HIV POSITIVE WOMEN – NEEDS AND CHALLENGES

Research report

Non-governmental organization
“Hepa Plus”

HIV POSITIVE WOMEN – NEEDS AND CHALLENGES

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LIST OF ABBREVIATIONS:

HIV – The human immunodeficiency virus

AIDS – Human immunodeficiency virus infection and acquired immunodeficiency syndrome

SRHR – Sexual and reproductive health and rights

STIs – Sexually transmitted infections

Serodiscordant couples – when only one of the sexual partners is HIV positive

Pre-expositive prevention– receiving anti retro virus medications before diagnosis, used among persons who are under high risk of infection

INTRODUCTION

Following UN Women statement, in terms of Gender Inequality women have less access to healthcare, education and proper employment. They have minor representation in economic and political decision-making process and are frequently under intersectional oppression-violence and discrimination. Usually, women at the same time are mothers, daughters, partners, and co-workers. They are the only carriers of general burden and consequently their vulnerability results in the vulnerability from closer environment. When you are women and live with HIV, this means that you have to deal with health care issues and to perform all responsibilities at the same time[1].

Apart from phyco-social challenges, that women face because of HIV positive status, it is worth to mention the unique influence of HIV on women health: possible changes of menstrual cycle, lots of additional and specific needs of sexual and reproductive health, different side effects of ARV medications, problems for normal aging specific only to women and etc..[2]

Some HIV positive women may have less access to Healthcare resources or does not have possibility to effectively use them, that is resulted from several factors and are directly reflected on their well-being. Following barriers are worth to mention with special attention:

- Lack of financial resources
- Geographic – less access to transportation
- Accommodation issues
- Family violence in terms of gender – including violence from sexual partner
- Burden of taking care of others
- Less emotional and physical support.

Following the statement of Eurasian Women Network on AIDS, in terms of pandemic situation of COVID 19, problems of women and girls are especially aggravated. Among them are the problems of family violence, mainly lack of relevant access to medical services and necessary medicine, economic disobedience, and dependence on partner. In the pandemic period, women and girl have non-proportional burden, that for their special vulnerability, have heavier results for HIV positive women[3]. In this direction Georgia is not an exception as well.

Following the data of Infectious Diseases, AIDS, and Clinical Immunology Research Center, 8598[4] cases of HIV/AIDS are registered by November 2020. 1/3 of cases under ages 29-40 are women. Unfortunately, trans women are not identified in separate group, they are united under the category of MSM (men have sex with men). This fact complicates the issue to identify their needs, though on the basis of qualitative research of 2018, accomplished by HEPA PLUS under the support of Women Fund, studding the needs for medical services of this group, uniquely revealed characteristics for challenges of ARV treatment and obedience. The above mentioned confirms that in depth studding and planning relevant interventions for trans women is of crucial importance.

Main way of HIV infection transmission in Georgia is sexual contact; Second main factor for infection transmission is opiates injections. Among revealed cases the virus is transmitted from sexual contact (hetero sexual, homo/bisexual) to 56% of them. This fact is very important as following the datum of the research for supervision of risky behavior, in Georgia majority of MSM have sexual contact with women as well[5].

In terms of HIV infection management, as a rule gender sensitive approaches are less discussed. Moreover, there are lack of the number of women oriented, intersectional programs and do not fully reveal all those needs and challenges that women face from day to day. It is worth mentioning phycological, behav-

1 https://www.un.org/youthenvoy/2013/07/un-women-the-united-nations-entity-for-gender-equality-and-the-empowerment-of-women/
2 https://www.womenshealth.gov/hiv-and-aids/living-hiv
3 http://www.ewna.org/kampanija-nasiliju-net-opravdanija-2020/
4 https://aidscenter.ge/epidsituation_geo.html
5 http://www.georgia-ccm.ge/wp-content/uploads-2019-2022.pdf

ioral and structural factors that make unique effect on health and wellbeing of HIV positive women. There are significant gaps in the data and knowledge around awareness of HIV infection and treatment or improvement of solutions, that is directly connected to women, including trans gender women as well. One of the factors sustaining the mentioned circumstances is less representation of women in all aspects of HIV clinical or social research. Apart from this, there are clinical issues characteristic to women, among them are gynecological and mammary diseases, factors of menopause, contraception and other issues of women and sexual health[6], that are less studied in Georgia and the regions as well.

