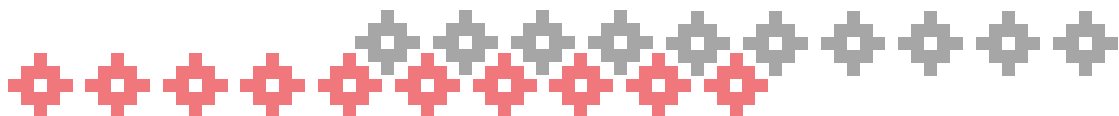


# Profile of Women Living with HIV





# *Profile* of Women Living with HIV



## “Profile of Women Living with HIV”, 2016

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This analytical note is part of a **series of profiles related to women and girls** that belong to certain underrepresented groups from the Republic of Moldova, who are coming from disadvantaged socio-economic or geographical backgrounds (*migrant women, women from rural areas, Roma women and women who are victims of violence*), those with special health conditions (*women with disabilities, women living with HIV or elderly women*) or who are less present in certain sectors (*women in elected and appointed positions, women in decision-making positions and women involved in the economic and business sector*).

The purpose of these profiles is to inform the public, based on evidences, about the advantages, capabilities and potential of women's groups that have been analysed and the contribution they can make to the development, their interaction environments, the opportunities that they benefit from or are deprived of, as well as the limitations and obstacles they face. The profiles include a factual analysis of the described vulnerable group (by its subpopulations) and its comparison with the opposite group (invulnerable) of women (sometimes also with the corresponding group of men). Quantitative and qualitative data from various available official (official and administrative statistics) and independent sources (studies, surveys) were combined and used.

The document is intended for decision makers, policy makers, civil society and the general public and aims at increasing the understanding of data and exemplifying the use of the multi-dimensionally disaggregated statistical data with a view to identifying the intervention measures necessary to promote equality, inclusion and cohesion, non-discrimination and acceptance of the underrepresented groups of women.

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## Abbreviations

ARV	-	Antiretroviral Treatment
IDU	-	Injecting Drug User
CEDAW	-	Convention on the Elimination of all Forms of Discrimination Against Women
NHIH	-	National Health Insurance House
STIs	-	Sexually Transmitted Infections
HDCD	-	Hospital for Dermatology and Communicable Diseases

# Introduction

By ratifying the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ILO Convention, etc., the Republic of Moldova has assumed a series of international and national commitments to promote, protect and ensure the right of every human being, regardless of their statute, to benefit from all public and social goods organized and offered within the country. Women living with HIV are also entitled to these rights.

The first National Programme for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections was approved in 1995 (GD 692/9 October, 1995), followed by another 3 cycles of programmes, the last one being the National Programme for the years 2011-2015 (GD 1143/December 16, 2010), subsequently revised by the approval of a new programme for the years 2014-2015 (GD 806/6 October, 2014).

Despite all efforts made in order to curb the increased incidence of HIV/AIDS, this disease continues to be a public health problem. Although the incidence of HIV has been relatively stable over the last years, the targets set under the Millennium Development Goals, both among the general population and people aged 15-24 years old, were not achieved. According to estimates, the number of people infected with HIV is at least twice as high than the number of cases identified by the specialized institutions.

HIV continues to be concentrated within the risk groups, particularly affecting drug users, commercial sex workers, men who have sex with men, as well as the detained persons. Nevertheless, over the last decade, significant changes have been observed in the structure of the reported cases as regards the transmission path. Thus, exposed to a higher risk of infection are the women and by the year 2014 every second person identified with HIV is a woman, as compared to 16 percent in the early '90s.

In the majority of the scientific literature related to the HIV infection, the woman appears particularly susceptible to it, because she is biologically sensitive and vulnerable within the context of the man's sexual power and privilege. At the same time, heterosexual men are perceived as active transmitters of HIV, and not active agents in the prevention of the infection<sup>1</sup>.

<sup>1</sup> Higgins, Jenny A., Susie Hoffman, and Shari L. Dworkin. "Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS." *American Journal of Public Health* 100.3 (2010): 435.

In Moldova, the vulnerability of the HIV-positive woman is determined by her statute, the social context in which she lives and the existing stereotypes. Although the principle of non-discrimination against people living with HIV in general and of the HIV-positive women in particular, is provided by law<sup>2</sup>, the phenomenon is present into the society.

The lack of information and knowledge about HIV infection among the general population and of some evidence-informed policies focused on the most vulnerable categories of women, makes the results of the Moldovan state efforts in controlling this disease be yet quite modest.

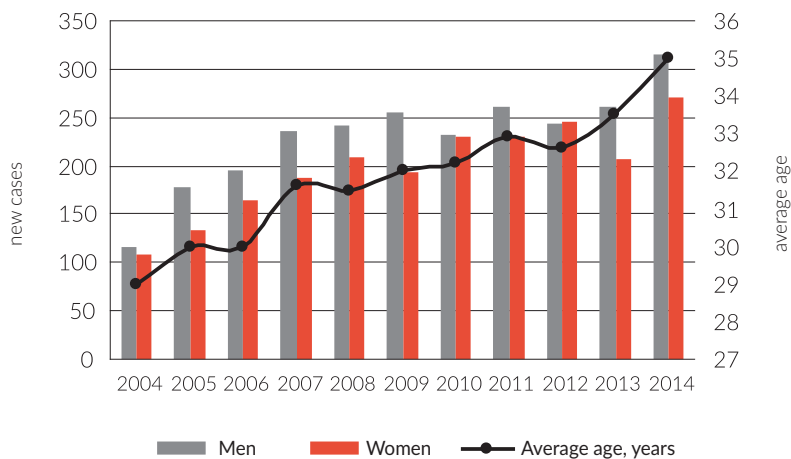
<sup>2</sup> Law No. 23-XVI dated February 16, 2007 on the Prevention and Control of HIV/AIDS.

