At the Nexus of HIV, Human Rights and Gender

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(Biswa ranjan Rout/Associated Press)
Overview

- HIV/AIDS as a development issue
- Drivers and impacts of the epidemic
- Global epidemiology
- HIV Vulnerability through a gender and human rights lens
- The Case of Vietnam: Discrimination experienced by people living with HIV
The HIV/AIDS epidemic is “the most formidable development challenge of our time”

UN Secretary-General Kofi Annan, January-February 2000
Why are there special development impacts from HIV/AIDS?

- Those in the prime of their lives are most vulnerable:
  - Working on farms, in factories, in offices
  - Raising children and caring for their parents
  - Active in the social fabric of their communities
Radiating effects of an HIV infection

Adapted from Barnett & Whiteside, 2002, p. 184
Drivers of the HIV Epidemic

- Lack of access to effective HIV prevention, treatment and impact mitigation
- Poverty and inequality (e.g. gender inequality, ethnic inequality)
- Denial of sensitive issues (e.g. pre- and extra-marital sex, homosexuality and drug use)
- Human rights violations
- Stigma and discrimination against highly vulnerable populations and PLWHA
The Global AIDS Epidemic: Update 2014

- Nearly 78 million people have been infected with HIV
- 39 million people have died of HIV-related causes
- 36.9 million people are living with HIV
  - 34.3 million adults
  - 17.4 million women
  - 2 million newly infected this year
- 1.2 million AIDS deaths in 2014
- A total of 18 million children have lost one or both parents to AIDS.
The Comprehensive Response: What Works

Helps those currently infected

Helps those infected and affected

Treatment and care

Impact mitigation

Prevention of infection

Prevents HIV infection, suffering, and death

Human Rights

Gender Equity

GIPA

Multi-sectoral Approach
Good News:
Decline in New Infections and Deaths

• Since 2001, new HIV infections declined by 38%; new infections among children by 58%
• 25% reduction in new infections in 22 countries in sub-Saharan Africa since 2001.
• AIDS-related deaths declined by 35% since 2005
• 24% decline in mother-to-child transmission
• 12.9 million - 37% of all people living with HIV - have access to antiretroviral therapy
Estimated number of Life-years added due to antiretroviral therapy, by region, 1996–2008

- Western Europe and North America: 7.2 million
- Sub-Saharan Africa: 2.3 million
- Latin America: 1.4 million
- Asia: 590,000
- Eastern Europe and Central Asia: 73,000
- Caribbean: 40,000
- Oceania: 49,000
- Middle East and North Africa: 7,500
Bad News

- Women and the poor continue to be the most vulnerable, especially in Sub-Saharan Africa
- Prevalence continues to rise in many countries
- Funding for and attention to prevention is less than for treatment and care
- Adherence to treatment regimens and retention in care are challenging
WHY GENDER AND HUMAN RIGHTS?

Let’s look at the data
Epidemic through a Gender & Rights Lens

• Global Epidemic in Women:
  – 1985: 35% of PLWHA were women
  – 2014: 50.3% of PLWHA are women
  – Sub-Saharan Africa
    • 58% of PLWHA are women
    • Women 15-24 are 8 times as likely to be infected as young men the same age

• Sub-Saharan Africa most affected
  – 71% of all people living with HIV worldwide
  – 70% of new infections worldwide
  – South Africa: largest epidemic in the world with 6.1 million infected
    • 17.9% of adults 15-49
    • HIV prevalence 2X as high in women compared to men
    • New infections among young women 15-24 are 4X higher than in men the same age

(UNAIDS 2012, 2014)
HIV prevalence among young people in sub-Saharan Africa

HIV prevalence among people 15–24 years old by sex in selected countries in sub-Saharan Africa.

