## HIV and Stigma

HIV continues to pose a major public health problem with around 36.3 million deaths globally, even though significant advancements in understanding the virus have made it a manageable chronic disease.

Medical treatment exists in the form of highly effective anti-retroviral drugs, but social factors continue to add fuel to the pandemic through stigma and discrimination that people living with HIV/AIDS face in their daily lives.

The stigma attached to HIV is closely connected to the disease's historical perspectives. Initially discovered among the homosexual population, the disease acquired the notorious nomenclature, "Gay-related immunodeficiency."

The stigma was perpetuated when injection drug users, already existing on the fringes of the society, were also found to carry the disease. Since both homosexual behavior and drug abuse were regarded as risky behaviors, such individuals came to be shunned by the society. There was also a societal belief that the disease was a punishment from God for indulging in "unnatural" behavior.

People living with HIV/AIDS (PLWHA) were further marginalized since transmission modes were unclear initially. This led to the unfound perception and fear that any physical contact with such individuals would also lead other people to contract the disease, thus leading to discriminatory attitudes. While scientific understanding regarding modes of transmissions has taken leaps and bounds, such attitudes continue to persist.

Erwing Goffman, a world-renowned sociologist, defines stigma as the societal perception of defiance or difference from a norm, making a person discredited or desirable. PLWHA may also perpetuate the stigma by self-blaming for contracting the disease through indulging in "unnatural sex" or immoral behavior. The consequence of this self-blaming is that PLWHA, in an attempt to hide their disease status, may not seek the treatment until too late. Moreover, PLWHA due to discriminatory attitudes may resort to severe isolation and withdrawal from the society.

HIV/AIDS is a concentrated epidemic among high-risk populations in Pakistan including commercial sex workers, transgender, injection drug users and prisoners. These populations who live on the margins of the society are further ostracized due to their HIV status. Compounding the issue is that they are unable to seek appropriate healthcare treatment not only due to fear of stigmatization and reprisal but also because of the fragmented healthcare structure of the country. Discriminatory practices are plentiful in Pakistan as evidenced through research. Bashir (2011), in an exploratory study from major cities in the country, found that 65% of PHLWHA were fired from their jobs when their disease status was known, whereas 29% were forced to retire. Such discriminatory attitudes may also lead to mental health issues among such a populace. One study demonstrated, there is a high prevalence of anxiety and depression in PLWHA with stigma as a significant underlying cause.

Stigma may also be the root of psychological, sexual and physical violence against these individuals, reported extensively from Pakistan.

Within healthcare institutions, PLWHA may also face restrictions in access to healthcare despite the constitution explicitly stating no discrimination to exist based on health status. Moreover, Pakistan also has provincial laws restricting such practices. Sindh, for instance, has an Act titled, "The Sindh and AIDS Control Treatment and Protection Act, 2013" that has a clause regarding denial of admission for HIV patients, *"No person seeking private or public accommodation anywhere shall be screened for the purpose of denying admissions based on his HIV status."* However, there is plentiful of anecdotal evidence that illustrates the same.

Unfortunately, while laws exist, there is a lack of translation into practice stemming from lack of awareness. As we commemorate Worlds AIDS day in December every year, we need to tackle the epidemic by addressing address stigma and discrimination effectively. Increasing education and awareness initiated at the grass-root level is the first step. Reforms can also be undertaken by developing institutional policies against discrimination that draw their strengths from robust provincial laws already in existence. The power of mass media can be harnessed to dispel myths and stigma surrounding the disease in order to create a more inclusive society.

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