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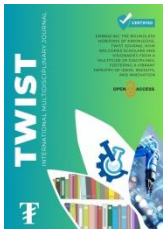

Family Voices Beyond the Couples: A Qualitative Inquiry into Support for HIV-Serodiscordant Partnerships

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Abstract
HIV/AIDS is often referred to as a family disease, as the diagnosis of one member can significantly impact the entire family. In HIV-serodiscordant couples where one partner is HIV-positive and the other is HIV-negative familial psychosocial support becomes crucial, with important implications for HIV interventions and programming. This study employed an Interpretive Phenomenological Analysis (IPA) design to explore the support for HIV-serodiscordant partnership. Data were collected through unstructured, face-to-face interviews with eight participants using a snowball sampling technique and were analysed using the IPA framework. Findings revealed that many family members initially experienced disbelief and had limited knowledge about HIV-serodiscordancy. However, following disclosure by the couples, families were able to provide meaningful psychosocial support, such as encouraging attendance at medical consultations, promoting medication adherence, and supporting healthy lifestyles. Family members also played a key role in disseminating HIV-related knowledge within the family, and offered emotional and financial support, thereby strengthening familial relationships. The study highlights the need for greater family-focused interventions, education, and public awareness campaigns to improve understanding of HIV-serodiscordancy. Relying solely on the perspectives of serodiscordant couples in intervention planning risks overlooking critical challenges faced by their families. Policymakers and health stakeholders should consider these findings when developing strategies to address knowledge gaps and reinforce the role of family-based psychosocial support in managing HIV within serodiscordant partnerships.

Keywords
Family Members, HIV, HIV-serodiscordant, Support, Serodiscordancy

INTRODUCTION

Human Immune Deficiency (HIV) continue to grow to affect many individuals, partners, and families. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2019), an estimate of about one in five adults residing in South Africa are living with HIV since 2018. HIV/AIDS has been reported as a family disease because when one family member is infected, even other family members are affected. HIV-serodiscordant or mixed status couple is when one is infected with HIV-positive and other is not infected with HIV. Jones et al. (2010) stipulates that the prevalence of serodiscordant relationships continue to grow especially in South Africa due to many factors and discordance therefore is ranging from 20% to 51% in the general population. Huerga et al. (2017) assets that HIV-negative individuals in a serodiscordant relationship are regarded as being at high risk of HIV transmission due to the risk of infection such as: i) the partner infected with HIV is not aware of their HIV status; ii) partner infected with HIV is not yet started taking antiretroviral therapy (ART), and has an unsuppressed viral load (VL); and finally (iii) the couple is practising by having sex without using condoms. Serodiscordant couples have been reported to be contributing towards the HIV transmission in the sub-Saharan Africa region, with studies estimating their contribution to be 30% of all new infections occurring in

this region. As with other chronic illnesses, families play a significant role and are often providing most of the physical and emotional care for their loved ones facing discordant diagnosis.

LITERATURE REVIEW

Living in an HIV-serodiscordant relationship might be overwhelming and challenging since persons with HIV infection have high rates of stressful life events and need more family and psychosocial support. According to Mashaphu & Burns (2017), diagnosis of HIV has been reported to be related to social stigma, discrimination, poor family support, including chronic debilitation. In a study conducted by Matovu et al. (2021) they argue that new couples that learnt about their HIV discordant status reported that they sought psychosocial support from relatives and other family members. Despite this, many discordant couples are unaware of their HIV status and post diagnosis, they need some psychosocial support from family members to cope well. The importance of psychosocial support is therefore necessary and should be strengthened. To date, not many engages on topic related to the serodiscordant population. Furthermore, not everyone understands the meaning of serodiscordancy as some family members experience some limited knowledge and information gap challenges. This not only challenges family's knowledge but they experience emotionally and psychologically experience which made them to be shocked, leading them to be in disbelief of understanding the presence or existing of discordancy in couples. This therefore make them to continue to question the relevancy and presence of discordancy despite the confirmation of shared results by discordant couples. Some studies suggests that such a finding by noting that disbelief of serodiscordancy among family members is common yet still question why one partner is unable to be infected with HIV to date all that seems to be a challenge (Camlin et al., 2016). Furthermore, this is supported by a few surveys conducted in Sub-Sahara Africa (SSA) have documented that individuals have responded in disbelief after learning about serodiscordancy. This therefore relates and confirms the information gap that exists among family members.

