

# **HIV, sexual and reproductive health: Understanding and claiming rights**

**Skills–building workshop  
Curriculum handouts**

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Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive-health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive-health choices.

**NOTE: Feedback on use of this curriculum would be greatly appreciated. What worked and what didn't? How did it contribute to your work? Please contact the author: [debruynm@ipas.org](mailto:debruynm@ipas.org)**

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# HANDOUT 1

## **Rights related to reproductive self-determination**

- The right to equality and to be free from all forms of discrimination
- The right to privacy and confidentiality
- The right to freedom of thought
- The right to decide whether or when to have children
- The right to choose whether or not to marry and to found and plan a family
- The right to freedom of assembly and political participation

## **Rights related to reproductive-health care**

- The right to life
- The right to information and education
- The right to liberty and security of the person
- The right to health care and health protection
- The right to the benefits of scientific progress
- The right to be free from torture and inhuman treatment

The right to due process means that legal proceedings must be fair, that the person involved must know about them, and that the person has a right to be heard before a government can take away life, liberty or property.

## HANDOUT 2

### Scenario for What if? discussion

Thuy, your niece, and her boyfriend Duc have gone on their third date. At first, Thuy could not believe her good luck. She had only been at the university for two months and she was dating a wonderful guy. He was smart, funny and even good-looking. On their first date, Duc took her for a walk in a beautiful park; on the second date, he took her to a movie. He behaved beautifully and only kissed her. On the third date, he took her to an expensive restaurant; they both drank a lot of beer. He took her to the house of a friend who was not home. He put on some music and asked Thuy if she wanted to dance. She was feeling good so she said yes and their bodies came close during a slow dance. Duc began kissing her and she liked it; he led her to a sofa and continued kissing her; she did not protest. He began pulling off her pants and Thuy now said she wanted to stop, but Duc said he had spent a lot of money on her and she owed him something in return. He also said he wouldn't see her anymore if she refused him, so Thuy let him have sex with her, even though he didn't use a condom. Now she is worried and has come to you for advice.

Which one of these actions would you take and why? (It is possible that you might take them all.)

- A. Ask her when this happened and if it was less than a week ago, advise her to get emergency contraception?
- B. Tell her that this was a case of rape and she should report him to the police.
- C. Tell her that he is no good for her and she should stop seeing him; in the meantime she should get tested for HIV and STIs.
- D. Do something else?

**Why?**

## HANDOUT 3

### International human rights standards

- Conventions are the same as treaties, covenants and pacts. Sometimes the word charter is used to designate a convention.
- Conventions are formulated by the United Nations General Assembly, the Council of Europe, the African Union and the Organization of American States.
- States must sign and then ratify conventions for them to be valid for a country.
- States must respect, protect and fulfill rights stipulated in ratified conventions.

### Some global human rights treaties

- International Covenant on Civil and Political Rights (CCPR)
- International Covenant on Economic, Cultural and Social Rights (CESCR)
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Convention on the Rights of the Child (CRC)
- Convention on the Elimination of Racial Discrimination (CERD)
- Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

### Some regional human rights treaties

- The African Charter on Human and Peoples' Rights (ACHPR) and Protocol Relating to the Rights of Women
- American Convention on Human Rights (Pact of San José)
- The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belem do Pará)

### Treaty monitoring committees and shadow reports

- ❖ There are Treaty monitoring committees for various conventions, such as:
  - Human Rights Committee – International Covenant on Civil and Political Rights
  - CEDAW Committee – Convention on the Elimination of All Forms of Discrimination Against Women
  - CESCR Committee – International Covenant on Economic, Social and Cultural Rights
  - Committee on the Rights of the Child – Convention on the Rights of the Child
- ❖ States must submit periodic reports on their compliance with conventions to treaty monitoring committees.
- ❖ Other agencies may submit shadow reports or shadow letters.

## HANDOUT 4

### Commissions on human rights

- Commissions on Human Rights comprise independent experts who are asked to protect and promote rights and interpret human rights instruments such as treaties.
- They formulate principles and rules related to human rights upon which African governments may base their legislation.
- They may investigate specific complaints and cases and make recommendations to governments.
- They may make broader recommendations to governments on specific topics. For example, the African Commission has issued resolutions on maternal mortality as a human rights violation and on violence against women (see Appendix 2).
- They may organize conferences, symposia and other events, and publish studies and position papers to disseminate information on human rights.
- Some Commissions review periodic reports from governments about how they are fulfilling rights.
- Examples of such Commissions:
  - ❖ African Commission on Human and People's Rights, established by the Organization of African Unity
  - ❖ Inter-American Commission on Human Rights (IACHR), established by the Organization of American States
  - ❖ European Commissioner for Human Rights, established by the Council of Europe

### International human rights courts

- International human rights courts are charged with ensuring that governments respect and observe treaties that they have ratified.
- Governments and commissions may submit legal cases to be heard by the courts.
- They may impose penalties on governments that are found to have violated rights (e.g., imposing monetary fines, obligations to implement laws).
- Examples of such courts:
  - ❖ African Court on Human and People's Rights, linked to the African Union
  - ❖ Inter-American Court on Human Rights, linked to the Organization of American States
  - ❖ European Court of Human Rights, linked to the Council of Europe

## HANDOUT 5

### **The Human Rights Council and Universal Periodic Reviews**

- The United Nations General Assembly established the Human Rights Council (HRC) in 2006.
- It comprises 47 Member States, elected by the General Assembly; membership is based on regional groups: African group (13 seats), Asian group (13), Eastern European group (6), Latin American and Caribbean group (8), and Western European and others (7).
- It meets at least four times per year in Geneva and may issue resolutions that are voted on by HRC members.
- The HRC reviews the human rights situation of all U.N. Member States through Universal Periodic Reviews (UPRs). States present reports and NGOs can contribute to summarized stakeholder reports on individual countries.
- The UPR Working Group issues reports with recommendations and voluntary commitments made by the 16 countries reviewed in each session.

