

Women* & HIV in Ontario

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Women* and HIV in Ontario

NOTE: Approximately 50% of new HIV infections among Indigenous people are women.³

HOW MANY WOMEN ARE LIVING WITH HIV IN ONTARIO?

4,288

The approximate number of **women living with HIV in Ontario**.¹ This number changes every year. The most recent number is from 2020. For the most up to date available information, visit the Ontario HIV Epidemiology and Surveillance Initiative at ohesi.ca



Over the past few years, **women have made up between 20 and 25%** of new HIV diagnosis each year.²



There has been a decrease in new HIV diagnoses among men in Ontario in recent years; however, there was **no decrease in new diagnoses among women**.²

NEW HIV CASES & WOMEN IN ONTARIO*

Anyone can contract HIV; however, social determinants of health significantly impact the lives of individuals and communities, making some women more likely to contract HIV. In Ontario, research shows that of all new HIV diagnosis amongst women:



APPROXIMATELY

44%

were African, Caribbean, or Black women¹



APPROXIMATELY

77%

contracted HIV through heterosexual sex (when exposure is known)²



APPROXIMATELY

21%

contracted HIV through sharing injection drug use equipment²



For more information, please see the **Populations of Women Most Impacted Poster** included in this toolkit.

**Due to the COVID-19 pandemic, there was a 23% decrease in HIV testing which may have missed some new diagnoses that would have otherwise been reported. As a result, new 2020 data should be taken with caution. To learn more about how to interpret 2020 data, please visit OHESI's blogpost "Impact of COVID-19 Pandemic on HIV Testing and Diagnoses in Ontario" at ohesi.ca.*

Community organizations and women

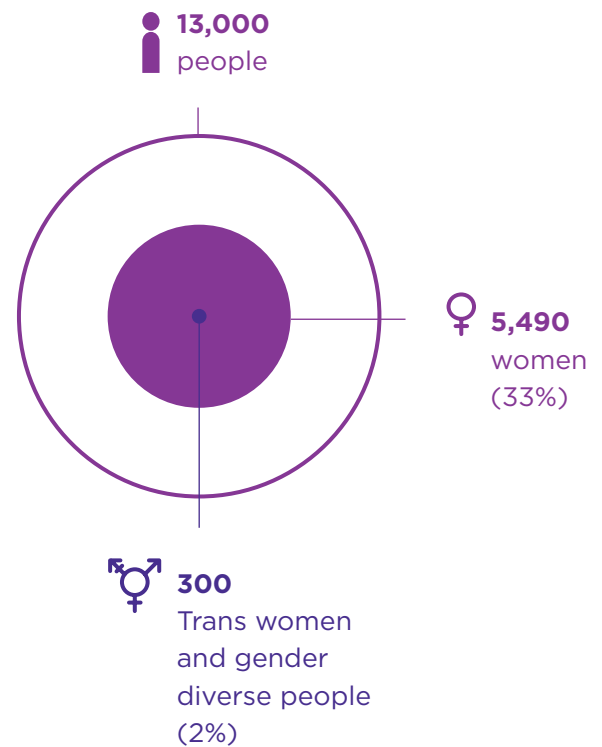
ARE WOMEN ACCESSING PROGRAMS IN OUR COMMUNITIES?

In Ontario, community organizations play an important role in women's HIV prevention, care and support. According to data from the **2019 Views from the Front Lines report**, there were over 13,000 people in Ontario using community-based HIV programs from 2018-2019, and 5,490 of those were women, representing 33% of people accessing programs.⁴ Data also shows that of those accessing community-based HIV support programs/services, Trans and Non-Binary people represented 2% of all people accessing supports. In addition, the following trends were documented:

- more men than women use injection drug use (IDU) outreach services
- more men than women use IDU in-house programs & services
- more Trans women than Trans men use outreach and in-house programs & services

Most recently in 2020, there were **4,288** women diagnosed with HIV living in Ontario.¹ Of those diagnosed with HIV, almost **86%** of women were on treatment, and of those treatment, almost **97%** were virally suppressed.¹ This demonstrates the positive trend of women's access to HIV care, treatment and support. Community programs are part of this care and support. By working together, we can reduce barriers and ensure that our communities foster care and support for those living with HIV and those who face structural risk factors for HIV acquisition, including Cis and Trans women, and Non-Binary femme people.

During the COVID-19 pandemic, AIDS Service Organizations (ASO's) stayed open. Due to closures of many services, ASO's saw increased demand for harm reduction services, food security programs, mental health supports such as case management and crisis counselling, and HIV testing.⁵ These services were especially important for women facing isolation, gender based violence, and increased economic insecurity.

