participants is that disclosing one’s HIV’s positive status can be a two way street as it can offer some advantage but the main reason people choose to keep to themselves is the fact that they do not want to be the community discussion. The sentiments that cumulatively came up from the discussion is that those people who have known about one’s HIV status they seem to have an obligation to tell other members of the community. This can be done with a positive agenda to rally up social support. ‘A Whatsapp group was formed for me, when I disclosed my status and it was my aunty who opened it, because she wanted to raise medical finances from family members, and that’s when I lost my respect in the family…’

The failure to control who should hear and who should not hear the message regarding one’s status is the main cause of fear for people who want to disclose their status. They explained that it is not everyone who hears that will be helpful. “………………through grapevine I had some painful words said by close sister, because of that I regret disclosing my status…” Therefore, the other
important idea that dominated the discussion is that telling important people in one’s life can lead information to go viral, and its worse in modern day due to plethora of technological gadgets that promote quick sharing of information. This can make one a societal laughingstock and this rips way one’s self status, pride, and confidence in one’s life, and this is a stumbling block for people to disclose their HIV positive status. “I remember my neighbour did not allow me to carry her child because I might infect her child with the disease.”

Disclosure and Sexual Relationships

Close and intimate relationships are also some of the driving factors driving withholding of information regarding one’s HIV status. The research have found out that being the first one to disclose one’s status can lead to some conflicts in relationships as partners might feel that they have been betrayed. To avoid blame game some partners choose not to open to their partners so that their partners would find out their own. “……..I decided not to tell my husband, I was not sure who was the main cause, if I open up I will be blamed…” However, some have reported that they basically choose to disclose earlier to avoid a sense of betrayal in the future when they realize that they were taking medication long back. “….my fear was that he might accidentally bump through my pills and this can create dram, and as a result I chose to disclose... After disclosure I was labeled the culprit and up to now I do not have an intimate relationship with my husband regardless of the fact that he is also positive.” It seems women do this to protect the life of their partners but they end up falling prey to patriarchy victimization and as result they perceive less benefits of HIV status disclosure.

Those who disclose their HIV status earlier seem to have done so for various advantageous reasons. The most emphasised idea explained was that, communication regarding HIV status promotes discussion trust, and also action towards addressing the danger of retransmission. The other point that came up was that disclosure do provides a platform for mental relief to the partner who is aware of the status. This can actually makes relationship more meaningful as sex and other intimate activities could be done one having a more relaxed mind. “After disclosure that when I started to enjoy sex in the house, and before that is was just an obligatory sex where my husband thought I was cheating on him, but in actual fact I was fighting within myself………” Drugs can also be followed and communicated between partners if they open up, but the general sentiment that came up was that it is good to open up for partners’ health and overall wellbeing, however the unintended consequences are the discouraging factors for infected couples to open up to their married or sexual partners. The fear of violence escalation was identified as the main reason why majority of infected people choose to keep their HIV status to themselves. Besides, some have mentioned that disclosure to their partners can lead to escalation of infidelity and also it can lead to their own rejection. So to curb themselves against this HIV positive patients at times chose not to divulge their positive status.

Fear of criminalisation and Deliberate Spread of HIV Infection

The other interesting theme that gain came up from the discussion with participants is the criminalisation of people who are said to have spearheaded the spread of the diseases. In the eyes of the infected people, it seems there is no legal understanding regarding prosecution in case of accidental infection. The regulatory authorities and various pressure groups do put pressure for
imprisonment of people who deliberately infect another person with a disease. In response to those legal threats that comes from newspapers and various information Medias many people choose not to disclose their status especially to their partners as this can have legal implications. “We read many stories of people being taken to court for infecting their partners ……………………” It seems from the discussion that some individual might want to disclose their status to their partners in a bid to protect their partners and not to harm them. However, individual response to such a negative messages can result in legal actions. Therefore to avoid legal inconveniences that might emanate from HIV positive disclosure. The participants have revealed that it will be difficult to explain to the partner or to the courts that the spread of the diseases was not a malicious. Therefore, some would prefer to keep their status to themselves to avoid litigation.