Despite having the family members as one source of the support systems, family members can either play the role to positively facilitate adherence or can be barriers to the extent of high levels of adherence hence the intervention of family members is significant. Adherence support is seen as an intervention to ensure couples cope well and their well-being and mental health is prioritised. Larki & Roudsari (2022) assert that sharing adherence responsibilities together with family members could be beneficial since couple-based approaches in the service delivery process emphasize healthy lifestyles, behavioral changes, and mutual supports yet family members can have positive consequences for the individual, couple, and the community. In a study conducted by Atwijukiire et al. (2022). Participants also reported such positive adherence support from family members and were reminded to take their medication on daily basis and going for refills at the health facilities when it's time. Those living with HIV in discordant relationship need good nutrition to support and strengthen their overall health to ensure they maintain their immune system. Their families can assist them with food to ensure they eat healthy and are able to take medication every after meals. Challenges related to food insecurities were reported and believed to have poor HIV outcomes on those infected and affected by HIV, (Weiser et al. (2011). Webel et al. (2017) further maintain that a multinational qualitative study suggested that among PLHIV and those in discordant relationships in resource-poor setting facing structural barriers such as poor food diversity, unemployment and poverty impeded engagement with dietary behaviours they need the support of family members to close the gaps. In a study conducted by Wallace et al. (2021), family and social networks were reported to be important in providing instrumental support to discordant couples to alleviate food uncertainty.

To be of resource value is important and one of the responsibilities is to share information related to serodiscordant or HIV related matters since this can improve the knowledge of family members. Such empowerment for family members can also contribute positively to among family members and discordant couples, leading couples to make positive informed decisions to further gather strength and hope to face their situations bravely and successfully. Furthermore, discordant couples will be able to support each other as a couple and overcome the challenges of their relationships due to the family support they receive. Studies conducted by Li et al. (2008), through the specialized HIV/AIDS programs and trainings, many families found that valuable coping strategies include the building of networks with other discordant, HIV/AIDS-affected families for moral support, encouragement, learning more about the disease, and seeking to educate others and sharing information to empower each other. Studies conducted Atwijukiire et al. (2022) suggested that participants who were HIV positive in discordant relationships experienced increased support, not only they received love and care from family members but also were able to receive financial support that managed to cover some of their transport fares or transport bills when they were going for refills at the health facilities.

Family members are the backbone of discordant couples since they are necessary to strengthen the relationship among couples, offer emotional and continuous psychosocial support. Thus, preventing new HIV infections through identification of groups at high risk such as discordant couples, supplemented by provision of care and support from family members, this might have a great response and widely accepted intervention approach in fighting HIV and AIDS (Bishop & Foreit 2010, Walque 2007). This population is therefore regarded as most and high target group for HIV prevention strategies even as the mechanisms that underlie HIV serodiscordance are poorly understood and the support of family members is crucial which need be considered. This study sought to explore the support for HIV-serodiscordant partnerships through a qualitative inquiry in Gauteng, South Africa.

METHODOLOGY

Study Design

This was a qualitative study using an interpretive phenomenological analysis to explore and describe the support for HIV-serodiscordant partnerships through a qualitative inquiry by family members. Eight in-depth interviews with family members of the HIV-discordant couples. All interviews were conducted face-to-face which lasted between 30 – 1 hour at their respective private homes to maintain confidentiality and privacy. During the interviews, an unstructured interview guide was adopted, and all participants were asked open ended questions about their experiences of providing psychosocial support to HIV-serodiscordant couples. To get more information, probing skills were implemented so that participants were able to share much of their experiences and to ensure the researcher understand their experiences.

Study Setting

The setting for this research was one of the regional specialist hospitals in Gauteng Province of South Africa, the hospital is situated in the urban area and surrounded by various departments offering different services to the community. The regional hospital is a public government hospital providing psychosocial support services, mental and comprehensive health care service to difference communities. Within the hospital, there are different non-governmental organisation, also offering extension of services to the hospital patents and the community. This setting was because it was close by and easily accessible, offered services to HIV-discordant couples and the researcher wanted to gain an understanding regarding of the support provided to HIV-serodiscordant couples by their family members.

Inclusion and exclusion criteria

The inclusion criteria for the study included the following: 18 years and older, being aware of HIV-serodiscordant couple within the family, willing to take part in the study, willing to sign an informed consent and be audio recorded. The exclusion criteria in the study included the following: being less than 18 years of age, not being aware of any HIV-serodiscordant couple in the family, not willing to take part in the study, willing to sign an informed consent but refusing to be audio recorded.

