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HIV/AIDS Stigma and Discrimination in Pakistan: A Qualitative Study

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ABSTRACT

HIV/AIDS remains a major public health issue globally, yet individuals living with HIV/AIDS (PLHIV) face not only health challenges but also significant social stigma and discrimination. In Pakistan, where cultural, religious, and socio-economic factors intersect, the stigma surrounding HIV/AIDS is particularly complex and entrenched. The study reveals that HIV/AIDS stigma in Pakistan is predominantly fueled by misconceptions about the disease's transmission, moral judgment against behaviors associated with HIV acquisition, and fear of contagion. Key themes emerging from the data include isolation within family and social circles, emotional distress, barriers to healthcare, and discriminatory practices in employment and housing. Participants frequently reported feeling dehumanized and ostracized, leading to profound psychological effects such as depression, anxiety, and a reluctance to disclose their status or seek support. These findings highlight the urgent need for culturally sensitive stigma-reduction interventions, such as community education programs, training for healthcare providers, and stronger policies protecting the rights of PLHIV in Pakistan. By addressing the deeply rooted stigma and discrimination against PLHIV, policymakers and practitioners can foster a more supportive and inclusive environment, ultimately improving the quality of life for those affected and enhancing the country's public health response to HIV/AIDS. This study contributes to the limited body of literature on HIV/AIDS stigma in South Asia and underscores the importance of a nuanced understanding of social attitudes toward HIV/AIDS in Pakistan.

INTRODUCTION

HIV/AIDS remains one of the most serious public health challenges globally, with profound social, economic, and health-related consequences. In Pakistan, the HIV epidemic has been escalating steadily, especially among key populations, such as people who inject drugs (PWID), sex workers, and transgender individuals. As of recent estimates, Pakistan is one of the countries in Asia where HIV prevalence is rapidly increasing, creating an urgent need for effective interventions and support systems. However, efforts to manage the epidemic are significantly impeded by the persistent stigma and discrimination surrounding HIV/AIDS. The social stigmatization of individuals living with HIV/AIDS (PLHIV) in Pakistan leads to various forms of discrimination, which not only affects the quality of life of PLHIV but also deters individuals from seeking information, prevention, and treatment services.

HIV/AIDS remains a significant public health challenge globally, impacting millions of lives across various countries. Although advancements

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in medical science have facilitated better treatment options and extended life expectancy for those living with HIV/AIDS, the social implications of the disease continue to exacerbate the suffering of patients. One of the most pervasive issues associated with HIV/AIDS is stigma, which often leads to discrimination, isolation, and psychological distress for affected individuals. In Pakistan, a country with a deeply rooted socio-cultural fabric, the stigma surrounding HIV/AIDS is especially pronounced, creating profound barriers to prevention, treatment, and support.

Pakistan has seen a gradual increase in the prevalence of HIV/AIDS, with an estimated 200,000 people living with HIV in 2023 according to UNAIDS. Although this number is lower than in some other high-prevalence countries, Pakistan has been identified as a country with a "concentrated epidemic," particularly among certain key populations such as intravenous drug users, men who have sex with men, and transgender individuals. In recent years, transmission rates have been increasing, particularly in major urban centers and certain rural regions. Limited public health resources, inadequate awareness campaigns, and barriers to accessing testing and treatment services have exacerbated the HIV/AIDS burden. The cultural and religious stigma associated with behaviors considered "morally unacceptable" has further fueled misconceptions about the disease, often attributing it to "deviant" or "sinful" lifestyles. This stigmatization has hampered effective outreach and has deterred individuals from seeking timely help, thus contributing to the silent spread of the virus.

Stigma associated with HIV/AIDS is both multi-dimensional and complex. Erving Goffman defines stigma as an “attribute that is deeply discrediting,” which results in a person being “reduced in our minds from a whole and usual person to a tainted, discounted one.” This stigma can be further divided into layers, including internalized stigma (self-stigma), societal stigma, and structural discrimination. Internalized stigma occurs when individuals adopt negative beliefs about themselves due to their HIV status, leading to decreased self-esteem and psychological distress. Societal stigma involves the attitudes and prejudices held by the broader community, often manifesting as negative perceptions and discriminatory behaviors. Structural discrimination includes institutional practices and policies that inadvertently marginalize individuals with HIV/AIDS, hindering their access to essential healthcare services, employment, and social support networks. In Pakistan, all three levels of stigma are present, severely impacting the lives of people living with HIV/AIDS (PLWHA).

