

Reorientation Of The Marital Life And Childbearing Concerns Among HIV Concordant Couples In Pakistan

Dr. Ume Habiba¹, Dr. Nasim Khan Mahsud², Dr. Nudrat Mushtaq³, Nuzhat Zulfiqar⁴

¹Instructor-Sociology, Virtual University of Pakistan.

²Assistant Professor, Dept. of Sociology-Allama Iqbal Open University-AIOU-Islamabad.
Corresponding Author

³Assistant Professor, Dept. of Sociology-Sardar Bahadur Khan Women University-Quetta.

⁴Department of Sociology, PMAS-Arid Agriculture University-Rawalpindi.

Abstract

The prognosis of HIV does not deter individuals' marriage, couples' active sexual life, and the desire for parenting. Marital relationships and parenting are possible in HIV couples. The research study was intended to explore the reorientation of marital life and childbearing concerns among HIV-concordant couples. A qualitative phenomenological research design was employed to explore this phenomenon in the Punjab province of Pakistan. The purposive sampling technique had been utilized to choose the 08 HIV-concordant couples with at least one child after HIV diagnosis. The researchers took 16 in-depth interviews from both life partners and interviews were analyzed by using the technique of thematic analysis. We have utilized two key themes entitled reshaping marital relationships and childbearing concerns in this research. HIV disclosure influences marital relationships in both positive and negative ways. The researchers have explored the barriers related to childbearing among HIV-concordant couples.

Keywords: Marital life, Childbearing, Social phenomenology, HIV Concordant Couples.

Introduction

The present study brings insights of HIV concordant couples related to the marital experiences, fertility desirers and parenting challenges with HIV status. HIV couples were experiencing problems in their life course such as, biographical interruption, complications of marital relationship and family life. The study is important in terms of its practical implications because the study intends to identify the ways of practicing by which HIV-concordant couples restore their marital and family life. Initially, we have given the contextual description of the issue and

discuss the previous researches on the marital relationship and family life. In the end of this section, we have discussed the research gaps and need of this research study in Pakistan.

HIV/AIDS is considered a physical and social pathogen in Pakistan because it relies on the social values, practices, and the menace of disease to couples (Kontomanolis et al., 2017; Ullah, S., Saeed, S, Khan., F., Naz, A, 2021). AIDS was recognized in Pakistan in 1987 and the number of HIV beings was enhanced day by day (Ilyas et al., 2011; NACP, 2021). Pakistan is the 2nd largest Muslim country that is confronting with HIV epidemic in South Asia (UNAIDS, 2020). Previous researchers found that international migration is the key factor of HIV propagation among couples (Docquier, Vasilakis, & Munsi, 2014). The number of HIV concordant couples is increasingly reported in Pakistan because of the globalization, migration, drug users, and iatrogenic transmission of HIV (Ahmed, Hashmi, & Khan, 2019; Raees et al., 2013, Naz, et al, 2021).

Individuals who were experiencing chronic illness resulted in biographical disruption in their lives. The diagnosis of HIV has created biographical disruption among individuals and couples (Alexias, Savvakis, & Stratopoulou, 2016). The future life goals are interrupted and fear of death turns out to be a nightmare for them. HIV discourages individuals from engaging in marriage, sexual relations, and having children (Mujumdar, Berman, & Schafer, 2018).

The prognosis of HIV does not deter individuals' marriage, couples' active sexual life, and the desire for parenting. Marital relationships and parenting are possible in HIV infected people. (Green et al., 2019; Waseem et al, 2013). HIV infected couples manage their social health crises and live healthy by deciding to disclose their HIV status to their life partner to minimize the transmission of disease to children and partner that leads to fulfill the desire for normal life and enjoy safe parenting (Thapa & Yang, 2018; Sastre, Sheehan, & Gonzalez, 2015, Isa, et al, 2019).

