Addis Ababa University

College of Health Sciences

School of Public Health

"*A Struggle to Maintain Relationship*" - Sexual Life and Fertility Desire in Long-term HIV Sero-discordant Couples: A Grounded Theory Study

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"A struggle to maintain relationship" Sexual life and fertility desire in long-term HIV serodiscordant couples: A grounded theory study.

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Declaration

I hereby certify that this material, which I now submitted for the evaluation on the study of postgraduate programme at Addis Ababa University, School of Public Health leading to the award of Masters degree in Public Health is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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Signed: _____

Date: 25/05/2011

This thesis has been submitted for examination with my approval a University advisor.

Advisor: Dr. Getnet Mitike

Signed: _____

Date: 19/11/2011

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"No one who achieves success does so without the help of others. The wise and confident acknowledge this help with gratitude" - Alfred North Whitehead

First & at most I am deeply grateful for all the wonderful things God has given me and shown me through the course of life. The list is endless! He is truly the greatest and He is truly the way to all that is good!

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Dedication

I dedicate this work to all HIV discordant couples who decide to stay together despite all the pressures and challenges exist around their relationship. I confirm that without their help & cooperation this research couldn't be possible. Not only their cooperation & willing to take part in this research, I really acknowledge their good heart to share their life experiences which gave me an opportunity to learn so many things from their relationship stories.

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Abstract

Introduction: Even though remarkable progress has been achieved, AIDS continues to be a major global health priority. HIV discordant relationship is one of the emerging issues concerning HIV prevention. In Ethiopia, very little is known about HIV-serodiscordant couples particularly how they manage their sexual relationship.

Objective: This study was conducted with the aim to exploring and conceptualizing the sexual life, concerns and fertility desire, in the context of long-term HIV discordant (mixed HIV status) relationships in Addis Ababa, Ethiopia.

Methodology: The study was carried out at different health facilities (3hospitals, 1health center) & 1NGO in Addis Ababa from December 2010 – April 2011. An exploratory qualitative design was applied using an in-depth interview method. Data were collected using in-depth interviews guide with both 28 clients from discordant relationship and 8 key informants (health care providers). People in serodiscordant relationship & key informants were recruited using purposive and theoretical sampling. Data collection and analysis were undertaken simultaneously using a constant comparison Grounded Theory approach and for the data analysis OpenCode software were used.

In order to make sure the appropriateness of assigned cods and consistencies in coding there was debriefing with public health post graduate candidates & reviewing the coding of the text. Finally conceptualization and generalization to wider context of meaning units was made. All ethical issues and data quality management were maintained.

Findings: A Grounded Theory pertaining to sexual life, concern & desire to have a child among HIV discordant couples emerged with maintaining the relationship as its core category. Couples pass through a social process of struggle to maintain their relationship. The causal conditions

for couples to enter into the process of struggle to maintaining their relationship were collectively categorized as *"Entering in to a transition"* (knowing HIV serostatus) and include mismatch desire on having a child, controversy: Safe sex Vs desire to have a child and undeniable change in sexual desire & practice through time.

The action/ interaction strategies were collectively named as Dealing with Discordancy and it includes Accepting the Fact – Normalizing, Selective Disclosure and Entertaining Partner's Interests – Sacrifice of one self interest. Their action/ interaction strategies were resulted with some consequence which is named as "Ups & Downs: Passing through difficulties" and includes A Double Burden, Shifting of Interest and Less Undesirable social Pressure from people around them.

The context named "Our Cosmo": Couple's Living Circumstances that includes Defining the relationship, Spending Long time Together, Being in Different HIV Serostatus than Partner, Being Parents of common children, Ageing and Gender and an intervening conditions "Shared Life – Living with Community"- consists of Relatives' Influence, People's Judgments – A Concern & Information Influences were shaping couple's actions/interactions strategies in the process of maintaining their relationship.

Conclusions & Recommendations: HIV discordant relationship is filled with struggle to maintain relationship versus fear of infection. The findings suggest the need to view discordant couple's actions in the process of maintaining their relationship. Further work should be done with HIV discordant couples to assess the fit of the current model in a different set up and population. In addition, work could begin to test the hypotheses proposed in this study.

Key words: HIV, Discordant couples, Relationship, Grounded theory, Addis Ababa, Ethiopia

List of Acronyms

AAU:	Addis Ababa University
AIDS :	Acquired Immunodeficiency Syndrome
ART:	Antiretroviral therapy
AU:	African Union
EDHS:	Ethiopian Demographic and Health Survey
FGD:	Focus Group Discussion
HIV:	Human Immunodeficiency Virus
HIV/AIDS:	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HSDC:	HIV-Serodiscordant Couples
ICF:	Informed Consent Form
IPV:	Intemate Partner Violence
IRB:	Institutional Research Board
PI:	Principal Investigator
PLWHAs:	People Living with HIV/AIDS
PMTCT:	Prevention Mother-to-Child Transmission
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNECA:	United Nations Economic Commissions for Africa
US:	United States
USD:	United State Dollar
VCT:	Voluntary Counseling & test

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Chapter 1: Introduction

1.1. Background

HIV/AIDS continues to be a major global health priority dispite the progress made so far in preventing the disesase. In our planet it is estimated about 33 million people are living with human immunodeficiency virus(HIV) and 2.7 million new infections per year (1, 2). Unfortunately Africa shares a lager burden of this pandemic disease. In this continent, particularly sub-Saharan region, still the main driving force in transmission of HIV remains heterosexual intercourse(2, 3).

Heterosexual contact with an infected partner is a risk factor for the HIV-negative partner and, consequently, for their newborns. Like all other group of the society, people who are living with HIV are engaged in various activities to lead a desirable quality of life. Hence sexuality and reproduction is an important part of their lives. Reproductive rights legally or biologically, they have a right to a satisfying, safe and healthy sexuality and reproductive health (1).

However, couples in HIV-serodiscordants status may not engage in recommended sexual practice that can protect the HIV negative partner because of various reasons. For instance; studies from USA & Nigeria shows that these people didn't use condom during sexual intercourse due to their desire to maintain primary relationship, establish trust and increase intimacy (4, 5).

Another finding from Cuba indicated that the desire to have children among people living with HIV is increasing due to the access of new treatment and service; which includes Antiretroviral therapy(ART) and prevention of mother-to-child transmission(PMTCT) (6). This finding also is strengthened by other studies which had indicated that women's and men's childbearing and contraceptive use decisions are affected by the absence of signs or symptoms of illness, knowledge, gender role and other factors (7-9).

Moreover, stigma, discrimination and other social influences/pressure are common challenges that people living with HIV face in all aspects of their lives. This is further compounded by the fact that sexual and reproductive health policies, programmes, and services often fail to take into account their unique needs which makes the problem even sever (10, 11).

Ethiopia, even if it has lowest estimated adult HIV prevalence comparing to other Sub-Saharan African countries, it is one of the countries with largest HIV infected population (12). Concerning HIV related problems even though there are some researches done in the country, very little is known about HIV-serodiscordant couples. One study done in Bahir Dar Town (in Amhara Region) showed that the prevalence of HIV-serodiscordant status among couples attending VCT was 9.8% (13).

There is no evidence in Ethiopia context that shows how people living with HIV-serodiscordant relationship maintain or modify their sexual life practice and how they cope up with it. Concerns related to partner infection and satisfy their reproductive desire. Having this in mind; this study aim to explore the fertility desire, sexual practice, concern and understanding and practice of preventive strategies among HIV-serodiscordant couples.

1.2. Rational of the Study:

Despite the emerging issues regarding the driving factors in the transmission of HIV, most of the time the transmission in Africa, particularly in Ethiopia is through heterosexual. The proportions of HIV-serodiscordant among married couples were higher (13.7%) than never married (6.2%) couples (13).

In Ethiopia only few studies has been done on determining the socio-demographic & other factors of HIV serodiscordants related to premarital relationship but evidences in the context of long term relationship/union and regarding the strategies used by HIV-serodiscordant couples to sustain their relationships and health, make sexual and reproductive desires, and other social life experiences is very limited (13).

It is important that studies address these knowledge gaps in order to develop programmes to help discordant couples make informed sexual and reproductive choices, and maintain healthy, mutually supportive relationships. It is also unlikely that quantitative studies will deeply explore these various aspects of sexual life which are usually sensitive. Thus knowing the context and their influence on preventive strategies will provide insight for further researches and couple focused intervention programs.

Chapter 2: Literature Review

2.1. Overview the Burden of HIV/AIDS

Globally as the UNAIDS epidemic update 2009(3) for 2008 indicate annually 2.7 million [2.4 million–3.0 million] were newly infected with the virus and people living with HIV estimated to be 33.4 million [31.1 million–35.8 million] among these 31.3 million of them were adult and almost half of them were women. Moreover, deaths due to AIDS-related illnesses occurred worldwide in 2008 were estimated to 2 million [1.7 million–2.4 million]

Moreover, there is a regional variation on the burden of HIV. Africa, specifically Sub-Saharan countries were more seriously hit by this pandemic disease. The same document showed that 22.4 million [20.8 million–24.1 million] numbers of people living with HIV, 1.9 million [1.6 million–2.2 million] numbers of new HIV infections and 1.4 million [1.1 million–1.7 million] deaths were observed in 2008 (3).

Ethiopia is one of the countries greatly hit by HIV. Relatively it has low estimated adult HIV prevalence for 2009 which is between 1.4% and 2.8% (estimated single point HIV prevalence for 2007 was 2.1%) comparing to other Sub-Saharan African countries, but in urban setup the prevalence is high as 7.7% (12, 14)

2.2. HIV-Serodiscordance among couples

An experimental trial study done in two different African regions; East Africa (Kenya, Uganda & Tanzania) and Southern Africa (South Africa, Zambia & Botswana) indicated that the prevalence of HIV-serodiscordant relationship varies from 8% - 31% of couples tested at different countries (15).

HIV infection in people with a regular relationship or union has a significant proportion in the new infection of HIV a given countries particularly in Africa. Heterosexual sex within a union or regular partnership as indicated in the 2009 HIV Prevention Response and Modes of

Transmission Analysis report accounted for an estimated 44% of incident HIV infections in Kenya, while casual heterosexual sex accounted for an additional 20% of new infections(16). Another report from Uganda showed people serodiscordant monogamous relationships were estimated to account for 43% of incident infections in 2008(17).

In Ethiopia, according to EDHS 2005, 89.1% of cohabiting couples in urban areas were concordant negative, 7.8% discordant and 3.1% concordant positive. About 7.4% discordant status were observed among couples in Addis Ababa (18). Recently a study done in Dessie Town (Amhara Region) showed 9.8% discordance, 0.93% concordant positive and 88.3% concordant negative sero-status among couples who took HIV test. There was a higher proportion discordance among married (13.7%) than never married (6.2%) couples and married couples were significantly more likely to be discordant than premarital(13).

2.3. Fertility Desire: Conception, pregnancy and childbirth

Giving birth and motherhood play a significant role in the social status and self-identity of women in many cultures. Like all other people, people live with HIV/AIDS have a desire and intention to have children. Safe conception methods differ depending on the sero-status of partners, and people living with HIV who are considering becoming pregnant should be counseled about these options(1).

In general fertility among HIV infected people were very low comparing to uninfected peoples. In Uganda a study done on Differences in fertility by HIV serostatus and adjusted HIV prevalence data from an antenatal clinic indicated the HIV-positive women reported a lower fertility than HIV-negative women. Except for girls aged 15-19 HIV-positive women in all age groups were less fertile (19). This is also strengthened by other finding from Tanzania, It was observed that there was a substantial reduction (29%) in fertility among HIV-infected women compared with HIV-uninfected women(20).

Population-based study done again in Uganda on fertility in women with HIV-1 infection showed; the odds of pregnancy were low both in HIV-1-infected women without symptoms and in women with symptoms of HIV-1-associated disease (21).

When we see the desire to have a child, a recent finding from Survey on Fertility desires and infection with the HIV in rural Uganda; the multivariate logistic regression model indicated that the odds of wanting to stop childbearing was found to be 6.25 times greater for HIV-positive than for HIV-negative individuals. Additional predictors included older age, female sex, Mutooro ethnic group and greater number of living children(22).

But, the desire and intention to have children were explained by different factors. In those well developed countries with good access to new therapy and treatments like that of antiretroviral therapy, HIV can be experienced as a chronic rather than a fatal disease, people living with HIV are more likely to desire children. For instance, in United State of America a finding evidenced that among HIV-infected men and women who receiving medical care desire to have children in the future. Among those desiring children, 69% of women and 59% of men actually expect to have one or more children in the future. But, the desire, like that of developing countries, is higher among younger comparing to the old (1, 23, 24).

2.4. Sexual life; practices, preventive strategies and concern

Like that of all human kind sexual drive or desire can have a significant impact on quality of life and feelings of self-worth. If one loss the desire it may contribute to emotional problems such as anxiety and depression. However different stakeholders are arguing that a number of health programmes for people living with HIV often focus on preventing onward transmission of the virus, neglecting issues associated with a safe and satisfying sex life.

Preventive Strategies

In prevention of sexually transmitted HIV infection there are some recommended practices including abstinence, long-term monogamy with a seronegative partner, a limited number of

lifetime sexual partners and condom use for each and every act of intercourse. However, in some of these practices there are challenges in adopting the recommended behaviours. For instances; how to promote condoms and dual protection and how to make them acceptable in long term-relationships remains a challenge (24).

Condom Use

A research from Nigeria brought some evidence of an increasing trend in consistent condom use, even after controlling for differences in sample composition and other factors. The most important factors affecting consistency of condom use are awareness that condoms are effective at preventing HIV and that they are effective at preventing unwanted pregnancy, concern about unwanted pregnancy, and concern about HIV(25).

Other finding from a study done in the same country with small sample size on HIV-positive women in serodiscordant relationship have found 23 respondents (48.9%) reported consistent condom use, 11 (23.4%) reported never using condoms after initiation of antiretroviral therapy (5). This kind of unprotected sexual intercourse increase the risk of HIV infection than other driving factors as observed in one research In Brazil 2008: A cohort of 93 heterosexual HIV serodiscordant couples, unprotected sexual intercourse as a risk factor for HIV-1 infection was significantly higher as compared to intravenous drug use in female index partners but not in male index cases(26).

In Ethiopian context EDHS 2005 (18) gave evidence of condom use in youth (15-24 years) at first sex is 1% among females and 17% in males. In addition, Wondwossen et al in their research showed that condom use in the past 3months was reported in 3.2% of all VCT clients and 6.9% of discordant couples(13).

Concerns

With regard to concern in serodiscordant relationship as indicated by one research in US: HIV-positive individuals with more depressive symptoms may be less likely to engage in high-risk

sexual behavior with their partners than those with less depressive symptoms, but more likely to have sexual partners outside the relationship(27).

2.5. Social and other pressure on PLHIV

Stigma and Discrimination

Negative attitudes of PLWHAs among different group of population at different level are some of the most common manifestations of AIDS stigma, which potentially lead to discrimination. Recent studies have brought evidence that still after some effort have been done, people living with HIV/AIDS were experienced stigma and acts of discrimination in different settings (e.g., physician and dentist offices and hospitals) and from a range of types of providers (e.g., physicians, nurses, and dentists). This lead to some behavioral and emotional responses to perceived acts of stigma and discrimination by PLWHAs included anger, shame, social isolation, and self-advocacy (10, 11)

Violence

People living with HIV especially women are at particular risk of violence even in developed countries. In New York City about 49.6% of the women reported a history of any form (i.e. minor and severe type) of physical, injurious and/or sexual intimate partner violence, 15% severe sexual coercion (rape) over life time and 11.8% IPV in the past 6 months (28).

Violence is common in marriage too, one study from India gave evidence of One-third of married Indian women (35.49%) reported experiencing physical IPV with or without sexual violence from their husbands; 7.68% reported both physical and sexual IPV, and 27.80% reported experiencing physical IPV in the absence of sexual violence. Approximately 1 in 450 women (0.22%) tested positive for HIV. In adjusted models, married Indian women experiencing both physical and sexual violence from husbands demonstrated elevated HIV infection prevalence vs. those not experiencing IPV (29).

Moreover, a research from Uganda have found higher education of women and marriage satisfaction were associated with lower risk of intimate partner violence, while rural residence

and the husband having another partner were associated with higher risk of intimate partner violence. There was a strong association between sexual coercion and lifetime physical violence (30).

A recent study in Ethiopia gave evidence of 12-month prevalence of depressive episode among the women was 4.8%, while the lifetime prevalence of any form of intimate partner violence was 72.0% (31). In Uganda multiple partners and consumption of alcohol were major reasons for intimate partner violence (30) where as in case of Zambia domestic Violence and sexual abuse were found to be closely linked to HIV and alcohol abuse (32).

The facts that the role of alcohol in violence was strengthened by other findings from Uganda; it indicated that Alcohol abuse by the male partners was an important factor in the experience of sexual violence among the women. Their experiences evoked different reactions and feelings, including concern over the need to have children, fear of infection, desire to separate from their spouses/partners, helplessness, anger and suicidal tendencies (33, 34).

Chapter 3: Objective

3.1. General Objective

- To explore and conceptualize the sexual life, concerns and fertility desire, in the context of long-term HIV discordant(mixed HIV status) relationships in Addis Ababa, Ethiopia

3.2. Specific Objectives

- To explore the sexual life of HIV serodiscordant couples
- To identify safe sex strategies, barriers and concern among couples in HIV-serodiscordant relationship
- To explore the fertility desire and ways of addressing their desire
- To identify the most challenging social pressure due to their serodiscordant status
- To conceptualize & come up with theoretical model about Sexual life, Fertility Desire & Concern in serodiscordance relationship.

Chapter 4: Methodology

4.1. Study Area & Period

This study was conducted from December 2010 to April 2011 in Addis Ababa. Addis Ababa is the Federal Capital of Ethiopia, and a Chartered City and the seat of the African Union (AU) and the United Nations Economic Commissions for Africa (UNECA). The city has three layers of Government: City Government at the top, 10 Sub City Administrations in the Middle, and 99 Kebele Administrations at the bottom (35).

According to 2007 Single Point HIV Prevalence Estimate for 2010 the prevalence of HIV in the city was 9.2% (14).

4.2. Study Design

An exploratory qualitative design was applied using in-depth interview method to elicit greater and in-depth understanding of the fertility, sexual life and concern of HIV-serodiscordant couples.

4.3. Study Population

Study Subjects: for this study we recruited two groups of population; the main group was those individuals in HIV-serodiscordant relationship who volunteer to participate in the study were eligible as study subject. The other group includes key informants such as health professionals who particularly involve in the process of counseling & care giving for HIV-serodiscordant couples at antiretroviral terapy (ART) or prevention mother to child transmission (PMTCT) unites at different Health institutions.

Those HIV-serodiscordant couple participants were eligible for the study, when they had self-reported being in HIV-serodiscordant relationship at least one year in the sexual union/relationship after finding out his/her HIV status and being 18 years or older and

volunteer to participate in the study. In addition to couples, key informants were enrolled in the study based on their knowledge and involvement with regard to the target study population and their willingness to participate in the study. Thus having this assumption in mind those health care providers were recruited from 3 hospitals and a health center.

Sampling: Mainly theoretical sampling procedure is used to recruit the research participants in the study. It is simultaneous process that is characterized by; analyzing the data after the first data are gathered and then the questions are generated based on the analysis which inturn lead to more data collection to understand the concepts/categories generated deeply. This process of data collection continued until reaching the point of saturation(36).

The initial sample for possible interviews were composed of different health care providers and second group were individuals who live in a dicordant relationship were selected at ART and PMTCT units from selected hospitals (St. Paul, Zewiditu Memorial & Yekatit Hospitals) and Lideta health center and one NGO called *Mekidem Ethiopia* after obtaining an informed concent. These participants were interviewed using theoretical sampling assumption. First eight health care providers were interviewed and after the analysis of the data the PI proceeded to the next phase. Second 12 individuals who are in discordant relatioship (eight HIV positive and four HIV negative) were interviewed and the data also analysed. Thirdly, eight individuals (six HIV positve and two HIV negative) were interviewed. Finally 10 individuals interviewd (seven HIV positive and 3 HIV negative) were interviewed.

A heterogeneous sample was looked for particularly among the main group, in the sense that discordant couples with variation in certain context were of interest. Age, gender, serostatus and lifetime fertility were taken as context which are not constrained in grounded theory (37) and such social structure light up the concepts in the study and provide direction for theoretical sampling.

In the course of seeking informants who would clarify emerging concepts, Even those we send an invitation letter to many HIV negative potential candidates, but it became apparent that HIV

positive individuals who were willing to be interviewed. The sample therefore ended up more with HIV positive in number than anticipated. Moreover, there was an interest to use FGD for data triangulation purpose, but due to the nature of subject of study it was not possible to at least to fulfill a minimum number recommended for FGD. The in-depth interviews alone therefore become the only way of data collection.

4.4. Data collection & tools

Data were collected using semi-structured in-depth interview guides having additional probes. The PI performed all the face-to-face interviews. The interview was carried out with informants who were willing to participate. The interviewees were held in a permissive, nonthreatening setting that allows the investigator to get a multitude of views & experience in a defined area of interest and generating detailed narrative data. Moreover, through the process of data collection, every measure depending on the circumstances was taken to make their comfort. Audio recorder & note taking were used during each session to facilitate the interview.

The interview guides includes predominately open-ended questions and probes. Further the developments of the interview were iterative process: during and after the commencement of the initial key informant interviews, questions were revised based on the information gleaned during the interview process.

The interviews were carried out using main questions, as well as several follow-up questions and a series of probes. Topics that were covered include sexual life, preventive strategies, concern, fertility desire, and life experiences that explain better the challenges or social pressures faced as a result of being in HIV serodiscordant relationship, barriers for safe sex practice. We were also interested in perceptions and experiences related to stigma, discrimination and violence related with HIV. Moreover, Regarding the interview guide that is used for key informant interview consists of any experiences related to HIV-serodiscordant couples, how do they perceive child desire and sexual life of HIV-serodiscordant couples,

reproductive health needs of couples and barriers for safe sex practice. The duration of an in-depth interview ranged from 28 to 63 minutes.

4.5. Data Processing & Analysis

Data collection and analysis were undertaken simultaneously in line with looping nature of qualitative method. Audiotapes and field note of the interviews were fully transcribed to Amharic then translated into English language. The PI transcribed and translated all the recorded interviewees. On average an hour long interview took about six hours to transcribe and another five hour to translate. Before the analysis repeated reading of the transcribed data to immerse self in to and familiarize with the data was done.

