



## Embodiment of Stigma and Biographical Disruption Faced by HIV Concordant Couples in Pakistan: A Phenomenological Study

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### ABSTRACT

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AIDS goes severe health apprehension in Pakistan nowadays and many individuals were infected due to the lack of awareness. HIV concordant couples encountered impediments in way of HIV disclosure such as fear of stigma, loss of 'Face', disregard, discrimination, loss of job, and the demise of social circle. Individuals come across condemnation and social disapproval as a result of the HIV diagnosis. The present research employed the phenomenological design of qualitative research and purposive sampling was used to choose the 12 HIV concordant couples from PIMS HIV treatment center, Islamabad. We have taken 24 in depth interviews by using semi structured interview guide. The transcripts were analyzed by qualitative thematic analysis. The researcher has used four themes such as, biographical disruption, embodiment of stigma, ethical dilemma and loss of job. HIV individuals have a fear to disclose their HIV status because of social, financial and biographical disruption. There is a need for the time to emphasize the health of HIV concordant couples and provide the social vaccine for their stable social standing and achieve normalcy in life. The study suggests educating the public through seminars or social media to reduce stigma against people with HIV/AIDS. Providing counseling and social support is essential for HIV/AIDS couples.

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## 1.0 Introduction

HIV-induced acquired immune deficiency syndrome (AIDS) impairs the body's immune system, rendering it more susceptible to infections owing to its diminished resistance to any virus (Majonga et al., 2018). The first reported case of HIV in Pakistan occurred in 1987. Since then, AIDS has emerged as a significant health concern that has escalated to frightening levels in Pakistan. In the South Asian area, Pakistan now holds the position as the second biggest nation. References: Ilyas et al. (2011), NACP (2021), and UNAIDS (2020). The prevalence of HIV couples has been seen to rise in the present context because to factors such as migration, engaging in hazardous sexual practices, substance abuse, and inadequate medical practices among healthcare providers (Docquier, Vasilakis & Munsi, 2014; Ahmad, Hashmi & Khan, 2019; Raees et al., 2013). The prognosis of HIV results in significant disruption to the lives of people and couples, impacting their future prospects. Their aspiration for a joyful existence was shattered. According to Alexias, Savvakis, and Stratopoulou (2016), individuals believed that their life was over due to HIV and the prejudiced reaction from society. Individuals who are afflicted with HIV infection face significant societal stigma in the majority of nations (Saki et al., 2015). The significance of HIV's social implications in Pakistan is underscored by the country's cultural setting, which heavily relies on societal values and behaviours pertaining to the illness among people and couples (Kontomanolis et al., 2017; Habiba et al., 2021). Religious, cultural, and societal factors in Pakistan impede individuals and couples from revealing their HIV status. According to Ahmed, Hashmi, and Khan (2019) and Naz et al. (2021), there has been an increase in the prevalence of HIV concordant couples in Pakistan. This may be attributed to several causes like globalisation, migration, drug use, and iatrogenic transmission of HIV.

Individuals who are affected with HIV/AIDS have a range of social repercussions, including stigma, prejudice, and avoidance behaviour (Singh, Azuine, & Siahpush, 2013). HIV cannot be transmitted via regular interpersonal contact such as handshakes, hugs, sharing food, drink, personal clothes, and items. However, our society faces an ethical issue since it socially excludes those who are infected with HIV (Psomias et al., 2018).

The negative stigma associated with HIV is a barrier to the open communication of HIV status among couples living with HIV. The adoption of a concealment strategy by individuals living with HIV/AIDS has been identified as a significant contributing factor to the high incidence of the illness (Saki et al., 2015; Habiba et al., 2022). According to Lua et al. (2014) and Taraphdar et al. (2011), persons who are affected by AIDS have financial challenges such as occupational exclusion and unemployment due to their role as primary earners for their families. The emotional and psychological strain experienced by those with HIV, including apprehension of social rejection and disillusionment with life. Psychological challenges such as sadness, hopelessness, anxiety, self-destructive behaviour, and fear of disclosure have been seen in those living with HIV (Ramovha et al., 2011; Ramovha, 2020; Habiba et al., 2022).

