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## **Exploring Marital Intimacy and Parenting in HIV Concordant Couples in Pakistan**

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### **Abstract**

*The prognosis of HIV does not deter individuals from marriage, an active sexual life, and the desire for parenting. Marital relationships and parenting are possible for HIV couples. This study aimed to explore marital intimacy and parenting among HIV concordant couples in the Punjab province of Pakistan. A qualitative phenomenological research design was used, and 18 HIV-concordant couples with at least one child after HIV diagnosis and 4 HIV consultants were selected using purposive sampling. In-depth interviews were conducted with both partners, and thematic analysis was used to analyze the data. Three key themes emerged: 1) Transformative Changes in Marital Intimacy among HIV Couples, 2) Childbearing concerns, and 3) Navigating parenthood challenges for couples living with HIV. HIV disclosure can impact marital relationships positively or negatively. The study also identified barriers related to childbearing and family maintenance among HIV concordant couples. Researchers*

*integrated feedback from HIV couples and consultants to provide a comprehensive understanding of the phenomenon.*

**Keywords:** *Marital intimacy, Parenting, HIV consultants, Social phenomenology, HIV Concordant Couples.*

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## **Introduction**

The study explores the experiences of HIV-concordant couples regarding marital challenges, fertility desires, and parenting difficulties. These couples face disruptions in their life journey, including marital and family complications. The research aims to identify strategies for HIV-concordant couples to improve their marital and family life. The study provides a contextual overview of the issue, reviews previous research on marital relationships and family dynamics, and highlights the research gaps in Pakistan.

HIV/AIDS is considered a significant physical and social threat in Pakistan due to its impact on social values and practices, as well as the spread of the disease among couples (Kontomanolis, Michalopoulos, Gkasdaris, & Fasoulakis, 2017). The first case of AIDS was reported in Pakistan in 1987, and since then, the number of HIV cases has been steadily increasing (Ilyas, Asad, Shah, Badar, Sarwar, & Sumrin, 2011; NACP, 2021). Pakistan is the second-largest Muslim country in South Asia facing an HIV epidemic (UNAIDS, 2020). Research has shown that international migration plays a significant role in the spread of HIV among couples (Docquier, Vasilakis, & Munsif, 2014). The number of HIV-positive couples in Pakistan is on the rise due to factors such as globalization, migration, drug use, and iatrogenic

transmission of HIV (Ahmed, Hashmi, & Khan, 2019; Raees, Abidi, Ali, Khanani, & Ali, 2013).

Chronic illness can cause significant disruption in individuals' lives, leading to a sense of upheaval in their personal narratives. The diagnosis of HIV, in particular, has been shown to create a profound biographical disruption for individuals and couples (Alexias, Savvakis, & Stratopoulou, 2016). This disruption often results in the interruption of future life goals and a pervasive fear of death. Individuals living with HIV may feel discouraged from pursuing marriage, engaging in sexual relationships, or starting a family (Mujumdar, Berman, & Schafer, 2018).

The prognosis of HIV does not prevent individuals from getting married, maintaining an active sexual life, or desiring to become parents. People living with HIV can still have successful marital relationships and be parents. (Green et al., 2019). HIV-infected couples can effectively manage their social health crises by choosing to disclose their HIV status to their partners. This decision helps reduce the risk of transmitting the disease to their children and partners, allowing them to lead a more normal life and safely engage in parenting. This approach is supported by research (Thapa & Yang, 2018; Sastre, Sheehan, & Gonzalez, 2015).

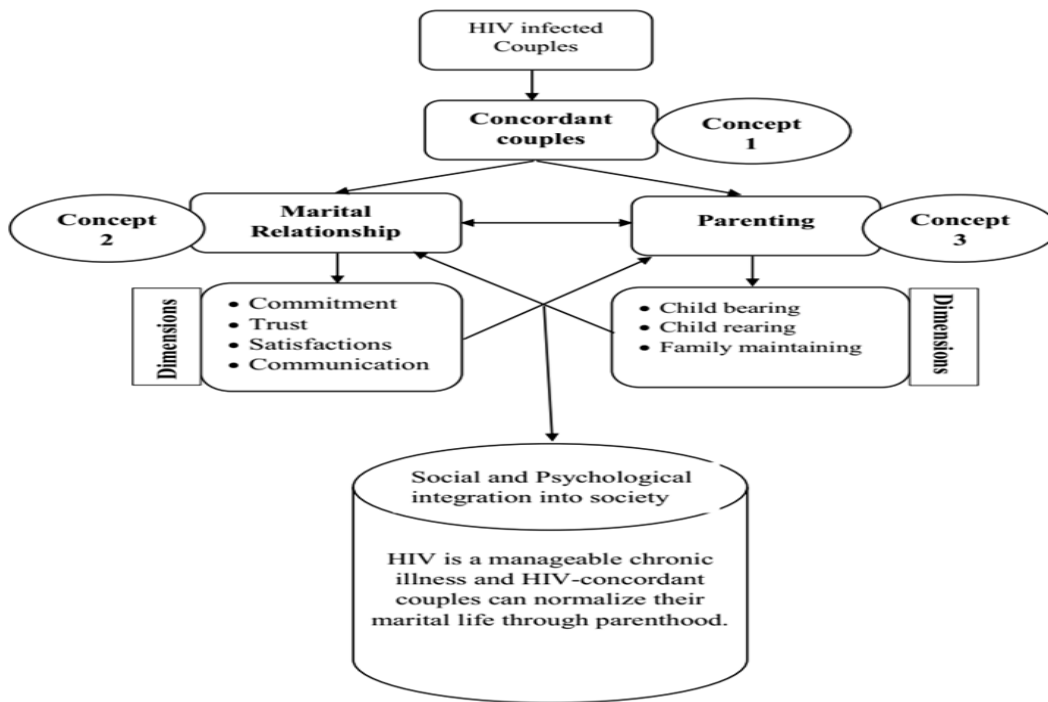
HIV, once considered a life-threatening disease, is now manageable with life-saving treatment in the early stages. Understanding and effort from couples can improve marital relationships and lead to a sense of normalcy in life partners (Manne, Badr, Kashy, 2012). This study examines how HIV affects marital relationships and the concerns related to having children.

