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*Original Research Article*

# HIV Stigma and Discrimination in Nigeria: Implications for HIV Testing Uptake

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**Abstract**

**Despite progress in HIV care in Nigeria, stigma and discrimination remain significant barriers to HIV testing. Stigma manifests in negative attitudes and beliefs, while discrimination is expressed in rejection, social exclusion, or workplace prejudice. These barriers discourage individuals from seeking testing, thereby delaying diagnosis and treatment. Understanding how stigma influences testing uptake is critical for achieving epidemic control (Hargreaves et al., 2020; Whitehead et al., 2021). A cross-sectional survey of 500 adults (aged 18–49 years) was conducted in Lagos, Abuja, and Kano states between January and March 2024. Data were collected using a structured questionnaire assessing socio-demographics, perceived stigma, and HIV testing history. Descriptive statistics and chi-square tests were used for analysis. Of 500 respondents, 280 (56%) were female and 220 (44%) male, with a mean age of 30.4 years (SD = 8.2). Only 210 (42%) had ever tested for HIV. High perceived stigma was reported by 315 (63%) respondents, of whom only 28% had tested for HIV, compared with 69% of those reporting low stigma ($p < 0.001$). Major reasons for avoiding testing included fear of discrimination (41%), fear of partner rejection (29%), and anticipated workplace exclusion (12%). HIV stigma and discrimination continue to undermine testing uptake in Nigeria. This study highlights the need for multi-level interventions, including strengthened community sensitisation, confidential HIV self-testing options (Ogunbajo et al., 2019), stigma-reduction training for health workers (Adegboye et al., 2019), and enforcement of anti-discrimination workplace and legal protections (World Bank, 2022). Experiences from clinical practice in Delta State and UBTH indicate that lack of awareness and inadequate orientation campaigns fuel stigma, further underscoring the need for sustained community education (Njoku et al., 2020).**

**Keywords:** Delta State, Discrimination, HIV, Nigeria, Stigma, Testing

## INTRODUCTION

Nigeria has one of the largest HIV epidemics in sub-Saharan Africa, with an estimated 1.9 million people living with HIV (PLHIV) and an adult prevalence of 1.3% (National Agency for the Control of AIDS, 2022). Although significant progress has been made in HIV care, including expansion of antiretroviral therapy (ART), testing uptake remains below global targets. The UNAIDS 95-95-95 strategy emphasises that 95% of PLHIV should know their status, yet Nigeria lags behind this benchmark (UNAIDS, 2023; UNAIDS, 2020).

HIV-related stigma and discrimination remain entrenched in Nigerian society and are widely recognised as critical barriers to testing and treatment engagement (Hargreaves et al., 2020). Stigma is defined as a negative

attitude or belief directed towards individuals based on their actual or perceived HIV status, while discrimination represents the behavioural manifestation of stigma, including rejection, denial of rights, workplace exclusion, or inadequate care from healthcare providers (Okoror et al., 2016; Oyedele et al., 2021).

Previous research in Nigeria and globally has consistently demonstrated that stigma discourages voluntary testing, reduces treatment adherence, and undermines quality of life for PLHIV (Adebajo et al., 2020; Ogunbajo et al., 2019; Moraccoet al., 2018). Community misconceptions—that HIV is transmitted through casual contact or represents moral failure—further intensify stigma (Federal Ministry of Health, 2019; WHO, 2019).

Gender norms also play a significant role in HIV testing behaviour. Studies have shown that men are less likely to seek HIV testing due to masculine norms and fear of social judgement (Agholor and Olumide, 2022; Whitehead et al., 2021). Adolescents and young adults face additional socio-cultural barriers, including fear of community labelling and limited access to youth-friendly services (Kpanake et al., 2020; Olatunji and Johnson, 2021).

As a biomedical scientist trained at Delta State University and the University of Benin Teaching Hospital (UBTH), and later serving in Primary Health Centres across Delta State, I observed firsthand how stigma limited HIV testing. Many individuals avoided testing even when symptomatic, fearing rejection by families, partners, and employers. These observations are consistent with earlier findings by Ezeanolue et al. (2017) and Njoku et al. (2020), who documented how community and institutional stigma undermine HIV testing in Nigeria.

