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HIV-Positive Status Disclosure and Relationship Dynamics Among Serodiscordant Partners in Northern Senatorial District of Cross River State, Nigeria

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A B S T R A C T

The study examines the impact of HIV-positive status disclosure on categorical outcomes: commitment, trust, sexual intimacy and communication which drive the relationship dynamics among serodiscordant partners in Northern Senatorial District of Cross River State, Nigeria. To achieve this objective, the assumptions of Sick Role Theory and those of the Theory of Planned Behaviour were adopted as theoretical framework. Combining the purposive and snowball sampling techniques, two hundred and forty-four (244) HIV-positive individuals who met the inclusion criteria of being in a serodiscordant relationship (HIV-negative or unknown HIV status partner) for at least three months were recruited from the study area. In order to facilitate efficient data collection, the Open Data Kit (ODK) Collect mobile application was used to administer the questionnaire. The respondents were within the age range of 19 to 54 years. Data show a sex distribution of 61.9% females and 38.1% males, while 44.3% of the respondents had disclosed their HIV status to their partners. Results of the multinomial logistic regression analysis reveals that HIV-positive status disclosure is not a significant predictor of the changes in commitment and communication experienced among the respondents. However, HIV Status Disclosure appear to significantly impact the likelihood of reducing trust and sexual intimacy relative to unchanged trust and sexual intimacy, indicating its impact is specific to certain categories of dynamics within serodiscordant relationships in the study area. To address these changes, evidence-based recommendations emphasize the importance of health promotion and psychosocial support to promote healthier relationships and disclosure outcomes for persons living with HIV in serodiscordant relationships

INTRODUCTION

Relationship dynamics are changes in patterns, processes and interactions that occur between individuals within a relationship over time. These changes and processes of interactions in a relationship vary depending on the type of relationship, and can significantly impact on the performance and development of other relationship, encompassing how partners communicate, express emotions, and behave towards each other. According to Harmeling and Palmatier (2019) relationship dynamics can be continuous or discontinuous, healthy or unhealthy and while continuous dynamics is built incrementally over time, discontinuous dynamics results from critical events or turning points. Healthy relationship dynamics are characterized by mutual respect, communication, understanding and involvement, as partners listen to each other, express gratitude, and show affection. Conversely, unhealthy relationship dynamics may include patterns of disrespect, poor communication, and emotional distance. Research has shown that positive relationship dynamics, such as higher levels of trust, communication and commitment are associated with stronger and more stable relationships (Conroy et al., 2022; Harmeling and Palmatier, 2019).

The understanding and management of relationship dynamics is important in many contexts such as prevention and treatment interventions of human immunodeficiency virus (HIV) (Conroy et al. 2022). For over three decades since its discovery in 1981, HIV/AIDS has continued to be a major public health concerns affecting, both social and economic development in most developing countries especially in the Sub-Saharan Africa. According to UNAIDS (2020), Nigeria has the third largest HIV epidemiological profile globally, with an estimate of 1.9 million adults (15-49 years) living with HIV as of 2020 despite the efforts in scaling up HIV treatment and prevention services in recent years,

Bishop and Fareit (2010) and Mwakalapuka et al. (2017) report that most new infections occur among couples in stable relationships. HIV infected and affected couples in sexual relationships are categorised into two groups, namely, the positive concordant relationship, where both partners are HIV positive; and serodiscordant relationship, where one partner is HIV positive and the other is negative. HIV-serodiscordant relationship has been recognised as a stressful experience for both HIV-infected and HIV-uninfected partners (Lelaka et al., 2022; Martins et al., 2021). Lelaka et al. (2022), Martins et al. (2021) and Kumwenda et al. (2019) have argued that HIV-serodiscordant relationship often results in diverse psychological and emotional challenges which in turn impacts on the health outcomes of individuals and the overall well-being of couples. These relationships also revolve around challenges related to trust between partners, HIV risk perceptions and decision-making processes in sexual relationships (Larki et al., 2020).

