Explore the Present Status of Human Rights and Legal Rights Situation and HIV/AIDS Perception Among the People Living With HIV/AIDS in Bangladesh

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ABSTRACT

Introduction: The rights of People Living with HIV/AIDS (PLHA) in Bangladesh continue to be widely violated with little accountability. Despite the significant number of HIV-positive individuals in the country, most remain unrecognized and invisible, leading to systemic denial of their entitled rights. To address this issue, many NGOs in Bangladesh emphasize the need to raise awareness about HIV/AIDS and human rights among PLHA communities. Their efforts focus on empowering PLHAs to advocate for their rights, influencing legislation to ensure recognition and protection of these rights, and providing legal support to foster an enabling environment.

Study on Human Rights and Perceptions of HIV/AIDS Among PLHA in Urban Bangladesh

The study examines the current human and legal rights situation, as well as perceptions of HIV/AIDS among PLHAs in selected urban areas of Bangladesh.

Key Findings:

Living Arrangements: The majority of respondents (92%) live with their families (parents, siblings, etc.), while only 8% live alone, in shared flats, or with friends.

Awareness of Human Rights: All respondents (100%) were aware that every individual has inherent human rights and believed that PLHAs are equally entitled to these rights.

Access to Education: Regarding difficulties in securing school access for PLHAs and their children due to HIV-related stigma, 34.6% (18 respondents) reported no challenges, while 13.5% (7 respondents) faced barriers. The remaining respondents were excluded from this question as it pertained only to parents.

Stigma and Misconceptions: Field visits and data revealed widespread misconceptions and reluctance among the general public, including service providers and caregivers, in supporting HIV-positive individuals. Nearly all respondents—including PLHAs and their families—expressed discomfort discussing HIV/AIDS-related issues. Discussions highlighted persistent stigma, which manifests in deprivation, exploitation, and discrimination against PLHAs.

Conclusion: Addressing the deep-rooted prejudice against socially excluded populations like PLHAs requires a structured, research-driven approach. The ongoing marginalization of these vulnerable groups underscores the need for comprehensive studies that document their lived experiences and inform policy reforms and targeted interventions.

BACKGROUND

Bangladesh, with a population of 169,828,921 (according to the 2022 Population and Housing Census), had an estimated 16,000 adults and children living with HIV by the end of 2024, per UNAIDS. However, only 1,207 cases (as reported by the Government of Bangladesh in WAD-2024; NASP-2024) have been officially documented. This significant underreporting stems from limited voluntary testing and counseling services, as well as the intense social stigma surrounding HIV, which discourages people from getting tested or disclosing their status.

Persistent Violations of PLHA Rights

The rights of People Living with HIV/AIDS (PLHA) in Bangladesh continue to be routinely violated with little accountability. Despite the substantial number of HIV-positive individuals, most remain unrecognized and invisible, leading to systemic denial of their basic rights. Many NGOs in Bangladesh recognize the urgent need to raise awareness about HIV/AIDS and human rights among PLHAs, empowering them to advocate for themselves. These organizations work to influence legislation, ensure rights are upheld, and provide legal support to create a more inclusive environment.

Study on PLHAs and Their Families

This study was conducted among PLHAs and their affected family members to examine the socio-economic and human rights challenges they face. The research aimed to uncover key issues in their daily lives, including rights violations, health risks, social stigma, discrimination, and livelihood struggles. The study not only assessed HIV/AIDS and human rights perspectives but also analyzed societal and stakeholder responses.

Both dependent and independent variables were evaluated, with measurements expressed in degrees and supported by logical justification. Qualitative aspects were analyzed to validate existing conditions.

Growing Threat of HIV/AIDS

While the current reported prevalence of HIV/AIDS in Bangladesh is relatively low (under 1,500 cases), even a 1% increase in infections would add over a million new cases—a serious public health concern. The rate of HIV/AIDS cases has tripled in the last six years (UN Study, 2004), indicating a troubling upward trend.

Stigma and Discrimination

Field findings reveal that PLHAs and their families endure immense suffering due to social stigma and discrimination. There is no doubt that they are among the most vulnerable groups in Bangladesh due to widespread prejudice. Interactions with affected individuals suggest that with adequate support, their quality of life could significantly improve. While antiretroviral therapy (ART) extends lives, PLHAs seek more than just medical care—they demand dignity, social acceptance, justice, and basic human rights.

Role of NGOs and Government Response

Several NGOs, such as Ashar Alo Society (AAS), work on HIV/AIDS prevention, care, and support. However, the attitude of service-providing NGOs toward PLHAs is not always positive (*source needed*). Despite this, beneficiaries express reluctant satisfaction with NGO services compared to government provisions. Notably, field reports indicate minimal government support beyond basic clinical testing, with no substantial care programs in place.

Literature Review

Bangladesh has a concentrated HIV epidemic, with an estimated 16,000 people living with HIV (UNAIDS, 2024), though only around 1,207 cases are officially reported (NASP, 2024). This discrepancy highlights systemic issues in detection, reporting, and healthcare access. People Living with HIV/AIDS (PLHA) in Bangladesh face severe human rights violations, social stigma, and legal marginalization. This literature

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review synthesizes existing research on the human rights situation, legal protections, and societal perceptions affecting PLHA in Bangladesh.

PLHA in Bangladesh encounter significant barriers in accessing healthcare due to discrimination and lack of confidentiality. Studies (Islam & Rahman, 2020; UNAIDS, 2023) report that many healthcare providers refuse treatment or exhibit discriminatory behavior, fearing infection. The government provides free antiretroviral therapy (ART), but many PLHA remain unaware of these services or face logistical challenges in accessing them (NASP, 2023).

Social stigma remains a major obstacle. Research (Hossain et al., 2021; Azim et al., 2022) indicates that PLHA face rejection from families, workplaces, and educational institutions. Many conceal their status to avoid ostracization, exacerbating mental health issues like depression and anxiety. A study by Bhuiyan et al. (2020) found that 68% of PLHA experienced verbal abuse, while 22% faced physical violence due to their HIV status.

Discrimination in employment is widespread. PLHA often lose jobs or are denied work once their status is disclosed (ILO, 2022). The absence of legal safeguards in private-sector employment leaves them economically vulnerable. A survey by ASK (Ain o Salish Kendra, 2021) revealed that only 15% of PLHA felt secure in their jobs, while others faced wage cuts or forced resignations.

Bangladesh lacks comprehensive HIV-specific legislation. While the **Bangladesh Labour Act (2006)** prohibits workplace discrimination, it does not explicitly protect PLHA (Rahman & Khatun, 2022). The **Communicable Diseases Prevention Act (2018)** includes HIV but focuses more on containment than rights protection.

