



fact sheet

Bridging the Gap

Mapping Emerging Trends and Neglected Issues at
the Intersection of Sexual and Reproductive Health
and Rights and HIV - ATHENA Network, March 2009

A

number of challenging gender and human rights issues have emerged parallel to – and stemming from – the growing attention to, and demand for, the integration of reproductive and sexual health and rights and HIV-related policies, programmes, and interventions.

With support from the Packard Foundation, the ATHENA Network has launched a Reference Group to identify and address emerging trends and neglected issues at the intersection of sexual and reproductive health and rights (SRHR) and HIV, with a core

We have found in numerous recent policy debates and legislative trends an absence of a critical gender or human rights analysis – and a continuing gap between the reproductive and sexual health, gender, human rights, and HIV communities.

focus on the priorities and perspectives of women living with, and affected by, HIV and AIDS. Current ATHENA Reference Group members include the AIDS Legal Network, Center for Reproductive Rights, Health Systems Trust, ICW, ICW Southern Africa, Ipas, Namibia Women’s Health Network, and the Salamander Trust.

We have found in numerous recent policy debates and legislative trends an absence of a critical gender or human rights analysis – and a continuing gap between the reproductive and sexual health, gender, human rights, and HIV communities. Most importantly, we have seen an absence of consistent attention to, or sustained engagement with, the experiences and expertise of women living with HIV, which addresses sexual and reproductive health and rights in a comprehensive, coherent manner. As part of our work to bridge these gaps, we have mapped below the emerging trends and neglected issues that we see needing greater attention, and around which we will focus our collaborations.

These include:

Disturbing trends in legislation

- Legislation which criminalizes HIV transmission from a pregnant woman to her foetus and thereby jeopardizing the health and lives not only of her baby, but of her older children also – as well as herself. An example can be found in Sierra Leone with indications of similar legislative trends being considered in the SADC and other regions.¹
- Laws that mandate HIV testing for pregnant women and/or their babies after delivery and mandate disclosure of the woman's serostatus without attention to the potentially harmful consequences, such as stigmatization and discrimination within the family, abandonment and intimate partner violence

Gaps in realizing women's reproductive choices and rights in the context of HIV

- An absence of robust attention to the needs and desires of women living with HIV in initiatives to advance sexual and reproductive rights and health in the context of HIV
- An absence of far-reaching attention to ensuring and advancing access to family planning based on modern contraceptive methods, emergency contraception, and safe, legal abortion for women living with HIV
- An increasing body of evidence documenting coerced and/or forced sterilization of women living with HIV

- An absence of attention to advancing the right to safe, healthy motherhood for women living with HIV, including no mention of post-abortion care in HIV-related programmes and policies
- An absence of attention to maternal mortality in the context of HIV and AIDS
- Inadequate access to prevention services for HIV-positive pregnant women, who are then blamed for infecting their unborn child and treated as '*vectors of disease*'
- Absence of treatment guidelines, at the regional and national levels, for women of reproductive age in the context of HIV and AIDS
- Need for access to treatment and services for HIV positive women outside the perinatal setting
- HIV prevention and treatment programmes that do not engage men in partnership with women

Failure to place HIV prevention, treatment, and care strategies in an SRHR framework and continuum of services

- Need for increased access to vaccinations (e.g., for HPV), screening and treatment for reproductive tract infections (e.g., genital herpes) and cancers, particularly breast and cervical cancer among HIV-positive women
- An absence of consistent, evidence-based inclusion of infant feeding measures in programmes to reduce

perinatal transmission of HIV, as well as guidance on overcoming barriers (e.g., difficulties in avoiding mixed feeding), and using means to make feeding safer (e.g., heat treatment of breast milk, wet nursing)

- Unmet need for female condoms and clarity on other forms of contraception that would be best suited for positive women
- An absence of a critical gender analysis of medical male circumcision as an HIV prevention strategy

Inadequate responses to the intersection of gender-based violence and HIV

- Need for greater attention to HIV as both a cause and consequence of gender-based violence
- Need for greater availability of, and access to, services for survivors of sexual violence, such as post-exposure prophylaxis (PEP), emergency contraception, and safe, legal abortion, as well as psychological and legal support

Lack of consistent attention to the sexual and reproductive rights and health of adolescents in the context of HIV

- A need to comprehensively address the sexuality and reproductive desires of positive youth
- A need for comprehensive HIV prevention strategies that work for adolescent girls

Gaps between the sexual and reproductive health, gender, human rights, and HIV communities

- Too often there is a lack of collaboration and shared understanding across sectors, such that human rights advocates do not apply a sexual and reproductive health framework or women's rights advocates fail to partner fully with networks of women living with HIV

Footnote:

1. <http://www.heraldtribune.com/article/20080111/NEWS/801110356/-1/newssitemap>

Supported by the Packard Foundation

Editors: Johanna Kehler jkaln@mweb.co.za
E. Tyler Crone tyler.crone@gmail.com
Maria de Bruyn debruynm@ipas.org

