



This briefing paper, which examines specific HIV-related issues that may affect African women, is part of a set of papers which summarise the key points made in the AFAO discussion paper, *HIV and sub-Saharan African Communities in Australia*. A full list of papers is on the last page.

HIV-related issues for African women in Australia include:

- HIV prevention – issues related to gender inequity in relationships, such as:
  - difficulty negotiating safe sex
  - domestic violence and abuse
  - arranged marriages
- Issues for women with HIV:
  - diagnosis during pregnancy
  - concerns about breastfeeding
  - issues related to mothering

### Issues related to gender inequity

Globally, HIV is the leading cause of death and disease among women aged 15–49. UNAIDS identifies a number of factors which contribute to women’s vulnerability to HIV, including sexual violence, difficulty negotiating safe sex, polygamy and concurrent sexual relationships, older men having sexual relations with much younger women, early marriage, lack of education or financial independence and limited decision-making power.<sup>1</sup>

#### **HIV prevention, awareness and support programs: Women**

Services in most states and territories have implemented a range of programs for African women, including sexual and reproductive health workshops, mentoring, drama, a support group for HIV-positive women, and ‘sterile practice’ messaging for hair and beauty salons.

A full listing is available in *African Australian Communities and HIV: Mapping HIV Health Promotion Programs and Resources* (AFAO 2013)

<http://www.afao.org.au/what-we-do/health-promotion/cald>

In sub-Saharan Africa, such factors – sometimes exacerbated by armed conflicts or the social disruption that is the legacy of colonialism – have resulted in a disproportionate number of women becoming infected with HIV: 60% of people with HIV in this region are women, compared with 50% globally.<sup>2</sup>

While it is believed that most HIV infections among African-born people in Australia occurred before migration, research indicates that some of these factors may also contribute to African women’s vulnerability to HIV in Australia, especially for young women.<sup>3</sup>

Migration itself may contribute to this vulnerability. Challenges related to changing gender roles after migration to Australia are an emerging concern for African community leaders in Australia. The Australian Human Rights Commission 2010 report *African Australians: a review of human rights and social inclusion issues* notes that men are particularly affected by culture shock as they confront Australian society’s norms and expectations around gender roles and family structures. Samuel Muchoki’s research into the sexual health

of men with refugee backgrounds from the Horn of Africa suggests that this may result in men engaging in more risky sexual behaviour, which can put their female partners at risk.<sup>4</sup>

Service providers are responding to the impact of gender inequity and developing programs that seek to empower women to develop the skills to negotiate safe sex and have happy and healthy sex lives.

SEE ALSO: BRIEFING PAPERS – MEN; YOUNG PEOPLE

### **HIV-positive women**

Of the 926 people born in Africa who were diagnosed with HIV between 2002 and 2012 in Australia, 450 were female. The majority of these infections were acquired via heterosexual sexual contact. A small number were among people in the 'other/undetermined' category of HIV exposure (which includes transmissions related to medical settings or injecting drug use) and among people who acquired HIV via mother to child transmission.<sup>5</sup>

African women with HIV are likely to share the concerns of other HIV-positive women in Australia, especially around pregnancy, birth and breastfeeding. There is limited social research on their experience; however local and international research, as well as anecdotal reports from service providers, indicates some specific concerns.

### **Diagnosis**

Overall, people born in Africa are more likely to be diagnosed late. For the 926 people diagnosed between 2002 and 2012, there is detail on whether diagnoses were delayed for 782 cases. Of these, 47% (369) were late diagnoses and 25% (199) were advanced.<sup>6</sup> There is no significant difference in rates of late and advanced diagnosis between women and men; however service providers have told AFAO that many of their African female clients are only diagnosed when pregnant.

### **Breastfeeding**

Choosing not to breastfeed may stimulate more stigmatisation and gossip in African communities where breastfeeding is more common than it is in mainstream Australia. One HIV-positive woman told AFAO:

*'When I had kids and I didn't breastfeed, this person went around telling people, "She's HIV, that's why she's not breastfeeding".'*<sup>7</sup>

African women in the UK have experienced – or feared – discrimination related to not breastfeeding. In an article on motherhood the leader of the National AIDS Manual's African Communities Engagement program, Jackie Ayugi De Masi, quotes women's experiences of stigma; for example:

*'Everyone knows nowadays ... that if an African woman does not breastfeed her baby she must be HIV-positive. For this reason I would rather let my baby cry until I get into a secure and private place, like a toilet, and feed my baby.'*<sup>8</sup>

Ayugi De Masi also speculated that HIV-positive women who are struggling financially might be choosing to breastfeed in order to save money.

### **Being a mother**

A study in the UK (Anderson and Doyal, 2000-2001) found that some women had migrated to work in England, where they had better access to treatments, so that they could support children who were being raised by relatives in Africa.<sup>9</sup> This separation caused them a great deal of distress but if they were to return home they would not have access to treatments and expected they would become ill and die. Others had to cope with the illness and sometimes death of children who were HIV-positive. Lack of extended family to help with childcare also had a heavy impact on women with HIV. However, having children was described as a motivation to stay alive. This was also a finding of the 2013 *Living with HIV and Cultural Diversity in Sydney* study.<sup>10</sup>

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## Other issues

### Pre-migration trauma

Anderson and Doyal's UK study included a high proportion of women who were currently or had been asylum seekers. A majority of these women had experienced 'profoundly traumatic life events'<sup>11</sup> such as rape, murder of relatives and persecution prior to migration. Many had also experienced HIV-related deaths among family. The researchers recommended that women with these experiences needed an integrated approach from service providers and continuity of care. Although it is not known how many refugee/asylum seeker women in Australia have been diagnosed with HIV, it is possible that they have similar issues to those highlighted by the UK research.

