

Women-specific HIV/AIDS services: Identifying and defining the components of holistic service delivery for women living with HIV/AIDS

A.J. Carter^{1,2}; S. Bourgeois³; N. O'Brien⁴; K. Abelsohn³; W. Tharao⁵; S. Greene⁶; S. Margolese³; A. Kaida¹; M. Sanchez⁷; A.K. Palmer^{1,2}; A. Cescon²; A. de Pokomandy⁴; M.R. Loutfy³; CHIWOS Research Team

1. Simon Fraser University, Faculty of Health Sciences, Burnaby; 2. British Columbia Centre for Excellence in HIV/AIDS, Vancouver; 3. Women's College Research Institute, Toronto; 4. McGill University Health Centre, Montreal; 5. Women's Health in Women's Hands Community Health Centre, Toronto; 6. McMaster University, Faculty of Social Work, Hamilton; 7. ViVA, British Columbia

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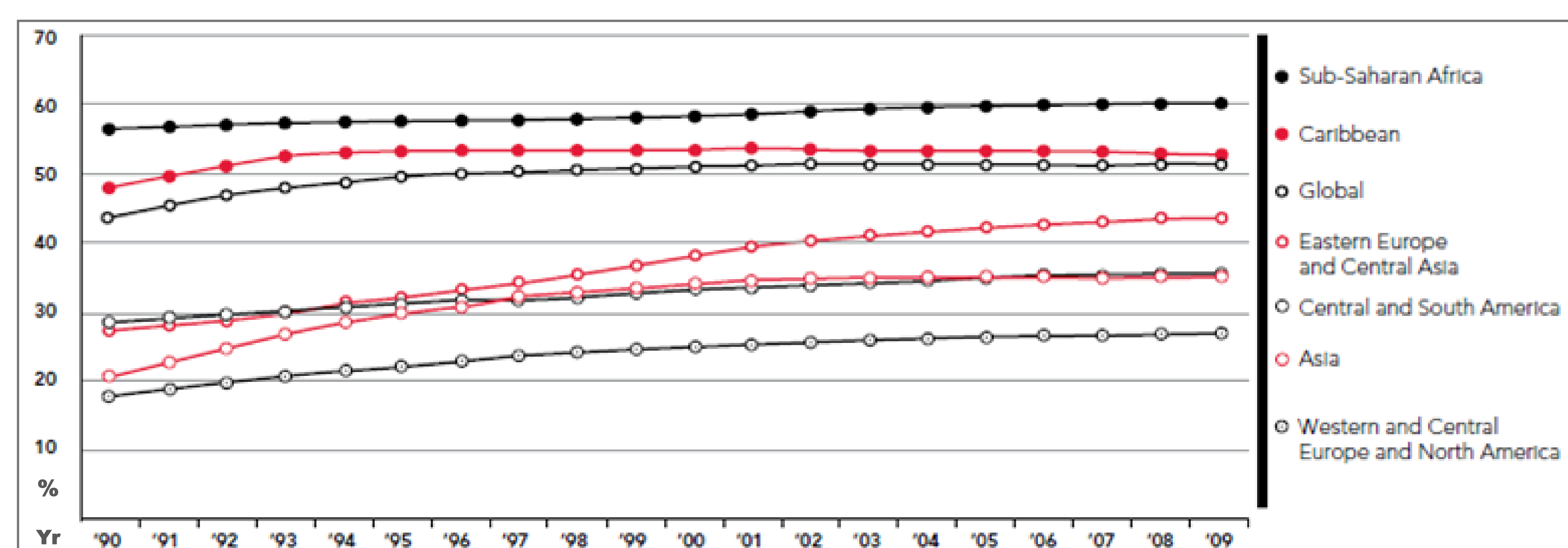
Background

The proportion of women among those living with HIV has steadily increased over the past three decades (Figure 1). Differences in the biological and social realities of men and women are key drivers of this shift and also contribute to gender variations in HIV treatment outcomes.

This has evoked calls for tailored services that are responsive to women's specific needs. The **primary objective** of this investigation was to explore the concept of women-specific HIV/AIDS services to identify and define what key elements underlie this approach to care.

This review was undertaken as part of the formative phase of the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), a new 5-year prospective cohort study that is women-centred and community based, with women living with HIV involved in every stage of the research process.

FIGURE 1: Proportion of people 15 years & older living with HIV who are women, 1990-2009. Reproduced with permission from UNAIDS.



Source: UNAIDS. (2010). Global Report: UNAIDS Report on the Global AIDS Epidemic 2010. Geneva: UNAIDS.

Methods

A comprehensive literature review was conducted using online databases (CSA Social Service Abstracts, OvidSP, Proquest, Psycinfo, PubMed, CINAHL), augmented with an Internet search for relevant grey literature.

Search terms were women-specific, services for women, HIV-positive women, female-specific, women-focused treatment, women-only services, programs for women, gender responsiveness, women-centredness, women's needs, and gender awareness.

Articles were included if they featured women-specific services as their central focus and contributed to the review aim of exploring women-specific HIV/AIDS services. Articles were restricted to English with no limit set on the date or place of publication.

Owing to limited literature, we considered articles from various subject areas and discussed implications for HIV. In total, 84 articles were retrieved and 30 included. Fifteen were specific to HIV, 11 mental health/addictions, and 4 other disciplines.

Results

A clear, consistent definition of women-specific HIV/AIDS services was absent from the literature. We distilled this concept into its defining features and additional dimensions.

Defining features: Women-specific HIV/AIDS services often include services provided to women only and services delivered by female providers in order to better serve women and address their unique needs.

