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Adolescents' attitudes towards disclosing their HIV/AIDS status at the UNILU Center of Excellence in Lubumbashi An analysis of sociocultural factors and risk behaviors

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Abstract

Introduction: HIV/AIDS remains a major public health problem in the Democratic Republic of Congo, particularly among adolescents, who are confronted with stigmatization, social rejection and a lack of sex education. These factors have a negative influence on their attitude towards disclosure of their serostatus, and encourage the adoption of risky behaviours.

Methodology: A descriptive mixed-method study (quantitative and qualitative) was conducted from January to July 2024 among 149 adolescents living with HIV, aged 14 to 18, followed up at the Lubumbashi HIV/AIDS Center of Excellence. Data were collected via standardized questionnaires and semi-structured interviews. Analyses combined descriptive statistics and thematic analysis.

Results: The results show a low rate of voluntary testing (13.5%), high reluctance to disclose status (64.4%), and low condom use (28.7%). Adolescents are predominantly exposed to stigmatization, lack of psychosocial support, poor knowledge of their partner's status and risky sexual practices.

Conclusion: The study highlights the need for an integrated approach focused on adolescents, combining sex education, psychosocial support, caregiver training and community mobilization. These strategies are essential to promote acceptance of HIV status, prevent risky behavior and improve access to care.

Keywords: Adolescents; HIV/AIDS; Serostatus; Disclosure; Stigma; Risk behaviors; Lubumbashi

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1. Introduction

HIV/AIDS remains a major public health problem in the Democratic Republic of Congo (DRC), particularly in urban areas such as Lubumbashi. In the DRC, young people represent a particularly vulnerable population to HIV due to factors such as precariousness, poor sex education and the persistent stigma surrounding the disease. HIV-positive adolescents, in particular, face specific difficulties when it comes to disclosing their status, which can have a significant impact on their psychological and social well-being.

Disclosure of HIV status can elicit complex and varied reactions in young people. They may feel shame, fear, low self-esteem or social rejection, exacerbating the stigma surrounding the disease. In addition, lack of awareness and education on modes of transmission and prevention practices contribute to the perpetuation of risky behaviours, such as non-use of condoms and lack of voluntary testing.

Studies carried out in sub-Saharan Africa have shown that fear of rejection by family and friends is a major barrier to disclosure among adolescents living with HIV (Madiba & Mokgatle, 2016). The quality of the relationship between adolescents and their health-care providers also plays a key role in determining their serostatus and adherence to treatment (Brown et al., 2011).

At the Lubumbashi HIV/AIDS Center of Excellence, newly-diagnosed adolescents show a range of reactions, from depression and denial of their status to avoidance of care. Many withdraw into themselves, refuse to get their results back, or adopt risky sexual behaviors in the absence of psychosocial support.

Several African studies confirm that social stigma and lack of sex education are major obstacles to HIV prevention among young people. Mburu et al (2014) in Uganda showed that fear of rejection inhibited status disclosure. In South Africa, Campbell et al. 2017 observed an improvement in attitudes thanks to support groups. Wanyenze et al. 2013 reported that voluntary testing remained low despite campaigns, but improved with targeted community approaches.

The aim of this study was to examine the attitudes of adolescents in Lubumbashi towards disclosing their HIV status and to understand how age, educational level and perception of the disease influence risk behaviors.

The aim of the study was to:

- Describe adolescents' attitudes towards disclosure of their HIV status.
- Identify the socio-cultural factors influencing their risk behavior.
- Analyze barriers to status acceptance and access to care.
- Propose recommendations to improve prevention and support strategies for young people living with HIV in Lubumbashi.

2. Methodology

The study adopted a mixed approach (quantitative and qualitative) for a better understanding of adolescents' attitudes, conducted between January and July 2024 at the Lubumbashi HIV/AIDS Center of Excellence.

2.1. Sampling

Selection of 149 HIV-positive adolescents followed up at the Lubumbashi Center of Excellence. Inclusion based on informed consent signed by parents/guardians for minors (previous report by parents/guardians).

2.2. Data collection tools

Standardized questionnaires measuring risk behaviors, perceptions of stigma and knowledge of HIV/AIDS. This was made possible by qualified staff.

Semi-structured interviews: In-depth analysis of motivations and barriers to disclosure of HIV status. Conducted by a trained psychologist and health worker (the semi-directive interview was done in the background by the clinical psychologists, or how?).

2.3. Data analysis

Descriptive statistical analysis (frequencies, percentages). Qualitative thematic analysis of old interviews. This approach brought out themes such as social stigmatization, fear of rejection, lack of psychosocial support and poor sex education, in relation to adolescents' attitudes to disclosure of their HIV status.

3. Results

3.1. Age and sex distribution

Table 1 Distribution of participants by age group and sex

Sex	Age group (years)	Number (n)	Percentage (%)
Female	<15	10	6,7 %
	15-16	47	31,3 %
	17-18	72	48,0 %
Male	<15	5	3,3 %
	15-16	12	8,0 %
	17-18	14	9,3 %
Total	-	160	100 %

The majority of participants were teenage girls aged 17-18 (48%), followed by those aged 15-16 (31.3%); boys were significantly less represented, especially in the <15 category (3.3%).

