

Young Mothers in Canadian HIV Awareness Posters

Underrepresentation and Concerns

Although the number of HIV-prevention programs targeting youth has increased in recent years, little attention is paid to the particular issues that confront adolescent pregnant women and young mothers in this regard. Despite an alarming increase in infection rates among this population, there are very few prevention and support posters produced which focus on young mothers who are at risk and those who are HIV positive. Further, there has been little or no commentary about this absence of posters and little analysis or critical commentary about the very few existing HIV prevention and support posters that do target pregnant women and young mothers. This paper proposes that posters providing educational information for young mothers about HIV prevention and awareness, and posters that specifically target HIV positive mothers would have educational value because they would supply information to young mothers that are relevant to their particular concerns and they would supply information to young mothers about appropriate support services. This paper examines young mothers' realities and the representation, albeit limited, of young mothers in the HIV awareness posters produced between 1986 and 2006 by Health Canada, the Canadian Public Health Association, the Ontario Ministry of Health, and by the community-based AIDS Committee of Toronto (ACT). Positive models of sexuality or models of communication about safer sexuality are lacking in the visual and textual representation of women and mothers in HIV awareness posters. There is an urgent need for HIV awareness and prevention posters targeting young mothers and there is a pressing need for prevention and support services for young mothers.

Introduction

Although the number of HIV prevention programs targeting youth has increased in recent years, little attention is paid to the particular issues

that confront adolescent pregnant women and young mothers in this regard. Because of unique life circumstances and various contextual issues, HIV prevention and support programs targeting young mothers are crucial. A number of researchers have found that pregnant adolescents and young mothers are at risk for acquiring HIV due to a number of socio-economic factors, some of which include poverty, a lack of educational resources, initiation of sexual activity at an early age, a history of unprotected sexual relations, having high risk sexual partner(s), a lack of power in insisting on safer sexual activity, a history of physical or sexual abuse for some, and for others a history of drug dependence (Koniak *et al.*, 2003a, 2003b; Lesser, Oakes, and Koniak-Griffin, 2003). Globally, one third of women who are living with HIV are between the ages of 15 to 24 (UNAIDS, 2005). In Canada, 75 percent of the positive HIV test reports among adult women are from those in their child bearing years (Health Canada, 2005). As the rates of HIV infection in women rise, the risk of perinatal transmission also increases. Further, it is estimated that 30 percent of the HIV infected population in Canada are unaware that they are even infected (Health Canada, 2005). Until diagnosed, these individuals are not accessing support, treatment or services that could help manage illness and prolong life. These facts have significant implications for HIV education, health care, mothering and the lives of young mothers.

HIV/AIDS service organizations have commonly used poster campaigns as accessible tools for communicating preventive and educational messages. Well designed and well placed HIV awareness posters have the potential to be very effective in communicating messages about HIV transmission and prevention, safer sex negotiation, and in communicating information about the different support services available in particular communities (Marchand and Filiatrault, 2002). HIV awareness posters have the potential to broaden the understanding of the experiences of young mothers in the context of HIV and AIDS. Yet, despite an alarming increase in infection rates among this population, there are very few prevention and support posters produced which focus on young mothers who are at risk and those who are HIV positive. Further, there has been little or no commentary about this absence of posters and little analysis or critical commentary about the very few existing HIV prevention and support posters that do target pregnant women and young mothers.

In the posters produced by governmental organizations positive models and representations of sexuality and models of healthy communication about safer sexual relations are lacking in the visual and textual representation of young mothers. HIV awareness posters have not addressed issues of women's sexuality, communication around safer sex, and the numerous socio-economic issues facing young mothers. In the realm of HIV awareness campaigns produced in Canada, the questions remain, why are young mothers represented so rarely, and when they are, why are they represented in such a limited way?

This paper advances the research findings of a previous study I conducted comparing gender representation in 70 HIV/AIDS awareness posters produced

between 1986 and 2006 by Health Canada, the Canadian Public Health Association, the Ontario Ministry of Health, and by the community-based AIDS Committee of Toronto (ACT) (see Hunter 2005, 1996). This paper moves the topic forward and specifically focuses on young mothers' realities and the representation, albeit limited, of young mothers in the HIV awareness posters produced by these four organizations. This paper also addresses the complex issues which factor into the urgent need for accessible HIV prevention and support services for young mothers as well as education and support for young mothers who are HIV positive.

