

STIGMATIZATION AND DISCRIMINATION AS PREDICTORS OF SELF-ESTEEM AMONG PEOPLE LIVING WITH HIV /AIDS IN ISLAMABAD

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ABSTRACT

Background: Society's negative attitudes and beliefs towards people living with HIV/AIDS can lead to stigmatization, which results in exclusion, shame, and discrimination, and can harm the self-esteem and well-being of people living with HIV (PLHIV). This study seeks

Objective: This study seeks to find out the correlation of various types of discrimination and stigma with self-esteem among PLHIV.

Study Design: Analytical, cross-sectional study.

Place and duration of study: Islamabad, 01 year (September 2022 to October 2023).

Methodology: Semi-structured questionnaires translated in URDU were used to collect the data through interview by the researchers themselves. The analysis was done using SPSS version 23.0, keeping the alpha at 5%.

Results: Stigma ($r=-.268^*$, $p=0.025$), self-discrimination ($r=-.252^*$, $p=0.035$) and discrimination from friends and family ($r=-.335^{**}$, $p=0.005$) experienced by PLHIV showed a significantly inverse correlation with their self-esteem.

Conclusion: The study highlights a significant inverse relationship between stigma and discrimination (self-discrimination and family/friends' discrimination) with self-esteem of PLHIV. To address this, public health authorities should device community education initiative to reduce stigma and discrimination towards PLHIV. Promoting awareness among the general community and PLHIV can enhance the self-esteem in affected individuals and thereby contributing towards the achievement of National AIDS Control Programme (NACP) objectives.

Key Words: HIV, stigma, discrimination, self-esteem, PLHIV

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INTRODUCTION

Human immunodeficiency virus (HIV) attacks and weaken the body's immune system, while acquired immunodeficiency syndrome (AIDS) represents most advanced stage of the disease. HIV spreads through body fluids such as blood, breast milk, semen and vaginal fluids¹. Antiretroviral therapy (ART) is used for prevention and management of HIV, and if left

untreated, it can progress to AIDS over several years².

HIV and AIDS are major public health concerns, affecting nearly 36.7 million people worldwide¹.

HIV/AIDS cases have risen significantly in Pakistan, especially among the sex workers, people who inject drugs (PWID), and transgender individuals, categorizing the country as having a "concentrated epidemic"³. In the last 10 months of 2022, a total of 9,773 new HIV cases were reported, raising concerns about the effectiveness of preventive efforts and the virus's spread beyond key populations. By 2023, nearly 200,000 people were predicted to be living with HIV in the country⁴. Factors such as cultural barriers, socioeconomic challenges, limited awareness, healthcare access, and stigma contributed to the increase⁵.

HIV/AIDS-related stigma remain widespread, as individuals

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are labeled as socially unacceptable due to certain traits or behaviors, triggering guilt, shame, and low self-esteem among people living with HIV/AIDS (PLHIV). Research indicates that PLHIV face moderate to high levels of stigma, often perceived as immoral, leading to depression, discrimination, violence, suicidal tendencies, and psychological distress^{1,3,6,7,8}. Self-esteem plays a crucial role in maintaining hope, health and overall quality of life, especially during adolescence when environmental stressors can undermine it⁹. Stigma is a major barrier to preventive, care, and treatment, causing many PLHIV to seek healthcare only when severely ill^{10,11}.

A study in Pakistan found that stigma and discrimination against PLHIV occur in various forms like verbal, physical, and institutional. Many face denial of jobs, housing, education, and healthcare upon disclosing their HIV status. They experience verbal abuse, physical violence, and social exclusion, significantly affecting their quality of life and that of their families and communities. In healthcare settings, stigma discourages access to essential medical care¹². While discrimination impacts self-esteem, studies show a complex relationship, as it also contributes to stress among individuals living with HIV/AIDS¹³.

Stigma, discrimination, and prevailing cultural norms within the Pakistani community not only make it difficult for PLHIV to disclose their HIV status but also pose significant constraints on conducting research among the affected populations. Therefore, to the date, this analytical cross-sectional study is the first to analyze the correlation of the stigmatization and discrimination on self-esteem of PLHIV in the region of Islamabad. In light of result of this research, we aim to provide evidence to the healthcare providers and put their attention to device effective health education strategies for general public to change their perspective towards PLHIV. Supporting attitude from general population will boost their self-esteem and will keep their morale high in fighting against HIV.