PLHA rarely seek legal redress due to fear of exposure and mistrust in the judicial system (BLAST, 2023). A study by Naripokkho (2021) found that only 5% of PLHA who faced rights violations reported them to authorities. Legal aid organizations note that police and courts often dismiss cases involving PLHA due to misconceptions (ASK, 2022).

The **National AIDS/STD Program (NASP)** under the Ministry of Health provides medical support but lacks strong anti-discrimination measures. NGOs like **Ashar Alo Society (AAS)** and **Bandhu Social Welfare Society** offer legal aid and advocacy, yet coverage remains limited (UNAIDS, 2023).

A study by ICDDR,B (2022) found that 65% of Bangladeshis believe HIV can spread through casual contact, leading to irrational fear. Religious and cultural taboos further isolate PLHA, with many being labeled as "immoral" (Haque et al., 2021).

Media often sensationalizes HIV cases, reinforcing stigma (Khan & Ahmed, 2020). Positive portrayals are rare, and PLHA voices are seldom highlighted in mainstream discourse.

Targeted awareness campaigns, such as those by **UNAIDS and BRAC**, have improved knowledge levels, but deep-seated stigma persists (NASP, 2023). Peer-led interventions show promise in reducing discrimination (Bhuiyan et al., 2023).

PLHA in Bangladesh face systemic human rights violations, weak legal protections, and pervasive stigma. While government and NGO initiatives exist, enforcement remains inadequate. Key recommendations include:

Strengthening anti-discrimination laws (e.g., explicit protections for PLHA in employment and healthcare).

Expanding legal aid services to ensure PLHA can seek justice without fear.

Enhancing public awareness campaigns to combat misinformation.

Integrating PLHA voices in policymaking to ensure inclusive solutions.

Future research should explore intersectional vulnerabilities (e.g., women, transgender PLHA, and injecting drug users) to develop targeted interventions.

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METHODOLOGY

Purpose of the study

This study aims to assess the current state of knowledge, stigma levels, and awareness regarding HIV/AIDS among both infected individuals (People Living with HIV/AIDS - PLHA) and affected communities (families/caregivers) in Dhaka, Chittagong, and Khulna divisions of Bangladesh.

The findings will serve as a critical foundation for designing rights-based interventions tailored to the socio-cultural context of the target regions. Additionally, the study seeks to:

Evaluate existing knowledge gaps on HIV transmission, treatment, and legal rights among PLHA and their support networks.

Measure the prevalence and manifestations of stigma (social exclusion, workplace discrimination, healthcare bias) faced by PLHA.

Identify structural barriers (policy gaps, lack of services, societal attitudes) hindering effective HIV/AIDS prevention and care.

Inform evidence-based strategies to improve rights advocacy, healthcare access, and social inclusion for PLHA.

By addressing these objectives, the study will contribute to the development of targeted, data-driven interventions to mitigate stigma, enhance awareness, and strengthen the implementation of HIV/AIDS programs in Bangladesh.

Major Objective

To examine the current status of human rights & legal rights situation as well as perceptions of HIV/AIDS among the PLHA in the selected urban areas of Bangladesh.

Specific Objectives

To analyze the socio-demographic profile of the study population

To explore the Rights status of the PLHA in the selected areas

To evaluate the perception of the PLHA towards to HIV/ AIDS and Human Rights

To explore the cross relationship between HIV/AIDS and Human Rights

To understand the Health Seeking Behavior Pattern and the frequency of illness, STI & OI of the HIV infected

To develop strategies to come up with prevention activities within the specific community as per recommendation and expectation

To identify the barriers/gap to seek health support of the identified population

Data collection Tools/Instruments

A mixed-methods approach was employed for the study, a structured questionnaire, FGD checklist and case study collection guideline was developed. The study utilized the following research instruments:

Structured Questionnaire: Capturing socio-economic status, HIV/AIDS-related knowledge, human rights

awareness, rights violations, healthcare-seeking behavior, and available services.

Focus Group Discussions (FGDs): Conducted to gain in-depth insights into the experiences of PLHAs regarding stigma, discrimination, and legal rights.

Case Study Collection: Documenting individual experiences to illustrate key challenges and contextual realities.

The questionnaire was pre-tested and revised based on feedback to enhance clarity and reliability. A one-day training session was conducted for data collectors and supervisors to ensure standardized data collection procedures. Continuous supervision and daily validation of collected data ensured quality control. The data collection period spanned from December 2007 to January 2008.

Study population and areas

The study population is defined as People Living with HIV/AIDS (PLHA). The PLHAs located in extremely dispersed, occasional concentrated and widely scattered manner across in Bangladesh. However, the survey primarily focused on highlighted Chattogram, Dhaka, Narayanganj, Gazipur, Narsingdi, Munshiganj and Khulna areas in Bangladesh.

Sampling Techniques

A combination of Simple Random Sampling (lottery method) and Judgmental Sampling was employed to ensure adequate representation of PLHAs from areas with significant populatioe2dn density.

Specific Strategies of the study

To ensure methodological rigor and ethical integrity, the following strategic measures were adopted:

The study has paid full attention to a number of strategic and ethical considerations including the issue of confidentiality, problems of disclosure and safety, and the need to ensure adequate and informed consent, etc.

Information and experiences have been drawn from the current research leading to a knowledge base about how to minimize the under-expression of relevant issues (e.g., HIV/AIDS, gender, etc.) and their impact.

All field survey assistants have been carefully selected and imparted with specialized training and constant support.

The survey design (including the questionnaires prepared, in-depth interviews, small group discussions/FGDs, etc.) included a number of actions aimed at reducing any possible distress caused to the respondents.

The research method has followed an ethical obligation to ensure through the work that the findings and recommendations are capable of being properly interpreted and applied to advance policy and intervention design, review and adaptation by the executing agencies.

Data Management and analysis plan:

The quantitative data stored and analyzed using Access and SPSS version 24 statistical package. It was noted that before storing the data in the computer, questionnaire was checked and edited by the researchers for quality control. Analysis was done in two stages. Firstly, bi-variate analysis was done to see the geographical and population wise variance with regard to knowledge, behavior, HIV AIDS status, Rights situation, services and gaps. Secondly, a logistic regression was run to see the effect of third variable over the outcome.

The qualitative interviews were coded line by line, and categories were identified. The analyses try to correlate behavioral factors with the focused population vulnerability to HIV/AIDS and try to provide possible

explanation of the quantitative findings.

Quality Control Mechanism:

Ensuring data accuracy and reliability was a key priority. The following measures were implemented:

Training and Supervision: All field researchers received extensive training, and data collection processes were closely monitored.

Daily Data Validation: Interviews were reviewed for consistency and completeness at the end of each data collection day.

