

## The Impact of Stigma and Discrimination on HIV Patient: Case Studies from Chittagong City

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### Abstract

*HIV/AIDS is a devastating disease and its prevalence is increasing day by day. Both sufferers and their family members are vulnerable to different unacceptable conditions, and they are stigmatized and discriminated against in society. HIV/AIDS-related stigma and discrimination are of growing concern in the entire world. This qualitative research is based on Case Studies located in Chittagong city. The data collection for this study was carried out from the Outpatient Department of three NGOs (AsharAlo Society, Bandhu, PMTCT Project at Chittagong Medical College who deals with HIV/ positive patients. After obtaining written consent, patients were included in the study. Case studies are developed through in-depth interviews with HIV-positive individuals. Through the case studies, the researcher can explore the practical situation of HIV-positive individuals. Research findings help find out the social, personal, and family vulnerabilities of HIV-positive cases. Furthermore, it sheds light on the sufferings of HIV-positive individuals. The study will focus on the interactions between HIV-positive individuals and the rest of society. It observes that HIV patients are discriminated against in all aspects of society. Such as discrimination in family life, privacy, social security, liberty in life, work, spot eviction, freedom of opinion, no access to share in scientific advancement and its benefits, participation in public and cultural life, torture and cruelty, etc.*

**Keywords:** HIV, AIDS, Vulnerability, Social Stigma, Discrimination.

### Introduction

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is a virus-induced predisposition to disease caused by the Human Immunodeficiency Virus (HIV) (Meeks & Heit, 2001). The virus slowly destroys the immune system, leaving the carrier susceptible to infection. Intimate sexual contact or blood or body fluid exchange is required for virus transmission. (Merki & Merki, 1996). In Bangladesh, many HIV patients have been found in different communities like IV drug users, heterosexuals, and men who have sex with

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men, transgender (Mozambel, 2011). Social and cultural practice, level of education, and locality make the HIV-positive cases vulnerable in leading their everyday life. As a result, the study's goal is to examine how HIV-positive Chittagong district residents are treated socially and stigmatized in Bangladesh.

Almost all people are acquainted with HIV/AIDS for various kinds of propaganda and various kinds of awareness-raising activities. Affected HIV persons have to suffer from the disease itself and suffer from social negligence, discrimination, and torture. HIV-positive patients gradually know how the disease spreads but many of them do not know its consequences in society. HIV/AIDS is a burning issue in the world as well as in Bangladesh. Although the prevalence rate is low in our country as we are surrounded by nations having much higher prevalence, we are also at risk of HIV infection. (Garai, 2016). Today's low level of HIV infections in our country does not guarantee low prevalence tomorrow. Experience teaches us that early epidemics don't show their magnitude at the beginning. However, healthy communities are also in the enormous potential to be affected.

Stigma and discrimination posed the biggest threat to testing for HIV. Fear of AIDS has caused people to react negatively, and in some cases violently, toward HIV-positive people. Bangladesh identified it early and acted to stop its spread. Despite progress, many challenges remain. The virus is not the main threat but the social stigma. HIV stigma, according to non-governmental organizations (NGOs) that deal with HIV-positive cases, makes it more difficult for people with HIV to deal with and cope with their illness on a personal level. It also makes it more difficult for people to fight the AIDS epidemic (Scientific advances mean, 2011). There are a good number of HIV-infected people who do not want to be even tested for fear of social isolation. According to Human Rights Watch's findings, those with HIV/AIDS and those suspected of being infected have been put in jail, abused, and even killed. (Chiiya, Chonta, Clay, Kidd & Rouendaal, 2007). These kinds of vulnerabilities come from different stigmas and discrimination.

#### **Background of the Study:**

Social Stigma is generally defined as when society thinks something is wrong or has a prejudice against it. For example, smoking tobacco is used to be very common, but in many places, there is a social stigma attached to it; AIDS is

stigmatized, although not as much as it used to be. Physical separation from family, friends, and neighbors is one of the main forms of stigma. They have to stay in separate rooms and use separate dishes because they have HIV. Because people are unaware of or fearful of the spread of HIV, this type of stigma is based on ignorance or fear.