Approximately, 50% of new HIV infections occur in serodiscordant relationships globally (Djossou et al., 2023) while serodiscordant couples contribute to about 30% of all new infections occurring in the Sub-Saharan Africa region (Chihana et al., 2021). Mavhandu-Mudzusi et al. (2014) assert that seronegative partners in a serodiscordant relationship are at higher risk of HIV

transmission. In a similar view, Ngilangwa et al. (2014) note that HIV serodiscordant relationships increases the odds of HIV infection by 8-26% yearly, compared to those who live in HIV concordant negative couples, and disclosure may be one of the key strategies in reducing HIV transmission (Kiula et al., 2013; Dunkle et al., 2008; Lingappa et al., 2008).

HIV status disclosure is the act of sharing, revealing or disclosing one's HIV status (serostatus) to another person, sexual partner and significant others, and it is a critical component of HIV prevention, care management and informed decision-making. According to Adeniyi et al. (2021) and Hampanda and Rael (2018) HIV-positive status disclosure has substantial implications for health outcomes, particularly, the achievement of Sustainable Development Goal (SDG) of an AIDS-free generation in 2030. Disclosure is not only essential for preventing HIV transmission but also for fostering trust, intimacy, and open communication within relationships (Obermeye et al., 2011).

Evidence in studies such as Conroy et al. (2022), Adeniyi et al. (2021), Hampanda and Rael (2018) and Mwakalapuka et al. (2017) shows that disclosure of HIV status promotes voluntary testing, safer sexual practices, and improves adherence to antiretroviral therapy (ART). In Addis Ababa, Ethiopia, HIV-Positive status disclosure to sexual partners is associated with positive outcomes such as increased condom use and the initiation of partners for HIV testing (Dessalegn et al., 2019). Although, disclosure can lead to better management of the disease condition, prevention of transmission, and facilitate access to necessary support and care, Mashaphu (2018), Ojikutu et al. (2016) however, argued that it could lead to negative outcomes like fear of contracting the virus, stigma, discrimination, verbal abuse and physical violence.

Disclosure of HIV-positive status especially to sexual partners, remains a complex decision in many settings in Sub-Saharan Africa (Hardon et al., 2013; Obermeyer et al., 2011). Additionally, the disclosure of HIV status can have divergent effects on relationship (Harmeling and Palmatier, 2019). This suggests that HIV status disclosure can impact changes on relationships and may affect the level of intimacy, trust, communication, satisfaction, unity, commitment, continuation and health seeking behaviours between partners. There is paucity of research on HIV status disclosure in Nigeria. Previous studies such as Akpan et al. (2021) and Agbor et al. (2017) who investigated HIV status disclosure in Cross River State, focused on individual-level factors influencing disclosure likelihood without accounting for disclosure outcomes such as evolving experiences and the dynamic nature of sexual relationships of individuals living with HIV/AIDS in serodiscordant relationships. Against the aforementioned, this study attempts a sociological inquiry of the impact of HIV-positive Status disclosure on relationship dynamics among serodiscordant partners in Northern Senatorial District of Cross River State.

Review of Related Literature and Theoretical Framework

HIV-positive status disclosure has been found in many studies to be responsible for varied levels of experiences depending on the couples' knowledge, skills, attachment and intimacy. Atibioke and Osinowo (2013), Rispel et al. (2012) and Collini and Obasi (2006) have argued that serostatus disclosure is most often associated with heightened levels of psychological stress, anxiety, poor emotional adaptation and increased or excessive substance use, with exclusion and social isolation. To Reshmi and Sekar (2011), Eyawo et al. (2010) and Elwin et al. (2006), serostatus disclosure results to negative experiences and violence among couples with unstable income and those without sufficient family support.