Cross-Referencing and Data Integrity Checks: A control mechanism was established to facilitate real-time verification and error minimization.

Lead Researcher Oversight: The principal investigator and research assistants actively participated in quality assurance activities.

In order to control the quality of data collected. All the field research assistant were trained properly. Researcher checked consistency of interviews at the end of the each working day.

With a view to ensure optimum accuracy, consistency, instant cross-references and backward tracing of data collected and preserved, a control mechanism was developed. All members of the Survey Team were trained with this contextualized method of pre and post-consultation interviews as well as quality control techniques during the interventions. The Lead Consultant participated in these QC/QA exercises throughout the field surveys.

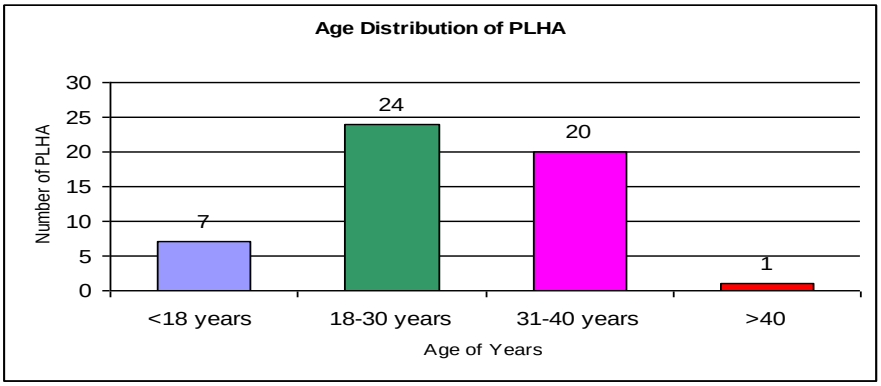
Quality assurance mechanism also included regular follow-up interactions with the Study Team of the assignment as well as participation of the Principal Researcher and responsible Research Assistant in the field surveys.

Ethical Consideration:

All ethical issues related to research involving human subjects would be addressed according to the guidelines of Bangladesh Medical Research Council (BMRC) and the ethical review committee of WHO and UNAIDS. The prospective participants were given free opportunity to receive summary information of the study in writing before giving consent and taking part of the interview of the research. Confidentiality of the participants was maintained.

Study Findings:

Distribution of age of respondent:



The age distribution of the population is below: 18 years are 7, 18-30 years population are 24 which is the maximum number. 31-40 years people are 20 and above 40 years is only 1 and that age is 49 years. Mean age

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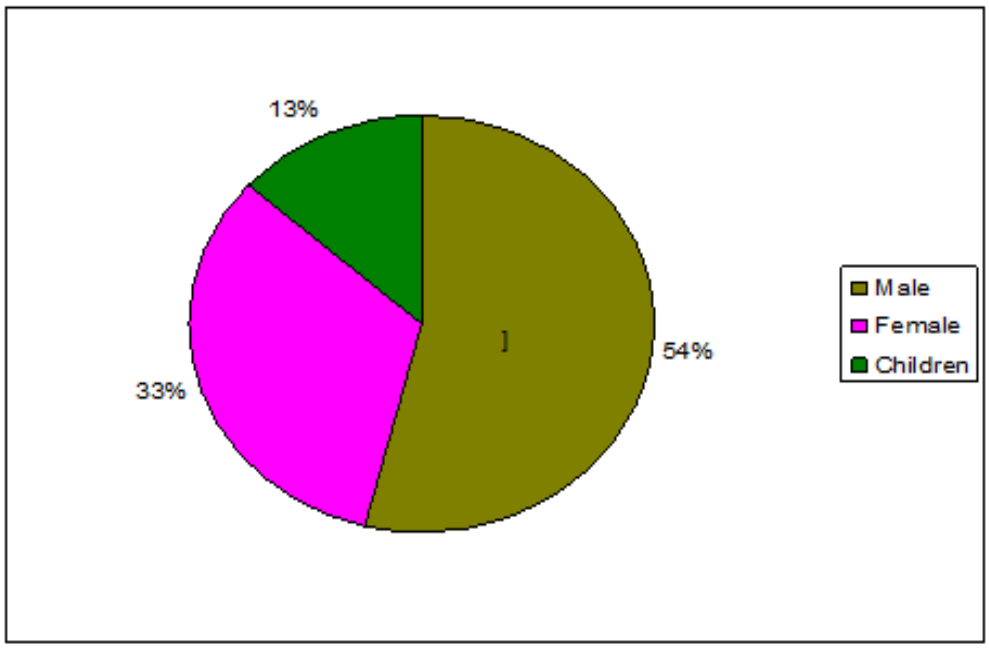
of the population is 28 years. Mode of the age is 30 years which is 9 (17.3%), median age of the population is 30 years in age.

Distribution of Population in district wise:

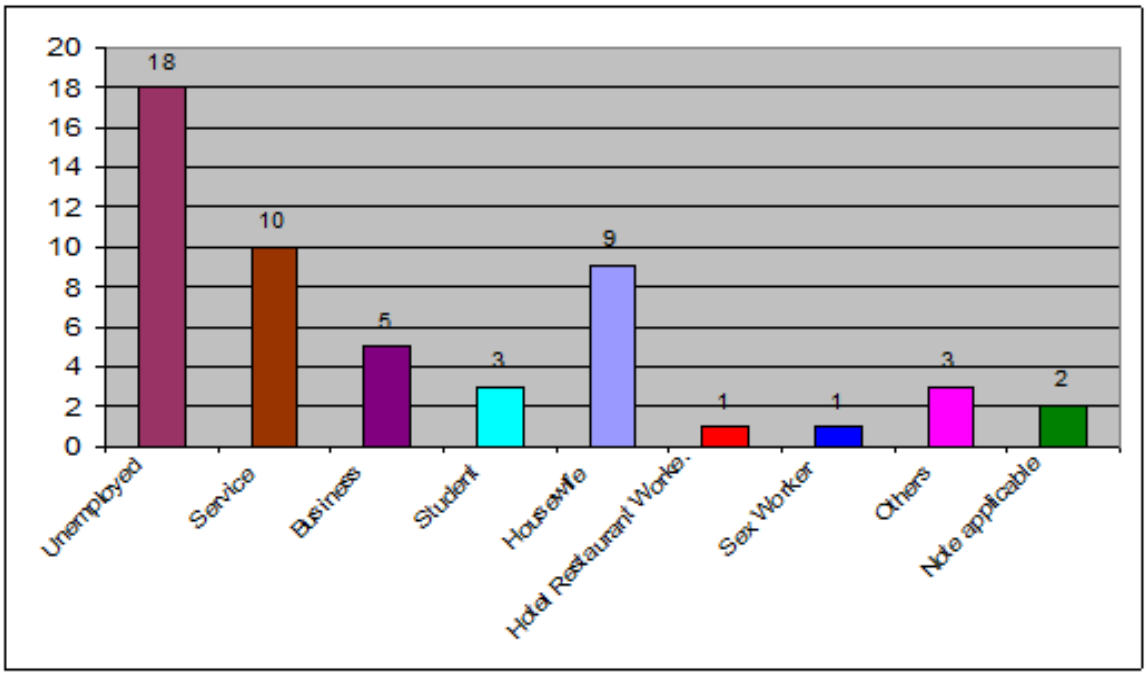
The total 52 PLHAs are living in different districts, highest number PLHAs are living in Khulna (14) and Gazipur (11) and lowest number are found in Faridpur, Laxmipur, Mymensingh and Naogaon which is 1.