The current research paper addresses the gap in research on marital relationships and fertility desires among HIV concordant couples in Pakistan and globally. Previous studies

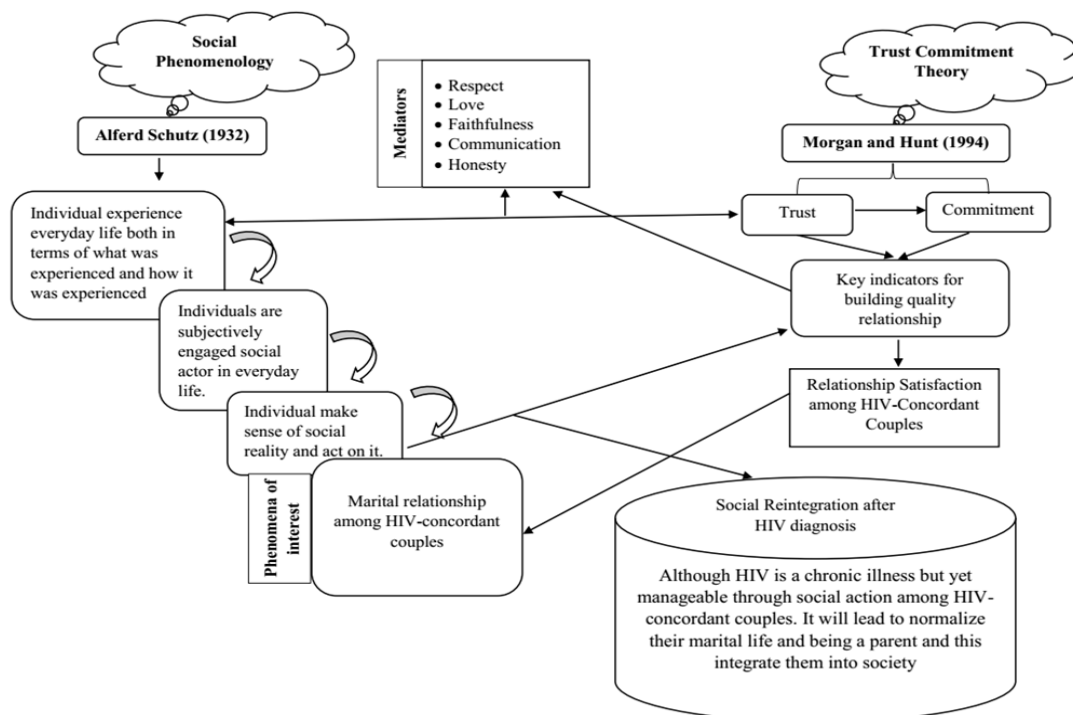
have been reviewed to identify this gap and connect the research conducted on this topic over the years. Hasanah and Sulistiadi (2019) conducted a systematic review focusing on married couples living with HIV/AIDS and found only one study by Agrawal, Bloom, Suchindran, Curtis, & Angeles (2014) that targeted couples at risk of HIV/AIDS in India. However, there is a lack of research on couples dealing with HIV/AIDS and parenting challenges. Ali, Nadeem, Numan, Khalil, Maqbool, Yousaf, & Idrees (2017) analyzed 30 years of AIDS prevalence in Pakistan and identified 99 studies on various aspects of the issue, but none specifically addressed marital relationships and parenting challenges among infected couples. Mujumdar, Berman, and Schafer (2018) conducted a systematic review and found 12 studies worldwide on fertility desires among HIV/AIDS infected couples, but none focused on Pakistani societal settings.

