

**THE PEOPLE LIVING WITH
HIV STIGMA INDEX MULTI-
COUNTRY REPORT
JANUARY 2024.**

Final Report

**Submitted to Genesis Analytics, Pty.
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ACRONYMS

ART: Anti-retroviral therapy

ESA: Eastern and Southern African

GNP+: Global Network of People Living with HIV

HIV: Human Immunodeficiency Virus

ICW: International Community of Women Living with HIV/AIDS

ICWEA: International Community of Women Living with HIV/AIDs in East Africa

IPPF: International Planned Parenthood Federation

KP: Key Population

MSM: Men who have Sex with Men

Non-KP: PLHIV who do not belong to/Identify as one of 4 KPs in this study.

PWUD: People who use Drugs

LCR: Limited Chain Referral

PLHIV: People Living with HIV

S&D: Stigma and Discrimination

SW: Sex workers

TG: Transgender People

UNAIDS: The Joint United Nations Program on HIV/AIDS

VBS: Venue-based Sampling

VL: Viral Load

WHO: World Health Organisation

Foreword

The world dreams of an HIV-Free generation by the year 2030. This dream has united several players at the global level to demand political commitments and implement strategic interventions collaboratively. The reduction in Stigma and Discrimination (S&D) is key to achieving this dream. Similarly, we set that by 2025, more than 90% of PLHIV should not experience S&D globally.

The Eastern and Southern (ESA) Africa PLHIV Stigma Index 2.0 regional analysis stems from the need to identify commonalities in indicators used to measure S&D to provide – regional-level evidence that will subsequently be used to address or respond to S&D in the ESA region.

The rationale for addressing S&D mainly relates to creating and enabling an environment to support PLHIV access to social and health services without restraint in several settings. Regionally analyzed evidence and the action-oriented results from countries with PLHIV networks and other organizations that participated in PLHIV 2.0 are key and have been provided in this report.

In this report, the level of HIV stigma in the ESA region is at 42.3% compared to the 41.3% that we witnessed before COVID-19. Specific results in sections of the disclosure, Internal and External forms of stigma, Health-seeking behaviors, experiences of human rights abuses, and sub-group analysis are all provided and should be adopted to guide plans of S&D interventions.

I applaud the UNAIDS Technical Support Mechanism, the PLHIV networks in the various participating countries, the global), The Global Network of People Living with HIV (GNP+) International Center for Research on Women East Africa (ICWEA), the lead analysis team Genesis Pty for leading the regional analysis and creating the much-needed regional evidence.

I hope that the ESA report will be used by regional PLHIV stakeholder institutions, to align interventions, mobilize resources, and respond to S&D effectively. The uniqueness of the countries, the gender issues, the subgroups within populations; Key Populations (KPs), and non-KPs or other underserved populations, should be factored in at the regional level. I also hope that the results will continue to promote active regional collaboration between PLHIV supporting entities and those that coordinate activities within communities in ESA.

To be signed off by UNAIDS or GNP+

Acknowledgement

The implementation of the Eastern and Southern (ESA) Africa PLHIV Stigma Index 2.0 regional analysis to identify commonalities in indicators used to measure Stigma and Discrimination (S&D) was funded by UNAIDS, without which, the study would have been impossible.

Special thanks to the regional countries in ESA: (Kenya, Zanzibar, Lesotho, Zambia, and Angola) for providing the country-specific data and overall input to the report, specifically the methodological details, validation of results, and recommendations.

We are equally grateful to the several multi-country stakeholders who took the lead in the entire analysis, report generation, and review processes. These were 1) Genesis Analytics Pty and Oxford Policy Management designated experts- In charge of first and last-level technical contributions during the inception phase and through implementation, 2) John Hopkins University (JHU): Primary data management and analysis of several data sets from the five participating countries and secondary reviews of the draft reports. 3) GNP+: Regular coordination with the consulting team and independently with JHU and, 5) International Community of Women Living with HIV/AIDs in East Africa (ICWEA) for mobilizing global partners to review the draft reports and track progress of the report and oversight on execution.

We pay special recognition to the PLHIV networks in the various participating countries and individuals (KP and non-KP) of all genders who provided and shared their lived experiences about HIV-related S&D during their life trajectories.

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EXECUTIVE SUMMARY

Introduction and Methodology

This multi-country report focuses on Stigma and Discrimination (S&D) of the People Living with HIV in Eastern and Southern Africa (ESA region countries). The ESA countries were Angola, Kenya, Lesotho, Zanzibar, and Zimbabwe. It is based on the PLHIV Stigma Index 2.0 which was developed by the Global Network of People Living with HIV (GPN+), the International Community of Women Living with HIV/AIDS (ICW), and Joint United Nations Program on HIV/AIDS (UNAIDS). The overall purpose was to understand the causes, extent, manifestation, and impact of S&D among PLHIV. This regional report will complement ESA country-specific reports in addressing HIV S&D reduction interventions.

Methodology: All the selected five ESA countries conducted a cross-sectional quantitative survey targeting PLHIV, including key populations and participants from rural and urban settings. Venue-based (VBS) and limited Chain Referral (LCR) sampling approaches were employed with varying sample sizes per country, based on both S&D prevalence of the variable that indicates refusal to seek health care because of S&D. This prevalence had been reported in the previous country-specific HIV Stigma assessments. The analysis mainly used distributional statistics and the calculation of S&D proportions by country and other categories. Key Population (KP) and non-KP specific disaggregation were generated to permit comparisons of proportions for the different indicators.

Summary of Results:

Background Characteristics of the Study Population: The total sample size was 7,043 respondents; Zanzibar (800), Zimbabwe (1,404), Angola (1,233), Lesotho (1,481), and Kenya (2,125). Two thirds or 61.5% (4,328) were females, 35% (2,463) were males, 2% (144) were Transgender people (TG), 0.9% (66) did not belong to any of above the categories, and 0.6% (44) Preferred not to answer. Of these, at least 9.4% (663) respondents were pursuing some form of formal education, 40.8% (2,876) best described themselves as unemployed and 21% (1,492) reported being unable to meet their basic needs. On average, the respondents had lived with HIV for 13.8 years and the majority 71% (4,999) were in intimate relationships. Of those in intimate relationships, 56.8% (2,837) revealed that their sex partners were PLHIV. Membership in a network or support groups of PLHIV was common and reported by 43.7% (3,074).

Overall Stigma and Discrimination Levels: A glance at the ESA region showed that S&D was still high at 43.2% on average. Variations across participating countries were observed. Zanzibar had the highest proportions 70.8%, followed by Kenya 58.7%, Zimbabwe 45.5%, Angola 31.3% and least was Lesotho 13.8%. S&D was 45.6% (887) among KP vs non-KP 42.3% (2151) among the non-KP. within the KPs, S&D was highest among, WSW 55.7% (59), followed by PWUD at 53.8% (221), MSM at 49.8% (145), SW at 46.7% (678) and least among Bisexual 32.4% (59).

HIV Status Disclosure: There was generally a high proportion of PLHIV that had disclosed their HIV-positive status to others. Disclosure with consent was highest (54%) to husband/ wife or partner. The disclosure was higher among non-KPs compared to the KPs, for instance, disclosure to sex partners was 44% KP vs 57.3% non-KP, 34.9% vs 41.5% to children, and 15.2% vs 24.1 to neighbours. Also, disclosure without consent was common (16%) among other family members. Overall, the respondents regarded disclosing their HIV status to known people and strangers as a positive experience.

Experiences of HIV Stigma and Discrimination (S&D): The S&D experiences were mainly recent (12 months) for most PLHIV. Some S&D experiences for Sex Workers and Injection Drug Users were beyond the last 12 months, more among the KPs than the non-KPs in almost all the constructs that measured S&D. While there was a notable reduction in some constructs, there was an almost equal increment in worse constructs. Examples of the constructs of S&D include exclusion from social activities, gossip, blame verbal and physical harassment, blackmail, refusal of employment and job

changes, or denial of promotion. Comparing the two periods- the last 12 months and beyond the last 12 months, some experiences of S&D showed significant reduction. These included exclusion from social gatherings (8.1% to 5.5%), exclusion from family activities (7.9% to 5.8%), and refusal of employment (5% to 4.3%). The constructs that increased/ stagnated included blackmail (5.1% to 6.1%), S&D against a partner or child (5.7% to 6.3%), and verbal harassment (10.1% to 13.1%).

Internalized HIV Stigma: Internalized stigma was high with 50.3% of respondents hiding their HIV-positive status from others and 57.8% finding it hard to disclose their HIV status. The constructs of internalized stigma were higher among KPs than non-KPs.

Almost all the constructs that measured internal stigma constructs were higher among the KP than the non-KP in the recent 12 months. For instance, 13.8% (263) KP vs 8.8% (451) non-KP, chose not to attend social gatherings, 9.6% (182) KP vs 5.3% (276) non-KP avoided going to clinics or hospitals when they needed, 9.2% (176) KP vs 5.6% (287) non-KP chose not to apply for jobs and 11.4% (217) KP vs 6.7% (345) non-KP chose not to seek social support.

Health Care Services for PLHIV: Two-thirds of the respondents reported that the decision to test for HIV was theirs while 11% were pressured to test. 40% of PLHIV hesitated to seek HIV testing for fear of others. Overall, 95% of respondents were currently or previously on anti-retroviral therapy (ART). Only 49.8% reported immediately initiating treatment after diagnosis. Fears about someone learning of their HIV status contributed to 25% missing an ART dose. 58.1% had viral load (VL) results in the past 12 months and were suppressed, 10.3% unsuppressed, while 10.7% either didn't know what VL was or had never had a VL test done. Among the respondents, 18.3% reported having interrupted or stopped ART mainly due to fears of others finding out their HIV status (41.9%) and unreadiness to deal with their HIV status (16.5%). Generally, 59.5% of PLHIV did not disclose their HIV status during non-HIV clinic visits and the commonest abuse faced during these visits was disclosure without the respondent's consent (26.3%). However, 75.7% were confident that their medical records were confidential.

Human Rights and Effecting Change: About 1% of the respondents experienced the listed cases of abuse with the most prominent being forced to test for HIV to get health services (1.5%). Of those that reported any form of abuse in the last 12 months, 3.8% reported to have undertaken some actions. The most used strategies for handling violations were filing complaints (33.3%) and contacting a community organization for support (38.2%). On assessing the knowledge about any laws in the country that protect PLHIV, 52.8% reported knowing about the existing laws while 41.8% reported that they didn't know about the existence of such laws.

Stigma and discrimination experienced for reasons other than HIV status: Most experiences were related to the respondents' gender identity as 23.8% were part of a network or support group for transgender people, 6.8% identified as MSM, 2.8% as gay, and 3.7% as bisexual. Generally, PLHIV reported more recent experiences of stigma and discrimination. The most common form of S&D among MSM was verbal harassment. Stigma and discrimination constructs were comparatively lower among lesbians.

Main conclusion: Considering the overall study objective of PLHIV Stigma Index 2.0. which was to advance the understanding of the causes, extent, manifestation, and impact on care and service uptake, of stigma and discrimination experienced by PLHIV in the ESA region, the following specific conclusions are drawn:

- I. Overall S&D is high in the ESA region at 43.2% on average, with some variations across participating countries. Zanzibar had the highest proportion of 70.8%, followed by Kenya at

58.7%, Zimbabwe at 45.5%, Angola at 31.3% and least was Lesotho at 13.8%. S&D was 45.6% (887) among KP vs non-KP 42.3% (2151) non-KP, affected the females more and in some cases varied with age.

2. The causes of S&D are intersectional (multiple, radiating from families, homes, and society-level causes and reinforcing each other). S&D is more prevalent among those with intersecting vulnerabilities, i.e. females and KPs. Within the KPs assessed categories, the PWUDs were more affected.
3. While S&D is generalized in many settings, the most significant negative consequences of S&D result from S&D occurring within healthcare settings. For instance, fears (internalised HIV stigma) about someone learning of their HIV status contributed to 25% missing an ART dose, which is associated with low VL. Within the ESA region, 10.3% were unsuppressed, while 10.7% either didn't know what VL was or had never had a VL test done. About 2 of every 10 persons reported having interrupted or stopped ART mainly due to fears (internalized stigma) of others finding out their HIV status.
4. The trends of S&D have slightly stagnated over time. The current PLHIV ESA average of 43.2%, compared with an average of 41.3% generated from the PLHIV assessment conducted before the year 2018 in the four countries of Kenya, Zimbabwe, Zanzibar, and Lesotho, indicates a percentage change of approximately 4%.
5. Several interventions can be thought of but most importantly, the PLHIV networks should sustain their advocacy efforts to increase awareness among PLHIV, mobilize resources, and address HIV internal stigma at all costs.

Overall Recommendation at global, regional, and country levels

Global and International HIV Development Organizations

- i. Continued support from UNAIDS to develop and fund evidence-based stigma reduction interventions that translate PLHIV experiences into research and practical-oriented strategies to end S&D by 2030.
- ii. GNP+, ICW, and UNAIDS should regularly review, adapt, and sustain advocacy strategies specific to ESA region to ensure availability of treatment, care and support for all PLHIVs at international, national, and community levels.
- iii. GNP+ and its' partners should promote meaningful engagement of PLHIV preferably at all levels, research, advocacy and implementation of programmes aimed at reducing S&D
- iv. There is a need to review, revise, and standardize core concepts and factors used to measure intersectional S&D in practice. This will contribute to improved computations of the overall Stigma index.
- v. To enhance PLHIV rights awareness and, UNAIDS should develop/revise frameworks that will help participating countries translate international HIV-Related rights-based policies into action and legal rights at the country level.

Regional PLHIV networks

- i. Countries in the ESA region should review, rejuvenate, and empower PLHIV communities using evidence generated by desegregated data, ie. by gender, age, and other social categories as strategies for sustaining S&D reduction tailored to different contexts)
- ii. Establish, review, and work with existing ESA PLHIV advocacy networks to empower vulnerable PLHIV to engage in S&D reduction interventions, pursue basic needs, and strengthen peer support systems, access to health care services, and monitor health outcomes at the community level.

- iii. The existing country-level networks should mobilize external and local resources to promote and lead social changes.

Country level- Ministries of Health and line ministries

- i. The country S&D reduction interventions should be tailored according to the local context, taking into account gender, and other social, economic and political factors that will help to empower oppressed PLHIV.
- ii. National Programs should explore, understand, and learn from PLHIV with suppressed viral load to develop population-specific behavioural change communications, interventions, and a monitoring system for patients with detectable viral loads.
- iii. Country-level PLHIV Networks should reach out to Legal-based entities to create awareness and sensitization on the rights of PLHIV. This is aimed at improving the reporting of violence meted upon the KP and non-KPs.
- iv. Country level disclosure interventions should factor in sex and gender differences with tailored support to younger age groups and females. This is because HIV status disclosure experiences increased with age and were more common among males than females,
- v. Countries should develop specific interventions to address stigma and discrimination, especially among KPs and females.
- vi. There is need for more VL-targeted interventions with intensified awareness among both KP and non-KP categories at country level.
- vii. To address the evident treatment interruptions, interventions will need to focus on reinforcing positive living and addressing fears of dealing with a positive HIV status.
- viii. Based on the evidence that non-HIV related S&D was experienced by both KP and non- KPs in the ESA region (Section 3.8), there is need to;
 - a. Create awareness among policymakers and implementers about the laws pertaining to non-discrimination at all level. This is country specific.
 - b. Address the root cause of intersecting social factors mainly gender-based inequalities which impede HIV health promoted care and treatment outcomes
 - c. Promote PLHIV to share their success stories as one way to lead social change.

PLHIV National networks:

- i. National networks should be revised (revived?) to attract, engage, and empower PLHIV to lead social change as per context, gender, age, etc. in all aspects of life.

Research Institutions and Academia

- i. Stakeholders in academia and research institutions need to explore, understand, and explain why S&D varies by country, context, gender, age, etc. yet the experiences are similar between KPs and non-KPs.
- ii. Stakeholders in academia need to contribute technical insights, appropriate research frameworks, and formulars to support the standardization of S&D PLHIV 2.0 tool.

(See **page 45 for details recommendations and strategies to operate them**).

1.INTRODUCTION

1.1 The 2.0 HIV Stigma Study

The PLHIV Stigma Index Country assessments have been implemented in several countries since 2008. The 2008 PLHIV stigma questionnaire and standard methodology were developed by the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF), and the Joint United Nations Program on HIV/AIDS (UNAIDS). The several advances in the management of HIV disease, health care services, target groups, unique experiences of PLHIV, past trends in stigma between 2008 and 2017, and global advocacy agenda, prompted the development of a revised tool which was named the PLHIV Stigma Index 2.0 and tailored standard methodology (2020). The country assessments are currently under implementation by participating member countries with leadership by HIV networks. The GNP+, ICW, John Hopkins University (JHU), and UNAIDS together with other global, regional, national, and local entities and institutes continue to play supportive and technical roles in the implementation of the PLHIV Stigma Index 2.0 in multiple countries.

The PLHIV Stigma Index 2.0 tools and methodology have been adopted by member countries including those in the Eastern and Southern Africa (ESA) region and as such, following the completion of country-specific-reports from 2021 to 2022, recommendations were made by ICW global, GNP+ and UNAIDS to generate a regional report to ascertain commonalities, variations and or difference in core components of HIV S&D. The regional analysis will complement country specific responses in addressing HIV stigma reduction. The multi-country report focuses on ESA countries including Angola, Kenya, Lesotho, Zanzibar, and Zimbabwe.

1.2 Regional Context

The ESA region comprises 15 countries and is reported to be the region with the highest HIV prevalence of 20.5 million people accounting for about 54% of all people living with HIV in the World (UNAIDS Global Updates, 2022). Notable progress in HIV control is seen with a decline of 44% of new infections within the general population, and by 61% among children from years 2010 to 2021. The proportion of treatment is 83% among adults and 64% among children (0-14 years). Despite these gains, rates of vertical transmission are still reported high at 8.6% after breastfeeding, the disproportionate burden of HIV among females and children at 63%, and the triple-figure of new infections among adolescent girls and young females by 2021.

Access to care and treatment has been sustained - 95% can access and the suppression is equally on target of 95% in many ESA countries. Though the ESA region is on a good trajectory regarding recovery from COVID-19, key populations (KPs) in the region face some challenges due to laws that criminalize key population activities and are adversely affected. For instance, between 2017 and 2021, UNAIDS special analysis report on reporting countries indicated that though the prevalence of HIV among the general population was 6.2%, those among KPs were generally high; the prevalence was 33.4% among female sex workers (FSWs), 12.8% among Men who have sex with men (MSMs), 21.8 among people who inject drugs (IDUs) and 10.4% among those in prisons.

Within the ESA region, the HIV epidemic is generalized but many indicators of 95-95-95 cascade and HIV prevalence vary by country:

I.3 Participating Country Context

Angola: By 2021, the country had a generalized HIV epidemic with 334,990 people living with HIV (PLHIV) (302,884 adults and 32,106 children), with an adult prevalence rate of 1%, but disproportionately distributed and high at 4% among females 20-29 years. Although all need ART, only 221,107 (66%) are on treatment, as reported in UNAIDS Spectrum estimate Country estimate data 2021. Uniquely, Angola's Mother-to Child transmission rate was 19%, - the fourth highest in the World, and contributed 5% of the global burden of 0-14 HIV acquisition – UNAIDS Start Free, Stay F AIDS Free Report 2020.

Kenya: By 2021, the country had a generalized epidemic with approximately 1.4 million PLHIV, a prevalence of 4% among adults, 35,000 new infections, 78% accessing ART, and 22,000 HIV- related deaths. Of the 92% who knew their HIV status, 88% were on ART.

Lesotho: By 2021, the number of PLHIV was approximately 324,000 adults with a prevalence of 22.7% (27.4% among females vs 17.8% among males). According to the LePHIA, 2020, 90% of the Basotho, PLHIV knew their HIV status, of which 97% were accessing ART and 92% achieved Viral Load suppression (90-97-92). The annual incidence of HIV among adults aged 15 years and older in Lesotho was 0.45% (0.64% among females vs 0.28% males (5,000 new cases) per year.

Zanzibar: The HIV/AIDS prevalence in Tanzania is estimated at 4.5% but Zanzibar as a region has 0.5%. The rates are notably higher among KPs whose rates are above 5%. For instance, the rates were 5.1% among IDUs, 12.1% among FSWs, and 5% among MSMs.

