

HINDRANCES TOWARDS DISCLOSING THE HIV POSITIVE STATUS AND ITS EFFECTS ON TREATMENT: A CASE STUDY OF RAWALPINDI CITY

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Abstract

This anthropological research investigated the stigmatization of HIV & AIDS and the discrimination in disclosing HIV positive status to family, peers, relatives and coworkers. However, the narratives and in-depth interviews related to its impact on the treatment, from the point of view of people living with HIV&AIDS, and health care workers were also examined and analyzed. In Rawalpindi, not much has been done to explore the effects of stigmatization and discrimination at the ground levels i.e. personal, family, relatives, friends, acquaintances, work place and care facilities. This study includes all these levels at which HIV positive can face stigmatization and discrimination and its impact on the medical treatment. Informal discussion, participant observation, in-depth interviews, case studies and focus group discussion were conducted with a sample of people living with HIV&AIDS in Rawalpindi and health care providers. Findings indicated that due to the fear of rejection from family, peer, relatives, workplace, and society, individuals with HIV-AIDS do not disclose their status with any of their affiliates. Blaming and rejection are the two key aspects which are unbearable for the patients, furthermore, the factor of shaming also plays an important role in resistance of HIV positive status disclosure. Findings suggest that individuals with HIV&AIDS faced the threat of stigmatization and discrimination by family, friends and other institutions of the society. Society does not accept HIV&AIDS patients with ease. That is the reason most of the individuals remained silent about their HIV positive status. This condition has also an effect on the treatment of HIV positive patients. Therefore, many such individuals do not expose their status because of stigma status attached with this never-ending disease. Ultimately, the hiding part causes great harm to the patient as the treatment is hindered by this. When status is not known by the people around, it becomes quite difficult to get proper care and required treatment. This article explained in depth the fears of patients when it comes to disclose their status with family members.

Keywords: HIV, AIDS, stigmatization, discrimination, treatment, Rawalpindi

Introduction

Infection of Human Immunodeficiency Virus (HIV), a member of the retrovirus family, if untreated eventually develops into acquired immunodeficiency syndrome (AIDS). The virus is passed from one person to another through blood transfusion, contaminated hypodermic needles and sexual activity. It can also be transmitted during pregnancy, delivery and breast feeding (Douek, Roederer, & Koup, 2009).

According to United Nations Report, almost 34.0 million people were living with HIV&AIDS at the end of year 2011. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary

considerably between countries and regions. It is estimated as almost 5 million people are living with HIV in South, South-East and East Asia combined (United Nations Report, 2012). In Pakistan 97,400 cases of HIV&AIDS were estimated in 2009 and more than 6,000 cases are registered till 2010, among them 1425 patients are on the treatment of Anti-Retro Viral Medicine (ARV; Ahmed, 2010).

Focus of this current research is to dig out and examine social and cultural constraints & stigmatization & discrimination while disclosing HIV positive status and getting treatment of HIV&AIDS. Culture is one of many factors influencing human behavior and act as a determinant of socially and economically accepted behavior, value systems, beliefs, and practical knowledge. Means of expression of communication such as music, dance, theatre, and art, are those creative aspects of culture that we often define conservatively as a culture itself. However, culture in the broader sense, includes all traditions and local practices, taboos, religious affiliations, gender roles, marriage, kinship patterns, and so forth. Therefore, culture is deeply rooted in all aspects of a society socially and economically, including local perceptions of health, illness and health seeking behaviors.

HIV & AIDS related stigmatization and discrimination create a serious threat to the fundamental human rights for all people infected with the disease. Individuals who receive treatment and care after a diagnosis of HIV infection, we need to better understand the behavioral and socio cultural constraints to timely HIV treatment and care entry.

Stigmatization is the societal labeling of an individual or group as different or deviant. Another way of defining is through social processes that are linked to actions and attitudes towards people who are living with HIV/AIDS. Stigmatization and discrimination are not only the expression of individual attitudes, but are social processes based on social, economic and political power. Power is required to be able to introduce stigma and to remove power from the stigmatized person (Link & Phelan, 2002). “One approach to more completely explain how a priori attitudes may moderate understanding for pain is to explore the effect of social stigma on the empathic response. Stigmatization of an individual occurs when that individual is (1) labeled, (2) negatively stereotyped, (3) discriminated against, and (4) experiences status loss as a result of their stigma” (Link & Phelan, 2001).

