

Review Article

HIV Care and Treatment Among Serodiscordant Couples: A Systematic Review of Relationship Dynamics and Health Outcomes

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Abstract:

Background: Serodiscordant couples are relationships where one sexual partner is HIV-positive and the other is HIV-negative. Such couples experience complex relational and psychosocial challenges that significantly influence treatment adherence and health outcomes. Despite biomedical advances such as Antiretroviral Therapy (ART) and Pre-Exposure Prophylaxis (PrEP), the relational dynamics within these relationships remain underexplored in HIV intervention strategies.

Objective: To systematically review how HIV status disclosure and partner reactions impact treatment outcomes among serodiscordant couples.

Method: A systematic review of qualitative and mixed-methods studies published between 2010 and 2025 was conducted using databases including PubMed, PsycINFO, CINAHL, Scopus, and Google Scholar. Studies were appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist, and thematic synthesis was employed to analyze findings.

Findings and Discussion: Ninety four studies met the inclusion criteria. Key themes included HIV status disclosure, communication, partner reactions, partner support and impact on treatment adherence. Challenges such as stigma and fear of rejection hindered disclosure and engagement in care in some relationships. However, support from partners was key in boosting confidence and continuity in care.

Conclusion: HIV status disclosure is a crucial public health issue, as it has significant impact on the trajectory of serodiscordant relationships, treatment outcomes and psychosocial wellbeing of PLHIV. Building culturally sensitive, couple-centered interventions that emphasizes increased HIV awareness and knowledge is essential for improving health outcomes among serodiscordant couples.

Keywords: People Living with HIV (PLHIV); Serodiscordant couples; HIV Status Disclosure; Partner support; Treatment adherence and outcomes; Antiretroviral therapy (ART); Low and Middle Income Countries

Introduction

Context and Relevance

Despite global advances in the prevention and treatment of HIV, particularly in expanding access to antiretroviral therapy (ART) and decreasing transmission rates, serodiscordant couples, where one partner is HIV-positive and the other is HIV-negative remain a vulnerable and under-researched population, especially in low and middle-income countries (LMICs) [1]. In many regions with high HIV prevalence, especially in sub-Saharan Africa, these couples are not only common but also significantly underrepresented in targeted HIV interventions [2, 3]. The introduction of ART has significantly transformed HIV care, enabling those with HIV to live longer and healthier lives while greatly lowering the risk of transmitting the virus to their HIV-negative partners [4].

This medical advancement has had substantial impact on serodiscordant couples, potentially alleviating some of the stress and anxiety related to transmission risks. Nevertheless, the success of HIV care and treatment in these couples is largely dependent on the dynamics of their relationship. Factors such as communication, trust, and mutual support are vital to adhering to treatment plans and ensuring the well-being of both partners [5]. However, some relationships are often affected by fears of transmission, stigma, mistrust, emotional stress, and rejection, which can lead to non-disclosure and negatively impact treatment adherence and engagement in care [6, 7]. Many people living with HIV (PLHIV) struggle with when and how to disclose their status to their partners, fearing blame, rejection, or violence, which can result in anxiety or depression, and impact treatment outcomes [8].

Current HIV programs often focus on individual-level interventions, often neglecting the relational dynamics that significantly influence health outcomes in serodiscordant partnerships. While quantitative studies have recorded treatment uptake and transmission rates in these couples, there remains a critical gap in qualitative research exploring how relationship dynamics like trust, communication, and support affect treatment trajectories and outcomes [9].

This study seeks to address this gap by examining literature that includes data on lived experiences of serodiscordant couples, concentrating on how relationship factors impact HIV disclosure, treatment adherence, mutual support, and long-term health outcomes. By emphasizing the perspectives of both HIV-positive and HIV-negative partners, this study aims to provide

insights that can guide the development of more responsive, couple-centered HIV interventions and policy formulation.