# I. Presentation of the group

HIV-positive women represent the most vulnerable population group, which is determined by their status and the stereotypes present in the society regarding this disease. The woman is vulnerable to the HIV infection because she is biologically sensitive and subordinated to the man's sexual power, resulting in her limited capacity to negotiate the practice of safer sex methods.

From 1987 – 2014, some 6,368 HIV-positive cases were registered in the Republic of Moldova, of which 58.8 percent were men and 41.2 percent women. Statistics show that the HIV incidence, both among men and women, records a stable growth trend, so by the end of 2014 the country registered 2,624 HIV-positive women from all people infected with HIV and 3,744 men<sup>3</sup>. On average, there are 142 HIV-positive women to 100,000 female population and 219 HIV-positive men to 100,000 male population.

Figure 1. New cases of HIV, by sex and average age, 2004 – 2014



Source: National Bureau of Statistics.

<sup>3</sup> The Ministry of Health data show that in 2014 about 66% of the estimated number of HIV-positive cases were recorded (Monitoring and Control of HIV infection in the Republic of Moldova Report), year 2014, Ministry of Health, Chisinau 2015 <http://cnms.md/ro/rapoarte>.

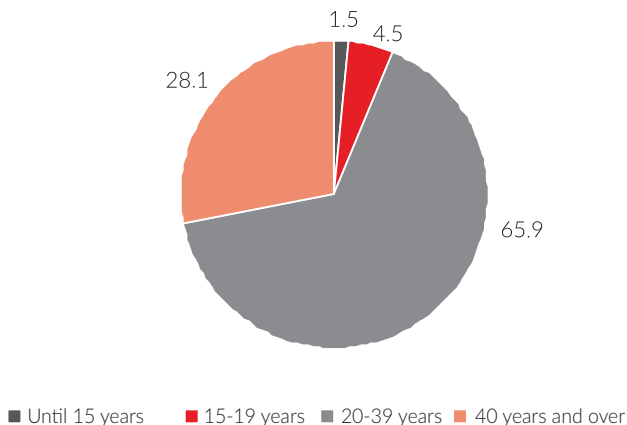
Over the past 10 years, not only the number of people identified with HIV has increased, but also the average age when people become aware of their HIV-positive status, which by 2014 was 35 years, while a decade ago it did not exceed 29 years (Figure 1).

In 2014, 270 of newly-reported HIV-positive cases were identified among women, of which 3 were recorded among the women from the country's prison system, and 316 cases among men, including 26 new cases of HIV within the prison system. At the end of 2014, the penitentiary system numbered 118 HIV-positive persons, including 12 women.

Moreover, 55 of the HIV-positive were diagnosed with AIDS. Since 1987, this diagnosis has been established for 746 women, or 28 percent of the total registered women with HIV. The average age for establishing AIDS is 35 years, and in the case 56 percent of HIV-positive women, the year of establishing AIDS coincides with the year that the HIV infection was identified.

Women from urban areas are more subjected to an increased risk for HIV infection, the incidence rate being of 17 cases per 100,000 women from the given category, compared to 13 cases in rural areas. Over recent years, some changes in the profile of women infected with HIV have occurred, the main one being the decrease by 6 percent in the percentage of the new cases recorded among the young women (up to 20 years) from the total of HIV-positive women in 2014, as compared to 1.3 percent in 2012<sup>4</sup> (Figure 2).

Figure 2. Distribution of new cases of HIV among women by age group, 2014, %



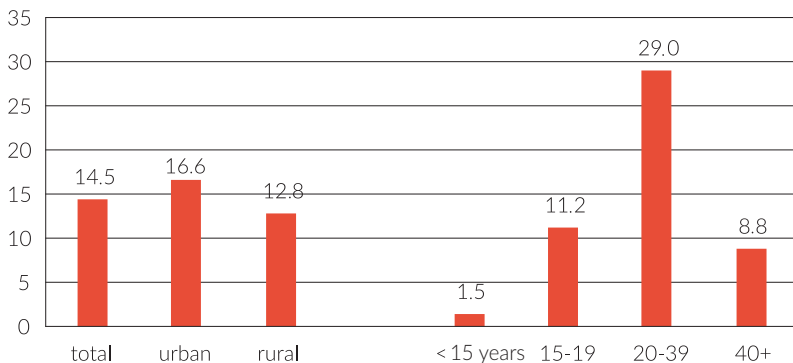
Source: National Bureau of Statistics.

<sup>4</sup> [www.statistica.md](http://www.statistica.md).



The most vulnerable are women aged 20-39 years old, among whom the HIV incidence rate is 29 cases per 100,000 women of the respective age, followed by the younger women, aged 15-19 years old, with an incidence rate of 11.2 cases per 100,000 women (Figure 3). The increasing trend of HIV detection among older women implies a greater risk for the women of child-bearing age (15-49 years), so that, there are 24 of HIV cases per 100,000 women of the given age, as compared to 19 cases in 2008.

