THE PEOPLE LIVING WITH HIV STIGMA INDEX

Indonesia

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Most importantly we would like to acknowledge the invaluable role of the people living with HIV who participated in this survey for their time and sharing their stories. We trust that these findings will contribute to improving the health and quality of their lives and that of people living with HIV in general.

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List of Abbreviations

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
CI	Confidence interval
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	Human immunodeficiency virus
ICW	International Community of Women Living with HIV/AIDS
IPPF	International Planned Parenthood Federation
IU	Implementing unit
MSM	Men who have sex with men
PLHIV	People living with HIV/AIDS
Prev.	Prevalence
PWUD	People who use drugs
RDS	Respondent-driven sampling
RSE	Relative standard error
SAD	Stigma and discrimination
UNAIDS	Joint United Nations Programme on HIV and AIDS
WSW	Women who have sex with women

Executive Summary

HIV-related stigma and discrimination (SAD) affects the lives of people living with HIV/AIDS (PLHIV) worldwide. SAD, appearing in multiple forms such as prejudice, negative attitudes, or abuse, obstructs PLHIV from participating as full members of society and from enjoying the highest attainable living standard. Global authorities have since targeted elimination of SAD, acknowledging its far-reaching impact which makes the prospect of attaining optimal service coverage unlikely. Collecting evidence on the magnitude of SAD is the first step towards formulating and implementing effective programs and policies to combat SAD.

This report presents the results of the PLHIV Stigma Index Indonesia - a community survey to document experiences of SAD among PLHIV in 11 selected districts. Spiritia Foundation commissioned the implementation of the survey to the AIDS Research Center of Atma Jaya Catholic University Jakarta in close collaboration with the community-based implementing unit organizations (IUs) in each district. The PLHIV Stigma Index 2.0 survey instrument, developed by the Global Network of People Living with HIV, was used to collect information on SAD in PLHIV. Trained enumerators in each district administered the questionnaire and recorded responses electronically.

Survey respondents were adult PLHIV who received an HIV diagnosis 12 or more months before the interview date, recruited from a randomized list of active PLHIV clients of the participating IU in each district and from PLHIV social networks as the second recruitment method in an attempt to broaden the coverage of respondent types and characteristics. The number of respondents for each district was proportional to the size of reported HIV cases. Prevalence rates and other key statistics were calculated, aggregating the weighted estimates from dual recruitment by the size of reported HIV cases, and stratified by gender identity in presentation.

Of 883 target respondents, 744 completed the survey, corresponding to a response rate of 84%. District-level response rates varied, with a loss in recruitment target ranging from 0% (Pontianak) to 43% (Denpasar). Respondents recruited from social networks were younger, faced more social marginalization, and were more likely to have sold sex or used drugs, have recent HIV diagnosis, and not be on antiretroviral treatment. A majority of PLHIV (64%) were male and close to 5% were transgender and other non-binary identities. Nearly 70% of PLHIV did not identify with being a sex worker or person who uses drugs.

In disclosure, HIV status was more commonly disclosed without consent to family members and close contacts. Although the prevalence was below 10% for all indicators of nonconsensual disclosure, there were gender differences in that more female and transgender PLHIV experienced

nonconsensual disclosure to family members and at workplace, respectively. On average, less than 2% of PLHIV had someone disclose their HIV status without their consent to parties other than family members and close contacts.

The most common form of SAD that PLHIV experienced was negative verbal expressions such as discriminatory remarks from family members (4.5%) or others (4.6%) and verbal abuse (3.0%). Compared to their male counterparts, more female and transgender PLHIV experienced this SAD. SAD incidence tended to decline over time as the prevalence of most indicators in the past 12 months was lower than the period before.

In internalized stigma, a prevalence of more than 10% was observed for the perceived negative effect of HIV on self-confidence (14.3%), self-worth (11.5%), stress management (15.0%), intimacy (12.7%), and the desire to have children (19.2%). Again, women and transgenders were more affected than their male counterparts.

In health care, advice to refrain from sex was the most common form of SAD experienced in HIV clinics (11.3%) and non-HIV clinics (9.3%). Contact avoidance, being gossiped about, and denial of non-HIV services were the other forms of SAD that PLHIV experienced relatively considerably (2.4% - 4.3%). A small but fairly sizeable proportion of female PLHIV were advised to abort a pregnancy (0.8%) and subjected to a type of contraception (0.6%), delivery method (4.2%), infant feeding practice (1.5%), and antiretroviral treatment during pregnancy (3.4%) in the 12 months before the survey.

In human rights, less than 2% of PLHIV felt they had been forced to disclose their HIV status to obtain health care, and the figure was even lower for forced disclosure to obtain employment, study, or enroll into an insurance program. Three percent of PLHIV endured sex by physical force or coercion in the period before the last 12 months although recent incidence fell to below 1%. Most PLHIV did not report the SAD incidence to seek justice because of lack of information on access to assistance, such an undertaking would exact resources beyond their means, fear of disclosure, little or no trust on the process, and other reasons.

In SAD related to gender or sexual identity or commercial sex and drug use, people who use drugs and transgenders were more likely to have experienced various SAD such as discriminatory family environment and verbal or physical abuse. Despite a lower overall incidence in the past 12 months, male non-heterosexual groups including men who have sex with men and bisexuals had an increased exposure to SAD compared to the period before.

In conclusion, SAD when enacted by others is not as commonplace as the conventional wisdom holds; rather, internalized stigma is more prevalent and may pose a bigger threat to PLHIV in service uptakes and treatment continuation. Refocusing support programs on disclosure management and mental health can be expected to alleviate the burden of internalized stigma, improve social support, and motivate self-efficacy. SAD is more pronounced in certain gender groups and possibly in other sociodemographic groups that are markers of social marginalization in the society.

The following are the recommendations in the direction of national program improvements:

a) Integrate HIV disclosure management in routine programming;

b) Sensitize public services to SAD and other social marginalization that underpins health and health care disparities;

c) Promote human rights education and expand access to legal justice for PLHIV and other marginalized groups;

d) Build sector-wide capacity for early detection of mental health conditions among PLHIV and HIV risk groups;

e) Build the evidence base of SAD; and

f) Adapt study instruments and conduct SAD surveillance to track changes over time.

1. Introduction

1.1. Background

HIV-related stigma and discrimination (SAD) refers to prejudice, negative attitudes, and abuse directed at people living with HIV/AIDS (PLHIV).[1] As such, SAD presents an insurmountable barrier to access to testing and affects adherence to treatment with grave consequences on the health and wellbeing of PLHIV.[2–5] Although global estimates of PLHIV reporting SAD experiences are sketchy, discriminatory attitudes towards PLHIV are entrenched in public life with over 50% reporting agreement to various stigmatizing behaviors.[6] In recent years, there is a growing recognition of SAD as a key target for global elimination in order to attain universal access to HIV testing, care, and treatment.[7,8] The challenge in this direction, however, is that SAD manifests in many forms and in different sectors (e.g., health, education) and that gaps in interventions for specific settings and particular HIV groups persist.[9] Nevertheless, efforts to document SAD is the critical step to gauge the size of the problem, identify its protective and facilitating factors, and document outcomes for planning of effective interventions.

Indonesia is home to an estimated 620,000 PLHIV, concentrated mainly in most at-risk groups such as men who have sex with men (MSM), sex workers, and people who use drugs (PWUD), with the exception of Tanah Papua in the eastern part of the archipelago where a low-level generalized epidemic is present.[10] Approximately 51% of PLHIV have been diagnosed and have known their HIV status, whereas antiretroviral treatment (ART) covered only 17% of PLHIV in 2018,[11] corresponding to one of the lowest coverage figures globally.[12] Recent program innovations such as partner notification and community tracking of ART dropouts aim to improve service coverage and optimize retention in care, with plans to expand these at scale in multiple settings and HIV risk groups.[13]

To date, no known systematic effort to measure SAD in PLHIV has been documented. This report presents the findings of the People Living with HIV Stigma Index Indonesia survey, conducted in 11 districts, which is the first survey that attempted to capture, describe, and quantify experiences of SAD in Indonesian PLHIV on a national scale. Previous attempts have documented discriminatory attitudes towards PLHIV in the health care sector[14] and general population[15] or SAD in certain patient groups in relation to disclosure[16] or medication adherence.[17] While the country has no HIV-specific criminal laws, SAD towards PLHIV is prevalent in the country,[15] reinforced by the increasing persecutions and punitive measures against same-sex behavior, sex work, and drug use.[10] Against this pressing need to document SAD in in the country, Spiritia Foundation with the funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria

(GFATM) commissioned the AIDS Research Center of Atma Jaya Catholic University Jakarta with the task to conduct and report on the survey.

1.2. Objectives

The following are the objectives of the People Living with HIV Stigma Index Indonesia, as stipulated in the Terms of Reference for the assignment:[18]

a) To obtain information about the situation and various events associated with HIV SAD in the lives of PLHIV in Indonesia;

b) To formulate recommendations on the necessary steps to fight the SAD experienced by PLHIV; and

c) To provide an evidence base for improving policy and programs related to PLHIV in Indonesia.

1.3. The structure of this report

This report presents the findings of People Living with HIV Stigma Index Indonesia. The next chapter provides a detailed description of the survey methods, including sampling and sample size, information of the study tools, analytical approaches to data analysis, and key study limitations. After that, the survey findings are reported in the subsequent chapter, and divided into several sections on sociodemographic characteristics, disclosure of HIV status, experiences of SAD, internalized stigma, interactions with health care providers, human rights, non-HIV SAD, and a synthesized summary of SAD narratives as experienced by a select group of survey informants. The last chapter concludes the report, discusses the implications of the findings, and provides recommendations in the direction of program improvements and research priorities for future reference.

2. Methodology

2.1. Modality

The modality of the PLHIV Stigma Index 2.0 in Indonesia was framed in the GFATM program structure. The regions and the implementing unit organizations (IUs) were pre-selected. PPH acted as the Sub-Recipient for the project which implemented and coordinated activities, provided technical assistance to IUs and enumerators in data collection, ensure data quality assurance, data analysis, and reporting. IUs assisted in selecting candidate enumerators, performed data collection, and conducted service referrals for respondents should the need arise. Spiritia Foundation was the Principal Recipient and provided funding disbursements, coordination, and technical assistance.

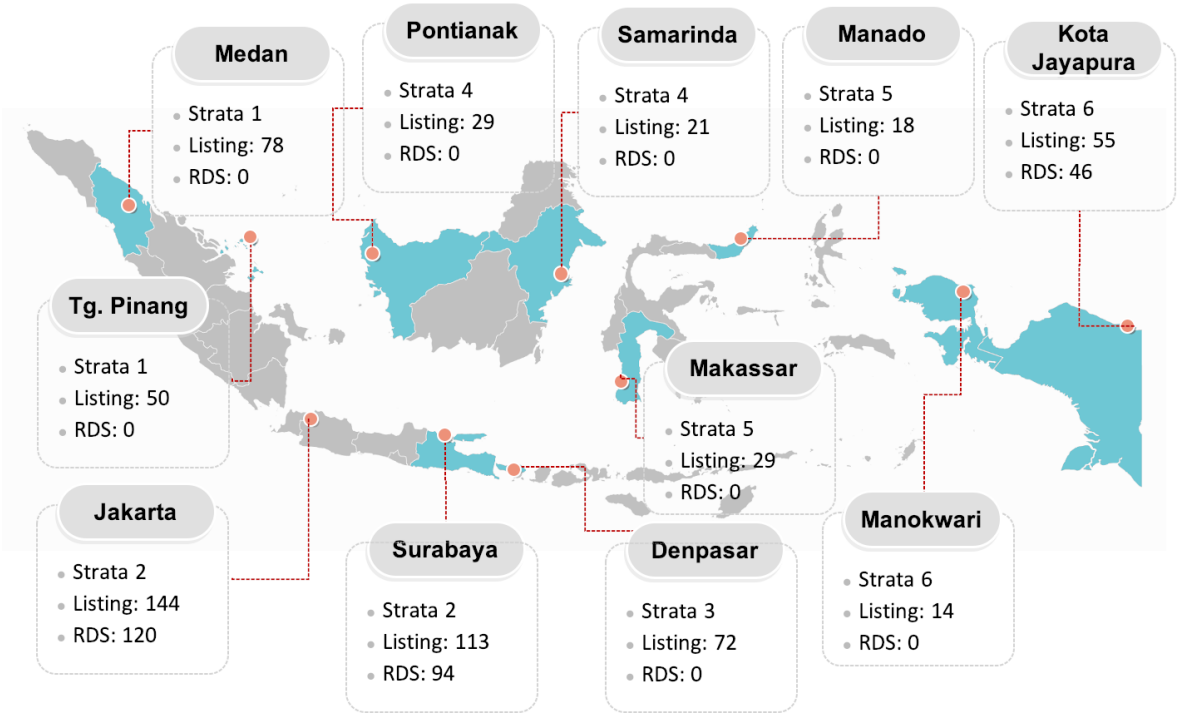
2.2. Sample size and sampling procedures

The survey was conducted in 11 districts across Indonesia. Districts were selected to epitomize the diversity of PLHIV in the country in six regional strata, including the Eastern Region of Tanah Papua where a low-level generalized HIV epidemic persists, and based on reported HIV cases and presence of GFATM-supported peer support programs (**Figure 1**). The target sample size was calculated using the standard survey method,[19] with an assumed proportion of 50%, an alpha value of 5%, and a design effect of 2.0, and allocated to each district according to the size of reported HIV cases.

Two sampling methods were employed. The first of these is the default method, applicable to all districts, using a random selection of adult PLHIV clients with duration of HIV diagnosis >12 months who had contacts with IUs for receipt of peer-based psychosocial services in each district in the first semester of 2019 (hereafter, the listing method). To this objective, a database of clients was retrieved from Spiritia Foundation and a random selection of candidate respondents were forwarded to each IU for follow-up with invitation to participate in the survey and the interview. The sample size calculation for this method was inflated by 20% for allowance for non-response.

The second method is the respondent-driven sampling (RDS),[20] employed in addition to the listing method in the three districts with a sample allocation exceeding 100 respondents (Jakarta, Surabaya, and Jayapura). RDS samples respondents through their social network with statistical adjustments for the probability of recruitment across the characteristics of interest of which we wish to estimate the prevalence.[21] We expected the RDS to provide variation in respondent characteristics that would not be adequately captured under the listing method. Chief among these is current ART status, which was likely biased towards current uptakes to a high degree for the respondents under the listing method. In the RDS method, the initial network "seeds" were PLHIV

Figure 1. Survey sites and district-level target respondents



Listing refers to the recruitment method on the basis of a list comprising a random selection of PLHIV clientele who received peer from the implementing unit partner organization in each district. Respondent-driven sampling (RDS) refers to a recruitment method from the social network of participating respondents on the basis of similarity in risk groups or other defining characteristics.

who were currently not on ART, purposively selected from the existing IU clientele and, where feasible, in all key HIV risk groups. These seeds would then recruit a maximum of two peers to participate as respondents in the survey, who each in turn would recruit another two peers in succeeding waves until the target sample size was exhausted. The RDS target sample size was set at 50% of the allocation size, excluding the non-response allowance.

2.3. The PLHIV Stigma Index 2.0 questionnaire

The questionnaire comprised eight sections exploring demographic attributes, disclosure of HIV status, experience of SAD, internalized stigma, interactions with health care services, human rights and effecting change, SAD not related to HIV, and a concise personal account of SAD. The current version of the questionnaire was a refinement made to reflect important changes in response to HIV and increased evidence about how different populations are affected by stigma. The PLHIV Stigma Index 2.0 instrument was a joint initiative of the following organizations: The Global Network of People Living with HIV (GNP+), The International Community of Women Living

with HIV/AIDS (ICW), The International Planned Parenthood Federation (IPPF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).[22]

The Indonesian version of the questionnaire was translated by Spiritia Foundation and pilot-tested in select respondents for initial evaluation of readability. Further adjustments on the wording and additional descriptions of a number of question items were added with inputs from IU's Program Managers and survey enumerators. Additional questions on cohabitation with other PLHIV, health insurance ownership, and the quality of life using the validated EuroQoL 5-dimension 5-level (EQ-5D-5L) instrument[23] were incorporated in the final version of the Indonesia's questionnaire, but not reported herewith.

2.4. Data collection

The questionnaire was adapted in an electronic format on the LimeSurvey platform and installed on electronic tablets for data collection. The electronic version required no internet connection to administered as data were stored locally and would only be uploaded to a central database once online, allowing instantaneous data monitoring. Enumerators administered in-person interviews to all respondents, and excluded participation candidate respondents who were minors (<18 years on the date of interview), knew their HIV status for <12 months, appeared intoxicated, or had participated in a any HIV SAD study in the past 12 months. Respondents were given a paper copy of a redacted version of the questionnaire intended to aid in comprehension, returned to the enumerator upon completion of the interview. Pertinent to the Section H of the questionnaire on the personal experience of SAD, respondents were asked to narrate their experience for which responses were audio recorded and summarized in writing by the enumerators in a provided sheet. Respondents were reimbursed IDR 75.000 (USD 5.60) to cover their travel expenses and utilized time.

Thirty enumerators were recruited from IU peer educators or other personnel as the IU program managers deemed fit. All enumerators received a five-day training session in Jakarta before data collection. The training materials covered SAD, survey recruitment, study instruments, survey role-play, and survey ethics. Enumerators demonstrated an improved understanding in the technical and ethical aspects of the survey as evidenced by the substantial increase in the post-test scores. All enumerators received a certificate of ethics in conducting research involving human subjects after completing a compulsory online assessment courtesy of Atma Jaya Catholic University.

2.5. Ethics statement

The study protocol was approved by the Institute for Research and Community Service, Atma Jaya Catholic University in Jakarta. Access to the central database was password protected. Under the data sharing arrangement with GNP+, deidentified data will be deposited in the PLHIV Stigma Index portal. Enumerators reported any adverse events (e.g., trauma reliving the experience of stigma) and, should the need arise, assisted respondents in identifying the needed service and provided referrals.

2.6. Data analysis

2.6.1. Prevalence data

Prevalence was calculated for total sample using the survey estimation method as implemented in the `svy` command suite of Stata version 14.2 (College Station, TX). District-level weights (the number of respondents in a district over the sum of total respondents) corrected for non-response, and the RDS individual weights[24] were computed and used in the estimation process for the listing and RDS respondents, respectively. A combined estimate of statistics by weighting the listing and RDS estimates by the size of reported HIV cases for each method was calculated.[25] Where non-convergence problems with regards to RDS estimation process manifested, only the estimates from the listing method were computed, noting that this is an isolated limitation for Section G of the questionnaire (SAD experienced for reasons other than HIV status).

Point prevalence, the 95% confidence interval, number of respondents, and the relative standard error (RSE) of responses were estimated, stratified by gender (male, female, transgender + other), and presented for each level of response categories as they appear on the questionnaire. The timing of stigma experience, where relevant and as indicated on the questionnaire, was reported for incidence within 12 months before the interview date (recent experience) or before this period. The first two statistics are reported in the main text of this report. Please refer to the web appendix on https://bit.ly/359DT1f for full results. RSEs exceeding 50% denote that the produced estimates are unreliable, and that high caution should be exercised when interpreting these statistics.

2.6.2. Qualitative data

These are response summaries pertaining to Section 8 on personal experience of stigma/discrimination in which respondents were asked to subjectively narrate their most significant stories of SAD. Enumerators provided a concise hand-written summary, a maximum of two pages, of the responses, which were also audio-recorded. This report presents the qualitative findings from the analysis of the field notes. These qualitative data were thematically synthesized and grouped into the following themes that correspond to the setting in which SAD took place: 1)

household/family; 2) health care sector; 3) wider community, including social ties with friends, workplace, and society; and 4) internalized stigma. No information from audio data was used in the current qualitative analysis as such analyses will be accommodated in future reports.

2.7. Limitations

District-level response rates varied. Response rates lower than 80% were recorded in Medan (77%), Surabaya (78%), Denpasar (57%), and Manado (78%). Field reports revealed that these districts faced a great challenge locating or incentivizing the candidate respondents selected in the listing method to participate due to privacy concerns, migration or change of contacts/address, hospitalization, or difficulties in scheduling an appointment. Related challenges include selection of enumerators who were not peer educators working for the IU, which complicated the process of contacting candidate respondents in the absence of good coordination with the peer educators. Despite this challenge, the overall response rate was appreciably high at 84%.

The application of RDS should be seen as an effort to capture more of the diversity of PLHIV populations beyond those typified by IU program beneficiaries. As this recruitment method requires sufficient waves of recruitment chains (generally more than four waves), RDS was only feasible to implement in large districts with a high caseload of PLHIV. The relatively small RDS sample (n = 241) in this survey was not adequate to accommodate refined subgroups and many response options, which caused non-convergence problems due to a very small number of responses or unmet RDS requirements (e.g., differing number of response options between the recruiters and those recruited, exclusive groupings of the recruiters). These issues were prominent in Section G that divides analyses exhaustively by various categories of gender identity, sexual orientation, and HIV risks. In such cases only estimates from the listing method are presented as the alternatives were infeasible (generating reliable RDS estimates) or ill-advised (analyzing the RDS sample with district-level weights, which is akin to convenience sampling with biased statistics).

