

See you later

Why doctors tend to test women for HIV later than men

by *Helenka Jedrzejowski*

HIV tends to be stereotyped into three high-risk groups: gay men, injection drug users, and “working girls.” If you fit into one of these groups, you’re fairly certain to be tested for HIV and thus more likely to be diagnosed sooner after you’ve seroconverted.

In reality, we all fall into a risk group and each one of us faces visible and/or invisible barriers to HIV diagnosis. Women, in particular, face unique and multiple challenges in getting HIV care, testing, and/or diagnosis. Late diagnosis is especially a problem. The experiences of HIV-positive women and insights from long-time AIDS outreach and support workers can help us to understand the issue of late HIV diagnosis among women.

Women who are diagnosed late are typically—and inexplicably—categorized as being at low risk for infection. They are often perceived as middle class and non-drug users. They may be women who have sex with women, or in stable heterosexual relationships. While all these factors generally indicate a low risk of HIV, the rate of infection is rapidly increasing among women.

Finding out their HIV status when pregnant

Particularly misleading is the assumption that women in so-called stable heterosexual relationships are not at risk for HIV. “Married women in particular are the women who live for years with HIV without getting a diagnosis,” says Sangam, a support worker at Positive Women’s Network (PWN) in Vancouver, which serves exclusively women living with HIV. “It’s about behaviour. These women presume themselves to be in a monogamous relationship and so don’t see unprotected sex with their husband or partner as a risk behaviour. Unfortunately, they are impacted by the high-risk behaviours of their partner.”

A fairly common story is that of Laura (not her real name), a 35-year-old mother of three who was diagnosed only when she became pregnant and received the standard gamut of tests. She was in a heterosexual relationship and had no idea her partner was injecting drugs—and no idea that she was at risk for HIV. “Now when I think about it,” she says, “I must have been positive for years before getting diagnosed. If I hadn’t gotten

pregnant, I don’t know when I would have come to know my status.”

Aside from the fact that many women don’t realize that their male sexual partners put them at risk for HIV, family doctors often fail to suspect HIV when symptoms surface, which influences the timing of diagnosis. “I had all kinds of symptoms,” says Sue (not her real name), an HIV-positive woman from New Westminster. “Now I see the connection. But at the time, it was all up to my doctor. The thing is, I wasn’t diagnosed because of my symptoms. It was only because I got pregnant.”

It seems to be the case that many family practitioners just don’t see certain types of women as being at risk for HIV. In addition, many doctors aren’t sex friendly, so talking to women about their sexual health and sexually transmitted illnesses just doesn’t happen as often and as early as it should.

High-risk women are diagnosed late, too

But what about women who do fall into pre-conceived high-risk categories? If their doctors know they’re at risk for HIV, why doesn’t diagnoses happen early?

In Vancouver, the most vulnerable and marginalized women tend to frequent the Downtown Eastside. They are women who manage a range of poverty issues on a daily basis: they may be homeless, dealing with addictions, or trying to cope with mental health issues.

“These women don’t have access to regular health care,” observes Stacie Migwans, an outreach worker at PWN. “At best, they get sporadic care. Lack of health care definitely contributes to late diagnosis for these women.”

And a lot of women living in the Downtown Eastside simply don’t want to find out that they’re HIV-positive, because they’ve already got enough survival issues on their plate, according to Cara Moody, an outreach worker at PWN and Oak Tree Clinic, which serves HIV-positive women and children. That said, they do recognize the reality of their vulnerability to HIV infection, but many live in denial and fear of finding out the truth.

In addition, the stigma around HIV hasn’t dwindled all that much. For many women, denial is considered a better option

than facing the judgment of others. Stigma and discrimination are particularly severe within the Aboriginal population. Women may avoid accessing services because the community is so small that they fear loss of confidentiality.

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Putting the needs of others first

Moody and Migwans both sense that for women who are high risk, late diagnosis often has to do with a missing sense of self-worth. “So many of these women have grown up with the belief that they’re not worth taking care of,” says Moody. “If you don’t believe that you’re worth it—if you were never told or if no one ever led you to believe it—you just won’t make your health a priority.”

Similarly, women may be diagnosed late because they tend to put others before themselves. “A lot of women don’t want to burden anyone. They’re the core of the family,” says Migwans. “They often have others to care for—their children, their partners. That’s where they put their energy. Their own health doesn’t come first.”

We’re decades into the HIV pandemic and one thing is certain about HIV infection: we are all vulnerable. Rather than thinking in terms of high risk and low risk, it makes more sense to acknowledge that we are all at risk. Until economic inequity, gender inequity, racism, stigma, and discrimination are dismantled, women’s vulnerability to HIV infection and disease progression, as well as late diagnosis, will continue. ⊕

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WHAT HAPPENED IN TORONTO

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Date: Thursday, September 28th, 2006 **Time:** 6:30 PM
Location: Best Western Chateau Granville (corner of Granville and Helmcken)

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