Thapa et al. (2018) discussed the limited research on gender and social aspects of HIV, particularly in sero-discordant couples. Few studies have focused on the experiences and parenting challenges of HIV-infected couples. Green et al. (2019) explored how HIV status affects marital relationships, intimacy, and relationship quality, specifically in Swazi context. This study examines the same phenomenon in Punjab, Pakistan. Sastre et al. (2015) mentioned that HIV couples can lead a healthy life managing HIV as a chronic disease. However, there is a lack of research on parenting challenges faced by HIV couples, leading to a lack of policy addressing this issue. This qualitative study aims to fill this gap by investigating marriage patterns, marital experiences, and parenting among sero-concordant couples in Pakistan. This study is the first of its kind to focus on sero-concordant couples and their parenting challenges in Pakistan.

### Conceptual Framework of the Research

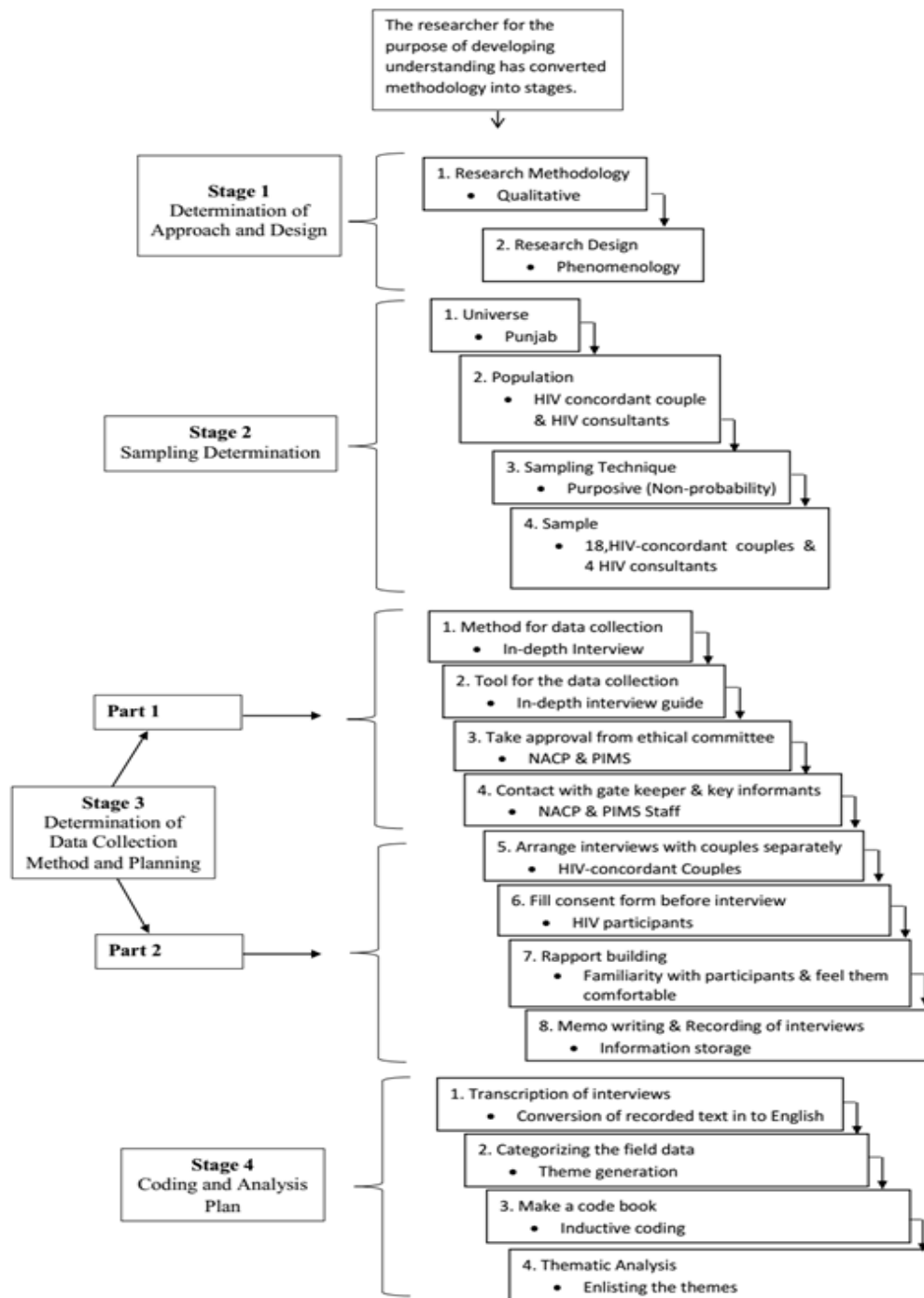


### Theoretical Framework of the Study



## **Material and Methods**

The researchers utilized phenomenology as a qualitative research approach to investigate the experiences of HIV concordant couples regarding marriage and childbearing. The study was guided by the interpretive perspective, aiming to comprehend how individuals construct social realities through interactions. In-depth interviews were carried out with 18 HIV concordant couples and 4 HIV counselors aged 21-45, selected through purposive sampling at PIMS hospital. Ethical guidelines were strictly followed to ensure participant confidentiality and anonymity. Interviews were conducted in Punjabi and Urdu, transcribed into English, and analyzed using phenomenological and thematic analysis to uncover the unique challenges faced by couples living with HIV. The flow chart diagram illustrates the research process for this study.