Shaming and blaming: occasionally, gossiping, name-calling, insulting, and belittling occur. Individuals mock or criticize others, blaming them for contracting HIV as a result of their actions. In this instance, the stigma is motivated by moral or religious convictions. When some people are HIV positive, there is a considerable stigma in society. Individuals living with HIV must accept the blame and rejection of society and critics. He or she is referred to as "self-stigma," and this is the correct term. In this case, people stigmatize people living with HIV as a result of their families' stigma, as when an orphan is stigmatized as a result of the death of his or her HIV-positive father or mother. HIV-positive individuals face discrimination as a result of their stigma. For instance, they are fired from their jobs, evicted from their homes, or subjected to unjust treatment at the clinic (Chiiya et al., 2007). Stigma can be found in many places, including homes, schools, clinics, workplaces, churches, and even bars.

Those who have HIV may be shunned by their families, isolated and teased at school, mistreated in health facilities, fired from jobs, and barred from religious groups by their families and friends. Many of them may only find a few places where they aren't judged. Some people may think that other people are watching them and that they will be stigmatized and treated with hostility anywhere they go. We sometimes treat people badly because we think they look bad or aren't good enough. The way we do this is by refusing to be friends with a child who has been abandoned at school or by gossiping about HIV-positive people and calling people names because of how they look. This is called "isolation." People use the term "stigma" when they make fun of or don't want to be with someone. It makes a person feel humiliated, which is bad. Stigmatizing people with HIV makes us think that they have broken social norms and should be shamed or condemned, or we separate them from us because they are a danger or threat (due to our fear of contracting HIV from physical contact with them) (Chiiya et al., 2007).

Chiiya et al. (2007) showed stigma and beliefs linked to HIV and described that initially, some believed HIV was connected to witchcraft and that those who

contracted it had been cursed or bewitched in some way, or that HIV was a punishment for something they had done. Additionally, they claimed that HIV was a divine punishment. There are numerous conflicting beliefs about the virus, owing to its association with taboo subjects such as sex and death. They can be contested to assist people in distinguishing between myths and beliefs and the truth. Numerous individuals hold divergent views on this subject. These beliefs can sometimes make people feel bad, but they can also help people avoid feeling bad.

Stigmatization results in discrimination, which occurs when individuals act on their stigmatizing attitudes and treat others unfairly or differently (e.g. sacking a person living with HIV from their job or evicting them from their accommodation).

Furthermore, social discrimination is defined as a pattern of persistent inequality between people based on illness, disability, religion, sexual orientation, or any other form of diversity (Bhugra, 2016). Finally, vulnerability refers to a person's state of being liable to succumb to manipulating persuasion and temptation (Sobu & Kurtin, 2006).

Weiss and Ramakrisna (2006) defined stigma as an adverse social judgment about an individual or a group that results in exclusion, rejection, blame, or devaluation. They have categorized stigma into two types: stigma experienced by actual discrimination, and the second is perceived fear of encountering stigmatizing practices. In the case of HIV/ AIDS, stigma is feuded by the family, friends, society, etc. Goffman (1963) pointed out how stigma causes discrimination, leading to social exclusion and reducing the opportunities of individuals/groups. As a result, social iniquity can be fueled. Although scholar says, HIV is just a disease, not a curse, punishment, or embracement. It affects our social, economic, and political lives (Klot & Nguyen, 2011). Sultana (2021), in her study on Bangladeshi HIV patients titled "Stigma discrimination and HIV/AIDS; Barriers to HIV counseling and prevention", mentioned that stigma and discriminations are daily realities for people living with HIV. Many PLWHAs (people living with HIV) have even become victims of the worst discrimination due to their positive status. As our religion and society do not allow sex before marriage, if someone is affected by AIDS, his/her family becomes ashamed. That may hamper one's family life and social life also. Society sees HIV-positive victims in a negative way irrespective of how he or

she becomes positive for HIV. Hence, HIV-positive people want to keep their information secret to avoid social criticism. If it is disclosed, they become vulnerable to mental and social health, which hampers normal wellbeing for him/her. Another study by Sultana (2014) showed how internal stigma keeps HIV-positive people from accessing prevention, care, and treatment services and adopting key preventive behaviors. According to her, Self or internal stigma is one of the influential facts that make people living with HIV/AIDS (PLWHAs) to feel ashamed and guilty about their positive status. However, the matter of stigma is largely ignored in the policy of Bangladesh.

