Women, Migration and Human Agency:
HIV/AIDS and the Empowerment of an Immigrant Community in Canada

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Objectives

- To present "a research project in progress" – the Global Ottawa AIDS Link (GOAL) – the talk will emphasize "process"

- To explore ways in which gender impacts on HIV/AIDS globally – especially with respect to the vulnerability of women and girls

- To discuss how community based research (CBR) can serve to empower immigrants and refugees and help them to take action in their own lives
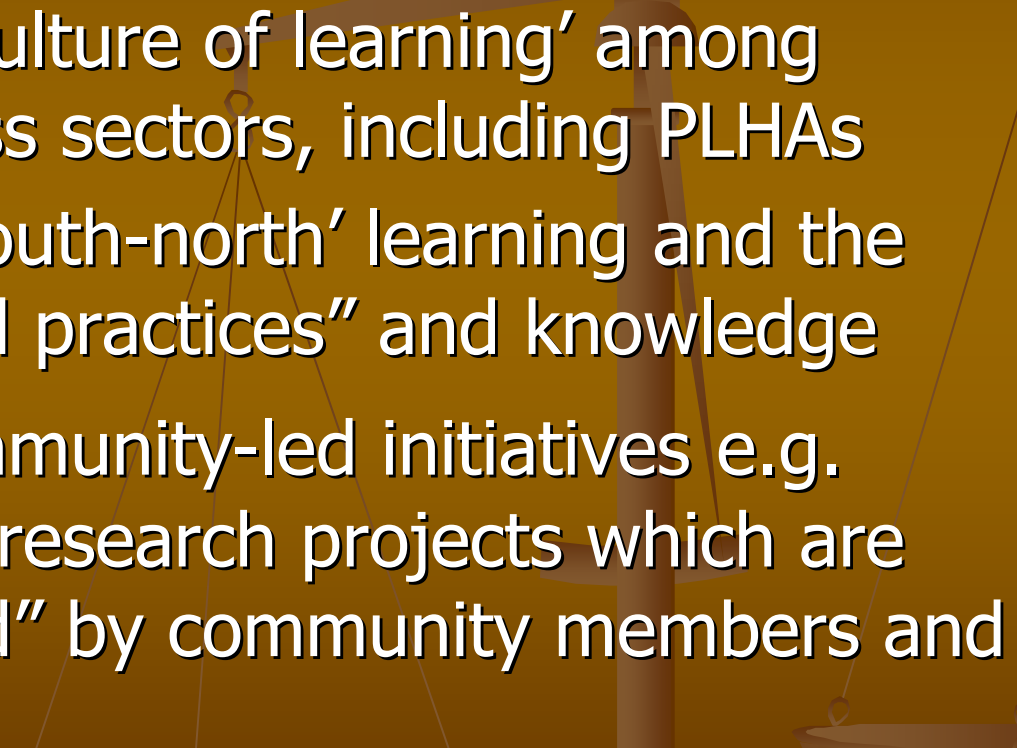
GOAL – Global Ottawa AIDS Link

What is it? An action research "praxis" in progress…

- a community/academic partnership, a research development initiative, action-research "praxis"

- Comprised of community volunteers, service providers, students and researchers – academic NGO (ACANGO)

- Aims to support local African and Caribbean communities to mobilize to develop more culturally appropriate and gender sensitive responses to HIV/AIDS

- Through a process of "education for critical consciousness" i.e. organization around issues of HIV/AIDS stigma and discrimination, immigrant communities break the silence, experience "voice", and are empowered to shape public policy and programs

GOAL – Global Ottawa AIDS Link

How?

