HIV Leadership through Accountability
NIGERIA

June 2010

HUMAN RIGHTS COUNT!

NIGERIA

Country Assessment 2009

NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN NIGERIA
NEPWHAN

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

UKaid from the Department for International Development

Nigeria

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretroviral drugs
ARASA	AIDS and Right Alliance for Southern Africa
FGD	Focus Group Discussions
FMOH	Federal Ministry of Health
FMLP	Federal Ministry of Labour and Productivity
GNP+	Global Network of People Living with HIV
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IDIs	In-Depth Interviews
IBBSS	Integrated Behavioural and Biological Sero Surveillance Survey
ILO	International Labor Organization
MSM	Men who have sex with men
NACA	National Agency for the Control of AIDS
NASCP	National AIDS/STI Control Programme
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NPC	National Population Commission
PLHIV	People living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
SPSS	Statistical Package for Social Scientists

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The Human Rights Count! is one of five evidence-gathering tools being implemented through the HIV Leadership through Accountability programme. The programme combines specific HIV evidence-gathering tools, national AIDS campaigns and targeted advocacy to achieve Universal Access to prevention, treatment, care and support. For more information about the HIV Leadership through Accountability programme please visit www.hivleadership.org.

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Executive Summary

The Human Rights Count is one of five studies carried out by Network of People living with HIV/AIDS in Nigeria (NEPWHAN) as part of the HIV Leadership through Accountability programme: Ensuring accountability for promises made to achieve universal access to HIV treatment, care and prevention by 2010.

The initiative is being led by the Global Network of People Living with HIV (GNP+) in collaboration with the World AIDS Campaign (WAC). The overall programme is funded from the UK (DfID) and combines specific HIV mapping tools, national HIV and AIDS campaigns and targeted advocacy for Universal Access.

This study is a self administered work which documented human rights violations as experienced by people living with HIV (PLHIV) in Nigeria. It involved PLHIV as respondents and administrators' of the research. 40 sample studies were documented in 10 states of the country from October to December 2009. The objectives of the study were to determine and document human rights violations against PLHIV, and analyze quantitatively and qualitatively violations against PLHIV across the country with a view to inform future programming at national, state and local levels through the sharing of evidence and documented cases.

After a two and half-day data collection workshop organized to build the capacity of data collectors to collect data, conduct interview, identify human rights violations etc the 10 data collectors thus documented PLHIV experiences in designated states.

The results indicate that more women than men reported having their rights violated. This could be on account of women being more open to share experiences than men. The right to liberty and non-discrimination were the most frequently cited of all the violation with 50% of the respondents recorded. Over 80% of victimization was perpetrated because of victims HIV status.

The results also show that over 72.5% of cases were not reported to relevant state authorities. This indicates that the incidence of stigma and ignorance are probably responsible for inability to seek redress even where and when they are obtainable. Based on the study's findings, the following recommendations are made:

- Advocacy efforts must be sustained at the National Assembly level to ensure passage of the Anti-discrimination bill.

- Advocacy efforts should be targeted at established institutions (Government or private), religious bodies, traditional institutions and their likes, where established cases of human rights violations against PLHIV have been reported.

- The National HIV workplace policy should be enforced especially amongst small scale businesses where most of the "right to work" abuses are perpetrated.

- There is need to promote legal literacy among counsellors, social workers and support group of PLHIV in Nigeria as they usually serve as frontline personnel when cases of abuses are reported.

- It is imperative for counsellors, social workers and support group of PLHIV capacity to be built on the legal instrument and procedures available to enforce and protect the fundamental human rights of PLHIV in Nigeria as they usually serve as frontlines' when cases of abuses are reported.

- Sensitization of PLHIV on the need to protect themselves from human rights abuses and enlightenment on laws and policies protecting their fundamental human rights should be strengthened across the country.

- Public enlightenment campaigns and information on HIV/AIDS and the need to **STOP** HIV related stigma and discrimination must be sustained at every level and extended to every community in the country so that rural dwellers especially, can understand and fully comprehend all about HIV/AIDS.

- Partnership building should be encouraged and established between the human rights commission and other related bodies and network of persons living with HIV/AIDS in all states and local governments of the country.

- The media should be more engaged and galvanized towards reporting cases of HIV related human right abuses as key they are stakeholders in the response to HIV-related stigma, discrimination and human rights abuse in Nigeria.

- The international and national advocacy efforts to increase funding for HIV/AIDS activities must be sustained.

Nigeria

Introduction

The UNAIDS estimates that in Nigeria, around 3.1 percent of adults between ages 15-49 are living with HIV and AIDS. Although the HIV prevalence is much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria's population (around 138 million) meant that by the end of 2007, there were an estimated 2,600,000 people infected with HIV (UNAIDS, 2010).

Approximately 170,000 people died from AIDS in 2007 alone. With AIDS claiming so many people's lives, Nigeria's life expectancy has declined. In 1991 the average life expectancy was 53.8 years for women and 52.6 years for men. In 2007 these figures had fallen to 46 for women and 47 for men (UNAIDS, 2010).

Despite being the largest oil producer in Africa and the 12th largest in the world, Nigeria is ranked 158 out of 177 on the United Nations Development Programme (UNDP) Human Poverty Index (UNDP, 2008). This poor economic position has meant that Nigeria is faced with huge challenges in fighting its HIV/AIDS epidemic. The emergence of HIV brought with it all its complimentary side issues, such as stigma and discrimination, poverty, and absence of legal cover for people living with the virus. This led to various violations of rights of the PLHIV especially in the workplace, schools, family and society at large.

The spate of violations has been attributed to a number of factors and these include, amongst others, the inability of PLHIV to utilise available remedial options to seek redress. Also, some public officials argue that PLHIV do not need any special laws to protect since the generic fundamental human rights as enshrined in the nation's constitution are sufficient. Among PLHIV, vulnerable groups such as women and the poor are hardest hit by human rights abuses.

