

# No Easy Answers

## HUMAN RIGHTS DILEMMAS IN HEALTHCARE

### HKS TUTORIAL - HUMAN RIGHTS AND SOCIAL JUSTICE

#### CASE STUDY

##### GENDER DISCRIMINATION AND HIV/AIDS IN SUB-SAHARAN AFRICA



**STOP  
HIV**



**Dr. Sharuna Verghis**

# NO EASY ANSWERS

## *Human Rights Dilemmas in Healthcare*

### Background

Eswatini (formerly Swaziland), a landlocked country in Southern Africa, continues to face one of the highest HIV burdens globally: recent data suggest that about 24.8% of adults aged 15–49 are living with HIV, with prevalence around 30% among women and 19% among men (ICAP, 2022; World Bank, 2024).

This gender disparity is rooted in complex social determinants, including poverty, gender-based violence (GBV), entrenched patriarchal norms including the gender pay gap, women's access to technology and land, gender-environment interactions, and systemic barriers to care (UN Women, 2024).

Gender-based violence (GBV) is both a cause and consequence of this epidemic. National data from 2018 indicates that 17.7% of women aged 15 to 49 had experienced physical and/or sexual violence by an intimate partner in the past 12 months (UN Women, 2024). Survivors often face stigma, retribution, and limited access to legal protection or psychosocial support. In many cases, violence goes unreported, and its intersection with HIV remains under-addressed in policy and service delivery.

Despite the adoption of progressive laws like the Sexual Offences and Domestic Violence Act of 2018, implementation remains limited. Community awareness is low, justice mechanisms are overburdened, and access to care remains uneven, especially for rural and economically marginalized women.

These challenges are compounded by gaps in gender data and monitoring including the lack of standardized methods for regular reporting on gender related variables. As of December 2020, only 36.1% of the indicators required to monitor the Sustainable Development Goals (SDGs) from a gender perspective were available in Eswatini. Critical areas like unpaid care work, digital literacy, gender pay equity, and women's land ownership remain under-measured.

Dr. Adanna Okoye, a public health physician with an international NGO, has been stationed in the Lubombo Region of Eswatini, a predominantly rural and economically disadvantaged area bordering Mozambique, known for its high HIV prevalence and limited access to essential health and social services. The region has a population of over 210,000 and includes both farming communities and areas surrounding the Lubombo Biosphere Reserve. The clinic she manages operates with minimal staff and resources serves a dispersed population, many of whom face economic precarity, high levels of social stigma, and minimal engagement with formal legal or mental health systems. They often travel long distances, sometimes on foot, to access basic healthcare. Lubombo also has the highest HIV prevalence rate among Eswatini's four regions, underscoring the critical need for integrated care models.

One morning, Thandeka Dlamini, a 24-year-old woman, presents to the clinic requesting an HIV test. She is quiet and visibly anxious. After testing positive, she discloses hesitantly and only after significant trust is established that she has been in an abusive relationship with her partner for over three years. She describes recurrent physical and sexual violence, controlling behavior, and economic dependence that has left her isolated and fearful.

# NO EASY ANSWERS

## *Human Rights Dilemmas in Healthcare*

Thandeka lives in a rural homestead several kilometers from the nearest road, which makes follow-up and referral services logistically challenging. Like many women in the region, she does not own land or have access to independent income, which deepens her vulnerability and limits her options for leaving the abusive relationship.

She also reports that her partner monitors her movements and has previously threatened her when she attempted to visit a clinic without permission.

Although she expresses a desire to access antiretroviral therapy (ART), she is reluctant to attend follow-up appointments or involve community health workers, fearing her partner will find out. She also refuses referral to a counselor or legal support services, citing fear of retribution and stigma from both her family and the broader community.

From a clinical perspective, current HIV guidelines recommend initiating ART as soon as possible after diagnosis while also providing trauma-informed, survivor-centered care that protects Thandeka's safety, confidentiality, and autonomy; this includes flexible follow-up arrangements, sensitive screening for mental health and adherence barriers, and voluntary, non-coercive linkage to GBV, psychosocial, and legal support services where available (WHO, 2013; WHO, 2021).

Dr. Okoye is faced with a complex web of clinical, ethical, and social dilemmas. How can she provide evidence-based HIV care while ensuring Thandeka's safety and confidentiality? What role should the clinic play in supporting survivors of GBV when local legal systems are inaccessible or ineffective? How can services be designed to meet the intersecting health and human rights needs of women like Thandeka, especially in under-resourced regions like Lubombo, where gender inequality, social stigma, and weak data systems further complicate health responses?

In this exercise, you will be assigned to one of six teams corresponding to key categories of human rights action that health professionals can undertake (see pp. 14–16 of your eBook). Each team will focus on one action area - Protection, Documentation, Dissemination, Mobilization, Creation, or Policy Advocacy - and use this lens to analyze a set of given dilemmas in the case and formulate concrete advice to guide Dr Okoye's decisions. You will also assess the robustness of the advice provided by another team to Dr Okoye.

- PROTECTION dilemmas - Group A/G to present - Group B/H to respond
- DOCUMENTATION dilemmas - Group B/H to present - Group C/I to respond
- DISSEMINATION dilemmas - Group C/I to present - Group D/J to respond
- MOBILIZATION dilemmas - Group D/J to present - Group E/K to respond
- CREATION dilemmas - Group E/K to present - Group F/L to respond
- POLICY ADVOCACY dilemmas - Group F/L to present - Group A/G to respond

Come to the tutorial having reviewed the eBook and prepared to apply the specific human rights action domain assigned to your team to analyse your dilemmas and develop your response.

- ICAP. (2022). Eswatini (SHIMS3) summary sheet: Swaziland HIV incidence measurement survey 3 (SHIMS3), 2021.
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- UN Women. (2024). Eswatini – Country fact sheet. UN Women Data Hub. <https://data.unwomen.org/country/eswatini>
- World Bank. (2024). Prevalence of HIV, total (% of population ages 15–49) – Eswatini. World Development Indicators. <https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=SZ>
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- World Health Organization. (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring. <https://differentiatedservicedelivery.org/wp-content/uploads/who-consolidated-guidelines-2021.pdf>