Disclosure, Confidentiality and Home-based Care for HIV-infected Patients

The other interesting popping theme which came from this research was that patience have an obligation to disclose to home based health care taker who is normally a relative, so that they can get an appropriate care they need. However, this happens at a cost of the individual’s patience’s general wellbeing. “There is a pressure to open to somebody who takes care of you….The care giver might blame me for being infected with HIV and AIDS as if I made a choice…….” The difficult regarding status privacy is that care giver might be the one who begins discrimination and prejudicing. This is painful for participants as reported in this study. Such a testimony demonstrate the importance of disclosure, however it seems there are numerous stumbling blocks that tends to hinder that process, and in this case it is the fear of rejection. The care giver is also usually a member of the extended family and more often he or she is likely to find somebody to divulge the secrecy which would then result in one’s status going viral. Furthermore, the other report that did came up from the discussion is the fact HIV positive patience prefer to protect the psychological wellbeing of those who take care of them. “I did not tell my mother my condition because I did not want to hurt her very much. She is a loving mother so I decided to protect her…………………….” Besides disclosure has been found to be directly correlated with the aspect of trust with the care taker. In the Zimbabwean context, mother’s or father's sister can take care of an individual, but this does not mean the care giver and the patient have a good trust relationship as this can be driven by family obligations that may be ingrained in culture. As a result, some participants have chosen to be secretive that divulging people they do not trust. Although they conceded that opening up will be vital however the potential harm of disclosure is the main discouraging factor for HIV positive patience to open up. Additionally, it has been revealed in this discussion that some individuals do choose to keep to themselves due to the fear of the unknown, especially the sense of regret. The fear of regretting after disclosure is another discouraging factor for people with HIV positive status.

Reproductive Decisions and HIV Status

One’s HIV status seem to have a ripple effect to one’s reproductive decisions. This involves buying artificial milk, having protected sex and also choosing not to have children anymore. These are tough decisions that are very difficult for couples to agree upon. As a result some do choose not to communicate their HIV positive status to avoid such discussions that might be filled with controversy and general misunderstanding. It is therefore as
result of this that other chooses not to open up such information. “I could not imagine a situation where I will have to tell my husband that you will never have a healthy child………..” The fear of the unknown which is based on the partner response is the main reason why some individuals choses to make their positive HIV status a private information. Some individuals prefer to walk off the relationship without giving their partners the reason why they have walked out of the relationship.

Motivation to Disclose

The research has found that many HIV participants prefer to open up when they perceive the potential for help than mere sharing of information. “I opened to my rich relatives because they have the capacity to provide me with all the necessities required from food to medical help…..” On the other hand another opinion that came up is that, if family and close relative are unable to help a patient with any form of help they prefer to keep the health condition secret. “I felt if I share with them what it will help me because they have nothing to offer to me…..” Besides this mentioned point, another interesting point that pops up is that some individuals prefer to disclose their HIV positive status on their own and not third part person. This is mainly because it is shameful for someone to spread rumour about one’s condition. “I chose to tell the world on my own and not somebody else who have nothing to do with my life. Sometimes the wrong story regarding causes and what I experience, and its better if I do it on my own…..”

Observed benefits of disclosure

In the discussion with HIV positive patients, there are interesting ideas that came up regarding what they have observed benefits of disclosing one’s HIV positive status. The most dominant theme was getting help from medical practitioners, family and non-governmental organisations. There are a number of non-governmental organisation programs that are formulated to address socio-economic challenges for people with HIV and AIDS and to be a beneficiary; one has to open up about his or her own HIV status position. Therefore, those who choose to make their status secretive they tend to be left out on various social programs that is meant to improve their own conditions. “I have a friend who suffers from sides’ effects of HIV and AIDS and the reason being that she was not getting governmental support for HIV and AIDS. The food she was taking was not good for someone with such a medical condition….”

Furthermore, another critical point that also came up in the discussion was that disclosing one’s HIV status is very important for stress relieving. “Keeping your HIV status to other people is a very stressful experience, I felt very relieved when I open up, and I felt like a very big weight has been taken off my shoulder…” This reflects that it is very therapeutic for people to open up their HIV positive status and it gives one a sense of peace with oneself and others around them. In other words this theme has expressed that people who open up they tend to develop a sense of self-acceptance and this is very important for an individual overall performance and life performance, as they are not haunted by a sense of sense of inferiority. The other interesting point that came up from this research discussion is the point that soon after disclosure there are serious challenges that one is likely to face from the community in general, however as time goes on the community seem to be so accepting and accommodative and times very supportive. “It was very difficult initially but with time community stated to change their approach to me……..”
Discussion of Findings

The data discussed above have extensively demonstrated very interesting insights regarding the modern day environment for people who suffer from HIV and AIDS. Stigmatisation and discrimination were identified as the main driver for people to be secretive about their HIV and Aids status. Such findings resonate with studies that have been done in other societies (Cichocki, 2009). Humanism is a popular school of thought in the discipline of psychology that have portrayed that human beings want to be loved and to be supported for them to grow in their individual life (Corona et al., 2006). Lack of love and unconditional positive regard can cause numerous maladaptive problems for individuals who may manifest as suicidal tendencies, depression, inferiority and social isolation (Delaney, Serovich, & Lim, 2008).

