

Understanding the Impact of HIV Stigma on Transgender Persons Living with HIV in Khyber Pakhtunkhwa

2025

Copyright and Ownership Statement

This research report is the exclusive property of Blue Veins. All content, including text, illustrations, and designs, is protected under copyright law. Unauthorized copying, distribution, transmission, or reproduction, in whole or in part, is strictly prohibited without the prior written consent of Blue Veins.

Research Author : Ms. Wajeeha Khan

Co Author : Dr. Sumara Gul

Editor : Mr. Qamar Naseem and Mr. Rizwan Ullah Khan

Cover illustration : Al-Atta Printers

Published by : Blue Veins

Copyrights : © Blue Veins

Disclaimer

The views, opinions, and interpretations presented in this publication are solely those of the author and researcher. They do not necessarily reflect the official policies, positions, or perspectives of Blue Veins. While every effort has been made to ensure accuracy and reliability, Blue Veins assumes no responsibility for any errors, omissions, or consequences arising from using the information in this report.

Acknowledgment

Blue Veins extends its deepest gratitude to the research participants whose courage and openness made this study possible. Their voices and experiences are invaluable in shaping a more inclusive and supportive environment for transgender persons living with HIV.

We also acknowledge the efforts of the research team, field facilitators, and all those who contributed their time, expertise, and resources to this study. We hope that this research will catalyze meaningful change, improving healthcare access and reducing stigma for transgender and other marginalized communities in Khyber Pakhtunkhwa.





Message from Mr. Tariq Javed, Member/Commissioner, NCHR Khyber Pakhtunkhwa

The National Commission for Human Rights (NCHR) remains committed to safeguarding the fundamental rights and dignity of all individuals, including transgender persons. As the enforcement body of the Transgender Persons (Protection of Rights) Act, 2018, NCHR has the mandate to ensure that transgender individuals enjoy equal rights, protection, and access to essential services, free from stigma and discrimination.

This research, grounded in the lived experiences of transgender PLHIV developed by Blue Veins, sheds light on the impact of HIV stigma on transgender persons in Khyber Pakhtunkhwa. It offers evidence-based insights into the barriers faced by transgender individuals in accessing healthcare, the socioeconomic challenges they endure, and the discriminatory practices that restrict their right to health and well-being. The findings serve as a critical tool for legislators, policymakers, and the health department, enabling them to develop targeted interventions that tackle the structural, legal, and social barriers preventing transgender persons from accessing healthcare services. It is essential for lawmakers and government agencies to take concrete steps to ensure that HIV treatment, prevention, and support services are accessible, affordable, and non-discriminatory for transgender persons.

I commend Blue Veins for their efforts in conducting this research which will contribute to the larger struggle for social justice, gender equality, and health equity in Pakistan. Moving forward, NCHR is ready to collaborate with civil society organizations, health authorities, and legislators to turn these research insights into actionable policies that protect and promote the health rights and well-being of transgender persons in Khyber Pakhtunkhwa and beyond.

A handwritten signature in black ink, appearing to be 'Tariq Javed', written in a cursive style.

Mr. Tariq Javed

Member/Commissioner

National Commission for Human Rights (NCHR) Khyber Pakhtunkhwa

Contents

| | |
|--|----|
| List of Acronyms and Abbreviations | 06 |
| Abstract | 07 |
| Executive Summary | 08 |
| Key Findings | 09 |
| Definitions | 10 |
| 1. Introduction | 11 |
| 1.2 Scope of Research | 13 |
| 1.2.1 Key Objectives of the Research | 13 |
| 1.3 Limitations of the Research | 14 |
| 1.4 Methodology | 15 |
| 1.4.1 Key Areas and Focus of the Research | 15 |
| 1.4.2 Sampling Strategy and Recruitment Process | 16 |
| 1.4.3 Data Collection | 16 |
| 1.4.4 Data Analysis | 17 |
| 1.4.5 Ethical Consideration | 18 |
| 1.4.6 Demographic Profile of Respondents | 20 |
| 1.5 Literature Review | 21 |
| 2. Macro-Level: Stigma, Violence, and HIV Vulnerability | 24 |
| 2.1 Coping with Stigma and Violence | 24 |
| 2.2 HIV Diagnosis and Disclosure | 26 |
| 2.3 Denial of Housing, Employment, and Healthcare Services | 30 |
| 2.4 Access to Healthcare & Barriers to Treatment | 31 |
| 2.5 Mental Health & Emotional Well-being | 34 |

| | |
|---|----|
| 2.6 Social Support & Community Engagement | 37 |
| 3. Structural & Policy Barriers | 41 |
| 3.1 Government Policies and Programs: Inadequate and Inaccessible | 41 |
| 3.2 Role of Government Agencies, NGOs, and Advocacy Groups | 43 |
| 3.3 Biggest Misconceptions About HIV and Transgender Persons | 44 |
| 3.4 Media Representation of HIV and Transgender PLHIV | 46 |
| 4. Recommendations for Change | 47 |
| 5. Discussions | 53 |
| 6.The Need for Policy Reforms and Structural Change | 54 |
| 7. Finding and Conclusions | 56 |
| Key Findings | 56 |
| 7.1 Institutional Discrimination and Structural Barriers | 56 |
| 7.2 Stigma and Discrimination in Healthcare Settings | 56 |
| 7.3 Socioeconomic Marginalization and Vulnerability | 56 |
| 7.4 HIV Stigma and Barriers to Treatment | 56 |
| 7.5 Coping Mechanisms and Community Support | 57 |
| 8. Recommendations | 57 |
| Disclosure Statement | 61 |
| References | 62 |
| Questionnaire | 64 |





List of Acronyms and Abbreviations

| | |
|--------------|-------------------------------------|
| HIV | Human Immunodeficiency Virus |
| PLHIV | People Living with HIV |
| ID | Identification Card |
| KP | Khyber Pakhtunkhwa |
| KII | Key Informant Interview |
| NGOs | Non-Governmental Organizations |
| PMDC | Pakistan Medical and Dental Council |
| SRS | Sex Reassignment Surgery |
| STDs | Sexually Transmitted Diseases |
| STIs | Sexually Transmitted Infections |
| SGM | Sexual and Gender Minorities |
| ART | Antiretroviral Treatment |
| CBO | Community-Based Organization |
| NACO | National AIDS Control Organization |
| NACP | National AIDS Control Programme |
| TG | Transgender |
| TI | Targeted [HIV] Intervention |

Abstract

Transgender persons in Pakistan face heightened vulnerability to HIV, yet there is limited research on the impact of HIV-related stigma on their lives. This study examines the multifaceted experiences of transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, focusing on the intersection of stigma, discrimination, and structural inequalities that exacerbate their health and social vulnerabilities.

Using a mixed-methods approach, in-depth interviews were conducted with 30 transgender respondents. The findings reveal that transgender persons living with HIV experience pervasive stigma and violence, driven by intersecting marginalization related to their gender identity, engagement in sex work, and socio-economic exclusion. Stigma manifests in various forms, including internalized stigma leading to psychosocial distress, social exclusion, discrimination in healthcare settings, police harassment, and workplace bias. These factors collectively limit their access to essential HIV prevention, treatment, and support services.

Moreover, power imbalances in sexual transactions, fear of disclosure, and societal norms that condone violence against gender non-conforming individuals further compound their vulnerability. Many respondents reported barriers to negotiating safer sex practices due to a lack of autonomy and economic dependence on clients or partners. The study also highlights resilience mechanisms, including community support networks and activism, through which transgender persons mobilize to challenge stigma and discrimination.

The findings underscore the urgent need for targeted interventions, including stigma reduction programs, legal protections, and inclusive healthcare policies, to address the unique challenges faced by transgender persons living with HIV. Community-led mobilization efforts are identified as a critical strategy for empowering transgender persons, creating social inclusion, and reducing HIV-related vulnerabilities. The study contributes to a broader understanding of the structural and systemic factors shaping the HIV epidemic among transgender communities and advocates for policies that promote their health and human rights.

Executive Summary

Transgender persons in Pakistan continue to face systemic discrimination, social stigma, and legal challenges, which impact their rights, dignity, and access to essential services, including healthcare. While progressive legal frameworks and policy advancements have been introduced in Pakistan, gaps in implementation, coupled with adverse legal directions and societal transphobia, continue to undermine the rights and empowerment of transgender individuals.

The criminalization of transgender people, stigma, and gender-based violence create significant barriers to achieving social justice and equality. These factors also restrict their access to essential HIV services, increasing their vulnerability to adverse health outcomes. Structural challenges, including discrimination in employment, healthcare, and legal recognition, contribute to a higher prevalence of HIV within transgender communities. Limited access to gender-affirming care further exacerbates health disparities, reducing adherence to antiretroviral therapy (ART) and increasing HIV transmission risks.

This research, conducted by Blue Veins, explores the experiences of transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, focusing on stigma, discrimination, and barriers to healthcare access. The study aims to provide evidence-based insights to inform policy advocacy, healthcare interventions, and community-driven solutions to reduce stigma and improve health outcomes for transgender PLHIV.

The research documents the lived experiences of transgender persons living with HIV in Khyber Pakhtunkhwa and assesses the impact of stigma, discrimination, and legal barriers on their lives. It also analyzes the challenges transgender individuals face in accessing HIV-related healthcare and gender-affirming care. The study identifies structural and behavioral risk factors contributing to health inequalities among transgender PLHIV and provides evidence-based recommendations for improving healthcare services, policy implementation, and stigma reduction efforts.

Key Findings

- Transgender PLHIV experience significant social exclusion, including rejection by families, healthcare providers, and workplaces, and also face rejection by the transgender community.
- Many transgender PLHIV report delayed or denied access to HIV treatment and ART due to healthcare provider bias, lack of gender-sensitive services, and fear of discrimination.
- High levels of psychological distress, anxiety, and depression are linked to HIV stigma, social isolation, and lack of community support.
- While Pakistan has introduced laws supporting transgender rights, inconsistent enforcement and negative legal directions and outcomes continue to undermine these protections.



- Access to gender-affirming care is limited, affecting HIV treatment adherence and overall well-being. Transgender individuals with access to such care report higher ART adherence and better health outcomes.
 - Transgender persons face limited work opportunities, often forcing them into sex work or other high-risk activities, increasing HIV exposure risks.
- Factors such as lack of awareness, stigma, and unsafe practices (including unprotected sex and shared needle use) contribute to the high burden of HIV among transgender persons.
-

This research highlights the urgent need for comprehensive policy action, gender-sensitive healthcare reforms, and Community-based interventions to improve the health and rights of transgender PLHIV. Addressing stigma, legal barriers, and economic disparities is crucial to ensuring equitable HIV services and promoting social justice and empowerment for transgender persons in Pakistan.



Definitions

According to the Transgender Persons (Protection of Rights) Act, 2018, a “Transgender Person” in Pakistan is defined as:

- (I) Intersex (Khunsa) with a mixture of male and female genital features or congenital ambiguities, or
- (II) Eunuch assigned male at birth but undergoes genital excision or castration, or
- (III) A transgender man, transgender woman, Khawajasira, or any person whose gender identity and/or gender expression differs from social norms and cultural expectations based on the sex they were assigned at birth.

While this definition was intended to be inclusive, it has been widely disputed and does not align with global standards of transgender identity as recognized by the World Health Organization (WHO), the United Nations (UN), and the Yogyakarta Principles. Issues with the Definition in the Act are;

Confusion between Transgender and Intersex Identities:

- The definition incorrectly groups intersex persons under the transgender umbrella, even though intersex is a biological condition related to sex characteristics. In contrast, transgender identity is based on gender identity and expression.
- This conflation erases the distinct medical, social, and legal needs of intersex individuals and transgender persons.

Pathologization of Transgender Identities:

- The inclusion of “eunuchs” and castration in the definition reinforces outdated, medicalized, and harmful notions about transgender persons.
- Modern gender identity frameworks do not require medical intervention (such as surgeries) to validate a transgender person's identity.

Legal and Social Ambiguity:

- The definition does not provide clear recognition for non-binary and gender-diverse identities, limiting legal protections.
- Government agencies and service providers may struggle to implement policies for transgender individuals when the legal definition itself is ambiguous.



Impact on Access to Rights and Services:

- Confusion in legal recognition affects access to gender-affirming care, including HIV treatment for transgender persons.
- The lack of clarity in NIC (national identity card) registration often results in discriminatory hurdles for transgender persons seeking official recognition.
- Misclassification weakens the effectiveness of anti-discrimination laws, leaving transgender persons vulnerable to systemic exclusion.

The Need for Alignment with Global Standards:

- The World Health Organization (WHO) recognizes that being transgender is not a disorder or medical condition but a valid identity that must be respected without coercion.
- The Yogyakarta Principles emphasize the right of transgender persons to self-determination without unnecessary medicalization.
- Best international practices suggest that legal definitions must distinguish between intersex and transgender identities to ensure both communities receive the specific protections and services they need.



1. Introduction

Transgender persons in Pakistan, particularly those living with HIV in Khyber Pakhtunkhwa, face systemic discrimination, stigma, and exclusion in almost every aspect of life, including healthcare. Despite legislative protections that guarantee fundamental rights for all citizens, transgender individuals continue to experience widespread barriers to accessing health services, employment, and social welfare. Deeply rooted societal biases, legal ambiguities, and institutional discrimination contribute to their marginalization. Although progressive measures such as the Transgender Persons (Protection of Rights) Act, 2018, have been introduced, gaps in implementation, combined with emerging adverse legal and court outcomes, have weakened these protections, allowing stigma, discrimination, and exclusionary practices to persist. The criminalization of transgender persons, violence based on gender identity, and societal stigma further prevent equitable access to HIV prevention, treatment, and care services. The absence of an inclusive healthcare system that recognizes and caters to the specific needs of transgender individuals exacerbates their health vulnerabilities. Health policies, medical training programs, and public healthcare facilities in Pakistan lack gender-sensitive approaches, leading to the denial of care, the refusal to treat transgender patients with dignity, and a lack of clinical and cultural competence among healthcare providers.

Historically, transgender persons in South Asia have faced legal and social marginalization, dating back to colonial-era laws such as Section 377 of the Penal Code and the Criminal Tribes Act of 1871. These laws institutionalized discrimination and created systemic barriers that prevented transgender individuals from accessing basic rights, including healthcare, education, employment, and legal protection. The Criminal Tribes Act further stigmatized transgender persons by branding them as a criminalized population, restricting their mobility, and enforcing state surveillance. Although the Supreme Court of Pakistan's 2009 ruling directed authorities to recognize transgender persons and provide them with identity cards, the classification system introduced by the National Database and Registration Authority (NADRA) remains ambiguous and does not fully address legal identity recognition. Many transgender individuals choose not to register due to concerns about social stigma, lack of international recognition, and perceived restricted access to rights such as Hajj and Umrah pilgrimage but some transgender has reported that they with their transgender idennti were able to perform Hajj and Umrah.

