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Exploring the Role of Fingerprint Registration in Reducing Loss to Follow-Up Among Clients of HIV Care and Treatment: Evidence from Chalinze District, Tanzania

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Abstract

Older Persons Living with HIV (OPLHIV) have distinct disclosure experiences. Evidence shows that disclosure is positively associated with access to social support, making it important for their well-being. This qualitative study explored OPLHIV disclosure experiences, the role of context in shaping them and how these contexts create opportunities or barriers for social workers promoting disclosure through direct and indirect practices. The study was conducted in Korogwe District, Tanzania, and involved thirteen OPLHIV and some family members through in-depth interviews. Findings showed that disclosure decisions were shaped by sociocultural expectations, especially, parent-child relationships and availability of formal social support. Guided by Ecological-Systems Theory, the study highlights the practical implications for Social Work, emphasizing the need for context-sensitive approaches that respect the rights and autonomy of older persons. The study offers locally sound discussions of the approaches and it explains how adopting them can yield culturally (positive) sensitive results.

Keywords*: Older persons, HIV/AIDS, HIV Disclosure, Direct Social Work, Indirect Social Work*

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Introduction

HIV is both a social welfare and healthcare problem, integral to social work research and practice (Chandra & Shang, 2021; Hampton et al., 2017). Currently, people living with HIV have been able to live longer than during the early years of the epidemic. This is largely a result of successful adherence to Anti-Retroviral Treatment (Knight & Schatz, 2022). However, there are cases of new infections among the older persons' population due to inadequate HIV awareness to enable prevention strategies. It is estimated that a total of 40.8 million people lives with HIV globally and over 26 million reside in Africa (UNAIDS, 2025). Mbalinda et al. (2024) noted that 16% of persons living with HIV globally are older persons. Nyashanu and Lekalakala-Mokgele (2022) argue that over two-thirds of people living with HIV reside in Sub Saharan Africa. This implies that a significant number of older persons with HIV reside within the region (Olubayo et al., 2025). Dhillon et al. (2025) comment that the population of older persons living with HIV is expected to increase by 190% by 2040.

Older persons living with HIV (OPLHIV) include individuals aged 50 (fifty) years and above (Mtowa et al., 2017; The Lancet Healthy Longevity, 2022; Wing, 2016). Generally, an individual is regarded as old after 60 years but the context of HIV is different because at approximately 50 years, HIV positive individuals begin to experience signs and some comorbidities that often tend to affect those from 60 years of age (Wallach & Brotman, 2018). Research reports unpreparedness in serving this group in accordance with their unique experiences as people ageing with HIV (Grosso et al., 2023; Emlet et al., 2011). The unpreparedness condition does not only manifest in gaps within preventive services;rather, it is shown in the life of the older person, after diagnosis.

OPLHIV experience unique challenges that influence life after HIV diagnosis, including how they disclose their HIV status. Disclosure practices differ among OPLHIV in terms of timing, extent, and intended recipients. While

some prefer public disclosure, others disclose only to close family members for support (Nakasujja et al., 2024). Although HIV is increasingly viewed as a chronic illness rather than a death sentence (Schatz et al., 2022), it continues to differ from other chronic illnesses due to persistent secrecy and stigma (Sambou et al., 2024). Consequently, disclosure patterns vary from total disclosure to complete non-disclosure (Brown et al., 2022). Hao et al. (2025) argued that HIV disclosure among OPLHIV involves complex physiological, psychological, and social considerations, including expectations associated with older age and social roles (Nakasujja et al., 2024).

An ethnographic study by Erio et al. (2024) in a rural community in the Lake Zone, Tanzania, indicated that marriage and gendered positions play a vital role in determining whether and how HIV disclosure would happen. There are social expectations, especially on women, putting them in a more vulnerable position if they do not "calculate" their disclosure. Another study conducted in Ubungo Municipality, Dar es Salaam, showed almost the same concern, that fear of disclosure was related with fearing that PLHIV would not get married once their status was known (Iseselo et al., 2025). These studies on disclosure in Tanzania included the general PLHIV population, not specific to OPLHIV.

This study explored HIV disclosure among OPLHIV in Korogwe District, focusing on factors influencing disclosure choices and how those choices shaped informants' experiences. The study also examined the implications of these disclosure experiences for both direct and indirect Social Work practice in Tanzania. This focus was important because, although HIV disclosure has been widely studied, experiences of older persons remain scarcely documented. Furthermore, limited literature links these experiences to Social Work practice.

