



Atlantic Centre of Excellence  
for Women's Health

## Exploring HIV/AIDS Issues in Canada and the Caribbean

### HIV/AIDS: The Pandemic

According to the UNAIDS *AIDS Epidemic Update December 2004*, sub-Saharan Africa remains by far the worst-affected region, with 25.4 million people living with HIV at the end of 2004, compared to 24.4 million in 2002.<sup>1</sup>

Just under two thirds of all people living with HIV are in sub-Saharan Africa, as are more than three quarter of all women living with HIV. The epidemics in sub-Saharan Africa appear to be stabilizing generally, with HIV prevalence at around 7.4% for the entire region.<sup>2</sup>

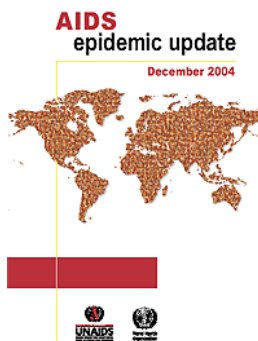
But this summary hides certain aspects: (1) roughly stable HIV prevalence means more or less equal numbers of people are being newly infected with HIV and are dying of AIDS; (2) the epidemics in Africa are diverse, both in terms of their scale and the pace at which they are evol-

ing. There is no single "African" epidemic.<sup>3</sup>

HIV prevalence in the Caribbean is the second-highest in the world, exceeding 2% in five countries, and AIDS has become the leading cause of death among adults aged 15-44 years in this region.<sup>4</sup>

UNAIDS also notes that AIDS is affecting women most severely in places where heterosexual sex is a dominant mode of HIV transmission, as is the case in sub-Saharan Africa and the Caribbean. Women and girls make up almost 57% of adults living with HIV in sub-Saharan Africa.<sup>5</sup>

In other parts of the world, most HIV infections occur through injecting drugs with contaminated equipment, unprotected sex between men and unsafe commercial sex.<sup>6</sup>



Courtesy of UNICEF

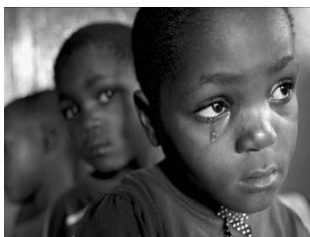
### HIV/AIDS: Canada

According to the Centre for Infectious Disease Prevention and Control's (CIDPC) surveillance report, there were 2,482 reports of positive HIV tests in 2003, regardless of age. Of that, 9 were children (under 15 years old), 25 young adults (15-19 years old), and the remaining adult population allotted for 2415.<sup>7</sup>

Unlike the sub-Saharan and Caribbean countries, the 2003 report indicates that Canadian adult males account for 1,816 reports of positive HIV tests. That is, they account the

highest number of reported tests, as oppose to adult females, who account for 615 of those reported.<sup>8</sup>

With respect to new trends, Health Canada notes that in the case of AIDS, analysts are concerned that the decline in the annual number of new cases has leveled off since 1997. The virus



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itself changes quickly, mutating, creating new strains which present challenges in detection, prevention and treatment. No cure or vaccine exists. New treatments are very costly and it is too soon to measure their full effect.<sup>9</sup>

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**Objectives:**

- To provide a general overview of the HIV/AIDS pandemic, focusing specifically on how women and youth are affected.
- To draw particular attention to the increased epidemic in the Caribbean, and compare the findings to Canada.
- To compare how the Canadian vs. Caribbean populations are affected?
- To explore Canadian and Caribbean Youth's Perceptions about HIV/AIDS.
- To discuss recent trends in HIV/AIDS prevention.

