

# STIGMA, DISCRIMINATION, AND HUMAN RIGHTS VIOLATIONS AMONG WOMEN LIVING WITH HIV IN TANZANIA

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*(Based on Shadow Report 2025)*



# Background

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Despite major advances in HIV treatment and policy, **Women Living with HIV (WLHIV)** in Tanzania continue to face **entrenched stigma, discrimination, and human rights violations** that go beyond their HIV status.



WLHIV are often **blamed, shamed, or rejected** by partners, families, communities, and even health workers.



These experiences are shaped by **intersecting vulnerabilities**, including gender inequality, violence, economic dependency, and social norms that view WLHIV as irresponsible or immoral.



Violations occur in **healthcare, homes, schools, workplaces, and religious settings**, affecting access to services, protection, and participation.



The **shadow report** aims to highlight these lived realities and push for a **rights-based, gender-sensitive HIV response** that protects and empowers all WLHIV.

# Purpose of the Report

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To **document and amplify the voices** of Women Living with HIV (WLHIV) regarding their daily experiences of stigma, discrimination, and rights violations in healthcare, homes, and communities.

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To **expose systemic gaps** in the legal, policy, and service delivery landscape that hinder WLHIV from accessing justice, protection, and quality care.

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To **highlight the intersectional nature** of the challenges WLHIV face—including those related to gender-based violence, reproductive rights, and socio-economic exclusion.

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To **inform actionable, gender-sensitive, and rights-based recommendations** that promote the dignity, inclusion, and empowerment of WLHIV in Tanzania.

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To **strengthen community-led accountability** by using lived experience as evidence for advocacy, legal reform, and service improvement.

# Methodology

The shadow report employed a **participatory, qualitative approach** centered on the voices and lived experiences of WLHIV.

A **two-day dialogue** (February 19-20, 2025) brought together **WLHIV from diverse regions and backgrounds**, including young women, mothers, sex workers, and rural-based participants.

## **Data Collection Tools Included:**

- Pre-meeting self-administered questionnaires
- Testimony sharing and guided storytelling
- Focus group discussions and experience-mapping

## **Experiences were categorized across three thematic areas:**

- **Health Facility Violations**
- **Community-Level Discrimination**
- **Socio-Economic and Employment Exclusion**

Ethical considerations prioritized **confidentiality, informed consent, and psychological safety**, ensuring women could speak freely about sensitive and often traumatic experiences.

## Key Findings – General

The majority of Women Living with HIV (WLHIV) reported experiencing **multiple and overlapping forms of stigma, discrimination, and rights violations** across healthcare, social, and economic settings.

Violations were not isolated but occurred **routinely and systemically**, affecting nearly every aspect of WLHIVs' lives—from health access to livelihood.

**Stigma and blame** were especially pronounced in close relationships, with WLHIV often accused of “bringing HIV into the home,” leading to rejection and violence.

