

Sexual and Reproductive Health and Violence Against Women Living with HIV in Latin America

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December 2014

Manual for Strengthening the Exercise of the Human Rights of Women Living with HIV in Latin America¹



This manual, produced by CIM/OAS and UNAIDS, presents detailed analyses of the challenges and opportunities for HIV positive women in the region, with regard to the following twelve human rights: the right to life, to no discrimination and equal protection under the law, the right to health, to a life free of violence, to not be subjected to torture or to cruel, inhuman or degrading treatment or punishment, the right to education, to work, to freedom of movement and residence, the right to marry and to found a family, the right to information, and to freedom of peaceful assembly and association. The manual includes a conceptual framework and covers the scope of each right and the obligations of the State in relation to each.

The manual was the culmination of a process that included a virtual consultation via webconference, a survey, a literature review of more than 150 documents, and a virtual validation process. Some of the key insights regarding sexual and reproductive health (SRH) and rights and violence against women living with HIV in the region, are summarized below.

Policy Environment and SRH

In general, the policy environment on SRH still fails to adequately address the needs and rights of women living with HIV. Some laws and plans have played a positive role in advancing effective HIV responses to improve access to life-saving treatment and to protect people living with HIV against discrimination. Approximately 45% of the 1.6 million people living with HIV in the region have access to antiretroviral therapy.² But in many countries, policies reinforcing inequalities and social exclusion still persist and the enforcement of anti-discrimination laws is uncertain. The marginalization of women with HIV, the criminalization of HIV transmission, sex work, adult consensual same-sex sexual relations, drug use, as well as some immigration policies and practices, all affect the level of access to SRH services and resources.

Among the policies influencing sexual and reproductive rights of HIV positive women are:

- Legal restrictions for young women to access preventive resources such as condoms and comprehensive sexual education.
- As some countries prohibit abortion altogether, or recognize no explicit legal exception to save the life of a woman, HIV positive women may face denial of safe abortion care.
- Cost sharing or cost recovery strategies implemented in several countries have imposed a heavy cost on health services for women, especially those who need them most. Although the current policies in the majority of countries in the region allow people living with HIV, who are not enrolled in an insurance plan, to have free access to HIV treatment, women with HIV face great economic barriers to preventive and

treatment services for their sexual and reproductive needs and problems including breast and cervical cancers, both of which have a high prevalence in women in the general population in some countries in the region.

- Non-recognition of sex work as work, and poor regulations push female sex workers (including transgender women) to work in conditions that prevent them to access SRH services. Likewise, as the primary goal of most of the HIV services targeting these populations is to prevent HIV transmission from sex workers to clients, they rarely provide a full range of SRH for sex workers.

In 2012, among 13 countries in Latin America, Brazil was the only one that had a public policy addressing the specific needs of women with HIV³, and in 2011 only 7 out of 16 countries (44%) reported having social protection for HIV positive women.⁴



Stigma and Discrimination Practices of Health Service Providers

According to People Living with HIV Stigma Index studies carried out in nine countries in Latin America, the proportion of PLHIV that reported having been refused health and/or dental service provision ranged between 6% in Guatemala and 27% in Colombia.⁵

In addition to the denial of health services, other institutional practices impact HIV positive women's ability to fulfill their SRH rights and negatively affect their quality of life:

Misinforming HIV positive women about their reproductive and sexual choices. A study carried out in Peru found that health care providers informed women with HIV that they cannot get married (21%), cannot have children (41%), should be sterilized (19%) and should abstain from having sexual relations (22%).⁶

Forced sterilization of women with HIV. This practice has been reported in Chile, Argentina and Mexico. A study by the Center for Reproductive Rights identified the following strategies used by providers in Chile to sterilize HIV positive women: directive counseling to convince them to get sterilized, providing incomplete or inaccurate information, and performing sterilization during another procedure without women's knowledge or consent.⁷

Violation of confidentiality. Violations such as disclosing a woman's HIV status to partners and relatives, have been reported in several countries. Other studies have found practices in health settings such as labelling a crib used by the baby of a woman living with HIV with a sign "Careful: Use Gloves" (in Paraguay).⁸

Limited Advances toward Comprehensive Services

HIV and SRH integration. Although some progress has been made towards integration of HIV and SRH services, their availability at the national level is reported by a limited number of countries. In 2011, only 5 out of 16 countries (31%) in the region indicated integration of HIV and SRH services at the national level and 10 out of 16 (62.5%) on a project basis. Likewise, female condoms are reported to be available on a project basis in 6 out of 16 countries (38%).⁹

Data on the linkages between HIV and gender-based violence. This type of information is scarce as only 2 out of 16 countries (13%) indicated having this information at the national level and 3 out of 16 (18.7%) on a project basis; this scarcity limits the possibility of developing integrated responses to HIV and GBV.¹⁰

Gaps in addressing specific needs. There is a lack of comprehensive pregnancy

counseling for women living with HIV in most of the countries. Also, SRH of older HIV positive women is usually not considered.