Young mothers' experiences often revolve around the connections between childcare responsibilities, poverty, illness, stigma, isolation, and the lack of power in negotiations around safer sex. HIV information and educational prevention programs contribute to enabling young mothers to make empowered choices and decisions about their health by focusing on healthy lifestyles and issues of sexual health. Posters providing awareness and educational information about HIV prevention to young mothers, and posters that specifically target and support HIV positive mothers would have educational value because they would supply information that is relevant to their particular concerns, including information on lifestyle issues and negotiation of safer sex, as well as supply information about appropriate support services.

Theoretical focus and methodology

Lack of agency around female sexuality and sexist assumptions about female sexuality and motherhood are major feminist concerns. Examining HIV awareness posters from this critical perspective can be useful in understanding posters as texts, as means of communication about HIV and as means of communication about gender, sexuality, health, and motherhood. By highlighting some of the differences and engendered inequalities in the way HIV awareness campaigns target and represent women and young mothers compared to the way they represent men, inequalities of opportunity become evident.

The framework developed for the analysis of differences in representation utilizes contextual analysis, interviews, content analysis and concepts borrowed from semiotics. The application of content analysis and the incorporation of some concepts from semiotics assisted in uncovering the structure and underlying assumptions of the posters. Semiotic analysis provided a structure for analyzing the way in which signs in texts function within a particular environment. Within this framework, the following questions guided the analysis: What do these posters symbolize and signify? Who produces the posters? Who is the assumed audience or target population? How do these posters represent gender, sexuality and motherhood?¹

Information gathered from interviews conducted with key informants from twenty-two different governmental and community-based HIV/AIDS organizations in the Toronto area during the years 1993, 1994, 1995, 1997, 2003, 2004 and 2006 were an important part of this research. Interviewees included

representatives from the federal government (Health Canada, Canadian Public Health Association, Canadian AIDS Society), the provincial government (the Ontario Ministry of Health), provincial organizations (Haemophilia Ontario), health departments (Toronto Public Health Department), medical clinics (HIV Clinic, Addiction Research Foundation), and educational leaders from fifteen community-based HIV/AIDS organizations, including the AIDS Committee of Toronto, Black Coalition for AIDS Prevention, Prostitutes' Safer Sex Project, Street Outreach Services, 2-Spirited People of the First Nations, and Voices of Positive Women. Of the 22 organizations represented in the interviews, four organizations provided enough posters for full contextual analysis. The realities of the life experiences and needs of young mothers are absent in the posters produced by Health Canada, the Canadian Public Health Association, the Ontario Ministry of Health, and by the community-based AIDS Committee of Toronto (ACT). Governmental posters targeting women and motherhood focus less on sexuality and less on communication around safer sex compared to posters produced by the community-based AIDS Committee of Toronto, which focus on issues of communication and sexuality targeting men who have sex with men as well as women in relationships with women. There is no representation of HIV and motherhood.

Young mothers' realities and poster depictions

Young mothers are affected by HIV in many ways due to gender inequalities. Growing rates of HIV infection among young women and young mothers reflect the evidence that women are biologically, economically, socially and culturally more vulnerable to HIV infection than men because they lack the resources, social status and power to protect themselves (CPHA, 2005; UNAIDS, 2005; Koniak-Griffin *et al.*, 2003a). Young mothers' abilities to negotiate safer sexual practices is a vital component of HIV prevention yet gender based power imbalances continue to affect this negotiation. Though young mothers may have some basic knowledge of the risks involved in unsafe sexual activity, general inequalities of power are often further exacerbated by limited educational and occupational opportunities, poverty, sexual abuse, racism and culturally devalued gender roles. The general inequalities of power in the heterosexual community are such that young women and young mothers cannot always convince their male partners to take the necessary precautions for safer sex, without fear of losing their relationship with their partner or fear of violence. In fact, adolescents do experience a higher incidence of abuse during pregnancy than adult women when pregnant (Koniak-Griffin *et al.*, 2003b). Often, young mothers not only feel powerless to insist on safer sex options but powerless to even discuss condom use with a male partner. For many young mothers, empowerment is only a word and the threat of abandonment and/or violence is more immediate than the reality of HIV transmission (De Oliveria, 2000; Dowsett, 2003; Godin, Gagnon and Lambert, 2003; Gómez and Marín, 1996; Kumar, Larkin and Mitchell, 2001; Loppie and Gahagan, 2001; Sacks,

1996; Tharao and Massaquoi, 2001; Wingood and DiClemente, 2000).

