Aboriginal HIV/AIDS Attitudinal Survey 2006

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FINAL REPORT

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EXECUTIVE SUMMARY

Introduction and Methodology

The Public Health Agency of Canada (PHAC) commissioned EKOS Research Associates to conduct this tracking survey in order to create an overall picture of Aboriginal peoples' awareness and knowledge, as well as attitudes and behaviour related to HIV/AIDS, and to isolate patterns of sub-group differences, including demographic and attitudinal patterns. The purpose of the current survey is to help inform the communications and social marketing activities related to HIV/AIDS that are designed to educate the public, raise awareness levels and decrease the incidence of risk-related behaviours associated with contracting HIV. With the exception of only a few items, comparison points exist from the general public[1] for the same timeframe.

The survey included a total of 1,597 completed interviews with Aboriginal people over the age of 15, conducted by telephone in March of 2006. A total of 985 cases were collected with First Nations (513 with First Nations people living on a reserve and 472 with First Nations people living off-reserve); 408 with Métis and 204 with Inuit. The overall margin of error[2] for the First Nations sample is +/-3.2 per cent, while it is in the range of 4.3 to 4.9 per cent for the on-, and off-reserve sub-groups, as well as for the Métis sample. The Inuit sample carries an error rate of +/-6.9 per cent.

Knowledge and Awareness

As is the case in the broader general public[3], most Aboriginal people describe themselves as moderately knowledgeable or knowledgeable on the subject of HIV/AIDS, although self-rated knowledge is a fair bit lower among Inuit (where 28 per cent say that they are not knowledgeable about the disease). At least two in three Aboriginal people know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses, although some are not aware of this, and the proportion who are not aware is somewhat higher among First Nations people and Inuit. Just over half know that a person can have HIV for ten or more years without developing AIDS, although many are not aware of this. More than three in four Aboriginal people understand, however, that AIDS is deadly; realizing that HIV/AIDS cannot be cured.

For the most part, Aboriginal people are able to correctly identify how HIV is transmitted. Most Aboriginal people know, without prompting, that the HIV virus is spread through unsafe intercourse. Almost half the population also know - unprompted, that blood to blood contact (i.e., an open wound) is a way to

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[1] Based on HIV/AIDS Attitudinal Tracking Survey - 2006, EKOS Research Associates.

[2] The margin of error is a measure of the accuracy of the results, indicating how far the survey's results typically stray from the true value in the entire population (i.e., the finding will be accurate to within a certain number of percentage points 19 times out of 20).

[3] HIV/AIDS Attitudinal Tracking Survey - 2006, EKOS Research Associates.

transmit the virus, although this is lower among Inuit. When prompted, most Aboriginal people also realize that sharing drug needles and unsafe oral sex can put a person at risk of contracting HIV, that HIV can be transmitted from mother to child during pregnancy, or through tattoos or body piercing. Between one in ten and one in three Aboriginal people believe that HIV can be transmitted through kissing, from mosquito bites, from a sneeze or cough, or from casual contact or contact with objects such as fountains or toilets.

A vast majority of Aboriginal people can identify taking a blood test as a way to diagnose HIV/AIDS. Almost half of Aboriginal people believe, however, that HIV/AIDS can be diagnosed through a physical examination and one in five to one in seven also believe that self-diagnosis is possible.

From a top of mind perspective, Aboriginal people are not as likely as other members of the general public[4] to identify any specific group as being "at-risk" of contracting HIV/AIDS. Although gay men and injection drug users are identified one in ten to one in five times, Aboriginal people and "everyone" are also as likely categories. Those having unprotected sex, sex trade workers, and youth are even less likely than other segments to be examples immediately thought of as groups that are at risk. Between one in three and one in two individuals were unable to identify any specific at-risk groups.

Perceptions of Personal Risk

Results suggest that Aboriginal people are aware that HIV/AIDS can affect anyone. Between one in ten and one in three Aboriginal people believe that HIV/AIDS is mostly a third world disease, a gay person's disease or a drug user's disease. An overwhelming majority of Aboriginal people believe that HIV/AIDS is still a somewhat or very serious problem in Canada today. In particular, Aboriginal people are increasingly aware that Aboriginal youth (women in particular, according to the Inuit) are an at-risk group for HIV/AIDS. A strong majority of Aboriginal people rate their own personal risk of contracting HIV as low, although the perception of being at-risk is moderately higher among Inuit specifically (compared with other Aboriginal people).

As with the general public, most Aboriginal people report having been sexually active in the past 12 months. Of those who were sexually active, a large majority had only one partner, although roughly one in five engaged in sexual activity with two or more partners, which is marginally higher than found in the general public, and higher numbers (one in four to one in five) have had involvement with casual partners.

Knowing Someone with HIV/AIDS

The proportion of Aboriginal people who know or have known someone with HIV/AIDS is higher than found in the general public (52 per cent compared with 37 per cent in the general public), although this is not the case among the Inuit, where 35 per cent report knowing someone with HIV/AIDS. About half of those who know or have known someone with HIV/AIDS believe that this knowledge had little or no impact on their behaviour towards this person. Of those who do report a change in behaviour,

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[4] HIV/AIDS Attitudinal Tracking Survey, EKOS Research Associates, 2006.

relatively few report negative changes in their behaviour towards individuals they know with HIV/AIDS and most report positive changes, such as increased sympathy, increased awareness of HIV/AIDS, or increased support of that person.

Tolerance

Although Aboriginal people believe that they would be highly supportive of someone with HIV/AIDS, this support weakens in more distant relationships, and particularly, where a child is involved. More Aboriginal people believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS, which is higher than the support reported for a co-worker. A student attending the same school as their own child or a grocery store owner could expect to receive support from just over half of the population. In each case supportiveness is about ten to fifteen percentage points lower than found in the general public[5]. Roughly half of Aboriginal people agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and roughly one-third agree that people with HIV/AIDS should be permitted to work in positions such as dentists, and even fewer among First Nations. Furthermore, over half of the Aboriginal population would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS and more than one-third would feel uncomfortable working in an office where someone developed HIV/AIDS or shopping at a small neighbourhood grocery store where the owner has HIV/AIDS.

Only a minority, however, agree that they could not remain or become friends with someone with HIV/AIDS or believe that people who get HIV/AIDS through sex or drug use have gotten what they deserve. Furthermore, although Aboriginal people demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, few hold strong negative feelings towards those living with HIV/AIDS: most Aboriginal people feel no fear, anger or disgust towards people living with HIV/AIDS.

Of a range of factors examined, the fact that HIV/AIDS is a fatal disease is seen as having the greatest impact on the level of public discomfort with this disease (64 to 72 per cent identify this as having a strong influence). Other factors identified as having a strong influence on public discomfort levels by over half of Aboriginal people include the association between HIV/AIDS and certain behaviours, such as casual/promiscuous sex (62 to 69 per cent), intravenous drug use (65 to 55 per cent), and the association between HIV/AIDS and or the association with homosexual sex (50 to 52 per cent). Aboriginal people are only slightly less likely to think that people are uncomfortable with HIV/AIDS because they associate HIV/AIDS with certain groups, such as drug users or gay men, or influences by fear of infection through casual contact.

Aboriginal people believe that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS: most Aboriginal people believe that people would be unwilling to tell others they have HIV/AIDS; about half to two-thirds believe that people living with

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[5] As measured by the HIV/AIDS Attitudinal Tracking Survey, 2006.

HIV/AIDS experience difficulty obtaining housing, health care or employment; and half agree that people are unwilling to be tested for HIV due to the stigma associated with this disease.

There is a strong appreciation for the potential for stigma related to HIV/AIDS. Close to two-thirds of Aboriginal people agree that the shame felt by some people living with HIV/AIDS is often also felt by their children or others close to them. Over one-third agree that if they were diagnosed with HIV/AIDS they would not want others in their community or on their reserve to know, and an equal proportion would seek treatment off-reserve or outside their community to reduce the chance that others find out. One-quarter agree that people living with HIV/AIDS are pressured to leave the community or reserve. Similarly, two in ten First Nations people living on-reserve agree that those who leave the reserve and return with HIV/AIDS are not welcomed back. Finally, two in ten First Nations people agree that people who have left their reserve often return with HIV/AIDS.

Many Aboriginal people believe that they do not receive the same quality of medical treatment for HIV/AIDS as other Canadians do. Just over four in ten First Nations people agree that First Nations people living on a reserve are less likely to get the right medical treatment for HIV/AIDS. Somewhat fewer believe that Aboriginal people living off-reserve are subject to sub-standard medical treatment for HIV/AIDS.

Rights and Responsibilities of People Living with HIV/AIDS

The vast majority of Aboriginal people believe that people living with HIV/AIDS have the same right to health care and housing as they do. Most also believe that people living with HIV/AIDS have the same right to employment as they do, which stands in contrast to the fact that many do not believe that those living with HIV/AIDS should be able to serve the public in positions such as dentists.

Most Aboriginal people do not believe that people living with HIV/AIDS should be legally quarantined from others to protect public health, or that names of people with HIV/AIDS should be made public so that others can avoid them. Aboriginal people are divided, however, on whether persons living with HIV/AIDS should have the right to be sexually active. Most Aboriginal people believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease, and believe that they have a responsibility to tell others about their condition.

Information Sources

Television in general and advertisements are the two primary sources where Aboriginal people say that they have recently heard about HIV/AIDS, followed by newspaper articles and television news in the Métis population and among First Nations living off-reserve. All other sources are cited by fewer than one in seven.

When asked where they would go if they were actively seeking information about HIV/AIDS today, most Aboriginal people cite the Internet, followed by nurses and other health care professionals, and doctors. Other sources were cited considerably less frequently, by one in ten or less.

Reliability of and Comfort with Information Sources

Aboriginal people consider a clinic, nursing station or their family doctor or another health care professional to be the most reliable information source about HIV/AIDS, followed by the FNIHB, or a pharmacist. About half consider the federal government to be a reliable source, as is also the case with a person living with HIV/AIDS. The media, friends and family are considered to be the least reliable information sources by Aboriginal people despite the fact that mass media is the most frequently cited source of information on HIV/AIDS.

Aboriginal people would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional, nursing station or an AIDS organization, pharmacist or clinic, particularly among Métis in the case of the latter. Two in three to three in four Aboriginal people say that they would feel comfortable seeking information from a person living with HIV/AIDS.

In terms of effective ways to provide people with information about HIV/AIDS, Aboriginal people point most often to schools and public education announcements on television and the radio, with the exception of First Nations people in the case of the latter. This is followed by informing elders and community workers. Information sharing in traditional Aboriginal ceremonies or activities is the least popular approach.

Typology of Aboriginal People

In addition to the basic analyses cited throughout the report, a typology of Aboriginal people was created. The typology groups Aboriginal people into segments of people with similar knowledge levels and attitudes regarding HIV/AIDS. This was carried out using factor and cluster analyses, as well as reliability analyses.

- *Well Informed Liberal-Minded:* This segment typically represents the second largest share of Aboriginal people between 17 and 28 per cent). They are the most knowledgeable and comfortable with people with HIV/AIDS, are the least likely to hold stigmatizing and discriminatory views, and the least likely to distance themselves from the issue (as a disease that only happens to others). They are more likely to perceive HIV/AIDS to be a serious issue, and one that is not diminishing with time. Typically they are more likely to know someone with HIV/AIDS and express high levels of support and sympathy around people with HIV/AIDS. They tend to rely on newspapers, television, magazines, work, and the Internet for information and would consult the Internet to obtain further information. They place considerable confidence in health professionals, AIDS service organizations and authorities as reliable information sources. This segment is most apt to report post-secondary education. Women and individuals between the ages of 25 to 44 are also over-represented in this segment.
- *Informed Liberal-Minded:* This segment represents the largest portion of Aboriginal people (from 27 per cent to 33 per cent). They have the second highest knowledge scores and are moderately comfortable with people living with HIV/AIDS. They generally do not hold

stigmatizing or discriminating attitudes towards people with HIV/AIDS and are less likely than many other Aboriginal people to distance themselves from the issue (as a disease that only happens to others). They tend to see HIV/AIDS as a serious issue that is not declining over time. This group is more likely to know someone with HIV/AIDS and together with the segment one express high levels of support and sympathy around people with HIV/AIDS. They tend to rely on television, school, and the Internet for information and would consult the Internet to obtain further information. They express high confidence in people living with HIV/AIDS, AIDS service organizations, and health care professionals in their community as reliable information sources. This group is over-represented by women, youth, and individuals with post-secondary education and higher income earners.

- *Uninformed Deniers:* This group comprises one in four to one in five Aboriginal people. Members of this group have low knowledge about HIV/AIDS, and demonstrate average levels of comfort with people living with HIV/AIDS. They also show average levels of stigma and discrimination. They tend to minimize the seriousness of the issue and are somewhat more likely to distance themselves from the issue of HIV/AIDS, and see it as a disease affecting the third world, gay community or drug users. This group does not stand out in terms of its differences from the overall population as much as the other four segments do. This group is over-represented by men, and individuals who are younger than 25 years of age and have high school education.
- *Semi-Informed Distancing:* This segment comprises one in seven to one in four Aboriginal people. It is characterized by low to medium knowledge levels, strong discomfort around people with HIV/AIDS, and high levels of stigmatizing views. They tend to minimize and distance themselves from the issue, and are most likely to support the discrimination of people living with HIV/AIDS. This group is, in many ways, similar to the fifth group (Uninformed Uncomfortable), however, their knowledge level is higher and their tendency to distance themselves from HIV/AIDS is more acute. In terms of information sources, this group is less likely to have heard about HIV/AIDS from newspapers and the Internet. They would be most uncomfortable seeking information from people with HIV/AIDS. They are typically less likely to know someone with HIV/AIDS and are less likely to be sexually active. This group includes a higher number of men and individuals with low levels of income and education.
- *Uninformed Uncomfortable:* This segment comprises only a small segment of First Nations and Métis people but reaches one in eight in the Inuit sample. Individuals in this group are characterized by the lowest knowledge about HIV/AIDS by far, the highest discomfort around people living with HIV/AIDS, and high levels of stigmatizing views. This group is likely to distance themselves from the issue of HIV/AIDS, viewing it as a disease found mostly in third world countries, among gay people and drug users, and are inclined to support the discrimination and isolation of people with HIV/AIDS.

SOMMAIRE

Introduction et méthodologie

L'Agence de santé publique du Canada (ASPC) a confié aux Associés de recherche EKOS le soin d'effectuer le présent sondage de suivi afin de dégager un tableau d'ensemble de la sensibilisation des Autochtones au VIH/sida, de leurs connaissances en la matière, de leurs attitudes et de leurs comportements, et pour isoler des tendances différentielles selon les sous-groupes, notamment dans l'ordre de la démographie et des attitudes. Le sondage avait aussi pour objet de contribuer aux activités de communication et de marketing social liées au VIH/sida, qui tendent à informer la population, à hausser son degré de sensibilisation et à réduire l'incidence de comportements susceptibles de faire contracter le virus. À l'exception d'un petit nombre de résultats, il existe des points de comparaison avec la population en général[6] au cours de la période à l'étude.

Le sondage comportait 1597 entrevues complètes avec des Autochtones de plus de 15 ans, réalisées au téléphone en mars 2006. Elles se répartissent entre 985 entrevues avec des membres des Premières nations (dont 513 vivant dans une réserve et 472 vivant hors réserve); 408 entrevues avec des Métis et 204 avec des Inuits. La marge d'erreur[7] pour l'échantillon des membres des Premières nations dans son ensemble est de +/-3,2 p. 100, alors qu'elle varie de 4,3 à 4,9 p. 100 pour les sous-groupes vivant dans une réserve ou hors réserve de même que pour l'échantillon des Métis. En ce qui concerne l'échantillon Inuit, la marge d'erreur s'établit à +/-6,9 p. 100.

Connaissances et sensibilisation

Comme pour la population en général[8], la plupart des Autochtones estiment qu'ils sont renseignés ou assez bien renseignés au sujet du VIH/sida, quoique l'autoévaluation des connaissances soit sensiblement plus faible parmi les Inuits (dont 28 p. 100 disent qu'ils ne sont pas renseignés sur la maladie). Au moins les deux tiers des Autochtones savent que quand quelqu'un a le VIH/sida, son corps ne peut pas se défendre contre des maladies ordinaires, mais il demeure que certains ne le savent pas, et la proportion de ceux qui l'ignorent est un peu plus élevée parmi les membres des Premières nations et les Inuits. Un peu plus de la moitié savent qu'une personne peut avoir le VIH pendant dix ans ou plus sans développer le sida, mais un grand nombre n'en sont pas conscients. Plus des trois quarts des Autochtones comprennent, toutefois, que le sida est mortel et savent que le VIH/sida n'est pas guérissable.

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[6] D'après le Sondage de suivi sur les attitudes touchant le VIH/sida - 2006, Les Associés de recherche EKOS.

[7] La marge d'erreur mesure l'exactitude des résultats. Elle indique jusqu'à quel point les résultats du sondage pour chaque segment étudié peuvent s'écarter de la valeur réelle pour la population globale (c.-à-d. que l'observation sera exacte jusqu'à un certain nombre de points de pourcentage, 19 fois sur 20).

[8] Sondage de suivi sur les attitudes touchant le VIH/sida - 2006, Les Associés de recherche EKOS.

Pour la plupart, les Autochtones sont à même d'identifier les modes de transmission du VIH. Ils savent en majorité, et sans aide, que le virus du VIH peut s'attraper lors de relations sexuelles non protégées. Près de la moitié de la population sait aussi – spontanément – que le contact par le sang (provenant, par exemple d'une plaie ouverte) peut transmettre le virus, bien que cette connaissance soit plus faible parmi les Inuits. Si on les guide, la plupart des Autochtones reconnaissent aussi que le partage de seringues servant à l'injection de drogue de même que la fellation non protégée mettent une personne en danger de contracter le VIH, que le VIH peut se transmettre de la mère à l'enfant pendant la grossesse ou, encore, au moyen du tatouage ou du perçage de parties du corps. Ils sont entre un Autochtone sur dix et un sur trois à croire que le VIH peut s'attraper par un baiser, une piqûre de moustique, à cause d'un éternuement ou de la toux, par un contact occasionnel ou un contact avec des objets comme une fontaine d'eau potable ou une toilette.

La vaste majorité des Autochtones savent qu'une analyse sanguine constitue un moyen de diagnostiquer le VIH/sida. Toutefois, près de la moitié des Autochtones croient que le VIH/sida peut être diagnostiqué lors d'un simple examen médical et ils sont de un sur cinq à un sur sept à croire aussi qu'on peut s'autodiagnostiquer.

De façon spontanée, les Autochtones ne sont pas aussi susceptibles que la population en général[9] de nommer un groupe particulier comme étant «à risque» de contracter le VIH/sida. Bien que les hommes gais et les consommateurs de drogue par injection soient mentionnés entre une fois sur dix et une fois sur cinq, la catégorie des Autochtones et celle appelée «tout le monde» sont tout aussi susceptibles de l'être. Les personnes ayant des relations sexuelles non protégées, les travailleurs et travailleuses du sexe ainsi que les jeunes sont encore moins susceptibles que les autres groupes d'être des exemples qui viennent immédiatement à l'esprit en tant que groupes à risque. Entre le tiers et la moitié des répondants n'ont pas pu nommer de groupe à risque particulier.

Perception du risque personnel

Les résultats laissent entendre que les Autochtones sont conscients du fait que le VIH/sida peut affecter n'importe qui. Ils sont entre un sur dix et un sur trois à croire que le VIH/sida est surtout une maladie du tiers monde, une maladie d'homosexuels ou une maladie de drogués. Une majorité écrasante d'Autochtones estiment que le VIH/sida demeure encore de nos jours un problème assez ou très sérieux au Canada. En particulier, les Autochtones savent de plus en plus que les jeunes Autochtones (notamment les jeunes femmes, de l'avis des Inuits) forment un groupe à risque d'attraper le VIH/sida. Une forte majorité d'Autochtones qualifient de faible leur propre risque de contracter le VIH, bien que l'impression d'être à risque est un peu plus élevée parmi les Inuits en particulier (comparativement aux autres Autochtones).

Comme pour la population en général, la plupart des Autochtones déclarent avoir été actifs sur le plan sexuel dans les 12 derniers mois. Parmi ceux qui l'ont été, une vaste majorité n'ont eu qu'un seul partenaire mais ils sont près d'un sur cinq à avoir eu des relations sexuelles avec deux partenaires ou plus,

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[9] Sondage de suivi sur les attitudes touchant le VIH/sida, Les Associés de recherche EKOS, 2006.

ce qui est légèrement plus que pour l'ensemble de la population en général, et ils sont plus nombreux encore (entre le quart et le cinquième) à avoir eu des partenaires occasionnels.

Connaissance d'une personne ayant le VIH/sida

La proportion d'Autochtones qui connaissent ou ont connu quelqu'un ayant le VIH/sida est supérieure à celle de la population en général (52 p. 100 comparativement à 37 p. 100 de la population en général, bien que cette proportion diffère chez les Inuits où 35 p. 100 déclarent connaître une personne qui a le VIH/sida. Environ la moitié de ceux qui connaissent ou ont connu quelqu'un ayant le VIH/sida pensent que cela n'a pas beaucoup ou pas du tout eu d'effet sur leur comportement à l'égard de cette personne. Ceux qui déclarent un changement de comportement sont assez peu nombreux à affirmer avoir eu un comportement négatif à l'égard des personnes de leur connaissance qui ont le VIH/sida, et la plupart déclarent un changement positif, comme une sympathie accrue, une plus grande sensibilisation au VIH/sida ou plus de soutien apporté à cette personne.

Tolérance

Bien que les Autochtones se pensent très disposés à venir en aide à quelqu'un qui aurait le VIH/sida, leur soutien s'affaiblirait s'il s'agissait de relations distantes et, en particulier, s'il y avait un enfant en cause. Les Autochtones sont plus nombreux à croire qu'ils réagiraient avec compassion s'ils découvraient qu'un bon ami a le VIH/sida, soit un taux de compassion plus fort que pour un collègue. Un élève qui fréquente la même école que leur enfant ou le propriétaire d'un dépanneur pourraient s'attendre à du soutien de la part d'un peu plus de la moitié de la population. Dans chaque cas le degré de compassion est de dix à quinze points de pourcentage inférieur à celui de la population en général[10]. Près de la moitié des Autochtones s'accordent à dire que les gens qui ont le VIH/sida devraient pouvoir servir le public en qualité de coiffeur et près du tiers pensent que les gens qui ont le VIH/sida devraient pouvoir exercer les fonctions de dentiste, ce chiffre étant encore plus bas parmi les membres des Premières nations. En outre, plus de la moitié de la population autochtone se sentirait assez ou très mal à l'aise si un ami intime ou un membre de la famille fréquentait quelqu'un qui a le VIH/sida, et plus du tiers se sentirait mal à l'aise de travailler dans un bureau où quelqu'un a attrapé le VIH/sida ou de faire ses emplettes dans un dépanneur dont le propriétaire a le VIH/sida.

Les Autochtones ne sont toutefois qu'une minorité à dire qu'ils ne pourraient pas demeurer ou devenir amis avec quelqu'un qui a le VIH/sida ou à penser que les gens qui attrapent le VIH/sida à cause du sexe ou de la drogue ont ce qu'ils méritent. En outre, bien que les Autochtones se montrent ambigus quant à leur tolérance au sujet d'un contact direct avec les gens qui vivent avec le VIH/sida, ils sont peu nombreux à éprouver des sentiments très négatifs à l'égard de ces personnes : la plupart des Autochtones ne ressentent pas de crainte, de colère ou de dégoût à l'égard des gens qui vivent avec le VIH/sida.

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[10] Tel que mesuré par le Sondage de suivi sur les attitudes touchant le VIH/sida, 2006.

Parmi les divers facteurs à l'étude, le caractère mortel du VIH/sida est perçu comme celui qui a le plus d'effet sur le degré de malaise que le public éprouve devant cette maladie (de 64 à 72 p. 100 y attribuent une influence majeure). Parmi les autres facteurs qui exercent beaucoup d'influence sur le malaise du public, plus de la moitié des Autochtones mentionnent l'association entre le VIH/sida et certains comportements comme le vagabondage sexuel (62 à 69 p. 100), la consommation de drogue par injection (55 à 65 p. 100) et l'association entre le VIH/sida et l'homosexualité (50 à 52 p. 100). Les Autochtones ne sont qu'un peu moins portés à penser que les gens sont mal à l'aise à l'égard du VIH/sida parce qu'ils associent cette maladie à certains groupes comme les drogués ou les hommes gais, ou qu'ils sont influencés par la crainte d'être infectés lors d'un contact occasionnel.

Les Autochtones sont d'avis que l'intolérance et la stigmatisation associées au VIH/sida ont d'importantes répercussions sur les personnes atteintes : la majorité des Autochtones pensent que les gens ne sont pas prêts à dire aux autres qu'ils ont le VIH/sida; entre la moitié et les deux tiers pensent que les gens qui vivent avec le VIH/sida éprouvent de la difficulté à trouver un logement, des soins de santé ou un emploi, et la moitié affirment que les gens ne sont pas prêts à subir un test de dépistage du VIH par peur d'être stigmatisés à cause de cette maladie.

La population est très consciente du danger de stigmatisation qui entoure le VIH/sida. Près des deux tiers des Autochtones s'accordent à dire que la honte ressentie par certaines personnes qui vivent avec le VIH/sida est souvent ressentie également par leurs enfants ou leurs proches. Plus du tiers affirment que s'ils recevaient un diagnostic de VIH/sida, ils ne voudraient pas que les autres membres de leur collectivité ou de leur réserve le sachent, et ils déclarent dans une proportion égale qu'ils iraient se faire soigner à l'extérieur de leur réserve ou de leur collectivité pour réduire la possibilité que les autres l'apprennent. Ils sont le quart à croire que les gens qui vivent avec le VIH/sida sont incités à quitter la collectivité ou la réserve. De même, deux membres des Premières nations sur dix qui vivent dans une réserve pensent que ceux qui quittent la réserve et y reviennent avec le VIH/sida ne sont pas les bienvenus. Enfin, deux membres des Premières nations sur dix affirment que des gens qui ont quitté leur réserve y reviennent souvent avec le VIH/sida.

Beaucoup d'Autochtones sont persuadés qu'ils ne reçoivent pas des traitements médicaux de même qualité pour le VIH/sida que les autres Canadiens. Un peu plus de quatre membres des Premières nations sur dix s'accordent à dire que les membres des Premières nations vivant dans une réserve sont moins susceptibles d'obtenir le bon traitement médical pour le VIH/sida. Ils sont assez peu nombreux à croire que les Autochtones qui vivent hors réserve obtiennent des soins médicaux inférieurs à la moyenne pour le VIH/sida.

Droits et responsabilités des personnes ayant le VIH/sida

La vaste majorité des Autochtones pensent que les gens qui vivent avec le VIH/sida ont les mêmes droits qu'eux en matière de soins de santé et de logement. La plupart pensent aussi que les gens qui vivent avec le VIH/sida ont les mêmes droits qu'eux à l'emploi, ce qui vient contredire le fait qu'ils sont nombreux à croire que les personnes ayant le VIH/sida ne devraient pas pouvoir occuper des positions qui les mettent en contact avec le public, comme celle de dentiste.

La majorité des Autochtones ne pensent pas que les personnes atteintes du VIH/sida doivent être formellement mises en quarantaine pour protéger la santé publique ou qu'il faille publier leurs noms afin que les autres puissent les éviter. Les Autochtones sont toutefois partagés quant à savoir si les personnes ayant le VIH/sida devraient avoir le droit de mener une vie sexuelle active. La majorité des Autochtones pensent que les personnes qui ont le VIH/sida devraient assumer la responsabilité de protéger les autres contre leur maladie et qu'elles se doivent d'informer les autres de leur état.

Sources d'information

La télévision en général et la publicité sont les deux principales sources où les Autochtones disent avoir entendu parler récemment du VIH/sida, après quoi viennent les articles de journaux et les nouvelles télévisées parmi la population des Métis et les membres des Premières nations vivant hors réserve. Toutes les autres sources sont citées par moins d'un répondant sur sept.

Interrogés quant à savoir où ils s'adresseraient aujourd'hui pour obtenir des renseignements sur le VIH/sida, la majorité des Autochtones répondent par Internet, après quoi viennent les infirmières et d'autres professionnels de la santé ainsi que les médecins. Les autres sources sont mentionnées beaucoup moins souvent, soit par un dixième ou moins des répondants.

Fiabilité des sources d'information et degré d'aise à leur égard

Pour les Autochtones, une clinique, un poste de soins infirmiers ou leur médecin de famille de même qu'un autre professionnel de la santé constituent en majorité des sources d'information dignes de confiance sur le VIH/sida, après quoi viennent la DGSPNI ou un pharmacien. Environ la moitié considère le gouvernement fédéral comme source digne de confiance, tout comme une personne vivant avec le VIH/sida. Les médias, les amis et la famille sont tenus par les Autochtones pour être les sources d'information les moins fiables malgré que les médias soient la source d'information sur le VIH/sida la plus souvent citée.