While the Transgender Persons (Protection of Rights) Act, 2018 legally recognizes transgender individuals and prohibits discrimination, its weak implementation and emerging legislative challenges continue to undermine its effectiveness. The recent ruling by the Federal Shariat Court in 2023 against self-perceived gender identity has further deepened uncertainty, raising concerns about the legal status and rights of transgender persons in Pakistan. The lack of legal clarity and policy enforcement exacerbates the marginalization, economic exclusion, and social vulnerabilities faced by transgender persons, further restricting their ability to live with dignity, security, and equal rights.

In Khyber Pakhtunkhwa, transgender persons face extreme discrimination in healthcare settings, where they are often denied treatment in emergency rooms, refused routine medical care, and subjected to harassment and abuse by healthcare staff. The exclusion from the transitional health care in the Sehat Insaf Card scheme further limits their ability to access



necessary medical treatment, including HIV-related healthcare services. Despite the disproportionate HIV burden among transgender persons, there are no national or provincial level comprehensive policies specifically addressing their health needs. Structural inequalities such as economic marginalization, lack of legal protection, and social exclusion push many transgender individuals into high-risk behaviours, including sex work and unsafe injection practices, which increase their vulnerability to HIV and other sexually transmitted infections. The absence of gender-affirming care further discourages transgender individuals from seeking medical assistance, leading to low rates of HIV testing, delayed diagnosis, and poor adherence to antiretroviral therapy (ART).

Transgender persons often experience discriminatory attitudes from healthcare providers, resulting in misgendering, verbal abuse, and denial of essential medical services. Many healthcare professionals lack training on transgender health issues and have a poor understanding of their gender identities, which leads to inadequate and inappropriate medical care for transgender persons living with HIV. The absence of gender-affirming medical services such as hormone therapy and mental health support further isolates transgender persons from the healthcare system, as these services are either unavailable or inaccessible due to high costs. Additionally, legal and administrative barriers prevent transgender persons from accessing HIV services, ART treatment, and public health programs due to identity documentation challenges and legal recognition issues. Many transgender individuals avoid seeking medical care due to fears of discrimination, mistreatment, and rejection by healthcare providers.

Economic marginalisation is another major barrier preventing transgender persons from accessing healthcare services. Many transgender individuals in Khyber Pakhtunkhwa struggle to find employment due to workplace discrimination, leaving them financially insecure and unable to afford private healthcare. As a result, many rely on informal healthcare networks, self-medication, or seek services through community-based organizations. However, some of the most critical and life-saving medical treatments remain unavailable to them. Furthermore, Pakistan's healthcare policies do not include specific provisions for transgender persons, and medical education does not incorporate training on transgender health needs. The lack of awareness among healthcare providers leads to misdiagnosis, mistreatment, and overall poor healthcare experiences for transgender individuals. Due to past experiences of mistreatment in medical facilities, many transgender persons prefer to avoid healthcare settings altogether, increasing the risk of delayed HIV diagnosis, poor ART adherence, and higher rates of HIV transmission.

The exclusion of transgender persons from national healthcare programs, combined with legal ambiguities and widespread discrimination, has resulted in severe health disparities, particularly in the context of HIV prevention, treatment, and care. Addressing these challenges requires the development and implementation of a national and provincial transgender health policy that includes specific provisions for HIV prevention and treatment services. Healthcare providers must be trained in gender-sensitive care to ensure respectful, stigma-free, and inclusive healthcare services for transgender persons. Public health insurance programs such as the Sehat Insaf Card should be expanded to include transgender individuals and the transitional health care to ensure equitable access to healthcare. Additionally, strengthening legal protections to prevent discrimination, harassment, and violence against transgender persons in medical facilities is essential. Improving access to gender-affirming care, mental health support, and specialized HIV



-related healthcare services for transgender persons is necessary to bridge the existing gaps in healthcare access and equity.

This research is the first of its kind in Khyber Pakhtunkhwa to comprehensively examine the impact of HIV stigma on transgender persons and its broader implications on healthcare access, social inclusion, and legal protections. It aims to document the lived experiences of transgender persons living with HIV, identify systemic barriers, and provide evidence-based recommendations for policymakers, healthcare providers, UN agencies and civil society organizations. By shedding light on the intersection of HIV, stigma, and transgender rights, this study seeks to contribute to policy reforms, advocate for inclusive healthcare systems, and promote the dignity and rights of transgender persons in Pakistan. The findings will serve as a foundation for developing culturally competent, gender-sensitive, and stigma-free HIV services, ensuring that transgender persons living with HIV receive equitable and quality healthcare in Khyber Pakhtunkhwa. There is an urgent need for policy-level interventions, community-based support systems, and institutional reforms to ensure that transgender persons living with HIV receive the care and dignity they deserve. Government agencies, UN, civil society organizations, healthcare providers, and international stakeholders must work together to eliminate HIV stigma, improve access to treatment, and create an inclusive healthcare system that respects the fundamental rights of transgender individuals in Pakistan.

1.2 Scope of Research

This research aims to explore the impact of HIV-related stigma on transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, focusing on the barriers they face in accessing healthcare, discrimination in medical settings, and the socio-psychological effects of stigma.

Despite legal protections under the Transgender Persons (Protection of Rights) Act, 2018, transgender individuals continue to face systemic discrimination, negative societal attitudes, and structural barriers that hinder their access to HIV prevention, treatment, and care services.

This study examines how stigma and discrimination shape healthcare-seeking behaviors, access to ART (antiretroviral therapy), and overall health outcomes of transgender PLHIV. Additionally, it assesses the role of healthcare providers, policy gaps, and socio-cultural factors that contribute to health inequalities and mental health challenges within this community. The research findings will serve as a critical evidence base for policymakers, UN, civil society organizations, and healthcare providers to develop targeted interventions, advocacy strategies, and policy recommendations aimed at reducing stigma and improving HIV-related healthcare services for transgender persons.

1.2.1 Key Objectives of the Research

- To document the experiences and perceptions of transgender PLHIV regarding HIV-related stigma and discrimination in healthcare settings.
- To identify barriers and gaps in accessing HIV prevention, testing, treatment, and supportive healthcare services for transgender persons in Khyber Pakhtunkhwa.



- To assess the impact of HIV stigma on mental health, employment opportunities, and social well-being of transgender PLHIV.
- To evaluate the level of cultural competence and sensitivity of healthcare providers in delivering inclusive and gender-affirming HIV services to transgender individuals.
- To explore how structural and legal barriers (such as identity documentation issues, legal gender recognition, and economic marginalization) affect HIV service uptake and adherence.
- To develop concrete recommendations for healthcare providers, policymakers, and advocacy groups to improve HIV-related services and reduce stigma against transgender PLHIV.

To generate policy recommendations that support stigma-free, inclusive, and high-quality HIV care and treatment services for transgender persons in Khyber Pakhtunkhwa.

1.3 Limitations of the Research

This study has several limitations that may impact the scope and generalizability of its findings.

- The study included only 30 transgender individuals, primarily transgender women, resulting in an underrepresentation of transgender men and non-binary persons whose experiences may differ.
- Many transgender persons were reluctant to participate due to fears of HIV status disclosure, affecting recruitment and limiting the depth of data collected.
- Social desirability bias may have influenced self-reported data, with some respondents withholding details due to stigma and discrimination.
- The use of purposive and snowball sampling methods excluded more isolated transgender individuals, leading to potential selection bias.
- The study captures a snapshot in time and does not account for how stigma and healthcare access evolve over the long term.
- The research does not extensively incorporate perspectives from healthcare providers, policymakers, or families, restricting insights into systemic barriers and policy gaps.
- Participants may have been hesitant to openly share their experiences due to cultural norms and legal uncertainties.
- Key social determinants such as class, rural-urban disparities, and economic vulnerabilities were not deeply examined.



- Variations in language proficiency and literacy levels may have influenced participants' responses and the interpretation of data.

1.4 Methodology

This study employed a mixed-methods research approach, incorporating both qualitative and quantitative methodologies to comprehensively understand the impact of HIV stigma on transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa. The methodology was designed to capture the lived experiences of transgender PLHIV, identify systemic barriers to healthcare access, and assess the role of stigma in shaping health-seeking behaviors and HIV-related outcomes. The study was conducted without pre-assumptions or pre-established hypotheses, allowing the data to emerge organically from the experiences and narratives of the participants.

A semi-structured questionnaire was developed based on key thematic areas, including healthcare access, stigma and discrimination, economic vulnerability, mental health challenges, HIV treatment barriers, and legal and policy gaps. The questionnaire was designed to explore personal experiences, perceptions of discrimination, and structural challenges faced by transgender PLHIV. The research tools included semi-structured individual interviews and case studies.

Data was collected from 30 transgender persons living with HIV from diverse social and economic backgrounds, ensuring representation from different districts of Khyber Pakhtunkhwa.

To ensure the relevance and cultural sensitivity of the study, transgender community leaders, peer educators, and outreach workers were actively engaged in all phases of research design, data collection, and analysis. These community members assisted in developing research questions, interpreting initial results, and shaping follow-up intervention activities. Their involvement ensured that the study remained grounded in the real needs and concerns of the transgender community and contributed to greater trust and participation among respondents.

1.4.1 Key Areas and Focus of the Research

- The research aimed to examine how HIV stigma affects the lives of transgender persons in Khyber Pakhtunkhwa, with a specific focus on the following areas:
- **Healthcare Access and Discrimination:** Experiences of denial of care, substandard treatment, and discriminatory practices in hospitals and clinics.
- **HIV Treatment Barriers:** Challenges related to ART adherence, affordability, availability of HIV services, and healthcare providers' attitudes toward transgender PLHIV.
- **Mental Health and Social Isolation:** The psychological impact of HIV stigma, self-stigmatization, and social rejection by family and community.



- **Economic Vulnerabilities:** How employment discrimination, financial insecurity, and exclusion from social protection programs affect health outcomes.
- **Legal and Policy Barriers:** The role of legal recognition, documentation issues, and gaps in the implementation of the Transgender Persons (Protection of Rights) Act, 2018 in exacerbating healthcare access challenges.
- **Community Support and Coping Mechanisms:** The presence (or lack) of support networks, peer-led initiatives, and community-based healthcare solutions.

1.4.2 Sampling Strategy and Recruitment Process

A combination of purposive and snowball sampling methods was used to recruit participants. Since transgender PLHIV are a highly marginalized and hard-to-reach population, a community-centered recruitment approach was employed. Local NGOs, transgender peer educators, and outreach workers were crucial in identifying respondents.

Participants selected for the study belong to the province of Khyber Pakhtunkhwa, identified based on HIV prevalence data and the presence of transgender communities. Field teams engaged local transgender community leaders, peer networks, and social support groups to build rapport and encourage participation.

1.4.3 Data Collection

For this study, a customized research instrument was developed specifically to capture the lived experiences of transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa. The instrument was shared with experts actively working in transgender health, HIV prevention, and community-based interventions for critique and refinement. Necessary adjustments were made based on their feedback to ensure that the tool effectively captured the impact of HIV stigma, discrimination, healthcare access, and socio-economic vulnerabilities.

The research had three primary inclusion criteria for participant selection:

1. Participants had to be at least 18 years old.
2. They had to be residents of Khyber Pakhtunkhwa.
3. They had to self-identify as a transgender person and be HIV-positive.

A semi-structured interview guide with open-ended questions was used to collect in-depth qualitative narratives about the stigma, discrimination, and barriers faced by transgender PLHIV in accessing healthcare services. Key themes explored in the interviews included:

- Experiences of stigma and discrimination in healthcare settings.
- Challenges in accessing HIV testing, ART (antiretroviral therapy), and gender-affirming care.
- Social and economic vulnerabilities, including employment barriers and exclusion from



- The mental health impact of HIV stigma and discrimination.
- Structural and legal barriers to healthcare access.
- The role of community networks and peer support in navigating the healthcare system.

The data collection process was conducted by a team of experienced investigators fluent in Urdu and Pashto, all of whom had postgraduate qualifications and extensive experience in qualitative research. Before data collection began, the research team underwent comprehensive training on ethical research practices, rapport building, trauma-informed interviewing techniques, and confidentiality protocols to ensure a safe and supportive environment for respondents.

Interviews were conducted in private and safe locations that ensured confidentiality and comfort for participants. Each interview lasted approximately 75 to 90 minutes, allowing participants to express their experiences freely without fear of judgment or repercussions.

To protect participants' privacy and safety, verbal informed consent was obtained before each interview. No personal identifiers were collected, and all data was anonymized to maintain confidentiality. While no monetary incentives were provided, participants were referred to local organizations and community support groups for additional services, including legal aid, mental health support, and HIV care resources, if needed.

1.4.4 Data Analysis

Following data collection, all responses were carefully reviewed to ensure completeness and adherence to the study's inclusion criteria. Any responses from participants who did not meet the three qualifying criteria, declined to provide informed consent, or failed to answer any questions beyond the initial screening were excluded from the final dataset. A total of nine transgender persons refused to participate, and alternate respondents were identified to maintain the required sample size.

For qualitative analysis, transcripts from interviews, focus group discussions (FGDs), and key informant interviews (KIIs) were examined using thematic analysis (Braun & Clarke, 2006). This method allowed the research team to identify patterns, recurring themes, and contradictions in the data, ensuring a comprehensive understanding of how HIV stigma affects transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa.

An inductive and iterative process was followed in coding the data, meaning that themes were not pre-determined but emerged organically from participants' narratives. The initial coding framework was developed based on key themes from the interview guide, including:

- Experiences of stigma and discrimination in healthcare settings.
- Barriers to accessing HIV-related services (testing, treatment, and adherence to ART).
- Economic and structural challenges influencing healthcare-seeking behavior.



- Mental health implications of stigma, including psycho-social distress and self-isolation.
- Coping mechanisms and support systems within the transgender community.

Following the initial coding, a second layer of analysis was applied to explore deeper conceptual themes, such as self-efficacy, resilience, internalized stigma, and the intersection of gender identity and HIV-related discrimination. Any contradictions within and between themes were resolved through a continuous process of validation and cross-checking. The inter-coder reliability process ensured accuracy by having two independent coders analyze the same set of transcripts and compare results to minimize bias.

To facilitate efficient organization and retrieval of coded data, the research team used Atlas Ti 5.0, a qualitative data analysis software. The final coded dataset was then synthesized to answer the key research questions, drawing connections between the lived experiences of transgender PLHIV and the structural, social, and institutional factors influencing HIV-related stigma.