METHODOLOGY

This analytical cross-sectional study employed purposive sampling and was conducted at the Antiretroviral Therapy (ART) Special HIV Clinic, Pakistan Institute of Medical Sciences (PIMS), Islamabad, and Dareecha (social welfare organization supporting the transgender community). The study was approved by the National AIDS Control Programme (NACP), National Institute of Health (NIH), Islamabad, the head physician of PIMS, and Institutional Review Board (IRB) of Fazaia Medical College. Informed written consent was obtained from all participants. The study was carried out from September 2022 to October 2023 over a span of one year. Those PLHIV, who provided consent were included, while those under

18 or deemed incapable of comprehension due to intoxication, sickness, or cognitive impairment were excluded. Using equation of absolute precision of WHO sample size software, the study determined a sample size of 82 with a 90% confidence

interval, and 0.09 absolute precision at a stigma prevalence among PLHIV of 41.93%¹⁰. Data was collected using semi-structured questionnaire translated into Urdu covering demographics, self-esteem, stigma and discrimination by the pre-trained researchers themselves through interviews.

Rosenberg Self-Esteem Scale was used to assess the self-esteem. It is a 10-item validated measure, responses of which were collected on a Likert scale (Strongly Agree = 3, Agree = 2, Disagree = 1, and Strongly Disagree = 0). There were five negatively phrased questions, which were reversely coded. The total score ranged from 0-30 points, with high score showing

higher degree of self-esteem¹⁴. Stigma was measured using the short HIV stigma scale (12 questions), responses were collected on a 4-point Likert scale, ranging from strongly disagree (1) to strongly agree (4)¹⁵. The options were re-categorized into “Yes” or “No” with “Yes” expressing stigma. Discrimination was assessed by self-developed questionnaire and was classified into self-discrimination and discrimination from family/friends and other PLHIV, with higher scores reflecting greater discrimination faced. Internal validity of the questionnaire was assessed by the experts from NACP and ART clinic PIMS, and the changes were made based on their suggestions. For analysis of data, SPSS version 23.0 was used, proportion for categorical data, while mean and standard deviation for quantitative data were calculated. The correlation of self-esteem with discrimination and stigma was assessed by using Pearson’s coefficient of correlation, while keeping the variables quantitative, and alpha was preset at 5%.

RESULTS

The total 82 PLHIV were approached as per sample size, out of which 12 refused to give data making non-respondent rate of 14.6%. Out of 70 people who gave consent, 71.5% were under 40 years of age, 52% were males, 21% were transgender and rest were female. Half of them (51.4%) were married and had children. Most of them, 40% were unemployed, 11.4% were either dancers or beggars and 5.7% were doing some business while 4.3 % were sex workers. Total 47.1% had HIV positive persons in their family and friends.

Frequencies and percentages of each question showing perceived stigma on HIV stigma index scale is shown in Table 1. Around 40% of respondents, were careful to tell someone about their HIV status as they found it as a risk and wanted to keep it secret (Table 1). Rosenberg Self-esteem scale was used to assess the self-esteem of PLHIV (Table 2).

CAPSULE SUMMARY

Discrimination and stigma with self-esteem among people living with HIV (PLHIV) inversely correlated significantly reducing the self-esteem of PLHIV. Social isolation and adverse effect on the quality of life of this marginalized population can be avoided through community education in order to render National AIDS Control Programme objectives achievable.

Table 1: Proportion of PLHIV who perceived stigma on HIV Stigma Scale

Variables	Category	Frequency	(%)
People I care about stopped calling after learning I have HIV	Yes	28	17.5
I have lost friends after telling them I have HIV	Yes	35	21.9
Some people avoid touching me if they know I have HIV	Yes	33	20.6
Telling someone I have HIV is risky	Yes	61	38.1
I work hard to keep HIV a secret	Yes	61	38.1
I am very careful who I tell about HIV	Yes	64	40
Most people believe that person who has HIV is dirty	Yes	48	30
Most people are uncomfortable around someone with HIV	Yes	52	32.5
It is said that people with HIV are treated like outcast. Did you feel that?	Yes	44	27.5
I feel guilty because I have HIV	Yes	30	18.8
I feel guilty as I am not good as a person as others because of HIV	Yes	21	13.1
People attitude towards HIV makes me feel worse	Yes	50	31.3
Total Score (mean ± SD)	7.53±3.04		