This study aims to investigate the post-diagnosis experiences of HIV-positive couples and how they cope with the disturbance of their physical and personal lives after a diagnosis of HIV/AIDS in Pakistani society. The primary objective of the present research was to examine the

post-diagnosis experiences of couples who are HIV concordant in Pakistan. Furthermore, the report clearly emphasises the impediments to HIV disclosure.

## **2.0 Literature Review**

HIV/AIDS poses a dual danger to both public health and sociology, since it profoundly affects people and society. The HIV/AIDS pandemic in Pakistan has been a significant issue since its identification in 1987, and its future trajectory remains uncertain (NACP, 2021). Pakistan, the second-largest Muslim nation in South Asia, had an HIV outbreak in 1987 as a result of unscreened blood transfusions, marking the first recorded incidence of HIV in the region. According to UNAIDS (2020), the HIV pandemic in Pakistan exhibits heterogeneity, characterised by diverse transmission patterns across the nation. Although there have been worldwide endeavours to address HIV stigma and enhance the availability of healthcare and treatment, it continues to provide a substantial obstacle to achieving the goal of ending the AIDS epidemic by 2030. The presence of HIV stigma impedes the ability of persons living with HIV to get crucial healthcare, economic resources, and social support that are vital for their overall well-being (Gutin et al., 2023).

The cultural norms of Asian civilization place significant emphasis on the notion of "saving face," which underscores the importance of group identification and filial piety. Disrespectful behaviours have the potential to result in the loss of social standing, hence inducing feelings of shame and humiliation among both people and their families. Individuals residing in Pakistani society who are affected by HIV often experience a sense of "face loss" as a result of the social stigma associated with HIV/AIDS, which is seen as a source of shame for their families. The presence of both external and internal stigma may have detrimental effects on the mental well-being, interpersonal connections, adherence to medication, and inclination to seek medical assistance among those living with HIV. According to Yu et al. (2021), the act of concealing one's HIV status might impose a burden on medical resources.

The phenomenon of stigma may be seen across several dimensions, including internalised stigma, interpersonal stigma, couple-level stigma, as well as institutional and societal stigma. People may internalise stigma, encounter prejudice, expect stigma, or perceive how others see and treat those who have HIV. Studies suggest that when one spouse receives a positive HIV test result, there may be initial apprehensions of rejection, prejudice, and aggression within the pair. Nevertheless, as time progresses, the prevalence of intra-dyadic stigma tends to diminish, while external sources emerge as the predominant source of stigma associated with HIV. Gutin et al. (2023) posit that pair interdependence theory posits that the attitudes, experiences, and behaviours of both partners exert mutual impact, irrespective of the partner's HIV status.

The diagnosis of HIV profoundly impacts the lives of people and couples, causing apprehension over mortality and ambiguity regarding future aspirations. According to Alexandres, Tzanakis, and Savvakis (2016), HIV tests have a significant impact on individuals' biographical aspects, including their family dynamics, relationships, job goals, and desires for parenthood. The opinions and experiences of HIV-infected couples are influenced by various sociocultural interpretations of their chronic disease. In light of the difficulties presented by HIV, people and couples who are infected endeavour to preserve a state of normality in their lives via the implementation of measures aimed at harmonising personal aspirations with the practicalities associated with living with the illness. According to Sastre, Sheehan, and Gonzalez (2015), persons who are HIV-infected may still engage in marriage, sexual encounters, and parenthood by effectively managing their health crises via the act of openly communicating their HIV status to their partners.

HIV-positive couples, regardless of their sero-discordant or sero-concordant status, have difficulties in their relationships when confronted with health emergencies. Both individuals may encounter social and familial isolation, which may impede open communication on their sickness and give rise to concerns about disease transmission and potential future loss (Lavanya, 2013). HIV/AIDS is a sociopathological condition that has an impact on social conduct, interpersonal connections, and societal norms. The apprehension and distress associated with AIDS are shaped by society reactions and ideas, underscoring the need for transparent communication and consciousness (Kontomanolis et al., 2017).