Figure 3. Incidence of HIV-positive women, by residence and age groups in 2014, new cases per 100 thousand population



Source: National Bureau of Statistics.

Regarding the means of HIV infection during the past ten years has shown a decrease in the intensity of HIV spreading through the injecting drug use and an increase in the share of people infected by heterosexual intercourse were recorded. Thus, while in 2000, 84 percent of the new cases of HIV infection were the result of the injecting drug use and 6 percent of the heterosexual relationships, in 2010, this ratio was reversed: 86 percent of the newly-reported HIV cases were the consequence of the heterosexual relationships and only 7 percent of the injecting drug use. We note the same trend among the women as well, being recorded 6 new cases of HIV infection through injecting drug use, representing about 3 percent of all the newly-reported cases, and 90 percent of the HIV-positive women were infected through sexual contact<sup>5</sup>. Moreover, the high share of HIV infection through drug injection among men (10.0%) and the high presence of HIV infection through sexual transmission (83%), indicates the vulnerability of women to HIV infection, as compared to men.

<sup>5</sup> Monitoring and Control of HIV infection in the Republic of Moldova, year 2014, Ministry of Health, Chisinau 2015, <http://cnms.md/ro/rapoarte>.

One of the categories with increased risk of HIV infection among the women from the Republic of Moldova are the commercial sex workers, who are predominantly found in the urban areas (Chisinau – 11.6 percent of the commercial sex workers; Balti – 21.5 percent of the commercial sex workers)<sup>6</sup>. The immigrants and their families are also one of the most vulnerable groups exposed to the HIV infection risk. The survey data on the *socio-economic status of the people living with HIV* from 2012 show that more than one-third of people infected with HIV and their partners have worked abroad for more than one month in the last five years; two-thirds of the surveyed persons mentioned that they were infected with HIV in the Republic of Moldova and one third abroad<sup>7</sup>.

The territorial distribution shows that the majority of HIV-positive cases among the general population are recorded within the Balti Municipality. At the end of 2014, some 699 cases per 100,000 persons were registered in this territorial unit, followed by the districts where the prevalence exceeds 150 HIV-positive people, per 100,000 population: Basarabeasca, Glodeni, Causeni and Sangerei districts. The fewest cases, up to 55 HIV-positive persons per 100,000 population, are recorded in the Straseni, Vulcanesti and Nisporeni districts. The records show that the HIV infection is present in all the administrative units and is more prevalent in the rural areas<sup>8</sup>.

<sup>6</sup> Report on the Integrated Bio-Behavioral Study in key populations at higher HIV infection risk, 2012/2013 round, Ministry of Health, Chisinau 2014. <http://cnms.md/sites/default/files/Studiu%20integrat%20biocomportamental%20%C3%AEn%20grupurile%20cu%20risc%20sporit%20de%20infectare%20HIV%2C%20Moldova%20%202012-2013.pdf>

<sup>7</sup> Ludmila Malcoci, The social-economic status of the persons living with HIV: sociological study, Soros-Moldova Foundation, Public Health Programme, Chisinau 2012, [http://soros.md/files/publications/documents/Raport\\_Soros\\_2012\\_statut%20HIV.pdf](http://soros.md/files/publications/documents/Raport_Soros_2012_statut%20HIV.pdf)

<sup>8</sup> Monitoring and Control of HIV infection in the Republic of Moldova, year 2014, Ministry of Health, Chisinau 2015, <http://cnms.md/ro/rapoarte>.

## II. The human capital and the potential of HIV-positive women

Women living with HIV in the Republic of Moldova are quite young; the share of those aged 15-49 years old constitutes about 74 percent of the HIV-positive women. Accordingly, HIV-positive women have a high reproductive potential. If the fertility rate among the general population in 2014 was 4.1 percent<sup>9</sup>, then the fertility rate among the HIV-positive women was 6.8 percent

Although we have no disaggregated data by the education level, we still can assume that the majority of HIV-positive women are persons with an average or low level of education. According to the study conducted by the Soros Foundation Moldova, every third person (both sexes) infected with HIV has a low level of education (no education/primary education) and 61 percent of the HIV infected persons have an average level of education (lower secondary/upper secondary/secondary vocational) and only 6 percent have a higher level of education (graduate, postgraduate studies). The same survey data show that two thirds of the people living with HIV are unemployed<sup>10</sup>.

The data of the Bio-Behavioural Study in key-populations at higher risk of HIV, 2012/13 round, reveal some differences in the education level of the HIV-positive women according to their category. For example, the female injecting drug users (IDU) from the Chisinau Municipality have a higher level of education as compared to the commercial sex workers: respectively about 9 percent have a low education level, as compared to 16 percent while the share of those with secondary specialized education among the IDU women is 30 percent as compared to 18 percent for the HIV infected women practicing the commercial sex<sup>11</sup>.