For confidentiality purposes, all participants were assigned fictitious names, and personally identifiable information was removed from transcripts. Direct quotes were edited only for clarity, ensuring that the voices of transgender persons living with HIV were accurately represented while maintaining their privacy and dignity.

1.4.5 Ethical Consideration

Recognizing the sensitive nature of the subject matter, ethical considerations were prioritized to protect the rights, dignity, privacy, and well-being of all participants. The following ethical principles guided the research process:

Informed Consent and Voluntary Participation

- All participants were above 18 years of age and voluntarily consented to take part in the study.
- Prior to the interview, participants were provided with clear, accessible information about the study's purpose, methodology, and potential risks and benefits.
- Participants were given sufficient time to review and understand the information before providing verbal informed consent.
- No respondent was subjected to coercion, undue pressure, or deception at any stage of the research.

Confidentiality and Anonymity

- The privacy of all participants was strictly maintained throughout the study.
- Personal identifiers were not collected, and all participants were assigned fictitious names



- in the final report to protect their identity.
- Data security measures were implemented to ensure confidential storage and restricted access to collected information.
- Research findings were presented in a non-identifiable and aggregated manner to prevent any potential harm to the respondents.

Respect for the Dignity and Rights of Participants

- Participants were treated with dignity, respect, and sensitivity at all times.
- Cultural and gender sensitivities were observed, and the research team ensured a non-judgmental and affirming approach when engaging with respondents.
- Interviews were conducted in safe, neutral, and participant-approved locations to foster comfort and trust.

Minimization of Harm and Psychological Well-being

- The research team was trained in trauma-informed interviewing techniques to ensure that no participant experienced distress while sharing their experiences.
- Participants had the right to refuse to answer any question, take a break, or withdraw from the study at any time without explanation or consequence.
- If any participant expressed emotional distress, referrals to mental health and support services were offered through trusted transgender-friendly organizations.

Honesty, Transparency, and Accuracy in Research

- All communications with participants were conducted with honesty and transparency regarding the study's objectives and expected outcomes.
- Data integrity was upheld, ensuring that all findings were presented accurately and without bias.
- Any misrepresentation of data, selective reporting, or biased interpretation was strictly avoided.

Adherence to Global Ethical Standards

This study complied with international research ethics guidelines, including:

- The Declaration of Helsinki (World Medical Association) – Ensuring ethical research involving human subjects.

- The Yogyakarta Principles on Sexual Orientation and Gender Identity – Protecting the rights of transgender persons.
- UNAIDS Ethical Considerations in HIV-Related Research – Addressing the unique vulnerabilities of PLHIV.

The research followed community-based participatory research (CBPR) principles, ensuring the active involvement of transgender community leaders in study design and implementation.

1.4.6 Demographic Profile of Respondents

This section presents an overview of the age, gender identity, education level, residence, and primary source of income of transgender persons living with HIV (PLHIV) who participated in the study. The findings provide insight into how these demographic factors influence HIV-related stigma, healthcare access, and economic vulnerability within the transgender community in Khyber Pakhtunkhwa.

Age Distribution

The age distribution of respondents was categorized into six main groups: 18-24, 25-34, 35-44, 45-54, 55-64, and 65 or older. This classification was designed to assess the unique vulnerabilities, health needs, and experiences of transgender PLHIV across different life stages.

- The majority of respondents (46.3%) were aged 18-24, indicating that younger transgender individuals face the highest burden of HIV-related stigma and healthcare barriers. This group experiences financial instability, limited knowledge about HIV prevention and treatment, and heightened discrimination in healthcare and employment settings.
- The second-largest group (37.5%) consisted of individuals aged 25-34, a critical age bracket where many actively engage in economic activities, community networks, and healthcare services. However, respondents in this category reported significant barriers to ART adherence, gender-affirming healthcare, and financial resources for sustained treatment.
- Only 8.3% of respondents were between 35-44 years, while 5.3% were in the 45-54 age group, and 2.5% fell within the 55-64 category. The low representation of older transgender individuals in the study reflects the severe health disparities, limited life expectancy, and lack of tailored healthcare services for aging transgender persons. Many older transgender individuals face increased social isolation, economic hardship, and deteriorating health conditions, with no formal support structures or long-term care facilities available to them.

Gender Identity

All respondents identified as transgender individuals, reflecting the diversity of gender identities within the community. The study aimed to include transgender women, transgender men, and non-binary persons, all of whom face distinct but interconnected challenges related to



- All participants identified themselves as transgender women, reflecting their heightened vulnerability to HIV transmission, stigma, and socio-economic exclusion.
- Non-binary and gender-diverse respondents also shared experiences of discrimination, particularly in healthcare settings, where gender-nonconforming individuals often face additional stigma and a lack of specialized services.

Education Levels

The study found that educational attainment among transgender PLHIV is significantly lower than the general population, contributing to employment barriers, financial insecurity, and limited awareness of HIV prevention and treatment options.

- A large proportion of respondents had limited or no formal education, restricting their ability to access stable employment and secure financial independence.
- Those with higher levels of education reported slightly better access to healthcare and employment opportunities but still faced widespread discrimination in workplaces and medical settings.

1.5 Literature Review

Transgender individuals in Pakistan face systemic barriers to accessing healthcare due to widespread stigma, discrimination, and social exclusion. Research has consistently demonstrated that transgender individuals often face mistreatment in medical settings, experiencing denial of care, breaches of confidentiality, and outright harassment from healthcare providers. A study by Shafee Ullah et al. (2024) on HIV/AIDS stigma and discrimination in Pakistan found that transgender individuals often encounter medical professionals who refuse to treat them or subject them to invasive and humiliating questioning regarding their gender identity. These discriminatory practices discourage many from seeking medical assistance, forcing them to rely on alternative, often unsafe, healthcare options.

Stigma against transgender individuals is deeply rooted in Pakistan's socio-cultural and religious fabric, leading to the denial of basic healthcare rights. Anticipated stigma is a major barrier, as many transgender people avoid medical facilities altogether due to the fear of being mocked, harassed, or mistreated by healthcare providers. In cases where they do seek medical help, they are often forced to disclose their gender identity under coercive circumstances, leading to further discrimination. Research conducted by the United Nations Development Programme (UNDP) in their HIV Gender Assessment in Pakistan (2023) highlighted that healthcare professionals in Pakistan frequently lack the training and sensitivity required to address the specific needs of transgender individuals, often conflating transgender women with gay men and transgender men with lesbian women. This misunderstanding leads to inappropriate or inadequate medical care, making it difficult for transgender individuals to access gender-affirming treatments or even basic healthcare services.

Transgender individuals in Pakistan, particularly those engaged in sex work, are at an elevated risk of HIV and other sexually transmitted infections. The lack of transgender-inclusive healthcare services further exacerbates their vulnerability. A study conducted by the Centers for Disease Control and Prevention (CDC) found that transgender women have one of the highest rates of HIV infection globally but face significant barriers to testing and treatment due to discrimination and lack of awareness among healthcare providers (CDC, 2016). In Pakistan, similar trends have been observed, with research by Naidoo et al. (2024) showing that transgender women avoid public healthcare facilities due to fear of being discriminated against, leading them to seek unregulated healthcare services where they may receive substandard or even harmful treatment. This avoidance of formal healthcare services also means that many transgender individuals do not undergo regular HIV testing, leading to delayed diagnoses and higher transmission rates.

Structural and institutional barriers further reinforce the vulnerability of transgender individuals to HIV and other health disparities in Pakistan. Research by the International Journal of Transgender Health (Naidoo et al., 2024) has demonstrated that transgender women face disproportionately high rates of HIV due to a combination of economic marginalization, lack of access to healthcare, and high-risk survival strategies such as sex work. The study found that transgender women in South African metros engaged in high-risk sexual behaviors due to economic insecurity and lack of employment opportunities, a pattern that is also evident in Pakistan. The intersectionality of gender identity, poverty, and HIV vulnerability underscores the urgent need for targeted interventions that address both healthcare access and socio-economic empowerment for transgender individuals.

The socio-economic conditions of transgender individuals in Pakistan further exacerbate their vulnerability to HIV and other health concerns. Many transgender individuals are excluded from employment opportunities due to systemic discrimination, leaving them with few options for survival. As a result, a significant portion of the transgender community engages in sex work, which places them at an increased risk of HIV. However, stigma against sex work, coupled with transphobia, creates additional barriers to accessing preventive healthcare services such as pre-exposure prophylaxis (PEP) and regular HIV screenings. A qualitative study conducted by Tun et al. (2022) on transgender stigma and HIV services in Nigeria found that healthcare providers often view transgender sex workers with suspicion and moral judgment, further discouraging them from seeking medical care. Similar patterns are evident in Pakistan, where transgender individuals face judgment and mistreatment in medical settings, preventing them from accessing necessary services.

Mental health issues are another significant concern for transgender individuals in Pakistan. The constant exposure to stigma, discrimination, and social exclusion leads to high rates of depression, anxiety, and suicidal ideation within the transgender community. Many transgender individuals internalize societal stigma, which results in low self-esteem and self-imposed isolation. A study by Dale et al. (2024) on intersectional stigma and mental health among transgender women living with HIV found that rejection from family and community members, lack of social support, and fear of violence contribute to worsening mental health conditions. Despite the evident need for mental health services tailored to the transgender community, Pakistan's healthcare infrastructure does not provide adequate psychological support. The WHO Civil Society Consultation on MSM & Transgender Values & Preferences (2010) emphasized that mental health

services for transgender individuals are often nonexistent or inaccessible, leading to self medication, substance abuse, and increased vulnerability to risky behaviors.

Additionally, evidence from the BMC Public Health study by Dale et al. (2024) highlights how the experiences of trauma, violence, and HIV stigma among transgender women living with HIV contribute to their reluctance to seek healthcare. The study emphasizes the role of intersectional oppression in shaping transgender individuals' health outcomes, as they navigate discrimination not only within the healthcare system but also in legal, social, and familial settings. Transgender individuals who experience violence and trauma often develop mental health conditions such as PTSD, depression, and anxiety, which further exacerbate health disparities. The absence of mental health support services tailored for transgender individuals in Pakistan further isolates them from essential care, reinforcing cycles of poor health outcomes. Given these findings, there is an urgent need for Pakistan to implement community-driven healthcare initiatives that integrate mental health support, legal protections, and HIV prevention strategies for transgender populations.

The legal and policy framework in Pakistan does not adequately protect transgender individuals from discrimination in healthcare settings. While some policies acknowledge the existence of transgender people, there is a lack of concrete measures to ensure their inclusion in healthcare services. The HIV Gender Assessment in Pakistan (2023) reported that transgender individuals are frequently turned away from HIV treatment centers, denied access to gender-affirming care, or forced to undergo invasive questioning about their gender identity before receiving treatment. Additionally, despite the passing of the Transgender Persons (Protection of Rights) Act in 2018, societal stigma against transgender individuals has increased, leading to greater difficulty in accessing healthcare and social services.

Addressing the healthcare disparities faced by transgender individuals in Pakistan requires a multi-pronged approach. There is a pressing need for gender-affirming healthcare policies that ensure transgender individuals receive respectful and appropriate medical care. Community-led interventions can play a significant role in bridging the gap between transgender individuals and healthcare providers by providing safe spaces for medical consultations, offering mental health support, and facilitating access to HIV prevention and treatment services. Additionally, training programs for healthcare providers are essential to increase awareness and sensitivity towards transgender health issues. Ensuring that transgender individuals can access healthcare without fear of discrimination will not only improve their overall well-being but will also contribute to broader public health efforts in Pakistan.

Research suggests that reducing stigma in medical settings and implementing policies that protect transgender individuals from discrimination can lead to better health outcomes. The CDC Issue Brief on HIV and Transgender Communities (2016) highlights the need for inclusive HIV prevention programs, improved data collection on transgender health, and targeted interventions to reduce barriers to care. Studies emphasize the importance of integrating transgender-inclusive healthcare services into Pakistan's national health policies and ensuring that medical professionals receive adequate training on transgender health issues. Without such interventions, transgender individuals will continue to face significant barriers to accessing the healthcare they need, further exacerbating health disparities in the country.

2. Macro-Level: Stigma, Violence, and HIV Vulnerability

At the macro level, transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa face institutional discrimination, systemic violence, and structural inequalities that heighten their vulnerability to sexual violence, forced sex, and lack of healthcare access. These challenges stem from police, healthcare institutions, and broader societal norms, where transgender identities are not fully protected under the law, leaving individuals exposed to exploitation and neglect.

Police Harassment and Violence

Transgender individuals, particularly those engaged in street-based survival strategies, frequently experience harassment, extortion, and abuse at the hands of the police. The criminalization of sex work under state laws leaves many without legal protection, and those detained are often forced to pay bribes, suffer physical abuse, or endure sexual violence. Constant police harassment forces transgender individuals into unfamiliar areas, increasing their vulnerability to client-perpetrated violence and assault.

Discrimination in Healthcare Settings

Transgender PLHIV experience systemic barriers in healthcare, where they are often denied treatment, ridiculed by staff, or forced to wait longer than other patients. Many avoid public hospitals altogether, fearing maltreatment and breaches of confidentiality. The absence of transgender friendly and accessible HIV services results in delayed diagnoses, poor ART adherence, and deteriorating health outcomes.

High Mobility and Unsafe Working Conditions

Frequent forced evictions by the property owners and community backlash push transgender persons into unstable living conditions, affecting their ability to access consistent healthcare. Those involved in sex work face client violence, rape, and exploitation, with limited legal recourse. Unsafe work environments and lack of shelter force many to take higher risks for survival, leading to increased exposure to HIV transmission.

Vulnerability to Sexual Exploitation and Rape

Transgender persons in Khyber Pakhtunkhwa face high rates of sexual violence, with many survivors left with no access to justice. Due to a lack of legal protection and widespread stigma, many incidents go unreported, leaving victims without support or legal action. Survivors of rape and sexual assault experience severe psychological trauma, further exacerbating mental health issues among transgender PLHIV.

2.1 Coping with Stigma and Violence

Micro-Level: Personal Resilience and Survival Strategies

At an individual level, transgender persons rely on secrecy, self-protection, and strategic avoidance to minimize violence and discrimination. Many choose to hide their HIV status and avoid confrontations, while others negotiate safety through bribes or assertive resistance. Transgender sex workers develop negotiation tactics, such as demanding advance payment and setting clear boundaries to protect themselves from exploitation and violence.