**Results**

The researchers have identified key themes from the participants' accounts: 1) Transformative Changes in Marital Intimacy among HIV Couples, 2) Childbearing concerns, and 3) Navigating parenthood challenges for couples living with HIV. The first theme explores how

HIV concordant couples redefine their marital relationships. The second theme delves into the childbearing concerns of married HIV-positive couples who had children before their diagnosis. The researchers also discuss how these couples navigate the challenges of parenthood in the context of their HIV status.

### **Theme 1: Transformative Changes in Marital Intimacy among HIV Couples**

Marriage is a sacred commitment between two individuals, symbolizing trust, love, intimacy, care, support, and harmony. It forms the foundation of a family and marks a new phase of social development. When choosing a life partner, the goal is to establish a lasting relationship and complete the family circle.

HIV poses a significant health challenge globally, affecting couples through various means. Lack of awareness has led to a rise in HIV cases, impacting couples and their children. Issues such as delayed HIV diagnosis, extramarital affairs, and unsafe sexual practices contribute to the spread of the virus within marriages. Despite these challenges, HIV couples are striving to maintain their relationships and protect their families.

To overcome obstacles, HIV couples employ strategies to strengthen their bonds and prevent disruptions within their families. By prioritizing communication, support, and understanding, they navigate the complexities of living with HIV while maintaining a stable and loving marital relationship.

#### **1.1. Pessimistic Response from Life partner**

The study revealed that HIV has a significant impact on marital relationships, leading to both pessimistic and optimistic reactions from life partners. Disclosing one's HIV status to a partner is a challenging task for individuals living with HIV. While it is important for seeking



social support and reducing the risk of transmission, it can also result in negative outcomes such as stigma, relationship strain, blame, guilt, and fear of death. Some individuals choose not to disclose their status due to these fears. For example, one female participant expressed concerns about losing respect, stigma, and the potential breakdown of the marriage. *I was afraid to reveal my HIV status to my husband and in-laws because I fear divorce.* (Female participant, HIV Concordant Couple #11)

HIV-positive husbands fear losing respect and authority within their families. They face stigma as their partners may view them as unfaithful. This fear of shame and guilt prevents them from disclosing their HIV status, especially when they have transmitted the virus to their partner and family. Another male participant shared, *"I was scared to tell my partner about my HIV status because I was afraid of losing respect and feeling guilty."* (Male participant, HIV Concordant Couple #16). One female participant shared a painful memory: *"My husband divorced me after learning about my HIV status, even though he was the one who infected me. He had extramarital affairs and blamed me for my HIV status, leaving me with the stigma of divorce and being HIV-positive. I was so afraid of his reaction that I considered ending my life."* (Female participant, HIV Concordant Couple #18)

Blaming others to hide their own wrongdoing is a common tactic that leads to the spread of HIV globally. A male participant expressed his guilt: *"My wife tried to keep me happy, but I couldn't overcome the trauma of HIV. I avoided spending time with her and felt ashamed of my behavior. HIV turned our happy marriage into a tense relationship."* (Male participant, HIV Concordant Couple #10). Some HIV-positive individuals feel remorse for infecting their partners, which damages their relationships. The fear of not being able to perform religious rituals due to HIV diagnosis is also common. One female participant expressed her sadness: *"I feel rejected knowing that HIV-positive individuals are not allowed*

*to perform Hajj. I feel like Allah has rejected me because of my HIV status." (Female participant, HIV Concordant Couple#01)*

There is a misconception among HIV-positive individuals that they cannot participate in religious ceremonies. Another female participant shared her emotional turmoil: *"I was devastated when I found out about my HIV status. I was scared and thought I would die soon, especially after my husband passed away." (Female participant, HIV Concordant Couple#18)*

Many HIV-positive individuals fear death due to the stigma associated with HIV. However, with proper treatment and support, HIV can be managed effectively. An HIV counselor shared her experience: *"It's challenging to help HIV-positive individuals overcome their fear of death. Counseling and support can change their negative outlook on life." (Female participant, HIV Consultant#04).* It is crucial to educate people about HIV and provide support to change their mindset. HIV can be managed like other chronic illnesses with proper medication and support. Counseling and social support can help HIV-positive individuals lead a healthy and positive life.