Source: UNAIDS 2010.
Gender differences in vulnerability

• Biological: based on physiology
• Behavioral: individual behaviors that are protective or put people at risk.
• Structural: legal, institutional and policy environment
• Economic: factors that affect access to and control over resources/assets
• Socio-cultural: factors that define individual behavior and beliefs in relation to gender, sexuality, ethnicity and class
HIV-Related Rights: Contentious Territories

- Right to confidentiality and privacy
- Right to information and services
- Protection from discrimination/stigma
- Right to health: services, affordable medicines
- Right of PLWHA to make informed sexual and reproductive health decisions regarding sexual behavior, pregnancy, child bearing
- Right of sexual identity and sexual orientation
- Right to work, including right to engage in sex work
- Right to refuse sex
- Right to marry/not marry
Non-Discrimination

- Key concept in human rights
- Every person should be treated with equal dignity and respect
- Negative discrimination on the basis of difference is strictly prohibited
- Can exist in both law or in practice

From Gruskin, 2007
HIV-related stigma and discrimination

- **HIV-related stigma:**
  - The process of devaluing people because of the real or perceived HIV/AIDS status of an individual or family members

- **HIV-related discrimination:**
  - The legal institutional and procedural ways people are denied access to their rights because of their real or perceived HIV/AIDS status

**Why are stigma and discrimination important?**
- Causes and consequences of HIV
- Delineate power and establish structural inequality
- Obstacles to effective prevention, treatment and impact mitigation
HIV Vulnerability through a Gender and Human Rights Lens

- **Socio-Economic Factors**
  - Structural level: programmatic, legal/policy
  - Individual level: biological, behavioral, relational, situational

- **Legal Environment**
  - Socio-cultural and Economic level

- **Programs**

- **Immediate Situations**

- **Behavior**

- **Biology: Risk of Infection**

Messersmith, 2012
Understanding HIV Vulnerability

**Socio-Economic Factors**

- Cultural and social values on equality; Gender Equity; Equal access to economic, social & political capital;

**Legal/Policy Environment**

- Harm reduction is legal; rights protection; women have equal rights

**Programs**

- Harm reduction: condom, /N/S distribution

**Immediate Situations**

- Possession of and power to use condoms, clean N/S

**Behavior**

- Condom Use/Use of sterile injecting equipment

**Biology:** Risk of HIV Infection

- Condom Use/Use of sterile injecting equipment

**Structural level: program, legal/policy**

- Lack of access to or power to use prevention; violence

- Police interference in condom, /N/S distribution

- Human rights violations; Discrimination; Drug use, sex work, distribution of condom, N/S are illegal

**Individual level: biological, behavioral, situational**

- No condom use

- Use of infected injecting equipment

- Wealth disparity, gender inequity, marginalization

- Messersmith, 2012
“MANY PEOPLE KNOW THE LAW, BUT ALSO MANY PEOPLE VIOLATE IT”: DISCRIMINATION EXPERIENCED BY PEOPLE LIVING WITH HIV/AIDS IN VIETNAM
Overview

• HIV in Vietnam:
  o Epidemiology
  o Legal/policy environment
  o Stigma and discrimination

• Study aims and design

• Study Results
  o Survey
  o Focus Group Discussions

• Recommendations
Vietnam HIV/AIDS Estimates 2014

<table>
<thead>
<tr>
<th># living with HIV</th>
<th>250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence adults 15-49</td>
<td>0.5%</td>
</tr>
<tr>
<td># adults living with HIV</td>
<td>240,000</td>
</tr>
<tr>
<td># women living with HIV</td>
<td>77,000 (32%)</td>
</tr>
<tr>
<td># children aged 0-14 living w/HIV</td>
<td>5,300</td>
</tr>
<tr>
<td>Deaths due to AIDS</td>
<td>11,000</td>
</tr>
</tbody>
</table>

Vietnam’s epidemic

- Majority of reported cases among injecting drug users and young people < 30 years
  - ~30% of IDUs are HIV+
  - ~4% of sex workers are HIV+
- Increasing proportion attributed to sexual transmission
- Declining male-to-female sex ratio of those infected
- Increasing proportion of PLHIV are women who are not SWs
- HCMC, Quang Ninh, and Hai Phong >1% prevalence among adults (antenatal women)
The Legal/Policy Environment: Progress towards a rights-based approach

- Since 2004, significant positive changes in Vietnam's legal and policy framework.
- Rights protection
  - The National AIDS Strategy (MOH 2004),
  - Decree 54 (Communist Party of Vietnam 2005),
  - National AIDS Law (National Assembly 2007)
  - Implementing Decree 108 (Government of Vietnam 2007)
The Legal/Policy Context:
on the other hand...