Following HIV/AIDS National Strategy of 2019-2022 Georgia made legislative and political reforms in terms of international obligations in order to support gender equality and fight against women violence, mentioning in context of the need of synchronizing HIV/AIDS programs. However, on intervention level, it was focused only on sex-workers and partly on women who use drugs. It is also worth to mention, the issue of diagnosis pregnant women on HIV and preventing transmission of HIV from mother to child. In other cases, there is still lots of space to improve women-oriented services and in this context, conducting routine research of the needs and multilateral experience of HIV positive women, with direct participation of HIV positive women, is very important and inevitable in terms of improving intervention effectiveness.

6 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3789211/

ZERO HYPOTHESIS OF THE RESEARCH

Age and sex stratification conducted on national level reveals, that besides ongoing manifestations and other complex challenges, ARV obedience gives better results in women than in men[7]. However, significantly harsh is the issue of their holistic needs, especially in terms of access to sexual and reproductive healthcare information and services, including gender and sexual violence context as well. Aim of the research was to testify or deny mentioned zero hypophysis as a tendency for a plan to accomplish HIV positive women anti retrovirus treatment and obedience with the help of special/intersectional needs situational analysis.

AIM OF THE RESEARCH

Situational Analysis (small scale research) of special/intersectional needs of HIV positive women in terms of ARV (anti retro virus) treatment and obedience.

METHODOLOGY

Research was conducted under qualitative methodology namely with the help of in-depth interviews and focus group discussions. Research design was preliminarily approved by ethic committee.

Criteria for participating in focus group discussions and interviews:

Respondent should be:

- Above 18.
- Must be HIV positive women.
- Volunteer.
- Must speak Georgian as the research runs in Georgian and consent forms are make in Georgian language.

RESEARCH RESULTS

Presented research aiming to study intersectional challenges and needs of HIV positive women anti retro virus treatment process, was participated by 16 women. One focus group discussion (covering 6 respondents) and 10 in depth interviews were conducted. In terms of world pandemic situation of COVID 19, part of the materials of the research were recorded distantly.

Demographic datum of participants showed that respondents were among ages of 22-48. Participants included persons of various confession. Participants involved 2 migrants, 2 women from countryside and other participants from following cities: Tbilisi, Batumi, Zugdidi. Among participants, three were the then prisoners, 5 trans women and two mothers of more than 3 children. Besides of the

7 http://www.georgia-ccm.ge/wp-content/uploads-2019-2022.pdf

heterogeneous character of the studied group, researchers tried to analyze their mutual challenges and needs.

Conducted research gave us possibility to study and estimate the challenges that HIV positive women face and also to talk about the vision they have in terms of solving mentioned needs and problems.

1. HIV/AIDS awareness

The process of in-depth interviews and focus group discussions revealed that majority of respondents had extremely poor and in most cases wrong information about HIV/AIDS status by the moment they were diagnosed with it. Namely, this was about the ways of the transmission of HIV, its diagnosis and treatment. The information they had was full of inaccuracy and myths.

Three respondents of the research declared that their spouses were HIV positive for years, they knew their status, however because of lack knowledge about the threats and means for self-protection after some period they became HIV positive as well. On the questions how the disease was spread and whether the doctor of the spouse informed about the ways of transmission and self-protections, respondent declared:

> ***„My husband was often visiting doctor alone, I do not know what they were talking about, he does not retell me everything… I have also visited his doctor, now my doctor is" N". yes, the doctor was informing me, but not in a way as to talk to ordinary person, in a plane manner… I partly did not understand what he was telling me".***

One of the respondents declared that he knew what HIV/AIDS is, however, he did not know HIV status of the partner, who refused to use barrier protection means and in the result woman was also infected. In the mentioned case, respondent call the situation the act of "manipulation" and accuses himself in inconsideration.

