SUMMARY

People Living with HIV Stigma Index 2.0

THAILAND 2022-2023

Thai Women Living with HIV Foundation
Thai PLHIV Stigma Index Task Force Committee

Key Messages

2,508

people participated, from

24 **provinces and all**

13 **health regions**

Stigma and discrimination are still experienced by people living with HIV, and pose a barrier to accessing health services and quality of life.

Implications and considerations from the results include:

- Improve public communication, family, and social engagement
- Improve the quality of healthcare and other services
- Strengthen the capacity of the healthcare workforce
- Realize human rights in laws and policies

Thailand's successful implementation of key policies and strategies to prevent HIV has led to significant reductions in HIV acquisitions and AIDS-related deaths. However, progress is still needed to reach the 95-95-95 Global AIDS Strategy testing and treatment targets by 2025.

While decreasing stigma and discrimination has been a priority of Thailand's national HIV strategy, stigma and discrimination towards people living with HIV persist, acting as a barrier to HIV service uptake. Results from the 6th National Health Examination Survey 2019-20 showed that 49% of people aged 20-59 years in Thailand held discriminatory attitudes towards people living with HIV[1]. Addressing stigma and discrimination is important for improving quality of life for people living with and affected by HIV, increasing HIV service uptake, and reaching the 95-95-95 targets.

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[1] Chautrakarn S, Ong-Artborirak P, Naksen W, Thongprachum A, Wungrath J, Chariyalertsak S, et al. (2023). Stigmatizing and discriminatory attitudes toward people living with HIV/AIDS (PLWHA) among general adult population: the results from the 6th Thai National Health Examination Survey (NHES VI). J Glob Health; 13.

What is the People Living with HIV Stigma Index 2.0?

The People Living with HIV Stigma Index is a standardized tool to gather evidence on how stigma and discrimination impact the lives of people living with HIV. It was developed to provide much-needed data and evidence that could be used to advocate for the rights of people living with and affected by HIV. The Stigma Index is designed and implemented by and for people living with HIV.[2]

The first version of the People Living with HIV Stigma Index was implemented in 2009-2010, led by the Thai Network of People living with HIV/AIDS (TNP+). The Stigma Index 2.0 study was conducted August 2022- January 2023, led by the Thai Women Living with HIV Foundation (TWLHF) and supervised by the Thai People Living with HIV Stigma Index Task Force Committee. The process engaged with the broader community, including healthcare providers, policymakers, and civil society organizations, to foster a supportive environment for people living with HIV and to address stigma and discrimination at various levels.

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[2] See https://www.stigmaindex.org for further details.

How was the study conducted?

The study comprised quantitative and qualitative data. The study began with a quantitative survey using the People Living with HIV Stigma Index 2.0 questionnaire. The qualitative study was conducted among key population groups after completion of the quantitative study.

The Thai People Living with HIV Stigma Index Task Force Committee was established to guide the recruitment process, liaise between the study team and the communities, interpret and disseminate findings, and carry out advocacy efforts. The committee was made up of leaders from communities of people living with HIV and key populations represented in the study. The committee collaborated with TWLHF and was engaged throughout the research process. A technical working group comprised of academics of local universities and international agencies assisted the task force committee on study design, data analysis, and report writing.

Who were the participants?

Study participants were people who self-reported that they were living with HIV and had been aware of their HIV status for <u>at least</u> 12 months, were over the age of 18 years, were mentally sound and capable of providing consent to participate, and spoke Thai, Laos, Burmese or Cambodian, and were able to provide informed consent.

A total of 2,508 participants were recruited through community venues and social networks.

Twenty-four provinces from all thirteen health regions were selected and participated.

