2022

Kazakhstan

PEOPLE LIVING WITH HIV STIGMA INDEX 2.0

Central Asian Association of PLHIV

THE
PEOPLE
LIVING
WITH HIV
STIGMA
INDEX

CAAPL
Central Asian Association of PLHIV

Abbreviations

AIDS	Human acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CAA PLWH	Central Asian Association of PLWH
CAA PLHIV	Central Asian Association of People Living with HIV
COVID-19	Coronavirus infection
EHCMS	Electronic Health Case Managment System
ET	Electronic Tracking
GHRCCA	Center for Global Health Studies in Central Asia
GIPA	The Greater Involvement of People Living with HIV
GNP+	Global Network of PLHIV
HIV	Human immunodeficiency virus
ICAP	Branch of the Corporation «Centers for international Programs»
ICW	International Community of Woman Living with HIV
Kazakh Union of PLHIV	Kazakh Union of People Living with HIV
KPs	Key Populations
KSCDID	Kazakh Scientific Center of Dermatology and Infection Deseases
ML	Minimum number of people
MSM	Men who have sex with men
NGOs	Non-governmental organizations
PLHIV, PLWH	People living with HIV
PWUD	People who use drugs
SoS Project	Project «Sustainability of Services for Key Populations in the Eastern Europe and Central Asia region»funded by Global Fund
SWs	Sex workers
UNAIDS	Joint United Nations Program on AIDS
UNODS	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WSW	Women who have sex with women

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- Study Steering Committee:
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- The study team, consisting of Pavel Savin, Batyrbek Asembekov, Alibek Mereke, Sairankul Kasymbekova, Lyubov Vorontsova and a team of interviewers.

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1. Introduction

HIV-related stigma and discrimination are the biggest barriers to people living with HIV (PLHIV), along with accessing treatment, care and support services. To protect the rights and interests of PLHIV, it is very important to have information that gives an idea of the real situation: what difficulties and issues people face, and how this affects their own lives and the lives of their relatives and friends.

The PLHIV Stigma Index is a research and practice initiative that uses a standardized questionnaire and sampling strategy to collect data on the intersecting phenomena of stigma and discrimination affecting people living with HIV. The PLHIV Stigma Index tracks HIV-related stigma and discrimination in various areas of life, focusing on related stigma affecting different groups of people living with HIV, and provides evidence for advocacy to address key barriers to accessing treatment services, HIV care and support.

The PLHIV Stigma Index was conducted in 2008 for the first time in the world. In 2018, the research instrument was revised and presented as the PLHIV Stigma Index 2.0. A revised survey instrument was launched in 2018, and after the need for a more rigorous sampling methodology was identified in 2019, an updated standardized methodology was launched in 2020. Since the start of the project, more than 100 countries have participated in the PLHIV Stigma Index survey and more than 100,000 people living with HIV have been surveyed.

The development of a research tool and conducting research in many countries of the world became possible thanks to the partnership of international organizations working in the field of protecting the rights of PLHIV, these are: the International Planned Parenthood Federation, the Global Network of People Living with HIV, the International Community of Women Living with HIV and the Joint Organization Program United Nations on AIDS (UNAIDS).

Objectives of the study

A feature of the study is that the research tool was developed by people living with HIV, and the implementation of the study should be carried out by people living with HIV themselves. The study aims to collect information about the experiences of people living with HIV in relation to stigma, discrimination and violations of their rights. Information obtained as a result of the study from people living with HIV will allow to:

- Document the different experiences of people living with HIV in a particular community or country with regard to HIV-related stigma and discrimination;
- Compare the situation of people living with HIV in the same country or across countries on a specific dimension. Examples of challenges include access to HIV testing and treatment, and instances of stigma and discrimination for reasons other than HIV status, such as sex work or drug use;
- Measure change over time so that we can answer questions such as: Has stigma, discrimination and the rights of people living with HIV worsened or improved over the last couple of years in this community?
- Provide an evidence base for policy change and programmatic interventions.

The main purpose of collecting this information and presenting it as an index is to increase understanding of the extent and forms of stigma and discrimination faced by people living with HIV in different countries, with a view to its further use as a local, national and global advocacy tool to fight against improving the rights of people living with HIV.

Previous Stigma Index implementation in Kazakhstan

In 2015, Kazakhstan conducted the first study of the PLHIV Stigma Index. Prior to the study, a consultative meeting was held in Kazakhstan in July 2015, which was attended by all stakeholders from the government, civil society, UN agencies and international organizations. During the meeting, it was noted that this study will be conducted in the country for the first time and that it is very important to obtain information on the level of stigma and discrimination in the field of HIV in order to further develop a strategy to reduce stigma and discrimination. Taking into account the proposals made, this study was discussed and approved by the partners.

The Central Asian Association of PLHIV organized and conducted this first Stigma Index study in the country. The results of the study made it possible to characterize the groups of PLHIV in the regions, to identify the main points of «risk» in stigmatization, discrimination and violation of rights, and, accordingly, to outline promising and appropriate directions for the development of programs in this area. The study was conducted in Almaty, in the Karaganda region, including the city of Temirtau, in the South Kazakhstan region, and including the city of Shymkent. A total of 389 PLHIV participated in the study.

The results of the study showed that every third PLHIV in Kazakhstan experienced fears related to being gossiped about, as well as faced the refusal to enter into sexual relations (these are the most common fears). In fact, every tenth PLHIV in Kazakhstan faced such forms of stigma, along with psychological pressure from a partner/spouse. The experience of injecting drug use, as well as the experience of serving in places of detention, are factors that increase the stigma based on a positive HIV status. Most often, PLHIV in Kazakhstan faced some kind of discrimination from health care workers (primarily with the denial of medical care), government officials, and (much less often) from the immediate social environment. Moreover, cases of discrimination accumulate in the first 10 years of life with HIV.

Every fourth PLHIV in Kazakhstan faced the disclosure of information about their HIV status in a medical institution, and also had to agree to various medical procedures (including laboratory tests for HIV). One in three PLHIV did not receive advice on their reproductive options, and one in four received advices from medical professionals not to have children. Approximately one in ten women living with HIV, by her own estimate, did not have access to antiretroviral treatment during pregnancy.

The internal stigma of PLHIV in Kazakhstan manifested itself primarily in feelings of guilt and shame. Every tenth PLHIV had suicidal thoughts. Internal stigma was especially severe in PLHIV aged 30 years and older, as well as in PLHIV with a relatively short (1-9 years) experience of living with HIV. The main form of self-discrimination among PLHIV was the decision not to have (more) children, which was taken by every third PLHIV in Kazakhstan. Based on the results of the study, in January 2016, an intercountry working meeting of government agencies, NGOs and communities of PLHIV in Kazakhstan, Tajikistan, and Kyrgyzstan was held in Almaty. At the meeting, each of the countries formulated possible strategies to counter stigma and discrimination at the national level.

Epidemiological background of Kazakhstan

In Kazakhstan, according to Spectrum estimates (2019), the number of people living with HIV is 31,378, and the number of people who know their status is 25,753. According to national monitoring data, HIV infection has been kept at a concentrated stage, i.e. predominately among key populations: people who inject drugs, sex workers, men who have sex with men. The prevalence of HIV infection in the age group of 15-49 years is 0.25%, the prevalence of HIV infection among key populations: PWUD - 7.9%; SW - 1.4%; MSM - 6.5%. In 2020, 3476 new cases of HIV infection were registered. The rate per 100 thousand population is 17.9. K. The highest prevalence rate was noted in Pavlodar (302.7), Karaganda (270.0), Almaty (240.7), North Kazakhstan (240.2), Kostanay (231.3), East Kazakhstan regions (229.1). As of December 31, 2019, 21,951 people living with HIV, including 409 children under 14 years of age, were registered with AIDS prevention and control centers.

Taking into account the updating of the research tool and in connection with the need to update data on stigma and discrimination against PLHIV, the study of the PLHIV Stigma Index in Kazakhstan is relevant.

The Stigma Index study is conducted according to a single methodology and according to study guidelines, in all contexts, the key principle of the People Living with HIV Stigma Index is that its planning and implementation is carried out and owned by local communities of people living with HIV. In this regard, the organizer and initiator of the study in Kazakhstan is the ALE "Central Asian Association of People Living with HIV". The Central Asian Association of People Living with HIV is a non-governmental organization established by the community of people living with HIV in Central Asia to improve the quality and dignity of the lives of people living with HIV.

2. Methodology

2.1. Geography scope of the study

The PLHIV participants were recruited from 10 regions of Kazakhstan that were randomly selected (Table 1). Sample size for the study was calculated using the PLHIV Stigma Index Calculator: https://hall. shinyapps.io/PLHIV_Stigma_Sample_Size_Calculator/ to calculate the minimum required number of participants (MRNP) (n = 912). To do this, the estimated prevalence of PLHIV avoiding health care due to expected stigma was set at 18.1% (from a previous study) with a target accuracy of 5% and a 95% confidence level. Taking into account previous studies conducted in Kazakhstan, where the response rate did not exceed 60%, the response rate in the current study was set at 40% due to the sensitivity of the study, cultural characteristics and the epidemiological situation in Kazakhstan in connection with COVID-19. Thus, 60% (n = 548) of participants were added, that is, those who could refuse to participate in the IPC (n = 912), to form a final sample size of 1500 participants). In calculating the sample size for each respective region, a probability-proportional methodology was used for the size of the known PLHIV population in each region. However, since there are not enough community-based organizations and community interviewers (interviewers who met the requirements under the Stigma Index 2.0 guidelines) in Almaty Oblast, the sample size in Almaty Oblast was reduced and the sample size in Almaty City was increased.

Таблица 1. Distribution of the estimated PLHIV and those who know their status by region of Kazakhstan.

Regions	Estimated number of PLHIV, 2019	Number of PLHIV who know their status
Almaty	3200	2771
East Kazakhstan	3800	3027
Karaganda	4487	3551
Kostanay	2127	1781
Pavlodar	2562	2097
North Kazakhstan	1481	1197
Turkestan from Shymkent	3067	2347
Almaty city	5172	4369
Astana	1723	1420
West Kazakhstan	589	518
Total	**31378**	**25753**

Sampling methodology

The sample size was based on an estimate of the likelihood of avoiding seeking care based on HIV status, and a cross-sectional approach was used to calculate the sample size, which includes concerns about seeking care based on sexual orientation, gender identity, sex work, or drug use.

We used a combined sampling strategy based on the Stigma Index 2.0 guidelines that included 1) stratified random sampling (location-based sampling) and 2) a limited chain sampling approach to enroll the maximum number of PLHIV that interviewers could reach at the time of the study.

Stratified random sample (location sample) (the planned n was 1100 participants).

We recruited about 75% of the total number of participants from the Electronic Health Case Management System (EHCMS). The EHCMS system is an integral part of the national HIV epidemiological surveillance system, which allows tracking epidemic trends, assessing the quality of treatment and care services provided to all PLHIV in Kazakhstan. Thus, the random selection of respondents from the EHCMS system allows the entire known population of PLHIV to participate in the study, including key populations and those PLHIV who do not receive care and treatment services. The selection of participants was carried out in agreement with the Kazakh Scientific Center for Dermatology and Infectious Diseases of the Ministry of Health of the Republic of Kazakhstan (hereinafter - KSCDID) in compliance with the principles of anonymity and confidentiality. Specific steps have been taken to create a list of potential participants for each region from the EHCMS. First, potential participants were filtered from the general list of PLHIV by applying inclusion and exclusion criteria for each region. Then, taking into account the age and gender distribution of PLHIV for each region, potential participants were classified into age and gender groups, in which a certain number of PLHIV were randomly selected to create a representative sample for each region.

Limited chain referral sampling (the planned sample size was 400 participants)

Taking into account cultural difference and existing stigma and discrimination against key populations, 25% of the study sample was recruited using a limited chain recruitment approach to ensure the participation of PLHIV from the relevant key populations such as PWUD, SW, MSM, and transgender people. This selection approach included peer recruitment, which used a small pool of initial informants to designate participants through their social connections with other participants who met the selection criteria and could potentially contribute to the study. In the first step, NGO interviewers invited a seed who was an active members from a specific key population to participate in the study. After explaining the purpose, risks and benefits of the study and obtaining informed consent, they were instructed to invite other participants from their community to participate in the study. The regions and the number of participants in the study were determined and agreed after consultation with representatives of the respective key population communities.

These steps have been used to recruit PLHIV from key populations. the first member from a particular key group was designated as a «seed» who received three coupons (see below) and was then asked to share them with members of a similar key group expected to be available for interview during research. Coupons included the field study coordinator's telephone number and coupon identification number, but did not list selection criteria or the purpose of the study.

A potential participant who received a seed coupon was asked to contact the study coordinator if he or she was interested in participating in the study. The study coordinator then reviewed the eligibility criteria for this potential participant and, if necessary, selected them for the study. This participant was then given other coupons for further distribution. Coupons were distributed by people who already knew these potential members to minimize privacy concerns. These steps were used in each region until the required number of participants from each key population was reached.

2.2. Participants

All participants, including those from key populations, were selected according to the following criteria.

Inclusion Criteria:

- Age 18 and over;

- Speaks Russian and/or Kazakh;
- Knew he was living with HIV for at least 12 months;
- Can answer the interviewer's questions without the help of another person (parent, guardian, etc.);
- Signed informed consent to participate in the study.

Exclusion Criteria:

- Does not independently understand questions in Russian and / or Kazakh;
- Inability to answer questions due to the effects of alcohol or drugs;
- A person with neurological and / or mental illnesses that limit communication with the interviewer;
- A person who refuses to sign an informed consent to participate in a study.

2.3. Ethics

The study team, in collaboration with CAA PLHIV, GNP+ and NGOs, developed the study protocol and completed the translation of the Stigma Index 2.0 questionnaire for submission to the ethics committee. In accordance with national legislation, the study protocol was submitted to the Local Commission on Ethics of the Kazakh National University named after Al-Farabi, Almaty, Kazakhstan. Ethical approval was obtained from the Local Ethics Commission after a thorough review of the protocol and after the recommended changes were made in November 2020 (Minutes No. 2710/10 dated November 06, 2020).

2.4. Data collection

Meetings with study staff including the interviews took place at the service/venue/NGO office as preferred by the participant. The time and location was chosen to reduce the likelihood of privacy issues (e.g., identification of the individual as a participant by other individuals). When the study staff communicated for the first time with a potential participant, they were introduced to the study and asked if they would like to participate. If the individual agreed to participate, then they were requested to provide consent and after that, the interview was conducted. The interviewer checked the eligibility of the participant. The eligibility checking was based on a quick survey (knowledge of some specific terms, life with HIV, etc).

The interview was conducted in private for no more than 2 hours in a comfortable environment for the interviewee where they will feel comfortable, safe, etc. There were only be 2 people in the room where the interview took place: the interviewer and the interviewee. Participants were provided with complete confidentiality and support throughout the process (following the «side-by-side» principle). There were referral resources available in case the participant needs them, for example, mental health resources. The study followed the WHO recommendation: using PPE, social distancing, etc. The epidemic situation in the country was taken into account and the study organizers had constant consultations with partners in regions both from NGOs and AIDS centers. The data was collected during the interview in paper form.

2.5 Data analysis

The study monitored data collection using descriptive statistics after entering data into an electronic database (Google Form document) every 2 weeks. Missing data, outliers, duplicates were immediately corrected in the database after confirmation and/or correction by local interviewers. This procedure improved the quality of data collection and reduced the possibility of errors both during data collection and data entry (missing data, outliers, duplicates, etc.). This procedure was also important for tracking the distribution of the sample and the populations recruited.

The study used descriptive statistics to understand participants' characteristics, where continuous variables were presented as mean with standard deviation for parametric data, median, and inter quarter range (25% and 75%) for nonparametric data. Frequency and percentage were used to report categorical variables when appropriate. Age, sex and stratification by KP were applied to assess age, gender and KP differences in index stigma. All analyzes were performed using MS Office Excel software and statistical analysis software (SAS University Edition) for statistical analysis. The data were disaggregated by gender and key population groups.

3. The results of the study

3.1. Social and demographic characteristics

In total ***1143*** participants participated in the study. Representatives of all key population groups participated in the study: 11 identified themselves as transgender people, 74 identified themselves as MSM, gays, homosexuals, 35 identified themselves as sex workers, and 525 people identified themselves as people who use and / or inject drugs. We aimed to recruit 1500 participants, but recruited 1143 participants because of pandemic effect in which potential participants were restricted to move due to frequent lockdowns and avoidance to contact with interviewers due to fear of getting infected with COVID-19. However, sample size with 1143 participants exceeds the minimum required sample sized. Furthermore, one participant may identify himself or herself to a multiple KP group. For example, a participant from SW can also be PWUD and vice versa. Despite that, we were able to recruit a representative sample size that had enough number of participants from KPs, except for TG. Since there has not been conducted any bio-behavioral study for TG in Kazakhstan, our target for TG participants was overestimated leading to the less sample size. In addition, there are limited number of TG who were eligible for the study criteria in the country as well as they avoid participating in many studies due to high stigma. *The results of the study presented in three groups which were the total number of PLHIV, group by sex at birth where TG included into women group as well as by KP group that included MSM, FSW and PWUD.*

During data analysis, we found that the dataset had missing data that was not exceeding 1.5%. The structure of the missing data was arbitrary, which is typical for survey studies. Our missing data arose from respondents who did not want to provide or being unable to provide information for certain parts of the questions. We conducted an available case analysis that included all cases with observed values for the variables included in the analysis. The processing of the missing data was carried out by the following methods. In particular, only cases with missing values of the analyzed variable were excluded in univariate analysis. In bivariate analysis, only cases with a missing value for one or both of the analyzed variables are excluded. The average age of the respondents who took part in the study is 40.3 years. The youngest participant in the study was 18 years of age, the oldest at 75 years of age. Sex and age characteristics correspond to the age and sex distribution of the population as a whole, which indicates compliance with the established quotas in the selection of respondents and the representativeness of the data obtained. When asked about sex assigned at birth, 58.6% of respondents answered male, 41.3% female. When asked about gender identity identified 56.8% as male, 41.3% as female, 11 transgender people participated in the study, 5 people did not identify themselves as male, female or transgender and 4 preferred not to answer (table 2).

Table 2. Distribution of respondents by sex assigned at birth and by gender identity, n= 1143**.**

Distribution by sex and gender identity of study participants	Number (n=1143)	%
Sex at birth		
Female	473	41,38
Man	670	58,62
Gender Identity		
Female	473	41,38

Distribution by sex and gender identity of study participants	Number (n=1143)	%
Man	650	56,87
I do not identify as female, male or transgender	4	0,35
Transgender	11	0,96
I prefer not to answer	5	0,43

The average time for respondents to know their HIV positive status is 10.5 years. According to the protocol, the recruitment criterion was knowledge of HIV status for at least 12 months, the maximum time a respondent knew his HIV status was 28 years (table 3).

Table 3. How long have you known your HIV-positive status? n= 1143.

The duration of life with HIV	Number	%
Less than 2 years	113	9,9
2-5 years	424	37,1
6-10 years	187	16,4
More than 10 years	380	33,3
Don't remember	39	3,4

63.6% of respondents are currently in intimate/sexual relationship, regardless of the official status of these relationships (registered marriage or not). At the same time, the proportions of those whose partners are HIV-positive and HIV-negative are approximately the same (Table 4).

Table 4. Is your partner also living with HIV? N= 729

Answer	Number	%
Yes, my partner/my partners are HIV positive/s	346	47,4
No, my partner/my partners are HIV-negative/s	323	44,25
I'm not sure about my partner's HIV status	60	8,22

56.6% of respondents reported that they did not have children, 43.4% reported that they had children to support. Out of those living with children to support24.1% answered that they had one child to support, 13% had two children, 4.1% had three children, 2% had 4 or more children. Out of the total of 1143 participants, only 15 (1.92%) participants were currently studying at an educational institution at the time of the study. In general, 994 (85.3%) respondents have general primary, secondary or vocational education, and only 134 (11.77%) respondents have higher education (Table 5a and 5b).

Table 5a. Level of education of respondents, n=1143.

The level of education	PLHIV		Woman		Men	
	n	%	n	%	n	%
Higher education (university)	134	11,7	54	11,4	80	11,9
Primary general education or equivalent	39	3,4	17	3,6	22	3,3

The level of education	PLHIV		Woman		Men	
	n	%	n	%	n	%
Professional education (trade/ vocational school)	391	34,2	138	29,2	252	37,6
Secondary general education or local equivalent	564	49,3	251	53,2	313	46,7
I have not received education (no formal education)	15	1,3	12	2,5	3	0,4

Table 5b. Level of education of respondents.

The level of education	MSM		FSW		PWUD		TG	
	n	%	n	%	n	%	n	%
Higher education (university)	29	39,2	4	11,4	30	5,7	2	18,2
Primary general education or equivalent	0	0,0	2	5,7	21	4,0	0	0
Professional education (trade/ vocational school)	26	35,1	13	37,1	177	33,7	3	27,3
Secondary general education or local equivalent	19	25,7	12	34,3	290	55,2	1	9
I have not received education (no formal education)	0	0	4	11,4	7	1,3	5	45,5

About 69% of respondents have some form of paid employment, 2.27% receive a pension, and almost a third (29%) of respondents have no personal income (Table 6).

Table 6. Employment rate of respondents, n=1143.

Employment rate of respondents	Woman		Man	
	n	%	n	%
Retired/on pension	5	1,1	21	3,1
Do occasional, odd jobs or part-time jobs (as self-employed or paid services for others)	44	9,3	59	8,8
I do not work / unemployed	165	34,9	167	24,9
Part-time / part-time (as an employee)	82	17,3	125	18,7
Full-time (as an employee)	152	32,1	247	36,9
Full-time employment, but not as an employee (self-employed or entrepreneur)	24	5,1	49	7,3
Missing	1	0,2	2	0,3
Total	**473**	**100**	**670**	**100**

The next question was about respondents being able to meet their basic needs (eg food, shelter, clothing) in the last 12 months. 60.1% of the respondents answered that they sometimes or most part of the time faced a situation where they could not satisfy their basic needs of life. (Table 7).

Table 7. Possibility of meeting the basic needs of life, n=1143 (n=2 missing values).

Satisfying Basic Needs	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Most part of time	156	13,6	60	12,7	96	14,3	7	7,7	5	14,3	93	17,7
Sometimes	532	46,5	232	49,2	300	44,8	25	27,5	25	71,4	273	52,0
Never	453	39,6	181	38,3	272	40,6	59	64,8	5	14,3	158	30,1

493 (43.12%) out of the total 1143 respondents reported that they belong to socially vulnerable groups, including those who were in prison, people with disabilities, ethnic minorities,and others. People who were in places of deprivation of liberty made up a significant group, 326 (28.52%). Also, 21.26% reported being members of a support group for people living with HIV (table 8).

Table 8. Respondents belonging to other socially vulnerable groups, n= 1143.

Respondents belonging to other socially vulnerable groups	Number	%
Racial, ethnic or religious minority	34	2,97%
Person with a disability (vision, hearing, movement, intellectual/ development) (excluding HIV)	99	8,66
Refugee or asylum seeker	4	0,35
Labor migrant worker	7	0,61
Forcibly displaced person	23	2,01
Was/was imprisoned/in prison	326	28,52
Does not belong to any of the above groups	650	56,9
Member of an indigenous / aboriginal group	0	0

In general, the socio-demographic characteristics of the respondents, including the gender and age distribution, correspond to the characteristics of the epidemiological features of the spread of HIV infection in the country.

3.2. Disclosure of HIV status

65.3% of respondents stated that at least someone in their social circle knew about their diagnosis. Those were mainly spouses and partners, other family members and friends. It should also be noted that the respondents' children, local leaders and authorities (police, courts, investigative bodies) were also less aware (Figure 1) of the respondent HIV status. Disclosure of HIV status without consent was noted to a greater extent in relation to the authorities (police, courts, investigative bodies), other family members and friends. However, it should be noted that, in general, disclosure of status without consent is relatively rare in percentage terms. No significant differences were found by gender. Among the key groups, PWUD stand out as 7.2% of respondents reported that the group "Authorities (police, courts, investigation bodies)" had been informed of their HIV status without their consent (Annex, Table 1).