Some part of women participating in the research mentioned that in the past they thought HIV was characteristic to definite social group, such as Gay men, drug users or sex worker women. As they had their own family and spouse, they thought HIV could not be a problem for them. That is why they did not express interest to study this issue in-depth and were satisfied with general information spread in society. Lately, when they were informed about their diagnosis, women faced lots of problems. However, as they mentioned hardest was to realize the information full of stereotypes and stigma. They did not pay much attention to it, neither had high sensitiveness towards it as soon as they face the problem themself.

Nowadays, women think that lack of relevant information about HIV is one of the reasons of its transmission in women. Certain group of participants think, if they were provided with the information prior, on coherent for them language, it would protect them from infection and would help to deal with the results it recalls as well. That is why they think that it is of utmost importance to raise awareness among women and girls about HIV/AIDS, in order to prevent HIV transmission and improve its correct management. They declare that this information should be spread on their rights as well, including whom to appeal in various situations, covering cases of violence or if they appear beyond borders. They must know how to regulate different risky behavior, in terms of penitential systems as well.

2. ARV (Anti-retro virus treatment) experience

For the present time all research participants know the meaning of ARV therapy, realizing the importance of following the treatment regularly. All respondents were good in adherence and as they mentioned apart from single exceptions, they have never quitted treatment course, besides the fact that sider effects of treatment in some cases were revealing for years.

When talking about private doctors, respondents expressed satisfaction towards them. The only concern is the problem of confidentiality, however they do not guilty doctors in this case. Majority of participants associate friendly attitude with doctors. As one of the participants told us, doctors were studding the disease together with them and today the competence of doctor's is much higher than it was in the beginning of 2000s. Following the experience of respondents, doctors provide them with full information about the

disease, its treatment and prevention, that gives them opportunity to interact with the society without any additional pressure.

„When I did not know the ways of the transmission of this disease, I had separate dishes for me and my husband. I was telling my girl (she does not have information about mother's disease) that I have Hepatitis C and she must not drink from my glass".

As we can see, in parallel with the stress they receive from this disease, women had to take care of the health of their children and family members with the fear not to accidently infect them.

As for the treatment regime and financial part, women noted that the mentioned information was shared with them at the moment of diagnosis. However, it was problematic for them to coincide disease routine with their loaded regime and responsibilities. The mentioned problem is especially problematic for women living in regions (villages), leading big families and they have to travel to cities for taking medicines.

3. ARV therapy satisfaction

Discussion of ARV therapy revealed that respondents had regular access to medicines, without any problem. None of them had any case when they were not provided by medications in AIDS center. As for the procedure of receiving medications, generally they go to the center themselves. In several cases, if the spouse is HIV positive as well, family members go for medications alternately that is very convenient for them. Some respondents noted that during pandemic of Covid 19, several times they had problem to go to AIDS Center, however the center provided them with medications itself and the problem of delivery was immediately resolved.

In terms of breaking therapy regime, respondents noted that they never break it intentionally. Besides unpleasant routine and sider effects, they regularly receive medications, as they are aware of the development of resistance. Several respondents mentioned that there were single cases when they forgot to drink them. These respondents are the patients who receive medications before going to sleep.

„I drink it in the morning and evening. I am so tired that I even cannot stand on my legs. There were cases when I have prepared pills to drink and found it on the shelf in the morning. In some cases, I slept, in some cases I forgot. But I did not omit it intentionally. "

Foreseeing the above-mentioned experience, it will be very important and effective to make an united regime for those patients whose regime give such possibility. Presumably, easier routine will positively affect patient obedience process.

As for specific medications and their functions, definite group of patients did not have relevant information. However, all of them noted that periodically doctors are talking to them and giving some information about medications.

4. Services ARV /Adherence

Women participating in the research noted that there are lots of medical needs that is perceived by government as a secondary one. Together with this, they are not able to prioritize their health care problems and cannot take care of their health. They named several issues reasoning this, among them: stigma, discrimination, shortage of confidential services in smaller communities, geographical accessibility, and financial problems.

Most harshly outlined problem among women was the issue of gynecological research. Special attention deserves condition of women living outside Tbilisi. None of them benefited from local gynecological services. Among them were women who have not made any above-mentioned research since diagnosis (approximately 5-10 years).

The problem is also accessibility on various invasive procedures.

