

HIV / AIDS AMONG CANADA'S FIRST NATIONS PEOPLE: A LOOK AT DISPROPORTIONATE RISK FACTORS AS COMPARED TO THE REST OF CANADA

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Abstract / Résumé

This paper discusses the prevalence of HIV/AIDS among Canadian Aboriginal peoples. More specifically, it looks at the significant factors that contribute to the higher rate of infection among the Aboriginal population as compared to non-Natives. A number of contributing factors signify reasons for the disproportionate rate of HIV infections among Aboriginal peoples. A major cultural issue leading to these higher rates remains the historical effects of colonization and the residential school system in Canada.

La communication traite de la prévalence du SIDA et du VIH chez les Autochtones du Canada. L'auteure se penche particulièrement sur les principaux facteurs qui font en sorte que le taux d'infection est plus élevé dans la population autochtone que dans la population non autochtone. Un certain nombre de facteurs contributifs produit des raisons qui expliquent le taux disproportionné d'infection au VIH de la population autochtone. Un des principaux facteurs contributifs de nature culturelle demeure les effets historiques de la colonisation et du système des pensionnats au Canada.

Among Aboriginal peoples throughout Canada, the AIDS epidemic continues to rise at a disproportionate rate compared to the rest of the country. Health Canada figures show that Aboriginals accounted for 14.1 percent of AIDS cases reported in the first half of 2002, up from 5.3 percent in 2001, and 10 percent in 1999 (AIDS Education Global Information System (AEGIS)). Being of Aboriginal or any other cultural descent itself does not qualify as being a predictor of higher risk for HIV/AIDS. However, there are a number of underlying social factors that contribute to Aboriginal peoples being at increased risk of infection. Some studies show as many as "20% of 17,000 AIDS cases in this country may be Aboriginal" (Canadian Aboriginal AIDS Network (CAAN)). An article in *Windspeaker Journal* reports that approximately "40% of total AIDS cases being reported to Health Canada's Laboratory Centre for Disease Control do not include ethnic origin of the individual. Therefore, the number of Aboriginal people who have AIDS is likely to be underestimated."

One of the predominant contributing factors for higher HIV infection rates in First Nations peoples is the effects of colonization and the residential school system in Canada. Poverty and abuse is another. Cultural barriers such as government and educational attitudes, location and travel of Aboriginal peoples, and language all add to the overall studies confirming Aboriginal peoples are marginalized with regards to their higher infection rates. Issues specific to youth and women are seen as further reasons for increased risk, as are the high risk activities and underlying negative attitudes of two-spirited or gay men, and intravenous drug users.

AIDS (Acquired Immune Deficiency Syndrome) is the result of not one but a number of health complications arising from the natural progression of HIV (Human Immunodeficiency Virus). Upon contraction of the disease, the HIV Virus attaches itself to white blood cells known as the immune system. Once attached to a single cell, the Virus replicates itself into 500 copies, thus spreading at an insurmountable rate. The body's immune system, designed to fight against opportunistic diseases such as colds, cancers, and pneumonias, is systematically broken down.

HIV is an acquired disease, meaning a person has to actively 'do' something to contract the Virus. HIV/AIDS requires certain modes of transmission. To become infected, there must be an exchange between two people of one or more body fluids, such as blood, semen, vaginal fluid, spinal fluid or breast milk for any transmission of the Virus to occur. In Aboriginal communities, these activities of risk are increased as a result of a number of significant social factors.

Women and Youth

Statistics show the disproportionate infection rates for women. "Women make up 40% of all new infections in the Aboriginal community as compared to only 17% of total non-Aboriginal cases" (Red Road HIV/AIDS Network). First Nations women live through multiple forms of inequality that lead them to be at greater risk for contracting HIV/AIDS, as this person supports:

My mother and father drank. They were products of residential schools. I was the youngest...I was placed in a foster home. It's tough being an Aboriginal woman. I was part of an abusive relationship. What I saw in him was what I got from my family. I was sexually abused. (Native 79)

Drinking and using drugs can become a way of escape. They are coping mechanisms which help to mask or dull the pain Aboriginal women carry deep inside them. Poverty is a common factor among women. Women are often single parents and dealing with the brunt of supporting more than simply themselves. Their personal health and welfare therefore become less of a priority.

Women's subordination is also a key factor to understanding their increased levels of risk for HIV. They are more vulnerable to coerced sex, including rape, other sexual abuse, and being forced into the sex trade. Circumstances such as these prevent a woman from being able to negotiate safer sex practices. However, doing so may only lead to consequences of further abuse or abandonment, as this woman explains:

It was a violent sort of encounter; having someone on top of you, pulling off the condom and then finding out a month later that you are HIV positive from this person...then being abandoned. (Native 79)

The *Alberta Report Journal* has published that among Aboriginal men, heterosexual contact is identified in 4.2% of AIDS cases, not an exceptionally high ratio. However, among Aboriginal women with AIDS, sexual contact accounts for 35.7%, a rate 50% higher than other women.