- AIDS is addressed within an “anti-social evils” framework with drug use and sex work
- Structure: National Committee for AIDS, Drugs and Prostitution Prevention and Control governed by Ministries of Health, Public Security and Social Affairs
- AIDS policies and programs focus on “high-risk” groups, esp. injecting drug users and sex workers
- Persistent support for law enforcement approach (arrest/confine of people who inject drugs and sex workers).
Posters and billboards
Previous work discrimination and stigma in Vietnam prior to our study

- Small scale qualitative studies on stigma (before enactment of national AIDS law)
- Quantitative research on stigma felt and enacted by general population
- Gap: generalizable quantitative data on discrimination experienced by PLWHA.
Rights Protection Under Vietnamese Law
Vietnam National AIDS Law: Definition of Discrimination

*Discrimination of a person infected with HIV/AIDS is a behavior of alienation, refusal, isolation, maltreatment, prejudice or restriction of rights towards another person because of the awareness or suspicion that the person is infected with HIV/AIDS or has close relationship with a HIV-infected or suspected HIV-infected person.*
Rights of PLWHA under the Law

• People infected with HIV/AIDS have the following rights:
  – Integrated life within the community and society;
  – Treatment and health care;
  – Education, vocational training, employment;
  – Protection of privacy and confidentiality with respect to HIV/AIDS;
  – Refusal of examination or treatment in the last phase of the disease;

THE LAW ON PREVENTION AND CONTROL OF HIV/AIDS, 2006
Prohibited Acts (Article 8)

• Stigmatizing and discriminating against HIV-infected people.
• Making public the name, address and images of an HIV-infected person or disclosing information on a person’s HIV infection to another without consent of that person, except for the case specified in Article 30.
• Compulsory HIV testing, except for the cases specified in Article 28.
• Refusing to provide medical examination or treatment to a patient for knowing or suspecting that such person is infected with HIV.
Education Related Discrimination Prohibited (Article 15)

• Educational and training facilities are not allowed to:
  – Refuse to admit a student due to real or suspected HIV positive status;
  – Separate, limit or forbid students participating in school activities based on real or suspected HIV positive status;
  – Request student to be tested for HIV or to ask an applicant for an HIV test result.

THE LAW ON PREVENTION AND CONTROL OF HIV/AIDS, 2006
Employment Related Discrimination Prohibited (Article 14)

• Terminating an employee or creating difficulties based on real or suspected HIV positive status
• Forcing a healthy employee to transfer from the job he/she has been doing because of real or suspected HIV positive status
• Refusing salary raise to or promotion of a person, or not ensure the legalized rights or benefits on the basis of real or suspected HIV positive status
• Requesting employees to have an HIV test or to ask a job applicant or an employee for an HIV test result, to refuse to hire an applicant because he/she is infected with HIV.

THE LAW ON PREVENTION AND CONTROL OF HIV/AIDS, 2006
Reproductive Rights: ICPD and Beijing

• The Government of Vietnam is a signatory to ICPD (1994) and Beijing (1995) Programmes/Platforms of Action

“...right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.”

(Para 96, Beijing POA)
Study Partners

Boston University
Center for Community Health Research and Development

USAID | Health Policy Initiative Vietnam

CCIHP
Center for Creative Initiatives in Health and Population

Health Systems 2020
Study Aims

• To assess discrimination experienced by people living with HIV/AIDS (PLHIV).
• To generate national estimates of HIV/AIDS-related discrimination prohibited by law in health care, education, employment, and schooling.
• To inform national policy makers about the extent to which the national HIV/AIDS law has been implemented and what types of discrimination and violation of the law need greater attention.
Study Design/Methods

