

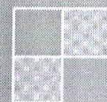
2009

Baseline Report on Stigma & Discrimination

Among Religious Leaders, NGO Heads &
Friendly Advisors

A project implemented by INSA-India and supported by KSAPS / NACO

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1 Acknowledgement

At the outset we want to thank INSA-India for providing us an opportunity to conduct Baseline study on Stigma & Discrimination for Sustainable Transformation through Advocacy, Networking and Dialogue **STAND** supported through **(KSAPS) Karnataka State AIDS Prevention Society & funded by (NACO) National AIDS Control Organization.**

We are grateful for active support we received in various ways from people too numerous to be named individually. They include Heads of Non-Governmental Organizations; Religious Institutions & Person's living with HIV who spent quality time responding to our study.

We thank the top management of INSA-India and team members of Project STAND who supported us with critical inputs and perspective that helped us refine the study approach.

2 Abbreviations

AIDS	– Acquired Immuno Deficiency Syndrome
ART	– Anti Retroviral Treatment
CBO	– Community Based Organizations
CMS	– Catalyst Management Service
FA	– Friendly Advisors
FGD	– Focus Group Discussion
HIV	– Human Immunodeficiency Virus
HRG	– High Risk Groups
ICTC	– Integrated Counseling and Testing Center
INSA- India	– International Services Association
MSM –TG	– Men have Sex with Men - Transgender
NGO	– Non Governmental Organizations
NH	– NGO Heads
PLHA	– Person Living with HIV and AIDS
PLHA	– Person living with HIV
RH	– Religious Heads
S&D	– Stigma and Discrimination
SSH	– Secondary Stake Holders
STI	– Sexually Transmitting Infections
SW	– Sex Worker
WSW	– Women in Sex Work

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3 Background

Stigma and discrimination are major obstacles for effective responses to HIV and AIDS and have been identified as key barriers to the achievement of universal access to HIV prevention, treatment care and support. Stigma and discrimination make people less likely to participate in prevention activities, less likely to get tested for HIV, and less likely to enroll for treatment even where it exists. People may be fearful of disclosing their status, and may postpone seeking care, and they may suffer violence, particularly gender-based violence, related to their HIV status. Stigma builds on existing social inequalities so that marginalised groups who are at risk of HIV infection, are doubly stigmatised. Women face more stigma and discrimination than men in many settings.

INSA-India was established in 1982 to create health and development leadership & was first organisation in India to launch HIV prevention in community health settings {1988} and educational institutions/religious heads{1991}.

INSA-India's sustained networking initiatives coupled with follow-up through the Ford Foundation endowment{2004} enabled the development of Friendly Advisors and community based programs, internal mainstreaming and developing HIV workplace policies. Since 2005, INSA-India facilitated 11 district-level positive networks to implement advocacy, prioritized plans & building their trust {viz. INP+ , INERALA , KNP+ district level networks}. The 4-week STAR advocacy leadership program enabled empowerment of marginalized groups/ communities to resist S&D. Presently INSA-India is working towards getting SHGs /MFIs/ NGOs/ Religious Groups to mainstream HIV- a powerful process envisaged to tackle the other forms of inequality and exclusion that dis-empowers those most vulnerable.

Now INSA-India is implementing a STAND (Sustainable Transformation through Advocacy, Networking and Dialogue) project in Karnataka. The main objective of the project is to develop the STAND networks in Karnataka so that:

1. Thirty religious heads and their congregations begin networking dialogue with positive networks and complete the outcomes listed below.
2. Twenty-five people living with HIV infection become "Friendly Advisors" facilitating the C-Life curriculum in youth settings in Karnataka.
3. Twenty-five NGOs implement the C-Life curriculum in 30 youth settings in coordination with the Positive Networks.
4. Religious and educational authorities, positive networks and NGOs as members of the STAND network meet quarterly to discuss experiences, dialogue on strengthening the C-Life program for addressing stigma.

As part of the project initiation, INSA-India sought to conduct baseline survey to assess the extent of stigma & discrimination among the intended target audience and associated environment. This report details out the findings of the baseline that was conducted by Catalyst Group for INSA-India.

4 Objectives and methodology

4.1 Objectives and scope:

The key objective of the baseline study was designed to understand and assess the stigma and discrimination among target audience as outlined in the proposal – heads of religious institutions, religious congregation, implementing NGOs, persons living with HIV & youth groups in community settings.

The study addressed the following 6 key areas and indicators, keeping the Project activities as background:

↓ **Awareness of stigma**

1. What is stigma? How does stigma manifest? Its implication on the overall quality of life of individuals?
2. What is the difference between stigma & discrimination?
3. Awareness about existing programmes on S&D and their willingness to participate?

↓ **Fear of transmission and disease**

4. How many stake-holder know the correct mode of HIV transmission?
5. What are the common myths and misconceptions associated with HIV transmission?
6. What are the factors?
7. What is the behavioural disability caused by fear of transmission?

↓ **Values – Delink sex-sin and HIV (i.e. associations with shame, blame and judgment)**

8. How many associate HIV, sex with sin and morality?
9. What is stakeholders perspective about PLHA and those who are assumed to be spreading HIV?
10. What are the factors that promotes and S&D at the institutional level?
11. What are the current programmes of institutions for reducing S&D?

↓ **People living with HIV infection perceived as spreaders of infection { Associations of them spreading infection instead of being agents of prevention}**

12. What is the level of awareness about HIV, allied services, other advocacy programmes & rights of PLHAs?
13. What is the level of willingness to be part of S&D reduction programme?
14. What is the level of confidence about their knowledge, skills, attitude and practices?

↓ **Enacted stigma or discrimination (i.e. actions that are typically associated with discrimination)**

15. What is the extent of S&D faced? By whom, when, where & how?
16. How has it impacted on their quality of life?

✚ **Internalized stigma with People Living with HIV?**

- 17. What is the extent of internal stigma? Factors?
- 18. How has it impacted their quality of life?
- 19. What are the supports net Phi's currently have and trust?

Limitations/Challenges:

These were few of the challenges the investigators put forward prior to the studies and most of which were experienced during the actual data collection and analysis.

- ✚ The study could face non-responses from the respondents especially with religious heads on issues surrounding sex and sexuality. Given the small samples, this may have some effect on the outputs of the study. However, the non-response can also be constructed as existence of S&D and unwillingness to discuss sex and sexuality on religious platforms.
- ✚ The study is designed to systematically collect the data given the kind of resources available. Hence the sample size and other approaches are planned to suit the same. The study will have its limitation to take comparable or controlled samples to compare the changes between operational and controlled samples.

4.2 The Guiding Principles:

The following principles guided the team during designing, data collection & analysis.

- ❖ *Evidence for planning & monitoring:* Catalyst Management Services will approach the study to aid INSA-India in planning the intervention, to evolve strategies and to develop monitoring to assess the outcomes. Primarily the study will focus on the knowledge, skills, attitude and practices of the stake-holder in relation to stigma and discrimination.

The study will use approaches that are simple, quick and robust enough to assess the prevailing situation and can be comparable across periods. The approach will be simple and will be devoid of complex statistical approach.

- ❖ *Qualitative vs. Quantitative Assessments:* A combination of both quantitative and qualitative assessments will be used. The numbers will provide, *how many, where* and *what* while the qualitative will provide the *how* and *why* part of the analysis.

4.3 Approach:

The study used both quantitative and qualitative data; what is known as mixed method and consisted of:

1. Key informant interviews
 - a. Religious Heads
 - b. NGOs who will implement the said project
 - c. PLHAs that will be selected as "Friendly Advisors".
2. FGDs with Staff of NGOs & Positive Network
3. Analysis and synthesis of findings, with participation of staff

4.4 Sampling:

The study used 'Focussed Sampling' method in which samples were identified based on their willingness to be part of the study and Project Sanchaya.

The section below details out the number of samples covered.

Respondents	Method	Planned Numbers	Actual Covered	Balance
Quantitative				
Religious Heads	Key Informant Interview	30	29	-1
NGO Heads	Key Informant Interview	25	21	-4
Person Living with HIV	Self Assessment	25	26	1
Total		80	76	-4
Qualitative				
Second level NGO Staff	Focused Group Discussion	1	1	0
Members of Positive Network	Focused Group Discussion	1	1	0
Total		2	2	0

4.5 Processes and steps:

The study observed following processes and steps:

Step 1: Preliminary discussion with INSA-India:

Step 2: Design of Research Instruments by CMS using similar experiences will design the field tools, pre test in small sample.

Step 3: Piloting of research instruments : *through Interviews and In-depth discussions; review of results and modification of tools. On completion of at least two in-depth interviews in each category of respondents, the team will reflect on the effectiveness of the tool. If need be the tool will be modified accordingly.*

Step 4: In-depth field survey in all the selected areas

Step 5: Data entry and compilation

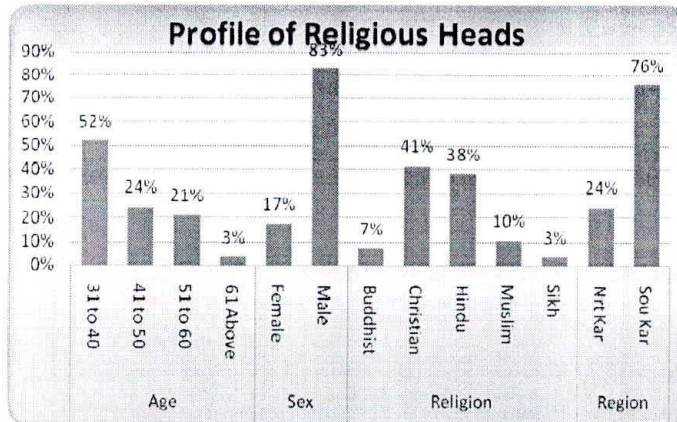
Step 6: Analysis and Reporting of *qualitative and quantitative data and draft report preparation;*

Step 7: Analysis workshop with INSA-India team: *Workshop for sharing prelim findings, strategy analysis, and leading to finalisation of the study finding; (the cost of the workshop is not budgeted in the said proposal. INSA-India may have to bear the cost of organizing such workshop)*

Step 8: Finalisation of report incorporating the feedback during the workshop

5 Profile of Respondents

5.1 Profile of Respondents – Religious Head



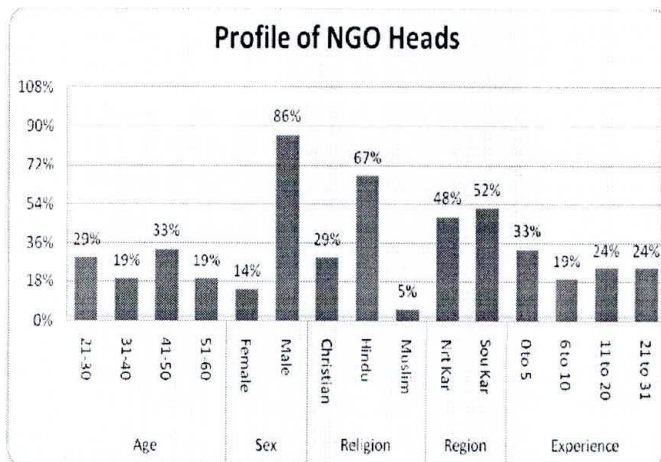
Karnataka

41% respondents are Christians, followed by Hindu 38%; 10% are Muslim; Buddhist & Sikhs constitute 7% and 3% respectively.

More than 50% fall between the age group 31-40 years.

Majority of respondents are male religious leaders; with only females from Christian denomination. More than 75% of respondents are from Southern

5.2 Profile of Respondents – NGO Heads/Project Leaders



Majority of respondents are Hindu (67%) followed by Christians (29%) & Muslims (5%)

More or less respondents are equally from south (48%) & north (52%) Karnataka

Around 50% of respondents fall under 40 yrs of age

Majority of respondents (86%) are male NGO Heads

Around 48% of respondents have more than 10 years of experience; while 1/3rd have less than 5 years of experience.

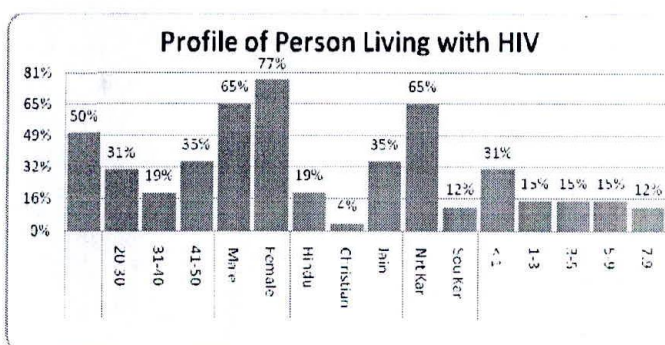
5.3 Profile of Respondents: Persons Living with HIV

58% respondents are female.

More than 50% represents south Karnataka

Nearly 50% are in the age group of 20-30.

