Info Sheet #3

The Economics of Risk and Vulnerability

Risk and Vulnerability

When attempting to understand how HIV is transmitted within a community, understanding the concepts of risk, vulnerability and impact can be a useful approach.[1]

RISK: Risk refers to the factors that create a direct opportunity for HIV transmission. This includes sharing needles, not using condoms during sexual activity, and mother-to-child transmission. Risk factors are those that can expose someone to HIV infection.

VULNERABILITY: Vulnerability is the combination of social factors that lead to risk. It also can be used to explain why some groups of people are exposed to higher risks than others. The list of social factors that create vulnerability are the *determinants of health*. One specific factor in this list of determinants that includes issues relating to poverty is *Income and the Economic Environment*, (sometimes called *Income and Social Status*).[2]

IMPACT: Impact explains how HIV/AIDS affects the physical, mental and social well-being of individuals, and how individuals and communities experience the disease.

Living in poverty limits choice options to attain economic security which may increase individuals risk of HIV infection. The social consequences and economic constraints of living in poverty include exclusion, stigma, marginalisation, inability to meet living

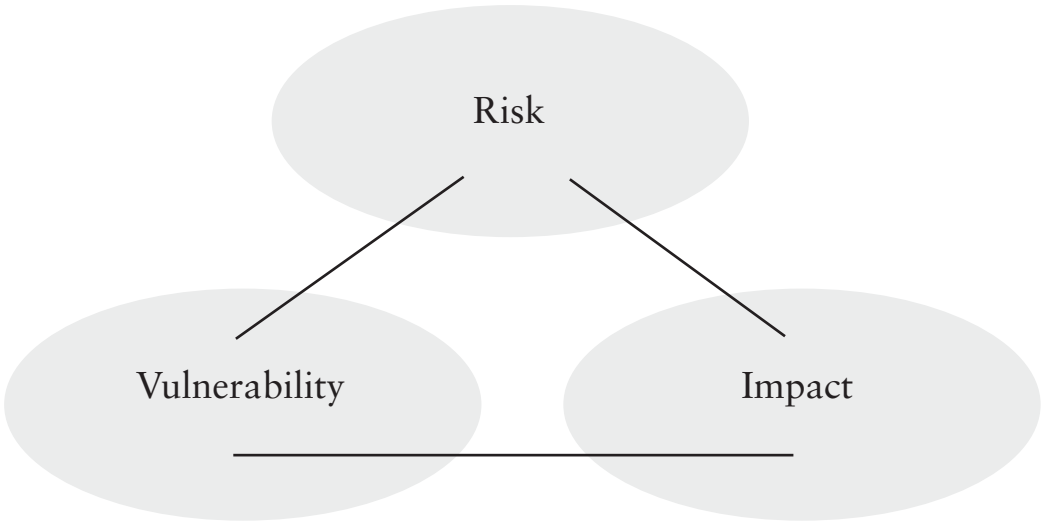
Want to learn more about poverty and HIV?
Check out the other information sheets:

Info Sheet #1: The Link Between Poverty and HIV
Info Sheet #2: How is poverty identified in Canada?
Info Sheet #3: The Economics of Risk and Vulnerability
Info Sheet #4: Living with the Cost of a Disability
Info Sheet #5: HIV and the Downward Drift into Poverty
Info Sheet #6: What is the impact of poverty on the life of someone with HIV?
Info Sheet #7: Public Income and Health Related Benefits

needs or to participate in the community, etc. These consequences limit the options and choices that individuals have in attaining economic security and a decent or adequate standard of living. Many people who live in poverty experience economic and social exclusion, including:

- A lack of respectable, non-judgemental, responsive services
- A lack of housing, shelter, transportation and clothing
- A lack of nutritious food
- A lack of access to preventative health care, medical treatment and medication
- A lack of childcare
- A lack of opportunities for adequately paying employment
- A lack of access to adequate education and training
- A forced dependence on abusive partners and family

Studies that show that people with low incomes are more likely than those with higher incomes to be exposed to the risk of HIV infection due to their increased vulnerability.[3] So what causes this vulnerability?