Les Autochtones se sentiraient le plus à l'aise de se renseigner sur le VIH/sida auprès de leur médecin de famille ou d'un autre professionnel de la santé, dans un poste de soins infirmiers, auprès d'une organisation qui s'occupe du sida, d'un pharmacien ou d'une clinique, notamment parmi les Métis, dans ce dernier cas. Entre les deux tiers et les trois quarts des Autochtones disent qu'ils seraient à l'aise de demander des renseignements à une personne qui a le VIH/sida.

Comme moyens efficaces de procurer de l'information aux gens sur le VIH/sida, les Autochtones mentionnent le plus souvent l'école et les messages d'intérêt public à la télévision et à la radio, à l'exception des membres des Premières nations dans ce dernier cas. Viennent ensuite les aînés renseignés et les travailleurs communautaires. Le partage de l'information lors des cérémonies ou activités traditionnelles autochtones constitue l'approche la moins populaire.

Typologie des Autochtones

Outre les analyses de base figurant dans le présent rapport, nous avons dressé une typologie des Autochtones. Celle-ci répartit les Autochtones en segments de personnes ayant un niveau de connaissance et des attitudes semblables au sujet du VIH/sida. La typologie a été effectuée au moyen d'analyses factorielles et par grappes ainsi qu'avec des analyses de fiabilité.

- *Bien informés, d'esprit libéral :* Ce segment est normalement le deuxième quant au nombre et représente entre 17 et 28 p. 100 des Autochtones. Ses membres sont les plus renseignés et les plus à l'aise avec les gens qui ont le VIH/sida, ils sont les moins susceptibles d'avoir une opinion stigmatisante et discriminatoire et les moins susceptibles de se distancier du problème (en tant que maladie qui n'arrive qu'aux autres). Ils sont plus portés à percevoir le VIH/sida comme un problème sérieux et qui ne s'atténue pas avec le temps. Ils sont normalement plus susceptibles de connaître quelqu'un qui a le VIH/sida et manifestent un degré élevé de soutien et de compassion envers les gens qui ont le VIH/sida. Ils tendent à compter sur les journaux, la télévision, les magazines, leurs collègues et Internet pour s'informer et ils consulteraient Internet pour obtenir de plus amples renseignements. Ils font énormément confiance aux professionnels de la santé, aux organisations qui offrent des services touchant le sida et aux autorités comme sources d'information dignes de confiance. Ce segment est plus susceptible d'avoir fait des études postsecondaires. Les femmes et les personnes de 25 à 44 ans sont également surreprésentées dans ce segment.

- *Informés, d'esprit libéral :* Ce segment représente la plus grande partie des Autochtones (de 27 p. 100 à 33 p. 100). Ses membres arrivent au deuxième rang dans l'échelle des connaissances et ils sont moyennement à l'aise avec les gens atteints du VIH/sida. De façon générale, ils n'affichent pas d'attitudes stigmatisantes ou discriminatoires à l'égard des gens qui ont le VIH/sida et ils sont moins susceptibles que beaucoup d'autres Autochtones de se distancier du problème (en tant que maladie qui n'arrive qu'aux autres). Ils tendent à percevoir le VIH/sida comme un problème sérieux qui ne s'atténue pas au fil du temps. Ce groupe est plus susceptible de connaître quelqu'un qui a le VIH/sida et ses membres, comme ceux du premier segment, manifestent un degré élevé de soutien et de compassion envers les gens atteints du VIH/sida. Ils tendent à compter sur la télévision, l'école et Internet pour s'informer et ils consulteraient Internet pour obtenir de plus amples renseignements. Ils font fortement confiance aux gens qui vivent avec le VIH/sida, aux organisations qui offrent des services touchant le sida et aux professionnels de la santé de leur collectivité comme sources d'information. Ce groupe comporte une surreprésentation de femmes, de jeunes et de personnes qui ont fait des études postsecondaires et gagnent un revenu supérieur.

- *Non informés et négateurs :* Ce groupe comprend entre le quart et le cinquième des Autochtones. Ses membres sont peu renseignés sur le VIH/sida et font preuve d'un degré d'aise moyen avec les gens atteints du VIH/sida. Ils montrent aussi des niveaux moyens de stigmatisation et de discrimination. Ils tendent à minimiser la gravité du problème et ils sont un peu plus susceptibles de se distancier du VIH/sida et de le percevoir comme une maladie qui affecte le tiers monde, les gais ou les drogués. Ce groupe ne se distingue pas de l'ensemble de la population autant que les quatre autres segments du point de vue de ses différences. Il comporte une surreprésentation d'hommes et de personnes de moins de 25 ans et dont le niveau de scolarité est celui de l'école secondaire.

- *Moyennement informés et distants :* Ce segment comprend entre le septième et le quart des Autochtones. Il se caractérise par un niveau de connaissance allant de faible à moyen, un fort malaise à l'égard des gens qui ont le VIH/sida et des points de vue très stigmatisants. Ses membres tendent à minimiser le problème et à s'en distancier, et ils sont plus susceptibles d'être en faveur de la discrimination à l'égard des personnes atteintes du VIH/sida. Ce groupe ressemble sous bien des aspects au cinquième groupe (celui des non informés et mal à l'aise), mais son niveau de connaissance est supérieur et sa tendance à se distancier du problème est plus prononcée. En ce qui concerne les sources d'information, ce groupe est moins susceptible d'avoir entendu parler du VIH/sida dans les journaux et Internet. Ses membres seraient les plus mal à l'aise de demander des renseignements à des personnes ayant le VIH/sida. Ils sont normalement moins susceptibles de connaître quelqu'un qui a le VIH/sida et moins susceptibles de mener une vie sexuelle active. Ce groupe comprend un nombre plus élevé d'hommes et de personnes ayant des niveaux faibles de revenu et de scolarité.

- *Non informés et mal à l'aise :* Ce segment ne comprend qu'une petite fraction des membres des Premières nations et des Métis mais représente un huitième de l'échantillon inuit. Les personnes de ce groupe se caractérisent par un niveau de connaissance sur le VIH/sida de loin le plus faible, le malaise le plus marqué à l'égard des gens qui vivent avec le VIH/sida et des points de vue très stigmatisants. Ce groupe est porté à se distancier du problème du VIH/sida, à le percevoir comme une maladie qui frappe surtout les pays du tiers monde, la population gaie et les drogués, et ils sont enclins à être en faveur de la discrimination envers les gens atteints du VIH/sida et de leur isolement.

1. INTRODUCTION

1.1 CONTEXT

Since the discovery of the human immunodeficiency virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) more than 20 years ago, millions of people throughout the world have been infected with HIV, and it has become a global epidemic. Between 36.7 and 45.3 million people around the world are living with HIV; since the epidemic began, AIDS has killed more than 24 million people. In December 2005, a report issued by UNAIDS and the World Health Organization estimated that in the past year alone, between 4.3 and 6.6 million people have been newly infected with HIV, and between 2.8 and 3.6 million people with AIDS have died. In addition, by the end of 2004, approximately 15 million children (most of whom were in Africa) had lost one or both parents to AIDS.[11]

HIV attacks and damages the body's immune and nervous systems, and AIDS typically develops several years (sometimes even after ten years) after a person is infected with HIV. HIV is transmitted through several routes, including having unprotected sexual intercourse with a person living with HIV/AIDS; sharing needles for injecting drugs with someone already infected; tattooing and/or skin piercing with unsterilized needles; receiving infected blood or blood products; and during pregnancy, at birth or through breastfeeding, when an infected mother can pass the virus to her child.[12] HIV is not transmitted through casual contact, by saliva or respiratory droplets, insect bites, or by inanimate objects such as toilet seats, drinking glasses, or eating utensils.[13] There is currently no vaccine for HIV and, while there are treatments, there is no cure. Furthermore, the virus itself changes quickly, mutating, creating new strains that present challenges in detection, prevention and treatment.

In Canada, the number of people living with HIV/AIDS in Canada continues to increase, from an estimated 40,000 in 1996, to 56,000 in 2002, and just under 58,000[14] in 2004. Many remain unaware of their HIV infection. These individuals are particularly important because, until they are diagnosed, they cannot take advantage of available care, treatment and support or appropriate counselling to prevent the further spread of HIV.

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[11] Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (December, 2005). AIDS Epidemic Update.

[12] The Canadian Public Health Association AIDS Program (May, 1995). Basic facts about HIV/AIDS.

[13] Royal Society of Canada (1988), op. cit.

[14] Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (December, 2005). AIDS Epidemic Update.

The number of reported new annual HIV infections has risen by 20 per cent in the past five years (from 2111 in 2000 to 2529 in 2004); women now comprise over one quarter of new diagnoses (compared to less than 10 per cent in 1995). Among women, those aged 15–29 years appear to be most at risk; women in that age group represented 42 per cent of new diagnoses in 2004 (compared with 13 per cent in 1985–1994). These trends correspond to the growing proportion (30 per cent in 2004) of HIV diagnoses attributable to heterosexual transmission - evidence of the heterogeneity and maturity of the country's epidemic.

The HIV/AIDS epidemic in Canada is complex and changing. HIV is increasingly infecting the more vulnerable segments of the Canadian population, especially those who are marginalized by socio-economic factors, those who use intravenous drugs, women living in poverty, many Aboriginal communities, prison inmates, and young gay men. Of the estimated 56,000 Canadians living with HIV in 2002, 58 per cent were men who have sex with men, 20 per cent were injecting drug users, and 18 per cent were heterosexuals. The heterosexual exposure category is a diverse group that includes those who have had sexual contact with someone who is HIV-infected and those who were born in a country where HIV is endemic.

Aboriginal peoples continue to be over-represented among HIV/AIDS infections in Canada. While Aboriginal peoples made up only 3.3 per cent of the general Canadian population according to the last census, the proportion of AIDS diagnoses among Aboriginal Peoples increased from 2.3 per cent to 14.8 per cent between 1994 and 2004.[15]

In addition to the toll on human life and costs to individuals and families in Canada (and around the world), the AIDS epidemic is placing enormous burdens on the health care system. To contribute to a comprehensive and integrated Government of Canada response to HIV/AIDS, the Federal Initiative to Address HIV/AIDS in Canada has been developed. The Federal Initiative is an evolution from the Canadian Strategy on HIV/AIDS and builds on the recommendations from the Standing Committee on Health; lessons learned from past federal HIV/AIDS strategies; and consultations with stakeholders, provinces and territories. In May 2004, the federal government announced that ongoing federal HIV/AIDS funding would increase from $42.2 million to $84.4 million annually by 2008-2009. The Federal Initiative to Address HIV/AIDS in Canada was officially launched in January 2005.

The 2006 Aboriginal HIV/AIDS Attitudinal Survey will help inform Federal Initiative's communications and social marketing activities related to HIV/AIDS that are designed to educate the public, raise awareness levels and decrease the incidence of risk-related behaviours associated with contracting HIV. The survey's results will also help inform program and policy initiatives both within government and non-governmental sectors. This research will obtain baseline data on the knowledge, awareness and behaviour of First Nations, Métis and Inuit peoples with respect to HIV/AIDS in order to provide First Nations and Inuit Health Branch (FNIHB) and the Public Health Agency of Canada (PHAC) with an accurate understanding of their attitudes regarding HIV/AIDS and HIV/AIDS-related stigma and discrimination.

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[15] Public Health Agency of Canada (2005). HIV and AIDS in Canada: *Surveillance Report to December 31, 2004.*

This work complements the HIV/AIDS Attitudinal Tracking Survey - 2006 conducted nationally with all Canadians. The results are referenced throughout this report, and shown in the charts as a marker for comparison (noted on the tables as 'GP' representing the views of the general public). The use of a largely common questionnaire for both surveys permits comparison between the broader Canadian population and First Nations, Métis and Inuit populations. The HIV/AIDS Attitudinal Tracking Survey – 2006 builds on previous research conducted in 2003, and also includes a number of enhanced questions on HIV/AIDS-related stigma and discrimination. These responses will also help inform PHAC and FNIHB in their HIV/AIDS social marketing campaign currently being developed.

The survey was designed to create an overall picture of Aboriginal peoples' awareness and knowledge, as well as attitudes and behaviour related to HIV/AIDS, and to isolate patterns of sub-group differences, including demographic and attitudinal patterns. The types of issues investigated in the survey include:

- levels of concern with contracting HIV/AIDS overall, and concern connected with specific risk factors associated with becoming infected;
- degree of awareness of the prevalence and seriousness of the issue and knowledge regarding contracting and treating HIV/AIDS, whether infection rates are increasing or decreasing, and populations most at-risk in Canada;
- attitudes towards people with HIV/AIDS, and levels of fear and/or stigma attached to the disease;
- to better understand why some Aboriginal people may feel discriminatory and stigmatizing attitudes towards people living with HIV/AIDS;
- profile of past and current behaviour, in terms of obtaining information, as they relate to different segments of the public, with different awareness levels and attitudes;
- frequency of specific risk-related behaviours (some directly related to factors associated with contracting HIV/AIDS);
- to assess the level of tolerance and acceptance of people living with HIV/AIDS;
- to assess the level of stigma and discrimination of people living with HIV/AIDS; and
- to better understand why some Canadians have discriminatory and stigmatizing attitudes towards people living with HIV/AIDS.

Terminology used in the survey, and therefore in this final report, was carefully assessed to ensure consistency and comparability with the *HIV/AIDS Attitudinal Tracking Survey 2006*, as well as plain language suitability. For example, while it is more common in the literature on HIV/AIDS to use the term "men who have sex with men" as opposed to "gay men" or "homosexual men", the survey used the terms "homosexual men" and "gay men." This was done to ensure comparability to the *HIV/AIDS Attitudinal Tracking Survey 2006* (which itself was trying to ensure consistency with language used in the 2003 survey, *HIV/AIDS - An Attitudinal Survey*) as well as for plain language purposes. One limitation of using these terms is that they may not capture the group of men who do have sex with men, however do not self-identify as being a "gay man". In addition, terms such as "intravenous drug user" were used in the survey and final report rather than "injection drug user", "People living with HIV/AIDS" rather than "People living with HIV", and "third world" rather than "developing world", for the same purposes of consistency between the HIV/AIDS Attitudinal Tracking Survey 2006 and for plain language purposes.

1.2 METHODOLOGY

The survey included a total of 1,600 completed interviews with Aboriginal people over the age of 15 (see Appendix B for the questionnaire). Residents of all provinces were included. The territories were also included in the sample, although not examined in regional analysis. This sample includes 513 cases completed with First Nations people living on-reserve, 472 interviews with First Nations people living off-reserve, 408 with Métis people and 204 with Inuit residents. The overall First Nations sample of 985 cases carries a margin of error of +/-3.2 per cent. The on- and off-reserve sub-samples, as well as the Métis sample carry margins of +/-4.3 to 4.9 per cent, respectively. The Inuit sample carries a precision level of +/-6.9 per cent. The survey was conducted, by telephone, in March 2006. Telephone numbers were selected using a random digit dial (RDD) process to select households. No specific effort was made to randomize the selection of the respondent within the household.

The First Nations people living on a reserve were selected randomly from a frame of telephone numbers associated with the geographic areas indicated as reserves (according to Statistics Canada). The Inuit cases were largely drawn from a random sample of Dissemination Areas (DAs)[16] in Nunavut, Nunavik, Labrador, and the Northwest Territories. These were drawn from DAs where, according to the most recent Census data, at least 20 per cent of the population is Inuit. Some cases were also collected from the general (off-reserve) sample used to screen for First Nations living off-reserve and Métis people. This latter sample was a frame built with all of the DAs in Canada where, according to the most recent Census data, at least five per cent of the population are self-reported to be Aboriginal. This frame included over 1.5 million telephone entries. From this pool of entries, telephone numbers were randomly selected and cases of First Nations people living off-reserve, and Métis people were screened. During the screening process, some First Nations people living on-reserve, and some Inuit were also found and included in those sub-samples.

The interview required an average of 24 minutes to administer, with trained, bilingual interviewers[17]. The participation rate in the survey was between 35 and 45 per cent, with the off-reserve cases featuring the highest response rate and the Inuit sample featuring the lower rate (details in

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[16] Dissemination Areas (DAs) are the smallest geographical unit used by Statistics Canada to provide population information for. There are roughly 1,700 in Canada, each one containing in the range of 1,000 residents.

[17] In the case of the Inuit sample in the North, referrals were also made, to an Inuktitut speaking interviewer, when a household was found not to speak either English or French.

Appendix C). Twenty to 25 per cent is a typical rate of participation for a national public opinion survey based on a questionnaire of this length.

The survey was registered with the Canadian Survey Registration Centre (CSRC) in light of the sensitivity of some questions in the interview. Potential respondents were also given the EKOS Research toll-free number, as well as a contact and telephone number at the Public Health Agency of Canada, when they asked for further information about the study (particularly regarding its purpose and the legitimacy of the study and individual questions).

Fieldwork for this project was conducted by highly trained interviewers at EKOS' call centres in Ottawa and Edmonton. Throughout the data collection, survey supervisors continuously monitored interviewing to ensure consistency of questionnaire administration and interviewing techniques. Up to eight call-backs were made to each member of the sample for which initial attempts at contact were unsuccessful. Follow-up calls were made on subsequent days, at varying time periods to maximize the potential for reaching a given respondent. Appointments were made for respondents wishing to reschedule a survey. Daily records were kept of all calls made, whether successful (i.e. interviews completed or appointments made) or not.

Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age and region. In the analysis of the findings[18], a number of indices were created to represent multiple survey items (e.g., knowledge and comfort with people with HIV/AIDS indices. These were created with the assistance of factor analysis and were used as independent variables to examine relationships with other items in the questionnaire.

Members of the National Aboriginal Council on HIV/AIDS (NACHA) were given the opportunity to provide feedback and input on the content of the survey, helping to ensure that the survey's questions were relevant to Aboriginal communities across Canada. NACHA members also reviewed and provided feedback on the survey's final report. Formed in 2001, NACHA is an advisory and multi-disciplinary group that advises Health Canada and the Public Health Agency of Canada on Aboriginal HIV/AIDS Issues. NACHA consists of sixteen members with equal representation (four each) from First Nations, Inuit and Métis and a Community Caucus comprised of representatives from Aboriginal HIV/AIDS Organizations, and community-based Aboriginal organizations involved in HIV/AIDS. We gratefully acknowledge the National Aboriginal Council on HIV/AIDS for its contribution to this project.

Results are presented for First Nations (on- and off-reserve) in chapter Two. Findings are presented separately for Métis respondents, in Chapter 3. Results are presented for Inuit in Chapter Four. In the report, the term "youth" describes Canadians under the age of 25, while the term "senior citizens" describes individuals who are 65 or over.

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[18] Two statistical packages were used in the analyses. StatXp, the companion software to the data collection software Interviewer, was used to create banner tables for the analysis. SPSS was used for the segmentation.

Results are generally compared (in most instances) to results for the overall population of Canadians, using results from the HIV/AIDS Attitudinal Tracking Survey – 2006. These comparisons are only made for the overall results (i.e., for the entire sample) and not for the individual segments (i.e., men, youth, parents and so on). Any comparisons referred to in the text for individual segments would be made against other members of the same population. For example, text referring to First Nations youth (e.g. "First Nations youth are more likely to …….") would be comparing First Nations youth to other (i.e., older) First Nations people. These types of comparisons of specific segments of the sample are almost always formatted as bullets underneath the chart depicting the main finding.

1.3 LIMITATIONS OF THE SURVEY

Telephone surveys have an advantage in cost and in time over face to face interviews and are more efficient in reaching a random and representative selection of the population than either face to face or written surveys; however they do have a number of limitations.

Telephone interviews must be brief in order to maximize the number who will participate and respond to the entire questionnaire. This tends to decrease the number of open-ended questions that can be asked during the interview. Also, some people do not respond well to yes/ no or scaled questions, responding better to open-ended questions. Qualitative, unstructured interviews pose challenges to recording responses in consistent and standardized ways and responses may be subject to the interpretation of the interviewer. Responses to closed-ended questions are less susceptible to errors or inconsistencies in interpretation or judgment in the recording of responses.

Due to the sensitive nature of this particular survey, there is a concern regarding social desirability bias. The issue being that some people may respond to a survey in a way that reflects not how they truly feel or what they truly believe, but how they think they should respond. A telephone survey is less personal than a face to face interview, and therefore, may reduce this effect. The telephone survey also reduces the amount of reactivity of the participants to the interviewer's body language, which can have an impact on responses; an important issue when discussing HIV/AIDS.

Telephone surveys exclude households without telephones, as well as (in the case of this survey) those with unlisted telephone numbers (since no Random Digit Dialling was conducted). A telephone survey would, therefore, represent a random sample of the group of people with a landline telephone (and would exclude those without one). These households may not have access to a telephone for a number of reasons including remoteness and/or socioeconomic conditions. Since the responses of those without a telephone could represent a different perspective, this is a limitation of the present survey.

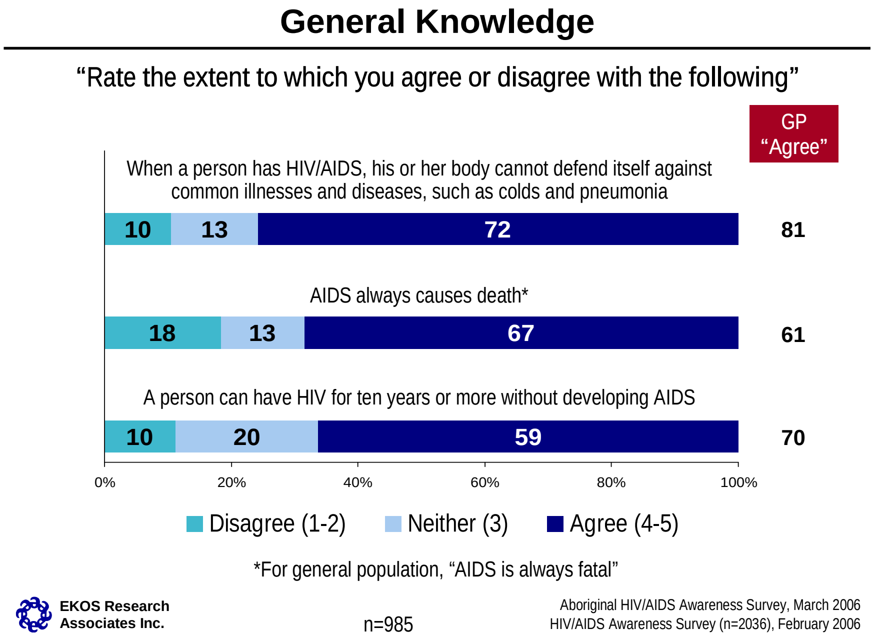
2. RESULTS FOR FIRST NATIONS PEOPLE

The following chapter examines results for First Nations people in the survey sample. Results are presented for First Nations overall, unless there are significant differences between the results for those living on a reserve versus those living off-reserve. In these cases, sub-group differences (e.g., by gender, or age) are presented for First Nations people overall.

In cases where these differences exist, findings are presented for both groups separately in the charts (and described separately for the two groups in the text). In these cases sub-group patterns have also been examined separately, and where different, they are described separately.

2.1 KNOWLEDGE AND AWARENESS

In terms of basic understanding of how the disease works, most First Nations people (72 per cent) know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses and diseases like colds and pneumonia. Two in three agree that AIDS always causes death, although 18 per cent disagree and 13 per cent are not sure. Just over half (59 per cent) of First Nations people know that a person can have HIV for ten or more years without developing AIDS. Knowledge levels are fairly high, although running at an average of about ten percentage points lower than found in the general public.



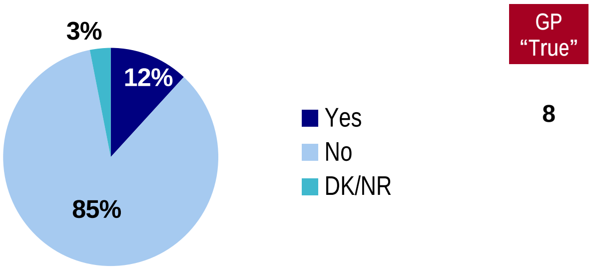
Awareness that a person can have HIV for ten years or more without developing AIDS, is strongly correlated with greater general knowledge about HIV/AIDS, greater comfort around people with HIV/AIDS, fewer stigmatizing attitudes, and greater support for the rights of people living with HIV/AIDS, as well as a greater appreciation that HIV/AIDS can affect anyone and not just certain groups.

- Those with less stigmatizing views about people with HIV/AIDS are less likely to believe that AIDS is always fatal.
- First Nations people with lower levels of education and income, and those living in Ontario are more likely than others across the country to believe that AIDS is always fatal, while those in British Columbia are least likely to agree.
- Those with higher incomes and more education are more likely than others to believe that a person can have HIV for ten years or more without developing AIDS. This is also more likely among those between the ages of 35 and 44, those who are currently working, and among First Nations people in Ontario.
- First Nations people in Quebec are less apt to be aware that the body cannot defend itself with HIV/AIDS. Those with more education, with household incomes of $60,000 or greater, and the employed are most aware of this fact. This is also true of those with higher levels of knowledge, greater appreciation for the rights of people living with the disease, and those who are less apt to distance themselves from the disease.
- Individuals with higher levels of knowledge about HIV/AIDS, and comfort around people living with the disease, as well as greater appreciation for the rights of people living with HIV/AIDS are each more likely to know that a person can live for ten years or more without developing AIDS.

First Nations people are aware that there is no cure for HIV/AIDS (85 per cent), although a small segment, (12 per cent) believe that it can be cured. These are the same results as found in the general public (where 89 per cent know that it is not curable, but eight per cent believe that it is).

Other Knowledge – “Can it Be Cured?”

“To the best of your knowledge, can HIV/AIDS be cured?”



EKOS Research Associates Inc.

n=985

Aboriginal HIV/AIDS Awareness Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

a) Transmission and Diagnosis of HIV/AIDS

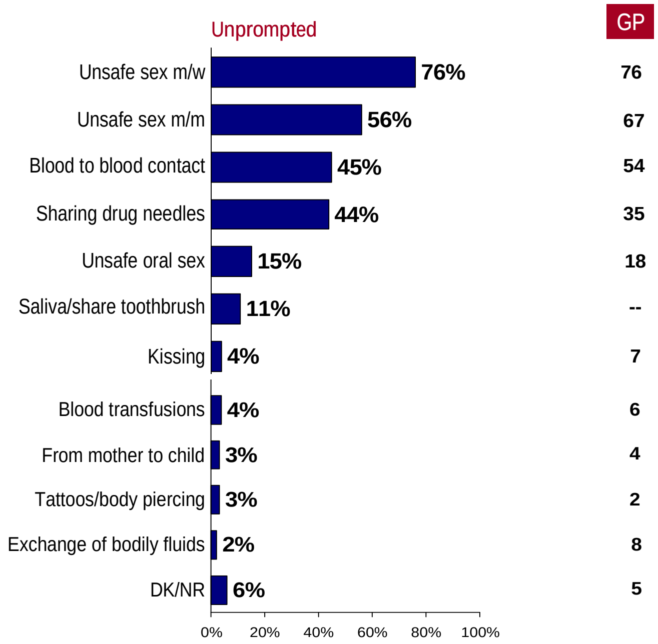
Most First Nations people answer without prompting that the HIV virus is spread through sexual unsafe intercourse between a man and a woman, or between a man and a man. Large minorities also report that blood to blood contact (i.e., an open wound) and sharing drug needles are ways to transmit the virus. Unsafe sex between men, blood to blood contact and sharing drug needles are cited somewhat less often among First Nations people, compared with the general public. Unsafe oral sex is only mentioned as a risk factor by a small minority of First Nations people (as is also the case in the general public). When prompted, however, very strong majorities identify all of these as methods of transmission.

As with the general public, very few First Nations people identify HIV as something that can be passed on from mother to child during pregnancy, or through tattooing or body piercing; yet when asked directly about each of these two possible means of transmission, large majorities acknowledge that they are ways that HIV is transmitted.

Although the numbers are small, some continue to believe that HIV can be transmitted through kissing, from mosquito bites, from a sneeze or cough, or from casual contact or contacts with objects such as fountains or toilets. In fact, when asked specifically about each item between one in seven and one in three believe that these are methods of transmission. These results are comparable, if marginally higher, than found in the general public.

Knowledge of HIV Transmission Methods (a)

"From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?"



