

## Executive Summary

Around the world, across geographies and political divides, women living with HIV have documented experiences of coercive practices and other forms of mistreatment and abuse, particularly while exercising their sexual and reproductive health and rights. These human rights violations occur in the context of prevalent and well-documented stigma and discrimination faced by women living with HIV within health-care settings more broadly and pose a significant obstacle to achieving global HIV targets. Yet, as the Confronting Coercion report reveals, these experiences of coercion, mistreatment and abuse remain normalized, underreported and inadequately addressed.

Confronting Coercion is global level research conducted by the International Community of Women Living with HIV (ICW) which seeks to understand women living with HIV's experiences of coercion, mistreatment and abuse in sexual and reproductive health-care settings. The report represents an important step towards filling a critical gap in research on coercion, mistreatment and abuse, "coercive practices", experienced by women living with HIV along the continuum of their reproductive lives and beyond.

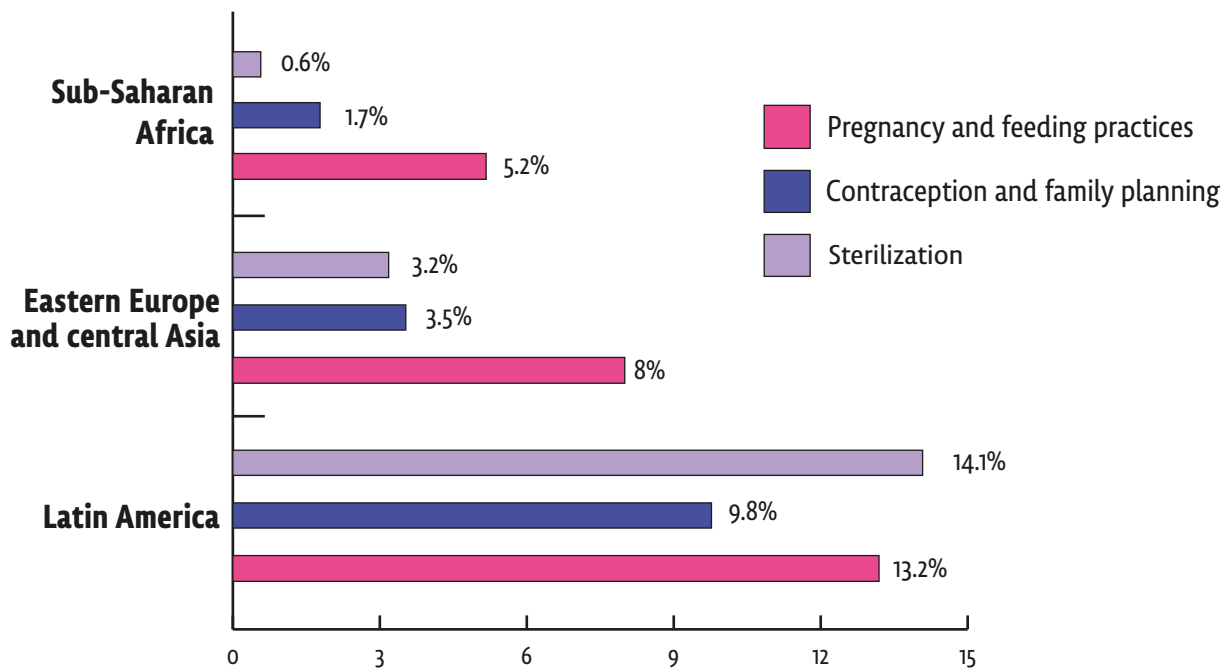
Women living with HIV from over 60 countries came forward to share experiences of coercion while accessing sexual and reproductive health services, including women who are sex workers; who use drugs; those living with a disability; are incarcerated; are experiencing poverty; and those facing racism or faith-based discrimination, as well as indigenous women and touches on experiences of trans and gender diverse people.

Our findings confirm that **reproductive coercion, mistreatment and abuse experienced by women living with HIV is a persistent and widespread problem** that occurs along the continuum of services as women and gender expansive people living with HIV seek to exercise their sexual and reproductive rights. A review of data collected from 26,502 women living with HIV from 23 countries, which recently completed the Stigma Index 2.0, revealed that in **every single country, women living with HIV have reported experiencing some form of coercion within the last 12 months**. Across all Stigma Index 2.0 implementations included in this report:

- **4.4%** of women living with HIV reported experiences of coercive practices in the past 12 months,<sup>1</sup>
- **4%** reported experiencing at least one form of mistreatment or abuse in the last 12 months.
- **Nearly 20% of women living with HIV who participated in a Stigma Index 2.0 study reported experiencing some form of coercive practice in their lifetime.**
- Across regions coercive practices were concentrated around pregnancy and infant feeding.

<sup>1</sup> It should be acknowledged/recognized that questions related to reproductive coercion in the Stigma Index 2.0 do not take into account if individuals sought relevant health services or not. Therefore, we are unable to distinguish between individuals who sought relevant health services and did not experience reproductive coercion with individuals who did not seek relevant health services.

**Experiences of reproductive coercion in the past 12 months among women living with HIV Stigma Index 2.0 participants, across phases of SRHR care, by region.**



- Women living with HIV who reported engagement in sex work, drug use, or had disabilities reported experiencing coercive practices at higher rates than other women living with HIV.
- Younger women living with HIV and women living with HIV who were migrants were also more likely to have experienced coercive practices than older women and women who were not migrants.

