Alternative report on implementation of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), prepared by the NGOs: “Centre for Mental Health and HIV/AIDS,” “Tajik Network of Women Living with HIV” and “Guli Surkh”

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1. List of Abbreviations (as listed in the Russian version)

HIV – Human Immunodeficiency Virus

HPV – Human Papilloma Virus

CCHID – City Clinical Hospital of Infectious Diseases

PCT – Pre-test Counseling and Testing

SS - Sentinel Surveillance

WLWHA - Women Living with HIV/AIDS

BMS – Breast Milk Substitutes

HLS – Healthy Lifestyle

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

PLWHA – People Living with HIV/AIDS

STI – Sexually Transmitted Infections

NCC – National Coordinating Committee on HIV/AIDS, malaria and TB

CSO – Civil Society Organizations

IDU - Injecting Drug Users

AIDS – Acquired Immune Deficiency Syndrome

SW – Sex Workers

TB – Tuberculosis

TIPGMT - Tajik Institute of Postgraduate Medical Training

MSM – Men Who Have Sex with Men

2. Executive Summary

Alternative report on implementation of the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is developed by NGOs "Centre for Mental Health and HIV/AIDS," "Tajik Network of Women Living with HIV" and "Guli Surkh", with active participation of the community of women living with HIV. The objectives of the report are to determine the level of discrimination against women living with HIV in Tajikistan, to analyze the implementation of recommendations of the CEDAW Committee made in 2007, and to make recommendations to the Committee and the Government of the Republic of Tajikistan on the Elimination of All Forms of Discrimination against Women.

The report is focused on the situation of women living with HIV/AIDS, in the light of the existing laws and policies on promotion of women's status in the country and international obligations undertaken by the Government to eliminate all forms of discrimination against women.

The Government of Tajikistan attempts to eliminate discrimination against women. However, according to the public monitoring outcomes on the implementation results of the CEDAW Committee recommendations, out of 29 recommendations made by the Committee, only one has been fully implemented that is related to increasing the minimum age of marriage (to 18 years), 14 recommendations have been partly implemented, and other 14 are not implemented at all.

3. Methodology

In preparing this report, a review of the key documents for HIV/AIDS prevention and control in the Republic of Tajikistan was conducted, including the Program on HIV/AIDS in the Republic of Tajikistan for the period 2011-2015, the National Report on the Implementation of the Declaration on HIV/AIDS Commitment of the United Nations General Assembly Special Session (Tajikistan, 2009), the Gender Analyses of National Policy for HIV/AIDS Prevention in the Republic of Tajikistan, the analysis of the State budget spending related to AIDS for the period 2008-2009, UNAIDS report on Millennium Development Goals - Tajikistan Progress Report for 2010, and the materials of the National Center for HIV/AIDS Prevention and Control.

Telephone interviews were conducted with 80 women living with HIV (WLWHA) in the Republic of Tajikistan to determine the level of discrimination, as well as more in-depth interviews were conducted in two focus groups of 24 women living with HIV. The interviews were conducted with WLWHA living in Dushanbe, Districts of the Republican Subordination (DRS), Khatlon, GBAO and Sughd oblasts. The composition of respondents included women, migrant workers, wives of migrant workers, sex workers (SWs), and injecting drug users (IDUs). The age of the interviewed participants ranged from the 20 to 60 age bracket employed in the formal and informal sectors of economy, the unemployed and housewives.

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4. Background

Tajikistan's current population stands at 8 million. The country with a very low income is different from other CIS countries. Tajikistan's economy grew by an average of 8.6% in the period 2000-2008. However, economic growth fell to 3.4% due to the global financial crisis in 2009. Tajikistan's economy is highly dependent on the internal and external turmoil. Therefore, Tajikistan needs more international assistance for a number of basic needs as the country cannot cope with humanitarian crises (5) of this magnitude.

Tajikistan has ratified many international conventions, adopted a number of laws, government programs, policies and other government acts to promote gender equality. The implementation mechanisms of the given strategies are not yet well established, and a significant number of planned activities are not accomplished. The main barriers to realization of obligations under the Convention and implementation of public policies in the field of women's promotion and development were identified as the following:

1) lack of understanding of gender issues, weak implementation of gender-sensitive approaches to develop strategies, legal and regulatory laws of the country;
2) weak monitoring and control mechanisms to ensure the implementation of the recommendations made by CEDAW Committee;
3) the prevalence of men and women stereotypical roles in the society, as opposed to the state's developed and implementing strategies to enhance the role and increase women's representation in social, economic and political spheres. Practical activities in these areas are characterized by an explicit contradiction between the declaration by the state gender policy that aimed at improving the status of women in the society and achievement of the de facto equality, traditions in the society and accepted gender roles.

