



From The Women's Health Contribution Program

Supported by the Bureau of Women's Health and Gender Analysis, Health Canada

W O M E N ' S H E A L T H P O L I C Y B R I E F

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Why is HIV/AIDS a Women's Issue?

At Issue

Although the majority of those living with HIV and AIDS-related illnesses in Canada are men who have sex with men and intravenous drug users, growing numbers of women—especially young women—are becoming infected through heterosexual contact. Many programs and policies in Canada do not adequately address the needs of diverse groups of women at risk of HIV infection. Without immediate and appropriate action, the HIV epidemic in Canada may well follow the same devastating path as it has elsewhere in the world, spreading through the general population with heterosexual contact as the primary route of transmission.

Our Analysis

Since the early 1990s, the rate of new HIV infections has declined among men who have sex with men and among injection drug users. In contrast, infections arising from heterosexual contact have risen steadily, from 13% in 1993 to 43.8% in 2003.¹

The greatest increase in new infections has been among young women, aged 15 to 29. At present, heterosexual transmission accounts for nearly 75% of all new infections in women.²

Physiological differences between females and males—**sex**—place women at greater risk of infection. Delicate tissues in the female reproductive tract and concentrations of the virus in semen make it easier for infected males to transmit the disease to their female sexual partners than vice versa.

But social roles and cultural expectations—**gender**—are critical factors in women's heightened vulnerability to HIV infection. Because women generally have less power—social, economic, political—than men in our society, it can be difficult or even impossible for many to refuse sex or negotiate safer sex.

Gender roles and stereotypes also hinder women's ability to manage HIV and AIDS-related infections. Women diagnosed with HIV tend to "... have a lower survival rate than men" in part due to "late diagnosis and delay of treatment because of misdiagnosis of early symptoms; exclusion from drug trials and lack of access to antiviral treatment; lack of research into the natural history of HIV in women; higher rates of poverty among women and lack of access to adequate health care; and the tendency of many women to make self-care a lower priority than the care of children and family."³

While women as a group are more vulnerable than men to HIV infection and AIDS-related illnesses, some populations of women face significantly greater risks. For example, HIV affects more than twice as many Aboriginal as non-Aboriginal women in Canada. As elsewhere in the world, women in Canada who are most disadvantaged and marginalized are also most vulnerable to HIV.

On the whole, policies and programs aimed at HIV prevention, treatment, care, support and impact mitigation have not focussed on nor—in some cases—even taken account of the differential needs of women and the gender dimensions of the epidemic.

If Canada does not respond swiftly and appropriately to these changing patterns of infection, the HIV epidemic threatens to become endemic—with appalling consequences for all Canadians.

Advancing the health of women

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Our Recommendations

Governments and policy makers can help to stem the tide of the epidemic in Canada and abroad by:

- Advancing the work of the National Ministerial Council on HIV and AIDS.
- Promoting further gender-based analysis of the Canadian Strategy on HIV/AIDS—and of provincial and territorial strategies, where they exist.
- Encouraging the development of gender-appropriate HIV/AIDS strategies in all regions of the country.
- Promoting understanding of the ways in which females and males are differentially affected by HIV and AIDS-related illnesses, specifically through support for research as well as public and professional education.
- Demanding that gender be mainstreamed into all policies and programs pertaining to HIV/AIDS prevention, care, treatment and support.
- Fostering a broader and more inclusive approach to HIV/AIDS in order to recognize and respond to the needs of all Canadians, regardless of sexual orientation, gender, ethnicity, life circumstances, etc.
- Protecting existing and securing new resources to help support agencies and programs that foster positive-living for those infected and affected by HIV/AIDS.
- Expecting the Canadian government to honour international commitments and agreements aimed at poverty reduction, elimination of discrimination and violence against women, child development, human rights, and HIV/AIDS prevention, treatment, care, and support around the world.

For additional information about gender and HIV/AIDS:

Atlantic Centre of Excellence for Women's Health
www.acewh.dal.ca

Canadian HIV/AIDS Legal Network www.aidslaw.ca

Canadian International Development Agency
www.acdi-cida.gc.ca/aids.htm

EngenderHealth www.engenderhealth.org

Interagency Coalition on AIDS and Development
www.icad-cisd.com

International Community of Women Living with AIDS
www.icw.org

UNAIDS www.unaids.org

UNIFEM www.genderandaids.org

Voices of Positive Women www.vopw.org

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¹HIV and AIDS in Canada, Surveillance Report to December 31, 2003, Health Canada.

²HIV and AIDS in Canada, Surveillance Report to December 31, 2003, Health Canada; HIV/AIDS Epi Update, 2003, Health Canada; HIV and AIDS in Canada, Health Canada, 2004.

³Women and HIV/AIDS Factsheet, Bureau of Women's Health and Gender Analysis, Health Canada, 2004.