THE PEOPLE LIVING WITH HIV STIGMA INDEX

LIBERIA

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Liberia Network of PLHIV
LIBNEP+

National
AIDS
Commission

ACCRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
GFATM	Global Fund to fight AIDS Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	Human Immuno Virus
KPs	Key Populations groups
LibNeP+	Liberia Network of People Living with HIV
NAC	National AIDS Commission
NACP	National AIDS Control Program
PLHIV	People Living with HIV
UL-ERB	University of Liberia Ethics Review Board
UNAIDS	United Nations Joint program on HIV and AIDS
MTCT	Mother to Child Transmission of HIV
PMTCT	Prevention of Mother to Child Transmission of HIV

ACKNOWLEDGEMENT

The Liberia National Network of Persons Living with HIV (LibNeP+) would like to extend gratitude to the Global Network of People Living with HIV (GNP+) for their technical assistance; and the Global Fund for the financial support that strengthened this valuable PLHIV impact study.

We are especially grateful to Mr. Moses Badio and Mrs. Marnijina G. M. Shannon, consultants who conducted the research process and developed the final report in collaboration with the National AIDS Commission Technical team, particularly Dr Ivan Camanor; Chair, National AIDS Commission and Mr. Sonpon Sieh; M&E Consultant, Mr. Sandei Cooper, for their valuable technical comments and suggestions.

In like manner, LibNeP+ would like to extend thanks and appreciation to Mrs. Josephine Godoe, National President (LibNeP+) who also served as Co-Investigator for this study for her dynamism and unwavering commitment in the study process, as well as Mr. T. Fulfulay Musa; Principal Investigator for the technical direction and monitoring that were provided throughout the study.

Moreover, we will also like to acknowledge the irreplaceable role of the PLHIV Associations, who made this study possible. We thank both interviewers for their personal commitment, and interviewees for their time and for sharing their stories with us. With confidence, we trust that these discoveries will contribute to the improvement of the health and quality of lives of people living with HIV and the general public.

Finally, the layout and format of this report is built on the experiences of the People living with HIV network which had already implemented the PLHIV Stigma Index Study in Liberia.

We salute and honor all our national heroes who have pass out as a result of the impact of HIV. This 2017 PLHIV Stigma Index study is to your recognition. Rest in Perfect Peace.

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EXECUTIVE SUMMARY

INTRODUCTION

This is the fourth decade of what has become the most important infectious disease epidemic in the last century. UNAIDS 2016 report, estimated that more than 36.7 million people worldwide are currently living with HIV and AIDS. Sub- Sahara Africa is the most severely affected region with over 25.5 million people living with HIV and AIDS as at the end of 2015; Western and Central Africa alone accounts for 6.5 million of people living with HIV in Sub-Saharan Africa.

Liberia has a generalized epidemic with a national prevalence of 2.1% a total population of 3.4 million. The South Central Region has the highest prevalence of 2.7% among the five regions. HIV prevalence is also higher in urban than in rural areas, in females as compared to males, and in key populations relative to the general population. According to spectrum estimate, there were about 42,550 people living with HIV with 1,655 (739 male and 916 female) new infection as of 2016.

HIV related stigma and discrimination are widely recognized as major barriers to accessing prevention, treatment, care and support services. Many people living with HIV do not know what their rights are and how they can help to improve the situation of stigma. The social and cultural context of HIV in Liberia helps fuel the wide spread stigma and discrimination.

In 2013, the first ever stigma index study, among PLHIV in Liberia was conducted to measure the magnitude and record various experiences of stigma and discrimination at individual, family, community, and national level. The results showed a high level of stigma and discrimination toward PLHIV. The Network of persons living with HIV (LIBNEP+) with partners has implemented several programs gear towards mitigating stigma and discrimination.

The main objective of conducting Stigma index is to broaden our understanding of the extent and forms of stigma and discrimination faced by people living with HIV in Liberia.

METHODOLOGY

This study was conducted in 11 of the 15 counties of Liberia and participants were recruited from HIV support groups, HIV treatment sites, Hospice and from within communities.

The study data was collected on the standardized stigma index questionnaire adapted from the Global network of people living with HIV. Using the purposive and the probability-based sampling method to define the sample, the questionnaires were administered to 800 participants by people living with HIV trained as research assistance and validated by supervisors who were also people living with HIV.

There was double data entry into an Epi Info 7 database to minimize entry error and data management and cleaning was done by running basic frequency distribution and cross tabulation on selected variables. All statistical analysis was performed using SAS version 9.3 (SAS Institute, Inc.) and statistical significance defined as a p-value ≤ 0.05 (2-sided).

ETHICAL CONSIDERATIONS

This study was approved by the University of Liberian Ethics Review Board (UL-ERB). Respondents consenting were compensated for the inconvenience and time. Respondents consenting were given inconvenience allowance for their time.

MAJOR FINDINGS

Based on the study findings, HIV related stigma and discrimination is still an issue with PLHIV in Liberia. The major findings from the study produced the following conclusions as outlined below.

Socio-Demographic characteristics of Respondents

Of all the respondents from the 11 counties, a higher proportion was female (65%) as compared to male (34%) or transgender who contributed only 1%. Respondents identified as transgender were youth and young adults aged 20-39 years.

Exclusion

Respondents still have different perceptions of stigma and discrimination against them as it relates to a number of issues. Ten percent (10%) of respondents reported being excluded from social gathering at least once during the last year.

A significant amount of 17% of respondents reported being verbally insulted, harassed and or threatened once while another 17% reported the same kind of stigma occurring a few times. A combined total of 15% of respondents reported been excluded from religious activities or place of worship at least once.

About (41%) of respondents reported that they were aware of being gossiped about at least once, or a few times, during the last year.

Access to accommodation, work, health & Education services

About 29% of respondents have been forced to change residence or denied accommodation during the past year and 21% of them felt it was because of their HIV status

Of the 26% of respondents who lost their job or other source of income during the past year, 27% of them felt that it was because of their HIV status.

Majority of the respondents reported never been denied health services, including dental care, because of their HIV status, however, 8% of the respondents felt denied of such services, once, often or a few times in the past year.

Internalized Stigma and Fears

The study is a clear indication that “felt” stigma or “self-stigmatization” which can lead to low self-confidence, insignificance and depression is prominent among PLHIV. Majority of the respondents reported feeling ashamed (66%), guilty (58.4%) or a sense of blame (58.8%). Others who felt suicidal were 6% while additional 6% felt they should be punished.

Respondents who chose not to attend any social gathering because of their HIV status constituted 24.8% while 15.5% have isolated themselves from their families and or friends.

A lot of the respondents (39.9%) decided not to have children while 12% decided not to have sex and 17.3% decided not to get married.

Majority of respondents (71.9%) reported fear of being gossiped about, while 43.1% reported fear of being verbally insulted, harassed and or threatened.

Rights, Laws and Policies

Most of the respondents did not report any violation of rights. Among the respondents who reported any violation, the most commonly reported violation was being forced to submit to a medical or health procedure (4.3%).

More than half (51.4%) of the respondents indicated that nothing happened or the matter was not dealt with since they sought legal redress for any violation of their rights, while 42.9% of respondents indicated that the matter was dealt with.

Insufficient financial resources were the paramount reasons why respondents decided not to attempt to get legal redress for any abuse of rights as PLHIV.

Effecting Change

Nearly half of the respondents indicated that they have confronted, challenged or educated someone who was stigmatizing or discriminating against them.

Majority (60.7%) of respondents indicated that they had the knowledge of organizations or groups to go to for help if they experienced stigma and discrimination

54.9% of respondents knew they could go to the support group of PLHIV, while 27.2% mentioned the network of people living with HIV as organizations to go to if they experienced stigma and discrimination. A low proportion of 2.5% of respondents mentioned the National AIDS Commission or Control Program as organization to mitigate stigma.

Although more than half of the respondents said that they have no influence in decision making on any of the HIV related issues investigated, it is worthy to mention that at least 22.3% of respondents said they have the power to influence decisions on legal/rights matters affecting people living with HIV.

Testing & Diagnosis

More than half (58%) of respondents indicated that the decision to be tested for HIV was not influenced by another person. 18% indicated that they were coerced to take the HIV test while 6.9% indicated that they were tested without their knowledge.

Majority of respondents (81.7%) reported that they received both pre and post-test counseling before being tested for HIV, while 5.1% reported no form of counseling been administered to them.

Disclosure and Confidentiality

55.8% of respondents were not sure whether their HIV status has been revealed to others by health care worker without their consent. Although 35.4% of respondents reported that health care workers have not disclosed their HIV status with others, 8.6% of respondents reported that they are aware that their HIV status has been discussed with other people by health care workers without their consent

Majority of the respondents often felt pressure from other PLHIV or HIV support groups as well as non PLHIV (family members, social workers, etc) to disclosure their HIV status.

Treatment

91.6% respondents reported to be in excellent or good health. It seems access to treatment is not an issue with PLHIV. 97.8% of respondents reported that they are currently taking antiretroviral treatment. 93.7% reported to have access to antiretroviral treatment even though they are not currently taking it and for medication to prevent or treat opportunistic infections, 93.2% reported currently taking such medication.

Having Children

Respondents who reported to have been coerced by a health care professional in relations to the method of giving birth because of their HIV status constituted 20%.

19.2% respondents reported that they have been coerced by a health care professional in relations to infant feeding practices.

28.5% of women reported having received antiretroviral treatment to prevent MTCT and 10.2% of women reported not knowing that such treatment existed in the past year

RECOMMENDATION

Among respondents there was a high prevalence of internalized stigma and low socio-economic status including low level of employment and income.

The rate of external stigma and denial of basic rights such as health, education and other social services were also high.

The greater involvement of people living with HIV in decision making is relatively low.

- As such, psychosocial and socio-economic support must clearly be a priority for people living with HIV, civil society and National AIDS Commissions.
- Concerted efforts are required to promote positive living and provide psychosocial and socio-economic support including training opportunities for people living with HIV to become peer educator, capacity and network building, including sensitization training on rights, counseling and income generation.
- The issue of building the human rights literacy of people living with HIV, and ensuring that there is access to effective resources when such violations occur is also of prime importance.

INTRODUCTION

LIBERIA DEMOGRAPHIC

The most recent population and housing census conducted in Liberia in 2008 indicated that the population of Liberia was 3.4 million [iii]. With an estimated growth rate of 2.1, the population is estimated to be 5.0 million by 2016. The population is very youthful, as 42% of the population is below age 15. The civil war period saw a large internal migration from rural to urban areas; the country’s urbanization is now much higher than other low-income countries. As of 2008, 48.7% of households lived in urban areas and 51.3% lived in rural areas [iii].

Despite the high urban density (especially in Monrovia where it is estimated about 30% of the population lives), people are reluctant to return to rural areas where there is a higher level of poverty and fewer economic opportunities. There are sixteen (16) ethnic groups, with a huge presence of foreign nationals. The capital, Monrovia, is the seat of the central Government and economic nerve center of the country. Liberia is divided into 15 administrative divisions known as counties: Bomi, Bong, Gparbolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Gee, Rivercess, and Sinoe. By far the most populous is Montserrado County, which houses the capital, followed by Nimba, Lofa, and Grand Bassa counties.

Figure 1 Map of Liberia

THE HIV EPIDEMIC

This is the fourth decade of what has become the most important infectious disease epidemic in the last century. UNAIDS 2016 report, estimated that more than 36.7 million people worldwide are currently living with HIV and AIDS, one third of them are young people between the ages of 10 and 24 years old. Sub- Sahara Africa is the most severely affected regions with over 25.5 million people living with HIV and AIDS as at the end of 2015; Western and Central Africa alone accounts for 6.5 million of people living with HIV in Sub-Saharan Africa [i].

Liberia has a generalized epidemic with an estimated 42,550 [ii] people living with HIV as of 2016 with a total population of 3.4 million [iii] and a national prevalence of 2.1% [iv]. The South Central Region has the highest prevalence of 2.75% among the five regions and Montserrado, Margibi, and Grand Bassa Counties have the highest prevalence among the 15 counties. HIV prevalence is also higher in urban than in rural areas, in females as compared to males, and in key populations relative to the general population.

In 2004, Liberia launched her first national antiretroviral therapy program in its public health care sector. This was made possible through the Global Fund grant to fight AIDS, Tuberculosis, and Malaria (GFATM). People living with HIV and AIDS can access treatment services throughout the Country [v]. As of December 2016, the cumulative number of patients enrolled in Care have reached 10,850 with 8,076 of them on ART [vi].

THE NATIONAL HIV RESPONSE

The national response to HIV is guided by the HIV and AIDS Strategic Pan (2015-2020) that outline synergies with development as one of the nine (9) sectors for the HIV response. Stigma and discrimination against PLHIV and Key Populations (KPs); Mitigating socioeconomic impact on AIDS-affected households; Gender and HIV, and HIV and the Workplace in the formal and informal sectors of the economy is a vital component of the synergies and development sector. HIV related stigma and discrimination are widely recognized as major barriers to accessing prevention, treatment, care and support services. Many people living with HIV do not know what their rights are and how they can help to improve the situation of stigma. Conversely, the social and cultural context of HIV helps fuel the wide spread stigma and discrimination. There are a number of organizations that are campaigning against stigma and discrimination and fighting for improved rights for people living with HIV. The Liberia Network of People Living with HIV (LibNeP+) has been systematically documenting stigma and discrimination faced by people living with HIV at different levels.

