

Exploring Coping Strategies and Life Choices Made by HIV-discordant Couples in Long-term Relationships

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HSRC RESEARCH OUTPUTS

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Overview of presentation

- Background and Context
- Approach and Methods
- Preliminary results from South Africa and Tanzania
- Main observations and conclusion



Why the study?

- Global Network of People Living with HIV/AIDS (GNP+) planning to expand focus on *positive prevention* interventions & programmes for *HIV-discordant couples*
- GNP+ requested assistance from the Human Sciences Research Council (HSRC) to conduct an *exploratory study* on HIV-discordant couples

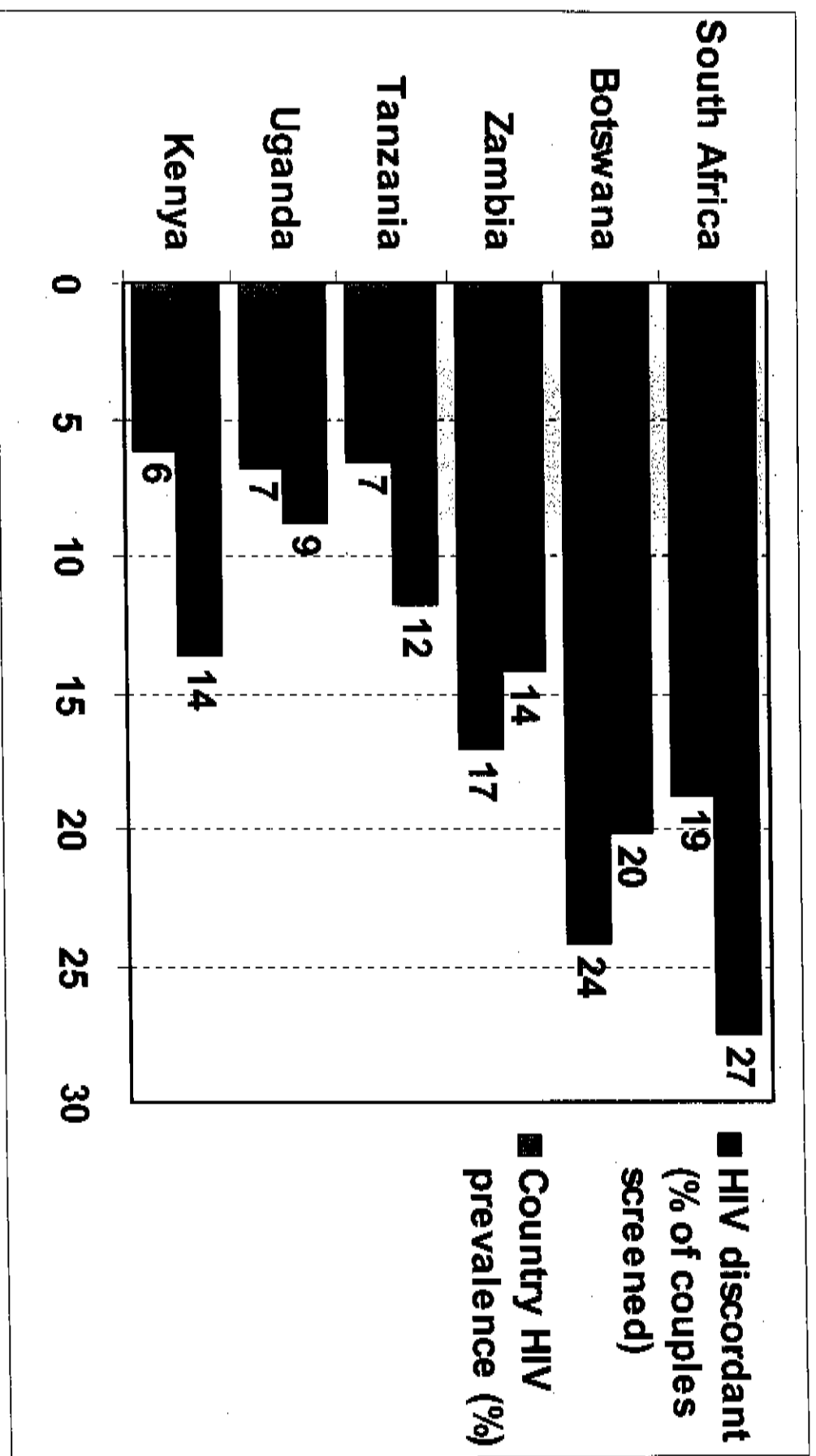


Literature review

- **Research tends to have a biomedical focus:**
 - Epidemiology & factors associated with HIV discordance
 - Factors associated with immunity (e.g. why some individuals with repeated exposure to HIV remain uninfected)
- **Paucity of research on psycho-social aspects of HIV discordance:**
 - Strategies discordant couples use to sustain their relationships
 - Sexual & reproductive choices
 - Strategies for preventing HIV transmission
 - Prevention support needs, as most interventions target *individuals* rather than *couples*



Prevalence of HIV discordance among couples screened for multi-site HIV prevention trial



Source: Lingappa et al., 2008



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Purpose of the Study

To gather preliminary information about the coping strategies and choices made by couples in long-term HIV-discordant relationships in order to inform policy and programmes.