HIV can be manageable chronic illness through life-saving treatment, if it is diagnosed and treated on the initial stages of the disease. Couples' understanding and effort enhance marital relationships lead to the phenomenon of life normalcy among life partners (Manne, Badr, Kashy, 2012). This research study explores the ways HIV reshapes their marital relationships and concerns about childbearing (Khan et al, 2014; Isa, et al, 2020).

The present research paper identified the research gap on marital relationship and fertility desire among HIV concordant couples specifically in Pakistan and across the globe. The discussed studies have been used for gap identification and linked the phenomenon used in the studies over the years. Hasanah and Sulistiadi (2019) conducted systematic review of literature targeting married couples living with HIV/AIDS and identified only one study of Agrawal et al. (2014) specified couples at risk of HIV/AIDS in India. There is no study which constitute couples having HIV/AIDS and parenting challenges as Ali et al. (2017) and Isa, and Latiff, (2018) done systematic analysis of 30 years prevalence of AIDS in Pakistan and identified 99 studies on the issue and found this issue in different walk of life (e.g. prisoners, refugees and foreigners, blood donors, sex workers, diseased persons and drug users) but he

has not referred any study which constitute the factors targeted by the current research such as marital relationship among infected couples and parenting challenges. Mujumdar, Berman and Schafer (2018) through the systematic review found that the studies containing fertility desire were 12 in the whole world among HIV/AIDS infected couples but he has not mentioned any study related to Pakistani societal settings.

Moreover, Thapa et al., (2018) discussed in the study that the body of knowledge about HIV has made by recent researches focused on gender and social aspects of this chronic illness specifically in the scenario of sero-discordant couples. Few pieces of research focused on the experiences of HIV infected couples and challenges encountered in parenting. In addition to this study Green et al., (2019) explore the marital relationship among couples with HIV status influence the relationship quality and the degree of intimacy with the sexual partnership (Khan, et al, 2014). He also studies relationship dynamics and the consequences of health in the context of Swazi but we have examined this phenomenon in the scenario Punjab, Pakistan. While discussing parenting among HIV couples Sastre et al., (2015) stated that HIV couples enjoy a long and healthy life with managing HIV as a chronic disease. It is evident that little researches done on the phenomenon of parenting and challenges encountered by HIV couples that is the reason for absence of policy to address this issue. The researcher have done the qualitative research to address this gap and study the patterns of marriage, marital relationship experiences, and parenting among sero-concordant couples. There is no study conducted on sero-concordant couples, parenting challenges and life normalcy among sero-concordant couples in Pakistan.

Theoretical Inspiration of the Study

The present research study utilized the three theoretical approaches to explain the reorientation of the marital life and child bearing among HIV concordant couples. The researchers employed the biographical disruption in case of HIV by Micheal Bury (1982), the trust and commitment theory of Morgan and Hunt (1994), the social exchange theory by George Homans (1958).

This concept of biographical disruption introduced by the sociologist Micheal Bury (1982) to elaborate the life experiences of an individual in case of chronic illnesses. This concept explained the interruption in social and cultural life of an individual because of the life threatening disease. Alexias, Tzanakis and Savvakis (2016) further elaborated this concept in case of HIV. HIV tests caused the biographical disruption, as dreams for family, peer relationships, professional life, and children are perceived as unfeasible. The perception of HIV contaminated couples about their chronic illness lays on the diverse interpretations about them that they recollect from society.

Furthermore, the theoretical premises of this research linked with Morgan & Hunt's theory of trust commitment (1994). The trust and commitment theory give the mediators of constant relationship among individuals. The notion of trust - commitment are viewed as key mediators in relationship growth such as stable marital relationship among couples after HIV prognosis. Once a couples come to know their HIV status, they feel their life is ending now so they are exasperated and estranged from society. Family and social support give them the

fortitude to restart their life as a normal people to realize that HIV is a manageable disease and they spend a healthy marital life and enjoy parenthood by taking proper medical treatment (Isa, et al, 2019; Hussain, Khan and Ayaz, 2021).

