Factors associated with HIV status disclosure among people living with HIV in Georgia

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Abstract

Background: HIV status disclosure plays a critical role in reducing stigma, improving treatment adherence, and enhancing social support for people living with HIV (PLHIV). Despite its importance, disclosure remains a complex process influenced by individual, relational, and systemic factors. The Eastern Europe and Central Asia region, including Georgia, faces high levels of stigma, making HIV status disclosure particularly challenging. This study explores factors associated with HIV status disclosure among Georgian PLHIV to inform interventions and policies.
Aim: To examine the sociodemographic and healthcare-related factors associated with HIV status disclosure among PLHIV in Georgia.
Methods: This secondary data analysis utilized the PLHIV Stigma Index 2.0 survey conducted in Georgia in 2022, which included 765 participants recruited through peer-to-peer interviews in Tbilisi and three additional regions. Data on demographics, stigma, discrimination, and healthcare interactions were collected following standardized methodologies developed by UNAIDS. Statistical analysis included chi-square tests to explore univariate associations and multivariate logistic regression to adjust for potential confounders and identify significant predictors of disclosure.
Results: Of the 765 participants, 67.4% were male, most of them aged 30–49 years (61.3%). Lower education levels were reported by 64.2%, while 39.6% were unemployed. HIV status disclosure to at least someone from their social and healthcare environment was reported by 86.9% of participants, with 13.1% not disclosing to anyone. Multivariate analysis identified significant predictors of disclosure. Participants aged 30–39 were less likely to disclose than those aged 18–29 (aOR=0.39, 95% CI: 0.16–0.93). Disclosure was more likely among those in intimate relationships (aOR=3.93, 95% CI: 2.42–6.40) and those diagnosed with alcohol or substance use disorder (aOR=4.53, 95% CI: 1.04–19.75) or mental health disorders (aOR=6.86, 95% CI: 1.61–29.24).
Conclusions: This study highlights the significant influence of demographic, relational, and health-related factors on HIV status disclosure in Georgia. Age, relationship status, and co-occurring conditions were key predictors of disclosure. The findings underscore the need for targeted interventions to address stigma, promote safe disclosure, and improve healthcare engagement for PLHIV. Future research should focus on understanding the mechanisms through which these factors influence disclosure to enhance policy and practice in the region. **(TCM-GMJ June 2026; 12 (2): P25-P34)**

Keywords: HIV Status Disclosure, PLHIV, Stigma, Healthcare Interactions.

Introduction

Despite significant global progress in combating the HIV epidemic, regional disparities highlight pressing challenges. Globally, new HIV infections have declined by 60% since their peak in 1995, and AIDS-related deaths have decreased by 69% since 2004, driven by the scale-up of testing, treatment, and prevention efforts [1]. However, the Eastern Europe and Central Asia (EECA) region contrasts sharply with this trend, reporting a 20% increase in new infections between 2010 and 2023 [2]. In 2023, 94% of new HIV infections in the EECA region were among key populations and their sexual partners, underscoring the concentrated nature of the epidemic [2]. Similarly, Georgia faces a concentrated HIV epidemic, with key populations (KPs) such as men who have sex with men (MSM), and transgender people (TG) disproportionately affected [3]. Stigma and discrimination against people living with HIV (PLHIV) and KPs remain significant barriers to accessing prevention, testing, and treatment services, further exacerbating the epidemic [4,5]. Addressing HIV-related stigma is therefore critical to reversing these trends and improving health outcomes in both Georgia and the broader EECA region.

HIV status disclosure is a complex and multifaceted process that plays a key role in improving ART adherence, fostering emotional support, strengthening relationships, reducing stigma, and promoting safer behaviors, though it remains fraught with challenges such as fear of rejection, discrimination, and violence, particularly among marginalized and key populations [6]. The 2023 Global PLHIV Stigma Index Report highlights that stigma and discrimination remain pervasive barriers for PLHIV worldwide, significantly affecting their ability to disclose their status [7]. The 2024 People Living with HIV Stigma Index 2.0 study marked Georgia's first large-scale examination of HIV-related stigma and discrimination [7]. Notably, nearly

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Received May 1, 2026; accepted May 22 , 2026.
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15% of participants reported that no one in their social environment was aware of their HIV status, indicating a significant prevalence of nondisclosure [7] Additionally, over half of the respondents expressed negative experiences when disclosing their status to unfamiliar individuals, highlighting the challenges associated with disclosure [7]. Despite these findings, there remains a gap in understanding the specific factors that facilitate or hinder disclosure among PLHIV groups within the Georgian context.

