

**Effect of stigma and discrimination
on accessing testing, treatment, quality of life of PLHIV
and actions taken**

Results of the Stigma Index survey in Moldova



The League of the PLHIV from Moldova

www.ligaids.md



THE PEOPLE LIVING WITH HIV STIGMA INDEX

This is the initiative of 4 partner-founders
More details are accessible at : www.stigmaindex.org



ICWGlobal



International Community of
Women Living With HIV/AIDS



Acknowledgements



This study was supported by the United Kingdom's Department for International Development (DFID) Governance and Transparency Fund (GTF), HIV in Europe and UNAIDS



Technical support provided by GNP+

Acknowledgements

High appreciation due to the team of Moldova:

CCM Secretariat – Director O.Barba

AIDS Center – Director Sh. Gheorghita

Otilia Scutelnicuic - Coordinator/author Stigma Index in Moldova

NGOs of the League of the PLHIV of the RM and partner NGO's of the League

Greatest thanks to 403 people living with HIV in Moldova who have shared their personal feelings, fears and experience.

Stigma Index Objectives

- ▶ **To collect information on PLHIV related stigma and discrimination from the perspective of people living with HIV;**
- ▶ **To provide a baseline of PLHIV related stigma – for comparison across time and across countries**
- ▶ **To provide an evidence basis for policies and programs change;**
- ▶ **To develop more efficient programs to improve the medical and social condition of people living with HIV.**

What does the Index measure ?

The index measures PLHIV experiences and perceptions of stigma and discrimination :

- ▶ That has been internalized by PLHIV (what we do to ourselves)
- ▶ That we experience or receive from family and community
- ▶ In the areas of health care - including sexual and reproductive health - work, education, accommodation

It also measures PLHIV knowledge about rights, and barriers to asserting these rights

Additionally in Moldova extra questions were asked to explore the extent to which Stigma and discrimination had resulted in 'Late testing, and Late Treatment'

