

# THE PEOPLE LIVING WITH HIV STIGMA INDEX

**KAZAKHSTAN** Almaty 2015

ANALYTICAL REPORT



Central Asian PLH Association





## KAZAKHSTAN

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## KAZAKHSTAN

### TERMS AND ABBREVIATIONS

**AIDS** – acquired immune deficiency syndrome.

**ART** – treatment of HIV infection using antiretroviral medicine.

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

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

**HIV** – human immunodeficiency virus.

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

**MSM** – men who have sex with men.

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

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

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

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

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

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

**PWID** – people who inject drugs.

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

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



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

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

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

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### INTRODUCTORY REMARKS

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

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

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

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

\* \* \*

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

Prior to the start of the research in July 2015 consultations were held in Kazakhstan, which involved all stakeholders representing government agencies, civil society, UN agencies and international organizations. The meeting noted that it would be the first research in the country, and it was very important to obtain information on the HIV-related stigma and discrimination index for the subsequent development of strategy to reduce stigma and discrimination. The research implementation was widely discussed and approved by the partners taking into account the suggestions made.

The People Living with HIV Stigma Index in Kazakhstan was carried out in summer and autumn of 2015 and was part of a large-scale study of stigma index in the three Central Asian countries (Kazakhstan, Kyrgyzstan and Tajikistan). The research helped characterize groups of people living with HIV in the region, identify the major «risk» points of stigma, discrimination and rights violation, and thus, identify forward-looking and desirable areas in the development of relevant programmes.

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





## BRIEF INFORMATION ABOUT COMMUNITY ORGANIZATIONS, CONDUCTED THE STUDY

### «Central Asian Association of People Living with HIV» Association of Legal Entities

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

#### The goals of the Association

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

### «Kazakhstan Union of PLHIV» Association of Legal Entities

The Kazakhstan Union of PLHIV was founded in 2005 to develop long-term collaboration with the government, civil society, and business community in the Republic of Kazakhstan aimed at providing decent quality of life for people living with HIV and their families, including access to quality services for HIV prevention, treatment, care and support.

Today the Union includes 15 non-profit organizations supporting its mission and principles in eight administrative areas.

#### Values and principles of the Kazakhstan Union of PLHIV

**The active participation of people living with HIV and their families in the planning and implementing activities the Union and organizations within it.** The participation of people living with HIV and their families in prevention of the spread of HIV and providing HIV care and support is crucial. If individuals do not learn how to help themselves and their loved ones, all the efforts of other people to provide assistance are doomed to failure. We learn to help ourselves by participating and contribute to well-being of the country we live in.

**Responsibility to communities.** Trust and support of people living with HIV and their loved ones is the most important resource that helps NGOs to determine what you need to do; it helps you become a significant partner for the government and international organizations.

**Commitment.** We know that our capabilities are limited, but we sincerely believe in the importance of our goals, and we intend to go for them step by step, with the speed, which are capable of at the moment.

**Recognizing differences between organizations and people.** Our strength lies not only in our number. We are not a crowd! Each organization participating in the network, each activist and volunteer helping us, each of our partners from the government and international organizations are unique. We achieve more, while respecting our differences and combining our various capacities and abilities to achieve a common goal.

**Partnership for common goals.** We are pursuing goals, but not selling our services. We need partners, but not clients. We are ready to cooperate with different people and organizations that share our goals and values.



## KAZAKHSTAN

### RESEARCH METHODOLOGY

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

#### Research tools

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

- general information about the interviewee
- experience of stigma and discrimination created by other people,
- access to employment, education and health services
- self-stigmatization and fears
- awareness of rights, laws and regulations regarding protection of people living with HIV,
- who you can ask for help to resolve an issue of stigma or discrimination,
- HIV testing and diagnosis
- information disclosure and confidentiality
- HIV treatment
- reproductive behaviour (having children).

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

#### Sampling

The research target group were people living with HIV in the three Central Asian countries: Kazakhstan, Kyrgyzstan and Tajikistan.

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

Table 1.

*PLHIV Sampling Implemented in Kazakhstan.*

Name of the area	Number of respondents
Almaty city	188
Karaganda city	50
Temirtau City, Karaganda Region	91
Shymkent city, South Kazakhstan Region	30
Saryagash District in South Kazakhstan Region	10
Lenger city, South Kazakhstan Region	15
Maktaaral district, South Kazakhstan Region	5
<b>Total:</b>	<b>389</b>



Finally, the eventual selection of the respondents was randomised among those registered in the AIDS centres and local NGOs (besides, the principle of involving respondents both from government and non-governmental organizations in equal shares was observed). The sampling space of respondents was determined by NGO coordinators: in Kazakhstan by the «Kazakhstan Union of PLHIV». The selection of respondents consider gender, age and social (belonging to groups with high-risk behaviour) balance.

Quantitative and qualitative sampling characteristics as implemented in Kazakhstan (n = 389).

Quantitative sampling is representative for the official number of registered people living with HIV (with a tolerance of  $\pm 5\%$ ). Specific development of the HIV epidemic, the lack of estimates of the number of PLHIV in some areas, insufficient HIV test coverage of vulnerable groups, as well as their desire to conceal the diagnosis of «HIV-infection,» allow characterizing the people living with HIV as a group hard-to-reach for research. Although the respondents' selection rules and orientation on the accessible part of the statistical universe were observed, the realized sampling remained conventionally representative.

## Data Collection

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

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

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

## Compliance with ethical principles

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The selection criteria for PLHIV was age 15 or above.

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

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

## Data analysis

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

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

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



## KAZAKHSTAN

### HIV-INFECTION. SITUATION IN THE REPUBLIC OF KAZAKHSTAN

#### HIV/AIDS ESTIMATES (2015)<sup>1</sup>

- The number of people living with HIV -- 23 000 [20 000 – 27 000]
- HIV prevalence among adults aged 15-49 years – 0.2% [0.2%–0.2%]
- Adults of 15 years and older living with HIV – 23 000 [20 000 – 27 000]
- Women of 15 years and older living with HIV – 7100 [6100 – 8400]
- Children of 0–14 aged and above living with HIV – <500 [<200–<500]
- Related to AIDS mortality – <1000 [<500 – <1000]

The development of the HIV epidemic process in Kazakhstan is in the concentrated epidemic stage<sup>2</sup>. The spread of HIV-infection is observed mainly in populations most vulnerable to HIV infection, such as: people who inject drugs, sex workers, men who have sex with men (MSM), and prisoners. In Kazakhstan, injecting drug use is still the main HIV transmission factor as more than 58.3% of HIV cases are recorded among people who inject drugs.

In the Republic of Kazakhstan more than 2 million people are annually tested for HIV-infection; the HIV test coverage amounts to 11.2%. The key goal of HIV testing is to provide quality pre- and post-test counselling of the tested persons. 2,460,363 HIV antibody tests were conducted among Kazakhstan citizens in 2014 (against 2,085,344 in 2010 that number was 2,207,055 – in 2011, 2,341,969 in 2012, 2,450,517 in 2013). The testing coverage increased twofold against 2001, from 7 to 14.3 percent.

As of 31 December 2014, according to official data based on the registration of diagnosed HIV cases, the cumulative number of HIV cases among Kazakhstan citizens reached 22,109; the current number of people living with HIV was 16,318. The prevalence of HIV infection per 100,000 population was 94.5. 14,110 people living with HIV were followed up in AIDS centres located in districts and cities.

In the 15-49 age group the number of people living with HIV was 15,254 or 93.5% of all registered cases of HIV infection. The HIV prevalence in this group amounts to 0.17%.

According to sentinel surveillance, in 2014 the HIV prevalence among PWID amounted to 7.9%. In 2014 the methodology of sentinel surveillance among PWID was changed in favour of sampling formed by respondents themselves as close to a random sampling as possible, which provides a more realistic picture of HIV prevalence in the PWID population.

The HIV prevalence among sex workers was 1.5%, among MSM 1.2% (sentinel surveillance data of 2013), and among prisoners 3.9% (2014).

### SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF PEOPLE LIVING WITH HIV

#### Gender and Age Characteristics

Among interviewed people living with HIV in Kazakhstan, men (52.5%) and women (47.5%) were represented almost equally. Among people living with HIV and injecting drugs, the percentage of men was significantly higher compared to women: 2.7 to 1 ( $\chi^2 \leq 0.001$ ; see Annex).

The overwhelming majority of people living with HIV (nearly 80%) were working age people: 46.6% were 30–39 years old, 32.9% were 40–49 years old. The share of people living with HIV younger than 24 did not exceed 5%, while those aged 50 and older were less than 6.7%.

The difference in age distribution among women and men was not statistically significant (see Annex). The main share of people living with HIV was 30-49 years of age in both groups, featuring a slight increase in the share of younger women living with HIV.

<sup>1</sup> UNAIDS data

<sup>2</sup> The Republic of Kazakhstan. Global AIDS Response Progress Report. 2014 Reporting period



However, people living with HIV, who had experience of injecting drugs, were significantly older than those who did not have such experience ( $\chi^2 \leq 0.001$ ; see Annex). Thus, over 80% of people living with HIV and injecting drugs were aged 30–49, whereas people living with HIV who had no drug injecting experience, were less than half in the 40–49 age bracket, and almost three times as many in the 25–29 age bracket.

## Place of residence

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One in two people living with HIV (52.9%), interviewed in Kazakhstan, lived in a big city; one in three (33.6%) in a small town or village, and the rest (13.5%) lived in a rural area.

The proportion of women living in a small town or village, exceeded the share of those among men (due to a larger proportion of HIV-positive men living in big cities), however, it did not make a statistically significant difference (see Annex). No difference by the place of residence in the among was established (see Annex).

## Marital family status and sexual relations

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The vast majority of people living with HIV are sexually active (77.8). No differences in gender subgroups, as well as in the PLHIV PWID subgroup, is observed (Appendix).

Marriage and family status of people living with HIV is as follows: almost every second respondent (43.7%) is married and lives with the spouse, one in four (23.5%) is single, every tenth (11.1%) is divorced, those who have relationships but live apart are 9.3%, and 8.8% are widows/widowers. Most relationships with a spouse (husband or wife) or a marriage partner are long-standing: in every second case (45.5%) the relationships last from 5 to 9 years, in each fourth case – for 10 years or more.

The difference between the marital and family status of women living with HIV and men living with HIV, is statistically significant ( $\chi^2 \leq 0.001$ ): there are more widows in the first group, and more single men in the second one (see Annex). Marriage and family status of PLHIV-PWID does not significantly differ, although slightly smaller proportion of those married and living together is evident.

## Children

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Every second person living with HIV (57.8%) has children. Herein 5.1% of people living with HIV reported that at least one of their children was diagnosed with HIV. Among women living with HIV, a larger share of those having children was statistically significant ( $\chi^2 \leq 0.001$ ), moreover they have got a greater number of HIV-positive children (three times as much;  $\chi^2 \leq 0.05$ ; Appendix). A similar trend is present for the group of people living with HIV who do not have experience of injecting drugs (compared with PLHIV-PWID).

## Education, employment and income

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One in three people living with HIV (39.6%) graduated from a technical college or university, i.e. they have vocational secondary or higher education. One in two (52.3%) have general secondary education (have a secondary school diploma). The proportion of people living with HIV having primary education is 6.5%; 1.6% reported no education. No statistically significant differences in subgroups of women and PLHIV-PWID by the level of education were established (see Annex).

One in four people living with HIV (25.7%) reported no employment, one in ten (12.9%) had odd and/or part-time jobs; 38.6% had full-time employment. No statistically significant differences in the subgroups were identified, although there was a tendency to slightly higher proportion of those employed at full-time jobs among women and PLHIV who do not inject drugs (see Annex).

The average monthly income of PLHIV households was 85,390 tenges (about US\$287), although a marked difference in income was established: from 20,000 to 350,000 tenges (US\$65 – 1,142). The modal (most popular) amount reported was 50,000 tenges (US\$163); it was the amount people living with HIV often pointed out when asked about monthly income in their household.



