

The Sexual Pattern of HIV Discordant Couples Following Disclosure of their Status in Botswana

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Abstract: ***Background and aim:** This paper describes the sexual behaviors of the HIV sero-discordant couples following disclosure of their status. Disclosure is regarded as a strategy that opens avenues for people to gain new insight into the situation and allows them to better process the event. In a discordant situation, disclosure helps couples discuss and find ways to live together without infecting another. **Methods:** A qualitative, exploratory approach was employed. Forty-six participants aged 18 to 53 years in three towns in Botswana were interviewed using an interview guide. Participants were interviewed on awareness of the discordance and measures they use to prevent transmitting the HIV to an uninfected partner. **Findings:** The results were analyzed using thematic content analysis. The behaviors of the participants were found to be varied ranging from consistent use to inconsistent condom use. Reasons for inconsistent use were: i) to avoid shunning the HIV positive partner, ii) have to show acceptance of their partners and they both want to maintain the relationship, iii) need for children, and iv) mixed perception about HIV transmission. The findings of the study revealed that some participants are still unaware of the danger of HIV infection. The participants' behavior therefore serves as a basis for further studies and more education on the sexual behavior of discordant couples. **Conclusion and recommendations:** The findings also shed light on the need for continuous evaluation of the clients on their acceptance to living with a discordant partner and reinforce behavioral change on sexual activities especially with a discordant partner. There is need to raise awareness at schools and communities on understanding this phenomenon.*

Keywords: Discordance, Discordant couples, Botswana, HIV, Disclosure

1. Introduction

The HIV and AIDS scourge has had unprecedented effects on the life of mankind since its advent in the 1980s. Most predominantly, the morbidity and mortality increased profoundly during the 1990s and early 2000s. The sexual life of the people has changed. Many individuals, particularly in Sub-Saharan region are infected with the Human Immuno Virus, (UNAIDS, 2010). Recent studies and data from voluntary counseling and testing programs reveal a considerable percentage of individuals living in stable but discordant sexual relationships, where one partner is infected with HIV and the other not, (Lingappa et al, 2008; Guthrie, Bruyn and Farquhar, 2007).

Rispel et al (2009) reported that the transmission of HIV among the couples is closely related to disclosure of HIV status and the ability and capability to protect themselves. The authors contend that people can take deliberate effort to protect themselves if they are aware that the situation they are in is risky. The knowledge of a risky situation occurs mainly if the infected partner freely opens up to his/her partner and allows for access knowledge to their medical information. However, some couples fear to disclose due to fear of stigma and discrimination (Gutie, Genet, & Sebsibie . 2015).

Pennebaaker and Seagal (1999) contend that disclosure allows individuals to deliberately engage issues emotionally, and cognitively. Disclosure also allows people to gain new insight into the disclosed topic, which helps them to better process the event, (Burton and King, 2004; Honos-Webb, et al, 2000; Mendes et al, 2003). Frattaroli, (2006) agrees and asserts that as a result of better processing the event,

individuals facilitate the process of making sense of, organising, and integrating an event into one's own life. Within the context of HIV and AIDS, disclosing therefore allows people to receive better treatment, improve their psychological health and further develop meaningful relationships, (Almelech, 2006). It is against this background that the World Health Organisation recommends that all HIV-positive clients should immediately disclose their HIV- positive status to their partners or prospective partners (WHO 2016).

HIV sero-discordant couples face numerous challenges some of which are associated with acceptance of their condition, having to deal with the stigma and importantly changing their own behaviour to lead a positive life within the relationship. Central to this behavioural change is deciding on sexual pattern to prevent or avoid HIV transmission, (Paiva et al, 2007; Nyanzi, 2006). Some researchers noted that HIV sero-discordant couples also grapple with the dilemma of choosing between childbearing and HIV transmission to/from the other partner. As a result of such dilemma some individuals, out of pressure from their partners, family and cultural expectations fail to consistently use preventative measure against acquiring HIV, (Durante 2003; Allen et al, 2003).

