



## **Zimbabwe – Researched and compiled by the Refugee Documentation Centre of Ireland on 12 August 2015**

### **Information on the treatment of HIV carriers in Zimbabwe.**

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

“The government has a national HIV/AIDS policy that prohibits discrimination against persons with HIV/AIDS, and the law prohibits discrimination against workers with HIV/AIDS in the private sector and parastatals. Despite these provisions, societal discrimination against persons affected by HIV/AIDS remained a problem. Although there was an active information campaign to destigmatize HIV/AIDS by international and local NGOs, the Ministry of Health and Child Welfare, and the National AIDS Council, such ostracism and criticism continued. In the most recent demographic and health survey (2010-11), 22 percent of women and 20 percent of men reported they held discriminatory attitudes towards those living with HIV.” (US Department of State (25 June 2015) *2014 Country Reports on Human Rights Practices – Zimbabwe*, p.52)

A report published by the *Zimbabwe National Network of PLHIV (ZNNP+)*, in a section titled “Experiences of HIV related stigma” (section 3.2.1), states:

“Respondents were asked about their experience of stigma and discrimination in the last 12 months preceding the study. Overall, 65.5% of the study respondents reported that they had experienced one or more of the forms of stigma and discrimination detailed below. The highest percentage (51.4%) of the respondents reported that they had been gossiped about, while 31.2% reported that they had been verbally insulted, harassed and/or threatened, while other forms of HIV related stigma that were reported include: exclusion from social gatherings (21%), physically harassed and/or threatened (19%), Partner experienced discrimination (15%), experienced psychological pressure or manipulation (12.4%), Excluded from family activities (11.7%), exclusion from religious activities or places of worship (10.6%), physically assaulted (8.6%), sexual rejection (7.5%) and discriminated against by other people living with HIV (7.5%).” (Zimbabwe National Network of PLHIV (ZNNP+) (December 2014) *Zimbabwe Stigma Index Research Report*, p.41)

In a sub-section headed “Exclusion from Social Gatherings” this report states:

“While it is clear that both men and women are still being discriminated against at social gatherings due to their HIV status, Table 10 above shows that fewer males (18.3%) compared to females (22.7%) reported being excluded from social gatherings. The respondents reported that they felt excluded and unwanted from social gatherings such as parties and funerals and this was buttressed by views from FGD participants and one female described discrimination at a social gathering in the following manner:

“...Women are more stigmatised. We see this at funerals, they don't want women who are positive to cook or dish food at funerals, sometimes when one is positive even at a gathering no one wants to sit with them as before. The positive sit alone and the negative sit on their own ...”

Another male responded in a case study in-depth interview who experienced discrimination at social gatherings had this to say:

“...People don't want to eat in my plates, I have my own plates. No one wanted to sit next to me, they say that I smell. They move away from me so that I do not sit next to them...”

A prison inmate added that:

“...We are excluded from cooking and sharing utensils...” (ibid, pp.43-44)

In a subsection headed “Exclusion from Religious Activities or Places of Worship” this report states:

“The church continues to harbour a number of PLHIV who do not come out in the open for fear of victimisation and being shamed amongst peers. As such, low percentages of both females (11.8%) and males (8.6%) and experienced exclusion from religious activities or places of worship. Over the years the church has taken a moralistic view of the pandemic and one male FGD participant weighed in and said:

“...The ways in which pastors are preaching in churches and at funerals is not good because they assume that the person who died of HIV was promiscuous. For example, I once attended a funeral, the pastor was saying we preach to you that you must have one partner but you don't listen but now see what happens you become positive. Some pastors give us as examples in churches...”

This was echoed by a female participant who felt that HIV is equated to sin in churches:” (ibid, p.44)

A subsection of the report headed “Verbally Insulted, Harassed and/or Threatened” states:

“As is the case with most forms of discrimination, more females (33.3%), compared to males (28%) reported that they had been verbally insulted, harassed and/or threatened as a result of the HIV status. Focus Group Discussion (FGD) participants buttressed this view, and cited the perpetrators of this form of abuse to be fathers, grandfathers and headmasters among other perpetrators, and this is evidenced by the following quotes:

One young female case study participant resonated that:

“...My grandfather used to ill treat me and he would say I have sexually transmitted diseases...”

Another adult female FGD participant alluded that:

“...My father is just very abusive in terms of this because even when I am just slightly sick, he will say its AIDS she is about to die. My father will tell everyone that I have AIDS and I am about to die and this really hurts me...”

