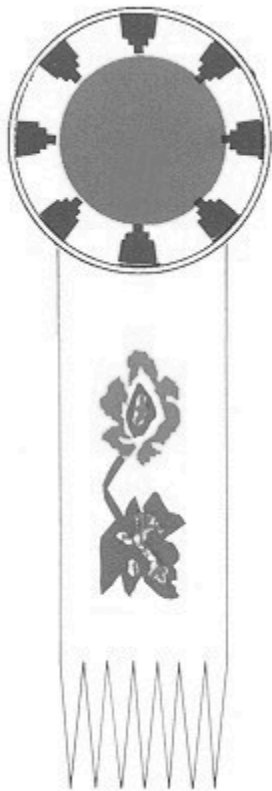


Native Women's Association of Canada



ABORIGINAL WOMEN & HIV / AIDS NEEDS ASSESSMENT

~ February 1997 ~



Funded by: Health Canada

An NWAC Needs Assessment

Executive Summary

In August 1996, the Native Women's Association of Canada (NWAC) received funding from Health Canada to conduct a needs assessment. The goal of this needs assessment was test the hypothesis that Aboriginal women lack both awareness and information on HIV/AIDS.

Although this survey may not represent the full population of Aboriginal women within Canada, it demonstrates that there is a highly educated population of Aboriginal women who are very aware of HIV/AIDS. The vast majority of the Aboriginal women who comprised this survey were extremely aware:

- ❑ of basic HIV/AIDS information such as transmission;
- ❑ that HIV/AIDS crosses all genders, races and sexual preferences; and
- ❑ of some of the prevention practices.

There were however, some areas where Aboriginal women were unsure of whether HIV/AIDS could be transmitted by general contact with a person living with AIDS (PLWAs).

Where Aboriginal women's awareness levels were low dealt with the impacts of HIV/AIDS on women. Since the majority of media campaigns surrounding HIV/AIDS has dealt with general information, it could be assumed that women in general, may not be aware of the impacts of HIV/AIDS on their gender.

Although many of the Aboriginal women who participated in this survey were in monogamous relationships, the information Aboriginal women have received has either assisted them in changing their attitudes or behaviour regarding HIV/AIDS. There was however, a significant percentage of Aboriginal women who are not having PAP smears or being checked for STDs on a regular basis. There is significant concern here as both tests are important preventative measures for women.

Aboriginal women identified the following forums as to how they would like to receive future information on HIV/AIDS.

- ❑ workshops
- ❑ community health clinics
- ❑ television
- ❑ video/movie
- ❑ pamphlets
- ❑ doctors

Since the Aboriginal women who participated in this survey only reflect a segment of the total population, more research on the needs of Aboriginal people needs to be conducted. Future research should address the needs of Aboriginal people:

- ❑ in the sex industry;
- ❑ who are HIV positive or persons living with AIDS (PLWAs) ;
- ❑ who are IV drug abusers;
- ❑ who engage in high risk behaviour; and
- ❑ who have lower educational levels.

It is important that the needs of these individuals be identified, and programming be directed accordingly.

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1. Organizational Overview

The Native Women's Association of Canada (NWAC) has been a federally incorporated body since 1974. Membership is comprised of Provincial/Territorial Member Associations in each of the ten provinces and two territories. NWAC is a national voice representing approximately 513,000 Aboriginal women of First Nations and Metis descent. It is founded on the collective goal to enhance, promote and foster the social, economic, cultural and political well-being of Aboriginal women.

The NWAC Board of Directors consists of the following:

- ❑ one national speaker;
- ❑ four regional executive leaders;
- ❑ four regional youth representatives;
- ❑ thirteen regional representatives; and
- ❑ a council of elders.

The primary objectives of the Native Women's Association of Canada are as follows:

- ❑ to be the national voice for Native women;
- ❑ to address issues in a manner which reflects the changing needs of Native women in Canada;
- ❑ to assist and promote common goals towards self-determination and self-sufficiency for Native peoples in our role as mothers and leaders;
- ❑ to promote equal opportunities for Native women in programs and activities;
- ❑ to serve as a resource among our constituency and Native communities;
- ❑ to cultivate and teach the characteristics that are unique aspects of our cultural and historical traditions;
- ❑ to assist Native women's organizations, as well as community initiatives in the development of their local projects;
- ❑ to advance issues and concerns of Native women; and
- ❑ to link with other Native organizations with common goals.

Current issues that NWAC is mandated to address are as follows:

- ❑ The Indian Act
- ❑ The Constitution
- ❑ Family Violence
- ❑ HIV/AIDS
- ❑ Justice
- ❑ Health-related issues
- ❑ Child Welfare
- ❑ Aboriginal Rights

NWAC acknowledges that HIV/AIDS represents not only a health issue but a social, economic and a political issue which if not dealt with will have a serious impact on our communities.

AIDS has been one NWAC's priorities since 1989, when at NWAC's Annual Assembly a two- day workshop was organized to inform our membership. It was at this meeting that some of NWAC's members recognized the potential impact AIDS can have on our communities and a resolution was passed. NWAC has revisited this resolution every year, and has attempted to expand our programs accordingly.

NWAC has been very active in our efforts to educate and inform our membership. We have made available to our PTMAs details of where to obtain information on AIDS. This past year however, NWAC has stepped up its efforts in educating our Aboriginal women about the effects HIV infection can have on our communities.

At our September 1996 Board meeting, a full day was devoted to the development of a National HIV/AIDS Strategy. Although the primary purpose of this workshop was to develop a strategy, NWAC also recognized that there was an immense need to educate our Board Members about how HIV/AIDS affects Aboriginal women. To do this, the morning session was dedicated solely to educating our members about HIV/AIDS. The primary objectives of our five-year strategy as determined by our Board members are:

- ❑ To develop gender and age sensitive programs which address Aboriginal women's needs for information and awareness on HIV/AIDS and STDs;
- ❑ To create and develop linkages with other Aboriginal and non-Aboriginal organizations; and
- ❑ To promote Aboriginal women's right to equality in legal, human rights, economic, social, cultural, political and educational sectors.

This strategy will be reviewed by the Board of Directors on an annual basis to determine whether or not it is meeting the needs of Aboriginal women.

Also in 1996, NWAC secured funding under the Canadian AIDS Strategy from Health Canada to conduct an Aboriginal women and HIV/AIDS needs assessment. The results of this needs assessment formed the foundation for a proposal to Health Canada to develop a phase two project.

In preventing HIV infection, our work at NWAC has also been directed at our youth. At our recent National three day workshop for Aboriginal youth, we had two workshops which related to HIV/AIDS directly. Both of these workshops provided important information to our youth population. Indirectly, this National workshop also sought to assist our youth in decreasing their risks of contracting AIDS. At the suggestion of the youth, workshops were designed to empower our Aboriginal youth to make healthier decisions and choices in their lives. Aboriginal youth need to control their own risk.

Indirectly, the programmes we have designed for Aboriginal women have attempted to move them out of the high risk category .We have addressed issues such as alcohol and substance abuse, employment and training and have developed programmes to assist Aboriginal women in stopping smoking.

At NWAC, we recognize that the implications of HIV and AIDS cuts across economic and social spectrums. Because of this, NWAC has designed and delivered programmes which impact both directly and indirectly on the prevention of HIV infection in the population of women we represent.

2. Background

As statistics, and the media have already indicated, Aboriginal people have been identified as a high risk group with regards to AIDS. A high risk group because of the circumstances that encircle many Aboriginal peoples' lives.

As research indicates, the health of Aboriginal people is much poorer than the mainstream Canadian population. The life expectancy for Aboriginal people is approximately ten (10) years less than the national average. Infant mortality is 45% greater; suicide rates are 3 to 7 times the national average; and the Aboriginal population is inflicted with higher rates of diseases such diabetes, infectious and parasitic diseases, gall bladder illness and mental health disorders. All factors for a depressed immune system. All factors that substantially increase Aboriginal peoples' risk of contracting HIV. Add such circumstances as poverty, low self-esteem, alcohol and/or other drug abuse, family violence and Aboriginal peoples' chances of becoming infected with HIV are increased substantially.

The reality of an AIDS epidemic within Aboriginal communities becomes even more obvious when one adds the following factors to this already dismal equation:

- ❑ Within the prison system, Aboriginal people are over-represented as inmates and within this environment, high risk behaviours such as injection drug use, sexual activity, and tattooing are common.
- ❑ Sexually-transmitted diseases (STDs) rates among Aboriginal people is higher than the mainstream Canadian population. In some regions, the rate is 3 to 4 times greater than the national average.
- ❑ For some Aboriginal people living in inner cities prostitution is a means of survival.
- ❑ With the constant movement of Aboriginal people between northern, semi-isolated communities and urban centres for social, economic and/or political reasons the threat of AIDS is significantly heightened. Aboriginal people live in a mobile world, and as history demonstrates, they are not isolated from epidemics.

The reality of the situation facing Aboriginal people can only partially be found in statistics. Since the figures for total reported AIDS cases are not broken down according to ethnic origin, the figures for Aboriginal people may not adequately reflect the actual numbers of people inflicted with this disease. As of December 1995, there were 176 documented AIDS cases in the Aboriginal population. Of the 176 individuals diagnosed with AIDS, 23 were adult women and 2 were female children.

For all women regardless of the culture, the issue of HIV infection and AIDS goes deeper. Although the number of female AIDS cases in Canada are small in comparison to male cases, reports of new cases are increasing at about the same relative rate as men. Although women represent only 5% of all adult AIDS cases in Canada, it is estimated that 10% of the 28,000 to 35,000 Canadians estimated to have HIV are women.

