



**An Index to measure the Stigma and Discrimination
experienced by People Living With HIV in Pakistan, 2009-10**

Association of People Living with HIV & AIDS, Secretariat, Office No. 02, 2nd Floor, Musarrat Arcade,
G-11 Markaz, Islamabad, Pakistan. Ph. Office: 051-2220904, E-mail: info@theassociation.org.pk,
Website: www.theassociation.org.pk

TABLE OF CONTENTS

ACRONYMS

ACKNOWLEDGEMENT

A	INTRODUCTION.....	1
B	METHODOLOGY	5
SECTION - 1		
DEMOGRAPHICS		
1.1	Sex	8
1.2	Age	8
1.3	Living with HIV status	9
1.4	Education level	10
1.5	Relationship Status	11
1.6	Sexual Activeness	12
1.7	Belonging to any High Risk Group	12
1.8	Any Physical disability	13
1.9	Employment Status	13
1.10	Household age wise	14
1.11	Orphaned children in household	14
1.12	Locality	15
1.13	Average income over 1 year	15
1.14	No of Days for not enough food	15
SECTION - 2		
EXPERIENCES OF STIGMA AND DISCRIMINATION FROM OTHER PEOPLE		
2.1	Exclusion from social gatherings	17
2.2	Exclusion from Religious activities or places of worship	18
2.3	Exclusion from family activities	18
2.4	Reasons for Exclusion from Family activities	18
2.5	Being gossiped about	19
2.6	Reasons for being gossiped about	19
2.7	Verbally insulted/harassed or threatened	20
2.8	Reasons for being verbally assaulted	20
2.9	Physically Harassments	21

2.10	Reasons for being physically harrassened	21
2.11	Physically assaulted	22
2.12	Reasons for being physically assaulted	22
2.13	Physically assaulted by whom	23
2.14	Stigma and discrimination other than HIV/AIDS	23
2.15	Psychological Pressure due to HIV/AIDS by Partner/husband/wife	24
2.16	Sexually rejection due to status	24
2.17	Discrimination by other PLHIV	25
2.18	Family member experienced discrimination due to your status	25
2.19	Reasons for facing HIV stigma and Discrimination	25
SECTION - 3		
ACCESS TO WORK HEALTH AND EDUCATION SERVICES		
3.1	Forced to change residence or unable to get accommodation	27
3.2	Reasons to change residence or unable to get accommodation	27
3.3	Losing a job or source of income	28
3.4	Reasons for Losing a job or source of income	28
3.5	Reasons for loss of employment due to status	29
3.6	Refusal of employment due to status	29
3.7	Reasons for change in Job Description/refusal of promotion	30
3.8	Dismissed/suspended from attending educational institution.	31
3.9	Denial of admission/Dismiss to children due to Parents HIV status	31
3.10	Denial of health services.	31
3.11	Denial of Family Planning services	32
3.12	Denial Of Sexual and Reproductive Health services	32
SECTION - 4		
INTERNAL STIGMA (THE WAY YOU FEEL ABOUT YOURSELF AND YOUR FEARS)		
4.1	Experiences of Internal Stigma feelings because of HIV status	33
4.2	EXPRESSION OF FEELINGS FOR BEING HIV POSITIVE	34
4.3	Fearful of any of the following things happening– Whether or not they actually have happened?	35

4.4	Being afraid that someone would not want to be sexually Intimated due to their HIV status	35
SECTION - 5		
RIGHTS LAWS and POLICIES		
5.1	Declaration of Commitment (DoC)	36
5.2	Knowledge of DoC	36
5.3	Happening of things due to HIV status	37
5.4	Abusal of rights	37
5.5	Tried for legal redress incase of abusul of rights	38
5.6	Time Period for beginning Process for legal redress	35
5.7	Result of trying to get legal redress	39
5.8	Reasons for not trying to get legal redress	39
5.9	Approach to Govt. employees to take action against abusul of rights	40
5.10.	Did this happen in last 12 months	40
5.11	Result of approaching govt. employee for abusul of rights	41
5.12	Approach to local or national politician to take action against Abuse	41
5.13	Did this happen in last 12 months	41
5.14	Result for approaching Politician for abusul of rights	42
SECTION - 6		
EFFECTING CHANGES		
6.1	Confrontation, challenged or educated some one who was Stigmatizing and/or discriminating against HIV	43
6.2	knowledge of organizations or groups to contact in case of Experience of stigma or discrimination	43
6.3	Knowledge about Type of Organization dealing with S&D. Help sought from any of the organizations or group to resolve an issue of stigma or discrimination?	43-44
6.4	Support to other people living with HIV and AIDS	45
6.5	Type of support extended by PLHIVs to other PLHIVs	45
6.6	Membership of people living with HIV support group	45
6.7	Involvement either as volunteer or as an employee in any programme for PLHIVs	46
6.8	Involvement in any efforts to develop legislation, policies or Guidelines related to HIV	46

6.8	Power to influence occasions in any of Aspects	47
6.9	Suggestions to address Stigma & discrimination by PLHIVs	47
SECTION - 7		
TESTING AND DIAGNOSIS		
7.1	Reasons for being tested for HIV	49
7.2	Extent of decision for HIV testing	49
7.3	Counseling for HIV testing	50
SECTION - 8		
DISCLOSURES AND CONFIDENTIALITY		
8.1	Disclosure of HIV Status.	51
8.2	Pressure to disclose HIV status by PLHIVs or networks	60
8.3	Pressure from Family members to disclose HIV status	60
8.4	Disclosure by Health care professional about HIV status without consent	60
8.5	Confidentiality of medical records	61
8.6	Reactions of other people when they first knew about your HIV status	62
8.7	Disclosure an empowering experience	74
SECTION - 9		
TREATMENT/DIAGNOSIS		
9.1	General health Status.	75
9.2	Anti Retroviral treatment	75
9.3	Access to antiretroviral treatment	76
9.4	Medications for Opportunistic infections	76
9.5	Access to medication for opportunistic infections	77
9.6	Discussion with Health care Provider on HIV treatment options	77
9.7	Discussion with HCP about Sexual relationships, emotional wellbeing	78
SECTION - 10		
HAVING CHILDREN		
10.1	Having Children	79
10.2	Known HIV children	79
10.3	Counseling about RH options	79

10.4	Advise by HCP not to have a child being HIV-positive	80
10.5	Coercion by HCP for sterilization being HIV-positive	80
10.6	Access to antiretroviral treatment coupled with forms Contraception	80
10.7	Coercion by health care professional for termination of pregnancy	81
10.8	Coercion by health care professional for Method of giving birth	81
10.9	Coercion by health care professional for Infant Feeding Practices	82
10.10	Prevention of mother-to-child transmission of HIV during pregnancy by provision of ARVs	82
10.11	Provision of Education about healthy pregnancy and motherhood as of PMTCT	83
10.12	Discussion & Analysis	84
10.13	Recommendations	87
10.14	Tables & Graphs List	88

Acknowledgement

The Association of People Living with HIV & AIDS (APLHIV) would like to extend special thanks to all the PLHIVs who took part in this study. Without their willingness and sharing their life time experiences this research would not have been possible.

We would also like to acknowledge the efforts of all the interviewer PLHIVs, who worked very closely with the PLHIV Stigma Index team with great enthusiastic and passion inspite of their difficult Circumstances, ill health and a stigmatized status.

The leadership role and interest of Ex National AIDS Program Manager Dr Hassan Abbas Zaheer in this Project was a source of great strength and encouragement for the APLHIV. Dr Ali Razaque, Ex Manager PACP Punjab, Ex Manager PACP Sindh, Dr Sher Mohammad Manager PACP KPk and Dr Nasir Khan Manager PACP Balouchistan were all very cooperative since inception of this project by their participation in the consultative meetings.

We express our sincere thanks to Mr. Oussama Tawil-UNAIDS Country Coordinator for Pakistan and Afghanistan and Dr. Muhammad Saleem-M&E Coordinator UNAIDS for their invariable encouragement and support throughout this project, especially for the useful suggestions given during the course of the project period.

We are also grateful to the different CSOs who facilitated and courageously allowed and support in the process of access to PLHIVs
New light Aids Control Society
Pak Plus Society
Nai Zindagi Trust
Pakistan Society
AWARD +

We are thankful to Mr.Qasim Iqbal, Mr. Bernard Ouma and Mr.Irfan Tayyab for their expert suggestions that were part of this study.

Special thanks to Core Group comprising of Mr.Masood Fareed Malik-UNAIDS and Ms.Shukria Gull-General Secretary of APLHIV for their catalytic support during a challenging process of preparation and implementation of this study.

We express our deepest gratitude to our PLHIV stigma Index team including Ms.Saba Noreen-Data Entry Officer to complete this project through their technical expertise.

Dr Syed Jamal Shah
Consultant - Stigma Index Project

Saeed Khan
Project Manager - Stigma Index Project

ACRONYMS

APLHIV	Association of people living with HIV & AIDS
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retro viral Treatment.
CSO	Civil Society Organizations
FSW	Female Sex Worker
FATA	Federally administered tribal Areas
HIV	Human Immunodeficiency Virus
HSW	Hijra Sex Worker
HCP	Health Care Providers
IDU	Injecting Drug User
ICT	Islamabad Capital territory
MSW	Male Sex Worker
MSM	Male having Sex with Male
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
OI	Opportunistic Infections
PACP	Provincial AIDS Control Program
PLHIV	People Living with HIV & AIDS
PMTCT	Prevention of mother to child transmission
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
UNAIDS	Joint United Nations Programme on HIV/AIDS

Introduction

This report is based on cross sectional research carried out on 883 people living with HIV & AIDS in Pakistan. It aimed to collect information on stigma, discrimination and the rights of people living with HIV.

This has provided a documented proof of how people living with HIV & AIDS experienced different forms and types of Stigma .This information will lead to development of a base line to measure trends in Level of stigma and discrimination in different settings over a period of time in Pakistan Moreover it will also provide an evidence base for future discussions, policy shifts and informed programmatic interventions.

This study was carried out by the Association of people living with HIV & AIDS (APLHIV) in Pakistan. The main objective of the Association is to give the people living with HIV and AIDS a platform to raise a common voice for their rights and to contribute to the National response by spreading awareness. Through leadership in advocacy, policy education and prevention, the Association of PLHIV strives to minimize the adverse personal and social effects of stigma and discrimination towards Positive people. By championing the participation of HIV-Positive people at all level of the national HIV and AIDS response aims to build positive future for positive people and to stop further spread of this epidemic.

This project was funded by International Planned Parenthood Foundation and the joint United Nations Programme on HIV & AIDS (UNAIDS).

Background:

Pakistan stands as the sixth most populous nation in the world with total population of about 168.79 million .It has an average annual growth rate of 1.9%.,¹ Pakistan has diverse geographical territories divided into four provinces viz., Punjab, Sindh, Khyber Puktoonkhawa and Balochistan; two autonomous states of Azad Jammu Kashmir and Gilgit-Baltistan; and Federal territories of Federally Administered Tribal Areas (FATA) and the Islamabad Capital Territory(ICT)².

Status of the Epidemic:

Pakistan has an estimated 97,400 people living with HIV at the end of 2009, with 2917 patients registered in 13 treatment and 7 PPTCT centers across the country, of which 1320 are on ARV drug therapy .Of these, 1320 on ARV drug therapy, of which 908 are men, 355 women and 57 are children less than 15 years..³ Pakistan has a concentrated epidemic of 0.1% of national adult HIV prevalence characterized by high prevalence among IDUs with an increase among other most-at-risk populations that include FSWs, MSWs and HSWs (Hijra sex workers) and thereon into other vulnerable groups and the general population.⁵

IDUs embody the core group driving the epidemic and exhibit the highest prevalence of 20.8% followed by 6.1% among HSWs and 0.9% among MSWs¹. In Pakistan, although

The People Living with HIV Stigma Index-Pakistan

HIV infection rates among FSWs remains low at 0.97%², there is evidence of sexual networking between FSWs and IDUs.⁵

Of estimated 97400 People living with HIV and AIDS only 2917 are registered and only 1320 on ARV Therapy. This is an alarming situation.

1 Federal Bureau of Statistics, Government of Pakistan

2 Federal Ministry of Information and Broadcasting, Islamabad, Govt of Pakistan

3 UN Population Division Annex 2009; 2009

4 Human Development Report 2009, Pakistan

5 Project Progress report 2003 NACP

Rationale:

Advances in HIV treatment over the past decade have transformed HIV-infection from a fatal diagnosis into a manageable chronic illness.^{6,7} still the social aspect of the illness—including the stigma of HIV—continues to threaten the emotional, mental, and physical well-being of persons living with HIV/AIDS (PLHIV).

Stigmatization of individuals infected and affected by HIV is a tragic consequence of the HIV/AIDS disease. Once called the ‘third epidemic’, it acts as barrier to the prevention, care, treatment and uptake of services.

The concept of stigma is complex and is rooted in deviance from the values and social norms of a community ⁸. Theoretical frameworks of stigma grounded in the sociological and anthropologic literature conceptualize stigma as a social process.^{9, 10} The process of stigma involves the identification and labeling of human differences, linking labeled persons to negative stereotypes, and categorization to facilitate discrimination and unequal outcomes.

Stigma is a sign of disgrace or shame. It originates from the ancient practice of branding or marking someone who was thought to be “morally flawed” or to have behaved badly and therefore ought to be avoided by other members of society.

Stigma is often described as a process of devaluation. In other words, if one is stigmatized one is discredited, seen as a disgrace and/or perceived to have less value or worth in the eyes of others.

HIV-related stigma often builds upon and reinforces other existing prejudices, such as those related to gender, sexuality and race. For example, the stigma associated with HIV is often based upon the association of HIV and AIDS with already marginalized and stigmatized behaviors, such as sex work, drug use and same-sex and transgender sexual practices.

Discrimination is the end result of the process of stigmatization. It involves treating someone in a different and unjust, unfair or prejudicial manner, often on the basis of their belonging, or being perceived to belong, to a particular group. In other words, when stigma is acted upon (sometimes called “enacted stigma”), the result is discrimination.

References

6. Hogg RS, Heath KV, Yip B, et al. Improved survival among HIV-infected individuals following initiation of antiretroviral therapy. *JAMA*. 1998;279 (6):450–4.
7. Jensen-Fangel S, Pedersen L, Pedersen C, et al. Low mortality in HIV infected patients starting highly active antiretroviral therapy: a comparison with the general population. *AIDS (London)*. 2004;18(1):89–97.
8. Goffman E. Notes on the management of spoiled identity. New York: Simon & Schuster; 1963.
9. Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Soc Sci Med* (1982). 2003;57(1):13–24.
10. Link BG, Phelan JC. Conceptualizing stigma. *Annu Rev Sociology*. 2001;27(1):363–85.

HIV-related stigma affects those living with HIV and – through association – those who they are associated with, such as their partner or spouse, their children and the other members of their household.

“Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatized.” For example, HIV-related discrimination occurs when someone is treated differently (and to their disadvantage) because they are known to be living with HIV, suspected of being HIV-positive, or closely associated with people living with HIV (such as their partner or a member of their household).

Stigma is often associated with diseases that have severe, disfiguring, incurable, and progressive outcomes, especially when modes of transmission are perceived to be under the control of individual behavior. It is also common in diseases that are perceived to result from the transgression of social norms, such as socially unsanctioned sexual activity¹¹. These criteria fit HIV/ AIDS. Ignorance and fear underlie HIV-related stigma. An inadequate understanding of the modes of HIV transmission leads to fear of transmission from casual contact. This fear, combined with a better understanding of the deadliness of the disease, can lead to physical and social ostracization of people living with HIV/AIDS and other forms of discrimination.

For many of those with the disease, the impact of HIV related stigma is compounded, as people who experience it are often members of already disempowered or stigmatized groups such as women, sex workers, the poor, or homosexuals¹².

Through stigma, society often blames infected people for being ill and justifies discriminatory acts against them while asserting the Innocence and health of those who stigmatize.

References

11.Crandall, C.S. and D. Moriarty. 1995.

“Physical illness stigma and social rejection.” *British Journal of Social Psychology* 34(1): 67-83.

12.Herek, G. and E.K. Glunt. 1988.

“An epidemic of stigma: public reaction to AIDS.” *American Psychologist* 43(11): 886-891.

Methodology & Study Design

Objectives of the Study:

“To find out various forms and sources of Stigma & Discrimination experienced by people living with HIV across the country which could provide evidence for policy change and programmatic interventions”

Methodology

It was a cross sectional study conducted from Sep 2009 to July 2010. A total of 910 people living with HIV & AIDS were members of APLHIV through different CSOs working all over Pakistan till July 2009. The CSOs were taken on board to facilitate the access to PLHIVs. The interviewees were provided with incentives to cover their travel expenses and daily subsistence.

Sampling design and technique

The sample size was taken on the assumption to include all the PLHIVs who were the members of the CSOs and registered with APLHIV till July 2009. A sample size of 910 was aimed. We intend to interview all of them but Out of 910 we managed to interview 883 PLHIVs. Some of them fall into exclusion criteria and other died or missing and have no contact with the CSOs. So the PLHIVs registered with APLHIV, “take all” approach was adopted. The sample size provided adequate statistical power to measure the extent of Stigma and discrimination.

Specific **exclusion criteria** for participation in the study were as follows:

- Age under 16 yrs
- A person who appears to be, in the interviewer’s judgment, incapable of Understanding the information provided about the survey (e.g., due to intoxication, sickness, or the person is cognitively impaired etc.)
- Not willing to participate in the study/unwilling to provide informed consent.
- A person who has already participated in the survey.

Data Collection instrument

Data were collected by trained interviewers using structured questionnaires. The questionnaires were designed in English by the IPPF but subsequently translated into Urdu; the Urdu versions were used to collect the required data.

Selection of Interviewers.

CSOs were approached to nominate potential candidates to be the part of this study on the basis of an exclusive criteria. After the nomination, candidates were interviewed and selected. Initially a total of 40 candidates were selected but due to some drop outs 33 interviewers managed to collect the data in the field.

Training on Data Collection

The selected interviewers were trained for three days workshop on data collection instrument by the master facilitators who were trained in Nepal. The researchers have been trained in two phases on interviewing skills to meet the capacity building objectives and to sensitize them to ethical principles.

We provided a learning environment to the participants to enable them to:-

- gain an understanding of the history & background, the rationale for, and the partners involved in the *People living with HIV/AIDS Index Survey*;
- consolidate their own understanding of some of the key theories and research associated with HIV-related stigma and discrimination;
- reflect on their personal experiences and be able to link these with the dimensions of recent studies and projects addressing stigma - and key aspects of the Index;
- obtain a comprehensive understanding of the content and design of the questionnaire, and all the associated forms and agreements that are administered as part of the interview process;
- gain an understanding of the necessary research skills and processes required to implement the questionnaire at the community level including how one would reflect on the data that has been gathered from the interviews and be able to access the necessary support from the Team Leader;
- develop an action plan which illustrates how they and their network/organization will take the implementation of the Index forward in their areas following this workshop;
- replicate aspects of this workshop in order to train people living with HIV in their community to administer the questionnaire in an appropriately sensitive and ethical manner, using appropriate research methods and
- Support and encourage participants to continue to be actively involved in the PLHIV Stigma Index Project.

Data Collection and field work

Data was collected by trained interviewers. Data collection was facilitated by the relative CSOs. As the trained Interviewers were from the same CSOs, it helped to gain access to their member PLHIVs. Data collection took place in all the provincial capitals at varied venues. In some of the places interviewers traveled to other places to interview the PLHIVs.

Informed consent

Informed consent was read before for the eligible participants. The consent form provided participants with an overview of the objectives of the study, the confidential nature of the interview, the right of the participants to refuse to answer questions, as well as the right of subjects to end the interview at any time.

Administration of Questionnaire

The interviewees were briefed about the objective of the study and the confidentiality of the collected information. It was followed by Face to face interview by the interviewer.

Debriefing and referrals

After the completion of the interview, a debriefing session was held with participants so as to allow the interviewer to respond to any questions that the participants may have had. Information was also provided to participants during this session on the modes of transmission and prevention of HIV and referral centers.

Data management

After receiving the Questionnaires at the office of Association of People Living with HIV & AIDS in Islamabad. , each questionnaire was checked by the Consultant and signed for quality. The incomplete questionnaires were sent back to the interviewers and proper follow up was done.

Data entry was done in EPI Info. To ensure the quality of data, a data entry officer was hired for whole length of project and trained on data entry in EPI Info. On completion of data entry, errors for inconsistency of responses to related questions within a questionnaire were checked again to further guarantee the quality of data.

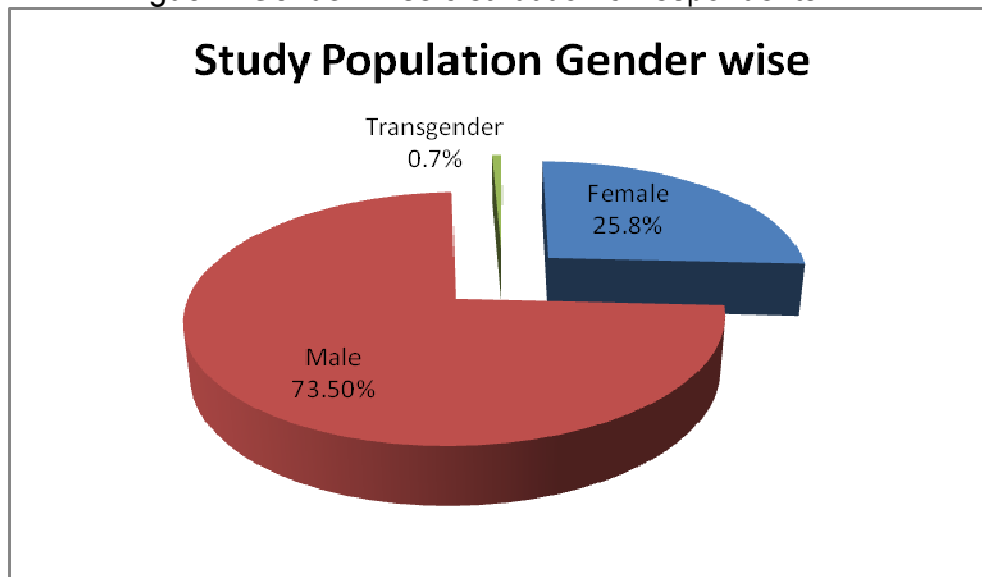
No personal information accompanied these records. The electronic data was password protected and only authorized officials of APLHIV had access to the data files. All hard copy data were stored in a locker at the APLHIV office.

SECTION - 1 DEMOGRAPHICS

1.1 Sex

A total of 883 PLHIVS were interviewed out of which (649) 73.5 % were males (228) 25.8% were females and only (6) 0.7 % transgender. This does not reflect the overall proportion of PLHIVs in Pakistan, which might be more than reported.

Figure 1. Gender Wise distribution of respondents



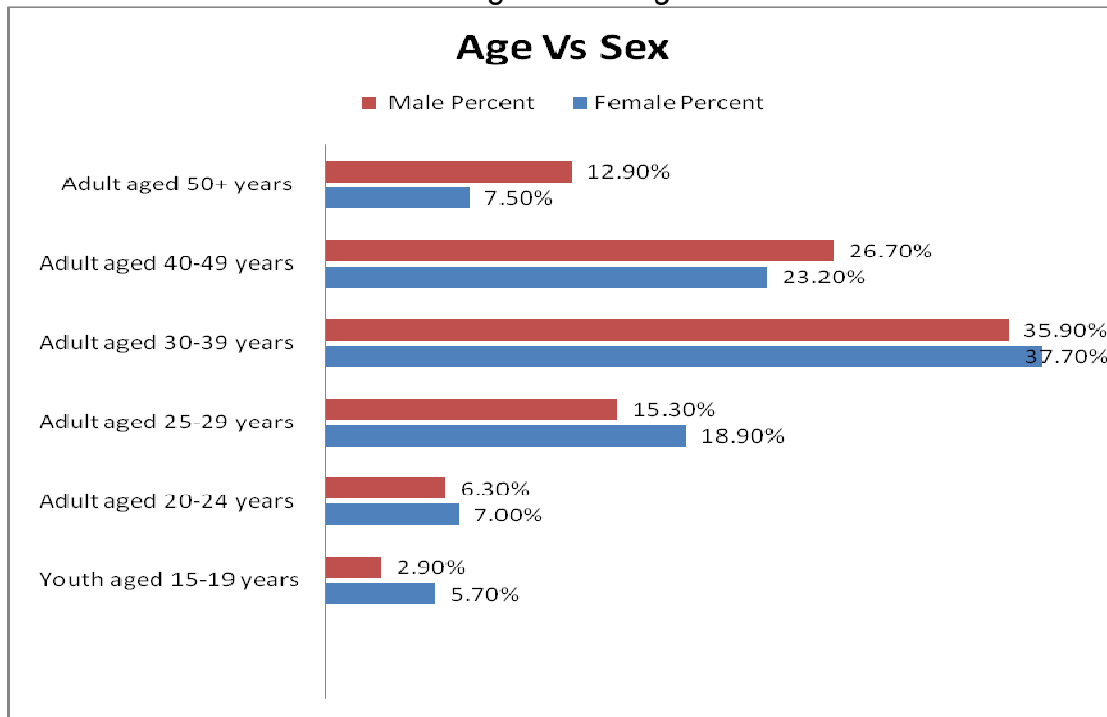
1.2 Age

Table 1.2a Age wise distribution of respondents

Age	Frequency	Percent
Youth aged 15-19 years	32	3.6%
Adult aged 20-24 years	58	6.6%
Adult aged 25-29 years	142	16.1%
Adult aged 30-39 years	321	36.4%
Adult aged 40-49 years	228	25.7%
Adult aged 50+ years	102	11.6%
Total	883	100.0%

Out of all the 883 respondents 36.4% were between 30 – 39 years of age , 25.7% between 40-49 years,16.1% between 25-29 years,11.6% above 50 years,6.6% between 20-24 years and only 3.6% between 15-19years

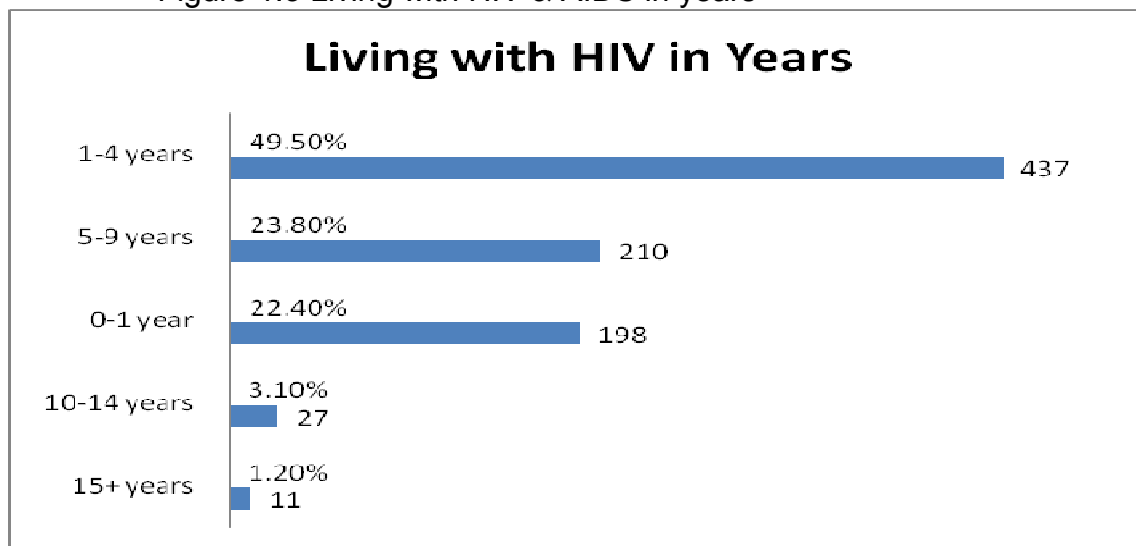
Figure 1.2b Age Vs Sex



1.3 Living with HIV status.

Out of all the respondents 49. % are living with HIV for 1-4 years,23.8% or 5-9 years,22.4% for 0-1 years,3.1% for 10-14 years and 1.2% with 15+ years.