Social and Economic Exclusion

Many people who experience poverty often become excluded and marginalized from different areas of social, economic and community life.[4] Social exclusion can refer to the ways that individuals are excluded from employment, a secure income, adequate housing, educational opportunities, health, citizenship, and integration in the local community. Social exclusion can also be the result of additional stigma and marginalization associated with other factors such as gender, ethnicity, low-education, occupation, etc.[5]

Many of the processes that lead to social exclusion are economically/financially based. For example:[6]

- Changes in the economy of a community (e.g. increasing unemployment and job insecurity)
- Demographic changes in a community (e.g. an increasing number of single-parent households and elderly persons)
- Cuts and reforms to social assistance programs that exclude certain individuals and groups (e.g. caregivers or people with certain types of illness/disability)
- Stigmatization and marginalization of groups or communities that lead to the segregation of minorities (based on ethnicity, substance use, type of employment or source of income, gender, age, etc.)

Some of the ways that social exclusion is manifested include:[7]

- Legal exclusion – many individuals do not have access to the same legal rights as others (e.g. people who do sex work, who are homeless, or who have problems with substance use)
- Failure of governments, programs and services to provide basic needs/social goods (e.g. physical supports for the people with disabilities, language services, preventative medical treatment and housing for people who are homeless)
- Exclusion from social production/contribution to society (e.g. the systematic arrest of street-involved youth or the tendency to not accommodate people with disabilities)
- Economic exclusion (e.g. not allowing an individual access to a bank account because of a lack of permanent housing, or restricting people on welfare from accumulating savings)

The implications of social and economic exclusion are serious, since the longer a person lives in poverty, the less likely it will be that they will ever exit that poverty. The people less likely to exit poverty are more likely to experience social and economic exclusion. These individuals include:

- Single parents
- Persons with disabilities
- Persons in a visible minority group
- Recent immigrants
- Persons who are single
- Persons with lower levels of education

FAST FACTS

- **One in five women are living in poverty in Canada (approximately 2.8 million), and make up the majority of the people living in poverty in Canada.**
- **Of single parent families, 56% of women-headed families are living in poverty (while 24% of male-headed families are living in poverty).**
- **49% of women over 65 who are single, widowed and divorced live in poverty, as do 41% of single women under 65.**
- **Aboriginal women have an average annual income of $13,300 (compared to $18,200 for Aboriginal men).[8]**
- **While 19% of all women in Canada experience poverty, 37% of women who are visible minorities experience low incomes. These women earn an average of $3000 less per year than women who are not visible minorities, and $7,000 less than men who are.**
- **Some data show that 42% of women over 65 and who are lesbian live in poverty, while only 14% of men who are gay have low incomes.**
- **Among all aboriginals living off a reserve, 44% live in poverty, while 47% of aboriginals living on a reserve have less than $10,000 annual income[9].**

Mapping Poverty and HIV through Research

The shift from a Health Promotion framework to a Population Health Framework in Canadian Health Policy has allowed more focus on the social determinants of health. It has also increased concentration on the mid- and long-term effects of these determinants, and has encouraged relationships between sectors, communities and groups. One of the challenges of this shift, however, is that the focus on evidence-based, quantitative decision-making renders it difficult to portray trends and experiences that cannot be captured with statistics.[10] It is also important to recognise the validity of qualitative research, as well as the role of community-based expertise to inform immediate action when there is a lack of long-term research studies tracking measurable indicators.[11] Some researchers in Canada have noted that it is difficult to conduct research on poverty and HIV because income is so closely connected to other determinants of health such as social support, education and literacy, gender, etc.[12] The lack of an adequate measure of poverty was explicitly identified as a barrier to making income and poverty based research a priority. This could be an explanation for why there is very little data on this relationship in Canada.

Resource List:

Richard Wilkinson and Michael Marmot. *Social Determinants of Health: The Solid Facts* 2nd Editon. Denmark: World Health Organization

Document available for download: http://www.who.dk/document/e81384.pdf

Ottawa Charter for Health Promotion (1986) Ottawa: World Health Organization, Health and Welfare Canada, and the Canadian Public Health Association.

Document available for download: http://www.hc-sc.gc.ca/hppb/phdd/pdf/charter.pdf

What is the Population Health Approach? Population Health Approach, Health Canada.

Document available for download: http://www.hc-sc.gc.ca/hppb/phdd/

Martin Spigelman Research Associates (2002) *HIV/AIDS and Health Determinants: Lessons for Coordinating Policy and Action*. Ottawa: Ministerial Council on HIV/AIDS, Government of Canada.

