



Economic and Social Council

Distr.: General
17 November 2015

Original: English

Commission on the Status of Women

Sixtieth session

14-24 March 2016

Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”

Statement submitted by Salamander Trust, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Sexual and Reproductive Health Rights Threatened Through Forced Sterilization of Women Living with HIV/AIDS

In spite of a woman's right to make sexual and reproductive choices as endorsed in various human rights charters and conventions, women living with HIV continue to encounter discriminatory attitudes from clinical settings and the community about their child bearing choices. Cases of coerced sterilization of women who are living with HIV are on the rise.

Women account for over 50 per cent of the 33.4 million people living with HIV/AIDS worldwide. Biological, social, and cultural factors all contribute to women's heightened vulnerability to acquiring HIV. Physiologically, women are two to four times more susceptible than men to contracting HIV, and social and cultural factors — including gender-based violence, entrenched gender stereotypes, power dynamics within relationships, and economic dependence — increase women's risk of contracting the virus.

Recognizing that gender equality is central to HIV prevention programs, international agreements and consensus documents have increasingly called for gender-sensitive responses to the global pandemic, and emphasize women's empowerment and the abolition of discriminatory practices as central elements of HIV/AIDS prevention strategies.

Many national constitutions and policies provide for sexual and reproductive health rights of women living with HIV. They are enriched with obligations under International law and regional human rights obligations such as the African Charter on Human and People's Rights and the Protocol on the Rights of Women in Africa. Many countries have also ratified the International Covenant on Economic, Social, and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of Discrimination Against Women; and the Convention Against Torture.

These international treaties are legally binding and obligate governments to respect, protect, and fulfil these rights for people living in their countries. These obligations include the right to information, the right to health, the right to bodily integrity, the right to non-discrimination, the right to equality, the right to live free from inhuman and degrading treatment, the right to non-interference in one's privacy, the right to health, and the right to reproductive self-determination.

States worldwide also affirmed through the 1995 Beijing Declaration and Platform for Action, the human rights of women include the right for all women to "have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence".

Despite these provisions, sexual and reproductive health rights of women living with HIV continue to be violated in both clinical and community settings. They are routinely coerced or forced to undergo surgical sterilization as a result of their HIV status. Forced/coerced sterilization is the process of surgically removing or disabling an individual's reproductive organs without their full and informed consent. It is frequently conducted through deceit, threat, or bribery.

Forced and coerced sterilization is a gross violation of human rights (“Eliminating forced, coercive and otherwise involuntary sterilization: An interagency statement” OHCHR, UNWomen, UNAIDS, UNDP, UNFPA, UNICEF and WHO, WHO 2014: <http://hivlawcommission.org/index.php/follow-up-stories/337-the-right-to-choose-and-refuse-sterilization>) but continues to be implemented in many countries throughout the world. Although the procedure is performed on both men and women, women are much more frequently victimized because of vulnerable, gender-specific situations such as childbirth, which make women more susceptible to unwanted procedures. Marginalized and vulnerable women communities are most commonly targeted for sterilization since they are less protected.

Forced and coerced sterilization among women living with HIV have been documented in Chile, the Dominican Republic, Indonesia, Kenya, Mexico, Namibia, South Africa, Swaziland, Tanzania, Thailand and Venezuela, Zambia — (see more at: <http://www.ohchr.org/EN/NewsEvents/Pages/ForcedSterilization.aspx#sthash.7lIb5eWb.dpuf>) — and recently Uganda. Women living with HIV also experience delays and denials of healthcare services, and sometimes life-threatening, situations. Anecdotal reports indicate that it is an increasingly global occurrence compounded by poverty, geographical location, employment, age, migration status, sexuality, and other factors that compound the vulnerability faced by women living with HIV.

A study — “Violations of Sexual and Reproductive Health and Rights of Women Living with HIV in clinical and Community Settings in Uganda”, carried out by The International Community of Women Living with HIV Eastern Africa in 2014 (<http://www.icwea.org>) established that sexual and reproductive health rights violations of women living with HIV were not confined to clinical settings but also occurred in home and community settings — where socio-cultural and economic barriers characterized by unequal power relations between men and women, and women’s low education and economic status drive the practice.

Manipulating a woman’s body against her will to carry out sterilization, removes her agency to make choices about her body, including the number of children she will have; and is a violation of fundamental rights, including the right to health. It ends a woman’s reproductive capacity, leads to a number of dire consequences such as extreme social isolation, family discord or abandonment, fear of medical professionals, and lifelong grief.

When the sexual and reproductive health rights of women living with HIV are unmet or abused, their ability to manage their HIV care and overall health outcomes is hindered, thus hampering their social and economic development, as well as efforts to strengthen HIV prevention and eradicate related stigma and discrimination.

Governments, civil society and service providers must therefore recognize and protect the right of women living with HIV to make informed sexuality and reproductive health choices and ensure full access to the same services. A full range of contraceptive services, including sterilization, should be accessible and affordable to every individual, including women living with HIV. The decision to undergo contraception, or sterilization, must be the sole decision of the individual concerned and should only be performed on a competent individual after an informed choice has been made and valid consent of the individual has been obtained.

Codes of conduct for medical practitioners have to be reviewed and taken seriously and medical associations can help in this regard. This involves following through with policy directives which mandate that women have full access to their medical records. Health care staff have to be adequately equipped with education and information about principles of informed consent so that they can provide family planning information in a non-coercive manner.

Accessing sexual and reproductive health rights services by women living with HIV is central in promoting gender equality, ensuring proper and comprehensive HIV treatment, and preventing onward transmission of HIV: all key factors in helping to reduce poverty and advance sustainable social and economic development.

Salamander Trust, in association with our partner, the International Community of Women Living with HIV in Eastern Africa.