The majority of people living with HIV have low incomes. Although, again in the absence of data referring to the income of the HIV-positive women, we believe that this statement can be attributed to this category of population as well. Thus, the revenues of every third person with HIV are not enough to cover the basic expenses; every second

<sup>9</sup> Author's calculations based on the data of the National Bureau of Statistics and the National Center for Health Management <http://statbank.statistica.md/pxweb/Dialog/varval.asp?ma=POP0102&ti=Populatia+stabila+pe+virste%2C+medii+si+sexe%2C+la+inceputul+anului%2C+1980-2015&path=../Database/RO/02%20POP/POP01/&lang=1>; <http://cnms.md/ro/rapoarte>

<sup>10</sup> Ludmila Malcoci, The social-economic status of the persons living with HIV: sociological study, Soros-Moldova Foundation, Public Health Programme, Chisinau 2012, [http://soros.md/files/publications/documents/Raport\\_Soros\\_2012\\_status%20HIV.pdf](http://soros.md/files/publications/documents/Raport_Soros_2012_status%20HIV.pdf)

<sup>11</sup> Report on the Integrated Bio-Behavioral Study in key populations at higher HIV infection risk, 2012/2013 round, Ministry of Health, Chisinau 2014, <http://cnms.md/sites/default/files/Studiul%20integrat%20biocomportamental%20%C3%AEEn%20grupurile%20cu%20risic%20sporit%20de%20infectare%20HIV%2C%20Moldova%20%202012-2013.pdf>

person with HIV has revenues that are sufficient only for the bare necessities; the incomes of 17 percent of the HIV infected people are enough for ensuring a decent living, but not also for purchasing some more expensive items; 1% of the people living with HIV can afford to buy more expensive items, but with certain limitations; and 1% of the HIV-positive persons are able to buy more expensive things without any financial constraints. Every second person with HIV has mentioned that he/she is borrowing money and has debts<sup>12</sup>.

The health status of HIV-positive persons is determined by several factors, including the fact that they are receiving ARV treatments. Usually, during the early stages of the treatment, the majority of people are feeling worse but, after a certain period of time, their health condition becomes stable. Nevertheless, this category of population is subjected to an increased risk of morbidity caused by diseases associated with HIV, such as viral hepatitis, tuberculosis and sexually transmitted infections. HIV-positive women, as opposed to men, are suffering more frequently from sexually transmitted infections (16% compared to 1%), but less from tuberculosis (28% compared to 39%) and equally affected by the viral hepatitis (58%)<sup>13</sup>. Over time, the HIV infection redounds upon a healthy living as well, so that people have problems related to the appetite, sleep and mobility.

<sup>12</sup> Ibidem

<sup>13</sup> Ludmila Malcoci, The social-economic status of the persons living with HIV: sociological study, Soros-Moldova Foundation, Public Health Programme, Chisinau 2012, [http://soros.md/files/publications/documents/Raport\\_Soros\\_2012\\_statut%20HIV.pdf](http://soros.md/files/publications/documents/Raport_Soros_2012_statut%20HIV.pdf)

### III. The interaction environment of HIV-positive women

According to the Bio-Behavioural Study in key-populations at higher risk of HIV, 2012/13 round, almost half of the people infected with HIV are living in urban areas – Chisinau and Balti; 30 percent of the HIV-positive persons are living in villages and approximately 20 percent - in the district centres and small towns<sup>14</sup>. Thus, based on the available data, we can assume that about half of the HIV-positive women are living in large cities and the other half in villages and small towns.

Almost half of people infected with HIV are not part of a couple (married and just-living-together); this indicator is higher among the HIV infected population, as compared to the general one<sup>15</sup>. Approximately 46 percent of the HIV-positive women are unmarried, widowed or divorced/separated, and 54 percent are married or cohabiting.

The assessment of the gender-related social norms shows that half of the men engage in extra-marital affairs, thus exposing the married women to an increased vulnerability to HIV. The high risk sex is apparently practiced by a small proportion of people, but when it does occur, in half of the cases is unprotected. Migrants are practicing high-risk and unprotected sex at higher rates as compared to the general population. The use of and access to condoms are reduced, especially for the rural women.

Thus, as previously mentioned, the most common HIV infection route is through sexual transmission. In 2014, in 86.2 percent of the newly-reported HIV cases, the probable route of transmission was the sexual one<sup>16</sup>, indicator practically constant since 2010, but which is by 30.3 percent higher compared to 2004, when has recorded the value of 56.3 percent. The newly-reported HIV cases among women in 2014 were 190, slightly less than among men (198 cases), but which constituted 70.4 percent of all the newly-registered HIV cases among women, compared with 62.7 percent of the HIV-positive cases among men.

The high degree of infection by sexual transmission among women causes an increased risk to HIV, as found by several studies conducted in the field. The share of men infected with HIV as a result of unprotected sexual intercourse with a casual partner

<sup>14</sup> Ibidem

<sup>15</sup> According to the 2004 Population Census, 41.5% of the country population is single, widowed or divorced / separated <http://www.statistica.md/pageview.php?l=ro&sidc=263&id=2208>

<sup>16</sup> In the majority of cases, the infection was transmitted heterosexually: 577 people through heterosexual intercourse and 10 people via homosexual contact.

is higher than that of women (men - 75% women - 36%) and vice versa: the share of women infected with HIV as a result of unprotected sexual intercourse with a permanent partner or husband is higher than that of men (women - 64% men - 25%)<sup>17</sup>.

HIV-positive women are subjected to domestic violence as well. Almost a third of them had at least once experience of domestic violence, thus being undermined their power to make a decision into a relationship. Rural women are far more disadvantaged as compared to the urban ones as regards the domestic violence and the patriarchal gender norms, holding also a low level of knowledge regarding HIV and the protection measures against it and the STIs<sup>18</sup>. The women's low level of information on HIV is also confirmed by the data on the *HIV Integrated Knowledge Indicator*, which records significantly lower values among women, as compared to men (77.5% against 84.5%), and when referring to the STIs, the share of women who could not name any symptoms of these infections is 13.7 percent versus 12.2 percent for men<sup>19</sup>.