Then data were analyzed using Grounded Theory approach based on Strauss and Corbin recommendation (36, 37). Grounded theory is a qualitative research design derived from sociology, developed by Barney Glaser and Anselm Strauss in the 1967. It is a way of thinking about and studying social phenomena and as the same time techniques & procedures for gathering and analysing data that aims to generate a theory explicitly from data collected using methods such as observation, documentary analysis and interviews, with the theory built through inductive reasoning(36-38).

The process of analysis proceeds with open coding, identifying categories, properties/ subcategories, emergent storyline integrated using axial coding model. To manage the overall coding process 'open code software' were used (39). First, the PI read the complete transcripts and generates a list of codes. Then after aggregating and defining concept PI develop memos which can elaborate the concepts/categories developed. Finally integration of categories were done which is linking categories around a core category and refining & trimming the resulting theoretical construction using techniques of rereading memos & raw data (immersed in to the data), creating a story line (descriptive sentences about what the research is all about), doing diagrams and plain thinking (36). Then there was discussion/debriefing with people from postgraduate (MPH) students on the codes for refinement in order to make sure the

appropriateness of assigned codes. There was no major change in the debriefing session, but important issues were raised particularly on main categories and there was some modification of category name. Moreover, the scheme was presented for four members of discordant couples (three HIV positive & one HIV negative) who were research participants. Three of them agreed with the overall presentation of their life experience, where as one of them (HIV positive participant) gave his own comment on one category about gender's role in condom preference which was taken as a comment but not entertained since we were interested in saturation of the concept rather than representativeness of individuals.

Next, after some refinement on codes and identified categories, we had a meeting (my advisor & myself) and reviewed the overall scheme and compared coding of the text for major consistencies in coding; then based on our discussion some modifications were made on conde & presentation of the findings. Then I present the results derived from the analysis and selected verbatim quotations used to illustrate each category with discussion. Finally conceptualization and generalization to wider context of meaning were made through theoretical summarization & model.

4.6. Trustworthiness

Trustworthiness is related to the ability of the study method to capture the reality of those being studied. Scholars from the naturalistic inquire paradigm set four different concepts that contribute to the establishing of trustworthiness and which correspond to the concepts of reliability and validity. They are credibility, transferability, dependability, and confirmability (40-42). Accordingly, different takses were commenced under each requirement:

Credibility

It refers to how the research demonstrates truth value, in qualitative study truth were considered in pluralistic sense. The researcher/s must exhibit that reconstructions of the reality as depicted by the participants are credible to the original constructors of the multiple realities under study. In order to entertain this criterion we did two tasks: first, to design and carry out

the study in a way that will enhance the probability of credibility, and second, to ask the participants to review the findings.

Based on this, we use the method and process of doing grounded theory that is in itself a guard against casting from the data, and PI follow provided steps outlined by Strauss & Corbin closely as much as possible (36). Moreover, the prolonged engagement with the data is helpful in establishing credibility because the researcher has a chance to immerse and become oriented to the problem, and to deal with personal and external distortions as much as possible. In this study the PI has spend almost relatively a long time to immerse self in to the data by repeated reading of the data.

Transferability

This is related with applicability of findings that is an empirical matter dependent on the degree of similarity between the given data and interpreted one(42, 43) and the process of constant comparison can help to affirm this which is a crucial process (40) Transferability does not really apply to grounded theory. According to Glaser and Strauss in their first work if grounded theory has been conducted according to the methods and principles, it does not consist of a set of findings to be corroborated in subsequent researches but instead a theory to be expanded by the collection of additional data and tested for goodness of fit (40).

Thus the judgment of the transferability of the theory to a new set of situations depends on the contextual information provided by the investigator, and it is left on the researcher to provide a rich description of the data (42, 43) so that readers will understand under which circumstances the theory applies. Thus in this report we belive there is a rich description that can help reader to understand the circumstances. This information was resulted from the constant comparison done in the analysis. Moreover, the criteria for transferability is met because grounded theory almost automatically transfers finings(40).

Dependability

The idea of dependability includes the consistency with which the data have been analyzed and the theory developed (42, 43). Triangulation is one of the main ways in which dependability is demonstrated in qualitative research. Triangulation can be achieved through different data collection modes, in its fullest sense, it includes the use of multiple and different sources, methods, and investigators(42). In this study, data source triangulation was used that is the data were collected from different group of individuals based on theoretical sampling. We interviewed key informants with various health care experiences related with discordant couples and both member of couples (HIV positive and HIV negative).

These sources of data were used to develop categories from which were grounds for the core category maintaining relationship to emerge. Moreover, a debriefing session with MPH students from different experience were use to check for consistency between the analyzed data and the theory developed.

Confirmability

This is an easily met criteria in trustworthiness of findings since the criteria that can be used to make sure the confirmability of finding in grounded theory was not taken as necessary one since the aim of doing grounded theory is not to justify, prove or affirm anything rather develop a living theory that can explain the phenomena well and able to be modified when it is needed(40). Thus in this research we did an explorative study and explain the core phenomena well. Moreover, at the end we left open the stage on the proposed theoretical explanation for further modification of the model.

4.7. Ethical Consideration

Prior to data collection, the research protocol was presented to Ethical Review Committee of School of Public Health, College of Health Science of Addis Ababa University. In addition to the school Ethical & Research Committee, the proposal was presented for two review committee; St. Paul Hospital Institutional Review Board & Addis Ababa City Health Bureau Institutional Review Committee for approval. After approval, letters obtained from those three responsible

bodies we communicated directly with ART/PMTCT unit representatives of the respective institutions to continue the research.

Then based on the prepared informed consent form the participants were asked to participate in the study voluntary without any coercion. All participants were informed the purpose of the study with its possible "harm" and benefits. Regarding the possible harm, the study may bring some emotional disturbance, stress and crying. Any significant psychological harm was not observed during the interview. An attempt was made to avoid any description that makes study participants to be identified.

Moreover, all confidentiality and privacy maintained. To attain their privacy the PI with health care providers at those health facilities arranged a setting for interview that can give confidence & truest to participate and the interview. And the interviews were carried out by the PI alone. Every records of the interview were kept in personal computer with password and in a safe locker that only the PI can access it. Those participants who came for the interview purpose were offered only compensation payment for transportation of 25 Ethiopian birr (equivalent to 1.49934 US Dollar)[1].

4.8. Operational Definitions

- **HIV-Serodiscordant couples :** (discrepant/mixed HIV status) used when one member of a couple is HIV-positive and the other is HIV negative in heterosexual relationship
- **Fertility Desire:** when a person would like to have a child in the future.
- **Preventive Strategies**: strategies that preferred to be used to prevent HIV transmission from HIV positive partners to the HIV negative partner. Such as condom use and abstinence.
- **Long-term relationship**: a heterosexual relationship/union that is sexual active at least for the last 1 year preceding the study.

[1] 25 Ethiopian Birr = 1.49934 US Dollar (source: http://wwp.greenwichmeantime.com/time-zone/africa/ethiopia/currency.htm April 19, 2011)

Chapter 5: Findings

The research findings are presented as follows: after giving the overview of research participants, and then the core category with main categories/themes are described using elements of paradigm model which is analytical tool develop by Straus & Corbin (36, 37) in detail with data cited in the text for support of the categories. Data cited in support of categories were taken verbatim from participant interviews except where identifying information about individuals and institutions has been altered for the protection of human subjects. Data cited in the text are identified by participant number, for example (R1: respondent one) or (HP1: health professional one). The language of the informants has not been altered in any ways except as noted above. Finally the theory is presented using the Paradigm Model (37) as an organizing framework for theory presentation. One important information that should be consider in this section is there are some repetation of information that is placed deleberatly to discuss each elements of the model.

5.1. Overview of Research Participants

In this study we have two groups of research participants. The first group was health professionals who work at ART/PMTCT of different hospital and a health center with various position & professions which is depicted in Table 1. and the second group was Individuals who live in HIV discordant relationship which is depicted in Table 2. The second group consist twenty eight individuals that live in HIV discordant relationship.

Table 1: Key informants involved in in-depth interview from different health setup in Addis Ababa, December 2010 (n=8)

ID	Sex	Age	Profession	Level of Education	Position	Experience (Year)
HP1	Female	45	Medical Doctor	MD	Head, CDC Unit & Practitioner	7
HP2	Male	29	Nurse	BSc	ART specialist	3
HP3	Female	36	Nurse	Diploma	Drug adherence & Follow-up Counselor	4
HP4	Female	24	Health Officer	BSc	Practitioner at ART center	2
HP5	Male	48	Medical Doctor	MD	Practitioner at ART Center	5
HP6	Male	34	Nurse	BSc	ART specialist at ART	3
HP7	Female	25	Health Office	BSc	Practitioner at ART Center	3
HP8	Female	29	Patient Expert	Diploma	Drug adherence & Follow-up Counselor	3

Table 2: Basic Information Overview of Research Participants from Discordant Relationship, December 2010 - March 2011 (n=28)

Characteristics of Participants		No	Percent
Gender Distribution	Male	15	53.6%
	Female	13	46.4%
Age Distribution	35 years old and below	13	46.4%
	Above 35 years old	15	53.6%
Duration since Being Married/in Union	5 Years & Below	5	17.9%
	Above 5 Years	23	82.1%
Educational Level	Illiterate	1	3.6%
	Primary Education (1-8grade)	8	28.6%
	Secondary Education (9-12)	12	42.9%
	Tertiary & Above (college & above)	7	25.0%
Employment Status	Employed at formal sector	18	64.3%
	Self employed	3	10.7%
	Unemployed	7	25.0%
HIV serostatus	HIV positive	19	67.9%
	HIV negative	9	32.1%
Duration since knowing HIV test result	1 – 5 years	12	42.9%
	Above 5 years	16	57.1%

5.2. Description of Categories/Concepts Using Paradigm Model

For a novice researcher like myself, having a way to think about the complex relationship exist in the data through those emerged concepts/categories were very helpful and most recommended by most experienced scholars like Corbin since qualitative data consists of multiple concepts existing in complex relationship (36). The main findings therefore are presented as follows using the main components of the paradigm.

A. Maintaining the Relationship – Core Category

The central phenomenon or category in this study is "Maintaining the Relationship", the process through which couples in long-term discordant relationship and being married or cohabit for at least one year after knowing their HIV serostatus maintain their union/marriage. Maintaining the relationship is defined as the process by which couples in discordant relationship strive to sustain their union/marriage in the middle of HIV discordancy test result through application of strategies that enhance their efforts to sustain their relationship and overcome some challenges that threaten their relationship. In this research, the goal that couples have in mind to their actions/interactions/strategies towards maintaining their relationship is/are either to make sure that the family not to live apart particularly those couples who have children, or not to lose partner. A health officer one of our key informants tries to summarise this concept as follows:

> *". . . Most of the times these kinds of couples when they make a decision to stay together after they know their serostatus it is with knowing & believing that they could handle whatever challenge will come in their lifetime. . I know a couple when I was working at PMTCT – they stay together for about 5 years and they have a child. She gave birth to her first child in such condition – she knows her HIV status. And now she is also pregnant with good condition. On this couple, what I'm able to observe is he is stronger than her. He supports her nicely and he said "where can I go without her?" (HP7)*

Maintaining the relationship process is carried out mainly through some important promoter and inhibitor actions/interactions strategies. This concept was observed or linked with other main categories discussed below.

B. Entering in to a Transition - Causal Conditions

Causal conditions are the vents that lead the development of core category - Maintaining the Relationship (37). In this study, the causal conditions are defined as the events that occur in the life course of couple's relationship which come before the "Maintaining the Relationship". These events, even though they are described collectively as "Entering in to a Transition", it is defined as a phase that couples shifted from their previous life experience to the new one due to their test result. It includes some sub-categories/properties that define the category: Tested by Coincident, Mismatch of Desires & Controversy on Safe Sex Vs Desire to have a child.

Tested By Coincident

Knowing their HIV serostatus is a point where all the things start in couple's life. In the beginning of the interview conducted with key informants they were telling us that most couples come to be tested for HIV by some coincident. One nurse has said:

> *". . . By coincident they came & got tested and their result became discordant. . . " (HP2)*

Moreover, this fact was also supported by those people who live in a discordant relationship. Either ill-health conditions, becoming pregnant or planning to go abroad were the most common circumstances that enforced couples to be tested for HIV. Our next HIV positive woman stated the situation as follow:

> *"The thing is, hmm I used to be very sick . . . during that time when I know my serostatus; I used to feel so sad. . . . I used to be sick, loss of weight & tired. I came here with one of my children; he holds & brought me here. When we arrive here, he asked me why we came here. And I said I don't know! Why don't you raise your head & look up? When he looked up, he read something written on the wall related with HIV & VCT . . ." (A 49years old HIV+ woman)*

According to this first respondent, she was tested when she *become very sick*. Not only so, couples were not able to be tested together. Since those HIV positive individuals tested along due to some enforcing condition thus they were not tested for HIV together. Even when there

was a chance to be tested together; then it was due to some coincident. Another woman informant describes how she got to know her status as follow:

> *"In the first place we were not tested together for HIV, do you get me? Before all this I had a chance to go abroad and due to this I was tested about 3 or 4 times. But in the meantime, when you plan to give birth you are expected, you know, to give blood for HIV test. And I become pregnant & delivered my child. It was like that I'm able to know my self" (A 33years old HIV negative woman)*

She was tested alone first due to pregnancy and then there was one coincident that inforce both of them to be tested together. She also adds more:

> *". . . He refused my request when I asked him to be tested together. Finally when he found himself in the middle of life & death, people were told us to go to one private clinic then when we went there & tested together. . ." (A 33years old HIV negative woman)*

The *role of information* was also an important cue for testing for HIV. According to our next HIV positive woman the awareness creation activities by certain governmental and non governmental organization instigated this woman to suspicious & make a decision towards testing for HIV.

> *"First, when I saw some sign of Almaz Balechira [local name given for Herpes zoster] on my body, I remember something which was given on TV about such sign & symptoms. . . They were saying "if such kind of sign appears on younger people who are less than 40 years old, it could be a sign of HIV" then I became suspicious and went for HIV test." (A 35years old HIV+ woman)*

One important concept that derived from our third informant was *Self-disclosure* to partner after knowing once HIV status. According to this respondent HIV test result was kept secret for some time. Not only him, have the previous respondents also disclosed their HIV test result after they took some time. Moreover, individuals those who are an index case in the relationship, after they have been tested & knowing their HIV serostatus, may engage sexual practice without the knowledge of their partner.

> *"At the beginning, we did a mistake without my knowledge then when we stay longer, I became in love with him . . ." (A 24years old HIV negative woman)*

As this young woman describe her partner was tested & know his HIV serostatus before they meet, but they do "make love without his self-disclosure" to her. She wasn't aware that he is HIV positive at the beginning of their relationship. Since most of the time, individuals get tested for HIV by some "coincident" or as a result of some enforcing conditions, and thus they will be "tested alone". After they know that they are HIV positive, then self-disclosure to their partner will take some time – which can expose their partner to the virus.

Mismatch in Desire on Having a Child

After couples entering into "the transition", one important issue that they are experiencing is "desire to have a child" which is also mentioned by our key informants. Our key informants were indicating that "HIV serostatus" determine the desire to have children. And those individuals who live in HIV discordant relationship also confirm that there is "mismatch of desire to have children" due to their serostatus.

One of HIV positive informant says:

> *"We have one daughter. Above all my wife has an urge to have a baby. Even though we have our first child, she needs to add one more child very much. In other respect, we don't have any problem; in terms of living condition, with regard house and other issues – we don't have much problem. But, I hope if there is any way I can use to beget, at least one sister or brother for my daughter then that will make me happy. But this is her urge not mine. I will be happy if she gets what she need..." (A 45years old HIV+ Man)*

Due to the intention to "maintain the relationship", "gender preference" & "having adequate number of children", this man develop a hope to have one more child. But, according to his interest, he doesn't want more children. Moreover, this concept again strengthens by our next two HIV positive woman. According to the first woman, her partner has a desire to have a child more than her. Thus she became pregnant for her partner's sake.

> *"As I told you earlier I used to have another marriage before this one and I have a son he is 13 but the father of my son has died. Now as you see me I am pregnant; it's about 9moths and it was due to his pressure that I became pregnant but I didn't want to be." (A 35years old HIV+ woman)*

And the following woman who live in a discordant relationship & patient expert at the health center also gave us similar description

> *". . . Now, currently we are using condoms. But he has an interest to add another child . . . emm and because he is still not infected with the virus he makes things difficult for me . . ." (HP8)*

The desire to have a child was found stronger among those HIV negative with some circumstances that exit within their relationship. This will be discussed under various categories later. Under this category there are two important dimension of "child desire". These are "we are/I'm done" which is a stand that shows no desire to have or to add more children and "Hope to have a desire" which is another dimension that shows desire to have or to add more children.

We are/I'm done – No Desire

Depending on a given circumstances that couples may put in position themselves as they don't have a desire to have or to add more children. Relatively, those HIV positive informants if they have "adequate children" or other conditions then they don't have a desire to add more children, but since they live with a partner it depends from their partner's desire. The following descriptions were given among those individuals who don't have a desire to have a child in such circumstance or who don't want to add more children.

> *". . . I have 3 children & 3 stepchildren. We both were divorced before getting to this marriage and hmm we both have children from previous relationships . . . So, what does it mean? After now?! How could be? No! We have seen grandchildren." (A 49years old HIV+ woman)*

Moreover, our next HIV negative respondent gives us similar dimension

> *Me? Hmm in the beginning I had a plan to have only two children but unfortunately, it was not the will of God, our second child is not alive. Our first child, hmm she is very smart, outstanding student and thus my heart get settle down. Therefore, I have a kind of mentality which assumes like if you bring children, you will expose them to similar adversity. When I say this, it is due to different reasons. I may not have economical problem but you seeing the generation we have now, and the government is saying "the*

coming generation", but we are not producing generation. If you go school, grade 6 & 7 students are starting sex. They chew chat, smoke cigarettes, start sex . . . even if you are able to put your child in private school they will face the same challenge since they are not out of the society. Therefore, when I think these, I say for myself "why should I?" (A 37years old HIV negative man)

Hope to have a child – A desire

In other dimension, again depending on those identified circumstance or conditions individuals may define their desire in terms of "hope" to have a child. In the following description individuals try to indicate their desire to have a child or to add more children due to their own circumstances or conditions that facilitate their desire to be different from the fist dimension of "child desire".

Our next HIV positive man who lives in a cohabitant relationship with his HIV negative partner gives us his hope concerning the concept of desire to have children: This man has a desire to have a child from his partner.

". . . even if I will die, I might get one child from this healthy women then my history will continue. But, if I go to a woman of my kind to get the child – the child may not be free of the virus, she is already infected, I also live with the virus then everything will be hopeless! But, in my current situation, I see hope. These means; this woman can raise my child, she can take him to school, even if I die my life will continue, thus I can assume that I can have someone who can possess my properties on behalf of me and so I am happy." (A 40years old HIV+ Man)

Moreover, our next 24 years old HIV negative woman tells us that she has a strong desire to have a child. In fact she also "aware of the probability of seroconversion", but she has a desire to have a child.

"Me, yeah . . . I do have a strong desire to give birth thus we have good physicians and discuss with them about it. Hmm and they also tell me that there're might be some exceptional cases, but I should consider that this thing [virus] has a chance to occur in me in different time." (A 24years old HIV negative woman)

As we say earlier, this desire to have a child seems very important issue for those HIV negative individuals depending on some circumstance. In the above quote our 24years old woman indicate us how "strong" is her desire to have a child since she "doesn't have a child" for the time being. Our next HIV negative respondent also shares the same dimension of fertility desire based on her own circumstances.

> *"I am the one who has the desire to have a baby than him. In fact, with regard to him, this girl [our daughter] is the 3rd child for him. He has two children from other woman and they are almost adult. And hmm . . . thus if there is any treatment, whatever it can cost me, I am ready [to have another baby]." (A 33years old HIV negative woman)*

A dimension of "strong desire to have children" seems more common among those HIV negative partners. In addition to the previous interviewee, our next HIV negative also gives us some evidence that strengthen this concept. Even though some of HIV negative informants seems doing things for their partner sake to "entertain his partner interest" in order to "maintain his relationship", but they showed a "strong desire" to have more children comparing to their HIV positive partner.

Controversy: Safe Sex Vs Desire to have a child

The other causative condition that couples engaged in certain action/interaction strategies to maintain their relationship is "Being in controversy" between "a desire to a child" and "safe sex" practice. Even though, this thing is expected among HIV negative individuals, but it was also challenge among HIV positive individuals.

For instance our next HIV negative woman tell us her experience since she has a strong desire to conceive a child she engaged in unprotected sex which brings a concern of infection.

> *"You know, I love if I could be able to have another child and feed him my breast. I will be happy. Thus not only so, we stopped having sex for long time about 4 or five years. We just decide to give attention more for our child. He may not feel something and me too, but when I think about it, I said to God please don't let me down to this thing you didn't*

let me go till now but now let me have sex without condom I might be able to get a baby, but it fails. Then I stopped." (A 33years old HIV negative woman)

Not only her "strong desire to add one more child", but also her intention towards maintaining her relationship was important thus she tries to conceive from her HIV positive partner. This practice imposes a kind of psychological burden due to fear of infection. Thus she found herself in the middle of controversy of two important issues; having safe sex due to "fear of infection" and "desire to conceive" due to her interest to add one more child.

Another HIV negative informant also gave us the issue of controversy between having safe sex and conceiving a baby. She has a desire to have a child, but due to the concern that her partner has on infecting her he doesn't want to allow this.

". . . Then I came with a desire to give birth. When I told him that I need to have a child then he refused me. Then we went to the doctor that previously knows about us and I told him that I need to give birth. I believe I'm protected by the Lord till today thus I'm sure that it won't happen anything on me. It is not our effort of protection that keeps me not to be infected with the virus. But, he refuses my request. When I tell him like this he told us we can use a specific time to use if we decide to have a baby. He told us to have sex out of danger period, but we shouldn't do such things frequently. Then we come on agreement then we use that specific time and I become pregnant and give birth to a child. Now we have a seven years old child. And again, it was not enough for me; I came with another desire to add one more child. Similarly, I gave birth to our second child and now she is two years old . . ." (A 27years old HIV negative woman)

"Belief" in addition to "professional support" and "experiencing having one child without being infected" gave this woman to entertain her desire to have a child. But, one important thing that we can observe is "the controversy: conceiving a baby & safe sex practice". Both have something in mind is how they can entertain her desire without being infected. Even if she tries to push him, but he tries to maintain things as much as possible without infecting his partner which indicates that being in controversy is not only the concern of only among HIV negative individuals where as those HIV positive individuals also have a concern about the issue. This concern is linked with some other categories discussed in this report.