Only items with 2% or more shown on slide

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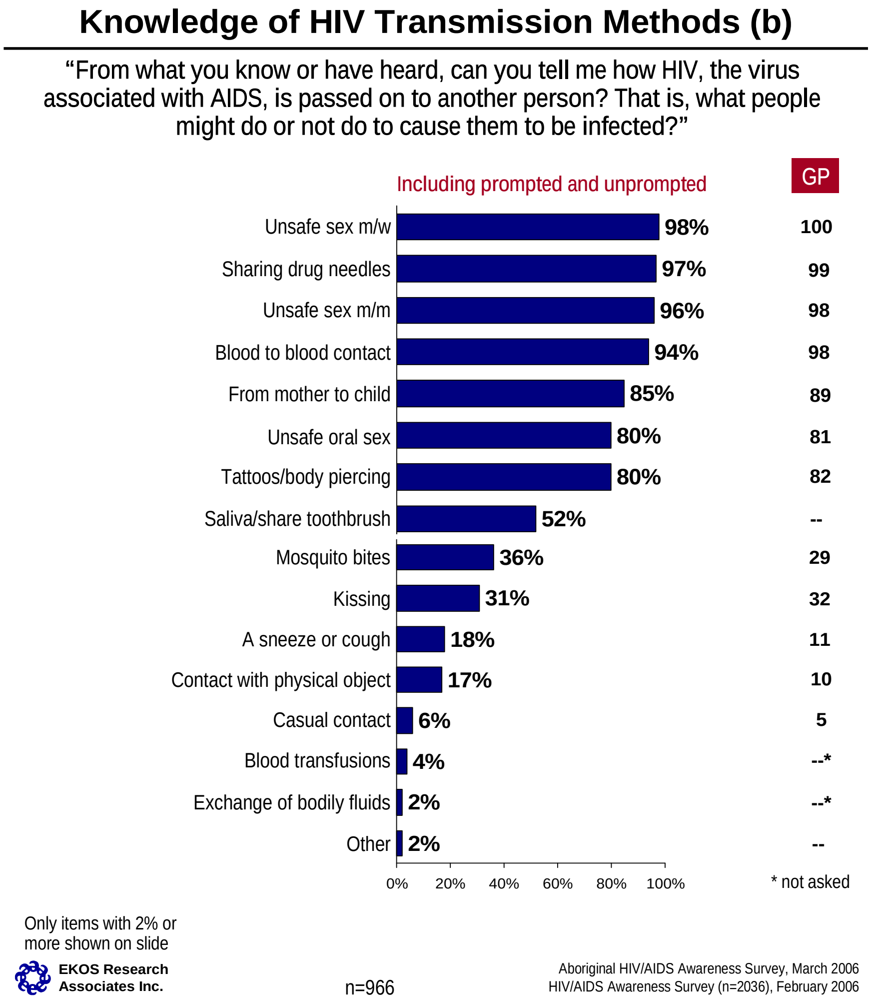
n=985

Aboriginal HIV/AIDS Awareness Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- The misconceptions that HIV/AIDS can be transmitted through mosquito bites, a sneeze or a cough, or by contact with physical objects are more prevalent among First Nations people with less education.
- First Nations people between the ages of 25 and 34 are more apt to mention tattoos or body piercing, or transmission from mother to child during pregnancy than other First Nations people, but are less likely to cite mosquito bites, a sneeze or cough, or saliva or shared toothbrushes as risky behaviours. Seniors are more apt than their younger counterparts to believe that HIV can be passed on through saliva or a shared toothbrush. Those between the ages of 45 and 54 are more likely than other individuals to view kissing as a means of transmission.
- First Nations men are more likely than women to cite contact with a physical object as a way to transmit HIV. Women are more likely than men to refer to unsafe oral sex.
- Those with lower incomes are more likely than individuals with higher incomes to believe that HIV can be transmitted through contact with physical objects or mosquito bites.



Knowledge of HIV Transmission Methods (b)

"From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?"

* not asked

Only items with 2% or more shown on slide

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n=966

Aboriginal HIV/AIDS Awareness Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

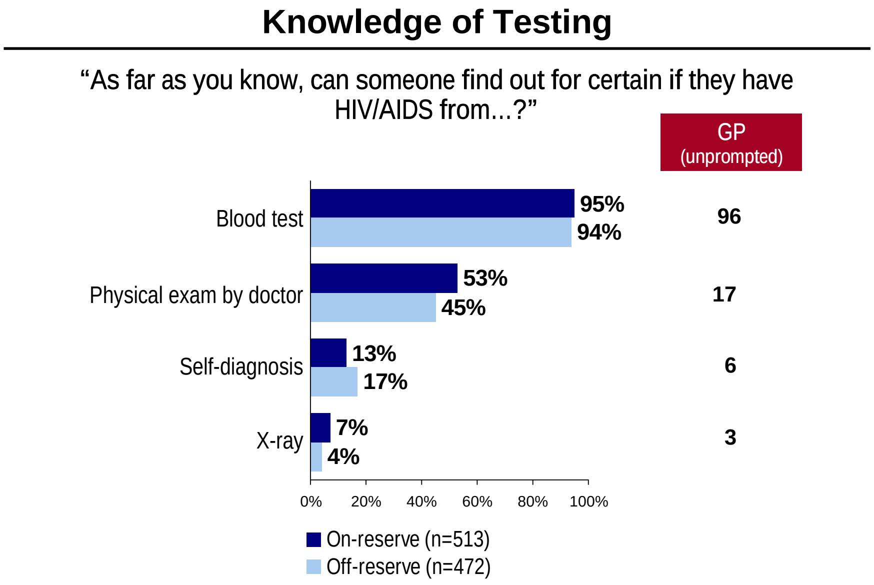
- First Nations people who have less appreciation for the rights of people living with HIV/AIDS, are more likely than others to identify contact with physical objects, mosquito bites, and a sneeze or a cough as ways of transmitting HIV to another person. These views are also more likely to be shared by individuals with lower levels of comfort around people living with HIV/AIDS, higher levels of stigma towards those living with HIV/AIDS, and lower levels of knowledge about HIV/AIDS, as well as among individuals who are more apt to distance themselves from the disease.

- Those with higher knowledge about HIV/AIDS are more likely than others to identify unsafe oral sex, and passing the disease from mother to child during a pregnancy as a means of transmission. Those with lower knowledge about the disease are more apt than others to cite kissing, or saliva or sharing a toothbrush. Individuals with lower levels of comfort with people living with HIV/AIDS are also more apt to mention kissing as a way to contract HIV, along with saliva or sharing a toothbrush.

- Those possessing lower levels of stigma towards those living with HIV/AIDS are more likely to identify passing HIV from mother to child during a pregnancy as a means of transmitting the disease, compared with individuals with greater stigmatizing attitudes.

Virtually all First Nations people know that a blood test can be used to diagnose HIV/AIDS. This awareness is at the same level as found in the general public. On the other hand, it is important to note that First Nations people are also quite likely (and considerably more likely than the general population) to believe that HIV/AIDS can be diagnosed through a physical examination, or (to a much lesser degree) self-diagnosis, putting First Nations people at greater risk. First Nations people living on a reserve are even more likely than those living off-reserve to believe that a physical exam can be used.

As with the general public, only a small proportion of First Nations people believe that an x-ray can serve the same purpose.



Knowledge of Testing

"As far as you know, can someone find out for certain if they have HIV/AIDS from...?"

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HIV/AIDS Awareness Survey (n=2036), February 2006

- Those First Nations people with less than a high school diploma (and the lowest income levels) are more likely than those with more education and income to say that HIV/AIDS can be self-diagnosed, or can be found through a physical exam.
- Older individuals (55 years old and over) are more likely than their younger counterparts to cite self-diagnosis as a way to find out if you have HIV, and are less likely than others to say it can be done through a blood test (although a very strong majority in this age category still do acknowledge that this is a credible way to know if you have the disease).

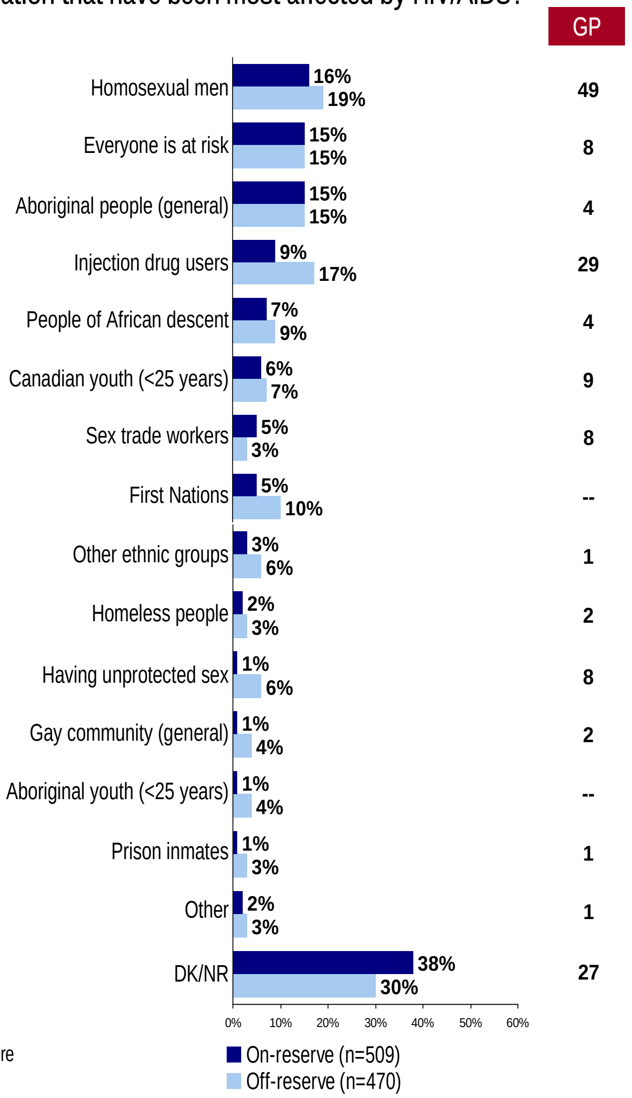
- First Nations people in Quebec are more likely than others across the country to agree that you can know if you have HIV through self-diagnosis. Residents of Alberta are more likely than others to cite a physical exam, and those in Manitoba are more apt than others to think it can be diagnosed through an x-ray.
- Men are more likely than women to say that HIV can be identified through a physical exam or through self-diagnosis.
- Those living on-reserve are more likely to believe that HIV can be diagnosed through self-diagnosis, compared with individuals living off-reserve.
- Among First Nations people living off-reserve the proportion believing that HIV can be diagnosed through a physical exam by a doctor decreases with age (with the exception of those 55 years old and over). Among First Nations people living on-reserve, the proportion who share this view increases with age.
- Among on-reserve First Nations people, those without children are more likely than parents to think that self-diagnosis is a way to find out if a person has HIV. Among off-reserve First Nations people, the employed are more likely than others to cite self-diagnosis as a way to find out if a person has the disease.
- The belief that HIV/AIDS can be diagnosed through a physical exam or through self-diagnosis is more prevalent among First Nations people with lower levels of comfort with people living with HIV/AIDS, those with higher levels of stigmatizing attitudes towards those living with HIV/AIDS, individuals with lower levels of knowledge about HIV/AIDS and people who are more apt to distance themselves from the disease. Those who are less appreciative of the rights of people living with the disease are also more likely than others to identify self-diagnosis as a method through which someone can find out for certain if they have HIV/AIDS.

b) Knowledge of Groups Most Affected by HIV/AIDS

First Nations people are most likely to cite gay men as a group often affected by HIV/AIDS, followed closely by Aboriginal people generally, and injection drug users. Similar proportions say that everyone is at risk. A direct comparison to the results from the general public survey is difficult because of the added category of “Aboriginal people” in the current findings. Nonetheless, the overall pattern of results suggest that First Nations people are less likely to focus on specific groups, such as gay men and drug users than the general public. They are more apt to see it as a disease that affects larger segments of society, at least in a top of mind question. More than one-third of First Nations people could not identify any group as being particularly at risk for contracting HIV/AIDS.

Knowledge of Groups Most Affected by HIV/AIDS

"As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?"



Only items with 3% or more (on either on/off reserve group) shown on slide

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2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- British Columbia residents are more likely than others across the country to identify sex trade workers and injection drug users as a group affected by HIV/AIDS. Those in Quebec are least likely to cite injection drug users as groups affected.
- First Nations youth are less likely than older First Nations people to recognize injection drug users as a group affected by HIV/AIDS.

- Those with more education are more likely to cite injection drug users, gay men, those having unprotected sex, and Aboriginal people in general as examples of groups affected by HIV/AIDS. First Nations people in Alberta are also more likely than others to identify Aboriginal people in general as a group affected by HIV/AIDS, while those in Quebec are least likely to do the same.
- First Nations people whose household income is $60,000 or more annually and those between the ages of 45 and 64 are more likely than others to identify gay men as a group affected by HIV/AIDS, while youth are the least likely to do so. Residents of Saskatchewan are also less likely than others across the country to identify gay men as a group affected by HIV/AIDS.
- Those who are least comfortable with people living with HIV/AIDS are more likely to identify gay men as a group that is affected by HIV/AIDS.

c) Knowledge Index

A summary measure was created of the items that reflect respondents' knowledge of HIV/AIDS, creating an index of First Nations peoples' knowledge regarding HIV/AIDS. The index included knowledge of methods of HIV transmission.

- unsafe intercourse between a man and a man;
- unsafe intercourse between a man and a woman;
- unsafe oral sex;
- sharing drug needles;
- kissing;
- tattoos/body piercing;
- contact with physical objects such as fountains or toilet seats;
- blood to blood contact, such as from an open cut;
- mosquito bites;
- casual contact such as hugging or shaking hands;
- a sneeze or cough; and,
- from mother to child during pregnancy.

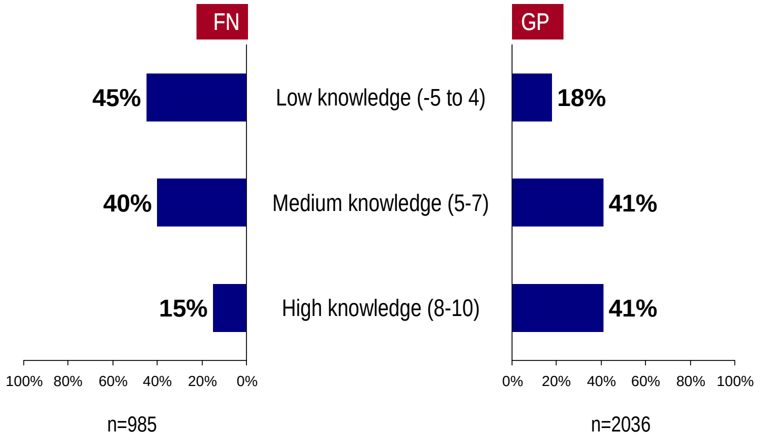
It also included knowledge of methods of detecting HIV (blood test; physical examination, self-diagnosis; x-ray; or other), and responses to the statements:

- HIV/AIDS can be cured/cured if treated early; and,
- a person can have HIV for ten years or more without developing AIDS; and
- when a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.

Each correct answer earned a point and each incorrect answer deducted a point. The scores were then summed up and categorized based on a seven-point range (to line up with a seven-point scale), which was then collapsed into categories of high, medium and low levels of knowledge. The overall results of this summary index indicate that 45 per cent of First Nation respondents scored in the low knowledge range, 40 per cent scored in the moderate range and 15 per cent scored in the high knowledge range. The results among the First Nations population are quite different than that of the general population, where 18 per cent have a low level of knowledge, 41 per cent have a moderate level, and 41 per cent scored in the high knowledge range, again highlighting the considerably greater exposure and risk among First Nations people.

Knowledge Index

Level of knowledge of First Nations people/Canadians about HIV/AIDS



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2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- The highest knowledge scores occur in Ontario.
- Youth (under the age of 25) and older (55 years old and over) First Nations people typically score lower in terms of knowledge about HIV/AIDS.

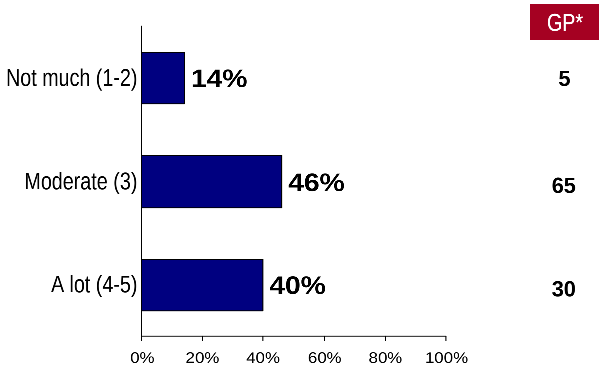
- As might be expected, knowledge increases with education and income. A similar relationship exists between knowledge and employment (with those employed scoring higher).
- Women typically score higher than men.
- People with lower levels of knowledge about HIV/AIDS are also typically less comfortable around people with HIV, more likely to distance themselves from the disease, more often hold stigmatizing views, and have less appreciation for the rights of people living with HIV/AIDS.

d) Personal Perception of Knowledge (Self-Rated)

Irrespective of what they actually do know, First Nations people generally believe that they are moderately or very knowledgeable about HIV/AIDS. As with the general public, few First Nations people report that they know little about the disease. About four in ten believe that they know a lot about HIV/AIDS (compared to three in ten in the general population).

Self-Rated Knowledge

"How much would you say you know about HIV/AIDS?"



*For the general population, the scale was "Not knowledgeable", "Moderately knowledgeable", and "Knowledgeable".

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n=985

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

Comparing perceived knowledge with actual knowledge results show that:

- One-third of First Nations people with low levels of knowledge about HIV/AIDS think they know a lot about HIV/AIDS (which is only marginally higher than the one in four found in the general public). As with the general public, this is more often individuals with less education and income, youth or older residents (55 and over), and people living in Quebec;

- Forty-five per cent of people with moderate knowledge levels think they are well informed (which is quite a bit higher than the 28 per cent of the general public); and,
- Half of First Nations people with high knowledge levels say they know a lot about the disease (which is better than the one-third of the general public).
- First Nations people in Atlantic Canada are more likely than others across the country to say they know a lot about HIV/AIDS. In terms of actual knowledge (using the Knowledge Index), however, residents of the Atlantic region are no more (or no less) knowledgeable about the disease than others across the country.
- Seniors and people with limited education and income are more likely than their counterparts to say that they know little about HIV/AIDS, which is also reflected in the patterns of actual knowledge levels. It should be noted, however, that First Nations youth are less knowledgeable about HIV/AIDS than they believe themselves to be.

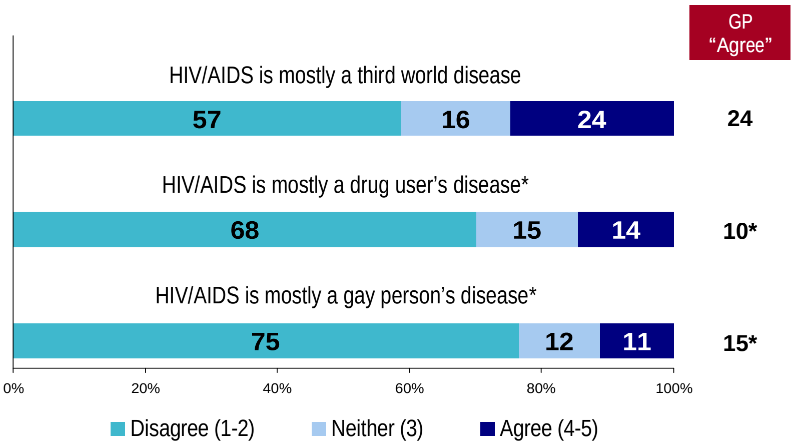
2.2 DISTANCING, RISK, AND TREATMENT FOR HIV/AIDS

a) Distancing from HIV/AIDS

One in four (24 per cent) First Nations people agrees that "HIV/AIDS is mostly a third world disease". Fewer believe that it is mostly a gay person's disease or a drug user's disease. These results are very similar to those of the general public; although, First Nations people are also slightly less likely to disagree that HIV/AIDS is mostly a third world disease, or a drug user's disease than in the general public. These results again might suggest that First Nations people may be somewhat less inclined to view HIV/AIDS as a disease belonging to others than is the case in the broader general public.

A Disease Belonging to Others

“Agreement with:”



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n=985; * half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

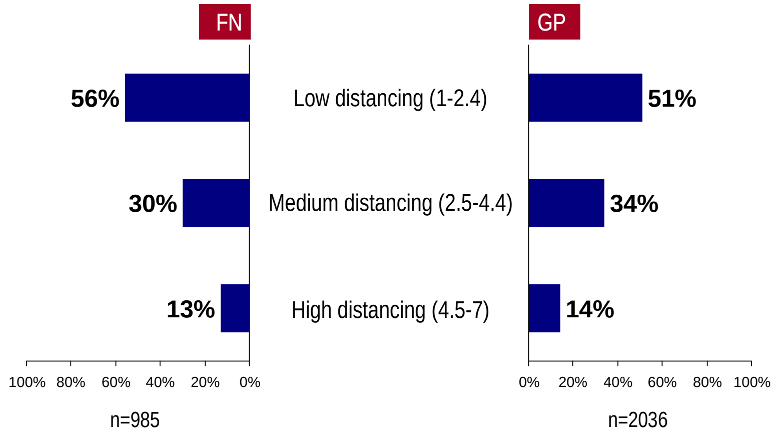
- Women, residents of Ontario and Quebec, those between the ages of 35 and 44, and individuals with more education and income are less likely than their counterparts to agree that HIV/AIDS is mostly a drug user’s disease.
- First Nations people in Manitoba and Quebec and those with less education and less income are more likely to think it is a gay person’s disease.
- Youth (under 25) and older individuals (55 and over) and those with less education are more likely to report that it is mostly a third world disease.
- First Nations people living on a reserve are more likely to disagree that HIV/AIDS is mostly a third world disease, compared with people not living on a reserve.
- Specifically among First Nations people living off-reserve, the employed are much less likely than those outside the labour force to think that HIV/AIDS is mostly a third world disease. This relationship is not evident among on-reserve First Nations people.
- Those with lower levels of knowledge and comfort regarding HIV/AIDS, higher levels of stigmatizing attitudes, less appreciation for the rights of people living with HIV/AIDS and who are more apt to distance themselves from the disease are all less sure that HIV/AIDS is not a third world, drug users’ or gay person’s disease.

b) Distancing Index

Another summary measure was created to reflect the extent to which respondents see HIV/AIDS as a disease affecting others, or very specific groups, and not a disease that is of concern to them or to the general public in Canada. The index includes an agreement with the following:

- HIV/AIDS is mostly a gay person's disease;
- HIV/AIDS is mostly a drug user's disease; and,
- HIV/AIDS is mostly a third world disease.

Each correct answer earned a point and each incorrect answer led to a reduction of a point. Scores were placed on a seven-point range and then collapsed into a high, medium and low likelihood of distancing themselves from HIV/AIDS, rather than seeing it as a disease that could affect anyone at any time. Based on this score, results were then collapsed onto a seven-point range and then further collapsed into low, medium and high. Just over half of First Nations people (56 per cent) scored low, and do not tend to distance themselves from HIV/AIDS as a disease that only happens to others. Another three in ten distance themselves to a moderate degree, and the remaining 13 per cent distance themselves to a large degree; likely seeing HIV/AIDS as a disease that only happens to others and does not touch their own lives. These findings are almost identical to those in the general population.



Distancing Index

Extent to which First Nations people/Canadians distance themselves from HIV/AIDS

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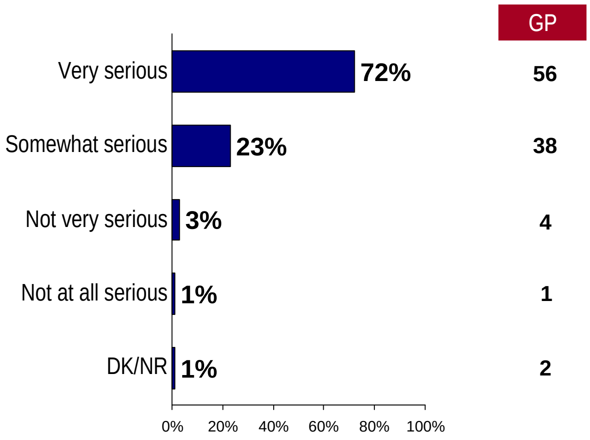
- Residents of Manitoba are more likely than others across the country to distance themselves from HIV/AIDS.
- Those 55 years old and over are more apt to distance themselves from HIV/AIDS than their younger counterparts.
- As in the general population, First Nations people distance themselves less and less from HIV/AIDS as income and education increase.

c) Perception of HIV/AIDS as a Serious Problem

An overwhelming majority (95 per cent) believe that HIV/AIDS is still a somewhat or very serious problem in Canada today. In fact, 72 per cent believe it to be a very serious problem in Canada today which is considerably higher than found in the general public.

General Perception of Risk

"Do you think that HIV/AIDS is a ... problem in Canada today?"



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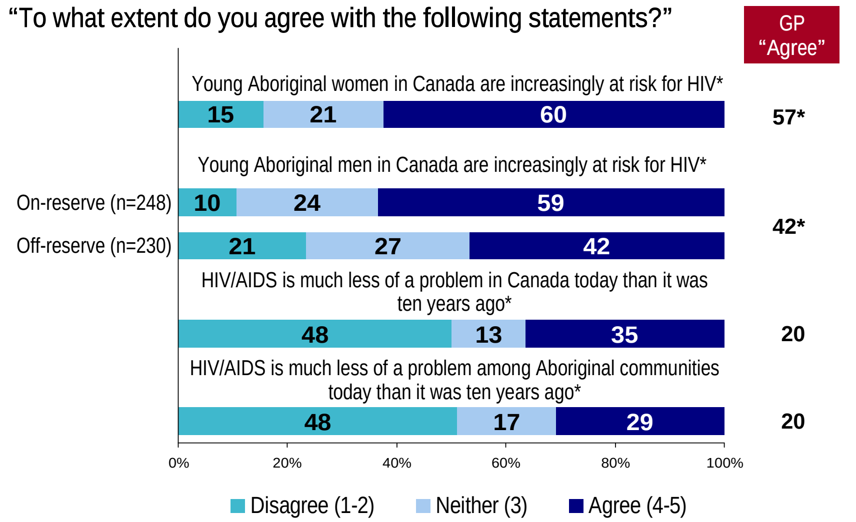
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

d) Perception of Risk

Forty-eight per cent of First Nations people do not believe that HIV/AIDS is diminishing over time, although 35 per cent believe that it is (which is higher than the 20 per cent found in the general public). When asked about the issue in the context of Aboriginal communities specifically results are the same; 48 per cent say it is not diminishing and 29 per cent say that it is.

Aboriginal youth are recognized as a segment that is increasingly affected by HIV/AIDS, according to more than half of First Nations people. Results suggest that First Nations people are slightly more concerned about the risk to young Aboriginal women, given that a slightly larger proportion of people see young women as being an affected group (60 per cent compared with the 50 per cent in agreement regarding young Aboriginal men being increasingly at risk).

Perception of Risk



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n=985; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
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- First Nations people of Alberta are more likely than others across the country to view HIV/AIDS as a problem that is not diminishing over time. Older individuals (55 and over), as well as those with less education and income are more likely to see it as a problem that is diminishing over time, compared with their younger, and more educated counterparts (and those with more income).

- Although about half do not see AIDS as a problem that is diminishing in Aboriginal communities, First Nations men, and residents of Alberta are more apt than others to think it is less of a concern these days, as are those with less income and education.

- First Nations people in Quebec are less likely than others across the country to agree that young Aboriginal women in Canada are increasingly at risk for HIV, while those in Alberta are most likely to agree, as are people between the ages of 25 and 34 (relative to older and younger First Nations people).

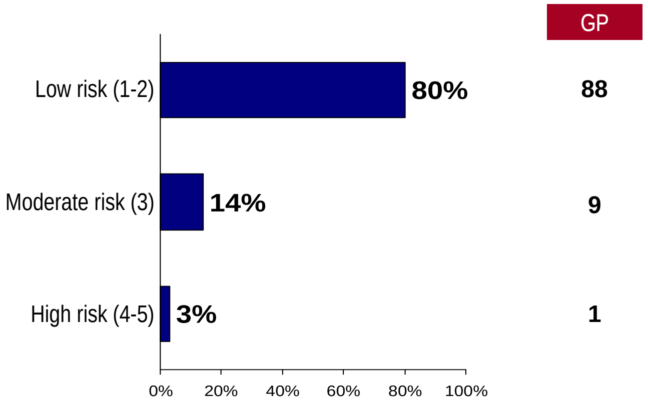
- Those in Alberta are also more likely to agree that young Aboriginal men in Canada are increasingly at risk for HIV; again, those in Quebec are less likely to agree. Older First Nations people and those with less education are also less likely to agree.

