



## **Stigma and Discrimination Against People Living with HIV and AIDS in Nepal — A Review**

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Research Export

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## **Abstract**

**Background:** Stigma and discrimination against people living with HIV (PLHIV) in Nepal persist as major obstacles to effective prevention, testing, and treatment, despite improvements in public awareness. This stigma is deeply embedded in socio-cultural norms, moral judgments, and gender inequalities, which sustain discriminatory practices and social exclusion.

**Objective:** This review aims to synthesize existing literature to understand the patterns, determinants, and impacts of HIV-related stigma in Nepal. It seeks to analyze the phenomenon through theoretical lenses and identify effective coping mechanisms and interventions.

**Methods:** A narrative literature review was conducted. Peer-reviewed articles, national reports, and conceptual papers published up to October 2025 were identified from databases including PubMed, NepJOL, and Google Scholar using keywords related to HIV stigma, discrimination, gender, and Nepal. Data were extracted and synthesized thematically.

**Findings:** The review confirms moderate to high levels of enacted and perceived stigma among PLHIV in Nepal, manifesting as social avoidance, gossip, and discrimination in healthcare and employment. Key determinants include persistent misconceptions about transmission, socio-cultural and religious values that moralize HIV, and entrenched gender inequality. Theoretical insights from structural-functionalism and feminism reveal how stigma functions to label PLHIV as "deviant" and disproportionately blame women. The consequences are severe, leading to poor ART adherence, delayed testing, and psychological distress. Interventions such as peer support are beneficial but are often hampered by a lack of integration with government systems and a failure to address underlying structural causes.

**Conclusion:** HIV-related stigma in Nepal is a structural and cultural phenomenon, not merely an individual one. Awareness campaigns alone are insufficient to eliminate it. Effective stigma reduction requires multi-level interventions that target the deep-rooted socio-cultural and patriarchal norms that perpetuate discrimination.

**Implementation:** To combat stigma effectively, policymakers and program implementers must move beyond awareness-raising to design structural interventions. This includes integrating sustainable, gender-sensitive stigma-reduction programs into national health strategies, strengthening anti-discrimination laws, and training healthcare workers to ensure confidentiality and non-discriminatory care.

**Keywords:** HIV stigma, Discrimination, Nepal, Socio-cultural determinants, Gender inequality.

## **1. Introduction**

Stigma and discrimination associated with HIV and AIDS remain significant barriers to prevention, testing, treatment, and care globally, and Nepal is no exception. Despite significant advances in HIV awareness, misconceptions, moral judgments, and social exclusion continue to shape the experiences of PLHIV. Karki (2014) demonstrated that although knowledge about HIV transmission has improved in urban Nepal, the correlation between knowledge, attitude, and practices remains weak—indicating that awareness alone does not eliminate discriminatory



behavior. Similarly, Karki and Gartoulla (2015) used a structural-functional framework to explain that societal norms, family systems, and social institutions often reinforce stigma by labeling PLHIV as “deviant” from accepted moral and social standards.

Gender perspectives further reveal how women face compounded stigma. Karki (2015a) argued from a feminist standpoint that patriarchal norms and gender inequality in Nepal make women more vulnerable—not only biologically but also socially—by restricting their agency in sexual health decision-making and by subjecting them to blame and isolation when infected. Thus, stigma in Nepal operates as a structural and cultural phenomenon, rooted in social values (Shrestha, Karki, et al., 2024), fear, and misinformation. Understanding this complex interplay of knowledge, culture, and gender is crucial for effective HIV response policies.

## **2. Methodology**

A narrative literature review approach was adopted (Karki, D’Mello, Mahat, et al., 2024; Karki, D’Mello, Neupane, et al., 2024; Mahat et al., 2023; Neupane et al., 2024). Peer-reviewed articles, national reports, and conceptual papers were identified through searches in **PubMed, DOAJ, NepJOL, ResearchGate, and Google Scholar** up to October 2025 using combinations of keywords such as *HIV stigma Nepal, discrimination against PLHIV, socio-cultural factors, gender and HIV, and health-care stigma Nepal*.

Inclusion criteria included:

- Empirical or theoretical studies focused on Nepal,
- Articles discussing stigma, discrimination, or socio-cultural determinants of HIV, and
- Studies addressing gender or structural analysis of HIV stigma.

Key works included: Karki & Gartoulla (2015), Karki (2014, 2015a, 2015b), Subedi et al. (2019), Chaudhary et al. (2022), Shrestha et al. (2019), and UNAIDS (2024). Data were extracted and synthesized thematically across theoretical perspectives, determinants, and intervention findings.

## **3. Results and Discussion**

### **3.1 Patterns and levels of stigma**

Studies consistently show moderate to high levels of stigma among PLHIV in Nepal. Subedi et al. (2019) and Chaudhary et al. (2022) documented high perceived and enacted stigma, especially social avoidance, gossip, and discrimination in employment and health care. These findings align with Karki and Gartoulla’s (2015) argument that stigmatization is structurally embedded within social norms that define illness and morality. In such structures, PLHIV are symbolically treated as violators of cultural purity, sustaining community-level discrimination.