Majority of respondents are Hindus (77%) followed by Christians (19%) & Jains (4%).

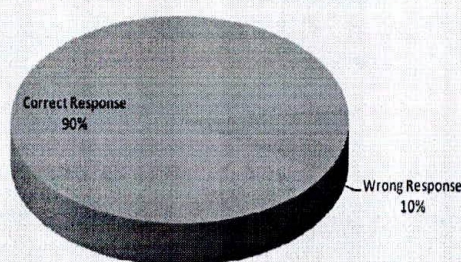


Age of infection: 30% respondents are living with HIV between 1 to 3 years; 45% of respondents between 3-7 years & 12% above 9 years.

6 Awareness Stigma & Discrimination, HIV/AIDS

6.1 Awareness about Stigma - NGO Heads

Awareness about Stigma - NGO H



90% of NGO-Heads have correctly identified 'words' associated with Stigma. (*Blaming, name calling, judgmental, spreading irrational fears about a person or behaviour....*)

Only 10% (2) of respondents have low awareness.

6.2 Awareness – HIV/AIDS & S&D – NGO Heads

This graph presents the level of awareness about HIV, AIDS, stigma & perception about same sex among NGO-Heads.

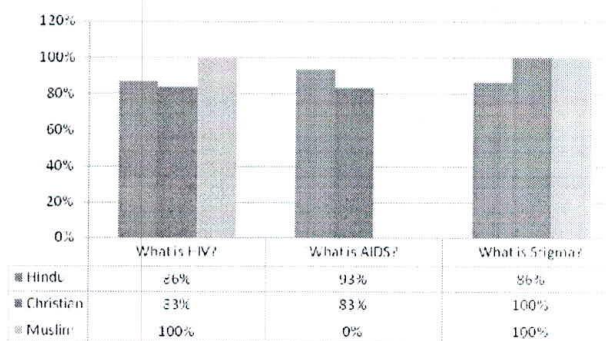
86% of NGO-Heads (Hindus) know what HIV is while 83% (Christians) and 100% (Muslims) were able to correctly state what HIV is.

The study asked respondents about 'what AIDS stands for'. 93% of NGO-Heads (Hindus) & 83% NGO-Heads (Christians) correctly responded.

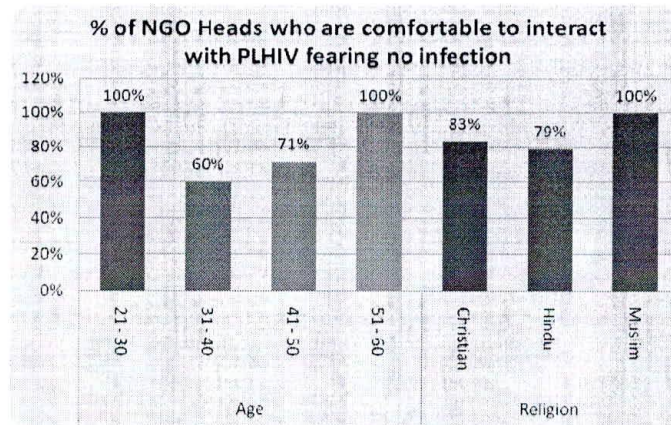
100% NGO-Heads (Christians & Muslim) & 86% NGO-Heads (Hindus) correctly stated what stigma is.

More than half of Hindus disapproved same sex relationship, while only 29% Christians and 6% Muslims disapproved the same. There is greater acceptance about same sex relationship among NGO-Heads belonging to Christianity and Islam.

% of correct Answers on HIV, AIDS and Stigma - NGO H



6.3 Awareness & Protection – HIV/AIDS NGO-Heads



Respondents belonging to age group 31-50 are less comfortable to interact with PLHA.

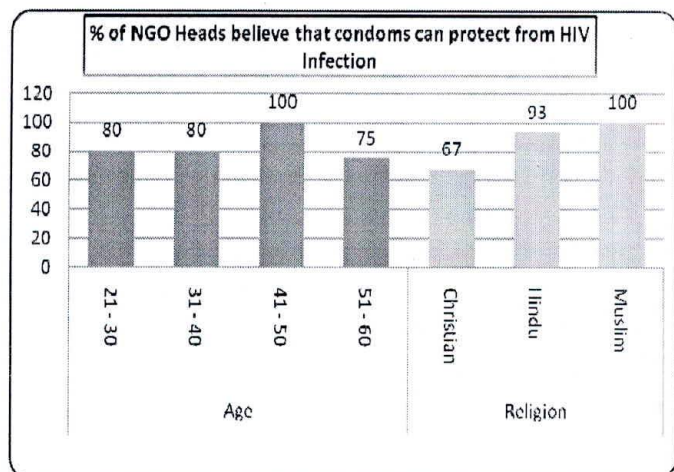
NGO-Heads with Hindu background are less comfortable followed by Christian to interact with PLHA.

100% Muslims respondents state they are comfortable to interact with PLHAs.

Only 80% of respondents in the age category 21-40 & 51-60(75%) believe that condom can protect from HIV infection while 100% believe so in the age category of 41-50.

67% NGO-Heads with Christian background believe condoms can protect from HIV infection.

Overall 86% believe condoms can protect from HIV infection.

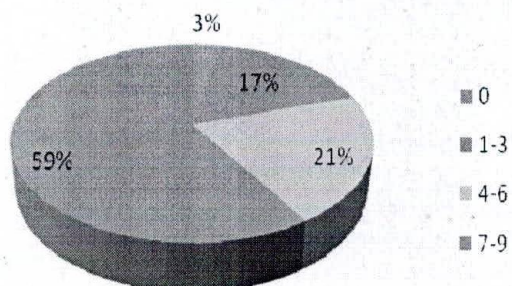


6.4 Common Myths & Misconception – NGO Heads

- 16% of NGO-Heads believe that having sex with a virgin will cure them of HIV & taking some medicine before sex can protect them from HIV infection.
- 38% feel that PLHA should be kept at a distance from other patients fearing infection.
- Around 24% feel that PLHAs should not have sexual desire fearing infection.

6.5 Awareness about S&D – Religious Heads (RH)

% of RH who identified correctly words associated with S&D

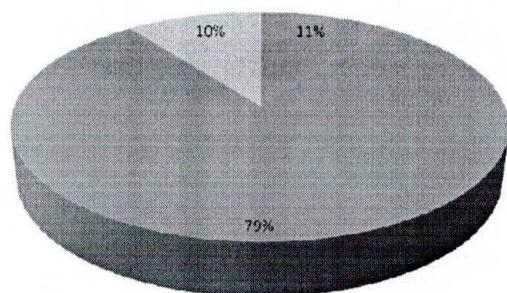


The graph states the extent of correct knowledge about stigma & discrimination among Religious Leaders.

Most of the RH can identify either one or more words associated with S&D. Only 59% of RH could identify more than 7 key words associated with S&D.

Only 3% (1 RH) has not identified any words associated with S&D.

Correct Mode of HIV transmission - RH



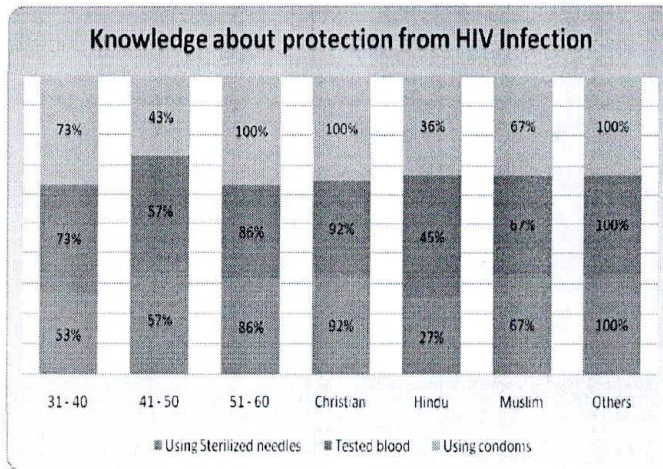
- Correct Knowledge without any misconception
- Correct knowledge about HIV transmission but has myths & misconception
- Incorrect awareness about mode of transmission with myths & misconception

The pie chart states that only 11% of RH have correct knowledge about modes of HIV transmission without any myths / misconception.

79% of RH know all four modes of transmission but also have myths & misconception.

Around 10% of respondents do not know how HIV spreads and have myths and misconception. 10% of RH are not aware of correct modes of HIV transmission.

6.6 Knowledge about Protection from HIV Infection-RH



Except for RH-(Sikh & Buddhist), none of RH have 100% awareness on "how to protect from HIV Infection".

As low as only 36% RH (Hindu) think "Condoms as potent protection products". While 100% RH (Christian) think condoms is one of the ways to protect oneself from HIV infection.

RH belonging to age group 41-50 seem to be having lesser knowledge about protection methods

Knowledge about HIV, AIDS & Stigma - FA:

Overall 81% & 73% of FA stated what HIV & AIDS stand for respectively.

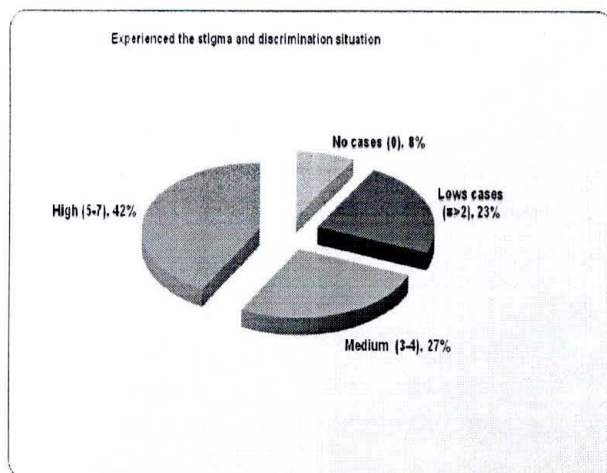
Respondents in the age group 21-30 have relatively more knowledge about HIV, AIDS & Stigma over other age category.

Friendly Advisors have the following myths and misconceptions about HIV / AIDS: They are,

- Only 12% state that HIV is curable;
- 15% state that 'having sex with virgin will cure a person of HIV'

Regarding S&D, 100 % respondents identified key words related to Stigma. However, 54% of respondents stated that Stigma & discrimination are one and the same. 19% stated that stigma leads to discrimination. 23% of respondents believe that there is no relationship between stigma & discrimination.

6.7 Experience of S&D – Friendly Advisor (FA)

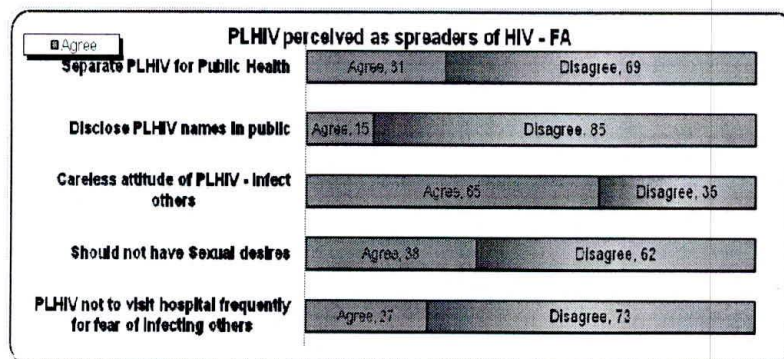


92% of respondents have personally experienced S&D.

More than 42% have experienced high level of S&D (over 5-7 instances of being stigmatized or discriminated)

38% of respondents have stated to have lost jobs because of their HIV positive status. Most of those who lost jobs are females (80%).

6.8 PLHA perceived as HIV spreaders – FA



This graph illustrates what Friendly Advisors think about people who are positive. (It is to be noted that all FAs themselves are HIV positive)

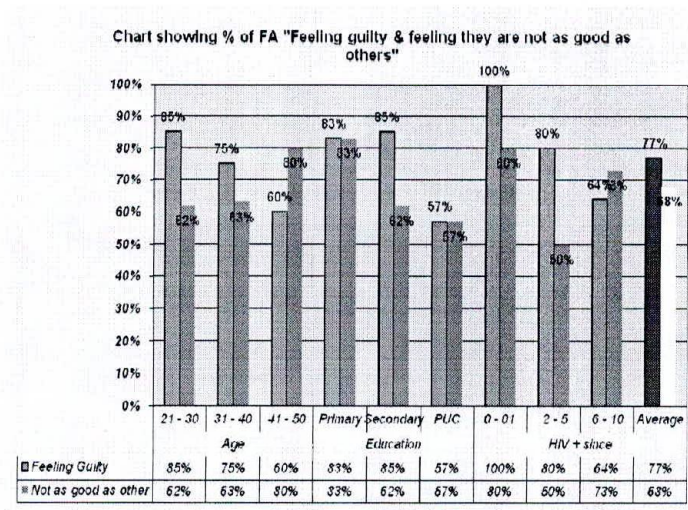
31% feel that PLHAs to be separated keeping in mind the public health issues & 27% state not to visit hospital

frequently for fear of infecting others.

