



Addressing the needs of HIV-positive women for safe abortion care

Why positive women access abortion care

HIV positive women may need abortion care for various reasons. Rates of violence against positive women are high [2]; when sexual assault is involved and a woman cannot access emergency contraception, she may want to terminate a resulting unwanted pregnancy. HIV positive women may access abortion services because they deliberately and thoughtfully choose not to have a(nother) child. Lack of access to appropriate contraceptives, and little or no control over decisions regarding childbearing leads to unplanned and unwanted pregnancies. Our research shows that women who already have children when they are diagnosed may feel less desire to have more [3]. HIV positive women have also chosen abortions because of fears that our pregnancy would lead to our own poor health or death, so rendering our older children motherless; and that our babies might also contract HIV or be unhealthy or die soon after birth: which would cause immense suffering for the baby and grief for our families. WHO has also noted that, although the available data are limited, HIV positive women appear to have higher risks of stillbirths and spontaneous abortions (miscarriages), which may require post-abortion care [4].

"When I lived with him, I got pregnant. I decided on my own to have the abortion and get sterilised at the same time at a hospital. I did that because I had the infection. Because... wasn't the baby in my body?" Woman in Thailand [1]

"...the doctors also found out I was pregnant. I did not want to have a child at this stage and requested the pregnancy be terminated. The doctors only agreed to the termination on condition that I consented to sterilisation. I had no option."

Woman in South Africa [5]

Nevertheless, ICW members and other HIV positive women have been denied safe abortion care or have been "asked" to agree to sterilization in order to access abortion services. This is a violation of our rights to unbiased health care, self-determination, to decide the number and spacing of our children, to freedom from gender-based discrimination, and to freedom from inhuman treatment [6].

Coerced abortion

We also know of examples where HIV positive women have been forced or feel pressured by health-care workers to have abortions. HIV positive women may "choose" to have an abortion because they are misinformed about the possible impact of a pregnancy on their health and that of their child; they may be told that the risks of perinatal transmission are high. Such misperceptions can be heightened by health workers who promote a view that HIV positive women should not have children. Indeed, a number of our members have felt that sometimes health-care workers present abortion as the only option once a positive woman becomes pregnant. Yet HIV positive women have the right to have children and, given the right care, treatment and support, they generally can have healthy pregnancies and babies. Positive women should never be pressured by their partners, families or health workers to have abortions — that is also a violation of our human rights.

Another point of concern is related to the increasing tendency to criminalize HIV transmission. So far, most legislative initiatives have concerned transmission by sexual or blood-borne routes, but this does not rule out that perinatal transmission might be included in such laws (despite the fact that antiretroviral treatment is not 100% effective for prevention). Women should not be avoiding voluntary HIV counselling and testing (VCT) or choose to end a pregnancy simply due to fear of being punished for transmission [7].

Why we need safe abortion services

A 2007 review of abortion worldwide noted that criminalizing pregnancy termination is not associated with a low incidence of abortion; in addition, most unsafe abortions occur where abortion is highly restricted [8]. HIV positive women are prone to septicaemia and may be especially at risk of complications following unsafe abortions. The range of needed sexual and reproductive health services — such as family planning, maternal and child health care, sex education and safer sex counselling, marital, family and individual counselling — should include both postabortion care for miscarriages and unsafe abortions, as well as safe abortion counselling and care [3].

"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." WHO [4]

What could abortion services offer HIV-positive women?

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, childbirth, 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-rapè 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.

Should abortion services also provide testing services?

Abortion services can be one entry point for VCT. In fact, in some countries, HIV rates are higher among women attending abortion services than at antenatal care. However, going through an abortion can be very emotional for a woman, particularly if she became pregnant as the result of sexual coercion. Imagine learning you are also HIV positive immediately after an abortion? Service providers should be aware that if a woman tests HIV positive, she is more likely to experience abandonment, discrimination and violence (including sexual violence). Moreover, the family member or partner who tests HIV positive first is more likely to be blamed for bringing HIV into the family. It also cannot be assumed that a woman who may have very limited ability to negotiate, who has been subjected to subordination all her life, and who may have very limited self-esteem can meaningfully decide on short notice whether she should be tested or not. Let's not assume that a 'yes' answer to a question posed by a person in a position of authority (for example, a health worker) constitutes voluntary consent.

All of this may mean a referral is preferable to on-the-spot VCT. It is important that abortion providers who refer women to VCT services do so only if comprehensive counselling and support services are available. But establishing mutual referral links between VCT, abortion and other sexual and reproductive health services is needed for women to fully enjoy sexual and reproductive health.

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Acknowledgement: ICW wishes to thank Maria de Bruyn, Ipas, for reviewing and editing this document.

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