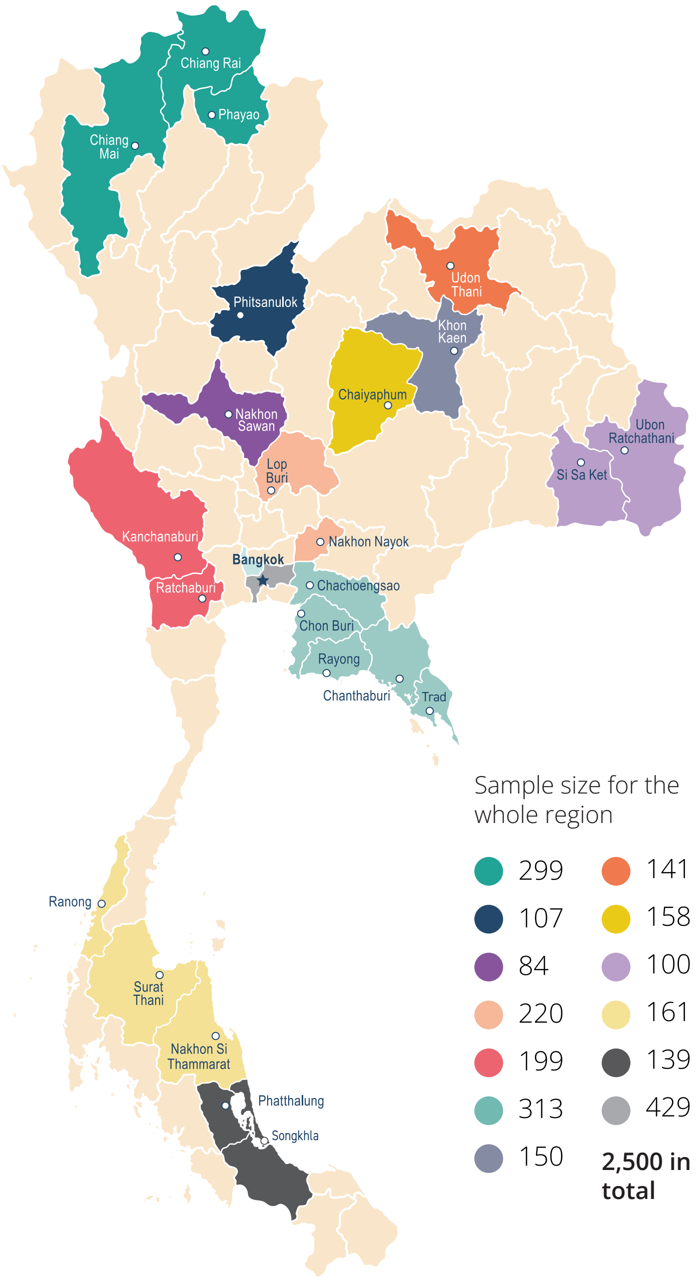


Table 1.
Demographic characteristics of the participants

Sex at birth	**% (n)**
Male	47 (1,180)
Female	53 (1,328)
Age	
18-24	8 (201)
25-49	55 (1,389)
50+	37 (918)
Population group	
Men who have sex with men	9 (236)
Transgender people	5 (120)
Sex workers	9 (235)
People who use drugs	12 (304)
Young people (aged 18-25 years old)	10 (243)
Migrant workers	4 (95)

Key Results

Health & Healthcare services

Discrimination in healthcare manifests in various forms, including denial of services, advisement against sexual activity, and unauthorized disclosure of HIV status. Stigma and discrimination experienced in healthcare settings are particularly egregious as it negatively affects people when they are at their most vulnerable and seeking health services. Results showed that discrimination was prevalent in both non-HIV and HIV-specific services. Key findings include:

- Sixteen percent of participants reported experiencing discrimination in healthcare services within the past 12 months, with higher rates among transgender persons (25%), sex workers (23%), and people who use drugs (19%). Nearly 14% of female participants and 12% of male participants reported having had a bad experience with a healthcare worker in the previous 12 months. This was higher among key population groups; sex workers (22%), transgender persons (19%), people who use drugs (16%), migrant workers (15%), young people (13%) and men who have sex with men (12%).

"The healthcare workers showed their disdain clearly. They put on gloves sometimes and chose to handle things cautiously. We can see that with regular people who are not [living with HIV], they would interact differently with those patients. They would touch and care for them. However, when it comes to us [people living with HIV], they would distance themselves and talk to us from afar, showing their disdain... Asking if this affects our mental state ... well, it does."

(Female, person who uses drugs, 45 years old)

- Approximately 77% of participants reported that their most recent viral load test in the previous 12 months showed an undetectable viral load, and almost all participants (98%) reported currently receiving or previously receiving ARV treatment. Many participants reported commencing treatment within one month of being diagnosed with HIV. Slower treatment initiation was noted for people who use drugs and transgender people, with about 50% or less starting treatment within one month.
- Ten percent of participants reported ever interrupted or stopped ARV treatment. The percentage was highest in the 20-24 age group (25%) and lowest in the 50+ age group (6%). Approximately one in three participants indicated that worrying that someone would find out their HIV status was a reason for stopping ART in the previous 12 months
- Nine percent of women living with HIV reported receiving biased services and violations of their sexual and reproductive health rights within the past 12 months. Among the participants, 11 were pressured to use specific contraceptive methods, and eight were pressured not to breastfeed.

