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IRB – Immigration and Refugee Board of Canada

Nigeria: Treatment by society of people living with HIV/AIDS and family members of people living with HIV/AIDS (2020–March 2022) [NGA200851.E]

Research Directorate, Immigration and Refugee Board of Canada

1. Overview

A study [1] by the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), a non-profit organization in Nigeria that coordinates "all" support groups, organizations, and associations of people living with HIV/AIDS in Nigeria (NEPWHAN n.d.), states that Nigeria has the "highest population of persons living with HIV (PLHIV) in West Africa" (NEPWHAN July 2021, 10). The Joint UN Programme on HIV and AIDS (UNAIDS) provides the following statistics for 2020:

Adults and children living with HIV	1,700,000 [1,300,000–2,300,000]
People living with HIV who know their status	1,600,000
Adult aged 15 to 49 HIV prevalence rate	1.3 [0.9–1.7]

(UN 2020, brackets in original)

2. Legislation

The *HIV and AIDS (Anti-Discrimination) Act, 2014* provides the following:

The purpose of the Act is to protect the rights and dignity of people living with and affected by HIV and AIDS by—

1. eliminating all forms of discrimination based on HIV status ;
2. creating a supportive environment so that people living with HIV and AIDS are able to continue working under normal conditions for as long as they are medically fit to do so ;
3. promoting appropriate and effective ways of managing HIV in the workplace, community, institutions and other fields of human endeavour ;
4. creating a safe and enabling working and learning environment for all persons ;
5. creating a balance between the rights and responsibilities of all persons in the society ;

...

3.—(1) People living with or affected by HIV or AIDS have a right to freedom from discrimination on the basis of their real or perceived HIV status concerning access to and continued employment, conditions of employment, employment benefits, comprehensive health services, education, use of public facilities and other social services, provided by the employer, individual, community, government or any other establishment.

(2) Individual, communities, institutions, employers and employees have a mutual responsibility to prevent HIV-related stigma and discrimination in the society.

...

4.—(1) Every individual, community, institution and employer shall take steps to protect the human rights of people living with or affected by HIV or AIDS by eliminating HIV-related discriminations in all settings, including employment, health and educational institutions, policies and practices.

(2) Every individual, community and employer shall take steps to promote equality of opportunity and treatment of non-discrimination on the basis of real or perceived HIV status and HIV-related illness.

5.—(1) No individual, community, institution, employer or employee shall discriminate, directly or indirectly, against any person in the society on the basis of the person's HIV status or perception of same in employment, delivery of services and other benefits.

...

6. It is an offence to discriminate against any person on the basis of their real or perceived HIV status by—

...

8.—(1) Prior to accessing any public or privately delivered services, employment and any other opportunity, no individual, institutions or bodies shall require a person to disclose his or her HIV status or the status of any other person, by asking questions, orally or in writing, directly or indirectly.

...

13.—(1) All persons living with HIV or affected by AIDS shall have the right to protection of data with respect to their health and medical records.

...

14.—(1) Subject to any existing law, the HIV status of an employee shall not affect his or her eligibility for any occupational or other benefit scheme provided for employees.

(2) Where under any existing law, the eligibility of a person for any occupational or other benefit scheme is conditional upon an HIV test, the conditions attached to HIV and AIDS shall be the same as those applicable in respect of comparable chronic conditions.

(3) Where an employee decides not to undergo an HIV testing for the purposes of subsection (2), no inferences concerning the HIV status of the employee may be drawn from such exercise.

(4) Where an employee undergoes an HIV testing for the purpose of subsection (2), the employer shall not, unless the occupational or other benefit scheme is operated by the employer, be entitled to information concerning the HIV status of the employee concerned.

(5) Real or perceived HIV status shall not be a cause for termination of employment.

30. In this Act—

...

"people affected by HIV and AIDS" means persons who have not tested-positive to HIV but who are direct relatives, associates or friends of persons living with HIV in particular their children, spouses, partners, parents, siblings and primary care providers ;

...

