

# Stigma experienced by people living with HIV in Egypt

A research based on PLHIV Stigma Index methodology

## Summary report

The Egyptian Society for Population Studies  
and Reproductive Health (ESPSRH)

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## Preface

The Egyptian Society for Population Studies and Reproductive Health (ESPSRH) has a mission to improve the health of women, children, and families in deprived rural, urban, and squatter areas, with a particular focus on providing women with equitable access to reproductive health services.

A series of studies implemented by ESPSRH on issues related to HIV/AIDS indicated that unprotected sexual transmission within marriage is one of the modes of HIV transmission that accounts for new infections. The studies also found that the main reason women gave for undergoing an HIV test was the death, or positive HIV status, of their husband or a family member. This underscores the importance of taking a more holistic approach to women's health that can better meet the needs of women and their families in Egypt.

In addition, the results of the recent research on Stigma Index indicated that the concepts of innocence and guilt were still part of the perception of HIV-related stigma, and a high level of internal stigma among the HIV-positive study subjects was noted.

Accordingly, the long term goal of this research is to broaden our understanding of the extent and forms of stigma and discrimination faced by PLHA. This goal will be achieved through early detection, treatment and support for PLHA, and through improving programmes and policies to ensure their universal access to prevention, treatment, care and support, as well as providing the general population with adequate information about modes of HIV transmission.

Integrated efforts that involve non-governmental organizations and PLHA organizations in partnership with governmental efforts are fundamental to complement and reinforce the objectives of the National AIDS Programme.

**Hind AbouSeoud Khattab**  
Principal Investigator

## Research Team

**Hind AbouSeoud Khattab**

Principal Investigator

**Mervat El-Generdy**

Research Advisor

**Faiza Gamil**

Senior Researcher

**Moushira Gaballah**

Data Manager

**Loul Magar**

Financial Manager

**Maha Mehanna**

**Zeinab Mohammed**

**Souad Abdel Hameed**

**Samia Mohammed**

Team Leaders

**Marwa Ibrahim**

**Fayrouz Ibrahim**

**Taema Nabil**

**Heba Badr**

**Shaimaa Shaaban**

**Asmaa Shaaban**

Interviewers

## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ESPSRH	Egyptian Society for Population Studies and Reproductive Health
GNP+	Global Network of People Living with HIV
HIV	Human Immunodeficiency Virus
ICW	International Community of Women Living with HIV and AIDS
IDU	Injecting Drug User
IPPF	International Planned Parenthood Federation
MARPS	Most at risk population
MOH	Ministry of Health
MSM	Men having sex with men
NAP	National AIDS Program
PLHA	People Living with HIV and AIDS
STI	Sexually Transmitted Infection
SPSS	Statistical Package for Social Sciences
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing

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## 1. Summary

The study of People Living with HIV Stigma Index was implemented in Egypt by The Egyptian Society for Population Studies and Reproductive Health (ESPSRH) during the period October 2011-November 2012. The aim of the study was to collect information about the experiences of People Living with HIV (PLHA) related to stigma and discrimination, in order to broaden our understanding of the extent and forms of stigma and discrimination faced by PLHA.

Individuals recruited for the study were 529 men and women living with HIV, including sub groups characterized by risky behavior, selected as a 25 per cent representative random sample of the total 2,102 individuals living with HIV who were known to the Ministry of Health in December 2010.

The questionnaire used for interviewing the target subjects was provided by the International Planned Parenthood Federation (IPPF) in partnership with the Joint United Nations Program on HIV (UNAIDS), the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV and AIDS (ICW). The provided questionnaire was designed to record all events related to the experience of stigma and discrimination that occurred during the last 12 months preceding the date of conducting the interview.

The study results indicated that many of the study subjects did not reveal their HIV status to anybody even to their close family members, and that about 18 per cent of them were newly diagnosed. One fourth of both men and women did not reveal their HIV status while attending for health services.

This may explain why a high percentage of the interviewed subjects did not report exclusion from family activities or gatherings, or being negatively treated by health service providers in the last 12 months.

The results indicated that the majority of infections among women were due to heterosexual relationships, as more than three quarters of the interviewed women said that the reason for undergoing an HIV test was the death of husband/partner/family member, or that husband/partner or a family member tested HIV positive.

About half of the interviewed men were either men having sex with men (MSM), or injecting drug users (IDUs), or prisoners, or sex workers while only one woman confirmed being an injecting drug user. Also, more men than women had feelings of guilt about being HIV-positive and having low self-esteem. Self-blame, shame and guilt were mainly expressed by more men than women, and the difference between them was highly significant.

The findings of the research indicated that the negative feelings and internal stigma were faced more by the most at risk population (MARPS), i.e., IDUs, MSM, or vulnerable groups such as prisoners, which pinpoint that the HIV-related stigma and stigma related to certain types of behavior, are interacting and strengthened by each other.



Access to secure housing was found to be affected by the HIV status of 20 per cent of the study subjects, who confirmed being forced to change their place of residence or were unable to rent accommodation.

In view of the findings, it was recommended that further efforts were required to build public awareness about HIV/AIDS, and to demonstrate the positive aspects of living with HIV. This will lead to better understanding and awareness, and may remove irrational fears and lead to supportive attitudes towards PLHA, which mean there is no more need to keep the HIV status a secret. Information and education about the rights of PLHA should be more effective among both the general public and the health service providers.

## 2. Methodology

### Study design

A cross-sectional study was carried out in Lower Egypt, Upper Egypt, urban and rural areas, as well as the largest urban governorates, i.e. Cairo and Alexandria

### Settings

Interviews were carried out in the Voluntary Counseling and Testing Centers (VCTs), Fever Hospitals, Chest Hospitals, and Health Directorates, in private rooms to ensure confidentiality. Interviews took place at:

- The Central Voluntary Counseling and Testing Center at the MOH Central Laboratories, Cairo
- The Fever Hospital in Alexandria governorate
- The Health Directorate in Menoufeya governorate
- Tanta Fever Hospital in Gharbeya governorate
- The Voluntary Counseling and Testing Center in Sharkia governorate
- Mansoura Chest Hospital in Dakahleya governorate
- The Voluntary Counseling and Testing Center in Fayoum governorate
- The Voluntary Counseling and Testing Center in Menya governorate

### Subjects

As the proposal for the recent research was issued in May 2011, the target study subjects were selected as 25% of the total 2,102 individuals living with HIV who were known to the Ministry of Health in December 2010. The individuals were recruited and interviewed by the research team according to their availability and their presence at the settings during the visits of the research team. All interviews were conducted through coordination with the Ministry of Health/National AIDS Program (MOH/NAP).

The objectives and design of the study were clearly and fully described to the interviewees prior to conduct of interview. They were advised to keep their identity anonymous, and their consent was sought before being interviewed, and they were informed that anyone may withdraw from the research at any time if they want to.

**Procedures for selecting the study subjects**

Stratified random sampling technique was used to select PLHA on the basis of gender as well as the type of behaviour, in order to ensure that the various populations were represented and were reflecting the diversity of PLHA population to include various subgroups.

**Study limitations**

Study sample was reached through national AIDS program patients' records and were contacted through NAP's staff, hence study sample was single sourced and hence selection bias could be encountered. This has a potential impact on questions related to rating government services. However, given the sensitivity of the issue, confidentiality of patients' records and required large sample size, this was thought to be the most effective sampling method. Additionally, female subjects requested that the interviews would take place in a location away from their residence, for confidentiality.

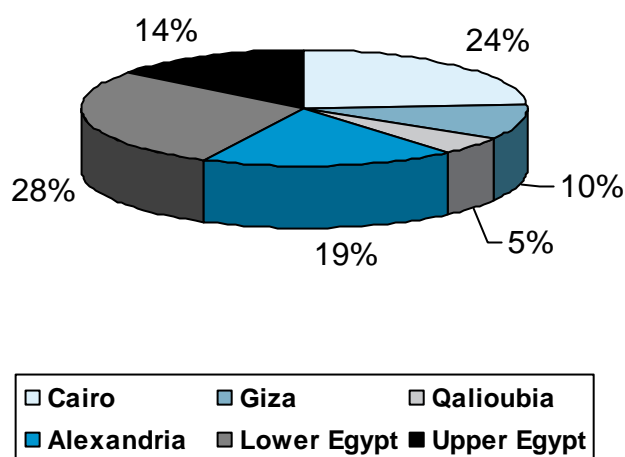
**Data Management and Statistics**

The Statistical Package for Social Sciences (SPSS) was used to enter and analyze the data. The transcription and review of the data collected, as well as the processing, coding, and cleaning of data was ongoing at the same time alongside data collection and field trips. A methodological approach produced data that could undergo qualitative analysis. The data were arranged in chronological order and a content analysis of the statements was also prepared.