### **Special Rapporteurs**

- A Special Rapporteur is an individual appointed by the U.N. Human Rights Council or a regional inter-governmental body to investigate, monitor, advise and report on human rights concerns.
- Thematic Special Rapporteurs address a specific human rights issue, such as trafficking in persons, the right to food, or freedom of expression. Country Special Rapporteurs address the human rights situation in a particular country.
- Special Rapporteurs are independent experts who do not represent any government.
- Special Rapporteurs submit annual reports about their investigations concerning specific topics and cases of possible rights violations which have been reported to them.
- Examples of Special Rapporteurs:
  - ❖ UN Special Rapporteur on the Right to Health
  - ❖ UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
  - ❖ UN Special Rapporteur on Violence against Women, its Causes and Consequences
  - ❖ Special Rapporteur on the Rights of Women in Africa

## HANDOUT 6

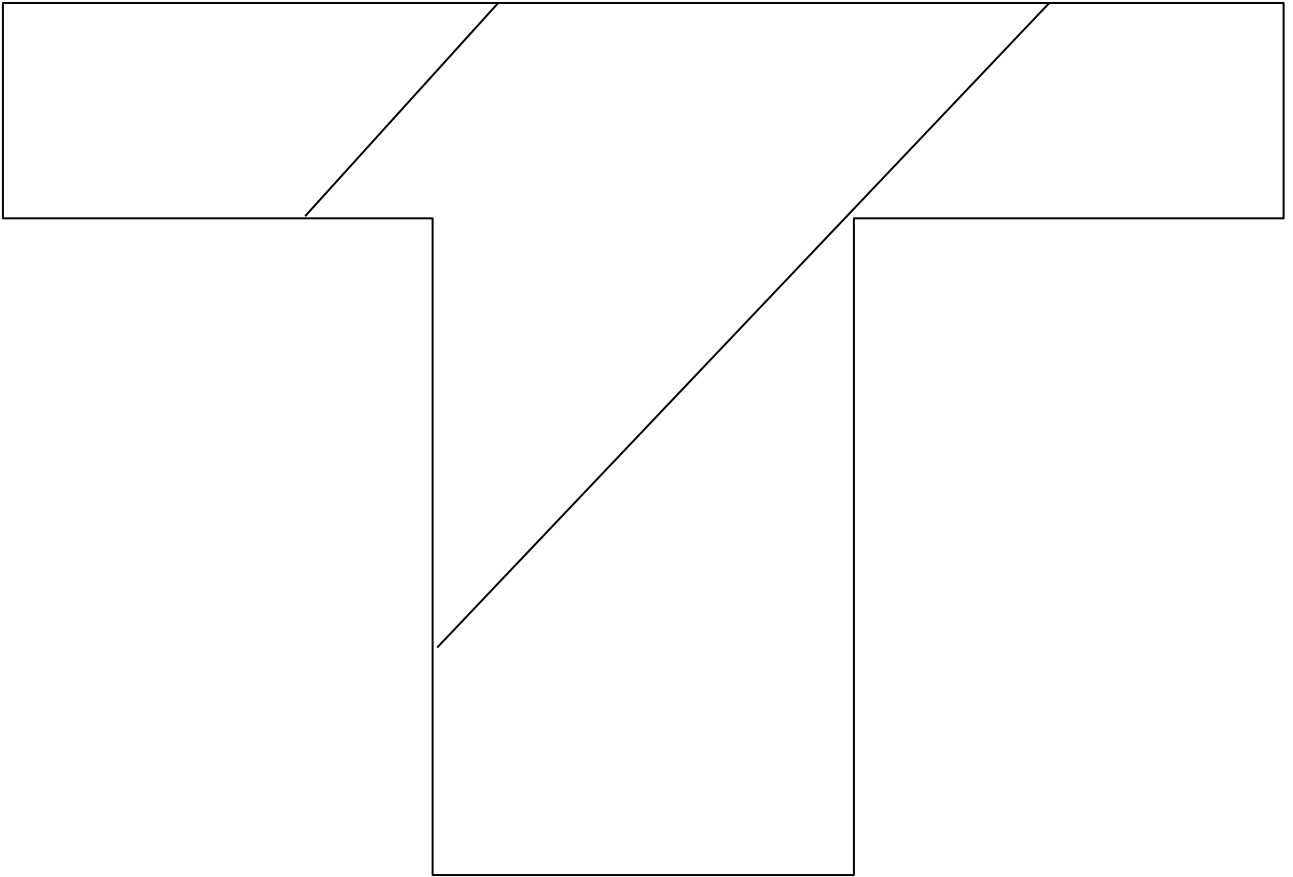
### **Mechanisms to make people aware of rights**

- Dissemination of human rights documents (e.g., the IPPF Charter of Sexual and Reproductive Rights, Barcelona Bill of Rights, Universal Declaration of Human Rights)
- Distribution of professional association statements (for example, from associations of obstetricians–gynecologists such as IPPF’s Medical Advisory Panel)
- Distribution of brochures and flyers about rights
- Radio programs
- Billboards and posters
- Tribunals about rights violations
- Training seminars and workshops for health professionals and people living with HIV
- Documenting and publicizing rights violations (publications, websites, media)
- Breakfast meetings: for example, to brief parliamentarians who need very complete information
- Group electronic forum e-mails
- Letters to the editor

### **Mechanisms to claim rights or address rights violations**

- Creating an action plan with members of a local medical society (ob–gyn society, midwives’ association) to ensure that health facilities respect rights
- Advocacy and education targeting parliamentarians/policymakers
- Collecting data about health facilities’ respect for rights (e.g., using monitoring tools created by NGOs)
- Creating or publicizing a patients bill of rights and getting health authorities to endorse it
- Proposing the establishment of a hospital or professional association ethics committee to which patients can present anonymous complaints
- Creating a complaints form that is available at hospitals or local NGOs where people can report violations of their rights (in writing or with help from a volunteer)
- Reporting violations to a government ethics committee or district health office
- Mediation involving a human rights organization, NGO or association of people living with HIV
- Publicity about the case through the media
- Presentation of the case to a human rights ombudsperson or human rights commission
- Court case
- Presentation of shadow letter or report to Treaty Monitoring Committee or the Human Rights Council
- Public campaigns for reform of laws and/or regulations

# HANDOUT 7



## HANDOUT 8

### Case 1. Denial of a caesarean section in Namibia

(From: E. Tyler Crone and Johanna Kehler, eds. 2009. *Case studies. Documenting human rights violations in healthcare settings. Experiences of HIV positive women in Namibia*. ATHENA Network/AIDS Legal Network/Namibian Women's Health Network)

