

**National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India
Strategic Information-Research & Evaluation**

Guidance Note

Definition:

Stigma: Is a social process where a person or group is devalued and discredited due to an attribute, such as their HIV status, in the case of HIV, stigma often arises from misconceptions, fears and negative stereotypes associated with the disease. This can lead to a person living with HIV being isolated, excluded and treated unfairly in educational opportunities, employment.

UNAIDS: Stigma is often described as a process of devaluation. In other words, if one is stigmatised one is discredited, seen as a disgrace and/or perceived to have less value or worth in the eyes of others.

HIV related stigma is used as an umbrella term to include stigma that one experiences because of one's HIV status, as well as stigma from other identifications or key population groups that are associated with HIV.

Discrimination: It refers to unfair treatment or action taken against individual, or groups based on certain characteristics, in this case, their HIV status. It can manifest in various ways, such as denial of healthcare services, educational opportunities, employment, housing or social interaction.

UNAIDS: *Discrimination involves treating someone in a different and unjust, unfair, or prejudicial manner, often because they belong to, or are perceived to belong to, a particular group. It is often viewed as the result of the process of stigmatization.* In other words, when stigma is acted upon (Sometimes called “enacted stigma”) the result is discrimination.

HIV related discrimination occurs when someone is treated differently because they are known to be living with HIV, suspected of being HIV positive, or closely associated with People living with HIV (e.g., their partner or a member of their household)

NFHS-5

Stigma and discrimination towards people living with HIV creates a hostile environment that impacts their quality of life in many ways such as access to education and healthcare, lack of social support, increased risk of violence. These questions are meant to ascertain the respondent's own personal opinions and attitudes towards people infected with HIV or with people who are sick with AIDS.

UNAIDS

Definitions of Stigma: Stigma refers to the negative beliefs, feelings and attitudes towards People living with HIV, groups associated with People living with HIV (e.g., the families of People living with HIV) and other key populations at higher risk of HIV infection, such as, Sex Workers, Men who have Sex with Men, Injecting Drug Users and Transgender people.

Discrimination: HIV-related discrimination refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of other key populations, such as some social contexts, Sex Workers, Men

who have Sex with Men, Injecting Drug Users and Transgender people, people in prisons and other closed settings. HIV-related discrimination is usually based on stigmatizing attitudes and beliefs about populations, behaviours, practices, sex, illness, and death. Discrimination can be institutionalized through existing laws, policies and practices that negatively focus on people living with HIV and marginalized groups, including criminalized populations.

Methodology:

Target Populations: Target population for this study will be People living with HIV (PLHIV), and Key Population (KP) who may be HIV positive or negative or their status is unknown. Study methodology, sampling strategy, participant recruitment to be proposed by the institute. Stigma index studies may be referred to. Proposal submission to SACS within two weeks.

Sample Size: Around 800 study participants should be enrolled, 400 each among PLHIV and KP (100 each among the 4 KP groups).

Study tool:

Study tool on stigma and discrimination is attached for reference covering broad information areas around healthcare services, educational opportunities, employment, housing or social interaction. *May add questions to the current tool.*

References:

1. UNAIDS Stigma Index 2.0 User Guide, 2018
2. Reduction of HIV related stigma and discrimination, UNAIDS 2014 guidance note.
3. National family health survey (NFHS-5) 2019-21.
4. HIV and Stigma and discrimination-Human right fact sheet series FY 2021

Research Tool- Stigma and Discrimination

A-General Information		
A1	Survey Number	-----
A2	Date of Interview	DD/MM/YYYY
A3	Completion status	1. Completed 2. Partially completed
B- Background Information		
B1	Age	1. 18-24 Years 2. 25-34 Years 3. 35- 49 Years 4. 50-74 Years 5. 75+ Years
B2	Sex	1. Male 2. Female 3. Transgender
B3	Marital status	1. Single/Never married 2. Married/Partner with female 3. Married/Partner with male 4. Divorce/ Separated/Widow
B4	Education	1. No Education 2. Primary 3. Secondary 4. Tertiary 5. Graduation 6. Post graduation 7. Other (Specify)
B5	Religion	1. Hindu 2. Muslim 3. Christian 4. Sikh 5. Buddhism 6. Jain 7. Other (Specify)
B6	Occupation	1. Government worker 2. non-Government worker 3. Self employed 4. Student 5. Other (Specify)
B7	Monthly Income	1. Less than 10K 2. Between 10K-25K 3. Between 26K to 40K 4. More than 40K
B8	Have you ever been tested for HIV	1. Yes (If answer is yes, then go to B9 question) 2. No 3. Don't want to share