Next, some question items have less relevance in the local context but were nevertheless kept in. order to maintain consistency and comparability with other countries. The case in point is the use of the term 'aborigine' and 'indigenous' in determining additional social marginalization on Section A of the questionnaire. Linguistically, the direct translation of 'indigenous' (*pribumi*) has a strong racial contour to single out ethnic-Chinese minorities in Indonesia who are often referred to as *non-pribumi*, or those whose ancestors originated outside of the archipelago in Indonesia's modern history.[26] Using these terms to identify social marginalization was therefore problematic and the resulting prevalence invalid. A more apt translation would be "tribal people" (*masyarakat adat*), who enjoy a special recognition by the Constitution. However, given that the study sites were largely urban districts, neither this term nor aborigine had direct relevance to the study population.

Even when intended to capture, for lack of a better word, the aboriginal outlook of the two districts in Tanah Papua (Manokwari and Jayapura), the proportion reporting their identification as an aboriginal or indigenous Indonesian was similar or lower than in other study districts. Further contextualization is required in a way that can minimize the loss in consistency and comparability across the study contexts.

Lastly, we are not aware of formal attempts to provide a psychometric evaluation of the study instrument. As such, the instrument needs to be validated so as to warrant reliable and valid measurement of SAD for PLHIV. Nevertheless, direct involvement of service providers and PLHIV in the process is expected to enhance its internal validity and relevance to the target population.[27]

3. Results

3.1. Recruitment results

A total of 744 eligible respondents, out of targeted 883 (84% response rate), participated in the survey. Of this number, about 68% (n = 503) were recruited from the listing method. **Figure 2** breaks down the number of respondents and response rate by district and recruitment method. Denpasar had the lowest district-level response rate (57%). Comparatively, RDS recruitment produced a higher response than the listing method.

Figure 2. Distribution of response rates by district and recruitment method

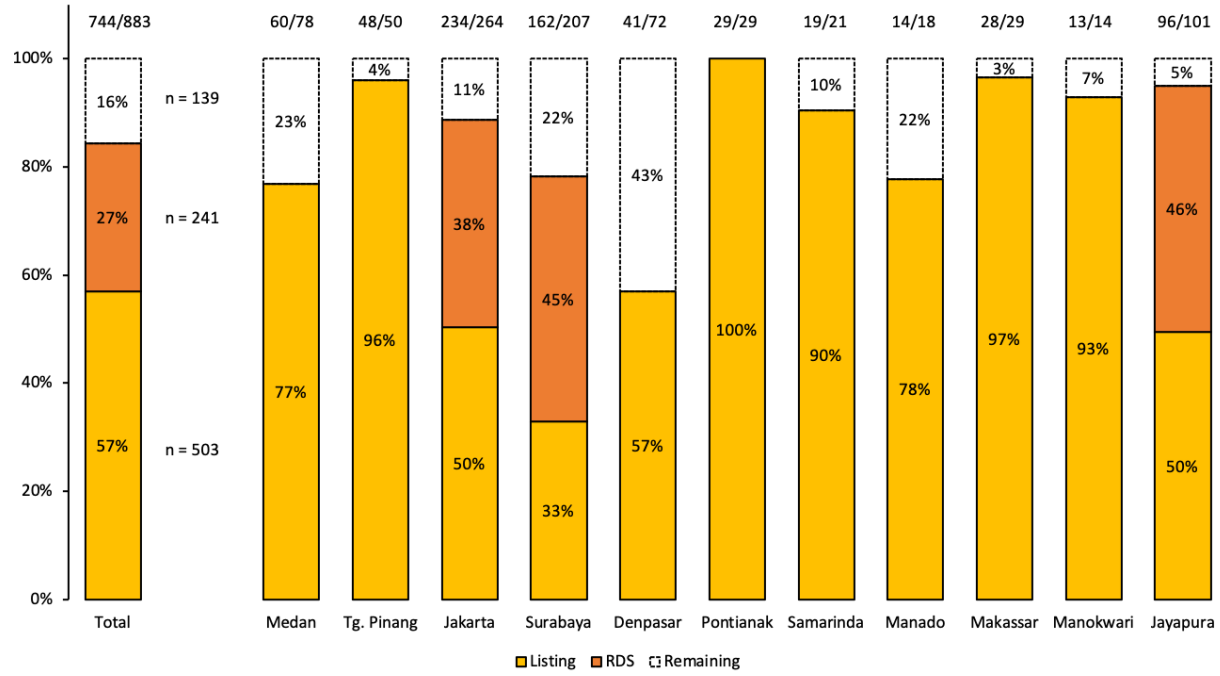
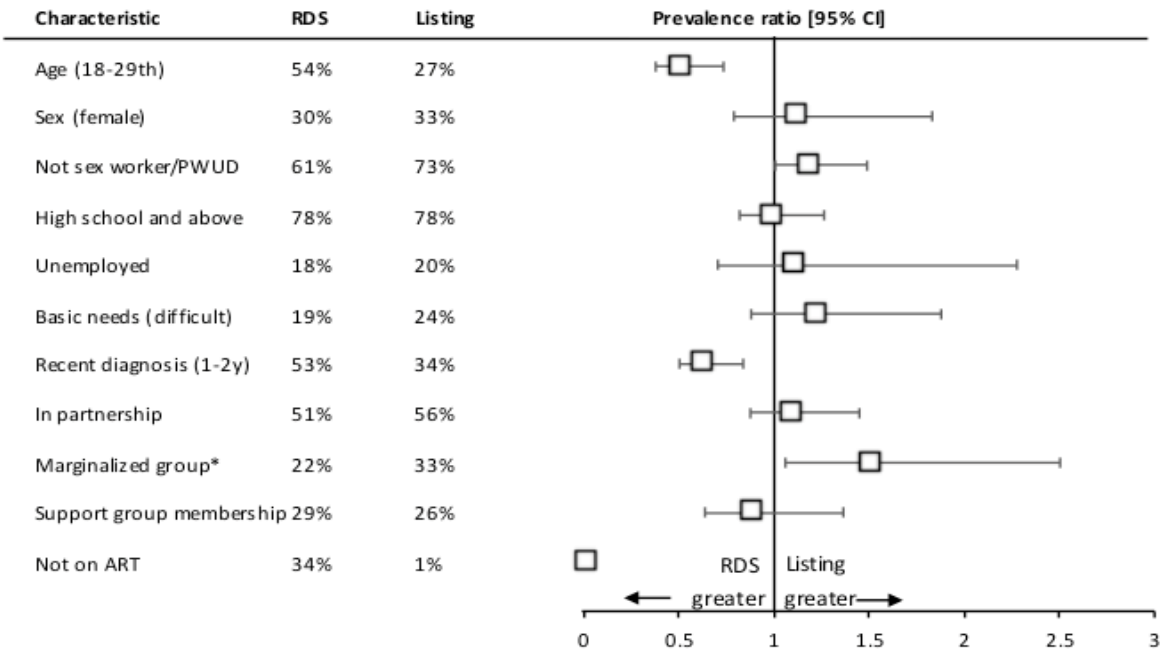


Figure 3 compares selected characteristics of survey respondents by the recruitment method presented as prevalence ratios (i.e., the ratio of the weighted proportions of characteristics in the listing respondents to the RDS respondents) and the corresponding 95% confidence intervals. Compared to their RDS counterparts, RDS respondents were younger (54% *vs*. 27% aged between 18 and 29 years), less likely to neither have sold sex nor used drugs (61% *vs*. 73%) or be socially marginalized (22% *vs*. 33% identified as one or more socially marginalized groups), and more likely to have recent HIV diagnosis (53% *vs*. 34% diagnosed within two years), and be currently

Figure 3. Comparison between recruitment methods on selected characteristics



* = Defined as being: a) a racial, ethnic, or religious minority; b) an indigenous/aboriginal group (see the section on limitations for a discussion on the bias caused by this term); c) people living with disability; d) refugee or asylum seeker; e) migrant worker; f) internally displaced person; or g) people who have been in-. carcerated.

ART = Antiretroviral treatment; CI = Confidence interval; PWUD = People who use drugs; RDS = Respondent-driven sampling.

not on ART (34% *vs*. 1%) due to treatment dropouts or naivety. All the other characteristics did not differ significantly as the width of the confidence interval crossed unity. RDS recruitment did add important nuances that the listing recruitment alone could not have adequately captured.

3.2. Sociodemographic characteristics

Table 1 describes gender and sexual orientation of PLHIV by districts and for total. A majority of PLHIV were or identified as male (64%), while transgenders (and other gender) were in a much smaller proportion (<5%) of the total. All districts exhibited a similar distribution of gender, except in Tanah Papua where the proportions for female were higher than male (Manokwari: 46.2% *vs*. 38.5%) or in an equivalent range (Jayapura: 48.4% *vs*. 49.2%). Sexual orientation other than same-sex or bisexual was 38.2% for males and 94.2% for females. By districts, male sex who had sexual orientation other than same-sex or bisexual constituted a majority in Tanjung Pinang, Pontianak, and Manokwari. In all districts nearly all female PLHIV had sexual orientation other than same-sex or bisexual.

Table 1. Gender and sexual orientation, by district

Characteristic	District							
	Total		A. Medan		B. Tanjung Pinang		C. DKI Jakarta	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Gender								
Female	31.5	26.4 - 36.6	18.3	10.4 - 30.4	45.8	32.6 - 60.1	24.4	14.9 - 33.9
Male	64.0	58.8 - 69.1	78.3	66.0 - 87.1	54.2	39.9 - 67.8	70.1	60.4 - 79.8
Transgender	4.2	2.7 - 5.8	3.3	0.8 - 12.6	0.0	-	5.1	2.1 - 8.1
Other	0.3	0.0 - 1.1	0.0	-	0.0	-	0.4	0.0 - 1.8
2. Sexual orientation: male								
MSM	25.7	19.6 - 31.9	37.5	24.9 - 52.1	15.4	5.8 - 34.9	37.3	25.4 - 49.1
Gay/homosexual	21.5	16.4 - 26.7	22.9	13.0 - 37.1	0.0	0.0-0.0	14.2	7.8 - 20.6
Bisexual	14.6	9.8 - 19.3	16.7	8.5 - 30.2	15.4	5.8 - 34.9	16.5	6.7 - 26.2
Other	38.2	33.2 - 43.2	22.9	13.0 - 37.1	69.2	49.1 - 84.0	32.1	25.1 - 39.1
3. Sexual orientation: female								
WSW	3.9	0.8 - 6.9	16.7	4.1 - 48.3	0.0	-	8.0	0.0 - 16.6
Lesbian/homosexual	1.0	0.0 - 2.2	8.3	1.1 - 42.1	0.0	-	1.7	0.0 - 5.0
Bisexual	1.0	0.0 - 3.2	0.0	-	0.0	-	0.0	-
Other	94.1	90.7 - 97.6	75.0	44.3 - 91.9	100.0	-	90.3	81.1 - 99.5

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; MSM = Men who have sex with men; Prev. = Prevalence (numerator: response, denominator: estimated population size); WSW = Women who have sex with women.

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Table 1. *(Cont'd)*

Characteristic	District							
	D. Surabaya		E. Denpasar		F. Pontianak		G. Samarinda	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Gender								
Female	29.2	19.3 - 39.1	36.6	22.9 - 52.8	27.6	14.1 - 47.0	42.1	22.0 - 65.2
Male	65.8	55.9 - 75.6	61.0	44.8 - 75.1	69.0	49.6 - 83.4	52.6	30.4 - 73.9
Transgender	4.3	1.2 - 7.4	2.4	0.3 - 16.6	3.4	0.4 - 22.0	5.3	0.7 - 31.0
Other	0.7	0.0 - 3.6	0.0	0.0-0.0	0.0	-	0.0	-
2. Sexual orientation: male								
MSM	11.3	5.0 - 17.6	15.4	5.6 - 35.6	4.8	0.6 - 28.6	27.3	8.6 - 59.8
Gay/homosexual	24.8	16.3 - 33.4	34.6	18.6 - 55.2	33.3	16.3 - 56.2	18.2	4.3 - 52.1
Bisexual	11.1	4.4 - 17.9	30.8	15.7 - 51.5	9.5	2.3 - 32.3	9.1	1.2 - 45.8
Other	52.7	42.5 - 62.8	19.2	7.9 - 39.7	52.4	31.2 - 72.8	45.5	19.6 - 74.1
3. Sexual orientation: female								
WSW	1.8	0.0 - 9.0	6.7	0.9 - 37.3	0.0	-	0.0	-
Lesbian/homosexual	0.0	-	6.7	0.9 - 37.3	0.0	-	0.0	-
Bisexual	0.0	-	6.7	0.9 - 37.3	0.0	-	0.0	-
Other	98.2	91.0 - 100.0	80.0	51.6 - 93.7	100.0	-	100.0	-

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; MSM = Men who have sex with men; Prev. = Prevalence (numerator: response, denominator: estimated population size); WSW = Women who have sex with women.

Table 1. *(Cont'd)*

Characteristic	District							
	H. Manado		I. Makassar		J. Manokwari		K. Jayapura	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Gender								
Female	35.7	15.1 - 63.5	17.9	7.3 - 37.3	46.2	21.8 - 72.5	48.4	34.2 - 62.7
Male	64.3	36.5 - 84.9	71.4	51.5 - 85.5	38.5	16.5 - 66.3	49.2	34.9 - 63.5
Transgender	0.0	-	10.7	3.3 - 29.5	15.4	3.7 - 46.1	2.4	0.0 - 5.7
Other	0.0	-	0.0	-	0.0	-	0.0	-
2. Sexual orientation: male								
MSM	0.0	-	34.8	17.9 - 56.6	0.0	-	24.6	9.8 - 39.4
Gay/homosexual	33.3	10.5 - 68.0	34.8	17.9 - 56.6	16.7	2.2 - 64.5	25.0	0.0 - 58.6
Bisexual	33.3	10.5 - 68.0	21.7	9.0 - 43.8	0.0	-	7.9	0.0 - 24.4
Other	33.3	10.5 - 68.0	8.7	2.1 - 30.2	83.3	35.5 - 97.8	42.5	26.5 - 58.5
3. Sexual orientation: female								
WSW	0.0	-	0.0	-	0.0	-	0.0	-
Lesbian/homosexual	0.0	-	0.0	-	0.0	-	0.0	-
Bisexual	0.0	-	0.0	-	0.0	-	1.6	0.0 - 7.9
Other	100.0	-	100.0	-	100.0	-	98.4	92.1 - 100.0

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; MSM = Men who have sex with men; Prev. = Prevalence (numerator: response, denominator: estimated population size); WSW = Women who have sex with women.

Table 2 presents the risk groups by district and for total. Both male (66.4%) and female PLHIV (76.7%) reported to neither have sold sex nor used drugs, whereas more than half of transgenders (52.3%) reported as being sex workers. In Manokwari all genders reported to neither have sold sex nor used drugs. People who use drugs (PWUD) were more prevalent in male PLHIV and had a considerable distribution in Jakarta (26.4%), Surabaya (25.9%), and Pontianak (30.0%).

Table 3 and **Table 4** report on sociodemographic characteristics and HIV diagnosis. Transgender PLHIV were generally older, as seen from the higher proportions in the oldest age groups (45-49 and ≥50 years) than their male or female counterparts (**Table 3**). Nearly all or all PLHIV were currently not in pursuit of education. In educational attainment, female PLHIV had the lowest proportions graduating from senior high school (53.8%) or college (11.2%), mirroring the prevalent sex differences in education in the country. Likewise, a substantial proportion of female PLHIV were unemployed (36.9%) compared to male (10.5%) or transgender PLHIV (19.0%). A lion share of PLHIV (78.2%) had always been able to meet their basic needs, and a similarly high proportion was observed across all genders.

More than 40% of PLHIV had a recent HIV diagnosis, defined as occurring within the past two years; with males reporting a higher proportion (47.1%) than females (31.5%) or transgenders (35.1%) (**Table 4**). About more than half PLHIV (53.6%) were in partnership, although females were more likely to have a partner or spouse (67.6%) compared to males (48.3%) and transgenders (25.9%). Of those with a partner or spouse, 57.4% reported serodiscordant partnership; and transgenders had a larger proportion of this type of partnership (69.5%) relative to male (62.2%) and female PLHIV (49.7%). Living with no children in the household was reported by 49.1%, 23.2%, and 66.2% of male, female, and transgender PLHIV, respectively. Perceived social marginalization in the form of being a minority with regards to race, ethnic groups, and religion or being an aborigine was reported by 8.6% and 22.7% of PLHIV, respectively. Identification with the other socially marginalized groups (disability-affected, refugees, migrant workers, internally displaced persons, or people who are incarcerated) was negligible, with the proportions not exceeding 1% and 2% for total and across genders, respectively. About 26.8% PLHIV reported current membership to one or more HIV support groups, with more than one third of transgender PLHIV (35.3%) currently participating in such groups, followed male (29.2%) and female PLHIV (21.2%).

3.3. Disclosure

Experience of disclosure of HIV status is reported in **Table 5** and **Table 6**. PLHIV tended to disclose to partners/ spouses, other family members, and friends to whom the disclosure process

Table 2. HIV risk, by gender and district

Characteristic	District							
	Total		A. Medan		B. Tanjung Pinang		C. DKI Jakarta	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Male								
Sex worker	11.4	8.4 - 14.5	19.1	10.2 - 33.1	0.0	-	11.9	6.7 - 17.1
PWUD	19.4	15.2 - 23.6	12.8	5.8 - 25.9	0.0	-	26.4	18.8 - 34.1
Sex worker + PWUD	2.7	1.3 - 4.2	4.3	1.0 - 15.8	0.0	-	1.1	0.0 - 4.0
Not sex worker/PWUD	66.4	61.0 - 71.8	63.8	49.1 - 76.4	100.0	-	60.5	51.4 - 69.7
2. Female								
Sex worker	15.6	5.6 - 25.7	27.3	8.9 - 59.1	4.5	0.6 - 26.8	31.1	11.9 - 50.4
PWUD	3.0	0.5 - 5.6	0.0	-	4.5	0.6 - 26.8	5.9	0.0 - 13.0
Sex Worker + PWUD	4.6	0.0 - 11.2	0.0	-	0.0	-	11.7	0.0 - 29.3
Not sex worker/PWUD	76.7	66.6 - 86.8	72.7	40.9 - 91.1	90.9	69.5 - 97.8	51.3	42.8 - 59.7
3. Transgender + other								
Sex worker	52.3	34.7 - 70.0	50.0	5.6 - 94.4	0.0	-	40.4	16.5 - 64.2
PWUD	0.0	-	0.0	-	0.0	-	0.0	-
Sex worker + PWUD	13.6	0.1 - 27.1	0.0	-	0.0	-	20.4	0.0 - 72.7
Not sex worker/ PWUD	34.1	19.4 - 48.7	50.0	5.6 - 94.4	0.0	-	39.2	13.5 - 64.9
4. Male + female + transgender								
Sex worker	15.0	10.7 - 19.2	21.7	12.9 - 34.0	2.1	0.3 - 13.7	20.0	10.5 - 29.5
PWUD	13.0	10.3 - 15.8	10.0	4.5 - 20.7	2.1	0.3 - 13.7	19.8	14.1 - 25.5
Sex worker + PWUD	3.9	1.4 - 6.5	3.3	0.8 - 12.6	0.0	-	5.2	0.0 - 11.4
Not sex worker/PWUD	68.1	63.0 - 73.1	65.0	52.0 - 76.1	95.8	84.5 - 99.0	55.0	44.5 - 65.5

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.
CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size); PWUD = People who use drugs.

Indonesia

Table 2. *(Cont'd)*

Characteristic	District							
	D. Surabaya		E. Denpasar		F. Pontianak		G. Samarinda	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Male								
Sex worker	7.2	0.0 - 17.1	20.0	8.2 - 41.0	5.0	0.6 - 29.8	20.0	4.8 - 55.5
PWUD	25.9	16.6 - 35.1	16.0	5.9 - 36.8	30.0	13.7 - 53.6	10.0	1.3 - 48.6
Sex worker + PWUD	4.5	0.2 - 8.9	8.0	1.9 - 28.2	15.0	4.7 - 38.7	10.0	1.3 - 48.6
Not sex worker/PWUD	62.4	52.8 - 72.1	56.0	35.8 - 74.4	50.0	28.7 - 71.3	60.0	28.8 - 84.8
2. Female								
Sex worker	5.9	0.0 - 12.9	13.3	3.1 - 42.1	0.0	-	12.5	1.6 - 55.7
PWUD	2.1	0.0 - 9.0	0.0	-	0.0	-	0.0	-
Sex Worker + PWUD	1.8	0.0 - 8.2	0.0	-	0.0	-	0.0	-
Not sex worker/PWUD	90.2	81.4 - 98.9	86.7	57.9 - 96.9	100.0	-	87.5	44.3 - 98.4
3. Transgender + other								
Sex worker	80.6	53.4 - 100.0	0.0	-	0.0	-	100.0	-
PWUD	0.0	-	0.0	-	0.0	-	0.0	-
Sex worker + PWUD	2.7	0.0 - 13.6	0.0	-	100.0	-	0.0	-
Not sex worker/ PWUD	16.7	0.0 - 70.1	100.0	-	0.0	-	0.0	-
4. Male + female + transgender								
Sex worker	11.0	5.7 - 16.2	17.1	8.1 - 32.5	3.4	0.4 - 22.0	21.1	7.8 - 45.6
PWUD	16.6	10.0 - 23.2	9.8	3.6 - 24.1	20.7	9.3 - 39.8	5.3	0.7 - 31.0
Sex worker + PWUD	3.5	0.0 - 9.2	4.9	1.1 - 18.4	13.8	5.1 - 32.3	5.3	0.7 - 31.0
Not sex worker/PWUD	69.0	60.2 – 77.7	20.0	52.0 - 81.1	62.1	42.9 – 78.1	68.4	44.3 - 85.5

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size); PWUD = People who use drugs.

