DYADIC ADJUSTMENT IN HIV SERO-CONCORDANT AND SERO-DISCORDANT COUPLES

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DYADIC ADJUSTMENT IN HIV SERO-CONCORDANT AND SERO-DISCORDANT COUPLES (Abstract): Aim: The HIV infected population in Romania is at an age when engaging in a serious relationship is more and more an issue. Dyadic adjustment is the process which most couples go through, in their attempt to form a steady relationship. It is represented by important changes that appear in one’s perception of himself and the significant other. Dyadic adjustment can be measured by a series of parameters – couple’s satisfaction, couple’s consensus, couple’s cohesion and expressing emotions. Material and methods: We conducted a study on 60 young men and women (30 male, 30 female). Of these, 45 are in evidence at the Iași Regional Center (22 male, 23 female), the other 15 being their uninfected partners (8 male, 7 female). They were evaluated using the Dyadic Adjustment Scale, developed by Graham B. Spanier. Results: Most couples enrolled in this study (50%) were sero-concordant (both partners were HIV-positive – 15). 26% of couples were made-up an HIV-positive female and a non-infected male, and 24% were made-up of a non-infected female and an HIV-positive male. The median age was 23 years, 33.4% of them came from rural areas. Average schooling level was 6 primary classes, with extremes between two classes of primary and higher education. Only 50% of patients had a job, while the rest had no stable job and were not employed, 33.4% came from broken families or foster care. 100% of HIV infected patients are in active therapy, poliexperimented. Most patients have 5-6 treatment regimens (45%), with a maximum of 8-9 regimens. Most of the couples enrolled (83.3%) were not married, as our study evolved only 5 married couples. The relationship length varied between 4 months and 15 years. The Dyadic Adjustment Scale revealed high scores in couple’s consensus and cohesion for both concordant and discordant couples. In couples where both partners are HIV-positive, the DAS revealed average scores for all four areas of dyadic adjustment. In Couples where one partner is HIV-positive, and the other is not infected, low scores were seen in emotional expression and in the couple’s satisfaction. Conclusions: The HIV infection affects an individual’s life and his adjustment to a couple in the sense that a series of factors changes the couple’s dynamic – physical and emotional changes specific to the infection and AIDS, ARV treatments’ side-effects, the care for the uninfected partner, and preventing HIV transmission through intercourse. All these elements lower the level of dyadic adjustment and increase the level of stress in individuals that are part of an HIV couple. Key words: HIV, SIDA, SIDE-EFFECTS, INFECTED COUPLES.

While recent scientific efforts have resulted in a series of discoveries and advances in understanding and controlling the virus that causes AIDS, this progress has
had limited impact on the majority of HIV infected people and populations living in developing countries. The social and economic conditions that nurture the spread of the virus have to be confronted as essential elements in local and global efforts to stem its spread and create effective solutions to halt the epidemic. They must also be considered in supporting and improving the quality of life of the infected people (1, 12).

The specifics of the adolescent and youth HIV infected population in the Moldova area have been widely discussed. If in the past taking care of the HIV infected person was the duty of the infectious diseases doctor and the patient’s family, today the idea of a whole team of specialists working together is becoming increasingly popular. Also the focus has shifted from “taking care” of the patient to helping and supporting him in living a full and normal life. The psychologist’s role is more clearly defined, as well as the implications of the social worker. And more importantly, a large number of doctors from different fields are becoming more and more involved and open-minded about treating this type of patient (5, 6).

The mentality of the population in general is also changing. The speed of this change differs from country to country, and in Romania accepting new ideas is not done at a fast pace. However, people are becoming increasingly more aware of different aspects that involve their everyday safety and this includes correct information about being infected with HIV and developing AIDS. This reflects in engaging in sexual contact and forming a couple with an HIV-infected person.

Even though the F type HIV that is the main cause of infection in our country has, so far, allowed a longer than expected life span, the young infected people have grown up with the knowledge that the disease they have is a chronic one, that allows them to do sometimes less than a healthy individual. However, the social and psychological support that they have had since childhood has so far created strong personalities, that can take care of themselves and may in fact have a normal life, going through all the stages of social development (6, 10, 16).

