AIDS & Aboriginal Children

Here are the Facts!

A study in all HIV pediatric centres in Canada found that 19% (50/259) of women known to be HIV positive at the time of birth of a child between 1995-97 were Aboriginal.

Vertical transmission (HIV passed on from mother to child during or shortly after birth) accounts for 2.1% cases of HIV infection among Aboriginal females, and 1.5% cases of infection among Aboriginal males.

Of 32 HIV-infected mothers who had babies in Northern Alberta or the Northwest Territories in 1996 to 1998, 29 (91%) of them were Aboriginal women.

Many of our children, though not infected, are affected by HIV. Some have positive parents or family members, and are dealing with the disease in this form daily.

Just as residential school abuse affected generations before them, children suffering from abuse today may be at higher risk for HIV infection later in their lives due to emotional and self-esteem problems as a result of the abuse.

Why are Children Affected by HIV?

HIV positive mothers run the risk of passing on HIV to their unborn children. Also, there have been documented cases where HIV positive mothers have passed on the virus to their children through breast feeding, unaware that they had HIV. In a few cases in Toronto in 1997, HIV positive mothers on disability assistance with negative children who didn't qualify for a milk supplement allowance breast fed out of necessity and risked passing on the virus to their infants.

Children are generally the first victims of abuse and neglect in any society. Because they are small, and undeveloped, children have little ability to defend themselves from abusive or irrational behaviour of adults.

Sexual, emotional, physical and spiritual abuse can lead to any number of developmental problems in children. Abused children may be at higher risk for HIV infection when they reach adulthood.

What Can Be Done to Help?

Education about HIV in schools often does not take into account the cultural and social problems Aboriginal Peoples face. Parents can learn about constructive parenting to help protect and teach their children about the dangers of HIV infection.

Advocate for national standards of access to treatment and milk supplements for HIV positive mothers and their children.

Service providers and communities can begin child development teachings as early as age five to better understand healthy sexual development.

We must continue to encourage Aboriginal community-based research, particularly the collection of epidemiological data, in order to ensure the use of this information about Aboriginal people living with and affected by HIV/AIDS is owned by the communities it describes and used to promote culturally sensitive prevention and care programs.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

Canadian Aboriginal AIDS Network Inc. 251 Bank Street, Suite 602, Ottawa ON K2P 1X3 P: 1-800-580-7226 F: 1-613-567-2652
web: www.caan.ca e-mail: info@caan.ca

AIDS & Aboriginal Youth

Here are the Facts!

Aboriginal AIDS cases are younger than non-Aboriginal cases. Twenty-four point nine percent (24.9%) of Aboriginal people who are infected are under the age of 30, compared to 17.2% in the non-aboriginal population.

HIV data, which provides a picture of more recent infections, tells us that 30.6% of new HIV infection are in Aboriginal youths (between the ages of 20 and 29) compared to 20.4% in non-Aboriginal HIV infections.

A recent study in Vancouver showed that Aboriginal ethnicity was significantly associated with new HIV infections in study participants 24 years of age and younger.

Why are Aboriginal Youth at Risk?

Young people are likely to experiment with activities that put them at higher risk: alcohol and drug use, and various forms of sex.

Young people are more likely to traffic between high and low risk areas. For example, it is not uncommon for young people to leave their community and move to a larger city like Toronto, where the risk of HIV infection is higher, then return and pass the virus on to youth in lower risk areas.

Homelessness, involvement in the sex trade, drug use, sexually transmitted diseases, high rates of teen pregnancy and sexual abuse are some of the social, economic and behavioural factors that may increase Aboriginal youth's vulnerability to HIV infection.

Education provided in schools is sometimes not culturally appropriate to reach our young people. Also, HIV is often identified as a two-spirited or gay disease, and straight or bi-sexual youth believe they will not be affected by it.

What Can Be Done to Help?

Targeted HIV/AIDS programs for Aboriginal youth need to be developed with active Aboriginal youth involvement in all stages of the process.

Aboriginal youth must be involved in the development and delivery of social programs focussing on the social, economic and behavioural factors that put Aboriginal youth at risk.