- First Nations people living on-reserve are more likely than individuals living off-reserve to agree that young Aboriginal men are increasingly at risk for HIV. Also, there is a greater disparity in views of First Nations people living on a reserve across education and income lines than is found in the population living off-reserve. Those with the least education and income living on-reserve are the most likely to agree that Aboriginal men are at increasing risk of contracting HIV.
- Among those living off-reserve, men, parents, and those who are not working are more likely to agree that young Aboriginal men are increasingly at risk for HIV. These trends are not evident among the on-reserve First Nations population.
- First Nations people who are more apt to distance themselves from the disease, have greater tendencies toward stigmatizing attitudes and less appreciation for the rights of those living with HIV/AIDS are more likely to agree that HIV/AIDS is much less of a problem in Canada today than it was ten years ago.
- As with the general population, First Nations people with the most stigmatizing views about people with HIV/AIDS are more likely to say that young men in Canada are increasingly at risk for HIV/AIDS (presumably drawing a strong connection between HIV/AIDS and homosexual sex).

As is the case in the general public, the large majority of First Nations people tend to distance themselves from HIV/AIDS. Very few perceive themselves to be at even a moderate risk of contracting the disease (although the proportion is marginally higher than found in the general public) and virtually no one sees themselves in a high risk category. As is also the case with the general public, perceived risk is linked to sexual activity with multiple and casual partners.

Perception of Personal Risk

"How would you rate your own personal risk of contracting HIV?"



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n=985

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HIV/AIDS Awareness Survey (n=2036), February 2006

- While there is no difference in perceived risk between people who are sexually active versus those who are not, there is a difference based on the sexual partners. First Nations people who indicate more than one partner, and in particular those who indicated casual partners in the previous year are more likely to perceive themselves to be at a moderate or even high risk. Nonetheless, only about one in three of the individuals with more than one partner or with casual partners consider themselves to be at moderate to high risk of contracting HIV/AIDS.
- First Nations youth (who are more likely to cite multiple and/or casual partners) are more likely than older First Nations people to identify themselves as being at moderate to high risk of contracting HIV (although two-thirds consider themselves to be at low risk).
- First Nations women, parents, and those with more education and income (each who are more likely to cite one partner) are each more likely than their counterparts to say that they are at low risk for contracting HIV.
- Those with higher levels of knowledge about HIV/AIDS and those who typically distance themselves less from the disease are more likely to identify themselves as being at low risk.
- Almost half of those who believe themselves to be at low risk of contracting HIV say that this is because they are married or only have one partner. Other reasons include not being sexually active, not using drugs, saying that their partners do not have HIV, or that they always use a condom.
- Those who live off-reserve who say they are at low risk are more likely to say that this is because they do not use drugs. Those who live off-reserve who say they are at moderate risk are more likely to say it is because the possibility is always generally present.

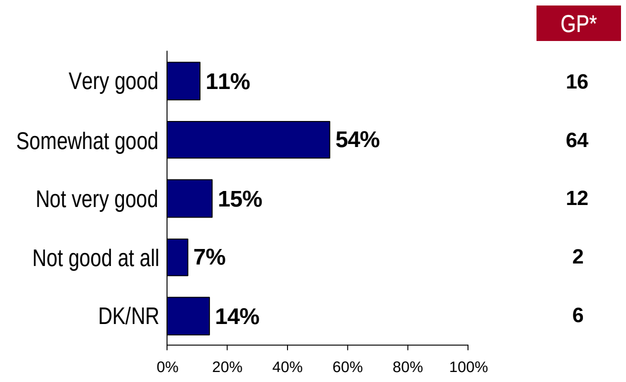
- Among those living on-reserve, the employed are more likely than those not employed to say that their risk for getting HIV is low because they only have one partner.
- Among those living off-reserve, women are more likely than men to say their risk of getting HIV is low because they only have one partner, or because they do not use drugs, while men are more likely than women to say it is because they always use a condom. Those living off-reserve without children are also more likely than those with children to cite that they are low-risk because they always use a condom.

e) Perceived Effectiveness of Treatments for HIV/AIDS

Most First Nations people believe HIV/AIDS treatments to be somewhat to very effective in helping people with the disease lead normal lives; 65 per cent of First Nations people believe treatments are effective. (This is compared to 80 per cent of the general population who believe the same.) Two in ten First Nations people believe they are not very or not at all effective.

Perceptions Regarding HIV/AIDS Treatments

"How good do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are…"



*For the general population, the scale was "Very effective", "Somewhat effective", "Not very effective" and "Not at all effective".

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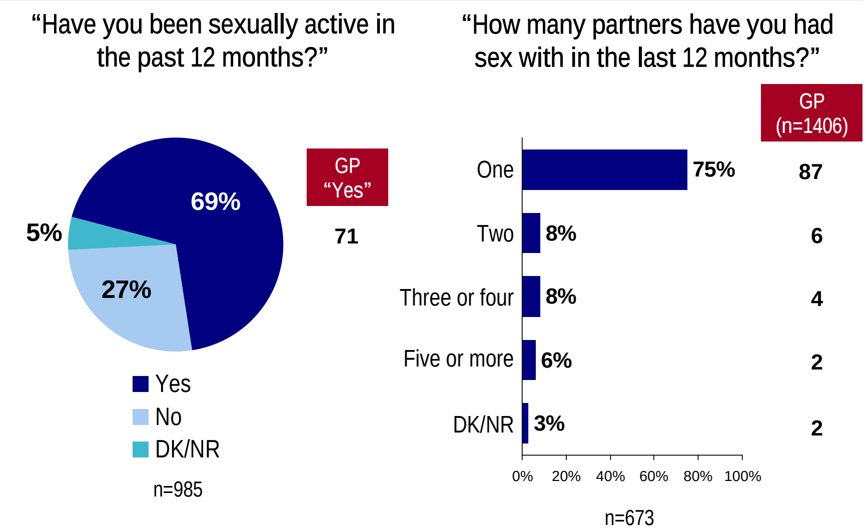
- Those with lower levels of stigmatizing attitudes and greater appreciation for the rights of people living with HIV/AIDS are also more likely to think that HIV/AIDS treatments are effective in helping people with the disease lead normal lives.

2.3 SEXUAL BEHAVIOUR

Just over two in three First Nations people report having been sexually active in the previous 12 months (69 per cent). Of those who are sexually active, three-quarters report one partner. Roughly two in ten report two or more partners. The proportion of First Nations people who are sexually active is the same as that in the general population, however, the proportion of sexually active First Nations people reporting multiple partners is marginally higher than reported by the general public.

Sexual Behaviour



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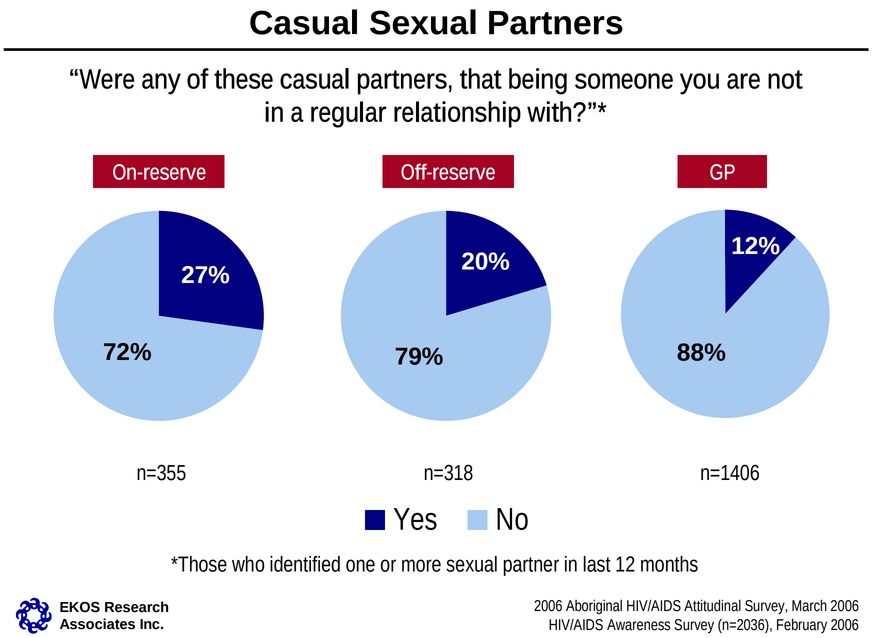
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- As might be expected, there is a strong relationship between sexual activity and age, with seniors saying that they are less likely to be sexually active. Those 55 years old or more are the least likely to report sexual activity in the 12 months prior to the survey (one-third); those between the ages of 25 and 44 years are the most likely to report being sexually active (eight in ten).
- Of particular note, First Nations youth are slightly more likely to be sexually active (three-quarters) than are youth in the general public (67 per cent).
- As in the general public, First Nations youth who are sexually active are more likely to have multiple partners than their older counterparts.



2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

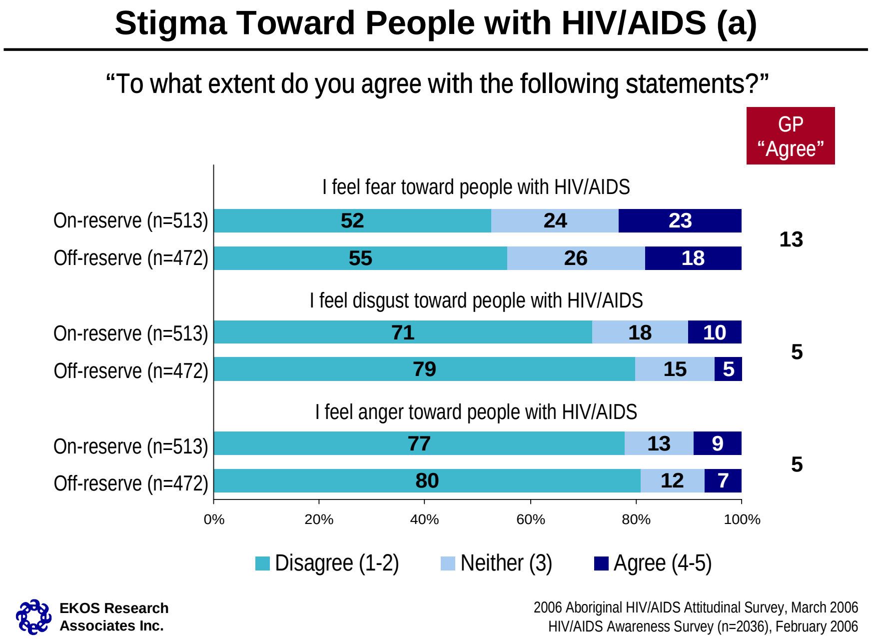
2.4 HIV/AIDS-RELATED STIGMA

a) Stigma

Stigma refers to unfavourable attitudes and beliefs directed toward someone or something. HIV/AIDS-related stigma can be measured in a number of ways. The first measures presented here involve negative feelings towards people living with HIV/AIDS.

Although First Nations individuals demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, most do not hold strong negative feelings towards those infected, which is consistent with their tendency to support people living with HIV/AIDS. Most people report feeling no anger towards people living with HIV/AIDS (78 per cent overall feel no anger and only eight per cent say that they do), or disgust towards people living with HIV/AIDS (75 per cent overall feel no disgust and eight per cent do). On the other hand, only half of First Nations people report feeling no fear of people living with HIV/AIDS (53 per cent overall), and two in ten report that they do experience fear of people living with HIV/AIDS.

There are no large differences between First Nations people living on- and off-reserve (with the exception of a modest difference who feel disgust, where there is no significant difference between the two segments). First Nations people are more likely to report fear of people living with this disease compared with the general public, however.



Stigma Toward People with HIV/AIDS (a)

"To what extent do you agree with the following statements?"

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Residents of Quebec are more apt than those from other regions to feel anger towards people living with HIV/AIDS. Alberta residents are more apt than those in other regions to express fear (whereas those in B.C. are least likely to).
- Older individuals (aged 55 and older) are more likely than their younger counterparts to express anger or disgust towards people living with HIV/AIDS. Youth and those aged 55 and older are both more likely to express fear, compared to those aged 25 to 54.
- The proportion of First Nations people who feel anger, fear and disgust towards people living with HIV/AIDS declines with educational attainment and income.
- The proportion of First Nations people expressing anger, fear or disgust towards people living with HIV/AIDS declines as their level of comfort with HIV/AIDS and as their level of knowledge on the topic increases. Similarly, those who express greater appreciation for the rights of people living with HIV/AIDS are less apt to express strong negative emotions (fear, anger, disgust).
- Conversely, those who typically distance themselves from HIV/AIDS (as a disease that only happens to others), and those who are more likely to stigmatize people living with HIV/AIDS are also more likely to feel anger, fear and disgust towards people living with this disease.

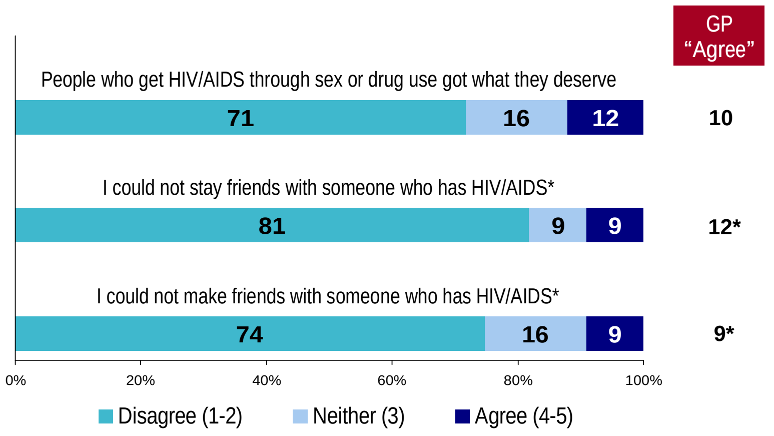
Another way of measuring HIV/AIDS-related stigma is to understand how First Nations people would deal with friendship with someone living with HIV/AIDS. Again, few people hold stigmatizing views, although nine per cent who agree that they could not become or remain friends with someone with

HIV/AIDS, and 12 per cent feel that people who get HIV/AIDS through sex or drug use have gotten what they deserve.

First Nations living on-reserve are less apt than those off-reserve to believe that they could become friends with someone living with HIV/AIDS (12 per cent agree with this, compared to six per cent of those living off-reserve) (not shown in chart), and are somewhat more apt to believe that people who became infected through sex or drug use have gotten what they deserve (15 per cent agree, compared with nine per cent of those off-reserve).

Tolerance of People Living with HIV/AIDS

"To what extent do you agree with the following statements?"



EKOS Research Associates Inc.

n=985; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- First Nations people in B.C. stand out from others across the country in their belief that they could become friends with someone living with HIV/AIDS.
- Those with a university education (off- and on-reserve) are more apt to believe they could become friends with someone living with HIV/AIDS, and least likely to believe that those infected with HIV/AIDS through sex or drug use have gotten what they deserve.
- First Nations people who demonstrate high levels of knowledge are less apt to agree that those infected with HIV/AIDS through sex or drug use have gotten what they deserve.
- Individuals who are more likely to stigmatize people living with HIV/AIDS are far less likely to say that they could remain or become friends with someone with HIV/AIDS, and more apt to feel that people who became infected through sex or drug use got what they deserved. The same is true of Canadians overall, who are more likely to view HIV/AIDS as a disease that only happens to others, those who are less comfortable with people living with HIV/AIDS, and individuals who are less likely to acknowledge the rights of people living with HIV/AIDS.

b) Stigma in Aboriginal Communities

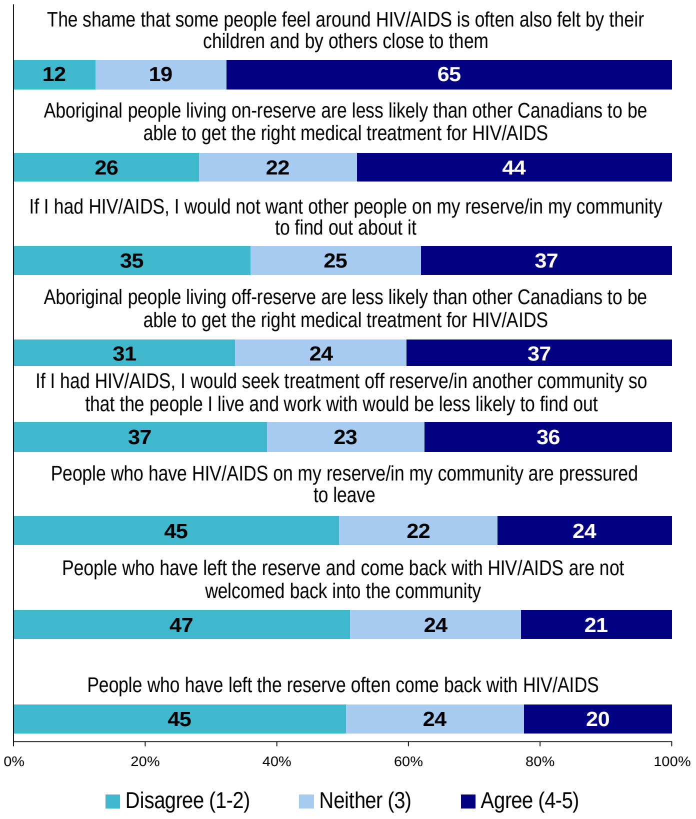
There is a strong appreciation for the potential for stigma related to HIV/AIDS. Close to two-thirds of First Nations people (65 per cent) agree that the shame felt by some people living with HIV/AIDS is often also felt by their children or others close to them. Over one-third agree that if they were diagnosed with HIV/AIDS they would not want others in their community or on their reserve to know (37 per cent), and an equal proportion would seek treatment off-reserve or outside their community to reduce the chance that others find out (36 per cent overall, with a higher proportion on-reserve, 43 per cent). One-quarter agree that people living with HIV/AIDS are pressured to leave the community or reserve. Similarly, two in ten First Nations people living on-reserve agree that those who leave the reserve and return with HIV/AIDS are not welcomed back. Finally, two in ten First Nations people agree that people who have left their reserve often return with HIV/AIDS (with a higher proportion on-reserve, compared with the off-reserve population).

First Nations people living on-reserve are more apt than individuals living off-reserve to agree that they would want to keep their condition secret if they were to contract HIV/AIDS, and that they would be more likely to seek treatment off-reserve or outside their community. They are also far more likely to agree that those who leave their reserve often return with HIV/AIDS (24 per cent agree, compared to 16 per cent of people living off-reserve), but are less likely to feel that these individuals are ***not*** welcomed back into their community. They are also less likely to agree that individuals with HIV/AIDS are pressured to leave their reserve or community (50 per cent disagree, compared to 40 per cent of individuals living off-reserve).

Many First Nations people believe that they do not receive the same quality of medical treatment for HIV/AIDS as other Canadians do. Just over four in ten First Nations people (44 per cent) agree that First Nations people living on a reserve are less likely to get the right medical treatment for HIV/AIDS. Somewhat fewer (37 per cent) believe that Aboriginal people living off-reserve are subject to sub-standard medical treatment for HIV/AIDS.

Stigma Toward People with HIV/AIDS (b)

"Agreement with:"



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n=955/985

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Older individuals (aged 55 and older) are more likely than those younger to agree that people with HIV/AIDS are pressured to leave their community or reserve, that they would not want others to know if they contracted HIV/AIDS, that they would seek treatment elsewhere, that people who leave their reserve often return with HIV/AIDS and are not welcomed back, and that First Nations people living on a reserve receive sub-standard medical treatment for HIV/AIDS.

- The university-educated are more apt than those less educated to indicate that they would not want others to find out if they were diagnosed with HIV/AIDS, and to agree that people who return to the reserve with HIV/AIDS are not welcomed back. The same is true of those with the highest household incomes. Furthermore, the proportion of people who agree that the shame of people living with HIV/AIDS often extends to their children and others close to them increases with education and income. The proportion who believes that Aboriginal people living off-reserve are subject to sub-standard medical care for HIV/AIDS declines with educational attainment.

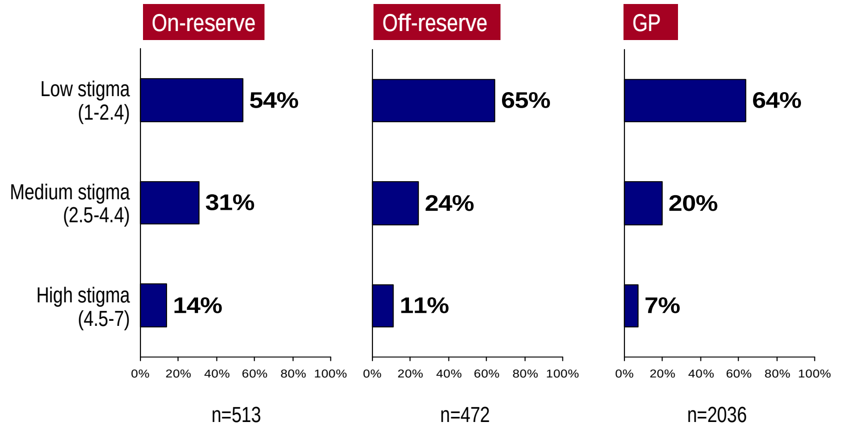
- Women are more likely than men to agree that they would not want others to find out if they were diagnosed with HIV/AIDS, to indicate that they would seek treatment elsewhere, and to agree that children and others close to someone with HIV/AIDS also suffer from shame. First Nations men are more likely than women to agree that people who have left the reserve often come back with HIV/AIDS.
- Those who are unemployed or out of the labour force are more likely to seek treatment for HIV/AIDS outside their reserve or community than the employed.
- Residents of Quebec are more likely than those from other regions to state that they would seek treatment outside their community or reserve, while those in British Columbia and Atlantic Canada are less likely to do so. First Nations people from British Columbia are also less apt to believe that those living on-reserve are subject to sub-standard medical treatment for HIV/AIDS.
- Those with a low level of comfort with people living with HIV/AIDS are more likely than those with higher comfort levels to agree that they would not want others to find out if they were diagnosed with HIV/AIDS, that they would seek treatment elsewhere, and that people who leave the reserve often return with HIV/AIDS.
- The proportion of people who believe that a feeling of shame extends to those close to people living with HIV/AIDS increases with knowledge levels. Those less apt to demonstrate stigmatizing attitudes towards people living with HIV/AIDS are also apt to agree that shame is felt by those close to individuals with HIV/AIDS.
- The proportion who believe that First Nations people living on- and off-reserve are subject to substandard medical treatment for HIV/AIDS, or that people who leave the reserve often return with HIV/AIDS declines with knowledge levels, and increases with the extent to which stigmatizing attitudes towards people with HIV/AIDS are demonstrated.
- Those more apt to distance themselves from HIV/AIDS (as a disease that happens to others) are also more apt to believe that First Nations people living on- and off-reserve are subject to substandard medical treatment, and that people who leave the reserve often come back with HIV/AIDS and are not welcomed.
- Those who are less supportive of the rights of people living with HIV/AIDS are more likely than others to agree that these individuals are pressured to leave their community or reserve, that they would not want others to find out if they were diagnosed with HIV/AIDS, that they would seek treatment outside their community or reserve, and that Aboriginal people living on- and off-reserve are subject to sub-standard medical treatment.

c) Stigma Index

Several variables were combined to create a summary or index measuring the level of stigma First Nations people direct towards people living with HIV/AIDS. These variables include the extent to which First Nations people feel that they could become or remain friends with someone with HIV/AIDS, agreement that people who contract HIV/AIDS through sex or drug use got what they deserve and that people living with HIV/AIDS have only themselves to blame, and the extent to which First Nations people feel fear of people living with HIV/AIDS[19]. Results of this summary show that six in ten First Nations people typically do not hold stigmatizing views of people living with HIV/AIDS, although 27 per cent do to a moderate degree, and another 13 per cent exhibit a high level of stigma. First Nations people living on-reserve more often hold stigmatizing views towards people living with HIV/AIDS than people living off-reserve (Aboriginal and non-Aboriginal) (54 per cent demonstrate a low level of stigma, compared to 65 per cent of those off-reserve and a similar number in the general public).

Stigma Index

Level of stigma First Nations people/Canadians direct towards people living with HIV/AIDS



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2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

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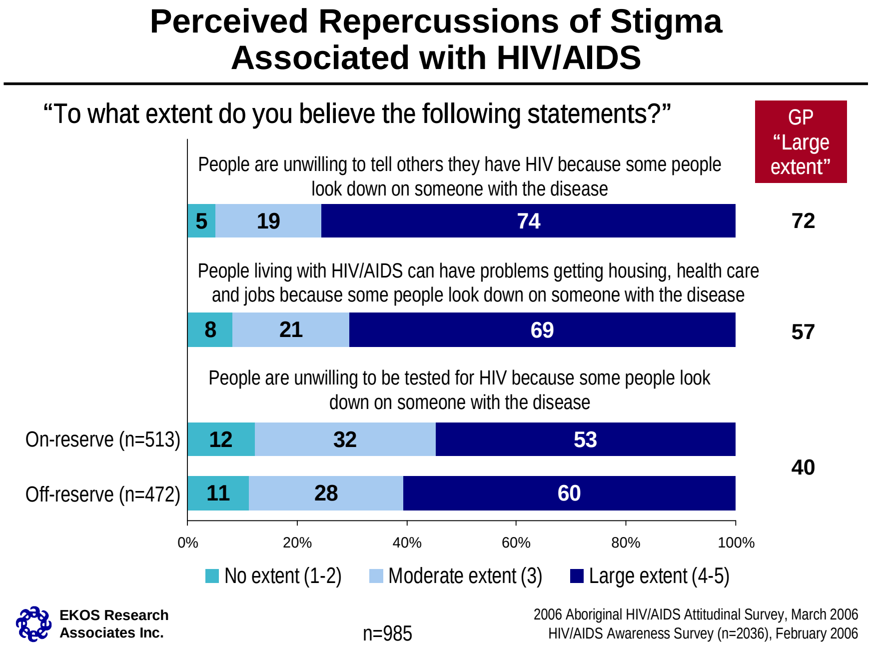
[19] This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways.

- Older individuals, aged 55 and older (on- and off-reserve) are more apt to demonstrate more stigmatizing attitudes towards people living with HIV/AIDS than their younger counterparts.
- The extent to which First Nations people (on- and off-reserve) demonstrate stigmatizing attitudes towards people living with HIV/AIDS decreases with educational attainment and income.
- Women are less likely than men to have highly stigmatizing attitudes towards people living with HIV/AIDS.
- The level of stigma demonstrated declines with knowledge, comfort levels, with the level of appreciation for the rights of those living with HIV/AIDS, and increases with the likelihood that HIV/AIDS is seen as a disease that only happens to others.

d) Perceived Repercussions of HIV/AIDS-Related Stigma

First Nations people appreciate that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS. Three-quarters of First Nations people (74 per cent) believe that people would be unwilling to tell others they have HIV/AIDS because of the stigma associated with this disease or, to a lesser degree, tested because of stigma (according to 60 per cent of the off-reserve and 53 per cent of the on-reserve First Nations population). Over two-thirds (69 per cent) believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment, and over half (57 per cent) agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease.

First Nations people are much more likely than the general public to agree that people living with HIV/AIDS suffer from repercussions as a result of the stigma associated with this disease.



Perceived Repercussions of Stigma Associated with HIV/AIDS

"To what extent do you believe the following statements?"

n=985

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- The university-educated are more likely than those with less education to agree that people living with HIV/AIDS suffer these repercussions as a result of the stigma associated with this disease.
- Women are more likely than men to believe that people with HIV/AIDS are unwilling to tell others as a result of the stigma associated with this disease.
- The employed are less apt than others to believe that people diagnosed with HIV/AIDS would be unwilling to tell others of their condition.
- The proportion of individuals who believe that people living with HIV/AIDS experience difficulties obtaining housing, health care or employment increases with age.
- Those with high knowledge levels on the topic of HIV/AIDS are more apt than people with lower knowledge levels to agree that people living with HIV/AIDS suffer these repercussions as a result of the stigma associated with this disease.
- First Nations people who are more likely to distance themselves from HIV/AIDS (as a disease that only happens to others) are also more likely to agree that people living with HIV/AIDS are unwilling to be tested, but are less likely to agree that they would be unwilling to tell others.