Study Objectives

The primary aim of this study is to investigate how relationship dynamics affect HIV treatment, care engagement, and health outcomes in serodiscordant couples. The specific objectives are to: examine the experiences of HIV-positive individuals in disclosing their status to their seronegative partners, and the emotional and relational outcomes of such disclosures; examine the forms of support provided by HIV-negative partners, and how they affect treatment adherence and overall wellbeing of their HIV-positive partners; explore the impact prior knowledge of HIV has on partners reactions to HIV status disclosure; and provide policy and programmatic recommendations for strengthening couple-based HIV interventions based on evidence from the literature.

Understanding HIV Discordance in Intimate Relationships

HIV discordant couples, also referred to as serodiscordant couples, are intimate partnerships in which one partner is HIV-positive while the other is HIV-negative. These relationships can be found in both marital and cohabiting unions [10]. The term "serodiscordant" emphasizes the disparity in HIV status between partners and the distinct set of health, psychological, and social challenges they encounter in managing the risk of HIV transmission while sustaining a healthy and supportive relationship [11].

Prevalence and Public Health Significance

Serodiscordant relationships are a major public health concern, particularly in regions with high HIV prevalence, such as LMICs. A significant proportion of new HIV infections in these areas occur within stable, long-term discordant partnerships. Research shows that up to 50% of HIV-infected individuals globally are in relationships where their partners are HIV-negative [12, 13]. This highlights the urgent need for targeted interventions tailored to this unique population.

Addressing the needs of serodiscordant couples requires not only medical interventions but also psychosocial support. Couples often face stigma, emotional stress, and concerns about intimacy and reproduction. Understanding the dynamics and lived experiences of serodiscordant couples is essential for designing effective, culturally sensitive public health programs that address both their preventive and emotional needs [14].

Theoretical Framework

This review is guided by a combination of two complementary theoretical perspectives: the Social Ecological Model (SEM) and the Disclosure Process Model (DPM). The SEM explains how individual factors (knowledge, beliefs, emotions, and coping mechanisms); interpersonal factors (partner communications and support); community factors (social norms, stigma, cultural beliefs); and sociocultural factors (healthcare access, policy, legal environments) collectively influence HIV treatment and care [15]. It takes into consideration multi-level factors, ranging from personal emotions and communication to stigma and healthcare ac-

cess that shape relationship behaviors and health decisions. The DPM explains the process of HIV status disclosure by focusing on three key stages: the decision to disclose (antecedent) which is influenced by stigma, fear, or illness; the act of disclosure (how, when, and to whom), and its outcomes (such as partner support or relationship strain) [16]. Together, these models provide a comprehensive understanding of how internal relationship dynamics and broader social factors affect disclosure practices, treatment adherence, and emotional wellbeing in serodiscordant partnerships. This is demonstrated in Figure 1.

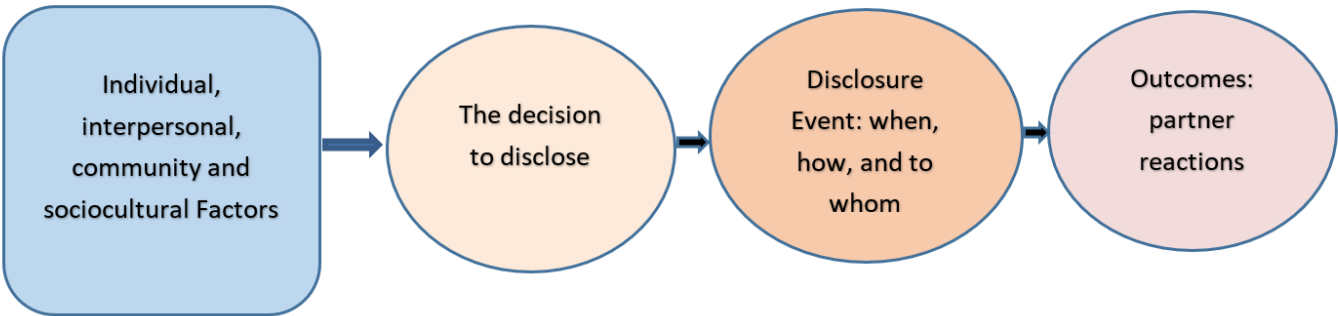


Figure 1: Integrated Theoretical Frameworks: SEM + DPM (Adapted from [16] by the Authors)

HIV Status Disclosure Between Partners

Disclosing one’s HIV status is a crucial moment in any serodiscordant relationship [17]. It is laden with emotional, social, and psychological intricacies. It plays a critical role in shaping the trajectory of the relationship, impacting trust, healthcare access, and long-term

treatment involvement [18]. While it is a highly personal decision, it is also a public health priority, and it remains a persistent challenge for PLHIV [19].