(Nigeria 2014, Art. 1, 3, 4, 6, 8, 13, 14, 30, italics in original)

3. Treatment of People Living with HIV/AIDS

According to the *Guardian*, a Nigerian newspaper, the Director-General of the National Agency for the Control of AIDS (NACA) [2] identified "fighting stigma and discrimination" as a "challeng[e]" but indicates that Nigeria is "gradually winning" on this front (*The Guardian* 1 Dec. 2021).

However, NEPWHAN states that "stigma and discrimination have remained a major challenge" for individuals living with HIV/AIDS in Nigeria (NEPWHAN July 2021, 10). Sources indicate that HIV/AIDS in Nigeria is seen as a "death sentence" (Independent researcher 4 Mar. 2022; ISHRAI 18 Feb. 2022). In correspondence with the Research Directorate, a researcher with the Socio-Economic Rights Project at the University of the Western Cape, who focuses on sexual and reproductive health and rights, stated that HIV/AIDS "was initially seen as a death sentence in Nigeria," but "[a]ttitudes have changed significantly since then" (Researcher 4 Mar. 2022). According to an article by the World Youth Alliance (WYA), an international organization that works with youth to support human dignity (WYA n.d.), individuals who live with HIV/AIDS are "seen as humans without dignity, value or worth to society," and are "often stigmatized, ostracized, rejected, and shunned, and may experience sanctions, harassment, and even violence because of their infection or association with HIV/AIDS" (WYA 26 July 2021). TheBody, a website that publishes information on HIV and is part of Remedy Health Media, a "digital health platform that empowers patients and caregivers to achieve better health" (TheBody n.d.), notes that "living with HIV is a heavy burden" in Nigeria, as individuals "face discrimination that

could affect both their mental health and their ability to trust their families and friends to be open-minded and without bias" (TheBody 30 June 2020). The Premium Times, an online newspaper in Nigeria, reports that individuals who live with HIV "often experience stigma, hostility, denial of gainful employment, forced resignation or retirement, delivery of poor quality treatment, and segregation in hospitals wards" and that, for individuals living with HIV, "the fear of rejection is rife" (Premium Times 1 Dec. 2020).

The most recent Nigeria Demographic and Health Survey (NDHS) [3], conducted from August to December 2018 by the National Population Commission (NPC) of Nigeria and ICF, the organization responsible for the Demographic Health Surveys (DHS) Program [4] of the US Agency for International Development (USAID), reports that 46 percent of men and 47 percent of women aged 15 to 49 "do not think that children living with HIV should be able to attend school with children who are HIV negative," while 53 percent of women and 50 percent of men "would not buy fresh vegetables from a shopkeeper who has HIV" (NPC of Nigeria and ICF Oct. 2019, 1, 347).

A country information report on Nigeria by the Ministry of Foreign Affairs in the Netherlands states that HIV is associated with homosexuality in Nigeria and, "remains an important reason for the stigmatisation of gay men within health care and beyond" (Netherlands Mar. 2021, 70). According to Al Jazeera, Nigeria "remains one of the most homophobic countries in the world" and "[e]ven within the Nigerian LGBT community, HIV discrimination is rife" (Al Jazeera 4 May 2020). Australia's Department of Foreign Affairs and Trade (DFAT) indicates that

international human rights observers report a high rate of stigma against people living with HIV, with the public considering HIV to be a result of immoral behaviour and a punishment for same-sex activity. Although authorities and NGOs have sought to reduce the stigma and change perceptions through public education campaigns, people with HIV/AIDS are still at risk of losing their jobs or being denied healthcare services. (Australia 3 Dec. 2020, para. 2.23)

For further information on treatment of individuals based on their sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), specifically regarding anti-LGBTQ vigilante groups, see Response to Information Request NGA200343 of October 2020.