Table 2. *(Cont'd)*

Characteristic	District							
	H. Manado		I. Makassar		J. Manokwari		K. Jayapura	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Male								
Sex worker	22.2	5.3 - 59.5	30.0	13.6 - 53.7	0.0	-	10.7	0.9 - 20.4
PWUD	11.1	1.4 - 52.2	10.0	2.4 - 33.8	0.0	-	0.0	-
Sex worker + PWUD	0.0	0.0 - 0.0	5.0	0.6 - 30.0	0.0	-	0.0	-
Not sex worker/PWUD	66.7	32.0 - 89.5	55.0	32.8 - 75.4	100.0	-	89.3	79.6 - 99.1
2. Female								
Sex worker	0.0	0.0 - 0.0	20.0	2.5 - 71.1	0.0	-	4.2	0.0 - 9.1
PWUD	40.0	9.4 - 81.2	0.0	-	0.0	-	0.0	-
Sex Worker + PWUD	20.0	2.5 - 71.1	0.0	-	0.0	-	0.0	-
Not sex worker/PWUD	40.0	9.4 - 81.2	80.0	28.9-97.5	100.0	-	95.8	90.9 - 100.0
3. Transgender + other								
Sex worker	0.0	-	33.3	3.9 - 85.9	0.0	-	50.0	-
PWUD	0.0	-	0.0	-	0.0	-	0.0	-
Sex worker + PWUD	0.0	-	66.7	14.1 - 96.1	0.0	-	0.0	-
Not sex worker/ PWUD	0.0	-	0.0	-	100.0	-	50.0	-
4. Male + female + transgender								
Sex worker	14.3	3.4 - 44.3	28.6	14.5 - 48.5	0.0	-	9.2	2.7 - 15.7
PWUD	21.4	6.7 - 50.8	7.1	1.7 - 25.6	0.0	-	0.0	-
Sex worker + PWUD	7.1	0.9 - 39.1	10.7	3.3 - 29.5	0.0	-	0.0	-
Not sex worker/PWUD	57.1	30.7 – 80.1	53.6	34.7 – 71.5	100.0	-	90.8	84.3 – 97.3

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size); PWUD = People who use drugs.

Indonesia

Table 3. Sociodemographic characteristics, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Age (years)								
18 - 24	11.8	8.0 - 15.7	12.2	7.6 - 16.9	11.1	3.5 - 18.8	11.8	1.7 - 21.9
25 - 29	25.9	20.7 - 31.1	26.7	20.4 - 33.0	25.0	15.0 - 35.1	21.4	5.0 - 37.8
30 - 34	19.0	15.3 - 22.7	19.7	14.6 - 24.8	18.4	13.0 e- 23.8	13.5	1.1 - 26.0
35 - 39	21.6	17.1 - 26.1	19.5	15.4 - 23.5	27.1	17.0 - 37.3	10.1	1.2 - 18.9
40 - 44	9.7	7.6 - 11.8	10.8	8.0 - 13.6	7.8	4.5 - 11.1	8.4	0.1 - 16.6
45 - 49	6.7	4.8 - 8.6	7.4	4.9 - 9.9	4.6	1.9 - 7.4	11.8	0.2 - 23.3
≥50	5.3	3.6 - 6.9	3.6	2.0 - 5.2	5.8	2.6 - 9.0	23.0	9.9 - 36.1
2. Currently in school[a]								
Yes	3.3	0.8 - 5.7	4.5	0.7 - 8.3	1.5	0.0 - 3.1	0.0	-
No	96.7	94.3 - 99.2	95.5	91.7 - 99.3	98.5	96.9 - 100.0	100.0	-
3. Educational attainment								
No formal education	0.5	0.0 - 1.2	0.4	0.0 - 1.2	0.7	0.0 - 2.4	0.0	-
Primary/elementary	7.6	3.9 - 11.3	2.9	1.4 - 4.4	16.5	6.8 - 26.2	7.1	0.0 - 14.2
Secondary, junior	14.0	11.1 - 16.8	11.6	8.3 - 14.9	17.7	12.2 - 23.2	18.4	4.0 - 32.8
Secondary, high	62.1	56.7 - 67.4	66.7	60.4 - 73.0	53.8	43.3 - 64.3	59.5	41.8 - 77.2
Tertiary/college/university	15.9	11.3 - 20.4	18.4	12.6 - 24.3	11.2	3.5 - 19.0	15.0	2.9 - 27.0
4. Employment status								
Employee, full-time	33.4	28.5 - 38.2	43.1	36.9 - 49.3	17.2	8.6 - 25.7	18.4	5.7 - 31.1
Employee, part-time	14.9	10.7 - 19.1	15.6	10.6 - 20.6	12.6	4.4 - 20.8	20.9	6.5 - 35.4
Self-employed, full-time	11.1	8.7 - 13.5	11.7	8.6 - 14.9	9.9	5.8 - 14.1	11.2	1.7 - 20.7
Self-employed, part-time	21.1	16.2 - 25.9	19.1	13.4 - 24.8	23.4	13.5 - 33.2	30.5	14.7 - 46.3

Table 3. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Unemployed	19.6	15.3 - 23.8	10.5	5.9 - 15.2	36.9	27.5 - 46.3	19.0	6.5 - 31.4
5. Unable to meet basic needs in the last 12 months								
Never	78.2	74.8 - 81.6	79.7	75.4 - 84.1	75.5	69.7 - 81.4	77.1	63.1 - 91.2
Sometimes	19.4	16.1 - 22.6	17.9	13.8 - 22.0	21.6	16.2 - 26.9	22.9	8.8 - 36.9
Most of the time	2.4	1.2 - 3.6	2.4	0.9 - 3.8	2.9	0.4 - 5.5	0.0	-

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Including tertiary/college/university education.

Indonesia

Table 4. Other background characteristics, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Duration of HIV diagnosis								
1-2 year	41.3	36.1 - 46.6	47.1	41.3 - 52.8	31.5	21.3 - 41.7	35.1	18.0 - 52.2
2-5 year	34.4	29.9 - 39.0	32.5	27.6 - 37.4	37.3	27.7 - 46.9	40.2	21.4 - 59.0
5-10 year	17.2	13.6 - 20.7	14.3	10.8 - 17.7	23.1	14.9 - 31.4	13.9	2.2 - 25.7
≥10 year	7.1	4.4 - 9.7	6.2	4.0 - 8.4	8.1	1.4 - 14.8	10.7	0.6 - 20.8
2. Currently have partner								
Yes	53.6	48.2 - 59.0	48.3	41.9 - 54.7	67.6	57.5 - 77.8	25.9	10.7 - 41.2
No	46.4	41.0 - 51.8	51.7	45.3 - 58.1	32.4	22.2 - 42.5	74.1	58.8 - 89.3
3. Partner also HIV+								
Yes	33.5	27.8 - 39.3	31.7	24.3 - 39.0	37.3	27.5 - 47.2	16.6	0.0 - 50.9
No	57.4	50.7 - 64.2	62.2	54.3 - 70.1	49.7	37.0 - 62.5	69.5	43.6 - 95.3
Not sure	9.0	4.7 - 13.3	6.2	3.3 - 9.0	12.9	3.4 - 22.4	13.9	0.0 - 34.3
4. Number of children in household								
None	41.4	36.2 - 46.7	49.1	42.6 - 55.5	23.2	14.6 - 31.8	66.2	49.8 - 82.6
1-2	37.9	32.8 - 43.0	31.1	26.0 - 36.2	53.4	43.0 - 63.9	20.1	7.6 - 32.6
≥3	20.7	16.3 - 25.1	19.8	14.5 - 25.2	23.4	14.6 - 32.1	13.6	0.5 - 26.8
5. Do you belong to the following groups?								
A. Minority (race, ethnic, religion)								
Yes	8.6	6.5 - 10.7	6.8	4.5 - 9.1	11.9	7.3 - 16.5	8.8	0.0 - 18.8
No	91.4	89.3 - 93.5	93.2	90.9 - 95.5	88.1	83.5 - 92.7	91.2	81.2 - 100.0

Table 4. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
B. Member of an indigenous/ aboriginal group[a]								
Yes	22.7	18.7 - 26.6	22.7	18.5 - 27.0	22.4	13.9 - 30.9	23.2	7.6 - 38.7
No	77.3	73.4 - 81.3	77.3	73.0 - 81.5	77.6	69.1 - 86.1	76.8	61.3 - 92.4
C. Living with disability								
Yes	0.6	0.0 - 1.2	0.9	0.0 - 1.9	0.0	0.0	0.0	-
No	99.4	98.8 - 100.0	99.1	98.1 - 100.0	100.0	100.0	100.0	-
D. Asylum seeker								
Yes	0.9	0.2 - 1.6	1.0	0.1 - 2.0	0.6	0.0 - 2.5	1.7	0.0 - 7.2
No	99.1	98.4 - 99.8	99.0	98.0 - 99.9	99.4	97.5 - 100.0	98.3	94.9 - 100.0
E. Migrant worker								
Yes	0.5	0.0 - 1.2	0.9	0.0 - 2.0	0.0	-	0.0	-
No	99.5	98.8 - 100.0	99.1	98.0 - 100.0	100.0	-	100.0	-
F. Internally displaced person								
Yes	0.6	0.1 - 1.1	0.5	0.0 - 1.0	0.3	0.0 - 1.4	4.1	0.0 - 12.9
No	99.4	98.9 - 99.9	99.5	99.0 - 100.0	99.7	98.6 - 100.0	95.9	90.5 - 100.0
G. People who have been incarcerated								
Yes	0.5	0.0 - 1.2	0.6	0.0 - 1.6	0.3	0.0 - 1.2	0.0	-
No	99.5	98.8 - 100.0	99.4	98.4 - 100.0	99.7	98.8 - 100.0	100.0	-

Table 4. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
6. Member of a network/ support group for PLHIV[b]								
Yes	26.8	22.4 - 31.3	29.2	23.2 - 35.2	21.2	15.1 - 27.3	35.3	18.9 - 51.7
No	73.2	68.7 - 77.6	70.8	64.8 - 76.8	78.8	72.7 - 84.9	64.7	48.3 - 81.1

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; PLHIV = People living with HIV/AIDS; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Biased estimate. See the section on limitations for a discussion on the bias caused by this term.

[b] = Including online or social media support group (Facebook, WhatsApp, etc.).

was more likely to be nonconsensual (**Table 5**). More females reported disclosure to partners/spouses and other family members, while transgenders were more likely to report disclosure to their friends, employers, and coworkers. Nonconsensual disclosure was highest in these genders and with the same disclosure target groups. Overall, nonconsensual disclosure appears related to social contacts, suggesting that people with whom PLHIV have considerable interactions are those who were more likely to be nonconsensually disclosed to. For the most part, the prevalence of nonconsensual disclosure was relatively small to negligible, with the largest being 5.2% (nonconsensual disclosure to friends) for total and 17.5% (nonconsensual disclosure of transgenders to their friends) by gender.

More PLHIV were in agreement that disclosure to people with whom they had close relationship was a positive experience and this would facilitate support from them (**Table 6**). On the contrary, a majority expressed disagreement against the idea of disclosing to those they do not know well. More than one third of PLHIV (36.2%) agreed that disclosure eased with time in total, and more so for transgenders (55.3%) compared to male (35.6%) and female PLHIV (34.5%).

3.4. Experience of stigma and discrimination related to HIV status

SAD experienced in the form of exclusion from social, religious, and family activities was very low, with approximately 97% PLHIV reporting to never have such an experience (**Table 7**). Despite these very low proportions, female and transgender PLHIV reported a greater proportion of exclusion from family activities beyond 12 months ago (2.1% and 2.7%, respectively) and no recent experience compared to their male counterparts who reported a meagre 0.6% and 0.8% for the two figures, respectively. Experience of discriminatory remarks from family or other people was somewhat lower (~86% reported no experience) for total, yet more pronounced in female and transgender PLHIV for either perpetrator. Male and female PLHIV reported experiencing verbal abuse in similar rates either recently (2.8% *vs*. 2.9%) or before (4.1% *vs*. 5.2%), whereas comparatively more transgenders reported more recent experience (6.9%).

Nearly all PLHIV (~97%) never experienced extortion or physical abuse; and contrary to the conventional wisdom, female or transgender PLHIV reported low or zero experience of either form of SAD either recently or before compared to their male counterparts (**Table 7**). Workplace SAD was also relatively rare, with ~89% PLHIV reporting to never have such an experience. Transgenders reported zero incidence of employment refusal or dismissal, perhaps due to their marginalized position in the mainstream workforce that forces them to seek livelihood in informal or niched sectors (e.g., beauty), which are more accommodating of their gender identity. However, more transgenders also reported unfair treatment in the workplace (e.g., having job descriptions changed, being denied promotion) in recent times (2.9%) or before (2.7%) compared to their male (1.3% and 0.5%) and female counterparts (0.6% and 0.2%). SAD experienced by partners/spouses

Indonesia

Table 5. HIV status disclosure, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Disclosed to spouse/partner								
Yes - with consent	40.3	35.1 - 45.6	34.0	28.7 - 39.4	55.4	44.9 - 65.9	17.6	3.7 - 31.6
Yes - without consent	8.0	6.0 - 9.9	6.6	4.4 - 8.9	11.0	7.0 - 15.1	4.5	0.0 - 10.6
No	40.3	34.8 - 45.8	45.2	38.7 - 51.8	29.9	19.5 - 40.2	47.6	30.0 - 65.3
Not relevant	11.4	8.2 - 14.7	14.1	9.4 - 18.8	3.7	1.1 - 6.3	30.3	14.5 - 46.1
2. Disclosed to children								
Yes - with consent	8.3	6.1 - 10.5	6.5	3.9 - 9.1	12.2	7.7 - 16.7	4.2	0.0 - 16.9
Yes - without consent	1.0	0.3 - 1.7	1.2	0.1 - 2.3	0.8	0.0 - 1.6	0.0	-
No	74.6	70.8 - 78.4	71.4	66.1 - 76.7	82.8	77.5 - 88.0	59.0	41.9 - 76.2
Not relevant	16.2	12.9 - 19.4	20.9	16.1 - 25.7	4.3	1.8 - 6.8	36.8	20.1 - 53.5
3. Disclosed to family members								
Yes - with consent	41.3	36.0 - 46.5	37.2	31.4 - 43.0	48.6	38.0 - 59.2	44.2	27.7 - 60.6
Yes - without consent	5.0	3.4 - 6.5	4.6	2.7 - 6.5	6.0	3.0 - 8.9	2.8	0.0 - 8.0
No	48.9	43.4 - 54.4	54.0	47.5 - 60.6	39.3	29.7 - 48.9	47.6	29.9 - 65.3
Not relevant	4.9	0.9 - 8.8	4.1	0.0 - 8.7	6.1	0.0 - 14.3	5.5	0.0 - 31.0
4. Disclosed to friends								
Yes - with consent	21.1	17.4 - 24.7	22.7	18.5 - 26.9	15.9	8.3 - 23.5	34.5	18.5 - 50.6
Yes - without consent	5.2	3.5 - 6.9	5.7	3.4 - 7.9	2.6	0.4 - 4.7	17.5	4.8 - 30.1
No	68.2	63.3 - 73.1	65.9	59.7 - 72.0	78.2	70.0 - 86.4	31.0	16.0 - 46.1
Not relevant	5.6	2.2 - 8.9	5.7	0.9 - 10.6	3.4	0.9 - 5.8	17.0	2.3 - 31.7
5. Disclosed to neighbors								

Table 5. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Yes - with consent	2.4	1.4 - 3.4	2.4	1.2 - 3.7	2.7	0.9 - 4.5	0.2	0.0 - 1.2
yes- without consent	1.6	0.7 - 2.6	1.0	0.1 - 1.9	2.6	0.4 - 4.8	2.7	0.0 - 11.2
No	95.2	93.8 - 96.7	96.3	94.7 - 97.9	93.0	89.7 - 96.3	97.1	91.8 - 100.0
Not relevant	0.7	0.1 - 1.3	0.3	0.0 - 1.2	1.7	0.0 - 3.4	0.0	-
6. Disclosed to employer								
Yes - with consent	5.6	3.5 - 7.7	7.0	3.8 - 10.1	3.4	1.1 - 5.7	3.9	0.0 - 9.1
No- without consent	1.0	0.3 - 1.7	0.9	0.2 - 1.7	0.1	0.0 - 0.3	8.4	0.0 - 18.5
No	78.6	73.9 - 83.2	80.5	74.8 - 86.1	77.0	68.1 - 85.9	65.4	49.1 - 81.7
Not relevant	14.8	10.5 - 19.1	11.6	6.6 - 16.7	19.5	10.8 - 28.2	22.3	7.9 - 36.7
7. Disclosed to co-workers								
Yes - with consent	6.1	4.5 - 7.8	8.5	5.9 - 11.0	1.8	0.4 - 3.2	5.4	0.0 - 11.4
Yes- without consent	1.1	0.4 - 1.8	0.6	0.0 - 1.3	0.7	0.0 - 1.7	9.1	0.0 - 18.8
No	79.1	74.9 - 83.4	80.3	75.3 - 85.4	79.1	70.7 - 87.4	65.2	48.3 - 82.1
Not relevant	13.7	9.7 - 17.6	10.6	6.1 - 15.1	18.4	10.2 - 26.6	20.2	6.1 - 34.4
8. Disclosed to teacher/school administrator								
Yes - with consent	0.3	0.0 - 0.6	0.1	0.0 - 0.4	0.7	0.0 - 1.6	0.0	-
Yes- without consent	0.0	-	0.0	-	0.0	-	0.0	-
No	75.2	70.9 - 79.4	74.8	69.5 - 80.0	78.1	69.9 - 86.3	60.8	43.9 - 77.8
Not relevant	24.5	20.3 - 28.8	25.1	19.9 - 30.3	21.3	13.1 - 29.4	39.2	22.2 - 56.1
9. Disclosed to schoolmates								

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Table 5. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Yes - with consent	1.0	0.3 - 1.7	1.2	0.2 - 2.3	0.6	0.0 - 1.3	0.0	-
Yes- without consent	0.2	0.0 - 0.6	0.0	-	0.5	0.0 - 1.9	0.0	-
No	74.4	70.0 - 78.7	73.1	67.7 - 78.5	78.2	69.8 - 86.6	64.8	48.0 - 81.6
Not relevant	24.5	20.1 – 28.8	25.6	20.2 - 31.0	20.7	12.3 - 29.0	35.2	18.4 - 52.0
10.Disclosed to community leaders								
Yes - with consent	1.7	0.8 - 2.7	1.4	0.4 - 2.4	2.3	0.4 - 4.2	2.8	0.0 - 8.0
Yes- without consent	1.2	0.4 - 2.0	0.8	0.0 - 1.6	2.1	0.2 - 3.9	0.0	-
No	97.0	95.8 - 98.2	97.8	96.5 - 99.1	95.5	92.8 - 98.1	97.2	92.0 - 100.0
Not relevant	0.1	0.0 - 0.2	0.0	-	0.2	0.0 - 0.7	0.0	-

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

Table 6. Experience of HIV status disclosure, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Disclosure to people I am close to has been a positive experience								
Agree	48.7	43.4 - 54.1	50.1	43.6 - 56.6	45.9	35.5 - 56.3	50.1	32.2 - 68.0
Somewhat agree	18.6	14.9 - 22.4	19.8	14.7 - 25.0	16.0	11.2 - 20.8	20.4	4.6 - 36.2
Disagree	30.5	25.1 - 35.9	28.3	21.8 - 34.9	35.2	24.9 - 45.5	26.7	12.5 - 41.0
Not relevant	2.2	1.1 - 3.3	1.8	0.0 - 3.6	2.9	0.6 - 5.2	2.7	0.0 - 11.2
2. People who I am close to were supportive when they learned about my HIV status								
Agree	58.4	53.0 - 63.7	56.8	50.3 - 63.3	61.3	51.0 - 71.7	58.2	40.1 - 76.4
Somewhat agree	18.1	14.3 - 21.9	21.7	16.4 - 27.0	10.8	6.6 - 15.0	20.3	4.5 - 36.2
Disagree	21.0	16.2 - 25.7	18.3	13.1 - 23.5	26.5	16.5 - 36.6	18.7	6.3 - 31.1
Not relevant	2.6	1.4 - 3.7	3.2	1.7 - 4.8	1.3	0.0 - 4.0	2.7	0.0 - 11.2
3. Disclosing my HIV status to people I don't know very well has been a positive experience								
Agree	13.0	9.6 - 16.5	14.6	9.7 - 19.5	11.1	6.5 - 15.7	5.3	0.0 - 12.4
Somewhat agree	14.4	11.0 - 17.9	16.3	11.4 - 21.3	11.0	6.9 - 15.0	13.6	0.7 - 26.5
Disagree	70.2	65.6 - 74.8	66.1	59.8 - 72.4	76.6	70.6 - 82.7	78.4	63.7 - 93.2
Not relevant	2.4	1.3 - 3.4	2.9	1.4 - 4.4	1.3	0.0 - 2.7	2.7	0.0 - 11.2
4. People I don't know very well were supportive when they								