## **1.2. Optimistic Response of Life Partners**

A positive response to illness can reduce its impact and motivate individuals to fight back and regain their health. In some cases, being HIV positive can actually strengthen relationships between partners. It can lead to increased social and familial support, as well as greater intimacy. Couples often become closer and share a stronger bond in their marriage. The optimistic attitudes of HIV-positive couples, which include respect, love, faithfulness, honesty, satisfaction, communication, trust, and commitment, can help in the recovery process and reshape their relationship. Disclosure of HIV status often results in a positive and

supportive response from life partners in both developing and developed countries. Counseling can help minimize the trauma experienced by HIV-positive couples and build their self-confidence to combat discrimination and stigma. One female participant shared her experience of HIV disclosure:

My husband was very supportive and took care of everything in our lives. He helped me with household chores when I was ill and fulfilled my needs. He was caring before I disclosed my HIV status, but his attitude changed after. He spent more time with me and our children. I was happy that HIV did not affect our marriage. I respected him as the head of our family. (Female participant, HIV Concordant Couple #05)

Women tend to be more supportive and caring towards their life partners compared to men due to their compassionate nature. A male participant expressed his satisfaction with his marriage, highlighting his wife's positive qualities:

My wife is lighthearted and innocent. We don't argue and look after each other. I respect and prioritize her opinions on family matters. I am content with our marriage. She is a good wife in every aspect, and I am happy with her. (Male participant, HIV Concordant Couple #07).

The patriarchal values in Pakistani society influence marital relationships, affecting aspects such as commitment, honesty, and trust. Women often adhere to cultural norms and stay with their husbands even after learning about their HIV status.

According to an HIV counselor, women typically support their husbands and are concerned about their health, despite their own HIV status. They view their husbands as the head of the family and make efforts to save their lives. Women show strong commitment to their husbands and are willing to make sacrifices, while men are less

likely to do so. Only a few men support and care for their wives in similar situations.

(Female participant, HIV Consultants#04).

Disclosure of HIV has different impacts on men and women. In many cases, women who disclose their HIV status face the risk of divorce and societal stigma, regardless of whether they were responsible for contracting the virus or not. This often leads to a life of discrimination and isolation for many women living with HIV. Healthcare professionals and counselors play a crucial role in helping women find supportive partners and maintain a happy marriage through matchmaking services. One female informant shared her personal experience, highlighting the challenges faced by women living with HIV.

My married life has improved significantly since I married my second husband. He is a very kind and tolerant man, who always manages to handle my irritations with humor. I often speak highly of him when he is not around. Even when I am upset or in a bad mood, he remains patient and tries to make me feel better. He is a cheerful person but also has a strong temper. (Female participant, HIV Concordant Couple #02).

Loyalty is crucial in marriage, and many participants expressed trust in their partners' fidelity. One female participant stated, *"My husband is well-behaved and religious. I trust him completely; he has always been faithful and has never deceived me."* (Female participant, HIV Concordant Couple#01).

Another female participant shared her thoughts on her second husband's loyalty, saying:

I had no negative feelings towards my husband because he was a spiritual man who regularly prayed and participated in religious activities. I initially thought that I had contracted the disease from him, but I was satisfied with him as he is a good man who meets all my needs. My only complaint was that he did not spend enough time with

me, but I believe this will improve over time. I trust my husband 99%, leaving 1% for human nature to deceive. My husband is loyal." (Female participant, HIV Concordant Couple #18).

The assurance of faithfulness strengthens the marital bond and gives couples the courage to fight against social stigma by supporting their life partner in front of family and society. A male key informant shared his experience:

When I discovered I had HIV, I was devastated and thought about my wife. She could have blamed and doubted me, but she didn't. One day, when I was feeling very upset, she came to me and said, 'I trust in your honesty and faithfulness.' This reassurance meant a lot to me. (Female participant, HIV Concordant Couple #03).

Many male participants face unemployment and financial difficulties, but their female partners understand and support them. One woman expressed her feelings about her husband, saying, *"I have a good life despite the challenges. I trust and support my husband. He takes care of me and if he can't, I am willing to compromise."* (Female participant, HIV Concordant Couple #15).

Foreign companies have terminated employees who disclosed their HIV status due to concerns about the safety of their colleagues. Those who lost their jobs struggled to cover medical and family expenses, leading them to start small businesses to improve their financial situation. One male participant shared his experience of losing his job due to HIV:

My company fired me and deported me, which was a shock to my family as I was the sole breadwinner. I turned to furniture making to support my family, with my wife managing household expenses wisely. She was a supportive partner who motivated me to overcome financial challenges due to illness (Male participant, HIV Concordant Couple#14).

The study highlighted the impact of HIV on employment, with individuals facing stigma and discrimination in the workplace. Despite these challenges, positive responses to HIV diagnosis strengthened marital relationships and encouraged individuals to adapt to their new reality. Counseling and support from family and friends played a crucial role in helping individuals with HIV navigate life's challenges. A supportive life partner can make a significant difference during difficult times.

### **Theme 2: Childbearing concerns in HIV concordant couples**

The couple faced a life transition when they had a child, which strengthened their marital bond. HIV-positive couples, like any other couple, were concerned about their sexual life and had a desire to have children to maintain their relationship. HIV disclosure initially caused challenges in their marriage, but with counseling, they found ways to overcome these obstacles and strengthen their bond. Having a desire for a child was seen as a positive step for HIV couples, bringing them back to a sense of normalcy. They focused on safe sexual practices and maintaining a healthy relationship to support their family. Planning for a child involved careful precautions to avoid any risks. One female participant shared her experience:

After my HIV diagnosis, my husband initially decided against having children due to concerns about transmission. We went without a child for 7 years based on advice from an unprofessional doctor. However, in 2018, a doctor at PIMS reassured us that with ARV therapy, we could safely have a child. Thanks to this guidance, we now have a daughter, and I am grateful for the doctor's support (Female participant, HIV Concordant Couple#08).

