

WHY IS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS A CRITICAL ISSUE FOR KEY AFFECTED WOMEN AND GIRLS?

Sexual and reproductive ill-health and HIV share root causes, including poverty, gender norms and inequality, cultural norms and social marginalisation or criminalisation of the most vulnerable populations.

FACTORS THAT AFFECT KEY AFFECTED WOMEN AND GIRLS IN THE CONTEXT OF SRHR

Factors	<i>For example, compared to other people in the community....</i>
Specific or more complex SRHR needs	<p>A female sex worker might experience higher levels of coerced and violent sex, increasing her need for emergency contraception and post-exposure prophylaxis.</p> <p>A transgender woman who is accessing hormone therapy may need specialist counseling and support as well as specific treatment information and advice.</p> <p>A pregnant woman who uses drugs and is living with HIV might require specific advice on interactions between methadone, contraceptives and antiretroviral therapy.</p> <p>A transgender woman may require specialist counseling on gender reassignment.</p>
Additional or stronger barriers to accessing SRHR services	<p>A woman living with HIV might face stigma and discrimination by staff when using antenatal services.</p> <p>An adolescent girl living with HIV might be denied access to suitable SRHR and HIV information and services because of cultural taboos around discussing sex and sexuality and stigmatization of condom use.</p> <p>A transgender sex worker might not access a public SRHR service if she fears violence by the police.</p> <p>A woman who uses drugs might feel unable to discuss her SRHR needs in the context of a harm reduction programme, especially if these services are orientated towards male drug users and are not responsive to women's health care needs.</p> <p>A woman who uses drugs, who is criminalized, might not be allowed to register at a government-run STI centre.</p> <p>Young key affected women and adolescent girls may not be able to access SRH services because of laws or policy provisions that require parental consent or notification, violating their right to access reproductive health services regardless of age or marital status and without consent of parent, guardian or spouse.</p>
Weaker capacity or opportunities to demand SRHR services	<p>A female or transgender sex worker might not be included in community or national consultations on women's SRHR needs.</p> <p>A woman or girl living with HIV might lack the skills, confidence or a 'safe space' to advocate for their SRHR needs to decision-makers within the health sector.</p> <p>A transgender woman might not be able to participate in SRHR decision-making because their legal status does not reflect their identity.</p> <p>A woman or girl who uses drugs might lack the skills to articulate and describe their SRHR needs because they are left out of community capacity building initiatives.</p>

Adapted from: India HIV/AIDS Alliance (2012) *Policy Brief Key Linkages & Key Populations: Is HIV/SRHR Integration Serving the Needs of Vulnerable Communities*. New Delhi.

VIOLATIONS OF SEXUAL AND REPRODUCTIVE RIGHTS

According to universal human rights commitments, **key affected women and girls have the same sexual and reproductive rights as anyone else**. For example, they have the right to have sexual relations free from coercion, to have children and to protect themselves from infection. Yet, across Asia and the Pacific, key affected women and girls often have their rights violated in ways that impact upon their sexual and reproductive health and rights (SRHR). For example:

- **Female sex workers** might not be allowed to register for a SRHR clinic if her status is criminalized and/or she may be excluded from community-based SRHR services;
- Many **women who inject drugs** experience unplanned pregnancies but intense social stigma means that they often have reduced access to prenatal care and are pressured to have abortions;
- Cases of forced and coerced sterilization of **women and girls living with HIV** have been documented throughout the region;
- **Transgender women** face multiple obstacles to accessing quality health care, including outright refusal to treat transgender patients by healthcare providers;
- **Female migrant workers** are almost always not covered by local labour laws. Except in very few countries, provisions for fair working hours, time off and access to health care do not apply to them. Policies such as forced pregnancy and HIV testing are state-mandated violations of migrants' SRHR.

HEIGHTENED VULNERABILITY TO SRH ILL HEALTH AND BARRIERS TO SUPPORT

Key affected women and girls have many of the same needs for HIV and SRHR information, support, and services as other people in the community. For example, they might need access to HIV testing, advice about family planning and access to maternal, newborn and child health services. There are also, however, a range of factors that mean that **key affected women and girls often experience heightened vulnerability to SRH ill-health** (such as STIs, unintended pregnancies and maternal mortality) and **greater barriers to the support and services that they need.**

SIGNIFICANT UNMET NEEDS FOR SRHR

As a result of these multiple and often overlapping factors, key affected women and girls across the Asia Pacific region experience **significant unmet needs for SRHR**. These needs often 'fall through the net' of SRHR services (that are usually designed for the general public and focus on mainstream services, such as family planning) and HIV services (that are often designed to address a person's high risk behaviour, rather than looking at the 'whole person' and their individual, gender-specific needs). Yet despite these challenges, an increasing number of organizations working with key affected women and girls are putting HIV/SRHR integration into practice.

GUIDANCE ON HIV/SRHR INTEGRATION

Two useful publications relating to good practices on HIV and SRHR integration are shown below. These reports are available on this HIV and AIDS Data Hub website.

- India HIV/AIDS Alliance (2012) *HIV/SRHR Integration for Key Populations. A review of experiences and lessons learned in India and globally*. New Delhi.
- IPPF, UNFPA, WHO (2014). *SRH & HIV Linkages Compendium: Indicators & Related Assessment Tools*. London, UK.

EXAMPLE OF UNMET SRHR NEEDS OF KEY AFFECTED WOMEN AND GIRLS IN INDIA

A 2011 study of **women who use drugs** in Manipur found that:

- 56% of those that were married had an unmet need for contraception.
- 15% had experienced forced sex and 17% physical violence in the last 3 months.
- Many concealed their drug use from health providers.

A 2012 study of **female sex workers** in Andhra Pradesh found that:

- Although 70-75% regularly used condoms with clients, few used them with their regular partners.
- 30% had experienced unintended pregnancies. Most resorted to abortion (with 10% self-induced at home) and the majority had post-abortion complications.
- Government clinics were the least preferred type of services due to judgemental attitudes and low confidentiality.

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