



**BRIDGING THE LEGAL AND MEDICAL RESPONSE TO HIV/AIDS AND OTHERS
STDS IN PAKISTAN: ASSESSING COMPLIANCE WITH INTERNATIONAL
HEALTH AND HUMAN RIGHTS STANDARDS**

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Abstract

This research paper will discuss the legal and medical reaction of Pakistan to HIV/AIDS and other sexually transmitted diseases (STDs) against the international health and human rights norms. It also examines national legislation, provincial policies, prevention frameworks, and clinical service delivery to determine the consistency of these systems with international commitments, including the WHO guidelines, UNAIDS goals, and human rights-based principles of universal health. Although Pakistan has designed national strategies, HIV control interventions, and other interventions, there still exist considerable gaps in the implementation, equal access, protection of confidentiality, and rights-asserting strategies towards key populations. Punitive and non-specific legal measures, stigma, sub-optimal monitoring, and lack of preventive measures are not conducive to optimal care and adherence to international best practices. This study suggests that harmonized legislation, better rights-based governance of health, and better integration of medical and legal responses to HIV and STDs could prove to be an effective solution to medical and legal responses in an international context, but face structural, legal, and service-level barriers that need to be overcome.

Keywords: challenges, historical context, laws, opportunities, theoretical context

Introduction

The interplay of law, public health, and human rights is very important in helping design an effective national response to HIV/AIDS and other sexually transmitted diseases (STDs) however (Ullah et al., 2024). HIV has continued to rise in Pakistan over the last twenty years, and the epidemics have been concentrated among the most vulnerable populations, including people who inject drugs, sex workers, and transgender populations (Javed et al., 2025). Although the National AIDS Control Programme (NACP) was established, provincial HIV authorities, and various strategic frameworks, the country still faces issues to address regarding prevention, treatment coverage, stigma, and legal protections (Yousaf et al., 2024). These issues underscore the need to assess the congruence of Pakistan's legal framework and healthcare systems with international standards and requirements (Rizwan et al., 2025).

The world-renowned strategies, such as the WHO treatment guidelines, the human-rights-based approach as introduced by UNAIDS, and the commitments made by the Sustainable Development Goals, highlight nondiscrimination, confidentiality, voluntary testing, and equal access to care (Soomro et al., 2025). Adherence to these norms presupposes that the national laws must not obstruct the work of the population to maintain their health (Rana et al., 2023). Nonetheless, legal instruments that are punitive, the lack of measures to protect marginalized groups, and unequal application within all the provinces can jeopardize

the success of meeting targets worldwide (Aftab et al., 2023). At the medical level, the lack of surveillance, inequality in access to Anti-Retroviral Therapy (ART), and weaknesses in counseling and prevention services further limit progress.

The presence of these loopholes in the legal and health systems becomes an issue in the path of timely diagnosis and early treatment and the safeguarding of the vulnerable population (Qureshi, 2024). Thus, the paper examines the level of medical and legal reaction of Pakistan to HIV and STDs (Khurshid et al., 2023). The study will help advance a more integrated, rights-centered, and evidence-based agenda to fight HIV and STDs in Pakistan, as the research will evaluate it in accordance with international health and human rights standards by measuring compliance and proposing areas of reform efforts that are needed (Sheikh, 2025).

Research Justification

The importance of the research is that there is a great need to adopt a critical attitude towards the legal and medical framework of Pakistan in relation to the global health and human rights framework in the context of combating HIV/AIDS and other sexually transmitted diseases (STDs). Despite the major positive achievements, such as provincial laws about HIV, strategic plans, and the rising number of treatment sites, the infection rates, stigma, and absence of legal protection of the vulnerable groups continue to rise in Pakistan. Based on these issues, the existing policies may not be able to encompass the international standards of nondiscrimination, voluntary testing, confidentiality, and equitable access to care.

WHO, UNAIDS, and the UN Human Rights Council are of the opinion that an effective response to HIV must be consistent efforts in the arena of public health through the support of rights-based legal frameworks. In Pakistan, such factors are, however, punitive or imprecise legal policies, laxity in maintaining confidentiality, and inconsistency in service delivery, which can make people unwilling to take tests and treatment. This is why a systematic assessment is needed to determine the differences between practice and commitments. Besides, the number of academic sources on the subject of combined legal-medical is small. Perception of Pakistani response to HIV. Most of the literature is given to epidemiology or health services, and there is no insight into how legal structures affect health outcomes.

