Interagency Coalition on AIDS and Development

Coalition interagence sida et développement

SOMERSET WEST COMMUNITY HEALTH CENTRE

Caribbean Vulnerable Communities Coalition

CACVO
Conseil des Africains et Caraïbéens sur le VIH/sida en Ontario

ACCHO
African and Caribbean Council on HIV/AIDS in Ontario

# ONE BLOOD: Youth & HIV in the Caribbean and Caribbean Diaspora in Canada

## Introduction

Youth from the Caribbean and the Caribbean Diaspora in Canada face many similar issues with respect to the risk of contracting HIV. This fact sheet highlights several key issues affecting both communities of young people.

This fact sheet was developed as a companion piece to the youth video *"One Blood: Youth Linked in Action"*, a project that linked youth from Canada and Jamaica and takes you into the hearts, experiences and struggles of those living with and affected by HIV and AIDS. The video project was developed with funding from the Canadian International Development Agency (CIDA). Further information about the project, as well as the video itself, can be found on the ICAD website www.icad-cisd.com.



Love.

Keep it alive.

preventAIDS.ca   Knowledge is power. Get tested.

Source: ACCHO

Seventy percent of people living with AIDS in the Caribbean are individuals between the ages of 15 and 44, and half of these are between the ages of 25 and 34. It is estimated that most infections occur when individuals are in their teens and early twenties, underscoring the need for youth-focused education and treatment programming.

In Canada, tracking HIV prevalence among youth in the Caribbean Diaspora is also difficult as HIV ethnicity reporting only began in 1998. According to the 2001 Census, 73% of people of Caribbean descent live in Ontario, followed by 19% in Quebec . However, these two provinces do not submit ethnicity information with their HIV statistics . Analysis is further complicated as HIV data is collected on Black people of African and Caribbean descent living in Canada, which presents a challenge in distinguishing the data specific to people of Caribbean descent. The Public Health Agency of Canada has successfully piloted and is currently further developing a surveillance system, known as *E-Track,* which will allow trends in HIV prevalence to be monitored among specific ethnocultural populations in Canada.
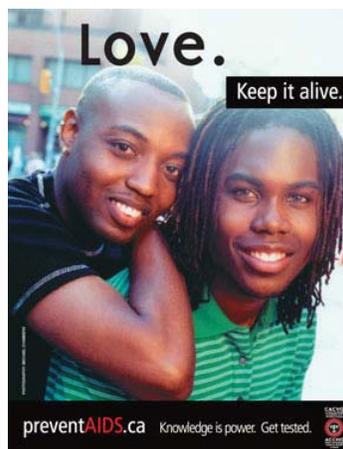
## Background

In both the Caribbean and in Canada, there are challenges in capturing the full picture of HIV among youth. In the Caribbean, there are inconsistencies in data collection and methodology. However, the use of AIDS diagnoses provides a quantitative snapshot.

## STATISTICS

### Caribbean

- HIV prevalence in the Caribbean is higher than in any other world region outside of sub-Saharan Africa[1].
- HIV is the leading cause of death among people aged 20-59[2].
- In 2008, it was estimated that there were between 210,000 and 270,000 people living with HIV (PLHIV) in the Caribbean; this accounts for approximately 1% of the Caribbean population[3].
- The Caribbean is the only region, aside from sub-Saharan Africa, where the proportion of women and girls living with HIV (53%) is higher than that of men and boys[4]. Indeed, in the Dominican Republic and Haiti, young women are 2 to 3 times more likely to be affected by HIV than young males in the same age group[5].
- More than half of the Caribbean population is under the age of 24.

### Canada

- In Canada, there are a disproportionate number of Black people living with HIV/AIDS, including a substantial number of youth.
- The proportion of AIDS cases among black youth 15-29 has increased by 24.8% between 1988 and 2004[1].
- According to a Statistics Canada 2010 surveillance update, Black youth made up 8% of positive HIV tests in 2008. Yet, 2.5% of Canada's population is Black (with 52% of Canada's Black population reporting Caribbean origins)[2].
- Since reporting began, youth between the ages of 15 and 29 years have accounted for 26.5% of all positive HIV test reports.
- Overall, an estimated 65,000 people live with HIV in Canada.

