



ANALYTICAL REPORT

THE PEOPLE LIVING WITH HIV STIGMA INDEX 2.0

TAJIKISTAN 2021



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THE PEOPLE LIVING WITH HIV STIGMA INDEX, TAJIKISTAN, ANALYTICAL REPORT

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TERMS AND ABBREVIATIONS

AIDS – acquired immunodeficiency syndrome.

ART – treatment of HIV infection using antiretroviral medicines.

Confidentiality – 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 – 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 are 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). Discrimination can occur in various settings; within a family or community, at the level of healthcare institutions, in the workplace and educational settings as well as at the state level.

KP – key populations. In the context of HIV, key populations include men who have sex with men, transgender people, sex workers, people who inject drugs, people living with HIV, people in prisons and detentions (The Global Fund).

HIV – human immunodeficiency virus

Household – 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.

PLHIV – people living with HIV, a term used to define a person or group of people who have HIV.

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

PWUD – people who use drugs.

Self-stigmatization, internalized (or perceived) stigma – the terms to describe the way PLHIV feel about themselves (above all, the shame of their HIV-positive status). This can lead to lower self-esteem, depression, feeling of worthlessness; it can disrupt their social and personal relationships, holding them aloof from various services and opportunities for the fear of discrimination.

Stigma index – The People Living with HIV (PLHIV) Stigma Index is a standardized tool to gather evidence on how stigma and discrimination impact the lives of people living with HIV. The PLHIV Stigma Index was developed to be used by and for people living with HIV and was created to reflect and support the Greater Involvement of People living with HIV and AIDS (GIPA) principle, where PLHIV networks are empowered to lead the whole implementation of the PLHIV Stigma Index study.

Stigma, stigmatization – the defamation, humiliation of a person and/or his/her perception of being deprived of their honor and dignity in the eyes of other people; HIV-related stigma is often based on prejudices related to gender, sex or ethnicity, and amplifies them. In particular, HIV and AIDS are often associated with publicly condemned behaviors: sex work, drug use, same-sex relations, or transgenderism. The HIV-related stigmatization 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 people – an umbrella term to refer to people whose internal sense of their gender (their gender identity) is distinctive from the sex they were assigned at birth.

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1. INTRODUCTION

This report reflects the results of the study on the PLHIV Stigma Index 2.0 in the Republic of Tajikistan. The study was aimed at collecting data on stigma, discrimination, and rights violations faced by people living with HIV, especially those belonging to key populations, to promote and protect the rights of people living with HIV at local, national, and global levels. It is important to note that HIV-related stigma and discrimination form major barriers to access prevention, treatment, and support for PLHIV. To protect the rights and interests of PLHIV, it is very important to have information that provides an idea of the real situation: what difficulties people are facing, and how this affects their own lives.

In order to obtain such information, an initiative was launched in 2005 to collect data and study the level of stigma and discrimination in various countries of the world (www.stigmaindex.org). The initiators were international organizations advocating for the rights of PLHIV: The International Planned Parenthood Federation (IPPF), the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), and the Joint United Nations Program on AIDS (UNAIDS).

Thus, it was a formation of the global study titled "The People Living with HIV Stigma Index" that was developed by people living with HIV and for the people living with HIV. The goal of the study is to document the various experiences of PLHIV related to stigma, discrimination, and violation of their rights. It is very important to note that the PLHIV Stigma Index study is designed and implemented specifically by people living with HIV, as it allows having a deeper insight into the context and their experiences of stigma and discrimination while serving as a capacity-building strategy for PLHIV as well.

Since 2008, when the PLHIV Stigma Index advanced from the concept development phase to the expansion phase, it has been measured by various groups in various communities, countries, and continents. By October 2017, the PLHIV Stigma Index was translated into 54 languages, more than 100,000 people living with HIV in 90 countries were surveyed, and more than 2,000 people living with HIV took courses to become interviewers. The PLHIV Stigma Index is widely recognized nationally and internationally as the primary tool for assessing and responding to the stigma and discrimination faced by people living with HIV.

Such study leading by PLHIV contributes to:

- 1.** Strengthening the study capacity of people living with HIV, which will include raising awareness, training, and fostering national partnerships for managing and analyzing the PLHIV Stigma Index findings, as well as training methods for quantitative and qualitative study measurements and communicating the findings to a wide range of audiences (policymakers and government officials, peers in other networks, individuals living with HIV, healthcare providers, and non-government organizations);
- 2.** Developing reporting systems, data collection, analysis, and communication with the international project: systems and frameworks that are associated with the systems and frameworks created by the International Partnership to ensure efficient data/finding management when implementing the stigma index in countries;
- 3.** Increased donor advocacy and resource mobilization: evidence and findings from the implementation of the PLHIV Stigma Index will strengthen efforts to mobilize additional resources for further rollout in other countries, as well as for follow-up study activities. It will also increase awareness of the PLHIV Stigma Index among all national stakeholders and networks operating in the area of HIV and healthcare;
- 4.** Better informed public debate and human rights campaigns, based on evidence. Drawing on the study findings as well as the key partnerships involved, the campaign will use innovative communication approaches to involve policy and lawmakers, as well as to support efforts to advocate for human rights.

RELEVANCE

It is very important that the PLHIV Stigma Index study has been designed and is implemented specifically by people living with HIV, taking into account ethical aspects of the study, in particular privacy and confidentiality. The last PLHIV Stigma Index study was conducted in 2015 and became a large-scale study of the PLHIV Stigma Index in three Central Asian countries (Kazakhstan, Kyrgyzstan, and Tajikistan). It defined PLHIV groups in the regions, identified the main risk points of stigma, discrimination, and violation of rights, and, accordingly, outlined appropriate prospective areas for developing programs.

The previous study suggests that the issue of HIV-related stigma and discrimination coming from PLHIV partners and immediate social environment, as well as from healthcare institutions, deserves serious attention. Special support is required for people who have been living with HIV for less than 4 years. Former and current people who use drugs (PWUD), people with non-traditional gender identities, men who have sex with men (MSM), and sex workers are the most stigmatized and discriminated groups among PLHIV.

Stigma and discrimination disproportionately affect women and girls. Women are usually stigmatized and discriminated more than men; they are more likely to experience stigma and discrimination in a harsh and highly defamatory way, and they have fewer resources available to them. Violence is one of the brutal stigma effects faced mainly by women. Women and girls report increased abuse by their partners in response to requests for condoms, voluntary counseling and testing services, refusal to have sex in marriage or extramarital sex, or a positive HIV test result.

Stigma and discrimination are everyday realities for people living with HIV and populations vulnerable to HIV infection. These groups include sex workers, men who have sex with men, people who inject drugs, and transgender people. These groups are already stigmatized and are more likely to face more discrimination than other people if they are diagnosed with HIV; in particular, they may be denied necessary services. Due to the layered stigma that key populations experience, meeting their HIV needs becomes even more urgent. Quite often, these groups do not seek the necessary services or postpone them for fear of being exposed, humiliated and/or fearing changes in attitudes on the part of healthcare workers and, in some cases, fearing prosecution and imprisonment.

2. OVERVIEW OF THE PLHIV STIGMA INDEX STUDY IN 2015

This is the second time when such study is being carried out in Tajikistan. To assess the stigma index in Tajikistan, the survey methodology was used in 2015. The sample size included 150 respondents from PLHIV living in the cities and regions with the highest HIV prevalence. **At the time of the PLHIV Stigma Index Tajikistan report preparing in 2015, the epidemiological situation was 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 people, 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 (in 2012 – 36.6%, in 2013 – 40.8%, in 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) (in 2012 – 308 cases or 37.2%, in 2013 – 504 cases or 57.5%, in 2015 – 710 cases or 61.7%);
- A more than twofold reduction in the share of the 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 (in 2009 – 54.9%, in 2013 – 21.4%);
- Women: the sexual route of HIV transmission remained the leading cause of HIV infection among women of reproductive age – 75% in 2015;
- Men: the sexual route of HIV transmission turned into the dominant cause of HIV infection among men (in 2012 – 24.1%, in 2015 – 52.8%).

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. They live in a town or a rural area, do not work or work at odd jobs and/or part-time. They are married and have children. The average monthly income of his/her family is about 500 somoni (US\$75.5) or slightly more. They have 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 under antiretroviral treatment.

Two out of three people living with HIV in Tajikistan, among study participants, lived in fear of being gossiped about, sexual rejection, verbal abuse, and harassment (as the most common fears). 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 neighbors, partners, adult family members, as well as health care workers.

Around 20% of the respondents experienced changes in job descriptions or labor conditions due to their HIV status. The same number of people living with HIV in Tajikistan faced the disclosure of their HIV status at healthcare facilities, while one in two of the respondents was forced to agree to a variety of medical procedures (including laboratory HIV tests). Around 33% of the respondents living with HIV have not been counseled on their reproductive options, and about 20% have been advised by health workers not to have children. Approximately 25% of women living with HIV, by their own estimations, did not have access to antiretroviral treatment during pregnancy, while one in ten was not aware of ART.

The survey showed that the self-stigma of people living with HIV in Tajikistan is primarily manifested in feelings of guilt and low self-esteem. About 25% of people living with HIV 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 (33% of people living with HIV in Tajikistan).

Social workers, counselors, healthcare professionals, along with their peers and 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.

Almost 70% of the people living with HIV in Tajikistan know about organizations and groups. They can seek help to resolve an issue of stigmatization or discrimination: they mostly are groups and networks of people living with HIV, as well as local NGOs (The PLHIV Stigma Index Tajikistan report, 2015).

Comparing the epidemiological situation.

Table 1. Key HIV indicators in Tajikistan for 2015 and 2019².

KEY INDICATORS	2015	2019
Adults and children living with HIV	16 000 [13 000 - 20 000]	14 000 [12 000 - 18 000]
Adults aged 15 to 49 HIV prevalence rate	0.3% [0.3% - 0.4%]	0.2% [0.2% - 0.3%]
Adults aged 15 and over living with HIV	16 000 [13 000 - 20 000]	13 000 [11 000 - 17 000]
Women aged 15 and over living with HIV	5400 [4300 - 6700]	3300 [2800 - 4200]
Children aged 0 to 14 living with HIV	<500 [<500 - 500]	<1000 [<1000 - 1000]
Adult and child deaths due to AIDS	<1000 [<1000 - 1000]	<500 [<500 - 500]
Orphans due to AIDS aged 0 to 17	6000 [4400 - 7800]	3200 [2100 - 4700]

² <https://www.unaids.org/en/regionscountries/countries/tajikistan>

Generally, a positive dynamic has been observed regarding the key indicators of HIV prevalence in Tajikistan for the last 5 years. As shown in Table 1, for the last 5 years significant reduction in mortality and orphanhood rates due to AIDS has been observed. The positive dynamic generally is related to a number of measures taken to optimize the treatment process and monitoring of treatment. In particular, Tajikistan has changed over to WHO recommendations regarding the treatment of patients as soon as possible after the diagnosis with HIV, wider coverage of pregnant women with treatment (ART), approval and introduction of the new clinical guidelines on treatment, care, and support services for the HIV-infected adults, teenagers and children. According to the data provided by the Republican Center for Prevention and Control of AIDS, coverage of the patients by antiretroviral therapy in Tajikistan has increased from 53.6% in 2016 to 86% in 2020.

According to the official reports, the country is a little behind the success in the strategy 90-90-90. There is a “gap” between the estimated number of PLHIV (14000), the number of PLHIV with known HIV+ status (9459), and the number of people who are under medical observation (8486). The main barriers to achieving the strategy 90-90-90 are the following factors:

- Insufficient awareness of HIV-infection issues among the population, particularly young people;
- High HIV-related stigma and discrimination both among medical professionals and the general population;
- Problem of limited human capacity;
- Influence of the new coronavirus infection pandemic.

The study on the PLHIV Stigma Index 2.0 in the Republic of Tajikistan does not only determine the level and characteristics of stigmatization and discrimination based on HIV status during a certain time but also helps to follow the dynamics of this phenomenon. At the same time, the study will contribute to the development of targeted programs and optimize the social policy in this area, and assess their effectiveness.

3. OBJECTIVES AND TASKS OF THE STUDY

3.1. OBJECTIVES

The purpose of this study is to collect data on stigma, discrimination, and rights violations faced by people living with HIV and key populations groups living with HIV, as well as use the study findings as a local, nationwide and global tool for advocating for the rights of people living with HIV.

3.2. TASKS:

1. Examine the issues people living with HIV face in a particular community or institution related to HIV stigma and discrimination due to HIV status;
2. Study the factors affecting access to HIV testing, treatment, and other services, as well as stigma and discrimination for reasons other than HIV status, for example, commercial sex work, drug use, sexual orientation, or gender identity;
3. Conduct a comparative analysis and assess the situation with stigma, discrimination, and the rights of people living with HIV in comparison with the findings of previous research studies and other studies held in other countries;
4. Develop recommendations and tools to take the necessary steps to combat stigma and discrimination against PLHIV and provide evidence for improving policies and programs for people living with HIV and key groups in Tajikistan.

4. METHODOLOGY

The methodology of this study is based on the method developed and recommended by the GNP+, ICW, and the Joint United Nations Program on HIV/AIDS (UNAIDS).

The PLHIV Stigma Index 2.0 study applied a non-experimental, descriptive design using a quantitative study method. Using a standardized questionnaire for the survey with a representative sample of target populations helps to develop a deeper and comprehensive understanding of the phenomena at national and global levels and further develop a package of measures to improve the quality and accessibility of HIV control and prevention services.

Study tool

The study uses a standardized tool – a questionnaire containing mainly both close-ended and open-ended questions. The questionnaire included also many additional questions for a more comprehensive country analysis. It includes the following information sets:

- Social demographic data;
- Disclosure;
- Experiences of external stigma and discrimination;
- Internalized stigma and resilience;
- Interaction with healthcare services;
- Human rights and effecting changes ;
- Stigmatization and discrimination experienced for reasons other than HIV status;
- Personal experience of stigma and discrimination (open-ended question);
- Additional questions on Tajikistan.

The country-specific questions aimed to reveal stigma and discrimination experienced by PLHIV from law enforcement and violation of their civil rights because of their positive HIV status. These topics were emerged and proposed by PLHIV during the initial discussions about the PLHIV Stigma Index project in Tajikistan.

Sampling

A sampling includes a combination of probability and non-probability sampling techniques in accordance with the methodology guideline. The population of the study was PLHIV, including PLHIV with a key population background (PWUD, SW, MSM, and transgender people living with HIV). The sample size was calculated using the sample size calculator developed for the People Living with HIV Stigma Index 2.0 (https://hall.shinyapps.io/PLHIV_Stigma_Sample_Size_Calculator/).

Based on the proposed methodology for calculating the sample size using the above-mentioned tool, the following parameters were used:

1. Avoidance of healthcare by PLHIV was estimated at 31.55%;
2. Target precision was estimated at 6%.

Using above mentioned parameters and online calculators, with consideration of non-response rate from previous studies, the final sample size was determined at 1100 PLHIV with consideration of the representation of KPs at the level at least 25% (actually 30%), women - at least 40% (actually 51,8%), PLHIV not in care or under treatment - at least 20% (actually 2,6%), and the coverage of all regions of the country. The study did not cover PLHIV below the age of 18 years old.

Geographical scope

Sites with the highest, mid-level, and lowest HIV prevalence were selected for the assessment. The study also covered all five regions (Dushanbe City, Khatlon Province, Sogd Province, GBAO, Districts of Republican Subordination) of the country, targeting both rural and urban sites in each region.

As recommended in the PLHIV Stigma Index Study methodology guideline, the sub-national administrative units (SNUs) need to be selected to account for 50% of the PLHIV population in the country. Therefore, through the maximum variation sampling technique, 15 locations (SNUs) with the highest, mid and lowest level of registered HIV cases across all five provinces of the country and representing rural and urban sites were included for the study.

The sample frame of 5474 people living with HIV from the selected SNUs, including 2231 PLHIV representing the key population groups (PWUD, SW, MSM, and transgender) and 1156 PLHIV who are not engaged in treatment.

Recruiting

Respondents were recruited in accordance with the standardized methodology and application of two sampling methods:

Application of venue-based sampling approach. All patients, who met the selection criteria and were selected from the list using random numbers, were contacted by the dispensary physician and offered to participate in the survey using a pre-written text. All respondents who agreed to participate in the study were informed about the study goals and objectives. They were interviewed after obtaining their informed consent. Mostly, the study participants preferred to be interviewed at the AIDS centers. Some of the interviewers preferred to meet at their homes or in offices of community organizations working with them. It should be noted that the Republican and local AIDS centers demonstrated their commitment to the project goal and provided their assistance to the study team throughout the project.