Further, many pregnant adolescents or young mothers in steady relationships do not insist on condoms because of their desire to understand their relationship as a committed one, without concerns about partner monogamy. Some women may be financially dependent on a partner who is engaging in high-risk behaviours. Maintaining a relationship with a partner often overshadows worries about health issues. Even if concerned or suspicious about the trustworthiness of their partner, some young mothers wish so desperately to preserve a relationship with the father of their baby and maintain a family dynamic that they risk their own health. Wanting to believe they are in a monogamous relationship with a trusted partner, many young mothers avoid safer sex practices and discussions of safer sex (Koniak-Griffin *et al.*, 2003). More immediate life concerns such as raising children, managing relationships, securing affordable housing, food, finances, transportation, and for some, staying drug-free or maintaining personal safety make negotiating safer sex even more problematic (Lesser *et al.*, 2003; Brackis-Cott, Block and Mellins, 2003).

Young mothers, following childbirth, often choose, or may be pressured to choose, oral or injectable contraceptives that do not protect against HIV (Koniak *et al.*, 2003b). Condom use is lower in long term users of oral contraceptives especially in steady relationships lasting more than a few months (Lesser *et al.* 2003). Adolescent mothers do not use condoms or use them inconsistently often due to the belief that condoms interfere with sexual pleasure, particularly the sexual pleasure of their male partner(s). Many young women also admit an unwillingness to use condoms because of a lack of skill in incorporating condoms in their sexual lives (Brown *et al.*, 1998; Koniak-Griffin *et al.*, 2003b). Women, even if motivated to incorporate safer sex may have difficulty incorporating these changes with their partners who are resistant to condoms. Traditional norms of masculinity often prevent many men from seeking information about HIV prevention. This results in unsafe sexual experimentation, particularly during youth where men generally report higher rates of partner change and more risk of HIV infection due to risky sexual behaviour (Mane and Aggleton, 2001). In addition, the intimate male partners of young mothers may share needles for drug use, body piercing or tattooing. The link between drug and alcohol use and sexual risk behaviour is well established (Lesser *et al.*, 2003; Mane and Aggleton, 2001).

Although the majority of women living with HIV are in their childbearing years (Health Canada, 2005), there is a dearth of HIV awareness posters which target mothers. One poster produced in 2002 by Health Canada and the Canadian Public Health Association however did address some concerns of mothers in the poster “How Could Someone Like Me be HIV Positive?,” which depicts a quizzical young woman looking up toward the viewer. We are not aware from the image that the woman is an HIV positive mother, but the text states: “sends emails to her sister, eats yogurt for breakfast, single mother, loves throwing surprise parties, wants to be a grandmother, worries about her

family's future, likes to take her kids camping in the backyard, always knows how far away a washroom is, enjoys reading to her kids, gets angry when she hears people say that HIV/AIDS isn't a big deal anymore." Although the poster makes clear that HIV affects women with children, there is no information presented that is relevant to the particular concerns of mothers; no information provided on communication strategies with partners or families and no information provided on support resources for mothers and their children.

Prevention programs and services appear to be more concerned with women's reproductive function than with focusing on women's health, sexuality, and communication around safer sexual relations (Connell, 2001; Loppie and Gahagan, 2001). The recently produced Ontario Ministry of Health poster centres on a contemplative photograph of a pregnant woman and states "HIV testing is important for you and your baby" and asks, "Have you been tested?" (2003). Although pregnant women may be represented in awareness posters due to concerns about infections to their babies, there is a lack of representation of services that would improve the health outcomes and overall physical and social support for young mothers themselves.

