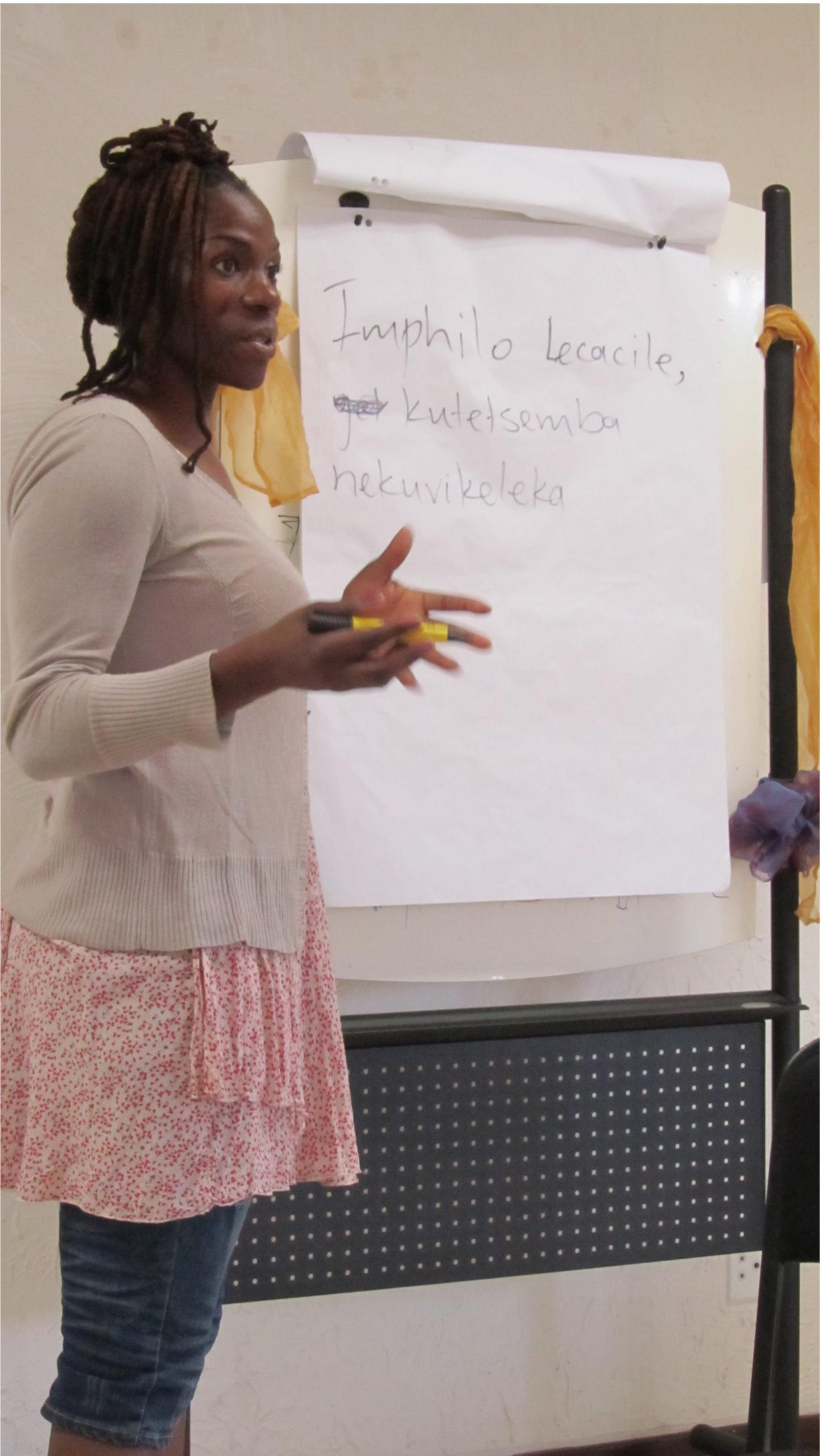
# **DOCUMENTING EXPERIENCES OF PLHIV IN THE CONTEXT OF TESTING AND TREATMENT SCALE-UP IN SWAZILAND**

## BACKGROUND

The Swaziland Network of People Living with HIV (SWANNEPHA) is playing a critical role in gathering evidence about the experiences of PLHIV within a national programme called Maximising ART for Better Health and Zero New Infections (MaxART). Led by the Ministry of Health, MaxART aims to scale up access to HIV testing and treatment in Swaziland.

