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Disclosing Sexual Partner's HIV/AIDS Status before Sexual Activity: A Cross-sectional Study on Factors Affecting Confidence

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Abstract

Background: Human immunodeficiency virus (HIV) can be transmitted through the exchange of body fluids with persons who are HIV positive. For the sake of prevention and care, disclosing the partner's HIV status is crucial. Most sexual partners face difficulties in inquiring about the HIV status of their sexual partners. Partner's negative reaction, stigma, and fear of judgment deter the sexual partners discussions on HIV status. The study assessed factors affecting confidence in enquiring about the HIV/AIDS status before sexual activity.

Method: A cross-sectional study design was used to collect information from respondents. In particular, a structured interviews schedule was used to collect information that assessed confidence and readiness to enquire HIV status before sexual activities. Respondents were selected using multi-stage sampling technique. A multivariate logistic regression model was used to identify the associations between variables.

Result: The percentage of respondents with good and average combined knowledge of HIV prevention method was 51.6% and 32.9% respectively. Respondent confidence in enquiring about the HIV/AIDS status of sexual partner was 83.8%. Confidence in enquiring about the HIV/AIDS status of sex partners was 2.9 times higher among respondents with secondary and higher education than those without education (OR = 2.9, 95% CI = 1.43 – 5.90). Those with good combined knowledge of HIV prevention methods were 2.84 times higher to be confident in enquiring about the HIV/AIDS status than those with poor combined knowledge of HIV prevention method.

Discussion: Respondents with good combined knowledge of HIV/AIDS prevention methods and those who were able to discuss issues concerning HIV/AIDS before sexual activity were significantly confident in inquiring about the HIV/AIDS status. Initiatives that encourage open, stigma-free conversation about HIV status among sexual partners to support prevention efforts need to be promoted.

Keywords: Confidence, Enquiring HIV/AIDS status, Sexual activity, Sexual partner, Higher and low HIV prevalence

Introduction

Acquired immunodeficiency syndrome (AIDS) caused by human immunodeficiency virus (HIV) is still a severe worldwide public health concern having killed around 40 million people to date and continuing to spread throughout all nations [1]. HIV/AIDS can be transmitted through exchange of body fluids with persons who are HIV positive, including blood, breast milk, semen, and vaginal secretions [2]. Disclosure of HIV/AIDS status is regarded as an essential step to preventing HIV transmission between sexual partners [3]. Irrespective of its significance as a tactic to stop HIV transmission, there are obstacles that prevent confidence in inquiring about the disclosure of HIV/AIDS status to a sexual partner.

Tanzania has witnessed a slight decrease of national HIV/AIDS prevalence from 6.5% in 2016/17 to 5.6% in 2022/2023 among women and from 3.5% in 2016/17 to 3.0% in 2022/2023

among men with 15 years and older [4]. HIV prevalence was reported at 4.5% in Mainland Tanzania and 0.4% in Zanzibar. The HIV/AIDS prevalence differs between regions of mainland Tanzania. The lowest HIV prevalence was reported to 1.7% from Kigoma region and highest (12.7%) in Njombe region [5]. For informing national policy and HIV/AIDS program that will assist the country attain the 95-95-95 objectives, the trend of survey data with an emphasis on the progress made toward the UNAIDS 90-90-90 targets and related variables is inevitable.

A study done by [6] shows that more than 90% of participants were knowledgeable about HIV/AIDS testing. This enormous percentage is associated with comprehensive campaigns on HIV/AIDS testing and counselling provided by governments and other HIV/AIDS stakeholders. The percentage of people who undergo HIV/AIDS testing and received the result of their last test in Tanzania was around 37% and 31% among women and men of 15–49 years [7]. Late presentation of HIV/AIDS diagnosis causes a significant number of fatalities among sexual partners. Early detection of HIV/AIDS is better due to adequate procedures to assist treatment and care to uninfected sexual partner.

The fight against new HIV infections has been prompted among different cadres throughout the country. The main aim is to provide people with comprehensive information on how to avert the HIV/AIDS epidemic. In Tanzania, effort is directed to primary methods of HIV/AIDS prevention. However, testing of HIV/AIDS status has been noted as an individual issue when it comes to test results. Awareness to HIV/AIDS status of a sex partner is one of the key strategies necessary for preventing further HIV transmission. According to [8], if one of the sexual partners is HIV/AIDS negative then it will eventually empower him/her to insist safe sexual intercourse to prevent new transmissions. Confidence to inquire about HIV/AIDS status is an uncultured behavior, especially among sexual partners.

