

A number of challenging gender and human rights issues have emerged parallel to, and stemming from, the growing attention to, and demand for, the integration of reproductive and sexual health and rights and HIV-related policies, programmes, and interventions.

...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...

With support from the Packard Foundation, the ATHENA Network has launched a Reference Group to identify and address emerging trends and neglected issues at the intersection of sexual and reproductive health and rights (SRHR) and HIV, with a core focus on the priorities and perspectives of women living with, and affected by, HIV and AIDS. Current ATHENA Reference Group members include the AIDS Legal Network, Center for Reproductive Rights, Health Systems Trust, ICW, ICW Southern Africa, Ipas, Namibia Women’s Health Network, and the Salamander Trust.

As part of a multi-prong strategy, the ATHENA network and the Namibia Women’s Health Network (NWHN) partnered to pilot a documentation project

by HIV positive women on the human rights violations positive women face, when accessing sexual and reproductive health services in healthcare settings.

These case studies are one piece of a broader initiative to advance the sexual and reproductive rights of women living with HIV, particularly the right to safe, healthy motherhood, and to true reproductive choices. The broader initiative includes a mapping of emerging trends and neglected issues at the intersection of sexual and reproductive health and rights and HIV; development of human rights frameworks, policy briefs, and fact sheets; the use of human rights mechanisms, including the Special Rapporteur; capacity building; and community mobilization.

THE NAMIBIAN EXPERIENCE

The following is a selection of case studies highlighting positive women’s common experiences of human rights abuses in healthcare settings when accessing sexual and reproductive health services, as documented by members of the Namibia Women’s Health Network<sup>1</sup>.

29 YEAR OLD WOMAN, KHOMAS REGION

She fell pregnant in 2007, and started

accessing antenatal care at Windhoek Central hospital in April 2007. As part of the antenatal care services, she – like all other pregnant women – had to undergo an HIV test. She tested positive for HIV.

She went to the nurse in charge (Sister Aspira) for advice on delivery choices and the possibility to have a caesarean birth, when the nurse, in front of everyone, 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 was very disappointed and hurt by the way the nurse responded to her request, as it was her first time to go to this hospital. Later, while speaking to other women at the clinic, she discovered that many women were unhappy with the way the nursing sister treated people living with HIV.

She had no choice, but to deliver her child through natural birth.

39 YEAR OLD WOMAN, OHANGWENA REGION

She was called to go to Angola, where one of her relatives was seriously ill. At the time, she was about to finish her monthly medication. She went to the hospital to ask for an advance monthly supply, as she was due to travel to Angola. The health workers refused to provide her with the ARVs, and she left without her medication. On her return, and two weeks without medication, she went back to the hospital to access her treatment. The nurses refused to give her the medication, as she had missed the collection date – despite the fact that it was the same hospital that refused to give her the necessary treatment in advance.

She is now no longer on medication, worried about getting sick, and about developing resistance as and when she will get on treatment again.

34 YEAR OLD WOMAN, WINDHOEK

In September 2008, she went to Okuryangava clinic for postnatal care, when she was told that she had to take contraception. Even after she explained to the nurse that her husband had just passed away, and that she is, according to her tradition, not allowed to be in sexual contact with any man for a year, the nurse insisted

on her taking contraception, saying: – If you don’t want to take this injection, don’t come back here with another AIDS baby. She gave in, and accepted the contraception, as she was afraid of what the nurse told her.

21 JANUARY 2009, OBSERVATIONS AT MAPILELO CLINIC, CAPRIVI REGION

The service was very poor, because the health workers started their work late, they were too slow, and did not care about the patients, as they do not listen to the patients.

When a patient tells a health worker how she feels, the health worker tells the patient that she is not in a medical profession, and, hence, she should not tell them how she feels, as she is not qualified to do so – only the health worker knows this. Health workers abuse the rights of patients, providing information on their illnesses, according to what the health worker thinks the patient is suffering from, which also causes wrong medication.