Zimbabwe: Has a generalized HIV epidemic and by 2020, the HIV prevalence among adults was 12.9%, (15.3% among females and 10.2% among males), incidence was 0.5%, and viral load suppression was 76%. About 86.8% of the total PLHIV (88.3% of females and 84.3% of males) knew their HIV status (National HIV Survey, 2020).

I.4 Stigma Index Trends Before 2018 in Selected Countries

Zanzibar: HIV-related stigma and discrimination in Zanzibar was relatively high. According to the 2016-2017 Stigma Survey in Tanzania and Zanzibar reported discriminatory attitudes towards PLHIV in Zanzibar at (30.5%) compared to Tanzania Mainland (25.5%) and were higher in Pemba Islands (43.5%) compared to Unguja (26.4%).

Zimbabwe: The first stigma index study was conducted in 2014 and it noted that 65.5% of PLHIV experienced one or more forms of stigma and discrimination.

Kenya: According to the PLHIV Stigma Index of Kenya of 2011, approximately 30% experienced some form of S&D. Loss of jobs or source of income was reported by 40% by then. Another form of discrimination was denial of access to health services reported by 15% of participants. Internal forms of S&D such as feelings of self-blame, low self-esteem, and feelings of guilt ranged between 40% to 50%. Generally, the resultant effects were to stop desires for children, marriage, and seeking social services including health.

Lesotho: Like other countries in the region, the levels of S&D discrimination in Lesotho were high ranging from 6.7% to 40% for the external forms of S&D such as verbal abuse, physical harassment, and most forms of exclusion from social activities, family engagement, and religious activities (LESOTHO PLHIV Report 2014). These experiences were reported to play an underlying negative role in access to social and health services, fears of not having biological children, and fears of getting married because of their HIV status. The worst example was the 43% who reported losing employment or a source of income and 15% who reported being refused employment because of their HIV status.

I.5 Objectives of the Survey

The overall objective of PLHIV Stigma Index 2.0 regional analysis was to advance the understanding of the causes, extent, manifestation, and impact on care and service uptake, of stigma and discrimination experienced by PLHIV in the ESA region.

Specific objectives:

- i) To quantify and document HIV-related stigma and discrimination experienced by PLHIV in ESA to provide evidence-based regional responses and interventions to avert stigma and discrimination.
- ii) To improve evidence-based advocacy on HIV-related stigma and discrimination to fast-track targets of ending HIV/AIDS by 2030.
- iii) To entrench the Greater Involvement of People Living with HIV/AIDS (GIPA) principle in local, regional, and national responses to HIV through an empowerment process that places individual PLHIV, their networks, and local communities at the center.

2. METHODOLOGY

2.1 Survey Design, Sampling and Data Collection

Survey design: All the participating countries in the ESA region adopted a cross-sectional quantitative survey among PLHIV in all sampled regions, and counties up to the lowest sampling units.

Survey setting: All five countries surveyed PLHIV including KPs. The countries decided on the administrative/ geographical parcels. There were efforts to standardize the selection to include rural and urban setting participants.

Survey population: There were efforts to standardize the selection to include rural and urban setting participants. The participants were PLHIV aged 18 years or more including KPs drawn from the following groups: Sex Workers (SW), Transgender People (TG), Gay men, MSM, Lesbians (WSW), and People Who Use Drugs (PWUD) The study participants included PLHIV who were aware of their positive HIV status and had lived with HIV for at least the last 12 months and were cognitively competent to provide informed consent.

Sampling: Varying sample sizes were calculated using the proportion of PLHIV who avoided seeking health care because of anticipated S&D in the): The country's respective proportions, and confidence Intervals, error margins were fed into the PLHIV Stigma Sample Size Calculator to generate the overall total samples per country. Angola sampled, 1,233, Lesotho 1,481, Kenya, 2,200, Zanzibar, 800, and Zimbabwe 1,400. Two approaches were used to sample study participants: venue-based sampling (VBS), and limited chain referral (LCR) sampling.

Participant recruitment

Participants were recruited using two approaches: Venue-Based -Sampling (VBS) and Limited Chain Referral (LCR): VBS involved recruitments from places where PLHIVs visits or congregate and these were mainly at health facilities and community support venues. Using a two-stage process, Venues where PLHIV visit/congregate were mapped before data collection. Out of the total venues mapped, a random sampling technique was used to sample some venues to be visited by the data collection teams. During data collection, the teams visited randomly selected venues, with prior arrangements with potential respondents at those venues. VBS was the main approach for recruiting participants. LCR utilized mainly social networks to reach and recruit the KPs. The specific KP networks were informed and involved in linking the data collection teams with the final potential KPs for face-to-face interviews.

Data collection instruments and procedures

The survey adopted the PLHIV Stigma Index 2.0 questionnaire, which was programmed in Open Data Kit (ODK) and installed on Tablets that run on Android Operating systems. Local translations of Languages spoken predominantly in the participating countries and regions were made and used during face-to-face interview sessions.

Data collection followed a minimum of 3 days of training of data collection teams on aspects of data collection, the various sections of PLHIV Stigma Index 2.0, ethical considerations, administrative and sampling procedures, consenting of potential respondents as well as working with PLHIV in general. During training, countries conducted pre-tests to refine the translations and field data collection procedures. The overall responsibility for data collection and coordination of field activities was by the National Networks of People living with HIV in the respective countries. The PLHIV Networks also secured ethical and administrative approvals in the respective countries and regions.

2.2 Data Analysis

Data was submitted to Johns Hopkins University (JHU) for final data management and statistical support. Various quantitative software was used for analysis, but output was shared in Excel sheets to generate the multi-country report. Preliminary analysis used distribution statistics to generate proportions by country and other sub-analysis on KP vs. non-KP, Age, Sex orientation, and within KP grouping (MSM, TG, SW, and PWUDs). In addition to comparisons of countries against one another in terms of proportionate responses to the main and sub-questions, we also generated overall mean scores. These appear in every column of the tables. Note that the mean scores were computed from absolute numbers (summation of country-level data as numerators against the overall denominator of 7043). This helped to erroneously avoid averaging the country proportions.

The final analysis was based on the construction of a composite score to generate the stigma indices. A composite indicator was constructed using eleven items that measure external forms of HIV status-related stigma and discrimination experiences. The indicator was created as follows:

- i) Combining the responses "yes, in the last 12 months" and "yes, but not in the last 12 months" for each sub-question to create a category for whether the person has ever experienced stigma due to their HIV status.
- ii) Creating a composite indicator by adding up all the responses to the different 11 sub-questions on S&D
- iii) Turning the resulting variable into a binary one, with "no experiences of stigma" and "one or more experiences of stigma" categories.
- iv) Generation of proportions by KP and non-KP and country for the "Ever experienced stigma because of your HIV status".

Table 1: Stigma sampling details by country

| Sampling attributes | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe |
|--------------------------------------|--|---|---|--|---|
| Regions /Districts/ Provinces | County zoned in zones (North, East, West, South, Central, and Capital: One province was sampled from each zone | Northeastern, Coast, Upper and Lower Eastern, North and South Rift Valley, Western and Nyanza regions | Mafeteng, Maseru, Mahale's Hock, and Mokhotlong districts | 11 districts: 7 from Unguja and 4 from Pemba | Bulawayo, Harare, Manicaland, Mashonland: Central, East, West, South and North, Masvingo, and Midland |
| Total sample | 1233 | 2125 | 1481 | 800 | 1404 |
| Non -KP | 969 | 1504 | 877 | 407 | 1040 |
| Transgender | 53 | 14 | 57 | 73 | 33 |
| MSM | 53 | 71 | 48 | 20 | 50 |
| Lesbians | Not sampled | 14 | Not sampled | Not sampled | 27 |
| Bisexual | Not sampled | 57 | 26 | Not sampled | 54 |
| Sex workers | 106 | 311 | 200 | 106 | 358 |
| PWTHIDU | 53 | 41 | 55 | 73 | 83 |
| Ex-Inmates | Not sampled | Not sampled | 242 | 16 | 55 (in-mates) |

Some KP groups were not reached and were left out of the final sample.

3. RESULTS

3.0: RESULTS STRUCTURE AND LAYOUT

The results are structured according to the main and sub-sections within the PLHIV Stigma Index 2.0 tool. However, owing to several scales/response fields and indicators that are combined to form complete - response categories in addition to disaggregation by country, tables were preferred to other diagrammatic displays. In all the sub-sections, summary narratives in line with table information are provided with reference to tables. However, sub-analysis (key results) comparing KP/vs non-KP, gender orientation, sex at birth, and age categories is mentioned mainly figures to reduce the number of tables. The implications for data are highlighted within discussion sections and partly within the conclusions.

3.1 SECTION A: BACKGROUND CHARACTERISTICS OF THE STUDY POPULATION

The PLHIV Stigma Index 2.0 regional analysis covered five countries: Angola, Kenya, Lesotho, Zanzibar, and Zimbabwe. The social demographic characteristics were Age, sex, gender identity, formal education, food availability as a proxy for poverty, childcare responsibilities, disability status, and belonging to specific key population categories (Table 2- 7).

Table 2: Social Demographic Characteristics by Country

| Demographics | Attribute | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|------------------------------|----------------------|--------|-------|---------|----------|----------|-------|
| Age (Mean) | Years | 38.7 | 35.5 | 38.6 | 38.7 | 41.1 | 40.4 |
| Age (SD) | Years | 11.8 | 9.4 | 12.2 | 11.7 | 11.3 | 12.6 |
| Sex Assigned at Birth | Female | 75.9% | 60.2% | 55.6% | 67.4% | 55.7% | 61.9% |
| | Male | 24.1% | 39.8% | 44.4% | 32.6% | 44.3% | 38.1% |
| Gender Identity | Female | 76.4% | 60.2% | 55.5% | 67.4% | 53.1% | 61.5% |
| | Male | 20.1% | 38.3% | 37.8% | 32.6% | 41.3% | 35.0% |
| | Transgender | 3.2% | 0.7% | 3.8% | 0.0% | 2.4% | 2.0% |
| | None of the above | 0.9% | 0.0% | 0.5% | 2.8% | 0.0% | 1.1% |
| | Prefer not to answer | 0.6% | 0.2% | 0.3% | 0.1% | 0.0% | 2.2% |

The overall sample size for the five countries was 7,043 respondents: 61.9% (4,360) females and 38.1% (2,683) males. The biological sex was termed as sex assigned at birth. All countries reported the proportions of females ranging from 55.6% (Lesotho) to 75.9% (Angola). A third (2,125) were from Kenya and a tenth (800) were from Zanzibar. Two countries, Lesotho and Zimbabwe had almost equal numbers of respondents. The average age was 40 years with minimal variations between the five countries. Two percent (144 of 7,043) were Transgender (TG). Note that 1% of females and 8% of males preferred to be described as transgender. More than 3.8% (57) of participants identified themselves as TG were reported in Lesotho and none in Zanzibar. Most of the females 73% (3134) with PLHIV were in the age range of 25-49 years.

Table 3: Education level by country

| Education status | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--------|--------|---------|----------|----------|---------------|
| No formal education | 10.60% | 7.00% | 8.60% | 12.30% | 3.20% | 7.80% |
| Primary/elementary/local equivalent | 23.60% | 36.50% | 43.30% | 41.50% | 25.20% | 34.00% |
| Secondary/high school/local equivalent | 27.70% | 37.50% | 36.70% | 44.00% | 60.70% | 40.90% |
| Trade/vocational school | 32.20% | 6.50% | 2.70% | 0.50% | 3.60% | 9.00% |
| University/tertiary education | 5.90% | 12.50% | 8.70% | 1.80% | 7.30% | 8.30% |

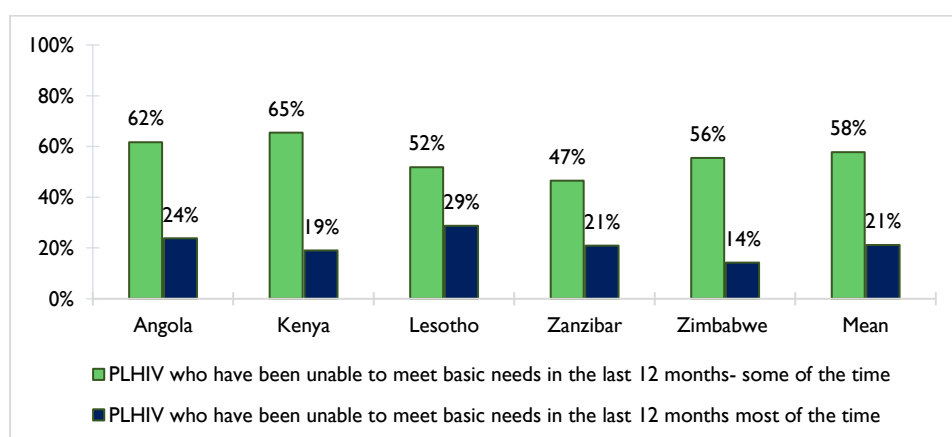
Table 3 showed that 8% of respondents had attained University/tertiary education. 40% (2,884) had attained secondary education. Participants with secondary education levels were highest in Zimbabwe (60.7%) and the lower Angola in (27.7%) (341). Data not in the table revealed that at the time of the survey, 9.4% (663) respondents were pursuing some form of formal education at the time of the survey. This was highest in Angola (15.3%) but lowest in Zanzibar (2.1%).

Table 4: Employment by Country.

| | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--------|--------|---------|----------|----------|--------|
| In full-time work (as an employee) | 19.40% | 9.80% | 17.90% | 4.50% | 12.20% | 13.00% |
| In part-time work (as an employee) | 10.70% | 12.40% | 10.80% | 12.00% | 9.40% | 11.10% |
| Working full-time, but not as an employee (self-employed or business owner) | 6.00% | 13.90% | 14.00% | 32.10% | 17.00% | 15.20% |
| Doing casual or informal part-time work (self-employed or paid work for others) | 6.00% | 28.30% | 8.60% | 23.50% | 21.90% | 18.40% |
| Retired/on pension | 1.30% | 0.00% | 1.90% | 1.60% | 2.60% | 1.30% |
| Unemployed | 56.60% | 35.60% | 46.80% | 26.30% | 37.00% | 40.80% |

From Table 4 showed 40.8% (2,876) of the PLHIV were unemployed. Unemployment was reported highest (56.6%) among respondents in Angola and at least 26.3% among respondents in Zanzibar.

Figure 1: Ability to meet basic food requirements by country



From Figure 1, it is evident that most participants (57.8%) were unable to meet their basic needs.

Table 5: Length of Time lived with HIV, Sexual Intimacy, and Childcare Responsibilities.

| Attributes | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--------|-------|---------|----------|----------|-------|
| Length of time respondents have known their HIV-positive status (Average- Years) | 4.7 | 13.8 | 20.9 | 10 | 16.2 | 13.8 |
| PLHIV who are currently in an intimate/sexual relationship. | 68.1% | 68.3% | 77.0% | 72.4% | 70.4% | 71.0% |
| PLHIV who are currently in an intimate/sexual relationship, whose partner(s) is also HIV-positive. | 42.6% | 58.1% | 57.4% | 56.8% | 66.0% | 56.8% |
| PLHIV take care of children who live in their household. | 1.9 | 2.9 | 2.4 | 2.6 | 2.6 | 2.5 |

On average, the respondents had lived with HIV for long (13.8 years). However, the mean duration varied from about five years in Lesotho to about 21 years in Angola. The majority (three-quarters) of the PLHIV across countries were in intimate relations. The intimate relationships (56.8%) were mainly with other PLHIV. PLHIV cared for two to three children in their households.

Table 6: Disability, Membership in Ethnic and Key Population Groups

| | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--------|--------|---------|----------|----------|--------|
| PLHIV who are living with a disability | 0.80% | 6.50% | 6.80% | 3.80% | 9.50% | 5.80% |
| PLHIV who are a member of an indigenous/aboriginal group | 38.00% | 4.50% | 2.50% | 77.00% | 26.90% | 22.60% |
| PLHIV who are refugees or asylum seeker | 0.30% | 0.60% | 1.40% | 0.00% | 1.70% | 0.90% |
| PLHIV who are a migrant worker | 0.00% | 1.90% | 6.60% | 0.00% | 1.40% | 2.20% |
| PLHIV who are internally displaced persons | 0.30% | 2.40% | 0.50% | 1.60% | 1.40% | 1.30% |
| PLHIV who are incarcerated/in prison | 0.10% | 1.90% | 3.80% | 2.00% | 3.90% | 2.40% |
| PLHIV who are a member of a network or support group of people living with HIV | 12.90% | 63.20% | 11.40% | 44.90% | 74.40% | 43.70% |

Note: Variables are combined so percentages may not add up to 100%

Table 6 shows that the proportion of PLHIV who had a physical disability was 5.8% with the fewest (0.80%) in Angola. A quarter of the PLHIV were members of indigenous groups. Also, members of the racial, ethnic, or religious minority groups were 16% (1,171) not in the table. Membership in peer support groups was reported by 43.7% (3,074). Proportions that reported membership in peer support groups were least at a tenth (11.4%) in Lesotho and highest at over three-quarters (74%) in Zimbabwe.

Table 7: Sex, Gender Disaggregation by Age Group

| Attributes | Total | | 18-24 years | | 25-49 years | | 50+ | |
|------------------------|-------|-------|-------------|-----|-------------|-------|-------|------|
| | % | n | % | n | % | n | % | n |
| Gender Identity | | | | | | | | |
| Female | 61.5% | 4,328 | 58.4% | 475 | 64.2% | 3,143 | 53.3% | 710 |
| Male | 35.0% | 2,463 | 35.7% | 291 | 32.0% | 1,566 | 45.5% | 606 |
| Transgender | 2.0% | 144 | 3.1% | 25 | 2.4% | 116 | 0.2% | 3 |
| None of the above | 0.9% | 66 | 1.6% | 13 | 1% | 47 | 0.5% | 6 |
| Prefer not to answer | 0.6% | 41 | 1.2% | 10 | 0.5% | 25 | 0.5% | 6 |
| Total | 100% | 7042 | 100% | 814 | 100% | 4897 | 100% | 1331 |

Table 7 shows that the majority across age groups were females (61.9%) who identified themselves as females (feminine). The TG accounted for 2% overall. The proportion decreased from 3.1% among the age category 18-24 years to 0.2% 50+.

3.2 SECTION B: DISCLOSURE

This section broadly presents statistics on; the awareness of specific individuals or groups of people about the PLHIV status of the respondents and opinions on specific disclosure experiences. The disclosure process and experiences often play an underlying role regarding the Stigma and Discrimination of PLHIV (Table 8).