According to CEDAW, the term **"discrimination against women"** shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or propose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil and any other field.

The Constitution of the Republic of Tajikistan guarantees equal rights of citizens, however, does not contain a definition of discrimination and its ban altogether. In 2005, the Law of Republic of Tajikistan "On the state guarantees of equal rights for men and women and equal opportunities for their realization" was passed (from the Law), which for the first time gave the definition of "discrimination" as: "Any distinction, exclusion or restriction made on the basis of sex which is impairing or nullifying the recognition of the equality of men and women in political, economic, social, cultural or any other field." The law prohibits discrimination against men and women. Violation of the principle underlying on the basis of the gender equality (state policy or other actions that put men and women in an unequal position on the basis of sex) is considered discrimination and are excluded.

In June 2001, Tajikistan, along with other countries, signed the Declaration on HIV/AIDS Commitment on the United Nations General Assembly Special Session, and thus took the obligation to provide the universal access to HIV prevention, appropriate care, treatment and support of PLWHA. Tajikistan is one of the first countries that developed the national development strategy until 2015 in line with the Millennium Development Goals (MDGs), including: MDG Goal 6, Target 7, which states *"to stop the spread of HIV/AIDS and begin the process of reducing the numbers of HIV infection" (5).*

In Tajikistan the first HIV case was identified in 1991. HIV infection cases were isolated till 2003 as it is stated in the "The Millennium Development Goals Report." (6) This explains the fact that because of the civil war (1992-1997) HIV diagnostic system did not function (the infrastructure was destroyed), and there was no deliberate and coordinated activities conducted by government agencies, international and local organizations, and other structures. Since 2003, HIV/AIDS cases were detected more frequent.

Currently, the spread of HIV in Tajikistan is limited to risk groups. The country has a unique opportunity to vividly reduce the spread of HIV by 2015 to achieve the Millennium Development Goals. However, today (as demonstrated by specific data) rapid spread of HIV can be seen in high-risk groups, and among women.

Starting from 2005, the prevalence of HIV in Tajikistan is being constantly monitored through routine and sentinel surveillance (SS) among the high-risk groups (IDUs, SWs) and other vulnerable groups, including prisoners, pregnant women with STIs and migrant workers. A national survey about the knowledge and behavior of young people aged 15-24 towards HIV/AIDS was carried out in 2006-2007. Also, a number of other studies of national and regional scale were carried out, including assessment of stigma and discrimination against people living with HIV by public and healthcare providers, a study of knowledge, attitudes and practices among military, research on domestic violence, study on the socio-economic impact of HIV/AIDS and evaluation studies among groups of IDUs and sex workers in Tajikistan.

As of October 1, 2011 there have been officially 3,555 HIV registered cases (including 698 cases in 2011) in the country. The prevalence of HIV cases is 47% per 100,000 people. Cases of the disease reported in all regions of the country. The number of deaths from the total number of HIV-infected was 438 persons (12.3%). Total of 97.2% of reported cases are registered among people aged 15-59, of which 93.7% aged 20 to 39 and 2.6% among children under the age of 14. Men constitute 78.36% and women 21.7% of all HIV positive people **(6).** The average estimated number of HIV-positive people in the country range from 6,800-10,000 (2009) **(2).**

In recent years, the number of HIV infection reported cases among women has increased almost three times (2.6). The number of new cases among women was 8.5% in 2005 and it reached 27.5% in 2011. Officially reported HIV cases in the country show that the major route of HIV infection transmission is continuing to be the injectable way, the majority of HIV-infected patients have infected through this way (53.5%). Infection through sexual contact constitutes 29.1% of total number of infected people. The transmission mode is not installed in 15.8% cases. It is likely that most of the unidentified cases also occurred either sexual contact or through injection **(6).**

It was possible to estimate the prevalence of HIV, its frequency, and the death rate from AIDS on the basis of sufficiently reliable and comprehensive statistics, using demographic modeling techniques. According to this assessment, total of 9992 PLWHA lived in Tajikistan in 2010 (I), of which 2,000 to 3,000 might be women.