Researchers indicate that a woman's risk of infection from unprotected sex is at least twice that of a man. Some of the issues that put women in a higher risk category are as follows:

- ❑ One of the major reasons for this higher risk deals with the female anatomy. By the very way women's bodies are designed, the chances of contracting HIV through unprotected sex are significantly increased. For menopausal and young girls, whose vaginal lining is going through changes, the opportunity for HIV infection to enter the body is a very real possibility.
- ❑ STDs which are known to increase both men and women's vulnerability to HIV, pose an even greater threat to women. Since STDs are internal, and are usually asymptomatic, they usually go unnoticed in many women. Although in cases such as Human Papillomavirus (HPV) and cervical cancer, annual pap smears can prevent these, many women do not take these prevention measures. The secondary health consequences of STDs are also serious for women as they cause: infertility, ectopic pregnancy, cervical cancer, premature delivery, stillbirth, low birth rate and neonatal infections.
- ❑ Although the women's movement has propelled us forward, there still exists an environment where some women do not have the power or control to insist on safer sex practices. For these women, abusive relationships pose a not only a risk of HIV infection, but, also a risk of violence. AIDS for these women has become a potentially invisible and deadly form of violence against women.
- ❑ Economically women are still at the bottom end of the financial scale. Many are single parents, living in poverty and struggling to make ends meet. For these women, AIDS is just one more risk in a world of many.
- ❑ Women are society's traditional care-givers. They are the ones that raise the family, cater to the needs of others and work at their careers, yet the risk of transmission from an infected mother to her child is between 15% and 50%. Transmission may occur across the placenta, at delivery, or after birth through breast-feeding. About one baby in five born to an HIV positive woman in Canada is infected with the virus. There is also a chance of passing the virus to the baby by breast-feeding. If either or both of the parents are infected, there will be a growing number of children without parents. Who will be the caregivers then?

It is obvious that women have the least amount of controls over, and access to the resources they need to cope effectively with the burdens of HIV/AIDS care. For Aboriginal women, all of these threats are magnified. Many Aboriginal women are victims of physical and sexual abuse. They live in inferior economic and social conditions. Many are single parents who are struggling to make ends meet.

As caretakers of their culture, Aboriginal women have the greatest influence in promoting activities which can prevent or reduce the risk of HIV infection in their communities. As Aboriginal people move towards full control over their lives, particularly in the health area, we must ensure that Aboriginal people have full access to all information about HIV/AIDS. Effective HIV/AIDS education and prevention programmes in Aboriginal communities is one of the top issues that must be pursued if a widespread epidemic is to be prevented.

3. Project Goal

The overall goal of this project was:

- ❑ To test the hypothesis of Aboriginal women's lack of awareness and lack of information on HIV/AIDS.

4. Project Objectives

- ❑ To measure Aboriginal women's knowledge and awareness levels on HIV/AIDS.
- ❑ To determine how HIV/AIDS information is, and has been received by Aboriginal women.
- ❑ To determine what type of information would assist Aboriginal women in understanding HIV/AIDS.

5. Research and Methodology

Since approval for the project was not received until August 1996, prior to beginning the project a meeting was held with Catherine Auger (Health Canada) to revise the original work plan. At this meeting, it was determined that instead of the attendance at the PTMA's annual assemblies, a mail survey to the PTMA's membership would be utilized.

Under the terms of the contribution agreement, an Advisory Committee to oversee the project was set-up. This Advisory Committee was comprised of members of NWAC's Executive Committee, a representative from an AIDS service organization, and an HIV positive Aboriginal woman. By the beginning of September 1996, members of the Advisory Committee included the following individuals:

- ❑ Janis Walker
- ❑ Clara Gloade
- ❑ Annette Blake
- ❑ Joyce Courchene
- ❑ Lillian Sanderson
- ❑ Joan Lavallee
- ❑ Amrita Paul
- ❑ Wanda Clarke

In an effort to determine the contents of the survey instrument, meetings were held with:

- ❑ Amrita Paul (Canadian AIDS Society)
- ❑ Francoise Pelletier (Ottawa AIDS Society)
- ❑ Aine Costigan (Inter-agency Coalition on AIDS and Development)

These individuals provided some of the background materials necessary to begin the development of a survey instrument.

Telephone conversations were also completed with:

- ❑ Lavergne Monette (Ontario Aboriginal AIDS Strategy)
- ❑ Tony Nobis (2 Spirited Peoples of the First Nations)
- ❑ Gilbert (2 Spirited Peoples of the First Nations)
- ❑ Michael Graydon (Canadian AIDS Society)
- ❑ Pat Tait (Katarokwi Native Friendship Centre)

to further gather information.

A review of the available literature on HIV/AIDS was also conducted through the Internet, the Native American Women's Health Education and Resource Centre, and the AIDS Clearinghouse. Resource materials from these sources assisted in providing the framework for the development of the questionnaire.

In order to test the validity of the questionnaire, copies of the survey instrument were distributed to:

- ❑ members of the Advisory Committee;
- ❑ Health Canada; and
- ❑ NWAC's Board of Directors;

for their review. A review of the questionnaire was also completed by the Market Research Company of B. Myron Rusk. Once comments had been gathered from all sources, a final test of the questionnaire was completed. A version of the questionnaire can be found in Appendix One.

During September 1996, the PTMAs were requested to supply the Project Manager with the names and addresses of Aboriginal women in their membership. Although considered a National survey, the following PTMAs did not participate in the process.

- ❑ Prince Edward Island
- ❑ North West Territories
- ❑ Alberta
- ❑ British Columbia

Based on the names supplied by NWAC's Provincial/Territorial Member Associations (PTMAs), a total of 883 copies of the questionnaire were sent to Aboriginal women in November and December of 1996. A breakdown of questionnaires distributed to the PTMS's membership is as follows:

PTMA	# of questionnaires
Nova Scotia	29
Newfoundland	42
Labrador	8
New Brunswick	85
Quebec	210
Ontario	85
Manitoba	372
Saskatchewan	38
Yukon	14
Total	883

In an effort to increase the number of questionnaires distributed:

- ❑ An additional 40 questionnaires were distributed by Janis Walker and Clara Gloade when they were at the Fourth Annual AIDS Conference in Halifax.
- ❑ Aboriginal youth who were in attendance at the National Youth Intervenor workshops were given 10 questionnaires each to distribute for a total of 240 questionnaires.
- ❑ Sixty-four additional Aboriginal women's names and addresses were supplied by other Aboriginal women.
- ❑ The Aboriginal Nurses Association of Canada (ANAC) also distributed approximately 200 copies of the questionnaire to their membership via their December newsletter.

The deadline for responses from the survey participants was December 31, 1996. Questionnaires returning to the NWAC office were accepted up until the third week of January 1997.

a) Response Rate

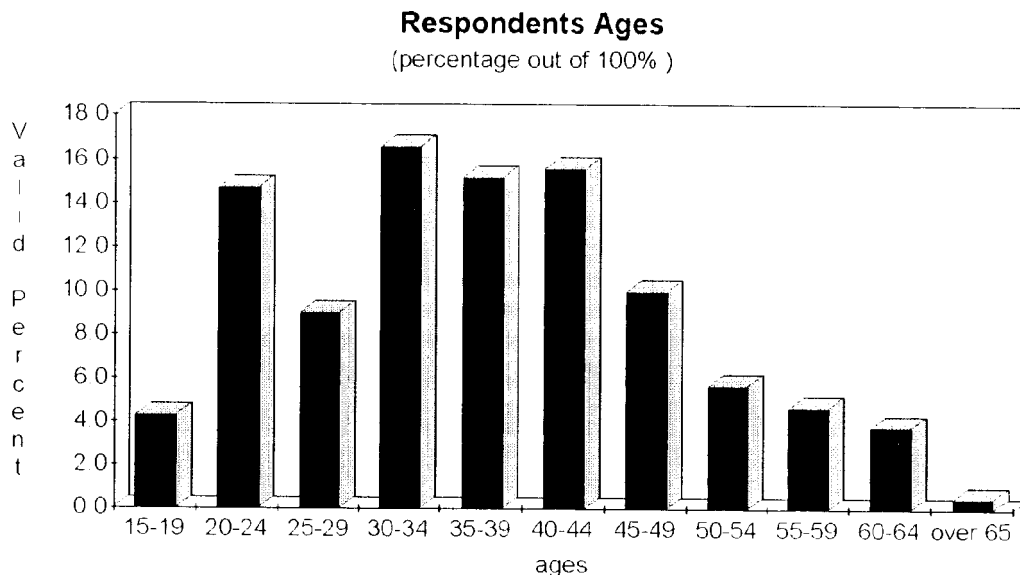
Excluding ANAC's distribution, the total number of questionnaires distributed by NWAC was 1,227. A total of 45 questionnaires were returned unopened. The total number of questionnaires returned were 214. Based on these figures the response rate was 18.1 %. If ANAC's distribution is factored into the equation the response rate is 15.5%.

By the end of January, tabulations on the responses were completed by the Market Research company of Opinion Search Inc. What follows is the results of these tabulations.

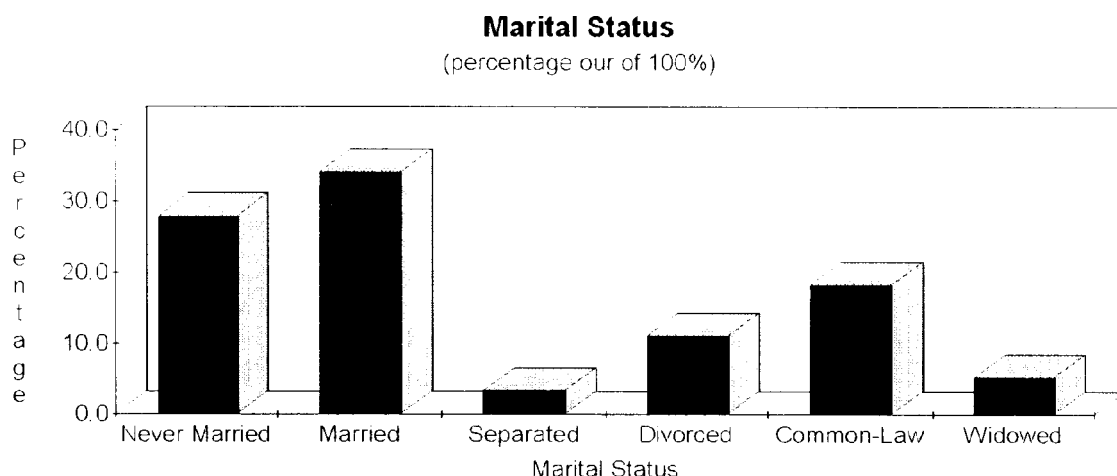
Care should be taken in the interpretation of the results of this needs assessment. Although labelled as an Aboriginal women's needs assessment, the survey sample does not necessarily reflect the total population of Aboriginal women in Canada.

