



Factors Influencing HIV Testing and Status Disclosure Among Young Women and Men in Kafue and Lusaka Districts

Theresa Mukeya¹, Roy Kalinda¹, Kusanthan Thankian¹, Sidney O. C. Mwaba²

¹Department of Gender Studies, School of Humanities and Social Sciences, University of Zambia, Zambia.

²Department of Psychology, School of Humanities and Social Sciences, University of Zambia.

ABSTRACT: Adolescent HIV testing and status disclosure rates remain low in Zambia with many people unaware of their status. HIV testing rates for adolescents and young people are about 61 percent for females and 49 percent for males while HIV disclosure is about 83 percent for females and 77 percent for males. This study explored the factors influencing HIV testing and status disclosure among male and female young people in Kafue and Lusaka Districts. The study specifically intended to identify factors that influence HIV testing and status disclosure among young people, explore experiences and attitudes towards HIV Testing and status disclosure among young males and young females living with HIV and determine facilitators and barriers for HIV Testing and status disclosure among the male and female participants. The study adopted a cross-sectional design and was anchored in a mixed method approach. It was conducted in Lusaka and Kafue districts of Zambia. The study applied both qualitative and quantitative data collection and analysis techniques. The study utilized both primary and secondary data. Primary data was obtained from young people, while secondary data was sourced from relevant national and international reports and policy documents as well as peer reviewed journals. The sample comprised of 359 male and female young people (i.e.180 females and 179 males. Out of this total, 83 males and 101 females were from Kafue district while 96 males and 79 females were from Lusaka district) attending youth friendly corners and the ART clinics. The participants were randomly selected. Results showed that HIV testing awareness and knowledge were prevalent among Adolescents and Young People (AYP), with educational platforms and friends being significant sources of information. It was also found that many factors influenced HIV status disclosure among adolescents and young people (AYP) in Kafue and Lusaka. These included strong support networks, comprehensive sexuality education (CSE), youth-friendly health services, anti-stigma campaigns and the influence of role models, family members, high rates of disclosure to sexual partners, healthcare providers and school counsellors or teachers. Barriers to disclosure included fear of stigmatization and discrimination, concerns about confidentiality, negative family reactions and the impact on romantic relationships. Further, respondents experienced significant hardships following the disclosure of their HIV status, with girls often suffering from increased judgment and social isolation, while boys faced stigma and a pressure to appear unaffected. In coping with these challenges, they developed various strategies: finding solidarity in support groups, drawing strength from family support, seeking professional counselling, engaging in education and advocacy, expressing themselves artistically, and maintaining a healthy lifestyle. Therefore, it was recommended that there must be the development of gender-sensitive programs, community engagement with a focus on gender roles, and the creation of accessible services with consideration for gender dynamics. Additionally, urban youth engagement needed to incorporate gender-specific messaging, and educational efforts to emphasize gender equality. Support networks and safe spaces needed to account for gender differences. In addition, the policies ought to advocate for gender equity, addressing legal and social challenges specific to young men and women in the context of HIV testing and disclosure.

KEYWORDS: Adolescents and Young People (AYP), HIV Status Disclosure, HIV Testing.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) remains a global health crisis. Close to 75.7 million people have become infected with HIV globally since the first HIV case was discovered and 32.7 million have died of Acquired Immune Deficiency Syndrome (AIDS) related illnesses [1]. AIDS related deaths have however declined by 64 percent since the peak of 1.7 million in 2004 and 1.4 million in 2010 [2]. As of 2020, the global prevalence of HIV/AIDS was 0.7. In the same year, there were about 37.7 million people living with HIV, 1.5 million new infections, and 680,000 AIDS related deaths [1].



Globally, young people aged 15-25 years accounted for about 28 percent (10% for males and 18% for females) of new HIV infections in 2020 despite only representing 16 percent of the population. In addition, young people accounted for 31 percent of the 4000 daily new HIV infections [3]. This is because young people (15-25 years) are disproportionately affected by HIV. They are particularly more vulnerable to HIV infection due to their risky sexual behaviour, inexperience and invincible tendency [4]. Young people are further faced with several legal/policy, socio-cultural and programmatic barriers that limit their access and utilization of HIV and other Sexual and Reproductive Health (SRH) services. This leaves them with increased vulnerability to HIV infection [5]. In addition, the young people's stage of life is characterized by rapid physical, physiological and social functional changes. Brain changes also occur and that, to some extent explains their desire for exploration, experimentation and risk-taking behaviour that occur during this stage. This phase of life is further said to be a turbulent period, where peer and romantic relationships become dominant. At the same time, young people face challenges such as negotiating and managing relationships, risk-taking behaviour and likelihood of sexual activity which could potentially increase HIV infection rates [6].