2.5 HIV/AIDS-RELATED DISCRIMINATION

a) Rights of People Living with HIV/AIDS

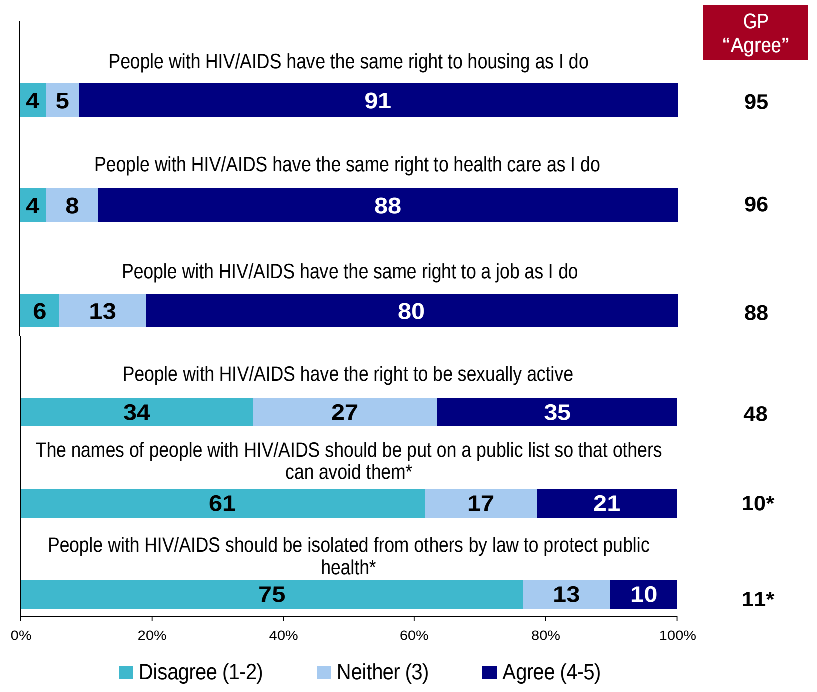
Discrimination is defined as the treatment of an individual or group with partiality or prejudice. Virtually all First Nations people surveyed (91 per cent) believe that people living with HIV/AIDS have the same right to housing as they do, and a similar number (88 per cent) believe that they have the same right to health care. Most (80 per cent) also believe that people living with HIV/AIDS have the same right to employment as they do, which stands in contrast to the fact that many do not believe that those living with HIV/AIDS should be able to serve the public in positions such as dentists, and that a large proportion would feel uncomfortable working with someone with HIV/AIDS (as is also the case with the general public, however, the contrast is less pronounced). So, while First Nations people are supportive of the rights of people living with HIV/AIDS to employment in theory; they do not necessarily want to come into contact with them.

Two in ten First Nations people (21 per cent) agree that the names of people with HIV/AIDS should be made public so that others can avoid them, although only one in ten believe that people living with HIV/AIDS should be legally quarantined from others to protect public health. First Nations people are also divided on whether persons living with HIV/AIDS should have the right to be sexually active (one in three agree and the same proportion disagree).

Although generally very supportive, First Nations people are somewhat less unanimous in their support of the rights of people living with HIV/AIDS than the general public. In particular, First Nations people are somewhat less likely to agree that people living with HIV/AIDS have the same right to health care (88 per cent agree compared to 96 per cent of other Canadians), to employment (80 per cent agree, compared to 88 per cent of other Canadians), or to be sexually active. Furthermore, they are more likely than the general public to agree that the names of people living with HIV/AIDS should be made public so that others can avoid them (21 per cent versus 10 per cent in the general public).

Rights

"To what extent do you agree with the following statements?"



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n=985; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

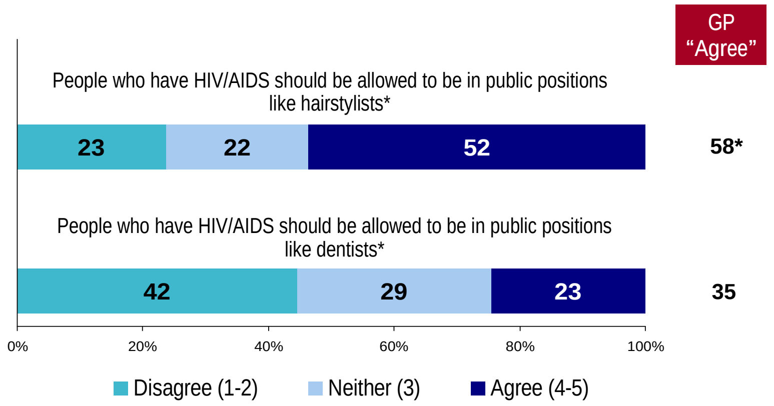
- Residents of Manitoba are less apt to support the rights of those living with HIV/AIDS to health care compared to those in other regions. First Nations people in B.C. are less likely than those in other regions to agree that people living with HIV/AIDS should be publicly identified.
- Parents, and those not employed are more apt to agree that people living with HIV/AIDS should be publicly identified.
- Older individuals (aged 55 and older) are less supportive of the right of those living with HIV/AIDS to be sexually active than younger people, and are more apt to agree that their names should be identified publicly. Those aged 45 to 54 are less supportive of the rights of those living with HIV/AIDS to employment, compared to people in other age groups.
- First Nations women are more supportive of the rights of those living with HIV/AIDS to health care than are men.
- The least educated (with less than high school) are less likely to support the rights of those living with HIV/AIDS to health care, housing, to be sexually active, and are more apt to agree that they should be isolated and publicly identified to protect the public compared to those with more education.

- Individuals with a low level of knowledge on the topic of HIV/AIDS are far less supportive of the rights of people living with this disease on all points tested, compared to those with higher knowledge levels.
- Those more comfortable with people living with HIV/AIDS, people less apt to distance themselves from HIV/AIDS, and those less likely to stigmatize people with HIV/AIDS are all more supportive of the rights of people living with HIV/AIDS to employment, housing and health care, and are less likely to agree that people with HIV/AIDS should be quarantined or identified to protect the public.

First Nations people are less apt than the general public to believe that those living with HIV/AIDS should be allowed to serve the public in positions like dentists or hairstylists. Although most First Nations people feel that they would be supportive of someone they knew who contracted HIV/AIDS, about half (52 per cent) agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists and less than one-quarter (23 per cent) agree that people with HIV/AIDS should be permitted to work in positions such as dentists. These results suggest that at least some First Nations people may not be comfortable with people living with HIV/AIDS in the community as suggested by earlier findings.

Service in Public Positions

"To what extent do you agree with the following statements?"



EKOS Research Associates Inc.

n=985; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Youth (under 25), on the other hand (both on- and off-reserve), are more likely to believe that people living with HIV/AIDS should be able to serve the public as hairstylists.
- Individuals who are more likely to stigmatize people living with HIV/AIDS are far less likely to support people with HIV/AIDS working in positions such as dentists or hairstylists.

- Residents of Alberta and Saskatchewan are more apt (than those from other regions) to have concerns about people living with HIV/AIDS working as dentists.

b) Discrimination Index

Several of these variables (the rights of people living with HIV/AIDS to employment or to be sexually active, whether they should be quarantined or their names made public) were combined to create a discrimination index measuring the extent to which First Nations people believe (or do not believe) that people living with HIV/AIDS should have their rights protected (or be isolated or segregated from the rest of the population). Those with high scores on this discrimination index believe that people with HIV/AIDS should be segregated and their rights limited, while those with low scores are more supportive of the rights of people living with HIV/AIDS. Based on this index, 16 per cent of First Nations people score high and do not believe in supporting the rights of people living with HIV/AIDS, and 35 per cent receive moderate scores. Close to half (49 per cent) sit at the low end of the index and are supportive of the rights of people living with HIV/AIDS. Compared with the “stigma index” presented earlier in this chapter (which reflects a degree of acceptance of someone with HIV/AIDS), the discrimination index reflects the degree to which people are concerned about the rights of people living with HIV/AIDS. While the indices are answered similarly by many people, they do focus on different elements of discrimination.

First Nations people are less likely than the general public to have a low score on this index (49 per cent do, compared to 58 per cent of other Canadians) and are more apt to have moderate scores (35 per cent do, compared to 22 per cent of other Canadians). Fewer First Nations people also score at the high end of the index[20].

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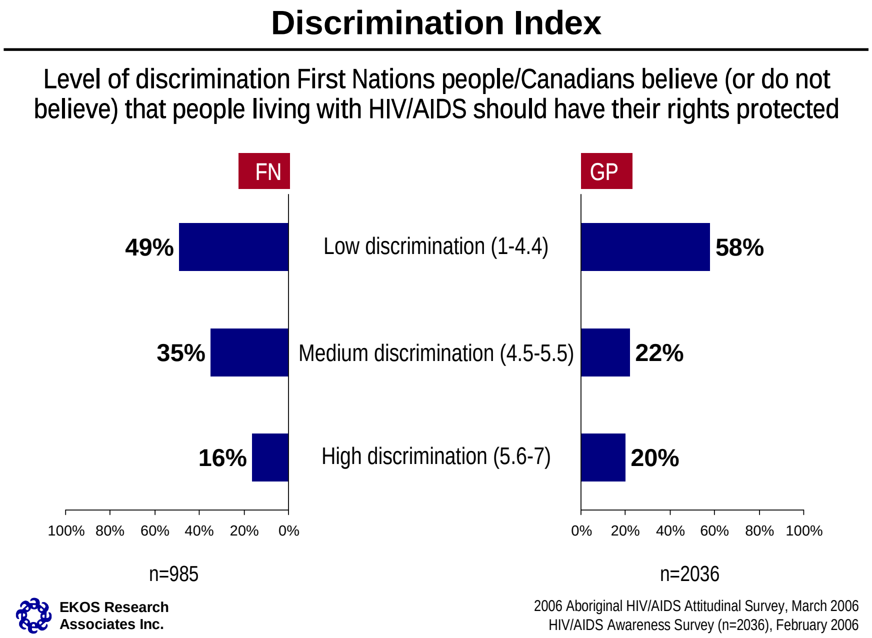
[20] The direction of the Discrimination Index is opposite compared to other indices. Low values of the index represent highly discriminatory views while high values of the index represent low discrimination.



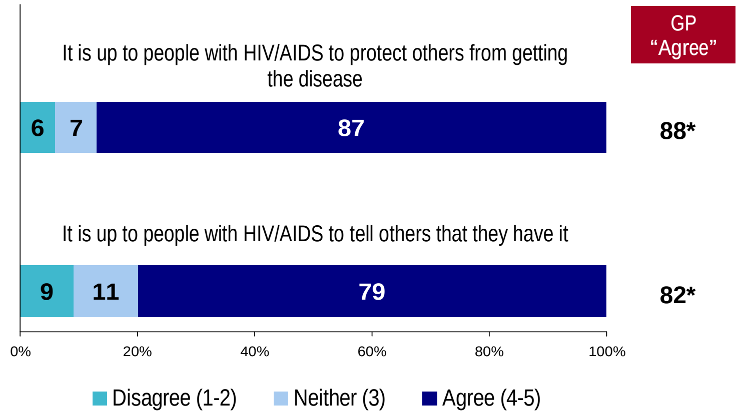
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

c) Responsibilities of People Living with HIV/AIDS

Most First Nations people (87 per cent) believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease. They also believe that they have a responsibility to tell others that they have it (79 per cent). These results echo the views of the general Canadian public.

Responsibility of People with HIV/AIDS

"To what extent do you agree with the following statements?"



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n=478/509; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- People between the ages of 35 and 44 are more likely (than those in other age groups) to agree that it is the responsibility of those living with HIV/AIDS to protect others from getting the disease.
- Those with a high level of knowledge on the topic of HIV/AIDS are less likely than individuals with less knowledge to agree that it is the responsibility of those living with HIV/AIDS to protect others from getting the disease.
- Those less comfortable with people living with HIV/AIDS are more apt to agree that it is their responsibility to protect others from getting the disease.

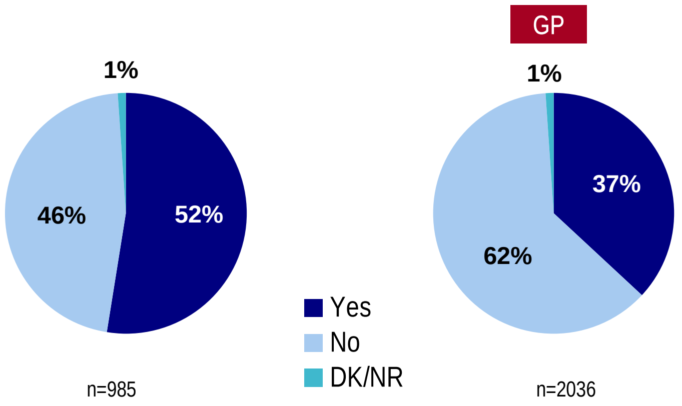
2.6 COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

a) Personal Experience with HIV/AIDS

Just slightly over half of First Nations people know or have known someone with HIV/AIDS (52 per cent). This is significantly higher than the proportion of Canadians overall (37 per cent) who know or have known someone with HIV/AIDS. There is no significant difference, however, between First Nations people living on-reserve and off-reserve in terms of the incidence of knowing someone with HIV/AIDS.

Personal Experience (a)

"To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?"



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HIV/AIDS Awareness Survey (n=2036), February 2006

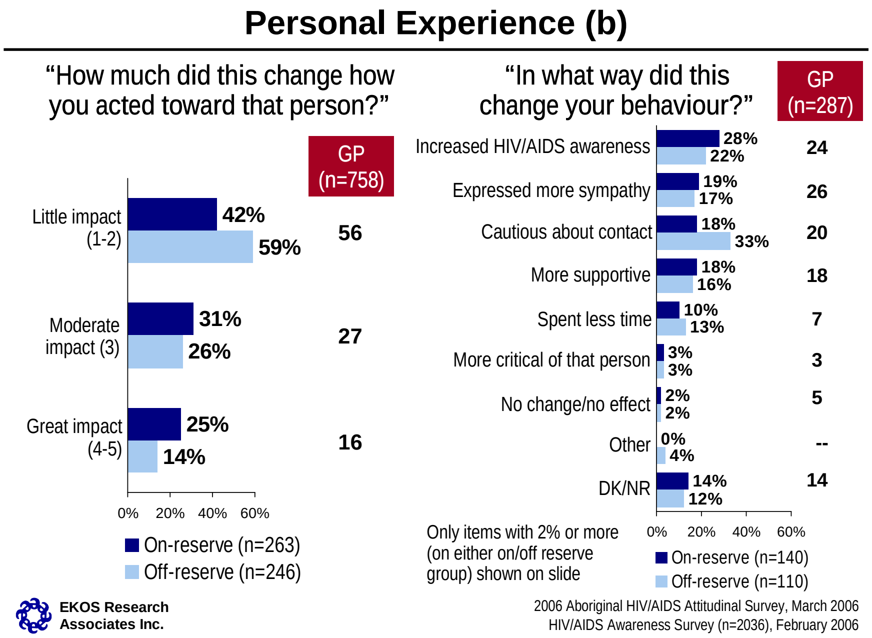
- The proportion of First Nations people who know or have known someone with HIV/AIDS increases somewhat with age.
- First Nations people with post-secondary education are far more apt to report knowing someone with HIV/AIDS (62 per cent of those with college education and 68 per cent of those with university education have known someone with HIV/AIDS, compared to 48 and 44 per cent of those with less than high school or high school education, respectively).
- Knowing people living with HIV/AIDS also increases with income (43 per cent of First Nations people with household incomes of less than $20,000 have known someone with HIV/AIDS, compared with 62 per cent of those with household incomes of $60,000 or more).

- First Nations parents are less apt to report knowing someone with HIV/AIDS.
- First Nations people with the least knowledge of HIV/AIDS are also least apt to have known someone living with this disease.
- Knowing someone with HIV/AIDS also goes hand in hand with greater comfort with people living with HIV/AIDS, less likelihood to see HIV/AIDS as a disease that only happens to others, fewer stigmatizing attitudes, and a greater appreciation for the rights of people living with HIV/AIDS. These relationships may suggest that knowing someone with HIV/AIDS is a positive influence on one's attitudes towards people with the disease.

First Nations people who reported knowing someone living with HIV/AIDS were asked about the change that this had on their behaviour towards that person. Overall, half (51 per cent) of First Nations people who know or have known someone with HIV/AIDS believe that knowing this had little or no impact on their behaviour towards this person. There is a significant difference, however, between First Nations people living on-reserve and those living off-reserve. First Nations people living on-reserve are more apt to report a significant change in behaviour (25 per cent report a great impact, compared to 14 per cent of those living off-reserve), while those off-reserve are far more likely to report little or no impact (59 per cent report little impact, compared to 42 per cent of those on-reserve). The extent of change in behaviour reported by people living off-reserve is quite similar to that reported by Canadians overall.

In terms of the specific direction of the change, most reported impacts are positive in nature. One in four say that their awareness or understanding of HIV/AIDS grew (25 per cent overall and slightly higher in the on-reserve population); that they became more sympathetic towards that person (18 per cent overall); or that they are more supportive of the individual in question (17 per cent overall). One-quarter have become more cautious about casual contact with that person (25 per cent overall, but 33 per cent among First Nations people living on a reserve in particular), spent less time with that person (11 per cent overall), or become more critical of that person (three per cent overall).

Results for First Nations people are roughly the same as those obtained in the general public, with the exception of the reaction of First Nations people living off-reserve, in particular, who are more apt (than the general public and than First Nations living on-reserve) to be more cautious about casual contact with that person (33 per cent became more cautious, compared to 18 per cent of First Nations people living on-reserve and 20 per cent of the general public).



Personal Experience (b)

“How much did this change how you acted toward that person?”

“In what way did this change your behaviour?”

Only items with 2% or more (on either on/off reserve group) shown on slide

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2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- First Nations people in Manitoba are more apt than those from other regions to report a large impact on their behaviour, while those in Quebec are more likely to report little or no impact on their behaviour towards the person they knew living with HIV/AIDS.
- Men are more apt to reduce the amount of time spent with that person or to become more cautious about casual contact, while women are more apt to become more supportive of that person.
- First Nations people with university education are more apt to report an increase in awareness or that they became more supportive of that person.
- Those who express a high level of comfort with people living with HIV/AIDS (on- and off-reserve) and those who express little stigma are more apt to report little or no change in behaviour.
- Also, those who express low levels of comfort with contact with people living with HIV/AIDS and those with more stigmatizing attitudes are more apt to report negative impacts on their behaviour, while those with medium and high comfort levels or fewer stigmatizing attitudes more often report positive changes.

b) Support for People Living with HIV/AIDS

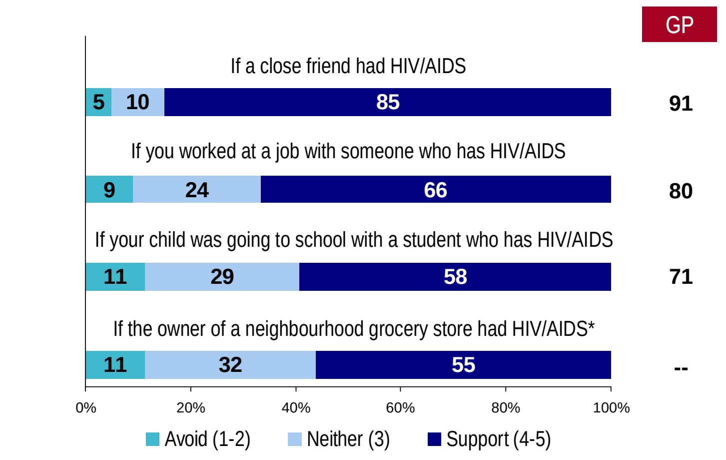
Although First Nations people believe that they would be highly supportive of someone with HIV/AIDS, this support weakens in more distant relationships, and particularly, where a child is involved. More First Nations people believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS (85 per cent would support a close friend in this situation), which is higher than the support reported for a co-worker (66 per cent) or a student attending the same school as their own child (58 per cent would be supportive in this instance). Less than one in ten would actively avoid a close friend or co-worker with HIV/AIDS (five and nine per cent respectively), and one in ten (11 per cent) would actively avoid a student in their child's school with HIV/AIDS.

First Nations people living off-reserve are somewhat more apt than those living on-reserve to be supportive of a close friend with HIV/AIDS (not shown in chart) (87 per cent would support a friend in this situation, compared with 82 per cent of those living on-reserve), although the difference in level of support expressed for a co-worker or student attending the same school as their child are the same on- and off-reserve.

First Nations people are less apt to be supportive of an individual in each of these situations than are Canadians overall (e.g., 80 per cent of Canadians would support a co-worker diagnosed with HIV/AIDS, compared with 66 per cent of First Nations people), although the hierarchy of support according to the closeness of the relationship (i.e., decreasing support in more distant relationships) is the same.

Support of People with HIV/AIDS

"How would you react ...?"



* not asked

EKOS Research Associates Inc.

n=985

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Residents of Saskatchewan are somewhat more apt to report that they would avoid a close friend or student in their child's school who developed HIV/AIDS (10 per cent), compared with others across the country.
- Those from Quebec are more likely than others across the country to cite supportiveness in the situation of a child attending school with HIV/AIDS, in the situation of a grocery store owner with HIV/AIDS and with a colleague at work.
- Avoidance of a work colleague with HIV/AIDS is more prominent in Manitoba and Saskatchewan.
- Support among First Nations people for individuals living with HIV/AIDS increases with education and income.
- Women are also typically more supportive than men in all four scenarios.
- First Nations people with little knowledge on the topic of HIV/AIDS are least likely to be supportive of an individual with HIV/AIDS in all four scenarios.
- First Nations people who are more comfortable with people living with HIV/AIDS, those less likely to see HIV/AIDS as a disease that only happens to others, people with fewer stigmatizing attitudes, and those with a greater appreciation for the rights of people living with HIV/AIDS are all more supportive than others.

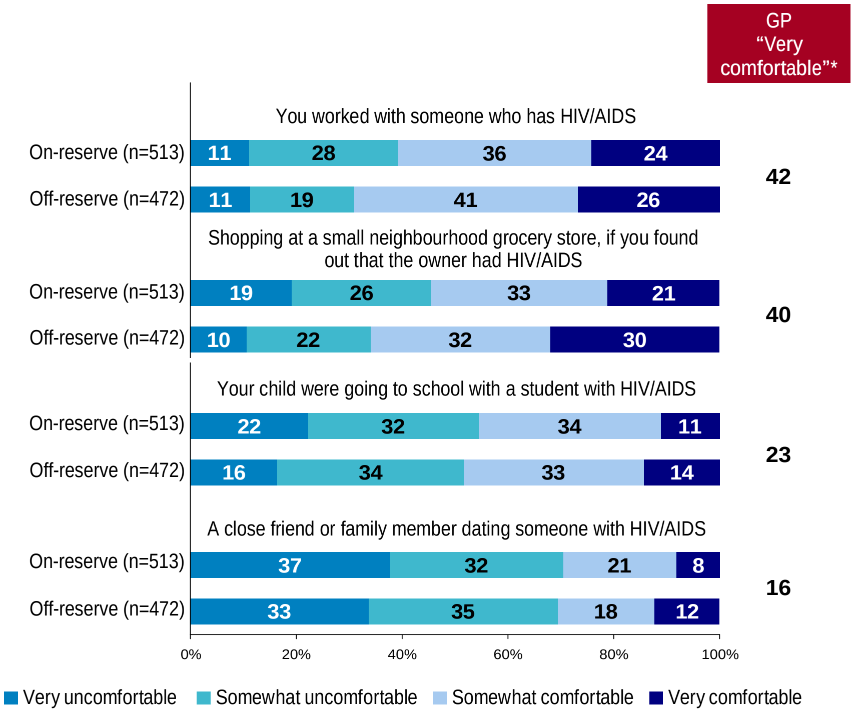
c) Comfort with People Living with HIV/AIDS

Over two-thirds of First Nations people would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS (69 per cent overall, with similar proportions in the on- and off-reserve populations); 52 per cent (overall) would feel uncomfortable if their child was attending a school where a student has HIV/AIDS; and over one-third would feel uncomfortable shopping at a small neighbourhood grocery store where the owner has HIV/AIDS (38 per cent overall, with considerable higher proportions on-reserve, compared with off-reserve) or working in an office where someone developed HIV/AIDS (34 per cent, with a higher level of discomfort in the on-reserve population). As with the level of support described earlier, the level of comfort also declines as the contact becomes more direct and personal.

Fewer First Nations people are comfortable with people living with HIV/AIDS than reported by the general public in each of these situations. The gap is largest for the comfort with working colleagues and neighbourhood grocery store owners.

Levels of Comfort

"How comfortable would you be if…?"



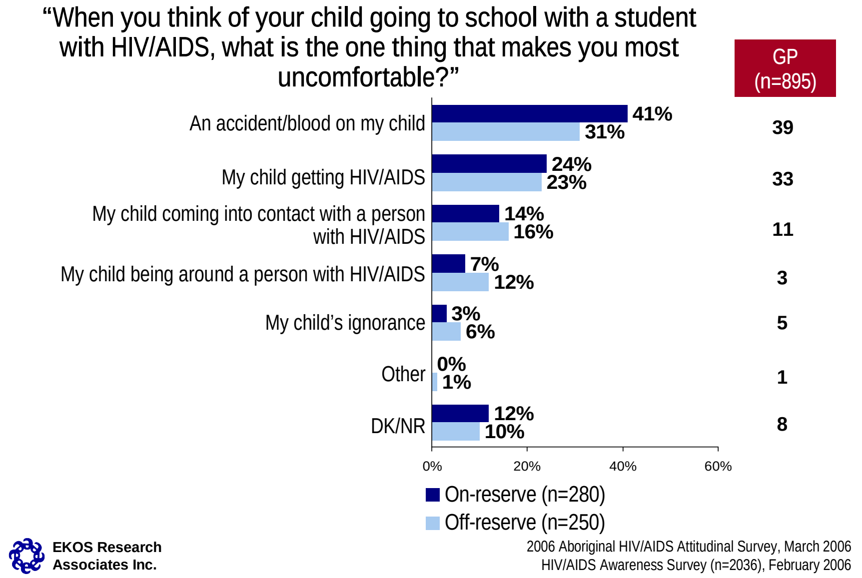
EKOS Research Associates Inc.

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- First Nations people aged 45 and older are far more likely to feel uncomfortable in all these situations.
- Individuals with the least education (less than high school) and income are also more apt to express discomfort with each of these scenarios than their more educated and/or higher income counterparts.
- First Nations women are typically more comfortable in these situations than men.
- Comfort also increases with knowledge and people who are more apt to distance themselves from HIV/AIDS (as a disease that only happens to others) are typically less comfortable in any of the situations tested, while those less likely to stigmatize people living with HIV/AIDS are more apt to feel comfortable in these situations. Furthermore, those more supportive of the rights of people living with HIV/AIDS are also more apt to feel comfortable in these situations.

In terms of a rationale for discomfort, First Nations people who feel somewhat or very uncomfortable with their child attending a school where a student has HIV/AIDS are most concerned about the potential for an accident where their child comes into contact with the blood of the affected student (36 per cent overall, with a higher proportion in the on-reserve population), followed by the possibility that their child could contract HIV/AIDS (23 per cent). A minority (15 per cent) are most concerned about their child coming into contact with a person who has HIV/AIDS. Results are similar in the general public.

Rationale for Intolerance (a)



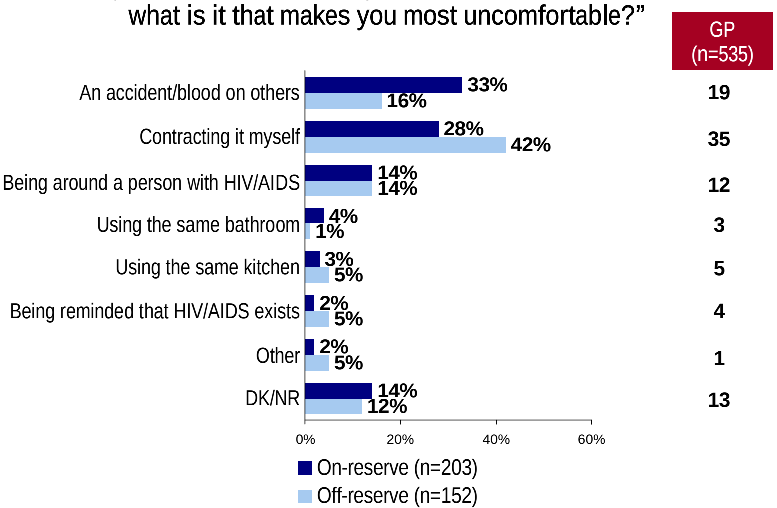
"When you think of your child going to school with a student with HIV/AIDS, what is the one thing that makes you most uncomfortable?"

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

The primary concerns of First Nations people who would feel uncomfortable working with someone with HIV/AIDS are the potential for contracting it themselves (35 per cent overall, but rising to 42 per cent of off-reserve respondents), followed by the possibility of an accident where they come into contact with the blood of the affected person (25 per cent overall, but with a considerably higher proportion in the on-reserve sample), or being around the 'type of person' who has contracted HIV/AIDS (14 per cent). These results are fairly similar in the general public.

Rationale for Intolerance (b)

"When you think about working with someone who has HIV/AIDS, what is it that makes you most uncomfortable?"



