

4. Interview with Valentina Mankiyeva

conducted by Katarzyna Kinga Kowalczyk

Katarzyna Kinga Kowalczyk: Can you introduce yourself?

Valentina Mankiyeva: I am the director of Central Asian women's network "Amal," I represent the Central Asian region in the Steering Committee of the organization. This is relatively new. I also represent the community of people who use drugs in the Country Coordinating Committee. I was recently elected. So now - for the next three years - I will represent my community, and I will focus more on women's issues, since we have, of course, been very focused on women's rights. Since 2009, I have been working on non-profit projects related to the prevention of socially significant diseases. And since 2015, my work has been closely related to advocacy, human rights, and mental health. Leadership and activism are also key areas of my work. That's a brief summary. I have a daughter, and I'm raising her on my own. I live in a small town in Kazakhstan.

Katarzyna Kinga Kowalczyk: What is life like for women in Kazakhstan?

Valentina Mankiyeva: In Kazakhstan, the status of women in society is somewhat in-between, as it's in Asia it's influenced by both traditional and modern factors. In some regions, traditional values are more dominant. Women play an important role in the family, but they also bear a lot of responsibility in society.

However, the status and gender roles of women can vary, depending on the region and socio-economic conditions. Traditionally, women in Kazakhstan take on major responsibilities such as managing the household and caring for children. In terms of societal development, women are active in the workforce, taking up important positions - but there's still the issue of the "glass ceiling" factor where women can't advance to a higher position. Despite this, many women today aim to balance both career and family.

When talking about women's status, and specifically their position in society, our legislation strives to provide equal rights for both men and women. In recent years, the government and NGOs have worked to improve the status of women. Consequently, new gender policies have been adopted.

However, gender stereotypes are still prevalent. Observation and research show that men often don't relate to or identify with gender issues, seeing it as "not about us, but about them."

While we have adopted policies and strive to meet international conventions, in reality, the situation for women in Kazakhstan is more complicated. Despite formal gender equality, women still face discrimination, particularly in the professional sphere. Women are paid less than men and they face barriers to promotions and access to certain professions because of these persistent stereotypes.

However, younger generations are increasingly rejecting these stereotypes and fighting for their rights. Education and the spread of key information play an important role in this shift.

Among the countries of Central Asia, Kazakhstan is a leader in progressive gender equality, ranking 76th out of 146 countries in the Global Gender Gap Index 2024, a report designed to measure gender equality (World Economic Forum 2024). Kazakhstan has been a pioneer in Central Asia in promoting gender equality, as well as establishing the National Commission on Women, Family, and Demographic Policy early on. The country's Constitution ensures equal rights and freedoms for all citizens, explicitly prohibiting gender-based discrimination. Furthermore, Kazakhstan's Gender Equality Strategy (2006-2016) laid the groundwork for improving gender-related legislation, and its updated Concept of Family and Gender Policy includes ambitious goals like increasing women's representation in decision-making roles by 30% by 2030 and tackling issues such as domestic violence, the gender wage gap, and asset ownership by women (National Democratic Institute 2005; Government of Kazakhstan 2016).

Kazakhstan has ratified key international conventions, including CEDAW, the Beijing Declaration, and several ILO Conventions. The country also adopted its first National Action Plan aligned with the UN Security Council's "Peace, Women, and Security" resolution, leading to women's participation in UN peacekeeping missions (Peace & Freedom n.d.). In 2021, Kazakhstan joined global efforts to combat gender-based violence and advance economic justice through the Generation Equality Forum, and in 2024, a Kazakh representative was elected to the CEDAW Committee — a first for both Kazakhstan and Central Asia (UN Women 2021; 2024).

Kazakhstan's commitment to gender equality is further reinforced by its election to the UN Human Rights Council (2022-2024) and active involvement in the UN Commission on the status of women (The Astana Times 2021).

Katarzyna Kinga Kowalczyk: What is life like for women who use drugs or live with HIV in Kazakhstan?

