

Couples with Different HIV Status: Understanding the
Experience of Sero-discordant married couples in Addis Ababa

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COUPLES WITH DIFFERENT HIV STATUS: UNDERSTANDING THE EXPERIENCE
OF SERO-DISCORDANT MARRIED COUPLES IN ADDIS ABABA

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Abstract

HIV Discordant status is common among married couples in Sub-Saharan African countries. Because of the discordant status married couples face many challenges and changes. This research is carried out through qualitative exploratory study, using case study methods. Findings from this study indicated that couples understanding of their discordant status are mainly dominated by spiritual explanations given by the couples. The couples also indicated a challenge in disclosing the status to children, in-laws, extended family members, neighbors and friends. For fear of negative responses, couples have preferred to conceal their discordant status from friends and family. HIV related illness of the positive partner and its interference on the functionality of the positive partner has created economic burden and stress among couples. Lack of sexual desire, fear of virus transmission, decreased frequency of sexual contact are some of the life changes discordant couples have to live with regarding their sex life. Behavior change of both the negative and positive partners was also one change the couples have manifested; spirituality, withdrawal, loneliness and isolating oneself are some of the changes observed. The discordant couples used different coping mechanisms to live with their challenge; abstinence, using condom, spirituality, support between couples & having children in the marriage are some of the things that is helping the couples face their challenge. In conclusion, discordant couples face many challenges despite this; they have their own coping strategies, which need is to be strengthened through counseling and prevention programs.

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CHAPTER ONE: INTRODUCTION

Background

Concerns about HIV/AIDS are among the major health and social issues which call the attention of most people. HIV/AIDS continues to get due attention because of its multi-faceted effect on individuals, family and the society at large. Sub-Saharan African countries are highly affected by HIV which accounts for 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children. The region also accounted for 72% of the world's AIDS-related deaths in 2008 (UNAIDS&WHO, 2009, p 21). Ethiopia, being one of the Sub-Saharan countries, is also suffering from the consequences of the HIV infection. In Ethiopia, the 2010 single point adult HIV prevalence is estimated to be 2.4% and number of people living with the virus are expected to be more than 1.2 million (FHAPCO, 2007, p 8).

Sero-discordant relationships are common in countries where HIV epidemic is high, such as the sub-Saharan African countries (Rispel, Metcalf, Moddy & Cloete, 2009, p 9). A Sero-discordant or discordant couple is “a couple where one partner is HIV positive and the other is HIV negative” (Walque, 2006, p 3). The consequence of having different HIV status will be immense when it is occurring among married couples. This is because the sero-discordance status will require them to modify their lifestyle and make decisions whether or not to continue to live together with their sero-discordant status. If couples decide to live together, they are also living with the risk of transmitting the virus from the infected partner to the uninfected one.

Despite the availability of significant number of sero-discordant relationships, limited research has been conducted to understand the experiences of sero-discordant married couples in Ethiopia. Therefore, this study explored the experiences of married couples living in HIV discordant status, focusing on their challenges and coping methods. By exploring

their challenges, it would be possible to fill the knowledge gap and service providers and concerned bodies will have a better understanding of the lives and needs of sero-discordant married couples.

Problem Statement

HIV has taken millions of people's lives since its detection. As a result individuals, families and societies have been enormously affected by the consequence of the virus since then. The sero-discordance phenomenon is one scenario of the virus which is currently controversial and mysterious. Studies in Sub-Saharan Africa countries showed that there are significant numbers of discordant cases. A study conducted in five African countries (Tanzania, Kenya, Burkinafaso, Cameroon & Ghana) showed that, at least two-thirds of HIV-infected couples are sero-discordant couples (Walque, 2007, p 505). Similarly in Ethiopia among cohabiting couples tested for HIV 2.1% were HIV positive; of these HIV positive couples more than 80% reportedly were sero-discordant (CSA, 2005, p 223). A study conducted in Addis Ababa showed that the rate of sero-discordance was as high as 17.6% among people who have history of marriage, divorce or separation (GirmaTemam, 2008, p 51). In the similar study, among couples who were tested for HIV, 6.5% were found to be sero-discordant (Girma Temam, 2006, p 29). Another study in Dessie town revealed that 13.7% of married couples who were tested for HIV were found to be sero-discordant (Wondwosen Assefa, 2006, p30). These findings indicate that the prevalence of sero-discordance is also high in Ethiopia.

The sero-discordant status will have serious impact especially when it is occurring among married couples because it requires couples to make serious decisions; hence they face dilemmas and challenges. Their decisions and life modification will directly affect spouses, children and other family members as well, both physically and emotionally. Sero-discordant couples face the challenge of making a decision either to continue living together

or not, as well as the decision about whether to have children. Sexual practice issues, especially with the practice of safer sex, bearing the responsibility of preventing the virus transmission to the uninfected partner are also a concern for such couples. A study in the United States has also identified uncertainty and stigma; conflicts in the marital relationship, betrayal/mistrust, safer sex practice, reproductive issues as some of the situations sero-discordant couples have to live with (Beckerman, 2002, pp73-75). Furthermore, as one of the partners is the only one living with HIV, he/she will need access to care and treatment, ideally with the support of their HIV negative partner (Collini & Obasi, 2006, p3). This will require the decision and commitment of both partners to live together and help each other despite the difference in their HIV status.

Current HIV prevention strategies – including the abstinence, be faithful, and use condoms (ABC) approaches – are largely ineffective in the context of sero-discordant partnerships because abstinence is usually not a realistic option and being faithful may not prevent exposure to HIV (Rispel, et al., 2009, p39). In married couples abstaining as a means of preventing HIV transmission is not applicable and condom use might not be a preferable option in marriage. In addition, couples may not understand what it means to be sero-discordant and researches have identified misconceptions related to the poor understanding of sero-discordance (Collini & Obasi, 2006, p2). The limited knowledge and understanding of sero-discordance will have an effect on the life style of married couples particularly in the prevention of the virus transmission from the infected partner to the uninfected. Their knowledge and understanding of sero-discordance also influences the decision they are going to make regarding their marital relationship.

The high prevalence of sero-discordance in Ethiopia calls for special attention to couples living under such conditions. But there are only few research studies done, focusing only on the prevalence of sero-discordance while none have been researched on the life and

challenges of sero-discordant couples in Ethiopia. Strategies and practice by professionals do not give due emphasis to the situation married couples have to face as a result of their different HIV status like divorce, blame, guilt feelings, the responsibility to care for the infected partner, disclosure of HIV status to children and family members, long term safe sex practice and reproductive health concerns. It is the researcher's opinion that the experiences of sero-discordant couples, their life choices and modifications, the support available for the couples and how the case is handled by professionals are some of the issues overlooked by previous researchers. The shortage of data and knowledge concerning these aspects on the challenges of sero-discordant couples show us that there are unmet needs of such couples hence, requiring due attention and effort in research and intervention.

Significance of the Study

The study explores the experiences of sero-discordant married couples. Particularly, the study investigated the challenges and what couples do to live with the sero-discordant status. Since much has not been studied on sero-discordant married couples in Ethiopia, this study is important in exploring and describing the life situation of sero-discordant couples in Ethiopia. The study contributes to the knowledge gap observed as a result of the scarce information on sero-discordant couples in Ethiopia. Besides to the academia, service providers may appropriate their services to be able to address the unmet needs of the sero-discordant couples. Furthermore, researchers can use the findings as an input for further studies.

Research Objective

The objective of this research is to explore and understand the life experience, challenges and coping efforts of sero-discordant married couples.

Research Question

What is the experience of married couples who are living in sero-discordant status?

Sub questions

1. How do people in sero-discordant couples describe the phenomenon of sero-discordance?
2. What are the challenges sero-discordant married couples faces in their marital relationship as a result of their different HIV status?
3. What do sero-discordant married couples do to help them face the differences in their HIV status?

CHAPTER TWO: REVIEW OF LITERATURE

This chapter has five sections. The first section describes about the different explanations given to the discordant phenomena by different group of people. The second section deals with the consequence of discordant status in the marital relationship. The third part discusses about issues related to sex and reproductive concerns in discordant relationship. The fourth section illustrates different challenges discordant couples face in their different aspect of their marital life. Finally, the last section states the conceptual framework which will be guiding this study.

Phenomenon Explanation

Sero-discordant relationships are common in many sub-Saharan Africa countries, where the HIV epidemic is widespread (Rispel, et.al, 2009, p9). Research studies and people living in sero-discordant status give different possible explanations for sero-discordance. Most explanations focused on characteristics of the HIV-negative couple member, rather than on varying infectiousness of the HIV-positive couple member (Bunel, et al, 2005, p1003). Laboratory studies tend to explain the virus' persistent non-transmission to the uninfected partner despite continuous unprotected sexual contacts as a result of combination of factors, including cellular immunity, viral characteristics and other biological factors, rather than a single reason of natural resistance peculiar to the individual (Bienzle, 2000, p123).

The dominant explanations given by others are HIV- negative discordant couple member is actually infected but is not yet detectable by available tests, some say that there are people who are immune from HIV infection and others believe that it's a protection from God. Several HIV-positive couple members of sero-discordant partners attribute their discordant status to the fact that they only had "gentle" sex with their partners. People's understanding of "gentle" sex varies from "readiness" to sexual activity to the amount of genital fluid present at the time of sexual contact and also the length of time involved in the

sexual act (Bunnel, et.al, 2005, pp1003-1005). The non-sexual transmission of the virus, such as injections, sharing of sharp instruments, caring for relatives who had died of AIDS, or other non-sexual modes of transmission is also another explanation people give when sero-discordance occurs in a stable relationship (Were, et al, 2008 pp329, Bunnel, et al, 2005, p1006).

Some also describe the phenomena as a situation which results from the effective HIV transmission prevention strategies among couples, once a partner is infected with the virus. It is also possible that the sero-discordance may result from the fact that the other partner will not be automatically infected with the virus (Walque, 2007, p506). Some of these explanations tend to motivate couples to engage in risk reduction behaviors while others tend to encourage HIV transmission among couples by engaging in unprotected sexual contact. Therefore, explanations given by sero-discordant couples about their own HIV status appeared to affect their risk behavior (Bunnel, et al, 2005, p1005).