This study addresses this gap by examining the factors associated with HIV status disclosure among PLHIV in Georgia, using data from the PLHIV Stigma Index 2.0. By exploring the relationships between demographic characteristics, social contexts, and healthcare interactions, this research aims to provide insights into the barriers and facilitators of disclosure.

Understanding these dynamics is essential for developing targeted interventions to reduce stigma, improve disclosure outcomes, enhance support systems for PLHIV in Georgia and similar settings, inform policy and practice, and identify knowledge gaps for future research in this field.

Methods

Study Design: We conducted secondary data analysis using the PLHIV Stigma Index 2.0 database, originally implemented by the CBO "RPRV" in Georgia in 2022. The study followed a standardized methodology developed in collaboration with UNAIDS, employing a participatory approach with peer-to-peer interviews. It included a sample of 765 PLHIV from Tbilisi and regions including Adjara, Imereti and Samegrelo-Zemo Svaneti. Data were collected on demographics, stigma, discrimination, healthcare interactions, and human rights, ensuring privacy and adherence to safety protocols. Detailed methodology of the original research is described in the PLHIV Stigma Index 2.0 report for country Georgia [7].

Measures: In this study, the outcome variable, "Status disclosure," was categorized dichotomously (Do not disclose to anyone/Disclose at least to someone). Participants were classified as "Do not disclose to anyone" if they indicated that none of their social environment was aware of their HIV status, including responses that reflected nondisclosure to specific social groups (e.g., family members, friends, coworkers, or authority figures) and nondisclosure during general health service visits. Conversely, participants were classified as "Disclose at least to someone" if they reported that at least one person in their social environment knew about their HIV status, either through disclosure to specific social groups or during interactions with non-HIV-related health services.

The predictor variables included participants' sex at birth (male/female), age (categorized into four groups: 18-29, 30-39, 40-49, and 50 or older). Length of time knowing HIV status (less than 2 years, 2-5 years, 6-10 years, more than 10 years, do not remember), currently in a sexual relationship (yes/no) and their partner's HIV status (positive, negative, or not aware of partner's HIV status), have been incarcerated/in prison (yes, no, prefer not to answer), belong to a network or support group of PLHIV (yes, no) were considered as reported in the original PLHIV Stigma Index study. Grouping for education level (classified into three categories: No formal education, lower level of education [encompassing primary, secondary, or vocational education], and higher level of education [indicating university education]) and employment status (categorized into two groups: having some form of employment [comprising those in full-time or part-time work as an employee, self-employed or business owners working full-time, and those engaged in casual or informal part-time work] and unemployed [encompassing those who were unemployed or retired/on pension]), were created for this study. Another set of predictor variables related to participants' interaction with the healthcare system included the nature of HIV testing (whether testing was undertaken with or without the respondent's choice) and the time interval between first considering an HIV test and actually undergoing it. Additional variables examined whether fears about how others (e.g., family, friends, employer, or community) might react influenced hesitation to get tested for HIV (yes/no), and whether respondents were currently or had ever been on HIV treatment (yes/no). Data on treatment initiation included whether starting antiretroviral therapy (ART) was the respondent's choice or due to perceived pressure, and the time interval between HIV diagnosis and treatment initiation (e.g., immediately, within one month, or longer). Reasons for delaying treatment, such as fear of stigma, previous negative experiences with healthcare workers, or personal readiness to cope with the diagnosis, were also assessed. Furthermore, treatment adherence was explored, including whether respondents missed ART doses in the past 12 months due to fear of status disclosure (yes/no), viral load testing outcomes, interruptions in treatment, and diagnosis or treatment of comorbidities, such as tuberculosis, viral hepatitis, sexually transmitted infections, mental health conditions, non-communicable diseases, opportunistic infections, and alcohol or substance use disorders within the last 12 months.