### **3.2 Determinants of stigma**

Empirical and conceptual evidence identify multiple determinants:



- **Knowledge gaps and fear of transmission:** Although HIV awareness campaigns increased public knowledge, misconceptions persist (Karki, 2014).
- **Socio-cultural values and moral judgment:** Karki (2015b) emphasized that socio-cultural values rooted in religion and community morality lead people to perceive HIV as a consequence of “immoral behavior,” thereby reinforcing stigma.
- **Gender inequality:** Women living with HIV face dual discrimination—both for their status and their perceived violation of gender norms (Karki, 2015a).
- **Healthcare stigma:** Studies (Shrestha et al., 2024; UNAIDS, 2024) show continuing discriminatory behavior among health workers, including breaches of confidentiality and service denial.

### **3.3 Theoretical insights**

Theoretical models add depth to understanding Nepal’s stigma context. The structural-functional theory (Karki & Gartoulla, 2015) posits that when traditional norms define “normal” and “deviant” behavior, PLHIV are labeled outsiders, disrupting social equilibrium. Consequently, community responses to HIV often focus on restoring perceived moral order rather than offering care. The feminist theory (Karki, 2015a) highlights how patriarchal institutions marginalize women in HIV discourse, blaming them even when infection results from spousal transmission. Both theories illuminate how structural inequalities—gender, class, and morality—underpin stigma beyond individual prejudice.

### **3.4 Impacts of stigma and discrimination**

Stigma has far-reaching consequences for PLHIV. Quantitative studies show associations between stigma and poor antiretroviral adherence, delayed testing, and reduced quality of life (Shrestha et al., 2019). Qualitative accounts describe social isolation, family rejection, and psychological distress. From a structural viewpoint, these outcomes reflect how discrimination maintains existing power hierarchies, as noted by Karki (2015b), where marginalized groups—sex workers, transgender persons, or drug users—bear the brunt of social blame.

### **3.5 Coping mechanisms and interventions**

Peer support, social networks, and psychosocial counseling have been shown to mitigate internalized stigma (Shrestha et al., 2019). NGOs and PLHIV networks in Nepal implement stigma-reduction activities, though sustainability and government integration remain weak. As Karki (2015b) argued, any intervention must address the underlying socio-cultural structures that perpetuate stigma, not only focus on individual attitudes.

## **4. Conclusion**

Stigma and discrimination against PLHIV in Nepal are persistent and multi-dimensional—rooted in cultural norms, moral judgment, gender inequality, and structural power relations.



Empirical studies demonstrate that stigma directly undermines HIV prevention, testing, and treatment adherence, while theoretical works (Karki, 2014, 2015a, 2015b; Karki & Gartoulla, 2015) provide essential insight into why stigma persists despite awareness campaigns. Effective solutions must therefore combine public health interventions with sociological understanding and gender equity efforts.

## **5. Recommendations**

1. **Policy and Legal Reform:** Strengthen enforcement of anti-discrimination laws to protect PLHIV in workplaces, healthcare, and communities. Publicize these protections through awareness campaigns.
2. **Health System Interventions:** Integrate stigma-reduction modules and confidentiality ethics into all health worker training curricula. Establish accountability mechanisms for reported discrimination.
3. **Community-Level Strategies:** Conduct culturally sensitive community education that challenges moralistic and gender-biased beliefs. Promote peer-led dialogues and local champions from within PLHIV communities.
4. **Gender-Focused Programming:** Incorporate feminist approaches (Karki, 2015a) into HIV programs to empower women, challenge patriarchal norms, and promote equitable access to care.
5. **Research and Monitoring:** Support mixed-method studies that evaluate stigma-reduction interventions. Expand theoretical applications (e.g., structural-functional analysis) to understand evolving stigma dynamics in Nepal's changing socio-cultural context.