Ahsan Ullah (2011) conducted a study on HIV/AIDS-related Stigma and Discrimination among health care providers in Bangladesh. According to him, "80% of the nurses and 90% of the physician's behavior with the HIV positive individuals were discriminatory. They talk to their patients by staying far from them." HIV is thought to be transmitted solely through sexual activity. Surprisingly, doctors are aware of the transmission routes but do not believe them implicitly. They discriminate against HIV-positive people due to their fear of infection. The stigma related to HIV remains a significant challenge to effectively combat the pandemic. One of the main barriers to PLHA seeking healthcare services is a stigma (Hasan, Nath, Khan, Akram & Gomes, 2012), which has long been recognized as a significant barrier to HIV prevention, treatment, care, and support (Misir, 2012).

Women at high risk of contracting HIV are vulnerable to various factors (Kosla, 2009). They have no sex education as there are taboos related to sex education. Besides this, the position of females in society is weak. Men hold overwhelming power in decisions on sexual matters, including family planning, condom use, due to women's lack of sexual and reproductive health control. So, the attitudes and behaviors of men are critical to prevention efforts. In addition, fear of violence may prevent women from accessing voluntary counseling and testing, family planning, or disclosing their status to partners.

In summary, economic, educational, legal, and political discrimination women and girls face contributes to their vulnerability (Khan, 2013). In addition, stigmatization affects people's lives in many ways, such as hampers housing, income, health, criminal offense, and life itself (Link & Phelan, 2001). Stangl, Lloyd, Brady, Holland, & Baral (2013) stated how to stop the stigma and discrimination among HIV patients and mentioned that using specific

programs that emphasize the rights of people living with HIV is a well-documented way of eradicating stigma.

In Chittagong, there is no significant study conducted on HIV/AIDS. The geophysical location of the country has made Chittagong city vulnerable to HIV/ AIDS epidemic attacks. It has an almost unprotected boundary with all neighboring countries, which means that Chittagong is vulnerable, surrounded by high prevalence countries such as India and Myanmar. Thousands of people cross the borders every day for trade, commerce, treatment, tourism, etc. This added a new dimension to the spreading trend (Islam & Mamtaz, 2008).

Lack of knowledge on HIV/AIDS, transmission and prevention methods, sexual health, alongside stigma and discrimination, posed the biggest threat to testing for HIV. Furthermore, when someone becomes HIV positive, none help them, society neglects them, and family members become unfriendly. In summary, economic, educational, legal, and political discrimination faced by HIV-positive individuals contributes to their vulnerability.

### **Findings**

The stigma of AIDS has taken many lives before the disease itself killed them. Social factors like discrimination stigmatization and reaction have pushed people living with HIV to become desperate and feel hopeless, to the extent of giving up their life. HIV patients face discrimination and lack of support not only from society but also from/her own family. They are also being confined from friends, scared of losing their jobs. This made them live in phobia and their condition become worse as they need proper and adequate treatment that could provide them with a better life. Case studies explore how stigma and discrimination they face in every step. The researcher was careful in taking case studies from different age groups and sex, different disease categorizers, cases having different modes of transmission like bloodborne, sexual contact, mother-to-child transmission, and transmission by tattoos. The researcher intended to explore how certain individuals reconstructed and described their past and linked it to an explanation of their present situation.

### **Case Study 1: HIV transmission to Migrant Worker through blood transmission**

Transmission of HIV sometimes remains unknown by the victims. HIV patients sometimes get infected by women like sex workers other than their partner or

wife. They sometimes have to take blood for accidents or any other causes. Some cases of HIV get infected, and they remain unaware of it. A case study concerning Raju is described below.

