

Place, space, and gender: Conceptualizing intersecting socio-spatial marginalities and their impacts on access to healthcare among harder-to-reach women living with HIV in British Columbia, Canada

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BACKGROUND

Health services research conventionally defines *place* in terms of proximity to care. However, the notion of place must also include the *social and physical spaces* that influence how people experience place.

Women represent 1 in 4 people living with HIV in British Columbia (BC), Canada, and are diverse in their social identities and geographical settings. However, the vast majority of health care services are concentrated in urban centres and targeted towards gay men, people who inject drugs, or sex workers.

Study Objective: To explore how women living with HIV navigate 'place' and 'space' in attempting to access health care within and across the full range of urban to rural localities throughout British Columbia (BC), Canada.

METHODS

This research was conducted as part of the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), a multi-site, longitudinal, community-based study *by, with, and for* women living with HIV.

Peer Research Associates (PRAs), conducted four focus groups with women with HIV (n=28), in Vancouver, Victoria, and Prince George, BC, Canada.

Focus groups lasted 2-3 hours, were audio-recorded, and transcribed verbatim. Transcripts were analyzed using thematic analysis, peer debriefing, and investigator triangulation.

RESULTS

Overall, 39% were Aboriginal; 25% identified as LGBTQ; 43% had drug use histories and 32% had sex work histories; 50% had annual household incomes < \$20,000; 85% received medical care from an HIV specialist; and 54% accessed AIDS Service Organizations.

At the geographic core of HIV services is Vancouver's Downtown Eastside. Women highlighted the essential need to have services located in inner-city areas and the reality that for many women, accessing services in these places can be unsafe. **(Theme 1)**

Outside Vancouver, women expressed frustration with the centralization of healthcare and the time, costs and other trade-offs associated with travelling to care sites. Place-based barriers were amplified by intersecting social factors (e.g., poverty, childcare, work demands) and affected women's access to care. **(Theme 2)**

RESULTS (continued)

The most striking finding was that regardless of where they live, women need a space to just be – a space where they can exist without judgement, harassment, exclusion, or disempowerment. **(Theme 3)**

Nevertheless, women reported being pushed to the margins of healthcare where spaces are ordered by rules, bodies are governed by medical interventions, and women are dependent on authority figures for access to essential care. Many women described feeling "like a cow" and "just another number", reduced to nothing more than a body void of context. Further, their experiences of 'embodied exclusion' were made worse by HIV stigma and racism. **(Theme 4)**

In response, women employed strategies to resist marginalization by rejecting services and relying on self-care to manage their care needs. Women also highlighted the critical role of peer support and online communities towards creating their own spaces and overcoming socio-spatial barriers to care. **(Theme 5)**

In reflecting on their visions for change, participants expressed strong desires for safe (physical and emotional) care environments that understand and respond to their unique health and social needs as diverse women living with HIV. **(Theme 6)**

CONCLUSIONS

Overall, women highlighted how existing services, even if physically close, can be socially marginalizing as they confront HIV stigma, racism, sexism, and classism, which operate to exclude women from the places and spaces they must access for care.

Our findings stress the urgent need to acknowledge and redress socio-spatial barriers to care and to work with women towards the co-creation of spaces that reflect women's diverse identities and experiences.

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Figure 1. Six major themes that emerge as women move through place and space to access HIV services in BC, Canada