Briefly, this study found two factors that strongly influence disclosure, which are socio-cultural expectations of parent-child relationships and availability of formal support. The two factors are discussed in this study using the Eco-Systems Theory to explain how Social Workers in different levels of practice (direct and indirect) can intervene in order to assist the OPLHIV who struggle with disclosure. I explain how significant it is to have an understanding of the systems around the client (micro, mezzo, exo, macro and chrono) and how they can be applied in individual, group, community and policy practice to facilitate older persons with disclosure of HIV status.

Literature Review

Disclosure is central to HIV debates, as it strongly relates to human rights concerns of confidentiality and privacy and the potential of HIV disclosure in HIV prevention. Many HIV studies on disclosure discuss on the matter with regards to PLHIV general population (Ismail et al., 2021; Mkandawire et al., 2022; Nöstlinger et al., 2015; and Damian et al., 2019).

A study by Knight and Schatz (2022) in South Africa found that disclosure facilitated access to social support, a finding consistent with the present study. In Uganda, Nakasujja et al. (2024) reported that HIV disclosure among older persons was influenced by socio-cultural expectations portraying older adults as asexual. The authors further showed that socio-economic status shaped disclosure practices, with individuals of high social standing being less likely to disclose due to fear of social loss. Similarly, Mbalinda et al. (2024), in a study on challenges and coping mechanisms among OPLHIV in Uganda, supported the argument that disclosure may conflict with expectations associated with old age and community respectability. In Lomé, Togo, Moore (2013) found that non-disclosure was influenced by fear of disclosure consequences, the desire to protect loved ones, and difficulties communicating HIV status. In Zimbabwe, Mutambara et al. (2022) reported that disclosure decisions among OPLHIV were shaped by cultural norms, anticipated loss of family support, and fear of partners' reactions. Likewise, a study by Madiba and Matlala (2012) in South Africa found that some parents who were HIV positive often avoided disclosure to protect privacy, manage stigma, and maintain social status.

Existing literature documents diverse HIV disclosure experiences among OPLHIV in Africa, alongside numerous studies focusing on HIV disclosure within the general population of people living with HIV. However, limited literature links disclosure experiences among older persons in Sub-Saharan Africa to Social Work practice. The regional studies synthesized in this section demonstrate comparable concerns and cultural imperatives regarding disclosure. Chief among these are the fear of facing stigma for perceived moral failure and the risk of losing essential support systems. This study advances the existing literature by providing nuanced insights into two pivotal contexts influencing HIV disclosure among OPLHIV: socio-cultural expectations surrounding parent-child dynamics and the availability of formal support. Furthermore, it highlights how these contexts inform direct and indirect Social Work practices.

Methodology

This qualitative study was conducted in Korogwe District, selected because of its high rate of HIV infection within areas with a high population of older persons. Korogwe's HIV prevalence is 5.5% as per records of the District Council office (Korogwe District Council, 2021). Korogwe also has a significantly higher HIV prevalence compared to the average prevalence for rural settings in the country (4.5%) (UNAIDS, 2020).

A qualitative approach and corresponding techniques for data collection were used in the execution of this study because limited prior knowledge exists (Creswell & Poth, 2018). Much is written about HIV disclosure in the HIV population in general but less has been communicated about the same subject among older persons living with HIV, especially from rural Tanzania (Schatz et al., 2019, 2022). The study involved 13 OPLHIV (5 women and 8 men) aged 50-71 years and five supporters who were family members of some participants. Respondent-driven sampling and network sampling techniques were used to recruit primary informants and supporters respectively. Recruitment was facilitated through announcements made by the District Social Welfare Officer and the HIV Coordinator. Information about the study was disseminated through groups of older persons and PLHIV, after which interested OPLHIV contacted the researcher directly. Some participants received information and the researcher's contact details directly from the officials or through word of mouth from other older persons and PLHIV. Through this process, thirteen OPLHIV were recruited from nine different wards in the District.

The first ten informants responded individually to the study announcement and were recruited from eight different wards. The remaining three informants were recruited from Hale Ward, through network sampling. Unlike the other wards, Hale is characterized by greater interaction among diverse ethnic groups, including people from neighboring countries. Due to these social differences, it was anticipated that participants from Hale would provide additional insights beyond those obtained from the first ten interviews. Although their contributions were valuable, they largely reinforced findings from earlier interviews rather than introducing substantially new information. At this stage, data saturation was considered to have been reached.

