

## VERBAL STIGMA AND SOCIAL EXCLUSION: EXPLORING HOW TAUNTING LANGUAGE AFFECTS HIV PATIENTS' QUALITY OF LIFE COMMUNICATION BARRIERS ARE CONTRIBUTING TO THE SUFFERING OF HIV PATIENTS IN PAKISTAN

Dr. Sadia Ayub<sup>\*1</sup>, Dr Farwa Naseem<sup>2</sup>, Dr. Naima Younus<sup>3</sup>, Rida Fatima<sup>4</sup>,  
Esha Kayani<sup>5</sup>, Fatima Tariq Randhawa<sup>6</sup>

<sup>\*1,3,4,5,6</sup>International Islamic University, Islamabad, Pakistan

<sup>2</sup>Civil Hospital Bahawalpur, Pakistan

<sup>1</sup>sadia.ayub.vt5108@iiu.edu.pk, <sup>2</sup>drfarwanaseem@gmail.com, <sup>3</sup>naima.younus@iiu.edu.pk

<sup>4</sup>004897bsbcf24@student.iiu.edu.pk, <sup>5</sup>004534bsbcf24@student.iiu.edu.pk,

<sup>6</sup>006396bsbcf24@student.iiu.edu.pk

DOI: <https://doi.org/10.5281/zenodo.18081922>

### Keywords

HIV or Human Immunodeficiency virus, Stigma, discrimination, verbal abuse, depression, psychological health, and social exclusion.

### Article History

Received: 18 September 2025

Accepted: 28 October 2025

Published: 10 November 2025

Copyright @Author

Corresponding Author: \*

Dr. Sadia Ayub

### Abstract

In Pakistan, HIV-positive people (PLHIV) face not only the challenges in a clinical context but also a continuous demeaning behaviour, social marginalisation, and language barrier that significantly undermine the emotional health of these people and their perceived quality of life. The study questions the role of pejorative language, moral judgment, and culturally embedded myths in defining the experiences of the PLHIV in Pakistani society. It has been shown empirically that stigma among the population activates emotional distress, chronic stress, anxiety, depression, social isolation, and workplace issues. Discrimination and financial distress. Culture and religion often portray HIV as a punishment for sinful behaviour, which only increases stigmatisation and prevents patients from seeking the right treatment or from revealing their status to the medical community. The findings highlight the urgent need for multilevel interventions, such as the use of stigma-sensitive communication in healthcare facilities, the integration of mental health services, community awareness programs, and partnerships between religious and community leaders to overcome harmful stereotypes. Verbal stigma and social exclusion should be addressed to increase the rate of treatment adherence, psychological health, and the overall quality of life of HIV patients in Pakistan.

### 1. INTRODUCTION:

Human immunodeficiency virus is a retrovirus that is enveloped, which interferes with the body's defences and eventually results in acquired immunodeficiency syndrome (AIDS). Its pathogenic action is through the weakening of CD4 helper T-cells, which exposes the host to opportunistic infections, including tuberculosis, pneumonia, severe bacterial, and fungal diseases. The use of antiretroviral therapy (ART) forms the basis of HIV prevention and treatment. It is transmitted through body fluids

such as blood, breast milk, semen, and vaginal secretions, and infection during childbirth (World Health Organisation [WHO], n.d.).

HIV has continued to be one of the gravest issues of global health with massive social, economic, and health-related consequences. The epidemic is spreading very fast in Pakistan. By mid-2025, it is estimated that there will be about 330,000 to 370,000 individuals living with HIV (The National AIDS Control Programme), thus highlighting the necessity of healthy intervention and support structures.

Still, there is a lot of stigmatization and discrimination of HIV/AIDS that will significantly hamper the control of the epidemic.

The National AIDS Control Programme (September 2025) examined the estimated population of PLHIVs, but only registered 81,847 people, and only 58,622 were taking ART. Thus, most cases go unnoticed and untreated, which continues the spread.

The social stigma towards PLHIV in Pakistan takes different forms, which in turn affects the quality of life of such people, hinders their access to information, preventive measures, and treatment services. Its status is characterized as a concentrated epidemic (WHO, 2019), with major groups of people who are at risk of contracting the disease including intravenous drug users (38.4%), transgender sex workers (7.5%), transgender (7.1%), male sex workers (5.6%), men who have sex with men (5.4%), and female sex workers (2.2%) (National AIDS Control Programme, 2018). The incidence rates have been on the rise in recent years, particularly in those big cities and certain rural areas.

Misconceptions about the disease have also been increased by cultural and religious stigmatization of behaviours that may be considered morally objectionable. In many instances, the disease has been blamed on an improper or sinful lifestyle. These stigmatizations and misinformation prevent effective outreach and discourage prompt help-seeking, thereby enabling the viral spread through the shadows (Shafee Ullah et al., 2024). All these perceptions are influenced by misconceptions about the modes of transmission of HIV, moral attitudes towards carriers, and religious attitudes. As an example, HIV/AIDS is commonly associated with activities that are perceived to be offensive in the conservative Pakistani society, like the use of drugs, homosexuality, and commercialized sexual activities.