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## HIV/AIDS: The Caribbean

The UNAIDS Update notes that more than 440 000 people are living with HIV in the Caribbean, including the 53 000 people who acquired the virus in 2004.<sup>10</sup>

With an average adult HIV prevalence of 2.3%, the Caribbean is the second-most affected region in the world. In five countries (the Bahamas, Belize, Guyana, Haiti, Trinidad and Tobago,) national prevalence exceeds



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2%.<sup>11</sup>

Overall, the highest HIV-Infection levels among women in the Americas are in Caribbean countries and AIDS has become the leading cause of death in the Caribbean among adults aged 15-44 years old.<sup>12</sup>

HIV transmission in the Caribbean is occurring largely through heterosexual intercourse, although sex between men remains a significant aspect of the epidemics.<sup>13</sup>

In Jamaica, teenage girls are 2.5 times more likely than boys in the same age group (10-19 years) to be infected. This is due partly to the fact that some girls have sexual relationships with older men who are more likely to be HIV-infected, a trend that has also been documented in several other countries.<sup>14</sup>

Haiti continues to have the largest number of people living with HIV in the Caribbean: some 280 000 at the end of 2003. It should also be noted that less affluent and educated Haitian women are more likely to be HIV-infected than their more affluent counterparts.<sup>15</sup>

## What Do Youth Think?: A Comparison of Canadian vs. Caribbean Youth's Perceptions About HIV/AIDS

According to UNAIDS, among young people 15-24 years of age, an estimated 3.1% of women and 1.7% of men were living with HIV at the end of 2004.<sup>16</sup> Similarly, the Public Health Agency of Canada's Centers for Infectious Disease Prevention and Control (CIDPC) asserts that as of June 30, 2002, 18,332 AIDS cases with age information had been reported. Of these, 627 (3.4%) were among youth aged 10 to 24 years.<sup>17</sup>

The proportion of females among positive HIV test varies considerably by age and is highest among adolescents and young adults. In 2001, females accounted for 44.5% of positive HIV test reports among those aged 15 to 29 years, an increase from 41% in 2000.<sup>18</sup>

Between late 1999 and 2001, UNICEF conducted

interviews with youth in: East Asia and the Pacific; Europe and Central Asia; and Latin America and the Caribbean.<sup>19</sup>

The results indicated that when young children and adolescents were asked how much they knew about sex education, HIV/AIDS and drug prevention, about a third of them (representing approximately 33 million children in the region) claim to have little or no information. This was highest in Caribbean and Andean countries and in all cases, the lower income earning segments, rural inhabitants, blacks, and indigenous peoples reported higher levels of feeling uninformed.<sup>20</sup>

Similarly, the Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS) was conducted in 2002, and derived from the Canada

*"The lower income earning segments, rural inhabitants, blacks, and indigenous peoples reported higher levels of feeling uninformed."*

Youth and AIDS Study (CYAS) in 1989. The results indicated two of several key findings regarding sexual knowledge. First, students' sexual health knowledge increases with grade. Second, students in the 2002 cohort, generally exhibit lower levels of sexual knowledge than those who participated in the 1989 CYAS. It is also interesting to note that on issues of sexual behavior, girls with low self-esteem are more likely to engage in risky sexual behavior.<sup>21</sup>

## Discrimination, Stigma, & Self-Esteem: How HIV/AIDS Survivors are Affected?

Much HIV/AIDS-related stigma builds upon and reinforces prejudices. In many countries throughout the Americas, people with HIV/AIDS are often believed to have deserved their illness because they have done something "wrong."<sup>22</sup>

In particular, women with HIV/AIDS are viewed as having been promiscuous, despite clear evidence to suggest that in the majority of cases they have acquired the infection from husbands and regular male partners. Media images of HIV/AIDS as a *woman's disease* or a *gay plague* reinforce these stereotypes and beliefs.<sup>23</sup>

Thus, HIV/AIDS-related stigma is linked to power and domination throughout society as a whole, and the stigmatization of individuals and groups as a result of HIV/AIDS plays a key role in producing and reproducing relations of power and control. Importantly, it causes some groups to be devalued and others to feel that they are superior in some way. Ultimately, HIV/AIDS-related stigma creates, and is reinforced by, *social inequality*.<sup>24</sup>

Because of HIV/AIDS-related discrimination, the rights of people living with HIV/AIDS and their families are often violated, simply because they are

known or presumed to have HIV/AIDS.<sup>25</sup>

This violation of rights increases the negative impact of the epidemic at many levels. At the level of the individual, it causes undue anxiety and distress. At the community level, it causes whole families and groups to feel ashamed, to conceal their association with the epidemic, and to withdraw from participation in more positive social responses. Finally, at a societal level, discrimination against people with HIV/AIDS ostracizes these survivors. These, inevitably, creates a vicious cycle.<sup>26</sup>