HIV AND AIDS RELATED STIGMA AND DISCRIMINATION IN LIBERIA

In 2013, the Liberia Demographic and Health Survey included series of questions to investigate the widespread stigma and discrimination in the general population and ascertained the extent to which PLHIV are affected. Respondents were asked about their willingness or unwillingness to buy vegetables from an infected shopkeeper or vendor, to let others know the HIV status of family members, and to take care of a member of their family with AIDS in their own household. They were also asked whether an HIV-positive female teacher who is not sick should be allowed to continue teaching.

Both women and men tend to express more accepting attitudes toward HIV-infected relatives than toward shopkeepers or teachers. Sixty-nine percent (69%) of women and 74% of men would be willing to care for a relative with AIDS in their home. In contrast, only 44% of women and 50% of men indicated they would buy vegetables from a shopkeeper with HIV, and 49% of women and 52% of men agreed that a female teacher with HIV should be allowed to continue teaching. Four in ten women (43%) and six in ten men (57%) indicated that they would not want to keep secret that a family member was infected with HIV. Overall, only 7% of women and 14% of men expressed accepting attitudes with regard to all four situations (i.e., they would care for a family member with AIDS in their own home, would buy fresh vegetables from a shopkeeper with HIV, would allow an HIV-positive female teacher to continue teaching, and would not want to keep the HIV-positive status of a family member a secret).

In 2013, the Liberia network of people living with HIV (LibNep+) in collaboration with the National AIDS Commission and partners initiated a stigma index survey among PLHIV in Liberia to measure the magnitude and record various experiences of stigma and discrimination at individual, family, community, and national level. The results showed about 29.8% of PLHIV reported being verbally insulted, 21% had been physically assaulted, while 20% had been subjected to psychological pressure of manipulation by sexual partners. There were high level of rejection both at home and other social and education gathering. About 22% of respondents said they were forced to change residence due to their HIV status; 12% had lost their jobs or other sources of income because of HIV, while 6% experienced change of job description or refused promotion because of their HIV status. Approximately 7% reported being dismissed, prevented or suspended from attending educational institution because of HIV status. The spectrum of stigma and discrimination extends as far as towards children of PLHIV regardless of their HIV status. About 2% reported that their children were thrown out of school on account of HIV related stigma and discrimination against members of their families living in the same household.

STUDY RATIONALE

Both the Demographic and Health survey and the Stigma Index study investigated stigma and discrimination related to HIV and AIDS. Although critical in the fight against HIV and AIDS stigma and discrimination remains a vital issue to address in Liberia.

With funding from the GFATM, the Network of people living with HIV in Liberia has implemented several programs gear towards mitigating stigma and discrimination. This study is intended to measure the current level of stigma and evaluate if the program implementation have had substantial impact at population level. Also, this study is intended to show trends in the stigma index indicators as outline in the national monitoring and evaluation plan.

STUDY OBJECTIVES

The main objective of collecting Stigma index is to broaden our understanding of the extent and forms of stigma and discrimination faced by people living with HIV in Liberia.

Specifically, the objectives are to;

- To document the various experiences of people living with HIV within Liberia regarding HIV related stigma and discrimination;
- To compare the situation of people living with HIV in Liberia with respect to a particular issue;
- To measure changes over a period of time to answer questions like, “Has the situation with respect to stigma, discrimination and rights of people living with HIV in Liberia worsened or improved over the last couple of years?”
- To provide an evidence base for policy change and programmatic interventions in Liberia.

METHODOLOGY

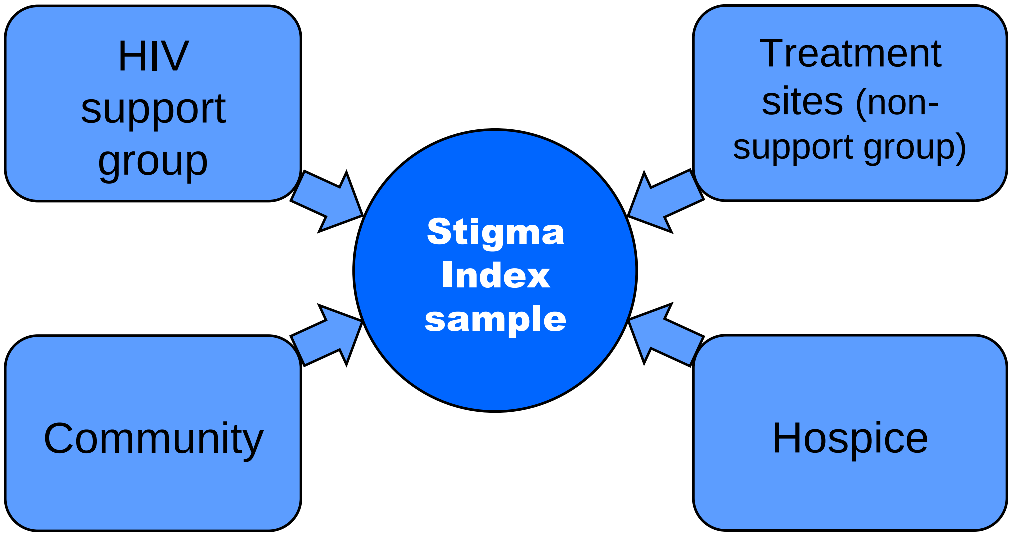
Study design, sampling and sample size

This is a cross-sectional study that used a mixed sampling method. The purposive and the probability-based sampling method were used to define the sample because of the context of the HIV epidemic in Liberia. A mixed of positive people of different ages, risk behavior (key population), economic, social and educational backgrounds were included.

Participants who enrolled in the study were categorized into the following four (4) groups to have a representation of the different level of experiences related to stigma and discrimination.

1. **HIV support group** – members of the support groups in the selected counties were randomly sample from a membership list and included in the study
2. **HIV treatment sites** – PLHIV who are enrolled in a treatment site in selected counties that are not part of the support group network were consecutively enrolled in the study after their routine clinic visit until the sample size for treatment was reached.
3. **Hospice** – PLHIV living at 2 selected hospice were consecutively enrolled in the study until the sample size for the hospice was reached.
4. **Communities with PLHIV who are not in Care or lost to follow up** – PLHIV who are lost to follow up and not a member of the support group network were consecutively enrolled until the sample for the community was reached.

Figure 2 Stigma Index study sample

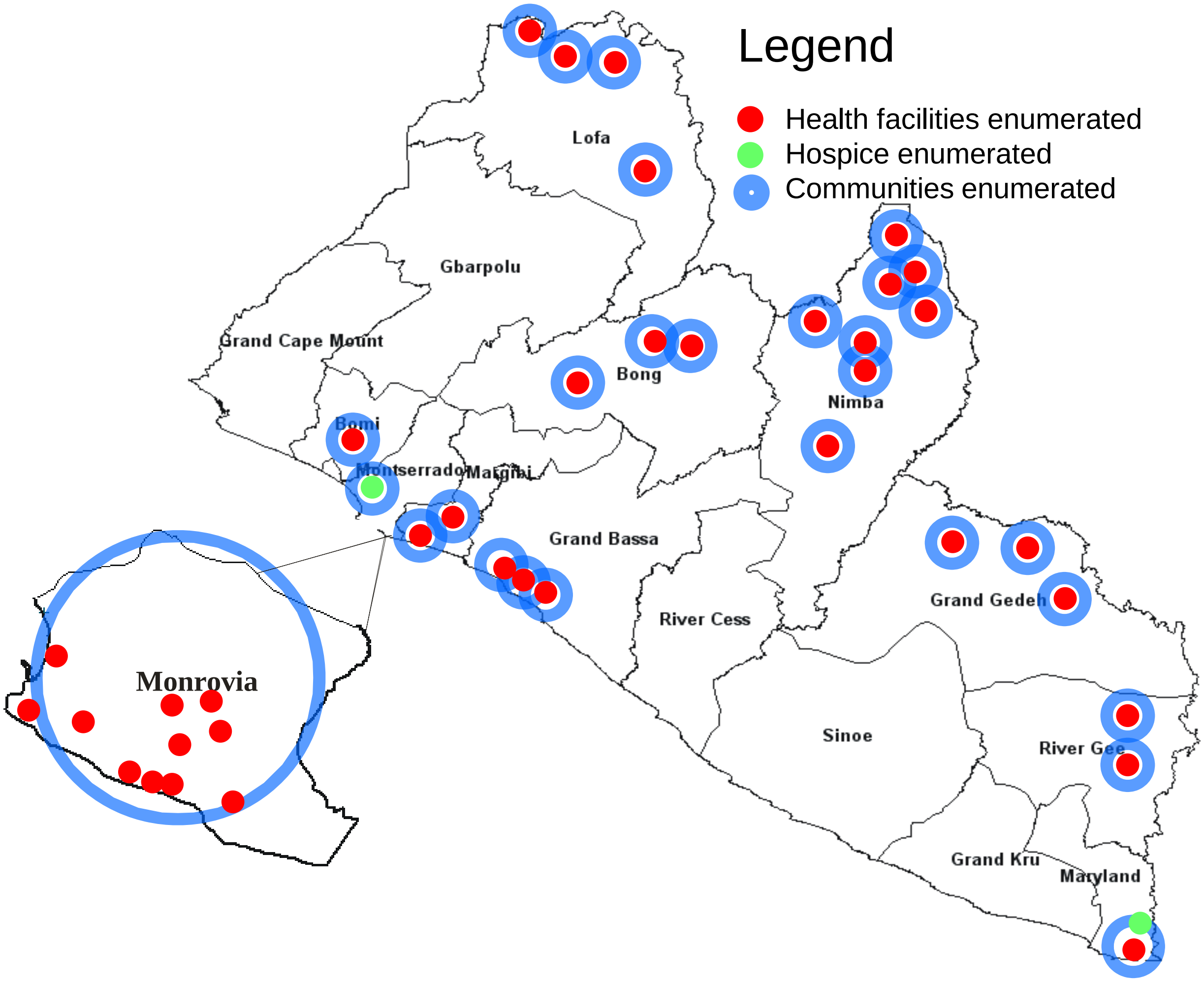


The study enrolled 800 participants from 11 counties as shown in map 3. Thirty percent (30%) of participants were recruited from HIV support groups in the above counties, 56%, were recruited from HIV Care and Treatment sites, 4% were recruited from two (2) Hospices providing care from the chronically ill patients, and 10% were recruited from communities in closed proximity to the treatment sites.

Data Collection, Management

Data were collected on the standardized stigma index questionnaire adapted from the Global network of people living with HIV. The questionnaires were administered by people living with HIV trained as research assistance and validated by supervisors who were also people living with HIV. There was double data entry into an Epi Info 7 database to minimize entry error. Data management and cleaning was done by running basic frequency distribution and cross tabulation on selected variables.

Figure 3 Counties, Health facilities, and other locations included in the study



Data analysis

Baseline characteristics were assessed among analysis groups by basic frequency distribution among variables. The prevalence of selected variables measuring stigma and discrimination was calculated and compared in a stratified analysis. Trends analysis was conducted to measure a change in a particular variable using the past stigma index study data and a chi square test statistics to calculate statistical significance.

All statistical analysis was performed using SAS version 9.3 (SAS Institute, Inc.) and statistical significance defined as a p-value ≤ 0.05 (2-sided).

Ethical considerations

This study was approved by the University of Liberian Ethics Review Board (UL-ERB). During study implementation, the purpose was explained to respondents in a language they fully understood and comprehended. Participants were free to answer any question, or to terminate the interview at any time. Respondents consenting were compensated for the inconvenience and time.

Study limitations

The study sample might not have been representative of the entire HIV population in Liberia.

What is in this report?

This report follows the content of the questionnaire and is divided into three sections:

Section 1: General information about the respondent and his/her household;

Section 2: Experience of stigma and discrimination (Exclusion, Access to accommodation, work, education and health services, Internalized stigma and fear, Right, laws and policies, and Effecting change)

Section 3: Experience of testing, disclosure, treatment and having children (Testing and diagnosis, Disclosure and confidentiality, Treatment, and having children).

Discussion, conclusion and recommendations are then presented.

