



**Malawi – Researched and compiled by the Refugee Documentation Centre of Ireland on 15 February 2016**

**Any information on discrimination of people with HIV by community or in terms of accessing healthcare etc. (e.g. that might arise from ignorance/superstition and/or any connected presumption that they are gay)**

The 2014 US Department of State country report for Malawi, in a section headed “HIV and AIDS Social Stigma”, states:

“Societal discrimination against persons with HIV/AIDS remained a problem. 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. To counter such discrimination, the commission provided funding to the MHRC to examine discrimination issues. A People Living with HIV Stigma Index (2012) for Malawi indicated that of 2,272 persons with HIV interviewed, significant percentages of respondents reported having been verbally insulted/harassed/threatened (35.1 percent) and excluded from social gatherings (33.7 percent).” (US Department of State (25 June 2015) 2014 *Country Reports on Human Rights Practices – Malawi*, pp.24-25)

In the Introduction to an article published in the World Journal of AIDS the authors state:

“Stigma remains the single most important barrier to public action. AIDS related stigma refers to the prejudice and discrimination directed at people living with HIV and AIDS and the groups and communities that they are associated with. It causes people living with HIV and AIDS to be rejected from their community, shunned, discriminated against or even get physically hurt. Research evidence shows that some HIV and AIDS patients face some kind of stigma and discrimination. Stigma when directed at PLWHA complicates the fight against HIV and AIDS because when stigmatized the PLWHA have difficulties to cope with the illness at a personal level. In addition, stigma also interferes with attempts to fight the AIDS epidemic as a whole.” (Pindani, Mercy et al (3 April 2014) *Stigma and Discrimination against People Living with HIV and AIDS in Malawi*, World Journal of AIDS, pp.123-132)

A report published by the Malawi Network of People Living with HIV AND AIDS (MANET+), in a section titled "Experience of HIV - related stigma and discrimination" (section 2.1), states:

“Respondents were asked about their experiences of stigma and discrimination in the previous 12 months. The highest percent of respondents (48.4%) reported that they had been gossiped about. Significant percentages of respondents also reported having been verbally

insulted/harassed/threatened (35.1%); physically harassed (16.1%); and/or physically assaulted (16.6%) at Least once in the Last year. In addition, respondents reported exclusion from social gatherings (33.7%), family activities (13.6%) and/or religious activities (13%) over the past 12 months. Furthermore, 12.4% reported experiencing sexual rejection; while nearly 20% (17.9%) reported experiencing discrimination on the part of a partner or any member of household. More than 10% reported having experienced discrimination from other people living with HIV, although only 3.8% reported that this had happened often in the last 12 months. Although the majority of respondents reported having experienced stigma; some of respondents said they had never experienced any Stigma or discrimination. Some stated that they experienced what they termed 'positive stigma' i.e. a situation where they were treated especially well by family members and/or experienced special consideration in their work. Some participants reported never having experienced stigma and live a very 'normal' life where no one is bothered by them or their HIV-positive status." (Malawi Network of People Living with HIV and AIDS (Manet+) (March 2012) *The People Living with HIV Stigma Index: Malawi*, p.38)

A report from the Malawi-based radio station Capital FM states:

"Youths living with HIV/AIDS and have openly declared their status in Mzimba are facing discrimination from their peers, a development they say is negatively impacting on their day to day life. This is the case despite government and other stakeholder's efforts in ending discrimination against people living with HIV/AIDS. One of the youths Innocent Charles Phiri told Capital FM that the situation is very bad in schools where fellow youths who are negative shun chatting with them believing that they might get infected. He said this negatively affect them and they end up losing concentration since they think that they are no longer valuable in the society and nothing good can come out of them. Khosolo Womens Forum Chairperson Lotchiwe Shaba said youths in all the six T/As in Mzimba South which include Khosolo, Mabilabo, Mzikubola, Chindi, Kampingo Sibande and M'mbelwa face discrimination with the area of T/A Chindi the most affected. She said this is the case as some people in the district seem to be still short of information on HIV as evidenced by continued beliefs that handshaking or eating from the same plate with those with HIV can lead them into contracting the virus." (Capital FM (27 November 2015) *HIV+ youths in Mzimba facing discrimination*)

A report published by the Office of the United Nations High Commissioner for Human Rights, in a section headed "HIV/AIDS" (paragraph 36), states:

"The Committee remains concerned at the high HIV/AIDS prevalence among women and girls in the State party. It is also concerned at contentious provisions in the draft HIV/AIDS Prevention and Management Bill, including separation of the issue of HIV/AIDS management from prevention; disclosure of a person's HIV status by medical practitioners in certain circumstances without consent; compulsory HIV testing for pregnant women, women in prostitution and women in polygamous unions; mandatory pre-service testing for members of uniformed services and domestic workers; and non-inclusion of provisions on young women, girls and persons with disabilities." (Office of the United Nations High Commissioner for Human Rights (OHCHR) (20 November 2015) *Committee on the Elimination of Discrimination against*

In a paper published in the academic journal *Sexuality & Culture* the authors state:

“A majority of Malawians live in rural areas. Resources, including health infrastructure and qualified doctors, are often scarce or nonexistent in rural sub-Saharan Africa, which puts rural populations at a disadvantage in comparison to urban dwellers in the effective control of disease. As the recent Ebola outbreak in some West African countries illustrates, the management and control of disease depends on good surveillance methods, early diagnosis and treatment, and a good infrastructure to bring people to treatment centers. The stigma attached to HIV has social and economic cost. For example, stigma leads people who suspect they are infected to hesitate to disclose, test, or seek treatment. Moreover, a majority of rural dwellers are poor, meaning that they cannot afford the cost associated with HIV treatment. Distance to the closest treatment centers likewise reduces rural women’s likelihood of seeking treatment.” (Small, Eusebius & Nikolova, Silviya Pavlova (25 April 2015) *Attitudes of Violence and Risk for HIV: Impact on Women’s Health in Malawi, Sexuality & Culture*, pp.659-673)

A report from the international AIDS charity AVERT, in a paragraph headed “Men who have sex with men (MSM) and HIV in Malawi”, states:

“Men who have sex with men (MSM) have been identified as a key affected population within the Malawian HIV epidemic. Data on this group remains very limited, although some studies have found HIV prevalence as high as 21%.<sup>3</sup> Efforts to address this increased vulnerability were, until very recently, limited by laws that rendered homosexuality an illegal behaviour. Homosexuality was decriminalised in 2012 and it is hoped that this legal change will bring more support for this underserved, high-risk population. Many MSM in Malawi face increased levels of stigma and violence. One 2013 study found that over 20% of MSM had experienced some form of stigma and 11.4% of MSM had experienced homophobic violence. Stigma and violence experienced amongst MSM can be responsible for difficulties in going for an HIV test, seeking HIV services and disclosure of HIV status.” (AVERT (1 May 2015) *HIV and AIDS in Malawi*)

A report from the Malawi News Agency states:

“People living with HIV and AIDS from the area of Traditional Authority (T/A) Mwakaboko in Karonga District have accused their village headmen and community members for allegedly sidelining them in development projects taking place in the area. Iponga and Lusubilo support groups expressed their concern on Thursday during an interface meeting with chiefs which was organized by Foundation for Community Support Services (FOCUS). Chairperson for Iponga Support Group, Halili Matandala, said there is high stigma and discrimination of the support groups by community members who actually give them nick names.” (Malawi News Agency (8 February 2016) *Malawi: People Living With HIV Accuse Traditional Leaders of Stigma and Discrimination*)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit 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.

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