UNWANTED PREGNANCIES AND ABORTION
ISSUES OF SOCIAL JUSTICE FOR WOMEN LIVING WITH HIV

“A call to action!”

“When I was 24 years old, I already had three children but I was not married. I then became pregnant for a fourth time. I wanted to end the pregnancy but didn’t know where to go until a friend told me about a herbalist… I went home bleeding profusely, and had terrible stomach pains that only got worse. When my mother asked what was wrong with me, I lied and told her that I had malaria… after 48 hours I finally revealed to her that I had an unsafe abortion and my mother rushed me to the hospital. I was so sure I was going to die….” Woman living with HIV, Malawi

In 1998, UNAIDS and the Office of the High Commissioner on Human Rights issued guidelines on HIV/AIDS and human rights. One of their key recommendations at that time: “Laws should also be enacted to ensure women’s reproductive and sexual rights, including the right of independent access to reproductive and STD health information and services and means of contraception, including safe and legal abortion and the freedom to choose among these, the right to determine number and spacing of children, the right to demand safer sex practices and the right to legal protection from sexual violence, outside and inside marriage, including legal provisions for marital rape”. Eight years later, the World Health Organization stated: “Ensuring that safe abortion is available and accessible to the full extent allowed by law to women living with HIV/AIDS who do not want to carry a pregnancy to term is essential to preserving their reproductive health”. Despite this guidance from leading UN agencies, safe abortion as a means for women living with HIV to deal with unwanted pregnancies has remained the most neglected area of reproductive health within HIV/AIDS-related policies and programming.

We now call upon our colleagues in the HIV/AIDS and reproductive health communities – researchers; policy-makers; advocates; staff of governmental, multilateral and civil society organizations; people living with HIV; programme and intervention implementers; and donors – to ensure that our work enables women living with HIV to prevent unwanted pregnancies and deal safely with those that occur, including through safe abortion care. The taboos that prevent us from acting to ensure full reproductive freedom for women living with HIV must be overcome.
The need to advocate for comprehensive reproductive choice

Dialogues among people from 31 regional and international networks working on HIV/AIDS in 2008 revealed that: “Abortion has been the most difficult issue from which to build a common front…”⁴. Advocacy to change laws that affect people living with HIV/AIDS is often considered acceptable when it concerns issues affecting both women and men, but not when it is related to an issue that only affects women’s autonomy. In effect, the HIV/AIDS community has been operating with a gender-related double standard regarding law reform.

Many guidelines on HIV/AIDS and reproductive health advocate for law reform regarding issues of sexuality and injecting drug use, but fail to do so with regard to abortion. In 2009, a consortium of international organizations stated: “National laws should be reformed and enforced to ensure that: Laws explicitly ban discrimination based on sexual orientation, gender identity, and HIV status; Anal sex, sex work, same-sex relationships, and transgender relationships are decriminalized,” and “Injecting drug users are provided with treatment, including opioid substitution therapy, and harm reduction programmes as an alternative to incarceration”⁵. Yet none of their references to women being able to terminate pregnancies recommended ensuring legality. On the contrary, they qualified women’s reproductive safety as being subject to current laws: “All people living with HIV…should have access to a full range of sexual and reproductive health services, including… Access to safe abortion (where legal) and post-abortion care.” They added: “In general, health services that assist people living with HIV to attain and maintain sexual and reproductive health include… services for safe abortion in circumstances where it is not against the law and post-abortion care…”

Neglect of comprehensive reproductive choice for women living with HIV is also partly related to the continuing focus by the worldwide “AIDS community” on women and girls as victims (of violence and of male partners who infect them) and vectors (of perinatal and sexual transmission). This has led to rights violations, such as sterilization of women living with HIV without their informed consent ⁶,⁷.

We must urgently shift our focus, so that we no longer consider women and girls as victims and vectors but as “victors”, responsible individuals who can overcome the challenges of living with HIV and whose social roles include — but are not restricted to — motherhood and care-giving. In adopting a truly gender-sensitive perspective, we can ensure that contraception, emergency contraception and safe abortion care are fully incorporated in efforts to link HIV and reproductive health policies, programs and interventions.
Why do women living with HIV have unwanted pregnancies and need safe abortion care?

“and you find that these males want you to have a child. They don’t care what’s going on with your health... You find that your partner is pressurizing you, he wants a child...“ Woman living with HIV, South Africa ¹

Women living with HIV/AIDS have unwanted pregnancies for the same reasons as women with unknown or HIV-negative status: they may have been raped or suffered incest, they had unprotected sex, they lack knowledge or access to reliable contraceptive methods, they were prevented from using contraception consistently or at all, or their contraceptive method failed. In some cases, they have heard about possible interactions between hormonal contraceptives and certain antiretroviral drugs and may feel reluctant to use certain reliable methods. Their motivations for terminating an unwanted pregnancy are also often the same as those of women who are not infected with HIV: they lack the financial or social resources to bring a child into their lives; they cannot abandon school or work for pregnancy and childbirth; they fear stigma and discrimination if they have a child outside marriage; their relationship with their partner has ended, or their partner would not be supportive in childrearing.

