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Healthcare Providers' Perspectives on Spousal HIV Disclosure, Antiretroviral Adherence, and Support Group Dynamics in Makurdi Health Facilities, Nigeria

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Abstract

Background: Healthcare providers play a decisive clinical and counseling role in facilitating HIV serostatus disclosure, sustaining antiretroviral therapy (ART) adherence, and linking people living with HIV (PLHIV) to peer support systems. However, empirical comparisons between providers' clinical perceptions and patients' actual behavioral experiences in high-burden North-Central Nigerian settings remain limited.

Objective: This study examined healthcare providers' perspectives on the drivers and barriers of spousal HIV disclosure, evaluated the intersection between disclosure, ART adherence, and spousal treatment support, and assessed peer support group participation across comprehensive ART facilities in Makurdi Metropolis, Benue State.

Methods: A facility-based descriptive cross-sectional study was conducted across five tertiary and secondary comprehensive ART facilities in Makurdi Metropolis (Federal Medical Centre Makurdi, General Hospital Makurdi, Family Support Program Clinic, Madonna Hospital, and Wadata Hospital). Structured questionnaires were administered to all 43 active HIV/AIDS

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healthcare providers on duty and 347 systematically sampled HIV-positive married partners. Data were analyzed using STATA 12 via descriptive statistics and comparative cross-tabulations.

Results: Healthcare providers identified partner caution and prevention of onward transmission (41.9%), freedom to take antiretroviral drugs (23.3%), unimpeded hospital appointment attendance (14.0%), psychosocial support (11.7%), and direct provider counseling (7.0%) as primary motivators for spousal disclosure, while citing fear of stigmatization (62.8%) as the leading barrier. Patient-level data corroborated these clinical observations: 75.5% (n = 262) of married patients reported that their spouses were aware of their ART medication, with 38.6% taking ART concurrently with their spouses, while 24.5% (n = 85) concealed their medication. Furthermore, 38.9% (n = 135) belonged to an HIV support group, among whom 67.7% reported improved medication adherence and 28.4% reported direct disclosure assistance.

Conclusion: Healthcare providers accurately diagnose the clinical and psychosocial dynamics governing spousal disclosure and ART adherence in Makurdi Metropolis. Expanding structured multi-session provider counseling, couple-centered ART adherence programs, and clinic-integrated peer support groups is vital for closing the 24.5% covert medication gap.

Keywords: HIV/AIDS, Healthcare Providers, Spousal Disclosure, Antiretroviral Therapy Adherence, Support Groups, Makurdi Metropolis, Benue State

1. Introduction

1.1 Background of the Study

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic continues to impose a heavy public health burden across sub-Saharan Africa, which accounts for roughly 71% of the global population living with HIV and 46% of all new infections worldwide (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2017; World Health Organization [WHO], 2005). Within West Africa, Nigeria bears the second-largest HIV epidemic globally, with Benue State in North-Central Nigeria recording one of the highest sub-national prevalence rates at 5.6% (Benue State Agency for the Control of AIDS [BENSACA], 2015; Federal Ministry of Health [FMoH], 2014; National Agency for the Control of AIDS [NACA], 2015). Because heterosexual transmission within stable unions accounts for a substantial share of

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new adult infections in sub-Saharan Africa, effective clinical management requires integrating HIV counseling and testing (HCT) with sustained spousal disclosure and antiretroviral therapy (ART) adherence (Allen et al., 2003; Kalichman & Nachimson, 1999).

Within comprehensive ART facilities, frontline healthcare providers: including physicians, nurses, pharmacists, laboratory scientists, and community health extension workers serve as the primary conduit of health information, behavioral counseling, and psychosocial reassurance for newly diagnosed patients (Medley et al., 2004; Okwilagwe, 2000). Through pre-test and post-test counseling, clinicians guide infected married individuals in navigating the complex interpersonal decision of revealing their serostatus to their spouses, initiating lifelong ART, and joining peer support groups (Almeleh, 2006; Norman et al., 2007). Moreover, accurate clinical communication forms the foundation for dismantling fear-based misconceptions and encouraging positive living strategies (Bertozzi et al., 2006; Momoh et al., 2006).