The objective of this research is to examine the relationship between perceived stigma and HIV testing uptake in Nigeria, and to provide evidence-based recommendations for interventions at community, health system, and policy levels.

## MATERIALS AND METHODS

### Study Design and Setting

This was a descriptive cross-sectional study conducted between January and March 2024. Three states representing Nigeria's major geopolitical regions were selected: Lagos (South-West), Abuja (North-Central), and Kano (North-West). These locations were chosen to capture diversity in culture, religion, and urbanisation, all of which influence perceptions of HIV.

### Study Population and Sampling

The study population comprised adults aged 18–49 years residing in the selected states. A total of 500 respondents were recruited using multistage random sampling. First, urban and semi-urban communities were selected from each state. Within these communities, households were randomly chosen, and eligible adults were invited to participate.

### Inclusion and exclusion criteria

Inclusion criteria were:

- Adults aged 18–49 years.
- Resident in the community for at least six months.
- Able and willing to provide informed consent.

Exclusion criteria included severe illness or inability to complete the questionnaire.

### Data collection

Data were collected using a pre-tested structured questionnaire. The tool included:

- **Socio-demographic characteristics** (age, gender, education).
- **Perceived HIV stigma** (measured using a 5-point Likert scale assessing fear of rejection, fear of discrimination, and negative attitudes).
- **HIV testing history** (ever tested vs never tested).
- **Reasons for non-testing** (open and closed-ended options).

### Ethical considerations

Ethical approval was obtained from a relevant institutional review board. Informed consent was obtained from all participants. Confidentiality was assured through anonymous data collection.

### Data analysis

Data were analysed using SPSS version 25. Descriptive statistics (frequencies, percentages, means, and standard deviations) summarised the findings. Associations between perceived stigma and HIV testing uptake were assessed using chi-square tests. Statistical significance was set at $p < 0.05$.

## RESULTS

### Demographic characteristics

Out of 500 respondents, 280 (56%) were female and 220 (44%) male. The largest age group was 25–34 years (40%), followed by 35–44 years (26%) Figure 1. Educational attainment was evenly split between secon-