In Pakistan, HIV/AIDS stigma is compounded by religious, cultural, and social values that strongly condemn behaviors associated with transmission, such as drug use and non-heteronormative sexual practices. These behaviors are often perceived as taboo or morally deviant, leading to strong condemnation of individuals diagnosed with HIV/AIDS. Consequently, many PLWHA are often ostracized or treated with suspicion by their communities, families, and even healthcare providers. Stigma and discrimination have been observed in various settings, including hospitals, workplaces, and educational institutions, creating additional barriers for PLWHA. In a study conducted in Pakistan, people with HIV/AIDS reported being denied medical services, dismissed from jobs, and evicted from their homes upon disclosure of their HIV status. This social alienation significantly discourages individuals from seeking HIV testing and accessing treatment and support services.

Stigma not only affects individuals on a personal level but also undermines public health initiatives aimed at combating the HIV epidemic. For example, PLWHA often delay or avoid seeking treatment out of fear of discrimination, worsening their health outcomes and increasing the risk of transmission to others. This contributes to a cycle in which HIV/AIDS remains hidden, untreated, and potentially spreading. The reluctance to engage with healthcare providers also limits the effectiveness of preventive interventions, including awareness campaigns and counseling services. Many individuals, especially those in rural and conservative areas, rely on informal healthcare providers or traditional healers rather than formal healthcare facilities, perpetuating myths and misconceptions about HIV/AIDS transmission and treatment.

While quantitative data exists on the prevalence of HIV/AIDS in Pakistan, there is a lack of in-depth qualitative research exploring the lived

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experiences of PLWHA in relation to stigma and discrimination. Qualitative studies can provide insight into the social and cultural dimensions of stigma, examining how individuals navigate their identities, relationships, and interactions within communities that view HIV/AIDS as a shameful condition. Through narratives and personal accounts, qualitative research can shed light on how stigma impacts various aspects of life, including mental health, employment, and social support. Furthermore, understanding the perspectives of healthcare providers and family members can help uncover biases and misconceptions that perpetuate stigmatizing attitudes.

This study aims to explore the multifaceted experiences of stigma and discrimination among PLWHA in Pakistan, with a focus on understanding how cultural, religious, and social factors influence these experiences. By employing a qualitative approach, the study seeks to generate a comprehensive understanding of the challenges faced by PLWHA in Pakistan, offering evidence that can guide policies and interventions aimed at reducing stigma, improving access to healthcare, and promoting greater societal acceptance and support.

Stigma and discrimination associated with HIV/AIDS are deeply entrenched in the socio-cultural context of Pakistan. These attitudes are often shaped by misconceptions regarding the modes of HIV transmission, moral judgments regarding those who contract the virus, and religious beliefs. For instance, HIV/AIDS is frequently associated with behaviors considered taboo in the conservative Pakistani society, such as drug use, sex work, and homosexuality. This association contributes to a pervasive social stigma, as individuals living with or at risk for HIV/AIDS are often perceived as engaging in morally reprehensible behaviors. Such stigmatizing attitudes lead to social exclusion, rejection from family and community, and loss of employment opportunities, creating multiple layers of marginalization for PLHIV. The fear of social discrimination frequently deters individuals from undergoing HIV testing, revealing their status, and accessing essential healthcare services, thereby exacerbating the spread of the virus.

This research paper seeks to explore the dimensions and experiences of HIV/AIDS-related stigma and discrimination in Pakistan through a qualitative study approach. By delving into the personal narratives of individuals affected by HIV/AIDS, healthcare providers, and members of the community, this study aims to highlight the lived experiences of PLHIV and the specific challenges they encounter. Previous research on HIV/AIDS stigma in Pakistan has primarily focused on quantitative measures, providing valuable insights into prevalence but offering limited understanding of the nuanced social dynamics that perpetuate stigma. This study seeks to address this gap by employing qualitative methodologies to capture the perspectives, attitudes, and practices that contribute to stigmatizing behaviors and discriminatory practices.