Figure 1.3 Living with HIV & AIDS in years



1.4 Education Level

Most of the respondents 37.6% did not have any formal education. 30% are educated for primary and 27.2% with secondary level education. Only 5.2% had any technical education or went for university

Figure 1.4a Education Level

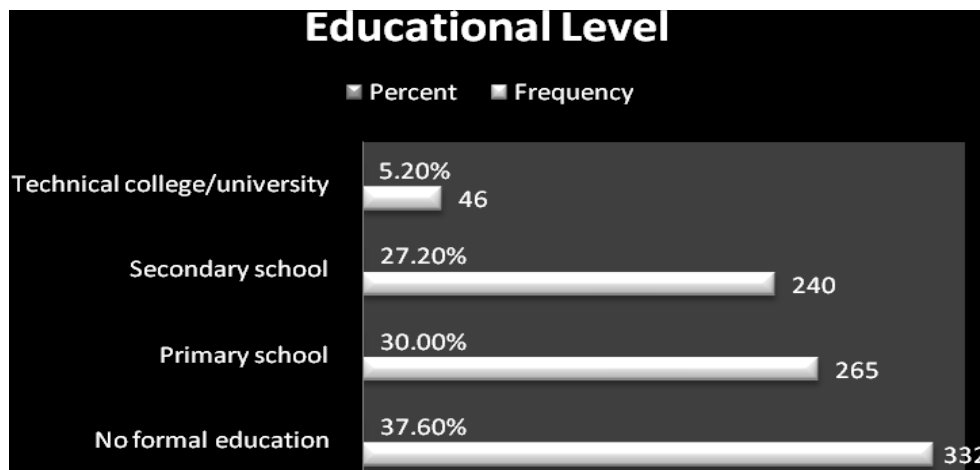
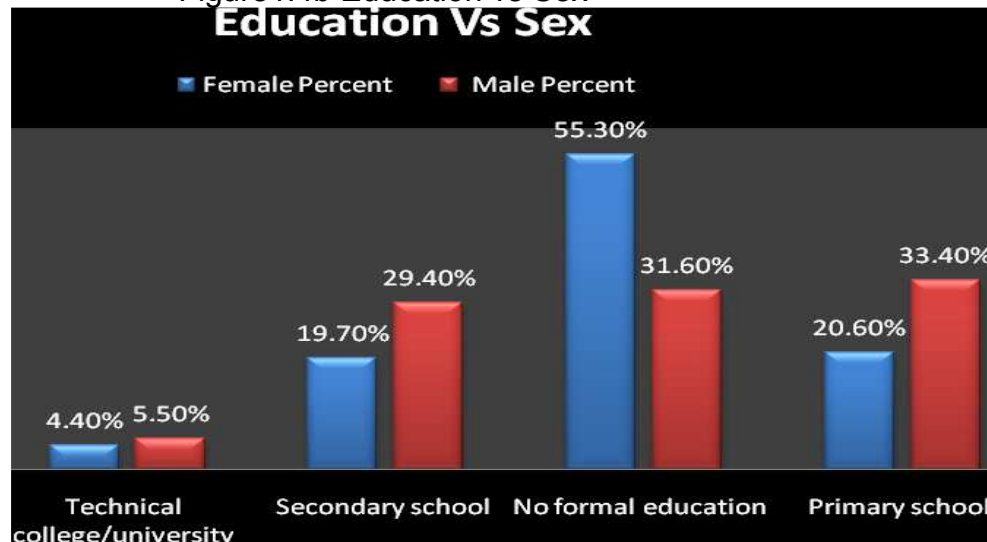


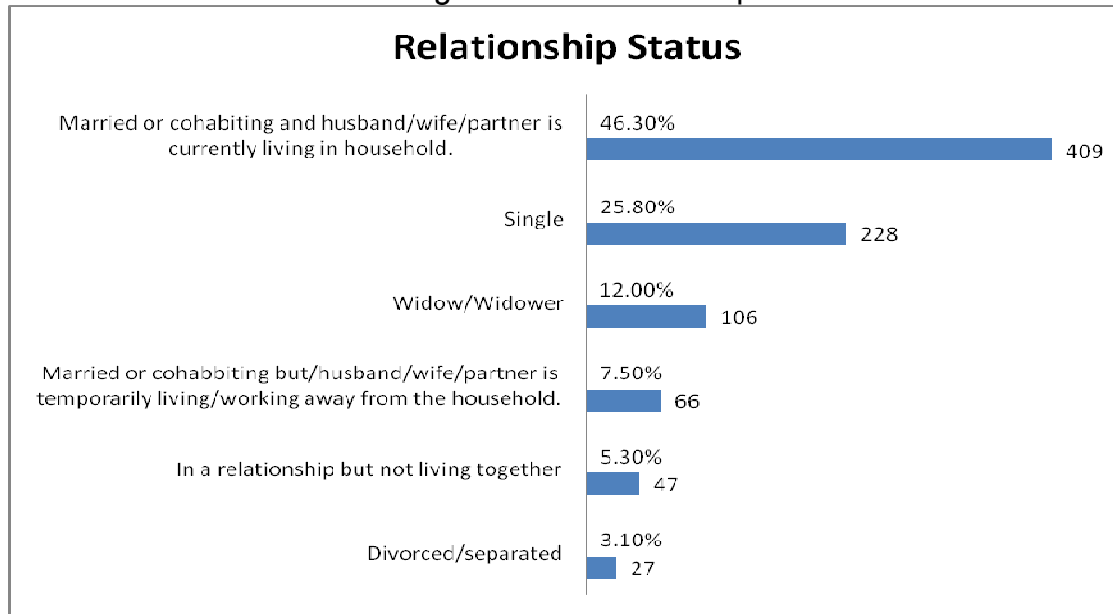
Figure 1.4b Education vs Sex



55.3 % of the females have no formal education and only 4.4 % have gone to any technical institute college or university. It's similar to the state of affairs of the general population where females are not provided with enough opportunities for education. Females living with HIV and AIDS should be targeted in future interventions to provide them with the better technical educational facilities to have an independent life

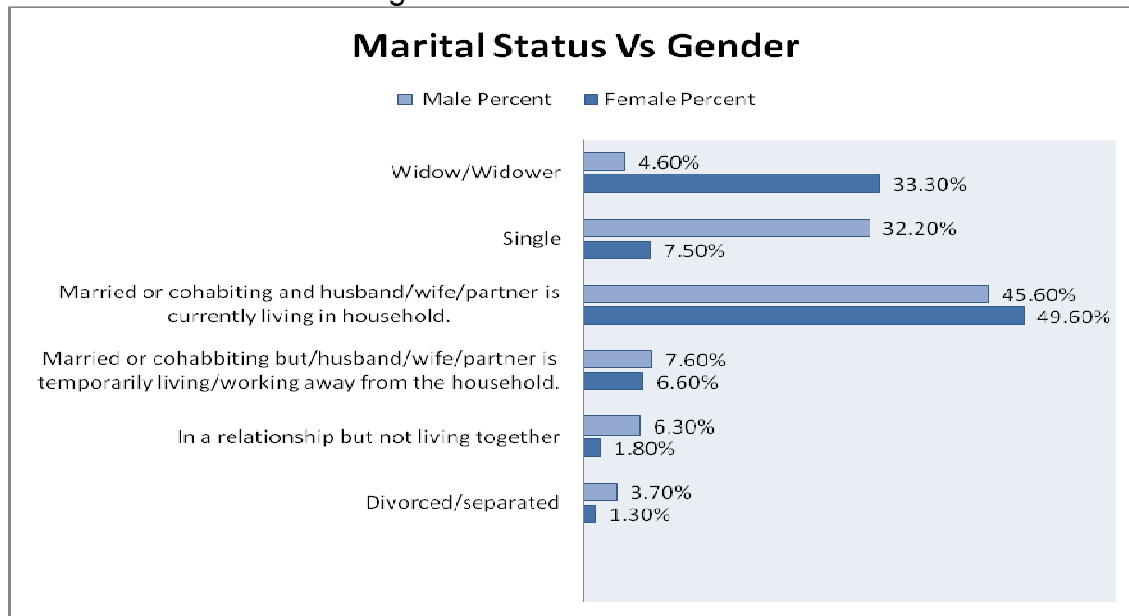
1.5 Relationship status

Figure 1.5a Relationship Status



46.3 % respondents are living within house hold with their partners, 25.8% are single and 12 % living as widower/widow,7.5% married or cohabiting but partner is temporarily living/working away from home,5.3% in a relationship but not living together and 3.1% divorced or separated.

Figure 1.5 b Marital Status Vs Gender



Among all the females who were interviewed 33.3% are living as widows. They lost their husbands due to this deadly disease making them the most vulnerable group to carry the burden of this disease and the attached stigma and discrimination.

When asked in details, most of them are living alone and have faced the worst kind of stigma and discrimination after the death of their life partners.

Most of them were tested after the death of their husbands as consulted by the doctors and were found positive adding more apathy to their sorrow

They were thrown out of their in laws homes and forced to live a separate life.

1.6 Sexually activeness

Table 1.6 Sexual Activeness

Sexually activeness	Frequency	Percent
No	257	29.1%
Yes	626	70.9%
Total	883	100.0%

69.1% are sexually active and 27.3% are not active. It also supports the previous question about living in a relationship closes to 70 % aprox.

It's a serious threat about the transmission of HIV if proper precautionary measures are not taken.

1.7 Belonging with any group

Table 1.7 Belonging with any group

Categories	Frequency	Percentage
I don't belong to, and have not in the past belonged to, any of these categories	313	35.44
Injecting Drug User	308	34.8
Sex Worker	163	18.4
Gay or Lesbian	146	16.5
Men who have sex with men	99	11.2
Transgender	25	2.8
Prisoner	17	1.9
Refugee or asylum seeker	7	0.79
Internally displaced person	4	0.45
Migrant worker	2	0.22
Total	1084	100

Among all the respondents 34.8% of the PLHIVs belong to IDUs group, 18.4% to the sex workers, 16.5% to gays or lesbians and 35.44% answered that they did not belong to any group.

1.8 Any Physical disability

Table 1.8 Physical Disability

Do you have a physical disability?	Frequency	Percent
No	820	92.9%
Yes	63	7.1%
Total	883	100.0%

Out of 883 respondents 92% had no disability while 7.1% are living with any kind of physical disability.

1.9 Employment Status

About 52.2 % did not have any employment not working at all, 14.8% are in part time employment, 13.6% doing casual work, and 10% working as full time self employed. And only 8.8% are in full time employment working as an employee. Most of the respondents among males are in age group of 30-39 years and females in the same age group

Figure 1.9 Employment Status



1.10 Household age wise

Table 1.10 Household wise age distribution

different age categories	Frequency	Percent %
Children aged 0-14 years	642	24.75
Adults aged 30 -39years	429	16.54
Youth aged 15 -19 years	422	16.27
Adults aged 40-49 years	398	15.34
Adults aged 20-24 years	362	13.96
Adults aged 25-29 years	341	13.15
Total	2594	100

There are about 2594 people living in with the respondents in different age categories.642(24.75%) people are of age group 0-14 years and 429 (16.54) in the age group of 30-39 years, 422(16.27) in the age group of 15-49 years,398(15.34%) in the age group of 40-49 years,362(13.96%) in the age group of 20-24 years and 341(13.15%) in the age group of 25-29 years.

1.11 Orphaned children in household

Table 1.1 No of Orphaned children

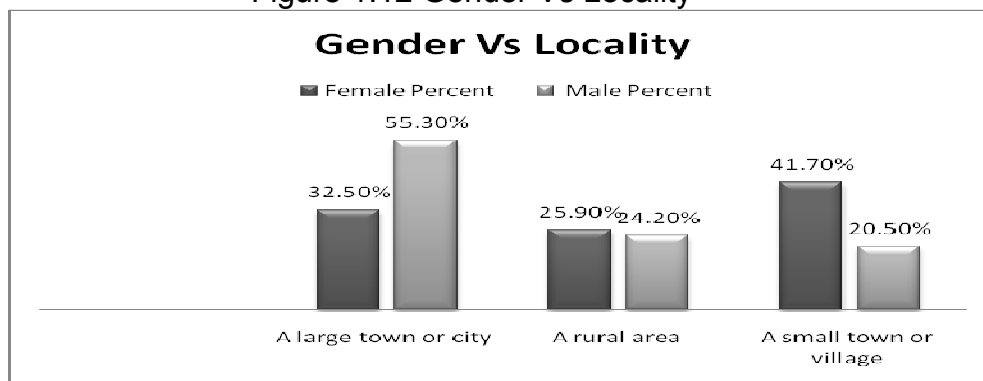
Number of orphans	Frequency	Percent
0	820	92.9%
1	14	1.6%
2	15	1.7%
3	10	1.1%
4	10	1.1%
5	8	0.9%
6	3	0.3%
7	1	0.1%
8	2	0.2%
Total	883	100.0%

92.9% of all the respondents do not have any AIDS orphaned children in their households,1.6% have 1 child,1.7% have 2 children,1.1% have 3 children,1.1% have 4 children,0.9% have 5 children,0.3% have 6 children,0.1% have 7 children and 0.2% have 8 AIDS orphaned children in their households.

1.12 Locality.

Out of 883 respondents 49.4% were from larger town and cities while 26% from a village, small town and 24.6% from rural areas (Cumulative).

Figure 1.12 Gender Vs Locality



Most of males were living in large towns or city areas and most of the females belong to small town or village.

In Pakistan males are suppose to provide the bread and butter to the family making them shift to urban areas due to increased employment opportunities. But adding more risk to the exposed vulnerability for abnormal behaviors for being far from their homes.

1.13 Average income over 1 year

Figure 1.13 Average income over 1 year

Annual income in US Dollars/ Year	847.6
Annual income in US Dollars/ Month	70.60
Annual income in PKR / Year	72049.6
Annual income in PKR / Month	6004

US Dollars Exchange Rate 1 US Dollar = PKR 85

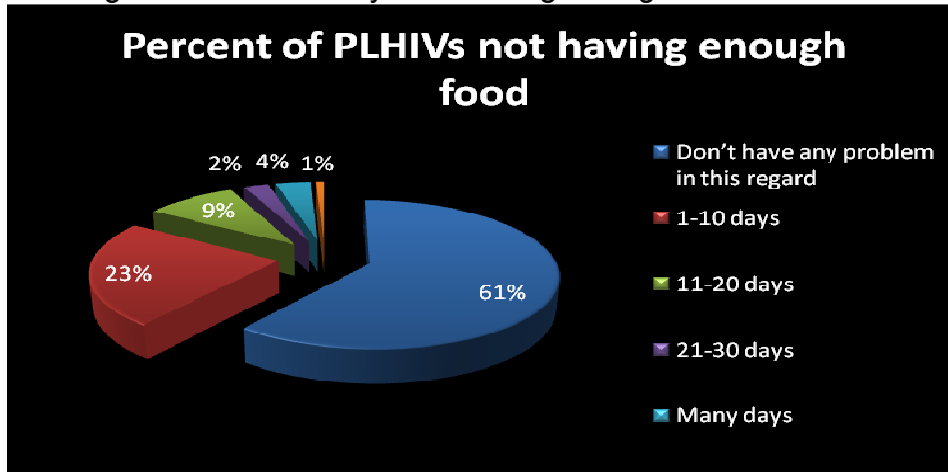
The average income of the PLHIVs is Rs 6000. It's below the poverty line of US 2 dollars/ day.

1.14 No of Days for not enough food

It was an open ended question in which respondents replied for different number of days for which they did not receive enough food. These numbers of days were then categorized for quantitative analysis.

60.5 % of respondents did not have any problem in getting enough food for the last 12 months but 23.2 % have problems for 1- 10 days 9.3% for 11-20 days,2.5% have 21-30 days,3.5% have problems for many days,0.8% have for some days to have enough food to eat for the members of their household.

Figure 1.14 No of days not having enough food.



SECTION - 2

EXPERIENCE OF STIGMA AND DISCRIMINATION FROM OTHER PEOPLE

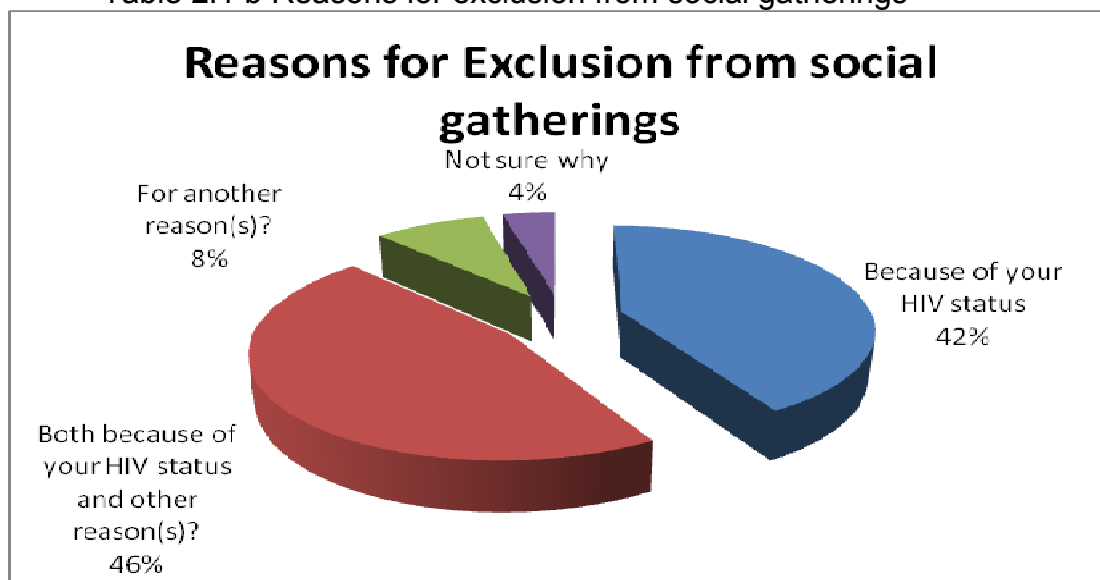
2.1 Exclusion from social gatherings

Table 2.1a Exclusion from social gatherings

Exclusion from social gatherings	Frequency	Percent
A few times	76	8.6%
Never	657	74.4%
Often	107	12.1%
Once	43	4.9%
Total	883	100.0%

Of all the 883 respondents cumulative 25.6 % were excluded from social gatherings. 12.1 % replied often, 8.6 % a few times and 4.9% were excluded once from any social gathering and activities while 74.4% were never excluded from any social gatherings and activities.

Table 2.1 b Reasons for exclusion from social gatherings



Most of them who were excluded from social gatherings 41.6% were discriminated due to their HIV status and 46 % as combined reasons including HIV & other reasons. Only 4 % respondents were not sure about the reason for their exclusion.

2.2 Exclusion from Religious activities or places of worship

Table 2.2 Exclusion from Religious activities or places of worship.

Exclusion from Religious activities	Frequency	Percent
A few times	60	6.8%
Never	717	81.2%
Often	75	8.5%
Once	31	3.5%
Total	883	100.0%

Out of all the respondents Only(166) 18.8 % of respondents were excluded from religious activities, out of which 34.3 % were excluded due to their HIV status and 51.2% excluded as combined reasons for HIV and other reasons. Only 4.2 % were not sure about the reason for their exclusion.

2.3 Exclusion from family activities

Table 2.3 Exclusion from family activities

Exclusion Family activities	Frequency	Percent
A few times	98	11.1%
Never	647	73.3%
Often	110	12.5%
Once	28	3.2%
Total	883	100.0%

Out of all the respondents 73.3% were never excluded from family activities, while 12.1% were often, 11.1% were a few times and 3.2% were once excluded from family activities like cooking, eating together and sleeping.

2.4 Reasons for Exclusion from Family activities

Table 2.4 Reasons for Exclusion from Family activities

Reasons for Exclusion from Family activities	Frequency	Percent
Because of your HIV status?	89.0	37.7
Both because of your HIV status and other reason(s)?	121.0	51.3
For another reason(s)?	13.0	5.5
Not sure why	13.0	5.5
Total	236.0	100.0

Out of all respondents (236)26.7 % of respondents were barred from attending family activities like cooking, eating together, sleeping, out of which 37.7 % were because of

their HIV status and 51.3 % as combined reasons for being HIV and other reasons. Only 5.5 % were not sure about their reasons for exclusion.

2.5 Being gossiped about

Table 2.5 being gossiped about

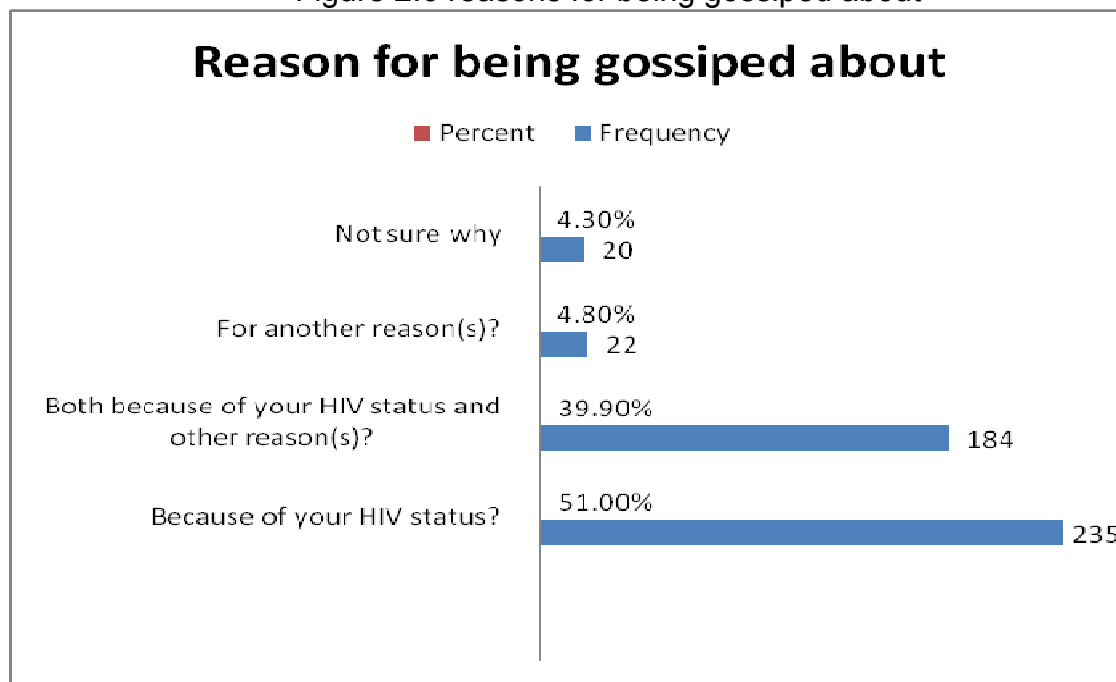
Gossiped about	Frequency	Percent
A few times	226	25.6%
Never	422	47.8%
Often	209	23.7%
Once	26	2.9%
Total	883	100.0%

out of all the respondents 47.8% were never being gossiped about while 25.6% a few times, 23.7% often and 2.9 % became once aware of being gossiped about.

2.6 Reasons for being gossiped about

Out of all (461) 52.2% of respondents were aware of being gossiped about, out of which 51% were due to HIV status, 39.9% combined due to HIV and some other reasons. Only 4.8 % due to any other reason and 4.3 % were not sure about being gossiped about.

Figure 2.6 reasons for being gossiped about



2.7 Verbally insulted/harassed or threatened

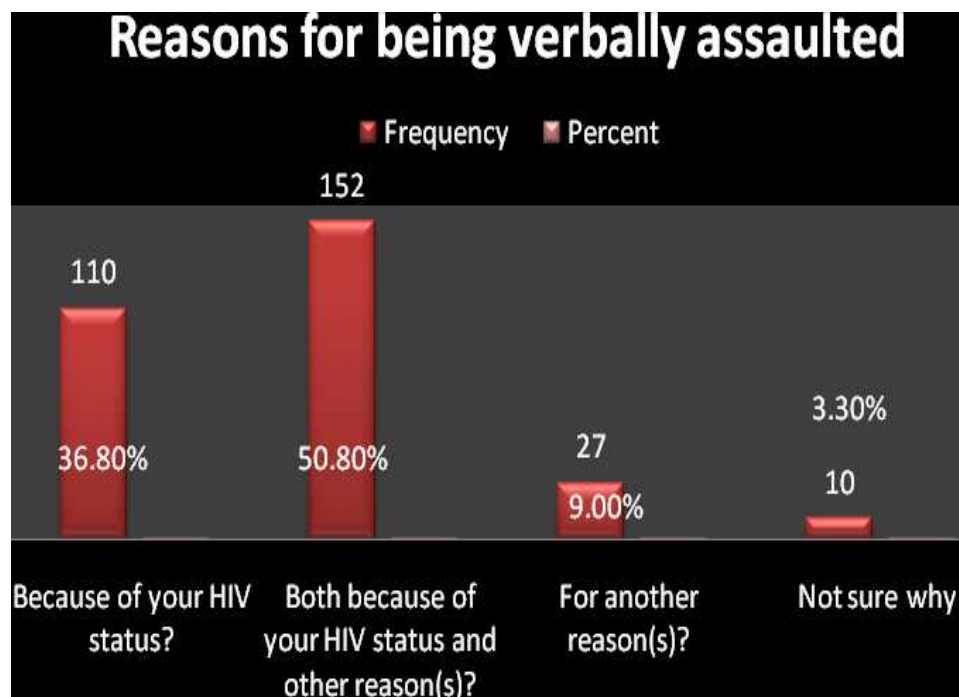
Table 2.7 Verbally insulted/harassed or threatened

Verbally assaulted	Frequency	Percent
A few times	108	12.2%
Never	584	66.1%
Often	150	17.0%
Once	41	4.6%
Total	883	100.0%

Out of all the respondents 66.1% were never verbally insulted /threatened or harassed while 17% were often, 12.2% were a few times and 4.6% were once verbally insulted.

2.8 Reasons for being verbally assaulted

Figure 2.8 reasons for being verbally assaulted



Of all the respondents (229) 44 % of PLHIV were verbally insulted, harassed or threatened. Out of which 36.8% were due to their HIV status, 50.8 % were due to HIV and other reason. Only 9 % due to another reason except HIV and 3.3 % were not sure about the reason for being verbally insulted, threatened or harassed.

2.9 Physically Harassment

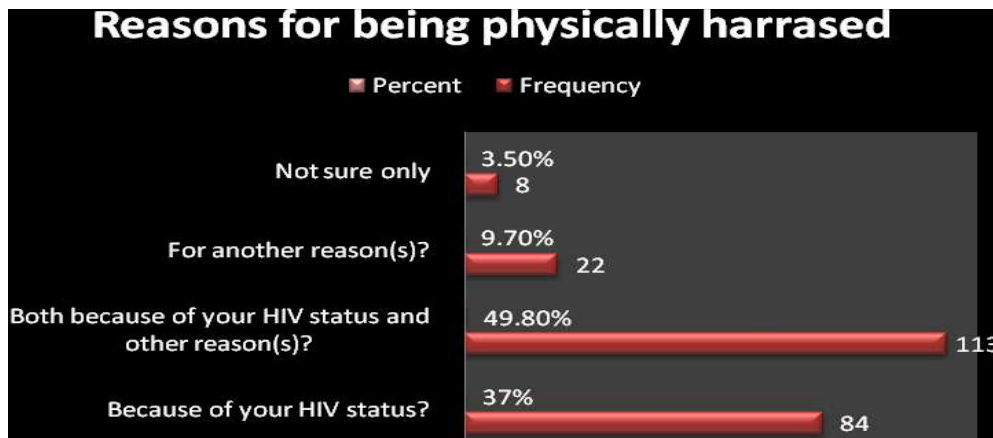
Table 2.9 Physically Harassed

Physically Harassments	Frequency	Percent
A few times	106	12.0%
Never	656	74.3%
Often	75	8.5%
Once	46	5.2%
Total	883	100.0%

Of all the respondents 74.3% were never physically harassed, while 12% were a few times, 8.5% were often and 5.2% were once physically harassed.

2.10 Reasons for being physically harrassened.

Figure 2.10 Reasons for being physically harrassened.



Out of (227) 25.7 % who were physically harassed, 37 % were due to their HIV status, 49.8% due to combined HIV and other reasons and only 3.5 % were not sure about the reason for being physically harassed.

2.11 Physically assaulted

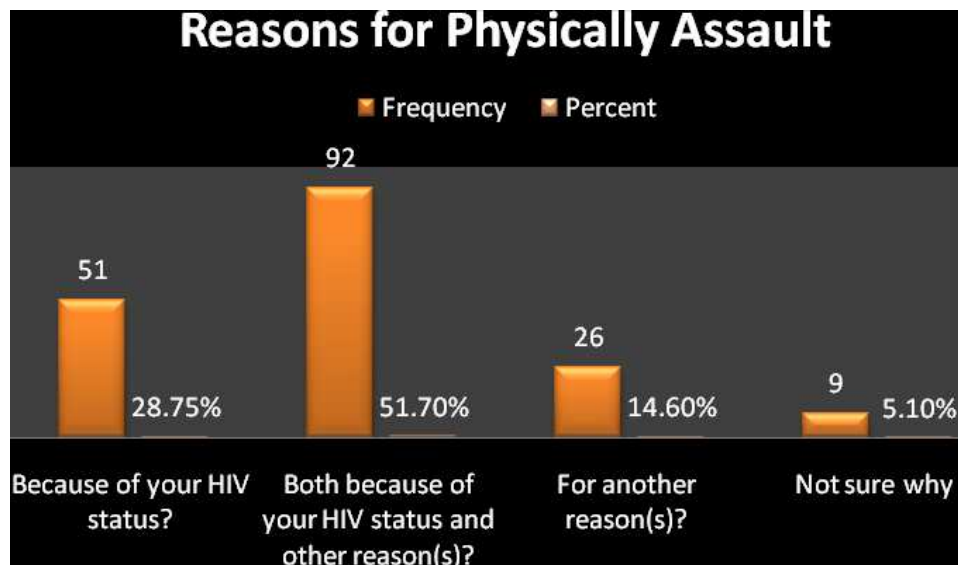
Table 2.11 physically assaulted

Physically Assaulted	Frequency	Percent
A few times	70	7.9%
Never	705	79.8%
Often	54	6.1%
Once	54	6.1%
Total	883	100.0%

Of all the respondents 79.8% were never physically assaulted while 7.9% were a few times and 6.1% were often and once physically assaulted.

