NAHO FACT SHEET: Aboriginal People and HIV/AIDS

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)

Aboriginal People and HIV/AIDS: Some Facts

There is currently insufficient data to measure the full extent of the HIV/AIDS epidemic among First Nations, Inuit and Métis populations in Canada. For example, rates of infection among First Nations, Inuit and Métis are unreliable because many Aboriginal people do not get tested. Also, there is currently no reliable data comparing the rates of HIV/AIDS in Aboriginal people living in urban, rural and remote areas.

Here is what we do know:

- By the end of 2005, there were 58,000 people in Canada living with HIV includes AIDS cases)—a 16 per cent increase from 2002.
- Since 1998, Aboriginal people have accounted for about 22 per cent of the new cases of HIV reported in Canada.
- While Aboriginal people represent only 3.3 per cent of the Canadian population, they account for 16.4 per cent of AIDS cases in Canada and 7.5 per cent of HIV infections—a gross overrepresentation.
- Rates of sexually transmitted infections are very high among Aboriginal Peoples (in Nunavut, Chlamydia occurs at 16 times the Canadian rate and gonorrhea at 13 times). These indicators suggest a higher level of unprotected sex among Aboriginal Peoples, which would put them at an increased risk of contracting HIV.
- During the period between 1998 and 2005, Aboriginal women accounted for 47.3 per cent of HIV-positive test reports among Aboriginal people, whereas non-Aboriginal women in Canada account for only 20.5 per cent of reports among non-Aboriginal people.
- Almost 60 per cent of HIV infections among Aboriginal people between 1998 and 2005 were attributable to intravenous drug use, compared with 25.7 per cent of non-Aboriginal people during the same period.
- Aboriginal people are diagnosed with HIV younger than non-Aboriginal people.
- Aboriginal people are especially vulnerable to HIV infection because, compared to the general Canadian population, they have poor access to health services and higher rates of poverty, substance abuse, intravenous drug use and tattooing.