

# Fear of Relationship Collapse: A Qualitative Study on Factors Associated with HIV Status Disclosure to Sexual Partner

Kana Diop

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Supervisor: Satomi Sato, PhD

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## **Abstract**

**Background:** Early diagnosis is important for HIV treatment. In Japan, support for partner notification leading to early detection and treatment of sexual contacts has not been established nor standardized. This study was conducted to explore the factors associated with HIV status disclosure to sexual partner, focusing on fear of relationship collapse.

**Methods:** Semi-structured interviews were conducted with three men with HIV to explore their subjective experiences regarding HIV status disclosure. A qualitative study design was used to understand how fears of relationship collapse affect HIV status disclosure to identify what needs to be done to improve support for partner notification.

**Results:** Individuals with HIV internalized stigma through their own and others' stigma experiences and were concerned that their relationships would collapse if they disclosed their HIV status. They decided whether to disclose their HIV status or not based on the expected understanding and acceptance of their partners and others. Interviewees felt they were encouraged to have freedom of choice of disclosure and positively accepted the advice, and partner notification was not promoted. They did not mention ethical obligations, which require notifying the fact of HIV infection to their partner.

**Conclusion:** Fear of relationship collapse was negatively associated with HIV status disclosure. HIV-related stigma increased fear of relationship collapse and was severe enough to suggest social death. Measures to reduce stigma are needed. The expected partner's understanding that undetectable equals untransmittable (U=U) might have a positive impact

on fear of relationship collapse. However, the understanding that U=U might not be enough for partners, and concerns may appear on the surface and in their attitudes.

**Keywords:** HIV, status disclosure, fear of relationship collapse, stigma, understanding

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# 1. INTRODUCTION

## 1.1. Background Information

In Japan, the main route of HIV transmission is through homosexual contact among men. More than 1,000 people have been newly diagnosed with HIV, and about 30% of them were diagnosed with AIDS (AIDS Prevention Information Network [API-Net], 2020). HIV/AIDS is widely recognized as a chronic disease if treated (Swendeman, D et al., 2019) and the life expectancy of people with HIV approaches that of the general population (Samji et al., 2013). However, a public opinion survey in 2018 found that people considered HIV to be a deadly disease (52.1%) and misunderstood it as having an unknown cause and no cure (33.6%) (Cabinet Office [CAO], 2018).

Early diagnosis is important to treat HIV (May, 2017). The HIV-positive population has a six times higher mortality than the general population, and this is mainly attributed to delays in diagnosis, linkage to care, and treatment (Croxford et al., 2017). The 90-90-90 goals of the United Nations (UN) call for 90% of HIV-infected individuals to be diagnosed by 2020, 90% of whom will be on anti-retroviral therapy (ART) and 90% of whom will achieve an undetectable viral load (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2014). To achieve these goals, it is important to actively promote diagnosis. HIV status disclosure often has the positive outcomes of greater social support and a stronger relationship with the partner (Dessalegn et al., 2019). Social support was associated with better medical adherence (Ammassari et al., 2002) and mitigated psychological distress (Stutterheim et al., 2011). Disclosure also reduces unsafe sexual behavior (Lai et al., 2015). Sexual contacts with known HIV-positive cases are at risk of HIV infection and are positioned as the priority for testing recommendations.

HIV positivity rate among partners in Japan ranged from 19.8% (17 out of 86)

(Nishijima et al., 2015) to 28.6% (6 out of 21) (Wada, 2009). HIV status disclosure is important to protect their partners, who have the right to know, thus people with HIV have an ethical duty to inform them of potential exposure to HIV infection (Dixon-Mueller, 2007; Hattori, 2002). This is because awareness can be linked with HIV testing, treatment and care, counseling to reduce risk, and other services. However, support for partner notification has not been established nor standardized for sexually transmitted infections including HIV in Japan (Hori et al., 2011). The process of HIV status disclosure is also highly complex because of perceived negative outcomes such as fear of discrimination, stigma, and rejection (Ontario HIV Treatment Network [OHTN], 2013). HIV status disclosure is difficult, especially for vulnerable people (United Nations General Assembly [UNGA], 2010). HIV stigma results in fewer disclosures also to sexual partners (Beer et al., 2012; Przybyla et al., 2013; Smith et al., 2008). The fear of relationship collapse could be the barrier to HIV status disclosure.