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Table 6. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
learned about my HIV status								
Agree	23.4	18.8 - 28.0	18.8	14.9 - 22.8	31.4	21.2 - 41.6	28.3	13.3 - 43.3
Somewhat agree	19.1	14.9 - 23.4	22.3	16.3 - 28.3	15.1	10.5 - 19.7	6.1	0.0 - 13.0
Disagree	52.0	46.6 - 57.4	52.2	45.7 - 58.7	50.2	39.7 - 60.7	61.6	45.1 - 78.1
Not relevant	5.4	3.7 - 7.2	6.7	4.2 - 9.1	3.3	1.0 - 5.7	4.0	0.0 - 9.7
5. Disclosure has become easier over time								
Agree	36.2	31.4 - 41.0	35.6	29.8 - 41.3	34.5	25.3 - 43.7	55.3	39.4 - 71.2
Somewhat agree	25.8	21.1 - 30.4	29.9	23.6 - 36.1	19.2	14.0 - 24.4	18.5	5.3 - 31.6
Disagree	35.3	29.9 - 40.7	31.1	24.8 - 37.3	45.0	35.3 - 54.7	24.9	11.3 - 38.6
Not relevant	2.7	1.5 - 3.9	3.5	1.8 - 5.3	1.3	0.0 - 2.9	1.3	0.0 - 7.9

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

Table 7. Stigma and discrimination experiences, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Excluded from social gatherings or activities because of HIV								
No	97.7	96.7 - 98.7	97.3	95.8 - 98.7	98.1	96.7 - 99.6	100.0	-
Yes, within the last 12 months	0.3	0.0 - 0.9	0.4	0.0 - 1.4	0.2	0.0 - 0.7	0.0	-
Yes, but not in the last 12 months	0.4	0.0 - 0.9	0.6	0.0 - 1.2	0.3	0.0 - 0.8	0.0	-
Not relevant	1.5	0.1 - 3.0	1.7	0.0 - 3.7	1.4	0.0 - 3.6	0.0	-
2. Excluded from religious activities because of HIV								
No	97.6	96.5 - 98.7	97.3	95.8 - 98.8	97.9	96.2 - 99.7	100.0	-
Yes, within the last 12 months	0.4	0.0 - 1.0	0.6	0.0 - 1.6	0.0	-	0.0	-
Yes, but not in the last 12 months	0.4	0.0 - 0.8	0.5	0.0 - 1.3	0.1	0.0 - 0.6	0.0	-
Not relevant	1.6	0.1 - 3.1	1.6	0.0 - 3.5	2.0	0.0 - 4.8	0.0	-
3. Excluded from family activities because of HIV								
No	97.1	96.0 - 98.3	97.1	95.6 - 98.7	97.1	95.1 - 99.0	97.3	88.8 - 100.0
Yes, within the last 12 months	0.4	0.0 - 1.1	0.6	0.0 - 1.8	0.0	-	0.0	-
Yes, but not in the last 12 months	1.3	0.5 - 2.2	0.8	0.0 - 1.7	2.1	0.3 - 4.0	2.7	0.0 - 11.2
Not relevant	1.1	0.4 - 1.9	1.4	0.0 - 3.1	0.8	0.1 - 1.5	0.0	-
4. Family member made discriminatory remarks because of HIV								

Table 7. *(Cont'd)*

Characteristic	Gender identity: Total Prev. (%)	Total 95% CI	Male Prev. (%)	Male 95% CI	Female Prev. (%)	Female 95% CI	Transgender + other Prev. (%)	Transgender + other 95% CI
No	87.8	84.0 - 91.5	91.1	88.4 - 93.8	82.7	73.4 - 92.0	79.1	64.1 - 94.0
Yes, within the last 12 months	4.5	1.7 - 7.3	3.1	1.3 - 4.8	7.6	0.1 - 15.0	2.7	0.0 - 11.2
Yes, but not in the last 12 months	6.9	4.2 - 9.6	4.9	3.0 - 6.8	9.3	2.5 - 16.1	16.7	2.3 - 31.0
Not relevant	0.8	0.2 - 1.4	0.9	0.1 - 1.8	0.5	0.0 - 1.4	1.6	0.0 - 9.7
5. Other people made discriminatory remarks because of HIV								
No	85.8	82.4 - 89.3	88.4	85.2 - 91.6	83.6	75.7 - 91.6	68.1	51.2 - 84.9
Yes, within the last 12 months	4.6	3.0 - 6.2	5.0	2.9 - 7.1	3.8	1.4 - 6.3	4.0	0.0 - 9.9
Yes, but not in the last 12 months	8.1	5.1 - 11.2	5.0	2.8 - 7.1	11.2	3.5 - 18.8	27.9	11.4 - 44.4
Not relevant	1.5	0.1 - 2.9	1.6	0.0 - 3.6	1.4	0.0 - 3.5	0.0	-
6. Verbal harassment because of HIV								
No	91.7	88.4 - 94.9	92.1	88.3 - 95.9	91.3	84.8 - 97.8	88.2	77.7 - 98.8
Yes, within the last 12 months	3.0	1.7 - 4.4	2.8	1.2 - 4.5	2.9	0.6 - 5.1	6.9	0.0 - 21.6
Yes, but not in the last 12 months	4.5	1.5 - 7.4	4.1	0.6 - 7.5	5.2	0.0 - 11.3	4.9	0.0 - 11.0
Not relevant	0.8	0.0 - 1.8	1.0	0.0 - 2.4	0.6	0.0 - 1.7	0.0	-
7. Blackmail because of HIV								
No	98.4	97.4 - 99.3	97.8	96.3 - 99.2	99.4	98.3 - 100.0	100.0	-
Yes, within the last 12 months	0.3	0.0 - 1.1	0.5	0.0 - 1.7	0.0	-	0.0	-
Yes, but not in the last 12 months	0.6	0.0 - 1.2	1.0	0.0 - 2.0	0.0	-	0.0	-
Not relevant	0.7	0.0 - 1.6	0.8	0.0 - 2.1	0.6	0.0 - 1.7	0.0	-
8. Physical harassment because of								

Table 7. *(Cont'd)*

Characteristic	Gender identity: Total Prev. (%)	Total 95% CI	Male Prev. (%)	Male 95% CI	Female Prev. (%)	Female 95% CI	Transgender + other Prev. (%)	Transgender + other 95% CI
HIV								
No	97.0	94.7 - 99.3	95.9	92.3 - 99.5	98.7	97.8 - 99.6	99.8	99.0 - 100.0
Yes, within the last 12 months	0.7	0.1 - 1.3	1.1	0.2 - 2.0	0.0	0.0 - 0.3	0.0	-
Yes, but not in the last 12 months	1.4	0.0 - 3.5	2.1	0.0 - 5.5	0.3	0.0 - 0.7	0.2	0.0 - 1.0
Not relevant	0.9	0.3 - 1.5	0.9	0.0 - 2.3	1.0	0.2 - 1.7	0.0	-
9. Employment refusal because of HIV								
No	90.5	87.3 - 93.6	92.1	89.4 - 94.7	88.2	80.8 - 95.7	85.9	73.1 - 98.8
Yes, within the last 12 months	1.1	0.3 - 1.9	1.7	0.4 - 3.0	0.0	-	0.0	-
Yes, but not in the last 12 months	2.6	0.2 - 5.0	1.6	0.5 - 2.6	4.9	0.0 - 22.0	0.0	-
Not relevant	5.9	4.0 - 7.8	4.7	2.5 - 6.8	6.9	3.4 - 10.4	14.1	1.2 - 26.9
10. Change in job description/denial of promotion because of HIV								
No	88.2	84.5 - 91.8	90.9	88.0 - 93.7	85.5	76.8 - 94.1	74.0	58.5 - 89.6
Yes, within the last 12 months	1.1	0.3 - 1.9	1.3	0.2 - 2.4	0.6	0.0 - 2.2	2.9	0.0 - 11.8
Yes, but not in the last 12 months	0.5	0.1 - 0.9	0.5	0.0 - 1.0	0.2	0.0 - 1.1	2.7	0.0 - 11.2
Not relevant	10.2	6.6 - 13.8	7.4	4.7 - 10.0	13.7	5.0 - 22.3	20.4	6.1 - 34.6
11. Partner/spouse experienced discrimination because of my HIV status								
No	84.1	80.4 - 87.8	83.5	79.5 - 87.6	87.7	79.8 - 95.6	67.3	50.9 - 83.8
Yes, within the last 12 months	1.2	0.0 - 2.5	1.0	0.0 - 2.5	1.7	0.0 - 4.7	0.0	-

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Table 7. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Yes, but not in the last 12 months	4.7	1.8 - 7.5	3.0	1.0-4.9	8.4	0.8-16.0	1.7	0.0-7.2
Not relevant	10.1	7.6 - 12.6	12.6	9.1-16.1	2.2	0.0-4.4	30.9	14.6-47.2

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

of PLHIV was 1.2% in recent times and 4.7% for the period before. Partners/spouses of female PLHIV generally had a higher likelihood of SAD either recently (1.7%) or in the period before (8.4%), compared to those of male (1.0% and 3.0%) and transgender PLHIV (0.0% and 1.7%).

3.5. Internalized stigma and resilience

3.5.1. Experience of internalized stigma in the past 12 months

A majority of PLHIV felt that their HIV status had no effect on their self-worth (self-confidence, self-respect), stress, social and intimate relationships (ability to respect others, have close relationships, or find love), aspiration for life goals (desire to have children, achieve personal and professional goals, contribute to the community), and religious observance (**Table 8**). The proportions reporting a negative effect varied by aspects of life that HIV status affected, from low <2% (ability to respect others, religious observance) to as high as ≥15% (stress, desire to have children). By gender, more female or transgenders PLHIV experienced a negative effect from HIV status than their male counterparts in self-confidence (female: 21.0% *vs*. male: 10.8%), self-respect (transgender: 26.2% *vs*. male: 9.8%), ability to respect others (transgender: 5.1% *vs*. male: 1.2%), manage stress (transgender: 26.2% *vs*. male:13.0%), have close relationships (transgender: 29.3% *vs*. male: 10.8%), or find love (transgender: 21.3% *vs*. male: 9.1%). However, transgenders were less likely to experience a negative effect in the other aspects of life compared to both male and female PLHIV. While more than half PLHIV (51.8%) reported better adaptation to life with respect to their HIV status compared to the period before the last 12 months, females had a higher percentage (56.9%) than males (49.2%) or transgenders (49.7%).

3.5.2. Responses to internalized stigma in the past 12 months

Table 9 lists actions PLHIV took in response to internalized stigma. For total, more than 10% PLHIV avoided social gatherings (11.9%) or care-seeking (10.7%) and refrained from sex (13.4%). By gender, more male and female PLHIV avoided social gatherings (11.9% and 13.4%) and care-seeking (10.1% and 13.1%) than transgenders. There was a marked difference across genders in responses for job-seeking, finding social support, and sexual refrainment in that transgenders (17.0%), females (14.7%), and males (15.1%) were the more affected group, respectively

3.5.3. Other responses to internalized stigma

Table 10 describes how HIV affected internal beliefs and feelings. Most PLHIV (77.3%) agreed on the inherent difficulty to disclose to other people, and more so in proportions for transgenders (84.4%) than males (78.5%) or females (73.9%). More male (25.4%) and female (28.8%) PLHIV felt that they became 'dirty' because of their HIV status than their transgender counterparts

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Table 8. Experience of internalized stigma in the last 12 months, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. How the following has been affected by my HIV status:								
A Self-confidence								
Positively	20.8	16.8 - 24.9	24.0	18.3 - 29.8	15.2	10.0 - 20.4	18.1	6.9 - 29.2
Not affected	61.9	56.6 - 67.2	62.4	56.3 - 68.5	60.2	49.7 - 70.6	67.4	52.4 - 82.4
Negatively	14.3	9.9 - 18.7	10.8	7.8 - 13.7	21.0	10.7 - 31.3	14.5	2.2 - 26.9
Not relevant	3.0	1.7 - 4.2	2.8	1.3 - 4.3	3.7	0.0 - 7.7	0.0	-
B. Self-respect								
Positively	17.7	13.6 - 21.9	21.5	15.5 - 27.4	11.9	7.3 - 16.5	9.0	1.5 - 16.6
Not affected	68.0	63.1 - 73.0	66.1	59.8 - 72.3	72.4	63.6 - 81.1	64.8	47.6 - 82.0
Negatively	11.5	8.2 - 14.8	9.8	6.9 - 12.8	12.3	4.6 - 19.9	26.2	9.1 - 43.3
Not relevant	2.8	1.6 - 3.9	2.6	1.3 - 4.0	3.4	1.1 - 5.7	0.0	-
C. Ability to respect others								
Positively	24.7	20.2 - 29.3	26.7	21.1 - 32.3	22.4	13.7 - 31.1	15.2	3.9 - 26.4
Not affected	72.0	67.4 - 76.6	70.4	64.8 - 76.1	73.9	65.0 - 82.7	79.5	66.3 - 92.6
Negatively	1.3	0.5 - 2.2	1.2	0.2 - 2.2	1.0	0.0 - 3.3	5.4	0.0 - 12.7
Not relevant	2.0	1.1 - 2.9	1.7	0.6 - 2.8	2.8	0.8 - 4.7	0.0	-
D. Ability to cope with stress								
Positively	24.5	19.7 - 29.3	25.5	20.0 - 30.9	24.6	14.7 - 34.4	11.6	2.2 - 21.0
Not affected	58.0	52.6 - 63.4	59.2	52.9 - 65.6	55.3	45.6 - 64.9	62.2	48.0 - 76.4
Negatively	15.0	10.6 - 19.4	13.0	8.3 - 17.7	16.8	7.3 - 26.3	26.2	12.4 - 39.9
Not relevant	2.5	1.5 - 3.6	2.3	1.0 - 3.6	3.3	1.3 - 5.4	0.0	-

Table 8. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
E. Ability to have intimate relationships								
Positively	18.5	14.8 - 22.1	20.5	16.5 - 24.5	15.5	7.6 - 23.5	11.3	2.4 - 20.1
Not affected	66.9	61.8 - 72.0	66.8	61.2 - 72.4	68.5	58.3 - 78.6	59.4	42.4 - 76.4
Negatively	12.7	8.5 - 17.0	10.8	6.4 - 15.3	13.9	4.8 - 23.0	29.3	11.9 - 46.7
Not relevant	1.9	0.9 - 2.9	1.9	0.5 - 3.2	2.1	0.3 - 3.9	0.0	-
F. Ability to find love								
Positively	23.3	19.3 - 27.4	24.6	20.2 - 29.0	22.1	13.4 - 30.8	14.7	4.3 - 25.1
Not affected	64.8	59.8 - 69.8	64.8	58.9 - 70.6	66.0	55.9 - 76.1	59.0	42.2 - 75.7
Negatively	9.6	5.9 - 13.4	9.1	4.7 - 13.5	8.8	1.5 - 16.1	21.3	5.1 - 37.6
Not relevant	2.2	1.1 - 3.3	1.5	0.4 - 2.7	3.1	0.9 - 5.3	5.0	0.0 - 13.0
G. Desire to have children								
Positively	19.7	15.7 - 23.6	20.3	16.2 - 24.5	17.2	8.6 - 25.8	26.2	10.0 - 42.4
Not affected	52.1	46.8 - 57.4	52.7	46.5 - 58.9	53.8	43.6 - 64.0	36.0	20.6 - 51.5
Negatively	19.2	14.6 - 23.9	18.9	13.8 - 24.1	21.2	11.4 - 31.0	9.8	0.5 - 19.1
Not relevant	9.0	6.8 - 11.3	8.0	5.3 - 10.7	7.8	4.1 - 11.5	28.0	12.1 - 43.9
H. Achievement of my personal and professional goals								
Positively	18.7	14.8 - 22.5	19.2	15.3 - 23.2	16.1	7.7 - 24.4	27.0	11.8 - 42.2
Not affected	69.7	64.8 - 74.6	70.1	64.8 - 75.4	70.3	60.3 - 80.3	63.2	46.8 - 79.6
Negatively	8.6	4.9 - 12.3	8.3	4.4 - 12.2	10.0	1.7 - 18.2	3.9	0.0 - 16.6
Not relevant	3.0	0.9 - 5.0	2.4	0.1 - 4.7	3.7	0.0 - 7.8	5.9	0.0 - 19.5

Table 8. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
I. Ability to contribute to the co-mmunity								
Positively	22.6	18.1 - 27.1	20.7	16.4 - 25.0	23.2	13.4 - 33.0	40.7	23.2 - 58.2
Not affected	67.5	62.5 - 72.5	67.3	61.7 - 73.0	69.2	59.1 - 79.3	59.3	41.8 - 76.8
Negatively	4.2	1.6 - 6.8	6.1	2.1 - 10.2	1.2	0.0 - 2.4	0.0	-
Not relevant	5.7	4.0 - 7.4	5.8	3.6 - 8.0	6.4	3.3 - 9.5	0.0	-
J. Ability to practice religion/faith								
Positively	29.4	24.7 - 34.1	29.5	24.6 - 34.5	26.8	17.0 - 36.7	43.3	26.2 - 60.4
Not affected	67.8	63.0 - 72.7	67.1	62.0 - 72.3	71.1	61.2 - 81.1	56.7	39.6 - 73.8
Negatively	1.4	0.3 - 2.5	1.8	0.3 - 3.2	0.9	0.0 - 5.3	0.0	-
Not relevant	1.4	0.0 - 2.8	1.6	0.0 - 3.5	1.1	0.0 - 3.4	0.0	-
2. Effect of HIV status compared to 12 months ago								
Better	51.8	46.5 – 57.0	49.2	43.1 - 55.3	56.9	46.3 – 67.6	49.7	33.2 - 66.1
About the same	41.7	36.3 – 47.1	43.6	37.1 – 50.1	37.3	26.9 – 47.7	46.2	30.3 - 62.1
Worse	5.5	2.0 – 9.1	6.2	1.9 – 10.4	5.2	0.0 – 12.4	0.0	-
Not applicable	1.0	0.0 – 2.3	1.0	0.0 – 2.5	0.6	0.0 – 2.4	4.2	0.0 - 16.9

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

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Table 9. Response to internalized stigma in the last 12 months, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Did not attend social gatherings								
No	86.5	82.2 - 90.8	86.5	81.8 - 91.2	85.4	76.2 - 94.6	92.9	78.0 - 100.0
Yes	11.9	7.7 - 16.1	11.9	7.3 - 16.4	13.4	4.2 - 22.5	2.9	0.0 - 11.8
Not applicable	1.6	0.7 - 2.5	1.6	0.4 - 2.8	1.2	0.0 - 3.5	4.2	0.0 - 16.9
2. Did not seek health care								
No	88.4	83.8 - 93.0	88.8	83.4 - 94.3	86.7	77.4 - 96.0	92.9	84.1 - 100.0
Yes	10.7	6.1 - 15.3	10.1	4.6 - 15.5	13.0	3.8 - 22.3	2.9	0.0 - 13.8
Not applicable	0.9	0.2 - 1.7	1.1	0.1 - 2.1	0.2	0.0 - 1.0	4.2	0.0 - 16.9
3. Did not apply jobs								
No	85.4	82.0 - 88.8	88.3	85.1 - 91.5	81.5	73.4 - 89.6	75.0	60.7 - 89.4
Yes	7.0	4.1 - 9.8	4.5	2.5 - 6.5	10.2	2.8 - 17.5	17.0	4.8 - 29.2
Not applicable	7.6	5.6 - 9.7	7.2	4.7 - 9.8	8.3	4.4 - 12.2	8.0	0.0 - 17.0
4. Did not seek social support								
No	88.6	84.7 - 92.6	90.5	87.4 - 93.5	84.7	75.1 - 94.3	91.4	81.6 - 100.0
Yes	9.5	5.7 - 13.3	7.3	4.6 - 9.9	14.7	5.1 - 24.2	2.9	0.0 - 11.8
Not applicable	1.9	0.8 - 3.0	2.3	0.7 - 3.9	0.6	0.0 - 2.5	5.8	0.0 - 14.2
5. Isolated myself from family and friends								
No	92.1	89.0 - 95.1	92.8	90.3 - 95.3	91.3	83.6 - 99.0	87.9	76.5 - 99.4
Yes	7.0	4.0 - 10.0	6.4	4.1 - 8.8	7.9	0.3 - 15.5	7.9	0.0 - 17.1
Not applicable	1.0	0.0 - 2.2	0.8	0.0 - 2.2	0.8	0.0 - 2.9	4.2	0.0 - 16.9

Table 9. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
6. Decided to not have sex								
No	85.3	81.8 - 88.8	83.5	78.5 - 88.6	88.9	84.9 - 92.9	83.0	70.5 - 95.4
Yes	13.4	10.0 - 16.9	15.1	10.1 - 20.0	10.4	6.5 - 14.2	12.9	2.6 - 23.1
Not applicable	1.3	0.0 - 2.7	1.4	0.0 - 3.1	0.7	0.0 - 2.7	4.2	0.0 - 16.9

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

Stigma Index

Table 10. Other responses to internalized stigma, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. It's difficult to tell other people to about my HIV status								
Disagree	22.7	19.3 - 26.1	21.5	17.4 - 25.7	26.1	19.4 - 32.7	15.6	4.3 - 26.9
Agree	77.3	73.9 - 80.7	78.5	74.3 - 82.6	73.9	67.3 - 80.6	84.4	73.1 - 95.7
2. Being HIV positive makes me feel dirty								
Disagree	74.0	68.7 - 79.3	74.6	68.2 - 81.0	71.2	60.9 - 81.5	85.2	73.7 - 96.7
Agree	26.0	20.7 - 31.3	25.4	19.0 - 31.8	28.8	18.5 - 39.1	14.8	3.3 - 26.3
3. I feel guiltythat I am HIV positive								
Disagree	59.4	54.1 - 64.6	53.5	47.0 - 60.0	69.8	60.6 - 79.1	63.1	45.1 - 81.0
Agree	40.6	35.4 - 45.9	46.5	40.0 - 53.0	30.2	20.9 - 39.4	36.9	19.0 - 54.9
4. I am ashamed that I am HIV positive								
Disagree	61.7	56.3 - 67.0	63.2	56.7 - 69.6	57.5	47.9 - 67.0	71.8	55.9 - 87.7
Agree	38.3	33.0 - 43.7	36.8	30.4 - 43.3	42.5	33.0 - 52.1	28.2	12.3 - 44.1
5. Sometimes I feel worthless because I'm HIV positive								
Disagree	68.4	63.1 - 73.6	70.5	64.4 - 76.6	64.5	54.1 - 74.9	67.3	50.7 - 84.0
Agree	31.6	26.4 - 36.9	29.5	23.4 - 35.6	35.5	25.1 - 45.9	32.7	16.0 - 49.3
6. I hide my HIV status from others								

Table 10. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Disagree	18.4	15.5 - 21.3	18.4	14.7 - 22.0	19.7	14.1 - 25.2	9.8	1.2 - 18.4
Agree	81.6	78.7 - 84.5	81.6	78.0 - 85.3	80.3	74.8 - 85.9	90.2	81.6 - 98.8

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

(14.8%). Males were also more likely to experience guilt (46.5%), while for females a feeling of shame (42.5%) and worthlessness (35.5%) manifested more than any other gender. Consistent with the difficulty in disclosure, most PLHIV (81.6%) agreed on concealing their HIV status, although agreement was highest for transgenders (90.2%).