1.2 Statement of the Problem

Despite expanded availability of free antiretroviral drugs across comprehensive health facilities in Nigeria, national ART coverage stood at just 31% in 2017, contributing to stagnant annual AIDS-related mortality of approximately 160,000 deaths (UNAIDS, 2017). Even among married patients enrolled in clinical care in high-burden areas such as Makurdi Metropolis, non-disclosure to a spouse creates severe clinical bottlenecks: patients who conceal their diagnosis frequently skip antiretroviral doses to avoid being observed taking daily medication, miss scheduled clinic appointments, and avoid participating in community support groups (Chesney & Smith, 1999; Stirratt et al., 2006; Waddell & Messeri, 2006).

Furthermore, empirical research demonstrates that counseling dynamics within health facilities significantly influence patient disclosure outcomes; when counseling sessions are overly brief often lasting only five to seven minutes or when providers lack ongoing retraining, patients struggle to acquire the interpersonal skills required for safe partner disclosure (Medley et al., 2004; Rintamaki et al., 2007). In Makurdi Metropolis, few studies have simultaneously captured healthcare providers' institutional perspectives on spousal disclosure alongside patients' actual ART adherence, spousal medication awareness, and peer support group experiences. Bridging this

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clinical-behavioral perspective gap is essential for strengthening facility-based counseling protocols.

1.3 Objectives of the Study

The broad objective of this study was to examine healthcare providers' perspectives on spousal HIV status disclosure and evaluate how disclosure interacts with ART adherence, spousal treatment support, and peer support group dynamics in Makurdi Metropolis, Benue State. Specifically, the study sought to:

1. Identify healthcare providers' perceptions of the primary motivators and barriers influencing spousal HIV status disclosure among married patients in Makurdi Metropolis.

2. Assess the relationship between spousal disclosure, patient ART medication awareness by spouses, and intra-marital treatment support.

3. Evaluate the extent and clinical benefits of HIV/AIDS peer support group participation among married patients receiving care in Makurdi health facilities.

2. Literature Review

2.1 Clinical Counseling, Provider-Patient Interaction, and Disclosure

Healthcare facilities represent the primary institutional environment where newly diagnosed individuals process their seropositivity and formulate disclosure plans (Greeff et al., 2008; WHO, 2004). Empirical evidence across sub-Saharan Africa indicates that sustained post-test and adherence counseling significantly increases the likelihood of partner disclosure over time (Antelman et al., 2001; Skogmar et al., 2006). In Ethiopia and Uganda, receiving structured pre-test and ongoing disclosure counseling from caregivers was identified as a major independent predictor of spousal serostatus revelation (Alemayehu et al., 2014; Kadowa & Nuwaha, 2009). Conversely, insensitive provider attitudes, fear of confidentiality breaches, and rushed clinical consultations deter patients from seeking disclosure guidance (Blake et al., 2008; Schuster et al., 2005; Vance & Denham, 2008).

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2.2 Spousal Disclosure, ART Adherence, and Peer Support Groups

Clinical literature consistently establishes a robust positive link between serostatus disclosure and optimal adherence to antiretroviral therapy (Norman et al., 2005; Waddell & Messeri, 2006). Patients who hide their HIV status from household members report concealing pill bottles, delaying doses, and missing clinic refills to prevent inadvertent discovery (Chesney & Smith, 1999; Rintamaki et al., 2006). In contrast, disclosing to a spouse transforms the home environment into a treatment-supportive space, enabling couples to remind each other of dosing schedules and attend clinic visits openly (Delaney et al., 2008; Goldsmith, 2004).

Alongside clinical counseling, participation in HIV/AIDS peer support groups provides critical informational, emotional, and esteem support (Brashers et al., 2004; Cobb, 1976). Studies in South Africa and Uganda demonstrate that PLHIV who engage with support organizations develop stronger coping self-efficacy, overcome internalized stigma, and achieve higher rates of spousal disclosure and ART retention (Almeleh, 2006; Kalichman et al., 2003; King et al., 2008).

2.3 Theoretical Framework: Social Support and Consequence Theory

This investigation is guided by the Social Support Theory (Albrecht & Goldsmith, 2003; Cobb, 1976) integrated with the Consequence Theory of HIV Disclosure (Serovich, 2001). Social Support Theory posits that supportive interpersonal networks comprising healthcare providers, peers, and spouses buffer individuals against illness-induced psychological distress and reinforce health-promoting behaviors such as medication adherence (Burleson et al., 1994). Concurrently, Consequence Theory explains that patients disclose their diagnosis to spouses and clinicians when anticipated practical dividends such as freedom to take ART and joint spousal care outweigh fears of stigma and rejection (Derlega et al., 2004; Serovich, 2001).