A 29-year-old pregnant woman started attending antenatal care at the Windhoek Central hospital in April 2007. . As part of the antenatal care services, she — like all other pregnant women in Namibia — had to undergo an HIV test and she tested positive. The woman went to the nurse in charge for advice on delivery choices, including the possibility of having a caesarean birth to decrease chances of HIV transmission during delivery. The nurse, in front of other patients, started shouting: *“Why do you want to go for a caesarean? You just have to go through normal labour cramps, like any other woman. Do you think HIV makes you more special than other people? If you went out there to contract your HIV, so that we can give you special treatment, you are at a wrong place.”* She had no choice, but to deliver her child through natural birth.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 9

### **Case 2. Coercion to use a contraceptive method in Namibia**

(From: E. Tyler Crone and Johanna Kehler, eds. 2009. *Case studies. Documenting human rights violations in healthcare settings. Experiences of HIV positive women in Namibia*. ATHENA Network/AIDS Legal Network/Namibian Women's Health Network)

In September 2008, an HIV-positive woman of 34 years went to the Okuryangava clinic for postnatal care; once there, she was told that she had to take contraception. Even after explaining to the nurse that her husband had just passed away, and that, according to her tradition, she was not allowed to have sexual contact with any man for a year, the nurse insisted she use a contraceptive method. The nurse said: "*If you don't want to take this injection, don't come back here with another AIDS baby.*" She gave in and accepted the contraceptive because she was afraid of being denied future care.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 10

### Case 3. HIV testing without consent and denial of postabortion care in Nigeria

(From: S. Iwuagwu, ed. 2001. *Human rights and HIV/AIDS. Experiences of people living with HIV/AIDS in Nigeria*. Lagos, Center for the Right to Health.)

An auxiliary nurse in Nigeria reported the following case: *"I had worked as an auxiliary nurse for over five years in this hospital. I became pregnant and started having boils; the doctor who is also my employer sent me to the lab for tests. By the time I resumed from off duty, I could not locate my folder. On enquiring about my folder, the doctor gave me unsolicited two weeks leave to go and sort out my health problem and a referral letter to the teaching hospital. On getting to the teaching hospital, I was asked to bring my husband; they tested our blood and told us that I was positive and my husband was negative. In shock I went back to my boss to ask him why he did not even warn me on the reason for referral, he ordered me to go and see the hospital secretary who handed me a letter stating that the hospital is terminating my appointment because they cannot afford to put the staff and patients at risk. I could not believe it. With the entire trauma, I lost the pregnancy and the same hospital I was registered with refused to clean my womb telling me they cannot afford to contaminate their theatre."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 11

### Case 4. Universal precautions in Nigeria

(From: S. Iwuagwu, ed. 2001. *Human rights and HIV/AIDS. Experiences of people living with HIV/AIDS in Nigeria*. Lagos, Center for the Right to Health.)

Not only patients are affected by HIV in reproductive health care. Some hospital staff have negative attitudes towards people living with HIV/AIDS due to their own fears of infection. A nurse at a general hospital in Nigeria said: *"It is difficult to get the nurses to care about [persons living with HIV/AIDS] with commitment, because they are afraid. They are human beings, too. They do not have the skills necessary for such care. Moreover, gloves, gowns, goggles, and masks necessary for universal precaution are not readily available in most hospitals. At times, there is even no soap or water to wash hands. Our salaries are very poor, we are short-staffed and work under stress that increases the risk of accidents and if we had pinpricks and develop HIV, too; no one will take care of us...It is not really our fault. We need training; skills and a good working condition to enable us [to] cope with the challenges of caring for these [HIV-positive people]."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 12

### **Case 5. Treatment literacy problems in South Africa**

(From: Maria de Bruyn. 2006. *“There’s nothing you could do if your rights were being violated.”* *Monitoring Millennium Development Goals in relation to HIV-positive women’s rights*. Chapel Hill, NC, Ipas.)

The Gender AIDS Forum in South Africa held focus groups during a research study in which participants discussed discrimination within the health-care sector. In one group, a case was reported in which a woman living with HIV asked her health-care worker for Bactrim® to be used for prophylaxis purposes. The health-care provider responded very angrily to her, asking who had told her about the drug and inquiring why she had bothered to come to the clinic if she knew everything anyway. The focus-group participants reported that nurses tell HIV-positive people that Bactrim® is only given to patients with tuberculosis, not for prophylaxis.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 13

### **Case 6. Repeated rape and pregnancy of HIV-positive woman in South Africa**

(From: Amnesty International. 2008. *'I am at the lowest end of all': Rural women living with HIV face human rights abuses in South Africa*. London, Amnesty International)

“...Amnesty International was informed by health care workers at a hospital in KwaZulu Natal that they had intervened at a police station to urge them to take steps against the father of a 24-year-old woman who was pregnant for the fourth time as a result of repeated acts of rape he committed against her. The young woman was HIV-infected, ill with TB, had an epilepsy condition and had already given birth to three children by her father. The police response reportedly was to refuse to go to the house and instead to insist that she must travel to the police station to lodge a criminal complaint. In the view of one of the health care workers, the police do not really see it as their responsibility to deal with violence cases unless the family or victim report directly to the police station.”

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 14

### **Case 7. Antiretroviral treatment stolen from women living with HIV in Zambia**

(From: Chris Hangombwa. 13 January 2008. *Mumbwa husbands stealing ARVs from wives, says support group*. HDN Key Correspondent Team. Chiang Mai, Health & Development Networks)

Many pregnant women have undergone routine mandatory HIV tests in Mumbwa District, Zambia, and then discovered they were HIV-positive. Some of them have been abused by their husbands upon disclosing the results and many have been forced to seek treatment alone. On World AIDS Day, December 1, 2007, Lophina Ngosa, chair of the Chambulumina support group for people living with HIV, reported that some men started taking their wives' antiretroviral medications instead of seeking treatment for themselves.