65% respondents feel that careless attitude of PLHA contribute to HIV infection & 38% feel that PLHA should not have sexual desire since it may fuel further infection.

7 INTERNAL STIGMA - FA

7.1 Internal Stigma – Friendly Advisor.

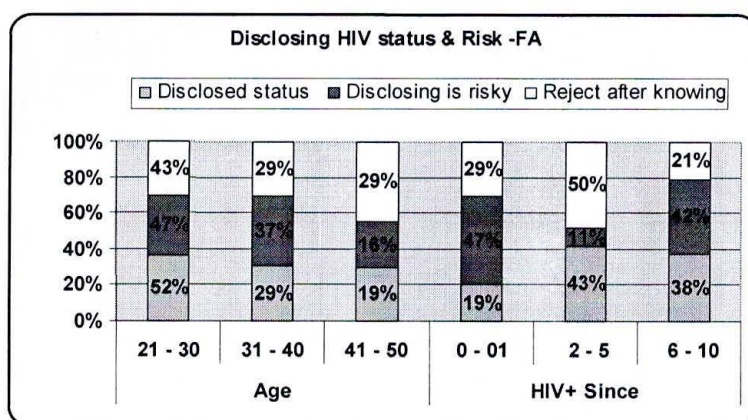


Overall 77% of FA feel guilty about being HIV positive.

Around 68% feel that they are not as good as others.

100% of those who are infected with HIV for less than one year feel guilty. Those who are attained higher education level feel less guilty and have increased self worth.

7.2 Disclosure & Risk... - FA



Respondents in the age category of 21-30 have disclosed maximum when compared to other age group.

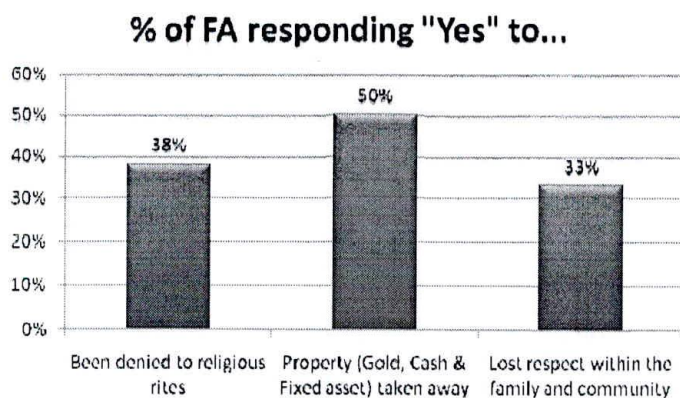
In the same age group, most of the respondents felt it is risky to disclose one's HIV status.

Post disclosures, most of them have felt that they were

rejected by other due to their HIV positive status. The maximum rejection is been in the age group of 21-30 years.

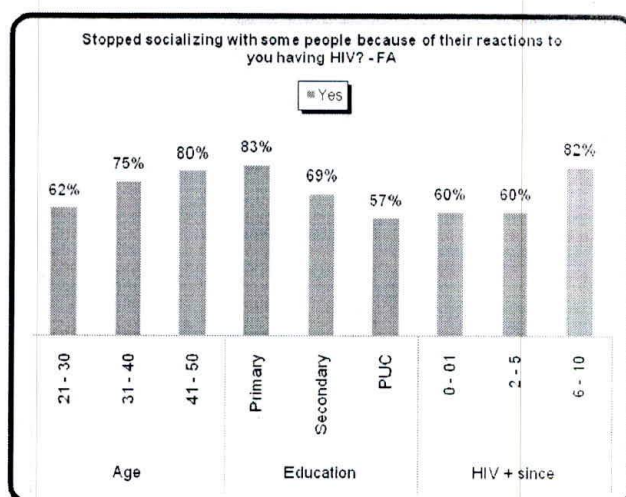
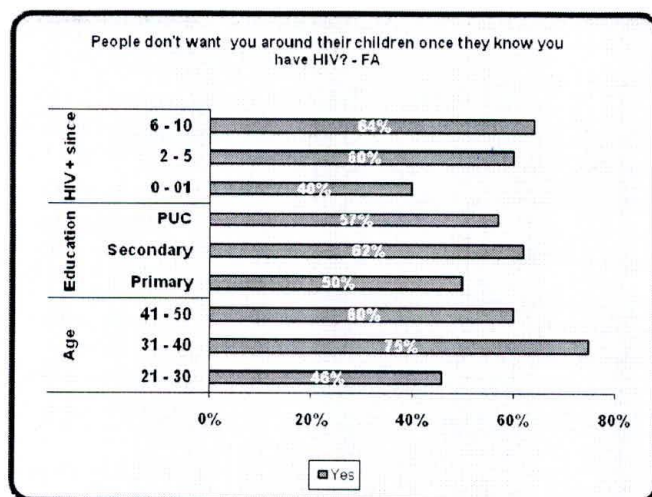
Overall, more than half (67%) feel disclosing HIV status is risky. 81% have disclosed their HIV status to someone who is 'close to them & 59% of those who disclosed have faced rejection.

7.3 Disclosure & Rejection – FA



The graph above illustrates the kind of rejection Friendly Advisors have faced post disclosing their HIV status.

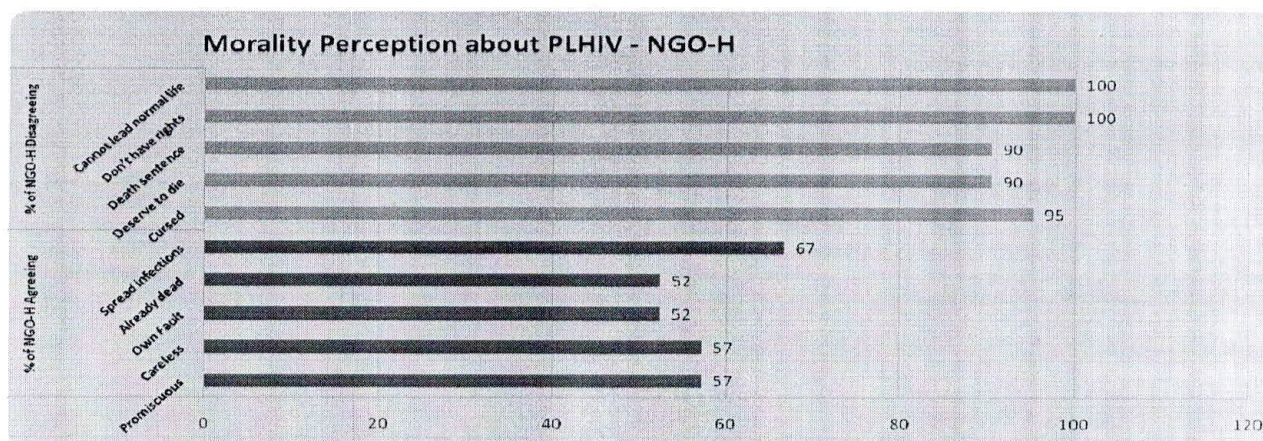
38% FAs have experienced denial to religious rites. Around 50% (54% female & 46% male) state that their property (gold, cash, fixed assets) was taken away. 33% feel they lost respect within family and community.



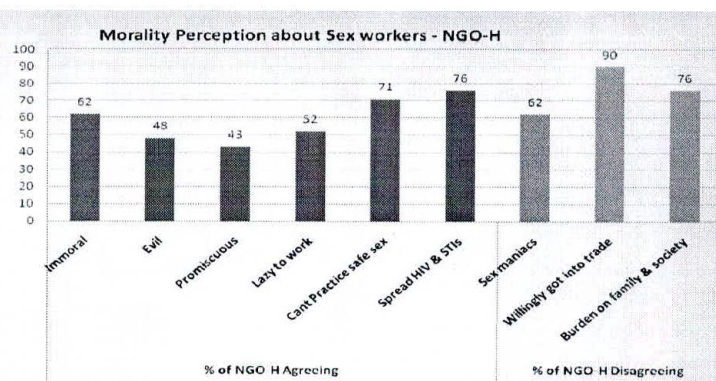
- Around 57% of FAs feel that neighbors / others don't want to be with their children'.
- Respondents in the age group of 41-50 have stated that they have stopped socializing because of other reactions / behaviour towards self. The younger FA are least affected. The education background seems to have a role in determining the extent of socializing post HIV infection.

8 Values – Delink Sin, Sex & HIV

8.1 Perception about PLHA & HRGs – NGO H



- More than 90% of NGO-Heads disagree with negative statement about PLHAs which is encouraging. The negative statements/words are, PLHAs cannot lead normal life, they do not have rights, HIV infection is like death sentence, PLHAs deserve to die and they are cursed.
- While more than 50% & less than 60% of NGO-Heads agree to common perceptions about PLHAs such as PLHAs spread infection, already dead, promiscuous.



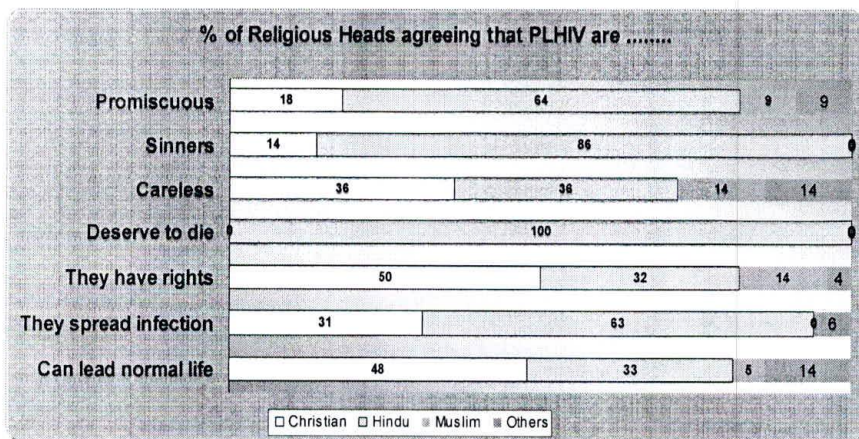
NGO-Heads perceive Sex workers as spreader of HIV infection (76%) & immoral (62%).

More than 90% believe that SW are pushed into the trade, are not sex maniacs (62%) & are not burden to family and society (76%).

8.2 Perception about Sexuality – NGO H

- 81% NGO-Heads stated hetero-sex acceptable. (2 no answer, 1, don't know, 1 bad)
- 81% state that Homo-sexuality is 'Bad' (1 no answer, 2, don't know, 1 good)
- 24% state that sex is only for 'reproduction' only.

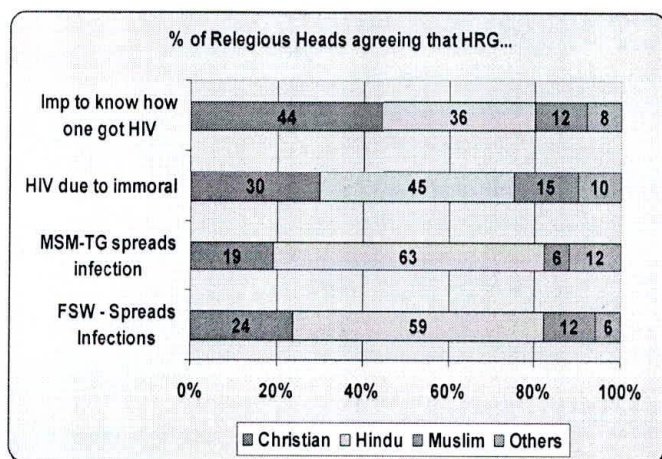
8.3 Perception about PLHA – RH



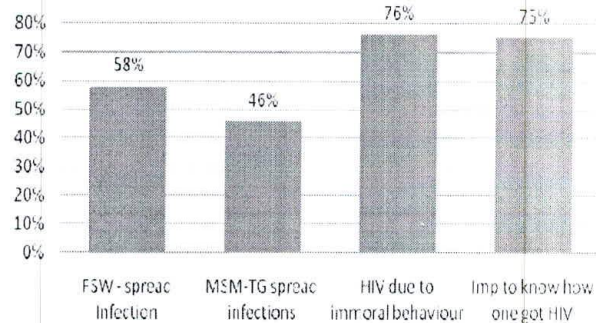
RH (Hindu) have negative perceptions about PLHA. Majority feel PLHAs are promiscuous, sinner, careless and deserve to die followed by others (Sikh & Buddhist).

