

2. Socio-Psychological Aspects of Women Living with HIV in Kazakhstan

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Introduction

As of early 2024, there were 32,659 people living with HIV in Kazakhstan (with an estimated total of 40,000). In 2023, 3,862 new HIV cases were identified, 686 of which were due to injection drug use (Kazakh Scientific Center for Dermatology and Infectious Diseases 2024). Overall, HIV incidence in Kazakhstan showed improvement compared to the previous year, slightly decreasing from 19.6 per 100,000 population in 2022 to 19.5 per 100,000 population in 2023. Men account for 67.8% of all new HIV cases, while women represent only 32.2% (National Centre for Public Health of the Republic of Kazakhstan, 2023).

This chapter focuses on the social and psychological needs of women living with HIV in Kazakhstan. It begins by describing the general situation of women living with HIV, the legal barriers they face, and the available services, including the prevention of mother-to-child transmission of HIV and support for mothers and children facing stigma and discrimination. The chapter also emphasizes the various forms of violence encountered by women living with HIV in Kazakhstan.

General Situation of Women Living with HIV in Kazakhstan

Women living with HIV in Kazakhstan have the same legal rights as other women, according to the Constitution of Kazakhstan. These rights include access to education, protection, dignified treatment, non-discrimination, and healthcare.

In 2021, the Joint United Nations Programme on HIV/AIDS (UNAIDS) country office released a report on gender analysis in Kazakhstan (UNAIDS 2021). According to this report, the gender inequality inherent in this cultural context exacerbates the socio-economic challenges faced by women. Inequality, sexual and gender-based violence, and lack of access

to services due to cultural norms, homophobia, and transphobia are significant obstacles to achieving the goals set out in the Sustainable Development Goals and the UNAIDS Global Strategy.

Legal Barriers for Women Living with HIV

Kazakhstan is a party to over 70 multilateral universal international human rights treaties, including the Universal Declaration of Human Rights and eight United Nations (UN) human rights conventions. In cooperation with the UN, Kazakhstan regularly submits periodic national reports on reforms and achievements to the relevant UN treaty bodies. These reports emphasize Kazakhstan's efforts to implement recommendations from various UN Conventions, including those addressing the elimination of discrimination against women, the prevention of torture and ill treatment, and the protection of children's rights, as well as civil, political, economic, social, and cultural rights.

During the 76th session of the UN General Assembly in New York, Kazakhstan was elected to the UN Human Rights Council for 2022–2024, which recognized its active and responsible role in promoting international human rights standards. Kazakhstan's priorities include promoting gender equality and women's empowerment, the universal abolition of the death penalty, fighting against all forms of intolerance, freedom of religion and belief, ensuring inclusive and universal education, and respecting human rights during the Covid-19 pandemic.

According to the 'Assessment of the Needs of Women with HIV in Kazakhstan' (2022), services for people living with HIV in Kazakhstan often do not consider gender, creating barriers for women to access specialized legal, social, psychological, and medical support. Despite progress in improving the socio-economic status of women and girls at the national level, internalized stigma and discrimination against women living with HIV, women who inject drugs, and transgender women remain serious issues. These barriers significantly hinder their access to harm reduction, HIV prevention, sexual and reproductive health services, mental health support, and protection from violence services (CCMKZ, 2022).

HIV transmission is criminalized in Kazakhstan, ostensibly to protect women from infection by their partners. However, this can increase violence against women and exacerbate gender inequality. Women living with HIV can be penalized for breastfeeding, which contradicts their rights.

Patriarchal norms can lead to relationship violence and prosecution of women for HIV transmission, even if they were unaware of their status. The criminalization of HIV transmission creates obstacles for women to access medical and social services, as they may face prosecution for HIV-related behavior.