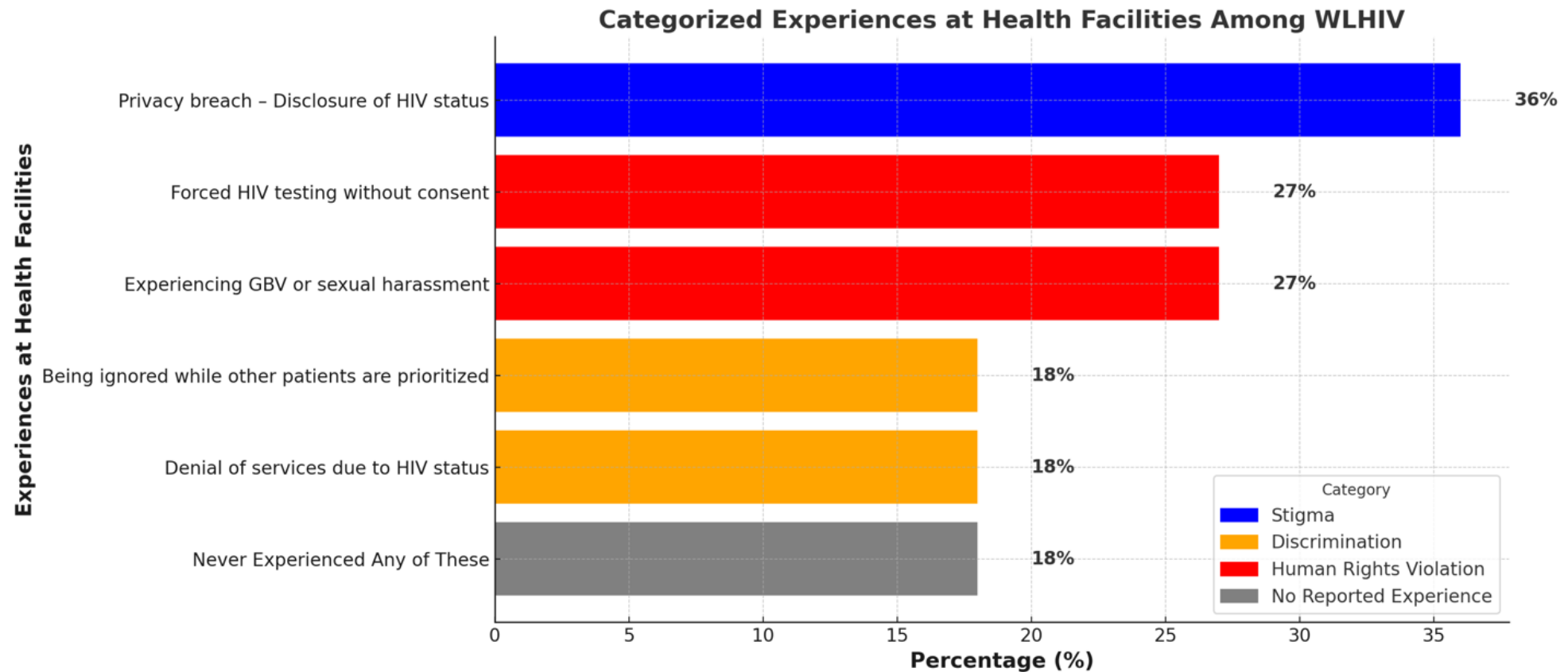
**Confidentiality breaches** and forced disclosure were common, both in health facilities and communities, fueling social exclusion.

Many WLHIV faced **gender-based violence, eviction, job loss, and denial of services** linked to their HIV status.

A majority lacked knowledge about their **legal rights** or how to report violations—reinforcing silence, fear, and acceptance of abuse.



# Health Facility-Level Findings



# Health Facility-Level Findings Cont...

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**Healthcare settings remain a major source of rights violations** for WLHIV, reinforcing fear and discouraging service uptake.

**36%** of WLHIV reported **privacy breaches**, particularly the non-consensual disclosure of their HIV status by health workers.

**27%** experienced **forced HIV testing** without clear consent or explanation, violating informed consent protocols.

**27%** faced **gender-based violence or sexual harassment** from healthcare providers—ranging from inappropriate comments to physical abuse.

