



Strategic Research Center under President of Tajikistan

**NATIONAL STUDY ON THE STIGMATIZATION AND FORMS OF
DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV**

2007

The national study on the stigmatization and forms of discrimination of people living with HIV was conducted in Tajikistan for the first time. This study was conducted by the Strategic Research Centre under the President of Tajikistan within the framework of the United Nations Joint Advocacy Project on HIV, with the financial assistance of the United Nations Development Programme and technical support of the United Nations Joint Programme on HIV/AIDS and UN Theme Group on HIV/AIDS in Tajikistan.

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Director of Strategic Research Center under the President of RT – Mr.Suhrob Sharipov

Coordinator of the study – Firuz Saidov

Research team:

Karimov B.A.
Shodiev D.Ya.
Rahmatova D.
Saidova J.
Niyatbekov V.
Dodikhudoev H.
Khaidarova Z.
Khaidarova M.
Odilova R.
Ahmedova P.
Komilova S.
Narzullaev F.

Data entry and data processing Consultants:

Hakimov Farmon
Seregina Vera

ABBREVIATIONS

ARV	Antiretroviral therapy
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
HLC	Healthy Living Center
NGO	Non-governmental organization
RT	Republic of Tajikistan
STI	Sexually Transmitted Infection
UNDP	United Nations Development Programme
RRS	Rayons of Republican Subordination
GBAO	Gorno-Badakhshanskaya Autonomous Oblast
PLWH	People Living with HIV/AIDS
MIA	Ministry of Internal Affairs
SW	Sexual Worker
UNAIDS	Joint United Nations Programme on HIV/AIDS
IDU	Intravenous Drug User

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Overview

Background

In Tajikistan, like in other countries AIDS is considered the disease of vulnerable people: intravenous drug users (IDUs) and commercial sex workers (CSW), whose lifestyle society regards as “perverted” and “sinuous”. Discrimination and stigmatization are predictable enough results of these attitudes, which affect family life, working environment, education and medical assistance.

Until present, no direct large-scale studies have been conducted on discrimination and stigmatization issues of People Living with HIV infection in Tajikistan.

Very little is known about factors which cause stigma and discrimination in Tajikistan. This lack of knowledge prompted this study to provide answers to these questions.

Aim

The aim of the study is to analyze stigmatization of and forms of discrimination against PLWH, to identify the needs and problems of PLWH and to determine the attitude of others toward PLWH in Tajikistan.

Methodology

The study on stigma and discrimination toward PLWH was conducted using quantitative method, a questionnaire.

Selection

The study was conducted in the following districts and cities of the country (covering oblasts of republic):

1. Dushanbe city (all four districts);
2. Rayons of Republican Subordination (Tursunzade and Vahdat)
3. Khatlon oblast (Kurgan-Tyube city, Kulyab and Shaartuz district)
4. Soghd oblast (Khodjent city, Isfara and Chkalovsk).

Additional questioning among PLWH who are receiving ARV therapy was carried out in Kairakum city of Soghd oblast and Khorog city of GBAO.

Based on the aims and tasks of the study, interviews were carried out among the following targeted groups:

- Medical workers - 240;
- Teachers of secondary education- 280;
- Law-enforcement and judicial bodies (lawyers and judges)-130;
- Services sector (food and non-food vendors, barbers) - 115
- Religious leaders, both Muslims and Christians-32;
- Mass media employees- 16;
- Administration of local authorities (Hukumats) - 20;
- PLWH-104

Results of the study

Level of knowledge on main HIV transmission routes

The attitude of people and society toward PLWH as a whole is best observed based on their knowledge of HIV transmission routes. The study shows that more than 96% of the respondents interviewed said that they know how HIV is transmitted.

Even though many respondents said that they are aware of how HIV is transmitted, only 30% of them correctly identified the transmission routes (unprotected sex, blood and from mother to child).

The level of knowledge of respondents about the presence of PLWH in their district/city demonstrates the growth of HIV throughout the country. Of those interviewed, 74% said that PLWH are present in their city/district.

Labor restrictions, as one form of discrimination against PLWH

Violation of the right of HIV-infected people to work is a major form of discrimination. The overwhelming majority, 66.4% of the respondents, said that PLWH are entitled to work, while 27% answered negatively and 6.8% had no answer.

Respondents, who in their official capacity should be informed of PLWH right for labor, were categorical in their judgments. 42% of the total law-enforcement employees, 28.6% of the teachers, 23.3% of the judges and lawyers and 20% of the Hukumat staff said that PLWH do not have a right to work.

The majority of respondents claimed that PLWH cannot be hired in the educational system or the service sector. Only 39% of the those interviewed responded that PLWH have a right to work as school teachers; 51% said they opposed PLWH working in schools.

Many of interviewees noted that PLWH should not work within the services sector. More than 77% believe that PLWH do not have a right to work within services sector.

Dismissal of people solely because they are HIV-infected is regarded as one form of discrimination against PLWH.

According to the results, 59% of the respondents thought that a person could not be dismissed only because of his HIV status, while 1/3 of respondents thought the opposite opinion; 12% didn't answer.

Educational restrictions as a form of discrimination against PLWH

The study shows that not all respondents support the idea of PLWH being educated together with other children. Of the total interviewees, 42% answered that HIV-infected children should not attend classes with healthy children in schools.

Respondents frequently opposed to HIV-infected children going to regular secondary schools: among law-enforcement employees, 57% held that position; strangely enough,

among teachers, 45.7%; in the service sector, 60.9%; 50% of mass media employees felt that way.

Approximately 24% of teachers from public education facilities responded negatively when asked whether they would agree to work with HIV-infected children. More than 48% of them had participated in training on HIV/AIDS prevention at schools and 70% had attended lectures on how to conduct such classes.

Forms of discrimination against PLWH in medical facilities

The study shows that doctors and paramedical staff as a whole are aware of HIV/AIDS preventive measures in medical facilities. Of the doctors and paramedical staff interviewed, 92% said that they know about the possible HIV/AIDS transmission risk when sharing a syringe and 97.1% know about the blood transfusion risk.

Despite the high level of knowledge about HIV transmission routes among doctors and paramedical staff, not all medical facilities are fully supplied with the necessary sterile materials and disinfectants. Among medical workers, 75.4% of the interviewees responded that they were adequately supplied with necessary materials; 7.9% said they are not adequately supplied and 16.7% said they are partially supplied.

The study shows that not all medical workers are ready to provide medical assistance to PLWH. Thus, 62.5% of the medical workers interviewed answered that they are ready to provide the same medical assistance to PLWH as they do for other patients.

Of medical workers, 73% said they would assist in the delivery of HIV-infected infant, 13% would not and approximately 14% did not answer.

The majority of medical workers, 89.2%, answered that medical workers should by all means be tested for HIV. More than 87% of medical workers said that they are tested for HIV annually.

Concerning hiring an HIV-infected medical worker, more than 62% said that PLWH should not work in medical facilities.

Knowledge of the law on liability for disclosing HIV status among medical workers is 67.5%; 80% of doctors knew of the law, but only 40% of paramedical staff was aware of the liability for disclosure of HIV status.

Post-contact preventive measures are a way of reducing the HIV contamination risk for medical workers dealing with infectious diseases, including HIV/AIDS. The study shows that only 38.8% of medical workers knew about post-contact measures, while 35.5% said they practice them in their facilities.

Nearly all doctors and the majority of paramedical staff, 75.5%, replied that people infected with HIV as a result of the negligence of medical workers are entitled to benefits.

Legal aspects of the stigmatization of and discrimination against PLWH

Under the law of Tajikistan, PLWH are entitled to protect their rights and to receive legal support.

The study revealed that the overwhelming majority of judges and lawyers, 87% would provide legal support to HIV-infected.

The study showed that the level of knowledge of judges and lawyers of the law on HIV/AIDS in Tajikistan is not high. Only 50% believed that there is such a law in Tajikistan.

A large majority of judges and lawyers, 90%, share the opinion that a person who purposely infects others with HIV should be held criminally liable.

Many respondents, 60%, believe that a person must reveal his HIV status in some cases; 30% expressed the opinion that he should keep his status secret.

According to the study 70% of judges and lawyers believe that a person on trial should inform judicial bodies and the prosecutor's office about his disease.

More than 76% of the respondents agreed with compulsory testing of suspects.

More than 46% of interviewees supported isolating PLWH in separate prison cells to prevent the contamination of other prisoners; 28.1% said they should be held with other PLWH.

Lawyers said that stigmatization of and discrimination against PLWH in Tajikistan is insignificant; 40% of judges and lawyers opposed special legislation in this regard.

Discrimination against PLWH within a families and communities -«Fixed stigma»

Discrimination toward PLWH “Fixed stigma” is observed at work (among colleagues), in the community and in families.

About 30% of the total respondents expressed their negative attitude toward PLWH, but 70% said that they treat PLWH normally and with sympathy.

More than 50% of the total respondents expressed their extremely negative opinion to their HIV-infected colleagues.

HIV-infected children are the most vulnerable to stigmatization and discrimination in the society.

The study shows that discrimination in society affects both HIV-infected children and healthy children whose parents are PLWH. Of the interviewees, 45% said that they do not allow their children contact with healthy children whose parents are HIV-infected.

HIV-infected children appear to suffer a high rate of discrimination. Thus, 70% of the total respondents said that they would not allow their children to be in contact with HIV-infected children.

The study revealed that respondents treat PLWH with much sympathy and compassion when family members or relatives are involved. More than 90% of respondents claimed that they would take care of HIV-infected family members.

Isolation of PLWH from the society is the most negative form of stigmatization and discrimination, which can force PLWH to seek alternate housing residences as if they were defective and dangerous people. The study showed that 1/3 of the respondents favored isolation of PLWH from other members of society. More than 47% of the respondents noted various forms of discrimination toward PLWH in Tajikistan.

More than 1/3 of the respondents said that discrimination toward PLWH is better observed when people are trying to avoid them: 19% during employment and more than 10% when accessing medical facilities and services sector.

Attitude of religious leaders toward PLWH

Although 44% of respondents stated that religion treats PLWH negatively, they expressed a more democratic view regarding the right of the HIV-infected to pray together with other parishioners.

Thus, 59.4% of the religious leaders interviewed answered that they would permit PLWH to pray in a mosque or a church.

The discussions with religious leaders show that parishioners do not often speak about HIV issues in society. Of the religious leaders interviewed, 25% said they are asked questions about HIV/AIDS.

More than 84.4% of religious leaders said that if a person dies from HIV/AIDS, they would arrange his funeral.

Religious leaders hold a similar opinion about burial locations; 84% said that the HIV-affected deceased should be buried in a general cemetery.

Of religious leaders, 65.6% thought PLWH should keep their status secret.

A majority, 65.6%, believe that a religious leader should not be HIV-infected because he would not be respected and people would disregard his opinion.

Needs and problems of PLWH

The age group of PLWH interviewed proves that young people from 20 to 35 years are more vulnerable to HIV/AIDS. Family planning is a burning issue among PLWH. It should be stressed that PLWH face not only the problem of family planning, but its preservation, after one of the family member finds out about his HIV status.

According to the study, 15.5% of the respondents are divorced. The average level of divorces in Tajikistan is 5.5%.

HIV testing is not currently a top priority in Tajikistan. The study revealed that most of the patients found out about their HIV status either after anonymous testing or after they took underwent medical checks for other diseases.

The results of the study show that the majority 59.3% of both men and women received their HIV/AIDS diagnosis in AIDS Prevention Centers. Approximately 14% of PLWH said that they became aware of their status after compulsory testing in prison.

Approximately 60% of the total PLWH interviewed answered that they had received pre and post test consultations. Most, 58.7% said that their confidentiality has been maintained.

More than 62% of PLWH responded that they get examinations, psycho-social consultations and treatment in AIDS Prevention Centers.

The study revealed that 51% of the total respondents informed their family members about their HIV status (58.1% of the women and 45.9% of the men). Some, 46.2% of the men and 41.9% of the women, were afraid to reveal their HIV status to their families.

Of the respondents who revealed their HIV status to their family members, 57.4% answered that the attitude in their family toward them did not change; 7.5% noted a worsening attitude, while 20.8% said it became better. The study shows that the attitude to HIV-infected women in families is relatively worse than to men.

More than 43% of the HIV-infected revealed their status on their own initiative. Women are more willing to reveal their status (55.8%) than men (34.4%).

PLWH face the problem of revealing their status when seeking medical assistance because they fear they will be provided with needed medical assistance if they reveal their status and they fear that confidentiality will not be maintained. Only 13.5% of the PLWH interviewed responded they would reveal their status when visiting medical facilities.

Problems faced by PLWH when in need of medical assistance are one of forms of discrimination they face.

The main problem which PLWH experience is the refusal of treatment in medical facilities (38, 1%); women face this problem more often than men. Approximately 36% of PLWH mentioned that they feel neglected by medical workers. More than 1/5 of PLWH responded that they faced disclosure of their HIV status without their permission.

A large percentage, 80.8%, said they have no problem getting disposable syringes and condoms in their daily life.

A slight majority, 52% of PLWH said that they do not always get the necessary support when accessing law-enforcement, education and medical agencies.

PLWH believe that fear of possible risk of contamination is the main cause for the refusal of service. Thus, 50% of PLWH pointed to it as the main reason for the denial of their requests.

The results of discussions with PLWH indicate the possibility of a high spread of HIV among the population. About 1/3 of PLWH said that they do not use condoms during sex which, to some extent, either evidences of premeditated contamination of healthy people with HIV or low level of awareness. Women use contraception methods less often than men: (women, 55.2%, men, 70.3%).

Stigmatization and discrimination are observed more among PLWH who are ignorant of the benefits guaranteed by the government.

It can be concluded that 75% of PLWH are not aware of the rights and benefits which are included in the law "On resistance to immunodeficiency virus and immune deficiency syndrome."

Under this law, PLWH are liable for premeditated contamination of other people with HIV. The study shows that the majority of PLWH (82.7%) are aware of their responsibility for premeditated contamination with HIV to other people.

The level of knowledge of liability for premeditated contamination among women is 69.8%, much lower than with men (91.8%).

The study shows that the living standards of PLWH are much lower than the national average and that they are among the poorest of the population. Thus, of the total interviewees, more than 48% do not have any source of income; the average monthly income of 23% of PLWH is lower than the national average living standard.

Of the total PLWH interviewed, only half of responded that they have gotten any kind of assistance during last six months. More women, 60.5%, received assistance than men (42.6%).

PLWH said that they receive assistance mainly from city and district AIDS Prevention Centers (52.8%) and NGOs working with PLWH.

Despite the low level of knowledge regarding special services guaranteed to PLWH, many (85.6%) are aware of the free ARV therapy in Tajikistan.

Only 46.1% of PLWH who are aware of free ARV therapy service in Tajikistan sought it (men 37.3% and women 57.9%). The remaining 53.9% believe that there is no need for ARV therapy as it will not help. ARV therapy was administered to only 51.2% of the interviewed PLWH who sought it.

A substantial percentage of PLWH, 84.6% said that they experience discrimination.

The role of local authorities and mass media in decreasing discrimination toward PLWH

The strategy for fighting the stigmatization of and discrimination against depends on strengthening local authorities and mass media.

More than 43% of mass media employees are aware of the permanent column which covers PLWH challenges. At the same time, half of respondents (50%) do not cover these issues in their publications.

Of PLWH, 40% receive assistance from local Hukumats. However, 50% of respondents said that local authorities do not support PLWH.

Based on the data, 75% of the respondents believe that local Hukumats closely collaborate with international and non-governmental organizations on HIV/AIDS issues.

BACKGROUND

In Tajikistan, like in other countries AIDS is considered the disease of vulnerable people: intravenous drug users (IDUs) and commercial sex workers (CSW), whose lifestyle society treats as “perverted” and “sinuous”. Discrimination and stigmatization are predictable enough results of these attitudes, which affect family life, working environment, education and medical assistance. The resolution of UN Commission on Human Rights proclaims that statement “or any other regulations” which is mentioned in different international legal documents on human rights should be interpreted as related to health condition, including HIV/AIDS and that discrimination of PLWH (or suspected) in compliance with all acting human rights standards is banned. In addition to violation of human rights, there is discrimination of people and restriction of their following rights: right to health, dignity, honest life, law equality and freedom from brutal and disparaging attitude or punishment. Worldwide acknowledgment of importance for fighting stigma and discrimination issues toward PLWH is reflected in “The declaration on commitment to fight HIV/AIDS” which was adopted at the UN Special Assembly on HIV/AIDS in June, 2001. The declaration says that fighting with stigma and discrimination is the precondition to effective prevention and treatment activities and stresses that discrimination of PLWH is violation of human rights. Until present, no direct large-scale studies have been conducted on discrimination and stigmatization issues of People Living with HIV infection in Tajikistan.

Some aspects of this issue were considered in the following studies: - “Involvement of PLWH to National response”, which was carried out by the Ministry of Health of RT in 2004 and - “Study on behavior of young people from 15-24 years toward HIV/AIDS in Tajikistan”, which was conducted by the Strategic Research Center under the President in 2006.

Very little is known about factors which cause stigma and discrimination in Tajikistan. This lack of knowledge prompted this study to provide answers to these questions.

The results of the study will make possible to implement a program on improving the mechanisms and baseline capacity for HIV/AIDS prevention in order to ensure effective response to the existing stigma and discrimination challenges in Tajikistan.

AIMS AND METHODOLOGY

The aim of the study is to analyze stigmatization of and forms of discrimination against PLWH, to identify the needs and problems of PLWH and to determine the attitude of others toward PLWH in Tajikistan.

The objectives based on the aims of the study were the following:

- To determine the level of knowledge of respondents on HIV transmission routes;
- To determine discrimination forms toward PLWH labor right, including in medical facilities, education and services sector systems;
- To determine attitude of teachers toward PLWH;
- To determine attitude of medical workers toward PLWH;
- To determine attitude of law-enforcement bodies, judges and lawyers toward PLWH with regard to legislation;

- To determine attitude of family and community toward PLWH;
- To determine attitude of religious leaders to PLWH;
- To determine needs and challenges of PLWH;
- To study the activity of local authorities and mass media in reducing stigma and discrimination of PLWH.

