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Voices and Choices of HIV-serodiscordant Heterosexual Couples

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ABSTRACT

There is limited information regarding serodiscordancy. HIV-serodiscordant couples face challenges in their relationships, this is likely to threaten their relationship's and they need psychosocial support from various sources to strengthen their quality of life and well-being. The study seeks to explore the voices and choices from HIV-serodiscordant heterosexual couples. This was a qualitative study, and thirteen (13) participants were purposively sampled. Data was collected using semi-structure interview guide and all interviews were held face-to-face at the hospital with participants and data was thematically analysed. The main overarching themes emerged from the qualitative included the following: perceptions regarding the limited knowledge on discordant couples, the importance of providing psychosocial to discordant couples, challenges facing discordant couples in relationships, and couple's sexual and reproductive needs. The results suggests that there is limited knowledge and education on discordancy. There is need for discordant couple's services and programmes that should be stream-lined to provide comprehensive and sufficient psychosocial support, mitigate challenges faced by discordant couples and promote couples sexual and reproductive health via the safer conception services ensuring reduction of HIV risk practices behaviours among the couples

INTRODUCTION

HIV remains a major public health affliction in the world, particularly in sub-Saharan Africa (SSA) and has affected heterosexuals in HIV serodiscordant relationships as well. HIV serodiscordant means a couple with mixed HIV status, one partner is infected with HIV (positive) and the HIV is not infected with HIV (negative). An estimated 25% of stable, long-term heterosexual couples in South Africa are HIV-serodiscordant (Lingappa et al 2008). McKenna et al (1997) argues that the current literature indicates that the prevalence of HIV discordance among married and co-habiting couples in Africa is high, ranging from 3% to 20% in the general population to 20% – 35% within couples in which one partner seeks HIV care services. Persons living with HIV who attain regular medical care can benefit from antiretroviral treatment (ART) as prescribed and monitored by their healthcare provider. ART facilitates viral suppression, and viral suppression reduces morbidity. In addition, it is known that risk of sexual transmission is reduced by appropriate use of HIV prevention strategies like condoms or pre-exposure prophylaxis (PrEP), but persons living with HIV who have suppressed viral load have effectively no risk of transmitting HIV infection (Giordano, 2015; Insight Start Study Group, 2015; Rodger et al., 2016). Despite couple knowing that they are discordant, there is limited information regarding serodiscordancy among the couples. Furthermore, Studies conducted by Burton et al, (2010) also argues that the knowledge and challenges of living with HIV serodiscordance in Uganda revealed that most participants lacked accurate knowledge about discordance and their lack of clarity on HIV discordance rendered them highly susceptible to popular myths and misconceptions.

According to Gari et al (2015) and Musheke et al (2013), there have been great and advance progress in the field of HIV, those living with HIV they still experience challenges stemming from social to cultural barriers in accessing health and community services. Furthermore, barriers such as restricted social support, worry of disclosure, interpersonal aggression, and stigma are still a

concern for most including discordant couples. Studies by Musheke and colleagues Musheke et al (2013) found the availability of treatment and social support services to be a key determining factor in the individuals' decision to undertake HIV testing and this contribute positively to the quality of live and well-being of those living with HIV.

Since discordant couples face various social, relationship and sexual challenges if their lives and these necessitates the importance of various structures across all levels, stemming from the partners themselves, families, friends, and employers etc. Positive support system has proven to have great benefits in improving the lives and well-being of those living with HIV. Discordant couples are one of the populations that face disclosure problems, psychological disruption, mental health problems, this affecting their adherence levels, they also have limited information regarding discordancy and need good support system. They also face sexual and reproductive health challenges as they have limited information regarding safer conception so that they expand their families. Safer conception strategies are available and meant to reduce the HIV risks for couples when practising condomless sex to become pregnant. In the study conducted by Heffron et al (2019) in support of sexual and reproductive health for discordant couples, the use of multiple safer conception strategies, primarily Pre-Exposure Prophylaxis (PrEP), Antiretroviral treatment (ART), male circumcision and/or tracking fertility, was acceptable and feasible for African HIV-serodiscordant couples and significantly reduced HIV transmission risk and therefore it imperative to increase the availability of and counselling about safer conception services in regions with HIV epidemics involving heterosexual transmission and high fertility. Studies by Larki, (2020) argues that despite the fear to be infected and being in a discordant relationship, couples have the desires and intentions for childbearing. Sexual transmission of HIV frequently occurs in relationships of both partners but interventions regarding HIV are mostly focusing on individuals at risk, instead of couples at risks. Despite knowing each other status, they