In addition to the data collection challenges in both the Caribbean and in Canada, there are also similarities between the HIV epidemics in the Caribbean and Caribbean Diaspora in Canada. In both Canada and the Caribbean, heterosexual sex is the main mode of transmission in these communities , with steadily rising rates of HIV infection among young women and girls. In the Caribbean, while unprotected sex between men and women – especially paid sex – is thought to be the main mode of HIV transmission (generalized epidemic), the highest HIV prevalence is found among men who have sex with men (MSM) and sex workers (indicating the emergence of a concentrated epidemic).

As in the Caribbean, Black men who have sex with men in Canada also face a high risk of HIV infection; Black MSM accounted for 5.3% of HIV cases reported among all MSM between 1980 and 2004 .

### Factors Influencing HIV Infection Rates

There are a number of social factors - or determinants of health - that shape HIV risk at an individual level. These factors influence how people's lives unfold as well as the choices available to them and, in turn, their health outcomes. Key factors for youth in the Caribbean and the Caribbean Diaspora include the following:

## 1. Gender Norms

Norms of masculinity and femininity in Caribbean societies play an important role in shaping HIV risk at the individual level. According to UNAIDS (2010), "gender and cultural norms feed into an ideology that privileges feminine abstinence, virginity and respectability and cements unequal power relations. These norms undermine resilience and safe sexual and relationship decision-making[1]."

In the Caribbean, current norms for young men's masculinity emphasize sexual experience, multiple partners, aggression, and the need to affirm heterosexuality through these behaviors. Pervasive homophobia in Caribbean culture is a factor contributing to the participation of young men in aggressive hypersexual behaviour[2]. These norms of masculinity pose challenges for women and girls in negotiating safer sex, increasing their vulnerability to HIV.

Norms related to masculinity – including the stigmatization of MSM – also lead MSM to hide their sexual behavior and deny their sexual risk, which increases their own risk as well as the risk of their partners, female and male.



Source: Black CAP

## 2. Popular Culture

Popular culture can play a role in influencing gender roles and sexual expression – and also HIV risk among youth. In the Caribbean and Caribbean Diaspora, music, for instance, can be an important part of the lives of many young people. Some researchers have linked genres including dancehall in the Caribbean and hip hop in North America – both of which project unapologetic sexuality and hyper-masculinity[3] - with increased sexual risk-taking and multiple partners among youth[4],[5] Coupled with low condom use and the perception of low risk of contracting HIV, the influence of popular culture can increase the risk of HIV among young people[6]. With a recognition of the important role of music in the lives of youth, some HIV prevention campaigns are actively using hip hop and dancehall music to communicate prevention messages to young people[7],[8].

## Case Study

### "Sheldon"

In Jamaica, I need to be careful because it's against the law for men to have sex with men. I can't be honest about myself with most people – I don't want to get harassed, beaten up – or worse. A guy I know was stabbed on the street last month. My family wouldn't accept me if they knew – they would throw me out of the house, and then what would I do? They think I have a girlfriend. I am worried about HIV – I don't always use a condom, but I don't want to go to a health centre to be tested because my family and neighbours might find out, and the people at the health centre would look down on me if I told them that I had sex with other men. You just can't talk openly about such things here…

### 3. Poverty

An important factor that significantly influences the context of people's lives, and, in turn, their HIV risk, is income and social status. Poverty and income insecurity are linked to HIV transmission and disease progression[9]. In both the Caribbean and among Canada's Black population, poverty and unemployment rates are significant challenges. Canada's Black population, for instance, experiences higher rates of unemployment, and lower levels of income, compared to the population as a whole[10].

Within the Caribbean, youth living in poverty may have less control over their sexual rights and less access to education, thereby increasing their risk of HIV. There are high rates of school dropout among young men in the Caribbean as they seek to supplement family income[11]. Young women may engage in transactional sex with older men for school fees, food and money and may experience physical or sexual abuse when one or both of their parents migrate for economic opportunities[12].

### 4. Migration & Acculturation

Another social factor than can shape HIV risk is migration. Caribbean people commonly migrate within and away from the region to improve opportunities for employment and education[13]. Sometimes children are left behind by one or both parents who have migrated for better opportunities – these children face increased risks of abuse, including sexual abuse, and may suffer from psychosocial problems[14].