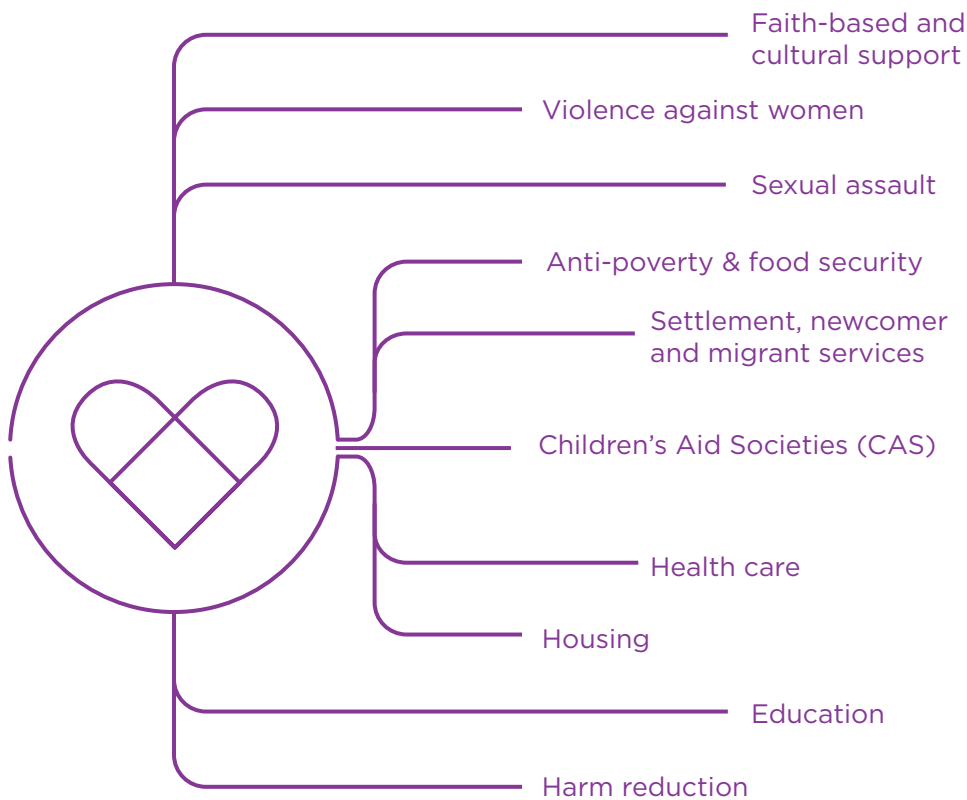


***Note: View from the Front Lines** is a summary of Ontario community HIV and AIDS programs produced each year.²

This research uses the terms male and female; however, given our interest in being inclusive of people's gender we have used the terms men and women here, and have included information about Trans and Non-Binary people where available.

What sectors are key in Ontario's HIV response among women*?

Women living with HIV and facing systemic risk factors for HIV live all across Ontario, and access a range of services. It is important for everyone working with women to be aware of HIV, be thoughtful about how to support women living with HIV, and be understanding about the many layers of stigma and discrimination women face.



"Wellness looks like belonging, being proud, having a place to call my own, my own address, a safe place for my children. When I have these things I can handle the challenges of life."

- ACB newcomer woman, Northern Ontario



During COVID-19, access to a range of community supports was exceptionally important as women faced a significant burden of health care, family care and community care, as well as increased economic insecurity, isolation, overdose risk, and rates of gender based violence.

AN HIV-POSITIVE INDIGENOUS WOMAN TALKS ABOUT HER MOTHERING EXPERIENCES WITH CHILD AND FAMILY SERVICES IN ONTARIO.

"We had such a limited understanding of what [HIV] meant at that time, especially where I came from way up north... It's so isolated and what the heck am I doing here? I can't live here I said because like it was so hard for me and my kids. We get so discriminated... [my kids] got discriminated... got kicked out of school and then what am I supposed to do?" ⁶

