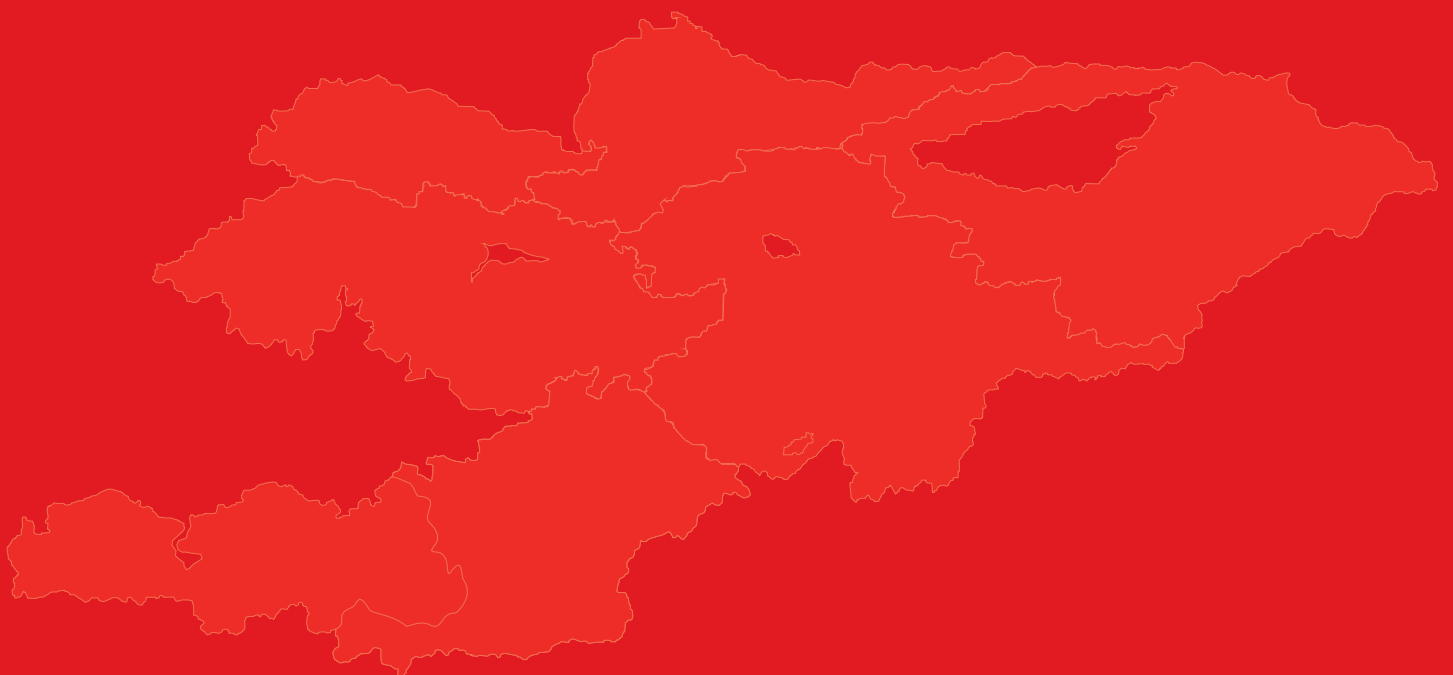




**THE NEEDS OF WOMEN  
LIVING WITH HIV/AIDS  
IN THE KYRGYZ REPUBLIC**

**REPORT ON RESEARCH  
FINDINGS**



## Study Summary

Women and girls with HIV infection are culturally, socially, biologically and economically more vulnerable than men. The lack of reliable statistics, misconceptions about HIV transmission routes, stigma and discrimination on the part of society lead to the fact that HIV-positive women face many problems.

For several years in the Kyrgyz Republic, there has been a trend towards increased sexual transmission of HIV. The most vulnerable groups, along with injecting drug users (IDU), are women. HIV infection affects a whole range of problems – psychological, social and spiritual.