Ngosa said that the trend was discovered when suspicious antiretroviral therapy (ART) clinics asked home-based care providers to investigate the situations of women with irregular treatment patterns. The care providers found that some husbands were stealing their wives' medication when their own health started to deteriorate, leaving the women without treatment and putting their unborn or breastfeeding children at risk. The only options open to these women were to take the drugs at the ART clinic or hide them somewhere in their homes. However, these options are difficult as many Mumbwa women live 15–30 km from the nearest clinic, making it impossible to travel there on a regular basis. Some women have reportedly been beaten or harassed by their husbands for hiding or withholding their own treatment.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 15

### **Case 8. Criminalization of a woman for unprotected sex in Zimbabwe**

(From: Edwin Cameron, Scott Burris and Michaela Clayton. December 2008. HIV is a virus, not a crime. *HIV/AIDS POLICY & LAW REVIEW*, 13: 2/3:64-68)

In 2007, a 26-year-old HIV-positive woman from a township near Bulawayo was arrested for having unprotected sex. She was charged with “deliberately infecting another person,” even though her lover tested HIV-negative. Before she was sentenced, the court attempted to have the man tested again – even though it was reported that he didn’t want to proceed with the charges. The woman was ultimately sentenced to a suspended term of five years’ imprisonment.

The law under which she was convicted, Section 79 of the Zimbabwe *Criminal Law (Codification and Reform) Act 23* of 2004, not only makes it a crime for a person who knows that s/he has HIV to infect another person; it also makes it a crime for anyone who realizes “that there is a real risk or possibility” that s/he might have HIV, to do “anything” that she “realizes involves a real risk or possibility of infecting another person with HIV.”

Given this wording, people can be charged with this crime even if they do not transmit HIV or, moreover, even if they themselves turn out not to be HIV-positive. The wording of this law can also cover a pregnant woman who knows or fears that she has HIV if she does “anything” that could involve a possibility of infecting the baby (for example, giving birth or breastfeeding). In all cases, the law prescribes punishment of up to 20 years imprisonment.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 16

### Case 9. Delayed and denied treatment in Chile

(From: Francisco Vidal, Marina Carrasco, Paula Santana. *Discriminación por VIH/SIDA en Chile. Cambios y continuidades: 2002–2005*. Santiago, Vivo Positivo, FLACSO–Chile, Universidad Arcis; <http://www.vivopositivo.org/portal/datos/ftp/Libro.pdf>)

In Chile, women have experienced discrimination in the health–care sector because health–care providers have delayed or denied treatment. One woman in Santiago said: *“A woman died at the Sótero del Río health center in a waiting room with pneumonitis. She died because no one helped her, no one cared for her.”*

In another case in Santiago, a woman related this incident: *“It happens, because I went to the hospital for endoscopy and I had an appointment at 8:00 a.m. I only had the endoscopy at 1:00 p.m. because they did all the other appointments first because they couldn’t be sterilizing the equipment all the time.”*

In Antofagasta, a woman had the following experience: *“The doctor was there and the girl who makes appointments. She said to him, ‘doctor, here is the lady,’ and he looked at the sheet and said to her, ‘No, tell her I cannot attend to her.’ I went to him and said, ‘Doctor, why won’t you see me?’ No, he said, ‘because I am not the one to see you.’ I looked at him and said: ‘I am a person like any other that you see here.’ No, he said, ‘people with HIV have to be seen by someone else.’*

A fourth case in Santiago: *“I also had this problem, because they wouldn’t give me a Pap smear at the Renca health office to which I am assigned. I asked why and they said because my doctor should see because she is treating my HIV...and they didn’t help me. Another time, when I had vaginal herpes, I went to be treated, to get something. The gynecologist wouldn’t see me, I don’t understand why.”*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 17

### Case 10. Coerced sterilization in Chile

(From: Francisco Vidal, Marina Carrasco, Paula Santana. *Discriminación por VIH/SIDA en Chile. Cambios y continuidades: 2002–2005*. Santiago, Vivo Positivo, FLACSO–Chile, Universidad Arcis; <http://www.vivopositivo.org/portal/datos/ftp/Libro.pdf>; Center for Reproductive Rights. 3 February 2009. *Forcibly sterilized woman files international case against Chile*; <http://reproductiverights.org/en/press-room/forcibly-sterilized-woman-files-international-case-against-chile>)

In Chile, women living with HIV have been coerced into sterilization by physicians who refuse to provide other care unless they “agree” to the procedure. A woman from Calama described what happened to her on July 28, 2001: *“I was receiving zidovudine intravenously, and this girl came with a folder containing two documents with copies and all, and she said: ‘Mrs. Claudia, you must sign this paper.’ ‘But what are these papers?’ ‘One is the authorization for sterilizing you, and the other is a paper from the medical service, from the regional hospital here, saying they are not responsible if they leave a scalpel in the abdomen.’ ‘But how is that possible. No one informed me that I have to be sterilized!’ (...) ‘Oh, the doctor said if you don’t sign, they cannot operate on you and if the baby comes out infected, it’s not the hospital’s problem.’ Well, with my back to the wall, I signed; I couldn’t do anything else.”*

A second woman’s case in Santiago went as follows: *“They told me that I had been sterilized when I just came out of anesthesia. I was very sick....and they told me when I had just awakened: ‘listen, I decided to cut your tubes. Since you have AIDS, you can’t have any more kids.”*

In 2009, a 27-year-old woman submitted a case to the Inter-American Commission on Human Rights, an international human rights body, charging that the government failed to protect her from being forcibly sterilized at the Curicó State Hospital immediately after she gave birth. Neither the Ministry of Health nor Chilean courts recognized that her rights were violated.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 18

### Case 11. Denial of delivery care in the Dominican Republic

(From: Marianne Mollmann. July 2004. *Una prueba de desigualdad: discriminación contra mujeres viviendo con VIH en la República Dominicana*. Volume 16, No. 4(B). New York, Human Rights Watch; <http://hrw.org/reports/2004/dr0704/dr0704.pdf>)

Guzmán, a 22-year-old woman in the Dominican Republic, had married a 27-year-old man when she was 15 years old. She had one child from that marriage and believes her husband died of AIDS. She married again but her new spouse often beat her; she could not ask him to use condoms. The physical attacks continued when she became pregnant, with her husband hitting her in the face, back and stomach. She found out that she was HIV-positive during this second pregnancy when physicians at a public hospital tested her without her consent and without counseling her.