Sero-discordance in Marital Relationship

Sero-discordant result is quite difficult to accept and cope with, especially for married couples (Wondwossen Assefa, 2006, p34). Due to the sero-discordant result married couples may experience separation or divorce which is usually associated with stigmatization (Porter, et.al, 2004, p477). Others may prefer to continue their intimate familial relationship except sexual intercourse. Such a decision may arise from the fact that couples may have children in common, the socio economic dependence one partner has on the other and the emotional attachment and love between the couples (Wondwossen Assefa, 2006, p35). In marriages where children are involved, couples are motivated to protect the uninfected partner from HIV infection so that children will not become total orphans (Bunnel, et al, 2005, p1009).

On the other hand, sero-discordant married couples who have decided to live together face potentially strained relationships resulting from blame for HIV infection and infidelity,

which is usually equated with the infected partner in the sero-discordant relationship. For some HIV negative partners, who feel confident that their partner had been faithful, they give the non-sexual explanation of the virus transmission for their partner's infection (Bunnell, et al, 2005, p1006). Furthermore, a couple's relationship may be affected over time significantly as HIV related symptoms prevail resulting in possibly in hospitalization and substantial change in function (Vandevanter, Thacker, Bass, & Arnold, 1999, p190). On the other hand others found a balance in taking care of one another, and the HIV negative partner actively participates in the health and wellness management of the HIV-positive partner (Rispel, et al, 2009, p24). Usually, couples with strong communication and ties such as children appeared to be supportive of each other and come up with a successful means of living with their different HIV status (Bunnell, et.al, 2005, p1007).

Sexual and Reproductive Issues in Sero-discordance

Sero-discordant married couples face problems in managing sexual relations after receiving the discordant results (Bunnell, et al, 2005, p1006). In such relationship many people are supportive of continued sexual activity within the marriage (Were, et al, 2008p331). Those who intend to continue the sexual relation argue that they will not seroconvert to HIV positive in the future as they have not in the past (Wondwossen Assefa, 2006, p25). Others experience disagreements over sex and blame about bringing HIV into the home. Many couples also report they lose interest in sex completely due to their discordant status (Bunnell, et al, 2005, p1006). Those couples who avoid sexual relations so as to reduce uncomfortable feeling consequently reduce one source of intimacy as a married couple hence, losing some emotional intimacy in the relationship (Vandevanter, et al, 1999, p189). For those who are trying to practice safer sex, disagreements about sustaining the safe sex are likely to bring stress into the relationship. As a result, the HIV positive partners experience frustrations because they have accepted the responsibility to prevent the transmission and ensure safer

sex. In times when there is risk for virus transmission HIV positive partners face accusation as the “guilty parties”, usually used against them when the relationship with HIV negative partners turned sour (Cusick & Rhodes, 2000, p481).

Besides the sexual relationship, sero-discordant married couples consider starting a family (Wilde, 2008, p1). But the major concern is having biological children as safely as possible without transmitting the virus to the HIV-negative partner (Rispel, et al, 2009, Richey &Setty, 2007, p11). HIV-discordant couples who have decided to have a child face a dilemma of conception against the risk of HIV transmission to the mother, and possibly consequently to the child (Wilde, 2008, p2). Those couples who practice safe sex perceive that they must trade the risk of HIV transmission or look for another partner with similar HIV status, in order to have children (Beyeza-Kashesya, et al, 2009, p6).

Challenges

Sero-discordant couples face challenges associated with their discordant status that resulted in considerable emotional stress (Bunnel, et al, 2005, p1006). Individuals affected by HIV may be influenced by psychosocial stressors common to other chronic or life-threatening illnesses. These challenges include dealing with loss, fear of illness and death, perceived helplessness, uncertainty about the future, anxiety, sadness, anger, anticipatory grief, and frustration in navigating in the medical system, financial worries, and interpersonal stress (Wondwossen Assefa, 2006, p35).

Another challenge encountered by sero-discordant couples is disclosure of their status. Many couples fear disclosing their discordance to others, in part due to a fear that others would not understand or face isolation due to limited knowledge on HIV-discordance. On the contrary, some couples get support rather than stigma from friends and family after disclosure. Those who had not disclosed commonly experience pressure from relatives to

have more children (Bunnel, et al, 2005, p1006). This result in additional stress related to resisting pressure as well as managing the secret of the positive sero-status by one partner.

Conceptual Framework

The developmental-contextual model is a model which will guide this study. The model describes the coping efforts couples have when they face chronic illness in their marital life. This model is selected to serve as a framework of the study in order to understand how sero-discordant married couples are living with the stressful event i.e. the different HIV status among the couple.

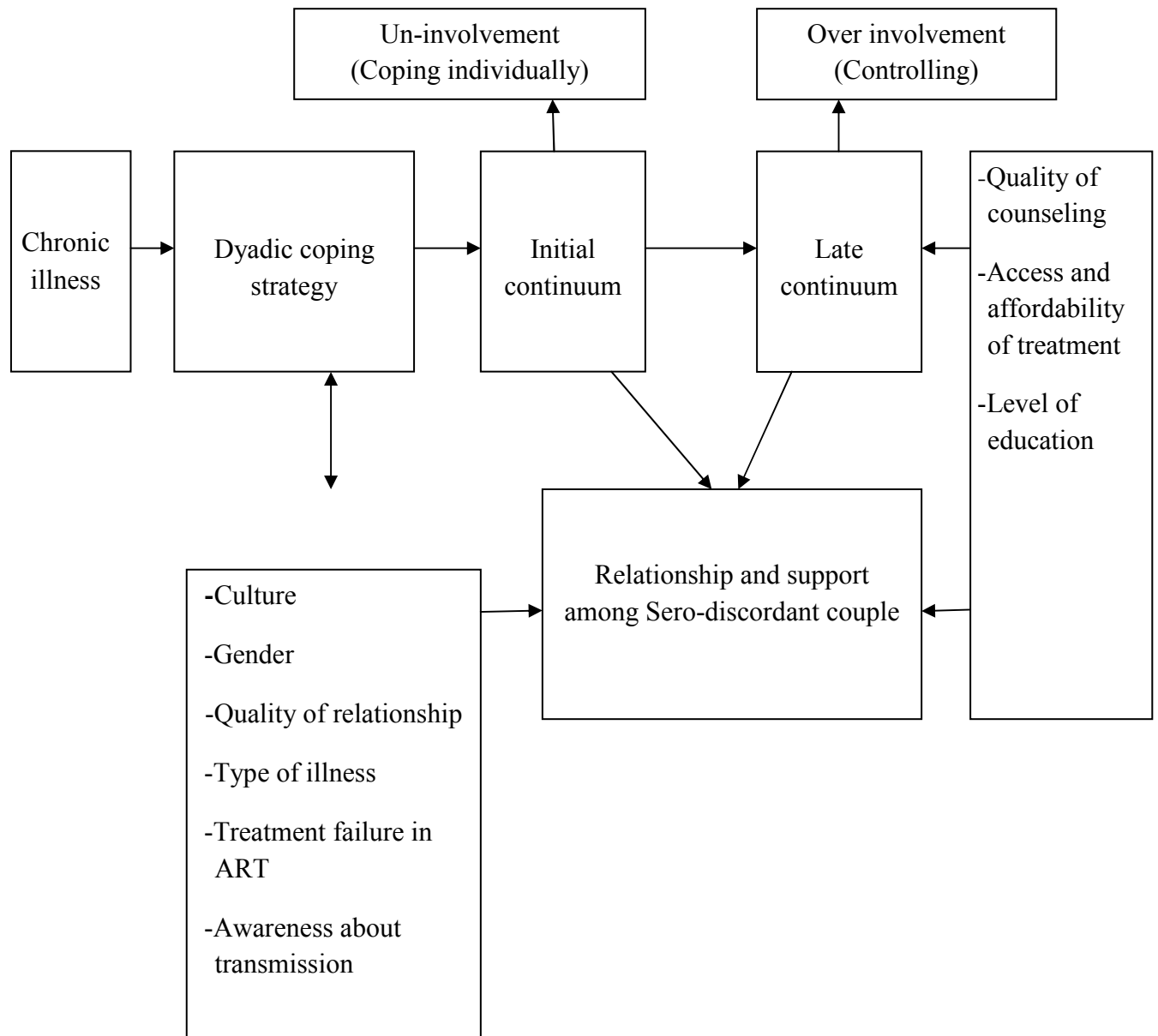
The developmental- contextual model asserts that when couples face chronic illnesses or deal with stressful events, they use dyadic coping as the first line coping for couples. The dyadic coping may be different across life span, at different stages of the disease they are dealing with and at different times of their lives (Berg & Upchurch, 2007, p 920). HIV/AIDS is one chronic illness therefore married couples who are living with a sero-discordant status are facing the challenge as a dyad where the challenges and stresses associated with the different HIV status differ across time. As this model is a developmental model, the process of adjustment may be different across the couple's development in emotion regulation, self development and marital processes. Appraisal and coping efforts happen over time as couples move from initial identification of the sero-discordant status to coping with treatment and daily management of the disease.

In dyadic coping, the adjustment and coping by couples facing chronic illness is conceptualized in a continuum, from un-involvement of the spouse to over involvement of the spouse. During the un-involvement stage, the spouse perceives that he/she is coping with the illness/ stress in the marriage individually while in the over involvement end of the continuum the patient may perceive the spouse as controlling (Berg & Upchurch, 2007, p

932). Therefore the relationship and support among the infected and uninfected partner of sero-discordant couples will be different at different stages of the continuum.

Dyadic coping is affected by different factors that sero-discordant couples may face. Socio-cultural factors such as culture and gender and proximal context such as quality of relationship and the type of illness the couples face are some of the influencing factors. Culture affects individual's insight of himself and hence the coping efforts to the situation at hand. The contextual factors also affect the frequency, function and engagement in dyadic coping (Berg & Upchurch, 2007, p 933). The dyadic coping process is also affected by the type of chronic illness and stress the couples face. These factors affect how couples appraise the stressing situation they face and also the dyadic coping strategy couples act out (Berg & Upchurch, 2007, p 933). Stressful situations in HIV/AIDS like in times of serious illnesses with opportunistic infection and treatment failures in ART may affect the efforts of dyadic coping in sero-discordant married couples. The developmental-contextual model can be used to understand how sero-discordant married couples are facing their life challenges and what factors are affecting their effort to cope with their sero-discordant status. The diagrammatic explanation of the developmental-contextual model in relation to discordant couples which is developed for this study is shown on the next page.