The Process and Challenges of Disclosure

Disclosure is often a gradual process rather than a single occurrence. People usually weigh the associated risks and benefits, taking into account factors like the stability of the relationship, their partner’s potential reactions, and perceived stigma before revealing their status to their partners [20]. Several key obstacles to HIV status disclosure have been identified. They include: fear of rejection or violence, stigma and shame, and lack of communication skills or supportive environment.

Fear of Rejection or Violence: Some individuals may delay or avoid disclosure due to fears of being abandoned, intimate partner violence, or being blamed, which can result in psychological trauma [21]. A study conducted by Sullivan (2019) revealed that 55% of

women and 20% of men living with HIV infection encounter intimate partner violence (IPV), and 24% of women face abuse by their partners after disclosing their HIV status [22]. Another study in Kenya also present evidence of rejection and abandonment of HIV-positive partners by their HIV-negative partners after HIV status disclosure [23].

Stigma and Shame: PLHIV who experience internalized stigma can create feelings of guilt or unworthiness, making it difficult to disclose their HIV status even in committed relationships [24]. This may stem from inadequate communication or counselling during the Pre-and Post-Test Counselling, or from cultural norms or inherent information about HIV. Also, stigma by association, especially from intimate partners, can

hinder HIV status disclosure, and this further impedes open communication and trust among couples [25]. Furthermore, a study conducted by Mashaphu & Pillay (2024) among serodiscordant couples in South Africa revealed that most non-disclosure issues is as a result of stigma fueled by cultural norms [26].

Lack of Communication Skills or Supportive Environment: Many healthcare providers lack the necessary skills to approach the topic sensitively and effectively [27]. In LMICs, those conducting counseling may not be adequately trained to carry out HIV Testing Services (HTS), while others may lack the tools for effective

communication [28]. In addition, due to heavy workload or where counselors are pressed to prioritize and meet ART initiation targets, they compromise their ability to discourse issues concerning clients’ psychosocial wellbeing [29].

A recent CROI findings highlighted that structured interventions, such as facilitated couple-based counseling, significantly increased rates of safe disclosure, especially in high-prevalence settings in sub-Saharan Africa and Southeast Asia [30].

Effects of Disclosure on Trust, Support, and Treatment Adherence

Trust Building

Disclosure is often perceived as a litmus test for trust in discordant relationships. When it occurs in a safe and affirming environment, it strengthens the emotional bond between these partners and facilitates honest communication [31]. Couples who disclose early and voluntarily are more likely to experience high levels of mutual respect and transparency, contributing to relationship longevity, compared to couples where disclosure is delayed or the information is gotten from a third party [32].

Enhanced Social and Emotional Support

Disclosure enables the HIV-negative partner to assume a more active and supportive role in the healthcare of the HIV-Positive partner, from attending medical visits to offering emotional support [33]. It transforms HIV care into a shared responsibility, reducing the burden on the positive partner. And couples in which disclosure occurred safely showed more significant mutual engagement in ART adherence strategies, such as joint pill-taking and appointment reminders [34].

Improved Treatment Adherence

Numerous studies have documented that non-disclosure is associated with lower adherence to ART. This is primarily attributed to the stress of maintaining secrecy, the inability to take medications openly, and the lack of partner support [35]. Conversely, individu-

als who disclosed their status to their partners, and received all the necessary support to engage in care recorded improved adherence to treatment compared to those who concealed their status from partners [36, 37]. Furthermore, partner support following disclosure was associated with improved retention in care and reduced rates of depression [38].