RESULTS

SECTION 1: BACKGROUND CHARACTERISTICS, RESIDENCY

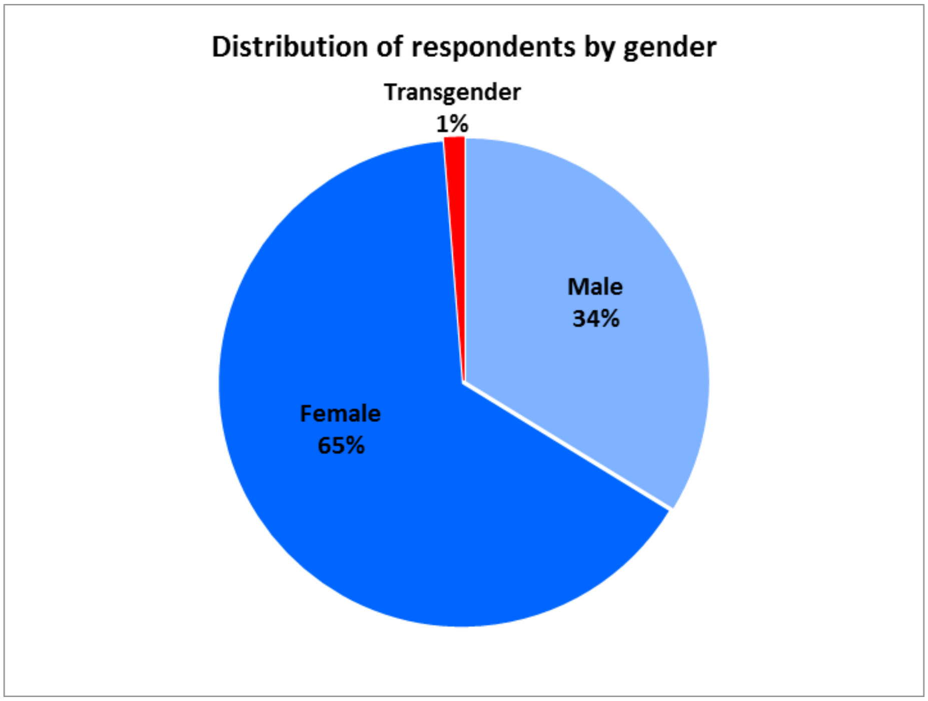
Out of 791 respondents included from eleven (11) Counties, a higher proportion of 47% were recruited from Montserrado. Transgender were only reported in two (2) Counties (Grand Bassa and Montserrado). See table 1.

Table 1 Number of respondents by County

County	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Bomi	6	2.2%	12	2.3%	0	0.0%	18	2.3%
Bong	8	3.0%	16	3.1%	0	0.0%	24	3.0%
Grand Bassa	34	12.7%	52	10.1%	6	60.0%	92	11.6%
Grand Gedeh	14	5.2%	56	10.9%	0	0.0%	70	8.8%
Grand Kru	4	1.5%	1	0.2%	0	0.0%	5	0.6%
Lofa	11	4.1%	32	6.2%	0	0.0%	43	5.4%
Margibi	1	0.4%	6	1.2%	0	0.0%	7	0.9%
Maryland	5	1.9%	6	1.2%	0	0.0%	11	1.4%
Montserrado	137	51.3%	230	44.8%	4	40%	371	46.9%
Nimba	44	16.5%	89	17.3%	0	0.0%	133	16.8%
River Gee	3	1.1%	14	2.7%	0	0.0%	17	2.1%
Total	267	100%	514	100%	10	100%	791	100%

1.1 Age and gender

Figure 4 Distribution of respondents by gender



Out of 791 respondents included in the final analysis, 65% were female, 34% male and 1% reported transgender as their gender identity. The gender distribution of respondents enrolled in the stigma index study is similar to the proportion of male and female living with HIV in Liberia. Among the different age categories, a higher proportion of 30% of respondents were aged 40-49 years. Older participants aged ≥50 years contributed 14% while adolescent aged 18-19 years were 2.8% of the study population. There was no significant difference in the distribution of age by gender. Respondents identified as transgender were youth and young adults aged 20-39 years as shown in table 2.

Table 1 Number of respondents by age and gender

Age in years	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
18-19	4	1.5%	18	3.5%	0	0.0%	22	2.8%
20-24	23	8.7%	31	6.0%	4	40.0%	58	7.4%
25-29	40	15.2%	87	16.9%	5	50.0%	132	16.8%
30-39	60	22.7%	167	32.5%	1	10.0%	228	28.9%
40-49	90	34.1%	147	28.6%	0	0.0%	237	30.1%
≥50	47	17.8%	64	12.5%	0	0.0%	111	14.1%
Total	264	100%	514	100%	10	100%	788	100%

1.2. Education and gender

As in the general population, a higher proportion of male and transgender have either obtained secondary or higher education compared to female. Among participants with no formal education, 31.9% were female compared to 14.4% male while only 4.9% of female compared to 23.1% of male and 50% of transgender reported completing University/Technical college education as shown in table 3.

Table 2 Number of respondents by level of education and gender

Level of education	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
No formal education	38	14.4%	163	31.9%	0	0.0%	201	25.6%
Primary school	57	21.6%	172	33.7%	0	0.0%	229	29.2%
Secondary school	108	40.9%	151	29.6%	5	50.0%	264	33.6%
Technical college/university	61	23.1%	25	4.9%	5	50.0%	91	11.6%
Total	264	100%	511	100%	10	100%	785	100%

1.4 Relation status and gender

The stigma index study assessed the relationship status of respondents and recorded that 34.3% were single while 24.6% and 4.7% reported being married or cohabiting with partners currently living in household for the first time while the latter indicated that their partners were temporarily living or working away from the household. Out of 74 (9.4%) respondents that reported being widow/widower, 5.7% were male compared to 11.6% female. It was not investigated whether the cause of loss of partner was due to HIV. At the time of data collection, 5.9% of respondents indicated that they were divorced or separated as shown in table 4.

Table 3 Number of respondents by relationship status and gender

Marital status	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Married or cohabiting and partner is currently living in household	78	29.5%	114	22.4%	1	10.0%	193	24.6%
Married or cohabiting and partner is temporarily living/working away from the household	16	6.1%	21	4.1%	0	0.0%	37	4.7%
In a relationship but not living together	60	22.7%	102	20.0%	3	30.0%	165	21.0%
Single	77	29.2%	186	36.5%	6	60.0%	269	34.3%
Divorced/separated	18	6.8%	28	5.5%	0	0.0%	46	5.9%
Widow/widower	15	5.7%	59	11.6%	0	0.0%	74	9.4%
Total	264	100%	510	100%	10	100%	784	100%

1.5 Employment

Employment and income status are contributing factors to the distribution of HIV infection by gender and also a factor for stigma and discrimination. Respondents in the stigma index study were asked about their employment status and 43.3% reported that they were unemployed and not doing any form of work. Out of 72 respondents who reported in full-time employment, 16.4% were male compared to 4.5% female, and 60% transgender. Thirty-two percent (32%) of respondents indicated that they were casual workers or self-employed as shown in table 5. The proportion (35.4%) of female casual workers or self-employed was higher compared to male (27.5%).

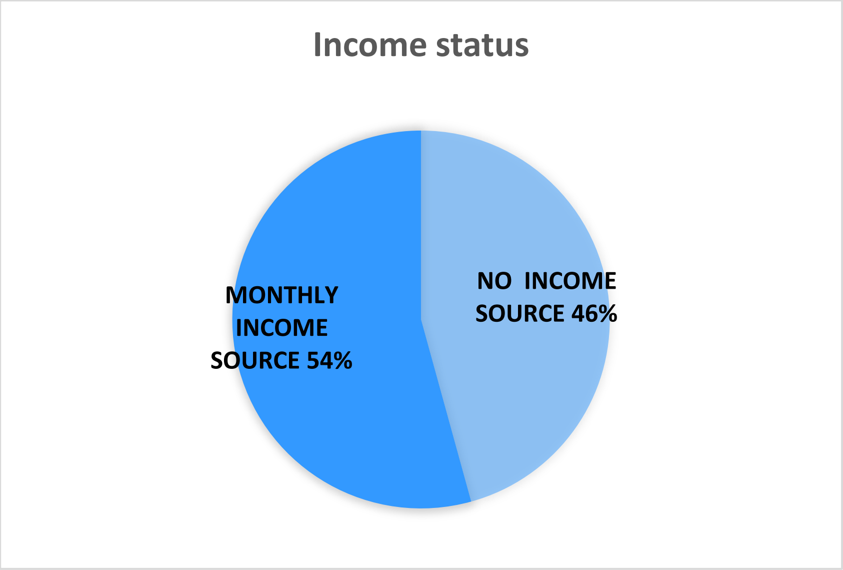
Table 4 Number of respondents by employment status

Employment status	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
In full-time employment/employee	43	16.4%	23	4.5%	6	60.0%	72	9.2%
In part-time employment/employee	7	2.7%	28	5.5%	0	0.0%	35	4.5%
Working full-time not as employee/self employed	36	13.7%	46	9.1%	1	10.0%	83	10.6%
Casual worker/self employed	72	27.5%	180	35.4%	0	0.0%	252	32.3%
Unemployed and not working at all	104	39.7%	231	45.5%	3	30.0%	338	43.3%
Total	262	100%	508	100%	10	100%	780	100%

1.6 Income and household size

Having income and income source provides a stronger will power for decision making especially as people living with HIV in a low income and developing country as Liberia. Respondent in the stigma index study were asked if they have a monthly income and almost half (46%) reported that they do not have any form of income as shown in figure 6.

Figure 5 Income Status of respondents



Out of 54% (431) of respondents who reported having a monthly income source, 42% are having monthly income less than $50.00USD. Respondents earning between $50 – 100.00USD monthly were 26.2% while another 26.9% reported earning between $101 – 300.00USD per month. Only 3.9% of respondents reported earning more than $500.00USD per month as shown in table 6.

Table 5 Average monthly household Income

Amount in USD	n	%
<50	181	42.0%
50-100	113	26.2%
101-300	116	26.9%
301-500	4	0.9%
>500	17	3.9%
Total	431	100.0%

Given the socio-economic status of majority of respondents in the stigma index study, having large house-holds possess a huge burden on them. Respondents in the stigma index study were asked about the number of AIDS orphans in their household. Out of 85 respondents who reported AIDS orphans in their households, 74.1% said they had 1 to 2 orphans while 18.8% said they had 3-4 orphans. About 7.1% of respondents said they had 5 to 7 orphans in their household.

Table 6 Respondents with AIDS orphans in their household

Number of Orphans	n	%
1-2	63	74.1%
3-4	16	18.8%
5-7	6	7.1%
Total	85	100%

1.7 Length of time living with HIV

Respondents in the study were also asked about the knowledge of the years living with HIV. Majority of reported knowledge of living with HIV to be less than 10 years; this pattern did not vary by gender. There were 12.2% of respondents who's knowledge of living with HIV were less than or equal to one (1) year compared to 2.3% who's knowledge of living with HIV were more than or equal to fifteen (15) years. It is worth noting that 14% of respondents' knowledge of living with HIV was from 10 to 14 years as shown in table 8.

Table 7 Years of knowledge of HIV status by gender

Year(s)	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
0-1	36	13.5%	59	11.6%	1	10.0%	96	12.2%
1-4	110	41.4%	168	32.9%	8	80.0%	286	36.4%
5-9	85	32.0%	190	37.3%	1	10.0%	276	35.1%
10-14	29	10.9%	81	15.9%	0	0.0%	110	14.0%
≥15	6	2.3%	12	2.4%	0	0.0%	18	2.3%
Total	266	100%	510	100%	10	100%	786	100%

1.8 Key populations groups

Respondents in the stigma index study were asked whether they have in the past or currently belong to any of the following key populations groups. Forty (40) or 5.2% of respondents reported being or been men who have sex with men while 4.6% reported that they belong to or in the past belonged to sex workers group. A significant proportion of 23.5% of respondents reported being refugee or asylum seeker while another 18.4% reported being internally displaced as shown in table 9. These vulnerability could be a contributing factor to the low economic status of most respondents.