Gender and HIV. Female population still remains particularly vulnerable with the prevalence of injecting drug users (53%) and with the dynamics of the HIV epidemic in Tajikistan. Most representatives of SWs are women, IDU women make up about 11%. In addition, majority of men who have sex with men (MSM) are married and have unprotected sex with their partners. As a result, it was revealed that women in Tajikistan are infected with HIV in several ways. Most HIV-positive pregnant women are sexual partners/spouses of migrant workers and the wives of IDUs **(1).**

In Tajikistan the gender dynamics of HIV/AIDS is complex and ambiguous.. Women are not the only ones at risk of infection. More than 1 million of economically active population is working in

Russia and Kazakhstan, leaving their family and friends for a long time. Being away from home, many of them engage in risky behavior **(1).** It should be noted that migrant workers are the main employable part of the population in the country as a whole, and returning home, the HIV-infected migrants may infect their wives, as well as the SW, with whom they have contacts both in the country and in the labor migration process.

There are a number of problems and difficulties in achieving universal access to HIV prevention, treatment, care and support of HIV-infected patients. The following are the most important issues facing the country today**:**

Social Issues

- continuing growth of HIV cases in the Republic of Tajikistan;
- increase in of women' proportion among new HIV cases, i.e. feminization, and the rejuvenation of the HIV epidemic in the country;
- continuing growth of HIV cases among pregnant women and children;
- high rates of AIDS mortality and increasing number of PLWHA who were widowed by the death of their husbands because of AIDS;
- poverty and further deterioration in economic security of families who live with HIV-positive people (leading to poor nutrition, living conditions and access to timely medical care) - it becomes one of the leading factors in the development of other infections, particularly tuberculosis (TB);
- stigma and discrimination against people living with HIV, particularly against WLWHA.

Institutional Issues

- The current national (state) budget does not fully cover the costs associated with testing, purchase of medicines and equipment, and to support prevention of infected and at-risk groups. Thus, most funding in Tajikistan is covered by the financial support of the international organizations involved in the prevention and treatment of HIV/AIDS. Most of the activities are aimed at the most vulnerable target groups, thus the coverage of other groups is disproportionate;
- another important point related to the previous issue is a slow and insufficient coverage of specific, gender-targeted programs for vulnerable groups (particularly among girls and women);
- there is a lack of coordination among partners in planning, financing, and reporting, which sometimes leads to duplication of activities on the same project area;
- Insufficient quality monitoring and evaluation of programs by the public and government organizations which lead to inefficient use of funds allocated for HIV prevention, care and support of PLWHA. Lack of qualified medical personnel, social workers, psychologists, working with vulnerable groups, due to low morale and financial incentives;
- low level of men and boys' involvement in HIV prevention and violence against women programs.

However, despite the problems and difficulties, there is a number of positive factors in the fight against HIV/AIDS, and support of PLWHA. An example of this would be the start of payment of monthly allowance of 280 Somoni (about 57 U.S. dollars) for HIV-infected children aged 2 to 16. This measure was approved by the Government of the Republic of Tajikistan and came into force on 1January, 2011. HIV/AIDS issues are also included in the Poverty Reduction Strategy for 2010-2012

based on multi-sector approach, where emphasis was placed on implementation of HIV prevention and treatment measures.

5. Situation Analysis of the Implementation of Articles 12, 13, and 16 of the Convention of the Elimination of all forms of Discrimination Against Women

5.1. Article 12. Public Health

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Issues

Article 12 of the Law "On Combating Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome" regulates free access to all types of qualified and specialized medical care, and medicines. In practice, this article does not have an implementation mechanism, and people living with HIV, especially WLWHA do not have access to free medical care. None of the health facilities in the country, except for the AIDS Centers, and a specialized unit for people living with HIV in the State Clinical Hospital of Infectious Diseases (SCHID), provide free medical care.

Interviews results showed that the treatment in hospitals is a painful subject for WLWHA. The discriminatory attitude of medical staff is common here. Two moments are particularly important: 70% of respondents said that medical confidentiality is not respected and disclosure of HIV status without their permission leads to vulnerability and self-stigma of these women. The latter is very common in rural areas.

For fear of being refused in receiving medical care, WLWHA stay in front of a dilemma whether to disclose their status or not. Causes of this fear are lack of understanding, rude attitude towards them, endless redirections, disgust or reluctance of medical personnel to contact with the patient. This often occurs due to insufficient knowledge and lack of awareness and fear of a possible threat of infection. Many women faced the situation when doctors misclassified the disease, for example, they did not distinguish between HIV and AIDS and could not explain how to protect oneself.