The process of revealing one's HIV status is a multifaceted and demanding undertaking for couples who are in agreement, as it is shaped by several factors such as social expectations, familial relationships, and obstacles in communication. Individuals in Asian civilizations with high-context cultures are hindered from revealing their HIV status due to stigma, loss of social position, and fear of discrimination. Sero-concordant couples may want to refrain from openly addressing their HIV status as a means of safeguarding their partners from potential emotional anguish and strain within their relationship. The issue of medication adherence presents further difficulties, as the lack of continuous treatment may result in the emergence of drug-resistant viruses and the development of health issues (Remien et al., 2019).

Having a chronic disease such as HIV significantly interrupts one's everyday life and presents obstacles to attaining a state of normality. The process of normalising illness management entails the integration of the condition into one's daily life, therefore establishing a structure for effectively managing the consequences of chronic illness (Larson et al., 2013). One potential approach to mitigating stigma is analysing it from the perspective of embodiment. HIV affects couples both physically and socially, impacting their self-perception and relationships. Embodiment encompasses the incorporation of behaviours that contribute to the formation of our societal identity. According to sociologist Pierre Bourdieu, the physiological sensations of individuals are influenced by their social surroundings, which in turn affects their emotions and relationships. Our habitus, which refers to a set of cognitive and motivational frameworks established by society, has a significant impact on our embodiment (Hosaka et al., 2023).

### **2.1 Theoretical Inspiration of the Study**

The theoretical foundations of this study were Michael Bury's (1982) biographical disruption theory, Goffman's (1963) theory of stigma, and Cooley's (1998) theory of the looking-glass self within the setting of the family. The idea of the "looking-glass self" refers to how our identities are shaped by the perspectives of others around us (Cook & Douglas, 1998). A person's perception of themselves changes as a result of their interactions with others, particularly when those people respond and evaluate them. As a result, Goffman postulates that the majority of people were ignorant of the spread of HIV, which causes those living with the virus to conceal their condition for the purpose of maintaining their dignity. Some people treat their HIV with less morally reprehensible conditions, such as diabetes, hepatitis, or gastrointestinal issues. Disruptions to social interactions caused people to feel lonely, down, and uncomfortable (Simon & Schuster, 2009)... Goffman explains how HIV individuals encounter the process of looking glass self by Cooley after being exposed to society about their HIV status, and the theory of biographical disruption by Mike Bury (2008) notes that chronic illnesses like AIDS disrupt the continuity of one's life story.

### **3.0 Research Methods & Materials**

In the current study, the researchers used Phenomenology as a methodological approach within the framework of interpretative research. Phenomenology offers a distinctive methodology for examining the narratives of participants in relation to their everyday encounters as individuals living with HIV. According to Creswell and Clark (2017), the phenomenological paradigm necessitates the inclusion of a homogeneous set of participants, whereby the lived experiences of individuals are documented.

The researcher's exploration of this social realm is evident in their use of data collecting methods in the interpretive design, such as conducting in-depth interviews, to understand the emotions, viewpoints, and encounters of persons who are affected by HIV infection. The province of Punjab was chosen as the study area, and a total of 24 participants (12 HIV concordant couples) between the ages of 20 and 45 were recruited using purposive sampling approach. The selection process included the assistance of gatekeepers and key informants from the PIMS hospital. The researchers used a semi-structured in-depth interview guide to conduct the interviews.

The current study adhered to ethical guidelines throughout the process of gathering field data and doing analysis, as outlined by Lincoln and Guba (1985). The researchers ensured the preservation of participant privacy and confidentiality in this study (Lincoln & Guba, 1985). Prior to conducting the interview, we obtained the participants' permission. The researchers ensured the preservation of participant confidentiality throughout the study (Babbie, 2014). The researcher used the pseudonym "C#1..." to represent the verbatim identities of the HIV spouses. The whole of the interviews were conducted in the Urdu language and then transcribed into English. There was no further interview done with the individuals. The theme analysis framework proposed by Braun and Clarke (2014; 2019) was used to understand the narratives provided by the participants.

