



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

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Overview of presentation

- Background and Context
- Approach and Methods
- Selected results:
 - Reproductive desires
 - Stigma and discrimination
- Recommendations and conclusion



Background

- Global Network of People Living with HIV/AIDS (GNP+) request
- **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*



Aim and objectives

Gather preliminary information about the coping strategies and choices made by couples in **long-term HIV-discordant relationships** (one partner HIV-positive, other partner HIV-negative) in order to inform policy and programmes, specifically:

- Child-bearing & child-rearing choices made
- Sexual behaviour & coping strategies
- Psycho-social support & HIV prevention needs



Study Participants and eligibility

- Countries: South Africa; Tanzania; Ukraine
- Discordant couples in long-term relationships (min 1yr) with disclosure at least 1 year previously
- Both partners required to be 18 years or older and consent to participate.
- Written voluntary informed consent obtained.
- 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

- Relationship history
- Communication about HIV & discordant status
- Service use & service needs



Couple demographics (1)

- 51 couples recruited: 26 in South Africa; 10 in Tanzania & 15 in Ukraine
- 48 heterosexual couples. In South Africa 2 gay couples & 1 lesbian couple
- Mean age 34 years (range 20 to 54 years)
- Couples in current relationship for mean of 6 years
- 83% cohabiting. 58% had formalised their relationship through marriage or equivalent.



Couple demographics (2)

- Positive partners were predominantly **female** in South Africa and Tanzania, and predominantly **male** in the Ukraine
- Thirty-seven of 51 HIV-positive participants (73%) were on *antiretroviral treatment*:
 - SA: 21/26, 81%
 - Tanzania: 6/10, 60%
 - Ukraine: 10/15, 67%)
- The mean number of years on medication was three years, with a range of 2 weeks to 9 years.
- 36% of participants knew their status *before* the start of their current relationship



Desire for children

- Individuals without children were more likely to desire children (74%) than those who already had one or more children (36%).
- 47% of HIV-positive respondents expressed a desire to have a child or additional children.



Children & child-bearing decisions

- “Sometimes my partner blames me for being HIV positive. I plan to have a child in future, but for now [we] use a condom” (HIV-positive woman, Couple 1, Tanzania).
- “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, South Africa (couple 4)



Children & child-bearing decisions

- “There is a gynaecologist in our city AIDS centre. We had a consultation with her, but she didn’t give us any relevant advice... We have friends who had a healthy child. We talked to them. We learnt how they prepared for the baby’s birth... That’s how we made our decision.”
— HIV-positive man, Ukraine



Desire for children by parental status, South Africa and Tanzania

Desire for Children	Participants with Children (n = 44)	Participants without Children (n = 23)	All Participants (n = 67)
Did not want (additional) child/children	26 (59%)	6 (26%)	32 (48%)
Wanted (additional) child/children	16 (36%)	17 (74%)	33 (49%)
Pregnant	2 (5%)	0	2 (3%)



Stigma & discrimination experiences

- Stigma & discrimination reported by 8/39 (21%) in South Africa, and 12/20 (60%) in Tanzania
 - “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, South Africa (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, Tanzania (couple 1)



Stigma & discrimination experiences

I needed serious surgery on my jaw. When I applied to medical professionals (surgeons) informing them about my positive status, I was refused on the basis of all kinds of made-up reasons...”

— HIV-positive man, Ukraine



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 (11 couples in SA unwilling to participate)
 - Select group so findings not generalisable



Conclusions & recommendations

- Needs of HIV-discordant couples have received insufficient attention. Need for:
 - Greater policy focus
 - Services for couples
 - Research: both epidemiology and social science
- Need to shift from mostly individual focus to greater couple focus in HIV policies & programmes



Conclusions & recommendations

- Provide sexual and reproductive health services in a supportive and non-discriminatory environment:
 - Counselling about reproductive options for discordant couples who want children
- Address stigma and discrimination:
 - Engage couples in the HIV response
 - Support groups
- Need for health service & psychological support



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