• Cross-sectional survey of 1200 participants from 17 provinces
• 14 focus group discussions with 129 men and women PLHIV in 7 PEPFAR-focus provinces.
• Study conducted between July and November 2010
## Sample Size: Survey

<table>
<thead>
<tr>
<th>Region</th>
<th>Provinces</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>Yen Bai, Bac Ninh, Nam Dinh, Thai Nguyen, Hanoi, Quang Ninh, Hai Phong</td>
<td>457</td>
</tr>
<tr>
<td>Central</td>
<td>Quang Nam, Khanh Hoa, Nghe An, Ha Tinh</td>
<td>155</td>
</tr>
<tr>
<td>Southern</td>
<td>Lam Dong, Ba Ria Vung Tau, Dong Thap, HCMC, Can Tho, An Giang, HCMC</td>
<td>588</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17 Provinces</td>
<td>1200</td>
</tr>
<tr>
<td>Socio-Demographic Characteristics</td>
<td>Men (%) (n=725)</td>
<td>Women (%) (n=473)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>2.9</td>
<td>12.6</td>
</tr>
<tr>
<td>25-29</td>
<td>25.3</td>
<td>25.2</td>
</tr>
<tr>
<td>30-34</td>
<td>38.2</td>
<td>35.5</td>
</tr>
<tr>
<td>35-39</td>
<td>19.0</td>
<td>16.4</td>
</tr>
<tr>
<td>40-45</td>
<td>8.2</td>
<td>7.9</td>
</tr>
<tr>
<td>45+</td>
<td>7.6</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>36.8</td>
<td>43.8</td>
</tr>
<tr>
<td>Rural</td>
<td>63.2</td>
<td>56.2</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>34.6</td>
<td>5.2</td>
</tr>
<tr>
<td>Married</td>
<td>51.5</td>
<td>53.2</td>
</tr>
<tr>
<td>Widowed</td>
<td>3.1</td>
<td>31.9</td>
</tr>
<tr>
<td>Divorced</td>
<td>2.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Separated</td>
<td>3.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Co-habitating</td>
<td>2.8</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Primary</td>
<td>12.1</td>
<td>22.5</td>
</tr>
<tr>
<td>Secondary</td>
<td>84.9</td>
<td>68.4</td>
</tr>
<tr>
<td>College/technical/vocational</td>
<td>1.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>
Study Discrimination Variables

Presence of yes response to ANY of the following in the last 12 months:

- Denied health service
- Tested w/o consent
- Status disclosed w/o consent
- Sexual Abstinence advised
- Abortion advised
- Sterilization advised
- Denied school
- Children denied school b/c of parent’s status
- Children denied school b/c of child’s status
- Lost job
- Job description change
- Lost promotion
- Evicted from housing
- Denied social services
- Experienced extortion for services
- Physically harmed
- Emotionally harmed
## Frequency of Discrimination in Last 12 Months

<table>
<thead>
<tr>
<th>Type of Discrimination</th>
<th>Overall*</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced ANY of following discrimination</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
<tr>
<td>Denied health service</td>
<td>1033</td>
<td>611</td>
<td>420</td>
</tr>
<tr>
<td>Tested w/o consent</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
<tr>
<td>Status disclosed w/o consent</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
<tr>
<td>Abstinence advised</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
<tr>
<td>Abortion advised</td>
<td>20</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Sterilization advised</td>
<td>424</td>
<td>370</td>
<td>52</td>
</tr>
<tr>
<td>Child denied school because of parent’s status</td>
<td>625</td>
<td>311</td>
<td>314</td>
</tr>
<tr>
<td>Children denied school b/c of child’s status (those w/HIV+ child)</td>
<td>102</td>
<td>30</td>
<td>72</td>
</tr>
<tr>
<td>Lost job</td>
<td>1102</td>
<td>637</td>
<td>437</td>
</tr>
<tr>
<td>Evicted from housing</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
<tr>
<td>Denied social services</td>
<td>931</td>
<td>543</td>
<td>377</td>
</tr>
<tr>
<td>Experienced extortion</td>
<td>1108</td>
<td>669</td>
<td>437</td>
</tr>
<tr>
<td>Physically harmed</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
<tr>
<td>Emotionally harmed</td>
<td>1199</td>
<td>725</td>
<td>472</td>
</tr>
</tbody>
</table>