In Zambia, HIV prevalence among Adolescents and Young People (AYP) aged 15-24 years is estimated at 5.6% and 1.8% for females and males respectively [7]. In 2020, Zambia had about 1.5 million people living with HIV, 69,000 new HIV infections and 24,000 AIDS related deaths. Young people had an HIV incidence of about per 1000 population and they accounted for about 38 percent (26,000) of the new HIV infections and about 11 percent (2,600) of AIDS related deaths [2]. In addition, about 41.7 percent of the young people are knowledgeable about HIV prevention [8].

For young people with HIV, sexual risk behaviours not only compromise their own wellbeing, but present concerns regarding onward transmission [6]. This necessitates promotion of young people's HIV testing and disclosure. HIV testing is considered to be a window for all HIV-related care and treatment services and a critical step in attaining "the UNAIDS 95-95-95 targets" [9]. However, only 35 percent of young people are aware of their HIV status [4].

Testing for HIV and disclosing one's HIV positive status is often a challenging and emotional process. The choice and motivation to disclose one's status is both facilitated and inhibited by several concerns. HIV counselling and testing programmes as well as post-test care services such as antiretroviral therapy (ART) and pre-ART care emphasize HIV status disclosure among people living with HIV/AIDS. Disclosure to significant others is known to provide emotional and psychological support to people living in HIV whereas disclosure to sexual partners could lead to the partners also undertaking HIV Counselling and Testing. Since disclosure creates the awareness of HIV risk to untested sexual partners, it subsequently leads to greater uptake of HIV care and treatment thus improving HIV outcomes [4].

In Zambia, HIV testing and disclosure rates remain low among young people, with HIV testing rates of about 61 percent for females and 49 percent for males, and HIV disclosure is about 83 percent for females and 77 percent for males [7]. Of importance to note however is that disclosure of HIV status is also associated with ethical and psychological concerns, such as potential violence, fear of rejection and stigma [10]. HIV status disclosure, whether negative or positive may shape subsequent decisions and likelihood to disclose to more others or not. As such, it is important to consider the importance of young people's disclosure experiences and journeys and suitable interventions which support the decision to disclose [11].

Similarly, low HIV testing uptake has been attributed to the attitude of healthcare workers, fear of stigmatization, and fear over HIV confidentiality. Additionally, institutional grounding towards offering comprehensive HIV testing services (HTS) to young people also constitutes a major barrier to the provision of HTS although this is not well documented [12]. More efforts are still needed in terms of repositioning health facilities to accommodate all persons regardless of their age. Further, factors such as individual and institutional biases that hinder young people from accessing health facilities need to be studied and addressed [13].

If the factors affecting young people highlighted above are not addressed and if current trends continue, hundreds of thousands more female and male young people will become HIV-positive in the coming years, and without knowing their status, young people will miss out on life-saving treatment. This has prompted HIV stakeholders to step up advocacy efforts for the Government of Zambia to address the age of consent for adolescents regarding HIV Testing [14].

The critical role that HIV status disclosure plays in the prevention of secondary HIV infection and new infections is widely acknowledged. Similarly, HIV testing and counselling (HTC) services are critical for the reduction of new infections because they constitute the entry point of this cascade of HIV care and the means through which the first step of the 95-95-95 UNAIDS goal can be achieved [15]. In 2014, UNAIDS launched a fast-track global strategy to end the HIV pandemic by 2030, central to which is the



95–95-95 cascade goals; namely, aiming to ensure that 90% of people living with HIV know their status, 90% of those in HIV care are initiated on antiretroviral therapy (ART), and 90% of those on ART achieve viral load suppression by 2020 [16].

Unfortunately, the use of HTC services has generally been reported to be low among youth in Zambia. Additionally, several barriers to accessing these services have been highlighted [17]. Equally, the inertia to disclose one's HIV status particularly to a sexual partner highly threatens efforts to contain the spread of the HIV pandemic and negatively affects efforts to reach the 2030 goal of ending HIV as a public health issue. There is no known study in Zambia that has focused on factors influencing HIV testing and status disclosure among young people aged 15-24 years. Therefore, the purpose of the present study was to explore factors that facilitate HIV testing and status disclosure among young people in Kafue and Lusaka.

METHODOLOGY

The study adopted a cross-sectional design, was anchored in a mixed method approach and was conducted in Lusaka and Kafue districts of Zambia. The study applied both qualitative and quantitative data collection and analysis techniques. The study utilized both primary and secondary data. Primary data was obtained from young people, while secondary data was sourced from relevant national and international reports and policy documents as well as peer reviewed journals. The sample of 359 together male and female young people attending youth friendly corners and the ART clinics was randomly selected. Quantitative data was collected via mobile data collection devices using Cs-entry software and was exported to SPSS version 22 for analysis. Qualitative data was transcribed verbatim and Atlas Ti version 7.5.7 was used for coding and analysis.