An ICW qualitative study conducted in parallel to the Stigma Index 2.0 analysis delved more deeply into the experiences of 205 women, trans and gender-diverse people living with HIV who shared their experiences of reproductive coercion or mistreatment within the last three years.<sup>2</sup>

*“After the doctor found out that I had HIV, she took me to a separate room and told me to undress. I asked why. She said since I was living with HIV, why should I give birth to a sick child? It is better to have an abortion and live as long as I have left. When I refused, she called me names and screamed. I left.”* –A woman living with HIV, Tajikistan

*‘I felt soiled, dirty. I am left with the after-effects of those feelings. I think they will stay with me forever. Every time people ask me about the birth, about the pregnancy, I can’t tell the whole real story. I am now getting psychiatric treatment and counselling.’* — A young woman living with HIV, Argentina

<sup>2</sup> The survey was administered in Arabic, English, French, Russian and Spanish.

Women living with HIV who responded to the qualitative study reported experiences in every single category of coercive practice identified in this study and many women indicated that they had faced multiple experiences of coercion, mistreatment and **abuse**. Women described the variety of ways that coercion and mistreatment occurs, including pressure or incentives to accept treatment, care or support that women do not want or do not feel comfortable with, lack of informed consent, limited options, denials of care, stigmatizing comments or insults, paternalistic treatment and neglect, verbal and emotional abuse, physical and sexual abuse, lack of confidentiality and consensual care, and inappropriate use of medical intervention, such as episiotomies, inductions, unnecessary Caesarean sections and even forced or coerced sterilizations or abortions. Many women shared that they had not reported these experiences through formal or informal channels as they felt their report would not amount to anything, or possibly result in retaliation from health-care workers who they relied on for essential care.

Other reasons for underreporting may include a lack of human rights knowledge, lack of avenues to report, or having reports dismissed or met with disbelief, denial, and blame.

***“After the doctor found out that I had HIV, she took me to a separate room and told me “My nurse warned me that if I became pregnant when I have a high viral load, I will knowingly give birth to a child with HIV, and as such they will sue me.”***

—A young woman living with HIV, Kenya

## Methodology

The report methodology triangulates: (1) qualitative research methods, including an online survey in five languages, in-depth interviews with women around the world and key informant interviews with activists working on sexual and reproductive health and rights; (2) a scoping review of existing literature on coercive practices and reproductive coercion; and (3) a gender analysis of data from 23 countries which recently implemented the People Living with HIV Stigma Index 2.0 (Stigma Index 2.0) study. Using this information, it explores the experiences of thousands of women living with HIV who have accessed sexual and reproductive health services between 2020 and 2023 and analyzes in depth women’s experiences of coercion or other forms of mistreatment and abuse within these services. The research focuses on describing the types and prevalence of coercive practices, mistreatment and abuse experienced by women living with HIV. However, the available data are limited in their ability to quantify the scale of coercive practices, mistreatment and abuse in health-care settings.

Our research found that coercion, mistreatment and abuse experienced by women living with HIV including women from key populations:

- ✓ **Are frequently not reported or underreported.**
- ✓ **Are persistent, widespread, normalized and routine.**
- ✓ **Are systematic and structural problems reinforced by harmful social norms, discriminatory and out-of-date policies and practices and a lack of meaningful efforts to confront these practices.**
- ✓ **Have immediate, medium and longer-term negative impacts on the well-being of women living with HIV, including fear of accessing services and disempowerment.**

Our work also identified the ways in which:

- ✓ **Sexual and reproductive health programmes, protocols and service providers often prioritize the best interests of others, including babies, partners, other health workers, other service users, etc., to the exclusion of the interests, rights and autonomy of women living with HIV.**
- ✓ **Medical and legal professionals who enforce prevention practices, particularly prevention of vertical transmission of HIV, prioritize these goals over women's bodily autonomy and consent and penalize and criminalize women living with HIV, subjecting them to increased surveillance, punishment and judgement.**
- ✓ **HIV related stigma and discrimination intersect with harmful gender norms and inequality and represent key drivers of coercion and abuse in reproductive care settings.**
- ✓ **Access to justice via official or informal complaints procedures or other reporting mechanisms is rare and vital, but rarely results in tangible or distributed justice or remedy.**

Power imbalances between health-care providers and women living with HIV seeking services, lack of rights awareness and other barriers to the fulfilment of rights create the conditions for these practices. The problems of coercion and mistreatment are systemic in health services. The existing data reveal that many women living with HIV describe experiencing multiple forms of coercion and abuse in different service settings. Harmful social and cultural norms, power imbalances, the lack of adequate provision for informed consent, women's bodily autonomy and the existence of discriminatory, out-of-date laws and policies can be at the root of women being coerced into services even when individual staff members are supportive.

## ICW's Call to Action

A crucial finding of the report is that networks of women living with HIV are, against the odds, documenting, confronting and implementing innovative methods to address and transform coercive practices, mistreatment and abuse even though this work is under-recognized and underfunded. This collective body of work articulates a powerful call to action and a way forward to eliminate these harmful practices and ensure that health systems support women living with HIV in realizing their full right to health, including sexual and reproductive health and rights, bodily autonomy, and the right to informed consent. We call on governments, donors and ministries of health to recognize and fund this vital work and to take urgent action to implement the recommendations offered in the following areas:

- ➔ **Take urgent steps to achieve a culture shift and transform harmful dynamics in healthcare.**
- ➔ **Respect, protect and fulfil sexual and reproductive health rights in policy and practice.**
- ➔ **Increase rights knowledge and rights fulfilment.**
- ➔ **Support additional research on coercive practices and documentation of rights abuses.**
- ➔ **Increase avenues for access to justice for all women.**
- ➔ **Invest in efforts led by women living with HIV and women from key populations. *The Confronting Coercion Report was made possible with support from UNAIDS.***