

Creating Safer Spaces for Indigenous Women Living with HIV

Background : Indigenous women are disproportionately affected by HIV. In 2017, Indigenous people comprised 4.9% of the Canadian population and 20.1 percent of new HIV infections in Canada. The race/ethnicity category was further subdivided into the following subgroups: First Nations (17.4%); Métis (2.3%); Inuit (0.2%); and Indigenous unspecified (0.3%). While the number of new HIV infections among Indigenous women was slightly down from 2016 (35.6%), in 2017, it is more than twice the number of new infections among Caucasian women nationally (14.1%).

Among adult females, history of heterosexual contact from HIV-endemic country (30.9%) and People Who use Injection Drugs (27.6%) exposure categories accounted for the greatest proportion of reported HIV cases.¹

The Canadian Aboriginal AIDS Network's Response :

CAAN has two streams (programs and research) that help to address some of the disparities that Indigenous women living with or women who are affected by HIV face.

Indigenous women are at the core of communities – women have always had the responsibility of taking care of our families and they oftentimes assume leadership roles.

Over the past years at CAAN, the importance of the Women's Leadership Project has been called upon to provide mentorship and support to our women in Indigenous communities. Women need culturally responsive care and support and CAAN is perfectly positioned to offer these resources to organizations that care for Indigenous women.



Voices of Women (VOW)

became a standing committee of the CAAN Board of Directors in 2010. Since then, we have developed the Environments of Nurturing Safety (EONS) Strategic Plan and are finalizing EONS II. VOW has members from across Canada, who are providing mentorship and support for Indigenous women wherever they reside. We are also exploring opportunities to partner with Visioning Health II, a research project that focuses on Indigenous Women and HIV and AIDS.

Visioning Health I and II (VS I and VS II)

VH I is a culturally grounded, strengths-based, arts-informed, women-centred health promotion intervention model. VH I sought to understand what 'health' means to HIV positive Indigenous women and the multiple ways that culture and gender intersect to support or interfere with their self-defined health. A key but unexpected finding from this work was that when done with attention to strengths, culture, arts, and Indigenous knowledges, participating in research can itself be health-enhancing. VH II is an Indigenous participatory evaluation of VH I.²

Research and programs at CAAN – an example of collaboration

In 2018, recognizing that Indigenous women living with HIV or AIDS (IWhA) experience high levels of isolation and loneliness that impede positive outcomes, VOW put forward a resolution to host a National Women's Gathering. This Gathering will bring together IWhAs from across Canada

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INFO SHEET – Creating Safer Spaces for Indigenous Women Living with HIV

and provide opportunities for women to enhance their health and wellness through learning, sharing, and connecting with other IWHAs and those who support them. The Iskwew Iskotew (Woman Fire) gathering will take place in 2020.

Wise Prevention Practices and Indigenous women

1. Prevention Education is knowledge

HIV is a teacher. It helps us to talk about difficult topics like sexuality, sexual orientation, disclosure and more importantly, helps to address misconceptions and myths about HIV. By having open and non-judgmental conversations about HIV and other STBBIs with friends and family, we give them the tools to make informed, healthy decisions.

2. Culture saves lives

Indigenous tradition and culture are healing and a way to celebrate Indigenous roots. Learning about Indigenous culture can help mainstream organizations create a safer space for their Indigenous service users.

3. Make your organization or community a “Safer Space”

Indigenous AIDS Service Organizations (IASOs) should work to ensure that they provide a ‘safer space’ for IWHAs. Existing IASOs can consider assessing how well they are meeting gender specific needs, identify the gender-based barriers preventing access to services, and devote the necessary human and financial resources to filling gender gaps in service provision.

Wise practices activities:

- Provide basic education about HIV, HCV, and STBBIs
- Invite an IWHAs, or women living with HCV or other STBBIs to share their story and answer questions
- Create a policy statement and post it in a public place to show commitment to creating a safer space
- Increase partnerships with regional organizations and invite them to facilitate capacity building events
- Review policies and procedures to ensure excellence in confidentiality practices
- Host information sessions with women to identify what training they want
- Create a prevention education committee to facilitate prevention education
- Partner with CATIE to access treatment information for community members (www.catie.ca)
- Create an onsite resource foam of educational material
- Visit www.caan.ca for more information

If you require assistance to finding an elder who is sensitive to living with HIV, Hepatitis C, STBBIs please contact the CAAN NS office.

1. Haddad N, Li Js, Totten S, McGuire M. HIV in Canada-Surveillance Report, 2017. Can Comm Dis Rep 2018;44(12):324-32. <https://doi.org/10.14745/ccdr.v44i12a03>.

2. Prentice T, Peltier D, Iskwew Iskotew (Woman Fire): A Positive Indigenous Women’s Wholistic Health Symposium Bringing Solutions-Focused Research to Life through Knowledge Translation and Exchange.