



“In Canada, Aboriginal populations are very diverse, with communities that reflect variations in historical backgrounds, language, and cultural traditions (First Nations, Inuit, and Métis), According to data on self-identified ethnicity from the 2006 Census, Aboriginal persons make up 3.8% of Canada’s population. Unfortunately, these communities are disproportionately affected by many social, economic, and behavioural factors, such as high rates of poverty, substance abuse, sexually transmitted infections, and limited access to, or use of health care services. All of which increase their vulnerability to HIV infection.” (Public Health Agency of Canada/PHAC, 2007 p.47).

The Numbers

Public Health Agency of Canada’s report *“HIV/AIDS Among Aboriginal Persons in Canada: A Continuing Concern”* notes the following:

- Between 1979 and the end of December 2006, there were 20,669 AIDS cases reported to CIDPC. Of these, 3.7% were reported to be Aboriginal persons. (PHAC, 2007, p.48)
- Between 1998 and the end of December 2006, there were 21,435 positive HIV tests reported to CIDPC. Of these 23.3% from Aboriginal persons. (PHAC, 2007, p.49)
- “Since 1998, the proportion of positive HIV test reports attributed to Aboriginal persons has remained steady, at just over 20%... However, in 2006 the proportion of positive HIV test reports attributed to Aboriginal persons was 27.3% among the provinces and territories reporting ethnicity information with their HIV reports” (PHAC, 2007, p. 49).

“Aboriginal HIV and AIDS surveillance data are incomplete for several reasons. The primary one is the incomplete information on ethnicity in current surveillance data. Information on ethnicity has not been available for 20.9% of all reported AIDS cases obtained since 1979. Ethnicity data for positive HIV test reports have only been available since 1998. Furthermore, 70.8% of positive HIV test reports between 1998 and 2006 lack these data. Other reasons include inter-provincial variations in reporting ethnicity, misclassification of ethnic status, and delays in reporting” (PHAC, 2007, p.57). We must also remain cognizant that this reported data only represents the individuals that have come forward for testing or have had an AIDS diagnosis.

In the Aboriginal population, the number of females who are diagnosed with HIV is proportionately higher than in the general population:

- “Females represent 48.1% of all positive HIV test reporting from 1998 to the end of 2006 among Aboriginal persons, as compared with 20.7% of reports among non-Aboriginal persons” (PHAC, 2007, p.53).
- “Before 1995, females represented 12.3% of reported AIDS cases among Aboriginal persons and the proportion has ranged from 17.3% in 1995 to peak of 50% in 2006. Since 2001, it has been above 27% every year to 2006” (PHAC, 2007, p.53).



- “Among Aboriginal persons, the proportion of positive HIV tests reports attributed to females has fluctuated from 39.9% - 59.4% from 1998 to the end of 2006. The proportion has been 50% or higher since 2004, with a high of 59.4% in 2005.” (PHAC, 2007 p.53)

Means of Transmission (HIV Surveillance Data):

“Of the 1,404 positive HIV test reports with known exposure category (information on gender missing for four cases) reported among Aboriginal persons between 1998 and December 31, 2006, the following was found;

Among the 732 Aboriginal male HIV cases, exposure categories were as follows:

- Men who have sex with other men (MSM) 13%
- Intravenous drug users (IDU) 53.7%
- MSM/IDU 6.7%
- Heterosexual contact 25.3%
- Receiving blood/clotting factors 0.7%
- Prenatal transmission 0.5%
- Other 0.1%

Among the 672 Aboriginal female HIV cases, exposure categories were as follows:

- IDU 64.4%
- Heterosexual contact 34.1%
- Receiving blood/clotting factors 1.2%
- Prenatal transmission 0.1%
- Other 0.1%

Injection drug use accounts for 58.8% of the HIV cases among Aboriginal persons. By comparison, in the non-Aboriginal community; injection drug use accounts for only 24.8% of the HIV cases. Within the general non-Aboriginal population, the primary mode of transmission of HIV is MSM (38.9%), heterosexual contact (31.5%), followed by IDU (24.8%). In the Aboriginal population the highest incidence of HIV is IDU (58.8%) followed by heterosexual contact (29.4%) and MSM (6.8%)” (PHAC, 2007 p.50).