3.6. Interactions with health care services

3.6.1. General health status

About 65% PLHIV rated their health as 'good', with no notable difference across genders (**Table 11**). The prevalence of recent tuberculosis diagnosis was 10.3% and in a consistent range across genders. More males were recently diagnosed with viral hepatitis (8.2%), compared to females (2.4%) and transgenders (0.0%), highlighting a possible gender gap in access to care. Transgenders were at a strikingly high risk of sexually transmitted infections with a 28.5% rate of recent diagnosis in this group compared to males (11.4%) or females (3.5%). Recent diagnosis of mental conditions was more prevalent in males (23.4%) and transgenders (20.6%) than in females (11.2%). Access to treatment generally mirrored these diagnosis rates but low for mental conditions. More than half PLHIV reported having at least one episode of constant worry (64.2%), lackluster (57.1%), or depression (51%) in the past two weeks, with only a handful seeking care and support for these mood disorders.

3.6.2. HIV testing

Almost all PLHIV (86.9%) chose to test for HIV out of conscious decision. About 7.5% males, 10.5% females, and 2.0% transgenders tested for HIV without consent where PLHIV were unaware until after the fact (**Table 12**). A majority tested for HIV because of the recommendation from their health care providers or the perceived risk of contracting HIV. About three quarters of PLHIV took their first HIV test within six months of consideration.

3.6.3. Factors affecting timely receipt of HIV care

More than half (53.6%) PLHIV reported hesitation to test for HIV due to fears of reaction from other people if positive (**Table 13**). Fear about people knowing their HIV status was reported to delay care-seeking in more than half of PLHIV, with differing rates if the fear was related to family and close friends (64.9%) and other people (72.6%). Lower proportions reported being not ready (46.2%), fear of disclosure by health care providers (31.5%), and past unpleasant experience with staff in the health care setting (12.2%).

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Table 11. General health condition, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Current health condition								
Good	65.0	59.7 - 70.2	65.8	59.6 - 72.0	63.4	52.8 - 74.1	64.6	48.0 - 81.3
Fair	30.2	25.3 - 35.0	28.6	23.3 - 33.9	32.8	22.4 - 43.2	31.2	15.8 - 46.6
Poor	4.9	1.0 - 8.7	5.6	0.6 - 10.6	3.8	0.0 - 20.7	4.2	0.0 - 16.9
2. Diagnosis of the following in the last 12 months								
A. Tuberculosis								
No	89.7	86.4 - 92.9	90.1	87.2 - 93.0	88.7	80.9 - 96.5	90.9	82.2 - 99.7
Yes	10.3	7.1 - 13.6	9.9	7.0 - 12.8	11.3	3.5 - 19.1	9.1	0.3 - 17.8
B. Hepatitis A/B/C								
No	94.1	92.3 - 95.9	91.8	89.1 - 94.5	97.6	95.3 - 99.9	100.0	-
Yes	5.9	4.1 - 7.7	8.2	5.5 - 10.9	2.4	0.1 - 4.7	0.0	-
C. Sexually transmitted infection (e.g., herpes, syphilis, etc.)								
No	90.3	87.0 - 93.6	88.6	83.9 - 93.3	96.5	94.0 - 98.9	71.5	57.2 - 85.7
Yes	9.7	6.4 - 13.0	11.4	6.7 - 16.1	3.5	1.1 - 6.0	28.5	14.3 - 42.8
D. Mental health condition (e.g., depression, insomnia, etc.)								
No	80.8	76.6 - 85.0	76.6	70.6 - 82.6	88.8	84.8 - 92.8	79.4	65.8 - 93.0
Yes	19.2	15.0 - 23.4	23.4	17.4 - 29.4	11.2	7.2 - 15.2	20.6	7.0 - 34.2

Table 11. *(Cont'd)*

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
3. Obtained treatment for the above condition(s)								
A. Tuberculosis								
No	0.4	0.0 - 0.9	0.6	0.0 - 1.5	0.0	0.0 - 0.0	0.0	-
Yes	9.8	6.6 - 13.0	9.1	6.3 - 11.8	11.2	3.5 - 18.9	9.0	0.3 - 17.8
Not applicable	89.9	86.6 - 93.1	90.4	87.5 - 93.2	88.8	81.1 - 96.5	91.0	82.2 - 99.7
B. Hepatitis A/B/C								
No	2.7	1.5 - 3.9	3.7	1.9 - 5.4	1.3	0.0 - 2.9	0.0	-
Yes	3.2	1.8 - 4.6	4.5	2.4 - 6.6	1.1	0.0 - 5.1	0.0	-
Not applicable	94.1	92.3 - 95.9	91.8	89.1 - 94.5	97.6	95.3 - 99.9	100.0	-
C. Sexually transmitted infection								
No	1.0	0.1 - 2.0	0.6	0.0 - 1.2	0.6	0.0 - 1.8	9.4	0.0 - 22.0
Yes	8.7	5.4 - 11.9	10.9	6.1 - 15.7	2.9	0.7 - 5.2	18.6	5.1 - 32.0
Not applicable	90.3	86.9 - 93.6	88.5	83.7 - 93.3	96.4	93.9 - 98.9	72.0	57.9 - 86.0
D. Mental health condition								
No	11.0	8.6 - 13.4	12.8	9.4 - 16.1	7.4	4.0 - 10.7	12.9	1.4 - 24.4
Yes	8.1	4.6 - 11.7	10.6	5.2 - 15.9	3.8	1.3 - 6.4	7.7	0.0 - 16.1
Not applicable	80.9	76.7 - 85.0	76.7	70.8 - 82.6	88.8	84.8 - 92.8	79.4	65.8 - 93.0
4. Experienced any of the following problems in the last 2 weeks								
A. Feeling nervous, anxious, on edge								

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Table 11. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Never	48.8	43.6 - 53.9	49.4	43.4 - 55.4	48.6	38.1 - 59.0	42.0	25.2 - 58.7
Once or twice	37.8	32.4 - 43.1	38.9	32.6 - 45.3	35.7	25.1 - 46.2	38.2	21.4 - 55.0
Several times	7.5	5.3 - 9.6	6.9	4.3 - 9.5	8.0	4.3 - 11.7	10.3	0.0 - 43.6
Most of the time	6.0	4.1 - 7.8	4.8	2.8 - 6.8	7.8	3.9 - 11.7	9.5	0.0 - 20.1
B. Not being able to stop or control worrying								
Never	64.2	59.0 - 69.4	63.8	57.5 - 70.2	65.3	56.4 - 74.3	62.7	48.1 - 77.3
Once or twice	23.9	19.3 - 28.5	26.8	20.6 - 32.9	17.9	12.7 - 23.2	25.7	10.8 - 40.6
Several times	5.8	3.2 - 8.5	3.6	2.0 - 5.2	10.8	3.6 - 17.9	0.9	0.0 - 5.4
Most of the time	6.1	3.1 - 9.1	5.8	1.6 - 10.0	6.0	2.4 - 9.6	10.7	0.0 - 24.5
C. Having little interest/pleasure								
Never	57.1	51.9 - 62.3	54.9	49.0 - 60.9	61.7	51.1 - 72.2	53.4	35.8 - 71.0
Once or twice	28.0	23.0 - 33.1	28.7	22.9 - 34.6	25.3	15.1 - 35.5	37.6	20.5 - 54.8
Several times	7.0	4.1 - 9.9	8.0	3.7 - 12.2	5.5	2.6 - 8.5	4.5	0.0 - 19.1
Most of the time	7.8	4.0 - 11.7	8.4	2.7 - 14.0	7.5	3.4 - 11.6	4.4	0.0 - 14.2
D. Feeling down,depressed, hopeless								
Never	51.0	46.1 - 55.8	52.5	46.5 - 58.4	47.3	37.8 - 56.7	55.8	38.2 - 73.5
Once or twice	32.9	27.6 - 38.2	33.8	27.4 - 40.2	30.7	20.2 - 41.1	35.8	19.7 - 51.9
Several times	8.9	5.0 - 12.9	7.9	3.4 - 12.5	11.7	3.5 - 19.9	4.2	0.0 - 16.9
Most of the time	7.2	3.8 - 10.6	5.8	1.9 - 9.7	10.3	3.2 - 17.5	4.2	0.0 - 11.7
5. Received support for the above								

Table 11. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
problem								
Yes	13.7	10.1 - 17.2	16.9	11.7 - 22.0	7.6	3.9 - 11.3	14.1	3.5 - 24.6
No	47.2	41.9 - 52.4	46.7	40.4 - 52.9	48.2	37.8 - 58.6	46.8	29.4 - 64.2
Prefer not to answer	8.3	5.1 - 11.5	6.4	3.7 - 9.0	11.2	3.1 - 19.3	13.2	0.6 - 25.8
Did not experience any problem	30.9	26.9 - 34.8	30.1	26.0 - 34.2	33.1	24.2 - 42.0	25.9	12.8 - 39.0

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

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Table 12. Decision to take HIV test, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Choice to be tested for HIV								
My choice	86.9	82.9 - 91.0	88.4	85.2 - 91.6	83.0	73.2 - 92.8	95.3	84.9 -100.0
My choice, but pressured	4.3	1.3 - 7.2	3.3	1.2 - 5.3	6.4	0.0 - 14.1	2.7	0.0 - 11.2
Tested without my knowledge	8.3	5.2 - 11.3	7.5	5.1 - 9.9	10.5	2.9 - 18.2	2.0	0.0 - 8.3
Forced, no consent	0.4	0.0 - 1.5	0.6	0.0 - 2.4	0.1	0.0 - 0.5	0.0	-
I was born with HIV	0.1	0.0 - 0.6	0.2	0.0 - 0.9	0.0	-	0.0	-
2. Main reason to be tested for HIV								
Recommended by provider	27.3	22.3 - 32.3	25.0	18.7 - 31.2	33.7	24.6 - 42.7	14.1	0.0 - 29.6
Believed at risk	39.1	34.1 - 44.1	43.1	36.9 - 49.3	30.0	20.8 - 39.2	48.3	30.1 - 66.5
Felt sick, might be HIV	16.6	12.7 - 20.5	15.6	11.0 - 20.2	18.5	10.6 - 26.3	17.0	3.8 - 30.3
Community based program	5.5	2.0 - 8.9	3.2	1.4 - 5.0	8.7	0.0 - 17.7	13.6	3.1 - 24.2
Requirement (for work/visa/etc.)	0.8	0.0 - 1.6	1.2	0.0 - 2.5	0.0	0.0 - 0.2	0.0	-
Just wanted to know	6.5	3.2 - 9.9	8.3	3.3 - 13.3	3.5	0.7 - 6.3	4.2	0.0 - 13.9
Other reason	4.2	2.5 - 5.9	3.6	1.5 - 5.6	5.6	2.3 - 9.0	2.7	0.0 - 11.2
3. Duration between first thought and the first HIV test								
≤6 months	75.6	70.6 - 80.6	74.4	67.7 - 81.0	78.6	72.7 - 84.6	71.0	54.8 - 87.3
>6 months s/d ≤2 years	8.5	5.2 - 11.7	10.1	5.3 - 14.8	4.8	1.9 - 7.7	11.8	1.0 - 22.5
>2 years	1.8	0.9 - 2.7	2.0	0.9 - 3.2	1.5	0.0 - 3.3	0.2	0.0 - 1.1
Can't remember	14.2	9.8 - 18.6	13.5	7.3 - 19.7	15.0	9.9 - 20.2	17.1	3.0 - 31.1

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

Table 13. Factors influencing the timing of obtaining HIV services, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Fears of how other people would respond if tested HIV-positive								
Yes	53.6	48.3 - 58.9	54.3	47.9 - 60.6	52.4	41.8 - 62.9	55.0	37.6 - 72.3
No	46.4	41.1 - 51.7	45.7	39.4 - 52.1	47.6	37.1 - 58.2	45.0	27.7 - 62.4
2. Preventing factors to get care or treatment for HIV								
A. Worried that partner, family or friends would find out about my HIV status								
No	35.1	30.7 - 39.5	35.5	29.8 - 41.1	34.3	26.9 - 41.7	35.6	18.8 - 52.4
Yes	64.9	60.5 - 69.3	64.5	58.9 - 70.2	65.7	58.3 - 73.1	64.4	47.6 - 81.2
B. Worried that other people would find out about my HIV status								
No	27.4	23.0 - 31.7	29.2	23.2 - 35.2	25.2	18.5 - 31.8	19.1	7.2 - 31.0
Yes	72.6	68.3 - 77.0	70.8	64.8 - 76.8	74.8	68.2 - 81.5	80.9	69.0 - 92.8
C. Not ready to deal with HIV infection								
No	53.8	48.4 - 59.1	53.9	47.5 - 60.3	52.3	41.7 - 62.9	60	43.3 - 77.4
Yes	46.2	40.9 - 51.6	46.1	39.7 - 52.5	47.7	37.1 - 58.3	40	22.6 - 56.7
D. Fear of possible bad treatment from health care staff								

Table 13. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
No	68.5	63.3 - 73.7	72.3	66.6 - 78.0	61.5	51.1 - 72.0	65.9	50.8 - 80.9
Yes	31.5	26.3 - 36.7	27.7	22.0 - 33.4	38.5	28.0 - 48.9	34.1	19.1 - 49.2
E. Bad experience with health care staff								
No	87.8	84.4 - 91.3	90.0	87.0 - 93.0	83.9	75.6 - 92.2	86.4	75.6 - 97.3
Yes	12.2	8.7 - 15.6	10.0	7.0 - 13.0	16.1	7.8 - 24.4	13.6	2.7 - 24.4

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

3.6.4. Decision to initiate ART

Close to one third of PLHIV (31.1%) reported ART initiation on the same day they were diagnosed (**Table 14**). Females had a slightly higher proportion of same-day ART initiation (35.8%) than males (28.8%) or transgenders (29.3%). About 10% of PLHIV had yet to initiate ART, and a greater proportion was observed in male PLHIV (11.5%). Most PLHIV (78.2%) initiated ART in a short interval (up to two weeks) after it was offered. A negligible number (0.9%) initiated ART feeling under pressure from health care staff, with males more likely reporting this (1.3%) than females (0.3%) or transgenders (0.0%).

3.6.5. Current treatment status

About 13.5% of PLHIV were not on ART, and the proportions by gender were 14.8 in males, 11.9 in females, and a lower 8.2% in transgender (**Table 15**). Those who were not on ART cited medication side-effects (56.0%) as the primary reason for discontinuing or delaying ART. By gender, the primary reason for female and transgender PLHIV was medication side-effects (76.4%) and treatment being unnecessary (69.5%), respectively; whereas males tended to have an equal concern over these two factors (39.4% and 40.7%, respectively) that stopped them from continuing or initiating ART.

3.6.6. HIV service delivery experiences

Table 16 provides information on access location and experiences with regards to HIV service delivery in the past 12 months. Most PLHIV (82.3%) reported public hospitals or community centers as their main location of access for HIV care and treatment. More males (14.9%) and females (12.8%) reported no receipt of care or treatment in the past 12 months than transgenders (7.3%). For the service delivery experience, being advised to refrain from sex was the most common form of SAD (11.3%) that PLHIV experienced in HIV service delivery, while only a small proportion (≤3%) reported any of the other forms. Despite these relatively small proportions, there was disparity in some forms which affected certain gender groups disproportionately. For instance, transgenders experienced seven times as much denial of health services (7.6%) as female PLHIV (1.1%). Advice to refrain from sex was more prevalent in males (14.6%) and transgenders (11.3%), which in relative terms translates to roughly triple or double the proportion of female PLHIV (5.5%). Likewise, transgenders experienced verbal (8.2%) and physical abuse (2.4%) eight and three times as much as their male counterparts (1.0% and 0.8% respectively).

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Table 14. Decision to start antiretroviral treatment, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Time to ART initiation after diagnosis								
Same day as diagnosis	31.1	26.0 - 36.2	28.8	23.4 - 34.3	35.8	25.2 - 46.4	29.3	12.5 - 46.2
≤1 month	34.3	29.7 - 39.0	37.3	31.0 - 43.7	28.6	22.5 - 34.7	34.0	18.9 - 49.0
>1 to 6 months	12.0	9.4 - 14.6	12.5	9.1 - 15.8	10.5	6.2 - 14.8	16.5	3.1 - 29.9
>6 months to 2 years	5.0	2.5 - 7.4	3.2	1.7 - 4.7	8.9	2.1 - 15.7	1.3	0.0 - 8.3
>2 years	3.4	2.0 - 4.7	3.9	2.0 - 5.8	1.8	0.4 - 3.2	6.9	0.0 - 15.6
Can't remember	4.5	3.0 - 6.1	2.7	1.3 - 4.2	7.8	3.8 - 11.7	6.4	0.0 - 20.2
Not applicable, never initiated	9.6	5.1 - 14.2	11.5	5.8 - 17.2	6.6	0.0 - 14.9	5.6	0.0 - 31.4
2. Reason to start treatment								
Offered, start immediately	78.2	73.2 - 83.1	76.4	70.1 - 82.7	81.1	72.2 - 90.1	77.4	63.9 - 90.9
Offered, start later	18.9	14.1 - 23.7	20.1	14.0 - 26.1	17.2	8.3 - 26.1	16.0	4.2 - 27.9
Pressured by health care staff	0.9	0.0 - 2.2	1.3	0.0 - 3.6	0.3	0.0 - 0.9	0.0	-
Other reason	2.1	1.0 - 3.2	2.2	0.7 - 3.7	1.3	0.0 - 2.8	6.6	0.0 - 20.9

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

ART = Antiretroviral treatment; CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

Table 15. Current status of antiretroviral treatment, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Currently on ART								
Yes	86.5	81.8 - 91.2	85.2	79.6 - 90.8	88.1	78.5 - 97.7	91.8	66.0 - 100.0
No	13.5	8.8 - 18.2	14.8	9.2 - 20.4	11.9	2.3 - 21.5	8.2	0.0 - 34.0
2. Reason for not taking ART								
Drugs not available, stockout	0.0	-	0.0	-	0.0	-	0.0	-
Not affordable to me	0.0	-	0.0	-	0.0	-	0.0	-
Unable to collect drugs	0.0	-	0.0	-	0.0	-	0.0	-
Side-effects, fear of	56.0	20.6 - 91.4	39.4	0.0 - 82.0	76.4	23.2 - 100.0	16.9	0.0 - 53.4
Do not need ART now	23.4	0.0 - 57.7	40.7	0.0 - 82.5	0.0	-	69.5	18.0 - 100.0
Worried others know my status	10.8	0.0 - 36.4	6.6	0.0 - 21.4	20.1	0.0 - 76.6	0.0	-
Not ready to deal with HIV	6.6	0.0 - 27.5	8.6	0.0 - 37.6	3.2	0.0 - 19.1	0.0	-
Afraid of poor treatment by staff	0.0	-	0.0	-	0.0	-	0.0	-
Ineligible, high CD4 count	0.0	-	0.0	-	0.0	-	0.0	-
Other reason	3.2	0.0 - 9.8	4.6	0.0 - 14.3	0.3	0.0 - 2.2	13.6	0.0 - 43.8

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

ART = Antiretroviral treatment; CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