The over-representation of girls, particularly in the 17-18 age group, could reflect an early maturity in sexual engagement or a greater willingness to participate in sexual health-related surveys; The low proportion of boys perhaps highlights some form of socio-cultural reticence or under-representation in the sampling, which could limit comparisons by gender.

3.2. Condom use, sexual intercourse in the last 3 months and voluntary testing

Table 2 Sexual behavior and voluntary HIV testing among participants

Variable	Modality	Number (n)	Percentage (%)
Had sexual intercourse (last 3 months)	Yes	46	30,7 %
	No	04	69,3 %
Condom use	Yes	43	28,7 %
	No	117	77,3 %
Voluntary screening	Yes	74	49,3 %
	No	76	50,7 %

Nearly a third of respondents (30.7%) said they had had sexual intercourse in the last 3 months; of these, only 28.7% used condoms systematically; the rate of voluntary testing was relatively balanced: 49.3% had done so.

The discrepancy between the rate of recent sexual relations and condom use highlights the risk-taking behavior of a significant proportion of young people. This may be the result of a lack of access to prevention methods, a misperception of risk, or issues linked to condom negotiation within the couple. The relatively low rate of screening suggests that awareness-raising should be stepped up, especially among sexually active young people, who do not seem to be systematically screened.

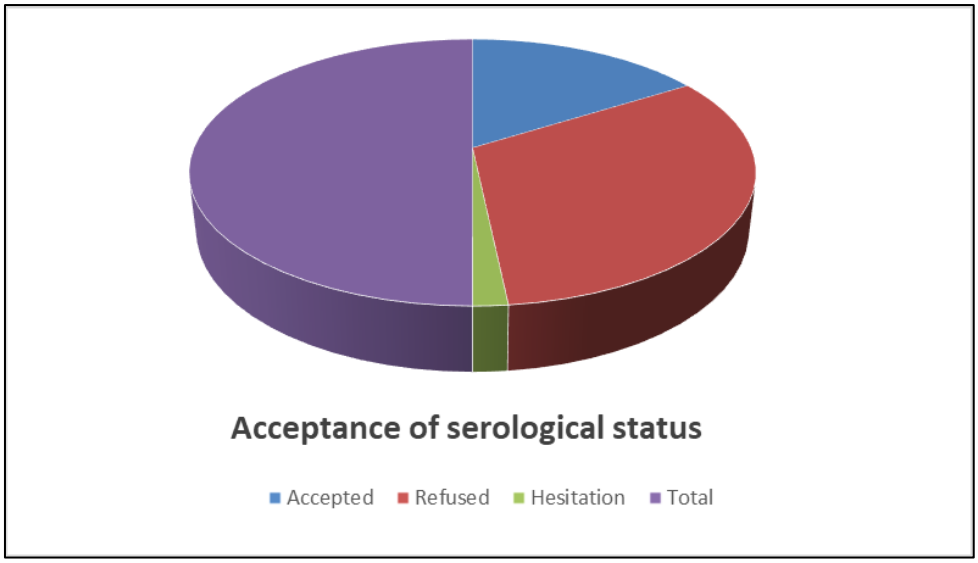

Figure 1 Distribution of participants by attitude toward HIV status disclosure

Nearly two-thirds of respondents refuse to know or reveal their HIV status. This refusal may be explained by perceived stigmatization, fear of discrimination, or a feeling of invulnerability.

The low hesitation rate (3.3%) indicates that positions are relatively clear-cut: there is either acceptance or rejection, with very few undecided cases. This points to a clear need for targeted strategies to overcome psychological or social barriers to screening.

3.3. Knowledge of Occasional Partner's Serostatus & Number of Partners

Table 3 Knowledge of partner serostatus and number of sexual partners

Variable	Modality	Number (n)	Percentage (%)
Knowledge of partner status	Yes	55	36,7 %
	No	95	63,3 %
Number of known sexual partners	Only one	91	60,7 %
	Several	52	34,7 %
	None	7	4,6 %

Only 36.7% of participants claim to know the serostatus of their casual partner; 34.7% claim to have several known sexual partners, while 4.6% claim to know none.

Uncertainty about the serostatus of casual partners represents a high vulnerability factor, especially if associated with low condom use; the presence of multiple partners statistically increases exposure to HIV, but it is above all the lack of information or communication about status that constitutes the main lever for intervention here.

4. Discussion

4.1. Young people exposed to structural and psychosocial vulnerabilities

The results of this study confirm that adolescents living with HIV in Lubumbashi face a series of interconnected vulnerabilities. The low rate of voluntary testing (13.5%) and reluctance to disclose status (64.4%) reflect a persistent fear of stigmatization, already well documented in African literature (Madiba & Mokgatle, 2016; Mburu et al., 2014). This fear is often fueled by negative social representations of HIV, perceived as a shameful disease or associated with deviant behavior (Wadja, 2023).

