Psycho-Social Response of Families and Other Significant Relationships Towards HIV/AIDS Patients

(A Case Study of District Dera Ghazi Khan)

Syed Muhammad Kamran Bukhari

Quaid-i-Azam University

Department of Anthropology

Islamabad – Pakistan

2018

Psycho-Social Response of Families and Other Significant Relationships Towards HIV/AIDS Patients

(A Case Study of District Dera Ghazi Khan)

Syed Muhammad Kamran Bukhari

Thesis submitted to the Department of Anthropology,

Quaid-i-Azam University Islamabad, in partial fulfillment of the degree

Master of Philosophy in Anthropology

Quaid-i-Azam University

Department of Anthropology

Islamabad – Pakistan

2018

FORMAL DECLARATION

I hereby, declare that I have produced the present work by myself and without any aid other than those mentioned herein. Any ideas taken directly or indirectly from third party sources are indicated as such.

This work has not been published or submitted to any other examination board in the same or a similar form.

I am solely responsible for the content of this thesis.

Islamabad, August 31th, 2018

Syed Muhammad Kamran Bukhari

owlish_kim@yahoo.com

ACKNOWLEDGEMENTS

My first and foremost gratitude goes to Allah Almighty who enabled me for this research work. I was not enough capable for this job but always listened to my prayers which helped me a lot. I present ***Darood-o-Salam*** to Holy Prophet Hazrat Muhammad (P.B.U.H). No work can be executed and accomplished without help and coordination of the relevant people. I am very thankful to my Supervisor Dr. Aneela Sultana (Assistant Professor), Department of Anthropology, who gave me precious time and tangible colossal informations for this thesis. Her medical knowledge and Anthropological approach enabled me in execution of this work. She was not only torch-bearer for me about the said topic but also paid much attention on my work, without her assistance and guidance I was not enough able to write these words and today I am extremely exuberant that the promise which i have with her, ultimately fulfilled. Actually, before the start of my research, there is a Trust level between your Supervisor (Teacher) and the Student, that how you convey exactly the field information, which you have seen or observed during your locale research. Alhamdulillah, I have kept this Trust level till the end of my research and I had given my words to my Supervisor "I will never ever let you down in my whole research." For choosing this topic, everyone criticized me even within my family and my close friends, I said to everyone at that time, "No doubt it"s a Challenging and Hot burning topic but Insha"Allah I will accomplish it by the Grace of almighty Allah at any cost." Finally I did it here I would also like to mention that Dr. Aneela Sultana directed me so much in my research work and gave me valuable material of HIV/AIDS. Her suggestions and advices enlightened my mind and galvanized a spirit of writing in myself.

I am also very thankful to Dr. Saadia Abid Chairperson of Anthropology Department, Dr. Muhammad Ilyas Bhutti, Dr. Innam Leghari, Dr. Waheed Chudary, Dr. Anwar Mohyuddin, Dr. Ikram Badshah and Mr. Waqas Saleem for their kind appreciation and particular love with me. I am also very inspired of Dr. Muhammad Ilyas Bhatti for his love and affection during my studies.

I am also very thankful to my sweet loving elder brothers due to their entire help and guidance I could not accomplish this task actually they too much humble as well as they are the source of encouragement to me, Dr. Muhammad Imran Hussain (Ph.D History)

and Dr. Syed Muhammad Rizwan Bukhari (Consultant F.C.P.S Cardiologist and MRCP(Medicine)) who always encouraged me and helped me out regarding their valuable discussions on HIV/AIDS which led me to write down this thesis and without their help I could not do anything. Here I would also like to mention my sweet friend Dr. Faisal Kamran (Ph.D. Political Science) who always boasts me up to continue these tiresome efforts. I am very thankful to my Office Staff Mr. Khalid Tanveer and Mr. Muhammad Rafique Ahmed for their kind and humble attitude throughout my study period and I will never forget the fruitful advices of Mr. Rafique Ahmed on social and ethical topics with the Islamic touch which enabled me to become a good student, I also pay my gratitudes to Mr. Sajjad Hussain librarian staff, Mr. Muhammad Bashir and Mr. Aftab Ahmed office boy of the Department of Anthropology Quaid-i-Azam University, Islamabad. There are many people who helped me a lot but some particular names are very loving to be mentioned here. These library personnels not only provided me relevant material but also prayed for my success.

I want to pay enormous thanks to my lovely father who financed me for my higher studies, his appreciations as well as criticism and support in my learning took me beyond my limits and Abu Jee honestly without you I cannot take a single step and thank you soo much for your uncountable affections and prayers for my Success. I am gratified to my sweet mother whose days and night towering prayers kept me consistent and steady during my study and research. I am too much thankful to my elder brothers Dr. Syed Muhammad Imran Hussain(P.hD History), Syed Muhammad Irfan Hussain Shah, Dr. Syed Muhammad Rizwan Bukhari (Consultant F.C.P.S Cardiologist, MRCP (Medicine)), and both of my sweet elder Sisters for the time they have given me free of tension and nervousness during my research.

I am thankful to my sweet nieces Syeda Maria Zahra, Syeda Afia Zahra and Syeda Khush Bakht Zahra, Syeda Farwah Zahra who missed me a lot during my studies at University. I am also very thankful to the little hands raised for my success: Syed Muhammad Hussain Ali Bukhari, Syed Muhammad Hassan Ali Bukhari, Syeda Naik Bakht Zahra, Amna Zahra, Fatima Zahra, Aysha Zahra, Syeda Farwah Zahra and Muhammad Abdullah Hussain. I am especially thankful to friends, Dr.Fasial Kamran (P.hD. Political Science), Sajjad Haider Buzdar, Muhammad Arif Khan and Syed Zahid Abbas Shah who supported me a lot in my research till end.

Here I would like to entire thanks to Mr. Muhammad Faisal Majeed (Ex.Deputy Project Director/FM Punjab AIDS Control Program, Lahore), Dr. Tayyaba Rashida (Ex.Punjab AIDS Control Program, Lahore), Dr. Sadia Shahraz Assistant Professor Ghazi Khan Medical College D.G.Khan, Mr. Syed Ali Asghar Gardezi (Psychologist and VCT Incharge at HIV/AIDS Centre D.G.Khan), Mr. Hammad Raza (Case Manager at HIV/AIDS Centre D.G.Khan), Mr. Muhammad Tayyab Farooq (Manager at Pak Plus Care & Support D.G.Khan), Mr. Kamran Saif (President at Tender Hearts Development Organization D.G.Khan), Mr. Ateeq-ur-Rehman (Lab. Assistant HIV/AIDS Centre D.G.Khan) and Mr. Owais Jafferi reporter Express Tribune New York Times.

I pay Heartly thanks to my sweet cousion Nusrat Ellahi who always encouraged me and supported me a lot, She always there for me in my ups and downs of my life, actually without her I was nothing to do anything in my whole degree.

Finally, I am thankful to everyone who helped me morally and ethically. I pray for prosperity and happiness of all the people named above. In the end, I again bow before Allah Almighty and present ***Darood-o-Salam*** to Holy Prophet Muhammad (P.B.U.H).

Syed Muhammad Kamran Bukhari

owlish_kim@yahoo.com

DEDICATED TO

My Sweet Beloved Parents

&

My Supervisor

Because they Guided me and supported me at every step throughout my life.

CONTENTS

LIST OF TABLES

Table No **Page No.**

.....

LIST OF ABBREVATIONS

AIDS – Acquired Immune Deficiency Syndrome.

ARV - Antiretroviral Therapy.

BHU – Basic Health Unit.

CMH – Combined Military Hospital.

CSWs – Commercial Sex Worker.

DHQ – District Health Quarter.

FSWs - Female Sex Worker.

HAART- Highly Active Antiretroviral Therapy.

HIV - Human Immunodeficiency Virus.

IDUs – Injectable Drug Users.

IVDAs - Intravenous Drug Abusers.

MARP - Among most at risk Population.

MSM – Male Sex with Male.

MSWs – Male Sex with Women.

NACP - National AIDS Control Programme.

NCCWD - The National Commission for Child Welfare and Development.

NGOs – Non Governmental Organization.

NWFP - North West Frontier Province.

PACP - Punjab AIDS Control Program.

PLHA – People Living with HIV/AIDS.

STI – Sexually Transmitted Infection.

STDs – Sexually Transmit Disease.

T.B – Tuberculosis.

UNAIDS – United Nation for Acquired Immune Disease Syndrome.

UNICEF – United Nations International Children‟s Emergency Fund.

WHO – World Health Organization.

ABSTRACT

Psycho-social problems have increased to alarming numbers in patients with HIV/AIDS. This is a chronic disease prevailing across the globe. According to a recent UNAIDS published report revealing that there are 36.9 million people are living with HIV/AIDS virus around the globe (UNAIDS, 2018). In the beginning, infected person does not care the symptoms as they are ordinary in nature. The disease spreads due to the penetration of HIV virus in the human body. It destroys the human immune system and also weakens the defence of the body against the infections. It is noticed internationally that after getting this illness the patients face number of psychological and social problems. Sometime these issues over dominate the illness and further weaken the immunity of the person. The current study is fundamentally based in this regard to elaborate the hype of this problem in his community where the people are radicals and conservative. (Nordqvist, 2018).

HIV patients feel some psycho-social complexities in their life. When their particular issues are identified they feel fury, loss, grief, hopelessness, helplessness syndrome, guilt, self-esteem, anxiety and depression, depressive psychic symptoms, depressive disorders, denial, anger, aggression and in some cases suicide attempts are also identified. These symptoms appear after the proper diagnosis of the disease. Proper counselling, support and assistance, psychotherapy and psychiatric support become necessary for the HIV patients apart from their medication. The objectives of the research are to find out the psycho social responses of families and their significant relations towards HIV/AIDS patients, to investigate whether the HIV/AIDS patients feel stigma while carrying their daily work at social platforms, the general improvements in psycho social status in battling the HIV/AIDS. It also suggested some important precautions to control HIV/AIDS. The locale D.G.Khan is selected due to the knowledge of the entire region, the common social tenets, local culture, language and easily accessibility to the general public. HIV/AIDS prevails in its different forms like STDs, MSM, IDUs, through Blood Transfusion, Transgender, Out-Migration sex and through disposable syringes used by the Dispensers. The researcher has used the purposive sampling because the entire research is based on qualitative research study using the detailed in-depth interviews. These interviews were conducted through the proper counselling of the patients at the *„Spœial Clinic"*. In order to improve the quality of health care for

HIV/AIDS in health clinics, it requires a multifactorial approach emphasizing patient education, improved training in behavioural change for providers, and enhanced delivery system. The current study found that the psychiatrical and social problems were more in those community groups where the people were conservative and well awared of the disease, its cause and consequences. However, these psychosocial issues were too much less in the illiterate class where the people were totally ignorant of the disease. Patients in most of the case studies are the victim of that stigma, however, this problem can be reduced if community and society work together towards improving the psychological conditions of all those patients infected and affected by HIV/ AIDS.

SYED MUHAMMAD KAMRAN BUKHARI

Chapter 1

INTRODUCTION

1.0 Prologue

HIV/AIDS is such a disease which is familiar throughout the world due to its devastating effects. Among its victims are both the developed and developing countries. Due to some or other reasons the sub-Saharan region is considered to be the most affected area HIV/AIDS. The disease is the most dreaded enemy of the human race which is going epidemic dimension gradually all over the world (Narang, et. al., 2013). Among the soft targets of HIV/AIDS are the immature and young people. The disease first became common among IDUs (male) homosexuals (both male and female), prostitutes and their clientele before spreading into the wider community (Srak, 2009). HIV virus is transmitted from one person to the another person due to manifold reasons such as having insecure sex, use of contaminated injectable syringes, affected blood transfusion, prohibited medical treatments and non-technical practitioners are among the collective causes of spreading HIV virus in Pakistan (The World Bank Report, 2005).

HIV virus has shattered the life of both rural and urban masses in Pakistan. Lahore is the city where the first case of HIV/AIDS was sorted out in the year 1987. Once the disease prevailed the victims were increased gradually with the passage of time as no preventive measures were adopted to cope with the menace. Due to this reason in late eighties and nineties it was witnessed that male population of Pakistan who travelled out of the country or residing in other were increasingly infected with HIV (The World Bank Report, 2005).

The most effected areas by HIV are the central and Southern part of the Pakistan and this number is increasing day by day. The out migrants are playing a pivotal role in spreading of this menace. Most of the people from these areas work as labors in gulf region and there they spend single life. When sexual desire is aroused they visit the brothels and accomplish their desire without adopting any protective measures. In this way they become the recipients of the fatal HIV virus. When these recipients come back to their native homeland and areas after very long intervals they transmit this disease to their spouses and infected them which is then passed to their off springs. In

Pakistan, year 1993 (The Express Tribune, 2013), the first case of HIV through breast feeding was diagnosed in the city of Rawalpindi. In nineties it became an epidemic as the number of HIV infected people increased dramatically and among them were MSM, FSWs, IDUs, MSWs male cyclical migrants, truck drivers and prisoners. Once this epidemic was ignited it never stopped, from small number of infected people, it encircled a vast segment of the society. According to the statistics of September 2000 by the concerned government officials the number of people infected with HIV/AIDS reached the figure of 1,699. On the other hand the statistics provided by the UNAIDS were astonishingly quite different as they mentioned that the number of the infected people are far more than the statistics provided by the Pakistani Government. The AIDS statistic were again revised in Pakistan by the UNAIDS and again the results were shocking as there were 85000 HIV positive adults between the age of 15 to 49. Due to this reason UNAIDS declared Pakistan as a country with an intense epidemic in high risk groups. World Bank reported 11000 more cases in the subsequent year 2007, so the number rose to 96,000 (Srak, 2009).

HIV/AIDS is considered as a vulnerable disease not only in Pakistan but throughout the world. Both developed and developing countries are adopting emergency measures to cope this threat. A recent report about the prevalence of this disease indicates that the people suffering from HIV virus throughout the globe are more than 36.9 million and sub-Saharan region is especially hub of this disease. The detection of HIV virus provided a chance to the scientists and researchers to make a wide range program for the treatment of the effected. It was a bi- pronged program which includes both the medical and psychological treatment of the patients. All the above mentioned measures were embraced only by the developed countries because of two reasons first they are welfare states and second they have lot of sources along with the research personals. So, these developed countries are much advance in providing best treatment facilities to their HIV effected patients (UNAIDS, 2018).

In present scenario the world has felt the danger which is slowly but persistently engulfing their societies. Special attention is paid to the Sub-Saharan region and emergency measures are implemented in this region. Leaders and countries throughout the Globe have consensus that it is not the problem of only a few countries where this menace has found its roots but it is the threat for all because people move throughout the globe so there are strong chances that the disease will not be limited

only to a particular area but with the passage of time it will encircle the Globe. They are agreed that this threat could be defeated only by providing awareness to their masses and escalating the research capabilities for the diagnosis and treatment of disease at the cost easily approachable. These measures have played a vital role in controlling the spread of this disease. Presently 90-90-90 treatment targets are fixed up to 2020, meant 90 percent of HIV effectees are aware of their HIV status, 90 percent of HIV positive status are approaching the treatment and 90 percent of HIV effectees already under treatment have repressed viral effects by improving their resistance (WHO, 2016).

The complexities of HIV/AIDS become more complicated and severe in second line diagnosis because treatment in this stage becomes both risky and expensive. The treatment procedure becomes more complex in the developing countries especially. The gender gap in developing countries is playing a negative role in restraining the prevalence of the disease because it delays the commencement of counseling and treatment in men. So, the result is AIDS related deaths in 58 percent of adults. The first impact disastrous effect of HIV virus is that it devastates the immune system of the human body at cellular level and when immune system is compromised it becomes very easy for the other fatal microbes to destruct the other systems of the human body and it ultimate lead to the death. The psychological impacts are more drastic as compared to the medical. Man is a social animal because he has to live in the society, have different relationships to deal and it becomes very difficult for him to face the overall situation. It not only effects their personal relationship but also their overall association in the society. The psychological treatment of the patient is as much important as the medical treatment (Cloete et. al., 2010).

There are numerous studies which indicates that HIV severely effects the mental condition of its victim and their social behaviors are totally changed due to the tension, depression and fear of the disease. Some of them cut off themselves from the society, some of them think that the whole society is responsible for their miserable condition so they should pay off the society what the society has given to them and some of them commit suicide due to the vigorous social pressure which they cannot afford. Social, cultural, economic and political conditions of every geographical segment are varied from each other. In developed countries where sex education is delivered to their citizens and they are awared of the consequences in case of

negligence, in those countries HIV/AIDS is considered to be a disease only, people response to it victim is full of sympathy rather than hatred or social boycott. The condition is totally different and opposite in developing countries, where the victim of this disease becomes the target of hatred and social boycott. That is why the social, cultural, economic and political conditions of a country also maters a lot when we are discussing the HIV infected persons specially. Victim of this disease passes through these stages and these stages were well elaborated by the developmental psychology years ago. That is why we should understand these psychological implications when we are going to recognize the effects of this menace on the life of adults and efforts to fulfill their life tasks (Schweitzer, et. al., n.d).

Social constrains such as feeling dishonor and shame are hinder for the people to discuss this disease in a broad sense and this is the reason behaviors of both the victim and society are quite different from each other. The same feeling of such stigma forces the HIV infected persons to avoid counseling, psychological care and even the proper medication. When they avoid such things they do not adopt any protective measures and spread this disease to the other members of the society. Due to this feeling of shyness people are even unwilling to adopt the preventive measures which are necessary to avoid or spread of HIV. These protective measures include certain medical treatment, use of condoms and certain procedures while having pregnancy to protect the fetus from HIV risk. In our society a women might have the fear of HIV but due to the feeling of shyness she cannot ask her partner to use the condom as a protective measure to avoid the risk of disease which she has in her mind (Cloete et. al., 2010).

On the other hand when we observe the social behaviors of our society, it comes to our knowledge that our social behaviors are too rude and ignorant due to the lack of knowledge and fear. If any member of a family becomes the victim of HIV, his or her whole family has to face the harsh consequences in terms of hatred, rejection and even violence from the surrounding community. This behavior of the society results in segregation of the concerned family from other members of the society and it does not stop here, family might have a chance to lose employment or even not able to get an employment, their innocent children have to face the rude behaviors and no one like to keep them as their neighbors. Although, our society is an Islamic society,

which teaches us the acts of sympathy, kindness and benevolence to the marginalized class of the society but society is not ready to adopt such behavior (Srak, 2009).

The health care providers must keep all the above mentioned aspects in his mind while dealing with an HIV infected patient. Counseling in this respect can play a vital role, both, the patient and members of the society need strong counseling and awareness to cope with the overall existing situation. The patient suffering from this disease is at high risk of morbidity and mortality so he needs a sympathetic and encouraging behavior rather than rejection and hatred from the family and the society. Better counseling and awareness can be helpful tools to avoid the feeling of shyness and to face the reality in an appropriate manner (Schweitzer, et. al., n.d).

On the other hand psychological treatment of the HIV infected person is much important because the level of acceptance of this disease is very low. There are many stages through which an HIV infected person passes. At first stage he completely denies that he is suffering from such disease, second stage is that they even deny passing through the diagnosis process and laboratory testing to verify the occurrence of the disease even they are at high threat of infection. In third stage they are not convinced for the proper medication because they do not know that the appropriate treatment can lower the risk factors. It is very much important that the people must possess some level of acceptance to cope with the HIV effectively. When an infected person develops the level of acceptance, he can easily be convinced for the better counseling and medical treatment. In this respect the society should also play a positive and constructive role by adopting a sympathetic and encouraging behavior toward such miserable persons (The World Bank Report, 2005).

After the proper diagnosis of HIV, when it comes into the knowledge of a person that he has become the victim of this disease, the level of suffering which he feels depends on the following:

- The way of acquiring the infection
- Physical appearance and way of living
- Level of support accessible
- Awareness and experience with AIDS related problems
- Approachability to HAART (Highly Active Antiretroviral Therapy)

- estimated risk of disclosure to HIV (Kesler, 2018)

An HIV infected person might face many psychological problems such as tension, depression, sense of guilt, social separation and uncertainty. No doubt the HIV diagnosis is a very nerve-racking event for many persons but it is much important for the future benevolence of infected person and society. The psychological effects are much important on the lifestyle of the infected person. When it comes into the knowledge of a person that he has become the victim of such a life threatening disease, his reaction might be different from the other infected persons but the feelings of fear and uncertainty will be the same in all. The different types of reactions expected from the different HIV infected persons might be as following;

- Usual or normal reaction includes tension, depression, fear and ferocity
- Neurotic reaction comprises of disappointment, negative emotions and attitudes.
- Psychotic reaction includes symptoms of depression and depressive conditions (Kesler, 2018).

The support which can be provided in such situations can either be intensive or non-intensive and this support can happen in one of the following methods:

- Education
- Counselling
- Useful assistance and support
- psychiatric support and treatment (Kesler, 2018).

Education plays an important role in changing the life style of HIV infected persons. This education is multidimensional which embraces numerous components, in which the sex education has prime importance. In sex education an infected person is educated about the protective measures he should adopt whether he is married or un married to avoid the further spread of disease in the family or in society. Secondly he is educated about HIV infection and other related infections which may find their way when the immune system is compromised. Similarly if HIV infected mother has conceived pregnancy, what should she do in that case. Such kind of education prepares the HIV infected person to face the expected calamities in a better way. This educational approach starts with professional guided education and ends with the self-

education. The other most important support provided to an HIV infected person is the counseling. Without the proper counseling an HIV infected person cannot be convinced to understand the ground realities. It is counseling which prepare and encourage him mentally to face the expecting grim situations in a better way and infused in him the fighting spirit. Half of the tension, depression and grievances are relieved when an HIV infected person is counseled properly in a better way. Although counseling is an individual process but it can encircle the family members and even a related segment of society also (Silva, 2015).

Family structure plays a vital role in the life of an HIV infected person. HIV is such a kind of disease which puts tremendous stress on the entire family system and shatters its foundations. If the family bond is strong, educated and supportive then the member of such a family feel much relaxed as compared to the situation in which family bond is week, uneducated and non-supportive. Families may have to face the social and economic problems while taking care of their HIV infected relatives or their orphans. Health care professionals or providers must keep all these issues in their mind for the better treatment of their HIV infected patients and they should give the prime importance to the confidentiality of their patients. They should aware them about the consequences of the disease in such a manner that patient show his acceptance for the suggested treatment. At the same time they should take steps to overcome the stigma of their patients and build a support system for the patients and instruct their family members especially spouse about the HIV implications. The epidemic of HIV is evolving throughout the world as a major threat to the social development, especially in the developing countries including Pakistan. Such situation needs special attention to adopt specific protective measures to cope with the over whelming situation (Silva. 2015).

The situation in Pakistan is getting worse day by day as numbers of cases are increasing in subsequent years. When we compare the data of HIV infected persons of late 1980s to the data collected in 2011, we observe a massive increase in the number of HIV infected persons year by year, it means that the prevalence of HIV is rising with a high speed and our country is among most at risk populations (MARP). According to the current evaluation, it is estimated that number of HIV infected adults have crossed the digits of 96, 4003 in Pakistan. Between 1986 and 2007, the number

of died persons with AIDS related complications is estimated around 5, 0004 (the data is accessed by the researcher from many sources).

As for as the prevalence of HIV is concerned, then it is estimated that by 2008 nearly 21 percent of HIV was spread due to the injecting drug users (IDUs) in two major provinces of Pakistan which are Punjab and Sindh which are thickly populated provinces of the country. The drug injectors in the provinces of KPK and Baluchistan have also boosted the spread of HIV in their respective provinces. Subsequently the other mode of transmission of this disease is the sexual activity which is multi-pronged, if a family member perceives HIV infection, he can transmit it to his uninfected wife, his expecting baby or to the other members of the society through visiting the barber shop for shave and brothels for sexual activity. The other means of transmission of HIV is the unprotected sexual activity among the populations with multiple partners such as male and transgender sex workers and the prevalence ratio due to this reason is 6.4 percent (Srak, 2009).

The other segments of population who are at high risk and susceptibility to HIV are street children, workers abroad, prisoners and specific work-related groups. In Pakistan the HIV infected cases were observed in late 1980s and among them most were the working class of Pakistan who returned from the Gulf region to visit their native towns in Pakistan. Such kind of situation is very dangerous because there is a possibility of wider spread of the disease in the general population. However AIDS is not a major prevalent disease in Pakistan but there are different risk factors which can increase the ratio of morbidity and mortality. So, it is the need of time to adopt the protective measures to restrain the prevalence of this disease in Pakistan. One of the best way to achieve this target is to educate the Pakistani society about the HIV virus and AIDS disease in a comprehensive way. The educational programs could be conducted in colleges, universities, community centers or could be propagated through the electronic or print media. It is much important to implement the preventive strategies before the prevalence of the disease. Pakistan is in such a position to eradicate this evil or hinder its further spread in the society.

Based on the preliminary survey study, the researcher finds through psychosocial analysis with the assistance of a psychologist at the special clinic in DHQ D. G. Khan that HIV/AIDS patients pretend depression, anxiety in the social, cultural and

economic domain. They also pretend to a social stigma in the society as the ordinary people behave negatively with the HIV/AIDS infected people. This study try to assess the psychosocial response of family and other significant relationships towards HIV/AIDS patients in Dera Ghazi Khan, a Southern Punjab district headquarter located in Pakistan.

1.1 The Problem

Based on the evidences from a locale doctor and facts from Punjab AIDS Control Program (PACP), there is an alarming majority of HIV/AIDS patients in surrounding areas/periphery of district Dera Ghazi Khan which is highly affected from this virus. Furthermore, a report appeared in *Daily Express Tribune* (English newspaper from Pakistan) on December 2, 2013 exposed a five year survey from a local non-governmental organization *„Tender Hearts"* which admitted that there is a threatening figures exceeding to 10,000 of HIV/AIDS patients in district D.G Khan. Further evidences are also available in the recent national and regional media publications. These evidences provoked the researcher to initiate this research which provides the tentative reason to work on this article. It was also highlighted and observed the psycho social problems associated with the AIDS patients after getting the disease. These issues were highly linked with the society in the patient"s surroundings as cultural and social values are totally against such patients and HIV is considered to be the notorious disease.This attitude from society gives birth to antisocial trends among the patients leading them to severe depression and anxiety and some are ready to commit suicide.

1.2 Statement of the Problem

The statement of the problem in this research describes about the psycho-social response of a family and other significant relationships towards HIV/AIDS patients existence in district Dera Ghazi Khan. It also focused on the reasons which are responsible for the spread of this virus in these patients and remarkable change in the behavior and personality of the effectees. The common reason is to be investigated by the researchers is family either does not support the patients or the patients either hesitate to face their relationships and other social circles because of the society based constraints. The main reason of this cause is the existing social stigma which is

prevailing in the Pakistani society. There is another focused sampling which studied a total 30 HIV/AIDS patients from district D.G Khan.

1.4 Objectives of the Study

The objectives of the research are:

1. To find the psychosocial response of family and other significant relationships towards HIV/AIDS patients in district Dera Ghazi Khan.
2. To investigate that whether HIV/AIDS feel stigma while carrying their daily work at social platforms.
3. To study the general improvements in psychosocial status in battling the HIV/AIDS.
4. To aware about the precautions to control the HIV/AIDS in district Dera Ghazi Khan.

1.5 Methodology of the Research

The entire research is based on interview through a purposive sampling method. Purposive sampling method is a non-probability sampling. In purposive sampling, you decide the purpose you want informants or communities to serve, and you go out to find some. The researcher applied purposive sampling in both phases because of the known sampling frame and the goal of generating the highest possible response rate. In this data collection method, elements are chosen based on the purpose of the study, and selection targets a particular group of people (Bernard, 2002; Bernard et al), to attain the targeted 30 HIV/AIDS patients for collecting their detailed in-depth case study aiming to interact with them in the friendly environment and how their relationships within the family, relatives, friends and also surroundings of their neighbours. It is also mention here to find out how vicinity people behaved with them as being the patients of HIV/AIDS, as there are certain hurdles to find out HIV/AIDS patients from district D.G Khan and prefer to work with Punjab AIDS Control Program (PACP) at the *„Spœial Clinic"* to locate these patients and their detailed disease history.

The working at the *„Spœial Clinic"* helps me in finding HIV/AIDS patients at the earlier level these patients reluctant to admit that they are being HIV/AIDS positive due social stigma of the society. The research was initially targeted 40 male patients

at *Special Clinic"* in District Head Quarter hospital D.G.Khan but at the end of the research only 30 HIV/AIDS patients data were collected through indepth and detailed case studies, furthermore 97 persons were interviewed including with their family members, closed relatives, friends and surroundings of their neighbours.

Some of the HIV/AIDS patients were hesitated/reluctant to give in-depth case study to the researcher in-fact they became/reacted aggressive and felt shame/guilt to think about their past events, infact they were excluded by the researcher because their incomplete case studies. On the other hand dur to the occurrence of data again and again the researcher decided to stop collecting data with the consent of his supervisor, and so 30 HIV/AIDS patients data were finalized, with their due consent some of them even allowed to take their snap at the time of interview. Now in the next portion we will discuss the research sample size such as.

Table: 1.1 Research Sample Size

Categories of Respondents	No. of Respondents
Medical Personals	2
Paramedical Staff and Ward Boys	7
HIV/AIDS Patients	30
Family and Relative	32
Friends and Neghbours	26
Total	97

Source: Field Research

The pervasineness of HIV/AIDS in general population is tends to be increasing during the present period in district Dera Ghazi Khan. The mode of transaction of the virus from the infected target to the general population is not halted due to the possession of the insecure sex culture in a number of developing states. The young population and the adolescents are the two most general preying targets of HIV virus as the earlier group lack in adequate access to health friendly sex environment and sexual violence or friendly but insecure sex with their female counterparts after enjoying sex with Female Sex Workers(FSWs)/Commercial Sex Workers(CSWs).

According to the UN Aids recent report; presently, there are 36.9 million people worth living with HIV/AIDS virus. Of this figure, 0.8 per cent is adult population aged between 15 to 49 years old. This shows that these account many socio-economic and psychological challenges in the society.

1.5.1 Phenomenological Ethnography

Phenomenological ethnography is a theoretical approach in which the researcher considers the individual‟s experiences, perceptions and behaviours. The phenomenological researcher is most interested in the „lived experience‟ of that individual and experiences of their imagination, the outside world, and social interaction. They might chose to explore how an individual assigns meaning or interprets the things they experience. In our research question, about the "psycho-social response of families and other significant relationships towards HIV/AIDS patients" they might think about the way a teenager with DMD (Duchenne muscular dystrophy) thinks about the progression of their disease, or how their sense of personal identity changes over time.

1.5.2 Positionality

Researcher positionality is actually a consideration of its influence, and his place in research. "It is critical to pay attention to positionality, reflexivity, the production of knowledge and the power relations that are inherent in research processes in order to undertake ethical research.

1.5.3 Personal Rational

The reason and facts underline the selection of Dera Ghazi Khan is the area of my research are;

1. Facts regarding increased prevalence of HIV/AIDS in the region.
2. Accessibility to the general public.
3. Knowhow of the entire region.
4. Knowhow of the treatment facilities.
5. Ease of speaking the same language.
6. Knowing the common social tenets and local culture.

1.6 Ethics of Research

The researcher completely studied the Ethics of research before going to the field work, and his supervisor informed that there will be no compromised on research ethics according to the researchers topic on HIV/AIDS which is very sensitive in culture perspective.

1.6.1 Privacy Maintence

Neither the researcher nor the interviewers were harmed during the data collection. The researcher stay at the HIV/AIDS *„Spœcial Clinic"* D.G.Khan he already built and maintained a trust worthy relationships with the concerning Doctors, Special Clinic staff and the patients, counselling the HIV/AIDS patients in the sat a side room, the patients also felt relaxed within the friendly environment where no one disturbed the researcher and the patients and he will talk easily without any hesitation. The researcher will keep all the conversations of HIV/AIDS patients in secret.

1.6.2 Rapport Building

According to the anthropological research, Building of "rapport" is another significant element. It refers to construct relationships based on trust and mutual respect with the group or community where you are conducting research. During his stay at the *„Spœcial Clinic"* the researcher was firstly built a trust worthy relationship with the staff of the Punjab AIDS Control Program (PACP) in DHQ Hospital D.G.Khan, to realize them that the researcher is to overcome your burden by making HIV/AIDS patients file in record and also guided them in their local Saraiki language with detailed counselling section which was very fruitful for them. Their relationship with the researcher are still as strong as the time passed on and most of the HIV/AIDS patients are still within the contact of the researcher to share with him their daily routine life problems.

1.6.3 Limitations of the Research

The researcher coordinates with Punjab AIDS Control Program at *„Spœcial Clinic"* in District Head Quarter hospital Dera Ghazi Khan to study the Psycho-social response of the families and other significant relationships towards HIV/AIDS patients and meet with significant number of male HIV/AIDS patients. The duties that is to be performed there including the counselling of the patients, awareness campaigns about the disease as well as encourage them to accept the results and take proper medicine

and fight their battle against this disease. The research has targeted 30 male patients at the *„Special Clinic"* in District Head Quarter hospital D.G Khan in which some of them were reluctant to give indepth case study to the researcher infact they became aggressive, anxiety, depression, anger, and cannot think about their past events. The research further investigates the psychosocial response of family and other significant relationships towards HIV/AIDS patients that more people from district Dera Ghazi Khan.

1.7 Types of Respondents

In social sciences a person who answers a request for information persons are such as.

1. HIV/AIDS Patients in District D.G.Khan
2. Familiy Members.
3. Closed Relatives.
4. Friends.
5. Neighbours.

1.8 Sampling Techniques

Which is very the important techniques within the research and here the researchers decided which one sampling techniques are suitable for the required of his research.

1.8.1 Purposive Sampling

In purposive sampling, you decide the purpose you want informants or communities to serve, and you go out to find some. The researcher applied purposive sampling in both phases because of the known sampling frame and the goal of generating the highest possible response rate. In this data collection method, elements are chosen based on the purpose of the study, and selection targets a particular group of people (Bernard, 2002; Bernard et al). That‟s why in this particular situation the researcher used purposive sampling because here the purpose was to findout "Physo-Social Response of Families and Other Significant Relationships Towards HIV/AIDS Patients" and the selection of targets were the HIV/AIDS patients at the *„Special Clinic"*D.G.Khan.

The HIV/AIDS patients feel shame, aggression, nervousness, frustration, anger and fear of death after being diagnosed as HIV/AIDS positive. Their psychological bond broke down that‟s why the entire research is based on interview through a purposive

sampling method, to attain the targeted 30 HIV/AIDS patients for collecting their detailed case study aiming to interact with them in the friendly environment and how their relationships within the family, relatives, friends and also surroundings of their neighbours. It is also mention here to find out how vicinity people behaved with them as being the patients of HIV/AIDS, as there are certain hurdles to find out HIV/AIDS patients from district D.G Khan and prefer to work with Punjab AIDS Control Program (PACP) at the *„Spœial Clinic"* to locate these patients and their detailed disease history. The working at the *„Spœial Clinic"* helps me in finding HIV/AIDS patients at the earlier level these patients reluctant to admit that they are being HIV/AIDS positive due social stigma of the society.

1.9 Data Acquisition Methods

These are the common qualitative anthropological data collection methods are such as.

1.9.1 Participation Observation

Participant observation is one type of data collection in anthropology, which is typically used in qualitative research. During the research, researcher stayed at the *„Spœial Clinic"* he closely observed all the things from the perspective of anthropologist how the behaviours of the medical doctors, psychologist as well as the paramedical staff were, and how many facilities and tension free environment to the HIV/AIDS patients at the *„Spœial Clinic"* D.G.Khan, from the researchers keen observation and interaction, he has deeply noticed the following flaws and deficiencies at large scale.

The participatant observed that actually they were not fulfilling their duties with full zeal and zest. They were not highly punctual and dedicated in their jobs. The participatant observed that they were not good in their moralities and ethical values towards the effectees. When the researcher commenced interaction with the HIV/AIDS patients they all were complaining the un-seriousness and the rude behaviour of the HIV/AIDS centre"s staff. The participatant observed at that time that they were not at hand in counselling the patients and took them as casual patients rather than special ones. You can assess the hype of negligence in this way that most of the patients were not appropriately convinced to use condoms for sex. This was the researcher who told them the appropriate way to do sex after getting HIV and that was

well appreciated by the affectees. The researcher also arranged the the awareness and discussion classes for the lower grade employees of the centre where he was conducting his research as he came to know that even the centre did not bother to aware the lower staff to protect themselves from neddles etc. That seminar was well admired by the employees and staff of that particular centre and researcher got the good standing certificate from the higher authorities for his tiresome efforts and dedication towards the well-being of the humanity.

In the beginning, the participatant observed that infection appears in the patient body and in most cases the patient take this infection as light and ordinary. The disease is spread due to the penetration of HIV virus in the human body. The virus badly destroys the immune system of the body with slow pace. HIV/AIDS is an incurable disease so far (Over, 2010). It destroys the human immune system and also weakens the defence of the body against the infections. The symptoms of the disease appear very slowly and sometime many years for the patient that he could realize about the disease. AIDS is known as the most advance stage which develops after from 2 to 15 years depending upon the immune system of the human body (Nordqvist, 2018).

According to the researcher, Initially infection hit the patient body and in most cases the patient takes this infection as causal flu. The infection becomes more severe and panic in the beginning months and sometimes patient unaware about the changes due to lack of awareness about the disease. After first few weeks the patient either receive no infection or face influenza like illness, fever, headache, sore throat and rash etc, as the virus attacks the immune system some more complex symptoms emerge. These symptoms are speedy weight loss, cough, diarrhoea and swollen lymph nodes (Hoenigal et. al., 2016). During researchers stay at the *„Spœial Clinic"* he observed the HIV/AIDS patients initially experience some certain changes in his/her body such as cough, weight loss, weakness, aggression, stress, and continues fever abdominal cramps, loose motions and anorexia, but did not aware about the HIV/AIDS either due to lack of education and awareness. If the patient is not diagnosed properly so far or have no access to the diagnosing process some other symptoms like severe illness, tuberculosis, Cryptococcal meningitis, severe bacterial infections leading to septic shock and cancers such as lymphomas and Kaposi sarcoma etc began to emerge.

According to the researcher, the patient feels these symptoms as ordinary and is confident to cure of the disease. The researcher also observed that all these HIV/AIDS patients were faced the anxiety disorder and depression as the disease is to be considered fatal and mortality rate is very high and there is also no cure. They were usually indulged in unprotected and illegal sexual activities as means of seeking lust and pleasure. Furthermore the researcher also observed that how their families, relatives, friends and neighbours behaved with them after diagnosing the HIV/AIDS. In well-awared families, it was a huge shock for them to bear and were often very upset about their fate. They continuously have the feeling that they are not treated decently and tactfully enough. Anger and desperation can sometimes escalate into self-destruction leading to suicidal attempts. Aggression is one of the most frequently reported reactions in frustrating situations. In the frustrating situations, an individual may focus his anger, remorse, indignation, outrage, hostility on other people that are considered as suitable object (Bratska, 2001).

When the patient diagnosed as HIV/AIDS patient, he/she react in many ways. When the patient diagnosed as HIV positive he/she react in different according to the situation. According to the finding of the researcher some of the patient behaviour were quoted as under;

1. The patient feel self-shame/guilt
2. The patient lost the sense and feelings such as what would happen with their family, wife. How they survive in the social spectrum
3. Some of the patients reacted in an aggressive way i.e. patch up with the health care providers

When the patient is diagnosed as the HIV positive, he reacts differently. The common feelings of patient include the worrying behaviour, psychological, physical and emotional stress, anger, shock, fear and sadness etc. all of these emotions and stress is natural.

According to the researcher, the most important factor in producing and extending the negative psychosocial effect of HIV/ AIDS is stigma. As stated by a renowned writer, actions to reduce or protect against stigma may be the most significant step that can be taken to improve the psychosocial well-being of people with HIV/AIDS (Fabianova 2011).

During the research, the researcher optimistically calculated the behaviour of the friends/community with the person living with HIV/AIDS. To calculate this trend, the researcher asked the questions to the HIV/AIDS and sometimes same questions were asked from the relatives/friends of the patients. The behaviour of the friends/community of the patient experiencing HIV/AIDS is termed in the following two ways.

1. The people living in the urban areas were mostly belonged to the educated background who gave negative opinion and did not give consent to be exposed to their friends and relatives because of social enigma and fears.