Limited chain referral (LCR) technique was applied to recruit PLHIV who were not engaged in treatment or care, and KPs, in particular sex workers, MSM, PWUD, and transgender people. The recruitment through the LCR technique was organized with the active involvement of NGOs working with KPs. The study participants from the key population groups were mainly contacted and invited by NGOs directly working with them in each region. In some locations, the representatives of KPs were part of the data collection team, so they contributed to the recruitment of the representatives of corresponding KP groups in their locations as well. The interviews with PLHIV recruited using the LCR technique were mainly conducted at the premises of NGOs or houses of the interviewees. In some instances, the interviews were conducted in the AIDS centers, when the study participants preferred this venue.

5. ETHICAL ISSUES

ETHICS COMMITTEE

This study was conducted with the approval of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan. A letter of approval from the Ministry of Health's Ethics Committee was received prior to the start of the fieldwork.

INFORMED CONSENT

Participation in the study was voluntary. All respondents were informed on the purpose and objectives of the study and the possibility of withdrawal from participation at any stage of the survey, as well as a guarantee of survey confidentiality. Information was provided in the language the respondents understand (Tajik or Russian), two copies of consent forms were signed.

Compensation

The respondents taking part in the survey received small rewards in the form of commodities, equivalent to 5.0 US Dollars. Such remuneration was consistent with accepted compensation standards proposed in similar studies and it also increased the motivation of participants to be interviewed. The interviewers were also instructed that, if additional needs for preventive, healthcare, and social services arose, it was important to refer the participant to the relevant partner organizations.

Data privacy

All participants gave their informed consent, which they could withdraw at any time. Possible risks for participants included a breach of confidentiality and minor psychological discomfort that might be caused by the sensitive nature of certain survey questions.

Respondents' data were not recorded. To ensure confidentiality, questionnaires and informed consent forms for this study had unique identification codes as proposed by the methodological guidance for this study.

Personal data protection

Personal data protection and confidentiality were ensured at all stages of the study. Interviews were conducted with the PLHIV community participation, leadership and efforts in isolated rooms of the AIDS Centers or NGOs, and access to those premises was forbidden during the interview to everyone except people directly involved in the study. It should be noted that the interviews took place in a space where the interviewee felt safe and comfortable to discuss their experiences. Sometimes, in particular with the representatives of KPs, the interviews were conducted in other places such as cafes and their houses and other locations suggested by or agreed with study participants. All forms of consent and data obtained during interviews with respondents were kept locked up in the Contractor's office, only authorized staff had access to this information.

DATA PROCESSING AND ANALYSIS

The survey data were recorded on paper, being entered manually in the electronic database in excel format, and further uploaded into the online database - REDCap - a data collection platform created by Vanderbilt University for data management.

COVID-19 safety measures

Safety measures for protecting from COVID-19 were provided throughout data collection. All interviewers were provided with facemasks and disinfectants, and they were instructed how to minimize the risk of infections during the data collection process.

Study limitation

The study could not reach the desired number of transgender and MSM populations and only 8 and 27 participants were covered respectively. It should be noted that transgender people living with HIV were not part of the official statistics, and they were characterized as a closed community. The study tried to reach this group through recruited and trained community members, who could approach eight transgender people living with HIV from targeted locations. Moreover, in remote districts, the study could not find any representatives of MSM or transgender groups living with HIV.

This created a limitation for the generalizability of findings for these populations. It was partly addressed by using a purposive, maximum variation sampling technique that allowed recruiting study participants with diverse characteristics.

6. KEY RESULTS OF THE STUDY

6.1. SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF PLHIV

Gender and age

Among 1100 PLHIV participated in the survey, women made 51.8% (n=570), men - 47.4% (n=522), and transgender people - 0.7% (n=8).

The survey data shows that young people (15-24) constituted 4.2% of the respondents, about 75% of respondents were represented by PLHIV of 30 to 49 years old; the share of respondents over 50 years old was 11.5%. Considering age distribution by gender, it was possible to see that women aged 30-39 represented almost half of the women population who participated in the study and overrepresented men of the same age group by around 12%. See Table 2 below for more details.

Table 2. Age by gender

AGE GROUPS	WOMEN	MEN	TRANSGENDER
	%	%	%
18-19 years old	0,4%	0,4%	0,0%
20-24 years old	4,4%	3,2%	25,0%
25-29 years old	9,1%	6,2%	50,0%
30-39 years old	49,3%	37,7%	25,0%
40-49 years old	28,6%	37,4%	0,0%
50 years old and over	8,2%	15,1%	0,0%
	100,0%	100,0%	100,0%

Awareness of the status

According to the results of the survey, on average, every second PLHIV was aware of their status from 1 to 4 years, over third - 5 to 9 years, 13% knew about their status from 10 to 14 years. From a gender perspective, there were no significant deviations between genders and the awareness of the status among men and women, while almost 40% of transgender people were aware of their status for one year or less. See Table 3 below for more information.

Table 3. Awareness about the status, by gender

AGE GROUPS	WOMEN	MEN	TRANSGENDER
	%	%	%
0-1 years	0,5%	0,4%	37,5%
1-4 years	48,8%	51,3%	62,5%
5-9 years	36,8%	31,5%	0,0%
10-14 years	12,1%	13,6%	0,0%
More than 15 years	1,2%	2,3%	0,0%
Do not know	0,5%	0,9%	0,0%
	100,0%	100,0%	100,0%

Family status and sexual relations

According to the study data, overall, a **third** of the participants of the study were not married or did not have sexual relations.

It can be seen from the table below that among all groups, women (63,2%) and people using drugs (59,1%), at the time of interviews, were less engaged in intimate/sexual relationships. Please see Table 4 below for more details.

Table 4. Currently in intimate/sexual relationships, by target groups

Item	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
YES	732	67%	360	63,2%	372	70,2%	25	92,6%	80	92,0%	123	59,1%	6	75,0%
NO	368	33%	210	36,8%	158	29,8%	2	7,4%	7	8,0%	85	40,9%	2	25,0%
Total	1100	100%	570	100%	530	100%	27	100%	87	100%	208	100%	8	100%

Partners living with HIV

Among those who were married or had a sexual partner(s) (n=732), significant differences could be seen between men and women when it came to those who lived with HIV-negative partners. According to the table below, only around one-third of women stated that their partners were not HIV negative, while for men it was almost two-thirds of the respondents. Also, from the six transgender people who responded to this question, half were not sure about the HIV status of their partners. See Table 5 below for more details.

Table 5. Status of partners, by gender

Gender	Does your partner(s) live with HIV?					
	Yes, my partner(s) is/are HIV positive		No, my partner(s) is/are HIV negative		Not sure about the HIV status of my partner(s)	
	freq	%	freq	%	freq	%
Women	232	55,9%	99	37,2%	29	56,9%
Men	180	43,4%	167	62,8%	19	37,3%
Transgender	3	0,7%	0	0,0%	3	5,9%
TOTAL	415	100,0%	266	100,0%	51	100,0%

Number of children

Among the study participants, 90% of women, almost 80% of men, half of MSM, around two-third of SW and PWUD, and one transgender person had at least one child. See Table 6 below for more details:

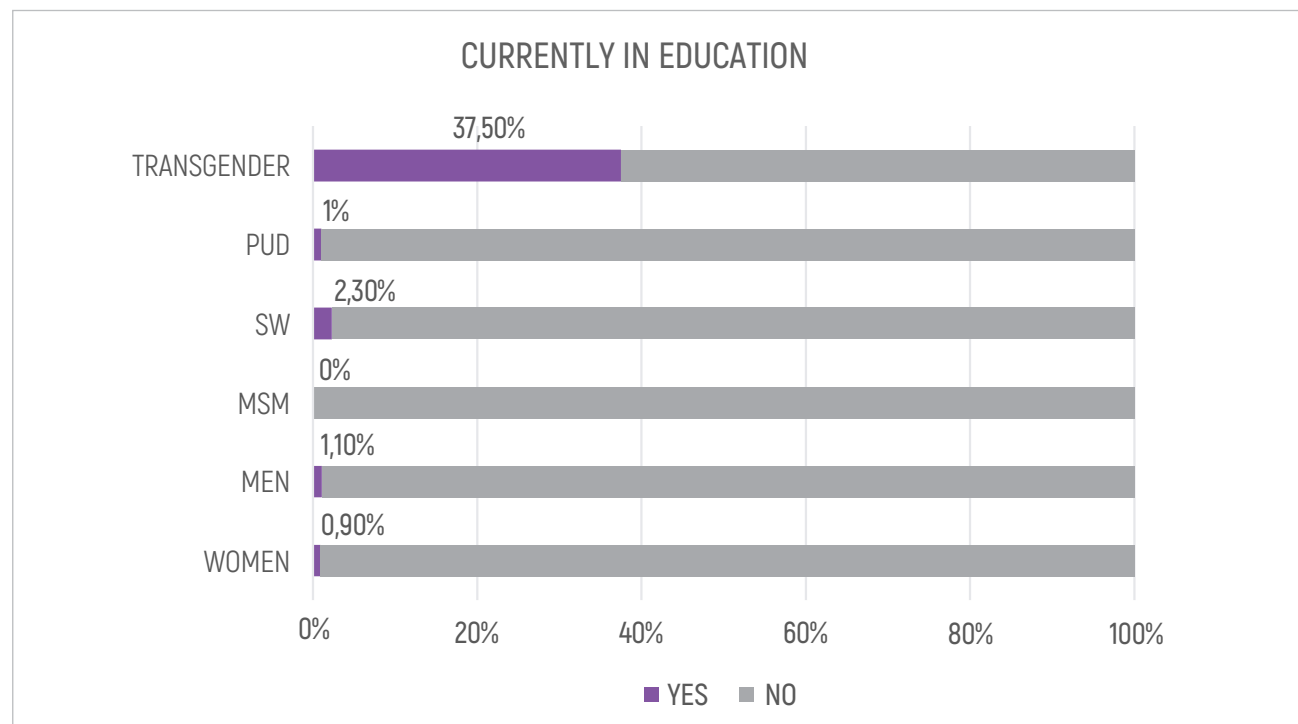
Table 6. Number of children living together, by groups

Number of children	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
0	177	16%	57	10,0%	120	22,6%	12	44,4%	30	34,5%	65	31,3%	7	87,5%
1	204	19%	128	22,5%	76	14,3%	2	7,4%	23	26,4%	31	14,9%	0	0%
2	302	27%	174	30,5%	128	24,2%	3	11,1%	18	20,7%	55	26,4%	0	0%
3	257	23%	119	20,9%	138	26,0%	7	25,9%	9	10,3%	41	19,7%	1	12,5%
4	113	10%	65	11,4%	48	9,1%	1	3,7%	7	8,0%	12	5,8%	0	0
5	39	4%	23	4,0%	16	3,0%	2	7,4%	0	0,0%	4	1,9%	0	0
6	8	1%	4	7%	4	8%	0	0,0%	0	0,0%	0	0,0%	0	0
Total	1100	100%	570	100%	530	100%	27	100%	87	100%	208	100%	8	100%

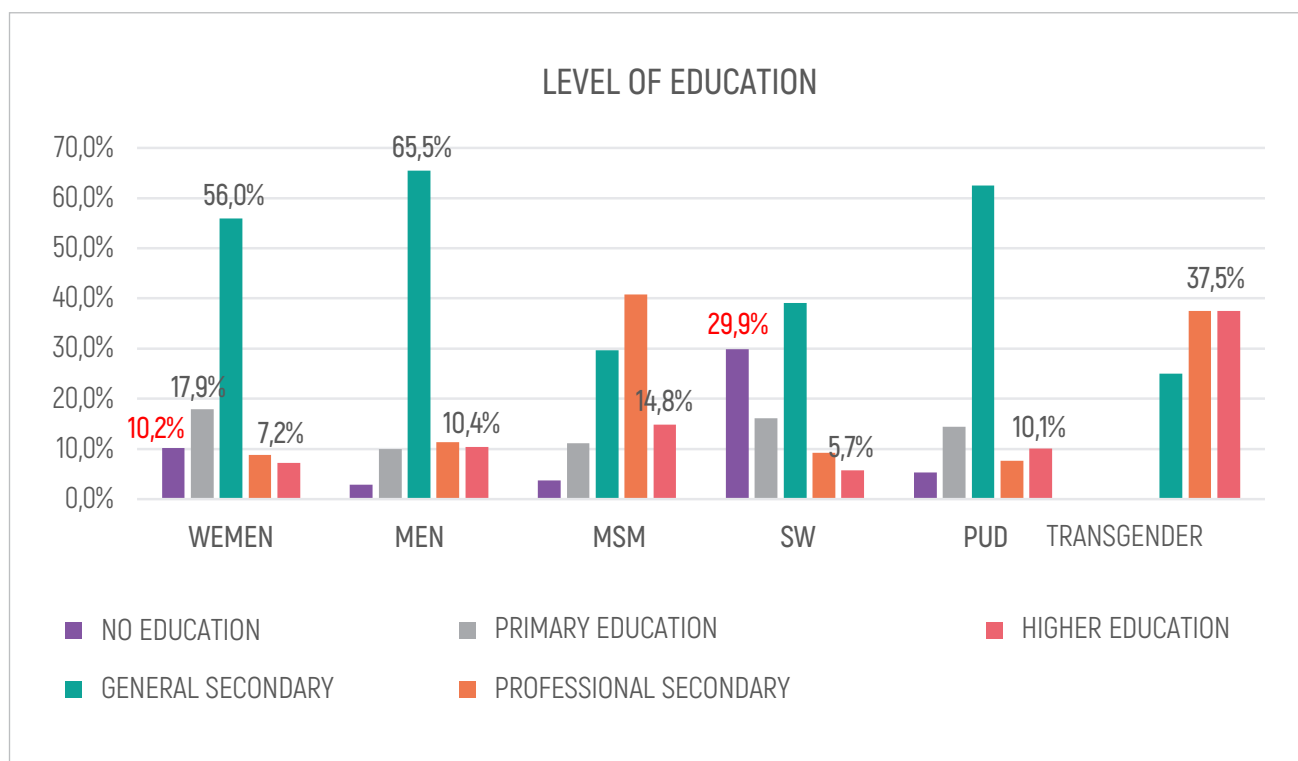
Education, employment and income

The study revealed that very few of the respondents were currently engaged in education. Interestingly, the highest rate was among the transgender population (N=8), three out of eight were currently in education. See Diagram 1 below for more details.

Diagram 1. Current engagement in education, by group



According to the study, over 60% of PLHIV had general secondary education, while over 20% had only primary education (14%) or no education at all (7%). Further details show that the greatest number of respondents without education accounted for SW (around 30%). Of the 8 transgender participants, 3 had higher or professional education, while women, in general, had lower educational backgrounds comparing with other groups. See Diagram 2 below for more information.

Diagram 2. Education level

The number of jobless or unemployed at the time of interview among PLHIV made 57% (n=628), which was almost twice as much as in 2015 (29.5%), while only 11% of respondents reported being fully employed, see table 7 below.

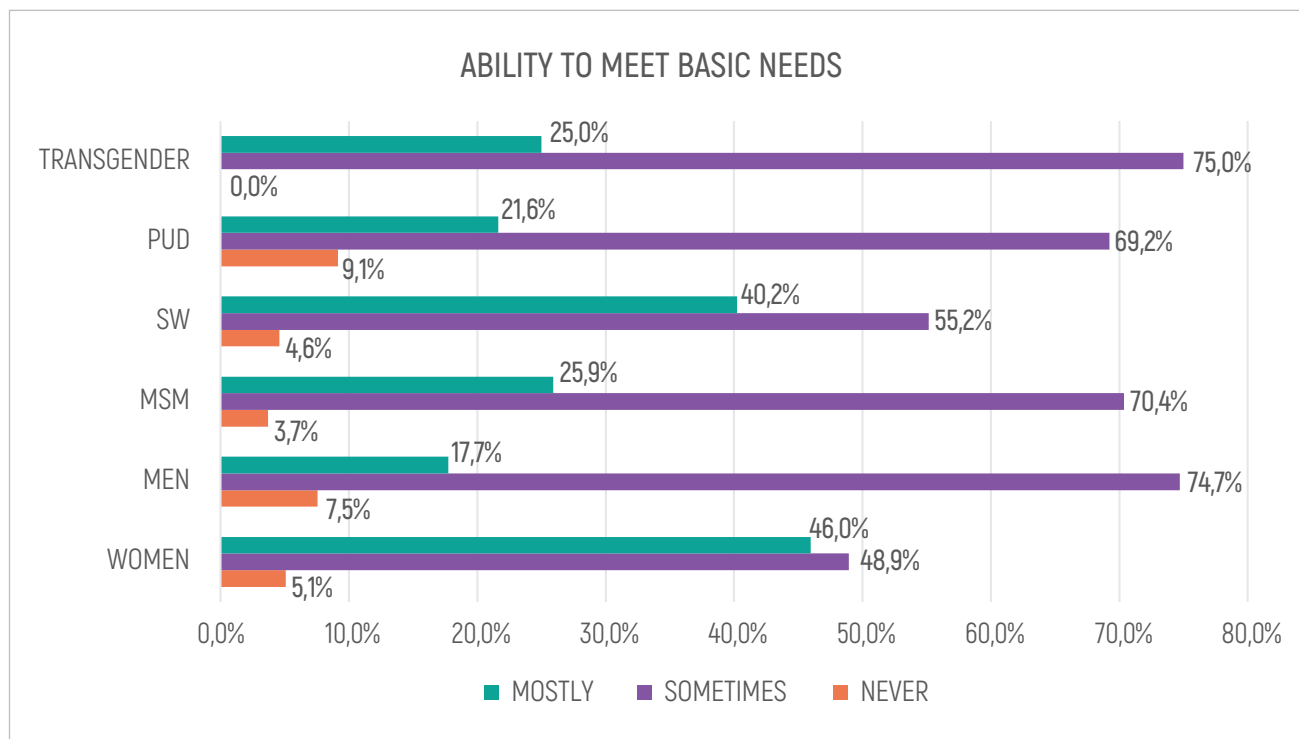
Table 7. Employment among PLHIV

Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN		n	%	n	%	n	%	n	%
	n	%	n	%	n	%								
In full-time work (as an employee)	120	11%	61	10,7%	57	11,1%	8	29,6%	7	8,0%	23	11,1%	2	25,0%
In part-time (as an employee)	104	9%	41	7,2%	61	11,9%	4	14,8%	12	13,8%	33	15,9%	2	25,0%
Working full-time, but not as an employee (self-employed or paid work for others)	48	4%	18	3,2%	30	5,7%	3	11,1%	1	1,1%	5	2,4%	0	0,0%
Doing casual or informal part-time work (self-employed or paid work for others)	192	17%	56	9,8%	134	25,7%	4	14,8%	23	26,4%	37	17,8%	2	25,0%
Retired/on pension	8	1%	4	,7%	4	,8%	0	0,0%	1	1,1%	3	1,4%	0	0,0%
Unemployed	628	57%	390	68,4%	236	44,9%	8	29,6%	43	49,4%	107	51,4%	2	25,0%
Total	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

Detailed analysis showed that the share of jobless was higher among the women (68%) and much lower among MSM (29%), see Annex I. Summary tables for more information.