Literature Review

Available sources on the subject of HIV/AIDS and sexually transmitted diseases (STDs) in Pakistan indicate the existence of multi-interdependence of epidemiological trends. Legal environment of the country and the response of public health (Rizwan et al., 2025). Epidemiological surveys always demonstrate that the HIV epidemic in Pakistan is focused on key populations, especially those people who inject drugs (Ullah et al., 2024). Homelessness, marginalization of such men, and inaccessibility to prevention services are the main reasons why men who have sex with men, sex workers, and transgender people mostly engage in unsafe sex. According to studies of national surveillance rounds, it is becoming more widespread among the groups, which is why it is urgent to encourage rights-based interventions and a multifaceted harm-reduction approach (Aftab et al., 2023).

In the medical arena, some of the studies compare the performance of the National AIDS Control Programme (NACP) and provincial health departments (Yousaf et al., 2024). The results indicate the progress in the testing facilities, Anti-Retroviral Therapy (ART) coverage, and community outreach initiatives (Soomro et al., 2025). Nevertheless, there are still obstacles in the form of broken health governance, the lack of trained members, poor referral systems, and insufficient confidentiality measures in healthcare facilities (Rana et al., 2023). According to scholars, stigma, including both societal and institutional stigma, continues to limit the

level of uptake of the services of testing, counseling, and treatment.

Legally, when it comes to Pakistan, literature shows a loophole between the statutory provisions set in the country and the international standards of human rights (Javed et al., 2025). Provincial HIV act analyses also report positive advances on rights formalization; however, they criticize those that could criminalize transmission or forceful testing (Khurshid et al., 2023). Research based on international law highlights that such punitive measures go against the international best practices, which recommend voluntary, discreet, and non-coercive health services (Sheikh, 2025). Moreover, socio-legal studies also point out the weaknesses of marginalized populations, who in most cases experience discrimination, harassment, and legal ambiguity, which interfere with their healthcare (Qureshi, 2024).

Historical Context of Bridging the Legal and Medical Response to HIV/AIDS and Others STDs in Pakistan

The history of the Pakistani reaction to HIV/AIDS and other sexually transmitted diseases (STDs) is characterized by a slow awareness, changing priorities of the population in the field of health, and legal changes (Rana et al., 2023). The first HIV cases were reported in Pakistan in the late 1980s, and they were mainly among migrant workers after visiting the Gulf region. It was mostly out of the public view during the epidemic, which was poorly monitored, stigmatized, and lacking in institutional capacity (Qureshi, 2024). The level of public health work at this time was poor in terms of coordination and the overall view of Pakistan as not being at risk (Sheikh, 2025).

This change happened in the early 2000s when the National AIDS Control Programme (NACP) was created and expanded (Soomro et al., 2025). With the assistance of international bodies, including the WHO, UNAIDS, and the World Bank (Yousaf et al., 2024). The increased surveillance demonstrated the high-density epidemics of the major groups, which led to the introduction of the national strategic guidelines and harm-reduction programs, such as needle-exchange programs and population-specific interventions (Aftab et al., 2023).

Pakistan initially pursued a legal basis based on the general population health laws and criminal law that were insufficient to respond to the present-day HIV situation (Ullah et al., 2024). Gradually, a number of provinces, starting with Sindh, enacted HIV-specific laws for the purpose of defining rights, testing regulation, and state duties (Javed et al., 2025). Nevertheless, the stigma legacy, moral policing, and punitive methods still have a bearing on policy and practice (Khurshid et al., 2023). In such a way, the historical response of Pakistan has been characterized by non-recognition and inability to organize yet inconsistently applied programs, which preconditions the modern discussions about finding the ways to harmonize national activities with the international health and human rights regulations (Rizwan et al., 2025).

Theoretical Context of Bridging the Legal and Medical Response to HIV/AIDS and Others STDs

The theory for the research draws on two main theories: the public health model and the human rights-based approach. Together, they form a prism through which the legal and medical paradigm of Pakistan can be looked at in relation to its response to HIV/AIDS and other STDs and its appropriateness and compliance with international standards. The public health approach has focused on evidence-based prevention, early detection, and treatment of an epidemic. It emphasizes harm reduction strategies, self-testing, community-based solutions,

and follow-up. In this model, a law and/or policy should be expected to provide easy access, minimal resistance, and effective service delivery.