HIV/AIDS situation in Nigeria

Nigeria is the most populous country in sub-Saharan Africa and has a land area of 923,768 square kilometres. Based on the 2006 national population census figure, Nigeria's population is estimated at over 140 million (NPC, 2006). Approximately two-thirds of the population lives in rural areas, which are areas mostly lacking in many modern social amenities. The population distribution in Nigeria is very uneven. While large expanse of sparsely populated land occurs in some parts of the country, many of the major urban centres have high population density. A high level of rural-urban migration occurs in the country and this has implications on the demand for social infrastructure, general development planning and quality of life of the citizenry.

The spread of HIV has increased significantly in Nigeria since the official report of the first case in 1986. Results of the periodic national surveys among antenatal clinic attendees has shown a progressive increase in adult HIV seroprevalence rate from 1.8% in 1991 through 4.5% in 1996 to a peak at 5.8% in 2001 before declining to 5.0% and 4.4% in 2003 and 2005 respectively. The 2008 HIV sentinel survey estimates the sero-prevalence rate to be 4.6%; an increase of 0.2% from the last survey results in 2005. It shows that about 2.87 million people in Nigeria are living with HIV and AIDS (FMOH, 2008).

Nigeria is currently experiencing a generalized epidemic with every state of having a prevalence of over 1%. HIV and AIDS have extended beyond the commonly classified high-risk groups and now common in the general population. HIV in Nigeria cuts across both sexes and all age groups. However, youths between the ages 20–29 years are more infected with sero-prevalence rates of 4.9% for 25-29 age group and 4.7% for 20-24 age group. The number of HIV-positive children is increasing, with mother-to-child-transmission as the principal route of infection. The number of children orphaned by AIDS has also increased substantially to an estimated 2.23 million (FMOH, 2008).

By all indications, the HIV and AIDS epidemic has continued to grow largely through heterosexual unprotected sexual relationships, mother-to-child transmission and contaminated blood and blood products. Among the high-risk groups, however, the findings from the 2007 IBBSS showed that the most affected group is Female Sex Workers (FSW) with HIV prevalence of 34.0% followed by Men having Sex with Men (MSM) and Injecting Drug Users (IDU) with prevalence of 13.5% and 5.6% respectively and the least is members of the Armed Forces with HIV prevalence of 3.1% (FMOH, 2007).

The national response to the HIV/AIDS situation in Nigeria

Nigeria has passed through several phases in her response to the HIV/AIDS epidemic. The stages included an initial period of denial, a large health sector response, and now a multi-sectoral response that focuses on prevention, treatment and mitigation of impact interventions and divorces coordination and implementation as distinct response components since it was first discovered in 1986 in the country.

A central body is dedicated to leading and coordinating the response, while the various sectors, including civil society organizations, faith based organizations and networks of people living with HIV AIDS support groups focus on packaging and implementing interventions based on a national action plan. The health response commenced with the setting up of an ad hoc National Expert Advisory Committee of AIDS (NEACA) in 1987. By 1988, the National AIDS and STDs Control Programme (NASCP) was formally established, with state counterparts set up thereafter to organize as well as to coordinate all HIV and

AIDS activities at national and state level. Federal Ministry of Health's HIV/AIDS division (formerly known as NASCP) played a key role in developing guidelines on key interventions and monitoring of the epidemic.

In 1997, the National Council on Health formally endorsed the multi-sectoral approach and in 2000 the Federal Government of Nigeria commenced the implementation of this approach with the establishment of a Presidential Council on AIDS (PCA) and the National Action Committee on AIDS (NACA). NACA has since been transformed from a committee to an agency; National Agency for the Control of AIDS (NACA) for effective coordination of the national multi-sectoral response to HIV/AIDS. Nigeria's first HIV/AIDS Emergency Action Plan, was prepared by NACA and approved in 2001 for a 3-year period (NACA, 2007).

The Plan's objectives included:

- Increasing awareness and sensitization of general population and key stakeholders promoting behaviour change in both low-risk and high-risk populations;
- Ensuring that communities and individuals are empowered to design and initiate community-specific action plans;
- Ensuring that laws and policies encourage the mitigation of HIV/AIDS;
- Institutionalizing best practices in care and support for people living with HIV/AIDS;
- Mitigating the effect of the disease on people living with HIV/AIDS, orphans and other
- affected groups;
- Creating networks of people living with HIV/AIDS and others affected by AIDS;
- Establishing an effective HIV/AIDS surveillance system; and
- Stimulating research on HIV/AIDS

In 2004, Nigeria became one of the Presidents Emergency Plan for AIDS Relief (PEPFAR) 15 focus countries. Under PEPFAR, Nigeria received grants to support comprehensive HIV/AIDS prevention, treatment and care programs. Also, Nigeria received funding for other HIV/AIDS bilateral programs and contributions via the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Canadian CIDA. The partnership and initiative has supported antiretroviral treatment, prevention of new HIV infections, and care and support including orphans and vulnerable children.

Human Rights Count!

Despite the many successes scored in improving the quality of life for PLHIV globally, it is widely acknowledged that in many countries, effectively addressing human rights violations against PLHIV remains a major challenge. Throughout 25 years of HIV, people living with HIV in Nigeria have experienced and witnessed many violations of their human rights in health

facilities, communities, workplace, schools and places of worship. Stigma fed discrimination, and human right violations against PLHIV continue to this day. In extreme cases, PLHIV have been killed on account of their HIV status.

The Human Rights Count! Project is a GNP+ led initiative which aims to document HIV-related human rights violations against PLHIV with the ultimate goal of developing long term solutions. This is particularly important considering that HIV-related human rights violations, stigma and discrimination are widespread and often creating barriers to access to essential services.

Inspired by the death of Steve Harvey, an AIDS activist in Jamaica who was murdered just before World AIDS day 2005 apparently on account of his sexuality and HIV positive status, the Human Rights Count! Project has the following specific objectives:

- To document HIV related human rights violations against PLHIV;
- To raise awareness of human rights amongst PLHIV;
- To provide a quantitative and qualitative analysis of HIV related human rights violations against PLHIV across countries and regions and detect time trends;
- To inform future HIV and human rights related advocacy programming at national, regional and global levels through the building and sharing of evidence and documented cases;
- To mainstream HIV into the work of international human rights organisations;
- To lobby key change agents in response to reported rights violations.

