Topic specific recommendations: Reproductive Health, Rights, and Justice

The Key recommendations for developing a national action plan to advance the sexual and reproductive health and rights of women living with HIV in Canada (Kaida et al., 2022) cut across four community-identified topics, including Universal Trauma and Violence Aware Care/Practice; Supporting Safer HIV Disclosure; Reproductive Health, Rights, and Justice; and Resilience, Self-efficacy, and Peer Support. Through an iterative process of analysing stakeholder input across all discussions (webinars, in-person event) and feedback forums, the five cross-cutting key recommendations for action emerged. They are described in the linked paper (**Table 1**). Here, we have shared the discussion specific to the Reproductive Health, Rights, and Justice webinar topic, including topic-specific recommendations for action.

Co-leads: Margarite Sanchez (Viva Women, Southern Gulf Islands AIDS Society, CHIWOS), Dr. Deborah Money (University of British Columbia), and Dr. Angela Kaida (Simon Fraser University)

Summary of Discussion

Sexual and reproductive rights are human rights, which are inclusive of the right to not have children, to have children, to plan time and spacing of pregnancies, and to parent the children a woman has. Key messages in the National Action Plan need to center and highlight the voices of women living with HIV, with a clear understanding of how allies can support an intersectional message to reach key decision makers in government, policy, and healthcare without losing the voices of women. Key messages need to be tailored to the different stakeholders at different 'levels' to educate and resonate with a diverse audience, use appropriate and inclusive language – and include solutions. Social media and/or app-based programs are a great way to reach various audiences, inform public decisions, and engage youth.

> *"Women must be informed about their reproductive rights: 'a voice and a choice'."*

One immediate area for concentration is requiring comprehensive training for service providers (i.e., medical professionals and social workers), including: mentorship for healthcare providers that practice outside of larger centers, collaborative Knowledge Translation events to disseminate the recently updated 2018 pregnancy planning guidelines for women living with HIV to both HIV and non-HIV specific care providers who may be a first point of healthcare contact for women living with HIV; increase reach of the webinars by providing continuing medical education credits; address the 'soft skills' in healthcare, and disarm the privilege between healthcare providers and women living with HIV by using language that is not stigmatizing, shaming, or judgemental. Instead, provide training to healthcare providers to debunk myths about HIV, sex, and pregnancy and ask the individual what SRHR looks like for them, and listen to what they need. When women are provided with accurate, scientific information they can make informed decisions about their SRHR.

Secondly, availability of care does not necessarily equate to accessibility to care. It is critical that we consider barriers to care, particularly barriers that more marginalized groups face and experience and to advocate for practical ways of addressing such barriers. Women need access to care across the reproductive lifespan, including safe abortion, contraception, peri- and postmenopausal support, and prenatal care regardless of geographic areas, and economic status.. Conversations need to attend to and include the reproductive goals and rights of trans- and gender fluid women. Everyone who has a reproductive goal needs to have access to updated scientific information, which needs to be accurate, impactful, and actionable. Women must be informed about their reproductive rights. Further, choices must be supported in a meaningful way – women must have the necessities required to act on those choices.

A peer model has been identified as useful, however, the point was raised that we need to be conscientious about the load that we are expecting women and peers to take; where do allies come in to provide services? Peers need proper compensation and recognition for their work. A suggestion was to create a role of Gender Ambassador / Health Navigator for peers to acknowledge the lived experience of women living with HIV, whether they are compensated fairly, and enable future growth and opportunities.

The sexuality of women living with HIV is largely ignored or discussed as acts that are done to women, undermining women's roles as active agents in their own sexual lives and decision-making. In particular, the sexuality of women living with HIV has focused primarily on conversations of risk, rather than pleasure. Conversations of sex, and reproductive rights should be normalized outside of service providers, and reproductive health education should start earlier, with stress on individual autonomy of women and girls. In these community networks, social determinants of health activities like the "Wheel of Power" can be shared to help dismantle stigma, and to share how unjust systems of power make some people more vulnerable than others to negative health outcomes.