Moreover, those HIV positive individuals since they fear of infecting partner they also find themselves in such similar circumstance. Our next HIV positive respondent describes his controversy in terms of his concern.

> *". . . Even, it's me, a little concern about such practice since I am the one who has the virus inside of me. I fear, hmm I'm the one who is worried by assuming that I could transmit the virus to her, where as she, hmm she takes me like normal person not like I'm infected with the virus. . ." (A 40years old HIV+ Man)*

In this man relationship they both have a desire to have a child since they don't have any, but like that of HIV negative informants due to the concern they have for their partner about the transmission of the virus, they found themselves in the middle of controversy of entertaining their child desire and safe sex practice.

Here also we see "maintain the relationship" is very important for individuals who live in such discordant relationship. Despite all the challenges couples may engage in certain actions/interactions/strategies like what these individuals has did to entertain their own or their partner desire to have a child in which they have an intention of maintaining their relationship.

Undeniable Change in Sexual Desire & Practice

Change in sexual desire & practice of individuals in their relationship was another category which participants try to indicate its role towards the central phenomenon of this study. This is another event that occurs in the life course of couple's relationship which comes before the Maintaining the Relationship. As the title of the category indicates, couples' sexual desire & practices are not the same as comparing before and after knowing their HIV serostatus. Under this category there are two dimensions which are most common trend observed on couples. This can be taken as sub-categories of this category. The first dimension that is most common among those HIV positive informants is "Step down in sexual desire". The other second dimension is "A relative stable sexual desire & practice".

Step Down in Sexual Desire

It is an internal interest which is shifted as of the first day that individuals know their HIV serostatus. Particularly those HIV positive individuals found with low desire to sex. Due to some circumstance, they become losing their sexual drive & propensity. That's why it bothers them since losing sexual desire or drive can affect their intimacy with their partner and their relationship in general.

For instance our next two HIV positive informants tell us the difference comparing to the earlier time.

> *"You see, hmm when God has created us He made us to be sexual to reproduce the next generation. But regarding me due to my health condition or since I'm not on good health condition, I became sexless and I don't have any feelings. But I know she has the sexual interests. Thus we may have sex once in six months using condoms." (A 39years old HIV+ Man)*

There was similar expression among some of HIV positive informants. It is since the sexual practice depends on individual's desire couples engaged less frequent sex. Couples conform that there is less frequent sexual practice due to some conditions which change their desires & practices.

Not only relatively older individuals say something about the decline of sexual desires & practice whereas our next 29years old HIV positive woman also describe similar desire extent depending on her circumstances as follow:

> *"Previously I use to have very strong desire for sex, but now after we know that he and my son is free of the virus I am not happy when we do it. Because, he doesn't want to use condoms, it is not due to lack of the desire to sex I do have but because of his view on condoms I don't want it. Therefore, I'm not happy. If he has interest to use condoms then I will be happy where as he is happy to do without condoms. Thus since we are having without my interest then I wouldn't be happy. Sometimes he also enforces me to have sex without condoms. "(A 29years old HIV+ woman)*

Step down of desire is not only due to HIV serostatus even though it is the root for other conditions, but there are so many things the PLHIV who live in HIV discordant relationship give credit for their decline of sexual desire. For instance this woman since her partner doesn't want to use condoms her desire for sex has declined compared to the previous one. Moreover, being enforced to have sex without once self interest has a role in affecting sexual desire like what happened on this woman.

> *". . . Well, on sex there is a little thing . . . I mean they have less sexual interaction or engagement. I think this could be due to some factors mainly repeatedly they are having counseling & advices that is HIV relating things; the transmission, risk . . . Therefore, I think this has influenced their sexual engagement." (HP5)*

Moreover, as we can see above our key informant gave his view that the role of counseling at ART/PMTCT has a great role on sexual practice of those HIV positive individuals since they have a great priority of improving their health status then during counseling they may expose to a certain kinds of information that let them to reduce sexual engagement as much as possible to maintain their health status. Therefore, due to such conditions their desire and practice may decline from the previous one.

A relative stable sexual desire & practice

In some cases, this is another dimension for the category of "change in sexual desire & practice". This is an inhibitor causative condition that helps couples to overcome psychological pressure in the process of *maintaining the relationship* they built. Those HIV negative individuals "characterize themselves as they have better sexual desire" comparing to their HIV positive partners.

Our next HIV negative respondent compares her sexuality with her HIV positive partner. According to her, there is "a decline of sexual desire" in her partner, but regarding to her she characterize her desire a little bit better than him.

". . . Now his desire is not moving he became less interactive and he doesn't ask me to do it [the sex]. But I, sometimes, when I feel something I will ask him; let us do it [the sex] with condoms." (A 33years old HIV negative woman)

Relatively being in consistent sexual desire & practice were linked or resulted with some actions/interactions/strategies that couples engaged with or responded to maintain their relationship.

Even if those HIV positive individuals deal with some psychological burden which comes from different dimension regarding sexual desire, relatively consistent sexual desire also there in those HIV positive individuals depending on some circumstance which are I'm able to observe on informants such as relatively being younger. For example for those intimate partners, the trend is different. We see below one of our respondent who is cohabiting with his young 24years old partners describe as:

"As I told you, we do have sex which is normal sex. Sometimes we use condoms." (A 40years old HIV+ Man)

He uses a phrase "A Normal Sex" to describe their sexual trend with respect of their desire & practice. In this relationship even though there is some little changes of desire observed on him, but they are having stable sexual desire & practice. Moreover, in our next 35 years old HIV positive woman give us similar perspective regarding sexual desire.

"For your surprise, there is no difference regarding our desire to have sex comparing to earlier one. It is similar. But since we only use natural method to prevent pregnancy when we want to have sex and currently I have some wounds thus we didn't have sex for long time." (A 35years old HIV+ woman)

According to this woman, in her relationship even though their sexual practice trend is not consistent, but there is no that much difference in desire to have sex. Thus couples according to their circumstance like "being relatively younger" can maintain their sexual desire and practice as good as possible which help them to overcome some psychological pressure that could possible happen due to their sexual life. Developing such dimension of sexual desire and practice also again linked with the intention of couples to maintain their relationship.

C. Dealing with Discordancy - Action/Interactions Strategies

It refers responses made by individuals or group to situations, problems, happenings and events(36). Categories pertaining things couples do or events that couples attempt to use to sustain their partnership in the process of maintaining the relationship. Moreover, data coded in to this category had to support couples' intended or manipulated events or actions. Some of strategies are promoters activity that enhance maintaining relationship or inhibitors strategies that able them to overcome the barriers that can challenge their relationship.

The following actions/interactions strategies are often taken with an intended outcomes or advantages that can maintain the couple's relationship as it is. Though they are taken with purpose, some may not bring what they expect to bring or some make impose other problem that even challenge individuals' psychological setup.

Accepting the Fact - Normalizing

A particular strategy that comes before all other actions taken by individuals who live in a discordant relationship was "accepting the fact". This action/interaction strategy starts at the beginning of the transition. As our key informants indicate mostly when couples come together to be tested for HIV then those who are not HIV positive will take an immediate action which is "leave his/her partner" there at VCT center. But, in our study due to some conditions couples were not separated or they want to maintain their relationship after convincing themselves. Thus this strategy makes difference between those who decide to separate and those who still live together in a discordant relationship. For instance one of our key informants has said:

> *"Most of the times these kinds of couples when they make a decision to stay together after they know their serostatus it is with knowing & believing that they could handle whatever challenge will come in their lifetime. ." (HP6)*

Moreover, both HIV positive & negative informants also confirm this fact that as they use such action/interaction strategy to maintain their relationship. They use this strategy having in mind

that they can cope-up all the pressure exit around their relationship which is resulted due to one partner is HIV positive.

For instance our next HIV positive man said:

> *"Well, people when they know the result, some may have positive attitude where as some may not. . . Concerning me, if people say something then I will accept it, because I think they are right, they didn't speak something which is not true. If they say; I was misconduct then I was, I am sick then I am. Therefore, they are not telling something that I am not. Thus if people tell me that somebody is speaking badly about me, then I will tell them; No he/she didn't. I will just take it as a simple tell. Therefore, I will not be hurt much" (A 40years old HIV+ Man)*

Our next HIV negative respondent also use this strategy

> *". . . When people are saying, he is like this & that stuff, I don't listen them and I love him! Specially now, when I know all the things and I know I'm not positive but I did to stay with him knowing and purposely. . ." (A 24years old HIV negative woman)*

According to her, due to "Love" she has for her partner she was telling us as she accepts the fact. She doesn't give attention to what other people are saying. This can help her to maintain her relationship with her partner despite all challenging issues. Moreover, she also gives "self-justification" for herself that help her to maintain certain psychological burdens. She stays with her partner with her own decision knowing that he is HIV positive.

When there are such kinds of mentality among those HIV negative partners which try to accept the fact that happened in their relationship despite all the pressure exist around their life then those HIV positive get relief and take as a psychological support that they want to get from someone who is special in their life. For some, when there is an usch kind of action from their partners particularly from HIV negative one then such perspective help those HIV positive to become emotionally stable.

Thus in both case in order to maintain their relationship individuals in a discordant relationship try to use a strategy of "Accepting the fact" which is defining the situation or the phenomenon

that occur in their relationship as a normal one. In other word couples will take the existence of HIV in their relationship as one disease like other illness happened on people. They try to maintain their relationship by denying a special attention for the virus or outcomes the virus.

Selective Disclosure

Another action/interaction strategy that is used by couples is "selective disclosure". All of research participant agree on one thing about disclosing HIV test result to others. Either PLHIV or those HIV negative partners don't prefer to disclose their serostatus to anyone. One of our key informants describes it like this:

> *". . . these couples' secret is kept by themselves and no one knows about it . . . and this help them to reduce the psycho-social pressure . . .well in other corner there are some couples who disclose to some individuals like children, brothers and sisters, but it wouldn't go beyond . ." (HP1)*

A 40 years old HIV positive man describes his disclosure experiences as follow:

> *"Currently, no one knows about this thing, just only my sister knows about it. My sister tells me that "it is not surprising to live like this because you can scarify so many things if you are in-love, if I was the one, I will do the same thing like what she has done for you". She encourages me by saying like this. Regarding me, there is no one who discourages me since people don't know about it, but concerning to here, there are some people who tell her to quit this relationship & they say he is like this & you are like this and so on. In fact her families don't know . . ." (A 40years old HIV+ Man)*

Moreover, our 24 years old HIV negative respondent also conform that she didn't disclose her & her partner's HIV status to her close families.

> *"Regarding this matter my family doesn't know, my friends also don't know much . . ." (A 24years old HIV negative woman)*

In addition to their concern, they have practical experience which they mostly compare it with what other people who live the virus face – low undesirable social pressure. They don't have as

such undesirable social pressures from different group of the society since they didn't expose their secret.

"Concern to people's judgment" is the big issue for HIV negative too. It is liked with fear of not to be assumed as infected one by society. Their concern is since they are living with their HIV positive partner then if this thing disclosed to the public then everybody will assume them as HIV concordant couples. Our next interviewee gives us her concern:

> *". . . no one knows; friends, neighbors. Because if you say something to someone then they will assume we both have the virus – 'how would it be possible? If he is living with the virus then she is too'." (A 33years old HIV negative woman)*

Thus couples engaged in such action/interaction strategy to maintain their relationship. Becoming selective to disclose HIV serostatus is very important for both HIV positive and HIV negative individuals that help them to avoid unnecessary psycho-social pressures.

Entertaining Partner's Interests – Sacrifice of one self interest

Even though individuals particularly those HIV negative partners may feel they are losing their freedom, but due to the value that they have regarding relationship/marriage in general help them to maintain relationship. But, they characterize this action as "a sacrifice" to the value they built.

> *"And, hmm in order to keep her propensity, willingly I have paid scarify to that of putting myself on fire. I stopped using [condom] because I observe some emotional expressions on her; instability and the like thus we spend five years without using condoms, but God protected me." (A 37years old HIV negative Man)*

As we can see to sacrifice self interest to maintain the relationship, the role of spiritual value is undeniable. Engaged in unprotected sex for the sack of partner's interest was one of the most common actions that individuals both HIV negative and HIV positive do. The following informant gave us a description on unprotected sex practice which use as action/interaction/strategy in the process of maintaining their relationship.

"Well, hmm until now for so many years we are having sex without condoms. He is not so happy about condoms and he also face difficulties when we use condoms due to these we make love with out condoms. (A 24years old HIV negative woman)

Our next respondent also strength the concept of "*unprotected sex*" which

"About this [sex], hmm mostly we go out with condoms. But currently since I pregnant and for the baby's sake based on the counseling given by health professionals – they told him as he has to use condoms . . . But the trend was – we do it [the sex] without condoms. And he doesn't have interest to use condoms, and he has an attitude of "what could happen on me? Nothing" I don't know I wished him by the help of God may his end to be beautiful like this [current status] because he has nice mentality." (A 35years old HIV+ woman)

One important ground raised by one of our informant was "age factor" and "gender role" in making decision on such kind of actions/interactions strategies used by couples. For some of our respondent since they pass the most difficult age or they consider themselves as matured enough with taking the family responsibility into consideration, they were able not to be in such practice.

Moreover, some of our female respondents were giving us similar description on condom utilization. From their description the role of gender was very important in the process of argument on condom utilization. According to these informants most of the time male partners don't want to use condoms:

"About using condoms he doesn't have an interest and me I don't care. You see, I already pass the fire age (A 33years old HIV negative woman)

Most of female participants despite their serostatus they have similar description about their male partner on condom. As one of our key informants below try to indicate unprotected sex will be entertained if the pressure comes from those HIV negative individuals since there is an intention to maintain the relationship then those HIV positive participants have a tendency to engage in certain actions/interactions/strategies like this one without their interest.

". . . On this point mostly those HIV positive individuals prefer to use condoms, but their negative partners don't want to use condoms. They can tell you – "what is the problem if I have what she has in her blood?" I can share it. We try to give them so many advices, but they convince their mind and they accept what will happen. We are living together & I cannot go with her something like that. Therefore, those HIV positive partners are having sex without condoms without their interest." (HP6)

As we can see from the health officer interviewee above, entertaining partners' interest is not only an action/strategy of those HIV negative individuals, those PLHIV also use the same strategy to maintain their relationship.

In addition to unprotected sexual practice, individuals also engaged in other actions /interactions strategies under the concept of "intertaining partner's interest". For instance our next participant also gave us some description on how much deeply he wants to "entertain his partner interest" as much possible. Since his partner has a strong desire to have a child even if he is concerned of infection, but if she insists to get what she wants he is ready for it.

". . . hmm I don't know, may be in the future we may have the treatment with time or if the time will come that give us a probability to have a baby, or if there are different ways; even it could be by paying some money or other ways I will do it. In addition, if it will not affect her and the baby that will be born, if the alternative is through sex, I told her that I will be willing" (A 45years old HIV+ Man)

According this man, "maintaining the relationship" is more important than other things. Couples may have different interests & desires like that of other group of the society, but here they try to give a priority for their togetherness than other desires.

Our next interviewee, a 35years old HIV positive woman also shows us what she did to maintain her relationship. She becomes pregnant for her partner sake even though she doesn't have an interest to become pregnant.

"Before the pregnancy I was using pills and I had an insertion of contraception then when we decide to have a child I removed it to – he made me to stop using the contraception." (A 35years old HIV+ woman)

Moreover, our next HIV positive woman who live a discordant relationship and work as patient expert gave us her experience that she is sacrifying herself interest for the sake of maintaining her relationship. She couldn't able to take some job opportunities which expose her secret to the public, but since her partner don't like such things she didn't apply for it even though it has better salary comparing to her current job.

> *". . . As I know, his family doesn't know anything about it. And he also doesn't want anyone to know. Not only so even he doesn't want me to talk about the disease with anyone else and he doesn't like that I'm working at this health center. . . he doesn't like it. The reasons, I think, that he doesn't want me to engage in these kinds of work. It just not to see everybody telling him that his wife is HIV positive and if his wife is positive then he is also positive, some stuff like that. Moreover, the disease was so exaggerated by various media due to that there are some undesirable things in the society thus I think he also afraid of such social pressures . . . For example if I get other alternative job with better salary because of him I'll restrict myself. I couldn't apply for it to keep his interest. "(HP8)*

Thus couples are using sacrifice of self interest which is an interest related with either sexual, fertility, or career to maintain their relationship. While they are using this strategy they may face some psychological arguments with their own mind which has its own outcomes. But, depending on convincing conditions that able to sustain their relationship they were able to stay together despite all those challenges exist around their relationship.

D. "Shared Life – Living with Community"- Intervening Conditions

In the paradigm model, these conditions provide the broader structural context in which the actions/interactions strategies to manage the central phenomenon occur(37). These are the factors that emerge pertaining of couple's social structure, in this research those factors particularly aspects pertaining to the close relatives, community and information and their influence. The category collectively referred as "Shared Life – Living with Community"

Strauss and Corbin (37) specifically note that: It is these intervening conditions that explain why one person has a certain outcome or chooses a certain set of strategies while another person

doesn't. Thus the sub-categories/properties of "shared life – living with community" define the various social structures which are based on the data that impact couple's actions/interactions pertaining to the central phenomenon – Maintaining the Relationship.

Relative's Influence

It is defined as a context in which those relatives or close families of couples interference or pressure on couples decision regarding certain mater. This context has a potential to impact couple's actions/interactions/emotions pertaining to the central phenomena.

One of our key informant try to summarize the influence of relatives on a discordant couples from one angle – "they prefer separation". According to this respondent, specifically those relatives from HIV negative partner side if they have a chance to know about the discordancy result then one way or the other they will try to interfere in couples relationship:

> *The other thing is relatives – you know, they have a probability of hearing out what is happened. Particularly those relatives of the negative partners would prefer the separation of such kinds of relationship. Even if the negative partner he/she has children from other relationship, then this kids would prefer the divorce of the marriage. It's Just to make safe their parent (may be their father or mother). . ." (HP4)*

Having such fear in mind most of couples don't disclose their serostatus to their HIV negative partner side families or close relatives. In their interviewee they were said:

> *". . . In fact her families don't know. . ." (50 years old HIV positive man)*

As I try to discuss above the dimension of concern that couples have regarding their relative influence is on "disclosing HIV status". In addition to disclosure, relative influence can impact couples decision on certain actions/interaction/strategies they prefer to use. Our next informant tries to describe relative interferences in couple's life which bother her more than anything.

"About the future, we don't have that much concerning issue. May be the family case – it is related to his family. Because, hmm you know the family things, they have their own preference of a woman to be a wife for him. Otherwise, I am happy." (A 24years old HIV negative woman)

Furthermore, according to one our key informant she has one experience of couple who were affected by their relative. According this informant the couples were pressured to give birth to child due to their relative pressure.

"Regarding social interaction, the couples especially if they live together accepting the discordance, they will face some challenges. Even I know a couple that have such kind of social pressure from their parents; the woman is HIV positive where as her husband is HIV negative. She wants to have a child due to his parent's pressure on her. Actually they didn't know that couples are living with discordant status. Then one day this couple came her deciding to have a child & they get all counseling & supports they need. Then she become pregnant & give birth after having good care & follow-up, but after the child has born, again his parents didn't stop their interference again, start asking; why she didn't feed the child hear breast milk? Finally she decides to go somewhere else, then she just leaf her house & go to Jimma town. After 6months, she returned to here (Addis) start over her new life. Thus you can see how they live with their relatives. So, I can say there are some social undesirable pressures on them from different direction especially if they disclose their secret, it will be so hard" (HP4)

Since couples shared their life with their parents in some extent then the pressure that comes from such structure can change couples desire towards something like this one. The pressure that comes from parents of HIV negative partner to see grandchildren enforce this couple to give birth to a child and not only so, since they are living without disclosing their secret and again the woman become a fugitive, just fearing relative's interferences.

Therefore, such social structural context explains why one person has a certain outcome or chooses a certain set of strategies while another person doesn't.

People's Judgments – A Concern

This is one of properties that define the category "Shared Life – Living with Community". It is defined as how people view being HIV positive as well as being a discordant couple. The perspective that a community has towards those HIV positive individuals and couples who have a discordant relationship create another context to impact couples/individuals who live in a discordant relationship to engage or prefer of certain actions/interactions/strategies or come up with certain outcomes in their relationship. Most of the couples describe this context intermes of concern they have towards community's view and judgment.

For instance the following HIV positive man felt that due to his concern of people's judgment he prefer not to disclose his serostatus to people. He confirms that their actions were effective in terms of avoiding unnecessary psychosocial pressure that could be imposed from the community due to disclosure.

> *"Actually we didn't disclose our secret with other people and our children also are very young thus they don't know about it. Therefore, we didn't have any problem. Hiding things, do you know? It would be difficult in your social life if go disclosing this thing. People will isolate you; they will not talk with you like this and hmm there are so many ugly things. Still we didn't avoid this kind of attitudes from our society. It is clear for everyone in what way HIV can be transmitted; even though they know about these they will isolate you. That's why people will hide their status due to such reasons." (A 41years old HIV+ Man)*

Fear of people's judgment were very significant for those HIV positive individuals if there risk exposure is not due to their infidelity engagement since the community can consider that being HIV positive as a result of seeing someone else or many partners. Thus our next HIV positive woman felt that people's view is not good thus for her it is better to keep silent:

> *" . . . Since we are hearing things; this disease is transmitted via sexual intercourse. That's why I don't want people to know about it. If I did sleep with other men, I could not hide myself because it would be a result of what I have done." (A35years old HIV+ Woman)*

Moreover, fearing people's judgment was also observed among those HIV negative informants too. It is liked with fear of not to be assumed as infected one by the society. Their concern is since they are living with their HIV positive partner then if this thing disclosed to the public then everybody will assume them as HIV concordant couples. Our next interviewee gave us her concern:

> *". . . I don't know they may see him on media when he teaches, but I'm not sure about that. Actually I don't like this thing. Sometimes he expose himself on media, may the Lord protect me from that. Because, I don't like what he is doing. Because, I have kids for me I don't have any problem, but for our children oh there may be some discrimination. If people are saying to these kids that your parents are like this and like that then they might be hurt psychologically. Therefore, at least until my children reach adulthood I don't want anyone to know about it . . ." (A 27years old HIV negative woman)*

Therefore, concern of people's judgment due to the perspective that a community have towards HIV, PLHIV and even for those discordant couples become an intervening conditions that impact couples who live in a discordant relationship to choose or engaged certain actions/interactions/ strategies in the process of maintaining their relationship.