Immigrants to Canada from the Caribbean also face challenges that may increase their risk of HIV. They may have to cope with racism, difficulties with the immigration process, and demanding living conditions, including challenges in finding and maintaining housing, employment, and high quality health care.

Furthermore, youth from the Caribbean often traddle a line between the culture of their parents and the culture in which they are immersed. They may experience xenophobia, feelings of alienation and insecurity. Fitting in with the dominate culture or adopting its values can lead to significant family
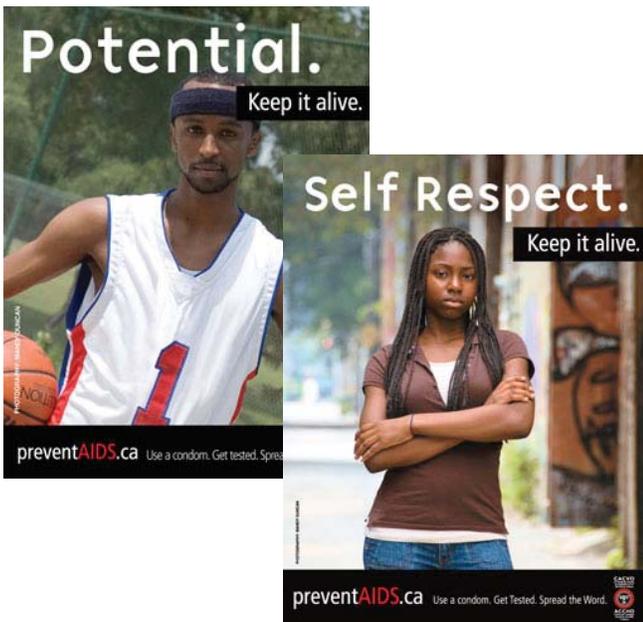


Source: ACCHO

## Case Study

### "Nisha"

I went through a stage in high school where I denied who I was. I didn't want to think I was brown. Yes, when I was with my family I considered myself Indo-Trinidadian-Canadian, but when I was with my friends I considered myself Canadian. When I was in university—I still didn't know who I was but my friends were all white girls. It's hard when you grow up in a school where you are pretty much the only culture there. My parents would say we are Trinidadian and then I said, well you should have left me in Trinidad and that was that whole issue for debate...Another complication in my identity came when I was at university and I was coming to my sexual identity.[17]

conflict. This can place youth at increased risk of depression, homelessness, and poor academic performance and may lead them to engage in high risk activities, including substance abuse and unprotected sex[15]. This is especially true for lesbian, gay, bisexual and transgendered (LGBT) youth who might experience rejection from their families and may also experience racism from the mainstream gay community. In addition, LGBT individuals from Canada's Caribbean Diaspora often experience multiple forms of oppression, including racism and heterosexism within white society; racism and sexualization within the white gay community; and heterosexism and homophobia within the Black community[16].

### 5. HIV Stigma and Discrimination

Another factor that influences HIV risk is HIV stigma and discrimination. HIV-related stigma is multi-layered and tends to reinforce negative stereotypes through the association of HIV and AIDS with marginalized behaviours, such as sex work, drug use, and homosexuality.[18] Discrimination occurs when "actions or omissions that result from stigma are directed towards individuals who are stigmatized"[19].

In Caribbean societies, men who have sex with men, sex workers and sexually active youth are stigmatized and marginalized[20]. As a result, these groups are often excluded from targeted HIV-related programing[21] and from school sexual health curricula in the Caribbean. This results in limited access to essential HIV prevention information. There are also conservative attitudes regarding gender roles and sexuality within the Canadian Diaspora – these attitudes contribute to HIV stigma and impede HIV prevention education messaging, condom negotiation, testing, and access to services for people living with HIV and AIDS. Furthermore, youth living with HIV and AIDS are often stigmatized and face rejection by their families, peers and communities, and may also face barriers in accessing education, employment, health care and social support.