### 3. Profile of interviewees

The research subjects were different populations of PLHA, comprising men and women from Lower Egypt, Upper Egypt, urban and rural areas, as well as the largest urban governorates, i.e. Cairo, Giza, Qalioubia and Alexandria. (Figure 1)

**Figure 1**  
**Distribution of interviewees by governorate**



As for the educational level, 30.6 per cent of the interviewed women had no formal education against only 13.6 per cent of interviewed men, while the percentage of interviewed men and women who had primary school education was almost the same (15.7 per cent of men and 16.3 per cent of women), and about 32 per cent of men and 33 per cent of women had a secondary school education.

The percentage of women who were not employed at the time of conducting the interview was higher than the percentage of men (83.1 per cent of women and 35.5 per cent of men), and this difference is highly significant.

Only 6.9 per cent of women were in full-time employment against 27.9 per cent of men. This gender difference is in line with the data from the Annual Estimates of Labor & Unemployment Rates (15 years old and over) (2007-2010)\*, indicating that the unemployment rate was 4.9 among males and 22.6 among females, which points out that it is a general gender issue and not linked to the HIV status. However, it should be noted that women provide unpaid family service, and there are many unclassified activities practiced by women, either at home or outside home, to provide additional income for their families. (Table 1)

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\*www.capmas.gov.eg, Egypt in figures, March 2011.

**Table 1 Socio-demographic data of interviewees**

Socio-demographic data		
Data	Total N=529	
<b>Sex</b>	<b>Number</b>	<b>%</b>
Male	369	69.8
Female	160	30.2
<b>Total</b>	<b>529</b>	<b>100.0</b>
<b>Age</b>	<b>Number</b>	<b>%</b>
15-19 years	3	0.6
20-24 years	25	4.7
25-29 years	83	15.7
30-39 years	212	40.1
40-49 years	156	29.5
50+ years	50	9.5
<b>Total</b>	<b>529</b>	<b>100.0</b>
<b>Education</b>	<b>Number</b>	<b>%</b>
No formal education	99	18.7
Primary school	84	15.9
Preparatory school	68	12.9
Secondary school	173	32.7
Technical college/University	105	19.8
<b>Total</b>	<b>529</b>	<b>100.0</b>
<b>Occupation</b>	<b>Number</b>	<b>%</b>
Full-time employment	114	21.5
Part-time employment	16	3.0
Full-time self-employed	34	6.4
Doing casual or part-time work (self-employed)	101	19.1
Unemployed and not working at all	264	50.0
<b>Total</b>	<b>529</b>	<b>100.0</b>
<b>Marital Status</b>	<b>Number</b>	<b>%</b>
Married/living with partner	296	56.0
In a relationship but not living together	25	4.7
Single	95	18.0
Divorced/separated	44	8.3
Widow/widower	69	13.0
<b>Total</b>	<b>529</b>	<b>100.0</b>
<b>Location</b>	<b>Number</b>	<b>%</b>
Rural areas	180	34.0
Urban areas	111	21.0
Large city	238	45.0
<b>Total</b>	<b>529</b>	<b>100.0</b>

***Types of behavior***

Men having sex with men (MSM) represented 23.3 per cent of the men who participated in the survey, while 21.4 per cent of them were injecting drug users. Some individuals confirmed having 2 or 3 types of behavior at the same time and/or belonging to a vulnerable group. For example 3 MSM were IDUs, and 20 of the IDUs were prisoners. On the other hand, only one woman confirmed being an injecting drug user. (Table 2)

### ***How long respondents had known of their HIV serostatus***

More than half of the interviewees, both men and women knew their HIV serostatus for a period of 1-4 years, while only 0.8 per cent of men and 1.9 per cent of women knew they were HIV-positive for more than 15 years. The percentage of men who knew their HIV serostatus for less than one year was 18.2 per cent of the interviewed men, which exceeded the percentage of women that was only 14.4 per cent. (Table 2)

### ***Sexual activity***

The percentage of interviewed men and women who were married or in a relationship at the time of conducting the interview were 62.4 per cent and 56.9 per cent respectively, of them 86.9 per cent of men and 79.1 per cent of women stated that they were sexually active. (Table 2)

**Table 2 Type of behavior and HIV-related data**

<b>Type of Behavior and HIV-related data</b>						
<b>Data</b>	<b>Total N=529</b>					
	<b>Men N=369</b>		<b>Women N=160</b>		<b>Total N=529</b>	
<b>Groups</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Men having sex with men	86	23.3	0	0.0	86	16.25
Injecting drug user	79	21.4	1	0.6	80	15.12
Sex worker	7	0.9	0	0.0	7	1.32
Street children/homeless	2	0.5	0	0.0	2	0.37
Prisoner	32	8.7	0	0.0	32	6.04
Do not belong, and have not in the past belonged to any of these categories	193	52.3	159	99.4	352	66.92
Total number does not apply to number of interviewees due to multiple responses						
<b>Duration of knowledge about HIV serostatus</b>	<b>Men N=369</b>		<b>Women N=160</b>		<b>Total N=529</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
0-1 year	67	18.2	23	14.4	90	17.0
1-4 years	213	57.7	85	53.1	298	56.3
5-9 years	63	17.1	42	26.3	105	19.9
10-14 years	23	6.2	7	4.4	30	5.7
15+ years	3	0.8	3	1.8	6	1.1
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>160</b>	<b>100.0</b>	<b>529</b>	<b>100.0</b>
<b>Sexual activity</b>	<b>Men married or in relationship N=230</b>		<b>Women married N=91</b>		<b>Total N=321</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Sexually active	200	86.9	72	79.1	272	84.7

N.B. None of the interviewed women admitted being a sex worker

The percentage of HIV-positive women who have lost their spouses and were living with their children was 32 per cent of the interviewed women, which was higher than the low percentage of HIV-positive men who lost their spouses and were living with their children (1.3 per cent) (Table 3)

**Table 3 Distribution of interviewees according to the number of children orphaned by AIDs living in the same household**

Presence of children orphaned by AIDs living in the same household	Men N=369		Women N=160	
	Number	%	Number	%
Have children orphaned by AIDs living in the same household	5	1.3	51	31.9
<b>Mean</b>	<b>0.01</b>		<b>0.70</b>	

Besides, 53.9 per cent of men and 65.6 per cent of women confirmed that a member of their household had not had enough food to eat during the last month preceding the interview date. The median showed that women reported that they had spent around 7 days a month without enough food to eat for all their family members, while men reported that they were around 5 days. (Table 4)

**Table 4 Number of days in the last month that any member of the household had not enough food to eat as mentioned by interviewees**

Sex	Mean	Number of cases
Male	5.64	367
Female	7.49	158
Total	6.20	525*

N.B. Four subjects did not know the answer to this question

## 4. Key findings

### External stigma and discrimination

#### *HIV-based Exclusion from activities*

Interviewees who confirmed being excluded from social gatherings in the last 12 months were 11.7 per cent of men and 5.6 per cent of women, and from family activities (10.8 per cent of men and 6.9 per cent of women). The majority of those who confirmed being excluded from family activities considered their HIV status as the main reason for this exclusion. Other reasons mentioned by interviewees for exclusion varied from family disruption and problems, to being addicted to drug use, or being an MSM, or having been imprisoned (Table 5). Most interviewees mentioned that they have never been excluded from religious activities or places of worship (98.9 per cent of men and 98.1 per cent of women).

However, it should be noted that according to the information obtained from the interviewees in relation to disclosure and confidentiality, 20 per cent of both men and women did not inform adults in their families about their HIV status, 78 per cent did not inform friends/neighbors, 89 per cent did not inform co-workers, 84 per cent did not inform employers, 40 per cent did not inform health service providers, and 93 per cent did not inform teachers.