Objectives

To assess among serodiscordant couples in long-term relationships:

- Child-bearing & child-rearing choices made
- Sexual behaviour & coping strategies
- Effect of antiretroviral therapy (ART) on strategies used & choices made
- Psycho-social support & HIV prevention needs



Population of interest

- Couples in long-term relationships, in which one partner is HIV-positive and the other partner is HIV-negative
- Countries:
 - South Africa
 - Tanzania
 - Ukraine (in progress)
- Both heterosexual and same-sex (homosexual) couples included



Eligibility criteria

- Couples in a sexual relationship with one another for at least 1 year
- One partner HIV-positive & other partner HIV-negative (reported)
- HIV-positive partner had disclosed HIV-positive status to partner at least 1 year previously
- Both partners required to provide voluntary informed consent & to be 18 years or older



Ethics and Recruitment

- Ethics approval for the study obtained from a research ethics committee in each country
- HIV-discordant couples recruited through health care providers & civil society organisations **after** ethics approval
- Couples were invited to participate by someone who already knew their HIV status
- Informed consent obtained; couple recruited only if both partners consented to participate
- No names or personal identifiers recorded



Measurement

- Biographical info
- HIV status & testing history
- Current relationship
- Children
- Health
- Involvement in HIV-related activities

Self-administered questionnaire:
each member of couple

Semi-structured individual interview:
each member of the couple

- Psychological & social support
- Children & reproductive choices
- Stigma & discrimination
- Sexual practices

Semi-structured couple interview

Key findings from the survey

Summary of the population

Summary of the data

Summary of the results

Summary of the conclusions

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Couple demographics

- 36 couples recruited: 26 (72%) in S Africa & 10 (28%) in Tanzania (Recruitment in progress in Ukraine)
- 33/36 (92%) in heterosexual relationships; 2 gay couples & 1 lesbian couple recruited in S Africa
- Aged 20 to 54 years, with peak age in 30s
- 29/36 (81%) lived together; 19/36 (53%) had formalised their relationship
- 23/36 (64%) of HIV-positive partners female
- 27/36 (75%) of HIV-positive partners on ART
- 13/36 (36%) of HIV-positive partners had disclosed their HIV status to their partner before entering into the relationship



Children and child-bearing decisions

Already has 2+ children	17/31 (60%)	10/20 (50%)	10/21 (48%)
Desires children (if none)	13/19 (68%)	4/4 (100%)	17/23 (74%)
Desires additional children	8/28 (29%)	2/16 (13%)	10/44 (23%)
HIV positive individuals desire to have a child or additional children	14/26 (54%)	2/10 (20%)	16/36 (44%)



Children & child-bearing decisions

- “I do have love for children and I still want to have one, but I am scared to infect my partner... that's the only challenge that I have...”
-- HIV-positive woman, SA (couple 3)
- “Yes. The hospital has advised us that the best way to do it [have children] is through IVF. That costs money and we are saving now. It would be great if there was an organisation to support couples who wish to have IVF.”
-- HIV-negative man, SA (couple 4)
- “To be HIV-positive is not necessarily that you should not have children... you can decide to have children.”
-- HIV-positive woman, TZN (couple 5)



Disclosure

- 53/68 (78%) of participants had disclosed their HIV status to some people (family, friends, colleagues, or support groups)
- “I was comfortable talking to my family and friends, because I know they care about me. Experiences I had was when I had to explain my situation to them about my love to this girl. I told them I fell in love with her soul, and I did what it takes and I will still do to take care of me and her. I was actually safe because I knew her status and she knew mine, so we know we have to protect ourselves and get tested.”
-- HIV-negative man, SA (couple 4)
- “I decided to share due to fear of AIDS-related illness. I also wanted to be a role-model, so that anyone who is infected can be open and go for treatment, rather than going for traditional healers.”
-- HIV-positive woman, TZN (couple 7)



Stigma & discrimination experiences

- Stigma & discrimination experienced: Minority (8/39; 21%) in SA, and majority (12/20; 60%) in TZN
 - “I was discriminated against by my previous partner... I was also rejected by my friends I was living with. I used to have separate eating utensils.”
 - HIV-positive woman, SA (couple 2)
 - “Yes, sometimes friends blame me saying, why are you living with an HIV-positive woman. You are still young, you can get another woman.”
 - HIV-negative man, TZN (couple 1)