While female sexuality has been marketed profusely for commercial ends to sell everything from toothpaste to kitchen cupboards, it is denied and repressed in most Canadian HIV prevention campaigns where positive representation of sexuality could be used to promote safer sex. HIV/AIDS posters targeting women and young mothers do not evoke a sense of self assurance or self confidence around safer sex issues, leaving a sterile and vague message about sexuality for young mothers. As in the wider cultural context, women and young mothers are not empowered in their communication and negotiation efforts around safer sex, their decisions to use condoms, or in their decisions to explore other sexual experiences and options. Contradictory messages around these issues force women into what Deborah Ingram and Sally Hutchison (2000) refer to as "double bind situations" when it comes to HIV prevention. Women and young mothers are expected to take responsibility for HIV prevention yet they are often unable to do so because of their lack of power in intimate relationships. Heterosexual women are still in the situation of negotiating sexual relationships with men in a society where sex is largely defined in terms of men's needs (Holland *et al.*, 1992). The paradox is that in safer sex campaigns, women have been told to be responsible, such as in the poster, "If Mr. Right refuses to wear a condom ... he's Wrong" (Health Canada)—in a world that constructs women as passive receptors of male desire and sexuality (Mane and Aggleton, 2000). Further, although the text in this poster, "if you care for one another, take care of one another," addresses both men and women, the male was invited to tune out in this poster campaign, diminishing his responsibility for caring. Condoms appear to be an inconvenience for a resistant partner. The male in the poster, presumably wants to have sex without a condom, which is why the woman knows that he is Mr. "Wrong." This poster, still displayed today, raises doubt and anxiety

in visual and textual form without offering practical suggestions about ways to communicate with one's partner(s) about safer sex. This utilization of fear delivers a heightened sense of panic, suspicion and helplessness. Fear can have an inhibiting influence on the viewer of a health promotion poster. If the level of fear is too high in a health campaign the viewer may feel attacked and deny or avoid the educational message intended to benefit the viewer (Marchand and Filiatrault, 2002). As a result of the content of messages such as these, women may become overwhelmed with the magnitude of HIV without receiving any practical advice about how to avoid HIV or how to communicate about safer sex practices with their partner(s).

HIV and AIDS continue to threaten young mothers of colour, particularly black and aboriginal women, at astonishing rates (CPHA, 2005). There is a need for greater healthcare services and posters targeting black and Aboriginal women, who face multiple forms of oppression and discrimination. Many HIV-related issues need to be addressed in culturally relevant environments with regard to risk behaviours and cultural beliefs. It is crucial to examine socio-cultural and institutional factors that intersect with gender, race, class and political and economic conditions. As Esther Tharao and Notisha Massaquoi (2001) point out, experiences of racial discrimination can have a devastating effect on the health and well-being of women and young mothers of colour. Gender, culture, race, power, and sexuality are intimately connected with negotiations around safer sex (Bain, 2001; Dowsett, 2003; Gavey, McPhillips and Doherty, 2001; Kumar, Larkin and Mitchell, 2001; Mane and Aggleton, 2001; Tharao and Massaquoi, 2001). Gender differences in communication strategies around safer sex and condom use are important to consider for poster development. According to Amy Lam *et al.* (2004), women apply more non-verbal, indirect styles of communication and persuasion around safer sex than men do; for example placing or situating condoms in view of their partner. Non-verbal, direct styles of communication, such as taking a condom out of a wrapper and putting it on a partner, are also negotiation strategies that women incorporate for safer sex practices. Non-verbal, indirect and direct styles of communication may be particularly useful to portray in posters targeting young mothers who have difficulty in verbally communicating the importance of condom use or verbally insisting on their use.

Very recently, the Canadian Public Health Association produced a very progressive and empowering poster entitled, "Change the World" (2005) targeting young women (and young mothers). This poster incorporates some of the suggestions made by Lam *et al.* (2004) with regard to nonverbal, direct styles of communication. The poster depicts a young woman lying beside a young man in a bed. In this photograph the woman is holding a transparently wrapped, bright yellow condom in her hand. It is apparent from the photograph that it is she who has taken the condom out of her purse which is sitting next to her in the forefront of the photograph. Although there is no apparent depiction of verbal communication between the couple photographed, the implication



Poster courtesy of the Canadian Public Health Association.

is clear—the young woman intends to integrate the condom into the sexual activity. This poster depicts the woman taking charge of her own sexual health. It empowers women at a time when research reveals that for some men (and some women) there is still a strong stigma associated with the idea of a woman having condoms available and ready for use; the idea that if a woman insists on condom use by her male partner, then she must be sexually aggressive, sexually experienced and even promiscuous (Kumar, Larkin and Mitchell, 2001).