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## References

- Amutha, J. J., & Praveen, B. M. (2025). Development and Validation of a Core, Care, Cure, Based Therapeutic Framework for Psychosomatic Transitions in Dialysis. *International Journal of Atharva*, 3(3), 93–107. <https://doi.org/10.3126/ija.v3i3.84399>
- Andersson, G. Z., et al. (2019). Stigma reduction interventions in people living with HIV—a global review. *BMC Medicine*, 17(1), 1–14.
- Chaudhary, S., et al. (2022). Social stigma, discrimination, and their determinants among people living with HIV and AIDS in Sudurpashchim Province, Nepal. *HIV & AIDS Review*.
- Dhital, P., Shrestha, R., & Neupane, D. (2025). Self-Comparison and Self-Esteem Among Healthcare Students. *International Journal of Atharva*, 3(1), 176-191.
- Karki, T. B. (2014). Correlation between Knowledge, Attitude, and Practices on HIV and AIDS: Cases from the Kathmandu Valley. *Journal of Nepal Health Research Council*, 12(26), 24–29.
- Karki, T. B. (2015a). Feminist Perspective of HIV and AIDS: Cases from the Kathmandu Valley of Nepal. *Humanities and Social Sciences Letters*, 3(2), 94–105.
- Karki, T. B. (2015b). Association Between Socio-Cultural Factors and HIV and AIDS. *Journal of Advanced Academic Research*, 2(2), 76–89.
- Karki, T. B., & Gartoulla, R. P. (2015). Application of Structural-Functional Theory in Risk of HIV Transmission. *Journal of Advanced Academic Research*, 2(1), 92–99.
- Karki, T. B., D'Mello, L., Mahat, D., & Shrestha, S. (2024). Exploring the Evolution of Aspiration of Life in Scientific Literature: A Bibliometric Analysis (2015-2024). *International Research Journal of MMC*, 5(4), 16–28. <https://doi.org/10.3126/irjmmc.v5i4.70640>
- Karki, T. B., D'Mello, L., Neupane, D., Shrestha, S. K., & Mahat, D. (2024). Exploring the dynamics of death attitude research: A bibliometric analysis of scientific papers in dimension (2015-2024). *Randwick International of Social Science Journal*, 5(3), 318–330.
- Kumar, S., Karki, T. B., Mahat, D., & Neupane, D. (2024). The role of social influence in mediating the relationship between relative advantage and purchase intentions for smartphones: A study in Kathmandu, Nepal. *International Journal of Management*, 13(4), 935-948.
- Mahat, D., Neupane, D., & Karki, T. B. (2023). Exploring the Academic Landscape: A Critical Analysis and Review of the Nepal Journal of Multidisciplinary Research [NJMR]. *Nepal Journal of Multidisciplinary Research*, 6(4), 128–138. <https://doi.org/10.3126/njmr.v6i4.62036>
- Neupane, A., Karki, T. B., & Neupane, A. (2024). Bibliometric Insights into the “Kathmandu School of Law Review.” *NPRC Journal of Multidisciplinary Research*, 1(4), 41–54. <https://doi.org/10.3126/nprcjmr.v1i4.70945>
- Neupane, D., & Lourdasamy, A. (2024). Bibliometric Insights into Anger and Aggression Research. *NPRC Journal of Multidisciplinary Research*, 1(4), 77-95.
- Neupane, D., & Lourdasamy, A. (2024). Beyond Borders: The Accelerating Momentum of Domestic Violence Research Worldwide. *NPRC Journal of Multidisciplinary Research*, 1(2 July), 34-52.
- Phuyal, S. (2024). Perception of Health Professionals on Brain Drain in Nepalese Health Sector. *NPRC Journal of Multidisciplinary Research*, 1(5), 30–49. <https://doi.org/10.3126/nprcjmr.v1i5.71321>
- Priya, A., Arunprakash, A., Kulothungan, V., & Radha, P. (2025). The Role of Artificial Intelligence in Revolutionizing Customer-Centric Marketing Strategies: A Data-Driven Approach. *NPRC Journal of Multidisciplinary Research*, 2(1), 163-175.





- Shrestha, P. W., et al. (2024). Factors associated with HIV-related stigma among healthcare providers at a university hospital in Nepal. *Journal of the International Association of Providers of AIDS Care*.
- Shrestha, S. K., Karki, T. B., Mahat, D., & Neupane, D. (2024). Analyzing the impact of Social Interaction on Stock Market Participation: A Qualitative Study Using NVivo. *Nepal Journal of Multidisciplinary Research*, 7(2), 57–69. <https://doi.org/10.3126/njmr.v7i2.68245>
- Shrestha, S. K., Neupane, D., Karki, T. B., & Mahat, D. (2024). Insights into Paper Souvenir Purchase Intention of Tourists in Nepal. *Nepal Journal of Multidisciplinary Research*, 7(4), 104–113. <https://doi.org/10.3126/njmr.v7i4.73913>
- Shrestha, S., Shibanuma, A., Poudel, K. C., et al. (2019). Perceived social support, coping, and stigma on the quality of life of people living with HIV in Nepal. *AIDS Care*, 31(3), 378–385.
- Sharma, A., Dhakal, B., Basnet, I., Tiwari, M., Gurung, M., & Adhikari, N. (2025). Shifting Patterns of HIV and AIDS in Nepal: A Decadal Review of Evidence and Interventions. *NPRC Journal of Multidisciplinary Research*, 2(10), 154–162. <https://doi.org/10.3126/nprcjmr.v2i10.85967>
- Subedi, B., et al. (2019). Perceived stigma among people living with HIV/AIDS in Pokhara, Nepal. *HIV/AIDS—Research and Palliative Care*, 11, 215–222.
- Thapa, M., & Gurung, B. (2025). Knowledge and Attitude on Dementia among Nursing Students of Pokhara. *NPRC Journal of Multidisciplinary Research*, 2(3), 204–218. <https://doi.org/10.3126/nprcjmr.v2i3.77045>
- UNAIDS. (2024). People living with HIV—Global AIDS update 2024.

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