Stigma is mostly a social disease by which society imposes this negative status on a person or groups of people (Links & Phelan, 2001), however, a person may self stigmatize their own conditions due to feelings of shame and embarrassment (Davidoff, 2002). In the HIV/AIDS context, stigma is mostly defined as negative thoughts about a person or group of people based on a prejudice position and is derived from the most elemental parts of the human experience such as sex, blood, disease and death. It has been demonstrated that stigmatization is a process of devaluation of HIV/AIDS patient done by the individuals or communities (Litamo, 2003; Goofman, 1967; Manawar, Sahay, Pandit, & Mahajan, 2004; Srivastav, 2006).

According to Hasnain (2005), social stigma attached to HIV & AIDS patients exists in all societies. It is much more manifest and common in Muslim cultures and societies due to the religious doctrine concerning illicit sex and drug related practices. There are negative sanctions imposed by society on individuals involved in illicit sexual conduct and drug use. Even if there is a suspicion of illicit sexual conduct, the affected persons is discriminated against and avoided by the family as well as by community. The stigma attached to risk behaviors thus prevents those at risk from forward for appropriate treatment and counseling.

However, it has been proposed that stigmatization and discrimination as a conceptual problem of difference between “them” and “we” (Manawar, Sahay, Pandit, & Mahajan, 2004). Srivastav proposed that “external or internal stigma and discrimination based on real life experiences. This external stigma may include the experience of domination, oppression,

the exercise of power or control, harassment, categorizing, accusation, punishment, blame, devaluation, prejudice, silence, denial, ignorance, anger, social inequality, exclusion, ridicule, resentment or confusion” (Srivastav, 2006).

Goffman added to the same notion that stigma as perceived bad within one group of society is different from the perception of stigma in another culture settings. Moreover, we are unable to generalize the attributes causing stigmatization but we can study it through sociological perspective contrary to Letamo (2003). Srivastav created the difference between internal and external stigma which is similar to the idea of “as dilemma of discredited and the dilemma of discreditable” as proposed by Goffman (1963), as both dilemmas are clearly understood by stigmatized individuals.

It is believed “HIV/AIDS related stigma is based on various misconceptions and it is differentiated the HIV/AIDS related stigma in two broad types (1) internal aids stigma, (2) symbolic AIDS stigma and contrary AIDS stigma”. However, it is stated that “often AIDS stigma is expressed in conjunction with one or more other stigmas, particularly those associated with homosexuality, bisexuality, promiscuity and intravenous drug use (Sharma, 2007).

Stigma towards HIV/AIDS is shown by anger and negative feelings towards those with HIV/AIDS. There is a belief that those with HIV/AIDS deserve to be ignored and ostracized because this disease is incurable. This includes attitudes based on misunderstanding and misconceptions of how HIV/AIDS spread and the effects of physical contact with an infected person and negative attitudes towards groups that have high rates of infection, such as homosexuals, bisexuals, prostitutes and drug users (Herek & Capitano, 1998).

In individuals, the way in which HIV/AIDS is related stigma and discrimination are manifested depends on family and social support and the degree to which people are able to be open about such issues such as their sexuality as well as their serostatus. In contexts where HIV/AIDS is highly stigmatized, fear of HIV/AIDS related stigma and discrimination may cause individuals to isolate themselves to the extent that they no longer feel part of civil society and are unable to gain access to the services and support they need. This has been called internalized stigma (Daniel and Parker, 1993). They want to disclose their status and hide at the same time. In order to hide their health condition (Klizman, 1997).

Who to tell, how and when, can be a potential source of fear and anxiety among many people living with HIV/AIDS and may prevent individuals from accessing treatment and care (Castro, 1998). People living with HIV/AIDS control their range of activities and social interactions to reduce the probability of people finding out about their HIV positive status (Green & Serovich, 1996). “Personal and interpersonal significance involves factors external and how these factors influence individual experience living with an illness. Having HIV can influence ones employability and job security, sex appeal and other social relationships” (Kleinman, 1988).