In-depth interviews were conducted in Kiswahili using a semi-structured interview guide. The interviews took 45 to 60 minutes. Data was transcribed verbatim and each respondent was labeled with a pseudonym. Attention was paid to similarities and repetition in the material. The author was sensitive to missing data and any repetition in the material to be able to identify and analyze the more or less not so obvious features of HIV disclosure deriving from the data itself.

Ethical considerations observed in this study included written informed consent, voluntary participation, confidentiality, anonymity and avoidance of harm. The researchers obtained clearance from Makerere School of Social Sciences Research Ethical Committee, the National Institute for Medical Research in Tanzania and research permit from Tanzania Commission for Science and Technology.

Findings

Interviews with older persons generated diverse experiences related to HIV disclosure. Two major themes emerged from the findings: socio-cultural expectations surrounding parent-child relationships and the availability of formal support. The first theme revealed that discussions related to sex and HIV are socio-culturally inappropriate between parents and children, particularly children under 18 years who are still in school, economically dependent on parents, and not perceived to be sexually active or involved in high-risk behavior. The second theme highlighted how disclosure decisions were influenced by the availability of support, especially material support from the government and donors.

These themes highlight the unique disclosure experiences of OPLHIV. Children are potential sources of informal support, although such support is shaped by cultural norms, with implications for direct Social Work practice. In contrast, governments and NGOs provide formal support influenced by national and global political interests, affecting indirect Social Work practices. The findings show that disclosure experiences are shaped across levels ranging from family relationships to global policies.

Sociocultural Expectations of Parent-Child Relationship

Experiences of HIV disclosure were influenced by the age and status of OPLHIV's children, reflecting socio-cultural expectations surrounding parent-child relationships. In many Tanzanian communities, discussions about sex between parents and children are considered taboo regardless of the intention behind them. Such discussions are often delegated to relatives or trusted community adults. Traditional initiation practices such as *Jando* for boys and *Unyago* for girls provide guidance on sexuality and adult responsibilities during adolescence. Halley (2012) as well as Mwai and Runo (2012) note that these practices partly serve as forms of sexual education, reinforcing cultural restrictions on sex-related discussions between parents and children. The fact that HIV has long been associated with promiscuity and acts of sexual immorality, many OPLHIV maintained protective silence until they considered the social environment conducive for disclosure.

The argument presented here is supported by findings gathered from the OPLHIV interviewed in this study. I present accounts from three interviewees, Kissa[1] who is a female OPLHIV and a Lay Counselor at a health center at Hale in Korogwe. The other two are wives of two male OPLHIVs, Mzee Mwasota and Mzee Nguzu. During an in-depth interview, Mzee Nguzu's wife explained that she had encouraged her husband to disclose his status to some of their children: "I convinced him to let the children know, at least two or three of them. He agreed, he told his two adult children from the eldest wife. So at least those few know".

> *So, I had to be patient to disclose to my kids. They were both in school at the time, the girl was in Form Two and the boy in Form One. After the girl completed Secondary Education, I told her, as a college girl she would handle it, I was sure. I did the same when the boy graduated* (IDI, Kissa, female OPLHIV, 50)

> *So, we summoned the boys who were already of age. We sat them down, for an informal seminar of a sort. We sat them down and told them that they were grown-ups and were not growing any younger. One was 20 and the other was 18. We have not disclosed to the young ones yet, they know nothing as of now….* (IDI, Mzee Mwasota's wife, female supporter)

These informants described the importance of waiting for an appropriate time to disclose their HIV status to their children. Kissa delayed disclosure until children had completed secondary education and were preparing to join university, a stage she associated with maturity. University students are often expected to be more independent and require less parental guidance than younger children. This perception gave Kissa confidence that her children would respond positively to the disclosure. Her expectation was affirmed, as she experienced no negative reactions from them afterward. Mzee Mwasota and his wife opted disclosing to two of their sons who were already of age, leaving the others to attain the age and maturity required before informing them. What Mwasota's family did, communicates the same idea that as long as HIV is associated with forbidden topics, especially around sex, minors must not be involved. The same was also practiced by Mzee Nguzu's family. Their sons were adults in their thirties with families of their own. The assumption is that an individual with their own family is experienced and mature enough to handle information of this nature. HIV disclosure by OPLHIV to family members, particularly children, is important because children often serve as primary caregivers and first responders to challenges faced by their ageing parents. The findings highlight how disclosure within families is shaped by community values surrounding parentchild relationships. They further show that decisions about whom to inform are influenced by children's age and social position, even within the same family.