continue to practice elevated risk behaviours with limited knowledge regarding the transmission of HIV from one partner to other.

Further to the above regarding the challenges faced by discordant couples, El-Bassel et al (2010) argues that research on the experiences of both heterosexual and homosexual HIV serodiscordant couples in the United States has highlighted their unique challenges regarding sexual intimacy, disclosure to family and friends, feelings of isolation, uncertainty about the future, trust, commitment, and reproductive decisions. It was also reported that relationship stress increases dramatically when one partner becomes positive and the other is not, with many previously stable relationships becoming abusive after HIV status disclosure (Ware 2012). Mackelprang (2014) suggests that the sources of conflict stems from the blame on how the illness was acquired, and concerns about transmission and guilt. Negotiating safer sex practices was also reported to be affected by cultural norms and gender power dynamics, Jones et al (2024). Therefore, because of these many challenges, psychological distress, such as depression, anxiety, and high suicide rates, has been reported in serodiscordant couples (Schlebusch & Vawda 2010).

Carrico et al (2008) suggests that, to mitigate the challenges faced by discordant couples, a comprehensive combination of interventions including behavioural and biomedical interventions is urgently needed to strengthen the knowledge of HIV-discordancy among the couples and healthcare providers, reduce the risk of HIV transmission within married and cohabiting couples, strengthen the

support structure for discordant couples and scaling safer conception services to fulfil the fertility and intention for child-bearing. Therefore, this study seeks to explore the voices and choices from HIV-serodiscordant heterosexual couples.

METHODS

The study followed an interpretative design to explore the voices and choices from HIV-serodiscordant heterosexual couples. This method was able to assist participants to express and share their experiences as living in the discordant relationship. Data was collected using semi-structure interview guide and all interviews were held face-to-face with participants.

RESULTS

Demographic Data

Demographic data revealed that 13 individuals in discordant relationships took part in the study and their ages ranged between 30 – 62 years old. Males were four and females were nine. A total of two nine participants were HIV positive while (seven females, and two males) only four were HIV negative. A total of nine participants were married while the remaining four were unmarried.

Themes and Sub Themes

The main overarching themes emerged from the qualitative included the following: perceptions regarding the limited knowledge on discordant couples, the importance of providing psychosocial support to discordant couples, challenges facing discordant couples in relationships, couple's sexual and reproductive needs, and the impact of discordancy on couples' sexuality and intimacy.

Table 1. Theme and Subtheme

Theme	Sub theme
Perceptions regarding the limited knowledge on discordant couples	The need for education on discordant couples
The importance of providing psychosocial support to discordant couples	Support from the parents The need of support from the government Support from the employer. Support from partner Support to enhance and strengthen adherence/compliance
Challenges facing discordant couples in relationships	Disclosure Substance abuse by other partners Communication challenges
Couples sexual and reproductive health needs	The need to consult for safer conception services. Fertility desires and intensions
Impact of discordancy on couples' sexuality and intimacy	Sexual risk practices among discordant couples Reduced sexuality and intimacy among the couples

Theme 1: Perceptions regarding the limited knowledge on discordant couples

The need for education on discordant couples

Literature confirms that discordancy continues to grow among couples in stable and in married relationships. The is limited information and knowledge regarding HIV-serodiscordancy, this not only affecting individuals in discordant relationships only also there are concerns for other people in the community who might not believe that discordancy in couples exist. Tis is supported by the below concerned participant's excerpt:

"I think not having such information will destroy people. So, people who do not know about this discordancy and who can hear about my relationship status, they will judge me because their brains are brainwashed, so it is a stereotype thing in the community."