Valentina Mankiyeva: When discussing this, we can talk about women who use drugs, both together with and separately from those living with HIV, as these issues often intersect. Women who use drugs are particularly vulnerable, as they often fall victim to punitive drug policies.

In recent years, statistics have shown an increase in drug use among women, and the prisons are overcrowded. Many of those incarcerated are involved in drug-related activities, including trafficking. While both men and women are involved, I want to draw attention to the fact that many of the women involved are young, aged 18 to 30.

According to research conducted by the Eurasian Women's Network on AIDS, women who use drugs are two to five times more likely to experience violence compared to women in general. In the context of HIV, the situation for women who use drugs and live with HIV is multifaceted, touching both the medical and social aspects. As I mentioned, drug addiction among women has increased, and they make up a significant portion of this group. However, official statistics don't fully reflect the reality because many women don't seek help due to discrimination and stigma. Women face severe stigma and societal judgment. For women with HIV, this stigma is even more pronounced as they experience a "double stigma."

Access to medical care is critically limited, especially for those without health insurance or registration, and people often struggle to access medical services. This can also be linked to a lack of information about available treatment programs or financial limitations.

Overall, in Kazakhstan, there has been a rise in HIV infections among women who inject drugs. However, research in this area is lacking because many women do not seek help.

Katarzyna Kinga Kowalczyk: How about services for women?

Valentina Mankiyeva: The services are not gender-sensitive at all. However there are programs run by non-governmental organizations (NGOs) that implement a range of gender focused projects. For example, there is men-

torship support for women living with HIV. Here women can receive legal assistance, and there are support groups and peer groups. But these programs are also facing difficulties. For instance, before we spoke, I contacted one of the program's mentors in one of the regions. There are difficulties within the project and in the overall ability to implement it.

For example, there's the self-help group component. The women she works with are all in correctional facilities. Some of them have been released, but they don't even have basic communication access. She said, "How am I supposed to conduct a self-help group if they're incarcerated and only get 15 minutes to call once a day or once a week and under surveillance? They have to choose between joining my group or making a call home." So, she told me she needs to go there and arrange some memorandums with the penitentiary system, but she can't because there's no funding. She said, "I don't even understand what I'm doing in this project." It was a cry from the heart. People say we should tell good stories, but I tell them we need to share the bad ones too. It's great that there's a project and support, but it's also important to recognize the challenges.

As for government support, it's not available. Crisis centers don't accept women living with HIV, but there is ongoing work to change the legislation. Soon, amendments to regulatory acts will allow people living with HIV to be accepted into hospices and crisis centers.

Katarzyna Kinga Kowalczyk: Can you describe your personal experience with drug use and how it has affected your journey with HIV and addiction recovery?

Valentina Mankiyeva: When I was 18, I was diagnosed with HIV. Around the same time, I started using drugs. It was unclear what was happening. I believe my partner knew, because when we went to get retested, they told him to retake the test. I understood. By then, I already had symptoms. The HIV came before I started to use drugs, though.

I disappeared for a while, and for five years, I went through a terrible period. During my time of using drugs, at least once a year, sometimes twice a year, I would end up in a drug rehabilitation center. I also went to various rehabilitation and spiritual centers, always looking for a way out. I kept trying to find solutions in our addiction treatment and psychiatry systems. I ended up in psychiatric wards. The drug rehabilitation center wouldn't take me more than twice a year so at some point I was placed in a psychiatric facility where they had nothing but tramadol for me. They gave me pills secretly. Imagine, I was there with about 100 mentally ill women,

and I was there too with my addiction. It was awful. They knew something was wrong with me and, for two weeks, they treated me differently because of my “yellow cup” and the fact that I had HIV. Some people knew.

The use of yellow cups to identify people with HIV has been reported in some parts of the world, usually as part of hospital or institutional practices. This approach has been criticized for being stigmatizing and discriminatory. The idea behind these practices is to signal to healthcare workers that certain patients may need extra precautions. However, this method raises several ethical and privacy concerns.