We must continue to encourage Aboriginal community-based research, particularly the collection of epidemiological data, in order to ensure the use of this information about Aboriginal people living with and affected by HIV/AIDS is owned by the communities it describes and used to promote culturally sensitive prevention and care programs.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

Canadian Aboriginal AIDS Network Inc. 251 Bank Street, Suite 602, Ottawa ON, K2P 1X3 P: 1-888-285-2226 F: 1-613-567-4652
web: www.caan.ca e-mail: info@caan.ca

AIDS & Aboriginal Women

Here are the Facts!

The proportion of women among Aboriginal AIDS cases are higher than of Non-Aboriginal AIDS cases. Aboriginal women are more likely to be infected at a younger age than both Aboriginal men and non-Aboriginal populations.

Injection drug use (64.9%) and heterosexual contact (30.9%) remain the highest exposure types among Aboriginal women with a reported AIDS diagnosis.

HIV data collected between 1998 and 2001 in seven provinces of Canada show 45.6% of the newly reported 605 Aboriginal HIV cases were Aboriginal women.

At a BC clinic which cares for the majority of HIV infected pregnant women in that province, 41% (21/51) of the women under care in 1996 were Aboriginal people.

Why are Aboriginal Women Susceptible to HIV/AIDS?

Women are biologically more vulnerable than men to HIV/AIDS infection. Male to female transmission can be 2 to 4 times higher than female to male transmission. In part, this is because semen normally contains a higher concentration of the HIV virus than vaginal fluid.

Young girls are particularly vulnerable to HIV infection. Their immature cervixes and low vaginal mucus production present less of a barrier to HIV. Also, tears in the vaginal wall can occur more easily with adolescent women.

Women are more likely to be the victims of abusive relationships. This may lead to powerlessness in sexual relationships and an inability to negotiate safer sex. Trying to do so may lead to serious consequences like violence or abandonment.

Women are more vulnerable to coerced sex, including rape and other sexual abuse and forced sex work.

In forced or abusive situations, men are not likely to wear condoms and women are unable to protect themselves.

What Can Be Done to Help?

More education and better information among Aboriginal women in Canada is needed to guide prevention and control strategies.

Targeted HIV/AIDS programs by and for Aboriginal women need to be developed with active Aboriginal involvement at all stages of the process.

There is a need to target harm reduction programs at Aboriginal women, including them in the planning, implementation and delivery of such programs.

We must continue to encourage Aboriginal community-based research, particularly the collection of epidemiological data, in order to ensure the use of this information about Aboriginal people living with and affected by HIV/AIDS is owned by the communities it describes and used to promote culturally sensitive prevention and care programs.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

Canadian Aboriginal AIDS Network Inc. 251 Bank Street, Suite 602, Ottawa ON, K2P 1X3 P: 1-888-285-2226 F: 1-613-567-4652
web: www.caan.ca e-mail: info@caan.ca

AIDS & Injection Drug Use (IDU)

Here Are the Facts!

People who use intravenous drugs are the fastest growing at-risk group in Canada. Estimated exposure categories in all reported Aboriginal HIV cases for IDU was 54% in 1999. In the same year, among new HIV cases, IDU was reported as the exposure factor in 64%.

The number of reported Aboriginal AIDS cases associated with IDU has increased from 10.3% in 1992 to 29.5% during 1992-96 and reached 52.9% during 1997-2001.

Injection drug use is the highest exposure category for Aboriginal women with AIDS (64.9%).

It is not only through injection of drugs that people are at increased risk for HIV infection; people under the influence of drugs are also at higher risk because of impaired judgement at time of use.

Why are Drug Users at High Risk for HIV/AIDS?

Even users of intravenous drugs aware of the high rates of HIV transmission through needles and drug paraphernalia are sometimes unwilling or unable to clean their works. The compulsion to use is sometimes stronger than the need to protect themselves.

Because of the environment that people inject drugs in, they are less likely to inject carefully, take time to clean the injection site or to clean their needles properly. This can lead to increased risk for infection, overdoses and unsafe needle disposal.

Men and women who use drugs are more likely to turn to sex-trade related work to feed their habit. In these sometimes dangerous environments they are not always possible to protect themselves.