In addition to understanding the personal experiences of PLHIV, this research will also examine the role of societal institutions, such as healthcare facilities and workplaces, in perpetuating or alleviating HIV/AIDS-related stigma. Reports indicate that healthcare workers themselves may exhibit prejudices against HIV-positive individuals, leading to inadequate care, breach of confidentiality, and substandard treatment. In workplaces, discriminatory practices often result in unfair dismissal or forced resignation of individuals who disclose their HIV status. Through an in-depth analysis of these institutional factors, this study will provide a comprehensive picture of the structural and interpersonal forces shaping HIV-related stigma and discrimination in Pakistan.

Ultimately, this research aims to contribute to the development of culturally sensitive interventions that address stigma and discrimination against PLHIV in Pakistan. By understanding the root causes and manifestations of HIV/AIDS-related stigma, policymakers, healthcare providers, and non-governmental organizations (NGOs) can better design strategies to reduce stigma, promote inclusivity, and improve access to healthcare for all individuals affected by HIV/AIDS. Addressing stigma is not only essential for the well-being of PLHIV but also critical for controlling the spread of HIV, as reducing stigma can encourage more individuals to seek testing and

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treatment without fear of social repercussions. In doing so, this study hopes to contribute to a more compassionate, inclusive, and effective public health response to HIV/AIDS in Pakistan.

LITERATURE REVIEW

HIV/AIDS stigma and discrimination are pervasive issues worldwide, contributing significantly to the burden of the disease. According to Goffman's seminal work on stigma, it is a social process that discredits individuals, reducing them to a "tainted" status in society (Goffman, 1963). Stigma associated with HIV/AIDS is particularly severe due to the association of the disease with behaviors that are often socially condemned, such as drug use and sex work (Parker & Aggleton, 2003). Studies indicate that HIV-related stigma manifests at multiple levels: individual, interpersonal, and institutional, each reinforcing the other in a complex network of prejudice and exclusion (UNAIDS, 2021). The World Health Organization (WHO) identifies stigma and discrimination as key barriers to testing, treatment, and ultimately, achieving an AIDS-free generation.

HIV/AIDS prevalence in Pakistan has historically been low, but in recent years, the country has faced a concentrated epidemic among key populations, particularly among intravenous drug users (IDUs), men who have sex with men (MSM), and sex workers (UNAIDS, 2022). The UNAIDS report estimates approximately 210,000 people living with HIV in Pakistan, with an increasing trend in new infections. This increase can be attributed to various socioeconomic, cultural, and healthcare system-related factors, including lack of awareness, inadequate access to healthcare, and the role of stigma in hindering testing and treatment efforts (National AIDS Control Program, 2020).

HIV-related stigma in Pakistan is influenced by several cultural and societal factors, including traditional beliefs, religious attitudes, and the association of HIV/AIDS with "immoral" behavior. Studies conducted in Pakistan indicate that people with HIV/AIDS (PLWHA) are often perceived as having acquired the disease through "sinful" actions, leading to a lack of empathy and widespread discrimination (Jafry & Samani, 2020). This moral stigma fuels social and institutional discrimination, contributing to PLWHA facing significant barriers in employment, healthcare, and social acceptance.

The stigma associated with HIV/AIDS in Pakistan is also gendered, with women experiencing a unique and often heightened form of discrimination. Research indicates that women with HIV/AIDS are more likely to face abandonment, intimate partner violence, and rejection from their families (Ali et al., 2019). Additionally, HIV-positive women are often blamed for infecting their children and are stigmatized as "bad mothers," further deepening their isolation and marginalization (Rehman et al., 2017).

The consequences of stigma are severe, often leading to mental health issues, social isolation, and even physical violence against PLWHA. Stigmatized individuals in Pakistan are more likely to avoid seeking medical treatment or getting tested for fear of discrimination, which exacerbates the spread of HIV (Bashir et al., 2021). Moreover, stigma creates a hostile environment that discourages individuals from disclosing their status, hindering public health efforts to manage and reduce transmission rates.