The friends and the relatives after detection of the HIV/AIDS alienated themselves from the HIV/AIDS patient. Once a close friend, alienated from the social circle and often social boycott of their friends due their disease. One of the relative of the HIV/AIDS quoted himself as;

“Before the detection of the HIV/AIDS, I move with my friend everywhere. We play together. We eat food together. We took part in every activity with zeal and zest. But after diagnosis of the HIV/AIDS, I parted from my friends. I decide this as I learn that there is no proper cure of this disease is available in this world.”

One of the AIDS patient quoted his position as below:

“When my friends and the relatives learn that I am HIV positive, They departed me. They separated their eatable things. They even boycotted me socially. I felt ashamed as what wrong I have done with them. I felt emotional and psychological pressure upon my nerves. But what can I do now at this stage. I am breathing only to live not with smile but with burden.”

2. The people living in the rural areas were mostly belongs to the uneducated background who provide positive opinion and provide good opinion to their friends/relatives having HIV/AIDS because of total ignorance of the problem and its consequences.

The friends and the relatives accept the patient with the HIV/AIDS patient. They provide proper attention in every way. They also support hem/her financially and

psychologically. One of the relative of the HIV/AIDS patient quoted his feelings as under:

"I was bit emotional as I listened about my nephew having AIDS. However, I did not think in negative way. Not only I accept his disease but also married him with my daughter (despite my sister resisted this decision). I think this disease is a destiny and fate from God. Allah will protect him, and I am sure that he will get well soon."

The patient explored his opinion in this way;

"While diagnosed as HIV/AIDS, I felt a strong emotional resistance. But I did not accept this diagnose. After, some later period, I decided to take medicine besides having/approaching multiple sex partners. Now I am satisfied. This is my destiny. I have to live with this disease, and I am happy."

The researcher also observed the behaviour of the *„Special Clinic"* staff and doctors with the HIV/AIDS patients in a very rudely manner even the patients were not providing proper counselling section at the initial stage of their disease.

1.9.2 In-depth Interviews

The researcher keeping in view to the concern topic "psycho-social response of families and other significant relationships towards HIV/AIDS patients" conduct the detailed in-depth interviews of the HIV/AIDS patients as well as their family members, blood relatives, friends and their vicinity neighbours, how they behaved with them in their daily routine life. All these HIV/AIDS patients data were collected with the help of in-depth interviews. The researcher also conducted in-depth interviews with their family members, blood relatives, friends and surroundings of their neighbours. The prevalence of HIV/AIDS in general population is in tend to be increasing during the present period in district Dera Ghazi Khan. The mode of transmission of the virus from the infected target to the general population is not halted due to the possession of the insecure sex culture and totally ignorance in many developing states. The young population and the adolescents are the two most general preying targets of HIV virus as the earlier group lack in adequate access to health friendly sex environment and sexual violence or friendly but insecure sex with their female counterparts after enjoying sex with Female Sex Workers(FSWs)/ Commercial Sex Workers(CSWs).

The latter case deals with the transferring of the HIV virus from vulnerable mother to their babies in the absence of insufficient health facilities (The Global Report on AIDS, 2013) ignorance from health authorities as well as through blood donation process as the researcher during his research found a case where a child was infected with HIV from his father"s blood who was out-migrant HIV positive. The local laboratory just finds the cross matching of blood groups but could not verify that either the father is experiencing any infectious disease. In recent cases, it is also found by the *„Special Clinic"* at D.G Khan that HIV/AIDS virus has also detected in Thalassaemia adolescent during the insecure blood transfusion as the local dispenser only match finds the cross matching of blood groups of the donor and the recipient other than precautionary laboratory tests (The Researcher personal findings during the research project at *„Special Clinic"* at DHQ Hospital D.G Khan). The other reason is that in most of the developing states, the sex education mechanism or the awareness of Sexually Transmitted Infections (STIs) is not available to the general population due to religious, traditional, cultural or rigid social structure of the state and the society.

1.9.3 Key Informants

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from a wide range of people such as family members, relatives, friends and vicinity neighbours. The role of key informants in this was very vital and significant actually they provided you the basic and fruitful data for your research. There are four key informants first one was Mr. Ateeq-ur-Rehman (Lab.Assistant at Special Clinic D.G.Khan) he provided to the researcher the valuable information he was the well (Urdu meaning „Kunwan") of knowledge, and the second person was HIV/AIDS patient living in Kot Mubarak, the third person who was HIV/AIDS person living in Sakahi Sarwar and the fourth person was also HIV/AIDS patient living in Chutti Zarain. Actually the researcher was totally blind without the help of his key informants. In every research the basic structure of the research totally depended on the key informants which led you towards your destination.

1.10 Keep Records

The record of the research is maintained by the researcher in the following way:

1.10.1 Field Jotting

During the working at *„Special Clinic"* what was being said or shared by the HIV/AIDS male patients with the researcher noted down in short sentences also their posture and gesture and their pain in life, emotions are also being noticed at that spot, how their stories of people who left them alone said to the researcher in the short sentences frequently listen in Saraiki and Urdu such as, "*Allah Kon Pata"*, *Dukh Tay Takleef Allah De Tarfon Ondee Hay*, *"Bemari Vich Har Koi Choor Vainday"* how they are tackling their economic situation within the tuff environment as being the HIV/AIDS patients to memorize at the later stage of writing this research. Every single or minute detail is documented at the *„Special Clinic"* as well as in the field survey by the researcher to recall easily in future.

1.10.2 Field Notes

The researcher also wrote down the important field notes at the end of each day during working with *„Special Clinic"* at DHQ hospital Dera Ghazi Khan; the field jotting converted into detailed field notes at the end of each case study. These field notes were written after analyzing every case in the perspective of their circumstances, shared information and mutual discussion. The case studies also maintain in accordance with their name, sex, age, duration of indulging within the hidden relationships with unsafe sex , their illiteracy and always being neglected South Punjab by the government particularly in my locale the subject that how they fell prey to HIV/AIDS in District Dera Ghazi Khan.

1.10.3 Field Diary

The field diary deals with the record of personal emotions and feeling that the researcher experienced during the stay at *„Special Clinic"*. It also contains the feelings of the researcher such as happiness, excitement, sympathy, fear, confusion and sometime the preparation of daily diary regarding the HIV/AIDS patients whom the researcher being felt an association. The researcher also wrote down the posture and gesture, their emotional and heart touching feelings being noticed within the interview. The researcher provided them the friendly environment to the HIV/AIDS patients in the *„Special Clinic"* to express their each and every word and wrote it within his field diary.

1.10.4 Mapping/Tabulation

The data which finds through field jotting, field notes, field diary and observation report be mapped/tabulated in an organized way in the research.

1.11 Methods of Data Analysis

Data analysis has two prominent methods:

- Qualitative research
- Quantitative research.

Each method has their own techniques. Interviews and observations are forms of qualitative research and the present research also based on the qualitative research on the "Psycho-Social Response of Families and Other Significant Relationships Towards HIV/AIDS Patients". Qualitative research is also called a descriptive research.

1.11.1 Thematic Analysis

Thematic analysis is one of the most common forms of analysis in qualitative research. It emphasizes pinpointing, examining, and recording patterns or "themes" within data. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. During the research the researcher applied the thematic analysis to all his respondents within their counselling section and the data collection.

1.12 Organization of the Study

The research is organized in the following way:

First chapter incorporates the introduction of the research including statement of the problem, hypothesis, limitation of the study, research methodology etc.

Second chapter provides the detailed case history of the Psycho-social response of family and other significant relationship towards HIV/AIDS patient HIV/AIDS from district D.G Khan which are incorporated in the research.

Third chapter provides the Ethnography of the locale study of district Dera Ghazi Khan which includes the topic such as area profile, history, customs and traditions, shrines of Sufis, important places, parks, banks, public places, health center, educational institutions, hotels, Airport and other means of transportation etc.

Fourth chapter finds the theoretical phenomena of Psycho-social analysis and its relationship with the acceleration of HIV/AIDS in different parts of the world by coinciding with the modern case studies.

Fifth chapter give conclusion including the findings as well the recommendation to eliminate AIDS form district D.G Khan.

1.9 Literature Review

The topic of the research related to the psycho-social response of family and other significant relationships towards HIV/AIDS patients is of much importance in the contemporary study of anthropology. There are many researchers and scholars which have identified much in this field. However, the research related to the South Asian context in general and Pakistan‟s context in particular is missing. The present research deals with the gaps which are of significant importance in the context of Pakistani society. The researcher has identified some important sources related to the research topic. The review of the literature is presented as following;

Cooper and Foster identify in their research that HIV/AIDS is a social stigma and the people with HIV/AIDS virus are known as social resistance in the society in general and in the family in particular. The researchers apply the results in the context of South Africa. The study was based on interview techniques and the data was collected from the university students to measure their psychosocial tendencies related to the epidemic. The results indicated that the students have stigmatization tendencies towards HIV/AIDS patients in their particular society. The research is helpful in driving the stigmatization tendencies in the Pakistani context after implying the core questionnaire study (Cooper and Foster, 2009).

When considering the basic needs of a child one is inclined to think in terms of food, shelter, clothing, love, and security, a combination of the material and psychological needs. Children infected and affected by HIV/AIDS have similar needs, except the fulfillment of these needs is potentially in jeopardy when a parent or carrier becomes ill and eventually dies. According to a UNAIDS report published in 2001, there are approximately 34 million people across the world which are currently living with HIV/AIDS virus. The situation is very grave in the sub-Saharan region where the number is relatively higher than the other regions. The present study is focusing on the region of Zimbabwe and Tanzania which are home to the most number of

HIV/AIDS patients. The study is focused on the children who are living with parents which are epidemic of HIV/AIDS virus. These children have social stigma as the ordinary people do not accept them as common as the other children whose parents do not possess this virus. The study is worth informative as the issue becomes major health challenge in these states. The study describes efforts to address the tough questions related to the rights and needs of children affected by HIV/AIDS, with a focus on their psychosocial needs (UNAIDS, 2001).

The psychosocial impact of receiving an HIV-positive diagnosis is well documented. Receiving this diagnosis is almost always a life-changing and traumatic experience. Difficulties associated with dis- crimination and stigmatization necessarily complicate the coping process, and a need to implement holistic models of care that address the psychosocial, spiritual, and physical dimensions of living with HIV infection has therefore been advanced. Collectively, these stigma-related experiences might contribute to stress and adjustment difficulties among persons living with HIV. According to the writers, the purpose of this grounded theory study was to investigate how Danish HIV-positive persons live with their disease, focusing on HIV-related stressors. Using the Glaserian method, we analyzed textual data from in-depth interviews with 16 HIV-positive persons. Decisions about disclosure appeared to be a major concern and a determining factor for HIV- related stress. Consequently, we developed a substantive theory about disclosure decisions in which three different strategies could be identified: (a) disclosing to everyone (being open); (b) restricting disclosure (being partly open); and (c) disclosing to no one (being closed). Disclosure was a continuum; none of the three strategies automatically relieved HIV-related stress. The theory describes the main determinants and consequences of each strategy. Our study demonstrates the importance of recurrent individual considerations about disclosure choices and plans, and offers a theoretical basis for interventions designed to assist persons living with HIV to make the best possible individual decisions regarding disclosure, and thereby reduce HIV-related stress (Rodkjaer et. al, 2011).

HIV, as is well known, is not random in its spread and its impact is disproportionately high on those who are socially, sexually and economically vulnerable. The vulnerability is mostly in low socio economic families. The persons having HIV infection suffers various problems not only physical but also strikingly psychological and sociological. The present study was conducted on 'Psycho-Social Problems of

HIV/AIDS patients and to assess gender difference among HIV/AIDS patients at ART center of SMS hospital, Jaipur, India. Required information was gathered by using a self-prepared questionnaire. 15 males and 15 females (n-30) HIV/AIDS patients were contacted to collect data. Case study method was used to seek in-depth information for depicting the results. On the basis of obtained information and observation, it was concluded that most of the HIV/AIDS patients had to face more social problems than psychological problems. Female patients showed lack of awareness level regarding HIV infection and AIDS than male patients and are facing the daunting challenge of life after HIV infection. It was also observed that majority of the females got this infection from their husbands, but male respondents were more vulnerable to receive this disease due to unsafe sex and extra marital sex. The sociological problems are facing more in illiterate females as compare to male like rejection from the family member or negative behavior with them, but all over the social conditions are worse for HIV/AIDS patients. The study was conducted in the Indian context (Narang et. al, 2013).

Children orphaned due to AIDS experience more psychological distress than children who still have both parents, or children who are orphaned due to other causes.12 They tend to be poorer than other children, have less to eat, are less likely to attend school, are more likely to be living in a family without access to social assistance, have caregivers who are unwell, and spend more time on household chores.13 Some of the psychological problems that they experience are: anxiety, depression, anger, sleep problems and nightmares, suicidal thoughts, peer relationship problems, post-traumatic stress, delinquency and conduct problems.14 These psychological problems are likely to become more severe if children are forced to separate from their siblings upon becoming orphaned, experience a frequent change in caregiver, or live in a home where there is violence or abuse.15 Increased stress experienced by caregivers as a result of caregiving responsibilities impacts negatively on the quality of care that they provide to children.

According to the UNICEF report published in 2011, Risk factors that impact on children and youth orphaned due to AIDS include bullying, stigma, community violence, and lack of opportunities for positive recreational activities.16 Protective factors which reduce the psychological stress and cumulative risk effects include factors within each child, from their caregiver and in their caregiving environment.

Individual factors include: a sense of belonging in the family, hope and confidence. Caregiver factors include: having a consistent caring caregiver; good quality care; positive child-caregiver interaction such as frequent praise for the child; follow up and support for the caregiver; equal sharing of resources within the family. Caregiving environment factors include: food security; minimal exposure to stigma, discrimination and bullying; child friendly essential services; emotionally responsive relationships from adults such as carers and educators; and engagement in sport, family outings and other positive activities (Unicef Report, 2011).

British Psychological society in a brief report has demonstrated some techniques to the HIV/AIDS patients to cope with the psychosocial stress. These are as, i) information and emotional support should be provided to the patient to cope with the psychological stress ii) psychological support is provided by healthcare professionals with experience and training in providing psychological support for people living with HIV. They can help by providing short-term counselling on issues iii) In extreme cases mental health support must be provided to the patients (Report by British Psychological Society, 2011).

The research paper by Srak (2009) applies Global Governance theoretical framework in order to examine the collective response of international institutions and NACP of Pakistan to the spread of HIV/AIDS in the country. The paper will study the challenges HIV/AIDS poses, the results achieved and the problems that still persist. The analysis will proceed by examining the official documents of UNAIDS, NACP, WHO, and the World Bank. It will also critically investigate current limited awareness, care, support, treatment and prevention programs applied by NACP, UNAIDS, UNODC, USAID, WHO and World Bank. This research paper examines the spread of HIV/AIDS among the most affected high risk individuals, who function as a bridge between the group itself and the wider population i.e intravenous drug users (Srak, 2009).

Women whether, married/single, divorced/widowed, sex workers or seasonal migrants or adolescent girls, are most susceptible to the negative impacts-direct or indirect, i.e. infected or affected, of HIV and AIDS owing to the dynamics between the structural and cultural factors which places them in a weaker and vulnerable position than most others. Further, women are biologically more prone to HIV

infections than men in terms of any single act of unprotected sex with an infected partner with the male- to female transmission of the virus being 2 to 4 times higher than the female to male transmission among such sero-discordant couples. The biological structure of women thus also renders more vulnerable than others to HIV and AIDS. Gender disparities in terms of access to education, resources, income, political power, coupled with incidences of sexual violence, coercion, social dislocation in conflict situations like war etc or owing to migration for work, serve to the increase the risk of HIV infection to women through unprotected sexual contacts. As a result, women now account for more than half of those living with HIV worldwide and 60% in sub-Saharan Africa. They constitute one-forth of those infected with HIV in India and one-third in Peru which is indicative of the manner in which gender disparities serve to pose increasing and disproportionate risk to women even in places which have relatively low national prevalence rates. Thus while efforts are being made to curb the spread of the epidemic, there however remain a number of challenges to be addresses and streamlining the policies to the actual trends in the ground is critical. The concerns of gender equity and equality, and women‟s empowerment in all respects are essential to the prevention, treatment and care in relation to HIV and AIDS. There is an urgent need to strengthen the response towards HIV among women. The research was conducted in the context of Indian region of Andhra Pradesh (Kalpana and Iyer, 2013).

This study identified the psychosocial stressors of low-income families who were affected by HIV/AIDS in Alabama. Methods consisted of personal interviews with 12 social workers at public agencies and a review of social work charts for 80 clients at an HIV clinic for mothers and children. The combined results indicated that families were likely to experience housing instability, family breakdown, mental illness, behavioral problems, and stigma. Younger children typically lived with their mothers, while older biological children often resided with relatives or in foster care. Social workers perceived mental health conditions such as depression and anxiety to be common among women caregivers. Behavioral problems and learning difficulties were frequently reported among children but children who were not living with HIV/AIDS did not have the same access to health care and social services as their siblings who were living with HIV/AIDS. This outcome is relevant to social workers because the children who were affected by HIV/AIDS outnumbered the children who

were living with HIV/AIDS by a ratio of 3 to 1. Findings suggest that a model of care that involves funding for family-centered services for caregivers and children would provide a useful foundation for building stronger, more resilient families (Lichtenstein, et. al., 2013).

This study examined HIV/AIDS stigmatization on relatives and associates of people living with HIV/AIDS in Ghana. After seeking informed consent from relatives and associates of HIV/AIDS patients on hand at the Korle-Bu Teaching Hospital, using purposive sampling technique, a sample of 60 responded to the HIV Stigma Scale and the Depression, Anxiety and Stress Scale. One Way Analysis of variance, Pearson Product Moment Correlation and Independent t-test were the statistical tools used for the analysis of the 3 hypotheses. Analysis of results indicates that no significant difference exists between the levels of stigma experienced by various associates of patients with HIV/AIDS. However, female associates of children with HIV/AIDS experienced more stigma than their male counterparts. The study found no significant relationship between stigma level and psychological distress among relatives and associates of the patients living with HIV/AIDS. From the Ghanaian setting, it is conclusive that regardless of the nature of relationship existing between people living with HIV/AIDS and their significant others, some level of stigma is still experienced across board. The implications of the study were discussed in line with the literature and the concept of Indigenous Cultural and Family Insurance (Agyemang and Otoo, 2013).

This study examined the extent of difference to which people infected with HIV/AIDS adjust psycho-socially when exposed to group counselling as opposed to the one-on-one individual counselling, using the central senatorial zone of Cross River State, Nigeria as the study area. Two null hypotheses were formulated and data for their testing generated from a 15-items questionnaire developed by the researcher. The instrument was validated and tested for reliability by experts in measurement and evaluation in Cross River University of Technology, Calabar. The instrument was then used in generating data from 120 HIV/AIDS patients in three major government health- centers in Obubra, Ikom and Yakurr local government areas/cluster of study area (60 males and 60 females). The ex-post facto research design and cluster, purposive and random sampling procedure was used. Data was analyzed using the Pearson product moment correlation and independent t-test analysis procedures. It

was revealed that: group counselling significantly relate to the psychosocial adjustment of people living with HIV/AIDS, and that the more the group counselling, the better the psychological adjustment of the people living with HIV/AIDS. More so, there was a significant difference between HIV/AIDS patients exposed to group counselling and those exposed to individual counselling. It was concluded that group counselling exerts higher and better significant affect on the psychosocial adjustment of people living with HIV/AIDS than individual counselling. Some counselling strategies were projected (Akpama, 2013).

The study is part of a longitudinal study among children and adolescents with HIV in both urban and rural Uganda: „Mental health among HIV infected Children and Adolescents in Kampala and Masaka, Uganda (CHAKA)". Method: The study is constructed of both quantitative and qualitative components. In this article we report a qualitative study on the experiences of 21 adolescents (twelve to seventeen years) living with HIV in Uganda. The purpose of the study was to investigate both the protective and the risk factors in HIV-infected adolescents" care environment in order to understand what might contribute to negative outcomes and what might provide a protective buffer against harmful life events. Semi-structured interviews with vignettes about mental disorders were employed and a phenomenological analysis was done (Knizek, et. al., 2017).

This article examines the impact of the HIV/AIDS pandemic on individuals, families and communities within Africa. The author notes that AIDS presents a challenge to the helping professions to provide a meaningful response to some of the serious psychosocial issues involved. These issues include depersonalization of those affected by the virus; a tendency towards over-identification and "Burn- Out" on the part of the helper, fears of contagion, dying and death and a sense of helplessness and anger. Social isolation, stigmatization and rejection may lead to further undesirable negative consequences for those with my HIV/AIDS. Extending from the psychological and social implications of the disease, the article then examines some of the socioeconomic effects, including the loss of the most active and skilled category of the workforce. The article examines relevant ethical issues and considers how special education and community programmes can help in reducing the spread of the disease (Osei-Hwedie, 1994).

This study by Ji et. al., combined quantitative and qualitative research methods. The study was approved by the Institutional Review Boards of the University of California, Los Angeles and the Anhui Center for Disease Prevention and Control. The qualitative study involved five focus groups conducted separately with: (1) local health workers; (2) local schoolteachers; (3) village leaders; (4) PLHA (People Living with HIV/AIDS); and (5) caregivers of children from families affected by HIV/AIDS. Each group consisted of six to nine people (Ji et. al., 2007).

The target population participating in the study by Maldonado et. al., are HIV positive men and women, regardless of their mode of transmission. The study sample will include both asymptomatic seropositive patients and those experiencing clinical complications associated with AIDS. Patients will have very specific issues to deal with in relation to their HIV infection. For example, issues arising for HIV-infected heterosexuals will not be identical with those arising for infected gay men and individuals infected through I.V. drug abuse. Women, as a group, will have yet a different set of challenges, including pregnancy and child rearing issues. All patients will invariably express fears and fantasies around their own mortality and the very real threat to their lives due to the diagnosis. They will be faced with new physical and emotional challenges which require new coping strategies. Even though HIV was initially described among gay men, intravenous drug abusers (IVDAs) and the heterosexual partners of bisexual men and IVDAs are at increasing risk and are becoming the fastest growing population of HIV infected individuals (Maldonado et. al., 1996).

The study by Oyinlola et. al., established that there was a significant impact of counselling services on the general well-being of HIV Infected older adults in Ibadan; there was a significant impact of financial support from the clinic on the general well-being of HIV Infected older adults in Ibadan. Furthermore, the study established that, there was a significant impact of companionship from peers of the clinic on the general well-being of HIV Infected older adults in Ibadan. Also, there was a significant impact of information access on the psychosocial well-being of the elderly. The study recommends that, HIV responses in African region needs to account for the older adults by reflecting on the risk, trends and providing comprehensive prevention, testing and treatment services. There is need for age-appropriate health services

integrated with screening and treatment of non-communicable diseases among the older adults in Africa (Oyinlola et. al., 2016).

This Insight of the UNICEF is intended to advance the discussion on the impact of HIV and AIDS on children in three key ways: by drawing attention to the situation of children orphaned by AIDS and the limitations of current responses for the realization of their rights; by reviewing the options for the care of these children, highlighting effective experiences and lessons learned from family and local approaches; and by identifying ways in which local, national and international actors can effectively fulfill their responsibilities to safeguard the human rights of children, with particular focus on children orphaned by AIDS (Unicef report, 2006).

In the present study we will examine whether people‟s capacity to disengage from goals obstructed by being HIV- positive is related to well-being. In addition, we will also study the influence of one‟s capacity to look for new, different goals when goals are obstructed by being HIV positive. First, we examined the bivariate relation- ships between cognitive coping strategies, behavioral coping strategies, goal disengagement and goal reengagement on the one hand and depressive and anxious symptoms on the other hand. Next, the multivariate relationship was studied, controlling for HIV characteristics (Kraaij et. al., 2008).

The research paper by Cloete et. Al., have presented the findings of an exploratory study to investigate the challenges faced by people living with HIV/AIDS (PLWHA) in communities in Cape Town, South Africa. The primary goal of the study was to gather data to inform the adaptation of a group risk reduction intervention to the South African context. Qualitative methods were used to examine the experiences of PLWHA. Eight focus group discussions (FGDs) were conducted with 83 HIV-positive participants and 14 key informants (KIs) involved in work with PLWHA were interviewed. Findings revealed that AIDS-related stigma was still pervasive in local communities. This was associated with the difficulty of disclosure of their status for fear of rejection. Also notable was the role of risky behaviours such as lack of condom use and that PLWHA considered their HIV/AIDS status as secondary to daily life stressors like poverty, unemployment, and gender-based violence. These findings have implications for the adaptation or development of behavioral risk reduction interventions for PLWHA (Cloete et. al., 2010).

The ministry of health, government of Pakistan set a guideline document to cope with HIV/AIDS complexities in 2010 (GOP, 2010). This draft read as the HIV epidemic is emerging as a major threat to social development in many countries including Pakistan which requires urgent attention for undertaking concrete actions while taking into account our realities and specificities. The need for generic guidelines on care and support for children, affected by HIV and AIDS in Pakistan has long been recognized. In this context, the guidelines provided by the Regional Strategic Framework for Protection, Care and Support of Children, Affected by HIV and AIDS have been localized. The National Commission for Child Welfare and Development (NCCWD), National AIDS Control Program, UNICEF and FHI have jointly accomplished this task.

The guidelines are well designed to suit the specific care, support and needs of children, affected by HIV and AIDS which provide line of action for targeted interventions required for care and protection of affected children. The guidelines set forth a framework and identify opportunities for progress that will serve as the foundation for the stakeholders‟ response to the epidemic in the years ahead. These guidelines also provide understanding and guiding principles for role and responsibilities of various stakeholders. These guidelines are an expression of our commitment and determination to face HIV and AIDS, not only as medical and health problem, but also to address them as cultural, social and economic issues which affect all sectors of our society. It is opportune time to consolidate our efforts and let us ensure that the Guidelines will be followed and translated into concrete, focused and sustained actions.

Pakistan is a developing country in the South Asian region. National and regional information and analysis are presented in so far as the data allowed. Sample sizes varied from 1.35 million people screened at the national level to smaller studies of fewer than 100 screened. According to the research by Hyder and Khan (1998) The objectives of this review were to: (1) assess the nature and comprehensiveness of information regarding HIV/AIDS in Pakistan; (2) to evaluate the extent of HIV/AIDS in Pakistan by epidemiological estimates; (3) to indicate the implications of the results for health policy in Pakistan and other regions at a similar stage in the epidemic. The analysis of the Data pertaining to HIV/AIDS in Pakistan showed the best national estimates of HIV prevalence as 64 per 100 000 (0.064%). Within patients with

sexually transmitted diseases the seroprevalence was as high as 6100 per 100 000 (6.1%); in men with extramarital contacts, 5400 per 100 000 (5.4%) and was as low as zero in some studied populations as well. The average age of onset was reported as 30 years. It is estimated that if all incident cases of AIDS were to die, there would be at least 5000 deaths annually attributable to HIV/AIDS. Although the data does not possess the recent facts but still the data is valid in analyzing the historical trends of the prevalence of HIV/AIDS in Pakistan (Hyder and Khan, 1998).

Khan and Hyder (2001) in their research explore the organizational response to HIV/AIDS in Pakistan and describe the contributions of the public and public and private sector organizations. A review of the contextual and social factors of HIV/AIDS in Pakistan is followed by a structural analysis of the response by the writers and also an assessment of the impact and finally recommendations for a more integrated approach to this emerging threat in the country in this research. The study also indicates that the given recommendations, while specific to the Pakistan context, may be applied in similar fashion elsewhere in the region (Khan and Hyder, 2001).

Khan (2014) explores the perceptions towards HIV/AIDS in Pakistan. Data was collected from 939 respondents. The aim of this analysis was to identify the common patterns related to perception towards HIV based on responses. Five major perception groups were emerging from the analysis, i.e., a) Commoners b) Prescriptive c) Callous d) Seclusion and d) Tribulation. The result suggests people have a sympathetic attitude towards the disease and also people are not willing to get in contact with an HIV infected person. Also, people have the perception that community should be informed about HIV/AIDS patients. The purpose of this study is to access the perceptions towards HIV/AIDS infection among men and women in Pakistan. This issue has rarely been addressed by the academicians and researchers in Pakistan. It starts with a brief overview of relevant literature on perception towards HIV/AIDS in different countries. This research also presents the findings of a survey among the Pakistani public attitude towards HIV/AIDS. Finally, it presents the data captured from Pakistan and its analyses. At the end, it provides meaningful insights into the study and its aim (Khan, 2014).

Ministry of Education, Islamabad with the technical assistance of UNESCO in 2006 prepared a comprehensive study about the awareness of HIV/AIDS in Pakistan. The

document explores the global, regional and national scenario of HIV/AIDS epidemic. The study also drives the factors of HIV/AIDS infection and the role of education in preventing the HIV/AIDS Ministry of Education, 2006).

(The next provides the theoretical design of the research especially focusing upon psycho-social response of the HIV/AIDS patients).

Chapter 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 Introduction

The previous chapter describes about the introduction of the research in detail. In the present chapter theoretical design is to be analysed in detail.

HIV/AIDS is the most dreaded enemy of the human race which is going epidemic dimension gradually all over the world. Since young people are the easily approachable targets of HIV/AIDS. The disease first became common among IDUs (male) homosexuals (both male and female), prostitutes and their clientele before spreading into the wider community (Stockman and Strathdee, 2010). There are other multiple reasons of the transmission of HIV virus such as insecure use of sex and injectable syringes, out migration, blood transfusion, non-technical and illegal medical treatments and practices are the common reason of spreading of HIV virus (UN AIDS, 2000). According to a recent published report, approximately there are 36.9 million people which are living with HIV/AIDS virus across the globe. Sub-Saharan region is considered as the most vulnerable region in this concern (UN AIDS, 2017).

HIV/AIDS created many challenges worldwide. The first line diagnose of the HIV/AIDS paved a comprehensive plan of treatment as the patient beware of many complexities especially with medical and psychosocial view point. The procedure is usually adopted in the developed countries where the medical research and treatment facilities for AIDS patients are well established. Whereas, the developing states face some certain issues such as lack of medical treatment and research facilities, financial inefficiency and lack of capacity building of HIV/AIDS patients. There are also many stigmatic approaches in dealing with the HIV patients in the social and community fields (Kaur et. al., 2016). This chapter elaborates the perspective of HIV/AIDS patients, the psycho-social impact of HIV. The chapter also point out some key components that how to deal with the HIV positive patient.

2.2 Knowing About HIV/AIDS

The development of certain cancer, infection, or other severe clinical manifestation is known as AIDS. The disease is spread due to the prevalence of HIV virus in the human body. The virus destroys the immune system of the body with slow pace. HIV/AIDS is an incurable disease so far (Over, 2010). It destroys the human immune system and also weakens the defence of the body against the infections. The symptoms of the disease appear very slowly and sometime many years for the patient that he could realize about the disease. AIDS is known as the most advance stage which develops after from 2 to 15 years depending upon the human body (Nordqvist, 2018).

2.2.1 Signs and Symptoms of HIV/AIDS

The signs and symptoms of the HIV/AIDS vary and depend upon the stage of the infection. In the beginning, infection appears in the patient body and in most cases the patient take this infection as light and ordinary. The infection becomes more severe and panic in the beginning months and sometimes patient unaware about the changes due to lack of awareness about the disease. After first few weeks the patient either receive no infection or face influenza like illness, fever, headache, sore throat and rash etc. as the virus attack the immune system some more complex symptoms emerge. These symptoms are speedy weight loss, cough, diarrhoea and swollen lymph nodes (Hoenigal et. al., 2016). If the patient is not diagnosed properly so far or have no access to the diagnosing process some other symptoms like severe illness, tuberculosis, Cryptococci meningitis, sever bacterial infections and cancers such as lymphomas and Kaposi sarcoma etc.

2.2.2 Risking Factors of HIV/AIDS

There are some certain risking factors that put individuals at great risk of contracting HIV virus. Some of the main factors are;

- Unprotected anal/vaginal sex
- Sharing contaminated needles, syringes or IDUs
- Receiving unsafe blood transfusion, blood, tissue transplantation,
- Experiencing accidental needle stick injuries, including among health workers
- having another sexually transmitted infection such as syphilis, herpes, chlamydia, gonorrhoea, and bacterial vaginosis

2.3 The World Scenario in Present

Presently, HIV/AIDS continuous to be a major public health issue in the world as approximately there are 36.9 million people across the globes which are living with HIV virus and from which one million died every (UNAIDS, 2018). In 2016 alone, 1.8 million new HIV/AIDS patients were reported worldly. According to WHO Report, African region is the most vulnerable region with 2/3 (approximately 25.6 millions) HIV/AIDS population of the world total share.

Table: 1.1 Continental Figures about Prevalence of HIV/AIDS

Continent	**Approximate HIV/AIDS Patients**
Africa	15.2 million
Asia	4.7 million
Europe	0.3 million
North America	1.5 million
South America	N/A
Australia	N/A
Antarctica	N/A

Source: World Health Organization (WHO)

According to the 2017 facts, 20.9 (Approximately 70 per cent) million patients are using the antiretroviral (AVR) drugs against HIV virus. While the remaining15.8 million (30 per cent) have no access to HIV testing services. Between 2000 and 2016, there is a relative decrease (fell by 39 per cent globally) in the detection of new HIV/AIDS cases and also the HIV related death fallen by one third (13.1 million lives) lives saves due to ART. This was achieved due to global partnership, international donor agencies and national AIDS control programs by the states.

2.4 Stigma for HIV/AIDS

The meaning of the stigma is mark of disgrace or condition of reproach, Physical mark of infamy or disgrace. In medical science in the context of HIV/AIDS, Stigma prevents people from talking about and acknowledging HIV as a major cause of illness and death. Stigma prevents HIV-infected people from seeking counselling, obtaining medical and psychosocial care, and taking preventive measures to avoid infecting others. Prevention behaviours are also stigmatized, and people are reluctant to introduce behaviours that could associate them with the virus, such as use of

condoms, certain medications, and infant formula when appropriate. A woman with HIV might want her partner to use a condom but might be reluctant to ask because of the stigma associated with the suggestion of HIV risk.

People with HIV/AIDS are stigmatized and discriminated against for many reasons. Some of the reasons are mentioned as following;

- HIV is a slow, incurable disease that eventually results in suffering of death.
- Many people regard HIV as a death sentence.
- The public often poorly understands how HIV is transmitted and is irrationally afraid of acquiring HIV from people infected with it.
- HIV transmission is often associated with violations of social mores regarding proper sexual relationships, so people with HIV are associated with having done something "Bad."
- Therapeutic protocols are lacking for anti-HIV medications that could control the spread of the epidemic and prolong lives (UNAIDS, 2000).

2.5 The Psycho-Social Impact of HIV/AIDS

2.5.1 Anxiety Disorder and Depression

A renowned writer named as Satire in his study has mentioned that anxiety disorder and depression are among the psychological presentations of the people living with the HIV/AIDS. The patients verily remain anxious about their state of mind, stigmatization and rejection from the society and cultural vacume, inability to change the circumstances and consequences of HIV infection and loss of physical and financial independence, just to mention a few. Koutek and Kocourkova noted in their research that this anxiety can eventually lead to depression in the HIV/AIDS patients (Koutek and Kocourkova, 2003).

2.5.2 Grief and Hopelessness, Helplessness Syndrome

Various researchers consider grief as an another strong emotion that is linked to loss and feelings of people living with HIV/AIDS. Oftenly, HIV/AIDS patients experience sadness because of real or perceived loss of unfulfilled dreams; prestige and self-esteem. Sadness can also be a result of feeling of nearness of inevitable end. The HIV/AIDS patient may lose the sense for relationship with parents, children, friends or life partner, as well as with other people. HIV/AIDS patent tend not to care

anymore about things which made them happy, they submit to their fate, usually with little or no hope and wait for the death to come. Hopelessness and helplessness syndrome include elements of giving up and leaving. The survival mechanism includes:

- Painful feeling of helplessness and hopelessness face to face to the situation,
- The subjective feeling of reduced ability to deal with the situation ("it is beyond my strength"),
- Feeling of danger and decreased satisfaction from relationships with others,
- Loss of continuity of the past and future, a reduced ability to hope and trust,
- Tendency to revive and re-construct former deprivations and failures (Simek 1993 as cited in Bastecky 1993).

2.6 Stigma and Discrimination

According the researchers, the most important factor in producing and extending the negative psychosocial effect of HIV/ AIDS is stigma. According a renowned writer, actions to reduce or protect against stigma may be the most significant step that can be taken to improve the psychosocial well-being of people with HIV/AIDS (Fabianova 2011). People with HIV/AIDS are stigmatized and discriminated against for many reasons in various circles such as family, cultural setup and in the social spectrum:

- HIV is a slow, incurable disease that eventually results in suffering and death. Many people regard HIV as a death sentence.
- The public often poorly understands how HIV is transmitted and is irrationally afraid of acquiring HIV from people infected with it.
- HIV transmission is often associated with violations of social mores regarding proper sexual relationships, so people with HIV are associated with having done something "bad." For instance, in some cultures, people believe that a woman becomes infected with HIV because she has violated the mourning period after her husband died (Fabianova, 2011).

2.7 Denial and Frustration, Aggression

In reaching out the conclusion, Some HIV/AIDS patients react to the news about their HIV/ AIDS status by denying it. For some of them, such refusal may present a

constructive way to handle the shock of the diagnosis. However, if this condition persists, the denial can become unproductive, because these people refuse the social responsibility associated with HIV positivity. Anger and aggression are typical aspects which accompany people in situations of bereavement. Some individuals become angry and aggressive (Oladipo, 2014).

They are often very upset about their fate. They continuously have the feeling, that they are not treated decently and tactfully enough. Anger can sometimes escalate into self-destruction leading to suicide. Aggression is one of the most frequently reported reactions in frustrating situations. In the frustrating situations, an individual may focus his anger, remorse, indignation, outrage, hostility on other people that are considered as suitable object (Bratska, 2001).

2.8 The Issues in Families

The family is considered as a natural bond for the development of any society. It provides emotional and material support for the well being of the people. In contexualizing the AIDS and its impact on the society it is important to draw a relative sketch of the family. The vulnerability of families can be thought of in terms of the absence or erosion of family capital. HIV/AIDS affects entire families, but some members, including women, children and older persons, are more vulnerable than others regardless of their serostatus.

The social and economic vulnerability of certain groups, such as minorities, migrants, refugees, the landless and the unemployed, compound the intrinsic vulnerability of the family. The family satisfies the basic psychological needs of an individual. In addition, family is expected to provide a support structure to the infected individuals, which becomes even more central in the absence of state-sponsored welfare programmes (Belsey, 2005).

Within the context of the present analysis, the vulnerability of a family can be assessed at three levels:

1. The family‟s ability to function in a variety of stressful and adverse settings and circumstances.
2. The risk of a member of the family becoming infected with and transmitting HIV.

3. The risk of relatively rapid progression of the disease in a family member and the death of that member, which accelerates the onset of an adverse impact on the family.

In terms of family function, vulnerable families can be described as those likely to experience the following. The inability to meet the basic needs of their members in the areas of health, nutrition, shelter, physical and emotional care, and the personal development of individuals, Physical or psychological exploitation, the abuse of individual members, discrimination against the family or individual members, injustice in the distribution of rights and responsibilities, and/or distortion of the roles of family members; A higher likelihood of breaking up as a consequence of external economic, social and/or political factors.

2.9 The Issues in Friends/Community

During the research, the researcher optimistically calculated the behaviour of the friends/community with the person living with HIV/AIDS. To calculate this trend, the researcher asked the questions to the HIV/AIDS and sometimes same questions were asked from the relatives/friends of the patients. The behaviour of the friends/community of the patient experiencing HIV/AIDS is termed in the following two ways.

3. The people living in the urban areas were mostly belong to the educated background who gave negative opinion and did not give assent to their HIV/AIDS friends/relatives

The friends and the relatives after detection of the HIV/AIDS alienated themselves from the HIV/AIDS patient. Once a close friend, alienated from the social circle and often social boycott of their friend due their disease. One of the relative of the HIV/AIDS quoted himself as;

“Before the detection of the HIV/AIDS, I move with my friend everywhere. We play together. We eat food together. We took part in every activity with zeal and zest. But after diagnosis of the HIV/AIDS, I parted from my friend. I decide this as I learn that there is no proper cure of this disease is available in this world.”

One of the AIDS patients quoted his position as below:

"When my friends and the relatives learn that I am HIV positive, they departed me. They separated their eatable things. They even boycotted me socially. I felt ashamed as what wrong I have done with them. I felt emotional and psychological pressure upon my nerves. But what can I do now at this stage. I am breathing only to live not with smile but with burden."

4. The people living in the rural areas were mostly belongs to the uneducated background who provide positive opinion and provide good opinion to their friends/relatives.