Social exchange theory by George Homans (1958) studies the social behavior in the result of cost and benefit analysis on a small scale. Individuals evaluate the costs and gains of social affiliations. If risks were greater and gains were lesser than individuals terminate the social associations with each other (Homans, 1958; Khan et al, 2021). Most of the social affiliations linked with the rule of give and take and it does not seems equivalent at all the times (Cherry, 2020). The cost of HIV is biographical interruption, life partners require time and effort to restore their marital and family life. The benefits of HIV diagnosis acquired by marital couples such as, life partner friendship, care, companionship, social and financial support. So, HIV couples decide to reorient their life and defeat the chronic illness biographical disruption by normalizing their life (Khan, Khan, Naz and Rasli, 2016).

The current research study used these theoretical stances and elaborated the whole scenario of the study. Initially couples encountered challenging and shocking situation after the diagnosis of HIV status. They experience the denial stage before spells of anger and bitterness begin as they embark on making sense of their situation. When couples come across the situation and they can make important decisions about their lives and how they proceed to with their relationship. They outweigh the cost and benefits of HIV. They decided to normalize their lives by taking proper medical treatment to manage the crises of disease through stable marital life, safe parenting and healthy family life.

Material and Methods

The researchers have employed phenomenology as a qualitative research design to explore the lived experience of HIV concordant couples related to marital life and childbearing. The current research study is placed within the frame of the interpretive school of thought to understand the social phenomena which do not exist independent of those who construct it and social reality as a result of social interaction of individuals in the particular social arrangement (Mason, 2017; Neuman, 2006, Khan et al, 2015).

We have utilized the in depth interview method for the data collection and a semi-structured in-depth interview guide was used for taking interviews. We have conducted 16 in depth interviews with 08 HIV concordant couples to the age group of 21-45. Mostly participants belongs Rawalpindi and Attock city. The academic qualification of the both male and female participant was matric. Only two male participant were graduate. Most of the couples belongs to joint family system except one couple. Mostly male participant were working as a businessman, shopkeeper, chef and driver. Only one female participant was working as LHV (lady health visitor) in a medical Centre. We have selected the participants via purposive sampling technique with the help of gatekeepers and key informants of the PIMS hospital. Participants diagnosed with HIV during the year 2004-2018 were incorporated in the sample of this research. The duration of the interview was 50-90 minutes.

The current research meets the ethical standards and ensures trustworthiness outlined by Lincoln & Guba (1985) while data collection and interpretation. Prior to the phase of data collection, the researchers were taken privacy measures of the study participants before conducting an interview to maintain the confidentiality of their information. Permission from the informants was taken prior to each interview and assured them their data will not be disclosed to anyone else. It is just utilized for research, additionally, the anonymity of the participant is also assured throughout the research (Babbie, 2014; Yusoff and Khan, 2013). We indicated the verbatim of the participants by using abbreviation of couple number (C#). All the in-depth interview was taken in Punjabi and Urdu and recorded side by side then transcribed into English immediately after conducting the interview. No follow up the interview were taken except two couples due to their health condition. The process of transcribing interviews of the research participants was quite difficult because of different ethnic, educational, and professional backgrounds. Phenomenological analysis unpacks the meaning of humanly experienced phenomena from the emic viewpoint (Khan, et al, 2017; Khan, Nazam, Anjum, and Khan, 2015; Creswell & Clark, 2017; Khan, Yusoff and Khan, 2014). It assisted to gain insightful information about the embodied experiences of couples living with Aids.

The thematic analysis used to discuss the main findings interpret the phenomena under the verbatim of the participants which were collected from the field. Various steps of data analysis were undertaken which were outlined, Braun & Clark (Yusoff, Khan, et al, 2013; Braun & Clarke, 2014:2019).

Results

The researchers have discussed the key themes which they retrieved from the accounts of the participants as; 1) Reshaping the marital relationship, 2) Childbearing concerns. The first theme discusses the reorientation of the marital life among HIV concordant couples and second theme elaborated the child bearing concerns of married HIV couple who already have child before HIV diagnosis. Now, the researchers have discussed the reconstruction of the child bearing concerns with HIV status among couples.