**18%** were **ignored or deprioritized** in service queues due to their known or suspected HIV status.

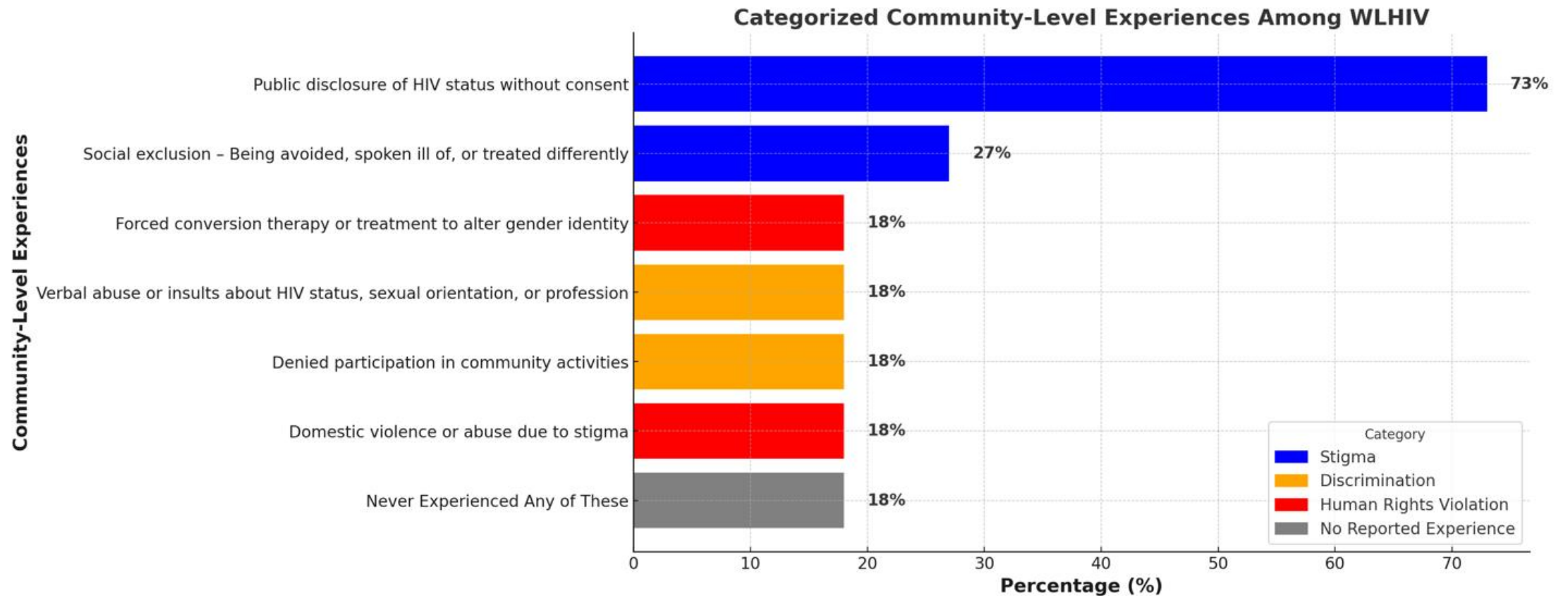
**18%** were **denied services outright**, including reproductive and maternal health care.

Only **18%** reported **not experiencing any of these violations**, underscoring the scale and normalization of abuse.

These findings highlight an urgent need for:

- Confidentiality protections
- Gender-sensitive provider training
- Accountability and redress mechanisms in all health facilities

# Community-Level Findings





# Community-Level Findings

WLHIV face **widespread stigma and exclusion within their communities**, deeply affecting their social, emotional, and physical well-being.

**73%** reported **public disclosure of HIV status without consent**, often by neighbors, religious leaders, or family—leading to shame and fear.

**27%** experienced **social exclusion**, such as being avoided, spoken ill of, or treated as dangerous or immoral.

**18%** were subjected to **forced conversion therapy** or "healing prayers" to "change" their identity or "cure" HIV—violating personal autonomy.

**18%** endured **verbal abuse or insults**, including name-calling and slurs linked to their HIV status or perceived lifestyle.

**18%** were **denied participation in community activities**—such as women's groups, religious functions, or village meetings.