Additional dimensions: Women-specific HIV/AIDS services also often adopt approaches to care that are different than the traditional care typically provided in mixed-gender settings. These services:

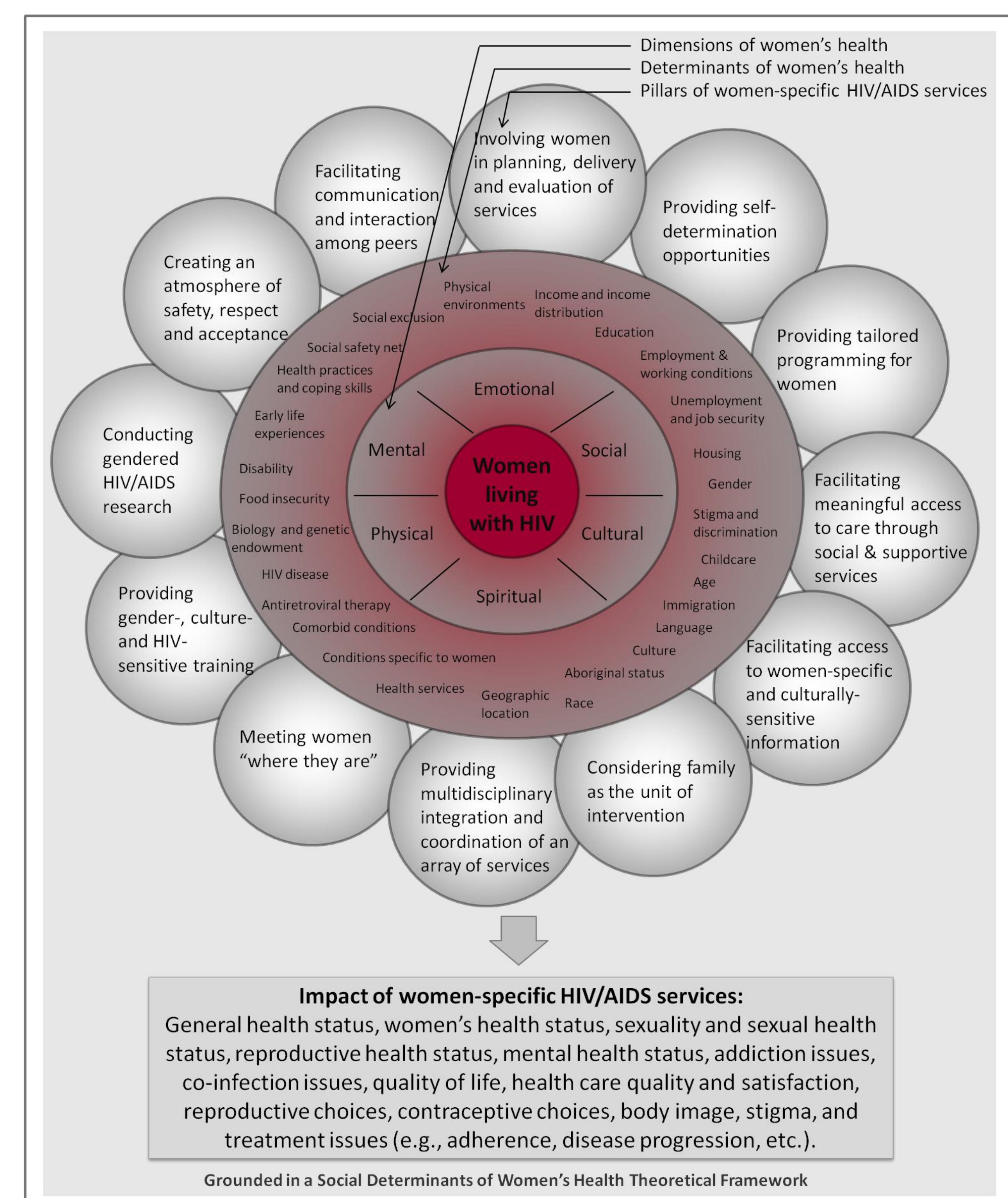
- recognize that women are unique and diverse and therefore have health and social care needs that require specially designed programs;
- understand the close connection between women's health and their whole lives and therefore address women's non-health concerns;

Results (Continued)

- give women the tools and know-how to achieve optimal health for both themselves and their family as defined by women themselves;
- adapt care for women's diverse needs, preferences and circumstances; and
- are holistic, integrated, non-stigmatizing, peer-based, gender-sensitive and culturally relevant.

Following from this, we identified 12 specific components of holistic service delivery for women living with HIV/AIDS (Figure 2).

FIGURE 2: A framework for women-specific HIV/AIDS services.



Conclusions

Our findings indicate that the concept of women-specific HIV/AIDS services is complex and multidimensional, and has been shaped by diverse theoretical perspectives.

We are conducting empirical research to better understand this emerging concept from the perspective of HIV-positive women themselves, through 11 focus groups and the development of a scale for measuring women-specific HIV/AIDS services.

We are also surveying 1,250 HIV-positive women from across Canada to assess the barriers to and facilitators of women-specific HIV/AIDS services use and the impact of such patterns of use on sexual, reproductive, mental, and women's health outcomes.

This work will have important implications for evidence-based holistic health services for women living with HIV in Canada and worldwide.

Acknowledgments

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CHIWOS is supported by:



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For more information, please contact a CHIWOS Coordinator in your region:

Allison Carter (British Columbia):
allison_carter@sfu.ca

Johanna Lewis (Ontario):
johanna.lewis@wchospital.ca

Nadia O'Brien (Quebec):
obrien.nadia@gmail.com



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