

# **Women & HIV in Ontario**

HIV risk and health outcomes are driven by the social determinants of health. To prevent HIV and improve the health of women living with HIV, we must address the underlying causes that contribute to HIV risk and health outcomes. These include the social inequities that certain women experience that make them more likely to be exposed to HIV through a sexual or drug using partner and also contribute to negative health outcomes. To target prevention activities and ensure that women living with HIV receive timely diagnosis, treatment, and appropriate support services, we need to understand who are the women most affected by HIV and their needs.

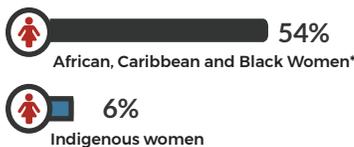
## Who are women affected by HIV?

In Ontario, around **1 in 5** people living with HIV are women; and approximately **3,250** women were living with HIV in 2015. New HIV diagnoses persist; in 2017, **195** women were diagnosed with HIV, continuing to account for **1 in 5** of new HIV diagnoses.



Women who experience systemic racism and the impacts of colonialism are more affected by HIV. From 2016-2017, 54% of HIV diagnoses in women were in African, Caribbean and Black, while they made up only 5% of women in Ontario. While 6% of new diagnoses in women were Indigenous, they made up only 3% of women in Ontario<sup>1,2</sup>:

### Percent of new HIV diagnoses in women by race/ethnicity



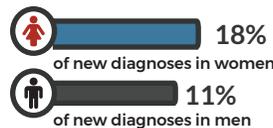
\*Includes women who were diagnosed outside of the province before receiving a first positive diagnostic test in Ontario.

**Trans women** experience a higher risk of HIV. There are no recent statistics for Ontario, but a study in 2012 showed trans women were **10 times** more likely to report having been diagnosed with HIV than Ontarians overall<sup>3</sup>.

## New HIV diagnoses among people who use injection drugs

For women, the risk of HIV transmission due to needle sharing is almost **8** times higher than vaginal sex<sup>4</sup>. In 2016-17, more men than women reporting injection drug use were diagnosed with HIV, but almost 2 of every 10 women diagnosed reported using injection drugs compared to 1 of every 10 men<sup>1</sup>.

### Percent of injection drug use in new HIV diagnoses by sex



## Challenges to HIV care and treatment for women living with HIV

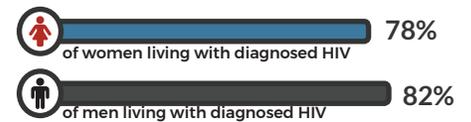
Timely diagnosis helps prevent the transmission of HIV and improve health. Among a cohort of people living with HIV who were in care in Ontario from 1999-2013, women and heterosexual men were more likely to experience a late HIV diagnosis (CD4 count less than 350 and/or AIDS at diagnosis) than men who have sex with men<sup>5</sup>.

### Percent with late HIV diagnosis



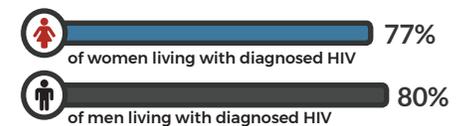
The HIV care cascade measures engagement in treatment and HIV outcomes. In 2015, women in Ontario were engaged in the care cascade at rates slightly lower than men<sup>6</sup>. Women were slightly less likely to be on antiretroviral treatment (ART) than men.

### Percent on antiretroviral treatment



Sustained viral suppression means women living with HIV cannot transmit HIV to their partners. Most women diagnosed with HIV in Ontario are virally suppressed, but at rates slightly lower than men<sup>6</sup>.

### Percent virally suppressed



Treatment challenges can occur for women transitioning from incarceration. In 2010, people living with HIV released from Ontario prisons had lower engagement in the HIV care cascade<sup>7</sup>.

- 🔍 **62** women were released from Ontario prisons in 2010. Women released from prisons were **1.4** times more likely to be living with HIV than men released that year.
- 🔍 **56%** of women living with HIV accessed ART in 3 months post-release from Ontario prisons.
- 🔍 **73%** of women living with HIV accessed HIV care in the year post-release from Ontario prisons.

## Mental Health and Social Service Needs

Women living with HIV require access to HIV treatment and care, but also to services that support their overall well-being.

### Moderate to severe depression

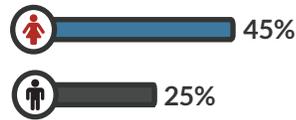
Mental health and well-being is an important determinant for HIV-related outcomes. In a cohort study in 2017, women living with HIV were more likely to experience depression than men<sup>5</sup>.

- ➕ **19%** of women living with HIV reported moderate to severe depression.
- ➕ **12%** of men living with HIV reported experiencing moderate to severe depression.

### Intimate Partner Violence

In a cohort study in 2017, almost half of women living with HIV reported having experienced intimate partner violence (IPV), compared to a quarter of men<sup>5</sup>. In this study, experiences of IPV are highest for women who were bisexual, trans, two-spirit or lesbian.

### Percent reporting intimate partner violence



Women living with HIV in Ontario also report having experienced coercive sex, and many of these women experienced sexual violence during a situation of conflict or war<sup>8</sup>.

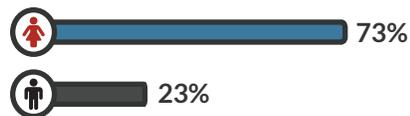
## Women living with HIV support households

The health and well-being of women living with HIV impacts their families, children and communities. Improving the health of women living with HIV requires adequate resources for the households they support.

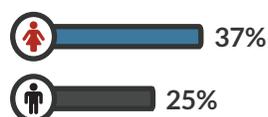


**Women living with HIV are more likely to live in a household with children and live in low-income households.** Among a cohort of people living with HIV who were in care in Ontario, 2017<sup>5</sup>:

### Percent living with children



### Percent earning a household income less than \$20,000



These indicators present a few of the concerns, challenges, and outcomes for women living with HIV in Ontario. To ensure optimal health, we must consider the varied needs of women living with HIV.

## References

1. Ontario HIV Epidemiology and Surveillance Initiative. Data provided by Public Health Ontario Labs.
2. Population Estimates from Statistics Canada, 2017.
3. Bauer, GR et al. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. BMC Public Health 2012
4. Patel P. et al. Estimating per-act HIV transmission risk: a systematic review. AIDS 2014
5. The OHTN Cohort Study (OCS). [www.ohtncohortstudy.ca](http://www.ohtncohortstudy.ca)
6. HIV care cascade in Ontario by sex, age and health region: Linkage to care, in care, on antiretroviral treatment and virally suppressed, 2015; Released February 2018, [www.ohesi.ca](http://www.ohesi.ca)
7. Kouyoumdjian, F., Lamarche L., McCormack D., Rowe J., Kiefer L., Kroch A., Antoniou, T, unpublished data, 2019.
8. Loutfy, et al. Coercive sex as a mode of HIV acquisition among a cohort of women with HIV in Canada: an under-recognized public health concern. 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015). Vancouver, Canada. July 19th-22nd, 2015.

**WHA** Women & HIV/AIDS Initiative

To contact your local WHAI coordinator, visit [www.whai.ca](http://www.whai.ca).

**OHESI**

Ontario HIV Epidemiology and Surveillance Initiative  
For more information on HIV surveillance in Ontario, visit [www.ohesi.ca](http://www.ohesi.ca).

 **OCS**  
OHTN COHORT STUDY  
To learn about HIV research studies, visit [www.ohtncohortstudy.ca](http://www.ohtncohortstudy.ca).