Sex wise population distribution:

Sex distribution of the population were highest number male that is 54% (28), 33% (17) are female and 13% (7) were below 18 years of age.

Under 18 years of the respondents 4 were girls and 3 were boys out of 7.



Among the total 52 survey population, highest number is married (73%) and 9.6% are unmarried (these are below 18 years of the total population). 3.8% others mean they are also below eighteen years.

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Distribution of professional category of the population:

The Higher number of PLHAs are unemployed (18) as per the figure, 10 are involved in different service sectors, 5 are small and medium scale business man, students (3) who are under eighteen in ages in primary

and high school education.

Professional category of PLHAs

Out of 17 female PLHAs 9 are housewives among them 3 are not involving any profession or student category. Another important professional category is identified are spouse profession, where 36.5% are not involved any profession. 17.3% involved with different types of service, business 2%, housewives 21 (40.4%), repatriated overseas migrant is 2% and garments worker is also 2%.

Monthly income of the PLHAs:

	Frequency	Percent	Cumulative Percent	The monthly income of the PLHAs are 0-1000 taka per month is 7 (13.5%), 1001-2000 taka 2 persons, highest number income is >5000 taka per month but it not higher than 10,000 taka per month.
0-1000	7	13.5	13.5	
1001-2000	2	3.8	17.3	
2001-3000	1	1.9	19.2	
3001-4000	2	3.8	23.1	
4001-5000	7	13.5	36.5	
>5000	6	11.5	48.1	
Not applicable	27	51.9	100.0	
Total	52	100.0		

Living status of PLHAs:

Most of the respondents (92%) mentioned that they are living with their family (e.g. parents, brothers, sisters etc.). Only 8% respondents mentioned that they are not living with their family. They are living with common flat or sharing room, alone, or some of near friends etc.

The family size of PLHAs (# family member):

The highest number of family members per household is five, reported by 13 respondents. Families with four members account for nine respondents, while six respondents reported having three-member families. In total, the 52 respondents collectively have 284 family members who are affected by HIV/AIDS.

Living status or place of residence of the PLHAs:

Living status of PLHAs are described as follows-a highest proportion of respondents 65% living in village, 21% are living in urban (home town), 12% are living at shared flat and only 2% are living at boarding or hostel (mess house).

HIV/AIDS carrying duration:

A higher number of people living with HIV/AIDS 3-4 years and that's number is 22 (42.3%) in total. From 1-2 years exposed in HIV/AIDS are 9 in number. 5-6 years of carrying HIV/AIDS virus 13 persons and more than 6 years of the duration of HIV/AIDS are 8 persons. Only two persons are carrying HIV/AIDS virus from more than 14 years.

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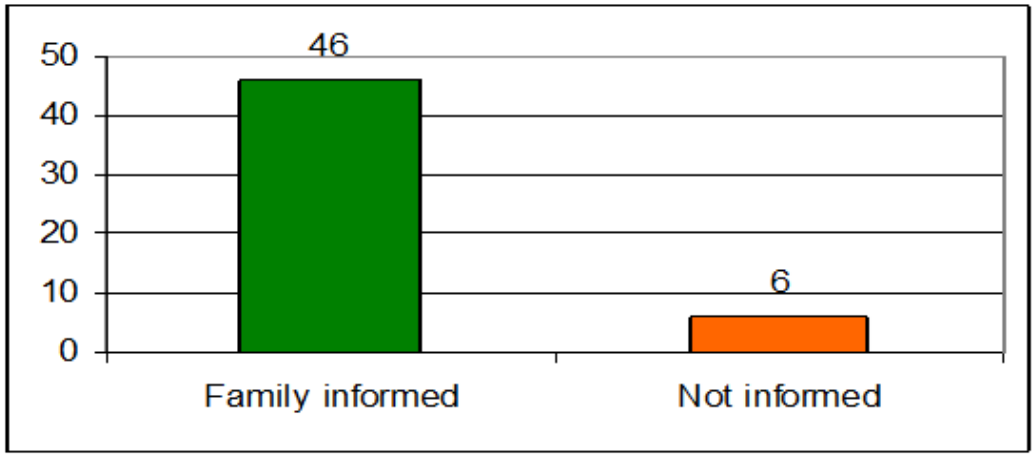

Causes for testing and diagnosis (VCT) for HIV & AIDS:

How do they informed about their HIV/AIDS status, most of respondents mentioned that they went to treatment for other medical condition and which is 29 (55.8%). 23.1% (12) are informed from their physical problem due to the virus and its causal infection. 15.4% (8) are diagnosed as their partners were infected or identified as positive. 5.8% are informed when they tested or screening blood during blood donation or selling.

Family member aware of PLHA status:

Whether the family members of the PLHAs are informed about their status, the highest number family members 46 (88.5%) are informed about the status, only a few persons 6 (11.5%) informed that their family are not informed about their status.

Most of the cases parents are informed about their sons/daughter status (63.5%) and the next are informed their brothers (21.2%), sisters are informed 5.8% other are informed 9.6% (like sister-in-law, mother-in-law, father-in-law, brother-in-law, uncles etc.). Negatively accepted of HIV/AIDS conditions of family members 25% (13) and cooperatively accepted 59.6% (31), reluctantly accepted 11.5% (6) and 3.8% (2) are accepted with other type of behaviors not cooperative or not negatively.

One third of the of respondents are unemployed (32.7%), 28.8% are involved in service sectors, 15.4% are housewives, 5.8% are hotel and restaurant workers and others are 7.7%.

Awareness/Perception of Human Rights

Awareness of Human Rights:

Most of the populations 100% (52) are aware that every human being has certain inherent rights called as ‘Human Rights’. And the PLHA considered that they are also equally entitled to all human rights as any other member of the society.