Many HIV-positive couples have struggled to have a healthy child due to unprofessional doctors and quacks who prioritize profit over helping them achieve a healthy family life. Women, in particular, have faced challenges in deciding whether to become pregnant while living with HIV, as they desire to complete their families. They often seek advice from doctors who provide counseling on childbearing. One woman shared her experience of pregnancy after learning about her HIV status:

I was scared to consider having a child after finding out I was HIV-positive. When I discovered I was pregnant, I went to the hospital feeling very upset. The HIV counselor reassured me, saying that if I took my ARV medication during pregnancy, my child would likely be HIV-negative. I was anxious about the baby until the delivery. (Female participant, HIV Concordant Couple #17).

HIV-positive couples are worried about the risk of HIV transmission during pregnancy and childbirth. One woman shared her story of giving birth to her second child:

My older son is HIV positive because I didn't know my own HIV status. I was very scared during the delivery of my second child. Luckily, my baby was born healthy and tested negative for HIV. I felt grateful to God and the doctor. (Female participant, HIV Concordant Couple #02)

Some women face challenges in childbearing due to their body's resistance to antiretroviral therapy (ARV). They suffer from the side effects of ART medication. One woman recounted her experience of miscarriage: *"I have been taking medication regularly since 2018. I became pregnant after starting the medication but unfortunately had a miscarriage after 3 months due to typhoid. I continued taking medication during the pregnancy"* (Female participant, HIV Concordant Couple #07). The researcher inquired about precautions and medications for childbearing and delivery from HIV consultants and couples.

One female doctor recommended ARV medicines during pregnancy and ARV syrup for 6 weeks for the child after delivery. An HIV test was conducted after six weeks to determine the child's status, followed by a second test at one and a half years of age. If the second test is clear, the child's HIV-negative status is confirmed (Female participant, HIV Concordant Couple #08).

HIV doctor said that: *“I proscribed HIV mother for breastfeeding to child because of there is little possibility of HIV transmission to the child from her mother”* (Female participant, HIV Consultant#02). My research revealed that there have been cases of vertical transmission of HIV from mother to child during pregnancy, childbirth, and breastfeeding. The spread of HIV from male spouses to females and their children is a significant concern, increasing the vulnerability to HIV globally, especially in South Asia due to international migration and drug use. This fear of transmission has led to couples being hesitant to pursue their fertility desires and enjoy a happy married life while living with HIV.

### **Theme 3: Navigating parenthood challenges for couples living with HIV**

Couples were initially happy and excited about the prospect of starting a family, but their joy turned to despair when they were diagnosed with HIV. This unexpected turn of events shattered their dreams and left them uncertain about the future, especially when it came to having children. HIV-positive couples faced numerous challenges, including concerns about raising children, how to disclose their HIV status to their children, and maintaining a healthy family dynamic. They also worried about the health and well-being of their families, often neglecting their child's socialization due to their illness.



### **3.1. Balancing Parenthood: Challenges of Raising Children for Couples Living with HIV**

Raising children while living with HIV presents unique challenges for couples. Managing the responsibilities of parenthood alongside the demands of managing a chronic illness can be overwhelming. Couples must navigate the complexities of disclosing their HIV status to their children, ensuring proper medical care, and dealing with potential stigma and discrimination. Maintaining a healthy family dynamic can be challenging when one or both parents are living with HIV. The fear of transmitting the virus to their children can create anxiety and stress. Additionally, the need for regular medical appointments and medication adherence can disrupt family routines and activities.

Communication is key in addressing these challenges. Open and honest discussions about HIV, treatment, and prevention can help children understand their parents' condition and reduce fear and stigma. Seeking support from healthcare providers, counselors, and support groups can also help couples navigate the emotional and practical challenges of raising children while living with HIV. Despite the challenges, many HIV couples successfully raise healthy and happy children. With proper support, communication, and medical care, couples can create a loving and supportive family environment while managing the complexities of living with HIV.

Parental illness has had a significant impact on children. Despite parents' efforts to alleviate their fears, the children remain affected. The bond between parents and children is crucial for a child's development, but parents are concerned about the future of their children due to their HIV status and the fear of death. One male participant shared his experience: *"When I was sick and hospitalized at PIMS hospital, my daughter was at home and became very scared."*

*Now she doesn't want to be away from us. She has a sensitive heart and is not affectionate towards anyone." (Female participant, HIV Concordant Couple#07).*

Most participants desire to witness their children's happiness firsthand, like any other parent, and hope to live long enough to fulfill all their responsibilities. However, the fear of death always looms over them. One female participant expressed her sentiments, saying:

I want to live to see my daughter get married. She cannot stay away from us. I cannot leave her with my in-laws because she does not feel connected to them as her parents. She always accompanies us to the hospital for routine checkups and ARV medication. She is afraid of losing us, and we struggle to alleviate her fears. (Female participant, HIV Concordant Couple #14).