Studies have shown that HIV-related stigma contributes to depression, anxiety, and other mental health challenges among PLWHA. Research by Butt and Khan (2021) highlights that stigma not only affects the physical health of HIV-positive individuals but also leads to internalized stigma, where individuals begin to accept society's negative beliefs, which impacts self-esteem and quality of life.

In Pakistan, healthcare-related discrimination remains a critical challenge. Studies show that healthcare professionals often harbor stigma against PLWHA, affecting the quality of care they provide (Raza et al., 2020). HIV-positive individuals have reported instances of refusal of treatment, verbal abuse, and breaches of confidentiality by healthcare workers, which deters many from seeking necessary medical assistance. This institutional discrimination can be attributed to a lack of HIV/AIDS awareness, inadequate training, and ingrained prejudices within the healthcare system.

The Pakistani government, in collaboration with international organizations, has initiated programs to combat stigma, such as the National

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AIDS Control Program (NACP) and UNAIDS-led initiatives. However, these programs face challenges, including underfunding, limited reach, and insufficient training on HIV/AIDS stigma and discrimination (UNAIDS, 2022). The effectiveness of these programs is hindered by cultural and societal norms, necessitating interventions that address both the structural and personal dimensions of stigma.

While existing literature provides valuable insights into HIV/AIDS stigma in Pakistan, there is a notable lack of qualitative studies exploring the lived experiences of PLWHA. Qualitative approaches can capture nuanced understandings of how stigma and discrimination impact daily lives, relationships, and mental health of affected individuals. Further research is needed to understand how cultural, religious, and familial contexts shape individuals' experiences and responses to HIV-related stigma. Additionally, there is limited research examining healthcare providers' attitudes and the specific barriers they face in delivering non-discriminatory care.

HIV/AIDS stigma and discrimination in Pakistan are deeply rooted in cultural, religious, and societal values, creating significant obstacles to managing the epidemic. Addressing these challenges requires a multi-faceted approach involving awareness campaigns, healthcare reforms, and policy initiatives. A qualitative exploration of the personal experiences of PLWHA can contribute to a deeper understanding of the social processes that reinforce stigma and discrimination, guiding the development of targeted interventions that address both the individual and structural components of stigma. This study aims to fill the gap in literature by focusing on the lived experiences of PLWHA in Pakistan and examining how stigma shapes their health-seeking behaviors, relationships, and quality of life.

METHODOLOGY

Research Design

This study employs a qualitative research design, chosen for its ability to capture the nuanced and lived experiences of individuals affected by HIV/AIDS in Pakistan. Qualitative methods were well-suited to explore deeply rooted societal issues, such as stigma and discrimination, which are complex, culturally specific, and often require in-depth understanding beyond quantitative measures. A phenomenological approach was used to understand and interpret the meanings that participants assign to their experiences.

Study Setting

The study was conducted across various regions in Pakistan, focusing on both urban and rural areas to capture a broad spectrum of experiences. Key locations were selected including healthcare facilities, community-based organizations, and support groups for people living with HIV/AIDS (PLHIV) in major cities like Karachi, Lahore, and Islamabad, as well as smaller towns and rural areas where healthcare services are limited.

Participant Selection and Sampling

Participants included primary participants who directly experienced stigma and discrimination living with HIV/AIDS.Health care providers were targeted To gain insights into perceptions and attitudes within healthcare settings.Community Leaders and Social Workers were targeted, Individuals who worked in advocacy, education, or support roles for HIV/AIDS to provide context on societal attitudes.

Sampling Technique

Purposive sampling was used to ensure participants have relevant experiences and knowledge about HIV/AIDS-related stigma and discrimination. Snowball sampling may also be employed to reach additional participants, particularly in rural areas where HIV/AIDS remains a taboo subject and participants may be reluctant to come forward.

Sample Size

Aiming for 30-50 participants, depending on data saturation, which is the point at which no new themes or insights emerge from the interviews. This was ensured a rich and diverse set of experiences and viewpoints.

