THE PEOPLE LIVING WITH HIV STIGMA INDEX

TAJIKISTAN

Dushanbe 2015

ANALYTICAL REPORT

Central Asian PLH' Association

Ташкилоти Ҷамъияти «СПИН Плюс»
Public Organization «SPIN Plus»

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TERMS AND ABBREVIATIONS

AIDS – acquired immune deficiency syndrome.

ART – treatment of HIV infection using antiretroviral medicine.

Confidentiality is non-disclosure of private or confidential information, the inadmissibility of its transfer or sharing with third parties without the permission of the one to whom the information relates. Confidentiality is an important part of building trust.

Discrimination is an unjustified distinction in the rights and obligations of a person based on a particular feature. Often discrimination results from stigmatization and lies in actions and/or inaction aimed at stigmatized individuals. For example, discrimination associated with HIV is manifested in particular treatment of people, which puts them at a disadvantage, and violates their rights due to the fact that they have been diagnosed with HIV (or are suspected of it), or are closely related to people living with HIV (e.g., partners or members of the household).

HIV – human immunodeficiency virus.

Household is a group of people who live in the same place (a house or other dwelling place), sharing space and resources; they are often – but not necessarily – members of the same family.

MSM – men who have sex with men.

PLHIV self-help group – a group of people with a positive HIV status, organized, both formally and informally, to provide mutual support, the opportunity to share the experience of living with HIV and protecting the interests of people living with HIV.

Discrimination can occur within a family or community, when people avoid individuals living with HIV, do not allow them sharing eating utensils, prohibit interaction and contacts with people living with HIV. At the level of healthcare institutions, discrimination occurs when people living with HIV are isolated from other patients or even denied access to health services. In the workplace, discriminating practices include dismissals of employees living with HIV, or when his/her rights of promotion are violated due to their HIV status or when their right of non-disclosure of his/her HIV status to colleagues at work without his/her consent is ignored.

Discrimination in educational settings occurs when students with an HIV positive status are not allowed to attend the school.

At the state level, discrimination can be effectively backed up by laws and regulations. The example of discrimination is the existence of restrictions on entry and residence for people living with HIV, prohibition of certain activities, as well as the requirement of mandatory HIV testing for some groups of population.

PLHIV – people living with HIV, a term used to define a person or group of people with HIV-positive status.

PLHIV Network – a group, association or community of PLHIV, who share common objectives.

PWID – people who inject drugs.

Self-stigmatization, internalized (or perceived) stigma is the terms to describe the way PLHIV feel about themselves (above all, shame of their HIV positive status). This leads to lower self-esteem, depression, feeling of worthlessness; it can cause a break with a person living with HIV, disruption of their social and personal relationships, holding aloof from various services and opportunities for the fear of discrimination.

Stigma Index in the context of sociological studies is understood as a set of information (data) that allows researchers to draw conclusions about a specific problem, evaluate the difference between the situations in different territories, as well as their change over time. Thus, the index of stigma or stigmatization of people living with HIV helps determine the level and features of stigma and discrimination based on HIV status in a given community at a given time. These data enable monitoring the situation and observing changes in the level of stigma and discrimination against people living with HIV in this community.

Stigma, stigmatization is defamation, humiliation of a person and/or his/her perception of being deprived of their honour and dignity in the eyes of other people; HIV related stigma is often based on prejudices based on gender, sex or ethnicity, and amplifies them. In particular, HIV and AIDS are often associated with publicly condemned behaviours: sex work, drug use, same-sex relations, or transgenderism. The HIV-related stigmatisation does not only affect people living with HIV, and those close to them, including their intimate partner or spouse, children and other members of the household.

SW – sex worker or men/women/people who sell sex.

Transgender is an umbrella term to refer to people whose self-expression or behaviour are based on gender identity which does not match the biological sex ascribed at birth.

LIST AND TABLES AND FIGURES

INTRODUCTORY REMARK

HIV-related stigma and discrimination are a major barrier for people living with HIV to accessing HIV prevention, treatment and support. In order to protect the rights and interests of people living with HIV it is very important to have information, clearly reflecting the actual situation: what challenges and difficulties people face, and how these challenges affect their own lives and the lives of their close ones.

In order to get such information, in 2005 an initiative to collect data on stigma and discrimination around the world was launched at the international level (www.stigmaindex). The initiators included international organizations working in the field of protecting the rights of people living with HIV: The International Planned Parenthood Federation (IPPF/IPPF), the Global Network of People Living with HIV/AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW) and the Joint United Nations Programme on AIDS (UNAIDS).

That was how the global study of "People Living with HIV Stigma Index" was established – by people living with HIV, and for people living with HIV. It aims at getting information about the HIV-related stigma, discrimination and human rights violations, namely:

- collect information about various instances of HIV-related stigma and discrimination, faced by people living with HIV in a particular community;
- compare the effects of a specific problem on the life of people living with HIV in a particular country and other countries;
- track changes over time (improvement or worsening) in the situation of a particular community (country);
- provide evidence base for making changes into social and medical support of people living with HIV.

Knowing these factors helps improve understanding of the extent and types of stigma and discrimination faced by people living with HIV. That is why organizations involved in this work, strive for widespread promotion of the People Living with HIV Stigma Index, as well as its use as an advocacy tool to promote rights of people living with HIV.

* * *

It is very important that Stigma Index research is designed and implemented by people living with HIV, with due regard to ethical aspects of the research. Following the methodology, interviews with people living with HIV are conducted by interviewers who are themselves people living with HIV, thus promoting trust between the respondent and the interviewer. Two requirements are also of particular importance: informed consent and complete confidentiality of information. All these ethical issues are intrinsic parts of this methodology.

Prior to the research in August 2015 consultations were held in Tajikistan, which involved all stakeholders representing government agencies, civil society, UN agencies and international organizations. During the meeting, it was noted that this would be the first research in the country, and it was very important to obtain information on the HIV-related stigma and discrimination index for the subsequent development of strategy to reduce stigma and discrimination; all suggestions being considered, the research was discussed and approved by partners. The minutes of the meeting are attached.

The Stigma Index in Tajikistan was carried out in summer and autumn of 2015. The research helped characterize groups of people living with HIV in the region, identify the major «risk» points of stigma, discrimination and rights violation, and thus, identify forward-looking and desirable areas in the development of relevant programmes.

In the wake of the study, in January 2016 an inter-country working meeting of government agencies, NGOs and PLHIV communities of Kazakhstan, Kyrgyzstan and Tajikistan was held in Almaty. The meeting provided potential strategies to counter stigma and discrimination at the national level for each country.

BRIEF INFORMATION ABOUT COMMUNITY ORGANIZATIONS, INVOLVED IN THE STUDY

“Central Asian Association of People Living with HIV” association of legal entities

The non-profit non-governmental association «Central Asian Association of People Living with HIV» (hereinafter the Association) was established by a number of national networks of people living with HIV in 2009. The Association was established to support national associations of people living with HIV to promote access for people living with HIV in Central Asia to health and social assistance, as well as integration of people living with HIV into the life of society as active and important members. Currently, the Association operates in several countries of the region including Kazakhstan, Kyrgyzstan and Tajikistan.

The goals of the Association

- Monitoring of human rights in the context of HIV and AIDS.
- Promoting awareness and public knowledge about the HIV/AIDS epidemic and its impact.
- Participation in the development and implementation of joint inter-regional awareness campaigns in countries of Central Asia.
- Assistance in developing and implementing programmes to prevent and combat stigma and discrimination faced by people living with HIV.
- Joint implementation of ethical norms, principles of bioethics and human rights in clinical trials and biomedical research.
- Promoting the implementation of international human rights instruments.

Public Organization «SPIN Plus»

The «SPIN Plus» public organization represents the community of people who inject drugs and people living with HIV. It is a voluntary self-governed non-profit civil organization. «SPIN Plus” was officially registered in the Ministry of Justice of the Republic of Tajikistan on December 25, 2007. Abbreviation SPIN Plus is formed from initial letters of Russian words meaning the ‘community of positive drug addicts.’

SPIN Plus has the following mission: support measures aimed at promoting a healthy way of life of the population of the Republic of Tajikistan; improve the quality of life of people who use drugs, people living with HIV/AIDS and hepatitis C; promote the rights and interests of people who use drugs, people living with HIV/AIDS and Hepatitis C in the Republic of Tajikistan; and expand their access to health and social services.

The NGO’s goal is to mobilize the community of people who use drugs, people living with HIV and hepatitis C in the Republic of Tajikistan. SPIN Plus is a self-organization of people who use drugs and people living with HIV. The NGO was formed on the initiative of an advocacy group of recovering drug addicts. The driving force behind the initiative was the desire to help and develop services for people who use drugs.

Currently “SPIN Plus” is closely collaborating with other NGOs providing HIV services for drug users aimed at increasing access to HIV prevention, harm reduction and social support, as well as promoting the rights and interests of key populations living with or affected by HIV.

RESEARCH METHODOLOGY

The questionnaire survey methodology was used to estimate the stigma index in Tajikistan, which was developed and recommended by the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV (ICW), the International Planned Parenthood Federation (IPPF), the United Nations Joint Programme of on HIV/AIDS (UNAIDS). The detailed description of the methodology can be found at:

http://www.stigmaindex.org/

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Research tools

Data collection was performed using a standardized questionnaire containing both close-ended (with a pre-formulated answers), and open-ended questions. The questionnaire included the following information sets:

- information about the interviewee,
- experiences of external stigma and discrimination,
- access to work, health and education services,
- self-stigma and fears,
- awareness of rights, laws and policies,
- requests for help due to stigma or discrimination,
- HIV testing and diagnosis experience,
- information disclosure and confidentiality,
- HIV treatment,
- reproductive behaviour (having children).

A considerable part of questionnaire applied to the period of the last 12-months (since the method provides the annual index measurement).

Sampling

The research target group were people living with HIV in Tajikistan.

In order to make findings of the of research more representative for the entire country, the samples of interviewees were formed in three phases. In the first phase, "pockets" were selected meaning cities and areas with the highest HIV prevalence. Then the number of interviewees to be surveyed in each «pocket» was determined proportionally to the number of registered people living with HIV.

The eventual selection of the respondents was randomised among those registered in the AIDS centres and local NGOs (besides, the principle of involving respondents both from government and non-governmental organizations in equal shares was observed). The sampling space of respondents was determined by the CSIP Plus NGO as the Stigma Index coordinator in Tajikistan. The selection of respondents considered balance by gender, age and social status (affiliation to groups with high-risk behaviour).

Quantitative and qualitative sampling characteristics implemented in Tajikistan (n = 150) are included in Table 1.

Table 1.

PLHIV Sampling Implemented in Tajikistan

Name of the area	Number of respondents
Dushanbe city	50
Vahdat city	10
Kulyab city, Khatlon region	20
Kurgan-Tube city, Khatlon region	10
Farkhor district of Khatlon region	10
Khujand city of Sughd region	30
Mastcho city of Sughd region	10
Isfara city of Sughd region	10
Total	**150**

Quantitative sampling is representative with regard to the official number of registered people living with HIV (with a tolerance of ± 7.6%).

Specific development of the HIV epidemic in particular areas, insufficient HIV test coverage of vulnerable groups, as well as their desire to conceal the diagnosis of «HIV-infection,» suggest that people living with HIV should be defined as a group hard-to-reach for research. Although the respondents' selection rules and orientation on the accessible part of the statistical universe were observed, nevertheless the realized sampling remained conventionally representative.

Data Collection

The data collection was carried out by face-to-face standardized interviews with people living with HIV in August-September 2015. The average duration of the interview was about 40 minutes.

The interviewers' teams were enrolled based on the peer-to-peer principle, i.e. interviewers mostly included activists from among people living with HIV, as well as employees of organizations experienced in providing services for people living with HIV. When forming the teams gender balance was observed.

All interviewers were trained to provide support to the interviewees as they go through the standardized questionnaire. Quality control of interviewers' work was carried out by regional coordinators.

Compliance with ethical principles

The selection criteria for PLHIV was age 15 or above.

Informed consent of respondents was a mandatory procedure to participate in the study, which ensured the principles of voluntariness, anonymity and confidentiality.