„I have some health problems and was on a consultation to surgeon. When planning the operation, I told them I am HIV positive. After this doctor told me that I do not need operation. Another doctor told me another reason and finally I realized that the problem was my status. So, when this Covid 19 pandemic will be ended I prefer to come to Tbilisi and make operation there "– *retells the respondent.*

Similar problems are characteristic to all participants, without any exception. All of them had faced discriminating approaches on some definite levels of their lives, that to their opinion pushes women not to apply to doctors unless extremely critical circumstances and needs, that in the result damages their health conditions. However, they somehow solve this problem and for medical advices apply to their private doctors, they receive so called internal addressing to friendly clinics. But this is not always convenient and does not rely on their private decision, this situation is still especially problematic in regions where confidentiality issue is more severe.

On the question, what do they think is a solution to this problem, part of the women say, that there is a need for raising society awareness and training the doctors of general profiles. One of the respondents mentioned, that if doctors will have direct obligation to address HIV positive person to other specialist, in case they will not be able to provide relevant service, this is a good solution not to refuse the patient for giving treatment. However, on the same time, it is very important to take care of confidentiality issue. This is the responsibility of the management of the medical body itself to assure professionality of the employees and secure better control of the quality of the provided services.

5. Access to Sexual and Reproductive Health and Rights (SRHR) Services

Conducted research revealed that interviewed persons do not have enough and necessary information about sexual and reproductive health issues. Together with this, the knowledge they had is not true and is full of myths. The problematic was the awareness around contraception, abortion, pregnancy, STIs, HIV and Hepatis. This circumstance was especially unpleasant in the past. Respondents say that generally they receive this information from their friends. Today the situation is highly improved and research participants can attend various trainings around SRHR issues. On the same time, depending in their needs, they received necessary knowledge.

Discussion of SRHR issues revealed accessibility of some problematic reproductive services for HIV positive women, among them most severe is preventive screening and abortion. When talking about barriers women outlined financial problems and discriminative approaches. They think that revealing their HIV status is very high when visiting gynecologist. Their pre-attitude is that they will not receive the service and together with this, they are afraid of privacy abuse. In terms of discussing abortion experience, women noted that HIV positive people should themselves settle the problem of undesirable pregnancy because if the gynecologist finds out their status, patient will stay without the mentioned service. As one of the respondents retells medical abortion service is problematic as gynecologist does not know the results of coincidence of ARV medications with medical abortion drugs, and in case surgical abortion HIV status is inevitably revealed. Also, it is very important to share more information about the measures that prevent disease transmission from mother to child.

„When I was informed about my status, on the second day I went and make abortion. They did not say anything. they did not tell me that I can give birth to healthy child! Now I know… If I knew I could give a birth to healthy child…. "

Analysis of contraception issues showed that condoms are available for participants however in certain cases partners refuse to use them.

Certain part of respondents did not have information about STIs - Sexually transmitted infections and at the same time they did not know what additional risks reveal when being diagnosed with HIV and STI at the same time.

Gynecologists stay as a challenge for all participants of the research, whom they trust as a professional, who does not refuse to provide service because of their HIV status or any other reason and at the same time secures confidentiality. Besides they have applied to gynecologists very frequently, negative pre-moods predominate and results on their final decision whether of getting the service or not.

6. HIV/AIDS stigma

Research participants have different approaches about revealing their HIV status. The part that is involved in various activities, cooperates with non-governmental organizations, publicly talks about their health conditions and challenges. Another part keeps this information in secret for years. Besides research participants believe it is their own decision and right whom to reveal their HIV status, they definitely agree that it is very difficult to live together with this "secret".

> **When I come to Tbilisi for medicine, I always come to organization. I love to come here and to talk to people who are similar to me. I wish I could come here more frequently" –** ***one of the participants mentioned.***

Research applicants noted that hiding their HIV status is part of their security strategy. With their silence they protect themselves, their children, and their whole families. They consider that until society will not change its conceptions and attitude towards HIV in general, they are not secured to reveal their HIV status.