Targeted groups:

The study was carried out among the following targeted groups:

- Medical workers;
- Teachers of secondary schools;
- Law-enforcement and judicial bodies (lawyers and judges);
- Services sector staff (grocery vendors, barbers, food and non-food items vendors);
- Religious leaders, both Muslims and Christians-32;
- Mass media staff;
- Administration of local authorities (Hukumats);
- PLWH.

The information regarding the attitude of general population to PLWH was extrapolated from the results of the “Behavior study of youngsters from 15-24 years toward HIV/AIDS in Tajikistan” which was carried in December.

Methodology

The study on stigma and discrimination toward PLWH was conducted by use of quantitative method (questionnaire).

This method is very effective to study a phenomenon with large coverage of respondents in a vast area. Quantitative method made it possible to identify the attitude of each respondent toward PLWH, as well as to identify the needs and challenges of PLWH based on their positions and types of work. The study was carried out using individual approach to ensure the confidentiality and anonymity which is very important for collecting true information concerning PLWH stigma and discrimination forms.

The interviews with PLWH to study discrimination forms toward them and their needs were conducted by NGO “Guli Surkh”, the partner of the study with rich working experience in dealing with PLWH.

Selection criteria

Cities and districts were selected according the following criteria for the study:

- Presence of AIDS Prevention Center, which register and work with PLWH;
- Number of PLWH registered and receiving ARV therapy;
- Presence of IDUs and SW in the region;
- Religious level of population;
- Presence of NGO working with PLWH

The study was conducted in the following districts and cities of the country:

5. Dushanbe city (all four districts);
6. Rayons of Republican Subordination (Tursunzade and Vahdat)
7. Khatlon oblast (Kurgan-Tyube city, Kulyab and Shaartuz district)

8. Soghd oblast (Khodjent city, Isfara and Chkalovsk).
Additional interviews among PLWH who receive ARV therapy was carried out in Kairakum city of Soghd oblast and Khorog city of GBAO.

Number of respondents per cities and districts

	Services sector	Medical workers	Law-enforcement	PLWH	Religious leaders	Teachers	Hukumkat	Mass Media	Judges. lawyers	Total
RRS										
Dushanbe	25	60	25	25	8	70	4	4	6	227
Tursunzade	5	20	10		2	20	2	1	3	63
Vahdat	5	15	5	5	2	20	2	1	3	58
Total	35	95	40	30	12	110	8	6	12	348
Khatlon oblast										
Kurgan-Tube	15	30	10	15	4	30	2	2	3	111
Kulyab	15	30	15	15	4	30	2	2	3	116
Shaartuz	5	15	5	5	2	20	2	1	3	58
Total	35	75	30	35	10	80	6	5	9	285
Soghd oblast										
Hodjent	25	40	15	20	6	50	2	2	3	163
Isfara	10	15	5	2	2	20	2	1	3	60
Chkalovsk	10	15	10	4	2	20	2	2	3	68
Kairakum				4						4
Total	45	70	30	30	10	90	6	5	9	295
GBAO										
Khorog				9						9
Total										9
Grand total	115	240	100	104	32	280	20	16	30	937

RESULTS OF THE STUDY

1. LEVEL OF KNOWLEDGE ON HIV TRANSMISSION ROUTES

Attitude of people and society toward PLWH as a whole depends much on their knowledge of HIV transmission routes. The results of the study show that more than 96% of the respondents interviewed answered that they are informed on HIV modes of transmission.

Table #1

Level of knowledge on HIV transmission routes
(in %)

Main HIV transmission routes	Law-enforcement employees	Teachers	Services sector staff	Religious leaders	Judges and lawyers	In average
Unprotected sex	98.9	97.8	94.1	100	96.7	94.5
By blood	74.7	81.4	73.5	80	76.7	76.0
Mother to child	34.3	34.3	16.7	30	40	30.1
By kiss	6.0	8.0	11.7	3.3		7.4
By shaking hands		2.9	3.9		3.3	2.3
By water	2.0	2.5	2.9	6.6		2.5
By clothes		1.4	4.9		3.3	1.8
By air	10.0	4.7	9.8		6.6	6.3
Other	3.0	4.7	5.9	3.3	6.6	4.5

Despite that many respondents noted that they are aware of HIV/AIDS transmission routes, only 30% of them named correct answers (unprotected sex, by blood and from mother to child).

Considering that the majority of medical workers should know HIV transmission routes, we asked their opinion regarding which of correct transmission routes is the highest. The medical workers gave the following answers: by sex- (38, 5%), by blood-(36, 6%) and mother to child - (22, 3%).

According to the collected data the following are the main sources of information for targeted groups: TV – 26%; newspapers and magazines – 20, 2%; leaflets– 15, 3% and radio – 12, 0%. The study revealed that many of law-enforcement men, teachers, religious leaders and mass media staff participated in HIV/AIDS trainings and workshops, which is a vital information source for them. Information sources on HIV transmission routes of medical workers slightly differ from that of other respondents. Thus, together with TV - (19,1%), newspapers and magazines -(13%) and radio -(9,6%), they mentioned brochures, leaflets, posters (14,8%), trainings and workshops (10,8%) as well as medical staff meetings and monthly doctor councils (13,9%).

Table #2

Main information sources on HIV transmission routes
(in %)

Information sources	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
TV	25.6	24.1	32.6	29.9	26.6	22.2	23.8	26.0
Radio	13.0	10.7	13.8	13.8	14.7	9.3	14.3	12.0
Newspapers and magazines	19.9	20.3	17.0	21.8	22.0	25.9	22.6	20.2
Friends	3.5	3.7	10.1	6.9	2.8	1.9	2.4	4.6
Colleagues	2.5	3.8	2.9		4.6	1.9	4.8	3.3
AIDS Centers	6.0	4.4	1.8	1.1	5.5	9.3	8.3	4.5
NGO	1.3	2.7	0.4		1.8		2.4	1.9
International organizations	1.9	3.3	1.4	1.1	2.8	5.6	1.2	2.6
Brochures etc.	14.9	16.7	15.6	12.6	11.9	11.1	10.7	15.3
Workshops etc.	9.8	9.2	1.4	10.3	5.5	9.3	6.0	7.8
Other	1.6	1.0	2.9	2.3	1.8	3.7	3.6	1.7
Total	100	100	100	100	100	100	100	100

Table #3

Level of knowledge on the presence of PLWH in their city/district
(in %)

Answers	Medical worker	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumumat	Average
Exist	90.8	83.0	62.9	60.8	56.25	73.3	87.5	85	74.2
Don't exist	2.1	3.0	10.7	8.8	18.75	13.3	12.5	5	7.3
Don't know	7.1	14.0	26.4	30.4	25	13.4	0	10	18.5
Total	100	100.0	100	100	100	100	100	100	100.0

The high level of knowledge of respondents on existence of PLWH in their district/city evidences of the spreading of HIV throughout the country. Thus, 74% out of the total

interviewees said that PLWH exist in their city/district. Medical workers, law-enforcement and judicial bodies, mass media and local authority administrations are better aware of the presence of PLWH.

The relatively high level of knowledge on PLWH existence among the targeted groups has to do with their professional specifics. In some cities/districts medical workers even gave the exact numbers of PLWH.

Table #4

Main information sources on the number of PLWH living in the city/district
(in %)

	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
TV	19.1	13.2	25.2	27.0	18.5	7.4	6.9	17.0
Radio	6.6	6.0	9.2	10.8	9.3	3.7	3.4	6.9
Newspapers and magazines	13.2	16.6	13.4	21.6	18.5	18.5	3.4	15.3
Friends	8.6	19.1	29.4	8.1	11.1	3.7	3.4	16.3
Colleagues	15.1	10.3	14.3	0	13.0	3.7	3.4	11.1
AIDS Centers	17.8	8.5	5.0	0	7.4	29.6	44.8	11.5
NGO	2.6	1.3	0.0	0	0	0	3.4	1.2
International organizations	0.7	2.2	0.8	0	1.9	0	0	1.4
Brochures etc.	3.3	3.8	0.0	2.7	7.4	7.4	3.4	3.4
PLWH	1.3	0.3	0.0	2.7	1.9	0	3.4	0.8
Workshops etc.	6.6	11.6	0.8	8.1	5.6	18.5	3.4	8.1
Other	5.3	7.2	1.7	18.9	5.6	7.4	20.7	6.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

According to the results the following are the main information sources on the number of PLWH: TV (mainly local), press (newspaper and magazines), friends and colleagues, AIDS Prevention Centers. Law-enforcement, mass media and Hukumats employees pointed out that they get information on PLWH number from AIDS Prevention Centers.

The following are the main sources of obtaining information on PLWH existence in their city/district among medical workers: TV-(10, 3%), staff meetings and monthly doctor councils - (21, 1%), colleagues - (14, 5%) and AIDS Prevention Centers - (13, 2%).

52, 6% share the opinion that the main reason for HIV/AIDS contamination is, above all, incorrect behavior of people (use of intravenous drugs and practicing unprotected sex). More than 34% of respondents mentioned that low level of knowledge on HIV/AIDS transmission routes and prevention is also one of the reasons for HIV/AIDS contamination. The majority of respondents believe that the low level of knowledge on HIV/AIDS among

population in particular, gives life to stigma and discrimination forms toward PLWH in the society.

Table #5

Answers regarding possible causes of HIV contamination (%)

	Medical workers	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Lack of information	40.9	31.7	31.1	28.2	22.8	39.3	40.9	37.1	34.1
Wrong behavior	48.9	58.6	55.0	53.7	49.1	51.8	45.5	48.6	52.6
Destiny. inevitability	2.4	3.4	4.3	4.0	8.8	1.8	4.5		3.6
The God punished them for their deeds	1.5	0.7	4.1	5.6	14.0	3.6		2.9	3.4
Other	5.8	4.8	4.3	6.2	5.3	3.6	9.1	11.4	5.4
Don't know	0.5	0.7	1.1	2.3					0.9
Total	100	100	100	100	100	100	100	100	100

Volunteer HIV-testing is one of way response actions against HIV/AIDS prevalence. The results of study show that more than 47% of respondents have been tested for HIV.

Table #6

Answers of respondents regarding whether they passed HIV test

	Medical workers	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	83.8	63.0	25.0	32.2	15.6	10.0	37.5	45	47.3
No	15.8	36.0	75.0	67.8	84.4	90.0	62.5	55	52.5
Refuse to answer	0.4	1.0							
Total	100	100	100	100	100	100	100	100	100

83, 8% of medical workers and 63% of law-enforcement men who has been tested for HIV and who according to their job specifics must undergo annual medical checks, including HIV-test, is relatively high. Although services sector staff is included into a high risk group for HIV contamination, the results show that only 1/3 of them passed HIV test. 93% out of the total respondents answered they are aware of their status.

2. DISCRIMINATION IN INSTITUTIONALIZED ORGANIZATIONS

Discrimination in institutionalized organizations is seen, in particular at workplace in medical facilities, prisons, educational and social structures. This type of discrimination promotes to “primary stigma” in institutionalized policy, which discriminates PLWH or leads to violation of anti-discrimination policy.

2.1 Labor restrictions as one of discrimination forms of PLWH

Violation of PLWH labor rights is one of the discrimination forms. According to the law of RT #150 dated to December 28, 2005, the article 12 says that PLWH are entitled to work at a desired job, with exception of listed specialties.

The results of the study show that not all interviewed respondents are informed on PLWH labor rights.

Table #7

Answers of respondents regarding whether PLWH have labor rights (in %)

	Medical workers	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	79.6	53.0	62.5	48.7	78.1	73.3	93.75	80	66.4
No	16.3	42.0	28.6	37.4	21.9	23.3	6.25	20	26.8
Don't know	4.1	5.0	8.9	13.9		3.3			6.8
Total	100	100	100	100	100	100	100	100	100

The overwhelming majority of 66,4% respondents marked that PLWH have a right to work, while 27% noted that they are not don't and 6,8% could not reply to this question.

It should be mentioned that those respondents, who by their official capacity should be informed on labor rights of PLWH sounded categorical in their judgments. 42% out of the total number of law-enforcement employees, as well as 28,6% of teachers, 23,3% of judges and lawyers and 20% local Hukumat staff interviewed responded that PLWH do not have a right for work.

The opinion of medical workers, teachers and services sector staff regarding PLWH working by the same specialty was studied in order to make in-depth analysis of PLWH right for work.

Table #8

Answers of respondents regarding whether PLWH can for work in education system and services sector (%)

	Medical workers	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
In education system									
Yes	62.9	24.0	34.3	16.5	34.4	40.0	37.5	45	39.4
No	30.4	73.0	50.7	69.6	65.6	53.3	62.5	50	51.0
Don't know	3.3	2.0	8.2	11.3		3.3		5	5.8
Embarrassed to reply	3.3	1.0	6.8	2.6		3.4			3.8
Total	100	100	100	100	100	100	100	100	100
In services sector									
Yes	25	8.0	15.4	10.4	25	13.3	6.25	5	16.4
No	70	91.0	78.2	80.0	71.3	76.7	87.5	75	77.4
Don't know	2.5	1.0	2.5	7.8	3.1	6.7	6.25	10	3.5
Embarrassed to reply	2.5		3.9	1.8				10	2.6
Total	100	100	100	100	100	100	100	100	100

The majority of respondents believe that PLWH do not have a right to work in education system and services sector. Thus, only 39% out of the total interviewees responded that PLWH can work as teachers; while 51 % answered that they are against the PLWH working in school.

Law-enforcement men gave categorical answers. Thus, 73% out of the total law-enforcement employees answered that HIV-infected teachers can not work at schools. 70 % of services sector staff, 65, 6% of religious leaders, 62, 5% of mass media and 50% of Hukumat administration staff expressed unanimous opinion. Even teachers expressed no solidarity to their colleagues. Thus, 50% out of the total teachers marked that HIV-infected teacher do not have a right to work in education system.

We believe the fact that the majority of judicial and law-enforcement bodies, local authority administrations who should protect the rights of PLWH according to their job specifics and laws of RT and who gave a negative answer to this question, is the most alarming. The negative attitude of respondents toward PLWH right to work as teachers at schools is not only due to ignorance of laws, but to a greater extent, connected to psychological factor. The majority of respondents said that they know that HIV is not transmitted by contact, but

they unconsciously can not keep from negative attitude to PLWH picturing that their children or relatives go to the same schools with them.

The respondents expressed more categorical view to the right of PLWH to work in services sector. Thus, more than 77% out of the total interviewees pointed out that PLWH are not entitled to work in services sector. Their attitude became seen much clear after the respondents were asked if they would buy food from HIV-infected vendor.

Table #9

Answers of respondents regarding whether they would buy food from known HIV-infected vendor

	Medical workers	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	39.2	12.0	21.4	9.6	15.6	10.0	18.75	30	23.3
No	56.3	82.0	69.6	87.8	65.6	73.3	75	65	69.7
Don't know	4.6	6.0	8.9	2.6	18.8	16.7	6.25	5	7.0
Total	100	100	100	100	100	100	100	100	100

70% out of the total respondents answered that they would not buy food from HIV-infected vendor.

Having compared these results with the results of the study on behavior of young people from 15-24 years toward HIV/AIDS in Tajikistan, we came to conclusion that there is no big difference between them. Thus, 51% of respondents in this study marked that HIV-infected teachers do not have a right to work at schools, while 2000 (62, 1%) of young people from 15-24 years shared similar opinion. The attitude to PLWH working in services sector is, to some extent, more realistic among the young people. Thus, if more than 77% of respondents are against of PLWH working in services sector in this study, this indicator made 70% among the young people who answered to this question.

Dismissal only because of HIV status is regarded as a discrimination form toward PLWH. In compliance with the article 13 of the law of RT "On resistance to immunodeficiency virus and immune deficiency syndrome" the dismissal as well as refusal to give a job on the basis of HIV status is prohibited.

Table #10

Answers of respondents regarding the dismissal from work solely because of HIV status (%)

	Medical workers	Law-enforcement	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	23.8	39	26.4	47.0	18.75	6.7	18.75	25	28.8
No	70.0	44	57.9	36.5	68.75	90.0	75	65	58.8
Don't know	6.3	17	15.7	16.5	12.5	3.3	6.25	10	12.4
Total	100	100	100	100	100	100	100	100	100

Although, according to the results 59% responded that a person can not be dismissed only because of his HIV status, 1/3 of interviewees expressed opposite opinion and more than 12% embarrassed to reply.

As in previous sections law-enforcement, services sector, and local authority administrations employees gave more categorical answers. Thus, 39% of law-enforcement employees and 25% local authorities' staff pointed out that a person can be dismissed because of HIV. This shows their legal ignorance, although they must know these laws based by their duties. The answers of services sector staff can, to some extent, be excused because they lack access to information on adopted laws in Tajikistan.

Discrimination causes violation of human rights of PLWH in particular, which aggravates consequences of both PLWH and their family members. Thus, PLWH have to suffer not only from the burden of their disease, but from many other troubles which include lack of money for treatment and maintenance of their families.

2.2 Education restrictions as one of discrimination forms toward PLWH

People are more vulnerable if their civil, political, economical, social and cultural rights are violated. For example, children become more vulnerable to HIV if they can not take their right to education.

The results of the study show, that not all the respondents positively regard the receiving of education by HIV-infected children together with healthy children on equal basis.

In average 84% of respondents said that HIV-infected children should be granted a separate curriculum for general education.

The correct attitude of teachers and class-mates as well as friendly terms among HIV-infected children can contribute to stigma decrease toward HIV-infected children in schools. According to the results of the study, approximately 24% of teachers responded negatively to the question regarding whether would agree to teach HIV-infected children, considering that 48% of them participated in training on HIV/AIDS at schools. More than 70% of teachers mentioned that they conduct classes on HIV/AIDS prevention at schools.