Table 8 Number of respondents from Key populations

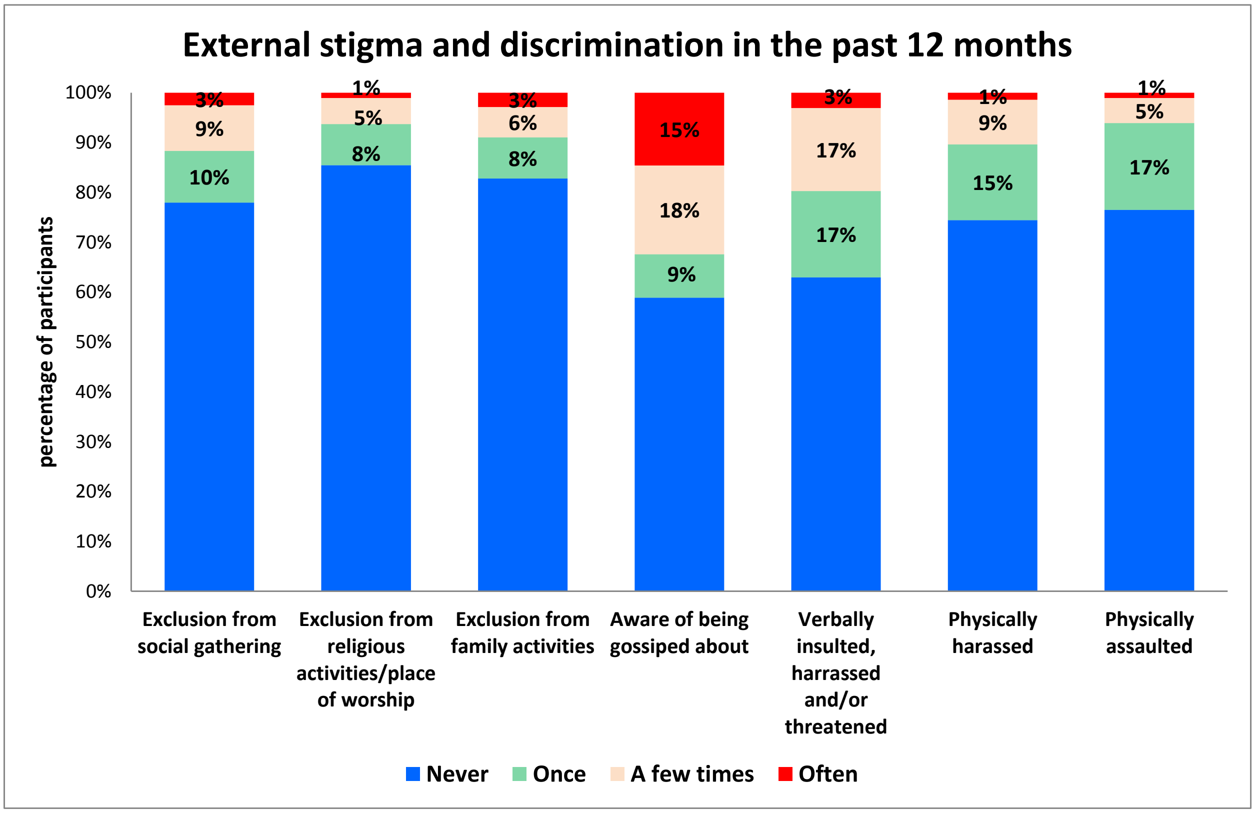
Do you belong to, or have you in the past belonged to, any of the following categories?	Total	
	n	%
Men who have sex with men	40	5.2%
Gay or lesbian	7	0.9%
Transgender	10	1.3%
Sex worker	35	4.6%
Injecting drug user	13	1.7%
Refugee or asylum seeker	180	23.5%
Internally displaced person	141	18.4%
Member of an indigenous group	22	2.9%
Migrant worker	6	0.8%
Prisoner	11	1.4%
None	302	39.4%
Total	767	100%

SECTION 2: EXPERIENCE OF STIGMA AND DISCRIMINATION

2.1 Exclusion

Stigma and discrimination can be perceived many ways. Respondents were asked questions regarding their perceptions of exclusion, being gossiped about, being physically harassed, assaulted and other means of stigma. Ten percent (10%) of respondents reported being excluded from social gathering once while 9% and 3% reported being excluded from social gathering occurring a few times and often respectively. A significant amount of 17% of respondents reported being verbally insulted, harassed and or threatened once while another 17% reported the same kind of stigma occurred a few times. Religious gathering; where it is expected to be a place of refuge and comfort when people living with HIV are being socially alienated, is not exempted from stigmatizing PLHIV. A combine total of 15% of respondents reported been excluded from religious activities or place of worship occurring at least once. The more frequently perceived stigma is "aware of being gossiped about". Eighteen percent (18%) of respondents reported aware of being gossiped about a few times while 15% reported the same stigma but occurred more often. Seventeen percent (17%) of respondents reported being physically assaulted once while 5% and 1% reported physical assault occurring a few times and occurring often respectively as shown in Figure 6.

Figure 6: Respondents experience of External stigma in the last 12 months



Stigma and discrimination towards people living with HIV is common among their own peer and family members. Respondents were asked whether they have experience stigma and discrimination from their peers and family because of their HIV status. The most frequently reported stigma and discrimination was psychological pressure or manipulation by sexual partner. The results showed 5.8% and 8.3% of respondents reported psychological pressure or manipulation by sexual partners occurring often or a few times respectively. Respondents were asked if they have been discriminated against by other people living with HIV. The results showed 4.1% reported discrimination from other people living with HIV. Respondents also reported experiencing discrimination from household members or spouse. The results showed 8.3% of respondents reported experiencing discrimination from household members or spouse occurring once while 5% of respondents report the same form of discrimination occurring a few times as shown in table 10.

Table 10 Stigma & discrimination as a result of respondent's HIV-positive status

Variable	Never		Once		A few times		Often		Total	
	n	%	n	%	n	%	n	%	n	%
Psychological pressure or manipulation by husband/wife or partner	625	79.4%	51	6.5%	65	8.3%	46	5.8%	787	100%
Sexual rejection	679	87.2%	36	4.6%	33	4.2%	31	4.0%	779	100%
Discriminated against by other people living with HIV	749	95.7%	32	4.1%	1	0.1%	1	0.1%	783	100%
Discrimination experienced by spouse/household member as a result of your HIV positive status	673	86.3%	65	8.3%	39	5.0%	3	0.4%	780	100%

2.2 Access to accommodation, work, education and health services

The study investigated whether basic services such as health, education, work, and accommodation has been limited or denied from people living with HIV because of their HIV-positive status. Respondents were asked how often they have been forced to change residence or denied accommodation. The result showed that 18.3% of respondents reported being forced to change residence or denied accommodation occurring once while 10.2% reported the same form of stigma but occurring a few times.

Table 11 Denial of accommodation in the past 12 months

In the last 12 months, how often have you been forced to change your place of residence or been unable to rent accommodation?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Never	190	71.4%	356	70.5%	5	50.0%	551	70.6%
Once	53	19.9%	85	16.8%	5	50.0%	143	18.3%
A few times	21	7.9%	59	11.7%	0	0.0%	80	10.2%
Often	2	0.8%	5	1.0%	0	0.0%	7	0.9%
Total	266	100%	505	100%	10	100%	781	100%

To further investigate if the change of residence or denial of accommodation was associated with HIV, respondents were asked about their perceived reasons. The result showed that 21.1% of participants reported being forced to changed residence of denied accommodation because of their HIV status, while 31% said the reason for the changed of residence was both because of their HIV status and other reasons. There was no gender disparity in the reported reasons as shown in table 12.

Table 12 Perception for reason for Denial of accommodation (Stigma & discrimination)

Why were you forced to change residence or denied accommodation?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Because of HIV status	15	18.1%	34	23.6%	0	0.0%	49	21.1%
For other reasons	33	39.8%	59	41.0%	5	100.0%	97	41.8%
Both because of HIV status and other reasons	26	31.3%	46	31.9%	0	0.0%	72	31.0%
Not sure why	9	10.8%	5	3.5%	0	0.0%	14	6.0%
Total	83	100%	144	100%	5	100%	232	100%

Respondents were asked if their employment status or income source have changed in the last 12 months. Ten percent (10%) of respondents reported loss of job or income source occurring a few times during the past 12 months. Another 10% of respondents reported changed of job description or been refused promotion occurring at once during the past 12 months as shown in table 13 below. The proportion of respondents who reported change of job description, dismissal, suspended or prevented from attending educational institution was less than 1%.

Table 13 Access to employment or income in the past 12 months

Variable	Never		Once		A few times		Often		Total	
	n	%	n	%	n	%	n	%	n	%
Lost a job or source of income	408	78.5%	51	9.8%	55	10.6%	6	1.2%	520	100%
Change of job description/been refused promotion	379	81.9%	44	9.5%	39	8.4%	1	0.2%	463	100%
Dismissed, suspended or prevented from attending educational institution	614	97.0%	12	1.9%	5	0.8%	2	0.3%	633	100%

Respondents were asked about their perception about the reason for loss of employment or income source. The result showed that 36.4% of male, 20.0% of female and 0% of transgender reported loss of job or income because of their HIV status. The difference in proportion between male and female could be attributed to the difference in employment or income status by gender in Liberia and not because HIV positive female are more likely change residence or denied accommodation.

Table 14 Perception of reason for loss of employment or income (Stigma & discrimination)

Why do you think you lost a job or another source of income?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Because of HIV status	20	36.4%	12	20.0%	0	0.0%	32	27.4%
For other reasons	17	30.9%	31	51.7%	2	100%	50	42.7%
Both because of HIV status and other reasons	10	18.2%	9	15.0%	0	0.0%	19	16.2%
Not sure why	8	14.5%	8	13.3%	0	0.0%	16	13.7%
Total	55	100%	60	100%	2	100%	117	100%

Respondents were asked how often they have been denied health services, including dental care because of their HIV status during the past 12 months. The result indicated that 6.6% of participants were denied health services, including dental care which occurred more often compared to 1.7% occurring once. There was no gender disparity in the differences of denial of health services as shown in table 15.

Table 15 Denial of health services

In the last 12 months, how often have you been denied health services, including dental care, because of your HIV status?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Never	243	92.1%	458	91.2%	9	90.0%	710	91.5%
Once	5	1.9%	7	1.4%	1	10.0%	13	1.7%
A few times	2	0.8%	0	0.0%	0	0.0%	2	0.3%
Often	14	5.3%	37	7.4%	0	0.0%	51	6.6%
Total	264	100%	502	100%	10	100%	776	100%

2.3 Internalized stigma and fear

Internalized stigma, also referred to as “felt” stigma or “self-stigmatization” is used to describe the way a person living with HIV feels about themselves and specifically if they feel a sense of shame about being HIV-positive. This kind of stigma can lead to low self-confidence, insignificance and depression. Respondents were asked if they have experienced any form of internal stigma during the past 12 months. The results are shown in table 15 below indicates that majority respondents reported feeling ashamed (66%), feeling guilty (58.4%), and blame themselves (58.8%), while suicidal feeling was reported by 6.1% of respondents. Others felt responsible for their infection and feel they should be punished (6.1%).

Table 95 Number of respondents by experience of internal stigma

In the last 12 months, have you experienced any of the following feelings because of your HIV status??	Yes	
	n	%
I feel ashamed	516	66.0%
I feel guilty	457	58.4%
I blame myself	460	58.8%
I blame others	133	17.0%
I have low self esteem	261	33.4%
I feel I should be punished	48	6.1%
I feel suicidal	48	6.1%

Stigma and discrimination have caused many people living with HIV self-deprivation of social benefits. Respondents were asked if they have deprived themselves from some basic social entitlement. The results in table 16 below showed that 24.8% have chosen not to attend any social gathering because of their HIV status, while 15.5% have isolated themselves from their families and or friends. Some respondents reported taking the decision to stop working (4.6%), while another 4.4% of respondents said they decided not to apply for a job or for a promotion at job site. Twelve percent (12%) of respondents decided not to have sex, while 17.3% decided not to get married.

Table 16 Activities avoided because of HIV status

In the last 12 months, have you done any of the following because of your HIV status?	Yes	
	n	%
I have chosen not to attend social gatherings	191	24.8%
I have isolated myself from my family and/or friends	119	15.5%
I took the decision to stop working	35	4.6%
I decided not to apply for a job/work or for a promotion	34	4.4%
I withdrew from education/training or did not take up an opportunity for education/training	51	6.6%
I decided not to get married	133	17.3%
I decided not to have sex	92	12.0%
I decided not to have (more) children	307	39.9%
I avoided going to a local clinic when I needed to	75	9.8%
I avoided going to a hospital when I needed to	5	0.7%

In a setting where stigma and discrimination towards people living with HIV are widespread, fear and uncertainty comes in. Respondents were asked whether in the last 12 months they had been fearful of certain things happening to them, whether or not they actually have actually happened. The result showed that 71.9% reported fear of being gossiped about, while 43.1% reported fear of being verbally insulted, harassed and or threatened as shown in table 17.

Table 1710 Number of respondents by level of fears

In the last 12 months, have you been fearful of any of the following things happening to you?	Yes	
	n	%
Being gossiped about	562	71.9%
Being verbally insulted, harassed and/or threatened	337	43.1%
Being physically harassed and/or threatened	190	24.3%
Being physically assaulted	162	20.7%
Afraid that someone would not want to be sexually intimate with you because of your HIV-positive status	291	37.2%

2.4 Right, Laws and Policies

The existence of rights, laws and policies for people living with HIV is very important in mitigating stigma and discrimination. However, the level at which these rights are known to people living as well as the general population remains a critical. Respondents were asked if they have experienced violation of rights during the past 12 months. 4.3% of respondents reported being forced to submit to a medical or health procedure while 3.3 % reported being denied health or life insurance in the last 12 months as shown in table 18.

Table 18 Violation of rights experienced in the last 12 months

In the last 12 months, have any of the following violations happened to you because of your HIV status?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Forced to submit to a medical or health procedure	21	7.7%	13	2.6%	0	0.0%	34	4.3%
Denied health insurance or life insurance	8	3.0%	18	3.5%	0	0.0%	26	3.3%
Arrested or taken to court on a charge related to HIV status	0	0.0%	1	0.2%	0	0.0%	1	0.1%
Disclose my HIV status in order to enter another country	3	1.1%	1	0.2%	0	0.0%	4	0.5%
Disclose my HIV status in order to apply for residency or nationality	0	0.0%	1	0.2%	0	0.0%	1	0.1%
Detained, quarantined, isolated or segregated	1	0.4%	1	0.2%	0	0.0%	2	0.3%
None of these things happened to me	238	87.8%	473	93.1%	10	100%	721	91.4%
Total	271	100%	508	100%	10	100%	789	100%

Respondents were asked about the result of their efforts to have any violation of their rights as a person living with HIV redressed. The results showed that more than half (51.4%) of the respondent indicated that nothing happened or the matter was not dealt with since they sought redress, while 42.9% of respondents indicated that the matter were dealt with. There was no gender disparity in the distribution of responses as shown in table 19.