6. Profile of Aboriginal Women

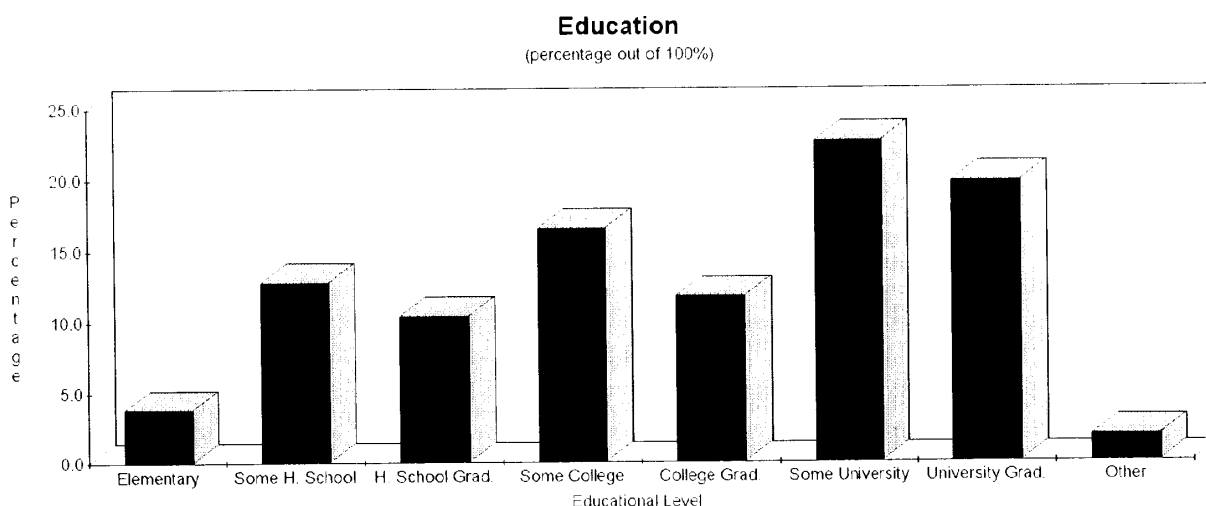
The majority of Aboriginal women who participated in NWAC's HIV/AIDS Needs Assessment were between the ages of 30 to 44 years, however, there was a significant number of 20-24 year olds who also participated in the survey.



Just over 50% of the participants were either married or living common-law. Of the younger age group of 20-24, approximately 55% had never been married.



Many of the Aboriginal women who responded to this survey had either some college/university education (39.3%) or had completed college/university (34.5%).



The majority of respondents (65%) were from central Canada residing in the provinces of Manitoba (23.4%), Ontario (20.6%), and Quebec (21.0%). There was also a significant percentage of respondents from the province of Newfoundland (15.9%). Most of the women (72.9%) who responded to the survey had children, however within the 20-24 year age group only 36% had children.

7. Awareness Levels

Aboriginal women (71.8%) felt that they were very knowledgeable to fairly knowledgeable about HIV/AIDS. A further 23.0% felt that they knew something about the disease. Only a very small percentage of respondents (5.2%) felt that they possessed little knowledge of the subject matter.

When asked about the possible ways HIV could be transmitted, the majority of Aboriginal women recognized that transmission was through:

- ☐ having sex without a condom;
- ☐ sharing needles for drug use;
- ☐ sharing tattoo needles; and
- ☐ oral sex.

However when the "do not know" category was factored into the data, there was a significant percentage of the Aboriginal women who were unsure whether HIV could be transmitted through:

- ☐ sharing a plate, fork or glass of someone with HIV/AIDS;
- ☐ mosquitoes and other insects;
- ☐ being coughed or sneezed on; and
- ☐ razor blades.

PEOPLE CAN GET HIV:	AGREE	DISAGREE	DON'T KNOW
from having sex without a condom	96.3% (97.2)	2.8% (2.8)	0.9%
from kissing	11.7 (13.5)	74.8 (86.5)	13.6
through sharing needles for drug use	98.6 (99.1)	0.9 (0.9)	0.5
through sharing tattoo needles	93.5 (97.1)	2.8 (2.9)	3.7
from shaking hands or hugging someone with HIV/AIDS	1.4 (1.5)	92.1 (98.5)	6.5
From sharing a plate, fork or glass of someone with HIV/AIDS	4.7 (6.2)	70.6 (93.8)	24.8
from mosquitoes and other insects	13.6 (19.9)	54.7 (80.1)	31.8
by eating in a restaurant	2.3 (2.6)	88.3 (97.4)	9.3
by being coughed or sneezed on	6.5 (8.1)	73.8 (91.9)	19.6
through oral sex	77.6 (90.7)	7.9 (9.3)	14.5
from razor blades	53.7 (72.3)	20.6 (27.7)	25.7

Note: Percentages reflected in parenthesis reflect the valid percentage when the Don't Know category is factored into the statistics.

Although many of the Aboriginal women were knowledgeable about how the HIV virus can be transmitted, when further questions were used to test Aboriginal women's knowledge levels on HIV / AIDS, a significant percentage were unaware of the impacts of AIDS on women. Regardless of the age group, many Aboriginal women did not know that:

- ☐ the symptoms for HIV / AIDS are different for a woman than a man;
- ☐ women are at a greater risk of contracting HIV/AIDS than men;

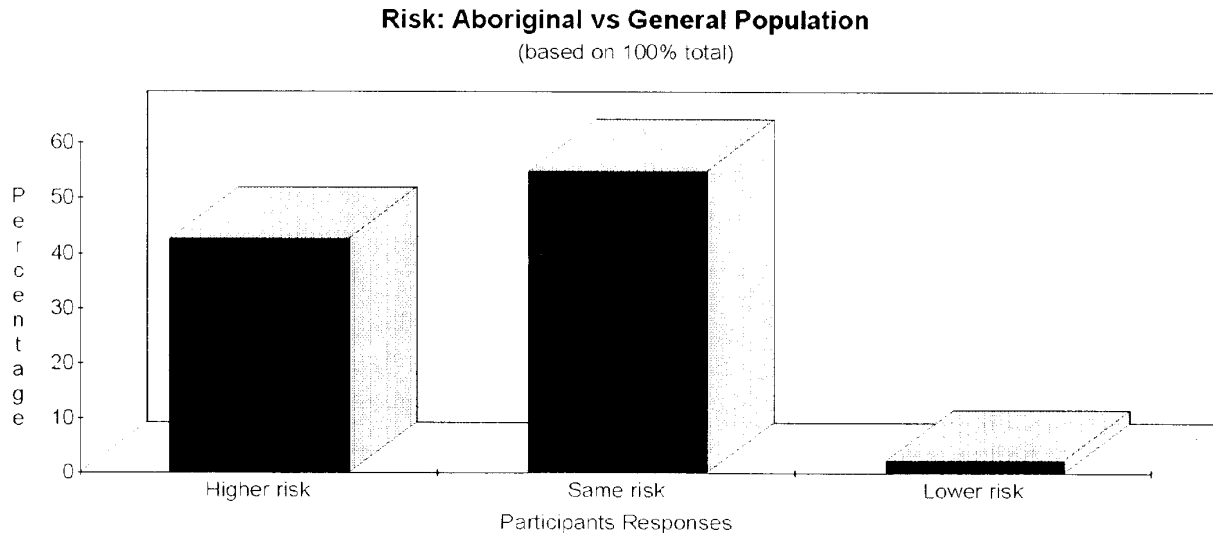
- ❑ sexually transmitted diseases (ie. herpes, venereal diseases) increase a person's risk of contracting HIV/AIDS virus; and
- ❑ an infected mother can pass HIV to her baby through breast-feeding.

In addition, a significant percentage were unsure of the transmission of HIV through childbirth. With regards to persons living with HIV, close to 50% of the respondents felt these individuals should not be sexually active. Within the older age group of 50-64 years, over 50% of the respondents were unaware that using vaseline with a condom can make it weak and easier to break.

