

Effect of Contraceptive and Reproductive Health Services on Marital Stability among HIV-1 Discordant Couples: Medical Social Work Perspective

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ABSTRACT

Marriage and family life remain the bedrock of societies despite social changes that have affected many societal norms and values. Social change also threatens the survival of the family as a social unit including marriage in the context of heterosexual (male and female) union. One of the modern viral infectious diseases, human immune deficiency syndrome (HIV) from an infected person to an uninfected person when not properly managed, degenerates the immune system and leads to Acquired Immuno Suppression Syndrome (AIDS). This infection is further complicated by serodiscordancy, a situation where one partner is HIV positive, and the other is negative. Up to 95% of infections are transmitted via heterosexual contacts. Recently, the Nigerian HIV/AIDS Indicator and Impact Survey (NAIIS) 2019 published by the National Agency for the Control of AIDS (NACA) showed that about 1.9 million Nigerians live with the infection. The population figure of Nigeria's over 200 million, means there is more effort needed to combat this disease. A combination of qualitative and quantitative methods was used and integrated based on the strengths of both sets to better understand the research problem. We, therefore, explored the effect of one of the components of psychosocial support, in context and tested hypotheses that showed a significant positive relationship between contraceptive and reproductive health services and marital stability.

KEY WORDS:

Marital stability, HIV-1, Heterosexual, Discordant, Couples

Introduction

Psychosocial support is the provision of social and psychological resources to a person to assist the individual in coping with their problems. These might be in the form of information or provision of other services. Some services that are provided from a medical social work perspective address the ongoing psychological and social problems of HIV-infected individuals, their partners, families, and caregivers (WHO 2003, 2015). Social support includes but is not limited to having a group of family and friends that one can turn to in times of need (Cherry & Gans, 2018; Sinanan & Gomes, 2020). It is a general term for any non-therapeutic intervention that supports a person in coping with stressors at home or work. An individual detected as HIV-infected (positive) is very likely to

experience significant distress.

The central apprehensions for those who test seropositive include the need for social, peer and, psychological support, access to medical care and treatment disclosure and planning, among other pertinent concerns. Access to HIV testing and by extension, health care delivery is critical in terms of organizing and providing access to quality care (Alubo, 2019). Notably, anger, fear, disappointment, depression, and denial are common initial reactions, especially in serodiscordant relationships, as expressed reactions to an HIV-positive result so much a discordant realization.

The importance of psychosocial support and counselling as aspects of medical social work services cannot be overemphasized, as HIV affects all dimensions of a person's life: physical, psychological, social, and spiritual. Counselling is one among other social supports that can help people and their care providers cope more effectively with each stage of the infection and enhance the quality of life.

This study explored how effective the provision of facility-based psychosocial support in the context of contraceptive and reproductive health services affected marital stability among HIV-1 heterosexual discordant couples. The objective was to examine the contraceptive and reproductive health services' impact on marital stability for heterosexual discordant couples in selected hospitals in Jos, Plateau State. Hypothesis tested was also in the null form H_{02} : Contraceptive and reproductive health services had no significant impact on the stability of marriage for heterosexual discordant couples.

Literature and Theory

There is a dearth of data on the effect of psychosocial support on marriage among serodiscordant couples. This study is situated in the emerging biomedical and biosocial intervention for HIV prevention and provides a baseline for further enquiry. The literature review was done using the traditional narrative reviews by searching for the key word in the main topic and articles adjudged to be relevant were selected and segmented into various reviews to espouse concepts of relevance as available in the literature, and empirical review with a view to identifying existing gaps.

The scientific field of social work hinges on other disciplines to guide its practice as asserted by Chukwu and Nwadike (2019). Two sociological theorists stand out in analyzing intimacy in the western world in the context of social change. Anthony Giddens, (1992) a Briton and Andrew Cherlin, (2009) an American alternately argues that there is a deinstitutionalization of marriage because of confluent love arising from globalization and modernization in which people enter into a relationship for the sake of mutual benefit with motivation to remain in the relationship as long as both parties obtain enough satisfaction to remain. On the other hand, Cherlin argues more based on social change in terms of weakening social norms that grant greater freedom to people to choose how they want to marry, whom and whether to marry, in the first place (Hull & Ortyl, 2010). In modern societies, the main family form is the nuclear family, a variety of extended family relationships are also often found. The family is viewed as a

small group of individuals who are brought together by blood ties, affection, affinity and adoption and who share common residential, social and economic relationships the adult members are responsible for bringing up children or are expected to do so. Giddens (1989) as cited in Idyorough (2008) emphasized that strong family ties is part of the wider fabric of social life and can be effective source of civic cohesion and family cohesion. The emotional bonding that family members have towards one another can facilitate key processes contributing to wider social cohesion such as the development of moral disposition or character and the generation of a sense of personal and group identity.