The friends and the relatives accept the patient with the HIV/AIDS patient. They provide proper attention in every way. They also support hem/her financially and psychologically. One of the relative of the HIV/AIDS patient quoted his feelings as under:

"I was bit emotional as I listened about my nephew disease. However I did not think in negative way. Not only I accept his disease but also married him with my daughter (despite my sister resisted this decision). I think this disease is a destiny from God. Allah will protect him and I am sure that he get well soon."

The patient explored his opinion in this way;

"While diagnosed as HIV/AIDS, I felt a strong emotional resistance. But I did not accept this diagnose. After, some later period, I decided to take medicine besides having/approaching multiple sex partners. Now I am satisfied. This is my destiny. I have to live with this disease and I am happy."

2.10 Dealing with HIV/AIDS Patient

Although, HIV/AIDS is an incurable disease so far, but despite this fact if the patient follows some certain instructions, he/she may improve their long and settled life. When the patient diagnosed as HIV/AIDS patient, he/she react in many ways. When the patient diagnosed as HIV positive he/she react in different according to the situation. According to the finding of the researcher some of the patient behaviour are quoted as under;

4. The patient feel self-shame/guilt

5. The patient lost the sense and feelings such as what would happen with their family, wife. How they survive in the social spectrum
6. Some of the patients reacted in an aggressive way i.e. patch up with the health care providers

When the patient is diagnosed as the HIV positive, he reacts differently. The common feelings of patient include the worrying behaviour, psychological, physical and emotional stress, anger, shock, fear and sadness etc. all of these emotions and stress is natural. The patient needs to accept the situation and try to accomplish it. Some of the points which the patient needs to accomplish are as following;

1. Accept and read the situation after the diagnosis
2. Try to manage the self-control in extreme stress situation
3. Communication and expressing of the feelings is an easy way to accomplish the stress situation and try to communicate with the close friend/family member and express them their feelings regarding the disease
4. There are other forums such as health care professionals, supporting HIV organizations, peer support group who can also play their role in this concern

There are three main agents in the society who can provide confidence to the HIV patient in the process of maintain the health and avoid from the complications. These are the health care professionals, the friends and the family, and the role of the community and the society. The following points provide a more detailed situation of the patient regarding the patient support.

2.10.1 Organizing Patient in the Health Circle

When the patient get access of the diagnostic centre and diagnosed as the HIV positive, the role of the health care professional became more critical. There is a need to adopt a measurable strategy to inform to the patient and their family/friends about the real prevalence of the disease in a delightful manner. The patient should be honest and tell the real situation and history of his/her physical health so the health professionals adopt and decide a meaningful strategy in improving the health of the patient.

The patient should inform the health care circle about the prevailing situation of sexuality (either in sexual contact with someone in the social circle i.e. with

wife/husband or other person) alcohol habit and drug use history. These factors too are important for their treatment. Some of the interactive treatments of STIs along with the HIV may become more complicated. So the patient should properly inform to their health care providers about the real situation (Avert.org, 2018).

The patient should remember that the present treatment of the HIV is not a cure but only maintain and relatively improve the immune system of the patient. The latest research reports from the World Health Organization, UN AIDS recommend that the HIV patient should straight way adopt the HIV treatment after their diagnosis so that their immune system relatively improved. Once the treatment started, never it roll back. The patient should feel ready to start it with the passage of time and on daily grounds.

The HIV patient can also access to the counselling sessions from the HIV clinic and may also would have access to HIV support groups i.e. NGOs and other organizations. From time to time, the clinic may question about their present living conditions, health condition and also provide confidence so that the patients get courage to live a happy life. The patient should remember that he/she is not alone and there are many more that are spending their lives happily with this disease.

2.10.2 The Role of Family as Care Giver

The role of the family is relatively more critical than the health professional circle as a care giver to the HIV/AIDS patient. The family is considered as a strong social network and prevails a strong emotional support to the patient in case of their disease. The family circle provides care and attention to the patient and behaves positively with the patients.

The researchers Gutierrez and Minayo have noted in a research article that;

"The role of the family is very critical in the process of developing a confidence in the HIV/AIDS patient for their emotional support. The family learns about the importance of hygiene, eating habits and the need to stick to the instructions given for medical treatments. All of the aforementioned can be seen through the daily actions taken by the family which allows for: the identification of diseases, the search for medical intervention at the appropriate time, encouraging self-help and last but not least, recognition of the importance of emotional support" (Gutierrez and Minayo, 2010).

Another researcher Botti et. al., explain that;

"The family positively influences self-esteem, self-confidence and the self-image of the HIV/AIDS patient. It also brings benefits in relation to the treatment given and it gives moral, emotional and psychological support to the patient. The family makes it known that being HIV positive is not a reason to take early retirement, to stop studying or to stop pursuing other social activities. It build up confidence to live in a happy life" (Botti et. al., 2009).

The role of the family is important in two ways;

1. The patients have direct interaction with the family.
2. The social spectrum of the patient starts with the family. It is a bond between society and health care professionals.

The researcher also explores that; "In the beginning, there was no emotional support from the family for the HIV/AIDS patient. The family members created an aggressive and harsh atmosphere for the patient and alienated themselves and in some cases also boycotted socially. Relatively, the family members started closing to the patient. They provide moral and social support to the patient. In a number of cases, the parents were emotionally attached with the patient. The wives were frightened to know about the disease. The uneducated persons claim this as a destiny while the educated patients hesitated to communicate with the family and feel ashamed."

2.10.3 The Role of Friends/Natives/Community

The role of community is very effective to spread out the awareness about the HIV/AIDS and their consequences at the community level. The community doctors are the strongest pillar for diagnosing the disease and also spreading the awareness in the society in general. In the developed states, the community doctors have the strong role in this concern. The community doctors play their role in timely way to start the medication of the patient after their initial diagnosis. In the context of Pakistan, the role of the community doctor is very limited in this concern. Although, they have little bit sense about the disease as they have read about the disease during their study but largely in the process of diagnosing the patient seems bit confused. Most of the time, ill-treated mechanism is used in this concern. In one of the case study diagnosed as the HIV/AIDS patient; he speaks as;

"I often trip to the hospital for the treatment. The doctor admitted in the general ward of a public hospital. He recommended me vitamins to improve my health condition. In result, my health did not improve and I travel to a city hospital and their I was diagnosed HIV/AIDS patient."

Another patient of 63 years old spoke to the researcher;

"One day, I feel physical weakness and loose motion. I visited to a local doctor. He advised me some medicine and rest. After some more days, my eyes infected and the doctor recommended me operation and also suggests HIV/AIDS diagnose test. When I visited the HIV centre for diagnosis, the doctor informed about the HIV/AIDS there."

The frequent visit of the community doctors for awareness campaign about the chronic disease is not applicable on the social grounds. But in certain areas of country, health fairs are held by the National/Punjab Aids Control Program. But the objective is not fully maintained in full spirit. The fairs are held where facilities of diagnosis are provided and awareness literature is also provided to the general public.

The role of the community is very important at the core of the competent of HIV/AIDS. The community members establish interactive forum to preach out the health awareness in the society. The community members work collaboratively to support each other in achieving the sexual behaviour change, the reduction of social stigma, and support for people living with aids and also cooperate with the AIDS organization to provide HIV-prevention and AIDS care to the community members.

The HIV/AIDS patient often faces strong aggressive resistance from the circle of close friends. The HIV/AIDS patient himself/herself feel social stigma such as guilt and shame, feelings of depression, and limited participation in the community. When the friends know that their friend is diagnosed as HIV/AIDS patient, strong resistance was observed. The researcher during the research questioned a patient about the social context after the HIV/AIDS diagnosis, the patient replied in steep depression as;

"All have gone…. A few months ago, we were good friends. We eat together. We work together. Even we sex with females together. But the situation is very different now. Friends, who share their drink with me in a glass, do not bother talk or salam with me. They treat me as I am an alien at this earth. They even angered upon me."

The researcher met with a hotel waiter and asked about the prevailing situation and the behaviour of the friends. He replied in a desperate way.

"What should I explain to you sahib…??? The life has become tough for me. I was a waiter and worked in a local hotel. My friends often visit me for lunch and dinner. We use call girls together at the hotel. All were happy. Suddenly, I felt weakness and vomiting. I was rushed to the hospital where after routine tests, I was declared as HIV/AIDS patients. The situation changed suddenly. All friends parted from me. They even did not ask me about my health during the early period after diagnosis. I often gave my friends credited but no one ask me about my financial status after my disease. Allah is the Greatest…. Thanks to my family member and my parents in particular. They are supporting me psychologically, emotionally and economically. Now I have learnt that, in the peak time there is no friend at all."

During the field research, the researcher approached to a professional transgender who was diagnosed as HIV/AIDS patient. At the question about the behaviour of the friends and the community towards AIDS patients, she replied.

"In our community, there is no concept of friendship. We have only lovers who sexually use us in exchange of money. I have also too many lovers who often visit my house at regular terms. I have also many transgender friends who reside with me. We together (I as Guru) danced in the marriages. Our earning was much more. I was happy with my life. In a spell of days, suddenly continues fever, constipation and itching caught me. I rushed to a local hospital and some formal tests were taken. I was shocked when the doctor told me that I am HIV patient. When I told this news to my colleagues; they afraid at the moment. They bifurcated me slowly and steadily."

2.11 HIV/AIDS Centres in Pakistan

AIDS is an incurable disease. The diagnosis is very important for maintain immune system of the patients. The facilities of diagnosis for the patients in Pakistan are available in every part of the country. Two of the centres are working in the federal territory. The brief description of the centres is quoted in the following table;

Table: 2.1 HIV/AIDS Centre in Pakistan

Area	Number of AIDS Centres
Federal Territory/Islamabad	02
Balochistan	02
Khyber Pakhtunkhwa	03
Sindh	08
Punjab	15/18

Source: National AIDS Control Program (NACP)

Upon the above mentioned centres, a number of patients are facilitating by the National Aids Control Program. The year wise analysis of the HIV/AIDS patient which are registered and getting treatment facilities are mentioned as under:

Table: 2.2 Trend Analysis of Registered and On Treatment HIV Patients

Year	Registered HIV Patients	On Treatment HIV Patients
2013	8069	3412
2014	11038	5019
2015	12929	6292
2016	18367	8888
2017	22333	12046
2018 (till March)	23783	13384

Source: National Aids Control Program (NACP)

2.12 HIV/AIDS Prevalence in District D.G Khan

The prevalence of HIV/AIDS in general population is tends to be increasing during the present period in district Dera Ghazi Khan. The mode of transaction of the virus from the infected target to the general population is not halted due to the possession of the insecure sex culture in a number of developing states. The young population and the adolescents are the two most general preying targets of HIV virus as the earlier group lack in adequate access to health friendly sex environment and sexual violence or friendly but insecure sex with their female counterparts after enjoying sex with Female Sex Workers (FSWs)/Commercial Sex Workers (CSWs).

The latter case deals with the transferring of the HIV virus from vulnerable mother to their babies in the absence of insufficient health facilities (The Global Report on

AIDS, 2013) as well as through blood donation process as the researcher during his research finds a case where a child was infected with HIV from his father"s blood who was out migrant HIV positive. The local laboratory just finds the cross matching of blood groups but could not verify that either the father is experiencing any infectious disease. In recent cases, it is also found by the *„Spœial Clinic"* at D.G Khan that HIV/AIDS virus has also detected in Thalassemia adolescent during the insecure blood transfusion as the local dispenser only match finds the cross matching of blood groups of the donor and the recipient other than precautionary laboratory tests (The Researcher personal findings during the research project at *„Spœial Clinic"* at DHQ D.G Khan). The other reason is that in most of the developing states, the sex education mechanism or the awareness of Sexually Transmitted Infections (STIs) is not available to the general population due to religious, traditional, cultural or rigid social structure of the state and the society.

The HIV/AIDS patient experiences multiple level psycho-social challenges while living in the society. According to the UN Aids recent report; presently, there are 36.9 million people worth living with HIV/AIDS virus. Of this figure, 0.8 per cent is adult population aged between 15 to 49 years old. This shows that these account many socio-economic and psychological challenges in the society. Barnett and Whiteside are the two important writers who noted that HIV/AIDS leads to the financial, resource and income impoverishment in the society as the patient unable to earn for the family and feel financial stress which in turn creates psychological challenges in the society (Barnett and Whiteside, 2012). This put sever stress on the household. The psychological stress sometimes may lead towards family and workplace inefficiency and may also culminate in risk behaviour such as usage of drug and insecure sex with the partner or with other persons (Barnett and Weston, 2008).

People living with HIV/AIDS sometimes experience physiological symptoms such as decrease in weight and energy level, frequent fever, physiological stress, which also include depression, fear of death, despair, rejection and prejudice stigmatization and rejection from their peer group of friends.

The threats of the prevalence of HIV/AIDS in general population in developing state are high due two main reasons. The first is that there is no proper education setup to educate the adults/adolescents regarding the sex education (an educational orientation how to avoid from unsafe sex) while the second main is that the poor health facilities

are also contributing in heightening the global threats of the HIV virus. The regions with the threats of higher ratio of the prevalence of HIV/AIDS among the general population are vertically tabulated as under by analyzing the facts reported by the *„Global AIDS Program"* in 2013:

1. The Sub-Saharan region (As 60 per cent of the HIV/AIDS is living in this region)
2. Middle Eastern region and Gulf States (As the commercial sex and the cheap is available to the out migrants in all the states even in Dubai it is every hotel hire the CSWs/FSWs) (An Anonymous researcher from D.G Khan discussed with this researcher).
3. In third category, the states such as India, Nigeria and Pakistan are considered where the general population is at alarming threat of HIV/AIDS due to poor health facilities and unsafe sex as the major ratio of the general population in these states are uneducated and living in religiously rigid, socially bounded and culturally restricted environment.

2.13 Anthropology and HIV/AIDS

Anthropology had unique contribution in studying AIDS mainly in two directions: first, gathering empirical data on behavior and attitudes that place certain people at increased risk for AIDS and second, research on the meaning of AIDS within particular cultural contexts (Marshall & Bennett, 1990). Herdt (1987) also identify, anthropology helps to study AIDS; first as a leading pandemic, which taking life of people and creates a severe threat, and second as a cultural phenomenon which is affecting the social life of people (which has great impact on cultural practices).

As there is no effective cure for HIV/AIDS but little change in behavior can serve as a cure. That is why HIV/AIDS is considered behavior related disease where „Indigenous Culture" play significant role in preventing behavior related disease „Global Cultural" is irrelevant to the context in which risky behavior occurs. Katzan & Azam Chaudhary also emphasized on considering „Local Knowledge" in combating HIV/AIDS. They divided disciplines engaged in fighting against HIV into two classes; hard sciences and soft sciences. Hard sciences (biomedicine) follow the paradigm based on universal rule of „cause and effect priciple" whereas soft sciences (such as anthropology) work on the paradigm of „cultural relativism".

Today, AIDS is a unique psycho-cultural problem in t he study of stigmatized groups in three major ways; first AIDS is a contingency of unsafe sexual practices, second AIDS is a contagious disease, third AIDS is a disease of key population; homosexual or MSM, injected drug users, sex workers. Sexual contact is the most common rout of HIV transmission. There is a definite need for further investigation of heterosexual and homosexual practices and the cultural norms that regulate sexual behavior in general (Bennett, 1990). Such an examination requires us to look frankly and openly at human sexualiy in all of its forms, within our own society and cross-culturally (Herdt, Leap, & Sovine, 1991). Similarly, it is not sufficient to understand the meaning of sexuality within cultural perpective but it is also important to understand how the focal person perceives HIV/AIDS. In Botswana, Rakelmann (2001) has identified three main local discourses of defining HIV/AIDS; (1) modern, (2) African Christian (3) autochthonic or traditional.

The role of social sciences has increasingly been recognized by world health organization (WHO) and centre for disease control (CDC). CDC employ many social scientists mainly Anthropology to design HIV/AIDS prevention programme and their evaluation for the reason that Anthropologists not only study or identify the high-risk group but also study the risky behavior which put people at high risk to contract HIV/AIDS.

2.14 Conclusion

It has been demonstrated in the present chapter study the HIV infected are facing a complex array of medical, psychological, social and cultural challenges. In order to meet these challenges, socio-ecological approach to self-management of HIV/AIDS is required. Therefore, understanding self-management of HIV/AIDS is the ultimate goal for the patients and that leads to an appreciation of the complementary nature of processes rooted at the individual level such as assessment, goal settings, learning skills and processes that are intrinsically social and based on families, organizations and communities. In order to improve the quality health care for HIV/AIDS in health clinics, it would require a multifactorial approach emphasizing patient education, improved training in behavioural change for providers, and enhanced delivery system. The stigma associated with HIV/AIDS places a major burden on patients such as isolation, self-depreciation, and a lack of education, contributing to the negative

psychological impact of HIV/AIDS on these patients living with HIV and the patients in this case study are the victim of that stigma as well, however, this stigma can be reduced if community and society work together towards improving the psychological conditions of all those infected and affected by HIV/ AIDS. Finally, in a male dominated society such as Pakistan, it is important that HIV testing should be made compulsory by law for both the parties before marriage which will eliminate the case of victim-blaming as in this case study where the women were not HIV positive before marriage. Therefore, it is required to focus in bringing about changes in the physical, social, economic, and legal and policy environments influencing HIV risk and HIV prevention.

(The next chapter deals with the area Profile of District Dera Ghazi Khan).

Chapter 3

AREA PROFILE

We have described about the "psycho-social response of families and other significant relationships towards HIV/AIDS patients" in the theoretical perspective and elaborated it with the detailed description, the Spread of HIV/AIDS by quoting examples of Sexually Transmitted Diseases (STDs), Male Sex with Male (MSM), Injectable Drug Users (IDUs), Through Disposable Syringes by Despensors, Through Blood Transfusion, Transgenders and Out-Migration Sexual Contact etc. The present chapter provides a brief study about the locale study or the area profile of District Dera Ghazi Khan. The key topics of this chapter are history, traditions and important places of the district.

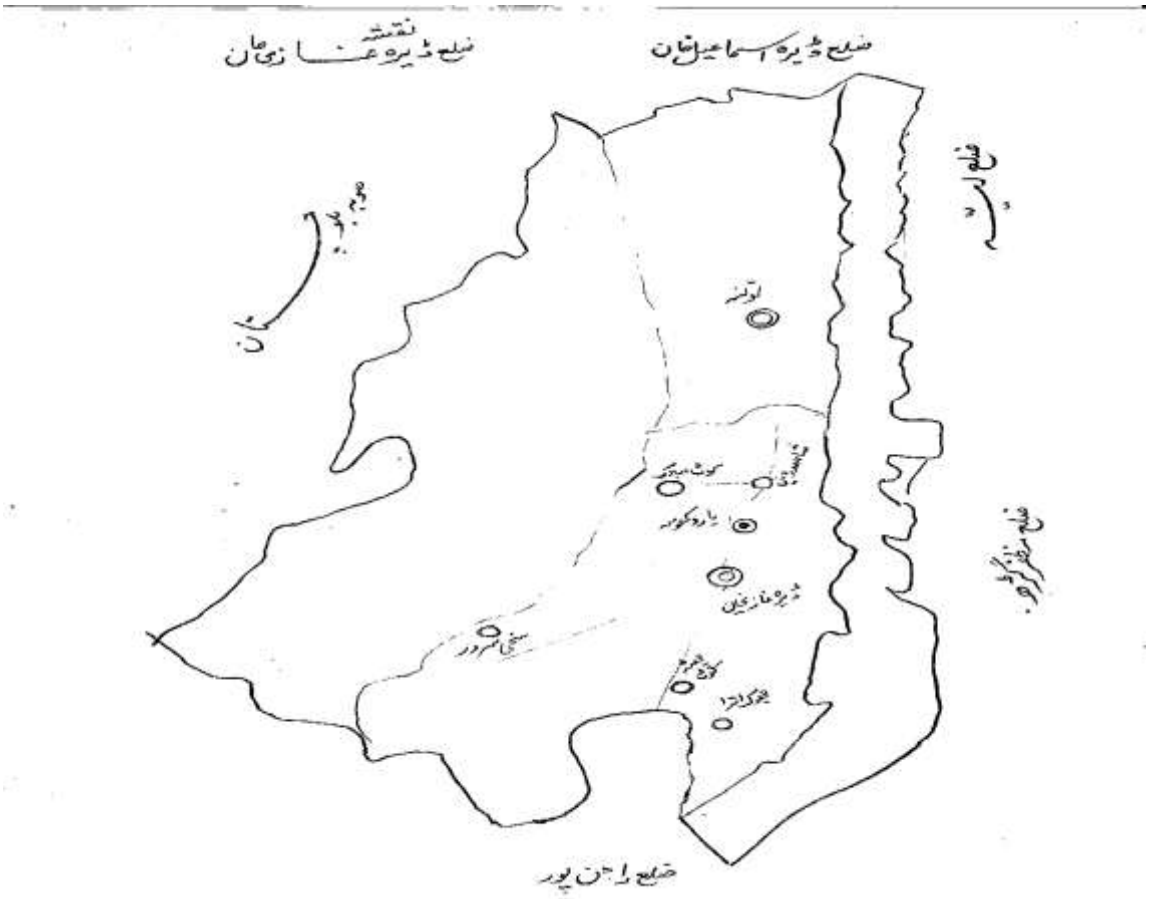
3.1 District Dera Ghazi Khan

Dera Ghazi khan is situated in the province of Punjab in Pakistan. The Punjab is divided into two parts southern Punjab and Northern Punjab. Dera Ghazi Khan is located in the southern part of the Punjab. One of the important and interesting factors about the Dera Ghazi Khan is that it is the central city of the country and the borders of all provinces touch this city so from here anyone can move towards any province of the country. The Dera Ghazi Khan division is consisted on four districts Dera Ghazi Khan itself, Muzaffar Garh, Lyyah and Rajan Pur. The majority of the Dera Ghazi Khan division is Saraiki speaking however the urdue, Punjabi, Balochi and Pashto speaking community also lives here.

Due to its unique location, in Ayyub Khan Era when they were deciding to shift the capital from Karachi to somewhere else, it was proposed that Dera Ghazi Khan should be the capital of the country because it joins all the four provinces of the Pakistan. Geographically it was a fertile area which had the deserts, rivers, mountains and vast fields.

In the south of D.G.Khan is located the Dera Ismail Khan which is the district of KPK, in south east is located the District Muzzafargarh, Tehsil Kot Addu, Tehsil Jatoi, Ali Pur and Indus river, towards west are located Sulaiman range mountains Zoob, Mosa Khail, Lora Lai and Barkhan which are the districts of Balochistan and towards north are located tehsil Jam pur and district Rajan Pur. Both the tehsil Jam

Pur and district Rajan Pur were the tehsils of Dera Ghazi khan in 1983. In 1983 president Zia-ul-haq while visiting the Dera Ghazi Khan, announced the Dera Ghazi Khan to be the division and tehsil Rajan Pur was up graded to district.



Map of Dera Ghazi Khan

3.2 Historical Background

Dera is very ancient city and it was established by the "Darawars" round about four and half thousand years ago. If we go through the expeditions of the Alexander the Great we found that "Harand" was renowned state at that time and "Dera" was a renowned town at that time. It was situated on the western bank of the river Indus. Its location was so important that the trade caravans from the eastrn India, Nepal, Siri Lanka and China pass through this area and found their way toward the Central Asian States, Arab, Afghanistan and Russia. So it was located on an important trade route.

During the regimes of the Delhi dynasty and Mughal rule the Dera Ghazi Khan was the part of both. The word *"Dera"* means place of living. Because it was the place of living of Ghazi khan Mirani, who was the founder and ruler of this area, so it was

named as Dera Ghazi Khan. He was a chiefstain of a baloch tribe. The old city of the *"Dera"* was completely demolished by the Indus River and the new city was established in 1910 which was the British era.

3.3 Weather and Geography

There are four seasons in Dera Ghazi Khan. First season is spring which starts from the February and ends in the middle of the April, second is the summer season which starts from mid of the April and ends on 31st of the August, third season is the Autum which starts in the September and ends in October and fourth is the winter season which starts in November and ends in 31st of the January. Bothe the winter and summer seasons are of the extreme levels in this area. In summer the weather is extremely hot and temperature rises up to 48°C and sometimes up to 50 °C. In winter season the weather is extremely cold and temperature falls up to 3 °C and sometimes below the freezing point.

The extreme cold damages the crops. Hot winds blow in the months of June, July and August and due to it the population and crops are affected. Usually the wind blow from north to south or from south to north. Due to the barren mountains of Suleiman range and sandy soil of the area, windstorms are very common in the summer. During summer, the temperatures are generally amongst the highest in Pakistan. The most important enjoyable place of this area is the Fort Munro which is the hill station and is located on the brink of the province of the Punjab. Here the weather is very much pleasant in the summer season and people move here not only from different areas of the Dera Ghazi Khan but also from the different cities of the country.

3.4 Ancient and Modern Games

Among the ancient games of the Dera Ghazi Khan are included Malhinr (a kind of wrestling), kabaddi, Gissni (hold the wrist), ghor daoor (horse racing), Geeti Danna (Gulli Danda), Bull racing, cock, quilt, beer, dog and camel fighting. People like to participate in these games up to now.

Among the modern games in the Dera Ghazi khan are included cricket, hockey, football, basketball, table tennis, badminton, long tennis, squash etc. people specially the young generation like to play all these games and there are different teams and

clubs for each game. Many players of the Dera Ghazi Khan served in the national teams of the country.

3.5 Important Parks and Places

3.5.1 City Park (Company Bagh)

It is the first park of the Dera ghazi Khan and it was built when the British were laying the foundation of the city. A British company was deployed here under whose supervision the construction work of the city was started that‟s why it was named as company bagh by the British. Later it was named as City Park. It is a beautiful garden including a children garden, Municipal library, football ground, hockey ground, cricket ground, basketball ground, hall to play table tennis, a gym for exercise and grounds to play volley ball and shooting ball. At the one corner of the park is the Eid Gah the place where people offer their Eid prayer collectively. People from the peripheral areas come and often they take rest here before and after their busy hours in the city.

3.5.2 Ghazi Park (Behari Park)

It is another beautiful park of the Dera Ghazi Khan. A colony of the Bihari migrants is situated near this park so it became familiar as Bihari Park. This park was made in 1990. It also included a cricket ground, a football ground, Children Park and a gymnasium. In 2000 the park was handed over to some contractors who added swings, marry go rounds, swinging boats, a small train for kids and electric cars for the children and families. Different food stalls were also introduced in the park for entertainment. Now people have to pay to enter in the park.

3.5.3 Wild Life Park

It is also among the most visiting park of the Dera Ghazi khan. It was also constructed in 1990 and was renovated in different in different time spans. At first there was no any ticket to enter in the park but later ticket was introduced and now people have to pay to enter in the park. In this park there are all verities of the birds including peacock, pigeons, parrots, cranes, quilts, and ducks etc. Among the wild animals lions, monkeys, deer‟s, zebra, stags, ostrich etc. are in the Park. There are also swigs for the kids and tuck shops for the entertainment.

3.5.4 Nawaz Shareef Park

It is newly established park of Dera Ghazi khan situated on Gaddai road in front of the colony Model Town. The park was approved in 1998 and was named on the prime minister of that time Mian Nawaz Shareef. It is basically a children and family park. There are swings and other items to amuse the children. There are beautiful and long tracks for both walking and jogging. People from all parts of the city come here with their families for entertainment. They also come here for the morning and evening walk.

3.5.5 Pakistani Chaowk

Pakistani Chaowk is now located in the center of the city. It is an historical place of D.G. Khan. When Pakistan movement was strengthening in subcontinent, D.G. Khan was not lagging behind the other Muslim territories, who were striving for the separate homeland. Here the people were gathered to support the movement and they were severely batten charged. Due to this reason the place was named as Pakistani Chaowk.

In the memory of those events the place was marked in a circle with a boundary wall. From the past to present all the important religious, political and other important events are conducted at this place. Beautiful flowers and green grass increase the beauty of the place.

3.5.6 Pull Dat

Pull Dat is a small bridge which is famous due to its Location. It is a place from where the one road towards west leads to the province Baluchistan, one road towards south leads to the province of Sindh, one road towards north leads to the province of K.P.K and one road leads towards the rest of Punjab.

3.6 Famous Shrines

3.6.1 Tomb of Hazrat Mulla Qaid Shah

Mulla Qaid Shah was a renowned Islamic scholar of the Dera Ghazi khan and he was the contemporary of the Ghazi khan fourth. The tomb of Mulla Qaid Shah is situated near the tomb of Ghazi Khan first. There is also a graveyard around the tomb known as qabristan Mulla Qaid Shah, in the same way a government school is also named as

Government Middle school Mulla Qaid Shah for girls. It is mentioned in the books written on the history of Dera Ghazi Khan that the Ghazi khan fourth poisoned him with a conspiracy on the sectarian basis. He was feared that Mulla Qaid Shah will create problems for him in upcoming future. After this event the sectarian riots exploded for the first time in the Dera Ghazi Khan. Due to these riots the Ghazi Khan fourth handed over the control to the Lashkar khan Mirani and migrated towards the territory of the Jhang.

3.6.2 Tomb of Hazrat Sakhi Sarwar

The actual name of the Hazrat Sakhi Serwar is Hazrat Sultan Ahmad. His father name was Hazrat zain-ul-Abdeen whose native country was Iraq. He lived in Baghdad which was the capital of the Iraq. For the purpose of the preaching he travelled from Baghdad and was settled in Shahkot which was situated in the surroundings of the Multan in 13th century. His mental and spiritual guider was Syed Muhammad Ishaq who was a great saint and was famously known as Miran Badshah. The native country of the Syed Muhammad Ishaq was the Iran and from there he migrated in the Lahore during the regime of Tughaqs. He lived, preached and was buried in the city of Lahore. His tomb is situated in the courtyard of the Wazir Khan Mosque Lahore.

Hazrat Sultan Ahmad further went to the Baghdad to quench the thirst of the knowledge. He also visited Wazirabad and Dhaunkal for the sake of knowledge and later he propounded the teachings of the Islam in these areas also. Later Hazrat Sultan Ahmad visited the Dera Ghazi Khan for the purpose of preaching. He decided for a permanent settlement in this area and for this purpose he decided to reside at the place of "Maqam" which was in the surroundings of Dera Ghazi khan. For the rest of his life he lived and preached there. He was died and buried at the same place. After his death the place was renowned by his name Hazrat Sultan Sakhi Serwar, 30km away from the city of Dera Ghazi Khan towards the Sulaiman range in the west.

People and the followers from not only all over the country but also from all over the south Asia visited his shrine to pay tribute to him specially in the month of March every year to celebrate his birth. The building of the shrine is a great exponent of the Mughal architecture. He is also known as Sakhi Sultan, Lalan Wali Sarkar and Lakh Data among his followers from different places.

3.6.3 Tomb of Hazrat Imam Din (Jakhar Imam Shah)

The period of Hazrat Imam Din is 16th century. First he preached in the surroundings of Uch Sharif in the village of jakhar. Hazrat imam din was the disciple of Hazrat Naimat-u-llah Faroqi who was the great grandson of Hazrat Ba Ba Frid-u-Din Ganj Shakar. The jakhar tribe accepted Islam due to his preaching‟s and in turn to pay gratitude they donated some of their lands to him. When all the jakhar tribe accepted Islam they visited Hazrat imam Din and asked for some memorable favour. Hazrat Imam Din declared that the village where he resides would be named as jakhar Imam Din which later became famous as Jakhat Imam Shah.

3.6.4 Tomb of Ghazi Khan

The period of Nawab Ghazi Khan first is from 1484 A.D to 1494 A.D. He belonged to the Mirani tribe and the city of Dera Ghazi Khan derived its name from him. He ruled over this territory over a brief period of time. He was died and buried at the place where he ruled. Nawab Ghazi khan first rule was started in 1484 A.D and Nawab Ghazi Khan last was demised in 1772 A.D. Ghazi khan family ruled over the Dera Ghazi khan about 292 years.

The tomb of Nawab Ghazi Khan is situated in the graveyard of Mulla Qaid Shah. It was the magnificent building of its time and it has the resemblance with the tomb of Hazrat Baha-u-Din Zikriya and Shah Rukn-e-Alam in Multan. It has three gates only the western side has no gate and inside the tomb there are graves which are the family members of the Nawab Ghazi khan. There was a time when there was a garden around the tomb and the level of the tomb was high from the ground level. Stairs were also there to approach all the three entrance gates. Presently there is a graveyard around the tomb, all the stairs are vanished and ground level has been increased up to the half level of the main entrance gates. The Aoqaf department is responsible for its maintenance but the department is not paying attention on the tomb so its condition is declining day by day.

3.6.5 Tomb of Syed Ali Ahmed Gillani Kaithli (Darbar Qadiriyya)

Hazrat Ali Ahmed Qadri was the saint of Qadriyya Sufi order. The tomb of his forefather hazrat Shah Kamal is situated in the city of kaithal which is located in India. After the partition Hazrat Ali Ahmad Gillani first migrated to Multan and in 1950 he settled in the Dera Ghazi Khan in Block No 35. His followers were already

settled in the Dera Ghazi Khan and they requested him to settle in the same city. Some of his family members were settled in the Qabola shareef located in tehsil Arif Wala district Pakpatan Shareef. He was died in 1962.

The other famous tombs of the Dera Ghazi Khan are the tomb of Hazrat Shah Slaiman Taunsvi, tomb of Hazrat Abdullah Shah Jillani of Sameena, Hazrat Peer Amir Shah Jillani, tomb of Hazrat Naorang Shah, tomb of Hazrat Peer Ghaori, tomb of Zind peer, tomb of peer Fateh Shah and tomb of Hazrat Hamza Sultan.

3.7 Important Bridges

3.7.1 Taunsa Barrage

This barrage is built on the river Indus in 1958. It is one of the most important sources used to cultivate the vast area of the district Dera Ghazi Khan. Tehsil Taunsa is situated nearby that‟s why it was named as Taunsa barrage. The water from this barrage flows from north to south direction. Many link canals have been derived from this place which is an important and main source of providing water for the agriculture.

This barrage was rehabilitated in 2003 with the help of World Bank and due to this rehabilitation it became possible to provide water in more areas of Dera Ghazi khan Division. Taunsa barrage is also a famous visiting place and people from different areas come here for excursion. Schools and colleges also arrange their trips for both educational and entertainment purpose.

3.7.2 Ghazi Ghat

This is a bridge constructed on the river Indus in 1986. Ghazi Ghat village is also there but this village is famous due to the bridge. This village is very much fertile and has a natural beauty. The bridge is located in the eastern side of the Dera Ghazi Khan city and the distance between the city and bridge is approximately 10 km. this bridge connects the Dera Ghazi Khan with the Muzzafargarh and onward. In past people used to cross the river on the stemmer which was under the control of high way department.

Later a bridge was made by tying up the boats with each other and a single vehicle could cross the bridge at one time. Travelling became more comfortable after the construction of the present bridge. People from different areas come here for

enjoyment and families for picnic. Small tuck shops are also here and fresh fried fish is a source of attraction for the tourists.

3.8 Important Tourist Points

It is a well renowned hill station of not only Dera Ghazi Khan but of the whole southern Punjab. It is located in the western side of the Dera Ghazi Khan city at the distance of 85 km. it is included in the tribal area of Dera Ghazi khan and tribal system has strong roots over here. The dominant tribes here are the Baloch tribes which included Leghari, Khosa, Buzdar and Khetran tribes. Balochi culture is the dominant culture throughout the area.

The mountain range where this magnificent hill station is located is known as the Suleiman Range Mountains. It is almost 6500 feet high above the sea level so the climate is much fine and cooler as compared to the plain area of Dera Ghazi Khan where the summer season is unbearable and temperature rises up to 50°C. So in the summer season there is much hustle and bustle on the Fort Munro hill station because the people from all over the Southern Punjab move towards this hill station. In summer season the economic activities of the local population are boosted because of the tourists.

Fort Munro derives its name from the colonel Munro who was the commissioner of the Dera jaats. He also built a fort whose signs are still there. The British did so control the tribal belt of Balochs who always rebel against the Government. The local populations do not call it Fort Munro they call it *"Nimro"*. At present many hotels and guest houses have been constructed here for the business purpose. People from different areas come with their families and friends. They used to stay at these hotels and guest houses to enjoy the pleasant weather.

Some people have built their own houses to spend the whole summer season at this hill station. Now the Government is planning to build a cadet college and cable car for the development of this area. Another beautiful and famous place in Fort Munro is the Dames Lake which is named on a British deputy commissioner Longworth Dames. There is a great pomp and show here during the celebrations of the Independence Day.

3.9 Transport Means

In Dera Ghazi Khan important means of transport are Road transport, Railway Service and air service. Road transport provides the travelling facility to the all major cities of all the provinces of Pakistan. Among the famous transport services are included Daewoo Bus Services and Faisal Movers. Railway service provides the travelling facilities from D.G. Khan to Kot Addu, Multan, Peshawar, Rajan Pur and Quetta.

An airport was built in 1996 in Dera Ghazi Khan; initially the flights were started from Dera Ghazi Khan to Karachi, Lahore, Islamabad and Bahawalpur. Majority of the people of the Dera Ghazi Khan work in Saudi Arab and Dubai so keeping in view the need and the demand of the people flights were started from Dera Ghazi Khan to Saudi Arabia and Dubai. Dera Ghazi Khan Airport became an international airport when Saudi and Dubai flights were initiated. The airlines which are operating here are Pakistan International Airline, Emirates Airline, Fly Dubai Airline, Shaheen Airline and Indus Airline.

3.10 Important Banks

The important banks of the Dera Ghazi Khan are following

- National Bank of Pakistan, Agriculture Development Bank of Pakistan, Habib Bank Limited,
- United Bank Limited, Allied Bank Limited, The Bank of Punjab Limited, The Sindh Bank,
- Bank Al-Falah Limited, Meezan Bank Limited, Faisal bank Limited, Soneri Bank Limited,
- Silk Bank Limited, Microfinance Bank, JS Bank Limited and Bank AL-Habib Limited.
- Muslim Commercial Bank Limited, Askari Bank Limited etc.

3.11 Important Bazars

Following are the important bazars of D.G. Khan where the economic activities are at full zest

Saddar Bazar, Pathar Bazar, Rani Bazar, Raja Bazar, Faredi Bazar etc.

3.12 Language, Religion and Sects

Dera Ghazi Khan Division is located in the southern part of the province Punjab which is also known as the seraiki belt. The inhabitants of the Dera Ghazi Khan speak and understand different kinds of the languages but the majority of the people speak seraiki language and are also known as saraike. There is a great debate between the seraiki and Punjabi intellectual on the matter and origin of the both languages. Some intellectuals are of the view that saraike was originated from the Punjabi language while the other have a stance that seraiki is more ancient than the Punjabi language so seraiki is the main language and Punjabi is a part of it.

Despite of it seraiki speaking population is prevalent and the mother language of almost 90% of the population is seraiki. There are people who speak the languages other than the seraiki like Punjabi, Urdu, balochi, Pashto and ranghri. English language is also going to be popular in this area because it is the need of time. Government has announced English as a compulsory subject from the primary classes to the higher levels and English medium classes have been started in the Government schools. The inhabitants of this area have no discrimination towards any language.

The dominant religion of this area is Islam which was introduced here with the advent of Muhammad Bin Qasim. Some historians of Dera Ghazi Khan are of the view that Islam was introduced here by the Arab traders and preachers before the arrival of Muhammad Bin Qasim. Before the partition both the Hindus and Sikhs lived here but after the partition they migrated towards the India. Still there are some signs of the Hindu temples in the city and surrounding areas. Some of the Hindu families still reside in Vahova which is a town of tehsil Taunsa shareef district Dera Ghazi khan.

Among the other religions a small population of the Christians is also there along with a Christian graveyard known as "*Maseehe Gora Qabristan"*. A Christian missionary house is also working in the Dera Ghazi Khan. Other non-Muslim communities are the Amides better known as Mirzai‟s.

Sunni and Shia are the major sects of this area and other sects are the off shoots of these major sects. Baraivi, Deoband, Ehl-e-hadith are the major off shoots of Sunni sect while Ismailia and shash imamia are the major off shoots of the Shia sect.

3.13 Socio Economic Structure

3.13.1 Role of Agriculture

Dera ghazi khan is basically an agricultural area so the majority of the population is associated with the agriculture. The lands are fertile and canal water is available for the crops. Major portion of the population lived in the villages where they have their own piece of land or they are the tenants of any land lord. Some people at the villages have their own poultry forms or fish forms or the goat forms depending on their interest and resources.