Women, living in the conditions of “traditional culture”, are in a more difficult situation; gender inequality, which exists in the initial ethno-cultural environment, strengthens their social and economic problems. Women in particular, whose HIV status creates obstacles for the realization of basic needs, are particularly vulnerable in this regard, and therefore it has a negative impact on their quality of life. At present, services for HIV-positive people (HPP) in the Kyrgyz Republic are universal, not taking into account the gender, which often limits access to legal, social, psychological and medical support for women living with HIV (WLH).

Despite the urgency of the problem, in the Kyrgyz Republic there was no systematic study conducted to reveal the needs of WLH, identifying factors that affect the quality of their lives and the barriers to obtaining services. This study is necessary to reveal the strategies of removing barriers to access to services, and to prioritize advocacy.

**The purpose of the study** was to observe the factors influencing the reception of services by women living with HIV in the Kyrgyz Republic, and to determine the range of specific, demanded services.

**Methods of the study:** data collection (theoretical analysis); depth interviews with key informants – representatives of specialized NGOs and state organizations; focus groups with women living with HIV.

### Results of the study

Despite preventive measures to spread HIV infection in the Kyrgyz Republic, the number of women with HIV, among all HPP, is 35-40%.

## Access to health services

### Specialized medical services for women

Women living with HIV are in need of consultation, diagnostics and treatment of gynecological diseases in accordance with medical ethics, without stigma and discrimination. They also need support in paying for expensive diagnostic tests of urogenital infections and medicines for the treatment of sexually transmitted infections. In addition, they are faced with the high cost of treatment, especially the surgical profile.

Women, especially in regions, prefer to receive services from medical staff of the same sex. However, among the representatives of particular specializations (proctologists, urologists) there are few female specialists; it creates a certain problem for the respondents, and may lead to the refusal to receive the service.

### Medicines and vitamins

In addition to receiving antiretroviral therapy (ARVT), women, especially during pregnancy or against the backdrop of the development of opportunistic infections, need some additional vitamin drugs and medicines. Medical institutions have only a basic set of medicines, which is not sufficient for the full maintenance of health.

## Access to the services of non-governmental organizations

### Accommodation

This problem is most relevant for the capital of the country – Bishkek city. In search of work and livelihood, women from the regions come to the capital, because in rural areas it is almost impossible to find a job, especially for women with HIV. Here they face the problem of residence. The cost of rental is usually not available for newcomers, since often it is equal to the amount of salary. There is no social hostel for women with HIV in Bishkek. There are social institutions for all HPP – former prisoners HPP-IDU, HPP-sex workers (both women and men).

**Equal counseling services**

An equal consultant is a person living with HIV, who has received special training in counseling and who knows the medical, psychological and social aspects of HIV infection. The demand for ECS is conditioned by the need to adopt a status for the period of diagnosis, assistance in the formation of adherence to ARVT, as well as constant moral support. Preference is given to a female consultant.

**Psychologist services**

Services of a qualified psychologist are not always and not everywhere available to women. The psychologist, who provides the services for women with HIV, must correspond to the necessary requirements to the maximum, such as: work experience, the availability of higher education, knowledge of the national languages, etc. Currently, not all specialists, who work as psychologists, correspond to all of the above conditions.

**Mutual help group for women**

In general, women can visit self-help groups. However, joint participation in groups of men and women, as well as the inclusion of various key groups, is perceived by some women as a barrier to participation. Participants of the FG noted that they do not want to express their opinion openly in the presence of the opposite sex, the more they do not want to talk about “female” problems in the presence of men.

**Legal issues**

The need for legal assistance for women with HIV is due to the fact that the overwhelming majority needs to protect their rights while undergoing diagnostics and treatment; in the defense against pressure and compulsion from the immediate environment – from lawless acts on the part of employers, medical staff, etc.

**Information issues**

To raise awareness in the field of health and rights protection, women with HIV need constant educational and developmental activities in the form of seminars, trainings, sessions with the involvement of experienced lawyers, doctors, psychologists, etc.

**Services for children born by HIV-positive mothers**

In the provision of services for women with HIV it is not always taken into account that caring for the child is an important motivating factor for many women, which can block or facilitate the passage of regular health surveys, the formation of adherence to ARVT, etc.