Information Influences:

The other intervening condition that explains why individuals or couples as a group has a certain outcome or chooses a certain set of strategies in the process of maintaining their relationship is information influence – mainly counseling related one. The concept was mentioned by one of our key informants from his experience particularly those who were able to come to different health institutions had better access to information related with HIV. Thus such information plays its role in impacting couples decision on regard to certain actions or strategies while they are engaged in maintaining their relationship.

> *". . . Well, on sex there is a little thing . . . I mean they have less sexual interaction or engagement. I think this could be due to some factors mainly repeatedly they are having counseling & advices that is HIV relating things; the transmission, risk . . . Therefore, I think this has influenced their sexual engagement." (HP5)*

According to this informant those HIV positive individuals become low in sexual derive comparing to those HIV negative one due to the counseling given at health institutions which is linked the concern of HIV positive has to sustain his health status better as much as possible. Thus, in order to maintain their CD4 level they may reduce sexual engagement which is resulted from counseling.

Moreover, some of our informants from the discordant group gave us some description that linked with the role of information in their actions/interactions/strategies used. For instance one of HIV negative woman said:

> *"Therefore, my husband since he involves in so many training and he also works here (Mekidem Ethiopia) he doesn't allow me to have sex without condoms." (A 27years old HIV negative woman)*

According to this woman since her partner woks in one NGO who works on HIV and he is also exposed to various opportunities of training related with HIV his decision and preference were different from her. Thus sometimes doesn't allow her to do what she wants to do. Therefore, either of them or both of them are able to be exposed to certain kinds of information which has an intervening role in couple's decisions.

E. "Our Cosmo": Couple's Living Circumstances - Context

Strauss & Corbin described as an element of the paradigm model, context represents structural conditions that shape the nature of situations, circumstances, or problems to which individuals respond by means of action/interaction/emotions in our research those structural conditions which are undertaken in the management of central phenomenon(36). In this research, the set of conditions that serve as the context for the central phenomena – Maintaining the relationship" is collectively referred as "Our Cosmo: Couple's Living Circumstances". Moreover, Strauss & Corbin (36) divided this set of conditions into two parts, the more micro condition in which are an immediate set of conditions and macro/larger conditions that are relatively more distal from day today life of couples. But, the macro conditions were mentioned under the interaction conditions. Thus in order to avoid overlap between the concepts under context we

will present those properties that define “Our Cosmo: couples living circumstance” that are immediate structural conditions to their relationship circumstance which shapes the central phenomenon – maintain the relationship through selecting a certain action/interaction/ strategies or end up with certain consequences.

Therefore, the following conditions were properties of a category “Our Cosmo: Couple’s Living Circumstances”.

Defining the relationship

This concept was explained with different dimensions. It emerged through informant’s explanation about their relationship with taking their HIV serostatus into consideration. Being in a discordant relationship with other condition existing in their life gave them a ground to define their relationship in certain ways. Thus defining the relationship is the way each participants view or perceived their marriage or union.

- **A difficult Marriage/Partnership**

The first most dominant dimension that was explained by our research participants was defining their relationship as “A difficult marriage”. Perceiving the life as a difficult is linked with certain couple’s environment which is linked with either the causative conditions or interactions conditions such as “relatives influence”, “being a discordant relationship” or other social structures. For our next respondent the things that make the marriage to be difficult for couples are vary some mentioned “living with stepchildren”:

> *“My marriage, hmm somehow it is very hard. It is difficult. If you ask me why, currently I’m living with my husband, our children & my stapes-children. There are some disgusting things in the house particularly I observe on my stapes-children.” (A 49years old HIV+ woman)*

In similar fashion, a 29years old discordant female who work as a patient expert at health center referred the relationship to "A Difficult Life" due to lack of compatibility of interest:

"For me, I don't prefer being in discordant relationship. If you are not in similar status then it will be very difficult. To speak honestly it is not good. Because if we have similar serostatus then we will support each other for instance if I forget the medicine then he will reminds me to take it and Even he wouldn't ask me to conceive a baby since he will know the problem. Therefore, from my experience I prefer others to be with a person that has similar to their HIV serostatus condition . . ." (HP8)

And one important thing that those HIV positive informants agree about their relationship was to have someone who shares their life, their weakness & strength or who can understand them. They give it a credit for having such kind partner, but their view when they think about their relationship is something hard. Our next informants describe as follow:

"Me, hmm I can describe it like this; it's just tough, man! Because emm I don't have unlimited freedom that I want. If you see it from different angle how it creates pressure on your conscience – I think a lot for her, you understand me? She is not like early time, her approach with people is not like the previous one, and the like . . . such things puts pressure or burden on her mind thus I fell disappointed for her, and some assumptions occupy my mind like; she lost her freedom. And I encourage her to feel free and relaxed and I try to make avail all things as much as possible." (A 37years old HIV negative Man)

The challenge of being in discordant relationship is shared by both HIV positive and HIV negative individuals with different dimension of concern. For this person, "losing freedom", "concern for partner", and "changes in his partners behaviour" are condition which are linked with living in a discordant relationship that impose a psychological pressure. Despite all the conditions exist in the relationship; individuals try to use some strategies to maintain the relationship. Hence, having such kind perspective about the relationship enforces couples to select or use a particular action/interaction strategy to maintain their relationship or face some relationship outcomes.

From the overall concepts developed throughout the data analysis, the main ground that able both HIV positives and HIV negative informants to define their relationship in such a way was

due to the "concern" they have either related with infection or sexual and child desire with respect of their context.

These issues come in their mind when they are dealing with maintain their relationship. Experiencing such concern as we said earlier even though it impose a psychological pressure in both partners, but those HIV positive partners were facing the double face of the burden. It is due to some factors that they are facing psychological double burden. In one side they are dealing with the virus itself intermesh of the betterment of their health status as the same time since they live within a discordant relationship they become concerned either what would happen on their partner in situation they engaged unprotected sex or to their future child if they have a plan to give birth.

- **Considering Self as Being Favored**

One important dimension of under the concept of Defining the relationship was "Considering self as Being favored" which commonly observed among those HIV positive individuals. As we said, those HIV positive individuals may consider themselves as being favored as a result they will engage either with something they don't want to or use a particular action/interaction / strategies to maintain their relationship. It is linked with their concern about losing their marriage or losing their partner or separation of the whole families.

Sometimes they may consider being with their HIV negative partners as too much to deserve.

> *"I don't know it is too much; wow the thing I have for him is something. He is the one who helped me to be like human from somewhere that I lost myself. At that time I use to be pensive and when he sees me like that he ask me why would I be like that. I think he has an experience which is similar to me. He use to live in Nazareth and there was one female who was sick – he has an experience of saving this lady's life . . . he just helped her. When he came to me, and hmm we ended up with marriage. Thus I don't know; I cannot; how I can express what I have for him." (A 35years old HIV+ woman)*

In such circumstances if there is a concern to maintain their relationship, then as what this woman has did they will engaged something beyond their interest – result with "entertaining their partner interest" as much a possible one way or the other. As we discussed it earlier this woman become pregnant for her partner sake where as her interest was different regarding having a child.

- **Intimate partnership**

The other dimension that was indicated under the concept of defining the relationship, couples describe that despite all the challenging circumstance they still have intimate relationship. It is a kind of partnership that able couples to live in harmony, understanding each other and with low pressure. There is some ground that we able to observe among those couples who define their relationship as "intimated partnership". Love to partner is the main one.

> *". . . In fact we spend the whole day together, we work together, and we sleep together. But, sometimes she goes to bed alone since we are living in my family's house. But, we almost spend the whole days together. It's pretty good – our intimacy is nice. Not only so, I am weak than her, she has very nice things" (A 40years old HIV+ Man)*

Our respondent tries to characterizing his relationship with his partner by "spending long time together", "sleeping together", and "working together". According to this man "the compassion and love" that he was able to get from his partner lift him up and conscience him to maintain his relationship as much a possible that able them to live within an intimated partnership since his hope for life become more beautiful.

> *". . . But when I see it from the love and compassion you can get from them, hmm when I also think about my future, I don't have negative view. I have an attitude like; God may help me & I might return to the pervious health condition again . . ." (A 40years old HIV+ Man)*

Moreover, our next HIV negative respondent give us that with time she was able to develop Love to her partner despite all other challenging conditions.

> *"At the beginning, we did a mistake without my knowledge then when we stay longer, I became in love with him . . ." (A 24years old HIV negative woman)*

Couple's life was in harmony if there is "Love" in the process of maintaining their relationship which gives them an intimate partnership. Those who able to define their relationship as "intimate partnership" were try to link it with their romantic experience.

Spending Long time Together

Another condition which impact couples decision in selecting or to engage in certain action/interactions/strategies in order to maintain their relationship is the time they spend together.

Our next HIV positive man try to describe that "relatively spending long time" is not simple thing. Through this all time since they can pass through some life experience, sharing different experience and having something in common were really important contributors for the decision that couples will make or their engagement to certain actions/interaction/strategies in the process of maintain their relationship.

> *" . . . actually, when I was young before I have been tested I use to live some time far & some other time close to the family. But now, hmm it is . . . spending 32 years together is not simple thing, thus my presence more can benefit her. In meantime, we also have children. As I told you, our mind is not busy on sexual desires, but we do have in mind the option of condom utilization if we do have sex once in 6moths or a year." (A 50years old HIV+ Man)*

Time can change things in the couple's relationship maintaining process like what happened in our 24 years old young HIV negative woman. Even though she was deceived by her partner, but after spending long time together her feelings has changed to her partner.

> *"At the beginning, we did a mistake without my knowledge then when we stay longer, I became in love with him . . ." (A 24years old HIV negative woman)*

These couples are telling us that the time they spend together has a great role in the process of maintaining their relationship. Therefore, this circumstance can help them to shape the process of maintaining their relationship.

Being in Different HIV Serostatus than Partner

This is also another property context that shapes couple's circumstance or the central phenomena via impacting their preferences in choosing or engaging of certain actions/interactions/strategies in the process of maintaining the relationship. The concept was first indicated by our key informant to show its role in couple's life in general.

One of our key informants said:

> *". . . The one who is HIV negative have a better feeling where as the other one (positive one) depressed & feels sorrow by asking himself or herself how this difference has happened. . . Obviously, they share the problem together since they are husband & wife, but I did see some depression & feel of sorrow on the one who has the virus in his/her blood. . . "(H2)*

Having a different HIV test result from partner is a context that shape couples' actions/interactions or strategies since it are linked with some undesirable burden. Accordingly, the property has two main dimensions which are either "being an Index case" or "being HIV negative"

Being an Index case

Individuals who are HIV positive may have some regret or self blaming since they are thinking as they bring this virus in to this relationship. Therefore, they may engaged in something that they are not interested to do like what we discussed earlier in "entertaining partners interest" which is a strategy used by individual to maintain their relationship. Our next two HIV positive respondents gave some description about their status.

The male respondent said:

> *". . . hmm regarding being happy or not, may be my wife might not happy because since the virus live with me, within my blood, I am the one accountable for the case. Thus I may not feel anything, but my wife's feelings can be affected . . ." (A 50years old HIV+ Man)*

Moreover, our next HIV positive also said something:

" . . . Is there a thing I can do about it? NO! Nothing! I am really sorry for me. I will be happy if I die because he can continue his life. On the other side, I also say I should live for my child." (A 35years old HIV+ Woman)

Being in different serostatus, particularly being an index case in the relationship is linked with some concepts which are discussed in other concepts like "*considering self as being favored*", "*entertaining partner's interest*" and even outcomes of the overall process "*a double burden*". Therefore, it has an ability to shape couple's circumstance of maintaining the relationship.

Being an HIV negative

The other dimension of the context entitle with "being in different HIV serostatus from partner" is being HIV negative. This also become very important in shaping couple's circumstances in the process of maintain their relationship from those HIV negative perspective. As our key informants indicate since they live together as partner they both share the life together, but their context of being in different HIV serostatus impact their choices to make among those alternative actions/interactions/strategies in the process of maintaining their relationship.

". . . Because my desire is to see her being happy, having everything she wants and to see things easily. I just want to treat her like previous one. But I can tell you, it is not simple. By the way I cannot tell you what kind of pressure it will impose on your mind" (A 37years old HIV negative Man)

For this man since things are seems like the previous one he tries to maintain things to be similar like the early time. Mainly due to his partner HIV serostatus change or he is HIV negative he don't want thing being changed due to then intention for maintaining their relationship.

"For example if you take me, I'm having some pressures. The pressure is when I do something he will say; "you did thing because you don't have the virus and you are not this and that, because you are free, it is because the virus exist in me". So, these things give you a headache. Therefore, the choice you have is in order to keep his feeling not to be hurt; I need live with scarifying myself. For his sake I sacrifice many things. For example, I cannot out & come late at night. I cannot go to ask friends, unless I use the time that I have for work because, the understanding they have is they think that you leave them,

you just will go out with someone else. You know something like that. So, it's very hard" (A 25years old HIV negative woman)

Moreover, as I try to indicate earlier those HIV negative individuals also like that of HIV positive partner will pay some "sacrifice". For this woman her being HIV negative create some perspective on her partner. Her partner thinks she is enjoying life without difficulties where as he is not since he lives with the virus. Therefore, due to the intention she has to maintain her relationship she "sacrifice" things. Thus being HIV negative in such relationship will shape the circumstance and strategies preferred to use in the process of maintaining the relationship.

Being a Parents- the presence of child/children

The other property that defines the category "Our Cosmo – couples' circumstances" is "being a parent" either to those children born in the current relationship or from their previous one. This context give a concern for couple's about the future of their children. In some case having a child can come as the only reason for an HIV negative partner to stay in the relationship:

The following woman describe how "having a child" from her partner" shape her decisions regarding her relationship. For her to sustain her relationship "her daughter is the only reason because her partner told her that if she was the one who is HIV positive he would leave her alone:

"If you think standing in my position; this person could be leaving me alone if I was the one who has the virus. But I'm not like him; I have a child that's it! I love a child I really love a child. I had a wish to have a child and feed him my breast. Anyway because I have a child with him I will not leave him alone, I will stay together until his last second of his grave." (A 33years old HIV negative woman)

She also said:

". . . But you see – my daughter loves her father very much - more than anything. She has something special for him. Thus she is the only reason that in force me to stay with him. It is not his behaviour that makes me to stay." (A 33years old HIV negative woman)

And for some having children has a great deal than anything else

". . . Because the concern that I have in my mind about our children – to keep the family together, it will not happen without her being there for me. Thus I don't have any bothering issue in my mind about my children. If she was sick too, I'm not sure that I could even able to stand by myself and have some meals." (A 50years old HIV+ Man)

Particularly, being HIV positive give more concern for children. In the above interviewee the man has a concern mainly on how to maintain his family, thus his partner health become more important to sustain the family as it is. This is due to the assumption taken that the existence of the family in general is depends upon HIV negative partner. Therefore, such context has role in shaping the overall process of maintain relationship.

Moreover, being a parent with in discordant relationship can bring shift of interest which is an our come of this all process of maintain the relationship. Our next informant gave us a brief description on this regard:

" . . . Therefore, we made our mind to give attention to our children; to give them good care, better education & the like. We stop looking for other things & it won't be possible." (A 41years old HIV+ Man)

Thus having kids either from the current or from the previous relationship that each one of them have play a great role as a context in shaping their actions/interactions/strategies to maintain their relationship having in mind the impact of maintaining their relationship for their children.

Ageing

Ageing is an important context that we able to observe through the data collection and analysis. It is an event that occurs naturally in couple's courses of life. From my observation I was able to see this context were shaping responses of interviewers. Moreover, our key informants also confirm that ageing is a key issue on matter related with sexual and fertility. One of our key informants has said:

". . . One thing that I observe on these couples is some difference depending on some circumstance. Those couple who have children and relatively old, they are not that much

for such thing [sex]. Even sometimes when you ask them about family planning they laugh. . . ." (HP2)

Our informant from discordant relationship also gave us similar evidence about ageing. They try to like it with their certain actions/interactions/strategies.

For instance our second interviewee has said:

". . . But, at that time we were more concerned about our future & our children because I'm approaching 50 and my wife ah 45." (A 50years old HIV+ Man)

This man describe that ageing is undeniable fact in couple's course of life, thus such context also play its role in shaping of their action/interaction strategies to maintain their relationship. Moreover, our first informant 49years old woman also said it is not possible to think something like conceiving a baby due to aging in addition to other circumstances.

". . . What does it mean? After now?! How could be? No! We have seen grandchildren. Thus, how we can come up with children? How can we even try to have children? I'm really sorry to say this, but I will be so happy if I kick those pregnant women who live with the virus. . ." (A 49years old HIV+ woman)

Furthermore our next HIV positive 50years old HIV positive man also felt that unprotected sex is due to maturity/aging. If those individuals enough matured then they will not compromise their responsibility which is protecting their partner from the infection.

". . . Those people who says "I don't like condoms, they are immature. They are unmannered people who are in fire age. Otherwise, those who are in similar to my condition [matured] they wouldn't want to do such things. From my view, this is not fair if I did transfer this virus to my wife that she doesn't have any idea about it" (A 50years old HIV+ man)

Our next HIV negative informant also tries to link age with unprotected sex:

". . . But I, sometimes when I feel something I will ask him; let us do it [the sex] with condoms. Otherwise there is no other thing; without condoms there is no having sex because it is a matter of life. It is better one to live than both going to die. About using

condoms he doesn't have an interest and me I don't care. You see [for sex], I already pass the fire age." (A 33years old HIV negative woman)

In general, I was able to understand that for those who are relatively older couples their preferences and decision regarding a particular matter is obviously different from those relatively younger one. In our case the issue of sexuality and fertility is differ for those relatively older couples. Passing through many years with plenty of life experiences gave some a ground to differ from those younger one. Therefore, age is another context that has a great role in shaping couples actions/interactions/strategies used or prefer to use in the process of maintaining their relationship.

Being Female Vs Male - Gender

The role of gender is one of the context that shapes couples engagements in certain actions/interactions/strategies or experiencing certain outcomes in the process of maintaining their relationship. Even though couples did not say much about the role of gender directly, but throughout their interview and data analysis I was observe its role in decision making with collaborating with other conditions like that of others. Not only so, our key informants also describe the role of gender in different aspects of couples.

The following two health professional were said:

"In situation when females were positive while males were negative; first males will leave them, most of the times and second as we know in our country the marriage itself is source of income thus if she lost her marriage there will be so many issues; she might have children thus she has a responsibility of raising her kids. After this she might return to her families because she might not have source of income. Therefore, they have these kinds of fears but if you take males they can go out and remarried again. But women will become widows. Thus even husbands decide to stay together & be nice to them but the female has fears; they will always fear." (HP4)

And the second one said:

". . . Speaking about their psychological condition is very difficult, since they live in hard life. Most of the time, especially females are paying the big cut of the burden particularly if they are positive . . . But this is not true for all discordant couples because there are

some couples regardless of gender and sero-status, they live together accepting the situation. . ." (HP3)

From the data discussed under the category of "entertaining partners' interest" particularly engaging in unprotected sex were mention by our informants from discordant couples which is mainly those male partner were don't have an interest to use condoms during sex therefore, most of the time those female partners compromise their interest for the sake of their partner interest. Even though they didn't say anything about gender issue, but the influence of man on female to change her decisions or affecting her negotiation ability on certain decisions were observed in additions to other cofactors. Therefore, being female or male has its own context in the relationship to shape certain actions/interactions/strategies' of couples who live in a discordant relationship and also can play its role in linking other categories with each other and the central phenomena of this study.

F. "Ups & Downs: Passing through difficulties" - Consequences

It is defined as responses which are mad by individuals or group to situations, problems and events(36). In our case, there are responses made by individuals or couples as a group to maintain their relationship through all the categories discussed above. It can be intended or unintended consequences or outcomes. This category also consist some sub-categories/properties that were considered as an effect of couples actions/strategies & conditions exist around them. Therefore, under each properties/sub-categories we will present outcomes that define a category collectively named as – "Ups and downs: period of good and bad fortune"

A Double Burden

This is a psychological outcome that was mainly observed mainly on HIV positive informants. It is a psychological pressure which is resulted due to the presence of virus with respect to couples actions/interactions/strategies used in the process of maintaining their relationship. According to our informants those HIV positive individuals have some concern while they live in such discordant relationship. It is linked with being an index case (living with HIV negative

partner) and as the same time being HIV positive by itself which impose another pressure in terms of concern towards their health status.

For instance, our next HIV positive woman describe the concept of "being HIV positive" with "being in discordant relationship" how it will bring a double burden. Her response were linked with their actions particularly the unprotected sex. In their relationship her partner do things like having unprotected sex to make her happy thus such practice or action will create a double burden on her and therefore she said:

> *" . . . Is there a thing I can do about it? NO! Nothing! I am really sorry for me. I will be happy if I die because he can continue his life. On the other side, I also say I should live for my child." (A 35years old HIV+ Woman)*

According to this woman "Being HIV positive" and "Living in discordant" relationship is very challenging since there are some actions/interactions/strategies that couple use to maintain their relationship like unprotected sex. Due to the psychological burden she "prefer to die" than staying with her partner by assuming that her partner will live a better life without her presence since she lives with the virus, but there is one thing that change her mind – "having a child". Thus the pressure can be intensified with other circumstance that with discussed under context such as being a parent for this woman put her in to the middle of doubled burden.

Moreover, another HIV positive man shares the same idea. Our next informant "blames himself" for being the cause for bringing the virus into the relationship.

> *". . . hmm regarding being happy or not, may be my wife might not happy because since the virus live with me, within my blood, I am the one accountable for the case. Thus I may not feel anything, but my wife's feelings can be affected . . ." (A 50years old HIV+ Man)*

Moreover, he thinks his wife may be not happy which can give him a "Psychological Burden. Thus when feeling guilty with the presence of the virus it create a double pressure.

