

# Reproductive choice and women living with HIV/AIDS, 2008

All women, including women living with HIV/AIDS, have the right to bear children and establish a family. However, HIV-positive women often face problems in relation to pregnancy, such as stigmatization and discrimination within the health-care sector, lack of access to measures to prevent perinatal transmission of HIV, lack of access to antiretroviral therapy (ART) and other medical treatments, and problems in preventing unwanted pregnancies.

## Lack of knowledge about HIV status

UNFPA estimates that about 1.8 million women who become pregnant each year are living with HIV. When women know that they are HIV positive and want to give birth, they may be able to take extra precautions to maintain their health and prevent perinatal HIV transmission.

*“There is a strong prejudice if I am an HIV-positive woman. ... in workshops we did with health-care providers who are local decisionmakers, a prejudice emerged that affected women could not, should not — it was a mandate — get pregnant or have a sexual life.”*

— Woman in Peru



*Cecilia, an HIV-positive mother, kisses her daughter after hearing of her HIV-negative diagnosis. Photo courtesy of Annie Bungeroth/Panos Pictures.*

Successful prevention of HIV transmission during pregnancy and childbirth has led a growing number of health systems to make HIV testing a routine part of prenatal care; if women do not want to be tested for HIV while pregnant, they must explicitly refuse a test (“opt

out”). In some places (for example, some U.S. states), HIV tests have even been made mandatory for pregnant women, a move considered to violate human rights. Some women do not have a chance to give informed consent for an HIV test, nor do they receive pre- and post-test counseling.

- In December 2007, 15.4 million women aged 15-49 years were living with HIV.
- In sub-Saharan Africa, almost 61% of adults living with HIV were women; in the Caribbean region about 43% were women.
- As many as 90% of HIV-positive pregnant women in some low- and middle-income countries lack access to measures to prevent perinatal transmission of HIV.

It is tragic that many women around the world only find out about their HIV-positive status during pregnancy since that is when they are first tested. Where laws and regulations offer or mandate prenatal testing, there is usually no parallel requirement to offer voluntary counseling and testing (VCT) to women who seek postabortion care or induced abortions. This situation implies that the main purpose of prenatal testing is not to preserve and enhance women's health but to pave the way for preventing HIV transmission to infants. Women thus continue to be approached as "vectors of transmission."

If women are to be given attention as persons in their own right, rather than only as mothers, access to VCT must be expanded to reach women and girls outside the context of prenatal care.

### **ART and reproductive health care: Access & discrimination issues**

The main measure promoted to prevent perinatal HIV transmission is administration of antiretroviral drugs to pregnant women and to infants immediately after birth. However, the most recent estimates show that only an estimated 23 percent of HIV-positive pregnant women in low- and middle-income countries had access to ART during

*"You find that you are on ARVs [antiretrovirals] and you want to go for family planning (FP) ... I'm just left with condoms and no other FP information."*

*- Woman in Botswana*

According to World Health Organization reports:

- Nearly 20 million unsafe abortions take place each year, 98% of them in developing countries with restrictive abortion laws.
- About 25% of women who undergo unsafe abortions will likely face severe complications that could lead to death.
- Women living with HIV may be especially prone to complications from unsafe abortions, so ensuring access to safe abortion services and postabortion care is essential to their reproductive health.



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pregnancy. A majority of women living with HIV/AIDS around the world still do not have access to ART to ensure their own ongoing survival. In addition, large numbers of HIV-positive women are not receiving other needed reproductive health services related to fertility or screening and treatment for sexually transmitted infections (STIs) and cancer.

Researchers continue to document cases in which HIV-positive women encounter stigmatization and discrimination when they seek reproductive health care. This is expressed through judgmental, negative attitudes and comments on the part of health-care providers, as well as denial of services in some cases. Pregnant women living with

HIV/AIDS in various countries have also reported being pressured by service providers to have an abortion or to be sterilized — a clear violation of their human rights. Alarming, some policymakers have even proposed criminalizing perinatal HIV transmission even though ART is not 100 percent effective in preventing infection during pregnancy and childbirth.

### **Obstacles to preventing and terminating unwanted pregnancy**

Research studies and anecdotal reports indicate that some community members and staff of AIDS and family-planning organizations believe women living with HIV should not get pregnant. Others only think of condom use in conjunction with HIV/AIDS, so many HIV-positive women do not receive comprehensive information about their contraceptive options.

Most contraceptive methods are appropriate for HIV-positive women, but some do have special considerations in the context of HIV/AIDS. For example, IUDs are contraindicated for women at increased risk of STIs because they contribute to increased risk of pelvic inflammatory disease, while some

*Gita Bai, a 30-year-old woman, died on 2 April 2007 when doctors at a public hospital in India refused to assist her during childbirth because she was HIV positive.*

*– Center for Reproductive Rights*



Jacob Silberburg/Panos Pictures

hormonal contraceptives may increase or decrease concentrations of antiretroviral drugs administered to treat HIV/AIDS. Conversely, some antiretroviral medications may decrease the effectiveness of oral contraceptives, and there may be interactions between hormonal contraceptives and drugs used to treat opportunistic infections. HIV-positive women should be given this kind of information so that they can make fully informed contraceptive decisions; women should also receive expanded access to emergency contraception.

Even when contraceptive information and methods are available, HIV-positive women are affected by gender biases and social norms that restrict their ability to avoid unplanned and unwanted pregnancies. In many communities, cultural norms dictate that women are supposed to use contraceptives only with their partners' permission, and some women's partners may prevent them from using contraceptives at all. Women living with HIV/AIDS who are able to use birth control methods may still face unwanted pregnancy due to contraceptive failure, since no method is 100 percent effective.

And even those who abstain from voluntary sex may become pregnant as a result of rape or incest.

When faced with an unwanted pregnancy, some HIV-positive women choose not to carry it to term. Women in some countries are able to obtain safe, legal abortions, but in many places their options to do so are highly restricted. Research is needed on the effects of unsafe abortions on HIV-positive women, but it seems likely that the health consequences of unsafe abortions — such as sepsis, hemorrhage or uterine perforation — may be even

more serious for women living with HIV/AIDS than for other women.

### **Women living with HIV/AIDS have reproductive rights**

From a human rights perspective, it is essential that HIV-positive women be able to exercise their right to decide whether and when to have children. They must have control over their reproductive decisions and be able to carry out their decisions voluntarily and safely. From a public health perspective, it is important to ensure that women living with HIV/AIDS have access to ART, whenever needed for their

*“If we do access the [abortion] services, we are treated poorly. ... health-care workers are judgmental and often cruel: This adds to the emotional trauma of having a termination of pregnancy.”*

*– Women in South Africa*