The stigma and controversy of HIV create isolation, hurt, health care obstacles, and discrimination in the workplace and housing, thus weakening the psychological stability of patients. Dehumanization and ostracization were common effects of participation, causing severe psychosocial outcomes, including depression, anxiety, and non-disclosure of status

and support-seeking behaviour. This creates a loop whereby HIV is not identified, untreated, and may be transmitted (Shafee Ullah et al., 2024).

Barriers to counselling services and awareness campaigns also include an unwillingness to engage with healthcare providers. In rural and conservative locations, many organizations depend on informal healthcare services or outdated treatment methods, which still maintain the myths and misconceptions about HIV/AIDS spread and cure (Shafee Ullah et al., 2024).

### 1.1. PROBLEM STATEMENT:

To some extent, the verbal stigma and social discrimination have led to mental health issues that have been caused by HIV in Pakistan, even though medical advancement has not significantly enhanced the quality of life of HIV patients. The effects of stigmatization, verbal abuse, and humiliation by society are barriers to seeking timely healthcare, which worsens the disease process, self-blame, and social rejection. Lack of dignity-reaffirming relationships in families, health facilities, and society in general encourages social stigmatization and emotional injuries. In addition, the social and verbal harassment arising due to the misconceptions about HIV patients undermines their quality of life.

### 1.2. RESEARCH GAP:

Although many studies have been conducted in Pakistan on the medical and epidemiological aspects of HIV, few studies have been undertaken on verbal stigma, social exclusion, and communication barriers. The existing literature has primarily explored pathways of transmission, treatment availability, and clinical barriers. In turn, a smaller emphasis has been placed on communicative barriers and verbal stigmatization that aggravate the plight of HIV-positive people in Pakistan. This gap is a direct consequence of the stigma since it directly negatively affects the community support behavioural oral response, thus playing a role in late diagnosis, non-adherence to treatment, social isolation, and psychological distress in HIV-carrying people in Pakistan.

The current research examines verbal stigma, sociocultural discrimination, and

communication barriers, aiming to generate knowledge and raise awareness, reducing stigma.

### 1.3. RESEARCH QUESTIONS:

1. What is the role of verbal stigma in causing social exclusion of HIV patients?
2. What are the stigma and labels employed to taunt the patients with HIV as a form of humiliation?
3. What influence does social treatment and aggression have on the quality of life and mental health of HIV patients?
4. What can we do to reduce stigmatization and myths about HIV patients in Pakistan?

### 1.4. RESEARCH OBJECTIVES:

- To identify the contribution of verbal stigma towards social exclusion.
- To revisit and analyze the effects of the taunting language on the quality of life and psychological wellbeing of HIV patients.
- To determine the communication barriers in families, social circles, and healthcare systems in Pakistan.
- To suggest plans for developing ethically based communication and holistic care.

### 1.5. ASSUMPTIONS:

- Stigmatization, coupled with societal characterization, highly impacts the psychological status and lowers the chances of survival of HIV patients.
- Harassing and degrading words do not allow HIV patients to find medical attention and report their status.
- Narratives about culture and religion shape stigmatization, labelling, and harassment in environments (e.g., the workplace).
- Positive responses can be achieved through supportive contacts that reduce patients' sense of humiliation and dishonour.

## 2. LITERATURE REVIEW:

HIV individuals (PLHIV) face complete disgrace, and it is a great obstacle to their wellbeing in general. Disrespect and shame are also promoted by religious and cultural myths, which transform HIV into a moral defect, and not a disease (UNDP, 2019).

Determinant language will result in a sense of indignity, mortification, and guilt, hence

compromising self-perception and emotional stability (Mahajan et al., 2013).

Verbal stigma increases the level of stress and anxiety because the expectation of disclosure and social evaluation makes the experience of being stigmatized chronic in that it interferes with sleeping patterns, day-to-day activities, and relationships with others (Jamil et al., 2021).

Clinical depression is caused by exposure to taunting language and social rejection. Pakistani empirical research documents high levels of depressive symptoms in PLHIV who are the victims of frequent verbal aggression and biased exchange (UNDP, 2019).

Isolation is triggered by rejection from friends who perceive the person as a contagion risk or morally condemned, thereby weakening PLHIV's social support network (Mahajan et al., 2013).

The family members can pull out or cut off, which is also quite a common trend in Pakistani settings where HIV is a highly stigmatized issue (Ijaz et al., 2021). This creates abandonment and despondency.