Images provided by the Canadian AIDS Society

## HIV Prevention Approach

There are clearly a wide range of social and economic issues that can place youth from the Caribbean and Caribbean Diaspora at risk of HIV. Prevention, care and treatment require multi-sectorial collaboration and a youth-centered approach grounded in a human rights and development framework. HIV stigma, homophobia and gender inequities infringe on human rights and need to be addressed through:

- the elimination of laws that criminalize sexual behaviours;
- the development and implementation of anti-discrimination laws and policies to protect the rights of sexual minorities, women and girls, and people living with HIV;
- gender-based analysis of risk;
- tailoring health promotion and treatment programs to the health needs of immigrant youth;

- engaging individuals and communities in reducing stigma and increasing sexual health knowledge and life skills; and
- fostering resiliency-building conditions that support individuals, groups, and communities to transcend vulnerabilities and cope with adversity.

## Conclusion

Effective HIV and AIDS prevention education, care and treatment must address the specific risks and vulnerabilities faced by youth from the Caribbean and Caribbean Diaspora in Canada. It must also work to address the negative effects of HIV stigma[22]. Many factors influencing HIV risk are rooted in cultural and social context. Cultural change is slow change. To stem the rise of HIV in Caribbean and Caribbean Diaspora communities in Canada, multi-sectoral collaborations and targeted education and care are required, in which youth are supported to take the lead.
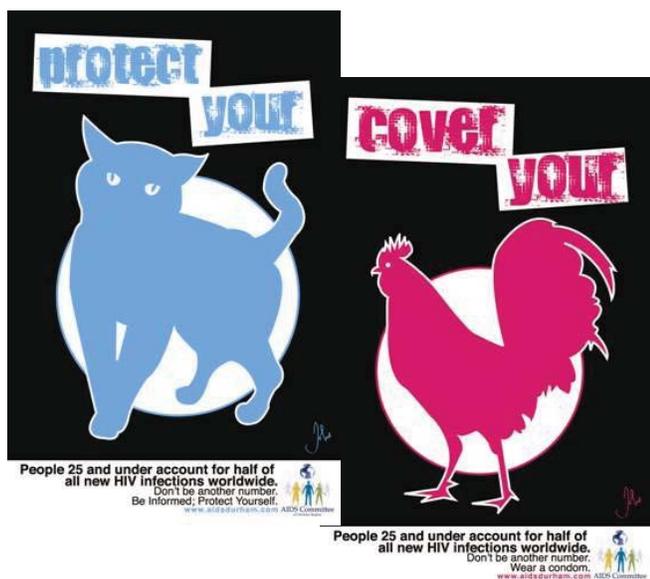


Source: AIDS Committee of Durham Region

## Sources of Additional Information

Live up website (resources for youth): www.iliveup.com

**UNAIDS:**

* Country updates: http://www.unaids.org/en/regionscountries/countries/#d.en.52726

* The Status of HIV in the Caribbean report: http://www.unaids.org/en/media/unaids/contentassets/documents/countryreport/2010/2010_HIVInCaribbean_en.pdf

* Caribbean Fact Sheet: http://data.unaids.org/pub/GlobalReport/2006/200605-fs_caribbean_en.pdf

**Interagency Coalition on AIDS and Development:**

* http://icad-cisd.com/index.php?option=com_content&view=article&id=59&Itemid=72&lang=en

**Public Health Agency of Canada:**

* *HIV/AIDS Epi-update: youth in Canada*: http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN_Chapter4_Web.pdf

* Status report on HIV among Black people of African and Caribbean descent living in Canada: http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/africacaribbe/pdf/ps-spreport-eng.pdf

* Surveillance report to December 31, 2009: http://198.103.98.45/aids-sida/publication/survreport/2009/dec/pdf/2009-Report-Rapport.pdf

Planned Parenthood, Survey of Black, African and Caribbean youth in Toronto: http://www.ppt.on.ca/userfiles//TTS_BlackYouthBulletin_web.pdf

The Caribbean Regional Strategic Framework For HIV/AIDS 2002-2006: http://www.caricom.org/jsp/projects/hiv-aidsstrategicframework.pdf

## References

1. UNAIDS. (2010). Global Report Fact Sheet. Retrieved from: http://www.unaids.org/documents/20101123_FS_carib_em_en.pdf

2. Pan-Caribbean Partnership on HIV/AIDS. (2002) The Caribbean regional strategic framework on HIV/AIDS 2002-2006. Caricom. Retrieved from: http://www.caricom.org/jsp/projects/hiv-aidsstrategicframework.pdf