Parents often worry about the myth of HIV transmission through casual contact like touching, greeting, and sharing food. One father shared his experience:

When my son was born in 2017 after I was diagnosed with HIV, my family initially avoided kissing him and interacting closely. However, once my son tested negative for HIV, they treated him normally and cared for him in my wife's absence (Male participant, HIV Concordant Couple#11).

This is the dilemma faced by our society, which previously believed that HIV is a contagious disease transmitted through touch, sharing food, and utensils. Participants shared their experiences of stigma and discrimination due to HIV. They recounted instances where they were discriminated against, especially in relation to their children's HIV status. HIV-positive parents strive to empower their children socially and economically to combat societal discrimination against those with HIV. One male key informant expressed his concerns, stating:

When I took my wife to the hospital for delivery, the gynecologist refused to treat her because she was HIV-positive. Nurses eventually assisted my wife, and our son was born in 2018. I was deeply hurt by the doctor's behavior and resolved to raise my son to become a doctor who does not discriminate against patients based on their illness. (Female participant, HIV Concordant Couple#12).

Parents of HIV-infected children struggled to protect them from societal stigma. *One mother expressed her fears about her daughter's future, being the child of an HIV-positive mother. Her counselor advised her to focus on her daughter's education and personal development, empowering her to overcome the emotional abuse from others. (Female participant, HIV Concordant Couple#13).*

Raising children is a challenging task for parents, as they face various obstacles in nurturing their children to become independent adults. One mother shared her experience of parenting a child affected by HIV:

After the death of my first husband, I was concerned about my son's well-being. When I remarried, my new husband adopted him and took on the responsibility of raising him. He assured me that he would raise our son to be a strong and independent man, providing him with all the necessary support and education. Our goal is to give him a well-rounded education, both religious and formal, to instill moral values and manners in him. We hope that he will grow up to be a responsible husband and father, despite his HIV status. As parents, we take pride in his accomplishments and believe that he will bring us honor and respect, even with HIV. (Female participant, HIV Concordant Couple#02)

Parents typically reveal their HIV status to their children when they are seriously ill and need assistance. The purpose of disclosing their HIV status is to educate and safeguard their

children from HIV. However, many parents choose not to disclose their HIV status to protect their children from stigma and social isolation. The rate of HIV disclosure by parents to their children is generally low in both developing and developed countries, but varies by region. Parents often delay or avoid disclosing their HIV status to shield their children from social and cultural repercussions.

### **3.2. Fears for parental disclosure of HIV status to children**

Parents face a challenging moment when they have to disclose their HIV status to their children. Many parents feel scared about how their children will react when they find out about their HIV status. They fear being blamed, labeled, ignored, or not knowing how their child will respond. One male participant shared his fear:

I was constantly worried about how my daughter would react when she found out about our HIV status. I feared that she would hate us and blame us for our social isolation in society. I was distressed and couldn't sleep at night. Despite my efforts to calm myself, I felt helpless. My wife reassured me that everything would be okay and that we had done nothing wrong, so I should relax. (Male participant, HIV Concordant Couple#13)

One HIV-positive mother expressed her fear of her son's reaction upon learning about his HIV status. She was concerned that he would blame his parents for passing on the virus and feel stigmatized in his social circle. This distressing thought made her blame herself for the delayed acknowledgment of their HIV status. (Female participant, HIV Concordant Couple#02).

Many participants expressed fear about their children's future due to their parents' HIV status. Society often stigmatizes children of HIV-positive parents, despite the fact that the parents

themselves are victims of the disease. In traditional societies, mistakes were not easily forgiven, leading to ongoing social judgment. While acknowledging mistakes can be beneficial for social order, it can also contribute to social deviance. It is important for society to support marginalized individuals facing challenges due to diseases like HIV and eliminate the stigma associated with it.

## **Discussion**

The researchers studied the marital relationships, desire for parenthood, and parenting challenges among HIV-positive couples. HIV individuals experienced mixed reactions from their partners after disclosing their status, ranging from pessimism to optimism. Some faced negative attitudes such as loss of honor, stigma, marital strain, blame, guilt, behavioral changes, and fear of AIDS. However, many couples worked together to rebuild their relationships and families, emphasizing respect, love, faithfulness, honesty, communication, trust, and commitment.

HIV-positive couples faced challenges in their marriage but worked together to overcome them. They used different strategies to strengthen their relationship (Hailemariam, Kassie, & Sisay, 2012). HIV-positive couples strive to strengthen their family bonds and avoid disruptions among partners and children. They desire a fulfilling sexual life and the opportunity to have children to enhance their long-term relationship. (Jiwatram-Negrón & El-Bassel, 2014; Nabukenya, Nambuusi, & Matovu, 2020).