Despite the growing body of research on HIV/AIDS prevention, care and partner communication, there is partial attention given to the unique dimensions that impact person's confidence in enquiring about a sexual partner's HIV/AIDS status before engaging in sexual activities. Specifically, factors including individual demographic and sexual behavior remain underexplored and leaving a critical gap in understanding how age, gender, education, marital status, place of residence, individual occupations, and sexual behavior experiences, shape this confidence on enquiring the HIV/AIDS status of sexual partner. Addressing these variables is fundamental since they directly affect individual's willingness and ability to initiate such communication which are crucial in reducing HIV/AIDS transmission risk. The study fills the gap by investigating how these demographic and sexual behavior factors interact to influence confidence levels, providing valuable insight for tailoring interventions that promote open and effective partner communication.

Materials and Methods

Study population

The study involved male and female participants aged 15 to 65 years. The selection of this age group was based on: First, this age group is assumed to be sexually active, second, this age group has basic and adequate knowledge of HIV/AIDS prevention methods, and lastly, the rate of HIV/AIDS prevalence is higher to this age group as compared to other age groups [9,10]. According to [5] the prevalence of HIV infection among adults aged 15 years and older in Tanzania was 4.4% (5.6% women, and 3.0% males). This corresponds to approximately 1.54 million people living with HIV/AIDS (PLHIV) aged 15 years and older in Tanzania.

Research design

A cross-sectional study design was used to collect information from respondents. In particular, a structured interviews schedule was used to collect information that assessed the confidence and readiness of enquiring HIV/AIDS status prior to sexual intercourse. The structured interview schedule used in this study was developed based on the comprehensive review of existing literature and validated tools in the field of HIV/AIDS. For validity and reliability of the tool, questions on individual sexual behavior and health issues were adopted from Tanzania demographic and health survey [11,12]. The instruments were pre-tested in Tanga town councils in Tanga region. Questionnaires were filled in and returned to the researcher. The instrument was found to be valid for the main study and the exercise of collecting data started immediately.

Sampling procedure

Respondents were selected using multi-stage sampling technique. This sampling technique was used due to its efficiency and suitability for capturing diverse perspective across heterogeneous population. This method allows systematic approach by dividing the population into manageable sub-groups in different stages. Moreover, the method ensures adequate representation of key sub population while maintaining cost effectiveness and logistical feasibility. In the first stage, stratified sampling was used to select two regions in mainland Tanzania. The regions were classified into two strata. The first and second stratum consisted of regions whose HIV prevalence was below and above Tanzania HIV prevalence of 4.4% [5]. The simple random sampling was used to select one region from each stratum. The regions selected were Tanga and Njombe, respectively. Two districts from each selected region characterized by high and low HIV/AIDS prevalence were purposively selected for the study in the second stage. The districts selected were Makete and Lushoto in Njombe and Tanga region. In the third stage of sampling, stratified sampling was used to select two wards from each of the selected districts. The first and second strata consisted of wards characterized by rural and urban

areas. Prior to the commencement of the data collection exercise in each selected ward, villages/streets were sampled in the last stage of sampling and thus a list of households was requested from the Village/street Executive Officer (VEO/SEO). The list of households enabled systematic sampling to be done for the selection of k^{th} household. In each selected household, individuals aged 15 to 65 years were interviewed until the sample size was reached.

Characteristics of the study areas

Makete district is a developing commercial area with agriculture as its primary economic activity. Due to the district's arable land and favorable climate for agriculture, the majority of people from both areas look for temporary employment. Timber and other agricultural goods are traditionally produced in Makete district by businesspeople and workers from outside and inside Makete district. It is customary for aboriginal people in Makete district to leave the area on business trips while leaving their sexual partner at home. This carries a significant risk of contracting HIV/AIDS in Makete district.

Tanga region's low HIV/AIDS incidence led to the deliberate selection of Lushoto district (TRCO 2014). The Sambaa are the native ethnic group in the Lushoto area. Tourism and the sale of agricultural products, especially forestry products, are the major sources of income for the people who live in Lushoto district.