Table 19 Violation of rights experienced in the last 12 months

What was the result of your effort to have any violation of your rights as a person living with HIV redressed?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
The matter has been dealt with	9	45.0%	6	40.0%	0.0%	0.0%	15	42.9%
The matter is still in the process of being dealt with	1	5.0%	1	6.7%	0.0%	0.0%	2	5.7%
Nothing happened/the matter was not dealt with	10	50.0%	8	53.3%	0.0%	0.0%	18	51.4%

Most of the efforts made by people living with HIV to get government employee(s) take action against an abuse of rights or violation did not yield much. Majority (59.4%) of respondents reported that nothing happened or the matter was not dealt with when it was reported. On the contrary, there were 28.1% of respondents who reported that the matter has been dealt with while 12.5% reported that the matter is still in the process of being dealt with as shown in table 20. The time lapse to have these matters resolve was not investigated.

Table 20 Violation of rights experienced in the last 12 months

What was the result of your effort to get government employee(s) to take action against an abuse of your rights as a person living with HIV?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
The matter has been dealt with	8	40.0%	1	8.3%	0.0%	0.0%	9	28.1%
The matter is still in the process of being dealt with	2	10.0%	2	16.7%	0.0%	0.0%	4	12.5%
Nothing happened/the matter was not dealt with	10	50.0%	9	75.0%	0.0%	0.0%	19	59.4%

Majority of the abuse of rights of violations against people living with HIV were left unreported and the PLHIV involved did not attempt to seek legal redress. More than half (52%) of respondents reported that they did not attempt to get legal redress for any abuse of rights as

PLHIV because of insufficient financial resources to take action while 2.9% felt intimidated or scared to take any action as shown in table 21. It is worth nothing that 7.8% of respondents reported that the process of taking a legal redress appeared to bureaucratic.

Table 21 Violation of rights experienced in the last 12 months

If you did not attempt to get legal redress for any abuse of your rights as a person living with HIV, what was the reason?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Insufficient financial resources to take action	25	62.5%	27	44.3%	1	100%	53	52.0%
Process of addressing the problem appeared too bureaucratic	0	0.0%	8	13.1%	0	0.0%	8	7.8%
Felt intimidated or scared to take action	2	5.0%	1	1.6%	0	0.0%	3	2.9%
Advised against taking action by someone else	3	7.5%	9	14.8%	0	0.0%	12	11.8%
No/little confidence that the outcome would be successful	4	10.0%	1	1.6%	0	0.0%	5	4.9%
None of the above	6	15.0%	15	24.6%	0	0.0%	21	20.6%
Total	40	100%	61	100%	1	100%	102	100%

Some aggrieved respondents reported taking actions to get a local or national politician to take action against an abuse of rights or violation as a person living with HIV. Majority (66.7%) of respondents indicated that nothing happened or the matter was not dealt with after reporting while 25.9% of respondents indicated that the matter has been dealt with as shown in table 22.

Table 22 Violation of rights experienced in the last 12 months

What was the result of your effort to get a local or national politician to take action against an abuse of your rights as a person living with HIV?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
The matter has been dealt with	7	41.2%	0	0.0%	0.00%	0.0%	7	25.9%
The matter is still in the process of being dealt with	1	5.9%	1	10.0%	0.00%	0.0%	2	7.4%
Nothing happened/the matter was not dealt with	9	52.9%	9	90.0%	0.00%	0.0%	18	66.7%

The declaration of commitment on HIV and AIDS and the HIV model law are vital advocacy tools in creating an enabling environment to promote zero HIV and AIDS related stigma and discrimination. Respondents in the stigma index study were asked about knowledge about their rights, HIV laws and whether they have heard of the declaration of commitment on HIV and AIDS. Forty-eight percent (44.2%) of respondents reported that they have heard of the declaration of commitment on HIV and AIDS, out of which only 15.4% have read or discussed the content of the declaration. Compared to the declaration of commitment, a lower number of 33.2% of respondents have heard of the HIV and AIDS law, out of which only 6.9% have read or discussed its contents as shown in table 23.

Table 23 Number of respondents by Knowledge of their rights, laws and policies

	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Have you heard of the Declaration of Commitment on HIV/AIDS	128	48.3%	210	41.6%	7	70.0%	345	44.2%
If yes have you ever read or discussed the content of this Declaration	28	10.6%	46	14.2%	3	30.0%	77	15.4%
Have you heard of the HIV/AIDS law	96	36.2%	148	30.3%	8	80.0%	252	33.2%
If yes, have you read or discussed the content of the HIV/AIDS law?	21	7.9%	20	4.8%	4	40.0%	45	6.9%

2.5 Effecting Change

In spite of the high level of stigma and discrimination faced by PLHIV, some have taken on the courage to bring about positive change in mitigating stigma. Forty percent (40%) of respondents indicated that they have confronted, challenged or educated someone who was stigmatizing or discriminating against them. Conversely, majority (60.7%) of respondents indicated that they had the knowledge of organization or groups to go to for help if they experienced stigma and discrimination as shown in table 24.

Table 24 Number of respondents by level of effecting change

Level of change	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Confronted, Challenged or educated someone who was stigmatizing or discriminating against you?	81	31.0%	220	43.7%	4	40.0%	305	39.5%
Knowledge of organization/groups to go to for help if you experience stigma/discrimination?	163	65.0%	276	58.0%	10	100%	449	60.7%

There are numerous organizations fighting HIV and AIDS related stigma towards PLHIV. Respondents were asked about their knowledge of the kinds of organizations and groups that can help with stigma and discrimination. More than half (54.9%) of respondents mentioned the support group of PLHIV, while 27.2% mentioned the network of people living with HIV. A low proportion of 2.5% of respondents mentioned the National AIDS Commission or Control Program as organization to mitigate stigma.

Table 25 Respondents knowledge of organizations and groups that can help with stigma and discrimination

What kinds of organizations or groups do you know about	n	%
People living with HIV support group	377	54.9%
Network of people living with HIV	187	27.2%
Local non-governmental organization	65	9.5%
Faith based organization	7	1.0%
A legal practice	0	0.0%
A human rights organization	2	0.3%
National non-governmental organization	7	1.0%
National AIDS council or committee	17	2.5%
International nongovernmental organization	12	1.7%
UN organization	8	1.2%
Other	5	0.7%

To assess the involvement of PLHIV in decision making, respondents were asked whether they felt they have the power to influence decisions. More than half (58.5%) of respondents said that they have no influence in decision making on any of the HIV related issues investigated. Although there is a need of greater involvement of PLHIV in decision making, it is worth noting that 22.3% of respondents said they have the power to influence decisions on legal/rights matters affecting people living with HIV, while 6.5% of respondents said they have the power to influence decisions on local government policies affecting people living with HIV as shown in table 26.

Table 26 Power to influence decision-making processes

Do you feel you have power to influence decisions in any of the following aspects?	n	%
Legal/rights matters affecting people living with HIV	185	22.3%
Local government policies affecting people living with HIV	54	6.5%
Local projects intended to benefit people living with HIV	70	8.4%
National government policies affecting people living with HIV	23	2.8%
National programmes/projects intended to benefit people living with HIV	12	1.4%
International agreements/treaties	1	0.1%
None of these things	486	58.5%

SECTION 3: EXPERIENCE OF TESTING, DISCLOSURE, TREATMENT AND HAVING CHILDREN

3.1 Testing and diagnosis

HIV testing; the gateway to prevention, care and treatment is a key pillar outline is the HIV strategic plan 2015-2020 as part of the national response. The national guidelines for HIV testing and counseling outlines two (2) approach to testing. The provider initiated counseling and testing and the voluntary counseling and testing. Due to the high level of fear and stigma of being HIV positive, the proportion of people in the general population who have had an HIV test and know the result is relatively low. The decision to be tested for HIV is a pivotal indicator for enrollment into care and treatment. Respondents in the stigma index study were asked if the decision to be tested for HIV was up to them. More than half (58%) of respondents indicated that the decision to be tested for HIV was not influenced by another person, while 18% indicated that they were coerce to take the HIV test. The national guidelines for HIV stipulate that pre-test counseling should precede testing but 6.9% of respondents in the stigma index study indicated that they were tested unknowing to them.

Table 27 Number of respondents by control of decision to be tested

Was the decision to be tested for HIV up to you?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Yes, I took the decision myself to be tested	141	54.4%	298	60.0%	5	50.0%	444	58.0%
I took the decision to be tested, but it was under pressure from others	58	22.4%	70	14.1%	3	30.0%	131	17.1%
I was made to take an HIV test(coercion)	41	15.8%	95	19.1%	2	20.0%	138	18.0%
I was tested without my knowledge-I only found out after the test had been done	19	7.3%	34	6.8%	0	0.0%	53	6.9%
Total	259	100%	497	100%	10	100%	766	100%

A vast majority of respondents (81.7%) reported that they received both pre and post-test counseling before being tested for HIV, while 5.1% reported that no form of counseling was administered to them both before and after being tested for HIV. It is worth noting that 12.8% of participants reported that they only receive post-test counseling; indicating that they did not know of being tested for HIV. See table 28.

Table 28 Experience of pre and post-test counselling

Did you receive counseling when you were being tested for HIV?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
I received both pre-and post-HIV test counseling	217	82.8%	405	81.0%	9	90.0%	631	81.7%
I only received pre-test HIV counseling	0	0.0%	2	0.4%	1	10.0%	3	0.4%
I only received post-test HIV counseling	31	11.8%	68	13.6%	0	0.0%	99	12.8%
I did not receive any counseling when I had an HIV test	14	5.3%	25	5.0%	0	0.0%	39	5.1%

Total	262	100%	500	100%	10	100%	772	100.0%

3.2 Disclosure and confidentiality

The fear of break of confidentiality and disclosure is a hindrance to HIV testing and a vital factor for stigma especially when it is internalized. The stigma index study asked respondents if a health care professional ever told other people about their HIV status without their consent. The results showed that 8.6% of respondents reported that they are aware that their HIV status has been discussed with other people by health care workers without their consent. While 35.4% of respondents reported that health care workers have not disclosed their HIV status with others, 55.8% reported that they are not sure whether their HIV status have been revealed to others by health care worker without their consent.

Table 29 Number of respondents by how much they know health care worker have disclosed their status

Variable	Yes		No		Not sure		Total	
	n	%	n	%	n	%	n	%
Has a health care professional (e.g. A doctor, nurse, counselor, lab technician) ever told other people about your HIV status without your consent?	62	8.6%	254	35.4%	401	55.8%	718	100%

People living with HIV feel a lot of internal and external pressure for stigma related issues. Respondents were asked how often they felt pressure from other PLHIV, HIV support groups' network, or non PLHIV (family members, social workers) to disclosure their HIV status. The results showed 72.5% of respondents reported that they often felt pressure from other PLHIV or HIV support groups to disclosure their HIV status compared to 66.1% who felt the same pressure from non PLHIV (family members, social workers, etc).

Table 30 Number of respondents by pressure to disclose status

	Never		Once		A few times		Often		Total	
	n	%	n	%	n	%	n	%	n	%
How often did you feel pressure from other PLHIV or from groups or networks of PLHIV to disclose your HIV status?	41	5.5%	98	13.2%	65	8.7%	539	72.5%	743	100%
How often did you feel pressure from non PLHIV (eg. family members, social workers, etc.) to disclose your HIV status?	25	3.3%	91	12.2%	137	18.3%	494	66.1%	747	100%

Respondents were asked how confidential they think their medical records relating to their HIV status were kept. More than half (52.5%) of respondents reported that they do not know how confidential their medical records are kept, while 11.8% reported felt that their medical records are not being kept confidential.

Table 31 Number of respondents by how much they believe their HIV medical records are Kept confidential

How confidential do you think the medical records relating to your HIV status are?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
I am sure that my medical records will be kept completely confidential	60	36.6%	96	35.4%	2	28.6%	158	35.7%
I don't know if my medical records are confidential	83	50.6%	144	53.1%	5	71.4%	232	52.5%
It is clear to me that my medical records are not being kept confidential	21	12.8%	31	11.4%	0	0.0%	52	11.8%
Total	164	37.1%	271	61.3%	7	1.6%	442	100%

Respondents were asked if they are currently taking treatment. 97.8% of respondents reported that they are currently taking antiretroviral treatment. 93.7% reported to have access to antiretroviral treatment even though they are not currently taking it. And for medication to prevent or treat opportunistic infections, 93.2% reported currently taking such medication.