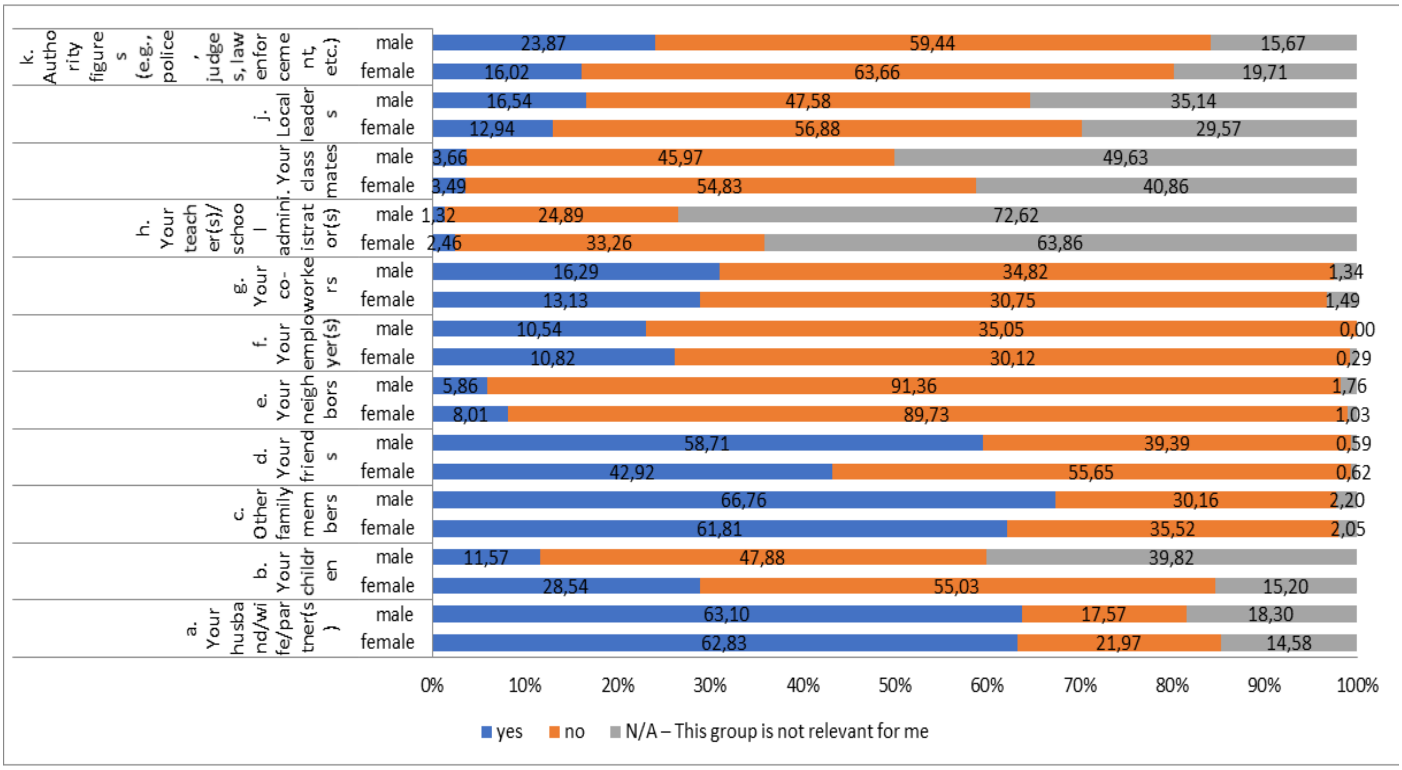

Figure 1. Percentage of PLHIV whose surroundings are aware of their HIV-status, %, n=1143.

The majority of respondents (67.8%) note that disclosure of HIV status has become easier over time. Respondents also report that revealing their HIV status to their loved ones (e.g. partner, family, close friends) was a positive experience (80.1%) and that loved ones were supportive when they first learned about their HIV status (80.14%). The experience of disclosing one's status to strangers was a positive experience in only half of the cases, and only 31.5% of respondents noted that strangers were supportive when they first learned about their HIV status (Figure 2). No significant differences were found in terms of gender and key groups.

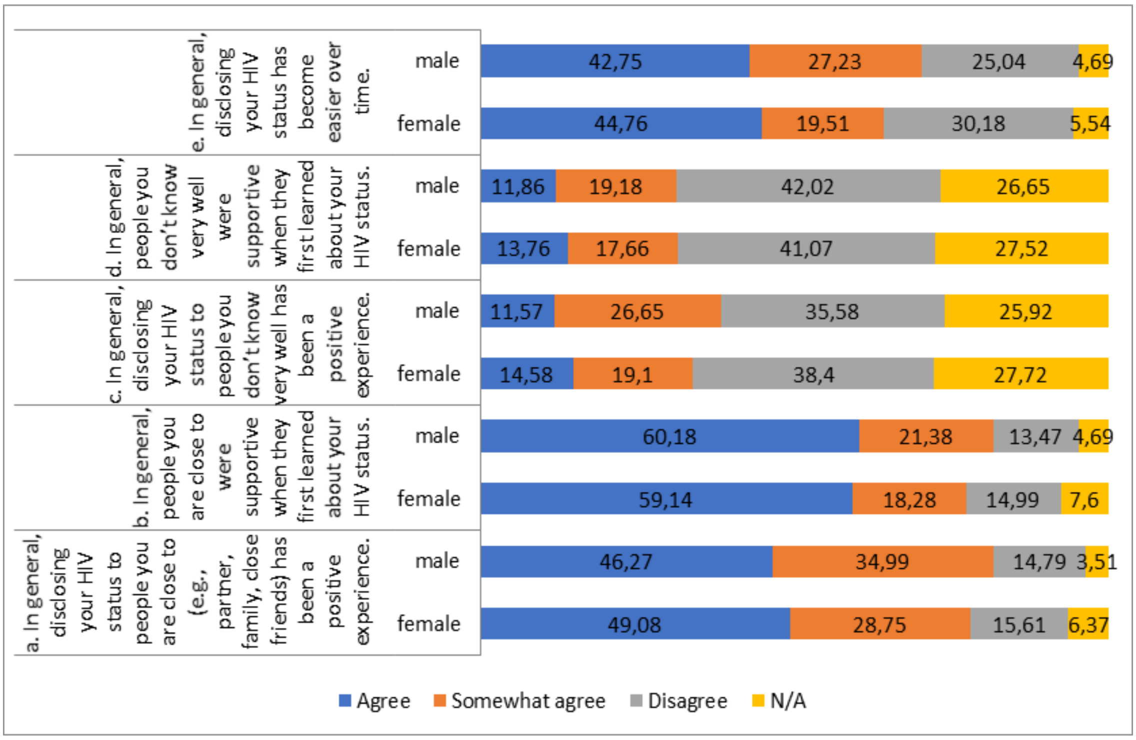

Figure 2. Experience in disclosing HIV status, %, n=1143.

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3.3. External stigma and discrimination

The experience of stigmatization and discrimination of people living with HIV can be associated with contact with various social environments, including close relatives, friends, neighbors, colleagues and others.

Respondents most often point to cases when other people (not family members) spoke negatively or gossiped about them because of their HIV status, or when they were insulted, verbally reprimanded, and /or verbally abused by another person (for example, screaming, swearing) because of their HIV status. At the same time, it should be noted that for all the above situations, the answers of respondents are high for both time periods, the last 12 months and earlier. Respondents also reported being excluded from family events, social gatherings, activities (e.g. weddings, funerals, parties, clubs), or blackmailed because of their HIV status. They were also denied employment, lost their jobs or earnings, (Figure 3). No significant changes were found in terms of gender and key population groups.

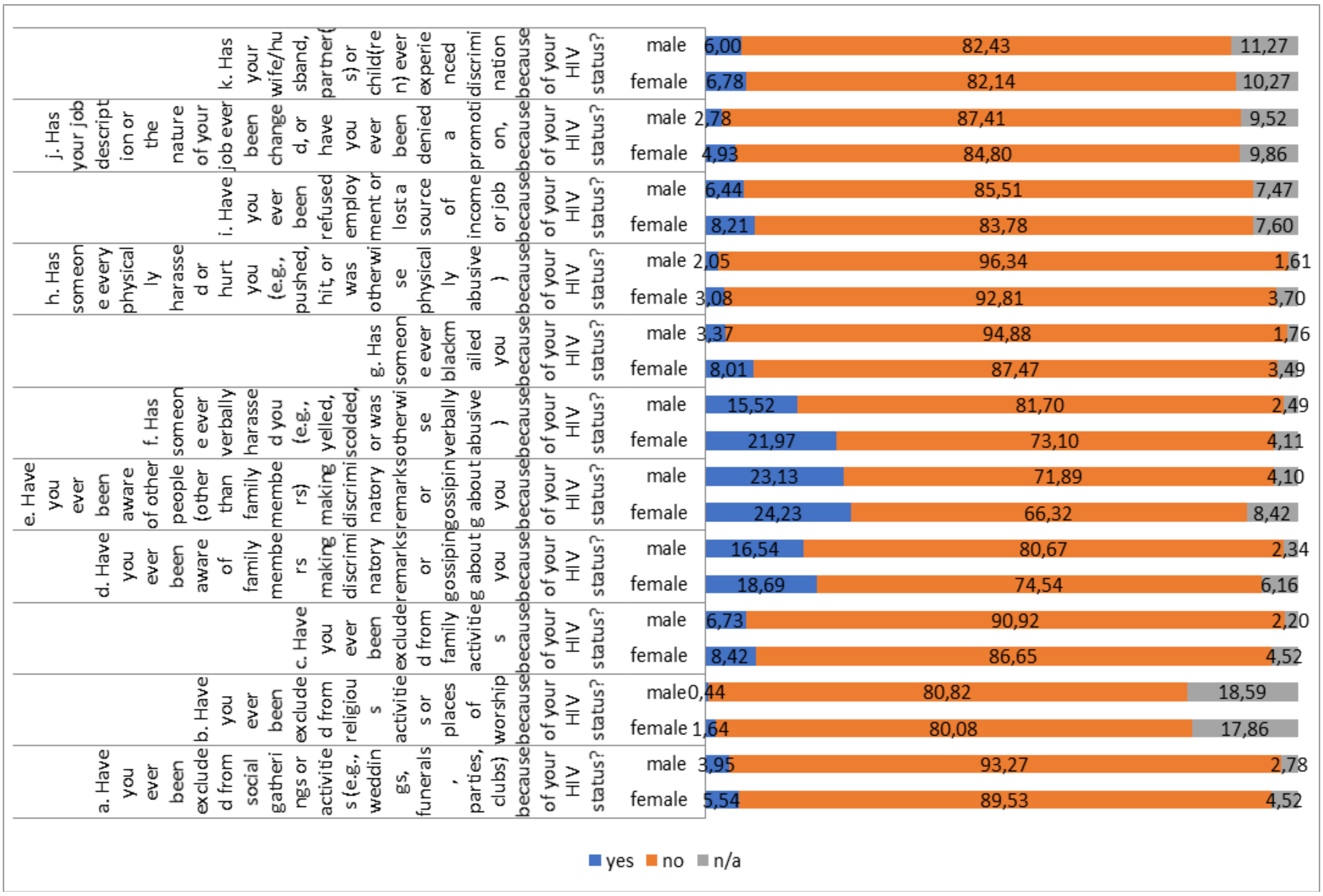

Figure 3. Experience of stigmatization and discrimination due to HIV status by the social environment, %, n=1143.

Only the FSW group showed high negative dynamics, they were excluded from social events or activities due to their HIV status (14.3% in the last 12 months and 5.7% before), they were excluded from family events due to their HIV status (17 .1% in the last 12 months and 5.7% before), family members have spoken negatively or gossiped about their HIV status (22.9% in the last 12 months and 11.4% before), they were verbally reprimanded and faced verbal violence by another person due to their HIV status (20% in the last 12 months and 11.4% before) (Annex, table 3).

3.4. Internalized stigma

Internalized stigma is also a determining factor in how the internal experiences of a person living with HIV can affect both the health and quality of life of that person. Manifestations of Internalized stigma, such as self-imposed isolation from the outside world, limited contact with loved ones, change of place of residence or work, can also influence the decision of a person living with HIV to refuse HIV treatment, care and support services, and in overall health care services. During the study, respondents were asked to identify personal and socio-psychological changes that have occurred in their lives due to their HIV status over the past year.

Almost a quarter of respondents noted that HIV status negatively affected their self-confidence, their ability to cope with stress, their ability to find love, and their desire to have children. It should be noted that among men the negative impact of HIV status on the desire to have children is much higher (26.65%) than among women (17.66%). A fairly high level of negative assessments is observed in relation to changes in the achievement of personal and professional goals and self-esteem.

However, the study revealed that HIV status also had a positive impact on the lives of the respondents. In almost all of the proposed aspects of respondents' lives, the respondents saw positive changes, to a large extent this positively influenced their ability to create close and safe relationships with other people and their ability to cope with stress. It is also worth noting that the positive impact of HIV status on the desire to have children in women (12.11%) was significantly higher than in men (7.76%). A significant proportion of respondents (51-81%) stated that their HIV status in no way affects (neither positively nor negatively) their psychological well-being and relationship with the social Internalized stigma environment. It is of concern that in the group of FSW the phenomena of negative Internalized stigma is more pronounced in comparison to other KP groups. For FSW HIV status negatively affected their self-confidence (37.1%), their ability to cope with stress (48.6%), their ability to create close and safe relationships with other people (37.1%), their ability to find love (51.4%), their desire to have children (37.1%), and the achievement of personal and professional goals (31.4%). (Figure 4; Annex table 4).

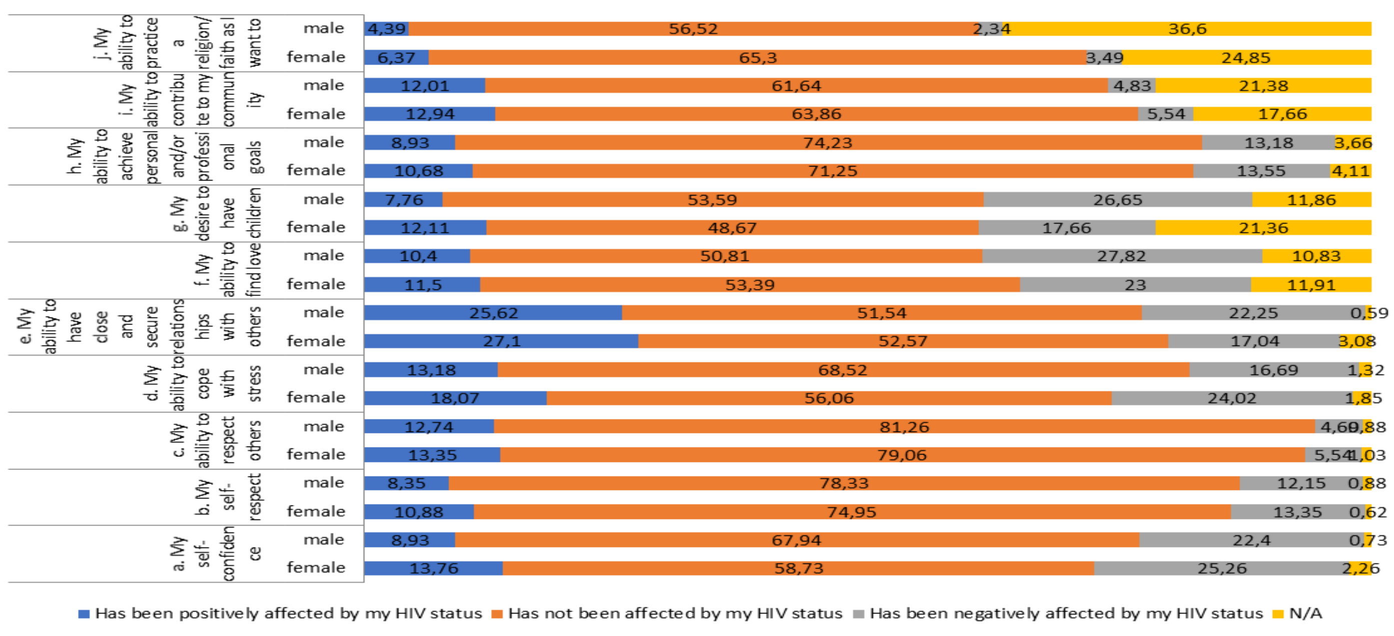

Figure 4. Impact of HIV status on various aspects of respondents' lives, n=1143 (n=2 missing values).

Study participants also had the opportunity to assess the impact of HIV status on various aspects of their lives over the past 12 months. The majority (68.85%) chose the option “it was about the same”, 13.65% noted a relative improvement, 17.5% reported a relative deterioration (Figure 5).

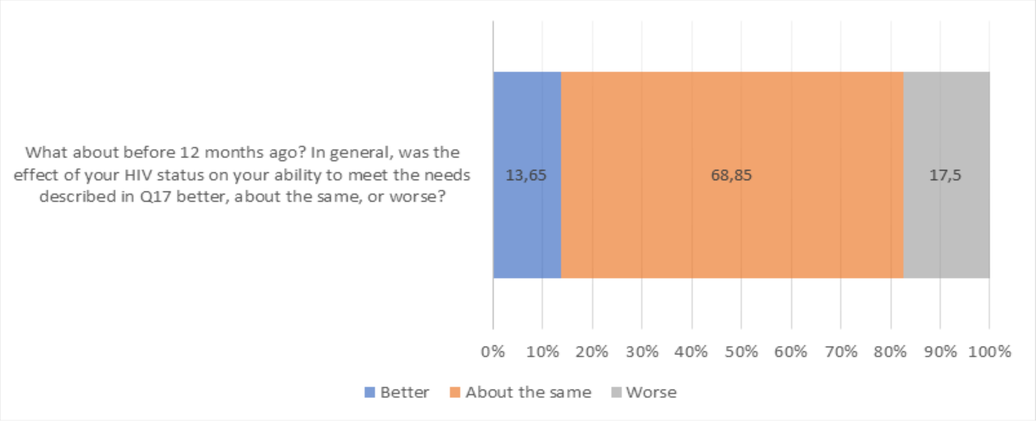

Figure 5. Distribution of answers to the question: How were things earlier than 12 months ago?, n=1143**.**

The results of the study showed that internalized stigma forces people living with HIV to adopt certain forms of self-isolation or avoidance of their environment and fulfillment of life’s necessities. Thus, somePLHIV preferred to avoid having sex (16.97%), and to varying degrees, PLHIV preferred not to attend social events, not to seek medical help, decided not to get a job, not seek social support, and isolated themselves from family or friends (Figure 6). It is alarming that the degree of isolation in women is more pronounced than in men. Women more often decide not to seek medical help (12.53% compared to 8.64% for men) and not to attend social events (11.5% compared to 8.93% for men). At the same time, as (Annex table 4), the FSW group also revealed a higher level of self-isolation and a higher level of avoidance of social events, when asked whether their HIV status influenced their personal and socio-psychological changes. Respondents from the FSW group preferred not to attend social events (22.9%), not to seek medical help (31.4%), not to get a job (28.6%), not to seek social support (31.4%). %), isolate themselves from family and/or friends (28.6%), and not to have sex (22.9%) (Annex, table 6).

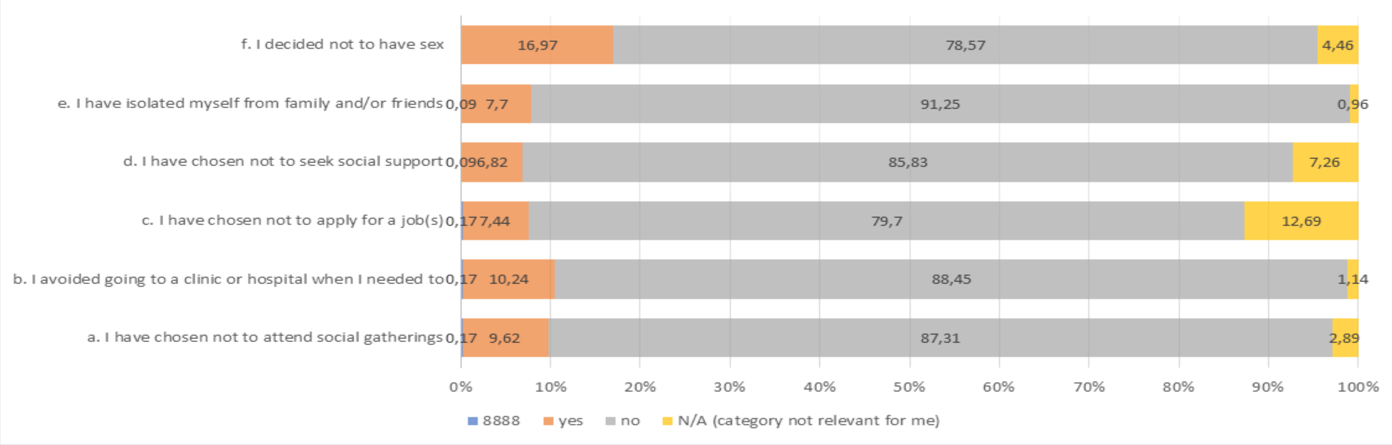

Figure 6. Decisions made by respondents related to HIV status over the past year, n=1143(n=2 missing values).

During the study, respondents were also asked a question regarding their inner feelings and experiences related to their HIV status. The results show a very high level of internalized stigma among the respondents, while for almost all the proposed answers, the level of Internalized stigma is significantly higher among women than among men. 78% of women and 65% of men report that it is difficult for them to tell a person about their HIV status, 26.69% of women and 18.16% of men feel dirty because of their HIV status, 52.98% of women and 37.34 % of men are ashamed because of their HIV status, 40.04% of women and 29.14% of men feel sometimes devalued because of their HIV status, 82.96% of women and 73.35% of men hide their HIV status from other people. In only one component, the percentage of positive responses is higher for men, with 52.71% of men feeling guilty about their HIV infection, compared with 49.08% of positive responses for women (Figure 7; Annex table 7).

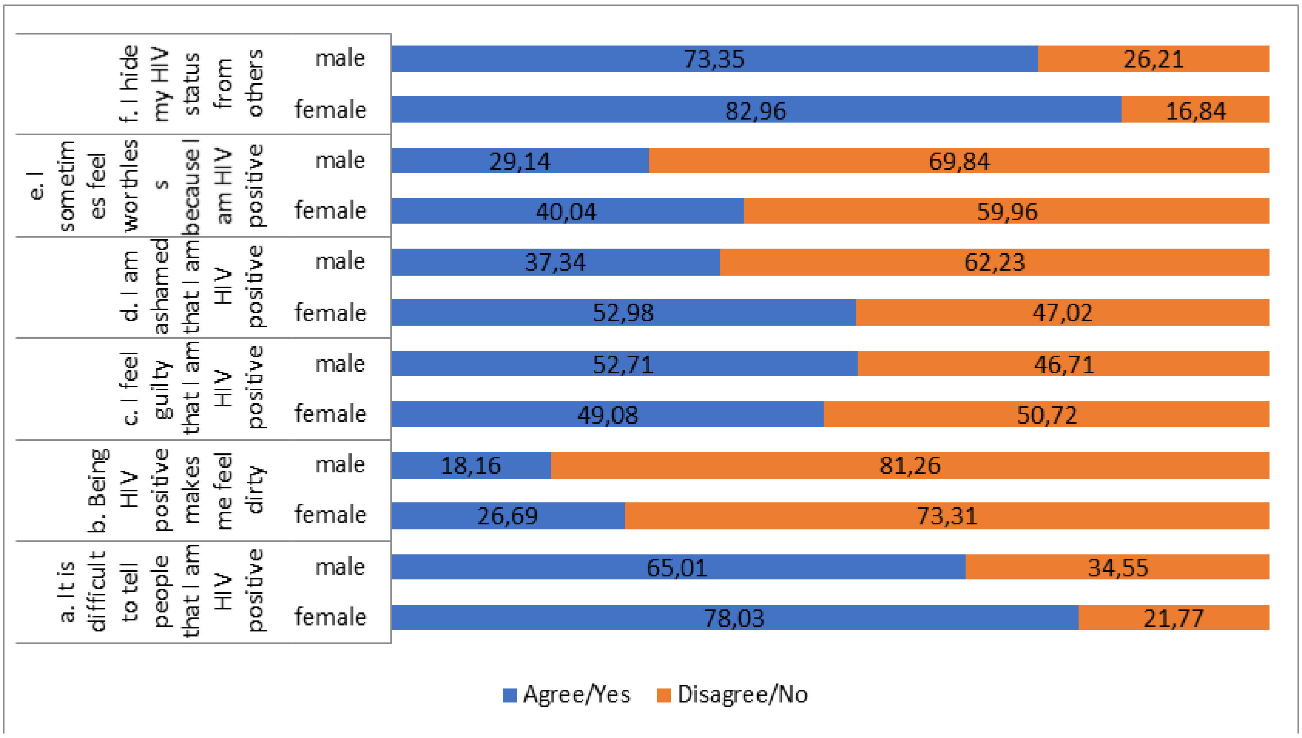

Figure 7. Level of internalized stigma among respondents, n=1143(n=7 missing values).

3.5. Interaction with healthcare institutions

HIV testing, care and treatment

For the majority of respondents, testing for HIV was their own decision: 72.35% of respondents decided to take the test consciously and voluntarily, and 4.37% did it under pressure from other people, although they themselves decided to take the test. 20.3% of respondents reported that they were tested without their knowledge and found out about it only after doing the test. 2.45% of respondents were forced to take an HIV test without their consent (Figure 7). There are also some gender differences in the conditions of HIV testing. Thus, 22.59% of women and 18.59% of men reported that they were tested without their knowledge and learned about it after doing the test. 1.44% of women and 3.07% of men were forced to take an HIV test without their consent. We also note that in the group of SWs and PWUD there is a relatively high percentage of those who were tested without their knowledge and consent (20.0% and 25%) (Annex, table 8).

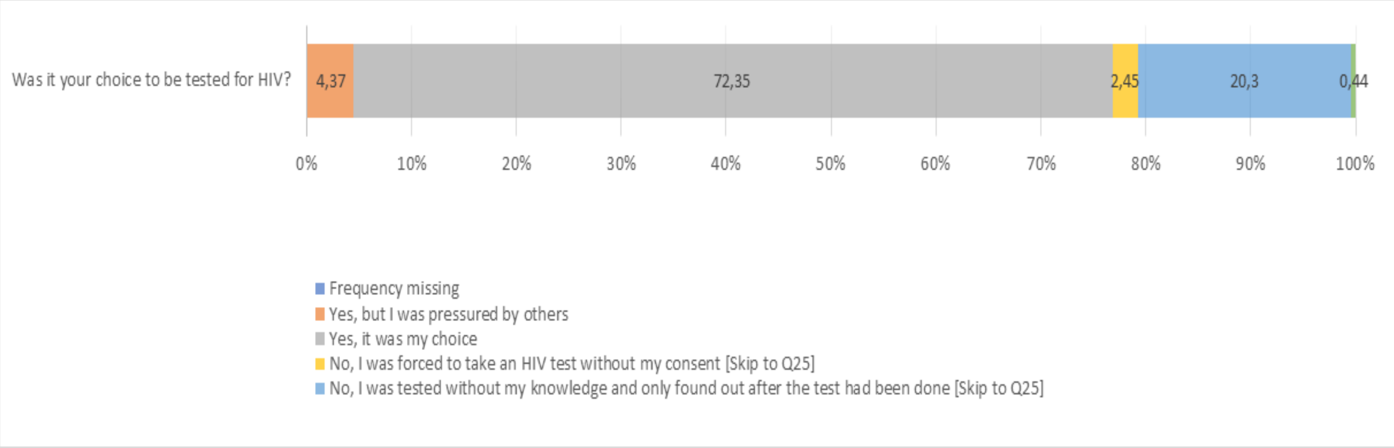

Figure 8. Was it your choice to be tested for HIV?, n=1143 (n=1 missing value).