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Table 16. SAD experience when accessing HIV services, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Location of routine access to HIV care and treatment								
Public clinic/facility	82.3	77.3 - 87.4	80.5	74.5 - 86.6	85.3	75.1 - 95.6	84.3	71.2 - 97.5
Private clinic/hospital/doctor	1.7	0.8 - 2.5	1.9	0.1 - 3.7	1.1	0.0 - 2.3	3.1	0.0 - 18.6
Nongovernmental clinic	2.0	0.7 - 3.3	2.6	0.6 - 4.5	0.8	0.0 - 2.6	2.9	0.0 - 11.8
Community-based care	0.0	-	0.0	-	0.0	-	0.0	-
Multiple locations	0.2	0.0 - 0.7	0.2	0.0 - 0.6	0.0	-	2.4	0.0 - 9.9
Not applicable, not receiving care	13.8	8.9 - 18.7	14.9	9.1 - 20.7	12.8	2.7 - 22.9	7.3	0.0 - 34.3
2. Experienced the following from health care staff at HIV service providers								
A. Denial of care								
No	98.0	96.7 - 99.2	98.0	96.8 - 99.3	98.9	97.7 - 100.0	92.4	59.4 - 100.0
Yes	2.0	0.8 - 3.3	2.0	0.7 - 3.2	1.1	0.0 - 2.3	7.6	0.0 - 40.6
B. Advised not to have sex								
No	88.7	84.8 - 92.6	85.4	79.5 - 91.3	94.5	91.1 - 97.8	88.7	77.7 - 99.6
Yes	11.3	7.4 - 15.2	14.6	8.7 - 20.5	5.5	2.2 - 8.9	11.3	0.4 - 22.3
C. Being gossiped about								
No	97.4	96.0 - 98.7	98.2	97.0 - 99.4	95.9	92.6 - 99.2	98.2	88.8 - 100.0
Yes	2.6	1.3 - 4.0	1.8	0.6 - 3.0	4.1	0.8 - 7.4	1.8	0.0 - 11.2
D. Verbal abuse								

Table 16. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
No	98.7	97.9 - 99.6	99.0	98.1 - 99.8	99.3	95.7 - 100.0	91.8	82.4 - 100.0
Yes	1.3	0.4 - 2.1	1.0	0.2 - 1.9	0.7	0.0 - 4.3	8.2	0.0 - 17.6
E. Physical abuse								
No	99.4	98.6 - 100.0	99.2	98.1 - 100.0	100.0	-	97.6	85.2 - 100.0
Yes	0.6	0.0 - 1.4	0.8	0.0 - 1.9	0.0	-	2.4	0.0 - 14.8
F. Contact avoidance/extra precaution								
No	96.8	95.4 - 98.2	97.0	95.3 - 98.8	96.8	94.1 - 99.5	94.3	88.1 - 100.0
Yes	3.2	1.8 - 4.6	3.0	1.2 - 4.7	3.2	0.5 - 5.9	5.7	0.0 - 11.9
G. Breach of HIV confidentiality								
No	97.6	96.5 - 98.8	97.6	96.2 - 99.1	97.3	95.2 - 99.5	100.0	99.7 - 100.0
Yes	2.4	1.2-3.5	2.4	0.9-3.8	2.7	0.5 - 4.8	0.0	0.0-0.3

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

3.6.7. Non-HIV service delivery experiences

Table 17 shows receipt of non-HIV health care and experiences accessing such services in the past 12 months. Only 40.8% of PLHIV reported receipt of non-HIV health services. Similar to HIV service delivery experiences, certain gender groups experienced SAD differently such as transgenders who experienced approximately four, three, and nine times as much denial of health services (8.8%), advice to refrain from sex (19.6%), and verbal abuse (9.0%) than their female counterparts (2.2%, 5.9%, and 0.9% respectively). By the same token, male PLHIV were almost three times as much being gossiped about (3.5%) as their female counterparts (1.4%).

Most PLHIV (79%) reported to not disclose their HIV status when receiving care from their non-HIV care providers. As well, 83.3% felt convinced that their medical records were kept in confidence. Prevalence of other forms of SAD was minor (<1.0%), except for conditioning ART on the use of contraception (5.9%). Forced sterilization was reported by 0.2% males. Gender differences did not materialize as much as those under HIV-related service delivery experiences. For SAD specific to female PLHIV, less than one percent experienced having been advised to terminate pregnancy (0.8%) or pressured to use a certain type of contraceptive method (0.6%). The prevalence was higher for those who experienced having been pressured to use a particular method of delivery (4.2%) and infant feeding practice (1.5%), as well as to initiate ART during pregnancy to reduce the risk of HIV mother-to-child transmission (3.4%).

3.7. Human rights and effecting change

Table 18 presents various indicators of human rights violation and actions to respond to such experience. Overall, very few PLHIV reported any instance of human rights violation both in the past 12 months and in the period before. The prevalence did not exceed 1% in all indicators and for both time periods, except for requirement for HIV status disclosure to obtain health care. Some important observations in gender differences are as follows. Transgenders were more likely required to disclose to obtain visa in more recent times (4.0%), where the prevalence rate for the other genders was virtually zero. The prevalence of some other indicators such as compulsory disclosure related to work or to obtain health care or HIV-related arrests/prosecution and forced sex also indicates more marginalization of the transgender community. Female PLHIV also reported more incidence of forced sex in the period before the last 12 months (5.2%) compared to their male (1.8%) and transgender counterparts (2.7%), albeit reporting no recent incidence.

PLHIV were reluctant to take actions against the rights violation that they have experienced, as evidenced by the low number of those who reported the incidence or sought support in response to the violation (**Table 18**). In addition to being few in number, these actions were exclusively taken by male PLHIV and reportedly solved their problem in 70.1% of those experiencing rights

Table 17. SAD experience when accessing non-HIV and general services, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Receipt of non-HIV services in the past 12 months								
Yes	40.8	35.5 - 46.0	42.3	35.7 - 48.9	37.0	27.9 - 46.0	47.9	30.2 - 65.6
No	59.2	54.0 - 64.5	57.7	51.1 - 64.3	63.0	54.0 - 72.1	52.1	34.4 - 69.8
2. Experienced the following from health care staff at non-HIV service providers								
A. Denial of care								
No	96.4	94.5 - 98.2	96.0	93.3 - 98.7	97.8	95.9 - 99.8	91.2	79.7 - 100.0
Yes	3.6	1.7 - 5.5	4.0	1.3 - 6.7	2.2	0.0 - 4.3	8.8	0.0 - 20.3
B. Denial of dental care								
No	95.7	93.6 - 97.7	96.0	93.5 - 98.5	94.8	90.7 - 98.9	95.6	81.9 - 100.0
Yes	4.3	2.3 - 6.4	4.0	1.5 - 6.5	5.2	1.1 - 9.3	4.4	0.0 - 18.1
C. Advised not to have sex								
No	90.7	87.2 - 94.2	89.6	84.9 - 94.3	94.1	89.1 - 99.1	80.4	60.8 - 100.0
Yes	9.3	5.8 - 12.8	10.4	5.7 - 15.1	5.9	0.9 - 10.9	19.6	0.0 - 39.2
D. Being gossiped about								
No	97.2	95.4 - 99.0	96.5	93.9 - 99.0	98.6	95.2 - 100.0	100.0	-
Yes	2.8	1.0 - 4.6	3.5	1.0 - 6.1	1.4	0.0 - 4.8	0.0	-
E. Verbal abuse								

Table 17. *(Cont'd)*

Characteristic	Gender identity: Total Prev. (%)	Total 95% CI	Male Prev. (%)	Male 95% CI	Female Prev. (%)	Female 95% CI	Transgender + other Prev. (%)	Transgender + other 95% CI
Yes	98.6	96.3 - 100.0	99.0	96.5 - 100.0	99.1	96.3 - 100.0	91.0	65.2 - 100.0
No	1.4	0.0 - 3.7	1.0	0.0 - 3.5	0.9	0.0 - 3.7	9.0	0.0 - 34.8
F. Physical abuse								
No	98.9	97.6 - 100.0	98.6	96.7 - 100.0	99.1	96.3 - 100.0	100.0	-
Yes	1.1	0.0 - 2.4	1.4	0.0 - 3.3	0.9	0.0 - 3.7	0.0	-
G. Contact avoidance/extra precaution								
No	95.8	93.8 - 97.8	95.7	93.0 - 98.4	97.0	94.5 - 99.6	91.7	80.5 - 100.0
Yes	4.2	2.2 - 6.2	4.3	1.6 - 7.0	3.0	0.4 - 5.5	8.3	0.0 - 19.5
H. Breach of HIV confidentiality								
No	98.3	97.1 - 99.4	98.1	96.5 - 99.7	98.4	96.9 - 100.0	100.0	-
Yes	1.7	0.6 - 2.9	1.9	0.3 - 3.5	1.6	0.0 - 3.1	0.0	-
3. Disclose HIV status when obtaining general health care								
Yes	21.0	16.7 - 25.4	21.6	16.2 - 26.9	20.3	11.8 - 28.7	18.8	6.9 - 30.7
No	79.0	74.6 - 83.3	78.4	73.1 - 83.8	79.7	71.3 - 88.2	81.2	69.3 - 93.1
4. Perceived confidentiality of medical records								
Sure, confidentiality protected	83.3	78.8 - 87.8	84.5	79.4 - 89.6	80.3	70.9 - 89.7	86.2	75.4 - 97.0
Do not know if protected	14.5	10.6 - 18.4	12.3	9.1 - 15.4	19.4	10.0 - 28.7	11.4	1.3 - 21.6
No, confidentiality not protected	2.2	0.0 - 4.9	3.2	0.0 - 7.5	0.3	0.0 - 1.4	2.4	0.0 - 9.9

Table 17. *(Cont'd)*

Characteristic	Gender identity: Total Prev. (%)	Total 95% CI	Male Prev. (%)	Male 95% CI	Female Prev. (%)	Female 95% CI	Transgender + other Prev. (%)	Transgender + other 95% CI
5. Medical staff at sexual and reproductive health clinics did the following								
A. Advised not to have children								
No	91.9	89.6 - 94.1	91.0	87.9 - 94.1	95.0	92.3 - 97.7	82.3	69.3 - 95.2
Yes	1.1	0.3 - 1.9	1.0	0.0 - 3.7	1.6	0.1 - 3.1	0.0	-
Not applicable	7.0	5.0 - 9.1	8.1	5.2 - 11.0	3.4	1.1 - 5.7	17.7	4.8 - 30.7
B. Pressured you to get sterilized								
No	92.3	90.1 - 94.5	91.2	88.4 - 94.1	97.0	94.9 - 99.1	74.9	57.1 - 92.8
Yes	0.1	0.0 - 0.3	0.1	0.0 - 0.6	0.2	0.0 - 0.9	0.0	-
Not applicable	7.6	5.4 - 9.8	8.7	5.8 - 11.5	2.8	0.7 - 4.8	25.1	7.2 - 42.9
C. Sterilized you without consent								
No	92.3	90.1 - 94.5	91.1	88.3 - 94.0	97.2	95.2 - 99.2	74.9	57.0 - 92.7
Yes	0.1	0.0 – 0.4	0.2	0.0 – 0.6	0.0	-	0.0	-
Not applicable	7.6	5.4 – 9.8	8.7	5.9 – 11.5	2.8	0.8 – 4.8	25.1	7.3 - 43.0
D. Denied you contraception/family planning services								
No	88.7	86.1 - 91.2	86.8	83.4 - 90.2	95.4	93.0 - 97.8	67.5	49.3 - 85.6
Yes	0.2	0.0 - 0.7	0.0	0.0 - 0.0	0.6	0.0 - 2.0	0.0	-
Not applicable	11.1	8.6 - 13.7	13.2	9.8 - 16.6	4.0	1.7 - 6.2	32.5	14.4 - 50.7
E. Required contraception use in or-								

Table 17. *(Cont'd)*

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
der to obtain ART								
No	88.4	85.9 - 91.0	87.5	83.9 - 91.0	91.8	88.2 - 95.3	77.6	64.4 - 90.7
Yes	5.9	4.1 - 7.7	5.7	3.5 - 7.9	6.3	3.0 - 9.5	5.6	0.0 - 12.9
Not applicable	5.7	3.7 - 7.6	6.8	4.0 - 9.6	2.0	0.3 - 3.6	16.8	4.5 - 29.1
F-J only for female								
F. Advised to terminate pregnancy								
No	89.1	84.7 - 93.5	0.0	-	89.0	84.5 - 93.5	0.0	-
Yes	0.8	0.0 - 2.8	0.0	-	0.8	0.0 - 2.8	0.0	-
Not applicable	10.1	5.8 - 14.4	0.0	-	10.2	5.8 - 14.6	0.0	-
G. Pressured you to use certain contraceptives								
No	97.9	96.3 - 99.4	0.0	-	97.8	96.2 - 99.4	0.0	-
Yes	0.6	0.0 - 1.3	0.0	-	0.6	0.0 - 1.3	0.0	-
Not applicable	1.6	0.0 - 3.8	0.0	-	1.6	0.0 - 3.9	0.0	-
H. Pressured you to use a particular method of delivery								
No	86.2	81.7 - 90.7	0.0	-	86.0	81.3 - 90.7	0.0	-
Yes	4.1	1.4 - 6.9	0.0	-	4.2	1.4 - 6.9	0.0	-
Not applicable	9.7	5.9 - 13.5	0.0	-	9.8	5.9 - 13.7	0.0	-
I. Pressured you to use a particular								

Table 17. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
infant feeding practice								
No	88.0	83.7 - 92.4	0.0	-	87.9	83.5 - 92.3	0.0	-
Yes	1.5	0.0 - 3.9	0.0	-	1.5	0.0 - 4.0	0.0	-
Not applicable	10.5	6.4 - 14.6	0.0	-	10.6	6.4 - 14.8	0.0	-
J. Pressured you to take antiretroviral drugs during pregnancy								
No	86.7	82.5 - 91.0	0.0	-	86.6	82.1 - 91.1	0.0	-
Yes	3.3	0.0 - 6.8	0.0	-	3.4	0.0 - 7.0	0.0	-
Not applicable	9.9	5.9 - 14.0	0.0	-	10.1	5.9 - 14.2	0.0	-

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

ART = Antiretroviral treatment; CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

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Table 18. Human rights violation and effecting change, by gender

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. I was forced to get tested for HIV or disclose my status to:								
A. Obtain a visa/residency								
No	98.8	98.0 - 99.6	98.6	96.8 - 100.0	99.6	99.0 - 100.0	95.8	83.1 - 100.0
Yes, within the last 12 months	0.2	0.0 - 0.8	0.0	-	0.0	-	4.2	0.0 - 16.9
Yes, >12 months ago	0.7	0.1 - 1.3	1.1	0.0 - 2.8	0.0	0.0 - 0.1	0.0	-
Prefer not to answer	0.3	0.0 - 0.8	0.3	0.0 - 0.9	0.3	0.0 - 1.4	0.0	-
B. Apply for a job								
No	98.3	97.2 - 99.4	98.1	96.5 - 99.6	99.2	97.2 - 100.0	95.8	83.1 - 100.0
Yes, within the last 12 months	0.4	0.0 - 1.3	0.6	0.0 - 2.0	0.0	-	0.0	-
Yes, >12 months ago	0.9	0.1 - 1.8	0.8	0.0 - 1.9	0.8	0.0 - 2.8	4.2	0.0 - 16.9
Prefer not to answer	0.3	0.0 - 1.0	0.5	0.0 - 1.6	0.0	-	0.0	-
C. Study or get scholarship								
No	99.2	98.6 - 99.8	99.2	98.0 - 100.0	99.1	98.0 - 100.0	100.0	-
Yes, within the last 12 months	0.3	0.0 - 1.0	0.3	0.0 - 1.3	0.3	0.0 - 1.4	0.0	-
Yes, >12 months ago	0.5	0.1 - 0.9	0.5	0.0 - 1.2	0.6	0.0 - 1.5	0.0	-
Prefer not to answer	0.0	-	0.0	-	0.0	-	0.0	-
D. Obtain health care								
No	96.8	95.5 - 98.2	97.0	95.3 - 98.7	96.7	94.5 - 98.8	95.8	83.1 - 100.0
Yes, within the last 12 months	1.2	0.5 - 2.0	1.2	0.2 - 2.1	1.6	0.0 - 3.1	0.0	-
Yes, >12 months ago	1.6	0.6 - 2.6	1.7	0.3 - 3.0	1.2	0.0 - 2.5	4.2	0.0 - 16.9
Prefer not to answer	0.3	0.0 - 0.8	0.2	0.0 - 0.6	0.6	0.0 - 2.0	0.0	-

Table 18. *(Cont'd)*

Characteristic	Gender identity: Total Prev. (%)	Total 95% CI	Male Prev. (%)	Male 95% CI	Female Prev. (%)	Female 95% CI	Transgender + other Prev. (%)	Transgender + other 95% CI
E. Have medical insurance								
No	99.4	98.9 - 99.8	99.3	98.8 - 99.8	99.4	98.5 - 100.0	100.0	-
Yes, within the last 12 months	0.3	0.0 - 0.5	0.3	0.0 - 0.6	0.2	0.0 - 1.4	0.0	-
Yes, >12 months ago	0.4	0.0 - 0.7	0.4	0.0 - 0.8	0.4	0.0 - 1.7	0.0	-
Prefer not to answer	0.0	-	0.0	-	0.0	-	0.0	-
2. Experienced the following human rights violation								
A. Arrested or prosecuted in court related to HIV								
No	99.5	99.1 - 100.0	99.6	99.2 - 100.0	99.6	98.3 - 100.0	97.6	90.1 - 100.0
Yes, within the last 12 months	0.2	0.0 - 0.6	0.1	0.0 - 0.6	0.0	-	2.4	0.0 - 9.9
Yes, >12 months ago	0.3	0.0 - 0.6	0.2	0.0 - 0.6	0.4	0.0 - 1.7	0.0	-
Prefer not to answer	0.0	-	0.0	-	0.0	-	0.0	-
B. Detained or quarantined because of HIV								
No	99.6	98.9 - 100.0	99.6	98.8 - 100.0	99.6	98.3 - 100.0	100.0	-
Yes, within the last 12 months	0.1	0.0 - 0.5	0.2	0.0 - 0.8	0.0	-	0.0	-
Yes, >12 months ago	0.3	0.0 - 0.8	0.2	0.0 - 0.7	0.4	0.0 - 1.7	0.0	-
Prefer not to answer	0.0	-	0.0	-	0.0	-	0.0	-
C. Denied a visa because of HIV								
No	98.8	98.0 - 99.6	98.8	97.8 - 99.9	98.5	97.1 - 99.9	100.0	-
Yes, within the last 12 months	0.3	0.0 - 1.3	0.4	0.0 - 2.1	0.1	0.0 - 0.7	0.0	-

Table 18. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Yes, >12 months ago	0.4	0.0 - 1.2	0.5	0.0 - 1.7	0.2	0.0 - 1.0	0.0	-
Prefer not to answer	0.6	0.0 - 1.3	0.3	0.0 - 0.9	1.1	0.0 - 3.3	0.0	-
D. Denied residency because of HIV								
No	98.7	97.8 - 99.6	98.6	97.4 - 99.8	98.7	96.5 - 100.0	100.0	-
Yes, within the last 12 months	0.0	-	0.0	-	0.0	-	0.0	-
Yes, >12 months ago	0.8	0.1 - 1.6	0.9	0.0 - 2.0	0.9	0.0 - 2.6	0.0	-
Prefer not to answer	0.5	0.0 - 1.1	0.5	0.0 - 1.2	0.4	0.0 - 1.7	0.0	-
E. Forced to disclose publicly								
No	98.7	97.8 - 99.6	98.7	97.4 - 99.9	98.6	96.2 - 100.0	100.0	-
Yes, within the last 12 months	0.1	0.0 - 0.2	0.0	-	0.2	0.0 - 0.7	0.0	-
Yes, >12 months ago	0.7	0.0 - 1.7	0.6	0.0 - 1.9	0.8	0.0 - 2.8	0.0	-
Prefer not to answer	0.6	0.0 - 1.2	0.7	0.0 - 1.7	0.4	0.0 - 1.7	0.0	-
F. Forced to have sex								
No	96.0	93.0 - 98.9	97.2	95.7 - 98.8	94.4	86.6 - 100.0	90.4	74.0 - 100.0
Yes, within the last 12 months	0.6	0.0 - 1.6	0.6	0.0 - 1.9	0.0	-	4.2	0.0 - 16.9
Yes, >12 months ago	3.0	0.1 - 5.8	1.8	0.5 - 3.1	5.2	0.0 - 13.0	2.7	0.0 - 11.2
Prefer not to answer	0.5	0.0 - 1.2	0.4	0.0 - 1.0	0.4	0.0 - 1.7	2.7	0.0 - 11.2
3. Attemptto resolve the above rights violation experienced in the last 12 months								

Table 18. *(Cont'd)*

Characteristic	Gender identity							
	Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
Yes	0.4	0.0 - 0.9	0.4	0.0 - 1.2	0.0	-	0.0	-
No	2.4	1.2 - 3.6	2.4	0.8 - 4.0	1.6	0.1 - 3.1	8.4	0.0 - 25.4
No such experience	97.3	96.1 - 98.6	97.2	95.5 - 98.8	98.4	96.9 - 99.9	91.6	74.6 - 100.0
4. Outcome of attempts								
Problems resolved	70.1	8.4 - 100.0	70.1	19.7 - 100.0	0.0	-	0.0	-
In the process, no outcome yet	0.0	-	0.0	-	0.0	-	0.0	-
Nothing changed, not resolved	29.9	0.0 - 91.6	29.9	0.0 - 80.3	0.0	-	0.0	-
5. Reason for not trying to resolve the problem								
Do not know where to go, how	33.7	10.0 - 70.0	36.9	9.6 - 76.3	55.7	12.6 - 91.6	0.0	-
Insufficient financial resources	24.9	5.9 - 63.4	44.5	13.8 - 80.1	0.0	-	0.0	-
Complicated process	0.0	-	0.0	-	0.0	-	0.0	-
Felt intimidated, scared	0.0	-	0.0	-	0.0	-	0.0	-
People might know my status	27.4	7.6 - 63.3	18.7	3.9 - 56.4	28.4	3.5 - 81.1	50.0	5.7 - 94.3
Someone advised not to try	0.0	-	0.0	-	0.0	-	0.0	-
No confidence of success	3.7	0.4 - 28.3	0.0	-	15.9	1.8 - 66.0	0.0	-
Lack of evidence	0.0	-	0.0	-	0.0	-	0.0	-
Other reason	10.3	1.0 - 57.4	0.0	-	0.0	-	50.0	5.7 - 94.3

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

violation recently. The primary reason PLHIV failed to take actions was related to finances (taking actions will expend extra resources beyond their means) for male PLHIV, low knowledge of and access to legal or support services for female PLHIV, and fear of disclosure for transgender PLHIV. Future program improvements should reflect on this gender gap and tailor service delivery accordingly to incentivize actions.