Meso-Level: Community Support and Collective Action

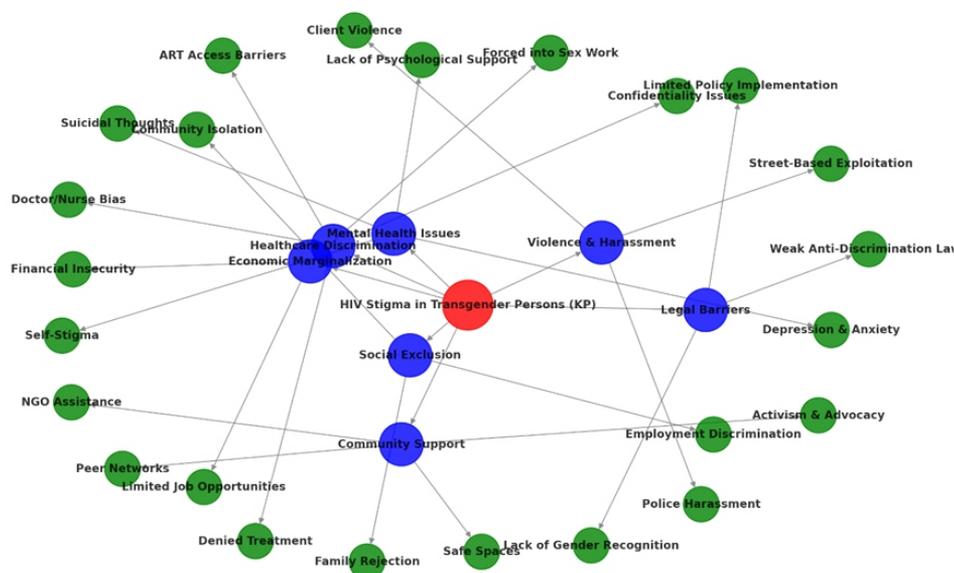
Peer networks are critical to emotional, financial, and physical survival. The Guru-Chela system provides some protection and shelter, though it does not always extend to HIV-positive transgender persons due to fear and misinformation. In some cases, collective resistance strategies—such as group intervention against violent clients or landlords help transgender individuals assert their rights.

Macro-Level: Structural Support and NGO Advocacy

Despite weak institutional support, NGOs remain the primary source of assistance for transgender PLHIV. These organizations mediate with law enforcement, provide legal aid, and connect transgender individuals to HIV treatment and counseling. However, major gaps remain, with a lack of transgender-inclusive healthcare services, weak legal protections, and social stigma continuing to marginalize transgender PLHIV.

Without systematic policy reforms and stronger legal frameworks, transgender PLHIV will remain vulnerable to institutional discrimination, health disparities, and social exclusion.

Mind Map: HIV Stigma Among Transgender Persons in Khyber Pakhtunkhwa



2.2 HIV Diagnosis and Disclosure

The experience of receiving an HIV-positive diagnosis is deeply personal and often accompanied by emotional distress, fear, and uncertainty, particularly for transgender persons in Khyber Pakhtunkhwa, where stigma, discrimination, and social exclusion are already prevalent. Respondents in this study shared their experiences of how they learned about their HIV status, their reactions, and the challenges they faced in disclosing their diagnosis.

Receiving an HIV Diagnosis: A Moment of Fear and Isolation

For many respondents, learning about their HIV-positive status was a deeply distressing and life-altering moment. Some discovered their status after falling seriously ill, while others were tested as part of mandatory screenings for medical procedures.

"I had been sick for months, losing weight rapidly. A medical quack I used to visit could not understand what was wrong. Finally, one doctor suggested an HIV test. When the results returned positive, I felt like my life was over." – (Babli, 28 years, completed middle school)

Some respondents underwent HIV testing voluntarily, particularly those who were aware of HIV risks due to sex work or past medical history. However, they often did not expect a positive result, and receiving the diagnosis was a shocking and overwhelming experience.

"I went for testing because I had been hearing about HIV in our community, and NGOs were coming to offer free HIV tests. But when I came to know I was positive, my whole world collapsed. I thought I had been cursed." – (Gulpari, 30 years, no formal education)

For others, their HIV-positive status was discovered through routine screenings conducted by NGOs working with transgender persons. In these cases, peer educators and counselors provided support, helping to reduce the initial shock and guiding them toward treatment.

"An NGO team came to our area and asked us to get tested. I thought, 'Why not? I have nothing to worry about.' When they told me I was positive, I felt like my entire life had been snatched away from me." – (Rani, 25 years, completed primary school)

Emotional Response to the Diagnosis

The initial emotional response to an HIV diagnosis was almost universally one of fear, shame, and despair. Respondents described feeling numb, lost, or as if their future had been taken away. Many feared dying alone, while others were terrified of how their family, community, and peers would react.

"When I heard the words 'HIV-positive,' I went blank. My hands started shaking, and I couldn't hear anything else the doctor said. I thought it was a death sentence." – (Sheno, 27 years, Primary education)

Some respondents fell into depression, self-isolated, and even considered suicide, believing that society would never accept them after their diagnosis.

"For days, I locked myself in my room. I thought, 'What is the point of living now? No one will love me, and I will be thrown away like garbage.'" – (Rubi, 24 years, no schooling)

However, a few respondents eventually found strength after seeking medical advice and receiving support from peer groups or HIV-positive transgender persons who were already on treatment.

"At first, I thought I would die soon. But when I met other transgender persons living with HIV who were healthy and taking medicine, I realized it's not the end. It's just another battle to fight." – (Strawberry, 29 years, completed five years of schooling)

Disclosure: A Difficult and Risky Decision

The decision to disclose one's HIV status was often fraught with fear of rejection, violence, or social exclusion. Most respondents were extremely selective about whom they told, often choosing not to disclose their status at all due to the risk of being ostracized or physically harmed.

"I have not told anyone. If people find out, they will throw me out of the dera. Even my best friends don't know. This is a secret I will take to my grave." – (Muskan, 31 years, no formal education)

For those who did disclose their status, the response varied based on who they told. Some reported supportive reactions from close transgender peers, while others faced immediate rejection from friends, partners, and even medical professionals.

"I told my closest friend, thinking she would support me. Instead, she stopped talking to me and told others to stay away from me. I lost my entire social circle in one day." – (Neelo, 26 years, completed primary school)

Fear of family rejection and violence was a major barrier to disclosure. In many cases, transgender persons had already been disowned by their families due to their gender identity, and they feared that revealing their HIV status would lead to even greater hostility.

"My family already hates me for being a transgender person. If they knew I had HIV, they would curse me and say I deserve it. I will never tell them." – (Nargis, 30 years, no schooling)

In contrast, some respondents disclosed their status to trusted transgender peers or Gurus, who provided emotional and practical support. Some Gurus even helped their Chelas (disciples) start treatment and protected them from discrimination within the community.

"I was scared to tell anyone, but I finally told my Guru. She hugged me and said, 'You are not alone. We will take care of you.' She helped me get my medication and made sure no one in our dera mistreated me." – (Ghazala, 23 years, completed four years of schooling)

Consequences of Disclosure

The fear of stigma, violence, and exclusion often became a reality for those who disclosed their status to intimate partners, clients, or acquaintances. Many respondents experienced abandonment, rejection, or even physical violence after sharing their HIV-positive status.

"I told my Rootha because I thought he loved me. Instead, he slapped me and called me dirty. He left me that night and never spoke to me again." – (Siatara, 27 years, completed secondary school)

Among those engaged in sex work, the risk of disclosure was exceptionally high, as clients often reacted with hostility and aggression. Some respondents lost their income sources because word spread within the client network.

"One client found out and told others. After that, no one wanted to come near me. My earnings dropped overnight. I had to leave my area and start fresh somewhere else." – (Shabana, 29 years, no formal education)

Even within healthcare settings, transgender PLHIV faced discrimination from doctors and nurses, with some being denied treatment or made to wait unnecessarily.

"When I went to the hospital for checkups, the staff whispered behind my back. The doctor barely looked at me and rushed through my appointment. They treated me like I was dirty." – Ruksar, 31 years, completed primary school)

Experiences of Stigma & Discrimination

For transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, stigma and discrimination are persistent, deeply ingrained, and multifaceted, affecting their social, economic, and healthcare access. Respondents in this study shared their firsthand experiences of discrimination, both from society at large and from within their own community, and described the ways in which HIV stigma impacts their daily lives.

Discrimination Due to HIV Status

Most respondents reported experiencing direct discrimination after their HIV status became known. This discrimination was most evident in healthcare settings, employment opportunities, housing, and social interactions. Many transgender PLHIV shared incidents where they were treated unfairly, ridiculed, or outright denied services because of their HIV status.

"When I went to the hospital for treatment, the doctor refused to touch me. He told the nurse to give me medicine and stay away from me. They made me feel like I was unclean." – (Sonia, 27 years, completed primary school)

Several respondents faced hostility from healthcare workers, who either refused to treat them properly or provided substandard care out of fear and misinformation regarding HIV

transmission.

"The hospital staff told me to wait outside while others were treated first. When I finally saw the doctor, he rushed through my checkup and did not even look me in the eye. It was as if I was less than human." – (Gulpanra, 30 years, secondary school)

For transgender PLHIV engaged in sex work, disclosing their HIV status often led to rejection, verbal abuse, and even violence from clients. Many clients, once aware of a person's HIV status, refused to pay, spread rumors, or physically assaulted them.

"One night, a client found out about my HIV status and started shouting in the street, calling me a liar and a disease carrier. Others gathered around and I had to run away before they hurt me." – (Jano, 29 years, no formal education)

Housing discrimination was another major challenge. Several respondents reported being evicted from rental housing once their HIV status became known.

"The landlord found out about my HIV status from the other transgender persons. The next day, he told me to leave. He said he didn't want any 'diseased' people living in his house." – (Koyal, 32 years, completed middle school)

Employment opportunities were already scarce for transgender persons, but those living with HIV found it nearly impossible to secure jobs. Many respondents stated that even when they tried to work outside of the sex trade, their employers either fired them or refused to hire them after discovering their HIV status.

"I was working at a beauty salon. When my boss found out I had HIV, she told me not to come back. She said clients would stop coming if they knew a 'sick' person was working there." – (Noori, 26 years, completed vocational training)

Stigma from Within the Transgender Community

While transgender persons often rely on their community for support, many respondents also experienced stigma from within their circles after disclosing their HIV status. Some reported being isolated by their peers or being treated as contagious.

"Before, I had many transgender friends. But once they found out I had HIV, they stopped calling me. They act as if I am already dead." – (Neeli, 28 years, completed five years of schooling)

The Guru-Chela system, which traditionally provides housing, financial support, and protection, sometimes turned against transgender PLHIV, with Gurus rejecting their Chelas once their HIV status was known.

"My Guru told me to leave the dera. She said I would bring bad luck and sickness to the house. I had nowhere to go." – (Jannat, 31 years, no formal education)

Some respondents even faced exploitation from within their own community. A few transgender individuals reported that other transgender persons used their HIV status to manipulate or blackmail them.

"A transgender friend was asking for a loan which I could not manage in revenge she disclosed my HIV status to other transgender persons living in the same building, she put me at great risk and humiliation." – (Alia, 25 years, completed secondary school)

Impact of HIV Stigma on Transgender Persons in Khyber Pakhtunkhwa

Respondents overwhelmingly stated that HIV stigma profoundly affects their ability to participate in society. Many reported isolation, loss of work, homelessness, and exclusion from social gatherings.

"People already mistreat us for being transgender. But when they hear we have HIV, they think we are cursed. They act like even standing near us will infect them and also relate our HIV status with our proved sex work." – (Salina, 29 years, no formal education)

The combination of transgender stigma and HIV stigma creates a double burden that prevents many individuals from seeking medical treatment, forming relationships, or engaging in community activities. Some respondents avoided healthcare altogether, fearing mistreatment.

"I should go to the doctor regularly, but I don't. I fear they will just look down on me and make me wait. Also, I don't like to keep waiting for my appointment. I would rather suffer in silence." – (Pari, 30 years, completed five years of schooling)

Many transgender persons living with HIV felt that they had no future, no opportunities, and no place in society.

"I wanted to start a small business, but who will buy from me? People will whisper, 'That hijra has HIV, don't go near her.' So I gave up." – (Nazo, 33 years, no formal education)

2.3 Denial of Housing, Employment, and Healthcare Services

HIV stigma has resulted in the widespread denial of essential services for transgender persons in Khyber Pakhtunkhwa. Respondents reported facing barriers in accessing housing, employment, and healthcare, often being turned away without explanation.

Housing:

- Landlords evicted tenants upon discovering their HIV status.
- Neighbors pressured landlords to remove transgender PLHIV from communities.
- Some were forced into homelessness or unsafe living arrangements.



"The landlord said my disease would spread and refused to let me stay because this will damage the reputation of his property. I had to sleep on the streets." – (Sonia, 27 years, completed primary school)

Employment:

Employers refused to hire or dismissed transgender PLHIV, often under the pretext of "hygiene concerns."

- Informal workers were isolated or forced out when their status became known.
- Sex workers lost clients, making survival even more difficult.

"I went to work at a tailor shop, but when the owner found out I had HIV, he told me not to come back. He said customers would not want to touch the clothes I stitched." – (Rukhsana, 27 years, secondary school)

Healthcare:

- Doctors and nurses avoided treating transgender PLHIV with respect and dignity, sometimes delaying treatment until all other patients were seen.
- Medical staff often used gloves excessively or acted as if touching the patient would infect them.
- Discrimination in public hospitals led many to seek private clinics, which were too expensive for most.

"The nurse at the government hospital whispered to the other staff and made a disgusted face when she called my name. I felt so ashamed. I left without seeing the doctor." – (Coco, 29 years, primary school)

2.4 Access to Healthcare & Barriers to Treatment

Accessing HIV-related healthcare services remains a major challenge for transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, where systemic discrimination, limited availability of services, and economic hardships prevent them from receiving timely and adequate treatment. Respondents in this study described their struggles with healthcare access, experiences of stigma from medical professionals, and the overall inadequacy of HIV services for transgender persons in the province.

Challenges in Accessing HIV-Related Healthcare Services

Most respondents reported significant difficulties in accessing HIV care, with discrimination, financial constraints, and lack of transgender-friendly services being the main obstacles. Many respondents avoided public hospitals altogether, fearing mistreatment by medical



staff.

"I have to mentally prepare myself every time I go to the hospital because I know I will be treated badly. My fellow transgender's told me that the doctors and nurses don't want to deal with us." – (Sonia, 27 years, completed primary school)

Many transgender PLHIV also face economic barriers when seeking treatment. Public healthcare services are often underfunded and lack proper facilities, while private clinics charge fees that many cannot afford.