The highest proportion of population 21.3% and 21.8% mentioned that fundamental/crucial rights for PLHAs life are equality and non discrimination as well as right to privacy. The second higher number responses is human dignity which is 19%, right to work is 11.8%, equal access to education is 14.3% and others are security of person property 7.1% and freedom from torture, cruel, inhuman or degrading treatment.

PLHAs are entitled to certain special rights and protection due to the social, legal & health vulnerability caused by HIV identity**.** 84.6% mentioned that they have certain rights as a human being

The common patterns of discriminatory/oppressive treatment against members of PLHAs:

The common pattern of discriminatory treatment against members of PLHAs. The type of discriminatory treatments is social discriminatory is higher proportion among the respondents 60%, 30% are discriminated by

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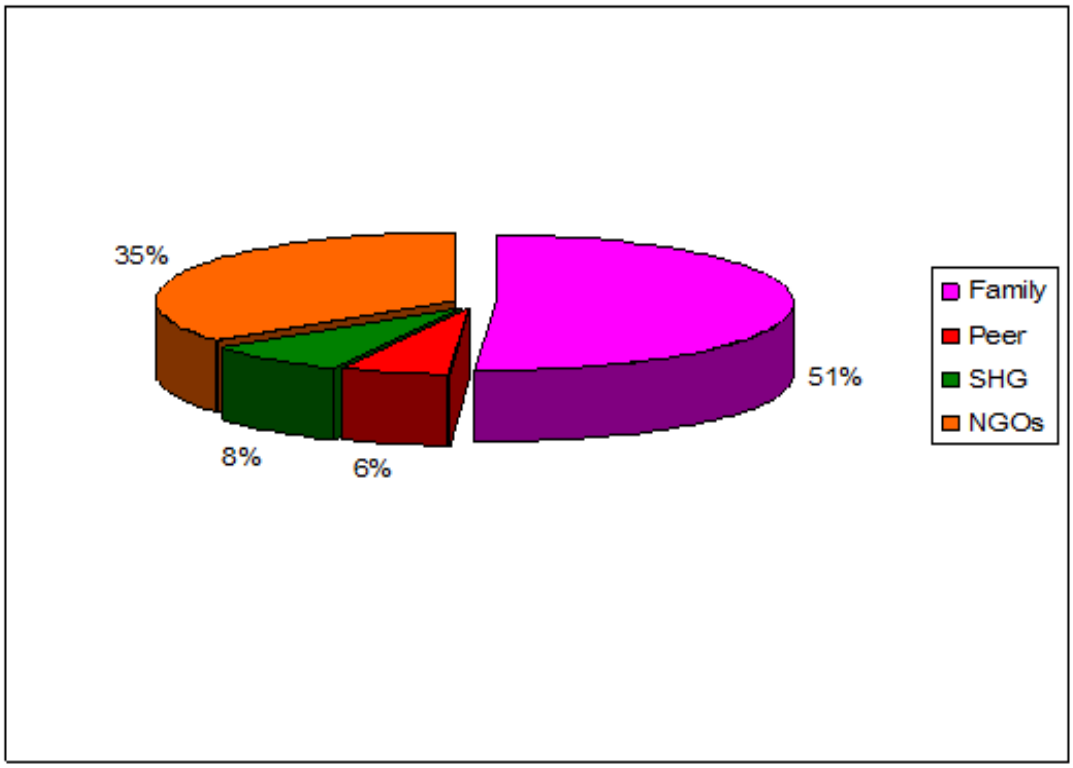
service providers and rest of the 10% violence by other powerful group and violence or exploitation by administration.

Agents of violation of PLHAs most from establishing/realizing their fundamental rights: Family members who are the higher number 6.35% of realizing their fundamental rights, local administration, and other community people and neighbors are the agents realized the rights situation and establishing PLHAs rights.



Best deal with PLHAs risks and vulnerability to violence and violation for fundamental rights:

Most of the respondent 51% mentioned that family helps them with their risks and vulnerability to violence and violation for fundamental rights. 35% mentioned that they get their protection and fundamental rights support from the NGOs, 6% mentioned that they are getting such type of support from their peer, 8% from the SHGs.

Accessibility to any health center/clinic in their locality:

A half proportion of the respondent mentioned that they have the accessibility to any health center/clinic in their locality that is 45%; and 47% mentioned that they have disguised their identity; otherwise, the facilities are not equal with others. Other 8% are not aware of this as they are below eighteen years in age. Their caregivers seek the facilities. 48% are satisfied with present service of quality. 13% mentioned that they are not satisfied but 39% mentioned that they have no other option so that these are the good as quality.

Violation by Police:

Ever been arrested/ taken to custody by police due to HIV vulnerability without any specific charges or warrants. Never arrested mentioned 49 (94.2%) persons who very higher in number and only 3 (5.8%) people are arrested for without any specific charges or warrants.

Three are (3) subjected to exploitation or oppression by police while being in custody. Physical torture by police (2) and sexual abuse (1) are faced in the custody.

Receive equal treatment from private medical practitioners like their other patients as HIV vulnerability factors. Around 46% mentioned they have received equal treatment from the private practitioners, 36.5%

mentioned that they don't receive the services as same as others. 17.3% responses that they don't know whether it is equal or discrimination as they are below eighteen years in ages as well as there is no option to choose the doctors.

Justice towards PLHAs:

PLHAs, generally receive equal service/treatment from legal practitioners like their other clients. 34.6% stated that they don't have the proper service/treatment from legal practitioners like others. 48.1% cited that they don't have any problem to receive the services as equal. 17.3% responded they don't know.

Mediation or Legal Aid:

Ever been to a mediation or legal aid from NGO to seek their assistance in settling a dispute or securing justice. 80.8% stated that they seek their assistance in settling a dispute or securing justice from SHG. Very few are not seeking this type of service from SHG. 19.2% are not included this service as they don't need to seek services. And most of the responded 76% are cited that the quality of service or dispute resolution mechanism were good.

Local Governance and Rights Situation:

Only 40 out of 52 were enlisted in voters, 7 are not eligible for voters as they are under age. But 5 people did not include their name in the voter list for being unwillingness. In the past different national and local election, 37 (71%) were exercised their voter rights independently. 29 (58%) respondent mention that local election candidates approached themselves during pre-election campaign. Local government representative discusses or takes initiatives to promote or protect fundamental rights**.** Only 23.1% mentioned that local government representatives discuss or take initiatives to promote or protect fundamental rights of the PLHAs. And most of the cased the representatives are ignored these issues and neglect the persons who are living with HIV/AIDS.