Article 12 of the same Law, regulates protection against discrimination, including the access to treatment. However, in the survey of 80 WLWHA to the question: "*In what institutions did you experience more behavioral (verbal and nonverbal) discrimination?*," 84% of respondents said - in hospitals and 22.5% said in social institutions. To the question: "*Where do you think it is required to reveal your status?*," Only 7.5% answered - in health care institutions, which indicates a low level of trust of WLWHA to medical personnel. To the question: "*Where do you reveal your status?,*" The following responses were received: 90% of respondents said to NGO staff and 62.5% said in HIV-service hospitals. These numbers indicate the high potential of employees of these organizations, their tolerance and non-discriminatory approach to WLWHA.

A medical center was opened under the NGO “Center for Mental Health and HIV/AIDS” in 2008 in Tajikistan, which annually provides free medical services to 360 PLWHA over 200 of whom are women and children. It is the only Medical Center established under the NGOs through its own funding.

Thus, according to the telephone interviews results and interviews in the focus groups, the health workers remain the most discriminating group against WLWHA.

Case #1
“... I found out about my HIV status during my fourth pregnancy. My migrant husband has infected me. He knew about his status since 2002 but he did not say anything to me. When I went into labor, the doctor, whom I was introduced in advance and she knew about my HIV status, refused to take delivery. I called her, and when she answered the phone she recognized me, then she just switched her phone off. I did not know what to do. I had to give birth at home in the arms of my mother and a neighbor. The child has been deprived of ARV therapy after birth. I was shocked knowing about my status and when I was denied delivery I was ready to kill myself and the child too. But the thought of my other children stopped me ...” **(Dilya, 28 , DRS)**

In the health care sector there is there is a widely accepted opinion that if a woman is HIV-positive, it means she is/or was a SW and on this basis of these HIV-positive women are often denied in having access to health care.

WLWHA do not receive an appropriate care and support during pregnancy and childbirth. They do not receive breast milk substitutes (BMS) either, which is necessary for HIV prevention and transmission from mother to child. Yet, it is one of the measures that could hinder the development of the epidemic in the country and prevent the increasing number of children with HIV.

NGOs “Center for Mental Health and HIV/AIDS” and “Guli Surkh” provided BMS to women with HIV through projects and programs financed by international agencies (Act CA, AFEW and UNICEF) but short-term projects and lack of continuity of these services did not allow sustainable BMS provision to WLWHA.

Case #2
“My husband was older than me by 5 years. My parents urged me to marry him. He was a migrant worker and came home very rare but when I got pregnant, he took me with him to Russia. I found that I had HIV during my pregnancy there. My husband knew about his status, but he did not tell me about it. We were deported from Russia. I had a daughter, my husband died of AIDS. Once, my eyes started suddenly hurting. I went to the eye doctor. It took me a long time but the doctor could not figure out what the problem was with my eyes. I was afraid to speak about HIV, but I decided to say, because I thought maybe the problem with my eyes is linked to HIV …. when he heard that I have HIV, he said that the consultation time has finished and asked me to go to another hospital, as he will be on vacation starting from tomorrow...” **(Saily, 26, Dushanbe)**

Recommendations

Develop effective implementation mechanisms of the Law “On the human immunodeficiency virus,” particularly, on Article 12 on access provision and guarantees of quality and free medical services to WLWHA and their children.

- Constantly increase the level of knowledge about HIV/AIDS, to achieve a decent attitude and behavior of health workers to the infected people through expanding training programs in high schools and colleges and courses at the Tajik Institute of In-service training of Health Personnel

(TIISTHP), to include in the training and retraining programs the issues related to stigma prevention and discrimination against people living with HIV.