Ethical Considerations: The original study received ethical approval from the Institutional Review Board (IRB0000215) at the National Center for Disease Control and Public Health of Georgia. Informed consent was obtained from all participants, with a focus on ensuring their participation was entirely voluntary and that their information remained confidential. Safeguards to protect confidentiality included training for staff, confidentiality agreements, the use of unique identifiers, and conducting interviews in private settings. The study followed strict ethical standards, prioritizing participants' rights and ensuring their care was not impacted by the research process. Additionally, approval was granted by the same IRB for this secondary data analysis (IRB # 2023-071). The primary researcher entered into a data-sharing agreement with the community-based organization "Real People Real Vision," permitting access to the original dataset for secondary analysis.

Statistical analysis: Descriptive statistics were used to summarize participants' sociodemographic profiles and

their experiences within the healthcare system, with frequencies and percentages reported for each categorical variable. To compare characteristics between participants who disclosed their HIV status and those who did not, chi -square tests were conducted; Fisher's exact test was applied for cases with fewer than five observations to ensure robust statistical inference. Associations between variables were initially examined using unadjusted odds ratios (ORs), and further analyzed through a multivariable logistic regression model, adjusting for potential confounders using a stepwise approach. Adjusted odds ratios (aORs) and their 95% confidence intervals (CIs) were calculated to represent the range of plausible effect sizes. Statistical significance was determined by p-values, with a threshold of $p < 0.05$ considered significant across all tests. Data analyses were carried out using STATA version 17.

Results and discussion

Characteristics of Participants: Table 1 presents the main characteristics of the study participants. The sample consisted of 765 individuals, 67.4% (n=509) were male and more than half were aged 30-49 years and had known their HIV status for more than six years. Most participants (61.4%, n=470) were in an intimate or sexual relationship. Having lower level of education, which included primary, secondary, or vocational education was reported by 64.2% (n=488) and unemployment by 39.6% (n=302) of participants. A small proportion reported a history of incarceration (2.2%, n=17), while 13.9% (n=105) belonged to a network or support group of PLHIV.

Over 60% (n=439) of respondents reported disclosing their HIV status to their sexual partners (husband, wife, or partner). Approximately 24.5% (n=154) of respondents stated that their children were aware of their status. Family members and friends were informed of the respondents' status in 58.9% (n=432) and 43.5% (n=319) of cases, respectively. Disclosure issues were more pronounced outside of family contexts, with less than 10% of respondents sharing their status with various other groups. Regarding disclosure during receiving non-HIV-related health services, 71.9% (n=550) of participants reported not disclosing their HIV status. Overall, 13.1% (n=98) did not disclose their HIV status to anyone, whereas 86.9% (n=652) disclosed their status to at least one person or health provider.

About two-thirds (67.1%, n=505) of participants were tested for HIV by their choice. The majority (88.6%, n=389) took the HIV test within six months of considering it, while 11.4% (n=50) delayed their testing for longer. Regarding treatment initiation, 12.7% (n=89) of participants also experienced delays. They reported various reasons for postponing treatment, including concerns about their partner, family, or friends discovering their status (39.9%, n=301), worries that others would find out (45.3%, n=342), not being ready to cope with their HIV infection (47.1%, n=355), fear of mistreatment or disclosure by health workers (21.9%, n=165), and past negative experiences with healthcare providers (11.7%, n=88). In total, 23% (n=168) of participants reported interrupting or stopping their HIV treatment at some point. Self-reported viral suppression results showed that 9.2% (n=67) were not virally suppressed. The proportion of respondents who indicated being diagnosed with at least one comorbidity during the last 12 months was 39.7% (n=303), with 12.5% (n=95) diagnosed with mental health conditions, 11.6% (n=88) with sexually transmitted diseases (STDs), 10.2% (n=78) with viral hepatitis, 9.3% (n=71) with alcohol/drug use disorders (AUD/SUD), 8.9% (n=68) with non-communicable diseases (NCDs) and 3.9% (n=30) with opportunistic infections (OIs) in the past year.

