

RISK FACTORS CONTRIBUTING TO HIV VULNERABILITY AMONG IMMIGRANT WOMEN OF SOUTH ASIAN DESCENT

Roula Kteily-Hawa, Ph.D. candidate

The Ontario Institute of Studies in Education of
the University of Toronto (OISE/UT)

Shazia Islam, Alliance for South Asian AIDS
Prevention (ASAAP)

The Team

- **Roula Kteily-Hawa**, Ph.D. candidate, The Ontario Institute of Studies in Education of the University of Toronto (OISE/UT)
- **Shazia Islam, primary contact**, Alliance for South Asian AIDS Prevention (ASAAP)

Why this study?

- Lack of published research on HIV/AIDS related issues among South Asians, particularly South Asian women in Canada and the U.S.
- The Greater Toronto Area (GTA) has one of the highest populations of immigrants identifying as South Asian in Canada- South Asian communities represent 13.5% of the entire GTA population (2006 Canada Census)
- 'South Asian' refers to a diverse group of people representing numerous languages, ethnicities, migration histories, diasporas and more...

Study Objectives

- The study aimed to:
 - ▣ Facilitate an understanding of the factors that placed South Asian women living with HIV/AIDS at risk- what were the structural and behavioural factors that augmented their vulnerability to HIV?
 - ▣ Examine structural aspects of power grounded in Connell's (1987) social theory of gender as it relates to HIV risk.
 - This theory provides a framework for understanding HIV risk among women by examining structures that characterize gendered relationships between men and women

Who were the participants?

- 12 HIV positive women who identify as South Asian and live in the GTA
- ranging in age from 20-50 years, majority were in the 41-50 age range at the time of interviews.
- Participants represented first generation newcomers from source countries as well as diasporas in East Africa, the Caribbean and Canada.
- Diverse religious backgrounds were represented including Hindu, Muslim, Sikh and Christian.
- Participants spoke multiple languages including English, the most represented languages included Hindi and Gujarati.

Method

- In person, in depth, one-on-one interviews
- Open-ended questions and probes built-in
- A couple of interviews took place at ASAAP and the rest were in the comfort of the women's homes. Interviews lasted between 60 to 90 minutes.
- All interviews were audio tape recorded and later transcribed verbatim by the researcher.
- Participants received a one-time honorarium

Limitations

- Using a non-probability sampling strategy
- Given the research objectives, a random sample from the general population would not have provided an appropriate sample of South Asian women.
- Due to stigma, it was difficult to find a well-sized sample; however the use of
- Women recruited mostly through ASAAP and snowballing techniques

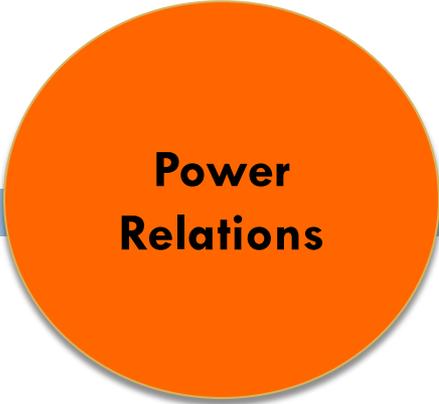
What did the research find?

The analysis uncovered four overarching themes related to HIV risk:



Each of these primary themes were further broken down into sub-themes.

Power Relations



Power
Relations

- Gendered roles learned in childhood
- Patriarchy & Male figures of authority
- Normalized infidelity
- Abuse

“...in terms of the household, you would be helping your mom with everything. You know whether it’s cooking cleaning, house chores, you would be helping your mom out. The boys don’t, the girls do....”

“oh yeah, the men can go and sleep with fifty women. Nobody will say anything. But the woman goes and sleeps with just one man, that’s it.”

Emotional Relations



Emotional Relations

- Sexual and marital roles and relationships
- Emotional dependence
- Trust and Faithfulness
- Childbearing imperative/value for motherhood

“I never did. [use condoms in marriage] Though they advised me you know, I never did. Especially with our husbands...you cannot tell them to use condoms”

“I didn’t know much, I don’t know much about the virus. I had so much trust that I thought maybe he fooled around but he was protecting himself. I had trust”

Sexual Division of Labour

Sexual
Division
of Labour

- Discrimination
- Lower paying jobs/shift work
- Economic dependence
- Care-giving/child care roles

“Yeah, because you’re a person of colour. It was not very easy. So yeah...But you could ask for jobs, I mean nobody would...It’s the same.”

“The money we get goes into my rent and my bills, that’s it. That’s it. I don’t have any extra money. So, sometimes I have to depend on the dad.”

Normative Beliefs



Normative Beliefs

- Stigma around discussions of sex and sexuality
- Belief in modesty/restrained sexuality
- Keeping religious practices
- Strong attachment to community

“You would not do, [have sex before marriage] and its actually haram....Even in the Christian faith, it's bad. ...if you happen to have a boyfriend, it's really behind everyone knowing; it's a sneaky thing.”

Interdependencies

- The multidimensional life experiences of SA women influenced by power imbalances, relational and emotional dependence on their partners, and economic dependence resulting from the division of labour all related to their sexual practices.
- The *sexual division of labour* became apparent in limiting women's equal access to education and paid employment resulting in gender inequality in economic resources.
- Closely related to the sexual division of labour is *the sexual division of power* that is maintained by the abuse of authority and control in relationships. Women's economic dependency on men exacerbated their vulnerability to male control and abuse of power.
- Sexual division of power, intertwined with sexual division of labour, increased women's "physical exposures" to HIV infection, particularly through physical and sexual violence.

Recommendations

- Locate educative efforts within multiple cultural communities including all places of worship
- Target education to health professionals serving specific at risk cultural communities with emphasis on debunking stereotypes and discriminatory attitudes
- Work with/take direction from HIV positive community members regarding content of prevention strategies
- Prevention Ed in schools
- Support spaces and discussion groups
- Outreach and anti-stigma messages

Thank you for Listening

Any Questions?