Conceptual Framework on HIV Status Disclosure

This framework shows the most common pathway for HIV status disclosure. Partners seek healthcare individually, and when tested and confirmed HIV-positive, they then disclose their status to their partners. This result in reactions such as acceptance or rejection. And these reactions can lead to either improved health outcomes or adverse health and well-being, as illustrated in Figure 2

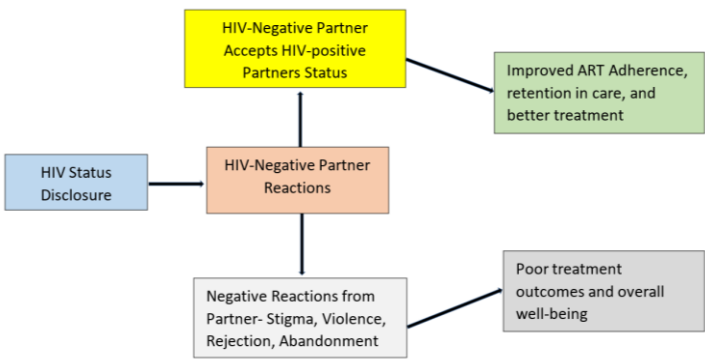


Figure 2: Conceptual Framework on HIV Status Disclosure (Adapted from [38] by the Authors)

The impact of Knowledge on Acceptance Rate among Serodiscordant Couples

Studies show that HIV-negative partners who possess high levels of HIV-related knowledge are more likely to accept their partner’s HIV-positive status and

engage in supportive behaviors than those who do not [39, 40]. Studies across diverse contexts, consistently demonstrate that informed partners are better equipped to understand the implications of viral suppression, ART adherence, and the principles of U=U

(Undetectable = Untransmittable), thereby reducing fear and stigma associated with disclosure [41, 42].

In addition, informed HIV-negative partners are more likely to respond with emotional support, maintain the relationship, and participate in joint prevention planning (e.g., condom use, PrEP uptake, etc) [43]. This acceptance is positively associated with improved treatment adherence, psychological well-being of the HIV-positive partner, and overall relationship stability. Disclosure was higher among partners with better health

understanding and who tested together, with high acceptance rate. Conversely, lack of knowledge has been linked to rejection, partner violence, and poor disclosure outcomes [44].

These findings underscore the critical need for couple-based education and counseling interventions that enhance HIV literacy, particularly in high-prevalence settings.

Methodology

Study Design

This study utilized a qualitative research design, guided by a systematic review of literature. The purpose was to synthesize existing qualitative evidence on the influence of support mechanisms after HIV status disclosure in serodiscordant relationships, and relationship dynamics afterwards. The focus was to identify, critically appraise, and thematically analyze peer-reviewed studies that explored complex psychosocial phenomena, such as disclosure dynamics, emotional responses, interpersonal support, and their impacts on treatment adherence and well-being.

Search Strategy

A thorough literature search was carried out using electronic databases such as PubMed, PsycINFO, CINAHL, Scopus, Google Scholar, and websites of WHO and UNAIDS. The search covered studies published between January 2010 and July 2025, using a combination of Medical Subject Headings (MeSH) and free-text terms. Boolean operators (AND, OR) were used to combine terms for a more precise and sensitive search.

("HIV disclosure"[Title/Abstract] OR "serostatus disclosure"[Title/Abstract])

AND ("serodiscordant couples"[Title/Abstract] OR "discordant couples"[Title/Abstract])

AND ("partner reaction"[Title/Abstract] OR "support"[Title/Abstract] OR "relationship outcome"[Title/Abstract])

AND ("emotional well-being"[Title/Abstract] OR "health outcomes"[Title/Abstract])

AND ("antiretroviral therapy (ART)"[Title/Abstract] OR "HIV treatment adherence" [Title/Abstract])

AND ("2010/01/01"[Date - Publication]: "2025/07/15"[Date - Publication])

Inclusion and Exclusion Criteria

Inclusion Criteria: Peer-reviewed quantitative, qualitative or mixed-methods research; studies which

focused on adults (≥ 18 years) living with HIV in serodiscordant relationships; reported on partner reactions (e.g., support, rejection, violence, relationship changes); articles published only in English; and articles published from January 2010 to July 2025.

