

# Awareness of HIV non-disclosure case law among women living with HIV in Canada: a call to build women centered knowledge and support around HIV disclosure and the law

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## BACKGROUND

- ❖ Canada has one of the strictest approaches to the use of criminal law against people living with HIV (PLWH) globally<sup>1</sup>.
- ❖ In 2012, the Supreme Court of Canada ruled that people living with HIV must disclose their HIV-serostatus to sexual partners unless they use a condom *and* have a low viral load (<1500 copies/mL)<sup>2,3</sup>.
- ❖ Awareness of this ruling remains undefined among women living with HIV (WLWH) in Canada
- ❖ Despite a low number of charges among women<sup>4</sup>, the *threat* of prosecution may impact the health and lives of WLWH, and augment gendered barriers to healthcare engagement<sup>5</sup>

**Objectives:** In a community-based cohort study developed by, with, and for WLWH in three Canadian provinces, we assessed:

- ❖ Prevalence and correlates of awareness and understanding of the 2012 Supreme Court ruling on HIV non-disclosure.
- ❖ Existing and preferred role of healthcare providers in conversations with women around HIV disclosure and the law.
- ❖ Perceived impact of HIV non-disclosure case law on the healthcare engagement of women.

## METHODS

- ❖ We used baseline survey data from the **Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)**, a multi-site community-based research study with 1,424 WLWH enrolled from three provinces (British Columbia, Ontario, Quebec). Peer Research Associates (WLWH with research training) administered surveys to participants.

**Inclusion Criteria:** CHIWOS participants who completed the 18-month follow-up survey (wave 2) between June 2015 and February 2017 and answered questions pertaining to the criminalization of HIV non-disclosure.

### Primary Outcome Variable:

Awareness of 2012 Supreme Court ruling on HIV non-disclosure.

- ❖ Derived from response to the question: "In 2012, the Supreme Court of Canada made a new ruling regarding the conditions under which a person living with HIV has to disclose his or her HIV status to a sexual partner. Are you aware of this new ruling?"
- ❖ Participants were then provided a concise definition of the law

### Additional outcome variables:

Completeness of understanding of the legal obligation to disclose

- ❖ Derived from response to the question: "How similar is this definition to what you thought you understood about HIV disclosure and the law in Canada?"
- ❖ Preferred and existing sources of information about HIV disclosure and the law
- ❖ Perceived impact of ruling on healthcare engagement

### Statistical analysis

- ❖ Multivariable logistic regression identified covariates independently associated with awareness of the ruling.

## RESULTS

- ❖ Overall, 1231 participants (86% of total enrolled) met the eligibility criteria (**Table 1**). Median participant age was 44 (IQR: 37, 52).

**Table 1: Characteristics of analytic sample (n=1231)**

Characteristics	Total	Median [IQR] or n (%)
Age at interview	1231	44 (37, 52)
Province of Interview	1231	
British Columbia		296 (24)
Ontario		613 (50)
Quebec		322 (26)
Ethnicity	1231	
Indigenous		271 (22)
White		507 (41)
African, Black, Caribbean		366 (30)
Other ethnicity		87 (7)
Education > high school	1218	610 (50)
Unstable housing*	1230	138 (11)
Consensual sex in last 6 months	1159	533 (46)
Experience of violence as an adult*	1171	956 (78)
History of injection drug use	1204	361 (30)
History of incarceration	1229	426 (35)
HIV medical care since last interview	1226	1151 (94)
On ART at interview	1224	1054 (86)
Undetectable VL at interview (self-report)**	1156	1040 (90)
Aware of HIV prevention benefits of ART	1226	884 (72)
Tested for STI in the past year	1174	398 (34)
HIV work in community since last interview	1221	367 (30)
High HIV-related stigma*	1217	578 (47)

\*defined as living outside/in a car/couch surfing, living in a transition house/halfway house/shelter/single room occupancy hotel; +physical, verbal, controlling or sexual violence; \*\*A validity study showed self-reported VL to be strongly predictive of laboratory-confirmed (true) VL in CHIWOS. \*Measured using the 10-item HIV Stigma Scale, with scores ≥median recorded as "high" HIV-related stigma vs. "low"



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## RESULTS (CONTINUED)