Respondents who were tested for HIV voluntarily noted that the main reason for taking an HIV test was the advice of a health worker – 37.17%. The next most common answer was the suspicion of the risk of contracting HIV infection (27.14%). Also, among the reasons for undergoing the test, the respondents indicated poor health (4.33%), interactions with a public program/NGO (5.93%), the requirement to test under certain conditions (6.73%). 9.12% of respondents indicated other reasons for taking the test (Figure 9).

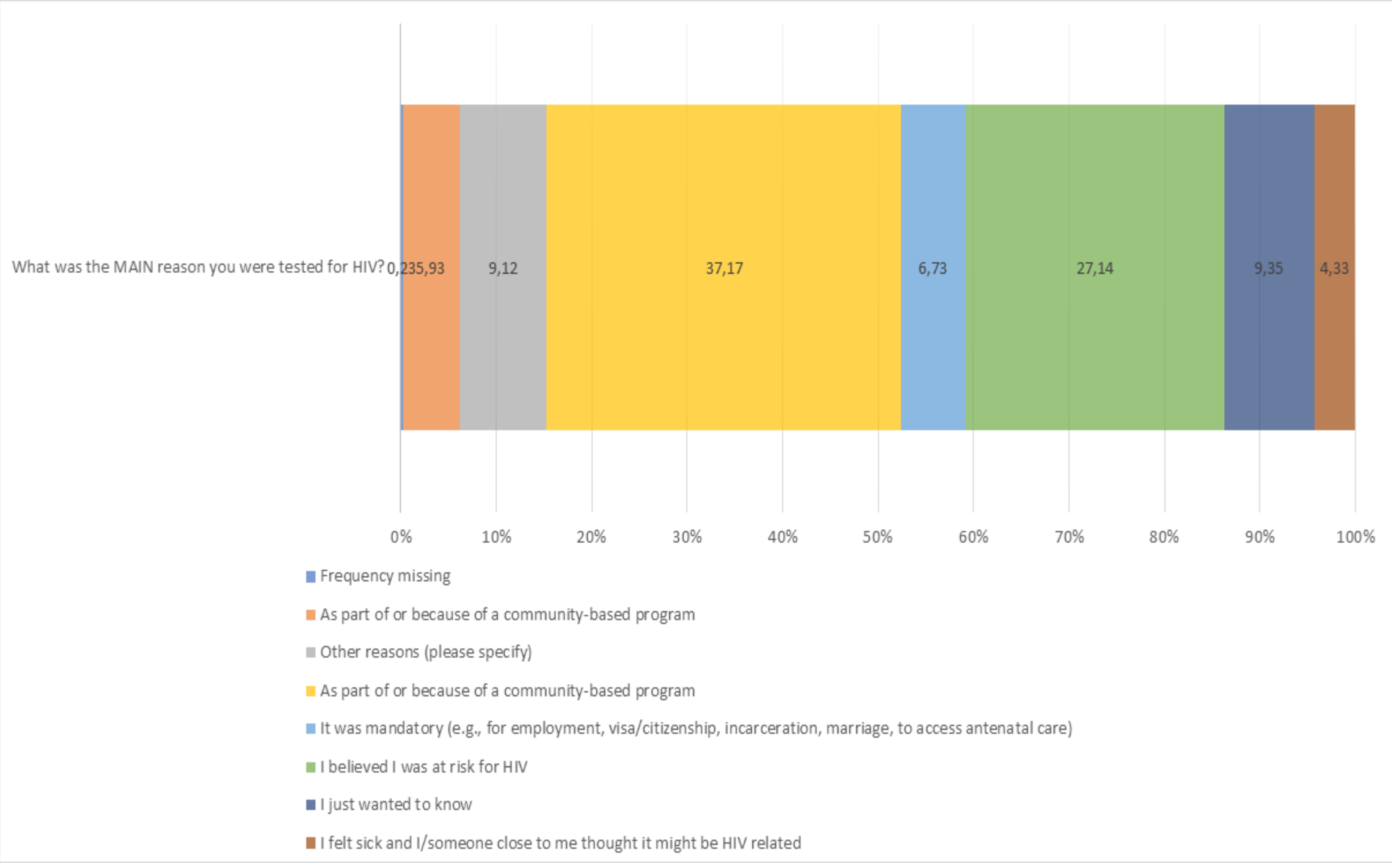

Figure 9. Main reasons for taking the HIV test, n=878 (n=2 missing value).

The majority of respondents (62.07%) were tested for HIV within 6 months from the first thought about getting tested. 9.91% of respondents were tested within a period of 6 months to 2 years, 7.86% of participants postponed testing for a period of more than 2 years (Figure 10).

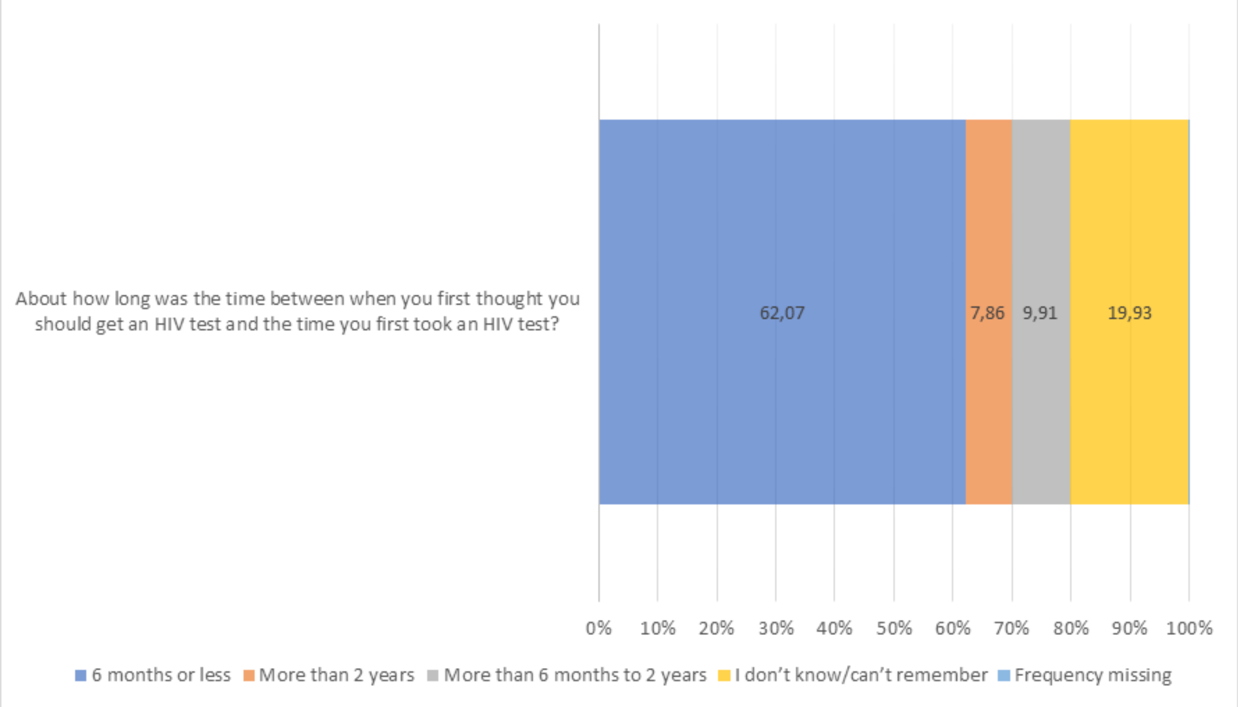

Figure 10. Time interval between the moment when respondents first thought about taking tests and the moment they underwent the HIV test, n=878.

A fifth of all respondents (20.5%) said they were afraid of other people's reactions (friends, family members, employers or acquaintances) to possible positive HIV test results, which led them to postpone HIV testing.

Experience with antiretroviral therapy and treatment adherence

The vast majority of study participants were taking antiretroviral therapy (92.3%). Among those who ever hesitated, delayed or were prevented from taking treatment, the majority of those surveyed cited unwillingness to cope with their HIV infection as the reason for delaying the start of treatment (26.8%). The next reason respondents indicated is the worry that other people (not family or friends) would find out about their HIV status (20.8%). Among other reasons, respondents also indicated anxiety that a partner, family or friends would find out about their HIV status (16.0%), fear that healthcare professionals would treat them badly or disclose their status without consent (14.5%) and previous negative communication experience with healthcare professionals (8.4%) (Figure 11). In the SW group, the above situations were more pronounced than in other KP groups. Thus, respondents from the SW group were worried that their partner, family or friends would find out about their status (48.6%), they were worried that other people (who were not family or friends) would find out about their HIV status (40.0%), they were not ready to cope with their HIV infection (48.6%), they were afraid that healthcare professionals (doctors, nurses, staff) would treat them badly or disclose their HIV status without consent (45.7%), some had poor previous experience with a specialist healthcare worker (28.6%) (Annex table 13).

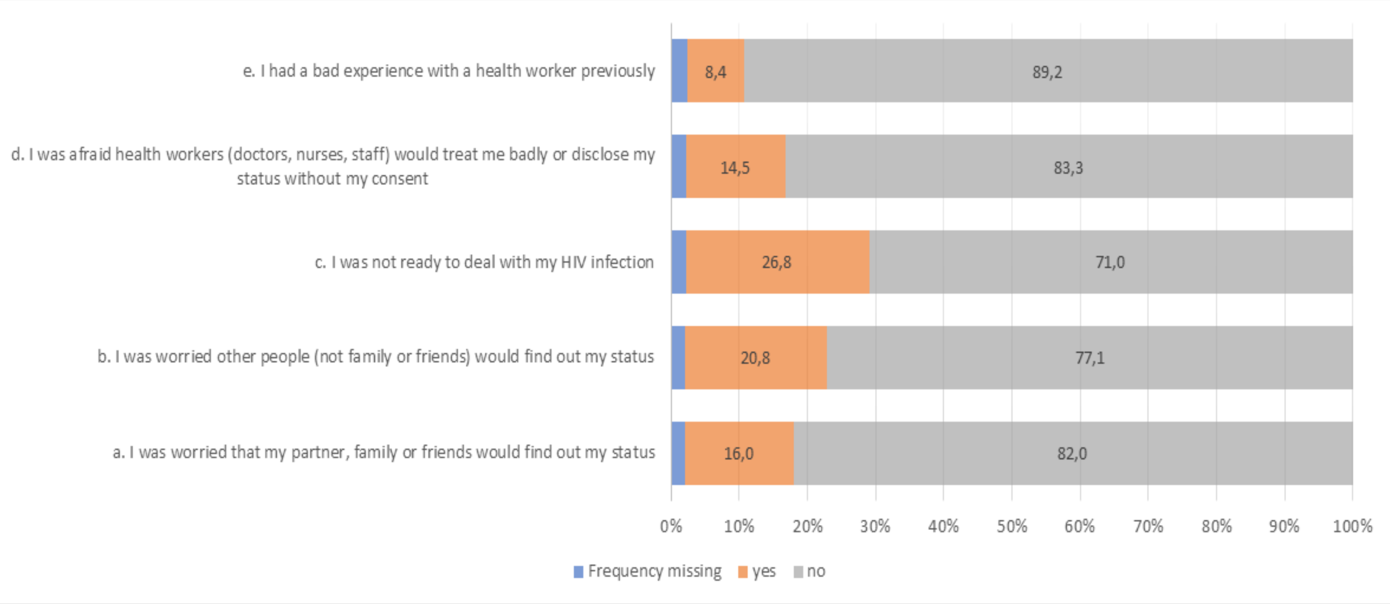

Figure 11. Reasons for delaying, hesitating or being prevented from the start of ART among respondents, %, n=1143 (n=25 missing values).

67.5% respondents decided to start their treatment immediately . The decision to wait and start treatment later was made by 26.78% of the respondents. Only a small number of respondents indicated that they experienced pressure from medical staff and were forced to start treatment (14 (1.31%)) (Figure 12).

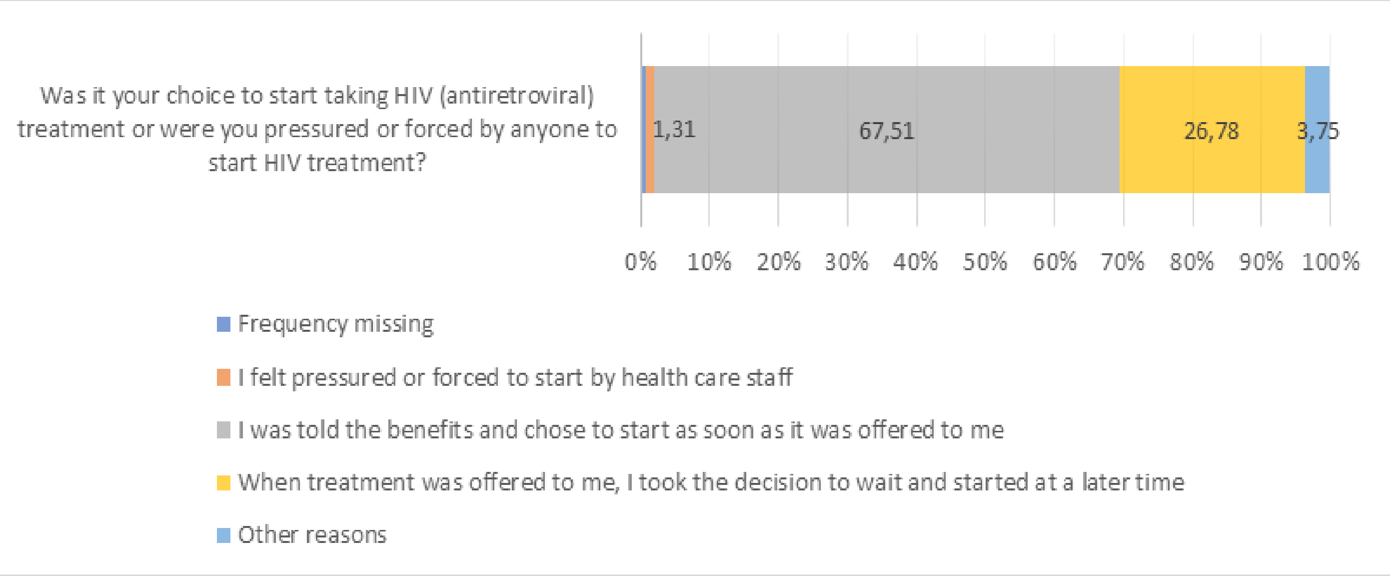

Figure 12. Decision to start treatment, %, n=1068 (n=7 missing values).

Only 17% of respondents started treatment on the same day they were diagnosed. 22% of respondents started treatment within a month from a diagnosis. Almost a quarter of the respondents began taking treatment after 2 years of diagnosis (Figure 13).

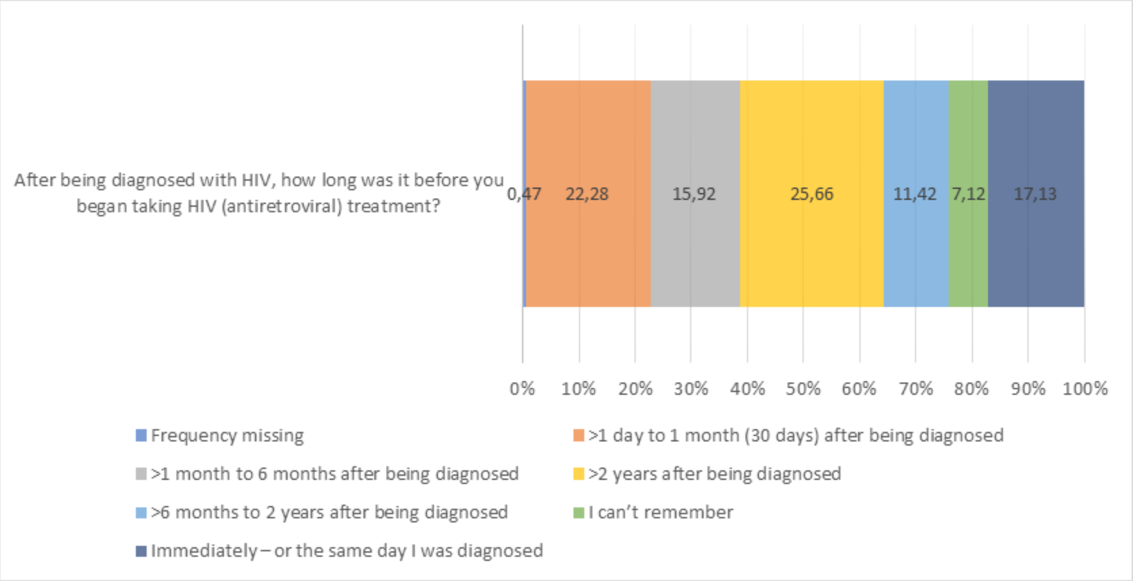

Figure 13. Timing of treatment initiation after diagnosis (After being diagnosed with HIV, how long was it before you began taking HIV treatment?), n=1068 (n=5 missing values).

Over the past 12 months, 17.51% of respondents who participated in the study missed a dose of ARV drugs due to fear that someone would learn about their HIV status - among the key population groups, FSW stands out as 44.8% of themmissed a dose of ARV drugs out of fear (Annex table 16). During the study, respondents also reported their viral load test results for the past 12 months. 60.2% of respondents reported that they have an undetectable viral load, (64.8% in women vs 56.9% in men); 19.1% of respondents reported that they had a viral load test and it is being determined (they are waiting for the results), which was higher in men than in women (20.7% vs 16.8%), at the same time it is a concern that 9.9% of respondents are not aware of the concept of viral load, (10.8% in men vs 8.7%)in women) (Figure 14).

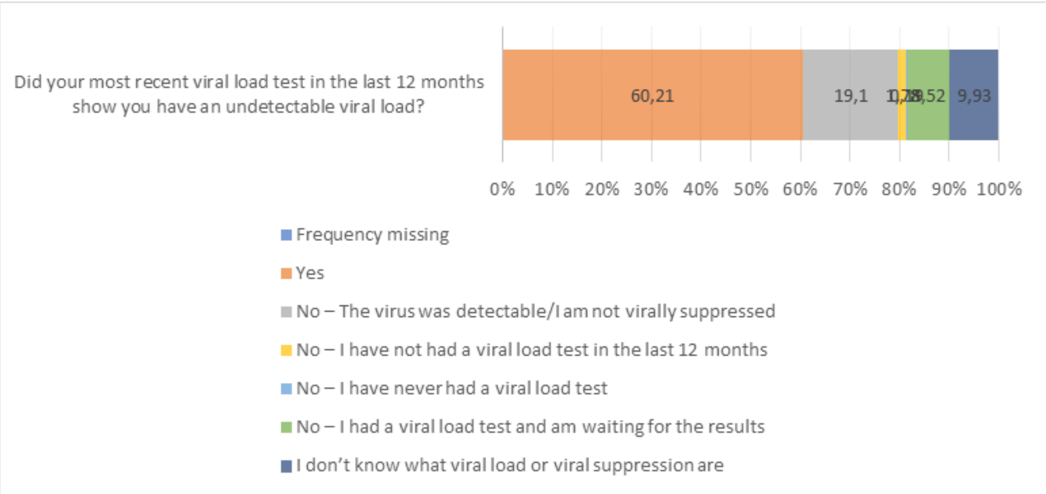

Figure 14. Viral load testing among respondents, %, n=1068 (n=3 missing values).

Interruption of treatment

Among those who have ever started ART, the vast majority (68.8%) did not interrupt ART, respectively, 28.9% interrupted ART.Among key populations it is worth noting the PWUD group is the highest group to interrupt ART, where 39.2% of respondents interrupted ART (Annex table 18). Respondents who had interrupted ARVs often cited stigma-related factors as reasons for stopping ART.

In particular, the most frequently mentioned reasons were reluctance to do anything about their HIV status (14.4%), fear that someone would find out about their HIV status (6.7%), and fear that health workers would treat them badly or disclose their HIV status without their consent (1.28%). 0.64% of respondents reported that they were denied HIV treatment (ART) because they were using drugs at that time. Half of the respondents (53.85%) did not indicate specific reasons, but nevertheless associated the reasons for treatment interruption with stigma and discrimination (Figure 15).

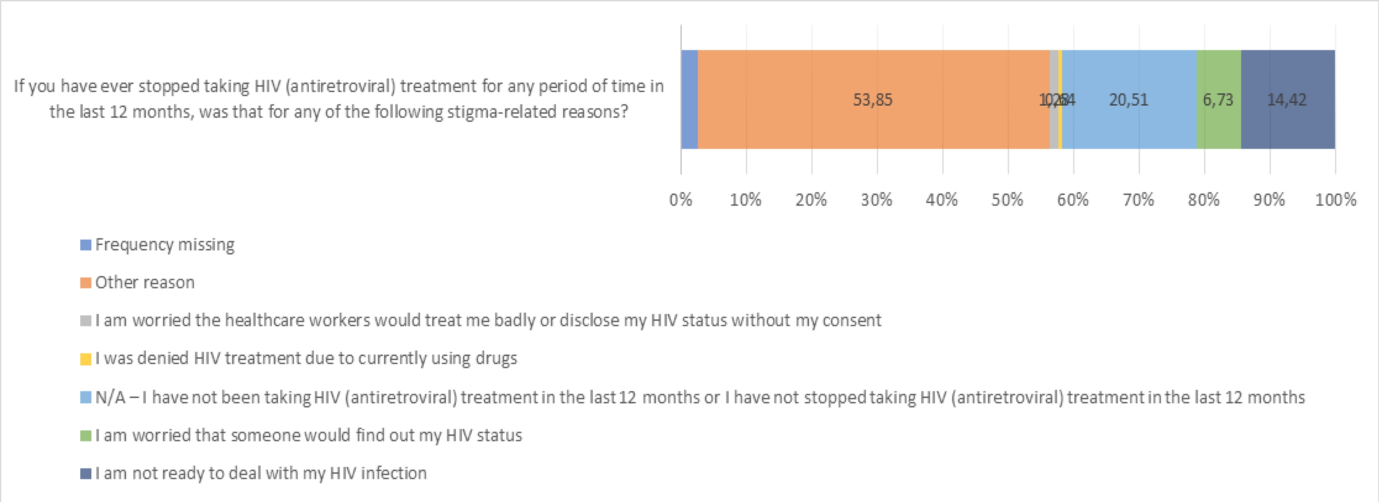

Figure 15. Stigma and discrimination-related reasons for treatment interruption, %
n=313 (n=9 missing values).

Respondents also indicated reasons for postponing, delaying or being prevented from treatment after treatment interruption. The majority of respondents reported that they were not ready to do anything about their HIV status (24.3%). It is interesting that other answers showed relatively identical results. Thus, 9.3% of respondents were worried that their partner, family or friends would find out about their HIV status, 9.9% were worried that other people (not family or friends) would find out about their HIV status, 9.3% of respondents had a feeling of fear that healthcare professionals (doctors, nurses, staff) would treat them badly or disclose their HIV status without their consent, 8.3% of respondents referred to a negative previous experience with a healthcare professional.

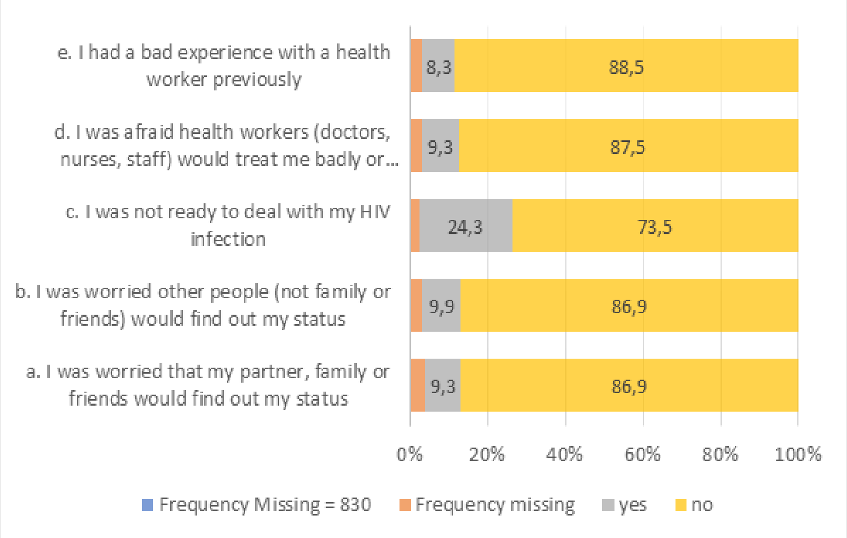

Figure 16. Reasons for delaying the start of treatment after its interruption, %
n=313 (n=10 missing values).

The results of the survey on non-stigma-related reasons for discontinuing ART show that the main non-stigma-related reason is intolerance to drug side effects (21.36%). Further down the response rate respondents indicated that they do not consider treatment necessary (17.34%), 6.53% cannot pick up medicines from clinics or pharmacies; 30.9% of respondents did not indicate any specific reasons.