This theoretical opinion demonstrates the vulnerability of people with HIV and Aids who sometimes may be found being victimised by the society through rejections. The rejection involves withdrawal of support in the life of individual and also attachment of labels to a patient. This demonstrate the lack of unconditional support of the society and how it can affects the individual’s wellbeing. One’s sense of wellbeing can be affected as one might think that I can no longer realise my greatest life potential, and this can lead to an exaggeration of one’s relative position which could be detrimental to one’s mental state, and sense of being (Gachanja, Burkholder, & Ferraro, 2014). This opinion reflects the opinion that disclosure is very dangerous for HIV patients as it seems to clip their life performance and their overall self-image.

The researches have demonstrated that people do share such experiences and as a result it is that worst experience that discourages HIV patience to disclose their HIV and AIDS status to other people. In Zimbabwean context there is need for cultural discussion, and revival of the importance of extended family and family bond, as this would allow useful people to know about their relative’s status. This will create a platform for individuals to receive help without harming the victim. The quality of relationship is of great importance before disclosure as the quality of relationship will determine the protection that a patient will receive from his or her social network (Gillett, H. J., & Parr, 2010). In other words, the quality of relationship will determine the level of confidentiality one is likely to receive post disclosure. It seems its very vital that one makes a list of those individuals at family level, friendship level and other societal stakeholders who are very crucial in one’s life, who will be of great value to an individual after disclosing HIV positive status. In this regard, disclosure is being used as a way of getting love and unconditional positive regard from people who matter in one’s life, thereby shutting people who are of less value in one’s life, as these people have the potential to cause trauma in one1s life through laughing and labelling victims. Besides, when one is HIV positive it is very vital that such an individual is always associated with individuals who add value to their life (Hardon, 2013). Therefore, there is need for cultural training, seminars and campaigns that bring about the importance of extended family to the subject of HIV and AIDS, where family becomes the vita pillar of the patient. Besides, in a society where community care institution does not have enough capacity, it of great importance that family bond be an institution crucial for protecting HIV and Aids patients. Therefore, there is need for national identity discovery campaigns which emphasised on the importance of family bonds.

The vicious cycle of infection can be avoided through disclosure especially in intamant relationships. The fact that HIV infected patients may choose not to disclose for various reasons makes the infection a cycle. To start with, in a case of infidelity the
partner who is not aware of the other partner’s HIV status might have unprotected sex with other people outside the matrimony house. This could be avoided if one partner can have that knowledge of HIV and AIDS status. If partners discuss freely about their status position, they can easily find best strategy of avoiding further infecting each or passing the virus to their children, born and unborn. To prevent a situation where partners continuously infect each other patients should communicate about protective measures for instance male or female condoms, both of which are very vital for protecting people in marriage. Breast feeding is the most preferred method of child feeding, however at times it is of great importance to use artificial ways of feeding which may protect the child, and if partners are not open to each other a child is likely to be breast fed which is a detrimental scenario for the child. The bottom line will be this child will be affected as the parents, partners will infect each other and in any case of infidelity the diseases is likely to be spread to other sexual partner in the circle, and all these people are vulnerable to the dangers of the diseases. Therefore, it is of paramount importance that sexual and intimate partners be open to each other regarding their HIV status as it has a ripple effect beyond two love partners, as it curbs a generation of infected individuals.

As disclosure could have some negative outcomes, however the benefits of disclosure cannot be outweighed by the cost of disclosing. The point here is, disclosure is very important regardless of the costs, but it should be done in a methodological way so that is well managed. According to Kyaddondo and colleagues (2013), it is of very paramount importance for a patient to be clear on why they are disclosing their HIV positive status. Knowing the reasons for disclosure helps tailor the message in order to accomplish desired goals and achieve more positive outcomes. The bottom line is, having clear goals will enable one to get emotional and social support. The support can come from the family members, church members and other close friends. This could be easily achieved through community training and education through the input of social workers and social welfare agents. However, in some instances it is of great importance that one gets the help of a professional psychologist. The psychologist would help the couples to go through a denial stage and take them to a position where they accept their status and continue to love each. The need for HIV counselling support network should be a governmental obligation, as some victims of this disease might not have enough monitory power to hire a professional psychologist to deliver such a message. A psychologist might not necessarily have to be on the ground, but at times he or she might be there to provide hints and tips on how to deliver such a heart-breaking message to one’s partner (Kennedy, 2010). The help can also be acquired from health professional, social workers and members of social welfare. These people from these professional background can help one to disclose one’s HIV positive status, the main reason is obvious as revealed in the above paragraph that disclosure to set a platform for avoiding further diseases infection. In other words, HIV status disclosure do help partner to carefully manage their status in a more sustainable way, by protecting themselves, their children and the general community through managing forms of infection exchanges. However, Zimbabwe culture of relying on church pastors and religious counsellors need to be challenged as they are not trained professional to such psychologically sensitive issues.