They told her she needed to undergo a cesarean section to avoid perinatal transmission, but they then delayed giving her medical attention, refusing to help her until she had dilated 9 cm. She was also mistreated after the delivery: *"[Because of my HIV status] I had to clean up myself alone...They didn't clean my baby. My mother cleaned him...A nurse didn't want to give me an injection. She told my mother she didn't want to [because I had HIV]."*

María Báez, a 34-year-old woman, went to a public hospital in Santiago when it was time for her to deliver: *"Normally, the hospital mistreats you when you arrive with HIV. Even if you are first, they will do your cesarean section last. I had to wait 24 hours after making the appointment for the cesarean. They demanded I give them [surgical] clothing for the doctors. It cost me more than 500 pesos [US\$ 29]."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 19

### Case 12. Pressure for sterilization in the Dominican Republic

(From: Marianne Mollmann. July 2004. *Una prueba de desigualdad: discriminación contra mujeres viviendo con VIH en la República Dominicana*. Volume 16, No. 4(B). New York, Human Rights Watch; <http://hrw.org/reports/2004/dr0704/dr0704.pdf>)

In the Dominican Republic, one public hospital physician told 18-year-old Juana Díaz during an antenatal visit that she was going to be sterilized because of her positive HIV status. Given her official status as a minor, he explained that she needed her mother's authorization; he did not tell her that she could refuse to be sterilized. Her mother signed the form, but one day before the procedure had been scheduled, a local NGO member told Díaz that she did not have to undergo the sterilization. However, at that time, Díaz feared the possible consequences of a subsequent pregnancy for her health so she agreed to the procedure; later she regretted her decision when she was told that she would have had other options. Rebeca Pérez, 39 years, had a similar experience in that country: *"[The sterilization] was imposed on me: 'you cannot have more children [because you have HIV].' I accepted this because I didn't know, because I was emotional with this pregnancy and HIV. I said yes, sterilize me, but without any awareness."* Pérez, who had been working as a nurse at a public hospital, emphasized that in her experience the program to reduce perinatal transmission of HIV had not improved this situation: *"When the perinatal transmission program began...the doctors said, 'We must sterilize them.'"*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 20

### Case 13. HIV testing without consent in Mexico

(From: Deborah Billings. 2008. *Case reported in Mexico during a workshop using the curriculum Gender or sex: who cares? Chapel Hill, NC, Ipas*)

Mayra, a 22-year-old woman, was 15 months pregnant. She had recently married 23-year-old Antonio, with whom she had had a relationship since she was 19. During that time, they had had unprotected sex but she had never become pregnant before. Antonio had traveled to the United States three times during his adolescence to work in housing construction.

During her first antenatal care visit, the nurse counseled Mayra and Antonio about the importance of having an HIV test. Antonio resisted, saying it was unnecessary, and Mayra agreed with her husband. During subsequent antenatal care visits, the nurses tried to persuade Mayra to have the test, but she never consented given her husband's strong stand on this.

Mayra's pregnancy proceeded well and when contractions began, she and Antonio went to the central hospital, about 30 minutes from their home. Before the delivery, the hospital staff took various blood samples, explaining that they were needed for "some tests" to determine whether everything was ok. About 7 hours later, the baby was born with no problems. Mayra planned to breastfeed her newborn baby girl and was waiting for her while the nurses cleaned up. When they brought the baby, a nurse informed Mayra and Antonio that the blood test had shown Mayra to be HIV-positive and it would be better to bottle feed the newborn instead of breastfeeding. Mayra and Antonio remained behind in a state of surprise, shock and fear. The nurse returned with the bottle and formula, and said that the doctor would explain more when he had time. They waited for two hours until the physician could come to discuss possible next steps.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 21

### Case 14. Death of a transgender woman during custody in the United States

(From: Megan McLemore. December 2007. *Chronic indifference. HIV/AIDS services for immigrants detained by the United States*. Volume 19, No. 5(G). New York, Human Rights Watch)

Victoria Arellano, a 23-year-old transgendered Mexican woman living with HIV died in detention by the U.S. Immigration and Customs Enforcement (ICE) agency on 20 July 2007. She had been detained at the San Pedro Service Processing Center (SPSPC) for eight weeks. According to her cell-mates, her health began to deteriorate when medical staff refused to continue her regular medical prescriptions.

Victoria's condition steadily worsened during the month of July, and she began to vomit blood; blood also appeared in her urine. Her fellow detainees became increasingly concerned for her welfare as she became too weak to sit up. At the medical clinic, Victoria was told only to take an over-the-counter painkiller (Tylenol) and drink large amounts of water. On the night of July 12, 2007, her condition appeared critical to her cell-mates, who were cleaning her and disposing of her bodily fluids. The "leader" of Pod 3 asked for an ICE representative to come to the pod. An ICE Captain responded to this request. He walked over to Victoria's bunk, placed his shoe on her pillow and asked rudely, *"What's wrong with you?"* The detainees were shocked. *"They were treating her like a dog."*

The detainees began chanting "Hospital! Hospital!" A nurse came down and said *"Oh it's Victoria! There's nothing we can do. She just needs Tylenol and water."* Later that night, Victoria was taken to the hospital, but returned the next day. She was very weak and told her cellmates that the medical and security staff had put her in a holding cell and taunted her. Victoria told her cellmates that *"it was a nightmare."* The following morning she was taken to the hospital again, where she died a week later of meningitis, a condition often associated with advanced AIDS.

On August 9, 2007, an article about Victoria's death appeared in the *Los Angeles Daily Journal*. Three of Victoria's former cellmates were quoted by name in the article. Human Rights Watch attempted to interview these and other of Victoria's former cellmates only to find that more than 20 of Victoria's cellmates from Pod 3 had been transferred to other ICE facilities throughout the United States. Human Rights Watch and the ACLU of Southern California demanded that ICE conduct a prompt, comprehensive and transparent investigation of Victoria's death as well as the sudden transfer of more than 20 of her former cellmates from Pod 3. When Human Rights Watch published a report, ICE had failed to respond to their demand for a formal investigation.