The disclosure of HIV status can lead to shifts in the relationship; potentially enhancing or reducing trust and intimacy among serodiscordant partners. Gabbidon et al. (2020) who conducted a global systematic review to assess HIV self-disclosure among youth aged 13-24, found that HIV status disclosure can impact differently on the level of trust among sexual partners. Another study carried out by Agyarko-poku (2022) among pregnant women in Ghana found that HIV status disclosure influenced trust in sexual partners. As highlighted in Mashora et al. (2020) study, if HIV status disclosure is done with proper counselling and mutual understanding, can positively impact trust among sexual partners. However, in a similar view, Alexander et al. (2024), Lukyamuzi et al. (2022), Lukyamuzi et al. (2023), Vijoen (2021), Damian et al. (2019), Reis (2021), Mashora et al. (2020) and Atuyambe et al. (2014) assert that disclosure of HIV status to sexual partners positively impacts trust levels, facilitating prevention and care efforts in serodiscordant relationships. Benayew Shifraew et al. (2021), Nwachukwu et al. (2021) and Adeniyi (2021) also note that HIV status disclosure positively impacts trust among sexual partners, especially when partners know each other's HIV status, leading to higher disclosure rates.

Like many others, Kuvuma et al. (2023), Kiranga (2020) King et al. (2008) also reported that HIV status disclosure can enhance trust among sexual partners by promoting open communication, reducing assumptions, and enabling access to treatment and prevention strategies. This complimented Abuogi (2020) who discussed the importance of disclosure in serodiscordant relationships in Western Kenya, and found that HIV status disclosure led to positive male partner reactions in most cases, fostering trust within relationships and enhancing PMTCT outcomes.

Although, HIV status disclosure can impact trust among sexual partners positively, bringing them closer in long-term relationships, Bhatia (2017), Shrestha (2019), Kidman and Violari (2020), Smith (2017) suggest that HIV status disclosure to sexual partners does not necessarily increase trust and may lead to fear and negative reactions initially due to concerns about transmission. Some other studies such as Apiribu et al. (2022), Moskowitz (2015), Morkphrom (2021), King et al. (2008), Hino et al. (2018) Kalichman (2021) noted that disclosure can affect trust negatively thereby resulting to consequences such as divorce, poor communication, stigmatization and violence. Despite all the uncertainties

therewith, Mwakalapuka et al. (2017) and Kaiser et al. (2011), argue that not all couples have experienced weakened intimacy and sexual infidelity.

However, given the health-related implications of the disease in human relationships, several theoretical models have been developed to explain and predict health behaviours, each with inherent limitations and weaknesses that warrant consideration in research applications. To address these shortcomings, this study synthesised the strengths and core assumptions of the Sick Role Theory and the Theory of Planned Behaviour (TPB); adopting them as the integrated theoretical framework. The Sick Role Theory, developed by Talcott Parsons, conceptualises illness not merely as a biological phenomenon but as a social construct entailing distinct deviant behaviours diverging from societal norms. Parsons' framework delineates societal expectations and responsibilities pertaining to sick individuals and their treatment, illustrating that even ostensibly biological facets of social life can be sociologically interpreted. Central to this theory is the notion that sickness poses a potential threat to societal stability, necessitating management and control of the sick to ensure functional social systems (Bilton, 2002). Key tenets of the Sick Role Theory encompass rights and exemptions, obligations and expectations, and prevailing norms and perceptions. The theory is recognised for its historically pertinent account of normative illness-related expectations (Herzlich, 1973).