Muhammad Raju (pseudonym) comes from a village named Hnila, Teknaf. He is a 31-year-old man.

He went to school up to class eight. He is currently working as a peon at an NGO that conducts tasks with people who have contracted HIV/Positive. He was very restless and had an aversion to studies from his childhood and stopped his education. In 1995, his family sent him to Saudi Arabia. In the beginning, he worked as a salesman in a shop. When Raju got married, he was HIV/Negative. Raju was confused about where he had caught the virus. He had sex with multiple partners at home as well as abroad. In addition, he also has taken blood after a car accident. In 2007, Raju first learned that he had contracted HIV/Positive. At that time, he did not have any conception about HIV/AIDS and its preventive actions. At first, Raju's family and neighbors were all in the dark about his danger. He vowed to keep it concealed from others for fear that everyone might hate him. Raju said that society does not treat this disease as good. For that, he used to keep himself confined at home. He has some diseases other than HIV, and when he goes to take treatment, he hides his HIV status.

Though Raju's family was pretty solvent, he passed his days in miserable conditions. After knowing his HIV status, his father boycotted him. Consequently, he was alienated from the people and was living with his family in his house. After identifying his HIV-positive status, he worked in NGO as an HIV counsellor and earned only 5,500 Tk as his salary. With such a meager income, he found it difficult to provide for his family. When his family learned of his illness, they were all upset, and Raju became depressed. So, HIV positivity significantly impacts family, social, and mental life.

In this case, Raju was sent abroad by selling his stable land properties. But when he was found infected with HIV again, his property was sold for treatment, and he became a burden for the family which also became poor. There is an important relationship between poverty, risky sexual behaviour, and vulnerability to HIV infection. Vulnerability is also related to socioeconomic status. Inequalities in health can be measured using the concentration index.

People in poorer households do not acknowledge of HIV/AIDS, while the socioeconomic inequalities in risky sexual behaviour are negligible. Due to poverty, poor people cannot communicate with health care providers, and they keep themselves away from the present health care facility. These make the poorer community more vulnerable to the transmission of diseases.

### **Case Study 2: HIV transmission to the Migrant worker through Unsafe Sex**

Most of the time HIV positive cases are stigmatized. They are kept away from social works like prayers in the Mosques or joining the social gathering like marriage ceremonies. HIV does not get transmitted through person-to-person contacts like handshaking or hugging. But common people think that it can be transmitted. Here a case of Mr. Abdul Karim (pseudonym) is described below:

Abul Karim, son of Pare Muhammad, comes from Patiya. He attended school up to Class IX. In 1993, Karim went to Saudi Arabia. In that country, he had a monthly income equivalent to TK 10000. In the beginning, he was a hawker, then he worked as a salesman at a shop. His family was not that solvent before. Then he did everything he could for his family. He financed his siblings' education; even he took the responsibility of sending his younger brother abroad and marrying his sister. But when he was infected with HIV, none of his family members helped him; instead denied him though he helped them a lot when he was solvent.

Karim's father is devoted to spiritual endeavours. There is a shrine of a saint at one corner of his place. Karim said that he was restricted in praying there at the shrine (mazar). Mr. Karim was a religious leader of a shrine. But, his family members, like his father and mother, boycotted him and his wife praying at that shrine when Mr. Karim was found positive for HIV. In the village, he lives in a five-storyed building. However, the building of this house was financed by his uncles. He is the second child of his parents among his six brothers and three sisters. Karim took all the responsibilities of his parents and siblings of his family. In 2001, he returned to Bangladesh and got married. Five months after his marriage, his physical condition started deteriorating for no apparent reason. Frequent fever, pain, ulcer, etc., were exhibited in him. Then he was admitted to BGC Trust Medical College for treatment. He stayed there for one month. In the diagnosis, both he and his wife were found to have contracted HIV/Positive. He often had to travel to Calcutta, India, as he dealt in supplies.



When he was in Saudi Arabia, through his business partners, he had the opportunity of spending time with girls from various countries. In the same way, inspired by his business pals in India, he made love with several girls in the brothels. He thinks he contracted HIV/Positive from his unsafe contact with girls in India.