Table 2: Self-esteem as measured by Rosenberg Self-esteem scale

Variables	Categories	Frequency	(%)
On the whole, I am satisfied with myself	Strongly agree	38	54.3
	Agree	20	28.6
	Disagree	6	8.6
At times I think I am no good at all	Strongly Disagree	6	8.6
	Strongly agree	16	22.9
	Agree	18	25.7
I feel that I have a number of good qualities	Disagree	22	31.4
	Strongly Disagree	14	20
	Strongly agree	48	68.6
I am able to do things as well as most other people.	Agree	15	21.4
	Disagree	7	10
	Strongly Disagree	0	0
I feel I do not have much to be proud of	Strongly agree	40	57.1
	Agree	18	25.7
	Disagree	10	14.3
I certainly feel useless at times	Strongly Disagree	2	2.9
	Strongly agree	13	18.6
	Agree	13	18.6
I feel that I am a person of worth, at least on an equal plane with others	Disagree	19	27.1
	Strongly Disagree	25	35.7
	Strongly agree	6	8.6
I wish I could have more respect for myself	Agree	12	17.1
	Disagree	27	38.6
	Strongly Disagree	25	35.7
All in all, I am inclined to feel that I am a failure	Strongly agree	41	58.6
	Agree	22	31.4
	Disagree	4	5.7
I take a positive attitude towards myself	Strongly Disagree	3	4.3
	Strongly agree	25	35.7
	Agree	16	22.9
People attitude towards HIV makes me feel worse	Disagree	16	22.9
	Strongly Disagree	13	18.6
	Strongly agree	10	14.3
Total Score (mean ± SD)	Agree	10	14.3
	Disagree	28	40
	Strongly Disagree	22	31.4
Total Score (mean ± SD)	Strongly agree	36	51.4
	Agree	24	34.3
	Disagree	10	14.3
Total Score (mean ± SD)	Strongly Disagree	0	0
	15.57 ± 2.6		

Table 3 presents the mean stigma scores, the various categories of discrimination (from family & friends, from other PLHIV, and from oneself), and their correlation with self-esteem. Overall, various categories of discrimination show inverse relationship with self-esteem and this association is statistically significant in terms of stigma and discrimination from family, friends and oneself.

Table 3: Correlation between Self-Esteem and Mean Scores of stigma and discrimination Subtypes

Variables		Rosenberg Self-esteem	Mean \pm SD
Discrimination from Family/ friends	Pearson Correlation	-.335**	8.31 \pm 4.08
	Sig. (2-tailed)	0.005	
Self-Discrimination	Pearson Correlation	-0.252*	6.61 \pm 3.40
	Sig. (2-tailed)	0.035	
Discrimination from PLHIV	Pearson Correlation	-.131	1.36 \pm 1.17
	Sig. (2-tailed)	0.281	
Stigma	Pearson Correlation	-.268*	7.53 \pm 3.04
	Sig. (2-tailed)	0.025	

DISCUSSION

Human Immunodeficiency Virus, is a global health challenge that has been accompanied by a persistent and deeply entrenched stigma. The stigma and discrimination surrounding the HIV, affect the well-being of the individual and also hamper their access to healthcare. By identifying the role of stigma and discrimination in undermining the self-esteem of PLHIV, this study signifies the need to create awareness among masses, regarding the behavior towards PLHIV, thus enhancing their self-esteem and quality of life.

People living with HIV/AIDS (PLHIV) frequently encounter stigma and discrimination, particularly in developing nations, like Pakistan. Consistent with prior research conducted in India, Nepal and US, our findings indicate that majority of PLHIV face stigma and discrimination on a regular basis^{11,12,16,17}.

Current research reveals a strong relationship between self-esteem and stigma ($p = 0.021$). Similar studies, done worldwide, which showed significant effect of stigma on self-esteem. People who experienced stigma had lower self-esteem, they were disowned by family, faced physical and verbal threat, denied healthcare and ill treatment. Additionally, HIV/AIDS are often linked with stigmatized behaviors, such as bisexuality, substance abuse and sex work, contributing to misconceptions and social discrimination¹². This stigmatized behavior developed the feeling of guilt, moral impurity, God's punishment and shame among the PLHIV^{1,16,18}. HIV/AIDS-related stigma can affect psychological well-being, leading to a decline in overall quality of life^{17,19,20}. This negative attitude

of community towards PLHIV is due to limited literacy about this disease, they believe that HIV is highly contagious and can spread through emotional and physical interactions with an infected person.