Table : 32 Access to and use of treatment and medication by gender

Treatment status	Total			
	Yes		No	
	n	%	n	%
Are you currently taking antiretroviral treatment?	758	97.8%	17	2.2%
Do you have access to antiretroviral treatment, even if you are not currently taking it?	683	93.7%	46	6.3%
Are you currently taking any medication to prevent or treat opportunistic infections?	713	93.2%	52	6.8%

3.3 Treatment

Antiretroviral Therapy (ART) provides feelings of hope and alleviates the fear of early death due to HIV. Respondents were asked how they would describe the status of their health status. A vast majority of 63.1% reported that their health status is good 19.2% and 9.3% reported their health status is very good and excellent respectively. Only 8.1% and 0.3% of respondents respectively reported that their health is fair and poor. See table 33.

Table 33: Number of respondents by current status of health

In general, how would you describe the status of your health at the moment?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Excellent	30	11.5%	40	7.9%	2	20.0%	72	39.4%
Very good	54	20.7%	88	17.5%	7	70.0%	149	108.2%
Good	163	62.5%	352	64.5%	1	10.0%	489	136.9%
Fair	12	4.6%	51	10.1%	0	0.0%	63	14.7%
Poor	2	0.8%	0	0.0%	0	0.0%	2	0.8%
Total	261	33.7%	504	65.0%	10	1.3%	775	100.0%

3.4 Having children

The stigma index study asked women additional questions about reproductive health and coercion because of their HIV status by a health care professional in the last 12 months. Twenty percent (20%) of respondents reported that they have been coerced by a health care professional in relations to the method of giving birth because of their HIV status, while 19.2% reported that they have been coerced by a health care professional in relations to infant feeding practices. Less than 1% of respondents reported that they have been coerced in relations to termination of pregnancy by a health care professional.

Table 34 Coercion of women by a healthcare professional regarding reproductive choices

In the last 12 months, have you been coerced by a health care professional in relation to any of the following because of your HIV status?	Yes		No		Not applicable		Total	
	n	%	n	%	n	%	n	%
Termination of pregnancy (abortion)	4	0.9%	313	68.8%	138	30.3%	455	100%
Method of giving birth	90	20.0%	207	45.8%	154	34.1%	451	100%

Infant feeding practices	87	19.2%	209	46.0%	158	34.8%	454	100%

Women in the stigma index study were asked if they have ever been given antiretroviral treatment to prevent mother-to-child transmission (MTCT) of HIV during pregnancy. More than half (57.8%) of respondents reported that they were not pregnant when tested HIV positive while 28.5% reported that they have received antiretroviral treatment to prevent MTCT. It is critical to note that 10.2% of women reported that they didn't know that such treatment existed, while 3.1% reported that they didn't have access to such treatment during pregnancy. Two (0.5%) women reported that they refused antiretroviral treatment thereby putting the health of their unborn child and themselves at risk. See table 35.

Table 35 Number of respondents by current status of health

In general, how would you describe the status of your health at the moment?	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Excellent	30	11.5%	40	7.9%	2	20.0%	72	9.3%
Very good	54	20.7%	88	17.5%	7	70.0%	149	19.2%
Good	163	62.5%	352	64.5%	1	10.0%	489	63.1%
Fair	12	4.6%	51	10.1%	0	0.0%	63	8.1%
Poor	2	0.8%	0	0.0%	0	0.0%	2	0.3%
Total	261	100%	504	100%	10	1.3%	775	100%

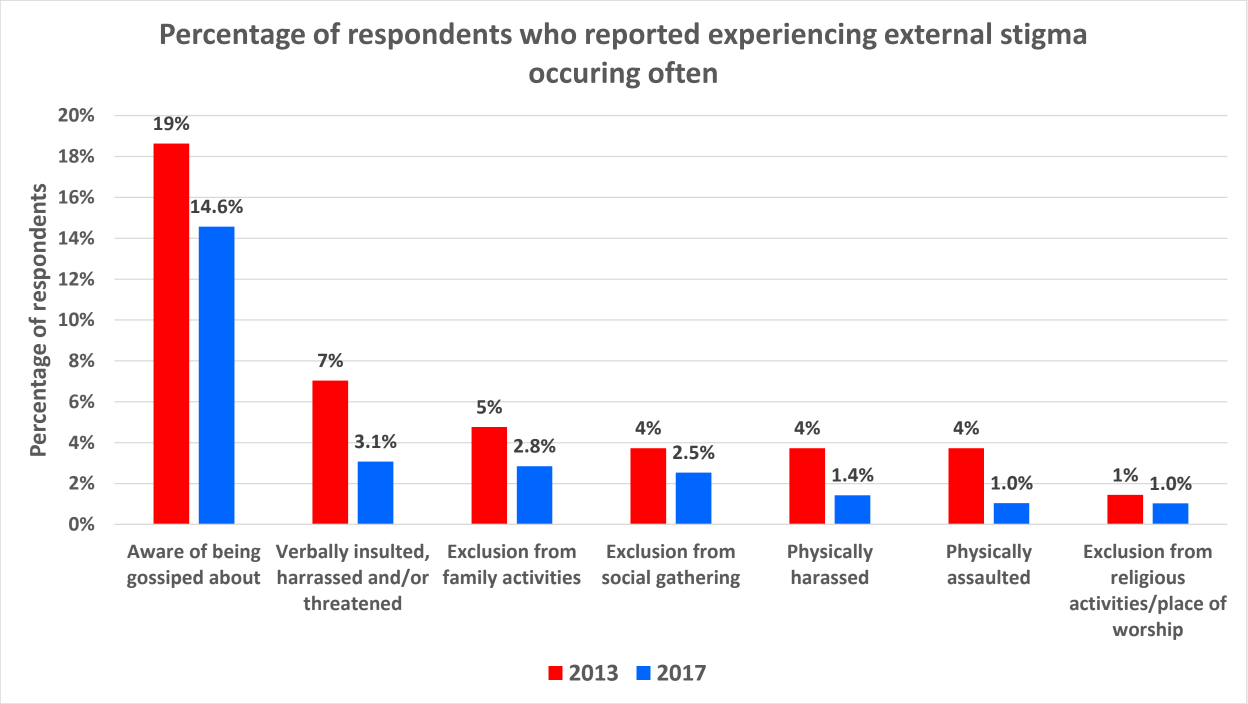
Table 36 Number of female respondents by receipt of antiretroviral treatment to prevent mother-to-child transmission of HIV during pregnancy

Have you ever been given antiretroviral treatment to prevent mother-to-child transmission of HIV during pregnancy?	Total	
	n	%
Yes -I have received such treatment	112	28.5%
No-I didn't know that such treatment existed	40	10.2%
No-I was refused such treatment	2	0.5%
No-I did not have access to such treatment	12	3.1%
No-I was not HIV positive when pregnant	227	57.8%
Total	**393**	**100%**

DISCUSSION AND CONCLUSION

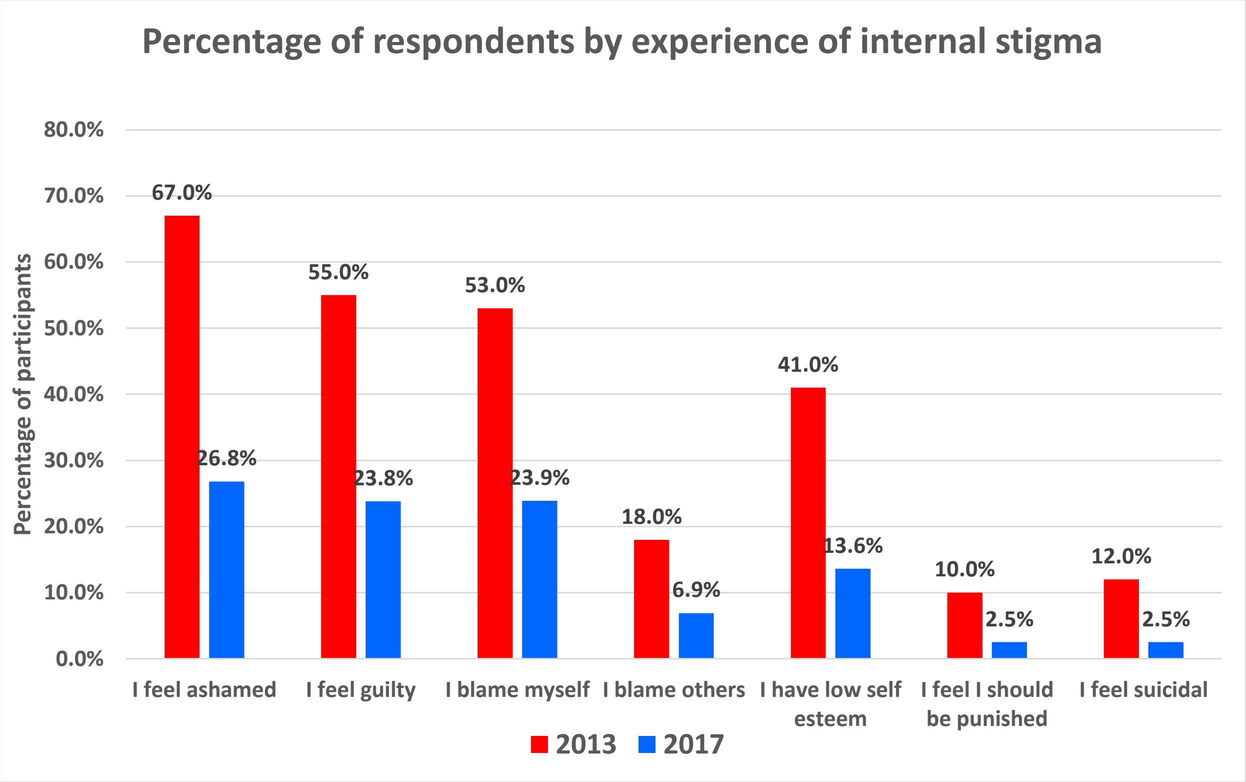
The experience in Liberia has shown that massive intervention of anti-stigma and discriminatory campaign is feasible and that favorable outcomes are possible. Comparing to the stigma index study conducted in 2013, there was a significant difference (p <0.0001) in the proportion of respondents report external stigma. In this study, there were 3.1% of respondents compared to 7% in 2013 that reported being verbally insulted, harassed and or threatened as shown in figure 5. One percent (1%) of respondent reported being physically assaulted compared to 4% in 2013. These results are not different from neighboring countries as in Sierra Leone, results from the stigma index study conducted in 2015 showed that 2% of respondents experienced being physically assaulted. The proportion of respondents who reported being excluded from social gathering decreased from 4% in 2013 to 2.5% during this study. Similar results were recorded for the same indicator in Sierra Leone (2.1%) in 2015 and Nigeria (7.6%) in 2010.

Figure 5 Proportion of respondents who often experienced external stigma



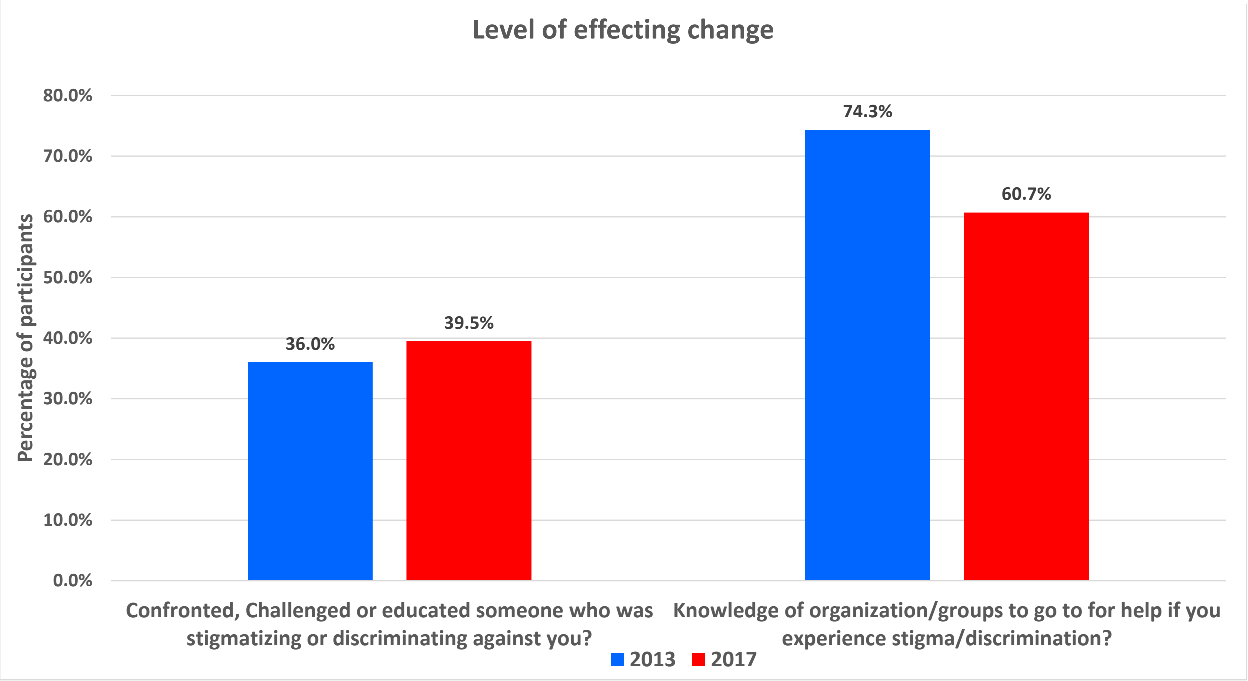
The proportion of participants who reported that they had experienced internal stigma during the last 12 months also significantly reduced as compared to the stigma index study in 2013. In this study, 26.8% of respondents reported that they feel ashamed compared to 67% in 2013. There was a lower proportion of respondents who reported feeling suicidal in this study (2.5%) compare to the 2013 study (12%). Additional, there were 13.6% of respondents who reported who reported having low self-esteem in this study compared to 41% in 2013 as shown in figure 6. These reduction could be due to the coping strategies people living with HIV develops overtime especially where a higher proportion of respondents in this study compared to 2013 had knowledge of living with HIV for more than 5 years. Also, the robust anti-stigma program implementation over the years could also be contributing factors to these reductions.