**Table 5 HIV-based exclusion from activities in the past 12 months**

HIV-based exclusion from activities	Men N=369		Women N=160	
	Number	%	Number	%
Excluded from social gatherings or activities	43	11.7	9	5.6
Excluded from family activities	40	10.8	11	6.9

#### *Gossip*

About one third of interviewed men, and around one quarter of interviewed women, were aware that there was gossip about them. Three-quarters of these believed that this gossip stemmed from their HIV status. (Table 6)

#### *Verbal insults*

Although only a small percentage of both men and women confirmed being verbally insulted, harassed or threatened, the HIV status was the main reason mentioned by 68.2 per cent of interviewed men and 54.2 per cent of interviewed women who confirmed being verbally insulted, harassed and/or threatened. (Table 6)

#### *Physical assault*

A few men and women confirmed they had suffered physical assault, of them 30 per cent of men and 28 per cent of women considered that their HIV status was the reason for this assault. (Table 6)

#### *Perpetrators*

Respondents who experienced assault were asked to identify the perpetrator of the assault, and the results showed that 75 per cent of women were assaulted by a person within their household

more than from anyone else. Assaults by persons outside the household or unknown persons were mainly mentioned by men. (Table 6)

**Table 6 Reactions towards interviewees as a result of their HIV serostatus in the past 12 months**

Reactions	Men N=369		Women N=160	
	Number	%	Number	%
Gossiped about	113	30.6	40	25.0
Verbally insulted, harassed and/or threatened	66	17.9	6	3.8
Physically harassed and/or threatened	31	8.4	6	3.7
Physically assaulted	30	8.1	7	4.4
Perpetrators of assault:				
Husband/wife/partner	0	0.0	1	12.5
Another member of the household	7	23.3	6	75.0
Person(s) outside the house known to me	12	40.0	0	0.0
Unknown person	11	36.7	1	12.5

***Perceived reasons for stigma and discrimination***

More than 60 per cent of both men and women were not sure about the reason(s) for being stigmatized and discriminated. On the other hand, 23.8 per cent of men and 29.4 per cent of women believed that people are afraid of getting infected with HIV through casual contact, or that people do not understand the modes of HIV transmission. Few men and fewer women thought that people think that having HIV is shameful. (Table 7)

**Table 7 Perceived reasons for experiencing stigma and/or discrimination in the past 12 months as a result of HIV-positive status**

Reasons	Men N=369		Women N=160	
	Number	%	Number	%
People are afraid of getting infected with HIV from me/people don't understand how HIV is transmitted/fear from infection through casual contact	88	23.8	47	29.4
People think that having HIV is shameful and they should not be associated with me	33	9.0	12	7.5
Religious beliefs or moral judgments	9	2.4	0	0.0
People disapprove of my lifestyle or behavior	13	3.5	1	0.6
I look sick with symptoms associated with HIV	4	1.1	0	0.0
I don't know/I am not sure of the reason(s)	222	60.2	100	62.5
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>160</b>	<b>100.0</b>



### ***Reasons other than HIV status for experiencing stigma and discrimination***

Perceived reasons for experiencing stigma and discrimination, other than HIV status, varied among interviewees according to the type of behavior of each individual, either being an MSM, sex worker, IDU, or prisoner, or due to other reasons mentioned by interviewees such as being divorced, not working, or having multiple sexual relationships.

### ***Psychological pressure or manipulation by partners***

The percentage of men who were subjected to psychological pressure or manipulation by their partner because of their HIV status was 22.5 per cent, while it was mentioned by only 12.5 per cent of women. The same goes to the experience of sexual rejection that was mentioned by 16.3 per cent of men and 5 per cent of women.

### ***Discrimination by other PLHA***

Discrimination was also practiced by other PLHA, as 12.5 per cent of interviewed men and 2.5 per cent of interviewed women stated that they were discriminated against by other PLHA.

### ***Discrimination against partners or members of the household***

As for those who reported that their partners or a member of their household experienced discrimination, only 16.5 per cent of men and 10.6 per cent of women mentioned such discrimination.

### ***Changing place of residence due to HIV status***

Access to secure housing was found to be affected by the HIV status of about 20 per cent of men and 21 per cent of women who confirmed being forced to change their place of residence, or were unable to rent accommodation and they perceived that disclosing their HIV status was the main reason (as mentioned by 55.4 per cent of those men and 35.3 per cent of those women).

### ***Denial of access to health services***

More than 40 per cent of men and women did not reveal their HIV status while applying for health services, while more than half of those who revealed their HIV status (51.3 per cent of men and 53.1 per cent of women) were denied health services. All women who reported being denied sexual and reproductive health services said that the health service providers had been informed of their HIV status, while 41.7 per cent of men reporting denial of such services were not sure if the health service providers knew about their HIV status.

### ***Losing job or other sources of income***

At the time of conducting the interview, 22.2 per cent of men and 72.5 per cent of women were not employed. Those who were employed were asked about how often they lost their job or source of income in the last 12 months (Table 8). All women and the majority of men who lost their jobs believed that the cause was due to their HIV status. A small percentage of them believed that they were refused employment or work opportunities because of the discrimination by the employer or by co-workers (12.0 per cent of men and 25 per cent of women), while 63.1 per cent of men and 37.5 per cent of women, who lost their job or source of income, stated that they had to stop working due to their poor health.

**Table 8 Losing job or other sources of income in the past 12 months**

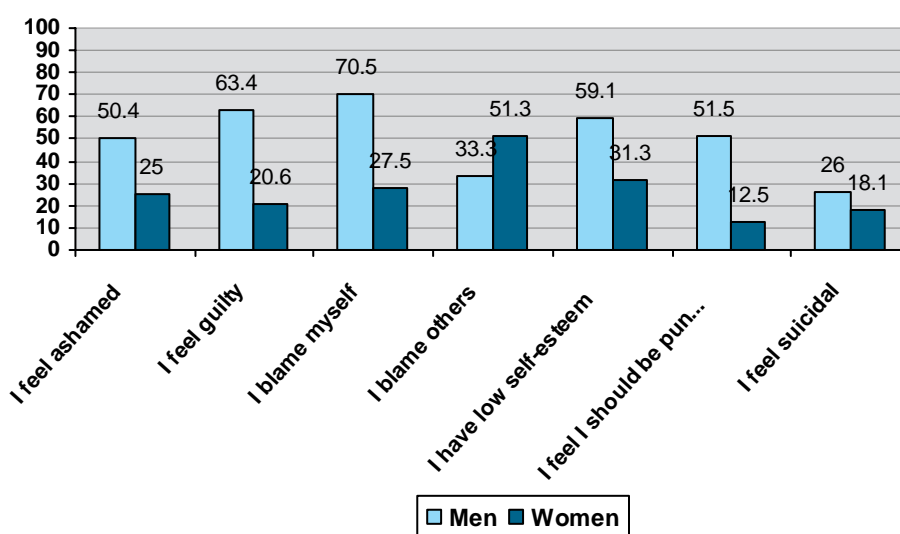
Lost a job or source of income in the last 12 months	Employed Men N=287		Employed Women N=44	
	Number	%	Number	%
Never	176	61.3	36	81.8
Once	52	18.1	5	11.4
A few times	29	10.1	1	2.3
Often	30	10.5	2	4.5
<b>Total</b>	<b>287</b>	<b>100.0</b>	<b>44</b>	<b>100.0</b>

### Internal stigma

A high level of internal stigma among the study subjects based on their HIV-positive status was reflected by the feelings of shame, guilt, and self blame. More men (50.4 per cent) than women (25 per cent) felt ashamed, and also more men (63.4 per cent) than women (20.6 per cent) felt guilty. Also 70.5 per cent of men and 27.5 per cent of women blamed themselves. As for blaming others, it was mentioned by 33.3 per cent of men and 51.3 per cent of women. More men felt they should be punished (51.5 per cent) rather than women (12.5 per cent). (Figure 2)

