

**Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada (CHIWOS):
De la création d'une recherche communautaire nationale à la mise en œuvre d'un modèle de soins axés sur les femmes.**

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14 juin 2018

Webinaire de la COCQ-SIDA



Étude sur la santé sexuelle et reproductive
des femmes vivant avec le VIH au Canada

Canadian HIV Women's Sexual and
Reproductive Health Cohort Study

Reconnaisances

Acknowledgements

- **CHIWOS reconnaît et remercie les propriétaires traditionnels des terres sur lesquelles nous nous rencontrons et les ancêtres qui nous précèdent.**

- **CHIWOS would like to acknowledge the traditional owners of the land on which we meet and the ancestors who have come before us.**



Remerciements / Acknowledgments

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Merci à la COCQ-SIDA

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À tous nos partenaires communautaires et cliniques

B.C.: Oak Tree Clinic at BC Women's Hospital, AIDS Vancouver Island, BC Centre for Excellence in HIV/AIDS, Cool Aid Community Health Centre, Downtown Community Health Clinic, Keys Housing and Health Solutions (Positive Haven), Living Positive Resource Centre, Positive Living Fraser Valley, Positive Women's Network (closed), Positive Living North, and Vancouver Island Persons with AIDS Society.

ON: 2-Spirited People of the 1st Nations; 519 Community Centre; ACCKWA; Africans in Partnership Against AIDS (APAA); AIDS Committee of Durham Region; AIDS Committee of Guelph and Wellington County; AIDS Committee of Simcoe County; AIDS Network Hamilton; Alliance for South Asian AIDS Prevention; Black Coalition for AIDS Prevention; Bruce House; Casey House; Centre Francophone; Elevate NOW; Fife House; Hemophilia Ontario; HIV/AIDS Regional Services (HARS); Maggie's: Toronto Sex Worker's Action Project; Peel HIV Network; Positive Living Niagara; Positive Pregnancy Program: P3; Prisoners with AIDS Support Action Network; Réseau Access Network; Toronto PWA Foundation; Women's Health in Women's Hands; Children's Hospital of Eastern Ontario; Kingston Hotel Dieu Hospital; Health Sciences North, Sudbury Regional Hospital, HAVEN Program; Lakeridge Health; Maple Leaf Medical Clinic; McMaster Family Practice; Ottawa General Hospital; Riverside Family Health Team; SIS Clinic, Hamilton Health Sciences; St. Joseph's Healthcare London; St. Michael's Hospital; Sunnybrook Health Sciences Centre; Toronto East General Hospital; Toronto General Hospital; William Osler Health System; Windsor Regional Hospital, HIV Care Program.

QC: ACCM; L'ARCHE de l'Estrie; ASTT(e)Q; BLITS; BRAS-Outaouais; CACTUS; CASM; Centre des R.O.S.E.E.S; Centre Sida Amitié; Corporation Félix Hubert d'Hérelle; COCQ-SIDA; GAP-VIES; M.A.I.N.S-Bas St-Laurent; Maison Plein Coeur; Maison Dominic; Maison du Parc; Maison Re-Né; MIELS-Québec; Le MIENS Chicoutimi; Portail VIH/sida du Québec; Sidaction Mauricie; Sida-Vie Laval; Stella, l'amie de Maimie; UHRESS-Notre-Dame du CHUM.



Women's College
RESEARCH INSTITUTE



Centre universitaire de santé McGill
McGill University Health Centre



the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC



*Nous honorons et nous rappelons les 59 participantes
CHIWOS de partout au Canada qui sont décédées et
ne sont plus avec nous, mais demeureront dans nos
cœurs à jamais.*

*We honor and remember the 59 CHIWOS participants
from across Canada who have passed away and are
no longer with us but will always remain in our hearts.*



**À la mémoire de
Marisol Desbiens**
*PAR CHIWOS et une
collègue appréciée*

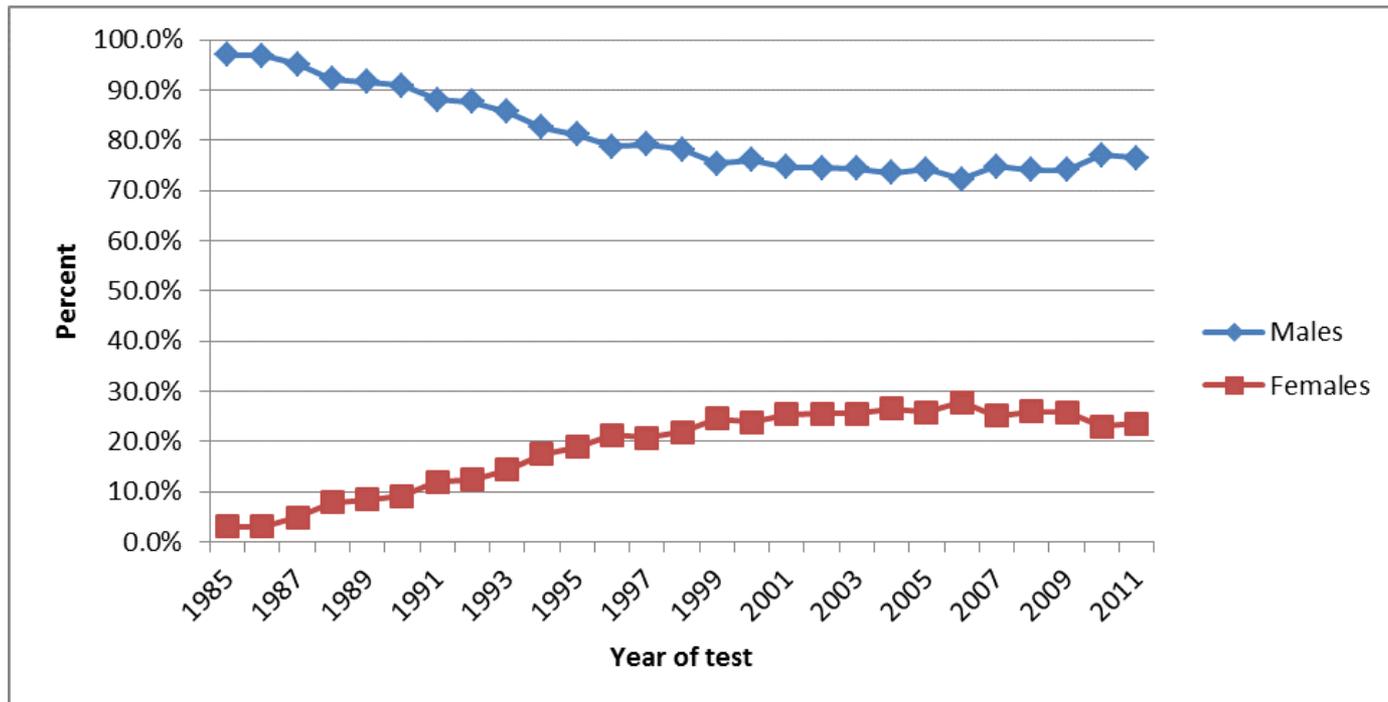
**In memory of
Marisol Desbiens
CHIWOS PRA and
valued colleague**



La féminisation du VIH

- À l'échelle mondiale, femmes >50% des PVVIH
- Au Canada, femmes = 23.3% des 75,000 PVVIH

Proportion de dépistage VIH par sex 1985-2011 (n=71,361)



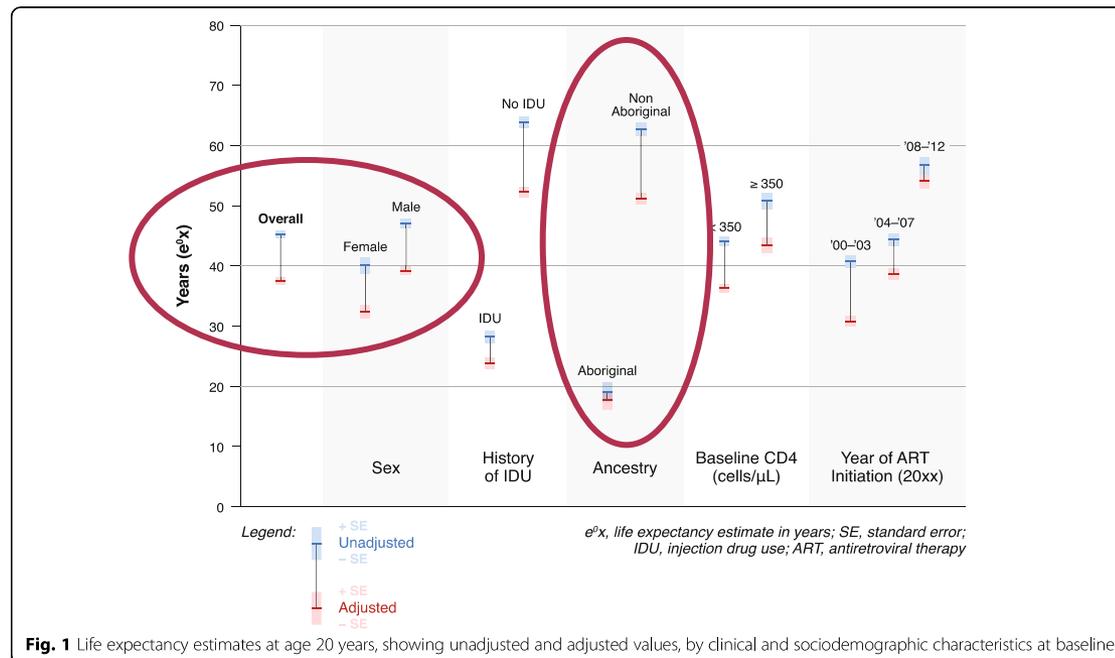
Source: Public Health Agency of Canada, Internal data 2012

Avancés et défis à relever

- Avancés majeurs dans la prévention et le traitement du VIH MAIS....
- ~2,500 nouveaux cas par année au Canada
- La peur et la stigmatisation persistent
- Criminalisation au Canada de plus en plus fréquente
- L'accès aux soins et l'espérance de vie demeurent inégales pour les femmes !