HIV-positive couples, like any other couples, are concerned about their sexual life and have a desire to have children to strengthen their relationship. These couples seek counseling from HIV consultants before deciding to become parents while living with HIV. (Mwakalapuka, Mwampagatwa, Bali, Mwashambwa, Kibusi, & Mwansisywa, 2017;

Pasipanodya, & Heatherington, 2015). Many participants expressed fear of HIV transmission from mother to child during pregnancy. The majority of cases involved vertical transmission from mother to child through childbirth and breastfeeding. (Vance, 2019; Bhatta, Dutta, Nandi, Dutta, & Saha, 2020).

An alarming number of HIV transmissions occur from male spouses to females and their children, increasing the vulnerability to HIV worldwide, particularly in the South Asian region due to international migration and drug use (Emmanuel, Blanchard, Zaheer, Reza, & Holte-McKenzie, 2010). This situation leads to couples being hesitant to fulfill their fertility desires and enjoy a happy married life while living with HIV (Antle, Wells, Goldie, DeMatteo, & King, 2001). HIV-trained doctors and counselors play a crucial role in helping HIV-positive couples lead normal lives. They provide support and encouragement for family planning and help alleviate the fear of death following an HIV diagnosis. Medical professionals offer counseling on various aspects of life (Khoshtarash, Farahani, & Zareiyan, 2015). Caregivers of infected individuals also play a significant role in managing the condition by providing social support, bringing a new sense of hope to the lives of those affected (Vyavaharkar, Moneyham, Corwin, Tavakoli, Saunders, & Annang, 2011).

The researchers have incorporated suggestions from HIV concordant couples shared during in-depth interviews. Key informants emphasized the need to train medical staff in hospitals to reduce discrimination against HIV patients. One participant stated, "It is essential to raise awareness among medical staff to minimize stigma and discrimination in healthcare facilities" (Male participant, Couple #2).

Some HIV concordant couples mentioned the challenges of accessing HIV centers in remote areas. A participant suggested, "The government should establish HIV centers in

remote areas of Pakistan to provide quality treatment without additional travel costs" (Male participants, Couple #7 & Couple #5).

Another participant recommended mandatory HIV testing before surgery and marriage by the government and health ministry (Female participant, Couple #4). A male key informant suggested that the government should offer financial assistance and loans to HIV couples for starting businesses to improve their quality of life (Male participant, Couple #6).

Participants stressed the importance of awareness programs for youth and suggested broadcasting HIV-related dramas on television channels and utilizing social media platforms for HIV awareness. "Electronic and social media should lead the way in raising awareness about HIV and supporting individuals and couples affected by HIV" (Male participant, Couple #3)

By examining the experiences of HIV-concordant couples, this study sheds light on their marital dynamics and fertility aspirations. These couples face challenges such as disruptions in their lives, complexities in their relationships, health issues, and difficulties in parenting. The study recommends addressing their needs through policy interventions for HIV/AIDS. Currently, there is a single policy, "The HIV and AIDS Prevention and Treatment Act 2007," along with the PAS-III strategy developed by the NACP in 2015 and amended in 2017. This research aims to fill the gaps in existing policies related to HIV/AIDS by advocating for policies that support HIV couples and their parenting challenges. It is crucial to develop policies that enable HIV couples to lead normal family lives and have the right to plan for their future. This study provides valuable insights into the challenges faced by HIV couples and emphasizes the importance of government policies in addressing these issues.

The current qualitative study on HIV/AIDS in Pakistani society has some limitations. Due to the sensitive nature of the topic, accessing sero-concordant couples for data collection

was challenging. The researcher faced difficulties in locating and interviewing these couples due to the reluctance of people to discuss the issue. Despite these limitations, efforts were made to ensure privacy during interviews. Building rapport and assuring confidentiality to respondents were challenging tasks. The small sample size limited the generalizability of the study to the entire population, as there are few HIV concordant couples with children after diagnosis. The research focused on sero-concordant couples registered at PIMS hospital in Islamabad.

The researchers identified directions for future research during the analysis of in-depth interviews with HIV couples. Firstly, a quantitative study should be conducted to generalize the issues faced by HIV couples and their children in society, as the current study is qualitative and may not capture the experiences of a larger number of HIV couples in Pakistan. Secondly, a comparative study should be conducted on concordant and discordant couples with children to explore marital and parenting experiences in different contexts. This research could shed light on how discordant couples navigate their relationships and parenthood.

## **Conclusions**

In summary, a research study highlighted the impact and challenges faced by HIV-positive couples in their marital and family life. The diagnosis of HIV significantly altered the dynamics of these couples' relationships. They struggled against societal stigma and discrimination associated with HIV. These couples aimed to overcome the stigma and raise their children to be well-educated and respectful individuals. Despite facing crises, HIV-positive couples strived to lead normal lives. It is important for HIV-positive individuals and couples to view themselves as messengers of awareness rather than victims of punishment.



Their positive attitude, coupled with social and healthcare support, can positively influence their own lives and those around them.

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### **Conflict of interest**

The researchers declare no conflicts of interest related to the authorship and publication of the research article.

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