

Addressing lack of access to primary care among women living with HIV

16%

of women living with HIV were unable to access primary healthcare within the last 6 months



These experiences doubled the likelihood of women living with HIV being unable to access primary care

- ⚠ Gender minority identity*
- ⚠ Being born outside Canada
- ⚠ Contemplated/attempted suicide
- ⚠ Physical and/or sexual violence

*Trans, nonbinary, gender diverse, Two-Spirit

Calls to Action!

01

Integrate culturally responsive & culturally safe approaches within primary health care

04

Increase knowledge & education about trans & Two-Spirit health needs within primary healthcare

02

Provide access to more integrated primary health care & HIV health services

05

Increase access to trauma-informed programs to address gender-based violence

03

Address transphobia & gender discrimination/stigma within primary & HIV health services

06

Remove barriers to access for mental health services & counselling

Note: The SHAWNA Project's recruits participants who self-identity as women. However, recognizing gender fluidity, including over time, some participants have other or more gender identities. In addition to trans & cis women, ~2% of the cohort comprises of non-binary participants. Of Indigenous participants, ~13% are Two-Spirit.

Reference: Deering K.N., Chong L., Duff P., Gurney L., Magagula P., Wiedmeyer M.L., Chettiar J., Braschel M., D'Souza K., Shannon K. (2021) Social and Structural Barriers to Primary Care Access Among Women Living With HIV in Metro Vancouver, Canada: A Longitudinal Cohort Study. *J Assoc Nurses AIDS Care*, 32(5), 548-560.