Workplace has also been identified as a place where subtle elements of discrimination can manifest themselves. Discrimination at a subtle level can be based on ill-treatment, or being fired from work for no substantial reasons. It is of great importance that in disclosing one’s HIV status at work that one gets the appropriate medical papers. The zero
discrimination to HIV and AIDS patients should be part of the later content. The later should also be supported by statutory chapter that give its legal bases (Kennedy, 2010). This is very important because some organisations are ignorant of the labour laws. These will then help to protect and individual in case of frequency medical visits or persistence of illness. On the same note government should also have a legal mandatory of making sure that there is enforcement of rules and regulations that protect employee who are HIV and positive against institutional discrimination. Besides, patience needs to be educated about their rights against clear or subtle elements of discrimination, because it is such testimonies that encourage suppression of information about one’s HIV status position.

To link to the above point, Kouyoumdjian (2005) have advised in his on research that when making disclosure at work it is very important to seek similar individual. This will provide important voices for the society and for victims of HIV and AIDS. Knowing people who are similar to an individual would be of great importance to an individual as it provides a collective sense of identity and collective fight for one’s rights. It also allows one to learn from other members of the organisation who are in the same situation. The bigger the social network the positive the feelings one have, and the less the sense of regret within an individual. In other words, finding similar people at work place can help one to find support groups and thereby living a fulfilling life. Moreso, as a form corporate social responsibility private sector organisations have social obligation to help people with HIV and AIDS infection, and they can do so in various ways, and amongst them it could be proving employment to people who are victims of diseases, instead of discriminating them. Such a move can encourage victims of HIV and AIDS to open up and opening up has a ripple effect to the society and at the same time it will improve the corporate image of such organisation that invest in that area (Madiba, &Matlala, 2012).

Besides, government have a significant role to place in encouraging disclosure and voluntary divulgences of one’s HIV positive status. As indicated above the government could come up with legal framework to protect victims of HIV and AIDS from all form of community and institutional prejudice and discrimination. Government can also launch community campaigns educating the public about the diseases and its detrimental effects to the community. It seems the reason people chose to keep their status privacy is because they do not have reason why it is important to disclose, and also they do not know how to disclose, meaning methods of disclosure (Murphy, 2011). Therefore, it is a governmental responsibility to make sure that social service personnel are available and accessible at a low cost to make sure that the victims of HIV and AIDS access that important service that encourage them to disclose their status.

In short this research therefore recommends that, there is need for resuscitation of community bonds to encourage empathy amongst community, leveraging on the traditional extended family values. Government needs to invest to complement individuals who chose to disclose their status, and this is achieved by providing human resources support for social service professional. Besides, governments should provides resources for community training and mass education to ensure that HIV and AIDS diseases is comprehensively understood by the patients and also by the general community, in order to encourage systematic involvement in the encouragement of disclosure. Fear of rejection by community and partner was one of the prominent ideas, and it is important that empathy training be championed at community level through governmental, private and even non-governmental organisation. Workplaces should be an exemplary place for victims of
HIV and AIDS, where corporates need to demonstrate their hear aspect, offering opportunity to victims of HIV and AIDS as a form of corporate responsibility. Government should complement such organisations by reducing tax. The government need to come up with a policy that incriminates all individuals who have been found to be discriminating or express prejudice towards victims of HIV and AIDS. The government also need to come up with free counselling centre for HIV and AIDS to add to those that are available, as people may not disclose their status due to the fact that they do not have the knowhow. Availability of laws is important as well as the enforcement of the same laws.

Conclusion

The study of HIV and AIDS disclosure is one of the hot topics in the academic literature as there is great call for solution regarding increasing cases of individual who are deliberately infecting other with HIV and AIDS. This is because infected individuals do choose not disclose due to fear of consequences that ranges from discrimination stigmatisation, withdraw of help from community to discrimination, to discrimination at work place. These numerous outcomes seem to be shared amongst affected people thereby creating a number of individuals with fear of opening up. In other words, the present prevailing environment is supporting a culture of vicious cycle of generation HIV infection victims. It is from this background that stakeholders that range from government, non-governmental organisations and private sectors needs to make a coalition in order to come up with projects that benefits the community members infected with HIV and AIDS. This will allow their participation and the general information sharing and disclosure. Disclosure of information will encourage HIV solutions driven from the victims’ perspectives, hence it allows victim based solutions. However, this research can give glimpse insights about research topic, however such a case study provide restrictions on generalisations of findings, hence, there is need for a comprehensive research that could provide a cross analysis of cases.

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