4. Treatment of Children of People Living with HIV/AIDS

In correspondence with the Research Directorate, a librarian at York University who focuses on women's studies and law in Nigeria stated that while children of individuals living with HIV/AIDS experience discrimination, "[t]hey do not experience so much violence as they may be isolated and relocated from their environment" (Librarian 6 Mar. 2022). In an interview with the Research Directorate, the Executive Director of the Improved Sexual Health and Rights Advocacy Initiative (ISHRAI), a community-based organization that promotes the health and rights of sexual minorities in Nigeria (ISHRAI n.d.), indicated that children of individuals living with HIV/AIDS experience "a lot of stigma and discrimination" and that the children of LGBTI parents will "face multiple levels of discrimination" due to both the stigma of their parents' sexual orientation and HIV/AIDS itself (ISHRAI 18 Feb. 2022). The same source further noted that in the northern part of Nigeria where Sharia law is in effect, children will experience "an even higher level of discrimination" due to more conservative cultural and religious values, the stigmatization of sexually transmitted diseases, as well as the stigmatization of individuals with different sexual orientations and gender identities (ISHRAI 18 Feb. 2022).

In correspondence with the Research Directorate, an independent researcher and freelance journalist based in the UK whose work focuses on Nigeria indicated that children of people living with HIV/AIDS "in some cases are treated like strangers rather than outcasts. While outcasts suffer exclusion or ostracism from their communities, strangers are treated with caution or suspicion" and "may live under the assumption of having the infection" (Independent researcher 4 Mar. 2022). The same source further stated that

children suffer three observable forms of stigma and discrimination:

1. Parents of other children tend to forbid their kids from playing or associating with the children of [people living with HIV/AIDS]. Other children may tease or deride them, though physical bullying is avoided. The child is reduced to a distant but willing spectator in games their peers play.
2. These children often experience exclusion from schools or church. A child may have been a pupil at a school for three years [before their] parent has an HIV diagnosis. If the school or parents of other children know of the diagnosis, the child becomes unable to return to their school.
3. When these children commit suicide, it is often reported as AIDS-related deaths out of ignorance or because families seek to avoid the stigma of suicide, particularly of a child. (Independent researcher 4 Mar. 2022)

The researcher at the University of the Western Cape indicated that

Nigerian communities are close-knit ones in which family members of a person who has been stigmatized or ostracized will automatically feel the effects. Hence, even though discrimination is directed at a particular person, the ripple effect will be felt by their children and spouse. For example, discriminating against a person in a place of worship due to their HIV status such that they are bullied into staying away will invariably mean that their children will be forced to stay away as well. Or, where a person loses their job because they have HIV, the loss of income will affect the financial status of their immediate family, and school-aged children could have to adapt to changes such as being pulled out of private fee-paying schools for public or less prestigious schools, or for some, being pulled out of school altogether. (Researcher 4 Mar. 2022)

According to the ISHRAI Executive Director, children of people living with HIV/AIDS experience many human rights violations at school, including trauma and bullying (ISHRAI 18 Feb. 2022). A report by the Rural Renewal and Community Health Development Initiative (RURCHEDI), a community organization that provides HIV prevention services, counselling, testing, and treatment (RURCHEDI n.d.), sent to the Research Directorate by the Executive Director notes that in February 2020, the child of a gay man in the city of Makurdi (Benue State) was "beaten by his school mates" due to their father's sexual orientation as a man who has sex with men (MSM) and "health status" (RURCHEDI 2022).

5. Treatment of Spouses of People Living with HIV/AIDS

The researcher at the University of the Western Cape stated that spouses of individuals living with HIV/AIDS are "likely to experience stigma and discrimination" due to the "belief that by sharing the same space, home and items with someone who is HIV-positive, one would be exposed to HIV," but violence towards spouses of HIV-positive individuals is "unlikely" (Researcher 4 Mar. 2022). According to the independent researcher, spouses of people living with HIV/AIDS

live under the assumption that they also have the disease. Often, female spouses [are subject to] suspicion or blame for infecting their male partners with a diagnosis even if they test negative for HIV themselves. If a female spouse tests positive while her male spouse tests negative, she becomes [perceived as] the harlot from hell. If only the man tests positive, he is unlucky despite his virtues or lack of them. Again, unlike children, spouses of [people living with HIV/AIDS], in all cases, [experience] keen ostracism and exclusion from participation in societal activities, de facto.

