

# **FACT SHEET**

## **on HIV and AIDS**

### **Aboriginal Women and Girls in Canada**



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### **Aboriginal Women & Girls**

It is not the intent of this fact sheet to homogenize Aboriginal women with a *'one size fits all'* approach. It is important to recognize and be inclusive of all populations of Aboriginal women and be representative of the full spectrum of our women's community. For the purposes of this fact sheet, the term 'Aboriginal women' shall be inclusive of all Aboriginal women from infancy to elder-hood. (\*Reframed from *Environments of Nurturing Safety (EONS): Aboriginal Women in Canada Five Year Strategy on HIV and AIDS – CAAN 2010*)

### **The Diversity of Aboriginal Peoples in Canada**

Aboriginal people in Canada are enormously diverse. They speak more than 55 languages in 11 language groups (Norris 2007), include 615 formal First Nations bands, 2,284 reserves, 52 Inuit communities (Kirmayer, Tait, & Simpson 2009), countless Métis settlements, and just **over half of all people who self-identify as Aboriginal are female** (Statistics Canada 2009).

### **Recognizing the Diversity of Women in Our Response**

It is important to recognize and honour the diversity of the women's community in our response inclusive of two-spirit women, heterosexual women, transgendered women, women who are in prison, women who have sex

with women, women who are involved in survival sex, women who use substances, women who are involved in gangs and for all women involved in high risk behaviours.

The Aboriginal women's community also embraces and acknowledges women who are teachers, who are sharing what they learn about HIV prevention to their families, and communities and to all the women within the Aboriginal women's community who stand with us in solidarity.

### **Aboriginal Women and HIV and AIDS**

*"Aboriginal women are greatly overrepresented in HIV/AIDS statistics, yet there is a startling lack of gender-specific, Aboriginal-specific HIV/AIDS resources, programs and services to support them."*

(HIV/AIDS and Aboriginal Women, Children and Families - Canadian Aboriginal AIDS Network 2004)

Almost three decades into the HIV epidemic Aboriginal women are now bearing a disproportionate share of the burden of HIV infection within the Aboriginal HIV and AIDS infection rates.

Seven years later, from the time the above referenced Position Statement was published there continues to be a startling lack of gender specific, Aboriginal specific delivery models or programs for Aboriginal women; most services have not been designed with the needs of women in mind.

The face of HIV and AIDS is changing within our Aboriginal communities; Aboriginal women are now experiencing the most new infections and to date very little has been done to coordinate a response that addresses the particular ways HIV and AIDS impacts Aboriginal women. The incidence of HIV among Aboriginal women continues to climb, which means HIV and AIDS is impacting Aboriginal women in increasing numbers, and may well continue to increase without sustainable funding and resources to effectively address these issues.

In 2010, the Canadian Aboriginal AIDS Network released two population specific strategies as the national response to alarming statistics impacting women and youth.

- **Environments of Nurturing Safety (EONS): Aboriginal Women in Canada Five Year Strategy on HIV and AIDS**
- **National Aboriginal Youth Strategy on HIV & AIDS in Canada: For First Nations, Inuit and Métis Youth**

The goal of EONS and NAYSHAC is to begin to see a slight decrease in the statistics by 2015, and this can only be achieved through increased funding that supports implementation in all the regions.

*“If our Aboriginal women and our Aboriginal youth are being impacted by HIV and AIDS at such alarming rates... where is our future?”*

*LaVerne Monette (1953 – 2010)*

*The Aboriginal HIV/AIDS movement lost a strong warrior woman activist and leader on December 1, 2010. Quite often she finished keynote addresses with thought provoking challenges, like the above.*

## HIV Incidence and Trends for Aboriginal Women

- ♀ Aboriginal women are being diagnosed later, many at the AIDS stage
- ♀ Aboriginal women are being diagnosed younger than non-Aboriginals
- ♀ Aboriginal women account for nearly half of all cumulative HIV infections within the Aboriginal HIV statistics
- ♀ Aboriginal women represent the highest proportion of HIV infection due to the IDU (Injection Drug Use) exposure category

## HIV and AIDS Surveillance Data

- ❖ HIV/AIDS has a significant impact on Aboriginal women in particular.
- ❖ Between 1998 and 2008 Aboriginal women represented 48.8% of all the HIV test reports within the Aboriginal HIV/AIDS statistics as compared with 20.6% of reports among those of other ethnicities.
- ❖ Trends observed in surveillance data suggest that injecting drug use is a particularly important risk factor for HIV and AIDS among Aboriginal people, and accounts for more HIV infections and AIDS cases among Aboriginal women than Aboriginal men.
- ❖ Of positive HIV test reports with known sex among Aboriginal people, the proportion attributed to females ranged from 43.0% to 52.8% between 1998 and 2008, with a high of 56.6% (99/175) in 2005.

Public Health Agency of Canada’s HIV/AIDS Epidemiological Surveillance Report – July 2010

## Historical Trauma and Vulnerability to HIV

**Aboriginal women are affected by HIV in ways that are unique to both their gender and cultural identities. Determinants rooted in the impacts of colonization have created entrenched poverty, social marginalization and unresolved trauma, which can increase their exposure to HIV/AIDS. For these reasons, Aboriginal women's position at the intersection of GBV and HIV/AIDS must be understood in the context of a colonized peoples (Ship & Norton 2001).**

(Our Search for Safe Spaces: A Qualitative Study of the Role of Sexual Violence in the Lives of Aboriginal Women Living with HIV/AIDS – Canadian Aboriginal AIDS Network 2009)

In studies of young people who use street drugs, researchers found that “Aboriginal women were three times more likely than men to be HIV positive” (Mehrabadi, et al., 2008) due to gendered experiences of trauma and sexual abuse. Root causes of poor health generally, and HIV infection specifically, are linked to determinants of health for everyone (Raphael, 2004); however, in the context of historical and continuing colonization, Aboriginal people's health and HIV infection is “widely understood to also be affected by a range of cultural factors, including racism, along with various Indigenous-specific factors, such as loss of language and connection to land, environmental deprivation, and spiritual, emotional, and mental disconnectedness” (King, Smith & Gracey, 2009, p. 77; Loppie, Reading & Wein, 2009). The ongoing and collective experiences of colonization, historical trauma and intergenerational trauma have left Aboriginal women particularly vulnerable to HIV infection (Pearce, et al., 2008).



**“It is widely acknowledged that HIV/AIDS has and will continue to have a profound impact on the health and well-being of Aboriginal (Inuit, Métis and First Nations) people in Canada... [This] is the result of a myriad of social, economic and behavioural factors (e.g., high rates of poverty, substance use, sexually transmitted diseases, and limited access to or use of health care services) compounded by historical and cultural factors”**

(Canadian Aboriginal People Living with HIV/AIDS: Care, Treatment and Support Issues – R. Jackson, G. Reimer 2008)

### Factors that Influence Risk and Vulnerability

- Poverty & low socioeconomic status
- Gender-based violence
- Historical trauma
- Biological susceptibility
- Gender Imbalance & Inequities
- Colonial depiction of Aboriginal Women
- Racism, stigma, discrimination and sexism
- Unresolved trauma related to sexual abuse
- Social exclusion
- Unequal opportunities for education
- Unequal opportunities for access to healthcare