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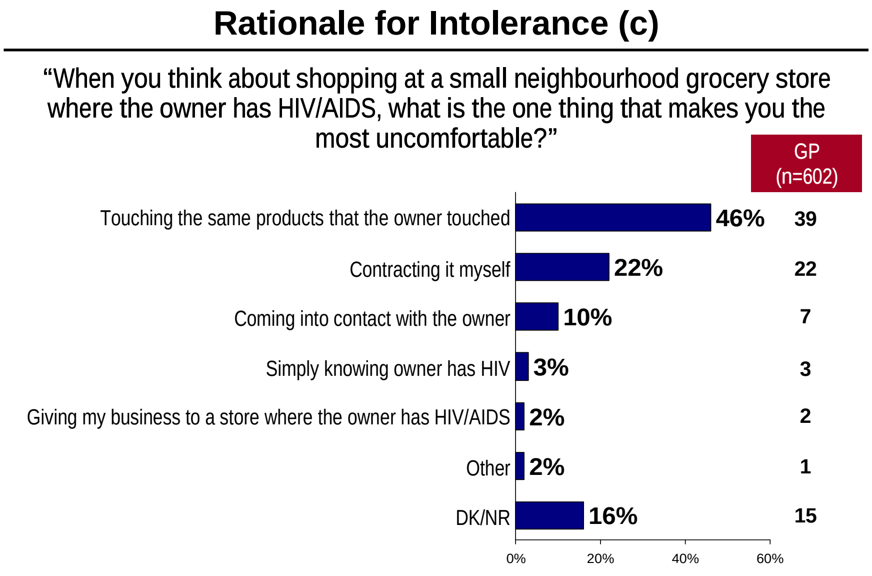
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

As with the general public, the primary concerns of those uncomfortable at the thought of shopping at a neighbourhood store where the owner has HIV/AIDS are of touching the same products that the owner touched (46 per cent) or contracting HIV/AIDS (22 per cent).



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n=397

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

d) Comfort Index

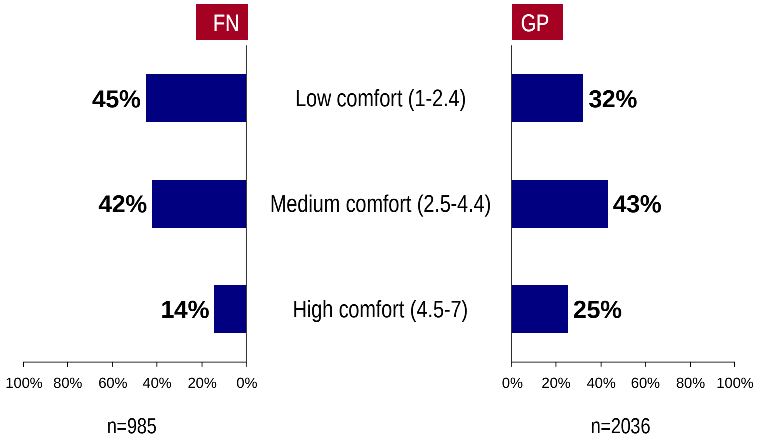
Four survey items measuring the level of comfort First Nations people feel in situations with people living with HIV/AIDS were combined to create a comfort summary or index:

- Extent to which First Nations people feel comfortable if their children were to attend a school where one of the students was known to have HIV/AIDS;
- Extent to which First Nations people feel comfortable if they were to work in an office where someone developed HIV/AIDS;
- Extent to which First Nations people feel comfortable if they were to shop at a neighbourhood grocery store where the owner had HIV/AIDS; and,
- Extent to which First Nations people feel comfortable if their close friend or a family member was to date someone with HIV/AIDS.

Based on this measure, 45 per cent of First Nations people demonstrate a low level of comfort generally with people living with HIV/AIDS, while 42 per cent exhibit a moderate level of comfort and only 14 per cent feel a high level of comfort overall with people living with HIV/AIDS.

Comfort Index

Level of comfort First Nations people/Canadians have with HIV/AIDS



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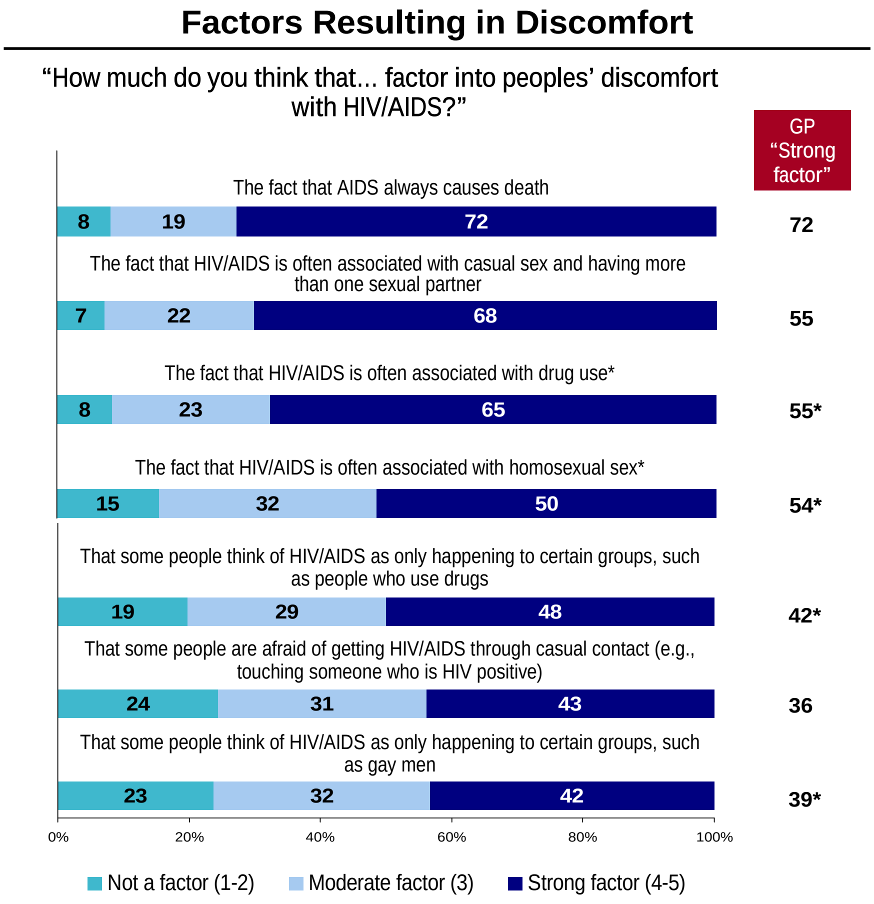
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

e) Factors in Discomfort with HIV/AIDS

In terms of explaining the primary drivers behind the fear or discomfort that some First Nations people feel when confronted with the presence of HIV/AIDS, the fact that HIV/AIDS is a fatal disease is seen to top the list (72 per cent of First Nations people identify this as having a strong influence). This is followed closely by the association between HIV/AIDS and casual/promiscuous sex (68 per cent) and between HIV/AIDS and intravenous drug use (65 per cent). Half identify the association between HIV/AIDS and homosexual sex as a strong factor influencing public discomfort (50 per cent), and slightly fewer are influenced by the fact that people associate HIV/AIDS with certain groups such as drug users (48 per cent) or gay men (42 per cent), or the fact that some people fear infection through casual contact (43 per cent).

First Nations people are similar to Canadians overall in identifying the fatal nature of the disease as the factor with the greatest influence over public discomfort. They are, however, more likely than the general public to feel that many other factors, such as the association with drug use or casual sex, the association between HIV/AIDS and certain groups such as drug users, or fear of casual contact play a strong role in influencing public discomfort with HIV/AIDS. They are no more likely than Canadians overall, however, to identify the association between HIV/AIDS and homosexual sex as a strong factor influencing public discomfort.

People living off-reserve are more likely than those living on a reserve to identify the association between HIV/AIDS and drug use and certain groups such as drug users as factors strongly influencing levels of public discomfort with this disease (72 per cent among those living off-reserve compared with only 57 per cent among First Nations people living on a reserve – results not shown in chart).



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n=985; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- First Nations people from Ontario are more apt than those from other regions to identify the fact that HIV/AIDS is always fatal as a source of public discomfort. First Nations people from Quebec are most likely to cite the association between HIV/AIDS and gay men as an influential factor.
- First Nations youth are least likely to identify the association between HIV/AIDS and homosexual sex, or with specific groups such as gay men as sources of public discomfort.
- First Nations women are more likely than men to identify the fear of contracting HIV/AIDS through casual contact as a factor influencing public discomfort levels.

- People with the least education (less than high school) are less apt to identify the association between HIV/AIDS and drug use as a factor influencing public discomfort, while those with college education are most likely to. Those with a university education are more likely to identify the association between HIV/AIDS and homosexual sex as a source of public discomfort.
- First Nations people with the lowest household incomes are far more likely to identify the association between HIV/AIDS and casual sex as having a strong influence on public comfort levels.
- Individuals with high levels of knowledge on the topic of HIV/AIDS are more apt to cite the fact that HIV/AIDS is associated with specific sub groups such as gay men or drug users as factors influencing public discomfort.
- High level of comfort with people with HIV/AIDS is least associated with identifying the fact that HIV/AIDS is always fatal, or the association with casual sex as sources of public discomfort.
- Those more apt to distance themselves from HIV/AIDS (as a disease that only happens to others) are more likely to cite the fact that HIV/AIDS is always fatal and the association with casual sex or homosexual sex as sources of public discomfort.
- Individuals with less appreciation for the rights of people living with HIV/AIDS are more apt to identify the association between HIV/AIDS and casual sex as an influential factor.

2.7 INFORMATION SOURCES

a) Current Information Sources

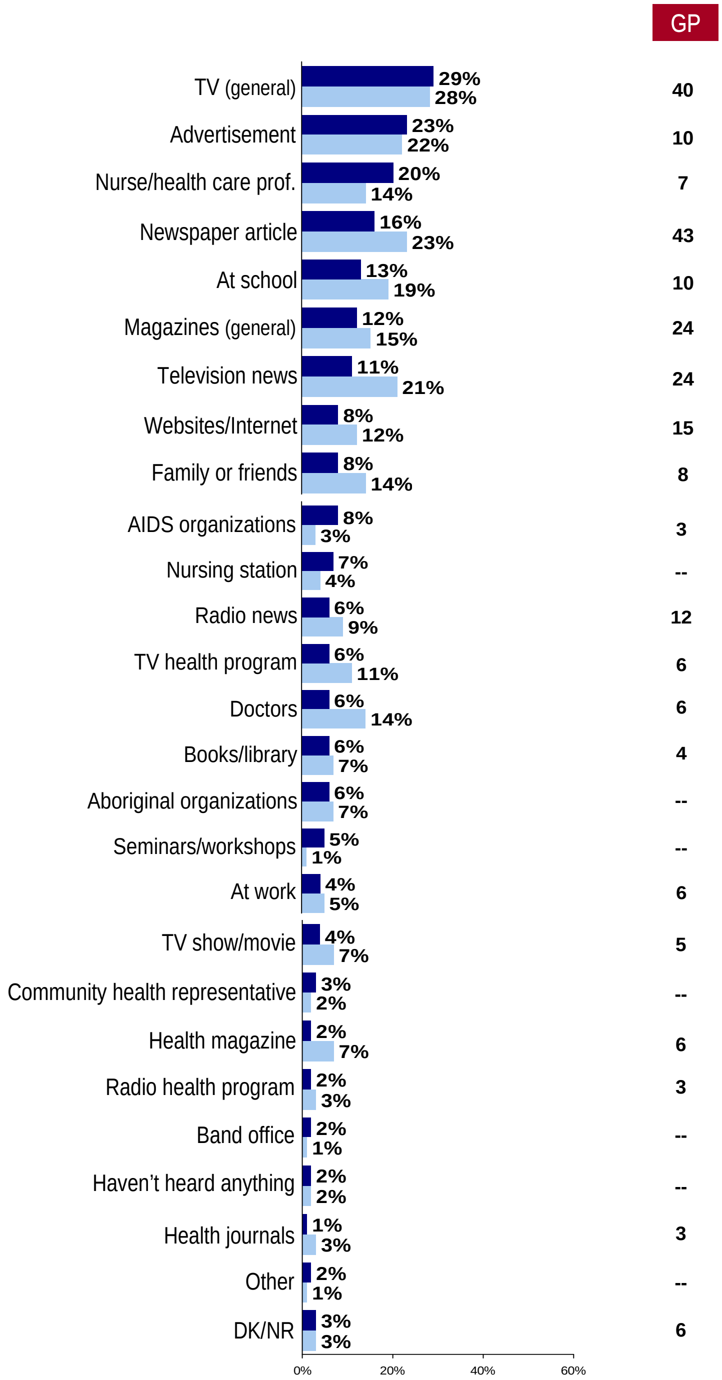
General television (28 per cent) and advertising (23 per cent) are the two information sources where First Nations people have most often seen, heard or read about HIV/AIDS, followed closely by newspaper articles (20 per cent). Many also cite television news (16 per cent), nurses or other health care professionals (16 per cent), and magazines in general (14 per cent) as information sources on HIV/AIDS. Roughly one in ten First Nations people have also seen, heard or read about HIV/AIDS from doctors (11 per cent), the Internet (10 per cent), or television health programs (nine per cent), and fewer have obtained information on HIV/AIDS from radio news (eight per cent), books (seven per cent) or Aboriginal organizations (seven per cent).

First nations people living on a reserve are far less likely than those off-reserve to cite many information sources, including television news (identified by 11 per cent of First Nations people living on a reserve and 21 per cent of those living off-reserve), newspaper articles (identified by 16 per cent of those on-reserve and 23 per cent of individuals off-reserve), doctors (identified by six per cent of First Nations people living on a reserve and 14 per cent of those living off-reserve), and family or friends (identified by eight per cent on-reserve and 14 per cent off-reserve).

First Nations people are far less likely than Canadians in general to have obtained information on the subject of HIV/AIDS from a number of sources, including newspaper articles, television, magazines, or the Internet. They are more likely than other Canadians to have obtained information through advertising (23 per cent have, compared to 10 per cent of the Canadian population in general), at school, from nurses or other health care professionals.

Information Sources

"Where have you heard, seen or read about HIV/AIDS in the past year?"



Only items with 2% or more (on either on/off reserve group) shown on slide

EKOS Research Associates Inc.

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Residents of British Columbia are much more likely than others across the country to cite magazines and doctors as places where they read or heard about HIV/AIDS. Residents of Alberta and Quebec are more apt than others to point to advertising. Those from British Columbia and Manitoba also cite television news more often than others, and residents in Ontario more frequently cite television in general.
- Youth cite advertising or school as places where they read or heard about HIV/AIDS more often than their older counterparts. Those aged 35 to 44 identify television in general more often than others, and those 45 to 54 more often point to television news than other age groups.
- The proportion citing newspaper articles or nurses as places where they heard or say something about HIV/AIDS increases with educational attainment, and those with university education are more apt than those less educated to cite health magazines.
- Men are more likely than women to identify television or newspaper articles as places where they read or heard about HIV/AIDS. Women are more apt than men to have heard about HIV/AIDS through magazines or on the Internet.
- Those with low levels of knowledge on the topic of HIV/AIDS are less apt to cite a number of places where they read or heard about HIV/AIDS (including television, newspaper, the Internet) but are more apt to cite friends and family as sources for hearing about HIV/AIDS.
- Those with low levels of comfort with people living with HIV/AIDS are also less likely to cite many places where they heard or saw something about HIV/AIDS than those with greater comfort.

b) Preferred Information Sources

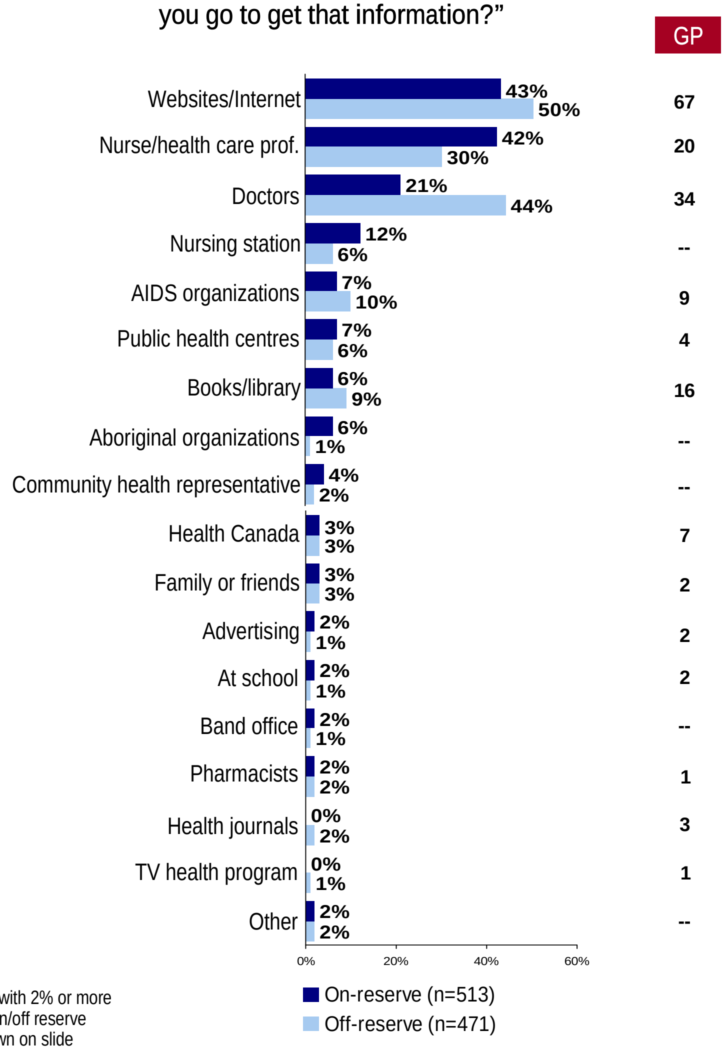
First Nations people were then asked where they would go if they were seeking information about HIV/AIDS today. This question highlights not only the most top of mind current sources of information, but may also reflect more active (rather than passive) search methods. (The previous question examines information consumption from the past year and reflects more passive search methods or information consumption.) The most frequently cited place to find information about HIV/AIDS is the Internet, followed by health care professionals and doctors.

First Nations people living on a reserve are less likely than those off-reserve to identify the Internet or doctors as a likely information source, but more frequently identify nurses or other health care professionals as the source they would turn to for information on HIV/AIDS (42 per cent do, compared to 30 per cent of those living off-reserve), as well as nursing stations (identified by 12 per cent of those living on-reserve) and Aboriginal organizations. First Nations people living off-reserve, in particular, are more apt to cite doctors as a preferred source of information.

First Nations people are less likely than the general public to identify the Internet as a source of information about HIV/AIDS that they would consult. They are more likely to cite nurses and other health care professionals.

Preferred Information Sources

"If you were looking for information about HIV/AIDS today, where would you go to get that information?"



Only items with 2% or more (on either on/off reserve group) shown on slide

EKOS Research Associates Inc.

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Residents of Saskatchewan and Quebec are less likely than those in other regions to consult the Internet for information on HIV/AIDS. Quebec residents are also less apt to consult doctors than others, but more likely to refer to public health centres. Residents of B.C. are more likely to consult doctors than those from other regions, while residents of Saskatchewan and Ontario would more frequently turn to nurses and other health professionals than residents of other regions.

- First Nations people aged 25 to 34 are far more likely than their younger or older counterparts to consult the Internet.
- The proportion that would consult the Internet for information increases with income.
- Women are more likely than men to consult the Internet for information, as are those who are working.
- Those with low levels of comfort with people living with HIV/AIDS, who tend to exhibit stigmatizing attitudes, and those who prefer to see people with HIV/AIDS segregated or isolated are all less likely to consult the Internet for information.

c) Reliability of and Comfort with Information Sources

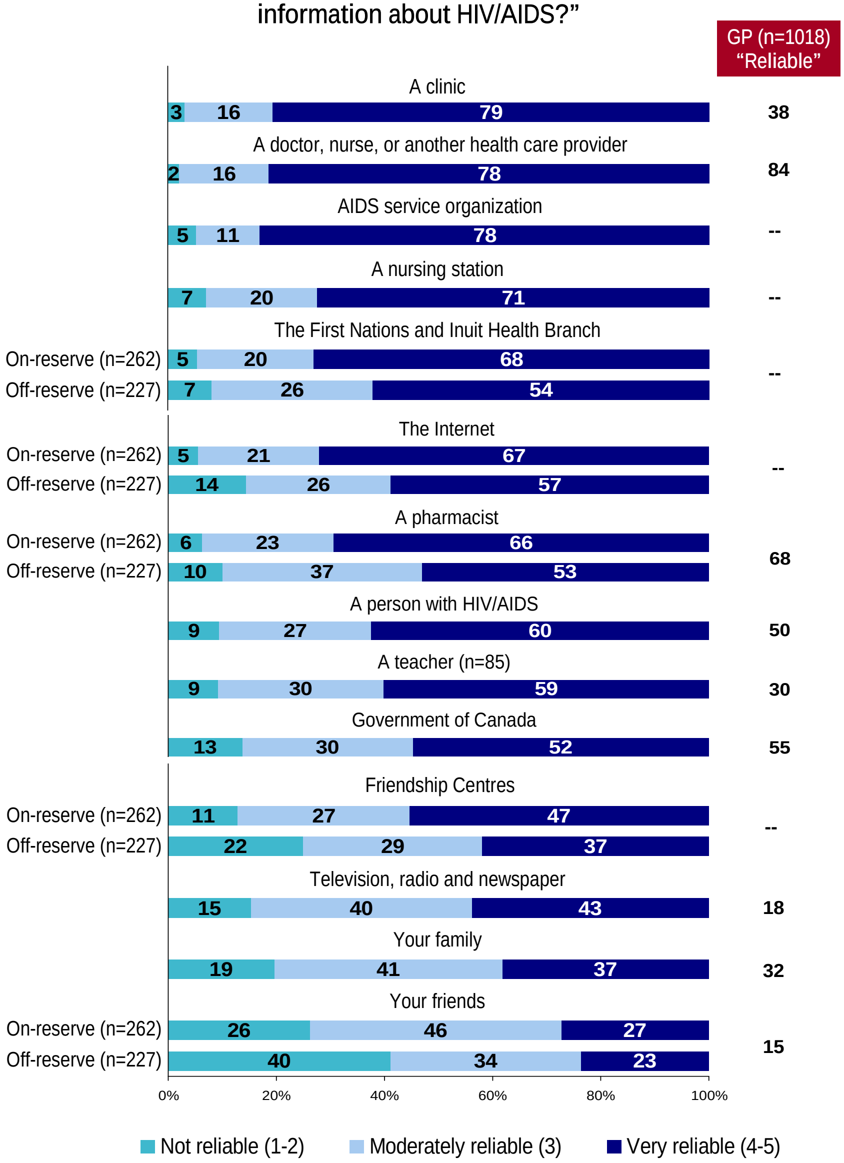
First Nations people were also asked to rate the reliability of or their level of comfort with a variety of information sources on HIV/AIDS. Half the survey sample was asked to rate the relative reliability of some of the sources under examination (as well as to rate their level of comfort with receiving information from these same sources), while the other half of the sample was asked to rate the reliability (and their comfort) with other sources.

First Nations people consider their family doctor or another health care professional (78 per cent), an AIDS service organization (78 per cent) or a health clinic (79 per cent) to be the most reliable sources of information on the topic of HIV/AIDS, followed closely by nursing stations (71 per cent). Over half consider the Internet (62 per cent overall, but a higher proportion among the on-reserve population), the First Nations and Inuit Health Branch (FNIHB) (61 per cent overall; also higher on-reserve), a person living with HIV/AIDS (60 per cent), a pharmacist (59 per cent overall; higher on-reserve), or the federal government (52 per cent) to be reliable sources. Furthermore, over half of youth surveyed (59 per cent) consider a teacher to be a reliable source. The media (43 per cent), friendship centres (42 per cent), family (37 per cent) and friends (25 per cent) are considered reliable by fewer than half of First Nations people. While results for the others are the same (on- and off-reserve), First Nations people living on a reserve are more likely than those living off-reserve to say that Friendship Centres and friends are reliable sources of information.

There are significant differences in the perceived reliability of sources in comparison to the general Canadian population. First Nations people are far more likely than the general public to consider the media, clinics, teachers, friends, and people living with HIV/AIDS to be reliable sources. On the other hand, the general public places more trust than First Nations people in pharmacists.

Reliability of Sources

"How reliable do you consider the following as a source of information about HIV/AIDS?"



EKOS Research Associates Inc.

n=489

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

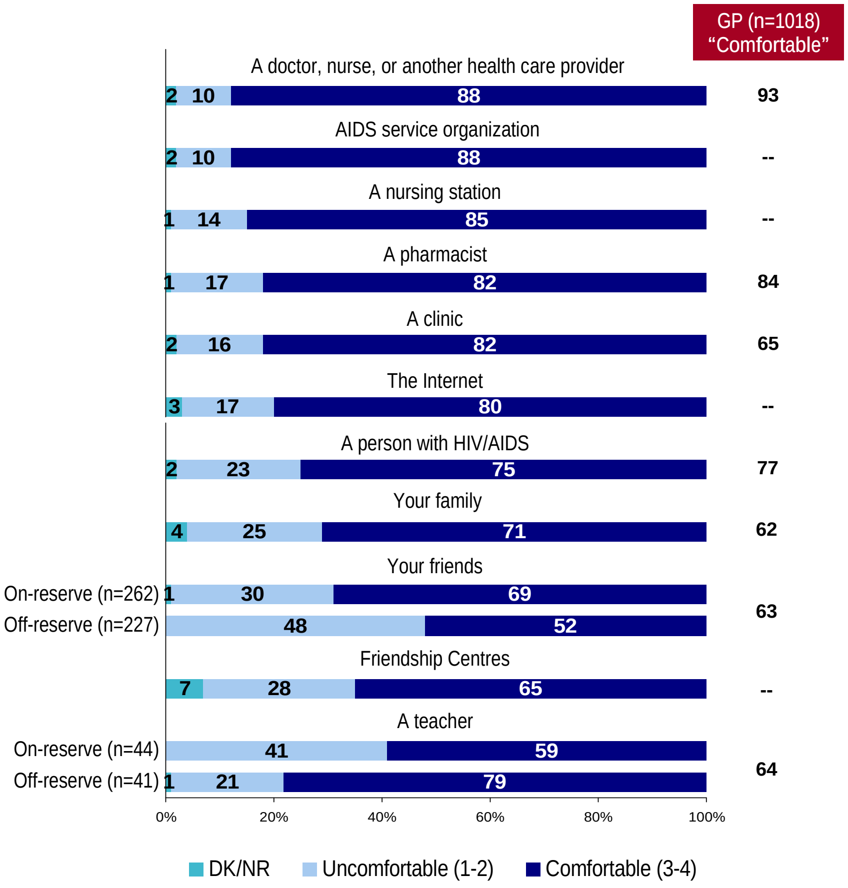
- Those 55 and older are less likely than their younger counterparts to consider doctors, the federal government, a person with HIV/AIDS, the Internet, nursing stations, AIDS organizations, Friendship Centres and clinics to be reliable sources, and are more apt to consider family reliable. Youth (under 25) are the age group most likely to consider the Internet reliable.
- The perceived reliability of the federal government, pharmacists, nursing stations and the Internet tends to increase with educational attainment. Conversely, the extent to which the media, family and Friendship Centres are considered reliable typically declines with educational attainment.
- Similarly, the perceived reliability of doctors, and the federal government increases with household income, while the rated reliability of Friendship Centres declines with income.
- Parents are more apt to consider doctors, and the federal government reliable compared to First Nations people without children.
- The perceived reliability of doctors, pharmacists, clinics, nursing stations, AIDS service organizations, the FNIHB, and a person with HIV/AIDS all decline with the level of support for the rights of people living with HIV/AIDS.
- The perceived reliability of the federal government and nursing stations increase with the level of knowledge on the topic of HIV/AIDS, while the extent to which media, Friendship Centres and family members are considered reliable declines with level of knowledge.
- The perceived reliability of media increases with the tendency to distance oneself from HIV/AIDS (as a disease that only happens to others).
- Conversely, the reliability of a person with HIV/AIDS declines with the tendency to distance oneself from HIV/AIDS (as a disease that only happens to others), and increases with the level of comfort with people living with HIV/AIDS.

First Nations people are comfortable with most information sources tested. First Nations people would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional (88 per cent would feel comfortable with these sources) or an AIDS service organization (88 per cent), followed closely by a nursing station (85 per cent). Over three-quarters also feel comfortable obtaining information on this topic from a pharmacist (82 per cent), a health clinic (82 per cent), the Internet (80 per cent), or a person living with HIV/AIDS (75 per cent). Over half feel comfortable with the remaining sources tested, including Friendship Centres (65 per cent), teachers (70 per cent of youth overall, but considerably higher among youth living off-reserve), family (71 per cent) and friends (60 per cent overall, but considerably higher on-reserve).

First Nations people tend to feel more comfortable than the general public obtaining information on HIV/AIDS from health clinics, teachers or family members. They are slightly less comfortable, however, than the general public obtaining this information from a doctor or other health care professional.