The observed stigma and discrimination spouses of HIV/AIDS are various.

(1) Self-ostracism is the main discrimination spouses face.

...

(3) Surprisingly, spouses can be denied regular medical services by certified medical professionals. Many are asked for tests before treatment where it would be unnecessary for others. The demand of HIV tests by dentists and opticians may seem alarmist. Again, confidentiality is a problem.

(4) The spouses can lose their jobs as if they [contract] the HIV virus. Self-employed sellers of food, provisions, and other retail goods or providers of services like hairdressing and tailoring, would lose customers for fear of contagion.

(5) The spouses may experience eviction from their homes or find it very difficult to get new accommodation.

(6) The spouses are denied inheritance from their spouses' wealth. This is because the family of the male spouse lost to HIV/AIDS would blame the female spouse for infecting the man even if she can prove she is HIV-negative. The denial of inheritances to widows from their husband's wealth by the husband's family is very common no matter the cause of death.

(7) The spouses [experience] the humiliation and verbal abuse from other members of the community. (Independent researcher 4 Mar. 2022)

The ISHRAI Executive Director noted that spouses experience rejection from family and society if their partner has HIV/AIDS, and risk losing their employment (ISHRAI 18 Feb. 2022). The RURCHEDI report indicates that in December 2020 in the city of Gboko (Benue State), the spouse of a MSM individual reported that she "was harassed and disgraced verbally" by members of the community "on the basis of her husband's health status" and that she has experienced "so much humiliation" (RURCHEDI 2022).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of

sources consulted in researching this Information Request.

Notes

[1] The main aim of the study was "to document experiences of stigma and discrimination" among [people living with HIV (PLHIV)] in Nigeria (NEPWHAN July 2021, 10). The study used a mixed-methods approach, including a quantitative study based on interviews with 1,240 PLHIV from the 16 states and the Federal Capital Territory and a qualitative study based on semi-structured focus group discussions with 120 PLHIV in 3 selected states (NEPWHAN July 2021, 10).

[2] The National Agency for the Control of AIDS (NACA) provides "proactive multi sectoral planning, coordinated implementation, monitoring and evaluation of all HIV/AIDS prevention and impact mitigation activities in Nigeria" (Nigeria n.d.).

[3] According to the Demographic and Health Survey for Nigeria (NDHS),

[t]he sample was selected using a stratified, two-stage cluster design, with enumeration areas (EAs) as the sampling units for the first stage. The second stage was a complete listing of households carried out in each of the 1,400 selected EAs. The target groups were women age[d] 15-49 and men age[d] 15-59 in randomly selected households across Nigeria. A representative sample of approximately 42,000 households was selected for the survey. (NPC of Nigeria and ICF Oct. 2019, xix)

[4] The Demographic and Health Surveys (DHS) program is a project funded by the US Agency for International Development (USAID) that "provid[es] support and technical assistance in the implementation of population and health surveys in countries worldwide" (NPC of Nigeria and ICF Oct. 2019, ii).