Interviews were anonymous and confidential, without the presence of third parties. No identification data (names, addresses or other contact information) were collected.

Data analysis

The study data in a coded format were entered in MS Excel spreadsheets and then converted into SPSS for subsequent analysis.

Statistical analysis included the calculation of frequency distributions (the basis for calculating shares was the number of respondents), as well as a comparative analysis of data by specific sub-groups, including sex, age and duration of living with HIV (only statistically significant differences were included in the report). A cross-tabulation analysis was conducted by key indicators for subgroups of women and men, and people who inject or previously injected drugs or those without such experience. Static assessment of the significance of these differences by certain subgroups of people living with HIV was carried out based on χ^2 criteria.

The procedure grouping and ranking was used for the analysis of qualitative information (answers to open-ended questions).

HIV-INFECTION. SITUATION IN THE REPUBLIC OF TAJIKISTAN

HIV/AIDS ESTIMATES in (2015) TAJIKISTAN[1]

The number of people living with HIV	16,000 [20 000 – 13,000]
HIV prevalence among adults aged 15–49 years	0.3% [0.4%–0.3%]
Adults of 15 years and older living with HIV	16,000 [13,000 – 20,000]
Women aged 15 and older living with HIV	5400 [4300–6700]

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[1] *According to UNAIDS*

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Children of 0–14 aged and above living with HIV	<500 [<500–<500]
AIDS-related mortality	<1000 [<1000 – <1000]
Orphans aged 0 to 17 years, who lost their parents to AIDS	6000 [4400 – 7800].

The HIV epidemic in Tajikistan is considered at the concentrated stage[2] based on the regularly collected data of sentinel surveillance: 1) HIV prevalence among the key population such as people who inject drugs reached 13.5% (Sentinel surveillance, 2014); 2) HIV prevalence among pregnant women in urban areas was <1% = 0.1% (Sentinel surveillance, 2013).

In 2015, 1151 new HIV cases of were registered in the country. Among those new HIV cases 693 (60.2%) were men and 458 (42.6%) women. Of out 1151 new HIV cases, 165 or 14.3% (2015), included their medical records the indication of migration (10.1% in 2014).

Over the past six years the number of people tested for HIV increased significantly from 210,179 in 2009 to 597,426 in 2015. This number amounted to more than 7% of the total Tajikistan's population (2015). Moreover, almost eight out of every ten people tested were women (2015). The number of pregnant women tested for HIV was incrementally increasing in 2010-2015 to almost two-fold. In 2015, 174 HIV-positive pregnant women were reported.

The epidemiological process in Tajikistan can be characterized as follows:

- A growing number of people living with HIV as more new HIV cases are registered annually on the one hand, and the better survival rate of people living with HIV (increased longevity) as a result of continuous antiretroviral therapy, on the other hand.
- Increasing HIV prevalence (newly reported HIV infections) from 10.7 per 100 thousand population in 2012 to 13.8 per 100 thousand population in 2015. This trend is observed against the annual increase in HIV testing coverage: 2012 – 453,836; 2015 – 597,426 people; the detection rates of new HIV infections relative to those tested were 0.18% and 0.19% in 2012 and 2015 respectively.
- The external migration was the factor that provided an indirect impact on HIV incidence in the country.
- The increase in the proportion of women of reproductive age (15–49 years) among new HIV infections (2012 – 36.6%, 2013 – 40.8%, 2015 – 39.8%).
- The advancement of sexual transmission of HIV to the leading position in the structure of all routes of transmission, both in quantity (absolute) and percentage (relative value) (2012 – 308 cases or 37.2%, in 2013 – 504 cases or 57.5%, in 2015 – 710 cases or 61.7%).
- More than twofold reduction in the share of injecting route of HIV transmission, linked mainly to injecting drug use, was observed in the period of 2009–2015 in the structure of all routes of HIV transmission (2009 – 54.9%, 2013 – 21.4%).
- Women: sexual transmission remained the leading cause of HIV infection among women of reproductive age – 75% in 2015.
- Men: the sexual route of HIV transmission turned onto the dominant cause of HIV infection among men (2012 – 24.1%, 2015 – 52.8%).

PLHIV: SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

Gender and Age Characteristics

Among interviewed people living with HIV in Tajikistan, men (45.6%) and women (49.7%) were represented almost equally; the share of transgender people was 4.8%.

The overwhelming majority of people living with HIV (nearly 80%) were working age people: 42.6% were aged 30-–39, 36.5% were aged 40–49. The proportion of people living with HIV younger than 24 was 7.4%, and aged 50 and above – 6.1%.

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[2] *Tajikistan. Global AIDS Response Progress Report. 2014 reporting period*

The age distribution in gender subgroups was statistically different in favour of young women living with HIV, ($\chi^2 \leq 0.001$; see Annex). On the contrary a shift towards older ages (30 years and older; $\chi^2 2 \leq 0.01$) was noted among people who live with HIV and inject drugs.

Place of residence

One in two people living with HIV (46.9%), interviewed in Tajikistan, resided in a small town or a village; one in three (33.3%) in a rural area, and one in five only (19.7%) lived in a city.

No difference by the place of residence was noted among people who live with HIV and inject drugs was established (see Annex).

Marital family status and sexual relations

The vast majority of people living with HIV were sexually active (73.8%). No statistically significant differences in these indicators for PLHIV subgroups were observed (see Annex).

The marital and family status of people living with HIV was as follows: every second respondent (52.3%) was married and lived with the spouse, one in five (18.8%) were divorced, 8.7% of those interviewed were single, and almost the same number (9.4%) were widows/widowers. In most cases, the relationship with the spouse (husband/wife) or the sexual partner lasted from one to four years (30.0%), from 5 to 9 years (26.0%) or 15 years or longer (see Table 2).

The difference between the marital and family status of women living with HIV and men living with HIV, was statistically significant ($\chi^2 \leq 0.05$): there were more divorced and widowed respondents in the first group, and among the second group – more married and the single ones (Annex). Marital and family status of people who live with HIV and inject drugs, was significantly different in favour of those married and single ($\chi^2 0.05$; see Annex).

Children

The majority of interviewed people living with HIV in Tajikistan (77.9%) had children. Herein 10.1% of people living with HIV reported that at least one of their children was diagnosed with HIV.

No statistically significant differences in those indicators were observed in subgroups of women living with HIV (see Annex). However, there was a trend toward a greater share of mothers with children among both women leaving with HIV and people living with HIV who do not inject drugs.

Education, employment and income

In Tajikistan one in two people living with HIV (51.4%) had secondary education (graduated from secondary school); 17.8% of respondents graduated from a technical college or university (i.e., had vocational or higher education). The share of people living with HIV without education was 8.2%.

No statistically significant differences in subgroups of women by the level of education were established (see Annex). People who live with HIV and inject drugs featured statistically significant share of graduates from secondary school, while those who did not report previous drug use had larger proportion of technical school or university graduates ($\chi^2 \leq 0.01$; see Annex).

One in three people living with HIV (29.5%) had no job, same share (29.5%) had odd and/or part-time jobs while one in four (22.1%) had full-time employment. Women living with HIV had statistically greater proportion of those who were not employed ($\chi^2 \leq 0.05$), while people who live with HIV and inject drugs had a significant share of those reporting odd jobs ($\chi^2 \leq 0.01$; see Annex).

People living with HIV reported their average monthly households' income at 748 somoni (about US$113), a marked difference in income though was established: from 100 (US$15) to 7,000 somoni (US$1,057). The modal (most popular) amount reported was 500 somoni (US$75.5); it was the amount people living with HIV often pointed out when asked about the monthly income of their household.

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LIFE WITH HIV AND KEY VULNERABLE POPULATIONS

Years living with HIV

In Tajikistan, every third respondent had lived with HIV for 1-4 years (33.6%) or 5-9 years (35.6%). Almost every fifth (20.1%) of respondents learned about their HIV diagnosis no earlier than a year before. No statistically significant differences in subgroups of women living with HIV and people who live with HIV and inject drugs were found (see Annex).

Vulnerable Populations

34.2% of interviewed people living with HIV did not belong (and never previously belonged) to groups particularly vulnerable to HIV. One in three respondents (37.6%) was belonging (or previously belonged) to the group of injecting drug users, and almost one in four (28.2%) served a sentence in prison.

Women living with HIV had a statistically greater share of those who neither belonged to any of the most vulnerable to HIV groups (tenfold difference; $\chi^2 \le 0.001$), nor involved in sex work ($\chi^2 \le 0.001$). Men living with HIV featured statistically significant increase in proportion of injecting drug users ($\chi^2 \le 0.001$) and persons with the history of incarceration ($\chi^2 \le 0.001$), as well as migrant workers ($\chi^2 \le 0.05$; see Annex).

People living with HIV who do not inject drugs, had statistically significant increase in proportion of those who was neither belonging nor previously belonged to any key population ($\chi^2 \le 0.001$; see Annex). People who live with HIV and inject drugs featured a statistically significant increase in proportion of those who served a sentence in prison (five times; $\chi^2 \le 0,001$).

FEAR RELATED TO HIV-STATUS

In Tajikistan in the previous 12 months two in three people living with HIV said they were afraid of being gossiped about because of their HIV status (70.5%). Every other PLHIV feared sexual rejection (50.3%), as well as insults, harassment or verbal threats (48.3%; mostly people with the experience of living with HIV for at least 10 years, $\chi^2 \le 0.05$). Every seventh respondent (15.4%) feared physical harassment, threats of violence or actual physical assault (13.4%).

No statistically significant differences regarding fears were found in subgroups of women living with HIV and people who live with HIV and inject drugs (see Annex).

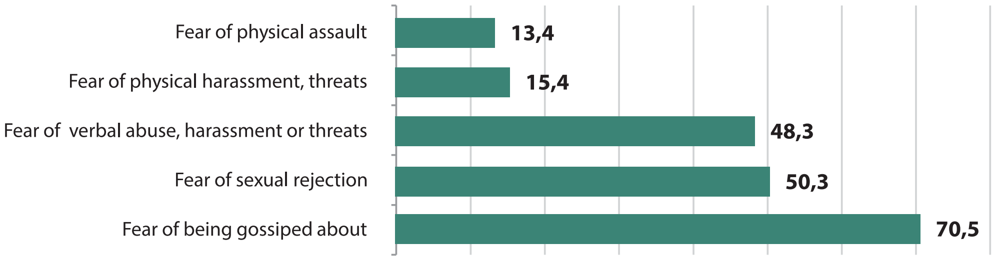

Figure 1.

Fears experienced in previous 12 months by people living with HIV due to HIV-positive status in Tajikistan.

Table 2.

Socio-demographic characteristics of people living with HIV in Tajikistan.

Gender	%
Men	45,6
Women	49,7
Transgender people	4,8
Age	
15-19 years	2,0
20-24 years	5,4
25-29 years	7,4
30-39 years	42,6
40-49 years	36,5
aged 50 and above	6,1
Education	
Do not have	8,2
Primary school	22,6
Secondary school	51,4
Technical college/university	17,8
Current employment	
Full-time job (salaried employees)	22,1
Part-time employment (salaried employees)	13,4
Full-time self-employed	6,7
Odd jobs/part-time work (self-employed)	29,5
Unemployed/do not work	29,5
Place of residence	
Rural areas	33,3
Small town or village	46,9
Big city	19,7
Current marital status	
Married and lives with the spouse	52,3
Married but living apart	6,7
In relationship but living apart	4,0
Single	8,7
Divorced	18,8
Widows/widowers	9,4

The duration of the relationships with the spouse/partner (for those who have relationships)	
0–1 year	8,0
1-4 years	30,0
5-9 years	26,0
10-14 years	8,0
longer than 15 years	28,0
Years living with HIV	
0–1 year	20,1
1-4 years	33,6
5-9 years	35,6
10-14 years	9,4
longer than 15 years	1,3
Association now (or previously) to most vulnerable to HIV groups	
Men who have sex with men	3,4
Gays and lesbians	2,0
Transgender people	0,0
Sex workers	2,7
People who inject drugs	37,6
Refugees or asylum-seekers	0,7
Internally displaced persons	4,0
Members of the indigenous communities	19,5
Migrant workers	12,8
Prisoners	28,2
Those who do/did not belong to any of the groups most vulnerable to HIV	34,2

EXTERNAL STIGMA

Manifestations of external stigma and discrimination

In the 12 months preceding the survey, the most frequent cases of stigma and discrimination against people living with HIV due to their positive HIV status from other people were the following:

- being gossiped about (55.7%),
- being verbally insulted, harassed and/or threatened (38.9%),
- sexual rejection (29.0%),
- psychologic pressure and manipulation by the partner (23.9%),
- discrimination against households' members of persons living with HIV (23.3%),
- discrimination from other people living with HIV (15.8%).