#### **1.1.1. The fear of relationship collapse**

A review of HIV status disclosure to others including the sexual partner indicated that emotional factors related to relationships and trust influence motivation to disclose at all (Obermeyer, et al., 2011). A systematic review exploring the impact of disclosure by partner relationship found that disclosure was more likely in case of only a primary partner than in case of only casual or both a primary and casual partners (92%, 54%, and 62%, respectively) (Conserve et al., 2015). In a previous study of men who have sex with men (MSM), these MSM had received negative reactions from past sexual partners when they had informed them of their potential exposure to STIs (36%) and HIV(21%). Fear of negative reactions from sexual partners was the barrier to partner notification by 47% of MSM. "Rejection by the partner," "fear of loss" and "negative stigma about infection" were also mentioned as barriers (Mimiaga et al., 2009). In another study, positive outcomes of disclosure to sexual partners were common, while negative outcomes were also reported and the fear of a

negative reaction was the barrier. “Fear that the person will tell others” was not common, but was also included as a reason for not disclosing to the partner. Disclosure was also associated with knowing the partner’s HIV status, having a good relationship with the partner, and cohabiting with the partner (Ismail et al., 2021). A previous study in Japan showed that ex-lovers and ex-spouses accounted for 86.7% of cases in which testing was not recommended in spite of identifiable sexual contact (Seo et al., 2010). The reasons for not recommending to undergo the test were not identified in this study. In addition to the relationship with the partner and the anticipated negative reaction of the partner, the negative impact on the surroundings through the partner could be a factor for non-disclosure. These studies emphasize the importance of the relationship between the index patient and sexual contacts concerning HIV status disclosure and the necessity to clarify how fears of relationship collapse affect the disclosure.

### **1.1.2. Reasons for using a qualitative study**

As mentioned above, HIV status disclosure is intertwined with various factors such as fear of the expected negative reaction of the partner, relationship with the partner, and discrimination. To investigate the factors involved in status disclosure, it is necessary to recapture these factors based on the subjective HIV status disclosure experience of people with HIV. As this subjective experience is individual, complex, and diverse, qualitative research was adopted.

## **1.2. Objectives**

The hypothesis is that fear of relationship collapse is associated with HIV status disclosure. The objective of this study is to investigate the factors associated with HIV status

disclosure to the sexual partner, focusing on fear of relationship collapse to identify what needs to be done to improve support for partner notification.



## 2. METHODS

### 2.1. Research subjects and data collection

The participants of this study were three patients who were over 18 years of age at the time of informed consent, fluent in Japanese, and HIV positive (age: 20s, 30s, and 50s, respectively). Those who have no sexual partners other than the notified partner and those whose mental and emotional state have a risk to be affected by the interview were excluded. The reason for setting these criteria was that they had experience in considering the HIV status disclosure to their sexual contacts when HIV-positive test result was confirmed. In addition, when their consent to participate in this study was obtained, they were of an age where they could consider and provide an accurate explanation of the ethical duty of notifying their partners. Since the content is sensitive, to be fluent in Japanese was required so that there would be no errors in accurately understanding the questions and interpreting the data. Social demographics of the participants are described in Table 1.

**Table 1: Social demographics of participants**

Case ID	Age	Sex at Birth	Gender Identity	Sexual Orientation	Year diagnosed with HIV	Occupation	Income, Japanese Yen	Education	Marital Status
A	20s	Male	Male	Homosexual	2015-2019	Part-time	Less than 3 million	Others	No answer
B	30s	Male	Male	Heterosexual	2015-2019	Full-time	10 million or more	Graduate school or above	Unmarried
C	50s	Male	Male	Bisexual	2021	Full-time	10 million or more	College	Married before

This study was conducted at St. Luke's International Hospital in November and December 2022. Participants in this study were recruited through the medical director after the patient consultations. The survey method was a simple questionnaire to confirm the social demographics and semi-structured interviews of 10 to 30 minutes per person. The researcher was a hospital pharmacist who had two years of experience working in an HIV outpatient center in a developing country. Prior to the interviews the content of the questionnaire and interview was explained to the participants. After a simple questionnaire, interviews were conducted and the content of the interview was recorded with the subject's permission. The interview and data transcription were conducted by the researcher.