In 2012, in order to reduce the phenomenon of discrimination against people living with HIV, the Law on HIV/AIDS was amended<sup>20</sup>. So, the component aimed at diminishing discrimination based on the HIV-positive status has been strengthened and several changes meant to ensure confidentiality of the health-related personal information (status of the person) have been introduced. However, we have no data indicating to what extent the introduced amendments have contributed to ensuring confidentiality and reducing the discrimination of the HIV infected persons.

<sup>17</sup> Ludmila Malcoci, The social-economic status of the persons living with HIV: sociological study, Soros-Moldova Foundation, Public Health Programme, Chisinau 2012, [http://soros.md/files/publications/documents/Raport\\_Soros\\_2012\\_statut%20HIV.pdf](http://soros.md/files/publications/documents/Raport_Soros_2012_statut%20HIV.pdf)

<sup>18</sup> Stela Bivol, Natalia Vladicescu, Women's vulnerability to HIV and AIDS in the Republic of Moldova, Chisinau 2010, [http://aids.md/aids/files/851/raportGabriela\\_en\\_print.pdf](http://aids.md/aids/files/851/raportGabriela_en_print.pdf)

<sup>19</sup> Monitoring and Control of HIV infection in the Republic of Moldova, year 2014, Ministry of Health, Chisinau 2015, <http://cnms.md/ro/rapoarte>

<sup>20</sup> Law No. 76 dated April 12, 2012 on amending and supplementing the Law No. 23 dated February 16, 2007 on the Prevention and Control of HIV/AIDS.

## IV. Opportunities that HIV-positive women benefit from or are deprived of

In the Republic of Moldova, the basic tool that creates a favourable framework for preventing HIV infection and protecting people living with HIV is the National Programme on the Prevention and Control of HIV/AIDS and STIs focused on the following areas of intervention: prevention, epidemiological surveillance, treatment and care of the people infected with HIV.

The national programmes are carried out with substantial financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). 105,948,900 MDL were used in 2014 for the implementation of the actions set out in the National Programme (Table 1). Since 2014, financial resources for the treatment of the persons newly diagnosed with the HIV infection are being allocated from the state budget.

**Table 1. Funding sources within the National Programme on the Prevention and Control of HIV/AIDS, years 2012-2014**

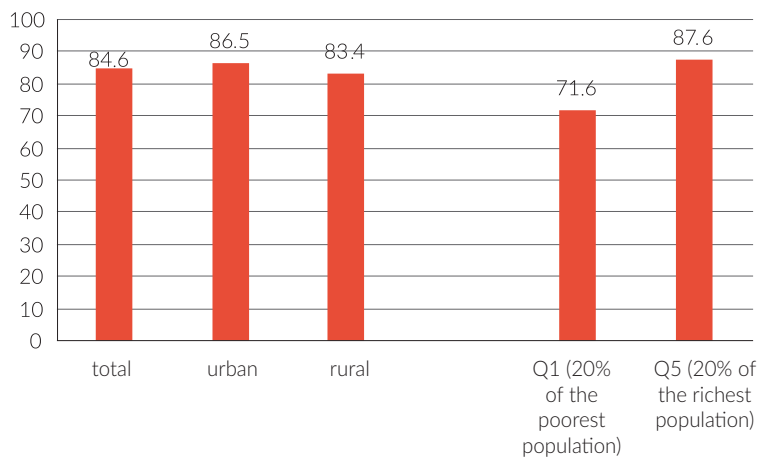
Funding sources	2012		2013		2014	
	Thousands MDL	%	Thousands MDL	%	Thousands MDL	%
NHIH	27,675.3	67.5	29,843.4	25.7	27,014.6	25.5
Global Fund	12,125.7	29.6	84,884.2	73.3	73,200.8	69.1
Ministry of Health	1,172.3	2.9	1,128.2	1.0	5,733.5	5.4
<b>Total</b>	<b>40,973.2</b>	<b>100.0</b>	<b>115,855.8</b>	<b>100.0</b>	<b>105,948.9</b>	<b>100.0</b>

Sursa: Ministry of Health

Within the National Programme pregnant women are provided with HIV prevention and control services. Their supervision is absolutely necessary for reducing the transmission of HIV from the mother to the foetus and ensuring a better control of it. According to the national normative acts, all pregnant women are tested for HIV.

According to existing data, 99.5 percent of pregnant women from the Republic of Moldova are under medical surveillance during pregnancy and benefit from this service. Nevertheless, the 2012 Multiple Indicator Cluster Survey<sup>21</sup> shows that 85 percent of pregnant women were tested for HIV and only 67 percent of them received HIV-related counselling, were tested for HIV and received the result. Moreover, pregnant women from the lowest quintile (the poorest) were tested for HIV at a rate of 72 percent as compared to 88 percent of the women from the highest quintile (Figure 4). We can see differences if we consider not only the testing, but also the extent to which the women have been provided with counselling and received the HIV test result. Therefore, the least wealthy women have benefited from these services at a rate of 52 percent compared to 65 percent of pregnant women from the highest quintile; pregnant women with secondary education have benefited in a proportion of 61 percent as compared to 70 percent of those with higher education.

