

ICW Statement

International Maternal Health and Rights Day *April 11th, 2016*

ENSURE ALL WOMEN LIVING WITH HIV HAVE ACCESS TO RIGHTS-BASED MATERNAL HEALTH!

Maternal health is critical to achieving an end to AIDS by 2030, and to realizing all Sustainable Development Goals and the Global Strategy for Women's, Children's, and Adolescents' Health.



Maternal death: While maternal mortality has fallen by 44% since 1990,¹ pregnancy continues to carry a high risk of death worldwide, especially for women living with HIV.

Globally, 800 women die every day due to largely preventable complications during pregnancy and childbirth – which amounted to an estimated 289,000 maternal deaths in 2010.²

HIV and AIDS caused an estimated 56,100 maternal deaths globally in 2011,³ and almost 1 in 10 maternal deaths in Sub-Saharan Africa resulted from HIV-related causes.⁴

Low access to maternal health services, including lack of skilled birth attendants: Studies have revealed low utilization by women living with HIV of critical maternal health services, including voluntary or routine HIV counselling and testing, prevention of mother to child transmission of HIV, appropriate contraceptives, antenatal care (ANC), and post natal care (PNC).

1 http://www.who.int/maternal_child_adolescent/topics/maternal/en/

2 http://www.who.int/maternal_child_adolescent/topics/maternal/en/

3 <http://www.un.org/millenniumgoals/2014%20MDG%20report/MDG%202014%20English%20web.pdf>

4 <http://www.who.int/whr/2010/en/>

This lack of utilization is largely driven by violations of women's rights both during pregnancy and during the breastfeeding period. Additionally, women living with HIV and AIDS lack skilled attendants at birth, who can greatly reduce the risk of maternal and new born mortality.⁵

Women living with HIV may be more affected by certain reproductive health-related complications, including miscarriage, post-partum haemorrhage, puerperal sepsis, and complications from caesarean section deliveries.⁶

While mothers should have a choice about their birthing strategy, home-based births must also be coupled with strategies that remove community barriers to accessing emergency obstetric care, including birth attendants' recognition of danger signs and effective referral mechanisms.⁷

Abortion: Globally, women living with HIV often lack access to safe abortion. Every year, worldwide, about 42 million women with unintended pregnancies choose abortion, and nearly half of these procedures, 20 million, are unsafe.⁸

Inadequate and inaccurate information: Many women living with HIV lack accurate and up-to-date information on reproductive health, including family planning methods, abortion, sterilization, STIs, free and informed consent requirements, and PMTCT.⁹

Unmet need for contraception: Women and girls living with HIV experience unmet need for contraception; globally, 225 million women who wish to delay or avoid pregnancy have an unmet need for contraception.¹⁰

Stigma and discrimination: Women living with HIV encounter multiple barriers when trying to access services at health centres. These include stigma and discrimination from their families, their communities, and health workers.¹¹

ICW calls upon all the stakeholders at all levels to recognize the need to eradicate barriers for improving maternal health among women and girls living with HIV.

- Women and girls living with HIV must be provided with accurate and comprehensive information on all aspects of maternal health and rights;
- Stakeholders must develop and promote programs and policies that combat stigma, discrimination, and abuse women living with HIV face in healthcare settings;
- Stakeholders must develop programs and services that promote comprehensive, holistic care strategies that address barriers to accessing early antenatal care and include psychosocial support for women living with HIV; and ensure meaningful involvement of women living with HIV in the design, implementation, and evaluation of these programs and services;

5 <http://www.mamaye.or.tz/sites/default/files/evidence/mps%2002%20Maternal%20Survival.pdf>

6 <http://www.mamaye.or.tz/sites/default/files/evidence/mps%2002%20Maternal%20Survival.pdf>

7 <http://www.mamaye.or.tz/sites/default/files/evidence/mps%2002%20Maternal%20Survival.pdf>

8 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>

9 <http://www.jiasociety.org/index.php/jias/article/view/20280/html>

10 <http://who.int/mediacentre/factsheets/fs351/en/>

11 <http://www.jiasociety.org/index.php/jias/article/view/20280/html>

- Stakeholders must increase research on drivers of positive maternal health outcomes for women living with HIV; in particular, research to identify causes of higher maternal mortality among women living with HIV and to develop evidence-based responses to maternal health disparities for women living with HIV;
- Access to treatment, care, and support and PVT services must be increased, and women living with HIV must be empowered to make voluntary, fully informed, autonomous decisions about whether and when to be treated;
- All branches of government must be involved in the response to maternal mortality, HIV and gender-based discrimination.

ICW calls upon women to demand accountability from their governments for maternal health care, and to advocate for increased access to health information and services.

Join the conversation on Twitter [#IntlMHDDay](https://twitter.com/IntlMHDDay).

NOTHING FOR US WITHOUT US!

For more information please visit:

www.iamicw.org

The International Community of Women Living with HIV, the first and only global network by and for women and girls living with HIV, has worked for over 20 years to address and support the challenges of, as well as collectively celebrate, all self-identifying women and girls living with HIV throughout the world.



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