As a result of the fear of prejudice and discrimination, many people with HIV choose to remain silent about their status and/or other factors. Three types of silence are often used to protect themselves; silence about having HIV, silence about being on HIV treatment. Many people with HIV are so concerned about the way others might react that they choose not to reveal their HIV status to anyone. Although such a decision should be respected, it must also be recognized that in many cases an HIV diagnosis can be extremely difficult to deal with, particularly in the early days. Being unable to talk to family or close friends through fear of their reaction can lead to further anxiety and isolation. Emotional rejection by friends and the society may lead to loss of any support, nervous, breakdown, and even suicide. Hence,

attitudes and beliefs play a very vital role and HIV positive patients should be treated with dignity just as patient with other illness (Mehta, & Sunindr, 2004).

In this communal and social network, contact with someone afflicted with a disease regarded as a mysterious threat, inevitably, feels like trespassing or, worse, as violation of a taboo (Sontag, 1989). Breinbauer, Foreman and Lyra (2003) stated that experiences such as loss of family, friends, work and housing, verbal and physical abuse have been widely documented across social and political boundaries. Due to poverty and lack of community and religious awareness many people are indulged in different kind of social evils like prostitution, homosexuality, drug addiction, child sexual abuse, etc. These are serious threats towards AIDS and to the community itself.

As Rawalpindi is considered as twin city of capital Islamabad, Pakistan so people from villages or cities migrated to and settled in this city which makes Rawalpindi as one of the high risk vulnerable population communities in Pakistan. The main objectives of the present research is to in-depth study of the stigmatization of HIV & AIDS and the discrimination in disclosing HIV positive status of people living with HIV/AIDS; socio economic conditions of identified HIV/AIDS patients; and its impact on stigmatization and discrimination on ARV medicine/treatment of HIV positive patients.

Method

Due to the sensitive nature of the topic, it is quite hard to get the consent from the individuals with HIV positive in order to participate in the research study. With the assistance of key informants, 26 individuals who were already diagnosed with HIV positive and receiving treatment were selected for the present research study through snow ball and convenient sampling of both gender and age between 15-55 years. This study is qualitative in nature. In-depth interviews, informal discussions were conducted based on themes while socio-economic survey forms were also completed by the participants. All participants are Urdu, Punjabi, Pushto, Potohari, Potohari, Kashmiri, and Hindkoo speakers and resided in Rawalpindi city, Pakistan.

Analysis & Discussion

The narratives of the participants were analyzed in separate sections based on themes and subthemes of in-depth interviews. Efforts were made to analyze the identified factors and reasons mentioned by the respondents regarding their HIV positive status's disclosure. Main themes were related to stigmatization and discrimination such as fear of stigmatization by spouse, by family, by peer, by colleagues/co-workers, and by community, as well as the impact of stigmatization on the treatment were also analyzed as discussed below.

Fear of stigmatization and discrimination by spouse

The strong fear of rejection was found in married participants. Majority of participants did not disclose their HIV positive status to their spouses as having the misconception of this illness in their spouses. It is generally believed that this illness was occurred due to illegal and illicit sexual activities other than partner which effect their marital relationships and generate distrust and other problems in their married life. After the diagnosis, disclosure of their HIV AIDS status with their spouses was the major concern of married participants.

One male respondent stated that *"I am always confused that should I tell this to my wife or family or should I not tell them? . . . I have the fear of stigmatization and discrimination by my partner . . . she will think that I am sinner and involved in physical relations with other women . . ."*

Another male respondent shared his views that *"I am getting treatment, care and counseling regularly since 2003 when I found out that I am infected with HIV, I have not yet*

exposed my status to anyone including my wife, family, and friends. . . I don't want to tell my wife about this terrible disease, because this disease is not acceptable in our society due to its connection with sexual activities. . . I don't want to break my wife's trust. . . If she finds out that I am infected with HIV then she will humiliate me for connecting with this disease . . . ”