Regarding spiritual centers (run by Charismatic Movement), I stayed at one in particular for about three years, on and off. When I first went there, I was waiting for a certificate from the AIDS center. From 1996 to 2005, I returned again and again to places like these spiritual centers. In 2005, I decided to go back to rehab. It was a radical place where I had to tell everyone I had HIV. There were about 60 people and I don't know how they felt about me. They told me that Jesus would heal me from HIV. It was a strict place too, where you couldn't wear certain clothes, and no medications were allowed. There was no talk of treatment.

The Charismatic Movement is an interdenominational Christian movement that emerged in the mid-20th century, emphasizing the manifestation of the gifts of the Holy Spirit, such as speaking in tongues (glossolalia), prophecy, healing, and other supernatural occurrences. In Kazakhstan, the charismatic movement became actively involved in drug rehabilitation in the 2000s, establishing centers offering spiritual healing through prayer, Bible study, and participation in community life. The common method of treatment was using prayer and scripture study to strengthen faith to overcome addiction and creating an environment where participants support each other on the road to recovery. The approach has been criticized emphasizing the lack of scientific evidence for the effectiveness of such approaches and emphasizing the need for professional medical care. In addition, some have reported cases of coercion and human rights violations in such centers.

A year and a half later, I went back to the AIDS center for a check-up, but I had a relapse again, a hard one that lasted for four years. During that time, I kept trying to get into addiction treatment centers just to maintain myself, not to reduce doses. I just wanted to stop using drugs. I was tired.

In 2009, I went to the Republican Scientific and Practical Center for Medico-Social Problems of Addiction in Pavlodar. I completed a year-and-a-half program there. After that, I got married. There was psychotherapy, rehabilitation, and social reintegration involved. It was rehabilitation after rehabilitation.

I am a woman who uses drugs and I have HIV. It's scary. I went through such terrible years, but even now, not much has changed. I live in a city in Kazakhstan that had a significant HIV outbreak. There's a famous Russian film about it. It was tough, and I felt like I wanted to die, like I had this sign on me, that I am infected. It was terrifying. I developed paranoia. I didn't understand what was happening and I couldn't cope with my feelings.

In rehabilitation, I didn't understand myself. After it, at some occasion, I met people who had gone through the program with me. They said, "Valya, you became a lawyer!" I replied, "A lawyer? Did I want to be a lawyer?" I didn't even remember what I had wanted [six months ago].

They told me I used to cry constantly. Rehab was so hard for me. I was scared that I would never have children. Everything changed when I met the [INPUD] community in 2009. Something shifted in my mind, but it was still difficult. I had lived for nine years expecting to die, and now I had to figure out how to live.

So that was my long journey in addiction treatment. Around 2011-2012, I had several severe relapses, especially after my husband died in 2015. I was left with a small child. I had another breakdown a year later, but I recovered. Since 2016, I've been trying to move forward without putting my body through more substance abuse shocks.

The turning point was when I met the INPUD community and Olya Belyaeva. She embraced me with such warmth and I finally felt acceptance. It was at a drug policy meeting in Moldova. It was 2016, and I had just come out of a relapse. I had always been taught that everything had to be radical, that there should be no substitution programs, no marijuana - everything had to be strict.

It was hard for me to live like that. I was always told, "You're a drug addict, you had a relapse, so you're a total failure". It was all or nothing. Meeting the people in Moldova made me realize that you can live and work without substances controlling your life. You can even take methadone for life, why not? Before, I thought you had to go through therapy and then get off it [completely]. But after meeting this community, my perspective shifted. It's wonderful that there is such a network and support system. It changed my life.

Katarzyna Kinga Kowalczyk: Can you tell me more about your work?