Reshaping the marital relationship

Marriage is considered a sacred bond of commitment and affiliation venture between two individuals in our society and across the globe. In addition, they were bound to fulfill obligations associated with this relationship. Marriage is connected with trust, love, intimacy, care, support, and harmony. Marital bonds are subsequently responsible for creating a family and enter into a new phase of social development. Whenever an individual has decided on marriage, the first thought that comes to his/her mind a long lasting relationship. So, when an individual chooses to get married to a suitable partner to complete his/her family circle.

HIV is considered a serious health issue around the globe and couples were continuously affected by HIV through different factors. The number of HIV individuals enhanced day by day because of the lack of knowledge. There was an increasing number of

HIV infected couples and their children because they were not acquiring proper HIV treatment due to the ignorance, delayed acknowledgment of HIV, extramarital affairs and unsafe sexual contacts, etc. Besides this, HIV couples were involved in recreating their preferences to safe marital relationships and family.

HIV couples tried to sustain their marital bond and overcome defies that were menacing their marital life. HIV couples utilized various strategies to maintain their marital relationship. They tried to strengthen their family and elude interruption among life partners and children.

The researchers found that HIV reshapes marital relationships like two opposite sides of the coin such as pessimistic and optimistic reactions by life partners. HIV disclosure to own life partner is considered a very challenging task for HIV beings. Revealing HIV status is a deliberate act to endorse social support and minimize the risk of HIV among others but it was not an easy task lead both pessimistic and optimistic reactions from the life partner.

Pessimistic reaction

HIV individual did not disclose their HIV status because of fear of negative outcomes from their life partner such as loss of honor/stigmatization, breaking the marital bond, blame game, guilt, behavioral change, Aids Kills, etc. one female informant told that: “I was scared to disclose my HIV status in front of my husband and in-laws. I had fear of divorce” (C #05)

HIV infected husbands have a fear of disrespect and loss of authority in a family. The individual was stigmatized because his life partner considered him an unfaithful husband. So, the male has avoided disclosing their HIV status due to the shame and guilt that becomes serious when they were transmitting their HIV to their partner and family. Another male key informant discussed as: “I was frightened to disclose my HIV status in front of my life partner because of loss of honor and guilt” (C#08)

One female participant shared her painful memory as:

My husband divorced me after knowing my HIV status whereas he was responsible for this infection. He has an extramarital affair with other girls. He blamed me for my HIV status and left me with the stigma of divorce and the label of HIV being. I was afraid of his reaction and thought to end my life (C#01).

The blame game is the tactic to hide their illicit deeds and considered culprits other innocent life partners. Denial of HIV status was a serious issue that enhanced the number of HIV beings across the globe. One male participant said:

My wife was a very loquacious woman and she strived a lot to keep me happy but I did not come out from the trauma of HIV. She wanted to watch drama with me but I made an excuse to sleep because of a headache. I was ashamed of my behavior but I was unable to change my behavior. HIV transformed my happy married life into a tense relationship because of my guilt (C#04).

Few HIV individuals were guilty and accepted their mistake. They felt remorse because they admit the fact that they were the only cause of HIV infected status of their wives. The feeling of regret spoiled their marital relationships. HIV couples have a fear not to perform their religious rituals because of HIV diagnosis. One female participant was sad and shared her heartbroken feelings as:

I feel gloomy when I heard that HIV individuals cannot perform “hajj” (pilgrimage). I was thinking that my Allah has disapproved my presence in the sacred place of “Kabba” (The house of God). I have an only wish which cannot be fulfilled because of my HIV status which I acquired from my 1st husband (C#06).

It is a misconception among HIV individuals that they did not execute their religious ceremonies. One female informant expressed her experience in these words:

I was crying all day and disappointed from life when I came to know about HIV status. I was frightened and was thinking HIV infection would kill me. When my husband died, I thought I have a few days to live and I was scared from death (C#07).