Overall men living with HIV and the PLHIV aged 25 and above reported being excluded from attending meetings and social events more often ($\chi^2 \leq 0.001$; see Annex) ($\chi^2 \leq 0.001$). People who live with HIV and inject drugs noted being gossiped about ($\chi^2 \leq 0.05$), facing discrimination from other people living with HIV ($\chi^2 \leq 0.05$) and discrimination against household members ($\chi^2 \leq 0.01$; see Annex).

Physical harassment and threats were more frequently noted in the age group of 20-29 years ($\chi^2 \leq 0.01$). Sexual rejection was more frequently experienced by recently diagnosed people living with HIV (1-9 years; $\chi^2 \leq 0{,}01$).

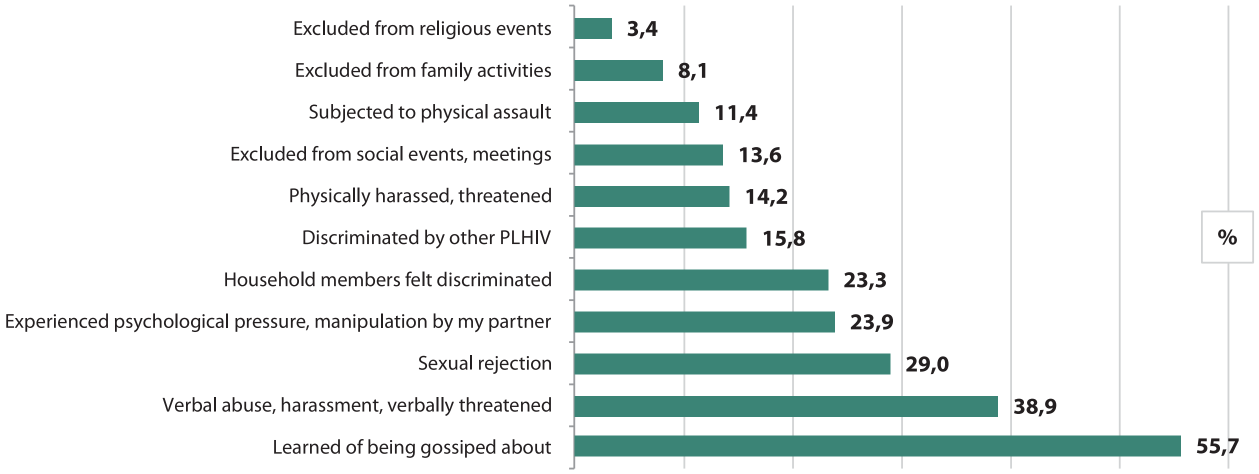

Figure 2.

Stigma and discrimination against people living with HIV from other people in the previous 12 months in Tajikistan.

Causes of stigma and discrimination from other people

People living with HIV in Tajikistan, reported the following main causes of stigma and discrimination from others: people don't understand how HIV is transmitted (64.1%), people are afraid of getting HIV from me through casual contact (60.6%), the belief that having HIV is disgraceful (50.6%), people disapprove of my lifestyle or behaviour (34.1%; typically for men living with HIV, $\chi^2 \leq 0.001$). Religious beliefs were named in some other cases along with considerations of «morality» (8.1%), as well as the presence of symptoms associated with HIV (3.5%).

The respondents identified additional factors increasing HIV-related stigma and discrimination; they were: injection drug use (35.6%), sexual orientation (5.0%), sex work (4.0%), the status of an internally displace person, association with the indigenous community (4.0%) and the status of a migrant worker (3.0%).

Subjects of stigma and discrimination from other people

People living with HIV in Tajikistan faced discrimination most often from their immediate social surroundings, fellow workers, and health care professionals (Figure 3):

- friends and neighbours (strong discrimination – 3.5%, discrimination – 15.5%),
- spouse/partner (strong discrimination reported by 4.1%, discrimination by 10.3%),
- health care workers (strong discrimination – 2.2%, discrimination – 11.1%),
- other adult family members (strong discrimination reported by 6.2%, discrimination – 2.1%),
- employers/bosses (strong discrimination – 0.7%, discrimination – 9.3%),
- colleagues (discrimination – 9.4%).

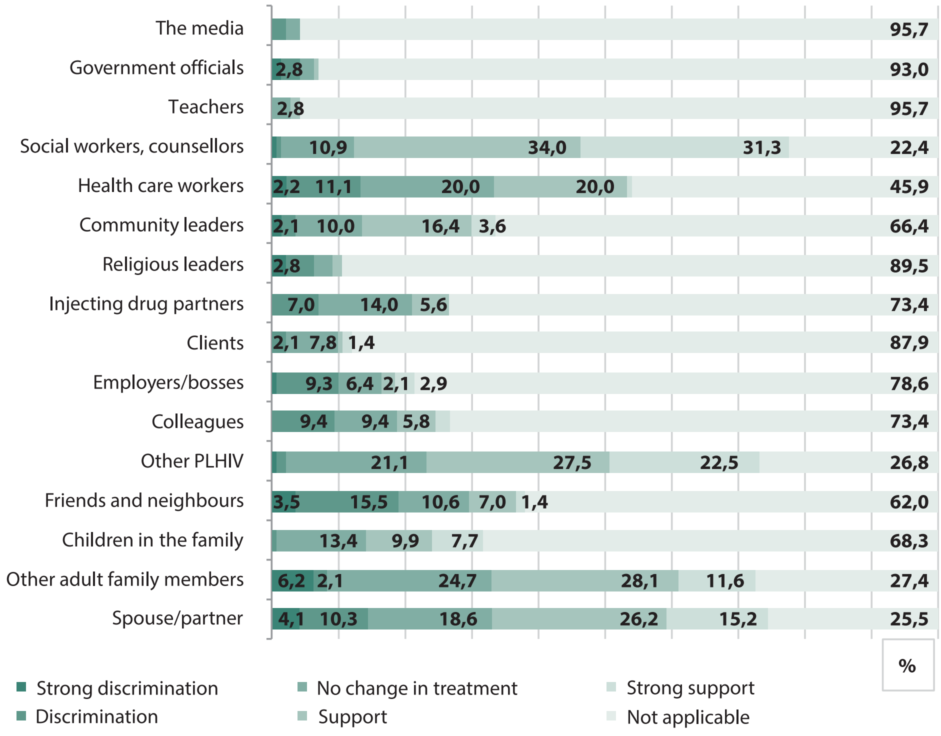

Figure3.

Discrimination against and support of PLHIV in connection with their HIV status disclosure in Tajikistan.

Stigma and discrimination from organizations and agencies

According to the survey respondents, discrimination against people living with HIV in Tajikistan from organizations and institutions in the previous 12 months resulted primarily in the loss of employment or source of income (39.6%), changes in job description or the nature of work (24.7%), and the denial of health care, including dental care (21.1%; Figure 4).

Men living with HIV faced statically more often and notably on repeated occasions, the loss of employment or source of income ($\chi^2 \leq 0.01$), and change in the nature of work, ($\chi^2 \leq 0.05$; see Annex).

If people living with HIV aged 15-24 were forced to change place of residence or unable to rent accommodation only once, people living with HIV aged 25-49 experienced it several times ($\chi^2 \leq 0.01$).

People who live with HIV and inject drugs statistically more likely faced discrimination in the workplace, namely a loss of job or another source of income ($\chi^2 \leq 0.01$), refused employment ($\chi^2 \leq 0.01$), a change in job description and the nature of work ($\chi^2 \leq 0.05$), dismissal or suspension from work ($\chi^2 \leq 0.01$; see Annex).

TAJIKISTAN

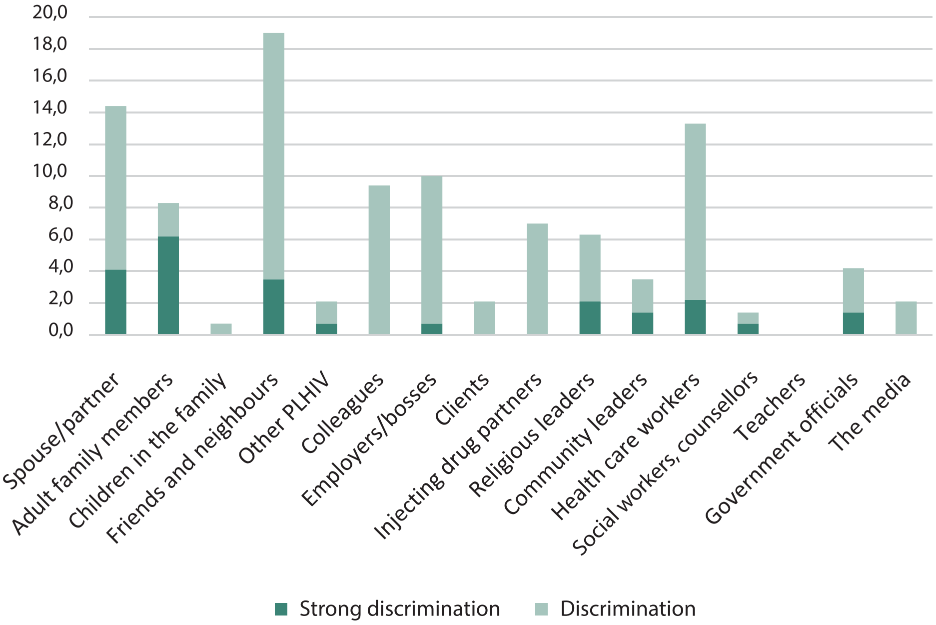

Figure 4.

Discrimination related to the disclosure of HIV status in Tajikistan.

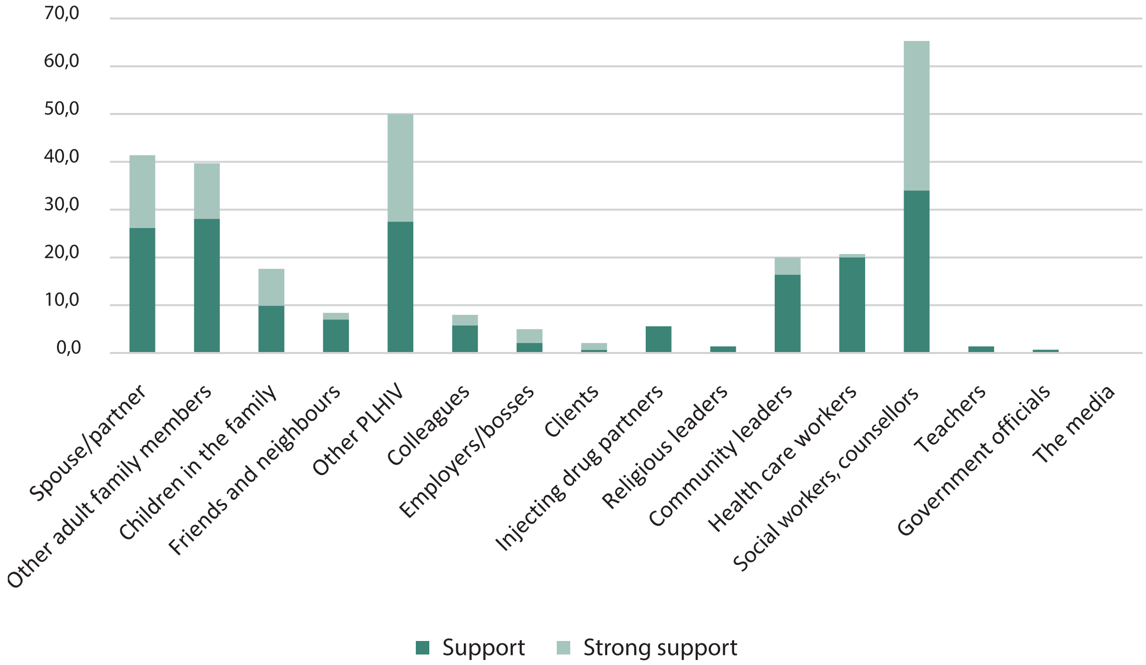

Figure 5.