Factors associated with HIV status disclosure: In the bivariate analysis of HIV status disclosure (Table 2), a significant association was observed by sex at birth, with females having lower odds of disclosing their status compared to males (OR: 0.61 [95% CI: 0.38–0.93]). Age group was also significantly associated with HIV status disclosure, namely 30-39 age group had significantly lower odds of disclosure (OR: 0.34 [95% CI: 0.16–0.73]) compared to the 18-29 age group. Another significant association included being in an intimate or sexual relationship, with the odds of disclosing HIV status higher for participants being currently in a relationship (OR: 3.31 [95% CI: 2.13–5.15]). Belonging to a network or support group of PLHIV was among the factors significantly associated with HIV status disclosure (OR: 2.30 [95% CI: 1.03–5.11]). The odds of disclosing HIV status were significantly higher for those who were tested by their own choice (OR: 1.61 [95% CI: 1.05–2.49]), compared to those tested without their choice. Fears about how others people would react if the respondent tested positive for HIV were significantly associated with HIV status disclosure with those having such fears having higher odds of disclosure compared to those without those fears (OR: 2.26 [95% CI: 1.13–4.51]). The odds of disclosing HIV status were significantly higher for those who delayed starting treatment (OR: 7.25 [95% CI: 1.75–30.02]) compared to those who started treatment immediately. Those who had history of treatment interruptions were more likely to disclose their HIV status compared to those who maintained continuous treatment (OR: 2.02 [95% CI: 1.06–3.84]). Being diagnosed with at least one comorbidity during the last year was also strongly associated with status disclosure (OR: 4.60 [95% CI: 2.56 – 8.28]).

The multivariate logistic regression analysis (Table 3) identified several significant factors associated with HIV status disclosure. Compared to those aged 18-29, PLHIV aged 30-39 were significantly less likely to disclose their HIV status (aOR=0.39, 95% CI: 0.16-0.93). Being currently in an intimate or sexual relationship was strongly associated with higher odds of HIV disclosure, with those in relationships nearly four times as likely to disclose compared to those not in relationships (aOR=3.93, 95% CI: 2.42-6.40). Additionally, being diagnosed with an AUD/SUD during the last 12 months significantly increased the likelihood of disclosure (aOR=4.53, 95% CI: 1.04-19.75, p=0.044). Lastly, PLHIV with a mental health (MH) disorder diagnosed during the last year were also significantly

more likely to disclose their HIV status, with an approximately sevenfold increase in disclosure odds (aOR=6.86, 95% CI: 1.61-29.24, p=0.009).

This study identified several key factors associated with HIV status disclosure among Georgian PLHIV. The multivariate regression analysis revealed that being in the age group of 30–39, being in an intimate or sexual relationship, and being diagnosed with an AUD/SUD or a mental health disorder significantly influenced the likelihood of HIV status disclosure. These findings highlight the interplay of social, relational, and health-related factors in shaping disclosure behaviors. Understanding these dynamics is crucial, as disclosure often marks a critical step toward accessing social and medical support, reducing HIV stigma, and fostering engagement in care [8–10].

Consistent with the findings of both bivariate and multivariate analysis, individuals aged 30–39 were significantly less likely to disclose their HIV status compared to those aged 18–29 in our study. One possible explanation is that younger individuals may perceive fewer social risks or stigma associated with disclosure, as suggested in previous studies [11]. However, some studies have found higher disclosure rates among older adults [12]. These contrasting findings underscore the complexity of age-related disclosure behaviors, highlighting the need for tailored, context-specific interventions that address the unique barriers and facilitators faced by individuals at different life stages.

Disclosing HIV positive status to an intimate partner is a complex and challenging experience that tests the relationship [13]. Being in an intimate or sexual relationship was strongly associated with a higher likelihood of disclosure in both the bivariate and multivariate analyses of our study. This result aligns with existing literature, which often highlights that disclosure is more likely within close and trusting relationships [14–16]. The role of intimate partnerships as a supportive context for disclosure underscores the importance of incorporating relationship dynamics into intervention strategies.

Additionally, diagnoses of AUD/SUD and mental health disorders were significant predictors of disclosure in both bivariate and multivariate models. This suggests that the co-occurrence of these conditions may act as a catalyst for disclosure, potentially due to increased interactions with healthcare systems or greater reliance on social support networks. While much of the existing research has focused on the negative influence of alcohol and drug use on disclosure, particularly to sexual partners, and the mental health challenges experienced by PLHIV after disclosure, limited evidence is available on the specific association between diagnoses of AUD/SUD or mental health disorders and status disclosure. Notably, a study conducted in Southwest Ethiopia found that the presence of comorbidities was associated with increased HIV status disclosure among PLHIV [17]. These findings highlight the need for further research to understand whether these diagnoses facilitate disclosure directly or through mediating factors such as engagement in counseling or treatment programs. Given the significant associations between diagnoses of AUD/SUD and mental health disorders and disclosure, healthcare providers should consider these co-occurring conditions as potential opportunities for supportive interventions. Programs aimed at enhancing engagement with healthcare systems, including mental health and substance use counseling, could be instrumental in fostering environments conducive to safe and voluntary disclosure. Future research should further investigate the mechanisms by which these diagnoses influence disclosure, including the role of counseling, treatment programs, and social support networks, to refine and optimize intervention strategies.