An effective sexual health promotion strategy would include positive images of young women and young mother's sexuality, where women convey a desire to be self responsible without being pushed by fear or guilt (Marchand and Filiatrault, 2002). Yet, few HIV awareness posters produced in Canada portray women's and mother's sexuality and agency. With the exception of some recent posters from ACT targeting women in sexual relationships with other women and the "Change the World" poster from the Canadian Public Health Association, posters targeting women do not provide room to explore a positive model of female sexuality where a woman is presented on her own behalf, making demands and taking control of her own life. This is a very different approach from the posters targeting men who have sex with men, produced by ACT, where men are represented as comrades and allies in efforts to develop safer sexual relations, and where the message to 'take control' of men's sexual lives and sexual health is reinforced. Posters targeting men who have sex with men emphasize safer sexuality and communication about safer sex.

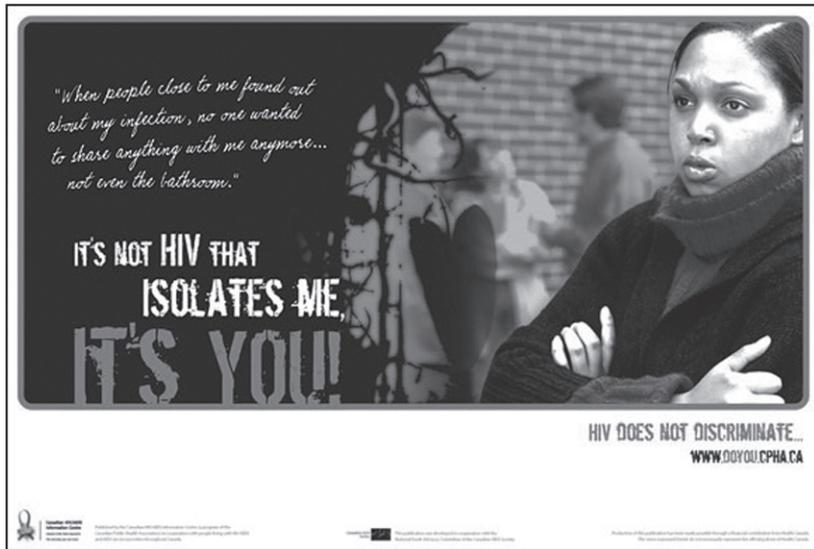
Governmental posters have not addressed the absence of the portrayal of women's sexuality, motherhood or communication strategies with partners

about prevention and safer sex options. Posters produced by ACT simply do not target or portray heterosexual women and mothers. In order for women to negotiate safer sex options with men, it is necessary to promote communication between partners around safer sex rather than presenting men and women as opponents. A positive model of female sexuality and communication about sexuality is needed to ensure that young mothers have a greater chance of safer sexual encounters risk free from HIV (Bird *et al.*, 2001; Connell, 2001; Fenaughty and Namyniuk, 2004; Gómez and Marín, 1996; Holland *et al.*, 1992; Marchand and Filiatrault, 2002; Miles, 1993; Triese *et al.*, 1999). Overall, there is reluctance to present heterosexual women and mothers as empowered in their communication with friends, lovers, partners, and families.

For women and young mothers to adopt and sustain protective behaviours they need knowledge about risks, ways of protecting themselves, a personalized sense of vulnerability to risk, a belief system that includes the idea that they should and can take action to protect themselves, skills to adopt and maintain protective behaviours, skills to communicate with and to influence partners to adopt protective behaviours and a feeling of reinforcement when they use protective behaviours (ACT 2004). HIV prevention, awareness, and support posters targeting young mothers, which include these criteria, would be an important contribution to achieving these goals. Messages in HIV prevention materials have the most meaning when the viewers of the posters see themselves in the images and texts (DeMarco and Norris, 2004). As June Marchand and Pierre Filiatrault (2002) recommend, young women not only need to be adequately informed about HIV transmission and prevention but effective prevention campaigns should aim to convince women and young mothers that the issues presented in the posters are issues that matter personally to them, rather than issues simply for others.