Knowledge of the existing laws that protect PLHIV from discrimination and actions that have been attempted to respond to HIV-related stigma are outlined in **Table 19**. About 44% of PLHIV acknowledged that laws protecting PLHIV from discrimination do exist in Indonesia. Participation in individual, community, and advocacy actions to combat stigma was higher on average for transgenders either recently or in the period before. Well over one fifth of transgenders were involved in such actions as educating the perpetrator of stigma and providing support to others who experienced stigma.

3.8. Stigma and discrimination experienced for reasons other than HIV status

This section pertains to the experience of SAD due to being a gender or sexual minority or taking part in highly marginalized behaviors such as sex work or drug use. There are eight subpopulations (transgender, MSM, gay/homosexual, women who have sex with women [WSW], lesbian, bisexual, sex workers, and PWUD) reported independently in this section. Note that nearly all estimates of prevalence were entirely based on the listing sample because of the computational constraint of RDS related to the small number available for analysis with refined subpopulations.

3.8.1. Transgender

Experience of SAD for transgender PLHIV was considerable in several indicators. Discriminatory remarks from family members, avoidance of care-seeking, and verbal and physical abuses in the period before the last 12 months featured fairly prominently, with point prevalence ranging from 8.5% to 23.9% (**Table 20**). Fortunately, recent experience was reportedly low and even had zero incidence in the past 12 months for family discriminatory remarks and avoidance of care-seeking. More than half revealed their gender identity or reported that this was known to other transgenders (51.8%), family and friends (51.8%), and other people in the community (54.2%). Also, about 54% reported membership in a network of transgenders or a support group for gender minorities.

3.8.2. Men who have sex with men

Prevalence of SAD in this sexual minority subpopulation was relatively low (<10%) for recent experience or in the period before the last 12 months (**Table 21**). MSM PLHIV considerably experienced family discriminatory remarks, verbal abuse, and financial extortion, although in the

Table 19. Knowledge of laws and actions to defend human rights, by gender

Characteristic	Gender identity: Total		Male		Female		Transgender + other	
	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI	Prev. (%)	95% CI
1. Know any national/local laws to protect PLHIV								
Yes	44.3	39.4 - 49.3	46.9	40.7 - 53.0	39.5	30.4 - 48.7	42.6	25.6 - 59.7
No	17.3	12.4 - 22.3	18.6	12.2 - 24.9	15.8	7.4 - 24.3	12.6	0.7 - 24.6
Not sure	38.3	33.1 - 43.6	34.6	28.7 - 40.4	44.6	34.2 - 55.0	44.8	28.9 - 60.6
2. Have you done the following:								
A. Challenged those engaged in SAD against you								
No	72.7	68.2 - 77.2	69.9	63.9 - 76.0	80.9	75.6 - 86.3	51.4	33.7 - 69.1
Yes, within the last 12 months	13.1	9.2 - 17.0	15.4	9.8 - 21.0	6.9	3.7 - 10.2	26.7	9.4 - 44.0
Yes, >12 months ago	14.2	11.6 - 16.8	14.7	11.4 - 18.0	12.1	7.7 - 16.5	21.9	7.4 - 36.5
B. Challenged those engaged in SAD against other PLHIV								
No	73.2	69.1 - 77.3	71.1	65.6 - 76.6	80.6	75.0 - 86.1	49.8	32.2 - 67.4
Yes, within the last 12 months	13.5	10.1 - 16.8	15.7	11.0 - 20.5	8.2	4.8 - 11.6	19.9	4.3 - 35.4
Yes, >12 months ago	13.3	10.6 - 16.0	13.1	9.8 - 16.5	11.2	6.8 - 15.7	30.3	14.7 - 46.0
C. Provided support to those dealing with SAD								
No	71.4	67.5 - 75.3	69.1	64.1 - 74.2	79.8	74.1 - 85.5	42.8	25.8 - 59.9
Yes, within the last 12 months	17.2	14.0 - 20.3	18.3	14.3 - 22.2	12.0	7.6 - 16.4	36.6	20.1 - 53.1
Yes, >12 months ago	11.5	9.0 - 14.0	12.6	9.3 - 15.9	8.2	4.5 - 11.8	20.6	8.1 - 33.0

Table 19. *(Cont'd)*

Characteristic	Gender identity: Total Prev. (%)	Total 95% CI	Male Prev. (%)	Male 95% CI	Female Prev. (%)	Female 95% CI	Transgender + other Prev. (%)	Transgender + other 95% CI
D. Participated in campaign against SAD in PLHIV								
No	84.9	82.1 - 87.7	83.9	80.2 - 87.6	88.9	84.8 - 93.0	71.8	56.6 - 87.0
Yes, within the last 12 months	8.5	6.4 - 10.7	9.1	6.3 - 11.8	6.0	2.9 - 9.1	18.9	5.2 - 32.6
Yes, >12 months ago	6.5	4.7 - 8.4	7.1	4.5 - 9.6	5.1	2.4 - 7.8	9.3	1.6 - 17.0
E. Encouraged community leaders to take actions against SAD								
No	91.2	89.2 - 93.3	90.0	87.1 - 92.9	94.5	91.8 - 97.1	84.7	73.4 - 96.1
Yes, within the last 12 months	3.7	2.4 - 5.0	4.3	2.4 - 6.1	2.0	0.7 - 3.3	7.0	0.0 - 15.8
Yes, >12 months ago	5.1	3.5 - 6.7	5.7	3.5 - 7.9	3.6	1.2 - 5.9	8.2	0.1 - 16.4
F. Encouraged politicians to take actions against SAD								
No	93.3	91.5 - 95.1	93.5	91.2 - 95.7	94.4	91.6 - 97.2	83.7	70.3 - 97.2
Yes, within the last 12 months	2.4	1.3 - 3.4	1.8	0.7 - 2.9	1.9	0.3 - 3.6	12.3	0.0 - 24.9
Yes, >12 months ago	4.3	2.9 - 5.8	4.7	2.7 - 6.7	3.6	1.4 - 5.8	4.0	0.0 - 9.6
G. Spoken to media about SAD								
No	95.6	94.2 - 97.1	95.5	93.6 - 97.3	96.8	94.6 - 99.1	89.9	78.4 - 100.0
Yes, within the last 12 months	2.3	1.2 - 3.4	2.3	1.0 - 3.7	1.1	0.0 - 2.6	9.0	0.0 - 20.5
Yes, >12 months ago	2.1	1.1 - 3.1	2.2	0.8 - 3.5	2.0	0.3 - 3.8	1.1	0.0 - 6.7

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

ART = Antiretroviral treatment; CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size); SAD = Stigma and discrimination.

Table 20. SAD not related to HIV, transgender

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	88.4	67.0 - 96.6
Yes, within the last 12 months	3.3	0.4 - 23.1
Yes, >12 months ago	0.0	-
Prefer not to answer	8.3	1.8-30.4
2. Family made discriminatory remarks[a]		
No	82.7	58.3 - 94.3
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	12.9	3.5 - 37.7
Prefer not to answer	4.4	0.5 - 28.8
3. Afraid to seek health care services[a]		
No	91.7	69.6 - 98.2
Yes, within the last 12 months	4.4	0.5 - 28.8
Yes, >12 months ago	0.0	-
Prefer not to answer	3.9	0.5 - 26.1
4. Avoided seeking health services[a]		
No	91.5	68.8 - 98.1
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	8.5	1.9 - 31.2
Prefer not to answer	0.0	-
91.5	68.8 - 98.1	
5. Verbally harassed[a]		
No	62.5	39.2 - 81.2
Yes, within the last 12 months	13.6	3.7 - 39.1
Yes, >12 months ago	23.9	9.8 - 47.4
Prefer not to answer	0.0	-
6. Blackmailed		
No	96.0	86.8 - 100.0
Yes, within the last 12 months	4.0	0.0 - 13.2
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
7. Physically harassed or hurt[a]		
No	82.2	57.7 - 94.0

Table 20. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	6.8	0.8 - 38.9
Yes, >12 months ago	11.0	3.2 - 31.9
Prefer not to answer	0.0	-
8. Groups or people who know your gender identity		
A. Other transgenders[a]		
Yes	51.8	30.0 - 72.9
No	48.2	27.1 - 70.0
B. Family/other friends[a]		
Yes	51.8	29.9 - 73.0
No	48.2	27.0 - 70.1
C. Other people in community[a]		
Yes	54.2	31.9 - 74.9
No	45.8	25.1 - 68.1
9. Member of a transgender network or support group[a]		
Yes	53.6	31.6 - 74.3
No	46.4	25.7 - 68.4

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

Table 21. SAD not related to HIV, MSM

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	87.3	77.2 - 93.3
Yes, within the last 12 months	3.6	1.1 - 11.2
Yes, >12 months ago	2.5	0.6 - 9.8
Prefer not to answer	6.6	2.6 - 15.9
2. Family made discriminatory remarks[a]		
No	88.5	78.6 - 94.2
Yes, within the last 12 months	2.0	0.5 - 7.8
Yes, >12 months ago	5.6	2.0 - 15.1
Prefer not to answer	3.9	1.2 - 11.8
3. Afraid to seek health care services[a]		
No	95.2	87.5 - 98.3
Yes, within the last 12 months	1.9	0.5 - 7.7
Yes, >12 months ago	0.0	-
Prefer not to answer	2.8	0.7 - 10.9
4. Avoided seeking health services[a]		
No	94.6	87.0 - 97.9
Yes, within the last 12 months	2.5	0.8 - 8.0
Yes, >12 months ago	0.0	-
Prefer not to answer	2.8	0.7 - 10.9
5. Verbally harassed[a]		
No	86.3	75.5 - 92.8
Yes, within the last 12 months	2.5	0.6 - 9.8
Yes, >12 months ago	6.3	2.4 - 15.5
Prefer not to answer	4.9	1.5 - 14.7
6. Blackmailed[a]		
No	89.4	79.7 - 94.7
Yes, within the last 12 months	0.6	0.1 - 4.3
Yes, >12 months ago	7.2	3.0 - 16.3
Prefer not to answer	2.8	0.7 - 10.9
7. Physically harassed or hurt[a]		
No	93.6	85.7 - 97.2

Table 21. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	2.6	0.8 - 8.1
Prefer not to answer	3.9	1.2 - 11.8
8. Groups or people who know you are gay/have sex with men		
A. Other MSM[a]		
Yes	78.2	66.2 - 86.8
No	21.8	13.2 - 33.8
B. Family/other friends[a]		
Yes	26.0	17.0 - 37.7
No	74.0	62.3 - 83.0
C. Other people in community[a]		
Yes	14.3	7.8 - 24.7
No	85.7	75.3 - 92.2
9. Member of an MSM network or support group		
Yes	30.5	17.2 - 43.8
No	69.5	56.2 - 82.8

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; MSM = Men who have sex with men; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

recent period the prevalence dropped substantially relative to what it was before. On the other hand, there were more reports of exclusion from family activities and fear or avoidance of care-seeking in more recent times, suggesting a tendency of increase in SAD related to these indicators, notwithstanding their low point prevalence. About 78% of MSM PLHIV had their sexual identity known to other MSM, and the number was significantly lower for family and friends (26.0%) and other people in the community (14.3%). Only less than one third (30.5%) joined a network organization or support group for MSM.

3.8.3. Gay/male homosexual

Despite a drop in the prevalence of family-related SAD in the recent period, the estimates of prevalence in other indicators suggest small variation (avoidance of care-seeking, verbal abuse, financial extortion) or an increasing trend (fear in care-seeking, physical abuse) (**Table 22**). Recent care-seeking fright and verbal and physical abuses were reported by 9.3%, 15.7%, and 7.9% of homosexual PLHIV. A majority of gay/homosexual PLHIV had their sexual identity known to other gay/homosexual persons (86.8%) and family or friends (54.1%), but far less disclosed to the people in the community (23.2%).

3.8.4. Women who have sex with women

All WSW PLHIV reported no experience of SAD for all report indicators (**Table 23**). Approximately half and one third of WSW reported that their sexual identity was known to other WSW (50.9%), family and friends (31.9%), and other people in the community (31.9%). All had membership in a network organization or support group for WSW.

3.8.5. Lesbian/female homosexual

Similarly, no lesbian PLHIV reported experience of SAD for all report indicators (**Table 24**). Their sexual identity was known to other lesbians (39.4%), family and friends (62.9%), and other people in the community (37.1%) at varying rates; and all lesbian PLHIV had membership in a network organization or support group for lesbians.

3.8.6. Bisexual

While some indicators of SAD did not fluctuate much or suggest a declining trend over different reporting periods, more bisexual PLHIV experienced discriminatory remarks from family and, to a lower extent, fear in care-seeking in the recent period compared to the period before (**Table 25**). Other bisexuals were the largest group to whom the sexual identity of bisexual PLHIV was known (78.7%), followed by family and friends (47.5%), and other people in the community (27.7%).

Table 22. SAD not related to HIV, gay/male homosexual

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	84.1	71.6 - 91.7
Yes, within the last 12 months	2.6	0.4 - 17.0
Yes, >12 months ago	7.9	3.0 - 18.9
Prefer not to answer	5.4	1.9 - 14.3
2. Family made discriminatory remarks[a]		
No	80.6	68.0 - 89.0
Yes, within the last 12 months	3.6	0.7 - 15.5
Yes, >12 months ago	11.7	5.6 - 23.0
Prefer not to answer	4.1	1.3 - 12.8
3. Afraid to seek health care services[a]		
No	82.9	69.7 - 91.1
Yes, within the last 12 months	9.3	3.6 - 21.7
Yes, >12 months ago	3.7	0.8 - 15.6
Prefer not to answer	4.1	1.3 - 12.8
4. Avoided seeking health services[a]		
No	85.0	73.6 - 92.0
Yes, within the last 12 months	6.6	2.3 - 17.8
Yes, >12 months ago	4.2	1.5 - 11.1
Prefer not to answer	4.1	1.3 - 12.8
5. Verbally harassed[a]		
No	67.0	53.0 - 78.4
Yes, within the last 12 months	15.7	7.5 - 30.2
Yes, >12 months ago	13.2	6.9 - 23.8
Prefer not to answer	4.1	1.3 - 12.8
6. Blackmailed[a]		
No	86.4	74.9 - 93.2
Yes, within the last 12 months	5.6	1.7 - 17.1
Yes, >12 months ago	3.8	1.2 - 11.6
Prefer not to answer	4.1	1.3 - 12.8
7. Physically harassed or hurt[a]		
No	82.9	71.0 - 90.5

Table 22. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	7.9	3.0 - 18.8
Yes, >12 months ago	2.4	0.6 - 9.4
Prefer not to answer	6.9	2.7 - 16.4
8. Groups or people who know you are gay/a homosexual		
A. Other gays/male homosexuals[a]		
Yes	86.8	80.1 - 93.5
No	13.2	6.5 - 19.9
B. Family/other friends[a]		
Yes	54.1	42.8 - 65.4
No	45.9	34.6 - 57.2
C. Other people in community[a]		
Yes	23.2	14.6 - 31.8
No	76.8	68.2 - 85.4
9. Member of a gay/male homosexual network or support group		
Yes	30.0	19.1 - 43.8
No	70.0	56.2 - 80.9

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

Table 23. SAD not related to HIV, WSW

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	100.0	-
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
2. Family made discriminatory remarks[a]		
No	100.0	-
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
3. Afraid to seek health care services[a]		
No	100.0	-
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
4. Avoided seeking health services		
No	99.9	99.3 - 100.0
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.1	0.0 - 0.7
5. Verbally harassed[a]		
No	100.0	-
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
6. Blackmailed[a]		
No	100.0	-
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
7. Physically harassed or hurt[a]		
No	100.0	-

Table 23. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	0.0	-
8. Groups or people who know you are a WSW/have sex with women		
A. Other WSW[a]		
Yes	50.9	2.3 - 97.8
No	49.1	2.2 - 97.7
B. Family/other friends[a]		
Yes	31.9	0.6 - 97.1
No	68.1	2.9 - 99.4
C. Other people in community[a]		
Yes	31.9	0.6 - 97.1
No	68.1	2.9 - 99.4
9. Member of a WSW network or support group[a]		
Yes	100.0	-
No	0.0	-

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size); WSW = Women who have sex with women.

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

Table 24. SAD not related to HIV, lesbian/female homosexual

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	39.4	0.1 - 99.8
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
2. Family made discriminatory remarks[a]		
No	39.4	0.1 - 99.8
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
3. Afraid to seek health care services[a]		
No	39.4	0.1 - 99.8
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
4. Avoided seeking health services[a]		
No	39.4	0.1 - 99.8
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
5. Verbally harassed[a]		
No	39.4	0.1 - 99.8
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
6. Blackmailed[a]		
No	39.4	0.1 - 99.8
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
7. Physically harassed or hurt[a]		
No	39.4	0.1 - 99.8

Table 24. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	0.0	-
Prefer not to answer	60.6	0.2 - 99.9
8. Groups or people who know you are a lesbian/homosexual		
A. Other lesbians/female homosexuals[a]		
Yes	39.4	0.1 - 99.8
No	60.6	0.2 - 99.9
B. Family/other friends[a]		
Yes	62.9	0.2 - 99.9
No	37.1	0.1 - 99.8
C. Other people in community[a]		
Yes	37.1	0.1 - 99.8
No	62.9	0.2 - 99.9
9. Member of a lesbian/female homosexual network or support group[a]		
Yes	100.0	-
No	0.0	-

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

Table 25. SAD not related to HIV, bisexual

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	89.2	78.4 - 94.9
Yes, within the last 12 months	2.1	0.3 - 14.2
Yes, >12 months ago	2.8	0.7 - 11.0
Prefer not to answer	6.0	2.2 - 14.9
2. Family made discriminatory remarks[a]		
No	88.0	77.1 - 94.1
Yes, within the last 12 months	4.6	1.4 - 14.1
Yes, >12 months ago	1.5	0.2 - 10.4
Prefer not to answer	6.0	2.2 - 14.9
3. Afraid to seek health care services[a]		
No	86.2	73.6 - 93.3
Yes, within the last 12 months	6.8	2.4 - 17.7
Yes, >12 months ago	4.5	1.0 - 18.2
Prefer not to answer	2.5	0.8 - 7.9
4. Avoided seeking health services[a]		
No	86.6	74.2 - 93.5
Yes, within the last 12 months	3.4	0.8 - 13.7
Yes, >12 months ago	6.0	1.7 - 18.7
Prefer not to answer	4.0	1.4 - 11.0
5. Verbally harassed[a]		
No	83.0	70.0 - 91.1
Yes, within the last 12 months	3.4	0.8 - 13.7
Yes, >12 months ago	11.1	4.7 - 23.9
Prefer not to answer	2.5	0.8 - 7.9
6. Blackmailed[a]		
No	93.7	85.7 - 97.3
Yes, within the last 12 months	1.5	0.2 - 10.4
Yes, >12 months ago	2.4	0.6 - 9.5
Prefer not to answer	2.5	0.8 - 7.9
7. Physically harassed or hurt[a]		
No	88.8	77.2 - 94.9

Table 25. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	4.3	1.3 - 13.1
Yes, >12 months ago	4.4	0.9 - 18.0
Prefer not to answer	2.5	0.8 - 7.9
8. Groups or people who know you are bisexual		
A. Other bisexuals[a]		
Yes	78.7	64.1 - 88.4
No	21.3	11.6 - 35.9
B. Family/other friends[a]		
Yes	47.5	33.6 - 61.8
No	52.5	38.2 - 66.4
C. Other people in community[a]		
Yes	27.7	16.8 - 41.9
No	72.3	58.1 - 83.2
9. Member of a bisexual network or support group[a]		
Yes	25.4	14.9 - 39.9
No	74.6	60.1 - 85.1

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

About a quarter of bisexual PLHIV (25.4%) had membership in a network organization or support group for bisexuals.