Support related to the disclosure of HIV status in Tajikistan.

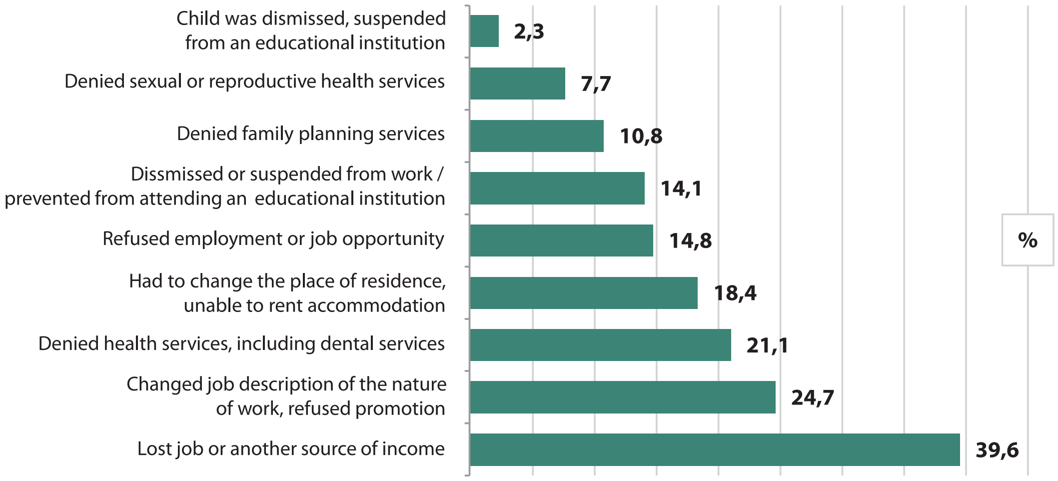

Figure 6.

Stigma and discrimination against people living with HIV from organizations and agencies in the previous 12 months in Tajikistan.

RIGHTS VIOLATION DUE TO HIV STATUS

Extent and nature of rights violations

Overall, 23.5% of people living with HIV in Tajikistan reported that over the previous 12 months they faced situations that could be qualified as rights violation of people living with HIV. The most common type of violation was enforced consent to medical procedures, including testing for HIV (45.0%; see Annex).

No statistically significant differences in those indicators were found for women living with HIV (see Annex). People who live with HIV and inject drugs are statistically more often reported such rights violation as forced medical procedures ($\chi^2 \leq 0.01$) and isolation or quarantine ($\chi^2 \leq 0.05$; see Annex).

On top of that, people living with HIV in Tajikistan reported the following rights violation:

- disclosure of HIV status by health care workers (two cases);
- denial of hospitalization and/or treatment or medical procedures (five cases);
- prevented from attending an educational institution (one case);
- denied employment (one case) or illegal dismissal (one case);
- exclusion from religious events (two instances).

Reproductive rights violations

Violations of reproductive rights of people living with HIV in Tajikistan primarily concerned the following:

- health workers' advice not to have children (72.9%),
- failure to obtain consultations on reproductive opportunities (33.6%),
- coercion by health workers into certain type of delivery (18.9%),
- coercion to terminate pregnancy (abortion) on the part of health care workers (17.5%),
- coercion by health workers regarding newborn baby feeding practices (13.5%).

Only 43.8% of women living with HIV received information on healthy pregnancy and motherhood as part of the program to prevent mother-to-child transmission of HIV.

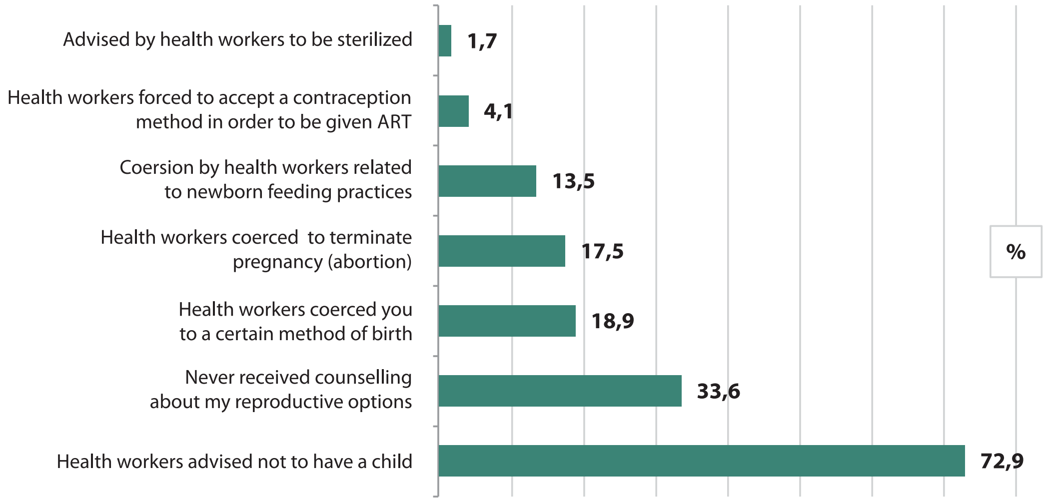

Figure 7.

Violations of reproductive health rights of PLHIV in Tajikistan.

SELF-STIGMA

Manifestations of self-stigma

Two out of three people living with HIV in Tajikistan felt ashamed (71.1%) and guilty (65.8%), blamed themselves for their HIV-positive status (63.8%); one in two experienced low self-esteem (52.3%), one in three blamed others (35.6%); slightly lesser number felt suicidal (28.2%) or felt that they should be punished (21.5%).

Men living with HIV as well as people who live with HIV and inject drugs more often felt guilty ($\chi^2 \le 0.001$) and blamed themselves ($\chi^2 \le 0.001$), whereas women living with HIV accused others ($\chi^2 \le 0.001$, see Annex).

People living with HIV aged 30-49 more often accused themselves ($\chi^2 \le 0.001$). People categorized as relatively recent infections (1–9 years) felt quite often ashamed (≤0,05).

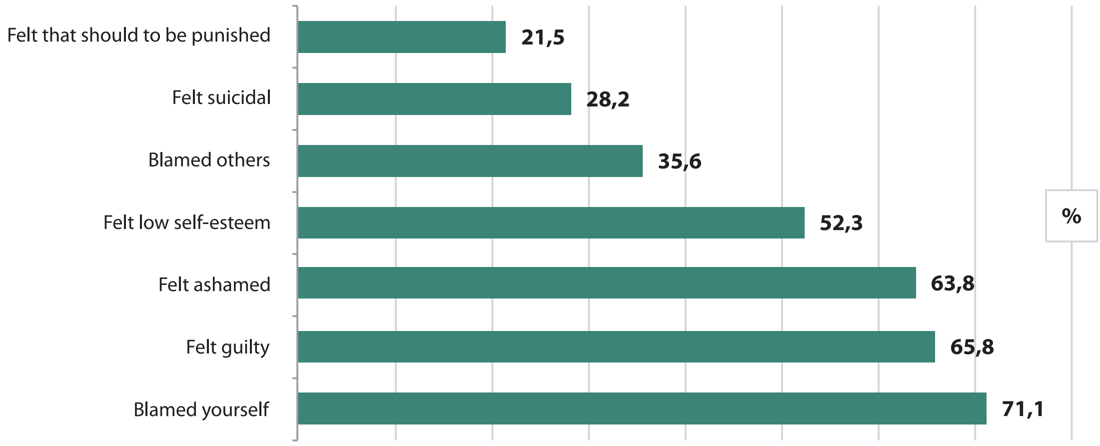

Figure 8.

Internal stigma in Tajikistan.

Manifestations of self-discrimination

Self-discrimination of people living with HIV in Tajikistan most often resulted in the decision not to have (more) children – one in two persons living with HIV decided so (53.7%, more often people aged 30 years and above $\chi^2 \le 0.01$, as well as people living with HIV for less than nine years ($\chi^2 \le 0.05$, see Annex).

One in three people living with HIV decided not to get marred (36.2%) and not to have sex (35.6%). Slightly lesser proportion of people living with HIV avoided going to a local clinic (32.9%, more often men $\chi^2 \le 0.05$ and those aged 20-49 – $\chi^2 \le 0.05$) and hospitals (30.2%, also more often men $\chi^2 \le 0.01$). 29.5% of respondents withdrew from education and took the decision not to attend social activities (28.9%, more often people who live with HIV and inject drugs).

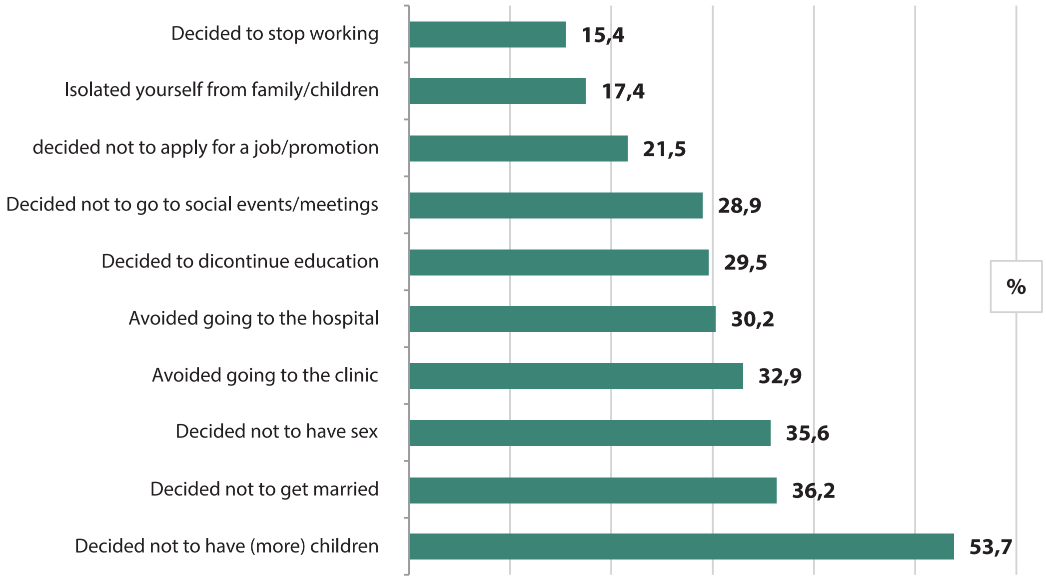

Figure 9.

Self-discrimination of PLHIV in Tajikistan.

CONFRONTING STIGMA AND DISCRIMINATION

One in four persons living with HIV indicated that in the previous 12 months they happened to confront, challenge and educate somebody who subjected him/her to discrimination or stigmatization (27.5%, statistically more often people who live with HIV and inject drugs, see Annex), one in five had to ask for help to resolve an issue of stigma and discrimination (20.8%).

Support of family members and community

In Tajikistan people living with HIV count on the support of social workers, counsellors, health care professionals, along with their peers and the close ones. The respondent rated received support as shown in Figures 3:

- social workers, counsellors (very supportive – 31.3%, supportive – 34.0%),
- peers PLHIV (very supportive – 22.5%, supportive – 27.5%),
- spouse/partner (very supportive – 15.2%, supportive – 26.2%),
- other adult family members (very supportive – 11.6%, supportive – 28.1%),
- community leaders (very supportive – 3.6%, supportive – 16.4%),
- health care workers (very supportive – 0.7%, supportive – 20.0%.

Support of organizations and groups

Two out of three people living with HIV in Tajikistan were aware of organizations and groups, they can seek help from to resolve the issue of stigmatization or discrimination. The respondents knew about groups of people living with HIV (65.8%), the networks of people living with HIV (34.2%), and national non-governmental organizations (23.5%) (Figure 8).