* Percentages may not sum to 100 due to rounding.
Percent of Participants Reported HIV Status Disclosed Without Consent and Date of LATEST Disclosure

![Bar chart showing percent of participants reported HIV status disclosed without consent and date of LATEST disclosure. The chart includes data for before and after Jan 2007, with separate bars for male and female participants. The percentages are as follows:

Before Jan 2007:
- Male: 25.6%
- Female: 20.7%

After Jan 2007:
- Male: 74.4%
- Female: 79.3%]
## Source of HIV Status Disclosure in Last 12 Months

<table>
<thead>
<tr>
<th>Source of Disclosure of HIV Status</th>
<th>Men (n=95)</th>
<th>Women (n=110)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Social Service Provider</td>
<td>1%</td>
<td>11%</td>
</tr>
<tr>
<td>Spouse</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Family Member</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>Friend</td>
<td>32%</td>
<td>36%</td>
</tr>
<tr>
<td>Other (mostly neighbors)</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>Don't know</td>
<td>10%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Nearly 1/3 of the Study Population was Advised to Abstain from Sex in Last 12 Months due to their HIV status (N=1200)

### Percent Reporting Source of Advice

<table>
<thead>
<tr>
<th>Source of Advice</th>
<th>Men (%) (n=236)</th>
<th>Women (%) (n=164)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider</td>
<td>67.3</td>
<td>80.8</td>
</tr>
<tr>
<td>Peer Educator</td>
<td>19.2</td>
<td>9.8</td>
</tr>
<tr>
<td>Spouse</td>
<td>4.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Family Member</td>
<td>30.0</td>
<td>28.4</td>
</tr>
<tr>
<td>Friend</td>
<td>21.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Other</td>
<td>1.0</td>
<td>0.8</td>
</tr>
</tbody>
</table>

35.1% of women; 29.2% of men
Legal Recourse

• Only 19 sought legal recourse

• Reasons for not seeking recourse:
  – Lack of confidence in successful outcome
  – Insufficient finances to pursue
  – Process too bureaucratic
  – Advised against it
  – Intimidated or scared
Logistic Regression Analysis

• Gender: Female vs. Male (OR 1.89 (95% CI 1.20, 2.98)**)
• Membership in PLHIV support group
• Status disclosed vs. not disclosed
• Regional differences
• Urban/Rural: no significant differences
Logistic regression: type of discrimination by gender, HIV status disclosure and PLHIV support group membership.

