



Refugee Documentation Centre (Ireland)  
LEGAL AID BOARD

**Malawi - Researched and compiled by the Refugee Documentation Centre of Ireland on Monday 18 July 2016**

**Information on the treatment of women whose family members have Aids and the applicable role of police/courts including available protection**

In September 2015 the *United States Department of Labor* points out in a report that:

“Children with family members with HIV/AIDS may assume responsibility as head of their households, sometimes becoming the primary caretaker for a sick parent and having to work to support their families. These children, especially those who are orphaned, are at increased risk of entering into the worst forms of child labor...” (United States Department of Labor (30 September 2015) *2014 Findings on the Worst Forms of Child Labor – Malawi*, p.2).

In November 2015 the *Joint United Nations Programme on HIV/AIDS* notes that:

“According to the 2010 Malawi Demographic and Health Survey, women in the Northern and Central regions are more likely to express accepting attitudes towards people living with HIV than women in the Southern Region. Among men, those in the Central Region are more likely to express accepting attitudes than those in the Southern or Northern region. A national stigma index study is currently underway and will inform a new set of national HIV anti-stigma and discrimination guidelines to address challenges in this area” (Joint United Nations Programme on HIV/AIDS (24 November 2015) *On the Fast-Track to end AIDS by 2030: Focus on location and population [Part 02 - Malawi excerpt]*).

*Medecins Sans Frontieres* in November 2015 notes:

“Since April 2015, the National Association for People living with HIV/AIDS in Malawi (NAPHAM), a member organisation of MANET +, has started monitoring and reporting on access to ARVs and cotrimoxazole in health facilities across the country. Building on an established network of people living with HIV, representatives in different districts have been equipped with mobile phones to report stockouts, shortages and cases related to discrimination and stigma of people living with HIV. Reported cases are being followed up and verified by network members. Figure 7 shows cases as reported per category in April and May 2015” (Medecins Sans Frontieres (30 November 2015) *Empty shelves: Come back tomorrow - ARV StockOuts Undermine Efforts to Fight HIV [Malawi excerpt]*).

A report issued in December 2015 by *Malawi 24* notes that:

“Malawi Network of Aids Services Organizations (Malazu) says enacting the HIV/AIDS bill into law is one way of combating stigma against people living with HIV. According to a survey the organization conducted, stigma is fueling the spread of HIV/AIDS. Executive Director for Malazu, Abigail Dzimazi, said stigma is one of the issues that are disrupting the fight against HIV/AIDS” (Malawi 24 (16 December 2015) *HIV/AIDS to end stigma in Malawi*).

A paper released in April 2016 by the *BMC International Health and Human Rights* on HIV and disability points out that

“Disability and HIV do not only affect the individual, but the whole household, immediate and extended” (BMC International Health and Human Rights (1 April 2016) *A household perspective on access to health care in the context of HIV and disability: a qualitative case study from Malawi*).

A document issued in April 2016 by the *United States Department of State* commenting on events of 2015 points out that:

“Societal discrimination against persons with HIV/AIDS remained a problem, especially in rural areas. Many individuals preferred to keep silent about their health conditions rather than seek help and risk being ostracized. Campaigns by the government and NGOs to combat the stigma had some success. The National AIDS Commission maintained that discrimination was a problem in both the public and private sectors. A People Living with HIV Stigma Index (2012) for Malawi indicated that of 2,272 persons with HIV interviewed, significant percentages reported having been verbally insulted/harassed/threatened (35.1 percent) and excluded from social gatherings (33.7 percent)” (United States Department of State (13 April 2016) *2015 Country Reports on Human Rights Practices – Malawi*).

A publication issued in June 2016 by the *United Nations Population Fund* notes that:

“Five years ago, people living with HIV could only receive HIV services and antiretroviral therapy (ARV) at Mzenga Health Centre in Malawi's Nkhata Bay district on Tuesdays. As a result, anyone seen entering the clinic on that day of the week was branded as living with HIV and subjected to stigma and discrimination by the community...sometimes those charged with picking up the treatments were not the people living with HIV themselves, but their children or guardians – however, they were still labelled as having the virus. To avoid the discrimination, many people living with HIV dropped out of care” (United Nations Population Fund (9 June 2016) *Ending AIDS through integrated care: Combining sexual and reproductive health and HIV services in Malawi*).

No further information on this issue could be found among sources available to the RDC

## References

BMC International Health and Human Rights (1 April 2016) *A household perspective on access to health care in the context of HIV and disability: a qualitative case study from Malawi*

<http://www.ein.org.uk/members/country-report/household-perspective-access-health-care-context-hiv-and-disability>

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

### **Sources Consulted**

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European Country of Origin Information Network  
Freedom House  
Google  
Human Rights Watch  
Immigration and Refugee Board of Canada  
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International Crisis Group  
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