"I need regular checkups, but I can't afford to go to private doctors. In government hospitals, they don't treat me well, so sometimes I just don't go." – (Mano, 30 years, no formal education)

Denial of Treatment and Discriminatory Attitudes in Healthcare Settings

Many respondents reported being refused treatment outright by doctors and nurses after disclosing their transgender identity. Some were told to seek treatment elsewhere, while others were ignored until they left in frustration.

"A doctor told me, 'We don't treat people like you here. Go somewhere else.' I had no choice but to leave without getting checked." – (Samina, 27 years, completed primary school)

Even when they were not directly refused care, many respondents stated that healthcare providers displayed open hostility, treating them with disdain, fear, or avoidance.

"When the nurse found out I had HIV, she started whispering to her colleagues. They all kept looking at me and smiling. I felt humiliated and wanted to run away." – (Shama, 32 years, completed five years of schooling)

Respondents also described incidents where medical staff avoided physical contact, using gloves excessively or maintaining unnecessary distance, reinforcing the stigma and misconception that HIV can be transmitted through casual touch.

"The doctor barely looked at me. He wore gloves just to take my blood pressure, as if touching me would infect him." – (Alisha, 26 years, no formal education)

Adequacy of Healthcare Services for Transgender Persons Living with HIV

When asked whether healthcare services in Khyber Pakhtunkhwa adequately address the needs of transgender PLHIV, nearly all respondents said no. They cited lack of transgender-specific health services, uninformed healthcare providers, and systemic neglect as key barriers.

"There are no transgender-friendly HIV clinics in our area. The hospitals are for everyone, but no one there understands our problems or treats us respectfully. We were told that there are dedicated wards for the transgender community but we could not find them" – (Fari, 28 years, secondary school)

A major gap identified was the lack of gender-affirming care alongside HIV treatment. Many respondents struggle with both HIV-related medical needs and hormone therapy, but healthcare facilities fail to address the unique health concerns of transgender PLHIV.

"Doctors only focus on HIV treatment. They don't understand that our health issues go beyond that. We need hormone therapy and mental health support, but no one provides those services." – (Sahella, 30 years, completed primary school)

Additionally, many respondents did not trust healthcare providers to maintain confidentiality, fearing that their HIV status would be disclosed to others without their consent, leading to further social stigma and rejection.

"I don't go to government hospitals because I'm afraid someone will find out about my HIV status and tell my neighbors. Then I will have nowhere to live." – (Nishat, 26 years, no formal education)

Access to Antiretroviral Therapy (ART) and Other HIV Treatments

While ART is available in Khyber Pakhtunkhwa, many transgender persons face major difficulties in accessing it consistently. Some respondents were unaware of where to obtain ART, while others struggled with disruptions in supply or bureaucratic hurdles in government hospitals.

"Sometimes they have medicine, sometimes they don't. I can't afford to miss my treatment, but I have no choice when they tell me to come back later." – (Shakeela, 29 years, completed primary school)

Many transgender PLHIV lack proper medical counseling on how to manage side effects and adhere to treatment, making it difficult to stay on ART.

"I didn't know how important it was to take my medicine every day at the same time. No one explained it to me. I missed doses and got very sick." – (Nargis, 30 years, no schooling)

For some, stigma and discrimination at ART centers discourage them from seeking treatment, leading to irregular adherence and health complications.

"When I go to the ART center, the staff stares at me and treats me differently from the other patients. It makes me feel ashamed. Sometimes I skip my visits just to avoid their looks." – (Muskan, 31 years, no formal education)

Traveling Long Distances for HIV Care

Many transgender PLHIV must travel long distances to receive medical care due to the lack of accessible services in their local areas. This results in high transportation costs, missed appointments, and disruptions in treatment.

"There are no HIV services in my area, so I have to travel three hours just to get my medicine. Some months, I don't have the money for transport, so I miss my doses." – (Sonia, 27 years, completed primary school)

The fear of being recognized in their hometowns also forces many transgender individuals to seek treatment in distant cities, where they feel less exposed.

"In my village, people watch everything you do. If I went to the hospital there, people would find out. So I travel to Peshawar for my treatment, but it costs a lot." – (Muskan, 31 years, no formal education)

2.5 Mental Health & Emotional Well-being

Living with HIV as a transgender person in Khyber Pakhtunkhwa is a deeply challenging experience, often marked by psychological distress, social isolation, and self-stigma. The fear of rejection, discrimination, and limited access to mental health services significantly impact the emotional well-being of transgender persons living with HIV (PLHIV). Respondents in this study shared how their HIV diagnosis has affected their mental health, the coping strategies they use, and the barriers they face in accessing psychological support.

Impact of HIV on Mental Health and Emotional Well-Being

For most respondents, receiving an HIV-positive diagnosis triggered intense emotional *"When the doctor told me I had HIV, I felt like my life was over. I sat in silence for hours, unable to process what had happened. I kept thinking, 'What will I do now? Who will accept me?'"* – (Sonia, 27 years, completed primary school)

Depression and suicidal thoughts were common, particularly among those who had no support system or faced rejection from their peers and families.

"I did not eat for days. I cried all night. I even thought of ending my life because I felt alone and worthless." – (Rukhsana, 27 years, secondary school)

Many transgender persons living with HIV struggled with deep-seated fears about their future, worrying about whether they would ever find acceptance, employment, or access to necessary healthcare.

"I worry about the future all the time. Will I get the medicines I need? Will I die alone? Will anyone ever love me again?" – (Fariha, 28 years, secondary school)

Anxiety, Depression, and Social Isolation Due to HIV Stigma

The double stigma of being both transgender and HIV-positive intensified social exclusion and psychological distress. Many respondents described experiencing anxiety and panic attacks when they encountered discrimination or feared being outed.



"Whenever someone looks at me differently, I panic. I always think, 'Do they know? Will they insult me? Will they throw me out?' I live with constant fear." – (Shaista, 27 years, completed middle school)

Social isolation was a recurring theme. Some respondents reported that even their closest transgender friends distanced themselves after learning about their HIV status, leaving them with no one to confide in or rely on.

"After people found out, they stopped inviting me to gatherings. They don't call me anymore. I feel like I don't exist." – (Neeli, 28 years, completed five years of schooling)

A few respondents highlighted how stigma prevents them from forming meaningful relationships. Many avoid romantic relationships entirely out of fear of rejection or betrayal.

"I can never tell anyone I love that I have HIV. If I do, they will leave me. It's better to stay alone than to be heartbroken again." – (Saba, 30 years, primary school)

Coping Mechanisms and Support Systems

Despite the overwhelming challenges, many respondents have developed personal coping strategies to manage their stress and emotional well-being. Some rely on faith and spirituality, believing that prayer helps them find strength.

"I pray five times a day and ask Allah to give me courage. It is the only thing that brings me peace." – (Muskan, 31 years, no formal education)

Others seek comfort in their peer networks, especially from other transgender persons who are also living with HIV. These relationships offer a sense of belonging and mutual understanding.

"The only people who understand me are others like me. We meet, talk, and share our struggles. This helps me feel less alone." – (Nargis, 30 years, no schooling)

However, not all respondents had access to peer support. Those who were ostracized by their transgender community struggled with deep loneliness and despair, further worsening their mental health.

"Even my transgender sisters abandoned me. Now, I sit alone every day, waiting for time to pass." – (Samina, 27 years, completed primary school)

A few respondents reported engaging in creative activities such as singing, dancing, or writing poetry to cope with stress.

"Whenever I feel sad, I put on music and dance in my room. It helps me forget my pain, even for a little while." – (Sonia, 27 years, completed primary school)



Barriers to Mental Health Support Services

Access to mental health services for transgender PLHIV in Khyber Pakhtunkhwa is almost nonexistent. The few available services are often unaffordable, stigmatizing, or difficult to access.

"I have never seen a counselor in my life. Where would I even go? There are no places for people like us." – (Neeli, 28 years, completed five years of schooling)

Many respondents were unaware that mental health support was available or believed that counseling services were only for the wealthy.

"Therapy is for rich people. We don't have the money for that. We just have to suffer in silence." – (Shaista, 27 years, completed middle school)

For those who tried seeking mental health support, many reported facing discrimination from therapists or counselors who failed to understand transgender identities and HIV-related stigma.

"I went to a counselor once, hoping for help. But all he said was, 'You need to change your lifestyle and leave sex work and become more spiritual.' I never went back." – (Saba, 30 years, completed primary school)

Some respondents also feared that seeking mental health treatment would expose their HIV status, leading them to avoid professional help altogether.

"If I go to a counselor, people will ask why. What if they find out I have HIV? Then I will lose everything." – (Fariha, 28 years, secondary school)

Internalized Stigma and Self-Blame

Many respondents struggled with self-stigma, blaming themselves for their condition and believing that they deserved their suffering.

"Maybe this is my punishment. Maybe Allah is angry with me. I don't deserve happiness anymore." – (Razia, 33 years, no formal education)

This internalized guilt and shame often prevented respondents from seeking help or disclosing their status, leading to worsening mental health conditions.

"I feel disgusted with myself. I don't look in the mirror anymore. I don't even leave my room unless I have to." – (Sonia, 27 years, completed primary school)

Some respondents expressed feelings of worthlessness, believing that their HIV status had permanently taken away their chance for a normal life.

"Who will ever accept me now? My future is finished. I don't even dream anymore." –

(Nargis, 30 years, no schooling)

2.6 Social Support & Community Engagement

For transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, social support can be a lifeline, yet many experience abandonment, discrimination, and isolation instead. While some find comfort within the transgender community or through peer support groups, others struggle with stigma, lack of acceptance, and an absence of structured support systems. This section explores respondents' experiences with family, peer groups, community networks, and the broader societal response to transgender PLHIV, along with their recommendations for improving social support structures.

Support from Family, Friends, and Community

Most respondents shared that family support was nearly nonexistent. Many had already been disowned due to their gender identity, and revealing their HIV status only worsened their exclusion.

"My family threw me out years ago for being transgender. If they knew I had HIV, they would say I deserve it and never look back." – (Sonia, 27 years, completed primary school)

For those who were still in touch with their families, responses varied. Some respondents received silent tolerance but no emotional or financial help, while others faced outright hostility.

"I told my sister, hoping for support. Instead, she told me never to come home again. She said I had brought shame to the family." – (Nargis, 30 years, no schooling)

A few respondents mentioned one or two family members who remained supportive, but even in these cases, the support was often secretive due to fear of social backlash.

"My mother still calls me, but she tells me not to tell anyone. She says she prays for me, but she is afraid of what people will say." – (Shaista, 27 years, completed middle school)

When it came to friends, experiences were mixed. Some transgender friends provided unconditional support, while others distanced themselves due to fear or misinformation about HIV transmission.

"I lost many friends after they found out. They stopped visiting me, and some even warned others to stay away." – (Razia, 29 years, completed secondary school)

Participation in Peer Support Groups and Organizations

A small number of respondents had been part of peer support groups or organizations working with transgender PLHIV. These groups offered counseling, ART referrals, and mental health support, but access to such groups was limited due to geographic, economic, and social barriers.

"An NGO helped me start my HIV treatment. They also provide sessions where we can talk about our feelings. Without them, I don't know how I would survive." – (Saba, 30 years, primary school)

For many transgender persons living with HIV, these groups were the only safe spaces where they felt heard and respected. However, many respondents did not know such support existed, highlighting a major gap in outreach and awareness.

"I have never been to any support group. No one told me about them. If there are organizations helping people like me, I would like to know." – (Samina, 27 years, completed primary school)

Support (or Lack of Support) from the Transgender Community

The transgender community in Khyber Pakhtunkhwa is often the primary support system for individuals who have been rejected by their families. However, when it comes to HIV-positive transgender persons, stigma exists even within their own community.

"We always stand together as transgender persons, but when someone has HIV, people start avoiding them. Even within our own community, people are afraid." – (Neeli, 28 years, completed five years of schooling)

Some respondents faced discrimination within the Guru-Chela system, with Gurus expelling Chelas after learning about their HIV status.

"My Guru told me to leave the dera because she said having me around would bring bad luck to others. I had nowhere to go." – (Fariha, 29 years, completed primary school)

Others found strength in transgender peers who supported them in times of need, particularly when they had no one else to turn to.

"My transgender sisters help me when I am sick. They bring me food, remind me to take my medicine, and never make me feel like I am different." – (Sonia, 27 years, completed primary school)

However, the support was inconsistent, with many respondents stating that more needs to be done to educate the transgender community about HIV transmission, prevention, and treatment.

"We need to stop being afraid of each other. The community needs to learn that HIV is not something that spreads just by talking or living together." – (Muskan, 31 years, no formal education)



What Social Support is Most Needed?

When asked what kind of social support would make the most difference, respondents emphasized the following needs:

HIV Awareness and Education Within the Transgender Community

- Many respondents believed that misinformation and fear led to rejection within their own circles.
- Workshops and awareness sessions are needed to educate transgender persons about how HIV is transmitted and treated.

"If our own community understood HIV better, they would not be afraid of us. We need education, not isolation." – (Shaista, 27 years, middle school)

Safe Spaces for HIV-Positive Transgender Persons

- Respondents expressed the need for safe housing and shelters where HIV-positive transgender persons could live without fear of discrimination.

"If I had a place where I could live without being judged, my life would be much easier. Right now, I am always scared of being thrown out." – (Nargis, 30 years, no schooling)

More Accessible Peer Support Groups and Mental Health Services

- Many respondents wanted peer-led support groups in different districts so transgender PLHIV could meet, share their struggles, and receive guidance.
- Counseling services should be available for free or at low cost.

"We need people we can talk to, who understand what we are going through. Support groups should be available in every city, not just big ones." – (Sonia, 27 years, completed primary education)

Legal and Social Protections Against Discrimination

- Respondents called for laws to protect HIV-positive transgender persons from being denied jobs, housing, and medical care.
- Strict actions should be taken against employers, landlords, and healthcare providers who discriminate.

"If the government actually cared, they would pass laws to protect us. Right now, we have no rights and nowhere to turn." – (Saba, 30 years, primary school)



Safety in Discussing HIV Status Within the Community

Most respondents stated that they do not feel safe discussing their HIV status openly, even within their own community. Fear of gossip, rejection, and violence prevents many transgender PLHIV from speaking out.

"If I tell people I have HIV, they will look at me with disgust. They will stop eating with me, talking to me, and inviting me to events. I would rather stay silent." – (Neeli, 28 years, completed five years of schooling)

Some respondents mentioned that trusted friends or Gurus knew about their status but that they still feared being exposed.