Espérance de vie inférieure pour les FVVIH

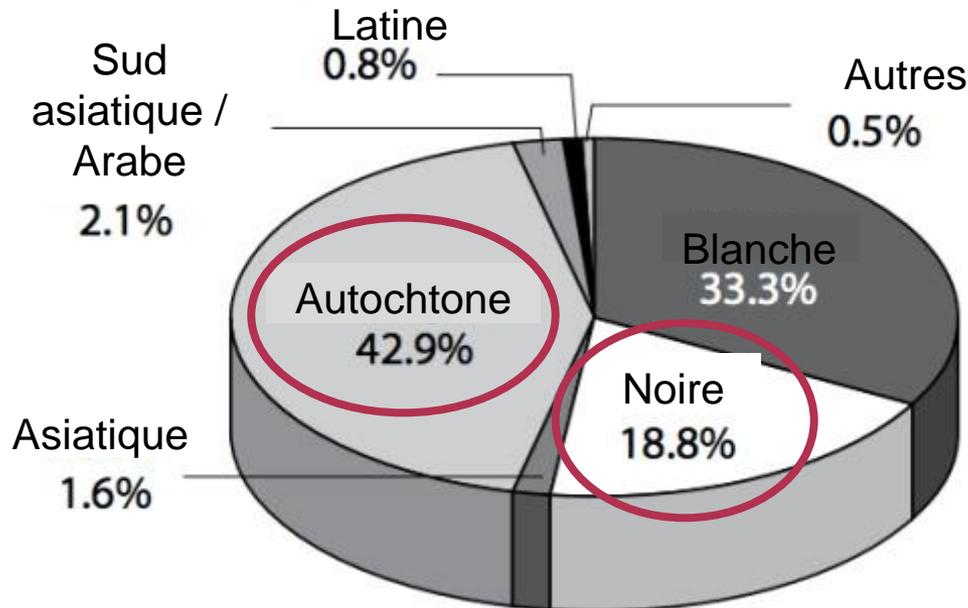
- FVVIH – 7 années de moins que les hommes avec VIH
- À 20 ans: 37.5 - 45.2 d'années de vie pour PVVIH
- À 20 ans: 59.7 - 63.9 d'années de vie pour population générale



Pas seulement une différence entre les sexes. Énorme iniquité pour les communautés autochtones.

Iniquité parmi les FVVIH

- Les femmes des communautés marginalisées sont affectées par le VIH de manière disproportionnée
- Déterminants sociaux de la santé
 - Revenu, éducation, colonialisme, racisme, iniquité du genre



Parmi les femmes au Canada, les femmes noires et les femmes autochtones, représentent 3% et 4% de la population

**Étude sur la santé sexuelle et
reproductive des femmes vivant avec le
VIH au Canada**



**Canadian HIV Women's Sexual and
reproductive health study**

Étude CHIWOS

➤ Une étude Canadienne, longitudinale, basée sur des principes de recherche communautaire et MIWA*

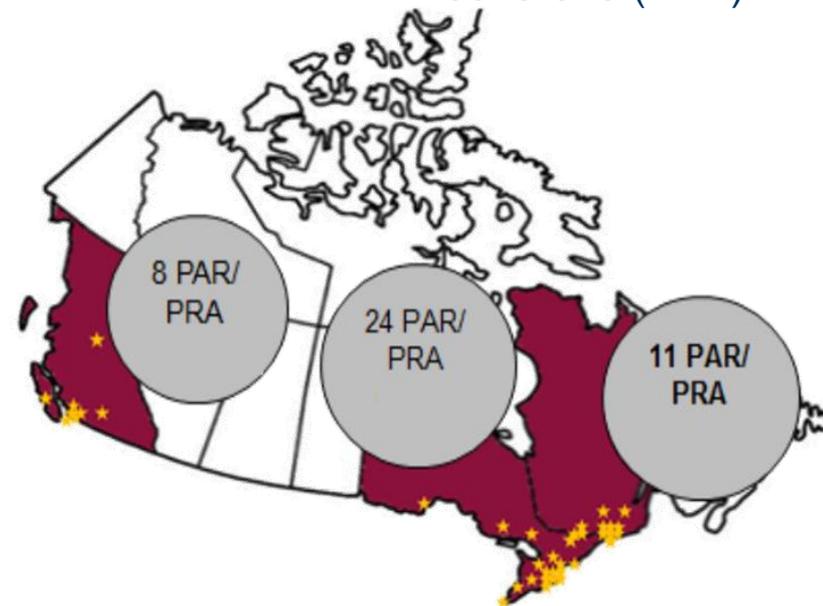
➤ Questionnaire administré par les PAR

➤ Deux suivis à 18 mois (vague 2 et vague 3)

➤ **Objectif général:** Améliorer les soins pour les FVVIH

➤ 2011-2019

★ Paires associées de recherche (PAR)



Cohorte CHIWOS

➤ 1,422 femmes vivant avec le VIH

➤ De Août 2013 à Mai 2015

Âge: 43ans μ
(16-74)

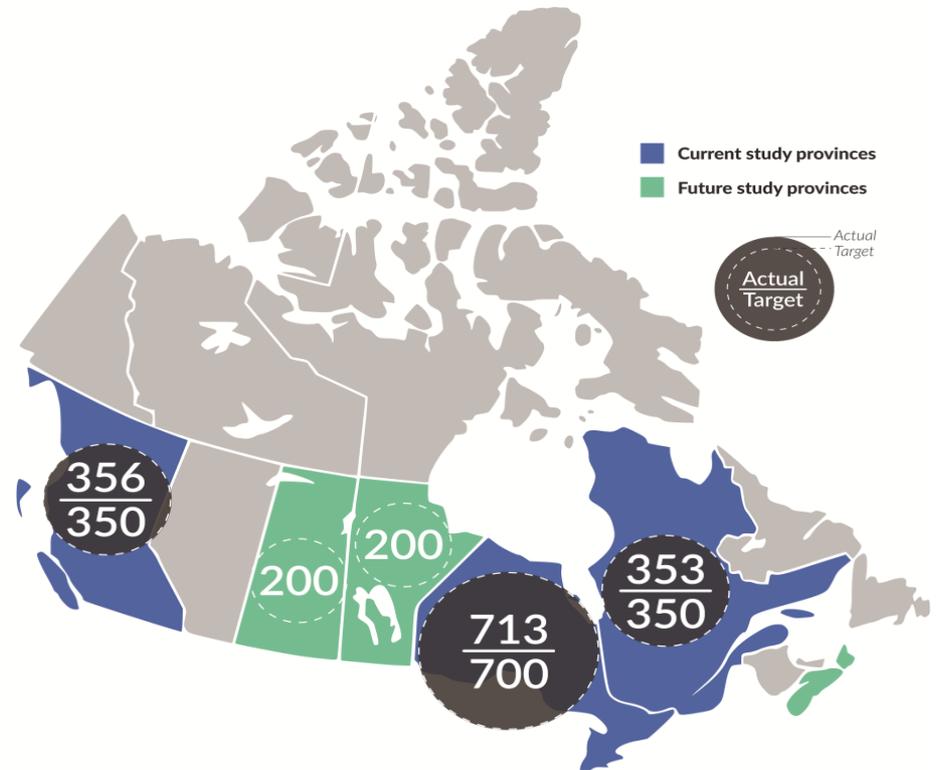
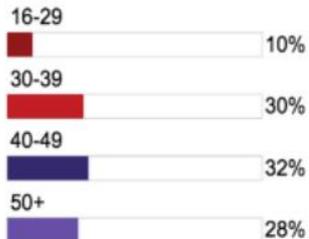
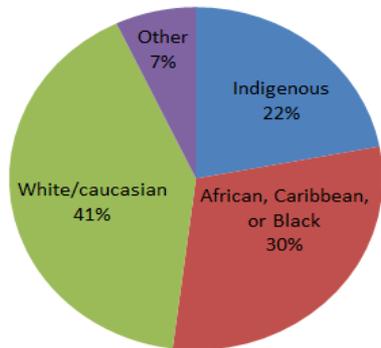


Fig 1 : Current and upcoming CHIWOS sites with target and actual recruitment numbers.

Cohorte CHIWOS

CHIWOS a recruté des participantes représentant la diversité des femmes vivant avec le VIH au Canada

Etnicity



Historique d'injection de drogues
n=438



Femmes trans
n=54



Femmes actuellement impliquées dans le travail du
n=82



LBQQ2S
n=180



Jeunes femmes
n=137



Femmes n'ayant pas de soins VIH
n=77



Vague 2

- De juin 2015 à janvier 2017
- Questionnaire de suivi à 18 mois
- 1,252/1,422 entrevues vague 2
- 88 % taux de rétention au plan national
 - 90 % au QC !