3. Methodology

3.1 Study Setting and Design

A facility-based descriptive cross-sectional survey design was employed in Makurdi Metropolis, the capital city of Benue State in North-Central Nigeria (Mugenda & Mugenda, 2003; Schindler & Cooper, 2003). Makurdi hosts Nigeria's middle-belt healthcare infrastructure, serving an urban

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and peri-urban population with a state HIV prevalence of 5.3% (BENSACA, 2025; National Population Commission [NPC], 2006).

3.2 Sampling Technique and Sample Size

A multi-stage sampling strategy was implemented to capture both institutional provider perspectives and patient-level clinical experiences:

1. Facility Selection: Health facilities in Makurdi Metropolis were stratified into tertiary, secondary, and primary tiers. Primary Health Care centers were excluded due to the absence of comprehensive ART services. Through simple random sampling, one tertiary hospital (Federal Medical Centre, Makurdi) and four secondary comprehensive ART facilities (General Hospital Makurdi, Family Support Program [FSP] Clinic, Madonna Hospital, and Wadata Primary Health Center) were selected.

2. Healthcare Provider Sample (N=43): All frontline HIV/AIDS healthcare providers (clinicians, nurses, pharmacists, laboratory officers, and community health extension workers) providing active HIV care across the five facilities on the days of data collection were purposively enrolled, yielding 43 healthcare providers.

3. Married Patient Sample (N = 347): Using Benue State's 5.3% HIV prevalence rate (p = 0.06), a 95% confidence level (Z = 1.96), and a 2.5% margin of error (d = 0.025), a sample size of 347 HIV-positive married partners was selected from active clinic registers via systematic random sampling.

3.3 Data Collection Instruments and Analysis

Two structured, pre-tested self-administered questionnaires were utilized: a provider instrument assessing clinical observations on patient disclosure motivators, barriers, and counseling practices, and a patient instrument evaluating spousal disclosure, ART medication visibility, spousal reactions to treatment, and support group membership (Best & Kahn, 1993). Ethical approval was granted by the Department of Health Planning, Research and Statistics, Benue State Ministry of Health, and written informed consent was obtained from all respondents. Data were cleaned, coded, and analyzed using **STATA version 12** to generate descriptive frequency and percentage distributions.

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4. Results

4.1 Healthcare Providers' Perspectives on Spousal Disclosure Motivators and Barriers

Table 1 presents the clinical perspectives of the 43 frontline HIV/AIDS healthcare providers regarding why married patients choose to disclose or conceal their seropositive status.

Table 1: Healthcare Providers' Perceptions of Spousal HIV Disclosure Motivators and Barriers (N = 43)

Clinical Dimension / Provider Observation	Response Category	Frequency (n)	Percentage (%)
Primary Reasons Patients Disclose to Spouse	So the spouse can take caution / prevent spread	18	41.9
	So they can be free to take their ARV drugs	10	23.3
	So they can attend hospital appointments freely	6	14.0
	To receive social, psychological, and emotional support	5	11.7
	Because healthcare providers counseled them to disclose	3	7.0
	To be free from internalized self-stigma	1	2.3
Total Healthcare Providers		**43**	**100.0**
Primary Barrier to Spousal Non-Disclosure	Fear of stigmatization and social rejection	27	62.8
	Other relational, economic, and privacy barriers	16	37.2
Total Healthcare Providers		**43**	**100.0**

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As shown in Table 1, **41.9% (n = 18)** of healthcare providers observed that married patients disclose primarily so their spouses can take preventive precautions against infection. Crucially, treatment-related freedom ranked as the next most prominent driver: **23.3% (n = 10)** reported that patients disclose so they can take their antiretroviral (ARV) medications openly at home without hiding, while **14.0% (n = 6)** cited freedom to attend hospital appointments without marital suspicion. Additionally, **11.7% (n = 5)** identified seeking emotional and psychological support, **7.0% (n = 3)** attributed disclosure directly to provider counseling directives, and **2.3% (n = 1)** cited relief from internalized self-stigma. Conversely, **62.8% (n = 27)** of providers identified fear of stigmatization as the dominant barrier preventing married clients from disclosing.

