



EXECUTIVE SUMMARY

**H**IV stigma and discrimination contribute to new HIV infections and the generalisation of the epidemic. Stigma and discrimination against persons with HIV violate their rights as individuals or a group, and put other people at risk of getting infected with HIV. When HIV stigma is high, the epidemic goes underground and people get easily infected, because PLWHAs are too scared to disclose their status, thereby denying other people the right to protection against infection. As a result of high social stigma associated with HIV/AIDS, an estimated 230,000 people living with HIV in Lagos State are living in denial of their positive HIV status. The provision of existing policies like the National HIV and AIDS Policy do not adequately address stigma and discrimination against people living with HIV, and where mentioned, are not backed by adequate budgetary allocation for the implementation of stigma reduction interventions. This state of affairs has heightened the intensity of social stigma against persons living with HIV/AIDS with very dire consequences for the people of Lagos State.

HIV control can only be effective where persons infected are allowed to access services freely, are cared for and assisted to live positively whilst making sure that they do not put other people at risk. PLWHAs can play a significant role in curbing the spread of HIV.

The Lagos State government, in response to this increasing violation of rights, enacted the 'Law for the Protection of Persons Living with HIV and Affected by AIDS in Lagos State and for Other Connected Matters' May 18, 2007. The following recommendations were made to make the law serve its purpose:

1. The law should be widely disseminated to the general population
2. Lagos State Strategic plan (2010 -2015) should be funded by the state government
3. Stakeholders should be sensitised on the content and purpose of the law.

## BACKGROUND /JUSTIFICATION

**A**n estimated 230,000 people living with HIV in Lagos State are living in denial, afraid to come out and access care and prevention services as a result of the stigma attached to the infection.

HIV is associated with stigma, repression and discrimination, as individuals infected and affected

(or believed to be infected and affected) by HIV have been rejected by their families, loved ones and their communities. Social stigma against HIV/AIDS can be traced to the beginning of the AIDS epidemic in the state when series of gory images were used to reinforce fear and thus legitimise stigmatisation. These led to a number of images of the disease such as the ones below:

- ? HIV/AIDS as punishment (e.g. for immoral behaviour).
- ? HIV/AIDS as a crime (e.g. in relation to innocent and guilty victims).
- ? HIV/AIDS as war (e.g. in relation to a virus which needs to be fought).
- ? HIV/AIDS as horror (e.g. in which infected people are demonised and feared).
- ? HIV/AIDS as otherness (in which the disease is an affliction of those set apart).
- ? HIV as a gender issue (where women were portrayed as disease vectors).

These images were not only inaccurate, but served to create fear in people's minds, closed social discourse around HIV, increased misconceptions and emphasised the sexual taboo portrayal of HIV. The outcome was that people vehemently refused to associate themselves with HIV, and thus could not objectively carry out a personal risk assessment which is necessary for one to adopt preventive HIV behaviour. Fear of anything related to HIV-led to stigmatisation of those who carried the virus.

Studies have shown that stigma is a powerful tool of social control, which has been used to marginalise, exclude and exercise power over individuals who show certain characteristics. By blaming certain individuals or groups, 'society can excuse itself from the responsibility of caring for and looking after such populations'.

In many parts of the state, people living with HIV/AIDS are often associated with deviant behaviour like promiscuity, and the infection is often attributed to personal irresponsibility. Until recently, the two major religions regarded people living with HIV as 'sinners'. These responses to HIV/AIDS fed upon and reinforced dominant ideas of good and bad with respect to sex and illness, proper and improper behaviours, contributing significantly to the infringement of the rights of men, women and children infected and affected by the epidemic in various ways.

Stigma and discrimination continues to challenge efforts at HIV prevention, with prevalence increasing not only among assumed high risk groups, such as sex workers and drug users but the general population with married people at even greater risks. The 2010 Mode of Transmission study, carried out in an ENR supported programme projected that the next 100 new HIV infections would occur among people who do not perceive themselves as being at risk of contracting HIV. The implication is obvious. Stigma is endangering the general population as people are afraid to disclose their status as a result of fear of what might happen to them. So they keep quiet about it and let their sexual partners get infected because disclosure portends dire consequences. This is further corroborated by the 2008 Integrated Biological and Behavioural Surveillance Survey (IBBSS), which revealed high level of stigma and discrimination against persons living with HIV among the general population, with women as the hardest hit. The study also showed a prevailing tendency to stigmatise women as 'vectors of disease' irrespective of the source of infection.

Even when there are programmes targeting women, they focus more on pregnant women with emphasis on coercive measures directed towards the risk of transmitting HIV to the foetus, such as mandatory pre- and post-natal testing. The protection of the sexual and reproductive rights of women and men is given very little attention. There is need to promote the sexual and reproductive rights of women and men. These rights include the rights of women to have control over and to decide freely and responsibly on matters related to their sexuality, right to property, employment and access to economic resources.

In light of the foregoing, the Lagos State Government responded to the worsening plight of people living with HIV/AIDS by enacting a law for the protection of persons living with HIV and affected by AIDS entitled 'Law for the Protection of Persons Living with HIV and Affected by AIDS in Lagos State and for Other Connected Matters' on the 18<sup>th</sup> of May,



sensitised on the urgency, necessity, existence and application of the Law as a matter of priority. This will enhance the attainment of MDGs in the state.

- ? People living with and affected by HIV should also be sensitised on the content of the law and create enabling environment within which they can access comprehensive legal services.

**Sources consulted or recommended:**

1. National Policy on HIV/AIDS and STIs, 1997
2. National Policy on HIV/AIDS, 2003
3. HIV/AIDS Emergency Action Plan
4. National Policy on HIV and AIDS, October 2009

A Law for the Protection of Persons Living with HIV and Affected by AIDS in Lagos State and for Other Connected Matters, May 18, 2009

**Appendices**

1. Triangle Analysis of Stigma and Discrimination against people living with HIV in Lagos
2. Lagos MOT Study, 2010
3. The Protection EGG Model
4. Integrated Biological Behavioural Surveillance Survey, 2008

**For further information, contact:**

Enhancing Nigeria's Response to HIV and AIDS Programme  
4th Floor, Society for Family Health Building  
Plot 8, Port Harcourt Crescent, Off Gimbiya Street  
Area 11, Garki, Abuja, Nigeria  
PMB 5116, Wuse, Abuja

Tel: +234(0)709 822 1440, (0)709 822 1445, (0)709 822 1447  
Website: [www.enrnigeria.org](http://www.enrnigeria.org)

Lagos State AIDS Control Agency  
Governor's Office  
General Hospital, Broad Street  
Broad Street opp. Western House  
Lagos State