- By developing a 'culture of learning' among stakeholders across sectors, including PLHAs

- By encouraging 'south-north' learning and the exchange of "good practices" and knowledge

- By supporting community-led initiatives e.g. community based research projects which are driven and "owned" by community members and leaders

Global Ottawa AIDS Link Project (GOAL): A Project in Progress

- GOAL works with community and youth leaders to create and support culturally appropriate interventions targeted to excluded "forgotten" populations – e.g. youth consultations, Anglophone/Francophone African Caribbean consultations, team travel and participation in World AIDS Conferences in Bangkok and Toronto, support of City of Ottawa "Operation Hair Spray", etc

- Embraces research as a tool for social change and social justice: builds individual (youth leadership) and institutional capacity & works with local leadership to empower immigrant and refugee communities to identify and own HIV/AIDS interventions

- Applies Adult Education and Rural Extension theories: Community Based Research, Participatory Action Research, Adoption of Innovation, Liberationist Theory, Theory of Gender and Power*

- *see Pedagogy of Hope: Reliving Pedagogy of the Oppressed, Paulo Freire, 1992; Wingood and DiClemente, 2002)

Global Ottawa AIDS Link (GOAL): A Community Academic Partnership

- A "reverse ODA project" with the gestation period of an elephant!

- Initially an "unproject" in its first 2 years, GOAL has now secured CIHR Research Development funding for HIV/AIDS Community-based research program and CIDA Twinning Linkage funding with National University of Rwanda

- Partners: Somerset West CHC (NGO); Ottawa Carleton Coalition on AIDS; City of Ottawa Public Health; Academic NGO (ACANGO) University of Ottawa; National University of Rwanda; with international linkages e.g. Chulalongkorn University (Thailand), University of Ruhuna (Sri Lanka); Commonwealth Secretariat (UK)

HIV/AIDS Ottawa Update 2005*

- The data represent the HIV cases reported at time of diagnosis, including anonymous tests
- The number of HIV cases in Ottawa has been slowly decreasing since 1992
- However, in 2003 and for the first time, more HIV cases were attributed to HIV-endemic country than men having sex with men (MSM)
- There is concern among some family physicians/researchers in Ottawa who believe immigrants, as highly mobile populations, may be exposed to HIV infection during travel to their home countries
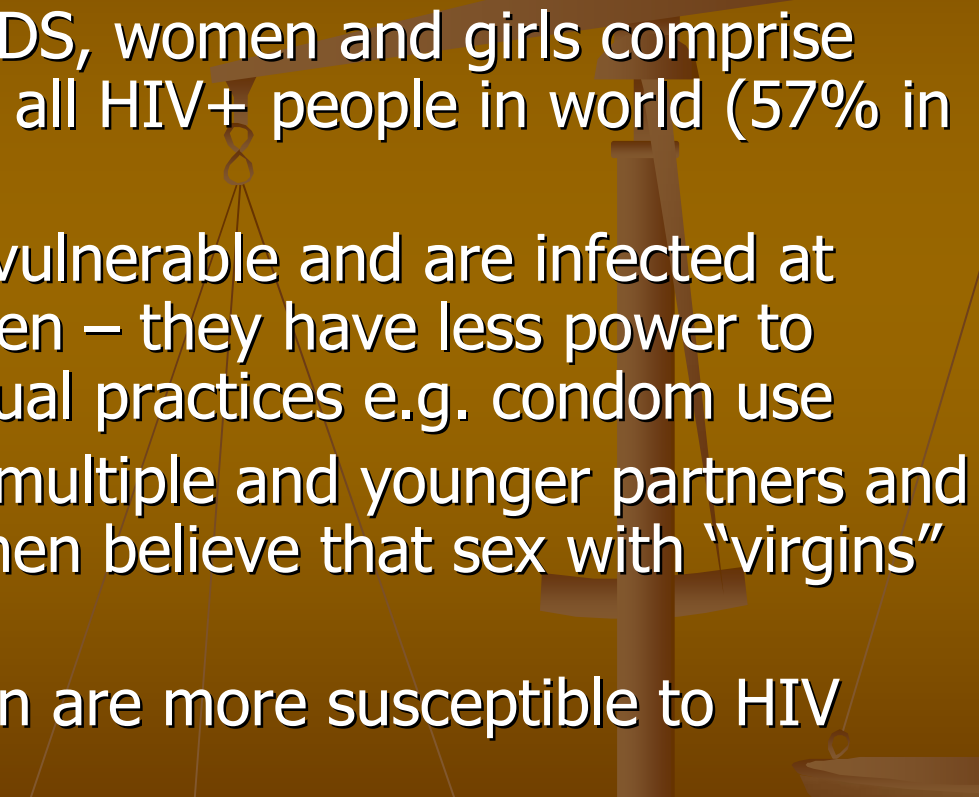
*epi updates source: Ottawa Public Health Surveillance Unit, 2005 correspondence with Dr. Robert Remis, University of Toronto