Theme 2: The importance of providing psychosocial to discordant couples

The importance of psychosocial support is key since it can strengthen relationships and improve the quality of people lives. Couples felt they need to be supported and they benefited positively form the

loved ones. This support was received from various sources of people and made an enormous impact. Therefore, this theme will be discussed under the following sub themes, namely: support from parents, the need for governmental support, support from the employer, support from partners support to enhance and strengthen adherence/compliance.

Support from parent

It often regarded that parents who support their children and loved ones their support is positive and makes a huge impact. Parents are aware that people with HIV and AIDS can live healthy lives and need proper care and support is which they are able to provide it. They are also able to extend the support to their loved one's partners and this is supported by the below quote:

"My mom really understands and accepted me and my relationship, she helps me a lot with my younger child, and she is my pillar of strength. She takes care of my child, and I do not pay her. My mom is not a judgemental person, she is the right person, she is right. If something happens to me, like if I am sick, she takes care of me and she really jump for me and makes sure I get better and better. I have not

seen her angry to my partner, if there are things she does not like, I hardly hear her talking bad to my partner, and she is so open and talks to me very well. I have not heard her complaining about my partner at all or maybe she is scared to tell me I do not know. But I am happy with the way she maintains communication with me and with us as a couple. She expresses can express herself too well. She is very talkative, and my partner relates well with her.

The need for governmental support

The importance of structural support from healthcare practitioners from various government facilities is key since they play a huge role in the lives of patients they consult with. This is seen not to be limited to patients only but there is need to extend the services to the community by means of doing community awareness and campaigns to spread the information, organising support groups or support clubs, and additional on-going counselling sessions where possible. Such can empower and strengthen the knowledge and skill of those infected and affected by HIV to continue to take care of themselves and live peacefully with no anxiety. The participant below expressed the concern as follows:

"I tell her that government must do something to support couples; I tell her all the time. They must organise counselling and support clubs. People are not educated much about discordant. I think people are not educated that much about HIV, I think when people are diagnosed with HIV, they believe that it is the end of the world; they need to be educated that there is more life to that."

Support from the employer.

While other received the support from families, some were not able to get the support from their families but from their employers and were accepted for who they are with no judgement. Lack of support could be related with the shame, stigma and discrimination associated with HIV. The acceptance from the employer was extended by further taking further responsibility of the participant to ensure the quality of health is not compromised. This is what the participant said when sharing the experiences of lack of support from family:

"My late father was not supportive, he was embarrassed and ashamed but after 6 months my late boss sends him a letter to him, telling him that I (late boss) will look after JJ, and you must accept that it happens to anyone. She told him that I did not want this HIV, it's just happened unfortunately. So, she (late boss) told him that she will not fire me until I (JJ) decide to on my own."

Support from partners

Couple's support has been regarded as one that strengthens relations between partners. One participant shares the importance of the partners post diagnosis and how the partner remained consistent in the support.

"When I told him about HIV status just after diagnosis, he was not scared, and he supported me all the way. He was calm and is generally a calm person and encouraged me a lot at the time even now. He told me all the time I will not die and will live; see today I am doing well (smiling)."

Also, not only there is support stemming from one partner but both partners support each other equally and mutually so. This also goes to the extent that some family members are also involved in the process and play a key role in the support process.

"We support each other, when I am not well, we support each other. He will call and check me all the time. I also do the same with him, when he is sick, I check him all the time and call him if I am at work. My partner only forgets to remind me about my medication, but he is doing everything correct and I am happy with his support. But the medication issue, I am on top of it, I remind myself and take my medication very well. We do support each other, I remind him about medication, and even my child reminds him about medication. I often get worried when he comes home late and sometimes, I suspect he might not get home due to his new job and coming home late. My concern is, I want him to take medication and do not miss his medication at all. I want to see his clinic card so that I can see his appointments and know about his next appointment date. So, I remind him about his appointments to ensure he gets his medication."

