

Experiences of the HIV Serostatus Disclosure in Serodiscordant Couples in Three Urban Areas in Botswana

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Abstract: This paper describes the experiences of the HIV Serostatus disclosure in discordant couples in three urban areas in Botswana. A qualitative, exploratory research approach, using individual interviews was used to explore the experiences of 46 participants aged between 18 and 53 years. These are located in HIV counselling and Testing Centres in three urban areas in Botswana. Individual interviews were conducted to explore the means by which the participants were informed about their partners' HIV-positive status, and their experiences following the disclosure. Interviews were audio-taped and transcribed. The transcripts and field notes were then analysed using thematic content analysis. The experiences of the HIV discordant couples were found to be varied ranging from acceptance, trust, shock, stress, disappointment, embarrassment and termination of the relationship. Three types of discordance emerged as disruptive sero-discordance, negotiated sero-discordance and concealed sero-discordance, all of which formed the basis of the way the participants experienced discordance. The findings of this study shed light on the participants' experiences and should serve as the basis for further studies on discordance in other developing countries. Future research is needed to demystify this misunderstood concept and it needs to take place on a larger scale probably using quantitative survey as most research studies conducted have been qualitative.

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1. Introduction

HIV sero-discordance is a situation where one partner in a relationship is HIV-positive and the other partner remains HIV-negative (Eyawo, de Walque, Ford, Gakii, Lester & Mills, 2010). This condition remains a puzzle and is confusing to many scholars and scientists alike as to date there has not been any scientific explanation as to why one partner in a sexual relationship can be HIV positive, while the other remains negative without the use of protective measures such as condom (Chemaitelly, Awad, Abu-Raddad, 2013). Authors (Dunkle, Stephenson, Karita, Chomba, Kayitenkre, Vwalika, Greenberg & Allen, 2008) suggest that there are some people who seem to have an opposition to HIV infection even though exposed to it. In Africa, HIV discordance within couples ranges from 3% to 20% in general population and 30% to 51% among couples in which one partner seeks HIV care services (Were, Mernin, Wamai et al., 2006). A study conducted in five sub-Saharan African countries showed that two-thirds of the HIV infected couples were sero-discordant, and the majority of those who were HIV positive among the couples were women (de Walque, 2007). Some researchers argued that the gender differences may be attributed to the biological makeup of women that makes it easier for them to be infected (Lingappa, Lambdin, Bukusi, Ngunjiri, Kavuma et al., 2008).

Despite the advantages of the knowledge of partner's HIV status, authors (Gebrekristos, Lurie, Mathetwa et al., 2009) have indicated that partners at times fear to disclose their HIV status because they are not yet ready to divulge the information and are uncertain of spousal support and understanding. HIV serodiscordant couples often face multiple challenges including stress of possible sexual transmission, financial pressures and coping with HIV related stigma, all of which may have a negative influence on their relationship (Yonah, Frederick & Leyna, 202014). Within the context of HIV and AIDS, disclosure allows people to be open to social and health care initiatives that are aimed at improving their psychological and physical health such as antiretroviral medications and group support. It also allows individuals to gain more knowledge into their diagnoses and to openly discuss issues related to being seropositive (Solomon & Solomon, 2011). People Living with HIV and AIDS who disclose their status are more likely to receive substantial support from their families and health care professionals (Crankshaw, Mindry, Munthrees et al., 2014). In this study, the researchers explored the experiences of disclosing HIV status in serodiscordant couples in three urban areas in Botswana.

2. Material and Methods

The study used a descriptive qualitative design with in-depth interviews to explore the

experiences of disclosing HIV status in serodiscordant couples. The study received approval from the Institutional Review Board of the Department of Health Studies at the University of South Africa. Permission was solicited and granted from the Botswana Ministry of Health in the National Health Research Unit and the Management of District Health Teams.

Participants were recruited through purposive sampling from the HIV counselling and Testing Centres (known as Tebelopele Centres) in three urban areas. The counselling centre staff whose work include counselling and testing people for HIV were given flyers to give to potential participants after the principal investigator explained the details of the study to the counselling staff. Participants who volunteered to participate gave the counselling centre staff their telephone numbers so that the principal investigator could contact them and make an appointment; and also signed the consent form. The interviews were conducted by the first author from June 2012 to February 2013. The participants were interviewed in their homes. In total, 23 serodiscordant couples were interviewed. They were asked about their experiences of living in an HIV sero-discordance relationship. Interviews were audiotaped with the permission of the participants. The majority of the participants spoke English and Setswana. However, the interviews were conducted mainly in English even though the participants were free to explain themselves in their Setswana local language which is spoken by both the participants and the principal investigator. The Setswana responses were then translated into English by the principal investigator.