These family dynamics have important implications for direct Social Work practices, particularly in identifying culturally acceptable ways of promoting disclosure among OPLHIV within families. HIV remains strongly associated with promiscuity and stigma, making disclosure to immature family members potentially risky if they are unable to handle the information appropriately. Consequently, disclosure was often delayed until children attained a perceived level of maturity and social responsibility. Maturity was associated with emotional support and confidentiality, whereas immaturity was linked to potential family conflict and unintended disclosure.

The Influence of Formal Support to HIV Disclosure

This section presents differences in disclosure experiences referred to in this article as total and partial disclosure. These differences were influenced by the duration since HIV diagnosis, particularly between OPLHIV recently diagnosed with HIV and those who had lived with the infection for more than ten years. The findings suggest that the length of time since diagnosis shaped disclosure decisions. The availability or lack of formal social support also influenced whether participants considered disclosing their HIV status or not.

Total disclosure refers to openly disclosing one's HIV status to the wider community. In such cases, individuals voluntarily disclose their status during awareness campaigns, village meetings, weddings, or funerals. These forms of disclosure were common after 2001, following the United Nations Special Session on HIV/ AIDS and the declaration of HIV/AIDS as a national disaster in Tanzania. During this period, international organizations funded large-scale HIV interventions, some of which provided direct support to PLHIV through food assistance, capital, and transport to health facilities.

PLHIV were encouraged to join support groups for emotional support and protection against widespread stigma. Those who openly disclosed their status and supported fellow PLHIV often received material support and opportunities, including participation in regional and national meetings. Although total disclosure exposed individuals to stigma, it also increased access to support. Findings from this study suggest that OPLHIV diagnosed during the early 2000s were generally more open about their HIV status. The first two quotations below are from participants diagnosed in 2000 and 2004 respectively. All participants diagnosed during this period had disclosed their status beyond immediate family members. Mzee Mwamposa, a sixty-four-year old male OPLHIV, revealed the following during the interview: "There were food supplies like flour, maize and beans. These attracted people and even others who were not HIV positive, they needed the food. Some people wanted to register as HIV positive in order to get the supplies". Others remarked as follows:

> *There were so many PLHIV groups then, I remember we were given one million shillings as capital for each group…They used to call me Mama UKIMWI around here and I responded yes, I am HIV positive, and look at me shine*. (IDI, Mama Ima, female OPLHIV, 69)

> *In 2017, we were told that there are certain incentives for people like us. Once I heard that we would be assisted, I thought I'd better disclose. I have not accessed anything ever since. We were told to reach our Admin officer, who would fill some forms and them submit to the Ministry. So, I contacted a certain lady at my work place who was also HIV positive. It was already late, the effort did not pay off*. (IDI, Mzee Nguzu, male OPLHIV, 64)

The third quotation represents partial disclosure. Mzee Nguzu, who was diagnosed with HIV in 2011, had more than three wives and over twenty children. Only one wife accompanied him for testing and was found HIV negative. Fearing loss of family relationships and conflict within the household, the couple agreed not to disclose to anyone, including family members. In 2017, after hearing about material support available for PLHIV, Mzee Nguzu considered disclosing his status to officials responsible for registering beneficiaries. However, the expected support was not received. His experience further illustrates how the availability of formal support can influence both disclosure decisions and the extent of disclosure.

Availability of formal support shaped the uniqueness of HIV disclosure experiences among OPLHIV. The findings reveal variations in disclosure across periods of HIV diagnosis, reflecting differences in access to formal support. Sensitive concerns such as stigma and shame were managed differently when substantial formal support was available. Unlike the previous section, where context influenced when and to whom disclosure occurred, formal support shaped the breadth of disclosure. Greater access to support encouraged total disclosure, whereas reduced support contributed to partial disclosure limited to trusted individuals.