Table 8: Knowledge of Groups of People about PLHIV HIV Sero-Status

| Individuals/groups of people | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|--------|--------|---------|----------|----------|--------|
| Your husband/wife/partners | Yes, status disclosed with consent | 34.0% | 42.5% | 67.5% | 64.3% | 76.1% | 54.0% |
| | No | 54.2% | 28.7% | 9.9% | 12.8% | 0.0% | 23.2% |
| | Yes, status disclosed with/without consent | 11.8% | 10.9% | 10.7% | 1.9% | 23.9% | 11.8% |
| | NA | 0.0% | 17.9% | 11.9% | 21.0% | 0.0% | 11.0% |
| Your children | Yes, status disclosed with consent | 0.7% | 30.5% | 59.5% | 47.6% | 79.3% | 39.8% |
| | No | 94.5% | 49.4% | 17.7% | 34.1% | 0.0% | 42.5% |
| | Yes, status disclosed with/without consent | 4.8% | 7.8% | 7.2% | 4.0% | 20.7% | 8.3% |
| | NA | 0.0% | 12.3% | 15.6% | 14.3% | 0.0% | 9.4% |
| Other family members | Yes, status disclosed with consent | 1.5% | 36.4% | 78.2% | 69.1% | 74.4% | 48.9% |
| | No | 84.6% | 44.5% | 9.2% | 15.3% | 0.0% | 33.8% |
| | Yes, status disclosed with/without consent | 13.9% | 16.9% | 11.6% | 15.3% | 25.6% | 16.3% |
| | NA | 0.0% | 2.2% | 1.0% | 0.3% | 0.0% | 1.0% |
| Your friends | Yes, status disclosed with consent | 0.3% | 24.7% | 59.6% | 38.9% | 75.8% | 35.6% |
| | No | 95.1% | 59.9% | 28.7% | 36.0% | 0.0% | 49.8% |
| | Yes, status disclosed with/without consent | 4.5% | 13.3% | 9.4% | 24.1% | 24.2% | 13.3% |
| | NA | 0.10% | 2.10% | 2.30% | 1.00% | 0.00% | 1.30% |
| Your neighbors | Yes, status disclosed with consent | 0.1% | 9.1% | 38.6% | 23.5% | 71.1% | 21.2% |
| | No | 95.4% | 79.1% | 49.8% | 45.6% | 0.0% | 64.6% |
| | Yes, status disclosed with/without consent | 4.5% | 8.6% | 7.3% | 27.3% | 28.9% | 11.5% |
| | NA | 0.0% | 3.2% | 4.3% | 3.6% | 0.0% | 2.7% |
| Your employers | Yes, status disclosed with consent | 0.3% | 10.5% | 12.8% | 11.5% | 71.8% | 11.7% |
| | No | 99.4% | 53.6% | 36.4% | 19.4% | 0.0% | 51.9% |
| | Yes, status disclosed with/without consent | 0.3% | 2.9% | 1.5% | 1.8% | 28.2% | 2.9% |
| | NA | 0.0% | 33.0% | 49.3% | 67.3% | 0.0% | 33.5% |
| Your co-workers | Yes, status disclosed with consent | 4.0% | 10.2% | 12.7% | 10.6% | 74.8% | 13.0% |
| | No | 95.0% | 54.2% | 35.6% | 18.9% | 0.0% | 50.5% |
| | Yes, status disclosed with/without consent | 0.6% | 3.3% | 1.5% | 3.0% | 25.2% | 3.4% |
| | NA | 0.40% | 32.30% | 50.20% | 67.50% | 0.00% | 33.10% |
| Your teachers/school administrators | Yes, status disclosed with consent | 10.0% | 1.2% | 1.8% | 1.0% | 62.4% | 4.2% |
| | No | 89.9% | 50.0% | 26.5% | 5.6% | 0.0% | 45.6% |
| | Yes, status disclosed with/without consent | 0.2% | 0.9% | 0.7% | 0.5% | 37.6% | 1.2% |
| | NA | 0% | 48% | 71% | 93% | 0% | 49% |
| Your classmates | Yes, status disclosed with consent | 1.9% | 0.9% | 2.0% | 0.5% | 54.2% | 2.1% |
| | No | 98.1% | 49.6% | 27.2% | 5.5% | 0.0% | 47.5% |
| | Yes, status disclosed with/without consent | 0.0% | 0.9% | 0.7% | 1.1% | 45.8% | 1.3% |
| | NA | 0.0% | 48.6% | 70.1% | 92.9% | 0.0% | 49.1% |
| Local leaders | Yes, status disclosed with consent | 3.6% | 6.6% | 11.2% | 24.3% | 73.7% | 12.6% |
| | No | 96.2% | 66.2% | 58.2% | 61.1% | 0.0% | 66.8% |
| | Yes, status disclosed with/without consent | 0.2% | 4.0% | 2.7% | 7.8% | 26.3% | 4.4% |
| | NA | 0.0% | 23.2% | 27.9% | 6.8% | 0.0% | 16.2% |

The proportion of PLHIV whose HIV status was known (Table 8) was generally high. PLHIV in Zimbabwe had the highest rates of revealing HIV-positive status to partners, children, family, neighbours, etc. Yet, PLHIV in Angola revealed their HIV-positive status least.

Results by subcategories - not in Table 8

KP vs non-KP: Disclosure with consent among the KP groups was slightly lower compared to the non-KPs in most cases; for example, 44% (756) KP vs 57.3% (2,788) non-KP disclosed to husbands/partners or wives, 34.9% (584) KP vs 41.5% (1986) non-KP to children and 15.2% (241) KP vs 23.3% (1052) non-KP to neighbours. The few exceptions were KP disclosure was higher among KPs vs non-KP to teachers or school administrators, 10.2% (151) vs 2% (86), and to classmates 3.2% (48) vs 1.6% (69). The proportions that disclosed to co-workers 13.9% (219) vs 12.7% (556) were almost equal.

Within KPs: With the KPs 44.7% SW had disclosed to husband/wife or partners, 42% to other family members, 37.7% to children, and 34.6% to friends whereas among the MSM, 38% had disclosed to husband/wife or partners, 31% to other family members, 15.4% to children and 33% to friends. It was noted that comparatively, disclosure status with consent is lowest among the MSM within the KP groups.

Sex at birth: Disclosure with consent differs by sex (sex assigned at birth in almost all processes of disclosure the proportions of females were less than the males. For example, 52.2% of females vs 56.9% of males had disclosed to their husbands/wives or partners, 48.1% of females vs 50.2% of males to other family members, 33% of females vs 38% to friends, and 11.4% of females vs 15.8% to co-workers.

Age category: Overall disclosure with consent increased with age with the highest proportions among those who were 50+ years:

Table 9: Effects of Specific Disclosure Experiences and Processes

| Experiences/processes | | Angol a | Kenya a | Lesotho o | Zanzibar r | Zimbabwe e | Mean |
|---|----------------|------------|------------|--------------|---------------|---------------|--------|
| Disclosing your status to people you are close to has been a positive experience | Agree | 19.70% | 47.40% | 85.50% | 40.00% | 71.60% | 54.50% |
| | Somewhat Agree | 29.40% | 19.00% | 7.20% | 39.00% | 12.40% | 19.30% |
| | Disagree | 50.90% | 29.80% | 6.80% | 20.10% | 13.90% | 24.40% |
| | NA | 0.00% | 3.80% | 0.50% | 0.90% | 2.10% | 1.80% |
| People you are close to were supportive when they learned about your HIV | Agree | 30.50% | 45.60% | 82.40% | 32.00% | 64.70% | 53.00% |
| | Somewhat Agree | 34.50% | 20.30% | 9.30% | 34.50% | 15.00% | 21.00% |
| | Disagree | 35.00% | 29.50% | 7.40% | 32.90% | 17.60% | 23.80% |
| | NA | 0.00% | 4.60% | 0.90% | 0.60% | 2.70% | 2.20% |
| Disclosing your status to people you don't know has been a positive experience | Agree | 11.10% | 19.30% | 40.70% | 11.60% | 32.10% | 24.10% |
| | Somewhat Agree | 29.60% | 16.60% | 15.50% | 24.60% | 18.20% | 19.90% |
| | Disagree | 59.30% | 54.50% | 34.90% | 57.90% | 40.40% | 48.80% |
| | NA | 0.0% | 9.6% | 8.9% | 5.9% | 9.3% | 7.2% |
| People you don't know well were supportive when they learned about your status | Agree | 12.50% | 16.70% | 38.20% | 9.00% | 32.90% | 22.80% |
| | Somewhat Agree | 33.40% | 16.80% | 15.10% | 21.90% | 18.70% | 20.30% |
| | Disagree | 54.10% | 54.80% | 35.70% | 63.50% | 38.00% | 48.30% |
| | NA | 0.00% | 11.70% | 11.00% | 5.60% | 10.40% | 8.60% |
| Disclosing your HIV status has become easier over time | Agree | 15.40% | 36.40% | 63.10% | 10.60% | 62.80% | 40.70% |
| | Somewhat Agree | 33.40% | 15.60% | 14.20% | 15.40% | 12.40% | 17.70% |
| | Disagree | 51.20% | 43.20% | 19.30% | 73.10% | 21.50% | 38.70% |

| | | | | | | | |
|--|----|-------|-------|-------|-------|-------|-------|
| | NA | 0.00% | 4.80% | 3.40% | 0.90% | 3.30% | 2.90% |
|--|----|-------|-------|-------|-------|-------|-------|

Overall, disclosing HIV-positive status to specific groups of people was a positive experience for over half of PLHIV. The positive experience was highest amongst PLHIV in Lesotho and Zimbabwe.

Results by subcategories (not in Table 9):

KP vs non-KP: Disclosure experiences were not different though the proportions expressing positive effects were slightly lower; for instance, 54.5% (3841) agreed that disclosure yielded positive experiences, 48.6 (925) were KP and 56.8% (2916), a positive experience and 46.4% (883) KP vs 55.4% (3847) agree that disclosure to the people the PLHIV was close to was positive. Even among non-close people, disclosure among the KP and non-KP was regarded as a positive experience by 21.3% (406) KP vs 25.1% (1288) non-KP.

Within KPs: All KP categories mentioned positive effects for all the constructs: 48% SW, 44.1% MSM, 47.5% TG and 42.2% IDU said disclosing to close people was a positive experience. 46% SW, 41.9% MSM, 46.7% TG and 19.8% IDU said those disclosed to were supportive to the respondent, and 20.3% SW, 22.5% MSM, 27.2% TG and 15% IDU said, strangers disclosed to were equally supportive.

Sex at birth: The proportion of males that report positive effective effects of HIV serostatus disclosure was high in most constructs; for instance, 58.3% of males vs 52.8% of females, said disclosing to close people was a positive experience, 55% of males vs 51% of females said those disclosed to were supportive to the respondent, and 25.8% of males vs 23% of females said strangers disclosed to were equally supportive.

Age categories: HIV status disclosure positive experiences increased with age and were highest among those with 50+ Years. For instance, 46.7% (18- 24 years), 56.8% (25- 49 years), and 65,9% (50+ years) said, disclosing to people close to them was a positive experience, similar trends were seen in other constructs that measured positive/negative experiences.

3.3 SECTION C.YOUR EXPERIENCE WITH STIGMA AND DISCRIMINATION

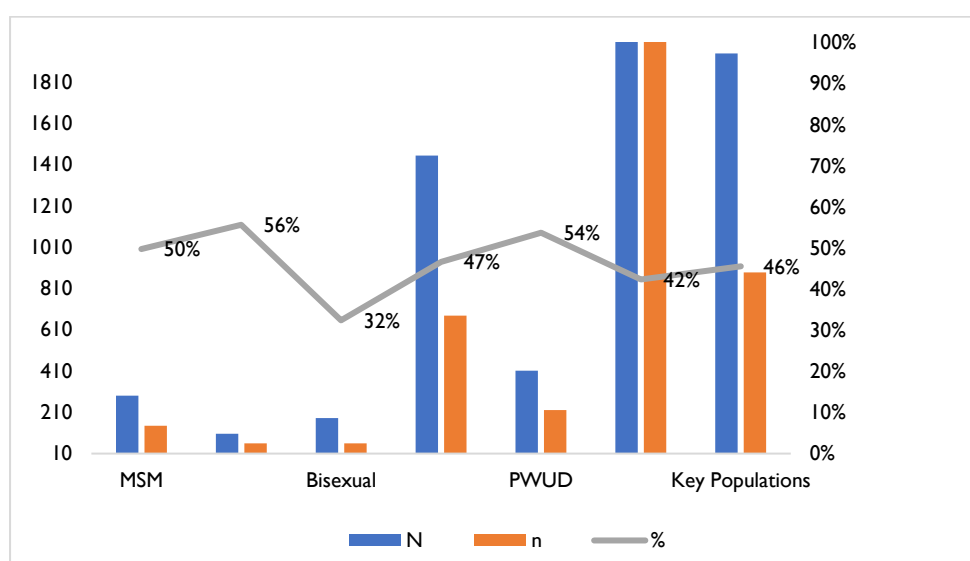
This is a brief section that focuses only on stigma and discrimination experiences linked with living with HIV. Interest is on whether the stigma and discrimination happened during the last 12 months or some time before as indicated in Table 10 below.

Fig 2 and 3: Overall Experience of External forms of S&D by Country and Key Populations

Overall Stigma and Discrimination Levels.

A glance at the ESA region shows that experiences of S&D were still high at 43.2% on average. Variations across participating countries were observed. Zanzibar registered the highest proportion 70.8% (566), and least was Lesotho with 13.8% (203).

Figure 2: Experiences of S&D among KP and non-KP



According to Figure 2, the S&D were similar among KP 45.6% (887) vs non-KP 42.3% (2151). Within the KPs, S&D was highest among, VSW 55.7% (59), followed by PWUD at 53.8% (221), MSM at 49.8% (145), SW at 46.7% (678) and least among the Bisexual 32.4% (59).

Table 10: Experiences of Stigma and Discrimination Because of Living with HIV.

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|--------|-------|---------|----------|----------|-------|
| Ever been excluded from social activities because of your HIV status? | Yes, within the last 12 months | 3.5% | 9.0% | 2.6% | 6.9% | 4.5% | 5.5% |
| | Yes, but not within the last 12 months | 4.1% | 12.5% | 1.6% | 15.4% | 7.8% | 8.1% |
| | No | 88.0% | 75.4% | 95.0% | 76.6% | 86.2% | 84.0% |
| | NA | 4.4% | 3.1% | 0.8% | 1.1% | 1.5% | 2.4% |
| Ever been excluded from religious activities because of your HIV status? | Yes, within the last 12 months | 1.9% | 5.3% | 1.5% | 1.8% | 2.6% | 3.0% |
| | Yes, but not within the last 12 months | 2.0% | 8.3% | 0.8% | 6.3% | 5.3% | 4.8% |
| | No | 91.6% | 82.6% | 96.7% | 90.0% | 89.5% | 89.3% |
| | NA | 4.5% | 3.8% | 1.0% | 1.9% | 2.6% | 2.9% |
| Ever been excluded from family activities because of your HIV status? | Yes, within the last 12 months | 4.1% | 9.5% | 2.4% | 6.4% | 4.8% | 5.8% |
| | Yes, but not within the last 12 months | 4.7% | 12.6% | 1.6% | 13.4% | 6.9% | 7.9% |
| | No | 86.9% | 74.8% | 95.3% | 79.1% | 86.8% | 84.1% |

| | | | | | | | |
|---|--|-------|-------|-------|-------|-------|-------|
| | NA | 4.3% | 3.1% | 0.7% | 1.1% | 1.5% | 2.2% |
| Ever been aware of family members gossiping because of your HIV status? | Yes, within the last 12 months | 7.8% | 20.1% | 3.6% | 21.6% | 19.6% | 14.6% |
| | Yes, but not within the last 12 months | 7.9% | 18.7% | 3.1% | 28.2% | 11.0% | 13.1% |
| | No | 80.2% | 57.9% | 92.5% | 49.3% | 67.8% | 70.1% |
| | NA | 4.1% | 3.3% | 0.8% | 0.9% | 1.6% | 2.2% |
| Ever been aware of other people gossiping about you because of your HIV status | Yes, within the last 12 months | 9.8% | 24.7% | 4.1% | 27.8% | 24.4% | 18.0% |
| | Yes, but not within the last 12 months | 9.4% | 19.5% | 3.7% | 28.1% | 10.7% | 13.6% |
| | No | 77.3% | 52.6% | 91.3% | 42.4% | 63.4% | 66.0% |
| | NA | 3.5% | 3.2% | 0.9% | 1.7% | 1.5% | 2.4% |
| Has someone ever verbally harassed you because of your HIV status? | Yes, within the last 12 months | 5.9% | 20.1% | 3.2% | 20.9% | 14.9% | 13.1% |
| | Yes, but not within the last 12 months | 5.5% | 14.7% | 2.2% | 24.3% | 7.5% | 10.1% |
| | No | 85.1% | 62.1% | 94.0% | 54.4% | 76.4% | 74.8% |
| | NA | 3.5% | 3.1% | 0.6% | 0.4% | 1.2% | 2.0% |
| Has someone ever blackmailed you because of your HIV status? | Yes, within the last 12 months | 4.5% | 11.5% | 1.7% | 3.1% | 5.6% | 6.1% |
| | Yes, but not within the last 12 months | 4.5% | 9.2% | 0.6% | 2.8% | 5.6% | 5.1% |
| | No | 88.0% | 75.5% | 97.0% | 93.3% | 87.4% | 86.6% |
| | NA | 3.0% | 3.8% | 0.7% | 0.8% | 1.4% | 2.2% |
| Has someone ever physically harassed or hurt you because of your HIV status | Yes, within the last 12 months | 3.1% | 9.3% | 1.5% | 3.6% | 4.0% | 4.9% |
| | Yes, but not within the last 12 months | 2.8% | 8.1% | 0.4% | 5.5% | 5.3% | 4.7% |
| | No | 91.1% | 79.0% | 97.4% | 89.8% | 89.0% | 88.2% |
| | NA | 3.0% | 3.6% | 0.7% | 1.1% | 1.7% | 2.2% |
| Have you been refused employment or lost income because of HIV status? | Yes, within the last 12 months | 3.0% | 6.6% | 1.2% | 4.3% | 5.1% | 4.3% |
| | Yes, but not within the last 12 months | 3.3% | 8.0% | 1.0% | 6.5% | 5.2% | 5.0% |
| | No | 89.4% | 73.9% | 95.5% | 72.4% | 82.8% | 82.8% |
| | NA | 4.3% | 11.5% | 2.3% | 16.8% | 6.9% | 7.9% |
| Has your job changed, or been denied a promotion, because of HIV status? | Yes, within the last 12 months | 2.8% | 4.1% | 0.9% | 1.3% | 3.5% | 2.8% |
| | Yes, but not within the last 12 months | 1.9% | 6.3% | 0.2% | 2.1% | 4.1% | 3.3% |
| | No | 88.1% | 72.8% | 90.7% | 60.4% | 82.7% | 79.8% |
| | NA | 7.2% | 16.8% | 8.2% | 36.2% | 9.7% | 14.1% |
| Has your partner or child experienced discrimination because of HIV status | Yes, within the last 12 months | 4.8% | 11.2% | 1.2% | 6.1% | 5.6% | 6.3% |
| | Yes, but not within the last 12 months | 3.2% | 9.2% | 0.7% | 10.5% | 5.3% | 5.7% |
| | No | 84.7% | 63.5% | 94.1% | 76.0% | 83.5% | 79.0% |
| | NA | 7.3% | 16.1% | 4.0% | 7.4% | 5.6% | 9.0% |

According to Table 10, recent actual experiences of S&D are generally low and differ among countries. Awareness of family members gossiping about their HIV-positive status was common (14%). We have generally noted, that whereas some constructs (listed/measured experiences) have reduced, an almost equal number of constructs have increased with worse forms of S&D. The S&D experiences that reduced included: exclusion from social gathering from 8.1% (571) to 5.5% (390), exclusion from family activities from 7.9% (553) to 5.8 (408) and refusal of employment from 5% (352) to 4.3% (300). The constructs that increased/ stagnated included blackmail from 5.1% (361) to 6.1% (430), S&D on partner or child from 5.7% (404) to 6.3% (442), and verbal harassment from 10.1% (712) to 13.1% (924).

Results by subcategories (not in Table 11)

KP vs non-KP: In almost all the constructs that measured S&D, experiences were higher among the KP than the non-KP in the recent 12 months and even before. For instance, 7.1% (136) KP vs 4.9% (254) non-KP, were excluded from social activities, 7.3% (140) KP vs 5.2% (268) non-KP, from family activities, 17.8% (340) KP vs 5.2% (268) non-KP, physically harassed, and 17.7% (337) KP vs 13.4% (680) non-KP experienced verbal harassment.

Within KP: Awareness of gossip by other people toward the PLHIV was the commonest S&D experienced with the four KP categories; 22% among SW, 23% among MSM, 17.9% among TG, and 22.1% among the PWUD. This was followed by; verbal harassment at 19. % For SW, 23.4% for MSM, 10.9% for TG, and 19.7% for PWUD.

Sex at birth: Stigma and Discrimination experiences generally vary by sex at birth. More females reported S&D experiences than the male; For instance; 6.1% (267) females vs 4.6% (123) males, reported exclusion from social activities, 6.5% (283) females vs 4.7% (125) males, reported exclusion from family activities, 15.6% (681) females vs 12.9% (345) males were aware that family members gossiped about them.

Age category: The data did not reflect any consistent trend in the direction or magnitude of S&D except for cases of exclusion from social activities that increased with age; 5.4% (44) among the 18-24 years, 5.5% (267) among the 25- 49 years and 5.9% (79) among the 50+ years.

3.4 SECTION D. INTERNALIZED STIGMA

This is the way respondents felt about self and resilience. This section presents statistics on three major components: 1) Ability to meet needs over the last 12 months due to the effect of HIV 2) Actions/practices done in the past 12 months, because of living with HIV status and individual level beliefs of internalized stigma (Table 8 to 10)

Effects of internalized stigma on ability to meet needs over the last 12 months.

The effect of internalized stigma was measured through an 8-item list: Self-confidence, self-respect, respect for others, coping with stress, and others (Table 11).