Population

The population of the study was adult family members of the HIV-serodiscordant couples.

Sampling and sampling size

According to Rahman et al. (2022) sampling refers to the process of selecting a sample from a large population. The aim of sampling is to produce representative selections of population elements. A total of eight family members were enrolled in the study as determined by data saturation and this was based on the richness of the data received from family members. According to Newman (2000), asset that qualitative researchers rarely determine the sample size in advance and have limited knowledge about the larger group or population from which the sample is taken. Qualitative researchers select cases gradually, with the specific content of a case determining whether it is chosen. The researcher used a snowball technique. De Vos (2002) maintain that snowballing involves approaching a single case that is involved in the phenomenon to be investigated, to gain information on other similar persons. A snowball technique was appropriate because according to Polit & Beck (2012), the participants are selected through referrals from either participant, also called network sampling. Furthermore, this technique is excellent for those cases where the researcher is investigating a relatively unknown phenomenon, (De Vos 2002). In this instance, HIV-serodiscordant couples were informed about the inclusion criteria so that they can only nominate at least one family member who has already disclosed their status as per the inclusion study criteria.

Data Collection

According to Polit & Beck (2012), data collection refers to the process of gathering information to address a research problem. Burns & Groves (2011) maintains that data collection refers to a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of the study. A semi-structured interview guide was developed as a method of data collection which consisted of both the open-ended questions and demographic data. The researcher envisaged the sample size of between 8 and 15 family members of the HIV-serodiscordant couples. However, this was determined by data saturation. According to Polit & Beck (2012), qualitative researchers sampling decisions are guided by data saturation, which occurs when themes and categories in the data become repetitive and redundant, such that no new information can be gleaned by further data collection. Mason (2010) further stipulates that, the concept of data saturation is the most determining factor for sample size in qualitative research.

Ethical measures

The study was approved by the University of South Africa with the following ethical reference (HSHDC/6072017). All participants who took part in the study provided written consent for the interview and be audio recorded.

Data analysis

Data analysis is a systemic organization and synthesis of the research data (Polit & Beck 2012). According to Grove, Burns & Grey (2013), data analysis is a process that reduces, organizes, and gives meaning to data. The researcher was

able to transcribe data verbatim within 24 - 48 hours post the interviews to identify related themes and subthemes. This process was repeated several times to verify the transcripts and to avoid errors. Polit & Beck (2012), maintain that process provides the researcher an opportunity to develop codes, responses and categories arising from the coding process. All data collected, the researcher ensured that the stored data tapes were kept properly and carefully, labelled with a unique identification code number, date the data collected and the anonymous name of data collection. Confidentiality was observed during the during this process. Regarding the trustworthiness of data collected, where possible the researcher was able to contact participants to verify their descriptive experiences. Data collected was further used to check any misunderstanding, misinterpretation including the ambiguity.

FINDINGS

Participants' demographic data

Data was collected from eight family member participants. Participants had varying demographics.

Table 1 Biographical Data of Participants

Variable	Age	Gender	Relationship with discordant couple	Employment status	Race	Nationality
Family member 1	59	Female	Mother	Unemployed	African	South African
Family member 2	37	Female	Mother	Employed	African	South African
Family member 3	39	Female	Sister	Unemployed	African	South African
Family member 4	29	Female	Sister	Employed	African	South African
Family member 5	76	Female	Mother	Pensioner	African	South African
Family member 6	45	Female	Cousin	Employed	African	South African
Family member 7	29	Female	Cousin	Unemployed	African	South African
Family member 8	51	Female	Mother	Employed	African	South African

A total of eight participants took part in the study. These were all family members of the HIV-serodiscordant couples. All study participants met both the inclusion and exclusion criteria of the study. Data shows that their ages ranged between 29 and 76 years old. Gender confirmed that it was all females and the relationship they had with discordant couples revealed that a total of four participants were mothers/parents of the discordant couples, two were sisters and another two were cousins of the discordant couples. The employment status of participants showed that: four were employed, followed by the three who were unemployed, while only one was a pensioner. All participants were African, and all reported to be South Africans.