Avez-vous participé à CHIWOS?

CHIWOS
Recherche sur le statut sérologique et l'implication des femmes vivant avec le VIH au Québec
Recherche VIH Femmes Québec (RFVQ)

Si vous êtes une femme vivant avec le VIH, vous avez peut-être répondu à un 1^{er} questionnaire dans le cadre de notre étude!

Si oui, c'est peut-être le temps pour votre suivi!

Qu'est-ce que ça implique?

Un questionnaire de suivi avec une paire associée de recherche. Les entrevues de suivi ont lieu 18 mois après la première visite.

La confidentialité est assurée.

Pour plus d'information sur votre rendez-vous de suivi, svp contactez:

Karène Proulx-Boucher,
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514-934-1934 poste 32146
chivos.quebec@gmail.com

facebook.com/CHIWOS twitter.com/CHIWOresearch www.chivos.ca



CHIWOS

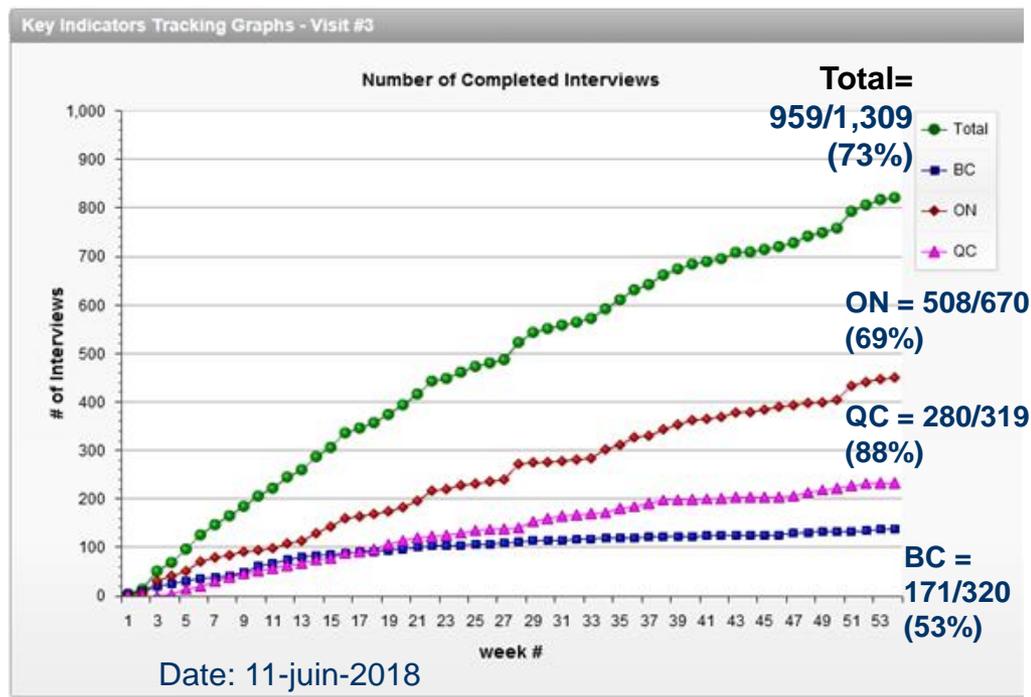


Vague 3

- Lancée le 1er Fév 2017 (17 mars 2017 au QC)
 - Suivi à 36 mois
 - Mise à jour du questionnaire avec de nouvelles priorités

Au plan national:

- 959 entrevues de suivi à ce jour
- 73 % de rétention à ce jour



Le questionnaire CHIWOS

Comprend 10 sections:

1. Données sociodémographiques et déterminants sociaux de la santé
2. Information médicale et sur l'infection par le VIH
3. Soins de santé et utilisation des services sociaux
4. Bien-être émotionnel et Qualité de vie liée à la santé
5. Santé reproductive des femmes
6. Stigmatisation et discrimination
7. Consommation de drogues et d'alcool
8. Expérience de violence et de maltraitance
9. Santé sexuelle des femmes
10. Résilience

CHIWOS Wave 3 – Aug 25 2016 – TRANSLATION VERSION (skips incomplete)

CHIWOS
Étude sur la santé sexuelle et reproductive
des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and
Reproductive Health Cohort Study

CHIWOS Wave 3 Questionnaire
Version August 25 2016

Prior to interview: Please confirm participant's date of birth as reported in the participant database.	
CHIWOS ID:
Date of Last Interview: D . D . M . M . Y . Y . Y . Y .

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Quelques constats

Connaissances de la loi sur le non-dévoilement

Parmis les FVVIH qui ont répondu;

- **73%** (n = 900) connaissaient la décision de la Cour suprême de 2012 concernant la non-divulgence du VIH
 - **51%** de celles-ci avaient une compréhension juste de la loi
- Dans l'ensemble, **37%** des femmes connaissent et comprennent les conditions dans lesquelles une personne vivant avec le VIH est tenue de divulguer le statut VIH

Les femmes les plus marginalisées et les moins engagées dans les soins sont plus susceptibles d'ignorer la loi

Impacts perçus de la jurisprudence sur l'engagement aux soins de santé:

- Parmi celles qui ont reçu des soins pour le VIH, 82% disent qu'elles font confiance aux prestataires de soins de santé dans leur clinique VIH.
- Malgré la confiance, 65% des femmes croyaient que la jurisprudence en matière de non-divulgence pourrait avoir une incidence sur le type de renseignements qu'elles seraient prêtes à partager avec leurs prestataires de soins.

39% des participantes croient que la loi sur le dévoilement du VIH nuit aux FVVIH

Criminalization changes our

LIES	L	LISTEN
INSECURE	I	INVOLVE
VIOLENCE	V	VOICES
EMOTIONAL	E	EDUCATION
SEX OFFENDER	S	SAFE CHOICES

Connaissances de la loi sur le non-dévoilement

À retenir

- ❖ La connaissance et la compréhension de la loi sur le non-dévoilement est sous-optimal chez les FVVIH.
- ❖ Les résultats démontrent la nécessité de soutenir les initiatives communautaires et cliniques pour l'éducation concernant la criminalisation et la prise en charge des décisions concernant la divulgation sécuritaire.

Expériences de Violence à l'âge adulte

Expérience de violence à l'âge adulte/ (>16 years old) (n=1312)	N (%)
Tout type de violence	1054 (80)
Violence physique	817 (74)
Violence sexuelle	579 (44)
Violence verbale	973 (74)
Contrôle	608 (46)

Logie, C. et al. (2017). Prevalence and Correlates of Forced Sex as a Self-Reported Mode of HIV Acquisition Among a Cohort of Women Living With HIV in Canada. *Journal of Interpersonal Violence*, 0886260517718832.



Prévalence des relations sexuelles non-consensuelles comme mode d'acquisition du VIH auto-rapporté (Logie et al., 2017)

Relations sexuelles non-consensuelles = 3e mode d'acquisition du VIH auto-rapporté

Logie et al.

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Table 1. Sociodemographic Characteristics of Participants and Self-Reported HIV Transmission Risk Categories (N = 1,330).

Variable	Overall (N = 1,330) n (%)	
Age at interview date	42	(35-50)
Province		
British Columbia	342	(25.7)
Ontario	657	(49.4)
Quebec	331	(24.9)
Gender identity		
Cisgender woman	1,269	(95.4)
Transwoman/two-spirited/queer/other	61	(4.6)
Sexual orientation		
Heterosexual	1,155	(86.8)
Lesbian, gay, bisexual, Two-Spirit, queer	170	(12.8)
Don't know/Prefer not to answer	5	(0.4)
Ethnicity		
Aboriginal	312	(23.5)
African/Caribbean/Black	350	(26.3)
Caucasian	572	(43.0)
Other	96	(7.2)
Ever incarceration		
Yes	511	(38.4)
No	818	(61.5)
Don't know/Prefer not to answer	1	(0.1)
Injection drug use ever		
Yes	430	(32.3)
No	876	(65.9)
Don't know/Prefer not to answer	24	(1.8)
HIV transmission risk categories		
Consensual sex	686	(51.6)
Sharing needles	262	(19.7)
Forced sex	219	(16.5)
Blood transfusion	70	(5.3)
Perinatal exposure	50	(3.8)
Don't know/Prefer not to answer	21	(1.6)
Contaminated needles	17	(1.3)
Other	5	(0.4)



Inactivité sexuelle liée à la stigmatisation et autres facteurs sociaux

Kaida A et al. *Journal of the International AIDS Society* 2015, **18**(Suppl 5):20284
<http://www.jiasociety.org/index.php/jias/article/view/20284> | <http://dx.doi.org/10.7448/IAS.18.6.20284>