The major crops of this area are the cotton, sugarcane and wheat; these are considered to be the much profitable crops. In some areas tobacco, rice, bajra, jowar, maize and sunflower are also cultivated. The economic activities of the rural population depend on the condition of their crops and market situation. Agriculture is their sole source of income and living.

Along with the crops some people cultivate the seasonal vegetables in their fields which are also a good source of income. Vegetables are the cash products because they are the need of the population on daily basis. Among the cultivated vegetables are included potatoes, cauliflower, cabbage, carrot, tomato, green chilies, onion, garlic, ladyfinger and turnip.

Some people at the villages prefer the gardening and they have their own garden of mangoes, guava, oranges, berries, pomegranates and dates. They take care of their garden themselves and sometimes they handed over their gardens on *"Thaika"* to the other persons at the cost of a reasonable price.

3.13.2 Role of Industries

It has already been discussed that Gera Ghazi Khan is agriculture based area and majority of the people depend on the agriculture to cope with their economic affairs. However there are some noticeable industries functioning in Dera Ghazi Khan. Among them are included Al Ghazi Tractor Factory, Al Hamd Textile Mill, D.G Cement Factory, Araeen Textile Mill, Pakistan Atomic Energy Commission and Dhodak oil field.

D.G Cement Factory was established in the Zia-ul-Haq regime and it was the biggest cement company of not only Pakistan but of the whole Asia. Its annual profit is in

trillions and it was auctioned during the second regime of the Nawaz Sharif. Mian Mansha purchased this factory and its central office is at Lahore. A lot of the local populations have jobs in the factory most of them are workers, some are performing in the technical areas and others are in the administrative department.

Al Ghazi Tractor Factory was also established during the Zia-ul-haq regime. In the Nawaz Sharif regime it was auctioned and was purchased by the royal family of the Dubai. Its central office is at Karachi. Al Ghazi only assembles the tractor by the name of Fiat Tractor. The local population is employed here also.

All these major industries mentioned above and other minor industries like rice mills, ghee mills, flour mills and cotton industries provide job to the considerable number of people.

3.13.3 Foreign Exchange

The economic conditions of the agriculture based are not so good and most of them are illiterate non-technical and less educated. They are not able to get any kind of job in both government and private sector. The only work they can do is the labor in the adjacent city or in the big cities. But the wages are much low as compared to their needs so the people from these villages prefer to go to the Saudi Arabia and U.A.E where they do the same labor work but due to the difference of currency they become able to improve their economic conditions.

In the same way people from the city area move towards these countries due to the lack of the jobs and most of them are well educated and have technical skills. So they get attractive jobs over there. These two groups send Riyal and Dirhams to their families who invest their money in business or in purchasing some land.

3.13.4 Real Estate Business

The real estate business is playing a key role in booming the economic conditions of a particular class on one hand and on other hand the purchasing power of the middle class. Different colonies and housing schemes are made by the private persons at the different places in the surroundings of the city. Property dealers are working to make dealing between the two parties. Most of the purchasers or investors are the persons who are working outside the country in Saudi Arabia and U.A.E. The value of residential, commercial and agriculture land has been increased many times but there is no slum in the business of real estate.

3.14 Education and Literacy

The overall educational condition in the district Dera Ghazi Khan has improved with the passage of time. Before the advent of the British there was no any educational institute under the patronization of Government. The local population had established some institutes in which the traditional Quranic education was delivered along with some books in the Persian language. One or two private institutes were also established by the local Hindus and in these institutes only the Sakaike language was taught in the Hindi calligraphy.

British defeated the Sikh Government of Punjab in 1849 and they established their Government in this province. They started planning to launch the educational institutes in Dera Ghazi Khan in 1860. In the year of 1900 ten educational institutes were founded in Dera Ghazi Khan which was working only on the primary level. In 1905 the number of primary schools was increased and some Middle schools were also inaugurated. In 1913 ten high schools 60 more primary and middle schools were established in the district Dera Ghazi Khan.

The teachers for the middle and high schools were appointed from the Delhi and Bombay who produced a good teaching stuff for the upcoming future. Local students of these schools who had completed their education were provided jobs in these institutes. At the time of the independence the British had established 250 educational institutes in the district Dera Ghazi khan.

Presently three thousand and five hundred government primary, middle, high and higher secondary schools are working in Dera Ghazi Khan. Most prominent schools of the city are Govt. High School No 1, Govt. Islamia High School and Govt. Comprehensive School for boys. Similarly many girls‟ schools are also functioning like Govt. High School Mulla Qaid Shah and Govt. High School No 1. Many registered and unregistered schools are also working. Many school systems have opened their branches in Dera Ghazi Khan like City school, Bloomfield Hall, The Educators, Pakistan Atomic Energy School, Army Public school, International Islamic university Islamabad School, Divisional Public School and many others are working.

Many private academies are also working among them the most famous are KIPS, COSMOS, Star Academy and D.G. Science Academy, these academies provide coaching facilities to the intermediate students for the preparation of the entry test to

get admission in Medical and Engineering colleges. The Divisional Public school and Bloomfield Hall School also offer O-level and A-level classes.

As for as under graduate and graduate level education is concerned a lot of colleges are working in district Dera Ghazi Khan for both boys and girls. First Govt. College in Dera Ghazi khan was established in 1945. The most prominent college in city is Govt. Post Graduate College D.G. Khan. Previously it was known as Govt. Degree College for boys D.G. Khan. Among the other colleges are included Govt. Degree College for boys Leghari Coloney D.G. Khan which was previously known as Govt. Intermediate College for boys, Govt. Post Graduate College for women D.G. khan, Govt. College for women model Town D.G. Khan, Govt. College for women Kot Chutta, Govt. College for boys Taunsa Sharif, Govt. College for women Taunsa Sharif and Govt. College for women Choti zareen.

There is a Govt. commerce college, Govt. Agriculture College, Govt. Elementary College, and a Govt. Technical college. They are working under the government patronization to provide the skill based education. Many private colleges are also working and providing technical and non-technical education like Indus law College, Multan Law College, Ali Institute of technology, Science Institute of technology.

Medical college was an intensive need and demand of the people of the Dera Ghazi khan. A significant number of the students of Dera Ghazi Khan Division got admission in Medical Colleges of Punjab every year. Students from Kot Mitthon, Rajan Pur, tribal belt, Taunsa and even D.G. Khan City face lot of problems to move towards Lahore, Faisalabad, Bahawalpur and even Multan. Keeping in view the demand of the people and increasing population the Government announced to inaugurate a Medical College in Dera Ghazi Khan with the name of Ghazi Khan Medical College. Due to the lack of building and teaching facilities the first batch classes were started in Quaid-e-Azam Medical College Bahawalpur in 2010. Funds were released for the construction of the college and a magnificent building came into existence. The classes were shifted in Ghazi khan Medical College Dera Ghazi Khan in 2012.

To fulfill the needs of higher education Government announced to establish a university in Dera Ghazi Khan in 2011. The name of the university was proposed as Ghazi University. The university building is under construction on the airport road

Dera Ghazi khan and the classes are being conducted in Government Post Graduate College Dera Ghazi Khan. The other universities which were already working in Dera Ghazi Khan are Allama Iqbal Open University and Virtual University.

3.15 Culture and Traditions

3.15.1 Mangni Tradition

The parents and the sisters from the boy side visit the home of girl side to see the girl and to have a meeting with her parents. When the both sides accepted to have a relation with each other then the parents from boy side put "*Bochhanr" (dupatta*) on the girls head and rings are also exchanged.

3.15.2 Medhi Tradition

This ceremony is performed before the wedding ceremony in which bridegroom side visit the bride side, give them "*Cheeko"* and dry fruits. They also apply oil on bride hair.

3.15.3 Wedding

The bridegroom side with "*Barat"* comes to bride home and here the Islamic tradition of "*Nikah"* is performed and conditions are mutually agreed. With the consent of the bride parents the bridegroom parents took the bride to their home. Next day the "*Valima"* is offered from the bridegroom side in which the guests are served with different kinds of dishes and at the end the guests give money known as *"Salami"*.

3.15.4 Khatna Tradition

When male baby is borne then this tradition is performed. Some people performed it after the few days of the birth and some people perform it within one to four years. In seraiki it is also known as *Tahoor* or *Sunnat.*

3.15.5 Qul and Chehlam Tradition

When someone dies then after the three days of his death tradition of "*Qul"* is performed in which the relatives, neighbors, friends and all other Muslims are invited who want to participate. Holy Quran is recited and some people recite "*Darood Shareef"* for a specific time span then at the end *Fatiha Khuani* is performed and guest are served usually with the *Pulao* and sometimes with *Gosht Roti.* After the

forty days tradition of *Chehlam* is performed in which people pray for the dead person and *Kherat* is distributed.

3.15.6 Macha

In the D.G. Khan city and its peripheries the "*Macha"* culture is much famous. "*Macha"* is basically a big cot made of wood woven with "*Vaanr"*. People of a "*Mohalla"* or a village in their leisure hours sit there. Important political, religious, and social issues of mutual interests are discussed here open heartedly. Poetry, songs and jokes are also shared here.

3.16 Important Fairs

3.16.1 Maila Sakhi Serwar

It is very ancient fair of the D.G. Khan and it continues up to one month and fifteen days. The old name of the Sakhi Serwar was "*Maqam"*. From the ancient times people from very far places used to come here. It starts in "*Chaitr"* (March) and ends in "*Visakh"* (April).

3.16.2 Maila Shah Saddar Din

This fair is celebrated in the month of "*Jaith"* (May) in the town of Shah Saddar Din.

3.16.3 Maila Pir Muhammad Ghaori

This fair is celebrated on the Jhook road located in the peripheries of Kot Chuuta town in 12, 13 month of "*Chaitr"* (May) every year.

3.16.4 Maila Pir Adil

This fair is celebrated in the month of "*Visakh"* (April) every year at the shrine of Peer Adil which is located 10 km from the D.G. Khan city.

3.16.5 Maila Mavaishiyan

This fair is celebrated from 22 to 28 of the February every year. It is very ancient fair because the subcontinent rulers and British visited here to purchase the horses, camels and bulls. It was the biggest fair of the Asia but now such fairs are being conducted in Sibbi and Lahore.

3.17 District Head Quarter Hospital D.G.Khan

The District Head Quarter Hospital D.G.Khan was established in 1901 as a small Civil Hospital to provide basic health facilities to the local population. The Hospital aimed to provide an effective and efficient short term health facilities to the surroundings areas which were rural in their socio-economic structure. The building of the Hospital expanded with the passage of time and in 2010 it was upgraded to five hundred beds and it was attached with the newly build Ghazi Khan Medical College. The total area of hospital including, Ghazi Khan Medical College 650 Kanals.

3.17.1 Location of the Hospital

The District Head Quarter Hospital D.G.Khan is located in the hub of the city near Government College D.G.Khan which is also one of the oldest landmark of the city. In the East of the hospital there is a famous Commerical area named, Bhalag Sarwar City while in the Western Corner Government High School No.1 which is a centre of excellence and its building is old more than 100 years. On the Southern part, the building of Post Graduate College for boys and Sub-Campus of Bahauddin Zakariya University is situated; another important Commercial area is located on the Northern side of the building.

3.17.2 Administration of the Hospital

As the District Head Quarter Hospital D.G.Khan is attached with Ghazi Khan Medical College D.G.Khan, so it is run under the provincial administration of Punjab Government. The Hospital has its own Board of Governors which constitutes the Commissioner of D.G.Khan Division, Principle of Ghazi Khan Medical College D.G.Khan and a local member of National Assembly as its key figures. The Hospital is administered by Medical Superintendent. He has the authority to make policies with the consultation of Board of Governors as well as with the provisions of provincial health department.

3.17.3 Facilities and Departments

District Head Quarter Hospital D.G.Khan is a teaching Hospital, it is attached with Ghazi Khan Medical College since 2010. After the up gradation of the Hospital following facilities and departments have been added:

Basic Science Departments: i. Anatomy ii. Biochemistry iii. Community Medicine iv. Forensic Medicines v. Pathology vi. Pharmacology vii. Physiology
Medicine and Allied Departments: i. General Medicine ii. Cardiology iii. Dermatology iv. Pediatrics Medicine v. Preventive Medicines vi. Psychiatry vii. Pulmonology
Surgery and Allied Departments: i. General Surgery ii. Anesthesiology iii. Orthopedics iv. Pediatric Surgery v. Urology vi. Oral and Maxillofacial Surgery vii. Obstetrics and Gynaecology viii. Neurosurgery ix. ENT
Other Departments: i. Trauma Centre ii. Emergency Ward iii. Radiology iv. Pharmacy v. Social Welfare Department vi. Blood Bank vii. Administrative Department viii. IT Department ix. Library

Source: DHQ Hospital Administration DG.Khan

3.17.4 Doctors

Doctors are an important part of any health center. They contribute a major role in the hospitals they treat the patients with great care the number of doctors presently working in the District Head Quarter Hospital D.G.Khan are 77, These doctors includes Medical Officers both male and female, Senior Medical Officers, House Job Officers, Medical Specialists and 5 Consultants, 4 Surgeons and 2 Visiting Facility Doctors etc. the total number Specialists who are performing their duties in District Head Quarter Hospital D.G.Khan are approached to 18.

3.17.5 Nurses

Nurses are the trained paramedical female staff who performed an important role in patients care in the Hospitals. They performed an effective duty for patients and spend more time with them then their family members. Nursing is considered a female paramedical profession because of their polite attitude and care for patients. At the

present stage about 140 nurses are working in the District Head Quarter Hospital D.G.Khan. All the Nursing staff performed their duties under the supervision of Chief Nursing Superintendent. There is also a Head Nurse in every ward who is responsible for looking after the affairs regarding the Nurses issues.

3.17.6 Technical and Support Staff

Technical staff is performing an equally effective role in the hospital as well. In operation theaters and x-ray laboratories technical staff is busy in easing out the problems of the doctors and patients. Support staffs are the people who are essential for the smooth working of the hospital. Support staff is needed by all the cadre of people working in hospital from medical superintendent to nurses and other technical staff. They are the people who perform duties at almost every place of the hospital from communication among doctors, administration nurses and patients to cleanliness of the hospital. 152 serve as supporting staff in the hospital.

3.17.7 Social Work and Zakat Department

This department is established to meet the requirements of the poor and needy people who cannot afford treatment in the hospital. This department provides them with almost free treatment in the hospital. Officials of this department go to the patients who want to seek help from this department. If patients fulfill the criterion then officials help the patient. Due to limited resources only few patients are entertained.

3.17.8 Vehicles

The District Head Quarter Hospital D.G.Khan has six (6) Ambulances for the transportation of patients. Hospital also has 2 buses to meet the transportation needs of the staff working in hospital. A separate department is there to manage the transportation of the hospital.

Other Services

3.17.9 Mosque

A mosque has been built in the District Head Quarter Hospital D.G.Khan for the people to offer daily prayer.

3.17.10 Musafir Khana

A musafir khana is available for the family members and relatives of the patients who stay with the patients during their treatment. Musafir Khana is consist of a big hall

where basic facilities like food and shelter etc is provided with the help of local non-governmental organization named Mir Khalil-ur-Rehman Foundation(MKRF).

3.17.11 Cafeterias

There are two cafeterias in the District Head Quarter Hospital D.G.Khan. They are situated on different places in the hospital to facilitate the patients and the staff in the Hospital. One of them is the main cafeteria near the Trauma Centre and it remains open 24 hours.

3.17.12 Doctors Hostel

There is one hostel made for the doctors within the premises of the District Head Quarter Hospital D.G.Khan.

3.17.13 Nursing Institute

There is a nursing school in the hospital which is providing education to the nurses who later on serve in different hospitals.

3.17.14 Nursing Hostel

There is also a nursing hostel in which residence and other facilities are provided to nurses who belong to other periphery areas and have come there to get nursing education.

3.17.15 Employee's Colony

There is a colony built inside the District Head Quarter Hospital D.G.Khan for the staff working in the hospital.

3.17.16 Mac Donald's

Recently international food chain Mac Donald"s has opened its branch in D.G.Khan located in the premises of famous posh residential colony named NDVH.

3.17.17 Important Residential Colonies

Among the famous and important residential colonies are Model Town, Khyaban-e-Serwar, Garden Town and NDVH. After the well-developed block system of D.G.Khan by the British Government the above mentioned residential colonies are well planned and equipped with the all facilities necessary for living.

(The next chapter will provide details about the select case studies)

Chapter 4

CASE STUDIES OF THE HIV/AIDS PATIENTS OF THE PSYCHO-SOCIAL RESPONSE OF FAMILIES

Introduction

The previous chapter describes about the Area Profile of the District D.G.Khan in detail. In the present chapter the researcher will discuss the different case studies in detail during his stay at the *„Spœial Clinic"* in DHQ Hospital D.G.Khan

HIV/AIDS is the most dreaded enemy of the human race which is going epidemic dimension gradually all over the world. Since, young people are the easily approachable targets of HIV/AIDS. The disease first became common among IDUs (male) homosexuals (both male and female), prostitutes and their clients before spreading into the wider community (Stockman and Strathdee, 2010). There are other multiple reasons of the transmission of HIV virus such as insecure use of sex and injectable syringes, out migration, blood transfusion, non-technical and illegal medical treatments and practices are the common reason of spreading of HIV virus (UN AIDS, 2000). According to a UNAIDS recent published report, approximately there are 36.9 million people who are living with HIV/AIDS virus across the globe (UNAIDS, 2018). Sub-Saharan region is considered as the most vulnerable region in this concern (UN AIDS, 2017).

The disease is spread due to the prevalence of HIV virus in the human body. The virus destroys the immune system of the body with slow pace. HIV/AIDS is an incurable disease so far (Over, 2010). It destroys the human immune system and also weakens the defence of the body against the infections. The symptoms of the disease appear very slowly and sometime many years for the patient that he could realize about the disease. AIDS is known as the most advance stage which develops after from 2 to 15 years depending upon the human body (Nordqvist, 2018).

In the beginning, infection appears in the patient body and in most cases the patient take this infection as light and ordinary. The infection becomes more severe and panic in the beginning months and sometimes patient unaware about the changes due to lack of awareness about the disease. After first few weeks the patient either receive no infection or face influenza like illness, fever, headache, sore throat and rash etc. as the

virus attack the immune system some more complex symptoms emerge. These symptoms are speedy weight loss, cough, diarrhoea and swollen lymph nodes (Hoenigal et. al., 2016). If the patient is not diagnosed properly so far or have no access to the diagnosing process some other symptoms like severe illness, tuberculosis, Cryptococcal meningitis, sever bacterial infections and cancers such as lymphomas and Kaposi sarcoma etc.

The prevalence of HIV/AIDS in general population is tends to be increasing during the present period in district Dera Ghazi Khan. The mode of transaction of the virus from the infected target to the general population is not halted due to the possession of the insecure sex culture in a number of developing states. The young population and the adolescents are the two most general preying targets of HIV virus as the earlier group lack in adequate access to health friendly sex environment and sexual violence or friendly but insecure sex with their female counterparts after enjoying sex with Female Sex Workers (FSWs)/ Commercial Sex Workers (CSWs).

The latter case deals with the transferring of the HIV virus from vulnerable mother to their babies in the absence of insufficient health facilities (The Global Report on AIDS, 2013) as well as through blood donation process as the researcher during his research finds a case where a child was infected with HIV from his father‟s blood who was out migrant HIV positive. The local laboratory just finds the cross matching of blood groups but could not verify that either the father is experiencing any infectious disease. In recent cases, it is also found by the *„Spœial Clinic"* at D.G Khan that HIV/AIDS virus has also detected in Thalassaemia adolescent during the insecure blood transfusion as the local dispenser only match finds the cross matching of blood groups of the donor and the recipient other than precautionary laboratory tests (The Researcher personal findings during the research project at *„Spœcial Clinic"* at DHQ D.G Khan). The other reason is that in most of the developing states, the sex education mechanism or the awareness of Sexually Transmitted Infections (STIs) is not available to the general population due to religious, traditional, cultural or rigid social structure of the state and the society.

The HIV/AIDS patient experiences multiple level psycho-social challenges while living in the society. According to the UN Aids recent report; presently, there are 36.9 million people worth living with HIV/AIDS virus. Of this figure, 0.8 per cent is adult

population aged „between 15 to 49" years old. This shows that these account many socio-economic and psychological challenges in the society. Barnett and Whiteside are the two important writers who noted that HIV/AIDS leads to the financial, resource and income impoverishment in the society as the patient unable to earn for the family and feel financial stress which in turn creates psychological challenges in the society (Barnett and Whiteside, 2012). This put sever stress on the household. The psychological stress sometimes may lead towards family and workplace inefficiency and may also culminate in risk behaviour such as usage of drug and insecure sex with the partner or with other persons (Barnett and Weston, 2008).

People living with HIV/AIDS sometimes experience physiological symptoms such as decrease in weight and energy level, frequent fever, physiological stress, which also include depression, fear of death, despair, rejection and prejudice stigmatization and rejection from their peer group of friends.

The threats of the prevalence of HIV/AIDS in general population in developing state are high due two main reasons. The first is that there is no proper education setup to educate the adults/adolescents regarding the sex education (an educational orientation how to avoid from unsafe sex) while the second main is that the poor health facilities are also contributing in heightening the global threats of the HIV virus. Now after this we will discuss the in-depth case studies further one by one take by the researcher to the HIV/AIDS patients at the *„Spœial Clinic"* DHQ Hospital D.G.Khan, before that there is some detailed over view of all these categories in the single form of table under as.

Table: 4.1 Detailed Segment of HIV/AIDS Patients

No.	Categories of HIV/AIDS Patients	Number of Cases
1	Sexually Transmitted Diseases(STDs)	12
2	Male Sex with Male(MSM)	5
3	Out-Migration Sex	4
4	Through Blood Transfusion	1
5	Transgender	4
6	Injectable Drug Users(IDUs)	2
7	Through Disposable Syringes by Dispensers	2
	Total	**30**

Source: Researcher

Cases of Sexually Transmitted Diseases (STDs)

Now in the first portion, here we will discuss the in-depth case studies of the Sexually Transmitted Diseases (STDs) of the HIV/AIDS patients taken by the researcher at the „Special Clinic" in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Sexually Transmitted Diseases (STDs)	12

4.1 Case Study-I

4.1.1 Detailed Case History

Name:	Muhammad Junaid.
Age:	24 Years.
Sex:	Male.
Caste:	Nutkani.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Newly Married.
Nature of Job Out of City:	Car Driver.
Workstation:	Karachi (Pakistan).
Monthly Earning:	18000 Rupees.
HIV/AIDS Exposure	Sexual Contact STDs
Address:	Kot Chutta, D.G.Khan

4.1.2 Background of the Case

Muhammad Junaid S/O Muhammad Iqbal, 24 years old, Male, Nutkani by cast, Muslim and driver by occupation. He is married and resident of Kot Chutta, District D.G.Khan, presented with no active complaints but accidental diagnosis of HIV/AIDS

when he was planning to go to Dubai. During his medical evaluation and testing from clinical medical diagnostic centre, he came to know that he is HIV/AIDS positive.

4.1.3 According To The Patient

He was belonged to the village named, Nutkani De Wasti, which is part of Tehsil Kot Chutta. The researcher came to know that they do not have school and hospital in that place. His father, who was already in Dubai, tried hard that his children should study but their fate was quiet different and the school was very far away from their suburb approximately 12Km, that‟s why no one was well educated. But now they are struggling to have school there, so that our posterity should be educated. They are 7 brothers and 2 sisters and all are living in Vahera. Their first degree relatives are living close to each other and they are united through thick and thin. His grandfather played tremendous rule in uniting their family and as head of family he used to decide each and everything.

After spending sometime outside country, his father came back and started his own business in Subzi Mendi as broker. Firstly, he started working with his father, then he moved to Lahore and joined thread Mill. Spending 8 years there, he used to live with different people, belonging to different cities. During that period, he met a young boy, who also belongs to D.G.Khan Tehsil Ghousabad. They used to eat and drink together and spent most of their time with each other. He did a lot of sex with that boy even to his extreme and whatever he used to earn, he gave it to that boy to fulfil my sexual desire. He fulfilled all of his demands and compelled him to live with his rest of his life.

Then a terrible incident happened in his life when he was shocked to hear that his friend has got accident and died at the spot. After his death he left Lahore and came back to D.G.Khan. After sometime, he felt desire to left for Karachi. There in Karachi, he started work as labourer and whenever he felt desire to do sex then he used to go to prostitutes and it was very cheap to have girls there even sometime within 100 rupees. As he knew the ABC of driving, then he hired a Van for school children and used to do the pick and drop service for children. During this period, he had a serious health issues and therefore came back to D.G.Khan and got check-up from various doctors but symptoms could not relieved, then he moved to Multan

CMH where Dr.Latif got his detailed check-up and advised him to have some necessary labs.

After the reports doctor advised him some medicines, which he took and symptoms vanished. After that, he said to his father that he wanted to go to Dubai because many of his cousins were working over and were earning handsome amount of money. So, his father advised his younger brother to get his Labs from Dr.Nadeem Chohan‟s laboratory before having his final tests from a specified laboratory for medical clearance. Here they came to D.G.Khan and Dr.Nadeem Chohan took his blood samples and asked to come back after a few hours.

According to the researcher when they came back, Dr.Nadeem Chochan told his uncle that he was having HIV/AIDS. When he heard, he lost his senses, and involuntarily he started fighting with doctor, even created a lot of mess in his Lab. Many people gathered there to stop him from fighting even his uncle shouted at him. His uncle apologised from doctor for his behaviour and regretted. Then Dr.Nadeem Chochan gave them the address of treatment centre for HIV/AIDS in Islamabad. There in Islamabad they spent a few days and they performed his all necessary tests. There he met with Dr.Shumaila who counseled him a lot regarding his disease and referred him back to HIV/AIDS Special Clinic D.G.Khan where he started his treatment. Meanwhile, he went back to Karachi for job. There, one of his friends gave him a job as driver with a family which was very rich.

Currently, he was working as a driver with that lawyer‟s family and he worked honestly and dedicatedly. That lawyer‟s had two daughters and his brother has one daughter. He used to take them to school and get them back to home. One day, lawyer‟s daughter said him to have sex with her otherwise she will ask her father to put him behind the bars, she threatened him there was no option for him except to have sex with her, as she was very pretty and he was also willing to do it. Hardly, she was 14th years old and she used to have sex with him once or twice a week and gave him 3 to 5 thousands rupees after having sex. He used to have sex with her outside home at Clifton beach Karachi, while inside the car. He used to have both anal and vaginal sex with her.

The researcher came to know that she forced him to run away and had marriage but he did not agree and convince her to go things like this, if someone will come

to know then we will decide what to do. The placed where he was working in the lawyer‟s home he was good with them and his girls used to give him 500 to 1000 rupees to buy something for myself. He also had affair with his neighbour‟s girl. He liked her since his childhood. But unfortunately, she got married to a boy who was younger than her. At married night, she gave something to her husband and he became unconscious, she left home and came to him to have sex with her. He did sex 5 to 6 times with her. Now a day, he had a lot of girlfriends and he went to sex with them rather than with his wife. He married to his uncle‟s daughter about a few months back. Now, all of his siblings know that he was HIV positive, even his brother gave him courage to get treatment, and he came with him to HIV/AIDS Centre. His uncle refused him to give his daughter‟s hand, because he knew that he was HIV/AIDS positive, but later on, when he saw his wealth and richness, he was ready to have marriage of his daughter with him.

His wife knew all about his illness status, even before getting married. After sometimes, of his marriage, he got Labs of his wife and all tests were ok. He did not get proper counselling from HIV/AIDS Centre D.G.Khan, they just advised him to use condoms before having sex with his wife. But the researcher counselled him properly and well explained everything. Now a days he was using condom while having sex with his wife. All the people within his family knew his HIV/AIDS status but they are with me just because of his money. His parents and grandparents are helping for him after knowing his disease and they are not ignoring him. Attitudes of parents and his siblings could not change after his illness.

His family grieved after hearing that he was HIV/AIDS positive but their attitudes did not change. They all family members used to eat meal altogether and they did not feel embracement to sit with him. He had no kids. His Aunt was resisted to have his marriage with his uncle‟s daughter and she told everyone that he was HIV/AIDS positive. After getting AIDS, there was no impact on his relationship with his family members. People in his vicinity, they were all good towards him even they knew that he was HIV/AIDS positive. This is because he had a lot of money. Religious clerics were good with him and met with him casually as they use to meet other human beings.

4.1.4 According To The Family Members

They had heard about this disease from media and other people. Only Junaid had HIV/AIDS in their family, they did not know HIV/AIDS status of other people. They did have sympathy for Junaid and think that it might be because of his bad deeds. They were shocked when they heard about HIV/AIDS in Junaid. But they accepted him even with this disease and tried to not have relationship gap. They did not think that such people should be expelled from the community, it was wrong. They morally were trying that Junaid should cope with this disease. They were ready for his all sort of help. They were sorrowed to hear this illness in Junaid. They thought, that humanly and religiously it was their duty to aware other people about this disease so that other people should be safed from it.

4.2 Case Study-II

4.2.1 Detailed Case History

Name:	Muhammad Sohail.
Age:	41 Years.
Sex:	Male.
Caste:	Rana.
Education:	Literate.
Marital Status:	Un-Married.
No. of Children:	N/A
Nature of Job:	Jobless.
Workstation:	Dera Ghazi Khan (Pakistan).
Monthly Earning:	N/A (Dependent on their Brothers)
HIV/AIDS Exposure	Sexual Contact STDs
Address:	Block- 13, D.G.Khan.

4.2.2 Background of the Case

Muhammad Sohail S/O Irshad Ali, 41years, male, Rana by Caste, Muslim, had qualification upto matric and is jobless as all of his expenses are beard from his brothers, Unmarried, resident of Block-13, D.G.Khan, got pulmonary tuberculosis and meanwhile his HIV status was tested which came positive.

4.2.3 According to The Patient

He was the resident of Block-13, D.G.Khan. They were four brothers and two sisters overall. All were married and even had kids. His parents were alived and still prayed for his long life. He also wanted that he should serve his parents a lot and got their prayers. They were living in a joint family and all of his siblings were behaving very well with him even they knew his disease status. They were all well-educated and supportive for him. Oftenly, he thought that he must take care of himself properly at his young age, but he replied to the researcher that youth age had its own draw backs; he was careless and enjoyed the company of bad guys. So, he kept on doing mistakes at that time and became habitual for it. After doing matric, their family‟s financial circumstances were not good so, he had to quit his education and started working as carry driver in pharmaceutical company and used to move from one medical store to other. Even he used to move out of city sometime for supply of medicines. Whatever he earned, he used to keep some of that money in his pocket and gave rest of it to his father. He was very friendly and used to enjoy the company of his friends. They all friends belonging to same Muhalas used to organize different treats and everybody contribute to these treats. They used to organize different treats on different special events for example, Happy New Year Nights, Eid Occasions, or during the marriage ceremony of many of their friends.

According to the researcher they used to arrange a escort girl for those events and also drank alcohol. They did a lot of sex with those escort girls on these occasions. During the marriage ceremony of any of their friend, it was also compulsory for their friend to arrange girl for them to do sex with her and also he used to paid money to that girl by his own pocket. So, that they should also enjoy at night rest of events, they all friends used to contribute money in the form of Patii, to arrange alcohol and girl both. The series of such events continued for long time. Then once he got fever with cough. He went to Dr.Khalid Masood Qasrani, he diagnosed him that he had pulmonary T.B.

Meanwhile, he started treatment which continued for three months, and there was fluctuation in his temperature. Dr.Khalid Masood Qasrani advised him some necessary tests on his follow-up visit. When the reports came he told him that he was HIV positive. He suggested him to go to AIDS centre, where he could have his treatment. He got rid of T.B. But still he had HIV positive. He came to AIDS centre with his brother; they repeated some blood tests and started his treatment. He was using AIDS medicines since 8-9 years. He was healthy initially, but after getting this disease he had lost his weight a lot. Now, he did not use mirror to see his face as it makes him more frustrated and sad.

Now he advised to all of his friends to live simple and neat and clean, and tried to avoid such sexual contacts with escort girls. Once, his friend took him to Nutaak, area near by Dera Ghazi Khan. There was mela over there and it was very busy bazar. They went to see *"Moot Ka Konwa"* there, form a height, he saw many youngsters who were performing sex with shemales in different camps. He repented on them and thought that they would also get that HIV disease. So, he planned to give them condoms to have safe sex with them. He went to medical store, bought a box of condoms and distributed to all the people who were doing sex at that time. All of his friends were surprised and astonished at him about his act but later on they realised that he did a good job and they appreciated him. He tried his best to not indulge other people in that disease and gave them good advised. He used to worry and frighten himself when he thought of his AIDS. It frustrated him a lot and produced aggression inside him. He used to have different thinking at different time involuntarily. His nephews and nieces used to come to him and he wanted to kiss them but could not because he thought at least they should be safed from that disease. May Allah protect everyone from that deadly disease; he used to pray this for everyone.

The researcher came to know that they all family members were living in the same home and they were total 15-18 persons including children. He was unmarried yet. He used to get pocket money from his younger brothers and that money was enough for him to meet his needs. Initially, his neighbours and friends forced him to have sex and they all used to have sex with the same girl. Nobody would be willing to marry with him when they would know about his disease. He entrapped himself in this disease and found it difficult to fight with it and he felt alone. His brother took him to AIDS centre when he was diagnosed HIV positive. When he knew that he was HIV positive,

that shocked him and he was not in his senses for many days. This was all because of his bad friends and neighbours. His all siblings and wives of his brothers they were very aggressive when they knew that he was HIV positive initially their attitudes were annoying but he had nothing to do. Still they were not in good behaviour with him. Nobody did a lot of counselling of mine about that disease. But you (researcher) gave me a lot of information. He was thankful to the researcher. He never used condoms during sex before getting that disease. He used to avoid market and bazari cooked food. He used less chillies and ghee. A lot of terrible changes happened in his vicinity after getting AIDS.

His neighbours who were his friends even they ignore him and tried to have distance with him. All of his brothers were supportive but his parents were matchless in this regard. It was only his parents whose attitude did not change even they knew that he was HIV positive. He did not attend his family gathering as he went twice to family events but they behaved very badly, so he quit going now. His parents only could imagine his agony otherwise their friends and brothers were ignorant of it. He used to think that good health was blessing from God but he was now deprived of it. Rest of his cousins and uncles had prejudiced attitude with him, and he did not feel secure among them. All of his siblings meet him nicely and used to eat food with him.

His family members never said bad words about him but their attitude depicted everything. His family was well educated and they knew a lot about HIV/AIDS. Many of his family members did not meet him because of that HIV/AIDS disease. Because of their attitude, he had lost his courage. This disease had weakened him relationship with his family. Only his parents were very supportive. His religious clerics in his Mohalas mosque, they knew about his disease, but still they behaved very well. He used to attend Mahfalay Naat with them.

4.2.4 According to the Family Members

All of them were well awared of Muhammad Sohail‟s disease. They knew all this form TV, books and newspapers. They knew that Muhammad Sohail was HIV positive. They did have sympathy and love for him and they thought that he got this disease just because of his bad deeds. They were shocked when they heard that Sohail got HIV positive but they also heard of him that he used to have bad company frequently. Because of this disease they used to avoid him as they thought that people

would assume that they used also like him. They thought that such people should not be expelled from community. They could not do anything for him except to pray God to give him good health.

They were ready to support him financially and morally. They were grieved to hear about his disease but it was all because of him. They as human beings endorsed that he should be helped in any way as he was their Muslim brother they could not leave him alone but to encourage him.

4.3 Case Study-III

4.3.1 Case History

Name:	Karam Ellahi.
Age:	32 Year.
Sex:	Male.
Caste:	Bhatti.
Education:	Primary Level.
Marital status:	Married.
No. of Children:	Two Sons.
Nature of Job:	Car Mechanic.
Work station:	Dera Ghazi Khan.
Monthly Earning:	26762 PKR.
HIV/AIDS Exposure:	Sexual Contact with Escort Girls (STDs).
Address:	Mujahidabad, D.G.Khan

4.3.2 Background of the Case

Karam Ellahi S/O Haji Ellahi Bakash, 32years old, Bhatti by Caste, Primary Class Qualification, Car Mechanic by Profession, Married, Resident of Mujahidabad Colony, D.G.Khan, presented with persistent Fever, Indigestion and Pruritis all over

the body. For these complaints he was interrogated and came to know that he is HIV/AIDS positive.

4.3.3 According to the Patient

He livd in Mujahidabad Colony, which was main area of Dera Ghazi Khan; they were three brothers and two sisters. All his sisters were married and two younger brothers were unmarried. He was married and responsible for bringing up of his children and two brothers. They all siblings were small (young) when their parents died. He was not fond of studying. So, his uncle took him to car workshop to give him same vocational skill. He kept on learning as motor mechanic for 10 years. His workshop owner gave him daily wages and some money on the weekend as well, that helped him to meet home expenses. Within that earning, he was able to marry his sisters, and then he also got married. Before getting married, his friends used to take him to prostitutes. They used to go to Shanazi or Azrah prostitutes centre twice or thrice in a month. They had sex with girls over there with 200 or 300 rupees. During that period, he got job in Atomic Energy motor mechanic workshop. Then he was transferred to Taunsa centre after sometime. After long time, suddenly he felt unwell. He got persistent fever, loose motions, and pain in Epigastric area. He got check-up from Atomic Energy doctor and he was informed that he had malaria.

According to the researcher for sometime, he took medicines and got better and all his symptoms relieved. Then after 15days, he again got fever, loose motions and prusitis all over the body. He got again treatment from medical centre in Atomic Energy but his complaints could not resolve and his situation was getting worse. One of his officers came to his workshop and astonished that how weaked he was. He said that it would difficult for him to survive. So, he was shifting him back to Dera Ghazi Khan. He got his check-up Dr.Muhammad Yousaf; he did his check-up and advised some necessary tests. When his reports came, he told him that he had HIV/AIDS. He was too much shocked. He advised him to go to HIV/AIDS centre and got his check-up, otherwise it would be difficult for him to survive. He came to HIV/AIDS centre; they did his test and started his treatment. Now, he was feeling better. He got blood tests of his wife from HIV/AIDS centre and came to know that she was also HIV/AIDS positive. He used to think that if something happened to him then who would take care of his brothers, wife and children.

They were total seven people at home. He had two sons. He got salary of Rs.26762 rupees monthly. It‟s sufficient for him to meet his expenses. He was fighting alone with this disease. All was because of his mistakes which he committed in his youth. It was very painful for him that people keep him at distance and avoid him. He came to HIV/AIDS centre alone. He had this disease for last Six months. His friends were responsible for his disease. Yes, all people in his family knew that he was HIV/AIDS positive. Many people in his family became aggressive and respond very negatively. When they knew that he was HIV/AIDS positive.

When his wife knew about his HIV/AIDS, she remained silent. Nobody, in HIV/AIDS centre did his counselling. He came here to get medicines of his wife and him also. But why he told him about HIV/AIDS, he got a lot of informations from the researcher and he would tell to his wife as well. He did sex with his wife many times before diagnosing HIV/AIDS and he never used condoms, he and his wife was told to eat home-cooked food only with less chillies. Many remarkable changes happened in his vicinity, when he was diagnosed HIV/AIDS positive. Many of his friends left him and avoid him. His neighbour‟s attitude was also not good, they kept him at distance.

The researcher came to know that his family in laws was very helpful for him and same was his wife. He did attend family events and just show his presence and come back, because their behaviour was not good with him. He believed that every person here was selfish and cunning. They had their own benefits. Nobody, bother about others. He usually thought that he was deprived from good health which was great blessing no doubt. This thing worried him a lot. He did not feel secure among them (family members). His brothers and sisters were loved him a lot. They all ate together. They huged him and there were no differences between his closest kin after getting this disease.

His family members did not say any harsh words to him but their apparent attitude was very disturbing for him. Most of his family members discouraged him a lot. They were not helpful to him, neither morally or financially. But it‟s blessing for him that he had his own job. Attitudes of the people changed remarkably after knowing that he was HIV/AIDS positive. This disease weakened their family relationship with others. He was trying to do good training of his children so that they should become good members of the society, as compare to others, religious clerics were very good with

him even they knew that he was HIV/AIDS patient. They met with him nicely and sit with him.

4.3.4 According to the Family Members

They heard a lot about HIV/AIDS from newspapers, TV shows and from books. They were very well awarded of HIV/AIDS. They knew that only Karam Ellahi had HIV/AIDS in their family. Another person, named Talib Hussain had this disease in their Mohala. They did have sympathy for Karam Ellahi but on the other hand they believed that it was all because of his bad deeds. They were grieved to know that he was HIV/AIDS positive but it was all because of his bad actions which he committed.