Discrimination at work, presented in the form of verbal insults and refusal to promote an employee, leads to professional persecution of PLHIV, who most often complain that they were refused a promotion or were met with hostility because of their infection (Jamil et al., 2021).

Verbal stigmatization is a direct loss of self-worth and pride; consistent inappropriate actions of looking down and humiliating others will lead to self-isolation and discourage patients from seeking medical attention (Mahajan et al., 2013; Ijaz et al., 2021).

Employment opportunities and social support could be abridged by stigmatization, thus increasing the financial burden on the patient; social exclusion that follows can lead to poverty among a great number of HIV-infected people (Jamil et al., 2021).

Constant stigma, isolation, and depression augment suicidal ideation in PLHIV. Cases of verbal abuse and social ostracism have been recorded as the direct causes of self-harm behaviours (UNDP, 2019).

The People Living with HIV Stigma Index is used to demonstrate, on the international level, that stigma remains dominant across the globe, causing similar psychosocial consequences (Reid et al., 2014).

Across Pakistan, HIV is often framed as a result of sexuality, especially extramarital sex or drug use, and continues to be the cause of verbal abuse and moral judgment (Mahajan et al., 2013).

The social practices tend to blame the HIV status of the individual, which finds general shame in the community as a source, and develops verbal and visible aggression (Ijaz et al., 2021).

In some instances, religious interpretations demonstrate HIV transmission as a kind of divine punishment and, therefore, add to verbal shame, societal marginalization, and moral judgments regarding the PLHIV (UNDP, 2019). Social exclusion and verbal disgrace have a huge impact on the emotional life of HIV patients in Pakistan and their social integration and general life quality. The subsequent affective distress, anxiety, isolation, economic stress, and culturally motivated stigma are multi-dimensional health maintenance and welfare barriers. The interventions will then have to address not only medical matters but also society, attitudes, communication behaviour, deep stigma, communication obstacles, and cultural/religious discourses.

### 3. DATA INTERPRETATION AND ANALYSIS:

The data observed and reported concerning the complex system comprising all the independent variables and the dependent variable are interpreted to give the following results:

Vocal humiliation and communal barring are major concerns for individuals with HIV (PLHIV) in Pakistan. Adverse social attitudes are driven by cultural norms, distorted perceptions, and a lack of understanding among the population, ultimately affecting emotional wellbeing, access to health care, and overall quality of life (Jamil et al., 2021; UNDP, 2019).

#### 3.1. PSYCHOLOGICAL EFFECT OF TAUNTING LANGUAGE:

##### 3.1.1 Emotional Trauma:

Verbal harassment has a significant psychosocial impact in the case of repeated harassment. Patients experience a sense of indignity, mortification, and blame, which is also increased by internalized stigma. The presence of such emotional trauma related to the use of

denunciatory language contributes to the development of unremitting stress and adverse self-image (Ijaz et al., 2021).

According to the catalogue of stigmas (UNDP, 2019), verbal harassment in the family and in society is one of the typical causes of emotional pain in Pakistan among the PLHIV.

##### 3.1.2 Stress and Anxiety:

The verbal stigma creates a long-term stress situation among HIV patients. Fear of being exposed and expectation to be judged in the social or the health-care context contribute to avoidance behaviours and worsen anxiety (Jamil et al., 2021; UNDP, 2019). Pressure related to stigma is directly associated with lower treatment adherence and withdrawal (PMC, 2022).

One of the cross-sectional studies was conducted in Pakistan and suggested that HIV-related stigma was a major causative factor of psychiatric comorbidities such as depression and anxiety, and hindered treatment adherence (Author et al., 2025).

##### 3.1.3 Depression:

Depression comes out as a common result of verbal stigma. Depressive symptoms are associated with social rejection and constant negative labelling of Pakistani PLHIV (Ijaz et al., 2021; UNDP, 2019). These mental-health sequelae impede treatment compliance and overall physical health (Jamil et al., 2021).

#### 3.2 SOCIAL DEPRIVATION AND DISABILITY:

##### 3.2.1 Loss of Friendships:

The friends tend to avoid associating with the PLHIV because of fear of being infected or judged. Such weakening of collective support results in separation and mental pain (Mahmood et al., 2021).

##### 3.2.2 Family Disowning:

Family repudiation in Pakistan is the most common, in which HIV is regarded as a moral and social disgrace. The effects of family abandonment are emotional segregation and loss of caregiving services (Ijaz et al., 2021).

However, the interaction between family support and psychological outcomes often remained indirect, thereby undermining the

complexity of the processes of social exclusion (Bhatti and Imran, 2021).