The difficult life situation of the majority of PLHIV was reflected also in the ability of PLHIV to satisfy their own basic needs over the last 12 months (food, clothing, home, etc.). Overall, 6% stated that they had never been able to meet basic needs in the last 12 months prior to the study. As it is shown in the table below, on average, only about one-third of the respondents reported on their ability to meet their own needs most of the time, while over 60% chose the option "sometimes"; among the transgender people and men living with HIV, this indicator was significantly higher. It is important to note that almost 10% of PWUD reported never being able to meet their basic needs.

Diagram 3. Meeting basic needs for the last 12 months



Membership in HIV support groups

The study also looked at whether the participants were members of HIV support groups. According to data, men living with HIV were less engaged in social actions, only around 28% confirmed their membership in HIV support groups. See Table 8 below for more information.

Table 8. Membership in HIV support groups

Items	PLHIV				MSM		SW		PWUD		TRANSGENDER	
	WOMEN		MEN		n	%	n	%	n	%	n	%
	n	%	n	%								
Are you a member of HIV support group?												
Yes	282	49,5%	144	27,7%	11	40,7%	47	54,0%	107	51,4%	3	37,5%
No	288	50,5%	378	72,3%	16	59,3%	40	46,0%	101	48,6%	5	62,5%
TOTAL	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

6.2. DISCLOSURE

Altogether 60% of PLHIV participants of the survey reported that their spouses or partners, as well as 70% of members of their families, were aware of their HIV-positive status. While only about 15% of children knew about the parents' status; the same proportion of friends knew the status of respondents. Neighbors, employers, colleagues and other people were least aware of the respondents' status. It has been also found that in most cases the information about the status was disclosed to "Other family members" (n=71) and authorities (n=60) without the respondents' consent. See Table 9 below for more information.

Table 9. Do the following people or groups of people know your HIV status?

14.	Groups	Yes	No	N/A	If "Yes", was your status ever disclosed to this per-son/group without your consent?
a.	Your husband/wife/partner(s)	58,5	19,0	22,5	4,3
b.	Your children	14,8	74,4	10,8	1,1
c.	Other family members	70,0	29,4	0,6	6,5
d.	Your friends	14,9	84,3	0,8	3,1
e.	Your neighbors	6,4	91,8	1,8	4,3
f.	Your employer(s)	6,1	37,9	56,0	0,5
g.	Your co-workers	5,5	38,9	55,6	0,6
h.	Your teacher(s)/school administrator(s)	0,5	15,2	84,3	0,3
i.	Your classmates	0,5	27,5	72,0	0,1
j.	Local leaders	2,4	75,5	22,2	1,5
k.	Authority figures (e.g., police, judges, prosecutors, law enforcement, etc.)	10,2	65,4	24,4	5,4

The study found that, on average, over half of the survey participants (58%) disagreed with the statement that over time disclosure of their status became easier for them. It can be argued that around 33% of PLHIV had no positive experience of disclosing their status to their friends and families. It was found that less than 25% of PLHIV participants in the study had positive experiences. Also, it could be stated that in most cases PLHIV did not find support from their relatives after they disclosed their status. The table below illustrates the key findings, while full information can be found in Annex I.

Table 10. Experience when disclosing the status

Statement: In general, disclosing your HIV status to people you are close to has been a positive experience														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
	n	%	WOMEN		MEN		n	%	n	%	n	%	n	%
			n	%	n	%								
Agree	252	23%	129	22,6%	123	23,2%	5	18,5%	20	23,0%	54	26,0%	3	37,5%
Somewhat agree	418	38%	270	47,4%	148	27,9%	10	37,0%	27	31,0%	69	33,2%	3	37,5%
Disagree	361	33%	141	24,7%	220	41,5%	12	44,4%	35	40,2%	73	35,1%	2	25,0%
n/a	69	6%	30	5,3%	39	7,4%	0	0,0%	5	5,7%	12	5,8%	0	0,0%
TOTAL	1100	100%	570	100%	530	100%	27	100%	87	100%	208	100%	8	100%
Statement: In general, people you are close to were supportive when they first learned about your HIV status														
Agree	328	30%	152	26,7%	176	33,2%	9	33,3%	15	17,2%	91	43,8%	2	25,0%
Somewhat agree	408	37%	231	40,5%	177	33,4%	9	33,3%	24	27,6%	55	26,4%	4	50,0%
Disagree	238	22%	101	17,7%	137	25,8%	9	33,3%	34	39,1%	52	25,0%	4	25,0%
n/a	126	11%	86	15,1%	40	7,5%	0	0,0%	14	16,1%	10	4,8%	0	0,0%
TOTAL	1100	100%	570	100%	530	100%	27	100%	87	100%	208	100%	8	100%

Stigmatization and discrimination experiences

The study also addressed stigmatization and discrimination experiences among PLHIV. Given that many PLHIV had negative experiences in disclosure of their status, it was not surprising that discrimination and stigmatization also took place in their social environment. PLHIV experienced negative comments or gossips mostly from the members of their families (18%), and it had happened within the last 12 months preceding the interview. It was also found that KPs in general, and SW and transgender people in particular, were more likely subject to discrimination and stigmatization. Please see Table 11 below and Annex I for more information.

Table 11. Stigmatization and discrimination experiences, by groups

Have you ever been excluded from social gatherings or activities (weddings, funerals, parties, clubs) because of your HIV status?														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, Within the last 12 months	17	2%	12	2,1%	4	9%	0	0,0%	9	10,3%	3	1,4%	1	12,5%
Yes, but not in the last 12 months	26	2%	16	2,8%	8	1,9%	1	3,7%	6	6,9%	5	2,4%	2	25,0%
No	860	78%	417	73,2%	438	83,6%	24	#####	64	73,6%	189	90,9%	5	62,5%
n/a	197	18%	125	21,9%	72	13,6%	2	7,4%	8	9,2%	11	5,3%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Have you ever been excluded from family activities because of your HIV status?														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, Within the last 12 months	27	2%	17	3,0%	9	1,7%	1	3,7%	6	6,9%	4	1,9%	1	12,5%
Yes, but not in the last 12 months	51	5%	33	5,8%	17	3,3%	0	0,0%	5	5,7%	9	4,3%	1	12,5%
No	914	83%	449	78,9%	458	87,7%	25	#####	71	81,6%	189	90,9%	6	75,0%
n/a	108	10%	70	12,3%	38	7,3%	1	3,7%	5	5,7%	6	2,9%	0	0,0%
TOTAL	1100	100%	569	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Have you ever been aware of family members making discriminatory remarks or gossiping about you because of your HIV status?														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, Within the last 12 months	74	7%	53	9,3%	18	3,4%	1	3,7%	14	16,1%	13	6,3%	3	37,5%
Yes, but not in the last 12 months	193	18%	66	11,6%	125	23,9%	4	#####	11	12,6%	39	18,8%	2	25,0%
No	713	65%	378	66,3%	333	63,8%	22	#####	58	66,7%	150	72,1%	2	25,0%
n/a	120	11%	73	12,8%	46	8,8%	0	0,0%	4	4,6%	6	2,9%	1	12,5%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Have you ever been aware of other people making discriminatory remarks or gossiping about you because of your HIV status?														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, Within the last 12 months	81	7%	57	10,0%	22	4,2%	1	3,7%	19	21,8%	19	9,1%	2	25,0%
Yes, but not in the last 12 months	93	8%	45	7,9%	45	8,6%	1	3,7%	8	9,2%	29	13,9%	3	37,5%
No	563	51%	313	54,9%	247	47,3%	22	#####	56	64,4%	126	60,6%	3	37,5%
n/a	363	33%	155	27,2%	208	39,8%	3	#####	4	4,6%	34	16,3%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

6.3. INTERNALIZED STIGMA

According to the results of the survey, HIV-positive status affected the abilities of PLHIV for the last 12 months. However, the impact on different groups of PLHIV varied.

Self-respect, respect to others, and practice of religion were the abilities least affected by the HIV-positive status. About two-thirds of respondents reported that HIV status had not affected these abilities. Most abilities negatively affected by HIV status were coping with stress, self-confidence, desire to have children, and achievement of personal professional goals.

It is necessary to note that women and transgender people were most vulnerable to the negative impacts of HIV. Particularly women, the group of SW and transgender stated that the HIV status negatively influenced their ability to cope with stress twice as much. According to the table below, seven out of eight transgender people who participated in the study confirmed the negative impact of their HIV status on their ability to cope with stress. For women and SW this indicator was much higher comparing with other groups.

Table 12. Impact of HIV status on the ability to cope with stress, by groups

Statement: My ability to cope with stress														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
	n	%	WOMEN		MEN		n	%	n	%	n	%	n	%
			n	%	n	%								
Has been positively affected by my HIV status	104	9%	42	7,4%	62	11,7%	9	33,3%	18	20,7%	44	21,2%	0	0,0%
Has not been affected by my HIV status	397	36%	121	21,2%	275	52,1%	12	44,4%	13	14,9%	75	36,1%	1	12,5%
Has been negatively affected by my HIV status	588	53%	404	70,9%	177	34,7%	6	22,2%	54	62,1%	82	39,4%	7	87,5%
n/a	11	1%	3	5%	8	1,5%	0	0,0%	2	2,3%	7	3,4%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

More detailed information on the component above is provided in Annex 1.

The study shows that the majority of PLHIV (65%) did not observe, before the period over 12 months, changes regarding their abilities discussed above to meet their needs; one in four respondents stated that it was worse, slightly over 10% considered it was better.

The study also looked at the issue of the impact of HIV status on the actions of PLHIV over the past 12 months. According to the results, every third of PLHIV preferred not to have a job, almost the same number (30%) decided not to have sex. See Table 13 below for more information and Annex I for further details.

Table 13. Actions due to HIV status in the last 12 months

I have chosen not to attend social gatherings														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	180	16%	111	19,5%	66	12,6%	7	25,9%	29	33,3%	38	18,3%	3	37,5%
No	809	74%	394	69,1%	410	78,5%	18	66,7%	48	55,2%	154	74,0%	5	62,5%
n/a	111	10%	65	11,4%	46	8,8%	2	7,4%	10	11,5%	16	7,7%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
I avoided going to a clinic or hospital when I needed to														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	251	23%	153	26,8%	95	18,2%	4	14,8%	25	28,7%	49	23,6%	3	37,5%
No	815	74%	404	70,9%	406	77,8%	22	81,5%	60	69,0%	153	73,6%	5	62,5%
n/a	34	3%	13	2,3%	21	4,0%	1	3,7%	2	2,3%	6	2,9%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
I have chosen not to apply for a job(s)														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	347	32%	226	39,6%	119	22,8%	3	11,1%	30	34,5%	47	22,6%	2	25,0%
No	580	53%	214	37,5%	360	69,0%	20	74,1%	48	55,2%	139	66,8%	6	75,0%
n/a	173	16%	130	22,8%	43	8,2%	4	14,8%	9	10,3%	22	10,6%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
I have chosen not to seek social support														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	135	12%	73	12,8%	59	11,3%	5	18,5%	27	31,0%	35	16,8%	3	37,5%
No	680	62%	343	60,2%	333	63,8%	21	77,8%	51	58,6%	137	65,9%	4	50,0%
n/a	285	26%	154	27,0%	130	24,9%	1	3,7%	9	10,3%	36	17,3%	1	12,5%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

The study shows that HIV status specifically affected women's behavior, according to the table above. Women chose not to apply for a job because of their HIV status more often than other groups (39,6%), while around 27% avoided going to clinics when they needed to, while among men participants only 18,2% stated about that.

Among eight transgender people, who participated in the study, three of them stated they chose to stay away from social gatherings, not to seek social support, or avoid going to clinics when they need to. It should be noted that the number of study participants from the transgender group (N=8) was too small to generalize findings to the entire population; so more study is needed to develop a deeper understanding of the situation and the transgender's experiences of stigma and discrimination in Tajikistan.

Analysis of data shows that almost all PLHIV tend to hide their status from other people. Overall, 65% of study participants felt worthless because of their status, and many (71%) felt ashamed about it. The vast majority (87%) found it difficult to share their status with others. It should be noted that all transgender people participating in the study stated that they hid their status from others. See Table 14 below for more details.

Table 14. Manifestations of self-discrimination

Statements	Agree	Disagree	TOTAL
It is hard for me to tell a stranger about my HIV infection	87%	13%	100%
Being HIV positive makes me feel dirty	31%	69%	100%
I feel guilty that I am HIV positive	55%	45%	100%
I am ashamed that I am HIV positive	71%	29%	100%
I sometimes feel worthless because I am HIV positive	65%	35%	100%
I hide my HIV status from others	94%	6%	100%

6.4. INTERACTION WITH HEALTHCARE FACILITIES

Testing, care, and treatment

According to the study, most PLHIV were tested for HIV voluntarily (for all groups 77%), while this indicator was relatively lower for SW (62%) and PWUD (66,7%), and significantly higher for MSM (92%). Interestingly, approximately 20% of women and 25% of SW were tested for HIV without their knowledge. Please, see Table 15 below for more details.

Table 15. HIV testing, by groups

Items	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, it was my choice	844	77%	415	72,8%	422	80,8%	25	92,6%	54	62,1%	138	66,3%	7	87,5%
Yes, but i was pressured by	54	5%	26	4,6%	28	5,4%	2	7,4%	5	5,7%	19	9,1%	0	0,0%
No, i was tested without my knowledge and only found out after the test had been	179	16%	122	21,4%	57	10,9%	0	0,0%	21	24,1%	41	19,7%	0	0,0%
No, I was forced to take an HIV test without my consent	20	2%	5	9%	14	2,7%	0	0,0%	7	8,0%	10	4,8%	1	12,5%
No, I was born with HIV or acquired HIV in infancy/ childhood and was not aware I had been tested	3	0%	2	4%	1	0,2%	0	0,0%	0	0,0%	0	0,0%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

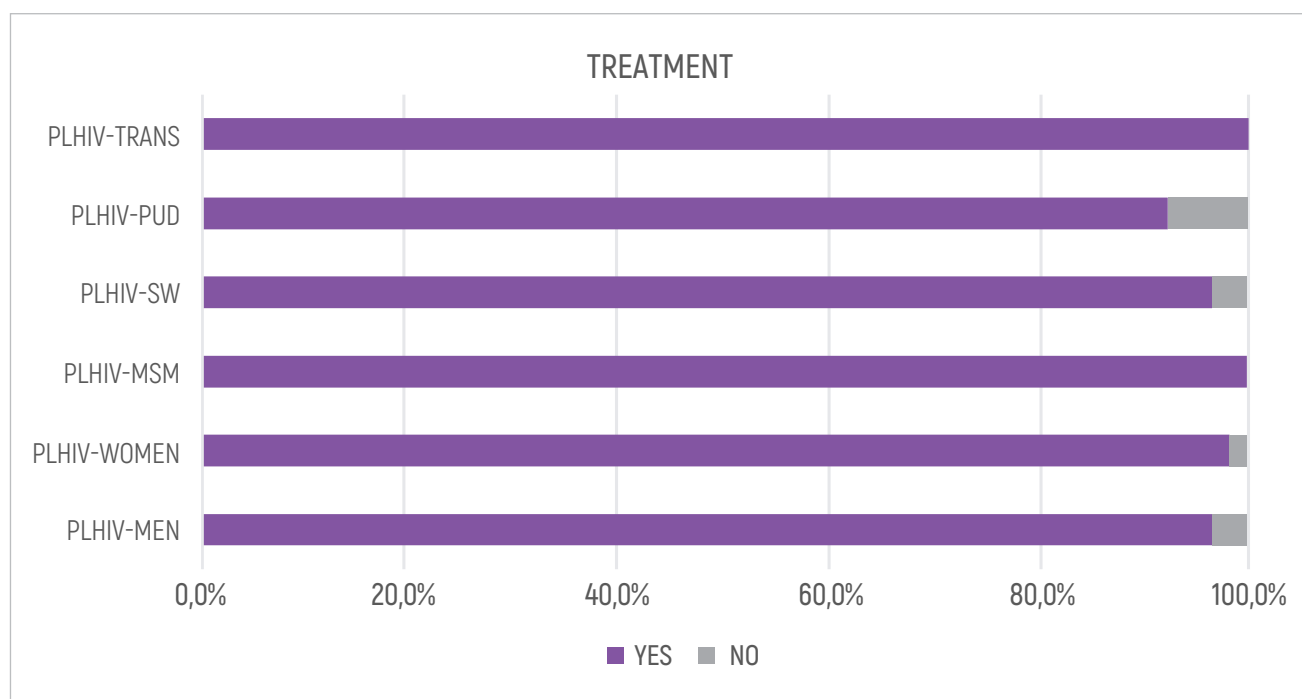
Among the main reasons for the participants to have HIV tests, approximately half of the respondents stated that they were advised by the healthcare workers, or testing was part of the medical procedure. About 15% had the test due to their own suspicions of risk of HIV infection.