The implementation of Human Rights Count! is based on a standardised protocol and data collection tools developed with support from PLHIV from different parts of the world. In Nigeria, was implemented by the Network of people living with HIV/AIDS in Nigeria (NEPWHAN) with support from GNP+ under the Leadership Through Accountability Programme. This report details the process and findings of the Human Rights Count project in Nigeria.

Methodology

Study site

The study area for this research covered 10 states including Abuja, the Federal Capital Territory. All the states were selected from each of the 6 geo political zone in the country. They include; FCT, Enugu, Oyo, Sokoto, Kano, Plateau, Cross River, Taraba and Nassarawa states. They are made up of both urban and rural settlements that are home to many of the diverse social groups that make up the Nigeria. The socio-economic statuses of the inhabitants are mostly professionals, civil servants, artisans and traders etc.

Implementation

Two formidable partnerships were built around the Nigerian Human Rights Commission (NHRC) and the Centre for Rights to Health (CRH). Both were steering committee members of the LTA programme at inception and deal with rights related health matters from a government and civil society outlook respectively. NHRC was very interested in the project as it was the first time the organisation was formally participating in such a study. The involvement of the NHRC provided valuable government representation and an opportunity for the organization to use the study's results in its advocacy for policies and laws to protect the rights of PLHIV in Nigeria. The CRH had been involved in an earlier study - Nigeria criminalization scan - as consultants. The two organizations also provided facilitation at the training of data collectors facilitated by the AIDS and Rights Alliance of Southern Africa (ARASA). During the trainings, the two organizations also provided contact details and information on their services so that the data collectors could share these with the respondents.

Data collection team

10 NEPWHAN state coordinators representing from 10 states were recruited as data collectors to administer the questionnaires. The logic being that, because of their position in the states they should be easily accessed or they, accessing persons with incidences of human rights violations and documenting their cases. Each of these data collectors were expected to turn in 10 responses and all totals 50 responses. Somehow, 2 states (Nassarawa and Plateau states) could not turn in expected data as at when due date because of stigma levels in their states. In total, the study involved 10 researchers and 1 consultant for data collection, data entry and analysis.

Training of data collectors

A two and half –day training for data collectors was held in Abuja. The goal of the training was to prepare data collectors to use the research instrument; a questionnaire developed by PLHIV for use in the survey. The data collectors were tested on their ability to understand and interpret the questionnaire. The training was facilitated by a consultant from ARASA, in South Africa who went through the elements of human rights issues as contained in the Nigerian constitution. The sessions also enabled participants identify human rights (HR) violations when they occur. The following are some of topics that were covered:

- Introduction to HR
- Can HR ever be limited?
- Understanding the links between HR and HIV
- Elements of Identifying Key Human Rights and Health Issues
- Understanding Human Rights Count!: A walk through the implementation tools
- What to do?
- How to do it?
- Identifying the Key Human Rights issues in the local country: Identify the 'hot spots' for Human rights violations (settings and situations to monitor)
- Data collection & fieldwork

The training exposed participants to HR issues through slide presentations, group work and role plays. The facilitator took them through interview techniques and skills needed to conduct a successful data collection on the field. This was based the questionnaire that was to be used in the study.

Sample size and recruitment of participants

The study involved 40 PLHIV attending support groups or treatment centres in 10 states of the country. The study was managed by a team of state coordinators of these support groups of the Network of People living with HIV and AIDS in Nigeria [NEPWHAN]. At the end of questionnaire administration period, 50 questionnaires had been administered, though only 40 were used in the analysis as the rest were discarded following quality checks. Also, to make up for the 2 states that had difficulties collecting data, 2 states (Enugu and FCT) were requested to conduct additional interviews.

The selection of respondents involved a number of steps. First, potential respondents were identified based on already reported cases of rights violations. These were approached and asked if they were willing to formally document their experiences. Some of them were skeptical and refused, while others accepted. In addition, a call was made by the data collectors at during their central meetings where the entire goal of the study was introduced

and a call for volunteers to tell their stories made. Once a respondent volunteered, an appropriate date and venue was agreed with the data collector at the convenience of the respondent.

Data Analysis

Data from 40 questionnaires were entered using SPSS 16.0 statistical software. Data from the field were stored in a safe place to protect the privacy and confidentiality of the respondents. The data was validated and cleaned for errors before data analysis. Descriptive statistical analysis was carried out and summary tables presented. Also, qualitative analysis was carried out as the questionnaire made provisions to capture testimonies from respondents.

Limitations of the study

The experiences documented in this study were primarily collected as self-reported narratives. Given the sensitivity of the study topic, it is likely that there was some amount of reporting bias as a result of respondents providing what they considered "correct" answers. Also, willingness to participate in the study as an inclusion criterion could have resulted in attracting respondents whose characteristics may be quite different from those who chose not to participate. Finally, the study involved a relatively small sample of PLHIV recruited from support groups and treatment centres. Thus, the findings may not be generalisable to other PLHIV in Nigeria who neither belong to support groups nor have access to treatment. These limitations notwithstanding, the study provides sufficiently detailed information to support advocacy for more responsive interventions against HIV related rights abuses suffered by PLHIV.

Results

The results presented in this section are based on respondents whose experiences constituted HIV-related rights violations in line with the objectives of the study. While the composition of the predominantly female sample (72.5% female respondents) could be a reflection of women's long standing vulnerability in the context of HIV, it could also be due to the fact that in most settings, women are more likely to share their personal experiences than their male counterparts. The findings of the study are presented in the following sections.

Demographic characteristics

Age

About 80% of respondents whose experiences are documented in this study were in the 25-45 years age range. The largest number of respondents was within the 40-45 years age group as shown in figure 1.