The following three themes emerged in the results namely: inadequate knowledge regarding HIV-serodiscordance, supportive family members and family education. The below table depicts the themes and subthemes emerged:

Table 2 Summary of Results of family Members

Theme	Sub-theme
Inadequate knowledge regarding HIV-serodiscordance	Disbelief Information gap regarding HIV-serodiscordance
Supportive family members	Assistance with taking medication Ensuring that HIV positive person eats well Financial Support Emotional support
Family Education	Sharing Essential Knowledge

Theme 1: Inadequate knowledge regarding HIV serodiscordance

The analysis of the transcripts from the family members of the HIV serodiscordant couples largely revealed an information gap. Most of the family members did not understand how a situation of this nature can even be possible. Even though the knowledge regarding HIV is satisfactory, there is little knowledge regarding HIV serodiscordance among most of the research respondents. Some of the subthemes are listed below.

Disbelief

Some of the respondents revealed that first when they learned of their relatives in HIV serodiscordant relationships, they could not believe how this could be possible. The family members also faced challenges when it came to explaining to other people who did not believe situations like those existed. Some of the quotations which indicated this disbelief of HIV serodiscordance:

Also, these things of discordant people don't know it and they also don't believe it (Family member 3).

Not only family members referred to themselves as not believing the status but agreed that even other people in do not believe it too. This is supported by the following quote:

But when I talk to people about this, they do not believe it is happening, and they do not believe it is possible (Family member 4)

Information gap regarding HIV serodiscordance

The family members of HIV serodiscordant couples revealed that there is a huge information gap. Inasmuch as they have adequate knowledge about the existence of HIV in our society, they do not have much information regarding what HIV serodiscordance entails and how such a situation can exist**.** This is revealed in the following quotes taken from some of the research participants which are listed below:

"I only heard about people talking that in a relationship one can have HIV and one cannot have HIV" (Family member 1)

Family members acknowledged that they do not have information relation to HIV serodiscordacy as follows:

"I don't know much about it; I don't have a lot of information of what causes that." (Family member 2)
"When I talk about discordance, people don't believe and think I am lying" (Family member 3).

Despite information about HIV discordancy, the terminology was also not known and understood and this quote support that:

"This word "discordant" I do not know much about it and not heard from people. I know that one can get HIV in many ways, in so many ways but I cannot judge them" (Family member 7)

Theme 2: Supportive family members

Most of the respondents who participated in the study revealed that they were incredibly supportive of their family members who were in HIV serodiscordant relationships. The support is mostly offered by those that are aware of this situation where one partner was HIV positive, and one was HIV negative. The support ranged from love and care, financial and assisting with clinic visits. Some of the subthemes that were identified are discussed in the subsections below;

Assistance with taking medication

Most of the respondents indicated that they assisted family members who were in HIV serodiscordant couples to faithfully stick to their medication. The respondents were concerned about their relatives either getting infected by the HIV positive partner if he or she did not take their medication according to what medical professionals have told them. Some of the quotes that have been taken from some of the family members are listed below:

"NN has a time when she sometimes misses time for her medication especially when she has to fetch her child and then I will remind her to take her medication." (Family member 1)

Family members kept asking couples and reminding them when the time is close-by for medication intake and the quote from family members confirms it:

"I ask her if she took her medication, and I tell her that it is time to take your medication" (Family member2)
"I tell my sister to remind her partner about medication so that he can be well and both of them to be strong for each other" (Family member 4)

Ensuring that HIV positive person eats well

The support by family members is also shown in the form of ensuring that the HIV serodiscordant couple sticks to a healthy diet. The respondents of most of the participants indicated a concern to have those HIV infected to eat healthy and desist from consuming what would compromise their health such as alcohol. Some of the quotes taken from the respondents are listed below:

"I buy her food, when I go buy grocery, I buy her combo of vegetables, and we are able to share sometimes" (Family member 1)

The family not only buy them food, but they are also willing to cook and share what they have with them. The following support the statement quote:

"We ensured that we cook, and she was eating well at home and got good support and supervision" (Family member 3)

Financial support

The family members of couples in HIV serodiscordant relationships also offer financial support especially to those who are not working. Other family members offer this financial support even to those who are employed, just to show that they care about them. Some of the quotes that indicate financial support are listed below:

"*My partner is also supportive to her, and he finance them when he has money to make sure they (couple) they buy things they need, and they do not have to bring that money back. He tells them (couple) not to return the money back (Family member 1)*

"I support them financially. I give my family money, and they all eat" (Family member 8)

"If I need help from her, she is able to assist me and with things like e.g., like I ask money, and she also borrow from me" (Family member 3)

Emotional support

All the respondents who participated in the study emphasised that they gave emotional support to HIV serodiscordant couples. The respondents showed that they cared and supported their relatives by showing kindness and by just spending time with them. Some of the quotes that show the emotional aspect of support by family members are listed below:

"So, I encourage her and advise her all the time. I tell her all these kind words all the time" (Family member 4)

"We were all supportive I do not care who says what, we were supportive together. We told her to be strong after diagnosis and at the same time, she started losing weight as she was stressing a lot, so we were there for her" (Family member 7).

