



International Community of Women Living with HIV/AIDS (ICW) Sexual and Reproductive Health and Rights Briefing¹

This briefing for ICW members frames key issues and advocacy messages based on the findings of our project work on SRHR. ICW briefing papers on access to care, treatment and support and violence against HIV positive women are also available. Your feedback on this briefing is welcome.

What are our sexual and reproductive health rights?

- **Sexual health:** Includes healthy sexual development, equitable and responsible relationships and sexual fulfilment, freedom from illness, disease, disability, violence and other harmful practices related to sexuality.
- **Sexual rights:** the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships. We also have the right to say 'no' to sex if we do not want it.
- **Reproductive health:** The complete physical, mental and social well-being in all matters related to the reproductive system including a satisfying and safe sex life, capacity to have children and, freedom to decide if, when and how often to do so.
- **Reproductive rights:** The rights of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and, make decisions about reproduction free of discrimination, coercion and violence.
- **Reproductive care:** Includes, at a minimum family planning services, counselling and information, antenatal, postnatal and delivery care, health care for infants, treatment for reproductive tract infections and sexually transmitted diseases, safe abortion services where legal and management of abortion-related complications, prevention and appropriate treatment for infertility, information, education and counselling on human sexuality, reproductive health and responsible parenting and discouragement of harmful practices. If additional services, such as the treatment of breast and reproductive system cancers and HIV/AIDS are not offered, a system should be in place to provide referrals for such care.

Adapted from definitions of SRHR in the ICPD and Beijing Platforms of Actions

Instruments that enshrine SRHR and wider rights to equality, health, life and dignity:

- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979 - CEDAW is a binding treaty so any countries that have signed up to it are committed to ensure respect for women's and girls' human rights and fundamental freedoms. Although none of these specifically address HIV positive women, HIV positive women have the right not to be discriminated against and therefore are entitled to all the rights that their government has signed up to.
- International Conference on Population and Development (ICPD) and Programme of Action, 1994 (often known as the Cairo Declaration) - The ICPD PoA was the first and most comprehensive international document to embody concepts of reproductive health and rights and sexual health. The Beijing Platform of Action, 1995, was the first declaration to embody the concept of sexual rights.
- United Nations Special Session on HIV/AIDS: Keeping the Promise: Declaration of Commitment on HIV/AIDS, 2001 (often known as UNGASS) - UNGASS recognises the importance of empowering women, PMTCT, VCT, the rights of women and sexual and reproductive health, and female controlled methods such as microbicides.

What are our concerns?

Within families and communities:

- Pressures from families and communities to have or not to have children and concerning feeding practices can compromise HIV positive women's decision-making around SRH and choices.
- Violence and fear of violence may inhibit HIV positive women's ability to disclose their status and negotiate protected, satisfying sex and the timing and spacing of children.
- Community disapproval in general for continuing to have sexual relationships which impacts on our ability to enjoy sexual fulfilment and maintain our sexual health.
- Violation of women's wider rights such as widow inheritance, lack of access to property inheritance and unequal employment opportunities leave us unable to protect our SRHR.

Within health care services:

¹ Adapted from ICW fact sheet on SRHR (2005) developed for the Global Coalition on Women and AIDS (GCWA). Updated 2008.

- Lack of access to treatments for STI's and reproductive tract infections, regular sexual health screening including pap smears, prevention tools like female condoms, services to support safe conception.
- Ignorance, fear and judgmental attitudes on the part of staff and decision-makers in the health system can lead to negligence or denial of certain services such as safe conception and appropriate contraception.
- PMTCT programmes that reinforce that focus on the health of the child and ignore the health of the mother.
- Pressure to abort, be sterilised or take contraceptives in order to access treatment or other services, or withholding of such services. *'I have five children and am expected to have another because I do not have a son. I went to the hospital to be sterilised. They wanted the husbands consent, but he wouldn't as he did not have a boy child.'* (ICW member, South Africa)
- HIV testing that is not informed, voluntary and confidential can leave HIV positive women vulnerable to abuse. Pregnant women find themselves under particular pressure to test in Ante Natal Clinics.

Choices around pregnancy:

This is my first pregnancy. I would really love to have a child. (ICW Member from Zimbabwe)

I wanted to make the family perfect. If we had no child, he wouldn't stay with me and I would be alone. (Thailand)

My husband paid lobola and he must have a child. (Zimbabwe).

I decided on my own to have the abortion and get sterilized at the same time at a hospital. I did that because I had the infection. Because... wasn't the baby in my body? (Thailand)

Other concerns:

- Lack of commitment to accelerated research on microbicides and other women-controlled barrier methods;
- Lack of involvement of HIV positive women in policies and programmes.
- HIV positive women are often portrayed as either victims of male sexual aggression or duplicity, or potential or actual mothers, not as sexual agents in their own right leading to the mis-targeting of sexual health programmes and advocacy on SRHR.

Recommendations:

Meaningful involvement:

- Advocate for and enhance meaningful participation of HIV positive women at all levels of policy and programme formulation around the areas of HIV/AIDS and SRHR.
- Build capacity of women living with HIV in the area of Human Rights, SRR and Gender.

Services and technologies:

- Maximise access to quality, non judgemental SRH services and information for all HIV positive women.
- Mainstream SRHR at all levels of treatment preparedness and delivery.
- Ensure that HIV testing remains informed and voluntary and is supported by counselling and referrals on SRHR and treatment.
- Adopt the development of microbicides and other female controlled barrier methods as goals in our responses to HIV and AIDS and incorporate HIV positive women's needs and rights in this research.
- Support ethical biomedical and social research on HIV positive women's SRHR.

Legal reform:

- Support HIV positive women to reclaim their rights using local and national laws, national constitutions and international instruments.
- Support research, documentation and litigation around human rights abuses against HIV positive women, for example, forced sterilisation or abortion or denial of SRH services.
- Advocate for accessible legal services for positive women.
- Decriminalise HIV transmission.

National response and monitoring implementation:

- Incorporate enforceable human rights and gender indicators in the national response to HIV and AIDS.
- Create public awareness of the SRHR of HIV positive women through media campaigns, workshops, etc.

Empowerment:

- Empower women to have control over their SRHR through awareness raising and training.
- Legislation that promotes gender equality including access to equal employment and education opportunities and productive assets.
- Community based awareness campaigns to address gender inequalities and promote a woman's right to control what happens to her body and enjoy satisfying sexual relationships, or choose not to have sex.

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