

# Assessing Discrimination Against People Living with HIV/AIDS in Somalia



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## Abstract

As for HIV/AIDS, there is an estimate of 10,500 living with HIV/AIDS in Somalia. Children living with HIV are also estimated at 500. Among HIV positive people, only 35% attend ART centers for medications. This study aims to assess discrimination against people living with HIV/AIDS in Somalia.

With the support of People Living with HIV (PLHIV), the researcher targeted 346 respondents but those accepted to participate were 187 PLHIV including 102 females and 85 males live in different regional states in Somalia. During data collection the researcher either met face to face with the respondent or communicated by telephone. The study doesn't assess how people become HIV positive. However, the study found nearly half of the respondents became HIV positive for the past five years. Stigma and discrimination are the major challenges face PLHIV. The assessment conducted 1<sup>st</sup> Dec. 2020 – 10<sup>th</sup> Jan. 2021

## Introduction

World Health Organization (2020) highlights that an estimated 38 million people living with HIV globally. We are not off, but, Somalia has among the lowest prevalence rate of people living with HIV/AIDS compared to in East Africa countries. According to the Ministry of Health (2020) People living with HIV in Somalia are estimated below 1% of the population.

Stigma and discrimination are the major challenges that affect PLHIV. Different studies found public perception for the people living with HIV is negative and they face discrimination in many areas, including income, education, housing status, medical treatment, and health.

There are networks for people living with HIV in different zones in Somalia. Interpretation of our findings indicated that: -

## **Gender**

According to the reports from ART centers' prevalence rate of the people living with HIV; the female ratio is higher than the male ratio. Thus, the study surveyed 187 people living with HIV, including 102 females and 85 males. This makes females are over-represented in this survey sample. The study was not included children regardless of gender male or female. The reason female HIV positive is more than male is beyond the scope of this study.

## **Respondents' Age Group**

Youth age is considered a risk age for HIV. However, during the data collection, all ages were given equal chance to participate and selected randomly from the PLHIV in different states in Somalia. The study found 40% of the respondents aged between 20-30 years, while one-third (33%) aged between 31-40. The age of 41-50 is 16%. Only 11% of the respondents are above 50 years.

## **Education**

During data collection, respondents were asked their demographic profile including educational level. SRA & Qalam found that the majority for the PLHIV have no formal education, about seven-in-ten (74%) don't have formal education, while 22% stated that

they have primary education, only 4% stated that they have secondary school education.

## **Marital status**

There was no primary hypothesis that married and divorced persons have a much higher risk of HIV than never-married persons. However, the study found that married respondents were about five-in-ten (53%) while either divorced or widowed were slightly lower than married and they were 47%. The study also found that when the person is HIV positive; polygamy is a risk factor that increases the infection among the community.

## **Addiction.**

Drug abuse and addiction have been linked to HIV/AIDS. Respondents were asked if they addict to one of these; Cigarettes, Khad, or Tobacco. About one-third (28%) of the people living with HIV stated that they only smoke. 23% state that they smoke and consume Khat. One-in-ten (10%) highlight that they used to have drug addiction but stopped before a while. Meanwhile, 39% confirmed that they don't have an addiction at all.

## **Years of living with HIV**

An estimated ten thousand five hundred living with HIV/AIDS are in Somalia. An unknown percentage (%) of them are not aware of their infection. Respondents were asked how long since when formally informed of HIV status? About five-in-ten (53%) stated that they are living with HIV 1-5 years while those living for 6-10 years are 29%, respondents indicated that they lived with HIV 11-15 years are about one-in-ten (11%), those emphasized that they lived with the longest period more than 15 years are 7%.

According to the findings, the last five years' new positive cases were increasing and the records on ART centers in different states have shown about 50-100 become infected with HIV each year.

HIV expertise hypothesizes new cases may increase in the coming years due to many returnees are coming from neighboring countries, including Kenya and Ethiopia, which are among the highest HIV-affected countries in the region.

During the data collection the researcher has also tried to find out if there's statistical data shows the mortality rate; there is no available information mortality rate for the PLHIV.

## **Residence (Housing)**

People living with HIV face challenges not only the general public but also family members, often they are discriminated against and expelled from their families' residence. Also compelled not to integrate with communities.

During the survey, respondents were asked whether they live in rent, IDP camps, or their own house. The majority about six-in-ten (64%) of the respondents stated that they live in a rented house, while 17% stated that they live in IDP camps, other 19% stated that they live in their family-owned house, mainly "heritage house". We asked a follow-up question which is; whether all family members or owners are aware of their HIV status. The majority said, neither family members nor owners aware of our status.

