

Findings from the PLHIV Stigma Index in Poland Magdalena Ankiersztejn-Bartczak on behalf of SIEĆ PLUS the Polish Network of People Living with HIV/AIDS

Workshop on People Living with HIV Stigma Index May 26th, 2011. 14.00 - 18.00. Nokia Concert Hall, Yellow room

HIV IN EUROPEAN REGION-UNITY AND DIVERSITY MAY 25-27



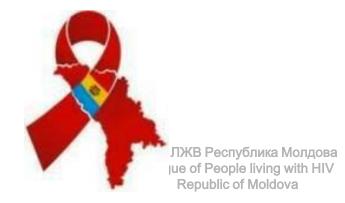














TIMETABLE – Polish Implementation

- In 2009, the Round Table of nongovernmental organizations acting for HIV positive people in Poland was convened.
- In 2010, the project was approved for financing by HIV in Europe and implementation in Poland
- The main data was collected by 25 interviewers from 12 NGOs between August -October 2010.





Presenters Notes:

Stigma and discrimination in Poland

- In Poland there is officially no problem with HIV stigmatization. However, our organization has documented many individual cases of personal stigma situations.
- PLWHA are afraid of fighting for human rights because their families friends could find about their condition.

"In everyday life, at work people very rarely disclose the fact that they are infected"

Interviewer, Training workshop

In Poland, little research about the quality of life of PLHIV has been made. In Poland people living with HIV/AIDS still have social problems. They are afraid to tell their family about their infection. Very often they lose their jobs after people find out about HIV. We still have situations where infected children have been thrown out from school. HIV people are sometimes unable to get into sanatoriums. People who contracted the disease after 2002 are mostly young people between 20-29. They are afraid of taking medications because someone could find about their condition.





Country sample size and characteristic

Number	% Female	Ages	% Urban	% Key Population*
504	39%	15 to 50+	72%	66%
				43% IDU, 20% MSM/G/L,
				8% Prisoner





Household composition of PLHIV

- 75% of people living with HIV live at the level below national average wages 3033 PLN (1064 \$ per month).
- In the last month 10% of the respondents had insufficient amount of food.





Discrimination against

23% of the respondents were discriminated because of their sexual preferences

14% had their wife/ husband/ or partner, or any members of their household experienced discrimination as a result of their HIV-positive status in the last 12 months.





Reasons for discrimination

PLHIV stress that lack of knowledge about HIV infection was the main reason of their discrimination.

In everyday life, at work people very rarely disclose the fact that they are infected

Interviewer, Training workshop





Example 50+ years man, living with HIV 15+ year

In 2010 the respondent was at a hospital of Medical University in Warsaw at the nefrology ward. On the door the sign was fixed with annotation that this is isolation area and the nurses were afraid to take his blood for testing.

Presenters notes:

In Poland people still have hang-ups about HIV based on some particular myths related to the disease – prostitution, homosexuality, and drug users "Normal" people think that it is not their problem, but in fact they have little knowledge about HIV, so they can often be afraid when they find out about someone's infection.





- Due to perceived and sometimes actual stigma and discrimination:
- 20% of respondents (N=116) avoided going to a local clinic when they needed to, because of their HIV status,
- Almost 20% (N=98) of respondents had been denied health services, including dental care, because of their HIV status in the last 12 months.





Stigmatization and discrimination is evident especially in health care, both in small towns and big cities. At work. It is ever present, I sometimes have an impression that we moved back several year Interviewer, Training workshop