4.2 Patient-Level ART Visibility, Spousal Treatment Support, and Disclosure

To triangulate providers' clinical observations, Table 2 details married patients' (N = 347) actual experiences regarding spousal awareness of their ART regimen, spousal reactions to medication use, and treatment-related reasons for disclosure.

Table 2: Spousal Awareness of ART Use, Spousal Reactions, and Disclosure Motivations Among Married Patients (N = 347)

Patient Treatment & Support Indicator	Response Category	Frequency (n)	Percentage (%)
Spousal Disclosure Status	Disclosed HIV-positive status to spouse	294	84.7
	Had not disclosed HIV-positive status to spouse	53	15.3
Spousal Awareness of Patient's ART Use	Spouse is aware patient takes HIV drugs	262	75.5
	Spouse is NOT aware patient takes HIV drugs	85	24.5
Spouse's Reaction to Patient's ART Regimen	Taking ART medications together as a couple	134	38.6
	Indifferent toward patient's ART use	107	30.8
	Unaware patient is taking ART medication	70	20.2

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	Disapproves of patient taking ART medication	32	9.2
	Explicitly approves of patient taking ART	4	1.2
Patient-Reported Motivation for Disclosure*	To prevent further spread of HIV to spouse	193	61.1
	To receive psychological and emotional support	75	23.7
	To receive tangible/general marital support	21	6.6
	So spouse can take preventive caution	17	5.4
	Freedom to take ARV drugs & attend clinic visits	5	1.6
	Counseling instruction from clinic nurses	4	1.3
	Other personal reasons	1	0.3

Table 2 reveals strong alignment between provider perceptions and patient behaviors, alongside critical adherence gaps. While **84.7% (n = 294)** of married respondents had disclosed their HIV status to their spouses, **75.5% (n = 262)** reported that their spouses were aware they were taking antiretroviral drugs, leaving **24.5% (n = 85)** taking ART covertly. Notably, among spouses aware of treatment, **38.6% (n = 134)** of the total sample were **taking antiretroviral medications together with their partners**, demonstrating concordant couple-based adherence. Another **30.8% (n = 107)** were indifferent, **1.2% (n = 4)** actively expressed approval, and **9.2% (n = 32)** disapproved of ART use. Furthermore, **93.9% (n = 326)** of respondents actively encouraged others in their social networks to undergo HIV counseling and testing.

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4.3 HIV/AIDS Peer Support Group Participation and Clinical Benefits

Table 3 examines the prevalence of peer support group membership among married ART patients in Makurdi Metropolis and the specific clinical and psychosocial benefits derived from participation.

Table 3: HIV/AIDS Support Group Membership and Perceived Clinical Benefits Among Married Patients

Support Group Dimension	Response Category	Frequency (n)	Valid Percent (%)
Membership in HIV/AIDS Support Group	Belongs to an HIV/AIDS support group	135	38.9
	Does NOT belong to any support group	212	61.1
Total Sample		**347**	**100.0**
Primary Benefit Derived by Members*	Enhanced adherence to ART care and treatment	91	67.7
	Supported and helped me to disclose to spouse	38	28.4
	Provided employment, disclosure help, & adherence	4	3.0
	Other psychosocial benefits	2	0.9

As presented in Table 3, **38.9% (n = 135)** of married patients belonged to an HIV/AIDS support group, whereas **61.1% (n = 212)** were not affiliated with any peer organization. Among support group members, **67.7%** reported that the group directly enhanced their adherence to clinical care and antiretroviral regimens, **28.4%** credited the group with giving them the skills and courage to disclose their status to their spouses, and **3.0%** gained economic/job support alongside disclosure and adherence assistance.

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5. Discussion

Triangulating healthcare providers' institutional perspectives with married patients' clinical behaviors provides vital insights for strengthening HIV care delivery in Makurdi Metropolis. First, healthcare providers accurately identified partner protection (41.9%) and treatment-related autonomy specifically freedom to take ARVs (23.3%) and attend hospital appointments (14.0%) as central motivators for spousal disclosure. These clinical observations mirror patients' self-reported motivations (61.1% disclosing to prevent transmission and 23.7% seeking psychological support) and corroborate studies in South Africa and Ethiopia showing that serostatus disclosure removes the logistical burden of hiding daily medication rituals (Almeleh, 2006; Norman et al., 2005; Waddell & Messeri, 2006).