- On the base of the Republican |Center for healthy life-style, develop and implement a programmed aimed at girls and women of different age in HIV/AIDS prophylactics;
- Establish control over the patronage system of infants born from WLWHA through government agencies and community development organizations involvement.
- Actively involve religious leaders and other opinion leaders in the villages in implemented programs to more speak out for HIV/AIDS prevention, maternal and child mortality and the use of contraceptives.
- Establish a system of compulsory medical check-up for girls and women at different stages of life for prevention and early detection of social diseases and timely provision of care and support.
- Intensify efforts on early HIV detection through educational, outreach, and training programs, including the work among youth before marriage, and the possibility of passing a confidential and voluntary HIV testing with the consent of each of them.
- Conduct mandatory screening of WLWHA at different life cycle periods in order to prevent breast cancer and cervical cancer, as one of the most common cancer among WLWHA that leads to high mortality.
- Intensify the involvement of mass media (especially governmental) to promote healthy lifestyle for STI, cancer and HIV/AIDS prevention, as well as stigma and discrimination reduction of WLWHA through making amendments to the Law "On Advertising" and the Development of public service in the country.
- Increase the capacity of HIV-service providing NGOs and involve them in service provision efforts to WLWHA, taking into account the high level of trust of WLWHA to them. Expand the provision of legal aid to WLWHA to protect their rights, honor and dignity, and eradication of discrimination.

5.2. Article 13. Economic and Social Rights

States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular:

(a)The right to family benefits;

(b)The right to bank loans, mortgages and other forms of financial credit;

(c) The right to participate in recreational activities, sports and all aspects of cultural life.

Issues

WLWHA greatly need to receive benefits during pregnancy, birth and up to one year after birth. During these periods, they especially need good quality of food and medicines. Access to all of these may reduce the risk of infecting the baby to zero. Lack of support to WLWHA from government side leads to an increase in HIV mortality and to the new generation of HIV-infected children. From economic point of view, it is much cheaper to provide social support to pregnant women and infants in the first 1-2 years of life than in the subsequent treatment of HIV/AIDS.

The Government of Tajikistan started paying a monthly allowance of 280 Somoni (approximately 57doll.) to HIV-infected children aged 2 to 16 years from 1 January 2011. This initiative was lobbied by UNICEF and a number of non-governmental organizations, including NGO “Guli Surkh”.

This measure is a positive shift in the provision of social care and coverage of children born/living with HIV. However, only 2 women said they receive this benefit starting from October-November 2011 among the surveyed women. The majority of them noted that the documents’ or paperwork preparation is very time-consuming bureaucratic process at the moment, and not all women are willing to go through all these bureaucratic authorities. Moreover, the total sum of the benefit is minimal, and it is hardly enough for the child’s needs.

The lack of a developed health insurance system also contributes to the spread of the HIV epidemic in the country.

In addition to the shortage of effective social benefits, a low level of economic opportunities to improve WLWHA situation is observed in the country. Today there are a number of micro-credit organizations that provide small grants or micro social credits (low-interest) to improve the economic situation of vulnerable groups, including women. Usually, each organization has its own target group, whom they provide financial resources after taking part in certain trainings and provision of business plans on opening small and medium-sized businesses. However, the results of the survey showed that 97% of respondents were not aware that they have an opportunity to receive a grant or micro-credit, and 71% expressed that they wanted to get loans to improve their economic situation of their households.

Recommendations

- Government of Tajikistan in partnership with civil society associations needs to develop and implement a national program to support girls and women living with HIV, with a focus on their professional training, retraining and further employment.

- Expand state centers on training adults and develop alternative centers by simplifying licensing system for educational institutions to improve WLWHA access to learning and employment.

- Strengthen social support programs through development of social insurance system and increase of social benefits to widows owing to the death of a spouse.

- Increase the benefits amount for single WLWHA who are raising children on their own, taken into account its regular indexation depending on the level of inflation in the country.

5.3. Article 16. Marriage and Family Relations

1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:
(a)The same right to enter into marriage;
(b)The same right freely to choose a spouse and to enter into marriage only with their free and full consent;
(c)The same rights and responsibilities during marriage and at its dissolution;
(d)The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount; (e)The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
(f)The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;
(g)The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;
(h)The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.
2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.

Issues

Family relations in Tajikistan are regulated by the Family Code and are based on the principles of free marriage union of man and woman, the equality of the spouses in the family, including the conservation of their surnames upon marriage and the choice of name after the divorce, division of property, rights on children, on child support, etc. Any restriction of citizens' rights in marriage and family relations based on social, racial, national, linguistic or religious identity are forbidden.

However, patriarchal relations still remain in marriage and family sphere in the society. Marriages are very often arranged by the parents. Usually, the bride and groom do not know each other, or see each other 1-2 times till the wedding. The results of interviews with WLWHA showed that 75% of respondents were married by their parents' wish. More than 48% of respondents disagreed with the candidate their parents chose for them, they did not know or almost did not know their future husbands. These patriarchal "laws" are the reason that the relations between spouses are very complicated because of forced marriage. This leads to the fact that there is no love, consent, and respect for the spouses to each other. In their responses, 44% of respondents indicated that they were infected with HIV from their husbands, and that many husbands infected their wives knowing about their disease.