### Which sexual and reproductive rights were possibly involved?

## HANDOUT 22

### Case 15. Denial of abortion care between 1988–1992 in the United States

(From: K.M. Franke.1989. *Discrimination against HIV positive women by abortion clinics in New York City*. International Conference on AIDS. Jun 4–9; 5: 760 (abstract no. Th.D.P.8); <http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102179906.html> and T. de Jung, S. Holman, A.F. Carrino, S. Caplan–Cotenoff, D. de Leon.1993. *HIV-related discrimination in abortion clinics, New York City, USA: 1988–1992*. 9<sup>th</sup> International Conference on AIDS, Berlin, Germany, 6–11 June 1993. 9:914 (abstract no. PO–D26–4178); <http://www.aegis.org/conferences/iac/1993/POD264178.html>)

In 1988, researchers in New York City made phone calls to 25 abortion clinics regarding services. After an appointment was made for an abortion, the caller revealed that she was HIV–positive. Upon hearing this, 16 clinics (64%) would not schedule the abortion.

Another group of investigators called all abortion providers advertising in the New York City phone book in 1988, 1990, and 1992. Again, after establishing an initial appointment for an abortion, the caller said she was HIV–positive. In 1988, 14 of 33 abortion providers (42%) refused to provide services when they discovered that the client was HIV–positive. In 1990, they re–surveyed the same providers plus some new ones; 16 of 51 (31%) refused an appointment or increased the fee on hearing that the caller was HIV–positive.

After the 1990 survey, the New York City Commission on Human Rights issued either a letter or a letter and a subpoena to 18 providers that were considered to have discriminated on the basis of the woman’s HIV status. A new survey in 1992 then found that only 2 (4%) of the providers discriminated; one had received a subpoena in 1990 and the second discriminated for the first time.

Statistical analysis indicated that the letter and/or subpoena was significantly associated with a provider's change in discrimination patterns from 1988 or 1990 to 1992. While other unmeasured historical factors may have resulted in an increased awareness of HIV on the part of the abortion providers, the results indicated that HIV–related discrimination was potentially mitigated by active intervention.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 23

### Case 16. Denial of adoption due to prospective parent's HIV status in the United States

(From: Jessica Grant, Erika Wood, Jenny Kramer and Jeffrey J. Wild. 2005. LANDMARK SETTLEMENT: ADOPTION AGENCY ADMITS HIV DISCRIMINATION. New Jersey Adoption Agency That Refused to Provide Services to Couple with HIV+ Partner Issues Public Apology and Agrees to Implement Anti-Discrimination Policies and Procedures. New Jersey, Legal Action Center and Lowenstein Sandler PC; <http://www.heart-intl.net/HEART/080105/AdoptionAgency.pdf>)

In 2005, a serodiscordant couple (known under the pseudonyms John and James Doe) in New York wanted to adopt a second child. The man was HIV-positive and his partner HIV-negative; John was HIV-positive when the Does adopted their first child and remained in good health.

Children of the World, an adoption agency licensed in New Jersey and New York, refused the request. John said: *"We love being parents and we can't even imagine life without children. We just don't want anyone else to have to go through what we experienced - the rejection and humiliation of being told we would not even be considered for adoption, even though we've given our first child such a loving and stable home."*

The couple decided to file a lawsuit against the adoption agency for violating federal and state laws prohibiting discrimination against people with disabilities. *"For many thousands of Americans, HIV has become a part of life, a chronic manageable illness, like many others, that people learn to live with while they go about the rest of their lives - growing up, working, parenting - just as others do,"* said Erika L. Wood, the Legal Action Center attorney representing the Does. Ms. Wood added: *"More and more HIV-positive individuals are receiving early, effective treatment that allows them to live long and productive lives. Their adoption applications should be evaluated individually to see if they are fit to parent, and not rejected outright based on outdated misconceptions about HIV disease. This case could have an enormous impact on a broad cross-section of people living with HIV. Adoption may be the only safe way for many couples with an HIV-positive partner to have children."*

The case was finally settled with a requirement that Children of the World to publish a public apology in the Essex County *Star Ledger*, implement anti-discrimination policies and training, and compensate the couple for damages.

### Which sexual and reproductive rights were possibly involved?

## HANDOUT 24

### Case 17. Denial of abortion care in India

(From: Human Rights Watch. 20 July 2007. *Sydney AIDS Conference: Scientific Advances Undercut by Rights Abuses*; <http://hrw.org/english/docs/2007/07/19/global16439.htm>. The Body. 6 September 2007. *HIV-Positive Indian Woman Has Abortion After Medical Personnel Shun Her*; <http://www.thebody.com/updates/2006-09-06.html>. Bappa Majumdar. 4 September 2006. *Stigmatized Indian woman with HIV aborts own baby*. Reuters)

On 1 September 2006, an HIV-positive woman in India was forced to perform an abortion on herself at a state-run hospital. When 23-year-old Roshni Mulani, mother of a two-year-old child, requested an abortion, doctors and nurses refused to give her care. Finally, doctors instructed her how to terminate her six-month pregnancy, and forced her to leave the hospital afterwards. *"The hospital had no sympathy for me as I had to pull out the fetus with my hands and clean myself as health workers guided me from a distance,"* she explained. She added: *"They read about my HIV status from medical reports ... and threw medicines from a distance."* AIDS activist Ramen Pandey, who let her recuperate in his home, stated: *"Many health workers in India still think AIDS can spread by just touching."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 25

### Case 18. Self-induced abortion in India

(From: M. de Bruyn, M. Njoko, D. Odhiambo, et al. 2002. *HIV/AIDS, pregnancy and abortion-related care. A preliminary inquiry*. Chapel Hill, NC, Ipas.)