Most of the respondents stated that their marital relationship would be at risk if they even slightly make known anything related to HIV positive status to their spouses and they never want to be rejected or being stayed alone by their spouses. Among respondents, one of the married male shared his spouse reaction after disclosure his status of HIV-AIDs “ . . . why should you come in contact with such illness?. . . You must have been involved in extramarital sexual activities . . . ”

One male participant stated that *“I am diagnosed as HIV positive patient 3 years ago. I am regularly taking treatment care and counseling. Till now I am confused about disclosing this condition with my wife. I am worried that what would be her reaction after disclosing HIV positive status. Now our relation is very compromising but this disease is life threatening and attached with sexual activities and drug use. I am very concerned about my future because I don't want to lose my wife's trust. She will blame me for catching HIV. This will bring great issues in my life. This is the reason behind not disclosing my HIV positive status in front of my wife”*.

Another respondent highlighted his point of view in it this way: *“If you are married to somebody, you are not supposed to go to another women. . . you should have to stick with your wife. . . in that condition the person has to be careful with their involvement with other women . . . people who are HIV positive are blamed to have sexual relation with someone; that is why they carry this disease . . . but no one understands the involvement of other factors in this disease besides sexual aspect. . . ”*.

A counselor shared during his interview that *“Majority of HIV positive male patients disclosed their status with their spouses but after that they live in compromise environment. . . Other patients who do not disclosed HIV positive status. They feel that if their status become known to spouses they would be blamed for bringing this disease at home and in a family . . . ”*. while other counselor stated that *“As per my experience as a counselor majority of male individuals do not expose their HIV positive status with their spouses just because of the fear of blame and rejection”*. Fear of facing rejection by the spouse is one of the elements which makes the lives of the infectees more miserable as spouse always reject the presence without giving regard, respect and dignity.

As one of the respondents aged 45 depicted that *“I am diagnosed as HIV positive 2 years ago in Saudi Arabia. After coming back, I am taking proper treatment and care. I have two daughters and one son. Till now I am unable to disclose of being HIV positive with my family. Whenever any one of my family member talks about the medicine which I am taking for this disease, I tell them that this is for T. B . . . I am worried that by chance if it is known to my wife. . . then how she would react . . . she would definitely reject me. . . I don't know how much time I have in this world. . . Nobody would like to be AIDS patient. There are countless chances of rejection if I disclose this condition with my wife. I am infected but I don't want to lose my family. I want that I live the rest of the life with happiness as I am living with my family. I do very much care that my family stay safe by this life threatening disease”*.

Most of the participants reported that they don't want to experience any sort of rejection by spouses as one of the male respondent stated that *“I have never thought that HIV will bring such a critical time. . . I don't want to tell my wife about this disease. I am always worried that if she found out that I am infected she will reject me. I love her and my whole family, without them I would have died by now . . . ”*.

Fear of stigmatization and discrimination by family

Participants often do not expose their status towards their family members because they feel that they got this disease as due to involvement in ruthless activities and considered as antisocial in nature or at least might be part of it. It is observed that most of the participants have a great fear of stigmatization and discrimination by their families. They don't want to reveal to their family about this HIV AIDs positive status just because of fear of blame, rejection and isolation.

One counselor reported that *“usually families do care about their loved one having HIV positive, for example, of any one is drug abuser family fed up easily and left that drug abuser in rehab centers but the families of HIV positive provide positive support to their family member but after the phase of acceptance of such disease in any family. It is really a great pain . . . but individuals with HIV positive feel shame and guilty by themselves in most cases . . . as they have always fear of stigmatization and discrimination and they are very anxious about it . . . I have witnessed that families are very cooperating in certain conditions”*.

Anxiety symptoms are precipitated while trying to suppress their HIV positive status from their closed ones, which resulted in negatively impact on patient's potential to deal with their disease and stick on to their medication schedule.

