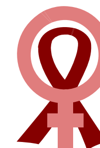


Aboriginal Women

How do we know that Aboriginal women are at risk?

- HIV continues to have a significant impact on Aboriginal women. Women represent nearly half of all positive HIV test results among Aboriginal peoples (47.3%), whereas, in non-Aboriginal populations, women represent approximately 20% of the positive test results[1].
- Between 1998 and 2004, 5,501 people were diagnosed with HIV for whom ethnicity was reported. Among this total, 1,250 (22.7%) were Aboriginal.
- Positive HIV test reports indicate that injection drug use (64.6%) and heterosexual sexual exposure (33.9 %) are the leading exposure categories among Aboriginal Canadians.
- On average, Aboriginal HIV cases are among younger adults, than are non-Aboriginal cases (32.2% versus 20.8% at less than 30 years of age).

What puts Aboriginal women at risk?

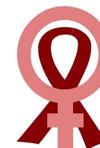
- The unjust legacy of colonization of Aboriginal peoples (First Nations, Inuit, Métis) has created a disproportionately high rate of HIV among urban and rural Aboriginal populations in Canada. Existing HIV prevention programs are generally not culturally sensitive to the needs of Aboriginal persons and less accessible to isolated Aboriginal communities.
- Aboriginal peoples have higher rates of incarceration, suicide, substance and alcohol use, poverty and poorer overall health than non-Aboriginal populations[2].
- Gender issues such as violence against women and economic inequalities, as well as the biological vulnerability of women to HIV, increase a woman's individual risk.

Research

- A study among Aboriginal pregnant women in BC documented that HIV prevalence rates were approximately 7 times higher than among non-Aboriginal pregnant participants[3].
- A 2000 study among people who inject drugs in Regina found that of their 255 participants, 90% were Aboriginal peoples[4].
- In a study of pregnant Canadian women living with HIV, it was found that Aboriginal women were just as likely as non-Aboriginal women to be taking antiretroviral medications[5].

Recommendations

1. The sexual and substance use HIV-related risk behaviours and practices among Aboriginal peoples are different from non-Aboriginal Canadians and different across gender and must be further studied.



Aboriginal Women

2. There is a need to recognize the intersection of race, gender, class and HIV risk and to advocate against stigma and discrimination.

3. Aboriginal organizations/persons should direct HIV prevention interventions tailored for Aboriginal populations. If not directing the interventions, Aboriginal persons should make up community-advisory boards and steering committees to inform the interventions of appropriate cultural competence. This will maintain community control over programs and improve quality, longevity and sense of ownership.

4. Traditional Aboriginal values and customs should be incorporated into interventions.

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa and members of the Ontario Women and HIV Working Group - with particular thanks to LaVerne Monette.

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[2] McLeod, A. (1997). *Aboriginal communities and HIV/AIDS final report.* Ottawa: Canadian AIDS Society.
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[4] Findlater, R., Young, Bangura, H. et al. (2000*). The Regina Seroprevalence Study: a profile of injection drug use in a prairie city, 2000.* Unpublished report. Available through the Surveillance and Risk Assessment Division, Health Canada.
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