They wanted to give good environment to their posterity and for that they increased distances with him. They did not want that all such patients should be expelled from the community but they wanted solution of this problem. They already entrapped in the problems of their children, how they could give him financial help. He was already getting handsome salary. From moral and human point of view, they believed that it was their responsibility to give him moral support and help him to fight with this disease.

4.4 Case Study-IV

4.4.1 Detailed Case History

Name:	Muhammad Tahir.
Age:	24 Year.
Sex:	Male.
Caste:	Komhar.
Education:	illiterate.
Marital status:	Married.
No. of Children:	NiL.
Nature of Job:	Labourer (Maison).
Work Station:	ShahsadarDeen.

Monthly Earning: 15000 PKR.

HIV/AIDS Exposure: Sexual Contact STDs.

Address: Kot Mubarak, D.G.Khan

4.4.2 Background of the Case

Muhammad Tahir S/O Ghulam Shabir, 24years old, Male, Kumhar by Caste, Uneducated, Labourer(Maison) by profession, Married, resident of Kot Mubarak, D.G.Khan presented with complaints of Fever and Loose motions for these complaints he has interrogated and came to know that he is HIV/AIDS positive.

4.4.3 According to the Patient

He belonged to Kot Mubarak, which was 20Km away from Dera Ghazi Khan. They were five brothers and five sisters. His father was a hawker by profession, and it was only source of income to meet the home expenses. He was the eldest son. His two sisters who were got married, they also had HIV/AIDS. But their husbands did not have HIV/AIDS. How could they got it, nobody knew. Might be they used to wash his clothes that‟s why they got HIV/AIDS. He was labourer in the area of Shah Sadar Deen. He was working as ordinary labourer in the bunglo who was being in the process of construction. Once, his master told him that to make him happy. He said, “How”. He replied, “There was a bagger (female), she used to come here for begging, he should talk to her, she was beautiful.” He should talk to her as I did sex with her twice. He should give her money and she would be ready.

According to the researcher he talked to her and while during the conversating, he hugged her. He prepared her to have sex with him. He touched her breast and rubbed and kissed her. Then he fucked her to hard that she cried a lot. When he did sex and put his penis in her vigina, she started bleeding from vigina. He immediately took his penis out her and later on he felt weakness and started to have fever. He went to nearby dispenser; got treatment he gave him injection. After that he felt better. But again later on he started to have loose motions and persistent temperature.

Then he went to dispenser Dr.Nusrullah called Nasro, he again gave him medicines and injected him medicine intramuscularly. Then for one year, he got these complaints off and on. His father was being told by someone that there was a Hakeem in Magrotha, Taunsa Sharif, he must take his son to him to be properly treated. He got

his treatment for one year, but situation remained same. He got married a few years back, and he was married out of family. His wife had no illness. She was tested by doctor and advised lab tests but she was free from HIV/AIDS. He went to Dr.Haroon Bilal for his proper check-up as his complaints were not resolved. He advised him blood tests and he was diagnosed as case of HIV/AIDS after blood tests.

He advised his father to go to HIV/AIDS centre which was proper placed to get treatment. He went there they advised him CD4 test and after the report, they started his treatment. He sexed with his wife without condoms many times even after being diagnosed. Nobody told him to use condoms, when he wanted to have sex with his wife, even HIV/AIDS centre did not guide him in this regard. Before getting married, he did sex with 3-4 boys. He presumed that the female beggar and that boy to whom he did sex were having HIV/AIDS. He admitted that he did a lot of mistakes, but on the other hand they were not angels. He prayed to Allah to forgive him. He promise that he would not spread this disease further.

They were almost nine people at home. He married one month before. His father supported him financially, even if he did not earn money. His daily earning was Rs.500 rupees. Firstly, his friend compelled him to do sex. He did not know and even before having it that what was HIV and AIDS, and how did it spread. He left everything to Allah and he would help him. He could not work because of HIV/AIDS. Everyone in their family knew that he was HIV/AIDS positive. Nobody behaved badly, and everybody was still co-operative, and prayed that he should have sound health in future. Nobody did their counselling over neither of his wife. But the researcher told him everything about HIV/AIDS in detail and he was thankful to him. After getting HIV/AIDS, he did sex with his wife multiple times with having any protective measures liked condom. Now she was pregnant. HIV/AIDS centre advised him to eat home-cooked food. People in his surroundings were same attitudes as they were before.

The researcher came to know that his neighbours were good with him. His father supported him a lot and still helping him in financial matters. They were the only ones who were blessing for him**.** After having HIV/AIDS, he used to attend different family functions as he was attending these before. His family members were not keeping distance form him they were with him through thick and thin. They were his

helpers in every matter. He felt secure among them. His siblings, attitudes were good with him and talk with him with love and affection. They huged each other and ate together. Nobody talked harshly with him ever. His family was also not well aware of this disease. Before getting married, his family in laws was awared of his HIV/AIDS but they replied that it was the will of Allah. All religious clerics were good with him even they knew about his disease but they met with him with love and kindness. They used to hug him and had small talk with him.

4.4.4 According to the Family Members

They had HIV/AIDS disease in their territory and because it was prevalent in their area, so, they were awared of it. They knew that Muhammad Tahir and his sisters had this disease. They did have sympathies with Muhammad Tahir and his sisters. They thought that it was because of their fault. It was all because of will of Allah. They were grieved to hear about them. Their relationship with them was not influenced by this disease; they were meeting them with sympathy and were same in attitudes as they were before.

They should not expel them form the community and rather they should help them. They ready to support them in every matter and help them morally as much as they could, they all sitting here were eye-witness that they all were now even more nice in attitude with them than before. Being Muslims, it was their utmost duty to assist them in every matter, they had blood relationship with them and they were now in trouble so, they were there to get them out of it and they believed that sorrows and happiness were part and parcel of life.

4.5 Case Study-V

4.5.1 Detailed Case History

Name:	Peer Bakash.
Age:	32 Years.
Sex:	Male.
Caste:	Khosa.
Education:	illiterate.

Marital Status:	Married.
No. of Children:	Six Children (1 Sons and 5 daughters).
Nature of Job:	Labourer (Tabakhi).
Work Station:	Taunsa Sharif.
Monthly Earning:	12000 PKR.
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Kot Mubarak, D.G.Khan

2.5.2 Background of the Case

Peer Bakash S/O Qadar Bakash, 32 years of Age, Khosa by Caste, Uneducated, Labourer(Tabakhi) by Profession, Married, resident of Kot Mubarak, D.G.Khan presented complaints of Continuous Fever and Epigastric burning pain. For that he was thoroughly interrogated and came to know that he is HIV/AIDS positive.

2.5.3 According to the Patient

He belonged to Kot Mubarak which was 20Km away from main city of D.G.Khan. They were three brothers and three sisters and all were married. They were very poor and his father moved heaven and earth to meet the home expenses. There were schools in their territory, but his parents could not afford to buy books and bags. So, they started their life as labourer since their childhood. He used to work at shop and sometimes at hotels to earn the money. He married thrice times and he got five girls and one boy who were lame. All of his three wives were dead. Once, he used to work at hotel as Tabakhi.

According to the researcher there was a woman who used to come to him to get bread. Initially, they started to have small talk and then later they became very close friends. Once, that lady to him, He was busy at hotel and she started conversating with him. Her husband was at Saudia Arabia and used to come to Pakistan once in a year. She offered him to become her friend. He was shocked. But after her persistent compulsion he said, “Yes.” After that their way of conversation totally changed. Once, she said, “Peer Bakash he wanted to meet with him in a separated place

because she liked him and he wanted to strengthen this friendship". She further said, "did not tell anybody about this meeting and he would decide the time and place".

Some of her relatives were there in D.G.Khan. She said, "If he wanted to meet him there at Dera Ghazi Khan it would be feasible for him to go there". Some of his friends were living there at Dera Ghazi Khan and he requested them to give him separate place for 2-3 hours. According to agreement, she came to meet him at Dera Ghazi Khan. They went to their friend's place. She came and they did a lot of sex with each other. She said, "He had great love for him, he had a desire to have a sex with him, and that wish was fulfilled," she added. She compelled him to stick on the agreement that they would keep on meeting each other. So, he promised to keep on meeting with her.

The researcher came to know, he used to have sex with her once or twice in a month. After having sex first time with her, she saw his mobile and asked him to keep it with her, he replied positively, after sometime he left Taunsa Shrif and came back to home. His parents got him married and his wife was issueless and she died after sometime. Then he got married again, she was also issueless and she also died later on. He got married third time, from where he got six children and during the birth of last child, she died. The last child was lame by birth. After long run, he got pulmonary T.B. He got treatment from Dr.Khalid Masood and took medicine for seven months. After sometime, he got continuous fever, loose motions and burning Epigastric pain. He went to Dr.Muhammad Yousaf. He advised his some necessary tests. After getting his reports, he told him that he was HIV/AIDS positive and advised him to go HIV/AIDS centre. He came here; they performed his necessary tests and started his treatment.

2.5.4 According to the Family Members

They had heard of this disease as many people in their Tehsil called Kot Mubarak were infected with HIV/AIDS. They did not have other person except Peer Bakash who had HIV/AIDS. They did have sympathy with him and they believed that it was not because of his deeds. They were shocked and astonished when they heard about him as he is the part of their extended family. All happiness and grieves were from Allah Pak and there was no fault of him. They did have good relationship with each other and there was no distance between them.

They did not think that such people should be expelled from community rather they deserved help and affection. Whatsoever they could do financially and morally, for him, they were doing all these to get rid of him from this difficult situation. If there was pain in one part of body but the whole body feels this agony similar situation was with them. So, they were trying to support him as much as they could. They had learnt this lesson throughout of their lives that always help his brother in grave situation and this was also the teaching of their religion.

4.6 Case Study-VI

4.6.1 Detailed Case History

Name:	Ghulam Shabir.
Age:	42 Year.
Sex:	Male.
Caste:	Ambran.
Education:	illiterate.
Marital status:	Married.
No. of Children:	Four Children (3 Sons and 1 Daughter).
Nature of Job:	Hotel Waiter.
Work Station:	Dera Ghazi Khan.
Monthly Earning:	22000 PKR.
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Basti Samina, D.G.Khan

4.6.2 Background of the Case

Ghulam Shabir S/O Abdul Aziz, 42years old, Male, Ambran by Caste, Uneducated, Hotel worker by profession, resident of Basti Samina District Dera Ghazi Khan presented with complaints of Fever, Loose Motions and Weight Loss. For these complaints he was interrogated and he came to know that he is HIV/AIDS positive.

4.6.3 According to the Patient

He belonged to Basti Samina village which was 30Km away from District Dera Ghazi Khan. They were four brother and four sisters and all were married. After father‟s death, two brothers were living separately and last of two brothers were living with their mother. He was married and he had three sons and one daughter. Because of poverty, they all could not get education. They felt a lot of hardships because of illiteracy and they were trying that their posterity should not face it again. So, we started compaigns to educate them. Almost, 20years back, he came from Basti Samina to D.G.Khan to work on Mola Bakash Hotel. This job was given by his friend. It was and still now very popular hotel in D.G.Khan. Hotel owner used to give him residence and meal. On Eid, they used to give them Eidii and clothes. That was why; they also worked whole-heartedly in their hotels. Hotel owners opened their new branch in Balakh Sarwar city colony where it was renowned as Pakeeza Barbeque. He was sent to this new branch. There he had free uniform, resident and meal. There were a lot of customers in that branch belonging to various sectors.

According to the researcher once, two women came in their hotel, and those seemed to belong to respectable family. They ate food and started small talk with him. During conversion, they asked them to give them separate time. He was worried but when they insisted to meet in a separated room and they would enjoy him a lot. Then, he understood that they wanted to have sex with him. Both of women were very beautiful and then devil inside him compelled to go, with them. When they entered into hotel at that time he wished to have sex with one of them. After meal, one of the women said to another, “He should wait here; he would come back after sometime.” He told other workers to not to come in his room as he had his guests. Then he took her to his room and did sex with that city girl for the first time. After doing sex, both ladies left the hotel and he paid for their meal. For long time, this thing continued even some other different girls came and he used to do sex with them. For him, D.G.Khan was not less than Saudia and Dubai. During his tenure in Pakeeza Barbeque, he did sex with countless girls.

He never called girls for sex by himself, they themselves used to come to him. He never spent any money on them, just gave them food and did sex with them. Then suddenly he felt weakness, fever, and loose motions. He went to Dr.Haroon Bilal, he did his complete tests when reports came, and he was shocked to hear that he was

HIV/AIDS positive. His weight was gradually decreasing. Then doctor sahib gave suggestion to his brother to go to HIV/AIDS centre. Then they went there, they also performed same necessary tests and started his medications. Now he was feeling better than before. He prayed to Allah Pak to forgive his sins.

He was waiter in hotel but after getting this disease, he left his job as his family expenses were met by his younger brother. He was encouraged by his friend initially to have sex with girls. He was too much worried after knowing that he was HIV/AIDS positive. He used to cry and weep sometime that what he had done with him and now his life was useless. Because of this disease, he was not able to do any job. His brother accompanied him to HIV/AIDS centre. He had HIV/AIDS for last one year. The basic cause of his HIV/AIDS was the illegal sex, when he did with other women.

Initially, he was ignorant for HIV/AIDS but when he came to know its details he was shocked and kept on thinking at nights. He blamed his friends for this. Everyone in his village and family knows that he was HIV/AIDS positive. He did not face any arrogant response from his family even they did sympathy with him and gave him advice to not to be worried. His wife did not response aggressively to his illness. His wife also had HIV/AIDS. They did not hear any counselling although they had told them some precautions. But he told to the researcher that he did very good counselling of them. They were satisfied.

The researcher came to know that he did sex with his wife after diagnose HIV/AIDS in him. He never used condoms while having sex. He was using very simple precautions. He used to take home-cooked food and cold drinks. People in their vicinity were same as they were before. His neighbours were also good with him. He used to attend many functions in his family. They all behaved very well. They said that this illness was from wish of Allah Pak, he was innocent. But he was worried that he was useless now. His family was very good they did not keep distance from him after his illness. He felt himself secured among them. They all lived together ate together and huged each other. He never heard harsh words from them. He was focusing himself on the training of his children so that they should be good member of society. His family and village fellows were ignorant of this disease. His family-in-laws did not respond violently after they came to know about his disease. They had same love and affiliation which they had before. His children were not award of his

disease. His family members were very supportive with him. Religious clerics were good with him even after knowing his illness. They listen to him and met with him with love and affection.

4.6.4 According to the Family Members

They had never heard of HIV/AIDS before. Only Ghulam Shabir had this disease in their family. They did have sympathy for him, and did not blame him for this disease. They were very much worried that he had this disease, as he had very little children, May Allah Pak gave him long life and good health. They had very good relations with him and there was no relationship gap between them after his disease. They were against it that such people should be expelled from the community rather they should help them. Their assistance in this matter was not limited to Ghulam Shabir but they were ready to help other people having such bad disease. They all, family members and villagers, gave financial help to him because tough time could be faced by anyone anytime. They believed that it was their responsibility to understand the sorrows and sufferings of others people, because this was humanity and they helped him to have good reward here after.

4.7 Case Study-VII

4.7.1 Detailed Case History

Name:	Muhammad Yaqoob.
Age:	19 Years.
Sex:	Male.
Caste:	Humshera.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Two Daughters.
Nature of Job:	Ruksha Driver.
Work Station:	Dera Ghazi Khan
HIV/AIDS Exposure:	Sexual Contact with STDs.

Monthly Earning: 18000 PKR.

Address: Jakhar Imam Shah, D.G.Khan

4.7.2 Background of the Case

Muhammad Yaqoob S/O Muhammad Umar, 19 years old, Male, Humshera by Caste, Muslim, Uneducated, Ruksha Driver by Profession, Married resident of Jakhar Imam Shah, D.G.Khan presented with complaint of persistent fever and indigestion, for these complaints he was thoroughly interrogated and came to know that he is HIV/AIDS positive.

4.7.3 According to the Patient

He was the resident of Jakhar Imam Shah which was a village of Tehsil and District D.G.Khan. They were four brothers and one sister. His father was a security guard in a company; he and his sister were married. He had two daughters and he was ruksha driver by profession. Whatsoever, he earned in whole day, he gave it to his father, and then he managed to meet the expenses of home. He left home with his ruksha early in the morning and came back very late. For many days, he used to sleep in his ruksha especially at night. There were few ruksha drivers at night so, there was less competition and he could earn a lot of money. Once, a lady hired his ruksha. He dropped him on her desired place at night and demand money. She said he had no money. He requested her to give money, if he could not afford a ruksha then why did he hire it. He was poor man, and he had also small children. They had long discussion, and at the end she replied that he would have sex with him and in this way they could equalize each other. He remained silent for sometime, she asked him again, “Could he do it”. So, the devils thinking inside him provoked him to do it and so he was ready to do it.

He asked her, “Where they did sex, as he had no place for it, she replied, “Did not he worry about the place, for this he had his own place”. She took him to her home. They talked to each other and he had a long sex with her. That lady was so generous that when he was leaving her home, she gave him her cell number and compelled him to come here again when he was free. This was his ever first sex of his life, which he did with outside women. He was married. So, almost once in a week, he used to go to her and she did not take any money from him. He remained in sexual contact with her for more than a year. Once, suddenly he became very sick. He checked-up from nearby

doctor and came to know that his stomach was upset. He took treatment for sometime but still he had indigestion and Epigastric pain. Then his father took him to Muzaffarghar City and got his check-up from there. He also suggested that he had stomach problem. He gave him medicines and hoped to be got well soon.

According to the researcher he took those medicines for one month, he was fine but the very next moment he left medications again he got disturbance of his stomach. Then his father took him to Dr.Iqbal Dasti at Jampur City, but even these his symptoms could not settle there. Someone told his father to get his check-up from Multan, a physician named Dr.Qasir Mahmood, might be his child would be better over there. They went there he got his check-up, from Dr.Qasir Mahmood. He advised some necessary tests. He got his blood tests from same hospital laboratory and he came to know that he was HIV/AIDS positive. Doctor Sahib gave him hope and advised him to go to D.G.Khan HIV/AIDS centre. They would give him medicines and he would feel better. They told him, that they had no information‟s about HIV/AIDS centre D.G.Khan. He replied, “He would be there next day, he must call him on his personal number.” They reached Dera Ghazi Khan next day, Dr.Qasir Mahmood sent his dispenser with them to guide them towards HIV/AIDS centre. His father accompanied him to HIV/AIDS centre. The HIV/AIDS centre doctor performed his necessary tests and started his treatment.

4.7.4 According to the Family Members

They had heard this disease before. Only Yaqoob had this disease in their family. They did have sympathy for him and believe that it was not because of his fault. They were shocked when they heard of his illness. But on the other hand, they had a faith that it was according to the will of Allah Pak. They did not create distances among them and to advise the people and government to do something for such people. They were ready to assist Yaqoob in every matter; they thought this was their moral duty. He was part of their family and wanted to offer all financial assistance. They were always grieved when they saw their beloved one in such situation. Humanity and Islam taught them to be helping tool for those people who were in crisis.

4.8 Case Study-VIII

4.8.1 Detailed Case History

Name:	Muzzam Ali.
Age:	24 Years.
Sex:	Male.
Caste:	Khand.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Two Sons.
Nature of Job:	Labourer.
Work Station:	Islamabad, Dera Ghazi Khan.
Monthly Earning:	15000 PKR.
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Sarwar Wali, D.G.Khan

4.8.2 Background of the Case

Muzzam Ali S/O Allah Wasaya, 24 years of Age, Khand by Caste, Uneducated, Labourer by Profession, Married, resident of Sarwar Wali, D.G.Khan, got Pulmonary Tuberculosis and Hepatitis-C For that he was further interrogated and came to know that he is HIV/AIDS positive also.

4.8.3 According to the Patient

He belonged to backward area of D.G.Khan, named Sarwar Wali. They were five brothers and one sister and all of his brothers were married and his sister was also married. He was the eldest one and he had two sons. They all brothers lived together. His father had small agricultural area and they all cultivated it to meet the expenses of family. Most of his friends did work as in Islamabad. So, he decided to work there as, his family expenses too much as compared to their income. He told his father, “He

wanted to work in Islamabad as most of his friends were working there". He permitted him to go there.

According to the researcher in Islamabad, the daily wages of labourer were more as compared to other cities. He went there and started working with his other city fellows as labourer. They used to live in that building which they were constructing. Once, they were working in the area of F-9 Park Islamabad. Some of his friends were talking to each other secretly. He asked them that was everything ok. His friend told him that a female who was called Pathani and labourer by profession, had come in their building. "He and some of his friends had sex with her, would he like to have sex with her". He asked him, "He would pay for him," he added. He was willing, so he took that girl into the deep forest, near-by their building and did sex with her a lot.

Then his friends came and they had sex with her. She took 400 rupees from them and left away. His friends asked him, "Did he enjoy, how was the girl..?" he replied, "it was very joyful, and there no need to go back home to have sex with wife as it took a lot of money". That friend of him, who arranged everything with him, he was married and used to go back to his home after 4-6 months. He went back home and he became sick there and after sometime he died in few days later. He died because of HIV/AIDS. Initially, he got Pulmonary T.B and Hepatitis-C. His father took him to Multan to private hospital. There, he had his through check-up and advised him some blood reports.

The researcher came to know that when the report came there were some germs of HIV/AIDS in blood. Then, his father took him to Turkey Hospital and got his check-up. They also advised some laboratory tests. When the report came, he was HIV/AIDS positive. Doctor advised him to get his treatment from HIV/AIDS centre D.G.Khan and he would get free medicines. He went there and they also performed some of his necessary blood tests and started his treatment. They advised to bring his wife next time. After one month, he came back with his wife and they got her blood tests, she was also HIV/AIDS positive. Now, they both take HIV/AIDS medicines and were quite fine. He prayed to Allah Pak to forgive him for his bad deeds. They wanted to see their happiness in life because they were their future.

4.8.4 According to the Family Members

They had heard of this illness. They got those information‟s from other people, who were well award about HIV/AIDS. Only Muzzum Ali had such disease in their family. They did have two persons in their community who had such a cruel illness and died because of it. They did have sympathy for him but it was all because of his bad deeds. They were shocked when heard about his disease. But he should also realize that what he had done. They did have distances in their relationship as they did not want to acquire such a dangerous illness. They did not believe that such people should be expelled but authorities should have check and balance regarding its spread. They could not help him except pray for him. They were ashamed that they could not help him financially as they were also hand to mouth. It was their responsibility to give him assistance in every matter and religiously it was true.

4.9 Case Study-IX

4.9.1 Detailed Case History

Name:	Hasal Khan.
Age:	63 Years.
Sex:	Male.
Caste:	Machi.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Six Children (4 Sons and 2 daughters).
Nature of Job:	Labourer.
Work Station:	Dera Ghazi Khan
Monthly Earning:	Dependent on his Sons
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Metha Kaho, D.G.Khan

4.9.2 Background of the Case

Hasal Khan S/O Kato Khan, 63 years of Age, Machi by Caste, Uneducated, Labourer by Profession, Married, resident of Metha Kaho, D.G.Khan, presented with severe weakness, continuous fever, and GIT disturbance. For these complaints, he was thoroughly evaluated along with blood tests and came to know that he is HIV/AIDS positive.

4.9.3 According to the Patient

He was resident of Metha Kaho, which was 4Km away from main city of Dera Ghazi Khan. He was born in 1955. His father was labourer. They were two sisters and four brothers and all were married. He had four sons and two daughters. They had immensed poverty in their area. Most of the people went to D.G.Khan for having good earnings. He spent whole of his life in doing labour. He was tough time. When he was young, he met a contractor who used to build roads and bridges. He did work with him and mostly he was with him during that era. They used to be with each other and had small talk. It was era of Prime Minister Zulfiqar Ali Buhtto.

According to the researcher once, they went on bicycle and contractor told him, “let‟s go and had good relaxation.” When he insisted where to go, he asked him to keep quiet and go with him. They went to block no 50 in main D.G.Khan city. He was totally insane. He talked to a man there and they went inside the home. They saw many pretty girls there. He told him, “Whatever he liked any of these girls, took her to room and had sex”. He had paid money to their broker. He was quite young and it was the age of mistakes. He was shocked and frightened that might be police would come. But his friend assured him that this was safe place and as this area was his only for this purpose. “Do not worry, just took the girl with him and enjoy,” he added.

They both took girls inside the room and enjoyed a lot with them. They just paid one rupees for this. This was first sex ever in his life in a prostitute centre. After that they became habitual to have sex there once or twice in a month. His friend was quite generous to pay his money for his sex. After some years, he was transferred to another city. He gave his official phone number to him but it was not responding. Meanwhile, he got married and had six children, when his children grew up. He left his job as labourer and started to remain at home for rest. All his sons were living together. One of son was at Dubai and rests of sons were working at Tractor Factory on daily wages.

A few months back, he initially had headache, then fever and loose motions. Headache was continuous. He went to Dr.Masroor Khatran in D.G.Khan for check-up. He advised some medications, which he took for five days but there was no relief. Then he went to Dr.Mahmood Leghari. He gave him treatment for five days, his loose motions were relieved but headache was still there. Then someone told him to get check-up from Dr.Shabir Malghani, might be he would be fine. Then he got check-up from him. Meanwhile, he felt very weakness and indigestion. When he got checked-up from Dr.Hussain Patafi, he advised him surgery for eyes. When he was ready for operation, he advised him some necessary tests, when his reports came; he told him that he was HIV/AIDS positive. So, he must go to HIV/AIDS centre for his better treatment.

4.9.4 According to the Family Members

They had never heard of this illness. No one in their family had such illness except Hasal Khan. They did have sympathy with him and on the other hand, they did not believe it was because of his mistake. They were shocked to hear that he was HIV/AIDS positive in this age but they could not do anything for him. There was no relationship gap between them and him but believed that he needed them more than before. They did not think that such patients should be expelled from community. They did utmost efforts to help him out of this terrible situation so that he should live long. They were trying to provide him everything whatever he required and would continue it. They thought that was their moral and religious duty to do this. He had great kindness and love for him.

4.10 Case Study-X

4.10.1 Detailed Case History

Name:	Musa Khan.
Age:	35 Years.
Sex:	Male.
Caste:	Darkhan.
Education:	illiterate.
Marital Status:	Married.

No. of Children:	Two Sons.
Nature of Job:	Labourer.
Work Station:	Karachi, Kohlu, D.G.Khan
Monthly Earning:	15000 PKR.
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Darkhast Jamal, Chutti Zarain, D.G.Khan

4.10.2 Background of the Case

Musa Khan S/O Fareed Bakash, 35 years old, Darkhan by Caste, Uneducated, and labourer by Profession, Married, resident of Darkhast Jamal, Chutti Zarain, D.G.Khan presented with complaints of persistent fever, weight loss and loose motions. For that he was thoroughly interrogated and came to know that he got HIV/AIDS positive.

4.10.3 According to the Patient

He belonged to an area called Darkhast Jamal which was 30Km away from D.G.Khan. They were two brothers. His elder brother was married. He got severe illness which because the cause of his death. He had two daughters. His father advised him get married with the widow of his brother. In this way, his brother‟s daughters would not keep on rolling here and there. He agreed and he got married with her. After his elder brother‟s death, he was alone. His father was also labourer, the way he brought up it was really a terrible job, Allah Pak knew better. It was very hard to meet the expenses of their family. It was really difficult to have meal of two times. When he grew elder, he became angry with his family on an issue and left home with his family. Whatever they earned there, they used to spend on girls for having sex. They usually went to prostitute centre on alternative days. He did a lot of sex there even he did not know exact members. After seven months, when he came back to his native town, he came to know that his father got FIR against his neighbour what he was involved in disappearance of his son. He realized to his father that it was not his fault. Then police released him. After returning back to home, everybody was happy at home.

According to the researcher after spending some time at home, he went to Kahloo, an area of Baluchistan. He worked as labourer there for 8-10 months. Then his father

called him back to home to arrange his marriage. After coming back, he got married to his uncle‟s daughter. After marriage, almost 2-3 months later, his condition became unstable; his mother took him to Jampur to Dr. Mukhtair Ahmadani. He kept him in his hospital for 29 days. But his complaints could not settle. His mother sold seven goats to pay money to the doctor and for medicines. Then his mother took him to Dr. Muhammad Yousaf. He checked him nicely and advised some necessary investigations.

After getting reports, he told him that he got HIV/AIDS and advised him to go to HIV/AIDS centre to get his free treatment. He arranged a dispenser to guide them to HIV/AIDS centre. HIV/AIDS centre did his necessary investigations and advised to start treatment. He got two sons from his first wife, aged seven and 14 years. They were very poor but it‟s his desire to get his children educated. He did efforts and his Allah Pak helped him. His son got admission in Danish School D.G.Khan. He was living in hostel and quite intelligent. His younger son who was seven years old was annoying in getting education. He struggled to get him on right track but in vain. He was moving earth and heaven to rum his family in a good way, and to fullfill his family desire. He remained anxious all the time that what would happen to his family, if something went wrong with him.

4.10.4 According to the Family Members

They never heard of this illness ever before. Only Musa Khan had this disease in their family. They had sympathy for him but they did not think that it was because of his fault. They were shocked when they heard that he was suffering from HIV/AIDS. It was the will of Allah Pak they could not do anything for him. They did not have distances in relationship after his disease. They, rather, want to help him as he was from them. They were trying to provide him any sort of help if he required. Although, they all were financially weak but still they would give him financial help. Morally and religious, it was their duty to help him as much as they could.

4.11 Case Study-XI

4.11.1 Detailed Case History

Name:	Allah Nawaz.
Age:	33 Years.
Sex:	Male.
Caste:	Bhatti.
Education:	Primary Pass.
Marital Status:	Married.
No. of Children:	One Child.
Nature of Job:	Labourer.
Work Station:	Dera Ghazi Khan.
Monthly Earning:	15000 PKR.
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Sarwar Wali, D.G.Khan

4.11.2 Background of the Case

Allah Nawaz S/O Allah Dita, 33 years of old, Male, Bhatti by Caste, Muslim, Education upto 5th Class, Labourer, Married, resident of Sarwar Wali, D.G.Khan presented with complaints of weight loss, loose motions and continuous fever, for that he was interrogated thoroughly and came to know that he is HIV/AIDS positive.

4.11.3 According to the Patient

He was the resident of Sarwar Wali, which was 6Km away from D.G.Khan. They were three brothers and three sisters. All were married and living together. He had one son. Before getting married, he used to work in Pak-One Filter Company. They used to deliver company products in different parts of city. Even they had access to Rawalpindi and Islamabad to distribute products. They not only deliver company products but also did tourism as well. So, they used to have sex with girls in different

cities. Once, in Leyyah, he met a very severe accident. His legs and jaws were fractured. He was given treatment at Leyyah DHQ Hospital and remained bed ridden for long time. He jaws were operated in Dr.Nusrat Javid in private clinic. After operation, his diet was restricted to have juices only.

According to the researcher after that, he got high grade temperature along with loose motions. His weight started decreasing. He was feeling weakness all the time. Then he went to Dr.Kashif Nutkani for his check-up. Doctor injected some medicines and gave him some oral medicines for home. He advised his follow up visit after five days. He took medicines for five days. But still fever was not settled. He was in severe agony and anxiety that‟s why his fever and motions did not settle. After five days, he went to doctor again. He advised him some blood tests. So, they went to laboratory for blood tests and came back to doctor with reports. He saw reports and told him that he was HIV/AIDS positive and it was better to go to HIV/AIDS centre for better treatment. They went there, they performed his necessary tests. After reports, they started his treatment. Now he was better and taking HIV/AIDS medicines for last one year. He was taking medicines regularly and these were all because of his parent‟s prayers.

4.11.4 According to the Family Members

They never heard about this disease ever in their lives. There was no one except Allah Nawaz in their family, who was HIV/AIDS positive. They did have sympathy with him regarding his illness and similarly, they did not think that this was his fault, this was all because the will of God. They were shocked to know about and his disease as it was natural phenomenon. He was quite healthy and energetic before getting it. They did not create any relationship gap as he was dear to them and they did efforts to help him in every matter and it was their duty to encourage him while he was in hot water.

They did not think that expelling the HIV/AIDS positive patients from community is the sole solution rather they should give them assistance in fighting with this disease. They were all trying to support him through various resources. They were grieved to see him in this state which was very pathetic. Religiously and humanly, it was their duty to share his burden of illness so that the love should prevail among them.

4.12 Case Study-XII

4.12.1 Detailed Case History

Name:	Tasawar Abbas.
Age:	36 Years.
Sex:	Male.
Caste:	Bhatti.
Education:	Middle Pass.
Marital Status:	Married.
No. of Children:	No Children.
Reason to go Abroad:	Poverty.
Ex. Pakistan Period:	Four Year"s.
Nature of Job Abroad:	Labourer.
Work Station Abroad:	Juddah/Saudia Arabia.
Monthly Earning Abroad:	1500 – 2000 Dirhams.
HIV/AIDS Exposure:	Sexual Contact with STDs.
Address:	Shakorabad Colony, D.G.Khan

4.12.2 Background of the Case

Tasawar Abbas S/O Muddah Hussain, 36years old, Male, Bahtti by Caste, Muslim, Middle Pass, Married, Labourer by Occupation, resident of Shahkorabad Colony, D.G.Khan presented with complaints of fatigue and weakness. He was also applying for Kingdom of Saudia Arabia visa. For that, he underwent medical screening tests, there he came to know that he is HIV/AIDS positive.

4.12.3 According to the Patient

He was the resident of Shakorabad Colony, D.G.Khan. They were two brothers only. His father was security guard in the bank by occupation. They both brothers were married. In their childhood, their father tried his best that they should get education

but it was their bad luck that they did not get education. During their primary and secondary education, their teachers used to compel them to bring eggs, butters, and yogurt, so, they were so annoyed that they left their studies and started working as labourers. After collecting some money, his friend sent him Dubai visa and he went there. He also worked there as labourer and what so ever he earned, used to spend on bread and butter and on doing sex. In Dubai, he could do sex within 20-30 Dirhams. He spent 9 months over there and was caught by Dubai police and he was sent back to Pakistan. They friends did sex with different girls. He also did a lot of sex with various women. His other friend gave him Kingdom of Saudia Arabia (KSA) visa and asked him to pay this money by installments. He checked his blood samples from Dr.Nadeem Chohan‟s Lab, as screening tests for Kingdom of Saudia Arabia (KSA) visa and he came to know that he was HIV/AIDS positive. He was also married but he was worried because this time he could not go to Kingdom of Saudia Arabia (KSA).

Accordingt to the researcher one of his friends told him to do bribery and visited medical diagnostic center, made dealing with them to clear his blood tests. He was all doing this to go to Kingdom of Saudia Arabia (KSA). He paid a lot of money to medical diagnostic center and they gave him ok reports for his visa. Dr.Nadeem Chohan, at that time advised him to go to HIV/AIDS center and got his free checkup and treatment but he went to Kingdom of Saudia Arabia (KSA) and after four year‟s in KSA, he got sicked and came back to Pakistan. He did sex with Yamni and Suddani girls over there. There, two Pakistani girls were also fucked by him. Here in Pakistan, he was severely ill. He went to Dr. Muhammad Yousaf, suffering from fever and Diarrahea. Doctor Sahib got his all routine blood tests and he was still HIV/AIDS positive. He advised him to go to AIDS Centre, if he wanted to live. He went there and got his treatment. After sometime, his first wife died and he thought she was also suffering from HIV/AIDS disease. He got second marriage. She was the daughter of his uncle. But he did not tell her about his illness. She got her checkup from AIDS Center and she was also suffering from HIV/AIDS. He prayed to God to bestow him with children. He prayed to God to forgive him for all his sins.

The researcher came to know that they were six family members. Now a day, he was working as labourer and his father helped him a lot financially. He used to earn 500 per day. He was living hand to mouth. He did sex with his own willingness. He was worried that what people would say about him when they came to know about his

disease. He was getting weak day by day and his health condition was deteriorating. He came to AIDS Center with his father. He was solely responsible for his disease. Nobody in his family knew that he was also HIV/AIDS positive. Her response was not aggressive. They were not counseled properly by any person in the HIV/AIDS Center. But the researcher gave him a lot of information about this disease which were very valuable for him. He never used condoms ever after knowing that he was HIV/AIDS positive. He was told some precautions about his diet but the researcher told him everything in details. Only his parents knew that he was HIV/AIDS positive and their attitude was good with him. He tried to avoid the family gatherings. No one in his family was HIV/AIDS positive except him. He was scared that if anyone would know about his HIV/AIDS status they would try to avoid him or even would break relationship with him.

4.12.4 According to the Family Members

According to the researcher this patient told him that he would give the in depth deatails on this condition that the researcher would not reveal his condition and his details to anyone in the society especially to his relatives.

Cases of Male Sex with Male (MSM)

Now in the second portion, here we will discuss the indepth case studies of the Male Sex with Male (MSM) of the HIV/AIDS patients taken by the researcher at the „Special Clinic" in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Male Sex with Male (MSM)	05

4.1 Case Study-I

4.1.1 Detailed Case History

Name: Ghulam Yaseen.

Age: 46 Years.

Sex: Male.

Caste: Bhutta.

Education: Middle Pass.

Marital Status: Married.

No. of Children: Six (3 Sons and 3 Daughters)

Nature of Job: Truck Driver.

Workstation: Dera Ghazi Khan (Pakistan).

Monthly Income: 15000 Rupees.

HIV/AIDS Exposure: Sexual Contact with MSM.

Address: Ghazi Ghatt, D.G.Khan.

4.1.2 Background of the Case

Ghulam Yaseen S/O Mehar Bakush, 46years old, male, Bhutta by caste, Muslim, Middle pass, truck driver by Occupation, married and residential of Ghazi Ghatt, D.G.Khan presented with complaints of swelling in the sacrotal area. After

investigations and clinical examination, it was decided to operate him, when his routine screening tests were performed, he came to know that he is HIV positive.

4.1.3 According to the Patient

He was the resident of Ghazi Ghatt, an area about 20Km away from Dera Ghazi Khan. He was the only son of his parents and they gave him a lot of love. His father was labourer even then he gave him education and got his qualification upto Matric. Later on, due to his domestic circumstances, he had to quit his education and to become helper of his father as his father alone could not bear all house expenses. After sometimes, someone told him to do the conductor job of a truck and he will get handsome pay. He consulted with his father regarding change of his job. So, he started his job as a conductor and did this for seven years.

Then he learned how to drive a truck and became skilful truck driver and did it for 28years. His prime task was to convey language from one place to other place. So he remained absent from his home for 15-20 days. At that time, he was young so it was good to remain outside and enjoy the company of his friends and their treats. His father gave him a lot of good advices but as he was young so he did not bother with these things. Now he used to recall the advices and guidance of his father and thought that he was right, and would that he could act upon those advices. When he started truck driving, he was indulged in bad deeds like alcohol drinking, and enjoyed Charas.

According to the researcher during his period as driver, he used to stay at different bus stands where there were pretty young boys and they were used as prostitutes, like Gaddhai in D.G.Khan, Multan having Bahawalpur Chowk and similarly, everywhere those beautiful boys was availabled. Some of those boys were interested in entertainment, moving here to there, and some were interested in earning money. So, they used to be with him. He remained indulged in such activities for long time. Meanwhile, he became father of three daughters and three sons. It was his personal experience that during homosexuality, his penis remained healthy and full erected. But he regretted and forbidden himself from homosexuality in 2000. After sometime, he got problem with his liver and his health status deteriorated gradually. He went Multan to get check-up from Dr.Amjad Aziz. According to doctor, he got abscess in your liver, and advised him medications and encouraged him. During this time, he got

swelling on his scrotal sac as well. So he went to Dr.Khalid Malik to get himself evaluated. Doctor advised him some necessary tests before operation. When labs came, Dr.Khalid Malik told him that he was HIV positive.

He advised him to go AIDS centre in D.G.Khan. He was much worried and shocked when he heard that he was HIV/AIDS positive. He came to the HIV/AIDS centre they further performed some other tests and started his AIDS medication. They advised him to get his wife checked up. When her tests were performed she was also HIV/AIDS positive. But their children were HIV/AIDS negative. After that disease, he changed himself and left all those bad deeds. He used to pray to God to forgive him and also gave good pieces of advice to his children. Now he was still doing truck driving and get 17 thousands rupees per month, and living hand to mouth. His friends initially pushed him to do sex and it was free of cost with those young boys. After diagnosing that he was HIV/AIDS positive, he had a fear how to face community and society and he was frightened. As they both husband and wife were HIV/AIDS positive, so they were supporting each other that reduced their worries. His friends still asked him that what happened to Ghulam Yaseen as he was getting weak day by day. He came to HIV/AIDS centre alone for his AIDS treatment. It had been for last two months, when he was diagnosed as HIV/AIDS positive.