According to the study data, generally, 80% of people living with HIV decided to have the test after six months of thinking about it. This was higher for women (88%) and the lowest rate was with PWUD (68,2%). While approximately one in four PLHIV said, they decided to postpone the test for HIV due to fear of the response from others if HIV was positive.

Table 16. The time between thinking to have a test and testing

Period	Total PLHIV	WOMEN	MEN	MSM	SW	PWUD	TRANSGENDER
Six months or less	80 %	89 %	72,0%	78%	70%	68%	71%
More than 6 months but less than 2 years	12 %	5 %	19,0%	19%	14%	12%	0%
More than 2 years	3 %	4%	3%	0%	10%	7%	14%
I do not know	4%	2%	6%	4%	7%	13%	14%
TOTAL	100%	100%	100%	100%	100%	100%	100%

According to the study, among the study participants, 97% were receiving or had been receiving HIV treatment, while among MSM, they were 100%. See Diagram 4 below for more details.

Diagram 4. HIV treatment, by groups

Factors influencing initiation of treatment

As the study shows, generally, less than half of the participants were worried that their close people would find out about their status and this was the reason for them to postpone the treatment, while over half of the participants were worried about other people or that they would not be able to handle their HIV infection. Unlike other groups, it was the inner circle for SW that was more worrisome and caused hesitation to initiate their treatment (63.2%).

The time between the moment of diagnosis and starting ART

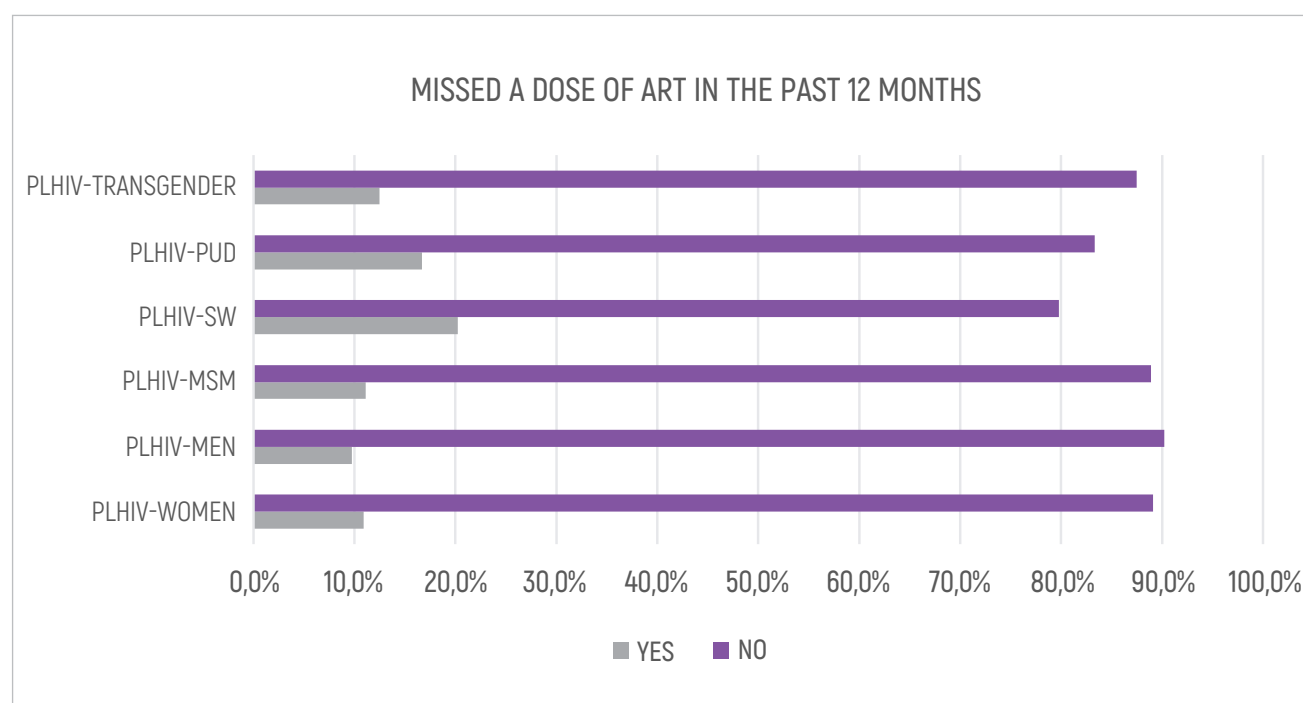
On average, almost half of PLHIV (46%) reported that their treatment had started within a month after diagnosis. More detailed analysis showed that this indicator had changes depending on the group and sex of the respondents. For example, when every second man reported on 30 days period, for women this indicator was 20% less (40,4%). At the same time, for every second MSM, it took from 1 to 6 months to begin the treatment after diagnosis. According to the table below, KP and PWUD demonstrated greater delays with treatment, more than 20% started treatment at least after 2 years of diagnosis. See Table 17 below.

Table 17. The time between diagnosis and starting treatment, by group

Period	WOMEN	MEN	MSM	SW	PWUD	Transgender
Immediately	23,9%	6,6%	3,7%	9,5%	8,9%	0.0%
from 1 day to 30 days	40,4%	52,0%	33,3%	44,0%	40,1%	50.0%
from 1 month to 6 months	20,4%	17,8%	51,9%	20,2%	14,1%	25.0%
From 6 months to 2 years	7,0%	6,8%	11,1%	15,5%	9,4%	25.0%
More than 2 years	6,8%	13,7%	0,0%	3,6%	20,8%	0.0%
Do not remember	1,6%	3,1%	0,0%	7,1%	6,8%	0.0%

Treatment interruption

Generally, 90% of the people living with HIV indicated they did not miss ART treatment because of the fear that someone would find out. While, more detailed analysis shows that among SW and PWUD this figure differs significantly, stating the fact that about every fifth representative of these groups had to miss ART dose due to fear of someone finding out about it.

Diagram 5. Interruption of the treatment in the last 12 months, by groups

Viral load

According to the study, generally, over 60% of PLHIV reported that the last test for viral load in the past 12 months showed that they had an undetectable viral load. The lowest rate belongs to the MSM group (51.9%), while, 37% of the representatives of this group had not checked the viral load in the past 12 months.

Interruption or stop of HIV treatment

Generally, 79% of PLHIV stated that did not interrupt and did not discontinue their HIV treatment. While in the case of MSM, about 40% answered in the affirmative to the question of whether they ever interrupted the treatment, which was twice more than among women and men. Among other SW and PWUD, this indicator was almost 30%. Only one transgender person confirmed that ever stopped or interrupted the treatment.

Reasons for interruption related to stigma and discrimination

On average, around 20% of PLHIV interrupted their treatment due to hiding their HIV status from others, while among SW and MSM this reason made one-third and more. See the Table 18 below.

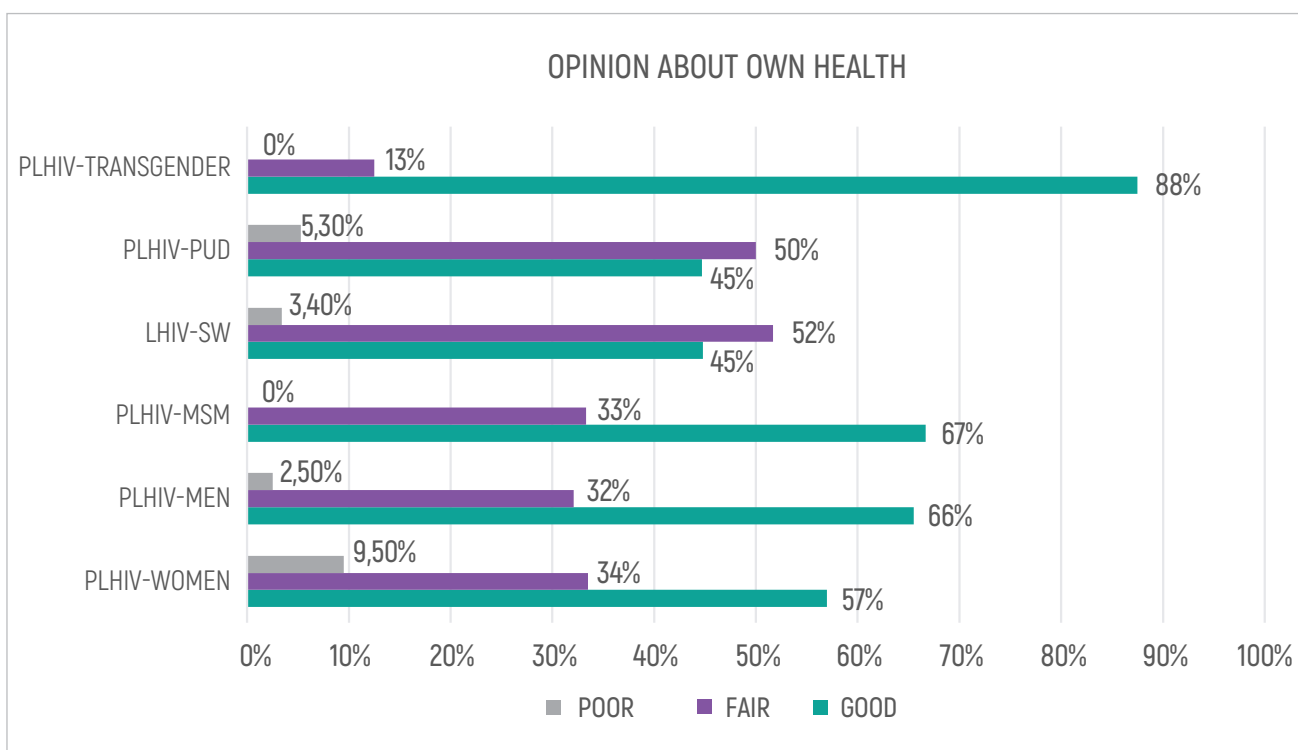
Table 18. Reasons for interruption of ART related to stigma and discrimination

Statements	WOMEN	MEN	MSM	SW	PWUD	Transgender
I was worried that someone would find out about my HIV status	22,6%	19,0%	36,4%	33,3%	22,6%	0,0%
I was not / was not ready to do anything about my HIV status	13,9%	12,4%	0,0%	16,7%	17,0%	0,0%
I was scared that healthcare professionals (doctors, nurses, staff) would treat me badly	2,6%	1,0%	0,0%	4,2%	1,9%	0,0%
I was denied HIV treatment (ARV) because I was using drugs at the time	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
other reasons	20,0%	26,7%	9,1%	29,2%	34,0%	100,0%
n/a I do not get ART or stopped treatment	40,9%	41,0%	54,5%	16,7%	24,5%	0,0%

Among the reasons not related to stigma and discrimination causing interruption or discontinuation of the treatment, around 25% of the study participants pointed to side effects and feeling that treatment was not needed. About 40% of SW related the cause of interruption to the side effects of the drugs. Significantly, approximately one-third of the men and PWUD living with HIV interrupted their treatment as they felt no treatment was needed.

General health

Over 60% of the survey participants considered their health status as good. Every second SW and PWUD consider their health status as fair and about 44% - good, while in other groups this made two-third of the MSM group and men living with HIV. More detailed information is provided in Diagram 6 below.

Diagram 6. General health status, by groups

Other diseases

The survey data suggests the representatives of SW and PWUD were more susceptible to various diseases. For example, almost every third of PWUD suffered viral hepatitis, every fifth of this group reported on mental health disorders, alcohol and drug addiction syndromes. Every tenth representative of the above-mentioned groups reported on their exposure to TB.

Approximately, one-third of the representatives of PWUD and every fourth representative of other groups stated receiving treatment for other diseases in the last 12 months.

About the community-led clinics providing HIV-related services, most of the respondents knew about these clinics and accessed HIV care there (62%), however, five out of eight transgender persons were not aware of such clinics providing services for the HIV community. The services provided by community clinics were mainly intended for awareness-raising and peer support.

6.5. INTERACTIONS WITH HEALTHCARE SERVICES

Practically, all PLHIV who participated in the study received ART in the state clinic or institution in the public health system.

Two-third of PWUD and every second representative of other groups knew of the community-based clinics, which provided HIV-related services, and had access to those services.

Over a quarter of representatives of SW and PWUD were recommended not to have sex. Women were verbally reprimanded 6 times more often than men living with HIV.

The study results suggest that two-thirds of the participants said that they had not disclosed their status when referring for general medical services outside the clinic, where they received ART.

Details are provided in Table 19 below.

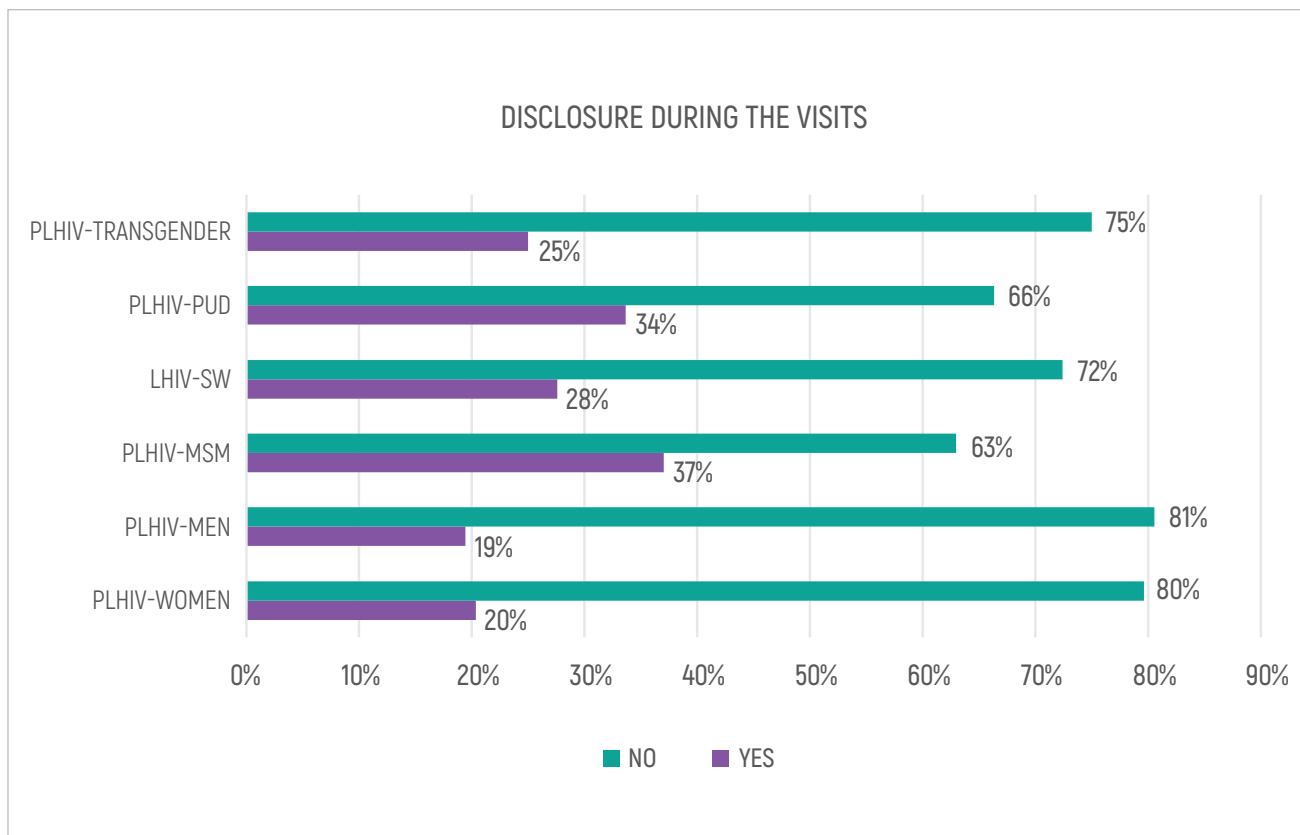
Table 19. Experience in receiving services in healthcare institutions