One female respondent highlighted that *“I am not a person of bad character but my family members would recognize me as a sinner, cruel, crooked, and kick me out from house if i share this terrible disease with them”*. One of the male respondents reported that *“my family will ask a question about carrying this disease. . . every person knows about its transmission that it is sexually transmitted. . . then how can I tell to my family?”*

Many respondents felt that they will be victims of rejection by family if they come to know about HIV. Most of the respondents were of the view that HIV is disreputable disease. It damages the person's reputation within the family. Often family rejects the infected person. One male respondent aged 27 had a great fear of negative responses by his family *“I am infected and require care and support by my family. . . though I am taking treatment regularly. My family is very strict and they will never compromise with me if they come to know that I am infected with HIV. I never want to reveal it to my family. I have very short life now and I want to live rest of my life with my family with happiness. . . this is crucial issue of my life and I do not want to think about it”*.

Many participants agreed that HIV is such stigmatized disease and patients think that this disease will have the mark of shame for the family. It is also misconception that this disease can be transmitted through casual contact, that is why they are afraid to share their positive status with their family. They assumed that their family will reject them because of the fear of casual contact transmission.

Most respondents reported that society or community also rejects the individuals diagnosed with HIV AIDs after rejected by family, that is why the matter of being survived in a society is questionable for those individuals. Sometimes not only individual with HIV AIDs positive but also family becomes isolated in that society due to stigma and discrimination towards HIV AIDs disease. One male respondent mentioned that *“I am a father of two daughters and three sons. If by any chance people come to know about my HIV infection then they will reject my whole family. It will be matter for my children's marriage. This disease will mess up our relationship if people come to know about it. I don't want to upset my family's social life”*.

One female respondent stated that *“people have aversion about this disease and the people who are infected with it. I don't want that people know about me that I am infected. I know in reaction they are going to reject me and as well my family. I want to live normal social life as I am living now. People would not visit our family and would refuse to talk”*.

Another female respondent said that “*agar logo ko pata chaly k ye HIV&AIDS patient ha to wo dutkaar dety hen us ko or us k ghar walo ko milna pasand ni karty*” means if people come to know that person is HIV&AIDS then they completely reject that person along with his/her family and even they don't want to contact with patient's family.

Fear of stigmatization and discrimination by friends

It is reported by many participants that sometimes they share their anxiousness with their close friends rather than spouses or family members but fatefully those friends started ignoring or avoiding them or start discriminating.

Most respondents connected HIV with sexual activities and described HIV as a “stigma” and, “its stain” or “it is mark of shame for me.” One respondent said, “*I have to live with the fact that I am HIV positive. I am going to depart this life anyway, but I don't want to be stigmatized or blamed by my friends for carrying this disease. I have established my respect among friends. I would not like to be disrespected by my friends*”. Many participants did not share their HIV positive status with their friends. They had the fear stigma attached with HIV&AIDS. Respondents faced the consequences of sharing their positive status with their friends such as one of the female respondents reported that “*This disease has a direct link with sexual activities, I believe. If anyone is infected then he/she is perceived in our society as having a lousy character and label as a “prostitute”*”.

One respondent reported that “*Usually friends don't cooperate with the individuals with HIV AIDS and friends usually leave the patients helpless*”. Contrary, one female working as lady counselor in local hospital stated that “*in my opinion, friends help such individual in getting treatment and I found that usually those friends are the educated . . . but the ratio of such cooperation and loyalty from friends is low in social circle*”.

One of the male respondents gave a negative picture of his friends that “*my friends argue with me that how do you get HIV? . . . Were you involved in loday bazi (means homosexual activities). . . They are blaming me for this infection. . . blaming me for my bad habits. . .*”.

One elder male respondent stated that “*If I tell my friends that I am infected with HIV then they will ask many irrational questions about it . . . They will ask for the reason of infection and definitely they will blame me for contracting this disease. . . I have good relations with my friends but likelihood is that they will pay no attention to me and will leave me*”.

Some participants with HIV positive status highlighted that they experience the sense of shame, guilty, and discomfort in front of their friends. Sometimes their disrespected behaviour resulted in mentally torture, regret and distress. One male respondent illustrated that “*I have got respect among my friends. They treat me as a brother. . . I share my problems with them and they do help me in every problem. . . but I have no endurance to tell them that I am HIV positive and taking treatment. I think I have no need to tell them. If I tell them it will ruin my respect among friends. I will be considered as a bad character who is involved in such ghastly activities*”.