Ethical Considerations

Ethical clearance was sought from the Directorate of Research and Graduate Studies (DRGS) of the University of Zambia. Additional permission was sort from the district and community authorities. The study maintained respect for persons, privacy and confidentiality of the participants. Informed consent was sought from all the participants, and all participants were informed about the purpose and objectives of the study. They were also informed about the selection criterion and interview procedures. The Informed consent process further involved informing them that their participation was voluntary and once they chose to participate, they were at liberty to withdraw from the study at any stage of the interview without any consequences or when they refused to answer questions they were not comfortable with. All those who agreed to take part were asked to sign a consent form. For those aged below the age of consent (18 years), were asked to sign an assent form and their guardians were also required to sign consent forms. To achieve privacy, all interviews were conducted in private, meaning no other people apart from the participant and the interviewer were part of the interview. Interviews were conducted out of earshot of other people but within eyesight. To achieve confidentiality, the research team protected the participant's identities and took steps to make sure that all the information provided was separated from their identity (name, address, phone number or any audio recording) as a person. All information given by participants was treated with the highest standard of confidentiality. No identifying information was included in the report as the responses were aggregated. Some qualified community health counsellors were available to provide counselling in case a participant gets emotionally distressed.

Findings of the study

The research encompassed a comprehensive demographic, with a total of 276 Adolescents and Young People (AYP) within the age bracket of 18-25 years. It ensured a balanced representation across genders and varied geographical locales. Notably, the gender distribution was strikingly equitable, fostering a gender-sensitive approach to the study. Specifically, the participants were almost evenly split, with males representing 49.9 percent and females slightly edging out at 50.1 percent. The study's findings reveal significant insights into the educational background and marital status of the participants, factors that invariably influence their health-seeking behaviours and perspectives on HIV testing and disclosure.

In terms of educational attainment, there was a noticeable trend among the participants, with the majority citing secondary school as their highest level of education thus 68.7% in Kafue and 51% in Lusaka. This was followed by those who had reached primary school levels, accounting for 26.5% in Kafue and 31.3% in Lusaka. Tertiary education, often associated with enhanced access to health resources and information, was notably low, particularly in Kafue at 2.4%, compared to 14.6% in Lusaka. There was a minimal percentage of participants without any form of formal education, standing at 2.4% in Kafue and 3% in Lusaka. Regarding marital status, the data painted a clear picture: a significant majority of the participants were unmarried, with single individuals



comprising 78.3% in Kafue and a slightly higher percentage in Lusaka at 84.4%. The next substantial category in Kafue was those who were married, at 19.3%, whereas in Lusaka, it was individuals who were cohabiting, representing 9.4% of the participants. The results are summarized in the table below:

Table 1: Social Demographics of Respondents

Demographics	Sex of respondent							
	Kafue				Lusaka			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Age								
15-25 years	83	45.1%	101	54.9%	96	54.9%	79	45.1%
Education								
Not educated	2	2.4%	0	0%	1	1.1%	0	0%
Primary	22	26.5%	17	16.8%	30	31.3%	23	29.1%
Secondary	57	68.7%	81	80.2%	51	53.1%	52	65.8%
University /College	2	2.4%	3	3.0%	14	14.6%	4	5.1%
Marital status								
Single	65	78%	82	81.2%	81	84.4%	61	77.2%
Cohabiting	2	2.4%	1	1.0%	9	9.4%	1	1.3%
Married	16	19.3%	15	14.9%	5	5.2%	13	16.5%
Divorced	0	0%	2	2.0%	1	1.0%	3	3.8%
Separated	0	0%	1	1.0%	0	0%	1	1.3%
Total	83	100	101	100	96	100	79	100

Source: Field work in Kafue and Lusaka.

Knowledge, altitudes and practice towards HIV testing and status disclosure

The survey findings underscored the pivotal role of educational institutions and social circles in disseminating information about VCT for HIV, highlighting the efficacy of these channels in reaching AYP within the participants' demographics.

In Kafue, schools were identified as the primary avenue through which awareness was raised, with 51.3% of males and slightly more females at 52.6%, attesting to having learned about VCT through educational platforms. Close behind was the influence of friends, who accounted for 50% of the information source for males and 50.5% for females. This near-equal statistic signified the strong social influence within peer groups, emphasizing the impact of informal discussions and peer counselling in shaping perceptions and decisions related to health-seeking behaviours.

Lusaka presented a slightly different dynamic. While schools were still the leading source for females, accounting for a substantial 69.4%, and friends closely following at 66.7%, the trend was somewhat reversed for males. For them, friends took precedence as the primary source of VCT information at 59.8%, surpassing the influence of schools, which stood at 58.6%. This divergence though not significant suggested a gender difference in information reception and decision-making, with males possibly placing more trust in peer-shared information, whereas females might find structured, formal dissemination from institutions more convincing.