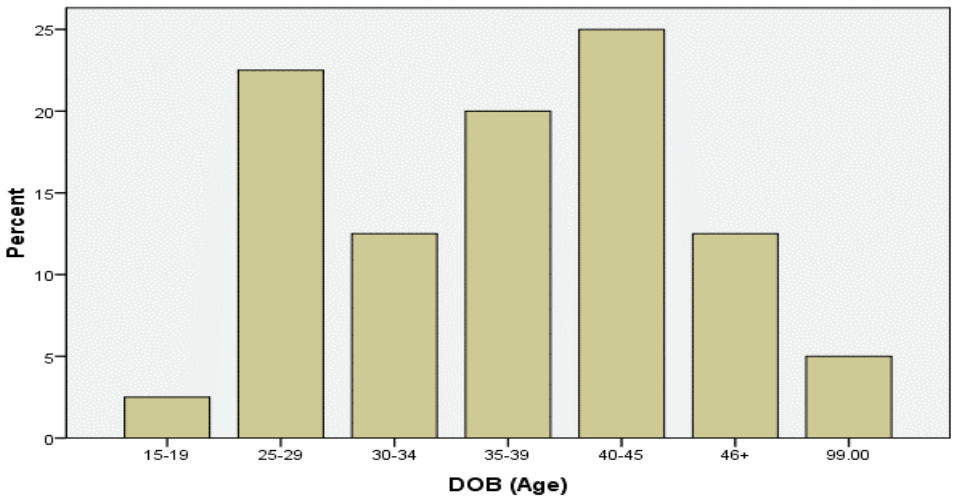

Figure 1. Age distribution of respondents

Education

Figure 2 shows that 87% of respondents reported having undergone formal education. From the sample (40%) had attained secondary school level, 20% had gone up to college diploma level while University graduates constituted less than 8% of the sample.

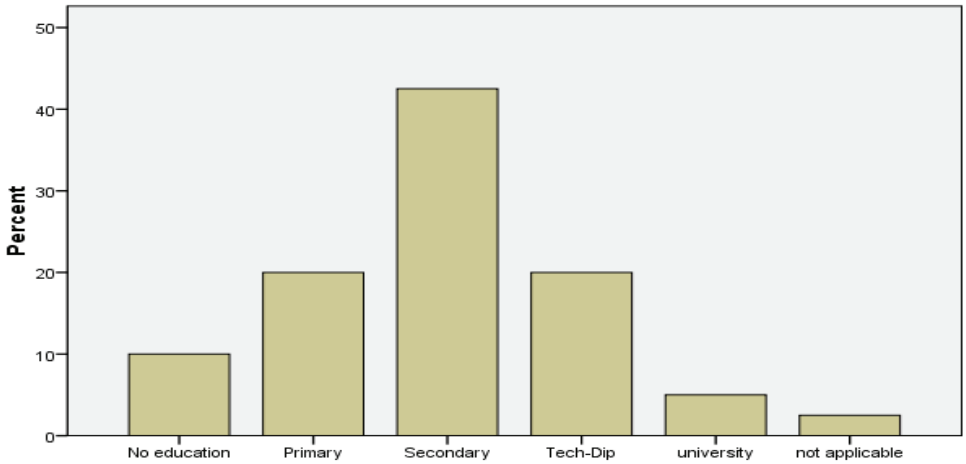

Figure 2. Level of Education

Employment status

Figure 3 shows that 62.5% of the respondents were in some form of employment. Full-time self employment was the most frequently reported form of employment (26%). Those in full-time formal employment were less than 5%.

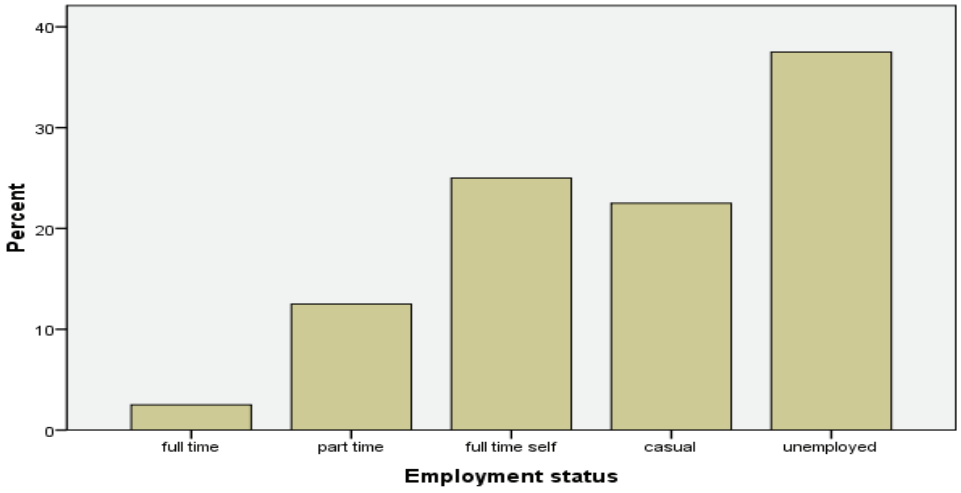

Figure 3. Employment status of respondents

HIV status

Majority of the respondents (85%) were PLHIV while the rest reported their status as unknown. About 35% of PLHIV reported being diagnosed HIV positive between 5 to 9 years prior to the study as shown in figure 4.