Table 11: Effects of internalized stigma on ability to meet needs over the last 12 months

| Experiences | Response | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|---------------------|--------|-------|---------|----------|----------|-------|
| My self-confidence | Positively affected | 29.5% | 20.9% | 18.3% | 19.4% | 42.9% | 26.1% |
| | Not been affected | 58.0% | 55.0% | 73.9% | 49.4% | 39.7% | 55.8% |
| | Negatively affected | 10.8% | 22.3% | 7.3% | 31.3% | 14.4% | 16.6% |
| | NA | 1.7% | 1.8% | 0.5% | -0.1% | 3.0% | 1.5% |
| My self-respect | Positively affected | 31.6% | 19.1% | 16.2% | 18.9% | 40.8% | 25.0% |
| | Not affected | 59.0% | 63.2% | 79.6% | 59.3% | 43.1% | 61.5% |
| | Negatively affected | 7.3% | 15.9% | 3.7% | 21.9% | 12.9% | 11.9% |
| | NA | 2.1% | 1.8% | 0.5% | -0.1% | 3.2% | 1.6% |
| My ability to respect others | Positively affected | 36.0% | 20.9% | 13.0% | 25.0% | 42.2% | 26.6% |
| | Not affected | 58.6% | 66.1% | 83.1% | 67.5% | 44.7% | 64.3% |
| | Negatively affected | 3.9% | 10.6% | 3.2% | 7.5% | 9.9% | 7.4% |
| | NA | 1.5% | 2.4% | 0.7% | 0.0% | 3.2% | 1.7% |
| My ability to cope with stress | Positively affected | 21.9% | 20.8% | 11.9% | 18.1% | 41.5% | 22.9% |
| | Not affected | 58.4% | 50.5% | 80.5% | 49.5% | 39.6% | 55.9% |
| | Negatively affected | 18.0% | 26.5% | 6.8% | 32.1% | 15.5% | 19.3% |
| | NA | 1.7% | 2.2% | 0.8% | 0.3% | 3.4% | 1.9% |
| My ability to have close and secure relationships with others | Positively affected | 24.8% | 19.7% | 11.9% | 15.9% | 42.7% | 23.1% |
| | Not affected | 62.1% | 53.1% | 82.5% | 56.8% | 40.7% | 58.8% |
| | Negatively affected | 11.3% | 24.1% | 4.9% | 25.0% | 13.9% | 15.9% |
| | NA | 1.8% | 3.1% | 0.7% | 2.3% | 2.7% | 2.2% |
| My ability to find love | Positively affected | 19.1% | 18.9% | 12.3% | 18.4% | 43.0% | 22.3% |
| | Not affected | 57.7% | 49.9% | 80.5% | 53.8% | 38.7% | 55.9% |
| | Negatively affected | 16.8% | 25.3% | 5.6% | 24.9% | 15.0% | 17.6% |
| | NA | 6.4% | 5.9% | 1.6% | 2.9% | 3.3% | 4.2% |
| My desire to have children | Positively affected | 16.4% | 14.7% | 11.8% | 13.0% | 35.8% | 18.4% |
| | Not affected | 52.5% | 51.1% | 76.7% | 47.0% | 36.0% | 53.2% |
| | Negatively affected | 20.2% | 20.8% | 6.1% | 21.6% | 18.2% | 17.2% |
| | NA | 10.9% | 13.4% | 5.4% | 18.4% | 10.0% | 11.2% |
| My ability to achieve personal and/or professional goals | Positively affected | 28.6% | 16.2% | 12.6% | 11.9% | 39.7% | 21.8% |
| | Not affected | 57.5% | 53.6% | 81.0% | 54.1% | 43.4% | 58.1% |
| | Negatively affected | 9.8% | 20.0% | 4.5% | 19.8% | 13.0% | 13.5% |
| | NA | 4.1% | 10.2% | 1.9% | 14.2% | 3.9% | 6.6% |
| My ability to contribute to my community | Positively affected | 30.2% | 20.2% | 10.8% | 15.8% | 41.7% | 23.7% |
| | Not affected | 58.2% | 58.6% | 84.2% | 68.4% | 41.1% | 61.5% |

| | | | | | | | |
|---|---------------------|-------|-------|-------|-------|-------|-------|
| | Negatively affected | 6.6% | 16.8% | 3.3% | 14.6% | 12.8% | 11.1% |
| | NA | 5.0% | 4.4% | 1.7% | 1.2% | 4.4% | 3.7% |
| My ability to practice a religion/faith as I want to | Positively affected | 35.9% | 20.9% | 12.4% | 12.1% | 42.0% | 25.0% |
| | Not affected | 51.2% | 60.9% | 83.9% | 61.5% | 42.4% | 60.4% |
| | Negatively affected | 8.2% | 14.2% | 2.4% | 11.3% | 10.9% | 9.7% |
| | NA | 4.7% | 4.0% | 1.3% | 15.1% | 4.7% | 4.9% |

Statistics on not applicable categories are not included, so proportions with the question-answer domains may not add up to 100%

Overall, the effects of internalized stigma and discrimination were reported as not affecting the respondents at all in many cases. From the eleven constructs used to measure the effects, approximately 58% report no effect, 23% positive effect, and the minority 15% negative effects. Uniquely PLHIV from Zimbabwe reported the most (36%- 45%) positive response to self or internal stigma. The implication is to engage and learn from PLHIV how and why some respond to S&D in diverse ways.

Actions/practices: Owing to either negative or positive experiences, the PLHIV often resorts to individual action in response. Table 12 illustrates such actions in the last 12 months.

Table 12: Individual actions/practices done in the past 12 months

| Actions | Response | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|----------|--------|-------|---------|----------|----------|-------|
| I have chosen not to attend social gatherings | Yes | 9.7% | 14.8% | 2.7% | 6.9% | 13.2% | 10.1% |
| | No | 90.3% | 83.5% | 96.7% | 90.6% | 85.3% | 88.6% |
| | NA | 0.0% | 1.7% | 0.6% | 2.5% | 1.5% | 1.3% |
| I avoided going to a clinic or hospital when I needed to | Yes | 9.4% | 7.5% | 2.4% | 4.4% | 8.0% | 6.5% |
| | No | 90.6% | 91.0% | 97.0% | 94.6% | 90.7% | 92.5% |
| | NA | 0.0% | 1.5% | 0.6% | 1.0% | 1.3% | 1.0% |
| I have chosen not to apply for jobs | Yes | 5.1% | 10.5% | 1.2% | 8.6% | 6.3% | 6.6% |
| | No | 94.9% | 77.0% | 96.4% | 76.6% | 82.9% | 85.4% |
| | NA | 0.0% | 12.5% | 2.4% | 14.8% | 10.8% | 8.0% |
| I have chosen not to seek social support | Yes | 5.1% | 12.3% | 2.6% | 10.8% | 8.0% | 8.0% |
| | No | 94.9% | 85.1% | 96.9% | 86.1% | 89.9% | 90.4% |
| | NA | 0.0% | 2.6% | 0.5% | 3.1% | 2.1% | 1.6% |
| I have isolated myself from family and/or friends | Yes | 11.8% | 16.1% | 2.0% | 10.4% | 10.1% | 10.6% |
| | No | 88.2% | 82.0% | 97.4% | 88.0% | 88.5% | 88.3% |
| | NA | 0.0% | 1.9% | 0.6% | 1.6% | 1.4% | 1.1% |
| I decided not to have sex | Yes | 10.4% | 17.5% | 3.4% | 15.6% | 13.1% | 12.2% |
| | No | 89.6% | 77.4% | 95.3% | 78.1% | 83.5% | 84.6% |
| | NA | 0.0% | 5.1% | 1.3% | 6.3% | 3.4% | 3.2% |

Statistics on not applicable categories are not included, so proportions with the question-answer domains may not add up to 100%

Table 12 showed, that about a tenth of PLHIV avoided to engage in HIV services or social participation. PLHIV from Lesotho reported the lowest 2.7%. From the six constructs that show negative actions, some PLHIV revealed taking such actions ranging from 6.5% who avoided going to clinics or hospitals when needed, 8% who chose not to seek social support, and 10.6% who isolated from family/friends. Uniquely, respondents from Lesotho were less likely to report negative actions compared to the other four countries.

Table 13: Individual-level Beliefs of Internalized Stigma

| Beliefs | Responses | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|-------------|--------|--------|---------|----------|----------|--------|
| It is difficult to tell people that I am positive-positive | Agree/Yes | 57.70% | 69.90% | 35.90% | 76.60% | 52.10% | 57.80% |
| | Disagree/No | 42.30% | 30.10% | 64.10% | 23.40% | 47.90% | 42.20% |
| Being positive HIV-positive makes me feel dirty | Agree/Yes | 26.40% | 18.90% | 15.90% | 25.80% | 16.00% | 19.80% |
| | Disagree/No | 73.60% | 81.10% | 84.10% | 74.20% | 84.00% | 80.20% |
| I feel guilty that I am positive-positive | Agree/Yes | 31.40% | 31.80% | 18.00% | 23.80% | 20.00% | 25.60% |
| | Disagree/No | 68.60% | 68.20% | 82.00% | 76.20% | 80.00% | 74.40% |
| I am ashamed that I am positive-positive | Agree/Yes | 34.70% | 29.00% | 17.00% | 29.10% | 21.10% | 25.90% |
| | Disagree/No | 65.30% | 71.00% | 83.00% | 70.90% | 78.90% | 74.10% |
| I sometimes feel worthless because I am positive-positive | Agree/Yes | 27.90% | 33.20% | 14.60% | 37.40% | 20.10% | 26.20% |
| | Disagree/No | 72.10% | 66.80% | 85.40% | 62.60% | 79.90% | 73.80% |
| I hide my HIV status from others | Agree/Yes | 60.30% | 63.10% | 30.50% | 49.60% | 43.20% | 50.30% |
| | Disagree/No | 39.70% | 36.90% | 69.50% | 50.40% | 56.80% | 49.70% |

There was concurrence with most of the constructs for internal stigma by respondents ranging between 19.8% to 57.8%. In the last 12 months, 50.3% (3,539) still hid their HIV-positive status from others, 57.8% (4,073) find it hard to disclose their HIV status, other manifestations indicative that the PLHIV still believe and harbour feelings of guilt- 25% (1,800), shame- 25.9% (1,824) and worthless- 26.2% (1,846).

Results by subcategories (not in Table 13)

KP vs non-KP: Almost all the constructs that measured internal stigma constructs were higher among the KP than the non-KP in the recent 12 months. For instance; 13.8% (263) KP vs 8.8% (451) non-KP, chose not to attend social gatherings, 9.6% (182) KP vs 5.3% (276) non-KP avoided going to clinics or hospitals when they needed, 9.2% (176) KP vs 5.6% (287) non-KP chose not to apply for jobs and 11.4% (217) KP vs 6.7% (345) non-KP chose not to seek social support.

Within KP: There was consensus about the difficulties involved in disclosing; For instances instance, 61.1% (890) SW, 68.9% (153) MSM, 55.6% (143), and 60.9% (251) PWUD, all said they find it hard to disclose. Almost similar proportions among SW and MSM were observed within constructs such as avoiding going clinic when they needed to were 9.8% (142) SW, 8.6% (19) TG, 13.6% (35) TG, 13% (54) were PWUD. The proportions that hid their HIV status in the last 12 months, were 54.8% (797) SW, 58.8% (130) MSM, 53.7% (138) TG, and 53.7% (138).

Sex at birth: Similar to other subgroups, both females 58.1% (2535) vs 57.3% (1538) males said it was difficult to disclose their HIV status to others. Almost similar proportions for females 6.6% (287) vs 6.4% (171) males were observed within constructs such as avoiding going clinic when they needed were and those who hid their HIV status from others – 51.2% (2230) females vs 48.8% (1309) males.

Age category: The data reflected consistent trends in the direction or magnitude. The lower the age the higher the magnitude of internal stigma experiences. 12.4% (101), 10.2% (498), and 8.6% (115) for the 18-24, 25-49, and 50+ age categories respectively chose not to attend social gatherings. 10% (81), 6.4% (312), and 4.8% (64) avoided going to a clinic when they needed to.

3.5 SECTION E: HEALTHCARE SERVICES

The section presents survey statistics on five core themes of the PLHIV Index 2.0: 1) HIV testing, care, and treatment experiences, 2) HIV treatment interruptions, 3) General Health Status, 4) Service delivery experiences, and 5) Sexual and reproductive health.

3.5.1 HIV Testing, Care, and Treatment

This sub-section relates to mainly; choices and decisions to test for HIV- the first time, the main reasons for testing, the time lag, treatment experiences while on ARVs, such as fears and Viral load knowledge and service experiences (Table 14). Global guidelines indicate that HIV testing and diagnosis should be offered to all populations in both low and high-burden countries. These services should be integrated into all services and critical points of yield such as STI clinics, KP canter, ANC, immunization, Children, and TB clinics/ centres. This will ultimately contribute to identifying persons living with HIV.

Table 14: Testing Experiences and Main Reason for HIV Testing

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|--------|-------|---------|----------|----------|-------|
| The choice to be tested for HIV | Yes, it was my choice | 59.5% | 74.8% | 90.6% | 75.5% | 82.2% | 77.0% |
| | Yes, but I was pressured by others | 31.5% | 8.8% | 5.3% | 12.5% | 5.9% | 11.9% |
| | No, I was tested without my knowledge | 3.2% | 7.4% | 3.0% | 5.3% | 4.3% | 4.9% |
| | No, I was forced to take an HIV test | 4.2% | 2.1% | 0.7% | 2.4% | 1.9% | 2.2% |
| | No, I acquired HIV as a child/in infancy | 1.5% | 7.0% | 0.4% | 4.4% | 5.6% | 4.1% |
| The main reason you were tested for HIV | A provider recommended it | 35.3% | 27.5% | 17.8% | 14.8% | 17.9% | 23.4% |
| | I believed I was at risk for HIV | 20.5% | 23.6% | 23.6% | 19.3% | 27.2% | 23.3% |
| | Thought my sickness was HIV related | 19.8% | 26.7% | 32.5% | 24.1% | 35.7% | 28.3% |
| | Because of a community-based program | 0.6% | 0.0% | 1.2% | 3.0% | 4.8% | 1.7% |
| | It was mandatory | 0.2% | 0.8% | 1.0% | 13.8% | 1.1% | 2.3% |
| | I just wanted to know | 19.1% | 17.7% | 21.0% | 18.2% | 11.1% | 17.4% |
| | Other reasons | 4.6% | 3.7% | 2.9% | 6.8% | 2.2% | 3.7% |
| Length between thinking about getting an HIV test and taking a test | 6 months or less | 84.4% | 56.8% | 74.3% | 81.0% | 63.5% | 69.8% |
| | More than 6 months to 2 years | 8.1% | 22.0% | 11.6% | 14.2% | 19.3% | 15.8% |
| | More than 2 years | 7.5% | 10.1% | 4.1% | 1.4% | 7.0% | 6.7% |
| | I don't know or I can't remember | 0.0% | 11.1% | 10.0% | 3.4% | 10.3% | 7.8% |
| Fears about people made you hesitate to get a test | Yes | 36.5% | 62.0% | 23.0% | 24.3% | 39.8% | 40.0% |
| | No | 63.5% | 38.0% | 77.0% | 75.7% | 60.2% | 60.0% |
| Currently or previously been ART | Yes | 83.5% | 97.1% | 95.7% | 99.4% | 98.0% | 94.9% |
| | No | 16.5% | 2.9% | 4.3% | 0.6% | 2.0% | 5.1% |

From Table 14, it was the choice of the majority (over three-quarters) of participants to test for HIV. The majority (70%), thought about taking the HIV test, and taking them took up to six months. One of the reasons for the delay was fear that other people would find out the participants' HIV status.

Since most programs allow for same-day ART initiation and re-initiation, the 5%, not ART need to be supported through known measures to reach epidemic control.

Table 15: Reasons for delay/ Prevention of initiating Care or treatment

Care and treatment initiation: Many times, some specific factors deter, delay, or prevent the PLHIV from initiating care or treatment (Table 15) presents some of the main factors.

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|-----|--------|-------|---------|----------|----------|-------|
| Worries that my partner, family, or friends would find out the client PLHIV status | Yes | 15.6% | 1.6% | 21.5% | 25.6% | 32.9% | 17.2% |
| | No | 84.4% | 98.4% | 78.5% | 74.4% | 67.1% | 82.8% |
| Worries that other people would find PLHIV status | Yes | 11.8% | 1.6% | 23.7% | 32.5% | 36.8% | 18.5% |
| | No | 88.2% | 98.4% | 76.3% | 67.5% | 63.2% | 81.5% |
| ready not ready to deal with my HIV infection | Yes | 12.9% | 1.4% | 25.3% | 15.0% | 41.3% | 17.9% |
| | No | 87.1% | 98.6% | 74.7% | 85.0% | 58.7% | 82.1% |
| Afraid health workers would treat PLHIV badly | Yes | 4.0% | 1.2% | 12.2% | 15.4% | 19.9% | 9.3% |
| | No | 96.0% | 98.8% | 87.8% | 84.6% | 80.1% | 90.7% |
| Bad experience with a health worker previously | Yes | 2.7% | 0.8% | 6.1% | 14.4% | 8.8% | 5.4% |
| | No | 97.3% | 99.2% | 93.9% | 85.6% | 91.2% | 94.6% |

Results, in Table 15: specific reasons that were responsible for the delay or made the PLHIV hesitate to seek care, experience related to health workers bad treatment or previous bad experience were prevalent but less than 5.4%. The bad experiences were reported more (14.4%) in Zimbabwe compared to other countries. More concerns were saturated around fears of family or friends (17.2%) and (18.5%) fears of other people finding out the PLHIV status of the respondent. Similarly, the readiness to deal with HIV infection was of concern among 17.9%. The fears and non-readiness to deal with HIV were reported more in Lesotho and Zimbabwe.

There is always a time lag between the diagnosis with HIV and the initiation of ART due to specific reasons. Table 16 presents statistics on the time lag.

Table 16: Time lag to start taking HIV (antiretroviral) treatment.

| Time lag | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|----------------------|--------|-------|---------|----------|----------|-------|
| Time lag from diagnosis with HIV, to ART initiation | Immediately | 61.9% | 42.4% | 63.1% | 17.6% | 56.8% | 49.8% |
| | >1 day to 1 month | 20.7% | 22.6% | 18.7% | 35.3% | 19.5% | 22.4% |
| | >1 month to 6 months | 7.4% | 15.0% | 8.3% | 19.0% | 11.0% | 12.1% |
| | >6 months to 2 years | 3.3% | 8.0% | 4.2% | 12.5% | 4.4% | 6.3% |
| | >2 years | 3.2% | 6.3% | 3.2% | 9.1% | 3.0% | 4.8% |
| | I can't remember | 3.5% | 5.6% | 2.5% | 6.5% | 5.4% | 4.7% |

From Table 16, overall, nearly half (49.8%) reported to have initiated treatment immediately after diagnosis. There is still a huge gap between same-day initiation recommendations and actual operationalization in some countries.

While on ART, some respondents still face fears (HIV-related stigma) of various magnitude magnitudes. From the PLHIV Stigma Index 2.0, 25% of respondents across the five countries said fears about someone learning of their status made them miss an ART dose. In the various countries, the proportions that were missed were 42.2% in Angola, 33.4% in Kenya, 18% in Zanzibar and Zimbabwe, and 13.9% in Lesotho. This evidence has huge implications for dealing with internalized forms of HIV-related stigma as countries continue to pursue HIV epidemic control.

3.5.2 Knowledge and experiences of Viral load.

Since 2014, most countries adopted Viral (VL) as part of monitoring ART patients' progression. As part of community awareness creation, PLHIV networks created awareness among the PLHIV through mass communication and deliberate health talks. According to treatment algorithms, patients on ART are required to get a VL test at 6 months by 12 months, and at every 12 months (annually) as per recommendations by the World Health Organisation. However, this may vary by country.