In 2022, Kazakhstan removed legal barriers for people living with HIV to adopt children. However, the country criminalizes the endangerment and transmission of HIV (Article 118 of the Criminal Code). Until 1st July 2023, women living with HIV were legally restricted from accessing crisis centers according to the standard for providing special social services to victims of domestic violence (Chapter 2, Clause 13, sub-clause 2 of the Criminal Code). In the new standards for providing special social services in the field of social protection, there is no basis for refusal of admission due to the presence of an infectious disease.

HIV is included in the list of socially significant diseases eligible for free medical care (the so-called Guaranteed Volume of Free Medical Care). However, people living with HIV who have not paid insurance contributions do not have access to other medical services in the state healthcare system.

In Kazakhstan, in case of rights violations, individuals can contact the Commissioner for Human Rights, as well as human rights non-governmental organizations (NGOs) that provide assistance in protecting and restoring violated rights. Kazakhstan also has a Commissioner for Children's Rights.

Prevention of Mother-to-Child Transmission of HIV

According to the 'Country Progress Report—Kazakhstan Global AIDS Epidemic Monitoring—2022' (Kazakh Scientific Centre of Dermatology and Infectious Diseases, 2022) and the legislation, including the Code of the Republic of Kazakhstan 'On People's Health and the Healthcare System', a standard for organizing midwife and gynecological care has been approved. Under this standard, medical care for pregnant women, mothers, and women of all age groups is provided within the framework of the Guaranteed Volume of Free Medical Care (GVFMC), Mandatory Social Health Insurance (MSHI), or voluntary health insurance.

Medical services, including anonymous HIV testing, are available to young women from the age of 16. Abortion is available from the age of 18

without parental or legal guardian consent. Prior to this age, consent from parents or legal guardians is required.

To prevent HIV transmission, mandatory double HIV testing is conducted for pregnant women under medical supervision in primary healthcare institutions. Prevention of mother-to-child transmission of HIV is included in clinical HIV protocols, which do not prohibit mothers from choosing to breastfeed. Women with HIV are provided free breast milk substitutes as part of a comprehensive approach to prevent vertical HIV transmission.

In 2022, 99.6% of women in Kazakhstan were registered in primary healthcare facilities and underwent timely free HIV testing. If HIV infection is detected, women are referred to regional HIV prevention centers, where they receive laboratory monitoring and HIV treatment (International Group for Best Practices in Healthcare, 2022).

In recent years, the coverage of pregnant women with antiretroviral (ARV) therapy has increased, reaching 98.7% in 2022. The coverage of children with preventive treatment is 100%. In 2022, there were 469 deliveries among HIV-infected pregnant women. Of these, 463 women received antiretroviral therapy during the reporting period, covering 98.7%.

Due to the availability of preventive treatment, the birth rate among HIV-positive women in the country is increasing, and the number of abortions among women living with HIV has decreased by 1.2 times over the past five years. The 'Code on People's Health and the Healthcare System of the Republic of Kazakhstan' addresses the issue of patronage and treatment of children with an unknown diagnosis born to mothers with HIV (Kazakh Scientific Centre of Dermatology and Infectious Diseases, 2022).

Stigmatization of People Living with HIV

According to the Stigma Index study (Central Asian Association of People Living with HIV, 2021) the level of self-stigmatization among women is higher than among men.

- 20% of women reported mental health problems (anxiety, depression, insomnia, post-traumatic stress);
- 78% of women find it difficult to disclose their HIV status to others;
- 26.69% of women feel dirty because of their HIV status;
- 52.98% of women feel ashamed of their HIV status.

Stigma in Society and Among Healthcare Workers

Stigma from society and healthcare workers is a major barrier to accessing services for women with HIV. The lack of peer-to-peer counselling services exacerbates this situation. Trained women living with HIV can serve as effective counsellors, providing knowledge, support for adherence to ART, and psychosocial assistance. Psychological support, especially outside of the capital city, Astana, is often unavailable, as are support groups for women (Central Asian Association of People Living with HIV, 2022).