Most of the RH (76%) feel PLHA have rights and can lead normal life. (RH-Muslim seem to differ here (33%))

8.4 Perception about HRGs – RH



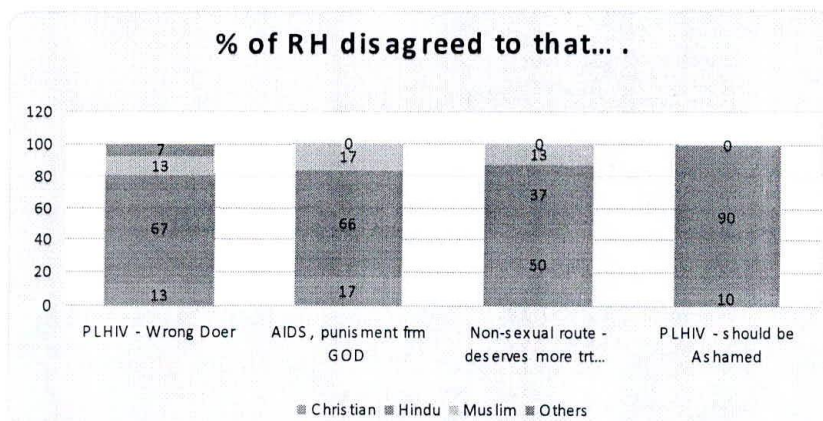
% of RH subscribing to the statements about HRGs



Majority of RH-Hindus feels that HIV spreads through immoral behaviours, and that MSM & WSW spread infections. Disaggregated data shows that 91% of RH-Hindu and 100% (Others) feels that women in sex work spread HIV infections.

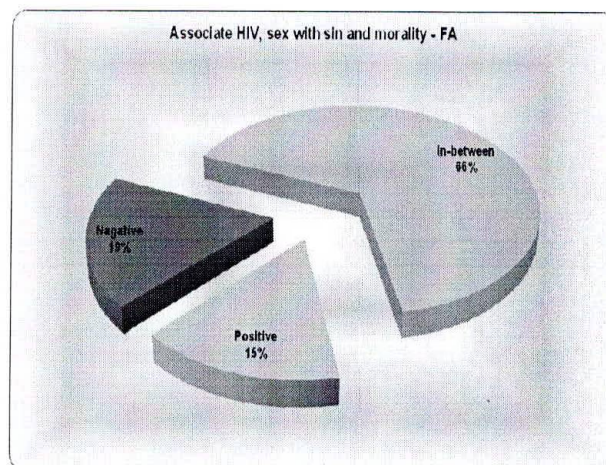
Most RH expressed the need to know 'How one got infected'.

8.5 Perception about PLHA & Route of infection – RH



Only 33% of RH-Hindu disagreed to the statement that "PLHA have done something wrong for them to get infected". 63% RH-Hindus felt that people who are infected through non-sexual route deserve more treatment and 90% of them also felt that PLHA should be ashamed of themselves.

5.6 Perception about Sex, Self & HRGs – FA



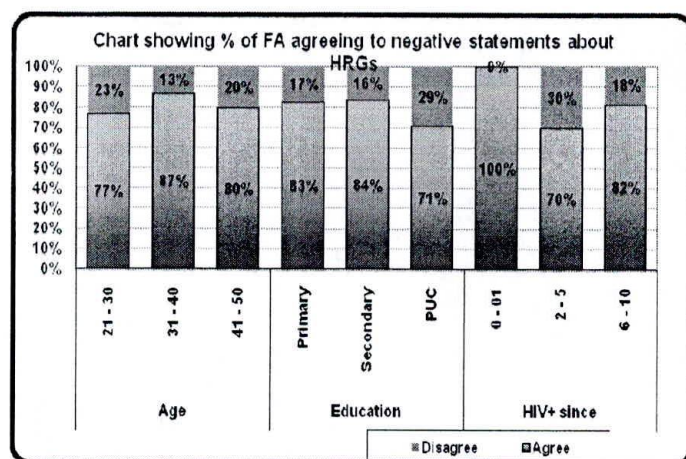
The following graphs states FA perception about sex and high risk groups (WSW, MSM-T, IDUs).

The following statements were discussed to arrive at the negative, positive and neutral perceptions.

- PLHA should be ashamed of themselves.
- PLHA wrong doer
- Person infected thru sex & drugs – got what they deserve.
- AIDS is a punishment from God

- Only 15% of FA responded in negative to PLHA should be ashamed; PLHA wrong-doer; PLHA got what they deserve & AIDS is a punishment.
- 19% of FA absolutely agreed to the above statements.
- Rest (66%) have multiple responses - agree, partially agree to disagree.

8.6 Perception about HRG – FA



Key Negative Statements asked:

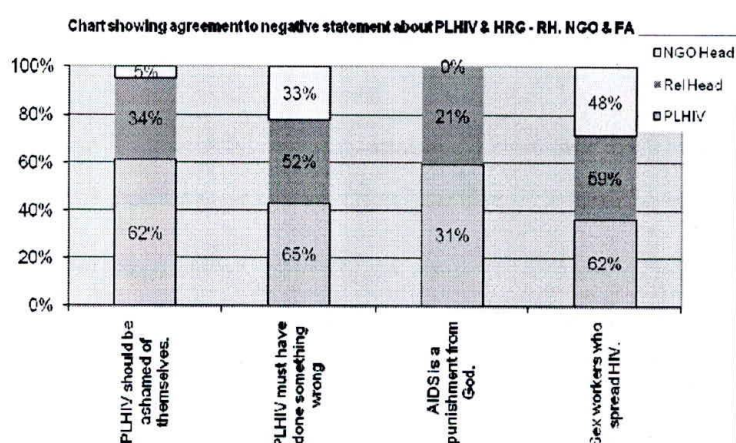
- Women in sex work who spread HIV.
- Homosexuality is the cause for HIV.
- IDU should be blamed for spreading HIV.
- MSM should be put behind bar for spreading HIV.

Overall 82% agree to the negative statements about HRGs.

The more literate the lesser the agreement to negative statements.

Ages of infection (0-1 yr) have agreed to all the above statements, while the next category (2-5 yr) have disagreed the most.

8.7 Morality - Comparison



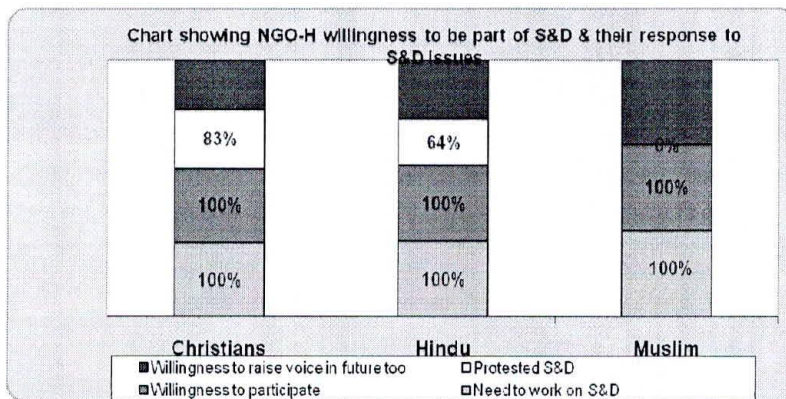
In most cases, FA have agreed more to the negative statement followed by RH and NGO-Heads.

Majority feel that PLHA and Sex workers must be ashamed and are responsible for spread of infection respectively.

NGO heads in comparison seems to have more balanced view except towards sex workers & PLHAs.

9 Stigma – Willingness & Actions

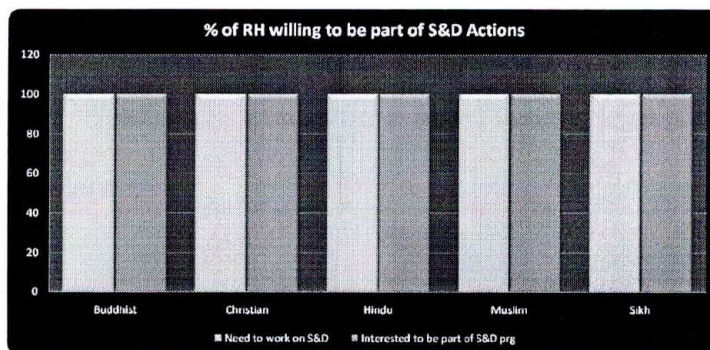
9.1 S&D- Willingness & Action - NGO H



100% NGO-Heads feel the need to work on S&D and are willing to be part of S&D.

While 83% NGO-Heads (Christians) have protested against S&D of which only 67% state they would continue to do so in future too. Among NGO-Heads (Hindu & Muslim) there is increase in the same.

9.2 S&D- Willingness & Action – RH



100% of RH have expressed the need and willingness to be part of actions against S&D.

9.3 S&D- Willingness & Action – FA

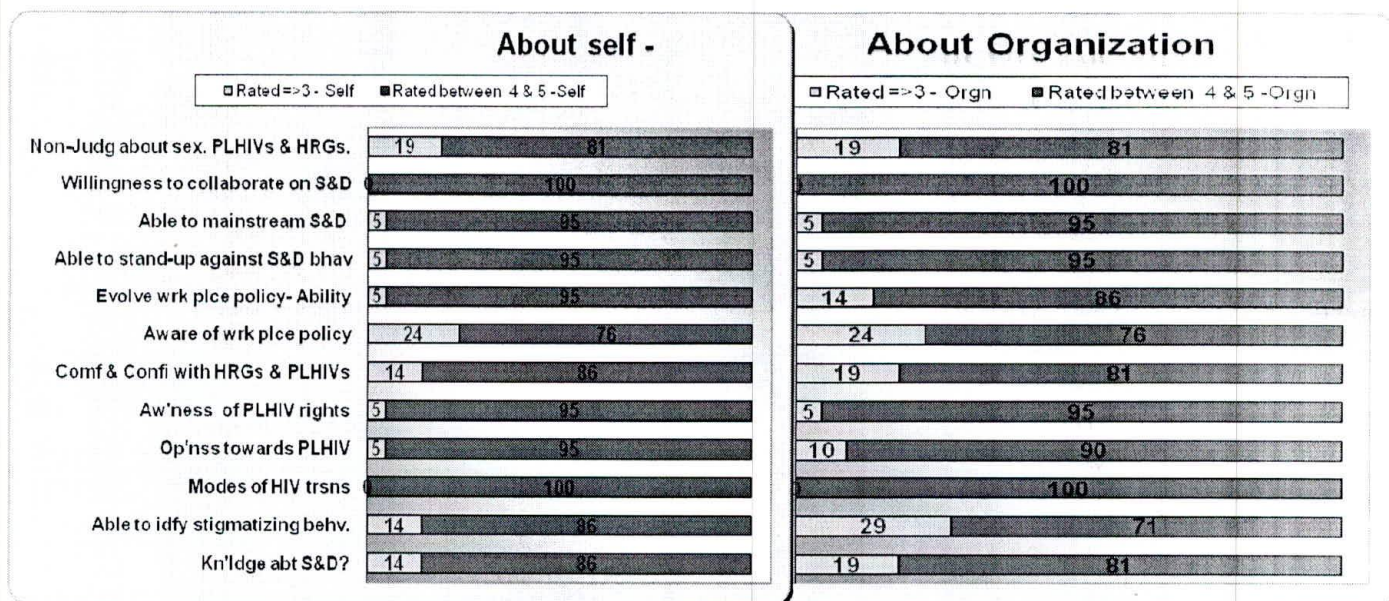
- 100% of FA state that they are willing to be part of action against S&D
- 92% of FA state that they have faith in the linkages and networks working for PLHAs
- 46% have information about organization working towards reducing S&D

9.4 Self – Assessment -Ability for S&D Actions – FA

- 96% have stated that they have skills to motivate PLHAs for actions.
- 92% are comfortable to share their feeling with other PLHAs
- 96% said they are able to solve their own problems.

10 S&D Assessment – Self & Organization

10.1 Self Assessment Scale



The study used a tool to understand knowledge, skills and other capacities of NGO-Heads in relation to S&D. The response to the question had two parts – Self assessment of self and self assessment of Organization they are working with.

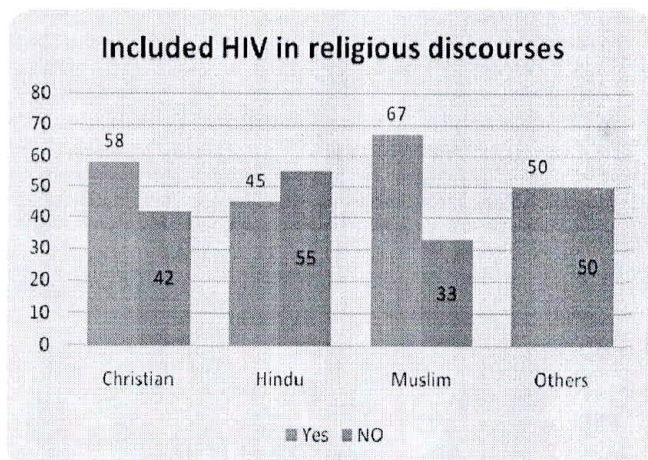
About Self:

- Around 24% feel they have low awareness on work place policy.
- Most of the NGO-Heads have assessed to have higher knowledge, attitude & skills.