Research article

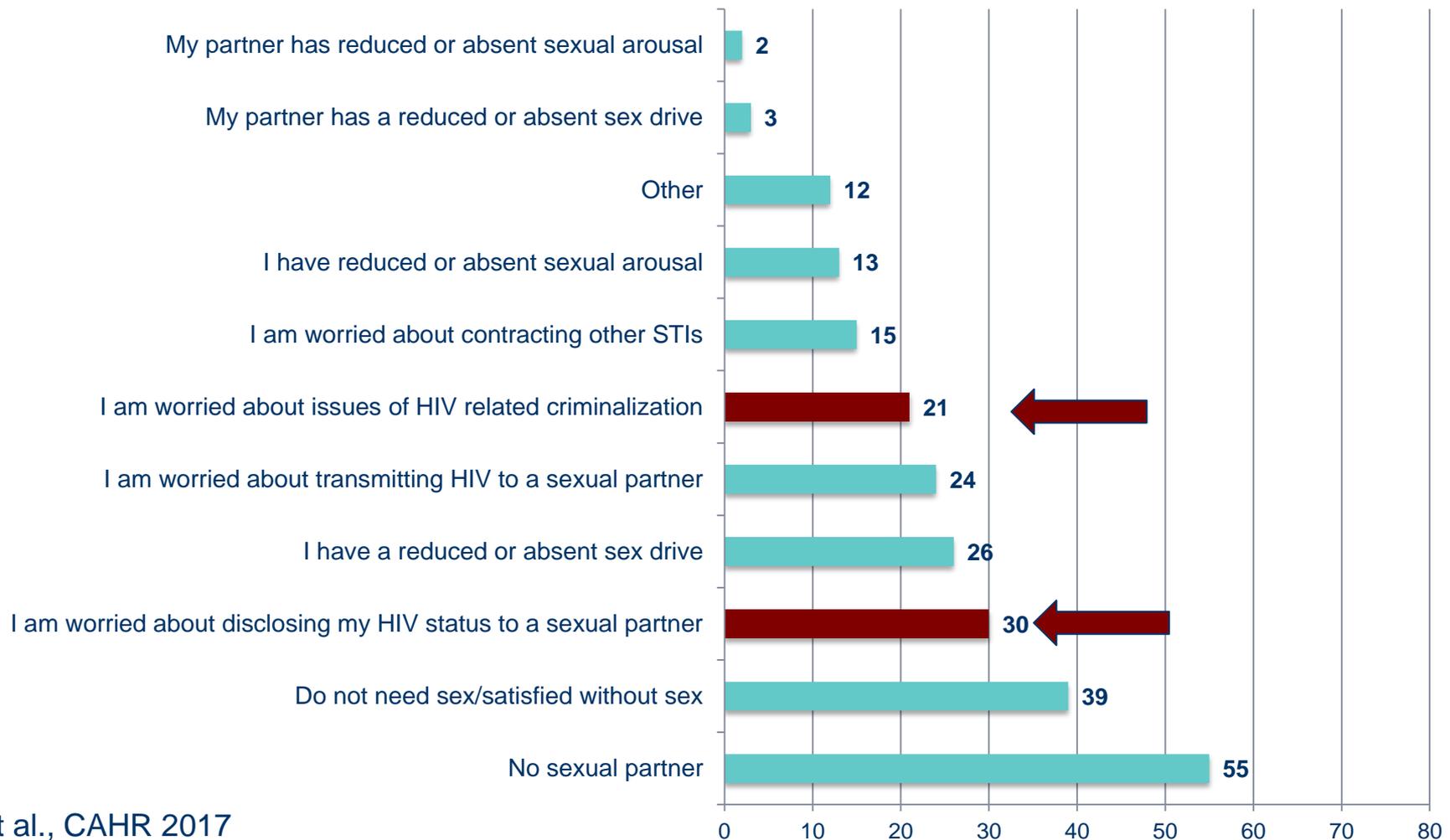
Sexual inactivity and sexual satisfaction among women living with HIV in Canada in the context of growing social, legal and public health surveillance

Angela Kaida^{5,1}, Allison Carter^{1,2}, Alexandra de Pokomandy^{3,4}, Sophie Patterson^{1,2}, Karène Proulx-Boucher³, Adriana Nohpal², Paul Sereda², Guillaume Colley², Nadia O'Brien^{3,4}, Jamie Thomas-Pavanel⁵, Kerrigan Beaver⁵, Valerie J Nicholson¹, Wangari Tharao⁶, Mylène Fernet⁷, Joanne Otis⁷, Robert S Hogg^{1,2}, Mona Loutfy^{5,8}, on behalf of the CHIWOS Research Team[†]

49% des FVVIH sont inactive sexuellement.

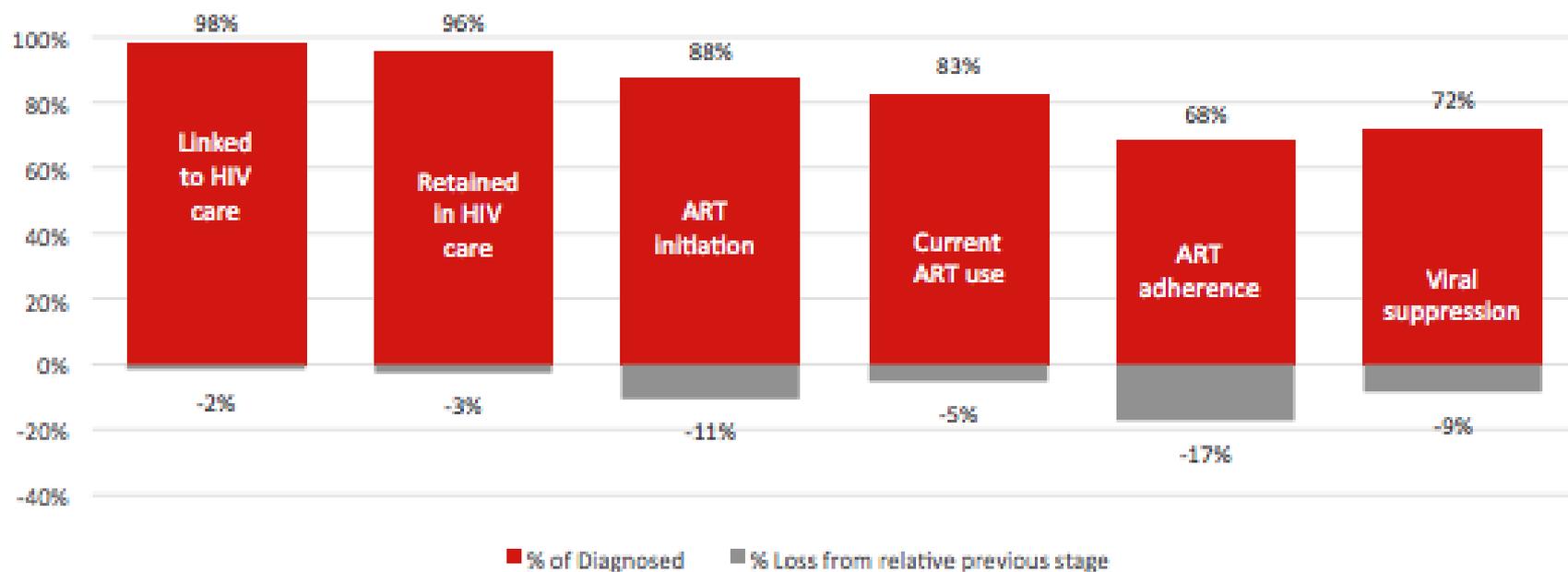
Inactivité sexuelle liée à l'insatisfaction sexuelle et au sentiment de stigmatisation suggèrent que les FVVIH sont confrontées à des difficultés pour mener une vie sexuelle satisfaisante, malgré de bons résultats de traitement contre le VIH. Malgré le mouvement **I=I** ?

Quelles sont les raisons pour l'abstinence intentionnelle ?



Cascade de soins dans CHIWOS

Fig. 1. Estimated HIV Cascade of Care Overall Results (n= 1.425)