### **4.0 Results and Discussion**

The collection of field data helped the researchers in comprehending the individuals' encounters within the social realm subsequent to their HIV diagnosis. A total of twenty-four comprehensive interviews were conducted with individuals of both genders, ranging in age from 20 to 45 years. The majority of participants were recruited from the cities of Attock, Rawalpindi, and Mandibahuldin, which are located in the province of Punjab. The majority of participants possess a matriculation qualifications, with three having completed elementary level schooling and four having obtained a graduate degree. In terms of occupation, the majority of males are engaged in small-scale company ownership, with two individuals holding the position of drivers, one serving as a chef, and another guy employed in a police agency. The majority of female participants in the study were identified as housewives, with the exception of one individual who held the position of lady health visitor in a medical facility. The majority of the participants acquired HIV via sexual intercourse, with the exception of three individuals who had iatrogenic transmission. The patients who were diagnosed with HIV infection between the years 2006 and 2019 have been included in our study.

We have discussed the only four important themes in this research paper that were relevant to the aim of the study entitled as;

- 1) Biographical disruption
- 2) Embodiment of stigma
- 3) Ethical dilemma
- 4) Loss of job.

#### **4.1 Biographical Disruption**

Acquiring knowledge is crucial for all individuals in the world. However, when individuals were confronted with the harsh truth that they were afflicted with AIDS, it profoundly impacted the lives of the couples involved. It disrupted the coherence of an individual's life story. The findings of an HIV test might disrupt an individual's aspirations for family, employment, and children, which they regard as unattainable due to their HIV condition. A significant proportion of the subjects experienced biographical upheaval subsequent to their realization of their illness. A male participant recounted his experience as follows:

Upon receiving a diagnosis of HIV, I experienced profound distress and saw it as a very perilous condition due to its severity. I would dedicate my whole life to obtaining blood tests, medication, and medical care. The curse of sickness has ruined my aspiration for an improved quality of personal, family, and professional life (C#5).

A female participant recounted her experience as follows:

I experienced trauma upon learning about the underlying reason of my disease. The onset of HIV had a profound impact on my life, leading me to believe that my aspirations had been shattered and that no more action could be taken. The dangerous virus was introduced into my bloodstream by my spouse (C#10).

It has been observed that a majority of the participants had disturbances in their life aspirations pertaining to many aspects of life as a result of this illness. They believed it marked the conclusion of a conventional and joyful existence. Overcoming the disruptions in one's personal and professional life, as well as coping with the loss of social connections, may pose significant challenges, particularly for those in their youth.

#### **4.2 Embodiment of stigma**

Individuals who are aware of their HIV status frequently feel reluctant to share this information with their family and friends because of the social stigma they face. The continuation of HIV stigma and the hindrance of persons in freely declaring their HIV positive status are influenced by social and cultural variables. Individuals afflicted with AIDS often encounter emotions of shame, a decrease in self-worth, and social marginalization. The process of internalizing HIV stigma has led to the emergence of emotions such as shame and guilt, which in turn lead to the emergence of feelings of despair, anxiety, loss of hope, and social isolation. The disease's symbolic importance is maintained via the practice of introspection. The formation of people's self-image is influenced by the societal reactions they encounter inside the social domain. A female participant provided a detailed account of her experience:

Due to the stigmatizing nature of HIV/AIDS patients and the negative attitudes people have towards us, I chose not to share information about my condition with anybody outside of my family. Hence, it was deemed more advantageous to refrain from revealing my

condition to them (C#3).

Individuals hide their HIV status from their close relatives out of apprehension of losing them. Women who are affected by HIV/AIDS often choose to hide their condition as a means of evading social stigma associated with being seen as a bad person. Most people feel anxious about announcing their HIV/AIDS status, mostly due to the possibility of social isolation. The isolation of women suffering from HIV/AIDS may worsen the effects of HIV/AIDS and may result in early death.