STATEMENT	AGREE	DISAGREE	DON'T KNOW
The symptoms fro HIV/AIDS are different for a woman than for a man.	13.6% (22.5)	46.7% (77.5)	39.7%
Women are at a greater risk of contracting HIV/AIDS than men.	27.1 (33.0)	55.1 (67.0)	17.8
People who are HIV + should not be sexually active.	41.1 (48.4)	43.9 (51.6)	15.0
Sexually transmitted diseases (ie. Herpes, venereal diseases) increase a person's risk of contracting the HIV/AIDS's virus.	44.4 (60.5)	29.0 (39.5)	26.6
Only people who are gay can contract HIV/AIDS.	3.3 (3.4)	93.9 (96.6)	2.8
HIV/AIDS is a curable disease.	7.5 (8.5)	80.8 (91.5)	11.7
A simple blood test can determine if a person is HIV positive or not.	64.5 (78.9)	17.3 (21.1)	18.2
A person can be HIV positive for seven or more years without having symptoms of AIDS.	85.0 (97.3)	2.3 (2.7)	12.6
The decision to use a condom rests with a man.	4.2 (4.3)	93.0 (95.7)	2.8
You can tell if someone is HIV positive or has AIDS by the way they look.	2.3 (2.5)	90.7 (97.5)	7.0
The pill will protect you from STD's and HIV.	0.5 (0.5)	96.3 (99.5)	3.3
Only women who are sleazy carry condoms.		94.9 (100.0)	5.1
An infected mother can pass HIV to her baby through breast-feeding.	43.5 (76.9)	13.1 (23.1)	43.5
Using Vaseline with a condom can make it weak and easier to break.	50.0 (77.0)	15.0 (23.0)	35.0
You can't get HIV/AIDS if you live in a small community.	3.3 (3.4)	93.5 (96.6)	3.3
Alcohol and drug use sometimes result in unsafe sex practices.	95.3 (96.7)	3.3 (3.3)	1.4
All children born to women who are HIV + will be HIV +.	22.0 (33.8)	43.0 (66.2)	35.0
Douching right after sex reduces your chance of getting HIV.	3.3 (3.9)	81.3 (96.1)	15.4

Note: Percentages reflected in parenthesis reflect the valid percentage when the Don't Know category is factored into the statistics.

When asked if the respondents considered Aboriginal people to be a higher risk, same risk or lower risk group in contracting HIV / AIDS than other Canadians, the majority of Aboriginal women (55.0%) felt Aboriginal people were in the same risk category. A further 42.7% felt the Aboriginal population to be of a higher risk.



When asked if they know of any HIV / AIDS testing program in their area, just over 50% of the respondents were aware of programs. Of the respondents that were aware of HIV/AIDS testing programs, 26.3% had used these programs.

8. Behaviour

Approximately 90% of the respondents had only one partner in the past six months, and close to 80% of the survey participants felt they were not at risk of contracting HIV.

When asked whether they use a condom when having sex, approximately 27% identified this question as non-applicable. Of the other 157 respondents who completed this questions,

- ❑ 42.7% sometimes use a condom;
- ❑ 37.6% never use a condom; and
- ❑ 19.7% always use a condom.

The majority of Aboriginal women (92%) had no difficulty in asking their partner to use a condom. For those Aboriginal women who responded to the questions: What would happen if you told your partner that you would not have sex without a condom? Close to 80% stated that the partner would use a condom, and just over 10% stated they would not have sex.

For those Aboriginal women who do not practice condom use, most were in a monogamous relationship (32.2%). Other reasons for not practising condom use were as follows:

- ❑ Other birth control is used (7.6%)
- ❑ I was drunk (5.7%)
- ❑ I don't have HIV/AIDS (5.7%)
- ❑ Partner said no (3.8%)
- ❑ Condoms are not fun (3.5%)
- ❑ Too shy to buy condoms (3.2%)

For those Aboriginal women (56.5%) who responded to the question regarding whether or not they find out the sexual history of any new partners before having sex,

- ❑ 43% always review their partner's sexual history;
- ❑ 40.5% sometimes review it; and
- ❑ 16.5% never review their partner's sexual history.

Although many of the respondents were in monogamous relationships, a significant portion of the women (94.1%) recognized that if their partner was having other sexual relations, they would be put at a higher risk of contracting HIV.

Within the past year, the majority of Aboriginal women (72.3%) had pap smears in the past 12 months. There is concern here as close to 30% of the respondents had not had a pap smear in the past 12 months. With regards to STDs, close to 60% of the respondents had not been tested for these.

When asked if knowing what they know about HIV / AIDS has resulted in safer sex practices, 36.4% of the Aboriginal women found this question to be non-applicable. Of the 136 respondents who did answer, 90.4% stated that they engage in safer sex practices. The following are some of the activities Aboriginal women are using to protect themselves.

- ❑ use condoms (30.45%)
- ❑ have fewer partners (22.5%)
- ❑ have regular clinical check-ups (19.6%)
- ❑ use clean needles (13.3%)
- ❑ use spennicide (1.7%)
- ❑ do not have sex (0.8%)

9. Current Information

Of the Aboriginal women who responded to this survey, most have received information about HIV/AIDS through a combination of:

- ❑ television (21.5%);
- ❑ pamphlets (15.8%); and
- ❑ magazines (9.7%).

Other ways Aboriginal women have received information on HIV / AIDS are:

- ❑ workshops (8.1 %);
- ❑ community health clinics (6.1 %) ;
- ❑ newspapers (6.0%); and
- ❑ videos/movies (4.7%).

Although 41.1% of the respondents indicated that their community has a HIV / AIDS education program, 35.5% did not know if a program existed in their community. Programs that were identified included:

- ❑ workshops;
- ❑ counselling programs;
- ❑ information flyers;
- ❑ community health clinics;
- ❑ condom programs;
- ❑ posters;
- ❑ radio programs;
- ❑ task forces;
- ❑ hot-lines;
- ❑ videos; and
- ❑ conferences.

"At the health centre, workshops are held and information is handed out."

"Information through flyers, workshops, health centre provides information to school children and general public."

"In Quebec there are 'CLSCs' community health clinics, the schools teach it (they better). Others that I have known, have been tested and counselled at a clinic in Ottawa."

"Use of posters to get the message across, radio program, pamphlet from CHR."

"The community health clinic has workshops once in a while."

"STD clinic, school programs, AIDS awareness week."

"Community workers have workshops. Also we have pamphlets, videos about people who have or had and speak about their experiences. Health education is also available to our working place."

Many of the Aboriginal women identified community health clinics, and community health workers as sources this information.

Close to 60% of the respondents were living in communities that provided free condoms. There was however, close to 30% of the respondents who did not know if their community provided free condoms. Of the respondents who were aware of condom programs, close to 70% did not use these programs.

When asked to rate how useful the information was on HIV / AIDS that Aboriginal women received, 40% found the information useful and a further 30% found the information to be very useful.

For many of the Aboriginal women (83.1%), the information they have received about HIV/AIDS has changed their attitude about the disease. When asked to explain how the information has changed their attitude the following responses were given:

- ☐ more knowledgeable and awareness levels are increased (31.9%)
- ☐ practice safer sex (13.8%)
- ☐ more aware of transmission and misconceptions (10.0%)
- ☐ more sensitive and less fearful to victims (10.0%)
- ☐ more cautious (7.5%)

In terms of behavioral changes, 68.7% of the Aboriginal women felt that the information they received about HIV / AIDS has changed their behaviour. Just over 30% felt there was not a change in their behaviour as a result of HIV / AIDS information. Of the respondents who indicated that the information changed their behaviour, the following behavioral changes were given:

- ☐ practice safe sex (32.7%);
- ☐ more cautious (10.6%);
- ☐ more aware of partners (8.0%);
- ☐ more aware of transmission (8.0%); and
- ☐ better educated (7.1 %).

The awareness levels of AIDS organizations within their communities were low. Close to 40% of the Aboriginal women who participated in the survey did not know if there were any AIDS organizations within their community. A further 40% stated that there were no AIDS organizations within their community.

10. Future Information Needs Of Aboriginal Women

When Aboriginal women were asked to identify the three ways they would most prefer to learn about HIV/AIDS, the primary responses were:

- ☐ workshops (15.8%)
- ☐ community health clinics (11.8%)
- ☐ television (10.2%)
- ☐ video/movie (9.6%)
- ☐ pamphlets (7.3%)
- ☐ doctors (6.2%)

"I think that some kind of workshop on this issue is needed in our community. I have the feeling that people are blind to the fact that they could get this deadly disease. They think that only outsiders have or could get this. We need an eye-opening workshop."

"Have more information at doctor's offices and make information easier to get at."

"Provide more workshops into the Native communities. Also the schools so that the children of the community are made aware of the consequences. There is a need for that in all communities."

The types of information that Aboriginal women felt would assist them in better understanding HIV / AIDS, were identified as:

- ☐ Symptoms of HIV/AIDS for women (98.4%)
- ☐ Information on how to reduce putting yourself at risk (97.8%) .Information about how the spread of HIV/AIDS can be prevented (97.4%)
- ☐ Counselling and Testing (96.7%)
- ☐ Basic information on HIV/AIDS (93.5%)
- ☐ Information about approaches to the treatment of HIV/AIDS (94.9%) .Real life experiences (92.0%)
- ☐ Negotiating safe sex practices (85.8%)
- ☐ Statistical information on HIV / AIDS (85.1%)

When asked what type of workshops would help Aboriginal women in reducing their risk, respondents identified the following:

- ☐ Human Sexuality Programmes (18.0%)
- ☐ Communication (17.0%)
- ☐ Self-esteem Training (14.2%)
- ☐ How to develop Relationships (13.5%)
- ☐ Cultural Awareness (12.5%)
- ☐ Assertiveness Training (11.3%)
- ☐ Family Planning (11.2%)

An overwhelming majority of Aboriginal women (84.3%) felt that workshops should target both men and women together.

The types of information Aboriginal women felt would help them in speaking to their children about safer sex was diverse. Some of the comments reflecting many of the Aboriginal women's responses dealt with the following materials:

- ☐ books
- ☐ videos
- ☐ pamphlets
- ☐ comic book style of books

- ❑ gadgets
- ❑ guide for parents
- ❑ how to discuss sex
- ❑ workshops on how to inform your children properly
- ❑ information that is child friendly
- ❑ statistics on Aboriginal teens and HIV / AIDS
- ❑ elder's teaching and traditional ceremonies
- ❑ how to develop healthy sexuality

In many instances, Aboriginal women stressed that materials should be age specific.

"Have a pamphlet on HIV/AIDS that children would understand, make it that it would explain it in their language or easy to understand."