## **2.2. The content of the interview**

The content of the interview included the following:

- (1) Did you receive any advice on dealing with your partner when you were tested positive or during a hospital visit? How did you feel about it?
  - (2) Do you think telling your sexual partner that you have HIV will affect your relationship?
  - (3) What do you think is the current Japanese society's view on HIV?
- (2) and (3) were asked as general questions due to sensitive issues.

## **2.3. Ethical consideration**

Doctors provided the information to eligible patients at the end of the consultation to ask if the researcher could contact them. The researcher informed those who were interested in participating in this study in plain language of the study contents and that their participation is voluntary. Participants were informed that non-participation in this study would not affect treatment, that they could withdraw their consent before analysis, that they could refuse questions and interrupt the interview at any time. When talking about other patients, the

researcher made sure that the information was anonymized so that individuals would not be identified. When transcribing the interview content, the researcher anonymized the regions and personal names, and managed the data by ID numbers. All participants signed written informed consent prior to enrollment in this study. Ethical approval was obtained from St. Luke's International University Research Ethics Committee (IRB number: 22-R075).

## **2.4. Data analysis**

The data analysis was performed by the following procedure. Recordings of patients A, B, and C were transcribed. A was 6674 characters, B was 4890 characters, C was 1717 characters, and answers consisted of an average of 4427 characters per person. Content that could be judged related to HIV status disclosure was divided into units, and thoughts and things were derived as codes. Three direct responses were identified as :

Q1. Did you receive any advice for dealing on your partner when you were tested positive or during a hospital visit? How did you feel about it?

Q2. Do you think telling your sexual partner that you have HIV will affect your relationship?

Q3. What do you think is the current Japanese society's view of HIV?

To extract codes, the context before and after were also explored. The nine codes were grouped into categories focusing on similarities and differences and were taken out of context. The validity of the codes and abstraction process was examined with the advice of the supervisor. As a result, three categories were obtained from Q1 and Q2, and two categories were obtained from Q3. Finally, the eight categories were separated from each research question and the relationships between them were shown in Figure 1.

An example of the code generation process, which is the minimum unit of analysis, is shown. The following is part of patient B's experience of telling his potential partner that he

was HIV-positive, and how he felt about the impact on relationships.

“In my case, well, I've told her about two or three times, but the result is that we broke up. That had nothing to do with the illness. After that, I thought that the partner will understand rather than not worrying about it at all.”

The researcher generated the code, ‘Rather than not caring at all, partner understood but broke up’.

### **3. RESULTS**

Of the six men recruited, three were interested in participating in this study and these three were interviewed. The analysis was conducted from the perspective of clarifying the subjective experiences of people with HIV when thinking about disclosing their HIV status to their sexual partners. Based on this viewpoint, the above code was generated, and the categories generated by abstracting similar concepts are shown in Table 2.

**Table 2: Categories and codes**

Focus point	Category	Code
Advice from healthcare providers and patients' response to the advice	Freedom of choice	Don't overdo it, do what you can You don't have to (notify the partner) You are free to say or not
	Positive reception	Healthcare provider think of me first Don't be pressured Told me not to worry Kind explanation by counselor
	Hesitation (to freedom of choice)	I have to say it properly What I need to say It often collapses from there If I have two choices, it will probably be collapse It does affect one
	Collapse	Break up when I tell Rather than not caring at all, she understood but broke up Even if it is not clear on the surface, there probably are effects
	Not collapse	There's a way for the relationship not to collapse
	Understanding	No need to inform people who do not understand Only a minority understands that treatment can eliminate the risk of infection There are bad rumors Exposed on a website
	Devalued	Not even looked at People would be put off if I tell
	Avoided	Lots of discrimination in general I am shunned by a medical institution I am avoided by people in general
		People do not know what is HIV
		Heterosexual people are not keeping up with understanding

For the eight categories extracted in this research, categories are italicized, codes and data are shown in single quotation marks ‘ ’, and double quotation marks “ ”, respectively. The process of abstraction and the relationship between categories were explained as follows.