**Figure 2**

**Feelings of interviewees about their own HIV status (percentage)**



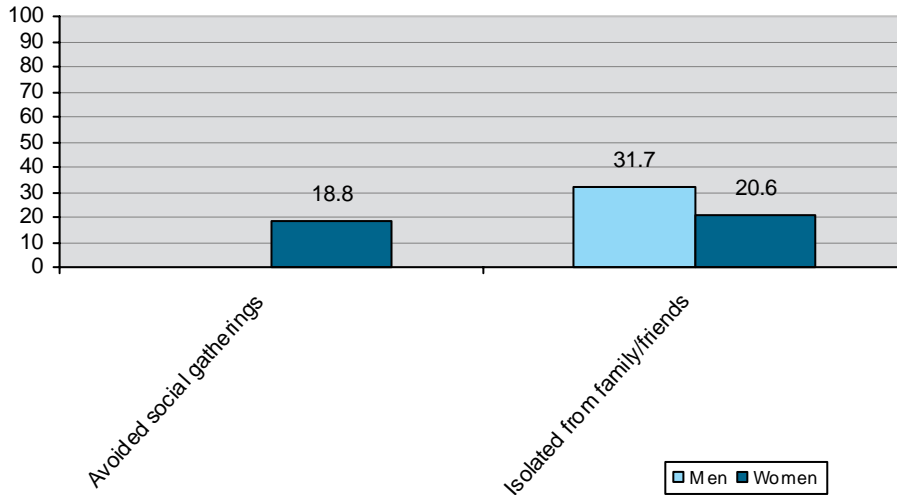
N.B. The percentages do not add to 100 as a result of multiple responses

The research findings indicated that the negative feelings and internal stigma were faced more by the most at risk population (MARPS), as expressed by 7.6 per cent of MSM, and 15.2 per cent of IDUs, which pinpoint that the HIV-related stigma and stigma related to certain types of behavior, are interacting and strengthened by each other.

The impact of internal stigma on interviewees' daily life indicated the way in which they cope with their HIV status. The percentage of men who decided not to attend gatherings was 29 per

cent against 18.8 per cent of women, while 31.7 per cent of men and 20.6 per cent of women isolated themselves from family and friends. (Figure 3)

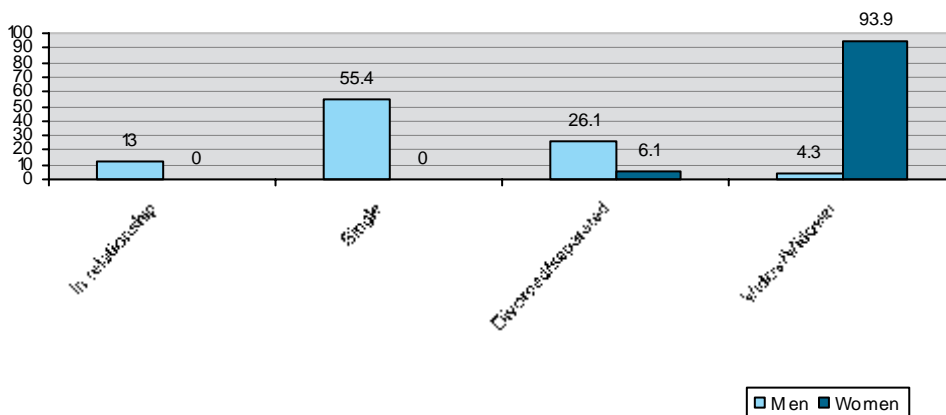
**Figure 3**  
Interviewees who have chosen to isolate themselves (percentage)



A number of the men and women interviewed have also taken decisions concerning marriage, sex, and having children that are related to their own HIV status. (Figures 4, 5 and 6). These include making a decision not to get married in the previous 12 months, with the percentages ranging from 13 per cent of men in a relationship to almost 94 per cent of women who had been widowed. Significant proportions had decided not to have sex in the previous year, including more than a quarter of married men and women and more than 45 per cent of single men. Finally, the vast majority of married men and women – around three-quarters – had decided against having a child in the past 12 months

**Figure 4**

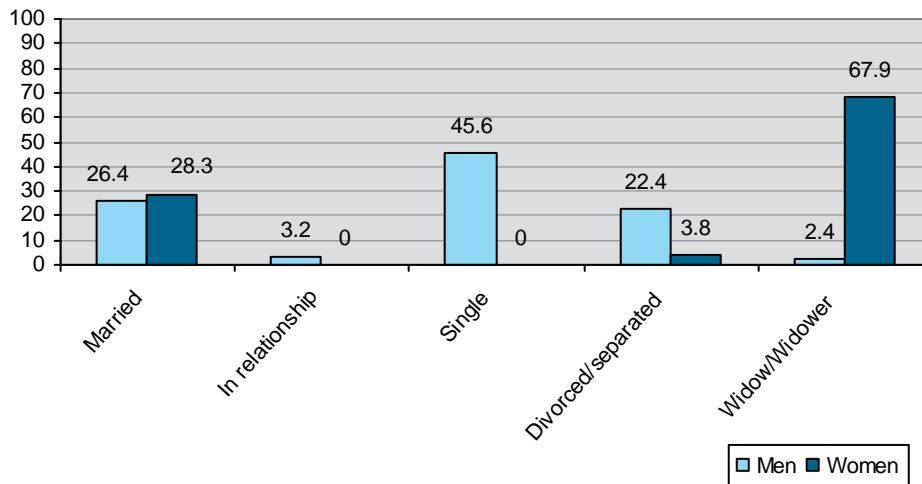
Percentage of interviewees who decided not to get married as a result of HIV status in the past 12 months



N.B. None of the interviewed women were single or in a relationship.

**Figure 5**

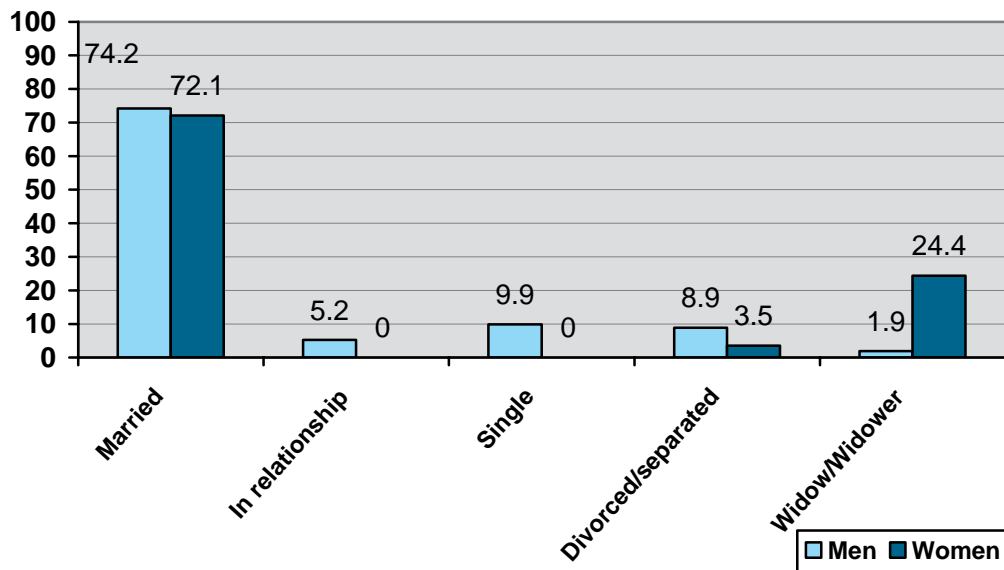
**Percentage of interviewees who decided not to have sex as a result of HIV status in the past 12 months**



N.B. None of the interviewed women were single or in a relationship

**Figure 6**

**Percentage of interviewees who decided not to have a child in the past 12 months**



N.B. None of the women interviewed were single or in a relationship.

In addition to their own internal stigma, a high percentage of the men and women interviewed were fearful of being gossiped about (65 per cent of men and 59.4 per cent of women). More men than women feared verbally or physically insulted, threatened, harassed and assaulted. (Table 9).

A high percentage of interviewed men and women were fearful of being gossiped about (65 per cent of men and 59.4 per cent of women). More men than women were fearful of being verbally or physically insulted, threatened, harassed and assaulted. (Table 9)

**Table 9 Distribution of interviewees who were fearful as a result of their HIV status**

Fearful from things	Men N=369		Women N=160	
	Number	%	Number	%
Being gossiped about	240	65.0	95	59.4
Being verbally insulted, harassed and/or threatened	199	53.9	72	45.0
Being physically harassed and/or threatened	119	32.2	44	27.5
Being physically assaulted	110	29.8	36	22.5

N.B. Percentages do not add to 100 as a result of multiple responses

## 5. Rights, laws, and policies

The limited knowledge interviewees had about the 2001 UN Declaration of Commitment on HIV/AIDS, which aims to protect the rights of PLHA, indicated that few had heard about such treaties or related laws and policies. The sources of information among the few who did know about it included Ministry of Health counseling sessions, NGOs, Caritas, support groups, other PLHA, media, or the Internet.