After being confirmed of his HIV-positive status, he tries to make sure that he does not affect anyone else in the society with his contracted deadly virus, so he keeps away from people. Bangladesh is a country of religious values. Majority of people like to practice religious activities. The author found that, like Karim, some of the victims of HIV-positive people cannot practice their religious activity independently. HIV-positive cases are also stigmatized in religious activities, which is the irony of this case.

### **Case study 3: A Case of a Widow (Husband to wife transmission)**

Women are the most vulnerable and discriminated against in our society. As their number increases, they are giving birth to an HIV-positive child, which ultimately leads to an epidemic of HIV/AIDS. But unfortunately, they have no role in the transmission of HIV directly. In most cases, multiple sexual partners of their husbands are responsible for that. After their HIV-positive husbands' death, they become widows and sometimes destitute and further vulnerability to the transmission of HIV/AIDS is increased.

As the above conditions, there is the history of Amrin (pseudonym), who is 37 years old. Her husband died in 2011 as a case of HIV positive. She and her husband both were identified as HIV/AIDS positive at Ashar Alo Society (an NGO working with HIV-positive patients). Before death, her husband suffered from multiple ailments, and for his treatment, plenty of money was spent; even they had to sell their stable land properties. After the death of her husband, she became abandoned by the community and her neighbours and relatives, and with two children, she became helpless and hopeless. In the social structure of Bangladesh, it is seen that there are quarrels with the land property between family members. Here HIV positive person is deprived of his land or property. For that reason, they do not disclose their HIV positivity among the family members. Moreover, they make their family members vulnerable to HIV and transmit the disease to them. Thus, families are destroyed. Sometimes HIV positive people get married with hiding their HIV status and thus causing the transmission of HIV to their partner. Even HIV-positive patients can give birth

to an HIV-positive baby. Hence, the whole generation of a family becomes vulnerable to be destroyed. In the long run, the husband died of HIV, leaving the poor wife alone, which also makes society vulnerable. When they try to get HIV treatment after disclosing their HIV status, they are made separate from society and get stigmatized. It becomes challenging to maintain a social life with the HIV-positive case.

Amrin's brother-in-law wanted to abuse her after her husband died. She described herself as being very attractive at the time because she was young. They (brothers-in-law) used to say that she did some unethical deeds for which she was infected with HIV/AIDS. They used to pressure her for a sexual relationship. She knew some tailoring and studied up to class V. Before her husband's death, she used to be involved in tailoring, but they disagreed on the same after his death. Ultimately, she had to leave her husband's house and go to her father's house. Her father is an Imam of a mosque, and her mother was not alive. Her relatives who were aware of her HIV status did not allow their children to play with her children. She added that she was in grief as she became HIV positive only for her husband, but others said she was responsible for the condition. She used to say her father was crying that her father should say it in Khutba during prayer about the ailment to the mass people to become aware of the disease. She is now in severe health issues with a kidney infection and uterine problem. The doctor said that she needed an urgent operation. People are not helping her, and she is now frustrated and hopeless. She added that this is such a disease that people think it is the punishment for her sin.

When a female gets affected with HIV though it is transmitted from her husband, society blames the female, and they suffer most. Here Amrin is a poor victim of HIV vulnerability. She had to leave her house and take shelter in her father's house. She later suffered from multiple other health conditions, but she could not avail the treatment due to monetary problems.

#### **Case study 4: Relation with Prostitution with HIV/AIDS**

Due to different social and family problems, some women become sex workers to earn more money. They become commercial sex workers and, in that way, they become victims of HIV. Here they do unsafe sex activity and become the victims of HIV. This is a dark part of our society.