B9	HIV status	1. Positive (If answer is this then go to next question) 2. Negative 3. Unknown 4. Don't want to share
B10	Year with living HIV	1. Less than 1 year 2. 1-4 years 3. 5-9 years 4. 10-14 years 5. 15+ years
B11	Time since last HIV care visit	1. Within last 3 months 2. Within last 6 months 3. within the last year 4. More than a year 5. Never received care
B12	Time since last Lab test	1. Within last 3 months 2. Within last 6 months 3. within the last year 4. More than a year 5. Never had lab test done
C- Experience of Disclosure		
C1	Have you disclosed your HIV status to anyone outside of healthcare providers?	1. Yes 2. No
C2	Experience of disclosure	-----
D- Interactions with healthcare settings		
D1	Choice to be tested	1. Yes, it was my choice to be tested for HIV 2. No, I was forced to take an HIV test without my consent.
D2	Main reason for HIV test	Reason of HIV tested
D3	Time of first HIV test	1. Less than 6 months 2. 6 months to 1 year 3. More than year
D4	Time for taking ART	
D5	Undetectable viral load/ virally suppressed	1. Viral load 2. Undetectable 3. Detectable 4. Virally suppressed
E- General Health status		
E1	Other health conditions	
E2	Mental health problems	
F-Access to Healthcare and Support Services		
F1	Have you ever skipped or stopped your HIV medication due to concerns about others finding out about your status?	1. Yes 2. No
F2	Have you delayed or avoided medical care because of fear of discrimination from healthcare providers?	1. Yes 2. No

F3	Have you ever sought support from HIV/AIDS support groups or counseling services?	
F4	Do you feel there are sufficient support services available for people with HIV/AIDS in your community?	
G- Knowledge and Awareness		
G1	Can HIV be transmitted through casual contact (e.g., hugging, shaking hands)	1. Yes 2. No
G2	Is it possible to reduce the risk of HIV transmission through condom use?	1. Yes 2. No
G3	Have you participated in any HIV/AIDS awareness campaigns in the past year?	1. Yes (If answer is yes, the go to G4 question) 2. No (If answer is No, then skip the next question)
G4	Do you feel that these campaigns have been effective in reducing stigma?	1. Yes
H- Stigma Assessment		
H1	Do you believe people with HIV/AIDS are treated unfairly by the General public?	1. Yes 2. No
H2	Do you think people with HIV/AIDS are often blamed for their condition?	1. Yes 2. No
H3	Do you feel ashamed or embarrassed about your HIV status?	1. Yes 2. No
H4	Have you ever avoided disclosing your HIV status to others due to fear of judgment or discrimination?	1. Yes 2. No
H5	Have you ever been treated unfairly or differently because of your HIV status?	1. Yes (If yes then ask question H6) 2. No (If answer is No then skip next question)
H6	How differently you have been treated because of your HIV status	-----
H7	In your opinion, does a person's educational status affect how they are treated in relation to HIV?	-----
H8	Have you or someone you know experienced discrimination based on their HIV status at the time of admission	
H9	Do you believe that people living with HIV have equal education opportunities compared to those without HIV?	
H10	Have you observed or experienced instances where individuals with lower educational levels faced more stigma and discrimination due to their HIV status?	
H11	Do you think that educational institutions play a role in reducing HIV stigma and discrimination?	1. Yes 2. No (If answer is no, then go to H13) 3. Don't know

H12	How can educational institute contribute positively to this regard?	-----
H13	Do you think that people living with HIV face challenges in finding employment due to HIV-related stigma?	1. Yes 2. No
H14	Have you or someone you know experienced employment discrimination based on their HIV status	1. Yes 2. No 3. Don't want to share
H15	Do you believe that people living with HIV have equal career advancement opportunities compared to those without HIV?	1. Yes 2. No
H16	Are you aware of any workplace policies or guidelines on stigma & discrimination?	1. Yes 2. No
H17	Do you think there should be specific workplace policies addressing HIV stigma and discrimination?	1. Yes 2. No
I-Impact on Mental Health		
I1	Have you experienced feelings of sadness or hopelessness related to your HIV status?	1. Yes 2. No
I2	Do you often feel anxious or stressed because of how others may react to your HIV status?	1. Yes 2. No
I3	Has your self-esteem been affected by the stigma associated with HIV/AIDS?	1. Yes 2. No
I4	Do you feel valued and respected despite your HIV status?	1. Yes 2. No
J- Social Support and Social Networks		
J1	Do you have friends or family members who know about your HIV status and support you?	1. Yes 2. No
J2	Have you ever experienced rejection from close friends or family members because of your HIV status?	1. Yes 2. No
K- Recommendations and Coping Mechanisms		
K1	What measures do you believe could be taken to reduce HIV-related stigma in your community?	
K2	How do you cope with the stigma associated with HIV/AIDS on a day-to-day basis?	

CONCEPT NOTE

STUDY ON STIGMA AND DISCRIMINATION IN PLHIVS AND KEY POPULATION IN CHANDIGARH

Guidance Note

Definition:

Stigma is often described as a process of devaluation socially or personally. HIV related stigma is used as an umbrella term to include stigma that one experiences because of one's HIV status, as well as stigma from other identifications or key population groups that are associated with HIV. Stigma often arises from misconceptions, fears and negative stereotypes associated with the disease. This can lead to a person living with HIV being isolated, excluded and treated unfairly in educational opportunities, employment.