> **„I know what people in my village think about AIDS. Before I was diagnosed with HIV, I also had same point of view. Sometimes, even now I slip in speaking something…" –** ***says participant.***

Respondents think that revealing their HIV status may exclude them from society and negatively effect on their employment. Therefore, they choose to stay silent, that on its part is very pressuring and reflects on their mental health condition. Research participants are actively talking about the importance of involving psychological service in treatment procedures. They say that from the day of diagnosis till the present time they were in need of psychological assistance for numerous times.

Respondents also talk about discriminative legislation that rejects HIV positive people to pass military service and be employed on various positions.

> ***„My husband was working in self-defense unit. He was tested there. As soon as it was testified, he was fired".***

Research participants also talked about finding solution to this situation. All participants agree that it is very complicated to find solution to this problem without raising awareness and replacing myths with evident information.

Following research results HIV stigma significantly abuses migrants, trans, residents of the regions and women who are victims of violence. HIV stigma is added to all numerous challenges that the listed group members women face. This intersectional analysis reveals different problems.

Family violence victim woman, who lives with violator husband for years, stated in the interview:

> ***„My husband and my mother in-law know my status. If I go to my relatives (she means her parents) and they will find out my status, they may throw me in the street. Or may do something very bad with me… So, I prefer to bear my husband".***

For women living in countryside, it is extremely problematic to reveal HIV status, as in small communities, where there is severe lack of HIV awareness, and society is full of myths and stereotypical beliefs.

"If my neighbours find out my status, nobody will come closer to my children "– said one of the respondents.

It is very complicated to provide migrant women, who are involved in treatment program with medications. Without supporters that will not be able to take medications from center and receive them abroad.

Conditions of trans women is extremely complicated when they are engaged in sex work. Revealing their status on their workplace may force them loosing the only source of their income. This obstacle is aggravated with the fact that the mentioned group is extremely limited to find alternative job or is completely lack of this opportunity.

Thus, we can see that apart from those general problems, that HIV positive women have, in case of gender identity, overall list is added the challenges specific to this definite group.

FINDINGS

Aim of the presented qualitative research was to conduct situational analysis of special/intersectional needs in terms of HIV positive women, ARV treatment and obedience.

As a result, research findings provide us with important information about conditions, challenges and needs of HIV women in Georgia. Presented research showed medical, economic, and social problems, that HIV positive women face on a daily basis. The findings of the presented research may play an important role in improving HIV positive women conditions and become a basis for outlining action plan of women strengthening and their vision developing means.

1. Fearing the stigma and rejection of the society, HIV positive women are forced to keep in secret their health status. This circumstance very negatively affects them as it is very pressuring, fearing and tensing. Only certain people know their HIV status. In several cases women hide their status from their children, parents and even from their friends.
2. HIV positive women must be aware of their rights and medical services available for them. Because of lack of information, fear of breaking confidentiality and stigma/discrimination they prevent themselves from receiving necessary medical services as much as possible.
3. Conducted research revealed lack of the need and awareness of the information about sexual and reproductive health and rights among HIV positive women. Also, crucial is the problem of access to reproductive services in terms of absence of gender sensitive services.
4. Research participant women are generally engaged in families, non-formal spaces and non-governmental organizations.
5. Among research participants only trans women were aware of HIV prevention services.
6. Research revealed various medical needs, that cannot be solved by HIV women. They named several barriers that prevent women from accessing health services, among them: stigma, discrimination, less confidential services in small communities, geographical accessibility, and financial problems.
7. Gynecologists stay as a challenge for all participants of the research, whom they trust as a professional, who does not refuse to provide service because of their HIV status or any other reason and at the same time secures confidentiality.
8. Research applicants noted that hiding their HIV status is part of their security strategy.

CONCLUSION

Conducted research established researchers' expectations of numerous existing challenges facing HIV positive women. In terms of the research participants discussed medical, economic and social problems that they deal with on a daily basis. Together with this, they shared influence of stigma and discrimination on their mental and physical health. Presented results gave us possibility to estimate challenges of HIV positive women and also to talk about their needs and the ideas they think is a solution to their problems.

Results show that HIV positive women being on ARV therapy have basic information concerning treatment, medications, sider effects and regime. There are minor problems of obedience, however the studied group did not reveal any kind of significant problems in this direction.