2.12 Reasons for being physically assaulted

Figure 2.12 Reasons for being physically assaulted



Of all (178) 51.7% were physically assaulted due to combined HIV status and another reasons, 28.7% due to purely being HIV, 14.6% due to other reasons and 5.1% were not sure of the reason.

2.13 Physically assaulted by whom

Figure 2.13 physically assaulted by whom

By whom	Frequency	Percent
Another member of the household	96	53.9%
My husband/wife/partner	11	6.2%
Person(s) outside the household who is/are known to me	56	31.5%
Unknown person(s)	15	8.4%
Total	178	100.0

Interestingly 53.9% were physically assaulted by other members of the family, 31.5% by the outside member, 8.4% by the unknown person and only 6.2% by the husband/wife or partner.

2.14 Stigma and discrimination other than HIV/AIDS

Table 2.14 Stigma and discrimination other than HIV/AIDS

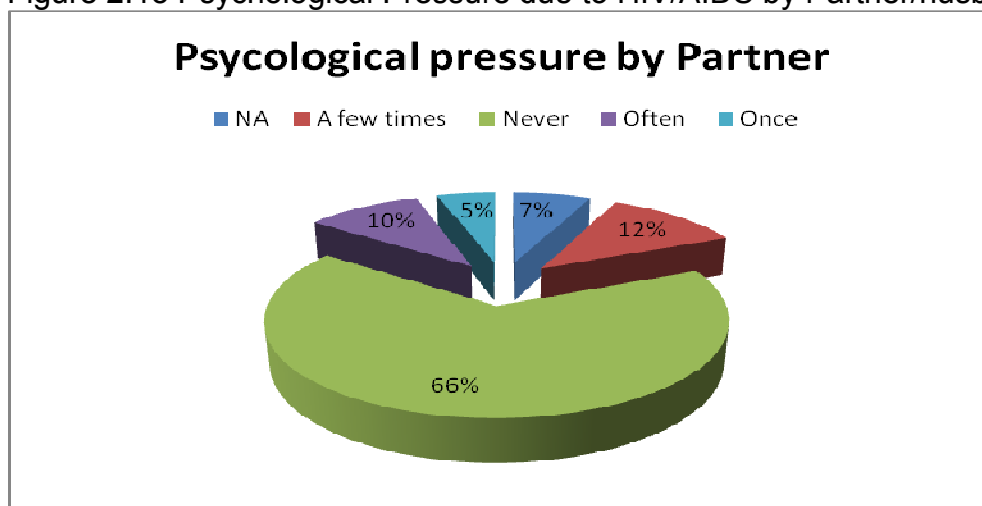
Stigma & Discrimination other than HIV/AIDS	Frequency	Percent
Injecting drug user	283	32.0%
Internally displaced person	7	0.8%
Member of an indigenous group	4	0.5%
Migrant worker	1	0.1%
None of the above - it was because of another reasons	342	38.7%
Prisoner	16	1.8%
Refugee or asylum seeker	3	0.3%
Sex worker	120	13.6%
Sexual orientation (men who have sex with men, gay or lesbian, transgender)	107	12.1%
Total	883	100.0%

Out of all the respondents, Majority of them 38.7% responded that it was because of some other reason other than Stigma & discrimination that they were stigmatized, 32% were stigmatized for being Intravenous Drug users (IDU), 13.8% for being sex workers and 12.1% due to the sexual orientation (men who have sex with men, gay or lesbian, transgender).

2.15 Psychological Pressure due to HIV/AIDS by Partner/ husband /wife

66.4% of respondents never faced psychological pressure by partner while Out of 33.6% respondents who have been subjected to psychological pressure or manipulation by the husband/wife or partner in which their HIV status was used against them, 11.8% were subjected a few times, 10% often and 5.1% only once by their partners.

Figure 2.15 Psychological Pressure due to HIV/AIDS by Partner/husband/wife



2.16 Sexually rejection due to status

Table 2.16 sexually rejection due to status

Sexually rejection due to status	Frequency	Percent
NA	93	10.5%
A few times	131	14.8%
Never	541	61.3%
Often	97	11.0%
Once	21	2.4%
Total	883	100.0%

Of all the respondents 61.3% never faced sexually rejection while Out of 37.7% who experienced sexual rejection due to their HIV status, 14.8% a few times, 11% often and 2.4%once faced rejection.

2.17 Discrimination by other PLHIV

Table 2.17 Discrimination by other PLHIV

Discrimination by other PLHIV	Frequency	Percent
A few times	97	11.0%
Never	646	73.2%
Often	66	7.5%
Once	51	5.8%
Total	883	100.0%

73.2% never faced discrimination by other PLHIVs while Out of 26.8% who faced discrimination by other PLHIVs, 11 % faced a few times, 7.5% often and only 5.8% once.

2.18 Family member experienced discrimination due to your status

Figure 2.18 Family member experienced discrimination due to your status

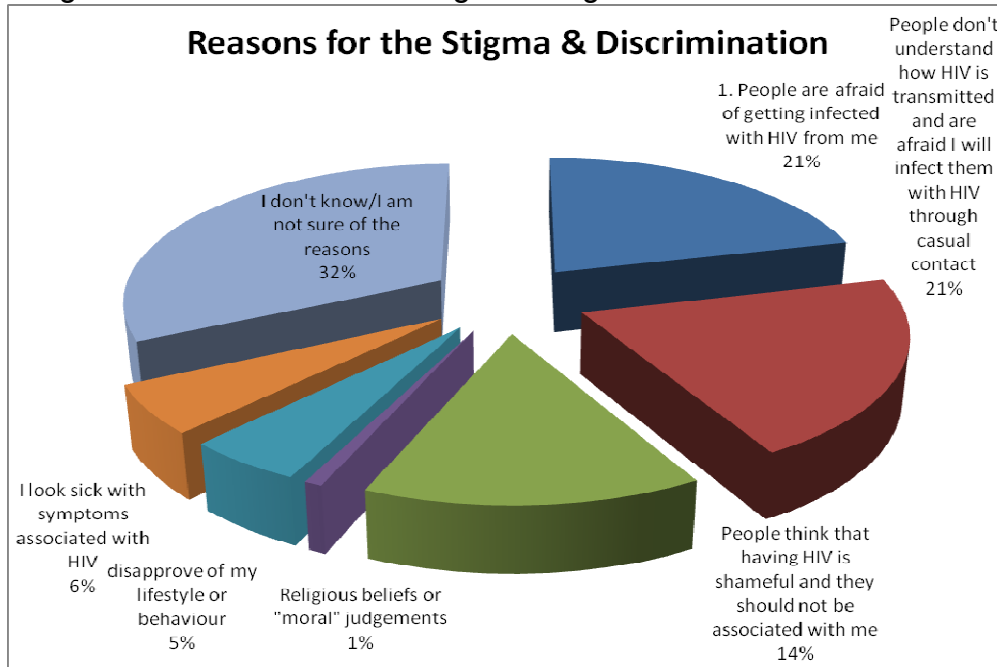
Family member experienced discrimination due to your status	Frequency	Percent
NA	34	3.9%
A few times	157	17.8%
Never	541	61.3%
Often	104	11.8%
Once	47	5.3%
Total	883	100.0%

Out of 39.7 % who's family faced discrimination 17.8% a few times, 11.8% often faced discrimination and only 5.3 % were only discriminated only once.

2.19 Reasons for facing HIV stigma and Discrimination

Out of all the 2041 responses from 883 respondents as multiple answers, 32.1% were not sure about the reasons for being stigmatized and discriminated being HIV while 21.16% think that people are afraid of getting infected with HIV from them, 20.1% think that people do not understand the mode of transmission of HIV and afraid that it will be transmitted through casual contact, 14.45% think that having HIV is shameful and they should not be associated with them, 5.09% think due to disapproval of their life styles, 5.63% think that they look sick with symptoms associated with HIV

Figure 2.20 Reasons for facing HIV stigma and Discrimination



SECTION - 3

ACCESS TO WORK HEALTH AND EDUCATION SERVICES.

3.1 Forced to change residence or unable to get accommodation

Table 3.1 Forced to change residence or unable to get accommodation

Forced to change residence or unable to get accommodation	Frequency	Percent
A few times	60	6.8%
Never	701	79.4%
Often	70	7.9%
Once	52	5.9%
Total	883	100.0%

Out of all the respondents 79.4% of respondents were never forced to change residence or unable to get accommodation while 7.9% often faced this situation, 6.8% a few times and 5.9% only once.

3.2 Reasons to change residence or unable to get accommodation

Table 3.2 Reasons to change residence or unable to get accommodation

Reasons	Frequency	Percent
Because of your HIV status?	60.0	33.0%
Both because of your HIV status and other reasons?	91.0	50.0%
For another reasons?	17.0	9.3%
Not sure why	14.0	7.7%
Total	182.0	100.0

Out of all 79.4 % of the respondents were never forced to change the residence or did not face any difficulty in getting the accommodation, out of (182)21.6% who were denied accommodation or forced to change the residence, 50% were due to HIV status and other reasons 33 % due to their sole HIV status and only 7.7% were not sure of this happening.

3.3 Losing a job or source of income

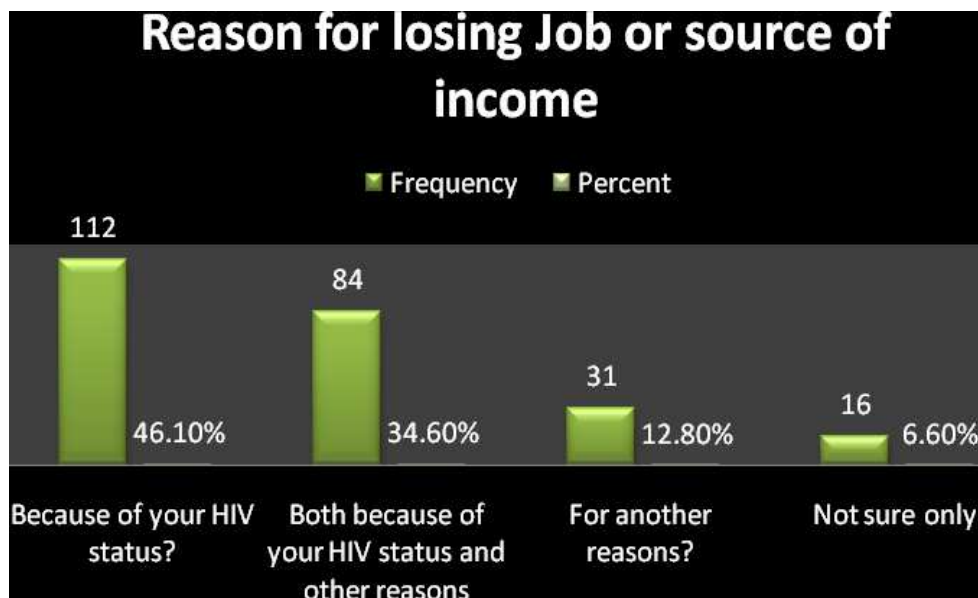
Table 3.3 Losing a job or source of income

Losing a job or source of income	Frequency	Percent
A few times	89	21.1
Never	179	42.4
Often	68	16.1
Once	86	20.4
Total	422	100

Out of 422 who were employed in any category, 42.2% never lost their job, 21.1% a few times, 20.4% once lose their job and 16.1% often lost their job

3.4 Reasons for Losing a job or source of income

Figure 3.4 Reasons for Losing a job or source of income



Out of 243 who lost their job, 46.1 % due to their HIV status, 34.6% as combined due to HIV and some other reason, 12.8% due to some other reasons and only 6.6% were not sure about this.

3.5 Reasons for loss of employment due to status

Table 3.5. Reasons for loss of employment due to status

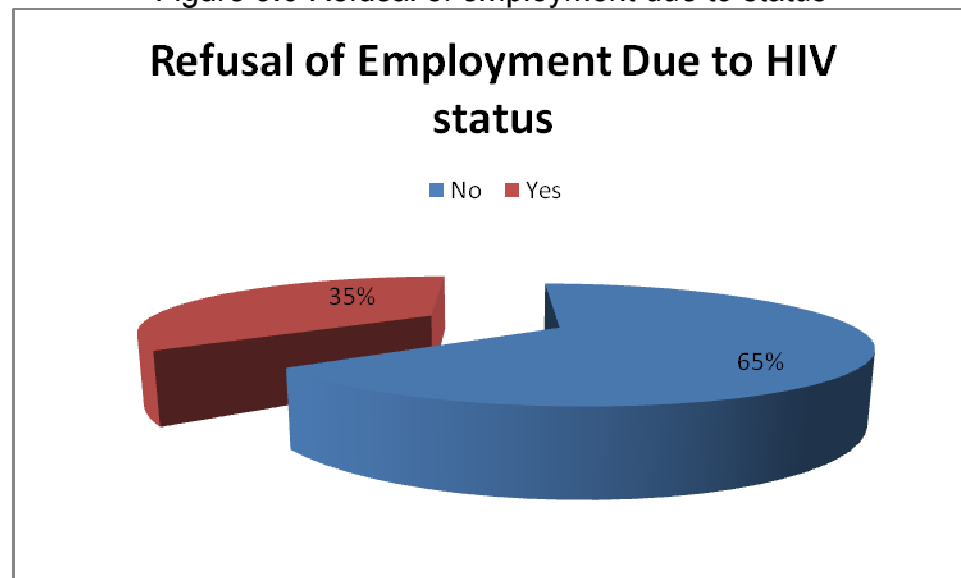
loss of employment due to status	Frequency	Percent
Because of a combination of discrimination and poor health	48	24.9%
Because of another reason	27	14.1%
Because of discrimination by your employer or co-workers	23	11%
Because you felt obliged to stop working due to poor health	98	50%
Total	196	100

Out of 196 who lost their job due to their HIV status, 50% felt obliged to stop work due to poor health, 24.9% due to combination of discrimination and poor health and 11% wholly by discrimination by the employer or co worker.

3.6 Refusal of employment due to status

35.1% of respondents were refused employment due to their HIV status.

Figure 3.6 Refusal of employment due to status



3.7A Job Description changed /refused promotion due to HIV.

Table 3.7a Job Description changed /refused promotion due to HIV

Job Description changed /refused promotion due to HIV.	Frequency	Percent
A few times	104	24.64%
Never	206	48.81%
Often	57	13.50%
Once	55	13.03%
Total	422	100.00%

Out of 422 respondents, 48% were never refused promotion and 42% were refused promotion due to HIV status in which 24.64% a few times, and 13.5% often and once.

3.7b Reasons for change in Job Description/refusal of promotion due to HIV

Table 3.7b Job Description changed /refused promotion due to HIV.

Job Description changed /refused promotion due to HIV.	Frequency	Percent
Because of a combination of discrimination and poor health	30	14.2 %
Because of discrimination by your employer or co-workers	107	48.8%
Because poor health prevented you from doing certain things	38	17.8%
Other reason	41	19.2%
Total	216	100

Out of 216 (52%) who were refused promotion or faced change in job description, 48.8% was due to discrimination by the employer or co worker, 17.8% due to poor health preventing them from doing certain things and 14.2% due to combination of discrimination and poor health

3.8 Dismissed/suspended prevented from attending educational institution

Table 3.8 Dismissed/suspended prevented from attending educational institution.

Dismissed or prevented from attending educational institution	Frequency	Percent
A few times	27	3.1%
Never	325	36.8%
Not applicable	521	59.0%
Often	3	0.3%
Once	7	0.8%
Total	883	100.0%

Out of all the respondents 36.8% were never dismissed, prevented 3.1% were dismissed, suspended or prevented from attending an educational institution because of HIV status, 0.3% often and 0.8% only once and it was not applicable to 59% of the respondents.

3.9 Children dismissed, denied admission to educational institution due to your status

TABLE 3.9 Children dismissed denied admission to educational institution due to your status

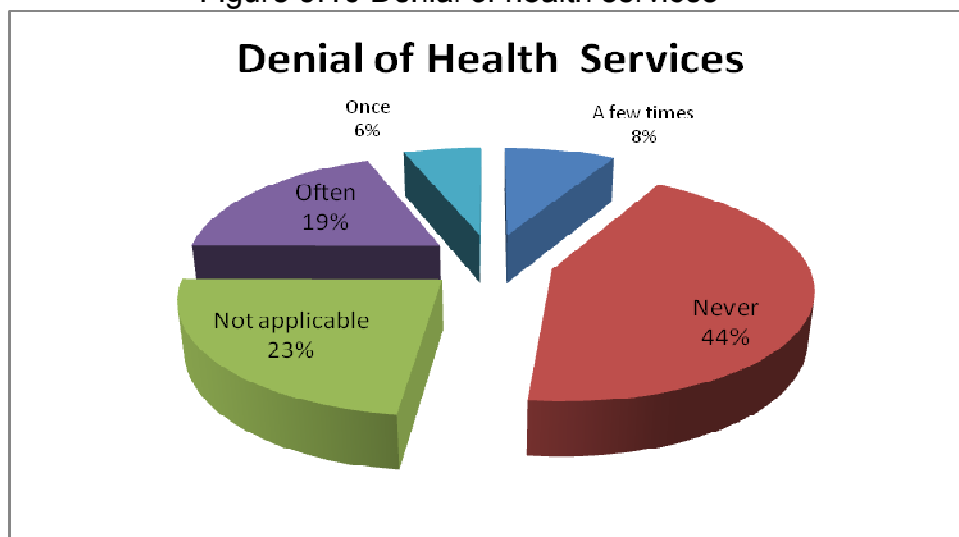
Children dismissed, denied admission to educational institution due to your status.	Frequency	Percent
A few times	38	4.3%
Never	489	55.4%
Not applicable	339	38.4%
Often	3	0.3%
Once	14	1.6%
Total	883	100.0%

55.4% of respondent's children were never faced denied admission in educational institutions due to their HIV status. It was not applicable to 38. % of respondents, 1.6% was denied once and only 0.3% children were often denied admission.

3.10 Denial of health services

Out of all the respondents, 19% were denied health services often, 5.9% once and 8.4% a few times. It was not applicable to 23.2% of respondents and 43.5% never faced such denial.

Figure 3.10 Denial of health services



3.11 Denial of Family Planning services

Table 3.11 Denial of Family Planning services.

Denial of Family Planning services.	Frequency	Percent
No Answer	20	2.3%
No	304	34.4%
Not applicable	530	60.0%
Yes	29	3.3%
Total	883	100.0%

It was not applicable to 60% of respondents, 34.4% replied no and Only 3.3 % were denied family planning services.

3.12 Denial Of Sexual and Reproductive Health services

Table 3.12 Denial Of Sexual and Reproductive Health services

Denial Of Sexual and Reproductive Health services.	Frequency	Percent
No Answer	82	9.3 %
No	663	75.1 %
Yes	138	15.6 %
Total	883	100

Of all the respondents 75.1% were not denied sexual and reproductive health services, 15.6% were denied sexual and reproductive health services , 9.3 % did not chose to answer this question

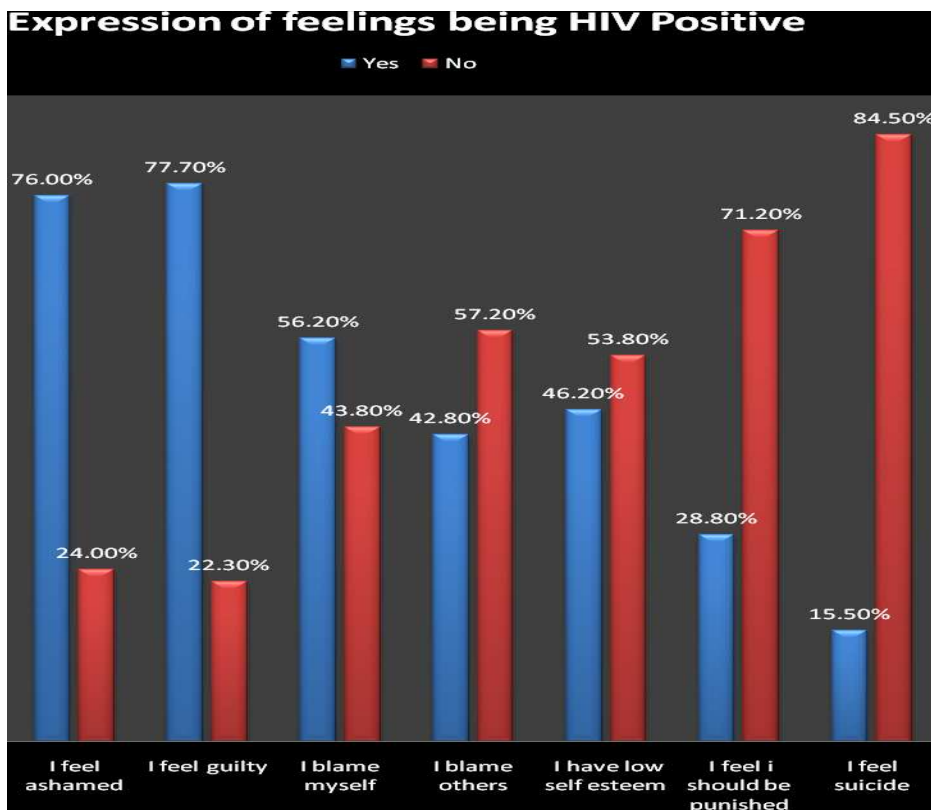
SECTION – 4

INTERNAL STIGMA (THE WAY YOU FEEL ABOUT YOURSELF AND YOUR FEARS)

4.1 Experience of Internal Stigma feelings because of HIV status

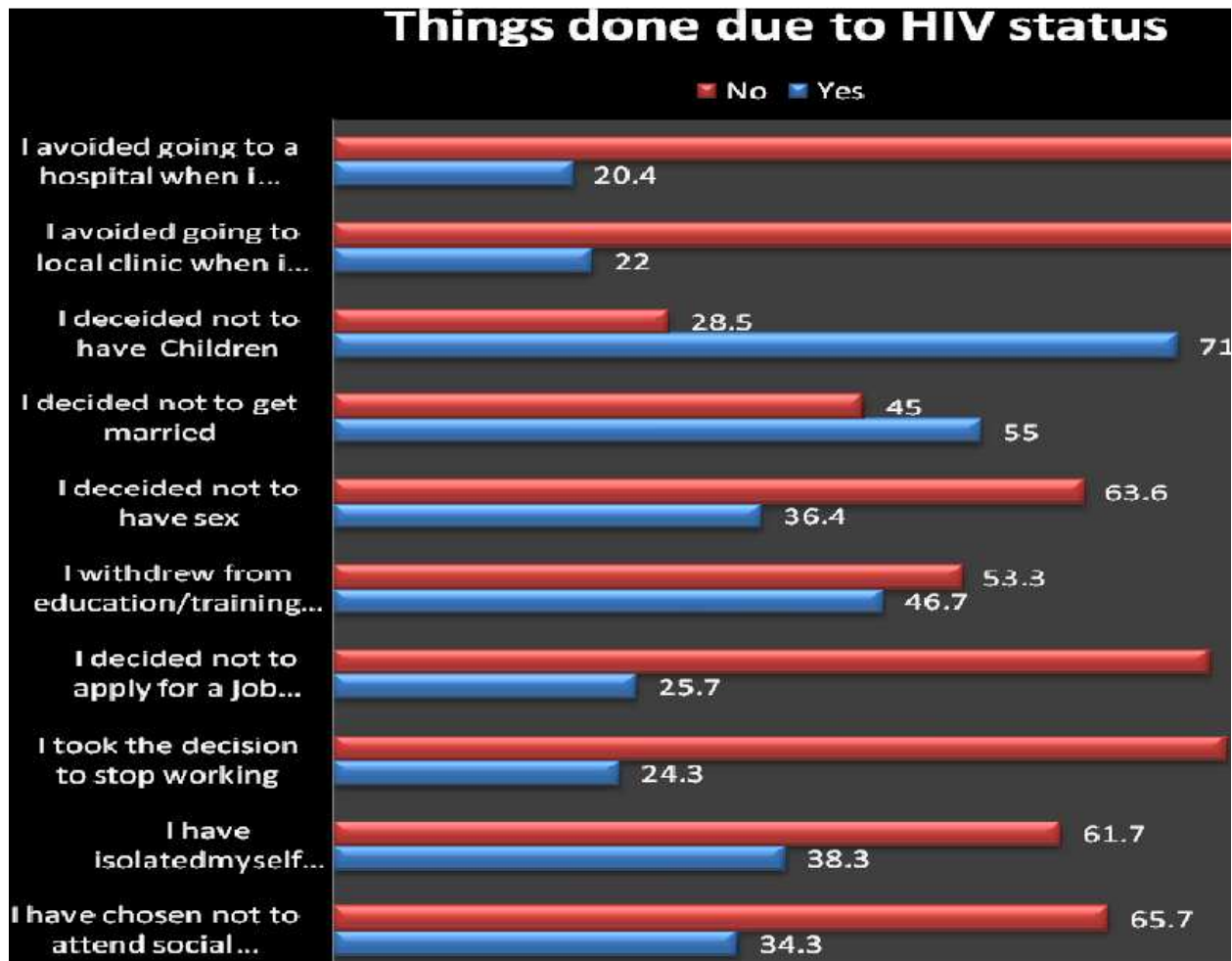
Out of all the respondents 76% feel ashamed, 77.7% feel guilty, 56.2% blame themselves, 46.25% have low self esteem, 28.8% feel that they should be punished and 5.5% feel suicidal.

Figure 4.1 Experience of internal Stigma



4.2 EXPRESSION OF FEELINGS FOR BEING HIV POSITIVE

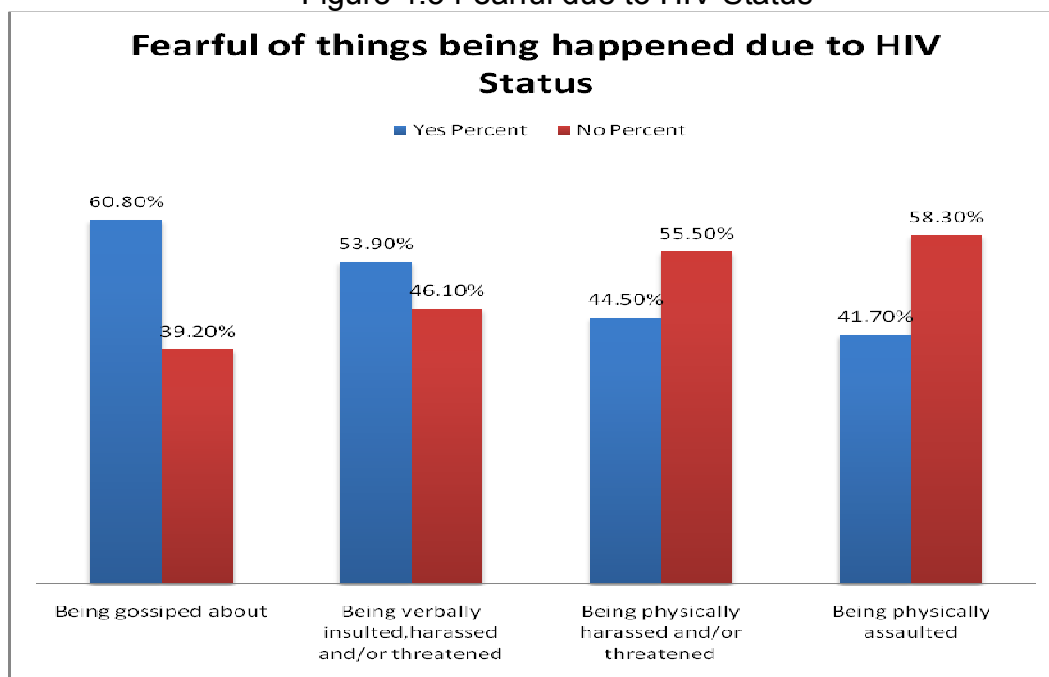
Figure 4.2 EXPRESSION OF FEELINGS FOR BEING HIV POSITIVE



Out of all the respondents 4.3% not to attend social gatherings, 36.3% isolated themselves from family and friends, 24.2% decision to stop working, 25.7% decided not to apply for a job or a promotion, 46.7% withdrew from educational institution, 55% not to get married, 36.7% not to have sex, 71.5% not to have children, 22% avoided going to local clinic, 20.4% avoided going to hospital.