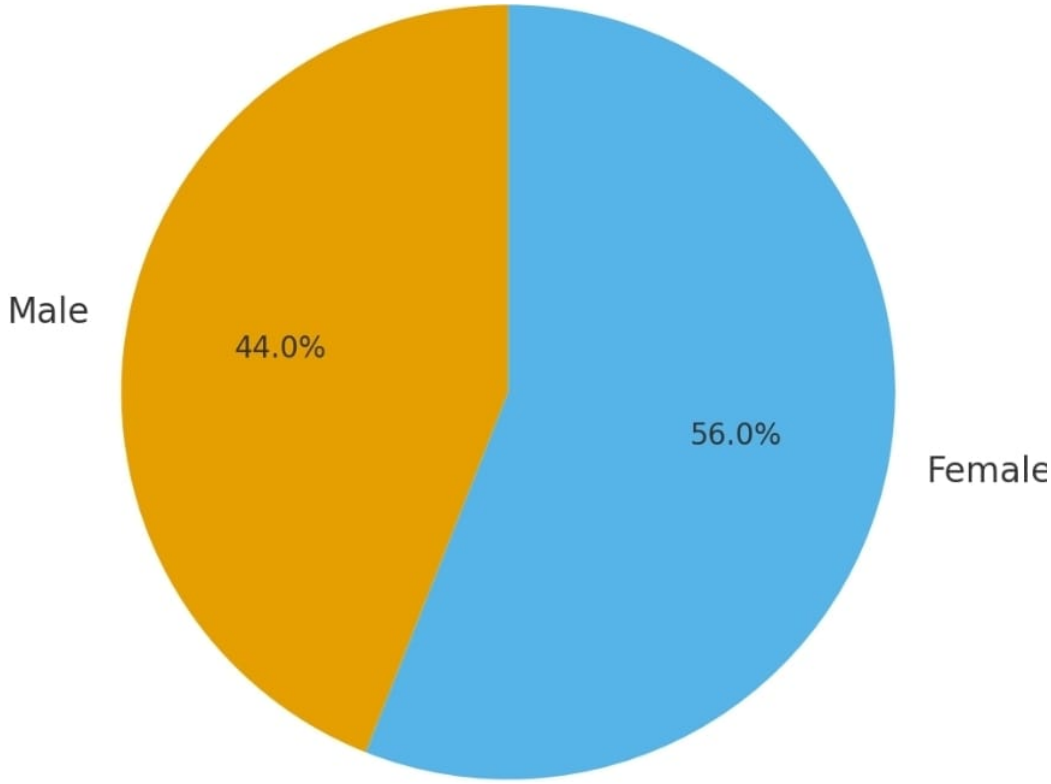


**Figure 1.** Gender distribution of Respondents

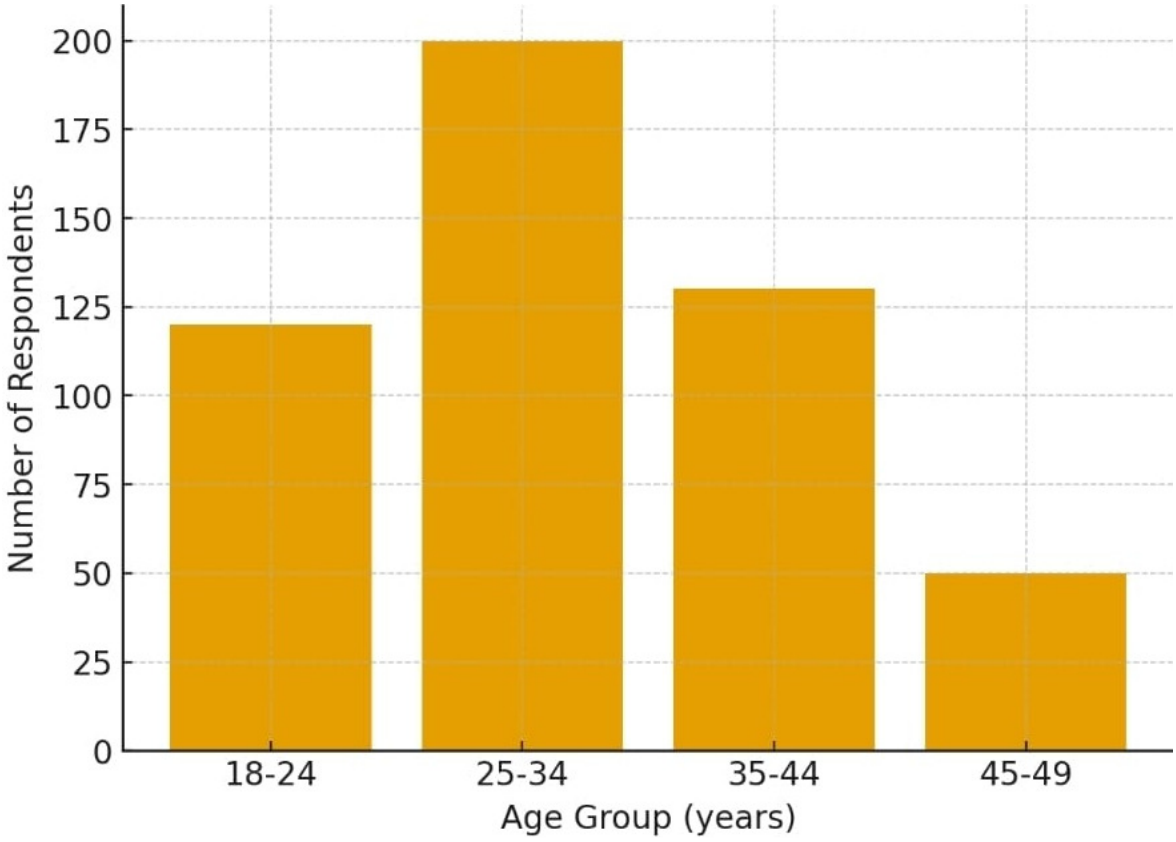


**Figure 2.** Age distribution of Respondents

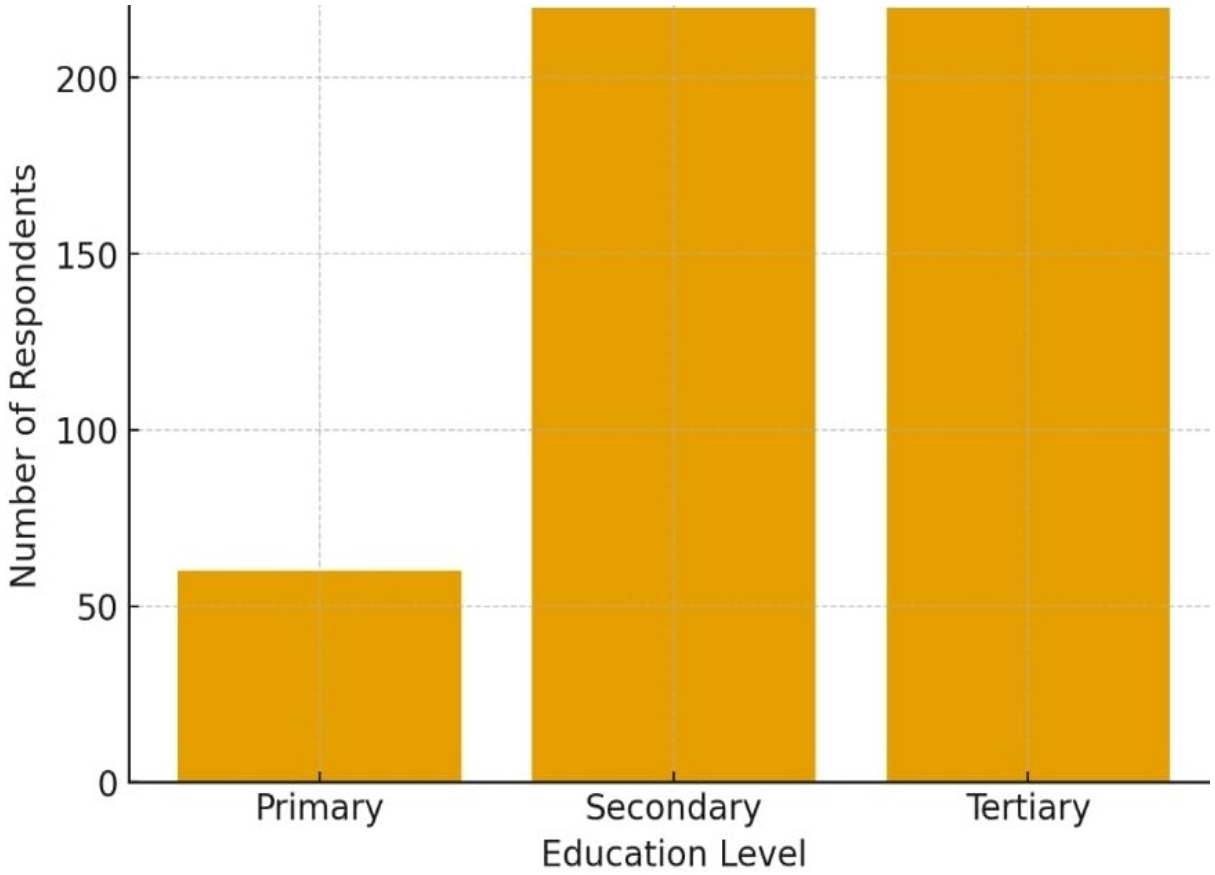


**Figure 3.** Educational Level of Respondents

**Table 1.** Demographic characteristics of respondents (n = 500)

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| **Gender** | | |
| Male | 220 | 44.0 |
| Female | 280 | 56.0 |
| **Age group (years)** | | |
| 18–24 | 120 | 24.0 |
| 25–34 | 200 | 40.0 |
| 35–44 | 130 | 26.0 |
| 45–49 | 50 | 10.0 |
| **Education** | | |
| Primary | 60 | 12.0 |
| Secondary | 220 | 44.0 |
| Tertiary | 220 | 44.0 |

dary (44%) and tertiary education (44%), with only 12% completing primary education Figure 2 and 3, Table 1

### HIV testing uptake

Only 210 (42%) respondents had ever tested for HIV. Uptake was higher among females (48%) compared with males (34%) ($p = 0.002$).