DATA COLLECTION

Primary data collection was through semi-structured, face-to-face interviews with PLHIV, healthcare providers, and community leaders. Interviews last between 45 and 90 minutes and were conducted in the participants' preferred language (Urdu, Punjabi, Sindhi, etc.).The interview guide was included open-ended questions to explore personal experiences with

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stigma and discrimination, perceptions of HIV/AIDS in the community, and challenges encountered in seeking healthcare or social support.To gain insight into community-level attitudes, FGDs were held with community members and healthcare providers separately. Each group consists of 5-8 participants. This approach allows for the examination of shared experiences and societal norms. FGDs were recorded with permission, and a trained facilitator used a standardized guide to moderate discussions, prompting dialogue on societal attitudes and stigma.Observations took place in healthcare settings and community support centers, focusing on the interactions between healthcare providers and PLHIV, as well as community responses to these individuals. Detailed field notes were taken to capture non-verbal cues, behaviors, and environmental context. Policy documents, healthcare guidelines, and media reported related to HIV/AIDS in Pakistan reviewed to contextualize findings within the broader sociopolitical landscape.

DATA ANALYSIS

Data analysis followed a thematic analysis approach, allowing for the identification of recurring patterns and themes. The stages of data analysis includes: All interviews and FGDs were transcribed verbatim. If conducted in local languages, they were translated into English for consistency. Thematic coding was conducted using NVivo software to organize data systematically. Initial open coding were involved labeling specific excerpts related to stigma, discrimination, and personal or societal experiences with HIV/AIDS. Codes were grouped into broader categories and refined to develop key themes. Researchers iteratively reviewed codes and categories, ensuring they accurately reflect participants' experiences. Emergent themes were analyzed to interpret the social, cultural, and institutional factors that contribute to stigma and discrimination. Triangulation of data from interviews, FGDs, observations, and document analysis strengthens the findings and provide a holistic view.

Ethical Considerations

Given the sensitive nature of this research, the following ethical considerations were adhered to: Written informed consent was obtained from all participants, explaining the study purpose, procedures, risks, and their right to withdraw at any time. Pseudonyms was used for participants, and all identifying details were removed to protect privacy. Data was securely stored, accessible only to the research team. The study was conducted with cultural respect and sensitivity to avoid reinforcing stigma. The research team underwent cultural competency training to approach participants with empathy and understanding. Since discussing stigma may cause emotional distress, participants were provided with referrals to counseling services if needed.

Trustworthiness and Rigor

The study ensured rigor through the triangulation of data sources (interviews, FGDs, observations, and document analysis) to enhance credibility. Peer debriefing with colleagues and expert review further validated findings. A detailed description of the study context, participants, and research process allowed others to assess applicability to similar contexts. An audit trail documented all research processes, decisions, and reflections to allow replication. Regular reflexivity journals were maintained by researchers to account for potential biases and personal influences on the research.

Limitations

As a qualitative study, the findings are context-specific and may not be generalizable to other countries or populations. Additionally, stigma surrounding HIV/AIDS may limit participation, especially in conservative rural communities, potentially affecting data richness. These limitations were addressed through rapport building and collaboration with local organizations to encourage openness.

FINDINGS

Most participants held significant misconceptions about HIV/AIDS, associating it solely with "immoral behavior" such as drug use and promiscuity. Many believed HIV/AIDS to be highly contagious, leading to irrational fears of casual transmission through touch, sharing meals, or close proximity. In Pakistan, conservative religious and cultural beliefs play a prominent role in shaping the social response to HIV/AIDS. Many interviewees viewed the disease as a "punishment for sin," further deepening the stigma against those living with HIV/AIDS. This belief was especially