HIV infected people are frightened by the name of HIV. They were thinking HIV kills them in a few days. The disease itself was not fatal whereas the fear of death made the illness serious. There is a need for an hour to change the mindset of people regarding the seriousness of HIV. HIV is just like diabetes and hepatitis. When you regularly took their ARV medicines then you will enjoy healthy happy life like others. Counseling and social support transformed an HIV individual’s negative attitude to life into a positive one.

Optimistic Response

The positive response to any sickness can reduce the consequence and motivate the individual to fight back and acquired healthy status. Sometimes the HIV status could be beneficial for individuals and couples. HIV enhanced the social, familial support and intimacy among couples. They get more close to each other and shared more affiliation in marital relationships.

The optimistic attitude of HIV concordant couples including respect for their partner, love, faithfulness, honesty, satisfaction, communication, trust, and commitment may escalate the recovery of HIV beings from the trauma by reshaping their marital relationship. The researchers have found that disclosure of HIV status predominantly exposed the positive and supportive response of the life partner in both developing and developed countries. HIV couples’ trauma can be minimized by counseling and build their self-confidence to fight against discrimination and HIV stigma. One female key informant shared her memories related to HIV disclosure as:

My husband was very cooperative and deal with every matter of life. He assisted me in my household chores whenever I was ill. I asked anything which I need he fulfill my desires like a good husband. He was caring before HIV disclosure but now his attitude

is transformed. He spends a lot of time with me and my children. I am very happy because HIV did not affect our marital relationship. I am satisfied with him and give him respect as a head of a family (C#02).

Women were more supportive and caring of their life partners as compared to males because of their compassionate nature. One male participant shared his experience in these words:

Married life is going well. My wife is lighthearted and innocent. We did not fight and take care of each other. I give respect and priority to my wife's opinion in matters of family. I am satisfied with my marital life. In every aspect, she is a good wife and I am happy with her (C#03).

The patriarchal values of our Pakistani society influenced the indicators of marital relationships such as commitment, honesty, and trust. Women have mostly followed the cultural values and stick to their house after knowing their husband's HIV status. One female participant said:

Most women supported their husband and stressed over the basic wellbeing of the spouse regardless of self HIV status. They always inquired about the health of her husband because women considered husbands as the “Sir ka Taj” (Head of the family). So, they try a lot to save the life of their husband. Their commitment to their husband was fair. The wife compromises with their husband at any cost but the male did not. Only a few males supported their wives and take care of her (C#01).

Disclosure of HIV impacts differently both men and women as HIV being. Usually, women's HIV disclosure leads to divorce. Society punished the women, either they were culprits or not. Most women were the victim of HIV and spend their life with stigma and discrimination. Doctors and counselors helped the women to find their potential partners and keep happy marital life through matchmaking. One female key informant elaborated her experience as:

Now my married life is much better than before. My 2nd husband is a very nice man and usually, women have to endure but my husband has more tolerance power than me. He always tries to ignore my irritation in a funnier way. I always talk good things about him when he is not with me. Whenever I am upset or grumpy, he tries to tolerate it. He is a jolly man and on other hand has a strong temper (C#01).

Loyalty is the key aspect of marital life and most participants showed trust in the fidelity of their life partner. One female participant said: “My husband is well behaved and religious. I trust him a lot, he is always faithful to me and will not deceive me in my life” (C#04).

One female participant about the loyalty of her 2nd husband in these words:

My feelings were not negative about my husband because he was a spiritual man, he offers Namaz (prayer) regularly and he was attending Tableegh (preaching) also. I thought as I got this disease, he also had it. I am very satisfied with my second husband as he is a good man. He fulfills all my needs. I have just one complaint from him that he does not give enough time. Maybe he will be fine with the passage of time. I have 99% trust in my husband. Left 1% because it is a man's innate nature to delude. My husband is loyal (C# 01).