According to the study on behavior of young people from 15-24 years toward HIV/AIDS, more than 48% of respondents marked that they would not contact with their class-mates or students if they knew they are HIV- infected.

The results of the study show that, regardless of ongoing activities, there is a need to scale-up campaigns on raising HIV awareness on stigma and discrimination decrease toward HIV-infected children among schoolboys, teachers and district public education departments.

The majority of respondents mentioned the need to introduce classes on healthy living issues, including HIV/AIDS prevention in schools.

Table #13

Answers of respondents regarding the need to introduce healthy living issues, including HIV/AIDS prevention in curriculum (in %)

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukummat	Average
Yes	97.5	97.0	95.0	89.6	93.3	93.3	100	100	95.4
No	0.4	1.0	2.1	0.9	6.7	6.7			1.4
Don't know	2.1	2.0	2.9	9.6					3.2
Total	100	100	100	100	100	100	100	100	100

2.3 Forms of discrimination against PLWH among medical workers

Discrimination forms in medical facilities manifest in the following ways: refusal to provide medical assistance; HIV-testing without patient's consent; violation of confidentiality, including the disclosing of HIV-status to patient's relatives, external organization; negative behavior and actions of medical workers toward PLWH.

Medical workers, due to their job specifics, are included to HIV/AIDS vulnerable group. Both their health and the health of their patients depend on the proper use of HIV/AIDS preventive measures by medical workers.

The study shows that doctors and paramedical staff as a whole, aware of HIV/AIDS preventive measures in a medical facility. 92% out of the total doctors and paramedical staff interviewed noted that they know about the possible risk of HIV/AIDS contamination when sharing a single syringe between a healthy and HIV-infected person. 97, 1% of medical workers know about the risk of HIV contamination when contacting with unsafe blood. Moreover, it is necessary to point out that more than 75% out the total medical workers mentioned that they contact with patient's blood and tools which contain biological fluids on regular basis. 87, 5% of medical workers replied positively regarding the risk of HIV/AIDS contamination by contacting with patient's blood.

The results of the collected data show that medical facilities use only disposable syringes. Despite the high level of knowledge on HIV transmission routes among doctors and paramedical staff, not all of the medical facilities are fully supplied with all necessary disinfectants and sterile materials. 75, 4% out of the total medical workers interviewed responded that they fully supplied with the necessary materials, 7, 9% are not supplied, 16, 7% are partially supplied which evidence of HIV/AIDS contamination risk in these medical facilities.

More than 64, 2% of respondents answered negatively and 33, 8% (mainly paramedical staff) replied positively to the question whether HIV and AIDS are the same things.

In accordance with the article 12 of law of RT "On resistance to immunodeficiency virus and immune deficiency syndrome", PLWH are entitled to all kinds of qualified medical assistance and drug supply. Medical workers are not allowed to prohibit to PLWH in getting treatment.

Table #14

Answers regarding possible actions of doctors and paramedical staff when treating HIV-infected patient (in %)

Actions	Average		
		Doctors	Paramedical staff
Receive like all other patients	62.5	80	50
Refuse in hospitalization	3.7	4.0	6.0
Refuse to receive	12.5	10.0	15.6
Isolate in a separate ward	9.6	5.6	12.0
Refer to another specialist	5.0	1.0	7.0
Report to clinic administration	30.0	15	70
Report to AIDS Prevention Center	32.5	10	40
Report to militia	1.7		4.0
Other	3.0	1	4
Don't know	1.7		3.0

The study results show that all of medical workers are ready to provide medical assistance to HIV-infected patients. Thus, 62, 5% out of the total medical workers interviewed said

that they would receive HIV-infected patients like all other ones, while 20% of doctors and 50% of paramedical staff mentioned that they would refuse to receive HIV-infected patients.

73% of medical workers answered positively to the question whether they would agree to assist in delivery of PLWH; 13% -do not agree; and approximately 14% embarrassed to reply.

The majority of paramedical staff said they would not assist in delivery because of the risk of HIV/AIDS contamination - (51, 6%). Most of the medical workers interviewed responded that they would provide medical assistance to PLWH even in the street if required.

Many medical workers - (89, 2%) said about compulsory HIV-testing of medical workers prior to their acceptance on job. More than 87% of medical workers responded that they pass HIV-test every year.

62% mentioned that PLWH can not work in medical facilities; 30% of respondents said they can if they would not have a direct contact with blood or any other biological fluid. 55, 4% out of the total medical workers interviewed believe that there is no need to inform a patient on doctor's HIV status. They think that HIV-infected doctor can not have a direct contact with patient's blood, which is according to internal regulations of medical facilities. The disclosure of doctor's HIV status may have a negative impact on reputation of a medical facility and psychologically affect patient during their dialogue with doctor.

Table #15

Answers of respondents regarding whether they would seek medical assistance from HIV-infected doctor

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	46.2 5	16.0	22.9	10.4		43.3	25	40	30.7
No	46.2 5	81.0	70.0	87	87.5	56.7	68.7 5	55	63.7
Don't know	7.5	3.0	7.1	2.6	12.5		6.25	5	5.5
Total	100	100	100	100	100	100	100	100	100

The interviews show that most of respondents (63.7%) would not come for medical assistance to HIV-infected doctor, if the knew about it.

Disclosure of HIV status of PLWH without their consent is one of discrimination forms. According to article #11 "On breaking the medical secret" in the law of RT "On resistance to immunodeficiency virus and immune deficiency syndrome", the information on contamination with HIV/AIDS is official secret and which is protected by law. Of the total medical workers, 88% replied that doctor must keep HIV status of a patient in secret. 67,

5% of medical workers are aware of the existence of this law. At the same time it is necessary to stress that more than 80% of doctors heard about this law and only 40% of paramedical staff are aware of it.

According to article #18 in the law of RT “On resistance to immunodeficiency virus and immune deficiency syndrome”, contamination with HIV of medical, pharmaceutical and other employees during course of duty is classified as professional disease. In compliance with articles #19, #20, #21 medical workers who became HIV-infected during their course of duty are entitled to social protection and labor benefits.

Practically all of interviewed medical workers and the majority of paramedical staff shared the view that medical workers, who became HIV-infected during their course of duty by HIV, are entitled to benefits. The following are the main types of benefits granted to HIV – infected medical workers: compensation of damages– 25.9%; 100% pension to disabled family members in case of death; retirement pension on preferential terms –12.7%; annual tickets to sanatorium-and-spa treatment– 15.4%; improvement of living conditions –12.%, and additional annual leave –10.3%.

HIV contamination risk among medical workers who deal with infectious diseases, including HIV/AIDS can be reduced by post-contact prophylactic. The study showed that only 38.8% of medical workers heard about post-contact prophylactic, while 35, 5% mentioned that they practice it in their medical facilities.

According to the law of RT “On resistance to immunodeficiency virus and immune deficiency syndrome” medical workers, who contaminate other people with HIV as a result of their negligence are put to trial.

The article #17 of the abovementioned law also states that PLWH infected with HIV as a result of medical workers` negligence are entitled to compensation and benefits.

Practically all doctors and the majority of paramedical staff –(75.5%) shared the view that that PLWH infected with HIV as a result of medical workers` negligence are entitled to benefits. The following are the main types of benefits mentioned by medical workers: compensation of damages– 36.5%; 100% pension to disabled family members in case of death; retirement pension on preferential terms – 10.5%; annual tickets to sanatorium-and-spa treatment– 15.1%; improvement of living conditions – 8.6% and additional annual leave –7.3%.

Medical workers named the following possible sources of compensation to PLWH infected by medical workers: compensation at the expenses of medical workers –24.8%; medical facility where the accident took place -23% and government for the most part–50.9%.

2.4 Legal aspects of stigma and discrimination of PLWH

Stigma and discrimination violate the fundamental human right for freedom. Worldwide experience shows that violation of PLWH rights in most of cases take place in prisons. Discrimination of PLWH leads to violation of other rights besides human rights, such as law equality and freedom.

In compliance with the government regulations of RT, PLWH are entitled to protect their rights and receive legal support. The majority of PLWH in Tajikistan are Ides. Drug

addiction is a penal act according to the law, but this doesn't mean violation of their rights if they are PLWH. Humane attitude of judicial and law-enforcement bodies can contribute to stigma and discrimination decrease toward them.

General aspects regarding personal attitude of judicial and law-enforcement bodies toward PLWH were considered above. This section covers legal aspects of stigma and discrimination toward PLWH. The results of the study revealed that overwhelming majority of judges and lawyers -87% are wishing to provide legal support to PLWH, which is the evidence of tolerant behavior of judicial and law-enforcement bodies to PLWH and is connected with their work specifics.

Only 10 % refused to plead a case of HIV-infected due to HIV contamination risk or moral and psychological barrier.

Discrimination decrease depends on the competency of judicial and law-enforcement bodies regarding protection of PLWH rights.

The study showed that the level of knowledge of judges and lawyers on the existence of law on fighting HIV/AIDS in Tajikistan is not high. Thus, only 50% replied that there is such a law in Tajikistan; 16.7 % pointed to its absence. 1/3 of respondents mentioned that they are not aware of the presence of this law, which show low competency in jurisprudence and HIV/AIDS section in particular.

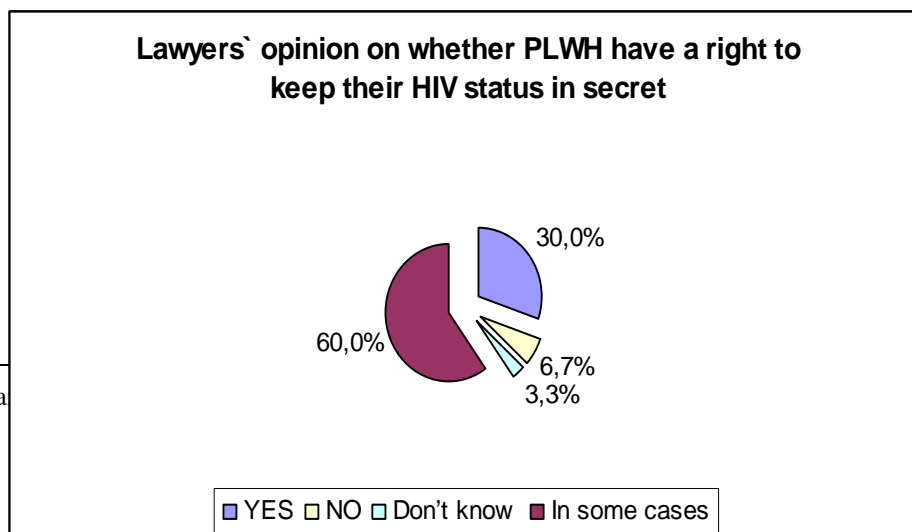
66.7% out of those who are aware of the existence of the law confirmed that PLWH are entitled for benefits as stated in law, while the remaining said they don't know the answer.

Of judges and lawyers, 90% share the opinion that a person, who purposely infects other people with HIV, must suffer a criminal offence. 10% embarrasses to answer to this question, which explains the ignorance of the law on AIDS.

Of judges and lawyers, 90% agreed that there exist a separate criminal code of RT which regulates the liability premeditated contamination. The other remaining of 6.7 % doesn't know and 3.3 % said that it doesn't exist. HIV-infected person assumes full liability for premeditated contamination, as to the acting legislation.¹

Of the total respondents, 86 % believe that any premeditated contamination of healthy individual with an infectious disease should be sued at law; 6.7 % refrained and 6.7% think a person can not be sued at law as they see no criminal and pointed to the necessity of compiling a list with infectious diseases for this article. In most cases a patient is innocent for contamination with infectious diseases.

Chart #1



¹ article 25, sa

The majority of respondents - (60%) consider that a person must reveal his HIV status in some cases and 30% said he must keep it in secret.

70% of judges and lawyers believe that a person must reveal his HIV status in emergency; 30% believe that he should keep his diagnosis in secret. Small number of respondents (6, 7%) replied that HIV-infected can not keep his HIV status in secret. They explained that they think so because by keeping HIV status in secret, they pose a threat of contamination risk to other people; and only 3, 3 % don't know the answer to this question. Having analyzed the answers of judges and lawyers, we may conclude that 90% of their answers correspond to the law RT on fighting with HIV/AIDS. Thus, article #12 of this law states that PLWH are entitled to keep their health status in secret, in case their living conditions, behavior and job peculiarities do not make a threat to contamination with HIV of other people.²

More than 56% of services sector staff and medical workers responded positively to the question regarding the existence of liability for revealing of HIV status, while 26,7% don't think that people should assume liability in this regard; 13,3% are not aware of this responsibility and 3,3% embarrassed to answer. However, legislation of RT implies liability in this case. Thus, according to the article #11 of the abovementioned law, the information on contamination with HIV/AIDS is regarded as official secret which is protected by the law³.

According to the collected data, 70% of judges and lawyers believe that a person on trial should inform judicial bodies and prosecutor's office about his disease, as this put a direct risk to health of other detainees. 56% of law-enforcement men have the similar opinion. 30% of judges and lawyers said that a detainee should not reveal his HIV status. Approximately the same number of law-enforcement men (34%) believes that HIV-infected should not report on his disease to the Ministry of Internal Affairs. The judges and law-enforcement men said that the legislative documents of RT do not say that a detainee should reveal his status.

Table #16

Answers of lawyers and law-enforcement staff on the necessity of
HIV-infected detainee to reveal his status (in %)

	Answers	Judges and lawyers	Law-enforcement bodies
	Yes	70	56.0
	No	30.0	34.0
	Don't know		7.0
	Refrained from answer		3
	Total	100.0	56.0

More than 83, 4% of judges and lawyers answered that they can officially request information concerning HIV status of a suspected individual from competent agencies, if this is in the interest of investigation. At the same time 13, 3% gave negative answers,

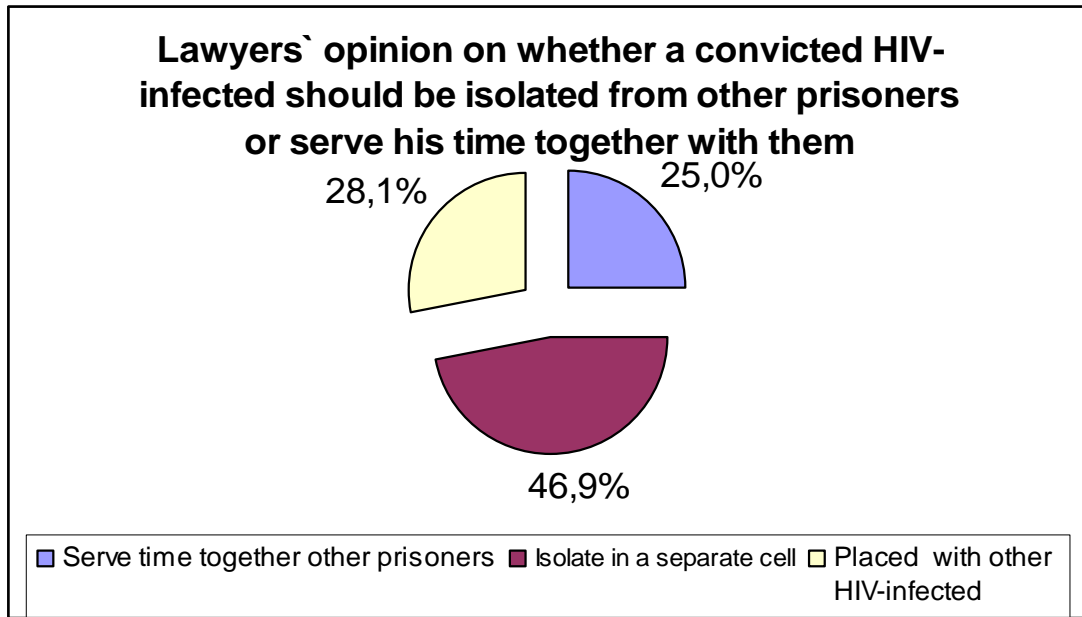
² article 12, same section

³ article 11, same section

justifying that HIV status of a suspected can be revealed in exceptional cases only which are connected with premeditated contamination.

More than 76% of respondents agreed with possibility of compulsory testing of the detainees, only if it is connected with premeditated contamination of a healthy individual. However, 20% of lawyers believe that civil constitutional rights prohibit compulsory HIV-testing; 3, 3% of respondents refrained from answering to this question.

Chart #2



The low level of knowledge on HIV transmission routes and imprisonment specifics reflected in answers related to the possibility of completion sentence in a common cell. More than 46% stood for isolation in order to prevent contamination of other prisoners and 28, 1% for imprisonment into a separate cell together with other PLWH. Only 1/4 of judges and lawyers believe that PLWH should serve their time together with other prisoners.

Table #17

Answers of lawyers regarding whether they would continue to contact with a family in a household if they learn that one of its member is HIV-infected

Answers	%
Yes. I will continue to contact the same as before	50
I will contact with healthy members of the family	20
Stop contact with everyone living in this household	6.7
Stop eating together with this family	6.7
Other	3.3
Refrained from answer	13.3
Total	100

Of the judges and lawyers interviewed, 50% said that they would continue to contact the same as before with each member of the family living in the household, however 20% would contact only with those, who are not infected in the family. 13.4 % of respondents said categorically that they would neither eat in this household nor contact with its family members and 13.3 % refrained from answering saying that they have no experience of such a situation before.

Lawyers believe that stigma and discrimination issue are insignificant in the republic and 40% of judges and lawyers opposed to adoption of a special legislation in this regard. 40% of lawyers stood for special legislation, after picturing the possible challenges of PLWH, which would not allow impairing their rights. Since many lawyers did not experience these issues before, some of them didn't know how to respond to this question -16.7% and were embarrassed to answer 3.3%.

The results of the study show that the majority of judges and lawyers -86.7% did not participate at HIV/AIDS training on how to conduct of a HIV/AIDS case in particular. Only 13% of respondents participated in training and know how conduct HIV/AIDS case in court.

