

A REVIEW OF CHALLENGES AND COPING STRATEGIES FACED BY HIV/AIDS DISCORDANT COUPLES

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ABSTRACT

Human immunodeficiency virus epidemic is one of the biggest public health challenges the world has ever experienced in recent history. The reality is that there are a number of challenges that discordant couples will be faced with and the fact that sometimes anti-HIV medicines may have a negative psychological effect on the person because they make them feel weak or even affect their mood. It could affect the way they relate with their partner. One specific negative effect may be the lowering of sexual drive. The major challenges facing HIV discordant couples include issues pertaining to sex posed the most difficult challenge, disagreements over sex and blame about bringing HIV into the family, issues regarding procreation, lack of interest in sex initially after testing, psychological stress due to inadequate social support to help in coping with discordance, the feeling that society looked down at them as being promiscuous and a risk to their families especially their spouses.

Keywords: HIV, AIDS, discordant couples, people living with AIDS

INTRODUCTION

Human immunodeficiency virus epidemic is one of the biggest public health challenges the world has ever experienced in recent history (Hailemariam *et al.*, 2012; Obeagu and Obeagu, 2015; Obeagu *et al.*, 2017; Obeagu *et al.*, 2022). Human immunodeficiency virus discordant couples is a situation in which a couple, that is, a man and a woman living together in a heterosexual relation, or either man or woman living in a sexual relationship, who exchange and share intimate sexual feelings, without any preventative barriers for sexually transmitted diseases, one partner gets infected with HIV but the other remains uninfected (Ligangapa *et al.*, 2008).

According to WHO (2012), revealed that Serodiscordance is commonly known as discordance and is a situation where two people are cohabitating (and sexually active) but one of them is HIV-positive while the other is HIV-negative. The report further notes that only 40% of people living with HIV and AIDS (PLWHA) globally, know their status and up to 50% of PLWHA in on-going relationships have HIV negative partners (WHO, 2012). Of those PLWHA who know their status, many have not disclosed their HIV status to their partners, and neither knows their partners' status. Consequently, a significant number of HIV sero-discordant couples get infected (Odo *et al.*, 2020; Okoroiwu *et al.*, 2022; Obeagu *et al.*, 2022).

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Although different countries and institutions have invested in raising awareness within individuals, many people, despite such knowledge still engage in risky behaviors. According to the Africa context a married couple is supposed to bear children and most of them have desire to have children but the challenge is how to get children without infecting the HIV sero negative partner (De Walque, 2007). A population based surveys in east, central and West Africa have shown that at least two thirds of HIV infected couples are discordant (De Walque, 2007).

Challenges of living as a discordant couple

An interview with Doctor Sabin Nsazimana in Rwanda revealed that there are healthcare measures which go a long way in helping discordant couples move forward with their lives. The reality is that there are a number of challenges that discordant couples will be faced with and the fact that sometimes anti-HIV medicines may have a negative psychological effect on the person because they make them feel weak or even affect their mood. It could affect the way they relate with their partner. One specific negative effect may be the lowering of sexual drive. A study done on Age- and gender-related prevalence of multi morbidity in primary care showed that different emotions and reactions such as shock, denial, depression, loneliness and feelings of loss, uncertainty, grief and sadness can manifest themselves (Rizza *et al.*, 2012). This study was in agreement with Van Dyk (2008), who found that the reactions were regarded as normal and usually experienced by people when they receive HIV positive results.

According to Gitonga *et al.* (2012), report in their study identified the following as the major challenges facing HIV discordant couples: Issues pertaining to sex posed the most difficult challenge, disagreements over sex and blame about bringing HIV into the family, issues regarding procreation, lack of interest in sex initially after testing, psychological stress due to inadequate social support to help in coping with discordance, the feeling that society looked down at them as being promiscuous and a risk to their families especially their spouses (Gitonga *et al.*, 2012).

In another study done by Were *et al.*, and the colleagues on stakeholders perception of HIV sero-discordant couples in western Kenya found stigma related to formula feeding (avoidance of breastfeeding), as part of prevention of mother to child transmission of HIV (Were *et al.*, 2008). And given that formula feeding is considered in this community as an indication of an HIV diagnosis, it is not surprising that this issue is of great concern to HIV infected couples (Were *et al.*, 2008).

Despite these challenges the rate of separation among discordant couples remains surprisingly low (Gitonga *et al.*, 2012; Were *et al.*, 2008). Embarrassment may be related to the fact that the diagnosis of HIV sero-discordant is further complicated by feelings of infidelity as couples blame each other for bringing the illness into the relationship through cheating (Were *et al.*, 2008).

Blame is one of the emotional reaction and it majorly target to self or to the partner. The issue of self-blame was also discussed by Rizza *et al.* (2012), mentioning that the diagnosis of HIV may reveal aspects of person's behaviour that may have wanted to keep private. This may include infidelity of sexuality which mainly results in feelings of guilt and blame. In agreement with the aspect of blaming the other or self-blaming and other unfounded assumptions such as a partner got infected through infidelity contradicts prior studies which suggest that high rates

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of HIV transmission occurs between HIV discordant partners who are often in stable partnerships but unaware of their HIV or their partners HIV sero-status (Lingappa *et al.*, 2008).