Ling et al, (2013) also noted that perception of risk is strongly related to increase in self-protective behaviour. This is largely because the adoption of protective behavior is unlikely to occur unless the person is aware of the risk of HIV infection. However, some people who are not aware of the positive HIV status of their partners may not perceive the risk and would therefore not be motivated to protect themselves. Inversely, those who are HIV positive and not

yet disclosed to their partners, may perceive the risk but feel unable to influence their situation, (Association of Nurses in AIDS Care, 2013). To some people changing behavior may be overpowered by intrinsic factors like desire for procreation and therefore subject themselves to risks of HIV transmission because they are less likely to use condoms, (Feyssa, Tsehay, and Tadesse, 2015).

Aim of the study

The purpose of this study therefore was to explore the sexual patterns of HIV discordant couple following disclosure of the HIV status by the positive partner.

2. Methods

2.1 Design

A qualitative, exploratory research method using open-ended interviews was used. This followed an explanation by Sandelowski (2010) as the researcher sought to provide a rich description of sexual behavior of HIV discordant couples following their understanding of their HIV status. This method was found to be useful as it enabled the researcher to gain more insight on the sexual pattern of HIV discordant couples following their knowledge of discordance.

2.2 Sample and Setting

The study was conducted in three main cities of Botswana. One in the north, another in the east and the other in the south east. The three cities were selected using purposive sampling method due to the knowledge of their high incidence of HIV infections

2.3 Population and sampling

The participants were recruited using a convenient sampling method as they visit the HIV counselling and Testing Centers. The sample was never pre-determined since it employed the qualitative method and only saturation status of the information allowed for stopping of further recruitment. However, forty-six (46) participants were finally recruited and consented to participate in the study. These were either couples, or had partners who could not be reached because of work related commitments or partners not willing to participate in the study.

2.4 Recruitment

Recruitment of participants was achieved through consultation with the officers at clinics for voluntary testing and counseling centre (VCTs) whose responsibility is to counsel and test individual for HIV. The VCT staff, in addition to counseling and testing keep the records of all clients that they attend to. This made it easy for the researcher to identify potential participants who live in discordant relationship. The identified potential couples or individuals who experience discordance were handed over to the VCT staff who made initial contact with them. This was done telephonically or physical for those whose place of residence or work was easily accessible. The purpose of this contact was to introduce the research to them (potential

participants) and seek their consent to participate in the study. All those who gave consent were appointed with by the researcher. On first contact with the researcher, further explanation of the research, its purpose and processes to follow was done.

All participants were asked to sign the consent form which contained aspects of purpose, procedure, risks, benefits, potential harm, and limits of confidentiality. The consent form was written in both Setswana (local language) and English for all people to read and understand. All this was done to protect the privacy of individuals in processing personal data and maintain confidentiality of all participants' records and account. **The inclusion criteria or eligibility criteria** were that participants should be aged 21 years and above; with no known diagnosis of mental illness; having been in a discordant relationship for at least six months at the time of data collection; living in Botswana and willing to participate in the study.

2.5 Interview procedures

Interviews were organized and arranged according to the interviewee's preference. The participants were given an opportunity to decide when and where to be interviewed. This was made so in order to afford the interviewees an autonomy and comfort during the interview process. The interview was conducted in a quiet area, with minimal interference so that participants may open up and talk freely. The researcher re-introduced himself to the participants, explained in details the purpose of the interview and reiterated the importance of consent, confidentiality and usefulness of the data to be collected. The researcher asked permission from the participants to audio record the interview and explained the importance of this procedure. It was further explained that the audio will be transcribed and latter deleted to avoid access by unauthorized persons. After obtaining the consent and permission, the researcher recorded the respondents' demographic information. The researcher then proceeded on to interview and audio recorded the interview. Non-verbal clues noted during the interview were recorded in the observational tool as vital information to complement the interview information. Most of the participants preferred to be interviewed at their home or at the health facilities. For the purpose of confidentiality a one to one session interview was done.

