

HIV/AIDS, women's reproductive health care rights and infant nutrition

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Focus of presentation

- 👉 Women's rights issues when look at children's right to nutrition in the context of HIV
- 👉 Not referring to women's own nutritional needs or the many other issues related to women and HIV/AIDS
- 👉 Simply raising some issues, not proposing solutions

Infant nutrition

- 👉 Focus thus far on the breastfeeding/formula feeding debate
- 👉 Women have identified the need for additional nutritional support broader than this debate
- 👉 Rural women, even where breastfeeding additional nutritional support for both mother and child beyond formula needed, difficulties in accessing grants, poverty, food insecurity
- 👉 Interconnectedness of rights

Women's Rights

- 👉 Women and men have right to determine the course of their reproductive lives and health and to have access to information and services to allow them to protect their own and family's health
- 👉 Right of a woman to make decisions about infant feeding, based on full information and as wide a range of choices as possible, and appropriate support for the course of action she chooses
- 👉 Right of women and girls to information about HIV/AIDS and to access to means to protect themselves against it

TAC case

- 👉 "While the primary obligation to provide basic health care services no doubt rests on those parents who can afford to pay for such services, it was made clear in Grootboom that 'this does not mean ... that the State incurs no obligation in children who are being cared for by their families'" – provision of nevirapine to prevent MTCT essential since needs most urgent.
- 👉 "Whether it is desirable to use substitute rather than breastfeeding raises complex issues, particularly when the mother concerned may not have easy access to clean water or the ability to adopt a bottle-feeding regimen because of her personal circumstances. The result of the studies conducted at the research and training sites may enable government to formulate a comprehensive policy in this regard. In the meantime this must be left to health professionals to address during counselling" - not sufficient evidence to justify order that government provide formula on request

Breastfeeding vs formula

- 👉 Health benefits from immunological properties of breastmilk could outweigh health risks of virus transmission through breastmilk
- 👉 Must provide mothers with information need to make informed choices, broaden role of counsellors, TAC judgment advocated this
- 👉 Only offer within MTCT programme setting, to reduce risks of negative public health impact

Providing options to women

- ✚ Women's right to make decisions about their bodies and their right to reproductive health and information
- ✚ Duty to promote and fulfil implies providing women with real options to enable them to make decisions – where women test positive and choose to formula feed, should be given access to formula. Infringement of women's dignity if, once they are aware of dangers of MTCT and want to formula feed, not to give them means to do so, in effect depriving them of exercising their choice given prohibitive cost of formula.

WHO recommendations, June 2001

- ✚ Exclusive breastfeeding should be protected, promoted and supported for 6 months. This applies to women who are known not to be infected with HIV and women whose infection status is unknown;
- ✚ When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life;
- ✚ To minimize HIV transmission risk, breastfeeding should be discontinued as soon as feasible, taking into account local circumstances, the individual woman's situation and the risks of replacement feeding (including infections other than HIV and malnutrition);
- ✚ HIV-infected women should have access to information, follow-up clinical care and support, including family planning services and nutritional support.

Women's choices

- ✚ Counsel women on advantages and disadvantages of breastfeeding and formula feeding, including considering women's own health and circumstances
- ✚ If decide to breastfeed – advise on best practices, risks related to mixed feeding, need for weaning at earlier stage??
- ✚ If decide to formula feed – advise on how to mix and use, hygiene, sustain, dangers of mixed feeding, making water hygienic
- ✚ If women advised on option without themselves being convinced that it suits their circumstances – real chance won't follow it once home
- ✚ NB that women make final decision and supported in it
- ✚ Baby should have access to care in case of malnutrition or infections occurring
- ✚ Health of mother crucial in ensuring health of baby, although not end in itself

CEDAW

- ✚ Women must receive appropriate services in connection with pregnancy, confinement and post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation
- ✚ Beijing declaration 1995 "Reproductive health implies the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant"

Existing programmes

- ✚ Primary school feeding scheme
- ✚ Infant and young child feeding scheme – nutritional aid to infants at hospitals
- ✚ Community based nutrition project – education on food use and production
- ✚ Free health care for pregnant women and children under 6

Food insecurity

- ✚ “food security” – exists when all people at all times have access to the food they need for a healthy, active life
- ✚ Existing inequalities – false dichotomy to suggest parents have primary responsibility
- ✚ 7.6 million unemployed – 20 million people without access to resources from those households, limitations of social security

Nutrition

- ✚ Can't talk about nutrition without talking about meaningful and realisable policies – which we should fight for
- ✚ To deal with nutrition must recognise the inequality which exists within society – what we put forward wrt nutrition for children should also challenge those inequalities that prevents families from addressing nutrition

Future struggles

- ✚ Various levels of legislation and constitutional rights should explore, deepen and concretise materially issues around food insecurity and lack of adequate nutrition
- ✚ How rights are addressed depends on the social forces and litigation will only have a limited impact – need to campaign around demands
- ✚ Irrespective of what happens in courts, likely that we will have food riots in coming period if trajectory continues
- ✚ According to World Bank 2001 Report on Development, there were food related riots in 23 countries in the South over the past 2 years
 - Where there is food, people without money to access it
 - Where there is no food, because economies of those countries were changed so much through IMF and World Bank regulation and WTO rules that producing mainly for export market
- ✚ In a study by Food First, shown that there has been a net increase in the production of food and at the same time a decrease in the consumption of food by the most marginalised, including women and children
- ✚ When talk about nutrition, should be careful where separate PWAs and children from the rest of the household who also need access to food

Famine in Southern Africa

- ✚ Recent statistics: in Sub-Saharan Africa 34% or 194 million of the population goes hungry
- ✚ Region worst hit by HIV/AIDS, which has reduced the economically active population and forced many women and children into the role of caregiver for the sick. Many people living with HIV/AIDS will find it virtually impossible to survive the famine
- ✚ Need rapid response, look at variety of options

The right to food

- ✚ Around the world movements emerging with the same demands: the basic human right to be able to feed oneself and live with dignity
- ✚ In this context look at rights in SA constitution
- ✚ Everyone right of access to sufficient food – s27(1)(b) - qualified
- ✚ Every child's right to basic nutrition – s28(1)©
- ✚ Rights also to social security, clean water, health