Discussion

The discussion of this study findings focuses on their implications for both direct and indirect Social Work practices, guided by Ecological-Systems Theory. Direct Social Work practice (micro level) involves professional interventions aimed at promoting personal or interpersonal change, while indirect practice (mezzo and macro levels) focuses on influencing organizations, communities and broader social systems (University of Toronto, 2025). Scholars such as

Ostrander et al. (2021) emphasize that Social Work integrates theoretical knowledge and practices experience to achieve a comprehensive understanding of person-in-environment, spanning from individual case work to complex social systems. Within this framework, the Ecological-Systems Theory provides a useful lens for analyzing the multi-level dimensions of HIV disclosure experiences among OPLHIV. It enables a holistic assessment of how these experiences generate implications across different levels of Social Work practice (The Social Work Graduate, 2024).

The five systems presented in the theory are used in this study to analyze the implications of disclosure experiences for direct and indirect Social Work practices. Social workers function in a manner that enhances the well-being of all people and promote social justice and social change through a range of activities, individual or clinical practice, community organizing, social and political action and policy development (Mattocks, 2018). Rock (2017) explained that addressing HIV requires systemic, multi-sectoral, and multidisciplinary response with involvement of professional social workers in all HIV related programs. How can social workers engage in order to promote voluntary HIV disclosure? From the findings presented, what are the opportunities and bottlenecks for both direct and indirect practitioners in sensitively working with OPLHIV towards disclosing and, at the same time, not attracting risks?

The findings above highlight two issues to be concerned with when it comes to HIV disclosure among older persons. First, at the direct practice level, is the sociocultural expectations associated with the relationships between parents and their children, keeping in mind that children are more often the source of informal social support. Second, at the indirect practice level, is availability of formal social support. So, how can social workers address HIV disclosure issues while acknowledging the concerns of individual older persons and the environment (or systems) around them?

Sociocultural Expectations from Parent-Child Relationships

The findings showed that OPLHIV with children below adulthood and still depending on them did not consider disclosing to them because it was considered culturally odd for parents to disclose their HIV status to their young sons and daughters. In the first section of the discussion, I explain the opportunities available and the barriers against direct Social Work practitioners in promoting HIV disclosure among OPLHIV. In the Eco-systems Theory, parent-child relationships (which are key to this discussion), are found within the micro-level. In Social Work, any engagements between social workers and clients at the family level are handled within the direct dimension of practice. So, understanding these intrafamily relationships and what they translate in HIV disclosure is paramount for social workers in direct practice. HIV disclosure may imply talking about culturally forbidden topics such as sex in the parent-child context. Parents might be afraid that such topics have never been discussed by anyone in the presence of their children. In other words, the parents might be concerned about the familiarity and proper handling of the weight of the information. Rosenfeld et al. (2016) explained that HIV disclosure can be dependent on the other's knowledge about HIV, the possibility of causing the other emotional stress, and the ability to keep the disclosed information confidential. Da et al. (2024) recommended that psychosocial factors and children's developmental stages need to be considered in order to enhance disclosure practices. In their study, Liamputtong and Haritavorn (2016) argue that women living with HIV in Thailand shared that they wished to protect their children's emotional burden, suggesting that HIV disclosure cannot be assumed to bring uniform results. Some scholars inform that negative consequences of HIV disclosure are decreasing with time (Schatz et al., 2022).

The study by Schatz and his colleagues highlight the existing opportunities for social workers involved in direct practice in the HIV space while the studies discussed prior concern about cultural and other barriers to disclosure that warrant attention. Professionals are called to advise OPLHIV about disclosure but not when to disclose. In a study by Gachanja et al. (2014), the informants recommended that for parent to child disclosure of HIV status to take place, there must be acknowledgement of the child's maturity and understanding. They also added that healthcare professionals must appreciate that disclosure is indeed a process.

The findings of this study together with analysis from other studies on parent to child HIV disclosure largely remind social work professionals that HIV disclosure, regardless of its benefits, is the person's own decision. Disclosure, like other client matters handled by social workers, cannot be forced. In direct practice, a social worker can carry out a needs and resources assessment to find out whether disclosure to children will be necessary at that given moment. At the microlevel of the Eco-Systems Theory, relationships between an individual and those considered immediate is key. Social workers must then examine those immediate relationships, such as in this case, parent-child

relationship before establishing how and when disclosure may take place. Social workers can also assist through home visits, which enhances assessment of the micro-system.