The Developmental-contextual model (modified)



CHAPTER THREE: METHODOLOGY

Research Design

The research used a qualitative approach to conduct the study. The qualitative approach helps to establish the meaning of the phenomena, which in this case is sero-discordance, from the view of participants (Creswell, 2003, p 22). A qualitative approach is best to understand a concept or phenomena when little research is done on it (Creswell 2003, p23). So the limited research on the lived experience of sero-discordant married couples in Ethiopia demanded a qualitative study. Qualitative approach is also relevant to understand families since there are many aspects of family processes that are not transparent, or may be too personal or complicated to be easily ascertained (Grinnel, 1997, p 261). Taking this into account, the researcher conducted an exploratory study with the selected married couples in sero-discordant relationship which helped to understand their situation within their own context. Exploratory study was selected because much is not known about sero-discordance in Ethiopia, particularly in married couples. Therefore, the research intended to describe the life experience of sero-discordant married couples, whereby the findings could pave the way for future studies.

The research was carried out through qualitative case study. A case study is done with the intent of examining and illustrating the complexity of the issue (Creswell 2007, p123). In order to understand the complex phenomenon of sero-discordance among married couples, the case study method was deployed for this study. A sero-discordant married couple served as the case of this research. Five sero-discordant married couples participated in this study to get a deeper understanding of the experiences and challenges of sero-discordant married couples.

According to Grinnel (1997, p 263), multiple data sources should be used in case studies in order to attain an in depth understanding of the cases being studied. Hence, to further understand the situation and triangulate the data obtained from sero-discordant married couples, counselors from private and government hospitals who have been handling such cases participated in the study. The data obtained from these counselors helped to understand the services available to sero-discordant couples and the unmet needs of the couples that require due attention from concerned bodies. Such information could help to understand the life situation of such couples and forward future research and intervention areas.

Study Area

The study was held in Addis Ababa, the capital city of Ethiopia. There are nine regions and two city administration in the country. According to the 2007 population and housing census the total population of the country was 73,918,505 of these 37,296,657 are males and 36,621,848 are females (CSA, 2008, p8). The population of Addis Ababa is estimated to be 3,650,889 (MoFED, 2007). In Addis Ababa, the HIV prevalence is estimated to be as high as 9.2% and estimated populations of 210,306 are living with HIV (FHAPCO, 2007, p38).

Selection of Participants

In this study, five sero-discordant married couples, who have agreed to be the study subjects, participated. Such numbers of participants are selected according to the initial plan to interview four to six couples. As this study is intended to get an in depth understanding of the experience of sero-discordant married couples, it was more convenient with less number of cases. Case study researchers usually use not more than four or five cases and multiple cases are selected to show the different perspective of the problem and begin to tap variation

among cases so as to represent diverse cases (Creswell, 2007 pp101-102). While five cases may not capture all the diversity of this situation, it is intended to be enough to reflect some of the common themes. All of these cases were selected purposively and participate in the study based on the set inclusion criteria. The participants were contacted through the purposively selected government owned ART clinics and personal contacts.

All study participants engaged in the research based on the following preset inclusion criteria:

- 1) Married couples in which one of the partners is HIV positive and the other one is HIV negative
- 2) The couples should have lived at least 6 months with the sero-discordant status, in this 6 month time couples can confirm their HIV status as the window period for test confirmation has passed in the 6 month time
- 3) Couples should be married at least for two year because as couples live longer years together their challenges, coping efforts, interaction as a couple and with extended family member could be more intense; hence the data will be more valuable and can contribute to other relevant areas
- 4) The married couples should live in Addis Ababa at the time of the research

The counselors who participated in this study were selected purposively from both private and government hospitals. Counselors working at Zewditu Memorial Hospital, Tikur Anbessa Specialized hospital and Bethezatha hospital were interviewed in order to further explore the challenges sero-discordant married couples bring to counseling services. Three counselors, one counselor from each hospital, were interviewed for this study. These hospitals were selected because they have been giving counseling service for many years, which would help to get more information. In addition the hospitals were

selected both from the government and private hospital so that the data obtained from them could represent different categories of population.

Data Collection Tool

Data was collected through an in-depth interview with the sero-discordant couples. The interview was done using semi structured interviewing technique. Prior to interview of the informants and the counselors the interview guiding questions were translated into Amharic. Informal discussions were also used as an important tool in data collection; which helped to build trust and rapport with the participants.

Data Collection Procedure

First, I have contacted government owned health centers, hospital based ART clinics and personal acquaintances that would all facilitate to contact the couples. An official letter from Addis Ababa University School of social work was submitted to the responsible staff at the mentioned health institutions. The purpose of the study and eligibility criteria to participate in the study was explained briefly to the ART counselors, so that they may help me to get in touch with sero-discordant married couples who fulfill the requirement to participate in the study. After briefing the purpose of the study for acquaintances and staffs at the aforementioned places, couples who volunteered to participate in the study were contacted. The researcher was able to contact eleven discordant couples, among these five of them have volunteered to be part of the study. I have further explained the whole purpose of the study; the ethical consideration and other future concerns on the first meeting with the couples. During clarification of the study purpose to the couples those who have refused to be part of the study were given full right to withdraw from the study. In this session an informed consent was obtained from study participants prior to the interview.

A convenient date, time and place to meet with the couples were set to do the interview based on the couples' preference. This was done so because qualitative researchers tend to collect data at the site where participants' experience the issue or problem under study (Creswell, 2007 p51). In addition, it helped to have level of detail about the participants and to be highly involved in the actual experience of the participants (Creswell 2003 p205). Three of the interviews were held in the couple's home and the remaining two interviews were made in the health center office. Administrators from health center were all cooperative for the interview to take place in the center and were willing to provide the privacy and space.

In order to minimize the power relation between study participants and the researcher, I have briefly explained the guiding questions to the participants prior to the interview and the informants actively participated in the study. Throughout the study I created a friendly relationship with the participants, so that they would feel at ease about sharing their experiences. While dealing with emotional moments and sensitive issues, I have let the participants to take their moment so that they would not be disturbed emotionally throughout the study.

Couples were mostly interviewed at the same time. Three of the couples were interviewed at the same time. The interviews with these couples were in depth and the couples were found to be comfortable in discussing all of their issues. As a result the research did not find to do an individual interview since the couples were giving out lots of information which would be a rich input for the study. There was also an opportunity to interview the partners separately in two of the couples where I found is important to do so. This was done, so that the data obtained can incorporate their issues as a couple and also the things that they would talk more freely individually than as a couple. But in almost all of the couples, they were free to talk about any of their issues together because couples had the chance to be clear on the guiding questions and have agreed to be part of the interview. Each

interview was held for a minimum of an hour and half and maximum of two hours and half. During the interview both for the infected and uninfected partner, they had a chance to discuss their personal experience as a partner living with a different HIV status; as the challenge and meaning they give to their situation may not be the same for the HIV positive and negative partners. The interview with the couples focused mainly on the couple's experience of living with different HIV status. The challenges they faced while living as a married couple with sero-discordant status and what they are doing as a couple to face this challenge was deeply assessed. Counselors from the selected hospitals were interviewed after proper explanation of the study purpose.

All the interviews were done by the researcher, which helped to get deeper understanding of the phenomena and maintain the confidentiality of the data in the meantime. All but one interview with sero-discordant married couple were recorded using audio tape recorder. The counselors also refused to be recorded during the interview. In the couple and the counselors where they were not comfortable to have their voice recorded I have documented the interview by taking notes during the interview. The ethical considerations of anonymity, confidentiality and the right to withdraw from the study were some of the issues I took into account in this process.

Data Analysis

During the data collection, the researcher was also engaged in data analysis process at the same time. All recorded data, including the non verbal communication emotional responses was first transcribed by the researcher. It was possible to transcribe ten to fifteen pages of transcribed data from each interview. Transcribing data provides an opportunity to "review and connect" with the data (Grinnel, 1997 p263). The transcribed data was

thoroughly reviewed so that the researcher became acquainted with the content of the interviews.

Each case was then thoroughly described and the themes within each case were identified based on the research questions. After getting acquainted with the interview outcomes, the Open Code software was used to code and categorize the data as per the research questions. The coded and categorized data were interpreted and analyzed by relating the data within and across the categories, in a way that it gives meaning and answers to the research questions. During the analysis process, in cases where I found that further information and clarification of the data was needed, I went back to the informants and found more data to fill the identified gap. By doing so, the data quality and reliability were ensured.

Ethical Considerations

Throughout the study all ethical issues were considered. First the objective of the study was clearly explained in Amharic and an Amharic written consent was secured. In this process the right of the participants to withdraw from the study was safeguarded. The anonymity of participants and confidentiality of the information was maintained throughout the study and report writing by using pseudo names for the study participants. All recorded and written data was kept in a safe place and this was explained to the study participants prior to the interview. The informants were informed that they can have access to the final report and written interpretation of the study anytime. Ethical issues were also considered throughout the data analysis process. Anonymity of the study participants were maintained in this process.

Limitation of the Study

This study is limited because of the smaller sample size of discordant couples involved in the study, making larger generalization from the finding difficult. But an effort

was made to make the interviews more in-depth so that findings could clearly depict the life experience of the sero-discordant married couples. Another limitation of this study was due to the time constraint it was not able to include the perspectives of extended family, children, in-laws, friends, religious leaders and community members. These group of people are found to have a great influence on the lives of discordant couples therefore, including them would have enriched the data further. Furthermore, interviewing the couples at the same time could be another limitation as the couples may not be willing to reveal some of their inner feelings in front of their partners.

CHAPETER FOUR: FINDINGS OF THE STUDY

This section is organized into six parts. The first part gives the general background information about the study participants. The second part describes every informant's HIV testing experience. The third part deals with their understanding of what discordant mean to them. Their understanding of the phenomena is stated in the couple's own expression. In the fourth part the disclosure experience of the couples are stated. Their experience of disclosing to partner, extended family, children and other people is described in detail. The fifth part mainly focuses on the major changes and challenges in the lives of the couples after they have become sero-discordant. Finally, the last section describes the different methods of the couples' coping strategies.

Informants Background

Five couples were interviewed for this study. All of these couples came from different economic, social, and education background. The couples have lived many years as a married couple, ranging from four years to twelve years. The couples' age, years of marriage, educational backgrounds, family size and other relevant information is summarized in table 1 below. In this report, the term Positive Partner is used to refer to the partner who is HIV positive and Negative partner is used to address the partner who is HIV Negative.