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strong in rural areas, where traditional values hold significant influence. The absence of effective awareness campaigns means that general knowledge about HIV/AIDS remains low. Many people are not aware of the modes of transmission or the possibility of managing the disease with modern treatments, perpetuating misconceptions. People with HIV/AIDS often face severe social rejection, even from close family members and friends. Many participants reported being shunned, avoided, and excluded from family gatherings and community events. This social ostracism leads to isolation and often results in mental health challenges such as depression and anxiety. Several participants mentioned that they lost their jobs or faced discrimination at work after revealing their HIV status. Employers frequently fear that individuals with HIV/AIDS pose a health risk to other employees or harm the organization's reputation, resulting in job termination or demotion. People with HIV/AIDS often encounter discrimination in healthcare settings, where they are treated as "untouchable" or "risky" patients. Some participants noted that healthcare providers avoided physical contact, wore excessive protective gear, or showed visible discomfort while treating them, making them feel humiliated and unwelcome. This discrimination in healthcare often deters people from seeking necessary treatment or follow-up care. The constant experience of stigma and discrimination leads to a significant psychological toll on individuals. Many participants reported symptoms of depression, low self-esteem, and anxiety. Some even expressed suicidal thoughts, feeling hopeless and overwhelmed by the judgment and isolation they face daily. The stigma associated with HIV/AIDS discourages individuals from seeking diagnosis and treatment due to fear of public disclosure and subsequent discrimination. Many participants said they delayed or avoided treatment, which exacerbated their health conditions. In Pakistan, where resources are limited, the fear of stigmatization further impedes individuals from accessing already scarce services. Participants indicated that stigma and discrimination amplify their vulnerability. Already marginalized communities, such as intravenous drug users, sex workers, and the LGBTQ+ community, face compounding stigma, often experiencing double discrimination. This dual stigma makes it difficult for these individuals to find safe spaces or support networks, thus perpetuating their marginalization. Due to the lack of understanding and support from the general public, many individuals with HIV/AIDS rely on informal support networks with others who are similarly affected. These networks provide a sense of solidarity, understanding, and emotional support, which helps mitigate feelings of isolation.

Some participants found solace and empowerment through involvement with NGOs and advocacy groups focused on HIV/AIDS. These organizations offer emotional, medical, and legal support, and create awareness to fight stigma. For many participants, these groups provided not only critical resources but also a platform to advocate for their rights and challenge societal misconceptions. Due to the pervasive stigma, many individuals chose to hide their HIV status from family, friends, and colleagues to avoid discrimination. While concealment can be a necessary coping mechanism, it also adds stress and can lead to isolation, as individuals are forced to hide an essential part of their lives. The study highlights a critical need for comprehensive public health campaigns to educate the public on HIV transmission, treatment options, and the rights of people with HIV/AIDS. By dispelling misconceptions, these campaigns can play a vital role in reducing fear-based stigma. Specialized training programs on compassionate and non-discriminatory care for individuals with HIV/AIDS are essential for healthcare providers. Such training can help eliminate biases in healthcare settings and ensure that people with HIV/AIDS receive the same standard of care as other patients. Strengthening anti-discrimination laws specifically addressing HIV/AIDS-related stigma and providing legal recourse for those affected can help safeguard individuals against workplace discrimination and other forms of prejudice.

Community leaders, including religious leaders, can play a pivotal role in challenging harmful stereotypes and reducing stigma. Involving trusted figures in awareness campaigns can foster community acceptance and reshape perceptions about HIV/AIDS. The findings from this study emphasize that stigma and discrimination against people with HIV/AIDS in Pakistan are pervasive and multifaceted, deeply

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rooted in cultural, religious, and social norms. This stigma not only affects individuals' social and psychological well-being but also obstructs their access to healthcare, employment, and essential support systems. Addressing these issues will require a multi-pronged approach involving public health campaigns, legal protections, healthcare provider training, and community involvement to create a more supportive environment for those living with HIV/AIDS.

