

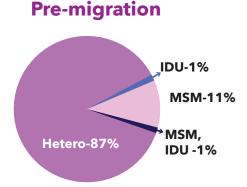
HIV ACQUISITION AMONG AFRICAN, CARIBBEAN AND BLACK

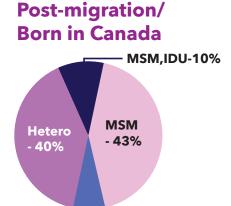
HETEROSEXUAL WOMEN

HOW DOES HIV-EXPOSURE DIFFER PRE- AND POST-MIGRATION **TO CANADA?**

PHASE I: We analyzed the data from the OHTN Cohort Study (OCS). ACB exposure risks differ between those infected preand postimmigration/born in Canada.

The vast majority of pre-migration infections were among heterosexuals (87%); whereas the highest rate of infections among post-migration/ Canadian born were among MSM (44%), followed by heterosexuals (41%).





IDU-7%

HETEROSEXUAL WOMEN

CONDOM USE

17%

■ WHAT MORE DO WE KNOW ABOUT HETEROSEXUAL WOMEN INFECTED WITH HIV POST-MIGRATION OR BORN IN CANADA (N=28)?

PHASE II: We recruited 108 participants, 56% from the OCS and 44% who had not taken part in the OCS who acquired HIV post-migration. 28 were heterosexual women.

WHERE?

• Participants were recruited from 5 HIV clinics (4 in Toronto, 1 in Ottawa)

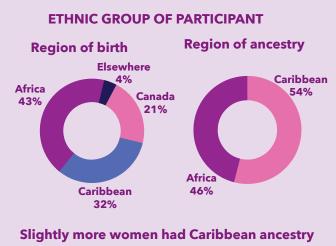
WHO?

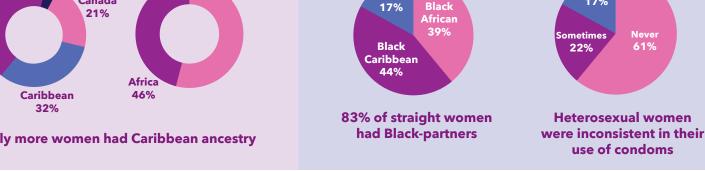
- 18+ years
- Black with Caribbean or sub-Saharan African ancestry
- HIV-negative test in Canada; immigrated to Canada <13 years old; not engaging in sex until post arrival; 2nd generation immigrant or later

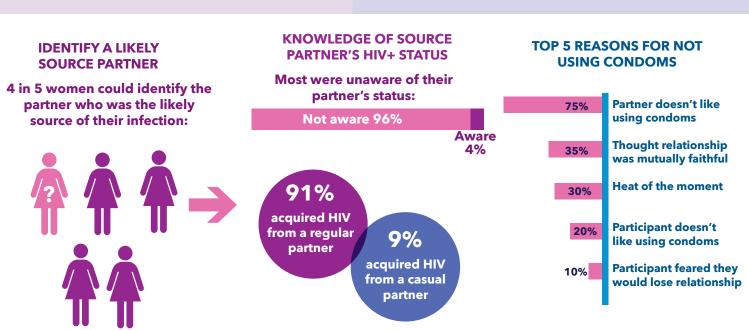
ETHNIC GROUP OF

LIKELY SOURCE PARTNER

Other









IN THEIR OWN WORDS:

...ABOUT POWER DYNAMICS WITH MALE PARTNERS

"I know that I was in the back of a car and then I was on the ground [...] I just kind of lay there, like I just kind of let it happen [...] I kind of felt like it was my fault for a long time."

"He was my husband. And he sponsored me here.."

...ABOUT TRUST IN PARTNER

"I was negative, then public health found out that my ex-husband was positive, so they called me to make a test [...] twice it was negative. Then, I became pregnant from my ex-husband. When I went to the doctor, [...] I took a general test [...] I found out that I'm [HIV] positive"

"I found out that he wasn't faithful [...] we've been together until this day, but I was thinking, you know, one of these days, he's going to infect me with something"

...ABOUT ASSUMING A LOW RISK OF CONTRACTING HIV

"I thought it was more common in the homosexual community, so I wasn't really scared of it. I didn't think anybody I know [...] would really have anything to do with it."

"I was new in the country... And I didn't think that AIDS would be a problem in Canada."



FOR MORE INFORMATION ON MSAFIRI:

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RECOMMENDATIONS:



Address the power dynamics in women's relationships by empowering them to negotiate for safer sex practices with their partners



Alter perceptions, assumptions and biases about who is at risk



Provide more affirmative outreach to communities and mainstream events inclusive of Black women (Afrofest, Caribanna, etc.)



Empower Black women to ask their healthcare professionals the right questions as some may feel uncomfortable due to power imbalances and stigma (e.g. racism)



Educate Black women about multiple HIV prevention strategies including treatment as prevention, PrEP, PEP, their uses and how to access them



Train health professionals to offer culturally relevant, comfortable, and trauma-informed care



Involve the community in research and programming for better prevention strategies



Provide more psychological and social support to women who test positive; provide access to basic resources like housing

HIV RESOURCES & SERVICES:

ACT Toronto

www.actoronto.org 416-340-2437

Africans in Partnership Against AIDS

www.apaa.ca 416-924 5256

AIDS & Sexual Health InfoLine

www.toronto.ca/community-people/health-wellnesscare/aids-sexual-health-infoline 1-800-668-2437

Black-CAP

www.black-cap.com 416-977-9955

CATIF

www.catie.ca 416-203-7122

Women's Health In Women's Hands

416-593-7655 www.whiwh.com

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