Study variables

Dependent variable: This research assessed individuals' confidence to enquire about the sexual partner's HIV/AIDS status prior to sexual intercourse. Confidence to inquire about the HIV/AIDS status before sexual intercourse was measured by asking respondents if they could inquire about the HIV/AIDS status of their sexual partner before engaging in sexual intercourse. The outcome variable was divided into two categories: 'Yes' if he or she was able to inquire, and 'No' if he or she was unable to inquire.

Independent variables: The independent variables used to determine individual confidence in inquiring about HIV/AIDS status before sexual intercourse were divided into two groups. The combined knowledge of Abstinence, Being faithful to one uninfected partner, Condom usage, and diagnosis of HIV (ABCD) was the main independent variable; additional covariates included socioeconomic, demographic, and sexual behavior characteristics. Variables forming the combined knowledge of ABCD were binary with codes of '1' and '0' for responses 'YES' and 'NO' respectively. Correct knowledge of any of the ABCD was given a score of '1' and an incorrect knowledge was given a score of '0'. In responding to the questions, a respondent who said 'YES' to four aspects of the ABCD was marked as having good knowledge of ABCD. Average knowledge was marked as knowledge of whichever three of the ABCD. Fair knowledge was referred to be the knowledge of whichever two of the ABCD. Finally, knowledge of at most one of the ABCD was considered as poor knowledge of ABCD as similar study done by Aloni *et al.* 2019.

Therefore, the scores ranged from '1' if the responses consisted of either '0' or '1' knowledge of any of the ABCD, to '4' if the respondents had knowledge of altogether of the ABCD. Variable conveying combined knowledge of ABCD was constructed constituting four categories such as:

$$\text{Combined Knowledge of ABCD} = \begin{cases} 1 = \text{poor knowledge, If the respondent knew almost 1 of the ABCD.} \\ 2 = \text{fair knowledge, If the respondent knew any 2 of the ABCD.} \\ 3 = \text{average knowledge, If the respondent knew any 3 of the ABCD.} \\ 4 = \text{good knowledge, If the respondent knew all of the ABCD.} \end{cases}$$

Data analysis

The descriptive statistics used frequency and percentages to examine characteristics of the research variables. Because the outcome variable was binary, a bivariate logistic regression model was used to investigate the influence of independent variables on the outcome variable. Variables whose p – value was at least 5% in the bivariate were considered to be statistically significant. Significant variables were included into the multivariable logistic regression model in order to identify independent variables on confidence in enquiring HIV/AIDS status of a sex partner before having sexual intercourse.

Results

Confidence in enquiring the HIV/AIDS status of the sex partner before having had sexual intercourse by residents of districts in mainland Tanzania, 2023

Confidence of respondents in enquiring about the HIV/AIDS status of their sexual partner before having had sexual intercourse was found to be almost similar (81.7% versus 85.1) in Lushoto and Makete districts respectively. Confidence in inquiring about the HIV/AIDS status of sex partners before having had sexual intercourse was amounted to 83.8% **(Figure 1)**.

Demographic characteristics of the study respondents

Table 1 presents the demographic characteristics of the study variables. The study involved 660 male and female respondents. Their mean age and standard were 32.4 and 12.6 respectively. The minimum age of the respondents interviewed was 15 years, and the maximum was 65 years. The majority of the respondents (33.6%) were 24 years and below and those with 45 years and above comprised about 18%. Female respondents constituted 55.8% while 44.2 were males. More than half (54.7%) of the respondents were living together, 15.6% were widows, divorced or separated and 29.7% were never married. The majority (47.3%) of respondents had secondary or higher education, 44.8% had primary education