Table 17: Most Recent Viral load test in the last 12 Months and VL Awareness

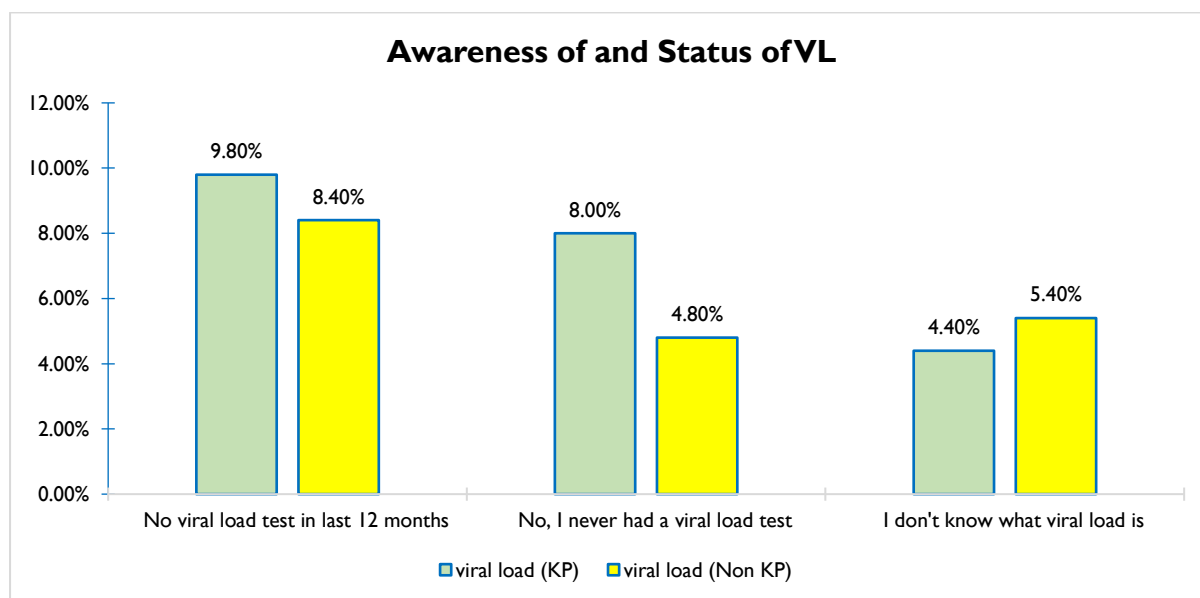
| Experiences | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean | |
|-----------------------------------|--------------------------------------|-------|---------|----------|----------|-------|-------|
| Results of recent viral load test | Yes | 28.3% | 72.9% | 61.6% | 58.5% | 58.1% | |
| | No viral load test in last 12 months | 22.7% | 4.7% | 4.7% | 1.8% | 12.7% | 8.8% |
| | Waiting for test results | 7.6% | 9.9% | 12.9% | 12.7% | 17.7% | 12.1% |
| | No, the virus was detectable | 1.4% | 8.7% | 11.3% | 22.5% | 11.2% | 10.3% |
| | No, I never had a viral load test | 25.9% | 1.5% | 3.0% | 1.0% | 2.1% | 5.6% |
| | I don't know what viral load is | 14.2% | 2.5% | 6.5% | 3.5% | 1.7% | 5.1% |

From Table, 17, 58.1% indicate undetectable VL results. Other parameters are of great concern. For instance, 8.8% have had no VL in the last 12 months, 12. % are waiting for results, suppression is low (10.3%) detectable, 5.6% have never obtained a VL test and 5.1% don't know about VL testing.

Results by subcategories (not in Table 17)

Awareness of and status of VL

Figure 3: Awareness of and Status of Viral load by KP and Non-KP



The proportion of KP and non-KP who reported having non-detectable VL in the last 12 months was almost similar 56.9% (1026) KP vs 58.6% (2856) non-KP. However, other VL parameters varied and were more prevalent in the KP than the non-KP. For instance, those with no VL in the last 12 were 9.8% (176) KP vs 8.4% (409) non-KP, and those who have never had a VL test were 8% (144) KP vs 4.8% (233) non-KP.

Regarding awareness about VL, in Figure 3; fewer than 4.4% (79) KP vs 5.4% (261) non-KPs, said they didn't know about VL testing.

Within KPs: Regarding non-detectable VL among the KP groups (SW, MSM, TG, &PWUD) are similar for two groups; 9.5% (131) SW, and 8.9% (17) MSM, but slightly different and higher among 14.9% (36) TG, and 13.6% (52) PWUD results in the last 12 months. There are variations in the proportion that have not had VL in the last 12 months; 7.2% (99), SW, 6.6% (14) MSM, 9.9% (24), and 8.9% (34) PWUD.

Sex at birth: The proportion of females vs males concerning with having non-detectable VL in the last 12 months was slightly different; 57.6% (2367) vs 59% (1515). But no variation about having no VL in the last 12 8.7% (359) vs 8.8% (226), and those who have never had a VL test were 6.3% (261) females vs 4.5% (116) males. Regarding awareness about VL, fewer than 3.5% (91) males vs 6.1% (244) females said they didn't know about VL testing.

Age category: All the good/positive results for VL Parameters improved with old age: concerning with having non-detectable VL in the last 12 months, the proportions show an increment by age: 54.3% (414), for the 18-24 years, 56.7% (262) for the 25-49 years, and 65.5% (847) for those above 50+ years. Those with no VL in the last 12 were 10.4(79), for 18-24 years, 9.3% (430,) for 25-49 years, and 5.9% (76) for the 50+ years. who have never had a VL test were 7.1% (54), 6.3% (292), and 2.4% (31) respectively. Regarding awareness about VL, also improved with age; 6.3% (48), among the 18-24 years, 5.1% (236) among 25-49 years, and 4.3% among the 50+ years.

3.5.3 Treatment Interruptions

The sub-section relates to the revelation of the PLHIV stopping treatment, and if the reasons for dropping or reinitiating were related to S&D in the last 12 months. (Table 18). The last component explores the non-HIV stigma reasons for stopping treatment.

Table 18: Interruptions in Treatment S&D Associated Reasons

| | <i>Experiences</i> | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|---|---------------|--------------|----------------|-----------------|-----------------|-------------|
| The main reasons for Ever stopping treatment in the last 12 months and S&D | I worried someone would learn my status | 41.1% | 47.1% | 31.2% | 28.6% | 42.0% | 41.9% |
| | Not ready to deal with my HIV status | 30.0% | 8.6% | 11.7% | 10.2% | 13.4% | 16.5% |
| | Healthcare workers might treat me badly | 5.8% | 4.4% | 2.6% | 1.0% | 2.5% | 4.2% |
| | Denied treatment because using drugs | 2.7% | 2.0% | 1.3% | 0.0% | 1.3% | 1.9% |
| | Other reasons | 20.2% | 25.0% | 41.6% | 44.9% | 29.3% | 26.8% |
| | N/A | 0.3% | 12.9% | 11.7% | 15.3% | 11.5% | 8.8% |

From Table 18, The S&D reason that was more prominent was worries about someone finding out the PLHIV HIV status at 41.9% (488) and un readiness to deal with HIV status at 16.5% (192). Similar to other sections issues of internalized HIV stigma and fear are still big hurdles in offering and sustaining treatment programs in the region.

Data not in the table indicates that across the five countries, 18.3% (1225) reported having to interrupted or stopped ART treatment. More cases were reported in Angola by 42.4% (437) and in Kenya by 22.1% (456).

The factors that made the PLHIV hesitate, delay, or prevent initiating care or treatment for HIV and are linked with S&D are explored in Table 19 below.

Table 19: Factors that made the Respondent Hesitate, Delay, or Prevent re-initiating Care or Treatment for HIV

| | Experiences | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|-------------|--------|-------|---------|----------|----------|-------|
| <i>Worries that my partner, family, or friends would find out the PLHIV status</i> | Yes | 25.4% | 53.5% | 27.3% | 33.7% | 48.4% | 39.6% |
| | No | 74.6% | 46.5% | 72.7% | 66.3% | 51.6% | 60.4% |
| <i>Worries other people would find out the PLHIV status</i> | Yes | 22.0% | 58.1% | 33.8% | 32.7% | 52.2% | 40.9% |
| | No | 78.0% | 41.9% | 66.2% | 67.3% | 47.8% | 59.1% |
| <i>Not ready to deal with my HIV infection</i> | Yes | 35.0% | 40.4% | 31.2% | 28.6% | 42.0% | 37.1% |
| | No | 65.0% | 59.6% | 68.8% | 71.4% | 58.0% | 62.9% |
| <i>Afraid health workers would treat the PLHIV badly or disclose the status</i> | Yes | 6.2% | 30.0% | 23.4% | 18.4% | 22.9% | 19.3% |
| | No | 93.8% | 70.0% | 76.6% | 81.6% | 77.1% | 80.7% |
| <i>A bad experience with a health worker previously</i> | Yes | 12.1% | 24.1% | 13.0% | 15.3% | 12.1% | 16.9% |
| | No | 87.9% | 75.9% | 87.0% | 84.7% | 87.9% | 83.1% |

Table 19, confirms that several factors in combination affect the respondents' decisions to delay, hesitate, or prevent them from re-initiating ART. The outstanding factors were those related to fears that other people would find out the PLHIV status (40.9%) and partner or friends (39.6%). The proportions within all four countries do not vary except for Angola.

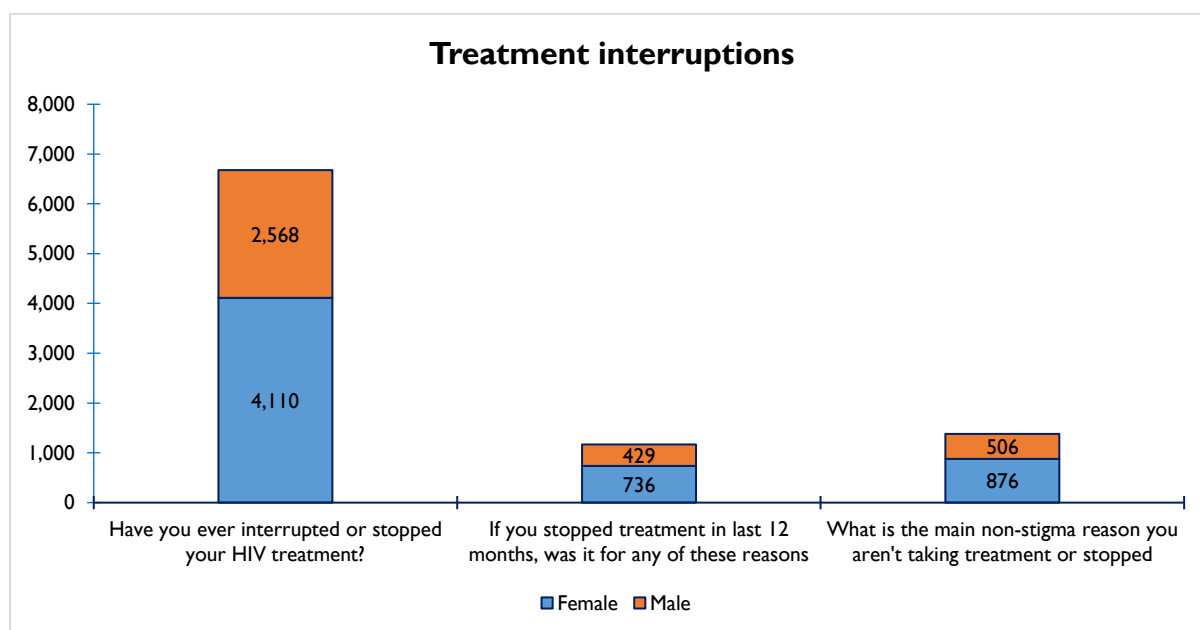
Results by subcategories (not in Tables 18 and 19)

Treatment interruptions:

KP vs non-KP: The number of KPs who have ever stopped treatment was higher than the non-KP. 23% (415) vs 16.6% (810). Almost equal proportions were seen for both KP and non-KP 16.8% (67) vs 16.3(125), among those who had stopped treatment in the last 12 months. Out of the five reasons the PLHIV revealed that deter them from restarting treatment was the fear that health workers would treat them badly or disclose their status without consent. These fears affected the KPs 25.5% (105) than the non-KPs 16.2% (131).

Within KP: The percentage of KPs (SW, MSM, TG) that have ever stopped treatment was almost similar; 24.3% (336) SW, 23% (49) MSM, 24.8% (60) TG, but slightly quite higher 29% (111) among the PWUD. Among those who had stopped treatment in the last 12 months, more TGs 30.8% (16), 20.2% (22) PWUD, and 15.8% (51) SW feared dealing with effects of HIV status. Concerning five reasons the PLHIV revealed that deterred them from restarting treatment was the fear that health workers would treat them badly or disclose their status without consent. The proportions were similar for 27.7% (93) SW, 27% (30) PWUD, and slightly higher 30.6% (15) for MSM and lowest 20(12) for TG.

Figure 4: Treatment Interruptions by Sex Assigned at Birth



Sex at birth: According to Figure 4, there were slight differences in the percentages of females 19% (782) vs males 17.3% (443) who have ever stopped HIV treatment. Among those who had stopped treatment in the last 12 months, more females 18.2% (134) vs 13.5% (58) feared dealing to with the effects of HIV status. Among the sex assigned at birth categories, the fear that health workers would treat them badly or disclose their status without consent was slightly more with males 20.1% (89) than the females 18.8% (147).

Age category: The data reflected consistent trends in the direction or magnitude of PLHIV who stopped by age, 25.3% (193) 18-24 years, 19.1% (884) 25-49 years, and 11.4% (148) 50+ years. Among those who had stopped treatment in the last 12 months, the lower the age the higher the magnitude of fear to deal with effects of HIV status; 23% (43), 15.3% (132), 12(17) for the 18-24 years, 25-4 12.4% (101), 10.2% (498), 8.6% (115) for the 18-24, 25-49, and 50+ 9 years and 50+ years respectively. The fear that health workers would treat them badly or disclose their status without consent generally increased with age; 21.8% (42) for 18-24 years, 19.1% (169) for 25-49 years, and 16.9% (25) for 50+ years.

Table 20: The main non-stigma-related reason for not currently taking HIV (antiretroviral) treatment.

| Experiences | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|---|-------|---------|----------|----------|-------|
| The main non-stigma reason no ART | Medication is not available | 8.5% | 20.3% | 4.3% | 0.0% | 13.3% |
| | Medication is not affordable to me | 1.4% | 2.9% | 6.4% | 0.0% | 2.4% |
| | Unable to collect medications | 3.2% | 0.0% | 19.3% | 2.9% | 4.2% |
| | Can't tolerate medication side effects | 7.8% | 8.7% | 8.6% | 16.5% | 8.8% |
| | Do not feel treatment is needed | 3.0% | 6.2% | 14.3% | 6.8% | 6.1% |
| | Do not qualify for treatment | 0.2% | 0.4% | 0.0% | 0.0% | 0.2% |
| | Was in prison | 0.0% | 0.8% | 1.4% | 3.9% | 0.7% |
| | N/A – I have stopped treatment, but not in the last 12 months | 14.0% | 0.0% | 0.0% | 0.0% | 4.4% |
| | Other reasons | 8.5% | 19.7% | 28.6% | 42.7% | 20.7% |

The %s don't add up to 100% because some other responses do not apply to the question.

Table 20 shows the main non-stigma-related reason why some PLHIV were not taking HIV (antiretroviral) treatment during the time of survey or had ever stopped ART. Several reasons are advanced for not being on ART. The most prominent one 13.3% was unavailability of medication and drug intolerance (8.8%).

3.5.4 General Health Status

This sub-section illicit information on the general health status of the PLHIV: specific information about other infectious, non-communicable, and sexually transmitted conditions were explored. These conditions are expected to influence treatment-seeking experience to a large extent.

Table 21: Diagnosis of specific health conditions in the last 12 months

| | Health conditions | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|-------------------|--------|-------|---------|----------|----------|-------|
| Tuberculosis TB | Yes | 11.1% | 9.1% | 10.0% | 5.8% | 7.0% | 8.8% |
| | No | 88.9% | 90.9% | 90.0% | 94.3% | 93.0% | 91.2% |
| Viral hepatitis | Yes | 1.1% | 2.6% | 0.7% | 2.0% | 1.1% | 1.6% |
| | No | 98.9% | 97.4% | 99.3% | 98.0% | 98.9% | 98.4% |
| Sexually transmitted infections/STD | Yes | 11.7% | 13.3% | 14.9% | 4.9% | 12.3% | 12.2% |
| | No | 88.3% | 86.7% | 85.1% | 95.1% | 87.7% | 87.8% |
| Mental health condition | Yes | 4.5% | 12.2% | 5.1% | 7.0% | 16.2% | 9.6% |
| | No | 95.5% | 87.8% | 94.9% | 93.0% | 83.8% | 90.4% |
| Non-communicable diseases | Yes | 15.1% | 11.9% | 5.9% | 15.1% | 18.9% | 13.0% |
| | No | 84.9% | 88.1% | 94.1% | 84.9% | 81.1% | 87.0% |
| Opportunistic Infections | Yes | 11.8% | 22.8% | 6.8% | 30.5% | 33.2% | 20.5% |
| | No | 88.2% | 77.2% | 93.2% | 69.5% | 66.8% | 79.5% |
| Alcohol/drug dependency syndromes | Yes | 3.7% | 7.5% | 7.2% | 6.0% | 8.5% | 6.8% |
| | No | 96.3% | 92.5% | 92.8% | 94.0% | 91.5% | 93.2% |

From Table, 21, while seeking regular care, PLHIV self-reported to have some other conditions in varying proportions. The most mentioned (20.5%) were opportunistic infections, followed by non-communicable diseases (13%), STDs (12.2%), and TB (8.8%).

3.5.5 Service delivery experiences

The sub-section explored treatment seeking experiences, particularly for non-HIV conditions and whether HIV is integrated at such places. Specific knowledge of the community and locally available services was explored in detail with regard to access. Connotations of S&D are equally explored to ascertain if they have any impact on the care and treatment experiences of the PLHIV in the last 12 months.

Table 22: Place of Regular HIV Care and Treatment

| | Parameters | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|---|--------|-------|---------|----------|----------|-------|
| Place of regular HIV care and treatment | Government or public clinic or facility | 89.5% | 73.0% | 87.6% | 93.4% | 91.2% | 84.9% |
| | Private clinic, hospital, or doctor | 3.2% | 7.1% | 4.1% | 1.5% | 3.1% | 4.3% |
| | Non-governmental NGO clinic | 1.0% | 12.9% | 6.0% | 4.3% | 2.8% | 6.4% |
| | Community-led care | 0.4% | 5.4% | 0.3% | 0.3% | 2.0% | 2.2% |
| | Multiple places | 2.1% | 1.0% | 0.1% | 0.1% | 0.8% | 0.9% |
| | N/A Not currently receiving HIV care | 1.3% | 3.8% | 0.6% | 1.9% | 0.5% | 0.1% |

According to Table 22, predominantly 84% (5997), of the PLHIV receive ART and care services from Government or public or health facilities. This is followed by 6.4% (448). Kenya PLHIV 12.9% (274) seek care to some extent in the Non-Government NGO clinic, but other countries were in very small proportions.

3.5.6 Experiences when seeking HIV care and treatment

To assess health workers' S&D aspects that the PLHIV experience, specific questions on where the PLHIV have experienced S&D issues from health facility staff working in the health facilities where they seek HIV care. These experiences were compared with those of non-HIV care seeking to see if there are significant differences.

Table 23: Experiences when Seeking HIV Care and Treatment in the last 12 months

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|-----|--------|-------|---------|----------|----------|-------|
| Denial of health services because of your HIV status | Yes | 2.5% | 2.7% | 0.8% | 1.6% | 1.4% | 1.9% |
| | No | 97.5% | 97.3% | 99.2% | 98.4% | 98.6% | 98.1% |
| Being advised not to have sex because of your HIV status | Yes | 2.7% | 7.4% | 0.9% | 2.8% | 5.1% | 4.2% |
| | No | 97.3% | 92.6% | 99.1% | 97.2% | 94.9% | 95.8% |
| Being talked badly about or gossiped about because of your HIV status | Yes | 2.0% | 13.3% | 2.3% | 4.4% | 9.8% | 7.4% |
| | No | 98.0% | 86.7% | 97.7% | 95.6% | 90.2% | 92.6% |
| Verbal abuse because of your HIV status | Yes | 1.3% | 10.2% | 1.8% | 3.8% | 0.1% | 4.1% |
| | No | 98.7% | 89.8% | 98.2% | 96.2% | 99.9% | 95.9% |
| Physical abuse because of your HIV status | Yes | 0.1% | 3.6% | 0.6% | 0.8% | 2.6% | 1.8% |
| | No | 99.9% | 96.4% | 99.4% | 99.2% | 97.4% | 98.2% |
| Avoidance of physical contact with you because of your HIV status | Yes | 0.8% | 10.1% | 0.8% | 2.6% | 4.1% | 4.5% |
| | No | 99.2% | 89.9% | 99.2% | 97.4% | 95.9% | 95.5% |
| Telling other people about your HIV status without your consent | Yes | 2.5% | 12.1% | 1.9% | 5.3% | 7.7% | 6.7% |
| | No | 97.5% | 87.9% | 98.1% | 94.7% | 92.3% | 93.3% |

3.5.7 Experiences when seeking Non-HIV care and treatment

This sub-section provides a comparative insight between PLHIV's experience when seeking HIV care and non-HIV care (Regular care- Tables 23 and 24). All question was tagged as experiences happening because the respondent was known to be living with HIV.

