

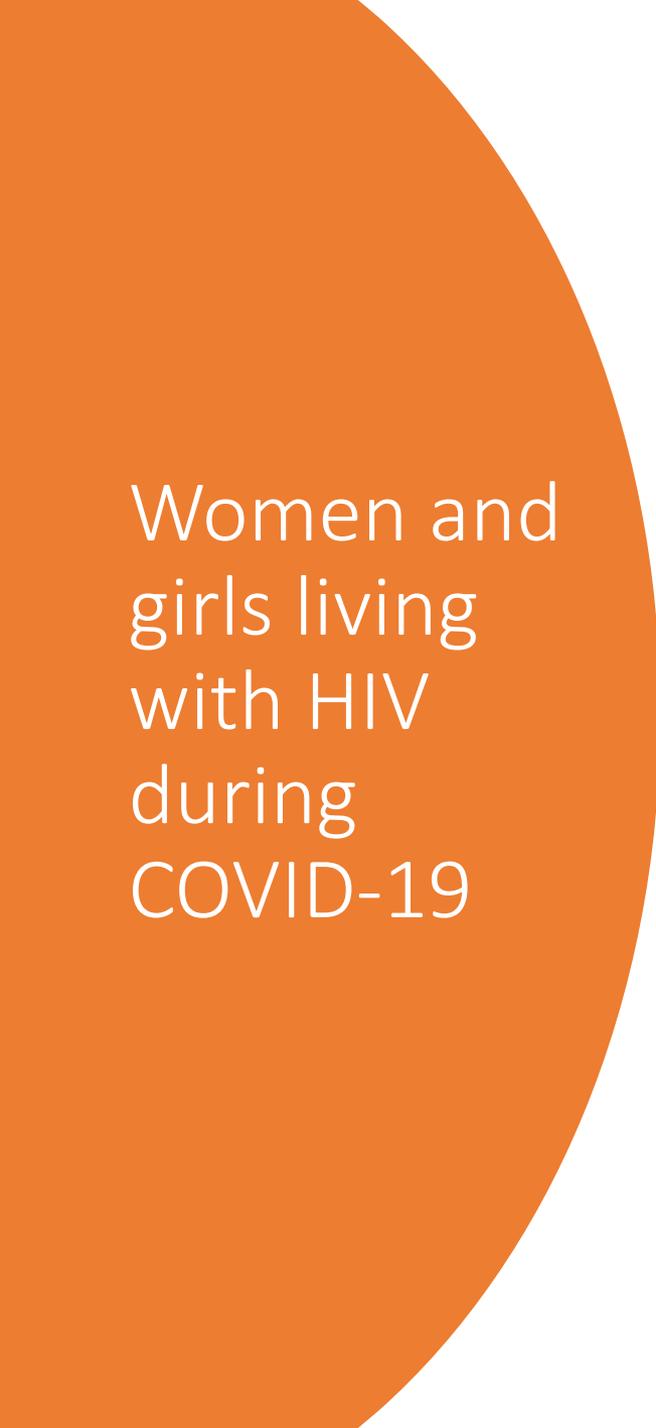
Obstetric violence,
respectful maternity
care, and women and
adolescent girls living
with HIV

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Salamander Trust
ON THE RIGHT(S) TRACK



Women and
girls living
with HIV
during
COVID-19

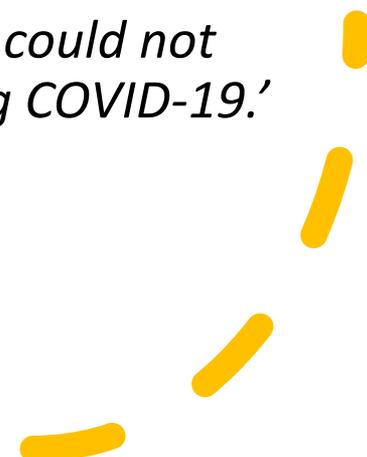
'I haven't even gone for antenatal at 7 months of my pregnancy, yet I am HIV positive. I would want to go to hospital, but I imagine walking is not possible because the facility is far and using my money savings to travel to hospital means I will not have food for my kids for 2 days and I can't risk it. I will use a traditional birth attendant.' (Uganda)





'Maternity services have been affected, because there was limitation of transport. Women had to be turned back home and you could only access [them] when really about to give birth. You couldn't have your partner there.