Key Recommendations: Reproductive Health, Rights, and Justice	
I.	**Meaningfully engage women living with HIV across research, policy, and practice aimed at advancing the sexual and reproductive health and rights by, with, and for all women living with HIV.**
	Approaches to policy, programming, research, and action that are sex-positive, intersectional, and inclusive of all people with reproductive goals – including transwomen and people who identify as gender fluid – are critical.
	Support reproductive health and rights across the lifespan, including addressing structural gaps in access (e.g. stigma and discrimination from within the healthcare system and the general public, poverty, food and housing insecurity) to reproductive services. Women living with HIV must have equitable access to services and information that support a range of reproductive health needs, including contraceptives, abortion, prenatal care, and information and supports about breastfeeding, motherhood, and menopause.
II.	**Centre Indigenous women's priorities, voices, and perspectives in all efforts to advance sexual and reproductive health and rights of women living with HIV.**
	Reproductive justice and rights of Indigenous women living with HIV – including decisions about when and if to have children, and right to parent the children they have

– must be actively supported across policy and programming. In line with this, Indigenous women living with HIV must have equitable access to culturally safe and relevant information, resources, and supports that enable them to make decisions about their own reproductive goals and to act on those decisions.

III. Use language and terminologies that are actively de-stigmatizing, inclusive, and reflective of women living with HIV's strengths and experience when discussing sexual and reproductive health and rights of women living with HIV.

When discussing and advocating for reproductive justice, it is critical to acknowledge that this is inclusive of a wide range of reproductive rights; this advocacy and efforts should support the rights of women living with HIV to have children, not to have children, and to parent the children that they do have. Particularly for women living with HIV who face intersecting forms of marginalization, reproductive justice is an essential framework for challenging historical and contemporary structural reproductive coercion and violence.

The sexuality, sexual lives, and sexual behavior of women living with HIV must be actively supported through use of destigmatizing, sex-positive language.

IV. Strengthen and expand Knowledge Translation and Exchange (KTE) initiatives to support access to and uptake of relevant and up-to-date sexual and reproductive health and rights information for all stakeholders.

Scientific, accurate, impactful, understandable, and actionable SRHR information is necessary in order for women living with HIV to make informed choices that best suit their reproductive goals. Building on this, women living with HIV must have the necessities required to act on those choices.

Leverage opportunities for community engagement and mobilization; for example, community empowerment forums for women living with HIV can support knowledge regarding their sexual and reproductive rights.

Evidence-based guidelines and toolkits (e.g. Pregnancy Planning Guidelines) must be widely available and accessible for all healthcare workers. Tailor guidelines and resources to meet the needs of diverse audiences, including service and support providers whose work may not directly involve HIV, but who are a first point of contact for women living with HIV.

V. Catalyze the reciprocal relationship between evidence and action such that action on sexual and reproductive health and research is guided by research evidence, and research is guided by what is needed for effective action.

Research evidence should be actively guided by the reproductive needs of women living with HIV and should ensure that women living with HIV – and those who support them – have access to relevant, accurate, up-to-date information needed to make and act upon decisions regarding reproductive health and goals.

Reproductive Health, Rights, and Justice: Resources

View *Reproductive Health, Rights, and Justice* webinar recording at:
https://www.youtube.com/watch?v=rhhrFTxspq4&feature=youtu.be

Access additional webinar resources at: http://www.chiwos.ca/wp-content/uploads/2018/01/Canadian-Webinar-Series-January-24_Resources-2.pdf

Topic 3: Resilience, Self-efficacy, and Peer Support

Co-leads: Tracey Conway (Canadian Positive People Network, Women's College Research Institute), Brittany Cameron (PARN), Brenda Gagnier (Ontario HIV Treatment Network, CHIWOS), & Dr. Carmen Logie (University of Toronto)

Summary of Discussion

Several key themes emerged from discussions of how best to integrate and cultivate resilience, self-efficacy, and peer support within the development of a national action plan to advance the sexual and reproductive health and rights of women living with HIV.

Discussions underscored a need to revision, re-centre, and recommit to the meaningful engagement of women living with HIV, and the importance of having leadership from women living with HIV at *every stage* in the development of a national action plan. Best practices must be established for working with peers, which should explicitly address the need for sustainable, long-term employment that offers opportunities for upward mobility, education, and equal pay. Suggested directions for further training and education include leadership training, media training, and training in grant-writing. Participants outlined the importance of meeting women where they are to cultivate opportunities for leadership and capacity-building that are available and accessible to women living with HIV with diverse lived experience. Further, women's expertise must be recognized institutionally as a *valuable*; training and education for service providers should be informed by women's lived experience. Further, women living with HIV must have equitable opportunities within institutions.