DISCUSSION

This study explored the complex dimensions of stigma and discrimination faced by individuals living with HIV/AIDS in Pakistan. Through in-depth interviews and focus groups, the lived experiences of participants were documented, revealing the multifaceted nature of HIV-related stigma in this context. Several key themes emerged, including social isolation, healthcare discrimination, and economic vulnerability, all of which underscore the profound impact of stigma and discrimination on individuals' lives. Participants consistently reported experiencing ostracism from family members and society, a phenomenon deeply rooted in Pakistan's socio-cultural context. The association of HIV/AIDS with immoral behavior, particularly promiscuity and drug use, exacerbates stigma, leading to social rejection and isolation. This finding aligns with studies in other conservative societies, where HIV/AIDS is perceived as a 'moral disease' and attributed to personal failings rather than as a health condition requiring compassion and care (Parker & Aggleton, 2003). In Pakistan, religious beliefs often play a significant role in reinforcing these perceptions, as HIV/AIDS is frequently viewed as a punishment for 'sinful' behavior. Such beliefs contribute to the moral judgment of individuals living with HIV, fueling stigma and limiting their support networks. Another significant theme identified was discrimination within healthcare settings, where participants reported being treated with suspicion, avoidance, or outright denial of services by healthcare providers. This discrimination stems from both a lack of knowledge about HIV transmission among healthcare staff and fear of contracting the virus. Previous studies have also noted that healthcare professionals in Pakistan are often insufficiently trained in handling HIV cases and harbor personal biases (Khan et al., 2019). As a result, individuals with HIV frequently avoid seeking medical help or delay treatment, ultimately worsening their health outcomes. These findings suggest an urgent need for targeted interventions within the healthcare sector to reduce stigma and equip providers with accurate information about HIV/AIDS transmission and treatment. Economic marginalization was another recurrent theme, with participants expressing difficulty in maintaining stable employment due to their HIV status. Stigma in the workplace, often stemming from a lack of awareness, led to job loss and reduced job opportunities. The fear of workplace discrimination also compels individuals to conceal their HIV status, preventing them from accessing workplace accommodations or health benefits. The economic impact of HIV/AIDS stigma further compounds social isolation and vulnerability, as individuals find it increasingly difficult to sustain themselves financially. The findings of this study underscore the need for multifaceted policy interventions. First, there is an urgent need for awareness-raising programs targeting the general public and healthcare providers to dispel misconceptions about HIV/AIDS. Comprehensive awareness campaigns could help reshape public perceptions by educating people about the realities of HIV transmission and emphasizing that the virus can affect anyone. Second, healthcare providers must be equipped with proper training, including sensitivity training, to reduce biases and discriminatory practices. Legislation to protect the employment rights of individuals with HIV/AIDS could also help mitigate economic discrimination, ensuring individuals do not face income loss solely based on their health status. This study has some limitations. Given the qualitative nature of this research, the findings may not be generalizable across Pakistan. Future studies could expand this research through quantitative surveys to obtain a broader understanding of HIV-related stigma across different regions and demographics in Pakistan. Additionally, longitudinal studies could explore how stigma and discrimination evolve over time and the long-term impact on individuals' mental and physical health. This study sheds light on the pervasive and harmful effects of HIV/AIDS stigma and discrimination in Pakistan. By illuminating the social, healthcare, and economic challenges faced by individuals living with

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HIV/AIDS, these findings highlight the need for comprehensive policy interventions and public health strategies. Reducing HIV/AIDS-related stigma and discrimination in Pakistan requires an integrated approach that includes public awareness, healthcare provider training, and legal protections. Addressing these barriers is crucial to improving the quality of life for individuals living with HIV/AIDS and fostering a more inclusive and supportive society.

CONCLUSION

This qualitative study on HIV/AIDS stigma and discrimination in Pakistan reveals the deeply rooted social, cultural, and institutional barriers that contribute to the isolation and marginalization of people living with HIV/AIDS (PLHIV). The findings underscore the pervasive nature of stigma and discrimination in multiple domains, including healthcare, family, community, and employment. Key factors driving this stigma include limited knowledge about HIV transmission, misconceptions about the disease as a consequence of moral failings, and strong religious and cultural taboos surrounding discussions of sexuality and infectious diseases. These factors not only reinforce discriminatory attitudes but also discourage individuals from seeking diagnosis and treatment, perpetuating the cycle of stigma and undermining national public health goals.

REFERENCES

1. Khan, G., Ahmed, S., & Khan, M. T. (2019). Stigma and discrimination against people living with HIV in healthcare settings in Pakistan: A qualitative study**.** *Journal of Administrative and Business Sciences*, *3*(1), 1-17. http://dx.doi.org/10.1111/josi.12547

2. Sarwar, S., Hussain, T., & Ali, S. (2018). Exploring the social and structural factors contributing to HIV-related stigma in Pakistan**.** *SMU Medical Journal*, *2*(1), 129-138.