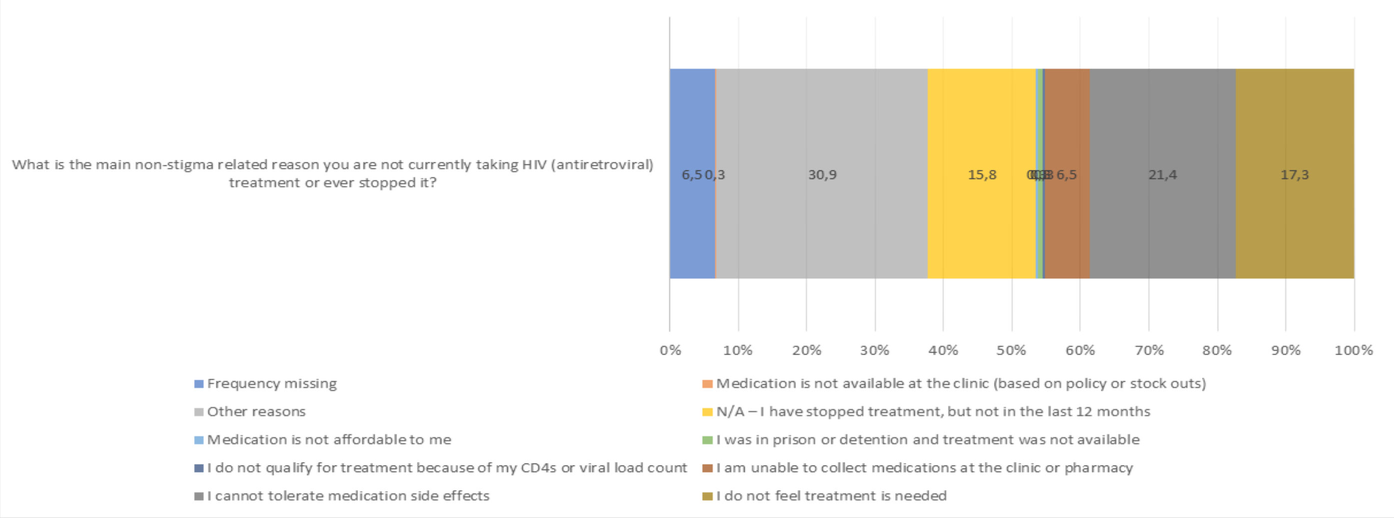

Figure 17. Reasons for treatment interruption not related to stigma and discrimination, %,
n=398 (n=26 missing values).

General health

Slightly more than half of the respondents (52.3%) rate their health as good. Only 6.1% of the respondents described their state of health as poor. 41.5% of respondents rated their health status as average. Respondents also reported other conditions diagnosed in the last 12 months. The syndrome of alcohol or drug addiction (19.7%) and viral hepatitis (19.1%) were the most commonly reported among the respondents. Next were non-communicable diseases (17.3%), mental health disorders (14.4%), opportunistic infections (7.6%). Only 5.4% of respondents reported being diagnosed with tuberculosis. 28.2% of respondents answered that they received appropriate treatment for their conditions in the past 12 months.

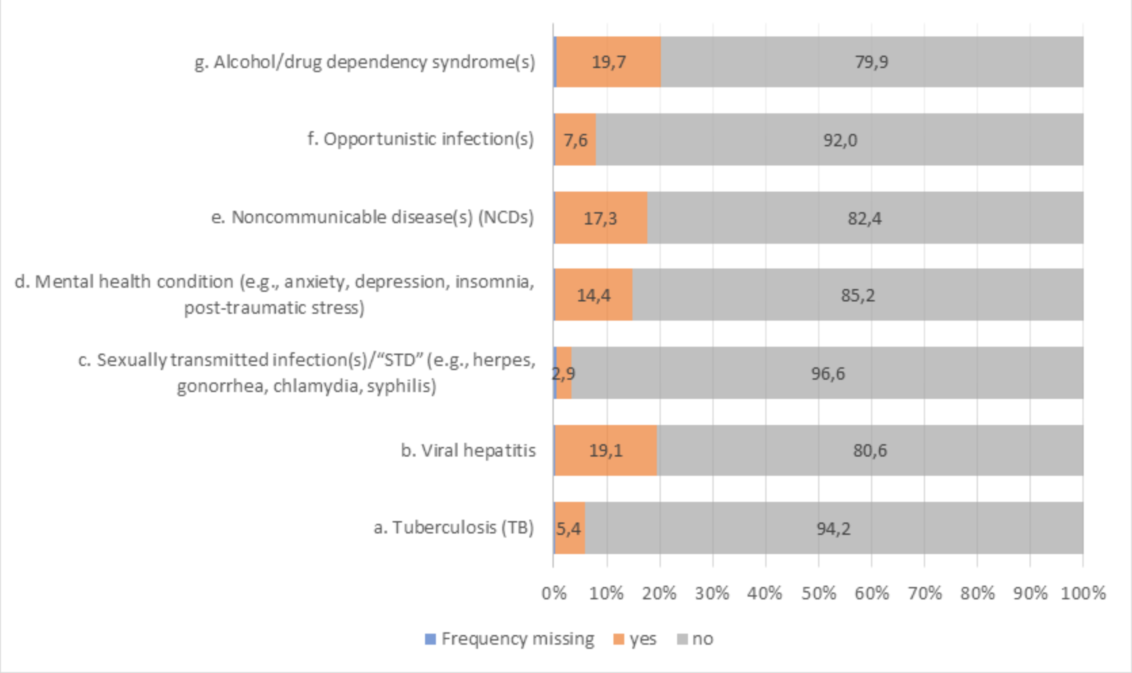

Figure 18. Diagnosed conditions among interviewed PLHIV over the past 12 months, %, n=1143 (n=5 missing values).

Service Delivery experiences

The vast majority of respondents (94.23%) reported that they receive ART in state medical institutions, which are the networks of regional centers for the Prevention and Control of AIDS. Accordingly, 5.07% reported that they currently do not receive HIV care and treatment services. Among those receiving regular HIV care and treatment, 15% of respondents are aware of community-based centers that provide HIV services, while 11.4% receive HIV care services in these centers, 3.7% do not have access to such services. 84.7% of respondents do not know or have not heard of such community centers. The main services in such centers are peer support (support groups), adherence counseling, prevention services and facilities, and social support.

Among those respondents who know about provided HIV-related services in the community-led facility, 73.8% have taken four and more services and 8.5% at least received one service (Figure 18a).

Respondents also reported that in the last 12 months they have experienced stigma and discrimination from staff at health facilities where they receive health and HIV services.

The main manifestations of stigma and discrimination were disclosure of their status without consent (5.2%), recommendation not to have sex because of their HIV status (5.0%), being gossiped about (4.8%) and avoidance of physical contact (4.6%) (Figure 19). Among MSM and FSW groups, a higher level of stigma and discrimination was also noted compared to other KP groups. Due to their HIV status, MSM and SW were more often denied health services (8.1% of cases among MSM and 23.3% among SWs), they were advised not to have sex (12.2% of cases among MSM and 26.7% among SWs), they were spoken or gossiped badly about (12.2% of cases among MSM and 30% among SWs), verbally hurt (shouted, cursed, called names, or subjected to some other kind of verbal abuse) (9.5% of cases among MSM and 13.3% among SWs), subjected to physical violence (pushed, beaten, hit or otherwise - physically abused in any other way) \ (16.7% of cases among SWs), avoided physical contact or used extra precautions (26.7% of cases among SWs), and people aware of their HIV status disclosed without their consent (13.5% of cases among MSM and 26.7% among SWs) (Annex table 27).

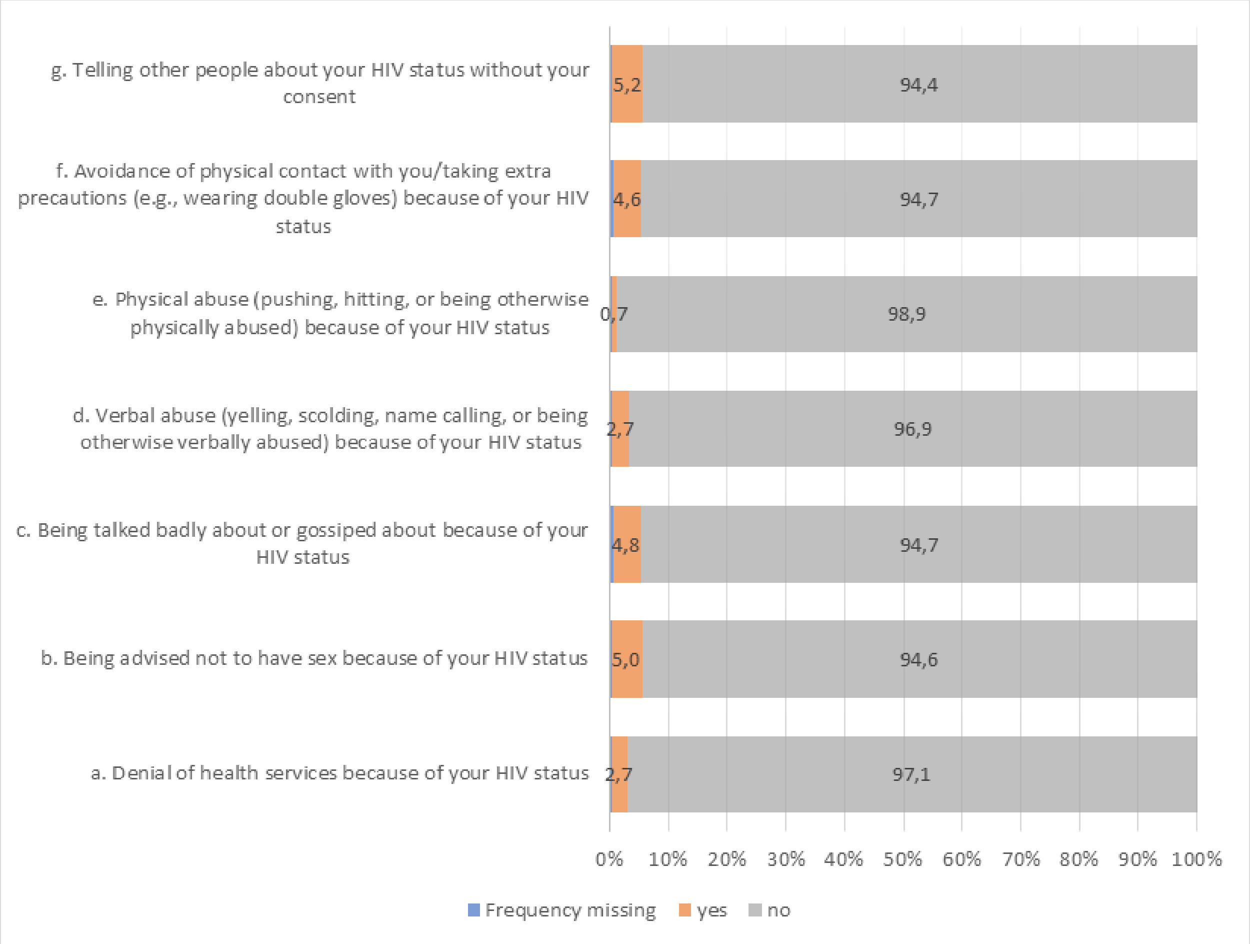

Figure 19. Manifestations of stigma and discrimination from the personnel of medical institutions providing HIV treatment (for the last 12 months), %, n=1085 (n=5 missing values).

43% of respondents reported that in the last 12 months they sought medical care for reasons not related to HIV (for example, influenza, dental services, vaccinations, injuries, and others). Among those who sought those services (not related to HIV), the level of stigma and discrimination in accessing health services for reasons other than HIV is greater than the level of stigma and discrimination in facilities providing HIV services. The main manifestations of stigma and discrimination in those places were: gossip (12.0%), avoidance of physical contact (11.2%), disclosure of status without consent (9.6%). There were also cases when respondents were verbally hurt (7.3%), denied medical services (6.5%) and were advised not to have sex = (4.9%), and finally they were refused dental services, due to their HIV status (3.7%).

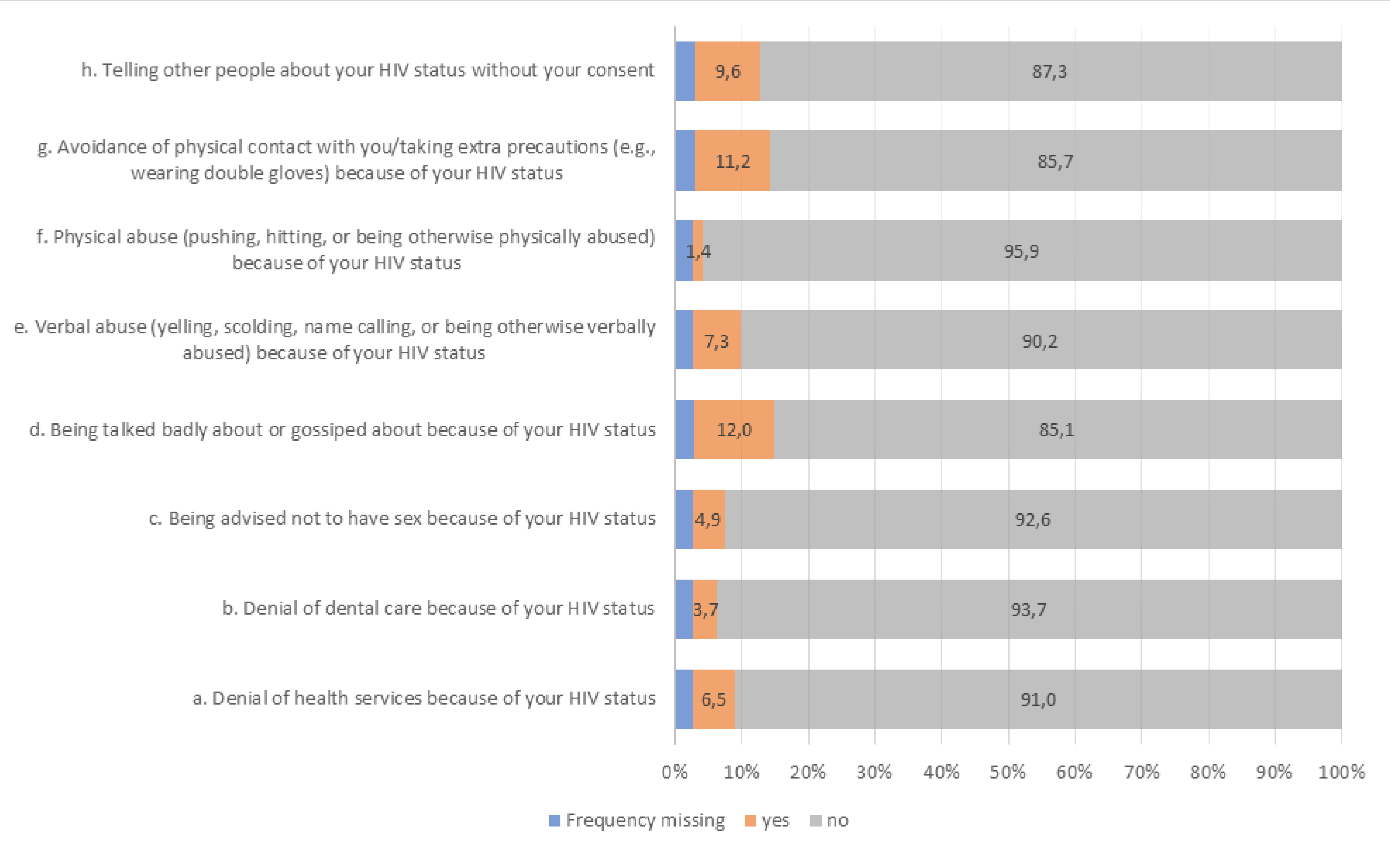

Figure 20. Manifestations of stigma and discrimination on the part of the staff of medical institutions that do not provide HIV services (for the last 12 months), %, n=1085 (n=13 missing values)

Also, there is a high level of stigma and discrimination against women living with HIV by the staff of medical institutions that do not provide HIV services. The level of stigma towards women exceeds the level of stigma towards men by almost 2 times on all questions posed (Table 10). SW group also experienced a high level of stigma and discrimination in medical institutions that do not provide HIV services. FSW were denied medical services because of their HIV status (23.1%), denied dental services (26.9%), were advised not to have sex (26.9%), were spoken badly or gossiped about (46.2%), verbally hurt (yelled, cursed, called names, or were subjected to some other form of verbal abuse) (23.1%), subjected to physical violence (pushed, hit, hit or otherwise physically abused) 23.1%), staff avoided physical contact/used extra precautions (such as putting on a second pair of gloves), because of their HIV status (38.5%), staff disclosed their HIV status without consent (30 ,8%) (Annex table 29).

Table 10. Manifestations of stigma and discrimination by the staff of medical institutions that do not provide HIV services by gender, %, n=1085 (n=13 missing values).

Manifestations of stigma and discrimination on the part of the staff of health facilities that do not provide HIV services by gender	Woman, %	Man,%
You have been denied health care services because of your HIV status	10,1	3,5
You have been denied dental services because of your HIV status	5,7	2,1
You have been advised not to have sex because of your HIV status	6,6	3,5
You have been talked about badly or gossiped about because of your HIV status	16,7	8,1
Have you been verbally harassed (shouted, cursed, called names, or otherwise verbally abused) because of your HIV status	9,7	5,3
You have been physically abused (shoved, hit, hit or otherwise physically abused) because of your HIV status	2,2	0,7
Avoided physical contact with you/Used extra precautions (such as putting on a second pair of gloves) because of your HIV status	15,9	7,4
Disclosed your HIV status without your consent	12,8	7,1

41.4% of interviewed PLHIV stated that they usually disclose their HIV status when they receive general non-HIV medical services outside of the clinic where they receive ART. Only 16.2 % of MSM disclose their status when they seek non-HIV related health services (Annex table 30). 62.1% of respondents are sure that information about their HIV status is kept confidential (within medical settings) and will not be distributed without written informed consent, 29.7% are not sure about this, 7.9% of respondents believe that their medical records are not kept confidential.

Sexual and reproductive health

As part of the study, PLHIV also answered questions regarding manifestations of stigma and discrimination in relation to sexual and reproductive health services. Unfortunately, despite interventions implemented by both the state and civil society, manifestations of stigma and discrimination in this area persist. Thus, 69 respondents reported that during the last 12 months, health professionals advised them not to have children (6.0%), 33 respondents said that in order to receive ART it is necessary to use (certain method of) contraception (2.9%), 25 respondents were encouraged to undergo sterilization (2.2%), 9 respondents were sterilized without their knowledge or consent (0.8%), 9 respondents were denied contraception/family planning services (0.8%).

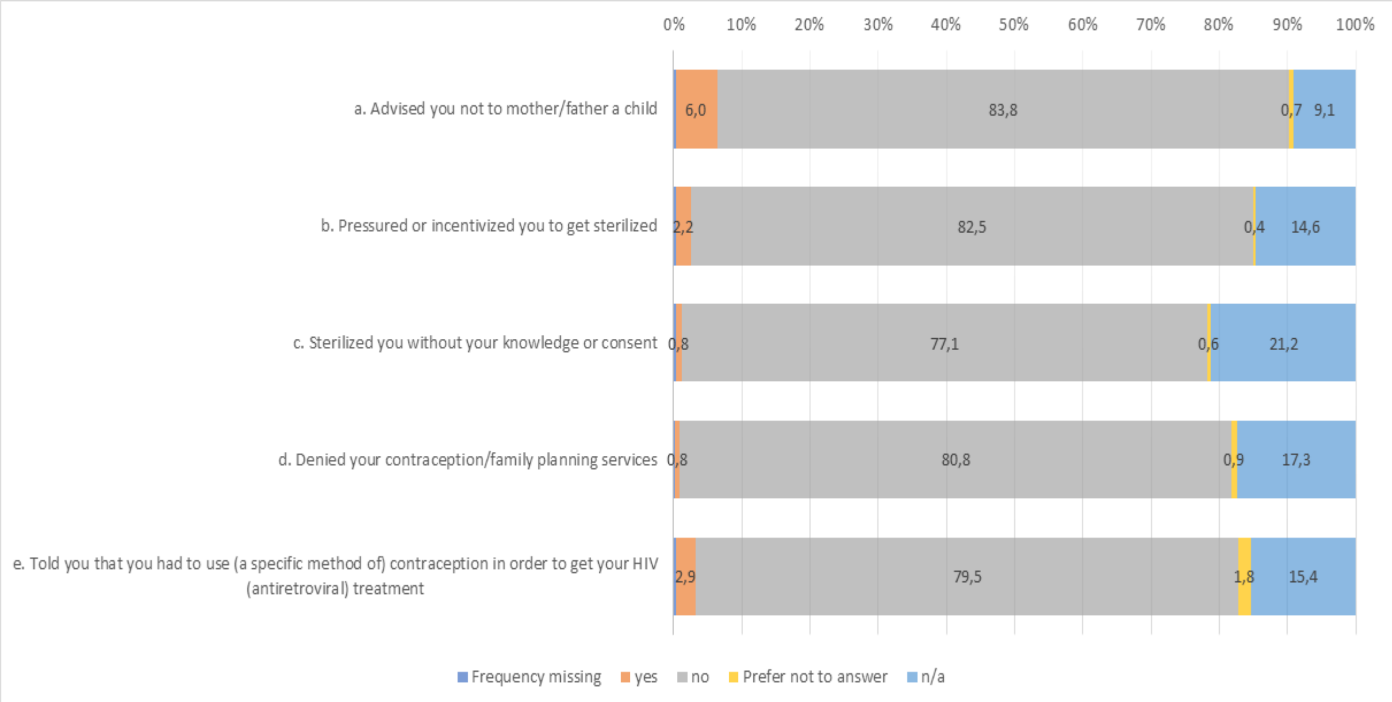

Figure 21. Distribution of answers to the question: "Over the past 12 months, did any of the health professionals do any of the following just because of your HIV status?", %, n=1143 (n=5 missing values).

If we consider the results by gender, then it is clear that the phenomena of stigma and discrimination are most pronounced in relation to women living with HIV, for each of the indicators, the responses among women exceed the responses of men by several times (Table 11).

Table 11. Distribution of answers to the question concerning sexual and reproductive health by sex, %, n=1143 (n=5 missing values).

Distribution of answers to the question concerning sexual and reproductive health by gender, %	Woman		Man	
	%	Number	%	Number
Have you been advised not to have children?	11,4	54	2,2	15
Pressured or urged to undergo sterilization	5,1	24	0,1	1
Have you been sterilized without your knowledge or consent	1,9	9	0,0	0
Denied contraception/family planning services	1,9	9	0,0	0
Have been told that you need to use (certain method of) contraception to receive HIV treatment (ARV therapy)	4,4	21	1,8	12

Further, manifestations of stigma and discrimination in obtaining sexual and reproductive health services among women living with HIV who participated in the study were clarified. The results obtained are a cause for concern. The results of the study show that health professionals recommended termination of pregnancy (14.6%), pressured women to use a particular type of contraception (9.7%), pressured women to choose a particular method of feeding a child (9.1%), pressured women to choose a particular mode of delivery (7.4%), pressured women living with HIV to take antiretroviral therapy during pregnancy (6.8%) (Figure 22).

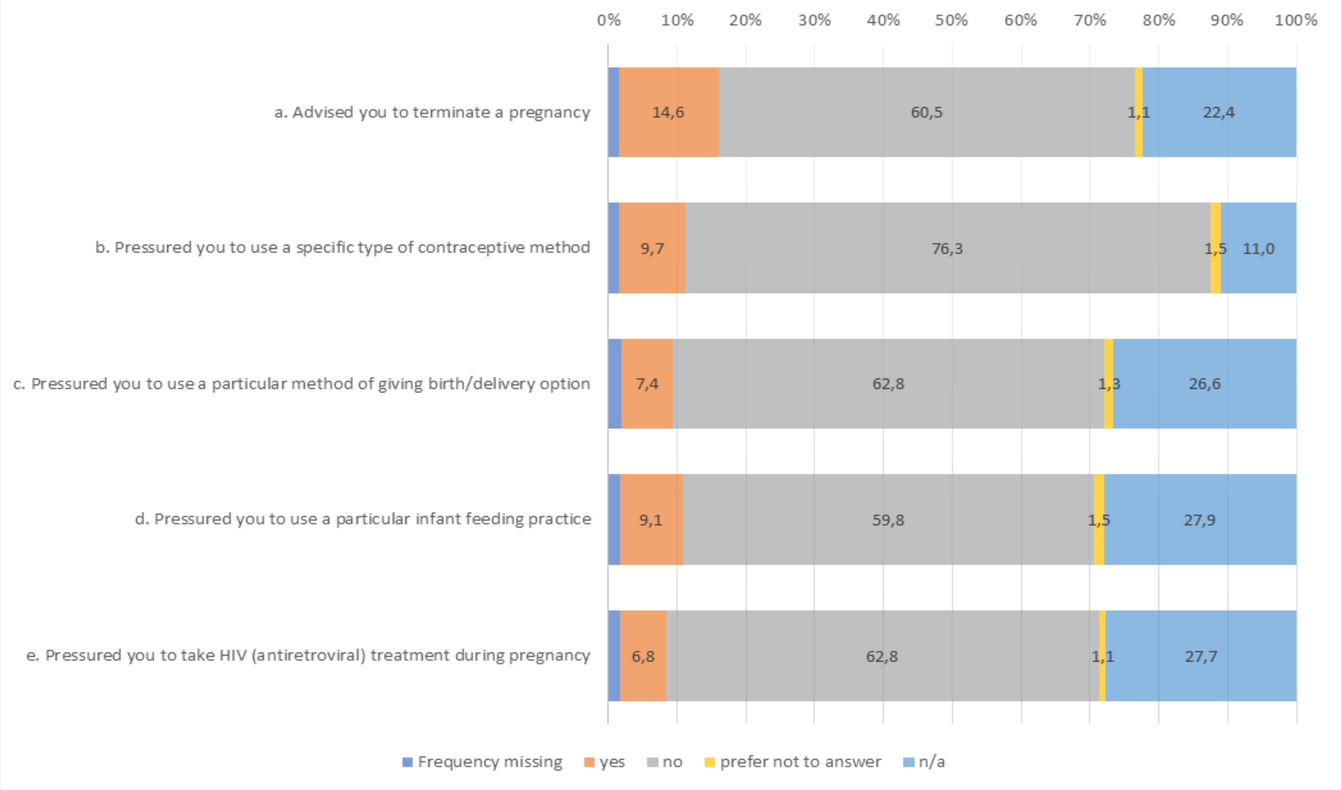

Figure 22. Manifestations of stigma and discrimination while receiving sexual and reproductive health services for women living with HIV, %, n=473.

