

VIOLATIONS OF SEXUAL REPRODUCTIVE HEALTH & RIGHTS OF WOMEN LIVING WITH HIV IN UGANDA

Forced and coerced sterilization in clinical and community settings

Policy Brief



ICWEA

2016



7.3% HIV Prevalence
rate in Uganda

8.3% HIV Prevalence
among **WOMEN**

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— ICWEA 2016 ”

Introduction

This policy brief presents shortcomings in realizing the Sexual Reproductive Health and Rights (SRHR) of women living with HIV in Uganda. It is informed by findings of a study - “Sexual Reproductive Health and Rights Violations of Women Living with HIV in Clinical and Community Settings in Uganda” that was carried out by International Community of Women Living with HIV Eastern Africa (ICWEA) in 2014/15.

Women and HIV

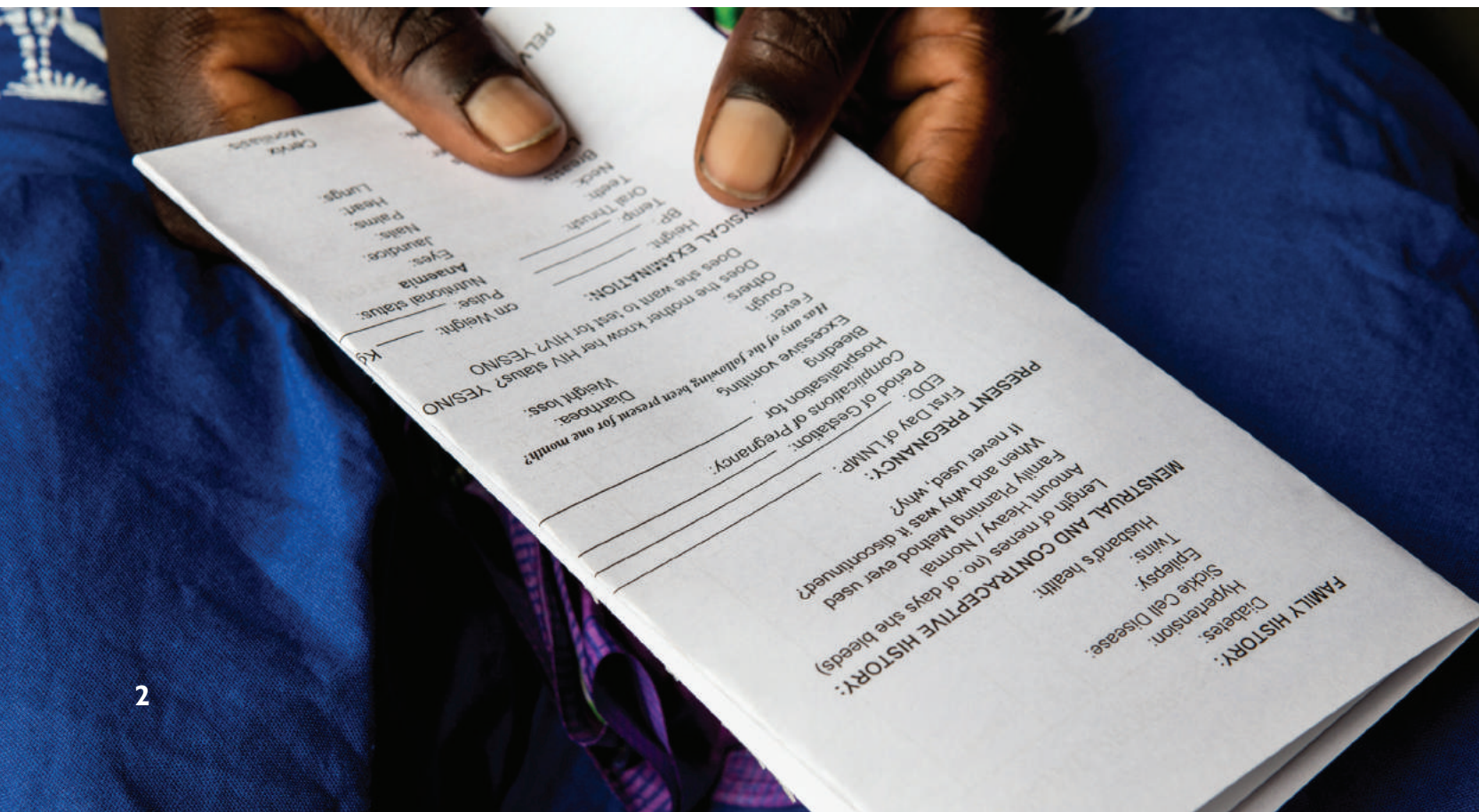
Uganda has one of the highest rates of HIV worldwide, with 7.3% national prevalence rate against 8.3% for women.

Biological, social and cultural factors all contribute to women’s heightened vulnerability to the HIV infection. Physiologically, women are two to four times more susceptible than men to contract HIV and social/cultural factors - including gender-based violence, entrenched gender stereotypes, power dynamics within relationships and economic dependence - increase women’s risk of contracting the virus.