4.3. Fearful of any of the following things happening–Whether or not they actually have happened?

Figure 4.3 Fearful due to HIV Status



Out of all the respondents, 60.8% were fearful of being gossiped about, 53.9% feared of being verbally I insulted, harassed or threatened, 44.5% being physically harassed or threatened and 41.7% being physically assaulted.

4.4 Being afraid that someone would not want to be sexually intimated due to their HIV status.

Table 4.4 Afraid of not having Sexual Intimation

Afraid of Sexual intimation	Frequency	Percent
No Answer	152	17.2%
No	390	44.2%
Yes	341	38.6%
Total	883	100.0%

38.6% were afraid that someone would not want to be sexually intimated with them due to their HIV status, 44.2% answered no and 17.2% did not chose to answer this question.

SECTION - 4 RIGHTS LAWS and POLICIES

5.1 Declaration of Commitment

Table 5.1 Heard about declaration of Commitment

Have you heard of the Declaration of Commitment on HIV/AIDS, which protects the rights of people living with HIV?	Frequency	Percent
No	877	99.3%
Yes	6	0.7%
Total	883	100.0%

99.3% never heard of declaration of commitment on HIV and AIDS which protects the rights of PLHIV. Only 6 respondents' answered yes that they have heard about declaration of commitment.

5.2 if yes, read or discussed DoC

If yes, have you ever read or discussed the content of this Declaration?	Frequency
No	3
Yes	3
Total	6

Only 6 responded yes, out of which only 3 have read the contents of declaration and 3 did not read it.

5.3 Happening of things due to HIV status.

Table 5.3 Happening of things due to HIV status.

Things happen due to HIV Status	Frequency	Percent
I was forced to submit to a medical or health procedure (Including HIV testing)	100	11.3%
I was denied health insurance or life insurance because of my HIV status	67	7.58%
I was arrested or taken to court on a charge related to my HIV status	13	1.47%
I had to disclose my HIV status in order to enter another country	55	6.2%
I had to disclose my HIV status to apply for residence or nationality	35	3.9%
I was detained, quarantined, isolated or segregated	27	3.05%
None of these things happened to me	625	70.7%
Total	922	100

Out of all the responses 70.7 % never faced anything but 29.3% faced some problems .11.3% were forced to submit medical or health procedure including HIV testing,7.58% were denied health insurance,6.2% were to disclose their identity to enter another country,3.9% were to disclose their identity to apply for nationality or residence, 3.05% were detained or quarantined, and 1.47% were arrested or detained on a charge due to HIV status.

5.4 Abusal of rights

Table 5.4. Abusal of rights

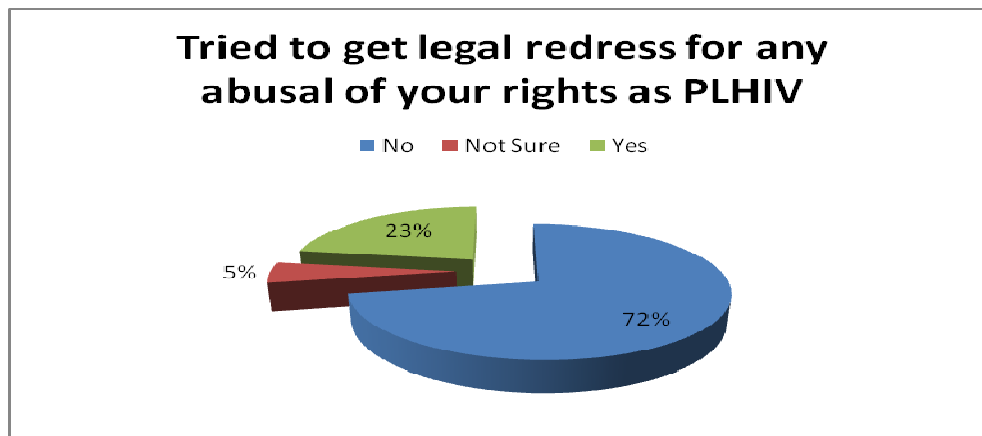
In the last 12 months, have any of your rights as a person living with HIV been abused?	Frequency	Percent
No	700	79.3
Not Sure	86	9.7
Yes	97	11.0
Total	883	100.0

Out of all the respondents, 79.3% did not faced any abusal of rights as persons living with HIV, 11 % responded yes that their rights were abused and 9.7% were not sured about this.

5.5 Tried for legal redress incase of abusol of rights

Out of all the respondents whose rights were abused, 72.1% never tried to get leg redress for abusol of their rights, 22.6% tried to get legal redress and 5.15% were not sure of this.

Figure 5.5 Legal redress incase of abusol of rights



5.6 Time Period for beginning Process for legal redress

Table 5.6 Beginning of the Process to get legal redress

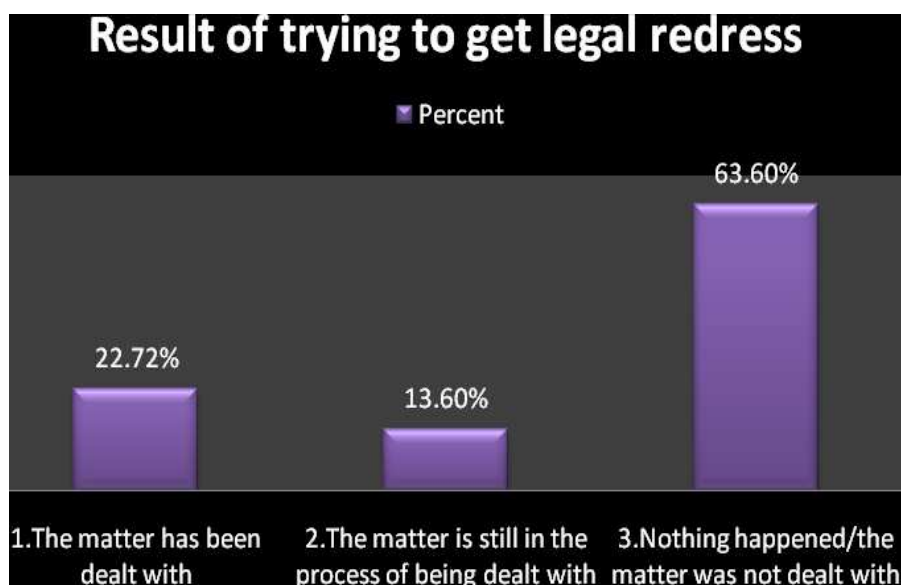
Has this process begun in the last 12 months?	Frequency	Percent
No	12	54.5
Yes	10	45.5
Total	22	100.00%

10 respondents replied yes that the process to get legal redress started in last 12 months and 12 replied no.

5.7 Result of trying to get legal redress

Out of all the respondents 63.6% replied that nothing happened and the matter was not dealt with, 22.7% replied that the matter was dealt with and 13.6% replied that the matter is still in process of being dealt with.

Figure 5.7 Result of trying to get legal redress



5.8 Reasons for not trying to get legal redress

Table 5.8 Reasons for not trying to get legal redress

Reasons	Yes	Percent
1. Insufficient financial resources to take action	26	35.1%
2. Process of addressing the problem appeared too bureaucratic	17	22.8%
3. Felt intimidated or scared to take action	10	12.3%
4. Advised against taking action by someone else	6	8.8%
5. No/little confidence that the outcome would be successful	11	14%
6. None of the above	5	7%
Total	75	100

Out of all the respondents who were not sure or who replied no while trying to get legal redress 35.1% have insufficient financial resources, for 22.8% the process of

addressing the problem was too bureaucratic, 14% had no or very little confidence about the successful outcome, 12.3% felt intimidated or scared to take action and 8.8% were advised against taking action by someone else,

5.9 Approach to Govt. employees to take action against abuse of rights.

Table 5.9 Asked Govt. employees to take action.

Have you tried to get a government employee(s) to action against an abuse of your rights as a person living with HIV?	Frequency	Percent
No	135	74.2
Yes	48	25.8
Total	183	100.00%

Out of 183 respondents whose rights were abused (replied yes or were not sure) 74.2% never tried to get a government employee to take action against the abuse while 25.8% did tried this.

5.10. Did this happen in last 12 months

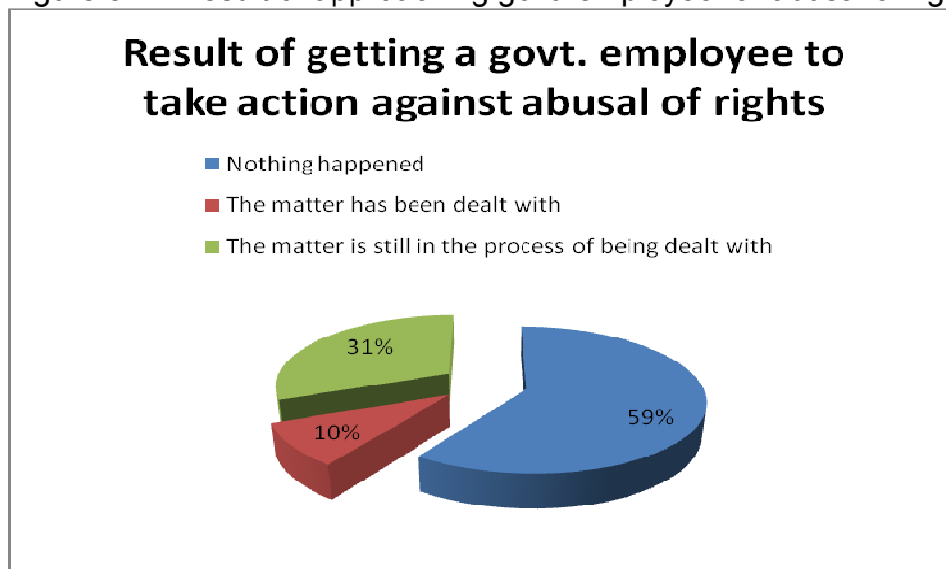
Did this happen in the last 12 months?	Frequency	Percent
No	17	35.5
Yes	31	64.5
Total	48	100.0%

Of all the respondents who tried to get a government employee to take action, 64.5% replied that it happens in last 12 months and 35.5 % replied no.

5.11 Result of approaching govt. employee for abusol of rights

Out of 48 respondents, 59.5% replied that nothing happened, 31% replied that the process is still being dealt with and 9.5% replied that the matter has been dealt with.

Figure 5.11 Result of approaching govt. employee for abusol of rights.



5.12 Approach to local or national politician to take action against an abuse of rights as persons living with HIV.

Figure 5.12 Approach to local or national politician

Have you tried to get a local or national politician for abusol of rights as a person living with HIV?	Frequency	Percent
No	74	54.8%
Yes	61	45.2%
Total	135	100.0%

Out of 135 respondents 54.8% never tried to get a local or national politician to take action against an abuse of rights as HIV while 45.2% did tried this. And all of them did this in last 12 months.

5.13 Did this happen in last 12 months

5.13 Did this happen in last 12 months?	Frequency	Percent
No	12	19.67%
Yes	61	80.32%
Total	61	100.0%

5.14 Result for approaching Politician for abusol of rights.

Figure 5.14 Result for approaching Politician for abusol of rights.

Result for approaching Politician for abusol of rights.	Frequency	Percent
Nothing happened/the matter was not dealt with	39	63%
The matter has been dealt with	9	16%
The matter is still in the process of being dealt with	13	21%
Total	61	100.0%

63% replied that nothing happened, 21% replied that the matter is still in process and 16% replied that the matter has been dealt with.

SECTION -6

EFFECTING CHANGE

6.1 Confrontation challenged or educated some one who was stigmatizing and/or discriminating against HIV.

Have you confronted challenged or educated some one who was stigmatizing and/or discriminating against you?	Frequency	Percent
No	550	62.3%
Yes	333	37.7%
Total	883	100.0

Out of all the respondents 62.3% never confronted, challenged or educated someone who was stigmatizing or discriminating against him and 37.7% did confronted never confronted, challenged or educated someone who was stigmatizing or discriminating against him

6.2 knowledge of organizations or groups to contact in case of experience of stigma or discrimination

Figure 6.2 knowledge organizations or groups to contact in case of experience stigma or discrimination

Do you know of any organizations or groups to contact in case of stigma or discrimination?	Frequency	Percent
No	325	36.8 %
Yes	558	63.2%
Total	883	100.0

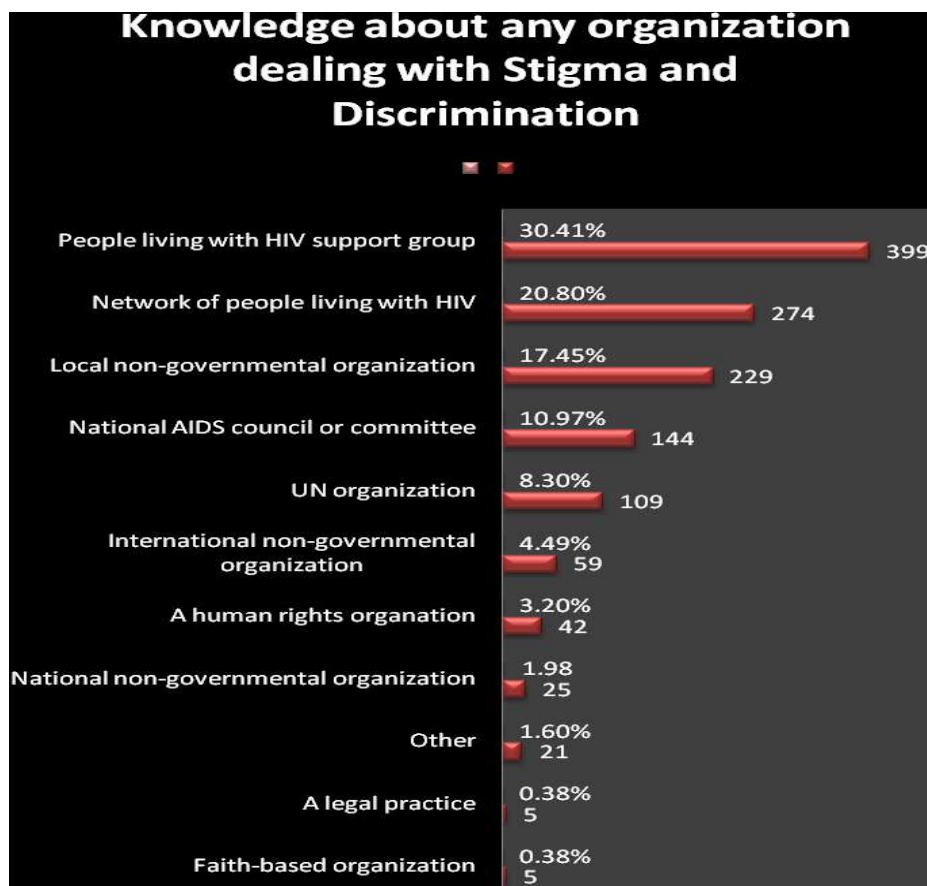
63.2% of respondents did know of organizations or groups where they can go to seek help in case of stigma and discrimination and 36.8% did not know of any such organization.

This is because the study sample was taken from the PLHIVs who were member of different networks/CSOs working for the PLHIVs in different sectors, care and support, S&D and treatment etc.

6.3 Knowledge about Type of Organization dealing with S&D.

71.5% of respondents know about the People living with HIV support groups,49.1% network of people living with HIV ,41% local NGOs,25.8% national AIDS council,10.6% INGOs,19.5 UN organizations,7.5% human rights organizations, 4.5% national NGOs.(multiple answers)

Figure 6.3 Knowledge about type of organization



6.4 Help sought from any of the organizations or group to resolve an issue of stigma or discrimination?

Table 6.4 Help sought to resolve issue of Stigma & Discrimination

Have you sought help from any of the above organization or group to resolve an issue of stigma or discrimination?	Frequency	Percent
No	742	84.15%
Yes	141	15.85%
Total	883	100.0

84.15% of respondents did not sought any help from any of the organization or group to resolve an issue o stigma and discrimination, onl 15.85 % did sought any help in this regard.

6.5 Support to other people living with HIV and AIDS

Table 6.5 Support to other people living with HIV and AIDS.

Have you supported other people living with HIV?	Frequency	Percent
No	449	50.8%
Yes	434	49.2%
Total	883	100.0

Of all the respondents 50% did supported other people living with HIV and 49.2% did not supported any PLHIV.

6.6 Type of support extended by PLHIVs to other PLHIVs

Table 6.6 Type of support extended by PLHIVs to other PLHIVs

Type of support by PLHIVs to other PLHIVs	Frequency	Percent
Emotional support(e.g. counseling, sharing personal stories and experiences)	213	49.07%
Physical support	20	4.60%
Referral to other services	201	46.3%
Total	434	100

49% of respondents provided emotional support including counseling, sharing personal stories and experiences, 46.3% provided referral services and 4.6% provided physical support.

6.7 Membership of people living with HIV support group and/or network

Table 6.7 Membership of people living with HIV support group and/or network

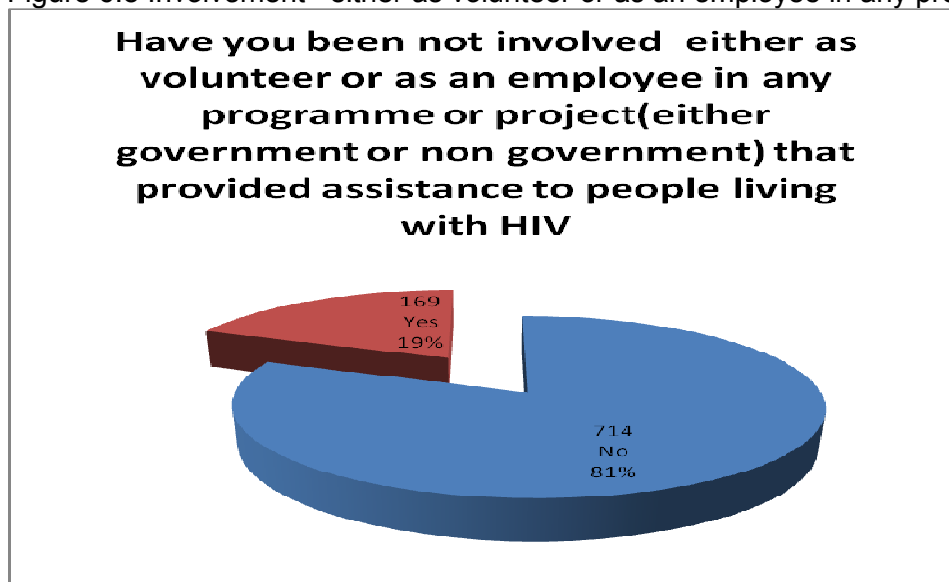
Are you currently a member of a people living with HIV support group and/or network?	Frequency	Percent
No	177	20.49%
Yes	702	79.50%
Total	883	100

Of all the respondents 79.5 % are member of people living with HIV support group/network and 20.49% are not member of any PLHIV support group. Its obvious as the most of the respondents who were recruited were members of any support group.

6.8 Involvement either as volunteer or as an employee in any programme for PLHIVs

Of all the respondents 80.9% were not involved either as volunteer or as an employee in any programme or project (either government or non government) that provided assistance to people living with HIV while 19.1% were involved in such kind of projects.

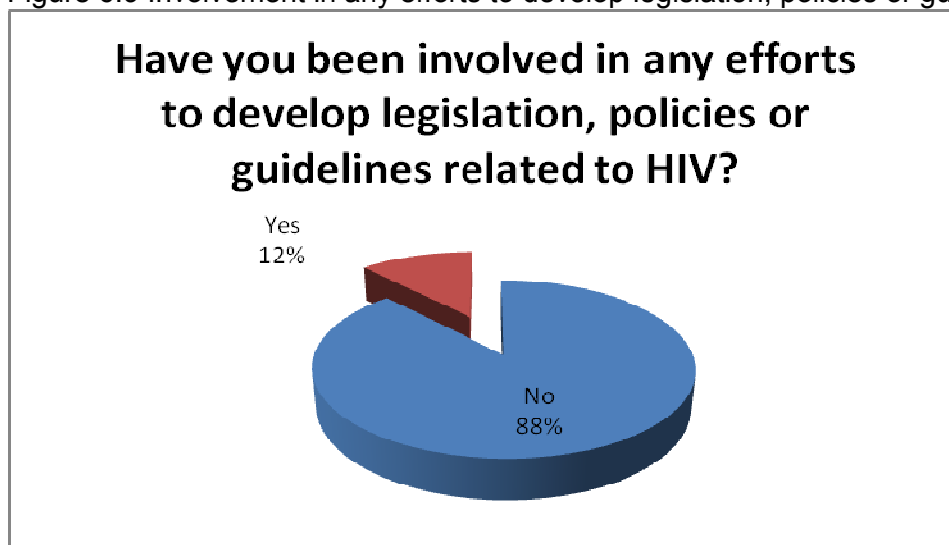
Figure 6.8 Involvement either as volunteer or as an employee in any programme for PLHIVs.



6.9 Involvement in any efforts to develop legislation, policies or guidelines related to HIV

88.1 % of respondents were never involved in any efforts to develop legislation, policies or guidelines related to HIV while 12 % were involved

Figure 6.9 Involvement in any efforts to develop legislation, policies or guidelines related to HIV



This is a big concern as the PLHIVs are not being involved in the decision making process affecting them. It can be taken with the governmental as well as NGOs to involve PLHIV so that they can decide about the policies and legislations affecting them. It would be also an empowering tool.

6.10 Power to influence occasions in any of Aspects

Table 6.10 Power to influence occasions an any of aspects

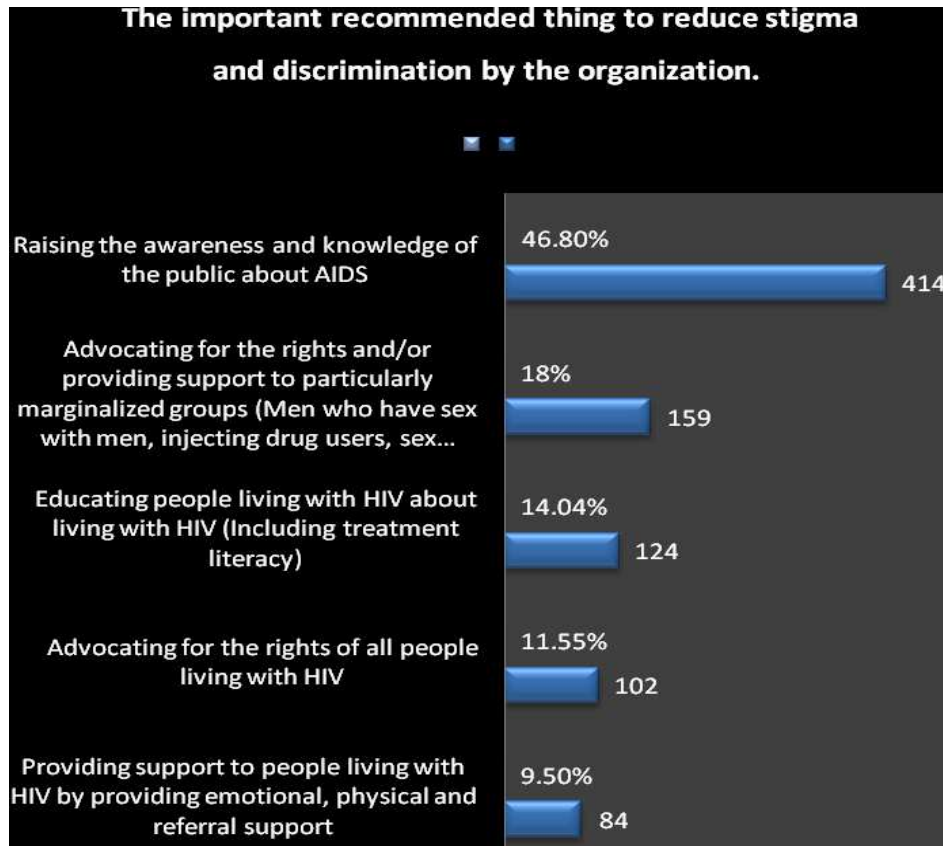
Decisions	Frequency	Percent
1. Legal/rights matters affecting people living with HIV	79	8.16%
2. Local government policies affecting people living with HIV	50	5.16%
3. Local projects intended to benefit people living with HIV	150	15.49%
4. National government policies affecting people living with HIV	32	3.30%
5. National programmes/projects intended to benefit people living with HIV	66	6.81%
6. International agreements/treaties	18	1.85%
7. None of these things	573	60.19%
Total	968	100

60.19% of the respondents feel that they did not have the power and none of these things happen to them,15.49% have the power to influence local projects intended to benefit people living with HIV and AIDS,8.16 % can influence legal/rights matter affecting people living with HIV ,6.8% can influence national Programmes, 3.3% national government policies affecting PLHIVs and 1.8 % can influence international agreements /treaties.

6.11 Suggestions to address Stigma & discrimination by PLHIVs

Of all the respondents the most important thing that the organizations of people living with HIV against stigma and discrimination can do 46.8% recommended about raising awareness and knowledge of the public about AIDS ,18% recommended advocating for the rights of all people living with HIV & AIDS,14.04% recommended educating people living with HIV about living with HIV including treatment literacy,9.5% recommended providing support to PLHIVs by providing emotional, physical and referral support.

Figure 6.11 Suggestions /Recommendations by PLHIVS to address Stigma & discrimination by organizations



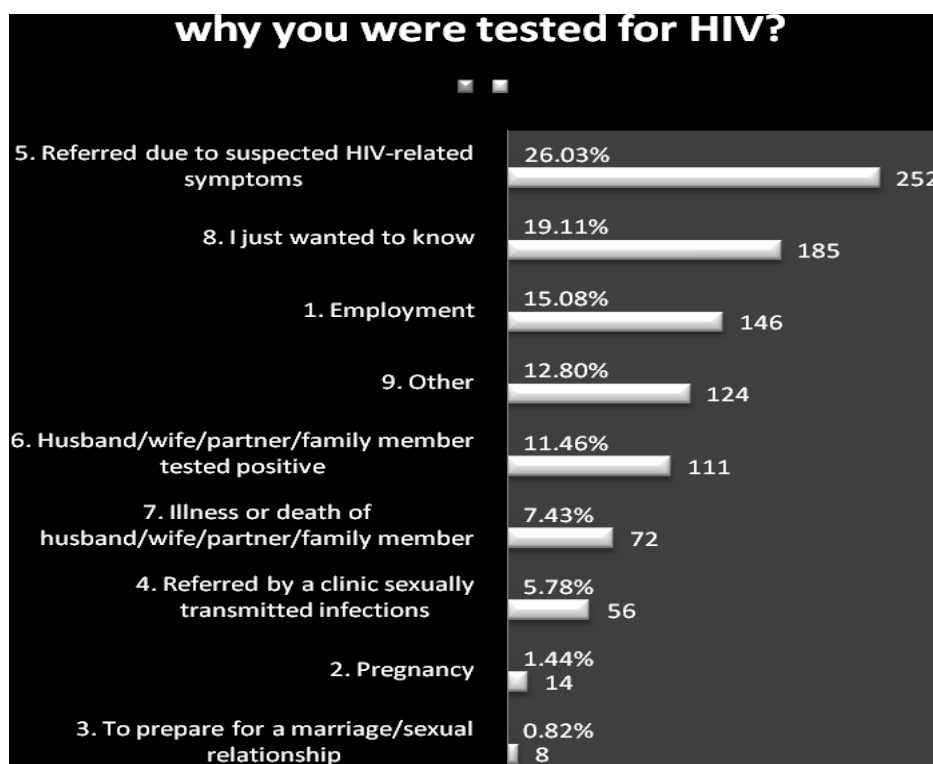
SECTION – 7

TESTING AND DIAGNOSIS

7.1 Reasons for being tested for HIV

Out Of all the respondents (252) 26.03% were referred by a clinic for suspected HIV Symptoms, (185) 19.11% wanted to know themselves so they went for HIV testing,(146) 15.08% were tested for employment,(126) 12.80% due to some other reasons ,(111) 11.46% were tested because their partners, husband/wife/family member were diagnosed positive, (72)7.43%due to death/illness of husband/wife or partner and only 1.44% due to pregnancy.