Cascade de soins– sous-groups: âge et ethnicité

Fig. 2. Cascade of Care Results for Different Age groups

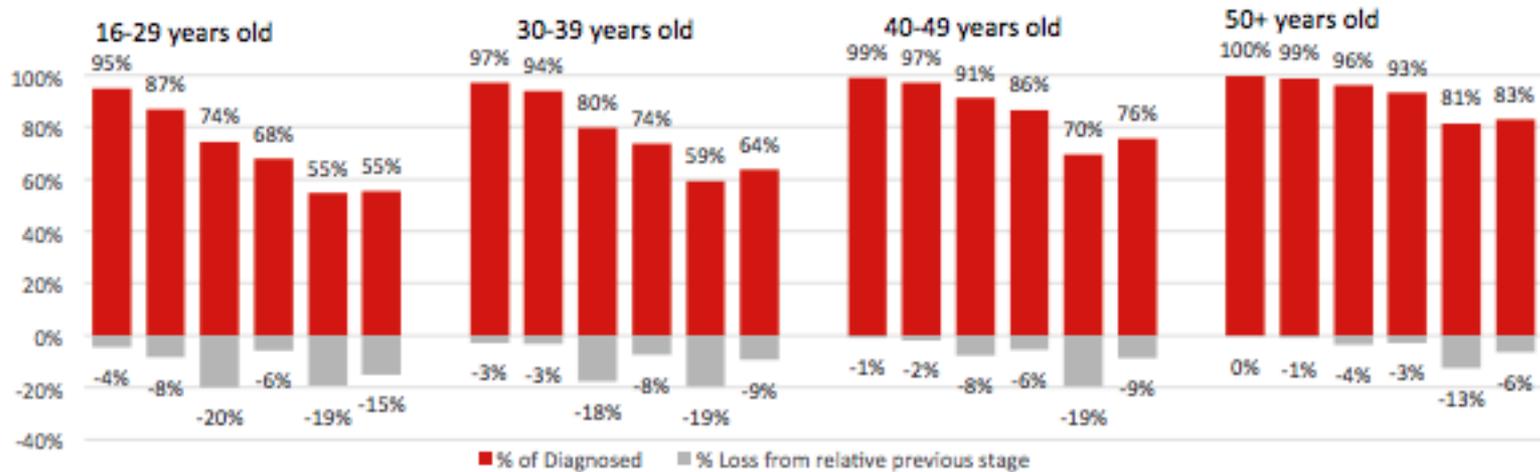
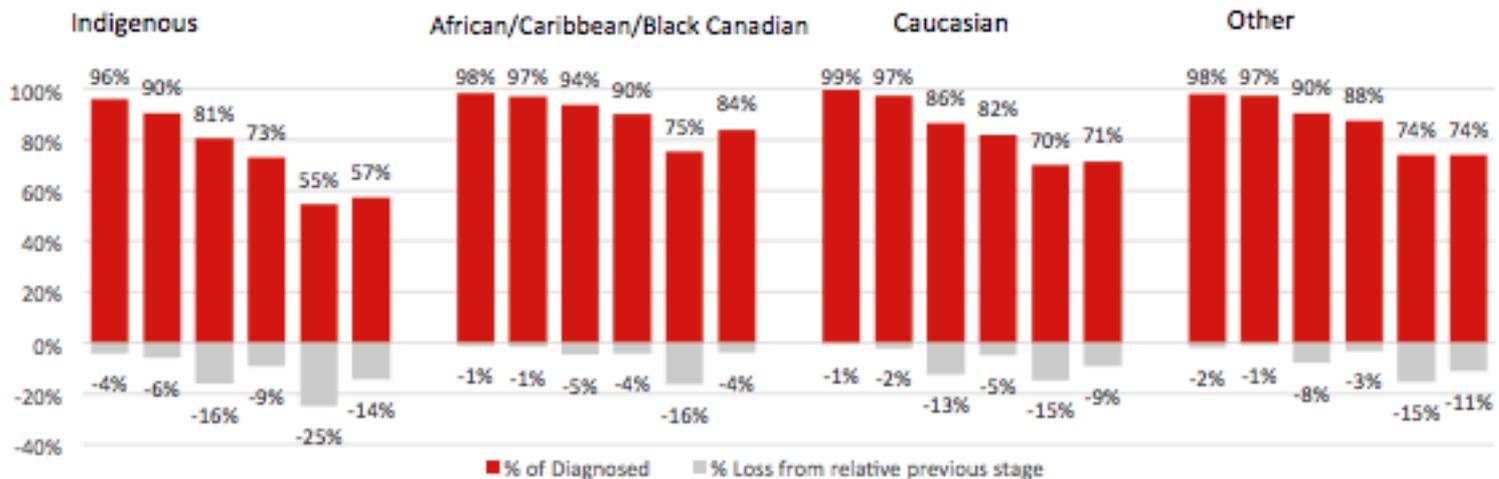
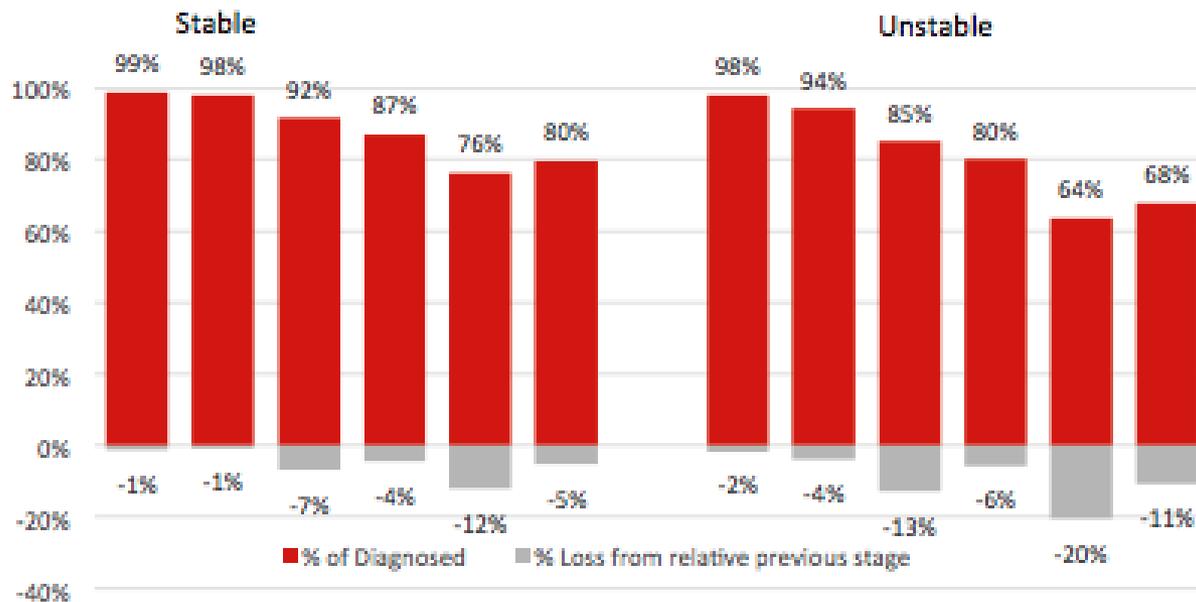


Fig. 3. Ethnicity



Cascade de soins– sous-groupe: Sécurité alimentaire

Fig. 4. Food security



Cascade de soins– sous-groupes: Expérience d’incarcération et expérience de consommation de drogues

Fig. 5. Incarcération

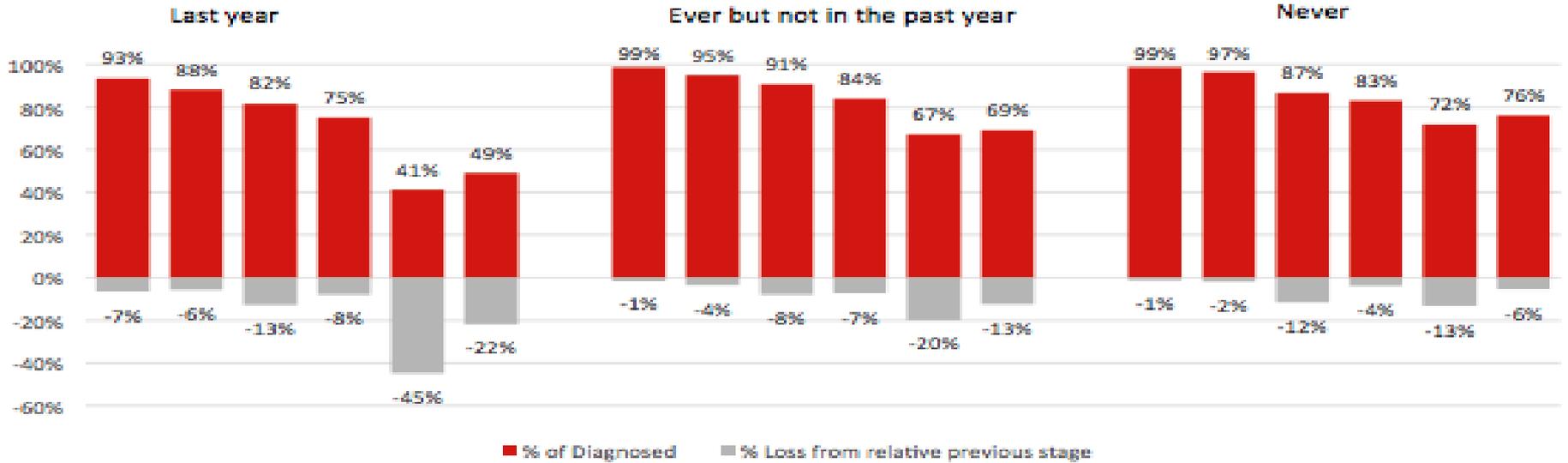
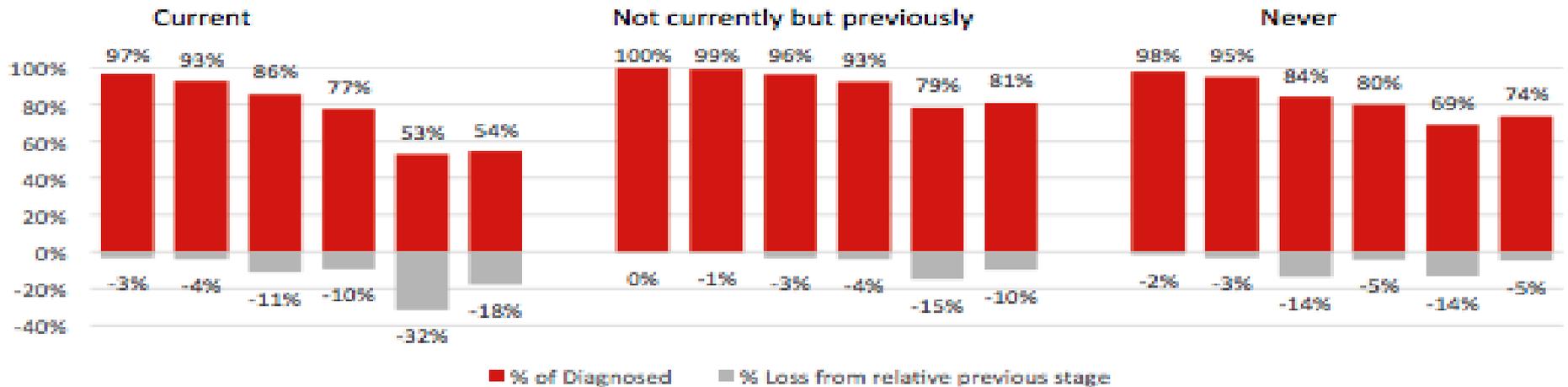