**3.2.3 Workplace Neglect:**

Judgement and neglect towards PLHIV in a professional setting are common. According to

**3.3 IMPACT ON QUALITY OF LIFE:**

**3.3.1 Reduced Self-Esteem:**

Self-esteem and self-worth are dampened by verbal disgrace. Constant degradation and humiliation in society lead to a decision to exclude the person from social interactions and from health care (PMC, 2022; Ijaz et al., 2021). Social support is an essential buffer against stigma; those with more support networks reported lower emotional distress and a better quality of life (Ahmad et al., 2025; Bhatti and Imran, 2021).

**3.3.2 Financial Burden:**

The impact of not being employed and excluded from social support makes one more financially uncertain. Patients are forced to fight to have economic stability due to workplace discrimination and social isolation (Jamil et al., 2021).

**3.3.3 Suicidal Thoughts:**

In Pakistan, social isolation, verbal harassment, and depressive symptoms are the main factors that cause suicide ideation in PLHIV, which increases their risk (UNDP, 2019; Mahmood et al., 2021). It has been shown through systematic reviews of various studies that stigma is now

Jamil et al. (2021), patients face frequent verbal harassment or loss of promotions, which limits their financial autonomy and socialization.

related to depression, anxiety, suicidal ideation, and poor psychosocial outcomes and has gained worldwide concern (Armoon et al., 2022). The level of stigma has a significant correlation with suicidal thoughts and mental illnesses among HIV-positive people (Tran et al., 2022).

**3.4 RELIGIOUS AND CULTURAL NARRATIVES THAT AFFECT STIGMA:**

**3.4.1 Sinful Labelling:**

HIV is commonly understood as an effect of immoral or sinful behaviours, particularly in terms of sexual activity or drug use (Mahmood et al., 2021). Verbal harassment and social exclusion are outcomes of such labelling.

**3.4.2 Blame on Family:**

The cultural norms can cause the patient to blame the disorders of the family, which has led to the shame of the family, and additional verbal exploitation (Ijaz et al., 2021).

**3.4.3 Punishment Beliefs:**

The explanations of HIV that are embedded in religion occasionally interpret it as a form of divine punishment, the cornerstone of severe moral judgment, and rejection of society (UNDP, 2019).

**Table 3.1: Showing how Stigmatisation affects HIV patients**

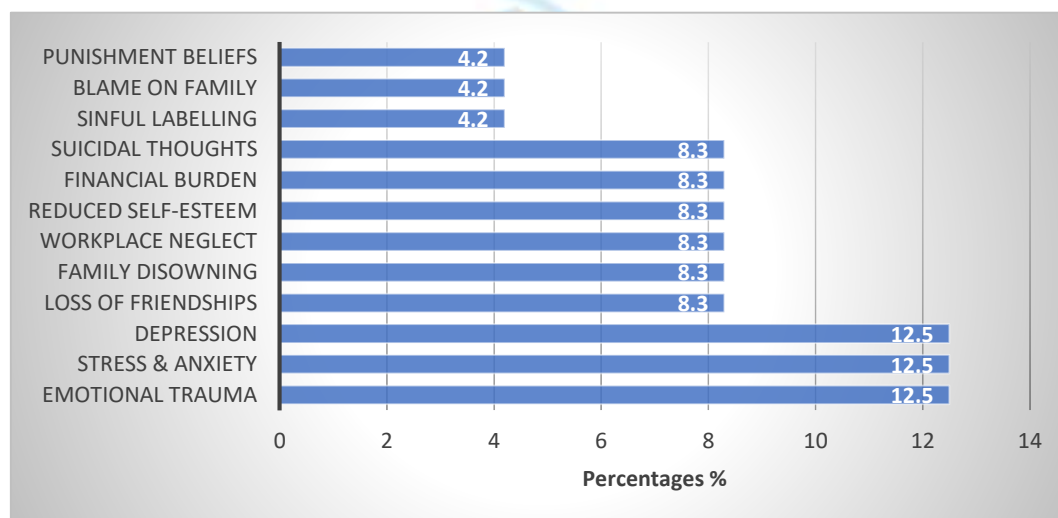
Themes	Sub themes	Frequency	Percentage	Overall percentage
Psychological Effect of Taunting Language	Emotional trauma	3	12.5	37.5
	Stress and anxiety	3	12.5	
	depression	3	12.5	
	Loss of friendships	2	8.3	25

Social Deprivation and Disability	Family disowning	2	8.3	25	
	Workplace neglect	2	8.3		
Impact on Quality of Life	Reduced self-esteem	2	8.3		
	Financial burden	2	8.3		
	Suicidal thoughts	2	8.3		
Religious and Cultural Narratives	Sinful labelling	1	4.2		12.5
	Blame it on the family	1	4.2		
	Punishment beliefs	1	4.2		

The analysis shows that the most commonly reported problem is psychological impacts caused by taunting language, and it makes up 37.5 per cent of the reported events in the field; in this sphere, emotional trauma, stress, and depression are revealed as the most widespread sub-themes. Social deprivation and disability form the second most significant group, with their contribution of 25 per cent and explanation of issues such as friendships, family disengagement, and neglect at work. On a

similar note, the effects on quality of life explain 25 per cent, including low self-esteem, financial strains, and suicidal thoughts. Religious and cultural stories are the least common, being reported 12.5 per cent, and they indicate perceptions of labelling as sin, placing blame on families, and views on punishment. On the whole, these statistics highlight the complex effects that taunting language has on mental, social, and cultural health.

