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LEGAL AND PUBLIC HEALTH CHALLENGES IN THE CONTROL OF SEXUALLY TRANSMITTED DISEASES IN PAKISTAN: A MEDICO-LEGAL POLICY, PREVENTION, AND PATIENT RIGHTS PERSPECTIVE

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ABSTRACT

Sexually transmitted diseases (STDs) are a recent legal and public health challenge with the epidemic nature of HIV in Pakistan and that of other infections, Hepatitis and Syphilis. This paper will present the significant legal and public health challenges that arise in the effective prevention, diagnosis and treatment of STDs. It acknowledges a low level of awareness, social stigma related to diabetes, and substandard health care infrastructure and surveillance of diseases. Legal challenges to population health are multifactorial, including a lack of a national system, disparities between provincial laws and criminalization of high-risk behaviors. The paper also looks at barriers to victims seeking medical assistance as a result of discrimination and the inability to confide in others. This study highlights the need for the integration of the two reforms, which requires more study of the law's relationship with people's health care systems. The reinforcement of laws, improving health facilities and raising awareness among the general public are the critical factors in preventing further spread of STDs in Pakistan and safeguarding the national health.

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

INTRODUCTION

The sexually transmitted diseases (STDs) like HIV/AIDS, syphilis, gonorrhea, and hepatitis are among the major health concerns of the masses in Pakistan (Zubair et al., 2025). Although the overall prevalence of HIV is quite low, over the past years, there has been a rising trend in new infections, particularly among vulnerable populations (Shah & Altaf, 2024). Some of these factors include poverty, illiteracy, gender inequality, and access to healthcare services is also among the factors that contribute to the spread of STDs (Javed et al., 2025). As the recent research in the field of public health, such as Public Health, notes, to assure effective disease control, one should not only provide preventive education but also have a system of free treatment (Pasha et al., 2025).

Nevertheless, the lack of organized sexual health education and general misunderstandings about

STDs still contribute to the barriers in prevention efforts throughout the country (Javed et al., 2023). Legally, the regulatory framework to control STDs in Pakistan is still underdeveloped and fragmented (Haider et al., 2024). After the Eighteenth Amendment to the Constitution of Pakistan, health policy became a provincial affair, which led to differences in legislation and implementation of health across provinces (Butt et al., 2025).

An example of this is that Sindh has enacted HIV-specific laws, whereas other provinces are still behind in enacting comprehensive legislation to protect HIV victims (Buzdar et al., 2024). Health Law research indicates that the absence of strong enforcement mechanisms, the lack of guaranteed confidentiality protection, and criminalizing high-risk behaviors further deter individuals from seeking testing and treatment (Shah & Altaf, 2024). Therefore, the crossroad of the gaps in the law and the issues of public health poses serious challenges to curbing the spread of STDs (Butt et al., 2025).

Research Justification

Increasing cases of Sexually transmitted diseases (STDs) in Pakistan warrant doing a pan-juristic research study, including the legal and public health perspectives of STDs. While there are existing studies on the medical and epidemiological characteristics of STDs, a gap still exists in understanding the impact of legal structures on prevention, diagnosis and treatment outcomes from STDs.

This study is justified on the basis of the increasing scale of infections like HIV/AIDS and hepatitis, as well as the presence of barriers like stigmatization, lack of knowledge, and lack of access to services. To solve these problems, a multidisciplinary approach based on Public Health and Health Law. Furthermore, poor provincial responses because of the decentralization of health governance in Pakistan after the Eighteenth Amendment of the Constitution have resulted in inconsistencies in law, in legal protection and in service delivery. In this paper, the focus will lie with analyzing these discrepancies critically and deciding the impact on STD control efforts.

It is also supported by the necessity to research the impact of discriminatory laws and social conventions on vulnerable population groups and, as a result, prevent the successful application of the intervention to the population. This study aims to make a contribution to the development of evidence-based legal reforms and better healthcare strategies, therefore, supporting national efforts to control STDs and improve the health of the population in Pakistan.