<table>
<thead>
<tr>
<th>Type of discrimination</th>
<th>Women versus men adjusted OR(^{\alpha}) (95% CI)</th>
<th>Status disclosed versus status not-disclosed adjusted OR(95% CI)(^{\beta})</th>
<th>PLHIV support group member vs. non-member adjusted OR (95% CI)(^{\pi})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied health service</td>
<td>8.71 (1.57, 48.46)**</td>
<td>5.56 (0.38, 31.69)</td>
<td>2.17 (0.27, 17.29)</td>
</tr>
<tr>
<td>Tested without consent</td>
<td>0.12 (0.02, 0.79)</td>
<td>1.87 (0.36, 9.76)</td>
<td>2.90 (0.34, 24.89)</td>
</tr>
<tr>
<td>Status disclosed without consent</td>
<td>3.45 (1.69, 7.04)**</td>
<td>1.0</td>
<td>1.13 (0.57, 2.25)</td>
</tr>
<tr>
<td>Abstinence advised</td>
<td>1.34 (0.86, 2.08)</td>
<td>0.49 (0.20, 1.21)</td>
<td>0.85 (0.54, 1.32)</td>
</tr>
<tr>
<td>Sterilisation advised</td>
<td>1.23 (0.38, 4.00)</td>
<td>0.52 (0.11, 2.47)</td>
<td>0.73 (0.21, 2.57)</td>
</tr>
<tr>
<td>Child denied school because of parent’s status</td>
<td>1.88 (0.24, 14.73)</td>
<td>11.98 (2.88, 49.88)**</td>
<td>5.28 (0.91, 30.71)</td>
</tr>
<tr>
<td>Children denied school because of child’s status</td>
<td>20.68 (1.67, 255.40)</td>
<td>8.26 (0.78, 87.57)</td>
<td>2.10 (0.18, 24.65)</td>
</tr>
<tr>
<td>Lost job</td>
<td>0.84 (0.26, 2.77)</td>
<td>3.97 (0.80, 19.72)</td>
<td>1.04 (0.35, 3.16)</td>
</tr>
<tr>
<td>Evicted from housing</td>
<td>46.29 (9.56, 224.17)**</td>
<td>5.50 (0.57, 53.39)</td>
<td>0.28 (0.07, 1.12)</td>
</tr>
<tr>
<td>Denied social services</td>
<td>0.99 (0.25, 3.97)</td>
<td>9.75 (2.26, 42.08)*</td>
<td>2.71 (0.83, 8.04)</td>
</tr>
<tr>
<td>Experienced extortion for services</td>
<td>0.69 (0.11, 4.20)</td>
<td>1.04 (0.12, 9.18)</td>
<td>180.14 (21.52, infinite)**</td>
</tr>
<tr>
<td>Physically harmed</td>
<td>59.17 (9.97, 351.34)**</td>
<td>1.04 (0.17, 6.19)</td>
<td>0.34 (0.05, 2.27)</td>
</tr>
<tr>
<td>Emotionally harmed</td>
<td>3.04 (1.38, 6.68)*</td>
<td>3.94 (1.40, 11.11)*</td>
<td>1.18 (0.59, 2.37)</td>
</tr>
</tbody>
</table>

\(^{\alpha}\) Model adjusted for PLHIV support group participation; \(^{\beta}\) Model adjusted for gender and PLHIV support group participation; \(^{\pi}\) Model adjusted for gender.; \(p\)-values generated from Holm’s Test correction for multiple comparisons: *\(p<0.05\); **\(p<0.01\)
DISCRIMINATION IN HEALTH & EDUCATION SECTORS: FOCUS GROUP DISCUSSION RESULTS
Refusal to provide treatment

In my precinct, when I was sick, I went to be examined, they refused, but in a polite way. They refused by saying that there were no tools or equipment. I was sick due to a simple disease, they knew it, but they asked me to go to the hospital or to the upper line [higher level health facility]. (Man, FGD, Can Tho)
Discrimination in the Health Sector

They [health care providers] know the laws, they are very cunning. They dare not break the law, so dare not refuse to examine. They send us to here and there, to the hospital for tropical diseases, or to other places to buy medicines, etc. They would not dare to refuse to examine us. I had obstetrical problems, but they sent me to the Hospital for Tropical Diseases. Such hospital does not have an obstetrical department, so why would they send me there? (Woman, FGD, HCMC)
Many times, they just did the check up very quickly, not as carefully as they did to others. I feel very upset about that. I can't complain about the people who cannot get much information from the public media, but the doctors have been through at least some training. They have access to information so their knowledge should be much better than the people. So why do they have such attitudes? I want to change the attitudes of those doctors. (Women FGD, An Giang)
The chairs reserved for HIV patients to sit while waiting are those with a piece of plastic. Other patients sit in different chairs. When the people with HIV come, they give them chairs with a plastic piece on it and tell them to sit down on it. (Woman FGD, An Giang)
HIV Testing

I was not informed in advance. In my case, I had diarrhea and I went to the hospital. Doctors there took HIV test for me without asking for my permission. When I was going to leave the hospital, they gave me the result and said that I was living with HIV. At that time, I was surprised and shocked. They did not provide me with consultation. (Men FGD, Nghe An)
HIV Testing

My child does not have the disease but when he goes to the school, the school said that as his parents both have the disease, he must also have the disease. They requested that my child should get tested. Although I gave the school his negative test result, the school did not believe us. Finally, the principal herself brought my child to get tested and when they themselves received the test result, they believed in it and they allowed my child to go to school. (Women FGD, Hai Phong)
Disclosure without Consent