Intimacy and sexual relationships

	14/34 (41%)	11/32 (34%)	25/66 (38%)
Intimacy affected by DC status	20/34 (59%)	20/32 (63%)	40/66 (61%)
Sex with one partner only for >6 months	29/35 (83%)	29/36 (81%)	58/71 (82%)
Always practice safe sex (e.g. consistent condom use)	26/36 (72%)	23/32 (72%)	49/68 (72%)



Intimacy and sexual relationships

- “The use of condoms every day, sometimes it’s not easy for both of us because we were not used to doing that. In terms of love-making, some things have changed.”
 - HIV-positive woman, SA (couple 3)
- “Using a condom has been a challenge as my partner does not find enough satisfaction.”
 - HIV-negative man, TZN (couple 7)



Sources of support

Sources of support			
Source of support	Number of patients	Percentage of patients	Number of patients
Health care providers as only source of support	8/47 (17%)	1/20 (5%)	9/67 (13%)
Participation in a support group	13/51 (25%)	15/20 (75%)	28/71 (39%)



Strengths & limitations

- Strengths
 - Quantitative & qualitative
 - Separate interviews with both partners & combined interview
 - Important insights gained
 - Complexities & contradictions can be explored
- Limitations
 - Couples recruited purposively
 - Limited number
 - Sample included only those who agreed to participate (several couples unwilling to participate)
 - Select group so findings not generalisable



Conclusions & recommendations

- Need to shift from individual to couple policy & programme focus
- Need counselling about reproductive options for DC couples who want children
- Tensions within relationships & difficulties of safe sexual practices
- Need for health service & psychological support

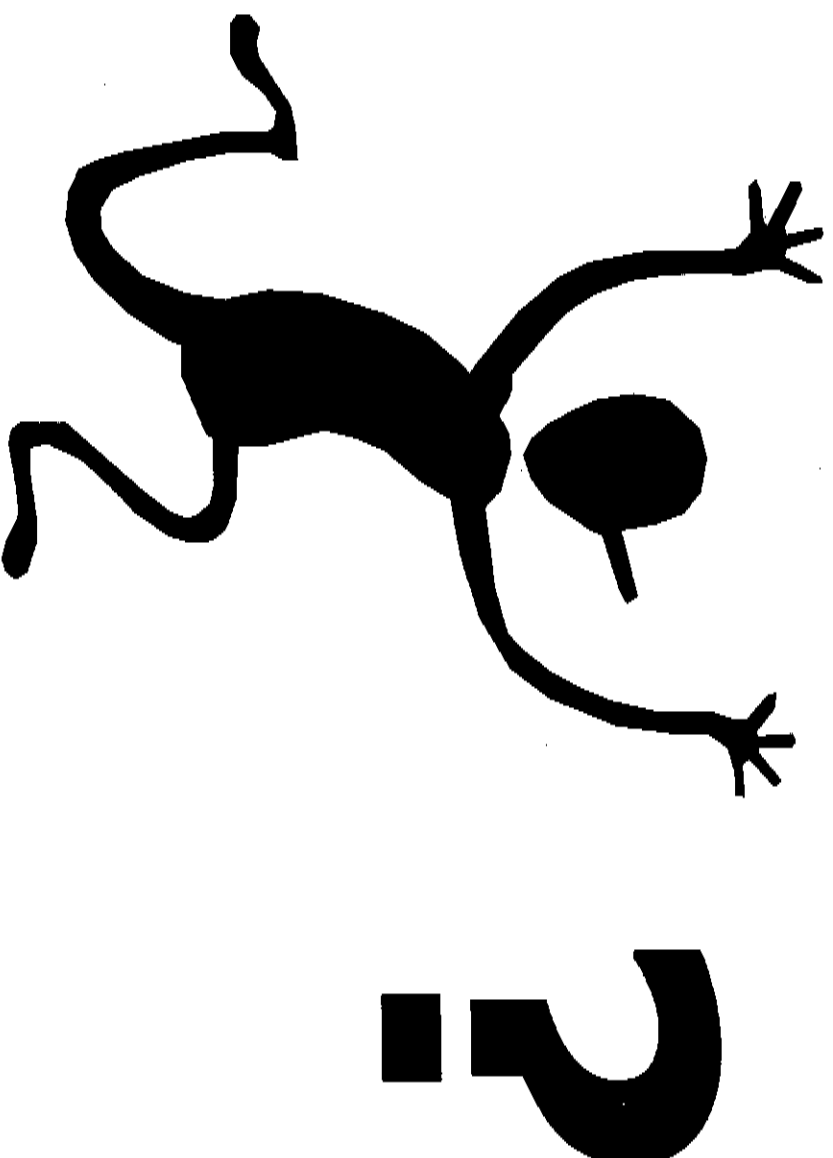


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Thank you



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