Social workers may also engage in making calls and assisting with disclosure skills building in the course of the disclosure process (Lukyamuzi et al., 2022). However, the findings in this study show that OPLHIV do not regret the choice to wait. Krishen (2023) points that despite the benefits attached to disclosure of status, disclosing is usually not necessary or relevant especially considering that some people still have outdated ideas of what it means to be HIV positive (Mkandawire et al., 2022). An OPLHIV cannot be certain on what has already been communicated to his or her children regarding HIV, therefore s/he may be unaware of how their children will react to disclosure. Social workers can consider the concerns of a client and find a way that will not bring harm in the important aspects of the client's life, in this case his or her relationship with his or her children, and the micro-system, as stated in the Eco-systems theory. Sometimes, this can mean supporting the client to pause and wait for the right time to disclose.

Availability of Formal Social Support

For the second issue, that is, availability of formal support, the study findings have shown that the availability of support promoted HIV disclosure. Formal social support is an opportunity for HIV disclosure. Formal social support as briefly explained earlier, is (or was) provided by the Government and donors. With regard to the Eco-systems Theory, formal support normally sources from the macro-system. The macro-system represents the cultural, societal, political and economic contexts of a nation. The discussion that follows aims at explaining the opportunities for and barriers against indirect Social Work practices in promoting HIV disclosure among OPLHIV. In this article, the discussion on availability of formal social support is linked with potential opportunities and barriers for indirect Social Work practices because indirect practice, as defined in the introduction, is meant for community and policy practices.

The findings presented earlier have indicated that OPLHIV who were diagnosed in recent years when direct funding for HIV had significantly decreased (Campbell et al., 2013) chose to disclose to few close people or not disclosing to anyone else besides their spouses. A decreased support also translated to decreased width of HIV disclosure nets. There is a positive association between social support and HIV disclosure (Lee et al., 2016). HIV disclosure potentially leads to access to more support, something that the findings of this study have also revealed. Availability of support promotes HIV disclosure through increasing confidence in managing the condition, and improving mental health by reducing the fear of negative reactions from other people (Jia et al., 2022).
Social workers involved in indirect practice are mandated to study best practices from different parts of the country, document them and recommend some practices to be drafted either into new or already existing policies (Willis et al., 2025). It is key for indirect practitioners to intentionally find interventions that are cost-effective (considering the current status of donor funding) and have worked positively in communities. For example, in HIV disclosure, innovative interventions, such as *Daraja*, are already existing opportunities for social workers who currently access it. The *Daraja* intervention was meant to assist a person living with HIV who was hospitalized (and is just being discharged) to outpatient HIV care upon discharge (Kisigo et al., 2022).

The intervention was piloted in 2016 in Mwanza region. In this pilot study, Tanzania was proven to have significantly reduced mortality among HIV outpatients by 15% in one year. Kisigo and colleagues studied this individual-level, time limited, case management intervention and found that social workers identified cases, their barriers to care, developed plans to overcome those barriers and tracked over time (Kisigo et al., 2022). The scholars also found that there was modest material support provided to HIV infected individuals under *Daraja* (about 2USD) to assist them with transport to the health centre. This kind of individual intervention seems promising, attracting the need for national adoption, something that social workers in indirect practice can consider to pioneer. Results explain that support, however modest, attracts its beneficiaries to show up (disclosure) in order to access help. The aim of HIV disclosure is not to shame the individuals but to facilitate planning and provision of available support to affected individuals.

In indirect practice, social workers can solicit resources from the Government and conduct training to social workers involved in direct practice with OPLHIV. Training can be conducted country-wide with the aim of sensitizing on the importance of support groups for OPLHIV in the country. All these groups can be drawn from the OPLHIVs'

micro-system. Most of these groups in Tanzania, both urban and rural communities, operate as informal saving and credit groups known as VICOBA (short for Village Community Banks) (Kiwelu & Steen-Johnsen, 2025), providing their members with financial assistance at extremely friendly interest rates. In their article, the authors emphasized that groups formed by community members themselves have chances to sustain longer than those initiated by external forces (in their case, the Government and donors). The opportunity present here is more mobilization and facilitation of the groups already existing in these localities. Social workers can be mobilized to organize such groups because they have the required skills to do so (Ohmer et al., 2024). By using groups that are exclusively for PLHIV, or other help groups, social workers can find voluntary assistance that can offer modest support to OPLHIV.