An HIV-positive nurse interviewed for an exploratory study on reproductive choice in India wanted to terminate a pregnancy in the hospital where she worked; her abortion would have been permitted by law. However, she reported: *"I did it myself. I was not admitted into the hospital... I induced with tablets through the vagina...It is an international tablet. In total I paid about...2000 rupees for that tablet. It was very painful so I took pain-killing tablets also...Our doctor went to England and from there she brought the sample and she sold it to me. I paid and after that I came to know it was a sample."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 26

### **Case 19. Death of HIV-positive woman in India**

(From: Center for Reproductive Rights. 2007. *Center cites rights violations in death of HIV-positive woman following childbirth*; [http://www.reproductiverights.org/ww\\_asia\\_india.html](http://www.reproductiverights.org/ww_asia_india.html))

Gita Bai, a 30-year-old woman, died on 2 April 2007 when doctors at a public hospital in India refused to assist her during childbirth because she was HIV-positive. Ms Bai was evicted from the M.Y. Hospital while in labor after the doctors learned of her HIV status. She subsequently gave birth in a vehicle on her way out of the hospital. When she attempted to re-enter the hospital after delivering her baby, the guards were ordered to block the doorway, thereby preventing her from receiving life-saving treatment. When she was finally admitted, two days later, she was denied crucial follow-up care, including nevirapine, a drug used to prevent perinatal HIV transmission. After three days of trauma and humiliation, Gita Bai succumbed to the most common causes of maternal death: sepsis and excessive bleeding.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 27

### **Case 20. Denial of parental rights in Russia**

(From: Genine Babakian. June 2005. *Positively abandoned. Stigma and discrimination against HIV-positive mothers and their children in Russia*. Volume 17, No. 4(D). New York, Human Rights Watch; <http://hrw.org/reports/2005/russia0605/russia0605.pdf>)

Natasha R., an HIV-positive woman who attended a self-help group in St. Petersburg, Russia, told Human Rights Watch that people living with HIV/AIDS are so frightened of the consequences of other people knowing their HIV status that they do not even tell their families: *"Hiding your status from parents or spouses is not the exception, it is the rule."* She related the case of a woman in her support group. When her husband found out she was HIV-positive, he kicked her out of the house and filed a case in court to have her parental rights relinquished. He won, and she was barred from seeing the son she had raised for the first eight years of his life. After her husband evicted her, her mother also refused to let her in to the apartment to which she has a legal right of residency. With nowhere to go, she lived the life of a homeless person for several months, sleeping in train stations and in the streets until she managed to find an inexpensive room to rent on the outskirts of town.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 28

### Case 21. Discriminatory care in Russia

(From: Genine Babakian. June 2005. *Positively abandoned. Stigma and discrimination against HIV-positive mothers and their children in Russia*. Volume 17, No. 4(D). New York, Human Rights Watch; <http://hrw.org/reports/2005/russia0605/russia0605.pdf>)

*"We do not have the means to treat everyone with ARV, so we have established priorities: women [mothers] and children are given top priority,"* said Dr. Elena Vinogradova, chief physician at the St. Petersburg AIDS Center in Russia. *"First of all, we have to help the mother as much as we can to give birth to a healthy child, and then we have to extend her life as long as possible so that her child does not end up an orphan. This is the main priority in St. Petersburg."*

However, some of these HIV-positive mothers are active injection drug users, and are thus automatically rejected from receiving long-term anti-retroviral (ARV) treatment after the birth of their children at AIDS centers throughout Russia. *"Giving ARV therapy to a drug user is the same as taking money and throwing it into a pit,"* said Vinogradova, reflecting the view many doctors in Russia have, that active drug users will not follow the required drug regimen, and therefore the ARV medication will be useless. Vinogradova's assessment conflicts with that of Dr. Vadim Pokrovsky of the Federal AIDS Center in Moscow, whose research with active drug users has shown that they can comply with ARV treatment protocols as well as anyone else. Pokrovsky's conclusion is echoed in experiences from many countries, where active drug users complied very well, especially where ARV treatment was coupled with other services they require.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 29

### Case 22. Discriminatory obstetric care in Russia

(From: Genine Babakian. June 2005. *Positively abandoned. Stigma and discrimination against HIV-positive mothers and their children in Russia*. Volume 17, No. 4(D). New York, Human Rights Watch; <http://hrw.org/reports/2005/russia0605/russia0605.pdf>)

In the Irkutsk region, which has the highest HIV prevalence among Russia's 89 regions, it is quite common for doctors to urge their HIV-positive patients to terminate their pregnancies. *"We're slowly starting to see the appearance of specialists who are more tolerant and better trained, but among the circle of doctors there is still a very aggressive group,"* that is, doctors who behave in an aggressive or hostile manner toward people living with HIV/AIDS, said Dr. Anna Zagainova, head of the Irkutsk Red Cross center, which offers support services for HIV-positive families. The most aggressive of all, according to Zagainova, are gynecologists: their behavior toward HIV-positive women is often rude and verbally abusive. Rather than counseling a pregnant woman who is HIV-positive about her options, they urge her to have an abortion. *"Their means of resolving the problem is to try to push a woman [who is HIV-positive] to have an abortion. If she doesn't want to, they say things like, 'Just who do you think you're going to give birth to, and how long do you expect to live, anyway?'"* said Zagainova. *"Some of our women who know they are HIV-positive and pregnant just don't go for prenatal care at all until they are beyond the term to perform a legal abortion."* Since abortion is legal under certain circumstances until the 22<sup>nd</sup> week of pregnancy, this means that women who wish to avoid the abortion argument are not seeking prenatal care until well into their second trimester."

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 30

### **Case 23. Lack of gynecological care for female prisoners in Spain**

(From: Juanse Hernández. 24 May 2006. *Doble discriminación: mujer y presa*. Barcelona, Grupo de Trabajo sobre Tratamientos del VIH (gTt); <http://gtt-vih.org/node/531>)

Spain has a prison population of 61,395 persons, including 4,798 women (i.e., 7.8%). Carlos Hernández, an activist who defends the rights of prisoners, also coordinates the Social Platform for Support to Prisoners. He is familiar with the problems faced by female prisoners. In Nanclares Prison, women who need medical care must first go through the men's prison to reach the sick bay. Once there, they discover that office has no gynecological or obstetric equipment. The women must therefore rely on visiting physicians to bring such equipment if they are to receive proper care.