Table 1:- Illustration of informants' background

	Name (Pseudoname)	Sex	Age	Number of Years in Marriage	Children (if any)	Work	Education	Religion	Years in discordant marriage
1	Abebe & Alem	Male	47	12 Years	11 year old Girl & 1 year old Boy	Plumber	10 th complete	Orthodox	3 years
		Female	40			Small Busines s	8 th complete	Orthodox	
2	Darge & Mebrate	Male	37	12 Years	10 year old Boy & 7 year old Boy	Guard	Certificate	Protestant	6 years
		Female	30			House wife	8 th complete	Protestant	
3	Kebede & Kidist	Male	29	4 years	None	Daily Laborer	8 th complete	Orthodox	1 year and three month
		Female	26			Daily Laborer	8 th complete	Orthodox	
4	Kiros & Hana	Male	37	10 years	6 year old Boy & 3 year old Boy	No work	8 th complete	Orthodox	4 years
		Female	32			Daily Laborer	6 th complete	Orthodox	
5	Ferede & Fikirte	Male	45	12 years	9 year old Boy	Teacher	Diploma	Orthodox	1 year
		Female	35			Teacher	12 complete	Orthodox	

HIV Testing Experience

Among the five discordant couples interviewed, two of them are couples where, the woman is positive and the male is negative. In the remaining three couples it is the males who are HIV positive and the women are negative. The couples have lived in discordant status for some time, ranging from one year up to six years.

All of them had different reasons to be tested for their first HIV test. Majority of the couples were tested because one of the partners was continuously getting sick and they wanted to know their status. In addition to their being sick with some undefined diagnosis, initiation from family member to get tested for HIV was found to be the main reasons to be tested for HIV. Only one of the couples was tested without being sick, but agreed to be tested when she was asked by her nine year old daughter to do so. The reason why her daughter pushed her to take the test was because the girl learnt from the non-governmental organization which is supporting her about the benefit of taking an HIV test. The daughter was persistent and the mother took the test just to please her daughter.

The reaction of the positive partner when they first find out about their status is found to be dependent on their anticipation of the test result and responses from their respective partner and other important people in the individual's life. Four of the HIV positive informants said that they did not expect an HIV positive result at all. Because they did not expect it; they were in denial and took time to accept their situation. Alem expressed her feeling at that moment as follows:

When the counselor told me that I am HIV positive, I didn't accept it, I was in denial. I told the counselor to look at me carefully, I asked her "do I look like an HIV positive person, there must be a mistake", I told the counselor that I trust my husband, it can't be from him, so where could I get it from?

Only one man who was tested because of the initiation from his mother was expectant of the HIV positive result. He came to this thought because his mother had experience in caring for an HIV positive family member and seeing his symptoms, she convinced him that he could be HIV positive which made him ready for the result. Therefore, in cases where an

individual is ready to take the test and is in a state where he/she is prepared for HIV positive result, it would likely help the individual accept the situation.

There were also cases where the partner is calm and accepting about the other partner's HIV positive status. In such cases rather than being in denial and in argument, the partners tend to be supportive and try to calm the positive partner. Most of them were in such feeling thinking that if the partner were positive then they would also be positive. Mebrate, whose husband is positive, described her reaction when she heard about her husband's positive result as follows:

We were separated while I was pregnant with my youngest child. When I found out that it was HIV I was very much afraid for myself, but I start caring for him. I was back with him when I heard that he was sick, his sickness made me to come home and care for him, our marital relationship is restored.

Despite the reaction to calm the partner who got an HIV positive result, there are also cases where there is disagreement and blame placing on the untested partner. A 40-year-old Alem, who was tested HIV positive, explained her reaction when she told her husband about her result as follows:

When he comes home I told him about my result, I blamed my husband, I became sure that he is the one who infected me because he was the one who stays out late and hangs out with his friends and even have drinks. I said all those words, making him responsible then he got mad and we had a fight

On the contrary, Kiros received an unexpected reaction from his wife when he told her that he was HIV positive. Rather than blaming him and disagreeing with him his wife

calmed and comforted him. Hana explained her reaction as follows when her husband told her his HIV positive result:

When he came home after the test (four years ago) he was crying hard and I knew that the result was bad, I told him not to worry, comforted him, and told him that we can live together like any other normal person knowing our status

After going through these responses the second phase in these couples' life was when the other partner was tested to find out whether he/she is also infected like his/her partner. It is in this phase that the couples found out that they are sero-discordant. All the partners didn't get the test immediately after they learned of their partner's positive status. Some assumed that they would also be HIV positive too so they didn't even take the test immediately after they learned that their partner is HIV positive. Mebrate, an HIV negative partner said that "I was tested later on after a year; I assumed that if he is positive then I will also be positive, and I was planning that when I get sick I would start the ART."

It is not only the partner who was tested later expecting his/her own result to be positive, but the positive partner also expected that their partner would have the same result. Alem, who tested to be positive earlier explained as follows about her expectation of her husband's test result:

When he took the test I was sure that he will be positive because I was sure that he is the one who got me infected too, but when I learned that he was negative, I doubted the transmission route of the virus, I questioned whether what they are telling us is right or wrong, and I said to him that we need to be separated

Even if one of the partners gets a negative result the uncertainty and doubt regarding how they happen to have a different HIV status found to linger on the couples for awhile.

Abebe, whose wife is HIV positive, explained the situation as follows:

When I took the test I was sure that I was going to be positive because she is already infected but when they told me I was negative I was surprised. After sometime I became very sick, I was in a very critical condition and was about to die. But they couldn't say anything definite about my illness. Then I was sure that I was also infected because I was sick but I was not diagnosed with a definite disease and got tested many times but my result was still negative.

Once the couples have faced their HIV discordant status, all of the couples were grateful towards the HIV negative status of their partner. Four of the couples who have children said that they are grateful that at least one of the partners is negative and would be able to take care of the family. A man expressed his feeling when he heard that his wife was negative saying that "When she told me she is negative I felt better and happy because she would live for my children and can raise them." Once the couples have found out that they have different HIV status, especially the HIV negative partners were testing many times, in order to confirm the discordant status. Some take the test periodically until now, for the fear that they might be infected along the way.

Regarding the immediate reaction of couples when they know that they are discordant, a counselor who comes across such cases explains as follows:

Married people come to the VCT together as couples and also individually.

Disclosing to partner is not a problem when they come together but when they come alone they have to tell their partner about their status. As I have seen so far, usually when couples know about their HIV discordant status together, they will be emotional

and most of the time they decide to continue to live together. But as times goes by, when couples come for follow up, their relationship is seen to be rough and it will be a challenge. In this case couples would get a divorce after some time. The decision to get a divorce does not necessarily come from the negative partner for fear of being infected but also from positive partner, saying that they want to live with a partner of the same HIV status

As indicated by the counselor and the informants above, the immediate reaction of negative partners when they learned about their spouses' HIV positive statuses was support and willingness to commit life with the spouse.

Understanding of the Discordant Phenomena

Once couples know that they are discordant, their understanding of why only one partner is infected while the other is still negative varies based on their knowledge of the virus transmission, spiritual understanding of disease and educational level. Their understanding of the sero-discordant phenomena affects how couples are living their life now, especially their actions to prevent the transmission of the virus to the negative partner.

All of the couples said that they have uncertainty and still cannot explain their situation definitely. They all have also stressed that all of the scientific explanations given to the virus transmission couldn't answer their question. They all said that unless it is a "protection from God" or "Some mystery" there would be no way that they still remain with one of the partner being infected while the other doesn't get infected, while having all the unprotected sexual contact throughout their marital life. For example, Hana, a grade eight complete Orthodox Christian, whose husband was positive for the past four years understands the discordant phenomena both through spiritual lenses and the difference in physical resistance or ability to fight off the virus. Her explanation is stated as follows:

I think it is God's will that I am not infected. Or maybe my blood is not a kind which is not easily infected, just like I heard about some people whose blood is not capable of being infected. But I still wonder how this could happen to us, how I didn't get infected. I sometimes say is God testing me by bringing this into my life

Darge, a Diploma holder Protestant Christian who is HIV positive and his wife negative and pregnant as well, tried to give explanations he believed is probability scientific, while sticking to the spiritual account. Here is how he described his understanding:

I still wonder how she happens to be negative while she is pregnant. How come she is not infected when she got pregnant? I think much should be done in this area. I heard people saying that some people may have the virus but may not be detected by testing; I think some people may live with the virus without being detected through test for 5 or 10 years. In this case it may not be detectable. I believe her being negative is purely God's protection but I still believe that we should live our life in a responsible way, by protecting her from being infected

On the other hand, Abebe, who was tested to be HIV negative man and his wife HIV positive didn't totally perceive their discordant status as a bad thing. He is optimist that the reason he is still negative might be a sign that his wife would be free of the virus someday in the future. His description is as follows:

I think the disease by itself is a curse from God and I believe that God will heal the infected one after sometime. And I also believe that God will heal her someday, I think that's why He kept me free from the virus

In all the above explanations given, one common way of understanding of the discordant phenomena is the spiritual explanations. While maintaining the spiritual

understanding the couples tried to give other explanations, which they think are scientific. Despite their effort to understand having different HIV status they noted that they are still in search of better explanation.

Disclosure of Discordant Status to Others

Disclosure to Children

Except one couple, four of the couples have children. Among these only one couple, where the woman is positive and the man negative, have disclosed their status to their children. They believed that disclosing their status to their nine year old daughter helped both the mother and the child.

We didn't tell our daughter immediately but as time goes by her school performance got lower, she started looking like she was worried, when she saw advertising on TV about ART; she said Mom here is a medicine like yours and I replied so what if it's the same, what's wrong? I used to say this to her because I want to prepare her before telling her. Then I told her later when I was sure that she is ready. Now that she knows; she encourages and comforts me.

The others didn't tell their children thinking that it is not important for them to know and the children are too young to have such information about their parents.

Disclosure to Extended Family

As all the couples in this study are married couples, a typical Ethiopian marital relationship involves relationship with the in-laws of spouses and extended family members. The couples have different experiences of disclosing their discordant status to their extended family members and in-laws. Out of the five couples three of them have disclosed their discordant status to their extended family members, especially to their own immediate family

member. The remaining two couples did not tell any of their family members. Among those who have disclosed their status, one woman, the positive partner, did not disclose her status to her in-laws but to her own family only for the fear of stigma and discrimination. The decision to keep their discordant status in all of the participants seems to be made by both the negative and positive partner.