2.6 Post interview phase

At the end of every interview, participants were informed that the interview was coming to an end. They were asked if there was any other information they would like to provide in addition to the interview. Participants were further asked if they had any questions, and their questions were answered appropriately. Needs that emerged during the interview such as the need for further counseling, need for referral, need for education/reassurance etc, were attended to.

2.7 Data analysis

Data analysis occurred simultaneously with data collection and started soon as the first participant was interviewed. Preliminary analysis was made after each interview was

collected. This preliminary analysis was used as a guide for follow up interviews. The rest of the recorded interviews were transcribed verbatim into the language used during the interview so as to avoid losing originality of their meaning. The transcription was read multiple times and analysed for emergent themes and meaning. Some themes and meanings were obtained through the assistance of a peer review and the language editor.

2.8 Ethical consideration

The study received approval from the National Health Research Unit of the Botswana Ministry of Health and Wellness (**Approval permission No PPME-13/18/1 Vol. vii (158)**). Permission was sought and granted by all the three Districts Health Management Teams. Individual participants were asked to sign a consent form.

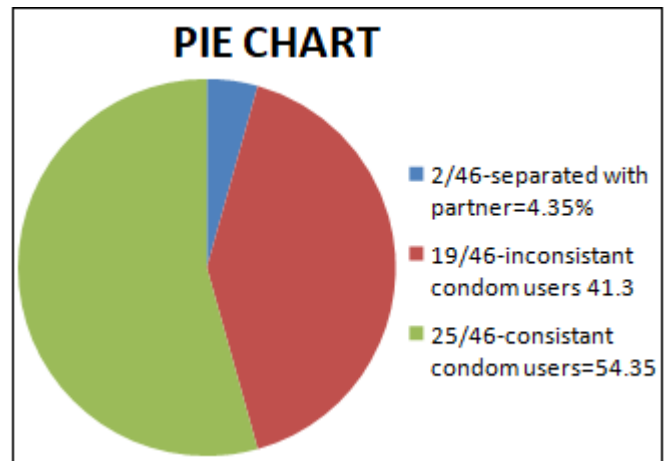
3. Results

3.1 Demographic findings

A total of forty-six (46) participants were interviewed. The age range of the participants was from 21 to 53 years. The majority of affected people were those in the age range of 25-29 years which is the age group that is mostly sexually active. All the participants except one (n=01) had some formal education. Ten (10) of the participants had primary level of education while twenty-nine (29) of the forty-six participants went up to secondary education. Seven (07) participants did tertiary education.

About one-third (14) of the participants were married. Majority (29) of the couples were unmarried (cohabiting), but had been in stable relationships continuously. The remaining four couples acted as casual friends and only meet when time is convenient.

Out of all forty-six (46) participants, two (02) had completely separated with their partners and are living alone. The reasons for separation were a course of differences following the discovery of HIV discordance and the behaviour thereof. Majority, twenty-five (N=25) participants, that is, (54.35%) reported consistent condom use while nineteen (N=19) participants (that is 41%) used condom inconsistently. The cause for inconsistent condom use was due to differences in personal preference among themselves as partners or because they have conjointly agreed on periodic use of condoms. The following is a pictorial illustration of the participants' use of condoms.



Responses from the participants were diverse but revolved around five main themes. For those who consistently use condom did so because of (i) fear of the infection. For those who were inconsistent did so mainly because, ii) the HIV negative prefers to openly share whatever the partner has as a way to show love to their partners. To them using the condoms all the times is like they are shunning their partners, iii) have to show acceptance of the status of their partners and they both want to maintain the relationship, iv) need children, and v) mixed perception about HIV transmission.