SRHR awareness still remains critical. Respondents assume that this direction needs major attention as lack knowledge of SRHR creates precondition for spreading HIV and other sexually transmitted infections.

It is very important to create services tailored to HIV positive women, as definite group of participant women have not received any medical services except ARV therapy for years.

Herein HIV positive women have no secure space where they can freely talk about their problems that results them to be under tough phycological pressure.

GENERAL RECOMMENDATIONS

- Anti retro virus treatment (ARV) is a necessary component for improving/maintaining quality of life. Therefore, it must be constantly accessible.
- ARV therapy and subsequent interventions should be customized to specific needs of sensitive women, that involves foreseeing medical (physical and mental), as well as behavioral, social and structural factors that make individual influence on women wellbeing.
- Sexual and reproductive health and rights of HIV positive women should be supported by effective integration of the programs of SRHR and HIV/AIDS treatment. That implies constant accessibility on the services of contraception, SRHR screening, medical abortion, pregnancy, childbirth and post childbirth caring, other gynecological, breast screening and menopause management.
- It is advisable to maintain pregnancy diagnosis and prevent disease transmission from mother to child as a key component of HIV/AIDS national program.
- Consultations on sexual and reproductive health issues should be improved and raise popularization of double protection (contraceptives + condoms) means.
- It is advisable to establish pre-expositive prevention program within state program that will be free of charge and worked out for serodiscordant couples (when one sexual partner is HIV positive).
- It is advisable to conduct awareness raising campaign on HIV/AIDS and its complementary intersectional stigma issues for health care service providers, social workers and co-educators – it is desirable to add these issues to a mandatory part to educational curriculum programs.
- It is advisable to improve/integrate referrals of the existent and HIV/AIDS program services for HIV positive women who are the victims of violence.
- With the direct Media involvement, it is advisable to raise awareness of the population in general about HIV/AIDS and its complementary stigma issues.

ANNEX 1.

Questionary of the interview

Instructions for interviewer: *Make in-depth interviewing following the presented scheme:*

Demographic datum:

Age:

Nationality

Confession:

Dwelling place:

Employment:

– Are you the member of anu group?
– Do you have an experience on any stage that may be characteristic of the mentioned group representatives?
  - Socially vulnerable
  - Mother of many children
  - Disabled
  - LGBT
  - TB/Hepatitis B or C affected
  - Drug user
  - Alcohol dependent
  - Victim of violence (in the family, from sexual partner, employer, police)

- Sex worker
- Victim of Military conflict
- Migrant
- Internally displaced persons
- Living in regions
- Prisoner women
- The then prisoner or Probationer
- Covid affected

1. **Presented part of the questionnaire refers to awareness of HIV/AIDS :**
   – What information did you have about HIV/AIDS, namely the ways of transmission, diagnosis and treatment at the moment of diagnosis and how can you estimate that knowledge for the present time?
   – What kind of information is necessary for girls and women about HIV/AIDS?

2. **Presented part of questionary refers to ARV (anti retro virus treatment) experience:**
   – Do you know what ARV (anti retro virus treatment) is?
   – Do you receive ARV treatment? Regularly?
   – Can you remember the feelings you had when diagnosed with HIV?
   – How can you estimate the consultation with the doctor? – please describe the attitude of doctor and other personnel
   – As soon as you were diagnosed with HIV, what period did you need to begin treatment?
   – Did you know that treatment is free of charge?
   – Did you talk with the doctor about safety issues? Whom and how can you apply to receive various medical services?

3. **Presented part of questionary refers to ARV therapy satisfaction:**
   – Are the medications always accessible for you? Who brings them from the center and how frequently? How intensively do you get them?
   – Did you ever forget to drink them?
   – Did you know what medications you were receiving?
   – Do you know what medications you drink and what effects they have?
   – What can you say about sider effects of ARV therapy?

4. **Presented part of questionary refers to ARV therapy accompanying, and women adjusted Services:**
   – In your mind what are necessary services for women involved in ARV therapy?
   – What do you think, how can be ARV therapy tailored to women?