**18%** experienced **domestic violence** due to stigma and accusations related to their HIV status.

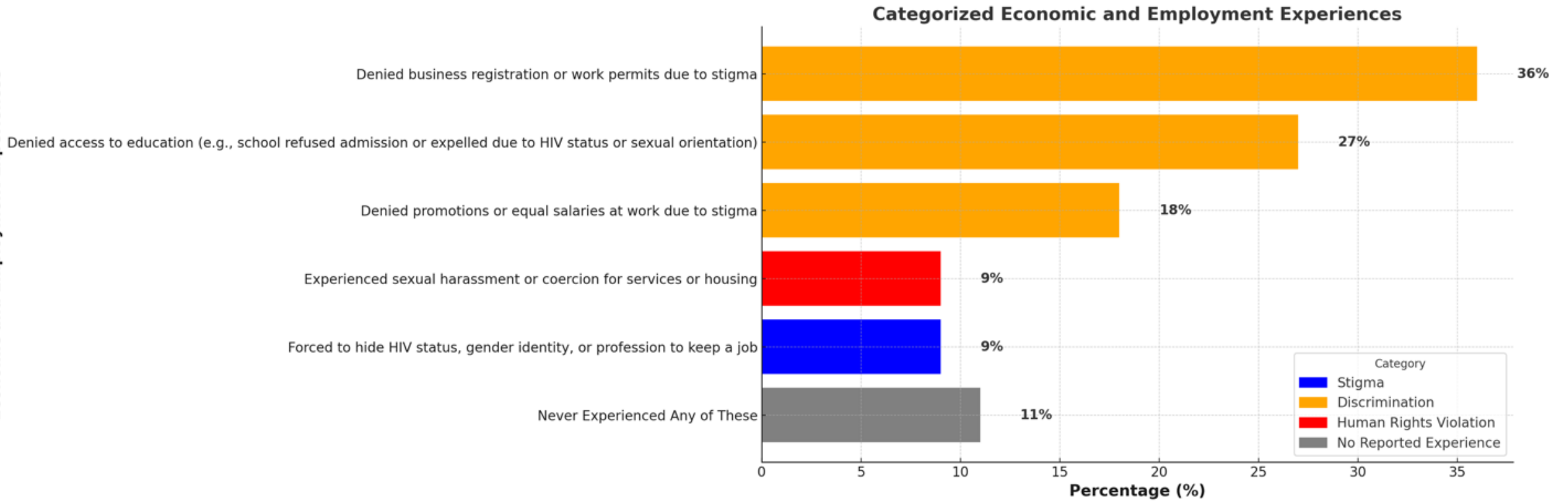
Only **18%** said they had **not experienced any of these**, underscoring the pervasiveness of community-level stigma.

These experiences call for:

- Rights-based community education
- Protection from public shaming
- Engagement of religious and traditional leaders in stigma reduction

# Socio-Economic Findings

Economic and Employment Experiences



# Socio-Economic Findings Cont...

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WLHIV face **systemic exclusion from education, employment, and housing**, limiting their economic security and independence.

**36%** were denied **business registration or work permits**, often due to known or suspected HIV status.

**27%** reported being **denied access to education or training opportunities**, particularly after disclosing their status.

**26%** faced **employment discrimination**, including being fired, denied promotions, or paid less than others.


**22%** experienced **housing discrimination**, such as eviction or denial of rental agreements due to their HIV status or identity.

**17%** reported being **forced to hide their status or identity** to avoid discrimination at work or in school.

**26%** experienced **human rights violations** such as **sexual harassment, coercion, or exploitation** linked to economic vulnerability.

These patterns highlight the need for:

- Stronger labor and housing protections
- Economic empowerment programs for WLHIV
- Policies that prohibit HIV-based discrimination across sectors



# Stigma, Discrimination, and Human Rights Knowledge Gaps

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Many WLHIV **lack clear understanding of their rights**, making it difficult to recognize or report violations when they occur.

**78%** could not correctly define **discrimination**, often confusing it with general mistreatment or stigma.

Many respondents viewed **stigma** narrowly—mainly as verbal abuse—without recognizing structural or institutional forms (e.g., service denial).

**Human rights** were often misunderstood as favors or privileges rather than entitlements protected by law.

These knowledge gaps leave WLHIV **vulnerable to repeated abuse**, with no awareness of how to seek redress or challenge injustice.