Fig. 6. Illicit drug use history



Test Pap

Recommendations:

- Test Pap annuel pour les femmes après un dx VIH au Canada

Chez les ptes CHIWOS (n=1190):

- 2/3 adhèrent aux recommandations
- 1/3 n'adhèrent pas aux recommandations
 - 17.7% dernier test Pap entre **1 à 3 ans**
 - 4.8% dernier test Pap entre **3 à 5 ans**
 - 4.6% dernier test Pap + **5 ans**
 - 4.3% n'ont jamais eu de test Pap

La non-observance était aussi corrélée avec l'ethnicité, la ruralité et était un marqueur de non accès aux soins

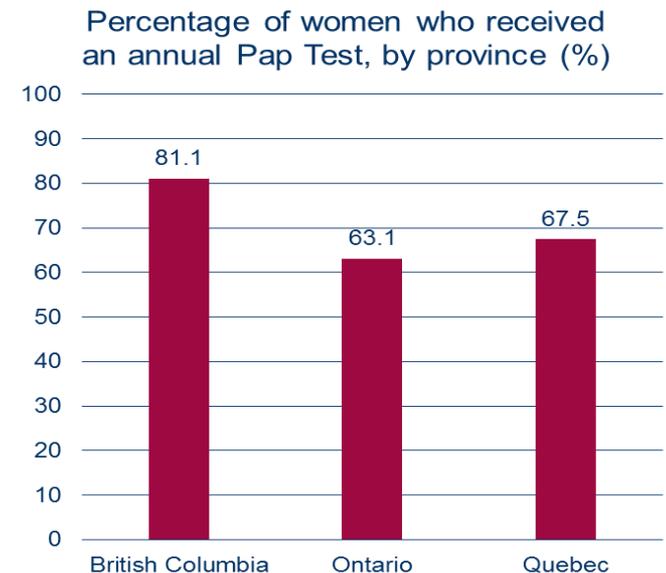


Table 4: Raisons pour ne pas avoir eu de test Pap dans les 12 derniers mois	Total N = 374	Dernier test Pap			
		1-3 ans (n=211)	3-5 ans (n=57)	5 ans ou plus (n=55)	Jamais eu de Pap test (n=51)
	N (%)	N (%)	N (%)	N (%)	N (%)
<u>Barrières personnelles</u>					
Je n'en pas eu l'occasion	174 (47)	116 (55)	21 (37)	17 (31)	20 (39)
Je n'aime pas faire ce test	74 (20)	33 (16)	18 (32)	15 (27)	8 (16)
Peur (de la douleur, c'est gênant, peur qu'on trouve un problème/de partager mon statut VIH)	54 (14)	23 (11)	10 (18)	12 (22)	9 (18)
Je n'ai pas eu de relations sexuelles, alors je ne me considère pas comme étant à risque élevé	24 (6)	8 (4)	6 (11)	5 (9)	5 (10)
Autres (ex. responsabilités familiales, être enceinte, toxicomanie, incarcération, déménagement fréquent, arriver au Canada récente, choisis de ne pas faire le test ou autres situations personnelles).	27 (7)	17 (8)	7 (12)	3 (5)	0
<u>Barrières dues au prestataires ou au manque de sensibilisation</u>					
Je ne pensais pas que c'était nécessaire	142 (38)	74 (35)	25 (44)	24 (44)	19 (37)
Mon prestataire de soins de santé ne l'a jamais mentionné	72 (19)	32 (15)	12 (21)	8 (15)	20 (39)
Autres (ex. ne pas savoir où aller, mauvaises expériences antérieures, préfèrent la clinique VIH, préfèrent une clinique réservée aux femmes, préfère une femme prestataire, n'aime pas mon gynécologue, prestataire ne le fait pas, ou d'autres situations liées au prestataire)	44 (12)	19 (9)	11 (19)	9 (16)	5 (10)
<u>Barrières dues à l'accessibilité</u>					
Longue durée de l'attente / listes d'attente / difficile d'obtenir un rendez-vous	24 (6)	11 (5)	6 (11)	5 (9)	2 (4)

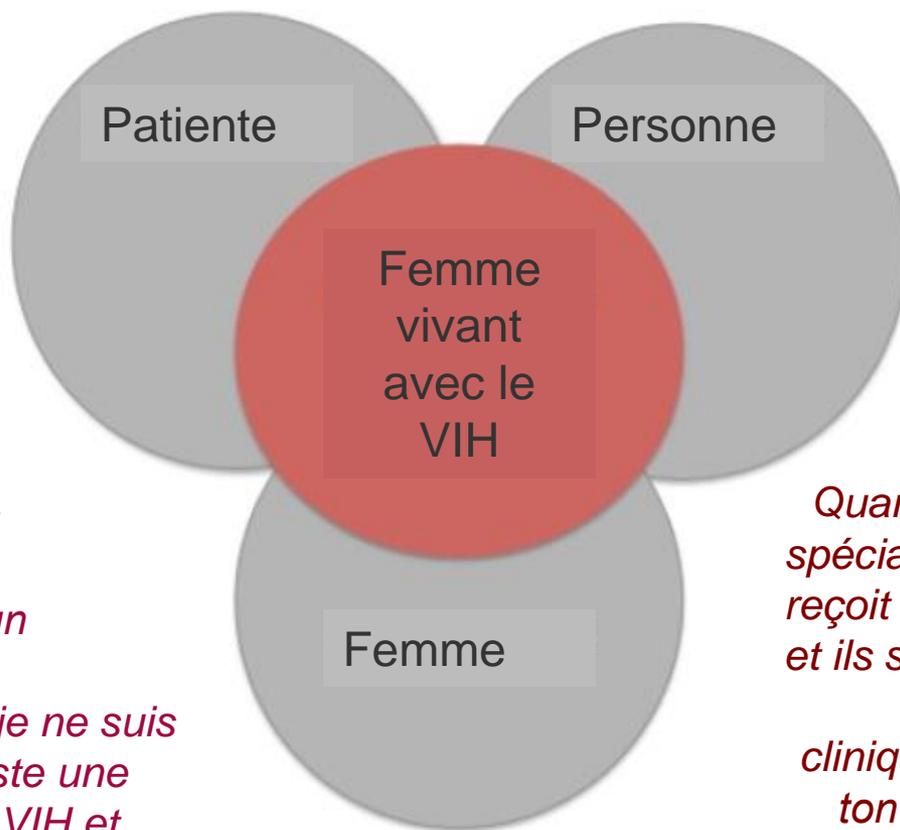
Développement d'un modèle de soins VIH centré sur les femmes (Women-Centred HIV Care)

O'Brien et al. 2017

Patiente: *Je suis allé voir un gynécologue et il ne s'y connaissait pas en VIH et j'essayais de lui expliquer où j'étais, mes CD4, et j'informais-éduquais mon médecin.*

Femme: *Personnellement, ça fait pratiquement 3½ que j'arrive pas à avoir un rendez-vous avec mon gynécologue parce que je ne suis plus enceinte mais je reste une personne vivant avec le VIH et j'ai besoin d'un suivi..*

En tant que...



Personne: *Il ne vérifie pas seulement votre santé. . Il était intéressé par tous ces aspects qui font de toi une personne entière. . . Tu n'es pas juste un tableau avec un tas de chiffres.*

FVVIH: *Quand on va dans les cliniques spécialisées, tout le monde nous reçoit bien. Ils nous connaissent, et ils sont très amical. Par contre quand c'est dans d'autres cliniques, quand on te demande ton statut sérologique, c'est là qu'ils a de la discriminations*

Les soins centrés sur les femmes incluent:

- compétence médicale
- soins centrés sur le patient (patient-centred care)
- Caractéristiques propres aux FVVIH

Ces caractéristiques combinées favorisent des soins sécuritaires et accessibles, tout en assurant la compétence médicale relié au VIH ET à la santé des femmes.