HIV positive mothers: Support services and posters

Stigma and discrimination often prevent many young mothers from accessing HIV educational prevention programs and health services, as they often fear a lack of confidentiality or fear judgement from health care providers. Young people must be assured a safe and caring environment in order to effectively receive the information and services they need such as access to basic HIV prevention information, counselling, harm reduction programs, condom distribution, testing and treatment. Young HIV positive mothers face many personal and societal inequalities and challenges as they struggle to make ends meet and live a healthy lifestyle. Yet, despite the complex health related factors, some adolescent mothers have described having a child as a positive experience that motivates them toward a healthy lifestyle. Due to feelings of maternal protectiveness during pregnancy and early motherhood, some young mothers may be more receptive to health services as well as more likely to adopt healthy lifestyles and sexual behaviours (Koniak-Griffin *et al.*, 2003b, 1997). The prenatal period and the period of young motherhood then



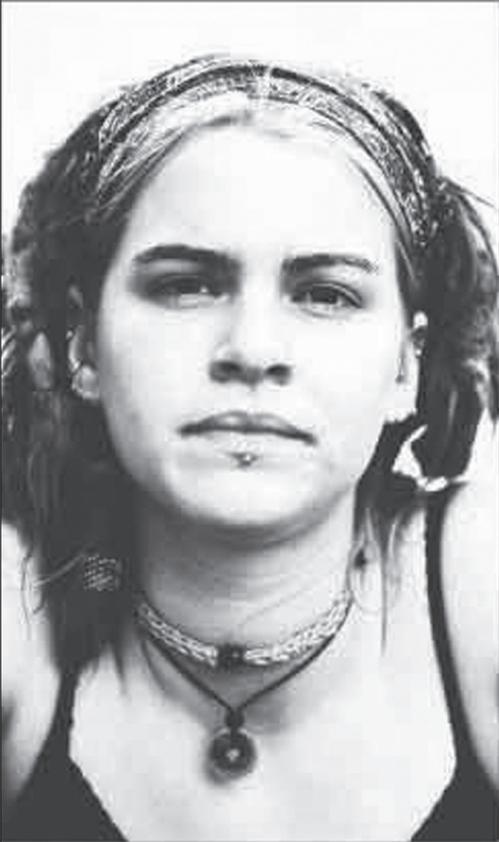
Poster courtesy of the Canadian Public Health Association.

can offer unique opportunities for health promotion interventions, including HIV prevention and support, and for making a positive impact about health related matters for young mothers (Lesser *et al.*, 2002).

Focused efforts directed towards HIV positive pregnant women and young mothers could include a variety of interactive experiences such as the use of games for demonstrating practical advice around safer sex, role playing exercises to help build sexual negotiating skills, and guided communication to practice interpersonal communication skills (Koniak and Brecht 1997). Visual and textual messages within awareness and prevention posters could assist in facilitating such discussions. Young HIV positive mothers require continual support in the challenges of mothering, in discussions around sexuality and in the importance of practicing safer sex during and after pregnancy. Practical advice and information on the myths and realities about breastfeeding and HIV infection, the realities of drugs, alcohol and HIV, and the complexities of empowerment in relationships are also crucial issues to address in the support of young mothers.

Accessing support services for HIV positive mothers and their children is often dependent on the mother's disclosure and is highly complicated because HIV is still a stigmatized disease. Stigma, in other words, is a major reason for secrecy around HIV and AIDS for many women and mothers (Hough *et al.*, 2003; Murphy, Johnston Roberts and Hoffman, 2003; O'Sullivan *et al.*, 2005; Van Loon, 2000). In recent years, governmental HIV posters targeting women focus on this issue of stigma by depicting images of people who experience daily isolation and discrimination because of their HIV positive status. In 2003, the text alongside the image of a young woman states, "Because of

HIV, Sara's friends don't talk to her anymore. Don't add to her isolation." In the 2004 campaign, "It's Not HIV That Isolates Me, It's You! HIV Does Not Discriminate. Do You?," a young black or young white woman is set apart



Because of HIV, Sara's friends don't talk to her anymore.