Even when the child is born, registration was affected—Home Affairs was not coping. Maternal health as well—women would give birth at home. Ambulances were not available to take them to facilities. Women could not even go for antenatal visits during COVID-19.'
(South Africa)



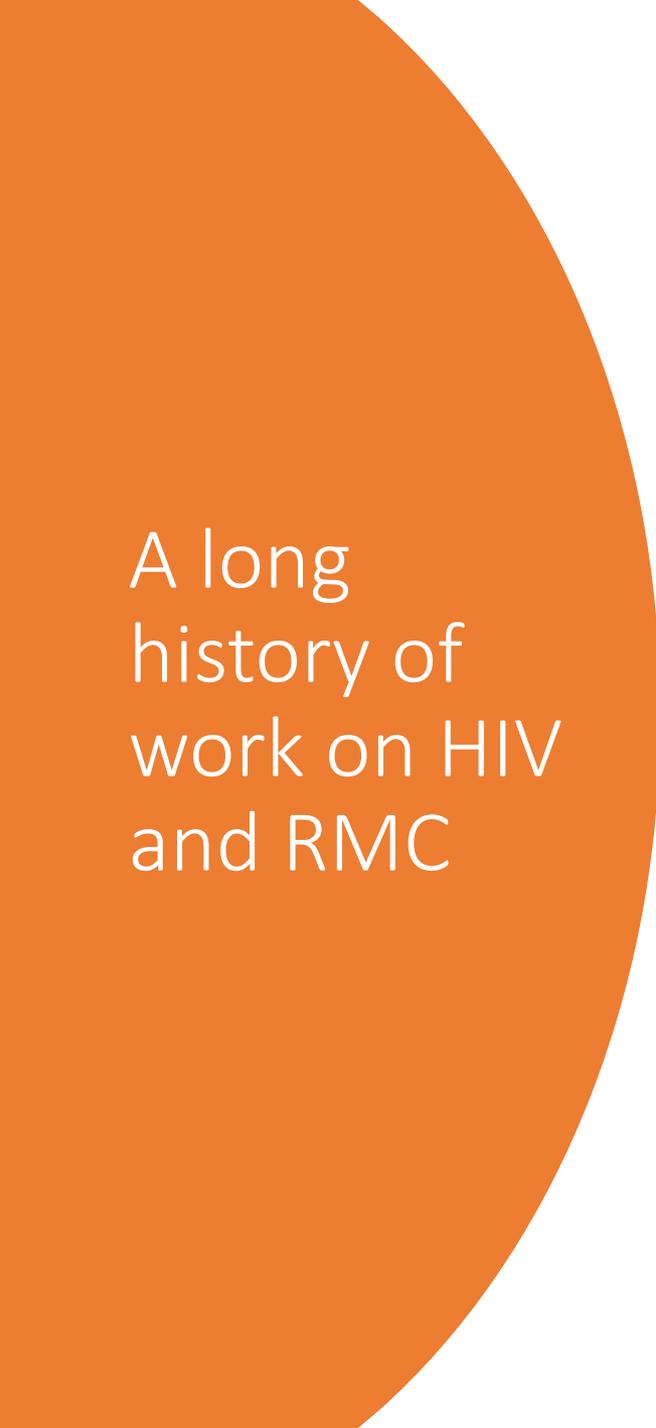


Of course ...

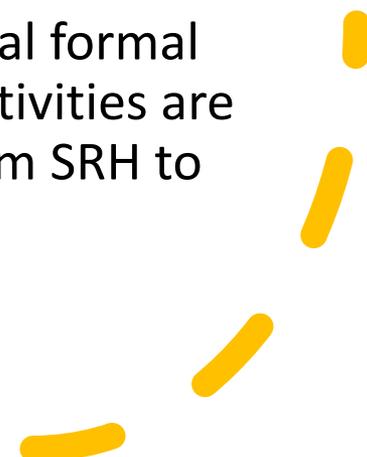
before COVID-19, violence, disrespect and abuse in maternity care settings was also prevalent and shockingly normalised: quantitative studies put the prevalence of disrespect and abuse of women and girls in childbirth facilities between 15-98%.