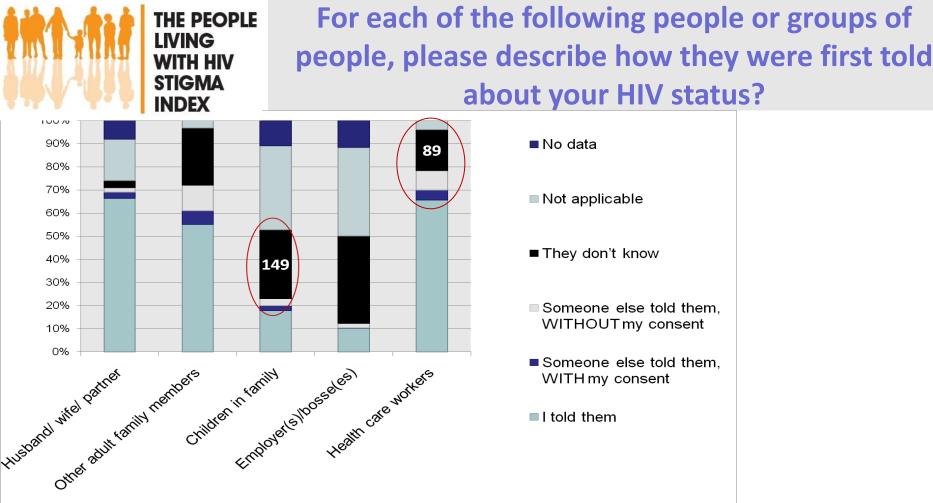
Social stigma

- One in five respondents (N=123) had chose not to attend social gathering in the last 12 months because HIV.
- A similar number (N=126) isolated themselves from family and/or friends.
- Very often 43% (N=217) of respondents had decided not to have (more) children because of their HIV status.

Presenters notes:

It is important to mention that in Poland there is access to treatment and a special protocol to protect a mother to child transmission

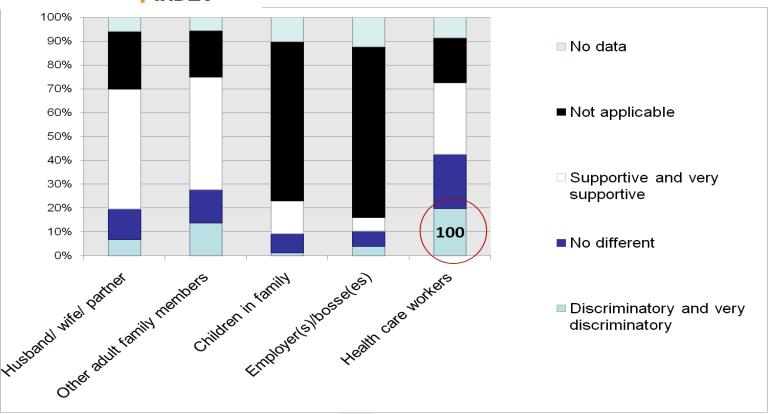




Presenters Notes:

This chart shows that 18% (N=89) of health care workers did not know the HIV status of respondents. 30% (N=149) of children in families also did not know about the HIV status. Out of all the respondents, the group informed the most about HIV status was husband/wife/ partner, which was more than 70%.

How would you describe the reaction of these THE PEOPLE LIVING people (in general) when they first knew about WITH HIV **STIGMA** your HIV status?



Presenters Notes:

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20% (N=100) of respondent had very discriminatory or discriminatory reacting from health care workers when they first knew about their status. The second discriminatory group were other adult family members – 14% (N=71). 50% (N=253) of the husband/wife/ partner group reaction was supportive and very supportive. 30% (N=151) had a supportive and very supportive reaction from health care workers.





Next steps

- This report will be presented to the representatives of the state agencies and NGOs.
- I strongly hope that the results shall initiate some changes in the approach towards people living with HIV and that stigma and discrimination shall begin to diminish.





Acknowledgements

Most importantly, thanks are due to the more than 500 People living with HIV who shared their personal feelings, fears, and experiences.





Thanks



HIV in Europe Working Together for Optimal Testing and Earlier Care HIV in Europe funded this report and supported the research undertaken



Technical support provided by GNP+ for the in country implementation of this research

Presenters Notes: I would also like to acknowledge the invaluable role of people living with HIV and their partners who participated in this study for their time and sharing their stories.

I trust that these findings will contribute to improving the health and quality of their lives and that of PLHIV in general.

SIEĆ PLUS Polish Network of People Living with HIV/AIDS Association would like to thank the Global Network of People Living with HIV (GNP+), and HIV in Europe for the financial and technical support that made this study possible.

I also like to thank for the honorary patronage of the National AIDS Centre agenda of the Ministry of Health and the Polish AIDS Research Society. Support for the project was also extended by the Family Development Society and Open Society Institute Global Drug Policy Program.

I would also like to thank Wojciech J. Tomczyński, CEO at the SIEĆ PLUS Polish Network of People Living with HIV/AIDS Association.





This is an initiative of four founding partners More information can be accessed at: www.stigma index.org













Thank you

More details:

megama@poczta.onet.pl

Full report soon on the webside: www.netplus.org.pl