Table 24: Non-HIV Care seeking in the last 12 months

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|-----|--------|-------|---------|----------|----------|-------|
| Denial of health services | Yes | 1.5% | 2.3% | 0.4% | 2.7% | 1.1% | 1.7% |
| Denial of dental care | Yes | 2.4% | 2.1% | 0.0% | 0.4% | 1.1% | 1.5% |
| Advised not to have sex | Yes | 2.4% | 6.8% | 0.2% | 1.6% | 4.3% | 4.0% |
| Talked badly about or gossiped about | Yes | 1.3% | 12.9% | 2.1% | 8.6% | 10.7% | 8.3% |
| Verbal abuse | Yes | 0.2% | 9.6% | 1.7% | 6.8% | 5.8% | 5.6% |
| Physical abuse | Yes | 1.5% | 3.3% | 0.8% | 1.2% | 2.6% | 2.3% |
| Avoidance of physical contact | Yes | 2.9% | 9.5% | 1.3% | 4.7% | 3.1% | 5.2% |
| | No | 97.1% | 90.5% | 98.7% | 95.3% | 96.9% | 94.8% |
| Disclosing HIV without consent | Yes | 90.6% | 12.1% | 1.7% | 9.7% | 8.8% | 26.3% |

From Table 24, the commonest abuses when seeking non-HIV care were: disclosure without respondents' consent (26.3%), gossip (8.4%), verbal abuse (5.6%), and avoidance of physical contact. Disclosure without consent was highest in Angola (90.6%), and least in Lesotho (1.7%):

Table 25: Disclosure of HIV and Confidentiality of Medical Records

| Questions | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean | |
|--|--------------------------------------|-------|---------|----------|----------|-------|-------|
| Do you usually disclose your HIV status at the clinic for non-HIV health services | Yes | 23.8% | 37.7% | 43.7% | 22.6% | 66.2% | 40.5% |
| | No | 76.2% | 62.3% | 56.3% | 77.4% | 33.8% | 59.5% |
| Do you think your medical records on your HIV status are kept confidential? | I am sure they are confidential | 65.7% | 67.1% | 83.5% | 75.4% | 88.2% | 75.7% |
| | I don't know | 26.6% | 29.6% | 14.2% | 23.3% | 9.0% | 20.9% |
| | They are not being kept confidential | 7.7% | 3.3% | 2.3% | 1.4% | 2.8% | 3.4% |

Note: Two variables combined, the column % may exceed 100%

From past stigma index studies, disclosure is often regarded as a complex process even for health workers for fear of confidentiality. Table 25 indicates that many (59.5%) did not disclose their HIV status during non-HIV clinic visits. However, many (75.7%) were confident that their medical records would remain confidential. This data has implications for trust levels between medical teams and clients particularly on keeping records confidential.

3.5.8 Sexual and Reproductive Health

The sub-section for sexual and reproductive health is so critical as it accounts for 95% of HIV infections globally. During, the second decade of HIV/AIDs and specifically before the scale-up of PMTCT programs, PLHIV hardly accessed sexual and reproductive health services. It was then believed that PLHIV could not risk conceiving for fear of vertical transition to the unborn. As PMTCT was rolled out, sexual and reproductive health services for the PLHIV were promoted and advocated for. Some of the champions of these services are the health care providers (Table 25) Assess the pivot role of service providers in deterring or reinforcing external and internal forms of S&D. The table presents the health care professions' actions done to PLHIV solely because of disclosed HIV status.

Table 26: Health providers' actions to PLHIV by Country

| Actions | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean | |
|--|----------------------|-------|---------|----------|----------|-------|-------|
| Advised you not to mother/father a child | Yes | 2.1% | 2.3% | 0.5% | 0.9% | 1.5% | 1.6% |
| | No | 97.9% | 85.1% | 83.5% | 76.3% | 92.4% | 87.4% |
| | Prefer not to answer | 0.0% | 2.2% | 1.4% | 0.0% | 0.0% | 1.0% |
| Pressured or incentivized you to get sterilized | Yes | 0.5% | 0.6% | 0.2% | 0.8% | 0.2% | 0.4% |
| | No | 99.5% | 87.9% | 72.1% | 73.1% | 93.7% | 86.1% |
| | Prefer not to answer | 0.0% | 1.8% | 2.6% | 0.0% | 0.0% | 1.1% |
| Sterilized you without your knowledge or consent | Yes | 0.6% | 0.2% | 0.0% | 0.1% | 0.1% | 0.2% |
| | No | 99.4% | 87.2% | 72.2% | 59.6% | 99.9% | 85.6% |
| | Prefer not to answer | 0.0% | 2.2% | 2.9% | 0.1% | 0.0% | 1.3% |
| Denied your contraception/family planning services | Yes | 0.6% | 0.6% | 0.1% | 0.1% | 0.3% | 0.4% |
| | No | 99.4% | 84.5% | 71.9% | 64.0% | 99.7% | 85.2% |
| | Prefer not to answer | 0.0% | 3.2% | 2.9% | 0.3% | 0.0% | 1.6% |
| Said you must use certain contraception to get your HIV treatment | Yes | 0.3% | 1.7% | 0.1% | 1.0% | 1.6% | 1.0% |
| | No | 99.7% | 83.3% | 71.9% | 62.4% | 98.4% | 84.4% |
| | Prefer not to answer | 0.0% | 3.4% | 3.1% | 0.5% | 0.0% | 1.7% |

Row percentages may not add up to 100% within the response field because non-applicable responses.

Regarding sexual and reproductive health experiences, fewer cases of S&D-defining action were revealed. Across all five countries, all proportions that depict S&D by health care professionals were below 1% except advice, not mother/father children which was revealed by 1.6%. There are no major variations though Angola (2.1%) and Kenya (2.3%) had slightly higher proportions. The response rates were also high and very few cases preferred no answers.

Table 27 below explores select forms of S&D by health care professionals but with a comparative aspect of the time period- the recent (last 12 months) and long ago (12 months and beyond).

Table 27: Healthcare Professional Actions to PLHIV by Period and Country

| Actions | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--|--------|-------|---------|----------|----------|-------|
| Advised you to terminate a pregnancy | Yes, within the last 12 months | 1.1% | 1.0% | 0.2% | 0.0% | 0.6% | 0.7% |
| | Yes, but not within the last 12 months | 98.9% | 2.7% | 0.5% | 0.2% | 1.3% | 22.4% |
| | No | 0.0% | 80.2% | 95.4% | 84.6% | 82.0% | 66.7% |
| | Prefer not to answer | 0.0% | 2.0% | 0.2% | 0.0% | 2.7% | 1.1% |
| Pressured you to use a specific type of contraceptive method | Yes, within the last 12 months | 0.2% | 2.9% | 0.5% | 0.9% | 2.0% | 1.5% |
| | Yes, but not within the last 12 months | 99.8% | 4.5% | 0.6% | 2.8% | 1.2% | 23.4% |
| | No | 0.0% | 79.9% | 94.0% | 82.0% | 81.1% | 65.9% |
| | Prefer not to answer | 0.0% | 1.8% | 1.2% | 0.2% | 2.8% | 1.3% |
| Pressured you to use a particular method of giving birth/delivery option | Yes, within the last 12 months | 0.5% | 2.3% | 0.2% | 0.4% | 1.3% | 1.1% |
| | Yes, but not within the last 12 months | 99.5% | 3.8% | 0.2% | 1.7% | 1.7% | 23.0% |
| | No | 0.0% | 78.4% | 94.2% | 82.0% | 80.6% | 65.4% |
| | Prefer not to answer | 0.0% | 2.0% | 1.3% | 0.0% | 3.1% | 1.4% |
| Pressured you to use a particular infant feeding practice | Yes, within the last 12 months | 0.7% | 4.1% | 1.0% | 0.9% | 1.5% | 1.9% |
| | Yes, but not within the last 12 months | 99.3% | 4.8% | 0.5% | 3.0% | 1.8% | 23.5% |
| | No | 0.0% | 72.7% | 93.2% | 76.4% | 79.4% | 62.6% |
| | Prefer not to answer | 0.0% | 2.4% | 1.1% | 0.0% | 3.3% | 1.5% |
| Pressured you to take HIV treatment during pregnancy | Yes, within the last 12 months | 2.2% | 4.6% | 1.3% | 0.6% | 1.8% | 2.5% |
| | Yes, but not within the last 12 months | 97.8% | 4.7% | 0.5% | 1.5% | 1.3% | 22.9% |
| | No | 0.0% | 72.6% | 92.7% | 80.9% | 79.7% | 63.1% |
| | Prefer not to answer | 0.0% | 2.4% | 1.1% | 0.0% | 3.5% | 1.5% |

Row percentages may not add up to 100% within the response field because non-applicable responses.

All the five constructs used to measure S&D by health care professionals to the PLHIV showed significant reductions in S&D between the two time periods- few cases in the last 12 months compared to long ago. Reductions were reported as follows: advice to terminate pregnancy from 22.4% to 0.7%, exertion of pressure to use a specific contraceptive from 23.4% to 1.5%, used a specific type of birth/delivery option from 23 % to 1.1%, use a particular feeding practice from 23.5% to 1.9%, and take HIV treatment during pregnancy from 22.9% to 2.5%. uniquely Angola's reductions show huge time/period differences for almost all the constructs yet other countries showed minimal reductions. For instance: Advice on termination was 1.1% vs 98.9%, pressure to contraceptive was 0.2 vs 98.8%, taking HIV treatment during pregnancy, was 2.2% vs 97.8% and rest showed equally high percentage differences.

3.6 SECTION F. HUMAN RIGHTS AND EFFECTING CHANGE

This section broadly presents statistics on; the proportion of PLHIV who have experienced one or multiple forms of rights abuses in the last 12 months. And of those abused, which proportion has sought redress in the last 12 months? Other main areas of inquiry focused on PLHIV who reported knowing about laws protecting the PLHIV in their country- and those who promoted changes (either through -challenging, or education) of the actors or who were engaging in stigma or discrimination against them.

Table 28: Experiences of rights abuses in the last 12 months

| Self-reported experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|--------|-------|---------|----------|----------|-------|
| I was forced to get tested for HIV or disclose my status for a visa | Yes, within the last 12 months | 1.0% | 1.3% | 0.1% | 0.3% | 0.8% | 0.8% |
| | Yes, but not within the last 12 months | 1.9% | 3.1% | 0.5% | 0.4% | 1.1% | 1.6% |
| | NA | 97.1% | 95.6% | 99.4% | 99.3% | 98.1% | 97.6% |
| I was forced to get tested or disclose my status for a job | Yes, within the last 12 months | 1.5% | 1.6% | 0.4% | 0.9% | 0.9% | 1.1% |
| | Yes, but not within the last 12 months | 2.0% | 3.2% | 0.4% | 1.1% | 1.3% | 1.8% |
| | NA | 96.5% | 95.2% | 99.2% | 98.0% | 97.8% | 97.1% |
| I was forced to get tested, disclose my status for an educational institute | Yes, within the last 12 months | 0.6% | 1.4% | 0.1% | 0.0% | 0.4% | 0.6% |
| | Yes, but not within the last 12 months | 1.6% | 2.9% | 0.1% | 0.1% | 0.9% | 1.4% |
| | NA | 97.8% | 95.7% | 99.8% | 99.9% | 98.7% | 98.0% |
| I was forced to get tested or disclose my status for healthcare services | Yes, within the last 12 months | 1.9% | 2.8% | 0.2% | 0.9% | 1.1% | 1.5% |
| | Yes, but not within the last 12 months | 3.1% | 3.1% | 0.7% | 1.4% | 1.4% | 2.1% |
| | NA | 95.0% | 94.1% | 99.1% | 97.7% | 97.5% | 96.4% |

Table 28 continued

| Self-reported experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|--------|-------|---------|----------|----------|-------|
| I was forced to get tested for HIV or disclose my status for a visa | Yes, within the last 12 months | 1.0% | 1.3% | 0.1% | 0.3% | 0.8% | 0.8% |
| | Yes, but not within the last 12 months | 1.9% | 3.1% | 0.5% | 0.4% | 1.1% | 1.6% |
| | NA | 97.1% | 95.6% | 99.4% | 99.3% | 98.1% | 97.6% |
| I was forced to get tested or disclose my status for a job | Yes, within the last 12 months | 1.5% | 1.6% | 0.4% | 0.9% | 0.9% | 1.1% |
| | Yes, but not within the last 12 months | 2.0% | 3.2% | 0.4% | 1.1% | 1.3% | 1.8% |
| | NA | 96.5% | 95.2% | 99.2% | 98.0% | 97.8% | 97.1% |
| I was forced to get tested, disclose my status for an educational institute | Yes, within the last 12 months | 0.6% | 1.4% | 0.1% | 0.0% | 0.4% | 0.6% |
| | Yes, but not within the last 12 months | 1.6% | 2.9% | 0.1% | 0.1% | 0.9% | 1.4% |
| | NA | 97.8% | 95.7% | 99.8% | 99.9% | 98.7% | 98.0% |
| I was forced to get tested or disclose my status for healthcare services | Yes, within the last 12 months | 1.9% | 2.8% | 0.2% | 0.9% | 1.1% | 1.5% |
| | Yes, but not within the last 12 months | 3.1% | 3.1% | 0.7% | 1.4% | 1.4% | 2.1% |
| | NA | 95.0% | 94.1% | 99.1% | 97.7% | 97.5% | 96.4% |

| Responses | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|--------|-------|---------|----------|----------|------|
| I was forced to get tested or disclose my status for medical insurance | Yes, within the last 12 months | 1.0% | 1.5% | 0.3% | 0.1% | 0.5% | 0.8% |
| | Yes, but not within the last 12 months | 1.8% | 2.8% | 0.2% | 0.1% | 1.1% | 1.4% |
| I was arrested or taken to court on a charge related to my HIV status | Yes, within the last 12 months | 0.6% | 1.0% | 0.1% | 0.0% | 0.2% | 0.5% |
| | Yes, but not within the last 12 months | 1.5% | 1.9% | 0.2% | 0.0% | 1.0% | 1.1% |
| I was detained or quarantined because of my HIV status | Yes, within the last 12 months | 0.5% | 0.8% | 0.2% | 0.0% | 0.0% | 0.4% |
| | Yes, but not within the last 12 months | 1.1% | 2.1% | 0.1% | 0.0% | 0.9% | 1.0% |
| I was denied permission to enter another country because of my HIV status | Yes, within the last 12 months | 0.5% | 1.5% | 0.1% | 0.4% | 0.2% | 0.6% |
| | Yes, but not within the last 12 months | 1.3% | 2.3% | 0.1% | 0.4% | 1.0% | 1.2% |
| I was denied permission to stay in another country because of my HIV status | Yes, within the last 12 months | 0.6% | 1.2% | 0.1% | 0.4% | 0.3% | 0.6% |
| | Yes, but not within the last 12 months | 1.4% | 2.3% | 0.1% | 0.3% | 0.9% | 1.2% |
| I was forced to disclose my HIV status publicly | Yes, within the last 12 months | 1.5% | 1.2% | 0.3% | 0.1% | 0.5% | 0.8% |
| | Yes, but not within the last 12 months | 1.9% | 2.6% | 0.1% | 0.0% | 1.1% | 1.4% |
| I was forced to have sex when I did not want to | Yes, within the last 12 months | 3.1% | 2.2% | 0.1% | 0.4% | 0.9% | 1.4% |
| | Yes, but not within the last 12 months | 5.1% | 2.5% | 0.3% | 0.6% | 1.2% | 2.0% |
| I was denied access to a domestic violence shelter | Yes, within the last 12 months | 1.5% | 1.1% | 0.1% | 0.1% | 0.4% | 0.7% |
| | Yes, but not within the last 12 months | 2.1% | 2.7% | 0.1% | 0.0% | 0.9% | 1.4% |
| My partners prevented me from accessing health services | Yes, within the last 12 months | 1.1% | 1.4% | 0.1% | 0.4% | 0.4% | 0.8% |
| | Yes, but not within the last 12 months | 1.6% | 2.8% | 0.2% | 0.1% | 0.9% | 1.4% |

Response options may not add up to 100% because no and prefer not to answer options were not included.

Self-reported responses from Table 28, on average, there some PLHIV who reported having experienced one or multiple forms of abuse within the last 12 months, for instance, 0.8 (55) were forced to get an HIV test to get visa in the last 12 1.6% (116) beyond the last 12 months. Finer scrutiny of the data showed that the listed abuses reduced by half during the last 12 months. Among the 13 listed abuses, forced testing to get health services was the most 1.5% (109) reported across all the five countries but more in in Kenya (2.8%) compared to other countries. Detention and quarantine due to HIV was the least 0.4% reported. Comparatively, detention and quarantine reduced by 0.6% comparing the last 12 months and beyond and were not reported at all in either Zanzibar or Zimbabwe. Overall, the proportions of experiences across the five countries have several commonalities and few variations.

Table 29: Actions/responses to the Rights Abuse Experienced

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|-----|--------|-------|---------|----------|----------|-------|
| If anything happened to you, did you do anything about the matter | Yes | 19.2% | 5.7% | 0.3% | 2.5% | 2.8% | 3.8% |
| | No | 40.2% | 15.2% | 14.1% | 6.4% | 14.0% | 14.5% |
| | N/A | 40.6% | 79.0% | 85.6% | 91.1% | 83.1% | 81.7% |
| Filed a complaint | No | 32.6% | 78.2% | | 75.0% | 67.5% | 66.7% |
| | Yes | 67.4% | 21.8% | | 25.0% | 32.5% | 33.3% |
| Contacted a lawyer | No | 82.6% | 98.3% | | 100.0% | 92.5% | 94.2% |
| | Yes | 17.4% | 1.7% | | 0.0% | 7.5% | 5.8% |
| Contacted a government official or politician | No | 95.7% | 94.1% | | 95.0% | 85.0% | 92.9% |
| | Yes | 4.3% | 5.9% | | 5.0% | 15.0% | 7.1% |

| | | | | | | | |
|---|-----|--------|-------|--|-------|-------|-------|
| Spoke out publicly | No | 100.0% | 92.4% | | 90.0% | 65.0% | 88.9% |
| | Yes | 0.0% | 7.6% | | 10.0% | 35.0% | 11.1% |
| Contacted a community organization for support | No | 84.8% | 54.6% | | 90.0% | 42.5% | 61.8% |
| | Yes | 15.2% | 45.4% | | 10.0% | 57.5% | 38.2% |
| Other | No | 93.5% | 82.4% | | 40.0% | 95.0% | 83.1% |
| | Yes | 6.5% | 17.6% | | 60.0% | 5.0% | 16.9% |

Through the empowerment process, PLHIV are often sensitized and progressively empowered to take either preventive or post-event action arising right violations. This is ongoing in several countries. From Table 29 of those who reported any form of abuse having happened in the last 12 months, 3.8% mentioned that they undertook some actions. Respondents in Angola 19% reported taking action more than other countries and the list was Lesotho. Taking action could be contextual but depicts high levels of awareness and, existence of strong networks to deter rights violations. Filing complaints (33.3%) and contacting a community organization for support 38.2% were the most used strategies for handling violations. The latter strategy implies the importance of community-level agencies- they are more reachable and often understand the local context and dispute resolution mechanisms of the area/community.