Additionally, a significant relationship was also observed between self-esteem and discrimination, including self-discrimination ($p = 0.035$) and discrimination from family/friends ($p = 0.005$). The negative Pearson correlation coefficients indicate an inverse relationship between self-esteem and both self-discrimination (-.252) and family/friends discrimination (-.335). Though moderate level correlation but reducing this discrimination can enhance their social acceptance and thus boost their self-assurance. Other studies from Pakistan strengthen our findings that HIV-related stigma and discrimination originate from families, communities, healthcare providers and institutions, negatively impacting the lives of PLHIV^{3,18,21}.

These persistent barriers threaten their rights, dignity, and well-being, while also limiting their access to healthcare. As a result, individuals may hesitate to disclose their HIV status, struggle with inadequate social support, and fail to adhere to antiretroviral therapy (ART), all of which diminish their quality of life. Furthermore, stigma and misinformation contribute to the continued spread of new HIV infections due to the above-mentioned barriers. These negative effects underscore the urgent need for psychosocial interventions to mitigate HIV-related stigma and discrimination and improve the quality of life for PLHIV.

CONCLUSION

The stigma and discrimination inversely correlated and could significantly reduce the self-esteem of PLHIV. Thus contributing to social isolation and adversely affecting the overall quality of life of this marginalized population. Concerned authorities should educate the community to reduce stigma and discrimination towards PLHIV. Raising awareness among PLHIV and the general community can improve the self-esteem of PLHIV and thus can render NACP objectives achievable.

LIMITATIONS

The causal associations over time were restricted due to cross-sectional design. The population was selected from specialized HIV clinics and centers, which introduced selection bias and may not have reflected the broader reality. They may differ significantly from high-risk individuals who actually face stigma and had low self-esteem due to which they do not access formal healthcare services, potentially underestimating the unmet needs in the wider community.

RECOMMENDATIONS

Integrated behavioral interventions are required to reduce stigma in both community and healthcare settings, as stigma remains a major barrier preventing PLHIV from seeking testing

and adhering to treatment. Reducing stigma may improve HIV screening uptake and may help in achieving UNAIDS 95-95-95 targets.

Actively engaging the affected populations such as sex workers and transgender to promote HIV screening and facilitate the uptake of tailored interventions is requires.

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AUTHORS' CONTRIBUTION

- **Arshia Bilal:** *Conception and design, Analysis and interpretation of data, Critical revision*
- **Asifa Afzal:** *Conception and design, Analysis and interpretation of data, Drafting the article, Critical revision*
- **Alishba Rashid:** *Acquisition of data, Analysis and interpretation of data, Drafting the article*
- **Aleena Fatima:** *Acquisition of data, Analysis and interpretation of data, Drafting the article*
- **Maarij Khan:** *Acquisition of data, Analysis and interpretation of data, Drafting the article*
- **Haris Malik:** *Acquisition of data, Drafting the article*
- **Shoaib Bukhari:** *Acquisition of data, Drafting the article*
- **Shazmina Moeed:** *Acquisition of data, Analysis and interpretation of data,*