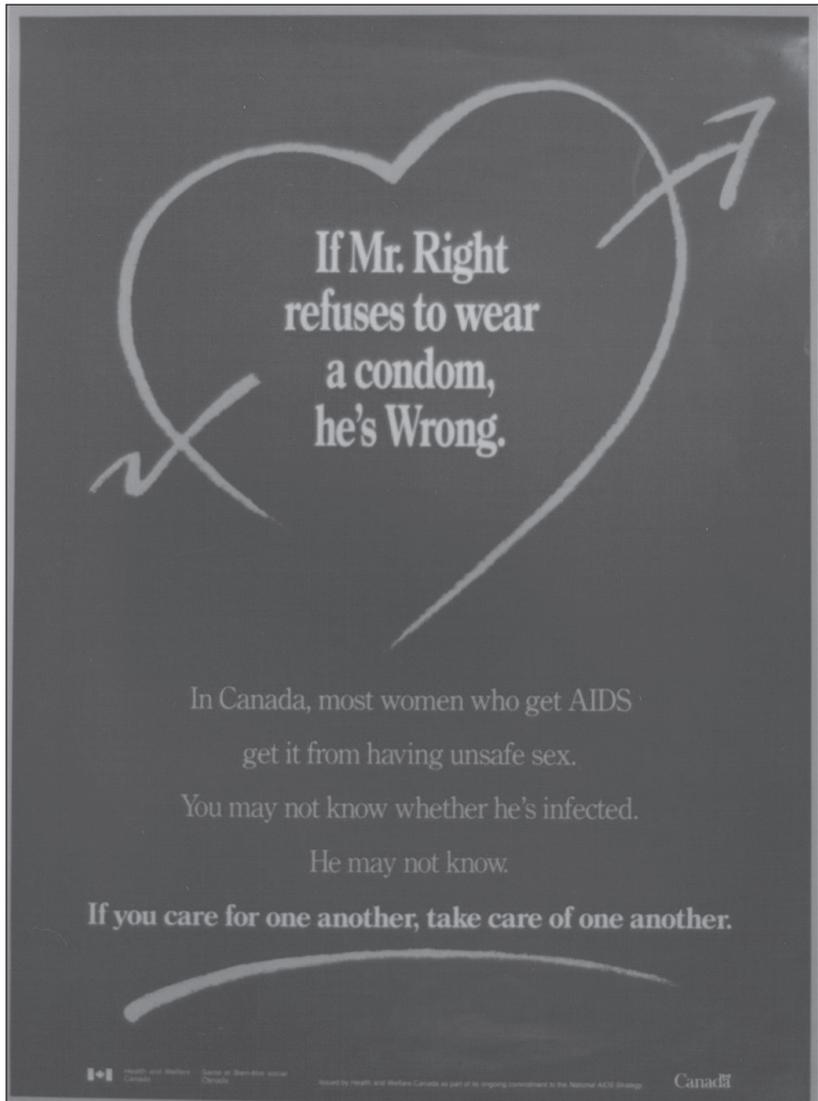
Don't add to her isolation.

Anytime. Anywhere. Anyone. HIV/AIDS does not discriminate.

Get the facts and learn more about what you can do to stop the spread of HIV and discrimination.

Produced by the Canadian Public Health Association. For more information, visit www.cpha.ca.

Poster courtesy of the Canadian Public Health Association.



Health Canada (1990). Reproduced with the permission of the Minister of Public Works and Government Services Canada, 2007.

from a group of classmates. The personal handwritten text of one of these posters states “When people close to me found out about my infection, no one wanted to share anything with me anymore ... not even the bathroom.” Although the intention of these posters is to reduce the discrimination and isolation faced by women living with HIV/AIDS, it is that very discrimination which is portrayed in the images, along with a fear based mentality which was typical in the first wave of governmental poster campaigns. In keeping with

the theme of the campaign, acceptance and support by family and friends may be a more suitable and positive way to depict these women living with HIV and AIDS rather than reinforcing fear and discrimination.