In this context, the interviewees were asked about things that had happened to them during the previous 12 months, including being forced to undertake a medical procedure, or to disclose their HIV status, or who were subjected to abuse of their rights as PLHA. (Table 10)

**Table 10 Things that happened during the past 12 months as a result of HIV status**

Things that happened	Men N=369		Women N=160	
	Number	%	Number	%
Forced to submit to a medical or health procedure	22	6.0	6	3.8
Denied health insurance	16	4.33	4	2.5
Arrested or taken to court	5	1.35	0	0.0
Had to disclose HIV status	55	14.90	3	1.8
I was detained, quarantined, isolated or segregated	42	11.38	9	5.6
None of these things happened	251	68.8	143	89.4

N.B. Percentages do not add to 100 as a result of multiple responses.

A few men and women (10.8 per cent and 8.1 per cent respectively) reported having experienced abuse of their rights. Besides, about 12 per cent of men and 7 per cent of women reported having been detained, quarantined, isolated, or segregated due to their HIV status. However, only 8 men (20 per cent) and 3 women (23 per cent) tried to get a legal redress. The reason for not trying to get a legal redress varied from feeling intimidated or scared to take action; the process appeared too bureaucratic; they do not have sufficient financial resources to take action; while a few men and women said they were advised by someone else against taking action, or they had no or little confidence about the outcome.

When asked about the results of their trying to get a governmental employee(s) to take action against an abuse of their rights as PLHA, 6 men said that nothing had happened, while one woman said that the matter had been dealt with and a man said that the matter was still in process.

Trying to get a local or national politician to take action against an abuse of their rights as PLHA was mentioned by 6 men only, while none of the women had ever contacted a local or national politician. Five out of the six men confirmed that they started this process during the last 12 months. As for the results, one man said the matter was still in process while the rest commented that nothing had happened.

## 6. Effective change

A lack of remedial/complaint mechanism in cases of discrimination was noted among interviewees, as 72 per cent of men and 81.3 per cent of women lacked knowledge of organizations that provide help in case of discrimination. (Table 11)

**Table 11 Interviewees' knowledge of any PLHA organizations or groups where they could get help if they experience discrimination**

Knowledge of any organizations or groups	Men N=369		Women N=160	
	Number	%	Number	%
<b>No</b>	<b>269</b>	<b>72.6</b>	<b>130</b>	<b>81.3</b>
<b>Yes:*</b>	<b>100</b>	<b>27.4</b>	<b>30</b>	<b>18.8</b>
What kind of organization?*				
PLHA support group	39	10.6	20	66.7
Network of PLHA	9	2.5	1	3.33
Local NGO	53	14.4	14	46.6
A legal practice	2	0.5	3	10.0
A human rights organization	20	5.4	9	30.0
National NGO	5	1.3	1	3.33
National AIDS Council	10	2.7	2	6.66
International NGO	5	1.3	1	0.6
UN organization	1	0.3	2	1.2
Other	3	0.8	0	0.0

N.B. Percentages do not add to 100 as a result of multiple responses.

Those who were members of a PLHA support group or network were less than 20 per cent of the total interviewed subjects, but their involvement in efforts to develop legislation, policies or guidelines was limited (3.8 per cent). Moreover, the majority of those men (83 per cent) and women (84 per cent) who confirmed their knowledge of organizations or groups that they can go to for help if they experience discrimination, did not seek help or assistance from these organizations.

When asked to suggest the most important things that should be done by the organizations of PLHA to address stigma and discrimination, most of the interviewees believed that the priority should be to provide emotional, physical, and referral support, and to raise the awareness and knowledge of the public about AIDS.

### **Box 1. Problems and challenges: stigma and discrimination**

The subjects interviewed for this study were asked to describe their problems and challenges verbally. This revealed that around one quarter of them (24.5 per cent) were afraid to disclose their HIV-status and preferred not to do so. They were also asked to talk in detail about other issues of stigma and discrimination that had not been covered elsewhere in their responses to the questionnaire for this study, and whether they had tried to resolve them.

*"My mother refused to talk to me"*

*"The way people treat me due to the AIDS issue"*

Some issues mentioned by 3.1 per cent of the interviewees were being unable to undergo surgery; while a few others mentioned problems in the way they were being treated by family members or people in general, or even having to quit their job when their HIV status was revealed.

*"I changed my place of residence when people knew about the AIDS issue"*

*"I left my work when people knew about my HIV status"*

*"They told me to leave my place and the whole town"*

*"I said I have virus C in order to be able to undergo the surgery"*

When asked who helped them to solve these problems, 47.7 per cent stated that nobody assisted them, 15.9 per cent mentioned women's health promotion organizations, 6.8 per cent mentioned the support groups at the Ministry of Health or a health service provider at a Fever Hospital, and a few mentioned that other PLHA collected money for them.

*"Nobody assisted me"*

*"A doctor at the Fever Hospital assisted me"*

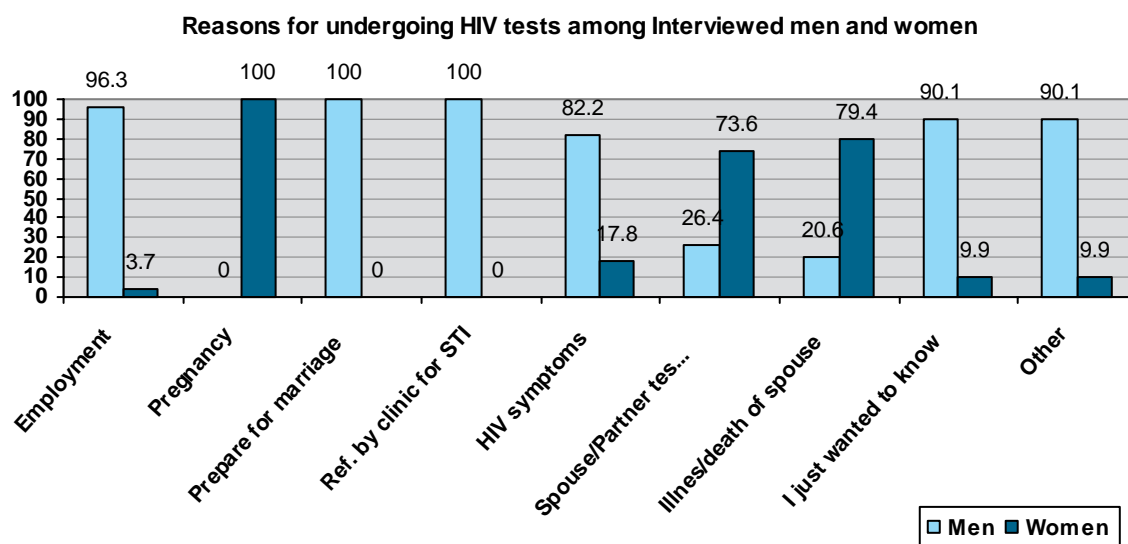
*"A counselor at the VCT"*



## 7. Testing diagnosis and counseling

The reasons for undergoing an HIV test were different among both men and women, as 43.9 per cent of men and 21.9 per cent of women were referred due to suspected HIV-related symptoms. The illness or death of a partner and/or family member was the reason for undergoing HIV test among 41.9 per cent and 31.8 per cent of women which indicated that some of them may have been infected for a period of time before being presented for the test. The results also indicated that the majority of infections among women were due to heterosexual relationships, as more than three quarters of the interviewed women said that the reason for undergoing an HIV test was the death of a husband/partner/family member, or that the husband/partner or family member had been tested HIV-positive. Other reasons mentioned by few a interviewees were infection from blood donations or during treatment from addiction, or while undergoing a surgery, or being sent for HIV test by a police officer. (Figure 7)