Methodology

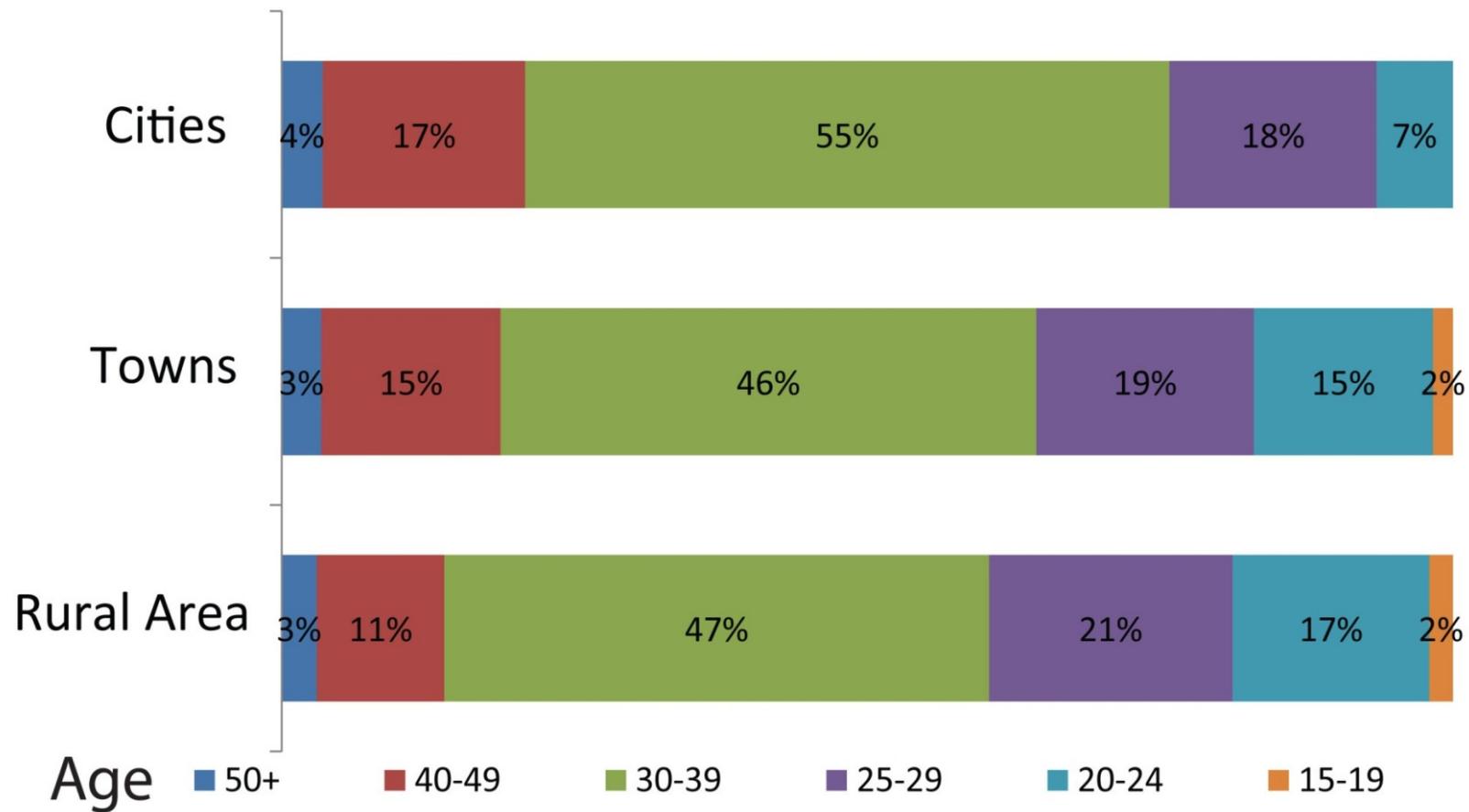
Sampling

- Not probabilistic – based on snowball recruiting, but number of site based on geographical distribution of the registered aggregate number of HIV cases - **403** interviews conducted

Some potential deficiencies in the sampling

- **Every second HIV-infected was unemployed** at the time of interview (52,9%), eight out of ten (83,5%) only finished secondary school or less.
- Every third person (34,7%) reported that family **income was less than \$ 100 per month.**
- Low numbers of some populations (**MSM, sex workers**) interviewed.