Most of the teenagers we interviewed grew up in a context of family silence around the disease, which reinforces their psychological isolation. As Britto et al. (2016) have shown, the absence of structured support in the announcement of serological status can lead to anxiety disorders, low self-esteem and a breakdown in the therapeutic bond.

4.2. Risky sexual behavior indicative of a lack of empowerment

The high rate of unprotected sexual intercourse (71.3%) and lack of knowledge of the serological status of occasional partners (63.3%) reveal a low level of appropriation of prevention strategies. These risk behaviors are consistent with trends observed in several sub-Saharan African countries (Kacou, 2018; UNICEF, 2021), where young people, although informed, do not always integrate prevention messages into their practices.

This paradox between knowledge and behavior was highlighted by the Sidaction survey (2025), which showed that 33% of sexually active young people do not use condoms with casual partners, despite a good theoretical knowledge of HIV. This dissonance can be explained by factors such as peer pressure, difficult condom negotiation within the couple, or the trivialization of risk (Préau et al., 2025).

4.3. Disclosure of HIV status: a complex and often painful process

The refusal to withdraw test results (64.4%) and the low rate of status acceptance (32.2%) illustrate a crisis of confidence in healthcare systems. Several studies (Adamou et al., 2021; Kawende, 2024) have shown that the announcement of status is often perceived as traumatic, especially in the absence of appropriate psychosocial support.

Kawende (2024) distinguishes three trajectory profiles: immediate acceptance, post-announcement crisis, and prolonged rejection - the latter being most frequent in contexts of high stigmatization. These trajectories are influenced by the quality of the relationship with caregivers, the presence or absence of family support, and the way in which the announcement is made (Dassi Tchoupa, 2021).

4.4. Sociocultural factors and systemic barriers to status acceptance

Gender norms, taboos around sexuality and the lack of intergenerational dialogue are determining factors in shaping attitudes to HIV (Miranda & Loock, 2020; CRCF, 2023). Young girls, in particular, are more exposed to transmission and stigmatization (UNAIDS, 2021; GabonActu, 2025).

Wadja's study (2023) shows that adolescent girls living with HIV often develop strategies to conceal their status, for fear of rejection or violence. This concealment, while protective in the short term, compromises adherence to treatment and access to care.

4.5. Towards an integrated, participatory, adolescent-centred approach

The results of this study argue in favor of a holistic approach, combining sex education, psychosocial support and community involvement. Programs such as Gundo-So Jeunes (CRCF, 2023) or OPTIMISE-AO (Dassi Tchoupa, 2021) have demonstrated the effectiveness of peer support and gradual disclosure of status.

Empowerment of adolescents, notably through discussion groups, community mediators and adapted digital tools, improves acceptance of status and therapeutic compliance (Wanyenze et al., 2013; Champion et al., 1999). It is also essential to train caregivers in empathetic, non-stigmatizing communication, as recommended by the National AIDS Council (2025).

5. Conclusion

This study has highlighted a worrying reality: adolescents living with HIV in Lubumbashi live in a context marked by stigmatization, family silence, institutional mistrust and a lack of sex education. These psychosocial and structural vulnerabilities have a profound influence on their attitudes towards disclosure of serostatus, as well as their behavior towards risky sexual practices.

The widespread reluctance to disclose or even know one's status (64.4%) reflects an internalized fear of rejection and marginalization, exacerbated by a health care system that is sometimes ill-suited to the specific needs of adolescents. Furthermore, the low use of condoms (76.5% do not use them regularly) and the lack of knowledge of the status of occasional partners testify to the urgent need to reinforce prevention strategies focused on empowerment.

Qualitative analysis confirms that the absence of structured psychological support, lack of information, repressive social norms and negative perceptions of HIV are major obstacles. However, alternative models do exist and should inspire local policies. The integration of participatory approaches - involving peers, families, schools and community structures - is essential to change mentalities and reinforce acceptance of HIV status.

Through this study, we argue for a comprehensive, gender-sensitive and age-appropriate response, which is not limited to biomedical provision, but values local, cultural and human resources. Only an integrated approach will enable young people to no longer experience their status as a silent burden, but as a component of their identity to be supported, cared for and respected.

Recommendations

- Strengthen sex education in secondary schools, integrating emotional, relational and identity dimensions.
- Strengthen the capacity of healthcare professionals to announce HIV status and provide post-announcement support.
- Create safe spaces for adolescents living with HIV, encouraging self-expression, peer support and resilience.
- Involve families and communities in the fight against stigmatization, through culturally adapted awareness campaigns.
- Develop digital tools for information, screening and follow-up, taking into account the uses of young people.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no conflict of interest to disclose.

Statement of informed consent

Written informed consent was obtained from all individual participants and/or their legal guardians prior to inclusion in the study.

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