The assurance of faithfulness strengthens the marital bond and gives courage to couple to fight against the social stigma by supporting their life partner in front of family and society. Another experience expressed by a male key informant as:

When I came across this harsh reality of being HIV positive, I was disappointed with life and thought about my wife that she would blame me and suspect me as an immoral person but she did not do so. Once a day when I was very upset, she came to my room and said you are always loyal to me, I have confidence in your honesty and faithfulness (C#06).

Most of the male participants were confronted with the problem of unemployment and have a financial burden. But their female life partner understands their problem and compromised with them. One female shared views about her husband in these words:

I have a nice life after AIDS. I am satisfied and trust my husband. I will stand by my husband for the rest of my life. He is such a good man and he always fulfills all my needs. If he cannot do it, I compromise for it (C#08).

Foreign companies dismissed their worker because of HIV disclosure and the safety of their colleagues. Individuals who lost their job cannot afford their medical and familial expenses, so they started their businesses on a small scale level to overcome their financial problems. One male participant said about their loss of job because of HIV:

My company fired me and deported me. It was shocking news for my family because I was the sole member who was supporting the family. I used to choose furniture making to feed my family. My wife supported me and she managed household expenses wisely. She is a fine-fingered lady and I am satisfied with her. She always motivated me to overcome the financial burden with illness (C#07).

The researchers have discussed the key findings of the field's narrative that expressed HIV is a significant issue related to employment among HIV diagnosed persons because of individual health and work efficiency. Employees detected with HIV faced stigma and biased attitudes of employers and colleagues at the workplace. HIV persons were considered unfit for any job.

In crux, the optimistic response to HIV enhanced marital intimacy and strengthen the affiliation with the life partner. Individuals with HIV were motivated to normalize their life routine with illness. Counseling, social and familial support encouraged HIV being to overcome the worries of life. A good life partner is a blessing of God and makes life easier in a hard time.

Childbearing Concerns

The couple entered a transition of life with responsibilities at the time of childbearing. The birth of a child reinforces marital affiliation. HIV concordant couples like normal couples were concerning about sexual life and have a fertility desire to maintain their marital relationship. HIV disclosure disrupted the happy married life but after counseling, HIV couples used various tactics to endure their marriage and overcome the confronting challenges that intimidate their marital bond.

HIV couples having a desire for the child was considered a positive sign of life and returned them to a normal phase of life. HIV individuals braced their relationship with safe sexual practices and maintaining a healthy marital relationship. HIV couples strengthen the integrity of the family and biographical disruption by planning a child by using precautions. One of the female participants shared his experience:

My husband has chosen not to bear a kid after I was determined to have HIV. He was afraid of HIV transmission from mother to child. I spend 7 years with one child because of an unprofessional doctor who advised my husband with these illogical reasons. When we were visited PIMS in 2018, the doctor guided us and permitted for childbearing using ARV therapy. Now I have two children, I am very grateful to the doctor who has properly guided us in this matter (C#04).

Many HIV couples were deprived of the blessing of a healthy child with HIV because of unprofessional doctors and quacks who treated them for sake of profit not helped them to get back to a healthy marital life. Generally, females were reluctant to being pregnant with HIV but they have a desire for the child who makes his family complete. Women inquired about this issue with doctors who were provide counseling about childbearing. One female informant shared her initial memories of pregnancy in these words:

I was afraid of childbearing after knowing my HIV status. One day I came to know I was pregnant and I visited the hospital and discussed this matter in a very upset manner. HIV counselor motivated me and said you used your ARV medicine during pregnancy, In sha Allah (by the God well) your child will be HIV negative. I was sacred till my delivery about the baby (C#06).

HIV couples were sacred of HIV transmission from pregnancy till childbirth. One female expressed her experience while she gives birth to her second son as

My elder son is HIV positive because of unawareness of my HIV status. I was afraid at the time 2nd child delivery. I gave birth to a healthy baby with a negative HIV test. I was very grateful to God and doctor as well (C#01).