Women with HIV are not always aware of their rights during diagnosis and treatment and are not protected from illegal actions by employers and healthcare workers. One of the main concerns for women with HIV is the loss of custody of their children due to their status. Caring for their children is often a significant motivating factor for adhering to regular medical check-ups and taking ART.

According to the HIV Stigma Index (Central Asian Association of People Living with HIV, 2021), healthcare workers who do not provide HIV services exhibit high levels of stigmatization and discrimination against women, almost double the level compared to men in all aspects.

Social and Psychological Aspects

Women living with HIV primarily need social and psychological support. While the medical aspect is crucial, social issues often arise earlier. These issues include social isolation, discrimination, and societal stigmatization. Women often experience intense emotional pain upon learning of their HIV-positive status. They worry about their ability to have a family and children or adequately care for their existing family and elderly parents.

One of the most serious family issues for many women living with HIV is disclosing their HIV status to relatives and those close to them. The fear of not being understood, accepted, or being rejected by family is the main reason for hiding their HIV status. In family relationships, misunderstandings, tensions, and suspicions frequently arise when one partner hides their HIV status. Delayed disclosure can further exacerbate conflicts within the family, especially for women. Feelings of loneliness are intensified by isolation when women most need support and the opportunity to discuss their fears and concerns.

The psychosocial problems that women living with HIV may face include a wide range of emotional challenges such as anxiety, loss of confi-

dence in the future, family disagreements, feelings of loneliness, hurt, and disappointment, loss of control, guilt or unjust accusations, helplessness, fear of death, and social isolation.

Equally important are social problems like the threat of job loss or unemployment, temporary or permanent disability, lack of social support from family and close associates, increased medical expenses amidst a lack of or insufficient social benefits, and others.

Sexual issues are also significant. The fear of infecting a loved one and concerns about relationship breakups if their HIV-positive status is disclosed are common problems. Therefore, access to psychological support should be one of the key interventions.

Mental Health

Women living with HIV in Kazakhstan face several limitations when it comes to accessing mental health services.

In most cities in Kazakhstan, there is a notable lack of qualified psychologists within AIDS centers. These specialists play a crucial role in providing support and counselling to women living with HIV, helping them cope with the psychological challenges associated with their HIV diagnosis and its consequences. The absence of psychologists in AIDS centers creates a barrier to accessing appropriate services for patients who may experience emotional difficulties, stress, and anxiety due to their health. This can negatively impact their psychological well-being and ability to manage long-term treatment and care. Therefore, having qualified psychologists in AIDS centers is essential for providing comprehensive psychological support and improving the quality of life for women living with HIV in Kazakhstan.

Within the healthcare context of Kazakhstan, there is a lack of systematic screening for depression levels among women living with HIV. The absence of regular screening means that many women with HIV may remain unnoticed in terms of their psychological state and emotional well-being. Depression is a serious psychological disorder that can severely impact the quality of life, social adaptation, and treatment adherence of women with HIV. Regular screening for depression is not conducted.

For several reasons, the motivation of women living with HIV to seek psychological help is often low. Firstly, the stigma associated with HIV can create barriers to acknowledging their emotional difficulties and seeking

help. Women may fear stigmatization and discrimination from society, including fear of losing their jobs, social status, or relationships with family and friends if their HIV status becomes known.

Secondly, some women may not recognize the importance of psychological support or see a direct connection between their mental state and HIV infection. They may prioritize medical treatment over their emotional well-being.

Additionally, some women may feel fear or discomfort openly discussing their emotional problems with a stranger, even if it is a licensed psychologist. They may feel vulnerable or fear judgment from others.

Thus, the motivation to seek psychological help among women with HIV can be weakened by a combination of stigma, insufficient understanding of the importance of psychological support, and emotional barriers related to openly discussing their problems.

Despite the importance of psychological support for women with HIV, not all NGOs have sufficient resources to staff psychologists or provide access to free psychological assistance. This may be due to limited funding, a shortage of specialists, or prioritization of other types of support, such as medical care or social services.