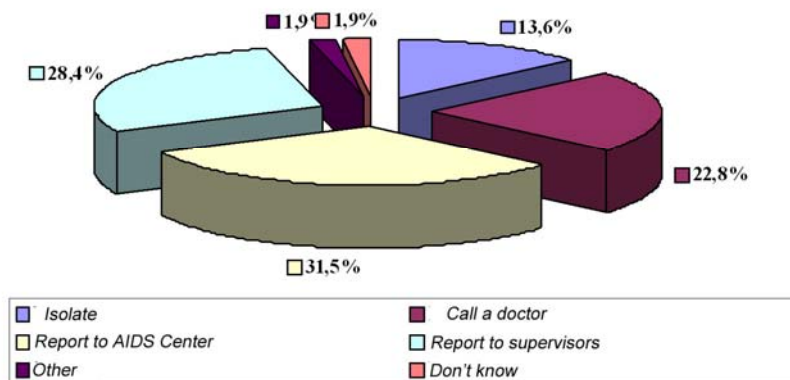
Since the law-enforcement bodies represent executive power and must carry out the instructions of judicial bodies, discrimination of PLWH in prisons mainly depends upon their level of knowledge of the Criminal Procedure Code and laws of RT on HIV/AIDS.

The results of the study show that 31% of law-enforcement men responded that in case detainee reveals his HIV status they would report to AIDS Prevention Center; 28% of respondents said they would inform their supervisors and 22.8% mentioned that they would call a doctor.

13.6% of respondents believe that PLWH need to be isolated. At the same time, none of the law-enforcement men said that he would let him go home.

Chart #3

Actions of law-enforcement bodies in case a detainee says he is HIV-infected



More than 67% of law-enforcement men mentioned that medical workers can reveal them HIV status of a person by their official request, if this information needed for investigation. Of the others remaining, 28% believe that in compliance with to the law of RT, doctors are prohibited to reveal HIV status, as they will assume criminal liability⁴, and only 5% said they don't know the answer to this question.

According to the collected data 74% of law-enforcement men consider that PLWH should be isolated form other prisoners in order to prevent HIV spreading and 23% believe that all prisoners should be put together.

Of respondents, 85% believe that PLWH need assistance in prisons due to their disease specifics.

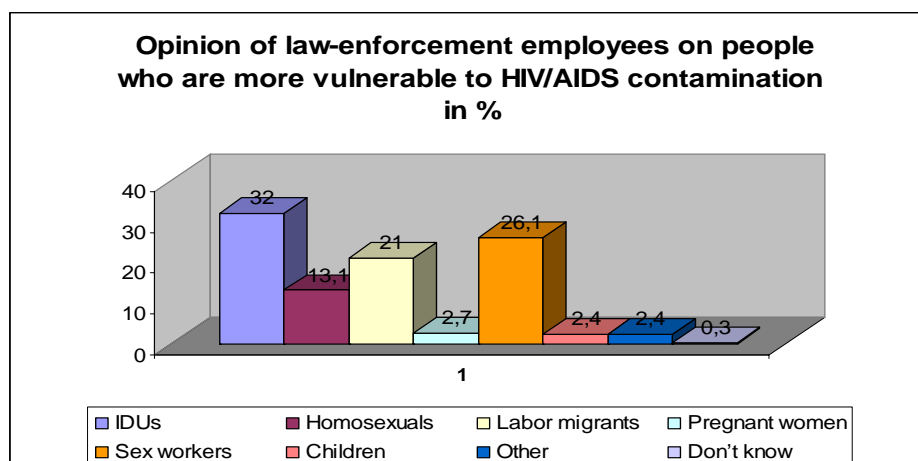
Of the Ministry of Internal Affairs (MIA) staff, 60% mentioned that PLWH need medical assistance first of all; almost 30% of respondents answered that PLWH need psychological assistance; 9.6% underlined juridical support, justifying this will enable to receive all the necessary support guaranteed to them by legislation.

Of policemen, 68% mentioned that there is a high risk of HIV spreading in prison in the presence of one HIV-infected. This statement can be explained by several reasons: low level of knowledge on HIV transmission routes and imprisonment maintenance. Of MIA employees, 22% don't see the risk of HIV spreading, as they believe that penitentiary system is very good organized in the country and would prevent from possible spreading of this disease. The remaining, 10% either don't know the answer or found it difficult to reply.

Of respondents, 32% believe that IDUs are more vulnerable group to HIV because they share a single syringe; of law-enforcement men 26.1% also mentioned SWs, who practice unprotected sex; of the total respondents, 21% also believe that labor migrants are also a vulnerable group because their mobility and long stay away from their wives make them use the services of SWs.

Of law-enforcement staff, 13.1% named homosexuals as a vulnerable group because of their job specifics. Of them, 8.5% also pointed out that pregnant women and children can be also referred to as a vulnerable group.

Chart #4



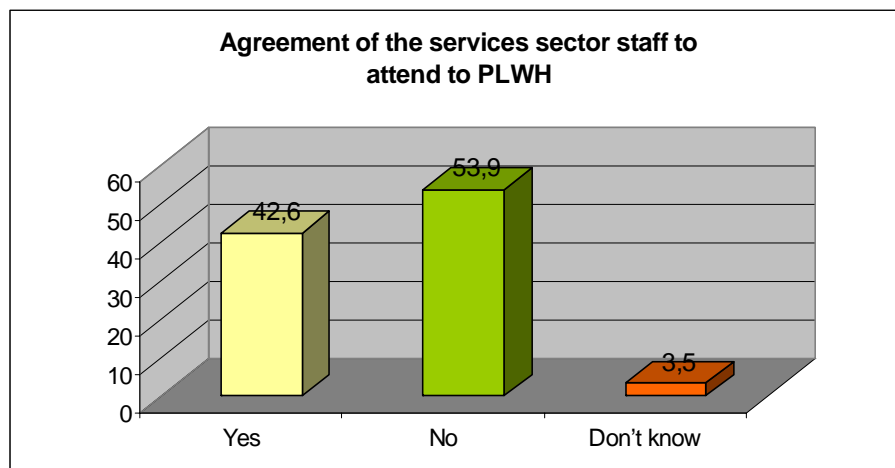
⁴ article 11, same section

Half of the interviewed, 50% responded affirmatively to the question regarding the possibility of granting benefits to PLWH. This makes it possible to assert that government should consider benefits for PLWH. Of respondents, 13.3% believe that PLWH are guilty for not having any benefits themselves. They said that there are people who need in governmental support no less than PLWH in the country. The same number of interviewees, 13.3% responded that PLWH are the same people like others. Of judges and lawyers, 23.4% remained undetermined because of ignorance of the law on HIV/AIDS.

2.5 Discrimination forms toward PLWH among services sector staff

Presently many people with low education level work with services sector in Tajikistan. This contributes to low level of knowledge on HIV transmission routes which have been also reflected on negative answers of this targeted group regarding whether they would attend to PLWH 53.9%. The difference between men and women is not high: men- 55.7% and women- 51.1%. We may note that more than a half of the men and women interviewed in services sector would not get into contact with PLWH. However, the majority of services sector staff who are informed on HIV transmission routes said they would provide services to PLWH – 42.6% and women and men expressed unanimous opinion: men-41.4% and women- 44.4%. Of respondents, 3.5% don't know the answer to this question as they have no such experience which is because of the following several reasons: some of them are ignorant of HIV/AIDS and some suffer psychological barrier.

Chart #5

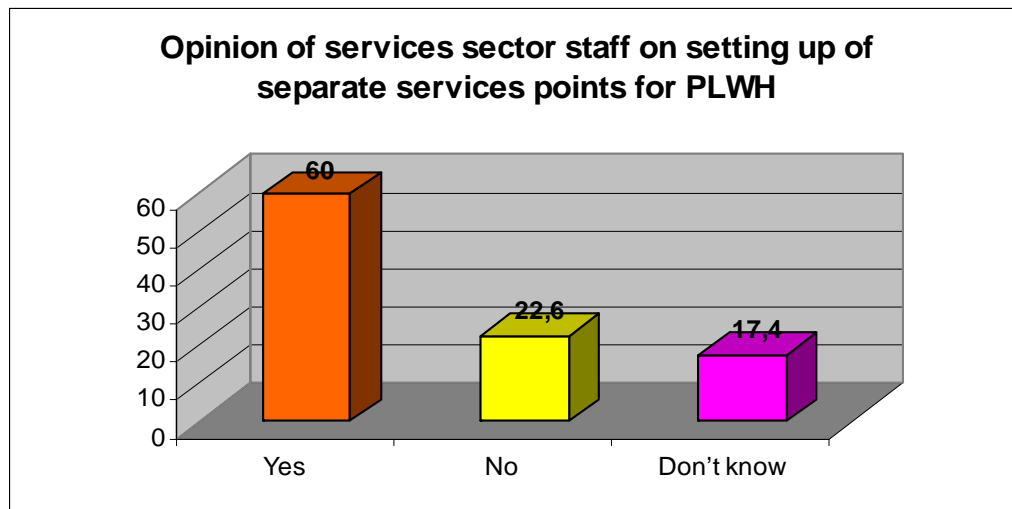


Of the total services sector staff, 60% said that the risk of possible contamination with HIV is the main hindrance to serve PLWH. Many of them, 21.2% answered that they are concerned of losing their customers. Many people in the country believe that wrong behavior causes mass contamination and this is why many workers of services sector try to avoid contacts with PLWH -17.6%.

Of the total services sector staff, 60% presumes that setting up of separate services points for PLWH is indispensable in order to protect the society from possible contamination risk and due to moral reasons. Of respondents, 22.6% expressed opposing opinion, which justifies their awareness of HIV transmission routes. Services sector includes various jobs

(vendors, barbers etc.) and this has been also reflected on their answers. Thus, 17.4% of services sector staff doesn't know the answer to this question and said that, for example, it would be possible to set up separate hairdressing saloons for PLWH, but not a separate services sector as a whole.

Chart #6



According to the collected data, the sanitation level has been increased in services sector facilities recently, which is due to the high competitive level. Thus, 78.3% of barbers answered they fully disinfect all their tools after use; 4.3% follow the generally accepted sanitation standards; 17.4% of respondents partially keep their tools clean, which means they disinfect them once a day after work or don't disinfect the tools which they did not use at all.

3. ATTITUDE OF FAMILIES, COMMUNITIES AND RELIGION TOWARD PLWH

Discrimination toward PLWH occurs on various levels. It can exist in family and community. Some authors refer to this discrimination form as “fixed stigma”. It means premeditated actions or inactivity, aiming to disgrace other people by refusing to attend to them or violating their rights. This discrimination form toward PLWH may have different examples: ostracism i.e. banishment of women from family, if she receives a positive result for HIV test; primary clinical symptoms or if her sex partner dies from AIDS; social isolation and avoiding of daily contacts; accusations; physical violence; insults and reproaches; rumors and rejection to carry out traditional funeral ceremonies.

3.1 Discrimination of PLWH in families and communities “Fixed stigma”

The study results show that discrimination toward PLWH “fixed stigma” is observed among colleagues, neighbors (in the community) and in family.

During the interviews with respondents we studied their attitude toward PLWH in general first. Approximately, 30% of respondents said they have a negative opinion toward PLWH in general, and 70% told that they treat PLWH normally and with compassion. Thus,

Out of the total respondents interviewed, 50% expressed their extremely negative attitude toward their HIV-infected colleagues. Thus, 14% of them said that they would not contact with them; 31% answered they would contact, but on distance, which is also a form of stigma and more than 5% answered that they would support their dismissal.

HIV-infected children are the most vulnerable to stigma and discrimination group in the society and can not be accused of getting HIV-infection, like adults. According to the collected data many interviewees do not see that isolation of HIV-infected children would increase stigma and discrimination toward them.

Table #20

Opinion of respondents on contact by their children with HIV-infected children or children whose parents are HIV-infected (in %)

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukummat	Average
Would you allow your children to contact with children who parents are HIV-infected?									
Yes	61.7	32.0	43.9	28.7	53.1	60.0	50.0	70.0	47.2
No	31.3	61.0	47.1	60.9	40.6	36.7	37.5	30.0	44.9
Don't know	7.1	7.0	8.9	10.4	6.3	3.3	12.5		7.9
Total	100	100	100	100	100	100	100	100	100
Would you allow your children to contact with HIV-infected children?									
Yes	33.8	19.0	21.1	11.3	28.1	26.7	25.0	45.0	24.2
No	60.4	79.0	70.4	82.6	62.5	66.7	62.5	50.0	69.1
Don't know	5.8	2.0	8.6	6.1	9.4	6.7	12.5	5.0	6.6
Yes	100	100	100	100	100	100	100	100	100

The results of the study show that discrimination in the society concerns both HIV-infected children and healthy children, whose parents are HIV-infected. Of the total respondents, 45% answered that they would not allow their children to contact with healthy children, whose parents are HIV-infected. Of law-enforcement bodies, 61% expressed more categorical judgments; of services sector staff 60.9% and even 47.1% of teachers, who should control discrimination toward PLWH as a whole and toward HIV-infected children in particular.

The discrimination level toward HIV-infected children is much higher. Thus, 70% out of the total respondents interviewed answered that they would not allow their children to contact with HIV-infected children. Even 60% of doctors most of whom are aware of HIV transmission routes said that they would not permit their children to contact with HIV-infected children.

The study showed that the respondents treat PLWH with much sympathy and compassion when it concerns their families and relatives.

Table #21

Answers of respondents regarding whether they would care for HIV-infected members in their family

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	92.9	91.0	89.6	82.6	96.9	90.0	93.75	95.0	90.3
No	3.3	3.0	2.9	9.6		3.3	6.25	5.0	4.0
Don't know	2.1	6.0	3.2	5.2		3.3			3.2
Refrained from answer	1.7		4.3	2.6	3.1	3.4			2.5
Total	100	100	100	100	100	100	100	100	100

More than 90% of the total targeted groups said that they would take care of HIV-infected members in their family.

According to the collected data, the respondents said that they would sympathize to their HIV-infected friends and acquaintances as well.

Table #22

Answers of respondents regarding whether they would contact with HIV-infected friends and acquaintances

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Yes	74.6	74.0	65.4	53.0	87.5	80.0	68.75	45	68.3
No	13.8	17.0	22.9	30.4	3.1	10.0	6.25	30	19.2
Don't know	11.7	9.0	11.8	16.5	9.4	10.0	25	25	12.5
Total	100	100	100	100	100	100	100	100	100

Out of the total respondents, 68% noted that they would continue to contact with their HIV-infected friends and acquaintances.

Isolation of PLWH from the society is the most negative form of stigmatization and discrimination, which can force PLWH to seek alternate housing residences as if they were defective and dangerous people. The study showed that 1/3 of the respondents favored

Out of the total number of respondents 47% said that different discrimination forms toward PLWH exist in Tajikistan nowadays; 26.5% mentioned that discrimination doesn't exist and 25% don't know. It necessary to stress that many interviewees mentioned different discrimination forms toward PLWH in their previous answers.

Table #25

Answers of respondents regarding discrimination forms toward PLWH

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
Society avoids contacts	31.6	35.0	34.9	40.0	43.9	25.0	25.0	25.0	33.7
Labor restrictions	18.5	20.5	19.0	20.9	17.1	17.5	12.5	21.4	19.0
Problems In accessing for medical assistance	11.6	8.5	10.0	7.3	7.3	10.0	12.5	7.1	10.1
Problems in accessing law-enforcement bodies	6.7	9.4	5.3	2.7	4.9	12.5	12.5	7.1	6.4
Education restrictions	8.6	7.7	11.2	8.2	7.3	10.0	12.5	10.7	9.3
Services sector restrictions	10.5	8.5	9.3	11.8	7.3	12.5	12.5	10.7	10.1
Within family	2.9	0.9	2.8	0.9	4.9	5.0		3.6	2.6
Religious challenges	9.5	9.4	7.2	8.2	7.3	7.5	12.5	14.3	8.7
Other	0.2		0.3						0.2
Total	100	100	100	100	100	100	100	100	100

More than 1/3 of the interviewed mentioned that discrimination is primarily observed in the society; labor restrictions -19% and education and services sector restrictions more than 10%. The interviewees replied that discrimination toward close people in the family is less observed.

Disclosure of HIV status of PLWH without their consent is one of the discrimination forms. The study shows that respondents would try to keep HIV status of their family members in secret. At the same moment, they rarely shared the opinion that people should keep their HIV status in secret.

Out of the total respondents, 64% said that they would conceal HIV status of their family members; 57% said they would not reveal HIV status of other people.

Table #26

Answers of respondents regarding whether they would keep HIV status in secret

	Medical workers	Law-enforcement bodies	Teachers	Services sector	Religious leaders	Judges and lawyers	Mass Media	Hukumat	Average
HIV status of family members									
Yes	71.7	63.0	60.0	55.9	68.7 5	60.0	68.7 5	70	64.1
No	19.6	19.0	26.8	25.8	18.7 5	33.3	25	30	23.6
Don't know	8.8	18.0	13.2	18.3	12.5	6.7	6.25		12.3
Total	100	100	100	100	100	100	100	100	100
HIV status of other people in the society									
Yes	68.3	56.0	52.5	43.5	71.9	60.0	56.2 5	45	57.1
No	27.1	35.0	38.2	45.2	21.9	40.0	37.5	50	35.3
Don't know	4.6	9.0	9.3	11.3	6.2		6.25	5	7.6
Total	100	100	100	100	100	100	100	100	100

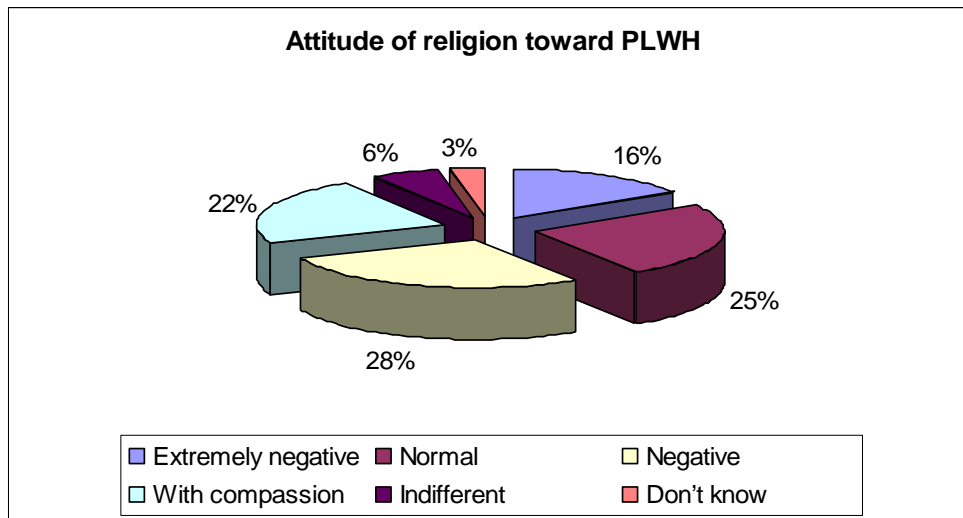
3.2 Attitude of religion toward PLWH

Religion and faith play an important role in life of many people influencing on formation of personality, his behavior and moral vision. Since religious leaders enjoy much respect in most cases, they play a vital part in HIV/AIDS stigma and discrimination control. Although, religious organizations sometimes contributed to stigma and discrimination growth when mixing AIDS with religious doctrines on "sin", there are examples when their activity was directed to teaching of tolerance and social solidarity by using free from prejudices and fear approaches.