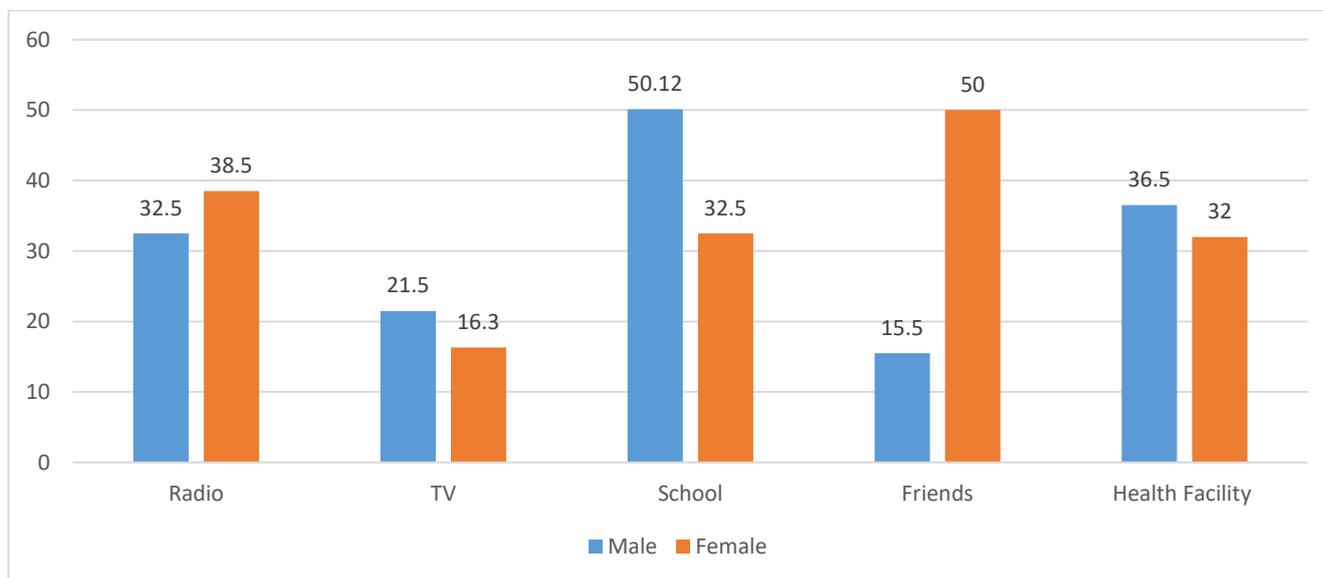


Figure 1: Participant's main sources of information on VCT

This quote below reveals a teacher's first-hand experience witnessing the positive impact of health education. It emphasizes the importance of a trusted environment like a school setting for effective information dissemination, reflecting the survey's findings.

"Over the years, I have observed a significant shift in the students' attitudes. Once we initiated regular health education sessions, particularly focusing on VCT, I noticed more students engaging actively in these discussions. They were asking questions, showing concern, and, most importantly, they were keen on sharing the information with their peers. It's a clear indication that when the right information is delivered in a setting they trust, it makes a profound impact. Our school takes pride in being a reliable source of such crucial information for our students." (Teacher, Kafue)

The following quote from a young individual highlights peer influence as a powerful motivator for action. The narrative corroborates the survey's implication about friends being a significant source of information and influence, often providing the push needed to seek services.

"My initial acquaintance with (VCT) occurred through the channel of Comprehensive Sexuality Education within my educational institution. However, the significance of this service truly resonated with me when my closest confidant recounted its beneficial impact on her family's well-being. It's different when you hear it from someone you know, you know? It feels real then. That's when I decided to learn more and even got tested. I realized it's not just about knowing your status; it's also about understanding how to protect yourself and support others."(AYP, Lusaka)

A service provider's testimony below sheds light on the effectiveness of making health services more accessible and less daunting for AYP. The quote underscores the survey's findings, indicating that youth-friendly services encouraged higher engagement levels among young people, contributing to more informed and health-conscious decisions.

"Our facility introduced youth-friendly corners a few years back, recognizing that the conventional approach intimidated young people. The change has been remarkable. They come in more frequently, ask questions more freely, and participate in our outreach programs. One young man said, 'This feels like it's designed for us, by someone who knows what we are afraid of.' That, for us, is a win. It's about making them feel understood and catered for, which I believe has contributed significantly to the increased awareness and participation we are seeing now." (VCT Service Provider)

Knowledge about where to access VCT.

The data reveals a commendable awareness among the participants regarding the accessibility of Voluntary Counselling and Testing (VCT) services, indicative of successful outreach and educational efforts within these communities. Interestingly, the data pointed towards a slightly higher proportion of females exhibiting more knowledge with VCT service locations, which could reflect the



effectiveness of gender-sensitive health communication strategies and strong peer groups that deal with information dissemination on VCT among young people.

In Kafue, 97 percent of females compared to 96.4 percent of males reported being knowledgeable about where to access VCT services. This close percentage suggests that public health messages and community-based interventions were reaching an expansive audience, though with a marginally greater resonance among young women. It is plausible that tailored communications or women-centric health programs may have contributed to this slight variance.