"Only two people in my life know about my HIV. I made them promise never to tell anyone. If people find out, my life will be destroyed." – (Muskan, 31 years, no formal education)



3. Structural & Policy Barriers

Transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa, Pakistan, face significant legal, policy, and structural challenges that hinder their access to healthcare, legal recognition, and protection from discrimination. While some legal frameworks exist to safeguard the rights of transgender persons, gaps in implementation, lack of transgender-inclusive policies, and systemic discrimination continue to exacerbate their vulnerabilities. Respondents in this study shared their experiences with legal and policy barriers, highlighting the shortcomings of current government programs and the urgent need for reform.

Awareness of Policies Protecting Transgender PLHIV

Most respondents were unaware of any specific laws or policies that explicitly protect the rights of transgender persons living with HIV. While some had heard of the Transgender Persons (Protection of Rights) Act, 2018, many stated that they did not fully understand how it applied to them or whether it included protections related to HIV status.

"I know there is a law for transgender rights, but I don't know if it helps people like me who have HIV. No one explains these things to us." – (Sonia, 27 years, completed primary education)

Others expressed distrust in the legal system, stating that even if policies exist, they are not enforced.

"What is the point of laws if no one follows them? We still get thrown out of hospitals, refused jobs, and treated like we are worthless." – (Neeli, 28 years, completed five years of schooling)

There was also limited awareness of HIV-related legal protections, with most respondents believing that HIV-positive individuals had no specific rights under the law.

"If there are laws for HIV-positive people, I have never heard of them. People treat us however they want, and no one stops them." – (Muskan, 31 years, no formal education)

3.1 Government Policies and Programs: Inadequate and Inaccessible

When asked whether existing government policies and healthcare programs adequately address the needs of transgender PLHIV, the overwhelming response was no. Respondents cited several gaps in the current system, including:

Lack of Transgender-Inclusive HIV Services

- Most public health programs focus on HIV prevention for general key populations (e.g., sex workers, MSM, and drug users) but do not address the specific needs of transgender persons living with HIV.



ART centers are not transgender-friendly, and many respondents faced discrimination when seeking treatment.

"The government has HIV programs, but they don't think about transgender people. We are always forgotten." – (Saba, 30 years, primary school)

No Protection from Healthcare Discrimination

- Despite Pakistan's commitment to universal healthcare, transgender persons living with HIV continue to be denied services or treated unfairly by healthcare providers.
- No accountability mechanisms exist to punish healthcare workers who discriminate against transgender PLHIV.

"If the government really cared, they would make sure that hospitals treat us like human beings. Right now, we are treated worse than animals." – (Shaista, 27 years, middle school)

Failure to Address Social and Economic Barriers

- HIV-positive transgender persons are among the most economically marginalized groups in Pakistan.
- No employment, social security, or financial assistance programs exist to help transgender PLHIV afford treatment or stable housing.

"The government has programs for poor people, but none for transgender HIV patients. How are we supposed to survive?" – (Nargis, 30 years, no schooling)

Legal Challenges in Obtaining Identity Documents (CNICs)

Access to legal identity documents (CNICs) is essential for transgender persons to access healthcare, employment, and social services. However, many respondents reported difficulties in obtaining CNICs that reflect their gender identity, leading to further barriers in healthcare access.

"I tried to change my CNIC, but they asked for a medical certificate proving I am transgender. I felt humiliated." – (Sonia, 27 years, completed primary education)

Many transgender PLHIV fear disclosing their HIV status when applying for official documents, as they believe it could lead to discrimination or rejection.

"If I tell them I have HIV, will they even give me a CNIC? I don't trust them not to blacklist me." – (Muskan, 31 years, no formal education)

Additionally, some respondents were unable to access government support programs because their CNICs did not match their gender identity, making them ineligible for transgender-specific initiatives.



"I tried to get help from a government program for transgender people, but they said my CNIC still shows 'male.' I was turned away." – (Saba, 30 years, primary school)

3.2 Role of Government Agencies, NGOs, and Advocacy Groups

Respondents emphasized the critical role that government agencies, NGOs, and advocacy groups should play in addressing HIV-related stigma and discrimination. Key recommendations included:

Government Agencies Must Enforce Legal Protections

- Strict penalties should be imposed on hospitals, landlords, and employers who discriminate against transgender PLHIV.
- Awareness campaigns should be conducted to educate healthcare providers, police, and social workers about transgender rights.

"The government should punish doctors who refuse to treat us. Right now, they get away with it, and we suffer." – (Neeli, 28 years, completed five years of schooling)

NGOs Should Expand HIV Services for Transgender Persons

- More transgender-friendly ART centers should be established.
- Mobile HIV clinics should be introduced for rural areas where transgender persons struggle to access care.

"If NGOs can't change the hospitals, they should open their own clinics where we feel safe." – (Shaista, 27 years, middle school)

Advocacy Groups Should Push for Policy Reform

- Legal recognition for transgender PLHIV should be strengthened through policy advocacy at the provincial and national levels.
- Civil society organizations should work with the government to create inclusive health policies that address the specific needs of transgender PLHIV.

"Advocacy groups must fight for us. Without them, the government will never listen." – (Saba, 30 years, primary school)

Needed Improvements for Legal Protection of Transgender PLHIV

When asked what changes should be made to ensure better legal protection for transgender PLHIV, respondents highlighted the following:



Inclusion of HIV Protections in Transgender Rights Laws

- The Transgender Persons (Protection of Rights) Act, 2018 should be expanded to include specific protections for HIV-positive transgender persons.
- Legal penalties should be imposed for healthcare discrimination against transgender PLHIV.

"The transgender law should mention HIV clearly. Right now, it doesn't help us much." – (Muskan, 31 years, no formal education)

Legal Aid for Transgender PLHIV

- Free legal services should be provided to transgender PLHIV facing discrimination in employment, housing, or healthcare.

"We need lawyers who can fight for us when we are mistreated. Otherwise, no one will listen." – (Nargis, 30 years, no schooling)

Simplification of CNIC and Legal Identity Processes

- Easier procedures should be created for transgender persons to change their gender on CNICs without medical proof.

"Why do they make it so hard for us to get a CNIC? We just want to live with dignity." – (Sonia, 27 years, completed primary education)

Public Perception & Awareness

Misconceptions, misinformation, and negative societal attitudes fuel the stigma surrounding HIV and transgender persons in Khyber Pakhtunkhwa. Transgender persons living with HIV (PLHIV) face severe prejudice due to widespread myths about HIV transmission, morality-based discrimination, and media misrepresentation. Respondents in this study shared their experiences with public perception, encounters with misinformation, and the role of media in shaping attitudes, along with their recommendations for improving awareness and reducing stigma.

3.3 Biggest Misconceptions About HIV and Transgender Persons

Respondents identified several common misconceptions that contribute to stigma and discrimination against transgender PLHIV. The most prevalent myths include:

HIV is a "death sentence"

Many people believe that HIV automatically leads to death, without understanding that modern treatment (ART) can enable people to live long and healthy lives.



"People think HIV means you will die soon. They don't know that we can live normal lives if we take our medicine." – (Sonia, 27 years, completed primary education)

HIV spreads through casual contact

- A major misconception is that HIV can be transmitted through touch, sharing food, or being in close proximity to an HIV-positive person.
- This belief results in social isolation, as transgender PLHIV are excluded from gatherings, refused service at shops, and even kicked out of their homes.

"People act like I will infect them just by standing near them. They don't want to eat with me or shake my hand." – (Muskan, 31 years, no formal education)

HIV is only associated with "immoral behavior"

- Many people wrongly associate HIV with sex work, promiscuity, or drug use, reinforcing victim-blaming attitudes.
- This moral stigma prevents transgender PLHIV from seeking healthcare and support.

"If someone finds out I have HIV, they assume I did something wrong. They think I deserve it." – (Nida, 27 years, completed secondary school)

Only sex workers and drug users get HIV

The public fails to understand that HIV can affect anyone, including married couples, children, and people in long-term relationships.

"People think only sex workers get HIV. They don't know that anyone can get it, even from medical procedures or from birth." – (Shaista, 27 years, middle school)

Transgender persons are "disease carriers"

Many respondents reported that transgender persons are often blamed for the spread of HIV, reinforcing discrimination and violence against the community.

"They say, 'Hijras bring diseases to society.' They treat us like we are the problem instead of seeing that we are also suffering" – (Saba, 30 years, primary school)

Misinformation and Myths About HIV in the Community

Respondents frequently encountered misinformation about HIV in their communities. Some of the most harmful myths include:



- **HIV can be cured by traditional medicine or religious practices**

Many people delay or avoid medical treatment due to false claims that prayers, herbal remedies, or spiritual healers can cure HIV.

"People told me to drink a special herbal tea to get rid of HIV. If I had believed them, I would have stopped my treatment and gotten worse." – (Nargis, 30 years, no schooling).

- **HIV only spreads through sex**

The lack of awareness about other modes of HIV transmission (such as unsterilized medical equipment, mother-to-child transmission, and blood transfusions) leads to stigma against sex workers and transgender persons.

"People think HIV only spreads through bad behavior and sex. They don't know it can come from blood transfusions or birth." – (Samina, 27 years, completed primary school)

- **You can tell if someone has HIV just by looking at them**

This myth creates unnecessary fear and results in people avoiding transgender persons altogether, assuming that they are all HIV-positive.

"They think we all have HIV. They don't even talk to us properly, as if they can see the virus on our faces." – (Muskan, 31 years, no formal education)

3.4 Media Representation of HIV and Transgender PLHIV

Respondents felt that the media plays a decisive role in shaping public attitudes towards HIV and transgender persons. However, the portrayal is often negative, misleading, or completely absent.

HIV is sensationalized in the media

- Instead of educating people, the media often uses fear-based messaging, reinforcing the idea that HIV is a deadly, shameful disease.

"When they talk about HIV on TV, they show people dying in hospitals. They don't show that we can live normal lives with treatment." – (Sonia, 27 years, completed primary education)

Transgender persons are either ridiculed or erased from the media

- Transgender persons are rarely represented in a positive way, and when they are shown, it is usually in stereotypical or degrading roles.

- The lack of transgender visibility in health campaigns means that transgender PLHIV are often excluded from awareness efforts.

"Whenever they make an HIV campaign, they talk about men, women, and sex workers. No one talks about us." – (Shaista, 27 years, middle school)

News reports reinforce stigma instead of challenging it

When HIV-related news appears, it often blames certain groups (such as sex workers, transgender persons, or drug users), rather than promoting understanding and support.

"The news makes it seem like we are responsible for spreading HIV. They never talk about the discrimination we face." – (Nida, 27 years, secondary school)

4. Recommendations for Improving Public Awareness and Reducing Stigma

Respondents emphasized the need for education, media reforms, and policy interventions to change public perceptions and reduce stigma against transgender PLHIV. Key recommendations included:

Comprehensive HIV education programs

- Schools, workplaces, and religious institutions should provide fact-based information about HIV transmission, prevention, and treatment.
- Awareness sessions should actively counter myths and misinformation.

"We need education. If people understand HIV, they will stop treating us like outcasts." – (Muskan, 31 years, no formal education)

Positive and inclusive media representation

- Media outlets should portray transgender persons and HIV-positive individuals in a respectful, informative, and empowering manner.
- Public service announcements (PSAs) should feature real transgender PLHIV sharing their stories to humanize the issue.

"If the media showed positive transgender stories, maybe people would start seeing us differently." – (Saba, 30 years, primary school)

Community-driven awareness campaigns

- Transgender-led organizations should conduct community outreach programs to dispel myths and encourage dialogue.
- Local mosques, community centers, and health clinics should be involved in HIV education efforts.

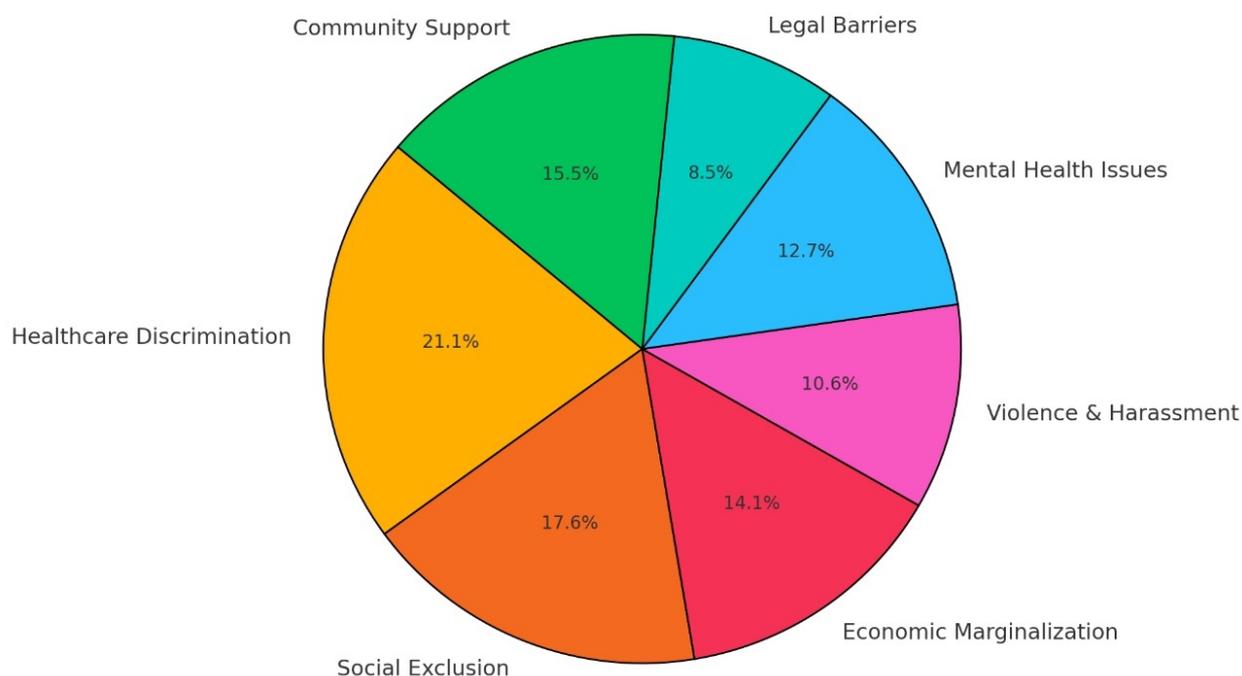
"People believe what religious leaders say. If they spoke about HIV the right way, maybe things would change." – (Nargis, 30 years, no schooling)

Policy changes to protect against discrimination

- Laws should criminalize HIV-based discrimination in healthcare, employment, and housing.
- Government programs should provide financial and medical support for transgender PLHIV.