Out of the total number of religious leaders, 15.6% pointed to extremely negative attitude of religion toward PLWH. They believe that they became infected as a result of their false behavior, and so they think that this is their fault; 28.1% share unanimous opinion saying that PLWH were conscious of the risk they take; of respondents 6% said they treat them with indifference, which means they pay little attention to the issue and 25% mentioned they treat them normally, which testifies that they have some knowledge on HIV/AIDS. Out of the total respondents, 21.9% answered that they treat PLWH with sympathy and feel pity

for them. The priests mentioned that PLWH are facing a hopeless situation, no matter whose fault and religion's task is to assist them and prevent from future mistakes.

Chart #7



Although, 44% of religious leaders mentioned that religion's attitude toward PLWH is negative, they felt democratic to their right to pray together with other parishioners. Thus, 59.4% of the total religious leaders interviewed answered that they would permit PLWH to pray in a mosque or a church. This opinion was based on the fact that there is no risk of HIV contamination for surrounding people. If they would refuse them, firstly this will mean violation of rights and secondly moral and psychological stress, which religion would not allow. Of the interviewed, 31% replied that they would forbid PLWH to pray with others and this is mostly connected to their personal perception, feeling of disgust and danger. As it was mentioned before, IDUs and SWs are vulnerable to HIV and they will be forbidden to visit religious organizations. This opinion is most widely expressed in rural area and is due to lack of knowledge on HIV/AIDS.

Of the respondents 6.2% answered that they don't know if they would allow PLWH to pray together with other parishioners, which testifies that they did not experience these situations before and did not think about this.

Out of total respondents, 3.1% refused to answer, which show their reluctance to discuss the given issue and which is primarily due to the lack of knowledge on HIV/AIDS.

The discussions with religious leaders show that parishioners do not often speak about HIV issues in the society. Of the total religious leaders interviewed, 25% said they are asked the questions regarding HIV/AIDS. However, the majority of 75% responded they are not addressed with this issue. It was mentioned that mosques lead discussions by a special programme of the Central mosque in the Republic. Presently they lead discussions on drug abuse.

There is no special program on HIV/AIDS in Christian churches as well. More than 84.4% of religious leaders responded that if a person dies from HIV/AIDS, they are ready to arrange his funerals.

Islamic religious leaders said that only people who commit a suicide can not be provided with burial service (janoza). Religious leaders from churches also stated that people died from AIDS are entitled for funeral train, regardless of the reason of contamination

Religious leaders adhere to a similar opinion as to a burial location of the deceased HIV-infected. Thus, 84% of religious leaders mentioned that people who die from AIDS should be buried in a general cemetery because religion can not forbid it.

Only 12.5% believe that PLWH should be buried in a separate cemetery because they exceeded religious canons and led immoral lifestyle.

Of the religious leaders, 65.6% agreed that PLWH can keep their status in secret. However, the majority of them believe that PLWH should inform the doctor of their disease but there is no need to tell to other people because of misunderstanding and discrimination.

Of the religious leaders, 28.1% said that PLWH are not entitled to keep their status in secret as they represent a threat to the society i.e. people should be aware of PLWH in order to be careful when contacting with them. Of the respondents, 6.3% embarrassed to give answer.

When asked about the reasons of HIV-infection growth, 12.4% of the respondents referred to the low level of awareness. For instance, most of the young labor migrants leave the country for another to earn money without having any information on HIV/AIDS. Also it has to be mentioned that only educated people are well informed. 27% of the respondents believe that the main reason for HIV growth is the spreading of drug addiction. Out of the total number of the respondents, 28.1% mentioned commercial sex. It was said that poor living conditions of young women promotes to prostitution growth, as most of them have no other options to earn for the living. The respondents believe that it is necessary to bring up youth to religion, sense of responsibility and tactfulness in order to tackle the prostitution and drug addiction. Out of the total number of the respondents, 12.4% mentioned poor sanitation and hygiene. They believe that there is a risk of contamination with HIV when going to public saunas, swimming pools, and not changing and washing clothes.

Of the respondents 18.0% presume that unhealthy living is the main reason for HIV spreading.

Of the respondents 2.2% mentioned other reasons of HIV/AIDS and STI spreading. Mass media was one of them. Religious leaders believe that the information on TV and other means of mass media accidentally agitates for unhealthy lifestyle. This means that the movies, shows, advertisements and music clips broadcasted by TV promote to the immoral way of living.

The religious leaders shared practically 3 options of answering to whether they would continue to contact with households where one of family member is HIV-infected. First and more progressive group of religious leaders replied that they would continue to contact with this family. It needs to be stressed that this answer was given by religious leaders in cities. They believe that HIV-infected person becomes very vulnerable and it will hurt both him and his family members if they would stop to contact with him.

The second and more conservative group mentioned that they would cease to contact with the family where one of the members is HIV-infected. Most of them are certain that PLWH are responsible for their disease and deserve public disgrace. This attitude is better displayed in rural area.

The third group of religious leaders found embarrassed to answer to this question.

Of this targeted group, 65.6% believe that PLWH can not be religious leaders as they would not be respected and people would disregard their opinion. The respondents believe a religious leader should show an example to follow.

15.6% consider that PLWH can be religious leaders but only after they confess and a in a certain period become believers. But HIV-infected person can not preach if he commits a sin being a priest.

Of the total interviewees, 18.8% did not answer to this question to escape from problems. More than 84% of religious leaders adhere to the opinion that they should discuss HIV prevention and tolerant attitude toward PLWH issues with parishioners. It was mentioned that religion plays a vital role in life of many people influencing on personality formation, his behavior and moral vision.

Out of the total religious leaders, 55% said that they speak about HIV/AIDS prevention and tolerant attitude toward PLWH in their sermons.

43.75% replied that they get information on HIV/AIDS prevention and stigma decrease. The main information sources for religious leaders are their peers from other districts. It means that religious leaders keep in touch with their colleagues throughout the Republic and from other countries. Thus, training and workshops are also the main sources for obtaining necessary materials.

56.25% answered that they do not receive any materials on HIV and stigma issues. They said that nobody provides them with these materials and they do not know where to obtain them. The fact that some religious leaders don't find it necessary to touch on this question should also be mentioned.

As it was mentioned above, training and workshops as well as their colleagues are also the main information sources on HIV/AIDS prevention and stigma decrease for religious leaders. Thus, 27.8% answered that they receive information from their colleagues; 50.0% mentioned they obtain information during the training and workshops; 16.7% said they read some special materials; 5.6% marked other options and one religious leader noted Inter-confessional Conference in Kyrgyzstan, which also covered HIV/AIDS issues and he read much information from the handouts of the conference.

4. Needs and challenges of PLWH

Out of the total PLWH interviewed, 62% were mainly young people from 20 to 35 years, which show that people of this age group are more vulnerable to HIV (women -75% and men -55%).

Table #27

Age group of PLWH	%	Out of them	
		men	women
Under 20	3.8	3.3	4.7
21-25 years	9.6	4.9	16.3
26-30 years	23.1	18.0	30.2
31-35 years	26.0	27.9	23.3
Above	37.5	45.9	25.6
Total	100	100	100

Family planning is a burning issue among PLWH. It should be stressed that PLWH face not only the problem of family planning, but its preservation, after one of the family member finds out about their status.

According to the collected data 15.5% of respondents replied that they are divorced. At the same time it should be mentioned, that the average level of divorces is 5.5% in Tajikistan, if compared to the registered marriages.

Joint living leads to intimate relations, which is not observed among families where one of the sex partners is HIV-infected.

The data on marital status of PLWH show that 1/3 of them are married now. Low indicator of PLWH who did not marry (men– 45.9% and women– 32.6%) is a result of restraint of social communication and other discrimination forms of the society toward PLWH.

Table #28

Marital status of PLWH

	% to total	Out of them	
		men	Women
Single	40.4	45.9	32.6
Married officially	28.8	27.9	30.2
Married unofficially (nikoh)	4.8	3.3	7.0
Divorced	15.4	16.4	14.0
Widower	5.8		14.0
Separated	1.9	3.3	
Lover (living together)	2.9	3.3	2.3
Other			
Total	100	100	100

Undoubtedly, education level directly impacts on the risk of contamination with HIV, as the majority of PLWH are young people with primary and secondary education 66.3%. According to the collected data we can conclude that the majority of people with low education level, who lack information on HIV/AIDS transmission routes and healthy lifestyle as a whole, are more vulnerable to HIV/AIDS.

Table #29

Education level of PLWH

	% to total	Out of them	
		men	women
Primary	11.5	4.9	20.9
Secondary	54.8	55.7	53.5
Secondary vocational	8.7	11.5	4.7
Higher incomplete	8.7	11.5	4.7
Higher	8.7	9.8	7.0
Other (illiterate)	7.7	6.6	9.3
Total	100.0	100.0	100.0

Unemployment is a top-priority issue among PLWH. The results of the study show that most of PLWH are young people, who are jobless considering the current high unemployment rate in Tajikistan. Unemployment leads to association with marginalized groups, and some of them consequently become IDUs. However, there is a category of people, who after finding out their HIV status become disheartened, leave work and join to jobless.

This fact has been reflected on collected data during the study. So, 39.4% of respondents are currently unemployed; 54.1% out of them are HIV-infected. Women showed relatively low unemployment level 48.8%, as many of them 21.2% said that they are housewives.

Table #30

Current professions of PLWH

Type of profession	Number of respondents	Total in %	Out of them			
			Men		Women	
			Quantity	%	Quantity	%
Student)	2	1.9			2	4.7
Worker	16	15.4	12	19.7	4	9.3
Office worker	13	12.5	6	9.8	7	16.3
Farmer	2	1.9	2	3.3		
Entrepreneur	2	1.9	2	3.3		
Labor migrant	4	3.8	4	6.6		
Unemployed	41	39.4	33	54.1	8	18.6
Housekeeper	22	21.2	1	1.6	21	48.8
Other	2	1.9	1	1.6	1	2.3
Total	104	100	61	100	43	100

Currently HIV testing is not a top-priority procedure among the population in Tajikistan. Many people don't even realize that the primary symptoms of other diseases, like hepatitis or tuberculosis, can mean initial stage of HIV.

The study showed that the most of the patients found out about their HIV status, either after the anonymous testing or after they were diagnosed for other diseases. The percentage of 24.5% is the same for both. 31.1 % of men and 14.6% of women found out their HIV after the anonymous testing; and 21.3% of men and 29.3% of women after diagnosed for other diseases. Compulsory testing also shows relatively high indicator of –20,6 % (out of them men –23% and women –17.1%); of the patients, 15% found out about their status by direct referral (out of them men –8.2% and women –24.4%);

10.8% found out their status accidentally (men – 9.8%, women – 12.2%). Almost 5% of the respondents could not respond to the question (out of them men – 6.6%, women – 2.4 %).

Table #31

HIV diagnostics techniques

	Total %	Out of them	
		Men	Women
Anonymous testing	24.5	31.1	14.6
Compulsory testing	20.6	23.0	17.1
Examination for other diseases in any medical facility	24.5	21.3	29.3
Accidentally	10.8	9.8	12.2
Testing by the referral	14.7	8.2	24.4
Refrained	4.9	6.6	
Total	100	100	100

The results of the study show that main information sources on HIV/AIDS for PLWH are the following: Republican AIDS Prevention Centre -23.8%, NGO working in this field - 18.4%; TV -15.2%; and brochures and leaflets -10.7%. It has to be mentioned that information broadcasted by mass media is superficial and promotional and is not interesting to PLWH as it designed for a wide audience. It would be expedient to provide PLWH of both sex with much detailed and substantial information (for example regarding their rights for ARV therapy and other medical assistance etc.).

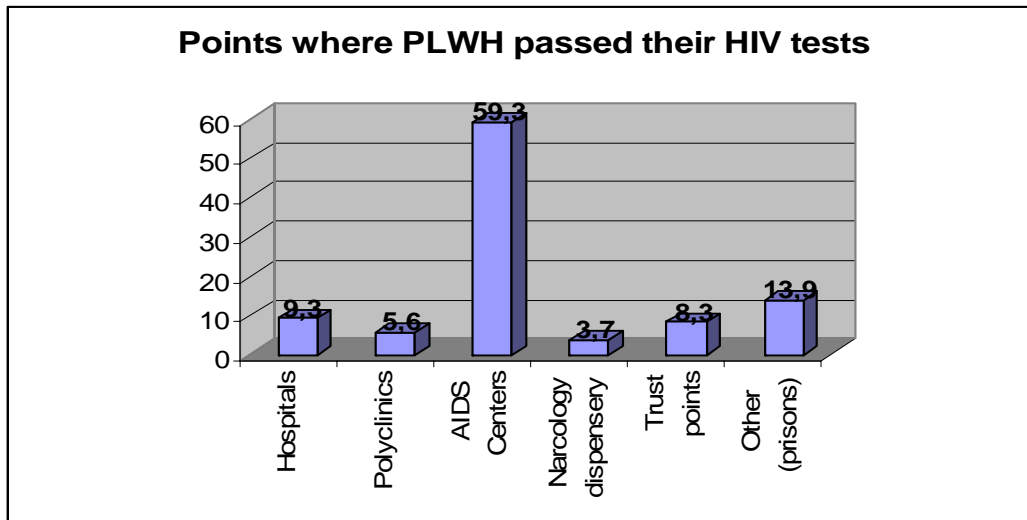
Table #32

Main information sources for PLWH

Information sources	% to total	Out of them	
		Men	Women
Local TV	15.2	16.7	13.2
Radio	6.6	5.8	7.5
Newspapers and magazines	9.0	12.3	4.7
Friends	5.7	5.8	5.7
Colleagues	0.8	0.7	0.9
AIDS Prevention Center	23.8	21.7	26.4
NGO	18.4	17.4	19.8
International organizations	3.3	2.9	3.8
Brochures and leaflets	10.7	11.6	9.4
Workshops and training	5.3	3.6	7.5
Other	1.2	1.4	0.9
Total	100	100	100

The results of the study show that the majority of men and women, 59.3% diagnosed their status in AIDS Prevention Centers. Approximately 14% of HIV-infected noted that they came to know their status in prisons (men -17.5% and women approximately 9 %.) About 15% of PLWH came to know their status in hospitals and polyclinics.

Chart #8



Approximately 60% of the total PLWH interviewed answered that they received pre and post test consultations. According to the analyzed data most of PLWH received consultations mainly in AIDS Prevention Centers, if compared with locations of HIV tests taken.

Medical ethics implies maintenance of confidentiality of results, but at the same time there is no 100% guarantee. According to the data of the study, 58.7% of PLWH interviewed said that confidentiality has been maintained (out of them men -60.7% and women -55.8%). The remaining interviewees mentioned that confidentiality was either violated -24% or they don't know whether it was maintained -17.3%.

More than 62% of the total PLWH interviewed answered they undergo medical checks, interviews, psychological consultations and treatment in AIDS Prevention Centers. At the same time it should be mentioned that weight of -72.1% women who come for psychological consultations and treatment is relatively higher than that of men -55.7%.

The effectiveness of the abovementioned services for PLWH is to a greater extent depends on their frequency and quality. Thus, more than 55% out of the total PLWH interviewed said they get them on monthly basis; more than 29% mentioned that they come on a quarterly basis and 12.3% once per six months.

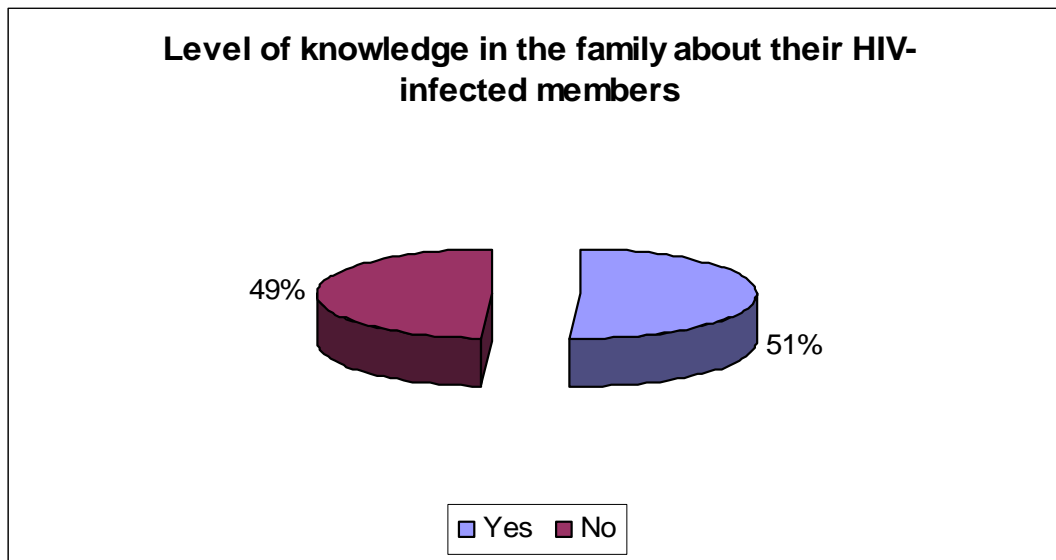
Thus, the results of the study show that neither confidentiality of HIV status is 100% maintained nor all of PLWH receive treatment.