Support to enhance and strengthen adherence/compliance

Good adherence has proven that one's quality of health improves for the better and one gets sickly less often due to the strength of the immune system. Partners were able to observe this and had played the important part in strengthening this by empowering their partners to adhere to treatment always. However, some participants acknowledged that their partners are supportive, but they have not been to the healthcare facilities with them to access medication. This is what the below participant had to say:

"I just wish he can go to the clinic with me, support me to get medication and he can see how I get it. Other than that, he is there for me I do not want to lie, and I am happy with his support I cannot complain even though he does not remind me about medication he is good (laughing...). He did good things for me, he is helpful and use to help with house chores, bringing breakfast in bed especially coffee, he will assist with garden and most of the things like cooking. He sweeps the yard; he does dishes, and he is helpful (laughing...). He is very supportive."

Some seeing only the evidence of an appointment card with the updated information that one is adhering to treatment and attending the appointment at healthcare was sufficient to monitor adherence and compliance of medication.

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Theme 3: Challenges facing discordant couples in relationships.

HIV disclosure are some challenges discordant facing in their relationships. This is because HIV is still a disease where most infected are still not easily accepted and are stigmatised and discriminated against. Some participants are still facing secondary disclosure since they were only

comfortable telling one person only and not want the rest of the family members to know.

Disclosure

"That question is too difficult; from his family nobody knows only from my family only. And from my family, it is only my mom who knows as the rest do not know anything."

"If my family knows they will look at her with bad eyes and treat her badly. So, I do not want them to know as they will stigmatize her, so I do not want them to know. It's fine for me not to know."

While some struggle with disclosure challenges, some reported that their partners resorted to too much alcohol abuse, and this also affects them emotionally as they can be short tempered.

Substance abuse by other partners

"If she can stop drinking, which is the first thing; she drinks too much (laughing...). Also, she is short-tempered sometimes, so that will be good for me if she can improve on that. But I am happy to be honest with her support, I cannot complain much. But her drinking problem sometimes stresses me so much as I wish she can improve on that. I wonder why she likes drinking like this, this really bothers me."

Other couples are facing communication challenges. Communication in relationships is key and can resolved a lot of anger and unspoken messages. However, some participants they struggle with sharing their emotions and don't communicate to their partners when facing challenges. This is what the participant had to say:

Communication challenges

"My wishes are, if he (partner) can be open, talk lots more about it (HIV-discordant), ask questions about how I am feeling, he is not open about those things. If I am down, he must ask and he must be open when talking to me because he knows my status and sees me taking the medication. He does not ask about my medication, like now I am taking treatment for TB prevention medication, he does not ask why I am taking more than three pills instead of one pill. He does not ask anything."

"I am free, but my partner is not that open, he is holding back I do not know why, we have communication challenges. I trust him, he trusts me, but he is shy I think maybe he is those men who says I am not going to discuss things with women, some men are like that."

Some couples could be that they are not open and talkative individuals and opt not to communicate with their partners. At the same time, issues that are affecting them which can be openly discussed as couples are but even discussed, HIV seems conversations to be a challenging topic for some.

"Regarding communication, we do talk as a couple normally like any other couple, but he is not a talkative person generally you know, that his personality. But my partner does not want to talk about HIV at all; he can talk about anything but not HIV. He cannot even initiate the topic on HIV. When I initiate the topic on HIV, he does not want to talk about it. Even outside with people generally he does not want to talk about HIV. But if I want to make him talk, I ask him questions he does not respond much or decides to keep quiet and not respond to questions."

Theme 4: Couples sexual and reproductive health needs

Discordant couples do not differ from other couples, they have the right to exercise their sexual and reproductive health rights and have babies. From the quote below, it is evident that must expand their services and need to do it safely and correctly to be successful. Therefore, they have limited information regarding safer conception services one partner is recommending for further consultation and management to prevent transmission from one partner to the other.

The need to consult for safer conception services.