For adolescents and youth, it is difficult to build a life on a foundation that is still unsure and filled with past and current frustrations about discrimination and being different.

Growing up with AIDS has not been and is not an easy task. This explains many young people’s desire to live their life on a more accelerated rate than post persons do.

One of the main characteristics of HIV infected youth is their tendency to fall in love and want to get married early, their acute desire to have children, and enjoy all the positive aspects of life “as soon as possible”(1, 4, 15).

Dyadic adjustment is the process which most couples go through, in their attempt to form a steady relationship. It is represented by important changes that appear in one’s perception of himself and the significant other. Dyadic adjustment can be measured by a series of parameters – couple’s satisfaction, couple’s consensus, couple’s cohesion and expressing emotions.

**MATERIAL AND METHODS**

The study was conducted on 60 young men and women (30 male, 30 female). Of these, 45 are in evidence at the Iaşi Regional Center (22 male, 23 female) as being infected with HIV/AIDS, the other 15 being their uninfected partners (8 male, 7 female).
They were evaluated using the Dyadic Adjustment Scale, developed by Graham B. Spanier. The Dyadic Adjustment Scale (DAS) is regarded as the most used evaluation tool of marital adjustment. It is made up of 32 items that can be evaluated by one or both partners. For each item the subject must choose the answer closest to his/her opinion, from a list of items (fig. 1).

The DAS includes 4 subscales: (a) Dyadic consensus, (b) Dyadic satisfaction, (c) Dyadic satisfaction, (d) Emotional expressivity. It is used in contouring the quality of the dyadic relationship. It can be used for married couples as well as for couples living together or part of a short term relationship.

RESULTS AND DISCUSSION

This study was conducted on both sero-concordant and sero-discordant couples. Most couples enrolled in this study (50%) were sero-concordant (both partners were HIV-positive –15). 26% of couples were made-up an HIV-positive female and a non-infected male, and 24% were made-up of a non-infected female and an HIV-positive male (fig. 2).

The median age was 23 years, 33.4% of them came from rural areas. Average schooling level was 6 primary classes, with extremes between two classes of primary and higher education.

Fig. 1. The subjects conducted study

Fig. 2. The sero-concordance of the subjects

Only 50% of patients had a job, while the rest had no stable job and were not employed, 33.4% came from broken families or foster care.

100% of HIV infected patients are in active therapy, poliexperimented. Most patients have 5-6 treatment regimens (45%), with a maximum of 8-9 regimens.

Most of the couples enrolled (83.3%) were not married, as our study involved only 5 married couples. The relationship length varied between 4 moths and 15 years.

The Dyadic Adjustment Scale revealed high scores in couple’s consensus and cohesion for both concordant and discordant couples.

In couples where both partners are HIV-positive, the DAS revealed average scores for all four areas of dyadic adjustment.

In couples where one partner is HIV-positive, and the other is not infected, low scores were seen in emotional expression and in the couple’s satisfaction.

CONCLUSIONS

Engaging in a relationship is difficult for both healthy and infected individuals. Putting another’s wishes and needs before your own is a challenge, especially in time
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of illness.

The HIV-infected population in Romania is going through the same processes as their peers. The age of 22-24 is defined by self-development, self-affirmation and love. Regardless of their HIV status, young people naturally go through these stages.

The present study sheds a light on the difficulties faced by an HIV infected man or woman, part of a couple. It shows that communication and expressing one’s emotions and concerns is a vital part of forming a steady and durable relationship. Consensus is important, as many decisions should be made by both partners. The couple’s cohesion and satisfaction are closely linked and they depend on each individual’s power to express their thoughts and feelings.

It is vital to have in mind that times change, and the small HIV-infected children from 1989 are now adolescents and young people with different needs that have to be sought to, both medically and psychologically.

REFERENCES

17. Wang Y. Contributions of emotion-focused and problem-focused coping, marital adjustment, and social support on Taiwanese women’s distress while undergoing assisted reproductive technologies. The University of Texas at Austin, 2002.