"An Aboriginal perspective on proper values maybe in a video or booklet depending on the ages. Needs to be age appropriate."

"Information that is child friendly/youth friendly, information that is hip with the jargon that is out there."

"Basic information about HIV/AIDS but suggested in such a way that a child could understand."

When asked what type of message possible slogans for a HIV / AIDS prevention program should contain, the responses were once again diverse. Aboriginal women felt that the following themes should be utilized in the messages delivered about HIV / AIDS:

- ❑ Anyone can contract HIV / AIDS
- ❑ Practice safe sex
- ❑ Abstain from sex until marriage
- ❑ Respect yourself
- ❑ Make informed personal *choices*
- ❑ Birth control won't prevent AIDS
- ❑ How HIV can be transmitted
- ❑ Learn everything you can about HIV / AIDS
- ❑ Make the message positive
- ❑ How to reduce risk

Aboriginal women identified the following as possible slogans which could be used in HIV / AIDS resource material.

"Everyone can get HIV/AIDS -Safe Sex"

"Don't be an idiot have safe sex with a condom."

"You play, you pay!"

"Having unsafe sex can be a death sentence."

"What is more uncomfortable...using a condom or living with AIDS."

"Everyone is at risk, learn the facts."

"Is one night of fun worth a lifetime of pain?"

"Be safe, protect yourself "

"To give life you must have a life. Be safe."

"Respect yourself - respect your partner."

"Sex is not worth dying for."

"Talk to your partner and practice safe sex."

"Love safely and responsibly. Take prevention, use a condom. No glove, no love!"

"Better safe than sorry. "

"HIV/AIDS...It affects everyone."

"Healthy sex is safe sex."

"Informed personal choice. Only you can keep yourself safe."

"Value the teachings, value your life. Protect our future generations."

"HIV/AIDS: Be wise, protect yourself from the spreading of this deadly disease, learn safe sex, and don't share needles."

"No matter if it inner or outer, it's still going to be one big splatter. Better use the rubber wear or all in life is fair!"

"We're in this together. What touches you, touches me."

"Protect our generations."

"Prevention! Prevention! Prevention! Ignorance is not an excuse! Safe sex is the only sex. Safe sex or no sex!"

"Why do we discriminate when HIV doesn't."

"AIDS kills."

"Healthy and safe people carry condoms."

"..Be monogamous but if you can't then be safe. Learn all you can about HIV/AIDS."

"Honour thyself; respect yourself."

"AIDS has no boundaries, it can attack anyone. Protect yourself."

"Life is precious and it can happen to you!"

"Stop sex from being a life or death situation."

"AIDS education starts at home."

"Be smart, say no to unsafe sex. Better yet, practice no sex. Respect your self / body, soul."

"Be safe, wear it! (a condom)"

"HIV/AIDS persons need out support."

"AIDS --A void Inviting Disease Sexually, Always Practice Safe Sex."

"Stay with one partner. Don't abuse alcohol or drugs."

"Can you trust your partner?"

"Consider what you are doing before it happens to you."

"AIDS can affect everyone, no matter gender, colour, race or sexual practices."

"Be aware, protect yourself; practice safe sex."

"Safe sex / Abstain or jeopardize your life and those you love. Death is a high price to pay for sex."

"Don't fool around with your life. Don't do drugs and alcohol. Use a condom."

"AIDS does not discriminate."

"Partner for life."

"A tiskit, a condom or a casket."

"Say no, take it slow. Be sure or you may need a cure. It is never too late to start a clean slate."

"Before you say "yes", say "no" to unsafe sex!"

"Life is a gift --don't play with it. Think twice before sharing your body. Do you know, really know, who you're sharing your life/body with?"

"Having unprotected sex is like playing Russian roulette with your life."

"You only have one life, one body, respect it."

"Preservation of our people includes practising safe sex ...safe sex promotes longevity."

"Practice safe sex! It only takes one mistake. It could be your name on the AIDS list if it's a condom you miss."

"Are you sexually active? If yes, use a condom, it could save your life. Be informed about STDs and HIV/AIDS."

"Anyone can get AIDS. AIDS is incurable. AIDS kills."

"You can get it too, Let's Prepare Ourselves."

*"All
Indians can
Die of this
Sexually transmitted disease."*

"HIV/AIDS- Think of the children."

"Life is precious, respect yours and others."

"Love is not dangerous but unsafe sex is."

"Be strong, say NO!!!"

"No Condom, No Sex."

When asked what the best ways to discourage high risk behaviour in Aboriginal communities, Aboriginal women identified the following:

- ❑ Teach the risks associated with drinking and sex (98.5%)
- ❑ Distribute information kits on HIV/AIDS (98.3%)
- ❑ Make condoms easier to get (98.3%)
- ❑ Promote self-respect and Aboriginal pride (97.9%)
- ❑ Information kits on STDs (97.1 %)
- ❑ Develop Workshops (96.7%)
- ❑ Teach sex does not equal love (96.1 %)
- ❑ Use traditional teachings (94.6%)
- ❑ Show role models (93.0%)
- ❑ Poster campaigns (89.7%)
- ❑ Create plays or skits (87.0%)
- ❑ Slogans (86.6%)
- ❑ Use humour to sell safe sex (84.6%)

“Making sure they {young people} have respect for their body. Letting them know information about HIV/AIDS. Encourage them that there is nothing wrong with sex but they must have protection regardless of who they are in love with/one partner. Condoms are a must today.”

“I believe our young people need to be exposed to the possible realities/consequences of unsafe sex.”

“I think we need to promote self-esteem and peer pressure roles.”

“Must eliminate abuse of alcohol. drugs. etc. to generate healthy communities. Spiritual life is a very important factor.”

“The native youth today need to be informed about their value as a person to feel good about themselves and taught to respect themselves as well as others. I believe the parents are the best teachers in life. Parents and elders are a resource for the youth of today, they should be more informed about HIV and AIDS in order to help the children to make healthy choices in life.”

The language most Aboriginal women would wish to receive information about HIV / AIDS are Aboriginal and English (49.8%) or English only (36.5%).

11. Conclusions and Recommendations

The goal of this project was to test the hypothesis that Aboriginal women lack both awareness and information on HIV / AIDS. Although this survey may not represent the full population of Aboriginal women within Canada, it demonstrates that there is a highly educated population of Aboriginal women who are very aware of HIV / AIDS. The vast majority of the Aboriginal women who comprised this survey were extremely aware:

- ❑ of basic HIV / AIDS information such as transmission;
- ❑ that HIV/AIDS crosses all genders, races and sexual preferences; and
- ❑ of some of the prevention practices.

There were however, some areas where Aboriginal women were unsure of whether HIV/ AIDS could be transmitted by general contact with a person living with AIDS (PLWAs). These areas included the following myths:

- ❑ sharing a plate, fork or glass of someone with HIV/AIDS; and
- ❑ being coughed or sneezed on.

In addition, a significant portion of Aboriginal women felt that those individuals who were HIV + should no longer be sexually active. It is important that these myths be dispelled so that those individuals who are living with either HIV or AIDS will be supported in loving and caring environment.

Where Aboriginal women's awareness levels were low dealt with the impacts of HIV / AIDS on women. Since the majority of media campaigns surrounding HIV / AIDS has dealt with general information, it could be assumed that women in general, may not be aware of the impacts of HIV / AIDS on their gender. Specifically, Aboriginal women were not aware that:

- ❑ the symptoms for HIV / AIDS are different for a woman than a man; .women are at a greater risk of contracting-HIV / AIDS than men;
- ❑ sexually transmitted diseases (ie. herpes, venereal diseases) increase a person's risk of contracting HIV/AIDS virus;
- ❑ the possible transmission of HIV through childbirth; and
- ❑ an infected mother can pass HIV to her baby through breast-feeding.

RECOMMENDATION ONE

AWARENESS CAMPAIGNS BE DEVELOPED WHICH ARE MORE TARGET SPECIFIC. THESE PROGRAMS SHOULD ATTEMPT TO INCREASE ABORIGINAL WOMEN'S KNOWLEDGE AND AWARENESS LEVELS ABOUT THE IMPACTS OF HIV/AIDS AND WOMEN.

RECOMMENDATION TWO

PROGRAMS SHOULD ALSO BE DEVELOPED WHICH ATTEMPT TO DISPEL THE MYTHS ASSOCIATED WITH THOSE INDIVIDUALS LIVING WITH HIV OR AIDS.

Although the majority of information received by Aboriginal women was through combinations of print and televised media, many of the Aboriginal women were unaware of specific programs within their community. Furthermore, many of the Aboriginal women were not aware of the AIDS organizations in their community.

RECOMMENDATION THREE

EFFORTS NEED TO BE MADE TO INCREASE THE VISIBILITY OF COMMUNITY AIDS ORGANIZATIONS AND PROGRAMS.

RECOMMENDATION FOUR

LINKAGES BETWEEN NATIONAL ABORIGINAL ORGANIZATIONS AND AIDS ORGANIZATIONS NEEDS TO BE STRENGTHENED.

Generally, the information Aboriginal women have received has either assisted them in changing their attitudes or behaviour regarding HIV / AIDS. Although many of the Aboriginal women were in monogamous relationships, with regards to condom use Aboriginal women seem to have no problems negotiating safer sex practices. There was however, a significant percentage of Aboriginal women who are not having P AP smears or being checked for STDs on a regular basis. There is significant concern here as both tests are important preventative measures for women.

RECOMMENDATION FIVE

CAMPAIGNS NEED TO BE DEVELOPED WHICH STRESS THE IMPORTANCE OF ANNUAL PAP SMEARS AND REGULAR STDs TESTING.

Aboriginal women identified the following forums as to how they would like to receive future information on HIV / AIDS.

