

SEXUAL AND REPRODUCTIVE AND HIV/AIDS HEALTH CARE IN ARGENTINA

BIANCO, M. ; MARIÑO, A. AND BARREDA V.

In 2007 FEIM coordinated the evaluation of the UNGASS goals related to sexual and reproductive health in Argentina with the participation of sixteen NGOs of women living with HIV/AIDS, affected by HIV/AIDS, sex workers, youth, LGBTTT, women's rights and people in situation of incarceration, as part of a multi-country international project.

→ THE ARGENTINEAN CONTEXT

In 2002 the National Sexual and Reproductive Health Law was passed leading to the creation in 2003 of the National Program of Sexual and Reproductive Health – NPSRH, guaranteeing free access to sexual and reproductive health information and services for the entire population. The National AIDS Program has functioned since 1991 created and regulated by the AIDS National Law. Despite the current national legal frame, people and specially certain groups like youth, women, WLWHA, lesbians, transvestite, transsexual and transgender people face obstacles and discrimination due to the poor implementation of these laws.

"Young people between 15 and 18 and 18 to 24 years old do not have the relevant information to prevent STIs, unwanted pregnancies... the public health system has a prevention strategy that denies adolescents access to sexuality information and condoms" (Conciencia Joven).

"There are no public policies for AIDS prevention at a national level that incorporate a gender perspective or specifically address the reality of the TTT" (ALITTT).

In addition there is an absence of coordination and collaboration between SRH and HIV/AIDS programs and services. Sexual and Reproductive health care providers are not trained to counsel, inform and care for women living with HIV/AIDS on family planning and their sexual and reproductive needs, and those who care for AIDS patients have no knowledge of reproductive health and rights.

Women living with AIDS experienced problems in finding providers capable of informing and counseling them on their sexual and reproductive needs, options and choices from a human rights perspective.

"...it is clear that the National SRH Program is concerned mostly, with contraception, while the National AIDS Program is concerned with HIV/AIDS prevention and care." (International Gay and Lesbian Human Rights Commission - IGLHRC).

"...there has been only one joint condom purchase and training exchange, but there is no other collaboration (...) There are differences in management and timing to achieve concrete objectives; differences in methodology for working with people..." (Desalambrando).

"Incarcerated women do not have access to gynecology medical care of any kind and that they NEVER have gynecological exams unless they have symptoms. If they are transferred, their Clinical Records do not go with them to the new unit and treatment does not include Viral Load studies, control CD4 counts" (MLCM+).

Lesbians, Transvestite, Transsexual and Transgender people usually face stigma, discrimination and abuse while accessing to sexual and reproductive services by providers, personnel and other patients. They are usually obliged to use the health care services according to their birth sex status.

"...norms refer only to heterosexual men and women, reinforcing the gender binary and excluding the identity of transvestites, transsexuals and transgender people. TTT are kicked out of schools at a young age as a result of explicit violence by teachers and students... This expulsion reinforces discrimination which confines us to prostitution and takes away our right to dignified work..." (Association for the Struggle of Transvestite and Transsexual Identity ALITTT).

→ FROM THE STUDY THE MAIN GAPS WERE:

- Lack of integration and coordination between SRH and HIV/AIDS national programs and services.
- Lack of personnel trained in the SRH programs on HIV/AIDS needs and rights as well as HIV/AIDS programs personnel trained in sexual and reproductive health and rights (prevention of unwanted pregnancy, fertility, regulation).
- No participation of community groups of women, PLWHA, young people, gay, lesbian, bisexual, TTT people in public health care services.
- Programs and services don't address the specific needs of GLBTTT people.
- Absence of data disaggregated by sex and age and cross epidemiological analysis.
- Difficulties of SRH and HIV/AIDS programs in coordinating actions with other sectors like youth, education, social development and women.

"...there are no governmental studies on the impact of the HIV/AIDS epidemic in Argentina. The studies done are reduced to behavior and epidemiology, and those in the area of epidemiology are broken down by sex. Nobody could say if there is trustworthy determination on the impact of the epidemic in women, young people or girls with respect to all aspects of the HIV/AIDS epidemic in Argentina." (IGLHRC).

→ LESSONS LEARNED:

- Women, youth and GLBTTT experienced obstacles and restrictions in accessing sexual and reproductive health services as well as inadequate care by providers who ignore or disregard their rights.
- Laws on sexual and reproductive health and HIV/AIDS need to be followed to guarantee free access to services for all through the training and awareness of SRH and HIV/AIDS personnel as well as the people on their rights.
- Comprehensive SRH and HIV/AIDS services should be available for the entire population, including adolescents and young people without any restriction.
- SRH and HIV/AIDS programs collaboration and coordination is critical as well as the training and awareness of health personnel and providers on reproductive health and rights and HIV/AIDS care from a gender perspective.
- SRH and HIV/AIDS programs responses should incorporate the participation of organizations and community groups of women, PLWHA, youth and GLBTTT to create new strategies to give an adequate response.
- Comprehensive and sensitive programs and services for GLBTTT people needs to be developed, paying special attention to their needs and realities.
- A universal protocol for victims of sexual violence should be implemented at all public health care services, providing free emergency contraception and PEP as well as comprehensive medical, legal and psychological care.
- Epidemiological data disaggregated by sex and age, since the 10 – 14 group age, should be available.
- Comprehensive Sexual Education needs to be provided in every school with a gender and human right perspective.

→ NEXT STEPS:

- Promote and develop joint Advocacy work of WLWHA, sexual and reproductive health activists, GLBTTT, adolescent and young people to improve SRH and HIV/AIDS programs to fulfill their needs.

"The joint prevention strategies developed among peers and by groups and organizations involved in planning improve the population's access to information and knowledge on sexual and reproductive health" (Fundación Huesped).

Paraná 135 Piso 3 "13" (1017)
Buenos Aires - Argentina
Tel./Fax: (+54 11) 4372 2763
feim@feim.org.ar
www.feim.org.ar



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