In previous sections we covered opinion of targeted groups regarding their attitude toward PLWH in medical facilities, family and community, as well as whether they are entitled to maintain their HIV status confidential. In this section we will consider the answers to questions addressed to PLWH.

HIV completely changes patient's attitude toward himself and close people. PLWH do not inform their family members about their disease because they are afraid of their feedback. The results of the study show that only 51% of respondents trusted their HIV status with

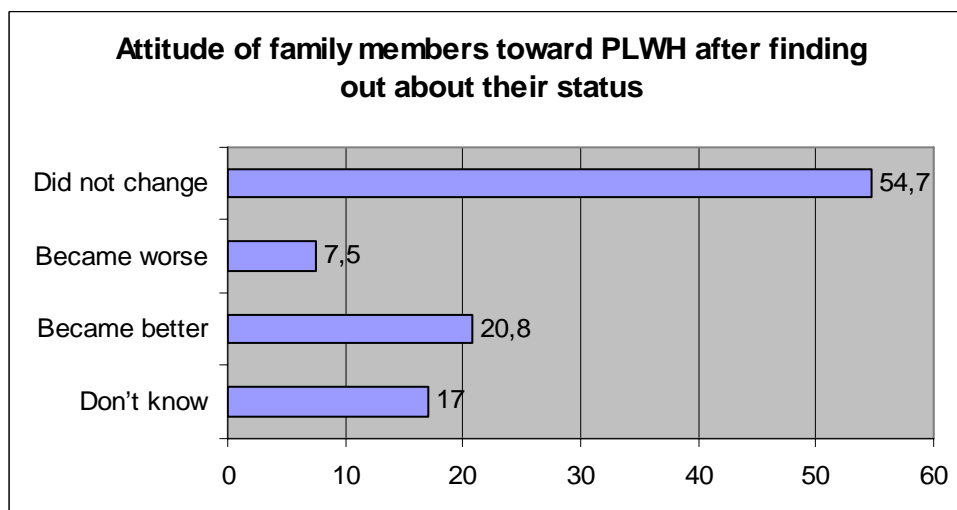
their family members (women- 58.1% and men -45.9%) and 46.2% of PLWH keep it in secret from their family (women- 41.9% and men -49.2%).

Chart #9



Of the total number of respondents, 54.7% who revealed their HIV status to their family members answered that the attitude in their family toward them did not change; 7.5% noted its worsening, while 20.8% said that it became better. More than 17% of PLWH mentioned that they still can not determine if the attitude toward them in their families has changed. The results of the study show that the attitude to HIV-infected women in the family is relatively worse compared to men. Out of the total women interviewed, 16% noted that the attitude of their family members toward them after finding out their status became worse.

Chart #10



Keeping HIV status a mystery because of fear of negative attitude from family and society is also one of stigma and discrimination forms. The results of the study show that more than 43% of PLWH revealed their status themselves (women -55.8% and men – 34.4%).

Each person regards parents as his closest people. Therefore, the results of study show that first of all PLWH voluntarily reveal their status to their parents -35.6%. It should be mentioned that women revealed their HIV status more often – 41.7% than men -28.6%.

Only 22.2% of PLWH who are married responded that they have revealed their status to their husbands. Of the respondents, 15.6% also on trusting terms with their friends and would reveal their HIV status to them without fear of breaking up. Only 8.9% of PLWH would disclose their status to their colleagues and 6.7% to their relatives. PLWH conceal their status because they are worried to loss their partners and only 2.2% would reveal their disease.

In gender aspect 28.6% of men seem to be more honest with their spouses than 16.7% of women who revealed their HIV status to their husbands.

Table #33

People to whom HIV-infected would trust their status

	% to total	Out of them	
		Men	Women
Parents	35.6	28.6	41.7
Wife/Husband	22.2	28.6	16.7
Relatives	6.7	4.8	8.3
Work colleagues	8.9	4.8	12.5
Sexual partners	2.2		4.2
Friends	15.6	19.0	12.5
Medical workers			
Other	8.9	14.3	4.2
Total	100.0	100.0	100.0

Only 65.4% of the respondents interviewed PWLH said they are entitled to guard their status in secret because of poor knowledge of their rights. Of the PLWH interviewed, 16.3% said that legislation envisions obligatory disclosure of their status in order to prevent from possible risk of contamination. The remaining 18.3% couldn't answer to this question because they lack knowledge on legislative documents of Tajikistan regulating rights of PLWH. In gender correlation, HIV-infected men are better aware of their rights. So, 68.9% of men answered they can keep their status in secret, while women -60.5%.

The study shows that the PLWH conceal their status from the surrounding people and from their neighbors in particular. Approximately 84% out of the total interviewed mentioned that their neighbors are unaware of their status.

Those PLWH, who replied that their neighbors are aware of their status, said their relations have abruptly worsened. They mentioned the following discrimination forms among neighbors: stopped visiting -19%; stopped speaking – 24%; avoid PLWH– 28.6%; don't eat food with PLWH – 9.5%; stopped inviting PLWH to their house – 9.5%.

Table #34

Behavioral change of neighbors toward PLWH, after learning their status

Answers	% to total	Out of them	
		Men	Women
Stopped visiting them	19.0	22.2	16.7
Ceased speaking to them	23.8	22.2	25.0
Don't allow their children to play with them	4.8	11.1	
Avoid them	28.6	22.2	33.3
Don't eat food with them	9.5	11.1	8.3
Stopped inviting them to their house and different events	9.5	11.1	8.3
Didn't change	4.8		8.3
Total	100.0	100.0	100.0

PLWH experience a problem of revealing their status, when seeking medical assistance. PLWH are not confident that they will be provided with necessary medical assistance and that confidentiality will be maintained, in case they reveal their status. Only 13.5% of the total number of PLWH interviewed responded they would reveal their status when visiting a medical facility. PLWH mentioned the following main reasons for concealing their status: wish to keep their status in secret -43.1%; confidentiality in medical facilities is not maintained -30.2% and approximately 20% marked that they can not receive the necessary medical assistance, after revealing their HIV status.

Table #35

Main reasons for keeping their HIV status secret when visiting medical facilities

Answers	% to total	Out of them	
		Men	Women
Confidentiality is not maintained	30.2	26.4	36.4
Officially registered	2.6	2.8	2.3
Claims to repeated visits/appearance	1.7	2.8	
Claims to provide information on contacts	1.7	1.4	2.3
Obstacles with receiving treatment	19.8	18.1	22.7
Willingness to keep HIV status secret	43.1	47.2	36.4
Other	0.9	1.4	
Total	100.0	100.0	100.0

Challenges, which PLWH experience when they access medical facilities in order to get necessary treatment are also discriminating them and the results of the conducted study to some extent proof it. Out of the total number of the PLWH interviewed, only 40.4% answered that they did not face any discrimination forms in medical facilities. At the same time ¼ of PLWH interviewed noted that they had problems when asking for treatment; 23.1% - do not know the discrimination forms and 11.5% refused to answer to this question.

Having analyzed these data, we came to conclusion that most of the PLWH had problems with receiving the necessary medical assistance.

Table #36

The main challenges of PLWH in medical facilities

Problems	Total %	Out of them	
		Men	Women
Refusal from treatment	38.1	26.1	52.6
Refusal from assisting in delivery	2.4		4.3
Disclosing of PLWH status	21.4	21.7	21.1
Fastidious attitude from medical workers	35.7	43.5	26.3
Isolation from other patients			
Other	2.4	4.3	
Total	100	100	100

According to the collected data refusal in treatment is the main problem for PLWH in medical facilities -38.1%. Women experience this problem more frequently than men. About 36% of PLWH believe that they feel fastidious attitude to themselves from medical workers. More than 1/5 of PLWH answered that they face the problem with disclosure of their status without their consent in medical facilities.

Use of disposable syringes and condoms is one of the most effective HIV preventive methods. Out of the total interviewees, 80.8% said that they have no troubles in acquiring disposable syringes and condoms in daily life. Despite this, 19.2% of PLWH women in particular said they experience this kind of problem.

According to the collected data the reason for this problem which was mentioned by respondents is connected with the need of PLWH to use disposable syringes and condoms. Thus, 75% of the interviewed who answered that they have troubles in getting syringes and condoms believe they are not necessary. At the same time most of the women gave the same answer (83.3% out of the total who experience troubles in getting syringes and condoms).

Discrimination decrease in institutionalized organizations is of a vital importance. In our previous paragraphs we considered the issues of attitude toward PLWH in medical facilities and law-enforcement bodies.

The answers of PLWH show that they experience various discrimination forms when looking for access to these institutions. Of PLWH, 52% mentioned that they don't not always receive necessary assistance, when trying to access law-enforcement, medical and educational organizations.

Table #37

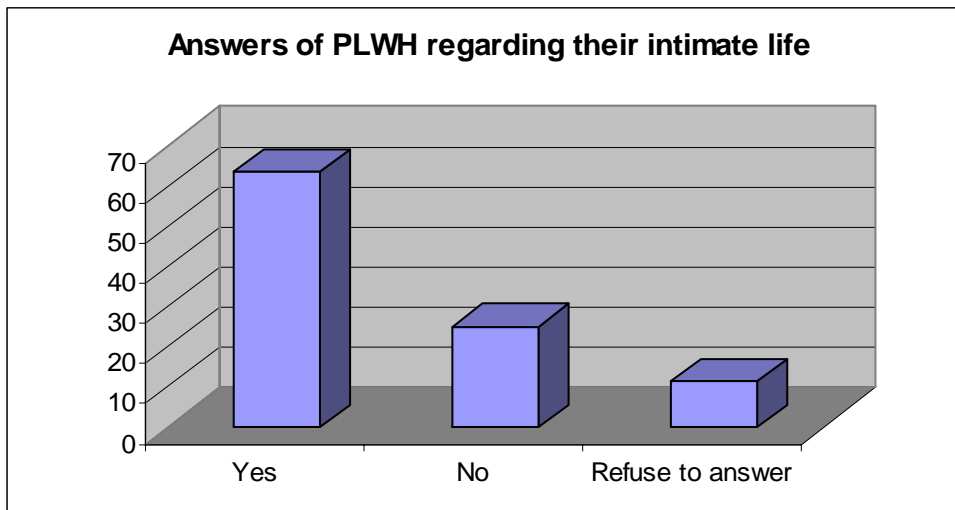
Reasons for rejecting assistance to PLWH in institutionalized organizations

Answers	% to total	Out of them	
		Men	Women
Risk of contamination	50.0	36.4	71.4
No definite reason	14.8	18.2	9.5
Don't know	24.1	33.3	9.5
Refused to answer	11.1	12.1	9.5
Total	100.0	100.0	100.0

Of the total PLWH, 50% believe that possible contamination risk is the main reason to refuse them in assistance. This fear is observed even among those who are aware of HIV transmission routes and protective methods. According to the results of the study even doctors are afraid of possible contamination risk with HIV.

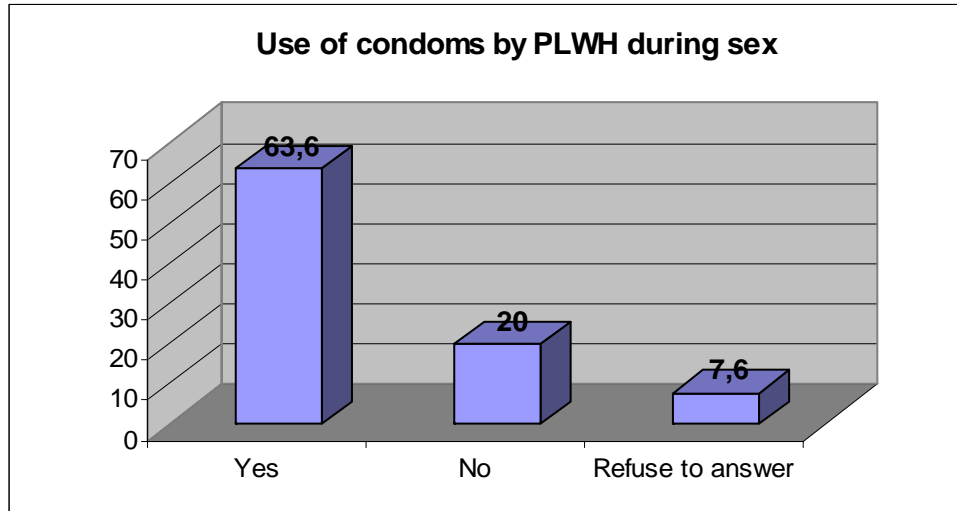
The study shows that the overwhelming majority of PLWH -63.5% of both women and men are practicing sex today. Only 1/5 of PLWH mentioned that they are not practicing sex.

Chart #11



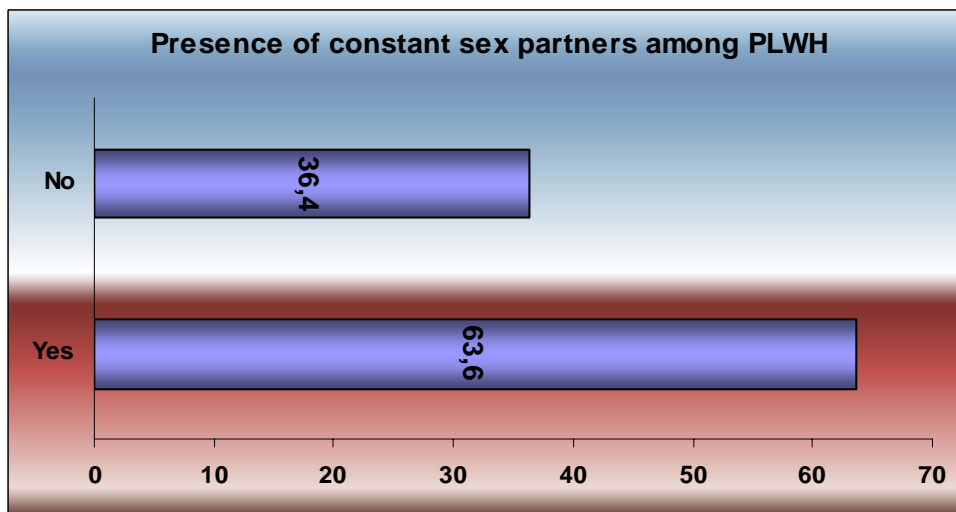
Use of condoms by PLWH during sex is one of HIV/AIDS effective preventive methods.

Chart #12



The results of discussions with PLWH evidence about possible spreading of HIV among the community. Approximately 1/3 of PLWH said they don't use condoms during sex, which testifies premeditated contamination of healthy people or lack of knowledge on HIV/AIDS prevention. In gender aspect women use condoms during sex less often than men: (women - 55.2% and men - 70.3%).

Chart #13



According to the collected data both men and women have regular sex partners -63.6%. The majority of respondents have regular partners as they are on faithful terms with each other. At the same time, some of them try to prevent their partners from possible HIV contamination risk by using condoms. Most of PLWH are looking for intimate relations within their group. The interviews revealed that 36.4% of respondents do not have regular sex partners, which is because they are afraid to reveal their HIV status to their regular partners and prefer to change sex partners. None of the interviewees refused to answer to this question and all of them who are practicing intimate life answered to this question. Those PLWH, who don't have regular sex partners are the potential HIV carriers.

Table #38

PLWH informing their regular sex partners about their disease

Answers	Quantity of PLWH	% to total	Out of them			
			Men		Women	
			Q-ty	%	Q-ty	%
Aware	31	73.8	15	62.5	16	88.9
Not aware	10	23.8	8	33.3	2	11.1
Refuse to answer	1	2.4	1	4.2		
Total	42	100.0	24	100.0	18	100.0

Information regarding the awareness of their sex partners about their HIV status was very important for the study. Many respondents answered that their partners are aware of their HIV status -73.8%. Women reveal their HIV status to their regular partners more frequently than men: (women -88.9% and men -62.5%). Of the PLWH, 23.8% who have regular partners said that they are unaware of their HIV status. According to the collected data particularly men keep their status in secret from their partners (men -33.3% and women -11.1%). These gender differences justify distrust to close people and sex partners in particular. Men are more psychologically dependent in emergencies than women. Only one respondent refused to give answer to this question.

Table #39

Opinion of PLWH on types of benefits to them

Answers	% to total	Out of them	
		Men	Women
Free treatment	29.4	31.2	26.9
Free ticket for treatment in medical facility	10.9	9.2	13.1
Provision of pensions	16.2	15.6	16.9
Free provision with drugs	19.8	19.1	20.8
Compensation of damages connected to the restrictions of rights	9.2	11.0	6.9
Benefits for desired work	12.2	11.6	13.1
Other (specify)	2.3	2.3	2.3
Total	100.0	100.0	100.0

The issue of granting special benefits to PLWH remains under consideration. The majority of PLWH believe that government should grant them some special benefits. Each of the interviewee chose between several options given to this question. Thus, 29.4% said that government should give them right to free treatment. Moreover, both men and women have a relatively equal indicator for selecting this type of social benefit (men –31.2%; women – 26.9%).

Of the respondents, 19.8% chose free drugs as the second indispensable benefit and which is reflected in ongoing activities to fight against HIV. Both women and men expressed unanimous opinion in this regard. Of the respondents, 16.2% regard provision of pensions as a necessary social benefit from the government. Same as before both men and women share the same viewpoint. Of the interviewees, 12.2% regard labor right as an important social benefit.