Few females confronting complications in childbearing because of their unsupportive body system to ARV therapy. They experienced the side effects of ART medicine. One female shared the memories related to miscarriage as: “I was taking medicines regularly since 2018. I was pregnant after medicines but I had a miscarriage after 3 months due to typhoid. I was using medicines during pregnancy” (C#07). The researchers asked about the precautions and medicines regarding childbearing and delivery of a baby from HIV consultants and couples also. One female participant shared the doctor instructions during pregnancy as:

The doctor prescribed me to take ARV medicines during my pregnancy and ARV syrup for 6 weeks to a baby after delivery. HIV test was prescribed to my son after six weeks. I inquired about the test then she said, this test indicated the status of a child then 2nd HIV test was advised to a child after 1 and half years of age for final declaration of HIV negative status of a child (C#03).

One female participant asked about the breast feeding as: “I have inquired about breast feeding after the delivery of baby to my doctor. She proscribed breastfeeding to child because of there is little possibility of HIV transmission to the child from her mother” (C#05). The research study indicated that few cases were vertical transmission by mother to child through childbearing, birth, and breastfeeding. It is an alarming number of HIV propagation through male spouse to female and their children which enhance the vulnerability of HIV across the world and specifically in South Asian region because of international migration and drug use. So, couples are afraid to fulfill their fertility desire and spend happy married life with HIV.

Discussion

The researchers have observed the marital relationship, desire to become a parent, and challenges of parenting among HIV concordant couples. HIV individuals were experiencing both pessimistic and optimistic reactions of life partners after disclosing their HIV status. Few key informants faced the negative attitude of a life partner that includes loss of honor, stigmatization, breaking the marital bond, blame game, guilt, behavioral change and Aids kills, etc. (Theme#1) HIV couples were involved in recreating their preferences to safe marital relationships and family. Most of the participants reported the optimistic attitude among HIV concordant couples including respect for their partner, love, faithfulness, honesty, satisfaction, communication, trust, and commitment. (Theme#2)

HIV couples tried to sustain their marital bond and overcome defies that were menacing their marital life. HIV couples utilized various strategies to maintain their marital relationship (Hailemariam, Kassie, & Sisay, 2012) They tried to strengthen their family and elude interruption among life partners and children. HIV couples have a desire for good sexual life

and childbearing to strengthen the long-term association (Jiwatram-Negrón & El-Bassel, 2014; Nabukenya, Nambuusi, & Matovu, 2020).

HIV concordant couples like normal couples were concerning about sexual life and have a fertility desire to maintain their marital relationship. HIV concordant couples have decided to become a parent with HIV status after acquiring counseling from HIV consultants (Mwakalapuka et al., 2017; Pasipanodya, & Heatherington 2015). Most of the participants were experienced fear of HIV transmission from mother to child during pregnancy (Section 2). Most of the cases were vertical transmission by mother to child through childbearing, birth, and breastfeeding (Vance, 2019; Bhatta et al., 2020).

It is an alarming number of HIV propagation through male spouse to female and their children which enhance the vulnerability of HIV across the world and specifically in South Asian region because of international migration and drug use (Emmanuel et al., 2010). So, couples are afraid to fulfill their fertility desire and spend happy married life with HIV (Antle et al., 2001). HIV trained doctors and counselors play a crucial role to enable HIV couples to be normal beings. They provided courage to the HIV couples for planning a family and get rid of the threat of death after the diagnosis of HIV. Doctors and medical staff provide counseling related to every matter of life (Khoshtarash, Farahani, & Zareiyan, 2015). The caregivers of infected persons will play a vital role in the management of this condition through the provision of social support leads new wave of hope for the life of an infected person (Vyavaharkar et al., 2011).