Marriage is one, out of the many committed and intimate relationships that exists, according to Nakanozny & Denton, 2008 pg.403 and has been an enduring institution. It provides an avenue for movement from a family of orientation to a family of procreation, late modernists' views on the family identifies that people now have more varieties in terms of their family arrangements and relationships that is based on pure relationship; founded on that which lasts only as long as both partners are happy with the relationship not based on a traditional role or a sense of commitment, hence, cohabitation or living together and serial monogamy is a likelihood. They also stated that couples stay together because of love, happiness of sexual attraction rather than traditional sense of duty or for the sake of the children. According to evidence –based analysis from Economists and Social scientists by the Barcelona Graduate School of Economics (2015), married couples are healthier than singles and stating that one key determinant of health is marriage.

Literature on social psychological theories that can be applied to practical issues exists such as the psychoanalytical theory. The psychodynamic theory, behavioural theory, social -structural theory among others. (Ejikeme, 2016)The psychosocial approach is a retreat from the psychodynamic theory that was initially developed by an American casework theorist, Florence Hollis (Wood & Hollis, 1990). The humanist theory is another philosophy popular in contemporary Social Work due to its emphasis on understanding and responding to individuals in their social environment.

Assessment and interventions may be aimed at the acutely stressful phase following notification of HIV infection (for this study, it is serodiscordancy), the resultant adjustment period, and the process of dealing with chronic symptomatic HIV infection and disease progression through to the moment of death (WHO, 2015). HIV infection often can result in stigma and fear for those living with the infection, as well as for those caring for them, and may affect the entire family. Infection often could result in loss of socio-economic status, employment, income, housing, health care and mobility. For individuals, their partners in addition to families, psychosocial support can assist people in making informed decisions, coping better with illness, and dealing more effectively with discrimination. It improves the quality of their lives and prevents further transmission of HIV infection, especially in a discordant relationship. Humanist Theory is a theory associated with Abraham Maslow (1970) and Carl Rogers (1951,1980). This approach is to help clients in need of professional

psychotherapy and counselling with emphasis on the need to take into account the individual's subjective personal views such as beliefs, perceptions and expectations in analysis of social behavior in context of using the self-concept and self-perception. (Ejikeme, 2016: p 296). The Humanist (qualitative) theory stands out among social psychological models of health-related behaviors and is adjudged a value expectancy model developed to explain an individual's health actions in cases and conditions of uncertainty in the work. This theory is considered relevant to this study as subjective personal views of effect of psychosocial support on marriage was elicited from the couples as they shared their personal experiences during interviews.

Also, an intrapersonal theory used in health promotion to design intervention and prevention programs designed in the 1950s continues to be one of the most popular and widely used theories in intervention science whilst a systematic review in 2014 by Jones, Smith and Llewellyn showed that although intervention success using the model may be recorded, it is nevertheless unrelated to the HBM construct (The model is depicted). This is not the most suitable for this study since the study is not only on understanding behaviours but on understanding the effect and delivery of service for heterosexual serodiscordant couples and how it has impacted their marriages.

Table 1
The Propositions of the Health Belief Model

HBM Concept	Explanation	Application	Contextual Application to Study
1. Perceived Susceptibility	One's belief of the chances of getting a condition	Define the population(s) at risk and their risk levels. Personalize risk based on a person's traits or behaviours	A married partner's perception of exposure to HIV infection
2. Perceived Severity	One's belief of how serious a condition and its consequences are	Specify and describe the consequences of the risk and the condition	Perceived severity and consequences of the HIV infection within the marriage relationship.
3. Perceived Benefits	One's belief in the efficacy of the advised action to reduce the risk or seriousness of the impact	Define the action to take — how, where, when Clarify the positive effects of expected. Describe evidence of effectiveness	A positive effect of the psychosocial support received from health facilities on marital stability
4. Perceived Barriers	One's belief in the tangible and psychological costs of the advised behaviour	Identify and reduce barriers through reassurance, incentives, and assistance	Fear of disclosure or negative consequences of infection on marital stability
5. Cues to Action	Strategies to activate "readiness"	Provide how-to information. Promote awareness. Provide reminders	Care providers messaging within health facilities to equip couples
6. Self-Efficacy	Confidence in one's ability to act	Provide training, guidance, and positive reinforcement	Personal confidence in the ability to enforce information received.