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design of the PLHIV Stigma Index 2.0 data limits the ability to infer causality or determine the temporal sequence between variables. In particular, for participants diagnosed with comorbidities such as mental health conditions or AUD/SUD, it is not possible to establish whether these diagnoses occurred before or after HIV status disclosure, which constrains interpretation of the observed associations. Second, the analysis relied on self-reported data, which may be subject to recall bias and social desirability bias, especially for sensitive topics such as HIV disclosure, stigma experiences, and healthcare interactions. Third, as a secondary data analysis, the study was limited to variables available in the original dataset, restricting the ability to explore additional contextual or psychosocial factors that may influence disclosure. Despite these limitations, this study provides valuable insights into the factors associated with HIV status disclosure among PLHIV in Georgia and offers important evidence to inform context-specific interventions and policies aimed at reducing stigma and supporting safe disclosure.

Conclusion

This study highlights the complexity of HIV status disclosure among Georgian PLHIV, emphasizing the interplay of social, relational, and health-related factors. Tailored, context-specific interventions are crucial to address HIV stigma and foster supportive environments for disclosure. Integrating HIV care with mental health and substance use services can provide a more holistic approach to supporting PLHIV. Efforts should also focus on strengthening counseling and peer support systems to build trust and resilience among individuals navigating disclosure decisions. Future research should explore the mechanisms driving disclosure behaviors and the long-term impacts of disclosure on mental health, treatment adherence, and social relationships to inform interventions that promote safe, voluntary disclosure and enhance care engagement

Table 1. Main characteristics of study sample.

Variable	n/N	%
Sociodemographic		
Sex at birth *(10 missing data)*		
Male	509/755	67.4
Female	246/755	32.6
Age group		
18-29	131/765	17.1
30-39	248/765	32.4
40-49	221/765	28.9
50+	165/765	21.6
Length of time knowing HIV status *(3 missing data)*		
Less than 2 years	37/762	4.9
2-5 years	276/762	36.2
6-10 years	229/762	30.0
More than 10 years	195/762	25.6
Do not remember	25/762	3.3
Currently in an intimate/sexual relationship (whether married or unmarried)		
No	295/765	38.6
Yes	470/765	61.4
Partner's HIV status *(out of 470 who responded to the previous question, 1 missing data)*		
Negative	218/469	46.5
Positive	215/469	45.8
Unsure about the HIV status of partner	36/469	7.7
Education level *(5 missing data)*		
No formal education	9/760	1.2
Lower level education	488/760	64.2
Higher level education	263/760	34.6
Current work status *(3 missing data)*		
Unemployed	302/762	39.6
Having some form of employment	460/762	60.4
Have been incarcerated/in prison *(3 missing data)*		
No	734/762	96.3
Yes	17/762	2.2
Prefer not to answer	11/762	1.5
Belong to a network or support group of PLHIV *(8 missing data)*		
No	652/757	86.1
Yes	105/757	13.9
HIV Status Disclosure		
Husband/wife/sexual partner(s) knows HIV status *(35 who indicated N/A were excluded, 22 missing data)*	439/708	62.0
Children know HIV status *(95 who indicated N/A were excluded, 41 missing data)*	154/629	24.5
Other family members know HIV status *(6 who indicated N/A were excluded, 25 missing data)*	432/734	58.9
Friends know HIV status *(6 who indicated N/A were excluded, 25 missing data)*	319/734	43.5
Neighbors know HIV status *(8 who indicated N/A were excluded, 45 missing data)*	70/712	9.8
Employer(s) know HIV status *(26 who indicated N/A were excluded, 50 missing data)*	42/689	6.1
Co-workers know HIV status *(30 who indicated N/A were excluded, 50 missing data)*	48/685	7.0
Teacher(s)/school administrator(s) know HIV status *(108 who indicated N/A were excluded, 54 missing data*	18/603	3.0
Classmates know HIV status *(107 who indicated N/A were excluded, 55 missing data)*	18/603	3.0
Local leaders know HIV status *(35 who indicated N/A were excluded, 53 missing data)*	16/677	2.4
Authority figures know HIV status *(27 who indicated N/A were excluded, 53 missing data)*	28/685	4.1
When you go outside the HIV clinic for general (non-HIV related) health services, do you usually disclose that you are living with HIV?		
No	550/765	71.9
Yes	215/765	28.1
HIV status disclosure *(15 missing data)*		
Do not disclose to anyone	98/750	13.1
Disclose at least to someone	652/750	86.9

