

Defending the sexual and reproductive health rights of women affected by HIV in Argentina

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Awareness activity developed in a poor neighbourhood of Buenos Aires as part of the “16 days campaign” (of activism against gender violence) developed by positive women and others about the right to live free of violence

Feminization and pauperization together with an increased concentration of AIDS cases in urban environments are the main characteristics of the HIV and AIDS epidemics in Argentina. Increased infection of HIV among poor young child-bearing women generates an increase in the demand for public health care and services. Although the country has had a legal framework guaranteeing reproductive health care for all women since 2002, a lack of collaboration between reproductive health services and HIV/AIDS programmes has denied women living with HIV (WLWH) access to adequate health care, particularly for their sexual and reproductive health (SRH) needs. Additionally, WLWH’s access to information on reproductive health, family planning services, control of cervical cancer, STIs and other gynecological problems is limited.

A qualitative research by FEIM (Foundation for Studies and Research on Women) conducted in 2005 and 2006 examined the availability of reproductive health and HIV/AIDS services in Argentina and highlighted in what way women living with HIV have been affected by the lack of coordination between both types of services.¹ Our team reviewed national legislation and international documents such as the Millennium Development Goals (UN 1999), ‘Women and HIV: Barcelona Bill of Rights’ (Barcelona 2002), and the ‘International Guidelines on HIV/AIDS and Human Rights’ drafted by UNAIDS and OHCHR (Office of the United Nations High Commissioner for Human Rights). Further, 46 interviews were undertaken with key informants including representatives of NGOs and networks working on HIV/AIDS, youth, women, or people living with HIV (PLWH); governmental programmes and public health services. Respondents came from different cities with high HIV and AIDS prevalence.

A difference was observed between the discourse of government officials and the reality of the care being provided. In practice, reproductive health services were not incorporating specific HIV/AIDS care. Women living with HIV were discriminated against at service points and were forced to conceal their condition in order to be served. Within HIV/AIDS services, there are sometimes

professionals who attend to WLWH when they get pregnant, joining aspects of HIV/AIDS care with reproductive health, but this is on a limited scale. Some NGOs and PLWH organizations identify those ‘friendly doctors’ and refer women only to them because they incorporate HIV/AIDS care in their services. In the

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majority of cases, the demand for gynecological services is not adequately met, and for this reason many WLWH avoid consultations regarding their sexual and reproductive health.

Political correctness

Our research also examined information on the recognition and respect of the sexual and reproductive rights of WLWH. We found that these rights were part of the discourse by HIV/AIDS programme officials with ‘politically correct’ language, but in general this did not correlate with the reality of services offered daily. These rights, as with human rights in general, are recognized ‘in theory’ by the health system but in the majority of cases not incorporated into practice.

During the interviews, prejudices among doctors came to the fore. For example, the idea that it is unadvisable for WLWH to have sexual intercourse and if they do, it is unacceptable that they become pregnant. These prejudices lead to advising, even promoting and facilitating women's sterilization, a practice that was illegal in Argentina until mid-2006 when the law was amended.

Additional problems identified are related to other omissions in reproductive health care, such as the absence of clear rules about prevention and early diagnosis of cervical cancer and the lack of protocol for rape and sexual violence victims that include pregnancy prevention with emergency contraception and HIV prophylaxis (PEP). In March 2007, the national government started distributing emergency contraceptive pills ('morning-after pills') to all public health services, but the idea is resisted by a good number of health personnel. A related problem is that abortion is illegal in Argentina, so it is a factor that puts at risk the life and health of all women, more so women living with HIV.

In general, there is a lack of participation of PLWH in the design of programmes. There are a few organized WLWH groups and the few existent do not address sexual and reproductive health. On the other hand, the participation of PLWH in public health services is poor, yet both PLWH and health facilities appreciate its importance.

Building connections

In Argentina, sexual and reproductive rights are not respected and defended by the majority of women and women's organizations. Our study observed that, with a few rare exceptions, PLWH organizations, women and other NGOs addressing HIV/AIDS do not include the defense of these rights and access to SRH in their agendas. Familiarity with international documents on sexual and reproductive rights by the interviewees was very limited. Similarly, women's organizations and groups that defend SRH are not aggressive in ensuring that WLWH enjoy these rights. This is why FEIM advocates for a strategic alliance between women's health rights organizations and associations of WLWH that incorporates this demand into both groups' advocacy agenda and forge a collaborative front.

Since its inception, FEIM has worked on SRH and HIV/AIDS, raising awareness among women's groups addressing reproductive health and rights about the need to incorporate HIV/AIDS into their agendas. Since 2005, we have organized workshops, dialogues and meetings to bring together WLWH and women's groups working on SRH and rights to share their ideas and to

monitor how the government implements SRH laws including HIV prevention, treatment and care. In 2006/7 we organized international and regional dialogues among SRH and HIV/AIDS networks in Africa, Asia, Latin America and the Caribbean to jointly advocate for the incorporation of sexual and reproductive health care for WLWH in their programmes. Recently, we met with 12 Argentinean women's NGOs including those representing WLWH, sex workers and transgender/transvestites. Together, we examined the progress made by the government towards fulfillment of its obligations regarding the UNGASS Declaration of Commitment goals related to SRH.²

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We create spaces to bring together these groups because it is essential to improve the quality of care and treatment for WLWH and to ensure the respect of those rights for all women. Currently, both movements – of groups of WLWH and of women's groups working on SRH – are advocating together for sexual and reproductive health and rights in Argentina.

This research by FEIM was part of a multi-national study in several countries in Latin America, Eastern Europe and Africa coordinated by Ipas (USA). More information: "There's nothing you could do if your rights were being violated." Monitoring Millennium Development Goals in relation to HIV-positive women's rights. M. de Bruyn, Ipas, 2006: http://www.ipas.org/Publications/asset_upload_file211_2896.pdf.

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1. The report of this research, in Spanish only, can be downloaded from the FEIM website:

http://www.feim.org.ar/Informe_ipas_05.pdf

2. More information:

<http://www.unaids.org/en/AboutUNAIDS/Goals/UNGASS>