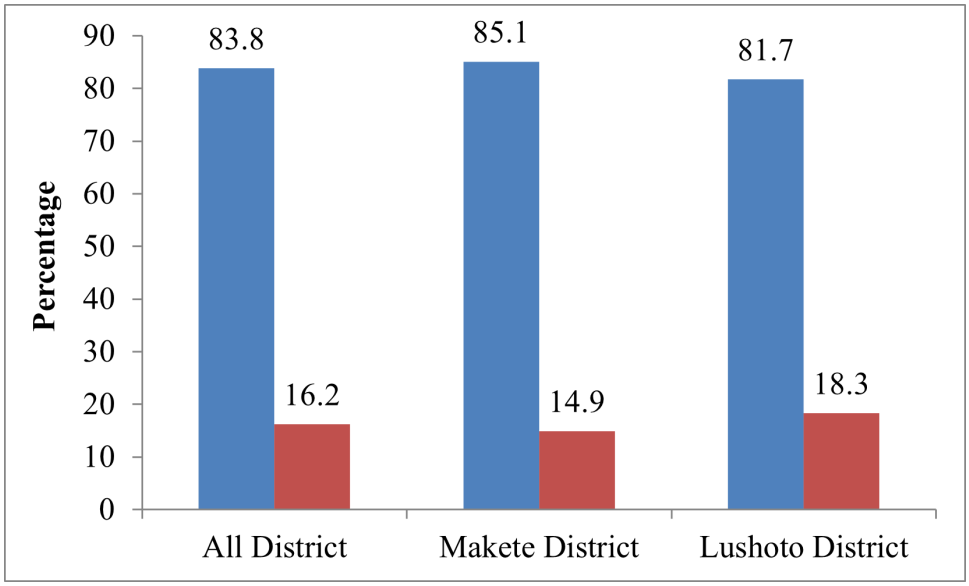

Figure 1. Percentage distribution of respondents' confidence in enquiring about the HIV/AIDS status of sexual partner prior to having sexual intercourse by district of residence (n = 660).

Table 1. Demographic characteristics of the study respondents (n=660).

Variable	Categories	Frequency (n)	Percentage (%)
Age group (years)	Mean =32.4, SD = 12.6, Minimum=15, Maximum=65		
	≤ 24	222	33.6
	25–34	194	29.4
	35–44	124	18.8
	45+	120	18.2
Sex	Male	292	44.2
	Female	368	55.8
District of residence	Makete	418	63.3
	Lushoto	242	36.7
Marital status	Married/cohabiting	361	54.7
	Widow (Ever married)	103	15.6
	Single (Never married)	196	29.7
Level of education	Never been to school	52	7.9
	Completed primary education	296	44.8
	Secondary education and higher	312	47.3
Respondents' Occupation	No job/Students	81	12.3
	Formally employed	77	11.7
	Self employed	365	55.3
	Business	137	20.7

and 7.9% had never been to school. Concerning occupations, 55.3% were self-employed. Other occupations including doing business and formally employed constituted 20.7% and 11.7% respectively. Respondents with no job and students comprised 12.3% **(Table 1)**.

Percentage distribution of combined knowledge of ABCDs and sexual behavior variables

The percentage of respondents with good and average knowledge of ABCD was 51.6% and 32.9% respectively. Those with fair and poor knowledge constituted 12.7% and 2.8% respectively. The finding reveals further that about three quarters (78%) of respondents reported being easy to ask their sexual partner about the use of condom before having sexual intercourse. However, among those who reported having had sexual intercourse in the twelve months preceding this survey, only 46.5% used condoms. Over two thirds (67.3%) of respondent stated that they had discussed HIV testing with their sexual partner before having had sexual activities **(Table 2)**.

Univariate and multivariate logistic regression model of respondents' confidence in enquiring the HIV/AIDS status of their sex partner before having had sexual intercourse by demographic characteristics of study respondents (n=644)

Table 3 presents the univariate and multivariate logistic regression of confidence in enquiring the HIV/AIDS status of sex partner before having had sexual intercourse. The findings in the univariate logistic regression reveals that the odds of respondents with confidence in enquiring the HIV/AIDS status of sexual partner was significantly 1.58 times more likely among males and females with age group 35-44 years compared to those with age 24 years and below (OR =1.58, 95%CI =1.12 – 1.88). The multivariate logistic regression model reveals that the effect of outcome variables is observed upon controlling for other independent variables. Thus, the odds ratio of respondents aged between 35 – 44 was significantly 1.19 times higher to have confidence in enquiring the HIV/AIDS status of sexual partner as compared those aged below 24 years (OR=1.19, 95% CI 1.03 2.16). In terms of level of education, the findings show that, respondents who were confident in enquiring the HIV/AIDS status of sex partner before having had sexual intercourse was 2.9 times higher among those with secondary and higher education than respondents who have never gone to school (OR = 2.9, 95% CI = 1.43 – 5.90). With regard to multivariate logistic regression, the odds on confidence of enquiring the HIV/AIDS status of sex partner before having had sexual intercourse was significantly 2.85 times higher among respondents with secondary education and higher than those who had never gone to school (OR = 2.85, 95% CI 1.38 – 5.89) **(Table 3)**.