Figure 4. Share of women aged 15-49 years who were tested for HIV during the prenatal period, 2012, %



Source: MICS, 2012.

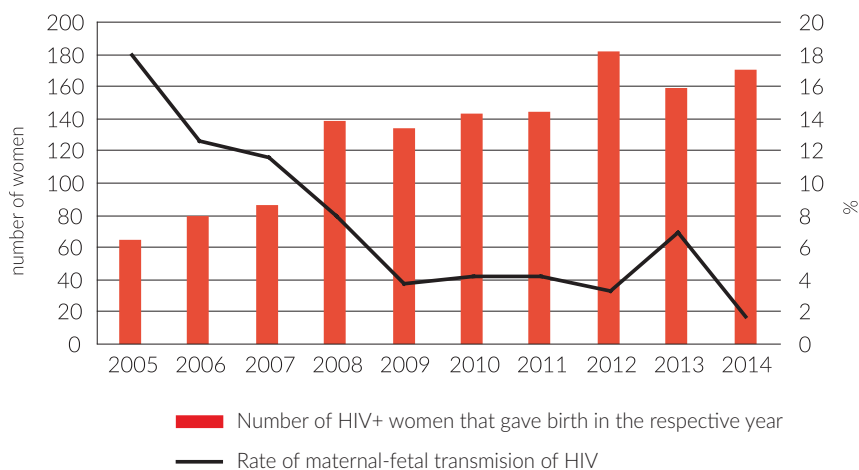
In order to ensure the identification of the HIV status of the pregnant woman who, for certain reasons, has not been tested during the prenatal period, rapid tests for determining the status of a pregnant woman are applied within maternity wards. In 2014, 1,544 pregnant women were tested for HIV by the means of these tests.

<sup>21</sup> 2012 Multiple Indicator Cluster Study, UNICEF, Chisinau, 2014, [http://cnspr.md/wp-content/uploads/2014/09/Studiul-populational\\_MICS4\\_Republica-Moldova\\_WEB\\_CNSP.pdf](http://cnspr.md/wp-content/uploads/2014/09/Studiul-populational_MICS4_Republica-Moldova_WEB_CNSP.pdf)



The HIV transmission from mother to foetus is prevented by providing the HIV-positive pregnant women with the corresponding prophylactic treatment. In 2014, out of a total number of 133 HIV-positive women who have given birth, 116 received prophylactic treatment. Three children born in 2014 were diagnosed with HIV, thus the maternal-foetal transmission rate constituting 1.76 percent, the lowest value registered in the Republic of Moldova<sup>22</sup> (Figure 5).

Figure 5. Rate of maternal-foetal transmission of HIV, 2005 – 2014, number of women and %



Source: Ministry of Health, National Centre for Health Management.

People living with HIV are benefiting from medical and social assistance services, health care and ARV treatment at no charge. According to the data of the Hospital for Dermatology and Communicable Diseases (HDCD), as of 30 June 2015, 1,343 HIV-positive women and 1,397 HIV-positive men were receiving ARV treatment. Therefore, about 63 percent of women living with HIV and 55 percent of the HIV-positive men are provided with ARV treatment. Currently, there are no recently-registered people with HIV waiting to receive treatment. The condition that must be ensured is the adherence of the HIV-positive women to the ARV treatment. The HDCD data indicate that after 12 months from its initiation, the rate of adherence to the ARV treatment is 78.9 percent and at 24 months is 74.1 percent.

<sup>22</sup> Monitoring and Control of HIV infection in the Republic of Moldova, year 2014, Ministry of Health, Chisinau 2015, <http://cnms.md/ro/rapoarte>

There are four public health institutions providing ARV treatment operating within the country, namely: the Hospital for Dermatology and Communicable Diseases; the Balti Municipal Hospital; the Cahul District Hospital and the Penitentiary Institutions Department. Moreover, there are 8 regional offices responsible for the supervision and treatment of the people living with HIV in ambulatory conditions. The free services for voluntary HIV counselling and testing are provided by 52 surgeries from within the public health institutions. They are also four regional centres offering social assistance services to the people living with HIV.

Although the country ensures the organization and provision of health services to people living with HIV, including women, the difficulties and the specific problems of the health system as a whole, as well as the high share of private payments (54% from the total health spending) and of the unofficial ones (83% of the private payments for health)<sup>23</sup>, but also the limited availability of the medical services in the rural areas, indicate the hypothesis that the HIV-positive women would have difficulties in accessing HIV testing and treatment services.

<sup>23</sup>Taryn Vian, Frank G Feeley, Silviu Domete, Framework for addressing out-of-pocket and informal payments for health services in the Republic of Moldova, WHO, Chisinau 2014.

## V. The ability and potential for HIV-positive women to participate in development

Women infected with HIV, under the circumstances where access to the ARV treatment is provided, have the same abilities and potential to participate in development as other women. The involvement of people living with HIV, including women, in the implementation of activities carried out by NGOs within national programmes, resulted in the accumulation of skills and the acquirement of a reliable development and service provision potential that could be redirected toward the provision of services to persons from the risk category and/or their partners. Thus, the skills and experience possessed by women living with HIV could become an important support in the fight against HIV.