Discrimination refers to unfair treatment or action taken against individual, or groups (related community). In the case of HIV infected/ affected and other key population, It can manifest in various ways, such as denial of healthcare services, educational opportunities, employment, housing or social interaction. Not only infected but their family and care givers may also be the victim of stigma or discrimination or both.

Stigma and discrimination creates a hostile environment that impacts the quality of life in many ways such as access to education and healthcare, lack of social support, increased risk of violence.

OBJECTIVES of the study

1. To find out the existence of Stigma and Discrimination against PLHIVs and Key population in Chandigarh.
2. To find out the nature of Stigma and Discrimination against PLHIVs and Key population in Chandigarh, if it exists.
3. To find out possible Preventive measures against Stigma and Discrimination.

Tool and Method

The nature of study may be a Fact Finding Survey on the existence of stigma or discriminations against the community people specifically among PLHIVS, FSWs, TGs

& MSM groups. The survey may include the individual short interview or questionnaire
(Basic structure should be approved by CSACS)

These groups/ population may be contacted with the prior permission of CSACS
authority with the help of CNP +, Care and Support Centre, Partner NGOs of CSACS,
ART Centres.

The results may be statistically analyses as per required method

21/8/27

21/8/27

Red Ribbon Club Concept Note

Young people (aged 15-29 years) constitute almost 40 Crore and represent one third of the India's population. Adolescents aged (10-19 years) constitute 32.5 Crore of the population, which is one fourth of the total population. Compared to earlier generations, the condition of the present day Youth in India has considerably improved; they are healthier, more urbanized and better educated than ever before. Nonetheless, the majority continues to experience major constraints in making informed and healthy life choices. It is generally acknowledged that a significant proportion of Youth are exposed to high risk behavior or unwanted sexual activity. This is generally because the Youth of today are exempted from the availability of correct, conscience and adequate information on how to adapt better and healthy life skills decisions. The young generation today, also, does not receive or have prompt and appropriate care and thus, they experience adverse reproductive and other health concerning issues. It is estimated that over 35 percent of all reported HIV incidences in India occur among young people (aged 15-29 years). Evidences also suggest that Youth (aged 15-29 years) are more prone to risk behaviors, which may lead them to HIV and other Sexually Transmitted Infections (STIs).

The targeted Youth population (15-29 years) is amongst the most vulnerable population who may be exposed to HIV infection, and as a result they may, account for a large portion of the infected persons. The targeted Youth population, with its specific psychological and social attributes is more susceptible to sexual curiosity and behavior that in turn makes them particularly vulnerable to HIV infection. The above, thus forms for one of the core reasons and ground for having a formal forum or a club to tap this targeted group to further educate and guide them about HIV/AIDS in order to make them aware and safe. Targeted Youth (aged 15-29 years) accounts for almost half of all new HIV infections worldwide (Source: UNAIDS/WHO AIDS). This sends an alarming signal on the extraordinary crisis, which the tertiary education has to grapple with. Youth are especially vulnerable to risk of HIV infection, also,

because of limited access to correct information and lack of understanding towards life skills and related choices.

Through Red Ribbon Clubs, the targeted Youth are encouraged to learn about safe and healthy lifestyle. The Red Ribbon Clubs promote and channelize, access to information on HIV/AIDS, further educating them about Voluntary Blood Donation and safe sexual behaviors. Red Ribbon Clubs also aim to enable the targeted Youth to become more conscious and conscience about HIV/AIDS and related issues to further act as change agents, in HIV/AIDS programme.

List of Red Ribbon Clubs

1	Sri Guru Gobind Singh College, Sec-26, Chd	14	Brahm Rishi Yoga Training College-Sec19, Chandigarh
2	Sri Guru Gobind Singh College for Women, Sec-26, Chd	15.	DAV College, Sec-10, Chandigarh
3	Dev Samaj College of Education , Sec-36 B, Chd	16.	Govt. College of Commerce & Business - 42 , chd.
4	Dev Samaj College for Women Sec-45 B, Chd	17.	Govt. Polytechnic For Women, Sec-10 , Chandigarh
5	CCET, Degree wing, Sec-26, Chd	18.	PG Govt. College for Girls, Sec-42, Chandigarh
6	PG Govt. College, Sec-46, Chandigarh	19.	Govt. College of Education, Sec- 20 Chandigarh
7	P.G. Govt. College for Co-Ed , Sec-11, Chandigarh	20.	Nursing College (NINE) PGIMER, Sec-12, Chandigarh
8	Sanatan Dharma College, Sec-32 C, Chandigarh	21.	GMCH, Sec-32, Chandigarh
9	PG Govt. College for Girls , Sec-11, Chandigarh	22.	Punjab Engineering College , Sec-12, Chandigarh
10	CM DAV College, Sec-36, Chandigarh	23.	Centre for Public Health PU, Sec-14, Chandigarh
11.	Sri Guru Gobind Singh College of Pharmacy, Sec-26, Chd	24.	Centre for Social Work, PU, Sec-14, Chandigarh
12	Govt. College of Yoga & Health Education, 23- Chd	25.	Dr HSJ Institute of Dental Sciences Hospital, Sec-25, Chd
13.	Home Science College for Girls, Sec-10, Chandigarh		