

## Appendix 24: Women living with HIV/AIDS (General Recommendation 15 and Article 12)

Because of complex factors, women living with HIV have worse outcomes in relation to treatment and are more likely to discontinue their medications.<sup>1</sup> The pregnancy rate among women accessing HIV clinical care increased in 2000-2009. Women with HIV who are pregnant or planning a pregnancy require a high level of care. Whilst it is now possible for women to have a baby with a 99% likelihood of the baby being HIV-free, even with a normal vaginal delivery, treatment and support is inevitably needed and this need is likely to continue and increase as more women of older age have pregnancies.<sup>2</sup>

Women living with HIV face multiple stigma and discrimination and are much less likely to 'come out' about their condition. They have complex and growing health needs (as people with HIV are living longer and facing an old age aggravated by HIV and HIV medications, socio economic factors etc.) They often belong to other disadvantaged groups such as Black, minority ethnic and refugee women, drug users, women in prison<sup>3</sup> or women involved in prostitution. This adds a further layer of marginalisation, because of the high levels of stigma around HIV within African communities, for example, and society at large.<sup>4</sup> Therefore, specific prevention plans are needed for those groups of women who are much more vulnerable to acquiring HIV. Women will access health services frequently but may remain invisible as a group, as the fear of their HIV status being known locally to schools, neighbours, employers and landlords can be paralysing. Unlike other types of disability, HIV has serious public health implications. It affects a small number of people but is a complex issue to treat (partly because treatment is lifelong). Specific interventions are needed in terms of support for women living with HIV, which take into account the burden of layers of stigma they experience.

Case study:<sup>5</sup>

*"It's unfortunate that despite the leaps made in educating people about HIV, there is still so much stigma and even more challenging are the judgmental attitudes. I've had incidents where people including some health professionals treat you like you're so severely contagious."*

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<sup>1</sup> Barber, T.J. et al. (2011) *Antiviral Therapy*. (in press)

<sup>2</sup> Huntington, et al. (2012) *Predictors of pregnancy and changes in pregnancy incidence among HIV-positive women accessing HIV clinical care at 13 large UK clinics*. On behalf of the UK Collaborative HIV Cohort (UK CHIC) Study and the National Study of HIV in Pregnancy and Childhood (NSHPC) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3495056/>

<sup>3</sup> Anderson, A. and Strachan, S. (2013) *HIV behind bars: A review of care for people living with HIV in UK prisons and the role of peer support*. Positively UK: London <http://positivelyuk.org/docs/HIV%20Behind%20Bars%20-%20Pos%20UK%20Prison%20Report.pdf>

<sup>4</sup> PozFem UK (2008) *Women, HIV and Sexual Health in the UK* <http://www.poz-fem-uk.org/docs/WomenHIVandSexualHealth.pdf>

<sup>5</sup> Case study from Sophia Forum newsletter, March 8<sup>th</sup> 2013, stories recorded by Lynda Shentall Programme Manager at George House Trust <http://sophiaforum.net/resources/March%202013,%20Issue%2008,%20Lucinda%20Rubanga.pdf>

Ensuring good health is not the only challenge for women living with HIV; they frequently face issues related to gender inequality in the form of physical, sexual or emotional abuse. A recent study by a hospital in London found that more than half of the women attending the HIV clinic had experienced intimate partner violence in their lifetime and one in seven had experienced violence during pregnancy.<sup>6</sup>

Case study:<sup>7</sup>

*"My husband's drinking marked the beginning of my struggles. Sometimes he would lock the doors to our bedroom and beat me until he had no more strength. This went on for years."*

Violence against women with HIV infringes CEDAW Article 12 and Article 1 (See [Article 1](#)), as both violence and HIV impair a woman's full enjoyment of her right to health and personal security. While the evidence base on this issue in low income countries is becoming increasingly robust, there remains a worrying dearth of data from high income countries, including the UK.

Women with HIV experience physical, sexual, psychological violence and economic, legal and institutional discrimination and particular problems occur when women attempt to leave violent partners (especially for immigrant women), or seek help from the police. Women also endure threats from partners such as that their HIV status will be revealed to the wider community, or that they will report them to the police under charges for criminal transmission of HIV. Women are often tested first, during pregnancy or health checks, and are frequently blamed for bringing HIV into a relationship.<sup>8</sup> (See [General Recommendation 19](#))

To date the UK Government has made no formal acknowledgment of the links between HIV and gender-based violence. In the 7<sup>th</sup> Periodic Report<sup>9</sup> there is no reference to HIV nor is gender-based violence mentioned in a report<sup>10</sup> on the state of the HIV epidemic. These omissions belie the significance of the links between HIV and violence and have considerable implications for policy making and service provision.

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<sup>6</sup> Dhairyawan, R. et al. (2012) *Intimate partner violence in women living with HIV attending an inner city clinic in the United Kingdom: Prevalence and associated factors*. 18th Annual Conference of the British HIV Association, Birmingham, abstract O5, 2012.

<http://www.bhiva.org/documents/Conferences/2012Birmingham/Presentations/120418/RageshriDhairyawan.pdf>

<sup>7</sup> Case study from Sophia Forum newsletter, March 8<sup>th</sup> 2013, stories recorded by Lynda Shentall Programme Manager at George House Trust

<http://sophiaforum.net/resources/March%202013,%20Issue%2008,%20Tina%20Dube.pdf>

<sup>8</sup> Petretti, S., Welbourn, A., Seeley, K. et al. (2012) *Do internationally recognised links between HIV and gender-based violence have relevance in the UK?* Poster presented at 18<sup>th</sup> Annual Conference of the British HIV Association, Birmingham, 2012

<http://www.bhiva.org/documents/Conferences/2012Birmingham/Presentations/Posters/Age-Gender-and-Migration-related-Issues/P50.pdf>

<sup>9</sup> Government Equalities Office (2011) *CEDAW (Convention on the Elimination of all forms of Discrimination against Women) report. United Kingdom's Seventh Periodic Report*. GEO: London <http://www.homeoffice.gov.uk/publications/equalities/international-equality/7th-cedaw-report?view=Binary>

<sup>10</sup> House of Lords Select Committee on HIV and AIDS in the United Kingdom (2011) *No Vaccine, No Cure: HIV and AIDS in the United Kingdom*. First report of session 2010-12 <http://www.publications.parliament.uk/pa/ld201012/ldselect/ldaids/188/188.pdf>

The Government also still has no comprehensive sexual health strategy and many Sexual Health Education classes omit HIV/AIDS. It is vital that good education is provided to support young women. (See Article 10) The Health Prevention Agency has reported that most women, including African women, are acquiring HIV in the UK.<sup>11</sup>

**Recommendations:**

- **Effective services must be commissioned for women living with HIV<sup>12</sup>**
- **Promote the meaningful involvement of women and girls living with and affected by HIV throughout programming and ensure funding for organisations and networks of women living with HIV**
- **Address the vulnerability conditions in which women acquire HIV (poverty, violence, lack of education etc.)**

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<sup>11</sup> National AIDS Trust, HIV diagnoses 2012 <http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-statistics/HIV-Diagnoses.aspx> Accessed: 10/04/13

<sup>12</sup> Positively UK (2013) *Commissioning effective services for women living with HIV*. Women's Health and Equality Consortium: London <http://positivelyuk.org/docs/FINAL!effective-services-11-04-web.pdf>