Exclusion Criteria: Articles not focused on PLHIV; editorials, commentaries, and opinion pieces; studies without full-text access; duplicates across database; and articles not published in English.

Article Screening and Selection Process

The literature selection followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework. A systematic literature search was conducted across six major databases: PubMed, Scopus, PsycINFO, Web of Science, CINAHL, and Google Scholar, to identify studies examining HIV status disclosure among serodiscordant couples, with emphasis on disclosure processes, partner reactions, and relational or health outcomes. The search covered publications between January 2010 and July 2025 and was limited to studies published in English.

The initial search yielded 1,243 records. After importing the results into Zotero for de-duplication, 963 unique articles remained. These were subjected to a title and abstract screening, during which 777 articles were excluded for not meeting the inclusion criteria. A total of 186 articles were selected for full-text review, after which 92 articles were excluded. Finally, 94 articles met all criteria and were included in this review. This is represented by the PRISMA Flowchart in Figure 3.

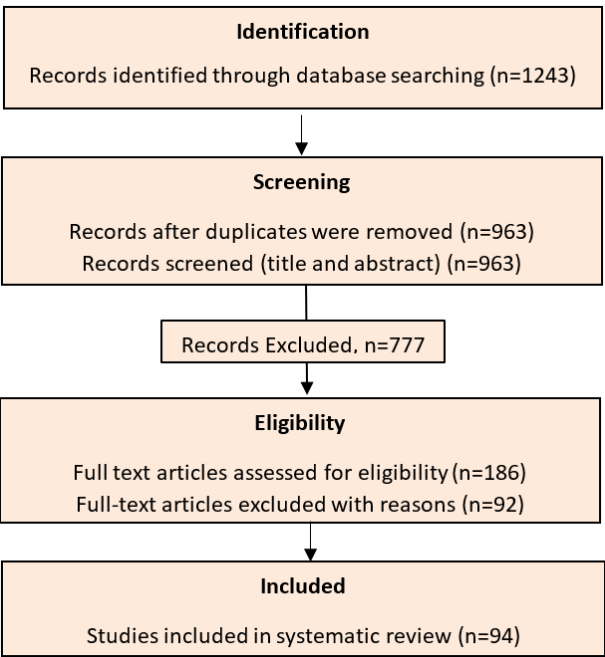


Figure 3: PRISMA Flowchart Showing Article Screening and Selection Process

Data Extraction

A standardized data extraction form was developed to collect the following:

- Study characteristics: author(s), year, country, setting, study design.
- Participant demographics: age, gender, relationship type.
- Disclosure process: timing, motivation, method.
- Support mechanisms: type (emotional, financial, treatment support)

Findings and Discussion

A total of 94 studies were included in this review, conducted across diverse settings including sub-Saharan Africa, Southeast Asia, and North America. The studies employed in-depth interviews, focus group discussions, and ethnographic observations. Participant groups included HIV-positive individuals in serodiscordant partnerships and their HIV-negative partners.

Navigating the Disclosure Process

Numerous participants delayed or avoided disclosure because of concerns about negative partner reactions, discrimination, or abandonment [21]. Disclosure were often influenced by relationship dynamics, pregnancy, or health crises. For example, in a study conducted in Uganda, an HIV-positive client stated, “I was afraid he would leave me. But after I got sick, I had to

- Key findings related to treatment adherence and well-being.

Quality Appraisal

The Critical Appraisal Skills Programme (CASP) Qualitative Checklist was used to assess methodological quality, including clarity of aims, appropriateness of methodology, ethical considerations, and depth of data analysis. Only studies with acceptable or high-quality scores were retained for analysis.

Data Analysis

A thematic synthesis approach was used to analyze the data. A line-by-line coding of findings from included studies was done. Descriptive themes were developed to organize recurring concepts (e.g., “fear of rejection,” “partner encouragement”), and analytical themes generated to interpret how support mechanisms influence adherence and well-being post-disclosure.