The other dimension of a double burden is a pressure imposed on those HIV negative as well as HIV positive individuals in terms of various concerns. Both of them due to either the actions/interactions/strategies used or causative and intervening conditions they develop a kind of concern. They became mainly concerned on "infecting HIV negative partner", "not to have infected child" and "losing family or partner"

> *". . . Even, it's me, a little concern about such practice since I am the one who has the virus inside of me. I fear, hmm I'm the one who is worried by assuming that I could transmit the virus to her, where as she, hmm she takes me like normal person not like I'm infected with the virus. . ." (A 40years old HIV+ Man)*

And

> *"We have one daughter. Unfortunately, we lost another child. I do have a desire to add more, but he doesn't have the desire. It is may be due to many reasons. Now a day I also becoming on the consensus with him because it is better not to have a child than bringining a child with the virus. If you asking me why, you don't know that a child can be born free of the virus. You cannot be sure about it. We heard that very few people have a child free of the virus. If it is possible I will be happy and I would like to have a boy otherwise we cannot do anything."(A 35years old HIV+ woman)*

And

> *"Actually, I really care for my wife than me. Her health is mean a lot for me because I still alive because she is still healthy. Because the concern that I have in my mind about our children – to keep the family together, it will not happen without her being there for me. Thus I don't have any bothering issue in my mind about my children. If she was sick too, I'm not sure that I could even able to stand by myself and have some meals." (A 50years old HIV+ Man)*

This all concerns due to the presence of the virus in addition to those related conditions put a double burden on individuals mainly those HIV positive respondents. It doesn't mean that HIV negative individuals don't face a psychological pressure, but the pressure is more on those HIV positive partners.

Therefore, those HIV positive individuals living with a discordant relationship can be exposed to a double psychological burden as a result of Being HIV positive which give them ill-health concern and Being with HIV negative partners which gives them a concern for their partner intermes of their happiness or other matter".

Shifting of Interest

It is an event the occurred throughout the course of relationship after couples knowing their HIV serostatus. It is response to the situation or being in discordant relationship. After the strategy of accepting the fact were selected for the decision to stay together as a discordant couple and with considering other conditions too there is a shift of interest comparing to the previous one before knowing their serostatus.

One dimension is couples become more concern for their children if they do have children which is a context discussed under being a parent. Those couples who have children after they know their HIV test result; their interest were shifted to give a priority for their children or their family to stay like the previous one. Other things like sexual derive were invested to sustain their relationship for the sake of their children.

> *". . . at that time we were more concerned about our future & our children because I'm approaching 50 and my wife is hmm 45. We were not thinking about other things, and also we are not [suffer] that much and still now we are leading a good life. . ." (A 50years old HIV+ Man)*

As we can see the worry not to lose the relationship were linked with the concern for the children that couples has. Accordingly, maintaining the relationship become more important than anything for the sake of children to sustain the family as it is. Therefore, other things will not get a priority after "Entering in to the Transition".

Our next HIV positive man also indicates that "Children" become the most central concern of his relationship. As of the transition point in such relationship maintaining the family become more important in order to sustain the family environment for their children.

". . . After now it will not be possible because she doesn't have any interest to look for other person than me. Therefore, we made our mind to give attention to our children; to give them good care, better education & the like. We stop looking for other things & it won't be possible." (A 41years old HIV+ Man)

Furthermore, our next HIV negative woman also said:

"You know, I love if I could be able to have another child and feed him my breast. I will be happy. Thus not only so, we stopped having sex for long time about 4 or five years. We just decide to give attention more for our child" (A 33years old HIV negative woman)

Thus the presence of children shapes the dimension of the shift of couple's interest towards their child/children. They will give more attention to their children things more than anything.
In other perspective individuals may concern on other issues like keeping social interaction as previous or concern losing acceptance by the community. Therefore, after "entering into the transition their interest will shift to maintain their social interaction through acting as a good couples.

". . . maybe once in fifteen days or sometimes there are conditions that we might stay without having sex for about two months. It was not due to lack of the desire, but what we need is to live a modeled couple life to others. If we do so then people will respects you, they will love you, your life will not be disrupted, you will not have any stress and there won't be any disturbing things. You live peaceful life. By the way, in where we live now, everyone can give a testimony about us like; they consider us as a good example of marriage." (A 37years old HIV negative Man)

Here, we can see a shift of interest from personal sexual drive to "stability in social interaction" by maintaining the relationship become more important after "The transition".

Therefore, situations, events which are a causative conditions that were discussed under the category "entering in to Transition" or/and strategies like "accepting the fact" are alter some of individuals interest who live in a discordant relationship. The dimension of the shit in interest is also affected by those intervening conditions to like "being a parent" and "aging". Thus shift of

interest comparing to before knowing HIV test were observe on individuals who live in a discordant relationship.

Less Undesirable Pressure

This is also another event that couple experience in their course of relationship stay. It is linked with the action or strategy preferred to use by individuals regarding disclosure status to other people. Since they prefer to be "selective disclosure" then there is no as such undesirable pressure mainly social pressure which could be resulted from disclosing HIV test result to other people.

Most of our informants were disclose their HIV test result to specific close relatives or they don't disclose it at all. Thus due to their strategy used in the process of maintaining their relationship they didn't face a significant social pressure resulted from being HIV positive or being in a discordant relationship. Our next respondent gave us their experience:

> *"Nobody knows about this . . . Therefore, we didn't experience any influences from people due to our status. Moreover, he is negative and I also don't have any visible effect of the disease. Just only insignificant sign of Almaz Balechira [Local name given to Herpes Zoster] thus we didn't see that much experiences" (A35years old HIV + Woman)*

And another HIV negative woman also said:

> *"About the neighbors, they may guess otherwise no one knows about it. Therefore, we don't have any problem. We live a social life together, my children spend some time with them so, and we don't have any problem. There is no such pressure they feed and wash my children. We live like the previous" (A27years old HIV + Woman)*

Selective disclosure throughout the process of maintain relationship result with less social pressure on couples or individuals who live in a discordant relationship especially if they have children such strategy were taken as important in order to avoid the unnecessary pressure the will be imposed on children due to their parents' HIV serostatus.

5.4. Hypothesis, Theoretical Summery & Model

A. Hypothesis

Causal Conditions

Tested for HIV by coincident, Mismatch in desire to have a child facing controversy on safe sex and desire to have a child , Change in sexual desire and practice were properties or vents that let couples to inter into a new transition which create a phenomenon of struggle to maintain their relationship.

Actions/interactions/strategies:

Accepting the fact taking HIV test result as normal process, Selective disclosure of HIV test result, sacrifice of self interest (unprotected sex, & become pregnant without interest) were things that couples do or events that they attempt to use to sustain their relationship.

Intervening Conditions:

Relatives interferences, people's judgment due to the perspective they have towards HIV, PLHIV and discordant couples and information influence impact choices or engagements of certain actions/interactions/ strategies in the process of maintaining their relationship.

Context:

The way couples define their relationship, spending longer time together, Being an index case or HIV negative, mismatch of desire, being a parent, aging and gender were context that shaping couples actions/interactions/strategies to use or prefer to use in the process of maintaining their relationship.

Consequences:

Being HIV positive in a discordant relationship can expose to a double psychological burden as a result of Concern to self ill-health condition and infecting HIV negative partners. "Entering in to Transition" or/and strategies like "accepting the fact" are alter some of individuals interest who live in a discordant relationship. Selective disclosure throughout the process of maintain relationship result with less social pressure on couples or individuals who live in a discordant relationship especially if they have children such strategy were taken as important in order to

avoid the unnecessary pressure that will be imposed on children due to their parents' HIV serostatus.

B. Theoretical Summary

The theory developed in this study on sexual life and fertility desire in long-term HIV discordant relationship's "maintaining the relationship is its central category. The category was emerged from the overall data analysis. The research questions were focused on sexuality and fertility desire to explore changes in couple's context, however, through inevitable focus of the study the data that emerged from discordant couples told us about one important issue –maintain the relationship.

The theory advanced in this research is summarized as follow: When couples enter in to a HIV discordant status (enter in to transition) that is characterized by its properties such as experiencing changes in sexual desire & practice, and controversy on safe sex & child desire the need to maintain their relationship is affected by those changes arises.

In context of how couples were define their relationship, spending longer time together, being an index case or HIV negative, being in mismatch of desire to have a child, being a parent, aging and gender, give them their own living circumstances (Our Cosmo) that shape their decision and their actions to evaluate appropriateness of selected actions/strategies to overcome the challenges in the process of maintaining their relationship. Thus couples/individuals struggle to maintain their relationship and situations with each other by bringing to bear actions/interactions/emotional responses which are strategies (Dealing with discordancy) including accepting the fact, entertaining partner's interest – scarifying self interest and selective disclosure. Moreover, intervening conditions also there and impact couples choices of certain actions/ strategies. These were couples' social structure that includes relative's influences, people's judgment and Information influence collectively named as "shared life".

C. Theoretical Model:

A graphical representation of the theoretical model is presented in Figure 1, which depicts the main categories and their respective properties. The figure is the most compelling visual representation of the theory that I was able to construct. It should be understood as open to modification.

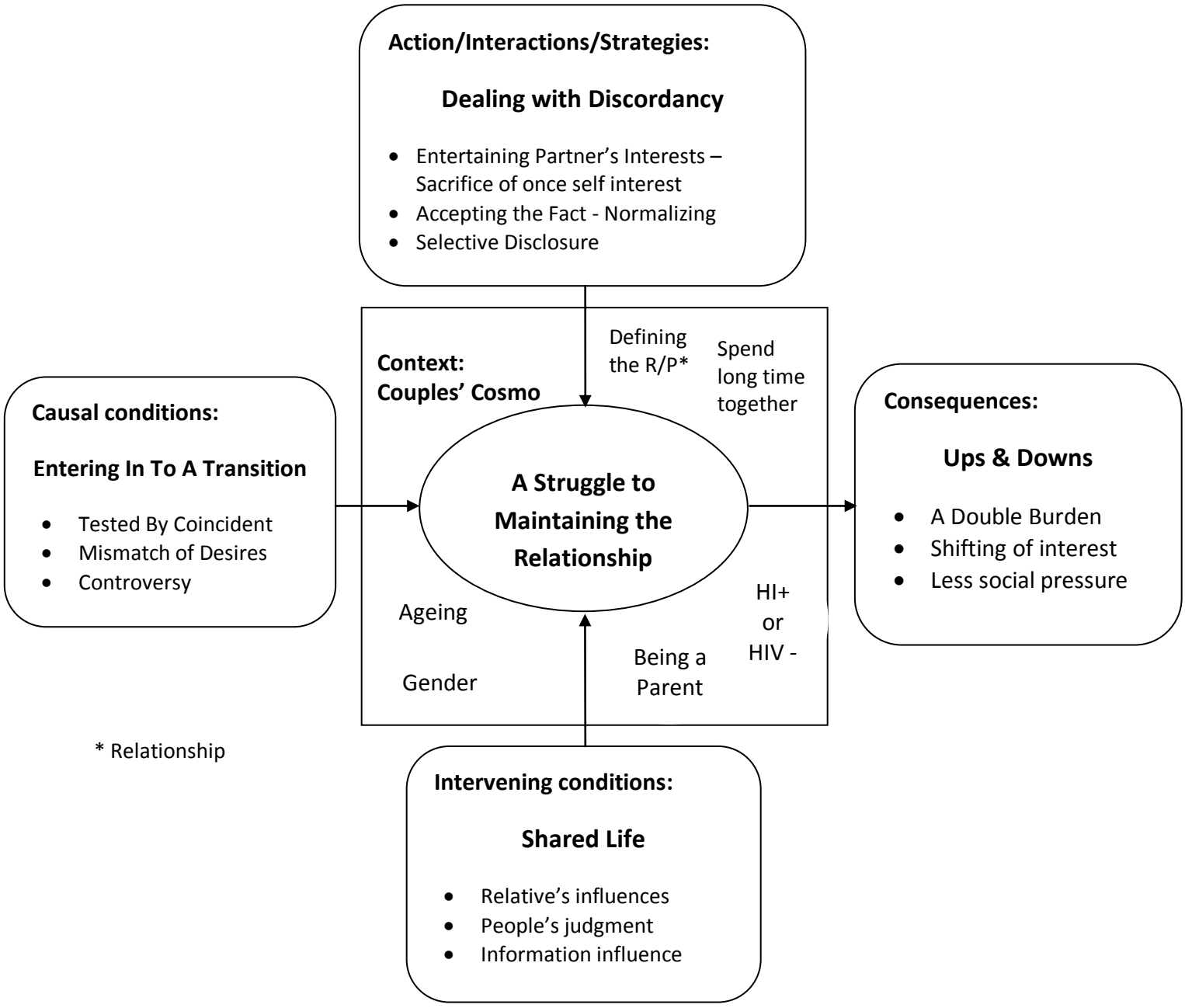

Figure 1: Theoretical model representing the process of maintaining Relationship in the context of long-term HIV discordant relationship.

Chapter 6: Discussions

The study objective which guide this research is: to explore the sexual life, fertility desire, and concerns in the context of long-term HIV discordant (one partner has HIV positive where as the other negative status) relationships. The strategy used to answer the objective was to elicit the experiences and perceptions of the couples themselves and some key informants who are very close to these couples (Health care providers at ART/PMTCT centers) through semi-structured in-depth interviews.

Maintaining the relationship

In this study throughout the data analysis, the emergent core category is "maintaining the relationship" which is couples' main concern in the context of long-term HIV discordant relationship. "Struggling to maintain the relationship" was the basic social process used to deal HIV discordant relationship which is a forward movement through integrating with its own contexts and conditions. Some finding indicates that in addition to other factors HIV/AIDS bring changes in couple's life/marriage (44) And specifically, one study done in Brazil also indicate that the HIV diagnosis had changed participants sexual trend, according to the woman responses: they were afraid of infecting their partners, they had many new sources of stress which had made them lose their sexual appetite, or they felt less sensual within themselves (45).

Causal conditions

The overall struggling process to sustain the relationship that couples established start after they enter in to the "transition" – knowing that they have HIV discordant serostatus. As the result of this study shows couples were not tested with an intention of purpose to be tested for HIV. Most of them were tested alone by certain coincident due to some enforcing conditions like sickness, pregnancy and a plan to go abroad. As one study conducted in Addis Ababa shows that couples were not able to be tested for HIV together due to unavailability and unwillingness

of the one partner to the other one(46). Moreover, CVCT also didn't get attention as it should in the process of HIV prevention in Sub-Saharan African countries including Ethiopia (47). Thus entering in to a different dimension of relationship experience accidentally becomes a condition that can bring some changes in couple's perspectives and culture since they were not ready for it.

Moreover, as indicated in the finding that couples in a discordant relationship experiences certain changes in the course of relationship when they "enter into the transition". In such relationship, the difference observed in their partnership such as mismatch desire to have a child or to add more children between partners, & change in sexual trend were conditions that lead couples to pass through the process of struggling to maintain their relationship. A change in sexual practice was also observed in a study done among Brazilian woman who live with their HIV negative partner (45). These changes were intensified by couple's context and intervening conditions that determine their decision on what kind of strategies will be use in the process and/or resulted with some kinds of consequences.

One finding from Kampala showed that due to some associated factors like gender, young age and relatives' expectations for children change the fertility desire and moreover the same study indicates that there is one side desire of child which is reported by one of the partners. Not only so, 64% reported that knowing that their partner wanted children influenced their desire to have children (48). Moreover, other studies done in different African countries also indicate that there is change of desire to have child/children among those HIV positive individuals comparing to HIV negative people due to their serostatus (19-21). These findings were coinciding with our theoretical explanation in our country case which is a condition that able couple to pass through the process of struggle to maintain their relationship using some actions/ interactions/ strategies.

In addition to difference in child desire, the finding also indicate that there is change in sexual trend among couples which let couples to pass through the process of struggle to maintain

their relationship due to a controversy on having safe sex and entertain their desire to have a child if there is a balanced desire to bring or add children in to the relationship. Some studies showed that such kinds of couples have similar relationship challenges that threaten their relationship (45, 49, 50).

Intervening Conditions

While couples passing through the process of the central phenomenon which is maintaining the relationship using selected strategies, but their actions/ interactions/ strategies were determined by other intervening conditions such as Relatives interferences, people's judgment due to the perspective they have towards HIV, PLHIV and discordant couples and information influence.

We have seen the role of relatives on couples desire on having children comparing with the finding from Uganda that indicates pressure from relatives to reproduce were one of the reason the couples need to have children in such relationship(49). Moreover, another cross sectional study finding from the same country also support this fact that relative influence was the major factor for couple's desire to have a child(48).

And disclosing HIV test result to other people out of the relationship was one of big concerns that couples have in their mind due to fear of peoples' judgment. Thus such circumstance pushes them to make "*selective disclosure*". They still have one understanding about the community which is even though there some improvement on discrimination and stigma, but the problem still there. Thus this condition intervene their preference of actions/interactions/strategies to use. This finding coincides with some studies done in other African countries that is due to fear of "people's judgment" individuals particularly those PLHIV will have behavioral and emotional responses to perceived acts of stigma and discrimination by PLHIV included anger, shame, social isolation, and self-advocacy (10, 11). Particularly as one

review indicted in Africa such trend of prejudice were very common and resulted with negative outcomes(51).

Moreover, information also another intervening condition in the process of maintaining the relationship. In this study, particularly those HIV positive individuals since they were exposed to better information related with HIV, their decisions were somehow different from their HIV negative partners. Mainly information that comes from counselor related with HIV prevention & fertility intention were affecting individuals' preferences, decision and practice. Some studies although it is not directly linked with our research questions, but they found that individuals who are exposed to counseling on specific sexual related practice like that of condom utilization at various health setup affected by the information given at the health facilities (52, 53). This shows similar effect that occurs among our research participants which affect their preferences & decisions.

Context

Despite the intervening conditions, couple's living circumstances were playing a significant role in affecting their decisions and certain outcomes in the process of maintaining their relationship. The study finding shows certain context of couple's living circumstances such as the way couples define their relationship, spending longer time together, being an index case or HIV negative, being a parent, ageing and gender play their role in shaping couples actions/ interactions/ strategies to prefer or to use in the process of maintaining their relationship. These properties of couples context were interlinked one another. And a study from Northern Thailand showed that time spend in partnership has been identified as one of the factors for marital dissolution(54) and another study from US also was supporting this finding for instance time spent was valued by couples which is similar with the finding of one study done in New York where, seventy-six percent (n = 62) report their time together as a couple as being more highly valued because of the impact of HIV on their lives (55)

Moreover, being an index case or being HIV positive or negative by itself was another context of couple's life that shape their desire and preferences in certain way to some extent.Some studies have indicated that being HIV positive was affecting couples fertility preferences (19-21). In Addition to their difference in serostatus being parent especially for having children in common was another context which shape couple's selection of actions/ interactions/ strategies or experience a kind of consequences in the process of maintaining their relationship. One study from Northern Thailand also agrees that the existence of children from the marriage is one of the factors that determine sustainability of a discordant relationship (54).

And in addition to the study from Uganda(48), that showed age and gender that is associated with the desire of couples towards children and other a mixed method study done in the same country also gives us similar evidence on the role of age and gender in couples decisions towards a particular strategy or to experience certain outcomes in their relationship particularly gender were playing negotiation of safe sex practice(49).

Actions/interactions/strategies

Therefore, individuals with taking into consideration all the conditions and context in regard to their relationship will engage with certain kinds of actions/interactions/strategies that has its own role to play in maintaining their relationship. Our findings indicate couples use *"accepting the fact"* as a strategy which is taking HIV test result as normal phenomena. One study done on vulnerability in Brazil among discordant couples showed that there is a naturalization of the HIV/AIDS infection among the studied individuals. According to this finding couples were engaged in risky behaviour due to their belief towards the diseases(56).

The study shows either one of them or both of them were not interested to disclose their HIV test result to people around them due to fear of stigma and other forms of social pressure thus their preference was if possible not to tell anyone, but if they want to tell then they were very selective to tell to those who are very close families. This finding was supported by other

studies which found experience of stigma (10, 11) and thus individuals have their own specific criteria for deciding to whom to disclose(57) which were based on their calculation of risks and benefits of disclosure like what a study indicated among African American women who do such calculation before disclosing their test result(58).

Moreover, Interact with their partner by sacrifice of self interest (unprotected sex, & become pregnant without interest) were things that couples do or events that they attempt to use to sustain their relationship. This is supported by study from Uganda which found that since there is fear of a “loose” partnership thus women were engaged in certain action like unprotected sex & conception to secure their relationship(49).

Consequences

Through this all process of struggle to maintain their relationship, couples face some outcomes of their actions/interactions/strategies and conditions which brining the phenomena in their relationship and other conditions that intervene or shape all the process of their maintaining their relationship. One of the outcomes that this study identified was a double burden that both of the partners were facing with different extent of pressure. Those HIV positive individuals were facing different kinds of psychological pressure as a result of their serostatus, being with HIV negative partner having fear of infecting partner and concerned dissolution especially if they have children. Most literatures (19-21, 44, 45, 54) discussed above under the issue of selective disclosure and change in sexual trend and fertility was indicating that those HIV positive people facing their own feature of psychological pressure to deal with the conditions existing around them.

Whereas those HIV negative partners also have their own feature of concern that impose a psychological burden. One thing that differ their pressure was their serostatus. They don’t have a psychological burden in terms of the virus having a concern of survival like that of HIV positive

one since they are HIV negative. But, they also experience some kinds of pressures that are related with fear of infection and losing partner or the family in general.

In addition to the double burden, shifting of interest was observed among couples which results from the overall process of maintaining their relationship. According to the finding couples' interest or desires somehow changed or shifted from before entering in to such transition to the new relationship experiences. Interest like having a child & sexual desires were somehow changed with taking their intervening conditions and context in to consideration. Various studies (19-21, 44, 45, 54) were indicating the shift of interest that observed on individuals who live in a discordant relationship intermes of change in their practice like that of sexual & child desire. Thus couples prioritize their interest more for maintaining their relationship rather than concerned much for other practices.

Moreover, selective disclosure of their HIV status to other people throughout the process of maintain relationship resulted with less social pressure on couples or individuals who live in a discordant relationship especially if they have children such strategy were taken as important in order to avoid the unnecessary pressure that will be imposed on children due to their parents' HIV serostatus.