Other services that could provide support to people living with HIV, but were less familiar to respondents, were the following: international non-governmental organizations were known to 12.8% of people living with HIV; 6.7% of respondents indicated local non-governmental organizations, and only 4.7% of the PLHIV were aware of human rights organizations (Figure 8). The United Nations family of organizations (3.4%), national AIDS councils or committees (2.7%), and religious organizations (0.7%) were even less familiar to people living with HIV.

Only nine people living with HIV among those who faced rights violations, tried to get legal support. The main reasons for not applying for legal support, as PLHIV indicated, were depression and intimidation, that prevented them from taking any action, as well as the lack of faith in a positive outcome.

Support of other PLHIV

Every second of person living with HIV in Tajikistan (56.4%) over the previous 12 months provided support to other people living with HIV. Most commonly (55.7%) it was emotional support, chiefly counselling and sharing. Less often the support included referral to other services (14.8%) or was of material nature (6.7%).

One in two people living with HIV was a member of a support group or network of people living with HIV (51.7%), others participated as volunteers or staff members in support programmes and projects for people living with HIV (38.9%).

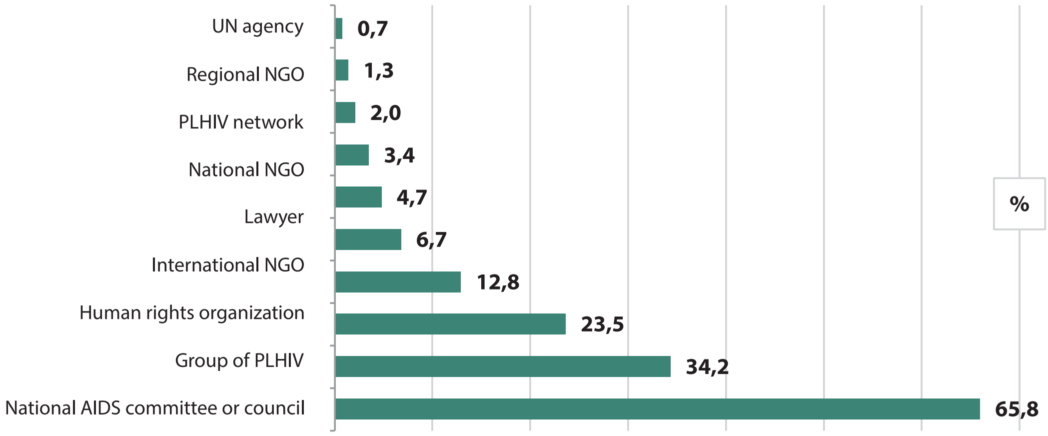

Figure 10.

Awareness of organizations providing support to people living with HIV in Tajikistan.

One in ten participated in any process of developing legislation, policies or guidelines related to HIV (9.4%).

Knowledge of basic instruments that protect the rights of people living with HIV

Less than half of people living with HIV in Tajikistan (42.3%) heard about the Declaration of Commitment on HIV/AIDS; only 6.7% of respondents read or discussed its contents.

About one in five people living with HIV (26.2%) heard about a national document (law) that protected people living with HIV; 4.7% of respondents read or discussed its contents.

Personal influence assessment

Only a few people living with HIV in Tajikistan believed that had the power to influence decisions concerning people living with HIV: specifically, on national programmes and projects (22.1%), as well as legal issues related to life with HIV (12.1%) and regional projects and programmes (8.1%).

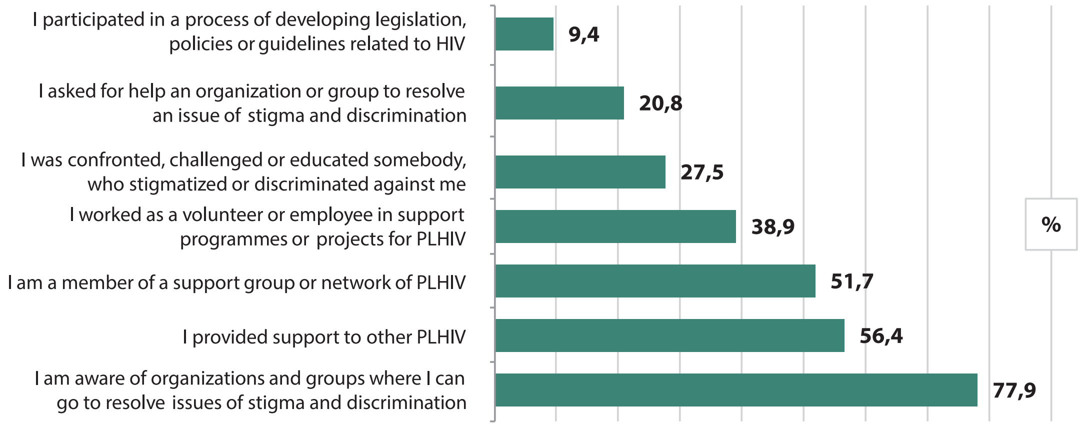

Figure 11.

Forms of countering stigma and discrimination of people living with HIV in the previous 12 months in Tajikistan.

Measures to eradicate stigma and discrimination

In general, people living with HIV in Tajikistan believed that stigma and discrimination of people living with HIV could be eliminated, first of all, by protecting the rights of people living with HIV (57.5%), and raising awareness about HIV/AIDS (22.6%).

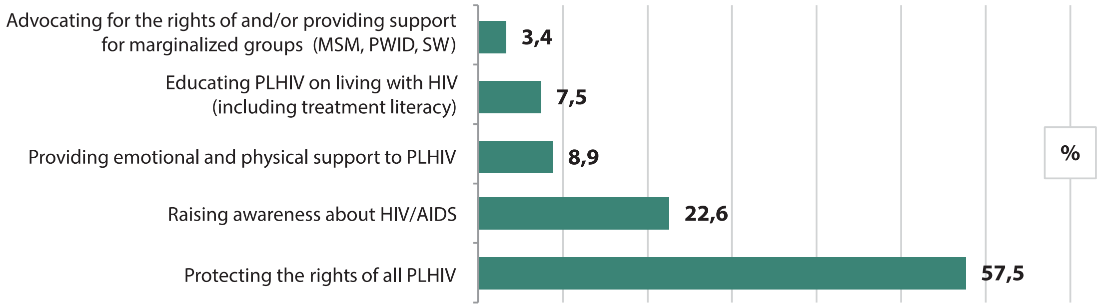

Figure 12.

Opinions about what needed to be done to eradicate stigma and discrimination against people living with HIV in Tajikistan.

TESTING AND DISCLOSURE OF POSITIVE HIV STATUS

Reasons for HIV testing

Almost one in three persons living with HIV in Tajikistan (28.9%) noted that they took HIV testing just because they wanted to know. Less common reasons were as follows:

- referred due to suspected HIV-related symptoms (e.g. tuberculosis) – 16.1%,
- wife/husband/partner/family member tested HIV-positive – 14.8%,
- referred by a clinic for sexually transmitted infections – 12.1%,
- spouse/partner/family member tested HIV-positive – 12.0%,
- pregnancy related examination – 10.7%,
- work-related check-up – 9.4%,
- preparation for a marriage/sexual relationship – 4.0%,
- wife/husband/partner/family member got sick or died – 2.7%.

Men living with HIV were tested for HIV statistically more often due to symptoms related to HIV-infection ($\chi^2 \leq 0.05$; see Annex) while women living with HIV, as well as PLHIV who do not inject drugs, had the HIV test because their sexual partner tested HIV-positive ($\chi^2 \leq 0{,}001$).

Self-initiated and voluntary HIV testing

Most of people living with HIV in Tajikistan (78.1%) decided to go for the HIV test independently and voluntary; one in ten did it independently, but still under pressure from others 11.6%), fewer respondents did it under coercion (7.5%). There were only few cases (2.7%) when respondents were tested without their knowledge, only to find it out after the test had been done.

No statistically significant differences in those indicators for PLHIV subgroups were observed (see Annex).

Pre- and post-test counselling

One in ten people living with HIV in Tajikistan (12.9%) did not receive any pre- or post-test counselling, when they were diagnosed with HIV infection. One in two (43.5%) only received post-test counselling, the same number (42.9%) received both pre- and post-test counselling.

No statistically significant differences in these indicators for PLHIV subgroups were observed (see Annex).

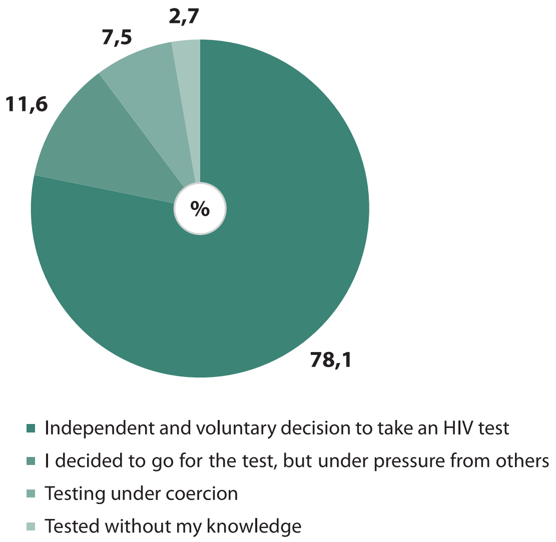

Figure 13.

Rate of voluntary HIV testing in Tajikistan.

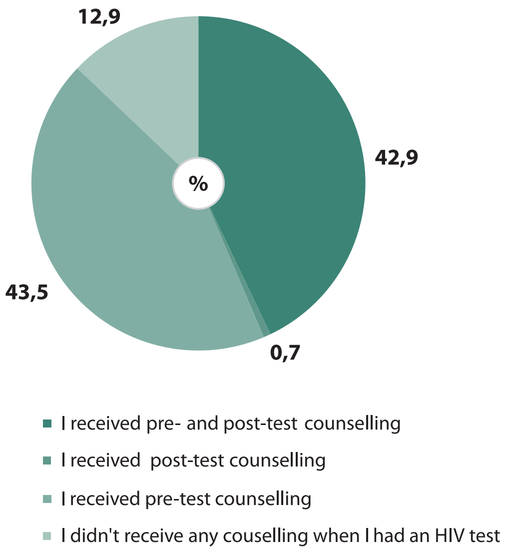

Figure 14.

Pre- and post-test counselling when tested for HIV-infection in Tajikistan.