Not only social or emotional support was important, but family members also thought it was valuable to spend quality time with their loved ones. Family members support this as follows:

"I support them emotionally. I support them so much. I am also there to spend time with them and discuss family issues" (Family member 8).

Theme 3: Family education

When the couple is diagnosed with serodiscordancy, education is not only done by healthcare providers, but the family also have a role to play hence family education should be strengthened. Family education is therefore vital and should be ongoing as this can help discordant couples and their families to improve their knowledge on discordancy, improve their coping skills and help discordant couples to live a good quality of life. This is necessary since discordant stay with their families, and some depend on them for various sources of support. Furthermore, when family members are involved in the space of education, this can combat stigma associated with HIV and therefore it is key to share essential information relating to serodiscordancy and HIV related matters. Some of the participants had this to say:

Sharing essential knowledge

The support to couples in HIV-serodiscordant couples also comes in the form of those with knowledge sharing with them. This knowledge ranges from healthy eating habits to anything that can assist couples in HIV-serodiscordant relationships protect their partners and living longer. Some of the quotes taken from the respondents are listed below.

"The support that I give her includes the education that I give her; I share HIV information about serodiscordant as I did a bit of research about it when I found out when she was diagnosed" (Family member 6)

"I educate my mom about HIV a lot. I educate her a lot about alcohol because she sometimes drinks alcohol" (Family member 2).

There seems to be a lot of encouragement provided to couples with as they provide risk information and education to the couples on risk reduction behaviour. This is what family member 6 said:

"I tell her to take care of her health and use protection to prevent HIV transmission" (Family member 6)

The importance of improving the quality of life is important and can be done by doing the right things to benefit the health. Family members support the importance of good health and had this so say:

"I tell her about good things that the body needs and terrible things that the body does not need. I educate her a lot about alcohol because she sometimes drinks alcohol" (Family member 2).

DISCUSSION

The primary research revealed that most of the family members of serodiscordant couples possessed inadequate knowledge about HIV serodiscordance. They however possessed some knowledgeable about HIV/AIDS and this indicated that serodiscordance was something relatively new to most of the family members. When the family attempted to explain to other family members or friends about HIV-serodiscordant couples they were not believed at all. This further revealed that a situation of where one partner is positive, and one is negative was a mystery to most people in society and most people believed the HIV virus in the person "supposedly" negative was existent but not yet detectable. A huge information gap was revealed among the family members. This information gap is more likely to be the state of society at large, meaning that little is known by members of society regarding HIV serodiscordance. Studies by World Health Organisation (WHO) (2022) indicate that similar reactions have been reported regarding HIV-serodiscordancy, and this has revealed that this is poorly understood by the general population including the family members of the HIV-

serodiscordant couples. Furthermore, Kilembe et al. (2015) highlighted that the poor knowledge regarding HIV serodiscordance was one of the factors contributing to transmission risk especially among sub-Saharan countries. The poor knowledge regarding HIV serodiscordance therefore displays the low levels of HIV among people in the sub-Saharan African region which South African belongs to. Possessing inadequate knowledge regarding this aspect of HIV might create misconceptions and wild perceptions which in turn this may impact how society will treat people living with HIV.

According to Kelley et al. (2011) and Kilembe et al. (2015), this is no surprise matter since some studies conducted in Zambia and South Africa suggest that only a total of 30 to 40% individuals and not most of them are aware of the possibility of serodiscordance in couples and therefore such couples may need social support to improve on their adherence to HIV care, treatment services, increased rates of HIV testing, reduce transmission risk behaviours, and reduced stigma, (Kennedy et al., 2015). In studies conducted by Greener et al. (2018), many misunderstood after hearing about serodiscordant and had difficulty articulating how serodiscordance occurs. This might require some family members be involved in the psychosocial planning and be supported with training and support to better understand the prevalence and mechanisms of HIV-serodiscordance which may strengthen and enhance the family support s HIV-serodiscordant couple.