Valentina Mankiyeva: Right now, I'm involved in conducting a gender assessment for INPUD, and I'm one of the interviewers, so I'm also working on transcribing the interviews. Lately, I've been more engaged in research, which I find fascinating because I believe that research holds power - it opens up a whole new community. I also want to apply for sociology programs, although it didn't work out this year. I'm aiming to get another degree because I'm no longer interested in being a lawyer. I've always wanted to do psychotherapy, and people often ask me if I'm a psychologist. In some ways, I suppose I am, and it's something closer to my heart, though it requires a lot of energy.

I'd also like to move forward with sociology, to understand it more deeply and be able to influence things from that perspective.

INPUD – International Network of People who use Drugs, is a global network of people who use and have used drugs. A key role of the organization is to support people who use drugs to access and take part in international policy processes.

I'm currently managing a project for the Global Fund, and I've recently taken on a five-month outreach project, where I'm the lead outreach worker. I'm proud to be part of that because, honestly, we would be doing harm reduction work for people using psycho-stimulants even without this project. I was the first to start this and I'm proud of it. It took a lot of courage to do this back in 2019. Our team was supportive and encouraging, saying, "Go ahead" After a few months, I went through a crisis from the whole situation and ended up in a terrible depression. I got rid of everything, but then I met with Yasun. We had a meeting and a good evening together, and I returned renewed.

Now I'm back in and we're continuing our work. Also, the organization I'm currently leading, AMAL, won grants from the Eurasian Women's Network for the Feminism School project. This fall, we will organize an international school with participants from three countries.

Katarzyna Kinga Kowalczyk: Can you tell me more about the Feminism School project?

Valentina Mankiyeva: These will be for women activists to meet in all their diversity, including transgender people and women who do not use drugs

but are living with HIV. Furthermore, Natalia Sidorenko will be one of the trainers, and I'm very happy about that because she's fantastic.

We also run the program "Foundations of the History of Feminism." Currently, the women participating are completing assignments. We've already watched two films, and the trainers are actively preparing us. The goal is to introduce our amazing women to the themes of feminism and narcofeminism (Chapter 5).

This is very interesting for a number of reasons. First, feminism is still a controversial topic in Central Asia, it's a taboo. Second, it's interesting because it shows there's support out there and that there are many women who feel the same way you do. They are out there, and you can meet and learn from one another. But most importantly, this ties back to mental health. That's where the real strength lies, as I see it.

Katarzyna Kinga Kowalczyk: Why is mental health so crucial?

Valentina Mankiyeva: Mental health is fundamental. If you don't have that balance in your head and around you, you can't build anything. Back when I had a lot of mental health issues, addiction, hepatitis, HIV, and everything else, it was impossible for me to make the right decisions because I didn't even understand how to sort out my thoughts. I had so much trauma and I felt sorry for myself.

I liked it when we did individual psychotherapy, which was also provided by the Women's Network. If we talk about resources, I liked it when Natalia told me, "You couldn't have acted any differently back then because you were truly ill. You acted that way to survive." And sometimes, just simple sentences like that can turn your world around.

But there's a tendency - well, not a concern, but a pattern - that when I offer women this kind of support, saying, "Look, you can reach out here, go there," they say, "No, I'm fine just talking to you."

These are women who use drugs. They talk to me and act like everything is okay. But I tell them, "Wait, I need help too. I can't be your therapist for various reasons - including time - and it's not my role. I'm telling you, here are the tools, go, it's free." But they refuse.

This might be the result of some kind of external or internal stigma. Men say the same thing when I suggest they talk to a specialist. They say, "How can I speak with them through a camera? It just doesn't feel right." Men and women alike avoid using these resources. This is a topic worth researching.

Katarzyna Kinga Kowalczyk: How do you take care of yourself?

Valentina Mankiyeva: Well, first of all, my organization has different groups, like expert advisory groups. We can organize such a group upon request. Right now, as part of the gender assessment, we also have psychological support available with female psychologists for women and male psychologists for men. I will reach out soon and accept that support.