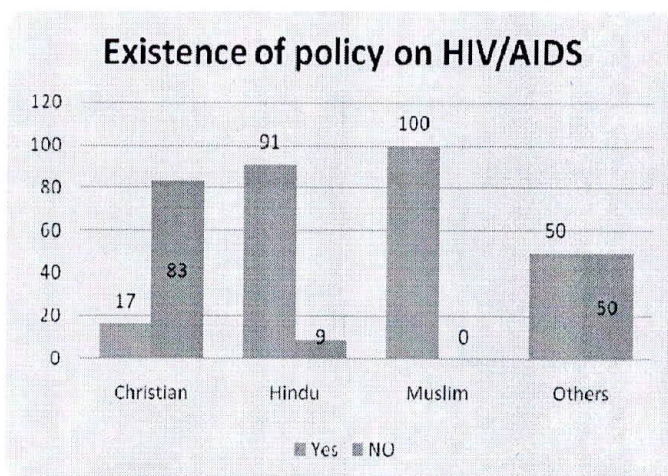
About Organization

- Around 24% feel Organization have low awareness on work place policy.
- 19 & 29% of rated low on S&D awareness & ability to identify S&D behavior

10.2 Institutional willingness & Provisions for S&D Activities – RH

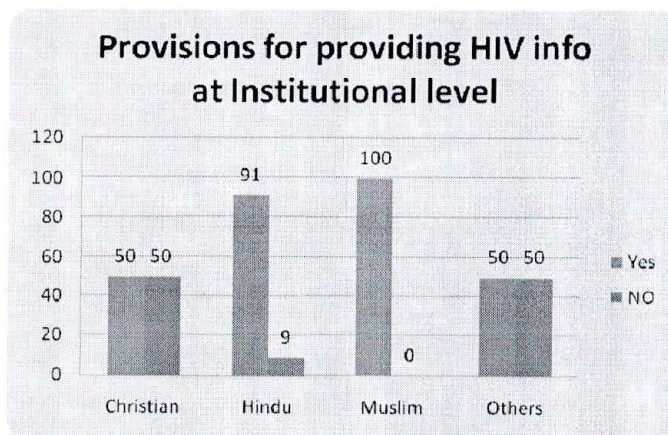


67% of RH – Muslim stated that they have included HIV in their religious discourses followed by 58% Christians, 50% Others (Sikhs & Buddhist) & 45% Hindus.



Interestingly 91% RH-Hindus, 100% Muslims stated they have Organizational policy on HIV / AIDS.

Only 50% of others category and 17% Christian stated they had Organization policy on HIV / AIDS



Over 90% of RH- Muslims & Hindus stated that they have provision to provide information related to HIV at Organization level. Around half of RH – Christian and Others stated they too have the same.

11 KEY SUGGESTIONS - RH

The study asked Religious Heads to list few suggestions to reduce stigma & discrimination. Below are the key suggestions:

11.1 What is the best way to reduce HIV related S&D?

- a. Blanket coverage of awareness programme on HIV & AIDS
- b. Involve Youths (most of RH-C)
- c. Educate Sex workers
- d. Acceptance & Openness towards PLHAs (RH-B)
- e. Use of media (RH-H)
- f. Engage students at college level (RH-H)
- g. Modify social policies & make PLHA part of institutions (RH-M)

11.2 What is the role of Religious Institutions in reducing HIV related S&D?

- a. To be open to PLHAs and show solidarity with them – PLHAs & Others (RH-B)
- b. Include HIV in religious discourses; (RH-C)
- c. Not to expect much from Religious Institution but to engage NGOs (RH-H)

11.3 What are the key activities of Religious institutions regarding HIV prevention & reducing S&D?

- a. RH-M/S/B respondents state they are not implementing any activities at present.
- b. 42% of RH-C stated they have some programme related to the above (General Awareness, youths focused, conducting health programmes, C&S programmes,
- c. Most of RH-H does not have any activities related to HIV prevention, except for religious discourses.

11.4 Challenges while working on HIV & S&D Issues?

- a. Negative attitude of others since the proposed work is related to sex & sexuality (RH-H)
- b. People may move away from the religious ceremonies and following due to our association with HIV and sexuality related activities(RH-S)
- c. Isolation, less/no support from public, people questioning about religious institutions priority of S&D & HIV over other important issues; refusal to accept this problems as problem of Church (RH-C)
- d. Non-acceptance by other followers; value judgment about PLHA; (RH-M)

12 Summary

The below section summarizes the key findings:

12.1 Awareness of HIV/AIDS & S&D

- **NGO-Heads:**
 - High level of awareness about S&D
 - Awareness about AIDS is low among some section of NGO-Heads
 - Most of S&D statements are 'Value Driven'.
 - Only 86% believe condoms can protect from HIV infection
 - Some section of NGO-Heads have myths & misconception related to HIV transmission & cure
- **RH:**
 - Most RH can identify S&D related words & aspects.
 - Only 11% have correct knowledge about HIV transmission
 - RH-H awareness level on protection is low
- **FA:**
 - Most of them are aware of HIV & AIDS; but have myths & misconception about transmission
 - Aware of basic definition Stigma & discrimination; low on relationship between the same and manifestation of stigma
 - 92% have experienced S&D; most cases women are fired from work
 - Low understanding about PLHA issues and rights (1/3rd feel PLHA to be separated and 38% stated they should refrain from having sexual desire

12.2 Summary – Internal Stigma FA

- Most (77%) feel guilty of being HIV positive and 68% feel low self worth;
- Less the duration of infection more the guilty.
- More than 81% have disclosed; 59% have faced rejection.
- Impacted their social life, community interactions, restriction on religious rites and denial of property rights.

12.3 Summary – Values & Morality

- Most of the respondents (NGO, RH & PLHA) have issues with HRGs & PLHAs; they do not approve of their activities.
- Most of the opinions are value driven.
- Most of NGO-Heads don't accept people's sexuality; true of FA & RH.
- FA have strong negative opinion about PLHAs & sex workers, followed by RH & NGO-Heads.

12.4 Summary – Willingness & action against S&D

- All respondents (RH, NGO-Heads & FA) feel the need to work on S&D and are willing to be part of action.
- Most of them have positively stated to 'protest any form of S&D in the future'.
- Most of FA have faith in networks and linkages; positive statement for collaboration.
- Most of FA feel they have requisite knowledge, skills & attitude for action against S&D.
- NGO-Heads: Needs support in evolving work place policy and to get comfortable with HRGs.
- RH: Half of Religious Institutions are already implementing HIV & S&D related activities and are willing to improve on the same.

12.5 Summary – Key suggestions & challenges from RH

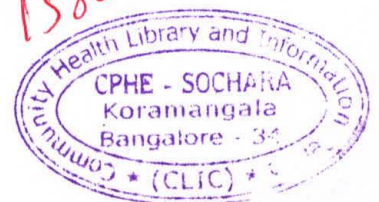
- Most of the RH suggests awareness programmes & involvement of youths.
- Influence dominant societal norms and active participation of infected & affected at Organization Level.
- Most of Hindu RH has less/no activities regarding HIV & S&D.
- Challenges: withdrawal; question Religious Institutions priorities.

ANNEXURE

QUESTIONNAIRE

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Self Assessment sheet

1. Expand the terms:

⌘ HIV:	
⌘ AIDS:	

2. Modes of transmission of HIV are listed below,

(Please tick the ones through which HIV is transmitted from one **HIV infected** to another, and put 'X' for the ones through which HIV is usually NOT transmitted)

a) Mosquitoes		
b) Hugging		
c) Heterosexual practices – penetrative		
d) Kissing		
e) Using the same toilet		
f) Blood transfusion		
g) Lesbianism (female having sex with female)		
h) Sharing blades for shaving in barber shop		
i) HIV infected mother to child		
j) Oral sex		
k) Sharing same syringes for injections		
l) Heterosexual practices – non-penetrative		
m) Anal sex		
n) Sharing food		

3. How can we prevent acquiring HIV/AIDS?

a) Using sterilized needles	
b) Accepting HIV tested blood for transfusion	
c) Using condoms	
d) Don't know	

4. Can HIV infection be cured?

a) Can be cured in five years	
b) Can be cured in ayurvedic system of medicine	
c) No cure as of now	
d) Using anti-retroviral drugs	
e) Don't know	

5. What do you mean by Stigma? Please identify words associated with Stigma.

a) Positive attitude	
b) Blaming	
c) Name calling	
d) Condemnation	
e) Isolation	
f) Rejecting	
g) Negative attitude	

h) Shaming	
i) Non-judgmental	

6. State your agreement to below statement

	<u>Agree</u>	<u>Disagree</u>	<u>Neutral</u>
a) People with HIV should be ashamed of themselves.....	1	2	3
b) A person with HIV must have done something wrong.....	1	2	3
c) AIDS is a punishment from God.....	1	2	3
d) Person infected through unsterilized needles and blood in hospital settings legitimately deserve to receive higher care and treatment than those infected through sexual route	1	2	3

7. State your agreement on Person Living with HIV –PLHIV

	<u>Agree</u>	<u>Disagree</u>	<u>Neutral</u>
a) Promiscuous.....	1	2	3
b) Sinners.	1	2	3
c) Careless	1	2	3
d) Cursed.....	1	2	3
e) Not Lucky.	1	2	3
f) Foolish.	1	2	3
g) They Didn't Listen.	1	2	3
h) Good for Nothing.	1	2	3
i) Deserve To Die.	1	2	3
j) Already Dead.....	1	2	3
k) Waste Lots of Money.	1	2	3
l) They Have Rights.....	1	2	3
m) They Spread Infection.....	1	2	3
n) They Can Lead Normal Life.....	1	2	3

8. State your agreement to below statement

	<u>Agree</u>	<u>Disagree</u>	<u>Neutral</u>
a) It is female sex workers who spread HIV.....	1	2	3
b) It is Men have Sex with Men & Transgender who spread HIV.....	1	2	3
c) HIV Spreads due to immoral behavior.....	1	2	3
d) People living with HIV should still be allowed to get married, as long as both partners know about their status?	1	2	3
e) It is important to know how one gets infected from HIV.....	1	2	3

Catalyst Management Services – Self Assessment Format for Heads of Religious Institutions

f) Consent from Patients should be taken before being tested for HIV?	1	2	3
---	---	---	---

9. State your opinion to below statement

a) Did you ever interact with HIV positives or their family members?	Yes	No	Don't know
b) Did you come across any stigmatizing situation?	Yes	No	Don't know
c) Are you interested to be part of the stigma reduction activities?	Yes	No	Don't know
d) Do you feel the need of working towards reducing stigma and discrimination?	Yes	No	Don't know

10. Please respond to the below statements:

a) Have you included HIV/AIDS as topics in your religious discourse?	Yes	No	Don't know
b) Do you have provisions to provide information on HIV/AIDS at your Institution (apart from religious discourse)?	Yes	No	Don't know
c) Person living with HIV have equal opportunity as other to become head of any religious institution?	Yes	No	Don't know
d) Does your religious institution have policy on HIV / AIDS & anti-stigma & discrimination?	Yes	No	Don't know

11. According to you, what is the best way to reduce HIV related stigma & discrimination?

--

12. What roles do you see for religious and spiritual leaders in reducing HIV related stigma & discrimination?

--

--	--

13. What are the current activities of your institutions regarding HIV prevention & Reducing HIV related stigma & discrimination?

--	--

14. What do you think are the key challenges that an organization like yours is likely to face while working on an issue like HIV-AIDS?

--	--

Baseline study on stigma and discrimination-STAND Program

Interview Schedule for NGO Heads

INFORMED CONSENT

(The investigator shall explain in the following manner the purpose of the interview and obtain the verbal informed consent from the respondent)

Namaskara,

My name is I work as a research investigator for Catalyst Management Services, part of Catalyst Group and are currently supporting INSA-India an organizations in Bangalore working in Health Domain to promote the individual capabilities of dealing with issues of concern. This study is a humble attempt to understand more about HIV Stigma. The findings of this study would help STAND Program and associated agencies in better understanding the sensitivity and help in the efforts for improving the situation through reducing stigma and address the issues of concern through evidenced informed programme and advocacy. You have been carefully selected to represent the Non Government Organization. Your views and responses are very important for this study. I would like to interview you as part of the study. The interview would take approximately 45 minutes to complete. I would like to ask you a few questions about yourself, your organization, Staff and practice, social relationships, opinions about various issues, HIV Stigma and discrimination etc. All these questions are found to be unavoidable in understanding the issues related to Organization and PLHIV; please excuse me if any of the questions hurts your sentiments. The participation in this study is voluntary. There is no provision for monetary compensation for attending the interview. We would very much appreciate your participation in the study. Whatever information you provide will be kept strictly confidential and your personal data will not be shared with other persons. However you have the freedom to decide not to answer any particular question, a set of questions or all the questions. If you have any grievance related to the interview or the study, you may inform (Mr. Chandrashekar Gowda, Swasti; Phone: 9342531009) who would respond to it. At this moment, would you like to ask me anything more about the study? (Clarify all the queries the respondent has). Now may I have your consent for the interview?