Interaction with Healthcare		
HIV testing choice *(12 missing data)*		
Tested without respondent's choice	248/753	32.9
Tested with respondent's choice	505/753	67.1
The time interval between the moment when the respondents first thought about taking tests and the moment when they took them *(61 who indicated do not remember were excluded and 265 missing data)*		
6 months or less	389/439	88.6
More than 6 months	50/439	11.4
Did fears about how other people (e.g., your family, friends, employer, or community) would respond if you tested positive make you hesitate to get tested for HIV? *(266 missing data)*		
No	318/499	63.7
Yes	181/499	36.3
Are you currently or have you ever been on HIV treatment? *(1 missing data)*		
No	34/764	4.5
Yes	730/764	95.5
Was it your choice to start taking HIV (antiretroviral) treatment or were you pressured or forced by anyone to start HIV treatment? *(34 who indicated not on treatment were excluded and 31 missing data)*		
I was told the benefits and chose to start as soon as it was offered to me	601/700	85.9
When treatment was offered to me, I took the decision to wait and started at a later time	89/700	12.7
I felt pressured or forced to start by health care staff	10/700	1.4
After being diagnosed with HIV, how long was it before you began taking HIV (antiretroviral) treatment? *(34 who indicated not on treatment were excluded and 1 missing data)*		
Immediately – or the same day I was diagnosed	90/730	12.3
>1 day to 1 month (30 days) after being diagnosed	338/730	46.3
>1 month to 6 months after being diagnosed	122/730	16.7
>6 months to 2 years after being diagnosed	79/730	10.8
>2 years after being diagnosed	45/730	6.2
I can't remember	56/730	7.7
I delayed treatment initiation because I was worried that my partner, family or friends would find out my status *(10 missing data)*		
No	454/755	60.1
Yes	301/755	39.9
I delayed treatment initiation because I was worried other people (not family or friends) would find out my status *(10 missing data)*		
No	413755	54.7
Yes	342755	45.3
I delayed treatment initiation because I was not ready to deal with my HIV infection *(11 missing data)*		
No	399/754	52.9
Yes	355/754	47.1
I delayed treatment initiation because I was afraid health workers (doctors, nurses, staff) would treat me badly or disclose my status without my consent *(12 missing data)*		
No	588/753	78.1
Yes	165/753	21.9
I delayed treatment initiation because I had a bad experience with a health worker previously *(12 missing data)*		
No	665/753	88.3
Yes	88/753	11.7
Missed a dose of ARV due to fear that someone would learn about their HIV status in the past 12 months *(34 who indicated not on treatment were excluded and 10 missing data)*		
No	576/721	79.9
Yes	145/721	20.1

