



Women of Asia Pacific Plus (WAP+)

Submission to the: Joint Standing Committee on Foreign Affairs,
Defence and Trade.

Chair Mr. Luke Simpkins

Human Rights Sub-Committee

To the Human Rights Sub Committee

Individuals, country and national networks of women living with HIV under the umbrella of the regional network for women and girls living with HIV, Women of Asia Pacific Plus (WAP+) hereby submits to the Human Rights Sub Committee this report highlighting coerced sterilisation and abortion, and other violations of rights during pregnancy and delivery among women living with HIV in Asia. A full report of these research findings are documented in Positive and Pregnant- how dare you.

http://www.asiapacificalliance.org/images/stories/resources/apn_positive_and_pregnant_2012.pdf

Background

In 2011-2012, the Women's Program of the Asia Pacific Network of People living with HIV conducted a study on access to reproductive health services in six countries. The study included a survey of 757 women who were living with HIV, over 16 years of age and pregnant in the past 18 months: Bangladesh 33 women, Cambodia 200, India 172, Indonesia 109, Nepal 40, Vietnam 203.

Mean age of respondents was 29.3 years, they had on average at least one existing child, and most had some school education (71%). About half the respondents (53%) were dependent on their families for income and 57% lived in urban settings. Proportionately more women who knew their HIV status delivered at government healthcare facilities (84.7% versus 71.1%), except in Bangladesh where all women surveyed delivered at an NGO clinic.

Contraception

Condoms were the most commonly used contraceptive method (79%). Condoms are not consistently used, often because women's partners object to them. Condoms are the only contraception promoted among women living with HIV. Among respondents, 37% of pregnancies were reported as unwanted. Women said they need contraceptive methods they can control such as IUDs, oral/ injectable hormones.

Abortion

Of the 757 survey respondents, 24.6% were still pregnant at the time of the survey. Among the respondents who had been pregnant in the previous 18 months but were no longer pregnant, 125 women (21.8%) reported that they had an abortion (Bangladesh and India <1%, Indonesia 8.3%, Cambodia 11.5%, Nepal 25.0%, Vietnam 43.9%).

Of these women, 60.0% reported that the abortion occurred specifically because of their HIV status. Many women were asked to consider abortion either by health personnel and/or by their family members.

Many Vietnamese women were told by health care workers that their baby would be HIV-positive. Overall 29% of women who had an abortion said the pregnancy had been wanted.

"One doctor asked me why I wanted to have the baby when I'm HIV-positive. He said the baby will also be infected and advised that I should not have the baby. Then he discussed it with my husband and asked him if he wanted the baby, and he decided against it."

(Mina, Nepal)

Many women coerced into an abortion faced discrimination when they went for the procedure. Some had to pay higher fees than HIV-negative women paid. Other women were made to wait until the end of the day when all procedures among HIV-negative women were completed.

"When I went for the abortion I had to wait for all the negative women to go first. They used three pairs of gloves and covered all their body with plastic, like a raincoat, and they wore glasses because they were afraid."

(Hong, Viet Nam)

Because many doctors in government hospitals refuse to perform an abortion if the woman has HIV, many women avoid disclosure by going to a private clinic.

"When they found out my status they did not want to give me an abortion and referred me to a specialist hospital saying that they did not have the right equipment. I had to bribe them to get an abortion."

(My, Viet Nam)

Delivery

Overall, 63% of the 426 deliveries were vaginal, and 37% caesarean. The proportion of caesarean sections varied considerably between countries: Cambodia 7.1%, Nepal 33.3%, India 35.8%, Viet Nam 41.4%, Bangladesh 56.5% and Indonesia 67.1%.

Most women in all countries except Cambodia said they were not given a choice to have a vaginal delivery if their HIV status was known. In Viet Nam women said it is government policy for HIV-positive women to have a caesarean delivery, but often it is difficult to find doctors willing to perform the operation because they are afraid of HIV.

