



## *Women from African and Caribbean Countries*

### How do we know that women from African and Caribbean countries are at risk?

- Data from a commissioned study documents 2,627 persons from HIV-endemic regions (1,366 from sub-Saharan Africa and 1,261 from the Caribbean) living with HIV in Ontario in 2002<sup>1</sup>. This number represents 11% of the overall number of persons infected with HIV in Ontario (23,563), a high rate considering that only 2.6% of the province's population is made up of people from African and Caribbean countries. Similar data on Canadians living with AIDS and HIV infection originating from HIV-endemic countries indicate that in 2001, 1.5% of the Canadian population was born in a country where HIV is endemic, yet accounted for an estimated 7-10% of prevalent HIV infections and 6-12% of all new infections in Canada in 2002<sup>2</sup>. In addition, between January 15, 2002 and December 31, 2004, out of the 1,474 applicants who tested positive for HIV during their immigration medical, 67% were born in Africa<sup>3</sup>.
- A study among women undergoing abortion in Montreal found higher positive HIV test rates among women born in endemic countries, especially Haiti, compared to women born in Canada<sup>4</sup>.

### What puts women from African and Caribbean countries at risk?

- The primary routes of HIV transmission for women from endemic countries are through heterosexual intercourse with an HIV-positive partner and through exposure to contaminated blood or blood products in the endemic country.
- African and Caribbean women are not solely at risk because they come from countries labeled as endemic, but also because they face vulnerabilities as immigrants in Canada, namely multiple, intersecting dimensions of stigma and discrimination (based on race, gender, sexual orientation, and class), culturally- or linguistically-inappropriate health care services, poverty and unemployment<sup>5,6</sup>.
- Local problems such as the social invisibility of immigrant populations, refugee and non-status women, and lack of culturally- or linguistically- appropriate HIV education and prevention resources, increase HIV risk.
- Gender issues such as violence against women, social and economic inequalities, as well as the biological vulnerability of women to HIV, increase a woman's individual risk.

### HIV prevention efforts for women from African and Caribbean countries

- The social and economic context within which women live must be recognized as having a strong influence on their individual HIV-related risk behaviours.
- Attempts at increasing our understanding of the unique HIV prevention needs of women from HIV-endemic countries may be helped by:



## *Women from African and Caribbean Countries*

- Consistent collection of ethnicity data in epidemiological reporting as well as building collaborative partnerships among community organizations for advocacy and service provision<sup>5</sup>. At present, most information that exists in Canada on women from HIV-endemic countries is based on HIV care, treatment and support and less information is known about this population's community-specific HIV prevention needs and issues.
- Grounding research and service delivery on women's needs and day-to-day realities.
- Developing research and service delivery frameworks that intersect individual risk with broader systematic factors that influence individual women's ability to navigate HIV risk<sup>7</sup>
- Building collaborative partnerships among community organizations for advocacy and service provision.
- At present, most information that exists in Canada on women from HIV-endemic countries is based on: reports from two studies [the *HIV/AIDS Stigma, Denial, Fear and Discrimination* report produced by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) and the HIV Studies Unit, University of Toronto and *The Silent Voices of HIV/AIDS Epidemic: African and Caribbean women in Toronto 2002-2004* produced by Women's Health in women's Hands (WHIWH)] and the HIV prevention guidelines and manual: a tool for service providers working with African and Caribbean communities living in Canada produced by ACCHO and WHIWH; HIV care, treatment and support. More HIV prevention research is required to ensure an in-depth understanding of African and Caribbean women's specific HIV prevention needs and issues.

### Recommendations

1. Recognize the intersection of race, gender, class and HIV risk and advocate against stigma and discrimination.
2. Use an anti-racism and anti-oppression service delivery and research framework to facilitate equity, social justice and to support African and Caribbean women in mobilizing and building their capacity for self-determination.
3. Advocate for the cultural competence of all HIV prevention interventions.
4. The label 'women from endemic countries' should be problematized and broken down to reflect the fact that not all women living with HIV who are from an endemic country will have acquired HIV while in that country and that 'endemic' doesn't provide information on route of exposure.



## *Women from African and Caribbean Countries*

5. Recognize the cultural and sexual norms, values, and beliefs of women from African and Caribbean countries.
6. Actively involve women from African and Caribbean countries in planning, implementing, evaluating and disseminating HIV prevention interventions aimed at their peer group.
7. Recognize potential barriers to HIV prevention experienced by women from different ethnocultural backgrounds.
8. Provide improved HIV education resources and training for ethnocultural communities to health care professionals and counselors.
9. Create partnerships between AIDS service organizations (ASOs), settlement associations, cultural organizations, women's health centers and community groups/churches to facilitate access to HIV prevention for women from African and Caribbean countries.
10. Link HIV prevention services and programs targeted to African and Caribbean women to the broader *African and Caribbean Strategy on HIV/AIDS for Ontario*.

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group - with particular thanks to Wangari (Esther) Tharao.

---

<sup>1</sup> Remis, R.S. & Merid, M.F. (2004). *The HIV/AIDS Epidemic among Persons from HIV-Endemic Countries in Ontario*: Update to December 2002.

<sup>2</sup> Ibid, 2005.

<sup>3</sup> Ibid, 2005.

<sup>4</sup> Remis, R.S., Eason, E.L., Palmer, R.W., et al. (1995). HIV infection among women undergoing abortion in Montreal. *Canadian Medical Association Journal*, 153(9): 1271-1279.

<sup>5</sup> Tharao, E., Massaquoi, N., Teclom, S. (2006). *The Silent Voices of HIV/AIDS Epidemic: African and Caribbean Women in Toronto 2002-2004, Women's Health in Women's Hands*, 2006.

<sup>6</sup> Lawson, E., Gardezi, F., Calzavara, L., Husbands, W., Myers, T., Tharao, T. (2006). *HIV/AIDS Stigma, Denial, Fear and Discrimination, Experiences and Responses of People from African and Caribbean Communities in Toronto*. The African and Caribbean Council on HIV/AIDS in Ontario and the HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto, 2006.

<sup>7</sup> James, L. (2006). *HIV Prevention Guidelines and Manual: A tool for Service Providers for African and Caribbean Communities Living in Canada*. *Women's Health in Women's Hands and the African and Caribbean Council on HIV/AIDS in Ontario*, 2006.