It is worth to mention that despite the fact that many WLWHA got infection from their husbands, they still consider themselves responsible for this situation. . Based on their responses, husbands

hide their status not only from their wives, but also from their entire family, and often falsely informed of other diseases such as (gastric ulcer, TB, etc.). By doing so, they create a ground for opinions about their wives unfaithfulness. The results of interviews showed that 36% of women found about their HIV-status in 2009 (in 2008 the figure was 11% and 20% in 2010). These figures are due to several factors: firstly, the HIV diagnosis has improved compared to previous years, and secondly, the global financial crisis has had a negative impact on economy of the country, which has led to a sharp deterioration of many families' situation. The latter also contributed to growth in the number of infected women.

All participants reported that after detection of their status, they were shocked, hurt, felt shame, and depression. For example, more than 72% WLWHA thought about committing suicide, and 24% have made such attempt.

More than half of respondents said relatives and friends' attitude has changed to them after they found about their status, especially in the house of their husband, where there is room for reproaches and endless abuse and discrimination. For majority of respondents discrimination is expressed in isolation from other family members, limiting access to household items and others. Because of the fear of publicity among relatives, neighbors and the local community (mahalla), and the fear for the future of children, women, unfortunately, tolerate abuse and insult.

The important thing is that more than half 43% of the interviewed women are housewives and 52.5% are with incomplete secondary education . All of them are financially dependent on their husbands and do not have sufficient knowledge and information about their rights. Housing also plays a significant role. Respondents among WLWHA answering to the question on marital status replied that they are widows whose husbands died from AIDS – 27%. Very often husband's family does not register the wife in the official documents related to the property ownership, which after her husband's death leaves the wife and children on the street. In such cases the status of WLWHA serves like a justifications for the husband relatives to kick her out of the house.

Only a few said that found support among their relatives and friends, especially in the house of their husband. To the question: "Who knows about your status? " Responses were as follows: husband - 35%, family and family members - 50%, relatives - 36%, neighbors - 2.5%, and strangers -4%, respectively.

Case #3

"... I have two sons from my first husband. I gave birth to two children because my husband forced me to give birth. I did not want children from him at all because he was a drug addict and alcoholic. I wanted to divorce him for 5 years but he did not give me a divorce. He threatened me and said that if I leave him, he will find and kill me. He was very jealous. I was like a servant at his home. His mother also had discriminatory attitude towards me for a long time. He beat me, abused me ... When my husband went to Russia and did not come back for a long time, his mother kicked me out of the house ... I did not have the registration. I suffered a lot for a long time, and then I went to serve customers at night. I do not know who has infected me, my husband, or from any client, but I had no choice any more, I had to live somehow, feed the children.... I still work on the same work ..." **(Marina, 37, Dushanbe)**

Recommendations

- Make the marriage contracts obligatory, this document will define the rights and responsibilities of each partner, including the right to health, settled housing assurance upon termination or death of a spouse in the national legislation

- Ensure that the marriage is registered on the voluntary consent of the spouses. Motivate voluntary HIV testing among newly married couples and young people in general.

- Raise awareness on the legal framework of marriage and family relations among WLWHA.

- Local authorities, in partnership with civil associations must establish more crisis centers and shelters to provide support and care to WLWHA and their children.

- Consider the issues of ratifying by the Government of Tajikistan the Convention on "Collection of the alimony abroad**"**. Solve issues of child support from the state budget to women whose husbands are put on the wanted list.

- Develop and implement benefits to women whose husbands have died of AIDS, in sufficient quantities, especially for WLWHA with young children.

- Actively involve men and boys in programs aimed at the prevention of domestic violence and HIV/AIDS.

«**Case #4**
"I got married not by choice, but by the will of my parents. From the moment I became a daughter-in –law in the house of my husband, all the cooking, cleaning and laundry were on me. A year and half ago, my husband came from Russia and I became infected with the disease. After that, my husband's family attitude has changed to me. They started to keep me off the stove, separated my eating utensils and I was completely isolated. But, I have to endure all this, unfortunately, because I cannot come with my illness and problems to my parents. Then, I have kids (thanks God), healthy, and they need to get married. I do not want them to be stigmatized too in the future ... **(Zarafshon, 34, Dushanbe)**

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