Figure 7



The person who took the decision to undergo an HIV test varied among interviewed subjects, as 28.2 per cent of men and 15.6 per cent of women were tested without their knowledge, and about 10 per cent of men and 12 per cent of women were coerced to undergo the HIV test, while more than 60 per cent of interviewees stated that they took the decision by themselves. (Table 12)

**Table 12 Distribution of interviewees according to who made the decision to be tested for HIV**

Who made the decision	Men N=369		Women N=160	
	Number	%	Number	%
I took the decision myself	225	61.0	103	64.4
I took the decision under pressure from others	4	1.1	13	8.1
I was made to take an HIV test (coercion)	36	9.8	19	11.9
I was tested without my knowledge, I only found out after the test had been done	104	28.1	25	15.6
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>160</b>	<b>100.0</b>

The correlation between the reasons for undergoing an HIV test and those who had taken the decision to undergo an HIV test indicated that a high percentage decided to do the HIV test by themselves especially in case of husband/partner testing HIV positive or due to the illness or death of husband/ partner. (Table 13)

**Table 13 Correlation between the reason(s) for undergoing an HIV test and who made the decision**

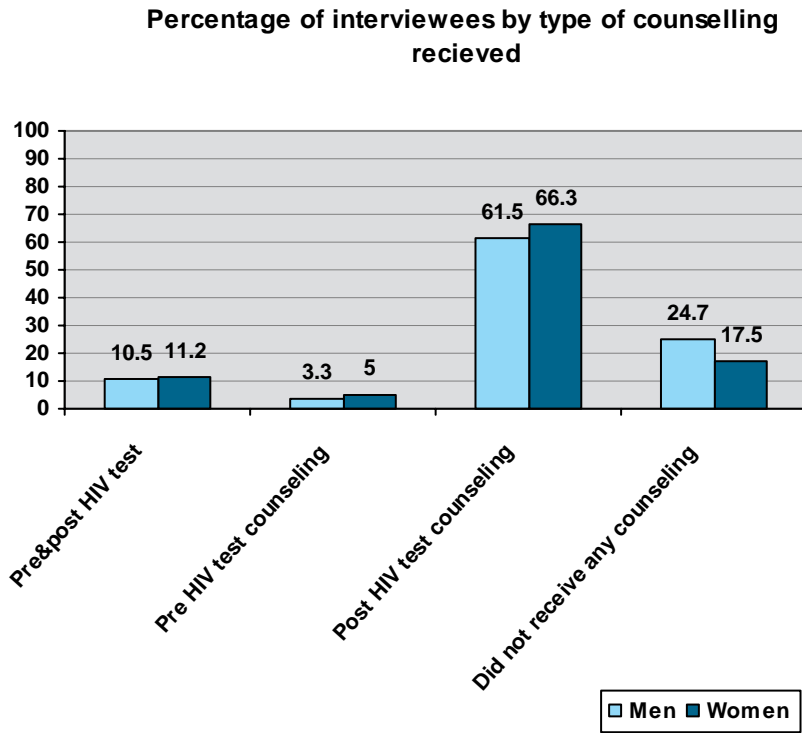
Reason(s) for undergoing HIV test	Who has taken the decision for an HIV test							
	I took the decision myself		I took the decision under pressure from others		Coerced		I was tested without my knowledge	
	Number	%	Number	%	Number	%	Number	%
Employment n=82	59	72.0	0	0.0	9	11.0	14	17.1
Pregnancy n=1	0	0.0	0	0.0	0	0.0	1	100.0
Marriage n=4	4	100.0	0	0.0	0	0.0	0	0.0
Referred by STI clinic n=4	2	50.0	0	0.0	0	0.0	2	50.0
HIV-related symptoms n=197	107	54.3	2	1.0	20	10.2	68	34.5
Husband, partner tested HIV+ =91	67	73.6	6	6.6	12	13.2	6	6.6
Illness or death of husband, partner n=63	41	65.1	10	15.9	10	15.9	2	3.2
I just wanted to know n=28	28	100.0	0	0.0	0	0.0	0	0.0
Other n=71	27	38.0	1	1.4	6	8.5	37	52.1

***Pre and post-diagnosis counseling***

About 10.6 per cent of men and 11.3 per cent of women confirmed receiving pre and post counseling, while 24.7 per cent of men and 17.5 per cent of women said they had not received

any counseling, and 61.5 per cent of men and 66.3 per cent of women confirmed receiving post tests only. (Figure 8)

**Figure 8**



## 8. Disclosure and confidentiality

Not all of the interviewed subjects had disclosed their HIV status to the husband/wife/partner. A higher percentage of men (14.2 per cent) than women (0.9 per cent) did not disclose their HIV status, which indicated that more men than women were unable to reveal their status to close relatives. Sometimes the HIV status was disclosed without the interviewees' consent to partners, family members, or other members of the community.

The study results also indicated that 33.5 per cent of men and 20.1 per cent per cent of women did not reveal their HIV status to other adult family members; and that 66.2 per cent per cent of men and 78.1 per cent per cent of women did not reveal their HIV status to friends/neighbours. Around one quarter of both men and women did not reveal their HIV status while attending health services, even though about 17 per cent per cent of the total numbers of subjects interviewed were newly diagnosed. (Table 14)

**Table 14 How family members or other people were first informed of interviewees' HIV status**

	Men				Women			
	I told them	Someone else told them with my consent	Someone else told them without my consent	They don't know my HIV status	I told them	Someone else told them with my consent	Someone else told them without my consent	They don't know my HIV status
	%	%	%	%	%	%	%	%
Husband/wife/partner	58.2	15.3	12.44	14.2	36.2	48.3	14.7	0.9
Other adult family members	36.5	12.1	17.9	33.5	45.9	23.9	10.1	20.1
Children in the family	4.0	0.6	4.3	91.1	10.1	6.0	3.4	79.7
Friends/neighbors	25.0	1.1	7.7	66.2	11.0	1.9	9.0	78.1
Other PLHA	27.2	19.4	37.6	15.7	29.2	20.1	40.9	9.7
Co-workers	6.9	1.1	6.9	85.1	5.4	2.7	2.7	89.2
Employer(s) boss(es)	6.2	0.9	9.3	83.7	11.5	0.0	3.8	84.6
Clients	2.4	2.4	0.0	95.2	0.0	4.5	0.0	95.5
IDUs partners	18.9	1.1	2.1	77.9	0.0	0.0	0.0	0.5
Religious leaders	8.4	0.4	3.2	88.0	12.0	2.2	2.2	83.7
Community leaders	1.7	0.0	2.6	95.7	0.0	0.0	1.1	98.9
Health care workers	22.5	24.6	10.6	42.4	22.9	32.1	4.3	40.7
Social workers/counselors	45.3	35.2	16.6	2.9	39.0	48.6	11.0	1.4
Teachers	1.7	0.0	2.6	95.7	0.0	0.0	6.4	93.6
Government officials	1.8	0.0	1.2	97.0	0.0	0.0	4.5	95.5
The media	5.2	0.6	1.7	92.5	4.3	2.9	4.3	88.6

\* NA are not added

The interviewees were asked to rank the responses of family members and other people in the community upon discovering the interviewees' HIV status. Among interviewed subjects who informed their family members about their HIV status, about 25 per cent of men and 13 per cent of women stated that the reactions of those family members were discriminatory. (Table 15)

**Table 15 Reactions of family members or other people when first informed of interviewees' HIV status**

	Men			Women		
	<b>Discrimi- natory</b>	<b>No difference</b>	<b>Supportive</b>	<b>Discrimi- natory</b>	<b>No difference</b>	<b>Supportive</b>
	%	%	%	%	%	%
Husband/wife/ partner	21.8	12.6	65.7	6.2	19.3	74.5
Other adult family members	24.7	12.3	60.0	12.9	11.3	75.8
Children in the family	27.6	27.6	44.8	12.5	40.6	46.9
Friends/neighbors	33.1	17.7	49.2	29.4	26.5	44.1
Other PLHA	1.5	61.9	36.7	0.0	50.8	49.2
Co-workers	51.3	18.9	29.7	25.0	0.0	75.0
Employer(s) boss(es)	56.7	10.8	32.4	50.0	25.0	25.0
Clients	42.9	0.0	57.2	100.0	0.0	0.0
IDUs partners	18.2	40.9	40.9	0.0	0.0	0.0
Religious leaders	3.6	7.1	89.3	12.5	0.0	87.5
Community leaders	20.0	40.0	40.0	100.0	0.0	0.0
Health care workers	16.8	8.9	74.2	14.4	8.4	77.1
Social workers/ counselors	1.5	4.6	93.8	0.7	5.0	94.2
Teachers	25.0	0.0	75.0	0.0	0.0	100.0
Government officials	25.0	25.0	50.0	0.0	0.0	0.0
The media	10.0	30.0	60.0	20.0	20.0	60.0