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Additional Sources Consulted

Oral sources: Access to Good Health Initiative; African Law Foundation; assistant professor at an American university who researches medical anthropology, anthropological demography, global health politics, and HIV/AIDS in Nigeria; AVAC Global Advocacy for HIV Prevention; Avert; Bisi Alimi Foundation; Brookings Institution; Care for Legal Assistance and Human Rights Protection; Civil Resource Development and Documentation Centre; Council on Foreign Relations; The Equality Hub; Equality Triangle Initiative; Global Network of People Living with HIV; Heartland Alliance; HIV Justice Network; House of Rainbow; Human Dignity Trust; independent researcher who focuses on the situation of sexual minorities in Nigeria; The Initiative for Equal Rights; Initiative for Sexual Reproductive Health and Rights Awareness; Institute of Human Virology, Nigeria; International Centre for Advocacy on Rights to Health; The International Lesbian, Gay, Bisexual, Trans and Intersex Association; International Treatment Preparedness Coalition; journalist in Nigeria; Journalists Association Against AIDS; Lawyers Alert; lawyers in Nigeria (2); Legal Defence and Assistance Project; Living Hope International; Maintaining Healthy Behaviour Initiative; Medical Women's Association of Nigeria; NAM aidsmap; Network of People Living with HIV/AIDS in Nigeria; Nigeria – 2018 Nigeria HIV/AIDS Indicator and Impact Survey, Federal Ministry of Health, National Agency for the Control of AIDS, National Human Rights Commission; Nigeria Network of Religious Leaders Living with or Personally Affected by HIV/AIDS; OutRight Action International; Physicians for Human Rights; Population Council; Positive Action for Treatment Access; professor at a Nigerian university who conducts research on the situation of sexual minorities in Nigeria; Project HOPE; TheBody; UN – UNDP, UN Women; US – US Military HIV Research Program; Vision Springs Initiatives; Women's Health and Equal Rights Initiative.

Internet sites, including: Access to Good Health Initiative; African Law Foundation; Afrihealth Optonet Association; *AIDS and Behavior*; AIDS Healthcare Foundation; AIDSPortal.org; AllAfrica; American University of Nigeria; Amnesty International; Anadolu Agency; Associated Press; Asylus; AVAC Global Advocacy for HIV Prevention; Avert; BBC; Belgium – Commissariat général aux réfugiés et aux apatrides; Bisi Alimi Foundation; Brookings Institution; Care for Legal Assistance and Human Rights Protection; Center for Reproductive Rights; Center for Strategic and International Studies; Civil Resource Development and Documentation Centre; Council on Foreign Relations; *Daily Trust*; *Daily Post*; ecoi.net; Education as a Vaccine; EngenderHealth; The Equality Hub; Equality Triangle Initiative; Erasing 76 Crimes; EU – EU Agency for Asylum; Fédération internationale pour les droits humains; Freedom House; The Global Fund to Fight AIDS, Tuberculosis and Malaria; Global Network of People Living with HIV; *The Guardian* [UK]; Healthwise; Heartland Alliance; HIV Justice Network; House of Rainbow; Human Dignity Trust; Human Rights Watch; The Initiative for Equal Rights; Initiative for Sexual Reproductive Health and Rights Awareness; Institute of Human Virology, Nigeria; International AIDS Society; International Centre for Advocacy on Rights to Health; International Centre for Investigative Reporting; International Centre for Advocacy on Rights to Health; International Crisis Group; The International Lesbian, Gay, Bisexual, Trans and Intersex Association; International Treatment Preparedness Coalition; Journalists Association Against AIDS; Legal Defence and Assistance Project; Maintaining Healthy Behaviour Initiative; Médecins sans frontières; Medical Women's Association of Nigeria; The New Humanitarian; Nigeria – 2018 Nigeria HIV/AIDS Indicator and Impact Survey, Federal Ministry of Health, National Agency for the Control of AIDS, National Human Rights Commission; Norway – Landinfo; Organisation suisse d'aide aux réfugiés; Organization for Security and Co-operation in Europe; OutRight Action International; Physicians for Human Rights; Positive Action for Treatment Access; Project HOPE; *The Punch*; Queer Alliance Nigeria; Reuters; Transparency International; UK – Home Office; UN – Office of the UN High Commissioner for Human Rights, Refworld, UNDP, UNICEF, UN Women, WHO; US – Centers for

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