One female respondent shared her notion that “*I think people believe that female get HIV because they are prostitutes or go about having sexual activities with men or flirting about. I would never like to share with any of my friends or relative to think about that I am having this type of loose character. . . In reality I am infected by my husband but who will accept this reality? . . . Who likes HIV& AIDS? . . . You know it's very difficult to show this . . . This is a fact that I am very much scared about . . .*”.

Some respondents mentioned that HIV directly is associated with death. One respondent mentioned that “*if I tell my friends that I am infected they will think that I am going to infect them. . . They will leave me because of the threat of infection. I don't want to*

generate any problem by disclosing my HIV positive status with my friends. You know, people think that they would be infected by handshake and eating or drinking with HIV&AIDS patient. People do so much care about that. Nobody would like to get in touch with this disease”.

Another respondent a female of 37 stated that *“I am diagnosed as HIV positive 4 years ago. I was infected by my husband. . . My husband used to live in Dubai. I didn’t share it with my friends because there are 90% chances of rejection from them . . . I don’t want to lose these relations. In reality I am infected by my husband but my friends will consider me as sinner and think that I am involved in sex work. The reaction will be only rejection nothing else”.*

Such kind of responses showed lots of irrational assumptions including casual contact transmission which portrayed poor awareness of HIV & AIDs among people of the society and community. There is still low level of awareness among people about AIDS.

Fear of stigmatization and discrimination by relatives

The ratio of reporting cases exhibiting stigmatization & discrimination by relatives is very low. This is not only family members who would not be told but also the relatives. Otherwise relatives are going to leave or discriminate the patient and it is seen quite in a few cases. Participants reported that close relatives if found out then patient might lose their respect and people on the other hand treat the patient with rude behavior which is in response to disclose. This will also lead towards the fact that relatives are going to blame family members, relatives are going to boycott the relationship exhibiting between family and there selves.

One male respondent of 45 years old living in Rawalpindi shared that: *“I don’t want that any of my relatives come to know that I am infected with HIV. Family will definitely be affected once my HIV positive status is going to be disclosed. I have two sons and one daughter and I have them to get married. Due to this fact I am not going to disclose as relatives are going to boycott with me and my family. People perceive this disease as chronic and precarious, thus people living in community are going to be scared by me and my family”.*

Female respondent stated that: *“I am Punjabi and 45 years old. I never exposed my status to anyone except one of my daughters. I don’t want to expose my status to anyone because people don’t like to listen about this disease and those who have it . . . People don’t have awareness regarding how to tackle AIDS patients. People are going to insult me and my daughter.”*

If accidentally the HIV positive status is disclosed to relatives, their reaction is usually alarming towards the individual and relatives start blaming him/her that he/she is involved in illegal sexual activities or drug usage or something like that. Thus it served as prime reason of fear and anxiety in such individuals. One respondent was of the view that *“I don’t want to show my relatives that I am HIV positive. They will blame that I get this disease through involvement in opposed to social activities”.*

However, relatives start to blame entire family of involving in unhealthy activities and practices. This will ruin the respect of not only patient but the entire family respect is always at stake. As one of the male respondent of 45 years indicated that: *“Family will definitely be affected once my status is going to be disclosed. People perceive this disease as chronic and precarious, thus people living in community are going to be scared. People will blame my children. I have spent my life and now I am worried about that may God safe my family by the label of HIV&AIDS. I am not worried about me but the disclosure of being HIV positive will have an effect on my children’s social life”.*

It is observed that most of the patients were feared that this disease will not only bring blame for them but as well it will be a great matter for their families. One female respondent was of the view that *“among relatives disclosing that I am infected with HIV is impossible for me. They will speak out that whole family is responsible for bringing this disease. They will blame us as whole family did very immense sins. I think they would be very disappointed and they would possibly, questions like, from where did you get this disease? Where were you people involved? And I know I can’t satisfy them by any possibility. There is also negative picture of HIV&AIDS and its association with restricted activities”*.