### Awareness and understanding of Supreme Court ruling

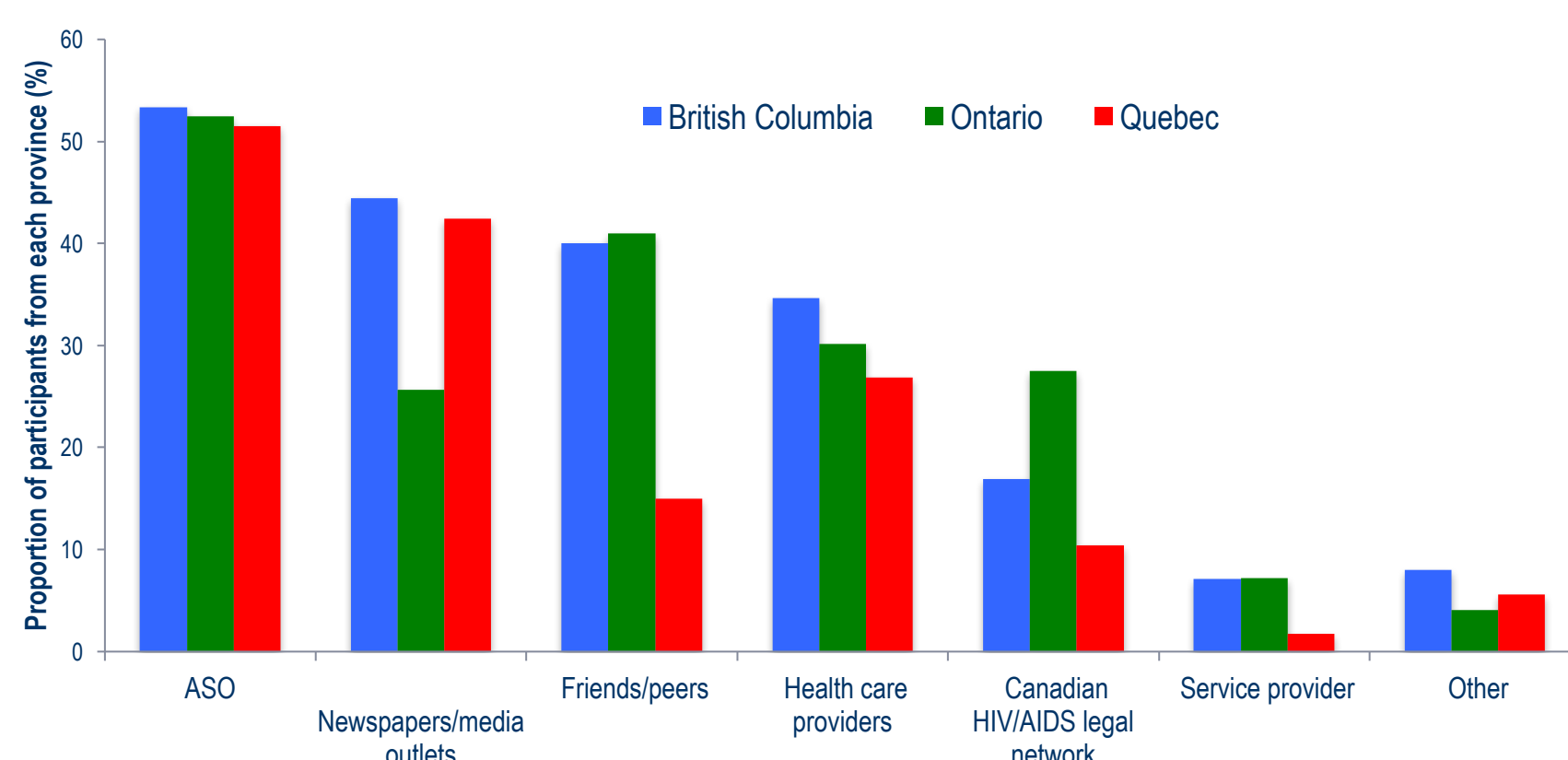
- ❖ **73%** of women were aware of 2012 Supreme Court ruling
- ❖ **51%** of those aware had a complete understanding of the legal obligation to disclose
- ❖ Only **37%** both reported awareness of the ruling, and had a complete understanding of the legal obligation to disclose