Figure 7.1 Reasons for being tested for HIV



7.2 Extent of decision for HIV testing

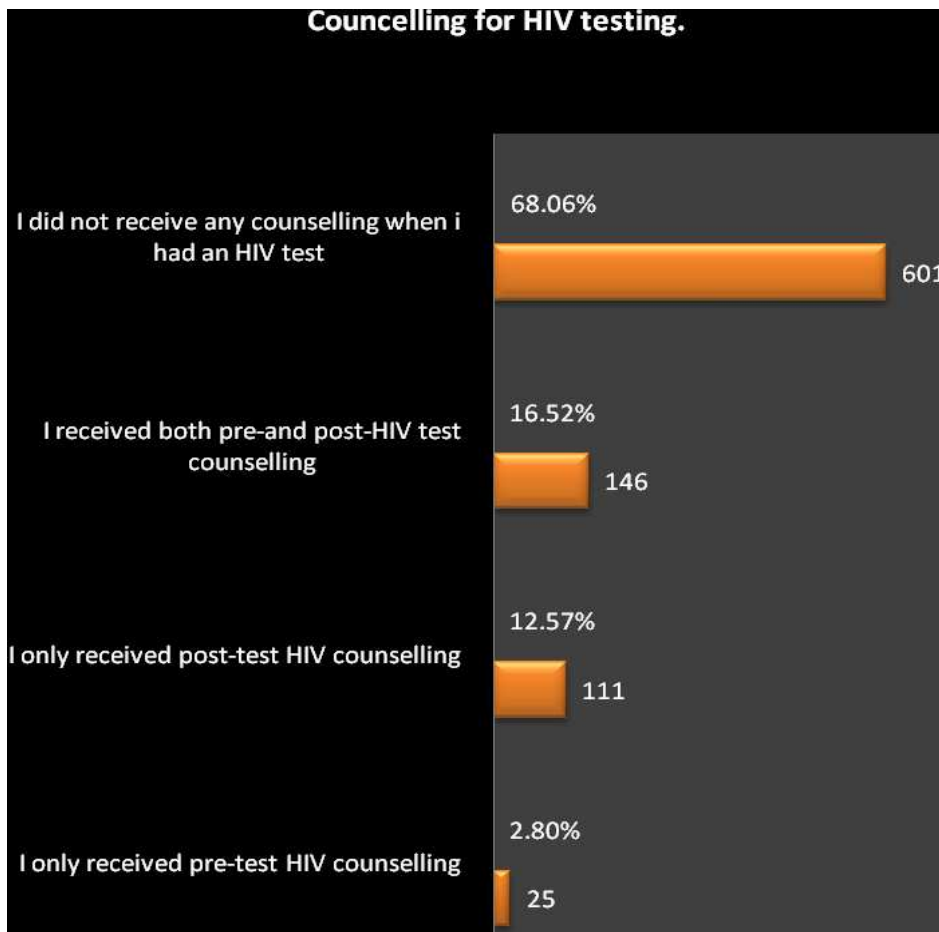
was the decision to be tested for HIV up to you?	Frequency	Percent
I took the decision to be tested, but it was under pressure from others	52	5.8%
I was made to take an HIV test	34	3.8%
I was tested without my knowledge-I only found out after the test had been done	214	24.2%
Yes, I took the decision myself to be tested	583	66.02%
Total	883	100

66% of respondents took the decision themselves to be tested for HIV, 24.2% were tested without their knowledge and they found only once the test was done., 5.8% took the decision to be tested but it was under pressure from others,3.8% was made to take an HIV test .

7.3 Counseling for HIV testing

Of all the respondents 68.06% never received any counseling when they had the test, 16.62% did receive both pre and post HIV testing counseling, 12.57% only received post test counseling and 2.8% only received pre test counseling.

Figure 7.3 Counseling for HIV testing



**SECTION – 8
DISCLOSURE AND CONFIDENTIALITY**

8.1 Disclosure of HIV Status

How they were told?	I told them	Someone else told them, without my consent	Someone else told them, with my consent	They don't know my HIV status	Not Applicable	Total %
Your husband/ wife/ partner	47.0	7.4	14.9	8.14	22.32	100
Other adult family member	39.8	13.8	21.8	15.95	8.48	100
Children in your family	15.40	4.4	3.7	37.2	38.28	100
Your friend neighbors	19.7	15.4	9.4	34.8	19.90	100
Other people living with HIV	48.8	5.3	22.8	8.03	14.84	100
Co-Workers	17.0	6.1	8.1	24.5	43.5	100
Your employer/boss	8.81	6.1	4.1	17.8	62.5	100
Your clients	3.3	2	0.9	16.5	76.9	100
Injecting drug partner	24.2	2.9	5.8	11.0	55.5	100
Religious leaders	2.0	4.8	1.2	36	55.7	100
Community leaders	3.1	3.4	2.7	36.90	53.5	100
Health care workers	49.8	9.2	25.0	4.79	11.03	100
Social workers/councilors	28.3	7.6	22.0	13.5	27.79	100
Teachers/govt officials	27.2	0.18	1.20	24.5	51.3	100
The media	12.7	1.24	5.1	27.5	53.1	100