Age distribution of respondents

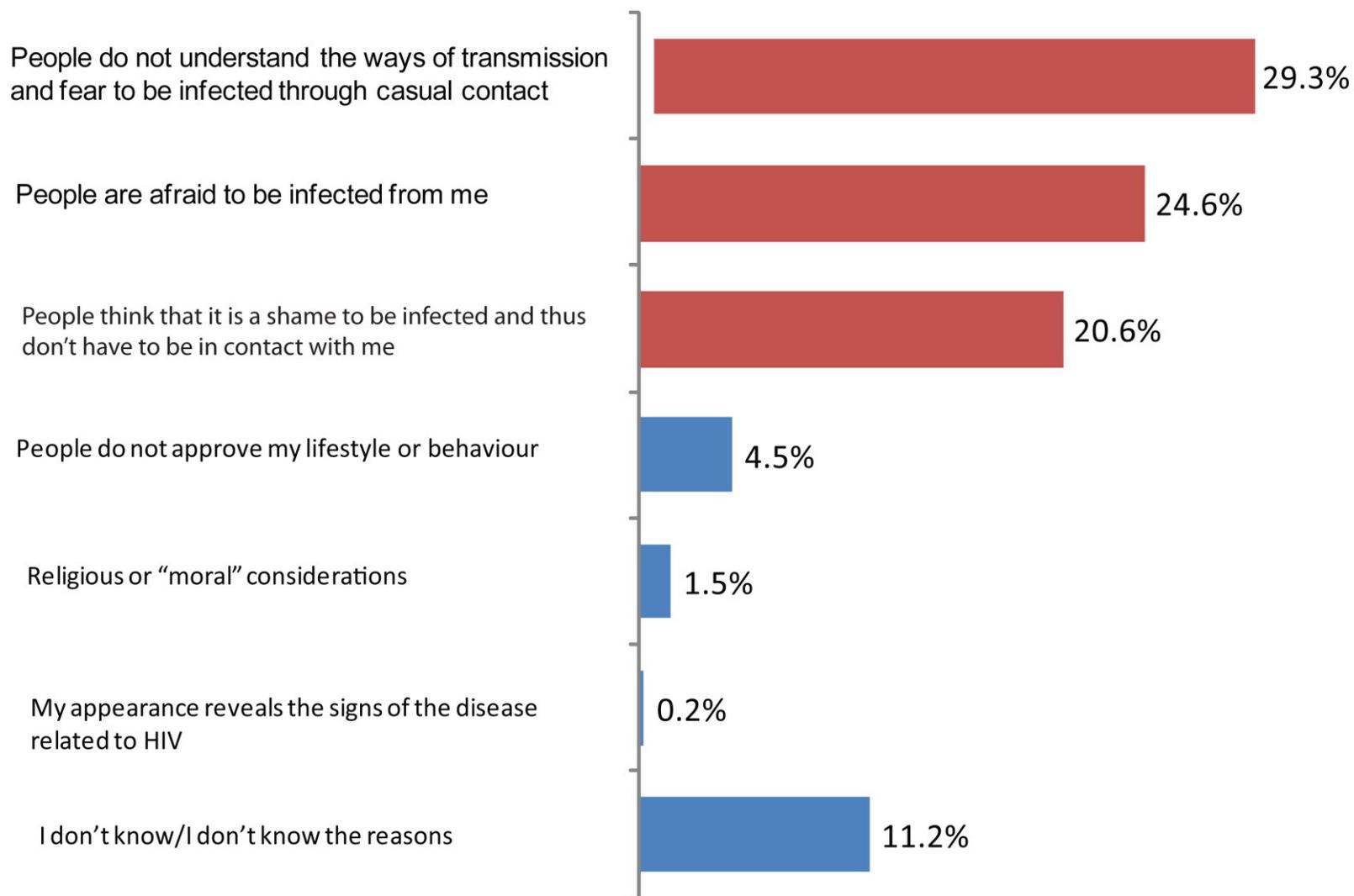


Findings

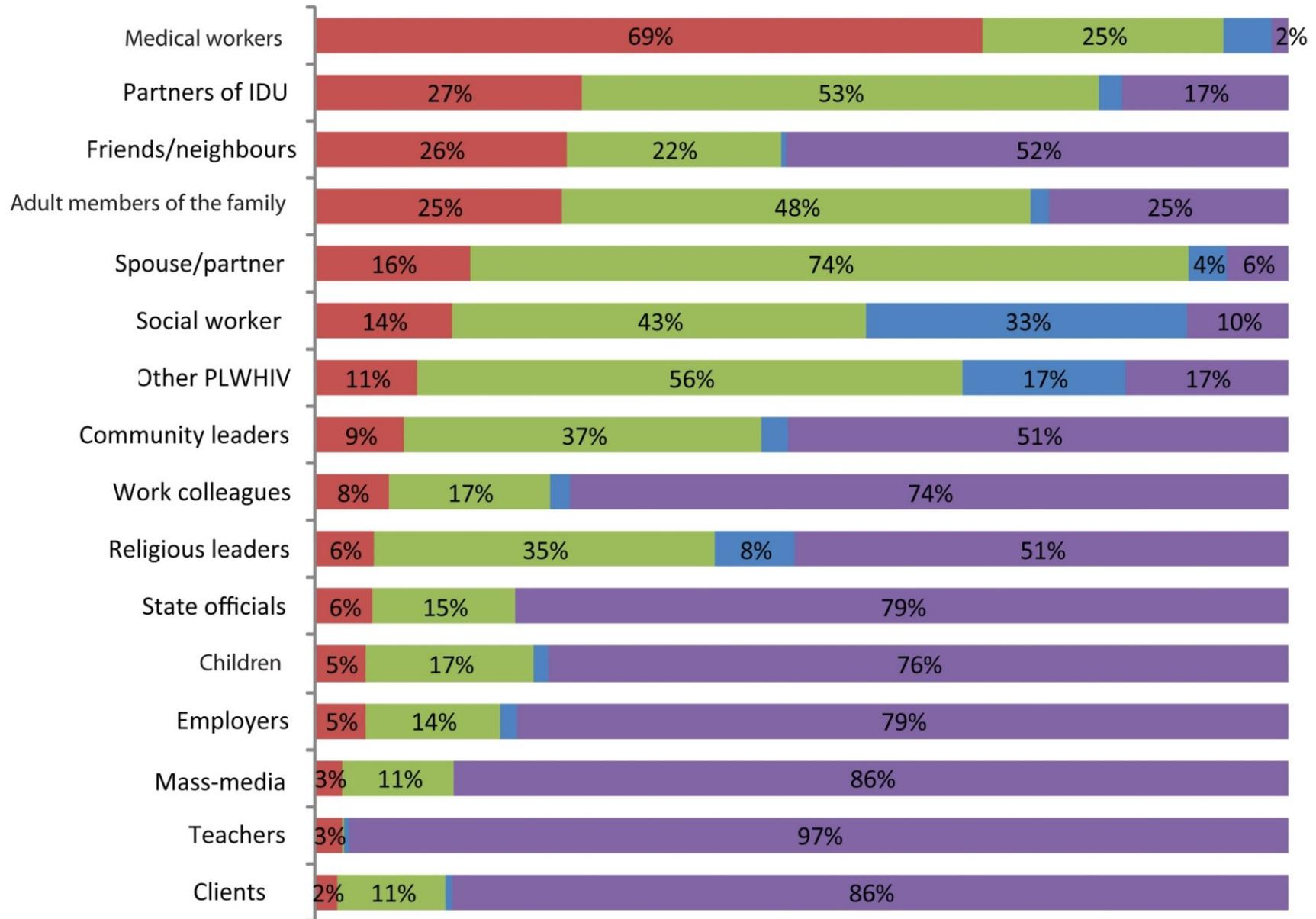


Opinions of PLHIV respondents on why they experienced stigma and discrimination

Republic of Moldova (right bank of the Dniester river), 2010



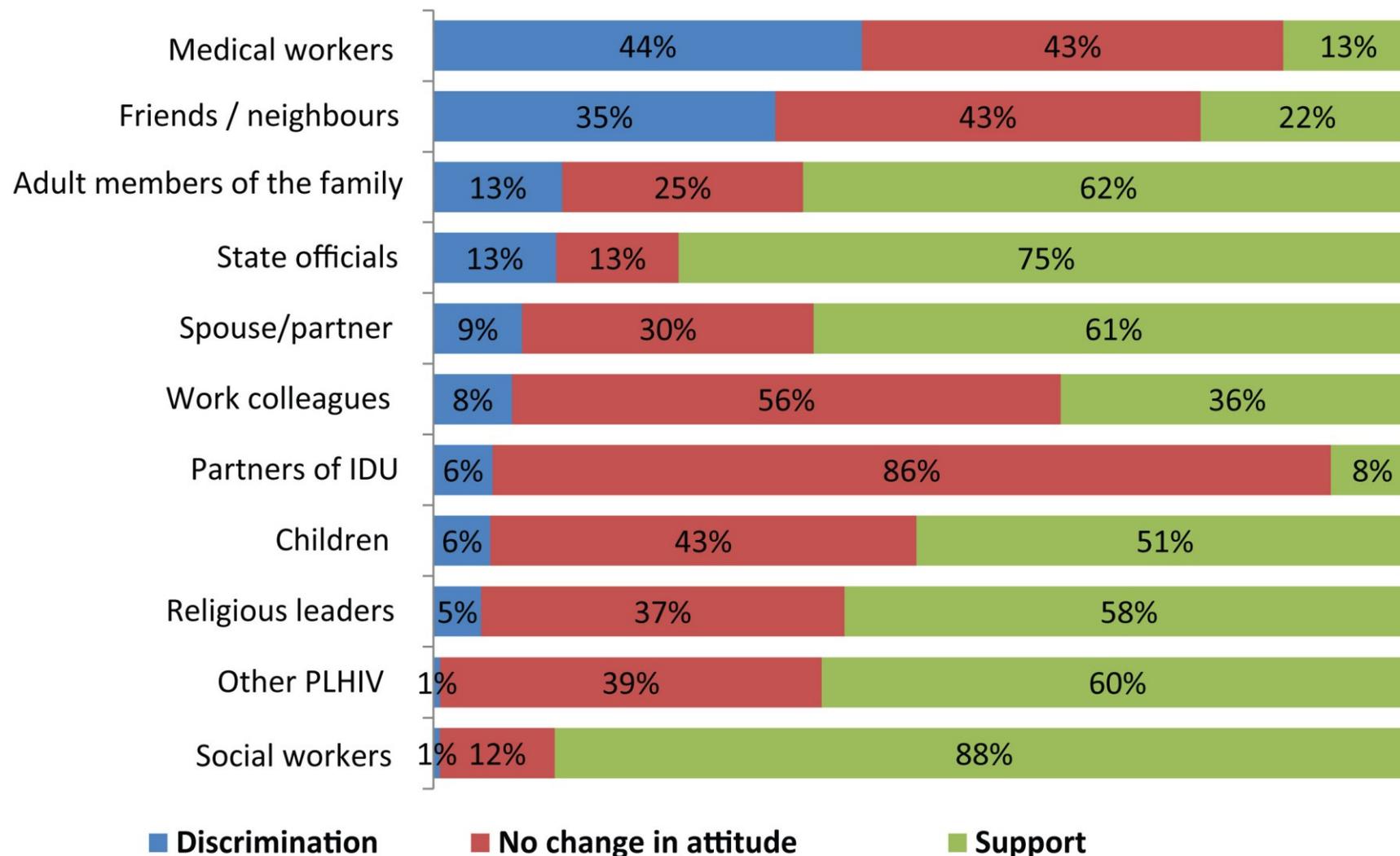
Information disclosure, PLHIV, Republic of Moldova



■ Someone informed them without my consent
■ Someone informed them with my consent

■ I informed them
■ They are not aware of my HIV status

Medical institutions and friend/neighbour environment is the one where discrimination towards the PLHIV is most often.