Upon receiving their HIV diagnosis, individuals may encounter feelings of unease around social isolation and the possible consequences of losing family and social relationships. The individual was regarded morally reprehensible and wicked by several others, resulting in their subsequent retribution by Allah in this way. The misconception surrounding the transmission of HIV is based on the presence of iatrogenic and vertical victims who, despite their lack of purposeful activity, inadvertently acquired the disease.

According to a male key informant, he had a strong inclination to divulge his HIV positive status as a result of the prevailing lack of acceptability and the notion of being untouchable by those in his social circle (C#01). Additional variables that influence the choice to announce one's HIV status include fear, embarrassment, guilt, and a feeling of disdain, especially among those living in religious and socio-cultural environments. According to a male participant,

He had not anticipated receiving a diagnosis of HIV upon his arrival at the hospital. I had difficulties when the physician initiated communication with my spouse to solicit an HIV test, and her findings yielded a comparable affirmative result. I had remorse for inadvertently caused my spouse to likewise succumb to this ailment due to my acts. Consequently, I abstained from divulging this veracity to any individuals inside my familial and personal sphere (C#9).

Individuals suffering from HIV infection have several obstacles in their survival, such as fear, limited understanding, and bias against HIV. Community attitudes and views towards individuals living with HIV/AIDS (PLWHAs) might potentially lead to the emergence of internalized self-stigma, characterized by emotions such as guilt, humiliation, and estrangement. Negative emotions have the potential to contribute to a heightened probability of suicide attempts among those who are afflicted with HIV.

Another person articulates their viewpoint in the following manner:

Due to the deterioration of my social and family network, as well as the resulting social isolation, I was hesitant to declare my HIV status in the company of my relatives and friends. As a person, I cannot endure the social isolation and harm to my reputation that comes with being diagnosed with HIV (C#7).

Based on the accounts provided by couples who are HIV-positive, it can be deduced that persons who experience stigmatization may confront preconceived ideas that lack logical reasoning or factual support, both implicitly and overtly. The repetition of negative social interactions within a group often prompts people to expect similar experiences in future situations, leading to feelings of exclusion and degradation. Furthermore, they confirm their apparent

negative stereotypes. Individuals with a high sensitivity to rejection based on social status are more likely to perceive devaluation and, in some circumstances, expect their surrounds or social environments to respond as threatening, particularly in dangerous or unwanted communal settings.

### **4.3 Ethical Dilemma**

Within the framework of ethical concerns, HIV was seen as a cause of shame and rejection in a society that placed considerable importance on cultural and religious dominance, especially in Asian countries like Pakistan. In Pakistani culture, HIV is seen as taboo since it is widely believed that participating in sexual activity is forbidden. The prohibition of HIV-related safe sex and sexual interactions in Pakistan, as an Islamic State, has been identified as a contributing factor to the rising incidence of HIV inside the country. However, it is crucial to recognize the elevated prevalence of HIV as a result of several contributing variables. Individuals expressed dissatisfaction and societal rejection upon receiving the diagnosis. The effective dissemination of comprehensive sexual education to the general population and the provision of adequate training to medical professionals are crucial in enabling them to confidently and confidently address such situations without hesitation.

A male participant shared his struggle with keeping his HIV status a secret from his social circle due to fear of social exclusion. Despite his personal growth, his flaws were not overlooked by others, leading to a sense of bitterness in his life. The constant reminders of his mistakes have pushed him to contemplate suicide due to the overwhelming distress. (C#4).

The majority of individuals choose to conceal their HIV status from others as a result of apprehension over potential rejection, social isolation, and condemnation. This phenomenon has played a role in the escalation of HIV prevalence in Pakistan. Insufficient provision of medical treatment to individuals was seen inside the hospital setting. Individuals who are sleeping with HIV are consistently transmitting the virus to others due to the ethical dilemma. It is imperative for the government to adopt a proactive approach in addressing the problem of HIV and effectively eliminating the associated stigma among the people of Pakistan.