Table 30: Main results and reasons for not trying to do anything about the rights abuse/matter

| Actions/responses | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--|---------------|--------------|----------------|-----------------|-----------------|-------------|
| The main result after action to the abuse of the rights | Has been dealt with | 32.6% | 45.9% | 66.7% | 25.0% | 40.0% | 40.7% |
| | In the process of being dealt with | 10.9% | 17.2% | 0.0% | 5.0% | 35.0% | 17.7% |
| | Nothing happened | 56.5% | 36.9% | 33.3% | 70.0% | 25.0% | 41.6% |
| The main reason for not trying to do something about the matter | I did not know how to act | 36.5% | 48.8% | 87.0% | 45.1% | 44.2% | 55.3% |
| | I had insufficient financial resources | 9.4% | 5.2% | 2.9% | 2.0% | 12.7% | 6.6% |
| | Addressing problems too complicated | 6.3% | 9.0% | 1.0% | 5.9% | 6.1% | 5.9% |
| | I felt intimidated or scared | 10.4% | 7.4% | 1.4% | 2.0% | 5.1% | 5.5% |
| | Worried action would disclose the status | 11.5% | 5.6% | 1.9% | 5.9% | 7.6% | 5.8% |
| | Worried action would disclose other identity | 3.1% | 11.1% | 1.0% | 0.0% | 5.1% | 5.8% |
| | Advised against taking action | 3.1% | 1.2% | 1.0% | 0.0% | 1.5% | 1.4% |
| | No confidence the outcome would be good | 4.2% | 3.4% | 1.0% | 7.8% | 4.6% | 3.4% |
| | There was a lack of evidence of abuse | 9.4% | 2.2% | 0.0% | 5.9% | 13.2% | 5.1% |
| | Other | 6.3% | 6.2% | 2.9% | 25.5% | 0.0% | 5.1% |

Some answer options did not apply to were computed, to sum up to 100%.

Generally, 40.7% of the respondents across the five countries, openly responded to the rights abuses, and the reported matter were dealt with. Lesotho, 66.7%, and Zimbabwe 40% reported more, and Zimbabwe 25% the least. Overall, 41% across the five countries reported that nothing happened when the rights abuse matter (s) were reported. The proportions were worse in Zanzibar (70%) followed by Angola (56.5%). This situation implies the need for more insights into why reported abuses are neglected and no action is taken. This will be country specific.

Among the seven reasons responded to as the main reasons for not taking action against human rights abuses, lack of knowledge on how to proceed with the rights abuse/matter was the most 55.5%

mentioned across the five countries. Within the countries, Lesotho registered the highest 87%, while the rest ranged between 36.5% to 44.2%.

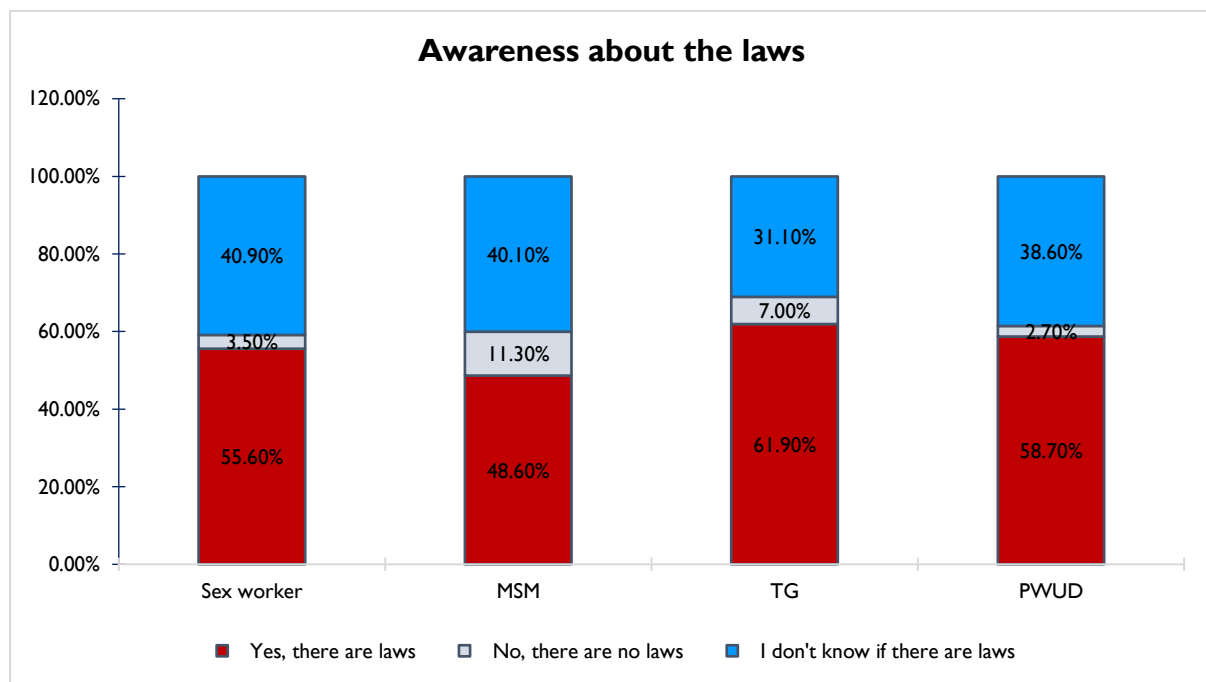
Knowledge about any laws in the Country that protect PLHIV

Since the Greater Involvement of Persons Living with HIV initiative in 1994, (GIPA) several countries were asked and guided to formulate laws to protect the rights of the PLHIV. Owing to this background the percentage of people living with HIV who reported knowing about laws protecting people living with HIV in their country is monitored and assessed through country stigma index studies. From the PLHIV Stigma Index 2.0, 52.8% (3714) reported knowing about the existing laws that protect the PLHIV across the five countries but 41.8% (2940) reported that they didn't about the existence of such laws. Within the countries, Zimbabwe 74.1% (1040) and Angola 71.3% respondents had higher proportions, and Lesotho the least 22.7% (335).

Sub analysis

KP vs non-KP: Knowledge about the existence of laws that protect the rights of PLHIV at the country level was slightly higher among the KPs 55.4% (1055) than the non-KPs 51.8% (2659). Out of the seven listed actions that PLHIV mentioned doing, specifically, those who challenged those who were discriminating, more than 32.1% (611) KPs, and 26.7% (1369) non-KPs affected it.

Figure 5: Awareness about HIV -Human Rights existing laws by Key populations



Within KP: according to Figure 5, knowledge about the existence of laws that protect rights of PLHIV at the country level was universal and slightly above the 48% mark, but varied with the KP category, The highest 61.9% (159) was among the TG, followed by the PWUD, at 58.7% (242), SW at 55.6% (809) and lastly, 48.6% (108). Out of the 28.1% (1979) who challenged those who were engaging S&D, the majority among the KPs were MSM at 36.9% (82), followed by TG at 29% (76) lastly 28% (407) and 27.2% (112) PWUD.

Sex at birth: Knowledge about the existence of laws that protect the rights of PLHIV at the country level was slightly different proportions of females 52% (2266) vs 54% (1448) males of 28.1% (1979)

who challenged those who were engaging S&D 27.7% (1209) were females and 28.7%(693) males indicating near equal proportions for both categories.

Age category: Within age bands, knowledge about the existence of laws that protect the rights of PLHIV at the country level showed near equal proportions -50.9% (414) and 51.6% (2526) for the ages, 18-24 years, and 25-49 years respectively. It was however slightly higher 58.1% (773) among the 50+ years band. Out of the seven listed actions done by the PLHIV against S&D events/situations, 28.1% (1979) who challenged those who were engaging in S&D constituted the majority. Within this age band, those who were challenged increased with age: 24.2% (197) among the 18-24 years, 27.7% (1358) among the 25-49 years, and 31.9% (424) among the 50+ years.

Based on knowledge of existing laws that are aimed at protecting the rights of the PLHIV, individuals are expected to utilize the laws to effect changes. Table 31 shows a listing of possible actions/ activities that ought to be affected either as preventive or post-actions.

Table 31: Individual actions done to promote/preserve human rights

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--|--------|-------|---------|----------|----------|-------|
| Challenged someone who was engaging in stigma or discrimination against you | Yes, within the last 12 months | 6.2% | 32.3% | 17.0% | 26.6% | 35.8% | 24.6% |
| | Yes, but not within the last 12 months | 9.7% | 16.8% | 10.8% | 19.4% | 14.1% | 14.0% |
| | No | 84.1% | 50.9% | 72.2% | 54.0% | 50.1% | 61.4% |
| Challenged someone engaging in discrimination against others living with HIV | Yes, within the last 12 months | 8.9% | 35.9% | 20.0% | 31.8% | 39.7% | 28.1% |
| | Yes, but not within the last 12 months | 13.9% | 19.8% | 12.5% | 22.3% | 15.0% | 16.5% |
| | No | 77.2% | 44.3% | 67.5% | 46.0% | 45.4% | 55.3% |
| Provided emotional, financial, or other support to help someone with HIV | Yes, within the last 12 months | 8.8% | 39.3% | 15.7% | 25.3% | 37.4% | 27.0% |
| | Yes, but not within the last 12 months | 14.2% | 18.4% | 11.0% | 11.9% | 13.1% | 14.3% |
| | No | 77.0% | 42.3% | 73.3% | 62.9% | 49.5% | 58.7% |
| Participated in an organization or educational campaign working to address S&D | Yes, within the last 12 months | 3.8% | 29.8% | 10.7% | 10.1% | 36.3% | 20.3% |
| | Yes, but not within the last 12 months | 5.6% | 17.0% | 5.8% | 9.9% | 12.5% | 11.0% |
| | No | 90.6% | 53.2% | 83.5% | 80.0% | 51.2% | 68.8% |
| Encouraged a community leader to take action about issues of stigma | Yes, within the last 12 months | 4.3% | 21.2% | 6.6% | 6.6% | 25.9% | 14.5% |
| | Yes, but not within the last 12 months | 5.3% | 13.5% | 3.2% | 6.6% | 10.6% | 8.5% |
| | No | 90.4% | 65.3% | 90.2% | 86.8% | 63.5% | 77.0% |
| Encouraged a government leader or politician to take action | Yes, within the last 12 months | 3.1% | 13.5% | 3.2% | 3.9% | 16.5% | 9.0% |
| | Yes, but not within the last 12 months | 3.4% | 11.9% | 2.6% | 4.9% | 9.5% | 7.2% |
| | No | 93.5% | 74.6% | 94.2% | 91.3% | 74.1% | 83.8% |
| Spoke to the media about issues of stigma and discrimination | Yes, within the last 12 months | 1.9% | 7.4% | 3.6% | 2.1% | 13.0% | 6.2% |
| | Yes, but not within the last 12 months | 2.6% | 10.6% | 2.2% | 4.0% | 9.5% | 6.5% |
| | No | 95.5% | 82.0% | 94.2% | 93.9% | 77.5% | 87.4% |

From Table 31, the proportion of respondents from the five countries that reported effecting changes was 18.5% for the seven listed actions in the last 12 months and 11.1% beyond the last 12 months. The changes that were mentioned most were challenging someone engaging in discrimination against others living with HIV by (28.1%) and providing emotional, financial, or other support to help someone with HIV by 27%. Referring to challenging someone engaging in discrimination, Kenya was 35.9% while

Zimbabwe was 39.3% and these were the highest proportions and Angola had the lowest proportion (8.9%.)

Table 32: Belonging to a Network or Support Group for Key Populations

| Proportions (%) of key population who self-report to belong to support groups or networks | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe |
|---|--------|-------|---------|----------|----------|
| Transgender people who reported belonging to a network or support group | 17.1% | 26.9% | 21.0% | 0% | 29.1% |
| Gay/homosexual/MSM who reported belonging to a network or support group | 66.7% | 41.2% | 36.0% | 33.3% | 46.9% |
| lesbian/gay who reported belonging to a network or support group | 57.1% | 36.8% | 42.9% | 50.0% | 44.4% |
| Bisexuals who reported belonging to a network or support group | 45.8% | 27.3% | 37.2% | 14.3% | 38.9% |
| Sex workers who reported belonging to a network or support group | 39.3% | 57.0% | 39.8% | 17.0% | 61.5% |
| People who use drugs who reported belonging to a network or support group | 20.5% | 48.8% | 62.7% | 70.8% | 31.3% |

Table 33: Experiences of Rights Abuses in the Last 12 Months

| Experiences | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--|--------|-------|---------|----------|----------|-------|
| I was forced to get tested for HIV or disclose my status for a visa | Yes, within the last 12 months | 1.0% | 1.3% | 0.1% | 0.3% | 0.8% | 0.8% |
| | Yes, but not within the last 12 months | 1.9% | 3.1% | 0.5% | 0.4% | 1.1% | 1.6% |
| I was forced to get tested or disclose my status for a job | Yes, within the last 12 months | 1.5% | 1.6% | 0.4% | 0.9% | 0.9% | 1.1% |
| | Yes, but not within the last 12 months | 2.0% | 3.2% | 0.4% | 1.1% | 1.3% | 1.8% |
| I was forced to get tested, disclose my status for an educational institute | Yes, within the last 12 months | 0.6% | 1.4% | 0.1% | 0.0% | 0.4% | 0.6% |
| | Yes, but not within the last 12 months | 1.6% | 2.9% | 0.1% | 0.1% | 0.9% | 1.4% |
| I was forced to get tested or disclose my status for healthcare services | Yes, within the last 12 months | 1.9% | 2.8% | 0.2% | 0.9% | 1.1% | 1.5% |
| | Yes, but not within the last 12 months | 3.1% | 3.1% | 0.7% | 1.4% | 1.4% | 2.1% |
| I was forced to get tested or disclose my status for medical insurance | Yes, within the last 12 months | 1.0% | 1.5% | 0.3% | 0.1% | 0.5% | 0.8% |
| | Yes, but not within the last 12 months | 1.8% | 2.8% | 0.2% | 0.1% | 1.1% | 1.4% |
| I was arrested or taken to court on a charge related to my HIV status | Yes, within the last 12 months | 0.6% | 1.0% | 0.1% | 0.0% | 0.2% | 0.5% |
| | Yes, but not within the last 12 months | 1.5% | 1.9% | 0.2% | 0.0% | 1.0% | 1.1% |
| Table 32: Continued: Experiences of Rights Abuses | | | | | | | |
| | | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Total |
| Q48g. I was detained or quarantined because of my HIV status | Yes, within the last 12 months | 0.5% | 0.8% | 0.2% | 0.0% | 0.0% | 0.4% |
| | Yes, but not within the last 12 months | 1.1% | 2.1% | 0.1% | 0.0% | 0.9% | 1.0% |
| I was denied permission to enter another country because of my HIV status | Yes, within the last 12 months | 0.5% | 1.5% | 0.1% | 0.4% | 0.2% | 0.6% |
| | Yes, but not within the last 12 months | 1.3% | 2.3% | 0.1% | 0.4% | 1.0% | 1.2% |
| I was denied permission to stay in another country because of my HIV status | Yes, within the last 12 months | 0.6% | 1.2% | 0.1% | 0.4% | 0.3% | 0.6% |
| | Yes, but not within the last 12 months | 1.4% | 2.3% | 0.1% | 0.3% | 0.9% | 1.2% |
| . I was forced to disclose my HIV status publicly | Yes, within the last 12 months | 1.5% | 1.2% | 0.3% | 0.1% | 0.5% | 0.8% |
| | Yes, but not within the last 12 months | 1.9% | 2.6% | 0.1% | 0.0% | 1.1% | 1.4% |
| . I was forced to have sex when I did not want to | Yes, within the last 12 months | 3.1% | 2.2% | 0.1% | 0.4% | 0.9% | 1.4% |
| | Yes, but not within the last 12 months | 5.1% | 2.5% | 0.3% | 0.6% | 1.2% | 2.0% |
| . I was denied access to a domestic violence shelter | Yes, within the last 12 months | 1.5% | 1.1% | 0.1% | 0.1% | 0.4% | 0.7% |
| | Yes, but not within the last 12 months | 2.1% | 2.7% | 0.1% | 0.0% | 0.9% | 1.4% |
| My partners prevented me from accessing health services | Yes, within the last 12 months | 1.1% | 1.4% | 0.1% | 0.4% | 0.4% | 0.8% |
| | Yes, but not within the last 12 months | 1.6% | 2.8% | 0.2% | 0.1% | 0.9% | 1.4% |

3.8 SECTION G. STIGMA AND DISCRIMINATION EXPERIENCED FOR REASONS OTHER THAN HIV STATUS

This section presents statistics on a range of Stigma and Discrimination (S&D) experiences that are non-HIV related as reported by PLHIV. This was to ascertain the timing of the experiences during 12 months of assessment period. Other core statistics presented include Belonging to key population groups either as; transgender, Gay/homosexual, lesbian/gay, sex worker, injecting drug users, and knowledge of specific groups of people about the sex identity of the respondent's key population category. The first sub-section relates to all the respondents and subsequently the key population categories.

3.8.1 Gender and other identities of the respondents

The respondents belonged to specific groups that defined who they were. This was presented as gender and other identities such as transgender, lesbian/gay, sex worker, injecting drug users, family/friends, etc.

Table 34: Self-identification as Belonging to one of the KP Categories

| | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|--------|-------|---------|----------|----------|--------------|
| A network or support group for transgender people | 17.1% | 26.9% | 21.0% | 0% | 29.1% | 23.8% |
| A network or support group for MSM | 66.7% | 41.2% | 36% | 33.3% | 46.9% | 41% |
| A network of support groups for Lesbian/Gay | 57.1% | 36.8% | 42.9% | 50% | 44.4% | 41.1% |
| A network of support group for Bisexual | 45.8% | 27.3% | 37.2% | 14% | 38.9% | 35% |

Table 34, data were derived from the question “Do you belong to a network or support group?” The same question was asked for other KP categories such as MMS and Bisexuals. The percentages indicate specific KP categories that mentioned yes to the question above. The table shows that over 23% of any KP belong to a network or support group that specific KP category.

3.8.2 Stigma and Discrimination for all PLHIV:

Before the analysis of S&D for select subgroups of KPs, an insight into the general population on S&D is explored using seven constructs (Table 34). This experience was tagged as 12 months or longer. The differences emerged between the two reference periods, see table 35.

Table 35: Stigma and Discrimination Experiences by all sampled PLHIV in the last 12 months and beyond

| Experiences of S&D due to non-HIV reasons | Angola | Kenya | Lesotho | Zimbabwe | Mean |
|--|--------|-------|---------|----------|--------------|
| Exclusion from family activities in the last 12 months | 0.0% | 13.5% | 34.8% | 8.9% | 18.7% |
| Exclusion from family activities beyond 12 months | 7.3% | 19.2% | 7.1% | 13.9% | 11.3% |
| Gossip by family members in the last 12 months | 2.4% | 15.4% | 41.1% | 10.1% | 22.2% |
| Gossip by family members beyond 12 months | 9.8% | 19.2% | 6.3% | 13.9% | 11.3% |
| Felt afraid to seek health services in the last 12 months. | 4.9% | 17.3% | 27.7% | 8.9% | 17.3% |
| Felt afraid to seek health services beyond 12 months. | 4.9% | 11.5% | 4.5% | 15.2% | 8.8% |
| Ever avoided seeking health services because they worried someone may learn of your identity in the last 12 months? | 4.9% | 13.5% | 22.5% | 7.6% | 14.1% |
| Ever avoided seeking health services because they worried someone may learn of your identity beyond 12 months | 7.3% | 13.5% | 5.4% | 13.9% | 9.5% |
| Verbal harassment in the last 12 months | 4.9% | 21.2% | 37.5% | 16.5% | 23.9% |
| Verbal harassment beyond 12 months | 2.4% | 11.5% | 5.4% | 11.4% | 7.7% |
| Blackmail in the last 12 months | 2.4% | 11.5% | 34.8% | 7.6% | 18.3% |

| | | | | | |
|--|------|-------|-------|-------|--------------|
| Blackmail but beyond 12 months | 2.4% | 13.5% | 5.4% | 5.1% | 6.3% |
| Physical harassment in the last 12 months | 2.4% | 13.5% | 27.3% | 8.9% | 16.0% |
| Physical harassment but not in the last 12 months | 0.0% | 11.5% | 6.4% | 10.1% | 7.4% |

Data for Zanzibar is missing.

According to Table 35, S&D was reported more common in the last 12 months as compared to a period beyond 12 months. One in five PLHIV reported S&D. The S&D was in the form of verbal insults by family members. PLHIV were afraid to seek health services. Angola reported lower S&D compared to the other three countries. Recent experiences of S&D were almost twice that of ever experienced S&D at all.

Implications: This suggests; that societies recently excluded or used verb insults against PLHIV, so they avoided healthcare services. Therefore, the stakeholders should explore, define, and intervene in the recent (12-month) fear process to engage PLHIV in HIV care.

Stigma and Discrimination Experiences by MSM

Table 36 presented statistics on S&D experienced by MSM, Bisexuals, TG, SW, and IDU groups compared across two time periods.