Similarly, in Lusaka, the knowledge levels were high across genders, standing at 96.2 percent for females and 95.8 percent for males. This near parity in awareness levels underscored a universal reach of health education initiatives in the area. It also invited an exploration into the nuanced differentiators in information dissemination that engage young women slightly more effectively. Factors could range from the medium of communication (e.g., more health talks at women's community groups) to the content itself (e.g., messaging that addresses specific concerns of young women). This was the possible situation among the young men too due to the near parity in terms of levels of knowledge of where to access VCT. Alternatively, the organisations or institutions which offered VCT services among young people were greatly gender inclusive in their approach to information dissemination and this accounts for the near parity in terms of the levels of knowledge of VCT services among their clients.

This data, beyond showcasing the success of health awareness campaigns, also emphasized the importance of gender in crafting public health interventions. Understanding the slight edge in women's awareness could inform strategies to achieve a 100% awareness level across all demographics, bridging any minor gaps existing in health information dissemination. The goal moving forward would not only be maintaining these high awareness levels but also investigating and amplifying the subtle factors contributing to effective health communication, especially in gender terms. Additionally, the willingness of the young people both male and female to get help when infected with HIV as well as the perceived benefits of testing and treatment were factors which could not be overlooked in the knowledge about where to access VCT within Lusaka and Kafue districts.

Perceived benefits of HIV testing and disclosure

Table 2 provides a comprehensive insight into the perceived advantages of HIV testing and disclosure among participants, highlighting their nuanced understanding and internalization of the potential positive outcomes associated with these health behaviours. These findings underscored not only the intrinsic health benefits but also the psychological and social gains, contributing to a holistic understanding of the participants' health perceptions.

One of the most unanimously recognized benefits, as indicated by both genders, was the "peace of mind" that comes with knowing one's HIV status. Participants expressed that this knowledge eradicated the anxiety of uncertainty. One female participant pointed out that, *"Getting tested was like lifting a huge weight off my shoulders, regardless of the result. I just needed to know."* (Female respondent)

Furthermore, the prospect of "early access to treatment" emerged as a critical incentive, especially given the advancements in HIV therapy. A female participant shared, *"Finding out early meant I could start treatment sooner. It gave me hope; it's not a death sentence, and I can plan my life."* (Female respondent)

The participants also understood testing and disclosure as pivotal in "HIV prevention." They recognized their role in the broader public health context, where their actions could contribute to larger community wellbeing. *"It's not just about me,"* a respondent commented. *"My status affects everyone around me. By knowing it, I can prevent the spread."* (Male respondent).

"Protection of sexual partner" was another prominent theme, emphasizing the ethical responsibility felt by individuals towards their partners. A participant revealed, *"I had to know for sure. I couldn't live with myself if I put my partner at risk unknowingly."* (Female respondent)

The aspect of "planning for the future of one's family" and particularly "planning for pregnancy" were benefits that resonated deeply, especially among participants considering starting families. One future-focused respondent said, *"We want to start our family on a clean slate, ensuring our kids have the best chance at a healthy life. That starts with us knowing our status."* (Male respondent).

Despite these insights, it was noteworthy that a small demographic in both Kafue and Lusaka districts composed of both male and female respondents saw no tangible benefits in testing and disclosure, highlighting a gap in understanding or identifying with the purported advantages. This group's perspectives reinforce the necessity for continued education and personalized communication strategies in health promotion efforts. Further there is need to repackage the information of HIV and make it suitable to different categories of consumers.



Table 2: Perceived benefits of HIV testing and disclosure

Site	Sex	Helps in planning for family's future		Helps with HIV Prevention		Helps in planning for pregnancy		Helps with peace of Mind		Early access to treatment		Protection of sexual partner		No benefit	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
Kafue	Male	18	21.7	30	36.1	10	12.0	50	60.2	40	48.2	23	27.7	6	7.2
	Female	26	25.7	32	31.7	17	16.8	55	54.5	48	47.5	30	29.7	6	5.9
Lusaka	Male	17	17.7	34	35.4	14	14.6	60	62.5	42	43.8	30	31.3	10	10.4
	Female	17	21.5	20	25.3	7	8.9	40	50.6	28	35.4	14	17.7	10	12.7

Factors influencing HIV status disclosure

In Kafue and Lusaka, the decision for AYP to disclose their HIV status was influenced by a myriad of factors. More females than males in both Kafue and Lusaka were able to disclose their HIV status because they had strong support networks.

"I found the courage to share my status because I had my family and friends who assured me, they would stick by me no matter what." (Female respondent, Kafue)

"Talking to my brother helped me open up. He made me feel like it was not the end of the world." (Male respondent, Lusaka)

It was indicated that education played a significant role, with CSE in schools contributing to a more supportive environment for disclosure. In Kafue, 68% of female and 58% of male AYP credited school programs with helping them understand the importance of disclosure. Lusaka reported similar findings, with 72% of females and 60% of males acknowledging the role of education.

"Our health teacher talked about HIV like it was something we could manage, not something to be ashamed of." (Female student, Kafue)

"I learned from our class discussions that sharing your status can actually help you get better support and treatment." (Male student, Lusaka)

The availability and access to youth-friendly health services also emerged as a critical facilitator. In Kafue, 85% of females and 75% of males indicated that the youth-friendly nature of health services gave them the confidence to disclose. In Lusaka, these figures were 88% for females and 78% for males.