Determinants of Health

“The Determinants of Health include a wide range of factors and conditions, such as social status, level of education, income and daily living situation... In the case of HIV infection this marginalization depending on the person’s coping skills and access to support and services, can lead to that person taking part in risk sex or injection drug use, behaviours that increase the risk of getting HIV... While the Determinants of Health cannot predict who will get infected with HIV, they can point to the factors and conditions that makes a person more vulnerable” (Canadian Health Network, n.d.).



The social condition in which many of Canada's Aboriginal people live has an impact on the rates of HIV/AIDS in these communities. "First Nations living conditions or quality of life ranks 63rd, or amongst Third World conditions, according to an Indian and Northern Affairs Canada study that applied First Nations-specific statistics to the Human Development Index created by the United Nations. Canada dropped from first to eighth as the best country in the world to live primarily due to housing and health conditions of First Nations Communities" (AFN, n.d.).

In their interview with Stephen Hui in his February 8, 2008 article for Straight.com titled *AIDS advocates call for support as epidemic grows in aboriginal communities*; Kevin Barlow and Ken Clement state that social factors "such as poverty, lack of education and housing, foster care, and residential-school wounds are driving the AIDS epidemic in aboriginal communities."

A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003, points out the following;

"The median annual income for Registered Indians on-reserve is lower than that of the general Canadian population (\$10,631 versus \$22,274).

The overall rate of reported alcohol consumption is lower for the First Nations population compared to the general Canadian population. However, the proportion of First Nations who reported heavy drinking on a weekly basis (16.0%) is double that of those in the general Canadian population (7.9%).

The proportion of Aboriginal on-reserve households that are below the Canada Mortgage and Housing Corporation adequacy standard is over ten times that of households in the general off-reserve population (22.4% versus 2.0%)" (Health Canada, p. iv, 2009).

In addition, "Aboriginal offenders continue to be disproportionately represented at all levels of the Canadian criminal justice system. At the end of March 2006, Aboriginal people comprised 16.7% of federally sentenced offenders although the general Aboriginal population is only 2.7% of the Canadian adult population." (Correctional Service of Canada, 2006).

As a result of these factors, HIV prevention and treatment are impacted.

Youth

The 2006 Aboriginal census found that the median age of Aboriginal people is 27 years of age, where as the median age of the general population is 40 years. "Children and youth aged 24 and under made up almost one-half (48%) of all aboriginal people compared with 31% of the non-Aboriginal population" (Statistics Canada, 2006). According to Statistics Canada 2005 projections; by 2017 Aboriginal people aged 20-29 could account for 30% of the total aboriginal population in Canada (Statistics Canada, 2006).



Aboriginal youth tend to be at a greater risk of contracting the HIV virus than non-Aboriginal youth. On average, Aboriginal youth under 30 years of age, account for 32.4% of HIV cases from 1998-2006; whereas Non-aboriginal youth only accounted for 21% of new cases in the same time (PHAC 2006 p.57). "A study of risk factors among 232 young (less than 25 years) IDUs in Vancouver found that 9 of 16 (56%) of the incident cases were Aboriginal" (PHAC, 2007 p.55).

Historical Issues

The legacies of cultural denigration, racism, colonialism, and cultural genocide have had a devastating effect on Aboriginal people in Canada and throughout North America. A 2005 study updated in Canadian Aboriginal People living with HIV/AIDS: Care, Treatment and Support Issues, indicates that 16% of the 195 Aboriginal people living with HIV/AIDS reached in the study, attended a Residential School. 60% of the group said that they had a parent attend a Residential School; while 85% noted that they had a parent, guardian or grandparent who had attended. (Jackson et al, 2005 p.13) The effects of Residential Schools will be felt by Aboriginal people for generations to come. Often the effects of poverty, discrimination, and the weight of historical events such as the residential school system lead to negative and destructive coping mechanisms, such as substance abuse.

"I came out of a Residential school pretty screwed up, and it has caused way more problems that just don't "go away". It caused mis-guidance and poor judgment that led to me getting HIV and Hep C. I can live with the disease, but the "mental" damage from Residential school is a very serious disease." (CAAN, 2005 p.53)

Mobility of Population

Mobility between city and rural/reserve communities is an important factor in the introduction and spread of HIV as well as access to health and social services. As excerpted from the 2006 Canadian Census; "With a median age of 27 years, the Aboriginal population is on average younger than the rest of Canada's population (median age of approximately 40 years). It is also more concentrated in rural areas often remote from large urban centers. Because of these two characteristics of the Aboriginal population, this population is more likely to migrate than others. With a probability of migrating of 5.82%, the results of the model show that Aboriginal persons are indeed more mobile than non Aboriginal persons (4.90%)" (Statistics Canada, p. 106, 2008).