Mrs. Jarina (pseudonym) is a woman from a poor family. Her mother died of tuberculosis. After her mother's death, none agreed to pray for her janaja, and

they denied burying her like people used to say that she was a bad lady. Many people were saying that her mother died of AIDS as she was a bad female. Her maternal uncle took her mother to the village where she was given a janaja prayer before burial. She started to live at her maternal uncle's house. Her uncle was a day labourer in a brickfield. He had five children, and they were not properly fed. Maternal Aunty did not like her, and all household activities had to be done by her. She was not properly fed, and she used to be rebuked on silly matters. She was engaged in the house of a rich man as a housemaid. The second issue of that rich men used to stay at home always. He was jobless, drank alcohol, and enjoyed porn films at his house. One day while there was none in his family the addicted man raped her. That day she came to Chittagong to one of her friends. She worked in a garment factory. She started to live with her friend in a slum by sharing a room. She was working as a helper in the garments. There were 8-10 hours of duty in the garment factory per day. A garment supervisor proposed to marry her. After marriage, she stayed in a slum with her husband. After the marriage, they were in peace only for one month, and she became pregnant, and after that, her husband's behaviour changed. He came late into the house drunk and had an extramarital relationship. He used to beat her. She became anemic, had low pressure, and became weak. She became so sick that she needed to stop working in the factory. While she was eight months' pregnant, her husband started to hit her and suspected her fetus's legitimacy. One day he pulled her from the house and then she went to a neighbour's house. After the birth of her baby, she came to know that her husband had another wife. With the help of the neighbours, she fled away from the house and joined a new Garment factory. A coworker took her to a movie with another woman in her new job. They went to a hotel after the movie, and five men raped them both for the night. She needed money and eventually turned to prostitution. She used to work in the garment at day, and at night she worked as a prostitute with her coworker. The broker sometimes supplies her in a hotel, sometimes in houses. Jarina said none knows that I am in this profession. Her grandmother knows that she used to work at night shift in a garment factory.

In our society, females are treated as *Meye Manush* or *Bad Meye Manush* or *Magi* (prostitute), and males are treated as "*Purush Manush*". This discrimination is observable in the working environment, small or big work, good or bad work. In the garments industry, many women are working, and it is the main backbone of our economy. However, they are getting less salary

having no social acceptance and status. In a different study, it is seen that females working in the garments are at risk of HIV AIDS transmission. Prostitutes and other sex workers in our country have to work at night. At that time, people harass them, and they can not even work with freedom in our present social condition. They cannot work freely; they cannot take decisions by themselves, and they cannot take children on their own and even they cannot get married. In our social structure, prostitutes do not have social security and liberty in life, and they are treated as criminals in our society.

#### **Case study 5: HIV in relation with Body Paintings like Tattooing**

In different societies, body painting is popular social culture, and they draw tattoos in different programs. In India, tattoos are used as Black magic, and it is treated as a matter of good or bad fortune. Different tattoos have different themes and meanings. They use tattoos in treating different diseases also. In India, the unhealthy practice of tattooing related to the transmission of AIDS and different cases were identified (Sankaranantham, 2017). Presently body painting is becoming popular in Bangladesh. It is alarming that if it is done in an unhealthy way that may cause transmission of diseases like HIV.

Ahmed Kabir (pseudonym) is a 35 years-old-young man. He was employed at Standard Chartered Bank in Dubai and received a good salary. So, he was happy with his wife and three children who lived in Bangladesh. He was brought up in a higher-class family amidst luxury, but unfortunately, Kabir suddenly fell into extreme miseries. He was diagnosed HIV positive at a visa renewal interview on December 13, 2016, as his visa is to be renewed every two years. His HIV development was detected in one of such routine checkups. He was feeling lonely abroad and used to go to different late-night parties. During his stay in Dubai at an international trade fair, he did a tattoo in a Thai stall. With this tattooing, he contracted HIV.

If a person infected with HIV injects drugs into his or her veins with a syringe, any drop of that person's blood is left on the needle, and then if another person uses the same needle, the infected person's blood will likely be passed to this person's blood. Sharing needles, even if they were previously used for injecting steroids, making tattoos, or piercing ears increases the risk of HIV infection.