Did your most recent viral load test in the last 12 months show you have an undetectable viral load? *(35 missing data)*		
Yes	575/730	78.8
No – I have not had a viral load test in the last 12 months	17/730	2.3
No – I had a viral load test and am waiting for the results	55/730	7.5
No – The virus was detectable/I am not virally suppressed	67/730	9.2
No – I have never had a viral load test	2/730	0.3
I don't know what viral load or viral suppression are	14/730	1.9
Have you ever interrupted or stopped your HIV treatment? *(34 missing data)*		
No	493/731	67.4
Yes	168/731	23.0
I don't know/can't remember	70/731	9.6
Have been diagnosed with at least one comorbidity during the last 12 months *(1 missing data)*		
No	461/764	60.3
Yes	303/764	39.7
In the last 12 months, have you been diagnosed with TB *(3 missing data)*		
No	734/762	96.3
Yes	28/762	3.7
In the last 12 months, have you been diagnosed with Viral Hepatitis *(2 missing data)*		
No	685/763	89.8
Yes	78/763	10.2
In the last 12 months, have you been diagnosed with STD *(4 missing data)*		
No	673/761	88.4
Yes	88/761	11.6
In the last 12 months, have you been diagnosed with MH condition *(4 missing data)*		
No	666/761	87.5
Yes	95/761	12.5
In the last 12 months, have you been diagnosed with NCD *(4 missing data)*		
No	693/761	91.1
Yes	68/761	8.9
In the last 12 months, have you been diagnosed with OI *(5 missing data)*		
No	730/760	96.1
Yes	30/760	3.9
In the last 12 months, have you been diagnosed with AUD/SUD *(4 missing data)*		
No	690/761	90.7
Yes	71/761	9.3

Table 2. Comparison of sociodemographic characteristics and treatment experience and interaction with

	Do not disclose HIV status to anyone N=98	**Disclose HIV status at least to someone N=652**	**P-Value**	**OR**
Sociodemographic				
Sex at birth			**0.020**	
Male	54 (10.9)	443 (89.1)		Ref
Female	41 (16.9)	202 (83.1)		**0.61 (0.38 – 0.93)**
Age group			**0.019**	
18-29	9 (7.0)	119 (93.0)		Ref
30-39	43 (17.8)	198 (82.2)		**0.34 (0.16 – 0.73)**
40-49	29 (13.3)	189 (86.7)		0.49 (0.23 – 1.07)
50+	17 (10.4)	146 (89.6)		0.64 (0.27 – 1.51)
Length of time knowing HIV status			**0.006**	
Less than 2 years	4 (11.1)	32 (88.9)		Ref
2-5 years	22 (8.1)	249 (91.9)		1.41 (0.45 – 4.36)
6-10 years	42 (18.5)	185 (81.5)		0.55 (0.18 – 1.64)
More than 10 years	25 (13.0)	167 (87.0)		0.83 (0.27 – 2.56)
Do not remember	5 (23.8)	16 (76.2)		0.40 (0.09 – 1.69)
Currently in an intimate/sexual relationship (whether married or unmarried)			**0.000**	
No	62 (21.7)	223 (78.3)		Ref
Yes	36 (7.7)	429 (92.3)		**3.31 (2.13 – 5.15)**
Partner's HIV status			0.768	
Negative	15 (6.9)	203 (93.1)		Ref
Positive	18 (8.5)	193 (91.5)		0.79 (0.38 – 1.61)
Unsure about the HIV status of partner	3 (8.6)	32 (91.4)		0.78 (0.21 – 2.87)
Education level			0.802	
No formal education	1 (11.1)	8 (88.9)		Ref
Lower level education	64 (13.5)	411 (86.5)		0.80 (0.09 – 6.52)
Higher level education	30 (11.5)	231 (88.5)		0.96 (0.11 – 7.96)
Current work status			0.145	
Unemployed	32 (10.9)	262 (89.1)		Ref
Having some form of employment	66 (14.6)	387 (85.4)		0.71 (0.45 – 1.12)
Belong to a network or support group of PLHIV			**0.036**	
No	90 (14.1)	547 (85.9)		Ref
Yes	7 (6.7)	98 (93.3)		**2.30 (1.03 – 5.11)**