There is a common misconception about the spread of HIV via direct touch and the sharing of utensils, food, toilet items, and clothing. The transmission of this sickness from these sources is not infectious. The transmission of HIV among individuals infected with HIV is not just attributable to intercourse and the sharing of common objects, but also to activities such as blood transfusion, needle sharing, and the use of unsterilized surgical equipment, as shown by medical data. On the occasion of visiting his siblings, a male participant approached the physician to ask about his sickness, expressing concern over the possible transfer of his condition to them (C#6). A female participant provided a narrative of her experience, stating that i was hesitant to kiss my daughter after her birth due to her HIV status. I initially feared that HIV could be transmitted through kissing, but my counselor reassured me that it is not spread through physical contact. (C#11).

The researchers have derived the misperception about the transmission of AIDS among individuals and couples who are HIV-positive from the tales they have presented. A commonly held misconception is that individuals may get HIV via direct contact with those who are HIV-positive,



such as through activities like hugging, kissing, sharing water, and ingesting food.

#### **4.4 Loss of job**

The career and work status of individuals impacted by HIV play a key role in preserving their living conditions and general well-being. Individuals were obliged to divulge their HIV status as a result of the potential for joblessness. Some individuals experienced stigma, bias, and social isolation in the workplace due to their encounters with colleagues and supervisors. In order to evade feelings such as shame, remorse, stigma, and discrimination, many have choose to conceal their HIV status. He described the experience of a male participant.

I have been working as an electrician in Saudi Arabia since 2015. My friend had an injury that led to a loss of blood. I sought medical attention at the hospital with the intention of donating blood to save the life of an individual known to me. Due to my HIV diagnosis derived from blood tests, the doctor recommended against giving the blood. After my employer became aware of this information, I was terminated and later expelled from the country. Currently, I am in the process of establishing my own business with the purpose of generating revenue for my family (C#8).

A significant proportion of the participants demonstrated reluctance in participating in any kind of job as a result of their HIV status and expressed aversion towards the social stigma associated with this condition. A subset of individuals who were employed choose to hide their HIV status inside the professional setting and in the presence of their colleagues. The investigators have undertaken an inquiry into the occurrence of unemployment among persons who have been diagnosed with HIV in the first phases of their disease. The result depends on the severity of the illness and the individual's condition. The patients had difficulties in effectively handling the financial implications of their treatment and sustaining a stable home as a result of their socioeconomically disadvantaged conditions.

#### **5.0 Discussion and Conclusion**

The present research intends to inquire about the post-diagnosis experiences of HIV couples living with HIV infection and how they come across the impediments in Pakistani society after a diagnosis of HIV/AIDS. On the basis of the interviews, the research identified the numerous challenges faced by HIV concordant couples after the diagnosis of AIDS. The finding revealed that numerous factors were responsible for HIV among couples. The HIV propagation among individuals because of unsafe sex, drug use and unsafe medical practices by unprofessional doctors. (Yousaf et al., 2011; Habiba et al., 2023)

The result shows that people who are living with HIV/AIDS face many challenges such as stigma, discrimination, physical weakness, fear to lose relationships and career. The lifestyles of the people with the HIV infection in this study were altered (Dejman et al., 2015). Most of the patients limit their social activities and isolate themselves from others by spending most of their time at home.

Almost all patients had similar views regarding difficulties faced in disclosing their HIV status in front of society, they disclosed that the barriers behind the disclosure of HIV status is stigma and discrimination attached to this disease and fear of being alienated from the society, all

patients were facing such a tragic and pathetic situation of being socially defamed. The losing jobs and financial resources (Alinaghi & Mohraz, 2015).

HIV related stigma and discrimination have an adverse effect on the general life of people living with the virus as well as their families. Stigma makes diagnosed people to live in fear which makes them less likely to adopt preventive behavior, to go in for testing, disclose their status to others, access care and as well stick to treatment (Charkheyan, 2013; Grossman & Stangl, 2013, Habiba et al., 2021).