REFERENCES

1. Kohli N, Kumar V, Yadav S, Tripathi P. People with HIV/AIDS: Stigma, Self-Esteem and Psychological Health. *Psychol Stud.* 2024 Dec;69(4):432-40.
2. WHO, HIV and AIDS. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>, 2023.
3. Ullah S, Ulhaq F, Basit A, Imtiaz F, Noreen A, Elahi A. HIV/AIDS Stigma and Discrimination in Pakistan: A Qualitative Study. *IJBR.* 2024 Nov 23;2(02):531-40.
4. Aizaz M, Abbas FA, Abbas A, Tabassum S, Obeagu EI. Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand. *Health Sci Rep.* 2023 Aug;6(8):e1450.
5. Ali U, Riaz U, Doyle H, Satti A, Mahmood N, Rasheed S, Zahra K. Prevalence and predictors of depressive symptoms among people living with HIV in Pakistan; country-wide secondary data analysis from National Stigma Index Study. *PLOS Glob Public Health.* 2024 Nov 4;4(11):e0003882.
6. Friedland BA, Gottert A, Hows J, Baral SD, Sprague L, Nyblade L, McClair TL, Anam F, Geibel S, Kentutsi S, Tamoufe U. The People Living with HIV Stigma Index 2.0: generating critical evidence for change worldwide. *Aids.* 2020 Sep 1;34:S5-18.
7. Yang H, Xie X, Nie A, Yin Y, Wang H, Chen H. HIV-related stigma among people living with HIV in Liangshan Yi Autonomous Prefecture, China. *J Assoc Nurses AIDS Care.* 2020 Mar 1;31(2):199-207.
8. Wei L, Yan H, Guo M, Tian J, Jiang Q, Zhai M, Zhu B, Yin X, Liao Y, Yu B. Perceived HIV stigma, depressive symptoms, self-esteem, and suicidal ideation among people living with HIV/AIDS in China: A moderated mediation modeling analysis. *J Racial Ethn Health Disparities.* 2023 Apr;10(2):671-9.
9. Small LA, Huynh AK, Parchment TM. The association between self-Esteem, stigma, and mental health among South African youth living with HIV: the need for integrated HIV care services. *AIDS care.* 2022 Jan 2;34(1):86-94.
10. Adane B, Yalew M, Damtie Y, Kefale B. Perceived stigma and associated factors among people living with HIV attending ART clinics in public health facilities of Dessie City, Ethiopia. *HIV AIDS (Auckl).* 2020 Oct 7:551-7.
11. Subedi B, Timilsina BD, Tamrakar N. Perceived stigma among people living with HIV/AIDS in Pokhara, Nepal. *HIV AIDS (Auckl).* 2019 May 7:93-103.
12. Chaudhary S, Kakchapati S. Social stigma, discrimination, and their determinants among people living with HIV and AIDS in Sudurpashchim Province, Nepal. *HIV & AIDS Review. International Journal of HIV-Related Problems.* 2022 Jul 5;21(3):230-8.
13. Maqsood F, Baneen B, Maqsood S. Stress-related growth of HIV/AIDS patients: Role of religion and self-esteem in mitigating perceived discrimination. *J Pak Med Assoc.* 2021 Jun 1;71(6).
14. Cheng WL, Chang CC, Griffiths MD, Yen CF, Liu JH, Su JA, Lin CY, Pakpour AH. Quality of life and care burden among family caregivers of people with severe mental illness: mediating effects of self-esteem and psychological distress. *BMC psychiatry.* 2022 Oct 31;22(1):672.
15. Reinius M, Wettergren L, Wiklander M, Svedhem V, Ekström AM, Eriksson LE. Development of a 12-item short version of the HIV stigma scale. *Health Qual Life Outcomes.* 2017 Dec 31;15(1).
16. Sebastian S, Subathra V, Sadath A. Does stigma predict variability in self-esteem? Role of stigma on self-esteem of persons living with HIV/AIDS in India. *Indian J Soc Psychiatry.* 2018 Jul 1;34(3):225-30.
17. Earnshaw VA, Eaton LA, Collier ZK, Watson RJ, Maksut JL, Rucinski KB, Kelly JF, Kalichman SC. HIV stigma, depressive symptoms, and substance use. *AIDS patient care and STDs.* 2020 Jun;34(6):275-80.
18. Ullah S, Naz A. Diseases related stigmatization and discrimination: investigating the perspectives and experiences of HIV/AIDS patients in Khyber Pakhtunkhwa, Pakistan. *Multidisciplinary Approaches to Research.* 2022 Sep;2:27.
19. Basha EA, Derseh BT, Haile YG, Tafere G. Factors affecting psychological distress among people living with HIV/AIDS at selected hospitals of North Shewa Zone, Amhara Region, Ethiopia. *AIDS Res Treat.* 2019;2019(1):8329483.
20. Armoon B, Fleury MJ, Bayat AH, Fakhri Y, Higgs P, Moghaddam LF, Gonabadi-Nezhad L. 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. *Int J Ment Health Syst.* 2022 Mar 4;16(1):17.
21. Sameen S, Lakhdir MP, Azam SI, Asad N. Evaluating knowledge about HIV and discriminatory attitudes among Pakistani women of reproductive age using 2017–18 Demographic Health Survey data. *Sci Rep.* 2023 Oct 19;13(1):17849.