Furthermore, this was also evident in a report that 83% of HIV infected men and 77% of HIV infected women are or have been married and among HIV infected married persons, 75% of men, and 96% of women reported having had sex only with their spouse (Lingappa *et al.*, 2008).

Disclosure of being HIV positive to a partner seems to have behaviour and emotional implications. This was alluded to by Rizza and colleagues who mentioned that in relationships, the diagnosis of HIV may reveal aspects of a person's behaviour that he/she may have wanted to keep private/hidden/unknown (Rizza *et al.*, 2012).

In a study done by Bokhour *et al.* (2011), reported on the impacts of HIV diagnosis that generates fear, panic, anxiety and negative attitude among couples. The effect has such intense, weighty, reflective, and deep impact on the couple's psychological aspects of life, particularly interactions with other (Bokhour *et al.*, 2011). Most of those infected by the virus seem lonely and struggle to cope with strong stigmatization, suffers disruption of family and peer relationships (Bokhour *et al.*, 2011).

Furthermore, HIV status in relation to their partners along with feelings of guilt felt like ending their relationship. According to the study done by Floyd and Crampin (2008), report revealed that separation is more likely to occur among couples affected by HIV and that women living with HIV may experience a particularly high risk of abandonment.

However, all the psychosocial experiences highlighted by other authors above concurred with the findings by Bokhour *et al.* (2011), who described related emotions or stages that individuals or couples go through when confronted by or experiencing HIV positive diagnosis, personal problems, overwhelming situations, and trauma or even when they are sick or facing death. The emotional stages include denial and isolation, rage, bargaining, depression and acceptance.

In one study done by Van Dyk (2008), reported that people with HIV often experience some pain and hurt because they feel they have lost so much in life and they themselves are to blame for it. He further mention that, the following factors all serve to increase hurt and pain among HIV people: the absence of a cure and resulting feeling of powerlessness; knowing others who have died of AIDS and the loss of personal control over their lives.

According to Floyd and Crampin (2008), mentions that discordance can threaten the relationship of couples by weakening, strengthening or even causing separation. They suggested that separation is more likely among couples infected with HIV and that women living with HIV may experience a particularly high risk of abandonment (Floyd and Crampin, 2008). The World Health Organization in 2012 report mentioned that despite growing evidence of its importance, the concept of 'sero-discordance' and the frequency of its occurrence are poorly understood in most communities. Beside that sero-discordant is poorly understood by the general population especially the family members of the HIV sero-discordant couples (WHO, 2012).

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The coping strategies of living as a discordant couple

Living in an HIV sero-discordant relationship has highlighted the importance of sustainability structures. The sustainability of HIV/AIDS supportive programs like counseling and treatment have impacted on couples living with HIV sero-discordant diagnosis. Counseling is a structured conversation aimed at facilitating a client's quality of life in the face of adversity. The intention of counseling is to help or assist client's to cope with reality and the options or choices they have for dealing with these problems.

According to UNAIDS on World Aids Day Report HIV treatment is for life and people living with HIV need to take pills every day without fail (UNAIDS, 2012). Discordant couples do benefit from access to antiretroviral therapy to protect their partners from HIV. The study in Uganda also revealed that many HIV sero-discordant couples desire to have children as pressure from relatives is a major cause of their desire, and relatives are part of the decision-making process (Kanniappan *et al.*, 2008).

With regard to the challenge on intimacy (sex), condom use was the most common and preferred strategy used by the participants with 74% while 9.1% of the participants reported adopting abstinence as a strategy, but with frequent failure (Gitonga *et al.*, 2012). Serodiscordant couples use different coping mechanisms among these the major ones include: externalization of responsibility, non-blaming attitude, blaming attitude, hope, secrecy, intimacy and cooperation, avoidance, naturalization/normalization, sharing, spouse deceiving, allegations/pretexts, denial, self-praising, tolerance, and adherence (Nega *et al.*, 2014).

Furthermore, Serodiscordant couples also use tolerance in their social interactions with each other or with community members so as to withstand negative consequences of quarrel and discrimination. The tolerance is also extended to consistently use ART for those who have begun it. The contribution of the HIV negative partners in supporting adherence of the infected partners is paramount as reported by many of them (Nega *et al.* 2014).

CONCLUSION

Human immunodeficiency virus epidemic is one of the biggest public health challenges the world has ever experienced in recent history. The major challenges facing HIV discordant couples include issues pertaining to sex posed the most difficult challenge, disagreements over sex and blame about bringing HIV into the family, issues regarding procreation, lack of interest in sex initially after testing, psychological stress due to inadequate social support to help in coping with discordance, the feeling that society looked down at them as being promiscuous and a risk to their families especially their spouses

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