The University of British Columbia

Migration Status and Access to HIV Care among Migrant Women Living with HIV

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Introduction

- **Migrant women** report high rates of new HIV diagnoses in Canada and BC.
- Migrant women living with HIV (WLWH) are highly motivated to engage care, but experience numerous barriers, resulting in delays to care (1,2)
- **Barriers:** Stigma, language barriers, system navigation, competing day-to-day priorities (e.g., employment) (3)
- **Purpose**: To understand migrant WLWH's healthcare experiences and the structural/institutional factors shaping their experiences in British Columbia.

Methodology

Participant Demographics

- **Methodology:** Interpretive Description
- **Theory:** Intersectional feminist theoretical perspective
- **Primary Data:** Semi-structured interviews (N = 24)
- **Secondary Data:** Select federal and provincial policies (e.g., IRPA)
- **Analysis:** Reflexive Thematic Analysis (4)

Participant Demographics

- 24 participants
  - 10 migrant WLWH from various countries in Africa, Central America, and Asia
  - 14 care providers (i.e., physicians, nurses, social workers, peer navigators)

> *"We really struggle with their MSP status [...] The moment your work visa has to be renewed and you go into this period where you're waiting for the federal government to renew your work permit, then your MSP expires immediately. And so,* ***you're left with these periods where you have no coverage****."* (physician)

Findings

Lack of coordination between federal policies regulating immigration and provincial policies regulating healthcare

- Leads to gaps in healthcare access in first 3 months 'wait time' and interruptions in care.

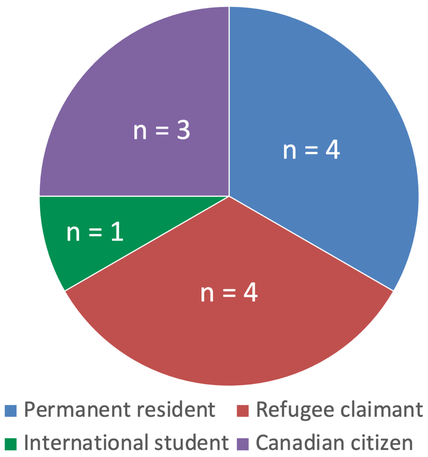
Immigration-related challenges with treatment adherence among migrant WLWH

- Navigating confidentiality and HIV stigma when living with family, relatives, roommates and public housing (e.g., shelters)
- Learning how to navigate the Canadian healthcare system to access medications
- Fears of deportation or compromising ability to gain citizenship are ongoing barriers to care.
- Supports and resources to link migrant WLWH to HIV care is limited despite the mandatory Immigration Medical Examination (which includes an HIV test).

Role of community organizations in providing life-saving support

- Community organizations and peer navigators provide crucial support through their advocacy, linkage to care, system navigation, resource sharing, and community support.

Distribution of migration status among migrant women living with HIV



> *"My challenge and my fear was, of course, with the medical immigration. When I started the paperwork, I had to tell them the truth before they find out themselves. I tell the doctor: Before you do anything else, I am [living with HIV]. My worry was, if they find I'm HIV positive, will they deport me back? That was my very biggest challenge.*
>
> (migrant WLWH, refugee claimant)

Ongoing Needs

- Consider migration status as a key determinant of health
- Continue to support and grow peer-led support
- Improve linkage to care through intersectoral collaboration
- Address HIV stigma in social care (e.g., housing, employment)

Reference

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