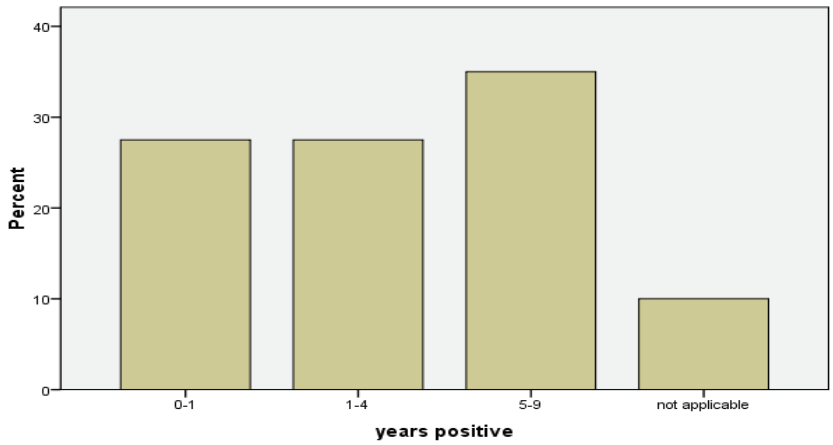

Figure 4. No of years as PLHIV

Vulnerable status

Respondents were asked to indicate the vulnerable sub group they associated themselves with. Perhaps due to variations in the interpretation of the question, the results show that more than 60% of the respondents classified themselves under "other" vulnerable groups. However, there were respondents who identified themselves as vulnerable because they were transgender or sex workers, among others.

Rights violated

All the respondents had experienced HIV-related human rights violations at the time of the study, which was a key inclusion criterion. Most of them reported multiple violations. Figure 5 shows they range of rights violated. The most frequently violated right among the respondents was the right to non-discrimination.

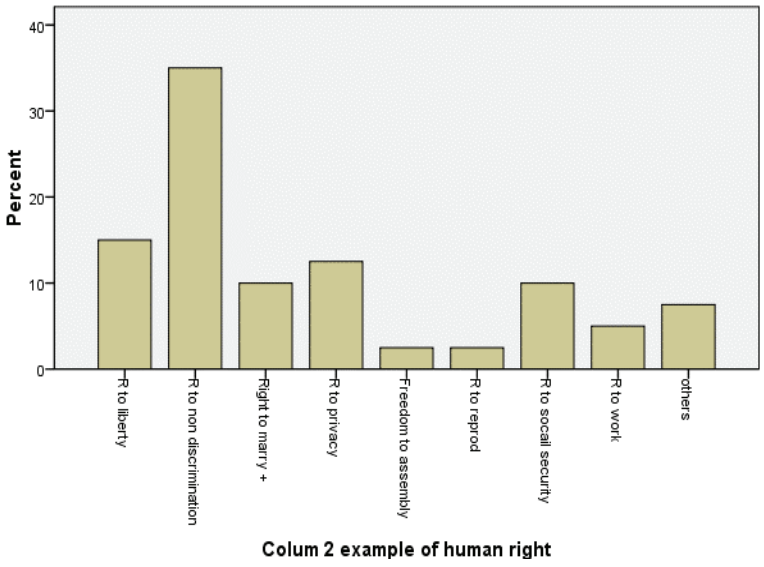

Figure 5. Rights violated

Nigeria

Violation of the right to work

In many countries, the right to work is one of most frequently violated right. Even where laws, policies and guidelines against the practice exist, PLHIV are often denied job opportunities on account of their HIV status. The following experiences illustrate the extent of rights violations in the workplace in Nigeria:

> *"I was dismissed from the police command college a week to the passing out parade after the six months of intense training because of my HIV status. The command invited health workers to carry out HIV test on all recruits without our consent. I and nine other recruits (8 men and 2 women) tested positive for HIV and were dismissed from the college in 2007. We were asked to do a confirmatory test elsewhere and only come back if the result is negative. All advocacy efforts by civil society organization and networks to the management of the command on our behalf have been futile till date. The first two weeks I was in shock which led to hypertension and illness. I was so depressed and I couldn't share the reason of my dismissal with my family members. I have lost a source of profession and income as a result of my right to work and gainful employment that was violated. I am jobless till date.* (PLHIV, Male)

> *"I was living with my elder brother when I fell ill with rashes all over my body. My brother became suspicious of me and was asking what the problem was. My employer who was also worried took me to the hospital and ordered for an HIV test to be conducted on me. The result happened to be positive and he immediately terminated my job. I was at home not able to go to work again. My brother took I wasn't interested in working again and I could not tell him the reason why I was stopped from work; coupled with my sickness he drove me out of his house. Presently am I so depressed and going through very harsh times economically since I lost my job. Though I'm living with a cousin, I am scared he might send me packing from his house if he discovers my HIV status."*(PLHIV, Male)

Violation of the right to health

For many PLHIV, the some of the worst forms of rights abuses are those perpetrated by health care workers in the course of duty. The breaches within health facilities include, inter alia, HIV testing without consent, reduced standard of care and denial of access to care and treatment.

> *"In 2007 I had a slight fever and went to a hospital for treatment. The nurses took my blood for laboratory investigations. When I came back on my next appointment the nurses refused to give me treatment, everybody was looking at me with disgust and hatred. One of the nurses who know me and my family scolded me and told me to go*

home calling me "HIV". She brought out my test file and was showing my test result to people around, that was where it dawned on me that I was HIV positive. The nurse that took my blood must have been requested by the doctor to conduct an HIV test on me without even informing me."(PLHIV, female)

Violation of the right to non-discrimination

The principle of non-discrimination, based on recognition of the equality of all people, is enshrined in the Universal Declaration of Human Rights and other human rights instruments. These texts, inter alia, prohibit discrimination based on race, colour, sex, language, religion, political or other opinion, property, birth or other status. Furthermore, the United Nations Commission on Human Rights has resolved that the term 'or other status' used in several human rights instruments 'should be interpreted to include health status, including HIV/AIDS', and that discrimination on the basis of actual or presumed HIV-positive status is prohibited by existing human rights standards (UNAIDS, 2005). Apart from being a violation of human rights in itself, discrimination directed at PLHIV, or those perceived to be PLHIV leads to the violation of other human rights, such as the rights to health, dignity, privacy, and freedom from inhuman degrading treatment or punishment.