PLWH who live in remote areas regard free ticket to treatment in medical facility as a key benefit. Almost 11% of the interviewees referred to this benefit. In modern trends of HIV/AIDS spreading, we face the issue of payment of compensations for damages to PLWH due to restrictions of their rights. Thus, 9.2% regard compensation for damages as a necessary condition for improvement of their social benefits. As a whole, we may conclude that benefits are indispensable to PLWH.

Table #40

Level of knowledge of PLWH regarding their benefits

Answers	% to total	Out of them	
		Men	Women
Yes	25.0	24.6	25.6
No	29.8	26.2	34.9
Don't know	45.2	49.2	39.5
Total	100.0	100.0	100.0

The stigma and discrimination forms are better manifested among PLWH, who are ignorant of their benefits. PLWH are entitled to benefits in compliance with the law of RT “On resistance to immunodeficiency virus and immune deficiency syndrome”. The issue on knowledge of their rights arises when PLWH need to protect them. The results of the study show that only ¼ of PLWH are aware of their benefits which are guaranteed by the government. 1/3 of PLWH said they receive no such benefits as stated in the law and 45% are ignorant about them.

According to the collected more than 75% of PLWH do not know their rights guaranteed by the law of RT “On resistance to immunodeficiency virus and immune deficiency syndrome”.

According to the abovementioned law, PLWH assume liability for premeditated contamination with HIV. The results of the study show that most of the PLWH -82.7% are aware of it.

Table #41

Level of knowledge of PLWH regarding the responsibility for premeditated contamination of other people

Answers	% to total	Out of them	
		Men	Women
Yes	82.7	91.8	69.8
No	5.8	4.9	7.0
Don't know	7.7	1.6	16.3
Refuse to answer	3.8	1.6	7.0
Total	100.0	100.0	100.0

What concerns gender difference, the level of knowledge about the liability for premeditated contamination among women 69.8%, which is much lower comparing to men -91.8%.

Both 5.8%, who responded that this law doesn't exist and -7.7%, who said that they don't know, can be potential HIV carriers in this case. At the same time it should be underlined that the level of knowledge of legislation among women is much lower than men. The study revealed the need in educational campaigns on raising awareness on legal aspects among PLWH.

Standard of living

Having revised the demographical indicators of PLWH, it was revealed that the majority of them are in capable to work age and are able to provide for the living both themselves and their families. The results of the study show that standard of living of PLWH is much less than average Republican level and they form the poorest population. Thus, out of the total respondents interviewed more than 48% do not have any sources of income and the average monthly income of 23% PLWH is lower than Republican. Average poverty rate of PLWH varies within 70%. The poverty rate of women is rather higher compared to men 75%.

Table #42

Income rate of PLWH

Income (in Somoni)	% to total	Out of them	
		Men	Women %
No income	48.1	45.9	51.2
Up to 50	9.6	8.2	11.6
51-80	4.8	4.9	4.7
81-100	8.7	8.2	9.3
Above 100	28.8	32.8	23.3
Total	100.0	100.0	100.0

The results of the study show that 31.7 % of respondents replied that average income rate of PLWH should vary from 300-500 Somoni; 21.2% of respondents believe it should vary from 500-1000 Somoni; and 28.8% marked that they need above 1000 Somoni for their standard living.

Of women, 37.2% believe that their average monthly income should vary from 300-500 Somoni, while 32.8% of men preferred to have the income above 1000 Somoni.

The analysis of income rate of PLWH evidences that they form the most vulnerable group of population and need in social support.

Most of PLWH said that after they have found out their disease they face new challenges which they can not tackle themselves, and that is why they need assistance. The fact that almost half of PLWH don't have stable source of income aggravates their problems.

Table #43

Need of PLWH in social assistance

Answers	% to total answers	Out of them	
		Men	Women
Disposable syringes	5	6.5	2.3
Housing issues	38.5	27.8	54
Getting official papers	11.5	11.5	11.6
Treatment	44.2	37.7	53.5
Provision with food, clothes	47.1	37.7	60.5
Unemployment	46.1	46.0	43.5
Access to drugs for HIV/AIDS treatment	31	26.2	37.2
Other	16.3	21.3	9.3

PLWH mentioned the following main needs: provision with food and clothes; unemployment; access to drugs for HIV/AIDS treatment; improvement of living conditions. It is necessary to stress that women have more needs in food, treatment and living conditions than men.

Only half of PLWH interviewed noted that they have received any assistance in the past 6 months. In gender aspect women receive more assistance than men: (women -60.5% and men -42.6%).

The majority out of the total PLWH interviewed said that they receive either psychological support or consultations -24.7%. Unprotected sex is one of HIV transmission routes. In this regard PLWH also receive free condoms -17.5% and 16.5% of them said that they receive free medical assistance. Presently there are many IDUs in the Republic, who make the majority of HIV cases. 11.3% of IDUs, in their turn, mentioned that they get free disposable syringes as assistance. Dissemination of booklets and brochures containing the necessary information for PLWH regarding their disease is also necessary assistance. Many PLWH noted that they have received food kits as assistance -16.5%. However, this assistance was mentioned mainly by women -25%, who provide for their families.

Types of social assistance received by PLWH

Answers	% to total	Out of them	
		Men	Women
Booklets, brochures and leaflets	9.3	9.4	9.1
Disposable syringes	11.3	11.3	11.4
Disinfectants solutions	4.1	5.7	2.3
Condoms	17.5	20.8	13.6
Medical assistance	16.5	17.0	15.9
Psychological support/consultation	24.7	26.4	22.7
Other	16.5	9.4	25.0
Total	100	100	100

In most cases district and cities AIDS Prevention Centers help PLWH, who ticked that they receive assistance -52.8%; NGOs -31.9%. It should be mentioned that NGOs dealing with PLWH get financial and technical support from international organizations. This assistance is provided to both men and women equally. Friends, colleagues, medical facilities render insignificant assistance to PLWH.

Table #45

People and agencies which provide social support to PLWH

Answer	% to total	Out of them	
		Men	Women
Friends	4.2	5.4	2.9
Work colleagues	2.8	2.7	2.9
AIDS Prevention Center	31.9	29.7	34.3
NGO	52.8	51.4	54.3
International organizations	2.8	2.7	2.9
Medical facilities	5.6	8.1	2.9
Total	100	100	100

Despite the low level of knowledge of PLWH on certain free services, the majority of them are aware of free ARV therapy in Tajikistan -85.6%. At the same time it should be mentioned that the level of knowledge on ARV therapy is similar among both men and women. However, more than 14% out of the total PLWH interviewed mentioned that they heard nothing about this it.

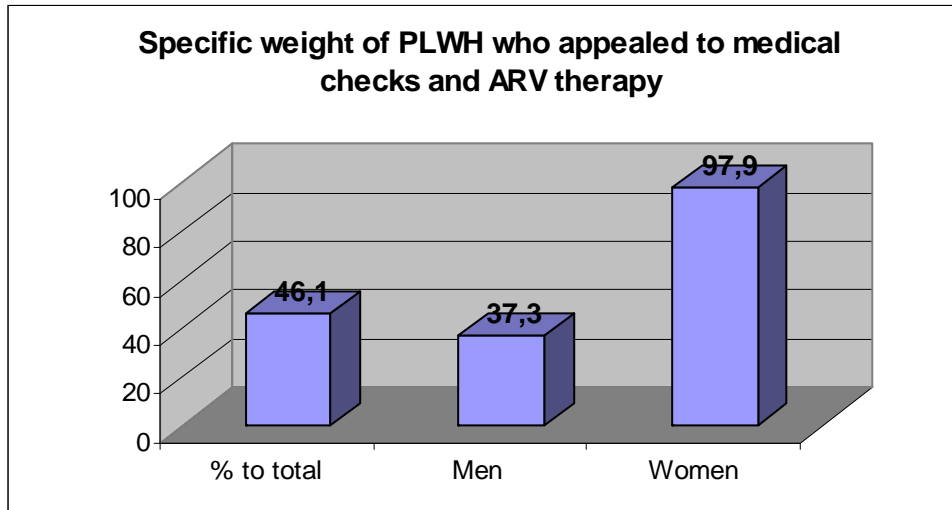
Table #46

Level of knowledge on free ARV therapy among PLWH

Answers	% to total	Out of them	
		Men	Women
Yes	85.6	83.6	88.4
No	7.7	8.2	7.0
Don't know	6.7	8.2	4.7
Total	100.0	100.0	100.0

Out of the total PLWH who are informed about free ARV therapy in Tajikistan, only 46.1% appealed to it (men-37.3% and women-57.9%). The remaining 53.9% regard ARV therapy as helpless.

Chart #14



ARV therapy was administered only to 51.2% of the PLWH interviewed, who applied for it :(10 men and 11 women).

Table #47

Number of PLWH applied for ARV therapy

Answers	% to total	Out of them	
		Men	Women
Yes	51.2	52.6	50.0
No	48.8	47.4	50.0
Total	100.0	100	100.0

Administration of ARV therapy means compulsory follow-up treatment and PLWH should be interested in proper fulfillment of all instructions observed for the procedure. Therefore, 95.2% of PLWH interviewed (out of them men -100% and women -91%) pay regular visits to doctor after administration of ARV therapy.

Table #48

Frequency of follow-up visits after administration of ARV therapy

Answer	% to total	Out of them	
		Men	Women
Regularly	95.2	100.0	90.9
Not regularly	4.8		9.1
Total	100.0	100.0	100.0

ARV is a complex therapy which should be accompanied by regular follow-up visits to doctor. The results of study show that 70% of PLWH come for follow-up treatment once a month; 20% once a week; and 10% once a quarter.

Table #49

Frequency of visiting a doctor after completing ARV therapy course

Answer	% to total	Out of them	
		Men	Women
Once a week	20.0	20.0	20.0
Once a month	70.0	70.0	70.0
Once a quarter	10.0	10.0	10.0
Total	100.0	100.0	100.0

Frequency of visiting a doctor primarily depends on belief in effectiveness of ARV therapy. Undoubtedly, social and psychological support is indispensable in order to ensure treatment adherence. However, the results of the study show that 26% of respondents did not receive the mentioned support and 29.3% refused to give answer to this question. Of men 63.1% and 50% of women, out of the total of PLWH responded affirmatively. Only 43.9% of PLWH who completed ARV therapy have received combined social and psychological support aiming to ensure adherence and which has been reflected on regular frequency of their follow-up visits.

Table #50

Level of social and psychological support to PLWH during ARV therapy course

Answer	% to total	Out of them	
		Men	Women
Yes	43.9	36.8	50.0
No	26.8	26.3	27.3
Refused to answer	29.3	36.8	22.7
Total	100.0	100.0	100.0

PLWH, who did not apply for ARV therapy explained that they had several reasons. Small number of them mentioned they had a feeling of distrust to medical workers meaning that they could reveal their status to others -4.2%. Some of them said they want to take ARV

therapy, but don't know where to apply for it. After people first realize that they are infected and after the first feeling of shock, many of them try to live their lives and take necessary medical procedures. The other part of them lose heart and become hopeless that anything can help them. In this regard 16.7% of interviewed (out of them men -2.5% and women -25%) believe that ARV therapy is in vain. PLWH after finding out their status seek to obtain as much information on their disease as possible, which explains their negative view to ARV therapy -75%.

Table #51

Reasons of PLWH rejecting medical checks and administration of ARV therapy

Answer	% to total	Out of them	
		Men	Women
Distrust to medical workers be confidential	4.2		12.5
Don't know where to apply for treatment	4.2	6.3	
It is helpless	16.7	12.5	25.0
Other (no need)	75.0	81.3	62.5
Total	100.0	100	100.0

Any discrimination form becomes a burning issue when it touches a person directly and other members of the society would violate his rights. Answers to this question will enable identify present stigmatization and discrimination situation in Tajikistan, which is painful. Of the total PLWH interviewed, 84.6% confirmed the existence of discrimination toward them (men -83.6% and women -86%). One man and one woman mentioned that they did not experience discrimination -1.9%. Of the PLWH, 11.5% said they don't know if discrimination exists (men -1.5% and women -11.6%). These respondents mentioned that they did not experience discrimination, but can picture if their neighbors and colleagues would find out about their disease. The given indicators testify that PLWH face regular violations of their rights. The society often regards PLWH as potential HIV carriers owing to lack of knowledge on HIV transmission routes. The other interviewees who are aware of HIV transmission routes regard PLWH as people, who become infected because of their false behavior and try to avoid any contact with them.

Table #52

Opinion of PLWH on existence of discrimination in Tajikistan toward them

Answer	% to total	Out of them	
		Men	Women
Yes	84.6	83.6	86.0
No	1.9	1.6	2.3
Don't know	11.5	11.5	11.6
Refused to answer	1.9	3.3	
Total	100.0	100.0	100.0

Various discrimination forms are observed toward PLWH. Based on answers by PLWH in this study we can note the following challenges, which PLWH experience in their daily life: neighbors in most cases, work colleagues, relatives and friends avoid contact with them - 20.8% (out of them men -21.8% and women -19.6%); labor restrictions -15.1%. HIV prevents both men -14.7% and women -15.6% to get fixed up in a job as in compliance with law. Of the PLWH, 15.9% (out of them men - 16.6% and women -15.1%) said that medical workers would refer them to another doctor or refuse them in medical assistance after revealing their disease; 2.3% said they face problems when accessing to the law-enforcement bodies; 6.9% of respondents (out of them men - 6.2% and women -7.8%) answered that they experience education restrictions and challenges during their study after others would learn about their status; 10.5% of the interviewees noted they have problems in accessing services sector. In some cases 10.5% of the PLWH interviewed said they experience discrimination, which causes aloofness from their own families, after they would share their secret with them hoping for their support; 6.9% mentioned religious issues, which they face regardless of their gender: men-7.6% and women -6.1%.

Table #53

Opinion of PLWH on discrimination forms toward PLWH

Answer	% to total	Out of them	
		Men	Women
Avoid contact	20.8	21.8	19.6
Labor restrictions	15.1	14.7	15.6
Medical assistance issues	15.9	16.6	15.1
Issues in accessing law-enforcement bodies	12.3	11.4	13.4
Education restrictions	6.9	6.2	7.8
Discrimination by services sector staff	10.5	10.4	10.6
In family	10.5	10.0	11.2
Religious problems (attending mosques etc.)	6.9	7.6	6.1
Other	1.0	1.4	0.6
Total	100	100	100

5. Role of local authorities and mass media in discrimination decrease of PLWH

The strategy on stigma and discrimination control is preconditioned to scale-up activities of local authority bodies and mass media.

The results of the study show that mass media campaigns in cities and districts are insignificant to fight stigma and discrimination, though mass media play a vital role in changing social behavior and is a key tool to tackle stigma and discrimination toward PLWH. The results of the study show that the number of reportages with PLWH is very low, which maybe justified by the occasional reportages on HIV/AIDS as a whole and desire of PLWH to remain a mystery. Only 6.2% (one respondent) said he had previous experience of contact with PLWH; 87.5% noted they did not do such reportages; 62.5% due to unknown reason refused to give answer to this question.

More than 43% of mass media employees are aware of the permanent column covering PLWH challenges. At the same time, half of respondents 50% do not cover these issues in their publications and 6.2% are unaware of this column at all. This may be connected to the incompetence of mass media staff to cover this issue.

The respondents mentioned several reasons for lacking of permanent column for PLWH. 43% of the interviewees said they don't want to distinguish between PLWH, which can promote to stigma increase. The other reason, which was noted by 42.9% of mass media staff, was connected with frequency limits of publications. In this regard, the journalists believe that because of the big intervals they gather many other interesting materials, which are of similar significance. Of journalists, 14.3% said that problems of PLWH are not so significant. They believe that there live other people with other incurable or intractable diseases but however, their problems are not covered. Various publications cover the challenges of PLWH with different frequency in Tajikistan: in most cases once per month - 31.25% and 6 times per year or twice a month - 31.25% according to the importance of the issue. Some periodicals always cover this problem once a year -18.75 or once a week - 12.5%.

Many mass media cover this of that issue on a certain day. Thus, they would touch on the issue of PLWH on World AIDS Day, 1 December in most cases. In this regard, 43.7% of respondents confirmed practice of special issues devoted to attitude toward PLWH. 12.5% of mass media staff couldn't answer to this question because they are not interested. The remaining 43.7% do not have such a work experience.

The majority of mass media staff did not experience discrimination forms toward PLWH in their work -87.5%, which is first of all connected to the fact that they neither cover the issues of PLWH nor HIV/AIDS as a whole.

The other remaining 12.5% of respondents said that they don't see the borders of discrimination distinctly and can not say definitely if they experienced it before.

Stigma and discrimination are important and relevant issues of present time, and therefore more than 68% of mass media staff expressed their willingness to cover them in future, if required. However, 18.7% of journalists are not ready for this, because they are not specialists on HIV/AIDS; 12.5% of respondents embarrassed to answer or were not sure if they would cover this issue.

Undoubtedly, PLWH need in assistance and if it would come from local authority bodies it could mean extra moral support for them. In some districts PLWH receive assistance from local Hukumats -40%. However, we can say that Hukumats are indifferent, considering that 50% of PLWH mentioned that local authorities are not involved in assistance.

Of the local authority officials, 10% are ignorant of measures taken by the Hukumat to assist PLWH, as they did not work in this direction in the past.

Those Hukumats, who assist PLWH, do it in different ways. Thus, more than 58% of respondents mentioned financial support; 17.2% -moral and psychological support; 17.2%-free drugs and 6.9% noted that Hukumats keep their disease in secret.

Local Hukumats` employees did not experience the violation of rights of PLWH before and answered that there is no stigma and discrimination in their district -90% and 10% of respondents evaded the question.

Many Hukumats` employees -95% did not have a contact with PLWH till this moment and only one of them mentioned that he contacted with HIV-infected as with an ordinary person and felt pity for him.