Figure 6 Proportion of respondents by experience of internal stigma



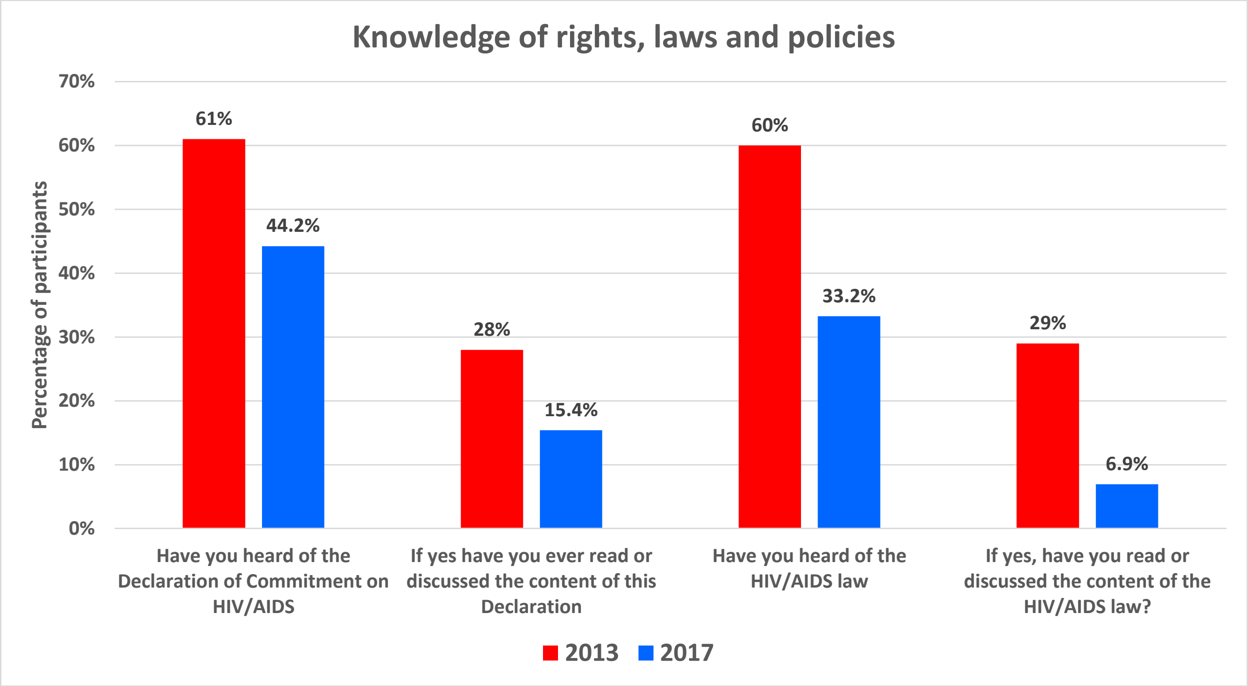
Despite the level of stigma and discrimination faced by PLHIV, several of them have withstood the challenge to effect change. They have confronted and educated those that stigmatized them as well as identifying organizations or groups to seek help whenever discriminated against. In this study, 39.5% of respondents compared to 36% in 2013 reported they confronted, challenged or educated someone who was stigmatizing or discriminating against them. This is a vital indicator in stigma reduction because the will to effect change can help reduce internalized stigma. The proportion of respondents who reported knowledge of organization or groups to go to for help if stigmatized reduced from 74.3% in 2013 to 60.7% in this study as shown in figure 7. The level of program awareness and sensitization about rights among PLHIV are key to increasing knowledge among people.

Figure 7 Level of effecting change



Knowledge and application of the legislation and rights of PLHIV are key indicators for mitigating stigma and discrimination. In this study, we saw that knowledge of the HIV and AIDS declaration of commitment and the Model law was relatively low compared to 2013. In this study, 33.2% of respondents compared to 60% in 2013 reported that they have heard of the HIV and AIDS Model law. Relative to knowledge of the law, a lower proportion have read or discussed its contents. In this study 6.9% of participants reported that they have read or discussed the contents of the HIV and AIDS Model law as compared to 29% in 2013 as shown in figure 8. The reasons for the reduction in the knowledge of the laws and rights could be attributed to the low level awareness of PLHIV of these laws. Awareness needs to be continuous as people are tested HIV positive each day and are faced with stigma and discrimination.

Figure 8 Knowledge of rights, laws and policies



RECOMMENDATION

Among respondents there was prevalent food insecurity, low socio-economic status, including low level of employment, and internalized stigma, high rates of being fearful about the ways they were perceived and treated in the community (with reported examples of stigmatizing and discriminatory treatment), and one in ten respondents feeling suicidal. As such, psychosocial and socio-economic support must clearly be a priority for people living with HIV, civil society and National AIDS Commissions. Concerted efforts are required to promote positive living and provide psychosocial and socio-economic support including training opportunities for people living with HIV to become peer educator, capacity and network building, including sensitization training on rights, counseling and income generation. The issue of building the human rights literacy of people living with HIV, and ensuring that there is access to effective resource when such violations occur is also of prime importance.

Other specific recommendation directed to the civil society, the National AIDS Commission, the National AIDS Control Program and the Network of People living with HIV are below.

Scale up and strengthen psychosocial and spiritual support to people living with HIV

Intensifying psychosocial support for PLHIV at different levels will help mitigate internalized stigma. There should ongoing psychosocial support at the different support groups, the PLHIV networks, at facilities providing HIV treatment services during the regular clinic appointment, at facilities providing HIV counseling and testing including the hospice care centers, and at home with regular peer to peer support.

Provision of income generation activities or social protection floor for economic empowerment to mitigate the impact of HIV related stigma and discrimination

The high level of unemployment, low income compounded with HIV increases internalized stigma. The provision of income generation activities for the marginalized and very poor people tested positive for HIV is a major contributing factor for mitigating stigma and discrimination.

Intensify Information, Education, and Communication (IEC) about the transmission about HIV and anti-stigma and discrimination messages

The level of social exclusion, physical assault and societal rejection of PLHIV is unprecedented. There is a need to scale up the HIV awareness to include the transmission methods and anti-stigma and discriminatory messages.

Increase the greater involvement of people living HIV in related HIV program implementation and decision making

The involvement of PLHIV in HIV related programs planning and decision making is pivotal in covering the plights and needs of people living with HIV and create a sense of ownership and involvement. This involvement helps mitigate stigma and discrimination.

Improve adherence to the national HIV counseling and testing guidelines at all facilities providing counseling and testing services

Findings from the stigma index was not consistent with stipulations in national HIV counseling and testing. Pre and post HIV counseling is vital in the communication and acceptance of results. If not adhere to, this could be the first entry point of stigma, discrimination and invasion of privacy.

Mainstream anti-HIV and AIDS related stigma and discrimination messages into workplaces.

HIV workplace program implementation is important because of prevention efforts and the high level of stigma occurring at workplace as reported in the stigma index study.

Create an enabling environment and strengthen the operational framework of the HIV support groups and networks of people living with HIV.

The HIV support groups and networks needs to be strengthen to increase advocacy and the rights of people living with HIV. Most respondents in the stigma index study sought help from HIV support groups and networks when they were faced with stigma and discriminatory issues.

Inclusion and involvement of key populations groups into HIV program planning, implementation and decision making

The marginalization of key populations groups compounded with HIV has help increase stigma and discrimination. There is a need to have key population get greater involvement in the national response to help reach and cover their network in mitigating stigma.

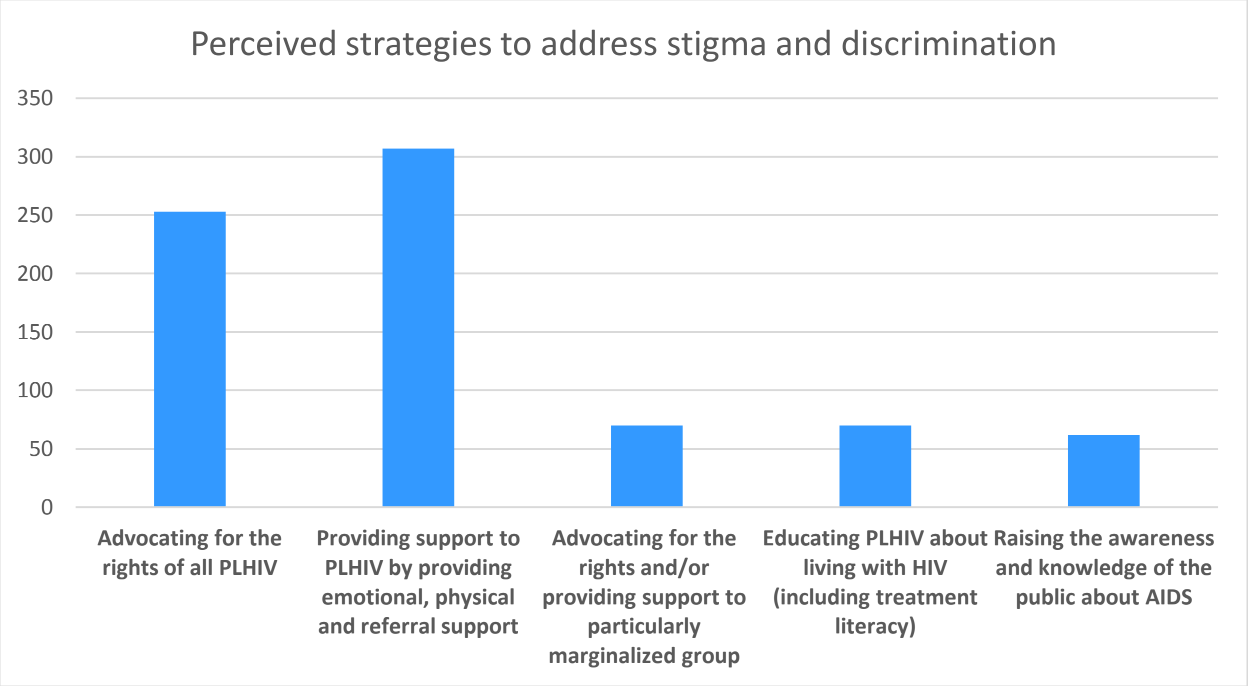
Provide training to Health care workers and the HIV networks on confidentiality of all medical records and the rights and laws surrounding PLHIV.

There is a need to provide training to both health care workers and the PLHIV networks on the rights and laws protecting PLHIV as well as confidentiality of medical records and building of trust.

Strengthen governance efforts and improve efficiency in the procedures to seek legal action and get redress for HIV and AIDS related stigma and discrimination.

The stigma study saw a high level a high proportion of PLHIV choosing not to take any legal action from stigma and discrimination because of the bureaucratic bottom-neck in getting legal redress. There is need to intensify awareness among legal practitioner including security (police) in protecting the rights of PLHIV. Additionally, a registry can be established to document cases where people lost their source of income or document any other form of stigma against PLHIV, and a clear pathway be established where PLHIV can have legal redress.