Drugs may impair the judgement of a person so severely as to make them unable to negotiate safe methods of using or having sex.

What Can Be Done to Help?

Although it is illegal to use certain drugs, it is not illegal for people to protect themselves while using them.

Recent calls for support of safe injection sites in Canada should be supported as a means to provide a safe and clean environment where people who do inject drugs can have access to the basic medical care they require to inject safely.

Find ways to support culturally competent harm reduction and treatment services for Aboriginal people in all communities. People who use injection drugs need to be involved in the planning, implementation and provision of programs that are directed at them.

Although clean needles exchanges exist in some cities, clean works for addicts should be made more widely available.

Service providers can recognize HIV as one of the most important issues that drug users have to confront. On site testing and culturally appropriate counselling in treatment and drop-in centres would go a long way to ensuring that persons who use injection drugs do not get overlooked when HIV/AIDS issues are being address and harm reduction techniques practised.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern, Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

Canadian Aboriginal AIDS Network Inc. 251 Bank Street, Suite 602, Ottawa ON, K2P 1X3 Ph: 1-888-285-2226 Fx: 1-613-567-4652
web: www.caan.ca e-mail: info@caan.ca

AIDS & Two-spirit & Gay Men

Here are the Facts!

In the seven provinces that gather HIV data, two-spirit and gay Aboriginal males show a rate of HIV infection of 23% overall. This is the second highest exposure category after injection drug use. It is important to note that two large provinces – Ontario and Quebec – are not included in this data, so this information is not generalizeable to all regions of Canada (Quebec has recently started collecting HIV data).

Men who have sex with men constitute 47.7% of AIDS cases among Aboriginal males. When you add the exposure category of combined injection drug use and men who have sex with men, this number increases to 49.9%.

Why are Two-spirit and Gay Men at Higher Risk?

Although sex between two-spirit and gay men is normal and healthy to engage in, anal sex without a condom is an extremely high risk behaviour.

Two-spirit and gay men often internalize the negative attitudes they encounter about homosexuality. Messages received from churches, schools, leadership, and other institutions saying homosexuality is wrong can lead a two-spirit and gay man to believe he is worthless or deviant. Such feelings often lead to reckless behaviour that put him or her at risk for HIV infection.

Feelings of guilt and shame may surround the sex activities of younger men of the same gender. Alcohol and drugs are sometimes used to counteract these feelings. Impaired reasoning and judgement often result, leaving two-spirited/gay men unable or unwilling to negotiate safer sex while under the influence.

Studies have shown that two-sprit and gay men who have had experiences of sexual abuse when younger are often confused about their sexual orientation. Two-spirit and gay survivors of residential school abuse may be unable to explore their same sex orientation in a safe and healthy way. Unresolved abuse issues often lead to depression, substance abuse, low self-esteem all of which may in turn lead to the kind of risky sexual and drug-use behaviour that puts people at risk for HIV infection.

What Can Be Done to Help?

Two-spirit and gay members of our communities must be encouraged to share and express their sexuality without fear of hatred or violence. Specific programs aimed at two-spirit and gay men and women must be developed in order to reach this segment of our populations.

Support groups and workshops must be developed to address healthy sexuality, including homosexuality.

Homophobia is defined as a fear or hatred of homosexuals. Service providers must learn to address this problem in our communities.

Two-spirit and gay men must be included in program and service design and delivery.

We must continue to encourage Aboriginal community-based research, particularly the collection of epidemiological data, in order to ensure the use of this information about Aboriginal people living with and affected by HIV/AIDS is owned by the communities it describes and used to promote culturally sensitive prevention and care programs.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

Canadian Aboriginal AIDS Network Inc. 251 Bank Street, Suite 602, Ottawa ON, K2P 1X3 tf: 1-888-285-2226 t: 1-613-567-4652
web: www.caan.ca e-mail: info@caan.ca

ABORIGINAL PEOPLE IN CANADA: HIV ESTIMATES

Here are the Facts!