An important factor associated with the women's involvement in the development process is their level of education. HIV-positive persons have no direct barriers in accessing educational services as long as their status is confidential and no one knows that they are infected with HIV. Nevertheless, there are cases when the management of educational institutions tries to invoke various reasons for not admitting children with HIV at school, once their status is made public. The study of the *socio-economic status of the people living with HIV* has also emphasized the discriminatory attitude of teachers toward the children infected with HIV, which is a consequence of the low level of information about the way the infection is transmitted, as well as HIV prevention methods and treatment<sup>24</sup>.

Harnessing the potential of HIV-positive women is also conditioned by a limited access to the labour market due to high levels of discrimination in employing HIV-positive people and the workplace<sup>25</sup>. This fact increases the vulnerability of these women and creates preconditions for their exposure to certain risks such as poverty and social exclusion.

<sup>24</sup> Ludmila Malcoci, *The social-economic status of the persons living with HIV: sociological study*, Soros-Moldova Foundation, Public Health Programme, Chisinau 2012, [http://soros.md/files/publications/documents/Raport\\_Soros\\_2012\\_statut%20HIV.pdf](http://soros.md/files/publications/documents/Raport_Soros_2012_statut%20HIV.pdf)

<sup>25</sup> Ibidem.

## VI. Limitations, barriers and obstacles that HIV-positive women face in society

Stigma and discrimination are the biggest limitations and obstacles faced by people living with HIV. The *study on the population's perceptions as regards the discrimination phenomenon* shows that only one-third of the population would accept a HIV-positive person as a neighbour or work colleague<sup>26</sup>. About one-quarter of the population would accept a HIV-positive person as a friend and only four percent would agree for a family member to marry a HIV-positive person. Moreover, there are discriminatory attitudes against children as well, so that two-thirds of the surveyed persons consider that the children infected with HIV must be placed in separate classes; 41 percent of the respondents say that people with HIV should not use the public transportation, and 79 percent of the respondents believe that the HIV-positive persons should disclose their status.

Moreover, the 2012 *Multiple Indicator Cluster Survey* data indicate that the population is less open when the subject of the HIV infection is related to a relative. Thus, only 33 percent of women and 44 percent of men would not hide the fact that a relative got infected with HIV. The openness level is very different based on the person's residence area, educational level and welfare: women from the rural areas (41%), with secondary education (41%) and from the lowest quintile (55%) are more open in making public the HIV-positive status of a relative, as compared to those from urban areas (21%), with higher education (20%) and from the highest quintile (19%)<sup>27</sup>. Men exhibit a greater openness to publicize the HIV-positive status of a relative, but with significant differences: 52 percent of men from rural areas, 51 percent of men with secondary education and 58 percent of men from the lowest quintile would not want to keep secret the fact that a relative got infected with HIV, as compared to 40 percent of men from urban areas, 25 percent of men with higher education and 28 percent of men from the highest quintile.

Even in the context where young people are more informed on the HIV transmission, as compared to other population categories, only every second young people aged 15-24 would be willing to care for a close relative who is HIV-positive at home<sup>28</sup>. Although the majority of young people (59.3%) are aware of the fact that HIV cannot be transmitted by sharing cutlery, only 12.9 percent are willing to have a meal using the same cutlery as an HIV-positive person.

<sup>26</sup> *Perceptions of the Population of the Republic of Moldova on Discrimination: Sociological Study*, Soros Foundation Moldova, Chisinau 2011 <http://www.monitor.md/attachments/article/49/Studiu%20Sociologic.pdf>

<sup>27</sup> 2012 *Multiple Indicator Cluster Study*, UNICEF, Chisinau, 2014, [http://cnsr.md/wp-content/uploads/2014/09/Studiu-population\\_MICS4\\_Republica-Moldova\\_WEB\\_CNRP.pdf](http://cnsr.md/wp-content/uploads/2014/09/Studiu-population_MICS4_Republica-Moldova_WEB_CNRP.pdf)

<sup>28</sup> *Knowledge, Attitudes and Practices of young individuals aged 15-24 years relating to HIV/AIDS*, Ministry of Health, Chisinau 2012.

The societal stereotypes are limiting the capacities of the HIV-positive women to participate in the development. Therefore, only 22 percent of women and 23 percent of men aged between 15 and 49 would agree to buy fresh vegetables from a vendor infected with HIV. Significant differences are recorded among the population from the urban and rural areas: 27 percent of women and 30 percent of urban men would buy vegetables from a person living with HIV and only 18 percent of rural women and men would accept to do so<sup>29</sup>.

Younger people display a high level of acceptance: about one-quarter of young people aged 15-24 (26.5%) would continue to buy food from a local public catering establishment, if it emerged that the owner was a HIV-positive person<sup>30</sup>.

Society exhibits a higher level of acceptance regarding the social participation of a woman infected with HIV as a teacher, but with significant differences between men and women: 41 percent of women and 34 percent of men agree that HIV-positive teachers should be allowed to work in schools. Moreover, the residence area and the educational level are decisive criteria forming people's attitude regarding the participation of women living with HIV to the social development. Urban women (51%) and with higher education (59%) agree more with the fact that a teacher infected with HIV should be allowed to teach in school, as compared to those from rural areas (33%) and with secondary education (31%). The same tendency is observed among men as well: the men from the urban areas (46%) and with higher education (59%) agree more with the fact that a teacher infected with HIV should be allowed to teach in school, as compared to the rural men (26%) and with secondary education (25%).