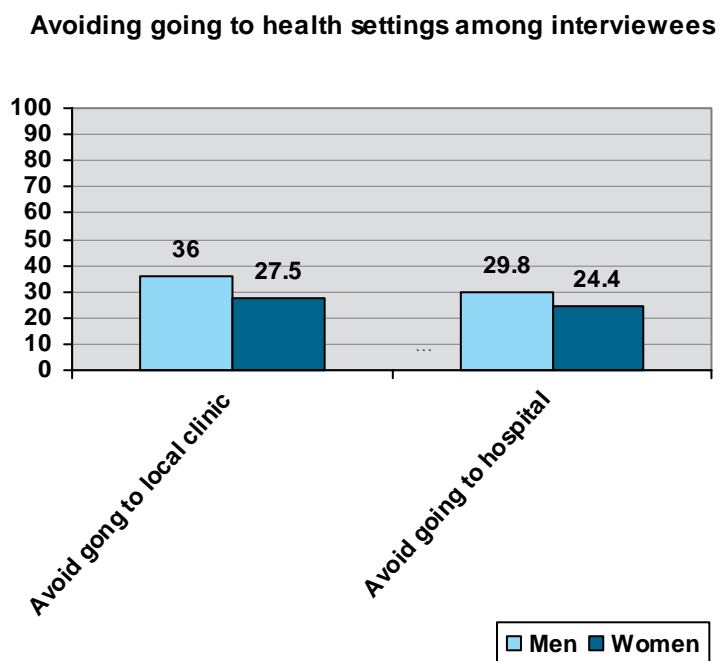
\* NA are not added

## 9. Health and Treatment

### *Avoiding going to health settings*

About 36 per cent of men and 27.5 per cent of women avoided going to a clinic, while those who avoided going to a hospital were about 30 per cent of men and 24.4 per cent of women. (Figure 9)

**Figure 9**



### *Confidence in health and medical records*

About 24 per cent of both men and women did not know if their medical records were kept confidential, and a few respondents (5.4 per cent of men and 2.5 per cent of women) believed that their medical and health records were not confidential. This may be based on the respondent's experience of confidentiality breaches in a health-care setting.

### *Self assessment of current health*

About 60 per cent of interviewed men and 57 per cent of interviewed women described their health as fair or poor (Table 16).

**Table 16 Interviewees' perception of their present health condition**

Interviewees' perception of their present health condition	Men N=369		Women N=160	
	Number	%	Number	%
Excellent	12	3.3	1	0.6
Very good	45	12.2	17	10.6
Good	92	24.9	51	31.9
Fair	117	31.7	58	36.3
Poor	103	27.9	33	20.6
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>160</b>	<b>100.0</b>

### ***Access to antiretroviral treatment***

The percentage of men and women who were taking antiretroviral treatment (ART) were almost the same (61.8 per cent and 61.3 per cent respectively), while 73.4 per cent of interviewed men and 66.3 per cent of interviewed women confirmed that they have access to the treatment even if they do not take it. (Table 17)

**Table 17 ART intake among interviewees**

ART intake	Men N=369		Women N=160	
	Number	%	Number	%
<b>ART intake</b>				
- Yes	228	61.8	98	61.2
- No	141	38.2	62	38.8
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>160</b>	<b>100.0</b>
<b>Have Access* to ART (even if they do not take it)</b>				
- Yes	271	73.4	106	66.3
- No	38	10.3	25	15.6
- Don't know	60	16.3	29	18.1
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>160</b>	<b>100.0</b>

\* According to the User Guide "access means that ART is available and free or can be afforded"

More than 35 per cent of both men and women who are taking ART described their health status as fair, and 30.7 per cent of men and 19.4 per cent of women described their health status as poor. (Table 18)

**Table 18 Correlation between ART intake and self assessment of the health status of interviewed men and women**

Interviewees' perception of their health status at present	Men Taking ART N=228		Women Taking ART N=98	
	Number	%	Number	%
Excellent	6	2.6	1	1.0
Very good	17	7.4	5	5.1
Good	53	23.2	36	36.8
Fair	82	36.1	37	37.8
Poor	70	30.7	19	19.3
<b>Total</b>	<b>228</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>

### ***Constructive discussions with health care providers***

More than 40 per cent of both men and women reported that they had not had a constructive discussion with a health care professional on HIV-related treatment options, and about 29 per cent of men and 16 per cent of women had not had a constructive discussion with a health care professional on reproductive options. In the meantime, those who confirmed having had a constructive discussion with a health care provider, mentioned that these subjects covered sexual and reproductive health, sexual relationship(s), emotional well-being, drug use, etc.

## 10. Having children

The interviewees who already had children at the time of conducting the interview were 56.1 per cent of men and 86.9 per cent of women, of them 9.6 per cent of men and 19.4 per cent of women confirmed having an HIV-positive child, with the exception of three men who stated that they don't know the serostatus of their children because they had not yet had them tested. (Tables 19)

**Table 19 Interviewees who have HIV-positive child/children**

Have HIV-positive child/children	Men who have children N=207		Women who have children N=139	
	Number	%	Number	%
Yes	20	9.6	27	19.4
No	184	89.0	112	80.6
Don't know child's serostatus	3	1.4	0	0.0
<b>Total</b>	<b>207</b>	<b>100.0</b>	<b>139</b>	<b>100.0</b>

### *Reproductive options*

More than 50 per cent of men and more than 60 per cent of women confirmed receiving counseling about their reproductive options since being diagnosed as HIV-positive; while 42 per cent of men and about 49 per cent of women confirmed being advised by a health care professional not to have more children, only a few men and few women (3.3 per cent and 3.8 per cent respectively) mentioned they were coerced by a health care professional not to have a child since being diagnosed as HIV-positive.

### *ART intake to prevent mother-to-child transmission of HIV during pregnancy*

About 83 per cent of women who already had children did not receive ART to prevent mother-to-child transmission of HIV, of them 59.2 per cent were not HIV-positive during pregnancy, and 20.4 per cent did not know they were HIV-positive during pregnancy, while the rest were either not aware of the existence of such treatment or they did not have access to this treatment. (Table 20)

The majority of interviewed women who were taking ART during pregnancy confirmed being given information about health pregnancy and motherhood as part of the program to prevent mother-to-child transmission of HIV.



**Table 20 ART intake to prevent mother-to-child transmission of HIV during pregnancy among female interviewees**

ART intake	Women who have children N=142	
	Number	%
Yes, I have received such treatment	24	16.9
No, why?	118	83.1
I did not know that such treatment existed	2	1.4
I refused such treatment	1	0.7
I did not have access to such treatment	2	1.4
I was not HIV-positive when pregnant	84	59.2
I did not know that I was HIV-positive during pregnancy	29	20.4

Women who had an HIV-positive child were 27, of them, 12 women (44.4 per cent) did not know they were HIV-positive during pregnancy. (Table 21)

**Table 21 ART intake to prevent mother-to-child transmission of HIV among interviewed women who have an HIV-positive child**

ART intake	Women having an HIV-positive child N=27	
	Number	%
I have received such treatment*	10	37.0
I did not know that such treatment existed	1	3.7
I was not HIV-positive when pregnant	4	14.9
I did not know that I was HIV-positive during pregnancy	12	44.4

N.B. A few women who already had an HIV-positive child were given ART to prevent mother-to-child transmission during their pregnancy of the second child

### **Box 2. Problems and challenges: health and treatment**

All of those interviewed for this study were asked to pinpoint, in their own words, the main problems and challenges they faced in relation to: testing and diagnosis, disclosure and confidentiality about being HIV-positive, antiretroviral treatment, and having children when they are HIV-positive.