Ethical Considerations

As this study is based on publicly available literature, no ethical approval was required. However, ethical standards of transparency and accuracy in reporting were strictly followed.

Gaps Identified

The review was limited to studies published in English, which may have excluded relevant research from non-English-speaking regions. Grey literature was only partially included through Google Scholar. Quality of included studies varied; some lacked detailed methodological reporting. In addition, the findings are dependent on the quality and context of the primary studies and may not be generalizable to all discordant couples.

tell him” [45]. Also, some disclosures occurred spontaneously, whereas others were facilitated by healthcare providers [46, 47].

Lived Experiences after Disclosure

The study’s findings offer valuable insights into the experiences of HIV-positive partners in serodiscordant relationships, especially after disclosing their HIV status. Emotional support was identified as a key theme that emerged, characterized by affirming and empathetic responses from HIV-negative partners. Statements such as “She makes me feel I’m not alone” highlight the protective role of emotional reassurance in mitigating psychological distress among serodiscordant couples [48]. This aligns with existing literature that emphasizes that emotional support is a crucial factor in mental well-being and treatment adherence among

PLHIV [49]. Experiences surrounding HIV status disclosure varied. Many individuals reported positive reactions from their partners. One pregnant HIV-positive participant in a study in South Africa shared “It was fine. He also got tested after I told him, and he was negative...he was very supportive, reminded me when to take my medicine.” [50]. These findings underscore the importance of partner acceptance in alleviating the fear of stigma and rejection, which are common barriers to early disclosure [51].

When met with acceptance, disclosure can build trust and improve treatment continuity in discordant relationships, leading to successful treatment outcomes and viral suppression, thereby increasing the chances of having children without HIV infection [52]. In addition, coping strategies and communication emerged as key resilience factors. More recent studies show that open dialogue between partners fosters mutual understanding and collaborative decision-making regarding treatment and sexual health [53, 54]. Open communication has been linked to higher relationship satisfaction and lower HIV transmission risk, highlighting its central role in the successful management of HIV status discordance [55].

Despite these positive narratives, challenges such as stigma and discrimination still persist. “Many of my friends refuse to come near me when they heard” shared an HIV-positive male partner [56]. This underscores the external social pressures that discordant couples face. This finding is consistent with documentation from literature, and highlights the pervasive role of community stigma in isolating HIV-affected individu-

als and impeding their social integration. Such experiences can indirectly affect treatment adherence and psychological health by eroding social support systems. Some participants described unsupportive and even harmful responses from their partners, including statements like “If I tell him, he may refuse to take care of my child.... As soon as he gets to know I am HIV+, he will run away and leave me.” [50]. These narrative reveal the potential for severe interpersonal and emotional consequences after disclosure. Rejection and abandonment can contribute to internalized stigma, depression, and disengagement from treatment. The heterogeneity of partner responses emphasizes the need for interventions that support both members of discordant relationships, particularly during the disclosure process and post-disclosure counseling.

Role of Support Mechanisms Post-Disclosure

Disclosure can facilitate the development of emotional intimacy, encouragement, and a sense of shared responsibility. Partners play a crucial role in reminding PLHIV to adhere to medication regimens, attend clinic appointments, and manage daily challenges [57]. Following HIV status disclosure, many participants in South African serodiscordant relationships described how their partners consistently reminded them or supervised their medication intake, providing practical support that became a key source of emotional strength [58]. *Additionally*, counseling, couple-based interventions, and peer support groups were instrumental in stabilizing relationships following disclosure [59, 60]. Table 1 is a summary of emerging themes from the content analysis.