In Canada, the Aboriginal population is very diverse reflecting variations in historical backgrounds, language and cultural traditions. The term Aboriginal in this fact sheet refers to First Nations, Inuit and Métis. Available information suggests that Aboriginal persons are infected with HIV at a younger age than non-Aboriginal people, that injection drug use is an important mode of HIV transmission, and that the HIV epidemic among Canada's Aboriginal community is not slowing.

First, Aboriginal people are over-represented in recent estimates of HIV infection among the Canadian population. Even though Aboriginal people represent 2.8% of the Canadian population, they accounted for approximately 9% of new HIV infections in 1999.

Second, between 1996 and 1999, there was an 19% increase (from 310 to 370 infections) in the number of Aboriginal people newly infected by HIV. When one considers all HIV information with known ethnicity this number increases to an estimated 91% in the number of Aboriginal persons living with HIV (from 1,430 to 2,740 infections). This means, each day one more Aboriginal person becomes infected with HIV.

Third, among the 2,740 Aboriginal people estimated to be living with HIV infection at the end of 1999, 54% got HIV through injection drug use, 15% through heterosexual sex, 23% through male to male sexual activity and 6% through male to male sexual activity and injection drug use.

Other information shows that between 1998 and 2000, among reported HIV tests within the Aboriginal population (365), 59.5% got HIV through injection drug use compared to 33.6% for the non-Aboriginal population (1,299).

From the same time period, within the Aboriginal population, 25.8% got HIV through heterosexual sex, and 9.9% through male to male sexual activity. In would be equally important to acknowledge that HIV estimates are largely determine from data in provinces with ethnicity reporting (British Columbia, Saskatchewan, Manitoba, Newfoundland, Prince Edward Island).

Therefore, HIV estimates may not accurately characterize the epidemic in provinces that do not have ethnicity reporting. In other words, HIV transmission trends might be different in provinces that do not report ethnicity.

Why Are These Numbers so High?

It is not known for certain why these numbers are so high. However, several possible reasons might explain this situation. Aboriginal people are disproportionately affected by adverse social, economic and behavioural factors (such as high rates of poverty, exploitation, racism, and cultural oppression leading to substance use, sexually transmitted diseases and limited access to or use of health care services). These factors may increase vulnerability to HIV infection.

Furthermore, high rates of mobility between rural/northern

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from "HIV/AIDS Epi-Update: HIV/AIDS Among Aboriginal people in Canada remain a Pressing Issue" (May 2001) and the "Focus Group Meeting on Aboriginal HIV Estimates" (April 2001), Centre for Infectious Disease Prevention and Control, Health Canada.

AIDS & Aboriginal People

Here Are the Facts!

The HIV/AIDS pandemic continues to grow and threaten Aboriginal Peoples throughout the world. The last decade has seen a steady rise in Aboriginal AIDS cases in Canada. Reports tell us that 437 of the over 18,000 AIDS cases in this country are Aboriginal people. While this represents a decrease in the trend, more information needs to be gathered to learn more about how many AIDS cases are among Aboriginal people.

Aboriginal people are still disproportionately represented in reported AIDS cases. Aboriginal persons accounted for 8.8% of all new infections in 1999.

Injection drug use has become a major risk factor for Aboriginal women and men. In AIDS cases where we know how people were exposed to the virus, injection drug use was identified for 64.9% of women and 26.9% of men (up to 39.1% when you count the multiple risk category of injection drug use and men who have sex with men.)

Infection rates in two-spirited and gay people are rising rapidly. In an ongoing study in Vancouver, Aboriginal two-spirit and gay men were shown to be more likely to live in unstable housing, have higher levels of depression, and be involved in the sex trade. These factors have been shown to increase an individual's vulnerability to HIV infection.

Inmates, and street involved persons are increasingly at risk.

Aboriginal AIDS cases are younger than non-Aboriginal AIDS cases. Twenty-four point nine percent (24.9%) of all newly documented AIDS cases among Aboriginal people are under 30 years old with almost one in four cases being female (compared to one in thirteen among non-Aboriginal persons).

HIV data collected between 1998 and 2001 in seven provinces of Canada show 30.6% of new HIV cases are among Aboriginal people aged 20 to 29 and 45.6% of the report 605 Aboriginal HIV cases were among Aboriginal women.