LITERATURE REVIEW

The Theory of Planned Behaviour (TPB) represents an extension of the Theory of Reasoned Action (TRA) (Ajzen, 1985). According to Schuz et al. (2009), TPB posits intention as the principal behavioural determinant that is shaped by three primary constructs: Attitudes, Subjective Norms, and Perceived Behavioural Control. Within the TPB model, these constructs collectively influence an individual's intention to enact a behaviour in specific contexts, explicating behaviours amenable to self-control (Ajzen, 1991; Ajzen and Fishbein, 2005). Attitudinal influences reflect evaluations of likely behavioural outcomes and associated risk-benefit appraisals, culminating in positive or negative behavioural orientations (Ajzen, 1991). The incorporation of Perceived Behavioural Control distinguishes TPB from TRA, enhancing its predictive capacity regarding health behaviour intentions and practices. The complementary assumptions underpinning the Sick Role Theory and TPB align congruently with this study's objective of elucidating HIV status disclosure dynamics and relationship dynamics among serodiscordant partners.

METHODOLOGY

The study adopted the cross-sectional survey design and was conducted in Northern Senatorial District of Cross River State, Nigeria. Before 1967, the area was known as the Ogoja province; consists of Abi, Boki, Etung, Ikom, Obubra, Yakurr, and the present day Ebonyi State. Presently, the area is made up of five (5) Local Government Areas, namely: Bekwarra, Obanliku, Obudu, Ogoja and Yala, covering a landmass of 4,527 square kilometres. Cross River North Senatorial District shares borders with Benue State to the north, Ebonyi State to the west, and Boki, Ikom and Obubra LGAs to the southwest, as well as an international boundary with Cameroon on the east. The climate and vegetation of the region are diverse with a pocket of temperate-type temperature on the Obudu plateau; tropical high and other woods and forests on the southern boundaries.

Emphasis was on PLHIV as the target population from which the representative sample (respondents) was drawn. The calculated sample size was determined considering the following criteria: an estimated proportion of 50% (0.5) of PLHIVs in serodiscordant relationship in the study area, a desired precision or margin of error of +/-5% (0.05), a confidence level of 95% (1.96). In order to recruit respondents for fitness of purpose, snowball and purposive sampling techniques were used to recruit 244 PLHIVs who met the study's inclusion criteria of being in a sexual serodiscordant relationship for at least three (3) months. Appropriate ethical standards and practices were maintained while undertaking the study, verbal consent was obtained and PLHIVs who refused to give consent were excluded from the study because participation was voluntary. Given the nature of the study population, the Open Data Kit (ODK) Collect mobile application was used to administer the instrument to facilitate efficient data collection. After completion of the data collection exercise, the data from the ODK tool were coded and subjected to multinomial regression statistical analysis using SPSS version 25.

Data Presentation

Table 1. Percentage Distribution of the Respondents by Socio-Demographic Characteristics

Characteristics (N = 244)	Frequency	Percentage (%)
Sex		
Male	93	38.1
Female	151	61.9
Age		
19 – 23	15	6.1
24 – 28	65	26.6
29 – 33	50	20.5
34 – 38	35	14.3
39 – 43	26	10.7
44 – 48	31	12.7
49 – 54	22	9.0
Marital status		
Single	117	48.0

Married	97	39.8
Divorced/Separated	25	10.2
Widowed	5	2.0

Table 1 shows distribution of the respondents by sex, age, and marital status. The results indicate that the sample was predominantly female (61.9%, n = 151), with males constituting 38.1% (n = 93) of the total respondents (N = 244) selected from the research area. The age distribution reveals ages ranged from 19-54 years and a concentration of respondents within the 24-28 age bracket (26.6%, n = 65), followed by the 29-33 age group (20.5%, n = 50). The mean age of the respondents was not calculated as the data was presented in age groups. As indicated in the table, in terms of marital status, majority of the respondents were single (48.0%, n = 117), while married individuals comprise 39.8% (n = 97) of the sample. Divorced/separated and widowed respondents constitute smaller proportions of 10.2% (n = 25) and 2.0% (n = 5), respectively

Table 2. Percentage Distribution Of The Respondents Currently In Sexual Relationship

Category	**Frequency**	**Percentage (%)**
Yes	244	100
No	0	0
Total	**244**	**100**

Table 2 shows distribution of the respondents currently in a sexual relationship. The table indicates that all the respondents (100%, n = 244) reported being in a serodiscordant sexual relationship (i.e., their partner was either HIV-negative or of unknown HIV status) and had been in the relationship for at least three (3) months.