Recommendations

The researchers have incorporated few suggestions of HIV concordant couples which they have shared during the in depth interview. Firstly, most of the HIV concordant couples reported the issue of the untrained medical staff in hospitals and discriminatory behavior during the treatment. “It is a need of time to initiate awareness in medical staff & health care system to minimize the stigmatization and discrimination in accessing health care facilities” (Male participant, Couple#2)

Secondly, Few HIV concordant couples has stated the difficulty to access HIV centers from remote areas. One participant said as, “The government should plan HIV centers in the remote areas of Pakistan to access the quality treatment without any extra financial cost of travelling” (Male participants, couple# 7 & Couple 5). Thirdly, one HIV participant said “the government and health ministry should declare HIV tests before any surgery of an individual and before marriage compulsory.” (Female participant, Couple#4). Fourthly, a male key informant give recommendation to government in these words. “The government should provide financial assistance and loans to HIV couples for their business. So, they enjoy a quality life with family” (Male participant, Couple#06).

Last but not least, Most of the participants highlighted the importance of awareness programs on the educational forum for youth and also the need to telecast dramas related to

HIV awareness on the different channels of television. Social media platform also plays a vital role in the awareness of youth. “The electronic and social media take the initiative for the awareness of society regarding HIV and support the HIV individual and couples” (Male participant, Couple #03)

By providing social insights of HIV couples based on the lived experiences of HIV-concordant couples, the study highlighted the marital experiences and fertility desires among HIV concordant couples. HIV couples encountered biographical interruption, complexities of marital relationship, health issues and parenting challenges. The study has offered suggestions to address their needs in the policy/interventions on HIV/AIDS. There is only one unanimous policy titled as “The HIV and AIDS prevention and treatment ACT 2007” for HIV individuals along with strategy which was developed later by NACP in 2015 with the name PAS-III and this was amended in 2017. The significance of the current research is that it will also address the gap in the existing policies relating to HIV/AIDS because there is a need of an hour to formulate proper policy to minimize the social risks of HIV couples and their parenting challenges. Because as a part of the society they have rights to plan and spend a normal family life. These literary efforts have provided insights into the current situation of HIV progression and highlight the gray areas in government policy.

Limitations of the Study

The current study is qualitative and have some limitations. HIV/AIDS is a sensitive and painful issue for those who are experiencing it in a Pakistani society and people feel waffle to discuss this topic, so access to sero-concordant couples for data collection on this issue is not an easy job, therefore it was very difficult for the researchers to locate these couples for interview. Despite the limitations, we tried our best to arrange an interview in such settings where privacy could be maintained. During the data collection process, building rapport and assurance to the respondents that their information was kept confidential and secret was also a difficult and challenging task. The sample size was small, so were not unable to get a large sample because there are few HIV-concordant couples with a child after HIV diagnosis. The sample size was small, so it may be difficult to generalize this study to the whole population. The research was confined to sero-concordant couples who were registered in PIMS hospital, Islamabad.

Future Direction for Researchers

The researchers have found some direction for future research during data analysis of the in-depth interview of HIV couples. These future implications for the researcher are as firstly, a quantitative research study should be conducted on the issues of HIV couples and children to generalize this issue in society because my study is qualitative in nature so it could not highlight the issues of large number HIV couples in Pakistan. Secondly, comparative research should be conducted on concordant and discordant couples having children. This research will be effective to identify the marital and parenting experiences in different scenarios. How discordant couples maintain their discordancy in the marital bond and experiences parenthood.

Conclusions

To sum up, the research study illustrated the consequences and challenges of marital and family life in light of the lived experiences of HIV-concordant couples. HIV diagnosis reoriented the marital and family life of the HIV concordant couples. HIV couples tried hard to fight against HIV and societal values which are biased toward them. HIV-concordant couples have a desire to peel off the label of stigmatization from their personalities. They wanted to raise their child as an educated and well-mannered adult. HIV-concordant couples reshape their life as normal beings after any sort of crisis. So, HIV beings and couples should think that they are the messenger of Allah in terms of letting people know about HIV so, enjoy this responsibility to be aware of others not cursed yourself to think that Allah gives us a punishment. The positive attitude of HIV couples transformed the lives of self and others with social and healthcare support.

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