Thematic content analysis was used to process data (Creswell, 2013) was used. The tapes were transcribed verbatim and listened to several times, and there was repeated reading through the transcripts. This was followed by written notes which were then grouped into categories. In accordance with this method, the second and third authors also analyzed the transcripts independently and subsequent so that there was consensus and reliability. The researchers ensured trustworthiness through credibility, transferability and dependability during data collection and analysis. Credibility was ensured by using non-random purposive sampling, and also maintaining confidentiality of the partners interviewed as each couple were interviewed alone at their scheduled time and were not seen by other serodiscordant couples or members of the center where interviews were done. Using a constant comparison approach where all researchers examined the data and came to a consensus assured dependability. Thick descriptions and quotes from the participants meant

that limited transferability could be achieved. Lastly, member checking was done continuously where the principal investigator continually asked participants whether what he has recorded is what the participants had said.

3. Results

All the couples have been in a steady sexual relationship for more than two years. Ten of the couples were married; five couples were not married but have lived together for more than five years. The remaining eight couples had a visiting relationship as they lived in different towns. Twenty nine of the participants (counted as individuals) had twelve years of schooling, nine had university education and the remaining eight had seven years of schooling. The age range for participants was between 18 and 53 years.

The participants' experiences of discordance emerged within the forms of discordance and grouped into three categories: disruptive serodiscordance, negotiated serodiscordance, and concealed serodiscordance

Disruptive serodiscordance

In disruptive sero-discordance, awareness of difference arises during the relationship. In this study, twenty-four participants reported having been aware of their own HIV status and not that of their partners. None of the couples had talked about HIV and HIV testing. Of the 23 couples, 19 (82.6%) discovered their sero-discordance through one of the following means: (1) one partner, usually the female, offered for HIV test during pregnancy as part of the Prevention of Mother To Child Transmission (PMTCT) of HIV programme; (2) one partner falling sick and getting tested for HIV because of probable signs of AIDS. The remaining 4 (17.4%) couples discovered their serodiscordance either during routine medical examination by one partner or accidental testing by both partners.

These were confirmed by the excerpts below:

I became pregnant and went to the clinic where I was tested for HIV, which was positive. When I told him he was shocked and decided to take the test. His was negative. He stayed for weeks without talking to me and after intervention from the church minister after about three months he then started treating me with respect again.

When he became ill, we decided to take an HIV test, mine was negative and his was positive. I was so angry and disappointed in him. It took me about three months to completely accept his status and allow him to have sex with me without a condom.

We used to be casual about HIV test and believed that if one of us tests positive we will accept

it. So when we tested and he became positive and I negative, I instantly told him that we have to terminate our relationship. We are just living in our house waiting for the courts to decide.

Negotiated serodiscordance

Here the relationship is built on awareness of difference from the start. Seven couples (14 participants) entered into the relationship being aware of their HIV status. Disclosure of HIV status to partners was done at the onset of the relationship or very soon after entering into a relationship. Partners who went into the relationship before disclosure reported strict condom use until they disclosed to their partners. Some of the participants' excerpts are:

I told him about my HIV-positive status and he said "it is not an issue". I found his response odd. He later explained that he was a carrier and thought I knew because I knew that his other girlfriend died of AIDS related illnesses.

I was positive when I met him. I told him my status and he said he was thankful for my honesty. He became very cautious, using condoms always and told me that AIDS kills so he has to be careful that I do not get re-infected.

Participants who were aware of their discordant status reported that their relationship was stable and was based on trust. This was confirmed by this excerpt:

I was shocked and sorry for her because she is not promiscuous... she got infected a long time back... She has been very unfortunate because the man he met before me was reckless. Initially I asked God why this should happen to me when I love this woman so much, it took me at least six months to tell myself I will continue this relationship. She is my lover, my wife and best friend so we talk about almost everything and I am okay with it. I am there for her.