3.8.7. Sex workers

Most indicators of SAD suggest a decline in prevalence over time as prevalence was reportedly lower in the recent period (**Table 26**). In spite of this encouraging observation, experience of verbal abuse was relatively common (9.1%) in this subpopulation. Sex worker PLHIV tended not to impart their sex worker identity with fellow sex workers (46.0%), family and friends (34.5%), or other people in the community (31.8%) as the proportion reported was less than half for any of these groups. Only 19.1% of sex worker PLHIV had membership in a network organization or support group for sex workers.

3.8.8. People who use drugs

Prevalence of all indicators of SAD was lower in the recent period, which suggests a downward trend (**Table 27**). Several indicators such as stigma from the family, avoidance of care-seeking, and experience of verbal abuse remained about 5% or higher in the recent period despite the decline from the previous period. A majority of PWUD PLHIV had one or more fellow PWUD (91.1%), family members and friends (72.5%), or people in the community (53.8%) who knew their drug use behavior. Less than one third (28.0%) had membership in a network organization or support group for PWUD.

3.9. Personal experiences of stigma and discrimination

This section covers the qualitative findings of the survey in which respondents were asked to describe their personal experience of SAD. Of total respondents, 211 (28.4%) volunteered to share their experiences. Of this number, 47 (22.3%) reported to have no experience of SAD due either to their HIV status, gender, or sexual orientation in any setting and did not provide further information on internalized stigma. The following paragraphs summarize the experiences from the total responses (n = 211), categorized by the setting in which SAD took place.

3.9.1. Household/family

Disclosure to family members or relatives was thought to be a "slow and hard process" although admittedly a number of informants expected to gain social support from such endeavors. However, attempts to secure social support from the family were interpreted differently with regards to disclosure. First, the decision to not disclose their HIV status from parents, spouses, children, or siblings in a number of informants was motivated to safeguard against negative reactions from the people they care about so as not to disrupt the established relationships with them. This

Table 26. SAD not related to HIV, sex workers

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities[a]		
No	93.6	85.2 - 97.4
Yes, within the last 12 months	1.0	0.1 - 6.7
Yes, >12 months ago	1.0	0.1 - 7.4
Prefer not to answer	4.4	1.4 -12.9
2. Family made discriminatory remarks[a]		
No	88.2	77.4 - 94.3
Yes, within the last 12 months	1.1	0.1 - 7.5
Yes, >12 months ago	6.3	2.2 - 16.9
Prefer not to answer	4.4	1.4 - 12.9
3. Afraid to seek health care services[a]		
No	87.6	77.2 - 93.7
Yes, within the last 12 months	2.0	0.5 - 7.9
Yes, >12 months ago	6.0	2.1 - 15.8
Prefer not to answer	4.4	1.4 - 12.9
4. Avoided seeking health services[a]		
No	87.9	77.6 - 93.9
Yes, within the last 12 months	2.0	0.5 - 7.9
Yes, >12 months ago	5.7	2.0 - 15.5
Prefer not to answer	4.4	1.4 - 12.9
5. Verbally harassed		
No	68.4	56.2 - 80.6
Yes, within the last 12 months	9.1	1.1 - 17.0
Yes, >12 months ago	19.9	8.2 - 31.5
Prefer not to answer	2.7	0.0 - 7.5
6. Blackmailed		
No	89.2	82.8 - 95.7
Yes, within the last 12 months	2.6	0.0 - 5.6
Yes, >12 months ago	5.5	0.4 - 10.5
Prefer not to answer	2.7	0.0 - 7.5
7. Physically harassed or hurt		
No	91.3	86.3 - 96.2

Table 26. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	2.9	0.2 - 5.6
Yes, >12 months ago	3.2	0.0 - 6.4
Prefer not to answer	2.7	0.0 - 7.5
8. Groups or people who know you are (were) a sex worker/sell (sold) sex		
A. Other sex workers[a]		
Yes	46.0	34.7 - 57.8
No	54.0	42.2 - 65.3
B. Family/other friends		
Yes	34.5	22.8 - 46.2
No	65.5	53.8 - 77.2
C. Other people in community		
Yes	31.8	19.8 - 43.7
No	68.2	56.3 - 80.2
9. Member of a sex worker network or support group		
Yes	19.1	10.1 - 28.1
No	80.9	71.9 - 89.9

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size).

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

Table 27. SAD not related to HIV, PWUD

Characteristic	Total	
	Prev. (%)	95% CI
1. Excluded from family activities		
No	66.1	56.1 - 76.1
Yes, within the last 12 months	9.3	3.6 - 15.0
Yes, >12 months ago	22.9	14.1 - 31.7
Prefer not to answer	1.7	0.0 - 5.5
2. Family made discriminatory remarks		
No	68.7	59.0 - 78.5
Yes, within the last 12 months	4.7	1.3 - 8.2
Yes, >12 months ago	25.7	16.4 - 35.1
Prefer not to answer	0.8	0.0 - 3.4
3. Afraid to seek health care services		
No	83.1	74.9 - 91.3
Yes, within the last 12 months	0.3	0.0 - 1.8
Yes, >12 months ago	16.5	8.4 - 24.7
Prefer not to answer	0.0	-
4. Avoided seeking health services		
No	80.7	72.2 - 89.2
Yes, within the last 12 months	6.4	0.3 - 12.5
Yes, >12 months ago	12.9	6.5 - 19.3
Prefer not to answer	0.0	-
5. Verbally harassed		
No	82.5	75.1 - 89.9
Yes, within the last 12 months	6.8	1.6 - 12.0
Yes, >12 months ago	10.7	5.1 - 16.4
Prefer not to answer	0.0	-
6. Blackmailed[a]		
No	92.3	83.0 - 96.7
Yes, within the last 12 months	0.0	-
Yes, >12 months ago	7.7	3.3 - 17.0
Prefer not to answer	0.0	-
7. Physically harassed or hurt[a]		
No	90.4	80.6 - 95.5

Table 27. *(Cont'd)*

Characteristic	Total	
	Prev. (%)	95% CI
Yes, within the last 12 months	0.9	0.1 - 6.1
Yes, >12 months ago	8.8	3.9 - 18.6
Prefer not to answer	0.0	-
8. Groups or people who know you use (used) drugs		
A. Other sex workers		
Yes	91.1	86.3 - 95.8
No	8.9	4.2 - 13.7
B. Family/other friends[a]		
Yes	72.5	61.1 - 81.6
No	27.5	18.4 - 38.9
C. Other people in community		
Yes	53.8	43.4 - 64.3
No	46.2	35.7 - 56.6
9. Member of a PWUD network or support group		
Yes	28.0	18.8 - 37.2
No	72.0	62.8 - 81.2

Underlined: The relative standard error of the prevalence estimate exceeds 50%. Caution in interpretation is warranted.

CI = Confidence interval; Prev. = Prevalence (numerator: response, denominator: estimated population size); PWUD = People who use drugs.

[a] = Estimate excludes respondents recruited from respondent-driven sampling.

interpretation of social support devalues disclosure and its potential benefits (e.g., in supporting treatment, providing emotional support) in exchange of a status quo as the model social relationship they may have aspired to have. Secondly, in the opposing end are those who disclosed to (select) family members in the hope that they would receive extra support that would add to the existing relationship, which would assist them to accept their HIV status and act positively towards health and personal improvements.

Yet, disclosure was not always met with positive reactions within the household as discriminative treatments in the form of exclusion (e.g., being assigned separate dishes or eating utensils and bedrooms), verbal abuse and belittlement, or extortion (e.g., keeping the HIV status of the PLHIV confidential in exchange of demands) were present at least in the initial phase post-disclosure. The uncertainty surrounding the forms and duration of these discriminative treatments were seen as a major trade-off that considerably devalues disclosure in whom the risk of its adverse reactions, and therefore further losing the much-needed existing support, far outweighs the benefits it offers. Recent evidence investigating the psychological pathways of disclosure points to potential alternative avenues to encourage social support and self-efficacy.[28]

3.9.2. Health care sector

Inevitably, health care staff are the ones to whom disclosure naturally occurs because of the patient-provider relationship. Some informants who did not disclose to family members and/or other persons in their social relationships reported that their HIV status was disclosed only to the caring staff who needed that information to determine the trajectory of care that would directly impact on the informant's health. Despite being deemed the most relevant or essential party to whom to disclose HIV status, informants also acknowledged in their experiences some degree of paternalism in how health care staff approached HIV service delivery and unexpected reactions after disclosure.

Paternalistic behavior in service delivery manifested in HIV screening/testing procedures for pregnant women, which is a blanket policy in Indonesia using provider-initiated testing and counseling. Some informants reported that health care staff failed to inform them that their blood specimens taken at pregnancy visits would be tested for HIV among others; and only learned of this fact when they were found to be HIV positive and subsequently called in for consultation. The benefit of such an effort for early detection aside, informants felt that their full autonomy as a person was overstepped in deciding the best course of actions for their own health. It can be that fear of missed diagnoses largely motivated this paternalistic behavior of health care staff rather than risking opt-outs (i.e., rejection of HIV test offering) that would result from full disclosure of the purpose of medical check-ups during pregnancy.

Other forms of SAD reported include avoidance of physical contacts, breach of confidentiality (i.e., unsolicited disclosure of HIV status to non-caring staff), and denial of service or unnecessary referrals for general care (e.g., to special staff who had experience in dental care for PLHIV). Informants reported a feeling of "unease" in their subsequent health care visits after the initial experience of SAD and responded by enduring the situation to stay in care or, if resources allowed, transferring to another facility for an extra cost in transportation and service fees.

3.9.3. Wider community

Informants reported an array of experiences in their interactions with their friends, community, and workplaces. Informants reported disruptions in friendship and association as a result of their initiated disclosure to persons in their close social network. These disruptions took forms of such persons keeping a distance in their friendship, termination of contact, and fear of contracting HIV despite having no palpable risk of transmission in their social relationship with informants. One respondent reported eviction from their home after the community learned of her husband's HIV status and threatened to burn down their house. At workplace, informants experienced unfair dismissal on the grounds of being unfit for work or outright discrimination leading to their resignation.

While evidence has confirmed the negative impact of enacted stigma,[3,5,29] variation in experiences with regards to the setting in which SAD is experienced may have played an important role in shaping the health and wellbeing of PLHIV. Furthermore, this variation may also affect distinct aspects of capability, which in turn contribute differently to health and psychological outcomes.

3.9.4. Internalized stigma

Informants reported the feeling of self-guilt, regret, shame, or self-contempt upon the realization that they became HIV-positive. These beliefs translated into defeating psychological impacts such as loss of self-confidence, foregone desire to be in a romantic partnership and have children, or fear that other people may have learned their HIV status. Some informants reported to have adjusted their behavior in response to this internalized stigma by reducing their frequency of social contacts or visits to health care providers.

Others highlighted the intersecting effect of SAD related to gender and sexual identity, which they perceived to have affected their psychology to a larger extent than had their HIV status. This belief was shaped in a group of informants who strongly viewed that their HIV infection was the eventual outcome of the risk behaviors they posed because of their gender or sexual identity. The increasingly hostile policy environment towards gender and sexual minorities in Indonesia may have enforced this belief.[30] In practical terms, this suggests a mechanism by which the impact of

HIV-related SAD on health and wellbeing is mediated by a complex interplay with other forms of inherent social marginalization in a society.

4. Discussion, conclusions and recommendations

4.1. Summary of findings

This report has presented the findings of the national survey on SAD in PLHIV in Indonesia using the Stigma Index 2.0 instrument to document SAD experiences in multiple social settings in 11 districts. Regarding disclosure of HIV status, disclosure to close contacts in social networks is more common either with consent, which facilitates support, or without consent. Unconsented disclosure to family members may more likely to occur in health care settings, suggesting some degree of proxy consent in the event that PLHIV are incapacitated to do so due to their illness. SAD experiences in the household and in larger social interactions with the community, health care sector, public services, and at workplace may not be as prevalent as currently assumed. In fact, the number of reported incidents of SAD had been lower in the past 12 months. This led us to think that there were a lot more variables that are subjected to SAD. The seemingly low prevalence masks the fact that certain PLHIV groups face a disproportionate amount of SAD. Female sex workers, IDUs, female transgender, and young newly infected individuals seem to be more vulnerable to marginalization. Perhaps some other sociodemographic characteristics indicative of social vulnerability may add to the severity of their experiences. In other words, SAD echoes the inherent patterns of social marginalization in the society.

The results also show that much of SAD that PLHIV experience stems from internalized stigma, which has a higher prevalence than SAD enacted by external perpetrators. Internalized stigma mostly affects self-confidence, affective relationships, capacity to manage stress, and aspirations to have children. Again, important differences by gender and other characteristics are associated with social marginalization. Experience of enacted stigma may impact on how PLHIV view their HIV status which in turn increases the likelihood of internalized stigma.

SAD due to gender or sexual identity and risk behaviors is low in prevalence, but with certain groups such as transgenders and PWUD having a greater tendency to experience it, especially in a more distant past. Gender and sexual minorities and people who sell sex or use drugs are socially vulnerable groups, and the results point to the level of marginalization exclusive of being HIV positive, all other things being equal. It should be noted, however, that many of the prevalence estimates for these groups relied on responses from only a portion of participants due to the inadequacy of the RDS sample for refined subgroup analysis.

Qualitative findings reveal that the decision to disclose one's HIV status takes into consideration the perceived risk of disrupting the existing social relationships or possible gains in support from the close ones. Post-disclosure reactions can be unpredictable and progress into SAD that unfolds

for an unknown duration, requiring careful management in disclosure with realistic planning and targeting. Women and young people, especially those who are still in school, may be seriously affected by post-disclosure reactions. In health care, more aggressive strategies of case finding or lack of staff knowledge in HIV can give rise to SAD to PLHIV. SAD is also present as a reaction to an unjustified fear of unknown risk in other social relationships in wider community and at workplace. SAD and social marginalization shape poor internal beliefs that impede care- and support-seeking to the detriment of health and wellbeing.

4.2. Implications

Elimination of SAD has been pursued in a global agenda to create an enabling environment conducive to the fullest attainment of health and wellbeing for PLHIV.[8] SAD presents a major barrier to care and support[9] and disincentivizes engagement in programs and activities essential to maintain or improve the standard of health,[2–5] with adverse consequences for public health. The low prevalence of enacted stigma should not justify complacency for several reasons. First, in countries where marginalization is readily accepted as the social norm among the less fortunate groups such as Indonesia, PLHIV may adapt to SAD and other discriminatory behaviors from health care staff or others and normalize these that underreporting of experiences in the survey was possible. Second, the burden of SAD is unequally distributed across gender groups and possibly other sociodemographic markers indicative of determinants of social marginalization. To tackle this challenge, the national program should expand its range of interventions beyond the current biomedical focus to address these determinants, inviting active participation from other health sectors than infectious disease control and non-health sectors. Overcoming this programmatic gap will leverage efforts to scale up ART coverage and improve health outcomes of PLHIV. The health sector may embed a public reporting system within the services and make non-discrimination policy literary public on site as part of professional code of conduct. Consistent community monitoring of service delivery and reporting of variances from standards can be an effective device in this regard.

Closely related to the determinants of social marginalization, high internalized stigma should be viewed as symptoms of mental illness, a condition with which almost one fifth of PLHIV were recently diagnosed. The link between SAD and mental health in PLHIV has been well established in the literature,[3] with a possible compound impact on health outcomes. Worryingly, as portrayed in the survey, distancing oneself from care and support is a common reaction to internalized stigma. Additionally, access to care for mental health remains the exception rather than the rule, far exceeded in quantities by the regular HIV coinfections such as tuberculosis, viral hepatitis, and other sexually transmitted diseases. Recent studies indicate an increasing trend of depressive disorders in the country, contributing a sizable portion of morbidity in the population.[31] Marginalization of mental illness and shortages of human resource contour the challenge in

mainstreaming mental health.[32] Integration of mental health into the national HIV program has so far been limited to sparse peer-based initiatives with funding uncertainties, although a recent call to recognize the need for this integration in international funding is a promising development.[33]

Rights violation can be the outcome of low literacy in human rights and poor understanding of the existing laws to protect such rights. Attempts to defend or restore dignity in the face rights violations are often met with challenges in obtaining legal assistance, the perceived high cost of enduring the process in time, money, or other resources, and reluctance to disclose HIV status. Providing adequate legal assistance to PLHIV is tantamount to tackling the demand (literacy of PLHIV) and supply (availability of advocates and paralegals) sides in the mainstream legal practice that traditionally frowns upon drug use and other social taboos. The political decentralization in Indonesia has been an impetus for the surge in the number of harmful HIV-related laws at the district and/or provincial levels.[34] Admittedly, many of these laws, while outlawing SAD by health care staff and providing social protection to PLHIV, also coerce service uptake such as HIV testing or treatment or criminalize onward transmission.[34] Uncertainties abound and enforcement of protective laws remains a major issue, which renders these laws ineffective to protect PLHIV.

The findings reported generate more questions than can be answered within the scope of the current report. First, the question on the relationship between different forms of SAD and health outcomes should be explored further with the current data. In particular, the analysis should investigate the relative contributions of enacted and internal SAD and their interacting relationships to the decision to maintain or ever interrupt ART and the health-related quality of life. Understanding the complete picture of SAD that mediates experiences to internal feelings, care-seeking, and tangible outcomes would help us focus on certain forms of SAD with the largest public health leverage for more intensive mitigation. Second, studying intersecting SAD and social marginalization can illuminate how SAD is perceived by different marginalized groups and stimulates actions detrimental or instrumental to health behavior. Additionally, this analysis can identify subgroups who are most at risk of SAD. Third, further adaptation of the instrument can improve its reliability and validity in the local context. Consideration should be given to versioning an abridged format of the instrument for low-cost, rapid administration for surveillance purposes. Finally, designing and implementing scalable SAD mitigation interventions integrating mental health and psychosocial components should be a priority agenda.

HIV-related SAD is often thought as an isolated social phenomenon arising from the disease entirely and removed from the given context of preexisting social marginalization in a society. The view of disease-driven SAD may have less relevance in maturing concentrated epidemics such as Indonesia in which some segmented groups in the population bear the largest burden of HIV due

to their marginalized behaviors or identities. Seen from this light, elimination of HIV-related stigma also inevitably calls for elimination of all policies and practices that discriminate people on the basis of age, gender identity, sexual orientation, socioeconomic status, and drug use. Importantly, the shape and scope of such interventions will be more expansive, multifaceted, interlocked with the sociocultural foundations of the society, and demonstrate observable effects in an evolutionary pace compared to current SAD mitigation practices. The journey to this ideal will take unrelenting endeavor in evidence generation, public advocacy, and mobilized actions to reform the social fabric and build a fostering environment that celebrates people's diversity with dignity and respect.

4.3. Recommendations

The following are the recommendations in the direction of program improvements with respect to SAD. These are presented not in a particular order although interlinked with one another in several key points.

4.3.1. Integrate HIV disclosure management in routine programs

The greater weight of current evidence points to disclosure as a key event that invokes social support, which is beneficial for treatment outcomes. HIV disclosure should be managed collaboratively with professionals or counselors for timely actions and planning contingencies. HIV disclosure management needs to be an important aspect in HIV testing and treatment service provision and can leverage on the existing programs that share a similar feature such as HIV partner notification.

4.3.2. Sensitize public services to SAD and other social marginalization that underpins health and health care disparities

SAD follows entrenched vulnerabilities in gender and sexual minorities as well as other markers of social marginalization. Sensitization of public services related to PLHIV to this issue will help overcome the disparity in health and other outcomes that social marginalization and SAD bring about. Service uptakes should be targeted and promoted equally to PLHIV groups that are currently underrepresented.

4.3.3. Promote human rights education and expand access to legal justice for PLHIV and other marginalized groups

Capacity development for PLHIV and HIV key populations in human rights and rights to health should be encouraged. Assessment of rights violation and access to legal assistance should be

incorporated in standard information material during outreach or counseling contacts. To anticipate growing demand for legal assistance, an educational program on SAD and PLHIV targeting legal aid organizations and individual legal practitioners should be instituted.

4.3.4. Build sector-wide capacity for early detection of mental health conditions among PLHIV and HIV risk groups

Given the negative impact of SAD on mental health, there is an urgent need for mainstreaming of mitigation responses at the basic level of HIV care and peer-based services to restore self-image and nurture self-efficacy and support for PLHIV. Reframing mental health in HIV and redefining a collaborative framework between health care providers and peer-based services for delivering psychosocial interventions at scale is the first critical step towards achieving this objective.

4.3.5. Build the evidence base of SAD

In line with the national HIV research agenda,[35] research priorities should be given to measuring the impact of SAD on health outcomes and operational research to design, test, and assess the effectiveness of SAD mitigation interventions. Some important markers of health such as ART initiation and health-related quality of life are analyzable with the existing data.

4.3.6. Adapt study instruments and conduct SAD surveillance to track changes over time

Lastly, it is important to keep track of SAD in the PLHIV community for timely responses. Rather than relying on a national survey, district-level initiatives or a selection of surveillance sites can provide routine information on SAD indicators in the community. Further adaptation and simplification of the instrument should be aimed to improve readability, validity, consistency in meaning across respondents, and to feature key SAD domains, which can help field administration when routinely implemented by peer-based organizations or IUs.

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