At a BC clinic which cares for the majority of HIV infected pregnant women in the province, "41% (41/61) of the women under care in 1996 were Aboriginal" (CAAN). Another report quotes, "Between 1989 and 1997 Oak Tree Clinic [in Vancouver] had seen 126 children of whom 28% (35) were HIV positive. Overall, 36% (45) of the children were Aboriginal" (Red Road 16). Vertical transmission (HIV passed on from mother to child during or shortly after birth) accounts for "5.2% cases of infection among Aboriginal females, while 1.5 cases are of Aboriginal males" (CAAN). Another transmission route for babies is through breast milk. In a culture where poverty and oppression are prevalent, Aboriginal mothers often

cannot meet the needs of nutritional supplements and so have no choice but to nurse their babies. While breastfeeding is commonly accepted as the best source of nutrition for babies, the risks herein lies with mothers who are HIV positive and find themselves with no other support or resources than to nurse their babies, thus transferring the virus from mother to child. Many children, who do not suffer the direct effects of HIV infection themselves, are affected by their parents or family members being HIV positive. Insofar as many generations before them suffered the abuses of residential schooling, some children today suffer abuse which may later lead to the emotional difficulties related to greater risks of contracting HIV and AIDS.

Children and youth are basically the first victims of abuse in society, and as such, are unable to protect and defend themselves. Sexual, physical, emotional and spiritual abuse can occur, and as a result, increase the risks of HIV infections in adulthood. As published in a journal article from *Alberta Report*, according to the B.C. First Nations Society, Aboriginals with AIDS are younger than non-Aboriginals (29.8% versus 18.6% were diagnosed at less than 30 years of age) and are more likely to be women (15.9% among Aboriginals, versus 7% for others). Often the limited amounts of AIDS education in the school system does not take into account any of the cultural factors that Aboriginal youth are experiencing. In this way, they are not learning in the cultural ways best suited to them about future parenting skills, or ways in which they can protect their own children from the higher risks of HIV infection. An article in *Windspeaker Journal* claims as high as 77% of reported cases of Aboriginal people with AIDS are between the ages of 20 and 39 years.

Intravenous Drug Use

Social problems such as poverty, abusive relationships for women, and histories of abuse for men, all contribute to intravenous drug use among Aboriginal peoples. Intravenous drug users (IDUs) are the fastest growing at-risk group in Canada. In one Vancouver study (1997), "57% of 151 Aboriginal HIV positive people reported injection drug use as their main exposure category" (CAAN). The proportion of adult Aboriginal AIDS cases with any IDU as a risk factor has dramatically increased over time, "from 6.3% (<1989) to 25.4% (1989-93) and 51.2% (1994-98). Recent studies (1996-98) have found that Aboriginal people make up 25% of the IDUs studied in Vancouver" (Aids Education Global Information System (AEGIS)). Other drugs such as Cocaine and alcohol also cause a much higher risk because they impair judgement toward healthier choices at the time of use.

The sharing of needles and other drug paraphernalia increases the

risks of infection. Although some users may be aware of this, they are sometimes either unwilling or unable to clean their works before sharing. The compulsion to use can be stronger than the need to protect themselves. Some men and women who are drug users will turn to the sex trade for means of supporting their habit, thus leading them to further high risk activities.

Two-Spirited Men

Two-spirited (gay, bi-sexual and transgender) Aboriginal males show a high rate of HIV infection. Men who have sex with men (MSM) constitute "52.4% of infections among Aboriginal males" (CAAN). While sex between two-spirited men is healthy and normal to engage in, anal sex without a condom is an extremely high-risk behaviour. Internalized negative attitudes often plague these men. Aboriginal gay men face interlocking oppression as they struggle with their identities. Feelings of guilt and shame for experimentation with their sexual orientation, and subsequent acceptance of being gay, for many, can lead to isolation from others in their community. They may turn to substance abuse to hide their emotional pain, thus creating impaired reasoning for protecting themselves from high-risk activities. In a North American study reported by AEGIS, up to 70% of Aboriginal/Native AIDS cases are men who have sex with men.

Racism and homophobic messages received from family, community, and church leaders that homosexuality is wrong often lead these men to feelings of worthlessness, fear, loneliness, alienation, depression, and even suicide. Oppressive values placed upon them not only increase the likelihood of partaking in activities of higher risk, but also prevent many HIV positive men from receiving the proper health care they require.