Denial of health services because of your HIV status														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	31	3%	16	2,8%	12	2,4%	0	00,0%	7	8,2%	11	5,6%	3	37,5%
No	1048	97%	546	97,2%	497	97,6%	27	100,0%	78	91,8%	184	94,4%	5	62,5%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%
Being advised not to have sex because of your HIV status														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	104	10%	52	9,3%	49	9,6%	2	7,4%	21	24,7%	44	22,6%	3	37,5%
No	975	90%	510	90,7%	460	90,4%	25	92,6%	64	75,3%	151	77,4%	5	62,5%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%
Being talked badly about or gossiped about because of your HIV status														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	52	5%	22	3,9%	27	5,3%	1	3,7%	12	14,1%	19	9,7%	3	37,5%
No	1027	95%	540	96,1%	482	94,7%	26	96,3%	73	85,9%	176	90,3%	5	62,5%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%
Verbal abuse because of your HIV status														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	62	6%	55	9,8%	7	1,4%	0	0%	8	9,4%	4	2,1%	0	0%
No	1017	94%	507	90,2%	502	98,6%	27	100,0%	77	90,6%	191	97,9%	8	100,0%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%
Physical abuse because of your HIV status														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	9	1%	5	0,9%	3	0,6%	0	0%	4	4,7%	3	1,5%	1	12,5%
No	1070	99%	557	99,1%	506	99,4%	27	100,0%	81	95,3%	192	98,5%	7	87,5%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%
Avoidance of physical contact with you/taking extra precautions because of your HIV status														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	36	3%	17	3,0%	18	3,5%	4	14,8%	8	9,4%	10	5,1%	1	12,5%
No	1043	97%	545	97,0%	491	96,5%	23	85,2%	77	90,6%	185	94,9%	7	87,5%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%
Telling other people about your HIV status without your consent														
Options	TOTAL PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			WOMEN		MEN									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes	32	3%	14	2,5%	16	3,1%	1	3,7%	4	4,7%	12	6,2%	2	25,0%
No	1047	97%	548	97,5%	493	96,9%	26	96,3%	81	95,3%	183	93,8%	6	75,0%
TOTAL	1079	100%	562	100%	509	100%	27	100%	85	100%	195	100%	8	100%

Disclosure of status during the visits to clinics for treatments other than ART

The study found that around one-quarter of the respondents tended to disclose their status when they visited clinics for treatments other than ART. This indicator is the lowest among men and women living with HIV (about 20%). Please see Diagram 7 below for more details.

Diagram 7. Disclosure of status during visits to clinics for reasons other than HIV



Confidentiality of medical records related to HIV status

The least sure of confidentiality of the data storage were representatives of MSM. Only 40% of the respondents from this group reported being sure of the confidentiality of the medical records.

Sexual and reproductive health (only for the female participants)

From the table below, it can be seen that sex workers experienced more pressure from healthcare workers than other women. Please see Table 20 below for more details.

Table 20. Sexual and reproductive health, by groups

Statements	Options	PLHIV Women		SW		PUD	
		n	%	n	%	n	%
You have been advised to terminate your pregnancy	Yes, during the last 12 months	9	1,6%	5	6,3%	0	0,0%
	Yes, but not during the last 12	21	3,7%	5	6,3%	1	7,1%
	No	443	78,1%	58	73,4%	10	71,4%
	Do not want to answer	6	1,1%	4	5,1%	0	0,0%
	n/a	88	15,5%	7	8,9%	3	21,4%
Apply pressure to use a specific type of contraception	Yes, during the last 12 months	11	1,9%	7	8,9%	1	7,1%
	Yes, but not during the last 12	10	1,8%	1	1,3%	0	0,0%
	No	491	86,6%	61	77,2%	10	71,4%
	Do not want to answer	9	1,6%	5	6,3%	1	7,1%
	n/a	46	8,1%	5	6,3%	2	14,3%
Exerted pressure to choose a specific method of delivery	Yes, during the last 12 months	2	,4%	2	2,5%	0	0,0%
	Yes, but not during the last 12	12	2,1%	0	0,0%	0	0,0%
	No	456	80,4%	62	78,5%	12	85,7%
	Do not want to answer	10	1,8%	7	8,9%	0	0,0%
	n/a	87	15,3%	8	10,1%	2	14,3%
Pressure into choosing a particular method of feeding baby	Yes, during the last 12 months	2	,4%	2	2,5%	0	0,0%
	Yes, but not during the last 12	16	2,8%	1	1,3%	1	7,1%
	No	442	78,0%	55	69,6%	8	57,1%
	Do not want to answer	10	1,8%	7	8,9%	0	0,0%
	n/a	97	17,1%	14	17,7%	5	35,7%
Pressure you to take antiretroviral therapy during pregnancy	Yes, during the last 12 months	4	,7%	2	2,5%	0	0,0%
	Yes, but not during the last 12	16	2,8%	4	5,1%	0	0,0%
	No	441	77,8%	52	65,8%	11	78,6%
	Do not want to answer	9	1,6%	7	8,9%	0	0,0%
	n/a	97	17,1%	14	17,7%	3	21,4%

6.6. HUMAN RIGHTS AND EFFECTING CHANGES

The study found that representatives of MSM relatively more than the other groups experienced violations of their rights. About 15% of the participants of this group agreed with the assertion that over the previous 12 months their rights were violated when applying for a job or visiting the pension fund. The same number agreed that their rights to access health services were violated. For SW and PWUD, this indicator (access to healthcare services) constituted 12.5% and 12% respectively. More detailed information is provided in Annex I. Summary tables.

Table 21. Violation of rights

I was forced to get tested for HIV or disclose my status in order to obtain a visa or to apply for residency/citizenship in a country														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	7	0,6%	2	0,4%	3	0,6%	1	3,7%	2	2,3%	2	1,0%	2	25,0%
Yes, but not within the last 12 months	6	0,5%	4	0,7%	2	0,4%	1	3,7%	1	1,1%	1	0,5%	0	0,0%
No	1078	98,0%	561	98,4%	511	97,9%	22	81,5%	81	93,1%	202	97,1%	6	75,0%
Prefer not to answer	9	0,8%	3	0,5%	6	1,1%	3	11,1%	3	3,4%	3	1,4%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
I was forced to get tested for HIV or disclose my status in order to apply for a job or get a pension plan														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	21	1,9%	9	1,6%	11	2,1%	4	14,8%	2	2,3%	2	1,0%	1	12,5%
Yes, but not within the last 12 months	12	1,1%	5	0,9%	6	1,1%	0	0,0%	2	2,3%	1	0,5%	1	12,5%
No	1048	95,3%	545	95,6%	497	95,2%	22	81,5%	77	88,5%	201	96,6%	6	75,0%
Prefer not to answer	19	1,7%	11	1,9%	8	1,5%	1	3,7%	6	6,9%	4	1,9%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
I was forced to get tested for HIV or disclose my status in order to attend an educational institution or get a scholarship														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	1	0,1%	0	0,0%	0	0,0%	0	0,0%	0	0,0%	0	0%	1	12,5%
Yes, but not within the last 12 months	0	0,0%	0	0,0%	0	0,0%	0	0,0%	0	0,0%	0	0%	0	0,0%
No	1069	97,2%	555	97,4%	508	97,3%	26	96,3%	80	92,0%	197	94,7%	6	75,0%
Prefer not to answer	30	2,7%	15	2,6%	14	2,7%	1	3,7%	7	8,0%	11	5,3%	1	12,5%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
I was forced to get tested for HIV or disclose my status in order to get health care services														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	96	8,7%	60	10,5%	34	6,5%	4	14,8%	11	12,6%	25	12,0%	2	25,0%
Yes, but not within the last 12 months	85	7,7%	34	6,0%	50	9,6%	2	7,4%	4	4,6%	15	7,2%	1	12,5%
No	911	82,8%	473	83,0%	433	83,0%	20	74,1%	69	79,3%	165	79,3%	5	62,5%
Prefer not to answer	8	0,7%	3	0,5%	5	1,0%	1	3,7%	3	3,4%	3	1,4%	0	0,0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

Replying to the question on response to the violation of their rights, practically all answered that they had not taken any actions. The study revealed also that even when violations occurred, the representatives of the vulnerable groups feared disclosure of their status. Over 60% of the participants of the survey among KP groups feared this.

According to the study results, 32 study participants (3%), in response to the violation of their rights in the last 12 months preceding the interview, tried to do something in response to rights abuse. It should be noted that 86% of the study participants confirmed that there were not any rights violations described in Question 48 (Table 21) in the last 12 months preceding the interview.

The study revealed also that most PLHIV were not aware of the existence of the laws protecting their rights in the country. Only less than one-third stated their knowledge of such laws.

6.7. STIGMA AND DISCRIMINATION EXPERIENCED FOR REASONS OTHER THAN HIV STATUS

According to the results of the study, over half of the transgender people who participated in the study reported being excluded from family events and exposure to harassment and physical abuse due to their gender identity. Three of four were verbally harassed and blackmailed. It is necessary to note that transgender people are more likely to get stigmatized and discriminated due to their identity comparing with other KPs. Verbal is the most widespread form of discrimination among all key population groups. See Table 21 below for more details.

Comparing data from this section with findings from Question 16 (stigma and discrimination because of HIV status), it can be seen that KPs experienced a higher level of discrimination and stigma due to other reasons than HIV status.

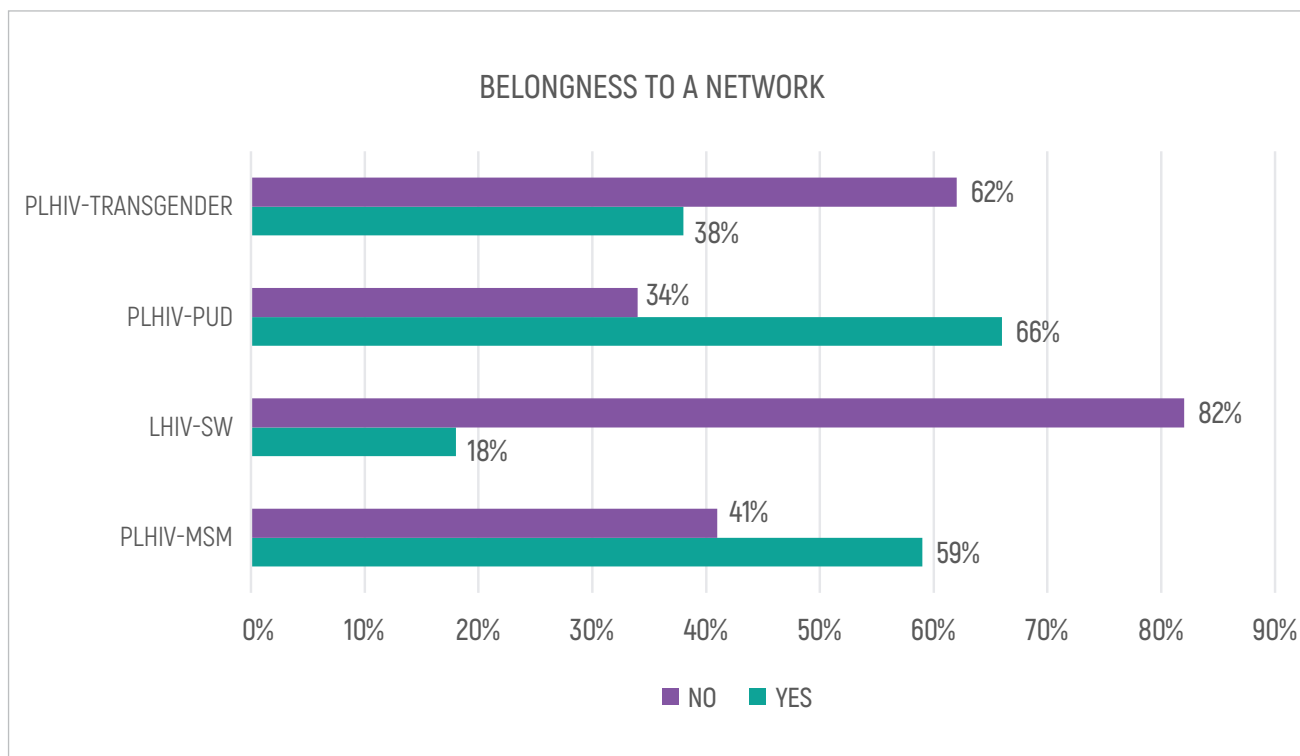
Table 22. Discrimination forms

Statements	Transgender	MSM	SW	PWUD
Have you ever felt excluded from family activities?	50%	21%	15%	10%
Have you ever felt that family members have made discriminatory remarks or gossiped about you?	63%	15%	24%	22%
Have you ever felt afraid to seek health services because you worried someone may learn about your identity?	63%	18%	15%	17%
Have you ever avoided seeking health services because you worried someone may learn your identity?	63%	15%	16%	12%
Has someone ever verbally harassed you?	75%	26%	19%	20%
Has someone ever blackmailed you?	75%	15%	22%	5%
Has someone ever physically harassed or hurt you?	50%	9%	10%	10%

The results of the study suggest that transgender people, MSM, and SW were more open with their community rather than with their families or friends. Thus, based on the survey data, only two-thirds of the representatives of transgender people and every fifth representative of MSM reported that the members of their family and friends had known about their gender identity or sexual orientation. While over 85% stated that the members of the community were aware of their gender identity or sexual orientation.

The study findings suggest that not all transgender people and MSM joined the support networks or groups. Among the transgender people, only three of eight stated this fact. This indicator was highest among PWUD, where two-thirds confirmed their membership in networks. Details are provided in Diagram 8 below.

Diagram 8. Belonging to a network or support group by KP groups



Personal experience of stigma and discrimination

Along with quantitative information, the study collected qualitative data from study participants who wanted to share their personal experience of stigma and discrimination.

Overall, most of the cases came from women and representatives of key population groups. Among all examples, more cases were related to stigma and discrimination happened at healthcare institutions. There were many cases when medical staff or other officials disclosed status in front of relatives or other patients without respondents' consent. The cases below illustrate a common problem faced by PLHIV, particularly by KPs in medical settings.

"I learned about my status when I was in a hospital for surgery. When I came back home, all my neighbors were already aware of my status..."

Woman from Rudaki

"I have convinced my friend from our community [MSM] to take a test, but when we visited the center, the staff saw code 103 and said loudly: "Are you gay?! Shame on you!". My friend immediately left the center and I never could contact him again..."

MSM from Dushanbe

"Dentist refused to help me when learned about my status..."

PWUD from Khujand

"Doctor advised me to perform an abortion..."

Women from Kulob

It was also found that in some cases, people were tested for HIV without their consent during the visits to clinics for other purposes. Here are cases reported by study participants:

"I learned about my status after visiting a hospital for other reasons. When I took the test, I didn't know that they tested me for HIV as well. Later, they informed me that I had an HIV infection. I was shocked and didn't believe them, but my status was confirmed with another test..."

Man from Khujand

Self-stigma seems to be a widespread phenomenon, in particular among women living with HIV. There are many cases when women, in particular from rural areas, shared their concerns about status disclosure with family members. The situation became more complicated when a husband was abroad for migration and a woman lived with her husband's parents and extended family members.

"When my mother-in-law learned about my status from my husband, she blamed me and convinced my husband to divorce me..."

Woman from Yovon

There are also many reports about cases describing that MSM, transgender, or SW were kicked out from their houses when learned about their status, sexual orientation, or identity.

"I cannot tell my parents about my status and identity as I am 100% sure that they will kick me out of my house. I say it because it happened to other guys from our community..."

Transgender person from Dushanbe

Stigma and discrimination occur in working places as well, as it was reported by study participants:

"I have been working as a cleaner for a company for three years. It was the only job that I could find after I learned about my status. I didn't know that my husband was sick when returned from Russia... I told about my status to one of the colleagues who seemed quite friendly and supportive towards me, but she told everyone about my status... The boss gave me some money and asked me not to come anymore. I left the office crying..."

Woman from Dushanbe

Many cases inform about negative and unprofessional attitudes towards PLHIV demonstrated by representatives of the police and other authority bodies. Disclosure without consent by police and other authority bodies seems to be a common thing.