I told my mother immediately but his family doesn't know. His family has never been good to me from the beginning and if they know about my status our relationship could get worse. At one time my mother in law was taking care of her other daughter in law who was terminally ill with HIV, after her death my mother in law was so worried and paranoid saying that she is already infected with HIV. She got tested many times but she turned out to be negative, whenever she says that she may be infected I always wonder in my head 'why would she say if she knows that I am HIV positive'? Then I got even more discouraged to tell her or any of his family. So whenever they come to our house I don't want to serve them anything, because I don't want them to say someday that I could have probably infected them.

Those couples did not disclose their status to their in laws and extended family members because they were afraid that they would face stigma and discrimination. One positive male partner said that they are facing neither support nor stigma because they didn't disclose their status to any of their extended family members and neighbors. He said that "this is a comforting situation for them up to now because as everyone is living one's own life and I don't have to worry about anyone's attitude."

Following the disclosure of their status the responses married couples get from their in-laws, neighbors, and extended family members vary from support to stigma and discrimination. Some positive partners get support from their own family as well as from

their in-laws while others didn't even get support from their own families. For example, a man describes the reaction he faced from his in-laws and his own family as follows:

I am sad and angry at the situation. I am alone, she is all I have because everyone has left me and no one cares, I have one sister and two brothers, even if they don't have a good income to support me at least they don't come and see me. Her family cares for me, calls me and encourages me; they even care about me more than they do about her.

Challenges and Changes

Discordant couples have faced challenges in many aspects of their lives. They have a challenge in terms of caring for the sick spouse, which has affected the financial income of the couples. This is because in some of the couples, especially in couples where the male is HIV positive and is also the bread winner for the family, the illness leads to the inability of the positive partner to work. In such a case the negative partner has to face a burden of caring for the sick partner and also provide financially for the family. Among the couples interviewed four of the partners are forced to change their career and means of income due to the illness they face related to their HIV status. Three positive partners are forced to change their job while one positive partner cannot totally go back to work because he is sick from time to time. In all these couples, the responsibility of providing for the family has totally fallen on the negative partner. In addition, some negative partners who have never worked or earned money is now forced to work in any kind of available job in order to make money. For example, Hana, as a negative partner, explains her feelings about how her husband's getting sick from time to time has affected her by shifting the responsibility towards her as follows:

I used to cry a lot because I feel sad and upset. When he feels ok I would go out and do any kind of work that I can find, as a daily laborer in the construction I have to go

far to find a job. Because of his sickness I am suffering , that's a big challenge for us, sometimes I face hyenas because I have to leave very early and I feel sad because if I was lucky I would have stayed at home and take care of my children and my home like the other women. It is very difficult for a woman to work in the construction as a daily laborer. He is very young in his thirties and seeing him at home and doing nothing makes me sad.

In this same couple, her husband Kiros is also having challenges because he has now become dependent on his wife after he was tested HIV positive not only in terms of care, but also for household chores and financial provision for the family. Here is how he has expressed his feeling:

I feel bad for just sitting at home and seeing her getting tired and working all day to support our life. I still feel bad sometimes, she works outside like a man and comes home again and works around as a woman taking care of our children and me. This is the only thing which is concerning me, but I don't get worried about the disease because I know that I can live but when I get worried about her I start feeling sick and faint and couldn't even get out of bed. I feel sad because I couldn't work and earn money, I am young and I should have worked but I stay at home all alone and I feel sad. I want to earn something and contribute to our life, I used to be the breadwinner, bring all my salary home and give her.

In another couple where the female is the positive partner and the male a negative partner the sense of responsibility and taking care for his wife with HIV positive has a positive implication, rather than being a challenge. Abebe said that after he learned about his wife's HIV positive status he is now working hard and their income has even increased. His wife Alem described the change in her life saying that "our income and living condition was

very low back then, but now he works hard, cares for all of us and makes good money, therefore our living standard is even better.”

Therefore, it can be seen from these cases that in couples where the male breadwinner becomes HIV positive, the responsibility of supporting the family financially may shift to the woman. Besides the role of taking care of children and the husband who might be sick from time to time, may create burden for the woman. The woman may also be over-burdened with a new role, for which she has no prior experience. But in cases where the woman is the positive partner and the male is the negative partner, the responsibility and the decisions to continue with their marriage may even motivate the man to support his wife and his family. He may work harder and care for his wife, which in turn would reduce the burden of the wife. But in order for such kind of support to happen the gender difference may not be the sole factor but other factors like the nature of the couples' relationship and communication may each play its own role.

The informants have indicated that the strength of their relationship and communication as a couple is another variable affected by the sero-discordant status. In this study, most of the couples have said that their relationship as a married couple is better in so many ways after they learned about the discordant status. This is so due to the sense of responsibility and being sensitive especially towards the positive partner's feelings. The communication among them is also found to be better and a great sense of care for partner's feeling during communication is identified by all of the couples. Most of the couples have agreed that they have improved communication and closeness after they learnt their HIV status. A negative man partner said that “we don't fight that much like we used to, I have never said anything related to her being HIV positive. We never fight on this issue specifically about her being HIV positive. I don't want to hurt her feelings. I think our

relationship is much better in so many ways” to describe his communication with his HIV positive wife.

Reproductive and Sexual Life Challenges

All of the informants have stressed that they have experienced a major life change regarding their reproductive and sexual life. This aspect of marital life is the most challenging part for all the informants. The intimacy in the sexual relationship between couples was found to be challenged by abstinence and decreases in the frequency of sex between the partners. The participants explained that main reasons for changes in the sexual relationship are for fear of the virus transmission during sexual intercourse, the positive partner may be sick from time to time and because some couples are forced to use a condom but did not find it to be comfortable. Some of the explanations given are stated here:

Alem, a 40 year old HIV positive woman has explained how her being HIV positive has affected her sex life in her marriage as follows:

Of course our sexual relationship is changed, we now use condom. We never had sex without condom but my desire and feeling during sex is not like I used to feel. I always worry whether he would be infected whenever we have sex. I don't even trust the condom, the only thing that is in my mind is all the bad things the health professionals said to me at the health center, and how I could infect him, because the advice they give at the health center is not encouraging, it won't motivate you to have intimate relationship, even continue your marriage. We don't have sex as frequently as we used to before, we do it maybe once in a month or more.

For some couples their sex life has changed to the extent of abstinence. Hana, HIV negative married woman who has been with her husband for the past ten years described how their sex life is changed:

We can't live like we used to, we need to be careful in every aspect. We didn't have sex since we know about the virus (four years ago) but I don't know about the future. He has been sick for long and we didn't have any kind of sexual contact since then.

For another couple, they have recognized that their sex life is changed but they believe that it is not only due to the discordant status. Here is how Kidist explained the change:

We have abstained from our sexual relationship so far. We didn't have sex for more than a year. But if we want [to] in the future we can use a condom. We didn't have sex until now because I walk a long distance and get tired all day every day. My work place is very far. So when I come home I am usually tired and I can't wait till I go to bed and sleep. I have no energy and courage to think about sex. He is also tired the whole day, when he comes home he is very tired as well; even sometimes he can't eat his dinner. But if we have the time to have sex we have condoms at home which we got from the health center.

Reproductive issues are also another concern among discordant couples. The decision to have more children is challenging issue for discordant couples. Among the four couples who have children, one of the couples, where the man is positive and woman negative, is seven months pregnant at the time of the interview. The couple said that they did not plan the pregnancy, but they believed that they would be able to have HIV negative child because the mother is still HIV negative. Another couple, where the woman is positive, was able to give birth to HIV negative child which is made possible through the mother to child transmission

prevention (PMTCT) service she attended. Alem said that she has come to the decision of having a child after she comes to terms with their discordant status as a couple. Alem was able to conceive by having sex without a condom only once and calculating the possible date she got pregnant. Alem and her husband have received information of how to get pregnant safely from the ART counselor where she has periodic follow up.

Changes in Lifestyle

The participant couples have gone through many behavioral changes, some are positive and some have become a challenge towards their partner. The changes in the behavior are observed ranging from a change in way they spend their leisure time to the character they show towards their partner. Four of the couples have said that they have totally changed how they spend their leisure time and have even changed their friends. Those who have undergone these changes are all males and are both positive and negative partner. The negative partners explain they had to change their way of spending their extra time because they feel responsible for taking care of their positive wives and wants to be there for the family, feeling that they are the only one in the family to do so. A man described his lifestyle change as follows:

Before we came to know our HIV status I used to stay out late and come home drunk, and we used to fight a lot, even if I love her, I always used to make her mad and disappointed. But when I found out her HIV status I have promised myself that I would be nice to her and care for her. Now I am a changed person, I care for my family [more] than before.

For the male positive partner the change in lifestyle and behavior happens because he believes that his previous life style has become a risky behavior while living with the virus. So he is motivated to even pursue his education and is trying to improve his life. As

expressed by the negative partners, both male and female positive partners have manifested a changed behavior that resulted from stress. The negative partners have described the change in their positive partners' behavior as being quiet, withdrawing, and humble and avoidant of disagreement with negative partner as much as possible. This is so due to stress, having HIV, being dependent on the negative partner and worrying about their discordant status. This changed behavior is particularly identified by the negative partners and is described here:

Now he doesn't feel free like he used to, he is shy and always keeps away from people. But I always tell him that he doesn't have something on his face so he doesn't have to withdraw from people. He always considers himself as being a very low person and feels inferior. I don't know, maybe he thinks that people would know about his HIV just by looking at him. I also told his family that they should talk to him; he is depressed most of the time. When you talk to him he is not concentrating, his thoughts are somewhere else and he is not focusing at all. When I ask him what he is thinking he just says that there is nothing wrong...He just keeps quite all the time (Crying), I don't want him to worry about anything, but he does worry...Maybe it's because of our low living condition. I think he feels lonely because he doesn't have his family around him and maybe because of our low living standard. There are no people in our neighbors who can be of his friends. He doesn't have anyone to laugh with and spend some time together even in holidays (Crying). (Mebrate, describing her husband's behavior after he finds out that he is HIV positive)

Darge explained how knowing his HIV positive status has changed life in the following way:

I am now a changed person after I know my status, all the life that I had before feels like a waste because I was not a good person, I now have continued my education. I

am encouraged and inspired to plan my life and have a better future because of her decision to live with me and care for me. I also want to learn, change myself, get education and encourage others too. I think I should be a role model. I don't want others to be infected like I did. But I need more education and be a better person myself to do that. I am now a changed person I have left all my bad habits and addictions, even my old friends.