I practice meditation, and you know, I listen to a lot of mantras while working. I do yoga, too. And I also have various little massage balls and gadgets. These are things I got from our girls' meetings and peer meetings. They really help keep me grounded.

Psychotherapy helps me personally, as does talking to colleagues and friends. You know, sometimes you call someone - everything feels overwhelming. It's good to have people you can openly talk to. I might say, "I've been out of it for two weeks. I can't do anything; everything has stopped." And after talking things through, you feel like you can get back on track.

But the difficulties are real, especially for women in social and financial crises. I'm a mom, as well as a woman who uses psychoactive substances, and I'm raising my child alone - it's hard. You go from project to project and there's no stability. You are constantly wondering where the next support will come from.

There is also another important topic: doctors. Recently, I went to a neurologist. So, when they asked me about chronic conditions, I mentioned that I have HIV. The doctor, a young man, maybe around 26 or 30 years old, was supposed to examine me. But instead of a proper examination, he just touched me with his gloved finger. My daughter, Rumina, was with me, and he asked, "The child doesn't have AIDS, right?"

I wanted to tear him apart inside. But outwardly I kept my composure and started educating him on what HIV is. I even had to explain to him how I contracted it, as if that's important to people. And I felt ashamed to say it. After all, I have a child, and I couldn't admit that I used drugs. So, I said I contracted it sexually. I made up a whole story, saying my husband didn't use drugs, that my child was born healthy, and that it's possible to live a healthy life if you take your therapy.

After leaving, I thought, "What is happening?" I called the head of the clinic and explained the situation. She said, "Valya, people change all the time. Come in, we can arrange a training for them if you want."

But my desire to keep educating them is fading. I've been going to doctors less because I don't want to waste my energy on this. Just recently, I went

to a gynecologist - a lovely young woman, warm and seemingly competent. But again, she asked, “How did you get HIV?” I thought, if I say drugs, her attitude will change. People seem tolerant of HIV but not of drug use. I said, “sexually,” and left the appointment feeling the same frustration. Why do I have to explain how I contracted HIV? Why is it relevant to a gynecologist? It feels like pure curiosity, not something that helps with medical care. And again, it brings us back to mental health.

Structural stigma against people who use drugs (PWUD) and live with HIV is a significant issue in Central Asia. It manifests in both formal policies and informal social practices. This type of stigma often creates barriers that prevent individuals from accessing essential health services, such as harm reduction programs, HIV treatment, and psychosocial support.

In countries like Kazakhstan, Tajikistan, and Kyrgyzstan, legal frameworks often criminalize drug use and HIV transmission, contributing to stigma and fear of legal consequences for seeking treatment. This results in a lack of engagement with health services because of fear of prosecution and discrimination. Furthermore, societal stigma—including negative perceptions from healthcare providers—reinforces this marginalization, discouraging individuals from accessing both HIV and addiction treatment services.

Katarzyna Kinga Kowalczyk: If you had a magic wand to change whatever you wanted, where would you start?

Valentina Mankiyeva: I’d create many shelters. Yes. I think this is the most pressing need women face: having that female support system, staffed by specialists who can offer comprehensive care, including support for children. From there, women can receive [more] help if they want it.

We’ve already raised the issue of accessibility of services. Many programs aren’t designed with women in mind, which is why they don’t address the issue well enough. This isn’t just about government programs, but also international ones and the grants that are implemented here. They don’t target women who use drugs.

Perhaps shelters or other temporary housing options, like specialized centers, could provide a safe and supportive environment for women to get the necessary help. I believe that’s an important task. Additionally, we need to improve advocacy work to change the existing situation. To do that, we need to gather data and conduct research to understand women’s needs

and better formulate demands. The reports we submit to international committees - Kazakhstan actively participates in this - can serve as a tool to show where the system is failing to meet modern needs. That's why shelters are so foundational. When you feel safe, when you have a roof over your head, then, of course, you can start to think more clearly. And when you sleep in a clean bed and have something to eat, you can think. What can you do when you're hungry or homeless?

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