Why Are Aboriginal People Susceptible To HIV/AIDS?

No one is immune to AIDS. The economic and social power imbalance between Aboriginal people and non-Aboriginal people in this country plagues our communities with a host of social problems. HIV is rapidly becoming one of them. Studies in mainstream society also show that instances of HIV infection occur more frequently where poverty, violence, drug abuse and alcoholism are present.

The high degree of movement of Aboriginal people between inner cities and rural on-reserve areas may bring the risk of HIV infection to even the most remote Aboriginal communities. Some communities may be governed by leadership that are unsympathetic to AIDS and HIV. Cases where HIV infected two-spirited and gay men have been unable to return to or asked to leave their community treatment have been reported.

Disproportionate inmate populations with higher at-risk factors can unwittingly contribute to new infections both during incarceration and after release.

This fact sheet was prepared by the Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

AIDS & First Nations Peoples

Here Are the Facts!

The HIV/AIDS pandemic continues to grow and threaten Aboriginal People throughout the world. The last decade saw a steady rise in Aboriginal AIDS cases in Canada. Reports tell us that 437 of the over 18,000 AIDS cases in this country are Aboriginal people. While this represents a decrease in the trend, more information needs to be gathered to learn more about how many AIDS cases are among Aboriginal people.

Aboriginal people are still disproportionately represented in reported AIDS cases. Aboriginal persons accounted for 8.8% of all new infections in 1999.

Of the total 437 AIDS cases reported among Aboriginal people by December 31, 2001, 354 cases were reported to be among First Nations (32 cases were identified as Aboriginal unspecified.)

While not a lot of the findings about HIV/AIDS among Aboriginal people have been analysed to show differences among First Nations, Métis and Inuit in Canada the following issues appear to be concerns for First Nations:

- Injection drug use has become a major risk factor for Aboriginal women and men.
- Infection rates in two-spirited and gay people are rising rapidly.
- Inmates, and street involved persons are increasingly at risk.
- Aboriginal AIDS cases are younger than non-Aboriginal AIDS cases.

Why are First Nations People Susceptible to HIV/AIDS?

No one is immune from AIDS. The economic and social power imbalance between Aboriginal people and non-Aboriginal people in this country plagues our communities with a host of social problems. HIV is rapidly becoming one of them. Studies in mainstream society also show that instances of HIV infection occur more frequently where poverty, violence, drug abuse and alcoholism are present.

The high degree of movement of First Nations people between inner cities and rural on-reserve areas may bring the risk of HIV infection to even the most remote First Nations reserves. Some reserves may be governed by leadership that are unsympathetic to AIDS and HIV. Cases where HIV infected two-spirited men have been unable to return to their reserve or forced to leave have been reported.

Disproportionate inmate populations with higher at-risk factors can unwittingly contribute to new infections both during incarceration and after release.

What Can Be Done to Help?

More education and better information among First Nations people in Canada is needed to guide prevention and control strategies.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern, Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

HIV/AIDS & Inuit

Here Are the Facts!

The HIV/AIDS pandemic continues to grow and threaten Aboriginal Peoples throughout the world. The last decade has seen a steady rise in Aboriginal AIDS cases in Canada. Reports tell us that 437 of the over 18,000 AIDS cases in this country are Aboriginal people. While this represents a decrease in the trend, more information needs to be gathered to learn more about how many AIDS cases are among Aboriginal people.

Of the total 437 AIDS cases reported among Aboriginal people by December 31, 2001, 17 cases were reported to be among the Inuit (32 cases were identified as Aboriginal unspecified.) Not a lot of the findings about HIV/AIDS among Aboriginal people have been analysed to show differences among First Nations, Métis and Inuit in Canada.

The majority of the 45,000 Inuit live in the 53 remote communities of Arctic Canada. Both Ottawa and Montreal have substantial, organized urban-based Inuit communities. Most often, Inuit are statically included within larger Aboriginal statistics. Inuit-specific HIV/AIDS statistics are scarce.