3. UNAIDS. (2010) The status of HIV in the Caribbean. Retrieved from: http://www.unaids.org/en/media/unaids/contentassets/documents/countryreport/2010/2010_HIVInCaribbean_en.pdf

4. Ibid

5. Ibid

6. Public Health Agency of Canada. (2010) HIV/AIDS Epi-update: youth in Canada. Retrieved from: http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN_Chapter4_Web.pdf

7. Statistics Canada. (2006). Canada's Ethnocultural Mosaic, 2006 Census: Findings. Retrieved from: http://www12.statcan.ca/census-recensement/2006/as-sa/97-562/index-eng.cfm

8. Pan-Caribbean Partnership on HIV/AIDS. (2002).

9. Remis RS, Swantee C, Schiedel L, Fikre M, Liu J. (2006) Report on HIV/AIDS in Ontario 2004. Ontario Ministry of Health and Long-Term Care.

10. Public Health Agency of Canada. (2010).

11. Public Health Agency of Canada. (2009). People from countries where HIV is endemic: Black people of African and Caribbean descent living in Canada. Population-specific HIV/AIDS Status Report. Retrieved from: http://www.accho.ca/pdf/HIVaids_statusReport_sept22_e.pdf

12. Lewis-Peart, D. (2007). Visibly hidden: rethinking BMSM and HIV prevention. Black Coalition for AIDS Prevention.

13. Ibid

14. USAID. (2005). The policy environment for male youth in Jamaica: Findings from a pilot of the gender equitable male involvement (GEMI) tool.

15. Cooper, C. (2004). *Sound Clash: Jamaican dancehall culture at large*. Palgrave Macmillan, New York, NY.

16. Nelson, J., Hall, T., & Barrett, C. (2011) *Sex in the Dancehall: The Impact of Media & Music on Adolescent and Youth Sexuality in Jamaica, Opportunities for Sexual and Reproductive Health Programming.* Retrieved from: https://www.2011caribbeanhivconference.org/abstract/sex-dancehall-impact-media-music-adolescent-and-youth-sexuality-jamaica-opportunities-sexuality

17. Stokes, C., & Grant, L. (2002). Turning the tables on the HIV/AIDS epidemic: hip hop as a tool for reaching African-American adolescent girls. Perspectives pp 70-81.

18. Nelson. (2011).

19. Stokes.(2002).

20. Nelson. (2011).

21. Canadian AIDS Society. (2004) HIV and poverty information sheet series. Info sheet #1. Retrieved from: http://www.cdnaids.ca/hivandpovertyinformationsheetseries

22. Public Health Agency of Canada. (2009).

23. UNAIDS. (2010).

24. UNICEF. (2009). *The impact of migration on children in the Caribbean*. Paper No. 4

25. Ibid

26. Ibid. Page 8.

27. Wahab A., & Plaza D. (2009). *Queerness in the transnational Caribbean-Canadian Diaspora*. Caribbean Review of Gender Studies. Issue 3.

28. Crichlow, W. (2004). *Buller Men and Batty Bwoys: Hidden Men in Toronto and Halifax Black Communities.* Toronto: University of Toronto Press.

29. Wahab A., & Plaza D. (2009).

30. UNAIDS. (2005). *HIV-related stigma, discrimination and human rights violations: Case studies of successful programmes*. Retrieved from: *data*.unaids.*org/publications/irc-pub06/jc999-humrightsviol_en.pdf*

31. Ibid

32. Ibid

33. Pan-Caribbean Partnership on HIV/AIDS. ( 2002).

34. Françoise C., Kelly, M. J. & Tournier, B. (2008). *IIEP Brief for Planners: HIV and AIDS: Challenges and Approaches within the Education Sector*. Internatizonal institute for Educational Planning.

Source: ACCHO

Interagency Coalition on AIDS and Development

Coalition interagence sida et développement

726 - 1 Nicholas Street, Ottawa, ON K1N 7B7

Phone: 613-233-7440
Fax: 613-233-8361
Email: info@icad-cisd.com