

The Epidemiology of HIV/AIDS in Women

by Carol Devine

Cet article analyse les dernières statistiques concernant le SIDA et les personnes séropositives. L'auteure explique que les femmes du monde entier sont infectées par le SIDA à une vitesse alarmante. Malgré ces statistiques, les femmes séropositives font rarement l'objet d'études.

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A friend and I recently shared stories of unfortunate experiences with our doctors. My doctor couldn't and wouldn't talk about safer sex, and he judged me. I switched doctors. My friend decided to have an AIDS antibody test after her thirtysomething woman friend tested positive. Her family doctor said, "What? You don't need one, you aren't in a risk group... are you?" "The point is," she said, "my partner and I want to get tested." "It's very expensive," he told her—his last words to her because she is looking for a new doctor.

This is frightening because the same day we heard the latest statistics about women living with HIV/AIDS¹ in Ontario. They spoke to us. We are under 30, in our "child-bearing years," we are sexually active. In Ontario, the epidemiology of women living with HIV/AIDS tells us that the number of women diagnosed HIV-positive is increasing. The mean age of HIV positive women is 30 years, and nearly half, 43 per cent, of women testing positive are between the ages of 25 and 34. The clearly identified risk factor for women in Ontario is sexual intercourse. My friend and I, as much as anyone else, should be actively seeking and receiving information about HIV/AIDS education and prevention. We aren't we finding enough of it.

On March 28th, 1994 a research forum "Ontario HIV/AIDS Plan to the Year 2000" organized by the AIDS Bureau, Ministry of Health was held. Big news is that the geographical distribution of women living with HIV/AIDS has shifted. Carol Major of the AIDS Bureau says that with only two exceptions, every health unit in Ontario has had a woman test positive for HIV. She does say though, that researchers only know of health units where there is a doctor's office, so the numbers may not reflect the actual cases of women testing positive across the province.

The Ministry's studies also show is that women living with HIV/AIDS are more spread out across the province

than previously, and women are testing positive in areas less concentrated than areas where men are testing positive. By 1988, 161 women tested HIV positive in the urban centres of Ontario. According to Major, by 1993, 56 per cent of cases of HIV positive women occurred in the Metropolitan Toronto area, 17 per cent in the Ottawa area and eight per cent in the London area with the rest spread across other parts of Ontario. In contrast, 73 per cent of cases of HIV positive men occurred in the Metropolitan Toronto area. The identified risk factor of the women is also clear. Fifty per cent were infected through sexual intercourse, seven per cent through sharing contaminated needles, five per cent through blood or blood products. What is clearly missing from information on HIV/AIDS in women is research specifically on women of colour living with HIV/AIDS.

A very serious concern is the rising number of women testing positive. As of 1993 in Ontario, an estimated 14,000 men and women are living with HIV/AIDS. The true number of cases, is without a doubt higher. In 1986, two per cent of the total number of HIV positive people in Ontario were women. By 1993, 15 per cent of the total number of cases were women. This means that in eight years, the ratio of HIV positive men to women jumped from 50 to one all the way to six to one.

Nationally, the figures show similar trends. The Centre for Disease Control reports that by April 1993, 444 adult women were infected with AIDS in Canada. Across Canada, 62 per cent were infected through unprotected, heterosexual sex with an HIV-infected man. Nineteen per cent of Canadian women with AIDS were infected through blood or blood products. A further nine per cent of the adult women were intravenous drug users (IDU) who were infected by sharing contaminated needles. A risk factor was not identified in the remaining ten per cent of the cases of adult women with AIDS. As the Centre says, "HIV and AIDS should continue to be a serious concern for Canadian women."

This trend is not limited to Canada. Women are being infected with AIDS at an alarming rate, yet HIV and AIDS in women is understudied. Globally, women make up the fastest-growing group of people diagnosed with HIV. In Canada, as in Haiti and parts of Africa and Asia, AIDS is transmitted to women through heterosexual transmission in the majority of cases. Studies indicate that within ten years, 80 per cent of all new AIDS cases worldwide may result from heterosexual transmission. The World Health Organization (WHO) announced in 1993 that four million women are expected to die of AIDS by the year 2000 and more than one million women were infected in 1993. WHO reports that "young girls are particularly vulnerable."

Historical data about HIV/AIDS in women is sketchy, but

sadly, so are data and research about HIV/AIDS in women today. In Canada, the first case of AIDS in a woman appears to have been diagnosed in 1981 (Laboratory Centre for Disease Control). Information about this case appears not to have been published until July 30, 1983, in the *Canada Diseases Weekly Report*, Health and Welfare Canada, Volume 9-31. In the article "Acquired Immune Deficiency Syndrome (AIDS) in Women in the Eastern Townships—Quebec," it says this woman was "a 25-year-old Haitian immigrant who had onset of sym[p]toms in 1979 and died of toxoplasmosis in 1981." The second adult female case of AIDS reported to the Laboratory Centre for Disease Control was a "29-year-old heterosexual horticulturist." According to the same article, she "was born in the United States, but has been living in Canada since June 1981. She had used intravenous drugs regularly during the three years prior to coming to Canada." These women are potentially the first cases of females diagnosed with AIDS. The second woman was the first case of AIDS related to drug addiction documented in Canada.

Although more is known about recent cases of HIV/AIDS in women, more has to be done to let women know that we are at risk. Although many of us wouldn't know it from reading about HIV/AIDS in the media—or talking to certain doctors—women with HIV/AIDS across Canada are a rapidly growing group.

Carol Devine is a writer on human and women's rights issues. She has recently published the book, Determination, Tibetan Women and the Struggle for an Independent Tibet by Vauve Press.

¹HIV stands for Human Immunodeficiency Virus. HIV is the virus which, along with other contributing factors, causes AIDS by slowly destroying the body's ability to fight off disease. AIDS stands for Acquired Immune Deficiency Syndrome. Someone with AIDS has a weakened immune system—their body has more difficulty fighting off diseases. The person is vulnerable to serious infections, often called opportunistic infections, which can kill (Voices of Positive Women).

References

- Laboratory Centre of Disease Control. "Epidemiologic Review AIDS and HIV in Canadian Women." *AIDS in Canada: Quarterly Surveillance Update*. October 1993. Voices of Positive Women. "So Your Test is Positive." Pamphlet. Toronto, 1992.

CATHY STONEHOUSE

he comes to me at night
and touches me, separates
my legs just like the wolf does,
and the creatures
from under the bed;

I only think this
with the door closed,
through patches of bruised skin,
my undergarments
shed like orphans.

I feel the seam
along which grown-up games begin,

each night my solemn dark
is split
by one red shaft.

my doll knocked to the floor,
In bleeding innocence

I hear my baby
crying, and I
lock her up, rip
her nice new dress,
and make her grow up

secretly
in a hidden place
where no one plays,
and little girls choke
on the dirt of daddy.

Cathy Stonehouse is a British writer currently living in Vancouver. She has had poems published in a variety of Canadian journals including Room of One's Own, Tessera, Fireweed, and Prairie Fire.

Correction

Our sincere apologies to Himani Bannerji and Roxana Ng whose names were misspelled in the Spring 1994 issue, "Racism and Gender" (Volume 14, number 2).