5. **Presented part of questionary refers to knowledge about SRHR issues and access to SRHR services:**
   – What kind of information did you have about reproductive health, namely about contraceptives at the moment of your pregnancy?
   – What kind of information do girls and women need to know about abortion?
   – Did you have access to existing and known for you contraceptives?
   – How did you get to gynecologist (how did you receive information about definite specialist)?
   – What kind of support does women need, who need abortion?

6. **Presented part of questionary refers to HIV/AIDS stigma:**
   – Have you ever talked about HIV status with other persons?
   – In your mind, why does not women talk about HIV experience like they talk about other health care issues?
   – What myths and false beliefs have you heard about HIV?
   – In your opinion, how does HIV stigma reflect on you?
   – In your opinion, how does HIV stigma reflect on the members of your family and relatives?

7. **Presented part of questionary refers to general social issues:**
   – Did you ever have problems for your HIV status in your family?
   – Did you ever have problems for your HIV status when receiving medical services?
   – Did you ever have problems for your HIV status in educational institution or workplace?

8. **Presented part of questionary refers to human rights:**
   – Are your rights abolished in your family, at your workplace, in Institution of restriction of liberty or elsewhere your HIV status is known.
   – Have you ever been refused to work or to receive services, since you revealed your HIV positive status?
   – What is the frequent expression or behavior from people, that limits your human right?

Your additional comments

ANNEX 2.

Focus group questionary

Demographic datum:
Age:
Nationality
Confession:
Dwelling place:
Employment:

1. At the moment of diagnosis with HIV, what information did you possess about HIV/AIDS, namely the ways of transmission, diagnosis and treatment and how can you estimate your knowledge now?
2. Do you know what Anti retro virus treatment is? Are you on ARV? Regularly?
3. Are ARV medications always available for you? Who brings them from the center and how frequently? How intensively do you get them? What can you say about sider effects of ARV therapy?
4. In your mind what are necessary services for women involved in ARV therapy? What do you think, how can be ARV therapy tailored to women?
5. What kind of information did you have about reproductive health, namely about contraceptives at the moment of your pregnancy? What kind of information do girls and women need to know about abortion?
6. What myths and false beliefs have you heard about HIV? In your opinion, how does HIV stigma reflect on you, on the members of your family and relatives?

7. Did you ever have problems for your HIV status in your family, when receiving medical services and in educational institution or workplace?
8. Are your rights abolished in your family, at your workplace, in Institution of restriction of liberty or elsewhere, where your HIV status is known?
9. What is the frequent expression or behavior from people, that limits your human rights?

Your additional comments

SUMMARY

Gender plays an important role in determining a woman's vulnerability to HIV infection and violence and her ability to access treatment, care and support and to cope when infected or affected. Women living with HIV/AIDS require additional care, counseling, referral to Sexual and Reproductive Health (SRH) services as the fulfillment of their fundamental rights that on its hand-create enabling environment for improving economic/social conditions for them.

The following qualitative research implemented by HIV Positive Women Community Based Organization (CBO) "We Exist!" and HCV Patients Organization "HEPA Plus" with support of Women Fund in Georgia - depicts needs HIV positive women in Georgia have and the challenges they face in regard to diagnoses and treatment of HIV/AIDS and adherence to Antiretroviral Treatment (ART). Though the outcomes of the research cannot be generalized to the whole population of HIV positive women, it still reflects valuable finding regarding the gaps that need to be addressed through educational, medical, social interventions that will contribute to empowering the women and improving their health and wellbeing.

The recommendations of the research based on the main findings regards ART as a core component to maintain/improve the quality of life. They also refer to the integration of SRHR and HIV / AIDS programs, including continuous access to contraception including promotion of dual protection (contraceptive + condom), STI screening/treatment, medical abortion, pregnancy, childbirth and postpartum care, breast screening, menopause management (etc.) to HIV positive women; Another domain is the diagnosis of HIV during pregnancy and the prevention of HIV transmission from mother to child as one of the key components of the national HIV / AIDS program. Some other recommendations indicate free pre-exposure prophylactic (PEP) service for serodiscordant couples, also referral to HIV/AIDS and victims of violence services, awareness-raising on HIV/AIDS and related stigma.

The outcomes are intended for community based and women organizations for planning further advocacy that will contribute to empowering HIV positive women and improve their health and wellbeing.