One said. "I am a person living with HIV, and by telling my HIV status publicly, I am taking a risk of being evacuated from the house".

## **Hiding the Family HIV Status**

Many people living with HIV have concerns about their family and friends due to fear of stigma and discrimination. People who live with HIV hide their status from others, including family members. 62% stated that they hide family their HIV status.

28% indicated they only informed one person in the family mainly their spouse. Only 10% argued that all family members aware of their status.

A majority of respondents said, “We will have to experience discriminative behavior from our families if we inform that we are HIV positive”. Someone said, “When eating at home, my family does not sit together with me at a table for meals”. Others said “we moved from family members to hide our HIV status”

The study found that people who live with HIV are more willing to share their status with family members but, family members are most likely to discriminate.

## **Neighbor**

Somali people have a conservative culture and living with HIV is very sensitive among them. Many people believe that HIV is a foreign disease and it is a punishment from God to the non-Muslims. Respondents were asked if they have experienced neighbor discrimination due to their HIV status.

Neighboring discrimination cited as the top problem by the PLHIV about seven-in-ten (74%) underscored that they experience stigma and discrimination from their neighbors. 14% stated that they hide their status from the neighbor to avoid

discrimination. However, all neighbors are not bad about one-in-ten (12%) detailed that they are dealt good and don't experience discrimination from their neighborhood.

On the other hand, the study found that women are more likely than men to say they have had some particular negative experience with their neighbors. Some said “Neighbors do not allow us to share the essentials including toilets” others said, “nearby shops reluctant to buy us goods, assuming that the money we pay is with the virus”. Mother of three said “If I face a shortage of sugar or salt, my neighbors don't give me salt or sugar because I live with HIV. “Our neighbors don't aware that HIV/AIDS cannot be spread by sharing food, dishes, or cooking utensils such as cups, plates, knives, and forks with a person who is HIV positive”.

## **Mobility of PLHIV**

Most of the people who live with HIV live in rental houses, however about ten-in-seven (73%) of the respondents stated that once the villagers know that they are HIV positive they evacuate the village due to stigma and discrimination and this is one of the main cause of mobility of PLHIV. Other 27% highlighted that it is not easy for them to shift from the village rather they choose to ignore stigma and discrimination from the villagers.

## **Children Discrimination**

Children make up a relatively small percentage of the people living with HIV, however, 83% of the parents indicated that their children are highly discriminated against in the community even if they are HIV negative. There are cases whereby children forced to drop out of school. A father of three stated, “When the school admin realizes that the parents are HIV positive, they don’t allow our children to attend school anymore”. The mother of one child said, “my son doesn’t have children to play and chat with; villagers told their children not to talk to my son”. 17% of the parents argued that they hide the status of their children due to fear of stigma and discrimination. A mother said, “Even we don’t let our children know that they are HIV positive”.

During the survey, an expert told “if a parent dies, children will not able to continue receiving the medication because caregivers (family members) do not aware that the child is HIV positive. This results in child to suffer due to fear of stigma and discrimination.

## **Worship Places (Masjid)**

People who live with HIV are ordinary citizens. According to surveyed respondents, all people have not a bad perception of HIV. Men respondents have indicated that they

maintain to have good relation with religious men (Imams) about eight-in-ten (78%) stated that they do not get discrimination in Masjids. One said, “I sometimes request on Fridays the Imam to talk about HIV and not to discriminate against HIV positive people” However, there are other respondents who feel discriminated in Masjids. 22% stated they feel discriminated against in Masjids. One said, “people who used to pray nearby, once they heard my HIV status has changed praying position and shifted to other corners.

## **Health Service**

Health and treatment needs are the first priority of people living with HIV. Banadir and Martini hospitals are referral hospitals in Mogadishu, similarly, in the regional states, there are public hospitals having an HIV referral section. The study found that public hospitals provide primary medical care and essential support services to the PLHIV with the support of international NGOs.

Notably, none of the PLHIV in Somalia has insurance to get the HIV medical care and other support services they need.

## **Medication**

Although there is no cure for HIV infection. However, there are antiretroviral drugs (ARVs) that can control the virus and help to

protect the immune system so the person is less likely to get sick.