Second, the finding that **38.6% of married respondents were taking ART together with their spouses** underscores the transformative public health value of couple disclosure: when both partners know their status, marital households become mutual adherence-monitoring units, reducing viral load and preventing horizontal transmission (Allen et al., 2003; Cohen et al., 2011). However, the discovery that **24.5% (n=85)** of married clients take ART without their spouse's knowledge and that **9.2%** face active spousal disapproval highlights a major clinical vulnerability. As Chesney and Smith (1999) and Rintamaki et al. (2006) warn, patients who conceal medications from household members face elevated risks of missed doses, treatment interruption, and antiretroviral drug resistance.

Third, while **67.7%** of peer support group members reported improved ART adherence and **28.4%** reported direct disclosure empowerment consistent with Brashers et al. (2004) and King et al. (2008) overall support group enrollment stood at only **38.9%**. Fear of public exposure and courtesy stigma within the broader community (cited by 62.8% of healthcare providers as the primary barrier to disclosure) likely deters the remaining 61.1% of patients from joining visible support networks (Greeff et al., 2008; Medley et al., 2004). Furthermore, because only 7.0% of providers reported that patients disclosed solely due to a single provider instruction, brief, one-off counseling sessions are insufficient; structured, multi-session couple counseling and continuous provider retraining are required (Medley et al., 2004).

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6. Conclusion and Recommendations

6.1 Conclusion

Healthcare providers in Makurdi Metropolis possess an accurate clinical understanding of the motivators (partner protection and treatment freedom) and barriers (fear of stigmatization) governing spousal HIV disclosure. While spousal disclosure facilitates joint couple ART adherence for nearly two-fifths of married patients, covert medication use (24.5%) and low peer support group participation (38.9%) remain critical clinical gaps that require structured institutional intervention.

6.2 Recommendations

1. Structured Multi-Session Disclosure Counseling: Hospital management and HIV implementing partners in Makurdi Metropolis should expand post-test counseling beyond brief single encounters into structured, multi-session behavioral counseling focused on safe spousal disclosure and medication management (Medley et al., 2004).

2. Continuous Healthcare Provider Retraining: The Benue State Ministry of Health and facility administrators should institute periodic refresher training for doctors, nurses, pharmacists, and adherence counselors on couple-centered counseling, confidentiality assurance, and stigma-free clinical care (Rintamaki et al., 2007; Schuster et al., 2005).

3. Scale-Up of Facility- and Faith-Based Support Groups: Because peer support groups dramatically boost ART adherence (67.7%) and disclosure readiness (28.4%), clinics and faith-based organizations should establish confidential, stigma-protected peer support groups for married couples (Almeleh, 2006).

4. Couple-Centered ART Delivery Models: Health facilities should offer synchronized couple clinic appointments and joint adherence counseling to support concordant couples taking ART together and address spousal disapproval of treatment (Allen et al., 2003; Cohen et al., 2011).

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References

Albrecht, T. L., & Goldsmith, D. J. (2003). Social support, social networks, and health. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), Handbook of health communication (pp. 263-284). Lawrence Erlbaum Associates.

Alemayehu, M., Aregay, A., Kalayu, A., & Yebyo, H. (2014). HIV disclosure to sexual partner and associated factors among women attending ART clinic at Mekelle Hospital, Northern Ethiopia. BMC Public Health, 14, Article 746. https://doi.org/10.1186/1471-2458-14-746

Allen, S., Meinzen-Derr, J., Kautzman, M., Zulu, I., Trask, S., Fideli, U., Musonda, R., Kasolo, F., Gao, F., & Haworth, A. (2003). Sexual behavior of HIV discordant couples after HIV counseling and testing. AIDS, 17(5), 733-740. https://doi.org/10.1097/00002030-200303280-00012

Almeleh, C. (2006). Why do people disclose their HIV status? Qualitative evidence from a group of activist women in Khayelitsha. Social Dynamics, 32(2), 136-169. https://doi.org/10.1080/02533950608628730

Antelman, G., Smith Fawzy, M., Kaaya, S., Mbwambo, J., Msamanga, G., Hunter, D., & Fawzi, W. (2001). Predictors of HIV-1 status disclosure: A prospective study among HIV-infected pregnant women in Dar es Salaam, Tanzania. AIDS, 15(14), 1865-1874. https://doi.org/10.1097/00002030-200109280-00017

Benue State Agency for the Control of AIDS. (2025). Benue State HIV/AIDS epidemiological fact sheet and response update. BENSACA.