Table 3. Percentage Distribution of the Respondents by Disclosure Of HIV-Positive Status to Partners

Category	**Frequency**	**Percentage (%)**
Yes	108	44.3
No	136	55.7
Total	**244**	**100**

The distribution of the respondents by disclosure of HIV-positive status to partners is presented in Table 3. The table indicates that 44.3% (n = 108) of the respondents reported disclosing their HIV-positive status to their current partners, while 55.7% (n = 136) reported not disclosing.

Table 4. Commitment Levels, Trust Levels and Sexual Intimacy In Previous Relationship

Question	Improved	Unchanged	Reduced	Total
How was the Commitment Level of your previous partner to the Relationship?	11 15.9%	17 24.6%	41 59.4%	**69** **100**
How was the trust levels in your previous relationship?	11 15.9%	17 24.6%	41 59.4%	**69** **100**
How was the sexual intimacy in your previous relationship?	11 15.9%	13 18.8%	45 65.2%	**69** **100**

The distribution of the respondents' perceptions of commitment levels, trust levels, and sexual intimacy in their previous relationships is presented in Table 4. The table shows patterns in relationship dynamics. The table indicates majority of the respondents (59.4%, n = 41) reported a reduced commitment level from their previous partner, while 24.6% (n = 17) reported no change in relation to their partners commitment to the relationship and 15.9% (n = 11) reported an improvement. Similarly, 59.4% (n = 41) of respondents reported reduced trust levels in their previous relationship, while 15.9% (n = 11) reported an improvement and 24.6% (n = 17) reported no change in relation to trust. On the question related to sexual intimacy, the table indicates that a total of 65.2% (n = 45) of the respondents reported reduced sexual intimacy in their previous relationship, while 18.8% (n = 13) reported no change, and 15.9% (n = 11) reported an improvement.

Table 5. Commitment Level, Trust Levels and Sexual Intimacy in Current Relationship

Question	Improved	Unchanged	Reduced	Total
How is the Commitment Level of your current partner to the Relationship?	34 31.5%	19 17.6%	55 50.9%	**108** **100**
How is the trust levels in your current relationship?	18 16.7%	47 43.5%	43 39.8%	**108** **100**
How is the sexual intimacy in your current relationship?	17 15.7%	37 34.3%	54 50%	**108** **100**

Table 5 shows the respondents' perceptions of commitment levels, trust levels, and sexual intimacy in their current relationships. The table indicates majority of the respondents 50.9% (n = 55) reported a reduced commitment level from their current partner, while 31.5% (n = 34) reported an improvement, and 17.6% (n = 19) reported no change. Similarly, half of the respondents (50%, n = 54) reported reduced sexual intimacy in their current relationship, while 34.3% (n = 37) reported no change, and 15.7% (n = 17) reported an improvement. In contrast, 43.5% (n = 47) of the respondents reported unchanged trust levels in their current relationship, while 39.8% (n = 43) reported reduced trust levels, and 16.7% (n = 18) reported an improvement.

Table 6. Communication in Previous and Current Relationships

Previous relationships			**Current relationship**	
Category	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**
Improved	11	15.9	23	21.3
Unchanged	17	24.6	40	37
Reduced	41	59.4	45	41.7
Total	**69**	**100**	**108**	**100**

Table 6 shows the distribution of the respondents' perceptions of communication in their previous and current relationships. In previous relationships, 59.4% (n = 41) of the respondents reported reduced communication, while 24.6% (n = 17) reported unchanged communication, and 15.9% (n = 11) reported improved communication. The table further indicates that 41.7% (n = 45) of respondents reported reduction in communication, while 37% (n = 40) reported unchanged communication, and 21.3% (n = 23) reported experiencing improved communication in their current relationship.