### Perceived stigma and testing

High perceived stigma was reported by 315 (63%) respondents. Among them, only 28% had tested for HIV, compared to 69% of those with low stigma ($\chi^2 = 65.3$, $p <$

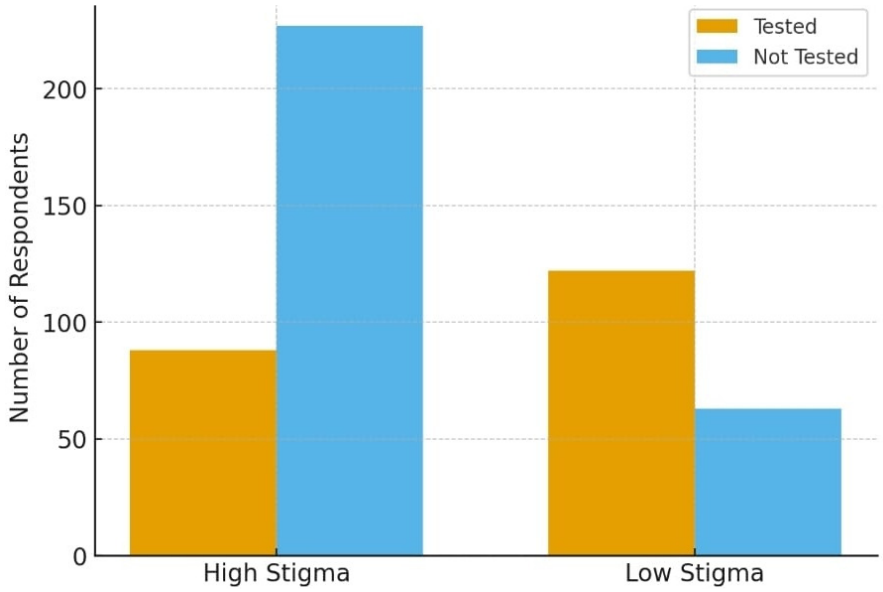


**Figure 4.** HIV testing uptake by stigma level

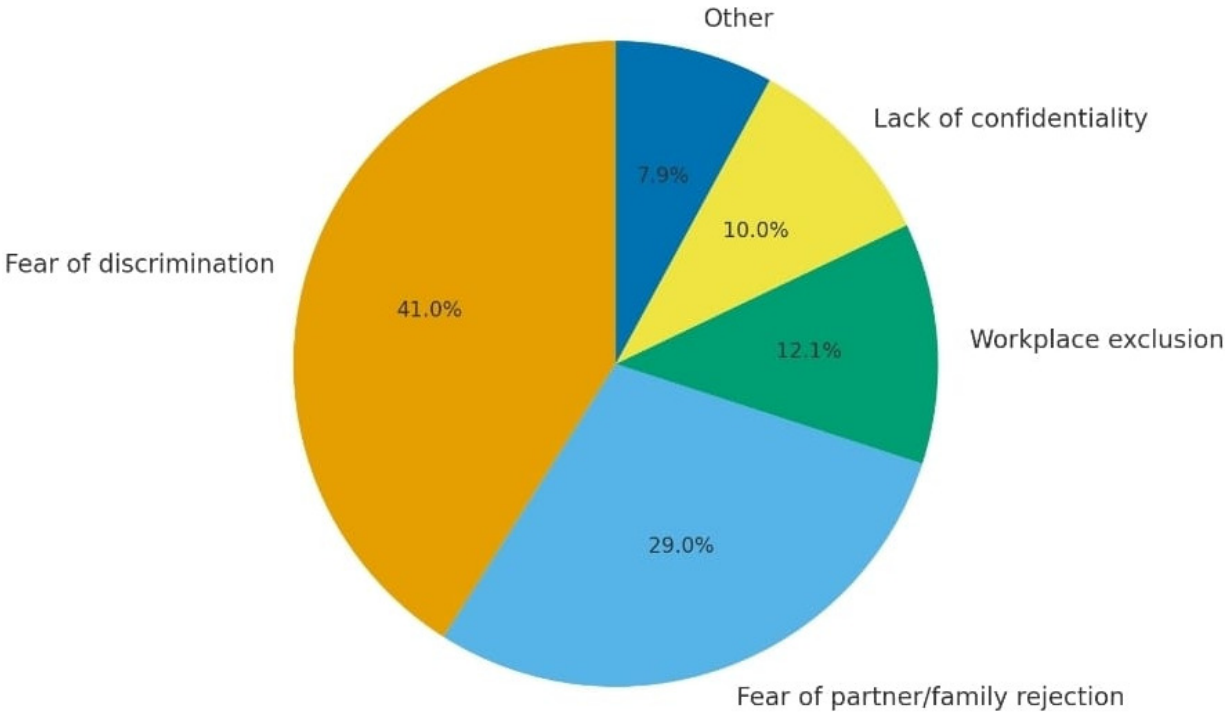


**Figure 5.** Reasons for Not Testing for HIV

0.001). Figure 4

**Reasons for not testing**

Among 290 respondents who had never tested, key reasons cited included Figure 5:

1. Fear of discrimination (41%).
2. Fear of partner/family rejection (29%).
3. Anticipated workplace exclusion (12%). Lack of confidentiality in health facilities (10%).

**DISCUSSION**

The present study highlights the continued influence of

stigma and discrimination on HIV testing uptake in Nigeria. Testing rates remain low at 42%, echoing national and regional findings reported by UNAIDS (2021, 2023) and the World Bank (2022).

### Gender and testing

Women were more likely to have tested for HIV compared with men. This aligns with global and Nigerian evidence showing that women access health services more frequently, particularly through antenatal care, while men demonstrate lower health-seeking behaviours (UNAIDS, 2021; Agholor and Olumide, 2022). Similar gender disparities have been reported in urban Nigeria (Whitehead et al., 2021) and rural settings (Olatunji and Johnson, 2021).

### Stigma as a barrier

Perceived stigma showed a strong inverse relationship with HIV testing uptake. Fear of discrimination, partner rejection, and workplace exclusion dominated respondents' concerns. These findings support earlier Nigerian studies (Ezeanolue et al., 2017; Dalal et al., 2019) and regional reviews that identify stigma as a key deterrent to health-seeking behaviour (Nyirenda et al., 2021; De La Rosa et al., 2022).