In caring for children, a woman can refuse to visit groups, specialists’ consultations, to pass diagnosis and treatment. On the other hand, the attractiveness of services will be increased, if conditions for the child are created there. For example, a bottle-feeding for babies, a day care center for mother and child, a nursery under AIDS centers, assistance in getting a child into a kindergarten, a school, a camp, etc.

**Access to public social services****Social benefits and mother’s milk substitutes**

Despite the existing state guarantee for the provision of breast-milk substitutes to children of HIV-positive mothers, access to this service is now limited to a certain part of women, as well as social benefits for children. Some women are forced to give up benefits because of fear of disclosure of status or bureaucratic delays in collecting documents.

**Employment**

The majority of women with HIV are in acute need of employment, because, due to stigma and discrimination, they were deprived of the relatives’ support. Many of them do not have breadwinners and are in difficult life situations. Private employers often require a medical examination for HIV, which is contrary to the Kyrgyz law on HIV / AIDS.

**Stigma and discrimination**

Women with HIV are afraid to go to medical institutions, fearing blame from medical staff. The study documented cases, when women were denied access to medical services, were not recruited or fired because of their HIV status.

## Internal stigma

Avoiding situations in which women with HIV can become an involuntary source of infection of other people, they limit themselves to visit medical institutions, try to avoid medical manipulations, procedures related to blood and other body fluids; do not create families and refuse to give birth to children. Under pain of bringing suspicion to relatives, especially children, women do not place children in kindergartens; they do not get a job, where they need to provide a sanitary certificate; they avoid inpatient treatment, they deny themselves to physical contact with their relatives. The sense of shame affects the self-esteem of women living with HIV / AIDS, the acceptance of status, makes them vulnerable to accusations, depression and self-isolation.

## Recommendations

### ➤ To Public organizations working with HPP:

- 1) to provide integrated support to them by a multidisciplinary team, taking into account gender, membership of key groups of population, and the specifics of the region. They should use new approaches to develop programs that include enhancing and maintaining the self-esteem of women living with HIV, maintaining and improving their physical, mental, emotional and sexual health;
- 2) to develop standards for the provision of services to women living with HIV, which include a detailed description of the mechanisms, levels of care. Developed service standards should be distributed among service providers with subsequent quality monitoring;
- 3) to recognize women living with HIV as the main force capable of implementing new approaches in the development and implementation of policies and programs. In this regard, initiate the creation of women's organizations, networks, initiative groups that unite the community of women living with HIV with the aim of enhancing women's opportunities to promote and protect their interests;
- 4) to develop and implement information materials and programs on HIV prevention and tolerance for HPP in cooperation with all stakeholders, organizations and agencies, in particular NGOs, the Ministry of Health, the Ministry of Education and Science;
- 5) to develop training programs on gender, communication and relationships for women and girls living with HIV, which reduce their vulnerability and gender-based violence;
- 6) to develop a psychological service on the basis of non-governmental and state organizations to form positive thinking among HPP clients and encouragement to overcome internal stigma;
- 7) to develop and promote mechanisms for implementing municipal programs, projects to provide services to women living with HIV in difficult life situations (dormitories, shelters, crisis centers, day centers, etc.);
- 8) to promote the creation of working places for women living with HIV together with state and commercial organizations specializing in the field of employment: exchanges, agencies, funds, etc.; to establish a precedent for the sanctioning organizations requiring medical examination for HIV, dismissing or not recruiting HPP contrary to the current legislation of the Kyrgyz Republic.

### ➤ To State AIDS Service Organizations:

- 1) to resume and strengthen work with population, primary care physicians in the provision of HIV / AIDS health services to reduce stigma and discrimination against HPP; to support work to reduce stigma and discrimination not only in health care, but also in education, justice and other spheres;
- 2) to ensure effective intersectoral interaction in the provision of services;
- 3) to provide for a coordinated approach in expanding joint activities (supporting people living with HIV, protecting their rights), involving famous figures, including religious leaders, in combating stigma and discrimination;
- 4) to initiate the introduction of a list of basic free services for women living with HIV: ultrasound, Polymerase chain reaction, diagnosis and treatment of STIs, and also provide for the provision of necessary medicines and vitamins to women with HIV during pregnancy period and for clinical reasons.