Test of Hypothesis

Equation 1: Multinomial Regression Model

$$m\log\left(\frac{P(Yi=k)}{P(Yi=K)}\right)=\beta_{0k}+\beta_{1k}X_{1i}+\ \beta_{2k}X_{2i}+\ \beta_{3k}X_{3i}+\ \ldots+\ \beta_{pk}X_{pi}$$

Where:

$P(Y_i = k)$ is the probability that the i-th observation falls into category k

$P(Y_i = K)$ is the probability that the i-th observation falls into the reference category K

β_{ok} is the intercept for category k

β_{1k} is the coefficient of j-th predictor for category k

X_{1k} is the value of j-th predictor for observation i

To fit the data/variable into the multinomial regression model, HIV-positive status disclosure was considered as the independent variable and coded in binary outcome: 1 = Yes, and 0 = No, and relationship dynamics was considered as the dependent variable and was structured as a composite to include communication patterns, trust, commitment, and sexual intimacy levels as components. Each component of the dependent variable was coded/entered in the dataset categorically, with more than two discrete categories (possible outcomes) and one of the possible outcomes was selected as the reference/baseline category/outcome. Therefore, the model fitted each component with K categories, and the probability of the i-th observation falling into category k (where k = 1, 2, 3, …, K = 1).

Table 7. Multinomial Analysis For HIV-Positive Disclosure and Relationship Dynamics

Parameter Estimates									
								95% Confidence Interval for Exp(β)	
		β	Std. Error	Wald	Df	Sig.	Exp(β)	Lower Bound	Upper Bound
Commitment[a]	Intercept	.470	.403	1.359	1	.244			
Improved	HIV-Positive Status Disclosure	-.148	.471	.099	1	.753	.862	.342	2.171
Reduced	Intercept	-.357	.493	.524	1	.469			
	HIV-Positive Status Disclosure	.653	.550	1.407	1	.236	1.921	.653	5.651
Trust[a]	Intercept	.470	.403	1.359	1	.244			
Improved	HIV-Positive Status Disclosure	-1.219	.468	6.783	1	.009	.295	.118	.740
Reduced	Intercept	-.357	.493	.524	1	.469			
	HIV-Positive Status Disclosure	-.355	.546	.422	1	.516	.701	.241	2.045
Sexual intimacy[a]	Intercept	.470	.403	1.359	1	.244			
Improved	HIV-Positive Status Disclosure	-.958	.471	4.132	1	.042	.384	.152	.966
Reduced	Intercept	-.357	.493	.524	1	.469			
	HIV-Positive Status Disclosure	.183	.541	.115	1	.735	1.201	.416	3.468
Communication[a]	Intercept	.470	.403	1.359	1	.244			
Improved	HIV-Positive Status Disclosure	-.797	.467	2.915	1	.088	.451	.180	1.125
Reduced	Intercept	-.357	.493	.524	1	.469			
	HIV-Positive Status Disclosure	.122	.544	.050	1	.823	1.130	.389	3.278

a. The reference category is: Unchanged.

Table 7 shows the output from the multinomial logistic regression analysis, for the independent variable (HIV Status Disclosure) with components of the dependent variable (Relationship Dynamics), denoted as (commitment[a], trust[a], sexual intimacy[a] and communication[a]) which has three categories (Improved, Unchanged and Reduced) and Unchanged was designated as the reference category in the model.