Violence Against Women Living with HIV at All Levels

High levels of violence in the family and community. Women with HIV in El Salvador and the Dominican Republic report higher levels of experience of violence, both verbal and physical, than men.^{11, 12}



In Guatemala, HIV positive women reported an increase of violence by community members, relatives and partners including being harassed, ridiculed and insulted after disclosing their HIV status.¹³

HIV positive women in some countries also reported sexual violence by partners and refusal to use condoms. Likewise, the fear of violence and discrimination pushes women to develop strategies such as changing the labels of their medicine and disguising their visits to health services.¹⁴ Sex workers, drug users, transgender people, and immigrants are reported to experience high levels of violence by the police, immigration authorities, and health service providers while violence executed by the State is not usually recognized or reported.

Advances in legislation on GBV but limited access to justice and protection mechanisms. Although some forms of gender-based violence, such as family/partner violence, sexual violence, and trafficking in persons have been

typified in national laws in several countries, high levels of stigma, discrimination and violence with impunity against HIV positive women stand in the way of those seeking and accessing justice.

Data from Colombia and Guatemala revealed that in the documented cases of murder of transgender women, in only one instance (Guatemala) a person has been brought to justice.¹⁵

Lack of Intersectional-Type Approaches to Address Rights and Needs of Women Living with HIV

Interactions between different aspects of women with HIV social identity. As pregnant women, sex workers, and to a lesser extent young people are the women population groups prioritized in most HIV policies in the region, the needs and rights of indigenous and African descendants, drug users, immigrants and mobile populations, displaced and refugees, women with disabilities, older women, and women in prisons are usually overlooked or treated as separated "analysis categories". Taking in account that in some contexts young women are more stigmatized than young males¹⁶, women of African descent can be considered the ones putting others at risk of HIV based on the assumption that they have "more sexual interest because they are black"¹⁷, displaced and refugee women may be unable to take their HIV medication on a consistent basis¹⁸, more analysis is needed on the consequences of interacting inequalities in the context of HIV.

The lack of consideration regarding the simultaneous interactions between different aspects of women with HIV social identity (ethnicity, gender, age, class, sexuality, geography, age, ability, immigration status) poses a significant challenge to the generation of evidence to sustain comprehensive responses to the needs and rights of HIV positive women in all their diversity. For example, racial and gender discrimination can determine differences in SRH needs, as for instance, Afro-descendent women in the region present the highest maternal mortality

rates, of unmet need for contraception, unplanned pregnancies and pregnancy among adolescents.¹⁹

Linkages between SRH rights and other rights. Despite the advances on conceptualization of the indivisibility and interdependency between all human rights there is an urgent need to better operationalize how the SRH rights of HIV positive women in Latin America are intertwined with other rights such as the right to education, work, social protection, information, participation, freedom of movement and access to justice.



Opportunities to Advance the Rights of Women Living with HIV in Latin America

The region has witnessed some progress on the development of regional instruments such as OAS Resolution no. 2807 “Promotion and Protection of Human Rights of People Vulnerable to, Living with, or Affected by HIV/AIDS in the Americas”²⁰ and Resolution no. 243 on “Human Rights, Sexual Orientation, and Gender Identity and Expression”.²¹ These can serve as a platform for guiding the inclusion of the SRH rights and needs of women living with HIV in a hemispheric agenda on women’s sexual and reproductive rights, incorporating measures to ensure budgetary allocations that match the work that has to be done.

As a regional agenda on SRH must be people-centered, several organizations can play a key role in providing critical insights on priorities for women living with and/or affected by HIV, providing multiple viewpoints, including: International Community of Women Living with HIV –

Latin America Chapter, Latin American Movement of HIV Positive Women (Movimiento Latinoamericano de Mujeres Positivas), Network of Positive Youth (J+LAC), Latin America and Caribbean Network of Sex Workers (RedTraSex) and Latin America and Caribbean Network of Trans People (REACTRANS).

Their incorporation in the design, implementation and monitoring of a hemispheric agenda on women’s sexual and reproductive rights can also be an opportunity to strengthen their meaningful participation in inter-governmental initiatives as a means to ensure the efficient, participatory and sustainable implementation of regional commitments. This can also reinforce the collaboration between and among these networks, other women’s organizations and international agencies.

Going forward, the advocacy strategies toward advancing sexual and reproductive rights of women living with HIV should include:

- Inform and sensitize policy makers from different sectors (Justice, Health, Labor, Education, Migration, etc.) about the States’ obligations regarding the SRH rights of HIV+ women and their importance for the national HIV response.
- Strengthen the knowledge of women living with or affected by HIV about human rights, SRH and violence, to advocate for their needs at national and regional levels.
- Generate data using intersectional type approaches to inform and guide the critical decisions to ensure that violence care and prevention and the SRH needs and rights of HIV+ women in all their diversity are included in key policies and receive adequate funding.
- Mobilization of resources to support the advocacy work of organizations of women living with HIV in order to ensure the promotion of their rights, generate information to sustain policy and programming and individual and collective empowerment.

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