Social and legal barriers that might detract from society's health are a problem. In addition, this approach is human rights-based; rather than being a medical issue, health is a fundamental human right. This is a dignity-based policy and should be guided by principles of dignity, autonomy, equality, and non-discrimination. International bodies (WHO, UNAIDS, UNHCR) seek to improve the legal context that is respectful of confidentiality, non-punitive, and supportive of marginalized communities.

The combination of these two theories puts a spotlight on the need to integrate not only efficient clinical policies but also legal policies that will not only respect human rights but will also enhance them in an efficient response to HIV. All of these are the conceptual bases of the evaluation of Pakistani adherence to the international conventions.

Laws Regarding Bridging the Legal and Medical Response to HIV/AIDS and Others STDs in Pakistan

1. Constitutional and Human Rights Framework: The legal response to HIV/AIDS and other STDs is based on the constitutional rights which encompass the right to life, dignity, privacy, equality, and non-discrimination. These principles have now been solidified in articles 9, 14, and 25, among others, which have established that the state has a legal obligation to provide non-stigmatizing healthcare services that are humane and fair. The other international human rights treaties, like the ICCPR and the ICESCR, are also applicable to Pakistan and require equal access to healthcare, where no discrimination is exercised in terms of the health condition. It is these international and constitutional obligations that are the foundation of the merging of legal protection with medical care norms on HIV/AIDS and STDs.

2. National and Provincial Legislative Measures: Pakistan does not yet have unified federal legislation on HIV, but certain provinces have already enacted legislation on medical and legal provisions of HIV. Consent-based testing, medical data confidentiality, mandatory counseling, and non-discrimination are legal guarantees that are provided by the Sindh HIV/AIDS Control, Treatment, and Protection Act 2013 and the Punjab HIV/AIDS Protection Act 2021. This type of legislation is aimed at developing a legal remedy comparable to medical treatment, ensuring that individuals have access to health care, as well as privacy. The Pakistan National AIDS Control Program (NACP) under the umbrella of the national strategy for HIV prevention, surveillance, and treatment (NAST) is the national body that is executing the HIV prevention, surveillance, and treatment strategy at the national level in Pakistan, along with other interventions such as those of the World Health Organization (WHO) and the commitments of the United Nations AIDS and HIV Initiative (UNAIDS). The Drug Regulatory Authority of Pakistan Act 2012 also provides an assurance of availability and quality control of antiretroviral medicines.

3. Legal Barriers and Gaps in Harmonization: These developments notwithstanding, there are still some legal and structural gaps in bridging legal and medical responses. High-risk groups are unable to receive medical attention because of the provisions in the Pakistan Penal Code related to communicable diseases, policing of sex workers, drug users, and same-sex relationships. Such criminalization practices deter surveillance of diseases, confidentiality, and access to treatment. Pakistan has to move on from its punitive laws, consolidate the provincial laws on HIV, and integrate the laws with detailed legal protection and inclusive and rights-based healthcare provision to fully meet the international standards of health and human rights.

Challenges for Bridging the Legal and Medical Response to HIV/AIDS and Others STDs in Pakistan

The legal and medical response to HIV/AIDS and other sexually transmitted diseases (STDs) in Pakistan has a number of interrelated and complex issues in bridging the gap. One of the greatest barriers is the coexistence between the punitive legal provisions and the aim of public health. Some of the laws that have led to fear, stigma, and marginalization of the high-risk populations include sex, drug, and same-sex laws. This is because such legal pressures discourage vulnerable groups from seeking tests, counseling, or treatment that is ineffective at enhancing surveillance and undermining the national disease control. The absence of federal legislation regarding HIV also generates a gap between the provinces, as the degree of implementation and protection is not the same.

The issues within the healthcare system can also be seen as a significant problem. The majority of the facilities have lacked trained staff, standard treatment regimes, and the right facilities to screen and treat HIV and other STDs. The data management system, the absence of the laboratory capacity, and the availability of the antiretroviral drugs reduce the quality of the clinical interventions. Healthcare facilities' stigmas, such as confidentiality, treatment refusal, and judgmental medical personnel, are also another factor that discourages the use of the service by the patients. These deficiencies in structures create a gap between the law and medical practice in practice.

Social and cultural barriers lead to the problem of aligning the legal and medical responses. The highly embedded myths and moralizing, as well as ignorance about the spread of HIV, propagate discrimination and fear. The majority of the people will not attend health institutions since they are embarrassed or afraid to reveal themselves to others, and even families may reject or defend those individuals, and thus they will not get the treatment promptly or will cancel it. Besides, even the legal institutions, the government health departments, and the civil society organizations lack coordination and result in piecemeal delivery of services. Overall, it means that the issue of Pakistan is structural, legal, societal, and healthcare-related and does not allow integrating rights-related legal protection with the access to medical services without being stigmatized. Such issues cannot be addressed unless the same policies are altered, medical capacity is improved, and contact in the community is maintained.