Education and Health Care Services:

Difficulties in securing access to schools for PLHAs and their children due to HIV vulnerability for this question, a moderate number 18 (34.6) of PLHAs mentioned that they don't have any difficulties in access to schools for their children, 7 (13.5%) have facing difficulties in access to schools. The rest of the under ages are not included this question because this question for their parents. The nature of difficulties are facing by the under ages avoid the children by teachers 40%, avoid by the other parents of children 30%, and avoid by the other children of same classes are 30%.

After asking the question**,** difficulties in securing access to healthcare services for PLHAs and their children due to HIV vulnerability, 11.5% mentioned that they have faced different types of problem to access in healthcare services. The children are not asked this question whether this question is asked to their caregivers. They mentioned that most of the time they are faced to access in healthcare services for being condition of PLHAs.

After asking the question whether the family members face any difficulties in securing access to healthcare services for the status, 13.5% cited that their family members are faced difficulties to access in healthcare services. 30.8% stated that their family members are not faced any type of difficulties from healthcare services and 42.3% not aware any of those difficulties.

Property Rights:

A moderate proportion of population 21.2% mentioned that are disabled property rights from the family members. 55.8% mentioned that they are not facing disable about any property rights from their family. 23% are not aware of any of these practices ever from their family, and many of the respondents are under aged children. Faced any difficulties in access to other necessary (Passport, VISA, banking service, purchasing property, agricultural, shopping, operating business etc.) services for PLHA status. 15.4% PLHAs mentioned that they have faced purchasing property, agriculture, shopping difficulties. 26.9% are not faced any

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difficulties ever. 48.1% are not aware of those difficulties. And other 9.6% who are below eighteen years in age and not asked for these questions at all.

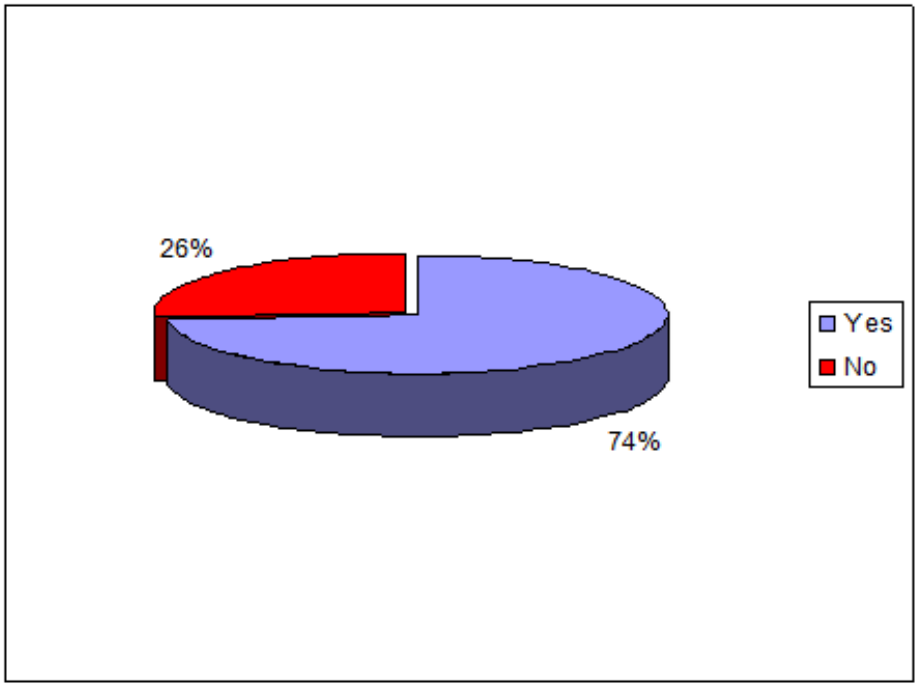
Rights violation by Religious leaders:

Faced any difficulties from religious leaders/others regarding burial of any deceased of PLHAs. Only 10% mentioned that they are facing difficulties from religious leaders/others regarding burial of any deceased of PLHAs. 20% mentioned that they are not facing such type of problem ever, and rest of the 70% are not aware of any or not caused any burial cases in their family in past for being PLHAs.

Accessibility to the police station to protest/complain against activities violating fundamental rights. 25% respondents that they don't have the accessibility to the police station to protest/complain against activities violating fundamental rights. 75% cited that they don't have any difficulties to protest or complain against activities violating fundamental rights to police stations. This would be happened for not seeking any services from the police station. And there is a scared always created among us for the police station about their service and treatment service quality among mass people as well as high risk population.

Any representative (selected or elected) who could raise PLHAs voice against violence and oppression. Most of respondents 30 (57.7%) mentioned that they have representative as indicated to NGOs who could raise their voice against violence and oppression. 22 (32.3%) were mentioned that they have no representatives who could raised their voice against any violence or oppression.

After asking question on ever visited (sharing/learning tour) any other organization or relevant communities to get exposure, a higher proportion of PLHAs (74%) mentioned that they have visited other organizations or relevant communities to get exposure. 26% cited that they could not or visited any other organizations or relevant communities. Most of the respondents of this group is below 18 years of age. So that this would be a cause of not visiting other organizations or relevant communities.



Training needs assessment:

As per the respondents quoting, only 25% (13) mentioned that they need training for their daily livelihood. Most of the respondents 63.5% mentioned that they don't need any training. This could be happened for being serious sickness and fate of life of their thinking. 11.5% are respondent who are under 18 years not asked this question whether they need any training or not. The 25% mentioned that the types of training are needed-sewing, computer, self running business, counseling, caregivers etc.