Fear of stigmatization and discrimination by Co-workers/Employers

In governmental sectors, if it comes in the authorities knowledge that their employees are having positive status of HIV & AIDs, they instantly terminate them. Regardless of this, there are some non-governmental organizations that provide jobs with handsome incentives to such individuals living with HIV. As one female key informant stated that *“mostly people do not share that they have HIV. It is witnessed that in armed forces if the authorities come to know that anybody is infected with HIV they usually terminate such employee. As a counselor, I witnessed few cases that portrayed as stigmatized or discriminated towards that employee at high level”*.

There is uncertain fear among participants with HIV positive that if their status is disclosed, they lose their respect and then they would be absolutely treated as third class citizens and employees. All participants agreed that their status shouldn’t be disclosed because of the sake of the respect which is always at stake for HIV AIDs individuals. One respondent described his thoughts this way *“why can I tell people in working place that I am infected with HIV. I have respect in working place and this fact will have adverse effects on my work and I will lose my respect among my coworkers. . . ”*.

Another respondent was of the view that *“I have got respect in work place and I want to obtain it in the rest of the time. Furthermore I don’t want any detrimental social situation by disclosing my HIV positive status. . . people address HIV pessimistically. . . They correspond about HIV that this virus spreads through anti social activities like homosexuality, heterosexuality, or drug abusers. There is also misconception that this disease passes through casual contact . . . In this kind of environment this is not easy for me to disclose my HIV positive status. I will lose my respect”*.

One male respondent, who was a driver, illustrated that *“Being infected with HIV is not tolerable in our society . . . I don’t want to disclose that I am infected with this disease. I am working and earning bread and butter for my family. My health condition is not good but I am happy that I am working hard. I have very good relation with some of my coworkers. They come to visit my family along with their families on several occasions. If my colleagues come to know that I am an AIDS patient they would reject me. They will have the fear of being infected with HIV as they think that it spreads through informal contact”*.

One participant shared his notions that *“I am HIV positive and this disease is life threatening. People do not like HIV positive individuals. So how would people living with HIV expose their status? There isn’t any value of HIV positive individual. People consider HIV patient as sinner. They want to stay away from people living with HIV. I have an absolute threat of job loss if I disclose my status at working place. People have the threat of contracting this disease in response there are ultimate chances of rejection and job loss”*.

One respondent expressed his point of view that *“mostly HIV positive individuals suffers from bad health conditions because of the damaged immune system . . . This is very difficult for such individuals to carry their job regularly. HIV positive individuals generally suffer from fever, cough, and other infections diseases because of damaged immune system. Therefore they do not disclose their HIV positive condition at work place. . . They have an*

utter threat of job loss”. One of the respondent highlighted that “I am diagnosed as HIV positive 2 years ago. . . I am working in a private company. . . I never not disclose my HIV positive status. . . I will lose my job if I disclose my HIV positive status.”

Conclusion

This study was conducted to investigate the stigmatization and discrimination towards individuals with HIV&AIDS in the socio-cultural perspective and its impact on the adherence of medicine/treatment that they are receiving. Despite of having access to free ARV treatment and health care, the marginalized are further also more likely to experience social stigma and increased marginalization as a result of contracting HIV&AIDS.

Findings suggest that individuals with HIV&AIDS faced the threat of stigmatization and discrimination by family, friends and other institutions of the society. Society does not accept HIV&AIDS patients with ease. That is the reason most of the individuals remained silent about their HIV positive status. This condition has also an effect on the treatment of HIV positive patients. Most of the patients had the threat of blamed and rejection by the family. It has been revealed the concept of stigma is applied same as above because the mostly HIV positive individuals experience before disclosing their positive status who are living in Rawalpindi city. Therefore, many such individuals do not expose their status because of stigma status attached with this never-ending disease. This fear of discrimination produce the negative impact on the health and well being of individuals with HIV positive status.

Although ARV treatment is totally free of charge from UNAIDS and patient have only one responsibility to take this medication and counseling regularly for better cure/treatment but most of participants avoid this treatment for the fear of labeling and stigma with this treatment. However, counselors and doctors made their efforts to make bridge between the individual with HIV AIDs (with positive status) and their family members; facilitate their family in guidance and counseling related to this disease but sometimes their efforts are ineffective and make the situation worse.

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