DISCLOSURE OF HIV STATUS AND CONFIDENTIALITY

Self-disclosure of status by people living with HIV

The vast majority of people living with HIV in Tajikistan disclosed themselves their HIV status to care personnel (social workers, counsellors, health care professionals), their close relatives (spouses or partners, adult members of the family), other people living with HIV. In general, the ranked list of various groups to whom people living with HIV disclose their HIV status, is as follows:

- social workers or counsellors – 68.5%
- spouse or sexual partner – 61.1%
- other people living with HIV – 60.4%,
- adult family members (except for a spouse or partner) – 49.0%
- health care workers – 43.6%
- community leaders – 26.7%
- injecting drug partners – 23.5%
- children from their families – 19.5%
- colleagues at work – 15.4%
- employers, bosses – 14.1%
- friends or neighbours – 10.1%
- their clients – 10.7%
- government officials – 3.4%
- religious leaders – 2.0%
- teachers – 1.3%

In Tajikistan people living with HIV often did not disclose their HIV status to their social surroundings. In general, the ranked list of various groups to whom people living with HIV did not disclose the HIV status (neither people living with HIV themselves nor anyone else) was as follows:

- religious leaders – 49.7%
- government officials – 49.0%
- the media – 49.0%
- friends and neighbours – 47.7%
- children in their families – 45.0%
- colleagues – 40.3%
- employers, bosses – 39.6%
- their clients – 36.2%
- community leaders – 37.6%
- teachers – 32.2%
- adult family members (except for a spouse or partner) – 28.2%
- injecting drug partners – 24.8%
- health care workers – 22.1%
- other people living with HIV – 18.8%
- spouse or sexual partner – 11.4%
- social workers or counsellors – 11.4%

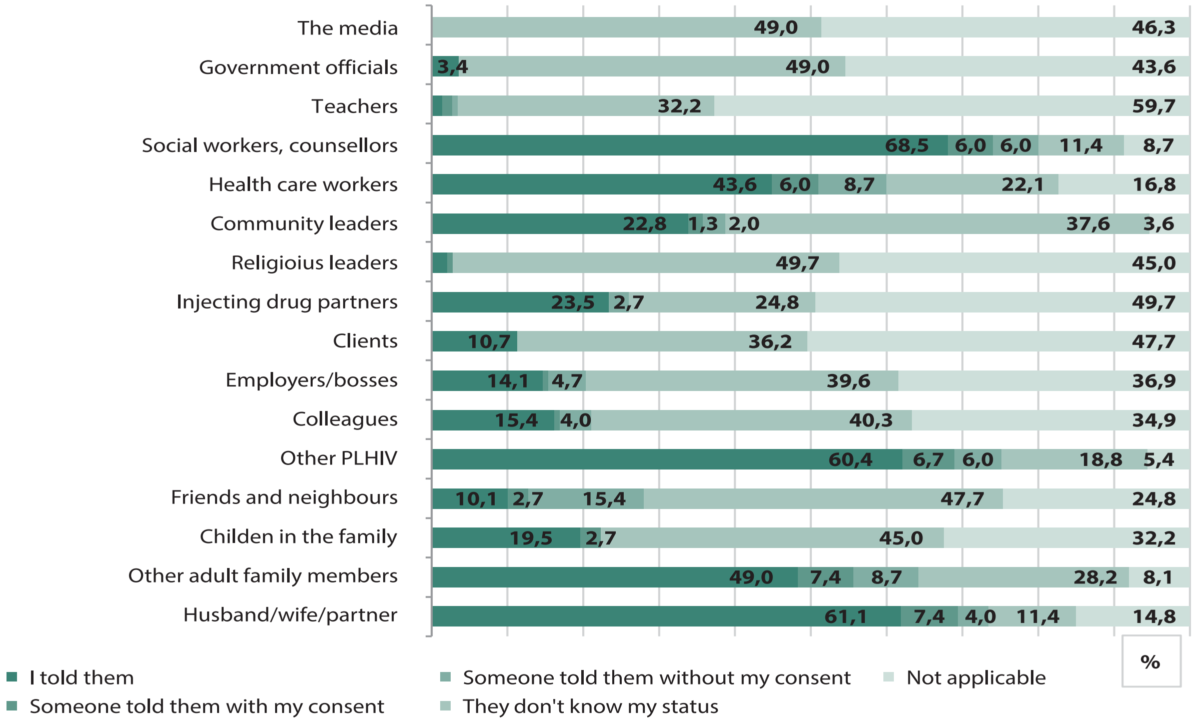

Figure 15.

Whom people living with HIV in Tajikistan disclosed their HIV status

Disclosure without consent of PLHIV

Groups of people to whom someone disclosed status of a person living with HIV without his/her consent, were as follows:

- friends or neighbours – 15.4%
- adult family members (except for a spouse or partner) – 8.7%
- health care workers – 8.7%

- other people living with HIV – 6.0%,
- social workers or counsellors – 6.0%
- employers, bosses – 4.7%
- colleagues – 4.0%
- injecting drug partners – 2.7%
- community leaders – 2.0%
- teachers – 0.7%.
- spouse or sexual partner – 4.0%.

Disclosure in health care institutions

One in five persons living with HIV in Tajikistan (20.1%) indicated that they faced disclosure of their HIV status by health care personnel (women living with HIV faced it more often, $\chi^2 \leq 0.05$, see Annex) one in three (39.6%) had doubts whether disclosure took place or not (see Figure 14). 40.3% of people living with HIV were confident that no disclosure of HIV status had taken place.

One in ten respondents living with HIV (11.0%) believed that medical records containing information about his/her HIV status was not confidential; almost one in two (60.3%) had difficulty answering the question.

During the previous 12 months, every second person living with HIV in Tajikistan (45.0%) had to give consent to medical procedures (including laboratory HIV tests).

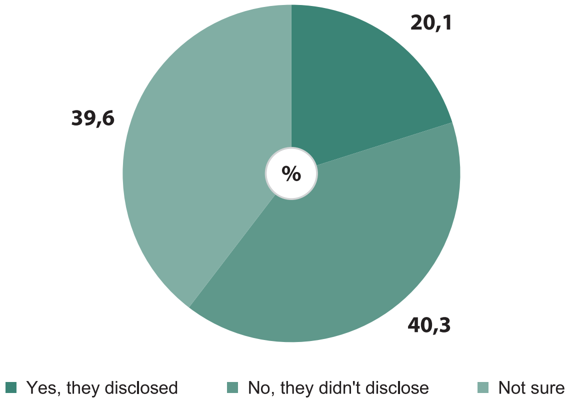

Figure 16.

Disclosure of HIV status by health care workers in Tajikistan.

Pressure related to status disclosure

Pressure on people living with HIV, to induce them to disclose their HIV status, was quite widespread and typical both on part of people with negative HIV status, and people living with HIV. Respondents indicated that 7.5% of them at least once felt pressure from people living with HIV, while 4.1% of respondents felt pressure to disclose from those who were not HIV positive; several instances of such pressure were reported in 13.7% and 15% of cases correspondingly, and 4.1% and 3.4% of respondents often experienced such pressure from the above categories of people. Pressure from other people living with HIV and PLHIV networks was experienced more often by women living with HIV, than men ($\chi^2 \leq 0.05$, see Annex).

One in two persons living with HIV in Tajikistan (48.0%, statistically more often women, ($\chi^2 \leq 0.05$, see Annex) believed that disclosure of HIV status was helpful or the right decision, and one in four (25.0%) said that it did not help.

HEALTH AND TREATMENT OF PEOPLE LIVING WITH HIV

The majority of people living with HIV in Tajikistan considered their health status as good (24.3%) or fair (45.3%); the rest believed their health was very good (4.1%) or excellent (8.8%). One in five people living with HIV (17.6%) rated their health as poor (PLHIV-PWID indicated it statistically more often ($\chi^2 \leq 0.05$, see Annex).

One in ten people living with HIV (10.1%) indicated that he/she had physical disability. As a rule, they mentioned HIV co-infections (primarily TB) as well as oncologic diseases.

In Tajikistan two out of three people living with HIV (75.7%) were receiving antiretroviral treatment, while 93.9% of respondents believed that they had access to it. One in three people living with HIV (36.5%) received treatment of opportunistic diseases, and one in two (66.7%), according to their own evaluation, had access to it.

Among pregnant women living with HIV surveyed in Tajikistan, 28.8% were receiving antiretroviral treatment during pregnancy; 24.7% of the women by their own evaluation did not have access to such treatment; while 12.3% of them were not aware of ART. Two women stated that they were denied ART.

During the previous 12 months, two out of three persons living with HIV (61.2%) reported constructive discussions with health professionals about options of their HIV treatment; one in three (34.7%) discussed other health issues (such as sexual and reproductive health), emotional well-being, addictive behaviour and etc.

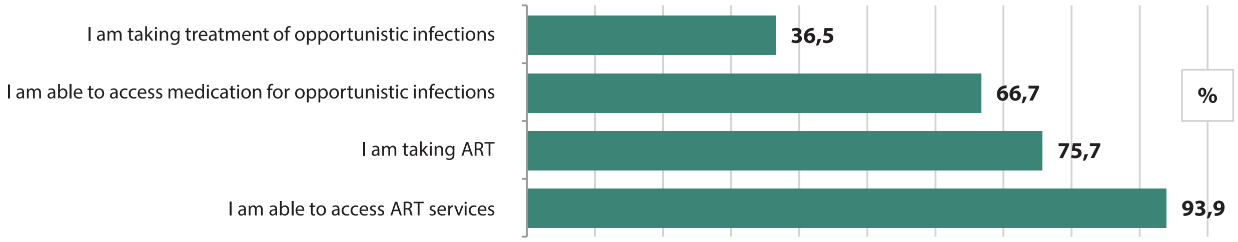

Figure 17.

Access to antiretroviral therapy and treatment of opportunistic diseases for people living with HIV in Tajikistan.

CONCLUSION

According to the study, a typical person living with HIV in the Republic of Tajikistan is a man or woman of working age (30-49 years) with secondary or primary education. He/she lives in a town or a rural area, does not work or works at odd jobs and/or part-time. He/she is married and has children. The average monthly income of the person's family is about 500 somoni (US$75.5) or slightly more. He/she has been living with HIV longer than one year, but no longer than 10 years. One in three people living with HIV have a history of injection drug use, and one in four served a sentence in prison. Two in three people living with HIV are on antiretroviral treatment.

Two out of three people living with HIV in Tajikistan, among study participants, felt fears of being gossiped about, fears of sexual rejection, fears of verbal abuse and harassment (as the most common fears). In fact, sexual rejection, psychologic pressure by their partner/spouse, and discrimination of family members were experienced by one in four people living with HIV in Tajikistan. The history of injection drug use is a factor to reinforce HIV-related stigma.

Most often, people living with HIV in Tajikistan faced discrimination from their immediate social surroundings: friends and neighbours, partners, adult family members, as well as health care workers.

One in five respondents experienced the change in job description or labour conditions due to their HIV status. The same number of people living with HIV in Kazakhstan faced the disclosure of their HIV status at a health facility, while one in two of the respondents was forced to agree to a variety of medical procedures (including laboratory HIV tests). One in three respondents living with HIV have not been counselled on their reproductive options, and one in five has been advised by health workers not to

have children. Approximately one in four women living with HIV, by her own estimation, did not have access to antiretroviral treatment during pregnancy, while one in ten was not aware of ART.

The survey showed that self-stigma of people living with HIV in Tajikistan is primarily manifested in the feelings of guilt and low self-esteem. One in four people living with HIV have had suicidal thoughts. The main form of self-discrimination of people living with HIV varied from the decision not to have (more) children (one in two PLHIV in Tajikistan) along with the decision not to get married, not to have sex, not to go to a local clinic or hospital, and discontinue education (one in three people living with HIV in Tajikistan).

Social workers, counsellors, health care professionals, along with their peers and the close ones are the main providers of support to people living with HIV in Tajikistan. These groups are those to whom people living with HIV primarily disclose their HIV-positive status.

Two out of three people living with HIV in Tajikistan are aware of organizations and groups, they can seek help from to resolve an issue of stigmatization or discrimination: they mostly are groups and networks of people living with HIV, as well as local NGOs.

One in two persons living with HIV have supported other people living with HIV (often by providing emotional support included consulting, sharing experience of life with HIV). One in two people living with HIV is a member of a support group or a network of people living with HIV.

In the course of the programmes aimed at reducing the stigma of PLHIV in Tajikistan, strong emphasis shall be placed on addressing stigma and discrimination from social surroundings of people living with HIV (friend and neighbours, partners, adult members of the family). These are the sources of fears felt by people living with HIV, as well as the actual occurrences of stigma and discrimination. HIV awareness activities need to be carried out in local communities, especially in the rural areas.

The high level of unemployment among people living with HIV in Tajikistan can be, among other reasons, the implication of discrimination in the labour market due to the HIV status, thus requiring special attention by developers of HIV programmes.

The support programs for people living with HIV in Tajikistan shall necessarily include measures to correct the manifestations of self-stigma and self-discrimination that affect all aspects of wellbeing of people living with HIV – from personal relationships to access to health and education services. Gender and cultural specificity shall be taken into account when implementing these programmes.

MAIN RECOMMENDATIONS

The findings of the Stigma Index allowed us to formulate several recommendations for those who will implement programmes to counter stigma and discrimination:

1. develop a single national multidimensional strategy to eliminate stigma and discrimination, and detailed plans for its implementation over the next three years (taking into account the social cluster, types of interventions, international best practices, the development and implementation of the necessary policies/guidelines, etc.).
2. develop policies for interagency collaboration of state bodies, as well as intersectoral collaboration of state, public and private sectors.
3. emphasize the principle of involvement of communities of people living with HIV in planning, implementation and monitoring of strategies and interventions to eliminate stigma and discrimination, as well as to ensure universal access to comprehensive HIV diagnostic, prevention, treatment, care and support services.
4. components of programs to eliminate stigma and discrimination should be included as separate points in the national policies and programs, applications to grant donors and interagency agreements.