[\(USAID and MCSP, 2020\)](#)





A long history of work on HIV and RMC

- By women living with HIV and feminist allies
 - Linking obstetric violence and D&A to structural and gender inequalities, the legacy of colonialism, structural racism and HIV-related stigma.
 - Collating, documenting, advocating, supporting.
 - Peer support to women and girls living with HIV to ensure they can enjoy respectful maternity care.
 - Continues under COVID as crucial formal SRH services and community activities are scaled back or shifting focus from SRH to COVID-19.
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Key issues for women and girls living with HIV

- ‘PMTCT’, ‘eMTCT’ or ‘eSRHR’?
- Forced and coerced sterilisation and abortion
- Confidentiality and privacy
- Verbal and physical abuse - 'oh this one is infected!'
- Denial of family planning and support during labour
- Coercion in birthing and feeding practices
- Obstetric violence often referred to as ‘stigma and discrimination’
- Intersectionality – HIV status, age, sex work, drug use, prison history, citizenship status, gender identity and expression, race/ethnicity, etc.

Problems with eMTCT / PMTCT

- Biomedical - focus on baby, not woman
- eMTCT 'Business Plans'
- Early infant diagnosis = new lab technology, not better support for women
- Infant feeding choices
- Sidelines peer support and Mentor Mothers, despite importance of 'My Health, My Choice, My Child, My Life' (4M)
- Women have been raising this for a long time!
- ['Towards an AIDS-free generation: getting to zero or getting to rights?' - perinatal HIV prevention, not affirmation of health, autonomy, life and rights for women and babies alike](#)
- [The Pillars and Possibilities of a Global Plan to Address HIV in Women and Their Children](#) – lots of 'prongs', but no 'confidential', 'informed consent', 'voluntary'

eMTCT – at what cost?

- In 2018, Malaysia became the first country in the World Health Organization (WHO) Western Pacific Region to be certified as having eliminated mother-to-child transmission of HIV and syphilis (eMTCT).
- Yet in 2020, [The WHAVE podcast](#) episode 10 shows mistreatment, disrespect and abuse by maternity care providers, and forced and coerced abortion and sterilisation still an issue.

'If an HIV positive woman is pregnant she will be subjected to all kinds of pressure. She will be asked to go for an abortion, or if it's too late for an abortion upon delivery she will be asked to go for sterilisation.'

Forced/coerced sterilisation

- Evidence of coerced sterilisation of women and girls living with HIV taking place in 27 countries (Rowlands and Amy, 2018).
- The People Living with HIV Stigma Index (over 100 countries since 2008) highlights coercive practices including advice not to have a child, coerced abortion or sterilisation, coercion in birthing and infant feeding practices.
- A LAC 2018 peer study of 955 women and girls with HIV found 19% had felt coerced into abortion or sterilisation.

Advocacy on forced sterilisation

- **Namibia:** ICW / Namibian Women's Health Network 'Stop Forced Sterilisation Campaign' - victory in the Namibian Supreme court (2012).
- **Indonesia:** Indonesian Positive Women's Network (IPPI) used the CEDAW Shadow Report (2012) to challenge forced sterilisation and violence against women living with HIV.
- **South Africa:** (2020) Gender Equality Commission found women were forcibly sterilised in public hospitals due to HIV status. Complaint lodged in 2015 by ICW / Her Rights Initiative for 48 women living with HIV.

Joining efforts?

- More use of WHO Consolidated [Guideline](#) on SRHR of women living with HIV (2017), and the related implementation [checklist](#) (2019) developed by, with and for women living with HIV.
- Focus global validation on eSRHR, providing perinatal care and ensuring that women's SRHR are upheld throughout women's and girls' lifespan.
- More linkages between women's HIV networks and Respectful Maternity Care Council.
- Using the Respectful Maternity Care Charter to improve the quality of care for women and girls living with and affected by HIV.



Our question
for you

- How can global and grassroots networks of women and girls living with HIV work with the RMC Council and the RMC Charter?



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