
AIN'T I A WOMAN?

RECOGNIZING AND PROTECTING THE RIGHTS OF YOUNG WOMEN AFFECTED BY HIV & DRUG USE

Overview

Young women who use injection and non-injection drugs are increasingly affected by HIV. This is due to age and gender-specific vulnerabilities to both injection and sexual transmission routes, however, these unique vulnerabilities are not well recognized by policy makers and service providers. Young women who use drugs deserve the recognition and fulfillment of their human right to health – yet this right is consistently violated around the world. The HIV response must do more to ensure young women who use drugs have access to respectful health services, the protection of their sexual and reproductive rights, living environments free of violence and criminalization, and other essential human rights protections.

YOUNG WOMEN, DRUG USE AND HIV: WHAT ARE THE ISSUES?

Young women who use drugs have unique needs too frequently ignored by conventional harm reduction and HIV prevention programs. In addition to facing gender related barriers, young women face **age-related vulnerabilities:**

- Most people who use and inject drugs begin doing so at a young age where the risk of experiencing harm, including contracting HIV, is greatest.¹
- Like other young people who use drugs, women and girls face age-related barriers to accessing harm reduction services. Many young women under the age of 18 are unable access harm reduction programs due to arbitrary age restrictions on services.²

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- Young people face issues of poverty, lack protective social networks and may experience homelessness while using drugs. Young women who are homeless may experience violence and abuse, and in some countries, women who use drugs are unable to access shelters for abused women.³
 - The current policies of criminalization towards young people who use drugs adversely affect young women, who after prison face severe social stigma and are often denied jobs or government benefits. Young women are also especially vulnerable to sexual exploitation by the police.⁴
 - If under the age of 18, young people who use drugs and sell sex are ignored by most donors and programmers.

'I was detained for having track marks on my arm. When I was detained, I was forced to have sex with multiple men and I had to agree. I only learned later that they have no right to detain me for track marks.'

Elina, 20, Tajikistan

'We want young people to know what harm reduction is; young girls know very little about harm reduction because no one works with them. I want young women to know about their [HIV] status and to know their rights. I want them to be able to live like anyone else, entitled to their human rights.'

Natasha, 19, Kyrgyzstan

The **gender-specific issues faced by young women who use drugs** in accessing essential HIV prevention and treatment services have been well documented. However, it is important to note that age, gender and drug use often make young women more stigmatized than their older counterparts.⁵ Important gender issues to note include:

“It’s so ridiculous that if a woman gets her own stuff (drugs) and carries condoms in Lebanon, she is assumed to be easy or a sharmouta (degrading term for sex worker).”

Reem, 23, Lebanon.

- Young women are often initiated into injecting drug use by their older male partners, and depend on their partners to inject them using an often already used needle.^{6,7} Sharing injecting equipment with partners is also found to be a demonstration of trust.^{8,9} As a result of relying on male partners, young women sometimes never seek clean-needle exchanges and other health services.¹⁰
- Young women who use drugs often lack access to anonymous HIV testing and counseling. ART provision for people who use drugs is poor, and young women who use drugs face additional barriers to treatment due to societal and financial barriers.¹¹
- Culturally embedded power imbalances between men and women also expose young women who use drugs to violence and abuse.¹² Domestic violence which is experienced by many young women who use drugs may prevent them from accessing services or seeking HIV treatment.¹³ Gender and cultural norms also influence women’s power to negotiate condom use which is found to be more difficult for women who use drugs due to their marginalization by society and resulting feelings of disempowerment.¹⁴

- Young women who use drugs face immense reproductive rights issues. Young pregnant women who use drugs experience harsh treatment from healthcare workers and are often given misleading information about drug use and pregnancy.¹⁵ Young mothers may not access harm reduction services for fear of losing custody of their children, especially where state registries exist.¹⁶ Young women who use drugs may experience forced sterilization or pressure to have an abortion from healthcare workers.¹⁷
- Young women who use drugs sometimes engage in sex work as a survival strategy and/or to support their own and/or their partners habits.¹⁸ ¹⁹ Because of the overlap between drug use and sex work, they also are more vulnerable to experiencing police abuse and harsh law enforcement.²⁰

“We want human rights abuses to end, because we live in a democratic society,” said Ludmila Vins, Director of Shans Plus, a community group in Russia. “We will fight for our constitutional human rights to be completely respected. Unfortunately, in our society, to fight alone is a pretty useless strategy. This is why the mobilization of women drug users affected by HIV is the only way out of this situation, [the only way] for it to change for the better.”

‘It’s (sex work), you know, a way to survive..’

Ashmi, 18, Nepal

LET'S GET *SMARTER* ABOUT MEETING THE NEEDS OF YOUNG WOMEN WHO USE DRUGS

Although young women who use drugs face unique issues, simple actions on behalf of HIV stakeholders have the potential to ensure more young women access the healthcare and other essential services they need. The first step is that donors and programmers must incorporate an **age and gender lens** when working on drug use and HIV. Other steps include:

1. **Policies and laws that present barriers to young women accessing harm reduction services must be removed**, including:
 - a. Age restrictions;
 - b. Criminalisation of drug use and drug possession for personal use;
 - c. Drug user registries;
 - d. Parental consent requirements and lack of confidentiality guarantees.

2. Meeting the needs of young women who use drugs requires a holistic approach.

It is not enough to just fund HIV prevention, family planning or human rights. Young women who use drugs need comprehensive health services that address their sexual and reproductive health, HIV, TB, and Hep C needs. Integrated harm reduction programmes for sex workers that use drugs and support groups that help young women negotiate safer injecting and sex should be available. Programmes must also have links with women's shelters, domestic violence and rape prevention services.

3. Services that target young women must be flexible and low threshold.

They must create an environment that is friendly for young women, including ensuring young female staff members are employed. There must be greater involvement of young women who use drugs in policy and program development.

4. Support community-based organizations of young women who use drugs

to speak out on their issues and address the human rights violations they frequently experience.

Peer networks allow young women who use drugs to feel safe and supported to discuss their issues. They also enable better health outcomes through supporting members to obtain legal documents, access friendly medical care and support HIV treatment adherence.

5. We must start having honest conversations about reaching under-18 young women who use drugs and sell sex

that moves away from a victimization approach and instead focuses on the critical question: how do we provide young women with the best possible health care? How can we better listen to young women who use drugs and sell sex to ensure their rights and needs are respected? The longer donors, programmers and multilaterals ignore the issue of under-18 young people, the further we are from doing what's best for young women affected by HIV and drug use.

6. Donors and service providers must work together across silos

to enable more effective programming at the community level.

Stay tuned for a follow-up publication from HYL F and Youth RISE at the end of 2012 assessing best practices from supporting young women-led groups working on drug use and HIV issues! For further information, contact brief authors Caitlin Chandler, HYL F (Caitlin@Hivyoungleadersfund.org) and Anita Krug, Youth RISE (anita@youthrise.org).

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