**Table 2: Correlates of awareness of 2012 Supreme Court ruling on HIV non-disclosure (n=1159)**

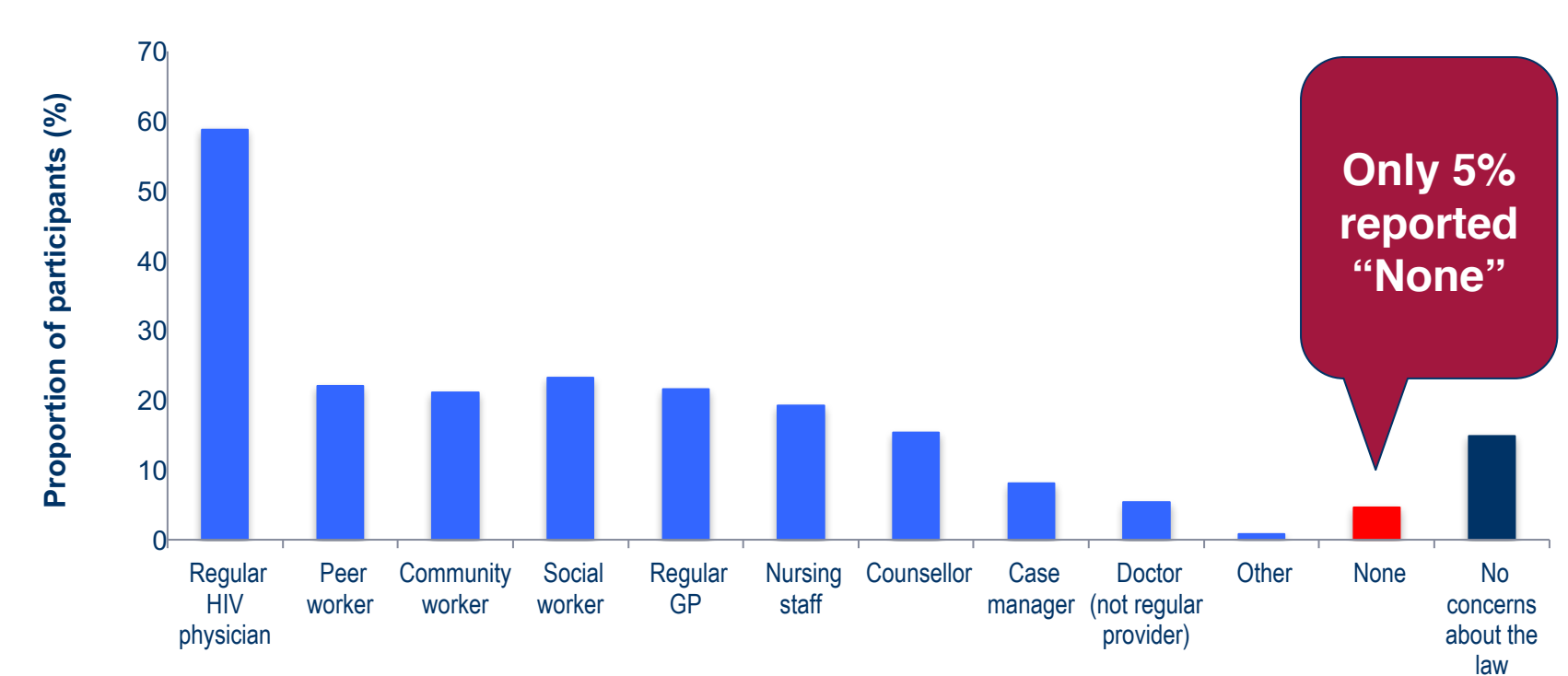
Characteristics	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Age at interview (per year increase)	1.01 (1.00 -1.03) †	Not Selected
Province of interview: Ontario	1.00	
British Columbia	1.25 (0.90-1.73)	Not Selected
Quebec	1.01 (0.74-1.38)	
<b>Ethnicity:</b> White	1.00	1.00
Indigenous	0.61 (0.44-0.85)	0.81 (0.57-1.15)
African/Caribbean/Black	0.75 (0.55-1.03)	<b>0.66 (0.47-0.92)</b>
Other ethnicity	0.88 (0.52-1.49)	0.78 (0.45-1.34)
<b>Education ≤ High school</b>	0.58 (0.45-0.75)	<b>0.71 (0.53-0.94)</b>
Unstable housing	0.67 (0.45-1.00) ††	Not selected
<b>HIV work in community since last interview</b>	2.27 (1.65-3.12)	<b>1.97 (1.42-2.74)</b>
Injection drug use in the last 6 months	0.64 (0.41-0.98)	0.70 (0.44-1.12)
<b>Viral load at interview:</b> Undetectable	1.00	1.00
Detectable/don't know	0.46 (0.33-0.64)	<b>0.59 (0.41-0.85)</b>
HIV medical care since last interview	0.47 (0.29-0.77)	Not selected
<b>Unaware of ART prevention benefits</b>	0.54 (0.41-0.71)	<b>0.66 (0.49-0.88)</b>
Tested for an STI in past year	0.97 (0.74-1.28)	Not selected
Experience of violence as an adult	0.92 (0.66-1.29)	Not selected
<b>High HIV-related stigma</b>	0.63 (0.49-0.82)	<b>0.75 (0.57-0.99)</b>

† p = 0.023 †† p = 0.047

**Figure 1: Sources from which participants aware of the ruling learned about the law, stratified by province of interview (n=900)**



**Figure 2: Type of providers that participants would feel comfortable talking to about HIV disclosure and the law (n=1231)**



Only 5% reported "None"

- ❖ **79%** of women believed HIV disclosure and the law was a "very important" issue for their healthcare provider to discuss.

### Perceived impact of case law on healthcare engagement:

- ❖ Of those receiving HIV care, **82%** said that they trusted the healthcare providers at their HIV clinic.
- ❖ Despite provider trust, **65%** of women believed non-disclosure case law might affect the type of information women would be willing to share with providers.

## CONCLUSIONS

- ❖ Awareness and understanding of HIV non-disclosure law is suboptimal among WLWH.
- ❖ Women less engaged with HIV care and community were least likely to be aware of the law.
- ❖ Lack of provider-led discussions about HIV disclosure and the law, despite women's willingness and desire to engage.
- ❖ Efforts are needed to build women centered knowledge and support around HIV disclosure and the law.

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