### **(1) Freedom of choice**

Advice from healthcare providers regarding partner notification was extracted from three codes: ‘Don't overdo it, do what you can,’ ‘You don't have to,’ and ‘You are free to say or not’. All three codes included negative expressions and interviewees were encouraged *freedom of choice* of disclosure. Against the background of *devalued*, *avoided*, and *collapse*, which will be described later, the healthcare provider also felt the harm that the patient may suffer as a result of notifying the partner, and is concerned about the burden on the patient.

### **(2) Positive reception**

As shown in ‘Healthcare provider think of me first’ and ‘Don't be pressured’, interviewees positively accepted *freedom of choice* which was patient-oriented advice that considers the patient's burden. ‘I was told not to worry’ and ‘kind explanation by counselor’ were impressions at that time, and both were *positive reception*.

“Hmm. I personally thought that if I treat it quickly and it becomes below the detection limit, the risk of infection will decrease, so I should treat it quickly and not tell anyone anymore. I still think so too.”(Patient C)

‘You are free to say or not’ was regarded as ‘Don't be pressured’, and he thought “I wouldn't tell anyone.” If there were *freedom of choice* and *positive perception*, partner notification was not promoted.

### **(3) Hesitation**

Two of the three interviewees hesitated about the *freedom of choice* due to their personal circumstances. They thought that they ought to inform as they mentioned ‘I have to say it properly’ and ‘what I need to say.’ While they hesitated about *freedom of choice*, they also had *positive reception*.

### **(4) Collapse**

Stigma was internalized in individuals with HIV through their own and others’

experiences of being *devalued* and *avoided*, which will be described later. If individuals with HIV told their partner that they were HIV-positive, they worried that their relationship would *collapse*. And they felt the burden of disclosing their HIV status.

“So, if I confess honestly, it's still painful. It's probably hard to receive that kind of negative criticism.”(Patient A)

In addition, he feared that he would be treated in the same way if people around him knew that he was HIV-positive because of others' experience of being 'exposed on a website'.

“Actually, I've seen some bulletin boards and websites where you can post anonymously. Something like that, that's amazing, put a screenshot of a matching app and say that this person is infected, I've seen it, and I thought that maybe I would be exposed that way somewhere.”(Patient A)

## **(5) Not collapse**

From the experience of being accepted by a potential partner after HIV status disclosure, an interviewee thought 'There's a way for the relationship not to collapse'.

## **(6) Understanding**

'No need to inform people who do not understand' and 'Only a minority understands that treatment can eliminate the risk of infection' indicated the importance of *understanding*. An interviewee who reported 'no need to inform people who do not understand' felt the effect of HIV status disclosure emerge as 'Even if it is not clear on the surface, there probably are effects,' of people who do not understand. Therefore, *understanding* affects *collapse*. Considering that 'Rather than not caring at all, they understood but broke up' and 'Even if it is not clear on the surface, there probably are effects,' understanding is important but might not be sufficient for partners. In addition, interviewees measured the level of understanding and acceptance of their partner and others and their expected understanding also reflected the



understanding of the society to which the person belongs.

“It depends on the level of understanding...I think that the probability of disclosure will be high because they know HIV in the homosexual world, especially between men...There are preventive medicines, too.”(Patient C)

An interviewee had disclosed his HIV status to potential partners and explained to them as follows: “In my case, one was a healthcare worker and the other had lived in Africa for several years, where HIV was better known than in Japan. Therefore, they had new information and understood.” (Patient B)

As described in ‘Heterosexual people are not keeping up with understanding’ below, it was suggested that the level of understanding differed between homosexual and heterosexual communities. HIV status disclosure was described as “I think it is no problem in the homosexual community.”