Table 1: Summary of Emerging Themes from Thematic Content Analysis Post-Disclosure

| Theme Code | Theme Description | Sample Quote |
|------------|--------------------------------------------------|-----------------------------------------|
| T1 | Emotional Support from Partner | "He always reassures me I'm not alone." |
| T2 | HIV Status Disclosure Experiences | "It was hard, but he accepted me." |
| T3 | Coping Strategies and Communication | "We talk openly about everything." |
| T4 | Stigma and Discrimination Challenges | "Some friends stopped visiting us." |
| T5 | Practical Support (e.g., attending appointments) | "He/She comes with me to the clinic." |
| T6 | Unsupportive behavior | "Relationship ended" |

Impact on Treatment Adherence and Well-being

Emotional and practical support significantly contributed to consistent ART use [61]. Also, disclosure, combined with partner support, enhanced self-esteem,

reduced anxiety, and improved mental well-being. In the absence of blame from the HIV-negative partner, HIV-positive individuals were motivated to pursue

healthier lifestyles. However, in certain contexts, gender power imbalances and community-level stigma remained obstacles to sustained adherence [62]. Moreover, studies from various contexts provide insights into experiences post disclosure. A study conducted in four African countries, Kenya, Uganda, Burkina Faso and Malawi, among 157 PLHIV who disclosed their status to their partners revealed that most HIV-positive part-

ners received substantial emotional and practical support post-disclosure, although some encountered stigma and strained relationships [63]. Increased knowledge about HIV reduced fear among partners [64]. In Hanoi, Vietnam, participants expressed significant concerns about stigma and breaches of confidentiality; and selective disclosure sometimes hindered access to care. Participants weighed the relevance of disclosure against potential risks [65, 66].

Partner Support in Serodiscordant Relationships

Partner support was another crucial area explored following disclosure. The types of support and their impact on treatment adherence and outcomes are examined here.

Emotional Support and mental health

Emotional support is crucial in HIV care for positive partners. Those who received encouragement, emotional comfort, and companionship from their HIV-negative partners experienced reduced self-stigma and improved adherence to their treatment plans [67]. This support was evident through active listening, expressions of care, and shared optimism about managing HIV. High levels of emotional support are linked to better mental health outcomes and consistent adherence to ART [68]. Participants who felt emotionally supported reported lower levels of depression and anxiety, which facilitated better engagement with the treatment regimen [69]. Reassurance and emotional stability from partners strengthened the relationship bond and enabled the HIV-positive partner to feel valued and safe. This security reduces fears of abandonment and fosters mutual commitment [70, 71]. However, despite these benefits, some participants encountered challenges, such as internalized self-stigma, fear of burdening their partners with their health issues, and emotional distancing from HIV-negative partners who struggled to cope with the diagnosis. These factors sometimes lead to reduced communication and support within the relationship [72].

Financial and Practical Support

Financial and practical support included assistance with transportation to clinics, purchasing medications (when necessary, especially for the management of opportunistic infections), and ensuring food security. Financial support from partners enabled consistent attendance at clinic appointments, purchasing nutritional supplements, and access to better-quality healthcare [73, 74]. In many contexts, the cost and effort required to access healthcare facilities was a major barrier. Stud-

ies revealed that transportation assistance improved access to healthcare services, which is crucial for ensuring timely ART adherence and ongoing monitoring [75]. Ensuring food security is vital, as food insecurity is associated with decreased ART adherence and poorer health outcomes [76, 77]. Lower financial stress improves mental health and allows HIV-positive partners to focus on treatment and recovery [78, 79].

Health Management Support

Health management support involved the direct and indirect actions HIV-negative partners took to support their HIV-positive partners in staying engaged with healthcare services, adhering to ART, and maintaining general well-being. In serodiscordant couples, the involvement of the HIV-negative partner in health routines significantly strengthened treatment outcomes and reduced the burden of the disease [80]. Active participation by the HIV-negative partner in health management is associated with improved treatment adherence and better health outcomes. HIV-negative partners often supported their partners by keeping track of follow-ups and reminding their partners about upcoming visits [81]. In addition, physically accompanying a partner to the clinic resulted in reduced anxiety, provided emotional reassurance, and signaled a shared commitment to health. Studies have revealed that when partners accompany each other to medical appointments, it strengthens their relationship and enhances adherence to HIV care [82].