"This is to narrate to you what I passed through because of my HIV status. I tested positive to HIV in the year 2002.When my husband died in 2003 though he had tested positive a year before his death; his relation concluded that he contracted the virus from me. They went ahead and planned how they will test my children and anyone that is positive they will leave him/her with me and anyone that is negative will go with them. They tried and it failed. At the end they drove us away from their family house so that we wouldn't infect them. I was shocked and depressed having to take care of my children only without a home." (PLHIV, Female)

Reasons for violations

During the interviews, respondents were asked what they considered to be the grounds for the rights violations that they experienced. More than 80% attributed the episode to their HIV positive status. The rest were either not sure or linked the experience to other attributes. It's highly probable that PLHIV who identified themselves with other vulnerable groups such transgender and sex workers were among those who were unsure why there rights were violated.

Impact of violations

The traumatic, debasing and deflating feeling and its associated consequences when stigma and discrimination are directed towards any individual for whatever reason are evident in

this study. Every PLHIV or suspected PLHIV who participated in the survey from different regions and states of the country suffered a number of human rights abuses and this resulted in physical, psychological, economical and social impact. For certain individuals, the violations were considered demeaning of the very essence of living.

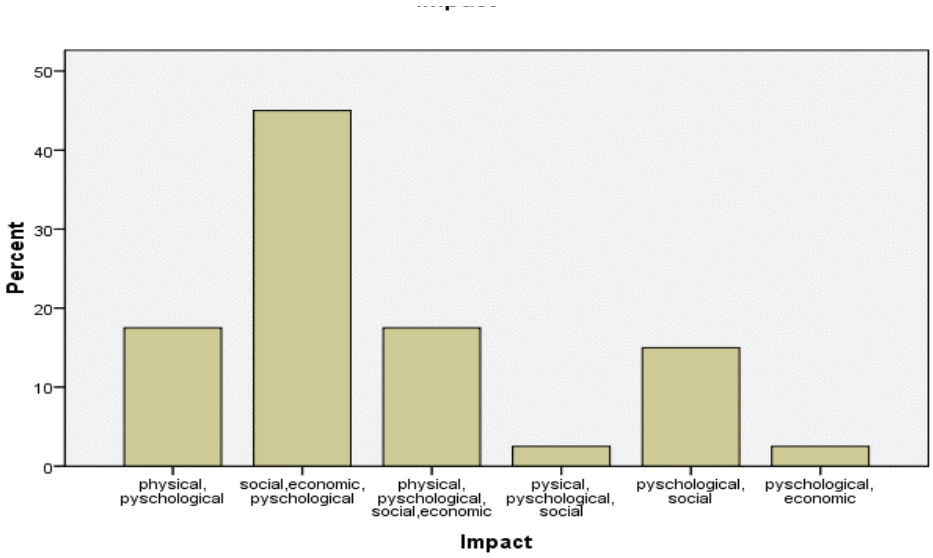

Figure 6. Impact of rights violations

The results show that for most respondents (45%), violation of their rights adversely affected them socially, psychologically and economically. This is highlighted in the following accounts:

> *"My church would not wed any member unless the person takes an HIV test and it is certified negative. When I was planning to get married, I went for an HIV test. My test result was positive and that automatically ended my marriage as my fiancée told me we could no longer go ahead... Everybody was keeping away from me and that made my commercial enterprise/business to collapse. I couldn't take part in social gatherings."*(PLHIV, Male)

> *"There was fear of HIV and the erroneous belief that the presence of an infected person in a community will automatically infect every member of the community. They organized young boys who brought masquerades to escort me out of the village. I ran and stayed in the house of an extended relative outside our village. At that point, it was traumatic for me with untold psychological torture and severe economic problems because I had been forced out of my Job (tailoring) which was booming in the community."*(PLHIV, Female)

Reporting violations to relevant authorities

There are many cases of discrimination and human rights abuses against HIV positive persons in Nigeria. Some PLHIV have institute law suits against individuals and organizations responsible for such violations but several years down the line, justice still eludes them.

Respondents were also asked to state the factors that had influenced their decision not to report their episodes of rights violation to the authorities. Many of them cited fear as the reason they opted not to report their cases. Some respondents did not report anywhere because they were not aware that they could seek redress. The respondents who did not report on account of mistrust accounted for nearly 20% of the sample.

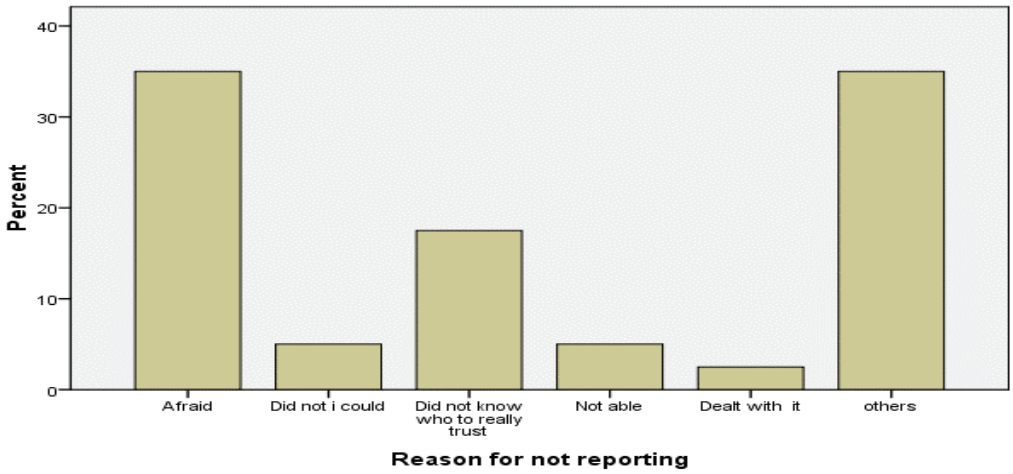

Figure 7. Reason for not reporting violation

> *"I did not report it because I feel I will be exposing myself more that I'm HIV positive."* (PLHIV, Male)

> *"I decided not to report because I did not want more exposure."* (PLHIV, Male)

> *"I did not know that there are government agencies to protect the rights of people like us when our rights are violated."* (PLHIV, Female)

Context of violations and characteristics of perpetrators

During the survey, respondents were asked to provide details on the settings and the perpetrators of the experiences they were narrating. The results show that PLHIV suffer rights abuses in various contexts including the family, community, workplaces, places of worship and health facilities. From all the experiences documented, the perpetrators were male in 56% of the cases. Rights abuses perpetrated by women and organisations accounted for 40% and 4% of all the cases respectively.