Figure 8.1a Disclosure to Husband/wife/partner

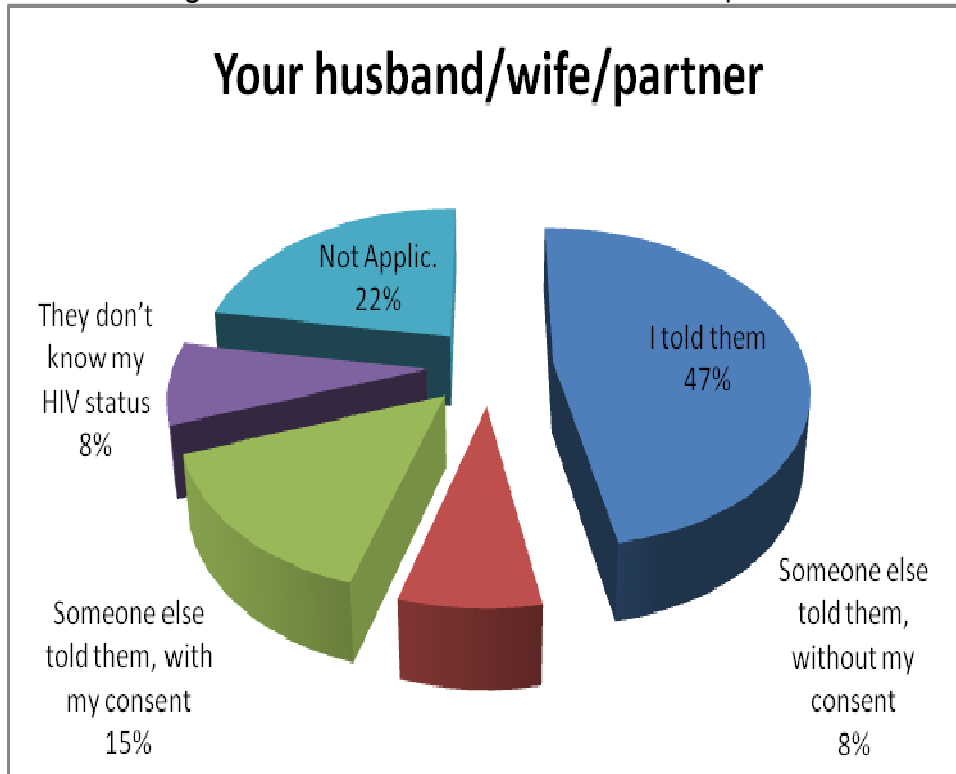


Figure 8.1b Disclosure to other adult family member

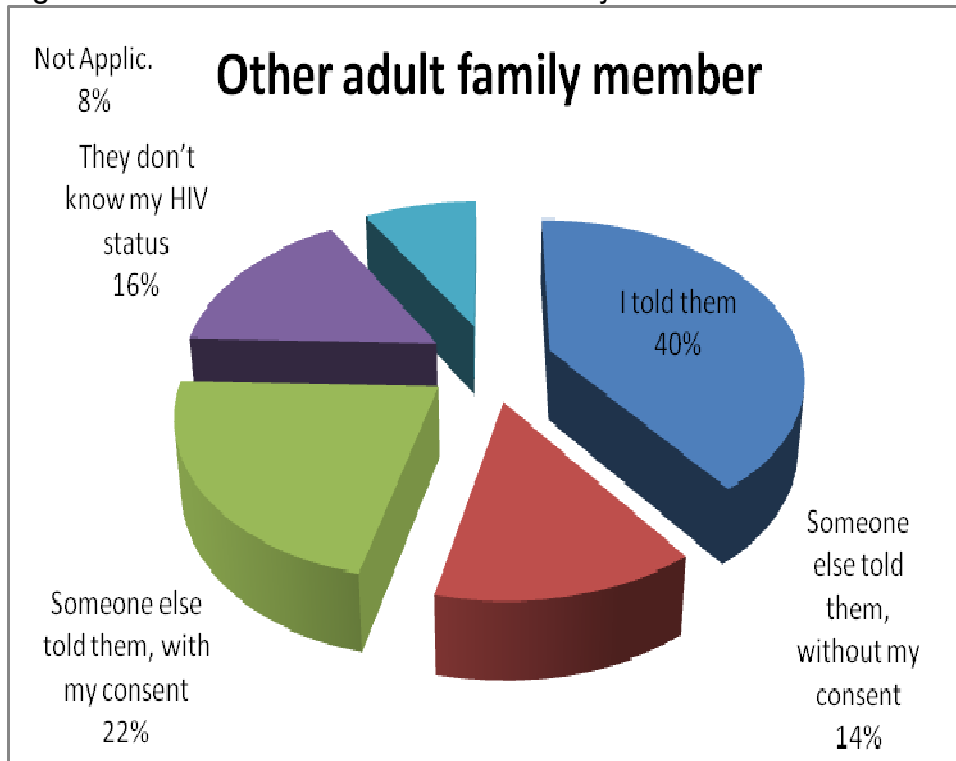


Figure 8.1c Disclosure to children in family

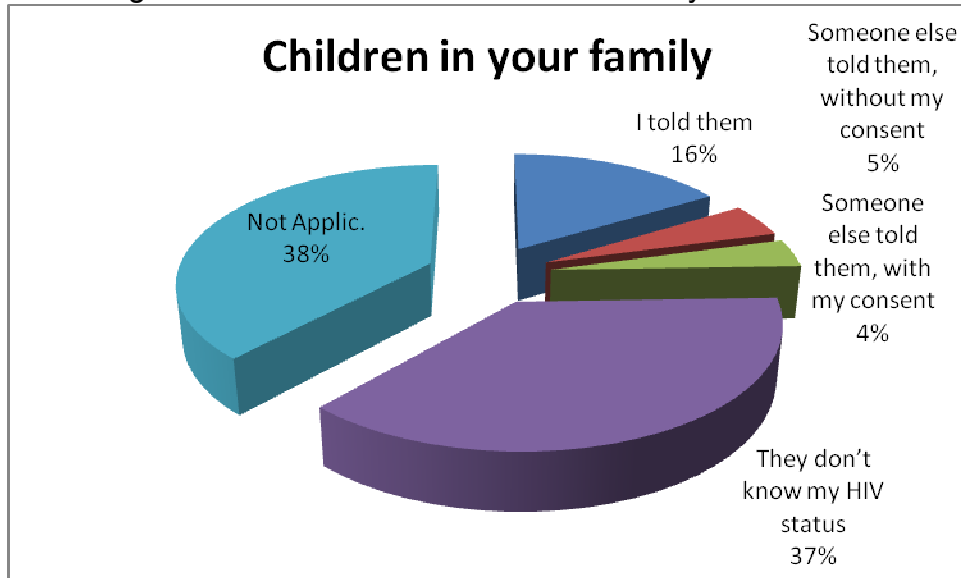


Figure 8.1d Disclosure to friend neighbors

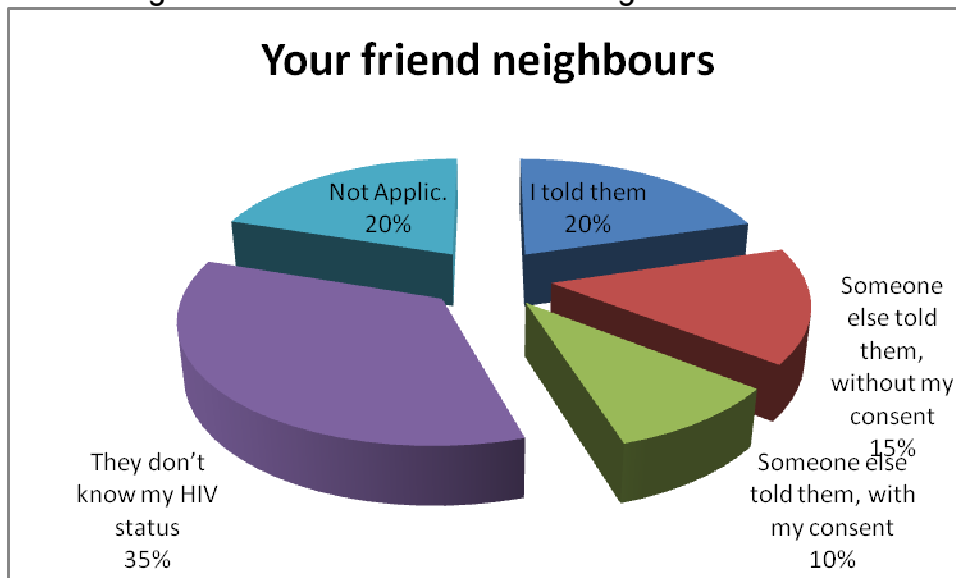


Figure 8.1e Disclosure to other PLHIVS

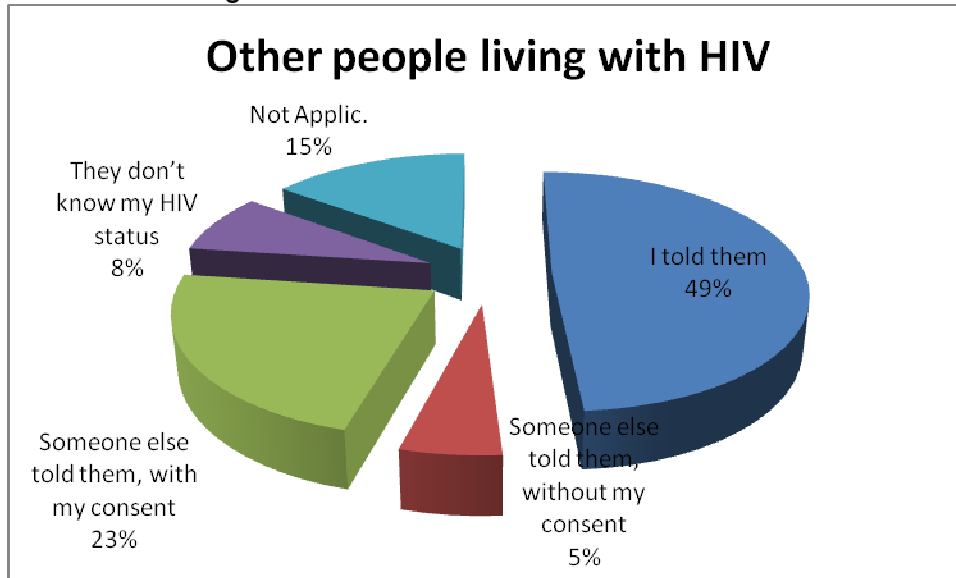


Figure 8.1f Disclosure to Co- Workers

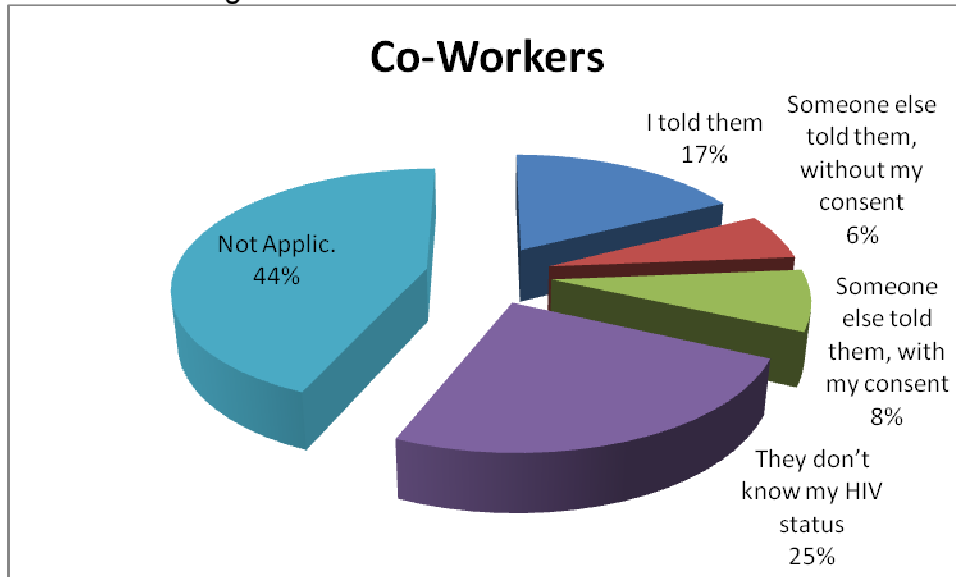


Figure 8.1 g Disclosure to employer/Boss

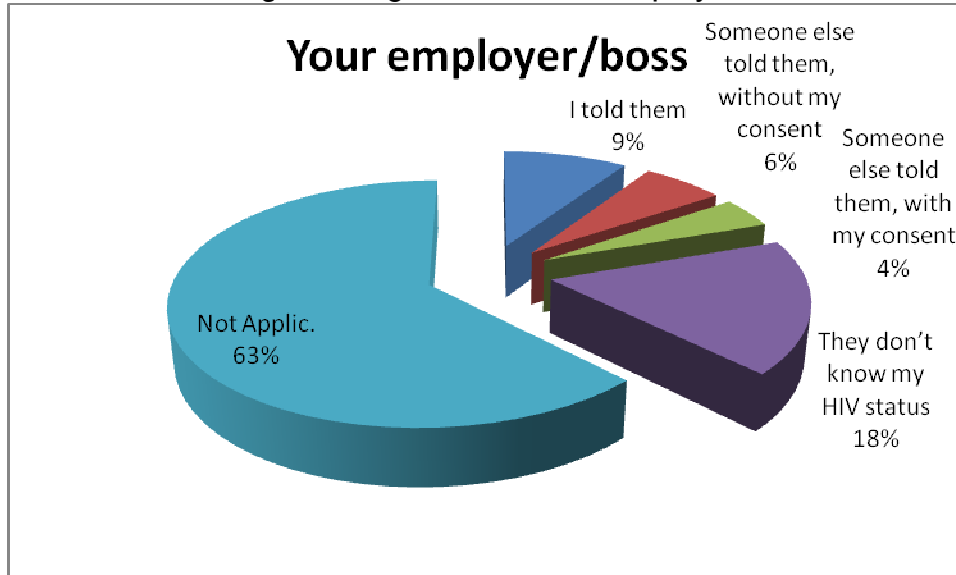


Figure 8.1h Disclosure to Clients

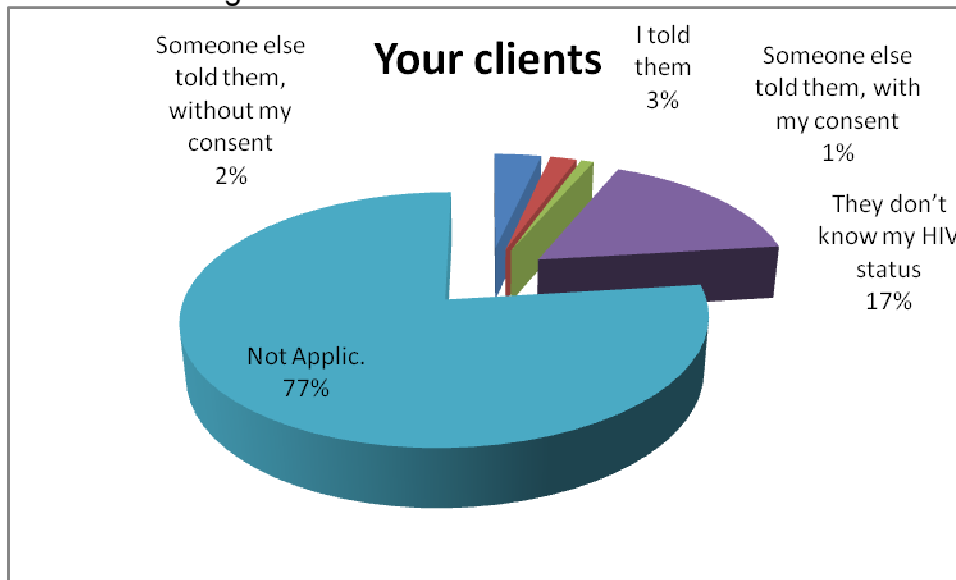


Figure 8.1i Disclosure to Injecting Drug partner

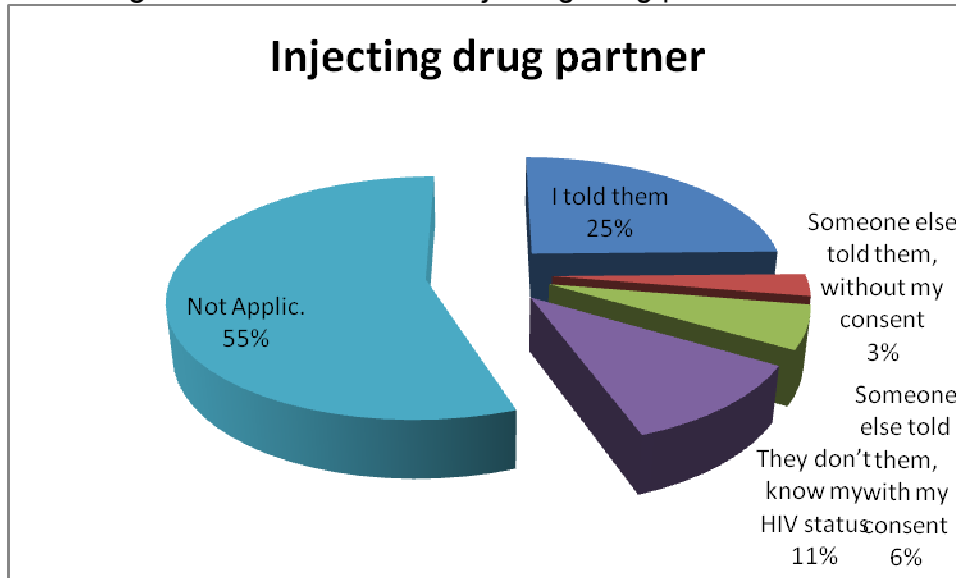


Figure 8.1j Disclosure to Religious leaders

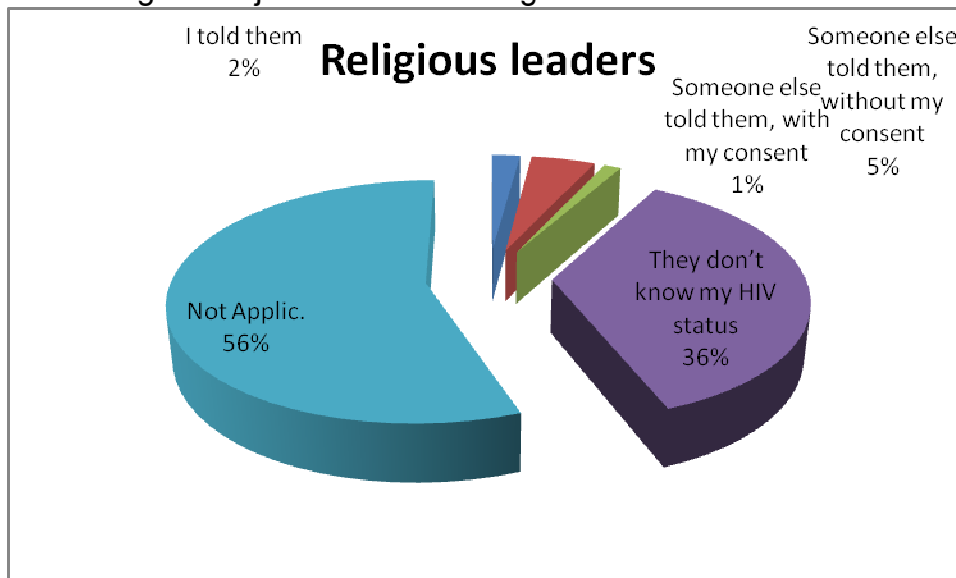


Figure 8.1k Disclosure to community leaders

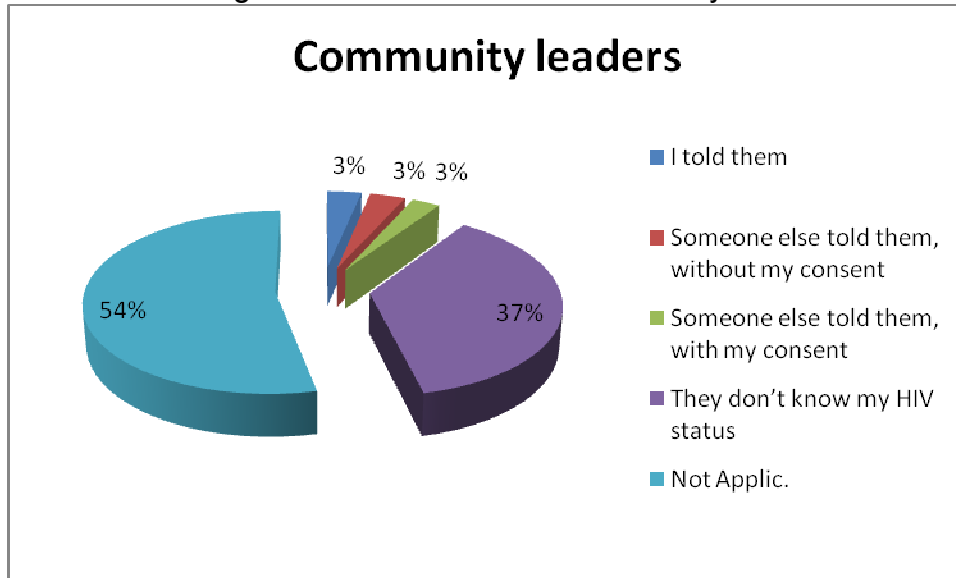


Figure 8.1l Disclosure to Health Care Workers

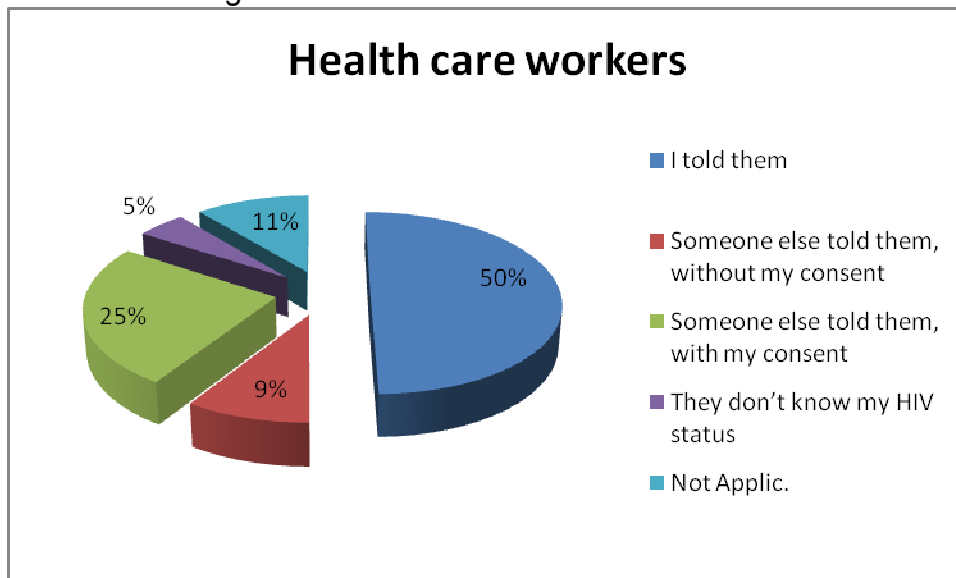


Figure 8.1m Disclosure to Social workers/Counselor

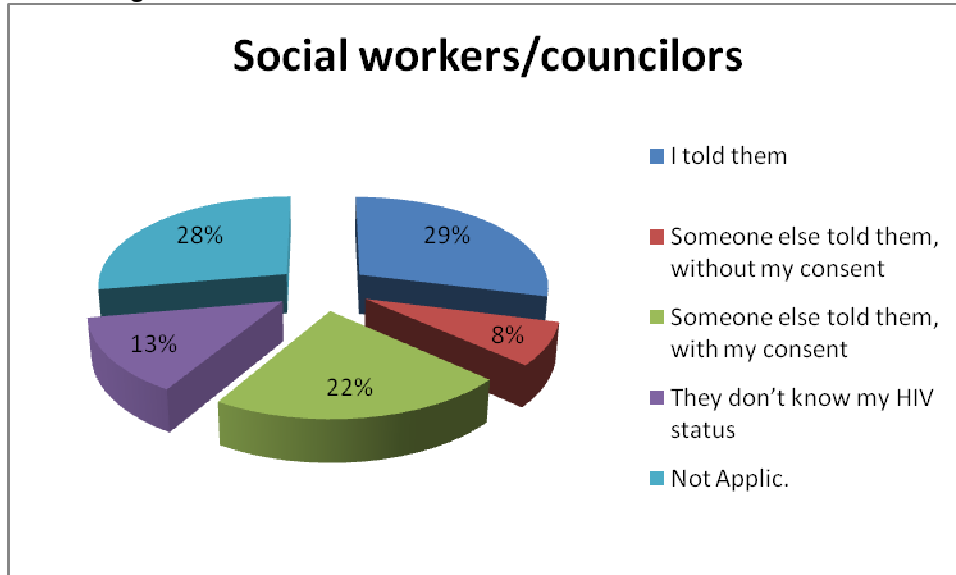


Figure 8.1n Disclosure to teachers/Govt. Officials

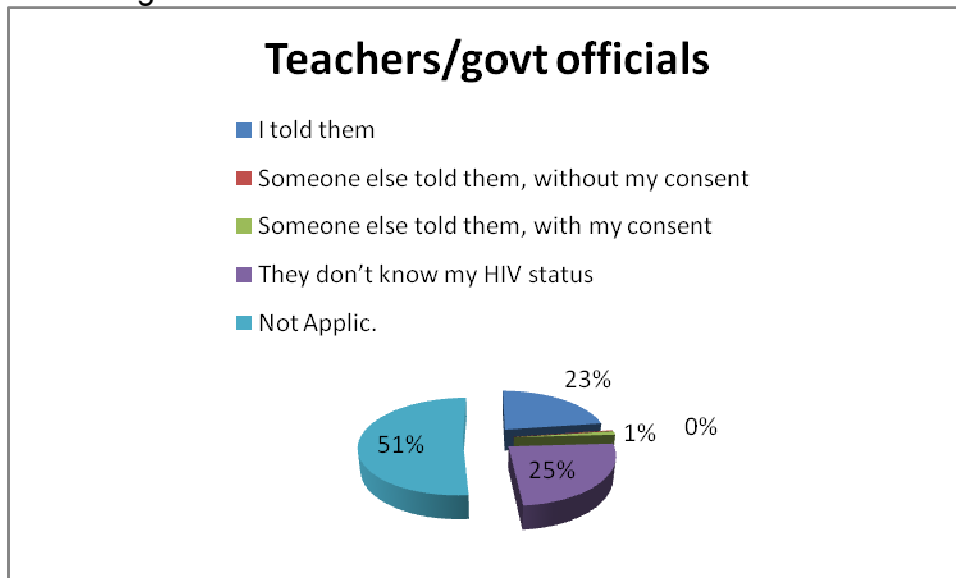


Figure 8.1o Disclosure to media

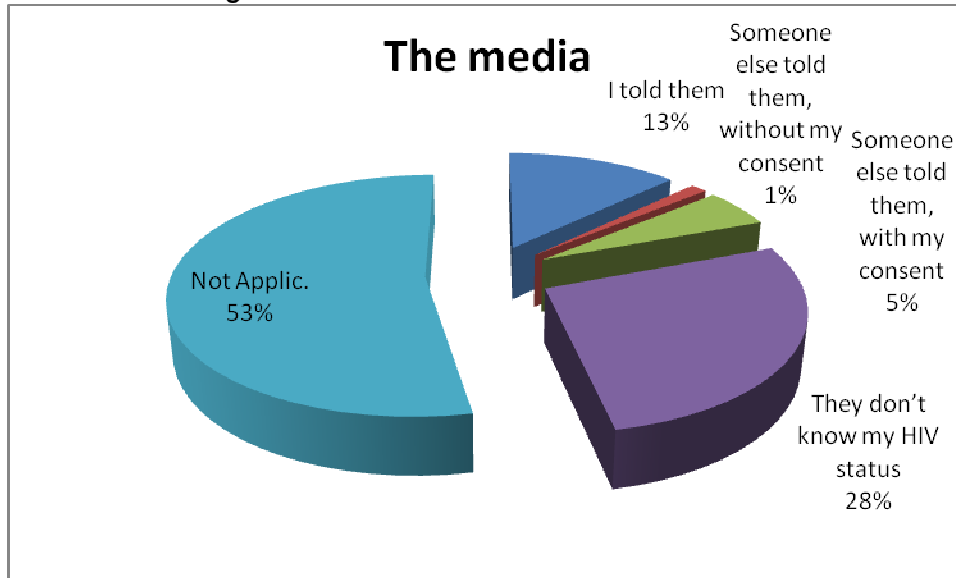
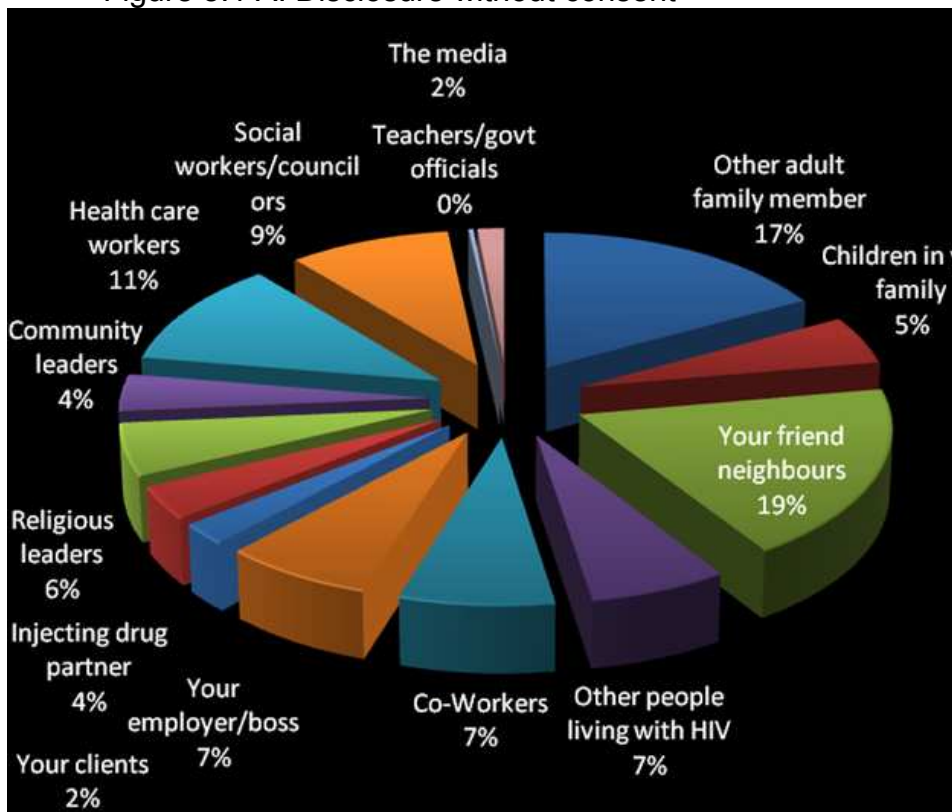


Figure 8.1 A. Disclosure without consent



8.2 Pressure to disclose HIV status by PLHIVs or networks

Table 8.2 Pressure to disclose HIV status by PLHIVs or networks

How often did you feel pressure from other networks/PLHIVs. to disclose your HIV status?	Frequency	Percent
A few times	40	4.4%
Never	762	84.8%
Often	66	7.4%
Once	31	3.4%
Total	899	100.0%

84.4 % of the respondents never feel any pressure from other people living with HIV or groups /networks of PLHIVs to disclose their status,7.4% felt pressure more often, 4.4 % a few times and 3.4% only once.

8.3 Pressure from Family members to disclose HIV status

Table8.3 Pressure from Family members to disclose HIV status

How often did you feel pressure from otherfamily..... to disclose your HIV status?	Frequency	Percent
A few times	50	5.6%
Never	747	83.1%
Often	79	8.8%
Once	23	2.6%
Total	899	100.0%

83.1% of respondents never felt any pressure from other individuals not living with HIV(family members, social workers, NGO employees) to disclose HIV status.

8.4 Disclosure by Health care professional about HIV status without consent

Table 8.4 Disclosure by Health care professional about HIV status without consent

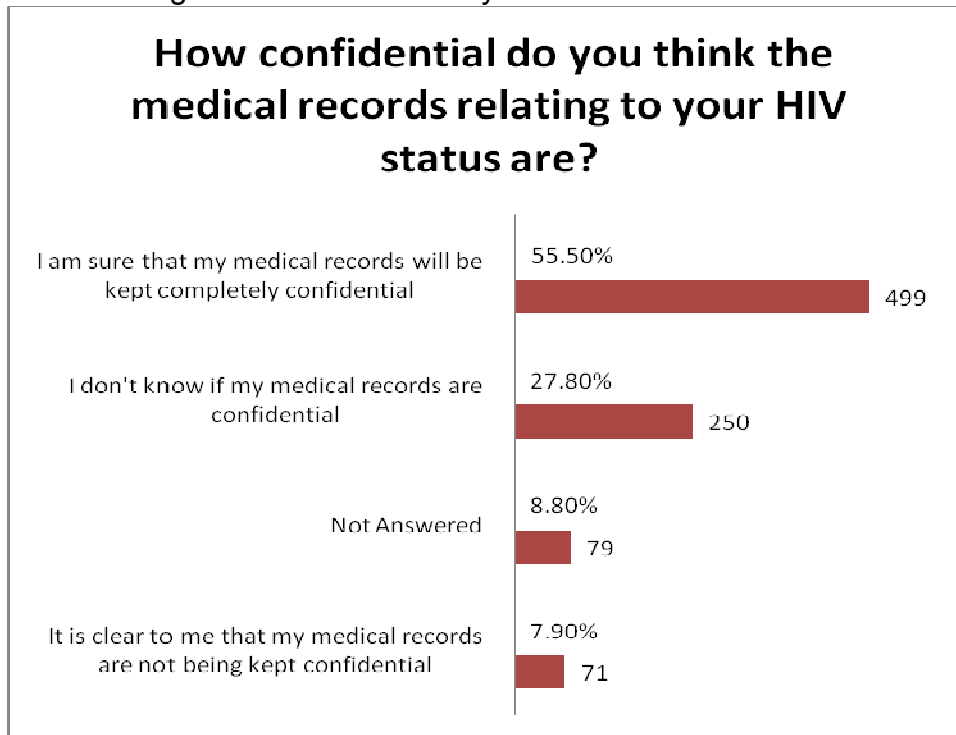
Has a heath care professional ever told other people about your HIV status without your consent?	Frequency	Percent
No	408	45.4%
Not sure	278	30.9%
Yes	213	23.7%
Total	899	100.0%

23.7% responded yes that the health care professional told other people about their HIV status without their consent, 30.9% were not sure about this and 45.4% replied no that they did not share without their consent.

8.5 Confidentiality of medical records

55.5% of respondents are sure that their medical records are kept completely confidential, 27.8% do not know and 7.9% are sure that their medical records are not kept confidential.

Figure 8.5 Confidentiality of medical records



8.6 Reactions of other people when they first knew about your HIV status

Table 8.6 Reactions of other people when they first knew about your HIV status.

Statement	Very Discrimi.	Dicrimi.	No Diff.	Supp.	Very Supp.	Not Applic.
Your husband/wife/partner	80	102	283	111	148	148
Other adult family member	146	107	196	132	160	119
Children in your family	33	125	574	46	34	39
Your friend niebours	115	134	388	90	90	35
Other people living with HIV	42	74	212	274	49	199
Co-Workers	69	42	559	71	50	58
Your employer/boss	52	29	663	22	51	33
Your clients	19	23	753	13	20	8
Injecting drug partner	48	64	570	91	60	19
Religious leaders	27	52	695	23	36	10
Community leaders	27	57	662	32	30	19
Health care workers	67	123	62	289	84	229
Social workers/councilors	30	52	341	268	27	123
Teachers	15	37	16	765	8	6
govt officials	10	40	745	9	41	5
The media	11	44	661	68	28	43