> *"We need longer term, more sustainable employment for peers that offers upward mobility, opportunities for further education, and skill-building."*

As part of this discussion, key barriers to inclusion were identified (e.g., the need to more effectively reach young women and women who are geographically isolated). Practical barriers (e.g., those related to finances, transportation, childcare and family responsibilities) and systemic barriers (e.g. racism and classism) must be addressed so opportunities to offer and access peer support are accessible to all women living with HIV.

Participants highlighted gaps in policy and programming that currently impact women living with HIV. Particular attention was given to the closure of women-specific ASOs and the need for collective advocacy to re-instate women-specific programs and services. Additionally, community-academic partnerships must be strengthened by centering women's voices and lived experience, and by offering opportunities for women to gain experience in academic writing and research – this commitment should be built into grant applications to ensure adequate resource allocation. Participants also recognized a need to build stronger allyships with supporters and service providers in order to cultivate greater understanding of women's experiences. Knowledge translation and exchange opportunities can ensure that up-to-date information is widely available, both for women living with HIV and for the broader population.

Western medicine and disease models are at times at odds with a strengths-based approach; it is essential to refocus on the strength and resilience of women living with HIV. Opportunities to cultivate resilience and self-efficacy were identified across discussion topics, highlighting the importance of recognizing and supporting women's strength, leadership, and empowerment in all settings and disciplines.

> *"Women's voices are powerful, and this should be reinforced."*

Key Recommendations: Resilience, Self-efficacy, and Peer Support

I. Meaningfully engage women living with HIV across research, policy, and practice aimed at advancing the sexual and reproductive health and rights by, with, and for all women living with HIV.

It is critical to raise awareness of, recommit to, revision, and recentre fundamental principles of the meaningful engagement of women living with HIV (MEWA) across policy, programming, and research by strengthening peer-based action, support, and advocacy. Include the use of an intersectional lens which values and celebrates diverse examples of resilience and seeks to redress gender imbalances.

The diverse experience, expertise, and leadership of women living with HIV are essential and should be reflected as such across policy, programming, and research. For example:

- Embed peer support into services for women living with HIV, with opportunities for women living with HIV with diverse lived experience to contribute meaningfully.
- Ensure that equitable and sustainable opportunities for training, education, employment, and upward mobility are available and accessible to peer workers.
- Provide adequate compensation for peer workers across sectors.
- Allocate resources to strengthen and expand women-specific services and peer work by making funding dependent upon demonstrating the meaningful engagement of women living with HIV.

II. Centre Indigenous women's priorities, voices, and perspectives in all efforts to advance sexual and reproductive health and rights of women living with HIV.

Ensure that Indigenous peer support, leadership models, and teachings remain central to any supports and services offered to women living with HIV.

The use of culturally relevant strengths-based approaches which highlight and celebrate resilience is essential.

III.	**Use language and terminologies that are actively de-stigmatizing, inclusive, and reflective of women living with HIV's strengths and experience when discussing sexual and reproductive health and rights of women living with HIV.**
IV.	**Strengthen and expand Knowledge Translation and Exchange (KTE) initiatives to support access to and uptake of relevant and up-to-date sexual and reproductive health and rights information for all stakeholders.**
	The voices and perspectives of women living with HIV must be at the foreground of ongoing efforts to build and expand KTE initiatives across diverse sectors and for diverse audiences in order to ensure that their needs and expertise are reflected in action. Potential goals of such KTE efforts may be to develop toolkits or resources to facilitate the implementation of peer support models, inform and mobilize allies, and promote service delivery that is responsive to women's lived experiences.
	Leverage existing opportunities, including existing peer networks, in order to strengthen a national response and strengthen peer support models.
V.	**Catalyze the reciprocal relationship between evidence and action such that action on sexual and reproductive health and research is guided by research evidence, and research is guided by what is needed for effective action.**
	Action and evidence must be led by women living with HIV, and actively recentre women's voices, needs, perspectives, and expertise. In an effort to support this, practical barriers (e.g. lack of transportation, childcare, etc.) must be addressed to facilitate the engagement of women living with HIV.

Resilience, Self-efficacy, and Peer Support: Resources

View *Resilience, Self-efficacy, and Peer Support* webinar recording at:
https://register.gotowebinar.com/recording/4217250904891321862

Access additional webinar resources at: http://www.chiwos.ca/wp-content/uploads/2018/03/Webinar-4-Resources.pdf