Jones et al. (2014) maintain that in South Africa the preference is for provider-initiated testing and counselling, and many healthcare providers and counsellors have been trained and provided with the skills to provide basic counselling, yet the majority still lack specific training to address the complex needs of couples living with HIV and in discordant relationships. It is for this reason that family needs to be considered and empowered as well when implementing such programs. Burton, Darbes & Operario (2018) believe that the behavioural aspects of HIV infection are incredibly complex and require close inspection and analysis to provide improved and highly appropriate programme interventions.

Post the diagnosis, discordant couples have the responsibilities to take care of their responsibilities by attending the clinic and collect medication amongst others, failure to such are this might threaten their health and therefore they can seek help from family members where possible. Although couples support each other, families have proved to play a significant role in supporting discordant couples to ensure they adhere to medication and couple lives improve for the better. This can be done by encouraging couples, supporting them emotionally or even reminding them to take medication at their respective times. Some of the family members revealed that they assisted the serodiscordant couples by reminding the HIV infected couples to take their medication since they lived in the same house. The family members also encouraged their infected relatives to stick to their medication tables and never to default. Families providing such are more likely to influence positive mood and feelings of discordant couples and such actions and support accompany discordant couples to feel happy, confident, adhere and empowered to control of their lives positively despite the medication side effects and the presence of the disease. Rivera-Rivera et al. (2013) are of the opinion that the role of social and emotional support on HIV-discordant had been regarded as a significant factor for the maintenance of health and the general well-being of discordant couples. Thus, family members are more likely to provide and strengthen couples to recognize their mutual responsibility so that they (couples) can protect each other from transmitting HIV, adhere to medication, and to maintain each other's health. This will also create a safe environment for couples and families to discuss sensitive issues using their good and open negotiation skills. It should be noted that for the effective implementation of couple-based approaches in real-world contexts, a cultural shift from focusing on individuals to dyad couples is needed, as well as the emphasis on addressing existing organizational and financial barriers faced by couples hence family members are their strong source of support for others (Larki & Roudsari, 2022).

The support was also shown through ensuring that the HIV positive partner was eating health and ensuring that they were not adopting habits that compromised their health such as excessive consumption of alcohol. Furthermore, Hadley, Mulder & Fitzherbert (2007) also agrees that studies conducted in resource-limited areas found that instrumental support was associated with food security and couples received their meals or groceries from families. Other family members preferred to give financial assistance especially if the HIV serodiscordant couple was unemployed or just financial struggling. Since most of the family members who participated in the study were unemployed, love and care were one of the ways that most participants exhibited their support for the serodiscordant couple. The variety of ways that the family members relied on to show their support revealed that serodiscordant couples had relatively dedicated support systems which had an immense impact on their wellbeing. A study conducted by Dano (2007), showed that acceptance and support received from family members was used by serodiscordant couples as positive coping mechanisms and on the other hand avoidance was a negative mechanism.

Most of the family members that participated in the study indicated and displayed that they were offering immense support to HIV serodiscordant couples. The support that they provided came in number of diverse ways ranging from emotional support to financial assistance where they identified need among the serodiscordant couples. Empirical findings from researchers like Rivera-Rivera et al. (2013), Calvetti et al. (2014), Almeida and Pereira (2011) corroborate the existence of family support systems for HIV-serodiscordant couples. The study revealed that the family members who possessed more knowledge regarding HIV/AIDS preferred to share essential knowledge regarding HIV which was mostly aimed at ensuring that the couples lived healthy and longer and prevent HIV transmission to the negative partner. In a study conducted by Moreton, Kelly, & Sandstrom, (2023), their findings reported that when facing a difficult life event such as being in a discordant relationship, couples tend to seek out family education and information to help them understand their situation and clear out uncertainty.

CONCLUSION AND RECOMMENDATIONS

The study sought to explore the support for HIV-serodiscordant partnerships through a qualitative inquiry and three key themes emerged from the findings: inadequate knowledge about HIV-serodiscordance, the role of supportive family members, and the importance of family education. Despite progress in the fight against HIV and the ongoing implementation of programs aimed at reducing new infections, healthcare providers must recognize the critical role of family involvement. Family members of HIV-serodiscordant couples often lacked adequate knowledge about serodiscordance, which led to initial disbelief regarding its existence. This highlights the urgent need for targeted education and information dissemination to families, who serve as a vital support system for these couples. Support from family members is essential, as it contributes to improved adherence to treatment, better nutrition, and overall health outcomes for HIV-serodiscordant couples. Families also play a key role in sharing accurate information about HIV and providing both emotional and financial support. To enhance the effectiveness of public health initiatives, community awareness campaigns should actively involve families. Their participation can significantly improve the impact of interventions on individuals, couples, families, and the broader community.