Implication of Discordant Status on the Social Life

The informants have pointed out that the discordant status has affected their relationship with extended family members and other social life in so many ways. The main reason is not solely due to the discordant status but rather due to the stigma and discrimination the positive partner has faced from extended family, neighbors and other people in their social relationship. Alem, who has been positive for the past three years, described the effect of her being HIV positive on her relationship with her neighbors as follows:

I used to drink coffee with my neighbors, some of them asked me 'is it true that you are HIV positive?' When they start asking me such questions I felt bad and stopped going there. I have made myself distant from such gatherings and start having coffee by myself at my own home. I heard rumors or when people talk about me behind my back, I really feel bad. But some of my neighbors come forward and encouraged me, some even cried with me and some said 'you will be healed someday'.

In a similar couple it is not only Alem who has faced challenges in her social life, but her husband Abebe describes his experience as follows:

People from our neighbors don't know about our status except for very few close friends, but some suspect it. So just thinking that we both are HIV positive they

discriminate me as well, excluding me from some of their social gathering. This has prevented me to be as a free man. I don't think people in this neighborhood have good understanding about the virus.

Kiros also explained how his HIV positive status has affected his relationship with his own family as follows:

I am alone she is all I have because everyone has left me and no one cares, I have one sister and two brothers, even if they don't have a good income to support me at least they don't come and see me, even my own family do not come and see me anymore after she found out that I am HIV positive.

The social life implication is also seen affecting the relationship one has with friends as well. This is also related to the fact that the positive partners did not disclose the HIV status to friends and family. In addition the person with the HIV positive status won't be able to talk to someone else on all the matters and issues he/she wishes except the marriage partner. Kebede, a 29 year old HIV positive man described his experience in this regard as follows:

I feel low and lonely because I didn't disclose to anyone. I have no one from my neighbors whom I can talk freely. I can't be a friend with people freely especially when I think of the big secret that I kept for myself. I do not see my old friends anymore we are apart. So I have no one to talk to. All my former friends are from my previous work; even then I used to meet lots of new people because of the nature of the job. But now it's only the same people and it's hard for me to make friends. After all this time, I feel ashamed to go back to my old friends, and as time goes by our friendship becomes weak

His wife also agrees with the challenge Kebede has regarding making new friends or maintain the old ones. Because he doesn't have many friends now, he is usually "lonely" and "spends most of his time at home".

When he is at home he just keeps quite all the time (Crying), I don't want him to worry about anything, but he does worry. Sometime I invite some children from our neighbor to play with him, so that he won't sit and worry. I think he feels lonely because he doesn't have his family around him or maybe because of our poor living condition. He has no friends from our neighbors. He doesn't have anyone to laugh with and spend some time together even in holidays (Crying). He might look like he is healthy but deep inside, he is not.

As a result of the decreased socialization with friends and family, couples have indicated that they prefer to spend their leisure time by going to church and engage in other religious activities. Apart from meeting up with family on some occasions, they spend their free time in their house or in churches and prayer meetings. They also stated that they are now inclined towards religious activities than before because they do not meet with friends and family on regular basis.

Coping

Children as Coping

All those couples are already living together with their discordant status. Couples who have children said that having a child was the main reason to continue with their marriage and cope with their situation. In such couples children have served as a means of bonding and maintaining marital relationship. Even in those couples who have abstained from sexual contact they still live together as a married couple because they don't prefer to

raise their children as a single parent. A couple with a child put how having a child helped them to cope with their situation as follows:

It is because we have a child that made us both decide to continue living together. If couples stay together children will not be abandoned and they won't be a burden to the community and the country. By doing this you can also teach your children how to be compassionate and loving, they can also learn to feel compassion to others. If we were separated our child would have learned bad things.

Abstaining from Sex

As referred to above, two of the couples have said that they have totally abstained from any sexual contact. This is also one method of coping which made couples live with their discordance. By abstaining from their sexual contact their intimate marital relationship may be affected in the long run but at the moment abstaining has somehow made the couples live with their different HIV status. As the main concern in discordant relationship is the infection of the negative partner, by abstaining sex couples have avoided the stress of transmitting the virus to the partner. Besides abstaining of sex, the couples have also prevented the virus transmission by avoiding sharing of sharp materials between the couples and other family members.

Spirituality

Discordant couples from this study have stated spirituality is one coping method which is helping them to live with the discordant status. Spirituality was seen in two ways among the couples; one is by understanding their situation as "God-given" thing and therefore they should accept it. The other way is after the couples have learned that they have discordant status they found to be more inclined to religious activities. This was particularly

observed among the positive partners. They have mentioned that engaging in religious activities and being a religious person have given them comfort, as stigma and discrimination is what they have been facing from friends and family.

Thinking of the ‘good old days’

Majority of the couples in this study have lived many years in their marriage. Before the discordant status happens between the couples they have stated that they lived a “healthy and happy marriage”. Keeping this in mind, the couples have noted that those ‘good old days’ has made them face their current challenge and is keeping them together. Abebe, who has been married with his wife for the past twelve years, has described what is making him live with his HIV positive wife as follows:

I have decided to live with her after I learned that she is HIV positive because whatever kind of person she has become or in whatever condition she, I believe that she is mine and I don’t want to leave her. We have spent many years together, both in good times and bad times. The moment I knew that we have different HIV status I promised her that I wouldn’t leave her, even if she insisted that we should be separated I promised her that I wouldn’t leave her. And I always want to keep that promise. I loved her when she was healthy and I should love her when she is HIV positive too. If I have the ability, I want to take care of her for the rest of her life, because I believe that if she gets my care and love she would be fine.

Support between Couples as a Coping Method

All of the couples have said that they have a good support and care between each other. Regardless of the role played by the partner based on gender, they both engage in any kind of both household and outside activities. This support is usually done when the positive

partner is in a good health condition. When the positive partner is feeling healthy but is not ready to go back to work they engage in the household chores and support the negative partner. This support mechanism in the household is found to be one of the major coping strategies for discordant couples.

When I feel better I do some housework; I fetch water, wash the children's cloth and do anything that I can help with. When she is at work I would finish up some of the housework and when she comes home she cooks for us. That is how we support each other. (Kiros, a 37 year old HIV positive male partner explaining how he is supporting his wife)

A counselor also explained the coping experience of discordant couples that she has faced in her career as follows:

They usually cope with the sero-discordant status mostly by convincing themselves about their situation, thinking that it's not changeable, they usually talk about it with the counselor but not with each other or any other person. There are also couples who don't want to accept and cope with the situation and create a big problem in their relationship, even to the extent of dissolution of marriage.

Service provision

At the end of the interview the study participants have given their opinion on the service provided from government institutions and other concerned bodies. All the positive partners from this study have started ART. All have agreed that after initiation of the ART their health condition is better. They are also grateful for the availability of the medicine for free. Basically, all of the informants get health care service from government owned health

center because they cannot afford to pay for private health services and also the free ART is easily accessible in the nearby health center.

Besides the ART service, counseling is one service which is provided by the health center. This is usually done when the positive partner go to the health center for ART refill. Such counseling services focus on the medicine and other related issues, while the social implication is given less attention. Besides, the positive partners have also pointed out that the counseling sessions are very short because of large number of clients waiting for the service. Despite this, the positive partners have appreciated these promising efforts in the ART service.

Even though counseling services are available, the couples have indicated that the counseling focus only on the positive partners, as it is only the positive partners who regularly go to the health center for ART follow up. Mebrate, an HIV negative partner described the counseling as follows:

Couples with different HIV status should get support and counseling, especially in raising their awareness, even the HIV negative partner. For example, I sometimes feel really stressed and I feel tempted to leave him. So I think people like me need support and should get counseling. Children of such family should also be able to get counseling.

A counselor described the available service for discordant couples as follows:

We don't give a special care and service for discordant couples. We do not talk to the negative partners, except in cases where they come together to take the test or when we first initiate the ART treatment so that the negative partners could support their positive partner on the course of the treatment. Of course we know that the negative

partners have also the need for counseling and support, but the service is not available yet.

As noted by the informant and the counselor, service provided by government owned health centers focus on the positive partners. Despite the available service both negative partners and counselors have stressed that there is still a need to support negative partners of discordant couples especially through counseling, as they also face challenges while living in discordant relationship.

In summary, discordant couples who have participated in this study have shared their life experience. They have described their own understanding of the discordant phenomena, their experience of testing and disclosure to children, in-laws, extended family and friends. The life change discordant couples are going through in their marriage, the challenge they face as a result of the discordant status and things that are helping them face these challenges are all described in depth. These findings are further analyzed with literatures and other research findings in the next chapter.

CHAPTER FIVE: DISCUSSION

This section further illuminates the experiences of sero-discordant couples which are found from the study. The discussion is organized in a way where the first part talks about the couples' understanding of sero-discordance. The second part discusses about the couples' experience of disclosing their status to different people, following this is the challenges sero-discordant married couples face in their day to day life and the coping strategies. The final section links the conceptual framework i.e. the Developmental-contextual model with the finding of the study.

Understanding of the sero-discordant phenomena

Couples who are in sero-discordant marital relationship give different understanding of their status. Exploring couples' understanding of sero-discordance is important because their lack of clarity on HIV-discordance rendered them highly susceptible to popular myths and misconceptions about discordance (Bunnell, et.al, 2005, pp1002-1003).

In this research couples have explained the discordant phenomena as "Protection from God", "as a sign that the positive partner will also be healed from HIV someday" or a "Curse from God." and many more. These explanations indicate that the dominant understanding of the discordant phenomena is the spiritual explanations. Beside the spiritual explanations, understandings like having a strong immunity or a blood which may not be infected by the virus is also given in this research. Similar explanations are also found from another research conducted in Uganda where discordant couples explain the situation as being God's protection and people's strong immunity (Bunnell, et.al, 2005, pp1003-1005).

Their understandings of why only one partner is infected and why the other does not has implication on their day to day life of preventing the virus transmission to the HIV

negative partner and how they try to live with their situation. Clinical trials and long terms studies have indicated that despite the current couples' discordant status, there is always the risk of the virus transmission to the negative partner, which is known as sero-conversion (Guthrie, Bruyn & Farquhar, 2007 p417). Therefore since the negative partner has always a risk of getting infected while living with the positive partner, couples' understanding of their discordant status is important.