Epi Update Ottawa 2005

- Between 2001-03, 19% of all newly reported male cases and 70% of all newly reported female cases were attributed to HIV endemic country immigrants and refugees*

- Increases in HIV endemic country factor may be the result of immigration patterns and new immigration policies which require HIV testing for residency applications

- Important to note that more than 70,000 people in Canada are living with HIV/AIDS and 30% do not know they are infected. Rates are increasing in young women, age 15-19 and 19 – 24. Immigrants, refugees, First Nations are at risk (see PHAC, Epi Updates, 2005)

* Source: Ottawa Public Health Surveillance Unit, 2005 correspondence with Dr. Robert Remis, University of Toronto

The Preventable Pandemic and its Gender Implications

- According to UNAIDS, women and girls comprise more than 55% of all HIV+ people in world (57% in Africa)
- Women are more vulnerable and are infected at earlier age than men – they have less power to negotiate safe sexual practices e.g. condom use
- Men tend to have multiple and younger partners and in some cultures men believe that sex with "virgins" will cure AIDS
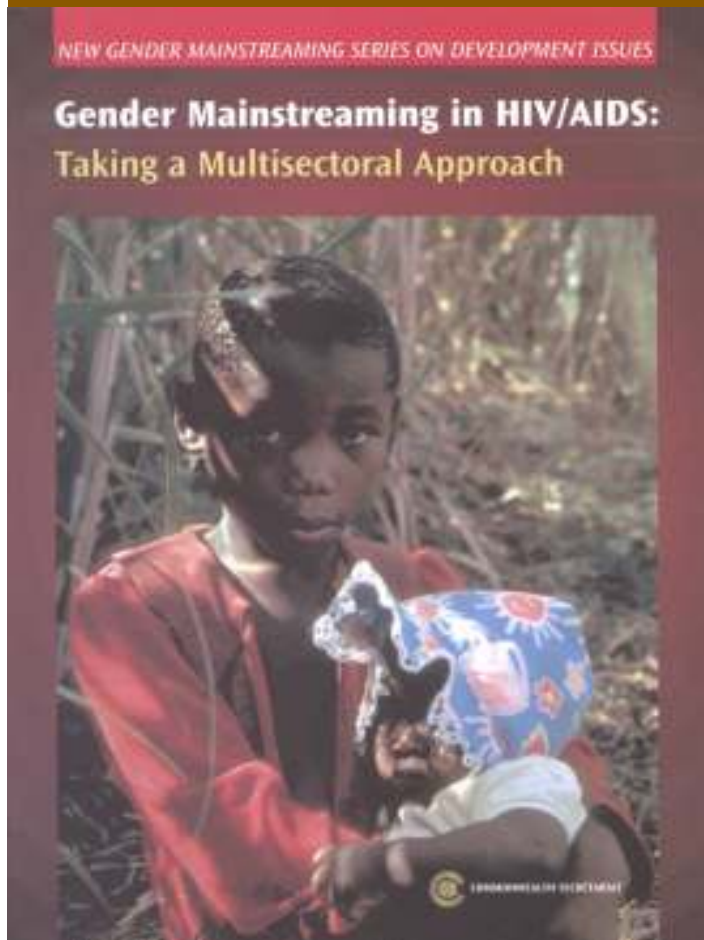- Biologically, women are more susceptible to HIV infection

Gender and Sex

- Globally, 99% of all HIV infections are through heterosexual intercourse

- From a gender perspective, women have less agency and economic power to access prevention, care, treatment and support

- Women experience more stigma, blame, discrimination, isolation, loss of family and property than men e.g. case of recent Nigerian refugee claimant to Canada

- Vertical transmission is labelled as "mother to child" as opposed to "parent to child" – mothers are blamed for passing HIV to their infants at birth and/or through breast milk