Stigma in the community

- Approximately one in four participants had experienced HIV-related stigma in their community in their lifetime. While 5% of participants reported having experienced HIV-related stigma in their community in the previous 12 months, this was markedly higher among key populations: 10% of sex workers, 8% of people who use drugs, 8% of transgender people and 6% of gay men and other men who have sex with men.
- The most common form of discrimination in the community during the last 12 months reported by participants was gossip (3%), followed by being verbally harassed (2%), and having been excluded from social gatherings (1%).
- Of the 188 participants who reported experiencing stigma in the community in the previous 12 months, 22% had interrupted or discontinued ART compared with 9% of participants who had not experienced stigma in the community in the previous 12 months.

Internalized stigma

- High levels of internalized stigma were reported. Thirty-nine percent of participants experienced internalized stigma (measured as feeling ashamed of living with HIV). Internalized stigma was particularly high among key populations and younger participants.
- More than three-quarters of participants (75%) found it difficult to tell people that they were living with HIV, and more than two-thirds (67%) responded that they hid their HIV status from others.

Characteristics		**Reported experiencing internalized stigma (GAM indicator) % (n)**
Age group	18-24	49 (99)
	25-49	42 (590)
	50+	32 (289)
Population group	Men who have sex with men	50 (118)
	Transgender	45 (54)
	Sex worker	44 (104)
	Person who uses drugs	46 (140)
	Migrant worker	58 (55)
Sex at birth	Male	40 (476)
	Female	38 (502)

“I chose to conceal my HIV status from others; I felt that if they were to find out, my friends might become distant, resentful, and even have thoughts of not wanting to be close to us. But that means I must keep some distance from my friends, and keeping the secret makes me feel stressed and despaired.”

(Transgender person, migrant worker, 47 years)

- Transwomen reported the highest rates of negative impact of their HIV status in terms of experiencing romantic love (34%), maintaining close and stable relationships with others (24%) limiting their self-confidence (21%), participating in the community (15%), and adhering to activities/practices aligned with personal beliefs or convictions (14%).
- Almost 20% of participants reported having chosen not to attend social gatherings, not to seek social support, not to apply for a job, and decided not to have sex during the last 12 months.
- Despite high levels of internalized stigma, 15% of participants reported that their HIV status had positively impacted their ability to respect themselves and 12% reported a positive impact on their ability to respect others.

Please tell me if, in general, you agree or disagree with the following statements	**Yes; % (n)**
It is difficult to tell people that I am HIV positive	75 (1,871)
I hide my HIV status from others	67 (1,679)
I am ashamed that I am HIV positive	39 (979)
I feel guilty that I am HIV positive	33 (831)
I sometimes feel worthless because I am HIV positive	29 (723)
Being HIV positive makes me feel dirty	22 (554)

> *"… once we [acquired HIV], suddenly, it's like, 'Hey, we need to take care of ourselves.' In the past, we never really looked after ourselves. But after becoming HIV positive, I started to realize the importance of my own body. I thought, 'Hmm, we should start taking care of ourselves, like eating healthier, getting enough rest.' Unlike before [getting HIV] when we didn't really, um, think much about our own worth."*
>
> (Man who has sex with men, 43 years)

Human Rights

- Fourteen percent of participants experienced at least one rights abuse in their lifetime. Almost 3% had experienced at least one rights abuse in the previous 12 months.
- Approximately 4% of participants were forced to get tested for HIV or disclose their HIV status to apply for a job or get a pension plan. Participants also noted being forced to get tested for HIV or disclose their status to get medical insurance (6%) and healthcare services (5%). Among those who had experienced a human rights violation, 6% reported having done something about the matter.
- Participants were asked about their knowledge of laws in Thailand to protect people living with HIV from discrimination. Most participants did not know if there were laws (61%), almost one-third (32%) answered that there were laws, and 8% answered that there were no laws.

