

## **Abstract Title**

*"I blamed myself. ..."* Experiences of HIV seroconverter and their partner in initially HIV serodiscordant partnerships in Thika, Kenya.

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## **Background**

Behavioral and biomedical interventions can greatly reduce HIV transmission. Among mutually disclosed HIV serodiscordant couples, sustained use of condoms is difficult and ARV-based prevention is new. Fewer studies to date have leveraged the experience of HIV serodiscordant couples who become seroconcordant to understand couples' experiences with serodiscordance, events preceding HIV seroconversion, and couples' reactions to seroconversion. Greater understanding of these experiences can translate into valuable additions to HIV prevention and post-seroconversion counselling.

## **Methods**

We conducted 20 individual in-depth interviews with 10 HIV serodiscordant couples in which the initially HIV uninfected partner seroconverted during participation in the Partners PrEP Study (October 2008 to November 2011) at a peri-urban research site in Thika, Kenya. Kiswahili interviews were translated and transcribed into English. A grounded theory approach was used to generate a codebook and themes. Overarching themes were identified and applied to the transcripts. A subset of interview transcripts was independently coded by a second coder to ensure inter-coder consistency.

## **Results**

Common themes related to couples' HIV seroconversion experience emerged from the interviews: limited perception of HIV risk pre-seroconversion, support from partners and HIV counselors, blame, and alcohol use as an explanation for HIV risk behavior and a coping strategy. Most HIV infected and uninfected men and women acknowledged the risk of HIV transmission within their relationship and some explained seroconversion as their failure to use condoms consistently. For example, an initially HIV infected woman reported that *"when he was drunk he was not using [condoms]"* and an initially HIV uninfected woman explained that *"we had sex without 'Trust' [condom] for a month."* Whereas, some men did not believe they would ever seroconvert since their partnership had been HIV serodiscordant for years. Many participants expressed regret about seroconverting and blamed themselves or their partners. Women described healthy coping strategies following seroconversion, such as *"I encouraged myself and felt I am not alone; there are many."* Men, however, often mentioned using alcohol excessively as a way of coping with serodiscordance and their own subsequent seroconversion. A male seroconverter said, *"When I knew I have it [HIV] I was lost to alcohol."* Participants expressed appreciation for the support they received from health workers who counseled them on risk reduction and maintaining their relationship despite serodiscordancy, *"I had felt we should separate; when we spoke to you [counselor], I accepted the way she is"* and ways of coping after seroconversion, *"they told us to live positively."* The participants advised HIV serodiscordant couples to use condoms, avoid having other partners, take antiretroviral medications, support each other, and stay together: *"they should not separate and should assist each other with work."*

## **Conclusion and recommendations**

Couples provided rich insight into the seroconversion experience and advice for other HIV serodiscordant couples. Alcohol use and misconceptions about HIV serodiscordance may contribute to HIV risk behavior. Proactive HIV prevention counseling for serodiscordant couples can be enhanced to include discussions about alcohol use, blame and relationship stability and be prepared to provide support if seroconversion occurs.