- ☐ workshops
- ☐ community health clinics
- ☐ television
- ☐ video/movie
- ☐ pamphlets
- ☐ doctors

Many of the Aboriginal women were aware of their lack of knowledge with regards to HIV / AIDS and women. They identified the following areas as the types of information that would assist them.

- ☐ HIV / AIDS and women;

- ❑ Information on how to reduce putting yourself at risk; and
- ❑ Information about how the spread of HIV / AIDS can be prevented.

In terms of the types of workshops which should be developed, Aboriginal women identified the following:

- ❑ Human Sexuality Programmes
- ❑ Communication
- ❑ Self -esteem Training
- ❑ How to develop Relationships

It was also identified by the respondents that these workshops should include Aboriginal men.

RECOMMENDATION SIX

RESOURCE MATERIALS SUCH AS PAMPHLETS, VIDEOS AND AD CAMPAIGNS SHOULD BE DEVELOPED WHICH SPECIFICALLY FOCUS ON THE ABOVE SUBJECT MATTERS IDENTIFIED BY ABORIGINAL WOMEN.

RECOMMENDATION SEVEN

RESOURCE MATERIAL SHOULD BE DISTRIBUTED THROUGH COMMUNITY HEALTH CLINICS, AIDS ORGANIZATIONS, DOCTORS' OFFICES AND NW AC'S MEMBERSHIP.

RECOMMENDATION EIGHT

WORKSHOPS SHOULD BE DEVELOPED WHICH ASSIST ABORIGINAL WOMEN IN THE PREVENTION OF HIV/AIDS. WHERE POSSIBLE THESE WORKSHOPS SHOULD BE CULTURALLY AND LANGUAGE APPROPRIATE.

Since the Aboriginal women who participated in this survey only reflect a segment of the total population, more research on the needs of Aboriginal people needs to be conducted. Future research should address the needs of Aboriginal people:

- ❑ in the sex industry;
- ❑ who are HIV positive or persons living with AIDS (PLWAs);
- ❑ who are IV drug abusers;
- ❑ who engage in high risk behaviour; and
- ❑ who have lower educational levels.

It is important that the needs of these individuals be identified.

RECOMMENDATION NINE

RESEARCH BE CONTINUED TO ADDRESS THE INFORMATION NEEDS OF OTHER SEGMENTS OF THE ABORIGINAL POPULATION.

Appendix One

ABORIGINAL WOMEN AND HIV/AIDS NEEDS ASSESSMENT

We need your views to help us plan the types of programs that would assist Aboriginal women to understand and prevent the spread of HIV infection. Please answer all the questions. Without your comments we will not be able to design the appropriate programs to meet your needs. If you wish to comment on any questions or qualify your answers, please feel free to use the margins or additional paper. All your comments will be taken into account and the information obtained from this questionnaire will be confidential. Thank you for your help.

A. AWARENESS LEVELS

For questions 1 to 5, please circle the answer that best represents your opinion.

1. How knowledgeable do you feel you are about HIV/AIDS?(Please circle number)

1	Very Knowledgeable	2	Fairly Knowledgeable	3	Know Something	4	Very Little knowledge
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2. Do you consider Aboriginal people to be a higher risk or same risk or lower risk group in contracting HIV/AIDS than other Canadians?(Please circle number)

1	Higher Risk	2	Same Risk	3	Lower Risk
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3. Do you know of any HIV/AIDS testing program in your area?(Please circle number)

1	Yes	2	No	3	Don't know
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- 3a. If yes, have you ever used any of these programs?(Please circle number)

1	Yes	2	No	3	Don't know
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4. Based on your own impressions, please circle whether you Agree (A), Disagree (D) or Don't Know (DK) with the following statements: (Please circle letter)

People can get HIV:			
from having sex without a condom	A	D	DK
from kissing	A	D	DK
through sharing needles for drug use	A	D	DK
through sharing tattoo needles	A	D	DK
from shaking hands or hugging someone with HIV/AIDS	A	D	DK
from sharing a plate, fork or glass of someone with HIV/AIDS	A	D	DK
from mosquitoes and other insects	A	D	DK
by eating in a restaurant	A	D	DK
by being coughed or sneezed on	A	D	DK
through oral sex	A	D	DK
from razor blades	A	D	DK

5. Based on your own impressions, for each of the following statements please indicate whether you Agree (A), Disagree (D) or don't know (DK). (Please circle letter)

The symptoms for HIV/AIDS are different for a woman than for a man	A	D	DK
Women are at a greater risk of contracting HIV/AIDS than men	A	D	DK
People who are HIV + should not be sexually active.	A	D	DK
Sexually transmitted diseases (ie. herpes, venereal diseases) increase a person's risk of contracting the HIV/AIDS virus.	A	D	DK
Only people who are gay can contract HIV/AIDS.	A	D	DK
HIV/AIDs is a curable disease	A	D	DK
A simple blood test can determine if a person is HIV positive or not.	A	D	DK
A person can be HIV positive for seven or more years without having symptoms of AIDS	A	D	DK
The decision to use a condom rests with a man.	A	D	DK
You can tell if someone is HIV positive or has AIDS by the way they look.	A	D	DK
The pill will protect you from STDs and HIV.	A	D	DK
Only women who are sleazy carry condoms	A	D	DK
An infected mother can pass HIV to her baby through breast-feeding.	A	D	DK
Using vaseline with a condom can make it weak and easier to break.	A	D	DK
You can't get HIV/AIDS if you live in a small community.	A	D	DK
Alcohol and drug use sometimes result in unsafe sex practices.	A	D	DK
All children born to women who are HIV+ will be HIV+.	A	D	DK
Douching right after sex reduces your chance of getting HIV.	A	D	DK

B. BEHAVIOUR

1. Do you feel you are at risk of contracting HIV?(Please circle number)

1	Yes	2	No	3	Don't Know
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2. Do you consider yourself to be sexually active?(Please circle number)

1	Yes	2	No	3	Don't know
---	-----	---	----	---	------------

3. In the last six months, have you had more than one sexual partner?(Please circle number)

1	Yes	2	No	3	Don't know	4	Non-Applicable
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4. Do you use a condom when having sex?(Please circle number)

1	Always	2	Sometimes	3	Never	4	Non-Applicable
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5. Do you have difficulty asking your partner to use a condom?(Please circle number)

1	Yes	2	No	3	Don't know	4	Non-Applicable
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6. When you do not practice condom use, please indicate your reason. (Please circle all numbers that apply)

1	Partner said no	8	In a monogamous relationship
2	Partner drunk	9	I don't have HIV/AIDS
3	I was drunk	10	Partner looked healthy
4	Condoms are not fun	11	Forced to have sex
5	Condoms are painful	12	Other birth control is used
6	Condoms cost too much	13	Other (Please Specify)
7	To shy to buy condoms	14	Other (Please Specify)

7. Before having sex, do you find out the sexual history of any of your new partners?(Please circle number)

1	Always	2	Sometimes	3	Never	4	Non-Applicable
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8. If you knew or suspected that your partner had other sexual partners, would you consider yourself to be at a high risk of contracting HIV?(Please circle number)

1	Yes	2	No	3	Don't know	4	Non-Applicable
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9. What would happen if you told your partner that you would not have sex without a condom? (Please circle number)

1	Partner would wear a condom	4	Would not have sex
2	Partner would refuse to wear a condom	5	Partner would force sex without a condom
3	Would have sex anyway	6	Non-applicable

10. In the past 12 months, have you had a pap smear?(Please circle number)

1	Yes	2	No	3	Don't know	4	Non-Applicable
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11. In the past 12 months, have you been checked for sexually transmitted diseases?(Please circle number)

1	Yes	2	No	3	Don't know	4	Non-Applicable
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12. Knowing what you know about HIV/AIDS, do you engage in safer sex practices?(Please circle number)

1	Yes	2	No	3	Don't know	4	Non-Applicable
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12a. If yes, please identify what activities you are doing to protect yourself?(Please circle all numbers that apply)

1	use condoms	5	do not have sex
2	use fewer partners	6	use clean needles
3	have regular clinical check-ups	7	Other (Please Specify)
4	use spermicides	8	Other (Please Specify)

C. CURRENT INFORMATION

1. Using the following table, please circle the **three (3) ways** you have received most of your information about HIV/AIDS. (Please circle number)

01	television	08	family friend	15	telephone hotline
02	radio	09	friend(s)	16	elder
03	magazine	10	school/teacher	17	band council
04	newspaper	11	nurse	18	Friendship Centre
05	pamphlet	12	doctor	19	poster
06	book/journal	13	church	20	workshop
07	video/movie	14	community health clinic	21	other (Please Specify)

2. Does your community have any HIV/AIDS education programs?(Please circle number)

1	Yes	2	No	3	Don't know
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2a. If yes, please tell us about these programs.