Specifying the timing of these manifestations, it was found that over the past 12 months, 18 women living with HIV were advised by health professionals to terminate their pregnancies, 16 women were pressured to use a specific type of contraception (3.4%), 11 were pressured to choose a specific method of delivery (2 .3%), 12 were pressured you to choose a particular method of feeding their baby (2.5%), 11 were pressured to take antiretroviral therapy during pregnancy (2.3%) (Table 12).

Table 12. Time frames for manifestations of stigma and discrimination while receiving sexual and reproductive health services for women living with HIV, %, n=473.

Questions	Yes, in the last 12 months		Yes, but not in the last 12 months	
	Number	%	Number	%
You were advised to terminate the pregnancy	18	3,8	51	10,8
Pressured to use a specific type of contraception	16	3,4	30	6,3
Pressured to choose a particular mode of delivery	11	2,3	24	5,1
Have been pressured into choosing a particular method of feeding the child	12	2,5	31	6,6
Pressured to take antiretroviral therapy during pregnancy	11	2,3	21	4,4

3.6. Rights

Article 161 of the Code of the Republic of Kazakhstan "On the health and healthcare system of the population" declares the rights and principles of social and legal protection of people living with HIV. The results of the study showed that only 37.45% of people living with HIV who took part in the study are aware of the existence of any laws that protect people living with HIV from discrimination. More than half of the participants are not aware of the existence of such laws, 8.22% of respondents are sure that there are no such laws in the country.

At the same time, the results of the study show that the rights of people living with HIV are still being violated in various areas of life. PLHIV report that they were forced to disclose their status or take an HIV test in order to receive health care services (9.9%), obtain a visa or apply for residence/citizenship in the country (2.5%), apply for a job or apply to a pension fund (2.3%), receive health insurance (1.7%), attend an educational institution or receive a scholarship (0.4%). In addition, people living with HIV were forced to publicly disclose their HIV status or it was disclosed without their consent (7.17%), were denied a place of residence or a residence permit because of their HIV status (2.2%), were forced to have sex against their will (2.01%), were detained or convicted because of their HIV status (1.1%), their visas were denied because of their HIV status or at the entrance to the country (1.4%) were detained and placed in isolation because of their HIV status (1.0%) (Figure 23).

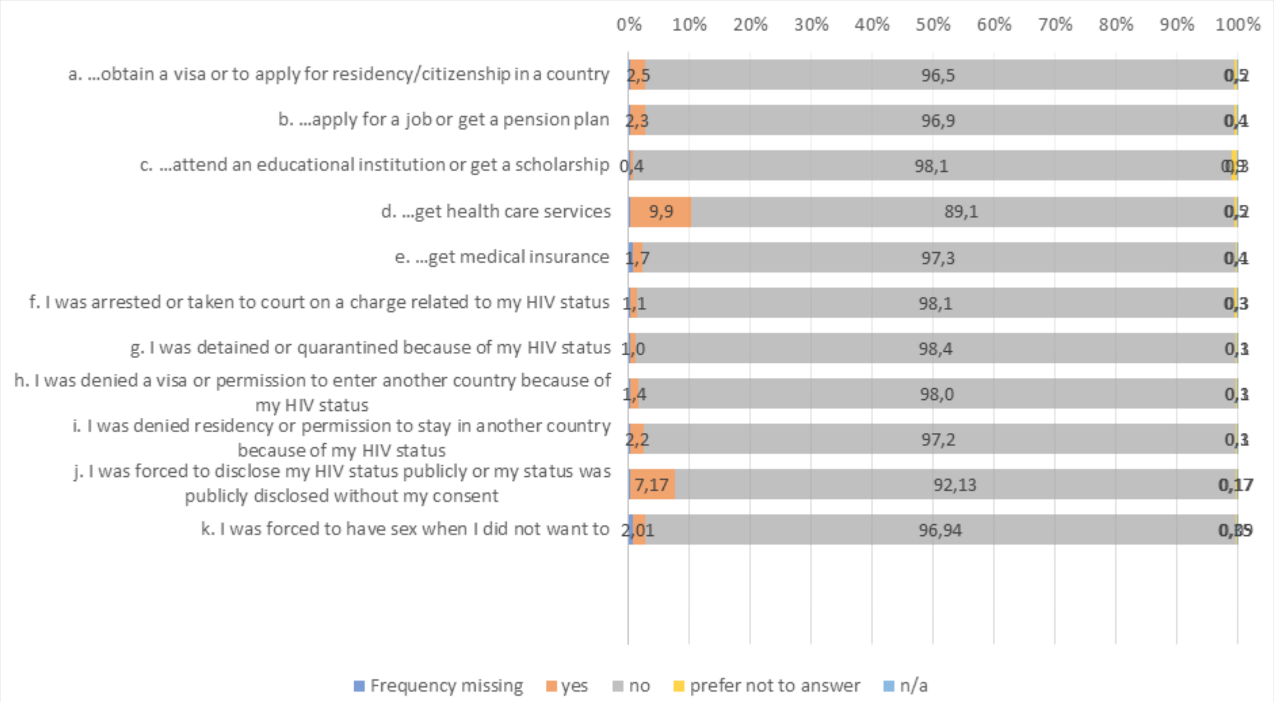

Figure 23. Violations of the rights of people living with HIV, %, n=1143 (n=4 missing values).

Data on violations of the rights of women living with HIV were also clarified. The results of the survey in this area raise concerns as 9 women living with HIV reported being denied shelter for victims of domestic violence (1.89%), and 9 women living with HIV reported that a spouse or partner prevented their access to health services(1.88%). It also turned out that such violations are more common over the past 12 months than before (table 13).

Table 13. Violations of the rights of women living with HIV, n=473.

Answers to question	Yes, in the last 12 months		Yes, but not in the last 12 months		Total	
	Number	%	Number	%	Number	%
I was denied a shelter for victims of domestic violence	6	1,26	3	0,63	9	1,89
My spouse/partner prevented me from getting health services (public health, private sector, community based)	8	1,67	1	0,21	9	1,88

Participants in the study also reported actions taken in relation to their rights violations, although it is worth noting that only 1.93% of people living with HIV made such attempts. Among the measures, respondents reported that they spoke about the violation of rights in public (2.86%), filed a complaint with the relevant authorities (14.29%), contacted a lawyer (2.86%). In most cases, after the measures taken, the problem was solved (34.29%), in 11.43% of cases the problem was being dealt with, and only in 14.29% of cases the problem was not solved.

In cases where the problem was not solved, the respondents indicated the following main reasons: there was no certainty / little confidence that the result would be successful, did not know where to go / what to do, there was not enough evidence of a violation, they were afraid that their actions would lead to other people learning about their HIV status.

Issues of counteracting manifestations of stigma and discrimination and of protection of the rights of PLHIV were also considered in the framework of the study. Large proportion of respondents are involved in contacts at the level of mutual assistance, when assistance was provided to raise awareness of those who showed stigma and discrimination, and provide emotional, financial or other support. As part of the interaction with the external environment, the respondents participated in the work of an organization or in an information campaign that combats stigma and discrimination against people living with HIV, supported the leader of the community in actions aimed at addressing the problem associated with stigma and discrimination against people living with HIV, spoke to the media about the issue of stigmatization and discrimination against people living with HIV. *It should be noted that there is a positive trend in interaction with the media and coverage of issues of stigma and discrimination.*

Table 14. Counteracting stigma and discrimination among interviewed PLHIV, %, n=1143 (n=28 missing values).

Question	Yes, in the last 12 months	Yes, but not in the last 12 months	Yes (total)	No
	Number	%	Number	%
Argued or raised awareness of a person who stigmatized and/or discriminated against me	14,7	11,99	26,69	71,48
Argued or raised awareness of a person who stigmatized and/or discriminated against another person living with HIV	14,35	14,87	29,22	68,5

Question	Yes, in the last 12 months	Yes, but not in the last 12 months	Yes (total)	No
	Number	%	Number	%
Provided emotional, financial or other support to help someone living with HIV cope with stigma and/or discrimination	13,91	14,7	28,61	68,94
Participated in an organization or information campaign that combats stigma and discrimination against people living with HIV	7,17	7,61	14,78	83,38
Supported a community leader in taking action to address stigma and discrimination against people living with HIV	8,14	9,27	17,41	80,49
Supported a government leader or politician in action to address stigma and discrimination against people living with HIV	2,8	4,2	7	91,95
Spoke to the media about the issue of stigma and discrimination against people living with HIV	5,07	2,71	7,78	91,34

3.7. Stigma and discrimination for reasons other than HIV status

Transgender people

11 respondents identified themselves as transgender people, which is 0.96% of the total number of PLWH who participated in the study. 7 transgender people reported that family and other friends are aware of their gender identity, other transgender people and other people in the community. 3 people indicated that they belong to a network or support group for transgender people or people whose gender identity differs from the gender assigned at birth. A rather high level of manifestations of stigma and discrimination was revealed in relation to transgender people, 4 respondents reported harassment, blackmail, fear of seeking medical help and discrimination from their inner circle.

MSM, gays, homosexuals

About 10.8% of the men (74 people) surveyed said that they consider themselves MSM, gays, homosexuals, this also makes up 14.5% of the total number of men who took part in the study (Figure 23a and b).

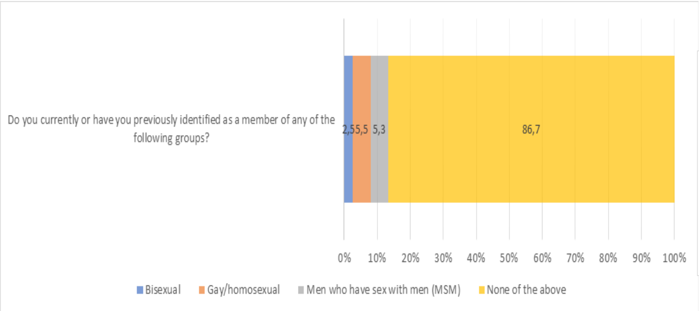

Figure 23 a. Do you currently or have you previously identified as a member of any of the following groups, n=612.

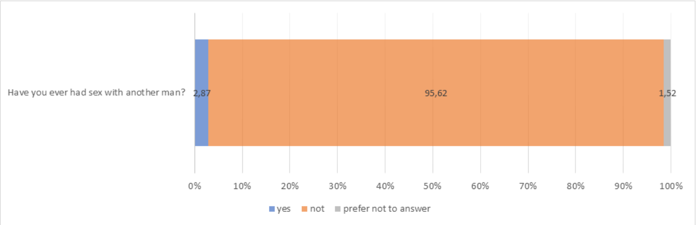

Figure 23 b. Have you ever had sex with another man? n=593.

The most frequent manifestations of stigma and discrimination against MSM is verbal harassment (40.82%). For other indicators of stigma and discrimination, respondents showed a fairly low levels of stigma experienced in other categories (Figure 24).

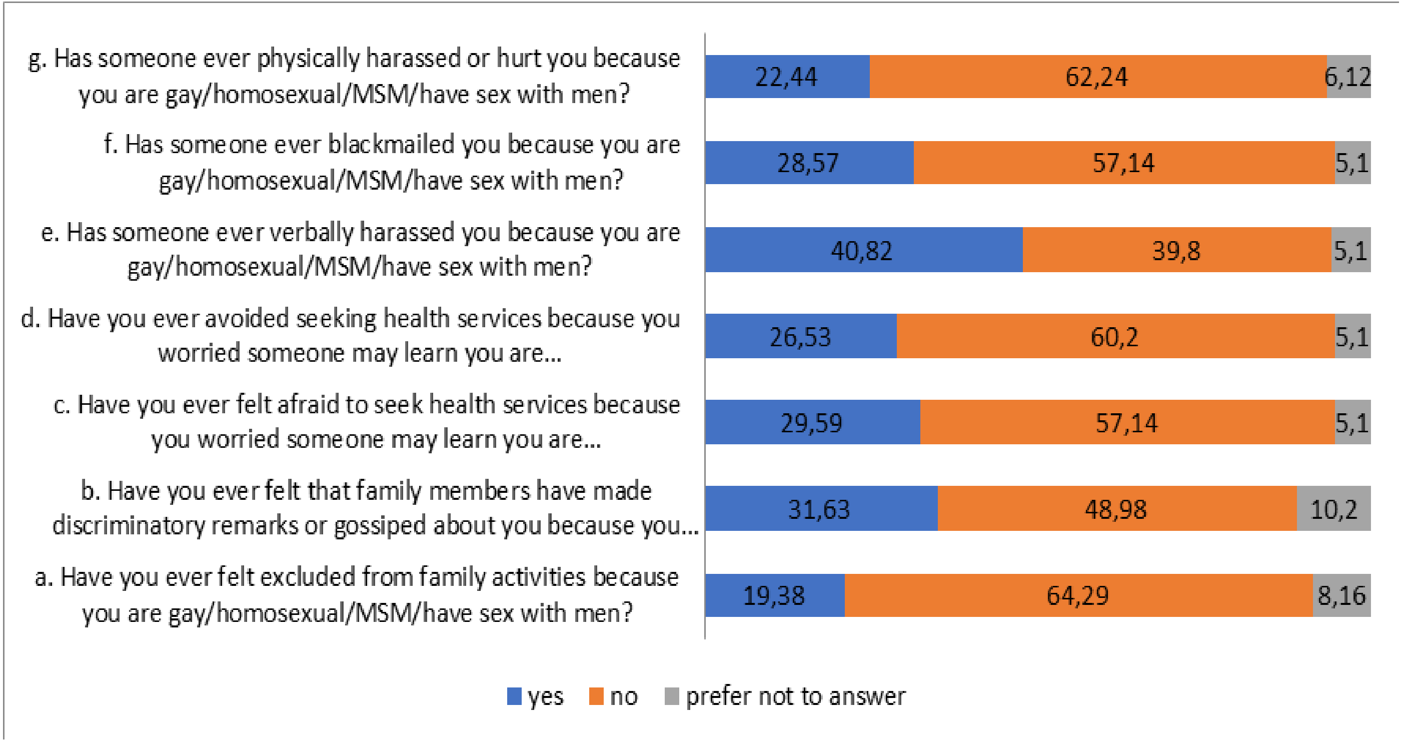

Figure 24. Manifestations of stigma and discrimination against MSM, gays and homosexuals, n=86.

The vast majority (82.65%) of respondents from the MSM group reported that other MSM are aware of their belonging to this group, 57% of other people in the community know about their MSM identity, and 41.8% of family or other friends know about their MSM identity. 42% of MSM surveyed also reported belonging to gay/gay/MSM networks or support groups.

Bisexuals, WSW, lesbians

Only 5 respondents identified themselves as WSW, lesbians and most of the time they have not had experienced stigma and discrimination, except for one verbal case (Figure 25). These respondents prefer not to disclosure their status to family and other social groups. Moreover, they do not belong to WSW community (Figure 26).Twenty-seven people, representing 2.36% of the total number of respondents, identified themselves as bisexual, including 10 women and 17 men.

The majority of bisexual respondents interviewed did not report stigma and discrimination.Only a third of bisexuals said they were afraid to seek medical help, they were verbally harassed, blackmailed, or they were physically affected because of their bisexuality.

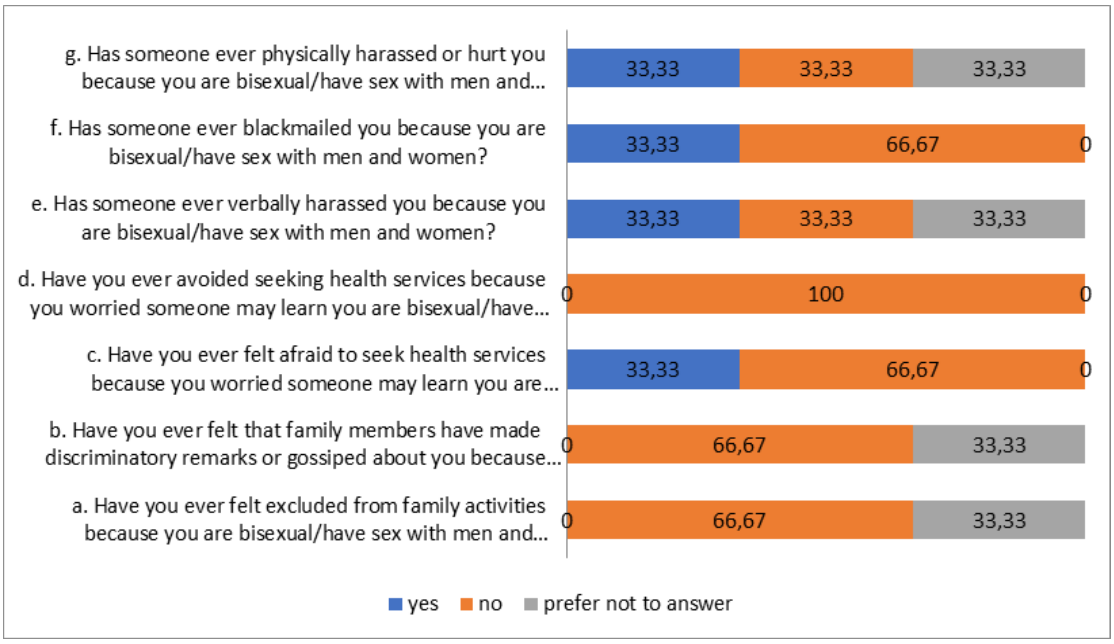

Figure 25. Manifestations of stigma and discrimination against bisexuals, n = 27.

TRANSGENDERS

Five participants reported experiencing different forms of stigma and discrimination for being transgender over the last 12 months and prior to that time. The most frequent cases of stigma and discrimination were physical harassment (3 people), exclusion from family activities (3 people), discriminatory remarks from family members, feeling afraid and avoiding seeking health care, verbal abuse, and blackmail (3 people).

Sex workers

About 8% (90 people) of respondents said they had ever had sex in exchange for money or other benefits. At the same time, a significant number of such respondents do not identify themselves as sex workers. Only 35 respondents identified themselves as sex workers, representing 3% of the total number of respondents. Sex worker respondents cited gossip and discriminatory remarks from family members, verbal harassment, and physical harassment as the most common manifestations of stigma and discrimination against them. One third of the respondents answered that other sex workers are aware of their belonging to the group, to a lesser extent this is expressed among other people in the community and family, friends. About 15% of sex workers reported belonging to sex worker networks or support groups.

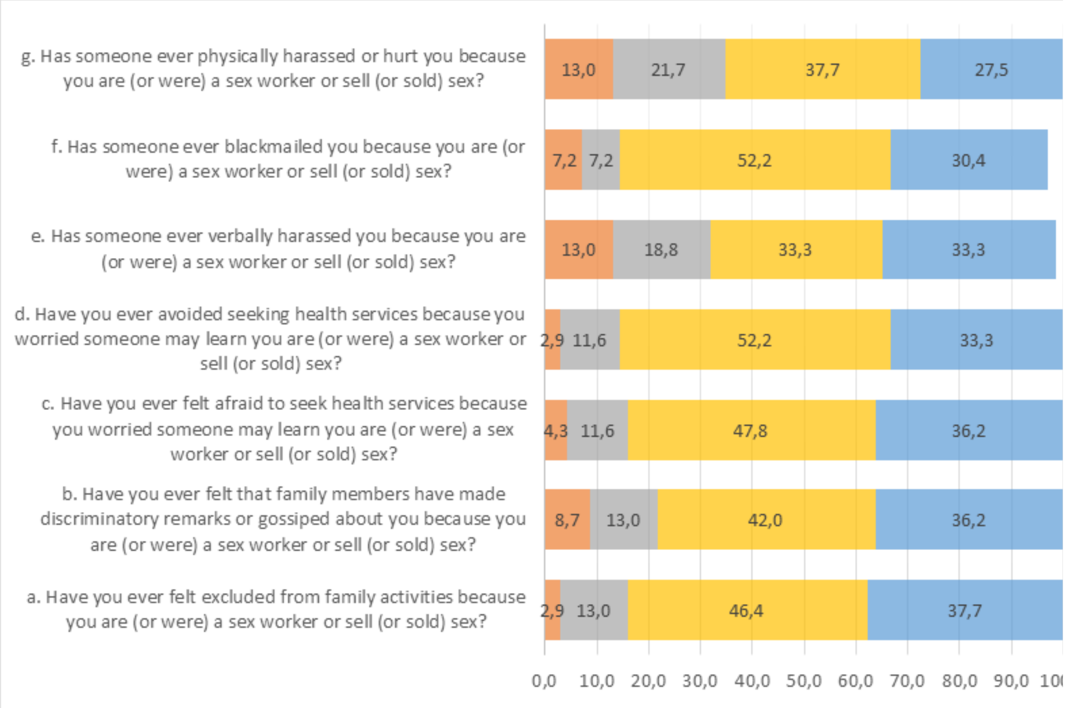

Figure 26. Manifestations of stigma and discrimination against sex workers, n=35.

People who inject drugs

51.7% of respondents stated that they had a history of injection or drug use or regular use of drugs such as heroin, cocaine and methamphetamine. At the same time, some of these respondents do not identify themselves as drug users. Only 43.9% (525 people) of the respondents who took part in the study identified themselves as drug users. The results of the study showed that the manifestations of stigma and discrimination against people who inject drugs are most pronounced in this group compared to other key population groups. PWUD reported feeling excluded from family activities, felt that family members made discriminatory remarks or gossips about them, were afraid to seek health care/services, avoided health care/services, were verbally harassed, all due to belonging to a drug user group. The vast majority of PWUD respondents (85%) stated that members of other social environments are aware of their belonging to this group, family members, friends and other people in the community are also well aware. About a third of PWUD respondents reported belonging to a network or community support group.

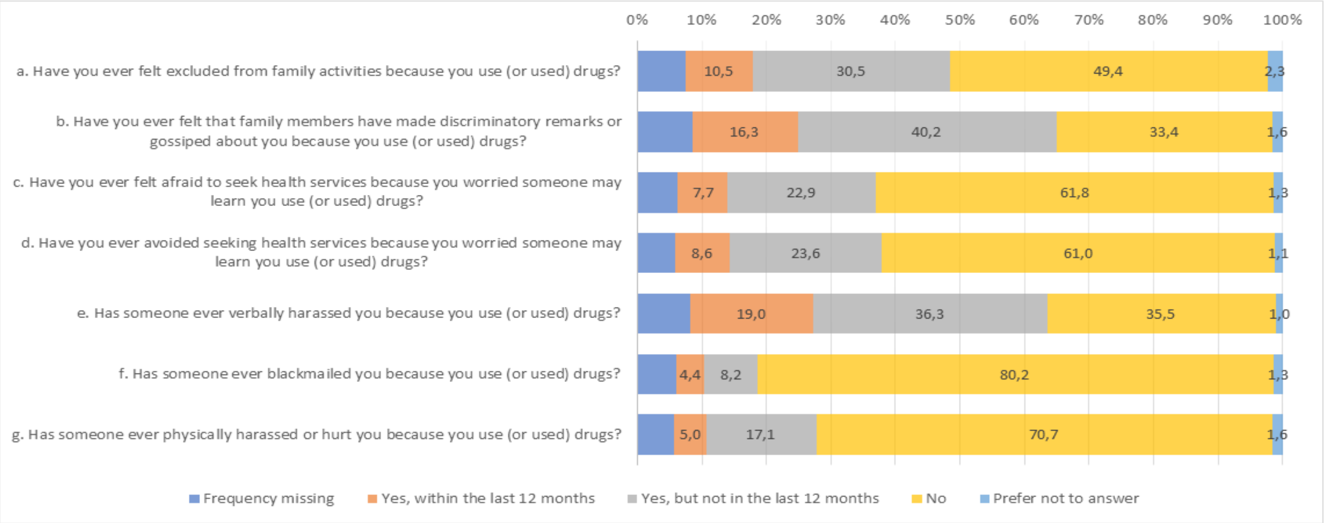

Figure 27. Manifestations of stigma and discrimination against people who use drugs, n=525.

Thus, the results of the study confirm that PLHIV who also belong to a key population group are subjected to the so-called double stigma.

Discussion

Key characteristics of study participants by sex, age and identity as key populations are consistent with the distribution of HIV cases in the country. This may indicate that the sample selected for the study truly reflects all the characteristics of people living with HIV in the country. Participants of the study have a rather low level of education and employment, only 11.72% have higher education and 29.0% reported being unemployed. 60.1% of respondents answered that they faced a situation where they could not meet their needs, while 13.65% have systematic problems and have not been able to meet basic needs in the last 12 months. These facts may indicate a significant economic vulnerability of PLHIV who participated in the study.

65.3% of respondents stated that at least someone in their social circle knew about their HIV diagnosis. These are mainly spouses and partners, other family members and friends. Disclosure of HIV status without consent was noted to a greater extent in relation to the group of «authorities» (police, courts, investigative bodies), other family members and friends. However, it should be noted that, in general, disclosure of HIV status without consent is relatively rare in percentage terms. The majority of respondents (67.7%) noted that disclosure of status has become easier. Respondents also report that revealing their HIV status to their loved ones (eg partner, family, close friends) was a positive experience (79.9%) and that loved ones were supportive when they first learned about their HIV status (80.14%). The experience of disclosing one's status to strangers was a positive experience in only half of the cases, and only 31.5% of respondents noted that strangers were supportive when they first learned about their HIV status. The experience of revealing one's status to one's inner circle, despite some negative indicators, was overall a positive experience for the majority of respondents.