Document available for download: http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/ministerial/discussion_paper /

Lia DePauw. (2004) *Behind the Pandemic: Uncovering the Links Between Social Inequity and HIV/AIDS*. USC Canada, AIDS Vancouver and the Interagency Coaliton on AIDS and Development.

Document available for download: http://www.aidsvancouver.org/pdf/usc-behindthepandemic.pdf

What Can I do?

Community Based Organizations

- Work with staff, clients, and Board of Directors to identify the *economic* factors that increase the vulnerability of your clients to high-risk activities.
- Build alliances with other organizations working in HIV, disability and/or poverty in your community to identify which *economic* factors are being experienced across different communities and client groups.
- Integrate strategies to acknowledge and respond to the *economic* factors that increase vulnerability to HIV infection as part of HIV prevention campaigns.
- Examine where stigma and bias may be reflected in your programs and service delivery.
- Examine where your programs and services supports an individual's autonomy over their financial decision-making, and identify ways to make a shift to allow clients more control over the financial services that they can access within your organization.
- Put poverty and HIV on your research agenda. Ethical community-based research that reveals the complex relationship between poverty and HIV will help create tools, initiatives and policies that contribute to the prevention, care, treatment and support of HIV.

Researchers

- Increase collection of quantitative and qualitative data on income and social status as it relates to the prevention of HIV.
- Validate the use of qualitative data, community-based research and experiential narratives when conducting research.
- Increase the participation of CBOs in research projects.
- Examine where stigma and bias may be reflected in your research.
- Put poverty and HIV on your research agenda. Ethical community-based research that reveals the complex relationship between poverty and HIV will help create tools, initiatives and policies that contribute to the prevention, care, treatment and support of HIV.

Policy Makers/Analysts/Government

- Validate the use of qualitative data, community-based research and experiential narratives when making evidence-based policy and programs.
- Integrate strategies to acknowledge and respond to the economic factors that increase vulnerability to HIV infection as part of HIV prevention campaigns.
- Examine where stigma and bias may be reflected in your programs and service delivery.
- Examine where your programs and services supports an individual's autonomy over their financial decision-making, and identify ways to make a shift to allow clients more control over the financial services that they can access.
- Put poverty and HIV on your research agenda. Ethical community-based research that reveals the complex relationship between poverty and HIV will help create tools, initiatives and policies that contribute to the prevention, care, treatment and support of HIV.
- Resources need to be available to the different stakeholders working in HIV, poverty prevention and social integration. This includes:
    - Community Based Organizations and AIDS Service Organizations
    - University- and community-based research initiatives that advance knowledge of poverty and HIV
    - Medical and health disciplines
    - Government programs that target the elimination of poverty

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The Canadian AIDS Society (CAS) is a national coalition of more than 115 community-based AIDS organizations across Canada. CAS is dedicated to increasing the response to HIV/AIDS across all sectors of society, and to enriching the lives of people and communities living with HIV/AIDS.

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1 DePauw, Lia. (2004) *Behind the Pandemic: Uncovering the Links Between Social Inequity and HIV/AIDS.* USC Canada, AIDS Vancouver and the Interagency Coaliton on AIDS and Development.

2 Federal, Provincial and Territorial Advisory Committee on Population Health. (1999) *Towards a Healthy Future: Second Report on the Health of Canadians* (1999) Ottawa: Minister of Public Works and Government Services Canada

3 Martin Spiegelman Research Associates. (2002) *HIV/AIDS and Health Determinants: Lessons for Coordinating Policy and Action.*

4 Shaw, Mary, Danny Dorling & George Davey Smith. (1999) *Determinants of Health*, Michael Marmot and Richard G. Wilkinson eds. New York: Oxford University Press

5 Ibid.

6 Ibid.

7 Ibid.

8 Ibid.

9 Morris, Marika. (2002) *Women and Poverty Fact Sheet* Ottawa: Canadian Research Institute for the Advancement of Women.

10 Ryan, Bill. (2000) *Framing Gay Men's Health in a Population Health Discourse*. Saskatoon: Gay and Lesbian Health Services of Saskatoon

11 Wong, Chris. (1997) *Paradigms Lost: Examining the impact of a shift from health promotion to population health on HIV/AIDS policy and programs in Canada.* Ottawa: Canadian AIDS Society.

12 Chapman, Ainsley and Nichole Downer. (2004) Survey conducted with Canadian HIV Researchers. Ottawa: Canadian AIDS Society.