Comfort with Information Sources

"How comfortable would you be seeking information from...?"



EKOS Research Associates Inc.

n=489

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- First Nations people aged 45 to 54 are less comfortable than those in other age groups obtaining information from doctors. Those 55 and over are least comfortable receiving information from friends or the Internet.
- Residents living in Quebec are less apt to feel comfortable than those from other regions receiving information from friends[21] or on the Internet[22]. Respondents from Manitoba are more

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[21] Note that for this particular question, the sample size in Quebec is very small (n=41)

[22] Note that for this particular question, the sample size in Quebec is very small (n=48)

likely than those from other regions to express comfort with health clinics, but less apt to be comfortable with nursing stations as an information source.

- Parents are more comfortable receiving information from friends or from a person living with HIV/AIDS than are those without children.
- Women are more likely than men to feel comfortable receiving information on HIV/AIDS from an AIDS service organization.
- As with reliability, those who are employed are more apt than those who are not to feel comfortable obtaining information on the Internet.
- Those who are university-educated are less comfortable with family as an information source compared with individuals with less education.
- The level of comfort with all information sources tested increases with the level of comfort with people living with HIV/AIDS.
- The level of comfort with doctors, nursing stations, AIDS service organizations, or a person with HIV/AIDS as information sources declines with a rising tendency toward the stigmatization of people living with HIV/AIDS. As well, those displaying high levels of stigmatizing attitudes are much less likely than others to feel comfortable with family, the Internet, or health clinics as information sources.
- The level of comfort with virtually all information sources also declines with the level of support for the rights of people living with HIV/AIDS (with the exception being Friendship Centres).
- People with greater tendencies to distance themselves from the disease are also typically less comfortable obtaining information on HIV/AIDS from friends, someone with HIV/AIDS, and nursing stations.

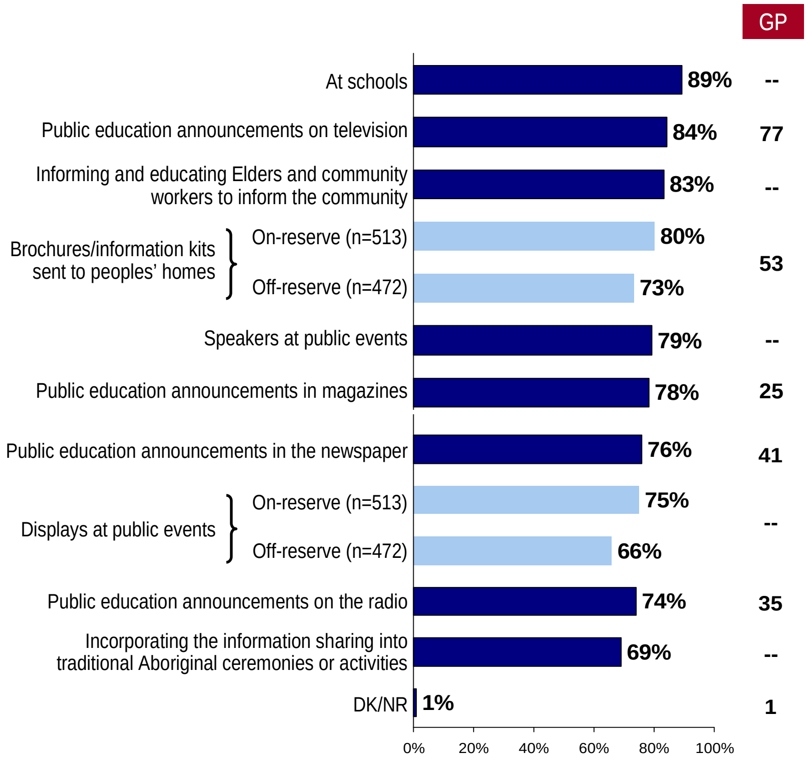
d) Most Effective Means of Communicating Information on HIV/AIDS

First Nations people identify information through schools, thereby informing youth and the next generation about HIV/AIDS, as the most effective approach to providing people with information (identified by 89 per cent). This is followed closely by public education announcement on television (84 per cent) and informing elders (83 per cent). Over three-quarters also identify speakers at public events (79 per cent), public education announcements in magazines (78 per cent) or newspapers (76 per cent), and brochures or information kits sent to people's homes (76 per cent overall, but higher in the on-reserve population) as the most effective approach to information dissemination. Results for displays at public events, while lower for the off-reserve population is seen as an effective approach by three in four First Nations people living on a reserve.

First Nations people are more apt to consider most approaches as effective when compared to the general public.

Effective Methods of Informing About HIV/AIDS

"Which of the following do you think would be the most effective way to provide people with information about HIV/AIDS?"



EKOS Research Associates Inc.

n=985

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Those expressing high levels of stigmatizing attitudes towards people with HIV/AIDS are less likely to suggest approaches that might be effective.

2.8 TYPOLOGY OF FIRST NATIONS PEOPLE

In addition to the basic analyses cited throughout the report, a typology of First Nations people was created. The typology groups First Nations people with similar knowledge levels and attitudes regarding HIV/AIDS. The methods used are factor and reliability analyses (leading to the computation of several indices presented earlier in the report), and cluster analysis. Five factors were the basis for the knowledge, comfort, distancing, stigma, and discrimination indices presented earlier in this chapter[23]. Using these five factors a cluster analysis was performed, the purpose of which was to identify mutually exclusive and interpretable groups among First Nations people. Cluster analysis resulted in a five-cluster solution, presented below.

Group #1: Well Informed Liberal-Minded

This segment represents 23 per cent of First Nations people. They have the highest knowledge and are the most comfortable with people living with HIV/AIDS. They are among the least likely to hold stigmatizing views, and are least likely to distance themselves from the issue or say that AIDS belongs to the third world, the gay community or to drug users exclusively. They are also strongly supportive of the rights of people living with HIV and are most likely to believe that they should have the same rights to housing, health care, jobs or to be sexually active. This group strongly disagrees that HIV/AIDS is much less of a problem among Aboriginal communities than 10 years ago.

- They are more likely to agree that people with HIV/AIDS are unwilling to tell others about their illness because of the stigma associated with the disease and that family members of people with HIV/AIDS feel the shame. This group is also more likely to suggest that people with HIV/AIDS can experience difficulty getting housing, health care and employment. They are also least likely to agree that Aboriginal people (living on- or off-reserve) are less likely than other Canadians to receive the right medical treatment for HIV/AIDS.
- They are more likely than members of other groups to report getting their HIV/AIDS information from television, magazines, websites, TV health programs, and work. They also express a stronger preference for obtaining information on HIV/AIDS from websites. They place a high degree of reliability on health care professionals, AIDS service organizations, nursing clinics, pharmacists, the FNIHB, as well as (to a lesser degree) the Government of Canada. Members of this group, on the other hand, are less likely than others to feel comfortable seeking information from health care professionals in their community and family.

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[23] The reliability analysis was conducted on these factors, resulting in alpha coefficients that were 0.60 or higher, suggesting that the composite scales computed on the base of the listed dimensions are statistically reliable measures. Five attitudinal indices were made up of several individual survey measures (rating the level of knowledge about HIV/AIDS; level of comfort with people infected with HIV; distancing from the issue of HIV/AIDS; reported tolerance and stigma related to people living with HIV/AIDS; and perceived discrimination or segregation and rights of people living with HIV/AIDS).

This group is more likely to believe that schools are the most efficient way to provide people with information about HIV/AIDS.

- This group is more likely than others to say that they know (or have known) someone with HIV/AIDS. They are most apt to indicate that knowing somebody with HIV/AIDS had little impact on their behaviour and if it did, it increased their HIV awareness.
- They are among the most likely to be sexually active, which is perhaps not surprising given the over representation of individuals between the ages of 30 and 34. This group is the least likely to perceive themselves to be at risk of contracting HIV/AIDS, citing one partner and not using drugs as the predominant reasons.
- This group is significantly over represented by women and among individuals who describe their household as a couple. This group has a higher than average proportion of individuals with post-secondary education, who are employed full-time and have a higher than average household income. This group is also over-represented among Ontario residents.

Group #2: Informed Liberal-Minded

This segment comprises the largest portion of First Nations people at 33 per cent. They have the second highest score on the knowledge index, are comfortable with people living with HIV/AIDS, and are less likely than others to distance themselves from HIV/AIDS or hold stigmatizing views about them. They are most likely to disagree that HIV/AIDS is much less of a problem than ten years ago. They are distinguishable from the first segment mainly by a somewhat lower knowledge level[24] and slightly lower levels of comfort[25], especially in situations involving children.

- With respect to knowledge, members of this group are correct about most methods of HIV transmission and testing, except transmitting through saliva and mosquito bites.
- In terms of stigma, this group is somewhat less likely to agree that the association between HIV/AIDS and casual or homosexual sex are factors in peoples' discomfort with the illness. Like the first group, they are less likely to agree that Aboriginal people (both on- and off-reserve) are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. They are also most likely to disagree that people who left the reserve come back with HIV/AIDS. Together with the first segment, this group stands out due to its high levels of empathy and support of people living with HIV/AIDS.
- As for media preferences, this group is more likely to obtain information about HIV/AIDS from television, school, and health care professionals, and prefer to look for information on the Internet. They are more apt to believe that a person with HIV/AIDS is a reliable source of information and family is perceived to be the least reliable source. They are most comfortable seeking information from health care professionals in their community, nursing stations, people

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[24] Although it is still higher than the overall average.

[25] Although it is still higher than the overall average.

living with HIV/AIDS, and the Internet. This group is most likely to believe that schools, announcements on TV, and speakers at public events are the most efficient way to provide people with information about HIV/AIDS.

- This group is more likely than other First Nations groups to know somebody with HIV/AIDS and knowing somebody with HIV/AIDS has made them more supportive.
- Members of this group are more sexually active and are most likely to have multiple partners. They are less likely to perceive themselves to be at risk of contracting HIV/AIDS, citing condom use and being informed about HIV/AIDS as the primary reasons.
- This group is over-represented by people who are 35-44 years of age, women, those who do not live on a reserve, and individuals with a graduate degree. They are over-represented in Newfoundland and higher income earners.

Group #3: Uninformed Deniers

This group includes 22 per cent of First Nations people. They have minimal knowledge about methods of HIV/AIDS transmission, whether there is a cure, and methods of diagnosing HIV/AIDS and show average levels of comfort about people with HIV/AIDS. They show average levels of stigma and discrimination, but are more likely to distance themselves from the disease. Overall, there are few significant aspects of this group that stand out above the average.

- Members of this group tend to agree that HIV/AIDS is much less of a problem among Aboriginal communities than 10 years ago. They are more likely to believe that other ethnic groups are affected by HIV/AIDS and disagree that young Aboriginal men in Canada are increasingly at risk.
- This group tends to disagree with most factors listed in the survey as having any impact on peoples' discomfort with HIV/AIDS. They also are more apt to think that Aboriginal people are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. This group is less likely to believe that people who left the reserve come back with HIV/AIDS and they show average to high levels of empathy and support for people living with HIV/AIDS.
- This group is more likely to obtain information about HIV/AIDS from Aboriginal organizations and advertising. They are more likely to look for information in public health centers, but not on the Internet. Their views regarding the reliability of different sources of information are mostly moderate, with the exception of friends and family who are more likely to be perceived as reliable sources, while the Internet and Friendship Centers are less likely to be perceived as reliable.
- This group is somewhat less likely to be sexually active, but more likely to think that they are at a moderate risk of contracting HIV, citing an unspecified possibility as a primary reason.

- Demographically, this group is marginally over-represented by men, and individuals under 25 years of age or older than 65 years. Members of this group are more likely to have some high school education and report lower income. This group is marginally over-represented in Alberta and Quebec.

Group #4: Semi-informed Distancing

This segment comprises 16 per cent of First Nations people and is characterized by a low to mid-level knowledge about HIV/AIDS, strong discomfort around people with HIV/AIDS, and high levels of stigma. They are most likely to distance themselves from the issue and typically hold stigmatizing views about people living with HIV/AIDS. This group is, in many ways, similar to the fifth group (the *Uninformed Uncomfortable*), however, their knowledge level is somewhat higher, but their tendency to distance themselves from HIV/AIDS is more acute.

- This group is more likely than most First Nations people to be misinformed about some methods of transmission and testing. They are more apt to say that HIV/AIDS can be diagnosed through physical examination. They are more likely to believe that HIV can be transmitted through contact with physical objects and kissing.
- Members of this group more often believe that AIDS is much less of a problem in Canada today than it was ten years ago, and that young Aboriginal men in Canada have a higher risk of contracting HIV.
- They are most likely to say that fear of getting HIV/AIDS through casual contact and the fact that HIV/AIDS is associated with casual or homosexual sex are strong factors in peoples' discomfort with HIV/AIDS. They also tend to agree that people with HIV/AIDS in their community are pressured to leave or that Aboriginal people from both on-reserve and off-reserve are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. They are most apt to agree that people who left the reserve come back with HIV/AIDS and that they are not welcome back into the community. This group is most likely to avoid people living with HIV/AIDS in all of the tested situations in the survey.
- They are less likely to have heard about HIV/AIDS from TV, newspapers, and the Internet. Members of this group typically distrust information about HIV/AIDS if it is channelled through FNIHB, the Internet, and nursing stations. Members of this group tend to place greater confidence in the information provided by media, friends and family than other First Nations people and would be the most uncomfortable of all First Nations people seeking information from AIDS service organizations and a person with HIV/AIDS.
- They are less likely to report knowing someone with HIV/AIDS, and their typical reaction would be to spend less time with them if they knew one. As with the fifth group, they are less likely to be sexually active.

- This group has somewhat higher proportions of men and youth (under 25 years of age). They are more likely to live alone and to be self-employed or on disability. Like the Uninformed Uncomfortable, members of this group report the lowest levels of education and income of all First Nations people. This group is somewhat over-represented in Saskatchewan.

Group #5: Uninformed Uncomfortable

This segment comprises only six per cent of First Nations people. Individuals in this group are characterized by the lowest knowledge about HIV/AIDS, and the highest level of discomfort and fear around people living with HIV/AIDS. Members of this group are likely to distance themselves from the issue of HIV/AIDS, believing it to be a disease found mostly in third world countries, and in the gay population and among drug users. They typically hold stigmatizing views, but are slightly less inclined to support the segregation of people living with HIV/AIDS. This group is very similar to Group Four, although, their knowledge level is much lower. On the other hand, they tend to distance themselves less and hold less pointed views about the discrimination of people living with HIV/AIDS.

- In terms of knowledge, this group stands out in their misunderstanding about methods of transmission and testing, as well as about groups most affected by HIV/AIDS. Although they are most likely to believe that HIV/AIDS is a very serious issue today, they also are most likely to agree that HIV/AIDS is much less of a problem in Canada and in their community than it was 10 years ago.
- They are most likely to agree that if they had HIV/AIDS they would seek treatment off-reserve or in another community and that Aboriginal people living on-reserve are less likely to receive appropriate treatment for HIV/AIDS. They are also more apt to state that people who left the reserve come back with HIV/AIDS. This group is likely to avoid people living with HIV/AIDS in most of the tested situations.
- This group is more likely to report receiving information about HIV/AIDS from TV news, health magazines, and family or friends, and they would look for information about HIV/AIDS in libraries. This group tends to place little confidence in the information provided by nursing stations and would be most uncomfortable seeking information about AIDS from friends, clinics, nursing stations, and AIDS service organization.
- This group is least likely to know someone with HIV/AIDS. Although members of this group are the least sexually active, their perceived risk of contracting HIV/AIDS is higher than that of many First Nations people.
- This group includes the highest number of men, younger respondents (25 to 29 years of age), those with low levels of education and income, and individuals who live alone. They are more likely than average to be found among Manitoba residents.

3. RESULTS FOR MÉTIS PEOPLE

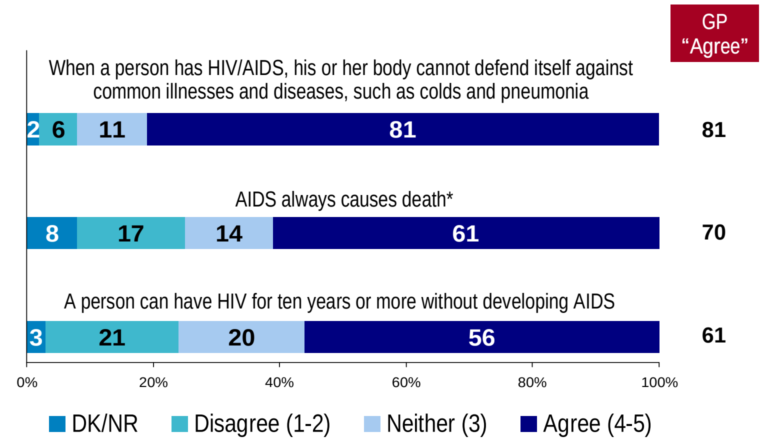
The following chapter examines results for Métis people in the survey sample. Results are presented for Métis people overall and in cases where there are differences, sub-group differences (e.g., by gender, or age) are also presented.

3.1 KNOWLEDGE AND AWARENESS

In terms of basic understanding of how the disease works, most Métis (81 per cent) people know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses and diseases like colds and pneumonia. Just under two in three (61 per cent) know that AIDS always causes death, although 17 per cent disagree and 14 per cent are not sure. Just over half (56 per cent) of Métis people know that a person can have HIV for ten or more years without developing AIDS. Knowledge levels are fairly high, although running at nine percentage points lower than found in the general public on the question related to timeframe.

General Knowledge

"Rate the extent to which you agree or disagree with the following"



*For general population, "AIDS is always fatal"

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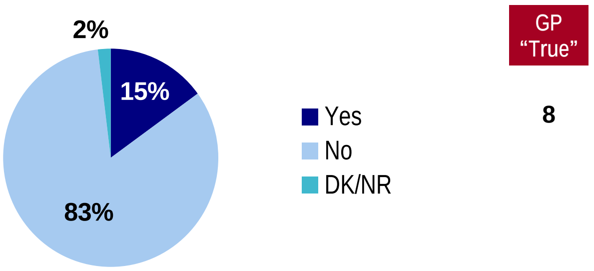
- Those with less stigmatizing views about people with HIV/AIDS and higher levels of comfort, as well as those who are more respectful of the rights of people living with HIV/AIDS, and who are less apt to distance themselves from the disease are all less likely to believe that AIDS is always fatal. On the other hand, those with higher levels of actual knowledge about the disease are more likely to know that HIV/AIDS is in fact a fatal disease.
- Older Métis people, those living in Quebec and Atlantic Canada, and individuals with less than a high school education are more likely than others to believe that AIDS is always fatal.
- Those with university education are more likely than those with less education to believe that a person can have HIV for ten years or more without developing AIDS. This view is also more likely to be shared by those between the ages of 30 and 44, and by women, compared with their counterparts.
- Métis people in Manitoba and those who are working are more apt than others to be aware that the body cannot defend itself with HIV/AIDS. Those with less than a high school diploma and individuals with the lowest household incomes are least aware of this fact. Métis people with lower levels of knowledge, less comfort with people who have the disease, less appreciation for the rights of people living with the disease, and those who hold more stigmatizing attitudes towards those living with the disease are also less likely to agree with this fact.
- Awareness that a person can have HIV for ten years or more without developing AIDS is strongly correlated with greater general knowledge about HIV/AIDS, and greater support for the rights of people living with HIV/AIDS.
- Métis people who are more apt to distance themselves from the disease, individuals with a greater tendency to hold stigmatizing attitudes, and those with lower levels of knowledge and comfort regarding HIV/AIDS are each more likely to agree that HIV/AIDS is much less of a problem in Canada today than it was ten years ago.

Most Métis people are aware that there is no cure for HIV/AIDS (83 per cent), although a small segment (15 per cent) believe that it can be cured. These same results are also found in the general public (where 89 per cent know that it is not curable, but eight per cent believe that it is).

Other Knowledge – "Can it Be Cured?"

"To the best of your knowledge, can HIV/AIDS be cured?"



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- Métis men and youth, the unemployed, those with lower incomes and residents of Ontario are each most apt across the country to agree that HIV/AIDS can be cured than their respective counterparts.
- Métis people who believe that HIV/AIDS can be cured also tend to score much lower on the knowledge index. On the other hand, those with less stigmatizing attitudes toward people with HIV/AIDS, individuals who are more appreciative of the rights of people living with the disease, and those who are less apt to distance themselves from the disease are each more likely than others to believe that HIV/AIDS can be cured.

a) Transmission and Diagnosis of HIV/AIDS

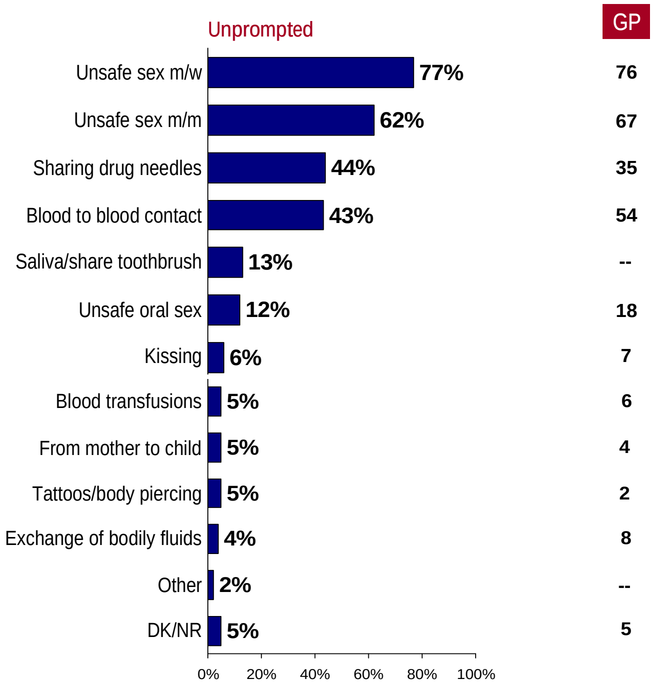
Most Métis people answer without prompting that the HIV virus is spread through unsafe sexual intercourse between a man and a woman, or between a man and a man. Large minorities also report that blood to blood contact (i.e., an open wound) and sharing drug needles are ways to transmit the virus. (Unsafe sex between men and blood to blood contact are cited somewhat less often than found in the general public, although sharing drug needles is higher on the radar of Métis people than it is in the general public.) Unsafe oral sex is only mentioned as a risk factor by a small minority of Métis people, as is also the case in the general public. When prompted, however, very strong majorities identify all of these as methods of transmission.

As with the general public, very few Métis people identify HIV as something that can be passed on from mother to child during pregnancy, or through tattoos or body piercing; yet when asked directly about each of these two possible means of transmission, again, large majorities acknowledge that it is a way that HIV is transmitted.

Although the numbers are small, some people continue to believe that HIV can be transmitted through kissing, from mosquito bites, saliva or sharing a toothbrush, from a sneeze or cough, or from casual contact or contacts with objects such as fountains or toilets. In fact, when specifically asked (using a prompt) about each item between one in seven and one in three believe that these are methods of transmission. These results are comparable, if marginally higher, than found in the general public.

Knowledge of HIV Transmission Methods (a)

"From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?"



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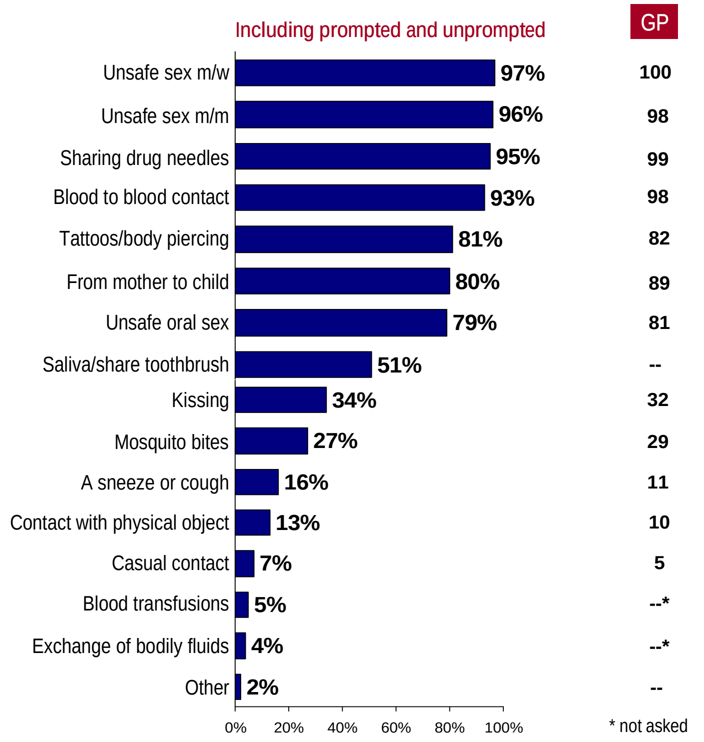
- The misconceptions that HIV/AIDS can be transmitted through mosquito bites, a sneeze or a cough, or by contact with physical objects are more prevalent among Métis people with less education. Those with less education are also more likely than those with more education to believe that HIV can be transmitted through unsafe oral sex, and less likely than others to believe it can be passed on from mother to child through pregnancy.
- Métis people under the age of 30 are less apt than others to cite unsafe oral sex as a means of passing HIV to another person. Transmission by means of contact with physical objects is more likely to be mentioned by those between the ages of 30 and 44 years of age, while older Métis people are more likely to cite kissing, blood to blood contact, a sneeze or cough, or saliva or shared toothbrushes as risky behaviours.
- Métis women are more likely than men to cite both unsafe oral sex or tattoos or body piercing as ways to transmit HIV.
- Individuals with lower incomes are more likely than those with higher incomes to believe that HIV can be transmitted through casual contact. Métis people with lower income are also less likely than those with higher incomes to cite sharing drug needles, tattoos or body piercing, or from mother to child during pregnancy as possible ways to transmit HIV to another person.
- Métis people with less education are more likely than those with more education to cite unsafe oral sex, contact with physical objects, casual contact, saliva or shared toothbrushes, or a sneeze or cough as ways to transmit HIV, but are less likely to mention tattoos or body piercing, or from mother to child during pregnancy.
- Métis people who have less appreciation for the rights of people living with HIV/AIDS are more likely than others to identify a sneeze or a cough as a way of transmitting HIV to another person. This view is also more likely to be shared by individuals with lower levels of comfort around people living with HIV/AIDS, and lower levels of knowledge about HIV/AIDS.
- Those with less knowledge about HIV/AIDS are less likely than others to identify unsafe oral sex, sharing drug needles, tattoos or body piercing, or from mother to child during pregnancy as a means of transmission. They are, however, more likely to cite kissing, contact with physical objects, mosquito bites, or a sneeze or a cough.
- Individuals with lower levels of comfort with people living with HIV/AIDS are more apt to mention unsafe oral sex, mosquito bites, kissing, contact with physical objects, a sneeze or a cough, or saliva or sharing a toothbrush as a way to contract HIV.
- Those with lower levels of stigma towards those living with HIV/AIDS are less likely to identify mosquito bites or saliva or sharing a toothbrush as ways of transmitting the disease, compared with individuals with greater stigmatizing attitudes.

- Métis who are more apt to distance themselves from the disease are more likely to cite contact with physical objects, kissing, casual contact, and unsafe oral sex as possible ways to contract HIV.

Knowledge of HIV Transmission Methods (b)

"From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?"



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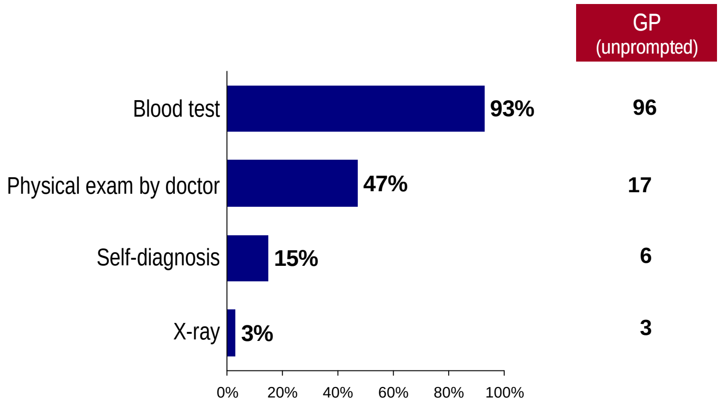
As with the general public, virtually all Métis residents know that a blood test can be used to diagnose HIV/AIDS. On the other hand, it is important to note that Métis people are also quite likely (and considerably more likely than the general population) to believe that HIV/AIDS can be diagnosed through a physical examination, or (to a much lesser degree) self-diagnosis, putting Métis people at greater risk.

As with the general public, only a small proportion of Métis people believe that an x-ray can serve the same purpose.

Knowledge of Testing

"As far as you know, can someone find out for certain if they have HIV/AIDS from...?"