Table 36: Stigma and Discrimination Experiences by MSM in the last 12 months and beyond by Country

| Exclusions due to gender identity: | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|--|---------------|--------------|----------------|-----------------|-----------------|--------------|
| Exclusion from family activities in the last 12 months | 0.0% | 30.3% | 16.0% | 33.3% | 22.4% | 25.5% |
| Exclusion from family activities beyond 12 months | 33.3% | 17.6% | 10.0% | 33.3% | 12.2% | 16.3% |
| Gossip by family members in the last 12 months | 33.3% | 41.2% | 22.0% | 55.6% | 22.4% | 34.3% |
| Gossip by family members beyond 12 months | 33.3% | 18.5% | 12.0% | 22.2% | 16.3% | 17.2% |
| Felt afraid to seek health services in the last 12 months. | 33.3% | 34.5% | 12.0% | 11.1% | 12.2% | 23.4% |
| Felt afraid to seek health services beyond 12 months. | 33.3% | 13.4% | 4.0% | 11.1% | 14.3% | 11.7% |
| Ever avoided seeking health services because they worried someone may learn of their gender identity in the last 12 months? | 33.3% | 28.6% | 6.0% | 11.1% | 14.3% | 19.7% |
| Ever avoided seeking health services because they worried someone may learn of their identity beyond 12 months | 33.3% | 13.4% | 0.0% | 16.7% | 16.3% | 11.7% |
| Verbal harassment in the last 12 months | 33.3% | 48.7% | 18.0% | 50.0% | 24.5% | 37.2% |
| Verbal harassment beyond 12 months | 33.3% | 14.3% | 2.0% | 27.8% | 14.3% | 13.0% |
| Blackmail in the last 12 months | 33.3% | 32.8% | 16.0% | 16.7% | 16.3% | 24.7% |
| Blackmail beyond 12 months | 33.3% | 9.2% | 0.0% | 5.6% | 12.2% | 7.9% |
| Physical harassment in the last 12 months | 33.3% | 26.9% | 0.0% | 38.9% | 14.3% | 19.7% |
| Physical harassment beyond 12 months | 33.3% | 9.2% | 2.0% | 11.1% | 10.2% | 8.4% |

Table 36 shows that S&D was reported as more common in the last 12 months as compared to the period beyond 12 months. Regarding the MSM category, the commonest forms of S&D in all five countries were verbal insults Some were physically harassed. Lesotho reported lower S&D experiences compared to the other three countries. Similar to the data for all PLHIV, the experiences within the MSM category recent experiences of S&D were almost twice those that ever experienced the same long ago. Hence, the stakeholders should explore, define, and reframe the recent (12-month) fear pathways as an intervention to engage MSM in HIV care.

Table 37: Stigma and Discrimination experiences by Lesbians in the last 12 months and beyond by country

| Exclusions due to gender identity: | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--------|-------|---------|----------|----------|-------|
| Exclusion from family activities in the last 12 months | 0.0% | 22.8% | 7.1% | 0.0% | 11.1% | 15.9% |
| Exclusion from family activities but not in the last 12 months | 42.9% | 7.0% | 7.1% | 50.0% | 14.8% | 12.1% |
| Gossip by family members in the last 12 months | 14.3% | 22.8% | 7.1% | 0.0% | 7.4% | 15.9% |
| Gossip by family members but not in last 12 months | 42.9% | 12.3% | 7.1% | 50.0% | 22.2% | 16.8% |
| Felt afraid to seek health services in the last 12 months. | 0.0% | 8.8% | 0.0% | 0.0% | 7.4% | 6.5% |
| Felt afraid to seek health services but not in the last 12 months. | 0.0% | 12.3% | 7.1% | 50.0% | 11.1% | 11.2% |
| Ever avoided seeking health services because they worried someone may learn of their gender identity in the last 12 months? | 0.0% | 10.5% | 14.3% | 0.0% | 3.7% | 8.4% |
| Ever avoided seeking health services because they worried someone may learn of their identity but not last 12 months | 14.3% | 5.3% | 7.1% | 0.0% | 11.1% | 7.5% |
| Verbal harassment in the last 12 months | 0.0% | 24.6% | 7.1% | 0.0% | 11.1% | 16.8% |
| Verbal harassment but not in last 12 months | 57.1% | 10.5% | 7.1% | 50.0% | 14.8% | 15.0% |
| Blackmail in the last 12 months | 0.0% | 14.0% | 7.1% | 50.0% | 3.7% | 10.3% |
| Blackmail but not in the last 12 months | 0.0% | 12.3% | 7.1% | 0.0% | 14.8% | 11.2% |
| Physical harassment in the last 12 months | 0.0% | 10.5% | 0.0% | 0.0% | 11.1% | 8.4% |
| Physical harassment but not in the last 12 months | 28.6% | 7.0% | 7.1% | 0.0% | 11.1% | 9.3% |

A small sample size could have affected the proportions.

The Table 37 shows that recent (12-month) report of experiences of S&D were more common than those beyond 12 months. The Lesbian category data showed comparatively lower proportions for S&D as compared with the general PLHIV and MSM. Overall, lower proportions were reported in Zanzibar and Angola compared to the rest.

Implications: Therefore, the stakeholders should define the recent (12-month) fear process to design an intervention to engage Lesbians in HIV care

Table 38: Stigma and Discrimination experiences by Bisexuals in the last 12 months and beyond by country

| Exclusions due to gender identity: | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--------|-------|---------|----------|----------|-------|
| Exclusion from family activities in the last 12 months | 12.5% | 10.9% | 41.7% | 28.6% | 18.5% | 21.8% |
| Exclusion from family activities beyond 12 months | 45.8% | 14.5% | 2.1% | 14.3% | 16.7% | 16.0% |
| Gossip by family members in the last 12 months | 16.7% | 12.7% | 41.7% | 28.6% | 16.7% | 22.3% |
| Gossip by family members beyond 12 months | 41.7% | 21.8% | 2.1% | 14.3% | 13.0% | 16.5% |
| Felt afraid to seek health services in the last 12 months. | 12.5% | 5.5% | 22.9% | 0.0% | 13.0% | 12.8% |
| Felt afraid to seek health services but not in the last 12 months. | 20.8% | 3.6% | 2.1% | 14.3% | 9.3% | 7.4% |
| Ever avoided seeking health services because they worried someone may learn of their gender identity in the last 12 months? | 12.5% | 7.3% | 4.3% | 0.0% | 11.1% | 8.0% |

| | | | | | | |
|--|-------|-------|-------|-------|-------|-------|
| Ever avoided seeking health services because they worried someone may learn of their identity beyond 12 months | 16.7% | 1.8% | 2.1% | 0.0% | 7.4% | 5.3% |
| Verbal harassment in the last 12 months | 12.5% | 10.9% | 40.4% | 28.6% | 14.8% | 20.3% |
| Verbal harassment beyond 12 months | 37.5% | 9.1% | 2.1% | 14.3% | 31.5% | 17.6% |
| Blackmail in the last 12 months | 12.5% | 5.5% | 34.0% | 28.6% | 11.1% | 16.0% |
| Blackmail beyond 12 months | 33.3% | 3.6% | 0.0% | 0.0% | 31.5% | 14.4% |
| Physical harassment in the last 12 months | 8.3% | 7.3% | 4.3% | 28.6% | 11.1% | 8.6% |
| Physical harassment but not in the last 12 months | 45.8% | 1.8% | 0.0% | 0.0% | 29.6% | 15.0% |

Table 38 illustrates that the number of individuals who reported recent experiences of S&D was more in the last 12 months compared to long ago. The implications are for the stakeholders to explore, understand, and define processes of fear, and then intervene to engage Bisexuals in HIV care.

Table 39: Stigma and Discrimination Experiences by sex workers in the last 12 months and beyond by country

| Exclusions due to gender identity | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--------|-------|---------|----------|----------|-------|
| Exclusion from family activities in the last 12 months | 26.2% | 20.8% | 15.4% | 13.3% | 25.5% | 20.7% |
| Exclusion from family activities beyond 12 months | 0.0% | 54.6% | 86.8% | 57.5% | 70.9% | 64.4% |
| Gossip by family members in the last 12 months | 12.4% | 16.7% | 11.7% | 21.7% | 13.7% | 14.6% |
| Gossip by family members beyond 12 months | 20.4% | 21.3% | 7.2% | 11.3% | 8.9% | 15.2% |
| Felt afraid to seek health services in the last 12 months. | 14.2% | 23.1% | 13.5% | 23.6% | 21.5% | 19.3% |
| Felt afraid to seek health services beyond 12 months. | 25.4% | 23.5% | 5.4% | 17.0% | 8.4% | 16.9% |
| Ever avoided seeking health services because they worried someone may learn of their gender identity in the last 12 months? | 11.5% | 17.4% | 12.6% | 13.2% | 10.3% | 13.3% |
| Ever avoided seeking health services because they worried someone may learn of their gender identity beyond 12 months | 20.1% | 14.0% | 4.0% | 3.8% | 5.3% | 11.0% |
| Verbal harassment in the last 12 months | 12.7% | 16.3% | 12.1% | 10.4% | 8.7% | 12.5% |
| Verbal harassment beyond 12 months | 21.4% | 14.7% | 2.7% | 6.6% | 5.3% | 11.4% |
| Blackmail in the last 12 months | 11.8% | 29.9% | 19.7% | 32.1% | 25.4% | 23.3% |
| Blackmail but not in the last 12 months | 26.6% | 18.1% | 1.8% | 13.2% | 6.7% | 14.3% |
| Physical harassment in the last 12 months | 7.4% | 18.3% | 26.0% | 16.0% | 12.8% | 15.6% |
| Physical harassment beyond 12 months | 19.2% | 14.9% | 1.8% | 8.5% | 4.5% | 10.8% |

Table 39 shows sex workers commonly (six in 10) experienced S&D in a period over 12 months. The S&D was common in various forms physical harassment (14.6%) to Blackmail (23.3%). There were variations in proportions that reported S&D.

Generally, the data illustrates that the number of SW categories that reported recent experiences of S&D was more in seven out of the eight constructs except exclusion that reduced from 64% long ago to 20%. Constructs such as physical harassment increased from 14.3% to 23.3%, fear to seek health services from 16.9% to 19.3 %, and physical harassment from 10.8% to 15.6%.

Table 40: Stigma and Discrimination experiences by persons who inject drugs in the last 12 months and beyond by country.

| Experiences | Angola | Kenya | Lesotho | Zanzibar | Zimbabwe | Mean |
|---|--------|-------|---------|----------|--------------|--------------|
| Exclusion from family activities in the last 12 months | 9.5% | 3.8% | 4.0% | 9.1% | 5.9% | 5.9% |
| Exclusion from family activities beyond 12 months | 43.5% | 89.8% | 98.6% | | 67.7% | 43.5% |
| Gossip by family members in the last 12 months | 22.2% | 23.8% | 3.4% | 23.6% | 20.5% | 19.7% |
| Gossip by family members beyond 12 months | 34.2% | 43.8% | 10.2% | 50.0% | 24.1% | 33.3% |
| Felt afraid to seek health services in the last 12 months. | 22.2% | 28.7% | 11.9% | 25.0% | 28.9% | 23.8% |
| Felt afraid to seek health services beyond 12 months. | 30.8% | 43.8% | 5.1% | 58.3% | 25.3% | 33.3% |
| Ever avoided seeking health services because they worried someone may learn of their gender identity in the last 12 months? | 13.7% | 17.5% | 3.4% | 9.7% | 15.7% | 12.7% |
| Ever avoided seeking health services because they worried someone may learn of their identity beyond 12 months | 16.2% | 17.5% | 3.4% | 30.6% | 16.9% | 17.3% |
| Verbal harassment in the last 12 months | 13.7% | 17.5% | 3.4% | 11.1% | 13.3% | 12.4% |
| Verbal harassment beyond 12 months | 17.1% | 17.5% | 3.4% | 25.0% | 15.7% | 16.3% |
| Blackmail in the last 12 months | 17.1% | 37.5% | 8.5% | 19.4% | 28.9% | 22.6% |
| Blackmail beyond 12 months | 30.8% | 35.0% | 5.1% | 52.8% | 15.7% | 28.7% |
| Physical harassment in the last 12 months | 11.1% | 20.0% | 6.8% | 6.9% | 19.3% | 13.1% |
| Physical harassment beyond 12 months | 23.1% | 12.5% | 3.4% | 18.1% | 10.8% | 14.8% |

Table 40 shows that the IDU groups reported high S&D experiences in periods over 12 months. The S&D was by family in various forms. The S&D varied a lot by country.

4. DISCUSSIONS

The overall objective of PLHIV Stigma Index 2.0 regional analysis was to advance the understanding of the causes, extent, manifestation, and impact on care and service uptake, of stigma and discrimination experienced by PLHIV in the ESA region.

The study quantified and documented HIV-related stigma and discrimination as evidence that PLHIV and stakeholders in the region can use to improve their responses and interventions. The main findings indicate that the overall level of S&D in ESA is notably high, with an average of 43.2%. S&D varies across countries, gender, and age. For example, S&D is least in Lesotho while highest in Zanzibar. The females experienced more S&D than males. Yet, S&D is nearly similar between Key Populations (45.6%) vs non-key Populations (42.3%). Therefore, Greater Involvement of People Living with HIV/AIDS (GIPA) at local, regional, and national levels through an empowerment process can use this evidence base to advocate and intervene to fast-track and end HIV-related stigma and discrimination by 2030.

Below is an expanded discussion with suggested implications to guide interventions.

4.1 HIV-Related Stigma and Discrimination (S&D) in ESA.

At the country level, Zanzibar had the highest proportion of S&D (70.8%), followed by Kenya (58.7%), Zimbabwe (45.5%), Angola (31.3%) and the least S&D was by Lesotho (13.8%). S&D was 45.6% (n=887) among KP vs 42.3% (n=2,151) among non-KP 42.3%. Generally, females experienced more S&D, and in some cases, the experience of S&D varied with age.

The PLHIV had multiple intersectional social categories known to be associated with S&D at the family, social, and community levels. The typical PLHIV in the five countries (ESA) were mainly middle-aged females (25-49 years) who identified themselves as feminine, unemployed, of low education attainment and income, lack basic needs, etc. The overall sample size for the five countries was 7,043 respondents: females (61.9%), and males (38.1%). Their mean age was 40.3 years, SD=12.6 years (Table 2). Only 8% of respondents had attained University/tertiary education. Secondary education was highest (60.7%) among respondents from Zimbabwe and the least 27.7% (341) in Angola. Table 4, it is evident that the majority (57.8%) were unable to meet their basic needs. Table 6 shows that PLHIV who had a physical disability were 5.8%.

A quarter of the PLHIV were members of indigenous groups. In addition, 16% were members of racial, ethnic, or religious minority groups (Table 6). Membership in peer support groups was reported by 43.7% (3,074). Unemployment is high (40.8%). It is highest among PLHIV in Angola (56.6%) and least among PLHIV in Zanzibar (26.3%). Finally, two-thirds of PLHIV are unable to meet their basic needs. Thus, different vulnerable identities (young, woman, with feminine role, poor, PLHIV, etc.) intersect as self or internalized S&D experiences for PLHIV.

The implication is that these social categories intersect to converge in PLHIV to limit their prospects of gainful income and other social resources, so they need social groups to overcome S&D. Thus, stakeholders should use multiple strategies that identify and build the various social categories of PLHIV to participate in social activities.

Evidence that PLHIV in the region experience S&D

Societies exclude PLHIV from social activities. Society commonly uses verbal insults. The experiences of social exclusion are largely recent (12 months). Hence, PLHIV, avoided healthcare services. Other S&D negative outcomes were documented. Within the ESA region, 10.3% of PLHIV had unsuppressed, while 10.7% either didn't know their viral loads. About 2 of every 10 persons reported having interrupted or stopped ART. 25% missed ART due to fears (internal stigma) of others finding out their HIV status. This trend has hardly changed over time. The current ESA average of 43.2% compared with an average of 41.3% before 2018 in the four countries of Kenya, Zimbabwe, Zanzibar, and Lesotho.

Thus, internal HIV stigma and fear about someone learning of their HIV status can lead to missing an ART dose and poor viral load suppression. Disclosure of a positive HIV-positive identity to others is comparatively lower among KPs, the females, young adults, and within the MSM. However, Zimbabwe and Lesotho had higher proportions of PLHIV with disclosure of HIV-positive status as an opportunity for the ESA region to learn from Lesotho and Zimbabwe to support other countries. The learning has to be adapted and tailored in the sharing stories by gender, age, and key population stats for successful HIV disclosure of HIV-positive status. PLHIV has social avoidance behaviors that hamper the World's dreams of an HIV-free generation by 2030 (7 years), from today. Uniquely, S&D experiences were generally similar in proportions for the sex assigned at birth and for the three KP categories of SW, TG, and PWUDs. This further reinforces the need for tailored interventions with appropriate intensity where the magnitude of S&D was comparatively high. Stakeholders need to explore and understand how and why some PLHIV self-isolate from social and HIV engagements.

Yet, many PLHIV build intimate relations for managing S&D. On average, the PLHIV have lived with HIV for a long (13.8 years). The duration varied from 4.7 years in Lesotho to about 21 years in Angola. The majority (three-quarters) of the PLHIV across countries were in intimate relations. Most of the intimate relationships (56.8%) were both PLHIV (or HIV concordant sexual relations). PLHIV cared for two to three children in their households. This data (Table 5) implies that PLHIV who have intimate relations with other PLHIV and can normalize HIV to build their practical life experiences to manage S&D. This calls for the stakeholders to explore, understand, and define the pathways of how PLHIV adapts to fear to engage PLHIV in HIV care. Such action-oriented learning from PLHIV when reframed as new strategies and interventions to reduce S&D is consistent with GIPA principles.

4.2 Specific Context and Needed interventions for S&D

Despite the relatively near full access to ART, viral load suppression, access, and knowledge for PLHIV were below the thresholds by UNAIDS. The proportion of viral load suppression was almost equal among the KP groups and sex assigned at birth. Proportions that reported membership to peer support groups was least at a tenth (11.4%). Human rights abuses in all forms were minimal (less about 1%) in the last 12 months. Partly, because many (41.8%) PLHIV did not know the existing laws that protect PLHIV. Awareness/knowledge of the existing laws was comparatively higher among KPs. Most HIV-non-S&D experiences were attributed to gender identity expressed as verbal insults. These experiences doubled in the last 12 months. So, we need to reframe how to use our public health approaches to reduce social and self-S&D. Many PLHIV perceived HIV status disclosure to be beneficial. These evidence-based background characteristics suggest a gender-sensitive, age-appropriate context-specific intervention to S&D.

4.3 Study Methodological Strengths and Limitations

The methodological rigour of random sampling, appropriate on/offline data collection tools, the revised PLHIV Stigma index 2.0, and the relatively representative samples cutting across several categories of PLHIV are an edge for this study. Generally, the pulling of data from different countries with several technical evaluators and analyses including independent teams (the consultant, Genesis analytics team, analysts at JHU, the reviewers at country levels, ICWEA, and GNP+ all contributed to a generation of a ground data and interpretations and evidence for action. The PLHIV Stigma Index 2.0 has a comprehensive list of well-defined indicators. The PLHIV indicator framework and matrix were adopted, and data has been populated. This will serve as the baseline for all participating countries. Therefore, monitoring, and eventual impact evaluation will be feasible and robust. The current table can be used as a baseline which other follow-on PLHIV studies will benchmark.

Limitation

Social desirability bias in self-reporting is common. All the questions were posed during face-to-face interviews relying only on self-reports. Secondly, a possibility of recall bias- which happens when respondent tend to relate, recall, and resonate with the most recent events in their life compared to those that happened long ago. Despite this, potential bias was controlled using a well-trained PLHIV data assistant who explained the objectives and the need for non-biased data. The inclusion of KPs specific categories rather than grouping them with other PLHIV. Similarly, the use of LCR sampling methodology had limitations in using random sampling techniques in the traditional sense. This limits the study's ability to fully disaggregate data and generate conclusions.

4.4 Conclusion

Overall, stigma and discrimination (S&D) experiences are high in the ESA region at 43.2%. S&D varies across ESA countries, gender, age, income levels, etc. At the country level, Zanzibar had the highest proportion of S&D (70.8%) while the least S&D was by Lesotho (with 13.8%). S&D among Key Populations was (45.6%) compared to non-Key Populations (42.3%). S&D affected more middle-aged females. Therefore, many social categories converge to increase S&D. However, many of those affected build intimate relationships that normalize PLHIV such as HIV concordant in families.

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6. ANNEXES



ESA_Multi Country
Report- All indicators