Figure 8.6A Reaction of Husband/Wife/partner

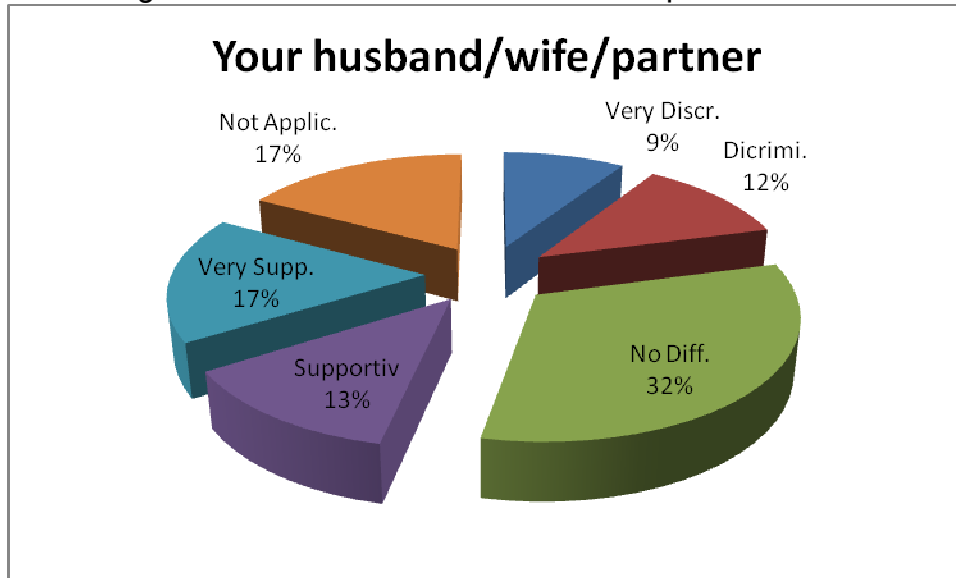


Figure 8.6B Reaction of Adult family member

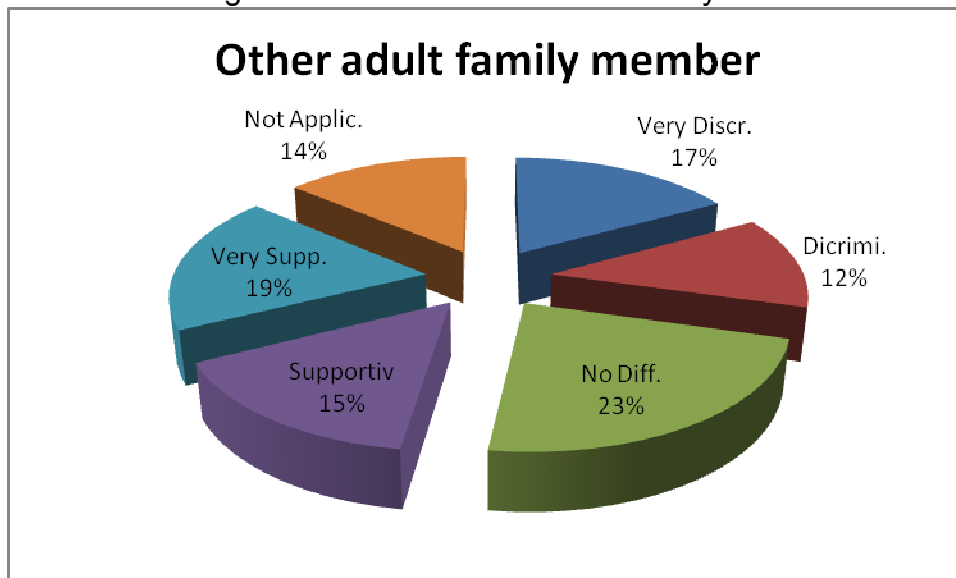


Figure 8.6 C Reaction of friend neighbors

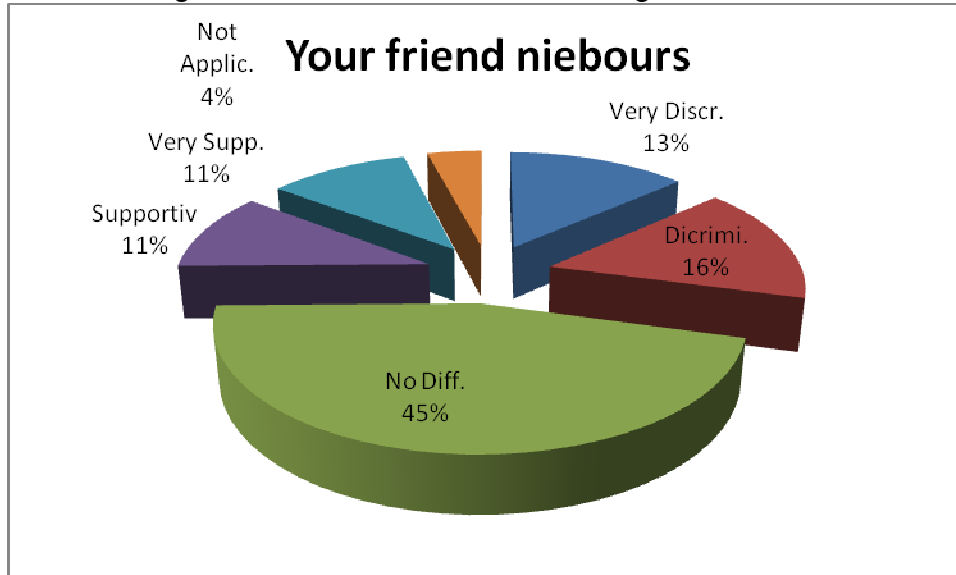


Figure 8.6D Reaction of other people Living with HIV & AIDS

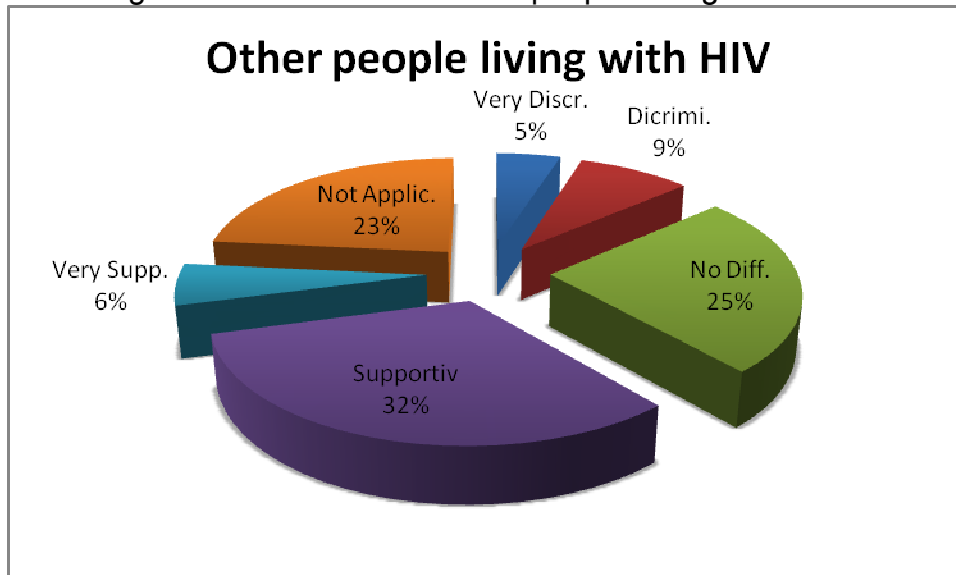


Figure 8.6E Reactions of other Co-Workers

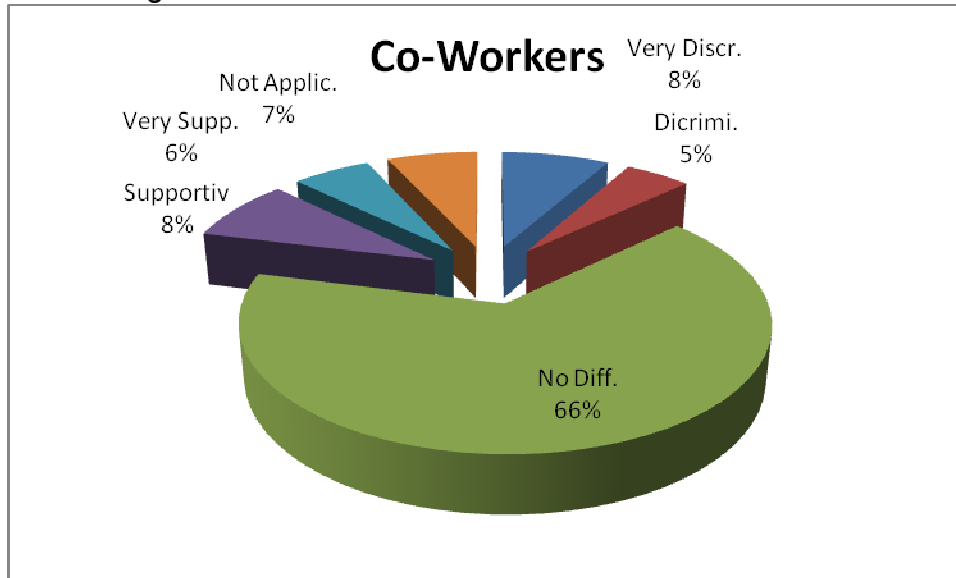


Figure 8.6F Reaction of employer/Boss

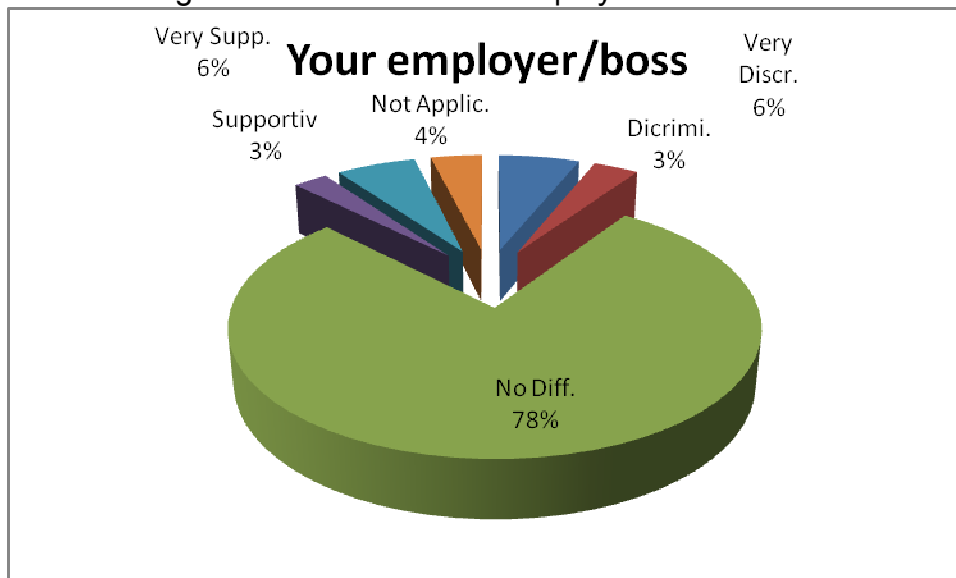


Figure 8.6G Reaction of Clients

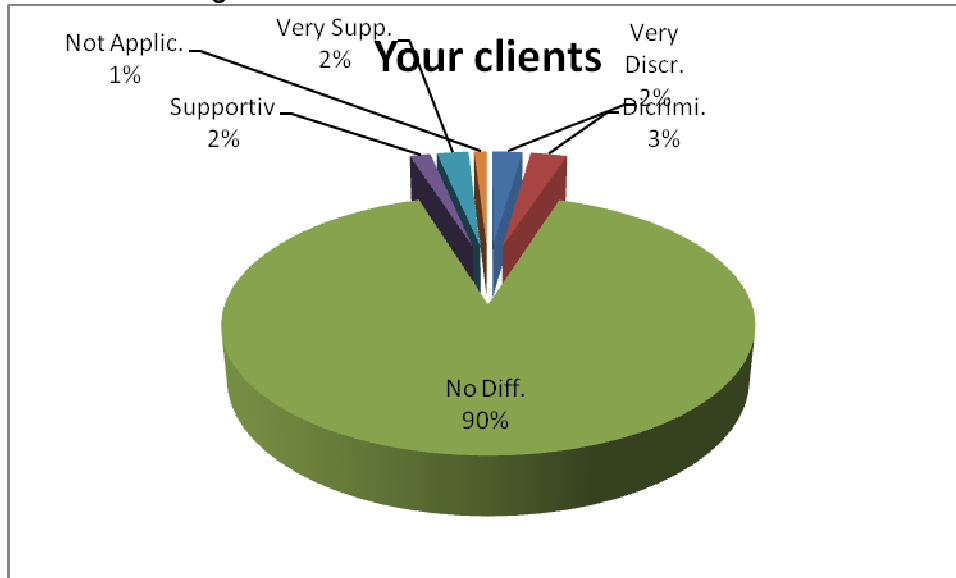


Figure 8.6 H Reaction of Injecting Drug partners

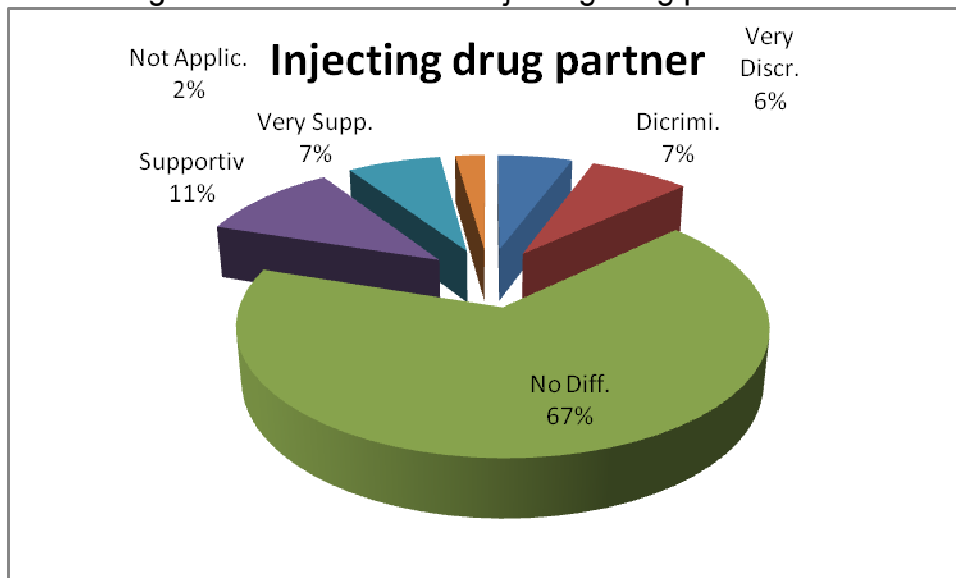


Figure 8.6I Reaction of religious leaders

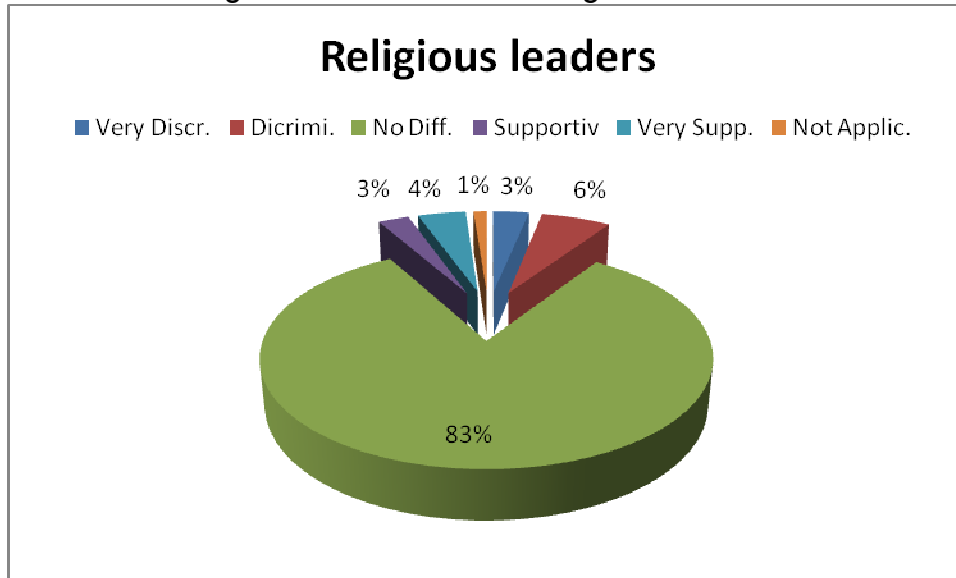


Figure 8.6J Reaction of Community Leaders

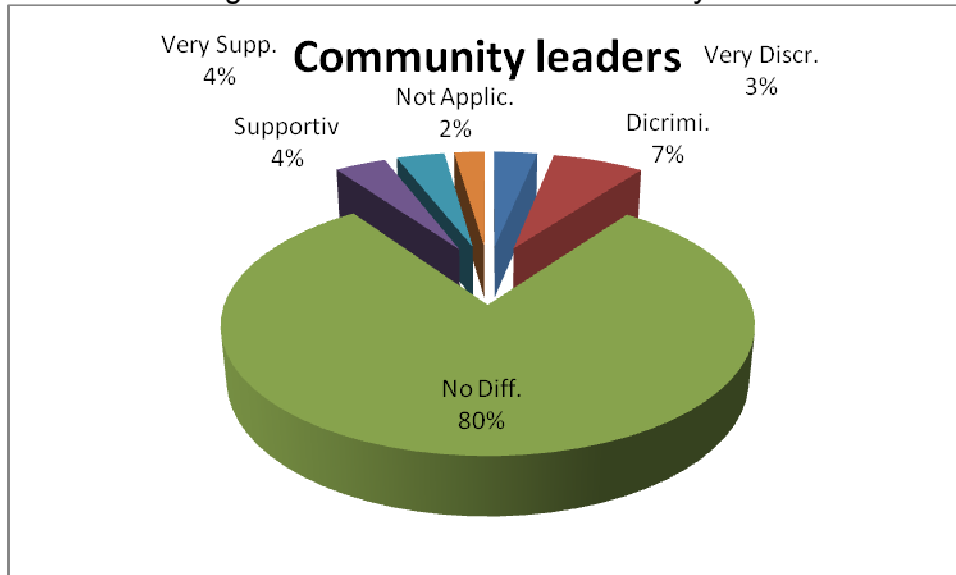


Figure 8.6K Reaction of health Care Workers

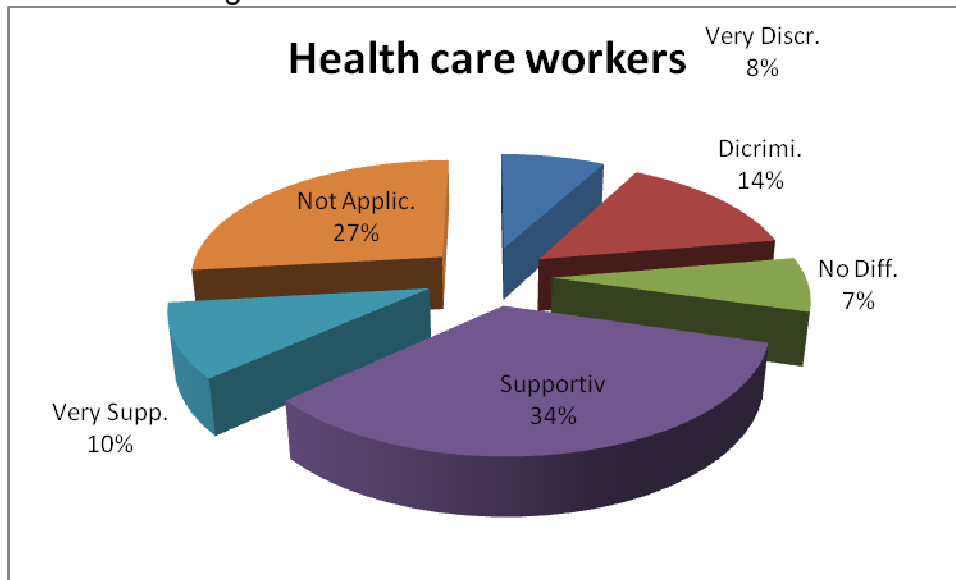


Figure 8.6L Reaction of Social Workers/counselors

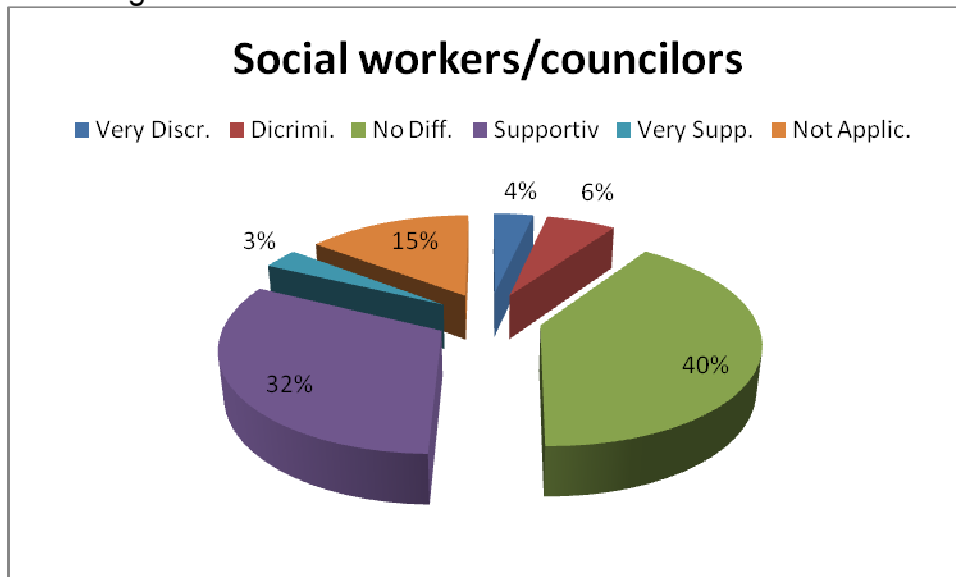


Figure 8.6M Reaction of teachers

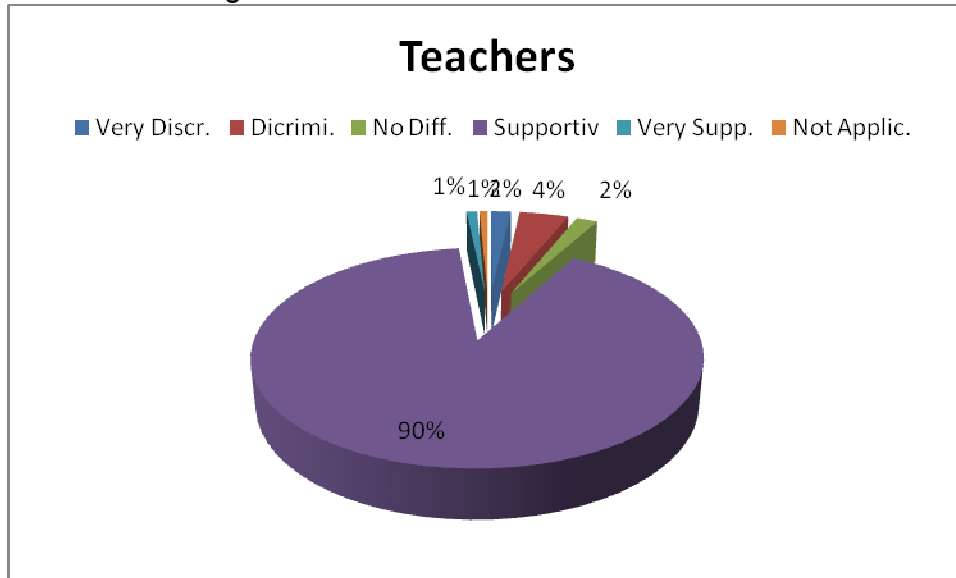


Figure 8.6N Reaction of government officials

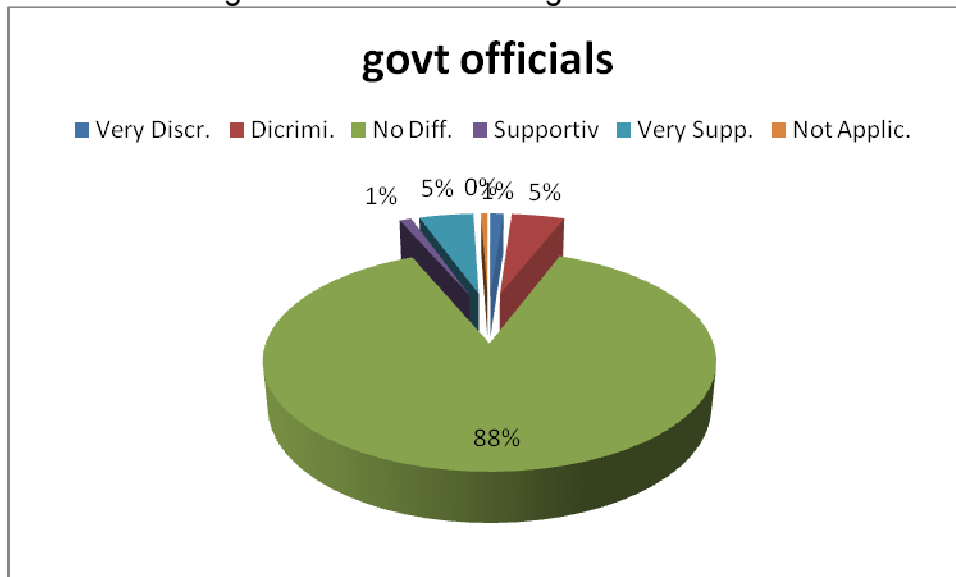


Figure 8.6O Reaction of the Media

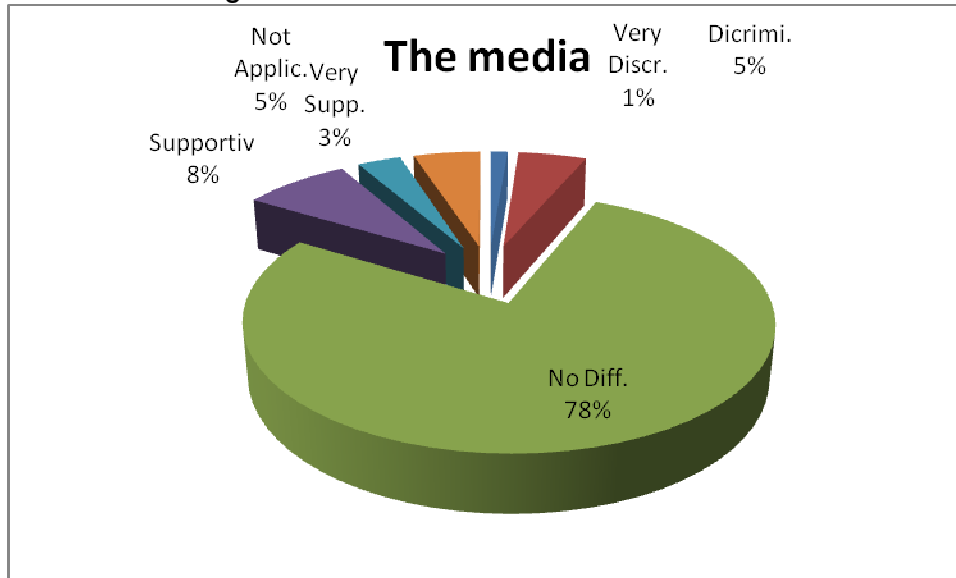


Figure 8.6P Percentage of Very Discriminatory Behavior

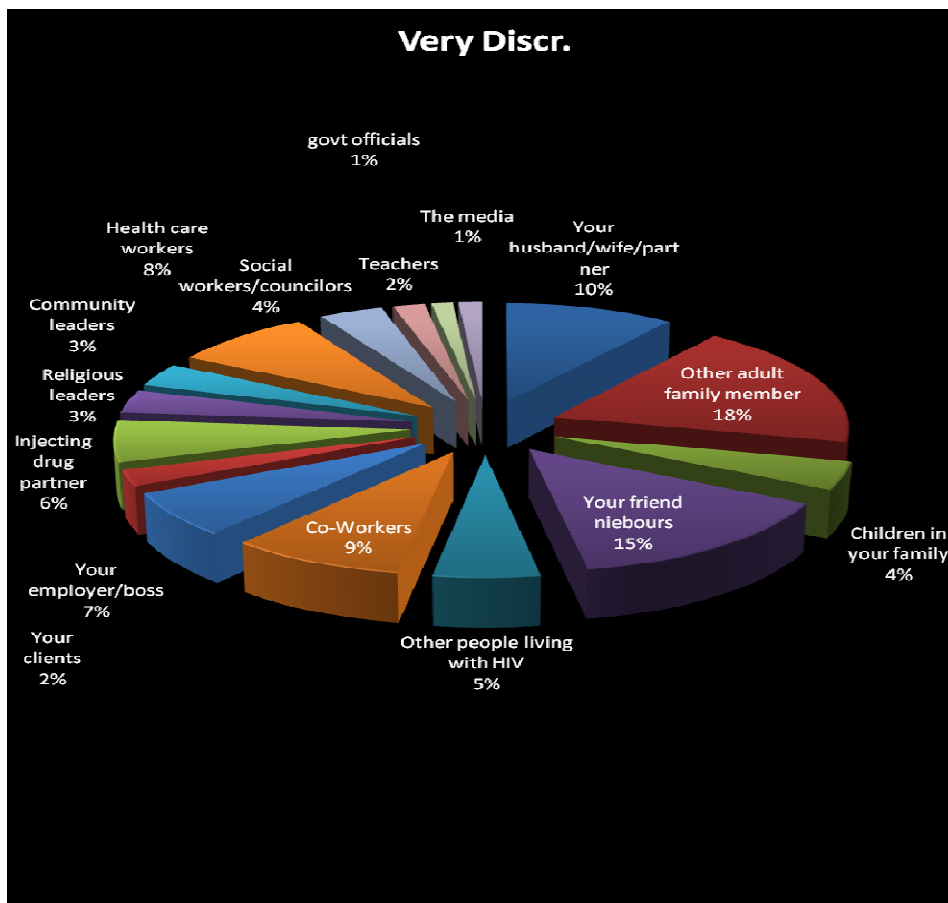


Figure 8.6Q Percentage of Discriminatory Behavior

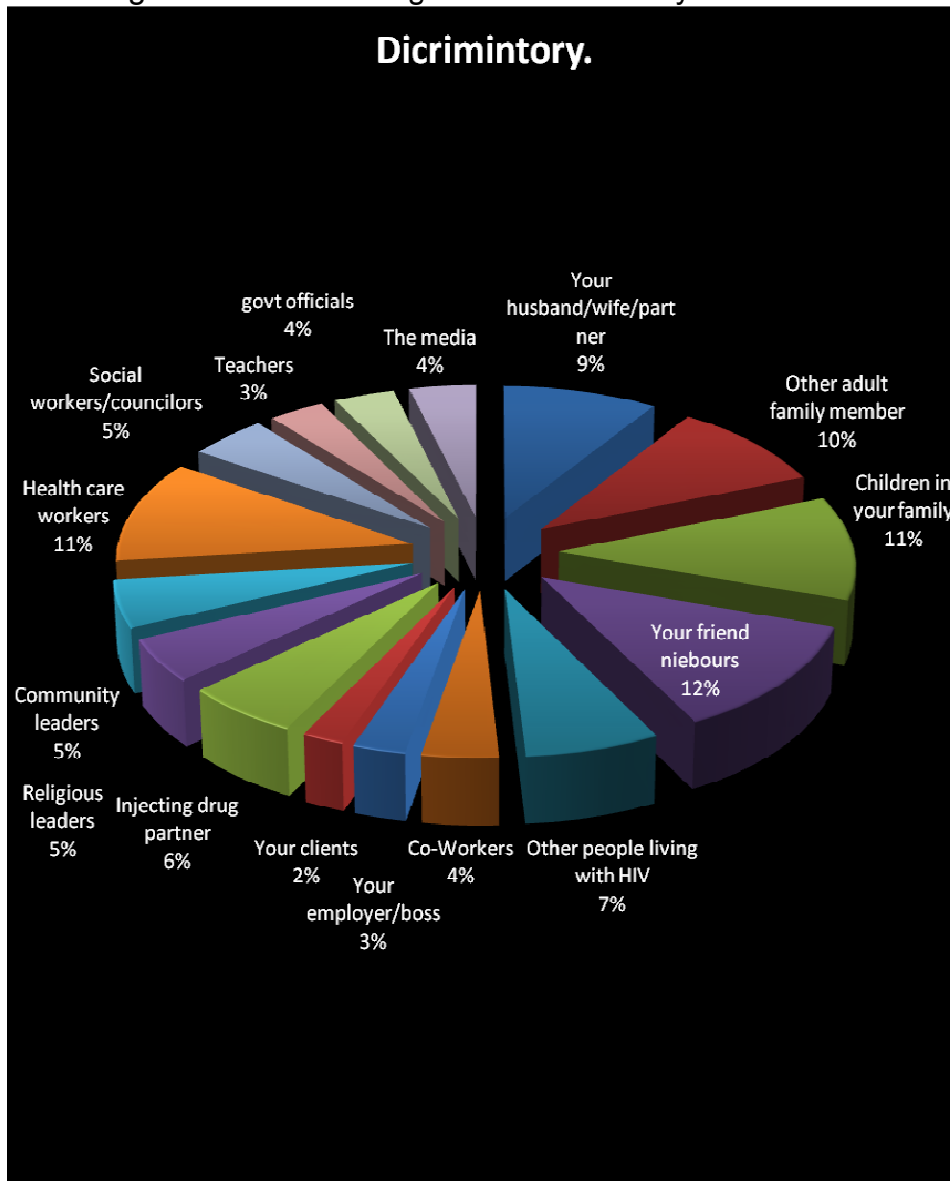


Figure 8.6R Percentage of Supportive Behavior

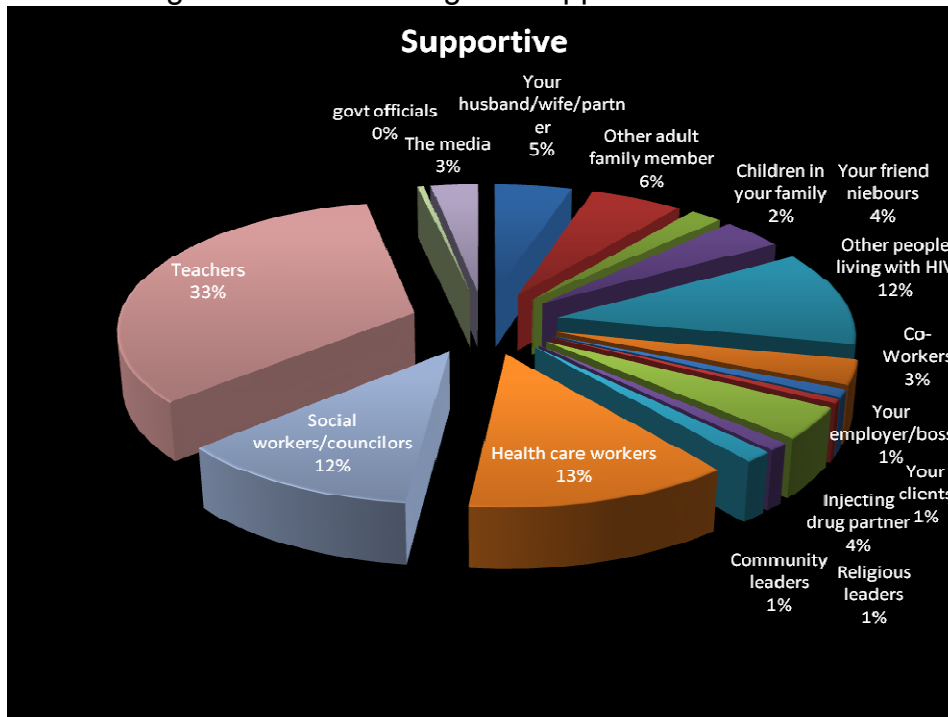
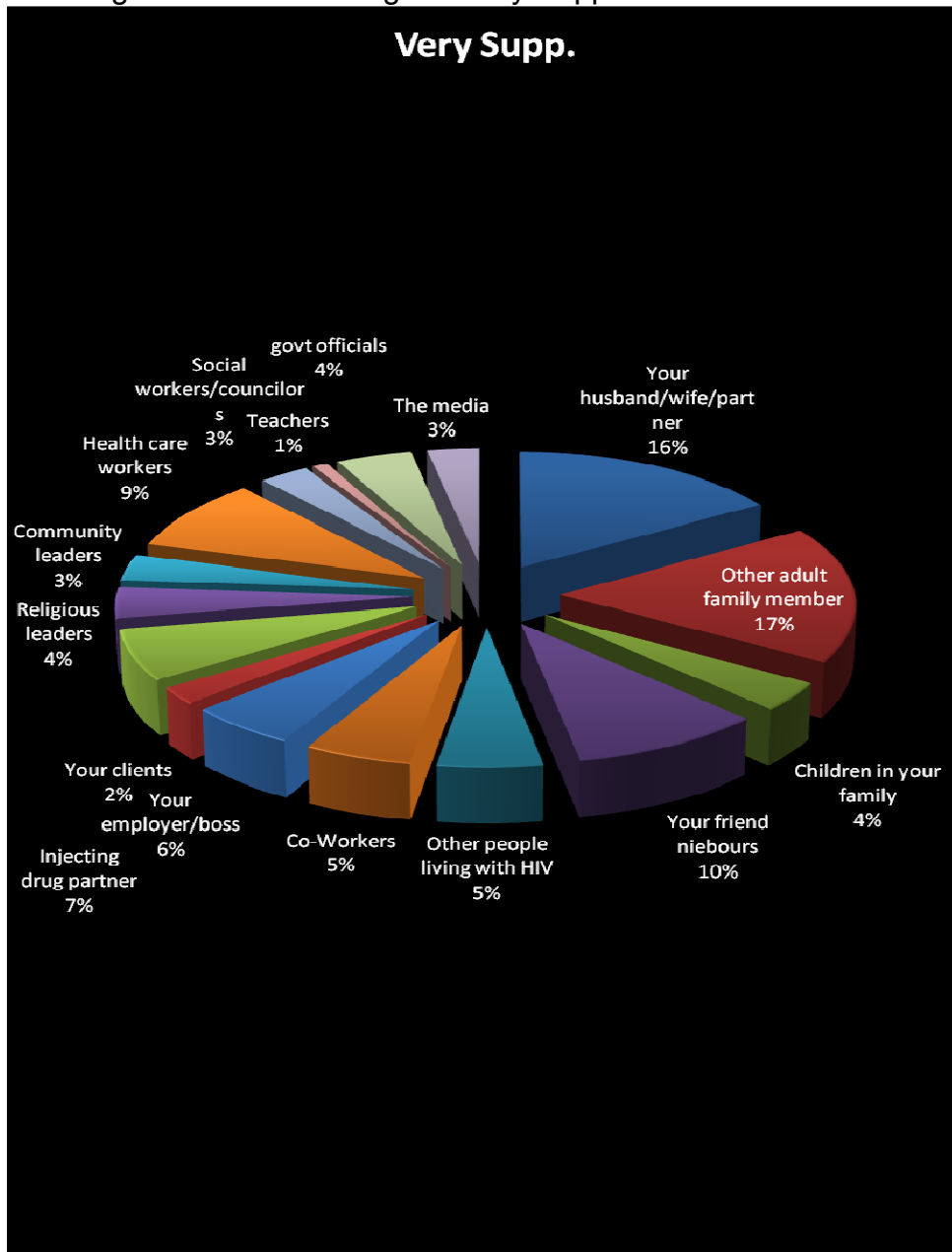


Figure 8.6S Percentage of Very Supportive Behavior



8.7 Disclosure an empowering experience

Did you find the disclosure of your HIV status an empowering experience?	Frequency	Percent
No	444	50.2%
Not applicable	80	9.0%
Yes	360	40.8%
Total	884	100.0%

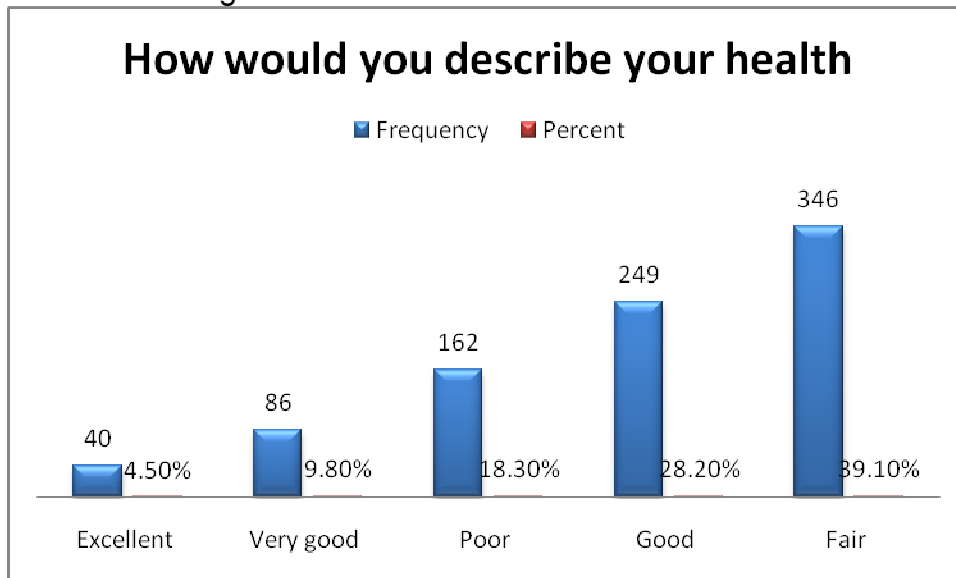
40.8% find the disclosure of their HIV status as an empowering experience, and 50.2% did not find it an empowering experience while it was not applicable to 9% respondents.

Section-9 TREATMENT/DIAGNOSIS

9.1 General health Status

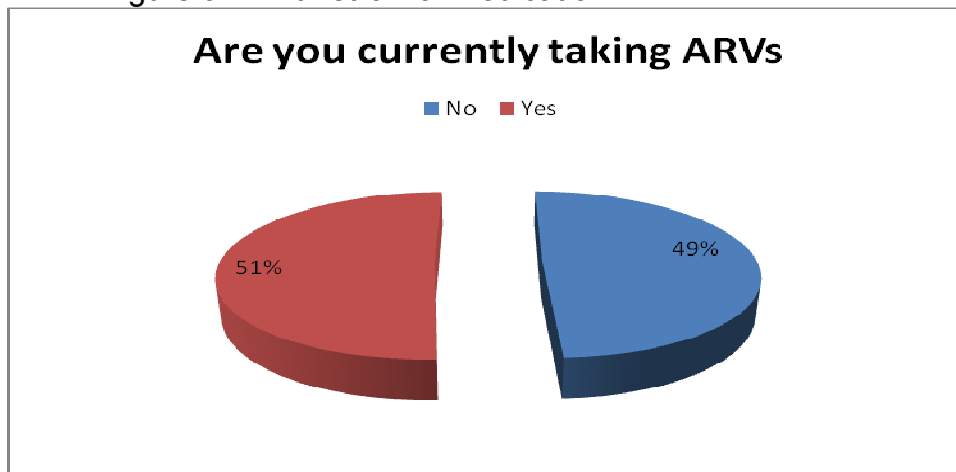
39.1% of respondents feel that they have fair health, 28.2% responded good, 18.3% responded poor, 9.8% very good and only 4.5% excellent.

Figure 9.1 General health Status



9.2 Anti Retroviral treatment

Figure 9.2 Anti retroviral medication



Of all the respondents 50.7% are taking anti retro viral treatments and 49.3% are not on ARVs.

9.3 Access to antiretroviral treatment

Table 9.3 Access to antiretroviral treatment

Do you have access* to antiretroviral treatment, even if you are not currently taking it?	Frequency	Percent
Don't know	90	10.2%
No	61	6.9%
Yes	732	82.9%
Total	883	100.0%

Of all the respondents, 82.3% think that they have the access to ARVs even if they are not taking it, 6.9% responded negative that they do not have the access and 10.2% do not know that about their access to ARVs.