## KAZAKHSTAN

### LIVING WITH HIV AND AFFILIATION TO VULNERABLE GROUPS

#### Years of living with HIV

Every third respondent (36.1%) had lived with HIV for 5–9 years, slightly lesser share (29.9%) had had the virus for 1–4 years. Almost every tenth case (12.5%) of respondents had HIV diagnosed no earlier than a year before. Every fifth interviewed person had lived with HIV for 10 or more years.

No statistically significant differences in the duration of life with HIV were found in sub-groups by gender, although there was a somewhat greater proportion of those living with HIV for more than 10 years among men (see Annex). People who live with HIV and inject drugs had a greater share of those who lived with HIV for a long time, whereas people living with HIV who did not inject drugs had greater share of recent infections ( $\chi^2 \leq 0,001$ ; see Annex).

#### Vulnerable Populations

39.6% of interviewed people living with HIV did not belong (and never belonged) to groups particularly vulnerable to HIV. Almost half (44.5%) was belonging (or previously belonged) to the group of people who inject drugs, and almost a third (27.0%) served a sentence in prison.

Women living with HIV had a greater and statistically significant proportion of those who never belonged to any of the most vulnerable to HIV groups (more than twofold;  $\chi^2 \leq 0,001$ ), neither involved in sex work ( $\chi^2 \leq 0,001$ ) nor being internally displaced ( $\chi^2 \leq 0,05$ ). Men living with HIV feature statistically significant increase in the share of people who inject drugs (almost three times;  $\leq 0,001$ ) and persons with the history of incarceration (3.5 times;  $\chi^2 \leq 0,001$ ), as well as migrant workers ( $\chi^2 \leq 0,01$ ; see Annex).

People living with HIV who do not inject drugs, featured statistically significant increase in proportion of those who was belonging or previously belonged to the group of men who have sex with men ( $\chi^2 \leq 0,05$ ; see Annex). People who live with HIV and inject drugs featured a statistically significant increase in the share of those who had been incarcerated at some point (five times;  $\chi^2 \leq 0,001$ ).

### FEAR RELATED TO HIV-STATUS

In the past 12 months one in three (39.3%) of interviewed PLHIV was afraid of being gossiped about because of his/her positive HIV status or feared sexual rejection (37.5%). One in five people living with HIV (21.3%) experienced the fear of being verbally affronted, harassed and/or threatened. Every tenth (10.8%) feared physical harassment, threats or being physically assaulted (9.5%).

Women living with HIV felt statistically more fears and more often than men living with HIV (see Annex), including: women felt fear of being gossiped about 1.5 times more often ( $\chi^2 \leq 0,001$ ) than men, fear of being verbally affronted 1.5 times more often ( $\chi^2 \leq 0,05$ ), fear of harassment twice as often ( $\chi^2 \leq 0,05$ ), and fear of being physically assaulted women felt nearly three times more often than men ( $\chi^2 \leq 0,01$ ).

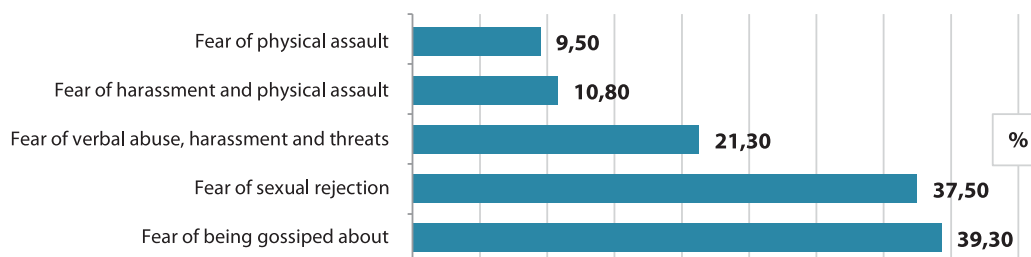


Figure 1.

Fears experienced in the previous 12 months by people living with HIV because of their HIV-positive status in Kazakhstan



Table 2.

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

<b>Gender</b>	<b>%</b>	<b>The duration of the relationships with the spouse/partner (for those who have relationships)</b>	
Men	52,5	0–1 year	0,4
Women	47,5	1–4 years	22,4
Transgender people	0,0	5–9 years	45,5
<b>Age</b>		10–14 years	17,5
aged 15–19	0,8	longer than 15 years	7,1
aged 20–24	4,1	<b>Years of living with HIV</b>	
aged 25–29	8,8	0–1 year	12,5
aged 30–39	46,6	1–4 years	29,9
aged 40–49	32,9	5–9 years	36,1
aged 50 and above	6,7	10–14 years	11,4
<b>Education</b>		longer than 15 years	10,1
Do not have	1,6	<b>Affiliation now (or previously) with most vulnerable to HIV groups</b>	
Primary school	6,5	Men who have sex with men	2,3
Secondary school	52,3	Gays and lesbians	3,1
Technical college/university	39,6	Transgender people	0,0
<b>Current employment</b>		Sex workers	2,1
Full-time job (salaried employees)	38,6	People who inject drugs	44,5
Part-time employment (salaried employees)	15,9	Refugees or asylum-seekers	0,0
Full-time self-employed	6,7	Internally displaced persons	4,1
Odd jobs/part-time work (self-employed)	12,9	Members of the indigenous communities	1,5
Unemployed/do not work	25,7	Migrant workers	1,8
<b>Place of residence</b>		Prisoners	27,0
Rural areas	13,5	Those who do/did not belong to any of the groups most vulnerable to HIV	39,6
Small town or village	33,6		
Big city	52,9		
<b>Family status</b>			
Marriage and cohabitation	43,7		
Marriage but living apart	3,6		
In relationship but living apart	9,3		
Single	23,5		
Divorced	11,1		
Widows/widowers	8,8		



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Statistically significant differences in the manifestation of fear, depending on the injection drug use were not established, however there was a trend to slightly higher estimates for the subgroup of people living with HIV who did not inject drugs (see Annex).

### EXTERNAL STIGMA AND DISCRIMINATION

#### Manifestations of stigma and discrimination on the part of other people

In the 12 months preceding the survey, people living with HIV in Kazakhstan faced at least once with the following manifestations of stigma and discrimination by others; (Figure 2; see Annex):

- being gossiped about (44,6%),
- being verbally affronted, harassed and/or threatened (23.2%),
- sexual rejection (15.8%),
- psychological pressure and manipulation by the partner (13.0%),
- discrimination against household members of persons living with HIV (12.3%),
- being physically harassed and/or threatened (8.8%),
- being physically assaulted (8.2%).

Men living with HIV faced rejection of sexual contact more often ( $\chi^2 \leq 0.001$ ; see Annex), while people living with HIV aged 25-39 and younger people aged 15-24 faced discrimination from other people living with HIV ( $\chi^2 \leq 0.001$ ). Persons living with HIV for 1-4 and 5-9 years, faced repeated gossip about themselves, and then the intensity of this kind of discrimination dropped down ( $\chi^2 \leq 0.05$ ).

Statistically significant differences in the manifestation of external stigma by others against people who live with HIV and inject drugs were not established (see Annex).

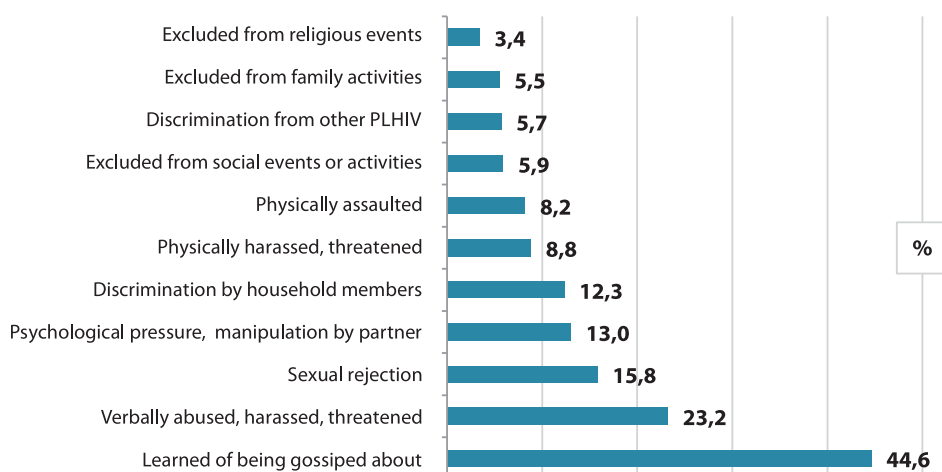


Figure 2.

Stigma and discrimination against people living with HIV created by other people in the previous 12 months in Kazakhstan.

#### Causes of stigma and discrimination created by other people

People living with HIV indicated among the main causes of stigma and discrimination by other people in Kazakhstan, the fear of contracting HIV (23.4%), lack of knowledge of HIV ways of transmission (18.5%) and the view of HIV as a shameful disease (18.3%).





The respondents identified additional factors increasing HIV-related stigma and discrimination; they are: injection drug use (34.6%), the history of incarceration (11.7%), alcohol use, concomitant diseases (e.g., tuberculosis), as for women living with HIV additional factors include absence of a husband and «free» sex.

### Subjects of stigma and discrimination created by other people

Most often people living with HIV in Kazakhstan face discrimination from health care workers (strong discrimination was reported by 6.0% of respondents, signs of discrimination by 12.4% of respondents); civil servants (strong discrimination – 4.0%, signs of discrimination – 4.0%), as well as (much less likely) by the close ones:

- spouse/partner (strong discrimination reported by 2.7% of respondents, discrimination by 5.4%),
- adult family members (strong discrimination reported by 1.4%, discrimination – 6.3%),
- friends and neighbours (strong discrimination – 1.4%, discrimination – 3.1%).

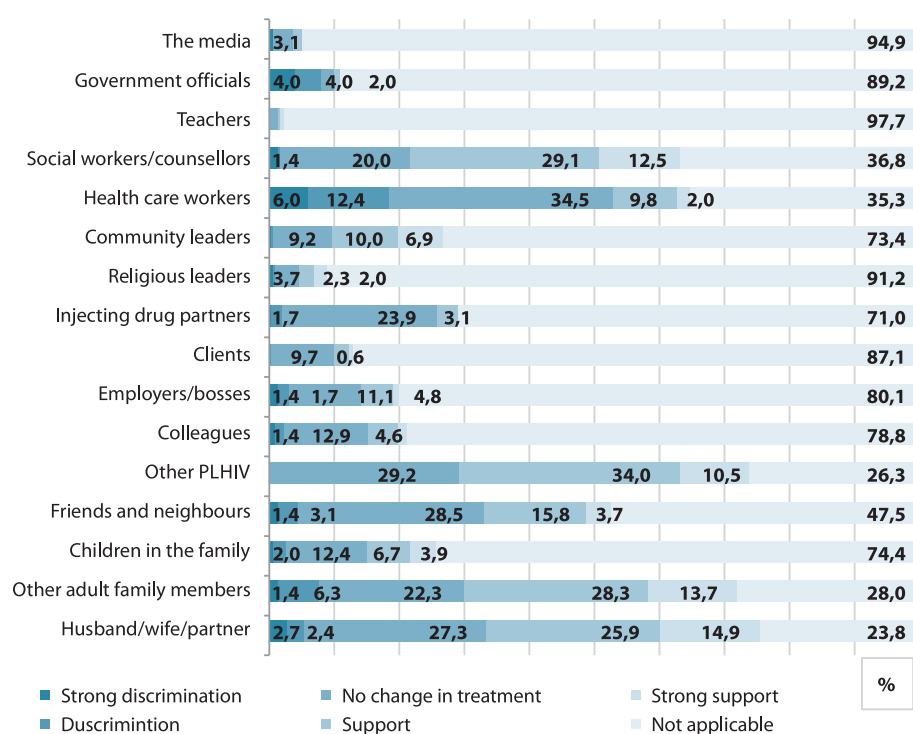


Figure 3. Discrimination and support of PLHIV due to disclosure of their HIV status in Kazakhstan.

### Stigma and discrimination from organizations and agencies

Stigma and discrimination against people living with HIV from organizations and agencies primarily resulted in the loss of employment or another source of income; this occurred to one in five respondents (20.7%) in the previous 12 months. No statistically significant differences in PLHIV subgroups regarding this indicator was identified (see Annex).