Table 2. Percentage distribution of combined knowledge of ABCD and sexual behavior (n=660).

Variable	Category	Frequency	Percentage
Combined Knowledge of ABCD	Poor knowledge	18	2.8
	Fair knowledge	83	12.7
	Average knowledge	214	32.9
	Good knowledge	336	51.6
Would it be easy to ask your sex partner to use condom before having sex?	No	35	21.5
	Yes	492	78.5
Would you be willing to care for a person who is infected with HIV/AIDS?	No	43	6.6
	Yes	612	93.4
Would it be easy to go and receive counselling and testing for HIV/AIDS?	No	29	4.6
	Yes	602	95.4
In the last twelve months, how many sex partners have you had?	At most one	393	66.4
	At least two	199	33.6
For the most recent time having sexual intercourse did you use condom?	No	309	53.5
	Yes	269	46.5
Have you ever discuss with your sex partner about testing HIV before doing sexual intercourse?	No	206	32.7
	Yes	424	67.3
In the last twelve months, have you ever tested to see if you are infected with HIV/AIDS?	No	145	22.2
	Yes	507	77.8

Table 3. Univariate and multivariate logistic regression model of respondents' confidence in enquiring the HIV/AIDS status of their sex partner before having had sexual intercourse by demographic characteristics of study respondents (n=660).

Variables	Categories	Univariate Logistic Regression			Multivariate Logistic Regression		
		cOR	95% CI	P-value	OR	95% CI	P-value
Age group (years)	≤ 24	1.00			1.00		
	25–34	1.61	0.92–2.81	0.094	1.82	0.92–2.82	0.095
	35–44	1.58	1.12–1.88	0.002	1.19	1.03–2.16	0.009
	45 +	0.99	0.55–1.79	0.991	1.14	0.62–2.07	0.673
Sex	Male	1.00					
	Female	1.11	0.72–1.69	0.62			
District of residence	Lushoto	1.00					
	Makete	1.28	0.83–1.96	0.262			
Marital status	Married/cohabiting	1.00					
	Widow (Ever married)	1.02	0.56–1.87	0.942			
	Single (Never married)	1.17	0.72–1.90	0.531			
Level of education	Never been to school	1.00			1.00		
	Completed primary education	1.88	0.94–3.76	0.072	1.86	0.92–3.74	0.083
	Secondary education and higher	2.9	1.43–5.90	0.003	2.85	1.38–5.89	0.005
Respondents' occupations	No job/Students	1.00					
	Formally employed	1.57	0.58–4.29	0.378			
	Self employed	0.64	0.32–1.27	0.207			
	Business	1.23	0.53–2.83	0.622			

COR: Crude Odds Ratio; CI: Confidence Interval; n: Sample size

Univariate and multivariate logistic regression model of respondents' confidence in enquiring the HIV/AIDS status of their sex partner before practicing sexual intercourse by sexual behavior factors

The combined knowledge of ABCD was a significant factor for confidence in inquiring the HIV/AIDS status of a sex partner before practicing sexual intercourse, the odds of respondents with good knowledge of ABCD was 8.5 times more likely to be confident in inquiring the HIV/AIDS status of sex partner compared to those with poor knowledge of ABCD (OR =8.5, 95% CI =3.01-23.99). Those with average knowledge of ABCD were more likely than those with poor knowledge of ABCD to be confident in inquiring the HIV/AIDS status of sexual partner before engaging in sexual intercourse (OR=6.01, 95% CI=2.10 – 17.17). The odds of respondents were 7.23 times higher among those with fair knowledge of ABCD than those with poor knowledge of ABCD for being confident in inquiring the HIV/AIDS status of their sex partner (OR=7.23, 95% CI 2.28 23.31). In the multivariate logistic regression upon adjusting for other covariate, respondents with good and fair knowledge of ABCD were significantly 2.84 and 4.96 times higher to be confident in inquiring the HIV/AIDS status of sexual partner before practicing sexual intercourse than those with poor knowledge of ABCD (OR=2.84, 95% CI =1.82 9.87) and (OR=4.96, 95% CI=1.34 – 18.3), respectively.