### Gender inequity

Gender inequity in relationships can also have a negative impact on women's health and wellbeing. Overseas research indicates safety in sexual relationships is a concern for HIV-positive African women. As well as fearing that they may infect HIV-negative partners, women may be concerned about pregnancy, STIs and superinfection (the possibility of being reinfected with another strain of HIV which may be more aggressive or more resistant to treatment).<sup>12</sup> Plus One, a study of serodiscordant relationships among Africans in the UK, found that some HIV-positive women were upset by their partner's reluctance to use condoms, and some women stopped having sex as a result. A small group 'had not told their partner about treatment as prevention,' because they felt this would undermine the rules they had established about safe sex.<sup>13</sup>

A qualitative study by Henricke Körner (2003–2004) of late diagnosis among culturally and linguistically diverse (CALD) people with HIV in Sydney found that 6 out of 7 women reported some form of abuse in their relationships, 'some of which related to HIV testing'.<sup>14</sup> Although the study did not include women of African backgrounds, domestic violence was identified as a concern for African communities in the 2010 Human Rights Commission project report, so it is certainly possible that some African HIV-positive women in Australia experience abusive relationships.

Some service providers interviewed for this paper suggested that clients' husbands sometimes presented a barrier to HIV-positive women accessing treatment and services; one reported that some of his clients had only been able to access the service after divorce. It is not known how widespread this problem may be. Körner's research has identified it as an issue for women from other CALD backgrounds in Australia. Körner also cites UK research that found husbands sometimes hindered HIV-positive African women's access to services.<sup>15</sup> While this may be an issue for some women, Australian service providers reported that more African women than men were using their services.

More research is needed to confirm whether issues highlighted by research among other CALD women, and African women in other developed countries, also affect HIV-positive African women in Australia.

#### BRIEFING PAPERS:

#### HIV AND SUB-SAHARAN AFRICAN COMMUNITIES IN AUSTRALIA

1. Overview
2. Men
3. Women
4. Young people
5. People with HIV
6. Gay men and men who have sex with men (MSM)
7. Criminalisation
8. Prevention & awareness
9. Stigma

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The AFAO discussion paper from which these papers are drawn, *HIV and sub-Saharan African communities in Australia* is available from AFAO on request.

## References

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- <sup>1</sup> UNAIDS. (2012b). *Women, girls, gender equality and HIV*. UNAIDS Fact Sheet. Retrieved from: [http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120217\\_FS\\_WomenGirls\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120217_FS_WomenGirls_en.pdf)
- <sup>2</sup> Ibid.
- <sup>3</sup> See, for example: Drummond PD, Mizan A, Wright B. HIV/AIDS knowledge and attitudes among West African immigrant women in Western Australia. *Sexual Health* 2008; 5: 251–259. <http://dx.doi.org/10.1071/SH07077>; McNally, S., Dutertre, S. (2006). Access to HIV prevention information among selected culturally and linguistically diverse (CALD) communities in Victoria. *Monograph Series Number 58*. Australian Research Centre for Sex, Health and Society, La Trobe University, Melbourne, 3; and McMichael, C, Gifford, S. (2009). It is good to know now ... before it's too late': Promoting sexual health literacy amongst resettled young people with refugee backgrounds. *Sexuality and Culture*, 13(4), 218–236.
- <sup>4</sup> Muchoki, S. (2012). Sexual practices of men with refugee backgrounds from the Horn of Africa in the context of HIV/AIDS. Paper number 309, proffered at the Australasian HIV/AIDS Conference 2012.
- <sup>5</sup> Kirby Institute, unpublished data.
- <sup>6</sup> ibid. Cases with a CD4+ cell count of <200 cells at HIV diagnosis are classified as advanced HIV infection and cases with a CD4+ cell count of 200 - 349 cells are classified as late HIV diagnosis.
- <sup>7</sup> AFAO, unpublished interview, 2010.
- <sup>8</sup> Ayugi De Masi, J. (2012, 19 September). Becoming an African Mum. Aidsmap [online]. Retrieved from: <http://www.aidsmap.com/Becoming-an-African-mum/page/2512977>
- <sup>9</sup> Doyal, L., Anderson, J. (2005). 'My fear is to fall in love again ...' How HIV-positive African women survive in London. *Soc Sci Med*, 60(8), 1731.
- <sup>10</sup> Körner, H., Katsaros, E., Luisi, B. (2013). *Living with HIV and cultural diversity in Sydney: migration, gender and sexuality (Monograph 1/2013)*. NCHSR, The University of New South Wales, Sydney, 9.
- <sup>11</sup> Anderson, J., Doyal, L. (2004). Women from Africa living with HIV in London: a descriptive study'. *AIDS Care*, 16(1), 104.
- <sup>12</sup> The concept of superinfection is controversial. A review of the current understanding of superinfection can be found at <http://jid.oxfordjournals.org/content/192/3/438.long>
- <sup>13</sup> Bourne, A., Dodds, C., Weatherburn, P., Madyara, A., Ntabyera, E., Owour, J., et al. (2011). Sex and risk within the relationship. *Plus One: HIV sero-discordant relationships among black African people in England*. Sigma Research, London, 3. Retrieved from: <http://www.sigmaresearch.org.uk/files/report2011d.pdf>
- <sup>14</sup> Körner, H. (2007). Late diagnosis of people from culturally and linguistically diverse backgrounds in Sydney: The role of culture and community. *AIDS Care*, 19(2), 172.
- <sup>15</sup> Körner, (2007), op. cit.