Modified from Health Belief Model - Public Health. <https://www.publichealth.com.ng/health-belief-model>

The theory of planned behaviour by Ajzen (2006) sheds an understanding of the assertion by Sharabadi, Karimi-Sharankarimi, Dashti, Soltanian, and Garmaroudi (2017) that marriage is a social capital that creates social stability for couples and makes their behaviour steady and productive, principally, for love and companionship. Also, the social exchange theory which hinges on cost, benefits and rewards in relationships like marriage further buttressed this assertion. Findings from other studies showed that marriage itself was not the key to better wellbeing, rather, it is the social support provided by being in a stable relationship like marriage that confers or, is embedded in a secure social network that promotes psychological health. Conversely, the social exchange theory, is

key to marital stability and marital satisfaction.

Methodology

Research Design

Cross-sectional and explorative design using descriptive survey was used. This entails eliciting information from a cross-section of the target population to gauge opinions and perspectives on the research objectives; therefore, both qualitative and quantitative data will be collected, analyzed and presented. A descriptive survey using a combination of both qualitative (subjective) and quantitative (objective) methods are approaches to research in social, behavioural and health sciences in which data are gathered and integrated based on the strengths of both sets to better understand the research problem (Creswell, 2015). This process is descriptive because opinions and observations were collected as data and described. This descriptive survey, based on a cross-sectional design is hinged on both positivism and pragmatism philosophical basis (Turner, 2001).

Study setting

This was a health facility-based study carried out in seven health facilities that provide HIV care services relevant to the concerns of Medical Social Workers because of the decentralization effort of HIV care in hospitals in Plateau state. These seven health facilities have had an existing relationship with Jos University Teaching Hospital Plateau State for over 11 years. They are government, faith-based, and private facilities with HIV programs, and all of them provide comprehensive HIV care and have in place well trained HIV service providers.

The 7 health facilities are the decentralized centres for access to HIV care and treatment services and were specifically supported to provide services during the Nigeria Demonstration project of Antiretroviral-based HIV-1 Prevention among High-risk HIV-1 Serodiscordant Couples acronymed the Nigeria PrEP study in Plateau State (Folayan, Aliyu, Oginni, Ezechi, Kolawole, Ezeama, Dadem, et al, 2022)

Population, sample and variables

The population of interest was married heterosexual discordant couples in the various health facilities. A total of three hundred and fifty-seven (n=357) was the sample size for this study and two hundred and thirty-three (n=233) questionnaires were administered and returned. Two sampling methods were used, probability and non-probability (quantitative and qualitative). A semi-structured Interview (SSI) guide was used as the survey instrument and administered to couples to answer research questions and objectives. This method is useful in generating high-quality data as questions are not strictly pre-defined and responses are provided beyond yes, and no.

The quantitative data collection instrument for this study was obtained through the administration of a questionnaire. The questionnaire is structured into a five-point Likert scale ranging from 1- (strongly disagree) to 5- (strongly agree). Therefore, the questionnaire is designed to collect information for the variables (dependent and independent) about the problem under study.

The instrument for data collection which is the questionnaire was subjected to

validation tests to ensure that any data collected through the instrument is valid and reliable. Validity is the degree to which an instrument captures what it is supposed to capture. The questionnaire was subjected to validation tests to ensure that any data collected through the instrument is valid and reliable. The validity and reliability tests were conducted by a pilot data analysis to validate the instruments. Validity can also be thought of as utility (Kothari, 2004). For this study, content and construct validities were applied.

Construct validity was used when the questionnaire includes multiple indicators to measure a dimension. It is to know whether the indicators produce consistent results within the conceptual boundaries of the variables. This means that indicators of a dimension should produce data that correlate with each other (*convergent validity*) and should divert from data produced by indicators from other dimensions (*discriminant validity*).