These posters are of little practical use to HIV infected mothers who struggle with decisions about disclosing their infection to their children. In studies exploring the impact of HIV on the ability of HIV positive mothers to raise their children, the disclosure of serostatus was reported as a main concern, along with fear of infecting their children through casual contact and concern about the impact of grief on their families (Murphy, Johnston Roberts and Hoffman, 2003). Although some HIV positive mothers are particularly motivated to initiate discussions with their children or address their children's questions about HIV; wanting to educate their children about HIV themselves, wanting their children to hear the information from them, and wanting their children to be prepared for what the future may bring (Schrimshaw and Siegel, 2002), many other mothers are resistant to disclosure. Factors preventing mothers' disclosure of their HIV positive status to their children include the desire to preserve the innocence of childhood, the belief that the news would impose an emotional burden or inflict psychological harm on their children, and concerns about their children's ability to understand the news, other children rejecting their child, the impact of the news on the family in general, and about their children fearing the loss of their mother (Murphy, Johnston Roberts and Hoffman, 2003; Schrimshaw and Siegel, 2002; Van Loon, 2000). Disclosure of a positive diagnosis often also involves disclosure of a socially stigmatized behaviour (drug use, high risk sexual behaviour). Mothers often feel shame, anger or guilt about becoming infected and are not willing to disclose their status or discuss with their children the behaviours that led to their infection (Brackis-Cott, Block and Mellins, 2003). Providing information and assistance to mothers in overcoming their own inhibitions to communicate with their children may promote more positive family communication and understanding. This may in turn help to break a cycle of silence within and between generations and create better opportunities for communication among families about the realities of HIV transmission and living with HIV (O'Sullivan *et al.*, 2005). Posters are an effective and an accessible way of providing information on workshops and support for HIV positive mothers.

Posters have the potential to raise awareness in the larger community in general, and raise awareness for HIV positive mothers in particular, about the issues facing them. An empowering representation of young mothers and of HIV positive mothers may further encourage healthy behaviour changes. Posters have the potential to inform and encourage HIV positive mothers to participate in support programs, which would aid them in their struggles with health, practical issues, stigma, and isolation. It is well documented that greater availability of social support is associated with fewer depressive symptoms in HIV positive women (Van Loon, 2000; Hough *et al.*, 2003). As well, Edythe Hough *et al.* (2003) argue that the psychosocial adjustment of a child of an

HIV positive mother appears to be related to the mother's emotional distress which is itself related to the mother's social support. Representation of young mothers' experiences with HIV, including issues of secrecy and stigma, difficulties and realities of drug therapies, as well as advice and information about resources and support after a positive diagnosis, surviving with and living with HIV, would be of great benefit to mothers and their children. A factual approach puts the issue of HIV and motherhood on the public agenda and helps to create an environment that may change public perceptions and attitudes of stigma and discrimination.

Conclusion

HIV infection rates are rising among women and mothers in Canada and throughout the world. HIV education and support services must meet the needs of young mothers, including those who live in vulnerable circumstances. The social and economic factors that contribute to the issues that face young mothers need to be addressed. Young mothers require information, skills and services in order to prevent or cope with HIV. Overall, there is an urgent need for resources which will provide HIV prevention programs, support programs and educational and informative posters for young mothers, a high-risk population for HIV. Strengthening and reinforcing the abilities of women, mothers and their partners to protect themselves from HIV is a priority.

This examination of HIV awareness posters that target women and mothers has been useful as a means of understanding the ways through which HIV, AIDS, gender, sexuality, motherhood and related social, political, and cultural issues are constructed and represented in public discourse. The conflicting discourses of gender, motherhood and HIV have serious implications for public attitudes, personal beliefs systems, sexual health, the formation of public policies around HIV/AIDS educational programs, support programs, and treatment, and most importantly, reducing the rate of HIV transmission among young pregnant women and mothers.

Past and present HIV awareness campaigns may have reached part of the population, but clearly a more effective strategy for addressing young women and mothers in promoting safer sex is needed if there is to be any hope of reversing this trend. A more positive portrayal of women's sexuality, communication of information about awareness and prevention, and the provision of information on support services for those women and mothers who are at risk and those who are HIV positive must be incorporated into the HIV awareness posters produced in Canada. Increasing the images of women respecting their bodies, taking active roles in decisions about their health, and communicating these messages would be a positive step in posters targeting young women and mothers. It is hoped that with more awareness of motherhood and HIV further educational initiatives and political resources will be provided to support women and mothers who face the many interconnected issues surrounding HIV and AIDS.

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¹An extended analysis of themes associated with culture, race, ethnicity, poverty, HIV testing, drug use, harm reduction, sex workers, and breastfeeding, although interesting and relevant are beyond the scope of this paper, which specifically focuses on HIV awareness campaigns and representation of young mothers.

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