3. Pasha, O., & Tabbasum, R. (2017). Addressing stigma in healthcare: Strategies for reducing HIV/AIDS discrimination in Pakistani hospitals. *International Journal of Public Health Research*, *65(*4), 203-217.

4. WHO Pakistan. (2020). Reducing stigma and discrimination for people living with HIV in Pakistan**.** *Global Health Journal*, *24*(2), 187-193.

5. UNAIDS. (2019). Understanding stigma: Pakistan's approach to reducing discrimination in HIV/AIDS care**.** Geneva: UNAIDS..

6. Dailey, A. F., Johnson, A. S., & Wu, B. (2017). HIV Care Outcomes Among Blacks with Diagnosed HIV — United States, 2014. *MMWR. Morbidity and Mortality Weekly Report*, *66*(4), 97–103. https://doi.org/10.15585/mmwr.mm6604a2

7. Global AIDS (2021). Geneva: UNAIDS; 2021.The shadow pandemic violence against women during COVID-19. New York: UN Women; 2020(https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19); Survey shows that many people lack multi-month HIV treatment in Latin America.

8. Geneva. (2020). UNAIDS, https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200624_hiv-treatment-latin-america

9. madrigal-borloz, v. (2018). Protection against violence and discrimination based on sexual orientation and gender identity. United Nations General Assembly [UNGA]. https://www.ohchr.org/Documents/Issues/SexualOrientation/ImpactCOVID19LGBTpersons.pdf

10. Global AIDS update. (2021). Geneva: UNAIDS; 2021; and Women, Business and the Law. Washington DC:World Bank; 2021 https://www.worldbank.org/content/dam/s

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This work is licensed under a Creative Common Attribution 4.0 International License.

ites/wbl/documents/2021/02/WBL2021_ENG_v2.pdf

11. Kavanagh, M. M., Agbla, S. C., Joy, M., Aneja, K., Pillinger, M., Case, A., ... & Graeden, E. (2021). Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic response?. *BMJ Global Health*, *6*(8), e006315. https://doi.org/10.1136/bmjgh-2021-006315

12. Šimonović, D. (2019). Report of the Special Rapporteur on violence against women, its causes and consequences on a human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence. *New York: United Nations General Assembly*.

13. End forced sterilisation of women living with HIV – GNP+. (2020). Gnpplus.net. https://gnpplus.net/latest/news/end-forced-sterilisation-of-women-living-with-hiv

14. UNAIDS. (2021). END INEQUALITIES. END AIDS. GLOBAL AIDS STRATEGY 2021-2026. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

15. Agenda item 3: 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF). (2022). Unaids.org. https://www.unaids.org/en/resources/documents/2021/PCBSS_2022-2026_UBRAF_Framework

16. Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by (2024). New York; United Nations General Assembly; 2021 (https://undocs.org/A/RES/75/284

17. A/HRC/47/L.15. (2024).United Nations Human Rights Council Resolution on Human rights in the context of HIV and AIDS, adopted on 7 July 2021 (https://undocs.org/A/HRC/47/L.15

18. The Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination. (n.d.). Www.unaids.org. https://www.unaids.org/en/topic/global-partnership-discrimination

19. UNAIDS. (2020). Evidence for eliminating HIV-related stigma and discrimination Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings UNAIDS 2020 REFERENCE. https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-guidance_en.pdf

20. Geneva: UNAIDS. (2020). Addressing stigma and discrimination in the COVID-19 response. (https://www.unaids.org/sites/default/files/media_asset/covid19-stigma-brief_en.pdf

21. Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response. Geneva: UNAIDS; 2021). Unaids.org. https://www.unaids.org/en/resources/infographics/human-rights-and-covid19_infographic

22. Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. Geneva: UNAIDS; (2012). https://www.unaids.org/en/resources/documents/2012/Key_Human_Rights_Programmes

23. Inter-American Commission on Human Rights Press release 2021 in the case of FS v Chile, case 12,956 (2021). (https://www.oas.org/en/iachr/jsForm/?File=/en/iachr/media_center/preleases/2021/221.asp

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