Cultural Barriers

Many cultural barriers exist for Aboriginal peoples that have an impact on their greater risks for becoming HIV infected. Economic and social issues such as isolation, unemployment, and higher incidents of violence plague remote communities of both the Métis and Inuit peoples. Segregation from technologies such as fax machines and computers prevent a more modern way of communicating and learning the necessities of harm prevention. "Over ninety percent (90%) of the Inuit population lives in remote and northern parts of Canada, that is the NWT, northern Quebec and Labrador. These areas are isolated and hence difficult to access via the mainstream media" (Joint National Committee 8). While isolation is also a factor, it is understood that the Métis and Inuit

can be transient people, travelling to and from urbanized areas and bringing back to the reserve, the Virus.

AIDS education and awareness, otherwise known as *harm prevention / risk reduction*, is limited among these smaller communities. Often from the top down, governments are not accepting that HIV/AIDS is more than a homosexual disease, or that it is in fact a deadly one for Native and non-Native peoples alike. Funding is very lacking, for the necessary outreach programs to be presented both in the school system and outer community of adults.

Language can be an extremely large cultural barrier among First Nations peoples. River Glenn, Client Support for the AIDS Resource Centre, Okanagan and Region, explains:

Language is very important; so many of our First Nations people do not have the words to express what they are going through. Nor can they get through the shame and guilt of it all. Some cannot describe their situations, the disease, right up until and including the very end. (Glenn, Personal Interview 2003)

Since the colonial beliefs of residential schooling came to pass, Aboriginal peoples were stripped of their rights to carry on tradition, to speak in their own language. Another point in case is the very fact that so few HIV positive Aboriginal people are socially allowed to, or choose to, remain within their smaller communities. Alex Archie, Prevention Program Consultant, Health Canada, explains:

There were no long-term survivors when I was newly diagnosed. We need more Aboriginal people who have survived with this Virus to tell their stories. We need them to advise newly diagnosed people about the challenges of learning to live with this Virus. (Native 28)

In today's education system, language differences make it difficult for non-Natives to provide adequate sex education in ways Aboriginal peoples deserve to understand.

Residential Schooling

Very distinct differences remain between traditional ways of learning for Aboriginal people and the European methods imposed upon them during the days of religiously run residential schools. "It would be a mistake to view missions primarily in theological terms. What incorporation of Native groups into mission villages fundamentally meant was the extensive (if not total) reorganization of social life by the adherents" (Knight 90). Mission villages and residential schools entailed organized programs intent on assimilation and acculturation of the Indians into European

values and beliefs. Residential schooling was a kind of frontier industrialization. It became the policy of the Canadian government to take, even 'kidnap' as many felt, Aboriginal children away from their families on the reserves, and place them in these missionary residential schools.

Most people now refer to this truck as the cattle truck, but at that time it was called the school truck. For many children it was their initial introduction to a way of life in which their family identity was obscured.... (Haig-Brown 43)

"Second only to insisting that the Native people abandon their own religious beliefs and take up Christianity was the push for them to abandon their migratory lifestyle" (Haig-Brown 29). European settlers perceived the quickest and best way to 'civilizing' the Aboriginal population was through assimilation.

Although there remained differences in how each school operated, in many cases children were forbidden to speak their Native language, their culture deemed primitive, their spirituality labelled heathen. Western ethnocentric views are said to be some of the main contributing reasons for the many painful challenges Aboriginal peoples face today. Most former students recall their memories of this time with anguish. The heart of Aboriginal culture is family, and children were denied this basic premise:

Indian children are required to assume, and are capable of assuming, responsibility for themselves and others at a much younger age than White children.... By contrast, once at school, they were conditioned to perform under strictly controlled conditions. When they were eventually released back into their Native environment, they were no longer capable of identifying with their families and elders. The residential school forcibly divided them from a culture to such an extent that a serious communication gap exists today between generations. (Ennamorato 68)

Children were prevented from learning basic parenting skills, cultural traditions, and the Native way of life. Brian Mairs, Client Support for the AIDS Resource Centre, Okanagan and Region, validates:

The residential school system virtually wiped out seven generations of parenting skills. Sure, the schools were of a patriarchal nature, but this is not the same as basic parenting skills. And when this void is present, the need is to fill it...with drugs, alcohol, obesity, abuse, whatever works to fill this void of not knowing how to effectively parent our children. (Mairs, Personal Interview 2003)

Enculturation, whereby knowledge of culture is considered to be a

learned process, was prevented from being passed down through several generations of Aboriginal peoples in Canada. Instead, children were abused in various ways including strapping, public humiliation, and in some cases, having a tack driven through their tongues for being caught speaking their Native language. Many also suffered sexual abuse at the hands of their figures of authority, and often learned to hide their pain with alcohol.