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DISCLOSURE OF STATEMENT

The researchers declare no conflict of interest

REFERENCES

1. Akani CI, Erhabor O, Opurum H, Ejele A, Nwauche CA (2005). *HIV- Serodiscordance among Nigerian couples: challenges and controversies*. Nigerian Medical Practitioner. 48:62-6.
2. Atwijukiire, H., Nakidde, G., Otwine, A. T., & Kabami, J. (2022). *Experiences of HIV Positive Serostatus Disclosure to Sexual Partner Among Individuals in Discordant Couples in Mbarara City, Southwestern Uganda*. *HIV/AIDS (Auckland, N.Z.)*, *14*, 231–242. https://doi.org/10.2147/HIV.S361898
3. Bishop M, Foreit, K. (2010). *Serodiscordant couples in Sub-Saharan Africa: what do survey data tell us?* Washington, DC: Future Group, Health Policy Initiative, Task Order. http://pdf.usaid.gov/pdf_docs/PNADT871.pdf.
4. Burton J, Darbes LA, Operario D. (2010). *Couples-focused behavioral interventions for prevention of HIV: Systematic review of the state of evidence*. AIDS Behav.14:1–10. https://doi.org/10.1007/s10461-008-9471-4.
5. Camlin CS, Ssemmondo E, Chamie G, El Ayadi AM, Kwarisiima D, Sang N, et al (2016). *Men "missing" from population-based HIV testing: insights from qualitative research. AIDS Care*;28(sup3):67–73.
6. Chomba E, Allen S, Kanweka W, et al. *Evolution of couples' voluntary counseling and testing for HIV in Lusaka, Zambia (*2008). J Acquir Immune Defic Syndr. 2008;47(1):108–115. https://doi.org/10.1097/QAI.0b013e31815b2d67
7. Greener, R., Milford, C., Bajunirwe, F., Mosery, F. N., Ng, C. K., Rifkin, R., Kastner, J., Pillay, L., Kaida, A., Bangsberg, D. R., Smit, J. A., & Matthews, L. T. (2018). *Healthcare providers' understanding of HIV serodiscordance in South Africa and Uganda: implications for HIV prevention in sub-Saharan Africa*. *African journal of AIDS research: AJAR*, *17*(2), 137–144. https://doi.org/10.2989/16085906.2018.1462217
8. Hadley C, Mulder MB & Fitzherbert E (2007). *Seasonal food insecurity and perceived social support in rural Tanzania*. *Public Health Nutr* 10, 544–551. [PubMed] [Google Scholar]
9. Huerga H, Venables E, Ben-Farhat J, van Cutsem G, EJlman T, Kenyon C. (2017). *Higher risk sexual behaviour is associated with unawareness of HIV-positivity and lack of viral suppression - implications for treatment as prevention*. Sci Rep 2017; 7:16117. https://doi.org/10.1038/s41598-017-16382-6
10. Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS Data (2019). Geneva: UNAIDS; 2019.
11. Jones, D., Weiss, S.M., Arheart, K. et al (2010). *Implementation of HIV Prevention Interventions in Resource Limited Setting*
12. *The Partner Project (2014)*. *J Community Health* **39**, 151–158. https://doi.org/10.1007/s10900-013-9753-2
13. Kaiser R, Bunnell R, Hightower A, Kim AA, Cherutich P, et al. (2011) Factors Associated with HIV Infection in Married or Cohabitating Couples in Kenya: Results from a Nationally Representative Study. PLoS ONE 6(3): e17842. doi: 10.1371/journal.pone.0017842
14. Kilembe, W., Wall, K. M., Mokgoro, M., Mwaanga, A., Dissen, E., Kamusoko, M., Phiri, H., Sakulanda, J., Davitte, J., Reddy, T., Brockman, M., Ndung'u, T., & Allen, S. (2015). Knowledge of HIV serodiscordance, transmission, and prevention among couples in Durban, South Africa. *PloS one*, *10*(4), e0124548. https://doi.org/10.1371/journal.pone.0124548.
15. Kelley AL, Karita E, Sullivan PS, Katangulia F, Chomba E, et al. (2011) Knowledge and Perceptions of Couples' Voluntary Counseling and Testing in Urban Rwanda and Zambia: A Cross-Sectional Household Survey. PLoS ONE 6(5): e19573. doi: 10.1371/journal.pone.0019573