Given the context in which the violations occurred, it is not surprising that close family members and religious leaders were mentioned among the perpetrators of rights abuses. In nearly all cases, the rights violations were linked to stigma and discrimination based on their real or perceived HIV positive status, as demonstrated below:

> *"…I confided in my younger siblings (brother and sister) both of whom were living with me at that particular time. My brother told the story to an HIV cure" claimant" who visited us and while praying for me started shouting and mentioning HIV. The people in the neighbourhood were curious, peeping and realized I was the one been prayed for. My co-tenants after this episode of prayer by the woman locked up the general toilets and bathroom and refused me access to them. My brother and sister could no longer eat with me nor share plates, spoons etc."*(PLHIV, Male)

> *"After my husband's burial and funeral, my late husband relations came to me and told me to go back to my father's house. They told me to my face to go home to my people "you will soon die of the ailment that killed your husband". They refused me taking anything belonging to their brother (my husband) including my sewing machine and other important properties of mine… They isolated, rejected and ejected me from their family."*(PLHIV, female)

> *"This is exactly what happened to me in 2005. I was living in our church premises and was teaching in the mission school. I fell sick and was being treated, however the sickness persisted and I was later diagnosed for having as being HIV positive. The situation become really bad…People started avoiding me and my job was immediately terminated at the mission school by my employer the Reverend who is the general overseer of the church. It got so bad that men in the church had to contribute monies for me to get treatment and take care of myself. Unfortunately, Reverend collected the contributed sum and ordered to travel to my village and die saying he was not ready to bury anyone in his ministry."*(PLHIV, Male)

Critical Current Issues

Under the Nigerian Federal system, states enjoy the latitude to enact laws. To date, a few states, among them Enugu and Lagos, have enacted laws specifically aimed at protect the rights of PLHIV and curbing the discrimination that is closely linked with HIV infection. The Lagos State Government took the lead in the country with the passage of the **"Protection of Persons Living with HIV and Affected by AIDS Law of Lagos State"** in 2007. Some of the acts deemed unlawful and punishable with a term of imprisonment or fine include:

- Refusal of Landlord to accept as tenant PLHIV;
- Stigmatisation and denial of access to an infected patient by any public or private health institution;
- Discrimination and stigmatisation in any religion or political gathering;
- Compulsory and mandatory HIV test for all employees of labour.

In addition, the State Government also set up a legal clinic to assist PLHIV whose rights had been violated to seek redress. In the last few years, a number PLHIV have filed and won cases involving abuse of rights. However the number of cases reported to the authorities remains a small fraction of those suffered by PLHIV. According to an official from the Lagos State Action Control on AIDS (LSCACA), the uptake of the available services has been poor on account of PLHIV opting not to take legal action for the rights violations (Chiejina, 2010). To improve awareness, the Nigerian Human Rights Commission (NHRC) was prompted to announce the existence of the Law in question in the March 2010 edition of the *This Day* Newspaper, three years after its enactment.

Presently, there is no similar law at national level. Under the existing legal framework, the protection of the rights of PLHIV is dependent on constitutionally guaranteed rights generally, and the numerous policies and guidelines developed as part of the national HIV and AIDS response (Youri et al., 2010). An example is the National Workplace HIV Policy whose overall goal is to provide guidelines to government, employers, workers and other stakeholders and identify strategies and programs for:

- Promoting and protecting the rights and dignity of workers infected and affected by HIV and AIDS;
- Providing workers' access to HIV/AIDS information and services to enable them take appropriate actions to protect themselves;
- Management and mitigation of the impact of HIV/AIDS within the workplace;
- Elimination of stigma and discrimination based on real or perceived HIV status.

The following are some of the provisions:

- No applicant should be refused offer of employment based on HIV status
- No employer should deny an employee access to opportunities for promotion, training or other benefits based on HIV status
- Employees should not disengaged from work on account of HIV status
- All employees should have equal access to facilities in the workplace
- No employees should be paid a salary less than that of another employee for the same work or work of equal value performed based on HIV status except for seniority (FMLP, 2005).

In their recent review of the country's response to the HIV epidemic, Youri et al. (2010) argue that Nigeria has made little progress in the area of human rights and legal issues in the context of HIV and AIDS because policy documents such as the National Workplace Policy do not constitute law and cannot be enforced in courts of law. They further note that absence of HIV and AIDS specific laws on the statutes leaves PLHIV vulnerable to rights abuses.

It is worth noting that there is a national Bill currently under review which, once passed, will considerably improve the country's legal environment in as far as protecting the rights of PLHIV is concerned. The "**Bill for an Act to make provisions for the prevention of HIV AND AIDS-based stigmatization, discrimination and to protect the human rights and dignity of PLHIV**" also known as the anti-discrimination Bill, seeks to protect the rights and dignity of people living with and, affected by HIV and AIDS through:

- Eliminating all forms of discrimination based on HIV status.
- 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.
- Promoting appropriate and effective ways of managing HIV in the workplace and other fields of human endeavour.
- Creating a safe working environment for all employers and employees.
- Creating a balance between the rights and responsibilities of all parties at the workplace; and
- Giving effect to the human rights guarantees contained in chapter 2 and 4 of the constitution of the Federal Republic of Nigeria and international and regional human rights and labour instruments.

One weakness observed in the Bill in its current form is the emphasis placed on curbing rights violations in the workplace, yet it is known that PLHIV suffer discrimination and violation of other rights in a myriad of settings including the family and communities as this

study illustrates. In its submission during the public hearing of the Bill, the Nigeria Labour Congress (NLC) also observed that the provision on the criminalisation of deliberate transmission could result in unintended consequences for pregnant and women and lactating mothers (Omar and Oda, 2010).