Opportunities for Bridging the Legal and Medical Response to HIV/AIDS and Others STDs in Pakistan

However, there await colossal opportunities for Pakistan to improve the relationship between its legal and medical interventions on HIV/AIDS and other sexually transmitted diseases. Another area is the provincial jurisdiction, where the potential is rather high, as witnessed in the progressive provincial legislation that was adopted in Sindh and Punjab, which provides a good base in matters of confidentiality protection, consent-based testing, non-discrimination, and access to treatment. Those legal systems could serve as models in formulating federal legislation about HIV, which would integrate rights protection in the country and set the same standards in health care facilities.

The second opportunity is the growing compliance with the international health and human rights norms. A rights-based approach to human health can be adopted by the Pakistani obligations of the World Health Organization (WHO), the UNAIDS Fast-Track Strategy, and

the international human rights treaties. They are models of evidence-based policy-making, fortification of surveillance, and expansion of antiretroviral therapy (ART) programs. International donors and health partners can offer the technical and financial assistance to help in the modernization of the diagnostic systems, the enhancement of the process of data collection, and the provision of the treatment.

Telemedicine, digital health technology, and community-based outreach development are potential remedies in bridging the gaps in legal rights and medical services in the medical terminology. The mobile clinics and digital recordkeeping, along with online counseling, could provide more Internet access to clinics for the marginalized population, which would sustain patient autonomy and confidentiality. A training program for healthcare professionals can be used to reduce stigma by NGOs and state institutions and promote ethical and rights-based care practices.

The other large potential is via the civil society organizations, particularly those in partnership with key populations. Some of the ways through which they reduce stigma and increase health-seeking behavior include their contribution to community awareness, legal assistance, peer outreach, and advocacy. Patients and protection of human rights can be formed through integrated support systems, which are the result of legal, healthcare, and community institutions' collaboration. Overall, Pakistan can strengthen legal-medical relationships in terms of policy reform, the use of technology, international cooperation, and coordination of all activities involving the community. These would be extremely far and improve access, equity, and dignity amongst HIV/AIDS and STD victims.

Discussion

The overlap between the law and medicine of HIV/AIDS and other sexually transmitted diseases in Pakistan presents a complicated environment influenced by constitutional obligations, developing provincial laws, and socially resistant practices. Although Pakistan has gone a step forward in the form of provincial acts of protection of HIV and national health programs, there is a wide discrepancy between what the law stipulates and what is the reality of what is actually taking place in terms of medical practice. Stigma, criminalization of high-risk behavior, and inadequate healthcare services remain a problem in undermining the effectiveness of prevention and treatment. Consequently, people who require care the most are usually left under the radar of the formal health systems, which compromises the health goals of populations.

To reinforce the legal medical bridge, there is a need to align provincial legislation and a coordinated federal system that specifically defines rights, treatment standards, and institutional liabilities. It is also critical that human rights principles (confidentiality, non-discrimination, and informed consent) should be integrated into the daily clinical practice. Improving the communication between legal institutions, healthcare providers, civil society, and international partners would help create a more comprehensive response that would include the structural and human aspects of the epidemic. Digital health tools, community outreach, and rights-based health worker training can be considered promising ways to improve the situation. Finally, the bridging of these systems is not a legal or medical imperative but an essential consideration to obtain dignity, equity, and effective population health outcomes among all those populations affected.

Conclusion

The campaign for the harmonization of legal and medical actions vis-a-vis HIV/AIDS and all STDs in Pakistan is needed in the process of constructing a rights-

based, integrated, and public health system. Although there are some positive developments, such as provincial laws, national health programmes, and a growing degree of adherence to international standards, there are significant gaps in practice. Stigma, inadequate health care facilities, and punitive legal claims continue to discourage the principal care-seeking by the populations at high risk, thereby undermining the national prevention and treatment.

It is essential that a more coordinated approach is taken, with the support of a well-designed federal HIV law, improved coordination of institutions, and capacity building in healthcare to be able to implement the service. Engaging with the community, new digital solutions, and long-term training on human rights continue to provide avenues for reducing discrimination and improving access to treatment. Last but by no means least, the issue of harmonisation is not only one of public health policy but one of the simplest fundamental steps to ensure the dignity, equality, and well-being of people living with or at risk of HIV and other STDs in Pakistan are not neglected.