"I was driving and stopped by traffic police. They checked my documents and took me to a military enlistment office [Voenkomat] to enroll me in military service. I had to disclose my status to a military enlistment officer, who immediately told about it to traffic police, who in turn, disclosed it in front of my uncle. My uncle was shocked as I didn't tell anyone among my relatives..."

Man from Dushanbe

"A young woman living with HIV lives in our village and she has some mental disorders as well. Two guys from a neighboring village raped her. The parents of this girl reported to the police about the case. They found them very quickly and arrested, but the police arrested the girl as well and accused her of intentional infection with HIV..."

Woman from Sogd

Stigmatization and discrimination by other structures (a country-specific section)

According to the survey data, such phenomena as unjustified administrative punishments, threats of status disclosure, harassment, or unjustified administrative fines by the law enforcement bodies were reported by a small number of participants of the study. Moreover, every fifth participant from SW and every tenth from PWUD reported on harassment or threats by representatives of law enforcement bodies.

Access to secondary and higher professional medical education

According to the study, 36 PLHIV confirmed their awareness of the cases of refusal to receive higher or secondary professional medical education based on their HIV status. It should be noted that around 60% of these cases (n=21) were reported by women. From the table below, it can be seen that 5 out of 8 transgender people were also reported about such cases.

Child adoption

Study participants reported 61 cases of refusal to adopt children. According to data, almost 90% of such cases were reported in the past 12 months preceding the interview, and mostly by female participants. See Table 23 below for detailed information.

Table 23. Violation of civil rights, by groups

Have you ever faced any administrative fines for refusing HIV or TB treatment?														
Options	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	1	0,0	1	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0%
Yes, but not within the last 12 months	3	0,0	2	0,0	1	0,0	0	0,0	0	0,0	1	0,0	0	0,0%
No	1084	1,0	557	1,0	557	1,0	27	1,0	82	0,9	205	1,0	7	87,5%
n/a	12	0,0	10	0,0	2	0,0	0	0,0	5	0,1	2	0,0	1	12,5%
TOTAL	1100	1,0%	570	1,0%	530	1,0%	27	1,0%	87	1,0%	208	1,0%	8	0,0%
Are you aware of the cases of refusal to receive higher education or secondary professional medical education on the basis of HIV status?														
Options	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	15	1%	7	1,2%	8	1,5%	1	3,7%	3	3,4%	3	1,4%	3	37,5%
Yes, but not within the last 12 months	21	2%	14	2,5%	7	1,3%	1	3,7%	5	5,7%	2	1,0%	2	25,0%
No	1031	94%	529	92,8%	502	94,7%	25	92,6%	70	80,5%	192	92,3%	3	37,5%
n/a	33	3%	20	3,5%	13	2,5%	0	0,0%	9	10,3%	11	5,3%	0	0,0%
TOTAL	1100	100%	570	100%	530	100%	27	100%	87	100%	208	100%	8	0%
Are you aware of cases of refusal to child adaptation based on the adoptive parents' HIV status?														
Options	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	53	5%	48	8,4%	5	0,9%	0	0,0%	0	0,0%	4	1,9%	0	0,0%
Yes, but not within the last 12 months	8	1%	6	1,1%	2	0,4%	0	0,0%	3	3,4%	1	0,5%	1	12,5%
No	1005	91%	499	87,5%	506	95,5%	27	100,0%	74	85,1%	186	89,4%	6	75,0%
n/a	34	3%	17	3,0%	17	3,2%	0	0,0%	10	11,5%	17	8,2%	1	12,5%
TOTAL	1100	100%	570	100%	530	100%	27	100%	87	100%	208	100%	8	0%

According to the table below, the cases of unjustified administrative punishments were not widespread but still confirmed by 27 PLHIV for the last 12 months preceding the interview and earlier. The study suggests that law enforcement threatened around 10% of SW with disclosure during the last 12 months preceding the survey. It can be argued that SW and PWUD were more likely exposed to or witnessed harassment by law enforcement due to their HIV status. See Table 24 below for more information.

Harassment by the law enforcement bodies due to positive HIV status

Table 24. Right violation by law enforcement bodies

Have any unreasonable administrative punishment been applied by law enforcement agencies?														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	10	0,9%	6	1,1%	4	0,8%	1	3,7%	4	4,6%	3	1,4%	0	0.0%
Yes, but not within the last 12 months	17	1,5%	6	1,1%	10	1,9%	0	0,0%	5	5,7%	9	4,3%	1	12.5%
No	1059	96,3%	546	95,3%	506	96,9%	26	96,3%	72	82,3%	192	92,3%	7	87,5%
Prefer not to answer	14	1,3%	12	2,1%	2	0,4%	0	0,0%	6	6,9%	4	1,9%	0	0.0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Have there been any cases when law enforcement officials threatened you with disclosure?														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	20	13%	14	23%	6	1,1%	1	3,7%	9	10,3%	6	2,9%	0	0.0%
Yes, but not within the last 12 months	20	13%	7	1,2%	8	1,5%	1	3,7%	6	6,9%	7	3,4%	4	50.0%
No	1047	95,2%	539	94,6%	505	96,7%	25	92,6%	67	77,0%	190	91,3%	4	50.0%
Prefer not to answer	13	1,2%	10	13%	3	0,6%	0	0,0%	5	5,7%	5	2,4%	0	0.0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Have there been any cases of persecution by law enforcement during the epidemic investigations of cases of HIV infection?														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	13	1,2%	9	1,6%	4	0,8%	0	0,0%	6	6,9%	5	2,4%	0	0.0%
Yes, but not within the last 12 months	14	1,3%	5	0,9%	7	1,3%	1	3,7%	1	1,1%	5	2,4%	2	25.0%
No	1060	96,4%	546	95,3%	508	97,3%	26	96,3%	73	83,9%	193	92,8%	6	75.0%
Prefer not to answer	13	1,2%	10	13%	3	0,6%	0	0,0%	7	8,0%	5	2,4%	0	0.0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Do you know that law enforcement officials threaten/harass people with HIV status?														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	76	6,9%	42	7,4%	34	6,5%	0	0,0%	18	20,7%	22	10,6%	0	0.0%
Yes, but not within the last 12 months	37	3,4%	16	23%	18	3,4%	1	3,7%	5	5,7%	12	5,8%	3	37,5%
No	960	87,3%	498	87,4%	457	87,5%	26	96,3%	56	64,3%	161	77,4%	5	62,5%
Prefer not to answer	27	23%	14	23%	13	2,5%	0	0,0%	8	9,2%	13	6,3%	0	0.0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%
Have you ever be threatened by law enforcement officials or exposed to hate persecution related to your sexual orientation?														
Items	Total PLHIV		PLHIV				MSM		SW		PWUD		TRANSGENDER	
			Women		Men									
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	11	1,0%	8	1,4%	3	0,6%	1	3,7%	5	5,7%	2	1,0%	0	0.0%
Yes, but not within the last 12 months	16	13%	8	1,4%	4	0,8%	1	3,7%	8	9,3%	2	1,0%	4	50.0%
No	855	77,7%	420	73,7%	431	82,6%	25	92,6%	66	75,9%	183	88,0%	4	50.0%
Prefer not to answer	218	19,8%	134	23,3%	84	16,1%	0	0,0%	8	9,2%	21	10,1%	0	0.0%
TOTAL	1100	100%	570	100%	522	100%	27	100%	87	100%	208	100%	8	100%

7. CONCLUSIONS

The study was conducted in the context of overall improvement of the epidemiological situation with HIV infection in the country. It can be claimed that the joint efforts of international and national stakeholders resulted in the optimization of treatment and care practices that brought the country close to achieving 90-90-90 strategy targets. The country acknowledges the issues of stigma and discrimination due to HIV status and considers it among the key barriers to address the 90-90-90 strategy in Tajikistan.

Overall, the situation of PLHIV can be characterized by the high level of self-stigma, in particular among women and KP groups in Tajikistan. Stigma negatively affects the economic and psycho-social wellbeing of PLHIV, in particular women; most of them do not have jobs, while around 40% decided not to apply for jobs because of their status. Women twice as often as men reported an inability to cope with stress due to their HIV status as well. Comparing data with the previous study in 2015, it can be claimed that self-stigma among PLHIV demonstrates persistence over the last five years. More than two-thirds of study participants still stated that they felt almost the same guilty and ashamed because of their status.

The study revealed that 241 participants, around 22%, were subject to HIV testing without their consent, while more than half of them were women. This fact was supported by many life stories shared by study participants as well.

The study shows that most of PLHIV (97%) at the time of the interview were under HIV treatment. The positive dynamic is supported by official statistics as well, stating that coverage of the patients by antiretroviral therapy in Tajikistan has increased from 53.6% in 2016 to 86% in 2020.

According to the survey results, a "typical" representative of the people living with HIV in the Republic of Tajikistan was a middle-aged man or a woman (30-49 years), two-thirds of whom were married or in an intimate relationship, and had two or three children. They had secondary education but did not have jobs, and sometimes they were unable to meet their basic needs. They received the treatment regularly and rarely interrupted it due to the fear that someone would know their HIV status. They found it hard to talk about their status with others and found more support among the people of the community rather than from their families or close environment.

Каждый третий ЛЖВ не имеет положительного опыта раскрытия статуса близким и родным. Положительный опыт раскрытия перед ближним окружением (семья, партнеры, друзья и т.д.) имели лишь меньше одной четверти ЛЖВ. Исследование показывает, что почти каждый четвертый участник заявил о своем решении подождать с тестированием на ВИЧ из-за страха или реакции других людей в случае их позитивного ВИЧ-статуса.

Как было сказано выше, чаще всего об опыте стигматизации и дискриминации говорили женщины. Более половины женщин сообщили о неспособности достигнуть личные и профессиональные цели. Им тяжелее рассказывать о своем статусе, и они больше всех подвержены чувству стыда из-за ВИЧ-статуса. При этом, они меньше других знают о вирусной нагрузке и снижении вирусной нагрузки. Женщины в 6 раз чаще, чем мужчины, подвергаются порицанию в устной форме.

Every third PLHIV did not have positive experiences of disclosing their status to relatives and close environment. Only less than one-quarter of respondents had positive disclosure experiences with the close environment (family, partners, friends, etc.). It can be seen from the study that nearly every fourth participant from PLHIV reported that due to fear or response from other people if they were HIV positive, they decided to delay HIV testing.

As stated above, women more often reported experiences in stigma and discrimination. Over half of the women reported that they were not able to achieve personal and professional targets. It was harder for them to talk about their status and they were the most exposed to feelings of shame due to their HIV status. At the same time, they were less aware of their viral load and viral load suppression than the others. Women indicated that they faced verbal assaults 6 times more often than men living with HIV.

The study shows that almost all PLHIV tended to hide their status from other people, especially transgender people. About two-thirds of the people living with HIV felt devalued because of their status and many felt ashamed due to this. It was hard for the significant majority to share their status with others.

According to the study, generally, 80% of the people living with HIV decided to be tested in six months or less after first thinking about it; for women, this indicator was 88.7%, while for PWUD - 68.2%, which meant that almost one-third of PWUD decided to take tests later than 6 months after first thought about it.

Generally, 90% of the people living with HIV indicated that they did not miss ART treatment because of the fear that someone would find out. Moreover, among SW this figure differed significantly, every fifth representative of this group had to miss ART dose due to fear of someone finding out about it.

On average, every fifth PLHIV interrupted their treatment due to hiding the HIV status from others. At the same time, one-third and more representatives of SW and MSM explained the reason for hiding.

The survey data suggests that the representatives of SW and PWUD were more susceptible to various diseases. For example, almost every third from PWUD suffered viral hepatitis; every fifth from this group reported on mental health disorders, alcohol and drug addiction syndrome. Every tenth representative of the abovementioned groups reported suffering from TB.

Among the reasons not related to stigma and discrimination, causing interruption or discontinuation of the treatment, every fourth participant of the study pointed to side effects and lack of sense of need for treatment; particularly one-third of the men and PWUD living with HIV interrupted their treatment as they felt no treatment was needed.

The study shows that all PLHIV receive ART only in state healthcare institutions. Services were also provided through community-led clinics run by NGOs in Tajikistan. According to data, it can be stated that community-led clinics were mainly oriented to KPs, so most of the study participants from KPs knew about these clinics and had access to community-led services. It is important to note that these clinics provide a range of services (awareness-raising on ARV, adherence, training, HIV/TB/Hepatitis prevention through peer educators, prevention of domestic violence and referrals to other services, case management, prevention of internal stigma and others), including HIV testing, however, they do not provide access to treatment/ART.

The study also revealed that most PLHIV were not aware of the existence of laws protecting their rights in the country. Only less than one-third stated knowing such laws.

Verbal harassment is the most widespread form of discrimination experienced by KPs. Over half of the participants with transgender identity reported being excluded from family events and their exposure to harassment and physical abuse due to their gender identity. Three of four were verbally assaulted and blackmailed. It is necessary to note that transgender people were more likely to get stigmatized and discriminated due to their gender identity as well. Also, during the survey, it was revealed that transgender people tended not to disclose their identity in their medical records of the AIDS prevention centers too. They were registered using different codes³. From the narratives provided during the study, it seemed that transgender people and MSM very rarely found understanding and support from their family members, relatives, or friends. As stated by one of the study participants, most of them were not able to disclose their identity for parents because of fear of being kicked out of the house and left out.

According to the survey data, such phenomena as unjustified administrative punishments, threats of status disclosure, harassment, or unjustified administrative fines by the law enforcement bodies were confirmed by 50 participants of the study, and the higher rate of such cases was among SW and PWUD. Along with the narratives provided by study participants during the interviews, it seemed that such cases were associated with the criminalization of HIV transmission in Tajikistan and insufficient awareness of the rights of PLHIV by law enforcement bodies.

³ The registry uses numeric codes representing various groups to ensure confidentiality. In the case of transgender people, they use codes assigned for other groups, not the code representing transgender people

The study revealed many cases related to violations of economic rights of PLHIV; reports showed that the status disclosure could result in losing jobs for PLHIV, while unsubstantiated requests for health certificates for employees created obstacles for PLHIV and risks to disclose their status.

It should be noted that the study was conducted during the outbreak of COVID-19, which along with higher health risks for PLHIV, more likely affected their psycho-social and economic well-being as well.

The study managed to cover only 8 transgender people. This population is unknown and the community is closed and concentrated in big cities. It was not possible to find transgender people in all targeted localities, as planned. The outbreak of COVID-19 also created additional hesitation among target groups, in particular KPs.

External validity (generalizability) of the study findings for the underrepresented populations in the study (transgender and MSM, PLHIV who were not under care and treatment) needed to be considered as a study limitation. This limitation was partly addressed by a deeper insight into the situation of the above-mentioned groups through their life stories as part of Question 78 from the questionnaire.

It can be concluded that stigma and discrimination is a widespread phenomenon among PLHIV in Tajikistan. Internal stigma demonstrates persistence that more strongly affects women and KPs, who are often unemployed in Tajikistan. PLHIV cannot find understanding and support from their closest environment because of their status or identity. In recent years, stigma and discrimination have taken a structural form due to the criminalization of HIV transmission and limitations on access to professional education. Many cases revealed threats and harassment by police as well. Access to justice can be considered as an emerging concern among PLHIV, in particular for KPs in Tajikistan. It was more difficult for PLHIV to find decent job opportunities due to unjustified requests for health certificates during recruitment. Many HIV tests without consent may indicate the challenges of applying ethical protocols and respecting human rights by health staff as well.

The fact that all PLHIV wanted to hide their status and sexual orientation from others was able to show the level of their trust in their immediate environment, health system, social services, and the general public as well. This requires continuous, targeted, and tailored social and behavioral change activities, which obviously are not limited to only awareness-raising activities.

8. MAIN RECOMMENDATIONS

1. Address legal barriers

A policy dialogue around the criminalization of HIV infections and barriers to access education for PLHIV, along with other policy constraints that lead to violation of legal rights of PLHIV, needs to be initiated as soon as possible. An open dialogue must be supported by evidence on the implications of current policy measures on human rights and culminated by alternative policy options developed in close cooperation of all interested parties. Increased vulnerability of women and KPs to stigma and discrimination needs to be brought into the policy agenda across all sectors (education, health, social protection, employment, justice) and addressed in a systematic way considering necessary legislative, programmatic, administrative, and financial arrangements.