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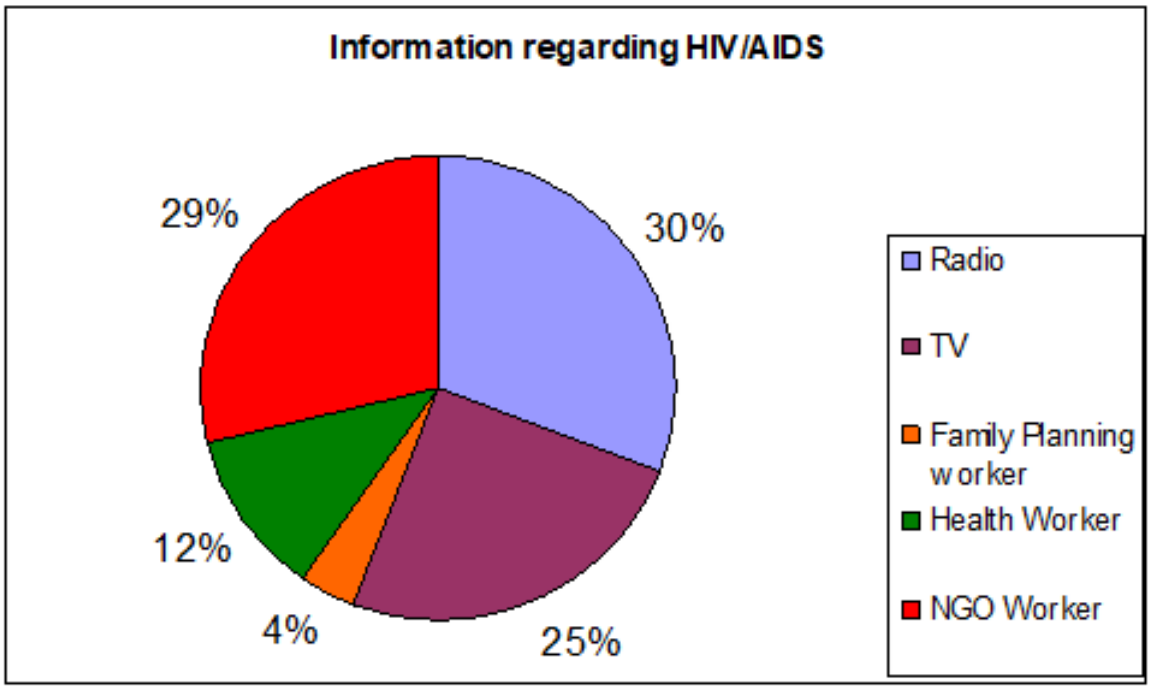
Aware of STI, HIV and AIDS before having diagnosed as positive/infected:

When we asked whether they are informed about HIV/AIDS and STI before they are diagnosed as positive or

infected. Only a very limited number 19 (36.5%) are informed before diagnosed as PLHA. 24 Persons (46.2%) are not informed which is a higher number people. And 9 people are not clearly gathered the knowledge of HIV/AIDS. A significant number of people tested and identified as PLHAs without any consent or knowledge of HIV/AIDS. **Information regarding HIV/AIDS:**

When we asked about the information of HIV/AIDS and STI. 30% are informed this virus/ disease from Radio, 25% from TV and 29% are informed from the NGO workers, 12% from health workers and rest 3% family planning workers.

This information comprehends that most of PLHAs are informed this disease from their near source of media/persons. After that they came to NGOs or Hospitals for treatment.



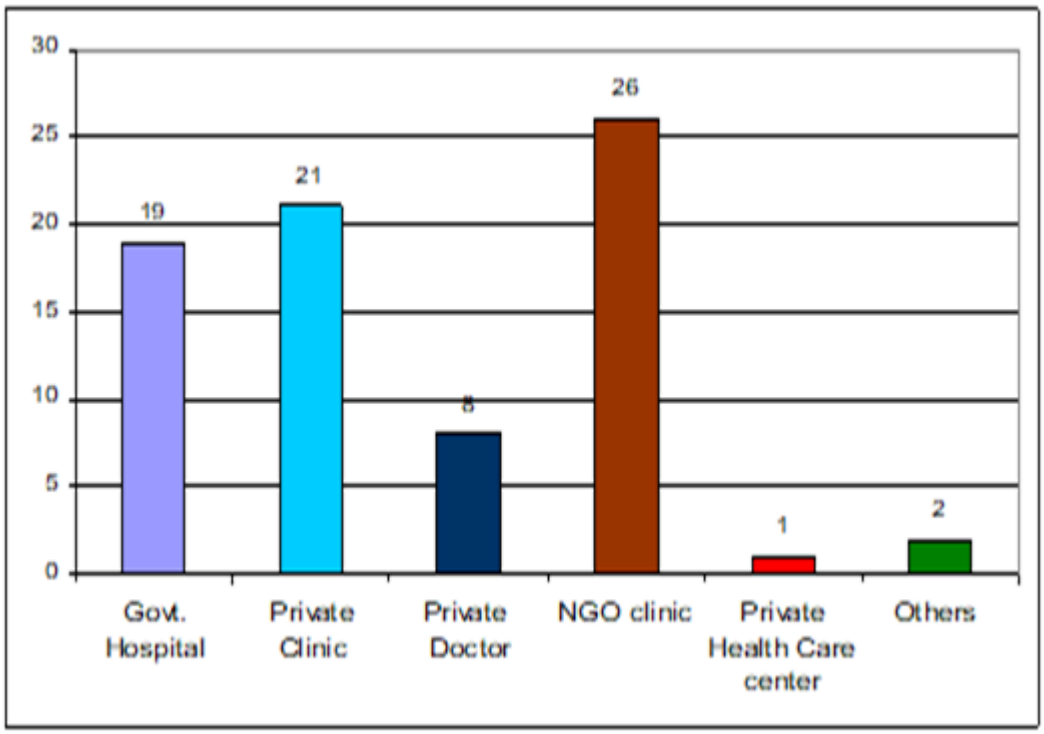
Participation and Knowledge on Government Policy:

Participation in any awareness and planning meeting regarding HIV & AIDS by the SHG. Most of the PLHAs (67.3%) participated in awareness and planning meeting regarding HIV/AIDS by the SHG. 15.4% never participated any meeting before. And 5.8% are not aware about these issues as they little in age.

Aware of the various steps taken at the national level for the prevention of HIV & AIDS? Various important steps are taken by the GoB which is informed 19% and 69% are not informed another 3.8% are not sure about the information they gathered.

Different steps for PLHAs are taken care of by GoB which is preventing the vulnerability factor of PLHAs and their affected family members. 25% are informed this type of message/information from Radio, 15% from TV and rest of the information came from health workers (5%), NGO worker (30%), Peer/SHG (35%) other (5%). 13 people are not informed or award this sort of steps for them. It may be happened by their child bearing age (7) and other (6) are not involved with policy or steps ever.

Ever attended any local/national rally or other activities relating to HIV & AIDS. 50% (26) population participated in local and national rallies or other HIV/AIDS related rallies like candle light memories day. 50% (26) population never attended this type of activities.



Access to any clinical services for HIV & AIDS:

A high number of respondents (26) were received their clinical services from NGO clinic, 21 from private clinic, 19 from government hospital, 8 are treated from the private doctors.

Access to any counseling services (public or private sectors):

73.1% respondents that they have access to counseling services in private level, most are attached with NGO services. 17.3% mentioned that they don't have any counseling services. 61.5% stated that they are happy with the existing SHG services, this result referred that very limited services are avail for PLHAs and that is satisfied themselves. In other question of satisfaction whether NGO clinic fulfill their requirements. 78.8% are mentioned that they are satisfied NGO clinic services which is more than best from government services.