Discussion

Basic human rights freedom are enshrined in the Nigerian constitution including the right to life, the right to personal liberty, the right to a fair trial, freedom of expression and of the press, freedom of religion and the right to dignity of the person. However, many HIV-positive Nigerians are still losing their jobs or being denied work, right to liberty and non discrimination, freedom of association and social security because of their status.

Activists say current national policies and pronouncements to protect PLHIV from stigma and discrimination are ineffective. Also, comprehensive statistics on human rights violations are hard to come by in Nigeria as cases most times are not reported, poor documentation of reported violations and perpetrators to a great extent go unpunished due to weak enforcement institutions as well as bottlenecks and litigation constraints. An enabling environment and society free of HIV stigma, discrimination and human rights violation of PLHIV needs to be advocated for and created, for the attainment of the highest standard of living.

The demographic data obtained from the studied respondents reveals a pattern synonymous to national and international trends of persons mostly affected with HIV/AIDS and supports the fact that this sub-population are the active and productive unit of any nation and their contributions are a requisite for nation building and growth. A significant proportion of PLHIV who suffered human rights violation reported in this survey were in the age bracket 25-45 years.

The study also revealed that all the alleged human rights violation PLHIV suffered was due to their HIV status or perceived HIV status which calls for increased advocacy and awareness creation amongst the entire population but with particular emphasis on the key stakeholders and institutions that have been identified as perpetrators. The active role played by counsellors, social workers and support groups of PLHIV in helping individuals cope with the aftermath of the discovery of a positive HIV status cannot be over-emphasized, the number and spread of this active players is an index for measuring the level and commitment of the response in combating HIV/AIDS in any society.

Majority of the victims confided in a social worker, counsellor or member of a PLHIV support group. These survey findings reemphasizing the crucial role the above individuals or groups play in the life of PLHIV as a source of support, succour and a confidant in the life of PLHIV during challenging times.

Stigma and discrimination of PLHIV still pervades every strata of our society and knowledge

about HIV/AIDS and how it can be transmitted is still low especially in rural areas of the community. Majority of the alleged and reported victimization in this survey was adduced to the positive HIV or suspected HIV status of the individuals; as a significant proportion of victims had a confirmed HIV positive status and often, the abuse of their rights started when other individuals knew of their status.

As a tool for tackling stigma and discrimination, legal and policy reforms have limited impact unless supported by the values and expectations of communities and society as a whole. Regulating the discriminatory actions that are the outcome of stigma, without addressing the understanding and attitudes that give rise to such actions, leads inevitably to an inadequate response (UNAIDS, 2005).

Stigmatization frequently occurs in contexts and a setting not regulated by legislation, such as within families and everyday social encounters, and urgent action is needed in these environments to combat its occurrence. Further, the reasons that respondents put forth for not reporting cases of rights violations show that the enactment of appropriate protective laws does not automatically translate into more PLHIV seeking redress in the courts of law. For this to happen, it is necessary for national institutions to assess the implementation process, identify barriers and develop a plan of action in partnership with key stake holders including organizations representing vulnerable groups, PLHIV, women's groups, social workers, traditional leaders, bar associations, legal aid centres as well as ministries of justice (UNAIDS, 2006).

Conclusions

The concept of human rights is grounded in concepts of human dignity and equality, which can be found in most cultures, religions and traditions and are today reflected in many legal systems. Nigeria's human rights record remains poor and government officials at all levels continue to commit serious abuses.

The survey provides an overview on the magnitude and extent of human rights violation perpetrated against PLHIV in Nigeria. The interviewees were drawn from every region of the country, which supports the argument that HIV stigma and discrimination with its resultant human rights abuse permeates every part of Nigeria.

The survey also pointed out that PLHIV who suffered human rights abuses were more comfortable and felt more secured confiding in a social worker, counsellor or member of PLHIV support groups. These violations had no sex predilection though women were more willing to share their experiences and places where these abuses occurred varied from but are not limited to the home, the community, workplace, health facilities and religious institutions.

The untold consequences of human rights violation on the lives and activities of those PLHIV was also revealed in the survey. The survey also highlighted the need for appropriate steps to be taken to put an end to the human rights violations of PLHIV because of their status.

Recommendations

From the findings and conclusions of the study, the following recommendations are made:

- Advocacy efforts must be sustained at the National Assembly level to ensure passage of the Anti-discrimination bill.

- Advocacy efforts should be targeted at established institutions (Government or private), religious bodies, traditional institutions and their likes, where established cases of human rights violations against PLHIV have been reported.

- The National HIV workplace policy should be enforced especially amongst small scale businesses where most of the "right to work" abuses are perpetrated.

- There is need to promote legal literacy among counsellors, social workers and support group of PLHIV in Nigeria as they usually serve as frontline personnel when cases of abuses are reported.

- It is imperative for counsellors, social workers and support group of PLHIV capacity to be built on the legal instrument and procedures available to enforce and protect the fundamental human rights of PLHIV in Nigeria as they usually serve as frontlines' when cases of abuses are reported.

- Sensitization of PLHIV on the need to protect themselves from human rights abuses and enlightenment on laws and policies protecting their fundamental human rights should be strengthened across the country.

- Public enlightenment campaigns and information on HIV/AIDS and the need to **STOP** HIV related stigma and discrimination must be sustained at every level and extended to every community in the country so that rural dwellers especially, can understand and fully comprehend all about HIV/AIDS.

- Partnership building should be encouraged and established between the human rights commission and other related bodies and network of persons living with HIV/AIDS in all states and local governments of the country.

- The media should be more engaged and galvanized towards reporting cases of HIV related human right abuses as key they are stakeholders in the response to HIV-related stigma, discrimination and human rights abuse in Nigeria.

- The international and national advocacy efforts to increase funding for HIV/AIDS activities must be sustained.

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Notes

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