Some women did not reveal their HIV status to their gynaecologist in order to avoid what they perceived to be a mandatory referral for a caesarean delivery. A woman in Vietnam said that usually after a caesarean HIV-negative women recover in the hospital for seven or so days but if the woman is HIV-positive, after one or two days staff start asking her if she wants to go home and she is usually pushed out whether she wants to go or not.

Overall 42% of women had difficulty finding a gynaecologist to care for them during their pregnancy due to their HIV-positive status, and 18% were not satisfied with the confidentiality afforded to them.

Women often faced neglect, abuse and discrimination from health care workers before, during and after their delivery. Some women were left alone in labour and staff refused to touch them or their newborn infant. Most women in Vietnam are put in separate rooms and isolated during delivery, and must pay the cost of the private room.

"During the delivery of my baby the doctor wanted to put on two sets of gloves. He had put up on one set of gloves but the baby was already coming out and the doctor tried to push it back in so he could put on another set of gloves."

(Saru, Nepal)

"When I was delivering the doctor left me alone and the baby came and just fell down."

(Xuan, Viet Nam)

"I went into labour prematurely and went to the hospital. The first thing they asked me was why I was having a baby when I knew I was HIV-positive. One person asked me why I had not had an abortion. Then I was told to lay down with my feet up [in stirrups]. I was left alone for hours in labour like that, and nobody came to check on me. The first baby came out and fell directly into the rubbish bin under my feet. I could not do anything because the second baby was coming out so quickly. When someone finally came to check on me, the first baby was all black and blue, and dead, and the second one was halfway out. They did not want to touch the baby because they did not want to touch my blood... I think my babies would have lived if they had gotten proper treatment. But I didn't say anything because I didn't want to hear more harsh words."

(Navi, Cambodia)

Sterilisation

Overall, 228 women (30.1%) said they were encouraged to consider sterilisation. Of these, 86 women (37.7%) said they did not have the option to decline. Women in Cambodia, India, and Indonesia recorded the highest rate of being asked to undergo sterilisation (over 35%). Cambodian women recorded the least choice to decline sterilisation (34 of 70 women).

There was a significant relationship between whether a woman had a caesarean section and whether she was encouraged to be sterilised; 43.5% of women who gave birth by caesarean section were encouraged to be sterilised compared to 29.9% of women who had vaginal deliveries. Women who were urged to undergo sterilisation tended to have more children (average two) than other women, however 4.6% of those encouraged to undergo sterilisation did not have any children. Where women resided, their education level, and their age had no significant relationship to recommendations for sterilisation.

Table: Recommendations for sterilisation, by country

Country	Total respondents	Number of women encouraged to undergo sterilisation	
Bangladesh	33	5	15.2%
Cambodia	200	70	35.0%
India	172	67	39.0%
Indonesia	109	44	40.4%
Nepal	40	6	15.0%
Viet Nam	203	36	17.7%
TOTAL	757	228	30.1%

The majority of recommendations for sterilisation (61.4%) came from gynaecologists and HIV clinicians and most respondents (82.6%) believe that the recommendation was made on the basis of their HIV status. In 9.6% of cases outreach workers made the recommendation, in 14.2% of cases family members or partners recommended it, and in only 2.8% of cases was it the woman's own suggestion.

Some women do not know whether they have been sterilised and at least one woman in Vietnam had been sterilised without her consent. In India, some women said that families do not understand what sterilisation means and think it meant a more 'sterile' delivery, to which they agree. Additionally, when the choice to be sterilised is available, several Indian women indicated they do not have the power to refuse or to accept because their health decisions are made by family members.

Key recommendations

Invest in positive women's organizations

- Increase capacity of HIV-positive women's organisations to advocate for their sexual and reproductive health and rights;
- Train and employ HIV-positive women as counsellors at all government testing centres;

Uphold positive women's rights

- Ensure all women have access to a range of contraceptive options they can control, to avoid unwanted pregnancies, and no woman is coerced into an abortion, sterilisation, or caesarean;
- Train obstetric and gynaecological service providers on the rights of HIV-positive pregnant women to ensure no woman experiences discrimination within the health sector.
- Campaign for an end to forced and coerced abortion and sterilisation practices for women living with HIV.

Key Contacts

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