APPLICATION OF THE FINDINGS. THE DRAFT STRATEGY TO COUNTER STIGMA AND DISCRIMINATION IN TAJIKISTAN

Following the study, in January 2016 an inter-country working meeting of government agencies, NGOs and PLHIV communities of Kazakhstan, Kyrgyzstan and Tajikistan was held in Almaty. Each country participating in the meeting designed potential strategies to counter stigma and discrimination at the national level. As a result, preliminary plans were elaborated to develop the concept of strategy, including its goals and objectives for the following three years. The outlined plans were ambitious, and their execution might take longer than three years; however, the Stigma Index, quantified by this study, laid the groundwork to start implementation of those plans. Moreover, the Stigma Index should be reviewed on a regular basis, which would further enable to track changes in the situation and, if necessary, update applied strategies.

THE DRAFT CONCEPT-STRATEGY TO COUNTER STIGMA AND DISCRIMINATION IN TAJIKISTAN FOR 2016-2018

Main expected outcome. People living with HIV live in a world free from stigma and discrimination.

STRATEGIC GOALS

Strategic Goal No.1

Eliminate discrimination of people living with HIV in health care institutions by the end of 2018

Targets / key activities

1.1. get accurate high-quality information about the attitude of the medical staff on issues related to HIV stigma and discrimination before the end of 2016;

1.2. raise awareness of the health care staff on HIV and HIV-related stigma and discrimination;

1.3. create an enabling environment to meet this target.

Strategic Goal No.2

Reduce self-stigma and self-discrimination by at least 50% by 2018

Targets / key activities

2.1. improve legal literacy of people living with HIV;

2.2. create supportive environment/conditions for better self-perception of people living with HIV.

Strategic Goal No.3

Creating an enabling environment to achieve the goals, in line with the 90-90-90 UNAIDS strategy

Targets / key activities

3.1. raise public awareness on issues of HIV-related stigma and discrimination by engaging relevant public institutions;

3.2. improve HIV-related legislative framework to address issues of stigma and discrimination;

3.3. monitor compliance with legislation concerning HIV-related stigma and discrimination.

ANNEX. SOCIO-DEMOGRAPHIC CHARACTERISTICS AND STIGMA AND DISCRIMINATION INDICATORS IN DIFFERENT SUBGROUPS OF PLHIV IN TAJIKISTAN

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
SOCIO-DEMOGRAPHIC CHARACTERISTICS												
Gender												
Men	67	45,6	0	0,0	67	45,6	-	49	89,1	18	20,0	≤0,001
Women	73	49,7	73	49,7	0	0,0		6	10,9	66	73,3	
Transgender people	7	4,8	-	-	-	-		0	0,0	6	6,7	
Age												
15–19 years	3	2,0	2	2,8	0	0,0	≤0,001	0	0,0	3	3,3	≤0,001
20–24 years	8	5,4	4	5,6	1	1,5		0	0,0	7	7,8	
25–29 years	11	7,4	9	12,5	2	3,0		2	3,6	9	10,0	
30–39 years	63	42,6	37	51,4	22	32,8		20	35,7	42	46,7	
40–49 years	54	36,5	18	25,0	35	52,2		31	55,4	23	25,6	
aged 50 and above	9	6,1	2	2,8	7	10,4		3	5,4	6	6,7	
Place of residence												
Rural areas	49	33,3	28	38,4	22	32,8	no data	15	26,8	34	37,4	no data
Small town or village	69	46,9	31	42,5	33	49,3		30	53,6	39	42,9	
City	29	19,7	14	19,2	12	17,9		11	19,6	18	19,8	
Current marital status												
Marriage and cohabitation	78	52,3	34	46,6	42	62,7	≤0,05	33	58,9	45	49,5	≤0,05
Marriage but living apart	10	6,7	6	8,2	42	6,0		4	7,1	6	6,6	
In relationship but living apart	6	4,0	3	4,1	1	1,5		3	5,4	2	2,2	
Single	13	8,7	1	1,4	9	13,4		8	14,3	5	5,5	
Divorced	28	18,8	18	24,7	9	13,4		7	12,5	21	23,1	
Widows/widowers	14	9,4	11	15,1	2	3,0		1	1,8	12	13,2	
The duration of the relationships with the spouse/partner (for those who have relationships)												
0–1 year	8	8,0	5	10,9	1	2,2	no data	0	0,0	7	11,9	≤0,05
1-4 years	30	30,0	13	28,3	12	26,1		12	30,0	18	30,5	
5-9 years	26	26,0	13	28,3	13	28,3		11	27,5	15	25,4	
10–14 years	8	8,0	2	4,3	6	13,0		7	17,5	1	1,7	
longer than 15 years	28	28,0	13	28,3	14	30,4		10	25,0	18	30,5	
Sexually active	110	73,8	56	76,7	48	72,7	no data	42	77,8	66	72,5	no data

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	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
SOCIO-DEMOGRAPHIC CHARACTERISTICS												
Education												
Do not have	12	8,2	7	9,9	2	3,0	no data	1	1,8	11	12,2	≤0,01
Primary school	33	22,6	19	26,8	14	20,9		14	25,0	19	21,1	
Secondary school	75	51,4	33	46,5	39	58,2		36	64,3	39	43,3	
Technical college/university	26	17,8	12	16,9	12	17,9		5	8,9	21	23,3	
Current employment												
Full-time job (salaried employees)	33	22,1	16	22,5	16	23,9	no data	14	25,0	19	21,1	no data
Part-time employment (salaried employees)	20	13,4	6	8,5	11	16,4	no data	7	12,5	13	14,4	no data
Full-time self-employed	10	6,7	5	7,0	4	6,0	no data	2	3,6	8	8,9	no data
Odd jobs/part-time work (self-employed)	44	29,5	17	23,9	26	38,8	no data	24	42,9	20	22,2	≤0,01
Unemployed/do not work	44	29,5	27	38,0	15	22,4	≤0,05	13	23,2	31	34,4	no data
Years living with HIV												
0–1 year	30	20,1	15	20,5	9	13,4	no data	7	12,5	22	24,2	no data
1–4 years	50	33,6	24	32,9	25	37,3		20	35,7	30	33,0	
5–9 years	53	35,6	25	34,2	26	38,8		23	41,1	29	31,9	
10–14 years	14	9,4	9	12,3	5	7,5		4	7,1	10	11,0	
longer than 15 years	2	1,3	0	0,0	2	3,0		2	3,6	0	0,0	
Association now (or previously) with groups most-at-risk to HIV												
Men who have sex with men	5	3,4	-	-	1	1,5	-	0	0,0	5	5,5	no data
Gays and lesbians	3	2,0	0	0,0	1	1,5	≤0,001	1	1,8	2	2,2	no data
Transgender people	0	0,0	-	-	-	-	-	-	-	-	-	-
Sex workers	4	2,7	4	5,6	0	0,0	≤0,05	1	1,8	3	3,3	no data
People who inject drugs	56	37,6	6	8,3	49	73,1	≤0,001	56	100,0	-	-	-
Refugees or asylum-seekers	1	0,7	0	0,0	1	1,5	no data	1	1,8	0	0,0	no data
Internally displaced persons	6	4,0	4	5,6	2	3,0	no data	1	1,8	5	5,5	no data
Members of the indigenous communities	29	19,5	13	18,1	16	23,9	no data	15	26,8	14	15,4	no data
Migrant workers	19	12,8	5	6,9	13	19,4	≤0,05	8	14,3	11	12,1	no data
Prisoners	42	28,2	2	2,8	37	55,2	≤0,001	35	62,5	7	7,7	≤0,001
Those who do/did not belong to any of the groups most vulnerable to HIV	51	34,2	47	65,3	4	6,0	≤0,001	0	0,0	51	56,0	≤0,001

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
FEARS RELATED TO HIV-STATUS												
Fear of becoming the subject of gossip	105	70,5	52	73,2	48	71,6	no data	39	69,6	66	74,2	no data
Fear of verbal abuse, harassment or threats	72	48,3	41	56,9	28	41,8	no data	23	41,1	49	54,4	no data
Fear of harassment, threats of physical abuse	23	15,4	9	12,5	13	19,4	no data	9	16,1	14	15,6	no data
Fear of physical assault	20	13,4	9	12,5	10	15,2	no data	7	12,5	13	14,6	no data
Fear of sexual rejection	75	50,3	32	45,1	41	61,2	no data	34	60,7	41	46,1	no data
EXTERNAL STIGMA AND DISCRIMINATION												
External stigma by others (at least once in the last 12 months)												
Learned gossips about themselves	83	55,7	41	56,2	41	61,2	no data	39	69,6	44	48,4	≤0,05
Subjected to verbal abuse. Harassment, and threats	58	38,9	31	42,5	25	37,3	no data	25	44,6	33	36,3	no data
Not allowed to participate in family affairs (cooking, sharing a meal, sleeping in the same room)	12	8,1	7	9,6	4	6,0	no data	5	8,9	7	7,8	no data
Not allowed to participate in meetings or community events (weddings, funerals, parties, going to clubs)	20	13,6	4	5,6	13	19,4	≤0,05	11	19,6	9	10,1	no data
Not allowed to participate in religious activities, visiting places of worship	5	3,4	1	1,4	3	4,5	no data	3	5,4	2	2,2	no data
Faced physical harassment, threat of assault	21	14,2	13	17,8	7	10,6	no data	8	14,5	13	14,3	no data
Subjected to physical abuse	17	11,4	9	12,3	7	10,4	no data	8	14,3	9	9,9	no data
Psychologic pressure and manipulation by the partner	32	23,9	14	20,6	17	29,8	no data	15	31,3	17	20,2	no data
Sexual rejection	40	29,0	15	22,4	20	32,3	no data	17	32,7	23	27,4	no data
Discrimination from other PLHIV	23	15,8	10	13,7	12	18,8	no data	13	23,6	10	11,2	≤0,05
Discrimination experienced by household members	34	23,3	17	23,3	16	25,0	no data	17	31,5	17	18,9	≤0,01
External stigma from organizations and agencies												
Had to relocate, experienced difficulties in renting accommodation	27	18,4	17	23,6	7	10,6	no data	6	10,7	21	23,6	no data
Denied employment or work opportunities	36	39,6	9	23,7	24	51,1	≤0,01	23	60,5	13	25,0	≤0,01
Lost their jobs (employment) or other source of income	22	14,8	9	25,0	12	29,3	no data	14	41,2	8	16,7	≤0,01
Changed responsibilities or nature of work, refused promotion	23	24,7	7	17,1	13	28,9	≤0,05	14	37,8	9	16,7	≤0,05
Dismissed or suspended / prevented going to educational institution	14	14,1	3	6,1	10	23,3	no data	11	31,4	3	4,8	≤0,01