## Discrimination, Stigma, & Self-Esteem: How to Increase a Survivor's Self-Esteem

There are several ways to combat discrimination and stigma, and empower survivors. The use of laws which promote human rights within the context of HIV/AIDS has much to offer. However, changes in cultural values and social attitudes, and concrete acts of resistance, are required if we are to move beyond what might be described as a legalistic response, unacknowledged and largely un-owned by the populations whose right it is intended to protect.<sup>27</sup>

More successful are efforts to unleash the power of resistance on the part of stigmatized populations and communities so as to enable them to fight back against stigmatization and oppression in relation to their lives.<sup>28</sup>

Given the close linkage between stigma, discrimination and human rights, it is important at all times



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to remember the need for a multi-levelled complementary alleviation strategy that includes two facets. First, efforts to prevent the stigmatization of people

and/ or communities living with and affected by HIV/AIDS. Finally, actions to address or redress the situation when stigma persists and is acted upon in the form of discriminatory actions that lead to negative consequences or the denial of entitlements or services to others, and thus human rights violations.<sup>29</sup>

Only in this way can we create a transformed social climate in which stigmatization and discrimination themselves are no longer accepted, or acceptable.<sup>30</sup>

## Preventing the Spread of HIV/AIDS: Microbicides

A microbicide is a product that is used vaginally to prevent infection. Because women are increasingly affected by HIV/AIDS, microbicides would offer the potential for women to protect themselves and their sexual partners from HIV and other STIs. STIs in women are often asymptomatic, making women less likely to seek treatment, and syndromic management of STIs is less precise in women than in men.<sup>31</sup>

Microbicides offer many potential advantages for increasing a women's control over her sexual life and for protecting women, men, and children from infection. This potential is moving closer to

being realized through the growing efforts of numerous scientists and advocates to develop a safe and effective product and make it available to those most at risk.<sup>32</sup>

Scientists are using two general approaches to microbicide development: developing and testing new substances, and investigating the potential microbicidal activity of existing spermicidal products and reformulations of these products.<sup>33</sup>

Overall, the awareness of the potential of microbicides is increasing in the donor community and there are indications that industry would be willing to play a more active role, given evidence of

*“STIs in women are often asymptomatic, making women less likely to seek treatment...”*

effectiveness and incentives.<sup>34</sup>

For more information, see the International Partnership for Microbicides:

<http://www.ipm-microbicides.org>

## What to Explore Next...

Given the fact that many of the issues surrounding HIV/AIDS are gendered (and specifically, affect girls and women), there is an emergence towards gender mainstreaming research.<sup>35</sup>

Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels.<sup>36</sup>

Gender mainstreaming is based on the recognition that gender equality and equity are: central to na-



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tional development; a human rights issue that speaks to fairness and social justice for women and men in society; a contributor to good governance in respect of people-oriented, participatory management; and an enabling factor in current efforts at poverty alleviation.<sup>37</sup>

Gender mainstreaming is the most efficient and equitable way to use existing resources for combating HIV/AIDS by focusing on the real needs of the whole population.<sup>38</sup>

The Commonwealth Secretariat, our partner on the International Institute on Gender and HIV/AIDS, is encouraging the establishment of Gender Management Systems (GMS) at national and sectoral levels, in order to guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of an organization's work.<sup>39</sup>

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### About the Atlantic Centre of Excellence for Women's Health (ACEWH)

The Atlantic Centre of Excellence for Women's Health (ACEWH) is one of four national Centres of Excellence for Women's Health funded by the Women's Health Bureau, Health Canada. The Centres are dedicated to conducting policy-oriented research aimed at improving the health status of Canadian women by making the health system more aware of and responsive to women's health needs.


The goal of the Atlantic Centre is to support research, influence policy and promote action on the social factors that affect women's health and well-being over their lifespan. It supports a woman-centred approach that respects women's perspectives and experiences, and listens to the voices of women not typically heard in health research or health systems.



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