Without targeted legal and rights education, WLHIV may **internalize stigma and self-censor**, further isolating themselves from services and support.

Addressing these gaps requires:

- Culturally sensitive, peer-led legal literacy programs
- Community dialogues using real-life scenarios
- Accessible reporting mechanisms and safe legal support pathways

# Key Implications for WLHIV Programming and Tanzania's HIV Response

- **Stigma and discrimination within healthcare settings** erode trust and discourage WLHIV from seeking timely care, impacting HIV testing, adherence, and retention.
- **Breaches of confidentiality and forced disclosure** expose WLHIV to violence, rejection, and loss of livelihood—further isolating them from support systems.
- **Social exclusion and internalized stigma** reduce the participation of WLHIV in leadership, decision-making, and community initiatives.
- **Limited access to education and employment** reinforces economic dependence and vulnerability, particularly for young and single WLHIV.
- **Knowledge gaps around rights and reporting mechanisms** result in normalization of abuse and underreporting of violations.
- **Inadequate legal and policy protections** allow systemic discrimination to continue unchecked.
- If unaddressed, these barriers will **undermine national HIV targets**, including gender equity and epidemic control.
- WLHIV must be **recognized as leaders and rights-holders**, not only as recipients of care, and be meaningfully included in policy and program development.

# Community-Driven Recommendations

## A. Policymakers

- Enact and enforce **anti-discrimination laws** protecting WLHIV in healthcare, employment, housing, and education.
- Integrate WLHIV needs into **HIV, SRHR, GBV, and gender equality policies**, ensuring budgeted implementation.
- Establish and strengthen **accountability mechanisms** for rights violations in health and community settings.
- Promote **WLHIV representation** in national and local decision-making platforms.

## B. Development Partners

- Directly fund **WLHIV-led and women-focused grassroots organizations**.
- Support programs that integrate **legal aid, mental health support, and GBV response**.
- Promote **gender-transformative, stigma-free HIV programming**.
- Ensure **disaggregated data** on WLHIV is used in research and funding decisions.

## C. Implementing Partners

- Train healthcare providers and staff on **gender, stigma, and rights-based service delivery**.
- Create **confidential, safe, and inclusive spaces** for WLHIV in health and support services.
- Integrate **psychosocial and legal support** into HIV and SRHR services.
- Develop **feedback and complaints systems** at facility and program level.



# Community-Driven Recommendations Cont..

## D. Networks, NGOs, CSOs, CBOs

- Strengthen **peer-led rights education** and support networks for WLHIV.
- Use **community monitoring and storytelling** to document violations and influence change.
- Advocate for **social protection and economic inclusion** of WLHIV.
- Build leadership among WLHIV to amplify their voices.

## E. Community and Religious Leaders

- **Reject blame and stigma**, and affirm WLHIV as equal, capable members of society.
- Encourage **open conversations** on HIV, health, and gender rights.
- **Support WLHIV access to services, leadership, and economic opportunities.**
- Recognize and protect WLHIV peer supporters and community advocates.

# Conclusion

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The evidence is clear: **Women Living with HIV in Tanzania continue to face systemic stigma, discrimination, and human rights violations** that deeply affect their health, safety, and livelihoods.

These challenges are **not only individual but structural**—embedded in healthcare systems, laws, community norms, and economic systems.

**WLHIV are not passive victims.** They are community leaders, advocates, mothers, and change-makers who must be meaningfully included in every level of the HIV response.

Addressing these issues requires:

- Legal and policy reform
- Health system accountability
- Economic empowerment
- Rights-based, community-led programming

A gender-equitable and inclusive HIV response is **not optional**—it is essential for Tanzania to achieve its national HIV and development goals.

**NB: Now is the time to protect, uplift, and stand with WLHIV—not in silence, but through action.**



THANK YOU!

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