Figure 9 Knowledge of rights, laws and policies



Annex 1: ADDITIONAL TABLES AND FIGURE

Table 37 Number of responses by general stigma and discrimination in the past 12 months

Variable	Exclusion from social gathering		Exclusion from religious activities/place of worship		Exclusion from family activities		Aware of being gossiped about		Verbally insulted, harassed and/or threatened		Physically harassed		Physically assaulted	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Never	616	78%	664	85%	639	83%	453	59%	491	63%	574	74%	590	77%
Once	82	10%	64	8%	64	8%	67	9%	135	17%	117	15%	134	17%
A few times	72	9%	41	5%	47	6%	137	18%	130	17%	69	9%	39	5%
Often	20	3%	8	1%	22	3%	112	15%	24	3%	11	1%	8	1%
Total	790	100%	777	100%	772	100%	769	100%	780	100%	771	100%	771	100%

Table 38 Actions taken in response to any violation of rights as a PLHIV by gender

Have you done any of the following in response to an abuse of your rights as a person living with HIV?	Yes						No						Total			
	Male		Female		Transgender		Male		Female		Transgender		Yes		No	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Tried to get legal redress	10	15.9%	5	6.0%	0	0.0%	52	82.5%	78	94.0%	0	0.0%	15	46.9%	130	29.6%
Tried to get government employee(s) to take action	10	15.2%	3	2.9%	0	0.0%	56	84.9%	102	97.1%	1	100%	13	40.6%	159	36.2%
Tried to get a local or national politician to take action	3	5.2%	1	1.1%	0	0.0%	55	94.8%	94	99.0%	1	100%	4	12.5%	150	34.2%

Table 39 Number of respondents who have children

Variable	Yes						No						Total			
	Male		Female		Transgender		Male		Female		Transgender		Yes		No	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Do you have child/children?	215	82.4%	438	87.1%	5	50.0%	46	17.6%	65	12.9%	5	50.0%	658		116	
If yes, are any of these children known to be HIV positive?	30	13.4%	52	11.2%	0	0.0%	194	86.6%	411	88.8%	5	100.0%	82		610	

Table 40 Number of respondents by involvement with, and/or support to each other

Variable	Yes						No						Total			
	Male		Female		Transgender		Male		Female		Transgender		Yes		No	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
In the last 12 months have you supported other people living with HIV?	164	66.7%	288	60.8%	7	70.0%	82	33.3%	186	39.2%	3	30.0%	459	42.4%	271	14.4%
Are you currently a member of a people living with HIV support group and/or network?	162	63.0%	306	62.2%	8	80.0%	95	37.0%	186	37.8%	2	20.0%	476	44.0%	283	15.0%
In the last 12 months have you been involved, either as a volunteer or an employee, in any program that provides assistance to people living with HIV?	38	15.1%	89	18.3%	3	30.0%	213	84.9%	397	81.7%	7	70.0%	130	12.0%	617	32.8%
In the last 12 months, have you been involved in any efforts to develop legislation, policies or guidelines related to HIV?	5	2.1%	12	2.5%	1	10.0%	239	98.0%	463	97.5%	9	90.0%	18	1.7%	711	37.8%

Table 41 Number of respondents by most important strategy to address stigma and discrimination

Recommendation	Male		Female		Transgender		Total	
	n	%	n	%	n	%	n	%
Advocating for the rights of all PLHIV	83	32%	170	34.6%	0	0.0%	253	33.2%
Providing support to PLHIV by providing emotional, physical and referral support	83	32%	224	45.6%	0	0.0%	307	40.3%
Advocating for the rights and/or providing support to particularly marginalized group (MSM, injecting drug user, sex worker)	46	18%	14	2.9%	10	100%	70	9.2%
Educating PLHIV about living with HIV (including treatment literacy)	24	9%	46	9.4%	0	0.0%	70	9.2%
Raising the awareness and knowledge of the public about AIDS	25	10%	37	7.5%	0	0.0%	62	8.1%
Total	261	100%	491	100%	10	100%	762	100%

Table 42 Disclosure of HIV status

How were each of the following people or groups of people first told about your HIV status?	I told them		Someone else told them with my consent		Someone else told them without my consent		They don't know my HIV status		Not applicable		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Husband/wife/partner	326	11.9%	17	5%	12	1.4%	177	6.6%	229	4.7%	761	6.6%
Other adult family member	444	16.2%	20	6.0%	35	4.0%	135	5.0%	138	2.9%	772	6.7%
Children in your family	217	7.9%	9	2.7%	11	1.3%	294	10.9%	233	4.8%	764	6.7%
Friends/Neighbors	142	5.2%	17	5.1%	61	7.1%	333	12.3%	204	4.2%	757	6.6%
Other people living with HIV	451	16.4%	70	20.9%	110	12.7%	45	1.7%	98	2.0%	774	6.7%
Co-workers	103	3.8%	9	2.7%	56	6.5%	239	8.9%	363	7.5%	770	6.7%
Employer(s)/boss(es)	99	3.6%	6	1.8%	29	3.4%	218	8.1%	406	8.4%	758	6.6%
Clients	175	6.4%	5	1.5%	10	1.2%	126	4.7%	449	9.3%	765	6.7%
Injecting drug partners	20	0.7%	4	1.2%	7	0.8%	136	5.0%	593	12.3%	760	6.6%
Religious leaders	122	4.4%	7	2.1%	19	2.2%	263	9.8%	352	7.3%	763	6.6%
Community leaders	45	1.6%	6	1.8%	45	5.2%	322	11.9%	350	7.2%	768	6.7%
Health care workers	273	10.0%	76	22.7%	223	25.8%	56	2.1%	135	2.8%	763	6.6%
Social workers/counsellors	306	11.2%	86	25.7%	200	23.1%	38	1.4%	138	2.9%	768	6.7%
Teachers	16	0.6%	2	0.6%	20	2.3%	173	6.4%	553	11.4%	764	6.7%
Government Officials	4	0.1%	1	0.3%	27	3.1%	142	5.3%	594	12.3%	768	6.7%
The media	0	0.0%	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	2743	100%	335	100%	865	100%	2697	100%	4835	100%	11475	100%

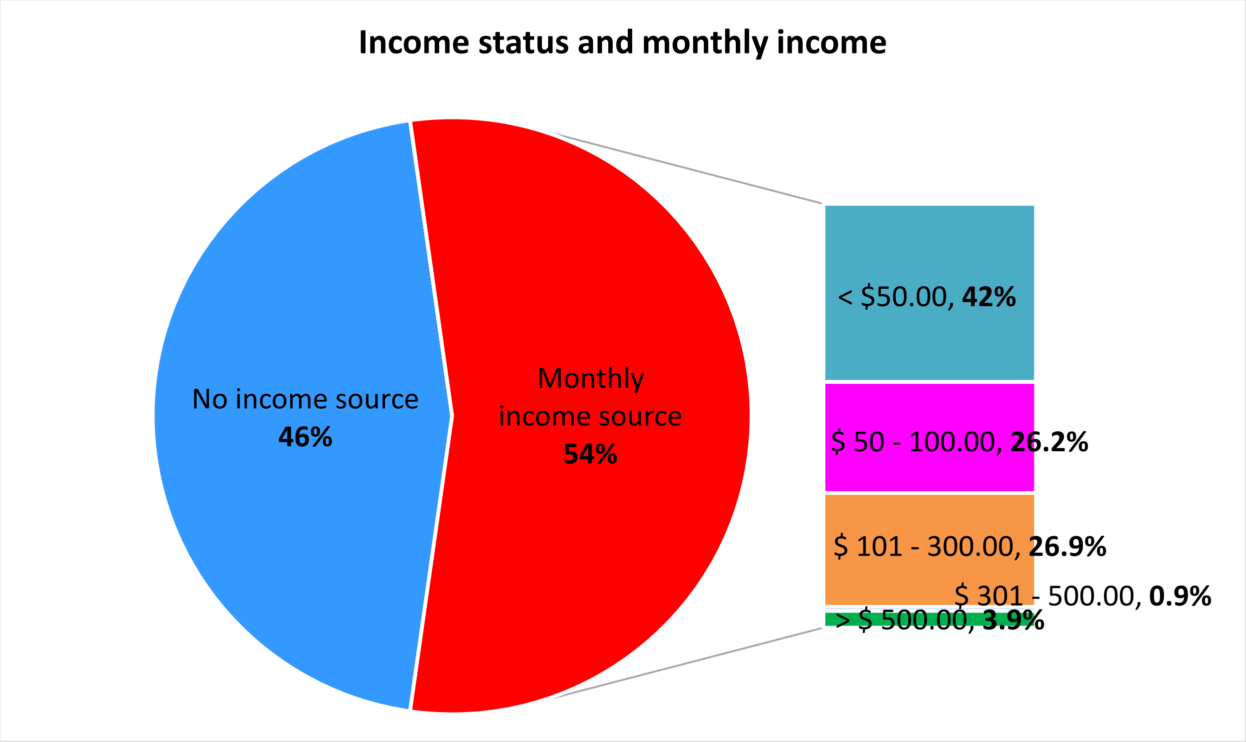
Table 43: Reactions of people when they first knew HIV status of respondent

Variable	Very discriminatory		Discriminatory		No different		Supportive		Very supportive		Not applicable	
	n	%	n	%	n	%	n	%	n	%	n	%
Husband/wife/partner	53	7.1%	20	2.7%	110	14.7%	86	11.5%	137	18.3%	343	45.8%
Other adult family member	28	3.7%	12	1.6%	55	7.2%	203	26.6%	231	30.3%	233	30.6%
Children in your family	5	0.7%	2	0.3%	97	12.7%	103	13.5%	125	16.4%	430	56.4%
Friends/Neighbours	13	1.7%	18	2.4%	122	16.4%	116	15.6%	29	3.9%	447	60.0%
Other people living with HIV	4	0.5%	1	0.1%	43	5.7%	498	65.6%	92	12.1%	121	15.9%
Co-workers	3	0.4%	14	1.9%	102	13.6%	91	12.1%	19	2.5%	523	69.6%
Employer(s)/boss(es)	7	0.9%	13	1.7%	83	11.0%	64	8.5%	14	1.9%	575	76.1%
Clients	0	0.0%	1	0.1%	77	10.2%	100	13.3%	43	5.7%	531	70.6%
Injecting drug partners	0	0.0%	1	0.1%	80	10.6%	21	2.8%	6	0.8%	645	85.7%
Religious leaders	1	0.1%	5	0.7%	134	17.7%	103	13.6%	11	1.5%	503	66.5%
Community leaders	1	0.1%	2	0.3%	147	19.8%	30	4.0%	11	1.5%	553	74.3%
Health care workers	8	1.1%	47	6.3%	127	17.0%	284	38.1%	90	12.1%	190	25.5%
Social workers/counsellors	5	0.7%	11	1.5%	87	11.6%	402	53.7%	60	8.0%	184	24.6%
Teachers	1	0.1%	3	0.4%	76	10.1%	30	4.0%	2	0.3%	640	85.1%
Government Officials	0	0.0%	2	0.3%	67	8.9%	9	1.2%	3	0.4%	674	89.3%
The media	0	0.0%	1	0.1%	67	8.9%	4	0.5%	2	0.3%	677	90.2%

Table 44 : Number of respondents by how they find the disclosure of their status

Variable	Yes		No		Not applicable		Total	
	n	%	n	%	n	%	n	%
Did you find the disclosure of your HIV status an empowering experience?	346	48.20%	116	16.20%	256	35.70%	718	100%

Figure 12: Respondents income status and monthly income



ANNEX 2: ADDITIONAL SURVEY DATA

Table 45 Number of respondents interviewed by facility

COUNTY	FACILITY	Number of participants
Bomi	Liberia Government Hospital (Bomi)	7
Bong	Charles B Dunbar Hospital	8
	Phebe Hospital	7
	Salala Clinic	1
Grand Bassa	Liberia Agriculture Company Hospital	2
	Liberia Government Hospital (Buchanan)	8
	Steven Tolbert Memorial Hospital (ArcelorMittal)	2
Grand Gedeh	Konobo Health Center	3
	Martha Tubman Memorial Hospital	16
	Toe Town Clinic	2
Lofa	Curran Lutheran Hospital	3
	Foya Boma Hospital	9
	Kolahun Hospital	2
	Tellewoyan Memorial Hospital	6
Margibi	CH Rennie Hospital	6
	Du-side Hospital	14
Maryland	JJ Dossen Hospital	13
	St Francis Clinic	10
Montserrado	Bensonville Hospital	1
	Clara Town Health Center	4
	Duport Health Center	5
	ELWA Hospital	32
	German Liberia Clinic	2
	Home of Dignity Health Center and Hospice	4
	James N. David Memorial Hospital	11
	JF Kennedy Medical Center	86
	National TB & Leprosy Hospital	47
	Redemption Hospital	82
	St Joseph's Catholic Hospital	9
	Star of the Sea Health Center	7
Nimba	Arcelor Mittal Hospital	1
	Bahn Health Center	3
	Beo-Yoolar Clinic	2
	Ganta Methodist Hospital	14
	GW Harley Hospital	4
	Jackson F. Doe Memorial Hospital	3
	Karnplay Health Center	4
	Sacleapea Comprehensive Health Center	6
River Gee	Fish Town Hospital	5
	Gbeapo Health Center	3

Table 116 Sample size by county and category of respondents

County	Community	Facility	Hospice	Support group	Total
Bomi	1	7		3	11
Bong	3	16		8	26
Gbarpolu					0
Grand Bassa	2	12		6	19
Grand Cape Mount					0
Grand Gedeh	3	21		10	34
Grand Kru		1			1
Lofa	3	20		10	33
Margibi	3	20		10	33
Maryland	4	23	2	12	41
Montserrado	53	289	26	158	527
Nimba	6	37		19	62
River Gee	1	8		4	13
Rivercess					0
Sinoe					0
Grand Total	**80**	**452**	**28**	**240**	**800**

Table 47: Study Team

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