

ABORIGINAL PEOPLES

FINDINGS FROM THE 2012 HIV/AIDS ATTITUDINAL TRACKING SURVEY

The 2012 HIV/AIDS Attitudinal Tracking Survey involved 2,000 randomly selected respondents from across Canada, 16 years and older, who were interviewed by telephone to measure awareness, knowledge, attitudes and behaviours related to HIV/AIDS and hepatitis C. The survey oversampled Aboriginal respondents to allow for a more thorough analysis of the findings (n=423). The following findings are presented for Aboriginal respondents (people who self-identified as First Nations on- or off-reserve, Inuit, and Métis).

KNOWLEDGE & AWARENESS OF HIV/AIDS

When compared to the overall sample, Aboriginal respondents were:

- on par in the perception of the seriousness of HIV/AIDS in Canada (51% vs. 47% overall).
- more likely to name Aboriginal people as a group particularly affected by HIV/AIDS in Canada (21% vs. 7% overall).
- less likely to know that HIV/AIDS cannot be cured (78% vs. 87% overall).
- more likely to believe that treatment is not very effective (14% vs. 8% overall).
- more likely to agree that men are increasingly a group at risk for HIV (49% vs. 37% overall). Young women, more so than young men, were identified more often by the overall sample.
- more likely to think that HIV/AIDS is much less of a problem today than 10 years ago (40% vs. 33% overall).

WHAT DO WE KNOW ABOUT ABORIGINAL PEOPLES AND HIV?

- Aboriginal peoples – First Nations, Inuit and Métis- make up a unique segment of the concentrated HIV/AIDS epidemic in Canada.
- Aboriginal people are disproportionately affected by HIV/AIDS.
 - At the end of 2011, it was estimated that Aboriginal people represented 8.9% of all those living with HIV/AIDS in Canada.
 - At the end of 2011, it was estimated that Aboriginal people represented 12.2% of all new cases of HIV/AIDS in Canada.
 - According to the 2011 census, Aboriginal people made up 4.3% of Canada's population.
- Aboriginal women are over-represented in cases of newly diagnosed HIV infection.
 - From 1998-2012, Aboriginal women represented 47.4% of positive test reports among Aboriginal peoples.
 - Among non-Aboriginal populations, women represented 20.1% of positive test reports.



PERCEPTION OF PERSONAL RISK

When compared to the overall sample, Aboriginal respondents were:

- more likely to rate their personal risk of contracting HIV as moderate (17% vs. 11% overall).
- more likely to rate their personal risk as high if they are First Nations residents living on-reserve. (6% vs. 2% of Aboriginals overall).
- more likely to agree with the statement “HIV/AIDS is mostly a drug user’s disease” (19% vs. 13% overall).

STIGMA & DISCRIMINATION

When compared to the overall sample, Aboriginal respondents were:

- more likely to feel afraid of people living with HIV/AIDS (22% vs. 15% overall).
- more likely to think that people who get HIV/AIDS through sex or drug use “got what they deserve” (17% vs. 9% overall).
- less likely to agree that people living with HIV/AIDS have the same rights to employment, health care and housing as other people (73-85% vs. 90-95% overall).
- less likely to think that people living with HIV/AIDS have a responsibility to protect others from getting the disease (72% vs. 86% overall).
- on par in the belief that it is the responsibility of people living with HIV/AIDS to tell others they have it (75% vs. 79% overall).
- less likely to think that people are unwilling to tell others they have HIV because of the associated stigma (56% vs. 69% overall).

- Aboriginal people with HIV infections are diagnosed at a younger age than non-Aboriginal people.
- Among Aboriginal people:
 - injection drug use is the main mode of transmission for both males and females.
 - transmission through heterosexual contact is the second most common mode of transmission.
 - sex between men who have sex with men is the third most common mode of transmission.
- This is in contrast to the general population, in which the main mode of transmission is sex between men who have sex with men.
- While there is no cure for HIV/AIDS, effective treatments exist that can prolong and improve the quality of life for individuals living with HIV/AIDS.
- Stigma and discrimination against people living with HIV/AIDS can, among other negative health outcomes:
 - reinforce any existing social inequalities.
 - lead to or exacerbate mental health issues such as depression.
 - negatively impact HIV prevention and control efforts by contributing to delays in access to care or testing by individuals who may be infected with HIV.

If you have questions related to the report, please contact: ccdic-clmti@phac-aspc.gc.ca

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