Insofar as some children began drinking at school and brought this escape mechanism home with them on holidays, other parents began drinking on the reserves to help mask their pain of losing their children. Consequently, these activities and reinforced negative attitudes in promoted higher risk for behaviours that could contract the Virus. Even today, with schools closed, many Aboriginal peoples harbour negative repercussions from this era, as one Elder describes:

I got it from injection drug use. And the problem that I'm having today is that most of society doesn't want to accept HIV and AIDS as a reality. And yet they expect me to accept it.... We are not dealing with just the epidemic of HIV and AIDS, we're dealing with feelings and things in the past, residential schools and physical, mental and sexual abuse because I've been through all of them.... (Red Road 10)

These attitudes can lead to feelings of low self-esteem resulting in depression, abusive relationships, economic difficulties, substance abuse, and ultimately suicide. All of these in turn become contributing factors among First Nations peoples for the prevalence of HIV/AIDS being significantly higher than the rest of Canada.

Conclusion

A journal article in *Canadian Press Newswire* states that Canada's Aboriginal people represent 2.8% of the country's population but account for more than 9% of all new cases of HIV. Despite increased levels of awareness about HIV/AIDS and its risk factors, infection rates among Canada's Aboriginal population continue to grow at an alarming rate. *Voices of Two-Spirited Men* reports the annual proportion of reported AIDS cases attributed to Aboriginal persons has increased from 1% before 1990 to 15% in 1999 (Health Canada 2000).

One of the foremost significant factors to impact the rise in risk factors for HIV/AIDS among Aboriginal peoples is Canada's history of residential schooling. Many Aboriginals were stripped of their traditional knowledge of learning, and in turn, their abilities to teach their own children through effective parenting skills. Such effects from this era continue to linger today. Other social circumstances and attitudes also pre-

vail. As this Elder summarizes:

We have survived attempts against our Aboriginal souls of every description. These attempts have taken an enormous toll and we have learned...painfully and with difficulty. But we should realize that AIDS is one of the greatest challenges we are going to face as First Nation peoples in our lifetime"
Andrew Yellowback. (Red Road 7-8)

The practice of unprotected sex both in heterosexual and homosexual relationships also leaves people at very high risk for contracting the HIV Virus. Within many Aboriginal relationships this behaviour is undertaken through lack of education for healthier choices or situations of being in an oppressive relationship, as is the case for some Aboriginal women. Two-spirited men may experience shame, both internally and from messages sent from their community around them. Subsequently, the effects of being isolated from their own communities play a large role in their self-worth and abilities to make healthy choices for themselves regarding lower-risk activities.

Despair and depression about poverty, another factor particular to many Aboriginals, often results in low self-esteem, which can lead to intravenous drug use, as well as participation in the sex trade as a way of supporting an addiction. Most often it is the children first hit with the effects of a dysfunctional lifestyle, and from these modeled behaviours they grow up and learn to care for themselves in similar unhealthy ways. Intervention as early as pre and postnatal education, care and nutrition can be most beneficial for First Nations children and women, particularly those mothers having given birth, who are HIV positive.

Many cultural implications exist for Aboriginal peoples that prevent them from education about the threat of HIV/AIDS. Without this awareness, opportunities for more informed decision-making about activity risk levels cannot be met. Oppression and poverty, housing insufficiencies, isolation, travel to and from more urban centres, racism, and fear and disgrace all contribute to the rising trend of marginalization for Canada's First Nation's peoples, thus making them at greater risk for contracting the HIV disease than the rest of the population.

According to Health Canada's report entitled, *Determinants of Risk for HIV* (2002), strong, positive social supports can decrease the risk of becoming infected with HIV/AIDS. These networks include family and friends as well as government programs and community education. Meegwetch explains in *Voices of Two-Spirited Men*:

Privacy plays a big part in people's lives, especially when healing the mind and body. [We need] more intimate counselling and workshops in Aboriginal towns to let people know

this is important to us all, not only homosexuals. With training and talking circles we can all "talk" and take time to listen to our bodies and minds to help in the fight to heal and keep healthy mentally, physically, and spiritually. (Waaalen 65)

Cooperation between government and community-based programs is considered one of the keys to helping Aboriginal peoples become more aware of harm prevention, risk reduction behaviours. When being implemented among public schools and reservations to reach young children and their parents, such programs need to be culturally relevant and use the appropriate languages necessary. In this way, Native individuals can then be empowered to make healthier decisions for themselves, and in doing so, can effectively prevent the higher rates of infection among Aboriginal peoples as compared to the non-Native population of Canada.

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