1) Consistent condom use

The current situation where we do not have any treatment or vaccine for cure of Acquired Immuno Deficiency Syndrome (AIDS), changing risk behavior is the only means available to reducing the risk of sexual transmission of HIV infection. Consistent condom use can reduce the risk of infection by blocking exchange of the virus and may reduce the efficacy of transmission by lowering the prevalence of a cofactor for HIV transmission. In this study up to 54% of the respondents reported consistent condom use. One factor that influenced safer sex practice was fear of acquiring infection.

a) Fear of the infection

The main reason why some HIV discordant people resort to consistent condom use in their sexual life is because of fear of acquiring or transmitting infection. Some partners continued in the relationship even after discovering that their fellow loved ones are HIV infected. Although some may have had thoughts of quitting the relationship, but for some reason such as, being advised not to, or realising that they are not the alones in the situation (that is, many other people are infected), or because of the love they have for the infected partner, and considering the time they have invested in the relationship play a major role in living with the partner despite the sero-discordant status. Knowing that HIV is transmitted mainly through sexual intercourse, it becomes their long term, if not life objective to ever use a condom to prevent the HIV transmission and acquisition. This, may be agreed between the two, or if not, the uninfected partner may be resilient in his/her intention to ever use condom. One lady whose husband was infected with HIV responded as;

Resp: 11 'He uses a condom all the times. BUT, I have realised that he is not doing it whole heartedly. Sometimes during foreplay he would want to have an "unprotected contact", you know how

men are like! They think “unprotected contact” without penetration cannot transmit the virus. Whenever he does that I tell him that it means he does not want sex. He would then get out of mood. I told him it can never happen if he wants us to live together”.

Another lady who was HIV infected and living with an uninfected boyfriend said;

Resp: 3 “We use a condom. I cannot allow us not to use a condom, because really if someone does something knowingly, it is different from doing it unknowingly. I am quite aware that I have the virus and therefore I don’t want to be implicated in having intentionally infected him. As much as I know how sex without a condom feels and how it is with a condom, I don’t want to become a culprit in infecting him.”

It has proven that talking and discussing with another spouse helps in changing behavior and adopting a positive life style. People who are counseled together are able to remind and give advice to each other. A couple which had been going together throughout the process of testing and counseling had this experience.

Resp 9 “ No, we had to sit down and talk. I told him that “if you don’t use a condom, you are also risking contracting other infections. I reminded him what the counselors told us that this may further weaken his immune system”.”

Other partners, through consistent use of condom end up feeling and getting used to it despite knowledge of the “pleasure” of sex without condom. This shows how determined some people are in their relationship and in keeping the HIV discordant status unchanged. One woman who was uninfected said:

Resp 24: “..... He also acknowledged that, No, we cannot have sex without condom because he knows my HIV status. I also belief that we should all the times use condom. I have just admitted that I will forever use the condom. There is a difference yes in our sexual life, but not very much. Ahaaa....., sometimes you just think that we used to enjoy sex without condom and anyhow. It was good moment and so many other things. Well but nowadays we are used to this “thing”. We are used to it now fulltime”

2) Inconsistent condom use

During analysis, it was apparent that a sizable number of respondents do not use protective measure to prevent HIV. Forty-one (41%) percent of the respondents do not use the condom consistently and reasons for that are:

a) Expression of love to partner

For some participants, the effects of discordant are overwhelming that the partners become sympathetic. Because the infected feel and experiences frustration, the uninfected one tries to comfort him/her but would compromisingly show sympathy and love in a risky manner. One respondent who expressed love said:

Resp 7 “No, we’ve regarded the status as if we are normal people. I have taken her as she is normal. I don’t regard her as being HIV positive. I don’t want her to feel like I shun her. I want her to feel free when with me, feel love and accepted. That’s why I treat her as my wife, one who is the same as any other person, one who does not have any virus. I am not bothered in my mind. Initially after HIV test and disclosure, she was like being a bit resistant and wanted to use the condom thinking that there might be an infection but latter she acceded to no condom use.”