3. Does your community provide free condoms?(Please circle number)

1	Yes	2	No	3	Don't know
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4. Do you use this program to obtain condoms?(Please circle number)

1	Yes	2	No	3	Don't know
---	-----	---	----	---	------------

5. Using a scale of 1 to 5, where 1 is not very useful and 5 is very useful, how would you rate the information you have received about HIV/AIDS?(Please circle number)

1	Not Very Useful	2	Not Useful	3	Average	4	Useful	5	Very Useful
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6. Has the information you received about HIV/AIDS changed your attitude about the disease?(Please circle number)

1	Yes	2	No	3	Don't know
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6a. Please explain.

7. Has the information you received about HIV/AIDS changed your behaviour?(Please circle number)

1	Yes	2	No	3	Don't know
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7a. Please explain.

8. Are there any AIDS organizations in your community?(Please circle number)

1	Yes	2	No	3	Don't know
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D. FUTURE INFORMATION NEEDS OF ABORIGINAL WOMEN

1. Using the following table, please circle the **three (3) ways** you would most prefer to learn about HIV/AIDS. (Please circle number)

01	television	08	family friend	15	telephone hotline
02	radio	09	friend(s)	16	elder
03	magazine	10	school/teacher	17	band council
04	newspaper	11	nurse	18	Friendship Centre
05	pamphlet	12	doctor	19	poster
06	book/journal	13	church	20	workshops
07	video/movie	14	community health clinic	21	other (Please Specify)

2. What type of information would help you to better understand HIV/AIDS?(Please circle letter
Y = yes, N = No and DK = Don't Know)

Basic information on HIV/AIDS	Y	N	DK
Statistical information on HIV/AIDS	Y	N	DK
Negotiating safe sex practices	Y	N	DK
Information about approaches to the treatment of HIV/AIDS	Y	N	DK
Information about how the spread of HIV/AIDS can be prevented	Y	N	DK
Symptoms of HIV/AIDS for women	Y	N	DK
Counselling and Testing	Y	N	DK
Real life experiences	Y	N	DK
Information on how to reduce putting yourself at risk	Y	N	DK

3. What type of information would help you in speaking to your children about safer sex?

4. What type of workshops would help you in reducing your risk to HIV/AIDS?(Please circle all that apply).

1	Human Sexuality Programmes
2	Assertiveness Training
3	How to develop Relationships
4	Self-esteem Training
5	Family Planning
6	Cultural Awareness
7	Communication
8	Other (Please specify)
9	Other (Please specify)

5. Should workshops target both men and women together?(Please circle number)

1	Yes	2	No	3	Don't know
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6. If you were to develop a slogan for a HIV/AIDs prevention program, what sort of message should be given?

7. In your experience, what would be the best ways to discourage high risk behaviour in our Aboriginal communities?(Please circle all that apply where Y = yes, N = No and DK = Don't Know)

Slogans	Y	N	DK
Poster campaigns	Y	N	DK
Distribute information kits on HIV/AIDS	Y	N	DK
Make condoms easier to get	Y	N	DK
Develop Workshops	Y	N	DK
Promote self-respect and Aboriginal pride	Y	N	DK
Use traditional teachings	Y	N	DK
Show role models	Y	N	DK
Create plays or skits	Y	N	DK
Information kits on STDs	Y	N	DK
Teach sex does not equal love	Y	N	DK
Teach the risks associated with drinking and sex	Y	N	DK
Use humour to sell safe sex	Y	N	DK

8. In what language would you wish to receive information about HIV/AIDS?(Please circle number)

1	Aboriginal only (Please Specify)
2	English only
3	French only
4	Aboriginal and English
5	Aboriginal and French
6	English and French

E. ABORIGINAL WOMEN PROFILE

To assist us in understanding your responses, please provide us with answers to the following questions. For questions 1 to 7, please circle the number of your answer.

1. How old are you (in years)?(Please circle number)

1	Under 15	3	20 - 24	5	30 - 34	7	40 - 44	9	50 - 54	11	60 - 64
2	15 - 19	4	25 - 29	6	35 - 39	8	45 - 49	10	55 - 59	12	over 65

2. What is your present marital status?(Please circle number)

1	Never Married	3	Separated	5	Common-law
2	Married	4	Divorced	6	Widowed

3. In which province do you live?(Please circle number)

1	BC	3	YK	5	SK	7	ON	9	NFLD	11	NS
2	AB	4	NWT	6	MB	8	PQ	10	NB	12	PEI

4. What best describes the level of education you have had?(Please circle number)

1	Elementary	3	Completed High School	5	Completed College	7	Completed University
2	Some High School	4	Some College	6	Some University	8	None of the above

5. Do you have children?(Please circle number)

1	Yes	2	No	3	No response
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6. Have you talked to your children about HIV/AIDS?(Please circle number)

1	Yes	2	No	3	Non-applicable
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8. Do you have any additional comments you would like to make?

Please return this question in the enclosed self-addressed envelope by December 31, 1996 to:

Native Women's Association of Canada
Attention: Beverly Blanchard
9 Melrose Ave
Ottawa, ON
K1Y 1T8

or fax to NWAC at 613-722-7687.

Thank you for taking the time to complete this questionnaire.

If there are other Aboriginal women you know who may want to participate in this needs assessment, please call our office at 1-800-461-4043. We will make sure that a questionnaire is sent to them.

LES FEMMES AUTOCHTONES ET L'ÉTUDE DE BESOINS SUR LE VIH/SIDA

Nous avons besoin de vos commentaires afin de nous aider à planifier les types de programmes qui aideraient les femmes autochtones à comprendre et à prévenir la propagation de l'infection du VIH. S'il-vous-plaît, veuillez répondre à toutes les questions. Sans vos commentaires, il nous sera impossible de développer des programmes appropriés pour répondre à vos besoins. Si vous désirez commenter toute question ou qualifier vos réponses, servez-vous de la marge ou de papier additionnel. Tous vos commentaires seront pris en considération, et les informations obtenues suite à ce questionnaire seront confidentielles. Merci de votre aide.

A. NIVEAU DE CONSCIENTISATION

Pour les questions de 1 à 5, veuillez encercler la réponse qui représente le mieux votre opinion.

1. Comment évaluez-vous votre degré de connaissance du VIH/SIDA (Veuillez encercler un nombre)

1	Très connaisseante	2	Assez connaisseante	3	En sais un peu	4	Très peu de connaissance
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2. Considérez-vous que les autochtones courent un plus grand risque, un risque semblable, ou un risque moindre comparativement aux autres canadiens, de contracter le VIH/SIDA ?
(Veuillez encercler un nombre)

1	Risque plus élevé	2	Risque semblable	3	Risque moins élevé
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3. Savez-vous s'il y a un programme pour dépister le VIH/SIDA dans votre région ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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3a. Si oui, avez-vous déjà utilisé l'un de ces programmes ? (Veuillez encircler un nombre)

1	Oui	2	Non	3	Ne sais pas
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4. Selon vos propres impressions, veuillez encircler si vous êtes d'accord (D), n'êtes pas d'accord (PD), ou ne savez pas (NSP), concernant les énoncés suivants: (Veuillez encircler une lettre)

Les gens peuvent attraper le VIH:			
en faisant l'amour sans condom	D	PD	NSP
en s'embrassant	D	PD	NSP
en partageant des seringues pour l'utilisation de drogues	D	PD	NSP
en partageant des aiguilles pour les tatouages	D	PD	NSP
en se donnant la main, ou en serrant qq'un ayant le VIH/SIDA	D	PD	NSP
en partageant une assiette, une fourchette, ou un verre avec qq'un ayant le VIH/SIDA	D	PD	NSP
de maringouins et autres insectes	D	PD	NSP
en mangeant dans un restaurant	D	PD	NSP
lorsque qq'un tousse ou nous éternue en plein visage	D	PD	NSP
par la pratique du sexe oral	D	PD	NSP
en se servant de lames de rasoir	D	PD	NSP

5. En vous basant sur vos propres impressions, pour chacun des énoncés qui suivent, veuillez indiquer si vous êtes d'accord (D), n'êtes pas d'accord (PD), ou ne savez pas (NSP).
(Veuillez encercler une lettre)

Les symptômes du VIH/SIDA sont différents pour un homme que pour une femme	D	PD	NSP
Les femmes courent un plus grand risque que les hommes de contracter le VIH/SIDA	D	PD	NSP
Les personnes infectées avec le VIH + ne devraient pas être actives sexuellement	D	PD	NSP
Les maladies transmises sexuellement (ie. herpès, maladies vénériennes) augmentent le risque d'une personne de contracter le virus du VIH/SIDA.	D	PD	NSP
Seulement les homosexuels peuvent contracter le VIH/SIDA.	D	PD	NSP
Le VIH/SIDA est une maladie dont il existe une cure.	D	PD	NSP
Une simple prise de sang peut déterminer si une personne est VIH positive ou non.	D	PD	NSP
Une personne peut être VIH positive pour plus de sept ans, sans avoir les symptômes du SIDA.	D	PD	NSP
La décision d'utiliser un condom revient à l'homme.	D	PD	NSP
Vous pouvez reconnaître si une personne est VIH positive, ou si elle a le SIDA, rien qu'à la voir.	D	PD	NSP
La pilule vous protégera des MTS et du VIH.	D	PD	NSP
Seulement les femmes de petite vertu portent sur elles des condoms.	D	PD	NSP
Une mère infectée peut transmettre le VIH à son bébé en l'allaitant.	D	PD	NSP
L'utilisation de la vaseline avec un condom peut le rendre faible et facile à briser.	D	PD	NSP
Vous ne pouvez pas attraper le VIH/SIDA si vous vivez dans une petite communauté.	D	PD	NSP
L'alcool et la drogue mènent parfois à des relations sexuelles non-protégées.	D	PD	NSP
Tous les enfants nés de mères VIH + seront VIH +.	D	PD	NSP
Le fait de prendre une douche vaginale immédiatement après une relation sexuelle réduit le risque d'attraper le VIH.	D	PD	NSP

B. COMPORTEMENT

1. Croyez-vous être à risque de contracter le VIH ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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2. Vous considérez-vous comme étant sexuellement active ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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3. Durant les six derniers mois, avez-vous eu plus d'un partenaire sexuel ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas	4	Ne s'applique pas
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4. Utilisez-vous un condom lors des relations sexuelles ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas	4	Ne s'applique pas
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5. Avez-vous de la difficulté à demander à votre partenaire d'utiliser un condom ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas	4	Ne s'applique pas
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6. Lorsque vous ne vous servez pas d'un condom, veuillez indiquer votre raison. (Veuillez encercler tous les nombres qui s'appliquent)

1	Partenaire ne veut pas	8	Dans une relation monogame
2	Partenaire saoul	9	Je n'ai pas le VIH/SIDA
3	J'étais saoul	10	Partenaire semblait en bonne santé
4	Pas de plaisir à utiliser les condoms	11	L'on m'a forcée à avoir une relation sexuelle
5	Les condoms sont douloureux	12	D'autres moyens contraceptifs sont utilisés
6	Les condoms sont trop dispendieux	13	Autre (veuillez spécifier)
7	Trop timide pour acheter des condoms	14	Autre (veuillez spécifier)