Fundamental Human Rights considered to be most crucial

Consideration that denial (absence or lack of protection) of PLHAs fundamental rights increases the vulnerability to HIV & AIDS. A higher proportion (90.4%) of population mentioned that denial of PLHAs fundament rights increases the vulnerability to HIV and AIDS. Consideration of denial of rights increases the vulnerability to HIV & AIDS (as well as vulnerability of others). Right to privacy, inadequate healthcare policies and services, hiding tendency due to stigma and discrimination increases risks of spreading HIV/AIDS, these are higher number factors increases for denial of fundamental human rights violations.

Type of discrimination among the affected family members.

Different types of discrimination are faced by the affected family members of PLHA. Proportionately, 25% members mention that PLHA status was disclose and gossiping by breaking news by the neighbors, relatives. Many community members treated as this a bad disease for bad people. Specially when a husband infected by the Virus, people are treated the wife as bad woman and she is the carrier. This type of treatment is very common of surrounding society of PLHAs. 23% members mention that they are facing a lot of trouble from the service providers as seem that they are also carrying the virus. Mental abusing by the community members is very common 15%. It is another problem that nobody wants to marry affected family members or their non positive members. In Khulna, two women are facing this problem for their brother and sister as PLHA. More than 25 times the people are coming to see the girls but when they are hearing about the PLHA status of family from other community members. They are refused to marry the girls though the girls are non-positive.

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DISCUSSION

It is observed from the field visit and data that general people including service providers, caregivers have huge misconceptions and obstacle in taking care to the HIV/AIDS positive people. All most every respondent including the infected and their family members are feeling discomfort to talk about HIV/AIDS positive issues. However, following are the specific responses related to stigma have come out of discussion with both infected and affected/family.

Stigma which identifies from the PLHAs:

Not in a position to express the matter of PLHAs status even with the family members

Parents will be very unhappy and feel disgrace for their siblings PLHAs status and vulnerability factors

Nonsense eye towards us from the common people even the relatives and neighbors for the PLHAs status

Doctors simply behave like animal with the infected one when the identity disclose for better treatment and caution of doctors.

Cannot express to other about the disease as they may try to start avoiding or hate from the very beginning after hearing the disease status.

Incorrect information about HIV/AIDS infection among the common people as well as PLHAs.

Sometimes people look towards us as animal in the zoo for being infected of HIV/AIDS; we are from unknown world people to disturb these civil society persons.

Run away from the job as the status disclose or informed somehow of the PLHAs.

Disclose our status among all the surrounding people even our child status by the relatives, neighbors, friends etc.

Stigma which identifies from the affected family members:

Relatives, neighbors, friends would not do good behave when they informed about the PLHAs status in their family.

She/he had been isolated from the other one as afraid of disease and its risk factors.

Other family members take precaution like don’t take plates, glass, using our toilets even don’t share our food.

Blaming attitude to the HIV/AIDS positive in every step of life, in case of women it very worse in society. Treatment of women from parents, father and mother in laws are badly treated as bad women in bad works (sex profession).

Community people would become hostile to the HIV/AIDS positive person to up rooted themselves from the house or society.

The schooling of our children was stopped as his/her fathers/mothers are positive.

If we disclose our spouse condition (HIV/AIDS), no one may interest to get married to our daughters/sons though they are non-positive.

Following are some general remarks from the PLHAs:

Cannot share pain and sufferings with family members

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Parents become very unhappy when informed about their son/daughter are HIV/AIDS positive

HIV/AIDS positive people's children was run away from school

Affected family members face problem with marriage of their son and daughter

Doctor treat like animal

Nurses are do very badly behave and not interested to give any service and care

Dear and near one go far away

Huge possibility to be alone and isolated (kept in own house only) from community

Still incorrect information about infection of HIV/AIDS and STIs

The other family member should take precautionary measures

Once knowing the HIV/AIDS infected, general behavior of the people completely changes (in simple word behave like dog)

If HIV/AIDS infected are small in number should kill with bullet or fire to make safe the rest of the people of the society

Sometime the community people looked at the PLWHA as animal in the zoo

Infected family has chance to attacked by the community

Infected male is in good position in the society, compeer to infected female.

Opinion of affected family members:

HIV/AIDS patients should not discriminate as it is as like other general patients

Should treat as like other member in the society as a human being

Government should extend support to the HIV/AIDS infected people provide with very expensive medicines in free of cost in due time.

Compassionate behavior to the infected one from the surrounding society

If any one doubt as HIV/AIDS positive should immediately rush to the hospital

Opinion of PLHAs:

General and special job facilities for the infected person and their family for leading the daily livelihood.

Not to discriminate from the society to think it as other disease as like diabetes, TB etc.

Do not make any false statement towards HIV/AIDS infected person to spreading the vulnerable situation of PLHAs.

Infected children should protect by the society and the Government to live better and discrimination free as human being in world.

Doctor and nurse should be more cooperative to the PLHAs to prevention of disease to others.

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Wives forcefully taken divorce from the husbands for being disease status discloses as PLHAs.

The way forward

Strengthening Research and Evidence-Based Interventions

Addressing the deep-rooted prejudice that drives the deprivation, exploitation, and discrimination of socially excluded populations requires a structured research-driven approach. The persistent marginalization of these vulnerable groups underscores the need for comprehensive studies that not only document their lived experiences but also provide actionable insights for policy reform and intervention design.

To advance this agenda, the following research-focused strategies should be prioritized:

Longitudinal and Cross-Sectional Studies

Conduct periodic research to track changes in stigma, discrimination, and access to health and social services.

Compare findings across different geographic and socio-economic contexts to tailor interventions accordingly.

Participatory Action Research (PAR)

Engage affected communities in co-developing research frameworks to ensure their voices are central to the study.

Utilize qualitative methodologies such as in-depth interviews and focus group discussions to capture nuanced experiences.

Policy-Oriented Research and Advocacy

Generate empirical evidence to influence national and regional policies on human rights protections for vulnerable populations.

Conduct policy gap analyses to identify areas where legal frameworks fail to protect these groups.

Data-Driven Program Design and Evaluation

Use research findings to develop targeted interventions that address specific barriers to healthcare, legal rights, and social inclusion.

Establish monitoring and evaluation mechanisms to assess the effectiveness of advocacy and intervention programs.

Capacity Building for Local Research Institutions

Strengthen partnerships between academia, NGOs, and government bodies to enhance research capabilities.

Train local researchers and community-based organizations in ethical research practices and data analysis.

Integration of Research with Community Interventions

Ensure research findings inform grassroots-level advocacy efforts and service provision.

Promote community-based pilot projects to test innovative approaches before scaling up.

By embedding rigorous research methodologies within intervention strategies, sustainable and evidence-based solutions can be developed to challenge harmful societal attitudes, drive legal and policy reforms, and empower marginalized communities.

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