Recommendations

Some measures need to be taken to fill the vacuum between the legal and medical interventions to the problems of HIV/AIDS and other sexually transmitted diseases in Pakistan. Firstly, the government needs to develop a federal law on HIV/AIDS that should be in tandem with the provincial legislation, which should take into account the safeguarding of the rights of the patients in the entire nation. Access to treatment must be at the centre of this law, which ought to be grounded in the principles of confidentiality, informed consent, and non-discrimination. Second, the penal legal systems that are not intended to be used as an incentive to access health services, like sex workers, drug users, and people with legislation, will require reassessment in order to strike a balance between policing and the health agenda of the entire population.

The healthcare capacity should also be strengthened. These include the establishment of diagnostic centers and regular supply of Anti-Retroviral (ART) drugs, and the establishment of special STI/HIV counselling units in state hospitals. Education of the healthcare workers is necessary about the idea of how to provide services with rights and without stigma, thereby boosting trust and uptake of services. Digital health tools (telemedicine systems and electronic medical records), especially to marginalized communities, can also help promote confidentiality and accessibility.

The inter-agency coordination of work between legal institutions, health departments, non-governmental organizations, and community-based organizations should be formally established to support the awareness campaigns, peer outreach, and legal assistance services. Last but not least, Pakistan needs to keep working with the WHO and UNAIDS mechanisms to move forward in surveillance, implementing international best practices, and securing technical and financial support. A combination of these activities will lead to an integrated approach to HIV and STDs that is respectable and powerful in the country.

Research Limitations

There are several limitations to this research, and they might restrict the rigor and extrapolation of the research. To begin with, the epidemiological data on HIV/AIDS and other sexually transmitted diseases (STDs) and the marginalized groups, i.e., sex workers, transgender people, and injecting drug users, are not available in Pakistan. Much epidemiological and programmatic reporting is determined to be unfinished, uneven at regional levels, or not up-to-date, which may restrict an adequate assessment of prevalence and

intervention effects. Second, the analysis of the law is performed on the basis of the current statutes, policy documents, and secondary literature, but informal practices, gaps in their interpretation, and local judicial interpretations may not be reflected exhaustively.

Third, social and cultural problems like stigma and discrimination may not be easy to measure and may not be reported in the published resources. Finally, the study is distraught with the legal and medical reaction of Pakistan, which fails to offer a cross-country comparison analysis to offer more insight into the study. Despite this, important gaps and areas of improvement are identified in the study concerning compliance with international standards of health and human rights.

Research Implications

The research has great implications for policymakers, government health organizations, lawyers, and civil societies who are attempting to better control the reaction of Pakistan to HIV/AIDS and other sexually transmitted diseases. The paper identifies the need to reform the area of evidence-based interventions capable of incorporating the concept of human rights into the plans of public health by highlighting the loopholes in the relationship between the medical practice and the law safeguarding it. The findings demonstrate that punitive laws, stigma, and ineffective healthcare policies are barriers to the effective management of the disease, and policies in the future must lay more emphasis on rights-based patient confidentiality and equitable treatment service access.

In addition, the paper emphasizes the need to have intersectoral collaboration where the legal, healthcare, and community organizations are expected to work together with each other to eradicate the structural and social barriers. The study also provides the foundation behind the designing of comprehensive federal HIV legislation that is consistent with global health benchmarks. Overall, these implications will facilitate a more inclusive, integrated, and ethically grounded attitude to handling HIV and STDs in Pakistan.

Future Research Directions

Future research should fill the theoretical gap between the medical and legal responses to HIV/AIDS and other sexually transmitted diseases in Pakistan and focus on some of these areas. First, studies have to be performed regarding the effectiveness of provincial laws on HIV and the most effective practices that can be implemented to construct the development of the same system of federal laws. Second, the impact of criminalization, stigma, and cultural barriers on the access of the high-risk population to health services, including sex workers, drug users, and communities, should be researched.

Third, research regarding the sustainability of the healthcare systems, including the availability of antiretroviral therapy, services to diagnose diseases, and qualified personnel, should be conducted to find loopholes in service delivery. Fourth, the rationale to pursue the empirical research is in the position of digital health interventions, telemedicine, and community-based outreach programs to improve patient engagement and confidentiality. Finally, the studies concerning the experience of other states may be employed to comprehend the innovative and rights-based methods to effectively integrate legal and medical reactions.

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