Interaction with healthcare				
HIV testing choice			**0.028**	
Tested without respondent's choice	43 (16.9)	211 (83.1)		Ref
Tested with respondent's choice	55 (11.2)	437 (88.8)		**1.61 (1.05 – 2.49)**
The time interval between the moment when the respondents first thought about taking tests and the moment when they took them			0.784	
6 months or less	33 (8.7)	346 (91.3)		Ref
More than 6 months	3 (6.1)	46 (93.9)		1.46 (0.43 – 4.95)
Did fears about how other people (e.g., your family, friends, employer, or community) would respond if you tested positive make you hesitate to get tested for HIV?			**0.018**	
No	42 (13.4)	272 (86.6)		Ref
Yes	11 (6.4)	161 (93.6)		**2.26 (1.13 – 4.51)**
Are you currently or have you ever been on HIV treatment?			0.184	
No	7 (20.6)	27 (79.4)		Ref
Yes	91 (12.7)	624 (87.3)		1.77 (0.75 – 4.20)
Was it your choice to start taking HIV (antiretroviral) treatment?			**0.010**	
I was told the benefits and chose to start as soon as it was offered to me	85 (14.4)	504 (85.6)		Ref
When treatment was offered to me, I took the decision to wait and started at a later time	2 (2.3)	86 (97.7)		**7.25 (1.75 – 30.02)**
I felt pressured or forced to start by health care staff	3 (30.0)	7 (70.0)		0.56 (0.34 – 5.20)
After being diagnosed with HIV, how long was it before you began taking HIV (antiretroviral) treatment?			0.190	
Within the first month	37 (8.8)	381 (91.2)		Ref
>1 month after being diagnosed	29 (12.0)	212 (88.0)		0.70 (0.42 – 1.18)
Missed a dose of ARV due to fear that someone would learn about their HIV status in the past 12 months			0.323	
No	76 (13.4)	493 (86.6)		Ref
Yes	14 (10.2)	123 (89.8)		1.35 (0.74 – 2.47)
Have you ever interrupted or stopped your HIV treatment?			**0.029**	
No	67 (13.8)	417 (86.2)		Ref
Yes	12 (7.4)	151 (92.6)		**2.02 (1.06 – 3.84)**
Have been diagnosed with at least one comorbidity during the last 12 months			**0.000**	
No	83 (18.4)	367 (81.6)		Ref
Yes	14 (4.7)	285 (95.3)		**4.60 (2.56 – 8.28)**
In the last 12 months, have you been diagnosed with TB			0.565	
No	95 (13.2)	624 (86.8)		Ref
Yes	2 (7.1)	26 (92.9)		1.97 (0.46 – 8.47)
In the last 12 months, have you been diagnosed with Viral Hepatitis			**0.007**	
No	95 (14.2)	575 (85.8)		Ref
Yes	3 (3.8)	75 (96.2)		**4.13 (1.27 – 13.36)**
In the last 12 months, have you been diagnosed with STD			**0.015**	
No	92 (13.4)	568 (86.1)		Ref
Yes	4 (4.6)	82 (95.4)		**3.32 (1.18 – 9.27)**
In the last 12 months, have you been diagnosed with MH condition			**0.002**	
No	92 (14.1)	562 (85.9)		Ref
Yes	3 (3.3)	89 (96.7)		**4.85 (1.50 – 15.66)**
In the last 12 months, have you been diagnosed with NCD			**0.034**	
No	93 (13.7)	585 (86.3)		Ref
Yes	3 (4.4)	65 (95.6)		**3.44 (1.06 – 11.18)**
In the last 12 months, have you been diagnosed with OI			0.161	
No	95 (13.3)	620 (86.7)		Ref
Yes	1 (3.3)	29 (96.7)		4.44 (0.59 – 33.00)
In the last 12 months, have you been diagnosed with AUD/SUD			**0.023**	
No	93 (13.8)	583 (86.2)		Ref
Yes	3 (4.3)	67 (95.7)		**3.56 (1.09 – 11.56)**

Disclosure of HIV status				
Variable	**Category**	**aOR**	**95% CI**	**P value**
Sex at birth	Male	Ref		
	Female	0.64	0.38-1.05	0.076
Age	18-29	Ref		
	30-39	**0.39**	**0.16-0.93**	**0.036**
	40-49	0.52	0.34-5.29	0.177
	50+	0.74	0.21-4.60	0.564
Length of time knowing HIV status	Less than 2 years	Ref		
	2-5 years	1.36	0.41-4.53	0.612
	6-10 years	0.61	0.18-2.03	0.417
	More than 10 years	1.78	0.13-1.90	0.356
	Do not remember	1.04	0.29-3.74	0.949
Currently in an intimate/sexual relationship (whether married or unmarried)	No	Ref		
	Yes	**3.93**	**2.42-6.40**	**0.000**
Diagnosed with AUD/SUD	No	Ref		
	Yes	**4.53**	**1.04-19.75**	**0.044**
Diagnosed with MH disorder	No	Ref		
	Yes	**6.86**	**1.61-29.24**	**0.009**

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