Chapter 7: Strength & Limitation of the study

Strength

First suitability of the study design to answer the research objective is one of the strength. Because qualitative research is built on a belief that absolute truth is not obtainable, even if one believes it exists truth is in the interpretation that comes out of what phenomena mean to the individual. Therefore, personal experience and what people gain from it in their private lives can best be studied using a qualitative approach.

Moreover, prolonged engagement with the data from the total amount of time available was as strength of this study which is useful in qualitative studies that can help to improve quality of the data.

Limitation

- Time constraint, which influenced the scope of emerging issue to explore based on theoretical sampling.
- Lack of willingness to take part among those HIV negative individuals as intended.
- Language limitation on some expression while translating the transcribed data from the original language to English.

Chapter 8: Conclusion

It became apparent that the informants were more concerned with maintaining their relationship in which sexuality & desire to have children were embedded, thus the struggle to maintain their relationship become the process.

Knowing HIV serostatus either alone or somehow together without any readiness brings the process to be started. Moreover, couple's context such as Defining the relationship, Spending Long time Together, Being in Different HIV Serostatus than Partner, Being a Parents, Ageing and Gender contribute its own role in shaping couples actions and strategies preferred to use. Since they have concerned in maintaining their relationship then they engaged in certain risky behaviour like that of having unprotected sex and becoming pregnant in order to entertain their partner's interest.

In addition to all the intervening conditions their actions & strategies bring some consequences that both or either of them facing throughout the process of maintaining their relationship. Engaging in unsafe sexual practice in addition to other pressure imposed due to different conditions imposed a psychological pressure on both of them whereas among those HIV positive there is an additional burden which is related with their serostatus. Ill-health condition was the main concern that creates an additional burden on those HIV positive individuals. Moreover, selective disclosure seems advantageous to avoid undesirable social pressure.

Chapter 9: Implications & Recommendation

Implications of the Findings

The findings and the proposed theoretical explanation have an implication for different stakeholders who work on intervention & treatment related with HIV/AIDS in the country. And, it also laid a foundation for researcher to look for further evidence that can enhance the efforts which are taking currently or in the future focusing on heterosexual HIV transmission among discordant relationship.

Many HIV positive individuals' health issues can be linked to their engagements that they have within their relationship like interactions between partners, with relatives and community at large. The ways that couples handle their relationship & desires can impact on the paths that each partner's decision towards a certain actions it can be actions related with sexuality & fertility that lead to health & health related outcomes. Among the outcomes couples in this study mentioned were a double psychological burden that consists of become concerned, worried, & become pregnant without self interest. Thus practitioners/counselors, ART specialists and practitioner can consider various conditions and context of people who live in a discordant relationship when they plan to deliver cares and service towards individuals who live in such circumstances.

And, the finding also can help decision makers in the process of addressing the need of people in such relationship which is currently positive prevention strategies were more encouraged to address by decision makers. Moreover, the share of HIV incident due to discordant relationship on the overall disease burden in a given country is very significant especially in Africa since most transmission undertake through heterosexual relationship.

Moreover, in the context of this model, potential research questions would fall within the area of sexual & desire to have children in the context of HIV prevention. A number of hypotheses

were proposed in the previous chapters which could be the basis for public health research questions. Thus researchers can look for further evidence using different designs and methods.

Recommendtions:

This research has provided a look into the lives HIV discordant couples with primary focus of sexual life & desire to have children. Even though the overall research findings were interesting and compelling, but it doesn't has a terminal nature.

- HIV prevention or intervention programs shall enhance the attention given to HIV discordant couples who live in this county. Accordingly, behaviour focused interventions and strategies can help couples to make an evidence based decision in their relationship if they have an opportunity on socio-cultural appropriate information with regard to HIV and relationship management. Thus there is a need beyond the box of treatment that is integration efforts between clinical efforts with strong psycho-social support to couples in such circumstance to avoid unnecessary action/interaction strategies that are used by couples in the process of maintaining their relationship.

- Further knowledge development and investigation with special focus of HIV prevention the context of Ethiopia should be pursued in this area of Relationship with taking HIV discordant relationship into consideration.

- Further work should be done with HIV discordant couples to assess the fit of the current model in a different set up and population.

- In addition, work could begin to test the hypotheses proposed in this study. This can be realized by developing instruments to measure the concepts/categories presented in this thesis and testing their psychometric properties.

Appendixes: English Version

Appendix 1: Oral Informed Consent form for In-depth interview with Key Informants

Name of Principal Investigator: Tewodros Getachew (BSc)

Name of Advisor/s: Dr. Getinet Mitike (MD, MPH, PhD)

Name of Organization: Addis Ababa University, School of Public Health

Name of Sponsor: Addis Ababa University, School of Public Health

Name of Project and Version: An Explorative Study on HIV-Serodiscordant Couples

First of all I would like to thank you for your time. My name is Tewodros Getachew. I'm a post graduate final year student in AAU school of Public health. I am doing some research on Sexual life and Fertility Desire in the context of long-term HIV-serodiscordant relationship (at least one year) which might give detail understanding of couples who are in such relationship/union regarding various aspects of sexual & other life issues.

We are talking to key informants people whom we believe have better knowledge about the issue under the study. Understanding the issues under this study will inform policy makers. Program designers and other stakeholders to consider during their make decision process regarding these people to be based on the reality on the ground and hence your involvement is highly appreciated.

The information recorded is confidential, and no one else except me and my advisor Dr. Getinet Mitike will access to the information documented during the interview. The entire interview will be tape-recorded for not to miss every point raise during our conversation, but no-one will be identified by name on the tape. The tape will be kept in a locked personal looker securely. The information recorded is confidential, and no one else except me and my advisor will have access to the tapes. The tapes will be destroyed after finishing the research work.

Your participation in this research is entirely voluntary. It will not take much longer than 45min to answer the questions. You may refuse to answer any question in the interview or stop the interview at any time and you won't be punished for not to take part in this research.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

1. Name of PI: Tewodros Getachew
   Telephone number: +251 911 058241
   P.O.Box 7863, Addis Ababa, Ethiopia
   E-mail: tedrigecho@gmail.com or chairpersonofgc99@yahoo.com

2. Name of Advisor/s: Dr. Getinet Mitike
   Telephone number: +251
   E-mail: getnetmk@gmail.com

This proposal has been reviewed and approved by Research & Ethical committee of School of Public Health, College of Health Science, Addis Ababa University, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the the committee, contact:

Name, Dr. Getinet Mitike, Sean of School of Public Health
Address, School of Public Health, Black Lion Hospital Addis Ababa University
Telephone number: +251 911245861
E-mail: getnetmk@gmail.com

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the overall objective and procedure of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

Appendix 2: Question-guide for In-depth Interview with Key Informants

Thanks again for your time, now I'm going to ask you the questions regarding HIV discordant couples. I want to assure you that all your comments will be confidential and used for research purposes only. We have some topics to cover mainly Psychosocial, reproductive, sexual life and service related issues so I may change the subject or move ahead. Please stop me if you want to add something.

Basic Information

Sex _____

Age _____

Occupation/responsibility _____

Level of Education _____

How long you have been working in the current position _____

Main themes & Follow-up Questions with some probes

1. **Psychosocial aspects of HIV discordance**
   - How do you describe the psychosocial aspects of HSDC?
   - What kind of psychosocial support do you provide for those HSDC?
   - Any thing you know about their social life about those couple in the context of their status? Common challenges in terms of their social life?

2. **Reproductive health and child-bearing issues**
   - What is the most common reproductive issues raise by HSDC? How do u describe it?
   - How do you describe their desire to have children? Related to this issue, what kind of counseling & other services are available for them?
   - Can you tell about your experiences regarding the reproductive issues of HSDC?
3. **Sexuality and Interventions to reduce HIV transmission**

- How do you describe their sexual life in general?
- Related to this, what are the most common challenges they face? Why do you think they have such kind of sexual challenges?

- What kind of counseling will they get from here? What kind of counseling or advices you will provide for their sexual practices?

- How do you describe prevention of HIV/AIDS in such condition? What are the most common challenges?

- Any practice you know regarding this issue from their side?

4. **Suggestions for Policy, services and programmes for discordant couples**

Finally,

Before we end up, do you have anything else you would like say or ask? Anything you would like to comment on our discussion, please your welcome.

If we finished here, thank you so much for your time and sharing plenty of experience with me. I would like to appreciate your consideration to take part in this study It will be very helpful.

Appendix 3: Informed Consent form for In-depth interview with HIV + participant

Name of Principle Investigator: Tewodros Getachew (BSc)

Name of Advisor/s: Dr. Getinet Mitike (MD, MPH, PhD)

Name of Organization: Addis Ababa University, School of Public Health

Name of Sponsor: Addis Ababa University, School of Public Health

Name of Project and Version: An Explorative Study on HIV-Serodiscordant Couples

This Informed Consent Form has three parts: you will be given a copy of the full Informed Consent Form (ICF)

Part I: Information Sheet (to share information about the study with you)

Introduction

First of all I would like to thank you for your time. My name is Tewodros Getachew. I'm a post graduate final year student in AAU school of Public health. I am doing some research on Sexual life and Fertility Desire in the context of long-term HIV-serodiscordant relationship which might give detail understanding of you other people who are in similar relationship/union regarding various aspects of sexual & other life issues. In this research we will talk to many couples, both women and men, and ask them a number of questions. Whenever researchers study on people, we talk to them and ask their permission. After you have heard more about the study, and if you agree, then we can proceed to the next thing.

You do not have to decide today whether or not you agree to participate in this research. Before you decide, you can talk to anyone you feel comfortable with. There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me.

Purpose

As all of us we know that HIV/AIDS is a problem of every part of society, among this family/marriage/union is one of the groups which are affected by this problem. We are here to

learn from your practical life experiences about marriage/union life and how couples handle things arise within the relationship in the context of living with HIV-serodiscordant status.
In fact in different countries many couples with HIV-serodiscordant status are living together in love and peace, but some also live in very challenging environment. But, we don't have any evidence regarding our country situation. Thus your participation will contribute to our endeavor to promote safe and lovely relationship between couples subsequently maintain health family and society.

Procedure:

You are being invited to take part in this research because we feel that your experience as a responsible citizen can contribute much to our understanding and knowledge of local health practices. This research will involve your participation in an in-depth interview that will take about one hour, and may be a one hour focus group discussion.

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, there is no any penalty or discontinuation of any benefits that you are getting from this institution. It is your right. You may change your mind later and stop participating even if you agreed earlier.

During the interview, I (the principal investigator) will sit down with you in a comfortable place at the Centre. If it is better for you, the interview can take place that you prefer. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there.

The information recorded is confidential, and no one else except me and my advisor Dr. Getinet Mitike will access to the information documented during your interview. The entire interview will be tape-recorded for not to miss every point raise during our conversation, but no-one will be identified by name on the tape. The tape will be kept in a locked personal looker securely.

The information recorded is confidential, and no one else except me and my advisor will have access to the tapes. The tapes will be destroyed after finishing the research work.

Risks

Since I am going to ask you some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the interview if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Regarding your partner if you are willing to invite him/her to take part in the study he/she may not be interested and it may bring some undesirable psychological disturbance on your relationship. Thus considering these you can decide whether to invite him/her or not.

Benefits

By this time there will be no direct benefit to you, but your participation is likely to help us find out and understand about the most important sexual & other health issues in the context of HIV-serodiscordant relationship. Thus we can come up with very crucial evidences that can help program designers and policy makers to develop various coupled focused programs and policy that can benefit couples with HIV-serodiscordant status.

Reimbursements

To maintain research ethical criteria, you will not be provided any incentive to take part in the research. However, we will give you 25 Ethiopian birr for travel expense (if applicable).

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

1. Name of PI: Tewodros Getachew
   Telephone number: +251 911 058241

P.O.Box 7863, Addis Ababa, Ethiopia

E-mail: tedrigecho@gmail.com or chairpersonofgc99@yahoo.com

2. Name of Advisor/s: Dr. Getinet Mitike

   Telephone number: +251

   E-mail: getnetmk@gmail.com

This proposal has been reviewed and approved by Research & Ethical committee of School of Public Health, College of Health Science, Addis Ababa University, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the the committee, contact:

Name, Dr. Getinet Mitike, Sean of School of Public Health

Address, School of Public Health, Black Lion Hospital Addis Ababa University

Telephone number: +251 911245861

E-mail: getnetmk@gmail.com

Part II: Certificate of Consent (for signatures if you agree that you may participate)

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print Name of Participant_____

Signature of Participant _____

Date _____

Day/month/year

If illiterate [2]

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

Part III: Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the overall objective and procedure of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed consent form will be provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

_____

[2] A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

Appendix 4: Invitation to HIV negative participants for In-depth Interview

Dear Mr. /Mrs. / Miss, …….. My Name is Tewodros Getachew a final year post graduate student at School of Public Health AAU. I am doing some research. I'm sending this invitation later to ask you to take part in our study which is focus on HIV-serodiscordant couples.

As all of us we know that HIV/AIDS is a problem of every part of society, among this family/marriage/union is one of the groups which are affected by this problem. We are very interested to learn from your practical life experiences about marriage/union life and how couples handle things arise within the relationship in the context of living with HIV-serodiscordant status.

In fact in different countries many couples with HIV-serodiscordant status are living together in love and peace, but some also live in very challenging environment. But, we don't have any evidence regarding our country situation. Thus your participation will contribute to our endeavor to promote safe and lovely relationship between couples subsequently maintain health family and society.

We are sending this invitation because we feel that your experience as a responsible citizen can contribute much to our understanding and knowledge of health issues in HIV-serodiscordant couples. Your participation in this research is entirely voluntary. You may change your mind later and stop participating even if you agreed earlier.

You may participate in either of an in-depth interview or focus group discussion with 6-8 other persons with similar experiences. This discussion will be guided by assistant moderator and me. During the interview or group discussion we will raise issues related to sexual life, Fertility desire and other life experiences of people living in HIV-serodiscordant couples. You will not spend more than one hour with us.

The discussion will take place in one of the place of your preferences, and no one else but the people who take part in the discussion and my assistant or me will be present during the discussion and interview. The entire discussion will be tape-recorded, but no-one will be identified by name on the tape.

Reimbursements

To maintain research ethical criteria, you will not be provided any incentive to take part in the research. However, if you are will to come and participate we will give you 25 Ethiopian birr for your time, and travel expense (if applicable)

Contact Address

If you wish to ask questions, you may contact me using the following address:

1. Name of PI: Tewodros Getachew
   Telephone number: +251 911 058241
   P.O.Box 7863, Addis Ababa, Ethiopia
   E-mail: tedrigecho@gmail.com or chairpersonofgc99@yahoo.com

Appendix 5: Informed Consent form for In-depth interview with HIV Negative participant

Name of Principle Investigator: Tewodros Getachew (BSc)

Name of Advisor/s: Dr. Getinet Mitike (MD, MPH, PhD)

Name of Organization: Addis Ababa University, School of Public Health

Name of Sponsor: Addis Ababa University, School of Public Health

Name of Project and Version: An Explorative Study on HIV-Serodiscordant Couples

This Informed Consent Form has three parts: you will be given a copy of the full Informed Consent Form (ICF)

Part I: Information Sheet (to share information about the study with you)

Introduction

First of all I would like to thank you for coming. My name is Tewodros Getachew. I'm a post graduate final year student in AAU school of Public health. I am doing some research on Sexual life and Fertility Desire in the context of long-term HIV-serodiscordant relationship which might give detail understanding of you other people who are in similar relationship/union regarding various aspects of sexual & other life issues. In this research we will talk to many couples, both women and men (HIV positive & Negative partners), and ask them a number of questions. Whenever researchers study on people, we talk to them and ask their permission. After you have heard more about the study, and if you agree, then we can proceed to the next thing.

You do not have to decide today whether or not you agree to participate in this research. Before you decide, you can talk to anyone you feel comfortable with. There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me.

Purpose

As all of us we know that HIV/AIDS is a problem of every part of society, among this family/marriage/union is one of the groups which are affected by this problem. We are here to learn from your practical life experiences about marriage/union life and how couples handle things arise within the relationship in the context of living with HIV-serodiscordant status.

In fact in different countries many couples with HIV-serodiscordant status are living together in love and peace, but some also live in very challenging environment. But, we don't have any evidence regarding our country situation. Thus your participation will contribute to our endeavor to promote safe and lovely relationship between couples subsequently maintain health family and society.

Procedure:

You are being invited to take part in this research because we feel that your experience as a responsible citizen can contribute much to our understanding and knowledge of local health practices. This research will involve your participation in an in-depth interview that will take about one hour, and may be a one hour focus group discussion.

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, there is no any penalty on you or discontinuation of any benefits that your partner is getting from this institution. It is your right. You may change your mind later and stop participating even if you agreed earlier.

During the interview, I (the principal investigator) will sit down with you in a comfortable place at the _____ [place]. If it is better for you, the interview can take place anywhere that you prefer. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there.

The information recorded is confidential, and no one else except me and my advisor Dr. Getinet Mitike will access to the information documented during your interview. The entire interview will be tape-recorded for not to miss every point raise during our conversation, but no-one will be identified by name on the tape. The tape will be kept in a locked personal looker securely. The information recorded is confidential, and no one else except me and my advisor will have access to the tapes. The tapes will be destroyed after finishing the research work.

Risks

Since I am going to ask you some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the interview if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Benefits

By this time there will be no direct benefit to you, but your participation is likely to help us find out and understand about the most important sexual & other health issues in the context of HIV-serodiscordant relationship. Thus we can come up with very crucial evidences that can help program designers and policy makers to develop various coupled focused programs and policy that can benefit couples with HIV-serodiscordant status.

Reimbursements

To maintain research ethical criteria, you will not be provided any incentive to take part in the research. However, we will give you 25 Ethiopian birr for your travel expense (if applicable).

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

1. Name of PI: Tewodros Getachew
   Telephone number: +251 911 058241
   P.O.Box 7863, Addis Ababa, Ethiopia
   E-mail: tedrigecho@gmail.com or chairpersonofgc99@yahoo.com

2. Name of Advisor/s: Dr. Getinet Mitike
   Telephone number: +251 911245861
   E-mail: getnetmk@gmail.com

This proposal has been reviewed and approved by Research & Ethical committee of School of Public Health, College of Health Science, Addis Ababa University, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the the committee, contact:

Name, Dr. Getinet Mitike, Sean of School of Public Health
Address, School of Public Health, Black Lion Hospital Addis Ababa University
Telephone number: +251 911245861
E-mail: getnetmk@gmail.com

Part II: Certificate of Consent (for signatures if you agree that you may participate)

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print Name of Participant_____

Signature of Participant _____

Date _____

Day/month/year

If illiterate [3]

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

Part III: Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the overall objective and procedure of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed consent form will be provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____Day/month/year

[3] A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

Appendix 6: Question-guide for In-depth Interview with individual in HIV-Serodiscordant Relationship (Bothe Positive & Negative participants)

Thanks again for your time, now I'm going to ask you some questions mainly related to your psychosocial life, sexual practice, concern and reproductive & child-bearing issues. One important thing I want to confirm you again that this conversation will be confidential. No one will know what we discuss here except you, me & my advisor. Thus I would like to ask you to be free and comfortable to talk anything that would like to talk.

Basic Information

Age: _____

Sex: _____

Education: _____

Occupation/employment: _____

How long you have been with your partner? _____

Serostatus: _____

HIV-testing history of each partner; when? _____

Main themes & Follow-up Questions with some probes

1. **Psychosocial aspects of HIV discordance**

- Lets' we start with simple question, how is your marriage/union?
- How do you know your status? Who know 1st you or your partner?
    - Then what whapped? How do you manage it?
        - Anything else?
- Can you tell me about what exactly mean being in HIV discordance status?
    - What have you heard about such relationship from others?
    - In your opinion, how do you see it those information/ says by others about HIV serodiscordant couples? Why do you think that?
        - Anything else?

- Tell me about disclosure of HIV status
    - Who knows about you and your partner status? How? Why?
    - What was the response?
        - What happen next?
        - How do you handle it?
        - Can you tell more with practical example?
- Can you tell me about your social life with other members of the society?
    - Have you face any uncomfortable social pressure because of your status?
        - Why do you think that people act like that?
- How do you perceive your health condition?
    - What makes you to perceive in such a way?

2. Reproductive health and child-bearing issues

- Do you have children? How many?
    - From the current relationship or previous relationships?
- Is there a desire to have a child or children? Who want more?
    - Is there any plan to have children?
    - Is there any reason behind your desire & plan to have a child?
- Is there anything you would like to share about children?

3. Sexuality and Interventions to reduce HIV transmission

- Lets' we begin with your Intimacy and sexual relations
    - Can you tell me about your intimacy with your partner? How do you explain it?
        - Any reason why your intimacy being like this?
    - What about your sexual practice/connection?
        - Is there any change regarding sexual practice? Why?
        - Are you happy with that?
        - How do you manage your sexual desires?

        - Do you practice different sexual acts (such as oral sex) during sex with you partner?
- Ok, Now lets' we also talk about of HIV infection
    - Can you tell me about what you know about HIV? About the transmission & prevention?
        - Where did you get the information?
        - Do you discuss with your partner about HIV?
        - Are there any challenges/difficulties on your communication concerning HIV related issues? Why? How do you handle it?
    - What do you do to protect your partner/yourself from HIV infection?
        - What is the most preferred strategy by you/your partner to prevent the infection?
        - Any challenges/difficulties of practicing safer sex?
- Do you or your partner have any concern regards to the future because of your status?
    - What are the most common concerns you face within your relationship? Why?
    - How do you coup with such situations?

4. Suggestions for assistance, services and programmes for discordant couples

- What can you tell me about health services, care, program and policy of our country regarding couples with HIV-serodiscordant status?
- Do you have anything to forward in terms of suggestion, recommendation or request concerning HIV-serodiscordant couples?

Finally,

Before we end up, do you have anything else you would like say or ask? Anything you would like to comment on our discussion, please your welcome.

Thank you so much for your time and sharing plenty of life experience with me. I would like to appreciate your consideration to take part in this study It will be very helpful.