"I try to explain to him everything, like if we want a family, I tell him we must go to the doctor to get more information because I never knew what to do, but I learn about Prep and I told him we must go and ask in case an accident happen, so I want to find to find out if he has to take the Truvada or I he have to take it between us".

Furthermore, even if they consulted previously, they still do have fertility desires and intention to plan for future since they kept trying. This is what the below participant had to say:

Fertility desires and intentions

"I did go to the doctor the time I needed a child not now anymore and tell them that I want another baby, so they changed my medication when I conceived. After pregnancy, I had to go back to my old medication and that is why my children are now HIV negative. Yoo..., we kept trying and trying and I kept lifting my legs up. My partner was told about the risks and was willing to take the risks until we got it right. He was not bothered about contracting HIV, he just wanted the baby nothing else."

Theme 5: Impact on sexuality and intimacy practices

Despite knowing the modes of HIV transmission, some partners continue to practice high risk behaviour even when they know. HIV in serodiscordant couples continue to grow due to low condom usage. This theme will be discussed under two sub themes, namely: sexual risk practices among discordant couple and reduced sexuality and intimacy among the couples.

Sexual risk practices among discordant couple

"But he started coming, we used protection and that is it. Now, 2 weeks ago he was here were asking that what if he wants to have sex with me without using a condom? and I said OK, I told him he must go to the clinic to get a blue pill".

We use condoms sometimes; I am HIV negative as I have no HIV and I know my status so I often go regularly and get tested so that I can know my status. My mother knows that I do not have HIV, my mother is a nurse.

The thought of being infected by HIV from the partner could not bother some participants as they were willing to express their love to their partner by not using protection. This is supported by the below quote:

"I do not care if I get HIV or what, I want to be with her and marry her. Even if I can get infected, I will still be with her and I will join her and start

taking medication I do not care. Should I get HIV, HIV infected or not, I am with her, I love her.”

Despite being discordant, some participant expressed that their sexuality and intimacy has been reduced due to discordancy and lack of condom usage sometimes. There is some power dynamic that impact of couples because some female partners eventually resort to agreeing not to use condoms with their partners. See the below quote:

Reduced sexuality and intimacy among the couples

“This really affects us so much, this affects us sexually, and when we want to have sex, it affects us. This affects us because my partner wants to have sex without condom sometimes. He wants that so bad, there are times when he does not want condom. But sometimes we do have sex without condoms. That is tough for us. But sometimes he is quite understandable, and he use condoms.”

“Sex is a problem, not that I do not want to have sex with him, or I despise him, no no no. I do not want to affect his CD 4 count. I heard that if you have sex with an HIV positive person always always and always, you affect the cd4 count. So, we decided to have sex once after a week, sometimes once after two weeks or even three weeks it happens. He does want sex all the time, he does want to have sex, but I refuse because I save his CD 4 count. I heard it is even worse for people who are not on treatment. But I know even for normal people when they have sex, they tired easily so imagine someone with HIV whose immune system is already weak, this is a problem.”

DISCUSSION

Perceptions regarding the limited knowledge on discordant couples

This qualitative study adds to the limited empirical literature in exploring the voices and choices of HIV-serodiscordant heterosexual couples. The findings suggested Five (5) themes, namely: perceptions regarding the limited knowledge on discordant couples, the importance of providing psychosocial support to discordant couples, challenges facing discordant couples in relationships, couples sexual and reproductive health needs, and the impact of discordancy on couples’