HIV criminalization

- 1.1.** Conduct a high-level meeting with the invitation of the Ministry of Health, the Ministry of Internal Affairs, the General Prosecutor's Office, international organizations, NGOs, and communities in order to consider a high level of the criminalization of HIV transmission in the country;
- 1.2.** Implement a guideline on judicial practice regarding the cases related to Art. 125 of the Criminal Code of the Republic of Tajikistan on "HIV infection";
- 1.3.** For the Supreme Court of the Republic of Tajikistan, to summarize judicial practice on the cases related to Art. 125 of the Criminal Code of the Republic of Tajikistan on "HIV infection";
- 1.4.** Exclude Article 125 "HIV infection" from the Criminal Code of the Republic of Tajikistan according to the recommendations of the UN Global Commission on HIV and Human Rights, and CEDAW;
- 1.5.** Amend Article 110 of the Criminal Code of the Republic of Tajikistan on "Intentional infliction of serious harm to health" - as the consequences after the phrase "resulting in mental illness, drug addiction or substance abuse" indicate "the transmission of HIV infection";
- 1.6.** Systematically conduct refresher (capacity building) courses for judges, police officers, and representatives of prosecutor bodies on the rights of PLHIV in terms of international human rights and HIV standards, taking into account gender aspects;
- 1.7.** Get an expert answer from the WHO on the following questions: how can it be possible for a person, who lives with HIV, receives ARV therapy, and has a suppressed viral load, to transmit HIV during unprotected sexual intercourse?
- 1.8.** Provide access to statistics on cases related to Article 125 of the Criminal Code of the Republic of Tajikistan on "HIV infection".

2. Empowerment in response to internalized-stigma

In response to persistent internalized stigma, along with the accessibility of HIV care, treatment, and testing, it is important to increase the availability and accessibility of quality social (non-medical) services to deal with mental, social and economic issues of PLHIV, in particular of women and KPs. Good practices of empowerment (social and economic) of PLHIV, demonstrated in Tajikistan and other regions, need to be further assessed and expanded with consideration of their further institutionalization through social protection mechanisms.

There is a need to assess the effectiveness of interagency coordination mechanisms at a local level to tackle PLHIV vulnerabilities in Tajikistan and identify gaps in these mechanisms to propose new, functional options that will maximize utilization of available resources, coordination of efforts among healthcare, social protection, employment, education, civil society, and other organizations, as well as ensure the effectiveness of programs for PLHIV.

Access to healthcare:

- 2.1.** Improve the quality of training for health workers on the following issues of providing services to key populations:
 - Skills in counseling before and after HIV testing;
 - Confidentiality of test results (including negative ones);
 - Informed consent;
 - Counseling on founding and planning family, sexual and reproductive rights for all representatives of key populations (women living with HIV, MSM, TG).
- 2.2.** Conduct capacity building for gynecologists and other healthcare workers in the primary health care system on matters of non-discrimination of PLHIV and women from affected groups;
- 2.3.** Implement topics on human rights, gender issues, the reduction of stigma and discrimination against key groups in curricula of medical educational institutions. Institutionalize all this knowledge into curricula (education programs);
- 2.4.** Amend the Code of Health Care: include transgender people in key groups;
- 2.5.** Strengthen monitoring of the application of the guidelines on working with SW, MSM, and young people;
- 2.6.** Develop and implement a clinical protocol related to the change of the gender marker for transgender people;
- 2.7.** Given the concentrated nature of the HIV epidemic in Tajikistan, replace the mandatory medical examination for HIV for persons entering into marriage with voluntary and confidential HIV testing, including the provision of pre- and post-test counseling as recommended by WHO and UNAIDS.

Access to education

- 2.8.** Introduce control over educational institutions in order to exclude discriminatory practices, particularly the requirement of HIV certificates;
- 2.9.** Exclude paragraph 50 "HIV-infected" from the Decree of the Government of the Republic of Tajikistan No. 475 of September 25, 2018, "On the List of diseases that do not give the right to persons with them to study in educational medical institutions";
- 2.10.** Monitor and follow (support) the cases of refusal to provide educational services based on HIV status;
- 2.11.** Improve the capacity of teachers from educational institutions of all levels, from preschool to higher and postgraduate education, for learning issues related to HIV prevention and non-discrimination of PLHIV and KP;
- 2.12.** Raise awareness among educational service providers on HIV transmission, HIV prevention and treatment, including topics on human rights, gender issues, reducing stigma and discrimination against key populations;
- 2.13.** Change approaches to the study of gender diversity, sexual attraction, etc. in medical schools and universities (medical secondary and higher educational institutions);
- 2.14.** Monitor school education programs for inclusion of HIV and STI prevention.

Internalized stigma

- 2.15.** Expand programs on peer counselors, self-help groups, psychological and social support, patronage, and support, with a special focus on such groups as women living with HIV and KPs;
- 2.16.** At each AIDS Centers, organize peer counseling rooms for employees of NGOs from among the PLHIV, ensuring sustainable funding by the state;
- 2.17.** Ensure mandatory counseling of patients before the initiation of ART to inform, motivate, and support them;
- 2.18.** Develop programs of work with the close environment of PLHIV, including relatives and sexual partners, aimed at understanding life with HIV, disclosing the diagnosis, and routes of transmission.

3. Access to justice

Strengthen legal literacy of PLHIV and stakeholders (health and social workers, teachers, representatives of law enforcement and bodies, etc.), and ensure that PLHIV, in particular KPs and women, have timely access to quality legal support. Such support exists, but mainly in the form of legal advice. There is a need to provide tailored legal support, particularly support with preparing documents and representation.

- 3.1.** Investigate cases of violence and any illegal actions committed by law enforcement officers against KPs;
- 3.2.** Introduce a program to improve legal literacy among PLHIV and KP on stigma and discrimination in healthcare institutions, at the workplace, and in the education system, including raising comprehensive awareness about support (accompanying) services;
- 3.3.** Introduce a referral system to NGO paralegals/social workers to provide advice and support;
- 3.4.** Provide legal support for all cases of discrimination and the criminalization of HIV transmission;
- 3.5.** Ensure safety for the community in cases of discrimination, develop pathways for PLHIV and KP (shelters, legal support, media attention, and control by state bodies);
- 3.6.** Introduce amendments to the Code of Administrative Offenses of the Republic of Tajikistan with a view for administrative prosecution of medical workers and civil servants for disclosing HIV-related confidential information of the individuals;
- 3.7.** Investigate cases and prosecute all employees of the healthcare system, law enforcement bodies, and local power bodies for disclosing HIV diagnosis, as well as personal information about the lifestyle of KPs.

4. Key populations and women living with HIV

- 4.1.** Amend the State Program on Prevention of Domestic Violence for 2014-2023 to include anti-discriminatory measures to protect the women living with HIV and women from the key populations;
- 4.2.** Provide access to crisis centers and shelters for the women living with HIV, sex workers, members of the gay community, and transgender people in cases of violence and harassment;
- 4.3.** Conduct regular NGO-assisted training courses with health workers (including employees of the State or Community AIDS centers and PD polyclinics) and law enforcement officers on the following topics:
 - Stigma and discrimination against the women living with HIV and the women from key populations;
 - An introduction to key populations and harm reduction measures;
 - Informed consent and data confidentiality.

5. Capacity building of key stakeholders

Support the establishment of a community of practice including peer consultants and other practitioners to exchange experiences, best practices, and provide professional development.

Ensure that medical staff dealing with PLHIV are continuously trained and oriented to ensure ethical and confidentiality protocols.

6. Develop an advocacy plan in response to stigma and discrimination experienced by PLHIV

Jointly with all interested parties, develop and implement an advocacy plan in response to the findings of this study. PLHIV need to be engaged in the development, implementation, and evaluation of this plan.

Based on the results of this study, develop specific measures and appropriate indicators that will contribute to the national program to combat HIV/AIDS for 2021-2025.

7. Use collected data for further study.

The PLHIV Stigma Index database can be used for further study to address specific study questions related to particular groups or contexts. For example, future studies can look at relationships between employment status and internalized stigma or treatment. It would be interesting to look at relationships between variables from a gender perspective as well. Taking into account that stigma and discrimination especially affect women and KPs, further studies may shed light on the factors behind them.

Annex I. Summary tables

	General Population of PLHIV				MSM		SW		PWUD		Transgender	
	Women		Men		MCM		Yes		Yes			
	freq.	%	freq.	%	freq.	%	freq.	%	freq.	%	freq.	%
5. Do you currently have intimate/sexual relationships? (whether you are married or not)?												
Yes	360	63,2%	372	70,2%	25	92,6%	80	92,0%	123	59,1%	6	75,0%
No	210	36,8%	158	29,8%	2	7,4%	7	8,0%	85	40,9%	2	25,0%
6. Does your partner live with HIV? If you have more than one partner, does one of your partners have HIV?												
Yes, my partner(s) is(are) HIV-positive	232	64,4%	183	49,2%	3	12,0%	36	45,0%	49	39,8%	3	50%
No, my partner(s) is(are) HIV-negative	99	27,5%	167	44,9%	17	68,0%	26	32,5%	64	52,0%	0	0%
I'm not sure about my partner's HIV status	29	8,1%	22	5,9%	5	20,0%	18	22,5%	10	8,1%	3	50%
7. How many children, you take care of, live with you in the same house?												
0	57	10,0%	120	22,6%	12	44,4%	30	34,5%	65	31,3%	7	87,5%
1	128	22,5%	76	14,3%	2	7,4%	23	26,4%	31	14,9%	0	0
2	174	30,5%	128	24,2%	3	11,1%	18	20,7%	55	26,4%	0	0
3	119	20,9%	138	26,0%	7	25,9%	9	10,3%	41	19,7%	1	12,5%
4	65	11,4%	48	9,1%	1	3,7%	7	8,0%	12	5,8%	0	0
5	23	4,0%	16	3,0%	2	7,4%	0	0,0%	4	1,9%	0	0
6	4	,7%	4	,8%	0	0,0%	0	0,0%	0	0,0%	0	0
8. Are you currently studying at an educational institution?												
Yes	5	,9%	6	1,1%	0	0,0%	2	2,3%	2	1,0%	3	37,5
No	565	99,1%	524	98,9%	27	100,0%	85	97,7%	206	99,0%	5	62,5
9. What is the highest level of education you have?												
I have not received education	58	10,2%	15	2,8%	1	3,7%	26	29,9%	11	5,3%	0	0,0%
Primary general education or equivalent	102	17,9%	53	10,0%	3	11,1%	14	16,1%	30	14,4%	0	0,0%
Secondary general education or equivalent	319	56,0%	347	65,5%	8	29,6%	34	39,1%	130	62,5%	2	25,0%
Vocational education	50	8,8%	60	11,3%	11	40,7%	8	9,2%	16	7,7%	3	37,5%
Higher education	41	7,2%	55	10,4%	4	14,8%	5	5,7%	21	10,1%	3	37,5%
10. Which of the following statements most accurately describes your employment?												
Full time employment (as a hired worker)	61	10,7%	59	11,1%	8	29,6%	7	8,0%	23	11,1%	2	25,0%
Part-time employment (as a hired worker)	41	7,2%	63	11,9%	4	14,8%	12	13,8%	33	15,9%	2	25,0%
Full-time employment, but not as an employee (self-employed person or sole entrepreneur)	18	3,2%	30	5,7%	3	11,1%	1	1,1%	5	2,4%	0	0,0%
Do one-off, occasional jobs or part-time work (as a self-employed person or paid services for others)	56	9,8%	136	25,7%	4	14,8%	23	26,4%	37	17,8%	2	25,0%
In retirement/on pension	4	,7%	4	,8%	0	0,0%	1	1,1%	3	1,4%	0	0,0%
Do not work	390	68,4%	238	44,9%	8	29,6%	43	49,4%	107	51,4%	2	25,0%
11. For the past 12 months, how often have you been unable to meet your basic needs (e.g. food, shelter, clothing)?												
Never	29	5,1%	40	7,5%	1	3,7%	4	4,6%	19	9,1%	0	0,0%
Sometimes	279	48,9%	396	74,7%	19	70,4%	48	55,2%	144	69,2%	6	75,0%
Most of the time	262	46,0%	94	17,7%	7	25,9%	35	40,2%	45	21,6%	2	25,0%

15. Please mark how much you agree/partially agree/disagree with each of the following statements about your experience of your status disclosure. (Please, choose one of the options to answer each question)

Statements		General Population of PLHIV				MSM		SW		PWUD		Transgender	
		Women		Men		freq.	%	freq.	%	freq.	%	freq.	%
		freq.	%	freq.	%								
Overall, I have positive experience in disclosure of my HIV status to close relatives and friends	agree	129	22,6%	123	23,2%	5	18,5%	20	23,0%	54	26,0%	3	37,5%
	partly agree	270	47,4%	148	27,9%	10	37,0%	27	31,0%	69	33,2%	3	37,5%
	do not agree	141	24,7%	220	41,5%	12	44,4%	35	40,2%	73	35,1%	2	25,0%
	no answer	30	5,3%	39	7,4%	0	0,0%	5	5,7%	12	5,8%	0	0,0%
Close relatives supported me when they learned about my HIV status	agree	152	26,7%	176	33,2%	9	33,3%	15	17,2%	91	43,8%	2	25,0%
	partly agree	231	40,5%	177	33,4%	9	33,3%	24	27,6%	55	26,4%	4	50,0%
	do not agree	101	17,7%	137	25,8%	9	33,3%	34	39,1%	52	25,0%	2	25,0%
	no answer	86	15,1%	40	7,5%	0	0,0%	14	16,1%	10	4,8%	0	0,0%
Overall, I have positive experience in disclosure of my HIV status to strangers	agree	21	3,7%	24	4,5%	4	14,8%	8	9,2%	16	7,7%	1	12,5%
	partly agree	161	28,2%	44	8,3%	4	14,8%	7	8,0%	32	15,4%	1	12,5%
	do not agree	160	28,1%	166	31,3%	16	59,3%	43	49,4%	95	45,7%	4	50,0%
	no answer	228	40,0%	296	55,8%	3	11,1%	29	33,3%	65	31,3%	2	25,0%
In general, strangers supported me when they first found out about my HIV status.	agree	20	3,5%	26	4,9%	4	14,8%	7	8,0%	19	9,1%	2	25,0%
	partly agree	173	30,4%	43	8,1%	6	22,2%	9	10,3%	22	10,6%	1	12,5%
	do not agree	147	25,8%	163	30,8%	13	48,1%	37	42,5%	98	47,1%	5	62,5%
	no answer	230	40,4%	298	56,2%	4	14,8%	34	39,1%	69	33,2%	0	0,0%
In general, disclosure of my HIV status has become easier for me over time.	agree	64	11,2%	100	18,9%	3	11,1%	14	16,1%	78	37,5%	2	25,0%
	partly agree	151	26,5%	120	22,6%	6	22,2%	15	17,2%	42	20,2%	1	12,5%
	do not agree	334	58,6%	300	56,6%	18	66,7%	50	57,5%	81	38,9%	5	62,5%
	no answer	21	3,7%	10	1,9%	0	0,0%	8	9,2%	7	3,4%	0	0,0%

