PLHIV Stigma Index Cambodia

Developed in 2008

Global update of the PLHIV Stigma Index 2016-17

First time conducted in Cambodia in 2010

Second time conducted in Cambodia in 2018-19

About 10 years

CPN+, KHANA, UNAIDS

Funded by USAID LINKAGES project of FHI360 & UNAIDS

Support & consultation with National AIDS Authority (NAA) & National Advisory Committee (NAC)

Under Project SOAR, led by the Population Council (PC) and a number of international and local partners

Led by CPN+

Technically supported by Population Council and NAA
Consultative Mechanisms

• National Advisory Committee (NAC):
  – Chaired by the National AIDS Authority (NAA)
  – Members: government bodies, NGO partners, Linkages Project, UNAIDS, CPN+, and PC

• Technical Advisory Group (TAG)
  – Formed and led by PC
  – Members: PC, NAA, CPN+, UNAIDS, Linkages Project

• Provincial Interpretation Workshops
  – To share and discuss preliminary findings and collect inputs that can provide context to the results
  – Workshop participants: PLHIV communities, NGO partners, ART clinic staff, M/PHD, NAA, CPN+, Linkages Project, and PC.
  – Total participants in the six provincial workshop: 162 persons
Survey Design

• Inclusion criteria
  • 18 years of age or older,
  • Self-reported knowledge of HIV status for at least 12 months,
  • Is mentally sound and capable of giving consent,
  • Has provided informed consent to participate in the survey, and
  • Speaks Khmer

• Fieldwork: January 8th – March 7th, 2019

• Sample size: 1222 respondents
  • Target sample size: 1200 respondents

• Three sampling approaches
  • List-based selection
  • Clinic-based selection
  • Snowball selection
Socio-Demographic Characteristics of Sample

• Around 60% of respondents are women, with some variation among provinces.

• Average age is 45 years old.

• 52% are currently in an intimate relationship, of which 57% have partner living with HIV.

• Transgender, non-gender binary, or changed gender (n=1222) = 0.7%

• 67% have only primary education or less.

• 32% are unemployed, and another 33% are doing casual or part-time work as self-employed.

• 6% are migrant workers.
Conclusion

• The study was successfully implemented under the leadership of PLHIV community and close collaboration among stakeholders from various sectors.
  
  – Setting an example of a best practice for the GIPA principle as well as for a collaborative multi-stakeholder and multi-sector effort to eliminate stigma and discrimination related to HIV and AIDS and to ensure that PLHIV can lead full and productive lives.

• The updated questionnaire has provided a much-needed update to the knowledge and understanding of the state of stigma and discrimination faced by the PLHIV community in Cambodia.

• Due to the participatory nature of the study, the evidence that has been generated from the study has been readily actionable, both from a programmatic and advocacy standpoint.
Thank You