16. Kennedy, C. E., Haberlen, S., Amin, A., Baggaley, R., & Narasimhan, M. (2015). Safer disclosure of HIV serostatus for women living with HIV who experience or fear violence: a systematic review. *Journal of the International AIDS Society*, *18*(Suppl 5), 20292. https://doi.org/10.7448/IAS.18.6.20292
17. Mona-Larki, & Roudsari, R. L. (2022). Sharing Medical Adherence Responsibilities Together: An Approach for Promoting Responsibility and Solidarity in Human Immunodeficiency Virus Serodiscordant Couples. *Iranian journal of nursing and midwifery research*, *27*(1), 82. https://doi.org/10.4103/ijnmr.ijnmr_19_21.
18. Lingappa, J. R., Lambdin, B., Bukusi, E. A., Ngure, K., Kavuma, L., Inambao, M., ... & Were, E. (2008). *Regional differences in prevalence of HIV-1 discordance in Africa and enrolment of HIV-1 discordant couples into an HIV-1 prevention trial*. PloS one, 3(1), e1411. doi: 10.1371/journal.pone.0001411.
19. Li, L., Wu, Z., Wu, S., Jia, M., Lieber, E., & Lu, Y. (2008*). Impacts of HIV/AIDS Stigma on Family Identity and Interactions in China. Families, systems & health: the journal of collaborative family healthcare*, *26*(4), 431–442. https://doi.org/10.1037/1091-7527.26.4.431
20. Matovu JKB, Kisa R, Malek AM, Vrana-Diaz C, Mukama SC, Musoke W, Korte JE and Wanyenze RK (2021). *Coping Mechanisms of Previously Diagnosed and New HIV-Discordant, Heterosexual Couples Enrolled in a Pilot HIV Self-Testing Intervention Trial in Central Uganda*. Front. Reprod. Health 3:700850. doi: 10.3389/frph.2021.70085
21. Mashaphu S, Burns JK. (2017). *Couples-based interventions in the context of HIV discordance*. S Afr J Psychiat;23(0), a1009. https://doi.org/10.4102/sajpsychiatry.v23i0.1009
22. Moreton, J., Kelly, C. S., & Sandstrom, G. M. (2023). *Social support from weak ties: Insight from the literature on minimal social interactions*. *Social and Personality Psychology Compass*, e12729.
23. National AIDS Control Council, Kenya. Kenya AIDS Strategic Framework 2014/2015 - 2018/2019. NACC, 2015. https://naccor.ke/wp-content/uploads/2015/09/KASF_Final.pdf (accessed 4 March 2023). (Google and access site)
24. Rivera-Rivera, J.N., Madera, S.L., Varas-Díaz, N., & Pacheco, R.Y. (2013). *The Role of Social Support on Health-Related Practices of HIV-Discordant Heterosexual Couples*.
25. Sagay, A. S., Onakewhor, J., Galadanci, H., & Emuveyan, E. E. (2006). HIV status of partners of HIV positive pregnant women in different regions of Nigeria: matters arising. *African journal of medicine and medical sciences*, *35 Suppl*, 125–129.
26. Wallace, D. D., Payán, D. D., Then-Paulino, A., Armenta, G., Fulcar, M. A., Acevedo, R., & Derose, K. P. (2021). *Perceptions and determinants of healthy eating for people with HIV in the Dominican Republic who experience food insecurity*. *Public health nutrition*, *24*(10), 3018–3027. https://doi.org/10.1017/S1368980020002694
27. Walque D. (2007). *Sero-discordant couples in five African countries: implications for prevengtion strategies. Population and development review*. The Population Council, Inc., vol. 33(3), pages 501-523, September. https://ideas.repec.org/a/bla/popdev/v33y2007i3p501-523.html
28. Webel AR, Perazzo JD, Dawson-Rose C et al. (2017). *A multinational qualitative investigation of the perspectives and drivers of exercise and dietary behaviors in people living with HIV*. Appl Nurs Res 37, 13–18. [PubMed: 28985914]
29. Weiser SD, Young SL, Cohen CR et al. (2011). *Conceptual framework for understanding the bidirectional links between food insecurity and HIV/AIDS*. Am J Clin Nutr 94, 1729S–1739S. [PubMed: 22089434]