The construct validity was assessed by:

- i. Convergent validity: $AVE > .5$, square root of AVE > variance between constructs
- ii. Discriminant validity: $MSV < AVE$ and $ASV < AVE$

Where:

AVE = Average Variance Extracted

MSV = Maximum Shared Squared Variance

ASV = Average Shared Squared Variance (Fornell & Larcker, 1981; Hair, Black, Babin, & Anderson, 2010)

The average variance extracted was computed by this researcher using a formula suggested by (Fornell and Larcker, 1981; Hair, Black, Babin, and Anderson, 2010), as follows:

$$AVE = \frac{\sum \lambda^2}{n}$$

Where:

λ = represents factor loadings

Σ = summation

n = sample size

A composite reliability test was adopted as composite reliability is a preferred alternative to Cronbach's alpha as a test of convergent validity. It is preferred as a measure of reliability because Cronbach's alpha may over- or underestimate scale reliability (Henseler, Ringle, & Sarstedt, 2012 p269).

Variables were operationalized and measured in this study, psychosocial support is the independent variable. On the other hand, marriage within this group plays the role of the dependent variable. It is assumed to determine the stability in marriage for HIV-1 serodiscordant couples. Data on the above variables was measured in terms of Psychosocial support: whether or not couples received facility support in concrete terms as to whether they were counselled, given condoms or not, and other pharmaceutical and non-pharmaceutical support.

Methods

Research interviews elicit an understanding of a phenomenon from the interviewees' practical experience (Creswell, 2012) and offer a storehouse of information. Ackroyd and Hughes, (1989) cited in Haralambos and Holborn, (2008) further allude to the usefulness of interviews for eliciting factual responses about attitudes, past, present and future behaviour, their motives, feelings, and other emotions that cannot be observed directly. It can explore issues in much more depth. In the context of this study, the use of interviews may be an opportunity to verbalize issues peculiar to serodiscordant couples and provide a feeling of satisfaction for contributing to the common good.

Ethical Statement

This study has ethical approvals from the health facilities.

Socio-Demographic Characteristics of the Respondents

The study had a 67% response rate. The missing value analysis had a zero effect on the analysis with a less than 20% benchmark. Qualitative interviews were also conducted for individual sexual partners and joint couples. The standard regression weight for contraceptive and reproductive health services on the stability of marriage showed 0.275 with a significance of 0.005.

Table 2 Distribution of respondents by sex

Sex	Frequency	%
Male	45	19.3
Female	169	72.5
Missing value	19	8.2
Total	233	100

This table showed that most of the respondents are females representing 72.5% of the total sample. The prevalence rate of HIV was 1.3 per cent and highest among the female adult population, at 1.6 per cent while for male adults, the prevalence rate is one per cent.

Occupation	Frequency	%
Farmer	74	31.8
Petty Trader	74	31.8
State Civil servant	49	21.0
Fed civil servant	2	0.9
Missing Value	34	14.6
Total	233	100

Most of the respondents reported they were farmers or petty traders representing 63.6%.

Distribution of respondents by status of partner

HIV Status	Frequency	%
Positive	24	10.3
Negative	206	88.4
Not Sure	2	0.9
Missing value	1	0.4
Total	233	100

This table showed the HIV status of the respondents' partners. The result revealed that most respondents' partners are HIV-negative representing 88.4%. This means that the 206 respondents are HIV positive, while the 24 who are HIV negative show that their partners are HIV positive. It is worth noting that the respondents who reported their spouses were positive came to access care and treatment for themselves through treatment as prevention, (TaSP) in addition, helped to collect ARVs for their spouses while some of them only came to collect ARVs for their spouses even though they are negative clients themselves. Of the respondents who reported "not sure" to the question on spouses' status, they were encouraged and linked to the partner notification service (PNS) services of the hospital.

Findings: *Effect of Contraceptive and Reproductive Health Services on Marital Stability Among Heterosexual Discordant Couples*

There was a positive relationship between contraceptive and reproductive health services and marriage stability. At the core of marital experience is sexual relationship and this objective points to the import of contraceptive and reproductive health services in marital stability. Qualitative interviews revealed discordant couples from this study expressed how they felt at the initial discovery of their status. Most of them felt bad and cried.