HIV/AIDS as a Gender and Human Rights Issue

■ **There is growing recognition that HIV/AIDS is not solely a health problem and that, to successfully address the pandemic, a gender and human rights perspective should be mainstreamed into a broad-based and multisectoral policy and program response**
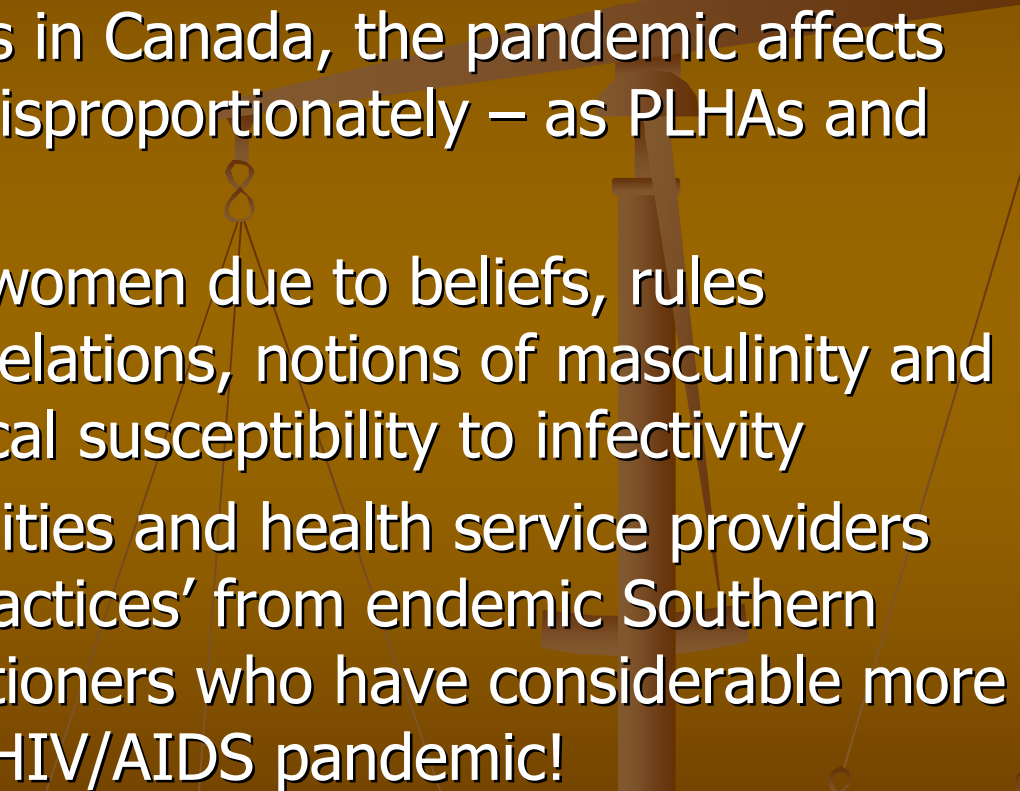
Commonwealth Secretariat and Atlantic Centre of Excellence for Women's Health (Baksh & Amaratunga, eds., 2002)