Respondent Refuses, Record Reason and other relevant data and end

Interview -

Respondent gives consent for the interview: 1

Signature

INTERVIEWER/DATA ENTRY INFORMATION

Study Number				
District Code				
District Name.....				
Date of Interview (DD/MM/YY)				
Name of the Investigator.....				
Place of Interview.....				
Duration of interview in minutes (Fill after the interview is completed)				
Have you been interviewed elsewhere in Karnataka during past month for the STAND project?				
Yes				1
No				0
Consent Status				
Refused for the survey (Record verbatim below)				1
Agreed for the survey				2
Respondent not Eligible				3
Reason for refusal (Record Verbatim).....				
.....				
NON-RESPONSE DATA: [RECORD THE FOLLOWING INFORMATION FOR NON-RESPONSE]				
AGE- <input type="text"/> <input type="text"/>				
Completion Status				
Completed Interview				1
Did not complete interview				2
Respondent Refused				3
Respondent already taken part in the survey elsewhere				4
Language of the interview.....		D		
Supervisor Details (To be filled in by supervisor)				
Name.....				
Code				
Date of Scrutinizing the interview schedule (DD/MM/YY)				
Signature of supervisor				
Data Entry				
Name of Data Entry Operator (DEO)				
Date of Data Entry (DD/MM/YY)				
Record No				
Signature of the DEO.....				
Data Entry Supervisor				
Name.....				
Date of data entry checked (DD/MM/YY)				
Signature.....				

Primary Information

1. Date of Registration:

2. Name of the NGO:

3. Postal address of the NGO:

4. Focus areas of NGO:

5. What are NGO's activities in your district (Bidar/Kolar)?

.....
.....

6. Does any of your current activities relate to HIV and AIDS?

Yes..... 1

No.....2

If Yes:

A. What kind of activities?

.....

B. Who are the primary target audiences?

.....

7. Do you want to start activities related to HIV and AIDS?

Yes..... 1

No.....2

If Yes:

A. What kind of activities?

.....

B. Who will be the target beneficiaries of those activities?

.....

8. Do you have information about other organisations that have activities regarding HIV and AIDS?

Yes..... 1

No.....2

If Yes:

A. Name of the NGO's

.....

B. What are their activities?

9. Have you collaborated with NGO's and/or other organisations?

Yes..... 1

No.....2

If Yes;

A. Which NGO's?

B. How do you collaborate?

1. Demographic Profile

No.	QUESTIONS	CODING CATEGORIES	SKIP
1.1	How old are you?	AGE IN COMPLETED YEARS... <input type="text"/> DON'T KNOW.....98	
1.2	What is the highest level of education you have completed?	NO FORMAL SCHOOLING.....0 SCHOOLING STANDARD..... <input type="text"/> GRADUATE & ABOVE13 OTHER.....97 (SPECIFY) DON'T KNOW.....98	
1.3	What is your religion?	HINDU 1 MUSLIM..... 2 CHRISTIAN..... 3 OTHER..... 97 (SPECIFY) DON'T KNOW.....98	
1.4	Your designation/position in the organization?	POSITION.....97 (SPECIFY) DON'T KNOW.....98	
1.5	Since how long are you working with this organization?	YEARS..... <input type="text"/> MONTHS..... <input type="text"/> DAYS..... <input type="text"/> DON'T KNOW.....98	
1.6	What is the total staff strength of your organization RECORD THE NUMBER OF STAFF	NO OF STAFF..... 1 OTHER..... 97 (SPECIFY) DON'T KNOW.....98	
1.7	Is your organization working in other districts of the state?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW.....98	
1.8	Is anybody living with HIV working as a staff member in your organization?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW.....98	

2. Fear of transmission and disease

No	QUESTIONS	CODING CATEGORIES	SKIP
2.1	What is HIV? CIRCLE CORRECT ANSWER (1) IF THE RESPONDENT SAYS IT IS A MICRO ORGANISM/VIRUS	CORRECT ANSWER..... 1 WRONG ANSWER..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.2	What is AIDS? CIRCLE CORRECT ANSWER (1) IF THE RESPONDENT SAYS IT IS THE TERMINAL STAGE OF HIV INFECTION	CORRECT ANSWER..... 1 WRONG ANSWER.. 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.3	Can you know whether a person has HIV (the virus that causes infection) by looking at him/her?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.4	Is HIV infection curable?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.5	Have you ever felt uncomfortable to interact with PLHIV for fear of infection?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.6	Have you ever felt scared to interact with known PLHIV because others may think you are one of them?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.7	Have you ever avoided opportunity of having food, being together, etc because the other person is HIV infected?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	
2.8	Have you ever avoided interacting with sex workers and MSM because of their sexuality?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON'T KNOW.....98	

2.9	HIV-Positive women can get pregnant.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
2.10	Having sex with a virgin can cure HIV/AIDS in a person.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
2.11	A person can not get HIV from having sex just one time	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
2.12	Can condom prevent the person from getting HIV?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
2.13	Using any medicine before or after unprotected sex with person living with HIV can prevent infection	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
2.14	The HIV virus is found within saliva. Therefore, it is possible to get HIV from kissing.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	

No.	Questions and Filters	Coding Categories			
2.15	Please tell me if you have a lot of fear of becoming infected with HIV, a little fear, no fear, or do not know, if you: [read the list one at a time]				
	a. Hug a person with HIV	<u>Lot of Fear</u>	<u>Little Fear</u>	<u>No Fear</u>	<u>DK</u>
		HUG..... 1	2	3	9
	b. Work next to a PLHIV	WORK NEXT TO..... 1	2	3	9
	c. Care for a person with HIV	CARE FOR..... 1	2	3	9
	d. Have food together	HAVE FOOD TOGETHER..... 1	2	3	9
	e. Using the same toilet and drinking water facilities	TOILET & DRINKING WATER..... 1	2	3	9

3. Awareness of Stigma

No.	QUESTIONS	CODING CATEGORIES	SKIP
3.1	What are the issues surrounding PLHIVs? (Make a list without probe)	
3.2	What do you mean by stigma? CIRCLE CORRECT ANSWER (1) IF THE RESPONDENT SAYS THINKING BADLY ABOUT PLHIV	CORRECT ANSWER..... 1 WRONG ANSWER..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
3.3	How can one identify Stigma?	THROUGH PEOPLES ACTIONS.....1 JUDGEMENTAL ATTITUDE BLAMING SPREADING IRRATIONAL FEAR OTHER..... 97 (SPECIFY)	
3.4	What are the general stigmatizing behaviours?	BLAMING.....1 SPREADING WRONG INFORMATION ABOUT THE PERSON.....2 KEEPING DISTANCE.....3 ABUSING.....4 OTHER..... 97 (SPECIFY)	
3.5	How will stigma impact on individual's quality of life?	LOW SELF-ESTEEM.....1 DRIVE TO COMMIT SUICIDE.....2 LOW MOTIVATION.....3 NOT ACCESSING SERVICES.....4 IT DOES NOT IMPACT.....5 OTHER..... 97 (SPECIFY)	
3.6	Generally who are the most stigmatized?	FSWs.....1 MSMs.....2 IDUs.....3 TRANSGENDER.....4 PLHIV.....5 SC/STs.....6 OTHER..... 97 (SPECIFY)	
3.7	Who are the people who stigmatize others? (of these who are stigmatizes the most) (Make a list without probe)	

4. Values - Delink Sin-Sex and HIV

4.1	Indicate your agreement or disagreement with each statement: [read the list one at a time]			
		<u>Agree</u>	<u>Partially Agree/</u> <u>Not Sure</u>	<u>Disagree</u>
	a. People with HIV should be ashamed of themselves.	ASHAMED..... 1	2	3
	b. A person with HIV must have done something wrong.	WRONG..... 1	2	3
	c. AIDS is a punishment from God.	GOD..... 1	2	3
	d. It is the sex workers who spread HIV.	SEX WORKERS..... 1	2	3
	e. It is MSM & Hijras who spread HIV	MSM & HIJRAS..... 1	2	3
4.2	I will read out words about PLHIVs, please let me know your agreement or disagreement? PLHIV			
		<u>Agree</u>	<u>Partially Agree</u>	<u>Disagree</u>
	PROMISCUOUS.....	1	2	3
	SINNERS.	1	2	3
	CARELESS	1	2	3
	CURSED.	1	2	3
	NOT LUCKY.	1	2	3
	FOOLISH.	1	2	3
	THEY DIDN'T LISTEN.	1	2	3
	GOOD FOR NOTHING.	1	2	3
	DESERVE TO DIE.	1	2	3
	IT'S THEIR OWN FAULT. ...	1	2	3
	PUNISHED BY GOD.	1	2	3
	DEATH SENTENCE.	1	2	3
	WALKING SKELETON.	1	2	3
	ALREADY DEAD.....	1	2	3
	WHO CARES IF THEY DIE.....	1	2	3
	NO FUTURE. LIFE HAS ENDED.1	1	2	3
	WASTE LOTS OF MONEY.	1	2	3
	THEY HAVE RIGHTS.....	1	2	3
	THEY SPREAD INFECTION.....	1	2	3
	THEY CAN LEAD NORMAL LIFE.1	1	2	3
4.3	Sex workers			
		<u>Agree</u>	<u>Partially Agree</u>	<u>Disagree</u>
	IMMORAL.....	1	2	3
	EVIL.	1	2	3
	SINNERS.	1	2	3
	PROMISCUOUS.	1	2	3
	NO SHAME.	1	2	3
	LAZY TO WORK.	1	2	3
	STEAL HUSBANDS.	1	2	3
	VICTIM OF SEXUAL EXPLOITATION..	1	2	3
	BREAK MARRIAGES.....	1	2	3
	SEX MANIACS.	1	2	3
	DON'T PRACTICE SAFE SEX... 1	1	2	3
	DON'T RESPECT THEIR BODIES 1	1	2	3
	PUSHED AGAINST HER WILLINGNESS1	1	2	3
	POOR-NEED MONEY.....	1	2	3
	Burden to family and society. 1	1	2	3
	Spread AIDS and STDs.....	1	2	3

4.4	What do you associate sex with?	YES	NO	DK
	INTIMACY.....	1	2	3
	SIN	1	2	3
	FUN.....	1	2	3
	IMMORAL	1	2	3
	LOVE	1	2	3
	FORBIDDEN.....	1	2	3
	ONLY FOR REPRODUCTION.....	1	2	3
	ONLY PHYSICAL URGE.....	1	2	3
4.5	Please state whether the following are good & bad	Good	Bad	DK
	SEX WITH ONE'S SPOUSE.....	1	2	3
	SEX FOR PROCREATION.....	1	2	3
	SEX WITH THE OPPOSITE SEX.....	1	2	3
	SEX AFTER YOU GET MARRIED.....	1	2	3
	SEX AT NIGHT.....	1	2	3
	SEX WITHOUT A CONDOM.....	1	2	3
	SEX WITH SEX WORKER.....	1	2	3
	SEX FOR PLEASURE.....	1	2	3
	SEX BEFORE YOU GET MARRIED.....	1	2	3
	SEX IN THE BUSH.....	1	2	3
	SEX ANY TIME OF THE DAY.....	1	2	3
	SEX IN A BED.....	1	2	3
	SEX WITH A CONDOM.....	1	2	3
	SEX WITH THE SAME SEX/GAY SEX... 1	2	3	
4.6	HIV spreads due to immoral behavior. (HAVING MORE THAN ONE PARTNER)	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... .98		
4.7	Only those who are infected with HIV by medical needles or blood in a hospital deserve to receive care and treatment.	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... .98		
4.8	People with HIV should still be allowed to get married, as long as both partners know about it.	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... .98		
4.9	It is important to know how did one get infected from HIV	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... .98		

5. People living with HIV infection perceived as spreaders of infection.

No.	QUESTIONS	CODING CATEGORIES	SKIP
5.1	Can PLHIV continue to socialize after he/she is infected with HIV	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.2	People with AIDS should be offered sympathy	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.3	Do you feel patients with HIV should be kept at a distance from other patients?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.4	Clothes and linen used by HIV patients should be disposed of or burned.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.5	Patients should be tested for HIV before any surgery.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.6	Most people with HIV don't care if they infect other people with the HIV?	AGREE 1 DISAGREE 2 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.7	People living with HIV should not have sexual desires, because they may spread HIV to others.	AGREE 1 DISAGREE 2 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
5.8	If hospital staff is infected with HIV she/he must quit the job because HIV will spread while treating the patient.	AGREE 1 DISAGREE 2 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	