#### **Testing and diagnosis**

***"Going for testing was not easy because the place was too far"***

About 2.6 per cent of those interviewed mentioned that testing was only available too far from their homes, or at testing centers that were overcrowded, with long waiting times. In addition, 2.4 per cent of interviewees said that before being diagnosed, they had to visit many doctors and

laboratories for tests but nobody was able to diagnose their HIV status. About 1.7 per cent of the interviewees complained of bad treatment, and the same percentage complained that the test device was out of order most of the time.

***"I went to many doctors and have done several tests but the doctors could not diagnose my health condition and finally I was tested for HIV at the VCT"***

#### **Disclosure and confidentiality**

***"I cannot reveal my HIV status, for fear of people's reaction"***

***"People will look down upon me"***

It was noted that almost one quarter of the interviewees (24.5 per cent) stated that they were fearful of disclosing their HIV status and preferred not to do so. In addition, 6.5 per cent said that they were badly treated when their HIV status was revealed. Other problems mentioned by a few interviewees were the lack of privacy when they went to a health service outlet, being called by name out loud so everybody knew about their HIV status; or doctors who informed their partners without their consent.

***"I was badly treated when I revealed my HIV status"***

***"There is no confidentiality; they informed my wife before telling me"***

***"When I revealed my HIV status I was sent away from home and dismissed from work"***

***"When I revealed my HIV status my wife took the papers to court to get a divorce"***

Fears of losing employment were also mentioned and a few interviewees preferred to conceal their HIV status as a result.

***"I told them that I have virus C"***

***"I cannot reveal my HIV status because I will lose my job"***

***"They gave me a paid vacation and are sending me my salary in order not to go to work anymore"***

#### **Antiretroviral treatment**

The percentage of interviewees who were receiving ART at the time of the study was 72.6 per cent of the total number of interviewees. Of these, 74.2 per cent stated that they had no problems in relation to the ART intake. As for those who had problems, 11.5 per cent mentioned feeling tired and dizzy, 4.1 per cent said that the place for receiving the treatment was too far from their homes, 2 per cent said that the medication was not available all the time, 1.1 per cent said that the medications had expired, and 0.6 per cent believed that the treatment was not effective.

***"I always feel tired ever since I started the treatment"***

***"The place for taking the ART is too far"***

***"The medication is not available all the time"***

#### **Having children**

***"I am aware that I cannot have children"***

***"I may get an infected child"***

***"I may get an MSM child"***

When asked about having children, 34.5 per cent of interviewees stated that they did not want to have children, 14.8 per cent believed that there was a possibility they would have an infected child, and 12.7 per cent mentioned they believed they could not have a child. However, 35.3 per cent of interviewees believed that there was no problem in having children while they were HIV-positive.

***"When I was pregnant the doctors refused to assist me in labour"***

***"I was afraid to give birth at the Fever Hospital because my family members would know about my HIV status"***

## 11. Conclusion and recommendations

Assessment of the attitudes of partners, family members, neighborhoods and workplaces, indicated that reactions towards PLHA varied from acceptance and support to rejection, and that concepts of innocence and guilt were still part of the perception of HIV-related stigma, although a high percentage of the study subjects did not disclose their HIV status in order to protect themselves from stigma and discrimination.

Moreover, a high level of internal stigma among the study subjects based on their HIV-positive status was noted, and it was reflected by emotional reactions including self-blame, or blaming others that was mentioned by more than half of the interviewed women because of the assumption about men's sexual behavior being responsible of heterosexual transmission, while shame and guilt were mainly expressed by men rather than women.

The results also highlighted the influence of religious beliefs on HIV-related stigma that significantly shaped research subjects upon being first diagnosed.

According to the results, more than three quarters of the interviewed women were infected due to heterosexual relationships, as most of them said that the reason for undergoing an HIV test was the death of their husband/partner/family member or that the husband/partner/family member had been tested HIV-positive, while this reason was mentioned by only a few of the interviewed men. On the other hand, the percentage of men who were faced by discriminatory reaction from their wife/partner was higher than the percentage of women who were discriminated by their husbands.

It was noted that one quarter of both men and women did not reveal their HIV status while attending health services, including dental care. The subjects who revealed their HIV status to a health service provider reported being negatively treated within the health care settings which underscores the importance of in-service training for the health service providers. Different outlets are still needed, together with other educational programs, in order to adopt behavioral changes and to increase knowledge and correct misinformation. Physicians' training should address the emotional factors that shape the lives of PLHA, as well as clinical approaches to the disease itself – providing stigma-free services as well as purely clinical care.

More than 20 per cent of both men and women were forced to change their place of residence, or were unable to rent accommodations upon disclosing their HIV status. Also, about 40 per cent of working men and 80 per cent of working women reported losing their job or source of income due to their HIV status.

The results showed that 75 per cent of women who reported being assaulted due to their HIV status mentioned that the perpetrator of this assault was a person within their household more than being from anywhere else. Assaults by persons outside the household or unknown persons were mainly mentioned by men.

The results also showed a gap in the role played by NGOs working with PLHA and a need to strengthen this role especially in providing support to PLHIV and to complement the MOH/NAP efforts. Only 28 per cent of men and 19 per cent of women confirmed their

knowledge of an organization that they could go to for help, while a few confirmed seeking help from a local NGO.

## Recommendations

- **AIDS-related stigma has to be acknowledged by all those who work in the field of HIV/AIDS** if they are to ensure HIV/AIDS prevention, care, and support, and treatment especially in the different health settings. This requires the development of standards of practice for health-care providers working with people living with HIV, and the reinforcement of the competencies (skills, knowledge, and behaviour) of health workers and other key service providers to approach PLHA in an inclusive and dignified manner.
- **Develop and implement approaches to address the root causes of stigma and discrimination.** This would tackle the lack of awareness, as well as beliefs about what is considered immoral or improper and baseless fears of acquiring HIV/AIDS.
- **Scale-up interventions to reduce stigma/discrimination within the framework of the National HIV strategic plan.** In addition, assertiveness skills should be an important component of the support programmes, which should also provide relevant and appropriate information to provide guidance and help PLHA to face stigma.
- **Strengthen the capacity and empowerment of PLHA to reduce stigma and discrimination.** This involves supporting civil society to advocate the rights of PLHA and engaging in activities that reduce stigma and discrimination. It may include the development and implementation of community-based interventions to advocate against discrimination and to broaden the knowledge of the rights of PLHA.
- **Establish regular monitoring and reporting systems on stigma and discrimination indicators,** through the replication of the same study on interval in order to monitor the progress made in addressing HIV-related stigma.
- **Foster programmes to generate income for PLHA** and develop their capacity through vocational trainings to integrate in the workforce.
- **Establish an independent mechanism to receive complaints related to discriminatory practice** and to investigate alleged discrimination against people with or affected by HIV. This mechanism could be integrated within the Ministry of Health and incorporated into the regular work of the National Council for Human Rights.
- **Create an enabling and protective legal and regulatory environment** that increases access to justice and redress for PLHA, and that advocates for their rights and/or provides support to marginalized groups.
- **Integrate the efforts being made by government and by non-governmental organizations,** particularly PLHA groups to complement and reinforce the objectives of national programmes. The role of PLHA organizations to address stigma and

discrimination should focus on advocating for the rights of all PLHA, on providing emotional, physical and referral support, and encouraging PLHA to be involved in efforts to develop legislations, policies or guidelines related to HIV.

- **Integrate HIV issues and PLHA into cultural activities**, to demonstrate the acceptability of disclosing an HIV status.
- **Build public awareness and to demonstrate the positive aspects of living with HIV**, with the mass media providing a low-cost way to reach large groups of people.
- **Build better understanding and awareness to remove irrational fears and generate more supportive attitudes towards PLHA**, so that they no longer feel the need to keep their HIV infection a secret. PLHA also need to feel that they are not going to be blamed for contracting HIV in the first place.
- **Stigma reduction could be accomplished by providing PLHA with rights' education and advocacy skills** to fight for their own rights and to fight both internal and external stigma.
- **Information and education about the rights of PLHA should be made more effective** to have a greater impact among both the general public and health service providers.
- **Ensure that awareness-raising efforts keep the issue of HIV-related stigma high on the agenda of management and key stakeholders.** The experiences from this study require consideration of the most appropriate mechanisms to disseminate and apply lessons learned.

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