

ABSTRACT

Background: The aim of the study was to find out the attitude of the HIV-seronegative partner towards the index partner in HIV-serodiscordant relationships. Due to their constant and frequent exposure, HIV-serodiscordant couples are among the high risk people for acquiring HIV. For effective prevention, care and support services, there is a need to understand the attitude of the seronegative partner towards the index in discordant relationships which directly affects prevention.

Methods: In this cross-sectional descriptive study, a total of 73 respondents who were in discordant relationships were voluntarily enrolled for this study which employed both qualitative and quantitative methods to interpret the data obtained. The respondents were recruited using convenient consecutive sampling and a questionnaire was used to extract primary data. Data was analysed using SPSS package and MS Excel.

Results: Of the 73 seronegative partners investigated, 25 (35.61%) were male, while 48 (64.38%) were female. Attitude findings were largely positive; social support (80.90%), treatment support at (79.50%), of the negative attitudes, anxiety (63.00%), sexual avoidance (53.40%), risk compensation (52.10%), were the highest. Furthermore, the findings on the effect of serodiscordance on couple or families at large were broad including increased social support with disclosure before the relationship, physical violence, rape, stigma, discrimination, just to mention a few. The study got a finding that most couples were using a blend of two or more preventive strategies with condoms being the most used method.

Conclusion: Generally, men are most likely HIV positive in discordant relationships and there is no poor attitude towards the index partner in discordant relationships. However, there are some isolated cases of extremely poor attitude.

Recommendations: HIV prevention programs should be more focused on men; SMC. There is also an urgent need for female-initiated and controlled preventive measures. PrEP should be given as part of a preventive package including screening for long term toxicities and resistance; prevention should not be limited to one method. Last but not least, there is a need for community based counselling services.