Difficulties in renting an accommodation, as well as the forced change of residence experienced by 17.6% of PLHIV, while those living with HIV and aged 30 and older, faced the above difficulties statistically more often ( $\chi^2 \leq 0.05$ ).



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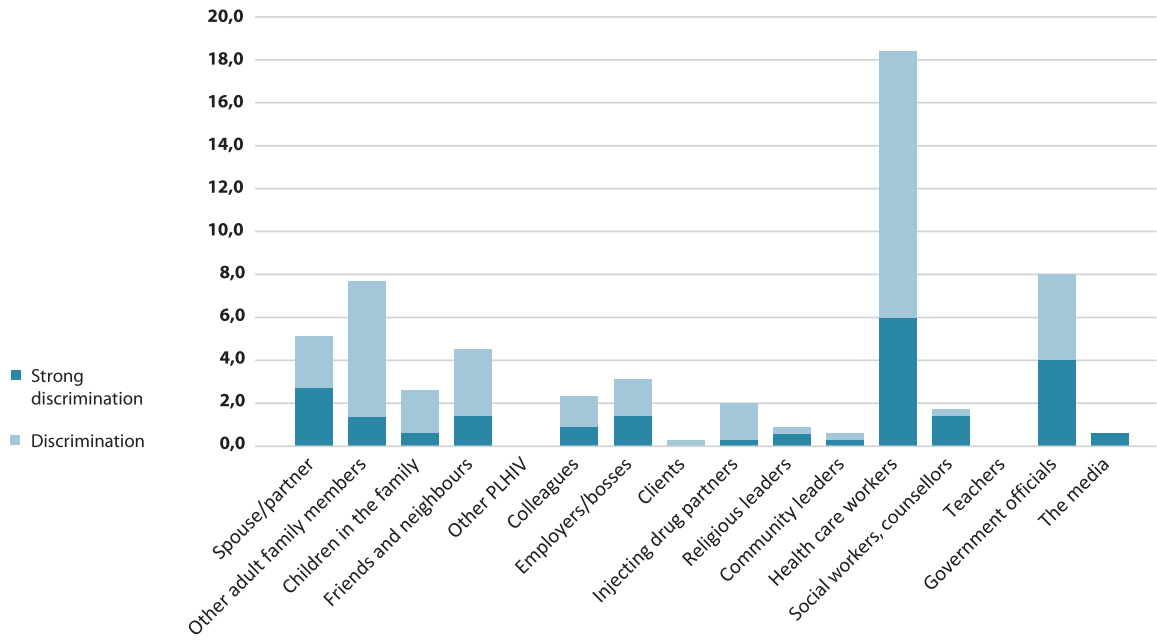


Figure 4.

Discrimination in connection with HIV status disclosure in Kazakhstan

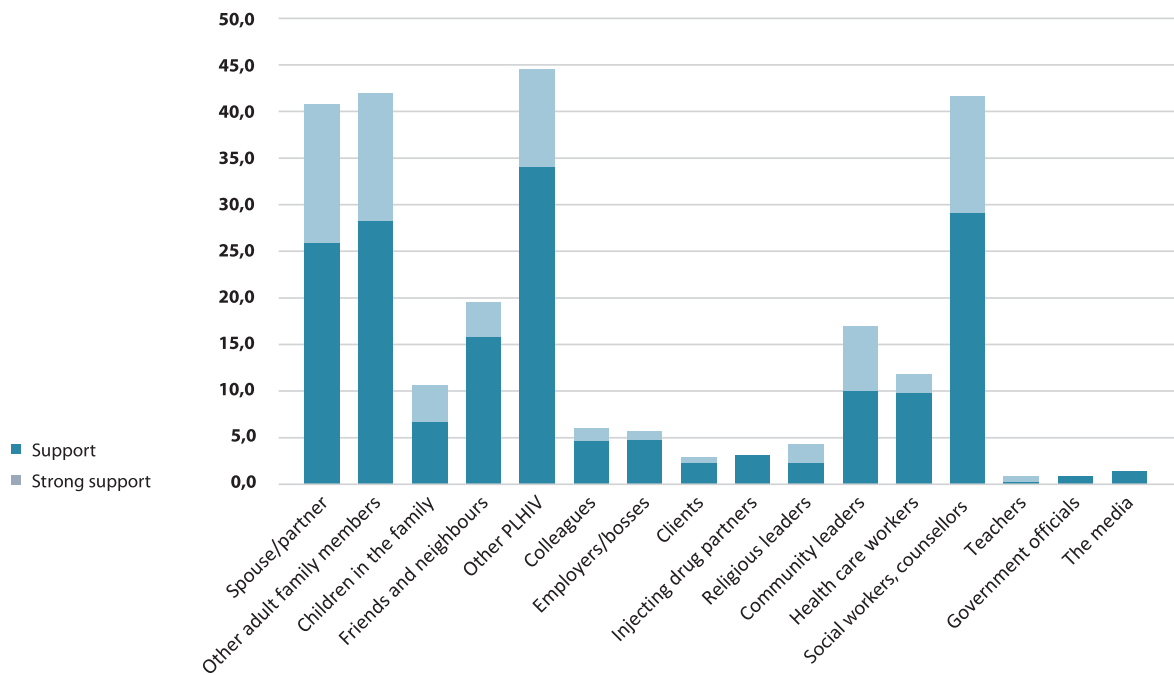


Figure 5.

Support of PLHIV in connection with HIV status disclosure in Kazakhstan



Another common form of stigma and discrimination was the denial of medical care, including dental care: in the past 12 months, this discrimination was experienced by 17.6% of PLHIV in Kazakhstan. An important point was that the longer people live with HIV, the more often they report such situations ( $\chi^2 \leq 0.01$ ). No statistically significant difference between subgroups of people living with HIV regarding this indicator were identified, however a trend of a slightly more evidence of such discrimination against men living with HIV was observed (see Annex).

Changes related to job description, the nature of work or a refused promotion, were experienced by 6.1% of people living with HIV, moreover people who live with HIV longer, report such instances significantly more often ( $\chi^2 \leq 0.05$ ). Denied employment or work opportunities were faced by 5.9% of people living with HIV; moreover, men living with HIV ( $\chi^2 \leq 0.01$ ) and PLHIV PWID ( $\chi^2 \leq 0.05$ ) were denied employment or work opportunities significantly more often (see Annex). 3.8% of people living with HIV reported being dismissed or suspended from work or attendance at the educational institution.

Women living with HIV often experience barriers when enrolling their child in an educational institution

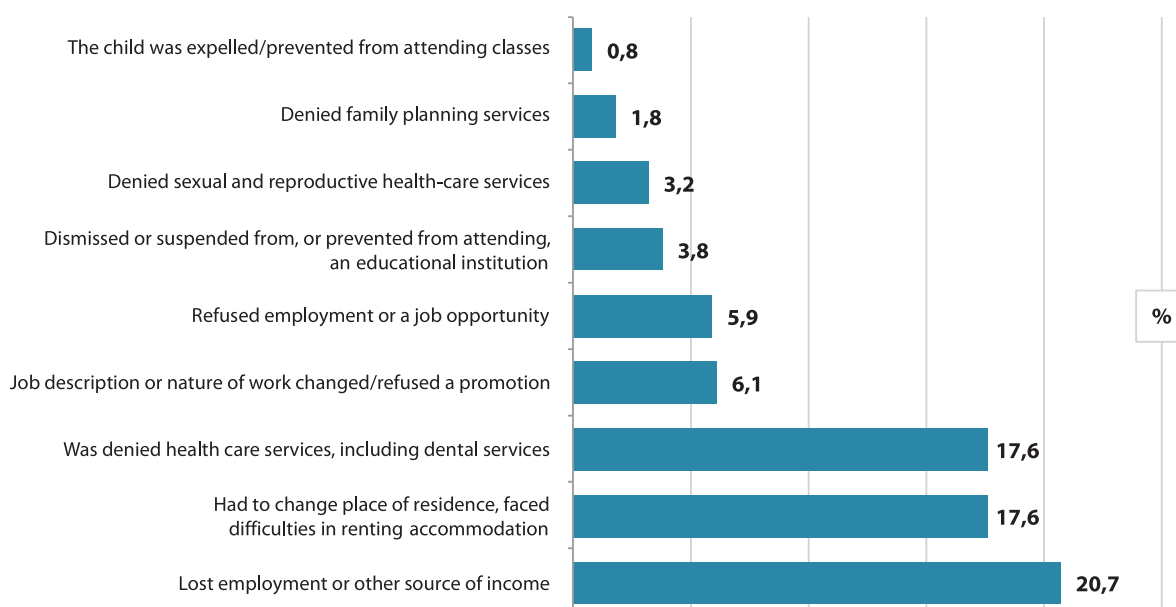


Figure 6.

*Stigma and discrimination against people living with HIV on the part of organizations and agencies due to a positive HIV status in the previous 12 months in Kazakhstan*

or instances of suspension from school ( $\chi^2 \leq 0.001$ ; see Annex), while men living with HIV indicated that this form of discrimination was not relevant for them (obviously, a manifestation of a cultural norm).

## RIGHTS VIOLATIONS DUE TO HIV STATUS

### Extent and nature of rights violations

Overall, 14.9% of PLHIV in Kazakhstan reported that they faced situations that could be qualified as rights violation based on their positive HIV status over the previous 12 months (see Annex). These violations, inter alia, included:

- detention, quarantine, isolation or segregation from other people – 3.1%
- refusal of health or life insurance – 2.1%
- forced disclosure of HIV status when applying for entry to another country – 1.8%



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- forced disclosure of HIV status when applying for a residence permit or citizenship – 1.5%
- arrest and trial on charges related to HIV status – 0.8%.

During the previous 12 months, every fourth PLHIV in Kazakhstan (26.5%) had to accept medical procedures (including laboratory HIV tests).

Furthermore, people living with HIV in Kazakhstan reported the following cases:

- denial of hospitalization and/or treatment and medical procedures (21 cases);
- refusal to administer antiretroviral therapy (four cases) or change of antiretroviral therapy regimen (two cases);
- rights violation when applying for a job (four cases) or illegal dismissal (three cases);
- refusal to accept a child to a school (two cases).

No statistically significant differences in rights violations based on the positive HIV status were found for women living with HIV and PLHIV-PWID (see Annex).

### Reproductive rights violations

3.2% of people living with HIV faced the denial of access to sexual and reproductive health services; notably most of the cases were reported by PLHIV over the age of 30 ( $\chi^2 \leq 0.05$ ). In general, the violations of reproductive rights of people living with HIV in Kazakhstan, concerned the following:

- failure to receive counselling on reproductive options (34.4%),
- advised by a health professional not to have children (21.3%),
- coercion to terminate pregnancy (abortion) by health care workers (8.5%),
- forced to accept the use of a contraception method in order to receive ART (8.5%).

Only one in three women living with HIV (32.6%) received information on healthy pregnancy and motherhood as part of the program to prevent mother to child transmission of HIV.

In general, stigma and discrimination related to reproductive rights is more pronounced with respect to women living with HIV (see Annex). It concerned, above all, coercion to sterilization (to six times more

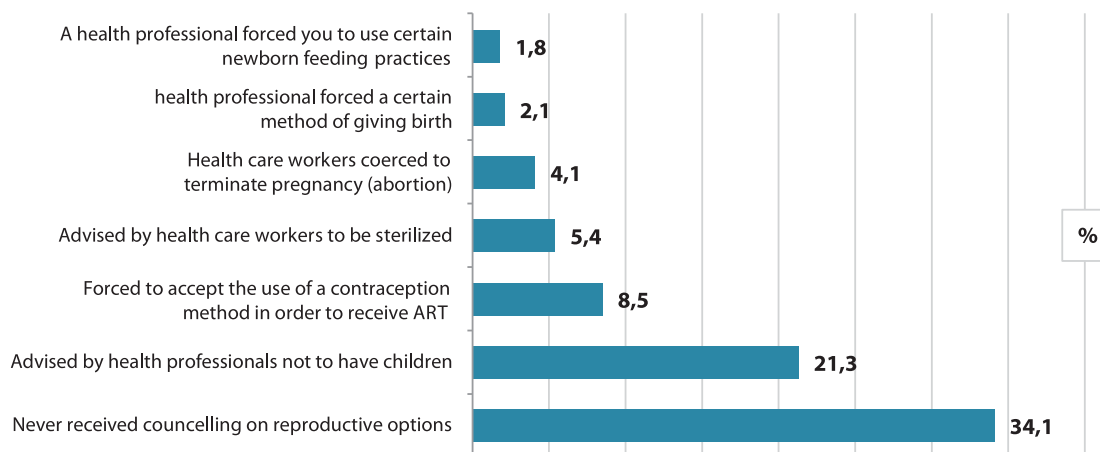


Figure 7.