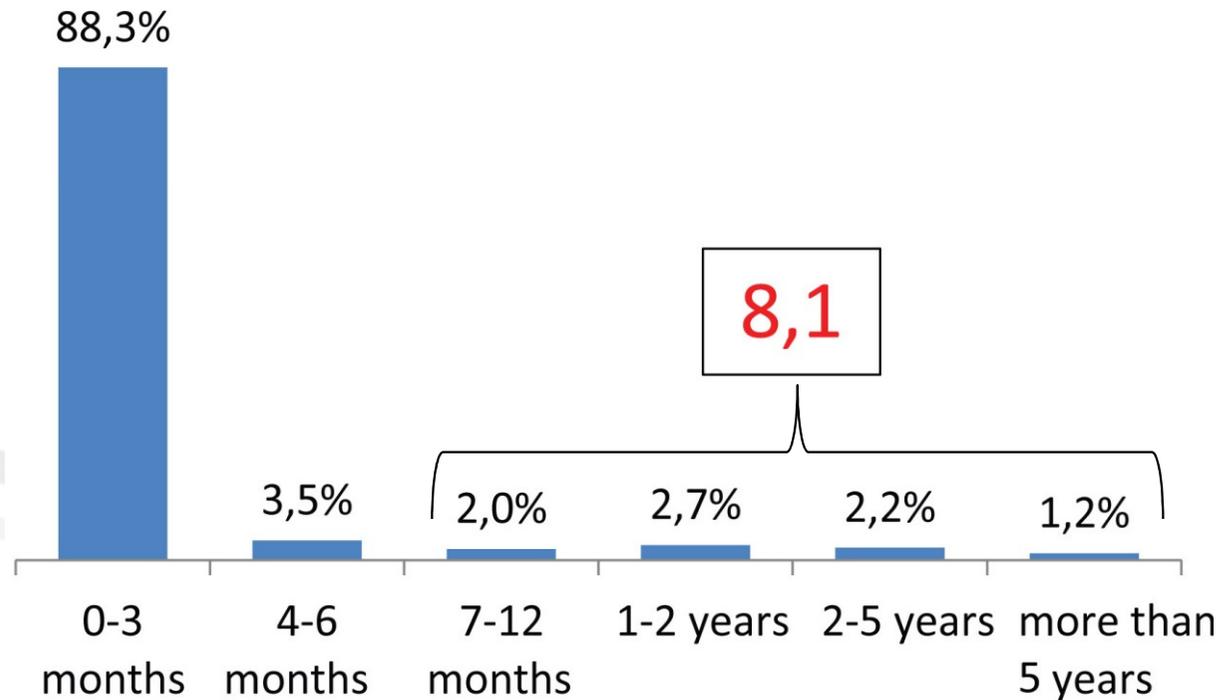


The first reaction of people on HIV status disclosure, of HIV-infected, Republic of Moldova (right bank)