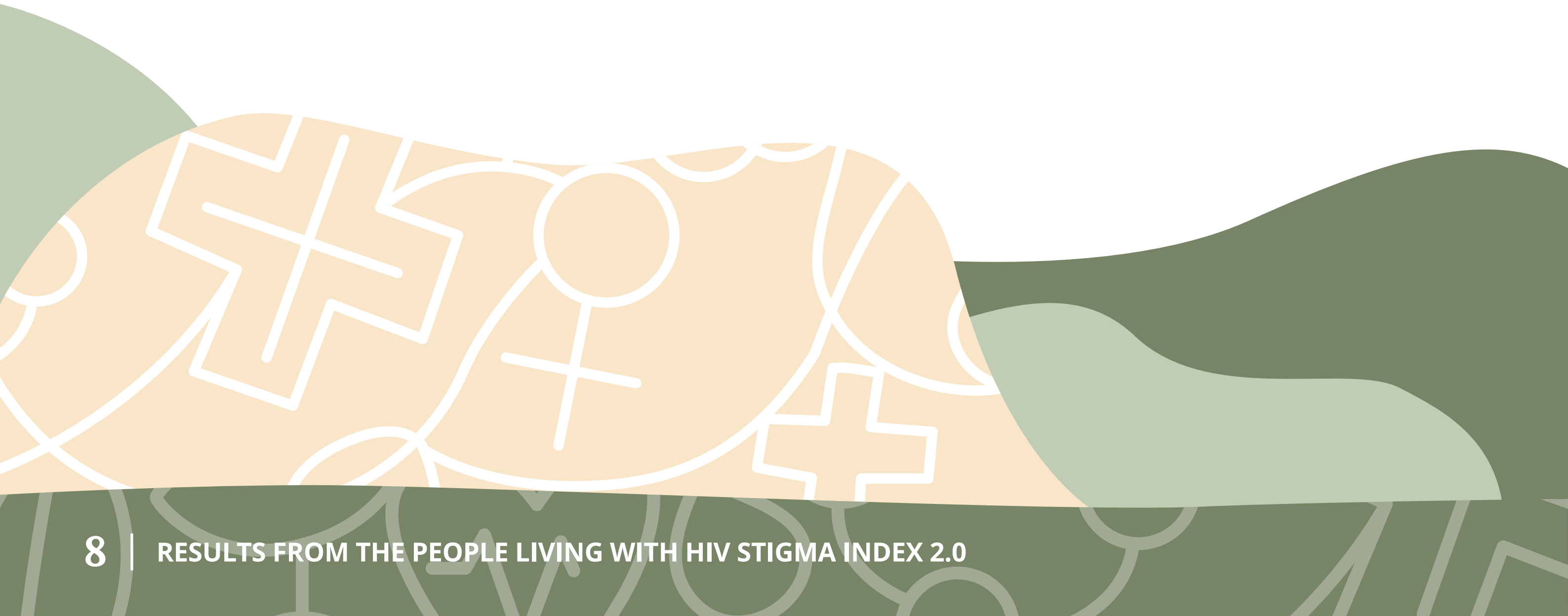
Effecting change and resilience

- A total of 31% of participants reported effecting change and/or challenging stigma and showing resilience in the previous 12 months.
- Among participants who reported effective change, and/or challenging stigma and showing resilience in the previous 12 months, 23% of participants had provided emotional, financial or other support to help someone living with HIV deal with stigma and/or discrimination; 11% had done so in the previous 12 months. About 22% of participants had participated in an organization or educational campaign working to address stigma and discrimination against people living with HIV; 17% of participants had challenged or educated someone who had engaged in discrimination or stigma against them. Similarly, 18% had challenged or educated someone who had engaged in stigma or discrimination against ***other*** people living with HIV.

> *"You need to have positive thinking. Management of HIV has come a long way ... people living with HIV people can have children and proper families ... [With] ARV drugs, we can live with this disease and behave justlike other people in every way ... HIV is not as scary or as deadly as it used to be."*
>
> (Female, young person, 24 years)

Stigma and discrimination experienced for reasons other than HIV status

The report also measured stigma and discrimination experienced for reasons other than HIV among key populations. Among the groups, transgender participants reported experiencing the highest levels of discrimination, followed by people who use drugs.