This problem can be especially relevant for NGOs operating outside of major cities, where access to psychological services may be even more limited due to a lack of resources and specialists. As a result, many women with HIV may be deprived of the opportunity to receive the necessary psychological support due to limitations in NGO activities.

In society, there are stereotypes and prejudices that can become obstacles to seeking psychiatric help. Mental disorders or requests for psychiatric help are often associated with negative stereotypes such as 'weakness', 'abnormality', or 'undesirability'. These stereotypes can lead to fear of being judged or rejected by others.

Some women fear negative reactions from their social environment, colleagues, friends, or even family if they learn that they are seeking psychiatric help. Additionally, fear of psychiatric diagnoses or treatment can be a reason for refusing to seek help. It is also important to note that both women living with HIV and their children require special attention due to the stigma and stereotypes they face in society. This can affect women's adherence to antiretroviral therapy (Central Asian Association of People Living with HIV, 2022).

Given these issues, efforts in HIV support should focus particularly on the social and psychological aspects for women living with HIV. This is

highly relevant and important as adequate social and psychological support plays a key role in everyday life. The well-being of future generations and the formation of their moral and social values are closely linked to the health of families and the health of women. It directly influences the development and well-being of children, as well as the formation of their values and norms of behavior. Therefore, caring for the health of mothers acquires the highest significance in the context of national policy as it affects the stability and sustainable development of society as a whole.

Gender-Based Violence

Kazakhstan is one of the first countries in Central Asia to establish a national body dedicated to promoting gender equality (UN Women, nd). Additionally, the Constitution of the Republic of Kazakhstan guarantees equal rights and freedoms for all citizens and prohibits discrimination based on gender (Article 14).

However, discrimination, stigmatization, or prohibition of discrimination is not separately defined in any legal act, except for 'discrimination on the basis of sex', provided by the Law of the Republic of Kazakhstan 'On State Guarantees of Equal Rights and Equal Opportunities for Men and Women'. Meanwhile, several laws contain a prohibition on discrimination, including the Criminal Code of Kazakhstan. The Criminal Code does not criminalize homophobia or transphobia, limiting itself to a closed list of national, racial, and religious hatred, which makes it impossible to investigate crimes committed on the basis of sexual orientation and gender identity (SOGI) as hate crimes. The Criminal Code also does not contain a definition of hate crime; an aggravating circumstance is recognized as 'the commission of a criminal offense based on national, racial, and religious hatred or enmity' (Article 54 of the Criminal Code of Kazakhstan, Government of Kazakhstan, 2014).

In 2021, Kazakhstan joined two Action Coalitions of the Global Equality Forum committing to combat gender-based violence and ensure economic justice and rights. This led to the removal of the list of prohibited professions for women. At the 76th session of the UN General Assembly in New York, Kazakhstan was elected a member of the Human Rights Council for 2022–2024, with a focus on gender equality and women's empowerment. Kazakhstan actively participates in the work of the UN Commission on

the Status of Women, which reviews the implementation of international standards for the protection and promotion of women's rights.

On 11th April 2024, the Law of the Republic of Kazakhstan 'On Amendments and Additions to Certain Legislative Acts of the Republic of Kazakhstan on Ensuring the Rights of Women and the Safety of Children' and the Law 'On Amendments and Additions to the Code of the Republic of Kazakhstan on Administrative Offenses on Ensuring the Rights of Women and the Safety of Children' were adopted, amending seven codes and eight other regulatory acts concerning women's rights and child safety.

Kazakhstan has also ratified several international conventions, including the Beijing Declaration and Platform for Action (1995), the Convention on the Elimination of All Forms of Discrimination Against Women (1998), the Convention on the Political Rights of Women (1999), the Convention on the Nationality of Married Women (1999), eight fundamental conventions of the International Labour Organization (ILO), and the 2030 Agenda for Sustainable Development.