NEW GENDER MAINSTREAMING SERIES ON DEVELOPMENT ISSUES

Gender Mainstreaming in HIV/AIDS:
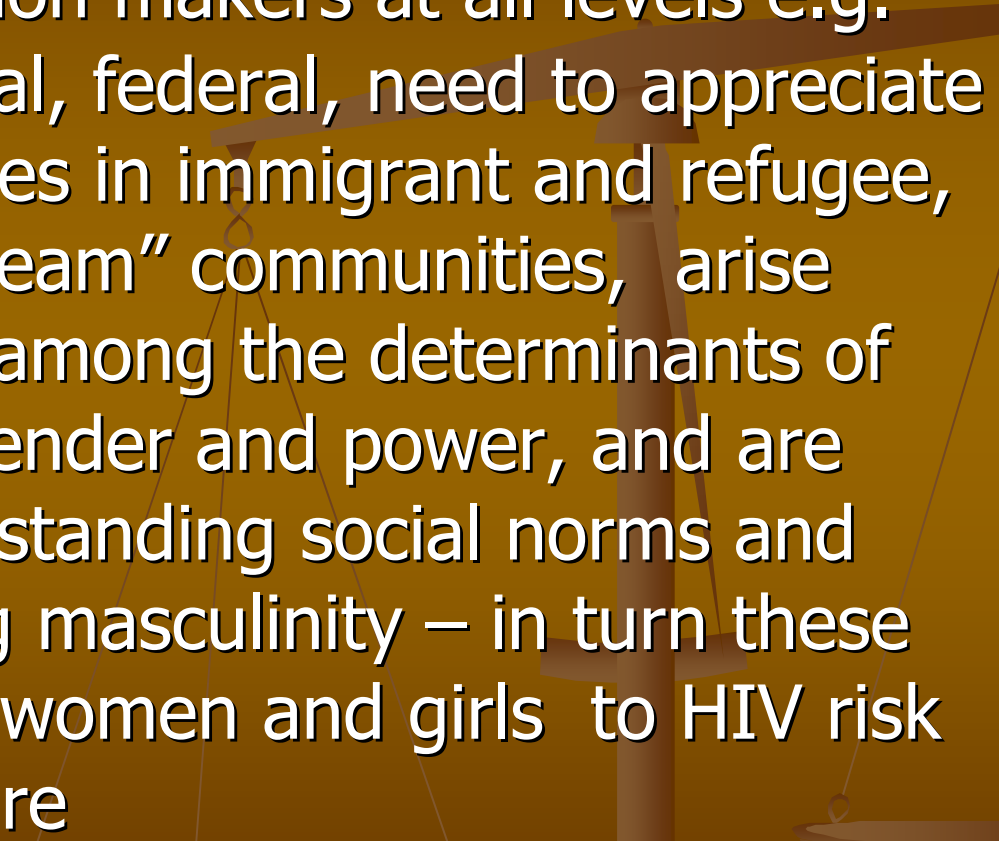Taking a Multisectoral Approach

GOAL Premises

- The assumptions underlying public health programs should be reviewed in order to identify inherent bias, gender constraints, systemic racism, etc. These factors may impact upon the ability of services to achieve culturally appropriate and equitable outcomes

- Planning efforts to reduce HIV transmission must focus on the interplay among the determinants of health. HIV is an issue of gender, diversity and power.

- Canada has much to learn from the HIV/AIDS experience and practice of endemic countries in the South

- Community driven and community "owned" HIV/AIDS projects can serve as powerful interventions to mitigate the pandemic and to empower immigrant, refugee and other excluded communities
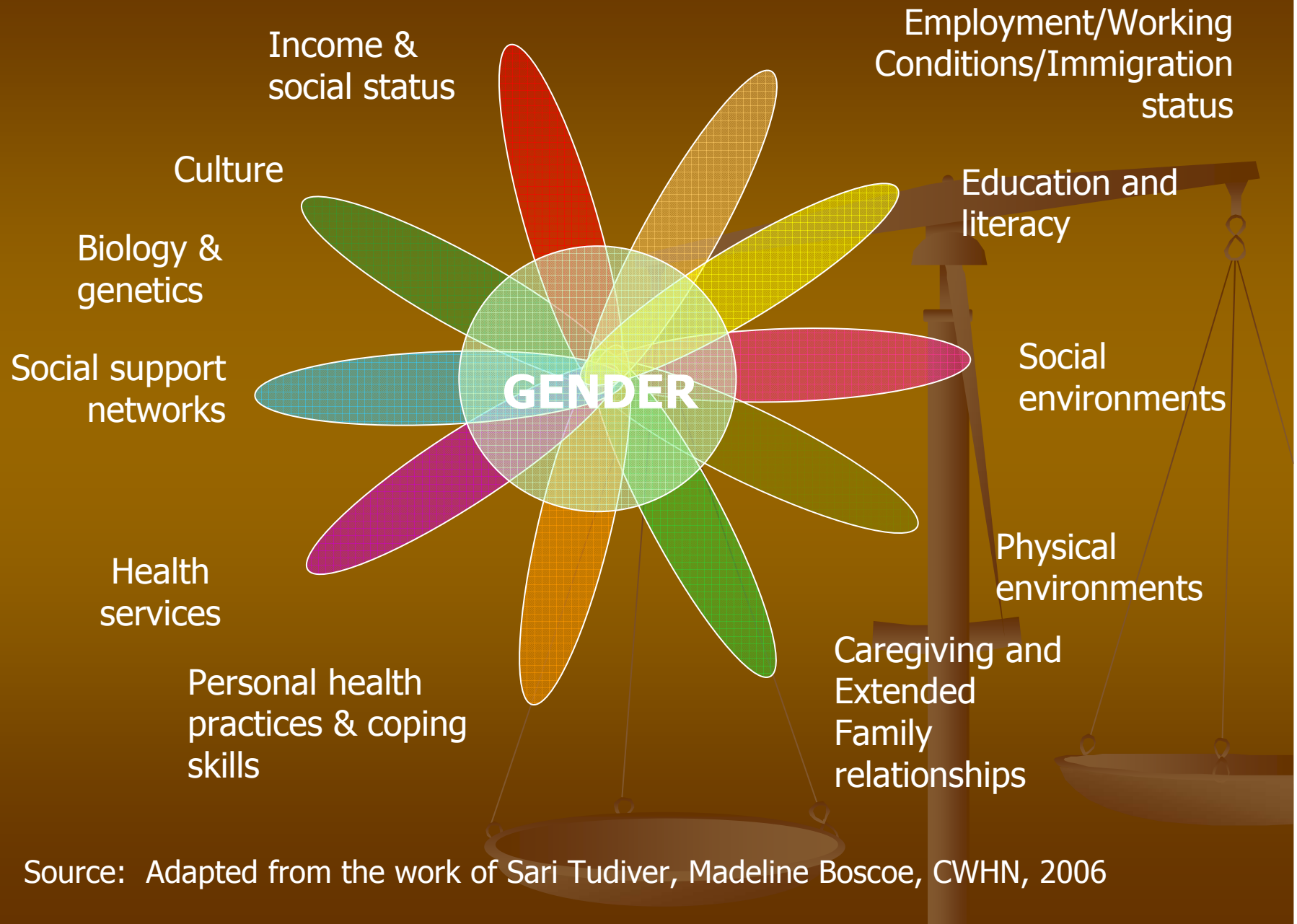
GOAL Premises