Appendixes: Amharic Version

Appendix 7: በግል ቁልፍ ከሆኑ ግለሰቦች ጋር ለሚደረግ ጠለቅ ያለ የቃለ መጠይቅ የቃል መረጃ መስጫ እና ስምምነት መጠየቂያ ቅፅ

የተመራማሪው ተማሪ ስም: ቴዎድሮስ ጌታቸው (BSc)

አማካሪ መምህር: ዶ/ር ጌትነት ምትኬ (MD, MPH, PhD)

ተቋሙ: በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት

ጥናቱን የሚደግፈው: በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት

የጥናቱ ርዕስ: የተለያየ የኤቼ አይ ቪ ምርመራ ውጤት ያላአቸው (ማለትም አንዱ ፖዘቲቭ ሌላኛው ደሞ ኔጌቲቭ የሆኑ) ጥንዶች የግብረ-ስጋ ግንኙነታቸውን ህይወት እና የወሊድ ፍላጎት ነአዲስ አበባ ከተማ

በመጀመሪያ ስለሰጡኝ ጊዜ ከልብ እያመሰገንኩኝ እራሴን ላስተዋውቆ ስሜ ቴዎድሮስ ጌታቸው ሲሆን በአዲስ አበባ ዩኒቨርሲቲ በህብረተሰብ ጤና ትምህርት ቤት የመጨረሻ ዓመት የድህ ረ-ምረቃ ተማሪ ነኝ። የተለያየ የኤቼ አይ ቪ ምርመራ ውጤት ኖሮአቸው(ማለትም አንዱ ፖዘቲቭ ሌላኛው ደሞ ኔጌቲቭ የሆኑ) እና በፍቅር/በትዳር ለረጅም ጊዜ (ቢያንስ ለአንድ ዓመት) በቆዩ ጥንዶች ዙሪያ የወሊድ ፍላጎት እና የግብረ-ስጋ ግንኙነታቸውን በተመለከተ ጥናት እያደረግን ነው።

በርዕሰ ጉዳዩ ላይ ቁልፍ የምንላቸውን ሰዎች ስለጉዳዩ የተሻለ እውቀት አላቸው ብለን የምናምባቸውን ግለሰቦች እያናገርን ነው። እነደሚታወቀው ይህንን ጉዳይ በጥልቀት መረዳት ከተቻለ ለተለያዩ አካላት ለመጥቀስ ያህል ፖሊሲ ለሚቀርፁ፣ ፕሮግራም ለሚነድፉ አካላት የተሻለ መረጃ በመስጠት መረጃ ላይ የተመሰረተ ውሳኔ እንዲያሳልፉ ይረዳቸዋል። በመሆኑም የዕርስዎ በዚህ ጥናት ላይ መሳተፍ በጣም የሚበረታታ ፋይዳ ያለው ነው።

ለማሳወቅ ያህል አሁን የሚሰጡን መረጃ በሙሉ በጥንቃቄ በሚስጢር የሚያዝ መሆኑን መግለፅ እወዳለሁ። ይህን መረጃ ከእኔ አና አካማካሪ መምህሬ ዶ/ር ጌትነት ምትኬ ውጭ ማንም አያገኘውም። የምናደርገው ቃለ-ምልልስ ፍሬ ነገሮች ሳይፃፉ እንዳይቀሩ ሲባል በቴፕ እንቀዳዋለን ሆኖም ካሴቱነ በሚስጢር ማስቀመጫ ቁምሳጥን ውስጥ ተቆልፎ የሚቀመጥ መሆኑን ከላይ ከተጥቀሱት ግለሰቦች ውጭ ማንም ማግኘት አንደማይችል ደግሜ ለማረጋገጥ እወዳለሁ። ጥናቱም ከተጠናቀቀ በኃላም ካሴቱ ሙሉ በሙሉ ይደመሰሳል።

በዚህ ጥናተ ላይ መሳተፍ ሙሉ በሙሉ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ነው። በጠቅላላ ቃለመጠይቁ ከ45 ደቂቃ በላይ የማይወስድ ሲሆን ለመሳተፍ ፈቃደኛ ከሆኑም በኃላ ማቋረጥ ቢሹም ነፃነቱ አሎት። መመለስ የማይፈልጉት ጥያቄ ካለም ፈቃደኛ ለመሆኖትን በመግፅ መዝለል ይቻላለል። ጥያቄ ባለመመለሶ ወይም ጥናቱ ላይ ባለመሳተፎ የሚከተል ምንም አይነት ቅጣት ወይም የሚቀርቦት ምንም አይነት ጥቅም አይኖርም።

ማግኘት ከፈለጉ፡-

ምንም አይነት ጥያቄ ቢኖሮት አሁን ወይም በኃላ በሚከተለው አድራሻ በመጠቀምሊያገኙን ይችላሉ

- ዋና ተመራማሪ ስም: ቴዎድሮስ ጌታቸው
    - ስልክ 0911 058241
    - ፖ. ሳ. ቁጥር 7863 አዲስ አባባ ኢትዮድያ
    - ኢ-ሜል: tedrigecho@gmail.com or tedrigecho@yahoo.com

- አማካሪ መምህር: ዶ/ር ጌትነት ምትኬ
    - ስልክ: 0911245861
    - ፖ. ሳ. ቁጥር
    - ኢ-ሜል getnetmk@gmail.com

ለመረጃዎ ያህል ይህ ጥናት በአዲስ አበባ ዩንቨርሲቲ ጤና ሳይንስ ኮለጇ የተቋማዊ ጥናት ቦርድ ታይቶ የፀደቀ ሲሆን ይህ ቦርድ ማንኛውም በተቋሙ ስር የሚደረጉ ጥናቶች በጥናቱ ስር የሚሳተፉትን ሰዎች ደህንነት እንዲጠበቅ የማድረግ እና በጥናቱ ምክኒያት ምንም አይነት ጉዳት እንዳይደርስባቸው የማረጋገጥ ኃላፊነት ይዞ የሚሰራ ነው። እርስዎም የበለጠ ማወቅ የሚፈልጉት ጉዳይ ካለ በሚከተለው አድራሻ በመጠቀም ማግኘት ይቾላሉ ፡-

ስም : _____

አደራሻ : _____

ስልክ : _____

ኢ-ሜል : _____

ይህንን ስምምነት የሚወስደው/ተመራማሪው ቃል

ይህንን ቅፅ ለዕጩ ተሳታፊው ባለኝ አቅሜ ሁሉ በመጠቀም በማንበብ ተሳታፊው የጥናቱን ጠቅላላ ዓላማ እና አካሄድ እንዲረዳው እድርጊያለሁ። ተሳታፊው ያሉትን ጥያቄዎች እንዲጠይቅ በቂ እድል የተሰጠው ሲሆን ለተነሱትም ጥያቄዎች አግባብነት ያላቸው መልሶችና ማብራሪያዎችም መሰጠታቸውን አረጋሐገጣለሁ። በተጨማሪም ተሳታፊው ምንም አይነት ተፅዕኖ ሳይደረግባቸው በሙሉ ፈቃደኝነት ለመሳተፍ መወሰናቸውን እነዲሁ አረጋግጣለሁ።

ተመራማሪው/ስምምቱን የሚወስደው ሰው ስም : ቴዎድሮስ ጌታቸው

ተመራማሪው/ስምምቱን የሚወስደው ሰው ፊርማ : _____

ቀን : _____

Appendix 8: ቁልፍ ከሆኑ ግለሰቦች ጋር ለሚደረግ ቃለ-ምልልስ የጥያቄ ማሚያ ነ ጥቦች

በድጋሜ ጊዜዎትን ስለሰጡኝ ከልብ አመሰግናለሁ። አሁን ቀጥታ ወደ ጥያቄዎቹ አጨእሄዳለሁ። በቆይታችን የተለያዩ ርዕሰ ጉዳዮችን በዋነኝነት የተለያየ የኤች አይ ቪ ምርመራ ውጤት ያላቸው ጥንዶች ስነ-ልቦናዊ ማህበራዊ ጉዳዮች፣ ስነ-ተዋልዶ እና የግብረ-ስጋ ግንኙነት ሕይወት በተመለከተ ይሆናሉ። አሁን ከመጀመራቸን በፊት መሰረታዊ የሆኑ መረጃዎችን ስለራሶ ላነሳ በመሃል በመሃል በጨመር ማብራራት የሚፈልጉት ሀሳብ ሲኖር ሊያስቆሙኝ ይችላሉ።

ማስታወሻ፡-

- ከዚህ በኃላ ጥንዶች እያልን የምናነሳቸው ሁለት ተቃራኒ ፆታ ያላቸው፣ በትዳር/በፍቅር አብረው የሚኖሩ እና የተላያየ የኤች አይ ቪ ምርመራ ውጤት ያላቸው መሆኑን ከግንዛቤ ውስጥ ይግባ

መሰረታዊ መረጃ

ፆታ: _____ እድሜ _____ ሙያ/ኃላፊት _____

የትምህርት ደረጃ _____

አሁን ባሉበት የስራ ሐላፊነት ምን ያህል ጊዜ ሰርተዋል? _____

ዋና መወያያ ነጥቦች እና ተያያዥ ሐሳቦች

1. **ስነ-ልቦና እና ማህበራዊ ጉዳዮች**
    - የተለያየ ኤች አይ ቪ ምርመራ ውጤት ያላቸውን ጥንዶች ስነ-ልቦናዊ እና ማህበራዊ ህይወታቸውን እንዴት ይገልፁታል?
    - ከጤናቸው ጋር በተያያዘ በተደጋጋሚ በጥንዶቹ የሚያነሱዋቸው ማህበራዊ ተግዳሮቶች ምንድን ናቸው?
    - ከዚህ ተቋም ጥንዶቹ ሊያገኟቸው የሚችሉት ምን አይነት ድጋፎች ካሉ ቢነግሩን?
    - ከዚህ ጋር በተያያዘ የሚያካፍሉን ልምድ ካለ?
2. **የስነ-ተዋልዶ እና ልጅ የመውለድ ጉዳዮች**
    - አነዚህ ጥንዶች የሚያነሱዋቸው የስነ-ተዋልዶ ጉዳዮች ምንድን ናቸው? እንዴትስ ይገለፃሉ?
    - ልጅ የመውለድ ፍላጎታቸውን እንዴት ይገልፁታ? ከዚህ ጋር በተያያዘ ምን አይነት የምክር ሆነ ሌሎች አገልግሎቶችን ያገኛሉ?
    - ከዚህ ርዕሰ ጉዳይ ጋር በተያያዘ የሚያካፍሉን ተጨማሪ ልምዶች ካሉ?
3. **የግብረ-ስጋ ግንኙነት እና ኤች አይ ቪን መከላከል ጉዳዮች**

- በጠቅላላ የጥንዶቹን ግብረ-ስጋ ግንኙነት ሕይወት እንዴት ይገልፁታለ?

- ከዚህ ጋር በተያያዘ በአብዛኛው የሚያነሱዋቸው ተግዳሮቶች ምንድን ናቸው? ምክኒያቶቹስ ምን ይመስልዎታል?

- ከዚህ ተቋም ጥንዶቹ ምን አይነት የምክር አገልግሎት ያገኛሉ? እርሶስ ስለዶታ ግንኙነት ምን አይነት የምክር አገልግሎት ይሰጣሉ?

- ኤች አይ ቪ ኤድስን መከላከል በእንደዚ ሁኔታ ውስጥ እንዴት ይገለፃል? ያሉ ተግዳሮቶች ምንድን ናቸው?

- ከዚህ ርዕሰ ጉዳይ ጋር በተያያዘ የሚያካፍሉን ተጨማሪ ልምዶች ካሉ?

4. አነዚህን ጥንዶች በተመለከተ ከፖሊሲ እና ከተለያዩ ፕሮግራሞች አንፃር የሚሰጡን አስተያየት ካለ

- የሀገሪቷ ጤና ፖሊሲ፣ የጤና ፕሮግራሞች እነዲሁም አገልግሎቶች የነዚህን ጥንዶች የጤና ሁኔታ ከግምት ውስጥ አስገብቷል?

በመጨረሻም ከማጠቃለላችን በፊት ማለት ወይም መጨመር የሚፈልጉት ነገር ካለ? በነበረን ውይይት ላይ ሐሳብ መስጠት ከፈለጉም በጣም ደስ ይለኛል።

ከጨረስን በጣም ከልብ ላመሰግን አወዳለሁ ውድ ጊዜዎን ሰውተው ይህን የመሰለ ጠቃሚ ልምድዎን ስላካፈሉኝ ብሎም በዚህ ጥናት ላይ ለመሳተፍ መልካም ፈቃዶ ስለሆነ ደግሜ ከልብ አመሰግናለሁ።

Appendix 9: በግልኤች አይ ቪ ቫይረስ በደማቸውከኣጥ ካለባቸውተሳታፊዎች ጋር ለሚደረግ ጠለቅ ያለ ቃለ-መጠይቅ መጀመ መቅጃና ስምማ ት መጠየቂያ ቅፅ

የተመራማሪው ተማሪ ስም: ቴዎድሮስ ጌታቸው (BSc)

አማካሪ መምህር: ዶ/ር ጌትነት ምትኬ (MD, MPH, PhD)

ተቋሙ: በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት

ጥናቱን የሚደግፈው: በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት

የጥናቱ ርዕስ: የተለያየ የኤቼ አይ ቪ ምርመራ ውጤት ያላአቸው (ማለትም አንዱ ፖዘቲቭ ሌላኛው ደሞ ኔጌቲቭ የሆኑ) ጥንዶች የግብረ-ስጋ ግንኙነታቸውን ህይወት እና የወሊድ ፍላጎት ነአዲስ አበባ ከተማ

ይህ ቅፅ ሶስት የተለያዩ ክፍሎች ያሉት ሲሆን ከተሞላ በኃላ አንድ ኮፒ ለተሳታፊው ይሰጣል።

ክፍል ፡- <u>መረጃ መስጫ ቅፅ (ስለጥናቱ ዝርዝር መረጃ ለእርስዎ ለማካፈል)</u>

<u>መግቢያ</u>

በመጀመሪያ ስለሰጡኝ ጊዜ ከልብ እያመሰገንኩኝ እራሴን ላስተዋውቆ ስሜ ቴዎድሮስ ጌታቸው ሲሆን በአዲስ አበባ ዩኒቨርሲቲ በህብረተሰብ ጤና ትምህርት ቤት የመጨረሻ ዓመት የድህረ-ምረቃ ተማሪ ነኝ። የተለያየ የኤቼ አይ ቪ ምርመራ ውጤት ኖሮአቸው(ማለትም አንዱ ፖዘቲቭ ሌላኛው ደሞ ኔጌቲቭ) የሆኑ እና በፍቅር/በትዳር ለረጅም ጊዜ (ቢያንስ ለአንድ ዓመት) በቆዩ ጥንዶች ዙሪያ የወሊድ ፍላጎት እና የግብረ-ስጋ ግንኙነታቸውን በተመለከተ ጥናት እያደረግን ነው።

በርዕሰ ጉዳዩ ላይ የዚህ አይነት ውጤት ያላቸውን ጥንዶች እያናገርን ነው። ሰዎችን ያማከለ ማንኛውም ጥናት ሲደረግ የሰዎችን ፈቃደኝነት አስቀድሞ መግኘት አስፈላጊ ነው። አሁን ስለጥናቱ በቂ መረጃ እሰጦታለሁ ከዚያ በኃላ ለመሳተፍ ፈቃደኛ ከሆኑ ወደ ሚቀጥለው እናልፋለን።

በጥናቱ ላይ ለመሳተፍ ወይም ላለመሳተፍ የግድ ዛሬ መወሰን የለቦትም። ከመወሰኖ በፊት ማግኘትና ማናገር የሚፈልጉት ሰው ካለ ነፃ ሆነው ካናገሩ በኃላ መወሰን ይችላሉ። ስለጥናቱ ዝርዝር መረጃ ስሰጦ ግልፅ ያልሆኑ ቃላቶች ወይም ኃሳቦች ከሉ ማስቆምና ማብራሪያ ማግኘት ይችላሉ። ወደኃላ አቆይተው መጠየቅም ከፈለጉ ለመመለስ ዝግጁ ነኝ።

የጥናቱ ዓላማ

እንደሚታወቀው ኤች አይ ቪ ኤድስ የሁሉም ማህበረሰብ አካል ችግር ከሆነ ሰንበትበት ብሏል። ከተለያዩ ማህበረሰብ ክፍሎች መካከል በትዳር ውስጥ ያሉ ጥንዶች የችግሩ ሰለባ ከመሆን አልዳኑም። ይህን ታሳቢ በማድረግ ዛሬ ከእርስዎ ህይወት ተሞክሮ ስለትዳር/የፍቅር ግንኙነት ፣ ጥንዶች የተለያየ የኤች አይ ቪ ምርመራ ውጤት ኖሯቸው እዴት ግንኙነታቸውን እንደሚመሩ ብሎም የመውለድ ፍላጎታቸውን ምን እንደሚመስል ለመረዳት እዚህ ተገኝተናል።

በተለያዩ ሀገራት በተመሳሳይ ህይወት ውስጥ ያሉ ጥንዶች በምን መለኩ ግንኙነታቸውን እነደሚመሩ የተለያዩ መረጃዎች አሉ። ነገር ግን ወደ ሀገራችን ስንመጣ ሰለዚህ ጉዳይ ምንም አይነት ጥናቶች የሉም። ስለዚህ የእርስዎ በዚህ ጥናት መሳተፍ ጥንዶች ጥንቃቄ ዬተሞላበት የግብረ-ስጋ ግንኙነት እንዲኖራቸውና በመተሳሰብ አብሮ ጤናማ የፍቅር ህይወት እንዲኖራቸው ለሚደረገው ጥረት ትልቅ ሚና ይኖረዋል።

<u>አካሄድ</u>፡-

በዚህ ጥናት እንዲሳተፉ ስንጋብዝዎት ስለጉዳዩ በሃገራችን ያሉ የተለያዩ አካላት ስለጉዳዩ የተሻለ ግንዛቤ እንዲኖራቸው በማድረግ ሂደት ውስጥ እንደዜጋ ማበርከት የሚችሉተ ነገር አለ ብለን ሰላመንን ነው። ከእርስዎ ጋር የምናደርገው ጠለቅ ያለ ቃለጠ መጠይቅ ከአነድ ሰዓት በላይ የመይወስድ ሲሆን ሌላው ደሞ ፈቃደኛ ከሆኑ በቡድን ውይይት ላይ እ ዲሳተፉ ነው ይህም አንድ ሰዓት ተኩል ያህል ቢፈጅ ነው።

በዚህ ጥናት ላይ መሳተፍ ሙሉ በሙሉ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ነው። ለመሳተፍ ፈቃደኛ ከሆኑም በኃላ ማቋረጥ ቢሹም ነፃነቱ አሎት። መመለስ የማይፈልጉት ጥያቄ ካለም ፈቃደኛ አለመሆኖትን በመግፅ መዝለል ይቻላለል። ጥያቄ ባለመመለሶ ወይም ጥናቱ ላይ ባለመሳተፎ የሚከተል ምንም አይነት ቅጣት ወይም የሚቀርቦት ምንም አይነት ጥቅም አይኖርም።

በቃለ መጠይቁ ሂደት ከዋናው ተመራማሪ ውጭ የእርስዎ ፍላጎት ካልሆነ በስተቀር ማንም አይገኝም። ይህንንም ለማድረግ እዚሁ ወይም ሌላ እርስዎ አመቺ በሚመስሎት ስፍራ ማከናወን አንችላለን። በተጨማሪም አሁን የሚሰጡን መረጃ በሙሉ በጥንቃቄ በሚስጢር የሚያዝ መሆኑን መግለፅ እወዳለሁ። ይህን መረጃ ከእኔ አና አካማካሪ መምህሬ ዶ/ር ጌትነት ምትኬ ውጭ ማንም አያገኘውም። የምናደርገው ቃለ-ምልልስ ፍሬ ነገሮች ሳይፃፉ እንዳይቀሩ ሲባል በቴፕ እንቀዳዋለን ሆኖም ካሴቱነ በሚስጢር ማስቀመጫ ቁምሳጥን ውስጥ ተቆልፎ የሚቀመጥ መሆኑን ከላይ ከተጥቀሱት ግለሰቦች ውጭ ማንም ማግኘት አንደማይችል ደግሜ ለማረጋገጥ እወዳለሁ። ጥናቱም ከተጠናቀቀ በኃላም ካሴቱ ሙሉ በሙሉ ይደመሰሳል።

<u>የጥናቱ ጠቄሜታ</u>፡-

ይህ ጥናት አሁን ለተሳታፊዎቹ የሚሆን ቀጥተኛ የሆነ ጥቅም የለውም። ነገር ግን የእርስዎ በዚህ ጥናት ላይ መሳተፍ ስለ የተለያየ ኤእ አይ ቪ ምርመራ ውጤት ያላቸው ጥዶች ስነተዋልዶ እና ሌሎች ተያያዥ የጤና ጉዳዮችን የበለጠ እንድናውቅና እንድንገነዘብ ይረዳናል። የዚህ ውጤት ደሞ ለተለያዩ አካላት እንደ ማስረጃ በመሆን ለሚቀርፁት ፖሊሲ እንዲሁም ፕሮግራሞች ጥንዶቹን ያማከለ እንዲሆነ ይረዳቸዋል ይህም በተዘዋዋሪ በዚህ ሕይወት ውስጥ ያሉትን ጥንዶች እንደሚጠቅም ይታመናል። በመሆኑም የዕርስዎ በዚህ ጥናት ላይ መሳተፍ በጣም የሚበረታታ ፋይዳ ያለው ነው።

<u>የጥናቱ ጫና</u>፡-

በሚኖረን ቆይታ ምናልባት አንዳንድ የግል እና ሚስጥራዊ በሆኑ ጉዳዮች ዙሪያ ጥያቄዎቸ ሊነሱ ይችላሉ በዚህም ምክኒያት ትንሽ ስሜቶትን ሊረብሾት ይችላል። ሆኖም መመለስ የማይፈልጉት ጥያቄዎች ካሉ ሳይመልሱት ማለፍ ይቻላል ባለመቻሎመም ምንም አይነተ ምክኒያት አይጠየቁም።