Sexual Reproductive Health and Rights of Women Living with HIV

Human rights standards recognize that women living with HIV have a right to contraception and other reproductive health services on the same grounds as all other women. These standards state that safe and affordable means of contraception should be available and that women should have the right to freely choose or refuse family planning services (including sterilization services). They require that health-care providers should be non-coercive and respectful of autonomy, privacy and confidentiality, and that reproductive freedom should not be restricted as part of a family planning, HIV prevention or other public health agenda.

Accessing sexual and reproductive health & rights information and services by women living with HIV is central in promoting gender equality, ensuring proper and comprehensive HIV treatment and preventing new HIV infections. When the sexual and reproductive health rights of women living with HIV are unmet or abused, their ability to manage their HIV care and overall health outcomes is hindered, thus hampering their social and economic development, as well as efforts to strengthen HIV prevention and eradicate related stigma and discrimination.



Uganda's commitment to upholding sexual reproductive health and rights of women living with HIV

Uganda has ratified various treaties that are legally binding and obligate the government to respect, protect, and fulfil sexual and reproductive health and rights of its citizens.

The obligations in these treaties include the right to information, the right to health, the right to bodily integrity, the right to non-discrimination, the right to equality, the right to live free from inhuman and degrading treatment, the right to non-interference in one's privacy, and the right to reproductive self-determination.

At national level, Uganda's constitutional and legal framework reflects the country's commitment to women's SRHR, in line with international commitments. Numerous policies detail the provision of services around reduction of sexual and gender-based violence, fertility, maternal, prenatal and newborn health and sexually transmitted infections (including HIV).

Sexual Reproductive Health and Rights Violations of Women Living with HIV

Despite the above provisions, sexual and reproductive health rights of women living with HIV continue to be violated in Uganda. Results from a study "Violations of Sexual and Reproductive Health and Rights of Women Living with HIV in clinical and Community Settings in Uganda", carried out by ICWEA in 2014/15 established that women living with HIV of reproductive age, experience sexual and reproductive health rights violations including misinformation and mistreatment and abuse when seeking reproductive health services, forced/coerced abortions and forced and/or coerced sterilization because of their HIV sero-status (ICWEA 2015).

Forced and coerced sterilization was mainly reported in government health facilities including regional referral hospitals. Most of the women who underwent forced and coerced sterilization were women in rural areas of low education status and low income earners.

The study established that violations also occurred in homes and communities in form of restricted mobility to access care; gender-based violence; abandonment; limited decision-making on reproduction (limited choices on when, how and the number of children) and use of family planning; and forced/coerced termination of pregnancy by relatives or spouses.

Effects of Sexual Reproductive Health and Rights violations

Forced or coerced sterilization removes a woman's power to make choices about her body, including the number of children she will have; and is a violation of fundamental human rights.

ICWEA's study found that the most common and significant effects of forced and coerced sterilization are psycho-social (trauma), loss of female identity, abandonment by spouses and gender-based violence due to the inability to conceive children. A number of the women reported loss of economic livelihood due to abandonment by spouses and social isolation. The demands from husbands for more children greatly impacted on their social wellbeing.

Lack of sufficient support systems for victims

ICWEA's study found that majority of respondents did not know where they could go for legal support, despite being aware of legal implications of forced and coerced sterilization. Actually none of the women, who experienced forced and coerced sterilization, had sought legal support. Respondents attributed this to lengthy, expensive and complicated legal processes.



“Asks” to Government

Policy review

- Review policies to identify gaps and ensure that sexual reproductive health rights of women living with HIV are integrated. ICWEA’s study found that current sexual and reproductive health and HIV related policies are not explicitly responding to the needs of women living with HIV.
- Amend the contentious clauses of the HIV Prevention and Control Act (2014) including Section 13(b) which requires routine HIV testing for pregnant women, 18(2)(e) which allows disclosure of a person’s status, 41 and 43 which criminalize transmission of HIV on attempted or intentional grounds. The clauses are likely to become discriminatory barriers to women and girls in access to health services and information.

Training and protocols

- Review the training syllabus for health-care providers and integrate principles of non-discriminatory attitudes and voluntary sterilization, with special attention to the content and meaning of full, free and informed consent, especially for women living with HIV.
- Review and disseminate information and guidelines for sterilization, including emergency sterilization/ tubal ligation.

Widen access to contraception choices

- Efforts should be made to widen access to contraception information, choices and options for women living with HIV.

Legal redress for victims of sexual reproductive health and rights violations

- Provide free legal redress and psychosocial support services to women who were coerced or forcefully sterilized.
- Facilitate anonymous and easily accessible complaint and redress mechanisms in the public health sector. Create channels where women have easy access to an advisory committee who brings the complaints to the facilities. Make sure that complaints are systematically followed-up to ensure that changes are made.



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