The multifaceted nature of partner support in serodiscordant relationships: emotional, financial, and health management support from HIV-negative partners significantly contribute to the well-being and treatment adherence of HIV-positive individuals [83]. However, challenges such as fear, gender norm, stigma, financial strain, and limited health literacy can impede the effectiveness of these support [84]. Addressing these challenges through targeted interventions and support services is essential for optimizing health outcomes in serodiscordant couples. Table 2 is summary of the types

of support HIV-positive partners can receive from their HIV-negative partners, the outcomes and associated barriers to such support.

Table 2. Showing Types of Partner Support, outcomes and barriers

| Type of Support | Action | Outcomes | Barriers |
|---------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Emotional Support | Active listening, expressions of care, encouragement, emotional reassurance, companionship | Improved mental health and consistent adherence to antiretroviral therapy (ART) | Stigma, fear, rejection, abandonment, social isolation, anxiety, depression, communication gap |
| Financial Support | Assistance with transportation to clinics, purchasing medications, and ensuring food security. | Access to healthcare services, treatment continuity, reduced stress levels and improved capacity to attend medical appointments. | Economic disparities, gender dynamics, job insecurity |
| Health Management Support | Scheduling appointments, Accompaniment to Clinics, reminders to take pills, Advocacy and Communication | Improved treatment adherence and better health outcomes. | Limited HIV knowledge, fear of transmission, health system constraints, time and logistics conflicts |

Limitations of the Study

This study did not find much evidence on how couples prior education and knowledge on HIV contribute to reactions of HIV-negative partners following

HIV status disclosure. The negative reactions from HIV-negative partners likely stem from the fact that they lack robust knowledge of HIV [85]. Therefore, further research on this is required.

Conclusion

This research highlights the critical importance of disclosing one’s HIV status and having supportive networks in serodiscordant relationships, as these factors greatly influence adherence to treatment, health outcomes, and psychosocial well-being. The review’s findings indicate that disclosure, when accompanied by a partner’s support, be it emotional, financial, or healthcare-facilitated, is essential in managing the intricate dynamics of serodiscordant relationships. Effective partner support often mitigated the negative effects of disclosure, promoting open communication, collaborative treatment planning, and improved health outcomes. On the other hand, stigma, gender power imbalances, and cultural barriers frequently obstructed safe disclosure, negatively affecting treatment results and personal autonomy. These dynamics highlight the dual nature of disclosure as both a driver for better care and a potential vulnerability for rejection. Addressing these

issues necessitates culturally sensitive, gender-aware strategies that prioritize the autonomy and safety of PLHIV.

The evidence from literature underscores the need for targeted interventions that consider the social context of HIV, especially within intimate relationships, to enhance the health and well-being of PLHIV in discordant unions in the future. Additionally, transitioning to couple-centered and community-informed models of care is necessary to boost adherence and reduce the psychosocial challenges linked to HIV management. Tailored interventions that target joint-couples education is required before counseling, testing, and status disclosure is done. This would necessitate joint health seeking behavior to medical care and visits to health facilities. Further research is needed to identify

the best methods for integrating couple-focused interventions into existing HIV care services to ensure comprehensive and seamless support.

Recommendations and Future Directions

Based on the study findings, several key actions are recommended for professionals, organizations, researchers, and policymakers.

Couple-based education should be integrated into HIV care, providing education on HIV and its interventions prior to testing and disclosure. This approach can promote mutual understanding, encourage open communication, and ultimately lead to better health outcomes for both partners in the relationship [86, 87, 88]. Trained healthcare workers should empathetically guide this process to ensure informed and safe disclosure. There should be provision of post-disclosure support for couples by establishing follow-up

counseling services and offering resources to enable them navigate the process without straining the relationship [89, 90]. Gender-sensitive approaches that empower both men and women to disclose safely should be promoted. This includes the use of risk assessment tools, legal protections where appropriate, and the active engagement of male partners in HIV prevention and care, especially in patriarchal societies where power imbalances may hinder open communication [91, 92]. Furthermore, anti-stigma initiatives should be integrated into stigma-awareness training within healthcare and community-based systems to foster greater acceptance and support for serodiscordant couples [93, 94]. Further research should be conducted to explore the long-term effects of disclosure on antiretroviral therapy adherence, relationship dynamics, and overall well-being.

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