Contrary to the common knowledge that men are the ones who do not like to use a condom, some females also like to enjoy sexual intercourse without a condom. Some people believe that condom disturbs the sexual activity because while in the sexual mood during the foreplay, the couple has to break that momentum and direct their attention to wearing the condom. Other people believe that the condom reduces the penis-vaginal sensation during the intercourse, while some believe that it is like they shun their partners. One HIV uninfected lady who claimed to express love asserted as;

Resp 21 “ Yes, the condom is there. It is there in the house. I fell pregnant with it in the house..... Yea, I love him and I like showing him that I am his wife indeed. We had used the condom for too long. one day we just decided to have a feeling of sex without a condom and that is when I fell pregnant. Initially I was scared that maybe even the virus has managed to find its way in. I came for an HIV test for the first time following that, but discovered that I was negative, I came for the second time and still was negative. I don’t know how it will be when I come again for the third time in August. but I hope it will still be fine. Ahh... we did it because we all felt we were tired of the condom moreso that nowadays we are very close to one another. I am the one who started, and he also said he wished to. He had been willing to have sex without a condom but was afraid that maybe I will resist because he is HIV positive.....”

b) Show acceptance of the status of their partners and to maintain the relationship.

While most of the people go through stages of shock and amusement to learn about the positive status of their loved ones, others may feel frustrated and would want to distance themselves from the relationship. Other people, due to certain condition such as the state, age of the relationship and intensity of counseling end up accepting the positive partner and doing all possible to maintain the positive relationship between themselves. One woman whose partner was HIV positive and wanted sex without a condom reported that she allowed him because she wanted to satisfy him.

Resp 22 “...We use a condom. but not all the times. No, that is not how we have planned, even myself I don’t like that. I told him that we should use condom all the times but he agrees though sometimes when we are continuing during sexual play he takes the condom out. I allowed him because he says if

I complain I disrupt his enjoyment, - he wants to finish his job”.

Other people allow unprotected sexual intercourse because they want to show commitment to the affairs of the family. The partner may not want to injury the relationship by differing with the spouse and therefore gives in as a way of compromise. One lady who risked on the basis of marital commitment said;

Resp 12 “..... Yes I am fine with condoms. I have no problems with condoms unless if he changes along the way..... If he changes, it does not matter because this is what I have surrendered myself to him as his partner....”.

Other people are not keen to use a condom even though they have been counselled and are not under pressure from anybody. Perhaps this could be associated with sexual orientation, level of understanding or beliefs. One gentleman who had only gone up to standard three and was actually the oldest during this research stated that;

Resp. 28 “ No we never used a condom. We do not use a condom because I know that as we are, the two of us, I am fine. I don't find any need for condom in my “house”, I am married. The counselors talked about it but I have accepted the situation that I will share everything with my wife...”.

c) Need children

The desire to have children is one of the greatest factor that influences couples to engage in unprotected sexual intercourse despite their HIV discordance. This is because in undeveloped countries such as Botswana the only way to have children is the natural means of penile-vaginal penetration. One woman was eager to prevent HIV, but was overruled by the desire to have children though the boyfriend was HIV positive, reported:

Resp 26 “..... We protected for some time. When he talked about a child, I told him that it should be done when there is no one with any problems such as sores, we must all be fresh. He told me he was fine and I also told him that I am fine as well. We ended up conceiving..... We had only one child and therefor wanted to have at least one more. After delivery I went for another HIV test. I was not worried about the result, I just assume that HIV is better than other diseases like cancer because at least HIV has some treatment.....”

d) Mixed perception about HIV transmission

Information from the participants revealed that there are still people who have myths about HIV and AIDS. Some people explain HIV infection from the traditional perspective and attribute it to supernatural or gods which indicates vague knowledge about HIV transmission. One woman believes that when infected with HIV virus, the virus can hide in the body.