## **(7) Devalued**

Stigma related to HIV is described as follows: HIV/AIDS-related stigma can be described as a ‘process of devaluation’ of people either living with or associated with HIV/AIDS (UNAIDS, 2003). Codes that describe the experience and perception of HIV-related stigma in visible form such as ‘There are bad rumors,’ ‘exposed on a website,’ ‘not even looked at,’ ‘People would be put off if I tell,’ and ‘Lots of discrimination in general’ because of HIV were integrated into *devalued*. Patient A, who saw and heard malicious reactions such as ‘There are bad rumors’ and ‘exposed on a website’, felt that he was ‘not even looked at’ just because he had HIV.

## **(8) Avoided**

Codes that were not overtly *devalued* but were the result of distance or indifference were abstracted as *avoided*. ‘People do not know what is HIV’ and ‘Heterosexual people are not keeping up with understanding’ were caused by indifference. ‘I am shunned by a medical

institution' and 'I am avoided by people in general' might come from anxiety about infection, and individuals with HIV were avoided even in medical institutions. An interviewee, who had the experience of 'I am shunned by a medical institution', felt 'People would be put off if I tell' that I have HIV. *Devalued* and *avoided* interacted with each other. He also perceived 'I am avoided by people in general.'

"I felt that if I told an ordinary office worker that I am HIV-positive, they would feel that they could not live with me." (Patient B)

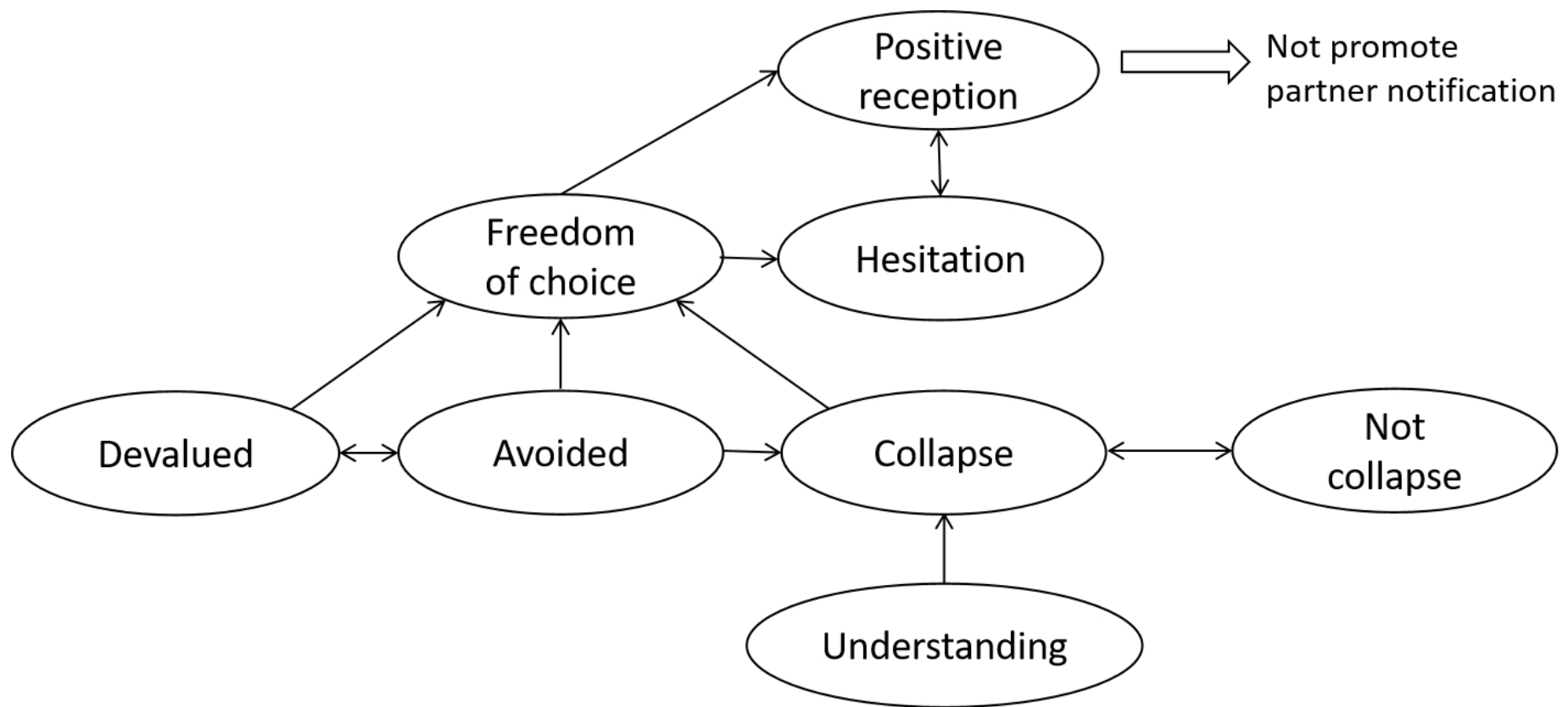
Based on these situations, all of them tried to hide or not tell about the HIV.