Respondents most often point to cases where other people (not family members) spoke negatively or gossiped about them because of their HIV status, where they faced insults, verbal censure, verbal violence from another person (for example, yelling, swearing) because of their HIV status, situations where family members spoke negatively or gossiped about them because of their HIV status. At the same time, it should benoted that for all the above situations, the answers of respondents are higher both for the last 12 months and earlier.

Manifestations of internalized stigma of PLHIV remain quite common. Almost a quarter of respondents note that HIV status negatively affected their self-confidence, their ability to cope with stress, their ability to find love, and their desire to have children. It should be noted that among men the negative impact of HIV status on the desire to have children is much higher than among women (26.65% among men compared to 17.66% among women). A fairly high level of negative attitudes is observed in relation to changes in the achievement of personal and professional goals and self-esteem. The results of the study showed a very high level of internalized stigma among the respondents, while in almost all the proposed answers, the level of internalized stigma is significantly higher in women than in men. 78% of women and 65% of men report that it is difficult for them to tell a person about their HIV status, 26.69% of women and 18.16% of men feel dirty because of their HIV status, 52.98% of women and 37.34 % of men are ashamed of their HIV status, 40.04% of women and 29.14% of men feel sometimes devalued because of their HIV status, 82.96% of women and 73.35% of men hide their HIV status from other people. Inability to cope with negative emotions and manifestations of internal stigma can lead PLHIV to be prone to self-isolation, to distance themselves from others, and to experience their problems alone. Addressing the issue of self-stigma and self-discrimination should be key to the operation of both public health services and community outreach programs.

For the majority of respondents, testing for HIV was their own decision. At the same time, 72.35% of respondents decided to take the test consciously and voluntarily, and 4.37% did it under pressure from other people, although they themselves decided to take the test. 20.3% of respondents reported that they were tested without their knowledge and found out about it after taking the test. We also note that in the group of SWs and PWUD there is a relatively high percentage of respondents who had the HIV test done without the knowledge and consent of the respondent (20.0% and 25%). Respondents who were tested for HIV voluntarily noted that the main reason for taking an HIV test was the advice of a health worker – 37.17%. The next most common answer was the suspicion of the risk of contracting HIV infection (27.14%). The majority of respondents (62.07%) were tested for HIV within 6 months. A fifth of all respondents (20.5%) said they were afraid of other people's reactions (friends, family members, employers or acquaintances) to possible positive HIV test results, which caused them to postpone testing.

The vast majority of study participants were taking antiretroviral therapy (92.3%). Among those not taking ART, the majority of those surveyed cited unwillingness to cope with their HIV infection as the reason for delaying the start of treatment (26.8%). The next reason respondents indicated was a concern that other people (not family or friends) would find out about their HIV status (20.8%). Regarding the start of treatment, the vast majority of respondents decided to start it immediately after the diagnosis (67.5%). The decision to wait and start treatment later was made by 26.78% of the respondents. Only 17% of respondents started treatment on the same day they were diagnosed. 22% of respondents started treatment within a month of the diagnosis. Almost a quarter of the respondents began taking treatment after 2 years from the diagnosis. The low percentage of same-day treatment initiators can be explained by the fact that the "test and treat" approach began to be implemented in the country only in 2018. Over the past 12 months, 17.51% of respondents who participated in the study missed a dose of ARV drugs due to the fear that someone would learn about their HIV status. Among the key population groups, the SS group stands out where 44.8% missed a dose of ARV drugs out of fear.

Respondents who had frequently interrupted their ARV treatment cited stigma-related factors as reasons for stopping ART. In particular, the most frequently mentioned reasons were: unwillingness to do anything about their HIV status (14.4%) and fear that someone would find out about their HIV status (6.7%). Half of the respondents (53.85%) did not indicate specific reasons, but nevertheless associated the reasons for interruption with stigma and discrimination. The results of the survey on non-stigma-related reasons for discontinuing ART show that the main non-stigma-related reason is intolerance to drug side effects (21.36%).Further down the response rate, respondents indicated that they do not consider treatment necessary (17.34%), 6.53% cannot pick up medicines from clinics or pharmacies. 30.9% of respondents did not indicate any specific reasons. The results of the study show that it is necessary to take into account the factor of stigma and discrimination when planning testing programs both among the general population and among key population groups. In addition, the results of the study indicate that stigma and discrimination can also influence the decision to start treatment and adherence to treatment, which also needs to be taken into account in the planning of treatment programs. It can be added with certainty that the phenomena of stigma and discrimination affect the achievement of the 95-95-95 goals in the country.

Respondents also reported that in the last 12 months they have experienced stigma and discrimination from staff at health facilities where they receive health and HIV services. The main manifestations of stigma and discrimination were disclosure of their HIV status without consent (5.2%), recommendation not to have sex because of their HIV status (5.0%), being gossiped about (4.8%) and avoidance of physical contact by medical staff (4.6%). The level of stigma and discrimination in accessing health services for reasons other than HIV is greater than the level of stigma and discrimination in facilities providing HIV services. The main manifestations of stigma and discrimination were gossip (12.0%), avoidance of physical contact (11.2%), disclosure of status without consent (9.6%). There were also cases when respondents were verbally hurt because of their HIV status (7.3%), they were denied medical services because of their HIV status (6.5%), they were advised not to have sex because of their HIV status (4.9%), and they were refused dental services due to their HIV status (3.7%). Also, there is a high level of stigma and discrimination against women living with HIV from the staff of medical institutions that do not provide HIV services. This level of stigma is twice higher when compared to stigma experienced by men. SW groups also experience a high level of stigma and discrimination in medical institutions that do not provide HIV services.

Unfortunately, despite the interventions implemented by both the state and civil society, manifestations of stigma and discrimination persist. For example, respondents reported that in the past 12 months, health professionals advised them not to have children (6.0%), said that in order to receive ART it is necessary for them to use (a certain method of) contraception (2.9%), encouraged them to undergo sterilization (2.2%), some were sterilized without their knowledge or consent (0.8%), some were denied contraception/family planning services (0.8%).

If we consider the results in terms of gender, then the phenomena of stigma and discrimination are most pronounced in relation to women living with HIV, for each of the indicators, the responses among women exceed the responses of men by several times. Further, manifestations of stigma and discrimination in obtaining sexual and reproductive health services among women living with HIV who participated in the study were clarified. The results obtained are a cause for concern. The results of the study show that health professionals recommended them termination of pregnancy (14.6%), pressured them to use a particular type of contraception (9.7%), pressured them to choose a particular method of feeding a child (9.1%), pressured them to choose a particular mode of delivery (7.4%), pressured women living with HIV to take antiretroviral therapy during pregnancy (6.8%). The results of the study showed that there is still a high level of stigma and discrimination in the healthcare sector, especially within primary health care organizations and medical organizations providing sexual and reproductive health services. Civil Society in Kazakhstan alleges institutionalized discrimination against women who use drugs, women living with HIV, sex workers and women in prisons, such as the criminalization of marginalized groups of women, the violence and brutality they face in state institutions - law enforcement agencies and medical facilities, violation of parental and reproductive rights, disclosure of status, access of women who use drugs to opioid substitution therapy.

Article 161 of the Code of the Republic of Kazakhstan “On the health and healthcare system of the population" declares the rights and principles of social and legal protection of people living with HIV. The results of the study showed that only 37.45% of people living with HIV who took part in the study are aware of the existence of any laws that protect people living with HIV from discrimination. Nevertheless, more than half of the participants (53.1%) are not aware of the existence of such laws, 8.22% of respondents are sure that there are no such laws in the country.

At the same time, the results of the study show that the rights of people living with HIV are still being violated in various areas of life. PLHIV report that they were forced to disclose their status or take an HIV test in order to receive health care services (9.9%), obtain a visa or apply for residence/citizenship in the country (2.5%), apply for a job or apply to a pension fund (2.3%), receive health insurance (1.7%), attend an educational institution or receive a scholarship (0.4%). In addition, people living with HIV were forced to publicly disclose their HIV status or it was disclosed without consent (7.17%), was denied a place of residence or a residence permit because of their HIV status (2.2%), were forced to have sex against their will (2.01%), were detained or convicted because of their HIV status (1.1%), were denied visa or entry into the country because of their HIV status (1.4%), were detained and placed in isolation because of their HIV status (1.0%). The results of the study showed that the level of knowledge about basic rights, as well as the use of this knowledge by PLHIV in practice, is at a rather low level. This should be taken into account when planning training programs for both service providers and PLHIV themselves.

Representatives of all key population groups participated in the study: 11 transgender people, 55 MSM, gays, homosexuals, 35 sex workers, 528 people who use drugs. The results of the study showed that PLHIV belonging to key population groups are subjected to the so-called double stigma. In Kazakhstan evel of double stigma is quite high and its manifestations in the society are also a cause of concern and thus require separate consideration by providing training for both service providers and PLHIV themselves.

Study Limitations Impact of the COVID-19 pandemic and related restrictive measures

The field stage of the study was conducted during the continuing of the COVID-19 pandemic in the spring of 2021. Although at this time the government's restrictive measures were not as strict as in 2020 at the time of the start of the pandemic, the general population and PLHIV, in particular, was under pressure from restrictive measures such as maintaining social distancing, wearing masks, and banning or restricting public gatherings. Perhaps, the respondents could feel more the perceptions of stigma and discrimination given these restrictive measures. Although it should be noted that the government and the healthcare system in general, and the state AIDS service and CSOs in particular, have taken all measures to mitigate the impact of restrictive measures on the quality of life and health of PLHIV. It has been taken measures to ensure continuity of care for PLHIV throughout the pandemic (for example, the constant availability of medical facilities, multi-month dispensing of ARV drugs, and care in the community), as well as the provision of targeted social assistance.

Representation of regions

Kazakhstan is the 9th country in the world in terms of the area while having a low population density. It is also worth noting that the spread of HIV is also uneven. Due to financial and time constraints, some of the regions of Kazakhstan were not included in the study, i.e. the sample size of PLHIV does not represent all regions of the country. At the same time, the study team included in the sample size the regions with a different epidemiological situation for HIV. The sample size included the respondents from both high and low prevalence regions; both from large cities and from rural areas.

Representation of key populations

This is the first study where targeted PLHIV were recruited from each key population and included in the sample size to ensure the representation of key populations in the study. The study team discussed targets, regions, and approaches to recruiting respondents to the study with all communities of key populations. However, as a result of the study, it was not possible to recruit respondents from the group of sex workers and transgender people. It can be assumed that the shortage in these groups is associated primarily with a high level of stigma, discrimination and self-stigma. Therefore, despite the assistance of communities in recruiting respondents, it was not possible to recruit the planned number of respondents for TG. As we stated previously, since there has not been conducted any bio-behavioral study for TG in Kazakhstan, our target for TG participants was overestimated. In addition, there are limited number of TG who were eligible for the study criteria in the country. When planning future studies of the Stigma Index, approaches to recruiting respondents from groups of FSW and TG should be studied in more detail. It is also necessary to conduct separate qualitative studies on stigma and discrimination separately in each of these groups.

Recommendations based on the results of the study:

CAA PLHIV held a number of consulting meetings with the communities of key populations to develop recommendations for the report. After presenting the results of the study, the recommendations for the report were proposed and agreed upon with the communities of key groups.

To bring the legislation of the Republic of Kazakhstan in accordance with international standards ratified by the Republic of Kazakhstan:

1. Repeal the provisions of the criminal law that criminalize the transmission of HIV.
2. Take measures to change and/or repeal legal provisions that discriminate against KPs and PLHIV.
3. Repeal the provisions of national legislation criminalizing the use or possession of narcotic drugs for the purpose of personal use.
4. Regularly review (annually) the current legislation that defines the state's policy in the field of HIV infection for compliance with international obligations adopted by the country.

To improve the quality of service delivery in healthcare institutions:

5. Introduce/update the curricula at the undergraduate and postgraduate levels for nurses and doctors with aspects on stigma and discrimination, gender, before and after test counseling, status disclosure, working with key populations.
6. Develop and approve at the level of the Ministry of Health of the Republic of Kazakhstan the definition of a case of stigma and discrimination against KPs and PLHIV and mechanisms for responding to these cases.
7. Use regular community monitoring as a tool to assess the quality of services provided to KPs and PLHIV in the healthcare system. Publish periodic reports on a regular basis describing documented cases of violations of the rights of PLHIV and KPs with wide coverage of these reports in social networks and the media.
8. Create a working group on stigma and discrimination under the Country Coordinating Committee from among the members of the CCM, representatives of communities, NGOs, the Ministry of Health of the Republic of Kazakhstan. At least once a year, the Working Group should submit reports to the CCM on the situation of stigma and discrimination against KPs and PLHIV.

For access to crisis centers:

9. Expand the staff of crisis centers with specially trained employees who will supervise women from key populations, including PLHIV through counseling, social support, conducting classes among other employees on HIV, STIs, viral hepatitis, stigma and discrimination, tolerant attitude

towards KP KGN.

10. Annually allocate a state social order for non-governmental organizations for social support of HIV-positive women in difficult life situations.

On access to sexual and reproductive health services:

11. Provide training for medical personnel to provide quality sexual and reproductive health services for PLHIV and key populations.
12. Involve non-governmental organizations in the development and implementation of low-threshold sexual and reproductive health programs for women living with HIV and women from key populations.

To combat internalized stigma:

13. Expand the coverage of the population with information about scientific achievements in the field of HIV infection, living with HIV, «U=U».
14. Implement a psychological support service for PLHIV and close associates.
15. Expand opportunities to provide services for PLHIV and key populations through non-governmental organizations using the mechanism of state social order, including the use of the "peer counseling" approach, work with the close circle of PLHIV and their sexual partners, with a special focus on women living with HIV and KPs.
16. Implement a program to assess the quality of service delivery before and after test counseling.

On Ensuring Human Rights and Empowering KPs:

17. Ensure access to legal advice and assistance for KPs and PLHIV, implement programs to provide legal assistance through paralegals.
18. Carrying out regular "Know your rights" campaigns, implementing programs to improve legal literacy for KPs and PLHIV, including through the use of social networks and the media.
19. Introduce/update curricula at undergraduate and postgraduate levels for law enforcement, judiciary and penitentiary system policy issues related to HIV, gender-based violence and key populations.
20. Conduct a separate qualitative study is planned to better understand gender differences in the manifestation of stigma and discrimination.

Conclusion

The first Stigma Index study was conducted in Kazakhstan in 2015. After a long pause of 6 years, the CAA of PLHIV conducted a study of the Stigma Index 2.0. For the first time in a country setting, a large number of people living with HIV were involved in a study of this kind. For the first time, key populations were in focus of the study. The results of the study show that the level of stigma and discrimination towards people living with HIV remains quite high. In each of the areas chosen for the study, it is clear that people living with HIV in the country face various manifestations of stigma and discrimination. Of particular note are internalized stigma, stigma and discrimination in health care settings, especially in the general medical network, as well as manifestations of stigma and discrimination in relation to sexual and reproductive health services.

The results of this study should be considered as a baseline of stigma and discrimination for comparison in future studies, including comparisons of stigma and discrimination in different PLHIV groups. Based on the results of this study and its recommendations, the CAA of PLHIV plans to develop an advocacy plan and, accordingly, implement it. Follow-up studies can show the effectiveness of these interventions.

Table 1. *Percentage of PLHIV who faced disclosure of their HIV status to the surrounding social environment, %.*

Disclosure of HIV status to the surrounding social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Your husband/wife/partner/s												
Yes	709	62,0	291	61,5	418	62,4	45	60,8	21	60,0	346	65,9
If "Yes", check if your status was communicated to him/her/them without your consent?	12	1,0	4	0,8	8	1,2	0	0,0	0	0,0	4	0,8
N/A (this group has nothing to do with me)	194	17,0	71	15,0	123	18,4	9	12,2	4	11,4	90	17,1
Not	218	19,1	104	22,0	114	17,0	19	25,7	9	25,7	81	15,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. Your children												
Yes	204	17,8	130	27,5	74	11,0	1	1,4	8	22,9	97	18,5
If "Yes", check if your status was communicated to him/her/them without your consent?	11	1,0	6	1,3	5	0,7	1	1,4	0	0,0	3	0,6
N/A (this group has nothing to do with me)	340	29,7	71	15,0	269	40,1	43	58,1	2	5,7	175	33,3
Not	577	50,5	260	55,0	317	47,3	28	37,8	24	68,6	245	46,7
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. Other family members												
Yes	705	61,7	281	59,4	424	63,3	31	41,9	20	57,1	369	70,3
If "Yes", check if your status was communicated to him/her/them without your consent?	41	3,6	14	3,0	27	4,0	3	4,1	0	0,0	21	4,0
N/A (this group has nothing to do with me)	24	2,1	10	2,1	14	2,1	2	2,7	1	2,9	15	2,9
Not	364	31,8	165	34,9	199	29,7	37	50,0	14	40,0	115	21,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. Your friends												
Yes	578	50,6	194	41,0	384	57,3	40	54,1	16	45,7	356	67,8
If "Yes", check if your status was communicated to him/her/them without your consent?	22	1,9	9	1,9	13	1,9	1	1,4	1	2,9	16	3,0
N/A (this group has nothing to do with me)	7	0,6	3	0,6	4	0,6	0	0,0	0	0,0	4	0,8
Not	523	45,8	263	55,6	260	38,8	30	40,5	18	51,4	144	27,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. Your neighbors												
Yes	59	5,2	33	7,0	26	3,9	2	2,7	3	8,6	39	7,4

Disclosure of HIV status to the surrounding social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
If "Yes", check if your status was communicated to him/her/them without your consent?	17	1,5	5	1,1	12	1,8	1	1,4	0	0,0	11	2,1
N/A (this group has nothing to do with me)	17	1,5	5	1,1	12	1,8	4	5,4	0	0,0	6	1,1
Not	1037	90,7	424	89,6	613	91,5	66	89,2	32	91,4	463	88,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
f. Your employer												
Yes	72	6,3	32	6,8	40	6,0	6	8,1	5	14,3	45	8,6
If "Yes", check if your status was communicated to him/her/them without your consent?	12	1,0	4	0,8	8	1,2	3	4,1	1	2,9	5	1,0
If "Yes", check if your status was communicated to him/her/them without your consent?, N/A (this group is not related to me)	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2
N/A (this group has nothing to do with me)	262	22,9	99	20,9	163	24,3	9	12,2	9	25,7	157	29,9
Not	786	68,8	333	70,4	453	67,6	55	74,3	20	57,1	311	59,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
g. Your colleagues												
Yes	103	9,0	39	8,2	64	9,6	10	13,5	4	11,4	73	13,9
If "Yes", check if your status was communicated to him/her/them without your consent?	10	0,9	5	1,1	5	0,7	1	1,4	1	2,9	4	0,8
N/A (this group has nothing to do with me)	256	22,4	100	21,1	156	23,3	10	13,5	9	25,7	146	27,8
Not	763	66,8	325	68,7	438	65,4	52	70,3	21	60,0	296	56,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
h. Your teacher/s/administration of the educational institution												
Yes	16	1,4	8	1,7	8	1,2	1	1,4	1	2,9	8	1,5
If "Yes", check if your status was communicated to him/her/them without your consent?	5	0,4	4	0,8	1	0,1	0	0,0	0	0,0	2	0,4
N/A (this group has nothing to do with me)	792	69,3	301	63,6	491	73,3	40	54,1	21	60,0	395	75,2
Not	320	28,0	158	33,4	162	24,2	31	41,9	13	37,1	115	21,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
i. Your classmates												
Yes	37	3,2	13	2,7	24	3,6	1	1,4	2	5,7	24	4,6

Disclosure of HIV status to the surrounding social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
If "Yes", check if your status was communicated to him/her/them without your consent?	4	0,3	4	0,8	0	0,0	0	0,0	1	2,9	3	0,6
N/A (this group has nothing to do with me)	532	46,5	194	41,0	338	50,4	36	48,6	6	17,1	233	44,4
Not	561	49,1	258	54,5	303	45,2	35	47,3	25	71,4	261	49,7
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
j. Local Leader/s												
Yes	167	14,6	57	12,1	110	16,4	21	28,4	7	20,0	115	21,9
If "Yes", check if your status was communicated to him/her/them without your consent?	5	0,4	4	0,8	1	0,1	1	1,4	0	0,0	1	0,2
N/A (this group has nothing to do with me)	378	33,1	140	29,6	238	35,5	19	25,7	7	20,0	165	31,4
Not	585	51,2	269	56,9	316	47,2	32	43,2	20	57,1	239	45,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
k. Authorities (police, judges, investigating authorities, etc.)												
Yes	193	16,9	60	12,7	133	19,9	4	5,4	11	31,4	161	30,7
If "Yes", check if your status was communicated to him/her/them without your consent?	46	4,0	18	3,8	28	4,2	0	0,0	1	2,9	38	7,2
N/A (this group has nothing to do with me)	198	17,3	92	19,5	106	15,8	17	23,0	1	2,9	47	9,0
Not	696	60,9	300	63,4	396	59,1	52	70,3	22	62,9	273	52,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 2. *Experience of disclosing your HIV status, %.*

Status Disclosure Experience	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Overall, disclosing your HIV status to your loved ones (e.g. partner, family, close friends) has been a positive experience												
BUT	54	4,7	31	6,6	23	3,4	3	4,1	5	14,3	12	2,3
Disagree	171	15,0	72	15,2	99	14,8	17	23,0	3	8,6	73	13,9
Agree/on	547	47,9	233	49,3	314	46,9	22	29,7	19	54,3	276	52,6
Partially agree/on	367	32,1	136	28,8	231	34,5	31	41,9	8	22,9	162	30,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. In general, your loved ones were supportive when you first learned about your HIV status												
BUT	68	5,9	37	7,8	31	4,6	5	6,8	6	17,1	17	3,2

Status Disclosure Experience	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Disagree	157	13,7	70	14,8	87	13,0	22	29,7	10	28,6	75	14,3
Agree/on	686	60,0	279	59,0	407	60,7	33	44,6	15	42,9	324	61,7
Partially agree/on	230	20,1	87	18,4	143	21,3	13	17,6	4	11,4	108	20,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. Overall, revealing your HIV status to strangers has been a positive experience												
BUT	302	26,4	129	27,3	173	25,8	18	24,3	7	20,0	104	19,8
Disagree	418	36,6	182	38,5	236	35,2	34	45,9	13	37,1	163	31,0
Agree/on	148	12,9	71	15,0	77	11,5	13	17,6	10	28,6	91	17,3
Partially agree/on	272	23,8	90	19,0	182	27,2	8	10,8	5	14,3	165	31,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. In general, strangers were supportive when they first learned about your HIV status												
BUT	305	26,7	128	27,1	177	26,4	18	24,3	7	20,0	101	19,2
Disagree	476	41,6	194	41,0	282	42,1	39	52,7	15	42,9	215	41,0
Agree/on	145	12,7	67	14,2	78	11,6	10	13,5	5	14,3	92	17,5
Partially agree/on	215	18,8	84	17,8	131	19,6	6	8,1	8	22,9	116	22,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. In general, disclosing your HIV status to you has become easier over time												
BUT	58	5,1	26	5,5	32	4,8	6	8,1	1	2,9	18	3,4
Disagree	308	26,9	141	29,8	167	24,9	22	29,7	11	31,4	102	19,4
Agree/on	499	43,7	212	44,8	287	42,8	22	29,7	20	57,1	289	55,0
Partially agree/on	276	24,1	94	19,9	182	27,2	23	31,1	3	8,6	115	21,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 3. *Experience of social stigma and discrimination due to HIV status, % .*

Experience of stigmatization and discrimination due to HIV status from the social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Have you ever been excluded from social events or activities (eg weddings, funerals, parties, clubs) because of your HIV status?												
Yes, within the last 12 months	16	1,4	11	2,3	5	0,7	2	2,7	5	14,3	10	1,9
Yes, but earlier than within the last 12 months	36	3,1	16	3,4	20	3,0	3	4,1	2	5,7	25	4,8
BUT	40	3,5	22	4,7	18	2,7	3	4,1	1	2,9	14	2,7
Not	1049	91,8	422	89,2	627	93,6	66	89,2	27	77,1	476	90,7
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. Have you ever been excluded from religious events or places of worship because of your HIV status?												