### METHODS

SWANNEPHA conducted a cross-sectional survey among a national sample of PLHIV support group members and PLHIV attending clinic services (n=870). Participants were approached through support groups (100), as well as through expert clients based in health facilities (22). Following ethical approval, a team of 10 data collectors, who were PLHIV themselves, administered face-to-face interviews using PDA devices. Data collection occurred between December 2011 and February 2012. Respondents included men (30%) and women (70%), individuals on ART (71%) and pre-ART (29%), from the four regions of Swaziland, in both rural (93%) and urban (7%) areas. Respondents were predominantly married (48%),



had attended secondary school (42%) and had no incomeearning activity (55%).

### **Socio-demographic Characteristics of the Sample**

	Sex		Source of F		
	Among Men (n=258)	Among Women (n=612)	Support Group (n=453)	Health Facility (n=417)	<b>Total (n=870)</b>
Sex					
Men	-	_	22	36	30
Women			78	62	70
Age					
Median (years)	42	40	44	36	40
Marital Status					
Single	25	29	21	35	28
Married	51	46	56	39	48
Cohabiting	10	5	5	8	7
Divorced/Separated	4	4	3	5	4
Widowed	10	15	15	12	14
Residence					
Urban	7	7	5	10	7
Rural	93	93	95	90	93
Region of recruitment					
Manzini	19	20	23	16	20
Hhohho	40	29	27	37	32
Lubombo	16	22	24	16	20
Shiselweni	25	29	26	31	28
Education					
None	20	18	19	18	19
Primary	31	36	38	31	34
Secondary	41	42	40	44	42
Post-secondary	8	4	4	7	5
Income earning					
No income activity	50	58	57	54	55
Formal work	16	9	8	15	11
Informal work	16	12	11	15	13
Self-employed	17	19	23	14	19
Study	0	1	1	0	0
Not officially employed	2	2	1	2	2
Retired	0	0	0	1	0
All figures in this table are percentages of the sample "n" who ar	nswered this particular que	stion.			

### RESULTS

The majority of PLHIV (53%) were tested because they were sick or losing weight. 86% felt that stigma and discrimination (being seen to visit a health facility), and lack of food (43%), prevented PLHIV from taking ART. Among respondents who reported having ever omitted to take their ARVs (n=156, or 26% of respondents on ART), the main reason was having forgotten (70%), followed by having forgotten the medication at home/work (28%), and running out of stock (5%). Among PLHIV citing experiences of stigma and discrimination (n=105), the majority of instances occurred at social gathering (34%) and amongst family (32%); 36% reported taking no action when confronted with instances of stigma and discrimination.

<b>Experiences of Discrimination</b>			Action Taken Against Discrimination					
	S Men	ex Women	Total		Sex		Total	
	(n=258)	(n=612)	(n=870)			Women	(n=110)	
Experienced discrimination in past 12	2 months				(n=22)	(n=88)		
Yes	9 (n=22)	14 (n=83)	13 (n=105)	Action taken regarding discrimination	*			
Type of discrimination (among those 12 months)*	having experie	nced discrimina	tion in the last	Confronted directly	18	17	17	
Renting accommodation	9	11	11	Lodged complaint with CSO	0	5	4	
Getting employment	9	8	9					
Being fired	5	6	6	Sought legal redress	9	13	12	
Getting job promotion	14	7	9	Tried to sensitize perpetrators	14	15	15	
Being rejected-sexual partner(s)	14	12	12	Shared with HTC counsellor.	0	22	17	
Being rejected-family	32	33	32	Other	0	6	6	
Social/community gatherings	23	7	34				0	
Other	5	10	9	Nothing	55	31	36	



	Sex				e Stop Tak Sex		
	Men (n=258)	Women (n=612)	Total (n=870)		Men (n=258)	Women (n=612)	Total (n=870)
easons given for last HIV Test*	<b>X</b>			Why do some people stop ART?*			
				Distance	4	11	9
Doctor's advice	19	13	15	Side effects	12	15	14
Hospitalization	14	15	15	Stigma and discrimination	86	86	86
Partner risk behaviour	8	14	12	Costs	2	11	8
Own risk behavior	16	8	11	Lack of family support	20	18	18
Sick / losing weight	59	51	53	Tired of taking ARVs	4	15	11
Spouse/partner is HIV positive	4	5	5	Lack of food	45	42	43
Child is HIV Positive	1	3	2	Others	8	4	5



### CONCLUSIONS

SWANNEPHA has gathered critical information about the HIV testing and treatment experiences of PLHIV. These insights into the realities and needs of PLHIV are vital in identifying barriers and opportunities for effectively implementing MaxART. Putting ART for prevention into practice requires an understanding of stigma and discrimination experienced by PLHIV, their access to health services and socio-economic context. This is key to identifying and promoting services, which enable them to feel safe to test, to adhere to treatment, to share responsibility for preventing HIV, and to lead healthy and productive lives.