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 31

### Case 24. Pressure to have abortions in the Ukraine

(From: Rebecca Schleifer. March 2006. *Rhetoric and risk. Human rights abuses impeding Ukraine's fight against HIV/AIDS*. Volume 18, No. 2(D). New York, Human Rights Watch; <http://hrw.org/reports/2006/ukraine0306/ukraine0306web.pdf>)

Staff at AIDS service organizations in Kherson and Odessa, cities of the Ukraine, say that their clients have complained that doctors told them to get abortions. Nina M., a social worker with the All-Ukrainian Network of People Living with HIV/AIDS in Kherson, told about a client she had: *"She went to the doctor and took an HIV test, and when the doctor learned the results, he recommended that she get an abortion. He did not give her any information about treatment to prevent mother-to-child transmission. The doctor told the woman that her child would also be born HIV-positive. He didn't tell her anything about the possibility that the child would not be born with HIV. She came to a consultation with me at the All-Ukrainian Network of People Living with HIV/AIDS and learned that the child could be born healthy. I have heard several stories like this. Maybe doctors know about the chances the child could be born healthy but still say it's better that HIV-positive women get abortions."* Nataliya, a volunteer with Life Plus in Odessa, said that *"doctors very often recommend that HIV-positive women get abortions. I hear this complaint quite frequently from other people."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 32

### Case 25. Denial of pregnancy-related treatment in the Ukraine

(From: Rebecca Schleifer. March 2006. *Rhetoric and risk. Human rights abuses impeding Ukraine's fight against HIV/AIDS*. Volume 18, No. 2(D). New York, Human Rights Watch; <http://hrw.org/reports/2006/ukraine0306/ukraine0306web.pdf>)

Inna B., an HIV-positive social worker in Dnipropetrovsk, the Ukraine, charged that the *"law stating that HIV-positive people should get free treatment is a joke...."* She said when she was pregnant, a doctor at her local policlinic told her that HIV-positive pregnant mothers and their babies should be provided with medicines free of charge. She said that after hearing this: *"I went directly to the city AIDS center. . . I demanded that they give me this medicine. They said, 'When you need this, we'll call you.' I told them, 'I know that I am entitled to some medicine, but I don't know what.' I called every day asking them, 'Please give me the medicine.' Finally one doctor said that I could come in and get it. When I arrived she threw the tablets on the floor and said, 'sign here.' She didn't tell me how to take it. I had to call her again and all she said was, 'two times per day.' I waited for two months to get the therapy. I didn't even know what it was. No one told me that I couldn't skip a dose."*

When she was seven months pregnant, she sought emergency treatment at a maternity hospital because of a threat of miscarriage: *"I came to get some emergency treatment, but the first hospital refused me. I was sent from one birthing hospital to another. No one wanted to take me because I had used drugs and I was HIV-positive. I had to make an agreement with the head doctor and I had to pay. I was in the hospital for two weeks. When I was ready to give birth I came to the central birthing hospital No. 1 at 11 a.m. My water had already broken. They didn't want to admit me. Several people refused to admit me. It was only when I said, 'How much?' that they took me in. I paid 1100 hryvna [US\$ 220] and my daughter was born a few minutes later. If I hadn't paid, I would have given birth in the waiting room."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 33

### Case 26. Discriminatory pregnancy care in the Ukraine

(From: Rebecca Schleifer. March 2006. *Rhetoric and risk. Human rights abuses impeding Ukraine's fight against HIV/AIDS*. Volume 18, No. 2(D). New York, Human Rights Watch; <http://hrw.org/reports/2006/ukraine0306/ukraine0306web.pdf>)

Katya N., a 28-year-old woman in the Ukraine, found out that she was HIV-positive when she was pregnant. She talked about her experience: *"When I came to the obstetrician, only one doctor and the chief of the department knew about my HIV status. After a while, even the cleaner at the hospital knew about it. The cleaner's daughter was my friend. The cleaner told her daughter not to be friends with me. After that, I lost my friend."* Klara Z., another woman in the Ukraine, had a similar experience when she was pregnant: *"The doctor told me that I was HIV-positive and didn't behave very well. She told everyone. This was a very big shock for me. My friend took me to the doctor and the doctor told my friend and other doctors that I was HIV-positive. My friend then became very cautious and distanced herself from me."*

**Which sexual and reproductive rights were possibly involved?**

## HANDOUT 34

### **Case 27. Forced sterilization of Roma women in Slovakia**

(From: Christina Zampas. 2009. Roma women win justice at the European Court of Human Rights. New York, Center for Reproductive Rights; <http://reproductiverights.org/en/press-room/roma-women-win-justice-at-european-court-of-human-rights>; Christina Zampas. 2003. *Body and soul. Forced sterilization and other assaults on Roma reproductive freedom in Slovakia*. New York, Center for Reproductive Rights; <http://reproductiverights.org/en/document/body-and-soul-forced-sterilization-and-other-assaults-on-roma-reproductive-freedom>)

During a fact-finding mission in 2002, researchers in Slovakia received confirmation of discriminatory health-care practices against women of the Roma ethnic group. For example, Romani women in maternity and gynecological wards were placed in separate rooms from other women; they were often prohibited from using the same toilets and dining facilities as other women. They furthermore received sub-standard medical care or were sometimes denied care at all.

The researchers further discovered that doctors and nurses were giving misleading or threatening information to Romani women in order to coerce them into providing last-minute authorizations for sterilizations that were performed when women were undergoing a cesarean delivery. They did not provide accurate information about the risks of future pregnancies, nor did they discuss different contraceptive options with the women. A few women under the age of 18 were forcibly sterilized without authorization from their legal guardians. Many other women were never told about the sterilization and it sometimes took them years to confirm that they had, indeed, been sterilized.

Seven women who were unable to get pregnant after delivering children via caesarean sections suspected that they may have been sterilized without their consent during their hospital stays, so they and their legal representatives sought access to their medical records on multiple occasions. Hospital staff either turned them away or told them that they would have to copy the voluminous files by hand since there was no justifiable reason to provide photocopies. Attempts to find redress through the Slovak courts failed.

**Which sexual and reproductive rights were possibly involved?**

## EVALUATION FORM

**You do not need to write your name on this form. Thank you for your feedback!**

1. Overall I would rate this workshop as (circle your answer):

Very poor      poor              average              good              very good

2. How would you rate the trainers' responsiveness to trainees? (Circle your answer)

Very poor      poor              average              good              very good

3. What did you like most about the workshop?

4. What did you like least about the workshop?

5. The key lesson I took away was:

6. What benefits did you gain from participating in this workshop?

7. If I were leading such a workshop, I would have done this differently:

8. What other comments would you like to make about the workshop? (Use the back of this paper if you need more space to write)