In the initial stage of diagnosis, individuals with HIV reported unjust, humiliating and discrediting attitude by their own family but after counseling, they also had family support. They had a good relationship with medical staff; all HIV/AIDS patients expressed that councilor and doctors all the time help them through counseling and moral support, and this was very helpful in coping with this disease (Nachega et al., 2012).

The HIV/AIDS epidemic is a fast increasing disease that presents a substantial challenge for Pakistan in the contemporary day. Pakistan, being an Islamic nation, has a culturally important historical and cultural heritage. People who with HIV often face social stigma and experience incidences of bias in society. Furthermore, individuals living with HIV had several challenges in their lives subsequent to the admission of their HIV/AIDS status to their family and acquaintances. Within the framework of Pakistani society, persons who are affected with HIV/AIDS often face several obstacles, including the disruption of their personal narratives and a deterioration in their ethical and societal standing. The rising incidence of HIV/AIDS cases among people, along with inadequate access to education and preventative interventions, highlights the need to augment public awareness about HIV/AIDS (Habiba et al., 2022).

### **Conclusion**

The paper highlighted the post-diagnostic experiences of HIV concordant couples. They encountered biographical disruption in case of chronic disease like AIDS as well as an embodied stigma in society. It was concluded from the current study that HIV concordant couples faced many challenges like isolations, lack of social support, bad relationship, lack of confidence, physical weakness, stigma, and discrimination. These challenges had adverse effects on their lives and family. Many HIV positive patients responded that they did not disclose their HIV status to others due the fear of losing relations and being alienated from the society due to the stigma or discrimination attached with HIV/AIDS and this situation make it more difficult for the patients to fight against this disease.

It is globally acknowledged that stigma related to HIV was the main hindrance in the provision of care and effective implementation of prevention measures in the world. In crux, there is a need of the hour to emphasize the health of HIV victims and provide the social and medical support them for their quality of life.

### **Recommendations**

The study recommends that there is a need to provide education to the public through seminars or social media to avoid increased stigma against people living with HIV/AIDS. Proper counseling and social support should provide HIV/AIDS victims. Society or community should be sensitized on how to handle and cope with people living with HIV/AIDS. The government should

take initiative related to HIV and awareness campaigns and policy implications. The future researches should focus on the Quantitative study to check the public awareness regarding AIDS. There is a need to explore the reasons for the un-equal imputation of blame between men and women in regard to HIV infection. There is a need to explore the role of religious institutions in the fight against the stigma and discrimination related to HIV and AIDS epidemic.

### **Limitations**

The study has some limitations especially related to sample selection due to short time and lack of funds the researcher took individuals from diverse background such as belonging to rural/urban settings and not occupational similarity. To overcome this limitation, we attempted to take some interviews from educated and well aware HIV person who were tempted in awareness related campaigns with medical staff. Additionally, we cannot generalize the findings of the phenomenological study to all over Pakistan because the sample size only comprised twenty-four participants. The current research has future implications for further researchers and policymakers. The researcher incorporated some recommendations for government and public to rethink about their policies related to HIV prevention.

### **Future Direction for Researchers**

The researchers identified potential areas for future research while analyzing data from in-depth interviews with HIV couples. These include the need for a quantitative study to address the issues faced by HIV couples and their children on a broader scale, as the current qualitative study may not capture the experiences of a larger number of HIV couples in Pakistan. Additionally, comparative research on concordant and discordant couples with children could provide insights into marital and parenting experiences in different contexts, shedding light on how discordant couples navigate their relationships and parenthood

**Ume Habiba:** Problem Identification, Theoretical Framework and Data Analysis

**Sidrah Shafeeq:** Literature Search, Supervision and Drafting

**Rabbia Arshad:** Methodology, and Drafting

Conflict of Interests/Disclosures

The authors declared no potential conflicts of interest in this article's research, authorship, and publication.

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