"If the government really wants to help, they need laws that protect us. Right now, we are left to suffer alone." – (Sonia, 27 years, completed primary education)

Distribution of Key Challenges Faced by Transgender Persons Living with HIV



4. Recommendations for Change

Transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa face severe discrimination, limited healthcare access, and widespread stigma. The findings of this research highlight urgent reforms needed in healthcare, policy, education, and social awareness to improve their well-being and inclusion. Respondents shared their views on necessary changes, effective interventions, and key messages for stakeholders to create a more supportive, stigma-free environment for transgender PLHIV.

Priority Changes for Improving the Treatment of Transgender PLHIV in Pakistan

When asked what one major change they would like to see in the way transgender PLHIV are treated in Pakistan, respondents emphasized the need for:

Respectful and Inclusive Healthcare Services

- Respondents overwhelmingly called for an end to discrimination in hospitals and clinics. They want healthcare providers to treat them with dignity and provide equal access to medical services.

"We deserve the same respect and care as anyone else. Stop treating us like we don't matter." – (Sonia, 27 years, completed primary education)

Stronger Legal Protections Against Discrimination

- Many respondents felt that the government must take legal action against hospitals, employers, and landlords who discriminate against transgender PLHIV.

"Laws should protect us. If someone refuses to treat us because we have HIV, they should be punished." – (Muskan, 31 years, no formal education)

Public Awareness Campaigns to Educate Society

- Respondents wanted educational initiatives that teach people the truth about HIV and transgender rights to eliminate fear, misinformation, and stigma.

"People need to learn that HIV is not a punishment. We are not untouchable." – (Nargis, 30 years, no schooling)

Effective Programs and Policies to Reduce HIV-Related Stigma

- Respondents suggested several types of programs and policies that could help combat stigma and improve the quality of life for transgender PLHIV:

Transgender-Friendly Healthcare Facilities

- Establish specialized HIV clinics where transgender PLHIV can receive treatment without discrimination.
- Train healthcare providers on gender-sensitive and HIV-inclusive care.

"If we had clinics just for us, we wouldn't have to face so much disrespect." – (Shaista, 27 years, middle school)

Media and Public Awareness Campaigns

- Government and NGOs should run national HIV awareness campaigns promoting accurate information and challenging harmful myths.
- Transgender PLHIV should be featured in media stories to humanize their struggles and successes.

"TV, newspapers, and social media should talk about us, not just in negative ways but as real people with real lives." – (Saba, 30 years, primary school)

Employment and Housing Protections for Transgender PLHIV

- Respondents suggested creating job opportunities for transgender PLHIV so they are not forced into sex work or begging.
- Housing support programs should be introduced to protect homeless transgender PLHIV.

"We need jobs. We need homes. Without these things, how can we take care of our health?" – (Neeli, 28 years, completed five years of schooling)

Mental Health Support and Counseling

- Free or low-cost mental health counseling should be available for transgender PLHIV to help them cope with stigma and emotional distress.

"We don't just need medicine; we need someone to talk to, someone who understands." – (Sonia, 27 years, completed primary education)

Messages for Healthcare Providers

Respondents had a clear message for doctors, nurses, and medical staff:

- Treat us with dignity and respect.

"We are human beings. Give us the same care you give others."



- Stop making us feel like criminals or outcasts.

"We are not dirty. We are not 'bad people.' We are just sick and need treatment."

- Educate yourself about HIV and transgender health.

"Learn about our needs. HIV is not something to be afraid of."

- Ensure confidentiality and patient privacy.

"Do not tell others about our HIV status. We have the right to privacy."

Messages for Other Transgender Persons Living with HIV

Respondents wanted to offer hope and encouragement to other transgender persons struggling with HIV stigma:

- You are not alone.

"We are many, and we must support each other."

- Do not stop your treatment, no matter what.

"ART saves lives. Keep taking your medicine, even if people treat you badly."

- Find a support system.

"There are people who will stand by you. Find them and stay strong."

- Do not let shame or fear stop you from living your life.

"HIV is just one part of who you are. It does not define you."

Steps to Improve Healthcare Access and Well-Being for Transgender PLHIV in Khyber Pakhtunkhwa

1. Healthcare System Reforms

- Mandatory sensitivity training for healthcare workers.
- Legal accountability for hospitals that discriminate.
- HIV treatment centers designed for transgender patients.



2. Government Policy Changes

- Full legal protection for transgender PLHIV under the Transgender Persons (Protection of Rights) Act, 2018.
- Employment and housing programs to prevent economic marginalization.

3. Increased HIV Awareness Campaigns

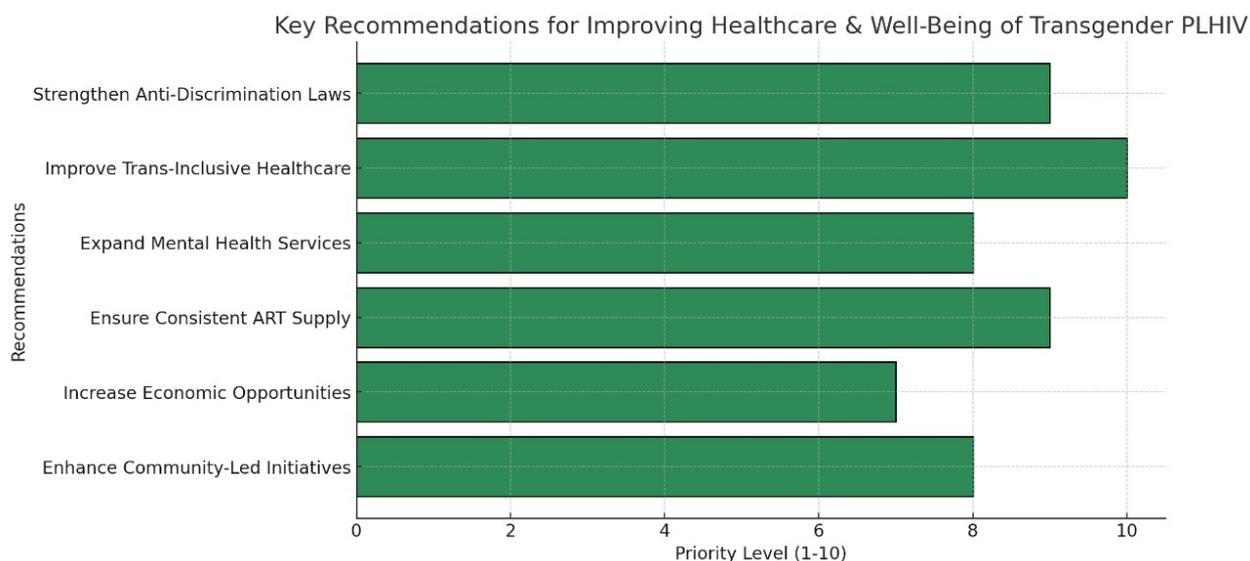
- Incorporate HIV education into school curriculums and community outreach programs. Religious leaders should be engaged to promote compassionate messaging about HIV.

4. Stronger Support Networks

- Transgender-led peer support groups should be funded to provide emotional, medical, and social support.

5. Affordable and Accessible Mental Health Services

- Free counseling and therapy should be available for transgender PLHIV to address trauma, depression, and anxiety.



5. Discussion

This research highlights the systemic barriers, institutional discrimination, and societal stigma faced by transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa. The findings reveal that multiple intersecting factors—including police harassment, healthcare discrimination, social marginalization, and economic exclusion—severely impact the well-being and healthcare access of transgender PLHIV. These structural inequalities not only increase vulnerability to HIV transmission but also limit access to treatment, legal protections, and social support networks.

Institutional Discrimination and Law Enforcement Harassment

One of the most significant findings of this study is the widespread mistreatment of transgender individuals by law enforcement agencies. Many transgender PLHIV report being routinely harassed, extorted, and subjected to physical and sexual violence by police officers. Due to the criminalization of sex work and the lack of legal recognition of transgender identities, victims have little to no legal recourse when their rights are violated.

Frequent police crackdowns and forced evictions push transgender individuals into unstable environments, increasing their risk of violence, rape, and unprotected sex. The fear of arrest and abuse further discourages transgender PLHIV from seeking healthcare or HIV treatment, exacerbating treatment gaps and poor health outcomes. Structural reforms in law enforcement policies are needed to prevent police violence and ensure that transgender individuals can access their legal rights without fear of persecution.

Healthcare Discrimination and Barriers to HIV Treatment

Access to HIV treatment and healthcare services remains a critical challenge for transgender PLHIV. Discrimination within healthcare facilities—ranging from denial of care, verbal abuse, and breaches of confidentiality—discourages many from seeking medical help. This results in delayed diagnoses, poor adherence to antiretroviral therapy (ART), and increased health risks.

The lack of transgender-inclusive HIV services further alienates the community, with many reporting that healthcare providers refuse to touch them, make derogatory remarks, or blame them for their HIV status. The absence of gender-affirming care and mental health services means that transgender PLHIV are left to navigate their health concerns without proper support. Comprehensive training programs for healthcare professionals and anti-discrimination policies within medical institutions are necessary to ensure equal access to healthcare for transgender PLHIV.

Economic and Social Exclusion

Economic marginalization significantly impacts transgender PLHIV, many of whom struggle to find stable employment and housing. Due to widespread stigma, they are excluded from mainstream job opportunities, leaving sex work or begging as the only viable options for survival. Unsafe working conditions and the lack of legal protections expose them to violence, sexual exploitation, and further HIV transmission risks.

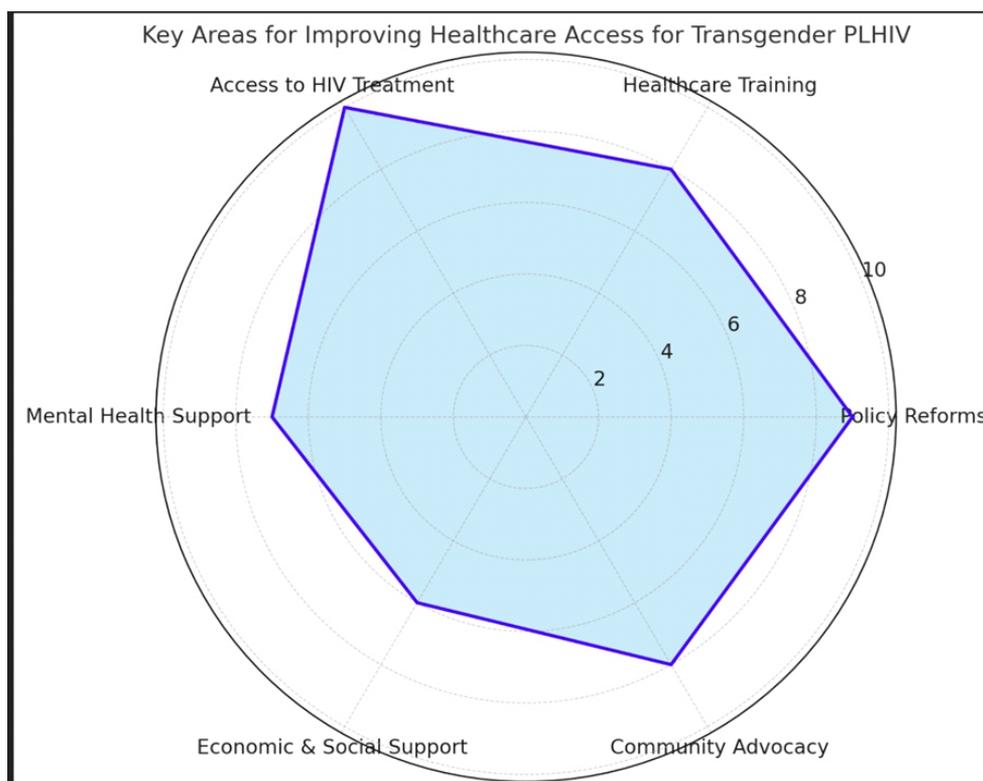
6. The Need for Policy Reforms and Structural Change

The lack of transgender-inclusive policies at the national and provincial levels continues to exacerbate stigma, discrimination, and healthcare inequalities. Although Pakistan has made some progress with the Transgender Persons (Protection of Rights) Act, 2018, gaps in implementation and enforcement prevent transgender PLHIV from fully benefiting from legal protections.

Comprehensive legal reforms are required to:

- Ensure equal healthcare access by making hospitals and ART clinics transgender-friendly.
- Strengthen anti-discrimination laws to prevent workplace exclusion, healthcare discrimination, and police violence.
- Improve economic opportunities for transgender individuals through employment quotas, vocational training, and financial assistance programs.
- Enhance mental health and social support services to address psychological distress, self-stigma, and social isolation.

Without immediate and targeted policy changes, transgender PLHIV will continue to face systematic exclusion, untreated health conditions, and persistent vulnerability to violence and HIV-related discrimination.





Moreover, community and familial rejection forces many transgender persons into precarious housing situations, increasing their dependence on exploitative relationships and unsafe work environments. The denial of basic rights such as employment, housing, and social security perpetuates a cycle of poverty, health vulnerabilities, and systemic exclusion. To address this, policy interventions must focus on economic empowerment initiatives, skills development programs, and legal protections against workplace discrimination for transgender PLHIV.

Coping Mechanisms and Community Resilience

Despite the widespread challenges, transgender PLHIV in Khyber Pakhtunkhwa have demonstrated remarkable resilience through individual coping mechanisms and community support networks. Many adopt self-protection strategies, negotiate safety in client interactions, and rely on secrecy to avoid discrimination.

At the community level, the Guru-Chela system and peer networks play a vital role in providing emotional, financial, and social support. Collective resistance strategies, such as mobilizing against client exploitation and engaging in community advocacy, help transgender individuals protect themselves in hostile environments.

However, these informal support systems are not enough to address the structural inequalities faced by transgender PLHIV. There is a pressing need for government and civil society interventions to strengthen formal support systems, enhance access to legal aid, and integrate transgender-specific healthcare and social protection programs.



7. Finding and Conclusions

Key Findings

7.1 Institutional Discrimination and Structural Barriers

- Police harassment, extortion, and violence are common experiences for transgender individuals, particularly those engaged in sex work or street-based survival economies.
- Criminalization of sex work and lack of legal protections leave transgender PLHIV vulnerable to arbitrary arrests, abuse, and exploitation without any legal recourse.
- Frequent forced evictions and displacement push transgender persons into unstable living conditions, increasing economic hardship and HIV vulnerability.

7.2 Stigma and Discrimination in Healthcare Settings

- Healthcare discrimination is a major barrier, with transgender PLHIV often denied treatment, humiliated, or refused services at government hospitals.
- Confidentiality breaches and fear of exposure discourage many from seeking HIV-related medical care.
- The absence of gender-affirming healthcare services and mental health support exacerbates psychological distress and treatment avoidance.