Timely testing, timely treatment



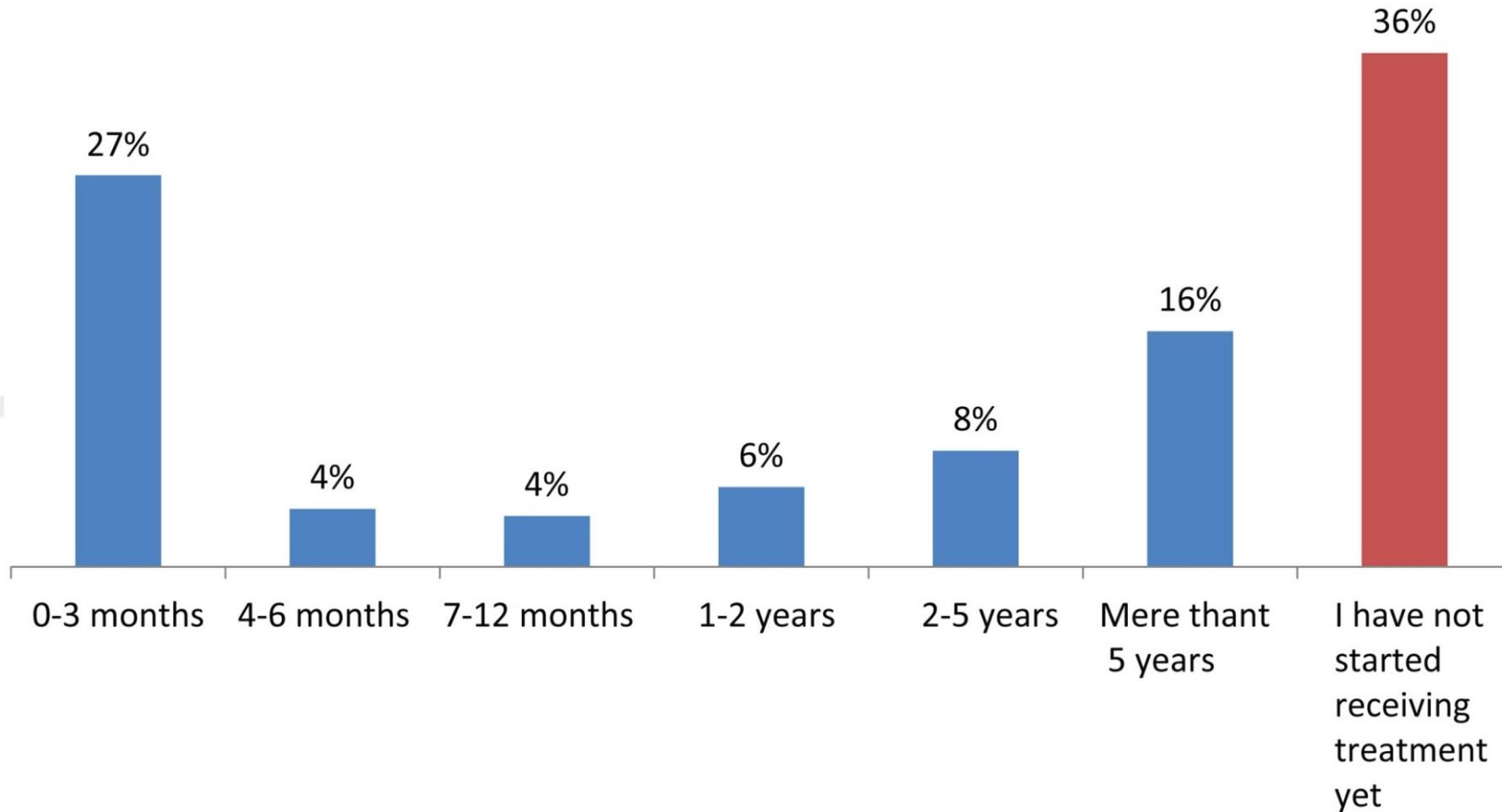
8.1% (n=37) waited more than 6 month from the time they THOUGHT they should be tested to when they ACTUALLY tested.



Late testing is typical of PLHIV:

- 1. With low income**
- 2. IDU, prisoners and ex-prisoners, MSM, SW**

**One third of the PLHIV have never received ARVT.
Every fourth of the PLHIV started the therapy after 2 and more years
from the moment of the diagnosis.**



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Top reasons given for late testing

| | |
|---|-------|
| I will be shunned by family and friends | 46,4% |
| People may think that I am “easy”, homosexual, a sex worker or an IDU | 33,0% |
| My children will be treated badly in the family, society, school | 20,1% |

Top reasons for delays in accessing treatment

More complex factors, including:

Not being ‘ready’ to deal with diagnosis, not knowing how to access services, services not being available, or services being refused

Every second respondent (50,4%) noted disclosure of their HIV status by medical worker without the respondent consent.

44,4% respondents are sure in their records are not kept confidential, including details of their and services received

42,7% of the respondents receiving ARVT live with HIV for less than 5 years which demonstrates late HIV-infection.

Conclusion

Discrimination, absence of confidentiality and or fear significantly restrict access to medial services and negatively affect quality of life of PLHIV in Moldova

Action

Since the initial findings:

- Meetings with respondents to reflect on finding
- Meetings with health care facilities, health ministry to present findings
- An action plan to develop assertiveness training for PLHIV and develop in-service training (run by PLHIV) at 2 medical facilities developed and about to be implemented

**THANK YOU FOR YOUR
ATTENTION!**

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