Experience of stigmatization and discrimination due to HIV status from the social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes, within the last 12 months	6	0,5	6	1,3	0	0,0	0	0,0	2	5,7	4	0,8
Yes, but earlier than within the last 12 months	5	0,4	2	0,4	3	0,4	0	0,0	2	5,7	5	1,0
BUT	212	18,5	86	18,2	126	18,8	10	13,5	3	8,6	105	20,0
Not	917	80,2	377	79,7	540	80,6	63	85,1	28	80,0	411	78,3
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. Have you ever been excluded from family activities because of your HIV status?												
Yes, within the last 12 months	32	2,8	17	3,6	15	2,2	0	0,0	6	17,1	24	4,6
Yes, but earlier than within the last 12 months	53	4,6	23	4,9	30	4,5	5	6,8	2	5,7	26	5,0
BUT	37	3,2	22	4,7	15	2,2	3	4,1	2	5,7	12	2,3
Not	1018	89,1	409	86,5	609	90,9	65	87,8	25	71,4	463	88,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. Are you aware of family members speaking negatively or gossiping about you because of your HIV status?												
Yes, within the last 12 months	59	5,2	30	6,3	29	4,3	6	8,1	8	22,9	33	6,3
Yes, but earlier than within the last 12 months	137	12,0	57	12,1	80	11,9	10	13,5	4	11,4	74	14,1
BUT	45	3,9	29	6,1	16	2,4	2	2,7	6	17,1	17	3,2
Not	896	78,4	354	74,8	542	80,9	55	74,3	17	48,6	398	75,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. Are you aware that other people (not family members) have spoken negatively or gossiped about you because of your HIV status?												
Yes, within the last 12 months	94	8,2	35	7,4	59	8,8	15	20,3	8	22,9	59	11,2
Yes, but earlier than within the last 12 months	175	15,3	78	16,5	97	14,5	11	14,9	7	20,0	100	19,0
BUT	67	5,9	39	8,2	28	4,2	3	4,1	4	11,4	20	3,8
Not	796	69,6	316	66,8	480	71,6	41	55,4	14	40,0	339	64,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
f. Have you been subjected to verbal censure, verbal abuse by another person (eg yelling, swearing) because of your HIV status?												
Yes, within the last 12 months	67	5,9	35	7,4	32	4,8	9	12,2	7	20,0	45	8,6
Yes, but earlier than within the last 12 months	139	12,2	68	14,4	71	10,6	10	13,5	4	11,4	78	14,9

Experience of stigmatization and discrimination due to HIV status from the social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
BUT	36	3,1	19	4,0	17	2,5	2	2,7	2	5,7	13	2,5
Not	895	78,3	347	73,4	548	81,8	53	71,6	21	60,0	386	73,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
g. Have you been blackmailed because of your HIV status?												
Yes, within the last 12 months	19	1,7	13	2,7	6	0,9	5	6,8	2	5,7	10	1,9
Yes, but earlier than within the last 12 months	41	3,6	25	5,3	16	2,4	4	5,4	3	8,6	17	3,2
BUT	29	2,5	17	3,6	12	1,8	1	1,4	2	5,7	10	1,9
Not	1049	91,8	413	87,3	636	94,9	64	86,5	28	80,0	486	92,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
h. Have you been physically abused by another person (eg, poked, pushed, hit) because of your HIV status?												
Yes, within the last 12 months	9	0,8	6	1,3	3	0,4	0	0,0	3	8,6	8	1,5
Yes, but earlier than within the last 12 months	19	1,7	8	1,7	11	1,6	1	1,4	2	5,7	12	2,3
BUT	29	2,5	18	3,8	11	1,6	1	1,4	1	2,9	8	1,5
Not	1084	94,8	439	92,8	645	96,3	72	97,3	29	82,9	497	94,7
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
i. Have you been denied employment or lost your job or income or job because of your HIV status?												
Yes, within the last 12 months	29	2,5	16	3,4	13	1,9	2	2,7	1	2,9	19	3,6
Yes, but earlier than within the last 12 months	54	4,7	24	5,1	30	4,5	4	5,4	4	11,4	33	6,3
BUT	88	7,7	37	7,8	51	7,6	8	10,8	5	14,3	42	8,0
Not	966	84,5	394	83,3	572	85,4	60	81,1	25	71,4	428	81,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
j. Have your job responsibilities, activities changed, or been denied a promotion because of your HIV status?												
Yes, within the last 12 months	14	1,2	11	2,3	3	0,4	1	1,4	1	2,9	5	1,0
Yes, but earlier than within the last 12 months	28	2,4	13	2,7	15	2,2	2	2,7	1	2,9	15	2,9
BUT	113	9,9	48	10,1	65	9,7	6	8,1	5	14,3	55	10,5
Not	984	86,1	399	84,4	585	87,3	65	87,8	28	80,0	448	85,3
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
k. Have your wife/husband/partner/s or children experienced discrimination because of your HIV status?												
Yes, within the last 12 months	21	1,8	12	2,5	9	1,3	2	2,7	3	8,6	13	2,5

Experience of stigmatization and discrimination due to HIV status from the social environment	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes, but earlier than within the last 12 months	50	4,4	19	4,0	31	4,6	3	4,1	4	11,4	27	5,1
BUT	127	11,1	50	10,6	77	11,5	6	8,1	5	14,3	49	9,3
Not	939	82,2	388	82,0	551	82,2	62	83,8	22	62,9	435	82,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 4. *Impact of HIV status on various aspects of the lives of respondents, %.*

Impact of HIV status on various aspects of respondents' lives	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Myself confidence												
HIV status did not affect	738	64,6	280	59,2	458	68,4	37	50,0	14	40,0	344	65,5
HIV status affected negatively	266	23,3	119	25,2	147	21,9	23	31,1	13	37,1	122	23,2
HIV status had a positive effect	124	10,8	64	13,5	60	9,0	11	14,9	8	22,9	54	10,3
BUT	15	1,3	10	2,1	5	0,7	3	4,1	0	0,0	5	1,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. Myself respect												
HIV status did not affect	882	77,2	357	75,5	525	78,4	39	52,7	22	62,9	412	78,5
HIV status affected negatively	144	12,6	63	13,3	81	12,1	18	24,3	9	25,7	63	12,0
HIV status had a positive effect	106	9,3	49	10,4	57	8,5	14	18,9	2	5,7	43	8,2
BUT	8	0,7	3	0,6	5	0,7	3	4,1	1	2,9	4	0,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. My respect for others												
HIV status did not affect	924	80,8	378	79,9	546	81,5	47	63,5	22	62,9	441	84,0
HIV status affected negatively	55	4,8	25	5,3	30	4,5	10	13,5	5	14,3	23	4,4
HIV status had a positive effect	145	12,7	60	12,7	85	12,7	13	17,6	5	14,3	55	10,5
BUT	11	1,0	5	1,1	6	0,9	4	5,4	2	5,7	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. My ability to deal with stress												
HIV status did not affect	727	63,6	268	56,7	459	68,5	39	52,7	10	28,6	358	68,2
HIV status affected negatively	224	19,6	113	23,9	111	16,6	17	23,0	17	48,6	96	18,3

Impact of HIV status on various aspects of respondents' lives	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
HIV status had a positive effect	173	15,1	84	17,8	89	13,3	14	18,9	7	20,0	66	12,6
BUT	17	1,5	8	1,7	9	1,3	4	5,4	1	2,9	4	0,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. My ability to create close and secure relationships with others												
HIV status did not affect	597	52,2	252	53,3	345	51,5	26	35,1	9	25,7	104	19,8
HIV status affected negatively	226	19,8	78	16,5	148	22,1	19	25,7	13	37,1	137	26,1
HIV status had a positive effect	300	26,2	127	26,8	173	25,8	28	37,8	12	34,3	3	0,6
BUT	19	1,7	15	3,2	4	0,6	1	1,4	1	2,9	525	100,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0		0,0
f. My ability to find love												
HIV status did not affect	593	51,9	252	53,3	341	50,9	30	40,5	11	31,4	264	50,3
HIV status affected negatively	296	25,9	109	23,0	187	27,9	27	36,5	18	51,4	146	27,8
HIV status had a positive effect	124	10,8	54	11,4	70	10,4	14	18,9	5	14,3	56	10,7
BUT	128	11,2	57	12,1	71	10,6	3	4,1	1	2,9	58	11,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
g. My desire to have children												
HIV status did not affect	590	51,6	231	48,8	359	53,6	46	62,2	6	17,1	141	26,9
HIV status affected negatively	264	23,1	84	17,8	180	26,9	16	21,6	13	37,1	50	9,5
HIV status had a positive effect	108	9,4	56	11,8	52	7,8	4	5,4	8	22,9	61	11,6
BUT	179	15,7	101	21,4	78	11,6	7	9,5	7	20,0	525	100,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0		0,0
h. Achieving my personal and professional goals												
HIV status did not affect	837	73,2	340	71,9	497	74,2	54	73,0	14	40,0	380	72,4
HIV status affected negatively	151	13,2	63	13,3	88	13,1	9	12,2	11	31,4	74	14,1
HIV status had a positive effect	110	9,6	49	10,4	61	9,1	10	13,5	6	17,1	47	9,0
BUT	43	3,8	19	4,0	24	3,6	1	1,4	2	5,7	23	4,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
i. My ability to participate in my community												
HIV status did not affect	716	62,6	303	64,1	413	61,6	43	58,1	14	40,0	324	61,7
HIV status affected negatively	56	4,9	25	5,3	31	4,6	6	8,1	6	17,1	32	6,1
HIV status had a positive effect	142	12,4	62	13,1	80	11,9	20	27,0	10	28,6	76	14,5
BUT	228	19,9	83	17,5	145	21,6	5	6,8	5	14,3	92	17,5

Impact of HIV status on various aspects of respondents' lives	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
j. My ability to participate in my community												
HIV status did not affect	690	60,4	309	65,3	381	56,9	42	56,8	17	48,6	303	57,7
HIV status affected negatively	30	2,6	16	3,4	14	2,1	3	4,1	4	11,4	11	2,1
HIV status had a positive effect	59	5,2	30	6,3	29	4,3	4	5,4	5	14,3	31	5,9
BUT	363	31,8	118	24,9	245	36,6	25	33,8	9	25,7	179	34,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 5. *In general, was the effect of HIV status on ability to meet the needs better, about the same, or worse.*

Distribution of answers	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Better	156	13,6	70	14,8	86	12,8	14	18,9	4	11,4	63	12,0
About the same	787	68,9	324	68,5	463	69,1	44	59,5	25	71,4	359	68,4
Worse	200	17,5	79	16,7	121	18,1	16	21,6	6	17,1	103	19,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 6. *Decisions made by respondents related to HIV status over the past year, % .*

Decisions made by respondents related to HIV status over the past year, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. I chose not to attend social events												
Yes	110	9,6	52	11,0	58	8,7	10	13,5	8	22,9	62	11,8
N/A (this category does not apply to me)	33	2,9	10	2,1	23	3,4	2	2,7	3	8,6	16	3,0
Not	998	87,3	410	86,7	588	87,8	62	83,8	23	65,7	445	84,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. I chose not to seek medical attention												
Yes	117	10,2	59	12,5	58	8,7	7	9,5	11	31,4	53	10,1
N/A (this category does not apply to me)	13	1,1	1	0,2	12	1,8	1	1,4	0	0,0	11	2,1
Not	1011	88,5	411	86,9	600	89,6	66	89,2	24	68,6	460	87,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. I chose not to get a job												
Yes	85	7,4	44	9,3	41	6,1	4	5,4	10	28,6	45	8,6

Decisions made by respondents related to HIV status over the past year, %	**PLHIV**		**Sex**				**KP**					
			Women		**Men**		**MSM**		**SW**		**PWUD**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
N/A (this category does not apply to me)	145	12,7	59	12,5	86	12,8	4	5,4	3	8,6	71	13,5
Not	911	79,7	370	78,2	541	80,7	66	89,2	22	62,9	407	77,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. I chose not to seek social support												
Yes	78	6,8	37	7,8	41	6,1	7	9,5	11	31,4	33	6,3
N/A (this category does not apply to me)	83	7,3	34	7,2	49	7,3	5	6,8	3	8,6	455	86,7
Not	981	85,8	401	84,8	580	86,6	62	83,8	21	60,0	525	100,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0		0,0
e. I have isolated myself from family and/or friends												
Yes	88	7,7	41	8,7	47	7,0	17	23,0	10	28,6	2	0,4
N/A (this category does not apply to me)	11	1,0	4	0,8	7	1,0	1	1,4	0	0,0	477	90,9
Not	1043	91,3	427	90,3	616	91,9	56	75,7	25	71,4	525	100,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0		0,0
f. I chose not to have sex												
Yes	194	17,0	96	20,3	98	14,6	17	23,0	8	22,9	83	15,8
N/A (this category does not apply to me)	51	4,5	26	5,5	25	3,7	2	2,7	1	2,9	17	3,2
Not	898	78,6	351	74,2	547	81,6	55	74,3	26	74,3	425	81,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 7. *Level of self-stigmatization among respondents, % .*

Level of self-stigmatization among respondents, %	**PLHIV**		**Sex**				**KP**					
			Women		**Men**		**MSM**		**SW**		**PWUD**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
a. I find it difficult to tell a person about my HIV infection												
Disagree / No	338	29,6	104	22,0	234	34,9	13	17,6	7	20,0	230	43,8
Agree/Yes	801	70,1	368	77,8	433	64,6	60	81,1	28	80,0	293	55,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. My HIV infection makes me feel dirty/dirty												
Disagree / No	895	78,3	349	73,8	546	81,5	50	67,6	25	71,4	436	83,0
Agree/Yes	244	21,3	124	26,2	120	17,9	22	29,7	10	28,6	89	17,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. I feel guilty about my HIV infection												
Disagree / No	557	48,7	242	51,2	315	47,0	29	39,2	16	45,7	233	44,4
Agree/Yes	581	50,8	230	48,6	351	52,4	42	56,8	19	54,3	290	55,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Level of self-stigmatization among respondents, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
d. I am ashamed of being HIV positive												
Disagree / No	644	56,3	225	47,6	419	62,5	39	52,7	18	51,4	337	64,2
Agree/Yes	496	43,4	248	52,4	248	37,0	34	45,9	17	48,6	188	35,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. Sometimes I feel devalued because I am HIV positive												
Disagree / No	752	65,8	284	60,0	468	69,9	36	48,6	10	28,6	354	67,4
Agree/Yes	384	33,6	189	40,0	195	29,1	36	48,6	25	71,4	168	32,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
f. I hide my HIV status from other people												
Disagree / No	257	22,5	82	17,3	175	26,1	11	14,9	8	22,9	176	33,5
Agree/Yes	882	77,2	390	82,5	492	73,4	62	83,8	27	77,1	349	66,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 8. *Voluntary HIV testing, % .*

Voluntary HIV testing, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes, but I was pressured by other people	50	4,4	16	3,4	34	5,1	3	4,1	1	2,9	25	4,8
Yes it was my choice	827	72,4	340	71,9	487	72,7	66	89,2	26	74,3	350	66,7
No, I was forced to take an HIV test without my consent	28	2,4	7	1,5	21	3,1	2	2,7	1	2,9	18	3,4
No, I was tested without my knowledge, I found out about it after I did the test	232	20,3	108	22,8	124	18,5	3	4,1	7	20,0	131	25,0
No, I was already born/was HIV/infected in infancy/ childhood and did not know I had been tested	5	0,4	2	0,4	3	0,4	0	0,0	0	0,0		0,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 9. *Reasons for getting tested for HIV by respondents.*

Reason for HIV testing of respondents, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
As a result of interaction with a public program/NGO	52	5,9	12	3,4	40	7,7	7	10,1	1	3,7	29	7,7

Reason for HIV testing of respondents, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Other reason (Please specify)	80	9,1	41	11,5	39	7,5	2	2,9	2	7,4	28	7,4
I was advised to be tested by a healthcare worker or the test was part of a medical procedure (eg, prenatal care, medical male circumcision, STD screening/ treatment, pre-exposure prophylaxis (PrEP))	326	37,1	156	43,8	170	32,6	25	36,2	6	22,2	95	25,3
It was a requirement (e.g. when applying for a job, getting a visa/ citizenship, getting into custody, getting married)	59	6,7	17	4,8	42	8,0	2	2,9	0	0,0	31	8,2
I suspected a risk of HIV infection	238	27,1	85	23,9	153	29,3	14	20,3	8	29,6	148	39,4
I just wanted to know	82	9,3	32	9,0	50	9,6	13	18,8	6	22,2	31	8,2
I felt unwell and I/someone in my family thought it might be related to HIV	38	4,3	12	3,4	26	5,0	6	8,7	4	14,8	12	3,2
Total	877	99,9	356	100,0	521	99,8	69	100,0	27	100,0	375	99,7

Table 10. *Length of time before getting tested for HIV.*

How long does it take to get tested for HIV	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
6 months or less	545	62,1	228	64,0	317	60,7	37	53,6	15	55,6	244	64,9
Over 2 years	69	7,9	26	7,3	43	8,2	18	26,1	3	11,1	25	6,6
More than 6 months but less than 2 years	87	9,9	23	6,5	64	12,3	10	14,5	4	14,8	42	11,2
I don't know/can't remember	175	19,9	78	21,9	96	18,6	4	5,8	5	18,5	62	16,8
Total	878	100,0	356	100,0	522	100,0	69	100,0	27	100,0	376	100,0

Table 11. *Influence of fear on the decision to get tested for HIV .*

Influence of fear on the decision to take an HIV test, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	180	20,5	71	19,9	109	20,9	17	24,6	9	33,3	72	19,1
Not	696	79,3	283	79,5	413	79,1	52	75,4	18	66,7	304	80,9
Total	878	100,0	356	100,0	522	100,0	69	100,0	27	100,0	376	100,0

Table 12. *Receipt of ART, %.*

Receiving ART, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	1054	92,2	442	93,4	612	91,3	73	98,6	29	82,9	472	89,9
Not	76	6,6	27	5,7	49	7,3	0	0,0	6	17,1	49	9,3
Total	1142	99,9	473	100,0	669	99,9	74	100,0	35	100,0	525	100,0

Table 13. *Reasons for delaying the start of ART among respondents, %.*

Reasons for postponing the start of ART among respondents, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. I was worried that my partner, family or friends would find out about my status												
Yes	183	16,0	80	16,9	103	15,4	17	23,0	17	48,6	79	15,0
Not	937	82,0	384	81,2	553	82,5	54	73,0	15	42,9	432	82,3
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. I was worried that other people (not family or friends) would find out about my status												
Yes	238	20,8	103	21,8	135	20,1	19	25,7	14	40,0	94	17,9
Not	881	77,1	360	76,1	521	77,8	51	68,9	18	51,4	417	79,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. I was not ready to cope with my HIV infection												
Yes	306	26,8	132	27,9	174	26,0	22	29,7	17	48,6	149	28,4
Not	811	71,0	330	69,8	481	71,8	48	64,9	15	42,9	362	69,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. I was afraid that healthcare professionals (doctors, nurses, staff) would treat me badly or reveal my status without my consent												
Yes	166	14,5	85	18,0	81	12,1	20	27,0	16	45,7	75	14,3
Not	952	83,3	378	79,9	574	85,7	50	67,6	16	45,7	435	82,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. I had a bad previous experience with a healthcare professional												
Yes	96	8,4	47	9,9	49	7,3	12	16,2	10	28,6	57	10,9
Not	1020	89,2	415	87,7	605	90,3	58	78,4	22	62,9	452	86,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 14. *Decision to start treatment .*

Decision to start treatment, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Other reasons	40	3,7	13	2,9	27	4,3	10	13,5	0	0,0	21	4,4
When I was offered to start treatment, I decided to wait and started treatment later	286	26,8	95	21,3	191	30,7	11	14,9	6	20,7	166	34,8
The benefits were explained to me and I decided to start treatment as soon as it was offered to me	721	67,5	329	73,8	392	63,0	50	67,6	20	69,0	281	58,9
I felt pressure from the medical staff or I was forced to start treatment	14	1,3	7	1,6	7	1,1	2	2,7	2	6,9	4	0,8
Total	1068	100,0	446	100,0	622	100,0	74	100,0	29	100,0	477	100,0

Table 15. *Time to start treatment after diagnosis.*

Timing of treatment initiation after diagnosis	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
>1 day and up to 1 month (30 days) after diagnosis	238	22,3	100	22,4	138	22,2	21	28,4	8	27,6	69	14,5
>1 month and up to 6 months after diagnosis	170	15,9	60	13,5	110	17,7	13	17,6	4	13,8	80	16,8
>2 years after diagnosis	274	25,7	119	26,7	155	24,9	5	6,8	6	20,7	172	36,1
>6 months and up to 2 years after diagnosis	122	11,4	50	11,2	72	11,6	5	6,8	8	27,6	61	12,8
I do not remember	76	7,1	38	8,5	38	6,1	2	2,7	1	3,4	38	8,0
Immediately or same day as diagnosis	183	17,1	77	17,3	106	17,0	28	37,8	2	6,9	54	11,3
Total	1068	100,0	446	100,0	622	100,0	74	100,0	29	100,0	477	100,0

Table 16. *Skipping a dose of ARV medications due to fear that someone will know about your HIV status your HIV status?*

Receiving ART, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	1054	92,2	442	93,4	612	91,3	73	98,6	29	82,9	472	89,9
No	76	6,6	27	5,7	49	7,3	0	0,0	6	17,1	49	9,3
Total	1142	99,9	473	100,0	669	99,9	74	100,0	35	100,0	525	100,0

Table 17. *Viral load testing among respondents, %.*

Viral load testing among respondents, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	643	60,2	289	64,8	354	56,9	61	82,4	22	75,9	252	52,8
No - viral load is detectable or virus is not suppressed	204	19,1	75	16,8	129	20,7	8	10,8	2	6,9	109	22,9
No - I have not had a viral load test in the last 12 months	19	1,8	7	1,6	12	1,9	0	0,0	1	3,4	11	2,3
No, I have never had a viral load test.	2	0,2	1	0,2	1	0,2	0	0,0	0	0,0		0,0
No - I've had my viral load checked and I'm waiting for the results	91	8,5	34	7,6	57	9,2	5	6,8	2	6,9	55	11,5
I don't know what viral load or viral suppression is	106	9,9	39	8,7	67	10,8	0	0,0	2	6,9	48	10,1
Total	1068	100,0	446	100,0	622	100,0	74	100,0	29	100,0	477	100,0

Table 18. *Interruption of treatment by respondents, %.*

Interruption of treatment among respondents, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	309	28,9	137	30,7	172	27,7	12	16,2	10	34,5	187	39,2
I don't know / don't remember	19	1,8	8	1,8	11	1,8	1	1,4	3	10,3	10	2,1
Not	735	68,8	299	67,0	436	70,1	61	82,4	16	55,2	278	58,3
Total	1068	100,0	446	100,0	622	100,0	74	100,0	29	100,0	477	100,0

Table 19. *Reasons for stopping treatment related to stigma and discrimination, %.*

Reasons for treatment interruption related to stigma and discrimination, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Other reasons (please specify):	168	53,7	80	57,6	88	50,6	7	58,3	5	50,0	105	55,9
I was afraid that healthcare professionals (doctors, nurses, staff) would treat me badly or reveal my status without my consent	4	1,3	3	2,2	1	0,6	1	8,3	0	0,0	2	1,1

Reasons for treatment interruption related to stigma and discrimination, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
I was denied HIV treatment (ARV) because I was using drugs at the time	2	0,6	1	0,7	1	0,6	0	0,0	0	0,0	1	0,5
N/A - I did not take or stop taking ARVs in the last 12 months	64	20,4	23	16,5	41	23,6	1	8,3	0	0,0	40	21,3
I was worried that someone would find out about my HIV status	21	6,7	12	8,6	9	5,2	3	25,0	4	40,0	7	3,7
I was/was not ready to do anything about my HIV status	45	14,4	16	11,5	29	16,7	0	0,0	1	10,0	29	15,4
Total	312	99,7	139	100,0	173	99,4	12	100,0	10	100,0	188	100,0

Table 20. *Reasons for delaying treatment after interruption, %.*

Reasons for postponing the start of treatment after its interruption, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. I was worried that my partner, family or friends would find out about my status												
Yes	29	9,3	17	12,2	12	6,9	3	25,0	5	50,0	14	7,4
Not	272	86,9	115	82,7	157	90,2	9	75,0	5	50,0	172	91,5
Total	313	100,0	139	100,0	174	100,0	12	100,0	10	100,0	188	100,0
b. I was worried that other people (not family or friends) would find out about my status												
Yes	31	9,9	15	10,8	16	9,2	2	16,7	2	20,0	14	7,4
Not	272	86,9	118	84,9	154	88,5	10	83,3	8	80,0	172	91,5
Total	313	100,0	139	100,0	174	100,0	12	100,0	10	100,0	188	100,0
c. I was/was not ready to do anything about my HIV infection												
Yes	76	24,3	27	19,4	49	28,2	2	16,7	4	40,0	50	26,6
Not	230	73,5	108	77,7	122	70,1	10	83,3	6	60,0	137	72,9
Total	313	100,0	139	100,0	174	100,0	12	100,0	10	100,0	188	100,0
d. I was afraid that healthcare professionals (doctors, nurses, staff) would treat me badly or reveal my status without my consent												
Yes	29	9,3	13	9,4	16	9,2	3	25,0	3	30,0	16	8,5
Not	274	87,5	121	87,1	153	87,9	9	75,0	7	70,0	170	90,4
Total	313	100,0	139	100,0	174	100,0	12	100,0	10	100,0	188	100,0
e. I had a bad previous experience with a healthcare professional												
Yes	26	8,3	14	10,1	12	6,9	1	8,3	4	40,0	19	10,1
Not	277	88,5	120	86,3	157	90,2	11	91,7	6	60,0	167	88,8
Total	313	100,0	139	100,0	174	100,0	12	100,0	10	100,0	188	100,0

Table 21. *Non-stigma and discrimination reasons for treatment interruption, %.*

Reasons for treatment interruption not related to stigma and discrimination, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
ARV treatment not available at the clinic (due to policy or lack of stock)	1	0,3	1	0,6	0	0,0	0	0,0	0	0,0		0,0
Other reasons (please specify)	123	30,9	50	29,2	73	32,2	9	75,0	2	12,5	81	33,6
N/A - I have stopped treatment, but not within the last 12 months	63	15,8	24	14,0	39	17,2	0	0,0	1	6,3	40	16,6
I can't get ARVs	1	0,3	0	0,0	1	0,4	0	0,0	0	0,0	1	0,4
I was in prison or detention and treatment was not available	3	0,8	1	0,6	2	0,9	0	0,0	0	0,0	2	0,8
I am not eligible for treatment due to CD4 count or viral load	1	0,3	0	0,0	1	0,4	0	0,0	0	0,0	1	0,4
I cannot pick up ARV drugs from a clinic or pharmacy (no way to get there or no necessary documents)	26	6,5	13	7,6	13	5,7	1	8,3	1	6,3	20	8,3
I can't stand the side effects of medications	85	21,4	41	24,0	44	19,4	1	8,3	6	37,5	45	18,7
I don't feel the need for treatment.	69	17,3	27	15,8	42	18,5	1	8,3	3	18,8	39	16,2
Total	398	100,0	171	100,0	227	100,0	12	100,0	16	100,0	241	100,0

