



## **Punitive Responses to People Living with HIV who Breast/Chestfeed or Comfort Nurse are Unjust and Harmful**

Despite advances in prevention of vertical transmission science, people living with HIV who seek to become parents continue to face high levels of stigma and discrimination. This stigma disproportionately impacts women and gender non-conforming people and reduces their ability to exercise their full sexual and reproductive rights. It manifests as harmful and counterproductive policies and practices — including criminalization of breast and chestfeeding.<sup>1</sup>

People living with HIV frequently face artificially constrained choices when it comes to contraception, deciding whether and when to have children, and birthing choices. Breastfeeding or chestfeeding<sup>2</sup> is one of the main areas where parents living with HIV continue to experience mixed messages, harmful outdated attitudes, practices and policies, that violate their human rights — all in the name of preventing vertical HIV transmission.

In many places, people living with HIV are not able to make informed choices about infant feeding. Parents who wish to breast or chest feed may face harsh restrictions and punishments due to an over-focus on achieving a zero risk of transmission targets. Family members, domestic workers, and others who live with HIV may also face criminalization or other punitive responses in relation to comfort nursing or feeding a child under their care.<sup>3</sup>

Parents living with HIV have reported that instead of receiving support and information to reduce the risk of transmission and nurture a healthy baby, they experience coercive, abusive and punitive responses from service providers, healthcare workers, public health workers, child welfare authorities, community and family members, including:

- pressure or incentives to accept treatment or services that they do not want or do not feel comfortable with;
- pressure to use infant formula;
- stigmatizing comments or insults, paternalistic treatment and neglect, threats of violence, and verbal and emotional abuse;
- lack of confidentiality on the part of healthcare providers;

---

<sup>1</sup> Symington A, Chingore-Munazvo N, Moroz S. When law and science part ways: the criminalization of breastfeeding by women living with HIV. *Therapeutic Advances in Infectious Disease*. 2022;9. doi:[10.1177/20499361221122481](https://doi.org/10.1177/20499361221122481).

<sup>2</sup> Chestfeeding is a gender-neutral term for feeding a baby with milk from the chest. It can be used by anyone, but is often used by non-binary or trans people who may not identify with the term "breastfeeding".

<sup>3</sup> HIV Justice Network, [Mwayi's Story](#) (2022).



- surveillance, including burdensome visits from nurses to ensure they do not breastfeed;
- administration of pills to suppress lactation without their informed consent;
- denial of full and accurate information to make informed choices about infant feeding;
- service providers prioritizing the interests of others — including infants, partners, healthcare workers, and other service users — while disregarding the interests, rights, and autonomy of people living with HIV.<sup>4</sup>

These practices violate fundamental human rights, including the right to health and rights to autonomy, bodily integrity, reproductive choice, informed consent and rights to available, accessible, acceptable and quality services. They are a form of systemic and institutional violence primarily enacted against women and parents who desire to breast or chest feed while living with HIV.

In addition to mistreatment and restrictions on bodily autonomy and decision-making, some people living with HIV face threats of punishment, violence or criminalization that lead to:

- breastfeeding in secret,
- infants suffering from malnutrition and hunger when caregivers are instructed not to breastfeed, but lack access to formula,
- increased vulnerability to intimate partner and domestic violence,
- increased vulnerability to stigma and discrimination that can result in displacement, homelessness and a lack of support systems.

Criminal prosecutions and punitive responses to breastfeeding by people living with HIV harm both the accused and the child. HIV criminalization undermines public health goals by creating barriers to prevention, treatment, and care while perpetuating stigma and discrimination. Fear of prosecution undermines the foundations of the HIV response, decreasing demand for testing, discourages prevention efforts and creates obstacles to adherence to treatment.

Punitive laws with respect to health issues lack scientific justification and directly conflict with efforts to end the HIV epidemic. Yet we know that we can only end HIV and AIDS if the human rights of people living with or affected by HIV are respected, protected and fulfilled.<sup>5</sup>

On International Human Rights Day - we affirm that:

- People living with HIV should never face criminal prosecution for breastfeeding.
- Children should not be removed from the care of their parents or guardians living with HIV because of infant feeding choices.

---

<sup>4</sup> See ICW, [Confronting Coercion: A global scan of coercion, mistreatment and abuse experienced by women living with HIV in reproductive and sexual health services](#) (2024).

<sup>5</sup> See UNAIDS, [Take the rights path to end AIDS](#) (2024).



- Public health responses to infant feeding must be supportive and non-punitive.
- HIV status must never be grounds for employment discrimination in childcare settings.
- People living with HIV should be given complete and accurate information regarding the risks and benefits of breast/chestfeeding for the child and the parent, to make informed decisions, recognizing that women and gender-diverse people often face heightened scrutiny.
- All parents, guardians, and children living with or affected by HIV should receive comprehensive healthcare and social support, irrespective of their infant feeding choices.

We therefore call on governments, healthcare providers, justice system actors, and international agencies to:

- Respect, protect and fulfill sexual and reproductive health and rights including the right to make autonomous, informed decisions about infant feeding without fear of repercussion.
- Eliminate the criminalization of women who choose to breastfeed and make voluntary and informed decisions about our children.
- Ensure timely, comprehensive and adequate access to information on feeding practices by developing resources for mothers and promoting peer support programs.
- Advance research to understand existing data on HIV and infant feeding and identify and increase understanding of how to minimize the risk of vertical transmission;
- Recognize and advocate for change in the intersectional conditions that specifically impact women with HIV, particularly as they relate to their infant feeding decisions.
- Take urgent steps to achieve a culture shift and transform harmful dynamics in healthcare.
- Increase rights knowledge amongst women living with HIV and women from key populations.
- Increase avenues for access to justice for all women. Invest in efforts led by women living with HIV and women from key populations.
- Decriminalize HIV and amend or repeal any law that explicitly or effectively criminalizes any aspects of the vertical transmission of HIV, syphilis and HBV, including through breastfeeding.

To ensure an effective, sustainable response to HIV that is consistent with human rights obligations, it is necessary to decriminalize HIV and amend or repeal any law that explicitly or effectively criminalizes any aspects of the vertical transmission of HIV or other blood borne infections, including through breastfeeding.