Literature Review

The literature on the topic already emphasizes the concern that sexually transmitted diseases (STDs) continue to be a chronic and dynamic societal health issue in Pakistan, and that the socio-cultural and structural determinants of disease spread are increasing (Zubair et al., 2025). The low level of awareness, the misconception of how it is transmitted, and the lack of access to preventive services are significant contributors to the burden of STDs, according to the argument of the scholars of Public Health (Javed et al., 2025). Research also shows that the lack of comprehensive sexual education at schools continues to spread misinformation, especially among young people and marginalized groups (Javed et al., 2023).

It is also highlighted by research that gender disparity limits women in their independence in seeking healthcare, which contributes to their increased vulnerability to infections (Zafar et al., 2023). On the whole, the sources indicate that in Pakistan, the number of public health interventions is still insufficient because of the poor implementation of outreach strategies and insufficient allocation of resources (Pasha et al., 2025). Legally, the general academic discussion in the Health Law and Human Rights Law field highlights the loopholes in the legislative frameworks in the control and prevention of STDs.

Since the Eighteenth Amendment to the Constitution of Pakistan, the decentralization of health governance has led to uneven provincial responses, with Sindh being one of the few regions to enact HIV-specific laws (Haider et al., 2024). But scholars say even in places where the law is stipulated, the enforcement is weak and the

protection of confidentiality is often compromised (Spence et al., 2022). Moreover, the laws criminalizing activities related to high-risk populations, including drug use and sex work, have been widely criticized due to their tendency to deter individuals from accessing testing and treatment services (Butt et al., 2025). The literature has consistently shown that stigma and discrimination and legal restrictions are all inextricably linked, which restricts the effectiveness of the public health campaigns to control STDs in Pakistan (Zubair et al., 2025).

Historical Context of Legal and Public Health Challenges in the Control of STDs in Pakistan

The historical process of legal and popular health reaction to sexually transmitted diseases (STDs) in Pakistan is the history of a slow but disjointed evolution (Shah & Altaf, 2024). The policy of the state in the field of health during the first decades of independence was quite limited in its focus, as communicable diseases, including tuberculosis and malaria, were in focus, and the STDs were mostly neglected due to the social taboo and the absence of institutions (Zubair et al., 2025). It was only with the emergence of HIV/AIDS in the late 20th century that policymakers began to consider the seriousness of sexually transmitted infections. Research in Public Health also found that early interventions were donor-led and unsustainable, with little emphasis on awareness or prevention strategies (Buzdar et al., 2024).

Moreover, culturally sensitive issues of sexual health deterred open discussion and further delayed the integration of STD-related services within mainstream healthcare systems (Spence et al., 2022). The law has been very slow and inconsistent in developing structures to tackle the STDs. Before the Eighteenth Amendment to the Constitution of Pakistan, health policy was centrally administered, but had no specific legislation on STDs (Butt et al., 2025). Following the process of decentralization, provinces have taken over, and legal progress has been uneven, with Sindh introducing legislation related to HIV, whereas other areas lag (Zubair et al., 2025).

Legislators are still criminalizing high-risk behaviors, and weak enforcement and the absence of comprehensive national policies continue to hinder the effectiveness of STD control measures, according to Health Law scholars (Haider et al., 2024). Such a legal and popular health course of action is still affecting current issues (Pasha et al., 2025).

Theoretical Context of Legal and Public Health Challenges in the Control of STDs in Pakistan

The problems of Sexually Transmitted Diseases (STDs) control in Pakistan can be addressed under various interdisciplinary angles. Social determinants of health are one of them, and this is because poor people, or those with low education, women, and those who are socially excluded are more vulnerable to STDs. These determinants, including low awareness and lack of access to healthcare services, have a strong correlation with the high prevalence of transmission in Pakistan.

With such a framework, disease control is not a medical problem per se and is far more embedded in the overall socio-economic conditions. The other framework that is relevant is the Rights-Based Approach, which prioritizes the rights of the individual and their right to access healthcare, to privacy, to be treated fairly and without discrimination. The same approach should be taken to prevent stigma and criminalization from ensuring the desired health impact in a community as has been used for STDs. Also, the Legal Pluralism perspective plays an important role in Pakistan, where formal laws are involved, cultural and religious norms, and they tend to influence the health-seeking behavior.