Caractéristiques propres aux FVVIH

Soins VIH et de santé des femmes intégrés et coordonnés

Sensibles aux barrières aux soins structurels et à la stigmatisation

Engagement significatif des pairs dans la conception et la prestation des soins

Soins centrés sur le patient

Expérience de la maladie du patient à travers le cycle de vie
Relation patient-clinicien
Prise de décisions partagée
Prise en charge globale (déterminant sociaux, santé mentale)

Compétence médicale

Empathie
Confidentialité, respect de la vie privée et dignité
Connaissance à jours des avancées scientifiques et des pratiques

Modèle de soins VIH centré sur les femmes: Prochaines étapes

- Évaluer quantitativement l'accès aux soins VIH centrés sur les femmes et ses impacts dans l'ensemble de données CHIWOS
- Opérationnaliser le modèle de soins VIH centré sur les femmes par le développement d'une "boite à outils"
- Intervention pilote

Publications disponibles: www.chiwos.ca

ABIS Babai
DOI: 10.1007/978-1-4939-1014-0

ORIGINAL PAPER

Substance Use, Violence, and Antiretroviral Adherence: A Class Analysis of Women Living with HIV in Canada

Allison Carter^{1,2}, Erin Ding², M.J. Mills^{3,4,5}, Mary Kestler⁶, Shahab Jabbari⁷, Kath Webster⁸, Alexandra de Pokomandy^{9,10}, Mona Loufy¹¹, Angela Kaida¹², Behalf of the CHIWOS Research Team

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Abstract We used latent class analysis to identify substance use patterns for 1363 women living with HIV in Canada and assessed associations with socio-economic marginalization, violence, and sub-optimal adherence to combination antiretroviral therapy (cART). A six-class model was identified consisting of: abstainers (26.3%), Tobacco Users (8.81%), Alcohol Users (31.9%), 'Socially Acceptable' Poly-substance Users (13.9%), Illicit Poly-substance Users (9.81%) and Illicit Poly-substance Users of All Types (9.27%). Multinomial logistic regression showed that women experiencing recent violence had significantly higher odds of membership in all substance use latent classes, relative to abstainers, while those reporting sub-optimal cART adherence had higher odds of being members of the poly-substance use classes only. Factors significantly associated with Illicit Poly-substance Users of All Types were sexual minority status, lower income, and lower resilience. Findings underline a need for social and structural supports for women's substance use patterns in leading safe and with HIV.

Keywords Substance use · Violence · Antiretroviral adherence · HIV/AIDS · Women

Introduction While much research has examined substance use as a factor for sub-optimal HIV treatment outcomes or sub-optimal adherence to combination antiretroviral therapy (cART) [1–4], far less research has investigated substance use patterns, particularly among women, relative to systems of oppression. More community, cross-sectional studies have shown that use of any illicit drug (heroin, cocaine, amphetamines, opioids) is negatively associated with adherence to antiretroviral therapy [5–7].

Additional research team members and affiliated institutions are listed below in Appendix.

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Access and engagement in HIV care among a national cohort of women living with HIV in Canada

Nadine Kronin^{1*}, Ashley Lacombe-Duncan¹, Ying Wang¹, Alexandra de Pokomandy^{2,3}, Angela Kaida⁴, Carmen Loggia⁵, Tracey Conway⁶, V. Logan Kennedy⁷, Amy Burchett^{8,9}, Wangari Tharao¹⁰, Neora Pickles¹¹, Mary Kestler¹², Paul Sereda¹³, Mona Loufy¹⁴ and on behalf of the CHIWOS Research Team¹⁵

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PLOS ONE

RESEARCH ARTICLE

Cohort profile: The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)

Mona Loufy^{1,2,3,4}, Alexandra de Pokomandy^{4,5}, V. Logan Kennedy¹, Allison Carter^{6,7}, Nadia O'Brien⁸, Karlene Proulx-Boucher⁹, Erin Ding², Johanna Lewis¹⁰, Valerie Nicholson⁸, Kerrigan Beaver¹, Sara Greene⁶, Wangari Tharao¹⁰, Anita Benoit^{1,3}, Danièle Dubuc⁶, Jamie Thomas-Pavanello¹², Paul Sereda¹³, Shahab Jabbari⁷, Jayson H. Shurgold¹¹, Guillaume Colley⁷, Robert S. Hogg^{6,7}, Angela Kaida⁴, on behalf of the CHIWOS Research Team¹⁵

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1 The CHIWOS Research Team is detailed in the Acknowledgments.
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OPEN ACCESS

Citation: Loufy M, de Pokomandy A, Kennedy VL, Carter A, O'Brien N, Proulx-Boucher K, et al. (2017)

Article

Prevalence and Correlates of Forced Sex as a Self-Reported Mode of HIV Acquisition Among a Cohort of Women Living With HIV in Canada

Carmen H. Logie, PhD,^{1,2} Alexandra de Pokomandy, PhD,³ Nadia O'Brien, MPH,⁴ Paul Jay MacGillivray, RM,⁵ Uz Nikita Arora, BSc,⁶ Lu Wang, MSc,⁷ Logi Shahab Jabbari, MSc,⁷ Allison Carter, MPH,^{3,7} Paul Sereda, Tracey Conway, MD, MPH,³ Mona Loufy, MD, MPH,³ and the CHIWOS Research Team

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DOI: 10.1177/0886260517718932
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Abstract This study examined the prevalence and correlates of forced sex as a self-reported mode of HIV acquisition among a cohort of women living with HIV in Canada. Data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS) were analyzed. The prevalence of forced sex was 14.5%. Factors associated with forced sex included being a sexual minority, lower income, and lower resilience. Findings underline a need for social and structural supports for women's substance use patterns in leading safe and with HIV.

*Department of Family Medicine, McGill University, Montreal, Canada; 2 Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada; 3 BC Centre for Excellence in HIV/AIDS, Vancouver, Canada; 4 Department of Family Medicine, McGill University, Montreal, Canada; 5 Department of Family Medicine, McGill University, Montreal, Canada; 6 Department of Family Medicine, McGill University, Montreal, Canada; 7 Department of Family Medicine, McGill University, Montreal, Canada.

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BEHAVIORAL AND PSYCHOSOCIAL RESEARCH

Understanding the Correlates of Attrition Associated With Antiretroviral Use and Viral Suppression Among Women Living with HIV in Canada

MD, MPH¹, Ashley Lacombe-Duncan, MSW², Lu Wang³, Alexandra de Pokomandy, MD, MPH⁴, MSc,⁵ PhD⁶, Carmen H. Logie, MSW, PhD⁷, Tracey Conway⁸, V. Logan Kennedy⁹, Amy Burchett^{10,11}, Wangari Tharao¹², Neora Pickles¹³, Sereda¹⁴ and Mona Loufy, MD, MPH¹⁵ on behalf of the CHIWOS Research Team

The cascade of HIV care comprises attainment of desirable treatment outcomes for people living with HIV, understanding the correlates of attrition at each step is essential. Among the 1425 WLWH enrolled in the Health Cohort Study (CHIWOS), we measured the proportion antiretroviral therapy (ART) and the proportion who reported cART use. Correlates of these cascade indicators logistic regression. Overall, 44.8% of women were not currently on ART, 14.8% were not virally suppressed. In multivariable analyses, increased odds of not being on ART. Factors associated with being on ART included age >34 years, less the incarceration in the previous year. Programmatic efforts to LWH in Canada should focus on social determinants of health and exclusion, and education.

V. women, CHIWOS, ARV use, viral suppression

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PLOS ONE

Research Article Pregnancy incidence and intention after HIV diagnosis among women living with HIV in Canada

Kate Sattler^{1,2}, Mona Loufy³, Alexandra de Pokomandy^{4,5}, Deborah Morley⁶, Neera Pickles⁷, Lu Wang⁸, Shahab Jabbari⁹, Allison Carter¹⁰, Kath Webster¹¹, Angela Kaida¹², on behalf of the CHIWOS Research Team¹³

1 Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada; 2 British Columbia Centre for Excellence in HIV/AIDS, Vancouver, Canada; 3 BC Centre for Excellence in HIV/AIDS, Vancouver, Canada; 4 Department of Family Medicine, McGill University, Montreal, Canada; 5 Department of Family Medicine, McGill University, Montreal, Canada; 6 Department of Family Medicine, McGill University, Montreal, Canada; 7 Department of Family Medicine, McGill University, Montreal, Canada; 8 Department of Family Medicine, McGill University, Montreal, Canada; 9 Department of Family Medicine, McGill University, Montreal, Canada; 10 Department of Family Medicine, McGill University, Montreal, Canada; 11 Department of Family Medicine, McGill University, Montreal, Canada; 12 Department of Family Medicine, McGill University, Montreal, Canada; 13 On behalf of the CHIWOS Research Team.

Health-related quality of life and receipt of women-centered HIV care among women living with HIV in Canada

Allison Carter, MPH, MSc, PhD, Tracey Conway, MD, MPH, MSc, Paul Jay MacGillivray, RM, MSc, Uz Nikita Arora, BSc, Lu Wang, MSc, Logi Shahab Jabbari, MSc, Allison Carter, MPH, MSc, Paul Sereda, Tracey Conway, MD, MPH, Mona Loufy, MD, MPH, and the CHIWOS Research Team

Condomless sex among virally suppressed women with hiv With regular hiv-treatment-as-prevention.

Patterson, Sophie Mbhehi, PhD, Allison Carter, MPH, Valerie Nicholson, Valerie Webster, Kath, Ding, Erin MSc, Kestler, Mary MSc, Ogbive, Gina Md, PhD, De Pokomandy, Alexandra MSc, Md, Loufy, Mona Md, Mph, Kaida, Angela MSc, PhD, on behalf of the CHIWOS Research Team
JAIDS Journal of Acquired Immune Deficiency Syndromes
DOI: 10.1097/QAI.0000000000001528
Original Article: PDF Only

Abstract
Background: Sexual HIV transmission does not occur with sustained undetectable viral load (VL) on antiretroviral therapy (ART). Awareness of ART prevention benefits and its influence on condom use among women with HIV (WWH) remain unexplored. We estimated prevalence and correlates of condomless sex with regular HIV-serodiscordant partners among WWH with undetectable VL on ART.
Methods: We used baseline questionnaire data from the community-based longitudinal Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). We included WWH self-reporting vaginal/anal sex with >=1 HIV-serodiscordant partner or missing condom-use data (<50 copies/mL) on ART. We excluded participants who were <18 years old, had a history of HIV, or were not on ART.
Results: We included 1,425 WWH with undetectable VL on ART. The median age was 41 (IQR: 34–47), 61% were in a relationship, 49% were aware of ART prevention benefits. Among women aware, 63% reported condomless sex with a regular partner in a relationship. Factors independently associated with condomless sex included being a sexual minority, lower income, and lower resilience. Findings underline a need for social and structural supports for women's substance use patterns in leading safe and with HIV.