- Globally, as well as in Canada, the pandemic affects women and girls disproportionately – as PLHAs and as caregivers

- increased risks in women due to beliefs, rules governing sexual relations, notions of masculinity and femininity; biological susceptibility to infectivity

- Canadian communities and health service providers can learn 'good practices' from endemic Southern nations and practitioners who have considerable more experience in the HIV/AIDS pandemic!

GOAL Premises

Planners and decision makers at all levels e.g. municipal, provincial, federal, need to appreciate that health inequities in immigrant and refugee, as well as "mainstream" communities, arise from the interplay among the determinants of health, including gender and power, and are reinforced by long standing social norms and attitudes governing masculinity – in turn these factors predispose women and girls to HIV risk factors and exposure
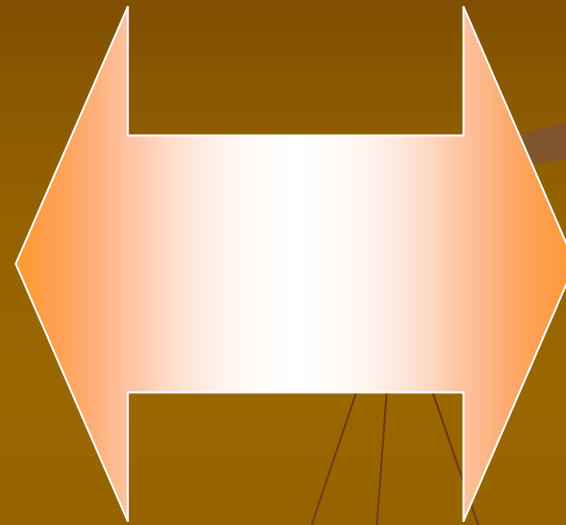
Health Determinants as they affect Immigrants and Refugees

Income & social status

Employment/Working Conditions/Immigration status

Culture

Education and literacy

Biology & genetics

Social support networks

Social environments

GENDER

Health services

Physical environments

Personal health practices & coping skills

Caregiving and Extended Family relationships

Source: Adapted from the work of Sari Tudiver, Madeline Boscoe, CWHN, 2006

The need for more Gender, Diversity Analysis in HIV/AIDS Research

GENDER/DIVERSITY

the socially constructed