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.

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)

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METHODS

This research was conducted as part of the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), a multi-site, longitudinal, communitybased 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)

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)

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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)

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

NAVIGATING INNER-CITY AREAS

Mae: "There is one clinic that is available for the HIV people...But...If you have no experience with drug addiction. It is like you're in a strange place..." Lisa: "Yeah... the area that it's in...everybody is in active addiction and people asking you if you want to score right out front. If you're in recovery, or if you're not a person that's been using, it can be a really intimidating area."

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

VISIONS FOR CHANGE Rhonda: "I would like to see a women's-only clinic where...I can be comfortable seeing a woman doctor... Somewhere where I can sit around like here and talk to a group of women...that have gone on before me... Just a safe space where I can actually talk about my period's really heavy, my boobs have got, just something that some other people can relate to...

RESISTING MARGINALIZATION

Michelle: "I've started doing my own HIV care... What I mean by that is I just call them when I need a second opinion... I get all my labs, I get all my copies of my blood work myself... I've learned how to manoeuvre through the system...

JOURNEYS FOR WOMEN LIVING OUTSIDE THE 'BIG CIT Place Gender and Social Space Identity

WOMEN NEED A SPACE TO BE

Sarah: "They have a lot of workers there that are young places and spaces they must access for care. and they are positive, and they're on the Board, so they that that it was trusted and that it was actually cared

Michelle: "I live in Victoria...For me to get to X-

Clinic, it's a 12-hour day for a 2-hour

appointment, and depending on whether I can

afford it...And I've had to bring my children with

me to my appointments many, many times, which

interferes with their education... It's obviously a

barrier."

run the place...when I did go there I was able to open up Our findings stress the urgent need to acknowledge a little bit because, for me, I felt like my word was valued and redress socio-spatial barriers to care and to work with women towards the co-creation of spaces that

Kay: "I hate going to our hospital ER... If you're Aboriginal and you're complaining. Say if you had been drinking that night or whatever, it does not matter. They are... all White, all the staff, and they're very racist...They will help you eventually. But you are so tired at one point that you're either trying to curl up on a chair or you've got to leave. And then you haven't been helped and they're saying well you know you were next in line. Well that's bullshit. You know exactly where you stand in line and it's right at the very bottom of the list..."

STIGMATIZING SPACES

reflect women's diverse identities and experiences.

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CONCLUSIONS



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