A research finding by Bunnel, et.al have indicated that couples' dominant explanations of discordant status has a potential to undermine the motivation of discordant couples to engage in HIV risk reduction behaviors. Their study stated that if people believe that they are already infected; immune from HIV or has God's protection; then they have little reason to adopt preventive behaviors in the future (Bunnel, et.al, 2005, p 1005). Although Bunnel et.al stated this, findings of this research indicated otherwise. This research revealed that despite the couple's understanding of discordant status as being protection from God or immunity to infection, the couples still prefer to use protection and decrease their risk behavior until now. Regardless of this, even if the explanations do not have a direct association on their risk behavior currently, they are the potential factors to affect the couple's way of protecting the virus transmission to the negative partner and prevention strategies.

Disclosure to others

Once couples have continued their marriage with the discordant status, the main issue is disclosure of this status to children, extended family members, in-laws, friends and neighbors. Most of the participants of this study do not agree that they should disclose their discordant status to their children, saying that children are too young to understand such condition. Similarly another study stated that parents have difficulty to disclose their

discordant status to children thinking that they are young to understand the issue and they are concerned with how their children would be treated by their friends (Vandevanter, et.al, 1999, p188).

But in this study there are also couples who have disclosed their discordant status to their child and disagree with the idea of keeping the discordant status secret. They have justified this decision saying that children still understand that the parent is sick with some illness and it is better to be open about what the illness is. By doing this the couples believe that parents will have a chance to explain and make the child understand what it means to be HIV positive. Despite this the parents who have disclosed their status have stressed that disclosure to a child should take into account the age and understanding level of the child. They also have found that telling a child progressively, by first preparing him/her on the issues of HIV is useful. In line with this, even if findings from another study have found that discordant couples do not disclose their status to their children, the couples still agree that should know about their parent's HIV status (Vandevanter, et.al, 1999, p188). Therefore, it is the parents' decision whether or not to tell the children about their discordant status, taking into account the age, readiness and understanding of the child so that he/she may be ready to face the challenges that may follow the news.

Relationship with extended family, in laws, friends and neighbors are important aspect in a marital life. The involvement of friends and family are important in two aspects of the discordant couple life. One is in supporting the couple by caring and supporting for the HIV positive partner during the time of sickness. On the other hand, they have a role in influencing the negative partner's decision whether or not to continue the marital relationship. If the couples have decided to disclose their discordant status to their friends and family the response may differ.

When the status is disclosed by the positive partner to his/her own immediate family members, in most cases their reaction is support and encouragement except in a single case where the response is stigma, discrimination and total breakdown of relationship with the family. For the fear of such unexpected responses, stigma and discrimination from family members, participants from another study conducted in South Africa and Tanzania indicated that they disclose their status only to selected friends and family (Rispel, et al, 2009, p37). Similarly, this research revealed that the response from the in-laws differs. The majority of the cases did not disclose the status of the positive partner to the in-law mainly to protect the positive partner and avoid discrimination and blame towards the positive partner.

For those couples who have disclosed their status and are getting support and encouragement from family, such response is one source of comfort for them. A similar study in Uganda stated that, despite the discordant couples' expectation for stigma and isolation from family members after disclosure, they get support rather than stigma from friends and family after disclosure (Bunnell, et.al, 2005, p 1006). In times of sickness of the positive partner, the family would involve in care and support therefore this would be a good opportunity for the negative partner to have someone to share the burden of caring for the positive partner.

As disclosure of the discordant status is one way of living with the extended family members, concealing the discordant status from family and friends is also how the situation is dealt with the couples. Findings from other study stated that fear of disclosure and stigma is one source of stress for discordant couples apart from other stresses and emotions they feel (Vandevanter, et.al, 1999, p188). HIV positive participants of this research stated that they wanted to disclose their status to friends and neighbors and teach others on positive living. But they are afraid that they have no "explanation" on how they are infected. This is also associated with their understanding and doubt on the discordant phenomena.

Couples who haven't disclosed their status said avoiding disclosure is "comforting" because that is one means of preventing stigma and discrimination from the family and friends. By doing disclosure, they don't have to talk about their status with any of the family members. A study by Vandevanter, et.al (1999, p188) showed that avoiding disclosure of status to family is found to threaten the family stability because of the secrecy surrounding HIV, and social support outside the family was frequently absent because of the reluctance to disclose discordant status to friends and family.

In addition, concealing the discordant status has affected discordant couples in a way that they cannot socialize with friends and family freely because of the secret they have. Couples have described their discordant status as being a barrier for making new friends or maintain the old friendship as well. Because of isolating oneself from friends and family, such positive partners are usually inclined to religious activities. They are also afraid that if the family and friends find out about the status someday they might blame them and be disappointed for keeping the status a secret from them. A similar study conducted in northern Thailand has a similar finding, where discordant couples perceived threats of stigmatization if they were to disclose their HIV status. As a result of the perceived stigma, the couples may not be receiving the emotional and financial support they need in order to more effectively cope with the impact AIDS has on their family (Tangmunkongvorakul, et.al, 2010 pp520).

Challenges in discordant relationship

Sero-discordant couples have to deal with many changes and challenges in their life as a result of the discordant status. As mentioned above, the closeness with extended family members, in laws and friends is one area which is affected. Major changes also happen in the day to day life. One area is the interference of HIV positive partners' health condition on the

ability to work, creating a dependency on the HIV negative partner, a burden of sustaining the family financially and caring for the positive partner in times of sickness.

As much as the discordancy can create burden and stress among the couples, this research also revealed that it is common for the couples' intimacy to become more tight and close, which is an unexpected outcome of their challenge. Such similar surprising trend of strong emotional intimacy is also identified in another study, where the couples manifested intimacy and commitment among each other (Beckerman, 2002 p 58). This maybe because the couples have no other support from family and friends, so they have to support each other and be dependent on each other.

The other major challenges discordant couples face is the change in their sexual life. Sexual life is very sensitive to such couples because there is always a risk of infection to the negative partner. This concern has made some couples to reduce the frequency of having sex because of the decreased desire to have sex, lack of pleasure in sex and abstinence. Consistent with this, Wondwossen's study stated that discordant couples prevail different sexual behaviors; abstinence, avoiding penetrative sex and use of condom (Wondwossen Assefa, 2006 p 42).

Vandevanter et al's (1999, pp189-190) research finding stated that discordant couples' problems with sexual relationship are related to the risk of infecting the HIV-negative partner; therefore sex is a constant reminder of the infection because of the need to use barrier protection. In line with this finding, positive partners from this research described that whenever they are having sex they are worried that they may infect their partner, hence they do not enjoy sex like they used to. Similar finding is again stated in Bunnell et al's (2005, p 1006) study where discordant couples have totally lost interest in sex after they know that

they are HIV discordant. Therefore, the implication of the discordant status on sexual life will affect the emotional and intimate relationship married couples have.

The findings of this research revealed that negative partners witnessed many behavioral changes in their positive partner after they find out about their discordant status. Some have come out of their addictions because they think that the addictions may not be good for their health and also because they don't want to disappoint their negative partner. Some others have also preferred to be lonely, withdrawing, and humble. The same behavioral change was observed in the negative partners as well. They avoided talking about their spouse's HIV status believing that they are being sensitive to their partner's feeling. Similar changes in couples' behavior were stated in another study where negative partners avoided discussing about HIV for fear of causing distress to their partner and to 'protect' their partner. As a result of this couples would avoid discussing negative emotions such as anger, frustration and sadness (Vandevanter, et.al, 1999, p186).

Discordant status also affects couples' social life. It is found from this research that it is common for discordant couples to withdraw from social gatherings with friends and family so that they may not to face stigma and discrimination. The couples may avoid such gatherings themselves before or after facing the stigma and discrimination. Other study findings stated that as a result of couples' withdrawal from social gatherings, they describe their feeling as being angry, alienated, alone, isolated and feels like forced to keep the information secret (Vandevanter, et.al, 1999, p189).

Coping mechanisms

Participants of this study are found to different mechanisms which are helping them face their situations. Such mechanisms are those what's keeping the couples live with their discordant status. One way of coping with their challenge is having a spiritual explanation

towards the phenomena. Besides having the spiritual explanation couples' inclination to spiritual activity and being close to religious rituals has helped them to live with their status. The positive partners have indicated that they did not have strong commitment towards religion previously. After they have learned about their HIV positive status they don't want to socialize with friends and family for fear of stigma, rather they spend their time going to church frequently and reading scriptures. Similarly, a research by Reis & Gir (2009, p 661) indicated that religion is an important resource to cope with positive status, providing them with spiritual comfort.

The findings from this research have also indicated that couples live with their discordant status thinking of 'the good old days of their marriage. Particularly, the negative partners have stressed that as they have spent the good days of their marriage together, where their spouse was free of HIV and healthy, they don't want to leave their partner in time of sickness and challenge. They have also stressed that the love that they had previously when the partner was free of the virus should also continue. Similar finding is indicated in a research conducted in Dessie town, where love and emotional attachment have made discordant couples live with their status (Wondwossen Assefa, 2006 p 42).

Another coping method revealed this research is the presence of children among couples. When couples have children they prefer to maintain their relationship despite the challenges they face. This is in line with a finding from a study by Tangmunkongvorakul, et.al (2010, p 521), where discordant couples' marital stability is dependent on whether couples have children or not, for those who have children they prefer to maintain the marital relationship and cope with the discordant status.

Participants of this research have also identified abstinence as a means of coping with their sexual challenge. Consistent with this finding, other researches have also indicated that

abstinence is still used as one coping strategy based on mutual agreement of the couples, though couples found that abstaining from sexual contact is difficult (Bunnel, et.al, 2005, p 100). Besides abstinence, this study revealed that using condom is found to be one coping method. Using condom has helped discordant couples to deal with the fear of transmitting the virus to the negative partner. Such means of dealing with fear of the virus transmission is also observed in another study where condom use has become a routine of their sex life for discordant couples, even if couples couldn't totally avoid the fear of transmitting the virus to the negative partner (Vandevanter, et.al, 1999, pp186-187).

Support and care between the couples is another means of coping revealed in this research. In order to withstand the burden of their life change couples support in every aspect of their life. The support ranges from caring for the positive partner in times of illness to the involvement in the household chores regardless of gender.