At once, he was sacked from his job and sent back to his own country. He would be provided with a job in the same bank, but he is still jobless. To avoid their

reactions and emotions, he didn't tell his family about his situation. His father had been in Dubai for the last 20 years. His mother was a housewife, and among the four siblings, his position was second. He was bound to disclose his HIV status to his wife, who was an HSC candidate when the physician suggested he check the HIV status of his wife also. His wife was tested in CMCH and found HIV negative, fortunately. Though his wife was negative, there was frustration in his conjugal life. His wife started to blame him and not keep trust in him. Now she is worried about her children. She had three children of 11 years, 6, and two and half years old. They had a dream to have another issue, a male child, but it was destroyed. Kabir started to consider himself a criminal. His children were not tested, and he was worried about it but felt assured that his wife was negative. He was thinking of suicide, but for the children, he avoided it. After their arrival, he still could not manage any school for his children. Neighbours were asking why he was not going abroad. The present study observed that HIV-positive cases could not get high-profile jobs. They are given a lower position. They are not employed as per their quality. If they become sick often, they are sacked from their jobs. Unusual behaviours like tattooing can cause transmission of HIV if it is done in unscientific ways. It is an unexpected disease for the victim. Earlier, tattooing was not a popular fashion, but now for cultural diversity and unity in these modern days, especially the young generations follow the foreign culture. It increases HIV vulnerability, and young populations will be the most sufferers.

#### Analysis:

This study observed that when HIV AIDS patients go to be diagnosed with the condition or for treatment purposes, they have to disclose their status. They have to take the same ticket from the outside along with the other patients, and at that time, they feel shy about disclosing themselves and become stigmatized. As it is treated as a secret disease, sometimes HIV-positive people cannot participate in social gatherings. They cannot or do not participate in public and social programs. Sometimes they are treated badly and some rumors are spread about them.

HIV/AIDS patients are the subjects of social and personal vulnerability because of their HIV status. They are frequently excluded from family activities (cooking, eating together, and sleeping in the same room). The common people in Bangladesh believe that HIV is a contagious disease and that HIV-positive patients should be avoided at all costs. So, they are keeping them away phys

cally because of the unwillingness to share their status. People are unaware of the science or they do not want to believe that HIV is not transmitted to common life. As a consequence, HIV-infected patients hide their condition and make themselves more vulnerable to transmission of infection to their kith and kin.

On query HIV positive patients said that they were excluded from sexual activity due to their HIV-positive status. Sex is a common way of transmission of HIV to their partner. So they should not do unprotected sex with their partner. Protected sex with condom use may reduce the risk of transmission, but even then, partners of Bangladesh are so stigmatized that they even do not want to touch their partners. This behavior makes the infected person more vulnerable to transmitting the disease to others. As a result, he may do promiscuous sex with others and transmit the disease into society.

Regarding the status of their children, they have to hear comments from their friends if their father or mother is positive for HIV and they all know it. It hampers the normal growth of the children, and it should not be done in that way.

HIV/AIDS is not a single disease but a cluster of conditions through which vulnerability is constituted. In this study, the author found that in most cases, they suffered from TB, AIDS-related dementia, diarrhoea, fever, skin diseases, etc. It was also found that victims of HIV cases can transmit the disease to their spouses and their children are also vulnerable, which was narrated on the ground of some sociological theories and perspectives.

### **Conclusion**

The literature review of this study reveals how stigma and discrimination related to social structure, besides family, friends, and society stigmatize people and create room for social exclusion. The present study has pointed out HIV/AIDS is a disease where the victim and their family members suffer from different personal and social problems. They are vulnerable in social activity, religious activity, and family activities. Proper education and maintenance of gender equality might influence reducing such vulnerabilities. Again, the social stratification of the community has an important relation with HIV-AIDS. According to this study, youth are vulnerable and have little health education. For the Sustainable Development Goal (SDG), young people are the key,

and they are the main earning member and are not dependent. But HIV is affecting young people and affecting the country's economic growth, which will be obstacles to reaching SDG in time. At present, zero discrimination against HIV/AIDS people should be the ultimate goal worldwide. Discrimination of HIV patients should be avoided, and they should not be considered in terms of religion, beliefs, caste, race, ethnicity, health, status, age, and sexual identity. We need to develop a national policy to assist HIV patients to enable them to lead an everyday life.

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