Women living with the virus may also have HIV-specific reasons for wanting to terminate an unintended pregnancy: fears about their own or the baby’s health, fears of leaving behind orphaned children, a need to preserve income for their own and existing children’s needs, or a wish to postpone childbearing until they have undetectable viral loads.
Addressing abortion and HIV/AIDS from a reproductive justice perspective

“When I was 19 years old, I had two children and a husband. He died in December 2008… After two months, I realized that I was pregnant. I decided to go for an abortion because of many conditions: I was a widow, I was HIV-positive, I was not working and I could not afford to raise another child. I went to the ART clinic… they referred me to the gynaecology clinic, where the abortion was done by using dilatation [vacuum aspiration]. It was successful and I am now a happy woman looking after my two kids.”
Woman living with HIV, Malawi

A reproductive justice framework requires that the problems of unwanted pregnancies and unsafe abortion be placed within a broader spectrum of reproductive health in women’s lives. It also obliges us to highlight and give specific attention to these problems. Using key strategies of a reproductive justice framework, we can accomplish our objectives through the following actions.

Develop and support women’s leadership and social, political and economic power

- Conduct participatory studies — with women living with HIV as co-researchers — to determine their experiences with unwanted pregnancies and abortion and their needs regarding emergency contraception and safe abortion care.

- Enable individuals and groups of women living with, and affected by, HIV/AIDS to articulate and advocate for their concerns around unwanted pregnancies and abortion in national and international arenas.

- Inform women affected by HIV/AIDS explicitly about their options for dealing with unwanted pregnancies, including where and how they can access emergency contraception in a timely manner and gain access to postabortion care and safe abortion care.

- Employ women living with HIV as paid educators and counsellors, not only in prevention of perinatal transmission programmes but also regarding options for dealing with unwanted and unintended pregnancies.
Promote a concrete agenda to achieve change at the individual, community, institutional and societal levels

- Ensure that funding guidelines and proposals that include reproductive health care for people affected by HIV/AIDS incorporate attention to promoting access to all contraceptives, postabortion care and safe abortion care.

- Ensure that international and national policy guidance documents on access to treatment and health care for people living with HIV/AIDS address unwanted pregnancies, emergency contraception and abortion care.

- Provide community-based groups and groups of people living with HIV/AIDS with curricula and other training resources, as well as capacity-building on their use, for addressing the topics of unwanted pregnancy and abortion within broader gender-based sexuality education.

- Support community-based groups in preparing locally-tested information and counselling materials on family planning, wanted and unwanted pregnancies in the context of HIV/AIDS.

- Provide community-based groups and groups of people living with HIV/AIDS with training and resources for formulating and implementing advocacy agendas around a spectrum of related issues such as availability and accessibility of emergency contraception, other contraceptives, post-exposure prophylaxis, HPV vaccinations and safe abortion care.

Integrate grassroots issues and multi-ethnic, multi-generational and multi-class constituencies into the policy arena

- Contribute to capacity-building of women’s groups to increase their knowledge about human and reproductive rights and ways in which women can claim those rights.

- Enable HIV-positive peer educators to hold community dialogue and education sessions on topics such as safer sex, pregnancy, contraception and unsafe/safe abortion so that women become more knowledgeable and better able to contribute to community discussions, advocacy and policy-making regarding reproductive health.
• Involves diverse groups of women affected by HIV in exercises to monitor access to, and acceptability of, pregnancy-related services such as antenatal care, childbirth and delivery services, prevention of perinatal transmission, support services for infant feeding, postabortion care and abortion care.

• Build and work with networks of allied social justice and human rights organizations to incorporate a reproductive justice framework as a basis for their work

  - Translate research findings on women’s experiences with unwanted pregnancy, emergency contraception and abortion into evidence-based recommendations for action to be taken by providers of reproductive health care.

  - Involve women living with HIV and human rights advocates in capacity-building for health-care providers to ensure women are not pressured into sterilization and/or abortion but also receive non-judgemental and factual information about emergency contraception and abortion care.

• Ensure that (post)abortion care is incorporated in all efforts to link HIV/AIDS and sexual/reproductive health care.

• Promote linkages and/or effective referral protocols between HIV/AIDS and abortion care services.

• Support partnerships between HIV-positive people's groups and reproductive health organizations to give joint input and presentations to policy-makers on why and how abortion care must be part of overall reproductive health services.
What could abortion services offer HIV-positive women? 9

Abortion should not be the recommended option for HIV-positive pregnant women. Rather, information about safe abortion should form part of a holistic package of information and advice that includes prevention of perinatal transmission (PMTCT). Unfortunately, comprehensive PMTCT services that focus on the health both of the mother and the health of the child in equal balance before, during and beyond pregnancy and birth are still rare. Sexual and reproductive health services need to provide:

- Improved information about, and access to, preferably free, unbiased, legal, safe and confidential pregnancy, child-birth, and/or abortion services for HIV-positive women.

- Better training and awareness-raising for health workers to reduce the frequency of forced abortion and forced sterilization of HIV-positive women.

Abortion-care providers should provide:

- Non-discriminatory, non-judgemental advice and counselling pre- and post-abortion

- Further information and counselling about family-planning methods, including emergency contraception

- Referrals to post-rape services (PEP for HIV-negative women, legal assistance, shelter, protection)

- Information and advice about sexual and reproductive health and rights, including gender-based violence

- Information about HIV care, treatment and support services

- Referral to relevant HIV and SRH services.
References


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