Resp 24. “ I am the one who started. One day I asked him “can we just have a little dose without a condom”. He had been strictly holding on the promises he made, and that I should know what he learned from the counsellor so that he does not end up infecting me. He does not want to make me commit

any mistake. I felt like he was being too stiff and subjecting himself to pressure. Before we discovered that we are differing in status we were not using condoms but its like now there is something big that has occurred. Why didn't I get infected then!! The condom reduces the pleasure of sex, moreover I take it that the virus is still to erupt in me. It is still hiding somewhere”.

Other people belief that HIV infection is a mystery such that they have very little control in preventing it.

Resp 23 “... we use a condom. We all know we have to use it all the times. Yes, we have a child born two years ago. before we had a child we were already aware of our status. We had an unprotected sex. I was not afraid because i relied on the knowledge that if one does not have a scratch, the virus can not pass through. With that I just trusted in God that He will protect us. God knows that we try even though at times we fail”.

5. Discussion

The study presented the dynamics and complex behaviors of the HIV discordant couples following disclosure of the differing statuses. More than half (54%) of the sample are faithful in using the condom to prevent HIV infection. This has been motivated by fear of acquiring or transmitting HIV infection. However, even though less than half (41%) are using condom inconsistently, the figure is alarming because it does not show that couples take this situation as serious. The results are closely related to other studies that discovered an average frequency of unprotected sex with the HIV Infected study partner at 59%, (Beyeza-Kasheya et al 2010; Allen et al 2003).

Consistent condom use remains uncommon among married and longtime regular partners. To other couples, use of a condom is perceived as a sign of infidelity, immorality and lack of trust in long term relationships, this is in consistent with other studies done in African societies which revealed inconsistency that is influenced by cultural beliefs, (Hardee et al 2008). Some people fail to use condoms because they are confronted by the social expectation of procreation. This is mainly common among young couples who have not had any child or those who, though have children as individuals, do not have a child of their own as a couple. This attitude however seems to cut across African societies despite the HIV sero-discordance, (Yalew, Zegeye & Meseret; Allen Meinzen-Derr and jareen et al, 2003). This study reveals that some partners are at risk of unsafe sex because they show diminished control over sexual decisions.

Expression of love to a partner varies with individual and is expressed in many ways. Some people would risk and sacrifice their health. They would engage in protected sex on certain conditions but when pressed or enticed to satisfy the sexual needs of their partners they easily accede. Reports from other studies affirm that HIV discordant couples comply fairly well with condom use but most couples report occasional lapses, (Meinzen-Derr and jareen et al, 2003).

6. Conclusion and Recommendations

Numerous studies including this one have demonstrated that couples in HIV discordant relationship go through a challenge of risking infecting the sero-negative partner, (Beyeza-Kasheya et al 2010; Irungu et al, 2012). The results of this study reveal that nearly half of the respondents still do not change their sexual behavior even after disclosure and counselling. Reported acts of risky behaviors continue among HIV sero-discordant couples even after counselling. Up to 20% couples may start engaging on safe sexual practices for some time, but latter on revert to unsafe practices or imperfect condom use, (Yalew, Zegeye & Meseret, 2012). Some reasons advanced by couples are quite understandable. These are for procreation and keeping the relationship, however, the long term risks must always be weighed against the envisaged benefit. This research therefore recommends;

- More counselling and follow ups be done even after volunteer disclosure
- Reinforce behavioural change on the HIV discordant couples
- Integration of continuous HIV counselling into other services in all health facilities
- Provision of opportunity for frequent HIV testing to regularly evaluate and reinforce counselling.
- School-based and youth-focused education programs can emphasize the importance of knowing one's own status and one's partner's status before having sex or getting married. The existence of HIV discordance must be emphasised
- Community mobilization campaigns should help people understand the risks of discordancy and the importance of mutual disclosure.
- Mass media campaigns about HIV prevention should include messages about the risk of discordancy and the importance of mutual knowledge of HIV status.
- Health care workers should help empower couples to care for, support, and protect each other when facing a catastrophic diagnosis such as HIV infection.

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8. Competing interests

The author declare that they have no competing interests.

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