



Eurasian Women's Network on AIDS



## Statement on the International Day for the Elimination of Violence Against Women

25 November 2024

Today, as the 16 days of Activism Against Gender-Based Violence international campaign kicks off, the Eurasian Women's Network on AIDS (EWNA) calls for decisive action to protect women living with HIV and representatives of key populations from all forms of violence, including obstetric violence.

Violence undermines the HIV/AIDS response by limiting access to essential services. Violence against women is a human rights violation. Women who experience violence are at increased risk of HIV infection. Women living with HIV and women from key populations are more likely to experience violence.

**Institutional violence** negatively impacts women's health. It manifests itself in states adopting laws and establishing rules that limit women's access to health services and lead to discrimination. In most countries of the Eastern Europe and Central Asia (EECA), HIV-positive status, substance use, sex work, gender identity and their intersection increase the degree of discrimination against women in the health care system.

**Obstetric violence** is a form of institutional violence that occurs in the context of obstetric and gynecological care. It includes physical, psychological, verbal and emotional violence, as well as neglect and humiliation that women may experience during pregnancy, childbirth and the postpartum period. This phenomenon seriously limits women's access in general, but especially women living with and vulnerable to HIV, to health services, the effectiveness of the HIV/AIDS response, undermines their rights and dignity, and worsens their mental and general health.

Obstetric violence has a profound impact on the health and well-being of women living with HIV, increasing their vulnerability to stigma and discrimination. Women living with HIV often face biased attitudes from health care staff. This may include derogatory language, denial of care, or coercion to undergo procedures such as sterilization without their consent. Such treatment violates woman's right to be treated with respect and dignity. Doctors often ignore clinical guidelines regarding breastfeeding or methods of delivery, depriving women of their right to make informed choices. This not only violates standards of care, but also increases feelings of powerlessness and discrimination among patients. Constantly emphasizing the "risks of HIV transmission" to the child in a rude or humiliating manner traumatizes the woman, destroying her confidence and ability to make informed decisions about her health and the health of her child. Dismissive attitudes, denial of timely medical care, and failure to adhere to prevention protocols significantly increase the risk of vertical transmission of HIV. Instead of support, women face barriers that could be removed with high-quality and respectful care.

A recent EWNA community-led study on “**Obstetric Violence against Women Living with HIV in Eastern Europe and Central Asia**” involved 365 women living with HIV from 13 countries: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Moldova, Russia, Tajikistan, Uzbekistan, Ukraine and Estonia, who shared their experiences of pregnancy, childbirth and the postpartum period over the past five years, with a focus on obstetric violence. The study revealed numerous cases of violation of their rights:

### **Psychological violence**

63% of respondents reported various forms of psychological violence, including humiliation (33%), isolation and ignoring requests for help (21%), intimidation (33%), pressure to undergo medical procedures without consent (14%).

### **Physical violence**

39% of women experienced physical violence, including ill-treatment (27%), forcing into a particular delivery position (9%) and vacuum extraction (7%).

### **Unconsented medical procedures**

26% of women reported cases of medical procedures performed without their consent, including cesarean section (10%), amniotomy (5%) and surgical sterilization (2%).

### **Breach of confidentiality**

47% of women experienced unconsented disclosure of their HIV status to third parties, including other health care workers (36%) and family members (19%).

### **Denial of medical services**

46% of women reported being denied services, including pain relief (43%), breastfeeding support (32%), and abortion (26%).

Obstetric violence increases stigma and discrimination, creating barriers to timely access to health care and support. Women who have experienced violence are more likely to experience postpartum depression and poor physical and mental health. The intersection of various factors of discrimination is particularly evident in the EECA region. Women living with HIV, women who use drugs, sex workers, LBT women and female migrants face double or multiple stigmas. Additional social determinants such as ethnicity, disability, comorbidities and experience of incarceration further exacerbate their situation. Together, these factors create an environment where violence is not only a result but also a cause of limited access to vital health and social services, reinforcing the vicious circle of vulnerability.

## **Call to Action**

We call for the issue of violence against women living with HIV and representatives of key populations to be brought to the forefront of the agenda in the countries of the EECA region, as well as for the guarantee of adequate resources and the provision of a legislative framework to ensure the human rights of women who have experienced violence.

The Eurasian Women’s Network on AIDS calls on governments, international organisations and civil society to take the following measures:

- Develop and implement national standards for the prevention of obstetric violence, taking into account the needs of women living with HIV.
- Strengthen control over the observance of human rights in health care facilities, including ensuring confidentiality.
- Expand access to legal aid for women who have experienced obstetric violence and establish effective complaint mechanisms, including community-led.
- Conduct awareness-raising campaigns on women's rights to decent and safe health care.
- Train medical personnel to respect the rights of patients and reduce stigma towards HIV-positive women.

We emphasize the need for cooperation between governmental authorities, UN agencies, NGOs, feminist organisations and networks of women living with HIV. This approach should aim to eliminate all forms of violence, including obstetric violence, through supporting women's activism and joint efforts to reform health and social protection systems.

Violence against women living with HIV cannot remain an invisible problem. EWNA continues to advocate for women's rights, dignity and safety through the regional community-led campaign "**No Excuse for Violence!**" and calls on all partners to join these efforts.

Women's activism plays a key role in the response to HIV and violence. Advocacy, dignity, combating stigma and discrimination, as well as community-led monitoring and research are all important contributions to the region's overall efforts. These initiatives not only help improve women's quality of life, but also strengthen the response to gender-based violence and the HIV epidemic.