Inuit-specific projects and programs have been slowly implemented over the past several years but Inuit awareness of HIV and AIDS issues remains below other Aboriginal and non-Aboriginal populations. The lack of strong prevention activities has created a situation in which Inuit are at an ever increasing risk of becoming infected with HIV. Many Inuit in Arctic communities still think that their isolation from southern Canada will protect them and their families, while others believe that sharing needles to do drugs is the only behaviour putting Aboriginal people at risk for HIV/AIDS. Therefore, if they do not share needles to do drugs then they are not at risk.

The fact is that unprotected heterosexual sex remains the number one way Inuit become infected with HIV.

Why is HIV/AIDS a threat to Inuit?

No one is immune from HIV or AIDS, however, studies have shown that HIV infection rates are higher among populations, like many Inuit communities, where poverty, family violence and drug/alcohol abuse are present. The indicators of unprotected sexual activity - a very high sexually transmitted disease rate and a high teen pregnancy rate - prove that Inuit are at risk of HIV infection.

Access to HIV/AIDS prevention information in Inuktitut remains limited at best, which makes it even more difficult for many Inuit to truly understand their own risk of HIV.

Although most health centers offer HIV testing, many Inuit are afraid to be tested in their home community out of a fear that other community members will find out. Some Inuit choose not to be tested because they realize they may have to go south for treatment. The fact is few Inuit communities are prepared to care for an Inuk with HIV/AIDS and the health care system is generally not well prepared either.

It is almost impossible for an Inuk woman living in a violent relationship to protect herself

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.

AIDS & MÉTIS PEOPLES

Here Are the Facts!

The HIV/AIDS pandemic continues to grow and threaten Aboriginal Peoples throughout the world. The last decade has seen a steady rise in Aboriginal AIDS cases in Canada. Reports tell us that 437 of the over 18,000 AIDS cases in this country are Aboriginal people. While this represents a decrease in the trend, more information needs to be gathered to learn more about how many AIDS cases are among Aboriginal people.

Aboriginal people are still disproportionately represented in reported AIDS cases. Aboriginal persons accounted for 8.8% of all new infections in 1999.

Of the total 437 AIDS cases reported among Aboriginal people by December 31, 2001, 34 cases were reported to be among Métis people (32 cases were identified as Aboriginal unspecified.) While not a lot of the findings about HIV/AIDS among Aboriginal people have been analysed to show differences among First Nations, Métis and Inuit in Canada the following issues appear to be concerns for Métis people:

- Injection drug use has become a major risk factor for Aboriginal women and men.
- Infection rates in two-spirited and gay people are rising rapidly.
- Inmates, and street involved persons are increasingly at risk.
- Aboriginal AIDS cases are younger than non-Aboriginal AIDS cases.

The Métis are one of three Aboriginal groups in Canada. In the early eighteenth century the Métis formed a strong nationalist movement, at which time there were two groups of Métis

descendants of the Anglo/Indian unions known as Half-Breeds and the descendants of Franco/Indian unions known as Métis. The two were a closely knit group bound by their common Indian origin, the fur trade, and their western homeland.

On the plains of Western Canada these "mixed-bloods" increased in numbers and married among themselves, developing a new culture neither European nor Indian but a mixing of the two and a new identity, Métis. This new culture developed their own traditions and language: "Michif".

Why are Métis People Susceptible to HIV/AIDS?

No one is immune from AIDS. The economic and social power imbalance between Aboriginal people and non-Aboriginal people in this country plagues the Métis and other Aboriginal communities with a host of social problems.

Over 51% of the Métis population are women who are marginalised and live in poverty.

Studies in mainstream society show that instances of HIV infection occur more frequently where poverty, violence, drug abuse and alcoholism are present.

The high degree of movement of Métis people between inner cities and rural areas may bring the risk of HIV infection to even the most remote Métis communities. In Northern and some rural areas, culturally appropriate counselling and HIV testing

This fact sheet was prepared by The Canadian Aboriginal AIDS Network. CAAN is a national coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

All statistics used in this fact sheet are taken from Health Canada's HIV and AIDS Among Aboriginal People in Canada: A Continuing Concern. Centre for Disease Prevention and Control, HIV/AIDS Epi Update, April 2002.