በዚህ ጥናት ውስጥ የፍቅር ኣጋሮ እንዲሳተፍ እንፈልጋለን ለዚህም ይሆን ዘንድ የግብዣ መጥሪያ አዘጋጅተናል። ፈቃደኛ ከሆኑ ብቻ ሊሰጡልና እሳቸውም ፈቃደኛ ከሆኑ ሊሳተፉ ይችላሉ። ነገር ግን ይህ ሂደት በግንኙነቶ ላይ አላስፈላጊ ስሜታዊ ጫና ሚያመጣ ከሆነ መተው ይቻላል። ስለሆነም ውሳኔው ሙሉ በሙሉ የተሳታፊዎቹ ነፃነት መሆኑን መግለፅ አንወዳለን።

<u>የትራንስፖርት ወጪ ክፍያ</u>:-

የምርምር ስነ-ምግባር ለመጠበቅ ሲባል ለጥናቱ ተሳታፊዎች ምንም አይነት ክፍያ ወይም ጥቅማ ጥቅም አይኖርም። ነገር ግን በጥናቱ ለመሳተፍ ወደዚህ ስፍራ ለመጡበት የደርሶ መልስ ትራንስፖርት ወጪ 25 (ሃያ አምስት) ብር ለተሳታፊዎች ይከፈላል።

<u>ማግኘት ከፈለጉ</u>:-

ምንም አይነት ጥያቄ ቢኖሮት አሁን ወይም በኃላ በሚከተለው አድራሻ በመጠቀም ሊያገኙን ይችላሉ

- ዋና ተመራማሪ ስም: ቴዎድሮስ ጌታቸው
    - ስልክ 0911 058241
    - ፖ. ሳ. ቁጥር 7863 አዲስ አባባ ኢትዮድያ
    - ኢ-ሜል: tedrigecho@gmail.com or tedrigecho@yahoo.com

- አማካሪ መምህር: ዶ/ር ጌትነት ምትኬ
    - ስልክ
    - ፖ. ሳ. ቁጥር
    - ኢ-ሜል getnetmk@gmail.com

ለመረጃዎ ያህል ይህ ጥናት በአዲስ አበባ ዩንቨርሲቲ ጤና ሳይንስ ኮለጇ የተቋማዊ ጥናት ቦርድ ታይቶ የፀደቀ ሲሆን ይህ ቦርድ ማንኛውም በተቋሙ ስር የሚደረጉ ጥናቶች በጥናቱ ስር የሚሳተፉትን ሰዎች ደህንነት እንዲጠበቅ የማድረግ እና በጥናቱ ምክኒያት ምንም አይነት ጉዳት እንዳይደርስባቸው የማረጋገጥ ኃላፊነት ይዞ የሚሰራ ነው። እርስዎም የበለጠ ማወቅ የሚፈልጉት ጉዳይ ካለ በሚከተለው አድራሻ በመጠቀም ማግኘት ይቸላሉ ፡-

ስም : _____

አደራሻ : _____

ስልክ : _____

ኢ-ሜል : _____

ክፍል 2፡- <u>የስምምነት ማረጋገጫ (ተሳታፊው ለመሳተፍ ከተስማማ የሚፈርምበት)</u>

እኔ ከዚህ በታች ፊርማዬን የሞኖር ግለሰብ ከላይ ያሉት መረጃዎችን አንብቢያለሁ/ተነበውልኛል እንዲሁም ጥያቄዎችን ለመጠየቅ በቂ እድል ተሰጥቶኛል በተጨማሪም ያነሳኃቸው ጥያቄዎች ባጥጋቢ ሁኔታ ተመልሰውልኛል። በመጨረሻ በዚህ ጥናት ለመሳተፍ ሙሉ ፈቃደኛ መሆኔን በፊርማዬ አረጋግጣለሁ።

የተሳታፊው ስም/ ኮድ _____

ፊርማ _____

ቀን _____

<u>ማንበብና መፃህ ለማይችሉ ተሳታፊዎች</u> [4]

ለዕጩ ተሳታፊው የመረጃ ቅፁ በአግባቡ መነበቡን እና ተሳታፊቅ በቂ ጥያቄ መጠየቅ የሚችልበት ጊዜ መሰጠቱ ምስክር እሆናለሁ በተጨማሪም ተሳታፊው በሙሉ ነፃነት ለመሳተፍ መፍቀዳቸውን በፊርማዬ አረጋግጣለሁ።

የምስክር ስም : _____

ፊርማ : _____

ቀን : _____

የተሳታፊው ጣት አሻራ

ክፍል 3: <u>ይህንን ስምምነት የሚወስደው/ተመራማሪው ቃል</u>

ይህንን ቅፅ ለዕጩ ተሳታፊው ባለኝ አቅሜ ሁሉ በመጠቀም በማንበብ ተሳታፊው የጥናቱን ጠቅላላ ዓላማ እና አካሄድ እንዲረዳው እድርጊያለሁ። ተሳታፊው ያሉትን ጥያቄዎች እንዲጠይቅ በቂ እድል የተሰጠው ሲሆን ለተነሱትም ጥያቄዎች አግባብነት ያላቸው መልሶችና ማብራሪያዎችም መሰጠታቸውን አረጋሐገጣለሁ። በተጨማሪም ተሳታፊው ምንም አይነት ተፅዕኖ ሳይደረግባቸው በሙሉ ፈቃደኝነት ለመሳተፍ መወሰናቸውን እነዲሁ አረጋግጣለሁ።

ተመራማሪው/ስምምቱን የሚወስደው ሰው ስም : <u>ቴዎድሮስ ጌታቸው</u>

ተመራማሪው/ስምምቱን የሚወስደው ሰው ፊርማ : _____

ቀን : _____

[4] ምስክር የሚሆነው ሰው የተማረ መሆን አለበት (ከተቻለበተሳታፊው ቀጥታ ቢመረጥ) እንዲሁም የተሳታፊው የአጅ አሻራ አብሮ መቀመጥ አለበት

Appendix 10: ከኤች አይ ቪ ነፃ ለሆኑ ዕጩ ተሳታፊ የሚሰጥ የመተፈያ መጥሪያ

የተከበሩ አቶ/ወሮ/ወት _____ ስሜ ቴዎድሮስ ጌታቸው ሲባል በአዲስ አበባ ዩኒቨርሲቲ በህብረተሰብ ጤና ትምህርት ቤት የመጨረሻ ዓመት የድህረ-ምረቃ (የሁለተኛ ድግሪ) ተማሪ ነኝ። የተለያየ የኤቼ አይ ቪ ምርመራ ውጤት ኖሮአቸው(ማለትም አንዱ ፖዘቲቭ ሌላኛው ደሞ ኔጌቲቭ) የሆኑ እና በፍቅር/በትዳር ለረጅም ጊዜ (ቢያንስ ለአንድ ዓመት) በቆዩ ጥንዶች ዙሪያ የወሊድ ፍላጎት እና የግብረ-ስጋ ግንኙነታቸውን በተመለከተ ጥናት እያደረግን እንገኛለን።

እንደሚታወቀው ኤች አይ ቪ ኤድስ የሁሉም ማህበረሰብ አካል ችግር ከሆነ ሰንበትበት ብሏል። ከተለያዩ ማህበረሰብ ከፍሎች መካከል በትዳር ውስጥ ያሉ ጥንዶች የችግሩ ሰለባ ከመሆን አልዳኑም። ይህን ታሳቢ በማድረግ ከእርስዎ ህይወት ተሞክሮ ስለትዳር/የፍቅር ግንኙነት ፣ ጥንዶች የተለያየ የኤች አይ ቪ ምርመራ ውጤት ኖሯቸው እዴት ግንኙነታቸውን እንደሚመሩ ብሎም የመውለድ ፍላጎታቸውን ምን እንደሚመስል ለመረዳት ይህንን ጥናት ለማጥናት ወደናል።

እውነቱን ለመናገር በተለያዩ ሀገራት በተመሳሳይ ህይወት ውስጥ ያሉ ጥንዶች በምን መለኩ ግንኙነታቸውን እነደሚመሩ የተለያዩ መረጃዎች አሉ። ነገር ግን ወደ ሀገራችን ስንመጣ ሰለዚህ ጉዳይ ምንም አይነት ጥናቶች የሉም። ስለዚህ የእርስዎ በዚህ ጥናት መሳተፍ ጥንዶች ጥንቃቄ ዬተሞላበት የግብረ-ስጋ ግንኙነት እንዲኖራቸውና በመተሳሰብ አብሮ ጤናማ የፍቅር ህይወት እንዲኖራቸው ለሚደረገው ጥረት ትልቅ ሚና ይኖረዋል።

ይህንን ጥሪ የላክነው ያሎት የህይወት ተሞክሮ ስለጉዳዩ በሃገራችን ያሉ እኛን ጨምሮ የተለያዩ አካላት ስለጉዳዩ የተሻለ ግንዛቤ እንዲኖራቸው በማድረግ ሂደት ውስጥ እንደዜጋ ማበርከት የሚችሉተ ነገር አለ ብለን ሰላመንን ነው። በመሆኑም በዚህ ህይወት ውስጥ ያሉትን ጥንዶች ያማከለ የጤና ፖሊሲና ፕሮገራም ለመቅረፅ እነደመነሻ የሚሆነ መረጃን ለማስቀመጥ ትልቅ ሚና ይጫወታሉ። ሆኖም በዚህ ጥናት ላይ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። ለመሳተፍ ከወሰኑ በኃላ እንኳ ካልተመቾዎት ሀሳቦውን መቀየር ይችላሉ።

ፈቃደኛ ከሆኑ በቃለ-መጠይቅ ወይንም በግሩፕ ውይይት (ከ6 – 8 ሰዎች) የሚሳተፉበት ኬፈለጉመ በሁለቱም ሊሳተፉ ይችላሉ። በሚኖረን ቆይታ ዬተለያቱ ርዕሰ ጉዳዮች ላይ እንወያያለን ከነዚህም በከፊል ስለ ፃታቂ ግንኙነት፣ የመውለድ ፍላጎት እና አንዳንድ የህይወት ተሞክሮ ዋናዋና የሚጠቀሱ ናቸው። በጠቅላላ ከአንድ ሰዓት በላይ አይፈጅብዎትም።

የምናደርገው ቃለ-መጠይቅ ወይንም የግሩፕ ውይይት በጤና ተቋማት ወይንም ተሳታፊዎች በሚመርጡት ቦታ ይደረጋል። በግል በሚደረገው ቃለ-መጠይቅ ወቅት ከዋና ተመራመሪው ውጭ ማንም አይገኝም እንዲሁም በግሩፕ ውይይት ወቅት ደሞ ከዋና ተመራማሪው መተጨማሪ አንድ የጤና ባለሙያ ውይይቱን ለማቀላጠፍ ሲባል ይጨመራል። የሚደረጉ ቃለ-መጠይቅ ወይንም የግሩፕ ውይይት በሙሉ ምስጥራዊነቱ የሚጠበቅ ሲሆን ከጥናቱ ውጭ ለሌላ ዓላማ የማይውል ሞሆኑን አስቀድመን ማረጋገጥ እንወዳለን

<u>የትራንስፖርት ወጪ ክፍያ</u>፡-

የምርምር ስነ-ምግባር ለመጠበቅ ሲባል ለጥናቱ ተሳታፊዎች ምንም አይነት ክፍያ ወይም ጥቅማ ጥቅም አይኖርም። ነገር ግን በጥናቱ ለመሳተፍ ወስነው ከመጡና ከተሳተፉ ወደዚህ ስፍራ ሲመጡ ላወጡት የራንስፖርት ደርሶ መልስ ወጪ 25 (ሃያ አምስት) ብር ለተሳታፊዎች ይከፈላል።

<u>ለበለጠ መረጃ፡-</u>

- ዋና ተመራማሪ ስም፡- ቴዎድሮስ ጌታቸው
- ስልክ (ሞባይል) 0911058241
- ኢ-ሜል <u>tedrigecho@gmail.com</u>

Appendix 11: የተለያየ ኤች አይ ቪ ምርመራ ውጤት ካላቸውጥንዶች ተሳታፊዎች ጋር ለሚደረግ ጠለቅ ያለ ቃለ-መጠይቅ የጥያቄ ማሚያ ነጥቦች

በድጋሜ ጊዜዎትን ስለሰጡኝ ከልብ አመሰግናለሁ። አሁን ቀጥታ ወደ ጥያቄዎቹ እሄዳለሁ። በቆይታችን የተለያዩ ርዕሰ ጉዳዮችን በዋነኝነት ስነ-ልቦናዊ ማህበራዊ ጉዳዮች፣ ስነ-ተዋልዶ እና የግብረ-ስጋ ግንኙነት ሕይወት በተመለከተ ይሆናሉ። በድጋሜ አንድ ማረጋገጥ የምፈልገው ነገር ቢኖር የምናደርገው ቃለ ምልልስ ምስጥርነቱ የተጠበቀ ነው። ከእኔና ከእርስዎ እንዲሁም ከአማካሪ መምህሬ ውጭ ማነም ስላወራነው ነገር የሚያውቅ አይኖርም። ስለሆነም በሚኖረን ቆይታ ዘና ብለው በነፃነት እንዲያጫውቱኝ እጠይቃለሁ።

አሁን ከመጀመራቸን በፊት መሰረታዊ የሆኑ መረጃዎችን ስለራሶ ላነሳ በመሃል በመሃል በጨመር ማብራራት የሚፈልጉት ሀሳብ ሲኖር ሊያስቆሙኝ ይችላሉ።

መሰረታዊ መረጃ

ዕታ: _____

እድሜ _____

የትምህርት ደረጃ _____

ሙያ/የስራ ሁኔታ _____

አሁነ አብሮት ካለ አጋሮ ጋሬ ምን ያህል ቆይታችኃል? _____

መች ነበር የተመረመሩት? _____

የትዳር/የፍቅር እጋሮስ መች ነበር የተመረመሩት? _____

የእርስዎ የኤች አይ ቪ ምርመራ ውጤት? _____

ዋና መወያያ ነጥቦች እና ተያያዥ ጥያቄዎች

1. **ስነ-ልቦና እና ማህበራዊ ጉዳዮች**
    - ቀለል ባለ ጥያቄ ለመጀመር ያህል ትዳር እንዴት ነው?
    - እንዴት የኤች አይ ቪ ምርመራ ውጤትዎን ሊያውቁ ቻሉ?
        - ከሁለታችሁ ቀድሞ ማን ነበር የምርመራ ውጤቱን ያወቀው?
        - ውጤቱን ስታውቁ እንዴት ነበር የተቀበላችሁት?
        - የሚጨምሩት ነገር ካለ?
    - ለርሶ የተለያየ የኤች አይ ቪ ምርመራ ውጤት በትዳር /በፍቅር ህብረት ውስጥ ምን ማለት ነው? እንዴት ይገለፁታል?

- እርሶ ስላሉበት የግንኙነት ህይወት ሌሎች ምን ይላሉ?
    - ሌሎች የማህበረሰቡ ክፍሎች ስለዚህ የግንኙነት ህይወትያላቸውን አመለካከት እንዴት ይመለከቱታል?
    - ለምን ይመስልዋታል እንደዚህ አይነት አመለካከት ሊይዙ የቻሉት?
    - ለየት ያለ የህይወት ልምድ ካሎ ቢያካፍሉን?

- እስኪ ስለምርመራው ውጤት ቢነግሩኝ
    - ስለ እርሶና ስለ አጋርዎ የኤች አይቪ ምርመራ ውጤት ከናንተ ውጭ ማን ያውቃል?
    - ያወቁ ሰዎች ካሉ እንዴት ሊያውቁ ቻሉ?
    - በወቅቱ ምን አይነተ ምላሽ ነበር ያገኙት? እርስዎስ በወቅቱ እንዴት ነበር ምላሹን ያስተናገዱት?
    - ሌላ በተግባር ያጋጠመዎት ልምድ ካለ ቢያካፍሉን?

- ከሌላው ማህበረሰብ ጋር ስላሎት የማህበራዊ ህይወት ሊነገሩኝ ይችላሉ?
    - ለምሳሌ አላስፈላጊ የሆኑ ማህበራዊ ተፅዕኖዎች አጋጥሞት ያውቃል?
    - ካጋጠመዎት ምን እንደነበር ቢያጫውቱን? ለምን ይመስልዎታል ሰዎች እንደዚያ የሚሆኑት?

- እርስዎስ የግል ጤናዎን እንዴት ይመለከቱታል?
    - ምን ይመስልዎታል እንደዚ እንዲይስቡ ያስቻልዎት?

2. የስነ-ተዋልዶ እና ልጅ የመውለድ ጉዳዮች

አሁን ደሞ ጥቂት ስለ ልጅ መውለድ እና ስነ-ተዋልዶ ጉዳዮች እናውራ

- የእርስዎ የሆኑ ጆች/ልጅ አሎት? ስንት ናቸው?
    - ካሎት ልጆቹ የተወለዱት አሁን አብሮት ከለው ባለቤትዎ/አጋርዎ ነው ወይስ ከዚህ በፊት ከነበሮት ሌላ ግንኙነት?
    - በእንደዚ አይነት የግንኙነት ህይወት ውስጥ ሆኖ ልጆችን ማሳደግ ምን ይመስላል?
    - በዚህ ዚሪያ የሚያካፍሉን ነገር ካለ በጣም ደስ ይለኛል

- ወደፊት እንዴት ነው ልጅ የመውለድ ፍላጎት አላችሁ?
    - የልጅ መውለድ ፍላጎት ከርሶና ከአጋርዎ በይበልጥ የሚፈልግ ማነው?
    - ፍላጎቱ ካላ ልጅ ለመውለድ ምን አይነት እቅድ አላችሁ? ምን ለማድረግ አሰባችኃል?

- ልጅን መውለድ የተለያየ ኤች አይ ቪ ውጤት ካላቸው ጥንዶች አንፃር ሌላ የሚሉን ነገር ካለ?

3. የግብረ-ሰጋ ግንኙነት እና ኤች አይ ቪን መከላከል ጉዳዮች

በዚህ ርዕሰ ጉዳይ ለመነጋገር እስኪ ከፍቅር/ከትዳር አጋሮ ጋር ስላሎት ቁርኝት እና ዖታዊ ግንኙነት በማውራት እንጀምር

- ከፍቅር/ከትዳር አጋሮ ጋር ስላሎት ቁርኝት እስኪ ይንገሩኝ፣ ያላችሁን ቁርኝት እንዴት ይገልፁታለ?
    - አሁን ያላችሁ የፍቅር ቁርኝት ከበፊቱ የተለየ መለክ አለው?

- አሁን ያለውን መልክ እንዲይዝ ያደረጉ ምክንያቶች ምንድን ናቸው?
- ሌላ የሚጨምሩት ነገር ካለ?

- የፆታ (የግብረ-ስጋ)ግንኙነትዎንስ እንዴት ይገልፀውታል?
  - ቀድሞ ከነበራችሁ ልምምድ የተለየ ነገር አለ ይሆን? ምክንያቱ ምን ይሆን?
  - አሁን ባሎት የፆታዊ ግንኙነት ልምምድ ደስተኛ ኖት? እንዴት? ለምን?
  - ያላችሁን የፆታዊ ግንኙነት ፍላጎቶችን እንዴት ነው ምታስተናግዱት?
  - በዚህ ጉዳ ዙሪያ ሌላ የሚጨምሩት ነገር ካለ?

- እሺ አሁን ደሞ ስለ ኤች አይ ቪ መተላለፍና መከላከል ደሞ እናውራ
  - ስለ ኤች አይ ቪ የሚያውቁትን ሊያካፍሉኝ ይችላሉ? ስለ መተላለፊያው እና መከላከል?
    - እነዚህን መረጃዎች ከየት ነው ያገኟቸው?
    - ከፍቅር/ትዳር አጋርዎ ጋር ስለ ኤች አይ ቪ በግልፅ ትነጋገራላችሁ?
    - በግልፅ ለመነጋገር እንቅፋት ወይም ተግዳሮት የሆኑባችሁ ነገሮች አሉ? ለምን ይመስሎታል? እንዴትስ ነው የምትወጡት?

  - እራስዎን ወይም የፍቅር/ትዳር አጋርዎ በኤች አይ ቪ እንዳይዝ ምን ያደርጋሉ?
    - በእርስዎ ወይም በፍቅር/ትዳር አጋርዎ የኤች አይ ቪ መተላለፍ ለመከላከል የምትመርጡት የመከላከያ ዘዴ ካለ ቢነግሩኝ?
    - ጥንቃቄ የተሞላበት የግብረ ስጋ ግንኙነት እንዳታደርጉ እንቅፋት / ተግዳሮት የሆነባችሁ ነግር ካለ?
- እራስዎን ወይም የፍቅር/ትዳር አጋርዎ ካላችሁ የተለያየ የኤች አይ ቪ ምርመራ ውጤት የተነሳ ስለወደፊት ዬሚያሳስባችሁ ነገር አለ ይሆን?
  - በዚህ ግንኙነት ውስጥ በመሆኖ አብዛኛውን ጊዜ በዋናነት የሚያሳስብዎ ነገር ምንድን ነው? ለምን?
  - እነዚህን ሐሳቦች እንዴት ነው የሚቋቋሚቸው?

4. **አነዚህን ጥንዶች በተመለከተ ከፖሊሲ እና ከተለያዩ ፕሮግራሞች አንፃር የሚሰጡን አስተያየት ካለ**
   - ለእርስዎ እንዲሁም እንደ እርስዎ በተመሳሳይ ሕይወተ ውስጥ ካሉ ጥንዶች አንፃር ያለውን የጤና አገልግሎት፣ ፕሮግራሞች ብሎም በጠቅላላ የሃገሪቱን የጤና ፖሊሲ እንዴት ያዩታል

   - ስለ እርስዎ እንዲሁም እንደ እርስዎ በተመሳሳይ ሕይወተ ውስጥ ይሉ ጥንዶች በተመለከተ የሚሰጡን ተጨማሪ ሐሳብ፣ መልዕክት፣ አስተያየት ወይም ይጠየቅልን የሚሉት ነገር ካለ

በመጨረሻም ከማጠቃለላችን በፊት ማለት ወይም መጨመር የሚፈልጉት ነገር ካለ? በነበረን ውይይት ላይ ሐሳብ መስጠት ከፈለጉም በጣም ደስ ይለኛል።

ከጨረስን በጣም ከልብ ላመሰግን አወዳለሁ ውድ ጊዜዎን ሰውተው ይህን የመሰለ ጠቃሚ ልምድዎን ስላካፈሉኝ ብሎም በዚህ ጥናት ላይ ለመሳተፍ መልካም ፈቃዶ ስለሆነ ደግሜ ከልብ አመሰግናለሁ።

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