The researcher came to know that he blamed himself for all of those terrible consequences, as he remained in the company of devils as his friends. The people who knew that he was HIV/AIDS positive, they tried to avoid him and those who did not know they treated him very well. Even his neighbours were not behaving very well with him. His wife is still good with him as well as his family-in-laws. He tried to avoid his family gatherings and if he had to attend them he sat separately after meeting their cousins and uncles. As his extended family members knew about his disease, so some of them tried to avoid him and some were behaving normally even had tit-bits with him. He felt himself unsafe after setting this disease. The family members which were educated, they tried to avoid him and who were ignorant of this disease they used to meet him in a good way.

His friends did not know about his HIV/AIDS positive status. His father and mother in laws were expired.His family was only the factor that was extremely supportive in this regard and even his children were very helping. After knowing his illness,

religious clerics were good with him and compeled him to read Darood-O-Sharif in this illness, even they used to sit and eat with him.

4.1.4 According to the Family Members

They had heard about AIDS, through electronic and print media. There was no other family member affected with HIV/AIDS except Ghulam Yaseen and his wife. They did have sympathy for both of them but they thought it was because of his bad deeds. It was not a good news that one of their family member got HIV/AIDS, but they thought because of his ill and sick company. A bit relationship gap existed between him and them.

They did not think that they should be excluded from society but they believed that they should be realised that it was just because of their bad company. They morally and ethically, were trying to aid him to fight with this disease. Financially, they were not good enough to support him, but if they would have good financial conditions then they would try to support him. They were trying to share their sorrows and suffering but they could not do anything more than this. As Islam gave them the lesson of brotherhood and equality so, they thought it was their responsibility to encourage such people to cope with their disease.

4.2 Case Study-II

4.2.1 Detailed Case History

Name:	Muhammad Raiz.
Age:	35 Years.
Sex:	Male.
Caste:	Khosa.
Education:	Literate.
Marital Status:	Married.
No. of Children:	Three Children (2 Daughters and 1 Son)
Nature of Job:	Waiter in Bahria Town Dastarkhan.
Workstation:	Dera Ghazi Khan (Pakistan).

Monthly Income: 17000 Rupees.

HIV/AIDS Exposure: Sexual Contact with MSM.

Address: Khayaban-e-Sarwar, D.G.Khan.

4.2.2 Background of the Case

Muhammad Riaz S/O Nabi Bakash, 35years old, Khosa by caste, educated upto Matric class, Waiter at Bahria Town Dastarkhan D.G.Khan, married, resident of Khayaban-e-Sarwar, Block-B, D.G.Khan, got complaints of generalized maculopapular rash all over body, with itching, for that his detailed labs study was done and diagnosed as case of HIV positive.

4.2.3 According to the Patient

He was the resident of Khayaban-e- Sarwar, D.G.Khan, consider to be good colony of city. Basically, they were living there for a long time before establishment of this colony. Therefore, all their relatives were living there in the closed vicinity and used to share their happiness and sorrows. They were four brothers and three sisters all were married. He had twin daughters. He was matric pass and used to give free meal at Bahria Dastarkhawan. He was waiter over there. They used to give him Rs.17000 thousands rupees and that help them to meet the needs of his family. His all four brothers were living in the same home with their parents. Colony had very good atmosphere. His wife had done graduation and she used to teach her children by herself.

Afternoon, they used to play volley ball, and he was also interested in that game. There he met a boy, who was resident of Gaddhai. He used to have his company mostly. Even in launch and dinner time, they were together. His elder brother used to say him that he had not good company; he must not sit with that boy. But he ignored his brother‟s advice. It was truth that he liked that boy very much and he was blind in his love. He used to have wished that boy should be with him all the time and also he used to have sex with him as labourer he desired, he did utmost his efforts to fulfil his desires.

According to the researcher he did not know that he was also indulged in different sexual contacts. He never told his illness if he had at that time. He was blind in his love. He was so sick of him that they usually set in his drawing-room, and watched

movies; even he used to have sex with him in his drawing-room. He was so jealous that he mostly asked him to have relationship with him and ignore rest of his friends. All of sudden, that boy disappeared, when he probed into the matter and he came to know he was out of city and his mobile was not responding. After sometime, he developed diffuse rashes on his body. Then he went to Dr.Saleem Iqbal but he could relieve his rashes. He told about his condition to technician who was friend of him. He advised him to come to the hospital; he will perform his some necessary tests. He went to that laibortary technication he did his tests and he came to know that he had HIV/AIDS disease. He was shocked and became unconscious. At that time, he recalled his elder brother‟s advice. He started thinking of his family, his children and his wife. He was so much worried. He shared his report with his elder brother, he was very angry, he replied that see the results of his bad company, he was having HIV/AIDS. At that day, he wept so heavily in front of his mother, and then his elder brother came to him and said," do not worry; he would get his treatment and would be with her in every matter.

His elder brother came with him to HIV/AIDS centre. They performed his necessary tests and started his treatment. Now, for the last three months he was taking all HIV/AIDS medicines. In front of his mother, he swore on the heads of his children, that he would not spread this disease and would not do bad deeds again. He wanted to see the happiness in the lives of his children; he wanted this favour from his God.

He was not forced to have sex with that boy, he did it by himself basically he loved that boy a lot. He was diagnosed as HIV/AIDS positive exact three months back. He was not fighting alone with this disease his brothers and his parents were encouraging him a lot but still he was little bit worried about his family. The most painful point for him was that his life was now short and he could die anytime. His wife, his parents and his siblings encouraged him to go to HIV/AIDS centre.

The researcher came to know that when he visited HIV/AIDS centre his elder brother was with him. His family and his friends knew about his HIV/AIDS status. HIV/AIDS centre doctors told him to bring his wife here and they should do her tests as well to rule out possibility of HIV/AIDS in her. He will bring her soon. There in AIDS special Clinic he was being counselled by Dr.Ismail Saqlain Malgani and he did his counselling very well. After getting AIDS, he was very careful in doing sex with

her wife and used condoms. The utensils which were in his used in home were totally separated, he tried to eat home-cooked food with less chillies. He tried to use cold drinks and take medicines regularly and at time.

He did not feel remarkable change in his vicinity after getting HIV/AIDS. Everybody gave him hope and courage. His relatives were very friendly with him. Their behaviour was very nice and co-operative. He used to attend the family gatherings with no hesitation as people were very good with him but he was still worried about his health. One of his cousin got HIV/AIDS in his family. But all relatives were behaving nicely. He felt very much secured among family members and friends as all of them knew that this disease could not be spread with close sitting and eating together. His disease did not impair the training of his children. His wife is very conscious and responsible in this regard. All of his children were doing Hafiz-e-Quran. When his father-in-law knew about his disease, he became very angry and showed his aggression but he requested him to forgive him and he did it. It‟s reality that nobody misbehaved him ever after knowing my disease. But still he himself felt ashamed. All his family members were supportive and they had great unity. Their sympathies were increased with him after getting this disease. Sometime, he thought that after getting HIV/AIDS this further strengthen his relationship with rest of the family. Religious clerics were very good with him after knowing his disease they met with him, with love and affection. Even they advised him, to repent and spend rest of his life according to Quran and Sunnah.

4.2.4 According to the Family Members

They knew very well about HIV/AIDS, as they were educated and well awared about this disease. Before Riaz, there was another person in their family as well who had HIV/AIDS disease. They did have sympathy for Riaz and they believed it was because of his bad deeds. It was really painful for them to see both of them relatives in this disease and had sympathy for them. Their family was well educated and they knew that this disease did not spread with touch and meeting. So, they did not have relationship gap with him. They should not expel such patients from community and gave them opportunity to come on right track. Being elders of the family it was their moral duty that he should not feel inferiority complex. They tried to help him both financially and morally. They were in agony to see him in this illness. They believed

that anybody could do and commit mistake, as they were human beings not the angels. So, it was vital to help such patients rather than ignoring them.

4.3 Case Study-III

4.3.1 Detailed Case History

Name:	Allah Bachaya.
Age:	41 Years.
Sex:	Male.
Caste:	Kumhar.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Six (3 Sons and 3 daughters).
Nature of Job:	Fruit Seller.
Work Station:	Moza Gaddai.
Monthly Earning:	15000 PKR.
HIV/AIDS Exposure:	Sexual Contact with MSM.
Address:	Moza Gaddai, D.G.Khan

4.3.2 Background of the Case

Allah Bachaya S/O Ghulam Rasool, 41years old, Kumhar by Caste, Uneducated, and Fruit/Vegetable seller by profession, Married, resident of Moza Gaddhai, District D.G.Khan, went to Dubai, where his routine medical tests were performed and there he came to know that he is HIV/AIDS positive.

4.3.3 According to the Patient

He belonged to the D.G.Khan area named Moza Gaddhai. They were six sisters and one brother. His father was potter, as it was their family occupation. But when he grew up, did not pay attention to their family occupation and learned hair cutting profession. But now he was repenting on his fate. He had three sons and three

daughters. When he was 14 years old he was at the climax of his youth age. He did not act upon the parents advices at that time and faced a lot of hardships later on. He met to Ghulam Shabir who was their Mohala fellow and was hair cutter by profession. He came back from Saudia Arabia after a long time. He was every found of doing and having sex. He was also young and wanted to do sex. He did sex with his friends and they did with him. He spent a lot time with Ghulam Shabir they used to do sex with each other. After long time, he came to know that he was HIV/AIDS positive.

He never told him that he was HIV/AIDS positive. During this youth period of his life, a lady from place Basira came to live in their Mohala. Basically, she was not good lady and seemed to be prostitute. She did sex with many men in their Mohala. She usually took very little amount of money. So, he went there 3-4 times and did sex with her. He was so exoberrant about sex that time that he wanted to do sex as much as he could. Some of his friends worked there in Karachi, they called him and he went there.

According to the researcher he worked there in thread factory. After sometime, he met a boy in Karachi and he was good in speaking Saraki. He asked him form where he had come. He told him that he was from Alipur city. He told him that they both belonged to the same city. So, this further enhanced their relationship and they became fast friend. Then he started sex with him as he was very pretty. The place in Karachi, where they were living, there were many Shemales over there and they were beautiful. He did sex with these Shemales and they gave him a lot pleasure and enjoyment which he never got before. He came back to D.G.Khan and got married with a woman on the basis of *"Watta and Satta"*. He after marriage, worked as hair cutter.

But after sometime, one of his relative sent me visa from Dubai and offered him to work over there. At that time, he was in financial crisis and he collected money with great hard work. At that time, he had six children and their expenses raised a lot. So, he left for Dubai. When he reached there, they got his medical tests and when he got reports they told him that he was HIV/AIDS positive. So, they sent him back to Pakistan. When he came back to Pakistan his health status started deteriorating, his weight was decreasing, and he got loose motions and fever. Dr.Haroon Bilal advised him to go HIV/AIDS centre. Here, in HIV/AIDS centre they performed his tests again

and started his treatment. Now, thanks to Allah Pak, his weight was normal and feeling better. For long-time, in the company of his friends he addicted to Charas, did illegal sex and this was all because of his friends.

Now, he repented on his deeds and prayed to Allah Pak to forgive him. They are total eight members in family. He was the only earner in his family. So, he had to work at any cost. He used to earn 400-500 rupees in a day. He was living hand to mouth with his family. First time, Ghulam Shabir compelled him to do sex. When he came to know that he was HIV/AIDS positive, his biggest fear was what people will think about him and what would happen to his children. He was fighting alone with this disease and on the other side also fulfilling the needs of his family which was very tough for him. He came to HIV/AIDS centre alone. It had been six months passed away after he was diagnosed as HIV/AIDS positive. Sex was the biggest pleasure for him in youth but these brought disasters to his life. Gay sex and sex with girls pushed him to have HIV/AIDS.

He lost his mind when he heard that he had HIV/AIDS. He was much worried and thought that would he survived or die soon. He did not tell anyone in his family, but they knew that he was having HIV/AIDS. When his wife came to know that he was having HIV/AIDS, she was too much worried. His wife was also tested for HIV/AIDS and she also had HIV/AIDS. At that time, nobody counselled them just told them a little bit precautionary measures. But he said, the researcher did a very good job and told him everything related with this disease and he will tell his wife as well. He never used condoms in his life, now he was very careful about his dietary habits. Drastic changes happened in his vicinity as people who knew about his disease, they tried to avoid him. His neighbours were also not behaving very well.

After the death of his parents, his wife took care of him. After his disease, his wife and family-in-laws attitude did not change they were nice to him. His friends and relatives were too much concerned about his health status. All were busy in their routine lives. He tried to avoid family events to attend. He was deprived of good health, this was his main concern. He did not know the views of his family members, as he avoided them by himself. He felt himself secured in his children and wife. His sisters were very lovely and they took care of him all the time. They used to sit with

him and eat with him. Nobody, talked to him harshly after becoming HIV/AIDS positive neither he go to family events as he wanted to avoid people.

The researcher came to know that he was training his children in a very good way, as he wanted them that they should study and became something in future. His family members knew a lot about HIV/AIDS. His family members did not tease him ever, but he himself tried to avoid them, some of his relatives knew about his disease status and some of them were ignorant. His family-in-laws initially worried about him but later on, they loved him and realised him his mistakes. His family-in-laws gave him a lot of financial support. He felt a lot of difference in the behaviour of his relatives before and after having this disease. None of his family members were supportive with him. Religious clerics were very good in attitude with him. They huged him and had small talk with him.

4.3.4 According to the Family Members

They knew about HIV/AIDS, as they had heard about it from people coming from Dubai and Saudia Arabia. Only Allah Bachaya had HIV/AIDS in their family, another person in their Mahala also had HIV/AIDS. They did have sympathy for Allah Bachaya but they believed that it was because of his bad deeds. It was natural to be grieved, when they heard that he had HIV/AIDS but he should also be careful in the selection of the friends company. There was relationship gap between them as they believed that someone talked to him will be considered to be liked him by other people.

These patients should not be isolated from community but they should do some welfare work for them. They should help him as per their ability. They could not support him financially as they were also living hand to mouth. They felt a great pain when they heard about him, but they could not do anything for him. Humanily, they should take care of him and their religious also compels them to do this. But their family circumstances were not good and even difficult for them to meet their family expenses.

4.4 Case Study-IV

4.4.1 Case History

Name:	Niaz Ahmad.
Age:	29 Year.
Sex:	Male.
Caste:	Rind.
Education:	Primary Level.
Marital status:	Married.
No. of Children:	One Child.
Nature of Job:	Labourer.
Work Station:	Dera Ghazi Khan City.
Monthly Earning:	15000 PKR.
HIV/AIDS Exposure:	Sexual Contact with MSM.
Address:	Ghousabad, D.G.Khan

4.4.2 Background of the Case

Niaz Ahmad S/O Abdul Majeed, 29years old, Rind by Caste, has primary level education, Labourer by Occupation, Married, resident of Ghousabad D.G.Khan, accidentally came to know that he is HIV/AIDS positive, as at that time for Dubai visa, I was getting my routine check-up.

4.4.3 According to the Patient

They were five brothers and three sisters. His father was labourer initially, and then his father hired land for cultivation, so their family needs were fulfilled by that agricultural land. They were all married and were living in the same home as joint family. Firstly, he used to work in a factory in Sohraab Guhot, Karachi. There he used to live with his friends and they were habitual to go to the prostitutes. They mostly invited him and used to convince him in a way that they felt very relax after visiting that place. So, he started going there with them and those prostitutes took 200-300

rupees from him. After some month, he became home-sicked and started recalling him parents and siblings so; he left that place and came back to his family. Here, his parents compelled him to stay and forced him to start any work here.

According to the researcher he was also interested to go to Karachi. He spent one year in D.G.Khan, later on one of his friend said that there was factory in Mian Chanoow and they were offering good salary, would you like to work there. He talked to his family about it. His family agreed as at that time his family was facing financially hardships. Then he went to Mian Chanoow. There he met a boy who local resident. He had a good time with him. After sometime, their friendship enhanced and he felt that he was in love with him. He was very pretty and he requested him that he wanted to have sex with him. They used to sleep together at night on the same bed. Once at night, he told him his desire and he took off his clothes and asked him to fuck him. He did sex with him, and they both enjoyed.

Similarly, they used to have sex with each other once or twice in a week. He used to give him money as much as he had. They used to be with each other all the time. He did sex with him multiple times. Then after two years, he came back to home. This time his parents arranged his marriage. After 2-3years of his marriage, when he planned to go to Dubai and got his lab tests, then he came to know that he was HIV/AIDS positive. Then his father took him to religious spiritual lead named Peer Taj Rasool. There, he kept him at his place and used to have some religious activity with him to treat me so that he should be cured from HIV/AIDS. When he felt good after a few days, then that religious leader called his father and asked him to do *"Khairaat"* at Darbar and leave. He charged one thousand rupees. His father distributed a diag of rice over there and they left. After sometime, he became ill again, and then my father took him to HIV/AIDS centre as advised by Dr.Nadeem Chuhan. They performed by HIV/AIDS tests and started his treatment.

They were total of eight in numbers and he had one child. He was labourer but because of this he could not work anymore. Most of the time he worked on day wages and used to earn 500/day but it was not sufficient for him to fullfill the needs of his family. Initially, his friends compelled him to sex with prostitutes. When he came to know that he had HIV/AIDS positive, he was not so much worried as he was ignorant about his illness. His wife was also HIV/AIDS positive. They both had no options but

to fight with this lethal disease. His wife got HIV/AIDS because of him. His father and his brother accompanied him to HIV/AIDS centre. It had been four months since he was diagnosed as HIV/AIDS positive.

It was all new for him to be HIV/AIDS positive. All of his family members knew about his disease. All of his family members pray for him to have sound health. His wife was worried about his health. They both were not properly counselled before but the researcher told him everything in details. He used to have sex with his wife before knowing that he was HIV/AIDS positive. He never used condoms in his life. He was told to eat meal at home and avoid things those are Bazar-made. Nothing changed in his vicinity everything was same as it was before. His neighbours and his friends prayed for him and advised him to trust Al-mighty Allah. All of his family members supported him especially his parents. They were too much caring for him, as they used to do it before. After getting disease, he used to attend all the family events.

The researcher came to know that it was painful for his family and friends to know that he had HIV/AIDS. They used to come for consalence. He felt weakness and fatigue after getting this disease. He felt secure among family and friends. They used to sit and eat with him. They never said harsh words to him. He was trying that his disease should not impair the training of his children. His family did not know a lot about this disease. His family in laws was also praying for his good health. His family supported him morally and economically. They were same in their attitudes as they were before. Even he believed that his bond with family became stronger than before having this illness. Religious clerics were very helpful to him. Their behaviour was very co-operative. They met with him as they were before. They used to hug him and talk with him in a very good way.

4.4.4 According to the Family Members

They did not hear about this HIV/AIDS before and only Niaz Ahmad had this disease in their family. They had sympathy for him and they did not think that it was his fault. It was his fate to have this disease. They felt a lot of pain for him as he is their relative. But it was all about Allah Pak, because he gave pain and he will relieve it. They did not have relationship gap with Niaz Ahmad rather they think, they should help him. No, they did not want that all such patients should be expelled from the community whatsoever they could do, financially and morally they were doing for

Niaz Ahmad and they will keep on doing this. It was their moral and ethical responsibility to support him.

4.5 Case Study-V

4.5.1 Detailed Case History

Name:	Zafar Iqbal.
Age:	31 Years.
Sex:	Male.
Caste:	Mujawar.
Education:	illiterate.
Marital Status:	Un-Married.
No. of Children:	N/A.
Nature of Job:	Labourer.
Work Station:	Sakhi Sarwar.
Monthly Earning:	12000 PKR.
HIV/AIDS Exposure:	Sexual Contact with MSM.
Address:	Mohalla Tibba Sakhi Sarwar, D.G.Khan

4.5.2 Background of the Case

Zafar Iqbal S/O Bhago, 31 years old, Male, Mujawar by Caste, Muslim, Uneducated, Labourer by profession, Un-Married, resident of Mohalla Tibba (Sakhi Sarwar), D.G.Khan presented with complaint of fever which was continuous. He was interrogated for this complaint and came to know that he is HIV/AIDS positive.

4.5.3 According to the Patient

He belonged to the Tibba which was about 35Km away from D.G.Khan. Their area was situated in the centre of Koh Suleman Mountains. There, they had large mountains which were consisted of sand and mud. They were known for the stone crushing machines in their locality and this was the main source of employment in

their region. Another, reason for popularity of their region was that they had darbar named Hazrat Sakhi Sarwar which was well known saint in Pakistan. Every year there was mela called *"Mela Sakhi Sarwar Da"*, where people from all over the country came here. People came here to fullfill their wordly desires and request the saint to fullfill their needs. They were deprived of health and education. His father was labourer, so it was difficult for him to meet the needs of family, because of this they could not get education. So, they also started their career as labourer from their youth. He had four brothers and one sister. His father was too weak to work. So, he was bearing all of his expenses. He used to work in stone crushing factory. There he met a person who was also labourer. When there was lunch break, they used to have meal together. With the passage of time, they became chum friends. They both were unmarried.

According to the researcher once, he told him that he loved him a lot. He was ready to give him as much money as he would desire. But he had one demand that he wanted to fuck his ass. He wished to put his dick in his ass. He accepted because he was offering money and he was also his deep friend. He gave 300 rupees and fucked his ass hard. This relationship became deeper and deeper with the passage of time. So, he quit his job and he was with him all the time. He fulfilled his desires so he thought that there was no need to do job. He also met with his friends who were from baloch tribe. This thing remained for two years. Once, that friend of mine disappeared. He assumed that he went to meet his relatives. But his neighbours told him that he was severely sick. He thought that it told by others that he died away. He was ignorant about his disease and cause of death. After his death, he started to have fever. He went to local doctor named Dr.Abid Hussain; he used to give him some medicines for fever. His fever used to settle with those medications but then reappeared. Then someone told him to go to D.G.Khan and get his check-up from Dr.Muhammad Yousaf. When he went there he advised him a few tests.

When he came back, he told him that he was HIV/AIDS positive. He advised him to go to HIV/AIDS centre where he would get better treatment. He came to HIV/AIDS centre with his cousin. They performed his tests and started his treatment. Now he was taking treatment for last nine months. But he felt weakness and because of this he could not do any sort of work. He was uneducated and knew very little about this disease.

The researcher came to know that his neighbours and Mahala fellows were not behaving very well with him after getting this disease some people were sympathetic and some were annoying. He was counselled properly after getting HIV/AIDS. He never used condoms. HIV/AIDS centre told him to use vegetables and fruits as much as he could. They also advised him to not eat thing from bazar. People in his surroundings try to avoid him even they did not talk with him. Only his parents and sister stood with him and take care of him properly. He did participate in family events but because of his relatives attitude he tried to sit alone. Now it was very difficult for him to get the meal of two times. He had no money. He did not feel myself secure among his relatives. His relatives were hypocrate. Religious clerics did not know about his disease that was why they met very well with him and used to have tit-bits with him.

4.5.4 According to the Family Members

They had heard about this disease as it was very common in their territory. In their region, every third person was HIV/AIDS positive. Only Zafar Iqbal had such disease in their family. They did have sympathy for him and also assumed that it was because of his bad deeds. They were grieved when they heard about his disease, because he was their blood but they could not do anything except to pray for him. Because of his illness, there were a lot distances between them because they were afraid of that others people will also consider them as bad persons.

They do not think that such people should be expelled from the community but they should also understand their problem as well. They were ready to give him financial help but they could not because they were also living hand to mouth. They had feelings and emotions to help him. Whole heartedly, but their circumstances could not allow them to do this. They were agreed that their religion adviced those to help his brothers for the sake of brotherhood but their conditions were too bad to help him financially.

Cases of Out-Migration Sexual Contact with Prostitutes in Abroad

Now in the Third portion, here we will discuss the indepth case studies of the "Out-Migrational Sexual Contact with the Prostitutes in Abroad" of the HIV/AIDS patients taken by the researcher at the *„Spœial Clinic"* in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Out-Migration Sexual Contact with Prostitutes in Abroad	04

4.1 Case Study-I

4.1.1 Detailed Case History

Name:	Hafiz Muhammad Sadiq
Age:	24 Years
Sex:	Male
Caste:	Leghari
Education:	Un-educated
Matrial Status:	Married.
No. of Children:	NiL.
Reason to go abroad:	Poverty.
Ex. Pakistan period:	9 Months.
Nature of Job in Pakistan:	Security Gurad in McDonals.
Work status abroad:	Labourer.
Monthly earning in Pakistan:	10,000 PKR.
HIV/AIDS Exposure:	Out-Migration Sexual Contact.
Address:	Chit Surkani Road Gahhai, D.G.Khan

4.1.2 Background of the Case

Hafiz Muhammad Sadiq S/O Abdul Majeed, 24years old, Male, Leghari by Caste, Muslim, Un-educated, working as Security Gurad in McDonalds, he is married, and resident of Chit Surkani Gadhhai, D.G.Khan, he had no active complaints before diagnose of HIV/AIDS. He was accidently diagnosed HIV/AIDS positive, as his wife went to Gynaecologist for her antenatal visit, where her screening was performed and she was carrier of HIV virus and when later on, his blood tests were performed and he came to know that he was also HIV/AIDS positive.

4.1.3 According to the Patient

He was the resident of Chit Sarkani road, Gaddhai, D.G.Khan. They were three sisters and three brothers and all were married. His parents were alived and they all brothers were living together as joint family. His father worked as Imam in Pak Army and was retired now. Since beginning their environment at home was religious. They all brothers started their education from religious institute with intension to make themself successful in life after death with the strenuous efforts of his father, he was able to become Hafiz-e-Quran, his younger brother became religious scholar and his youngest brother completed Holy Quran as nazra. One of his brother, still works with Sheikh in Dubai, who was one of the richest person there. Similarly, one of his other brothers was Imam in Dubai Mosque. When he did Hafiz-e-Quran only of his brother said to come here in Dubai and joined a mosque here as Imam. He was not willing to go there as he wanted to live with parents. But still internally, he desired to visit Dubai as he heard it was beautiful place. So, they sent him visit visa on this obligation, that if he adjusted himself here then they would work out for his job.

According to the researcher when he reached there he was taken aback it was such a lovely and pretty country. His cousin accompanied him and took him to every famous place there. It was multinational country. He was quite happy. He used to live with his cousin and they had a free talk with each other. Once, he gave him cell phone number of a Pakistani girl and compelled him to talk with her and you would enjoy as she was very beautiful. He started talking with her on cell phone; really she was courageous, brave and mannered girl. After phone calls, they planned to have date. She called him on her flat first time. He decided to go to her flat. He discussed with his cousin and

went to her. His cousin said that she was very pretty girl, enjoy her, did not worry, this was Dubai not in Pakistan.

His cousin dropped him at her flat and left. She came downstairs to take him to her flat. When he saw her, he was shocked and thought how beautiful she was. She took him to her room. They had a small talk. Then she came closed to him and took off all clothes. So, he could not stop himself and did a lot of sex with her. She was totally blonde girl and it was first sex of his life. He satisfied her a lot and released two times. She took 40 Darhams from him and gave him intensive pleasure. He came back to his cousin and told his entire story. He encouraged him to keep it up. He was restless after first sex. He requested her to give him time repeatedly, at last she agreed and he went to her flat again. He did sex again and felt comfortable. He gave her money and came back. He started job in Dubai as a labourer. He used to load and unload trucks.

After spending nine months in Dubai, once he was coming back from his job and was standing at metro bus station a policeman called him as he was wearing Pakistani clothes. So, he put him behind the bars. When he was in jail, they performed his medical tests, when his tests reports came, Indian doctor said to him that his reports were not satisfactory. But he could not understand. After 20 day, Dubai police sent him back to Pakistan. After some period, there in Pakistan, his father married him with a woman, who was also religious scholar *"Alma"*. After marriage, she became pregnant and at seven months of pregnancy his wife condition became disturbed then he took her to Dr.Humira Shaheen for her check-up.

Doctor checked her and advised some lab tests. Then he took her blood samples to Shaukat Khanam Lab, when he got reports and went to lady Dr.Humira Shaheen, she said there were HIV germs in his wife and he should also got check-up. He again went to Shaukat Khanam lab and gave his blood tests and when reports came, he was also HIV positive. He came to HIV/AIDS centre they started his HIV/AIDS treatment after necessary investigation. They also started treatment of his wife so that babies could be secured. Now he was working as security guard at McDonalds. They were living hand to mouth. He was repented on his deeds and prayed to Allah for his forgiveness. May Allah Pak protect his child as well.

He used to earn ten thousand from his job. His cousin provoked him to have illegal sex. His biggest fear was that his future baby should not get HIV/AIDS. He had a lot

fears and thought about this disease. It had increased his stress and anxiety. Dr.Humira Shaheen encouraged him to go HIV/AIDS centre and get his treatment. He went alone to HIV/AIDS centre. He had passed one month with this disease. When he came to know that he was HIV/AIDS positive he was shocked and was not in his senses. He and his cousin were responsible for his HIV/AIDS. Yes, his family knew that he was HIV/AIDS positive. Initially, his family in laws became very aggressive and reacted violently.When they came to know about his disease status. But later on, they accommodated him and behaved very well. His wife was also worried especially for the up-coming child.

The researcher came to know that he attended the counselling session but his wife could not as she was pregnant. He was satisfied with the counselling session. He could not remember the sexual events he did with his wife. He did not use condoms yet, but he will be careful in future. He tried to avoid bazari Khannas and careful about his diet. He used boiled water, take less red chillies. He separated those things which were of his personal usage. He took vegetables mostly. People who knew about his disease status, they kept him at distance and had become less talkative. His parents alived, they were good with him. Their attitude did not change after getting this disease. No, he did not attend family gathering now a days and tried to avoid. Now he deprived form good health and not a common person now.

Most of the people in his family tried to avoid him and some of them were good. “This suffering had come from Allah Pak and he will take him out of it.” Some his family members said. He felt secure in some people and not in others. His close relatives had borderline attitude with him and they were not so good. They used to sit and eat with him. Nobody yet from his relatives and friends recalled him in bad way. He had no kids yet. Some of his family members knew about HIV/AIDS and some were ignorant. Many of his family members gave him financial support. This disease did not impair their family relations it was there as it was before. Many of the religious clerics, they were good with him as he was also Hafiz-e-Quran. Their attitudes were as it was same as it was before.

4.1.4 According to the Family Members

They had little information‟s about HIV/AIDS. They had heard about AIDS from people living in Dubai. There was no other HIV/AIDS patient in their family except

Hafiz Muhammad Sadiq. They did not know the fate and prognosis of this disease. They did have sympathy for Hafiz Muhammad Sadiq. They could pray for him that, May Allah Pak helped him getting out of his illness. He was our child, and they would not take him away even out of their sight and sufferings were the part of Holy prophets. May Allah Pak vanish his illness. They did not think that those people should be expelled from the community. They will definitely support their child to their full efforts. Happiness and sadness was part of life, but at least they should help him and encourage him to fight with it. They were very much worried about his health. It was their moral duty to take care of others especially those who were suffering from this deadly disease.

4.2 Case Study-II

4.2.1 Detailed Case History

Name:	Muhammad Amin.
Age:	41 Years.
Sex:	Male.
Caste:	Sehwaray.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Six Children (2 Sons and 4 daughters).
Reason to go Abroad:	Poverty.
Ex. Pakistan Period:	One Year.
Nature of Job Abroad:	Labourer.
Work Station Abroad:	Satwa/Dubai.
Monthly Earning Abroad:	1500 – 2000 Dirhams.
HIV/AIDS Exposure:	Out-Migration Sexual Contact.
Address:	Juhak Kuttra, D.G.Khan

4.2.2 Background of the Case

Muhammad Amin S/O Malik Ghulam Hussain, 41years old, Sehwaray by Caste, Uneducated, Hotel Waiter by profession, Married, resident of Juhook Kuttra, District D.G.Khan, presented with complaint of Fatiguibility, Weakness and rapid fall in his weight. For these complaints his blood tests were performed and he was diagnosed as case of HIV/AIDS positive person.

4.2.3 According to the Patient

He belonged to the Johk Kuttra which was 10Km away from Kot Chutta which was the Tehsil of Dera Ghazi Khan. They were three brothers and two sisters. All were married. His father died many years back and his mother was alived and living with them. They were three brothers, living together. His rest of two brothers were also working as labourer. He was a waiter in D.G.Khan restaurant. He had two sons and four daughters. About two years back, he went to Dubai on visit visa, because his house expenses were increasing day by day, to meet all those needs he decided to go to Dubai. He requested his friend, who was in Dubai to send him visa, he advised him to first come here on visit visa then saw the situation. So, he sent him visit visa.

According to the researcher he availed visit visa and went Dubai for work. There he went everywhere to search a job. Later on, he found a job there in a hotel and started working there. They all friends had got-together on weekend and used to make plan for enjoyment. Once, one of his friends said that he would be made relax and fresh today by Amin. They booked two rooms in hotel and brought two Pakistani girls with them, to whom they did sex. Girls were very young and hot, they gave them 20, 20 Darhams each and had sex. There in Dubai unmarried person could not live without sex. So, they used to have plans to sex with prostitutes there, especially on weekends. He did sex there with Philippines, Malaysians, Indians, Pakistani, Srilankan and Indonesians girls. They used to do sex with little money and were very hot. Then once, Dubai police CID person raid on their residence and caught all of them, as they were living illegal.

They took him to jail and later on back to Pakistan. After coming to Pakistan, he again started his job as a labourer. Then, he went to D.G.Khan as there worked as hotel waiter. So, his home expenses were met with his wages. During this, he kept on doing sex with prostitutes and paid them money. Here, he did sex with unlimited girls and

enjoyed. Then all of sudden, he felt weakness and fatigability because of this he became lazy and started loosing his weight. Then one of his friend, working in hospital emergency advised him to come to hospital, he would get his all blood tests, might be he had some illness. When reports came, he was told that he was having HIV/AIDS, and then his friend warned him about this disease and advised him to be careful because he was having Diabetes as well. So, he took him to HIV/AIDS centre, they performed his blood tests and started his treatment. Now he was taking HIV/AIDS medication for the last nine months. He had left all those bad deeds and praying to Allah Pak to forgive him.

They were total nine family members. His monthly pay was ten thousands rupees, which were not sufficient for him to meet his demands. His friends forced him to have sex. He was worried after knowing that he was HIV/AIDS positive but his friend gave him courage that it was treatable disease. He was just passing his days after getting this disease, According to him, death was inevitable let"s see what would happen. He was not worried about his disease but very anxious about his children future. This was all because of his illegal sex which he did. Everyone in his family knows that he was HIV/AIDS positive. But no one bothered a lot for him and for his disease. His wife did not say anything to him; rather she was taking care of him. He got her tests as well and came to know that she was also HIV/AIDS positive. Nobody did counselling of them, they only told some dietary precautions. But they were happy with the researcher as he had told them every aspect of this disease.

They had relations before getting disease but when he was HIV/AIDS positive then he was very careful but later on she also became HIV/AIDS positive. He never used condoms while having sex with his wife or other girls. He was very careful about his diet, used boiled water and home-cooked food. People in his vicinity did not change their attitude after knowing that he was HIV/AIDS positive. They met him as they were before. His neighbours were also good and met with him nicely. They knew that he was having HIV/AIDS but they believed that it was from Al-mighty Allah Pak. His mother prayed a lot for him. He used to attend the family events and people over there meet him nicely and sit and eat with him. His family members said that Allah Pak gave him this illness, so he would help him out of it.

The researcher came to know that he left everything on Allah Pak. He believed that good health was true blessing. There was no family gap between him and other family members. They were good to him. He felt secure among them. He was doing good training of his children. He was trying that his disease should not have on impact his children. They were studying going to school. He wished that they should become good human being. His family did not have sufficient information‟s about HIV/AIDS. His relatives were always stood with him through thick and thin, they all were very good. His family-in-laws was praying a lot for his good health. Nobody talked harshly with him. His family members support him financially, if he required money. They were helpful even after knowing his disease. This family relationship grew stronger after this illness. His religious clerics were good with him. He used to go to mosque daily now, they met him nicely and sometime they ate together.

4.2.4 According to the Family Members

They did not hear of this disease HIV/AIDS before. They did not have other HIV/AIDS patients in their family except Amin. They did have sympathy with Muhammad Amin and did not think it was his fault. It was from Allah Pak. He gave illness to him and he would cure him. They did not have relationship gap with him they knew he was facing hardships. They did not think that such people should be expelled from community rather they should help them.

Only dears ones used to stand with sufferers to help them out in difficult situation. They were Muslim brothers, and Muhammad Amin had blood relationship with them, they tried to help him morally and economically they believed that happiness and sadness were the part of life anyone could face hardship anytime. So, they thought they should stand with him. Humanity and their religion gave them such a lesson to serve and help others if they were in tough time.

4.3 Case Study-III

4.3.1 Detailed Case History

Name:	Irfan Qurashi.
Age:	43 Year.
Sex:	Male.
Caste:	Qurashi.
Education:	Primary Level.
Marital status:	Married.
No. of Children:	Nil.
Reason to go abroad:	Poverty, Joblessness.
Ex. Pakistan period:	8 Years.
Nature of Job abroad:	AC and Fridge Mechanic.
Work station abroad:	Juddah/Saudi Arabia.
Monthly earning abroad:	2000 to 2500 Riyals.
HIV/AIDS Exposure:	Out-Migration Sexual Contact.
Address:	Behari Colony, D.G.Khan

4.3.2 Background of the Case

Irfan Qurashi S/O Munir Ahmad, 43years old, Qurashi by Caste, Primary class Qualified, AC and Fridge Mechanic, Married, Resident of Behari Colony, D.G.Khan, got complaints of persistent high grade fever, Loose Motions and extreme weakness for that he was interrogated and came to know that he is HIV/AIDS positive.

4.3.3 According to the Patient

He lived in the Behari Colony in D.G.Khan City. They were three brothers and five sisters. They were all married and living separately. He was the eldest among siblings. His parents lived with him. After 6th class, his father tried to give him further education but he was not interested at all. So, he left school. He decided to

get some vocational skill. His father took him to one of his friend"s shop; he was mechanic of AC and Fridges. So that he should learn this skill and earn in future. My teacher was very hard working and intelligent person. He guided him a lot during his learning process and his attitude was very good with him. He worked with him for 8-9 years. Then one of his friend advised him to come to Saudia Arabia and worked there, there he would get very good salary. There was shortage of such people like him. Then he took Saudia Arabia visa and reached Jeddah. There he lived for eight years, worked very hard and fulfilled the needs of his family. When he left for Saudia Arabia he was married. There one of his friends compelled him to do sex. As he advised that it was necessary to have sex to remain fresh. There Pakistan girls (prostitutes) were very cheap.

According to the researcher the reason was that they could not afford to come to Pakistan to have sex with their wives as it was very costly, neither their Kafeel was willing to give them leaves for Pakistan. Therefore, he also used to go with his friends to remain fresh. After 8 years, he had a fight with his Kafeel, because they worked all the day and he used to sit and command on them. He was very cunning and used to give them less money. He left everything and came back to Pakistan. Here he opened his own shop and started working. It was not good at the beginning as there were less customers. But as summer season came, he got a lot of clients. He used to go to his friends home for repairing of their ACs and Fridges and he had deep relationship with him. In his absence, he even went to his home for repairing.

Once or twice he talked to his wife face to face. His wife got his cell phone number so that she could call him if there was anything wrong. They used to talk to each other and later on she became his friend. She was family woman and was very beautiful. He friend died because of heart attack. After her husband death, she came very close to him. She used to call him for any lame excused and they did sex with each other. She used to cook many things for him. He frequently did sex with her. She was hypertensive, Diabetes-Mellipus patient, and had one kidney. After having sex with her, he started having fever, loose motions and body aches. Dr.Haroon Bilal did his check-up and advised some necessary tests. After labs reports he came to know that he had HIV/AIDS and Hepatitis-C. He was quite worried. He told him to go to HIV/AIDS centre and they would have better treatment for him.

They were eight total family members. He had no children. He was fighting with great difficulty to cope this disease, to whom he did sex, she was gentle lady and he did not think that she would have such illness. He came to HIV/AIDS center with his brother-in-law. He was having this disease for last one month. He thought his friend who compelled him to do sex and the lady to whom he did sex last time both were responsible for his illness. He was shocked to have HIV/AIDS; he was too much worried about what would happen in future with him. Yes, everyone in his family knew that he had HIV/AIDS.