Table 22. *The general state of health of the respondents.*

General health condition of respondents	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Bad	70	6,1	28	5,9	42	6,3	3	4,1	6	17,1	51	9,7
Average	474	41,5	175	37,0	299	44,6	22	29,7	9	25,7	279	53,1
Good	598	52,3	269	56,9	329	49,1	49	66,2	20	57,1	195	37,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 23. *Comorbid diseases among interviewed PLHIV over the past 12 months, %.*

Comorbid diseases among interviewed PLHIV over the past 12 months, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Tuberculosis (TB												
Yes	62	5,4	17	3,6	45	6,7	1	1,4	5	14,3	50	9,5
Not	1077	94,2	453	95,8	624	93,1	73	98,6	30	85,7	472	89,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. Viral Hepatitis												
Yes	218	19,1	88	18,6	130	19,4	5	6,8	15	42,9	175	33,3
Not	921	80,6	383	81,0	538	80,3	69	93,2	20	57,1	347	66,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. Sexually transmitted diseases (eg, herpes, gonorrhea, chlamydia, syphilis												
Yes	33	2,9	15	3,2	18	2,7	6	8,1	7	20,0	18	3,4
Not	1104	96,6	455	96,2	649	96,9	68	91,9	28	80,0	504	96,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. Mental health disorders (eg, anxiety, depression, insomnia, post-traumatic stress disorder)												
Yes	165	14,4	93	19,7	72	10,7	10	13,5	19	54,3	103	19,6
Not	974	85,2	378	79,9	596	89,0	64	86,5	16	45,7	420	80,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. Noncommunicable disease(s)												
Yes	198	17,3	98	20,7	100	14,9	10	13,5	16	45,7	118	22,5
Not	942	82,4	373	78,9	569	84,9	64	86,5	19	54,3	405	77,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
f. Opportunistic infection/s												
Yes	87	7,6	32	6,8	55	8,2	6	8,1	5	14,3	68	13,0
Not	1052	92,0	438	92,6	614	91,6	68	91,9	30	85,7	455	86,7
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
g. Syndrome(s) of alcohol/drug dependence												
Yes	225	19,7	73	15,4	152	22,7	4	5,4	18	51,4	202	38,5
Not	913	79,9	395	83,5	518	77,3	70	94,6	17	48,6	322	61,3
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 24. *Treatment received in the last 12 months.*

Receiving treatment within the past 12 months	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	322	28,2	126	26,6	196	29,3	19	25,7	23	65,7	209	39,8
N/A—None of the listed diagnoses have been made in the past 12 months	470	41,1	173	36,6	297	44,3	41	55,4	2	5,7	141	26,9

Receiving treatment within the past 12 months	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Not	348	30,4	172	36,4	176	26,3	14	18,9	10	28,6	174	33,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 25. *Location of ART.*

Where to receive ART	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
At a public clinic or public health facility	1077	94,2	448	94,7	629	93,9	74	100,0	30	85,7	482	91,8
In a non-governmental clinic and institution	1	0,1	0	0,0	1	0,1	0	0,0	0	0,0	1	0,2
In several places	3	0,3	1	0,2	2	0,3	0	0,0	0	0,0	3	0,6
In a community-run facility (e.g. day centers run by key populations)	2	0,2	1	0,2	1	0,1	0	0,0	0	0,0	1	0,2
N/A—I am not currently receiving HIV care or treatment	58	5,1	22	4,7	36	5,4	0	0,0	5	14,3	38	7,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 26. *Knowledge of where to get services.*

Knowledge of where to receive services	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes, there is, and I get access to HIV care there	124	11,4	44	9,8	80	12,6	19	25,7	2	6,7	79	16,2
Yes, I do, but I don't have access to HIV care there	40	3,7	20	4,4	20	3,2	2	2,7	6	20,0	27	5,5
Don't know	551	50,8	224	49,7	327	51,6	35	47,3	12	40,0	230	47,2
No	368	33,9	162	35,9	206	32,5	17	23,0	10	33,3	151	31,0
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0

Table 27. *Stigma and discrimination experienced by health care providers providing HIV treatment in the past 12 months or from the health care staff at the facility where you receive HIV care/treatment services listed below?*

Manifestations of stigma and discrimination from the staff of medical institutions providing HIV treatment (in the last 12 months)	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. You have been denied healthcare services because of your HIV status												
Yes	29	2,7	14	3,1	15	2,4	6	8,1	7	23,3	18	3,7
Not	1053	97,1	435	96,5	618	97,5	68	91,9	23	76,7	468	96,1
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0
b. You have been advised not to have sex because of your HIV status												
Yes	54	5,0	23	5,1	31	4,9	9	12,2	8	26,7	23	4,7
Not	1026	94,6	426	94,5	600	94,6	65	87,8	22	73,3	462	94,9
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0
c. You have been talked about badly or gossiped about because of your HIV status												
Yes	52	4,8	27	6,0	25	3,9	9	12,2	9	30,0	29	6,0
Not	1027	94,7	421	93,3	606	95,6	64	86,5	21	70,0	455	93,4
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0
d. Have you been verbally harassed (shouted, cursed, called names, or otherwise verbally abused) because of your HIV status												
Yes	29	2,7	16	3,5	13	2,1	7	9,5	4	13,3	14	2,9
Not	1051	96,9	433	96,0	618	97,5	66	89,2	26	86,7	471	96,7
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0
e. You have been physically abused (shoved, hit, hit or otherwise physically abused) because of your HIV status												
Yes	7	0,6	5	1,1	2	0,3	0	0,0	5	16,7	6	1,2
Not	1073	98,9	444	98,4	629	99,2	73	98,6	25	83,3	479	98,4
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0
f. Avoided physical contact with you / used extra precautions (such as putting on a second pair of gloves) because of your HIV status												
Yes	50	4,6	24	5,3	26	4,1	4	5,4	8	26,7	25	5,1
Not	1027	94,7	422	93,6	605	95,4	70	94,6	22	73,3	459	94,3
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0
g. Disclosed your HIV status without your consent												
Yes	56	5,2	26	5,8	30	4,7	10	13,5	8	26,7	28	5,7
Not	1024	94,4	422	93,6	602	95,0	64	86,5	22	73,3	457	93,8
Total	1085	100,0	451	100,0	634	100,0	74	100,0	30	100,0	487	100,0

Table 28. *Seeking medical care in the last 12 months.*

Seeking medical care in the last 12 months,%	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	492	43,0	217	45,9	275	41,0	39	52,7	23	65,7	261	49,7
Not	641	56,1	251	53,1	390	58,2	35	47,3	9	25,7	258	49,1

Table 29. *Manifestations of stigma and discrimination on the part of the staff of medical institutions that do not provide HIV services (over the past 12 months), %.*

Manifestations of stigma and discrimination on the part of the staff of medical institutions that do	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. You have been denied health care services because of your HIV status												
Yes	33	6,5	23	10,1	10	3,5	2	5,1	6	23,1	25	9,3
Not	464	91,0	197	86,8	267	94,3	37	94,9	19	73,1	239	88,5
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
b. You have been denied dental services because of your HIV status												
Yes	19	3,7	13	5,7	6	2,1	0	0,0	7	26,9	14	5,2
Not	478	93,7	207	91,2	271	95,8	39	100,0	18	69,2	251	93,0
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
c. You have been advised not to have sex because of your HIV status												
Yes	25	4,9	15	6,6	10	3,5	3	7,7	7	26,9	13	4,8
Not	472	92,5	205	90,3	267	94,3	36	92,3	18	69,2	252	93,3
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
d. You have been talked about badly or gossiped about because of your HIV status												
Yes	61	12,0	38	16,7	23	8,1	3	7,7	12	46,2	43	15,9
Not	434	85,1	182	80,2	252	89,0	35	89,7	13	50,0	221	81,9
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
e. Have you been verbally harassed (shouted, cursed, called names, or otherwise verbally abused) because of your HIV status												
Yes	37	7,3	22	9,7	15	5,3	3	7,7	6	23,1	26	9,6
Not	460	90,2	198	87,2	262	92,6	36	92,3	19	73,1	239	88,5
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
f. You have been physically abused (shoved, hit, hit or otherwise physically abused) because of your HIV status												
Yes	7	1,4	5	2,2	2	0,7	0	0,0	6	23,1	7	2,6
Not	489	95,9	215	94,7	274	96,8	39	100,0	19	73,1	257	95,2
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
g. Avoided physical contact with you/Used extra precautions (such as putting on a second pair of gloves) because of your HIV status												

Manifestations of stigma and discrimination on the part of the staff of medical institutions that do	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	57	11,2	36	15,9	21	7,4	3	7,7	10	38,5	38	14,1
Not	437	85,7	182	80,2	255	90,1	36	92,3	13	50,0	225	83,3
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0
h. Disclosed your HIV status without your consent												
Yes	49	9,6	29	12,8	20	7,1	2	5,1	8	30,8	31	11,5
Not	445	87,3	189	83,3	256	90,5	37	94,9	15	57,7	231	85,6
Total	510	100,0	227	100,0	283	100,0	39	100,0	26	100,0	270	100,0

Table 30. *Disclosure of status when seeking general health services.*

Status discovery when applying for general medical services	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	473	41,4	202	42,7	271	40,4	12	16,2	14	40,0	279	53,1
Not	663	58,0	265	56,0	398	59,4	62	83,8	20	57,1	244	46,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 31. *Respondents' opinions on the confidentiality of medical records.*

Respondents' opinion on the confidentiality of medical records	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
I know that my medical records are not kept confidential.	90	7,9	39	8,2	51	7,6	11	14,9	6	17,1	47	9,0
I don't know if my medical records are private	339	29,7	127	26,8	212	31,6	23	31,1	7	20,0	169	32,2
I am confident that information about my HIV status is confidential and will not be shared without my written informed consent	710	62,1	304	64,3	406	60,6	40	54,1	22	62,9	308	58,7
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 32. *Interaction with medical staff.*

Distribution of answers	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Have you been advised not to have children?												
Ye	69	6,0	54	11,4	15	2,2	2	2,7	12	34,3	37	7,0
BUT	104	9,1	48	10,1	56	8,4	7	9,5	3	8,6	52	9,9
Not	958	83,8	362	76,5	596	89,0	63	85,1	19	54,3	434	82,7
I prefer not to answer	8	0,7	6	1,3	2	0,3	1	1,4	1	2,9	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. Pressured or urged to undergo sterilization												
Yes	25	2,2	24	5,1	1	0,1	0	0,0	6	17,1	15	2,9
BUT	167	14,6	39	8,2	128	19,1	10	13,5	1	2,9	100	19,0
Not	943	82,5	405	85,6	538	80,3	63	85,1	28	80,0	408	77,7
I prefer not to answer	4	0,3	3	0,6	1	0,1	0	0,0	0	0,0	1	0,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. Have you been sterilized without your knowledge or consent												
Yes	9	0,8	9	1,9	0	0,0	0	0,0	5	14,3	6	1,1
BUT	242	21,2	61	12,9	181	27,0	9	12,2	1	2,9	146	27,8
Not	881	77,1	397	83,9	484	72,2	63	85,1	29	82,9	369	70,3
I prefer not to answer	7	0,6	3	0,6	4	0,6	1	1,4	0	0,0	4	0,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. Denied contraception/family planning services												
Yes	9	0,8	9	1,9	0	0,0	0	0,0	5	14,3	7	1,3
BUT	198	17,3	60	12,7	138	20,6	6	8,1	1	2,9	124	23,6
Not	924	80,8	399	84,4	525	78,4	66	89,2	27	77,1	389	74,1
I prefer not to answer	10	0,9	4	0,8	6	0,9	1	1,4	2	5,7	5	1,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. Have been told that you need to use (certain method of) contraception to receive HIV treatment (ARV therapy)												
Yes	33	2,9	21	4,4	12	1,8	4	5,4	7	20,0	18	3,4
BUT	176	15,4	50	10,6	126	18,8	11	14,9	3	8,6	111	21,1
Not	909	79,5	388	82,0	521	77,8	57	77,0	23	65,7	386	73,5
I prefer not to answer	21	1,8	11	2,3	10	1,5	1	1,4	2	5,7	10	1,9
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 33. *Manifestations of stigma and discrimination while receiving sexual and reproductive health services against women living with HIV, %.*

Manifestations of stigma and discrimination while receiving sexual and reproductive health services for women living with HIV, %	Woman		Woman SW		Woman WID	
	n	%	n	%	n	%
a. You were advised to terminate the pregnancy						
Yes, in the last 12 months	18	3,8	7	22,6	14	7,7
Yes, but not within the last 12 months	51	10,8	6	19,4	18	9,9
BUT	106	22,4	9	29,0	42	23,2
Not	286	60,5	7	22,6	79	43,6
I prefer not to answer	5	1,1	1	3,2	1	0,6
Total	473	100,0	31	100,0	181	100,0
b. Pressured to use a specific type of contraception						
Yes, in the last 12 months	16	3,4	5	16,1	7	3,9
Yes, but not within the last 12 months	30	6,3	3	9,7	8	4,4
BUT	52	11,0	6	19,4	26	14,4
Not	361	76,3	15	48,4	110	60,8
I prefer not to answer	7	1,5	1	3,2	2	1,1
Total	473	100,0	31	100,0	181	100,0
c. Were pressured into choosing a particular mode of birth						
Yes, in the last 12 months	11	2,3	5	16,1	5	2,8
Yes, but not within the last 12 months	24	5,1	3	9,7	5	2,8
BUT	126	26,6	8	25,8	51	28,2
Not	297	62,8	13	41,9	91	50,3
I prefer not to answer	6	1,3	1	3,2	1	0,6
Total	473	100,0	31	100,0	181	100,0
d. Pressured to choose a specific method of feeding the baby						
Yes, in the last 12 months	12	2,5	4	12,9	5	2,8
Yes, but not within the last 12 months	31	6,6	2	6,5	8	4,4
BUT	132	27,9	9	29,0	50	27,6
Not	283	59,8	14	45,2	89	49,2
I prefer not to answer	7	1,5	1	3,2	1	0,6
Total	473	100,0	31	100,0	181	100,0
e. Pressured to take antiretroviral therapy during pregnancy						
Yes, in the last 12 months	11	2,3	4	12,9	4	2,2
Yes, but not within the last 12 months	21	4,4	1	3,2	5	2,8
BUT	131	27,7	9	29,0	51	28,2
Not	297	62,8	15	48,4	92	50,8
I prefer not to answer	5	1,1	1	3,2	1	0,6
Total	473	100,0	31	100,0	181	100,0

Table 34. *Violations of the rights of people living with HIV, %.*

Violations of the rights of people living with HIV, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
I was / was forced to take an HIV test or disclose my status in order to ...												
a. ...obtain a visa or apply for residency/citizenship in the country												
Yes, in the last 12 months	13	1,1	11	2,3	2	0,3	1	1,4	4	11,4	8	1,5
Yes, but not within the last 12 months	15	1,3	3	0,6	12	1,8	3	4,1	0	0,0	7	1,3
BUT	2	0,2	2	0,4	0	0,0	0	0,0	0	0,0	2	0,4
Not	1103	96,5	452	95,6	651	97,2	70	94,6	30	85,7	502	95,6
I prefer not to answer	6	0,5	2	0,4	4	0,6	0	0,0	1	2,9	5	1,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. ... apply for a job or apply to a pension fund												
Yes, in the last 12 months	9	0,8	8	1,7	1	0,1	0	0,0	2	5,7	6	1,1
Yes, but not within the last 12 months	17	1,5	5	1,1	12	1,8	2	2,7	2	5,7	10	1,9
BUT	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2
Not	1107	96,9	454	96,0	653	97,5	72	97,3	30	85,7	504	96,0
I prefer not to answer	5	0,4	2	0,4	3	0,4	0	0,0	1	2,9	3	0,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. ...attend an educational institution or receive a scholarship												
Yes, in the last 12 months	3	0,3	2	0,4	1	0,1	0	0,0	2	5,7	3	0,6
Yes, but not within the last 12 months	2	0,2	1	0,2	1	0,1	0	0,0	0	0,0	1	0,2
BUT	3	0,3	2	0,4	1	0,1	0	0,0	0	0,0	1	0,2
Not	1121	98,1	460	97,3	661	98,7	74	100,0	32	91,4	514	97,9
I prefer not to answer	10	0,9	5	1,1	5	0,7	0	0,0	1	2,9	5	1,0
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. ...receive health care												
Yes, in the last 12 months	48	4,2	23	4,9	25	3,7	3	4,1	9	25,7	34	6,5
Yes, but not within the last 12 months	65	5,7	29	6,1	36	5,4	7	9,5	2	5,7	31	5,9
BUT	2	0,2	2	0,4	0	0,0	0	0,0	1	2,9	2	0,4
Not	1018	89,1	414	87,5	604	90,1	64	86,5	22	62,9	453	86,3
I prefer not to answer	6	0,5	2	0,4	4	0,6	0	0,0	1	2,9	4	0,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
e. ...get health insurance												
Yes, in the last 12 months	11	1,0	6	1,3	5	0,7	1	1,4	5	14,3	9	1,7
Yes, but not within the last 12 months	8	0,7	3	0,6	5	0,7	3	4,1	0	0,0	1	0,2
BUT	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2

Violations of the rights of people living with HIV, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Not	1112	97,3	457	96,6	655	97,8	70	94,6	29	82,9	508	96,8
I prefer not to answer	4	0,3	2	0,4	2	0,3	0	0,0	1	2,9	3	0,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
In addition, have you ever experienced the following violations of your rights?												
f. I was/were incarcerated or convicted/have been convicted because of my HIV status												
Yes, in the last 12 months	8	0,7	5	1,1	3	0,4	0	0,0	6	17,1	7	1,3
Yes, but not within the last 12 months	4	0,3	2	0,4	2	0,3	0	0,0	0	0,0	2	0,4
BUT	3	0,3	2	0,4	1	0,1	0	0,0	0	0,0	2	0,4
Not	1121	98,1	460	97,3	661	98,7	74	100,0	29	82,9	510	97,1
I prefer not to answer	3	0,3	2	0,4	1	0,1	0	0,0	0	0,0	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
g. I have been detained or placed in isolation because of my HIV status												
Yes, in the last 12 months	7	0,6	4	0,8	3	0,4	0	0,0	5	14,3	7	1,3
Yes, but not within the last 12 months	4	0,3	1	0,2	3	0,4	1	1,4	0	0,0	2	0,4
BUT	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2
Not	1125	98,4	464	98,1	661	98,7	73	98,6	29	82,9	513	97,7
I prefer not to answer	3	0,3	2	0,4	1	0,1	0	0,0	1	2,9	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
h. Because of my HIV status, I was denied a visa or entry into the country												
Yes, in the last 12 months	7	0,6	4	0,8	3	0,4	1	1,4	4	11,4	5	1,0
Yes, but not within the last 12 months	9	0,8	2	0,4	7	1,0	4	5,4	0	0,0	2	0,4
BUT	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2
Not	1120	98,0	463	97,9	657	98,1	69	93,2	30	85,7	515	98,1
I prefer not to answer	3	0,3	2	0,4	1	0,1	0	0,0	1	2,9	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
i. I was denied residence or residence permit because of my HIV status												
Yes, in the last 12 months	14	1,2	12	2,5	2	0,3	1	1,4	6	17,1	10	1,9
Yes, but not within the last 12 months	11	1,0	4	0,8	7	1,0	1	1,4	0	0,0	4	0,8
BUT	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2
Not	1111	97,2	455	96,2	656	97,9	71	95,9	29	82,9	508	96,8
I prefer not to answer	3	0,3	0	0,0	3	0,4	1	1,4	0	0,0	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
j. I was forced to publicly disclose my HIV status or it was disclosed without my consent												
Yes, in the last 12 months	32	2,8	20	4,2	12	1,8	6	8,1	8	22,9	18	3,4
Yes, but not within the last 12 months	50	4,4	19	4,0	31	4,6	4	5,4	1	2,9	32	6,1

Violations of the rights of people living with HIV, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
BUT	2	0,2	1	0,2	1	0,1	0	0,0	0	0,0	2	0,4
Not	1053	92,1	432	91,3	621	92,7	64	86,5	26	74,3	471	89,7
I prefer not to answer	2	0,2	0	0,0	2	0,3	0	0,0	0	0,0	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
k. I was forced to have sex against my will												
Yes, in the last 12 months	3	0,3	1	0,2	2	0,3	0	0,0	2	5,7	2	0,4
Yes, but not within the last 12 months	20	1,7	8	1,7	12	1,8	7	9,5	4	11,4	9	1,7
BUT	1	0,1	1	0,2	0	0,0	0	0,0	0	0,0	1	0,2
Not	1108	96,9	460	97,3	648	96,7	67	90,5	28	80,0	509	97,0
I prefer not to answer	4	0,3	2	0,4	2	0,3	0	0,0	1	2,9	2	0,4
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 35. *Violations of the rights of women living with HIV, %.*

Violations of the rights of women living with HIV, %	Woman		SW		PWUD	
	n	%	n	%	n	%
a. I was denied a shelter for victims of domestic violence						
Yes, in the last 12 months	6	1,3	6	19,4	5	3,2
Yes, but not within the last 12 months	3	0,6	1	3,2	1	0,6
BUT	36	7,6	0	0,0	14	9,0
Not	402	85,0	22	71,0	121	77,6
I prefer not to answer	10	2,1	0	0,0	7	4,5
Total	473	100,0	31	100,0	156	100,0
b. My spouse/partner prevented me from accessing health care services (public health, private sector, community-based)						
Yes, in the last 12 months	8	1,7	4	12,9	7	4,5
Yes, but not within the last 12 months	1	0,2	0	0,0		0,0
BUT	24	5,1	1	3,2	10	6,4
Not	410	86,7	24	77,4	122	78,2
I prefer not to answer	12	2,5	0	0,0	7	4,5
Total	473	100,0	31	100,0	156	100,0

Table 36. *Knowledge of laws that protect the rights of PLHIV.*

Violations of the rights of people living with HIV, %	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes, there are laws	428	37,4	167	35,3	261	39,0	33	44,6	17	48,6	217	41,3
No, there are no such laws.	94	8,2	50	10,6	44	6,6	6	8,1	2	5,7	29	5,5
I don't know if there are such laws	607	53,1	249	52,6	358	53,4	34	45,9	15	42,9	272	51,8
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Table 37. *Countering stigma and discrimination among interviewed PLHIV.*

Countering stigma and discrimination of interviewed PLHIV	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
a. Argued or raised awareness of a person who stigmatized and/or discriminated against me												
Yes, BUT not within the last 12 months	168	14,7	61	12,9	107	16,0	10	13,5	4	11,4	94	17,9
Yes, in the last 12 months	137	12,0	51	10,8	86	12,8	32	43,2	10	28,6	74	14,1
Not	817	71,5	356	75,3	461	68,8	29	39,2	21	60,0	343	65,3
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
b. Argued or raised awareness of a person who stigmatized and/or discriminated against another person living with HIV												
Yes, BUT not within the last 12 months	164	14,3	57	12,1	107	16,0	12	16,2	9	25,7	104	19,8
Yes, in the last 12 months	170	14,9	54	11,4	116	17,3	37	50,0	6	17,1	97	18,5
Not	783	68,5	355	75,1	428	63,9	19	25,7	20	57,1	311	59,2
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
c. Provided emotional, financial or other support to help someone living with HIV cope with stigma and/or discrimination												
Yes, BUT not within the last 12 months	159	13,9	61	12,9	98	14,6	12	16,2	6	17,1	102	19,4
Yes, in the last 12 months	168	14,7	66	14,0	102	15,2	20	27,0	11	31,4	101	19,2
Not	788	68,9	335	70,8	453	67,6	37	50,0	17	48,6	306	58,3
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
d. Participated in an organization or information campaign that combats stigma and discrimination against people living with HIV												
Yes, BUT not within the last 12 months	82	7,2	33	7,0	49	7,3	8	10,8	5	14,3	55	10,5
Yes, in the last 12 months	87	7,6	34	7,2	53	7,9	17	23,0	6	17,1	54	10,3
Not	953	83,4	397	83,9	556	83,0	48	64,9	24	68,6	405	77,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0

Countering stigma and discrimination of interviewed PLHIV	PLHIV		Sex				KP					
			Women		Men		MSM		SW		PWUD	
	n	%	n	%	n	%	n	%	n	%	n	%
e. Supported a community leader in taking action to address stigma and discrimination against people living with HIV												
Yes, BUT not within the last 12 months	93	8,1	34	7,2	59	8,8	8	10,8	7	20,0	63	12,0
Yes, in the last 12 months	106	9,3	37	7,8	69	10,3	20	27,0	8	22,9	66	12,6
Not	920	80,5	393	83,1	527	78,7	44	59,5	20	57,1	384	73,1
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
f. Supported a government leader or politician in action to address stigma and discrimination against people living with HIV												
Yes, BUT not within the last 12 months	32	2,8	15	3,2	17	2,5	1	1,4	2	5,7	25	4,8
Yes, in the last 12 months	48	4,2	20	4,2	28	4,2	10	13,5	6	17,1	34	6,5
Not	1051	92,0	433	91,5	618	92,2	63	85,1	27	77,1	460	87,6
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0
g. Spoke/-la with the media about the problem of stigmatization and discrimination against people living with HIV												
Yes, BUT not within the last 12 months	58	5,1	23	4,9	35	5,2	9	12,2	4	11,4	45	8,6
Yes, in the last 12 months	31	2,7	20	4,2	11	1,6	3	4,1	6	17,1	22	4,2
Not	1044	91,3	425	89,9	619	92,4	62	83,8	25	71,4	454	86,5
Total	1143	100,0	473	100,0	670	100,0	74	100,0	35	100,0	525	100,0