With assurance of support, there are chances of promoting HIV disclosure amongst the population, as in the experience shared in this study by Mzee Nguzu. With Mzee Nguzu, the findings show that despite gathering inner strength to disclose to an official he worked with then, the support did not materialize. As compared to earlier years of the fight against HIV/AIDS, direct material support in recent years has been decreasing and in January 2025, aid from the United States was officially stopped (Christopher, 2025). It is also reported that between the financial year 2017/18 and 2019/20, the total budget for HIV/AIDS related programs in Tanzania declined by 15% (Hiebert et al., 2021). This decrease of financial assistance for HIV programming has created a crisis, as some ongoing activities were forced to shut down abruptly. For indirect Social Work practice, this decrease was a hindrance against doing more in terms of advocacy, campaigns and even largescale research that would inform on evident best practices to more actors in the HIV space, including direct Social Work practitioners.

These drastic changes have not stopped the government from continually providing HIV related services (Christopher, 2025). The government's commitment for continued services signals an opportunity for social workers to further continue with influencing policies that will impact service provision. Social workers are equipped to work collaboratively with other funding organizations that are still functioning to help OPLHIV access social support. Social workers can also access the corporate industry and build a convincing case that can lead to agreements of assisting OPLHIV or the general PLHIV with direct social support. The decrease in funding from donor organizations and companies can be mapped and identified from the exo-system of the OPLHIV which generally includes external systems that may influence the client indirectly. Other efforts can include advocating for realistic budget allocations that can allow support of the older persons. Programs can be proposed that may begin with a means-testing to prioritize direct support for those who have less access **to** support in terms of pensions, income generation or family support. Advocacy can prioritize inclusion of OPLHIV in programs such as TASAF (Tanzania Social Action Fund) or health insurance for older persons. Availability of these kinds of direct support have a high potential to enhance HIV disclosure.

Conclusion

In line with other studies in the Sub-Saharan region, findings have shown that OPLHIV disclosure of status can come with difficulty or not at all. It has been shown that at the family level, OPLHIV disclosure can be done to children that are of an appropriate age and occupy social positions that can guarantee their maturity in handling the parent's disclosure. OPLHIV also expressed how they disclosed beyond the boundaries of their families because of abundant social support available from formal sources, something that is noteworthy for indirect Social Work practices. This study, nevertheless, aimed not only to present the findings supporting the existence of those two contexts against HIV disclosure among OPLHIV. It has gone a step further by discussing the findings based on what social workers can do in addressing the situation from the clinical practice to policy level practice. This article provides a base for understanding the significance of all levels of professional practice in assisting the older persons with disclosure. This study has discussed interventions that are locally sound and explained how the adoption of the interventions to meet OPLHIV disclosure needs can yield culturally (positive) sensitive results.

Recommendations

Based on the findings and discussion above, this study provides the following recommendations. First, social workers and other helping professionals require awareness of emerging social problems or groups that need their attention, such as older persons living with HIV. Without keen awareness by the professionals themselves, adequate service for such groups can be a far-fetched dream. Second, most of what has been discussed as responsibilities to

be done by social workers cannot be affected individually. HIV is a complex social problem, beyond biomedical, and has constantly required multidisciplinary attention. Be it working as a case manager, a mobilizer of groups, a program developer or a researcher, working in a team can be more efficient and effective. Lastly but not least, it is important to work in a manner that will attract frequent exchange of information between those working at the clinical (direct) level and those at the policy (indirect) level. This can be achieved through professional meetings, enrolment in advanced social work courses or short-term training programs, as well as refresher courses and conducting participatory research.

Limitations

While this study was cross-sectional, meaning that all information was gathered at only one point in time (Sopjani, 2016), the results shared in this article are scientifically sound. I believe that the in-depth interviews with the 13 OPLHIV in this study enabled an in-depth understanding and analysis of experiences of people ageing with HIV and the contexts that support or hinder HIV disclosure. The significance of the findings is not measured by its generalizability but by their ability to illuminate the lived realities of older adults living with HIV and the literature on HIV disclosure by OPLHIV in Sub-Saharan countries. Triangulation of the findings with others on similar topics even outside the field of social work supported theoretical generalization and extension of the relevance of this study to other discussions.

Area for further study

A longitudinal or ethnographic study would have been more appropriate to gain indepth insights on the dynamics of HIV disclosure among older persons. Further, a survey method of data collection covering more regions and districts in the country to find out more on the actual population of OPLHIV in Tanzania is recommended.

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