Graph 3.1: Effect of Stigmatisation on the Lives of HIV Patients



The information shows that most reported problems are associated with emotional and psychological impacts, with depression, stress, and anxiety, and emotional trauma taking up 12.5% each. Psychological effects like suicidal ideation, diminished self-esteem, and economic consequences have significant effects of 8.3, 8.3, and 8.3, respectively. Other social impacts, such

as loss of friendships, family disownment, and workplace neglect, are also high, at 8.3 each. Also, punishment, family blame, and labelling of sin beliefs have lower but significant rates of 4.2, 4.2, and 4.2, respectively. On the whole, the results demonstrate the severe mental, social, and cultural consequences of taunting language.

**3.5 The Challenges in Overcoming the Verbal Stigma and Social Exclusion in HIV Patients in Pakistan:**

**3.5.1. Strongly Seated Social and Cultural Stigmatization:**

One of the main pitfalls is the stigma of HIV in Pakistani society, which is deeply rooted. HIV is frequently linked with unacceptable or immoral behaviour, which results in verbal abuse, language taunting, and condemnation (Ijaz et al., 2021; UNDP, 2019). The effects of such perceptions are supported by the community discourse and informal interactions, thus making stigma social and hard to challenge.

**3.5.2. Communication barriers in healthcare settings:**

In communication, the threader relationship is also an important barrier to inclusion. Barriers that the HIV patients are scared of are verbal humiliation, confidentiality breach, or rude behaviours of healthcare staff, which inhibit unrestricted communication and expression of concerns.

This communication barrier harms treatment adherence, mental health support, and continuity of care (Jamil et al., 2021; PMC, 2022)

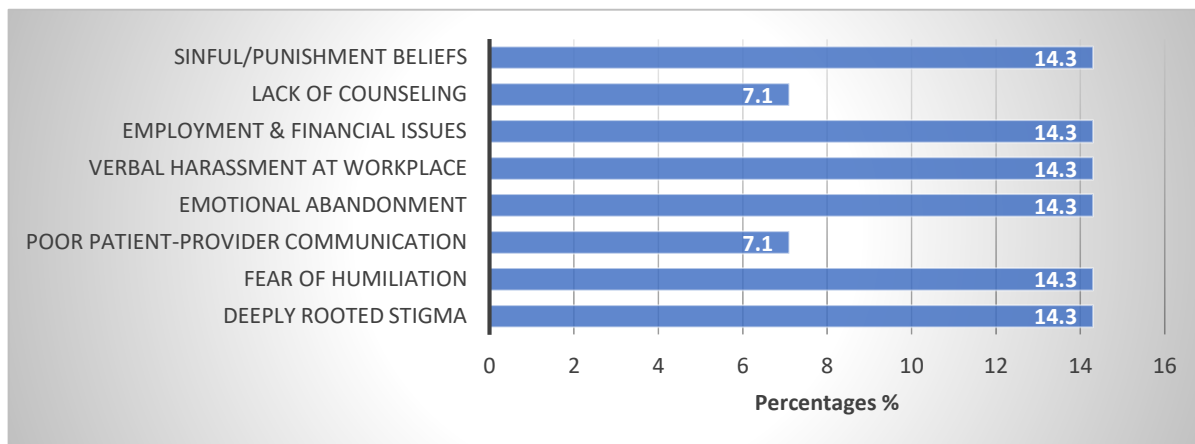
*Table 3.2: Showing the challenges in overcoming the Verbal Stigma and Social Exclusion in HIV patients in Pakistan*

Theme	Sub Themes	Frequency	Percentage (%)
Social & Cultural Stigmatization	Deeply Rooted Stigma	2	14.3
	Fear of Humiliation	2	14.3
Communication Barriers	Poor Patient-Provider Communication	1	7.1
Social & Family Support	Emotional Abandonment	2	14.3
	Verbal Harassment at Workplace	2	14.3
Economic & Employment Issues	Employment & Financial Issues	2	14.3
Mental Health Services	Lack of Counselling	1	7.1
Religious and cultural Narratives	Sinful/Punishment Beliefs	2	14.3
Total		14	100

The thematic analysis indicates that social and cultural stigmatization is one of the significant themes, with embedded stigma and fear of humiliation ranking 14.3 and 14.3, respectively. Social and family support-related issues like emotional abandonment and verbal harassment at the workplace also constitute 14.3 percent each. The economic and employment issues, such as employment and financial problems, are

also major issues with 14.3. Another 14.3 per cent comprises religious and cultural stories, such as those of sin and punishment. Also, inadequate communication between patients and providers and the absence of counselling are not prevalent but significant, 7.1 each. Broadly, the data points to the various social, cultural, and economic effects that are related to the theme.