7. Avant d'avoir une relation sexuelle, vous renseignez-vous sur le passé sexuel de vos nouveaux partenaires ? (Veuillez encircler un nombre)

1	Toujours	2	Parfois	3	Jamais	4	Ne s'applique pas
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8. Si vous saviez ou suspectiez que votre partenaire a eu d'autres partenaires sexuels, considéreriez-vous être à risque élevé de contracter le VIH ? (Veuillez encircler un nombre)

1	Toujours	2	Parfois	3	Jamais	4	Ne s'applique pas
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9. Qu'arriverait-il si vous disiez à votre partenaire que vous n'auriez pas de relations sexuelles sans condom ? (Veuillez encircler un nombre)

1	Partenaire utiliserait un condom	4	Ne voudrait pas avoir de relations sexuelles
2	Partenaire refuserait d'utiliser un condom	5	Partenaire me forcerait à avoir une relation sans condom
3	Voudrait avoir des relations sexuelles quand même	6	Ne s'applique pas

10. Dans les douze derniers mois, avez-vous eu un Pap test ? (Veuillez encircler un nombre)

1	Oui	2	Non	3	Ne sais pas	4	Ne s'applique pas
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11. Dans les douze derniers mois, avez-vous eu un test pour les maladies transmises sexuellement ? (Veuillez encircler un nombre)

1	Oui	2	Non	3	Ne sais pas	4	Ne s'applique pas
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12. En vous basant sur vos connaissances du VIH/SIDA, avez-vous des relations sexuelles protégées ? (Veuillez encircler un nombre)

1	Oui	2	Non	3	Ne sais pas	4	Ne s'applique pas
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- 12a. Si oui, veuillez identifier quelles activités vous pratiquez afin de vous protéger ? (Veuillez encercler un nombre)

1	utiliser un condom	5	ne pas avoir de relations sexuelles
2	avoir moins de partenaires	6	se servir d'aiguilles propres
3	passer des tests en clinique régulièrement	7	Autre (veuillez spécifier)
4	utiliser un spermicide	8	Autre (veuillez spécifier)

C. INFORMATION ACTUELLE

1. En vous servant du tableau suivant, veuillez encercler **les trois (3) façons** dont vous avez reçu le plus d'information concernant le VIH/SIDA. (Veuillez encercler un nombre)

01	télévision	08	ami de la famille	15	ligne 1-800
02	radio	09	ami(e)(s)	16	aîné
03	revue	10	école/professeur	17	conseil de bande
04	journal	11	infirmière	18	centre d'amitié
05	dépliant	12	médecin	19	affiche
06	livre/bulletin	13	église	20	atelier
07	vidéo/film	14	clinique de santé communautaire	21	autre (veuillez spécifier)

2. Existe-t-il des programmes éducatifs sur le VIH/SIDA dans votre communauté ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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2a. Si oui, s'il-vous-plaît, parlez-nous de ces programmes.

3. Votre communauté distribue-t-elle des condoms gratuitement ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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4. Vous servez-vous de ce programme afin d'obtenir des condoms ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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5. Sur une échelle de 1 à 5, 1 n'étant pas très utile et 5 étant très utile, comment évalueriez-vous l'information que vous avez reçu sur le VIH/SIDA ? (Veuillez encercler un nombre)

1	Pas très utile	2	Pas utile	3	Moyenne	4	Utile	5	Très utile
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6. L'information reçue sur le VIH/SIDA a-t-elle changé votre attitude au sujet de la maladie? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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6a. Veuillez expliquer.

7. L'information reçue au sujet du VIH/SIDA a-t-elle modifié votre comportement ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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7a. Veuillez expliquer.

8. Existe-t-il des organismes pour le SIDA dans votre communauté ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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D. BESOINS FUTURS D'INFORMATION DES FEMMES AUTOCHTONES

1. En vous servant du tableau suivant, veuillez encircler les **trois (3) façons** que vous préféreriez le plus en apprendre sur le VIH/SIDA. (Veuillez encircler un nombre)

01	télévision	08	ami de la famille	15	ligne 1-800
02	radio	09	ami(e)(s)	16	aîné
03	revue	10	école/professeur	17	conseil de bande
04	journal	11	infirmière	18	centre d'amitié
05	dépliant	12	médecin	19	affiche
06	livre/bulletin	13	église	20	atelier
07	vidéo/film	14	clinique de santé communautaire	21	autre (veuillez spécifier)

2. Quel type d'information vous aiderait à mieux comprendre le phénomène du VIH/SIDA ? (Veuillez encircler un nombre)
O = oui N = non NSP = ne sais pas

Information de base sur le VIH/SIDA	O	N	NSP
Information statistique sur le VIH/SIDA	O	N	NSP
Négocier des pratiques sexuelles protégées	O	N	NSP
Information sur les approches au traitement du VIH/SIDA	O	N	NSP
Information sur la façon de prévenir la propagation du VIH/SIDA	O	N	NSP
Les symptômes du VIH/SIDA pour les femmes	O	N	NSP
Counselling et examens	O	N	NSP
Expériences de vie	O	N	NSP
Information sur la façon dont nous pouvons réduire les risques	O	N	NSP

3. Quel type d'information vous aiderait à parler à vos enfants concernant les relations sexuelles protégées ?

4. Quel genre d'ateliers vous aiderait à réduire les risques reliés au VIH/SIDA ? (Veuillez encercler tous les nombres qui s'appliquent)

1	Programmes sur la sexualité humaine
2	Formation sur l'affirmation de soi
3	Comment développer des relations
4	Formation sur l'estime de soi
5	Planning familiale
6	Sensibilisation à la culture
7	Communication
8	Autre (veuillez préciser)
9	Autre (veuillez préciser)

5. Les ateliers devraient-ils s'adresser aux hommes et aux femmes ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne sais pas
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6. Si vous aviez à formuler un slogan pour un programme de prévention du VIH/SIDA, selon vous, quel message devrait être livré ?

7. Selon vous, quels seraient les meilleurs moyens de décourager les comportements à risques élevés dans nos communautés autochtones ? (Veuillez encercler tous les nombres qui s'appliquent
0 = oui N = non NSP = ne sais pas

Slogans	O	N	NSP
Campagnes d'affiches	O	N	NSP
Distribuer des pochettes d'information sur le VIH/SIDA	O	N	NSP
Faire en sorte que les condoms soient plus facile à obtenir	O	N	NSP
Développer des ateliers	O	N	NSP
Promouvoir le respect de soi et la fierté autochtone	O	N	NSP
Se servir des enseignements traditionnels	O	N	NSP
Modèles	O	N	NSP
Pièces de théâtre	O	N	NSP
Pochettes d'information sur les MTS	O	N	NSP
Enseigner que le sexe n'équivaut pas à de l'amour	O	N	NSP
Enseigner les risques associés avec l'alcool et le sexe	O	N	NSP
Mettre de l'humour en parlant des relations sexuelles protégées	O	N	NSP

8. Dans quelle langue aimeriez-vous recevoir de l'information sur le VIH/SIDA ? (Veuillez encircler un nombre)

1	Autochtone seulement (veuillez spécifier)
2	Anglais seulement
3	Français seulement
4	Autochtone et anglais
5	Autochtone et français
6	Anglais et français

E. PROFIL DES FEMMES AUTOCHTONES

Afin de nous aider à comprendre vos réponses, veuillez répondre aux questions suivantes. Pour les questions 1 à 7, veuillez encercler le nombre correspondant à votre réponse.

1. Quel âge avez-vous (en années) ? (Veuillez encercler un nombre)

1	Moins de 15 ans	3	20 - 24	5	30 - 34	7	40 - 44	9	50 - 54	11	60 - 64
2	15 - 19	4	25 - 29	6	35 - 39	8	45 - 49	10	55 - 59	12	plus de 65

2. Quel est votre état civil actuel ? (Veuillez encercler un nombre)

1	Célibataire	3	Séparée	5	Conjointe de fait
2	Mariée	4	Divorcée	6	Veuve

3. Dans quelle province habitez-vous ? (Veuillez encercler un nombre)

1	C.-B.	3	YK.	5	SASK.	7	ONTARIO	9	T.-N.	11	N.-É.
2	ALB.	4	T.-N.-O.	6	MANIT.	8	QUÉBEC	10	N.-B.	12	I.-P.-É.

4. Quel est votre niveau de scolarité ? (Veuillez encercler un nombre)

1	Élémentaire	3	Sec. complété	5	Cégep (ou collège) complété	7	Université complété
2	Un peu de secondaire	4	Un peu de Cégep (ou collège)	6	Un peu d'université	8	Aucun des sus-mentionné

5. Avez-vous des enfants ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Aucune réponse
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6. Avez-vous parlé à vos enfants du VIH/SIDA ? (Veuillez encercler un nombre)

1	Oui	2	Non	3	Ne s'applique pas
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8. Auriez-vous des commentaires additionnels à formuler ?

Veillez retourner cette portion du questionnaire dans l'enveloppe pré-adressée ci-jointe, au plus tard le 31 décembre 1996 à:

L'Association des femmes autochtones du Canada
Attention: Beverly Blanchard
9, Avenue Melrose
Ottawa, ONT.
K1Y 1T8

ou faire parvenir par télécopieur au: (613) 722-7687.

Merci d'avoir pris le temps de compléter ce questionnaire.

Si vous connaissez d'autres femmes autochtones qui désireraient participer à cette étude de besoins, veuillez téléphoner notre bureau au 1-800-461-4043. Nous nous assurerons de leurs faire parvenir un questionnaire.