RESULTS AND DISCUSSION

The descriptive statistics shows that a substantial proportion of the sample population 44.3% currently engaged in a sexual relationship reported disclosing their status to theirs partners (Table 3). The distribution of respondents' perceptions of commitment levels, trust levels, sexual intimacy and communication in their previous and current relationships as presented in Tables 4, 5 and 6, reveal notable patterns in relationship dynamics as significant proportion of respondents experienced reduced commitment, trust, and sexual intimacy in their relationships. However, the multinomial logistic regression analysis presented in Table 7 examines the impact of HIV-positive status disclosure on the respective categorical outcomes of commitment, trust, sexual intimacy and communication as the various dimensions of relationship dynamics. The results indicate that HIV-positive status disclosure does not have a statistically significant impact on improved (β = -0.148, p = 0.753, Exp(β) = 0.862) or reduced (β = 0.653, p = 0.236, Exp(β) = 1.921) commitment levels, relative to unchanged commitment levels. This result suggests that HIV-positive status disclosure may not be a significant predictor that affects the likelihood of the respondents experiencing changes in commitment from serodiscordant partners in the study area. Similarly, the results suggest that the effect of HIV status disclosure is not statistically significant in relations to improved (β = -0.797, p = 0.088, Exp(β) = 0.451) or reduced (β = 0.122, p = 0.823, Exp(β) = 1.130) communication, relative to unchanged communication levels. In contrast, the results indicate that HIV-positive status disclosure significantly impacted on reduced trust levels (β = -1.219, p = 0.009, Exp(β) = 0.295), relative to unchanged trust levels, and reduced sexual intimacy (β = -0.958, p = 0.042, Exp(β) = 0.384), relative to unchanged sexual intimacy levels in serodiscordant relationships in the study area.

The results suggest that HIV status disclosure is significant in differentiating the changes in the aspects of trust and sexual intimacy as a components of relationship dynamics. Specifically, the odds of reporting improved trust levels versus unchanged trust levels decrease by 70.5% (Exp(β) = 0.295), and the odds of reporting improved sexual intimacy versus unchanged sexual intimacy decrease by 61.6% (Exp(β) = 0.384) for individuals who disclose their HIV-positive status, therefore, making it less likely for respondents to be classified into experiencing improved trust and sexual intimacy from their partners. These findings are consistent with previous Kavuma *et al.* (2023), Kalichman (2021), Morkphrom (2021), Apiribu *et al.* (2022) and Bhatia (2017), that highlighted the challenges of HIV-positive disclosure in relationships. However, the lack of significant association between HIV-positive status disclosure and commitment and communication in serodiscordant relationships in the study area is noteworthy. These findings may suggest that the impact of HIV-positive disclosure on relationships is nuanced and dependent on various factors, such as partner support, relationship quality, and individual coping mechanisms. These findings also corroborate Gabbidon *et al.* (2020), Bourne (2017) and Nwachukwu *et al.* (2021) social support and mutual understanding among serodiscordant partners.

CONCLUSIONS AND RECOMMENDATIONS

One critical aspect of HIV management is the disclosure of one's HIV status within intimate relationships, despite advances in treatment and prevention. The study aims to expand the knowledge base and address gaps in the understanding of HIV status disclosure and its implications for relationship dynamics. Findings from the study, show that HIV status disclosure has a meaningful impact on relationship dynamics specifically in reducing the likelihood of experiencing improvement in sexual intimacy among serodiscordant partners in the study area, therefore, contributing to a more localized understanding of HIV-related issues**.** Although, it focused on Nigeria, the study's findings have broader implications for understanding HIV disclosure in serodiscordant relationships globally.

In order to create a supportive environment that facilitates safe and positive HIV status disclosure outcomes, healthcare providers and Non-governmental organizations serving people living with HIV should provide couples counselling services to specifically address the challenges of being in a serodiscordant relationship. The counselling sessions should emphasize the importance of improving communication, building trust, mutual understanding and support in navigating issues related to sexual intimacy in the context of HIV status disclosure.

FURTHER STUDY

This research still has limitations, so further research on the topic of HIV-Positive Status Disclosure and Relationship Dynamics Among Serodiscordant Partners in the Northern Senatorial District of Cross River State is needed to improve this study and add insights for readers and the author.

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