All these theoretical frameworks together show the coming together of legal frameworks and social realities and how these two areas of concern interact to create both challenges and potential solutions to effective STD control.

Laws Regarding the Legal and Public Health Challenges in the Control of STDs in Pakistan

The legal regime regulating the control of sexually transmitted diseases (STDs) in Pakistan is fragmented, which is due to various constitutional provisions and some disease-specific legislation. The Eighteenth Amendment in the Constitution

of Pakistan brought a great change in the status of health, which was shifted from the Federal Ministry to the Provincial Government. This resulted in the creation and development of health policies in the provinces that were reflective of them, but it also led to uneven legal development and a lack of coordination in STD control within the country.

1. **Sindh HIV and AIDS Control, Treatment and Protection Act:** It is the most detailed law on HIV-specific laws in Pakistan, which is applicable in Sindh. It also upholds the rights of people living with HIV, advising some of them on the confidentiality of living with HIV and how not to be discriminated against. This bill fosters the voluntary process of testing, counseling and treatment. It also extends responsibilities to healthcare providers to ensure that they keep the privacy of their patients. Nevertheless, it can be applied to only one province.

2. **Pakistan Epidemic Diseases Act** – An old colonial law intended to control the spread of infectious diseases. Adds authority to the government to take emergency measures in case of an outbreak. However, it is out of date and doesn't refer to STDs or current health topics in particular. Lacks lacks the provisions for patients' rights and patient confidentiality. It doesn't really fit into today's society; however, it will be used when health care needs to be applied in an emergency in today's society.

3. **18th Amendment in the Constitution of Pakistan:** Decentralized federal government control over health to provinces. It permits provinces to move ahead and create their policies and laws. It has improved decentralization, but at the same time, it has contributed to the variability of the legislation regarding STDs. This has been a problem in some provinces more than others. This has left loopholes in disease control activities in the country.

4. **Control of Narcotic Substances Act:** A piece of legislation that is used to control and criminalize the use of and traffic in narcotic drugs. This has implications with respect to the control of STDs, particularly HIV, in IDUs. Many drug users are frightened off the idea of entering into their healthcare or harm-reduction services because they are afraid of being arrested. This enhances the chances of spreading diseases. The legislation is not connected with the social health policies.

Challenges for the Control of STDs in Pakistan

There are several interconnected problems related to social, legal, and structural factors in the control of sexually transmitted diseases (STDs) in Pakistan. The most significant obstacle is, most likely, the occurrence of the stigma and the cultural taboos in the sphere of sexual health. Discussion of STDs is often considered socially inappropriate, therefore, making people unwilling to undergo testing or treatment. Consequently, a lot of cases are not reported, and thus, there is a risk of silent spread in communities. The other significant obstacle is the lack of awareness and education. There is still low awareness among the population on the transmission, prevention, and treatment of STDs, especially in rural areas. Misconceptions and harmful behaviors are further aggravated by the lack of comprehensive sexual health education.

Unawareness is one of the commonest reasons responsible for the spread of diseases in developing countries, it has been repeatedly pointed out by the researchers working in the field of Public Health. The healthcare system is also very rigidly structured. There is a scarcity of trained personnel, diagnostic centres and specialist STD clinics. Quality health care services are not available to rural citizens, and as a result, diagnosis of diseases is late, and treatment is poor. Poor surveillance and reporting capabilities are also not conducive to gathering the necessary data accurately, resulting in difficulties in policy design based on evidence.

Legally, disjointed laws and a lack of enforcement have a strong impact on the control of STDs. As per the Eighteenth Amendment of the Constitution of Pakistan, subject health was transferred to provinces and policies regarding health started being implemented inequitably by provincial governments. There is comprehensive

legislation in Sindh only relating to HIV; other provinces lack comprehensive legislation. Furthermore, the Pakistan Penal Code and drug laws (provisions) indirectly restrict the access of high-risk population groups to health care services on the basis of fear of stigma and criminal prosecution.