Violations of Reproductive Health Rights of PLHIV in Kazakhstan.

likely than men;  $\chi^2 0.001$ ); advice not to have children (1.5 times more often than men;  $\chi^2 0.001$ ). Men living with HIV were more often denied counselling on reproductive health (see Annex).

Among PLHIV-PWID no statistically significant differences in indicators of reproductive rights violations in general, were observed. The only exception concerned preconditioning ARV treatment with the use of contraception, which people living with HIV who do not inject drugs faced significantly more ( $\chi^2 \leq 0.001$ ; see Annex)



## SELF-STIGMA

### Manifestations of Self-Stigma

One in two people living with HIV in Kazakhstan, felt guilty about their HIV-positive status (45.8%) and blamed themselves (44.2%), one in three felt shame (32.9%), one in five accused others (22.1%) experienced a decline in self-esteem, and (19.0%), every tenth felt that they should be punished (8.0%) and tempted to commit suicide (8.2%).

Men living with HIV often blamed themselves ( $\chi^2 \leq 0.05$ ), whereas women living with HIV accused others ( $\chi^2 \leq 0.05$ ). Women living with HIV also more likely had low self-esteem ( $\chi^2 \leq 0.05$ ; see Annex). PLHIV aged 30 and above more likely than younger people living with HIV accused themselves ( $\chi^2 \leq 0.01$ ), felt shame ( $\chi^2 \leq 0.05$ ) and believed that they should be punished ( $\chi^2 \leq 0.001$ ).

The PLHIV who inject drugs had fewer manifestations of self-stigma such as blaming themselves ( $\chi^2 \leq 0.05$ ) and low self-esteem ( $\chi^2 \leq 0.05$ ; see Annex). However, they were significantly more likely to have a desire to commit suicide ( $\chi^2 \leq 0.05$ ; see Annex).

The period from one to nine years is crucial for accepting the diagnosis «HIV-infection.» Therefore, people living with HIV for more than a year but less than 10 years, often faced most manifestations of self-stigma: shame ( $\chi^2 \leq 0.001$ ), blaming others ( $\chi^2 \leq 0.01$ ), declining self-esteem ( $\chi^2 \leq 0.05$ ) and the feeling that he/she should be punished ( $\chi^2 \leq 0.05$ ).

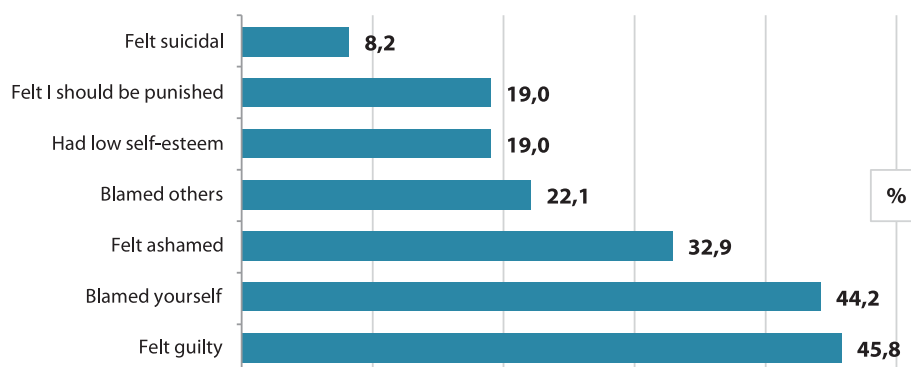


Figure 8.

Self-stigma in Kazakhstan.

### Manifestations of Self-Discrimination

In Kazakhstan, self-discrimination of people living with HIV often resulted in the decision not to have (more) children – one in three persons living with HIV decided so (33.2%).

Self-discrimination was less frequently manifested in avoidance to visit the clinic (19.5%) or the hospital (16.7%), as well as the decision not to marry (17.7%; more often among men living with HIV,  $\chi^2 \leq 0.05$ ; see Annex).

More rarely, approximately one in ten people report the following manifestations of self-discrimination:

- decision not to attend the social activities or events (10.5%),
- isolation from family and children (9.3%),
- decision not to apply for a job or position (8.5%),
- decision not to have sexual contacts (8.0%),
- the rejection of education (8.0%, most often by men living with HIV,  $\chi^2 \leq 0.05$ ; see Annex)

No statistically significant differences in the manifestations of self-discrimination among PLHIV who inject drugs were recorded (Annex).



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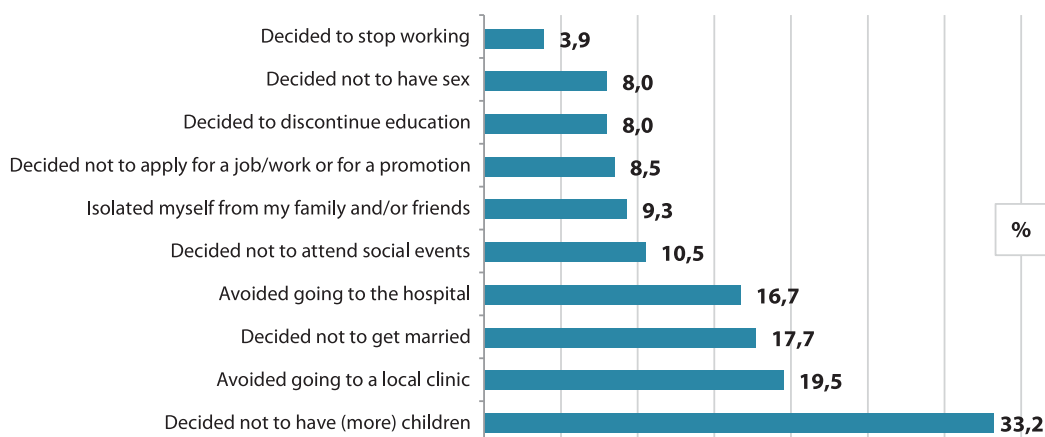


Figure 9.

Self-Discrimination of PLHIV in Kazakhstan.

## CONFRONTING STIGMA AND DISCRIMINATION

One in five people living with HIV in Kazakhstan (22.9%) in the previous 12 months, confronted, challenged or educated somebody who stigmatized or discriminated against them (see Annex). People living with HIV who inject drugs did it twice as often ( $\chi^2 \leq 0.001$ ; see Annex).

### Support of immediate surroundings

Personal relationships along with peer PLHIV and social workers provide most of HIV-related care and support to people living with HIV in Kazakhstan:

- spouse/partner (strong support – 14.9%, support – 25.9%)
- other adult family members (strong support – 13.7%, support – 28.3%),
- peers (strong support – 10.5%, support – 34.0%)
- social workers, counsellors (strong support – 12.5%, support – 29.1%).

### The support of organizations and groups

Approximately two out of three people living with HIV (67.6%) are aware of organizations and groups, they can ask for help in case of stigmatization or discrimination. No statistically significant differences in these indicators for PLHIV subgroups were observed (see Annex).

One in two people living with HIV in Kazakhstan (59.1%) was aware of the self-help groups of people living with HIV; every third knew about the Network of People Living with HIV (35.0%) and regional non-governmental organizations (30.3%). Other services that could provide support to people living with HIV, were less familiar to respondents: 16.2% of PLHIV were aware of legal redress, 14.9% were aware of national non-governmental organizations, 10.5% knew about human rights organization. Less known for people living with HIV included international non-governmental organizations (5.9%), the United Nations organizations (4.6%), national AIDS councils or committees (4.1%), and religious organizations (3.9%).

During the previous 12 months, only one in ten people living with HIV (10.3%) sought help to resolve issues of stigma and discrimination; no significant differences in PLHIV subgroups were observed in this regard (see Annex).

Only 14 of people living with HIV among those who faced rights violations, tried to get legal assistance (see Annex). The main reasons for not applying for legal aid, as people living with HIV indicated, were primarily a lack of faith in a positive outcome, along with the paper work needed for the case, and the feeling of depression and intimidation.

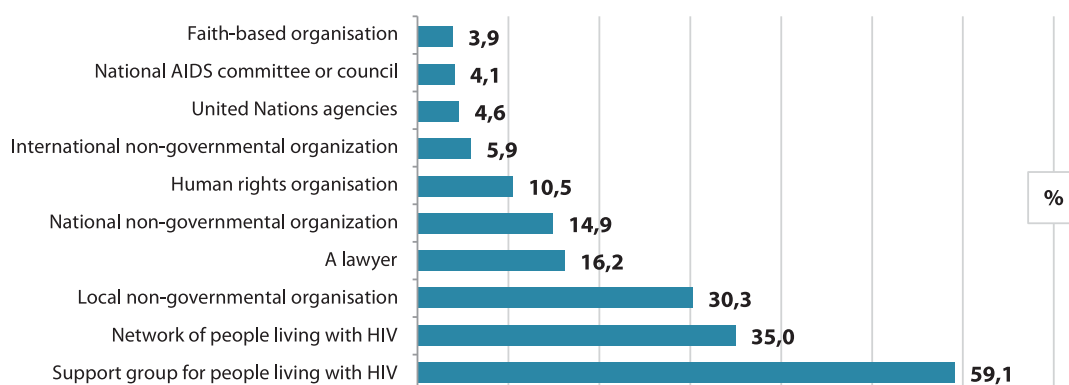


Figure 10.

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

## Peer support

Every second person living with HIV in Kazakhstan (49.9%) provided support to other people living with HIV during the previous 12 months. Most commonly (45.8%) it was emotional support, chiefly counselling and sharing. Less often the support was material (11.1%) or dealt with referral to other services (13.4%).

It is important to note that persons living with HIV who inject drugs were significantly more likely to support other people living with HIV ( $\chi^2 \leq 0.05$ ; see Annex).

One in three persons living with HIV (39.1%) was a member of a support group or network of people living with HIV; no differences in subgroups of people living with HIV were observed (see Annex). One in five persons living with HIV in the previous 12 months had to confront, challenge and educate somebody who subjected him/her to discrimination or stigmatization (22.9%), they also worked as volunteers or staff members in HIV support programs and projects (22.9%).

Participation in developing laws, regulations and rules relating to people living with HIV, remained occasional (4.4%).

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

Less than half of people living with HIV in Kazakhstan (42.4%) heard about the Declaration of Commitment on HIV/AIDS; only one in five (21.1%) read or discussed its contents.

About one in three people living with HIV (38.6%) heard about a national document (law) that protected people living with HIV; one in five (21.9%) read or discussed its contents.