Stigma remained a significant barrier, but efforts to combat it have been partially successful. Anti-stigma campaigns have helped, with 70% of females in Kafue and 65% in Lusaka stating these initiatives made disclosure seem less daunting. For males, the rates were slightly lower, at 60% in Kafue and 62% in Lusaka. The results also showed that the influence of role models, including local celebrities and peers who have disclosed their status, is significant. In Kafue, 78% of females and 70% of males were inspired by such figures, whereas in Lusaka, the numbers were 80% for females and 72% for males.

"When a well-known activist like Princes Kasune and Dube shared their stories, it gave me the push I needed to do the same." (Female respondent, Kafue)

"There's a guy I look up to, and when he talked about his status, it changed my perspective on sharing mine." (Male respondent, Lusaka)

In both Kafue and Lusaka, family members emerged as primary confidants for HIV status disclosure. Among AYP in Kafue, 78% of females and 74% of males reported feeling most comfortable disclosing their HIV status to family. In Lusaka, these numbers were slightly higher, with 82% of females and 77% of males indicating that they first turned to family members for disclosure of their status:

"My mother was the first person I told. It was not easy, but the bond we share made it slightly less terrifying. I needed her strength." (Female respondent, Kafue)

"I confided in my brother first. His understanding and the fact that he did not judge me made a world of difference in how I handled the news." (Male respondent, Lusaka).

Disclosing to sexual partners was reported at high rates, particularly among females. In Kafue, 85% of females compared to 70% of males stated they disclosed or would disclose their status to their partners. In Lusaka, the rates were 87% for females and 72% for males. Furthermore, friends were also a common choice for sharing one's HIV status, with 65% of females and 60% of males in



Kafue reporting this preference. In Lusaka, the trend was similar, with 68% of females and 63% of males preferring friends for such sensitive disclosures.

Healthcare providers were seen as trusted confidants due to the confidentiality involved. In Kafue, 80% of females and 75% of males would disclose to healthcare providers, whereas in Lusaka, these numbers were 83% for females and 78% for males. AYP also considered school counsellors or teachers as potential confidants, especially when they expected educational support from them. In Kafue, this choice was noted by 55% of females and 50% of males, while in Lusaka by 58% of females and 53% of males.

"Our school counselor is like a guardian angel. She listens and helps without making you feel different." (Female respondent)

"I told my teacher because I knew he could guide me on how to balance my health with schoolwork." (Male respondent)

Each quote and statistic provides a glimpse into the social dynamics and individual preferences that affected HIV status disclosure among AYP in Kafue and Lusaka. It should be highlighted here that the females recorded higher disclosure rates than the males in both Lusaka and Kafue districts. The decision to disclose is deeply personal and contextual, influenced by the perceived risks and benefits of sharing such intimate information. It was vividly evident that the facilitators of HIV status disclosure among AYP in Kafue and Lusaka were multifaceted, with support networks, education, youth-friendly health services, anti-stigma campaigns, and role models playing pivotal roles. Gender differences indicated that females may be slightly more inclined to disclose, potentially due to stronger relational support structures. However, these statistics and quotes underscored the complexity of disclosure and the need for continued efforts to provide supportive environments for all AYP living with HIV.

Experiences of adolescents and young people because of HIV status disclosure

Adolescents and young people (AYP) in Kafue and Lusaka faced a variety of experiences stemming from the disclosure of their HIV status, with notable differences based on gender.

Female participants often reported a heightened fear of being judged and losing their social standing upon disclosure. Many recounted experiences of bullying and slut-shaming, which were unfortunately common following the revelation of their HIV-positive status. In some instances, they faced abandonment by their families or caregivers, leading to increased economic vulnerability. This had profound implications on their mental health, with reports of anxiety and depression.

"The day after I told my best friend, it was like the whole school knew. I was called names, and people acted like I was contagious," (Female respondent)

"My aunt threw me out when she found out. She said she could not have a diseased person under her roof," (Female respondent)

Male participants, on the other hand, often experience a different set of challenges. They are expected to be less emotionally affected; however, they reported a significant internal struggle with the stigma. They shared instances of being labelled as irresponsible or promiscuous, and some even lost friendships. The pressure to maintain a façade of normalcy was immense, leading many to engage in risky behaviors as a form of coping.

"I didn't expect my friends to start avoiding me, but they did. I guess no one wants to hang with the HIV guy," (Male respondent)

"My girlfriend broke up with me immediately. She said she could not trust me anymore," (Male respondents)

The above consequences of disclosure are indicators of the fact that among some sections of the populations within Lusaka and Kafue, there is still social stigma associated with HIV and there is need for packaging and information dissemination to individuals and groups for the sake of getting acceptance and support from either communities, families and individuals.