Coping and the developmental-contextual model

This study stated that there are different ways how discordant couples cope with their challenges. One way is the support between the couples which usually happens because couples are not getting much support from families and friends. This coping strategy is in line with the developmental contextual model, which puts dyadic coping as the first line of coping when couples face chronic illnesses and other stresses in their marriage (Berg & Upchurch, 2007, p 920). As the model asserts that couples adjustment process varies, discordant couples from this study also noted that they were not able to accept their HIV status but as time goes by they have come to accept and try to live with the situation. Such adjustment process is described as a continuum by the developmental-contextual model.

CHAPTER SIX: CONCLUSION AND IMPLICATION OF THE STUDY

Conclusion

As discussed in the previous chapter, participants of this study revealed their life experience, focusing on their challenges and coping strategies. Accordingly, the following conclusions are derived from the study by the researcher.

Discordant couples, who have participated in this study, understand their situation mainly through spiritual explanation, even though they still have the curiosity as to how the negative partner remains uninfected while having sexual contact. There was also presumption among the negative partners that they are also infected without being tested. This indicates that couples have no idea that there is possibility for discordant result to occur among couples. Therefore, it is clear that couples understand their discordant status spiritually and also they have limited information regarding the possibility of discordant result among couples, until it occurs among them.

Disclosure to children, family, in-laws, friends and neighbors is one dilemma discordant couples face. Discordant couples from this study are found to prefer both to disclose and conceal their status. For those who have disclosed their status and have faced discrimination, it has become a challenge and source of stress for the couples. While disclosing discordant status positive partners may not always get support and encouragement from their own families rather, they may face stigma and discrimination. On the contrary there are cases where they get support and care from their in-laws than their own families. This will lead to the conclusion that disclosing discordant status to immediate family is not always a guarantee to get support and care. Therefore, in order to avoid strained relationship with family member and unexpected responses as a result of disclosure, couples may need to be careful on their decision of disclosure i.e. when and for whom to disclose.

It was indicated by the couples that they have good communication among them. Despite this there is still a behavior of withdrawal, isolation and loneliness from the positive partners. This will point out that positive partners still have worries and stresses which they need to discuss and have a relief. But this changed behavior is being stated a positive change by the negative partners, thinking that their partner is a better person. Therefore, such behavior should not be overlooked and both positive and negative partners need to have an opportunity to deal with their internal feelings, so as to avoid stress and strained marital relationship in the long run.

Sexual and reproductive issues are another source of challenge for discordant couples. All of the couples indicated that they have changed their sex life through total abstinence, loss of interest to sex and decreased frequency of sexual contact. It is obvious that sexual relationship is one source of intimacy in marriage. Therefore this is evident to conclude that sexual life of discordant couples is changed and may affect the intimate relationship of the discordant couples in the long run as long as the couples decide to continue their marriage. Besides the sexual challenge discordant status was also found to have implication on couples' economic, social and create a burden on the negative partner to care and provide for the family.

Even though discordant couples have challenges in their marital life as a result of the discordant status, they have different ways of coping with these challenges. Some of the strategies may help them to sustain their relationship through support between couples, spirituality and thinking of their previous marital years. Other coping mechanism like abstinence may not be permanent, therefore such couples need alternative coping strategies in order to keep their marriage with the intimate relationship. Furthermore this study showed that all couples have one common way of dealing with the discordant status, i.e. spiritualizing the fact that they have different HIV status. Besides the spiritual explanation they give to the

phenomena, spirituality was found to be the source of strength both to the negative and positive partners.

Finally, it was noted that the free ART services have improved the health condition of the positive partners, and it is found to be evident that ART has an immense contribution in their wellbeing. As most of the couples are found to have economic problems, the free and accessible ART medicine enabled them to have a regular and continuous access of the medicine, without creating financial burden. It was identified by the informants that counseling services are usually focused on the ART and the couples never had an opportunity to get counseling as a couple. In addition, the negative partners indicated that they never had a chance for any kind counseling service. Therefore, discordant couples' issues and concerns are not being addressed through the available counseling services and it is clear that they have no chance to get help in facing the numerous challenges they face in their lives.

Implication of the study

Implication for social work intervention

The findings of this study imply that social workers can intervene in many aspects of the discordant couples' lives. One intervention area is expanding counseling services for families of discordant couples. Social worker can be an advocate for expansion of such services particularly in health care settings. They can also take part in the provision of quality and sustainable counseling service to discordant couples.

Another area for social work intervention is in terms of helping both the negative and positive partners face their situation and also the responses they may get after disclosing their status. This is one area where counseling services to the couples should be strengthened. Social workers can work closely with ART clinics so that they may give continuous couple and individual counseling to the discordant couples. From the counseling services couples

may have the chance to discuss openly and work out their issues as a couple and accept the life changes they are going through as a result of the different HIV status. Moreover, this would be a good opportunity for couples to address some of their issues which have become a threat to their marital stability as result of the discordant status.

As indicated in the findings discordant couples are going through immense changes in every aspect of their lives. Some are able to face and overcome their challenges associated with their life changes while others are still struggling with the difficult circumstances they are into. Therefore social workers can help the couples by putting up support groups so that couples can learn from each other on their coping skills and it would be a good opportunity for everyone to share their experience.

Implication for Social Work Education

Social workers should be equipped with adequate knowledge to be able to help discordant couples deal with their day to day life challenge. In order to work with the discordant couples the first thing social workers need is adequate knowledge on HIV discordant status. Such topics should be incorporated in courses on HIV/AIDS. In addition, counseling courses should also attempt to give basic skills of working with discordant couples.

Implication for Policy

Ethiopian HIV/AIDS policy has been in place since 1998 and until now no updating or revision has been on the policy. Many concerned bodies indicate that the policy has many gaps. Failure to address discordant phenomena is one of the gaps. The policy could address discordant couples on the measure to prevent the spread of the virus and provision of care and support for people living with HIV. Furthermore, the policy strategy on Information,

education and communication (IEC) and on the medical care and psychosocial support can take into account the issues and challenges faced by discordant couples.

Implication for service providers

This research has clearly identified that discordant couples lack deeper knowledge on the discordant phenomena. They have stressed that they need deeper understanding of the scientific explanations. Therefore HIV awareness programs and counseling services provided at the ART clinics should be considerate of this gap. In addition, in the pretest counseling session, Voluntary Counseling Testing (VCT) services should aware couples that there is a possibility of having different HIV status, even though couples have unprotected sexual contact. By doing this, in case where discordant result occurs, couples can be ready to accept their status.

The study indicated that the available counseling services from health centers focus only on the positive partners but it is clear that the life change and challenges following discordant status affects the negative partner as well. Therefore counseling provided for the HIV positive people should be strengthened and such counseling programs should also take the negative partners of discordant couples into account. By doing this, negative partners would have an opportunity to discuss on the stresses and challenges they face while living with the positive partner and the positive partners can be empowered on positive living strategies and face the life changes they are going through.

Implication for future research

The results of this case study indicates the need for further qualitative and quantitative researches to be conducted on the subject in order to have in depth and wider understanding of discordant couples status. One future research area is to further understand discordant

couples experience and challenge based on the gender of the positive partner. Another area of research is to further investigate the relationship between the couples and further study their communication and marital relationship by taking larger number couples. It would also be useful to explore the marital sustainability and effect of the discordant status, by closely studying their life for longer years of their marriage.

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Annex 1: Consent form

Thank you for agreeing to participate in this study. This form details the purpose of the study, a description of the involvement required and your rights as a participant. The purpose of this study is to explore the life experiences and challenges of sero- discordant married couples. The benefits of the research will be to contribute to the knowledge gap resulting from the limited research about the lives of sero- discordant couples.

You are encouraged to ask questions or raise concerns at any time about the nature of the study or the methods I am using. Our discussion will be audio taped to help me accurately capture your insights in your own words. The tapes will be only be heard by me for the purpose of this study. If you feel uncomfortable with the recorder, you may ask that it be turned off at any time. You also have the right to withdraw from the study at anytime. In the event you choose to withdraw from the study all information you provide (including tapes) will be destroyed and omitted from the final paper.

Insights gathered from you and other participants will be used in writing a qualitative research report, which will be read by my advisor and presented to Addis Ababa University, school of social work. Though direct quotes from you may be used in the paper, your name and other identifying information will be kept anonymous.

By signing this consent form I certify that I agree to the terms of this agreement.

----- (Print full name here)

Signature

Date

2. What does sero-discordant mean to you? How do you understand the phenomena?
3. When did you find out about your HIV Status? What was your reaction? What is your feeling now? How was your partner's reaction?
4. What are the life changes that you as a couple have gone through as a result of the sero-discordant status? How was your intimate relationship as a couple before knowing your HIV status? How is this changed now?
5. What are the challenges that you have faced after you have learned your discordant status? (Disclosure of discordant status to family, decision to live together or not, reproductive health, in time of sickness, etc.)
6. What is the implication of this discordant status to your social life? How is your relationship with extended family members and neighbors now? Is there support or rejection?
7. According to your experience, what things are helping you to face the challenges of living in discordant status? How are you trying to live with it as a married couple? What makes you decide to live together?
8. How do you support each other? How are you living with the situation?
9. Which service is convenient and accessible for you? Private/public? What do you think is missing in your opinion? Do you feel you have enough information about HIV and sero-discordance now?
10. What is your need/wish from the service from the service/society/service providers/government?

Annex 4: Interview guide questions for counselors

1. How do you understand sero-discordance? How often do you come across with such cases?

2. In your opinion, what makes sero-discordance a serious issue when it occurs among married couples?
3. As a counselor, how do you address the sero-discordant status? What are the services available to such conditions?
4. What are some of the challenges sero-discordant married couples bring to counseling services?
5. How do most sero-discordant married couples live with their discordant HIV status? How do they cope with the situation?
6. From your experience, what are some of the needs of sero-discordant married couples being addressed very well? What do you think should be done? What are some of their unmet needs?

Annex 5: 0000 00000 000.00.0. 000 0000 0000 0000

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Declaration

I, the undersigned Meron Paulos, hereby confirm that this study in the title “Couples with Different HIV Status: Understanding the Experience of Sero-discordant Married Couples in Addis Ababa” is carried out by me, and any material used in this study is duly acknowledged.

Name: Meron Paulos

Signature _____

Date: June 2011