"People with HIV hide it." (Patient A)

"I haven't told anyone who doesn't have the disease except for potential partners, and I haven't told anyone at my office or around me." (Patient B)

"I don't think the general public will understand. That's why I've been doing it without saying anything for a long time." (Patient C)

Based on the above categories, the conceptual diagram was created (Figure 1).



**Figure 1: Conceptual diagram of HIV status disclosure**

This conceptual diagram is explained using the following storyline. Individuals with HIV internalized stigma through the negative image of HIV and experiences of being *devalued* and *avoided*. Then they feared for relationship *collapse* if they would disclose their HIV status, even though they thought that there is a way for the relationship not to collapse. They felt that healthcare providers were concerned about the harm that the patient might suffer against the background of *devalued*, *avoided*, and *collapse* and encouraged *freedom of choice* concerning the partner notification. Two interviewees had *hesitation* out of a sense of obligation to notify due to personal circumstances, but all interviewees also felt *positive reception* of *freedom of choice*. Therefore, *freedom of choice* did not promote partner notification. The perceived partner's *understanding* might be associated with *collapse* and could be an important factor in partner notification.

## 4. DISCUSSION

The objective of this study was to clarify the factors associated with HIV status disclosure through the subjective experiences of people with HIV when thinking about HIV status disclosure to their sexual partners. Analysis focused on the following three points in particular:

- (1) Advice from healthcare providers and patients' response to the advice
- (2) Effect of HIV status disclosure on relationships
- (3) Japanese society's view of HIV

Some important points were found about HIV status disclosure to the sexual partners.

### **(1) Advice from healthcare providers and patients' response to the advice**

*Freedom of choice* indicated that the patient has the right to choose about partner notification. There was no statement that indicated the ethical obligation to inform the risk of HIV exposure and the right of sexual contacts to know. Partner notification should be voluntary and not mandatory to avoid harm from notification (World Health Organization [WHO], 2016), but at least partner notification is obligatory to protect their sexual partner.

Second, there was no statement about past partners and other sexual contacts than specific partners. Participants felt that they were encouraged to practice *freedom of choice* concerning partner notification especially for future partners. People with HIV may not know or misunderstand their own viral load (Kalichman et al., 2021). A relatively small number of HIV patients with a viral load of >1,500 copies/mL also reported risky sexual behavior (Stirratt et al., 2018). In Japan, 15% had symptoms of major depressive disorder (Taniguchi et al., 2014), and depression in people with HIV causes a decrease in adherence to medication and interruption of treatment (Gonzalez et al., 2011). Therefore, it is essential to explain the ethical obligation to notify not only past and current partners, but also future partners.

Besides the possibility that the patient's intention may not be confirmed by informed

consent, the judgment material, such as the merits and demerits of partner notification, may also not be provided. There are various models for the support of patient's decision-making process, but it is important to share values and provide judgment materials (Kawasaki, 2015; Yoshida, 2020). The possibility was derived from the fact that two of the present three participants hesitated about *freedom of choice* concerning partner notification .

Based on the above, further study is needed to investigate if the ethical obligation is explained in partner notification in each case and the process of decision-making.