16. In this part I will ask you about the stigma and discrimination you may have experienced because of your HIV status. (Please choose one of the answers to the questions below)													
Have you ever been excluded from social gatherings or activities (e.g., weddings, funerals, parties, clubs) because of your HIV status?	Yes, during the last 12 months	12	2,1%	5	,9%	0	0,0%	9	10,3%	3	1,4%	1	12,5%
	Yes, but earlier then last 12 months	16	2,8%	10	1,9%	1	3,7%	6	6,9%	5	2,4%	2	25,0%
	No	417	73,2%	443	83,6%	24	88,9%	64	73,6%	189	90,9%	5	62,5%
	N/A	125	21,9%	72	13,6%	2	7,4%	8	9,2%	11	5,3%	0	0,0%
Have you ever been excluded from religious events or places of prayer because of your HIV status?	Yes, during the last 12 months	2	,4%	1	,2%	0	0,0%	2	2,3%	0	0,0%	1	12,5%
	Yes, but earlier then last 12 months	0	0,0%	1	,2%	0	0,0%	0	0,0%	0	0,0%	1	12,5%
	No	384	67,4%	373	70,4%	25	92,6%	69	79,3%	185	88,9%	3	37,5%
	N/A	184	32,3%	155	29,2%	2	7,4%	16	18,4%	23	11,1%	3	37,5%
Have you ever been excluded from family activities because of your HIV status?	Yes, during the last 12 months	17	3,0%	10	1,9%	1	3,7%	6	6,9%	4	1,9%	1	12,5%
	Yes, but earlier then last 12 months	33	5,8%	18	3,4%	0	0,0%	5	5,7%	9	4,3%	1	12,5%
	No	449	78,9%	464	87,5%	25	92,6%	71	81,6%	189	90,9%	6	75,0%
	N/A	70	12,3%	38	7,2%	1	3,7%	5	5,7%	6	2,9%	0	0,0%
Are you aware of family members speaking negatively or gossiping about you because of your HIV status?	Yes, during the last 12 months	53	9,3%	21	4,0%	1	3,7%	14	16,1%	13	6,3%	3	37,5%
	Yes, but earlier then last 12 months	66	11,6%	127	24,0%	4	14,8%	11	12,6%	39	18,8%	2	25,0%
	No	378	66,3%	335	63,2%	22	81,5%	58	66,7%	150	72,1%	2	25,0%
	N/A	73	12,8%	47	8,9%	0	0,0%	4	4,6%	6	2,9%	1	12,5%
Are you aware of other people (not family members) speaking negatively or gossiping about you because of your HIV status?	Yes, during the last 12 months	57	10,0%	24	4,5%	1	3,7%	19	21,8%	19	9,1%	2	25,0%
	Yes, but earlier then last 12 months	45	7,9%	48	9,1%	1	3,7%	8	9,2%	29	13,9%	3	37,5%
	No	313	54,9%	250	47,2%	22	81,5%	56	64,4%	126	60,6%	3	37,5%
	N/A	155	27,2%	208	39,2%	3	11,1%	4	4,6%	34	16,3%	0	0,0%
Have you been verbally censured, verbally abused by another person (e.g., shouting, swearing) because of your HIV status?	Yes, during the last 12 months	43	7,5%	14	2,6%	1	3,7%	9	10,3%	9	4,3%	0	0,0%
	Yes, but earlier then last 12 months	48	8,4%	73	13,8%	2	7,4%	10	11,5%	9	4,3%	1	12,5%
	No	369	64,7%	341	64,3%	24	88,9%	65	74,7%	175	84,1%	6	75,0%
	N/A	110	19,3%	102	19,2%	0	0,0%	3	3,4%	15	7,2%	1	12,5%
Have you been black-mailed because of your HIV status?	Yes, during the last 12 months	41	7,2%	11	2,1%	1	3,7%	14	16,1%	9	4,3%	1	12,5%
	Yes, but earlier then last 12 months	19	3,3%	12	2,3%	1	3,7%	7	8,0%	3	1,4%	2	25,0%
	No	459	80,5%	472	89,1%	25	92,6%	62	71,3%	188	90,4%	5	62,5%
	N/A	51	8,9%	35	6,6%	0	0,0%	4	4,6%	8	3,8%	0	0,0%
Have you been physically abused by another person (for example, poking, pushing, hitting) because of your HIV status?	Yes, during the last 12 months	10	1,8%	6	1,1%	0	0,0%	3	3,4%	5	2,4%	0	0,0%
	Yes, but earlier then last 12 months	5	,9%	52	9,8%	0	0,0%	3	3,4%	0	0,0%	0	0,0%
	No	455	79,8%	362	68,3%	27	100,0%	78	89,7%	184	88,5%	8	100,0%
	N/A	100	17,5%	110	20,8%	0	0,0%	3	3,4%	19	9,1%	0	0,0%
Have you been denied employment, have you lost your job or earnings because of your HIV status?	Yes, during the last 12 months	19	3,3%	12	2,3%	3	11,1%	13	14,9%	8	3,8%	2	25,0%
	Yes, but earlier then last 12 months	27	4,7%	22	4,2%	1	3,7%	9	10,3%	9	4,3%	2	25,0%
	No	257	45,1%	269	50,8%	20	74,1%	54	62,1%	146	70,2%	4	50,0%
	N/A	267	46,8%	227	42,8%	3	11,1%	11	12,6%	45	21,6%	0	0,0%
Have your job description, occupation been changed, or have you been denied a promotion because of your HIV status?	Yes, during the last 12 months	13	2,3%	7	1,3%	1	3,7%	10	11,5%	4	1,9%	1	12,5%
	Yes, but earlier then last 12 months	18	3,2%	15	2,8%	1	3,7%	8	9,2%	9	4,3%	3	37,5%
	No	253	44,4%	267	50,4%	23	85,2%	48	55,2%	138	66,3%	4	50,0%
	N/A	286	50,2%	241	45,5%	2	7,4%	21	24,1%	57	27,4%	0	0,0%
Have your wife/husband/partner(s) or children been discriminated against because of your HIV status?	Yes, during the last 12 months	15	2,6%	3	,6%	0	0,0%	5	5,7%	3	1,4%	0	0,0%
	Yes, but earlier then last 12 months	15	2,6%	18	3,4%	1	3,7%	0	0,0%	12	5,8%	0	0,0%
	No	487	85,4%	448	84,5%	24	88,9%	71	81,6%	158	76,0%	6	75,0%
	N/A	53	9,3%	61	11,5%	2	7,4%	11	12,6%	35	16,8%	2	25,0%

17. Please answer the question: For the last 12 months, has your HIV status had positive, no, or negatively affect your ability to meet your needs. (Please, select one option answer to each item)

My confidence in myself	HIV status affected positively	37	6,5%	86	16,2%	6	22,2%	15	17,2%	26	12,5%	0	0,0%
	HIV status did not affect	225	39,5%	189	35,7%	14	51,9%	19	21,8%	71	34,1%	2	25,0%
	HIV status affected negatively	308	54,0%	249	47,0%	5	18,5%	53	60,9%	107	51,4%	6	75,0%
	N/A	0	0,0%	6	1,1%	2	7,4%	0	0,0%	4	1,9%	0	0,0%
My self esteem	HIV status affected positively	45	7,9%	41	7,7%	11	40,7%	20	23,0%	22	10,6%	0	0,0%
	HIV status did not affect	344	60,4%	330	62,3%	12	44,4%	28	32,2%	95	45,7%	3	37,5%
	HIV status affected negatively	180	31,6%	153	28,9%	4	14,8%	39	44,8%	86	41,3%	5	62,5%
	N/A	1	,2%	6	1,1%	0	0,0%	0	0,0%	5	2,4%	0	0,0%
My respect for others	HIV status affected positively	36	6,3%	46	8,7%	4	14,8%	16	18,4%	33	15,9%	2	25,0%
	HIV status did not affect	417	73,2%	412	77,7%	18	66,7%	41	47,1%	128	61,5%	3	37,5%
	HIV status affected negatively	104	18,2%	63	11,9%	4	14,8%	20	23,0%	39	18,8%	3	37,5%
	N/A	13	2,3%	9	1,7%	1	3,7%	10	11,5%	8	3,8%	0	0,0%
My ability to handle stress	HIV status affected positively	42	7,4%	62	11,7%	9	33,3%	18	20,7%	44	21,2%	0	0,0%
	HIV status did not affect	121	21,2%	276	52,1%	12	44,4%	13	14,9%	75	36,1%	1	12,5%
	HIV status affected negatively	404	70,9%	184	34,7%	6	22,2%	54	62,1%	82	39,4%	7	87,5%
	N/A	3	,5%	8	1,5%	0	0,0%	2	2,3%	7	3,4%	0	0,0%
My ability to create close and secure relationships with others	HIV status affected positively	43	7,5%	48	9,1%	2	7,4%	16	18,4%	33	15,9%	1	12,5%
	HIV status did not affect	296	51,9%	286	54,0%	14	51,9%	30	34,5%	88	42,3%	4	50,0%
	HIV status affected negatively	207	36,3%	169	31,9%	7	25,9%	38	43,7%	70	33,7%	3	37,5%
	N/A	24	4,2%	27	5,1%	4	14,8%	3	3,4%	17	8,2%	0	0,0%
My ability to find love	HIV status affected positively	28	4,9%	27	5,1%	6	22,2%	16	18,4%	14	6,7%	0	0,0%
	HIV status did not affect	209	36,7%	200	37,7%	8	29,6%	30	34,5%	80	38,5%	4	50,0%
	HIV status affected negatively	174	30,5%	122	23,0%	6	22,2%	35	40,2%	70	33,7%	3	37,5%
	N/A	159	27,9%	181	34,2%	7	25,9%	6	6,9%	44	21,2%	1	12,5%
My desire to have children	HIV status affected positively	31	5,4%	46	8,7%	8	29,6%	13	14,9%	31	14,9%	1	12,5%
	HIV status did not affect	209	36,7%	196	37,0%	7	25,9%	24	27,6%	64	30,8%	1	12,5%
	HIV status affected negatively	243	42,6%	223	42,1%	9	33,3%	30	34,5%	77	37,0%	4	50,0%
	N/A	87	15,3%	65	12,3%	3	11,1%	20	23,0%	36	17,3%	2	25,0%
Achieving my personal and professional goals	HIV status affected positively	29	5,1%	41	7,7%	10	37,0%	12	13,8%	23	11,1%	1	12,5%
	HIV status did not affect	146	25,6%	271	51,1%	9	33,3%	22	25,3%	78	37,5%	4	50,0%
	HIV status affected negatively	303	53,2%	185	34,9%	8	29,6%	43	49,4%	81	38,9%	3	37,5%
	N/A	92	16,1%	33	6,2%	0	0,0%	10	11,5%	26	12,5%	0	0,0%
My ability to participate in the life of my community	HIV status affected positively	35	6,1%	40	7,5%	5	18,5%	13	14,9%	26	12,5%	1	12,5%
	HIV status did not affect	337	59,1%	383	72,3%	15	55,6%	34	39,1%	123	59,1%	3	37,5%
	HIV status affected negatively	155	27,2%	86	16,2%	7	25,9%	29	33,3%	44	21,2%	4	50,0%
	N/A	43	7,5%	21	4,0%	0	0,0%	11	12,6%	15	7,2%	0	0,0%
My ability to practice faith/religion the way I want it	HIV status affected positively	64	11,2%	78	14,7%	3	11,1%	11	12,6%	40	19,2%	1	12,5%
	HIV status did not affect	414	72,6%	373	70,4%	13	48,1%	36	41,4%	122	58,7%	2	25,0%
	HIV status affected negatively	39	6,8%	37	7,0%	5	18,5%	20	23,0%	23	11,1%	3	37,5%
	N/A	53	9,3%	42	7,9%	6	22,2%	20	23,0%	23	11,1%	2	25,0%

19. For the past 12 months, have you done any of the following because of your HIV status? (Please, select one option answer to each item)													
I preferred not to attend public events	Yes	111	19,5%	69	13,0%	7	25,9%	29	33,3%	38	18,3%	3	37,5%
	No	394	69,1%	415	78,3%	18	66,7%	48	55,2%	154	74,0%	5	62,5%
	N/A (this category does not apply to me)	65	11,4%	46	8,7%	2	7,4%	10	11,5%	16	7,7%	0	0,0%
I preferred not to seek medical care	Yes	153	26,8%	98	18,5%	4	14,8%	25	28,7%	49	23,6%	3	37,5%
	No	404	70,9%	411	77,5%	22	81,5%	60	69,0%	153	73,6%	5	62,5%
	N/A (this category does not apply to me)	13	2,3%	21	4,0%	1	3,7%	2	2,3%	6	2,9%	0	0,0%
I preferred not to get a job	Yes	226	39,6%	121	22,8%	3	11,1%	30	34,5%	47	22,6%	2	25,0%
	No	214	37,5%	366	69,1%	20	74,1%	48	55,2%	139	66,8%	6	75,0%
	N/A (this category does not apply to me)	130	22,8%	43	8,1%	4	14,8%	9	10,3%	22	10,6%	0	0,0%
I preferred not to apply for social assistance	Yes	73	12,8%	62	11,7%	5	18,5%	27	31,0%	35	16,8%	3	37,5%
	No	343	60,2%	337	63,6%	21	77,8%	51	58,6%	137	65,9%	4	50,0%
	N/A (this category does not apply to me)	154	27,0%	131	24,7%	1	3,7%	9	10,3%	36	17,3%	1	12,5%
I isolated myself from my family and/or friends	Yes	150	26,3%	98	18,5%	5	18,5%	26	29,9%	26	12,5%	2	25,0%
	No	415	72,8%	421	79,6%	21	77,8%	58	66,7%	176	84,6%	6	75,0%
	N/A (this category does not apply to me)	5	,9%	10	1,9%	1	3,7%	3	3,4%	6	2,9%	0	0,0%
I preferred not to have sex	Yes	177	31,1%	148	27,9%	8	29,6%	16	18,4%	62	29,8%	3	37,5%
	No	337	59,1%	363	68,5%	18	66,7%	68	78,2%	131	63,0%	5	62,5%
	N/A (this category does not apply to me)	56	9,8%	19	3,6%	1	3,7%	3	3,4%	15	7,2%	0	0,0%
20. Please respond, whether or not you generally agree with each statement													
It's hard for me to tell a person about my HIV infection	Agree/Yes	524	91,9%	431	81,3%	23	85,2%	69	79,3%	167	80,3%	6	75,0%
	Do not agree/No	46	8,1%	99	18,7%	4	14,8%	18	20,7%	41	19,7%	2	25,0%
My HIV infection makes me feel dirty	Agree/Yes	202	35,4%	141	26,6%	6	22,2%	41	47,1%	57	27,4%	3	37,5%
	Do not agree/No	368	64,6%	389	73,4%	21	77,8%	46	52,9%	151	72,6%	5	62,5%
I feel guilty about my HIV infection	Agree/Yes	245	43,0%	356	67,2%	16	59,3%	57	65,5%	155	74,5%	4	50,0%
	Do not agree/No	325	57,0%	174	32,8%	11	40,7%	30	34,5%	53	25,5%	4	50,0%
I am ashamed of my HIV-positive status	Agree/Yes	455	79,8%	331	62,5%	13	48,1%	64	73,6%	134	64,4%	6	75,0%
	Do not agree/No	115	20,2%	199	37,5%	14	51,9%	23	26,4%	74	35,6%	2	25,0%
Sometimes I feel worthless because of my HIV-positive status	Agree/Yes	423	74,2%	289	54,5%	13	48,1%	64	73,6%	118	56,7%	4	50,0%
	Do not agree/No	147	25,8%	241	45,5%	14	51,9%	23	26,4%	90	43,3%	4	50,0%
I hide my HIV status from other people	Agree/Yes	544	95,4%	492	92,8%	22	81,5%	81	93,1%	180	86,5%	8	100,0%
	Do not agree/No	26	4,6%	38	7,2%	5	18,5%	6	6,9%	28	13,5%	0	0,0%

	General Population of PLHIV				MSM		SW		PWUD		Transgender	
	Women		Men		MCM		Да		Да			
	freq.	%	freq.	%	freq.	%	freq.	%	freq.	%	freq.	%
21. Was it your choice to get tested for HIV?												
Yes, it was my choice	415	72,8%	429	80,9%	25	92,6%	54	62,1%	138	66,3%	7	87,5%
Yes, but I was pressured by other people	26	4,6%	28	5,3%	2	7,4%	5	5,7%	19	9,1%	0	0,0%
No, I was tested without my knowledge, and I found it out after the test was done	122	21,4%	57	10,8%	0	0,0%	21	24,1%	41	19,7%	0	0,0%
No, I was forced to take an HIV test without my consent	5	,9%	15	2,8%	0	0,0%	7	8,0%	10	4,8%	1	12,5%
No, I was born with HIV/received HIV in my infancy/childhood, and I did not know that I was tested	2	,4%	1	,2%	0	0,0%	0	0,0%	0	0,0%	0	0,0%
22. What was the MAIN reason for you to get tested for HIV?												
A healthcare worker advised me to take a test or the test was part of a medical procedure	261	59,2%	182	39,8%	9	33,3%	24	40,7%	45	28,7%	1	14,3%
I suspected HIV infection	29	6,6%	102	22,3%	3	11,1%	8	13,6%	36	22,9%	2	28,6%
I felt bad, and I/someone close to me thought that it might be related to HIV	25	5,7%	14	3,1%	1	3,7%	1	1,7%	6	3,8%	2	28,6%
As a result of interaction with a public program/NGO	29	6,6%	59	12,9%	11	40,7%	14	23,7%	36	22,9%	0	0,0%
This was a requirement (for example, when applying for a job, obtaining a visa)	34	7,7%	59	12,9%	0	0,0%	3	5,1%	18	11,5%	0	0,0%
I just wanted to know	24	5,4%	26	5,7%	2	7,4%	8	13,6%	13	8,3%	2	28,6%
Other reason (please, specify)	39	8,8%	15	3,3%	1	3,7%	1	1,7%	3	1,9%	0	0,0%
23. How long has it been from the moment you first thought about testing for HIV to the moment you first got tested for HIV?												
6 months or less	391	88,7%	329	72,0%	21	77,8%	41	69,5%	107	68,2%	5	71,4%
More than 6 months but less than 2 years	24	5,4%	87	19,0%	5	18,5%	8	13,6%	19	12,1%	0	0,0%
More than 2 years	17	3,9%	13	2,8%	0	0,0%	6	10,2%	11	7,0%	1	14,3%
I don't know/can't remember	9	2,0%	28	6,1%	1	3,7%	4	6,8%	20	12,7%	1	14,3%
24. Has the fear of a response from others (for example, your friends, family, employer, or community) to a possible HIV-positive test been the reason to delay taking an HIV test?												
Yes	99	22,4%	137	30,0%	7	25,9%	18	30,5%	43	27,4%	1	14,3%
No	342	77,6%	320	70,0%	20	74,1%	41	69,5%	114	72,6%	6	85,7%
25. Are you currently being under or have you ever received HIV treatment?												
Yes	560	98,2%	512	96,6%	27	100,0%	84	96,6%	192	92,3%	8	100,0%
No	10	1,8%	18	3,4%	0	0,0%	3	3,4%	16	7,7%	0	0,0%

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