Opportunities for the Control of STDs in Pakistan

Nevertheless, despite considerable challenges, the control of sexually transmitted diseases (STDs) in Pakistan presents several significant opportunities to be improved through legal reform, innovative approaches to public health, and strengthening the institutions. The first key opportunity is through increased awareness and education campaigns. The implementation of sexual and reproductive health education in schools and community outreach programs can greatly enhance the level of knowledge on STD prevention and mitigate risky behaviors. Public Health evidence has shown that a cost-effective strategy to lessen the incidence of infection in developing countries is awareness-based intervention.

The other opportunity is the growth of the healthcare infrastructure and services. An increase in early detection and treatment can be achieved through strengthening primary healthcare facilities, setting up special STD clinics, and improving diagnostic facilities. New avenues of accessing underserved populations, especially in rural regions, are also available through digital health solutions, including telemedicine and mobile health applications. These innovations can help to cross the boundary of stigmatizing and resource-scarce barriers.

There are high potential for legal reform and harmonization. The Eighteenth Amendment in the Constitution has given provinces autonomy to draw up health policies, which will give an opportunity to come up with a modern and regular legislation of STDs on a national level.

For other provinces, there is room to be inspired by the example of Sindh and to have laws that ensure confidentiality, no discrimination and a right to treatment for all. There may also be improvements in results through improving enforcement practices and ensuring that laws are aligned with the principles of human rights. Further resources are financial, skills, and good practices in collaboration with partner international organizations and NGOs that can be used in connection with the STD prevention program. Other factors, such as improved data collection and surveillance, can also aid in the development and implementation of evidence-based interventions. In overall assessment, Pakistan has an opportunity to enhance its office of containing and reducing the impact of STDs through various legal, technological and public health strategies.

Discussion

It came across to me during the talk on sexually transmitted disease (STD) control in Pakistan that there was a symbiosis of weak laws and limitations in population health. A lack of a national strategy has been identified, and some legal provision is in place, such as the Pakistan Epidemic Diseases Act and provincial legislation, such as the Sindh HIV and AIDS Control, Treatment and Protection Act, which remain ineffective in coping with HIV/AIDS. Along with this criticism, the Constitution of Pakistan, under the Eighth Amendment, decentralized health governance to provinces, which has resulted in a lack of uniformity in health policies across provinces, posing coordination and standardization barriers. Stigma, knowledge and the low confidence of the health care system can be a significant public health risk to the success of prevention and treatment. They have five lab tests to offer and are available to create HIV prevention services accessible to them. They know, and are well-known in the world of Public Health, that HIV prevention services need to be changeable and accessible to them. But in Pakistan, people are not responsive towards early diagnosis and treatment due to fears and taboos.

Further, the rules contained in the Pakistan Penal Code indirectly contribute to the problem by illegalizing the actions of the high-risk group and forcing them to be underground, thus becoming more at risk of infection. Accordingly, the

integrated approach is necessary to eradicate medical STDs; legal reform, public education and strengthening health systems in Pakistan are recommended along with the use of medicine to overcome the STDs.

Conclusion

The sexually transmitted disease (STD) situation in Pakistan is significant, and despite the synergistic effect of the legal loopholes and restrictions provided by the health sector, the situation is still grave. Although some gains have been achieved at the provincial level, including the Sindh HIV and AIDS Control, Treatment and Protection Act and other constitutional changes at the national level, under the Eighteenth Amendment to the Constitution of Pakistan, there are no comprehensive nationwide strategies to further enhance the overall effectiveness. It's even more difficult to prevent and treat diseases because of ignorance, stigma, poor healthcare facilities and lack of coherence in legislation.

As a public health success, early diagnosis, high awareness campaigns, and availability of treatment for STDs are the key factors. These goals, however, cannot be attained without the need to deal with legal barriers and discrimination founded in current laws like the Pakistan Penal Code. In this way, a concerted action would mean either changing the law, making healthcare services available or running educational programs to alleviate the burden of STDs and improve the overall health outcome of the Pakistani population.

Recommendations

There is a need to have an accurate plan for control of sexually transmitted diseases (STDs) in Pakistan using the multi-sectoral approach, through social awareness, improvement of public health and legal change. The first need is to develop a common policy on STD which will give uniformity to all provinces post the Eighteenth Amendment of the Constitution of Pakistan. This would assist in lessening the inequalities in the laws and service provision.