Bertozzi, S., Padian, N. S., Wegbreit, J., DeMaria, L. M., Feldman, B., Gayle, H., Gold, J., Grant, R., & Isbell, M. T. (2006). HIV/AIDS prevention and treatment. In D. T. Jamison, J. G. Breman, A. R. Measham, G. Alleyne, M. Claeson, D. B. Evans, P. Jha, A. Mills, & P. Musgrove (Eds.), Disease control priorities in developing countries (2nd ed., pp. 331-369). World Bank.

Best, J. W., & Kahn, J. V. (1993). Research in education (7th ed.). Allyn & Bacon.

Blake, B. J., Jones Taylor, G. A., Reid, P., & Kosowski, M. (2008). Experiences of women in obtaining human immunodeficiency virus testing and healthcare services. Journal of the American Academy of Nurse Practitioners, 20(1), 40-46. https://doi.org/10.1111/j.1745-7599.2007.00283.x

Brashers, D. E., Neidig, J. L., & Goldsmith, D. J. (2004). Social support and the management of uncertainty for people living with HIV or AIDS. Health Communication, 16(3), 305-331. https://doi.org/10.1207/S15327027HC1603_3

Burleson, B. R., Albrecht, T. L., Goldsmith, D. J., & Sarason, I. G. (1994). Introduction: The communication of social support. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), Communication of social support: Messages, interactions, relationships, and community (pp. xi-xxx). Sage Publications.

Chesney, M. A., & Smith, A. W. (1999). Critical delays in HIV testing and care: The potential role of stigma. American Behavioral Scientist, 42(7), 1162-1174. https://doi.org/10.1177/00027649921954822

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Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38(5), 300-314. https://doi.org/10.1097/00006842-197609000-00003

Cohen, M. S., Chen, Y. Q., McCauley, M., Gamble, T., Hosseinipour, M. C., Kumarasamy, N., Hakim, J. G., Kumwenda, J., Grinsztejn, B., Pilotto, J. H., Godbole, S. V., Mehendale, S., Chariyalertsak, S., Santos, B. R., Mayer, K. H., Hoffman, I. F., Eshleman, S. H., Piwowar-Manning, E., Wang, L., . . . Fleming, T. R. (2011). Prevention of HIV-1 infection with early antiretroviral therapy. New England Journal of Medicine, 365(6), 493-505. https://doi.org/10.1056/NEJMoa1105243

Delaney, R. O., Serovich, J. M., & Lim, J. Y. (2008). Reasons for and against maternal HIV disclosure to children and perceived child reaction. AIDS Care, 20(7), 876-880. https://doi.org/10.1080/09540120701767158

Derlega, V. J., Winstead, B. A., Greene, K., Serovich, J., & Elwood, W. N. (2004). Reasons for HIV disclosure/nondisclosure in close relationships: Testing a model of HIV-disclosure decision making. Journal of Social and Clinical Psychology, 23(6), 747-767. https://doi.org/10.1521/jscp.23.6.747.54804

Federal Ministry of Health. (2014). National HIV sero-prevalence sentinel survey among pregnant women attending antenatal clinics in Nigeria. Federal Ministry of Health, Abuja, Nigeria.

Goldsmith, D. J. (2004). Communicating social support. Cambridge University Press.

Greeff, M., Phetlhu, R., Makoae, L. N., Dlamini, P. S., Holzemer, W. L., Naidoo, J. R., Kohi, T. W., Uys, L. R., & Chirwa, M. L. (2008). Disclosure of HIV status: Experiences and perceptions of persons living with HIV/AIDS and nurses involved in their care in Africa. Qualitative Health Research, 18(3), 311-324. https://doi.org/10.1177/1049732307311118

Joint United Nations Programme on HIV/AIDS. (2017). Ending AIDS: Progress towards the 90-90-90 targets. UNAIDS.