Confidence of inquiring the HIV/AIDS status of sex partner before practicing sexual intercourse was significantly 3.3 times higher among respondents who would be easy to go and receive counselling and testing for HIV/AIDS than their counterparts in the univariate analysis (OR=3.3,95% CI 1.42 – 7.71). The odds of the respondents who have ever discussed with their sex partner about testing of HIV/AIDS status before practicing sexual intercourse was 2.37 times higher compared to those who had never discussed, to be confident in enquiring the HIV/AIDS status of sexual partner before practicing sexual intercourse (OR=2.37, 95% CI=1.51 – 3.70). Respondents who reported to have ever been tested for HIV/AIDS were more likely to be confident in inquiring the HIV/AIDS status of sexual partner before practicing sexual intercourse than those who have never been tested for HIV/AIDS (OR=2.77, 95% CI= 1.76 – 4.37) **(Table 4)**.

Table 4. Univariate and multivariate logistic regression model of respondents' confidence in enquiring about the HIV/AIDS status of sex partner before practicing sexual intercourse by sexual behavior factors (n=660).

Variable	Categories	Univariate Logistic Regression			Multivariate Logistic Regression		
		cOR	95% CI	p-value	aOR	95% CI	p-value
Combined Knowledge of ABCD	Poor knowledge	1.00			1.00		
	Fair knowledge	7.23	2.28–23.31	0.001	4.96	1.34–18.3	0.016
	Average knowledge	6.01	2.10–17.17	0.001	2.74	0.84–8.94	0.094
	Good knowledge	8.50	3.01–23.99	<0.001	2.84	1.82–9.87	0.005
Would it be easy to ask your sexual partner to use condom before having sex?	No	1.00					
	Yes	1.16	0.69–1.95	0.585			
Would you be willing to care for a person who is Infected with HIV/AIDS?	No	1.00					
	Yes	1.43	0.67–3.09	0.354			
Would it be easy to go and receive counselling and testing for HIV/AIDS?	No	1.00			1.00		
	Yes	3.30	1.42–7.71	0.006	2.42	0.95–6.21	0.065
In the last twelve months, how many sexual partners have you had?	At most one	1.00					
	At least two	0.98	0.61–1.54	0.915			
For the most recent time having sexual intercourse did you use condom?	No	1.00					
	Yes	1.34	0.85–2.11	0.210			
Have you ever discussed with your sexual partner about testing HIV before doing sexual intercourse?	No	1.00			1.00		
	Yes	2.37	1.51–3.70	<0.001	1.57	1.05–2.59	0.007
In the last twelve months have you ever tested to see if you are infected with HIV/AIDS?	No	1.00			1.00		
	Yes	2.77	1.76–4.37	<0.001	2.45	1.35–4.59	0.004

COR: Crude Odds Ratio; CI: Confidence Interval; n: Sample size

Upon adjusting for other covariate in the multivariate analysis, respondents who have ever discussed with their sexual partners about testing for HIV/AIDS before practicing sexual intercourse were more likely to be confident in inquiring the HIV/AIDS status of sexual partner before practicing sexual intercourse than their counterparts (OR=1.57, 95% CI=1.05 – 2.59) **(Table 4)**.

Discussion

The current study assumed that knowing the HIV/AIDS status of a sexual partner prior to having had sexual intercourse helps sexual partners to engage in safe sexual intercourse. This cross-sectional household analysis of male and female respondents aged between 15 to 65 years aimed at assessing the associated factors affecting individual's confidence in inquiring the HIV/AIDS status of a sexual partner before having had sexual intercourse.

Overall, 83.8% of respondents in this study reported feeling confident in inquiring about sexual partner's HIV/AIDS status before engaging in sexual intercourse. Confidence levels were higher in both Makete (85.1%) and Lushoto (81.7%) districts. The higher confidence observed in Makete may have been attributed to district's higher HIV/AIDS prevalence compared to Lushoto [13]. The leading HIV/AIDS prevalence in Lushoto district in Tanzania is likely to heighten individual fear of practicing unsafe sexual activities to undisclosed HIV/AIDS status partner, thus motivating individuals to learn their partner's status before engaging in sexual activities. Open communication with sexual partner about HIV/AIDS status is crucial as it enables both individuals to take the necessary steps to protect their health [14,15].