Coping Strategies

The AYP living with HIV in Kafue and Lusaka encountered numerous challenges that accompanied the disclosure of their HIV status. The complex interplay of stigma, societal expectations, and personal trauma shaped their experiences, necessitating diverse coping strategies to manage the impact of their condition on their lives. Addressing these challenges requires a multifaceted approach that includes community support, family involvement, professional guidance, educational outreach, and personal health management.

Support Groups: Many AYP found solace in support groups where they could share their experiences with peers facing similar challenges. These safe spaces provided a sense of community and understanding, often lacking in their immediate environments.



Family Support: For some AYP, family was a pillar of strength. Those who received acceptance and love from their family members reported better emotional well-being and were more likely to adhere to treatment.

Professional Counselling: Access to professional psychological support was cited as a crucial factor in helping AYP cope with the aftermath of disclosure. Counsellors and healthcare workers who are trained to manage the psychosocial aspects of living with HIV can offer strategies to manage stress and maintain mental health.

Education and Advocacy: Engaging in educational activities and advocacy has also been a productive coping strategy. By being involved in campaigns to fight the stigma associated with HIV, AYP found a sense of purpose and were able to reshape the narrative around the disease.

Artistic expression: Creative outlets such as writing, painting, or music provided a non-verbal avenue for expressing feelings and were therapeutic for those who were not ready to speak openly about their status.

Keeping a healthy lifestyle: Adhering to a healthy lifestyle such as regular exercise, a balanced diet, and proper medical care, helped AYP to maintain their physical health. This in turn supported their mental and emotional well-being.

Discussion

The results on knowledge, attitudes, and practices related to HIV testing and status disclosure among AYP in Kafue and Lusaka shed light on various aspects of HIV testing behaviour among young people. One notable finding was the significant role of educational institutions and social circles in disseminating information about VCT for HIV among AYP. Schools were identified as a crucial source of awareness, closely followed by friends and youth-friendly corners within health facilities. This finding aligns with the results of other studies, which have emphasized the importance of educational programs and peer influence in promoting HIV testing among young people. For example, a study conducted in Kenya reported similar trends, highlighting the pivotal role of schools and peers in HIV testing awareness [18].

Furthermore, this study revealed that a high percentage of AYP in the surveyed areas expressed a willingness to maintain friendships with HIV-positive individuals, indicating a culture of tolerance and acceptance. However, the fear of HIV testing, driven by concerns about potential consequences for future relationships was identified as a significant barrier, particularly in the urban setting of Lusaka. This finding resonates with previous research, which consistently identified stigma as a formidable obstacle to HIV testing among young people across various social and cultural contexts. Social stigma and discrimination have been widely acknowledged as pervasive barriers often preventing individuals from seeking HIV testing services [19].

The motivations and barriers to HIV testing identified in this study were in line with those observed in similar research efforts. Motivators for HIV testing among AYP included comprehensive sexuality education, peer influence, involvement in romantic relationships, personal risk perception, access to youth-friendly health services, exposure to public health campaigns and the influence of role models. These motivators align with findings from other studies, emphasizing the importance of education, peer support, and community-based campaigns in promoting HIV testing among young people. Addressing stigma and misinformation was also crucial in mitigating barriers to testing, which were identified as fear of stigma, lack of perceived personal risk, misinformation, and dread of positive results, accessibility challenges, lower health prioritization, and socio-economic constraints. These barriers echo those identified in numerous studies, highlighting the persistent challenges associated with HIV testing uptake among AYP, particularly in resource-constrained settings [20].

Factors influencing HIV status disclosure among AYP

The findings regarding factors influencing HIV status disclosure among AYP in Kafue and Lusaka provide valuable insights into the complexities surrounding this crucial aspect of living with HIV. It is evident that multiple factors contribute to the decision-making process of whether or not to disclose one's HIV status. These findings align with and complement those from similar studies conducted in various settings.

Gender disparities in the willingness to disclose are notable in the study's results. This aligns with previous research that has highlighted gender as a significant factor in HIV disclosure dynamics. The higher percentage of females feeling able to disclose may be attributed to stronger support networks, echoing findings from studies that emphasize the role of social support in encouraging disclosure among women [20]. Moreover, the role of education, particularly Comprehensive Sexuality Education (CSE) in schools, as a facilitator of disclosure is consistent with existing literature, which underscored the importance of education in creating a supportive environment for HIV-positive individuals to disclose their status [21].



The significance of youth-friendly health services as a facilitator of HIV status disclosure corroborates the importance of accessible and supportive healthcare in promoting openness about HIV status among AYP. This finding aligns with studies emphasizing the critical role of healthcare settings in facilitating disclosure and promoting engagement in HIV care [22].

The impact of anti-stigma campaigns and role models in encouraging disclosure is a noteworthy finding. These factors have been consistently recognized in previous research as crucial in reducing stigma and promoting openness about HIV status. The study's results echo the importance of addressing stigma through public awareness campaigns and providing positive role models as examples for AYP [23].