### Confidentiality and institutional stigma

Concerns about confidentiality and healthcare worker attitudes reflect institutional stigma, which has been documented across Nigerian health facilities (Adegboye et al., 2019; Oyedele et al., 2021). WHO (2019) emphasises that breaches of confidentiality erode trust and discourage uptake of HIV services.

### Structural and cultural factors

Persistent myths about HIV transmission continue to fuel community-level stigma, particularly in settings lacking sustained education programs (Federal Ministry of Health, 2019; WHO, 2019). Evidence from community-based interventions demonstrates that regular sensitisation significantly improves testing uptake (Njoku et al., 2020; Oladokun et al., 2021).

## RECOMMENDATIONS

Based on the findings and supported by existing literature:

- Community education and sensitisation: Scale-up continuous awareness campaigns using faith-based, traditional, and media platforms (Njoku et al., 2020; WHO, 2019).
- Expansion of confidential testing: Promote HIV self-testing and discreet community services (Ogunbajo et al., 2019; UNAIDS, 2020).
- Capacity building for health workers: Strengthen training on confidentiality and stigma reduction (Adegboye et al., 2019; De La Rosa et al., 2022).
- Workplace protections: Enforce anti-discrimination laws and employer sensitisation (World Bank, 2022; Dalal et al., 2019).
- Targeted male interventions: Develop male-friendly testing programs (Agholor and Olumide, 2022; Whitehead et al., 2021).
- School-based education: Integrate HIV education into school curricula (Kpanake et al., 2020).

## CONCLUSION

HIV stigma and discrimination remain critical barriers to testing uptake in Nigeria, consistent with national and international evidence (Hargreaves et al., 2020; WHO, 2022). Without sustained stigma reduction, confidentiality safeguards, and enforcement of legal protections, Nigeria risks falling short of its HIV control targets (UNAIDS, 2023; World Bank, 2022).

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