Second, the government needs to increase and enhance the monitoring of the laws, such as the Sindh HIV and AIDS Control, Treatment and Protection Act, in other provinces, providing all HIV patients with the assurance of confidentiality, non-discrimination and access to treatment. Moreover, there should be a law reform to minimize the negative effect of punitive clauses in the Pakistan Penal Code (PPC), which discourages high-risk groups from taking care of their health.

Third, in a public health sense, the government should look at promoting awareness campaigns, sexual health education and community outreach programs to combat stigma and misinformation. The primary health care system has to be bolstered as well, as should be the capacity for both STD clinics and diagnostic facilities. Lastly, the partnership of NGOs and international health organizations may offer technical assistance and financial support towards sustainable interventions. The use of digital health tools and strengthening disease surveillance systems can also help to detect and respond to outbreaks earlier. A combination of these actions will go a long way in enhancing the prevention and control of STDs in Pakistan.

Research Limitations

However, due to certain constraints, the following problem areas have been revealed in this study regarding the control of STDs in Pakistan: First, there is underreporting, stigma and inadequate surveillance systems in Public Health, which make it less accessible to obtain reliable and timely information about the prevalence of STDs. There are also many that are not documented, which may present problems for the accuracy of analysis. Second, there is an unequal availability of information regarding the detailed implementation of the laws at the provincial level, particularly after the Eighteenth Amendment in the constitution of Pakistan, and bench-marking the effectiveness of its implementation across different provinces is difficult.

Thirdly, the research is largely based on types of secondary sources which are not always reflective of the ground realities; these are academic articles, reports and policy documents. Also, cultural sensitivities of sexual health in Pakistan inhibit the discussion and reduce the supply of qualitative

information. Finally, the research may be limited by the scope of the study of the legal and health aspects of the subject, so that a more detailed study of specific diseases and/or local interventions is not undertaken. The limitations notwithstanding, the study provides a framework of the key problems and opportunities for STD control that may prove of value.

Research Implications

These findings on sexually transmitted disease (STD) scenarios in Pakistan have far-reaching policy implications and educational implications as well. A coordinated national policy is far overdue, which could streamline the manner of prevention and treatment of STDs on a national level in a coordinated way, and the gaps in the framework have been identified policy-wise, after the Eighteenth Amendment of the Constitution of Pakistan.

Considering the introduction of laws such as the Sindh HIV and AIDS Control, Treatment and Protection Act, better laws can be made, and fulfillment of confidentiality, mitigating stigma and improving access to health services can be achieved. Public Health perspective: This research has shown that legality must be inevitably included in the Public Health system planning. It will provide impetus to other inter-coder work related to reducing stigma, access to health services, and behavioral interventions.

Applying the study results to NGOs and international health organizations would either indicate which specific areas to focus on for effective interventions in Pakistan or recommend specific activities that would be most worthwhile. Overall, the project will contribute to the understanding of how these combined elements, namely law and social status, affect the ultimate outcomes of STD control initiatives.

Future Research Directions

Future research on STDs in Pakistan should focus on developing more complex and localized studies of the legal and public health system and structures in the country. One of the fields where the study can be further expanded is the effectiveness of provincial legislations after the Eighteenth Amendment in the Constitution of Pakistan, and particularly the effectiveness of the legislations in comparing the outcomes of their enforcement in different provinces. Empirical research is also much needed within the Public Health sector to have an idea of the actual figures or prevalence of STDs, especially among the hidden and high-risk populations.

The research should address the impact of stigma, cultural constraints and criminal laws on seeking healthcare services in the future. Furthermore, data on effective digital health solutions, telemedicine and educational awareness campaigns might provide useful inputs for evidence-based knowledge about new prevention approaches. Both the interdisciplinary research, encompassing the law, medicine, and sociology and particularly its importance in creating comprehensive solutions. Finally, longitudinal research studies on the implementation of policies and their impacts thereof and on their long-term impacts on the outcomes of control of STDs in Pakistan would be desirable to help them.

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