**Graph 3.2 The challenges in overcoming the Verbal Stigma and Social Exclusion in HIV patients in Pakistan**



The chart shows that the issues with beliefs in sin and punishment, fear of humiliation, being deeply stigmatized, verbal harassment at the workplace, emotional abandonment, employment and financial problems, and punishment in the cultural and religious narratives get the highest percentage (14.3) rate.

There are also less common but significant problems, such as the absence of counselling and poor patient-provider communication (7.1 and 7.1, respectively). All in all, the information highlights that the most crucial issues are social, cultural, and psychological, and that they have an equal impact on the broader challenges.

**3.5.3. Family Rejection and the Lack of Social Support:**

The most significant barriers to the quality of life are early abandonment and social rejection. In Pakistan, where collectivism is very important, family support is crucial, but stigma usually causes people to lose emotional, financial, and caregiving support, leaving patients alone and powerless (Ijaz et al., 2021; Mahmood et al., 2021).

**3.5.5 Low Mental Health Services:**

HIV patients do not have enough mental health care and access. Although depression, anxiety, and suicidal thoughts are high due to the aspect of shame, mental health programs are never incorporated into the HIV care programmes. Culturally insensitive counselling contributes to the increase in the psychological load of verbal stigma and social exclusion (UNDP, 2019; PMC, 2022).

**3.5.4. Economic Instability and Workplace Discrimination:**

Another significant obstacle is workplace discrimination and neglect, as well as harassment, professional marginalization, and lack of opportunities to be employed, which are some of the reasons why PLHIV are financially impoverished. Economic instability not only reduces the quality of life, but it also increases stress and anxiety and reliance on limited social support networks (Jamil et al., 2021; Mahmood et al., 2021). Discrimination against PLHIV at work encourages social exclusion and financial deprivation (Bashir, 2011).

**3.5.6. Impact of the Religious and Moral Narratives:**

Both religious and moral discourses that depict HIV as a sin, in which case a punishment is imposed, are a challenge. These discourses justify the verbal abuse and increase blame on patients and their families, which makes stigma strong and unresponsive to public-health messages and responsive interventions (UNDP, 2019; Ijaz et al., 2021).

**3.5.7.1 Healthcare Communication and Provider-Patients Interactions:**

It is a critical factor in Pakistan that healthcare professionals and patients who are living with HIV (PLHIV) engage effectively in terms of

psychosocial wellbeing and adherence. The current obstacles, such as the fear of verbal stigma and the existence of judgmental attitudes among medical personnel, often restrain patients from disclosing their HIV status or seeking immediate attention and, by extension, adherence to antiretroviral therapy (ART) and the general quality of life (Jamil et al., 2021; Siddiqui & Amin, 2022). The future studies should thus methodically explore both verbal and non-verbal forms of communication in the clinical context, create culturally sensitive and stigma-free training programs to train providers, and rigorously evaluate the effectiveness of provider-patient communication improvement in treatment compliance, psychological health, and patient satisfaction.

**3.5.7.2 The mental health support should be integrated into the program:**

Mental health is another major issue that faces PLHIV who are faced with the continuous verbal stigma and social ostracism that may eventually lead to depression, anxiety, stress, and emotional trauma (Ijaz et al., 2021; Xu et al., 2023). In this regard, future studies should focus on exploring how psychological interventions, including counselling or cognitive-behavioural therapy, can be incorporated into standard HIV care. In addition, research must examine the interaction between mental health support and general support systems to identify how an integrated intervention can mitigate stigma,

improve adherence, and reduce overall wellbeing. **Building Social Support Networks:** Family, social, and community-based support networks are critical in reducing the negative impact of stigma and enhancing the therapeutic outcome of PLHIV (Ahmad, Nazim, and Athar, 2024; Nguyen et al., 2025). Future studies should analytically investigate the dynamics of familial, community, and peer support as stigma-alleviation mechanisms, especially with respect to gender, socioeconomic status, and geographic differences. Moreover, research studies should be conducted on peer-based interventions and community-based engagement programmes intended to enhance social inclusion and resilience among PLHIV.

**3.5.7.4. Mediated Interventions based on Technology:**

Digital tools such as mobile health (mHealth) applications, telecounselling, and online peer support can be seen as effective ways to overcome stigma-related and geographic barriers. Solutions based on AI and mediated by technology could offer confidential counselling, educational materials, and opportunities for interaction to those living in rural or conservative areas with a high prevalence of stigma (Armoon et al., 2022). The next step in research focus should be the creation of culturally relevant digital interventions, the measurement of user experience and response, and the measurement of their effectiveness in reducing verbal stigma, promoting adherence, and improving quality of life among PLHIV.