7.3 Socioeconomic Marginalization and Vulnerability

- Transgender individuals face extreme economic exclusion, with few job opportunities outside of sex work and begging.
- Discrimination in employment, housing, and social welfare programs keeps transgender PLHIV in a cycle of poverty and vulnerability.
- HIV stigma within the transgender community itself further isolates transgender PLHIV, limiting their social support networks.

7.4 HIV Stigma and Barriers to Treatment

- HIV-related stigma remains deeply entrenched in both the general public and healthcare settings, leading to social isolation, self-stigma, and mental health struggles.
- Many transgender PLHIV face barriers in accessing ART (antiretroviral therapy) due to discrimination, fear of exposure, and financial constraints.

- Lack of knowledge about HIV transmission results in misconceptions, fear, and increased discrimination against transgender PLHIV.

7.5 Coping Mechanisms and Community Support

- Many transgender persons rely on secrecy, self-protection, and negotiation strategies to navigate discrimination and violence.
- Community support systems, such as peer networks and the Guru-Chela system, provide financial, emotional, and physical protection, but are not always accessible to HIV-positive transgender persons.
- NGOs and advocacy groups play a critical role in providing HIV treatment, legal aid, and awareness campaigns, but access remains limited due to geographical and financial constraints.

8. Recommendations

Recommendations for Addressing HIV Stigma and Enhancing Healthcare Access for Transgender Persons in Khyber Pakhtunkhwa

Based on research findings and global best practices, the following recommendations are proposed to address the stigma, discrimination, and healthcare barriers faced by transgender persons living with HIV (PLHIV) in Khyber Pakhtunkhwa. These policy, structural, and community-based interventions aim to improve health outcomes, legal protections, and socio-economic conditions while ensuring the meaningful inclusion of transgender persons in the HIV response.

Strengthening Legal Protections and Policy Reforms

1. Enforce Anti-Discrimination Laws:

- Strengthen the implementation of the Transgender Persons (Protection of Rights) Act, 2018 to ensure legal protection from discrimination in healthcare, employment, and housing for transgender PLHIV.
- Introduce legal penalties for police harassment and denial of healthcare services to transgender individuals.
- Decriminalize behaviors associated with HIV transmission and sex work to remove barriers to seeking healthcare and legal protection.

2. Legal Recognition of Gender Identity and Rights

- Ensure hassle-free issuance of NICs and legal documents that reflect transgender identities without bureaucratic hurdles.



- Recognize transgender persons' rights in inheritance, marriage, education, and social welfare.

3. Policy Inclusion and Community Engagement

- Establish transgender-led working groups at the National and Provincial AIDS Control Program (NACP & PACP) to include their voices in policy development and service delivery frameworks.
- Ensure that transgender-led organizations are involved in national HIV governance structures and program design.

Expanding Access to Transgender-Inclusive Healthcare

1. Develop Transgender-Friendly HIV Care Services

- Establish dedicated HIV treatment centers and mobile clinics that cater specifically to transgender PLHIV.
- Integrate HIV services with gender-affirming care, mental health support, and substance abuse treatment to provide holistic healthcare.
- Provide Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) as preventive options for transgender persons at high risk of HIV.

2. Train Healthcare Providers for Transgender-Sensitive Services

- Implement mandatory training programs for doctors, nurses, and healthcare staff on transgender health needs, gender identity, and HIV care.
- Develop guidelines for stigma-free, inclusive, and respectful healthcare services, ensuring transgender-friendly ART (antiretroviral therapy) provision.

3. Enhance Confidentiality and Patient Rights

- Implement strict patient confidentiality protocols in HIV clinics and hospitals to prevent the unauthorized disclosure of transgender individuals' HIV status.
- Train healthcare staff on ethical, non-discriminatory practices to ensure dignified and inclusive treatment.



Addressing Economic and Social Barriers

1. *Provide Livelihood and Vocational Training Programs*

- Introduce government-led vocational training, employment quotas, and entrepreneurship grants to reduce economic dependence on sex work and begging.
- Ensure transgender-inclusive hiring policies in the public and private sectors.

2. *Expand Social Welfare Programs for Transgender PLHIV*

- Allow transgender individuals access to the Sehat Insaf Card and other government health insurance schemes.
- Develop housing programs and shelters for homeless transgender persons, particularly those living with HIV and survivors of violence.

3. *Establish Crisis Intervention and Legal Aid Services*

- Set up crisis centers for transgender persons facing police harassment, domestic violence, or social rejection.
- Ensure free legal support and emergency assistance to transgender persons in cases of discrimination, eviction, or healthcare denial.

Community Engagement and Public Awareness Campaigns

National HIV Awareness Campaigns

- *Launch mass media, digital, and grassroots campaigns to educate the public about HIV transmission, transgender health rights, and stigma reduction.*
- *Use radio, television, and social media platforms to promote positive narratives about transgender persons and their right to healthcare.*

Strengthening Peer Support Networks

- *Support transgender-led community organizations to provide peer education, counseling, and safe spaces for transgender PLHIV.*
- *Establish community-based mentorship and support programs to combat self-stigma and mental health challenges.*



Increase HIV Program Funding for Transgender-Specific Interventions

- Ensure that at least 10% of national HIV funding is allocated to transgender-led organizations and community initiatives.
- Strengthen funding mechanisms for harm reduction programs, particularly for transgender persons involved in sex work and drug use.

Expand HIV Sentinel Surveillance and Research

- Establish HIV sentinel surveillance sites at strategic locations in Khyber Pakhtunkhwa to track HIV trends among transgender persons.
- Conduct operations research to design and improve culturally relevant, evidence-based HIV interventions.

Monitor and Evaluate HIV Service Delivery

- Implement community-led monitoring to track the accessibility, quality, and effectiveness of HIV services for transgender persons.
- Strengthen accountability mechanisms to ensure healthcare providers comply with anti-discrimination policies.



Disclosure Statement

The authors declare that there are no potential conflicts of interest related to the conduct, findings, or publication of this research. The study was conducted with objectivity, academic integrity, and adherence to ethical research standards to ensure the validity and reliability of the results.



References

1. UNAIDS, Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women Version for use in 2023 planning processes. April 2023. Available at <https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/06/Decision-making-aide-AGYW-investment-Version-March-2020-Final.pdf>
2. UNAIDS, Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women Version for use in 2023 planning processes. April 2023. Available at <https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/06/Decision-making-aide-AGYW-investment-Version-March-2020-Final.pdf>
3. Data on HIV testing coverage varies widely across sources. For example, Pakistan's Funding Request to the Global Fund (2023 window 1) states that “the overall number of KP tested is low with an estimated coverage of 12- 14% per year of PWID, MSW and TG, and between 1 and 3% for MSM and FSW <https://www.unaids.org/en/regionscountries/countries/pakistan>.
4. CDC. CDC-funded HIV testing: United States, Puerto Rico, and U.S. Virgin Islands, 2013. June 2015. Accessed April 14, 2016.
5. Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis* 2013;13(3):214-22.
6. Herbst JH, Jacobs ED, Finlayson TJ, McKleroy VS, Neumann MS, Crepaz N. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav* 2008;12(1):1-17. 4. De Santis JP. HIV infection risk factors among male-to-female transgender persons: a review of the literature. *J Assoc Nurses AIDS Care* 2009;20(5):362-72.
7. Garofalo R, Deleon J, Osmer E, Doll M, Harper GW. Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *J Adolesc Health* 2006;38:230–236.
8. New York City Department of Health and Mental Hygiene. HIV among transgender people in New York City, 2010-2014 [PowerPoint presentation]. January 2016. [cited 2016 Sept 19].
9. MacCarthy S, Reisner SL, Nunn A, Perez-Brumer A, Operario D. The Time Is Now: Attention Increases to Transgender Health in the United States but Scientific Knowledge Gaps Remain. *LGBT Health*. 2015 Dec;2(4):287-91. Epub 2015 Mar 10.
10. Brennan J, Kuhns LM, Johnson AK, Belzer M, Wilson EC, Garofalo R, and the Adolescent Medicine Trials Network for HIV/AIDS Interventions. Syndemic theory and HIV-related risk among young transgender women: the role of multiple, co-occurring health problems and social marginalization. *Am J Public Health* 2012;102(9):1751-7.
11. Xavier J, Honnold J, Bradford J. The health, health-related needs, and lifecourse experiences of transgender Virginians. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health; 2007. Accessed April 14, 2016.



12. Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. Injustice at every turn: a report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011. 11. Xavier J, Bobbin M, Singer B, Budd E. A needs assessment of transgendered people of color living in Washington, DC. *Int J Transgend* 2005;8(2/3):31-47.

13. Clements-Nolle K, Marx R, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *Am J Public Health* 2001;91(6):915-21.

14. Khan, G., Ahmed, S., & Khan, M. T. (2019). Stigma and discrimination against people living with HIV in healthcare settings in Pakistan: A qualitative study. *Journal of Administrative and Business Sciences*, 3(1), 1-17. <http://dx.doi.org/10.1111/josi.12547>

15. Sarwar, S., Hussain, T., & Ali, S. (2018). Exploring the social and structural factors contributing to HIV-related stigma in Pakistan. *SMU Medical Journal*, 2(1), 129-138.

16. Pasha, O., & Tabbasum, R. (2017). Addressing stigma in healthcare: Strategies for reducing HIV/AIDS discrimination in Pakistani hospitals. *International Journal of Public Health Research*, 65(4), 203-217.

17. WHO Pakistan. (2020). Reducing stigma and discrimination for people living with HIV in Pakistan. *Global Health Journal*, 24(2), 187-193.

18. UNAIDS. (2019). Understanding stigma: Pakistan's approach to reducing discrimination in HIV/AIDS care. Geneva: UNAIDS.

19. United Nations Development Programme (UNDP). (Year). Community Voices: An HIV Gender Assessment in Pakistan. UNDP.

20. 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>

21. Tun, W., Pulerwitz, J., Shoyemi, E., Fernandez, A., Adeniran, A., Ejiogu, F., Sangowawa, O., Granger, K., Dirisu, O., & Adedimeji, A. A. (2022). A qualitative study of how stigma influences HIV services for transgender men and women in Nigeria. *Journal of the International AIDS Society*, 25(S1), e25933. <https://doi.org/10.1002/jia2.25933>

22. Arreola, S., Ayala, G., Baños, O., Beck, J., Keatley, J., & Sundararaj, M. (2010). In Our Own Words: Preferences, Values, and Perspectives on HIV Prevention and Treatment: A Civil Society Consultation with MSM & Transgender People. The Global Forum on MSM & HIV, commissioned by the World Health Organization (WHO).



Questionnaire for the Transgender People Semi-Structured Interviews / Focus Group Discussions

Section 1: Demographic Information

1. What is your age?
2. What is your gender identity? (e.g., transgender woman, transgender man, non-binary, other)
3. What is your highest level of education?
4. Where do you currently reside? (District/City)
5. What is your primary source of income or occupation?

Section 2: HIV Diagnosis & Disclosure

6. Can you share how and when you first learned about your HIV-positive status?
7. What was your initial reaction upon receiving the diagnosis?
8. Have you disclosed your HIV status to anyone? If so, who did you tell, and what was their response?
9. What factors influenced your decision to disclose or not disclose your status?
10. Have you ever experienced rejection or negative consequences after disclosing your status?

Section 3: Experiences of Stigma & Discrimination

11. Have you ever experienced discrimination due to your HIV status? If yes, can you describe specific incidents?
12. Have you faced stigma from within the transgender community itself? If so, how has this affected you?
13. How do you think stigma associated with HIV impacts transgender persons in Khyber Pakhtunkhwa?
14. Do you feel that HIV stigma has affected your ability to participate in community activities, employment, or social interactions?
15. Have you ever been denied housing, employment, or healthcare services due to your HIV status?

Section 4: Access to Healthcare & Barriers to Treatment

16. Have you faced any difficulties accessing HIV-related healthcare services? If so, what were the main challenges?
17. Have you ever been refused treatment by a doctor, nurse, or healthcare provider because of your HIV status?
18. How do healthcare providers generally treat you when they learn about your HIV status?
19. Do you think healthcare facilities in Khyber Pakhtunkhwa provide adequate services for transgender persons living with HIV? Why or why not?



20. What are your experiences with obtaining antiretroviral therapy (ART) and other HIV-related treatments?
21. Have you ever had to travel long distances to access healthcare due to a lack of local HIV services?

Section 5: Mental Health & Emotional Well-being

22. How has living with HIV affected your mental health and emotional well-being?
23. Have you experienced feelings of anxiety, depression, or social isolation due to HIV stigma?
24. What coping mechanisms or support systems do you rely on to manage stress and mental health challenges?
25. Have you had access to mental health support services, such as counseling or therapy? If not, what barriers have prevented you from seeking help?
26. Have you ever faced self-stigma (internalized feelings of shame or guilt) because of your HIV status?

Section 6: Social Support & Community Engagement

27. Do you receive any support from family members, friends, or your community regarding your HIV status?
28. Have you been part of any peer support groups or organizations that assist transgender persons living with HIV?
29. In what ways has the transgender community in Khyber Pakhtunkhwa supported or failed to support individuals living with HIV?
30. What kind of social support do you think is most needed for transgender persons living with HIV?
31. Do you feel safe discussing your HIV status within your community? Why or why not?

Section 7: Structural & Policy Barriers

32. Are you aware of any policies or laws in Pakistan that protect the rights of transgender persons living with HIV?
33. Do you think existing government policies and programs adequately address the healthcare needs of transgender PLHIV? Why or why not?
34. Have you faced legal challenges or difficulties in obtaining identity documents (such as CNIC) that recognize your gender identity and HIV status?
35. What role do you think government agencies, NGOs, and advocacy groups should play in addressing HIV-related stigma and discrimination?
36. What improvements do you think should be made to ensure better legal protection for transgender PLHIV in Pakistan?



Section 8: Public Perception & Awareness

37. What do you think are the biggest misconceptions the general public has about HIV and transgender persons?
38. Have you ever encountered misinformation or myths about HIV in your community?
39. How do you think the media portrays HIV and transgender persons living with HIV?
40. What do you think should be done to improve public awareness and reduce stigma surrounding HIV?

Section 9: Recommendations for Change

41. If you could change one thing about the way HIV-positive transgender persons are treated in Pakistan, what would it be?
42. What types of programs, policies, or awareness campaigns do you think would be most effective in reducing HIV-related stigma?
43. What message would you like to give to healthcare providers about treating transgender persons living with HIV?
44. What message would you give to other transgender persons living with HIV who may be struggling with stigma?
45. What steps should be taken to improve the overall well-being and healthcare access for transgender PLHIV in Khyber Pakhtunkhwa?



 [blueveinspak](#)
 [BlueVeinsPak](#)

 [BlueVeinsPak](#)
 [blueveinspak](#)

