

EXECUTIVE SUMMARY – PLHIV Stigma Index Mozambique

This is the Executive Summary of People Living with HIV Stigma Index Report in the Mozambique. The full final Report published in July 2013 in Portuguese.

The Stigma Index of People Living with HIV / AIDS is a joint initiative of various international organizations - IPPF, UNAIDS, GNP + and ICW - who developed a methodology and a standard questionnaire to be applied globally, which seeks to document the degree and forms of stigma and discrimination experienced by People Living with HIV / AIDS (PLHIV) in different countries. The intention of participating organizations is to make the PLHIV Stigma Index widely available so that it can be used as a tool local, national, and global advocacy to fight for improved rights of PLHIV.

The National Network of Associations of People Living with HIV / AIDS (RENSIDA) was in charge of the implementation of the study in Mozambique, with the technical support group CESO CI and direct supervision by the Steering Committee, constituted for the purpose and represented by members of UNAIDS in Mozambique and the University Eduardo Mondlane.

A special feature of this methodology lies in the fact that the interviewees were PLHIV placing them at the centre of the process and fostering a truly participatory and empowering spirit.

Data were collected through interviews conducted in five provinces of Mozambique: Maputo, Gaza, Manica, Sofala and Nampula. Respondents were randomly selected from PLHIV associations or linked to RENSIDA and its member associations. In total 741 questionnaires were validated and included in this study, having sought equal representation of women and men and residents in rural and urban areas.

The results revealed that the stigma and discrimination associated with HIV is present in Mozambique and constitutes an ongoing challenge.

In the 12 months preceding the survey, more than half of all respondents had experienced some form of stigma and discrimination due to their HIV status. Of the respondents (36.3%) had been gossiped about, others were victims of psychological pressure or manipulation by the spouse (36%) were verbally threatened or insulted (24.4%), or excluded from family activities (12.8%), excluded from social activities (7.2%) or even physically attacked (5.1%).

Also in the last 12 months preceding the survey, nearly four out of ten respondents stated that their HIV status (alone or in part) had restricted access to work, housing or any social service. Around 14.5% of respondents consider that they had lost a job or source of income (mainly due to deterioration of his health); approximately 6% confirmed that they had been forced to change their place of residence, or could not rent a place for accommodation, 5.4% reported having been themselves or their children, dismissed, suspended or expelled from an educational institution due to their HIV status ; and about 3% respondents were denied family planning services and sexual, reproductive health services and because of their HIV status.

About the option of having children, 15.9% of respondents said they had been advised by a health professional not to have (more) children because of their status as PLHIV , 3.1% (78.3% women) said

they had been coerced by a health professional to be sterilized after diagnosis and 6.8% of women surveyed claimed to have been coerced to terminate a pregnancy.

About 60% of the respondents expressed negative feelings about themselves (Internal stigma) for being HIV-positive: 35.5% had low self-esteem, 34.8% felt ashamed, 32.8% felt guilty, 10% felt desire to commit suicide and 6.1% thought they should be punished.

Due to this self-stigmatization, particularly in the year preceding the survey, 27.9% of respondents felt inhibited to participate in social gatherings, 26% isolated themselves including from family and friends, between 13% to 16% decided stop working or looking for work, not to marry or not to have sex and about 10% still avoided going to a clinic or hospital when needed.

The study also revealed some low awareness by PLHIV about rights, laws and policies that protect them as well as the mechanisms of legal redress. Among respondents who said their rights had been violated (8.4%) and those who were unsure (31.7%), only about one-eighth sought to file a legal action.

About awareness of any organization that might be able to help with an experiences of stigma or discrimination, 26.6% of respondents (n = 197) claimed to have no reference, while 72.2% (n = 535) said they knew some foothold, among which stand out the local support groups of PLHIV (51.5%) or networks of PLHIV (23.1%), followed by religious organizations (15.2%) and the National Council to Combat HIV / AIDS (Conselho Nacional de Combate ao HIV/SIDA - CNCS) (13.8%).

It was found that a significant support base amongst PLHIV exists - having about 70% of the respondents allegedly initiated some action in order to help someone in the same situation - especially through emotional support. The most cited situations contemplated eviction cases and isolation from family, alienation of neighbours and others nearby, lack of support when sick, verbal insults recurring situations, associations of witchcraft, cases of denial of the certificate of poverty and situations of scorn and discrimination because of appearance and prejudice.

In the opinion of the respondents themselves, the intervention of organizations / networks of PLHIV such as RENSIDA, should give priority to assist PLHIV in terms of emotional support (eg., counselling and psychological support), physical (Eg., Preparing a meal, doing housework, buy medicines or condoms) and referral (E.g. treatment counselling or adequate services to their problems), then education directed at PLHIV on how to live positively (29.1%) and the challenge of raising awareness and public knowledge about HIV (12.8%).

Regarding testing, about two in ten respondents took the test and only learned of their condition when presenting symptoms of opportunistic infections and 23% of women at the time of pregnancy.

In terms of confidentiality, a small number of respondents expressed concern that medical confidentiality is not respected and that therefore other people know their HIV status without their consent. The sample considered, most PLHIV interviewed only revealed their HIV status to families, the social workers / counsellors and occasionally to other PLHIV and health professionals.

Overall, the lack of knowledge and understanding of the disease, in particular on how infection occurs, prevention and treatment, raise myths and misconceptions around HIV, detected in some interviews, as the idea that HAART kills, or it is possible to cure the disease through purification

rituals or even that you can get infected by casual contact, which creates irrational fears and suspicions which are a barriers to prevent further infections and provide care, support and treatment.

It is expected however that the present research, framed in a participatory process has generated an increase in awareness of the issues of stigma and discrimination among respondents and interviewers, and will repercussions.

It is recommended, based on the observed numbers, seek to increase the dissemination and visibility of associations, groups, networks or organizations working on this issue, seek to promote more awareness campaigns, emphasizing the concept of positive living - healthy and with dignity - to encourage and develop strategies for the people do the test earlier and seek to ensure anonymity, secrecy and confidentiality, essential to the well-being of PLHIV as stigma and discrimination associated with HIV are a reality.

Translated from the Final Report published in July 2013 In Portuguese.