SHORT REPORT

Validating a self-report measure of HIV viral suppression: an analysis of linked questionnaire and clinical data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study

Allison Carter^{1,2}, Alexandra de Pokomandy^{3,4}, Mona Loufy^{5,6}, Erin Ding⁷, Paul Sereda⁸, Kath Webster⁹, Valerie Nicholson¹⁰, Kerrigan Beaver¹¹, Robert S. Hogg¹², Angela Kaida¹³ and On behalf of the CHIWOS Research Team

Abstract
Background: We assessed the validity of a self-report measure of undetectable viral load (VL) among women with HIV in British Columbia (BC), Canada. Questionnaire data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study was linked with population-based clinical data from the BC Centre for Excellence in HIV/AIDS. Self-reported undetectable VL was assessed by the question: "What was your most recent VL, undetectable (<50 copies/mL) or detectable (>=50 copies/mL)?" Laboratory measurements of VL (<50 copies/mL) were used to validate self-reported VL. We measured positive and negative predictive values (PPV, NPV) and likelihood ratios (LR+ and LR-).
Results: 99% were linked to clinical data. Those unlinked (n = 1), missing self-report VL (n = 18), self-reported undetectable VL (n = 1) were excluded. Among the remaining 336, median age was 44 (IQR: 38–50), 61% were in a relationship, 49% were aware of ART prevention benefits. Among women aware, 63% reported condomless sex with a regular partner in a relationship. Factors independently associated with condomless sex included being a sexual minority, lower income, and lower resilience. Findings underline a need for social and structural supports for women's substance use patterns in leading safe and with HIV.

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Condomless sex among virally suppressed women with HIV...
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ART prevention benefits had 4-fold greater odds of condomless sex. Treatment-as-Prevention era.
Background: Sexual HIV transmission does not occur with sustained undetectable viral load (VL) on antiretroviral therapy (ART). Awareness of ART prevention benefits and its influence on condom use among women with HIV (WWH) remain unexplored. We estimated prevalence and correlates of condomless sex with regular HIV-serodiscordant partners among WWH with undetectable VL on ART.
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Plusieurs autres analyses en cours

Accéder aux données CHIWOS?

- Contacter la coordonnatrice
CHIWOS QC
- Karène Proulx-Boucher

CHIWOS
Étude sur la santé sexuelle et reproductive
des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and
Reproductive Health Cohort Study

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CHIWOS PROJECT AND DATA REQUEST FORM

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 Other: _____

Instructions:
Please complete an electronic copy of this form and submit to your Provincial Coordinator.
Please review the '[CHIWOS PROJECT AND DATA REQUEST POLICY](#)' of this document before beginning.
For most sections below you only have to write one or two sentences. If you have any questions,
please contact your Provincial Coordinator.

Prochaines étapes !



Body Mapping



- Possibilité d'adapter l'art-thérapie à la recherche et à un outil de revendication pour CHIWOS, en mettant l'accent sur de nouvelles perspectives sur les soins centrés sur les femmes.
- Ateliers sous forme de retraite tenues dans chaque province

Atelier Délibératif – à venir en 2018 !

PROJET: engager patientes (FVVIH) et cliniciens:

- Discuter, confirmer et réfuter les résultats de mon PhD/CHIWOS
- Identifier les principales occasions d'intervention
- Produire des recommandations pour la politique et la pratique.

Atelier délibératif?

- Une **discussion** particulière
- **Diverses** participants discutent de l'évidence fournie
 - Valorise l'**expérience** vécue
- Identifie des **recommandations** ou des **directions** pour l'action
 - Technique de **transfert** des connaissances

Patientes
n = 8

Cliniciens
n=8

MIXTE
Patientes et Cliniciens
N=16

Restez informé !

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CHIWOS-QC Newsletter

July 2016 Edition 4, Volume 2

What's new for CHIWOS ?

Wave 2 progression

To date, more than half (239/381) of participants responded to the follow-up survey! Thanks to our many community and clinic partners, we achieve an impressive participant retention rates (POR).

Some women remain hard-to-reach:

- Aged under 30 years
- Aboriginals
- Professionals
- Do not use the core social services

Timeline

- Survey revision by the peer research community
- Wave 3 survey building
- Beginning of piloting
- Survey programming
- Closure of Wave 2
- Survey transition
- Wave 3 training for IRAs
- Community Advisory Board
- Launch of the Wave 3!

Testimony of a Peer Research Associate

Being a PRA for CHIWOS study brings me a lot inside because I can give hope and a lot to women during interviews. Women I met often not know or do not dare go to community organizations. They do not know all the services for women living with HIV, often the first woman living with HIV that they meet even if they are living with several years! I always take time to listen to them and respond to their questions. My pamphlet that provides information on services they can receive. They are so happy someone took the time to explain the available services, shelters and "Liaison" provincial annual day, organized only for women living with HIV. They break the they realize they are not alone with their fears...

My gift as a PRA, that's when I see participant in an activity and happily comes give. They are proud to tell me "during our first interview for CHIWOS study, you took the time to join me the activities for women living with HIV, today, I met for the first time a group... I no longer feel alone, isolated and afraid of the future... you have allowed me to come out from the shadows..."

They all look forward to their next interview and are very proud to take part in the study... We offer HOPE to these women!

- Signée Soledad

CHIWOSresearch

Canadian HIV Women's Sexual and Reproductive Health Cohort Study / Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada.

1,082 Tweets 466 Followers 446 Following

Tweets

- CHIWOSresearch @CHIWOSresearch SFU releases more coverage on our study highlighting it made since our search on Gartner. #VHCenCanada #nyur.com/2j8D6
- CHIWOSresearch @CHIWOSresearch #HIV Researcher Abigail leader points to poverty behind Saskatchewan, Canada on #ygr444 via @GlobalHealth #HIV
- CHIWOSresearch @CHIWOSresearch Our research newsletter is out! Check it out for updates! CHIWOS & other #womenhealth projects on #ygr444 via @VHCenCanada

CHIWOS BC Newsletter

An eNewsletter about the Canadian HIV Women's Sexual and Reproductive Health Cohort Study in British Columbia | April 2015

Message from the CHIWOS BC Principal Investigator

Greetings and welcome to the 4th edition of our CHIWOS BC Newsletter!

This past year marked an important CHIWOS milestone. On May 1st, 2015, we reached our recruitment goal of 1,427 women living with HIV enrolled in CHIWOS across the country, making CHIWOS the largest cohort by, with, and for women living with HIV in Canada and one of few such cohorts in the world. We would like to acknowledge and thank our team of Peer Research Associates for their incredible dedication and leadership and the many community-based and AIDS Service Organization providers, advocates, researchers, clinicians, policymakers, data analysts, statisticians, students, and women and men living with HIV who have contributed and supported CHIWOS for the past four years.

We are at an exciting time in the life of our study. With study recruitment now complete, we are analyzing the baseline data and are eager to begin sharing these important findings. In June 2015, we launched our 18-month follow-up survey (Wave 2)! Please help us get the word out to participants to connect with our team to schedule their follow-up visit. We were also recently awarded CHIWOS renewal funding from CHRF, which will support us to complete additional longitudinal follow-up with participants, integrate Body Mapping workshops, and expand CHIWOS to reach women in Saskatchewan and Manitoba.

In this newsletter we share some highlights of the past year, brag about the successes and accomplishments of our team members, and provide information about what to expect in the months ahead. We've also included some statistics from our baseline survey, which offer a snapshot of our CHIWOS BC community of participants.

I would also like to take this opportunity to let you know about some important transitions for our team. Our beloved Project Coordinator, Allie Carter, has decided to pursue her PhD at SFU and will be leaving her coordinator position. Thankfully, she will continue to be involved in CHIWOS as a student and a research assistant with our data team. We are so proud of Allie's accomplishments and grateful for all the love and dedication that she poured into CHIWOS since the inception of the study. Please join me in wishing Allie every success in her transition. I would also like to introduce to you our new CHIWOS BC Coordinator, Sally (Yue) Lin. Sally completed her MPH degree at UBC and has experience working in women's health in prisons, community-based research, and HIV. She is also a talented artist and is passionate about including the use of arts-based methodologies in public health research and practice. We are thrilled that she has chosen to share her talents with CHIWOS. Please join me in welcoming Sally to our team!

We look forward to our continued collaboration and wish you all the best for the year ahead!

Angela Kaida
Assistant Professor, Faculty of Health Sciences, Simon Fraser University

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Community: Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)

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CHIWOS

Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada / Canadian HIV Women's Sexual and Reproductive Health Cohort Study

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Questions



Merci !

Pour plus d'informations:

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