His family, in-laws were very angry with him, when they heard that he was HIV/AIDS positive. His wife was totally senseless after hearing about his disease but she later on gave him courage and promised to be with him. He got blood tests of his wife, thanks God; she was fine and having no HIV/AIDS. They did not have proper counselling in HIV/AIDS centre but the way researcher told him the full detailed of this disease, he was very thankful to the researcher for this. He was told to use condoms after diagnosing this disease. He never used condoms before having this illness because it irritates him a lot. He was advised to eat home-cooked food and used condoms while having sex with his wife.

He was observing that the attitude of the people in his vicinity was changing gradually. His neighbours did not know about his illness. His wife and family-in-laws were very helpful and supportive for him. He was attending family events people were grieved to know that he was HIV/AIDS positive and they had sympathies for him. Now he had realised the importance of health especially good health. It was blessing from Allah Pak. The people in his family were known he was HIV/AIDS positive; they were gradually increasing distances from him, and trying to avoid him. He was not feeling secured among the family members because those who knew about his disease they were trying to avoid him.

His siblings were good with him, they used to eat meal with him and also huged each other. They were anxious about his health. Nobody spoke harsh word to him till now. He was issueless. Educated members of his family knew a lot about this disease. He did not think so that his family members would help him economically if he would require of their help. His relation with other family members was quite disturbed after getting HIV/AIDS and that relation was getting weaken day by day.

His religious clerics knew about his disease but they were good to him as compared to other people. They met him nicely and had a small talk.

4.3.4 According to the Family Members

They had heard of HIV/AIDS through TV shows, Newspapers and Magazines. Only Irfan had this disease in their family. They did have sympathy for him but it was all because of his bad deeds and actions which he committed. They were shocked to hear that he was HIV/AIDS positive and they believed that he might committed something wrong thats why he got HIV/AIDS. They did have relationship gap with him; as if they went close to him, other people would also consider them to be involved in bad deeds.

They were praying for him. They already had financial crisis how could they helped him financially; if they would have money then they would give him. They did not want that such patients should be expelled from the community but government should do something to restrict HIV/AIDS. They agreed that it was their responsibility to do good with him but he should also think about himself.

4.4 Case Study-IV

4.4.1 Detailed Case History

Name:	Muhammad Saleem Akhtar.
Age:	41 Years.
Sex:	Male.
Caste:	Arain.
Education:	Educated.
Marital Status:	Married.
No. of Children:	N/A.
Reason to go Abroad:	Poverty.
Ex. Pakistan Period:	Three Years.
Nature of Job Abroad:	Architect Engineer.

Work Station Abroad:	Mascot (Oman).
Monthly Earning Abroad:	2500 Dirhams.
HIV/AIDS Exposure:	Out-Migration Sexual Contact.
Address:	Model Town, D.G.Khan.

4.4.2 Background of the Case

Muhammad Saleem Akhtar S/O Abdul Kareem, 41 years old, Arain by Caste, Architect Engineer by profession, Married, living Model Town, D.G.Khan, he was applying for via in Muscat and company where he was working, went for his blood investigations accidently, they came to know that he is HIV/AIDS positive.

4.4.3 According to the Patient

He did four years Diploma in Architect Engineering from Pakistan. At that time, they were in financial crisis. Hardly, they used to meet their expenses with just father‟s salary. His father took loan from relatives and friends to spend on his education. He believed that when his son would get education his financial circumstances would be change, and he would send him out of country for good earning. After completing education, he started searching for good job. One of his close fellows, who was working in a company in Oman, invited him to come there and had a job. So, his desperation ended like this because his friend was well known to his circumstances. So, it was blessing for him to have visa and job in Oman. He started working in that construction company where his friend was already working. Initially, his salary was not good. But his friend realized him that they would increase his income with the passage of time.

He was right because after two years, company increased his salary, and gave him car. He used to send money back to his home. His father utilized that money for the marriage of his sisters and also constructed a luxury Bungalow for them. There in Oman, he made friends, some of them were from India and others were from Yemen. Frequently, in spare time, they used to have gathering and small talk. Once, on holiday, his friends decided to have dance party and to have sex with girls. Then, they brought Indian and Yemeni girls in flat along with a lot of alcohol. So, they enjoyed that night too much. They did sex with those girls after taking huge amount of alcohol. Similarly, when they had such a free time, they used to have such parties.

According to the researcher meanwhile, he came back to Pakistan and got married, after two months of marriage, he came to Oman again. After a few years, his wife desired to come to Oman, he was also willing to bring her there. So, he applied for family visa and she came to him. After one year, his visa was review and they did some of his medical tests. This time company was giving him contract for three years and also increasing his salary. After sometime, when his medical reports came, they told him that he was medically unfit. He came to know that he was HIV/AIDS positive.

He was shocked and anxious. Then he came back to Pakistan with his family. Here, he got his check-up from Agha Khan Laboratories. Again, it was confirmed that he was HIV/AIDS positive. He came to HIV/AIDS centre as guided by Agha Khan Laboratory. He came here to Dr. Sadia Sheeraz who was medical incharge. She gave him courage and counselled him that you would get the best treatment here. HIV/AIDS centre took his further blood tests and started his treatment. Thanks God, now he was feeling better. They were four family members. He was recently married a year back. He was issueless.

Currently, he was working as Architect Engineer in Multan. Because of HIV/AIDS, he was feared that his wife would quit him. His wife gave him encouragement to get treatment and realized him that she was with him. He had HIV/AIDS for the last six months. He had not shared his illness with his family. Only his wife knew about the disease. Initially, his wife reaction to disease was aggressive but later on she promised to be with him. His wife was free from HIV/AIDS as he got her check-up. HIV/AIDS centre did his counselling properly. He was well awared that he should use condom while having sex with his wife. He was very careful about his diet, he ate fruits, vegetables and remained at home. He did not tell any of his friends and relatives about his disease. His wife was very supportive for him. He would not be secure in his family when they would come to know about his disease. His family was well educated and all of them knew about HIV/AIDS. He did not need any financial assistance as he was earning good money from his job.

4.4.4 According to the Family Members

(As his family was well awared of HIV/AIDS, about its spread and consequences, so patient had hidden every single detail of his illness from them, as he had fear that people would over react and would be aggressive with him).

Cases of Blood Transfusion

Now in the fourth portion, here we will discuss the indepth case studies of the Blood Transfusion of the HIV/AIDS patients taken by the researcher at the *„Spœial Clinic"* in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Through Blood Transfusion	01

4.1 Case Study-I

4.1.1 Detailed Case History

Name:	Ali Abbas.
Age:	7 Years.
Sex:	Male.
Caste:	Ramdani.
Education:	illiterate.
Marital status:	N/A.
Father Monthly Earning:	15,000 PKR.
HIV/AIDS Exposure:	Through Blood Transfusion.
Address:	Chotti Zarain, D.G.Khan

4.1.2 Background of the Case

Ali Abbas S/O Imdad Hussain, 7years old, Ramdani by Caste, Muslim, studying in primary class KG, resident of Chotti Zarain, D.G.Khan, presented with complaint of

persistent fever and pain in epigastric area, for these complaints he was interrogated, and came to know, that he is HIV/AIDS positive.

4.1.3 According to the Patient

According to the Child‟s father told the researcher that they lived in Chotti Zarain, about 30Km form Dera Ghazi Khan. He had three sons and two daughters. they were two brothers and living together. He went to Dubai and worked there as a labourer, he worked there for six years and came back last year. When he was in Dubai his wife was pregnant. His family got her check-up to Dr. Sadia Nazeer and she advised her blood transfusion as she was too much anaemia, as it will help both mother and child. His brother told him everything related to his wife health. He was worried and wanted no deficiency to his wife and child. He requested his brother to get donors from family for blood transfusion to his wife. He arranged one blood pint from his own family and transfused it to his wife. He arranged other three donors from his friends and transfused those to his brother‟s wife. After that, his wife health became stable. He sent money back to his home so that there should be no deficiency for money to fulfil the needs of his wife. His brother called him and told him that a male child was born and everything was ok. He was too much excited. Then he decided to come back to Pakistan forever.

According to the researcher here, in Pakistan, he started working as a labourer and he was at least in his family. After few years, his wife started remaining ill. She got persistent fever, loose motions and Epigastric pain. He got her treatment from Dr.Irfan Kareem. Something happened to his son. After getting treatment both were fine but as treatment completed and left by them, they got the same symptoms again he was too much worried that why they were not getting better. His cousin, who was a lab tech in Dera Ghazi Khan teaching hospital, advised to bring them here he would get all of their lab tests and things would be clear. He took blood samples of both his son and his wife and called him back after a few days and told him that both were HIV/AIDS positive. He advised him to bring his son here at Dera Ghazi Khan teaching Hospital immediately. So, he brought him there.

He was anxious and restless. He asked him how both got HIV/AIDS. He asked him to have blood transfusion to his wife and son. He replied positively. He then told him that might be one of the donors would have HIV/AIDS. He asked him who those

were. He told that one was from his family and others were their friends. He did not know the actual situation, because he was in Dubai. His relative who was donor they got his check-up and he was HIV/AIDS negative. They were now searching other donors to see, who was HIV/AIDS positive, and they went to Dr.Haroon Bilal he advised them to go to the HIV/AIDS centre. They got lab tests of him, his wife and his son. He was HIV/AIDS negative but his son and wife was HIV/AIDS positive. They started treatment of his son and wife.

They were told seven family members. His parents were shocked and they came to know that he was HIV/AIDS positive. His father took him to the HIV/AIDS centre. He had HIV/AIDS for the last 5-10 days it was recently diagnosed. His mother was transfused blood multiple times during pregnancy ant that the actual reason to have HIV/AIDS in him. Yes, everyone in his family knew he and his mother were HIV/AIDS infected. He did not perceive any specific reaction from his family members.

The researcher came to know that nobody counselled him and his mother in the HIV/AIDS centre. But he appreciated the researcher to explain everything to him nicely. He was only told to eat home-cooked food. People in their vicinity, they were more concerned and having more sympathies them before with him and his mother. His neighbours were also good to him and gave him courage and hope. His father was very much concerned and grieved to see him as he could not tolerate his illness. He felt himself secured among his family members. All of his siblings were there to share his grief. He used to eat with them and huged them.His mother knew little bit about his illness. All the people in his family were anxious and worried about him and his mother. They were proving very helpful to him. They were contributing everything they had. Religious clerics were very good to him and met him with love and affection.

4.1.4 According to the Family Members

They had heard about this illness and people had given informed about HIV/AIDS. Only this little child and his mother had HIV/AIDS in their family. There were many people in their area, who had this disease. They could not believe that this little child and his mother had HIV/AIDS it was shocking for them and they were worried as well. They were all with them in this state of sarrow and suffering and will keep on

helping them as much as they could, both financially and morally. As a human being and also morally, it was their duty to give them easiness and relaxation in case of economic help. That‟s why they told his father to get money from them whenever he required of it.

Cases of Transgender

Now in the fifth portion, here we will discuss the indepth case studies of the Transgenders within the HIV/AIDS patients taken by the researcher at the *„Special Clinic"* in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Transgenders	04

4.1 Case Study-I

4.1.1 Detailed Case History

Name:	Muhammad Qayyum Tahir.
Age:	24 Year.
Sex:	She-male.
Caste:	Balouch.
Education:	Matric.
Marital status:	Un-maarried.
No. of Children:	N/A
Nature of Job:	Mobile Repairer.
Work station:	Mobile Market (D.G.Khan)
Monthly Earning:	15000 PKR.
HIV/AIDS Exposure:	Transgender MSM.
Address:	Ruknabad, D.G.Khan

4.1.2 Background of the Case

Muhammad Qayyum Tahir S/O Muhammad Afzal Tahir, 24years old, Shemale, Balouch by Caste, Muslim, got education upto Matric, he is Mobile repairing technician by profession, Unmarried and resident of district Dera Ghazi Khan, presented with complaints of Blisters in mouth, lethargy, body aches to a doctor and diagnosed as HIV/AIDS positive on further lab investigations.

4.1.3 According to the Patient

He was the resident of D.G.Khan, they were six in all, four brothers and two sisters and he was the youngest one. His father was teacher by occupation, but now he was retired. Since childhood, he was interested to play with dolls, because of these habits and remained in the company of girls, his actions and styles became likewise other girls. He got education upto matric. Firstly, he did sex with his cousin. He was too much interested in him and considered him as a girl. They could not control themselves and had a sex. Initially during sex, he told his penis tightly in his hands and rubbed it and then sucked his penis very hard. He enjoyed it a lot then he did anal sex with him. This was first sex of his life, then his cousin told all this to his close friend, and he also told him that he felt a lot of enjoyment during sex. He was also his chum friend. Once, he told him that he was interested to do sex with him especially anal sex, would he permit to do this. He told him that he would let him to do this if he would not tell his cousin. So, he promised him, and they did sex more than once.

After sometime, that friend of mine came and he introduced a clerk of a school to him. He went to that school where that clerk was working for an important piece of work. There was no one except the peon. It was a big spacious school. The very movement he went into room of a clerk, he locked the door. He forced him to do sex with him. He said that he would shout, but he replied that no one was here to listen him. He huged him tightly and forced him to do sex. He did it, and then later on, he used to have small talk with that clerk on phone. Second time, he did sex with him his full consent in some room of school.

According to the researcher later on, he took his cousin to that particular clerk and he did sex with his cousin as well, he and his cousin remained in sexual relationship with that clerk for long time. Once his friend told him that did you know that one clerk of that school, had HIV/AIDS and he died with it. He read that news in the newspaper.

He was worried because that clerk had sexual relationships with many girls especially prostitutes. He thought might be he got this disease from prostitutes and that made worried. He never talked about his disease with them ever. After sometime, his cousin became sick, he started having motions, indigestion and weight loss. He also had fever. His family members were worried because he was not getting well at all.

The doctor advised him to get lab test for HIV/AIDS. When the report came, he was also HIV/AIDS positive. All of his family members shocked and cried. Meanwhile, he was not feeling well, having blisters in mouth and indigestion. Footache was constant and feeling lethargy. Then his father was advised to get his HIV/AIDS test. He went to chugtai‟s lab for blood tests. When the final report came, he was also HIV/AIDS positive. When they came back to home, he abused him a lot and became very violent and aggressive. All the family members were worried. His cousin was getting treatment for HIV/AIDS.

But they were reluctant to ask from him for treatment as it was notorious issue for them. All of his sister-in-laws in home did not know that he was HIV/AIDS positive. Then his father took him to HIV/AIDS centre in Dera Ghazi Khan. Here Dr.Ismail Saqlain did their complete tests and started HIV/AIDS treatment. He came to Lahore for his CD4 test, it was free of cost. Now he was taking free medicines from D.G.Khan HIV/AIDS centre. His penis was not erecting properly after starting of those medicines. He was also feel weakness and gave him such medicines which help to erect his penis. He used to see porn movies off and on and had desire that his penis should also be large and healthy.

They were told ten family members. He used to earn 400-500 rupees per day from mobile repairing job which was sufficient for him to meet his daily needs. When he came to know that he was HIV/AIDS positive he was not in his senses and it frightened him how to face society and other people. He was in miserable condition but still fighting alone. He faced aggression of his father after he came to know about his disease Chughtai labs, labs technician gave encouragement and motivation to his father and him to go HIV/AIDS centre and had treatment, things would be better. He came here in HIV/AIDS centre with his father. Nobody, in his family knew that he was HIV/AIDS positive.

The researcher came to know that nobody did his counselling. Hardly, doctors told him few precautionary measures. No, never used condoms while having sex. He was advised to avoid unnecessary sex and used home-cooked food. His parents and siblings attitudes were very good with him. They were very helpful. Their behaviour was not changed even after knowing his disease. He avoided family gatherings after knowing to have this illness. Yes, his parents and siblings were in agony after knowing his disease. He had lost his health. He told his disease status to his cousin who was also HIV/AIDS positive. He felt himself secured only in his parents and siblings.

His family was well educated and knew a lot about this disease. He did not tell to other cousins and uncles because he had faced their misbehavior. Initially, his father discouraged him a lot and he was also worried, because of his attitude, he lost his confidence. This disease had weakened his relation with other family members. People in his vicinity were good to him as they did not know about his disease status. Religious cleric‟s attitude was good to him as they also did not know that he was HIV/AIDS positive.

4.1.4 According to the Family Members

He did not tell any of his family members about his disease and neither, he liked that researcher should discuss his personal and private issues with them. So, no further questions were asked from other family members as it was not permitted by the patient to the researcher.

4.2 Case Study-II

4.2.1 Detailed Case History

Name:	Jahangir Abbas.
Age:	36 Years.
Sex:	Shemale.
Caste:	Pahwar.
Education:	illiterate.
Marital Status:	Un-married.

Nature of Job:	Professional Dancer.
Work Station:	Block No-50.
HIV/AIDS Exposure:	Transgender MSM.
Monthly Earning:	20000 -.30000 PKR.
Address:	Block No-50, D.G.Khan

4.2.2 Background of the Case

Jahangir Abbas S/O Maqbool Hussain, 36 years of old, Pahwar by Caste, Muslim, could not complete primary education and he is Dancer by profession, Un-married, resident of Block no 50, D.G.Khan. A few years back, a health team from health department came to our block for check-up of all people. When I was tested, I came to know that I am HIV/AIDS positive.

4.2.3 According to the Patient

He lived in block no 50, of D.G.Khan. Basically, he belonged to Multan. They were nine brothers and nine sisters. They all were married except him. He was living here for long time. He was doing dance at different events there in D.G.Khan. His father was cardiac patient and used to remain sick most of the time. He took care of him by himself. He bore all the expenses of his father medications. He was earning money from the dancing profession and spent all his saving for the marriage of his sisters. He adopted this profession to earn money as there was no other option for him to do. His mother died a few months back, and she was curious that he should get marry as early as possible. But she could not live more. She used to say him that he was her son and daughter. But her desire remained a desire. He had a lot of responsibilities. This was very critical situation that he had to live in the society where people like him, were aliens and people made a lot of joke, but he had to bear all those and also lived among them. Most of people invited them on different parties. They drank alcohol and abused them and even compel them to do drinking.

According to the researcher they did dance nudely and compelled them to have sex with them. Money was their weakness to meet expenses of family. So, for that they had to do all this. In such parties, they were smoked and sometime had to take charas. So, he was became habitual of all those activities and difficult to quit now. A few months back,

health teams came to their block. They all transgenders willingly went for their blood tests. A few of them were HIV/AIDS positive and HCV positive. They told him that he could get his check-up freely from hospital otherwise their lives would be in danger. Some of them were taking free medicines for HCV from hospitals and others were taking medicines from HIV/AIDS centre. He had been taking medicines from HIV/AIDS centre for the last two years. Thanks God, he was feeling better now. First time, his Gurru compelled him to sex. He was shocked because he was worried about his family. Nobody, did his counselling properly, but he was pleased that the researcher gave him a lot of time and told him everything in details. Nobody told him any preventive measures to adopt after getting HIV/AIDS.

The researcher came to know that their neighbours did not consider them good human beings already and after getting HIV/AIDS, their attitudes had become worse. He lived separately from his original family. He believed that they should have NGO which specially should serve transgenders. He felt himself secured among other transgenders. He did not have relationship with his relatives. His siblings were good with him; they huged him and used to eat meal with him. They all transgenders were lived as family and took care of each other. Religious clerics were very conservative in their matter and their behaviour was not good with him. They did not want to talk with them and never tried to close with them.

4.2.4 According to the Family Members

They knew about his illness. Health team told them everything about HIV/AIDS. In their transgender family, 2-3 Shemales were affected with HIV/AIDS. They did have sympathy for him and believed that this was not his fault. They were shocked when they heard that he got HIV/AIDS. This disease could not affect their relationship; rather they were now more vigilant in taking care of him. Such people should not be expelled from community. That was very wrong approach. They should help them. They all transgenders were ready to help their fellows morally and financially. They were well awared of their responsibilities but other human beings were selfish and clever, they had no sense of responsibility.

4.3 Case Study-III

4.3.1 Detailed Case History

Name:	Shamim Akhtar.
Age:	33 Years.
Sex:	Shemale.
Caste:	Malik.
Education:	illiterate.
Marital Status:	Un-married.
Reason to go City:	Poverty.
Nature of Job:	Professional Dancer.
Work Station:	D.G.Khan, Karachi.
Monthly Earning:	200-4000 PKR (Living with hand to Mouth).
HIV/AIDS Exposure:	Transgender MSM.
Address:	D.G.Khan City.

4.3.2 Background of the Case

Shamim Akhtar S/O Rab Nawaz, 33 years old, Shemale, Malik by Caste, Muslim, Uneducated and professional Dancer, He is unmarried resident of D.G.Khan City presented treatment of high grade temperature, epigastric pain and severe loose motions, for that he was interrogated and came to know that he is HIV/AIDS positive.

4.3.3 According to the Patient

He belonged to the Shakoorabad Colony which was part of D.G.Khan. They basically were five brothers and one sister. His father was labourer by profession. But now in old age and being cardiac patient, he was bed ridden. All of his siblings were married. He lived with his parents. They were not living in joint family. About eight years ago, he left home for Karachi. Being transgender, local community used to tease him a lot. Then someone offered him to work in Karachi which he accepted. There, he was sold to transgender Gurru in amount of just one Lack rupees. There, he lived with them for

long time under supervision. They wanted him to work for them, and according to their desires. They threatened him to kill him if he would try to flee away, because they paid for him. They used to take him outside for begging and sometime, he was taken to the wedding ceremony for singing and dancing. The amount they used to earn, they always gave it to their Gurru.

The young people gathering, was common with Gurru. He was new initially, but later on he came to know the reality of Youngers gathering with Gurru. Once Gurru called him in his room and he was sitting with young persons. When he entered the room, he saw many transgenders there but his Gurru told to the youngsters, "This is Fresh piece amongst them, what did you think about him, Gurru also explained that he would charge large amount of money for him." But he told Gurru that he would not do sex. Gurru replied angerly that he had to do this; otherwise he would have to face terrible consequences. He was helpless and unfortunate. He had to sex with them. Now it was habitual that daily 2-3 people did sex with him and gave money to Gurru. He lived Karachi for seven years, Once or twice he tried had to get out of it but they always found him. Guru had his personal security guards especially at bus stand. They always traced him there and beat him worsely. After that Gurru sold him to another person in Turbat. So, he shifted from Karachi to Turbat.

According to the researcher the person who purchased him was Christian. He also frightened him that if he would try to run away, he would shot him. He did the same thing with him. So, he started begging. After two years, he became sick and died away. Then he came back from Turbat to Karachi and then from Karachi to D.G.Khan. After 9 years, he was at the door of his own home, he called his mother, and she identified his voice and ran towards the door, because his mother was hoped that he would come back. She cried a lot. Now he was living with his parents. For some time, he remained in D.G.Khan, later on; he got fever, loose motions. he went to Dr.Haroon Bilal and he advised him a few tests. After reports, he told him that he had HIV/AIDS. He was shocked as it was new to him. Dr.Haroon Bilal gave him hope and encouragement regarding treatment and cure. He came to HIV/AIDS centre they did his tests again and started his treatment. He had HIV/AIDS for 4 years. He was not worried about his disease but about his parents, as there was no one to take care of them.

His father was cardiac patient, and he used to beg money from people for his medicines. His life was miserable and terrible. He had to hear the different names of mine where ever he went. He was living a horrible life, and his God knew better about his circumstances. HIV/AIDS centre did no do his proper counselling as they had no time for patient‟s care. But the researcher told him everything about HIV/AIDS which would be very fruitful for him in rest of his life. He never used condom. HIV/AIDS centre only told him that he should not eat things from bazar.

The researcher came to know that his relatives and neighbours were very bad as their attitude was not good with him. They always misbehaved with him. They made joke of him. Hi parents only took care of him rest of the family members were non-cooperative. He was in inferiority complexed because of his gender. They had a lot of doubt about his character. He never felt secure among his relatives. The religious clerics considered them aliens. They did not like to sit with him, and talked to him. These religious clerics were hypocrate as they talked about good attitude for everyone but practically they were zero.

4.3.4 According to the Family Members

They were awared of HIV/AIDS. They heard about HIV/AIDS from different sources like TV, Newspapers and Magazines. They did have HIV/AIDS patients in their family, and they also knew that Shamim Akhtar was also HIV/AIDS positive. They did not have sympathy for him as they considered that it was all because of his deeds and actions. They were shocked to know but on the other side they could not do anything as he choosed this way by Shemale. Because of this illness, there was huge gap between their relationships, because they did not want their children to be affected because of him. Such people should be expelled from community as such persons were threat for their posterity.

They could not support him morally and financially, as they are also hand to mouth. They could just pray for him. This path was selected by him, now he should be ready to face everything. They did assume that being human being they should help him but their circumstances were not good.

4.4 Case Study-IV

4.4.1 Detailed Case History

Name:	Muhammad Benyamin.
Age:	44 Years.
Sex:	Male.
Caste:	Rajpout.
Education:	illiterate.
Marital Status:	Married.
No. of Children:	Three Daughters.
Nature of Job:	Labourer.
Work Station:	D.G.Khan, Karachi
HIV/AIDS Exposure:	Transgender MSM.
Monthly Earning:	5000 – 10000 PKR.
Address:	D.G.Khan City.

4.4.2 Background of the Case

Muhammad Benyamin S/O Bashir Ahmad, 44 years old, Transgender, Rajpout by Caste, Muslim, got education up to 9th class, Dancer by profession, Married, resident of D.G.Khan presented with complaints of continuous fever, loose motions and pain in stomach. For that he was interrogated and came to know that he is HIV/AIDS positive.

4.4.3 According to the Patient

He lived in D.G.Khan, his parents, siblings, wife and children were lived in Faisalabad. He was living with Khaja Saraoon for last 19 years in D.G.Khan. Before that, he used to live in Karachi. Since childhood, he was fond of doing makeup and dance. His parents were alived and his all seven brothers were married and all of them were living separately. His father was retired headmaster. He was 73 years old. Before getting married, he used to live with other shemales. He totally adopted himself

according to their culture. Later on, he got married and then shifted to Karachi to live with his Gurru. They mostly went to attend marriage ceremonies and did dance there. They used to earn a lot of money by doing this. His Gurru used to keep all this money. Frequently, his wife used to come to Karachi to take him back to home. She frequently called him on phone. His Gurru allowed on this condition that he would come back. Meanwhile, he got three daughters and his wife did a lot for their education and all three did masters. Now his daughters were working as teachers. One of his daughters got married last year. His wife called him on marriage but due to some reasons he could not join.

According to the researcher his Gurru later on sold him to a person in Turbat. He lived with him in Turbat for long time. He used to force him to be and dance in marriage parties. He also used him for sex. He lived there for seven years and after death of his master he came back to Karachi, they used to have sex with each other and sometime he was sent to other people for sexual enjoyment. Once, a young boy came to his Gurru and requested to do sex with him, he replied to his Gurru to not have sex with him. But he gave 1500 rupees to his Gurru. So, ultimately he had to sex with him. When his physical condition became worse he was in Karachi. He had continuous fever, stomach ache and loose motions. His Gurru took him to Indus hospital. There Dr. Naseem checked him and advised some necessary investigations. After getting his reports doctor told his Gurru that he had HIV/AIDS. Then Gurru told him that he would not eat and drink with them. Once, he and his Gurru was eating separately Dr.Naseem saw them and asked to come in the office. There she started eating with them and told them that it did not spread with eating together.

She explained everything to his Gurru in details. When he became healthy then he came back to D.G.Khan. Here, in D.G.Khan, he had 2-3 junior transgender friends. But when they knew that he was HIV/AIDS positive, they left him. Now, he had decided to go back to Faisalabad to his parents. He would request his parents, wife and children to forgive him for his bad deeds. He did not know much about HIV/AIDS. So, he was anxious that would he be able to survive. Now, he was in miserable condition.

The researcher came to know that now he had HIV/AIDS, for last two years. His Gurru in Karachi was responsible for all this. His parents, wife and children did not

know about his HIV/AIDS status. His wife did not have this HIV/AIDS disease as she was having no sexual relationship with him for a long time. Nobody did his counselling and neither educated him about his disease. But he was pleased the way to the researcher that he told him everything in details. HIV/AIDS centre did not tell him any precautionary measures to adopt. His neighbours were not good with him in attitude. Yes, he felt secure among his children and parents. The attitudes of the people in his surroundings were very painful. They made a joke of him. Religious clerics were not good with them. They even did not consider him as human beings.

4.4.4 According to the Family Members

(As this person remained out of his family for long time, and spent much of his time with his transgender fellows, so the researcher considered him and took indepth case study interview from their transgender community as his family).

They had heard of HIV/AIDS. They had heard of HIV/AIDS from their Gurru and other shemales. They did have 2-3 fellows who were HIV/AIDS positive. They had sympathy for him but they knew that it was all because of his bad deeds. They were all shocked to hear this. They thought that their Gurru was not good as he used to compel them to do sex.

That illness had increased distances between them. But they could not do anything but to avoid him as they wanted to live without this disease. Such people should be expelled from the community. They could not support him financially as they were also poor. They earned money by dancing and begging. They were grieved but they were helpless to help him. Being human they assumed that they should support him but they had nothing to give him.

Cases of Injectable Drug Users (IDUs)

Now in the sixth portion, here we will also discuss the indepth case studies of the Injectable Drug Users (IDUs) within the HIV/AIDS patients taken by the researcher at the *„Spœial Clinic"* in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Injectable Drug Users (IDUs)	02

4.1 Case Study-I

4.1.1 Detailed Case History

Name: Talib Hussain.

Age: 38 Years.

Sex: Male.

Caste: Malik.

Education: illiterate.

Marital status: Married.

No. of Children: Three (One Son and Two Daughters).

Nature of Job: Unemployed.

HIV/AIDS Exposure: Injectable Drug Users(IDUs).

Address: Mujahidabad Colony, D.G.Khan

4.1.2 Background of the Case

Talib Hussain S/O Faiz Muhammad, 38 years of old, Male, Malik by Caste, Muslim, Uneducated, Labourer by profession, Married, Resident of Mujahidabad Colony, D.G.Khan, got complaints of continuous fever, indigestion and loose motions. When he was interrogated for these complaints, he came to know that he was HIV positive.

4.1.3 According to the Patient

His residence was there at D.G.Khan, Mujahidabad Colony. They were two brothers, his father was labourer, and he was only the earning person in their family. After his death, all the responsibility of home came into his hand as he was the eldest son in his family. He also used to do the labour work and his younger brother was also with him. After that he got married into his family woman and same thing happened with his brother. Because his mother was very old, he had one son and two daughters. He was working at his job smoothly, then he met a man in his colony and soon they became friends. Meanwhile, his mother died and that scattered him a lot. He was too much affiliated with his mother and after her death he used to think to do suicide, that friend of him which he mentioned above, when he talked to him to do suicide; he said that if he wanted to do suicide then please injected this Heroine into his body. Once and twice, he injected Heroine into his body with his own money. After that, he used to remain in semiconscious state and did not know how days and nights were passing. They used to share same syringe while having addiction.

According to the researcher when he had no money then he used to sell irons, papers or other garbage materials to buy Heroine. His younger brother also got died with HIV/AIDS. He thought that he died because of Heroine but later on he came to know that he died because he was having sexual relations with prostitutes who were living near in Pull Daat called *"Shanazi da Chakla"*. After his younger brother and mother death, he was alone and scattered. Once, his friend took him to Fort Monro on bike. On the way, there came a check post and his friend was having pistil so police caught them and sent them behind the bars for three years. He remained in jail without any conviction. After released from jail he was fine but later on he felt uneasiness. He started to have fever and loose motions severely. He got check-up from local doctor and gave him medicines for five days. After one week he was fine, after sometime, again his condition was worse. This time he got fever, loose motions and indigestion. He went to the physician called Dr.Muhammad Yousaf, he checked him and advised some necessary tests, when he got reports he came to know that he was HIV/AIDS.

He referred him to HIV/AIDS centre to have free treatment. Then he came to HIV/AIDS centre with his cousin. They performed his tests and later started his treatment. They were five numbers at home. He had one son and two daughters.

They were two brothers. He used to collect beneficial things from garbage like papers and plastic but after getting this disease he was not working. His wife was working in different homes and she was helping to sum and met home expenses. He was useless because of that illness. They used to have Heroine addiction with friends and they also shared their syringes with each other. The biggest fear for him was that who would take care of his children, when he would not be here in this world.

He was just fulfilling his remaining days of his life as all people; either relatives or friends both were selfish. He was alone and helpless. Dr.Muhammad Yousaf and his cousin motivated him at that time that he would be fine and encouraged him a lot. His cousin came here with him to HIV/AIDS centre. He had this disease for last one year. Under these circumstances, everyone left him even his wife, when he was diagnosed as HIV/AIDS, he did not know about this disease, even never he heard about it. His neighbours played very crucial role to indulge him in this addiction, because he used to say him that it would help him to increase his stamina and enjoyment during sex.

Everyone in his family knew that he was HIV/AIDS positive. Many people in his family became aggressive after hearing his disease even his wife said him not to come to close with him in life. Yes, he got Lab tests of his wife and children they were all safe from this disease. Nobody did proper counselling of him, they just advised him to use condoms when he went close to his wife. The researcher did a lot of his counselling in a very good way and he was quite satisfied. He never did sex with his wife for last one year. Now in this disease, his penis was not working efficiently. He used to eat home-made food. When he used to attend family events, he felt himself alone.

The researcher came to know that there was no one there even to sit with him. His wife‟s brothers were very helpful, they daily gave them vegetables to cook and also pay his electricity charges. But they did not behave very well with him. His wife behavioured was good but she did not have sexual contact with him. If he had any health issue, even his wife could not stand with him and he had to go to hospital alone. People usd to say him *“Oye Charsii Duhla”* and even did not want to shake hand with him. He did not feel secure himself among family members

and society. Because of their behaviour, he once attempted to do suicide but his nephew safed his life. He kept himself away from his children but his wife was doing their good training. His parents-in-law attitude was so called good but his brother-in-laws behaviour were very bad. After his illness, the relationship between him and his family became worse and produced a lot of distance. Religious clerics were good with him even they knew about his disease. They were polite and kind when they met with him.

4.1.4 According to the Family Members

They knew all about his disease and they heard about this disease from TV and newspapers. There was another person in their family who had HIV/AIDS. He was his brother but he died. They did have sympathy for Talib Hussain but on the other side; they thought it was all because of his bad deeds. They were all grieved, but they believed that they should have good company and that was why they avoided him.

The distances in their relationship, was because of Talib Hussain because he did not do well to strengthen the relationship. They did a lot of tiresome efforts and they thought he was not willing to come on the right path. They were helping, and supporting their family, financially upto their limits. They were worried and sad on the condition of their family and children. They assumed that it was our moral and religious duty to share his sorrows and sufferings and helped him out.

4.2 Case Study-II

4.2.1 Detailed Case History

Name:	Zahid Hussain.
Age:	32 Years.
Sex:	Male.
Caste:	Jugyani.
Education:	Matric Pass.
Marital Status:	Married.
No. of Children:	Four Children (2 Sons and 2 daughters).

Nature of Job:	Faludah Seller.
Work Station:	Chutti Zarain.
Monthly Earning:	12000 PKR.
HIV/AIDS Exposure:	Injectable Drug Users(IDUs)
Address:	Chutti Zarian, D.G.Khan

4.2.2 Background of the Case

Zahid Hussain S/O Ahmad Bakash, 32 years of age, Jugyani by Caste, Qualification upto Matric class, Labourer by Profession, Married, resident of Chutti Zarain D.G.Khan, HIV/AIDS centre local team went to jail for screening of prisons, where he was diagnosed as case of HIV/AIDS positive during that screening method.

4.2.3 According to the Patient

He belonged to Chutti Zarain which was 25Km away from Dera Ghazi Khan. His father was agriculture man and he was also involved in broking in Gala Mandi. They were five brothers and eight sisters. His father wished that his children should be educated and got honourable earnings. His all brothers got education and now they were working as government servants. But he was still under matric. He tried many times to pass but failed in English subject, so at the end he quit his studies. His father tried a lot to convince him to take exam again but he had lost his courage. He was young at that time but now repent that he would try that again. So, he started wasting his time with his cousins. They were his aged fellows and could not continue their studies. They oftenly used to say, “cousin, there was no used of studying, they would do business altogether”.

Most of cousins were addicted to Heroine, and they used to say him that they would feel relaxation after getting Heroine into their body. They addicted him to Charas, then they started heroine and he was also included in heroin addiction. He was addicted to heroin and did that addiction for 9 years. He got married meanwhile, so that he would be responsible and behaved sensible and might quit this heroin addiction. One of the benefits of heroin addiction was that it enhanced his sexual timing especially for erection. So, they used to get prostitute girl after doing addiction and had a lot of sex with her. He did sex with other girls and boys

twice or more time. He had also two daughters from his first wife but she died after sometime. Then he got married to his cousin, from where he got two sons. Even after marriage, he continued to have heroin addiction and because of that addiction, there were many FIRs against him.

According to the researcher he was sentenced to prisons for 2-6 months many times. Last time, he was in jail for 12 months back. During that period, HIV/AIDS team came and they took their blood samples and told him that he was HIV/AIDS positive. After diagnosed HIV/AIDS positive, the superintendent jail forgave his rest of punishment. Now, he was getting treatment from HIV/AIDS centre. He thought, he got HIV/AIDS from i/v addiction of heroine. Because when they all cousins used to addiction, they had single syringe and all the people injected heroine with that syringe. In their group, 2-3 their cousins were died. After their death, he decided to get treatment for HIV/AIDS. Now, he was fine and quite healthy. He had left heroin addiction as well. He supposed one of his cousins, who was also addicted to heroin, that he was also HIV/AIDS positive, because he got itching all over body and still having fever off and on. He advised him to come to HIV/AIDS centre.

The researcher came to know that the centre would perform his free tests and he would come to know either he was HIV/AIDS positive or not. He had a fear that HIV/AIDS centre people would inject poisonous material in their body and he would die. But he promised to bring him to HIV/AIDS centre. He was anxious that how should he fed his children. Whatsoever, he had committed, he prayed to Allah Pak to forgive him. But he was still afraid of that what would happen to his children after his death. So, to meet the expenses of their family, he started working as Faludah Seller. He used to earn 300-400 rupees per day. He was also getting financial aid from his brothers and few years back, his daughter got married also. His local feudal also used to give him 3-4 burees of wheat every year. Those all things were helpful for him to smoothly run his family.

4.2.4 According to the Family Members

They had never heard of this disease before. No one had such illness in their family except Zahid Hussain. They were very sorry for him having such a killer disease and they believe that it was not his mistake. They had worries for him as he was in the

state of grief, but its Allah Pak wish. This did not affect their relationship. They did not favour the notion that such people should be expelled from society. They were doing maximum efforts to help Zahid Hussain and would keep on doing this. They gave him financial assistance and with that help he was able to have his on business *"Faludha Wali Rahri"* and he was earning a lot. It was always heart touching when they saw theirs in agony. They had sense of responsibility that was why they helped him.

Cases Through Disposable Syringes by Dispensers

Now in the seventh portion, here we will also discuss the indepth case studies of the "Disposable Syringes by the Dispensers" within the HIV/AIDS patients taken by the researcher at the *„Special Clinic"* in the DHQ Hospital D.G.Khan

Reasons of Acquiring HIV/AIDS	Number of Cases
Through Disposable Syringes by Dispensers	02

4.1 Case Study-II

4.1.1 Detailed Case History

Name:	Muhammad Aqib.
Age:	12 Year.
Sex:	Male.
Caste:	Gumrani.
Education:	illiterate.
Marital status:	N/A.
Reason to Work:	Due to father"s Death on HIV/AIDS.
Nature of Job:	Motorcyle Mechanic.
Work station:	DG Cement Factory Chowk (Kot Mubarak)
Monthly earning:	12000 PKR.

HIV/AIDS Exposure: Through Disposable Syringes by Dispenser.

Address: Kot Mubarak, D.G.Khan

4.1.1 Background of the Case

Muhammad Aqib S/O Muhammad Saeed, 12years old, Gumrani by Caste, Muslim, Uneducated, and Motorcycle Mechanic, Unmarried, resident of Kot Mubarak, D.G.Khan, had complaints of fever, loose motions and pain Epigastric area, for which he was thoroughly interrogated and came to know HIV/AIDS positive.

4.1.2 According to the Patient

He belonged to the Kot Mubarak, which was 20Km away from Dera Ghazi Khan. They were two brothers and two sisters. His fathers died in young age because of HIV/AIDS. His mother, his uncle and he himself had this HIV/AIDS disease. His father died One year back. He was the only earner in their family. After his death, he was working with his uncle in motorcycle mechanic workshop. Whatsoever he earned, he gave it to his mother to meet home expenses. Dr.Nusrullah also called Nasro was very popular in their area. He had clinic and who so ever ill in that locality, he went to him for treatment. He used only one syringe to inject medicines to everyone. He had no information‟s about his act. Whenever they were sick his father used to go to him for treatment.