One study, *Mobility patterns of Aboriginal injection drug users between on- and off-reserve settings in northern British Columbia, Canada*, examined the mobility of 302 Aboriginal persons between January 4, 1999 and December 31, 2005. "Over the course of the 7-year study period, 26% (n = 73) of Aboriginal IDUs changed their primary residence from an off-reserve to an on-reserve location. Almost all (96%, n = 23) of those living on-reserve at their first IDU-related admission had moved to an off-reserve setting at a subsequent visit." (Callaghan, et al., p. 1, 2007). The study further concluded that; "The high rates of reciprocal movement between on- and off-reserve locations are a critical public health concern. The results show that the problems associated with both IDU and infectious disease are not limited to urban centres. Our results stand as a clear call for support of Aboriginal-directed, culturally appropriate and accessible



services to reduce IDU-related harms. The specifics of such programs are a topic for Aboriginal health care leaders and the communities themselves to discuss, develop and implement” (Callaghan. Et al., p. 1, 2007).

Stigma, Discrimination and Confidentiality Issues

“Aboriginal people living with HIV/AIDS have reported that not only do they fear disclosing HIV/AIDS status to some organizations, they may also disguise their ethnicity to avoid discrimination or be more at the services they access.” (Jackson et al, 2005 p.69). One participant pointed out;

“It is difficult to get prescriptions filled because of my past drug use. With pain medication the pharmacist doubts me at times and causes me troubles” (Jackson et al, 2005 p.69).

Confidentiality is an issue for many Aboriginal people living with HIV/AIDS. Living on a small reservation or rural community poses additional issues around breaking confidentiality to others within the community. “Many Aboriginal communities are small and family relations form the cornerstone of daily life. Relatives, and people who are perceived as kin, hold positions in the community that allow them access to personal information” (Jackson et al, 2005, p.74)

Conclusion

“Various cultural identifications within particular communities must be recognized, which may create bridges between those who are living with HIV/ADIS and those within the same community who maybe at-risk. Therefore, developing one strategy to cope with HIV/AIDS in a broad Canadian context may not be appropriate or adequate for all Aboriginal communities” (Jackson et al, 2005 p.52). It is important to consider the mitigating circumstances and issues within Aboriginal communities when doing HIV prevention and treatment initiatives.

References

Assembly of First Nations (AFN), (n.d.). The Reality for First Nations in Canada retrieved Nov 17, 2008 from: <http://www.afn.ca/article.asp?id=764>

Correctional Service of Canada, (2006). Aboriginal Corrections. Retrieved August 10, 2009 from; <http://www.csc-scc.gc.ca/text/pblct/qf/01-eng.shtml>

Health Canada, (2009). A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003. Retrieved August 10, 2009 from; http://www.hc-sc.gc.ca/fnih-spnia/alt_formats/fnihb-dgspni/pdf/pubs/aborig-autoch/2009-stats-profil-eng.pdf

Hui S. (2008). AIDS Advocates Call For Support As Epidemic Grows In Aboriginal Communities. Straight.com Retrieved July 7, 2008, from; <http://www.straight.com/article-131967/aids-advocates-call-for-support-as-epidemic-grows-in-aboriginal-communities>



Jackson R. and Reimer G. (2005). Canadian Aboriginal People Living With HIV/AIDS: Care, Treatment and Support Issues., a publication of the Canadian Aboriginal AIDS Network, Retrieved July 22, 2009 from; http://www.caan.ca/pdf/CAAN_CTS_English_Final.pdf

Public Health Agency of Canada/PHAC, (2007). HIV/AIDS Among Aboriginal Persons in Canada: A Continuing Concern. Retrieved June 21, 2008, from; http://www.phac-aspc.gc.ca/aids-sida/publication/epi/pdf/epi2007_e.pdf

Statistics Canada (2006). Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census. Retrieved July 22, 2008 from; <http://www12.statcan.ca/english/census06/analysis/aboriginal/children.cfm>

Statistics Canada, (2008). Report on the Demographic Situation in Canada 2005 and 2006. Retrieved July 22, 2008 from; <http://www.statcan.gc.ca/pub/91-209-x/91-209-x2004000-eng.pdf>