Implications and considerations

The results from the People Living with HIV Stigma Index 2.0 highlight the resilience and diversity of people living with HIV in Thailand. By taking an intersectional view, focusing on both common and unique experiences of people living with HIV, the study has illuminated several important areas for consideration in the national response to stigma in Thailand. The findings from the Stigma Index 2.0 Thailand leads to the following recommendations:

Improve public communication, family, and social engagement

General knowledge should increase so that people view HIV as a manageable chronic condition. This can be done through curating public messaging that normalize perceptions of HIV away from fear and blame. To achieve this, national and regional departments of health should:

Enhance general knowledge about HIV, route of transmission, preventive measures, and vulnerability of key population groups to everyone. Amplify the message of undetectable = untransmittable "**(U=U)**" – an evidence-informed public health message that can empower people living with HIV to overcome internalized stigma.

Collaborate across sectors and industries to provide knowledge in various workplaces. Establish service standards, such as those of the Ministry of Public Health, free from stigma and discrimination.

Develop a nationwide awareness campaign about HIV stigma and discrimination covering all population groups.

Engage in collaborative efforts with other social services to mitigate the stigma and discrimination that exist in families and communities, as these factors increase the risk of HIV acquisition and transmission.

Strengthen the capacity of the healthcare workforce

Healthcare workers have a responsibility to maintain their skills and competencies and should be encouraged to seek out opportunities to bolster the quality of the services they provide and enhance knowledge and practices in relation to addressing bias and stigma.

HIV-related care providers and providers of other health services should receive training on updated HIV care and treatment as well as knowledge on human rights, sexual health rights, harm reduction, and patient-centred mental healthcare.

For students and early career healthcare workers, awareness of diversity, equity and inclusion within informative medical education should be strengthened. Universities, institutes and vocational training should promote up-to-date awareness about HIV and dispel misconceptions and misunderstandings about sexual orientation and gender diversity before healthcare workers start providing services.

Curriculums promoting accurate comprehension of the rights of people living with HIV, sexual health rights and fertility health, rights of persons with diverse sexual identities, and groups of persons who are vulnerable to HIV should be established.

In- services capacity development opportunities should be accredited and provided by public and private institutions.

Improve the quality of healthcare and other services

Health systems policy makers, planners and facility managers have the duty to ensure the best possible quality of care for their clients. Recommended actions include:

Tailoring healthcare services to meet the evolving health needs of diverse people living with HIV, considering intersecting layers of identity and stigma. This could be through bespoke standalone services, trusted referrals and/or the integration of HIV services within other settings.

Ensure confidentiality and that everyone have access to clinical care rights and urgent care without fear of law and no one is forced to undergo HIV testing before treating unrelated illnesses.

Monitoring progress and quality improvement. Indicators pertaining specifically to HIV services must be included in the monitoring procedure. Healthcare facilities should have measures in place to ensure service quality that is free from discrimination.

Developing comprehensive programmes to systematically support mental well-being for people who use drugs and all people living with HIV, tailored to their diverse and evolving needs.

Realize human rights in laws and policies

The government of Thailand has a duty to protect the human dignity, rights, liberty and equality of its people including non-discrimination and progressive realisation of human rights to the highest attainable standard of health. Currently, there are existing laws and policies that need attention to create a more enabling environment for the HIV response in Thailand. Recommended actions include:

Repeal discriminatory policies that require HIV testing in educational institutes and as condition of new or continued employment and ensure that HIV testing is voluntary in all circumstances. Encourage promoting voluntary blood tests for personal health management and providing access to both prevention and ART.

Strengthen legal mechanisms available to eliminate discriminatory practices and provide protection and remedies in cases of stigma and discrimination and support the enactment of laws that protect sexual and reproductive health and rights for women living with HIV.

Protect human rights by working to legalize sex work, providing welfare for sex workers, and ensuring equal access to treatment according to their rightful entitlements.

The Thai government should allocate enough and continuous in-country budget to support HIV prevention and care programs, particularly for the specific groups that are not supported by the Global Fund.

The findings and process of conducting the People Living with HIV Stigma Index 2.0 in Thailand highlight the importance of context. Differences are evident in the findings across the regions of Thailand, and between groups and communities. For each individual living with HIV who has experienced stigma or discrimination the effects can be long-lasting. Therefore, even the findings reported that have been experienced by only a few individuals point to areas of concern. As the recommendations suggest, efforts are needed to address and reduce social and structural determinants of stigma. It is hoped that the evidence presented will be useful for policy makers, service providers, and communities to tailor such efforts in the future.

For further information contact the Thai Women Living with HIV Foundation (TWLHF) or UNAIDS Thailand.

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