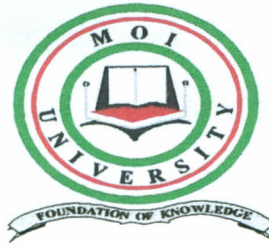


NEAT



**Challenges and coping strategies among persons
in a HIV discordant couple relationship
presenting for care at AMPATH Centre, Eldoret,
Kenya**

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ABSTRACT

Title: Challenges and coping strategies among persons in a HIV discordant couple relationship presenting for care at AMPATH Centre, Eldoret, Kenya

Introduction: A lot is known about HIV; however, there are certain aspects which are yet to be clearly understood. HIV discordance is one among such vaguely understood aspects. HIV negative individuals in discordant partnerships are at a high risk of infections and preventive interventions targeted at such individuals are urgently needed. This can be possible if challenges afflicting this 'at-risk' group and possible coping strategies are clearly delineated.

Objectives: i) To determine the perceptions of HIV discordant couples on the reasons for their discordance status.

ii) To establish challenges experienced by HIV discordant couples.

iii) To determine coping strategies of HIV discordant couples.

Study Design & setting: Cross sectional, carried out at AMPATH Centre, Moi Teaching and Referral Hospital, Eldoret.

Study population: A total of 384 clients in a HIV- discordant couple relationship who came to AMPATH Centre for management were selected and included in the study.

Data Collection Methods: An interviewer administered semi-structured questionnaire.

Data analysis: Data was summarized and presented using proportions, frequency tables and pie chart. NVIVO (7.0) was used to code and analyze content of the data by identification of emerging and recurring key themes and views about explanations for discordance, challenges and coping strategies. STATA (9) was used analyze demographics and other quantitative data.

Findings: Median age 35(20-59) years, 55% females, 25.8% utilized CHCT. Ignorance (73%) and misunderstanding about discordance was rife among participants, exposing the HIV negative partner to high risk of HIV transmission. Numerous challenges were voiced, with negotiation for sex being the most predominant (100%). Others include; need for children and blame for HIV infection (94%). Coping strategies expressed included; abstinence (9%), living apart, condom use (74%), sleeping facing opposite sides in bed and separation of beds (11%).

Conclusion: Most participants' were ignorant about HIV discordance. Negotiation for sex formed the greatest challenge while a combination of coping strategies was used..

Recommendations: Establish a care system for discordant couples and sensitize AMPATH staff on HIV discordance, further educate masses utilizing persons who have lived with HIV discordance as role models.