## **(2) Effect of HIV status disclosure on relationships**

HIV status disclosure to sexual partners was associated with fear of relationship collapse. In addition to fear of relationship collapse with their partners, people with HIV may also be concerned about the social implications of relationship collapse as patient A feared being exposed on a public website through other's experience. Since a relationship of trust is important for HIV status disclosure, this concern would be particularly strong in the case of casual partners and past partners, and could become a barrier to disclosure. Expected partners' understanding of U=U, which means that the risk of HIV transmission through sex is effectively zero when the HIV viral load is suppressed by treatment (Rodger et al., 2019), may have a positive impact on fear of relationship collapse and promote HIV status disclosure to sexual partner. But understanding may not be sufficient for the partner to accept it especially in heterosexual community. An understanding of U=U may not be enough for partners who feel a risk of infection even though they understand it or know it, and concerns about infection appear on the surface and in their attitudes.

Further study is needed to investigate the factor associated with HIV status disclosure from the partner's perspective.

## **(3) Japanese society's view of HIV**

Internalized stigma through the experience of *being devalued* and *avoided* increases fear

of relationship collapse and affect HIV status disclosure to partners. Discrimination does not directly affect HIV status disclosure. Therefore, reducing discrimination to reduce the fear of relationship collapse could facilitate HIV status disclosure.

The problem from the patient's subjective experience of discrimination was derived. A case of being 'exposed on a website' was reported, which served as a warning of the danger of creating a new stigma. In Japan, slander on the internet has become a serious problem (Ministry of Internal Affairs and Communication [MIC], 2020). It is necessary to verify whether intermediaries are adequately responding to problematic information on the Internet (Komukai, 2021). Measures against slander on websites are urgently required to avoid creating new stigma.

Addressing issues such as refusal to provide medical care, employment-related discrimination, sexual health, and advocacy of rights is very important (Oshima, 2019). One participant reported difficulty to receive dental-care. According to a questionnaire survey of general dental clinics (Yoshikawa et al., 2008), only 23.8% of dentists answered that they would treat HIV-infected patients, although 80.5% of them treated patients with hepatitis B and C. In many cases, the reasons for declining to provide treatment were insufficient infection control measures and staff reluctance to have contact with HIV-infected patients. In addition to the enhancement and spread of infection control, a problem that cannot be solved by itself was also suggested.

The patient's feelings about HIV and tuberculosis, which were feared as a deadly disease, were consistent. Tuberculosis patients felt anxiety about isolation and estrangement because of 'disease that they cannot mention to others during treatment,' 'disease that is rumored about and disliked by people around them,' and 'predicted that they will be shunned by people around them.' A previous study on prejudice against HIV found, "There is a reality that HIV-infected people are deprived of their living space and their right to live is threatened

by the stigma of HIV” (Kobayashi, 2021). Although HIV is no longer a fatal disease, the state of social death continued. The effect of discrimination seemed to be profound.

“There are people who have a bad impression of people with HIV, but there are also people who accept us and work to be accepted by society. When I saw that, I sometimes felt like I was allowed to live.” (Patient A)

This research suggests that a new stigma may be emerging, and reduction of stigma is required, not only for high-risk groups, but also for society as a whole.

#### **4.1. Limitations**

In this study, two of the three patients did not have a specific partner when they tested positive. Further research is needed to explore whether the health care provider explained ethical duty to notify their sexual partner of potential HIV exposure. In addition, how or whether to deal with past partners and casual partners has not been the focus of this study. Future research that focuses on such individual cases is also necessary. Moreover, as the research facility is located in Chuo Ward, Tokyo, it is thought that the opinions of relatively wealthy people are reflected. The views of women and trans women who are vulnerable to violence and individuals who are economically disadvantaged is not reflected.

#### **4.2. Implications for Practice**

Systematic review shows that support by healthcare provider improved partner testing and diagnosis by 50% with few cases of harm (Dalal et al., 2017). Lack of anonymity, by which people with HIV could inform their sexual partner of potential exposure to HIV infection without disclosing their HIV status, are mentioned as structural barrier for partner notification (WHO, 2016). When the healthcare provider takes a responsibility to notify of possible exposure, patients could maintain their anonymity and reduce the burden of HIV status disclosure. This method also facilitates non-judgemental discussion when explaining



the ethical obligation to notify and could protect the privacy of the index patients and protect them from social harm. Further study is needed to investigate whether anonymous partner notification would be effective and acceptable in Japan.