A young male case study participant added that:

“...My headmaster always tells me that I am weak and it is not the school’s duty to take care of such people so generally there are no changes in schools on eradicating stigma...” (ibid, pp.44-45)

An article from *The Zimbabwean* states:

“Despite years of hard work by government agencies, NGOs and community groups, youths living with HIV and Aids are still stigmatised at school and in their communities. HIV positive youths who spoke to *The Zimbabwean* strictly on condition of anonymity said stigma and discrimination continue to prevent them from accessing readily available HIV and Aids support services. An HIV positive girl studying at the Midlands State University (MSU) said stigmatisation has become rife at the university where she said HIV positive students were mocked and given nicknames.” (*The Zimbabwean* (17 September 2014) *HIV positive students suffer discrimination*)

See also article from *The Zimbabwean* which states:

“People living with HIV (PLWHIV) in urban areas are appealing to the government to allocate them residential stands because they are being discriminated against by their landlords because of their HIV status, reports Sofia Mapuranga. PLWHIV in suburbs such as Budiriro, Chitungwiza, Glen Norah, Mabvuku and Glen View told *The Zimbabwean* of some of the challenges they face at the hands of their landlords, some of whom even give them timetables to use the toilet.” (*The Zimbabwean* (18 June 2014) *Accommodation woes persist for people living with HIV*)

A report from the *Inter Press Service* states:

“Gays and lesbians activists here say more needs to be done because population groups such as men who have sex with men and transgender people remain at the periphery of the country’s intervention strategies. ‘In as far as combatting HIV/AIDS is concerned, there are no national programmes targeted for minority groups or interventions that can easily be accessible by the LGBTI (lesbian, gay, bisexual, transgender and intersex) community on prevention and care within the public healthcare system,’ Samuel Matsikure, Programme Manager of Gays and Lesbians of Zimbabwe (GALZ), told IPS. ‘There are knowledge gaps of healthcare workers on the needs and best methods on prevention, treatment and care for the HIV-positive LGBTI individuals,’ adds Matsikure.” (*Inter Press Service* (18 December 2014) *Anti-Gay Legislation Could Defeat Goal to End AIDS in Zimbabwe by 2015*)

See also *Inter Press Service* Report which states:

“Activists say children are not immune to the deep-rooted stigma surrounding HIV/AIDS here — another barrier to testing. Zimbabweans are one huge community, closely-knit, and once a child is tested for HIV, it becomes difficult for it to remain confidential,

resulting in any child tested becoming exposed to stigma,' Sifiso Mhofu, an affiliate of the Zimbabwe National Network of People living with HIV, told IPS. This problem is very real for orphans like 13-year-old Tracey Chihumwe (not her real name) from Mabvuku, a high-density suburb of Harare, the Zimbabwean capital. 'Talk of rejection, talk of stigma and discrimination about HIV-positive people here has rendered me confused on whether or not I should get tested for HIV/AIDS, although I don't know what killed my parents,' Chihumwe told IPS." (Inter Press Service (17 January 2015) *Zimbabwe's Children Are the Battlefield in War to Contain HIV/AIDS*)

An *IRIN News* report states:

"Martha Tholanah of the International Committee of Women Living with HIV (ICW-Zimbabwe) told IRIN that the low levels of provider-initiated HIV testing and counselling to older children showed that stigma was still high in the country. 'Our communities are closely knit and it is difficult to keep the status of an individual a secret once he or she is tested. This is one fear that guardians have. Testing a child will not only expose his or her status, but that of the guardians too,' she said." (IRIN News (9 June 2014) *Young Zimbabweans miss out on HIV testing*)

A report published by *Médecins Sans Frontières* states:

"Chido is HIV positive, and because of her status most of her family—her grandmother, step-father and three step-siblings—shunned her at home. Yet she didn't know why. Her mother had told her that she had asthma, which is why she was sick and had to take the tablets, so she couldn't understand why her family ignored and avoided her. And because she didn't feel sick, she stopped taking her tablets regularly. 'Living with HIV can be confusing and difficult for young children, and is often particularly tough for those orphaned by HIV who are also HIV positive. They can be badly treated at home, encounter increased stigma and feel extremely isolated. Many of them never tell anyone what is happening to them and suffer in silence,' says Ann Sellberg, a medical doctor working with Médecins Sans Frontières in Epworth." (Médecins Sans Frontières (MSF) (5 March 2015) *Stigma, confusion, silence: life as a young girl with HIV in Zimbabwe*)

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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