They did a blood test for me. When the test result was available, they notified me that I was HIV positive. They also notified my workplace at the same time. When they notified my situation to my workplace, I was staying in the hospital. A friend working in the same place called me and asked: “Which hospital are you staying in? Are you HIV positive? How are you like that?” I asked her back: “From where did you hear that information?” She said that this was told by the health office of our enterprise. (Women FGD, Hanoi)
I only know that the ward's women union has the list of children who were born by parents with HIV, but I don't know where they get the list from, from the hospital or from somewhere else, I'm not sure about that. (Women FGD, Quang Ninh)

But when I brought my child to the ward to get vaccinations, they said immediately that my child is infected, so people sitting there heard that and they knew. (Women FGD, Quang Ninh)
Discrimination in Education

It is very difficult for a child living with HIV to get a place in a school. Although there is already a law on this issue and people cannot dodge the law anymore, a child living with HIV can be admitted to school but the class has only one child and one teacher. For example, in VB, the amount of tuition that a child living with HIV has to pay is equal to that for all the children in one class, because a class has only one child and one teacher. (Women FGD, Hai Phong)
Discrimination in Education

I can show you an article in the newspaper. Even when they show the negative test result, the child is still not allowed to go to school. Just very recently, three times testing negative still cannot enable the child to get in. (Men FGD, Hai Phong)

In general, children living with HIV are not allowed to go to school. It is for 100%. It happens in all communes and wards. (Men FGD, Nghe An)
Discrimination in Education

The family is required to take the child for HIV test. If the test result is negative, the child is allowed to go to the school.... the case of two children living with HIV, H and H. The children were admitted to a school but they have been taught by a teacher in a separate room. They were born in 2001 and this year they are in the 4th grade. They have been taught only Vietnamese, math, social sciences and natural sciences. They have not been taught English.... They have only been taught with basic knowledge. One teacher is for two students. They have to go to the school after other children already settle down in their classes and they have to go home before other children finish their classes. Their teacher is old and retired who is invited by the school to teach for these two children. And the school only accepted this way after so much pressure from the children’s family, from the district’s Women Union and from the district’s education office.... Other parents protested the admission of those two children. They said that if those two children went to school, their children would stop. The dean of the school invited parents of the two children to come and said: “Please sympathize for us. The two children should act for the sake of the school rather than let the school act for the sake of the two children”. The school is now very showy with the reputation of admitting children living with HIV. Actually, the school does not want to admit those children. (Women FGD, Hanoi)
Summary of Main Findings

• Implementation and enforcement of the law is weak
• Nearly half of the survey population experienced at least one form of illegal discrimination in last 12 months
• Very few sought legal assistance or recourse
• Women are more likely than men to report discrimination
• FGD results: Structural violations of rights of PLWHA in health services, education, and employment
Recommendations

• Strengthen implementation and monitoring of the law
  – Training and supervision regarding law, responsibilities in enforcement and monitoring
  – Supervision and accountability mechanisms to address violations of the law
• Strengthen quality and scope of legal services for PLWHA
• Explicitly address
  – Gender disparities
  – Sexual and reproductive rights violations
• Engage PLWHA groups to take active roles in
  – monitoring law
  – educating fellow PLWHA
  – providing legal support for PLWHA experiencing discrimination
  – assisting and supporting PLWHA to resolve specific cases
• Monitor and evaluate the short, medium and long-term outcomes and impacts of interventions designed to decrease discrimination
Comments and Questions?
Employment

• 16.4% unemployed
  – 23.7% of men
  – 6.7% of women

• Of those employed, 61.6% are employed fulltime
  – 26.3% farming
  – 42.1% casual labor
Knowledge of AIDS Law and Membership in PLWHA Support Group

• 68% have ever heard of the National AIDS Law
  – 68% of men
  – 69% of women

• 37% are members of a PLWHA support group
  – 32% of men
  – 69% of women