### **4.3. Conclusions**

Fear of relationship collapse was negatively associated with HIV status disclosure. Internalized stigma through enacted stigma and negative image of HIV increases the fear of relationship collapse and negatively affected HIV status disclosure. HIV-related stigma was severe enough to suggest social death even though people were physically alive. Urgent need to take measures against slander on the internet was suggested to prevent the creation of new stigma. Furthermore, measures for reduce stigma in society on the whole are needed. The expected partner's understanding of U=U may possibly reduce the fear of relationship collapse. However, an understanding of U=U may not be adequate for partners and concerns about infection may appear on the surface and in their attitudes.

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## Appendix A: Codes and data

Code	Part of data in Japanese
Don't overdo it, do what you can	無理しないようになんか、自分のできる範囲でなんか伝えれば伝えて、伝えなくていい時には伝えなくてもいいみたいな感じ(A)
You don't have to (notify the partner)	将来的にはもし...パートナーがいるっていうときには先生としては...しなくても選択肢の一つというのはあったのはあったんですね(B)
You are free to say or not	言うか言わないかは自由ですよ、という風な感じで言われましたんで(C)
Healthcare provider think of me first	自分のことを一番思ってくれているような感じの言い方でアドバイスは受けましたね(A)
Don't be pressured	プレッシャーにならないようにということですよ(C)
Told me not to worry	心配はいりませんよ。とかって言われて(B)
Kind explanation by counselor	カウンセラーさんの方が丁寧に説明していただきました...色んなものいただいて(C)
I have to say it properly	ちょっと自分としては、自分の性格上、ちゃんと言わないと(A)
What I need to say	でも、自分の中ではやっぱり伝えないといけないことだと、思います(B)
It often collapses from there	人間関係がそこから崩れていっちゃったりするんじゃないかなっていう方が多くみられてしまう(A)
If I have two choices, it will probably be collapse	2 拓だったらどちらかといえば思うだけちょっと思わない部分もあるのかな(A)
It does affect one	全く影響がないかつ、て言われると影響があると思います(B)
Break up when I tell	周りの...同じ病気を持っている人の話をきいたら...パートナーになりそうな人に対しては...病気を伝えたタイミングで、もう、別れたりとかそういうのもあるのもあるんですね(B)
Rather than not caring at all, she understood but broke up	自分の場合でしたら...2、3 回位、あの、伝えたことがあるんですけども、結果としては、別れたっていう結果になるのはなるんですけども、直接病気とは、関係はなっ、かったし、後は、相手は全く気にしないというよりは、理解してくれる(B)
Even if it is not clear on the surface, there probably are bad feelings	出ると思いますよ。表面上はなくても、やっぱしー、あるでしょうね(C)
There's a way for the relationship not to collapse	人間関係が崩れるって思わない方向に進むパターンも少なからずあるんじゃないかなと思う(A)
No need to inform people who do not understand	そういうのが分からない人間には逆にいいと思っています(C)
Only a minority understands that treatment can eliminate the risk of infection	(治療により感染リスクをなくせるという理解が) 今、まだ、マイナーだと思いますね(C)
There are bad rumors	同性愛のお友達とかと...そういう話題が出たりするんですけど、なんかみんなやっぱり...すごい悪い方にいってて(A)



Exposed on a website	掲示板とか匿名で書きこめるサイトとか...マッチングアプリとかの 写真のスクリーンショットとかをそこに乗せて、この人は感染して いるからみたいなのとか...見かけたことがあって(A)
Not even looked at	なんか HIV っていうだけでなんかもう見向きもされないみたいな、 感じがすごくするんですよ(A)
People would be put off if I tell	私は HIV です。って言ったら。えー。っていう(B)
Lots of discrimination in general	全体感はまだやっぱし偏見いっぱい持ってるんじゃないですかね(C)
I am shunned by a medical institution	歯医者とか...クリニックとか...HIV の方はちょっと、みたいな感じ(B)
I am avoided by people in general	いわゆる一般企業に勤められている方にそういう状況を伝えて、一 緒に生活できません。とかそういう感じですかね(B)
People do not know what is HIV	中身知らないですしね(C)
Heterosexual people are not keeping up with understanding	そうでないヘテロの人とか...理解が追いついてないんでね(C)

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