Stigma and discrimination against people living with HIV, including HIV-positive women, results from the disclosure of their status, and one of the sources of disclosure are health care workers. The status of about 75 percent of people living with HIV for more than 15 years and 34.9 percent of those having this infection for up to four years is revealed by the health workers. More than two-thirds of people infected with HIV who have felt discriminated against said they had encountered this discrimination from the representatives of health care institutions<sup>31</sup>. The violation of human rights leads to reluctance from people toward the medical system and results in the delay or rejection of the tests and treatments, thereby perpetuating the HIV disease.

<sup>29</sup> 2012 Multiple Indicator Cluster Study, UNICEF, Chisinau, 2014, [http://cnsr.md/wp-content/uploads/2014/09/Studiul-populational\\_MICS4\\_Republica-Moldova\\_WEB\\_CNSP.pdf](http://cnsr.md/wp-content/uploads/2014/09/Studiul-populational_MICS4_Republica-Moldova_WEB_CNSP.pdf)

<sup>30</sup> Knowledge, Attitudes and Practices of young individuals aged 15-24 years relating to HIV/AIDS, Ministry of Health, Chisinau 2012

<sup>31</sup> Ludmila Malcoci, The social-economic status of the persons living with HIV: sociological study, Soros-Moldova Foundation, Public Health Programme, Chisinau 2012, [http://soros.md/files/publications/documents/Raport\\_Soros\\_2012\\_statut%20HIV.pdf](http://soros.md/files/publications/documents/Raport_Soros_2012_statut%20HIV.pdf)

<sup>32</sup> Ibidem.

# Conclusions and recommendations

The women living with HIV in the Republic of Moldova are vulnerable and discriminated as a result of their HIV-positive status, a phenomenon that is characteristic for the whole category of people with this status. Nevertheless, a woman is more vulnerable to HIV compared to a man due to a series of factors, including the sexual power and the privilege of man over the woman that results in the limited ability of the woman to negotiate the use of safe sex methods.

The most vulnerable to HIV are migrant women, the migrants' family members, and commercial sex workers. Available data indicate that the HIV infection gains more and more ground in rural areas.

Given the environment in which people with HIV are living, including HIV-positive women together with their level of education, means the vast majority of them only have financial resources to cover the bare necessities.

For people living with HIV, including women, there are medical and social services aimed at ensuring better living conditions and the possibility of participating in the Republic of Moldova's socio-economic life. Moreover, the barriers to accessing these services by HIV-positive women (discrimination, informal payments for medical services, absence or reduced presence of services in the rural areas) reduce the potential of obtaining good results in controlling HIV infection across the Republic of Moldova.

The available records indicate that society has a less tolerant attitude toward people infected with HIV, including the HIV-positive women. The phenomenon of discriminating against people infected with HIV is present in society and health care workers are a source of discrimination against people living with HIV. The rural population, with a lower level of education and income, is less tolerant toward people infected with HIV in general, and toward HIV-positive women in particular, compared to the urban population, with higher studies and incomes.

The analysis of the different sources of information demonstrates that the country has a variety of informational resources related to the HIV infection that need to be systematized and improved in order to obtain a structured picture of the HIV phenomenon, including among women. The National Programme for the Prevention and Control of HIV/AIDS, which is already in its fifth public policy cycle, still has no gender component established within its framework.

With a view to reducing vulnerability and discrimination against HIV-positive women, the control and fight against HIV should continue to be treated as top priorities on the

Republic of Moldova's public health policy agenda, both at a central and local level, and specific coordinated actions focused on controlling the HIV infection among women should be developed and applied.

Although the state has made significant efforts in taking over the financing of some services (ARV treatment for the people newly registered with HIV) provided within the National Programme, it is necessary to further increase the financing of the preventive measures, treatment and care of the people living with HIV from the national funding sources, both from the national budget and local public administration budget.

The potential, skills and experience of HIV-positive women should be used in promoting the activities (information campaigns) directed against the HIV infection as well as the provision of services to infected people and their partners. This will generate much better results as regards the control of HIV infection.

The measures set out in the National Programme related to the information, prevention, diagnosis, treatment and care should be developed and implemented based on the specific needs of each category of population (e.g.: general population - information about the HIV and AIDS infection paths and specificity; women from rural areas, with modest incomes and a migrant lifestyle - about the methods of protection, and possibilities for testing; health workers, especially from the primary healthcare institutions – information about the HIV and AIDS infection paths and specificity, etc.).

In order to ensure the confidentiality of the HIV-positive status of a person, especially among health workers, mechanisms for ensuring this should be strengthened, while the measures taken in the case of noncompliance with the legal provision related to the person's HIV status privacy and discrimination against people living with HIV should be tightened up.

In order to ensure the possibility of conducting a complex analysis and monitoring the situation of the HIV-positive women in the future, it is necessary to collect and improve the access to statistical data regarding HIV, disaggregated by socio-economic characteristics (gender, environment, age, education). In this context, we mention the need for developing and implementing a functional mechanism to monitor and evaluate HIV infection among women, preparing and publishing the National Report on HIV infection in the Republic of Moldova, containing a chapter dedicated to HIV-positive women and observance of their rights. The discussion of the report with the involvement of all stakeholders at national and local levels as well as its use within the subsequent development of the women-oriented HIV infection control policies are also recommended.

# For notes





# For notes