In Somalia, there are centers that offer antiretroviral drugs located in different zones. According to the AIDS commission, there are ART centers around the country, for instance, south and central there are seven (7) centers. In Puntland, there are four (4) while Somaliland has six (6). According to MoH (2020), 35% of people living with HIV receive lifelong antiretroviral therapy (ART). Yet there are around six-in-ten (65%) PLHIV who are not registered in ART centers and do not take medication. The study found that the leading cause of people not attending ART centers is the fear of stigma and discrimination.

### **Health Professional**

The majority of PLHIV reported negative experiences with health professionals. During data collection, respondents shared different cases including pregnant women who rejected delivery service due to their HIV status. About seven-in-ten (73%) of respondents highlighted that health professionals do bad things dealing with PLHIV. However, about a quarter (27%) of the respondents stated that they don't feel discriminated against health professionals.

Mother of two said, "People who live with HIV avoid seeking health services to the private hospitals due to fear of being discriminated and reject health services".

A young man said, "Private hospitals are business-oriented, and they fear other clients to know that hospital offers health service for the people living with HIV. Therefore, they reject to assist HIV positive person".

### **Job opportunities PLHIV**

Most of the people who live with HIV are in the working-age but, inequality and discrimination are the top threat to the people living with HIV. We asked respondents if there is a job opportunity they missed due to their HIV status. 85% stated that they miss job opportunities because of their HIV status. 15% highlighted that they receive and maintain their jobs because they hide their status.

AIDS commission and different NGOs stated that there had been calls for the federal government and regional states to enact laws and policies to protect people living with HIV/AIDS still no action has been taken.

### **Employees Discrimination**

Unemployment is widespread for the PLHIV. We asked respondents if they face discrimination among employees/employers.

Across the people surveyed the greatest threat are stigma & discrimination. 72% stated that they face discrimination in working stations which resulted to leave them the jobs. Other 28% underlined that they hide their status which helped them to remain on the job.

Worthy note, there's no national policy that protects PLHIV from discrimination. However, the AIDS Commission and the network for the PLHIV continue efforts to approach the parliament to pass a law against discrimination for the PLHIV.

### **Government Work**

People living with HIV have a concern about their own rights of getting a job in government. We asked PLHIV if there are chances of allowing them to work in government. 59% of the respondents stated that there are no chances of allowing them to work in government unless they hide their status. 22% highlighted that they were working with the government before they become HIV positive and they still continue to work with the government undercover status. 14% have highlighted that they fired from the job after the admin heard their status. 5% confirmed that they work in a government institution and officially known their status.

A young female said, "People who live with HIV are underestimated, they don't get jobs at government offices". A father of one said, "I have the rights to work in a government institution and I believe every Somali citizen should get the opportunity to work in a government institution" The study found that many people living with HIV/AIDS are often left behind and denied access to healthcare, employment, education, and social protection due to stigma and discrimination.

### **Social Protection**

It is the constitutional right of citizens to get social protection including free and affordable health services. Most of the people living with HIV are low income and don't have jobs. Somali government with the support of the world bank launch social protection fund for low-income and vulnerable people. We asked people living with HIV if they receive Social protection schemes known as "Baxnana"? The variable "No" receives the highest ranking of any other variable in this study almost 100% of the respondents stated that they don't receive social protection support from the government.

During the survey, PLHIV expressed a need for social protection support and to recognize their vulnerability. Some respondents said,

“we are unable to collect medication due to transportation cost”. A mother of two said, “We are eligible for social protection support but our government, donors and international NGOs do not value our needs”.

## **Reason for Discrimination**

HIV has no race, religion, and ethnicity, everyone can become positive in a different way. Surveyed respondents expressed a negative view of the community of their HIV status. All most of the respondents stated that the community at large considers them criminals due to their HIV status. Some of the respondents said “People think the virus passes through adultery only but, they don’t know that a person can become positive through legal marriage. Communities need a better understanding of HIV and not to assume that HIV positive person is adultery”. Limited knowledge and education are the main cause of stigma and discrimination. Social awareness of HIV is very low among our communities. For those who discriminate the PLHIV have little or no understanding of how VIRUS transmits.

## **Conclusion**



### **About SRA**

Somali Researchers Association (SRA) is an association that brings together Somali researchers and provides a platform to exchange knowledge, experience, and ideas. SRA is a registered association founded in 2017, its mission is to promote excellent research in Somalia.

*“Social change doesn’t happen without engaged scholars, and it increasingly happens on research contribution local level”.*

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