Concerning social demographic factors affecting the individual's confidence in inquiring about the HIV/AIDS status of a sexual partner, age was found to be a significant variable to the confidence of inquiring about the HIV/AIDS status of a sexual partner. This remained significant even after adjusting to the level of education. Respondents with age group 35 to 44 were observed to be statistically significant, affecting the confidence in inquiring about the HIV/AIDS status of sexual partners; this may have been associated with higher knowledge on issues concerning HIV/AIDS. Knowledge of

issues related to HIV/AIDS among those aged 30 to 49 years was observed to be as high as 99% (TACAIDS & NBS OCGS, 2013). The level of knowledge of HIV/AIDS issues made people to avoid having unprotected sexual intercourse with a person whose HIV/AIDS status is unknown [14,16,17].

Regarding the level of education, respondents with secondary education and higher were confident twice as higher compared to those who had never been to school. These findings have been observed in both univariate and multivariate logistic regression upon controlling the age of respondents. The observed confidence of inquiring about the HIV/AIDS status of sexual partner to educated respondent was likely due to the vital part which education has on community transformation. Education transforms communities and individuals in specific path by modelling and remodeling their patterns of thought [18]. Very unfortunately, educated people are reported to be more vulnerable to HIV/AIDS but are also better prepared to mount effective reactions [19].

Positive relationship between knowledge of ABCD and confidence in inquiring the HIV/AIDS status of a sex partner was observed in univariate and multivariate logistic regression model, such that as knowledge of ABCD increases from those with average to good knowledge of ABCD the odds ratio of enquiring the HIV/AIDS status of a sexual partner increases significantly. This indicates that, as people become more knowledgeable on methods of HIV/AIDS prevention, their likelihood of participating in unprotected sexual intercourse with a person whose HIV/AIDS status is unknown ultimately declines. This is concordant with other studies done by Conserve *et al.*, [20] who reported that, knowledge of a sex partner's HIV/AIDS status can uphold safe sexual intercourse between couples. Disappointingly, a study by Shapiro and Ray [21] observed that, knowing partner's status may not protect women who lack social or economic freedom to withdraw from relationship or the authority to reject from engaging in unprotected sexual intercourse.

The odds ratio of respondents who have ever discussed with their sexual partner about testing for HIV/AIDS prior to having sex was significantly twofold to be confident in enquiring the HIV/AIDS status of sexual partner. This observation remained significant even after adjusting for other covariate in the multivariate analysis. This advocates the demand to encourage discussion among sexual partners about testing for HIV/AIDS before having sex as an important factor towards developing confidence of inquiring the HIV/AIDS status of sexual partner. Discussing issues concerning testing for HIV/AIDS among sexual partners have been reported to result into constructive influence on sexual risk taking [22]. Moreover, positive relationship between testing for HIV/AIDS and confidence to enquire the HIV/AIDS status of a sex partner prior to having sexual intercourse was found in the analysis. WHO [23] reported that, women who are in antenatal and postpartum care who tested for HIV/AIDS and released their HIV/AIDS status to their sexual partner have improved in prevention behaviors such as consistent condom use. Testing and knowing HIV/AIDS status may inspire knowing your partner's HIV/AIDS status in order to reduce sexual risk behaviors and ultimately avert new transmissions of HIV [24].

Conclusion

The observed percentage of respondents with confidence to inquire the HIV/AIDS status of sexual partner's is encouraging, this is witnessed to be more than two-thirds of the respondents in the current study who reported to be confident in inquiring about the HIV/AIDS status of sexual partner's before having sexual intercourse. Age group 35 to 44 was found to be a significant predictor of being confident in inquiring about the HIV/AIDS status of sexual partner before sexual intercourse. Educated people and respondents with good knowledge of ABCD were found to be significantly confident in inquiring about the HIV/AIDS status of sexual partners. Other sexual behaviors such as discussing issues concerning testing of HIV/AIDS before having sex were significantly associated with confidence of enquiring the HIV/AIDS status of sexual partner.

There was no evidence that upon knowing the status of the sexual partners, proper procedures for preventing new HIV/AIDS infections such as abstaining and consistent use of condom is being engaged to avert new HIV infections. The small number of respondents who had no confidence to enquire about the HIV/AIDS status of their sexual partner portrays an important message to the players who fight against new HIV/AIDS infection. Stakeholders should put more emphasis on increasing health education and awareness on the impact of HIV seropositive sexual partners.

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Competing Interest

The authors declare to have no competing interest.

Authors Contribution

Mbwiga Sote Aloni drafted the manuscript. All authors contributed to the study conception and design. Material, data collection and analysis were carried out by all authors. All authors provided feedback on the previous versions. All authors reviewed and approved the final manuscript.

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