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
EXTERNAL STIGMA AND DISCRIMINATION												
Child was expelled / prevented from attending an educational institution, suspended from classes	2	2,3	1	2,3	1	2,7	no data	1	3,7	1	1,8	no data
Denial of medical care, including dental care	23	21,1	11	20,0	12	25,5	no data	11	28,2	12	17,6	no data
RIGHTS VIOLATION												
PLHIV rights violation within the last 12 months	35	23,5	18	24,7	16	23,9	no data	19	33,9	16	17,6	≤0,05
Types of rights violation within the last 12 months												
Had to agree to medical procedures (incl. HIV testing)	67	45,0	29	39,7	35	52,2	no data	33	58,9	34	37,4	≤0,01
Refusal of health or life insurance due to HIV status	2	1,3	1	1,4	1	1,5	no data	1	1,8	1	1,1	no data
Arrested and brought to court on charges related to HIV status	0	0,0	-	-	-	-	-	-	-	-	-	-
Had to disclose HIV status to be allowed to enter another country	0	0,0	-	-	-	-	-	-	-	-	-	-
Had to disclose HIV status when applying for residence or citizenship	0	0,0	-	-	-	-	-	-	-	-	-	-
Detained, quarantined, isolated or separated from other people	3	2,0	0	0,0	3	4,5	no data	3	5,4	0	0,0	≤0,05
Denied reproductive and sexual health services	11	7,7	3	4,2	7	11,5	no data	6	11,3	5	5,7	no data
Denied family planning services in the last 12 months	16	16,8	5	5,1	10	10,5	no data	24	70,6	54	90,0	≤0,05
Reproductive rights violations upon determination of HIV status												
Health care workers ever advised not to have children	86	72,9	16	26,2	16	30,8	no data	29	65,9	17	23,6	no data
Health care workers ever coerced into sterilization	2	1,7	2	3,4	0	0,0	no data	45	100,0	67	97,1	no data
Health care workers coerced into termination of pregnancy (abortion)	7	17,5	7	17,9	-	-	-	0	0,0	7	19,4	no data
Health care workers coerced into certain type of delivery	7	18,9	7	19,4	-	-	-	1	50,0	6	18,2	no data
Health care workers enforced certain new-born feeding practices	5	13,5	5	13,9	-	-	-	0	0,0	5	15,2	no data
Health care workers linked the possibility of ARV treatment with the use of contraception	5	4,1	1	5,0	4	33,3	no data	4	30,8	1	5,3	no data
Never counselled on reproductive health issues	44	33,6	20	31,3	22	36,1	no data	14	28,6	29	36,3	no data

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
SELF-STIGMATIZATION AND SELF-DISCRIMINATION												
Manifestations of self-stigmatization due to HIV-positive status												
Felt ashamed	106	71,1	50	68,5	48	71,6	no data	42	75,0	62	68,1	no data
Felt guilty	98	65,8	32	43,8	60	89,6	≤0,001	50	89,3	46	50,5	≤0,001
Blamed yourself	95	63,8	31	42,5	57	85,1	≤0,001	50	89,3	44	48,4	≤0,001
Blamed others	53	35,6	38	52,1	11	16,4	≤0,001	7	12,5	46	50,5	≤0,001
Experienced low self-esteem	78	52,3	37	50,7	36	53,7	no data	33	58,9	45	49,5	no data
Felt that he/she should be punished	32	21,5	12	16,4	18	26,9	no data	18	32,1	14	15,4	≤0,05
Felt suicidal	42	28,2	21	28,8	17	25,4	no data	14	25,0	28	30,8	no data
Manifestations of self-stigmatization due to HIV-positive status												
Decided not to attend social activities or events	43	28,9	18	25,7	22	33,3	no data	23	41,8	20	22,7	≤0,05
Isolated from family and/or children	26	17,4	10	14,1	14	20,9	no data	12	21,4	14	15,7	no data
Decided to stop working	23	15,4	12	17,6	10	15,2	no data	11	20,0	12	14,0	no data
Decided not to apply for a job/work or for a promotion	32	21,5	13	19,4	17	25,8	no data	18	32,7	14	16,5	≤0,05
Withdrew from education/training or did not take up an opportunity for education/training	44	29,5	18	28,6	24	37,5	no data	22	40,0	21	26,6	no data
Avoided visiting the clinic	49	32,9	19	27,1	29	43,9	≤0,05	25	45,5	24	27,3	≤0,05
Avoided visiting the hospital	45	30,2	15	20,8	28	43,1	≤0,01	25	45,5	20	22,5	≤0,01
Decided not to get married	54	36,2	22	32,4	26	39,4	no data	22	40,0	31	36,0	no data
Decided not to have sexual contacts	53	35,6	27	39,1	23	35,4	no data	18	32,7	34	39,5	no data
Decided not to have (more) children	80	53,7	40	57,1	36	55,4	no data	30	55,6	50	56,8	no data
CONFRONTING STIGMA AND DISCRIMINATION												
Tried to get legal redress for abuse of rights	9	15,8	7	23,3	2	8,7	no data	3	13,0	6	18,2	no data
Confronted. challenged or educated somebody who stigmatized or discriminated against them	41	27,5	15	20,5	23	34,8	no data	21	37,5	19	21,1	≤0,05
Aware of any organizations or groups that they can ask for help if they experience stigma or discrimination:	116	77,9	54	74,0	55	82,1	no data	48	87,3	66	72,5	≤0,05
Ever asked for help from the organizations or groups to resolve an issue of stigma and discrimination	31	20,8	12	17,1	16	23,9	no data	12	21,4	18	20,7	no data
Helped and supported other PLHIV in the last 12 months	84	56,4	39	54,9	42	62,7	no data	38	67,9	45	50,6	≤0,05
Being a member of a support group and/or network of people living with HIV	77	51,7	39	54,9	35	53,0	no data	31	55,4	46	51,7	no data

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	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
CONFRONTING STIGMA AND DISCRIMINATION												
Served as a volunteer or employee in any support programmes or projects for people living with HIV in the last 12 months	58	38,9	29	40,8	27	40,3	no data	26	46,4	32	35,6	no data
Participated in any process of developing legislation. policies or guidelines related to HIV in the last 12 months	14	9,4	6	8,3	8	11,9	no data	7	12,5	7	7,7	no data
Heard of the Declaration of Commitment on HIV/AIDS, which protects the rights of people living with HIV	63	42,3	32	44,4	28	41,8	no data	25	44,6	36	40,0	no data
Read or discussed the contents of the Declaration of Commitment on HIV/AIDS	10	6,7	4	8,7	6	11,5	no data	4	9,1	6	10,9	no data
Heard about a national document which protects the rights of people living with HIV	39	26,2	25	36,8	12	18,8	≤0,05	9	17,0	30	34,9	≤0,05
Read or discussed the contents of a national document which protects the rights of people living with HIV	7	4,7	4	8,0	3	7,0	no data	2	5,4	5	8,5	no data
TESTING, DIAGNOSIS AND DISCLOSURE												
Reasons to take HIV test												
Employment	14	9,4	5	6,8	8	11,9	no data	3	5,4	11	12,1	no data
Pregnancy	16	10,7	15	20,5	-	-	-	0	0,0	16	18,2	≤0,001
Preparation for a marriage/sexual relationship	6	4,0	1	1,4	5	7,5	no data	5	8,9	1	1,1	≤0,05
Referred by a clinic for sexually transmitted infections	18	12,1	11	15,1	6	9,0	no data	7	12,5	10	11,0	no data
Referred due to suspected HIV-related symptoms (e.g. tuberculosis)	24	16,1	7	9,6	15	22,4	≤0,05	10	17,9	13	14,3	no data
Wife/husband/partner/family member tested HIV-positive	22	14,8	19	26,0	3	4,5	≤0,001	1	1,8	21	23,1	≤0,001
Wife/husband/partner/family member got sick or died	4	2,7	3	4,1	1	1,5	no data	0	0,0	4	4,4	no data
I just wanted to know	43	28,9	11	15,1	27	40,3	≤0,001	28	50,0	15	16,5	≤0,001
Other reasons	24	16,1	10	15,9	14	24,1	no data	14	26,9	10	13,2	≤0,05
Was the decision to be tested up to you												
Yes. I decided myself to have an HIV test (i.e. it was voluntary)	114	78,1	53	73,6	53	80,3	no data	47	83,9	66	74,2	no data
I decided to go for the test. but under pressure by others	17	11,6	9	12,5	8	12,1		3	5,4	14	15,7	
I was forced to take an HIV test (coercion)	11	7,5	7	9,7	4	6,1		5	8,9	6	6,7	

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
TESTING, DIAGNOSIS AND DISCLOSURE												
I was tested without my knowledge. I only found out after the test had been done	4	2,7	3	4,2	1	1,5	no data	1	1,8	3	3,4	no data
Did you receive counselling when you were tested for HIV												
I received pre- and post-test counselling	63	42,9	32	43,8	27	40,9	no data	22	40,0	40	44,0	≤0,05
I only received pre-test counselling	1	0,7	0	0,0	1	1,5		1	1,8	0	0,0	
I only received post-test counselling	64	43,5	32	43,8	29	43,9		27	49,1	37	40,7	
I did not receive any counselling when I had an HIV test	19	12,9	9	12,3	9	13,6		5	9,1	14	15,4	
Did you find that the disclosure of your HIV status was an empowering experience												
Yes, it was helpful	71	48,0	44	60,3	25	37,9	≤0,05	24	42,9	46	51,1	no data
No, it was not helpful	37	25,0	12	16,4	22	33,3		15	26,8	21	23,3	
Not applicable (did not disclose HIV status)	40	27,0	17	23,3	19	28,8		17	30,4	23	25,6	
DISCLOSURE AND CONFIDENTIALITY												
Felt pressure by other people to disclose HIV status												
Other PLHIV or groups/networks of PLHIV	37	25,3	21	29,2	13	19,7	≤0,05	12	21,8	23	25,8	no data
Felt pressure by people not living with HIV (e.g. family members, social workers, NGO staff)	33	22,4	18	25,0	13	19,4	no data	12	21,4	19	21,3	no data
Has a professional health worker (e.g. medical doctor, nurse, counsellor, laboratory technician) told others about your HIV status without your consent	29	20,1	19	26,8	9	14,1	0,05	7	12,7	22	25,3	≤0,01
How confidential do you think your medical records relating to your HIV status are												
Yes, completely confidential.	42	28,8	25	34,7	13	20,0	no data	12	21,8	28	31,5	≤0,01
No, not confidential	88	60,3	41	56,9	42	64,6		35	63,6	53	59,6	
I do not know if my medical records are confidential	16	11,0	6	8,3	10	15,4		8	14,5	8	9,0	
HEALTH AND TREATMENT												
How would you describe about your health status at this moment												
Excellent	13	8,8	9	12,3	2	3,0	≤0,01	1	1,8	10	11,0	≤0,05
Very good	6	4,1	4	5,5	2	3,0		1	1,8	5	5,5	
Good	36	24,3	19	26,0	16	24,2		11	20,0	25	27,5	
Fair	67	45,3	37	50,7	27	40,9		26	47,3	41	45,1	
Poor	26	17,6	4	5,5	19	28,8		16	29,1	10	11,0	

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	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	Women		Men		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
HEALTH AND TREATMENT												
Do you have any kind of physical disability	15	10,1	8	11,6	6	9,1	no data	6	10,9	9	10,2	no data
Are you currently taking antiretroviral treatment	112	75,7	57	78,1	50	75,8	no data	39	70,9	71	78,0	no data
Able to access antiretroviral treatment services, even if they are not on treatment at the moment	139	93,9	69	94,5	61	92,4	no data	50	90,9	87	95,6	no data
Taking any medication prevent or treat opportunistic infections	54	36,5	32	43,8	19	28,8	no data	17	30,9	36	39,6	no data
Taking any medication to prevent or treat opportunistic infections, even if they are not on treatment at the moment	98	66,7	58	80,6	36	54,5	≤0,01	31	56,4	65	72,2	≤0,001
Had a constructive discussion with a health care professional on the topic of HIV-treatment options in the last 12 months												
Yes, I had	90	61,2	49	68,1	37	56,1	no data	28	50,9	60	66,7	no data
No, I hadn’t	57	38,8	23	31,9	29	43,9		27	49,1	30	33,3	
PREGNANCY, DELIVERY, CHILDREN												
Have you got a child/children	116	77,9	63	86,3	51	77,3	no data	39	70,9	76	83,5	no data
If yes. are any of your children HIV-positive	15	10,1	9	13,2	6	10,9	no data	3	7,0	12	14,8	no data
Have you ever been given antiretroviral treatment to prevent mother-to-child transmission of HIV? (only for women who were pregnant)												
Yes, I have received this treatment	21	31,8	21	31,8	-	-	-	1	100,0	18	30,0	no data
No, I do not know about this treatment	9	13,6	9	13,6	-	-		0	0,0	9	15,0	
No, I was refused this treatment	2	3,0	2	3,0	-	-		0	0,0	2	3,3	
No, I did not access this treatment	18	27,3	18	27,3	-	-		0	0,0	15	25,0	
No, I was not HIV-positive when pregnant	16	24,2	16	24,2	-	-		0	0,0	16	26,7	