A lot of violations are incurring on accessing treatment. Positive women are facing difficulties in accessing services, even though they wake up at 4h00 or 5h00

in the morning to go to the health centre, when they are not feeling well. Pharmacy workers are very rude when people living with HIV request ARV medication for three months, so as to limit the travel costs incurred to collect their monthly medication. This also requires a strong call for advocacy, to have ARV medication available at nearby local clinics, which are currently not providing this medication. Patients are not allowed to ask for their CD4 counts, or any other type of medication. Health workers are always treating people who are HIV negative first, before they treat people living with HIV – despite the fact that the patient is first in line.

WOMEN AGE 30, 36 AND 43 YEARS OLD, DECEMBER 2008, OHANGWENA REGION

The women all experienced verbal abuse, and were treated with no dignity in front of other patients at the hospital. Health providers told the women: –  
*You run after sex and when you have a problem you come to us for services. Yet, you forget that you are living with HIV and should not engage in sex.*

The women were denied treatment, and told that they should face the consequences of having unprotected sex.  
DISCUSSION WITH 14 POSITIVE

WOMEN, ONDANGWA REGION  
People living with HIV suffer too much. There is no proper treatment, due to stigma and discrimination, and the death toll for people living with HIV is high, due to the lack of proper treatment.

Positive women complained about accessing ARV treatment, due to the lack of money to pay the fees for accessing treatment; while people not living with HIV get treatment, whether or not they have money to pay for treatment. Our HIV status makes us vulnerable. In some cases, nurses stop the ARV treatment of a patient, if the patient has TB, without any explanation as to why the ARV treatment is stopped – also causing resistance when the patient is to go back on treatment.

When women living with HIV go to the clinics or hospital for treatment of opportunistic infections, they are always given paracetamol or vitamins, instead of the correct medication to treat the illness.

Another violation positive women are faced with, is linked to accessing family planning, as the health workers tell the women, that they must not have sex, because they are HIV positive. The lack of access to family planning services also leads to an increase in unwanted

pregnancies and unsafe abortions – which is commonly reported in support groups.

36 YEAR OLD WOMAN, KHOMAS REGION

Last year November, she went to Katutura hospital to see a doctor to check her CD4 count, as well as her viral load. When she came to the doctor’s consulting room, she found a nurse. When she told the nurse that she came to see a doctor, the nurse responded that the doctor is not only there for AIDS people, and that she should go back home, as she wont see the doctor. She went outside the room and said: –

*AIDS people have so many problems and they should know that the hospital is not built to treat AIDS. So you can’t just come here and demand to see the doctor.*

*‘I did not go back. I waited until I saw the doctor, and the doctor was very helpful. I felt bad about what happened and told the*

*doctor what the nurse had said to me. He was very supportive and encouraged me not to lose hope, because of her. I was happy after I talked to the doctor, but I was still thinking, what about those people who are not as strong as I am? Would they wait or just go back home. Some of them use a lot of money for transport to come to the hospital, just to find that they will be treated so badly.*

*I think, we must have HIV positive people to volunteer at the hospital, because they will listen to us better than the nurses.’*

Footnote:  
1. Namibia Women’s Health Network (NWHN) is a network created by women both living with HIV and negative women. The NWHN is an inclusive network, thereby, serving all persons infected and affected by HIV and AIDS. Its vision is to empower women, men, grannies and youth with adequate information to enable them to make informed decisions regarding their reproductive health, sexuality and economic opportunities.

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Editors: E. Tyler Crone tyler.crone@gmail.com  
Johanna Kehler jkahn@mweb.co.za



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www.ATHENAnetwork.org



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LEGAL  
NETWORK  
www.aln.org.za

NAMIBIA WOMEN’S  
HEALTH NETWORK

case studies

Documenting Human Rights Violations in Healthcare Settings: Experiences of HIV Positive Women in Namibia