Hukumats do not raise HIV/AIDS issues regularly, but maximum once a month -30%. In districts where HIV/AIDS is a burning issue, they discuss it on a daily basis -20% and weekly -20%. District Hukumats organize different actions devoted to World AIDS Day - 15%. Local authorities in collaboration with NGOs and international organizations frequently hold different HIV/AIDS activities on a regular basis -10%.

The study shows that 60% of local Hukumats use their specially designed program on HIV/AIDS; 20% don't have such a program and other remaining 20% don't know if there is such a program with their Hukumats.

According to collected data 75% of respondents answered that local Hukumats closely collaborate with international organizations and NGOs. Hukumats work on stigma and discrimination issues within the frameworks of this collaboration. Of the respondents, 15% mentioned that they don't implement this activity without involvement of international organizations and NGOs. The remaining 10% of Hukumats` employees are unaware of information regarding collaboration with the mentioned organizations.

Conclusion and Findings:

Up to present, Tajikistan remains a country with low level of HIV prevalence and as of November 2007, 872 HIV cases were officially registered in the country. However, according to information of this epidemic, HIV spreads among IDU-24%, SW-3, 7% and migrants-2, 2%.

The number of women, including pregnant women infected by HIV has increased lately. Mainly studies on stigma were conducted in countries with high prevalence of HIV infection where stigmatization and discrimination were widely popularized. In Tajikistan, up to present, the problems with stigma and discrimination in the field of HIV/AIDS were included in second plan. Their existence was less known for the general population.

In this connection, this study would be more interesting, its results would show the real situation of the existence of stigma and discrimination in the country with a low level of HIV infections prevalence.

The National study on the forms of stigmatization and discrimination against PLWH was conducted in Tajikistan for the first time. Study results have been presented based on representative extracts covering all spheres of the Republic of Tajikistan. The study is interesting because it was conducted among various groups of population, working for various spheres, questionnaires for every group covered both general and special questions.

The study was conducted in close collaboration with National Coordination Committee to fight HIV/AIDS, tuberculosis and malaria, AIDS prevention centers, international and non-governmental organizations. Particularly, the participation of non-governmental organizations, which represent the interest of PLWH in this survey, is important in this study.

The study promoted the following findings:

1. The attitude of society toward PLWH would be best observed if they have knowledge on HIV transmission routes. The study shows that more than 96% of the respondents interviewed said that they knew how HIV is transmitted, but only 67% of them correctly named three routes of HIV transmission. Moreover, comparing this study's results with the results of study on young people's behaviors between the ages of 15-24 in Tajikistan (2006), it is stressed that despite the high level of awareness on HIV/AIDS existence among population, concrete knowledge on transmissions routes and prevention measures remains rather low (12%).

The level of knowledge about the fact that PLWH live in concrete cities and districts in Tajikistan, was also high 74%.

2. Out of conducted study, the following forms of stigma against PLWH were revealed:

- Attitude toward labour activities of PLWH

Ambiguous attitude toward a right of PLWH to work by representatives from various groups of population: only 66, 4% of the respondents said that PLWH were entitled to work.

At the same time, it is necessary to note that more categorically in their discussions was part of respondents (employees of law-enforcement agencies, judges, lawyers and employees of Hukumats administrations) should have knowledge on the rights of PLWH to work. It was particularly noted that PLWH cannot be hired in the spheres of education (51%) and service sector (77%). Only 51% respondents said they oppose to PLWH working in education and 77% of them said it is impossible

The majority of medical workers (89, 2%) answered that medical workers by all means be tested for HIV. Based on legal acts of the Republic of Tajikistan, there is a list of professions for medical employees. The list requires mandatory test for medical employees for HIV if they choose a profession from the named list.

A total of 62% medical employees said that PLWH have no rights to work in medical institutions. In the opinion of 30% of respondents, HIV-infected medical employees can work on that medical specialization in which they have no direct contact to blood or any other biological liquid.

Furthermore, 1/3 part of the interviewed respondents have an opinion that a person can be dismissed from job if this person is HIV-infected.

- Attitude toward PLWH to receive education

Despite the fact that the majority of respondents recognize the rights of PLWH to education, not all of the interviewed respondents (42%) positively referred to receiving education for HIV-infected children at secondary schools together with healthy children. Even teachers (45, 7%), including those who were trained on HIV/AIDS to teach such classes at schools supported this opinion.

- Attitude toward providing medical services to PLWH and medical secrecy in connection PLWH status

Despite the general confirmations on the necessity of providing medical services to PLWH only 62, 5% of medical employees/respondents said that they offer medical services to HIV-infected persons like other patients.

Of the total interviewed medical employees, more than 88% said that a doctor is responsible for keeping the status of HIV-infected patient in secret.

Of the total interviewed medical employees, 55, 4% responded that there would be no need to inform patients of doctor's HIV positive status. In their opinion, based on medical institutions instructions, HIV-infected doctor may not have direct contact with patient blood. Disclosure of doctor HIV status may negatively cause medical institutions reputation and psychologically affect patients while approaching them.

- Attitude toward legal assistance to PLWH

The study revealed that the overwhelming majority of judges and lawyers (87%) are ready to provide legal support to HIV-infected person. However, the level of knowledge of judges and lawyers on the existence of HIV/AIDS prevention law in the Republic of Tajikistan is not high enough (50%). Moreover, in the opinions of lawyers, problem of stigmatization and discrimination in the field of HIV/AIDS is not significant and 40% of employees oppose to passing any special legislation in this connection.

Attitude toward granting the secrecy of HIV-infected about his or her HIV status, mandatory testing, placing PLWH in separate cells while keeping them in confinement institutions.

The majority of the respondents (60%) say a person should open secret in some cases. 70% of judges and lawyers believe that a person on trial should inform judicial bodies and prosecutors' office about his or her disease. More than 76% of the respondents agreed with compulsory testing of suspects.

More than 46% of the interviewees among judicial bodies, judges and lawyers supported isolating HIV-infected inmate in separate cells to prevent the transmission to other prisoners and 28.1% said they should be held in separate cell with other HIV-infected inmates.

- Stigma against PLWH in community

The so called "determined stigma" appears with colleagues at workplace, communities and family. About 30% of the total respondents expressed their negative attitude toward PLWH and 70% said that they treat with them normally and with sympathy. However, more than 50% of the total respondents expressed their extremely negative opinion on their HIV-infected colleagues.

The most vulnerable group in society remains HIV-infected children and healthy children whose parents are HIV-infected. Thus, 70% of the total respondents said that they would not allow their children to be in contact with HIV-infected children and 45% said that they do not allow their children contact with children whose parents are HIV-infected.

The study revealed that respondents treat PLWH with much sympathy and compassion when it refers to family members or relatives. More than 90% of respondents claimed that they would take care of HIV-infected family members. Moreover, practically all respondents unanimously treat with this issue.

- The attitude of religious leaders toward PLWH

A total of 44% of religious leaders stated that religion negatively treats PLWH, 59, 4% said they would allow HIV-infected to pray in mosques and churches. More than 84, 4% of religious leaders said that if a person dies from HIV/AIDS, they would arrange funeral ceremony and 84% said HIV-

infected deceased should be buried in a general cemetery. Only 25% of the interviewed religious leaders showed their interest in HIV/AIDS problems and they supported the significance of special programmes for religious leaders to raise their awareness on HIV/AIDS.

- Attitude toward isolation of PLWH from society

The study showed that 1/3 of the respondents favored isolation of PLWH from the other members of society.

- Attitude toward the existence of discrimination against PLWH in society

More than 47% of the respondents noted various forms discrimination against PLWH in Tajikistan. More than 1/3 of the respondents said that discrimination against PLWH is better observed when people are trying to avoid them, 19% during employment and more than 10% when having access to medical services and service sectors.

This study is interesting because common questions were asked from PLWH and representatives from other groups of people. Consequently, representatives from other groups of people could express their views about stigma and only some cases of discrimination. Having responding to questions, PLWH correctly stated the existence of discrimination against them and they also noted their primary needs.

- Defining HIV status and opening PLWH status

Today for Tajik citizens opening HIV status is not traditional procedure like other countries. The study showed that the majority of patients knew about their HIV status through anonymous testing or medical examination for other diseases. A total of 59, 3% of PLWH received their HIV/AIDS diagnosis at AIDS Prevention Centers. Approximately 14% of PLWH said that they became aware of their status after compulsory testing in prison.

Approximately 60% of the total PLWH interviewed answered that they had received pre and post test consultation.

As the study shows confidentiality of 58, 7% of PLWH interviewed has been maintained. Possibly, PLWH confuse keeping anonymous approach to testing with confidentiality, it is very difficult to determine its level as it is difficult to fix all cases of status revealing.

The results of the study show that more than 43% of PLWH revealed their status themselves.

At the same time more than 62% of the total PLWH answered they undergo medical examination, interviews, psychological consultations and treatment at AIDS prevention centers. In gender aspects, women were more open (55, 8%) and men (34, 4%) in revealing their status.

Of the total number of respondents, 54.7% who revealed their HIV status to their family members answered that the attitude in their family toward them did not change; 7.5% noted its worsening, while 20.8% said that it became better. The results of the study show that the attitude toward HIV-infected women in the family is relatively worse compared to men.

A total of 13, 5% of the total number of PLWH interviewed responded that they would reveal their status when visiting a medical institution.

Having participated in this study, PLWH named the following forms of discrimination:

- Problems encountered when receiving medical services and medical institutions. They are rejected to provide medical services (38, 1%), (36, 1%) of PLWH believe that they feel fastidious attitude toward themselves from medical workers. Their status was revealed without their consent (20%).
- Of the total PLWH, 52% mentioned that they do not always receive necessary assistance when accessing law-enforcement, medical and educational organizations. Of the total PLWH, 50% believe that possible contamination risk is the main reason to refuse them in assistance.
- Also forms of discrimination in employment, compulsory testing at workplace and other forms of discrimination were noted. Totally, 84, 6% of PLWH noted the existence of discrimination against them. In gender aspect, discrimination and stigmatization are more felt against women.

PLWH needs

The results of the study show that the standard of living of PLWH is less than Republican average level and they form the poorest population. Thus, out of the total respondents interviewed more than 48% do not have any sources of income and the average monthly income of 23% PLWH is lower than Republican.

Providing assistance to PLWH

Only half of interviewed PLWH responded that they received aid in the last six months. Mainly, city and district AIDS prevention centers (52, 8%) and non-governmental organizations working with PLWH.

- Out of the total interviewees mentioned that they have no troubles in acquiring disposal syringes and condoms in daily life. Approximately 1/3 of PLWH said that they do not use condoms during sex, which testifies premeditated contamination or lack of knowledge on HIV prevention. The study shows that the majority of PLWH (82, 7%) know about assume liability premeditated contamination of HIV infection to other people; however, they do not pay serious attention to this meaning and do not change their behaviours.

Providing ARV therapy

Despite the low level of knowledge of PLWH on certain free services, the majority of them (85, 6%) are aware of free ARV therapy in Tajikistan. Out of the total PLWH who know about free ARV therapy, only 46, 1% appealed to it. The remaining 53, 9% regard ARV therapy as helpless and they do not prefer to go through this procedure.

Problem of family institute of PLWH is very acute

According to the study, 15, 5% of the respondents are divorced. The average level of divorces in Tajikistan totals 5, 5%.

Providing benefits to PLWH

According to collected data, more than 75% of PLWH do not know their rights guaranteed by the law of the Republic of Tajikistan "On resistance to immunodeficiency virus and immune deficiency syndrome".

Of the total medical workers interviewed, practically all doctors and the majority of middle level medical workers mentioned that medical workers who are infected with HIV as a result of their implementing their duties have right to benefits. Primary benefits for medical workers in cases of infecting with HIV the respondents answered the following: compensating material property

damage – 25, 9% and other benefits. As it turned out not all of medical workers are aware of these benefits, which is granted by article 18 of the law of the Republic of Tajikistan “On resistance to immunodeficiency virus and immune deficiency syndrome”.

The background of stigma in the field of HIV/AIDS and its circumstances, manifestation of discrimination against PLWH is connected to the low level of knowledge of people on concrete knowledge of HIV/AIDS prevention.

The results of the study show that not low level of knowledge on HIV prevention, but low level of legal and legislative knowledge were discovered among professionals who should know them as their duties require from them.

Stigmatization of this epidemic started from the moment of HIV beginnings and its prevalence in the world by creating fear around this epidemic. Serious fear of infecting is expressed by medical workers while providing necessary services to PLWH. It creates confuses that fears are created if a doctor knows about patients HIV positive status, but they easily provide services to people including PLWH without knowing their status. In its turn, it causes a tendency that PLWH are not trying to open their status in front of medical with the fear of rejecting medical services by medical workers. Observing universal precautionary measures in treating every patient is an important lever in cutting this form of stigma.

Studies show that more than 90% of doctors and middle level medical workers to some extent are aware of universal precautionary measures of HIV in medical institutions. Only 75, 4% of respondents mentioned that their medical institutions have been equipped with necessary facilities for sterilizing instruments, sterile materials and protective means.

One of the forms of cutting the risk of HIV infection among medical workers who have contact with patient blood or other biological liquid remains provision of ARV preparation for post contact prevention. The study showed that only 38, 8% of medical worker have heard about post contact prevention. Of the total number of medical workers who heard about this form of prevention, 35, 5% said that their medical institutions have experience of post contact prevention. This information may not be correct at all, but it witnesses that medical workers do not correctly know what does post contact prevention mean and this system of services have not been introduced in their medical institutions yet.

Strategy to fight stigma and discrimination should be based on capacity building of local authorities and mass media.

The majority of mass media employees are not aware of the existence of regular columns in their publications to cover the problems of PLWH. At the same time, half of the respondents do not cover this problem in their publications because of different reasons. One of the reasons is lack of knowledge of journalists to cover this subject in mass media.

In some districts, PLWH receive assistance from local hukumats (40%). A total of 75% of respondents from local hukumats noted their close collaboration with international and non-governmental organizations dealing with HIV/AIDS. Within programmes of this problem, issues related to stigma and discrimination against PLWH are referred.

However, more than 50% of respondents from hukumats mentioned that local authorities are not involved in assisting PLWH because this problem is not their priority in their work. .

Thus taking into account the above-mentioned issues the following can be stated:

- Awareness on HIV/AIDS issues and concrete knowledge on HIV prevention among general population, including groups representing defined spheres of activities, particularly providers of services for the HIV infected remain low.
- Awareness level on legal issues and legislation among professionals who should have knowledge taking into account their duties is low and also legal knowledge of PLWH remains rather low.
- Despite the low level of HIV prevalence in Tajikistan among various groups of population stigmatized stereotypes related to PLWH and the level of stigma and discrimination is high enough.
- Stigma and discrimination against PLWH is manifested at various levels and various situations: employment, education, receiving services, particularly medical services, in community and life. Stigma and discrimination manifestation more negatively reflect on women.
- Stigma and discrimination against PLWH in Tajikistan have various manifestation forms: from simple slightly speaking of life to factual actions, such as being rejected of services and employment.
- PLWH fear of stigma and discrimination remain main factors for status hiding, therefore influences in treatment and social assistance.

Recommendations

- Stigma and discrimination remain main factors pending qualitative introduction of prevention and medical programmes and working out approaches directed at cutting stigma and discrimination should become priority tasks in implemented programmes.
- Actions, directed at cutting stigma and discrimination has been included into the National Programme of the Republic of Tajikistan to fight HIV/AIDS for the period of 2007-2010 as one of the important components of reaching universal access to prevention, treatment, care and support. However concrete structures of actions have not been presented in the programme. It is necessary to strengthen component of cutting stigma and discrimination in working introductory plans both at national and local levels and in working sectoral programmes. It is necessary to include gender aspects of problems into sectoral programmes to advocate about main vulnerability of women in front HIV infection and in front of manifestation of stigma and discrimination.
- It is necessary to increase the effectiveness of programmes, directed at increasing population's awareness on HIV problems through regular information campaigns on transmission and prevention of HIV to cut stigma.
- It is necessary to revise programme approaches for PLWH and concentrate more on HIV infection prevention and protecting relatives, also provision of information on governmental guarantees and existing services for prevention and treatment of HIV.
- In a very short time to approve normative-legal acts of the Republic of Tajikistan on introducing the law of the Republic of Tajikistan "On resistance to immunodeficiency virus and immune deficiency syndrome," which defines the order of testing, granting social allowances, introducing benefits etc.
- Include one of the important components of issues related to cutting stigma and discrimination in programme introducing.
- In introducing short-term and long-term programmes for professional training of specialists (lawyers, judges, employees of local authorities, journalists, law-enforcement agencies etc.) on HIV/AIDS issues, peculiarities of working with PLWH, issues of cutting stigma and discrimination in these programmes.

- Include HIV/AIDS issues with concentration on cutting stigma and discrimination into professional training of medical workers.
- Work out a national strategy to prevent HIV/AIDS in workplace in accordance with international standards, directed at cutting stigma and discrimination in workplace.
- In nearest future to agree with sectoral normative-legal acts to prevent hospital transmission of HIV and universal measures of precaution in accordance with WHO recommendations.
- Mobilize resources for provision of all medical prevention institutions with necessary means of individual prevention and facilities for universal measures of precaution with full capacity.
- In nearest future to set up necessary set of data for providing post contact prevention from ARV medication from reserve which is delivered to the country to prepare and to approve distribution diagrams of sets to concrete medical-prevention institutions and delivery mechanism to every institution that need it.
- More broaden use of opportunities of religious leaders influence on forming population world view. In this connection actively promote extension of education programmes for religious leaders both at national and local levels by including HIV problems concentrating on forming tolerant attitude toward PLWH.
- Conduct monitoring of human rights observation in the field of HIV/AIDS based on national indicators and indicators of monitoring of the implementation of the Declaration of Commitment on HIV, passed by Special Session of the United Nations General Assembly (2001).
- Broaden the participation of NGOs, including NGOs working with PLWH and direct participation of PLWH in planning, introducing and monitoring programmes on prevention, treatment, care and support on HIV/AIDS.

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