According to the Sample Survey on Violence Against Women, 17% of women aged 18-75 who have ever had a partner reported physical or sexual violence by an intimate partner in their lifetime, and 5% in the past 12 months (UNFPA, 2017). Sexual violence increases women's vulnerability to HIV infection. One in three women living with HIV (34.4%) face abuse, including beatings by their husbands/partners or other relatives. Among them, only 21.6% sought help, while 12.8% did not. This means that about a third of women who experienced physical violence did not seek help or protection. Additionally, 20.3% of respondents did not want to answer this question, likely due to feelings of shame or fear of talking about the abuse (UNFPA, 2017). Women living with HIV are deprived of the opportunity to reside in crisis centers for female victims of domestic violence as HIV infection is listed in the medical contraindications for residing in these organizations (adopted at the sub-legal act level).

There are certain problems within the healthcare system that affect the situation with gender-based violence (UNFPA, 2017): More than 55% of healthcare workers indicated the lack of private examination rooms, 50% of the medical staff carry out a local examination instead of a full one, more than 78% of healthcare workers do not involve a psychologist when dealing with cases of gender-based violence, and one third of healthcare workers do not register cases of gender-based violence as acts of violence, despite the presence of necessary codes in the International Classification of Diseases (ICD-10). Instead, cases of gender-based violence are registered

as ordinary injuries, and 95% of healthcare workers do not use the WHO clinical survey on gender-based violence in their work (UNFPA, 2017).

Conclusion

In conclusion, we wanted to highlight both the progression that has been made and the challenges that remain in providing medical care to women living with HIV in Kazakhstan.

Firstly, significant achievements of the Kazakh government in the health-care sector, especially in providing accessible medical services for women with HIV, should be noted. The introduction of standards for organizing obstetric and gynecological care, the expansion of access to anonymous HIV testing for young women, and mandatory testing for pregnant women significantly reduces the risk of vertical transmission of the infection and improves the quality of life of this population group.

However, the problems related to stigmatization and discrimination are still serious. The high level of self-stigmatization among women with HIV, as well as stigmatization by society and even medical personnel, create barriers to receiving the necessary help and support. The lack of available psychological services and support groups deprives these women of important sources of support and information.

It is also important to pay attention to foreign migrant women who are deprived of access to free antiretroviral therapy, creating inequality in healthcare access based on nationality.

To successfully address these issues, it is necessary to continue developing educational programs to overcome stigma and discrimination and expand access to psychological support and counselling. Moreover, it is important to ensure equal access to all types of medical care regardless of social status or nationality. Only in this way can a decent quality of life and health for women living with HIV and their children be ensured.

Additionally, attention should be paid to social aspects such as the threat of job loss, financial difficulties, and lack of social support. Developing community and state-level support programs can significantly ease the burden on women facing HIV.

Ensuring access to psychological support and counselling in the field of sexual relations is also crucial, where the fear of infecting a partner and concerns about revealing one's HIV status can become obstacles to healthy and trusting relationships.

In general, combining medical care with psychosocial and social support is key to ensuring a full life and well-being for women. Statistics on domestic violence and sexual crimes indicate the severity of the problem and the scale of this problem in society.

The adoption of the Law of the Republic of Kazakhstan 'On Amendments and Additions to Some Legislative Acts of the Republic of Kazakhstan on the Issues of Ensuring Women's Rights and Children's Safety' in April 2024 was an important step towards protecting women from violence and ensuring their rights. This law introduces changes to several legislative acts, improving the system of protecting women and children.

However, despite the measures taken, there remains a serious gap in the support system for women facing violence. The lack of crisis centers and shelters, especially outside of major cities, creates barriers for those who need help and protection. For women living with HIV, the situation is exacerbated by the fact that medical issues prevent them from accessing shelter in crisis centers.

Thus, it is important to develop an integrated approach to protecting women, including strengthening the legal framework, expanding the network of crisis centres and shelters, and training and preparing personnel working in this field. Special attention should be paid to women living with HIV, considering their vulnerability and specific needs. Only in this way can a safe and dignified existence, free from violence and discrimination, be ensured.

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