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

## Personal influence assessment

Only a few people living with HIV in Kazakhstan believed that could affect decisions regarding people living with HIV:

- 7.7% of respondents thought they could affect legal issues or rights of people living with HIV
- 7.7% of respondents believed they could affect regional projects designed to benefit people living with HIV;
- 6.2% of respondents believed they could affect national programs or projects designed to benefit people living with HIV;



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- 2.6% of respondents believed in their influence on the national authorities' policy, affecting people living with HIV
- 1.5% of respondents believed in their influence on the regional authorities' policy, affecting people living with HIV;
- 1.0% of respondents believed in their influence on international agreements or conventions

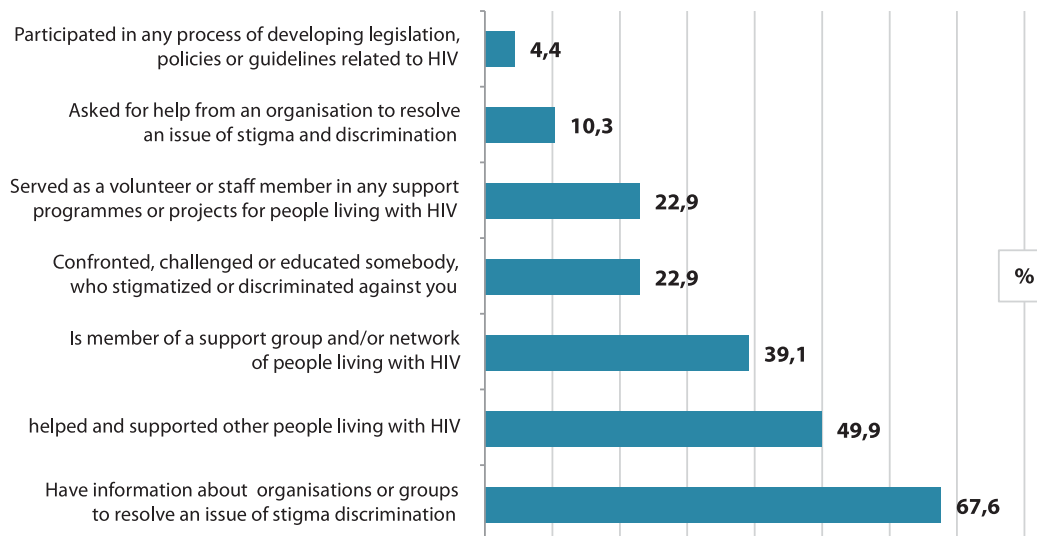


Figure 11.

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

## Measures to eradicate stigma and discrimination

In general, people living with HIV believed that stigma and discrimination of people living with HIV could be eliminated in Kazakhstan, first of all, by raising awareness about HIV/AIDS (43.0%), protecting the rights of people living with HIV (32.7%), and providing emotional and physical support (15.7%) to people living with HIV (Figure 12).

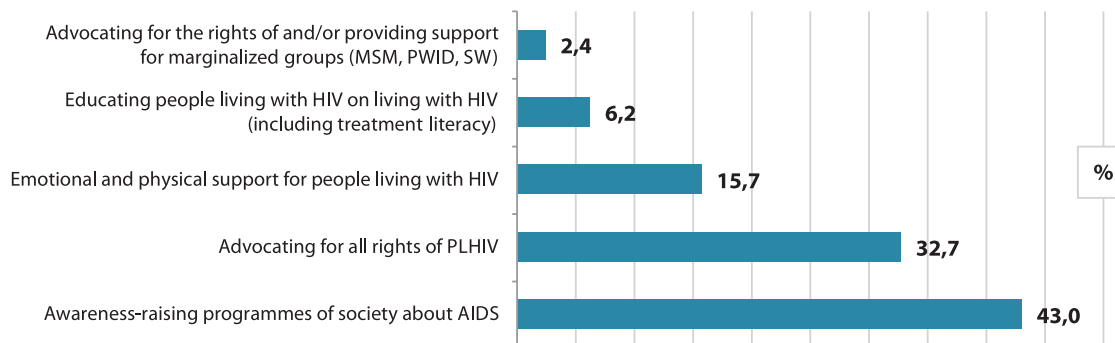


Figure 12.

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





## TESTING AND DISCLOSURE OF POSITIVE HIV STATUS

### Reasons for HIV testing

One in five persons living with HIV in Kazakhstan (22.6%) noted that they took HIV testing for reasons other than specified in the list. Less common reasons were as follows:

- referred by a clinic for sexually transmitted infections – 17.0%
- referred due to suspected HIV-related symptoms (e.g. tuberculosis) – 14.9%
- wife/husband/partner/family member tested HIV-positive – 11.8%
- I just wanted to know – 13.4%
- pregnancy related examination – 10.5%
- employment-related check-up – 4.1%
- wife/husband/partner/family member got sick or died – 3.9%
- preparation for a marriage/sexual relationship – 0.3%.

Men living with HIV took HIV tests significantly more often being referred by a health care provider in connection with STI (twice as often;  $\leq 0.001$ ), or due to symptoms associated with HIV (twice as often;  $\chi^2 \leq 0.05$ , see Annex). Women living with HIV were normally referred in connection with HIV diagnosis of their spouse or sexual partner or a family member (3.5 times more likely;  $\chi^2 \leq 0.05$ ), as well as in connection with the illness or death of a spouse or sexual partner or a family member (4.5 times more likely;  $\chi^2 \leq 0.05$ ; see Annex).

Women living with HIV who do not inject drugs were often referred to HIV test due to their pregnancy

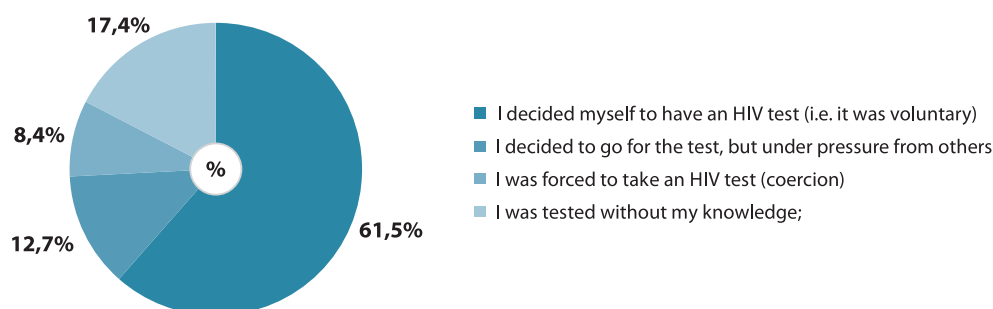


Figure 13.

Rate of voluntary HIV testing in Kazakhstan

( $\chi^2 \leq 0.001$ ) or in connection their spouse or sexual partner or a family member had been diagnosed with HIV ( $\chi^2 \leq 0.001$ , see Annex).

### Self-initiated and voluntary HIV testing

61.5% of people living with HIV in Kazakhstan decided to pass the test independently and voluntarily; one in ten did it independently, but under other people's pressure (12.7%) or coercion (8.4%). Almost one in six (17.4%) were tested without the respondent's knowledge, learning about the results later on.

No significant differences in subgroups of people living with HIV regarding the indicators were identified (see Annex).



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### Pre- and post-test counselling

One in five people living with HIV in Kazakhstan (20.0%) did not receive any pre- or post-test counselling, when they were diagnosed with HIV infection. Almost half (43.4%) of respondents received post-test counselling only. One in three people living with HIV (35.0%) received both pre- and post-test counselling.

People living with HIV who inject drugs less likely indicated the lack of pre- and post-test counselling ( $\chi^2 \leq 0.05$ ; see Annex). we can assume with some certainty that they were HIV tested in prisons.

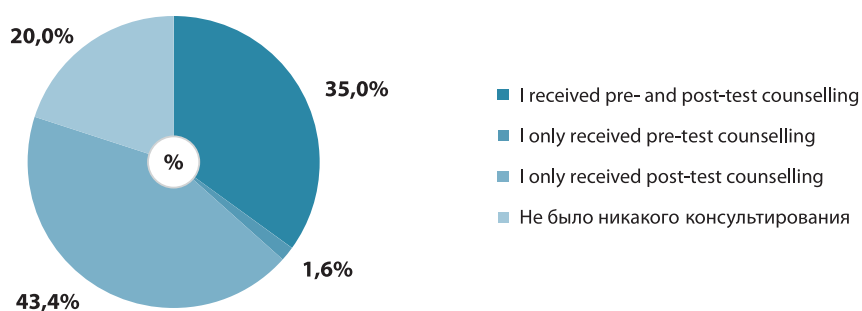


Figure 14.

Pre- and post-test counselling when diagnosed with HIV infection in Kazakhstan.

## DISCLOSURE OF HIV STATUS AND CONFIDENTIALITY

### Self-disclosure of status by people living with HIV

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

- spouse or sexual partner – 68.1%
- other people living with HIV – 68.4%,
- adult family members (except for a spouse or partner) – 57.1%,
- social workers or counsellors – 56.8%
- health care workers – 44.5%
- friends or neighbours – 36.0%
- community leaders – 24.2%
- injection drug partners – 26.2%
- children from their families – 18.8%
- colleagues – 17.5%
- employers, bosses – 14.9%
- clients – 10.3%
- religious leaders – 8.2%
- government officials – 5.4%
- the media – 3.9%
- teachers – 3.3%.

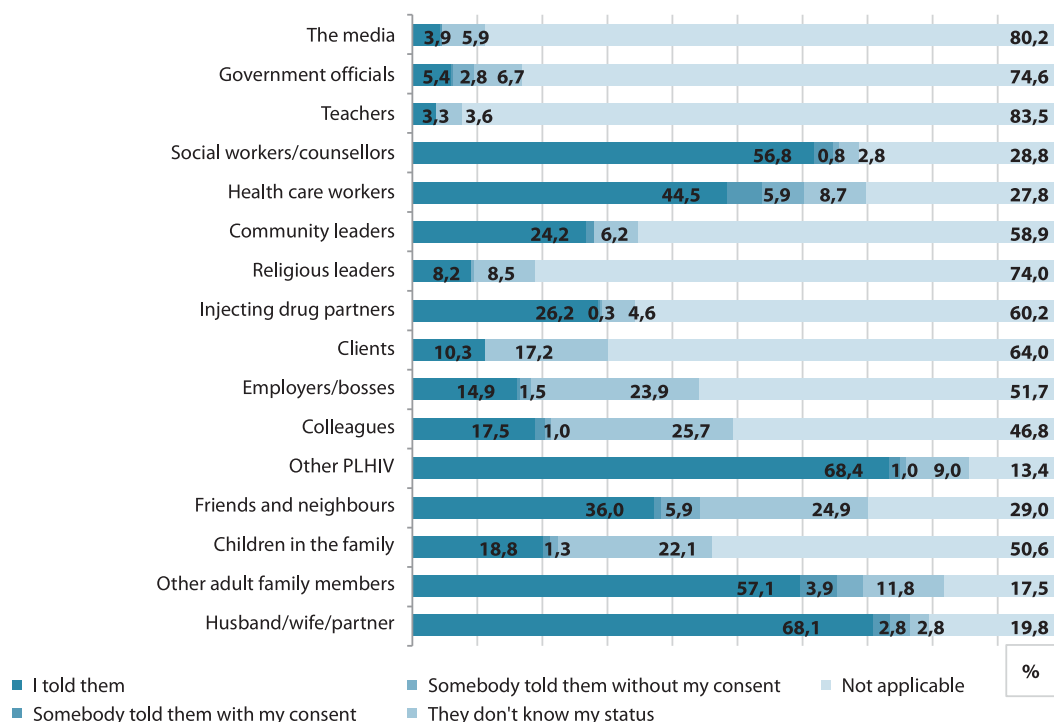


Figure 15.  
Whom people living with HIV in Kazakhstan disclose their HIV status to.

Most often, people living with HIV in Kazakhstan did not disclose their HIV status to colleagues at work, friends and neighbours, employers or bosses, as well as the children in their families. In general, the ranked list of various groups whom people living with HIV did not disclose the HIV status (neither people living with HIV themselves nor anyone else) was as follows:

- colleagues – 25.7%
- friends and neighbours – 24.9%
- employers, bosses – 23.9%
- children in PLHIV's families – 22.1%
- client – 17.2 %
- adult family members (except for a spouse or partner) – 11.8%.
- other people living with HIV – 9.0%,
- health care workers – 8.7%
- religious leaders – 8.5%
- government officials – 6.7%
- community leaders – 6.2%
- the media – 5.9%
- injection drug partners – 4.6%
- teachers – 3.6%.
- social workers or counsellors – 2.8%
- spouse or sexual partner – 2.8%.



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### Disclosure of status without consent

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

- friends or neighbours – 5.9%
- health care workers – 5.9%
- adult family members (except for a spouse or partner) – 3.9%
- government officials – 2.8%
- spouse or sexual partner – 2.8%
- employers, bosses – 1.5%
- children in PLHIV's families – 1.3%
- colleagues – 1.0%
- other people living with HIV – 1.0%,
- social workers or counsellors – 0.8%.