The social determinants of health, women* & HIV

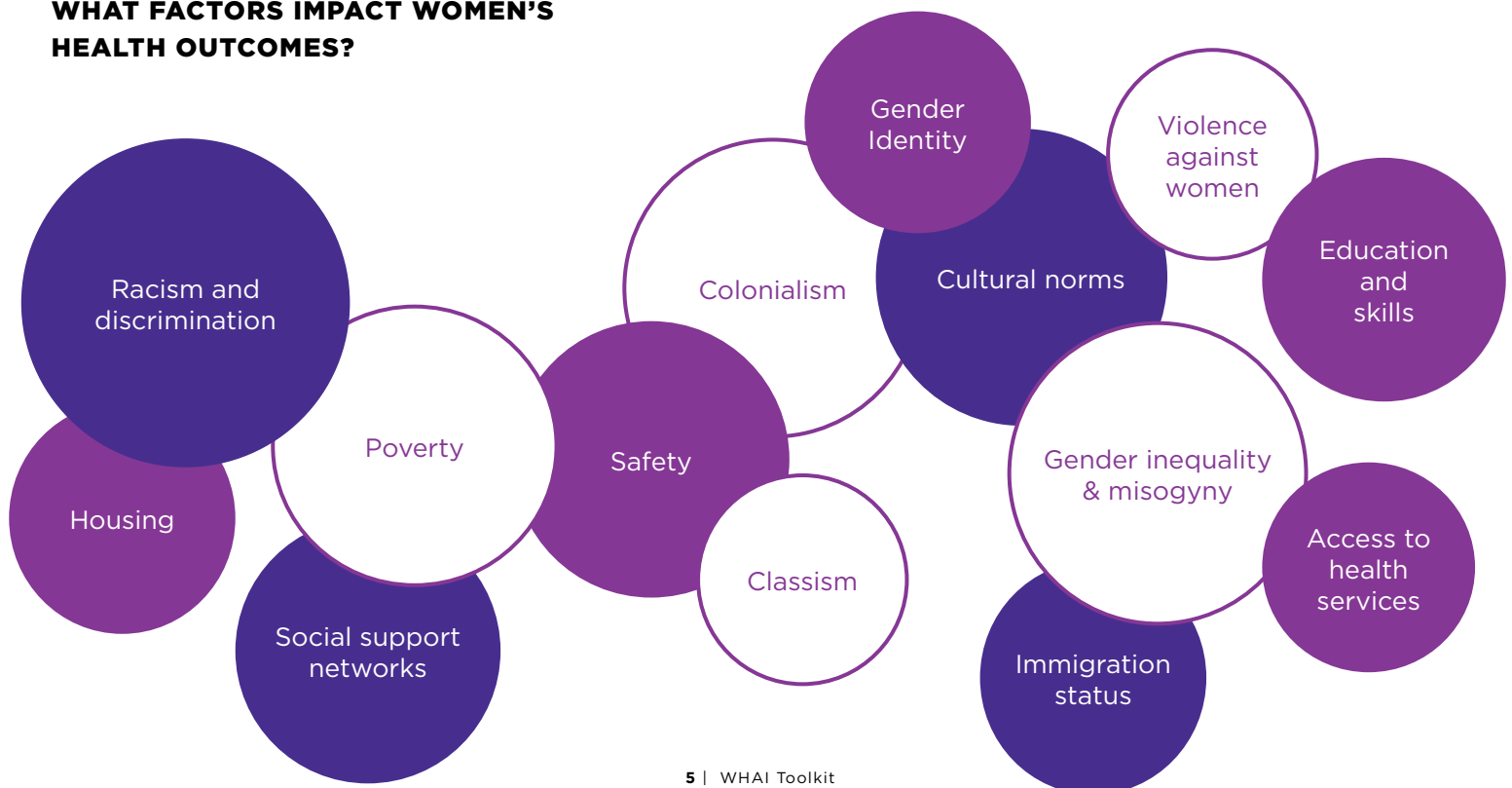
Social determinants of health are the primary factors that shape the health of individuals – they are not medical treatments or lifestyle choices but rather the living conditions that people experience.⁷ As a worker in a community organization, you may already be quite familiar with social determinants of health and how they impact women.

Factors such as poverty, racism, housing, employment, disability, colonialism, geographic location, and violence can all have significant impacts on someone's health outcomes. Women who are negatively affected by these structural factors face increased systemic risk for contracting HIV or, if HIV positive, may have significantly worse health outcomes.⁸

WHAT IS INTERSECTIONALITY?

When learning about the impacts of the social determinants of health on women's lives, it is important to understand how stigma interacts with factors such as racism, misogyny, classism, and Transphobia and more. This concept is referred to as intersectionality and it describes how these structural factors are connected. When people's lives are subject to several of these categorizations, multiple and overlapping oppressions create greater barriers to achieving positive health outcomes.⁹ As is shown throughout this toolkit, HIV disproportionately impacts women who experience several forms of marginalization. For example, research done in Ontario found that, among women living with HIV, there was an interdependent relationship between HIV-related stigma and the multiple oppressions of racism, sexism, and Transphobia.¹⁰ This relationship results in unique and complex outcomes for women of different social identities. As workers, it is important to acknowledge the ways stigma impacts women differently across identities and at all levels. It's important to remember that there is no "one size fits all" approach to addressing the impact of stigma on women's lives.

WHAT FACTORS IMPACT WOMEN'S HEALTH OUTCOMES?



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