sexuality and intimacy. The findings suggest that working with discordant couple might seem to be challenging especially when one has limited education and information related to discordancy issues. Since most people have little insight into the issues related to discordancy, such disbelief may delay the improvement in knowledge and might cause denial for some, resulting in ignorance and putting one at risk of infections. According to Mashaphu S., et al (2017), the issue of HIV serodiscordance is difficult for most to conceptualise and is poorly understood by most couples, individuals in discordant couples, families and most health care providers tasked with looking after them. Besides, there is limited information on discordant couples, and these might make couples to adjust quite difficult in accepting their status. Therefore, to be empowered, there is need and necessity for education on discordancy to improve the knowledge and skills of discordant couples. This necessity is supported by Larki, M. et al. (2020), that couples and individuals living in a discordant relation encounter limitations of information sources and education which may results in confusion and making it hard for them to make decision-making that impact on their lives due to having sufficient information on discordancy. Furthermore, the findings by Larki et al (2020) imply that serodiscordant relationship is not recognized in the community as a ‘norm’; therefore, all people need to be aware of serodiscordant status to understand and accept this type of relationship. Thus, there is need for the importance of providing discordant couples with complete information including sharing such with the public. In the message framework developed by Morton, J. F., et al (2017), their prior work with HIV-serodiscordant couples elicited a great deal of information and education about challenges faced by discordant couples. Therefore, it is necessary for the healthcare providers to assist with the provision of information and education to improve the knowledge of the couples. These can help couples to reduce unnecessary and negative perceptions surrounding discordancy.

Most healthcare services are provided by public healthcare facilities and as such most patients have access to such services because they are free and available. Government is the backbone of support for most patients needing healthcare services in communities and as such, discordant couples as well happen to access such services. However, not all discordant couples have knowledge regarding access and available discordant services in their communities. In the study conducted by Greener et al (2018), there were concerns regarding misunderstanding among HCPs regarding serodiscordance that emerged as a key theme when analysing data from a reproductive health counselling qualitative study with providers in South Africa and Uganda. It is not easy to understand serodiscordancy and this could also be the same with both families and the communities at large. This is why WHO (2012b) stipulates that the underlying assumption for prevention efforts among this population is that healthcare providers (HCPs) understand the epidemiology of HIV serodiscordance, and rationale for emphasising prevention among these couples. West et al (2016) argues that in a recently published study in South Africa data has added to the body of literature which illustrates the misconceptions HCPs hold regarding serodiscordance, such as the uninfected partner in serodiscordant partnership harbouring a “latent” HIV infection. All this concerns needs government educational intervention so that discordant couples can be empowered with the information.

The importance of providing psychosocial support to discordant couples

There is need to provide psychosocial support to discordant couples. According to Mashaphu et al, (2018) the importance of psychosocial support has positive benefits, ranging from good adherence to disclosure, and protected sex to reduce the rate of transmission from one partner to the other. In the study conducted by Lelaka et al (2022), the findings indicated that HIV serodiscordant couples received psychosocial support from their partners, family, and health care workers. Furthermore, Denson et al (2022), also

confirmed that within HIV-discordant couples, the HIV-uninfected partner may encourage and support the HIV-infected partner’s engagement in care and adherence to treatment, while the HIV-infected partner may also work to prevent transmission by maintaining a suppressed viral load and supporting their HIV-uninfected partner with PrEP care, if desired, in order to further reduce the chance of HIV transmission within the relationship. This offers the potential for HIV-discordant couples to be unified in their approach to HIV prevention, care, and treatment. Thus, discordant couples who support each other Intimate are associated with favourable outcomes in HIV care engagement via social support (George et al., 2009).

It is imperative to support employees affected by HIV in the workplace. When this is done correctly, it can drive away and mitigate the stigma and discrimination associated with HIV. Places like the should be prioritised because employees engage with other colleagues, they spend most time and they engage and interact with one another. Therefore, employees with HIV also have the rights to be treated with respect and dignity. In a study conducted by Dipeolu (2014), it was found that respondents were able to support and tolerate staff with HIV/AIDS regardless that their attitudinal disposition since it was poor due to the limited knowledge regarding HIV modes of transmission including the workplace policy on HIV and AIDS. It is therefore imperative that employees and managers be capacitated on HIV education so that their skills and knowledge can be strengthen on HIV education. Health education strategies such as training and workplace HIV/AIDS education are needed to address these shortcomings. In the same study, more than half of employers in the private sector and the public sector showed support for their employees and counselled them, further encouraging them to go for HIV test, (Dipeolu 2014).