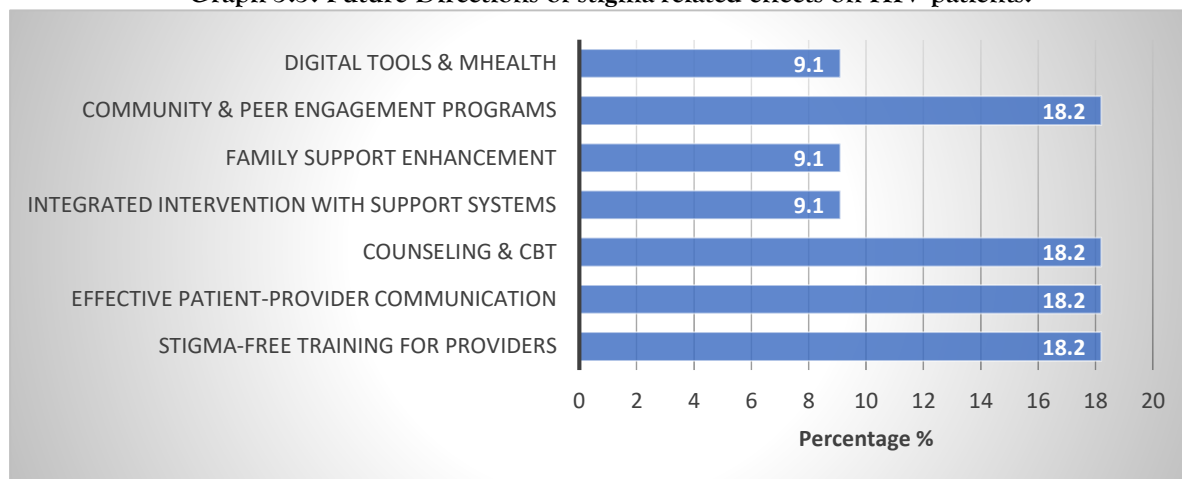
**Table 3.3: Showing Future Directions of stigma-related effects on HIV patients:**

Theme	Sub Themes	Frequency	Percentage (%)
Healthcare Communication	Stigma-Free Training for Providers	2	18.2
	Effective Patient-Provider Communication	2	18.2
Mental Health Support	Counselling & CBT	2	18.2
	Integrated Intervention with Support Systems	1	9.1
Social Support Networks	Family Support Enhancement	1	9.1
	Community & Peer Engagement Programs	2	18.2
Technology-Based Interventions	Digital Tools & mHealth	1	9.1
Total		11	100

These are the main themes: 18.2 per cent of the total represents stigma-free training for healthcare providers, effective patient-provider communication, mental-health provision in the form of counselling and cognitive-behavioural training, and community- and peer-engagement programs. Other areas receiving significant coverage are integrated interventions with support systems, digital tools, and mobile health

(mHealth) applications, at 9.1 per cent each. Taken together, these results highlight the dominant emphasis on improved healthcare communication, the provision of mental health support, and the enhancement of social support networks, as well as the acknowledgement of the contributory influence of technological interventions.

**Graph 3.3: Future Directions of stigma-related effects on HIV patients:**



The analysis showed a moderate focus on multiple key healthcare strategies, with Community & Peer Engagement, Counselling and CBT, Patient-Provider Communication, and Stigma-Free Training proving the most relevant. The four domains comprise 18.2 per cent of the total area. These categories are predominant, indicating a strong orientation toward interpersonal support mechanisms and professionally oriented behavioural health interventions. On the other hand, more rarely

reported were Digital Tools and Heal, Family Support Enhancement, and Integrated Intervention with Support Systems (9.1% of the data). In general, the results have highlighted the comparative importance of face-to-face communication and provider education relative to technology-focused strategies. Such a distribution, therefore, emphasizes a phased approach to enhancing the delivery of health care through coordinated dives and financial models.

**4. CONCLUSION:**

Social exclusion and verbal stigma have a significant destabilizing effect on the psychological well-being and life satisfaction of PLHIV in Pakistan. The language of taunting is part of emotional trauma, continuous stress, anxiety, and depression. In contrast, communal rejection is expressed through the loss of friendships, family repudiation, and workplace discrimination. All these aspects lower self-esteem, raise financial stress, and risk the development of suicidal thinking (Ijaz et al., 2021; Jamil et al., 2021; UNDP, 2019).