9.4 Medications for Opportunistic infections

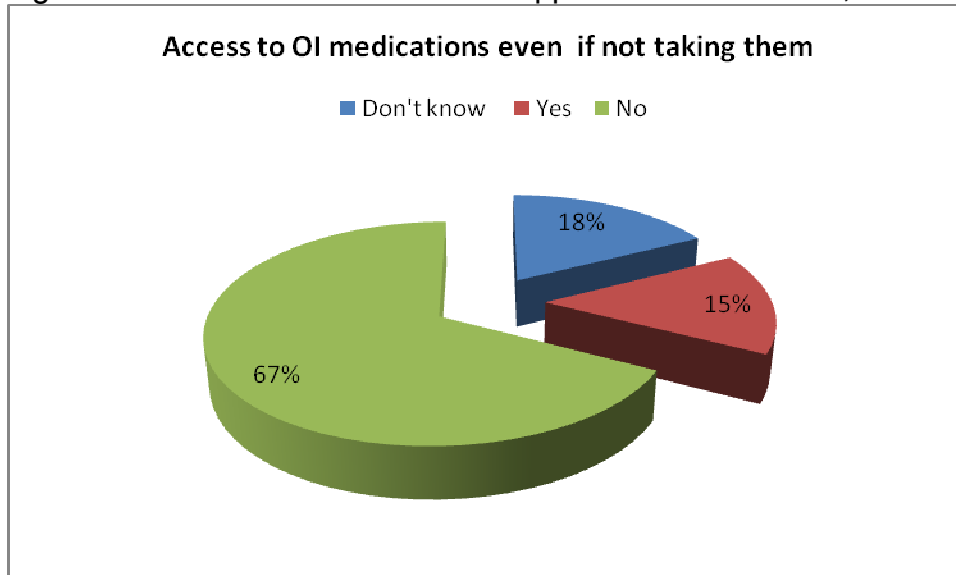
Table 9.4 Medications for Opportunistic infections

Are you currently taking medication to prevent or to treat opportunistic infections?	Frequency	Percent
No	545	61.8%
Yes	338	38.2%
Total	883	100.0%

Of all the respondents 61.8% are not taking medications to prevent opportunistic infections while 38.2% are taking opportunistic infections medications.

9.5 Access to medication for opportunistic infections, even if not currently taking

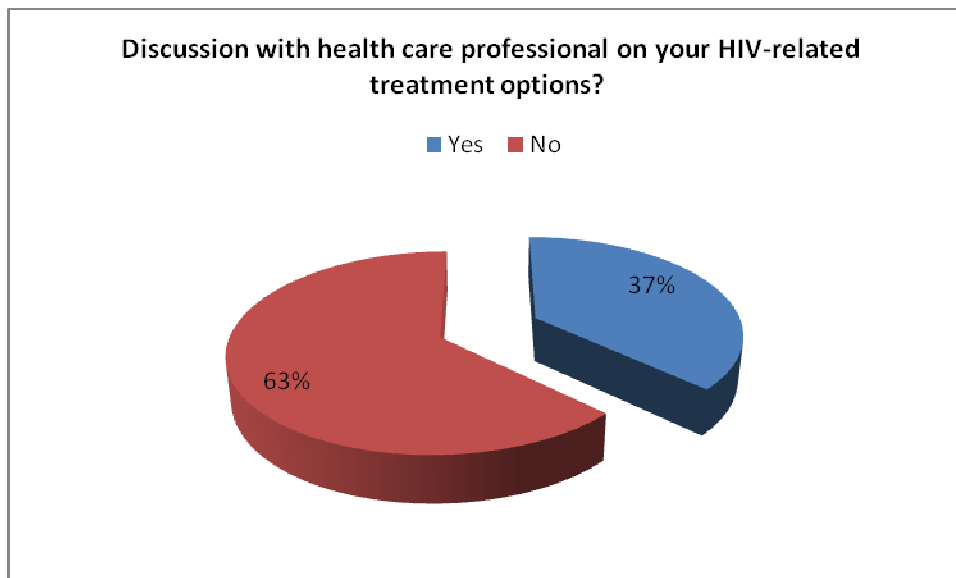
Figure 9.5 Access to medication for opportunistic infections, even if not currently taking



Of all the respondents, 67.3% do not have access to medications for opportunistic infections even if they are not currently taking them while 15.2% have access to them while 17.5% do not know about this

9.6 Discussion with Health care Provider (HCP) on HIV treatment options

Figure 9.6 Discussion with Health care Provider on HIV treatment options



Of all the respondents 62.9% never had a constructive discussion with a health care provider on HIV treatment related options while 37.1 % did have such kind of discussion.

9.7 Discussion with HCP about Sexual relationships, emotional wellbeing, drug use.

Table 9.7 Discussion with HCP about Sexual relationships, emotional wellbeing, drug use

Have you had a constructive discussion with HCP about . sexual relationships emotional well being, drug use, etc?	Frequency	Percent
No	445	50.5%
Yes	438	49.5%
Total	883	100.0%

Of all the respondents 50.5% did not have any discussion with health care professional on other subjects such as sexual or reproductive health while 49.5% did have such kind of discussion.

Section -10 HAVING CHILDREN

10.1 Having Children

Table 10.1 Having Children

1a. Do you have a child/children?	Frequency	Percent
No	306	34.6%
Yes	577	65.4%
Total	883	100.0%

65.4 % of respondents did have children while 34.6% did not have children.

10.2 Known HIV children

Table 10.2 Known HIV children

Any of these children known to be HIV positive?	Frequency	Percent
No	510	88.47%
Yes	66	11.53%
Total	577	100

Of all the respondents 88.47% did not have HIV positive children while only 11.53% of respondents have HIV positive children.

10.3 Counseling about RH options

Table 10.3 Counseling about RH options

Since being diagnosed as HIV-positive, have you ever received counseling about your reproductive options?	Frequency	Percent
No	166	18.8%
Not applicable	367	41.5%
Yes	350	39.7%
Total	883	100.0%

Of all the respondents 39.7% received counseling about their reproductive options since being diagnosed as HIV positive while 18.8% did not receive any counseling. it was not applicable to 41.5% of respondents.

10.4 Advise by HCP not to have a child since being HIV-positive

Table 10.4 Advise by HCP not to have a child being HIV-positive

Has a health care professional ever advised you not to have a child since you were diagnosed as HIV-positive?	Frequency	Percent
No	223	25.3%
Not applicable	364	41.3%
Yes	296	33.4%
Total	883	100.0%

Of all the respondents 33.4% were advised not to have children by the health care professional being HIV positive, 25.3% respondents replied no and it was not applicable to 41.3% respondents.

10.5 Coercion by HCP for sterilization being HIV-positive

Table 10.5 Coercion by HCP for sterilization being HIV-positive

Has a health care professional ever coerced you into being sterilized since you were diagnosed as HIV-positive?	Frequency	Percent
No	426	48.2%
Not applicable	418	47.3%
Yes	39	4.5%
Total	883	100.0%

48.2% of respondents were never coerced by health care professional for sterilization as they were diagnosed HIV positive, it was not applicable to 47.3% respondents and only 4.5% said that they were coerced for sterilization by the health care professional.

10.6 Access to antiretroviral treatment coupled with the use of certain forms of contraception

Table 10.6 Access to antiretroviral treatment coupled with the use of certain forms of contraception

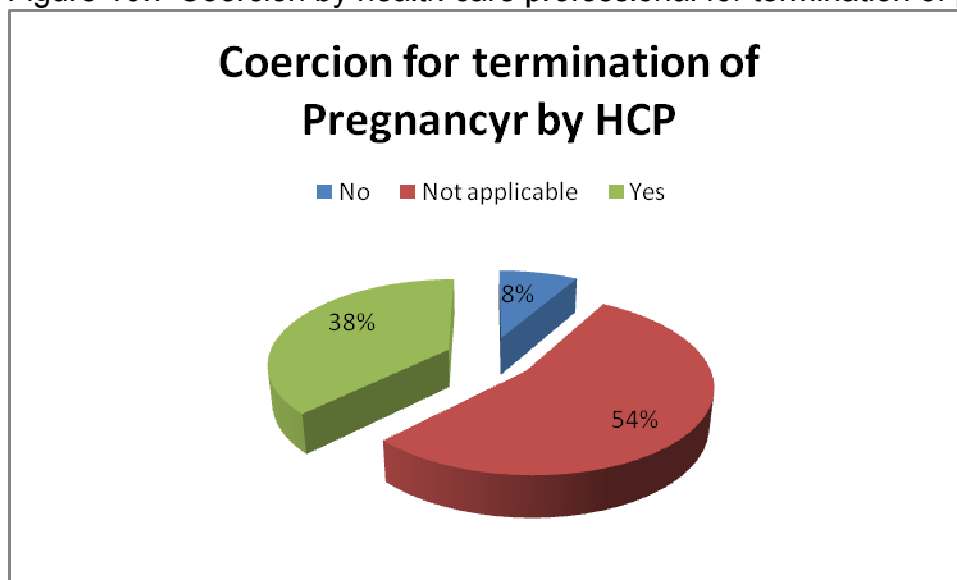
Is your ability to obtain antiretroviral treatment conditional on the use of certain forms of contraception?	Frequency	Percent
Don't know	283	32.0 %
No	179	20.3%
Not applicable	341	38.6%
Yes	80	9.1%
Total	883	100.00%

It was not applicable to 38.6% of respondents, 32% did not know about this, 20.3% replied no and only 9.1% replied yes that their ability to obtain antiretroviral treatment was conditional on the use of certain forms of contraception

10.7 Coercion by health care professional for termination of pregnancy.

37.3% of all the respondents (females) were coerced by health care professional for termination of pregnancy. It was not applicable to 54.1% of respondents and only 8.6% replied No to this that they were never coerced by health care professional.

Figure 10.7 Coercion by health care professional for termination of pregnancy.



10.8 Coercion by health care professional for Method of giving birth

Table 10.8 Coercion by health care professional for Method of giving birth

Method of giving birth	Frequency	Percent
No	16	7.3%
Not applicable	125	54.8%
Yes	88	39.2%
Total	228	100.0%

39.2% of all the respondents were coerced by health care professional for method of giving birth, it was not applicable to 54.8% of respondents and only 7.3% replied no that they were never coerced by health care professional for method of giving birth.

10.9 Coercion by health care professional for Infant Feeding Practices

Table 10.9 Coercion by health care professional for Infant Feeding Practices

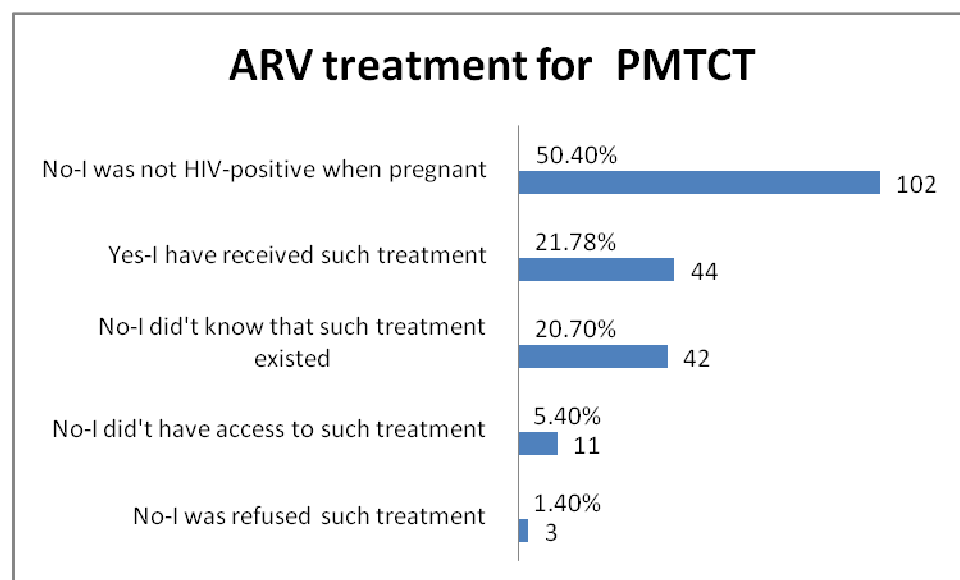
Infant feeding practices	Frequency	Percent
No	13	5.7%
Not applicable	155	67.9%
Yes	60	26%
Total	228	100.0%

Coercion by health care professional for infant feeding practices, it was not applicable to 67.9% of respondents, 26 % replied yes that they were and 5.7% no that they were never pushed by health care provider for infant feeding practices

10.10 Prevention of mother-to-child transmission (PMTCT) of HIV during pregnancy by provision of ARVs

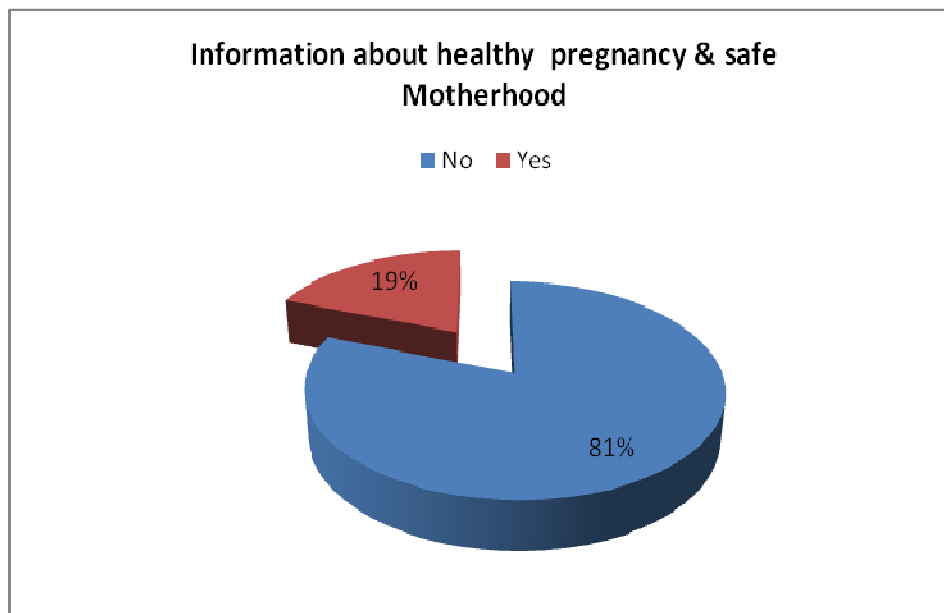
of all the female respondents, 50.4% were not positive during pregnancy, 21.78% did received ARV treatment to prevent mother to child transmission, 20.7% did not know about any such kind of treatment, 5.4% did not have access to such treatment and only 1.4% refused ARV treatment for prevention of mother to child transmission of HIV during pregnancy.

Figure 10.10 Prevention of mother-to-child transmission of HIV during pregnancy by ARVs



10.11 Provision of Education about healthy pregnancy and motherhood as part of PMTCT

Table 10.11.Provision of Education about healthy pregnancy and motherhood as part of PMTCT



80.8 % of respondents were never given information about healthy pregnancy and motherhood as part of the programme to prevent mother to child transmission of HIV while 19.2% were given such information.

Discussion & Analysis

HIV-related stigma is exceptional in its scale, its context, and its causes. The People living with HIV stigma index study in Pakistan comprises of one third of females and three fourth of males. Almost half of the participants are in the middle age group from 25-49 years and more than 90% are living with HIV and AIDS for the last ten years.

The literacy level of PLHIVs show an alarming situation adding more apathy to fight and live a healthy life against their existing health status. It needs a special attention to raise awareness about the ways of healthy living and modes of transmission. As most of the PLHIVs are young, the technical education and micro credit would go a long way in alleviating their sufferings.

More than half of the females interviewed have no formal education. Its similar to the state of affairs of the general population where females are not provided with enough opportunities for education, may be due to cultural sensitivity or closeness of the society. Females living with HIV and AIDS should be targeted in future interventions to provide them with the better technical educational facilities to have an independent life. One third of females interviewed are living as widows. They lost their husbands due to this deadly disease making them the most vulnerable group to carry the burden of this disease and the attached stigma and discrimination.

When asked in details, most of them are living alone and have faced the worst kind of stigma and discrimination after the death of their life partners. Most of them were tested after the death of their husbands as consulted by the doctors and were found positive adding more apathy to their sorrow. They were thrown out of their in laws homes and forced to live a separate life.

About three quarter of the respondents is sexually active. It adds a serious threat about the transmission of disease.

The questions about belonging to a specific group confirm the concentrated epidemic in Pakistan as most of them belongs to three high risks groups of IDUs, Sex workers and MSMs.

Employment status and monthly earning depicts a bleak picture as more than half are not employed and not working at all. Most of males were living in large towns or city areas and most of the females belong to small town or village. In our culture males are suppose to provide the bread and butter to the family making them shift to urban areas due to increased employment opportunities. But adding more risk to the vulnerability of being exposed for abnormal behaviors.

The average income of the PLHIVs is Rs 6000. Its below the poverty line. They are living in abject poverty making them difficult to meet the two ends of life. About 40% of respondents have difficulty in obtaining enough food for their households in the last month.

Respondents were barred from attending social activities, places of worships and family gatherings and the one most common reason for their exclusion is their HIV status. More than half of Respondents were aware of being gossiped about due to their HIV status.

The respondents did face verbal assault, physical harassment and physical assault and the reasons are again their HIV status. Members of Household and known fellows are the main people who physically assaulted the respondents.

The other reasons for being stigmatized and discriminated are the same like being IDU, Sex worker and indigenous sexual orientation showing the close face of our society about these anti social practices. Stigmatization from other PLHIVs was comparatively low.

According to respondents the three main reasons for Stigma and discrimination are People are afraid of getting infected with HIV from them, People don't understand how HIV is transmitted and are afraid that they will infect them with HIV through casual contact and People think that having HIV is shameful and they should not be associated with them. Such discriminatory practices as pre-employment screening, denial of employment to individuals who test positive, termination of employment of PLHA, and stigmatization of PLHA who are open about their serostatus (Gostin and Lazzarini 1997; Panos 1990; Barragán 1992; Gostin 1992; Panos 1992; Shisam 1993; Omangi 1997) have been reported from developed and developing countries.

There have been reports of workers refusing to work next to those with HIV or AIDS or those perceived to be PLHIV. Denial of health services a common practice. 15% was denied sexual and reproductive health services.

About Internal stigma respondents feel ashamed, guilty, blaming themselves. They decided not to have children and get married. The fear of being gossiped about, physically assault/ harassed/threatened, verbal assault/ insult/threatened were quite obvious.

Among all respondents 99% never heard of declaration of commitment that protects the rights of people living with HIV and AIDS. Only 11% of the interviewees responded yes that their rights were abused and among them more than seventy percent did not try to get legal redress in most of the cases the matter was not dealt with. The most common reason for not trying to get legal redress was insufficient resources. One third of PLHIVs confronted, challenged and educated some one stigmatizing against them.

More than 60% knew of the organizations to contact in case of stigma and discrimination and the most known organization is the network/association of people living with HIV & AIDS. But unfortunately most of them never tried to get help to resolve the issue of stigma and discrimination.

Half of the respondents supported their fellow PLHIVs in form of Emotional support (e.g. counseling, sharing personal stories and experiences).

Seventy percent of respondents are members of support groups but they were not involved either as volunteer or as an employee in any programme or project (either government or non government) that provided assistance to people living with HIV or any efforts to develop legislation, policies or guidelines related to HIV.

This is a big concern as the PLHIVs are not being involved in the decision making process affecting them. It should take with the governmental as well as NGOs to involve PLHIV so that they can decide about the policies and legislations affecting them. It would be also an empowering tool. This is because the study sample was taken from the PLHIVs who were member of different networks working for the PLHIVs in different sectors, care and support, S&D, treatment etc.

The three important recommendations to reduce stigma and discrimination by the organizations are raising awareness and knowledge of the public about AIDS, advocating for the rights and/or providing support to particularly marginalized groups (Men who have sex with men, injecting drug users, sex workers) and educating people living with HIV about living with HIV (Including treatment literacy).

The most common reasons for undertaking HIV testing is referral by a clinic for sexually transmitted infections. It supports the idea of importance of provision of reproductive health services including sexual health for identification and proper referral. Seventy percent never received pre or post test counseling.

About one fourth of respondents answered that health care providers told other people about their status without their consent.

Recommendations

Stigma and the associated discrimination is certainly complex and affected by context, there are more commonalities than differences in the causes, forms, and consequences of HIV and AIDS-related stigma across different settings. Taking the opportunity to design and implement interventions that address these common issues and understandings is the first step in reversing the devastating impact that stigma is having on those infected with and affected by HIV and AIDS. The time to act is now.

The recommendations

- Immediate Enaction of legal laws that offers protections against HIV-based discrimination and equal enjoyment of human rights.
- Incorporation of Anti-stigma strategies as integral components of the national AIDS control plans.
- Financial and technical assistance for capacity-building of organizations and networks of people living with HIV to deal with stigma and discrimination.
- Universal primary and secondary education especially for women and girls that would substantially reduce HIV risk and vulnerability for them.
- Launching of Social change communication that blends mass media approaches, community engagement strategies, and empowerment strategies with other forms of informational and motivational communication and advocacy in portraying the true nature of HIV/AIDS and dispel any myths and fears associated with it.
- Ministry Of Health should formulate and implement a policy that ensures all HIV tests are performed by adhering to standards such as voluntary testing, informed consent, pre and post test counseling and confidentiality.
- Trainings programmes for health care professionals to cater the complex medical, physical, emotional and psychological needs of the PLHIVs.
- Enaction of Workplace policy for all the employers to provide workplace education and non-discriminatory practices regarding HIV/AIDS.
- Involvement of religious leaders in an active role in promoting awareness about and working to reduce stigma and discrimination related to HIV/AIDS at all levels.
- Ensure meaningful and integral Involvement of PLHIVs at each and every step from policy to operational level.
- Strengthen the capacity of people living with HIV and AIDS to challenge and confront stigma and discrimination in their lives.

Annexure 1

Tables (T) & Figures(F)

NUMBER	DETAILS	PAGE #
F-1.1	Study population gender wise	8
T-1.2a	Age	8
T-1.2 b	Age Vs Sex	9
T-1.3	Living with HIV status in years	9
F-1.4a	Educational Level	10
F-1.4b	Education VS Sex	10
F-1.5a	Relationship Status	11
F-1.5 b	Marital Status VS Gender	11
T-1.6	Sexually Activeness	12
T-1.7	belonging with any group	12
T-1.8	Any physical disability	13
F-1.9	Employment status	13
T-1.10	Household age wise	14
T-1.11	Orphaned Children in Household	14
F-1.12	Gender VS Locality	15
T-1.13	Average income over 1 year	15
F-1.14	No of days not enough food	16
T-2.1 a	Exclusion from social gatherings	17
F-2.1 b	Reasons of Exclusion from social gatherings	17
T-2.2	Exclusion from religious activities or places of worship	18
F-2.2	Reasons for exclusion from religious activities	18
T-2.3	Exclusion from family activities	18
T-2.4	Reasons for Exclusion from family activities	18
T-2.5	Being Gossiped about	19
F-2.6	Reasons for Being Gossiped about	19
T-2.7	Verbally insulted/harassed or threatened	20
F-2.8	Reasons for being verbally assaulted	20
T-2.9	Physically Harassed	21
F-2.10	Reasons for being Physically Harassed	21
T-2.11	Physically assaulted	22
F-2.12	Reasons for being physically assaulted	22
T-2.13	Physically assaulted by whom	23
T-2.14	Stigma and discrimination other than HIV/AIDS	23
F-2.15	Psychological pressure due to HIV/AIDS by partner/Husband/Wife	24
T-2.16	Sexually rejection due to status	24
T-2.17	Discrimination by other PLHIV	25
T-2.18	Family member experienced discrimination due to your status	25
F-2.19	Reasons for HIV stigma and discrimination due to	25
T-3.1	Forced to change residence or unable to get accommodation	27
T-3.2	Reasons to change residence or unable to get accommodation	27
T-3.3	Losing a job or source of income	28

The People Living with HIV Stigma Index-Pakistan

F-3.4	Reasons for losing a job or source of income	28
T-3.5	Reasons for loss of employment due to status	29
T-3.6	Refusal of employment due to status	29
T-3.7a	Job description changed/refused promotion due to HIV	30
T-3.7b	Reasons for Job description changed/refused promotion due to HIV	30
T-3.8	Dismissed/suspended prevented from attending educational institution	31
T-3.9	Children dismissed denied admission to educational institution due to your status	31
F-3.10	Denial of health services	32
T-3.11	Denial of family planning services	32
T-3.12	Denial of sexual and reproductive Health services	33
F-4.1	Experience of feelings being HIV positive	34
F-4.2	Last 12 months have you done any of the following things because of your HIV status	35
F-4.3	In the last 12 months, have you been fearful of any of the following things happening to you whether or not they actually have happened to you?	35
T-4.4	In the last 12 months afraid that someone would not want to be sexually intimated due to their HIV status	36
T-5.1	Heard about declaration of commitment	36
T-5.2	If yes, read or discussed DOC	37
T-5.3	Things happen to you due to HIV status	37
T-5.4	Abusal of rights	38
T-5.5	Tried legal redress in case of abusal of rights?	38
T-5.6	Process began in 12 months	38
F-5.7	What was the result?	38
T-5.8	Reasons for not trying to get legal redress	39
T-5.9	Govt employees to take action	39
T-5.10	Did this happen in last 12 months	40
F-5.11	Result of getting a Govt. employee to take action against abusal of rights	41
T-5.12	Ever tried to get local or national politician to take action against abuse of your rights as a PLHIV?	41
T-5.13	Did this happen in last 12 months	41
T-5.14	What was the result	42
T-6.1	Have you confronted challaned or educated someone who was stigmatizing against you?	43
T-6.2	Do you know of any organizations or group that you can go for help if you experience stigma or discrimination	43
F-6.3	Knowledge about any organization dealing with stigma and discrimination	44
T-6.4	Have you sought help from any of the above organization or group to resolve an issue of stigma and discrimination?	44
T-6.5	Supported other people living with HIV & AIDS?	45
T-6.7	Are you currently a member of a people living with HIV support group and /or network	45
F-6.8	In the last 12 months have you been involved either as volunteer or as employee in any programme or project (Either government or non-government) that provided assistance to people living with HIV	45
F-6.9	In the last 12 months have you been involved in any efforts to develop legislation, policies or guidelines related to HIV?	46

The People Living with HIV Stigma Index-Pakistan

F-6.10	Power to influence occasion an any of the following aspects?	47
T-6.11	Suggestions to address stigma & discrimination	48
F-7.1	Why were you tested for HIV	49
T-7.2	Was the decision to be tested for HIV up to you?	49
T-7.3	Counseling for HIV Testing	50
T-8.1	How they were told for the first time about their status	51
F-8.1a	Your Husband/Wife/Partner	52
F-8.1b	Other adult family member	52
F-8.1c	Children in your family	53
F-8.1d	Your friend neighbours	54
F-8.1e	Other people living with HIV	54
F-8.1f	Co-workers	55
F-8.1.g	Your employer/boss	55
F-8.1.h	Your clients	56
F-8.1.i	Injecting drug partner	56
F-8.1.j	Religious Leaders	57
F-8.1.k	Community Leaders	57
F-8.1.l	Health care worker	58
F-8.1.m	Social workers/councilors	58
F-8.1.n	Teachers/Govt officials	59
F-8.1.o	The media	59
F-8.1.A	Disclosure without consent	60
T-8.2	Feel pressure from PLHIVs or network to disclose HIV Status	60
T-8.3	Pressure from family members to disclose status	60
T-8.4	Has a health care professional told other people about HIV status with out your consent?	60
F-8.5	Confidential medical records	61
T-8.6	Reactions of other people when they first knew about your HIV status	62
G-8.6.A	Your husband/wife/partner	63
G-8.6.B	Other adult family member	63
G-8.6.C	Your friend neighbors	64
G-8.6.D	Other people living with HIV	64
G-8.6.E	Co-workers	65
G-8.6.F	Your employer/boss	65
G-8.6.G	Your clients	66
G-8.6.H	Injecting drug partner	66
G-8.6.I	Religious Leaders	67
G-8.6.J	Community Leaders	67
G-8.6.K	Health care worker	68
G-8.6.L	Social workers/councilors	68
G-8.6.M	Teachers	69
G-8.6.N	Govt officials	69
G-8.6.O	The media	70
G-8.6.P	Very Disc	70
G-8.6.Q	Discriminatory	71

The People Living with HIV Stigma Index-Pakistan

G-8.6.R	Supportive	72
G-8.6.S	Very Supportive	73
T-8.7	Did you find disclosing an empowering experience?	74
T-9.1	In general how would you describe your health at the moment	75
F-9.2	Are you currently taking antiretroviral treatment	75
T-9.3	Do you have access to antiretroviral treatment even if you are not currently taking it?	76
T-9.4	Are you currently taking medication to prevent or to treat opportunistic infections	76
F-9.5	Do you have access to medication for opportunistic infections, even if you are not currently taking it?	77
F-9.6	Discussion with health care professional on your HIV related treatment options?	77
F-9.7	Discussion with HCP RH, sexual relations emotional webbing drug use	78
T-10.1	Do you have children?	79
T-10.2	Children known to be HIV +	79
T-10.3	Counseling about RH options?	79
T-10.4	Has a health care professional ever advised you to have a child since you were diagnosed as HIV positive?	80
G-10.5	Coercion by HCP for sterility	80
F-10.6	Access to ARV conditional on use of contraception	80
T-10.7	Coercion for termination of pregnancy by HCP	81
T-10.8	Coercion for Method of giving birth	81
T-10.9	Coercion by HCP for infant feeding practices	82
8F-10.10	ARV treatment for PMTCT	82
F-10.11	Information about health pregnancy & safe motherhood.	83