6. Enacted Stigma or Discrimination

6.1	<p>Do you know someone who has had the following happen to him/her in the past 12 months because of having HIV or AIDS?</p> <p>[READ THE LIST ONE AT A TIME]</p> <p>a. Been excluded from a social gathering.</p> <p>b. Been abandoned by spouse/partner.</p> <p>c. Been verbally abused or teased.</p> <p>d. Been physically assaulted.</p> <p>e. Been fired from work.</p> <p>f. Had property taken away?</p> <p>g. Been denied health services.</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>EXCLUDED</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>ABANDONED.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>ABUSED/TEASED.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>ASSAULTED.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>FIREED</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>PROPERTY TAKEN.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>DENIED HEALTH SERVICES.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> </tbody> </table>		Yes	No	DK	EXCLUDED	1	2	9	ABANDONED.....	1	2	9	ABUSED/TEASED.....	1	2	9	ASSAULTED.....	1	2	9	FIREED	1	2	9	PROPERTY TAKEN.....	1	2	9	DENIED HEALTH SERVICES.....	1	2	9
	Yes	No	DK																															
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DENIED HEALTH SERVICES.....	1	2	9																															
No.	QUESTIONS	CODING CATEGORIES	SKIP																															
6.2	Did you come across any stigmatizing situation?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>																																
6.3	Did you ever interact with HIV positives or their family members?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>																																
6.4	Did you ever raise voice against stigma? (if the person has not come across any S&D events then ask the following question)	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>																																
6.5	If ever you come across any incidents of S&D, will you raise your voice?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>																																
6.6	Are you interested to part of the stigma reduction activities? (if you are not part of any so far)	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>																																
6.7	Do you feel the need of working towards reducing stigma and discrimination?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>																																

7. Internalized Stigma with People Living with HIV?

7.1	Does people's attitude about HIV make PLHIV feel worse about them?	AGREE 1 DISAGREE 2 OTHER 97 (SPECIFY) DON'T KNOW..... 98
7.2	Do you think telling someone about my HIV status is risky.	AGREE 1 DISAGREE 2 OTHER 97 (SPECIFY) DON'T KNOW..... 98
7.3	Do you feel that people who know about person being HIV will inform others about their status?	AGREE 1 DISAGREE 2 OTHER 97 (SPECIFY) DON'T KNOW..... 98
7.4	If person Stigmatized or discriminated can he/she seek justice?	AGREE 1 DISAGREE 2 OTHER 97 (SPECIFY) DON'T KNOW..... 98

8. Organizational Policy & Environment.

8.1	Does your organization have written workplace policy for HIV & AIDS?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
8.2	Does your organization have systems to identify issues related to S&D - HIV?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
8.3	Is your staffs trained on modes of transmission of HIV & AIDS?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
8.4	Are your staffs oriented on S&D issues?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
8.5	Does your organization have advertised "equality employment provides" that includes equal opportunity to PLHIVs	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
8.6	Is there a different policy or any concession awarded to PLHIVs working in your organization?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	
8.7	Do you have written systems for maintaining confidentiality of ones HIV status in your organization?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98	

Self Assessment index											
Sl No	Aspects	Self					Organization				
		1	2	3	4	5	1	2	3	4	5
1	Understanding about S&D?										
2	Ability to identify Stigmatizing behaviour?										
3	Ability to identifying behaviour that discriminatory?										
4	Level of knowledge about modes of transmission										
5	Openness to engage PLHIVs in day to day activities?										
6	Awareness level on rights of PLHIV?										
7	Confidence & comfort to engage with FSW, MSM & IDUs & PLHIVs?										
8	Level of awareness of the workplace policy on HIV /AIDS?										
9	Ability to evolve workplace policy on HIV/AIDS?										
10	Ability to stand-up against any stigmatizing and discriminating behaviour										
11	Ability to integrate S&D related activities in the current programmes										
12	Willingness to collaborate with organizations who work against S&D										
13	Ability to be non-judgmental about sex, PLHIVs & other high risk groups										

ON BEHALF OF PROJECT STAND, I THANK YOU FOR YOUR WHOLEHEARTED COOPERATION FOR THE INTERVIEW. NOW PLEASE LET US KNOW IF YOU WOULD LIKE TO KNOW MORE ABOUT ANY SUBJECT, WE HAVE SO FAR DISCUSSED.

After clarifying all the queries of the respondent related to project stand and various activities thank the respondent and conclude the interview.

INTERVIEWER OBSERVATIONS

Meeting with:..... Position:.....PH:.....

Baseline study on stigma and discrimination-STAND Program

Interview Schedule for People living with HIV

INFORMED CONSENT

(The investigator shall explain in the following manner the purpose of the interview and obtain the verbal informed consent from the respondent)

Namaskara,

My name is I work as a research investigator for Catalyst Management Services, part of Catalyst Group and are currently supporting INSA-India an organizations in Bangalore working in Health Domain to promote the individual capabilities of dealing with issues of concern. This study is a humble attempt to understand more about HIV Stigma. The findings of this study would help STAND Program and associated agencies in better understanding the sensitivity and help in the efforts for improving the situation through reducing stigma and address the issues of concern through evidenced informed programme and advocacy. You have been carefully selected to represent the friendly advisor. Your views and responses are very important for this study. I would like to interview you as part of the study. The interview would take approximately 45 minutes to complete. I would like to ask you a few questions about yourself, your social relationships, opinions about various issues, Stigma and discrimination etc. All these questions are found to be unavoidable in understanding the issues related to PLHIV; please excuse me if any of the questions hurts your sentiments. The participation in this study is voluntary. There is no provision for monetary compensation for attending the interview. We would very much appreciate your participation in the study. Whatever information you provide will be kept strictly confidential and your personal data will not be shared with other persons. However you have the freedom to decide not to answer any particular question, a set of questions or all the questions. If you have any grievance related to the interview or the study, you may inform (Mr Chandrashekar Gowda Swasti; Phone: 9342531009) who would respond to it. At this moment, would you like to ask me anything more about the study? (Clarify all the queries the respondent has). Now may I have your consent for the interview?

Respondent Refuses, Record Reason and other relevant data and end Interview -

Respondent gives consent for the interview: 1

Signature

INTERVIEWER/DATA ENTRY INFORMATION

Study Number				
District Code				
District Name				
Date of Interview (DD/MM/YY)				
Name of the Investigator				
Place of Interview				
Duration of interview in minutes (Fill after the interview is completed)				
Have you been interviewed elsewhere in Bangalore during past month for the Swasti?				
Yes		1		
No		0		
Consent Status				
Refused for the survey (Record verbatim below)		1		
Agreed for the survey		2		
Respondent not Eligible		3		
Reason for refusal (Record Verbatim)				
NON-RESPONSE DATA: [RECORD THE FOLLOWING INFORMATION FOR NON-RESPONSE]				
AGE- <input type="text"/> <input type="text"/>				
Completion Status				
Completed Interview		1		
Did not complete interview		2		
Did not sell sex in the last one month		3		
Respondent Refused		4		
Respondent already taken part in the survey elsewhere		5		
Language of the interview				
Supervisor Details (To be filled in by supervisor)				
Name				
Code				
Date of Scrutinizing the interview schedule (DD/MM/YY)				
Signature of supervisor				
Data Entry				
Name of Data Entry Operator (DEO)				
Date of Data Entry (DD/MM/YY)				
Record No				
Signature of the DEO				
Data Entry Supervisor				
Name				
Date of data entry checked (DD/MM/YY)				
Signature				

1. Demographic Profile

No.	QUESTIONS	CODING CATEGORIES	SKIP
1.1	How old are you?	AGE IN COMPLETED YEARS... <input type="text"/> DON'T KNOW.....98 NO ANSWER.....99	
1.2	What is the highest level of schooling you have completed?	NO FORMAL SCHOOLING.....0 SCHOOLING STANDARD... <input type="text"/> GRADUATE.....13 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
1.3	What is your religion?	HINDU 1 MUSLIM..... 2 CHRISTIAN..... 3 OTHER..... 97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
1.4	What is your caste group?	SC/ST.....1 OBC.....2 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
1.5	What is your current marital status?	UNMARRIED.....1 MARRIED.....2 DESERTED.....3 DIVORCED/SEPARATED.....4 WIDOWED.....5 OTHER.....97 (SPECIFY) NO ANSWER.....99	
1.6	Which is your native village/city/district/state? RECORD NAME OF CITY/VILLAGE; DISTRICT NAME AND STATE NAME	CITY/VILLAGE..... DISTRICT..... STATE..... DON'T KNOW.....98 NO ANSWER.....99	
1.7	Where do you currently reside? RECORD NAME OF CITY/VILLAGE; DISTRICT NAME	CITY/VILLAGE..... DISTRICT..... STATE..... DON'T KNOW.....98 NO ANSWER.....99	
1.8	Since how long are you living in the current residence?	YEARS..... <input type="text"/> MONTHS..... <input type="text"/> DAYS..... <input type="text"/>	
1.9	Since how long do you know your HIV status?	EARS..... <input type="text"/>	

		MONTHS..... <input type="text"/> <input type="text"/>	
		DAYS..... <input type="text"/> <input type="text"/>	
1.10	Is any body living with HIV in your family other than you?	Yes..... 1 No... .. 0 DON'T KNOW..... .98 NO ANSWER..... .99	

2. Awareness of Stigma

No.	QUESTIONS	CODING CATEGORIES	SKIP
2.1	What is AIDS? CIRCLE CORRECT ANSWER (1) IF THE RESPONDENT SAYS IT IS THE TERMINAL STAGE OF HIV INFECTION	CORRECT ANSWER..... 1 WRONG ANSWER... .. 0 DON'T KNOW..... .98 NO ANSWER..... .99	
2.2	What is HIV? CIRCLE CORRECT ANSWER (1) IF THE RESPONDENT SAYS IT IS A MICRO ORGANISM/VIRUS	CORRECT ANSWER..... 1 WRONG ANSWER..... 0 DON'T KNOW..... .98 NO ANSWER..... .99	
2.3	Can you know whether a person has HIV (the virus that causes infection) by looking at him/her?	YES..... 1 NO..... 0 DON'T KNOW..... .98 NO ANSWER..... .99	
2.4	Is HIV infection curable?	YES..... 1 NO..... 0 DON'T KNOW..... .98 NO ANSWER..... .99	
2.5	Will a person change in any way once he/she has become HIV positive? (SPECIFY IF ANY FOR EXAMPLE, PHYSICAL, PSYCHOLOGICAL, SOCIAL, ECONOMICAL)	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... .98 NO ANSWER..... .99	
2.6	Are there any differences between HIV infected and not infected person?	YES..... 1 NO..... 0 DON'T KNOW..... .98 OTHER..... 97 (SPECIFY) NO ANSWER..... .99	
2.7	Is HIV like any other disease or not? (EXPLAIN HIV IS JUST A DISEASE OR MORE THAN THAT?)	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... .98 NO ANSWER..... .99	
2.8	Can a HIV positive person be treated	NEED TO TREAT EQUALLY 1	

	like any other or needs special care or attention?	NEED SPECIAL CARE..... 2 DON'T KNOW.....98 NO ANSWER.....99 Others.....97	
2.9	What do you mean by stigma?	Low perception towards self..... 1 Thinking badly about PLHIV 2 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
2.10	Did you ever see a stigmatizing situation?	YES..... 1 NO..... 0 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
2.11	How Stigma is related to Discrimination?	BOTH ARE SAME..... 1 STIGMA LEADS TO DISCRIMINATION... 2 NO RELATION B/W S&D..... 3 YES, THERE IS A RELATION.....4 DON'T KNOW.....98 NO ANSWER.....99	
2.12	If Hospital personnel stigmatize or discriminate because of your HIV status will you visit that hospital again?	YES..... 1 NO..... 0 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
2.13	Have you changed in any way after your family/neighbour started discriminating against you?	YES..... 1 NO..... 0 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
2.14	Is there any change in your interaction with others after you became HIV Positive?	YES..... 1 NO..... 0 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
2.15	Do you feel the need of working	YES..... 1 NO..... 0	

	towards reducing stigma and discrimination?	OTHER_____97 (SPECIFY) DON' T KNOW.....98 NO ANSWER.....99	
2.16	Do you know anyone working towards reducing S&D?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON' T KNOW.....98 NO ANSWER.....99	
2.17	Can you name an organization/person who is working towards reducing HIV stigma?	YES..... 1 NO..... 0 OTHER_____97 (SPECIFY) DON' T KNOW.....98 NO ANSWER.....99	