The challenges are worsened by communication barriers in both the healthcare and community settings, which limit access to accurate information, appropriate emotional support, and effective treatment modalities. Furthermore, the existing cultural and religious discourses about HIV describing it as a sin or punishment perpetuate stigma and justify verbal abuse, thus making intervention difficult. The solution to these issues requires multilevel interventions that may include healthcare providers with stigma-sensitive communication, inclusion of mental-health services in HIV care, community-based awareness campaigns, and

recruitment of religious and community leaders to disseminate harmful narratives. Without the attempt to address the problem of verbal stigma and social exclusion, the improvement of clinical outcomes will not be sufficient to advance the quality of life of HIV patients in Pakistan as a whole.

#### REFERENCES:

- Ahmad, M., Nazim, A., & Athar, F. (2024). Assessment of perceived social support among people living with HIV/AIDS in Lahore. *Pakistan BioMedical Journal*, 7(2), 26–31. <https://doi.org/10.54393/pbmj.v7i02.1041>
- Armoon, B., Fleury, M.-J., Bayat, A.-H., Fakhri, Y., Higgs, P., Moghaddam, L. F., & Gonabadi Nezhad, L. (2022). HIV-related stigma associated with social support, alcohol use disorders, depression, anxiety, and suicidal ideation among people living with HIV: A systematic review and meta-analysis. *International Journal of Mental Health Systems*, 16(1), 17. <https://doi.org/10.1186/s13033-022-00527-w>
- Bhatti, M. I., & Imran, M. (2021). Social stigma and family support among HIV/AIDS patients: A psychological analysis. *Pakistan Journal of Social Research*. <https://ojs.pjsr.com.pk/index.php/PJSR/article/view/129>
- Ijaz, S., Khan, S., & Ali, N. (2021). HIV stigma, social support, anxiety, and depression in Pakistani people living with HIV/AIDS. *International Journal of Behavioural Research*, 5(3), 219–230. <https://ijbr.com.pk/IJBR/article/view/219>
- Jamil, M., Khan, S., & Ijaz, S. (2021). Barriers and stigma affecting ART adherence in Pakistan. *Frontiers in Pharmacology*, 12, 807446. <https://doi.org/10.3389/fphar.2021.807446>
- Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Sawires, S. R., Ortiz, D. J., Szekeres, G., & Coates, T. J. (2013). Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. *AIDS*, 22(Suppl 2), S67–S79. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4557823/>
- Mahmood, A., Aslam, S., & Rashid, M. (2021). Barriers in seeking HIV care and wellbeing in Punjab, Pakistan. *Pakistan Journal of Social and Educational Research*, 7(2), 1159–1174. <https://jehanf.com/pjsel/index.php/journal/article/view/1159>
- Nguyen, N., Tran, B., & Pham, H. (2025). Social support and adherence among people living with HIV: Evidence from Asia. *Journal of Social Health Research*, 15(1), 45–57. <https://doi.org/10.1016/j.jshr.2025.01.004>
- Reid, S., et al. (2014). People Living with HIV Stigma Index. *BMC Public Health*, 14, 80. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-80>
- Siddiqui, S. H., & Amin, R. (2022). Stigmatized discrimination, barriers to care, and depression among PLHIV: Role of perceived social support. *Journal of Development and Social Sciences*. <https://ojs.jdss.org.pk/journal/article/view/397>
- Tran, T. D., et al. (2022). HIV-related stigma associated with social support, depression, anxiety, and suicidal ideation among people living with HIV: A systematic review and meta-analysis. *International Journal of Mental Health Systems*. <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-022-00527-w>
- Ullah, S., Ulhaq, F., Basit, A., Imtiaz, F., Noreen, A., Elahi, A., & Attiq-Ur-Rehman. (2024). HIV/AIDS stigma and discrimination in Pakistan: A qualitative study. *Indus Journal of Biosciences Research*, 2(2), 531–540. <https://doi.org/10.70749/ijbr.v2i02.219>

- Xu, H., Wang, Z., Li, X., & Chen, S. (2023). The impact of HIV-related stigma on mental health-related quality of life among people living with HIV in China. *BMC Psychiatry*, 23, 213. <https://doi.org/10.1186/s12888-023-05103-1>
- PMC. (2022). Barriers and enablers for antiretroviral therapy adherence among people living with HIV in Pakistan. *PMC Free Full Text*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8832364/>
- United Nations Development Programme. (2019). *HIV stigma index report – Pakistan*. <https://www.undp.org/pakistan/blog/hiv-stigma-index-study-20-highlighting-hiv-associated-stigma-and-discrimination-though-evidence-generation-study-hiv>
- World Health Organization. (Organisation) *IDS fact sheet*. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
- National AIDS Control Programme. (2018). *HIV epidemiological report*. Government of Pakistan. Retrieved from <https://www.cmu.gov.pk/nacp-national-aids-control-programme/> (Common Management Unit)
- National AIDS Control Programme. (2025). *HIV annual report*. Government of Pakistan. Retrieved from <https://www.cmu.gov.pk/nacp-national-aids-control-programme/> (Common Management Unit)