On the other hand, the barriers to HIV status disclosure identified in the study mirrored those found in similar research efforts. The pervasive fear of stigmatization, rejection by family members and discrimination is a universal challenge faced by AYP living with HIV, as confirmed by the study's findings. This fear has been consistently identified as a significant barrier to disclosure in numerous studies [24].

Confidentiality concerns and the anticipation of negative reactions from family members also align with previous research, emphasizing the need for interventions that safeguard the privacy and well-being of AYP living with HIV and address family-related challenges in disclosure [25].

Concerns about the impact of disclosure on romantic relationships and the potential for discrimination in academic or professional settings echoed the complex web of factors that AYP must navigate when deciding whether to disclose their HIV status or not. These findings reinforce the need for comprehensive support systems and policies that protect AYP from discrimination and promote inclusive environments [26].

The study's identification of self-stigmatization and shame as barriers to disclosure further underscores the importance of addressing internalized stigma and self-esteem issues among AYP living with HIV. This aligns with previous research highlighting the psychological challenges faced by HIV-positive individuals [27].

Experiences of AYP because of HIV status disclosure and coping strategies

The experiences of AYP in Kafue and Lusaka due to HIV status disclosure, as well as their coping strategies, shed light on the profound impact of disclosure on their lives and highlight the need for multifaceted support systems. These findings resonate with research from various contexts, emphasizing the challenges faced by AYP living with HIV.

Gender disparities in experiences following disclosure align with previous studies that have demonstrated differential reactions based on gender. The heightened fear of judgment, social stigma, and bullying faced by girls upon disclosure reflects the vulnerability of young females living with HIV. Boys' experiences of being labelled as irresponsible or promiscuous are consistent with research showing that traditional notions of masculinity can be threatened by HIV-positive status, leading to internalized stigma and coping through risky behaviours [28].

The coping strategies identified among AYP in Kafue and Lusaka are in line with those observed in similar studies. Support groups have been widely recognized as valuable spaces for AYP to share experiences and receive emotional support from peers [29]. The importance of family support in improving emotional well-being and treatment adherence corroborates with existing literature by emphasizing the pivotal role of family in the lives of AYP living with HIV [30].

Professional counselling as a coping mechanism aligns with research, emphasizing the need for psychosocial support to address the mental health challenges faced by AYP following disclosure [31]. Participation in education and advocacy initiatives echoed the empowerment and sense of purpose that young people gain when they are involved in efforts to reduce HIV-related stigma [32]. The use of artistic expression as a therapeutic outlet for emotional release resonates with research, highlighting the therapeutic benefits of creative outlets for AYP living with HIV [33]. Maintaining a healthy lifestyle, including proper medical care, aligns with the importance of physical well-being in supporting mental and emotional health for individuals living with HIV [34].

CONCLUSION AND RECOMMENDATION

The study on Factors Influencing HIV Testing and Status Disclosure among Young Men and Women (15-25) in Kafue and Lusaka Districts provided a critical examination of the elements that impact the behaviours and decisions of adolescents and young people (AYP) regarding HIV testing and status disclosure. The overarching findings point to a nuanced landscape where knowledge and attitudes towards HIV testing and status disclosure were shaped by a myriad of factors, including educational outreach, peer influence, societal norms, and individual beliefs and fears.



Across both genders and locations, there is a clear indication that while awareness about HIV testing is relatively high, actual testing and disclosure rates are impacted by stigma, fear of social repercussions, and gender-specific challenges. The general willingness to associate with HIV-positive individuals suggested a foundational level of acceptance, but the actual process of testing and disclosure remains fraught with psychological and social barriers.

In terms of gender, the study found that young women were somewhat more likely to get tested and disclose their HIV status than their male counterparts. This could be due to stronger social support networks and the role of women-centric health initiatives that encourage women to engage more with health services. Conversely, young men might be underrepresented in HIV testing statistics due to cultural expectations of masculinity, leading to underutilization of testing services and reluctance to disclose a positive status due to fear of appearing vulnerable.

Young men and women in Kafue displayed a moderate level of HIV testing, potentially due to more widespread access to health services in rural settings. The rates of status disclosure were also influenced by the tight-knit nature of rural communities, where the fear of stigma and gossip could be heightened. In the urban setting of Lusaka, young people had greater access to information and health services, yet the urban environment also brought about challenges such as anonymity and isolation, which affected decisions around testing and disclosure. The fear of testing and disclosure in Lusaka was particularly linked to the potential for social isolation and the impact on future personal relationships and employment opportunities.

RECOMMENDATIONS

This study recommends a number of initiatives to help improve the prevalence of HIV testing and disclosure of HIV positive status among young people. These recommendations include creating gender-sensitive programs that not only cater to young people's distinct experiences with HIV testing and disclosure but also challenge the gender norms that contribute to these differences. Community engagement with a gender focus such as campaigns to address gender-specific stigma and leverage influential figures that can resonate with both young men and women in their respective communities. Accessible services considering gender dynamics through rural outreach in areas like Kafue should consider the different schedules and responsibilities of young people, ensuring services are available at times and places that are accessible to both genders.

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