According to the researcher they were so poor to come to Dera Ghazi Khan and had treatment from good doctor. Dr.Nusrullah (Nasro) free was very little; he used to take 100-200 rupees from them and gave them medicines. His father had no idea that this Dr.Nusrullah (Nasro) himself had HIV/AIDS and he was using same syringe for everyone and spreading HIV/AIDS among them. They kept on getting treatment form him.

After sometime, he and his father and mother also got fever, loose motions and Epigastric pain. Then they all went to Dr.Haroon Bilal in D.G.Khan city and got their through check-up. He advised them to get blood tests immediately. When they got blood tests then they all came to know that they had HIV/AIDS. He immediately, advised them to go to HIV/AIDS centre and get his treatment. They went to HIV/AIDS centre and got necessary tests and also started their treatment. HIV/AIDS was very common in their area. His father‟s took medications for some time but later

on his condition worsen, because he was in the last stage of HIV/AIDS and died. He was getting treatment from HIV/AIDS centre for last four years.

They were total five members at home. His uncle helped him a lot financially. Whatsoever, his Allah Pak was giving that was enough for him. I did not know about any fear related with this disease. His uncle and his brought him here in HIV/AIDS centre. Everyone in their family knew that he had HIV/AIDS. Nobody did his counselling even they did not provide him any information‟s about HIV/AIDS and its hazards. The only precaution, which they told him, was that to be careful in his diet and eat home-made food. People in his vicinity behave very well with him and neighbours were also good with them although they knew that he had HIV/AIDS. All his family members were helpful to him and give him everything he wanted. He used to attend family gatherings and functions.

The researcher came to know that everyone in family and out of family had great sympathies with them. His father‟s friends were helpful with them financially, because of this disease his father died and they were deprived of father‟s love and affection. He did not feel any fears and felt secure among his family members. All of them took care of each other. They ate together and hug each other. Nobody spoke harsh words to him and his mother ever. Nobody discouraged them. Nobody in their area knew about HIV/AIDS all were ignorant. Their family relationship strengthened after getting HIV/AIDS as all family members were helpful them especially after the death of his father. His family was very supportive for him. Religious clerics were good with him as he used to go to the mosque early in the morning for recitation of Holy Quran. They met him nicely and behaved very well. They had love and affection for him.

4.1.3 According to the Family Members

They had heard about this disease as many people in their area had such a deadly disease. They had four people in their family who were affected by HIV/AIDS. They did have sympathy for this young boy and it was not his fault. They were shocked when they heard that they got HIV/AIDS because of wrong syringe used by dispenser. They were trying their best to help them morally and financially and even getting closer to them.

They did not want that they should be expelled from the community. They were very grieved to see their beloved ones having HIV/AIDS or other suffering but they pray to Allah Pak to get rid of them from HIV/AIDS. It was their prime responsibility to help each other through thick and thin and this what, their religion told them as well.

4.2 Case Study-II

4.2.1 Detailed Case History

Name:	Muhammad Rafiq.
Age:	31 Year.
Sex:	Male.
Caste:	Gumrani.
Education:	illiterate.
Marital status:	Un-Married.
No. of Children:	NiL.
Nature of Job:	Hawker.
Work Station:	Kot Mubarak, Boys High School.
Monthly earning abroad:	17000 PKR.
HIV/AIDS Exposure:	Through Disposable Syringes by Dispenser.
Address:	Kot Mubarak, D.G.Khan

4.2.2 Background of the Case

Muhammad Rafiq S/O Abdul Kareem, 31years old, Male, Uneducated and Hawker by profession, Unmarried, resident of Kot Mubarak, Dera Ghazi Khan, got complaints of persistent Fever, Loose Motion and weakness, when he was interrogated for these symptoms he came to know that he is HIV/AIDS positive.

4.2.3 According to the Patient

He was the resident of Kot Mubarak, which was 20Km away from Dera Ghazi Khan. They were four brothers and three sisters all were married except him. His father was

labourer and he was the only person helping family to meet all of its demands. He died before his marriage, rest of marriage were done in his presence. They all brothers and mother were living as a joint family. They were brothers as labourers. Initially, he worked as labourer, but now for sometime, he had arranged a shop of *"Pakoras and Samosas"* in front of Government High School, Kot Mubarak. Thank"s to God, he could earn a lot of money from it and his family needs were fulfilled easily. His elder brother said him to save money for his marriage. He was sick couple of month"s back he went to dispenser in their local area, he was Dr.Nusruall called Nasro, he delievered an injection into his muscle and gave few tablets to use at home. He advised him to have follow up after two days. His fever was less but it was still there. He went again to that dispenser; he again injected an injection and gave him medicines for home. This time his symptoms settled. But after one week, he got loose motions and there were very severe enhancing his weakness.

According to the researcher his elder brother took him to Dr.Muhammad Yousaf at Dera Ghazi Khan. He checked him thoroughly and asked him to have blood tests. They brought blood reports back to Dr.Muhammad Yousaf. Doctor Sahib said that he had HIV/AIDS and he must go to HIV/AIDS centre and had treatment. He was worried, how could he get this disease as he never did sex with anyone. He kept on thinking that how it was possible. Then they went to HIV/AIDS centre, they did their tests and asked how you got it. They asked about his sexual status. He got treatment from dispenser two months back and he injected him some medicines. At the same time, HIV/AIDS centre replied that he himself had HIV/AIDS. He was totally ignorant about it when he probed that matter thoroughly then he came to know that he was the HIV/AIDS patient in reality. He used to inject same injection to everyone. He was culprit of his illness.

They were 12 total family members. He used to earn 400-500 rupees from his shop daily. He never had illegal sex with any woman. He had this disease for last 3 years. His big fear was that would he be able to live long and who would marry with him after having this disease. It was all because of his mother prayers that he was spending a healthy life. He used to think that he would spend rest of his life like this. It was terrible for him. All his family members know that he was HIV/AIDS positive. His family did not have any particular reaction; all said to him left everything on Allah Pak. He did not know any counselling except they advised him to be careful in his

food. But he was really impressed by the researchers counseling he told him everything in detail.

People in his vicinity did not show any remarkable change**s.** They were same as they were before. His neighbours and his friend"s attitudes were same as it was previously. His mother and his siblings were very supportive and loyal with him. Yes, he still used to attend all family events as he used to do it previously. They were all concerned for his disease and give him courage to leave everything on Allah Pak and did not worry. He wanted to be married before having this deadly illness. He felt secure among his family members as they were very nice and co-operative. They used to have small talked with him, they used to eat together and hug each other. Nobody talked harshly with him after this illness. They only knew that this HIV/AIDS was common illness and he would be soon very fine. Nobody had broken his heart ever after having HIV/AIDS.

The researcher came to know that his family was very nice and loving. His family was very supportive, as he was labourer initially, but his brothers helped him to buy carter, so that he could work under shadow. They were all united as they were before. People in his *"Mohalas"* were very co-operative and their attitudes were very nice with him. His religious clerics were very good, they met with love and affection and used to hug him and inquired about his health.

4.2.4 According to the Family Members

They had heard about this disease, as many people in their territory had this disease. They had heard about HIV/AIDS from other people. They did have 3 persons in their family who were HIV/AIDS positive. They did have sympathy for Muhammad Rafiq and they believed it was not because of his fault. They were really grieved after hearing his illness but they could not do anything. It was all because of Allah Pak and he would give Shifa. They did not have relationship gap even after his illness.

They had strong family bond and they shared their sorrows. These patients should not be expelled from the community because all this happen was with will of Allah Pak. They supported financially everyone in their family until his situation got better. They were in agony that Muhammad Rafiq his HIV/AIDS positive but they could not do anything, but to pray for him. Their religion gave us the lesson of harmony and brotherhood and it was *"Sadqa Jaria"* to help his brother when he was in hardship.

Chapter 5

CONCLUSION

The figure of the HIV/AIDS patients is alarmingly high in Pakistan during the last four years. The number of estimated patients in 2014 was nearly 800, 00 while in 2018 are 132,000, which were 93000 in the previous year (Express Tribune, 2017). According to the National Aids Control Program, the estimated registered HIV/AIDS patients are only 24,147 (National Aids Control Program, 2018).

HIV stands for Human Immunodeficiency Virus. The virus destroys the immune system of the body as it destroys the white blood cells. This creates complicated infections in the body. This virus put the patient at risk. The virus spreads through unprotected sex with an affected person, IDUs, and via insecure blood transfusion. The primary symptom of HIV is swollen glands and flu-like situation which ends two to four week. The secondary symptoms may appear after a year or in some cases several years depends upon the condition of the disease. AIDS stands for Acquired Immunodeficiency Syndrome. It is the final stage of HIV. This symptom is associated with the unintended weight loss.

HIV/AIDS is an incurable disease. After the diagnosing process, Antiretroviral Therapy (ARVs) is used as primary treatment in this disease. Most of the medical research is drawn for the functional cure where the virus of HIV went to the harmless and undetectable level at permanent grounds. Still, the virus remains there in the body in the shape of residual level.

Presently, Fast-Track approach to HIV treatment is working across the globe in general and in Sub-Saharan region in particular. Global consensus and leadership have driven greater investment of financial and human capital, and mounting clinical experience and research, improved treatment regimens and diagnostics and reductions in the price of medicines have created gains in efficiency and effectiveness. The continuing momentum reinforces the determination to achieve the 90–90–90 treatment target by 2020, whereby 90 percent of people living with HIV know their HIV status, 90 percent of people who know their HIV-positive status are accessing treatment and 90 percent of people on treatment have suppressed viral loads (WHO, 2016).

As an illness, HIV affects the patient firstly at the biological level in the form of an aggressive virus that compromises immunity. Every illness experience represents a unique and dramatic negative experience for the patient; it is associated with a profound and authentic psychological engagement of patients themselves and the significant people in their lives. Psychologists conceptualize the disease developing based not only on an individual relationship with the nature and the aggressiveness of the viral subtype but also on the psychological response of the person, their experience with other pathologies, and their personality traits.

HIV/AIDS patients are stigmatized and discriminated for many reasons. Some of the main reasons are describe as following:

- HIV is slow penetrating and incurable disease that eventually results in suffering of death.
- Many people regard HIV as a death sentence. It also proved during the research collection at the special clinic of D.G Khan.
- The public often poorly understands how HIV is transmitted and is irrationally afraid of acquiring HIV from people infected with it.
- HIV transmission is often associated with violations of social mores regarding proper sexual relationships, so people with HIV are associated with having done something „Bad.“
- Therapeutic protocols are lacking for anti-HIV medications that could control the spread of the epidemic and prolong lives.

If the stigma is removed, the patient needs psycho-social adjustments in the social spectrum. When the patient is diagnosed as HIV positive, he/she feel shame, fear, stress and psychological pressure. The people around the vicinity did not encourage them to live a happy life but also hesitate to communicate with such patients. Many patients even feel reluctance to accept the diagnosing results. The HIV/AIDS threaten not only the patient‟s life but also threaten their goal, expectations and performance.

There are different types of reactions to the stress and trauma by the HIV/AIDS patient. The educated patients felt stress, depression, guilt, anger, aggressiveness and panic behavioural stress. But most of the uneducated patients take the disease as a normal one which may be curable after some necessary medication. In general terms,

depressive symptoms and depressive mental disorders are among the common psyche symptoms in the HIV/AIDS patient. The virus of HIV/AIDS is termed as a threat to social development in our society. It requires attention to account the concrete medical, psychological and social steps for building a healthy society.

The researcher spent three months (from May 2018 to July 2018) at the Special clinic in the building the DHQ hospital Dera Ghazi Khan. The researcher collected the primary data from the HIV/Patients through a questionnaire which contains eights pages and total more than 70 questions. Total 30 corresponding patients were approached by the researcher in which five were transgender and the remaining were male HIV/AIDS patients (no woman give her assent for the interview due to the prevailing of socio-cultural barriers in the District Dera Ghazi Khan).

The age wise description of HIV/AIDS patients are given in the following table;

Table: 5.1 Age wise HIV/AIDS Patients targeted in the Research

Age (In years)	No. of HIV Patients
0-16	02
17-49	26
50-on ward	02

Source: Researcher

The psycho-social responses which were described in chapter number two were practically examined and described by the researcher during the three month stay at the special clinic. The examined results are described as under;

Table: 5.2 Psycho-social Response of HIV/AIDS Patients (I)

Symptoms	Response of the Peer Group
Anxiety disorder	In all cases studies
Depression	In all case studies
Grief	In all case studies
Hopelessness/Helplessness syndrome	In majority of the diagnosed cases
Stigma and discrimination	In majority of the diagnosed cases

Source: Field Research

When the diagnosing process was completed, the counselling of the patients is properly started to maintain their physical health. The health care professionals advised the patients important ARVs to increase the immune system and avoid the patient from health complications. The researcher observed frustration and aggression in the HIV/AIDS patients and denial from the family, society, community and the friends.

Table: 5.3 Psycho-social Response of HIV/AIDS Patients (II)

Symptom	Individual level	Psychological level	Social level
Aggression	Prevailed in majority cases	Prevailed	Little aggression in the friends and wives
Denial	Yes in majority cases	Prevailed	From the community and peer group circles denial was prevailed
Frustration	Most cases prevailed	Prevailed	Prevailed

Source: Field Research

After the diagnosing of the HIV/AIDS, proper health care is provided to the patients. The role of the health care professionals is primary at this stage. Out-side the health circle, the role of the family become most critical. At the secondary level, the role of the peer group such as community, friends, social organizations and NGOs is also appeal. During the research, the researcher finds the following findings;

Table: 5.4 Management of the HIV/AIDS Patients

Care Giving	HIV/AIDS Patients
Health Professionals	Treating the patients with little counselling tracks
Family	Supporting and managing the patients in most of the case studies
Peer Group	Less support in most of the case studies

5.1 Findings

The researcher finds the following points during the research process.

- Before the process of diagnosing process, the patient experience some certain changes in his/her body such as cough, weight loss, weakness, aggression, stress, and continues fever but did not aware about the HIV/AIDS either due to lack of education and awareness. The patient feels these symptoms as ordinary and is confident to cure from the disease. They actually have limited access to a trained health care professional who facilitate the patient for early diagnosis and starting of the treatment of HIV/AIDS.
- The patient indulges in unhealthy sexual activities as mean of lust and leisure. In these conditions, the patient did not feel any hesitation.
- Most of the patients which questioned by the researcher were uneducated and did not had awareness about the diagnosis process. Although all have little knowledge about the hospitals and actually they did not have the awareness of the HIV/AIDS.
- When the patients were hospitalized for the treatment, the doctors provide ordinary and routine tests and medicines to the patients and advise them for bed rest and did not study the prevailed symptoms in the patient
- Without providing any counselling the health care professionals straight forwardly involve in the diagnosing process. In these conditions sometime the patient felt depression, nervousness and aggression.
- When the person is diagnosed as HIV positive, instead of starting the proper counselling sessions along with the health treatment, the health care professionals concentrate only on medication through ARVs.
- The HIV/AIDS patients feel shame, aggression, nervousness, frustration, anger and fear of death after being diagnosed as HIV/AIDS positive. Their psychological bond broke down. The social relations calm down and feeling of alienation prevailed.
- In many countries across the world including all developed states and even in the neighbouring India, an HIV positive patient labelled a proper identification so that the ordinary citizens can easily recognize the HIV positive. This is done only for awareness but not for any kind of social discrimination. But in Pakistan there is no such mechanism and the HIV/AIDS is spreading in the ordinary population.

- As most of the patients who are diagnosed HIV positive explain their economic deprivation in the social and community spectrum. They already living hand to mouth, but the conditions further deteriorated after their diagnosis as the peers socially alienated themselves.
- After continuing the medication, most of the patients were admitted that are still in the bad circles of the society and did not vacate this path so far. There are multiple reasons in this concern such as; patients take HIV as an ordinary disease which is curable; lack of proper counselling by the health care providers and such type of other syndromes.

5.2 Recommendations

- The awareness should be accelerated about the curable and incurable diseases through print and electronic media so that the common people may know about the symptoms properly and rushed to the proper medical facilities for early diagnose.
- The people should adopt meaningful moral and legal paths to spend a healthy life and avoid from indulging in unhealthy practices.
- The government should increase the role of the community doctors to accelerate the process of diagnosis at the door steps/BHU level in case of patients who are associated with the HIV/AIDS symptoms.
- The government must arrange refresher courses for the health care professional in which training regarding the symptoms, diagnosis and treatment of the curable/incurable diseases must be revised.
- Before starting the process for HIV/AIDS diagnosing counselling sessions with the health care professionals are important so that the patients should know about the disease properly and attain confidence in the whole process of diagnosis.
- After the process of diagnosing the patient as HIV positive, there should be a complete counselling and treatment facilities for the patients on human and moral grounds. The methods of secure sex must be taught to the patient so that other people may be saved from their sexual interaction. In whole of the process, their confidence should remain optimistic.

- When the person diagnosed as HIV positive, it needs support in social, emotional, psychological and in community spectrum. The role of the health care providers, family, friends, community and other peer groups becomes critical. In a collaborative all of these forums are necessary to boost the morale of the patient.
- After process of completion of diagnosis and registration, National Aids Control Program should also provide an identification mark through which the ordinary may differentiate the HIV positive
- The government in the federal and provincial level should make a solid policy to support the families of the HIV affecters.
- An integrated mechanism should be framed to accelerate the counselling of the patients, their family on human grounds and refresher courses be arranged for the health care providers.

Bibliography

Akpama, Elizabeth G. 2013. Effect of Group Counselling on the Psychological Adjustment of People Living With HIV/AIDS in Central Senatorial Zone, Cross River State, Nigeria, Journal of Educational and Social Research, Vol. 3, No. 2.

Agyemang and Otoo. 2013. HIV/AIDS stigmatization on relatives and associates of people living with HIV/AIDS: A Psychological Study, International Journal of Heath and Psychology Research Vol.1, No.2, pp.1-13.

British Psychological Society. 2011. Standards for psychological support for adults living with HIV. London: MEDFASH.

Barnett, Tony and Weston Mark. 2008. Wealth, Health, HIV and the Economics of Hope, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329727/, accessed on July 29, 2018.

Belsey, Mark A. 2005. AIDS and the Family: Policy Options for a Crisis in Family Capital, New York: United Nations.

Boily et. al. (2009). Heterosexual Risk of HIV-1 Infection Per Sexual Act: Systematic Review and Meta-Analysis of Observational Studies, The Lancet Infectious Diseases, Vol. 9, No. 2.

Cloete et. al. 2010. Challenges Faced by People Living with HIV/AIDS in Cape Town, South Africa: Issues for Group Risk Reduction Interventions, AIDS Research and Treatment, Vol. 1, No. 1.

Cooper, Sara and Foster, Don. 2009. Psychosocial Analysis of HIV/AIDS related Stigma in South Afric, International Quarterly of Community Health Education, vol. 29, No. 1.

Dosekun, O and Fox, J. (2010). An Overview of the Relative Risks of Different Sexual Behaviours on HIV Transmission, Current Opinion on HIV and AIDS, Vol. 5, No. 4.

Herdt, G. (1987). AIDS and Anthropology. WILEY, 3(2), 1-3.

Hoenigal et. al. 2016. Signs or Symptoms of Acute HIV Infection in a Cohort Undergoing Community-Based Screening, Emerging Infectious Diseases, Vol. 22, No. 3.

Hyder, Adnan A and Khan, Omar A. 1998. HIV/AIDS in Pakistan: the context and magnitude of an emerging threat, Journal of Epidemiol Community Health, Vol. 1, No. 1.

Ji et. al. 2007. The impact of HIV/AIDS on families and children -A study in China, AIDS, Vol. 21, No. 8.

Katzan, J., & Chaudhary, M. A. (n.d). Combating HIV/AIDS- An Anthropological Perspective.

Kaur et. al. 2016. A Comparison of HIV/AIDS Health Policy in Selected Developed and Developing Countries, International Journal of Public Health and Clinical Sciences, Vol. 3, No. 3.

Khan, Fawad. 2014. An exploratory study to find the perception towards HIV/AIDS in Pakistan, Procedia - Social and Behavioral Sciences.

Kalpana, K and Iyer, Saraswati Raju. 2013. Psycho-Social Problems of Women Living with HIV/AIDS and its Impact on their Families in Andhra Pradesh, India, IOSR Journal Of Humanities And Social Science, Vol. 8, No. 4, pp. 29-36.

Knizek, et. al. 2017. Growing up HIV-positive in Uganda: “Psychological immunodeficiency”? A qualitative study,

Kraaij et. al. 2008. Coping, Goal Adjustment, and Psychological Well-Being in HIV-Infected Men Who Have Sex with Men, Aids Patient Care and STDs, Vol. 22, N. 5.

Khan, Omar A and Hyder, Adnan A. 2001. Responses to an emerging threat: HIV/AIDS policy in Pakistan, Health Policy and Planning, Vol. 16, No. 2.

Lichtenstein, et. al .2010. Psychosocial Stressors of Families Affected by HIV/AIDS: Implications for Social Work Practice, Journal of HIV/AIDS & Social Services, Vol. 9, pp. 130–152.

Laith, J. et. al. (2010). Characterizing the HIV/AIDS: Epidemic in the Middle East and North Africa: Time for Strategic Action, Washington: The World Bank.

Marshall, P. A., & Bennett, L. A. (1990). Anthropological Contribution to AIDS Research. Amercian Anthropological Association, 4(1), 3-5.

Ministry of Education. 2006. Need and Significance of HIV/AIDS preventive education in Pakistan, Islamabad: Ministry of Education.

Maldonado et. al. 1996. Supportive-expressive Group Therapy for people with HIV infection: A primer, Psychosocial Treatment Laboratory Stanford University School Of Medicine.

Nordqvist, Christian. 2018. Explaining HIV and AIDS, https://www. medicalnewstoday.com/articles/17131.php accessed on June 25, 2018.

National AIDS Control Program. 2010. National Guidelines for the Care and Support of Children Affected by HIV and AIDS in Pakistan, Islamabad: National AIDS Control Program.

Narang et. al. 2013. Psycho-Social Problems Faced by the HIV/AIDS Patients, International Journal of Science and Research, Vol. 6, No. 14, pp. 227-230.

Oladipo. 2014. The Psychosocial Challenges of People Living with HIV/AIDS in North-West Province of South Africa, Journal of Psychology, Vol. 5, No. 2.

Over, Mead. 2010. Sustaining and Leveraging AIDS Treatment, https://www.cgdev.org/files/1424173_file_AIDS_Transition_Essay_3_FINAL.pdf, accessed on May 12, 2018.

Oyinlola et. al. 2017. Impact of psychosocial support on wellbeing of HIV infected older adults in Ibadan, Journal of Aging Geriatr Psychiatry, Vol. 1, No. 1.

Osei-Hwedie, Kwaku. 1994. AIDS, the Individual, Family and Community: Psychosocial Issues, Journal of Social Development in Africa, Vol. 9, No. 2.

Rodkjaer et. al. 2011. Disclosure Decisions: HIV-Positive Persons Coping With Disease-Related Stressors, Qualitative Health Research, Vol. 20, No. 10.

Rai, Mohammad A et.al. (2007). HIV/AIDS in Pakistan: The Battle Begins, Retrovirology, Vol. 4, No. 22.

Stockman, Jamila K., Strathdee, Steffanie A. 2010. HIV Among People Who Use Drugs: A Global Perspective of Populations at Risk, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3059238/ accessed on July 15, 2018.

Srak, Seelay. 2009. Local and Global response to HIV/AIDS in Pakistan: An initial assessment IDUs, IPSA conference paper.

The World Bank Report. 2005. HIV/AIDS in Pakistan, The document is accessed from http://siteresources.worldbank.org/INTPAKISTAN/Resources/HIV-AIDS-brief-June2005-PK.pdf

On August 02, 2018.

UNAIDS. 2013. Global Report on AIDS, Geneva, World Health Organization.

UNAIDS. 2000. AIDS and HIV Infection, Geneva: World Health Organization.

UNAIDS. 2000. HIV and AIDS-related stigmatization, discrimination and denial: forms, contexts and determinants: Research studies from Uganda and India, http://data.unaids.org/publications/irc-pub01/jc316-uganda-india_en.pdf accessed on June 15, 2018.

UNAIDS. 2017. Global HIV and AIDS Statistics, http://www.unaids.org/en/resources /fact-sheet accessed on August 02, 2018.

UNAIDS. 2001. Investing in our future: Psychosocial support for children affected by HIV/AIDS, Geneva: UN program on HIV/AIDS.

Unicef report. 2006. Caring For Children Affected By HIV And AIDS, Florence: Unicef.

World Health Organization. 2016. Global AIDS Update, Washington: World Health Organization.

UNAIDS. (2011). Technical Guidance for Global Fund for HIV: Proposals Round 11, UNAIDS: World Health Organization.

Yousaf, Muhammad Z et.al. (2011). The Epidemic of HIV/AIDS in Developing Countries; The Current Scenario in Pakistan, Virology Journal, Vol. 8, No. 401.

GLOSSARY

Alma – The female Islamic religious person.

Bazari Khannas – The food which is made by local hotels.

Dera - Dera is an ancient name of Dera Ghazi Khan. It was established by the "**Darawars**" round about four and half thousand years ago.

Dastarkhawan – The place where everyone sit together and eat food.

Darbar - Shrine

Diag – large vessel or Container (used for cooking food).

Fort Monro – Coldest living place away from Dera Ghazi Khan.

Faludah – Which is made in the summer

Chaowk – It is a Central place of a City where roads from different sides meet.

Gaddhai – The place name which is situated in the Dera Ghazi Khan City.

Hafiz-e-Quran – The Islamic person who recite the Holy Quran learnt by Heart.

Gala Mandi - The palace where the Vegetables are sold.

Seraiki – Local Language that speaks in South Punjab

CD_4 – It"s a machine which counts the HIV/AIDS Virus in Human body.

Riyal – Currency of Saudi Arab.

Mela – Festival.

Moot Ka Konwa – Death well bike stunt.

Nazra – The person who read the Holy Quran.

Wasti – local language name called Village.

Pull Daat – where all the roads connected together at one place.

Khairaat – distribute something to poor people.

Quran and Sunnah – According to the teaching of Islam.

Vahera – Where the whole family person live together.

Subzi Mendi – Where the selling and buying of the Vegetables.

Tabakhi – The person who makes the Bread in Hotel.

Thread Mill – Where the making of the clothes.

Muhalas – All the people live in the surroundings.

Patii – Metual sharing or Collection of money from two or more persons to arrange some event.

Dirhams – Currency of United Arab Emirates

UNAIDS – United Nation for Acquired Immune Disease Syndrome.

Zamidar - Landlord

Special Clinic – AIDS Diagnostic Centre in Pakistan.

Chakla – Prostitution area local named.

Kafeel - A local Arab/Arbi usually take a define amount on monthly/quarterly/yearly base from the out migrant workers who receive the consent of working after *Kama* (An Arabic term for finding of a job agreement).

Ekama - An Arabic term for finding of a job agreement.

Watta and Satta – An Exchange of women from two families or Clans in Saraiki culture used in metual wedding.

ANEXXURE A

Psycho-Social Response of Families and Other Significant Relationships Towards HIV/AIDS Patients

(A Case Study of District Dera Ghazi Khan)

HIV/AIDS Schedule Questionnaire's

BASIC DATA

Serial No._____

Name_____ Father Name_____

Age_____ Sex: Male/Female

Ethnic Group_____ Religion: (Muslim/Non-Muslim)

Education_____

Occupation_____

Marital Status:

Married: Un-Married: Divorced:

Separated: Widow/Widower:

CAUSES OF HIV:-

HIV Exposure

- Sexual Contact
- Through Spouse
- Through disposable syringes
- Blood Transfusion
- Mother to Child Transmission
- Drug abuser
- Unknown

Details of Case Study

_____

_____

_____

1. How many family persons have in your house.?
2. How many Children you have.?
3. How many Brothers and Sisters you have.?
4. What kind of work you do.?
5. If you are not doing any Job/Business how you meet your financial needs?
6. How much you have earn from it.?
7. Is it Sufficient for your family to survive.?
8. Who encouraged you to have sex for the first time?
9. When you had confirmed your HIV/AIDS Status.?
    - By Disease.
    - Continuous Temperature and losing Weight.
    - Clinical Medical Diagnostic Centres going Golf and Middle East countries.
    - By Donating Blood.
10. What was the day of diagnosis.?
11. What was your biggest fear on that day being HIV/AIDS patient.?
12. Who guided you to go HIV/AIDS Centre for your Treatment.?
13. How you are fighting with the disease alone.?
14. What was the most painful point of your disease.?
15. Who motivate you to visit the HIV/AIDS Centre?
16. Who was be with you at that time HIV/AIDS Centre.?
    a) Wife
    b) Brother or Sister
    c) Friends
    d) Parents(Father or Mother)

17. Since how long you have been Infected with HIV/AIDS.?

18. What are the causes of your HIV/AIDS.?

19. After the confirmation of your HIV/AIDS status what was your reaction in that day.?

20. In which person you blamed for this disease.?

21. Have you shared this disease within your family Members.? (Yes/No)

22. In which family persons reaction you cannot forget and why.?

23. What was your wife first reaction when she came to know of your disease.?

24. Did you examined your wife from the HIV/AIDS Centre.? (Yes/No)

25. Did you and your wife attend the Counselling session.? (Yes/No)

26. Have you found Counselling Session fruitful for you and your wife.?

27. Spouse Status:

- HIV +VE ( )
- HIV –VE ( )
- Unknown ( )

28. How many times you have sexed with your wife after HIV/AIDS positive report.?

29. Have you used now any Contraceptive measures.? (Yes/No)

30. What are the protective measures you have adopted in your daily life.?

31. What are the changes of your Surroundings found after this disease.?

32. How do you find the behaviour of your neighbours after this disease.?

33. Which person in your house/family are more supportive after HIV/AIDS disease.?

34. Which persons Affirmation still cannot be changed after your disease.?

a) Parents. **b)** Brothers and Sisters. **c)** Wife and in-laws.

d) Friend s. **e)** Other.

35. Did you attend family gathering after confirmation of this disease.?

36. Do you find it painful to concerned the family and friends about your condition.?

37. Which deprivation you felt when you are suffering from the disease.?

38. Do they kept distance with you in family gathering.?

39. How family behaved you after knowing that you are a patient of HIV/AIDS.?

40. Do you feel secure between them.?

41. What are the closed ken reaction being infected with HIV/AIDS patient.?

42. Do they Embraced or Eat with you.?

43. What kind of harsh words mostly you faced with your family persons.?

44. What is the effect of your disease on your children Socialization.?

45. Do they (family Members) have any knowledge of this disease.?

46. What kind of activities of your family persons act are heart touching for you and you felt indiscrimination.?

47. Why you kept secret of this disease with your other family persons.?

48. What was the reaction of your father-in-laws.?

49. Is there resistance came from your father-in-laws or from other family persons?

50. Who discouraged you mostly in your family.?

51. Did your family persons are financially supportive with you.?

52. What do you feel difference behaviour of your family persons before and after of your disease.?

53. Do you think having HIV/AIDS patient your relationship with your family persons are more Stronger or more Weaker.?

54. How do you morally support your children to cope this Situation.?

55. What are the role of your Vicinity Communities.?

56. Whose Character is more supportive with you as being a patient of HIV/AIDS.?

- **a.** Your Family Members.
- **b.** Your Close Friends.
- **c.** Vicinity Community.

57. What are the behaviour of religious Clerics with you.?

58. Do they Embraced you like Ordinary Human being.?

Family Members Questions

1. Have you ever heard of HIV/AIDS Virus? (Yes/No)
2. If yes, through which source did you heard about HIV/AIDS?
3. Is that any HIV/AIDS patient exist in your Family? (Yes/No)
4. How many person do you know they have HIV/AIDS positive?
5. Do you know the fate/prognosis of the disease? (Yes/No)
6. Do you have some sympathy for him.? (Yes/No)
7. Do you Blame it for his Bad Deeds.? (Yes/No)
8. What were your reaction after knowing that your family member is Suffering from HIV/AIDS.?
9. Do you have some relationship gape after this disease.?
10. Do you think people infected with HIV/AIDS expelled from their community? (Yes/No)
11. How you morally support him to cope this Situation.?
12. Do you support him economically and religiously.?
13. How does it feel to have a dear one suffering from this disease.?
14. Do you feel some kind of responsibility as being a Human.?

ANNEXURE B

Figures of Field

Figure 1: A Transgender Working as a Professional Dancer Affected with HIV/AIDS via Sexual Contact

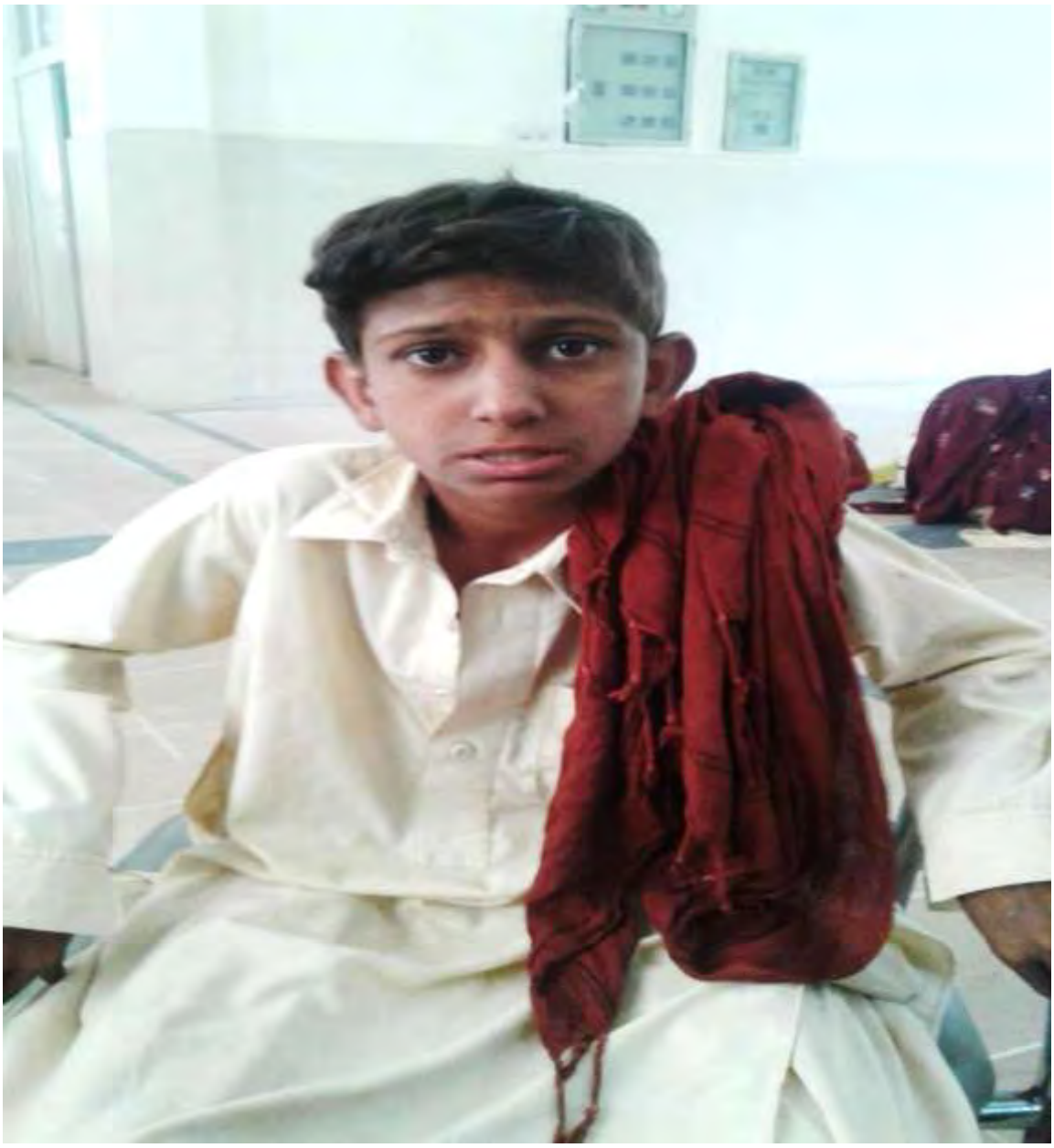


Figure 2: A Twelve Years Child Affected with HIV/AIDS via Syringe by Dispenser in Kot Mubarak

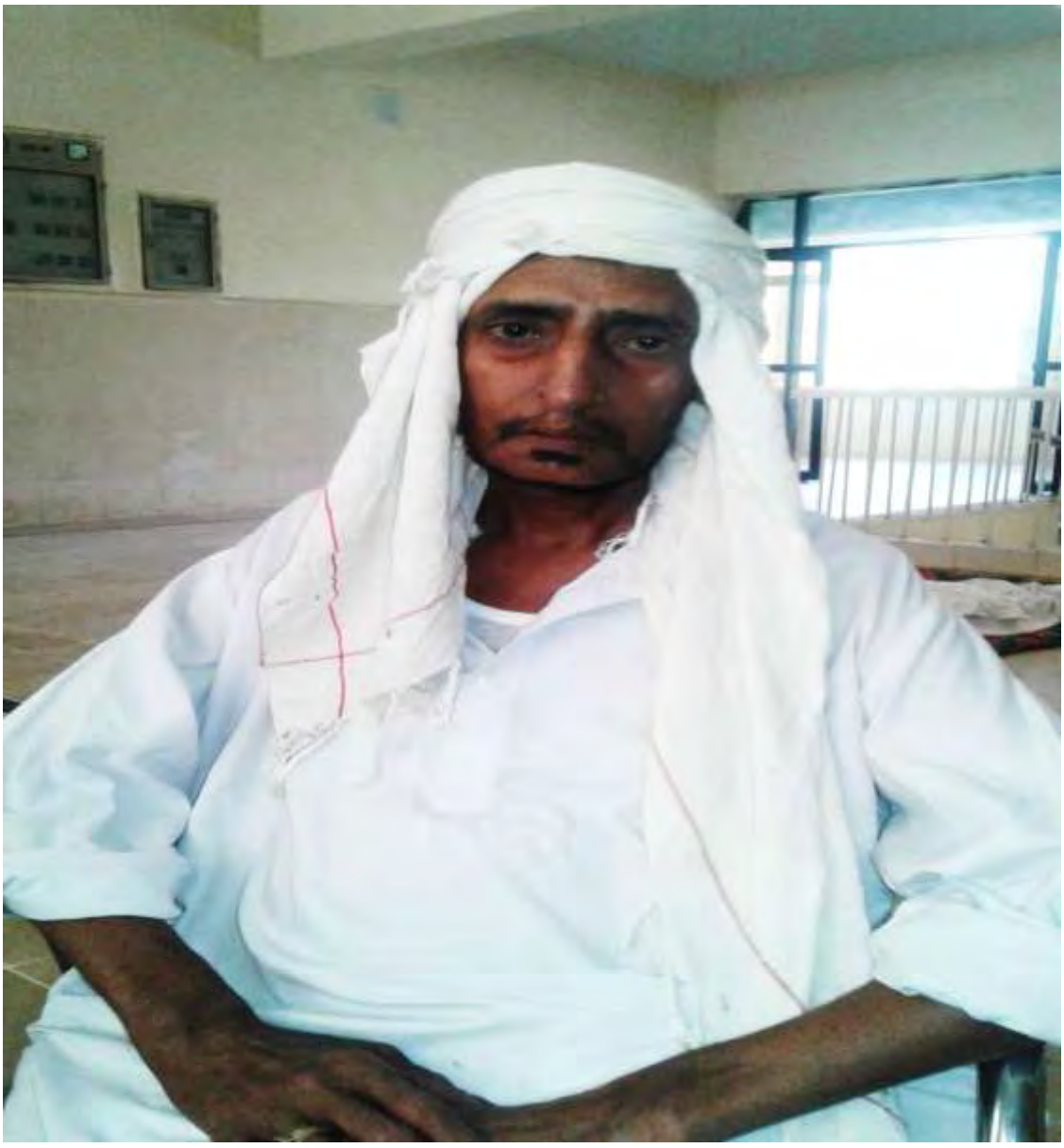


Figure 3: A Transgender Person Affected with HIV/AIDS via Sexual Contact in Dera Ghazi Khan

Figure 4: A Seven Years Child Affected with HIV/AIDS via Blood Transfusion in Chutti Zarain

Figure 5: A Transgender Person Affected with HIV/AIDS via Sexual Contact

Figure 6: Mr. Ateeq-ur-Rehman Handed over PACP Certificate to the Researcher