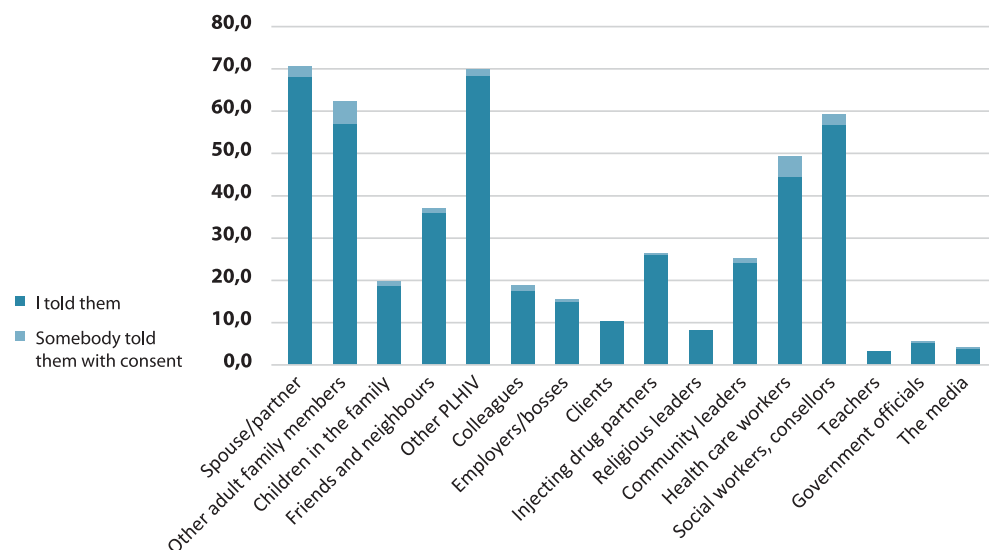


Figure 16.

Voluntary disclosure of HIV status of individuals living with HIV in Kazakhstan (by their initiative or with their consent).

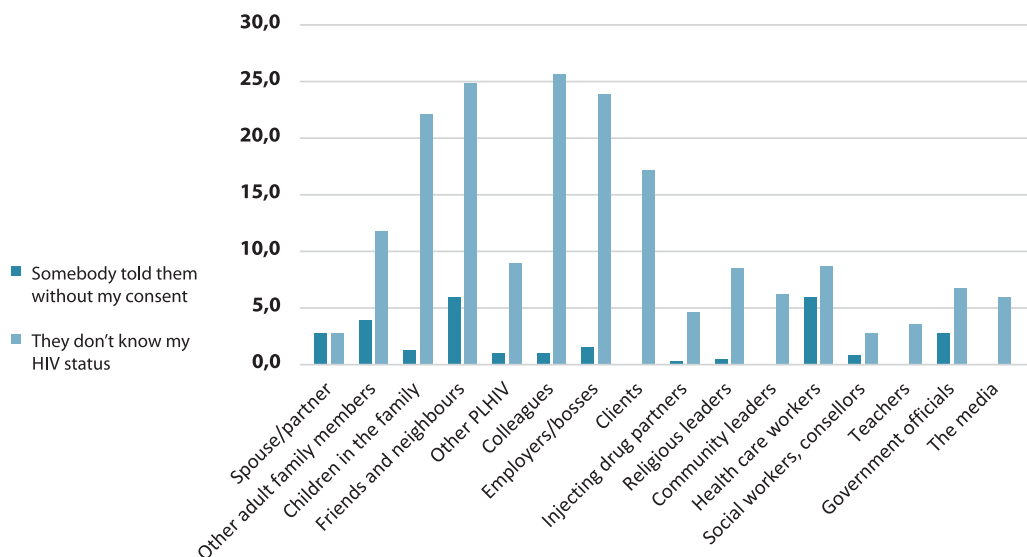


Figure 17.

Disclosure and confidentiality in Kazakhstan.



## Disclosure in health care institutions

One in four persons living with HIV (23.0%) indicated that they faced disclosure of their HIV status by health care personnel, one in three (36.3%) had doubted whether disclosure took place or not. However, 40.7% of people living with HIV were confident that no disclosure of HIV status occurred.

People living with HIV who inject drugs were much more likely to face disclosure of HIV-status ( $\chi^2 \leq 0.05$ ; see Annex).

Overall, one in three individuals living with HIV in Kazakhstan (29.0%) believed that medical records containing information about his/her HIV status was not confidential; almost one in two (44.5%) had difficulty answering the question. The greater distrust in declared confidentiality of health records was demonstrated by people living with HIV who inject drugs, given their negative experiences ( $\chi^2 \leq 0.05$ ; see Annex).

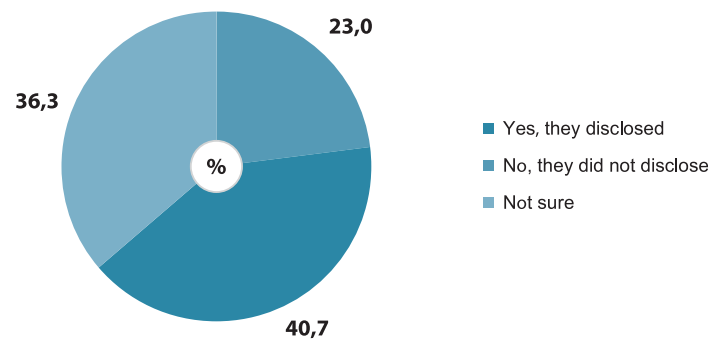


Figure 18.

Disclosure of HIV status by health care workers in Kazakhstan

## Pressure related to status disclosure

Pressure on people living with HIV, to induce them to disclose their HIV status, was not strong and equally distributed between those with negative HIV status, and other people living with HIV (although more likely from those with negative HIV status). So, 3.7% of respondents once faced pressure from HIV-negative individuals (against 2.6% of people living with HIV), faced pressure several times 4.0% (against 4.2% from PLHIV), often faced pressure 2.1% (versus 1.1% from people living with HIV).

People living with HIV who inject drugs experienced pressures to disclose their status from HIV-negative people ( $\chi^2 \leq 0.05$ ; see Annex).

One in two persons living with HIV in Kazakhstan (54.7%) believed that disclosure of HIV status helped or was the right decision, and one in four (27.2%) said that it did not help.

## HEALTH AND TREATMENT OF PEOPLE LIVING WITH HIV

The vast majority of people living with HIV in Kazakhstan considered their health as good (39.4%) or fair (39.4%); others believed their health was very good (6.8%) or excellent (5.8%), while 8.4% said it was poor. People living with HIV who inject drugs were much more pessimistic about their health ( $\chi^2 \leq 0.05$ ; see Annex).

One in ten people living with HIV in Kazakhstan (10.0%) indicated that he/she had physical disability. Men living with HIV stated it significantly more often (twice as likely;  $\chi^2 \leq 0.01$ ), while people living with HIV and injecting drugs stated disability almost twice as often;  $\chi^2 \leq 0.001$ ; Appendix). Typically, the disability they indicated was associated with HIV co-morbidities: tuberculosis, hepatocirrhosis, hepatitis C, thrombophlebitis, and cancer.



## KAZAKHSTAN

Two out of three people living with HIV in Kazakhstan (73.3%) were receiving antiretroviral treatment, while 92.4% of respondents by their own evaluation had access to it. One in four people living with HIV (27.0%) received treatment of opportunistic diseases, and two out of three (79.7%), according to their own evaluation, had access to it. No significant differences in subgroups of people living with HIV regarding the indicators were identified (see Annex).

Among pregnant women living with HIV surveyed in Kazakhstan, 41.1% were receiving antiretroviral treatment during pregnancy; 12.1% of the women by their own evaluation did not have access to such treatment; while 41.1% of them were not HIV positive at the time of pregnancy (see Annex).

During the previous 12 months, one in two persons living with HIV (51.7%) reported constructive discussions with health professionals about options of HIV treatment; a lesser share (41.1%) discussed other health issues (such as sexual and reproductive health), emotional well-being, addictive behaviour and etc. People living with HIV and injecting drugs were less likely to report a meaningful discussion about their health with a health care professional ( $\chi^2 \leq 0.05$ ; see Annex).

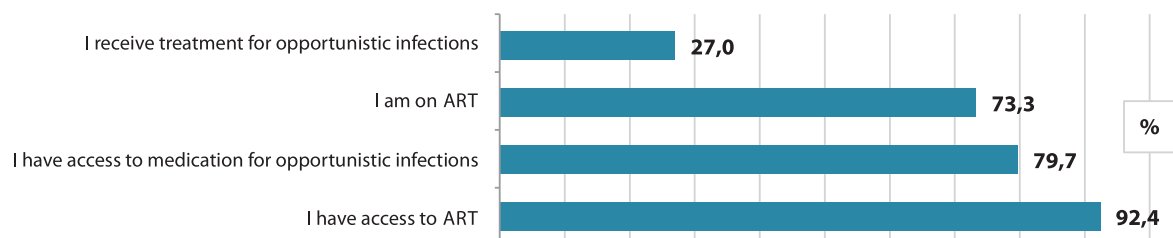


Figure 19.

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

## CONCLUSION

A typical person living with HIV in the Republic of Kazakhstan is a man or woman of working age (30-49 years) with secondary education. He/she lives in a big city and has a job; he/she has been married for five years or longer and has children. The average monthly income of the person's family is about 50,000 tenge (US\$163) or slightly more. He/she has been living with HIV longer than one year, but no longer than 10 years. One in two people living with HIV has a history of injection drug use, and one in three has the experience of serving the sentence in prison. Two in three people living with HIV are on antiretroviral treatment.

One in three people living with HIV in Kazakhstan has experienced fears of gossip, as well as fears of sexual rejection (the most common fears). In fact, such forms of stigma, along with psychological pressure from their partner/spouse, were experienced by one in ten people living with HIV in Kazakhstan. The history of injection drug use, along with the experience of imprisonment, are factors that reinforce HIV-related stigma.

Most often, people living with HIV in Kazakhstan faced some discrimination from health care workers (specifically the denial of care), government officials, as well as (much less) from the immediate surroundings. Moreover, the instances of discrimination are most frequent in the first ten years of life with HIV.

One in four people living with HIV in Kazakhstan faced the disclosure of their HIV status at a health facility, and was forced to agree to a variety of medical procedures (including laboratory tests for HIV). One in three people living with HIV have not been counselled on their reproductive issues, and every fourth has been advised by health workers not to have children. Approximately one in ten women living with HIV, by her own estimation, did not have access to antiretroviral treatment during pregnancy.

Self-stigma of people living with HIV in Kazakhstan is primarily manifested in the feeling of guilt and shame. One in ten people living with HIV have had suicidal thoughts. The self-stigma is especially pronounced in people living with HIV aged 30 and older, as well as those living with HIV not so long



(1-9 years). The main form of self-discrimination of people living with HIV results in the decision not to have (more) children – one in three persons living with HIV decided so in Kazakhstan.

Immediate social surroundings along with peers and social workers provide most of HIV-related care and support to people living with HIV in Kazakhstan. These groups are those to whom people living with HIV primarily disclose their HIV-positive status.

Two out of three people living with HIV are aware of organizations and groups, they can seek help from in case of stigmatization or discrimination: they mostly are groups and networks of people living with HIV, as well as regional NGOs. Every other person living with HIV has supported other people living with HIV (often emotional support included consulting, sharing experience of life with HIV). One in three people living with HIV is a member of a support group or a network of people living with HIV.

In the course of programmes to counter stigma and discrimination of people living with HIV in the Republic of Kazakhstan, it is advisable to pay attention to the cases of discrimination of people living with HIV in health care settings. This is especially true of the promotion of their reproductive rights.

People living with HIV from one to ten years is the group requiring special attention and support as they are the ones who face different kinds of stigma and discrimination most often. Another group of special concern are people living with HIV aged 30 and older, which typically are most affected by severe self-stigma.

## MAIN RECOMMENDATIONS

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

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

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

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



## KAZAKHSTAN

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

The main goal: people living with HIV live in a world free from stigma and discrimination.

#### STRATEGIC GOALS / OBJECTIVES

---

##### **Strategic Objective No.1. Reducing HIV-related stigma and discrimination in health care facilities of the Republic of Kazakhstan for 2016-2019.**

###### **Objectives:**

1. Increased awareness and understanding of the health care professionals, students of higher learning institutions and vocational schools on issues of HIV-related stigma and discrimination.
2. Better knowledge and skills of people living with HIV regarding patient rights. (including reproductive health issues) and greater responsibility (accepting the diagnosis, compliance, use of condoms)
3. Monitoring of services provided by health care professionals (hotline, advocacy, patients' suggestions). (including issues of reproductive health).

