Understanding the relationship between couple dynamics and engagement with HIV care services: Insights from a qualitative study in rural Tanzania

ALPHA NETWORK
Analysing Longitudinal Population-based HIV/AIDS data on Africa

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Introduction

- Social norms that drive the formation and dissolution of sexual partnerships are likely to influence the HIV care-seeking trajectories of people living with HIV (PLHIV) in both positive and negative ways [1,2]
- With the exception of couple-counselling and prevention of mother-to-child transmission programmes, HIV care strategies tend to ignore the role of couple dynamics in HIV care and treatment.
- It is important to understand how PLHIV navigate the use of care and treatment services in the context of their relationships, and the impact of these negotiations on their social, psychological and physical health.
- A qualitative study was conducted in Kisesa in rural northwest Tanzania within a demographic surveillance site

Objective: To explore the interplay between couple dynamics and engagement of PLHIV with HIV care and treatment in rural Tanzania

Methods

- In-depth interviews conducted with PLHIV (see table 1), health workers and family members of people recently deceased from HIV (sampled through verbal autopsy datasets); 4 "seeded" focus group discussions conducted with HIV diagnosed persons not in care
- Topic guides explored experiences and expectations of providing or receiving HIV services
- Thematic analysis was conducted with the aid of NVIVO 10

Table 1: Participant categories and sampling

Sample point		Number
HIV service providers	Clinics	6
Diagnosed but not initiated on ART	ALPHA dataset	10
Recently initiated on ART	ART Clinic	8
Initiated on ART but lost to follow up	ART Clinic	4
On ART at least 6 months	ART Clinic	4
HIV positive pregnant women	PMTCT/ANC clinic	6
Family members of deceased	ALPHA dataset	6

Results

Six main themes emerged in relation to couple dynamics and their influence on HIV care and treatment seeking

Motivations for partnerships	~ Marital unions or sexual partnerships to secure economic & emotional support, and to fulfil societal expectations (marriage, bear children)
Partner dynamics supportive of engagement	~ HIV status compromised marital desires leading to marital tensions, lack of emotional & material support + Expectations or suspicions of partner infidelity triggered HIV testing + Some actively sought new partners of the same status to be able to maintain a relationship whilst mutually and openly engaging in HIV care and treatment
Feeling guilty/blame and desire to know the source of the virus	- Couples were curious or suspicious about who had introduced the virus into the relationships which delayed seeking HIV care and treatment and undermined disclosure
Fears/difficulty disclosure and engagement in HIV care	- Relationship issues undermined disclosure of HIV status and engagement in care (e.g. polygamy & need to disclose HIV status to multiple partners) - Fear of abandonment led to missing appointments & deciding to not physically take the ARVs as prescribed
Gender norms & couple communication	~ Couple communication about HIV testing and treatment was often initiated by women. +/-Due to PMTCT/ANC seeking, women had more opportunities to test and know their HIV status than their male partners - Men were uncomfortable receiving advice from their wives/female partners and rarely went for testing as advised + If HIV testing advice was initiated by men, women likely to follow it as more likely to respect husbands' advise
Men using their partners' status as a proxy for their own	- Men used their partners'/wives' HIV status as a proxy for their own and therefore did not test themselves. - Men were uncomfortable accessing HIV care but wanted to share wives' ARVs

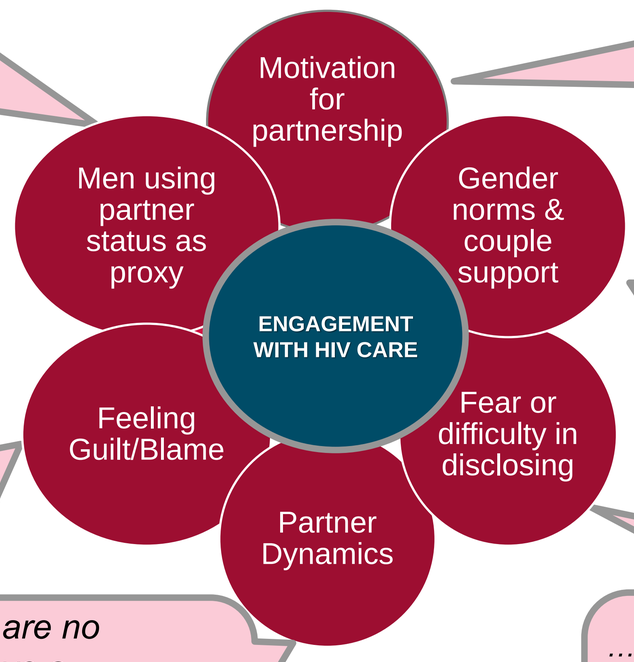
Table 2 and Figure1: Thematic framework and findings

TABLE KEY: **~** denote a neutral statement, **+** denotes a factor that was likely to positively influence engagement & **–** denote findings likely to negatively influence engagement with care

He asked me, "What were you told, by the way? What you were told is similar to mine."… "If you were told [you are] safe, I am safe too. If you were told that you're suffering from the disease, I am also having the disease too." [IDI female, Diagnosed but not initiated on ART]

He [husband] had already gotten the infection long time ago….Now he had hidden it from me….Yes, it is because he used to go to the mines... It was like that; he was already suffering from the disease for a very long time but he had hidden it from me.[IDI, female, HIV positive pregnant women]

There is no change in my relationship with my wife….There are no problems at all…since we know each other's status... we have a relationship where we protect oneself….Since my partner uses the medicines, I think her viruses are more severe than mine. I cannot engage with her in an unsafe sexual act…they will hurt me…and that is why we must use protection [IDI, male, Diagnosed but not initiated on ART]



... He did not tell me [about his status] maybe he didn't want us to go into a conflict because we had many children. Had I gone away, we'd have put the children with difficulties. [IDI, female, Diagnosed but not on ART]

That is when they took me to K and I took the test, they put my record in the computer and I started taking the drugs...It is until right now….But my husband doesn't know, when I tell him to test, he becomes very harsh…He doesn't want to take the test at all….I always advise him ….he doesn't want. [IDI female, HIV positive pregnant woman]

...But they won't tell their partner if they are infected with HIV…they think that once they say it they might be rejected or the partner might feel bad…It might happen that they are both infected but none of them is ready to speak out the truth to their partner (IDI female, On ART]

Conclusions

- Fulfilling social norms surrounding adult unions could both promote and undermine PLHIV engagement in care
- Women may seek HIV services more than men often through ANC and hence are likely to test before their male partners.
- Women may find it difficult to advise/disclose to male partners due to social norms (to remain in relationship, not advising men)
- Greater focus on devising couple-friendly HIV care and treatment programmes, including on going supportive counselling beyond an initial HIV test, could help to promote long-term retention in care and adherence to antiretroviral therapy.

References

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