Concealed serodiscordance

In concealed serodiscordance, awareness of difference is deliberately hidden by a positive partner. In many cases the HIV negative partners suspected the truth but also chose to maintain the secrecy and continue as a negative couple. In the present study, four couples had concealed their HIV statuses to their partners or concealed the fact that they knew about their partners HIV statuses. Some of the HIV-negative partners reported that they were in such relationships for personal gain, such as living in a good house, being allowed to drive a nice car and just being part of that family. Although the couple might discuss issues of HIV and AIDS and sexuality prior to a decision to enter into a serious "sexual" relationship, the HIV-positive partner would remain silent about his or her HIV status. Discovery of the partners' status is usually accidental as demonstrated in the excerpts below:

I was at his house one morning when he had gone to work. As I was packing his clothing, I became inquisitive to search for possible evidence of mischief. I came across tablets of different types. Some of them I knew because I once met people who used them. I was shocked to find his medical cards next to the tablets. I asked myself how come! I discovered that the names on the cards and tablets labelling are his and the date he started the treatment. I then remembered that there were times when he used to set an alarm clock and when it rang, he would go to his car, presumably to take tablets. When I asked he agreed without hesitation and said I could leave if I want.

My mother discovered that my girlfriend was HIV positive and she just told me to leave her because I will die as she is in the relationship for personal gain. When I confronted her she said she could not tell me because of fear that I will terminate the relationship. I felt used. I immediately went for an HIV test when it came out negative I terminated the relationship as I could no longer trust her.

I had tested in 2003 and I was negative. We met in 2010 and she did not tell me that she is positive and on ARV therapy. Six months into the relationship, I found ARVs hidden behind the toilet. I was very stressed and angry. I scolded her for not telling me that she is positive and on ARV therapy. She said she feared I might leave her but I told her that we could have talked about it and reached a solution before we had unprotected sexual relations. It took me six months to forgive her and live comfortably with her.

When we found out about my wives HIV positive results which was done because of her repeated illness we were shocked. She told me that she does not know how she got it. I tested and was negative. We went to church to ask for prayers and after about four months I accepted the situation.

The HIV-negative partner in these instances only got to know after discovering suspicious behavior and acts being exhibited by the other partner and probable signs of AIDS infection. Some participants' reported that on discovering, he/she felt betrayed and cheated.

4. Discussion

In this study, experiences of disclosure in HIV sero-discordant relationships were linked to the type of sero-discordance. For instance, partners who knew each other's HIV sero-status were more empathetic and supportive of their partners. The relationship was built on trust right from the beginning. Trust enables couples to be open to one another and to share their fears and aspirations (Jiwatram-Negron & El-Bassel, 2014). It is suggested

that where there is open communication, partners tend to stick together and support each other (Rispel, Cloete & Metcalf, 2011). Most couples who knew each other's sero-positive statuses were not married but living together. The assumption might be these couples have learnt to live positively with the HIV positive status. Living positively with HIV is embedded in the knowledge of HIV transmission and maturity of couples. Partners who entered into the relationship without knowing the status of the other experienced shock, stress and loss of trust in the partner. Some of the partners separate immediately on knowing the sero-positive status of their partners. Studies revealed that seropositive partners usually terminated their relationship when they discover that one partner is positive, and the reason for terminating the relationship is usually due to the stigma and discrimination associated with being HIV positive (Bharat, 2011).

Disclosure of an HIV positive status has been linked to the grieving process (Thupayagale-Tshweneagae, 2012). From these studies it explains why the participants in this study took more than three months to accept another partner's HIV positive status. It was also interesting to note that married couples, those couples with children, and those who have spent more than five years in relationships - although shocked at the news - opted to stay together. This finding is also supported in literature because married couples may feel an obligation to stay together and not disrupt their families and their years of marriage (Norman, Chopra & Kadiya, 2007). For participants in this study acceptance meant engaging in a sexual relationship without use of protection. This finding is in consonant with previous studies, which reported that discordant couples engage in unprotected sex with the views of protecting the relationship, especially in couples where the female partner is HIV negative (Kairania, Gray, Kiwanuka et al., 2010; Mavhandu-Mudzusi, Lelaka & Sandy, 2014).

5. Conclusion

Experiences of serodiscordant couples are varied according to whether the partners knew each other's status or whether they had suspected the truth but chose to keep quiet and continue as if they were sero-negative. Partners who did not know and found out accidentally were very angry, bitter and for some terminated the relationship. The Lesson learnt from this study is that for appropriate interventions to be done, types of sero-discordance as emerged from this study should be used in trying to understand the experiences of sero-discordant couples.

It should be noted that the research findings of this project are based on a purposive sample. The

sample was primarily drawn from Tebelo-pele centre's in urban areas. The implication is that discordant couples in the wider community including those from rural areas and those that are no longer of child bearing age could have been excluded. The fact that couples were interviewed together might have limited free expression among others. Although participants were interviewed as a couple very few participants talked in the "we" most of them shared individual experiences although said in the presence of another.

Competing Interest

The authors declare

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