"... we have been married for 16 years... [M] Then I had TB and was admitted... He was the one with the HIV... I don't have it, he cheated... (sobbing) [paused..."

but wanted to continue...]... but I can't leave him...(Female Negative Partner interviewee)

The standardized regression weight for contraceptive and reproductive health services (CRHS) on the stability of marriage (STM) is 0.275. This result signified that the relationship between contraceptive and reproductive health services and marriage stability is positive and significant at $\alpha = 0.05$. meaning that the more heterosexual discordant respondents access contraceptive and reproductive health services, the more they experience stability in their marriage. If the couples continue to receive counseling on Sexual and Reproductive Health Rights (SRH&R), if health providers sustain their efforts to offer serodiscordant couples information about safer sex practices based on the principles of prevention and if service providers offer information about referrals to PMTCT for women in a heterosexual serodiscordant relationship who wish to get pregnant or women who are already pregnant these will bring about stability of marriage.

Another respondent from the key informant interview provides a better understanding by saying:

...most time [it] is their choice and probably the understanding they have because a lot of times a lot of people don't know that discordant couples could stay together but when they get counselled and they know that discordant couples can actually live together, ...they tend to just say okay lets go ahead with it. I know of a lady who came with a guy she actually open[ed] up to the guy and said she is positive and he said it's a lie you don't look it, she said okay lets go to my counsellor they came and I spoke to the guy, the guy said, see I am in love with this girl, so even if It means I marry her today and she dies tomorrow in my house I don't mind...(Female Provider Interviewee).

Furthermore, a marital satisfaction was measured to assess how happy couples were, inspite of their discordant sero-status. The following result was obtained:

Discussion

With psychosocial support for discordant couples as a prevention package, this study on effect of psychosocial support on marital stability among heterosexual discordant couples in selected hospitals in Jos, Plateau state supports Ejikeme, (2016) in providing a contextual social perspective which brings to bear, a richer and in-depth explanation to this social reality. Also, Soulsby and Bennet, (2015) evidenced that social support had a direct health promoting effect on psychological health. Access to care is key to treatment. Data from this study were collected from 7 health care facilities that were decentralized from the APIN JUTH, a tertiary hospital Jos University Teaching Hospital, Bingham University Teaching Hospital, Vom Christian Hospital, Plateau state Specialist Hospital, Our Lady of Apostles Hospital, Faith Alive Foundation and Solat Women and Children Hospital (JUTH, BuTH, VCH, PSSH, Ola, FAF and Solat).

This provides a glimpse into the efforts in providing access to care and treatment opportunities. This study finding agree with the UNAIDS, (2021) on HIV infection more with the female gender than the males in the population. With this, it is pertinent to ensure that this population is followed up in all possible ways to ensure the prevention of transmission to either unborn children or seroconversion by their partners. Much more, the need for marital stability is critical for emotional security and stability as posited by Idyorough, 2022.

Complimentarily and in context, qualitative data provides nuances in perspective as partners in discordant relationships found it difficult and extremely difficult at first, to accept the discordant status but with counselling and other services provided at health facilities, they are better able to cope. The theory of change by Giddens (1992) and Chelin (2009), argued the deinstitutionalization of marriage because of confluent love. Within this context, the authors viewed intimate, sexual relationships as being affected by globalization and moving away from “traditional” marriage and clinging more to post-traditional form in which the relationship is seen as a form or means for self-development and expected to dissolve when the marriage is perceived not to serve this purpose. The findings from this study showed that couples remain in a discordant relationship despite the negative emotions arising from the mixed status.

Fincham (2019) suggested spousal support in managing marital issues, the findings from this study corroborate this from the data on the current degree of happiness from this study. In 2018, Awad, Chemaitelly and Abu-Raddat's study finding showed 90% of stable couples who were infected by HIV were serodiscordant, this shows the burden and demand for this kind of study to be conducted to have an in-depth understanding and how to better assist.

Conclusion and recommendation

From the findings of this study, it is important to note that the theory of planned behaviour and the social exchange theory are buttressed. Couples provided social support despite the perceived negative cost and benefits of the HIV discordant status. Psychosocial support for clients and their spouses is critical for the stability of marriage for especially discordant couples. This could help in slowing

the fast rate of HIV transmission in terms of seroconversion. While messaging about information and awareness of services is provided, many married, discordant couples may not be aware of it, nor utilize these services.

Contraceptive and reproductive health services have been shown in this study to have impacted marital stability for this population. Therefore, there is a need to strengthen the capacity of health workers to provide these services to discordant couples. Many discordant couples evidenced a higher degree of happiness in their marriages as a result of support received from the various health facilities, while this is commended, there is a need for more efforts in strengthening marriages. For example, some respondents were not in their first marriages because of discordancy.

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