3. Knowledge of transmission and disease

INAPPROPRIATE FEAR OF CONTAGION

No.	Questions and Filters	Coding Categories																																			
3.1	<p>Please tell me if you have a lot of fear of becoming infected with HIV.</p> <p>[Read the list one at a time and answer if there is High probability, some probability, no probability and Don't know.]</p> <p>a. Hug a person with HIV</p> <p>b. Share the same glass to drink with a person with HIV</p> <p>c. Work next to a person with HIV</p> <p>d. Care for a person with HIV</p> <p>e. Have sex without a condom with a person with HIV</p> <p>f. Share needles with a person with HIV</p>	<table> <thead> <tr> <th></th><th>H.P</th><th>S.P</th><th>N.P</th><th>D.K</th></tr> </thead> <tbody> <tr> <td>HUG.....</td><td>1</td><td>2</td><td>3</td><td>9</td></tr> <tr> <td>DRINKING GLASS.....</td><td>1</td><td>2</td><td>3</td><td>9</td></tr> <tr> <td>WORK NEXT TO.....</td><td>1</td><td>2</td><td>3</td><td>9</td></tr> <tr> <td>CARE FOR.....</td><td>1</td><td>2</td><td>3</td><td>9</td></tr> <tr> <td>HAVE SEX WITHOUT A CONDOM.....</td><td>1</td><td>2</td><td>3</td><td>9</td></tr> <tr> <td>SHARE NEEDLES WITH.....</td><td>1</td><td>2</td><td>3</td><td>9</td></tr> </tbody> </table>		H.P	S.P	N.P	D.K	HUG.....	1	2	3	9	DRINKING GLASS.....	1	2	3	9	WORK NEXT TO.....	1	2	3	9	CARE FOR.....	1	2	3	9	HAVE SEX WITHOUT A CONDOM.....	1	2	3	9	SHARE NEEDLES WITH.....	1	2	3	9
	H.P	S.P	N.P	D.K																																	
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CARE FOR.....	1	2	3	9																																	
HAVE SEX WITHOUT A CONDOM.....	1	2	3	9																																	
SHARE NEEDLES WITH.....	1	2	3	9																																	
<p>Read each of the following, please tell me how likely you think it is that a person could get HIV and AIDS.</p>																																					
3.2	<p>People with HIV should still be allowed to get married, as long as both partners know about it.</p>	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p> <p>NO ANSWER..... 99</p>																																			
3.3	<p>HIV-positive women should not get pregnant.</p>	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p> <p>NO ANSWER..... 99</p>																																			
3.4	<p>HIV spreads due to immoral behavior. (Having more than one sexual partner.)</p>	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER..... 97</p> <p>(SPECIFY)</p>																																			

		DON' T KNOW..... 98 NO ANSWER..... 99	
3.5	The HIV virus is found within saliva. Therefore, it is possible to get HIV from kissing.	YES..... 1 NO..... 0 OTHERS..... 97 (SPECIFY) DON' T KNOW..... 98 NO ANSWER..... 99	
3.6	"Having sex with a virgin can cure HIV/AIDS in a person."	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON' T KNOW..... 98 NO ANSWER..... 99	
3.7	A person can not get HIV from having sex just one time	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON' T KNOW..... 98 NO ANSWER..... 99	
3.8	If a person found out that a co-worker has HIV, would he/she be willing to work with him/her?	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON' T KNOW..... 98 NO ANSWER..... 99	
3.9	Patients with HIV should be kept at a distance from other patients.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON' T KNOW..... 98 NO ANSWER..... 99	
3.10	Clothes and linen used by HIV patients should be disposed of or burned.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON' T KNOW..... 98 NO ANSWER..... 99	
3.11	Patients should be tested for HIV before any surgery.	YES..... 1 NO..... 0 OTHER..... 97	

		(SPECIFY)	
		DON' T KNOW.....	.98
		NO ANSWER.....	.99

		very likely	some what like ly	somewha t unlikel y	very unlikely	
3.12	Are people agreeing to share a drink out of the same glass with someone who has HIV?	1	0	98	99	
3.13	How about by using public toilets?	1	0	98	99	
3.14	Are people comfortable from being coughed on or sneezed on by someone who has HIV?	1	0	98	99	

3. Values - Delink Sin-Sex and HIV

(i.e. associations with shame, blame and judgment)

No.	Questions and Filters	Coding Categories		
4.1	Indicate your agreement or disagreement with each statement: [READ THE LIST ONE AT A TIME]	<u>Agree</u>	<u>Partially Agree/</u> <u>Not Sure</u>	<u>Disagree</u>
	a. People with HIV should be ashamed of themselves.	Bad behavior..... 1	2	3
	b. A person with HIV must have done something wrong.	Ashamed..... 1	2	3
	c. People who got HIV through sex or drug use have got what they deserve.	Wrong..... 1	2	3
	d. AIDS is a punishment from God.	Deserve..... 1	2	3
		God..... 1	2	3

COMPOUNDED STIGMA

4.2	[SPECIFIC VULNERABLE GROUPS CAN BE SUBSTITUTED DEPENDING ON LOCAL CONTEXTS]	<u>Agree</u>	<u>Partially Agree/</u> <u>Not Sure</u>	<u>Disagree</u>
	a. It is the female sex workers who spread HIV.	Sex Workers..... 1	2	3
	b. Women get HIV because they are female sex workers.	Prostitutes..... 1	2	3
	c. Homosexuality is the cause of HIV.	Homosexuality..... 1	2	3
	d. Injection drug users should be blamed for spreading HIV.	Injection Drugs..... 1	2	3
	e. Men who have sex with other men should be put in jail for spreading HIV.	Men Sex Men..... 1	2	3

4.3	Only those who are infected with HIV by medical needles or blood in a hospital deserve to receive care and treatment.	YES..... 1 NO..... 0 OTHER..... 97 (SPECIFY) DON'T KNOW..... 98 NO ANSWER..... 99
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5. Enacted stigma or discrimination

(i.e. actions those are typically associated with discrimination)

ENACTED STIGMA / DISCRIMINATION			
5.1	<p>Have you personally experienced or know someone who has had the following happen to him/her in the past 12 months because of having HIV or AIDS?</p> <p>[READ THE LIST ONE AT A TIME]</p> <p>a. Been excluded from a social gathering.</p> <p>b. Been abandoned by spouse/partner.</p> <p>c. Been verbally abused or teased.</p> <p>d. Been physically assaulted.</p> <p>e. Been fired from work.</p> <p>f. Had property taken away?</p> <p>g. Been denied health services.</p>	<p>Y N DK</p> <p>Excluded 1 2 9</p> <p>Abandoned..... 1 2 9</p> <p>Abused/Teased..... 1 2 9</p> <p>Assaulted..... 1 2 9</p> <p>Fired 1 2 9</p> <p>Property Taken..... 1 2 9</p> <p>Denied Health Services..... 1 2 9</p>	

5.2	Did you come across any stigmatizing situation?	<p>YES..... 1</p> <p>If Yes, specify.....</p> <p>NO..... 0</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>	
5.3	Did you ever raise voice against stigma?	<p>YES..... 1</p> <p>NO..... 0</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>	
5.4	Are you interested to be part of the stigma reduction activities?	<p>YES..... 1</p> <p>NO..... 0</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>	
5.5	Can PLHIV access the services in public hospitals like any one else?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER 97</p> <p>(SPECIFY)</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>	
5.6	PLHIV are eligible to enjoy all human rights and services?	<p>YES..... 1</p> <p>NO..... 0</p>	

		OTHER _____ 97 (SPECIFY)* DON'T KNOW..... 98 NO ANSWER..... 99	
5.7	Generally how people behave with HIV positive people?	KEEP DISTANCE..... 1 AS LIKE OTHERS..... 2 DON'T KNOW..... 98 OTHER _____ 97 (SPECIFY) NO ANSWER..... 99	
5.8	Fear, ignorance, and misconceptions have resulted in stigmatization of people living with HIV or those associated with them.	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... 98 NO ANSWER..... 99	
5.9	Have you been denied religious rites (marriage, communion, burial, prayers)/ Not allowed to go to church/mosque etc	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... 98 NO ANSWER..... 99	
5.10	Have you lost housing or not been able to rent housing because of HIV status?	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... 98 NO ANSWER..... 99	
5.11	Have you have been given inadequate quality health services, for example: being passed from provider to provider, not given medicines, denied treatment because they were known, or Suspected of having HIV or AIDS?	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... 98 NO ANSWER..... 99	
5.12	Have you lost respect/standing within the family and/or community	YES..... 1 NO..... 0 OTHER _____ 97 (SPECIFY) DON'T KNOW..... 98 NO ANSWER..... 99	

6. People living with HIV infection perceived as spreaders of infection

(Associations of them spreading infection instead of being agents of prevention)

6.1	People with AIDS should be legally separated from others to protect the public health?	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
6.2	The names of people with AIDS should be made public so that others can avoid them?"	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
6.3	Women who are pregnant should be required to be tested for the AIDS virus in order to protect the health of their unborn baby?	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
6.4	Most people with HIV don't care if they infect other people with the HIV?"	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
6.5	People living with HIV should not have sexual desires, because they may spread HIV to others.	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
6.6	People living with HIV should not visit hospitals frequently, because there are chances to spread HIV to others	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>

6.7	If hospital staff is infected with HIV she/he must quit the job because while treating the patients HIV may be transmitted.	<p>STRONGLY AGREE..... 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
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7. Internalized stigma with People Living with HIV?

7.1	In the areas of your life, does any one know that you have HIV?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER.....97</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
7.2	Do you feel guilty because you have HIV?	<p>YES..... 1</p> <p>NO..... 0</p> <p>OTHER.....97</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
7.3	Do People's attitudes about HIV make you feel worse about yourself?	<p>STRONGLY AGREE.....1</p> <p>AGREE......2</p> <p>DISAGREE3</p> <p>STRONGLY DISAGREE.....4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
7.4	Do you think, telling someone you have HIV is risky?	<p>STRONGLY AGREE.....1</p> <p>AGREE......2</p> <p>DISAGREE3</p> <p>STRONGLY DISAGREE.....4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>
7.5	Do you think People with HIV lose their jobs when their employers find out?	<p>STRONGLY AGREE.....1</p> <p>AGREE......2</p> <p>DISAGREE3</p> <p>STRONGLY DISAGREE.....4</p> <p>DON' T KNOW..... .98</p> <p>NO ANSWER..... .99</p>

7.6	Do you work hard to keep your HIV status a secret?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON' T KNOW.....98 NO ANSWER.....99
7.7	Do you feel you are not as good a person as others because you have HIV?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON' T KNOW.....98 NO ANSWER.....99
7.8	Are People with HIV treated like outcasts?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON' T KNOW.....98 NO ANSWER.....99
7.9	Most people believe that a person who has HIV is dirty?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON' T KNOW.....98 NO ANSWER.....99
7.10	Are Most people with HIV rejected when others find out?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON' T KNOW.....98 NO ANSWER.....99
7.11	Have you been hurt by how people reacted to learning you have HIV?	YES.....1 NO.....0 OTHER.....97 (SPECIFY) DON' T KNOW.....98 NO ANSWER.....99
7.12	Do you worry that people who know you have HIV will tell others?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON' T KNOW.....98 NO ANSWER.....99
7.13	Do you think People don't want you around their children once they know you have HIV?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4

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		DON'T KNOW.....98 NO ANSWER.....99	
7.14	Some people act as though it's your fault you have HIV?	STRONGLY AGREE.....1 AGREE.....2 DISAGREE3 STRONGLY DISAGREE.....4 DON'T KNOW.....98 NO ANSWER.....99	
7.15	Have you stopped socializing with some people because of their reactions to you having HIV?	YES.....1 NO.....0 OTHER.....97 (SPECIFY) DON'T KNOW.....98 NO ANSWER.....99	
8. Questions to friendly advisor			
8.1	Are you interested to work with PLHIV?	Yes.....1 No.....2 Don't Know.....3 Others.....97	
8.2	Do you have the skills to motivate PLHIV?	Yes.....1 No.....2 Don't Know.....3 Others.....97	
8.3	Would you help a PLHIV being discriminated or would you turn a blind eye to it?	Yes.....1 No.....2 Don't Know.....3 Others.....97	
8.4	Would you be able to demonstrate your ability for problem solving in your life on being HIV to PLHIV?	Yes.....1 No.....2 Don't Know.....3 Others.....97	
8.5	AS a PLHIV, do other PLHIV in your group know your identity?	Yes.....1 No.....2 Don't Know.....3 Others.....97	
8.6	Can you share your feelings with other PLHIV in your group?	Yes.....1 No.....2 Don't Know.....3 Others.....97	
8.7	Do you have faith in the linkages and networks working for PLHIV?	Yes.....1 No.....2 Don't Know.....3 Others.....97	

ON BEHALF OF PROJECT STAND, I THANK YOU FOR YOUR WHOLEHEARTED COOPERATION FOR THE INTERVIEW. NOW PLEASE LET ME KNOW IF YOU WOULD LIKE TO KNOW MORE ABOUT ANY SUBJECT WE HAVE SO FAR DISCUSSED.

AFTER CLARIFYING ALL THE QUERIES OF THE RESPONDENT RELATED TO PROJECT STAND AND VARIOUS ACTIVITIES THANK THE RESPONDENT AND CONCLUDE THE INTERVIEW.

INTERVIEWER OBSERVATIONS

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