Kadowa, I., & Nuwaha, F. (2009). Factors influencing disclosure of HIV positive status in Mityana district of Uganda. African Health Sciences, 9(1), 26-33.

Kalichman, S. C., DiMarco, M., Austin, J., Luke, W., & DiFonzo, K. (2003). Stress, social support, and HIV-status disclosure to family and friends among HIV-positive men and women. Journal of Behavioral Medicine, 26(4), 315-332. https://doi.org/10.1023/A:1024252926930

King, R., Katuntu, D., Lifshay, J., Packel, L., Batamwita, R., Nakayiwa, S., Abang, B., Babirye, F., Lindkvist, P., Johansson, E., Mermin, J., & Bunnell, R. (2008). Processes and outcomes of HIV serostatus disclosure to sexual partners among people living with HIV in Uganda. AIDS and Behavior, 12(2), 232-243. https://doi.org/10.1007/s10461-007-9307-7

Medley, A., Garcia-Moreno, C., McGill, S., & Maman, S. (2004). Rates, barriers and outcomes of HIV serostatus disclosure among women in developing countries: Implications for prevention of mother-to-child transmission programmes. Bulletin of the World Health Organization, 82(4), 299-307.

Momoh, S. O., Moses, A. I., & Ugiomoh, M. M. (2006). Women and the HIV/AIDS epidemic: The issue of school girls' awareness in Nigeria. Journal of International Women's Studies, 8(1), 212-218.

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Mugenda, O. M., & Mugenda, A. G. (2003). Research methods: Quantitative and qualitative approaches. Acts Press.

National Agency for the Control of AIDS. (2015). Global AIDS response country progress report: Nigeria GARPR 2015. NACA.

National Population Commission. (2006). 2006 population and housing census of the Federal Republic of Nigeria: Priority tables. NPC.

Norman, A., Chopra, M., & Kadiyala, S. (2007). Factors related to HIV disclosure in South African communities. American Journal of Public Health, 97(10), 1775-1781. https://doi.org/10.2105/AJPH.2005.082511

Okwilagwe, A. O. (2000). Information capacity theory. University of Ibadan.

Rintamaki, L. S., Davis, T. C., Skripkauskas, S., Bennett, C. L., & Wolf, M. S. (2006). Social stigma concerns and HIV medication adherence. AIDS Patient Care and STDs, 20(5), 359-368. https://doi.org/10.1089/apc.2006.20.359

Schindler, P. S., & Cooper, D. R. (2003). Business research methods (8th ed.). McGraw-Hill.

Schuster, M. A., Collins, R., Cunningham, W. E., Morton, S. C., Zierler, S., Wong, M., Tu, W., & Kanouse, D. E. (2005). Perceived discrimination in clinical care in a nationally representative sample of HIV-infected adults receiving health care. Journal of General Internal Medicine, 20(9), 807-813. https://doi.org/10.1111/j.1525-1497.2005.05019.x

Serovich, J. M. (2001). A test of two HIV disclosure theories. AIDS Education and Prevention, 13(4), 355-364. https://doi.org/10.1521/aeap.13.4.355.21424

Skogmar, S., Shakely, D., Lans, M., Danell, J., Andersson, R., Tshandu, N., Odén, A., Roberts, S., & Venter, W. D. (2006). Effect of antiretroviral treatment and counselling on disclosure of HIV-serostatus in Johannesburg, South Africa. AIDS Care, 18(7), 725-730. https://doi.org/10.1080/09540120500307792

Stirratt, M. J., Remien, R. H., Smith, A., Copeland, O. Q., Dolezal, C., & Krieger, D. (2006). The role of HIV serostatus disclosure in antiretroviral medication adherence. AIDS and Behavior, 10(5), 483-493. https://doi.org/10.1007/s10461-006-9106-6

Vance, D. E., & Denham, S. A. (2008). HIV/AIDS related stigma: Delivering appropriate nursing care. Teaching and Learning in Nursing, 3(2), 59-66. https://doi.org/10.1016/j.teln.2007.11.003

Waddell, E. N., & Messeri, P. A. (2006). Social support, disclosure, and use of antiretroviral therapy. AIDS and Behavior, 10(3), 263-272. https://doi.org/10.1007/s10461-005-9042-x

World Health Organization. (2005). AIDS epidemic update: December 2005. WHO & UNAIDS.