##### **Strategic Goal No. 2.**

Revision of statutory provision of the Republic of Kazakhstan, stigmatizing and discriminating people living with HIV by 2019.

###### **Objectives:**

1. Review the current legislation to identify gaps, contradictions, and the discriminatory provisions.
2. Advocacy for change in the existing legislation (on migration, employment of people with disabilities, etc.)
3. Monitoring of how the current legislation is enforced.

##### **Strategic Goal No. 3.**

Reduce stigma and discrimination in public settings.

###### **Objectives:**

1. Ensure universal awareness of the society through the media (Create a long-term media campaign on the issues of tolerance towards people living with HIV).
2. Raise awareness on HIV issues and HIV-related legislation among students in secondary and higher education schools. (providing dedicated hours of education in the curriculum).
3. Raise awareness among business leaders.
4. Engage people who are close to vulnerable groups, in the training programs conducted by NGOs.

##### **Strategic Goal No. 4.**

Reducing the level of self-stigma in the PLHIV community.

###### **Objectives:**

1. Develop programs to promote acceptance and disclosure of HIV status for people living with HIV (including children and family members) with the involvement of professionals (psychologists, peer specialists, multi-disciplinary experts).
2. Reinforce ART adherence programmes.
3. Increase tolerant attitude between different risk groups.
4. Expand participation of people living with HIV in social support programs to ensure access to health and social protection services.
5. leadership mobilization and development in the community of people living with HIV and improving their legal literacy.





## ANNEX. SOCIO-DEMOGRAPHIC CHARACTERISTICS AND STIGMA AND DISCRIMINATION INDICATORS IN DIFFERENT SUBGROUPS

	All PLHIV		PLHIV subgroups by gender					$\chi^2$	PLHIV subgroups by injection drug use				
	abs.	%	Women		Men		PWID		non-PWID		$\chi^2$		
			abs.	%	abs.	%	abs.		%	abs.		%	
<b>SOCIO-DEMOGRAPHIC CHARACTERISTICS</b>													
<b>Gender</b>													
Men	203	52,5	-	-				127	73,4	73	34,6	≤0,001	
Women	184	47,5	184	100,0	0	0,0	-	46	26,6	138	65,4		
Transgender people	0	0,0	-	-	-	-		-	-	-	-		
<b>Age</b>													
15-19 years	3	0,8	1	0,5	2	1,0	no data	0	0,0	3	1,4	≤0,001	
20-24 years	16	4,1	10	5,5	6	3,0		2	1,2	14	6,7		
25-29 years	34	8,8	19	10,4	15	7,4		8	4,6	25	12,0		
30-39 years	180	46,6	94	51,4	86	42,4		77	44,5	102	48,8		
40-49 years	127	32,9	46	25,1	81	39,9		77	44,5	50	23,9		
aged 50 and above	26	6,7	13	7,1	13	6,4		9	5,2	15	7,2		
<b>Place of residence</b>													
Rural areas	52	13,5	24	13,1	28	13,9	no data	28	16,2	23	11,1	no data	
Small town or village	129	33,6	71	38,8	58	28,9		58	33,5	71	34,3		
Big city	203	52,9	88	48,1	115	57,2		87	50,3	113	54,6		
<b>Current marital status</b>													
Marriage and cohabitation	169	43,7	85	46,2	84	41,4	≤0,001					no data	
Marriage but living apart	14	3,6	8	4,3	6	3,0							
In relationship but living apart _	36	9,3	18	9,8	18	8,9							
Single	91	23,5	27	14,7	64	31,5							
Divorced	43	11,1	22	12,0	21	10,3							
Widows/widowers	34	8,8	24	13,0	10	4,9							
<b>The duration of the relationships with the spouse/partner (for those who have relationships)</b>													
0-1 year	60	0,4	29	10,3	32	10,9	no data					no data	
1-4 years	122	22,4	73	25,9	49	16,7							
5-9 years	47	45,5	21	7,4	26	8,8							
10-14 years	19	17,5	7	2,5	12	4,1							
longer than 15 years	19	7,1	13	4,6	13	4,4							
<b>Sexually active</b>	301	7,1	139	75,5	162	79,8	no data					no data	



## KAZAKHSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
	abs.	%	Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
			abs.	%	abs.	%		abs.	%	abs.	%	
<b>SOCIO-DEMOGRAPHIC CHARACTERISTICS</b>												
<b>Education</b>												
Do not have	6	1,6	2	1,1	4	2,0	no data	4	2,3	2	1,0	no data
Primary school	25	6,5	9	4,9	16	7,9		15	8,7	10	4,8	
Secondary school	202	52,3	100	54,3	102	50,5		95	55,2	107	51,0	
Technical college/university	153	39,6	73	39,7	80	39,6		58	33,7	91	43,3	
<b>Current employment</b>												
Full-time job (salaried employees)	150	38,6	79	42,9	71	35,0	no data	59	34,1	89	42,2	no data
Part-time employment (salaried employees)	62	15,9	30	16,3	32	15,8	no data	25	14,5	36	17,1	no data
Full-time self-employed	26	6,7	9	4,9	17	8,4	no data	11	6,4	14	6,6	no data
Odd jobs/part-time work (self-employed)	50	12,9	22	12,0	28	13,8	no data	29	16,8	21	10,0	no data
Unemployed/do not work	100	25,7	44	23,9	56	27,6	no data	49	28,3	51	24,2	no data
<b>Years living with HIV</b>												
0-1 year	48	12,5	23	12,6	25	12,4	no data	10	5,8	37	17,7	$\leq 0,001$
1-4 years	115	29,9	60	32,8	55	27,2		39	22,7	74	35,4	
5-9 years	139	36,1	70	38,3	69	34,2		63	36,6	75	35,9	
10-14 years	44	11,4	19	10,4	25	12,4		29	16,9	15	7,2	
longer than 15 years	39	10,1	11	6,0	28	13,9		31	18,0	8	3,8	
<b>Affiliation now (or previously) with most vulnerable to HIV groups</b>												
Men who have sex with men	9	2,3	-	-	9	4,5	-	0	0,0	9	4,3	$\leq 0,05$
Gays and lesbians	12	3,1	7	3,8	5	2,5	no data	5	2,9	7	3,3	no data
Transgender people	0	0,0	-	-	-	-	-	-	-	-	-	-
Sex workers	8	2,1	7	3,8	1	0,5	$\leq 0,05$	4	2,3	4	1,9	no data
People who inject drugs	173	44,5	46	25,0	127	63,8	$\leq 0,001$	173	100,0	-	-	-
Refugees or asylum-seekers	0	0,0	-	-	-	-	-	-	-	-	-	-
Internally displaced persons	16	4,1	12	6,5	4	2,0	$\leq 0,05$	3	1,7	13	6,2	no data
Members of the indigenous communities	6	1,5	5	2,7	1	0,5	no data	0	0,0	6	2,9	no data
Migrant workers	7	1,8	0	0,0	7	3,5	$\leq 0,01$	2	1,2	5	2,4	no data
Prisoners	105	27,0	23	12,5	82	41,0	$\leq 0,001$	88	50,9	17	8,1	$\leq 0,001$
Those who do/did not belong to any of the groups most vulnerable to HIV	154	39,6	105	57,1	49	24,5	$\leq 0,001$	-	-	-	-	-



Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	

**FEARS RELATED TO HIV-STATUS**

Fear of becoming the subject of gossip	153	39,3	90	49,2	63	31,0	≤0,001	59	34,3	94	44,8	no data
Fear of verbal abuse, harassment or threats	83	21,3	49	26,9	34	16,7	≤0,05	28	16,3	54	25,8	no data
Fear of harassment, threats of physical abuse	42	10,8	26	14,3	16	7,9	≤0,05	13	7,6	29	13,9	no data
Fear of physical assault	37	9,5	26	14,2	11	5,4	≤0,01	12	6,9	25	12,0	no data
Fear of sexual rejection	146	37,5	62	33,7	84	41,8	no data	66	38,2	79	38,0	no data

**EXTERNAL STIGMA AND DISCRIMINATION**

**External stigma by others (at least once in the last 12 months)**

Learned gossips about themselves	172	44,6	82	44,8	90	44,3	no data	90	52,0	81	38,8	no data
Subjected to verbal abuse, harassment, and threats	89	23,2	42	23,1	47	23,3	no data	41	23,8	48	23,1	no data
Not allowed to participate in family affairs (cooking, sharing a meal, sleeping in the same room)	21	5,5	5	2,7	16	7,9	no data	11	6,4	10	4,8	no data
Not allowed to participate in meetings or community events (weddings, funerals, parties, going to clubs)	23	5,9	6	3,3	17	8,4	no data	12	6,9	11	5,3	no data
Not allowed to participate in religious activities, visiting places of worship	13	3,4	1	0,5	12	5,9	≤0,05	9	5,2	3	1,5	no data
Faced physical harassment, threat of assault	34	8,8	13	7,1	21	10,3	no data	19	11,0	15	7,2	no data
Subjected to physical abuse	31	8,2	14	7,7	17	8,5	no data	17	9,9	14	6,8	no data
Psychological pressure and manipulation by the partner	48	13,0	18	10,2	30	15,5	no data	17	10,4	31	15,4	no data
Sexual rejection	61	15,8	12	6,6	49	24,1	≤0,001	33	19,1	28	13,4	no data
Discrimination by other PLHIV	22	5,7	11	6,0	11	5,4	no data	8	4,7	14	6,7	no data
Discrimination experienced by household members	47	12,3	16	8,8	31	15,4	no data	22	12,8	25	12,1	no data

**External stigma from organizations and agencies**

Had to relocate, experienced difficulties in renting accommodation	68	17,6	35	19,0	33	16,3	no data	31	18,0	37	17,6	no data
Denied employment or work opportunities	23	5,9	5	3,5	18	12,2	≤0,01	16	12,9	7	4,4	≤0,05
Lost their jobs (employment) or other source of income	61	20,7	24	16,7	37	24,5	no data	27	21,1	34	20,9	no data
Changed responsibilities or nature of work, refused promotion	18	6,1	5	3,4	13	8,7	no data	11	8,5	7	4,3	no data
Dismissed or suspended / prevented going to educational institution	14	3,8	3	2,0	11	6,5	no data	8	5,7	6	3,4	no data



## KAZAKHSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
<b>EXTERNAL STIGMA AND DISCRIMINATION</b>												
Child was expelled / prevented from attending an educational institution, suspended from classes	2	0,8	2	1,5	0	0,0	≤0,001	0	0,0	2	1,3	≤0,001
Denial of medical care. including dental care	67	17,6	28	16,1	39	21,4	no data	27	17,5	40	20,2	no data
<b>RIGHTS VIOLATION</b>												
<b>PLHIV rights violation within the last 12 months</b>	57	14,9	21	11,5	36	17,9	no data	31	18,1	26	12,5	no data
<b>Types of rights violation within the last 12 months</b>												
Had to agree to medical procedures (incl. HIV testing)	100	26,5	44	24,7	56	28,1	no data	36	21,2	63	31,0	no data
Refusal of health or life insurance due to HIV status	8	2,1	3	1,7	5	2,5	no data	1	0,6	7	3,4	no data
Arrested and brought to court on charges related to HIV status	3	0,8	1	0,6	2	1,0	no data	2	1,2	1	0,6	no data
Had to disclose HIV status to be allowed to enter another country	7	1,9	2	1,1	5	2,5	no data	2	1,2	5	2,5	no data
Had to disclose HIV status when applying for residence or citizenship	6	1,6	2	1,1	4	2,0	no data	1	0,6	5	2,5	no data
Detained, quarantined, isolated or separated from other people	12	3,2	5	2,8	7	3,5	no data	8	4,5	4	2,0	no data
<b>Denied reproductive and sexual health services in the last 12 months</b>	12	3,2	4	3,0	3	3,0	≤0,001	7	4,1	5	2,4	no data
<b>Denied family planning services in the last 12 months</b>	7	1,8	6	3,3	6	3,0	no data	3	3,5	4	2,8	≤0,05
<b>Reproductive rights violations upon determination of HIV status</b>												
Health care workers ever advised not to have children	83	21,3	53	34,2	30	20,5	≤0,001	38	29,0	45	26,9	no data
Health care workers ever coerced into sterilization	21	5,4	18	11,6	3	2,0	≤0,001	8	6,2	13	7,7	no data
Health care workers coerced into termination of pregnancy (abortion)	16	4,1	15	24,2	-	-	-	5	10,0	11	9,2	no data
Health care workers coerced into certain type of delivery	8	2,1	8	15,4	-	-	-	3	6,0	5	4,3	no data
Health care workers enforced certain new-born feeding practices	7	1,8	7	13,5	-	-	-	1	2,0	6	5,2	no data
Health care workers linked the possibility of ARV treatment with the use of contraception	33	8,5	28	30,8	5	12,2	≤0,001	10	6,3	23	12,7	≤0,001
Never counselled on reproductive health issues	119	34,1	53	34,0	65	44,5	≤0,001	53	40,8	65	38,5	no data



Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
<b>SELF-STIGMATIZATION AND SELF-DISCRIMINATION</b>												
<b>Manifestations of self-stigmatization due to HIV-positive status</b>												
Felt ashamed	128	32,9	64	35,0	64	31,5	no data	43	25,0	85	40,5	≤0,05
Felt guilty	178	45,8	78	42,4	100	49,5	no data	83	48,0	92	44,0	no data
Blamed yourself	172	44,2	70	38,0	102	50,2	≤0,05	82	47,4	88	41,9	no data
Blamed others	86	22,1	50	27,2	36	17,7	≤0,05	25	14,5	61	29,0	≤0,05
Experienced low self-esteem	74	19,0	45	24,5	29	14,3	≤0,05	24	13,9	50	23,8	≤0,05
Felt that he/she should be punished	74	19,0	14	7,7	17	8,4	no data	10	5,8	21	10,0	no data
Felt suicidal	32	8,2	15	8,2	17	8,4	no data	16	9,3	15	7,1	≤0,05
<b>Manifestations of self-stigmatization due to HIV-positive status</b>												
Decided not to attend social activities or events	41	10,5	15	8,2	26	12,9	no data	16	9,2	25	12,1	no data
Isolated from family and/or children	36	9,3	17	9,3	19	9,4	no data	11	6,4	25	12,1	no data
Decided to stop working	15	3,9	6	3,3	9	4,5	no data	7	4,1	8	3,9	no data
Decided not to apply for a job/work or for a promotion	33	8,5	11	6,0	22	10,9	no data	16	9,3	17	8,2	no data
Withdrew from education/training or did not take up an opportunity for education/training	31	8,0	8	4,4	23	11,4	≤0,05	14	8,1	17	8,3	no data
Avoided visiting the clinic	76	19,5	38	20,9	38	18,8	no data	32	18,5	44	21,3	no data
Avoided visiting the hospital	65	16,7	31	17,0	34	16,8	no data	27	15,6	38	18,4	no data
Decided not to get married	69	17,7	25	13,8	44	22,0	≤0,05	31	18,0	38	18,5	no data
Decided not to have sexual contacts	31	8,0	19	10,5	12	6,0	no data	9	5,2	22	10,8	no data
Decided not to have (more) children	129	33,2	56	30,9	73	36,1	no data	58	33,5	71	34,5	no data
<b>CONFRONTING STIGMA AND DISCRIMINATION</b>												
Tried to get legal redress for abuse of rights	14	3,6	6	16,7	8	12,5	no data	6	11,1	8	14,0	no data
Confronted, challenged or educated somebody who stigmatized or discriminated against them	89	22,9	37	20,4	52	25,7	no data	55	32,2	34	16,3	≤0,001
Aware of any organizations or groups that they can ask for help if they experience stigma or discrimination:	263	67,6	129	71,3	134	66,7	no data	123	71,5	138	67,0	no data
Ever asked for help from the organizations or groups to resolve an issue of stigma and discrimination	40	10,3	21	12,2	19	10,1	no data	18	11,1	22	11,3	no data
Helped and supported other PLHIV in the last 12 months	194	49,9	97	53,9	97	48,0	no data	99	57,9	93	44,9	≤0,05
Being a member of a support group and/or network of people living with HIV	152	39,1	78	43,3	74	37,6	no data	73	42,9	76	37,3	no data



## KAZAKHSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
<b>CONFRONTING STIGMA AND DISCRIMINATION</b>												
Served as a volunteer or employee in any support programmes or projects for people living with HIV in the last 12 months	89	22,9	47	26,0	42	20,8	no data	47	27,5	42	20,2	no data
Participated in any process of developing legislation, policies or guidelines related to HIV	17	4,4	11	6,1	6	3,0	no data	9	5,3	8	3,9	no data
Heard of the Declaration of Commitment on HIV/AIDS, which protects the rights of people living with HIV	165	42,2	79	43,4	86	42,4	no data	74	42,8	90	43,3	no data
Read or discussed the contents of the Declaration of Commitment on HIV/AIDS	82	21,1	42	30,7	40	25,6	no data	34	25,8	48	30,6	no data
Heard about a national document which protects the rights of people living with HIV	150	38,6	72	41,4	78	39,8	no data	78	46,2	72	36,5	no data
Read or discussed the contents of a national document which protects the rights of people living with HIV	85	21,9	42	32,6	43	30,5	no data	38	29,2	47	34,3	no data
<b>TESTING, DIAGNOSIS AND DISCLOSURE</b>												
<b>Reasons for HIV testing</b>												
Employment	16	4,1	4	2,3	12	6,1	no data	5	3,0	11	5,5	no data
Pregnancy	41	10,5	40	22,7	-	-	-	6	3,6	35	17,4	≤0,001
Preparation for a marriage/sexual relationship	1	0,3	1	0,6	198	0,0	no data	0	0,0	1	0,5	no data
Referred by a clinic for sexually transmitted infections	66	17,0	19	10,8	47	23,7	≤0,001	30	17,8	35	17,4	no data
Referred due to suspected HIV-related symptoms (e.g. tuberculosis)	58	14,9	17	9,7	41	20,7	≤0,05	30	17,8	26	12,9	no data
Wife/husband/partner/family member tested HIV-positive	46	11,8	35	19,9	11	5,6	≤0,001	10	5,9	36	18,0	≤0,01
Wife/husband/partner/family member got sick or died	15	3,9	12	6,8	3	1,5	≤0,05	4	2,4	11	5,5	no data
I just wanted to know	52	13,4	28	15,9	24	12,1	no data	28	16,6	24	11,9	no data
Other reasons	88	22,6	27	15,3	61	31,0	≤0,001	62	36,9	25	12,4	≤0,001
<b>Was the decision to be tested up to you</b>												
Yes, I decided myself to have an HIV test (i.e. it was voluntary)	233	61,5	117	65,0	116	58,3	no data	99	58,2	132	64,4	no data
I decided to go for the test, but under pressure from others	48	12,7	24	13,3	24	12,1		19	11,2	29	14,1	
I was forced to take an HIV test (coercion)	32	8,4	15	8,3	17	8,5		17	10,0	15	7,3	
I was tested without my knowledge	66	17,4	24	13,3	42	21,1		35	20,6	29	14,1	



## Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
<b>TESTING, DIAGNOSIS AND DISCLOSURE</b>												
<b>Did you receive counselling when you were tested for HIV</b>												
I received pre- and post-test counselling	133	35,0	36,3	36,3	33,8	33,8	no data	44	25,6	88	43,1	≤0,05
I only received pre-test counselling	6	1,6	1,7	1,7	1,5	1,5		4	2,3	2	1,0	
I only received post-test counselling	165	43,4	46,9	46,9	40,3	40,3		80	46,5	83	40,7	
I did not receive any counselling when I had an HIV test	76	20,0	15,1	15,1	24,4	24,4		44	25,6	31	15,2	
<b>Did you find that the disclosure of your HIV status was an empowering experience</b>												
Yes, it was helpful	205	54,7	106	59,2	99	50,5	≤0,05	90	52,9	113	56,2	no data
No, it was not helpful	102	27,2	37	20,7	65	33,2		52	30,6	49	24,4	
Not applicable (did not disclose HIV status)	68	18,1	36	20,1	32	16,3		28	16,5	39	19,4	
<b>DISCLOSURE AND CONFIDENTIALITY</b>												
<b>Felt pressure from other people to disclose HIV status</b>												
Other PLHIV or groups/networks of PLHIV	30	3,7	17	9,4	13	6,6	no data	13	7,6	17	8,3	no data
Felt pressure from people not living with HIV (e.g. family members, social workers, NGO staff)	37	9,8	20	5,9	17	8,6	no data	15	8,8	21	10,3	no data
<b>Has a professional health worker (e.g. medical doctor, nurse, counsellor, laboratory technician) told others about your HIV status without your consent</b>	83	22,9	34	19,3	49	26,2	no data	46	28,6	36	18,3	≤0,05
<b>How confidential do you think your medical records relating to your HIV status are</b>												
Yes, completely confidential	96	26,5	49	28,0	47	25,1	no data	31	19,3	62	31,3	≤0,05
No, not confidential	105	29,0	79	45,1	82	43,9		73	45,3	88	44,4	
I do not know if my medical records are confidential	161	44,5	47	26,9	58	31,0		57	35,4	48	24,2	
<b>HEALTH AND TREATMENT</b>												
<b>How would you describe about your health status at this moment</b>												
Excellent	22	5,8	10	5,5	12	6,0	no data	6	3,5	16	7,8	≤0,05
Very good	26	6,8	15	8,3	11	5,5		8	4,7	17	8,3	
Good	150	39,4	80	44,2	70	35,0		57	33,3	92	44,7	
Fair	151	39,6	66	36,5	85	42,5		80	46,8	69	33,5	
Poor	32	8,4	10	5,5	22	11,0		20	11,7	12	5,8	
Do you have any kind of physical disability	39	10,0	11	6,1	28	14,4	≤0,01	24	14,3	14	6,9	≤0,001
Are you currently taking antiretroviral treatment	285	73,3	133	73,5	152	76,8	no data	130	76,5	151	74,4	no data



## KAZAKHSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		$\chi^2$	PWID		non-PWID		$\chi^2$
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
<b>HEALTH AND TREATMENT</b>												
Able to access antiretroviral treatment services, even if they are not on treatment at the moment	351	92,4	168	93,3	183	91,5	no data	160	93,6	187	91,2	no data
Taking any medication prevent or treat opportunistic infections	105	27,0	47	25,8	58	29,0	no data	41	24,0	63	30,6	no data
Taking any medication to prevent or treat opportunistic infections, even if they are not on treatment at the moment	302	79,7	148	82,7	154	77,0	≤0,05	135	78,9	164	80,4	no data
<b>Had a constructive discussion with a health care professional on the topic of HIV-treatment options in the last 12 months</b>												
Yes, I had	201	52,8	99	54,7	102	51,0	no data	79	46,5	119	57,5	≤0,05
No	180	47,2	82	45,3	98	49,0		91	53,5	88	42,5	
<b>PREGNANCY, DELIVERY, CHILDREN</b>												
<b>Have you got a child/children</b>	225	57,8	126	70,0	99	50,3	≤0,001	91	53,2	131	64,9	≤0,05
<b>If yes, are any of your children HIV-positive</b>	20	8,9	15	10,6	5	4,8	≤0,05	5	4,7	15	10,7	no data
<b>Have you ever been given antiretroviral treatment to prevent mother-to-child transmission of HIV? (only for women who were pregnant)</b>												
Yes, I have received this treatment	51	41,1	51	41,1	-	-	-	14	46,7	38	39,6	no data
No, I do not know about this treatment	7	5,6	7	5,6	-	-		1	3,3	6	6,3	
No, I was refused this treatment	0	0,0	0	0,0	-	-		0	0,0	0	0,0	
No, I did not access this treatment	15	12,1	15	12,1	-	-		6	20,0	9	9,4	
No, I was not HIV-positive when pregnant	51	41,1	51	41,1	-	-		9	30,0	43	44,8	