People with HIV are more likely to live longer Partners when they have received the support from loved ones. Partners have a great responsibility in supporting their partners families because they function as caregivers and best friends to them. HIV adherence is one of the cornerstones of HIV that

improves the quality of health and well being of those infected with HIV. Since HIV is life-long, adherence is key in helping other healthy. Adherence is all about taking treatment on time and as prescribed and attending clinic appointments. According to Mbuagbaw et al (2012), non-adherence is reported to be the most common reason for treatment failure with potential risk to develop drug resistance through suboptimal viral suppression. Ware et al (2009) assets that studies on ART adherence showed that predictors and risk factors differ per region of the world, necessitating context-specific development of non-adherence profiles. Good adherence starts with healthcare providers educating patients about the importance of HIV treatment, families then should also provide support structure for the loved ones. This teamwork if well implemented, it will enable and strengthen healthcare providers and families to offer a comprehensive tailored-made care for those infected with HIV and at risk of poor or non-adherence.

Challenges facing discordant couples in relationships

Discordant couples among other are also faced by challenges in their relationship's. One of the reported concerns included disclosure. According to the Rapid Response Service (2014), disclosure is something that every person living with HIV experiences and struggles with. The process is more complex and fraught with mixed emotions for couples diagnosed with discordant, and the outcomes can be unpredictable and difficult to manage for most family members. Although some might have disclosed to only one family members, some family members are not aware of such diagnosis. Despite the difficulty disclosure might pose, non-disclosure might have detrimental impacts on the discordant couples since they might face additional distress, tension in family, lack of support, criticism, stigma or even face some daily gossips. Disclosure is important for those infected and affected by HIV and discordant couples need to the support like other people living with HIV to effectively and have healthy strengthened relationships with their family members. In the context of couples, family, and

community at large, disclosure is thought to be important for public health purposes in terms of preventing the spread of HIV from one partner to the other of discordant couples. This is also supported by Arrey et al, (2015) that People living with HIV (PLWHIV) face challenges of both living with HIV, and at the same time they struggle to make informed decision whether to disclose or not their status to their others such as family members. Larki (2020) also confirmed that in their studies, the disclosure of status is an issue that affect couples in discordant relationships.

The use of alcohol not only affect individual but also couples in relationships. This can result in causing conflict, short temper, tension and might lead to estranged relationship among the couples. To some extent, this might even affect intimacy, financial burden, lack of emotional availability. Therefore, alcohol clouds judgement and lowers inhibition that may eventually affect cause misunderstanding and port judgements. The findings revealed that some partners face substance abuse in their relationships and have displayed some short-temper behaviours which might cause some mental health challenges overall. According to McCrady et al., (2019), recent research examining conflict has highlighted a temporal association between conflict and subsequent alcohol use. Furthermore, studies conducted by Mashaphu, S., et al (2018) also confirm that in their study, their results show that only 20.7% of participants (both male and female) reported alcohol use and this affected the relationships. Lehavot et al., (2014), maintain that prior research has found that although women, compared to men, engage in more punitively adaptive emotion regulation strategies, men use alcohol to cope with negative emotions more than women (Nolen-Hoeksema, 2012), as well as to increase positive emotions when encountering stress. In our study, women were reported to the one facing substance abuse challenges compared to men.

To have a healthy relationship with each in couples, communication is key in the relationships. It was noted in the study that there was poor communication among the couples as some

individuals do not freely and openly want to share their challenges with the partners and this brought some distress to their partners despite the support, they provide to them. Ware (2012) asserts that there are poor couple relations and communication challenges among the couples, and this has resulted in complicated dynamics in couple relationships such that they impacted on the adherence of other partners. This is also like dilemmas of the study conducted by King et al (2012), where communication was seen as a challenge between the couples, to some extent as preserving harmony in the couple might be more important than ensuring an HIV-negative status, they found both anger and frustration at discordant HIV results to be critical elements in couple relations. It is therefore imperative that an open and safe space be created in relationships to ensure that issues related to free, open, and honest communication be improved in couples.

Couples sexual and reproductive health needs

The sexual and reproductive health needs are imperative not only to individual but also to couples in discordant relationships. This ensures the couples are able engage each other to ensure effective communication, healthy reproductions and make sound decision when coming to issues related to healthier sexual decisions. Furthermore, some might face with challenges and would require the support of healthcare providers for guidance for intervention and management. It was reported in the findings that couples faced challenges related to safer conception services, and the fertility desires and intentions. This is not strange to grow the family and become pregnant because the couples have the right to exercise and enjoy their reproductive rights. Despite, there is great progress in the field of HIV and therefore safer conception services need to be integrated in the routine HIV care and scaled up to healthcare facilities. Services like safer conception can assist in screening both partners as they offer a package of services amongst such as the screening and testing for HIV and HIV treatment, STI screening, provision of PrEP and contraceptives, monitoring of the ovulation periods for women and

timed unprotected intercourse. When couples can be presented with an opportunity to express their fertility intentions and desires, the majority would see they can positively benefit from safer conception services. In a study conducted Loutfy MR et al (2009), survey results suggested that of 475 women with fertility desire responses, 69% (95% CI, 64%–73%) stated positively that they would like to be pregnant and give birth in the future. Studies by Feigerlová, E., et al (2019) also suggested the need for fertility desires and intentions because fifty-four per cent of the study participants expressed a desire to have biological children. In the practice of HIV, lack of knowledge and unprotected sexual intercourse is one of the modes of HIV transmission. Despite HIV treatment, and the new additional HIV methods such as Post Exposure Prophylaxis and Pre-Exposure Prophylaxis (PrEP), HIV transmission can be prevented among the couples. Based on our findings, the participants reported sexual risks practices which is a concern between the couples as this might increase the transmission from partner to the other. It was evident that they were not using condom always with intention to satisfy and support their partners sexual needs by risking their lives. This behaviour can be influenced by lack of knowledge regarding the transmission of HIV or ignorance. In the study by Ngure, K., et al (2012) they also reflected the same results that discordant couples face challenges of consistent and correct condom use. Based on a study, the issue of using a condom in serodiscordant couples is not the highest at the start of the relationship or in sporadic relationships. This is also supported by studies conducted by Larki, M. et al. (2020), that challenges of low usage of condoms among discordant couple is a concern and is increasing for this population group. Ngure, K., et al (2012) asserts that gender inequality has been seen as a concern and a barrier to condom usage because some requests made by women for men to use condoms sometimes sparked anger that eventually led to men withholding economic support, resulting in further verbal and physical abuse. Therefore, to prevent transmission from one partner to the other, this finding calls for an urgent support intervention

strategy to be packaged in a way to address these intertwined concerns.

Impact of discordancy on couples' sexuality and intimacy

Regarding reduced sexuality and intimacy among the discordant couples, every couple has a right to enjoy their sexual and reproductive rights and they need to choose the best options that meet their needs. There were challenges reported by participant and Saraswat, N., (2019) maintain that despite these various options, living with HIV/AIDS serodiscordance implies that these couples need to deal with several sexuality and intimacy-related difficulties due to the possibility of transmitting the disease to the seronegative partner, resulting in multiple forced changes in their sexual practices including abstinence. This finding is also supported by Souto, B. G., et al (2009) that the sexual behavior of these patients has received little attention till date as sexual life seemed to be a secondary issue as compared to health. It is possible to mitigate challenges faced by discordant couples, studies conducted by Lelaka, (2022), suggests that to contribute to the HIV epidemic control and reduction of new HIV infections, specific interventions such as couples counselling, disclosure counselling, support groups, health education and safer conception risk reduction strategies need to be implemented. This study sought to explore voices and choices from HIV-serodiscordant heterosexual couples.

CONCLUSION

There is need for education on discordancy. Discordant couples continue to face challenges in their relations. The importance of safer conception services should be scaled up to ensure discordant couples benefit from them so that they can exercise their fertility desires and prevent further transmission from other partners. Studies conducted by Lelaka (2014), suggests that policies and guidelines supporting discordant couples should focus on enhancing knowledge and skills of both discordant couples and health care professionals responsible for effective counselling and psychosocial support services.

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