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- Those Métis people with less than a high school diploma, and the lowest income levels are more likely than more educated individuals, with greater income, to say that HIV/AIDS can be self-diagnosed, or can be found through a physical exam.

- Métis people in Quebec and Atlantic Canada are more likely than others across the country to believe that you can know if you have HIV through self-diagnosis, or through a physical examination.

- Men are more likely than women to say that HIV can be identified through a physical exam or through self-diagnosis. Men are also less apt than women to say it can be diagnosed through a blood test.

- The belief that HIV/AIDS can be diagnosed through a physical exam or through self-diagnosis is more prevalent among Métis people with lower levels of knowledge and comfort with HIV/AIDS. Those with less knowledge are also less likely than others to correctly identify a blood test as way of diagnosing HIV/AIDS (although the proportion is still quite high, at 86 per cent).

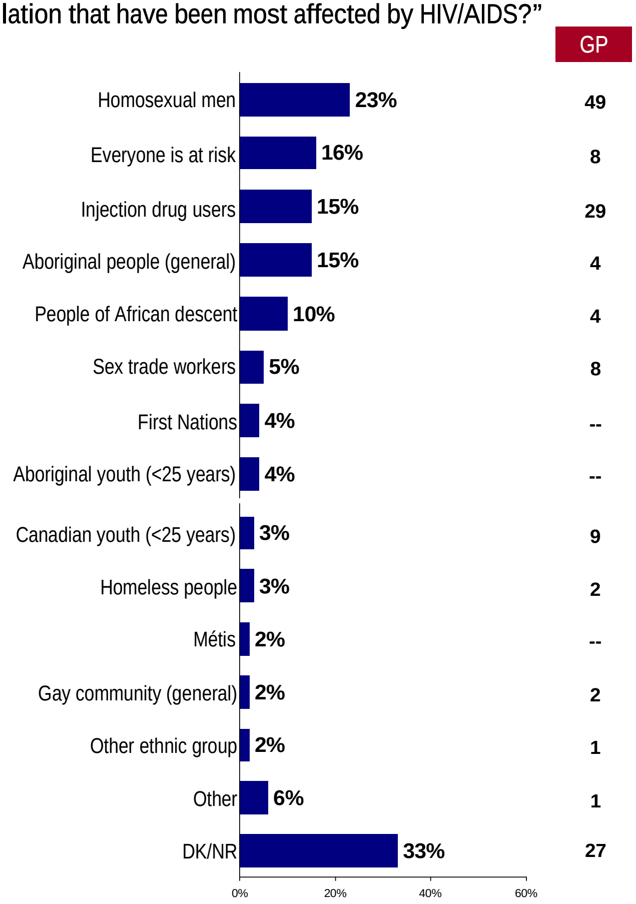
- Those who are less appreciative of the rights of people living with the disease and those who are more apt to distance themselves from the disease are more likely than others to identify physical examinations as a method through which someone can find out for certain if they have HIV/AIDS. Those who are more apt to distance themselves from the disease, along with those with higher levels of stigmatizing attitudes, are also more likely to cite self-diagnosis as a way to find out whether a person has HIV/AIDS.

b) Knowledge of Groups Most Affected by HIV/AIDS

Métis people are most likely to cite gay men as a group often affected by HIV/AIDS, followed closely by Aboriginal people generally, and injection drug users. Similar proportions say that everyone is at risk. A direct comparison to the results from the general public survey is difficult because of the added category of "Aboriginal people" in the current findings. Nonetheless, the overall pattern of results might suggest that Métis people are less likely to focus on specific groups, such as gay men and drug users than the general public, although they are more likely to focus on people of African descent (or Aboriginal people). One-third of Métis people could not identify any group as being particularly at risk for contracting HIV/AIDS.

Knowledge of Groups Most Affected by HIV/AIDS

"As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?"



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- Those in Alberta and British Columbia are more likely than others to cite injection drug users as a group affected by HIV/AIDS, and are less likely than others to indicate people of African descent. Métis in Manitoba and those who are working are more apt than others to cite gay men, while those in Quebec and Atlantic Canada are less likely to mention this group as being at-risk.
- Métis youth are less likely than their older counterparts to recognize injection drug users or gay men as a group affected by HIV/AIDS, but these two groups are more likely to be mentioned as being at risk by Métis people between the ages of 45-54 than by any other age group. Half of those under the age of 30 could not identify any particular group as being at-risk for contracting HIV/AIDS.
- Those with more education are more likely than others to cite injection drug users, gay men, and Aboriginal youth as examples of groups affected by HIV/AIDS, while those with less education are more likely than others to say that everyone is at risk. Métis people in Manitoba are also more likely than others to identify Aboriginal people in general as a group affected by HIV/AIDS, while those in Ontario are less likely than most to do the same.
- Métis people whose household income is $80,000 or more annually are more likely than others to identify sex trade workers as a group affected by HIV/AIDS. Those with the lowest annual household incomes are less likely to cite gay men or injection drug users, and more likely to cite people of African descent as being at risk. Men are also more likely than women to identify people of African descent as being at risk.
- Those who are more knowledgeable about HIV/AIDS are more likely to identify gay men, Aboriginal people in general, and injection drug users as at-risk groups for HIV/AIDS.
- Those with higher levels of stigmatizing attitudes are more likely to identify Aboriginal people in general, but are less likely to cite gay men.
- Métis people who are less respectful of the rights of people living with the disease are more likely to identify Aboriginal youth as being most affected by HIV/AIDS.

c) Knowledge Index

A summary measure was created of the items that reflect respondents' knowledge of HIV/AIDS, creating an index of Métis peoples' knowledge regarding HIV/AIDS. The index included methods of transmitting HIV.

- unsafe intercourse between a man and a man;
- unsafe intercourse between a man and a woman;
- unsafe oral sex;

- sharing drug needles;
- kissing;
- tattoos/body piercing;
- contact with physical objects such as fountains or toilet seats;
- blood to blood contact, such as from an open cut;
- mosquito bites;
- casual contact such as hugging or shaking hands;
- a sneeze or cough; and,
- from mother to child during pregnancy.

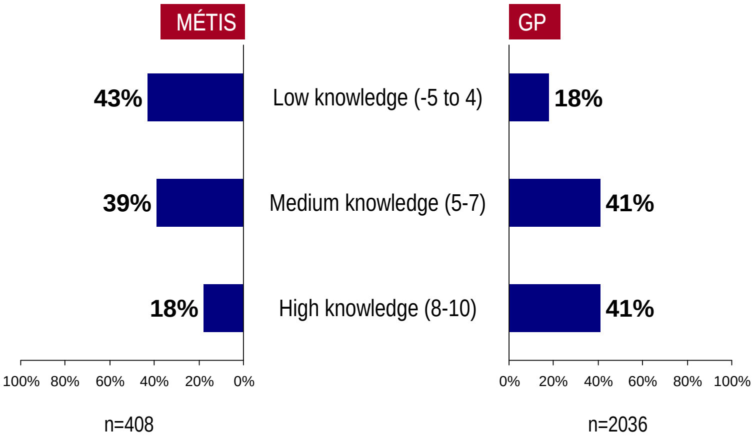
It also included methods of detecting HIV (blood test; physical examination, self-diagnosis; x-ray; or other), and agreement with the statements:

- HIV/AIDS can be cured/cured if treated early; and,
- a person can have HIV for ten years or more without developing AIDS; and
- when a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.

Each correct answer earned a point and each incorrect answer deducted a point. The scores were then summed up and categorized based on a seven-point range (to line up with a seven-point scale), which was then collapsed into high, medium and low levels of knowledge. The overall results indicate 43 per cent with low levels of knowledge, 39 per cent with moderate knowledge and 18 per cent with high levels of knowledge. The results among the Métis population are quite different than that of the general public, where 18 per cent have low levels of knowledge, 41 per cent have moderate levels, and 41 per cent have high levels.

Knowledge Index

Level of knowledge of Métis people/Canadians about HIV/AIDS



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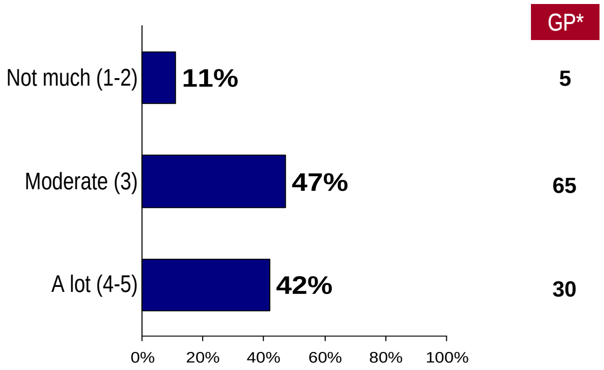
- The highest knowledge scores occur in Manitoba.
- Youth (under the age of 30) and older (55 years old and over) Métis people typically score lower in terms of knowledge about HIV/AIDS.
- As might be expected, knowledge increases with education, and increases somewhat with income. A similar relationship exists between knowledge and employment (with those employed scoring higher).
- Women typically score higher than men, and Métis people who are parents score higher than those without children.
- People with lower levels of knowledge about HIV/AIDS are also typically less comfortable around people with HIV, more likely to distance themselves from the disease, and more often hold stigmatizing views toward people living with the disease.

d) Personal Perception of Knowledge (Self-Rated)

Irrespective of what they actually do know, Métis people generally believe that they are moderately or very knowledgeable about HIV/AIDS. As with the general public, few report that they know little about the disease. About four in ten believe that they know a lot about HIV/AIDS (compared to three in ten in the general population).

Self-Rated Knowledge

"How much would you say you know about HIV/AIDS?"



*For the general population, the scale was "Not knowledgeable", "Moderately knowledgeable", and "Knowledgeable".

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Comparing perceived knowledge with actual knowledge results show that:

- One-third of Métis people with low knowledge levels think that they know a lot about HIV/AIDS (compared to one in four in the general population). As with the general public, this is more often individuals with less education and income, men, youth or older residents (55 and over), those not employed and people living in Quebec, Atlantic Canada or Saskatchewan;
- Of those with moderate actual knowledge about the disease, 45 per cent think they are well informed (which is considerably higher than the 28 per cent of the general public); and
- Just over half of Métis people (58 per cent) with high knowledge levels say they know a lot about the disease (which is better than the one-third of the general public).
- Métis people in Manitoba are more likely than others across the country to say they know a lot about HIV/AIDS. In terms of actual knowledge they are indeed more likely than others across the country to have high levels of knowledge about HIV/AIDS (although, the proportion having high knowledge in Manitoba is still low, at only 27 per cent).

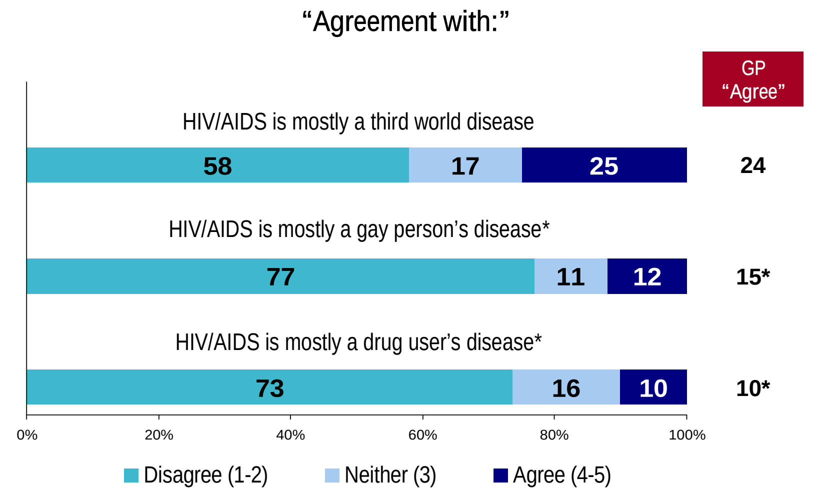
- Seniors and those with limited education are more likely than younger or more educated Métis people to say that they do not know much about HIV/AIDS. In examining levels of actual knowledge, this trend is indeed true. However, it should be noted that the data on levels of knowledge reveals that, in particular, younger Métis people (under the age of 30) have less actual knowledge of HIV/AIDS than they think they do.

3.2 Distancing Risk, and Treatment for HIV/AIDS

a) Distancing from HIV/AIDS

One in four (25 per cent) Métis people agree that "HIV/AIDS is mostly a third world disease". Fewer still believe that it is mostly a gay person's disease or a drug user's disease. These results are the same as those found in the general public.

A Disease Belonging to Others



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n=408; *half sample

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- Métis people who are 55 years old or over, and those who score higher on the distancing index are more likely than their counterparts to agree that HIV/AIDS is mostly a drug user's disease.
- Métis residents of Quebec and Atlantic Canada, men, those 55 years old or over, individuals with less education, but those with more income are more likely to agree that HIV/AIDS is a gay person's disease. This is also true of those who are less knowledgeable, less comfortable,

more apt to distance themselves from HIV/AIDS, more apt to hold stigmatizing views, and less respectful of the rights of those with the disease.

- Older individuals (55 and over), residents of Saskatchewan, Quebec, and Atlantic Canada, and those with less education are more likely than others to report that it is mostly a third world disease.
- Métis people with higher levels of knowledge and comfort regarding HIV/AIDS, lower levels of stigma, who are more appreciative of the rights of people living with HIV/AIDS and who are less apt to distance themselves from the disease are less apt to believe that HIV/AIDS is a third world, or gay person's disease.

b) Distancing Index

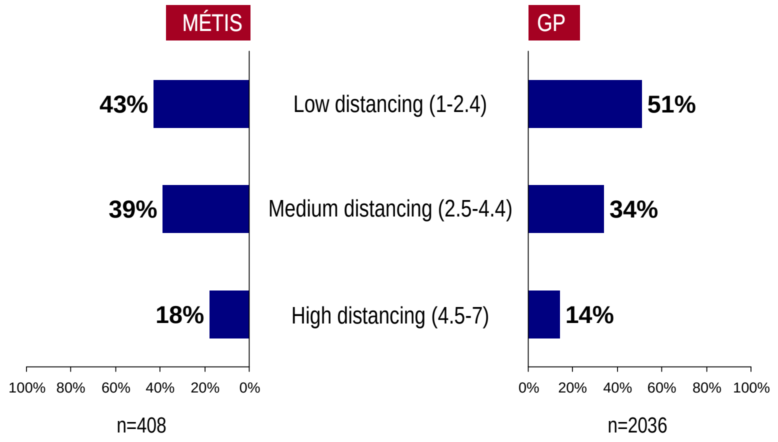
Another summary measure was created to reflect the extent to which respondents see HIV/AIDS as a disease affecting others, or very specific groups, and not a disease that is of concern to themselves or to the general public in Canada. The index includes an agreement with the following:

- HIV/AIDS is mostly a gay person's disease;
- HIV/AIDS is mostly a drug user's disease; and,
- HIV/AIDS is mostly a third world disease.

Each correct answer earned a point and each incorrect answer led to a reduction of a point. Scores were placed on a seven-point range and then collapsed into a high, medium and low likelihood of distancing themselves from HIV/AIDS, rather than seeing it as a disease that could affect anyone at any time. Based on this score, results were then collapsed onto a seven-point range and then further collapsed into low, medium and high. Six in ten Métis people scored low and do not tend to distance themselves from HIV/AIDS as a disease that only happens to others (compared with 51 per cent in the general public). Another one in four distance themselves to a moderate degree (compared with 34 per cent of the general public), and the remaining 17 per cent distance themselves to a large degree (versus 14 per cent of the general public), likely seeing HIV/AIDS as a disease that only happens to others and does not touch their own lives.

Distancing Index

Extent to which Métis people/Canadians distance themselves from HIV/AIDS



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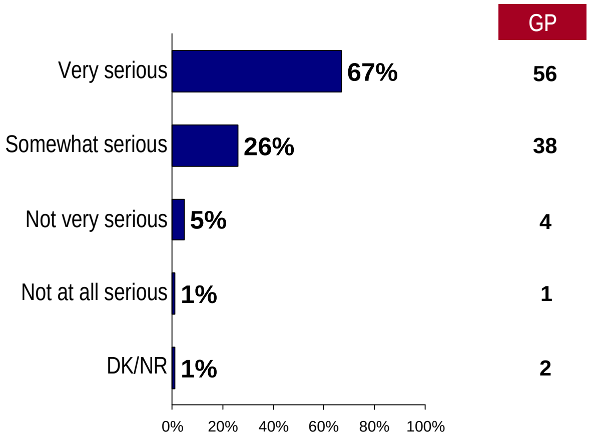
- People of Manitoba are less likely than others across the country to distance themselves from HIV/AIDS, while those in Quebec and Atlantic Canada are more likely to do so.
- As in the general population, Métis people distance themselves less and less from HIV/AIDS as education increases. (But unlike in the general population, the relationship does not hold with regard to levels of income.)

c) Perception of HIV/AIDS as a Serious Problem

An overwhelming majority (93 per cent) believe that HIV/AIDS is still a somewhat or very serious problem in Canada today. In fact, 67 per cent believe it to be a very serious problem in Canada today which is considerably higher than found in the general public.

General Perception of Risk

"Do you think that HIV/AIDS is a ... problem in Canada today?"



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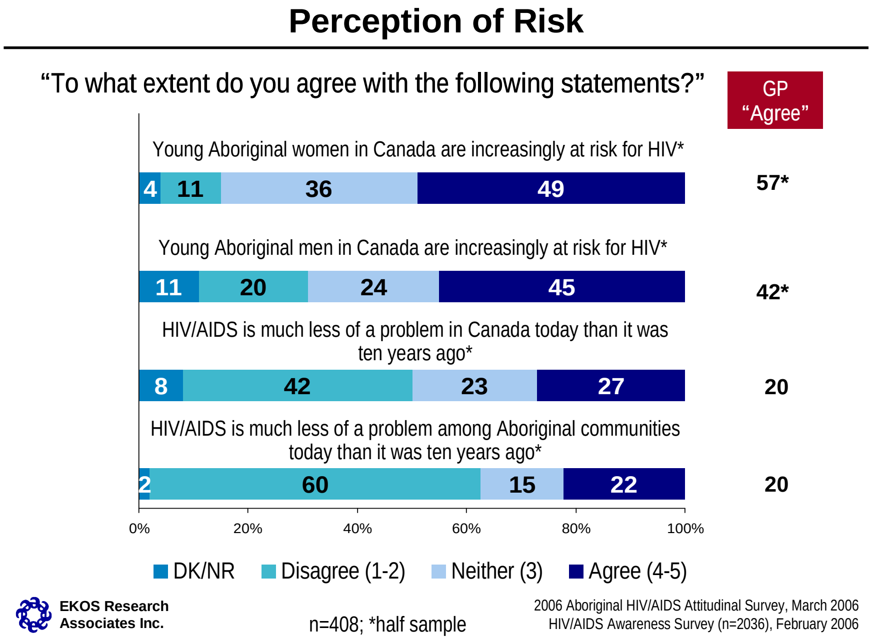
d) Perception of Risk

Forty-two per cent of Métis people do not believe that HIV/AIDS is diminishing over time, although 27 per cent believe that it is (which is somewhat higher than the 20 per cent found in the general public). When asked about the issue in the context of Aboriginal communities specifically results are even stronger, with a full 60 per cent saying it is not diminishing and 22 per cent saying that it is. Aboriginal youth are recognized as a segment that is increasingly affected by HIV/AIDS, according to almost half of Métis people (49 and 45 per cent).



n=408; *half sample

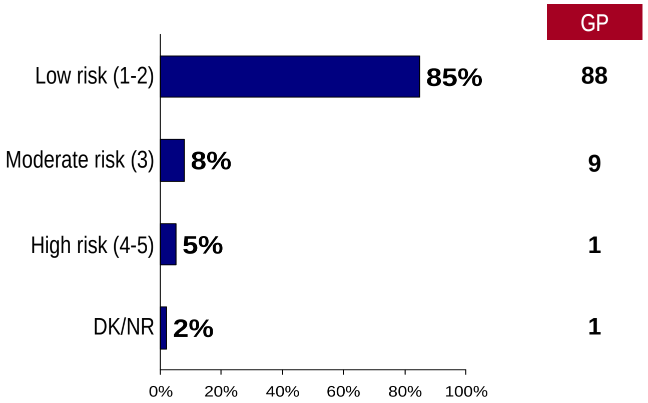
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Métis people of Saskatchewan are more likely than others across the country to view HIV/AIDS as a problem that has diminished in importance in Canada over the past ten years. Older individuals (55 and over), as well as those with less education, and those who are not working are also more likely to share this view, compared with their younger, employed, and more educated counterparts.
- Although about four in ten do not see HIV/AIDS as a problem that is diminishing in Aboriginal communities, Métis men, and those living in Quebec, Atlantic Canada and Ontario are more apt than others to believe that HIV/AIDS is less of a concern these days, as are those with less income and education.
- The employed are more likely than those who are unemployed to agree that young Aboriginal women in Canada are increasingly at risk for HIV.
- Men are more likely than women to agree that young Aboriginal men in Canada are increasingly at risk for HIV.

As is the case in the general public, the large majority of Métis people tend to distance themselves from HIV/AIDS. Very few perceive themselves to be at even a moderate risk of contracting the disease and virtually no one sees themselves in a high risk category. As is also the case with the general public, perceived risk is linked to sexual activity with multiple and casual partners.

Perception of Personal Risk

"How would you rate your own personal risk of contracting HIV?"



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n=408

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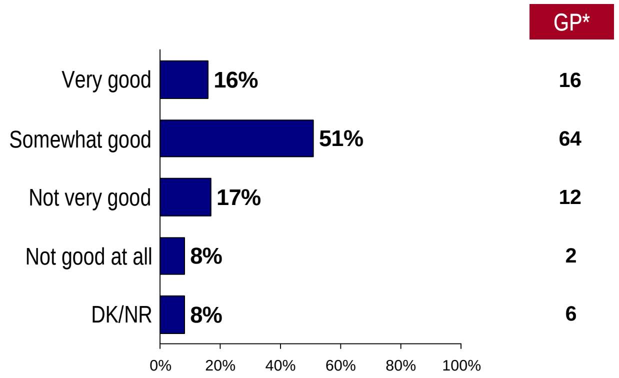
- Métis youth are much less likely than other age cohorts to identify themselves as being at low risk of contracting HIV (two-thirds), and are significantly more likely than older individuals to both say they are at moderate risk (21 per cent) or even high risk (13 per cent).
- Métis women, parents, those who are working, and those with the most education and highest income are each more likely than their counterparts to say that they are at low risk for contracting HIV.
- Sixty-three per cent of those who believe themselves to be at low risk of contracting HIV say that this is because they are married or only have one partner. Other reasons include not being sexually active, not using drugs, saying that their partner does not have HIV, or that they always use a condom.

e) Perceived Effectiveness of Treatments for HIV/AIDS

Most Métis people believe HIV/AIDS treatments are somewhat or very effective in helping people with the disease lead normal lives; 67 per cent of Métis people believe treatments are effective. This is compared to 80 per cent of the general population who believe the same. One-quarter of Métis people believe they are not very or not at all effective.

Perceptions Regarding HIV/AIDS Treatments

"How good do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are…"



*For the general population, the scale was "Very effective", "Somewhat effective", "Very effective" and "Not at all effective".

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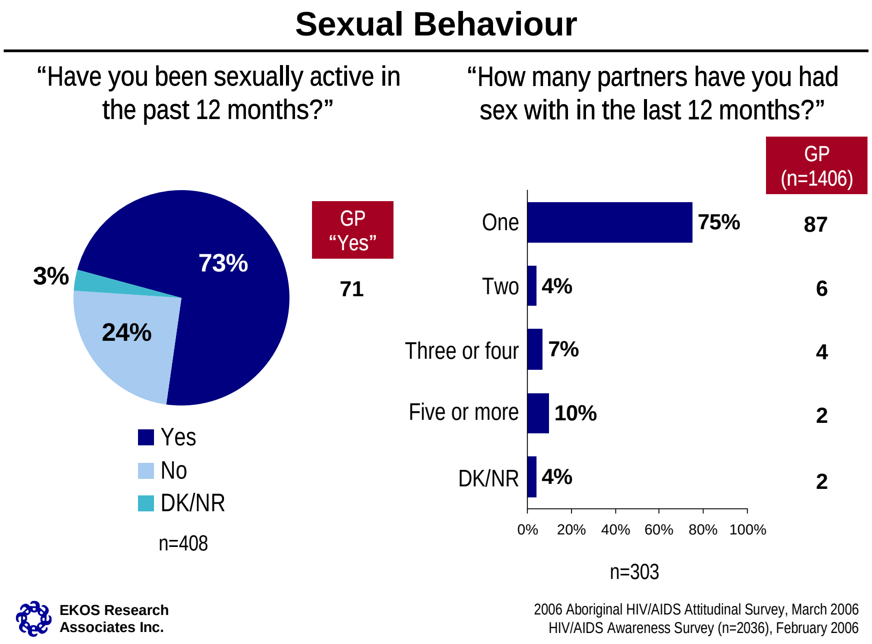
- Those with lower levels of stigmatizing attitude, who are more comfortable with those living with HIV/AIDS, who are less apt to distance themselves from the disease and who have greater appreciation for the rights of people living with HIV/AIDS are all more likely to think that HIV/AIDS treatments are effective in helping people with the disease lead normal lives.

f) Sexual Behaviour

Three in four Métis people report having been sexually active in the past 12 months (73 per cent). Of those who are sexually active, three-quarters have had only one partner, while two in ten report having engaged in sexual activity with two or more partners (21 per cent). The proportion of Métis people who are sexually active is almost identical to that of the general population, however, those who are sexually active in the Métis population are somewhat more likely to have multiple partners than found in the general public.



Sexual Behaviour

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- As might be expected, there is strong relationship between sexual activity and age. Those 55 years old or more are the least likely to report sexual activity in the 12 months prior to the survey (56 per cent); those under the age of 30 are the most likely to report being sexually active (eight in ten).

- Those who are working and individuals with more education and income are more likely to have been sexually active in the last twelve months than those not employed, with less education and income.

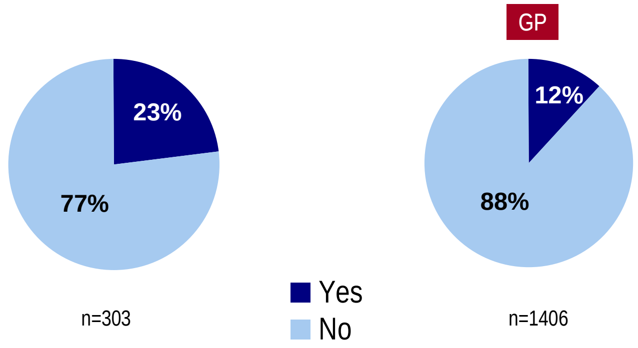
- As in the general public, Métis youth who are sexually active are more likely to have multiple partners than their older counterparts. Fully one-quarter of Métis people under the age of 30 who are sexually active report having had five or more sexual partners in the last 12 months.

- Those who are more comfortable with people living with HIV/AIDS, who are more respectful of the rights of those living with HIV/AIDS, who are less stigmatizing in their views about

HIV/AIDS, and who are less apt to distance themselves from the disease are each more likely than others to have been sexually active in the past year.

Casual Sexual Partners

"Were any of these casual partners, that being someone you are not in a regular relationship with?"*



*Those who identified one or more sexual partner in last 12 months

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3.3 HIV/AIDS-RELATED STIGMA

a) Stigma

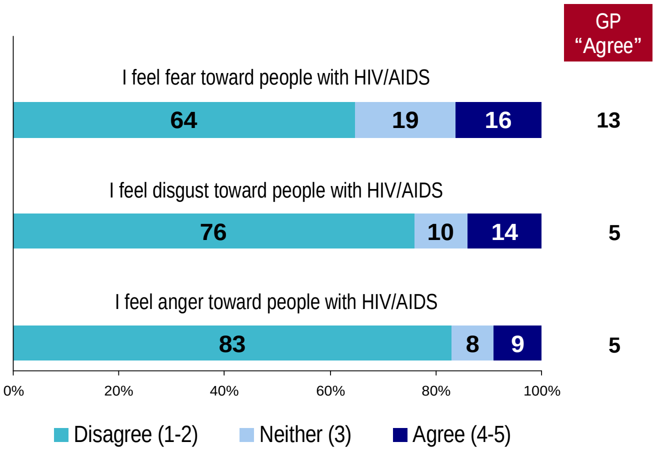
Stigma refers to unfavourable attitudes and beliefs directed toward someone or something. HIV/AIDS-related stigma can be measured in a number of ways. The first measures presented here involve negative feelings towards people living with HIV/AIDS.

Although Métis individuals demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, most do not hold strong negative feelings towards those affected, which is consistent with their tendency to support people living with HIV/AIDS. Most people report feeling no anger towards people living with HIV/AIDS (83 per cent feel no anger and only nine per cent say that they do). Three-quarters feel no disgust towards people living with HIV/AIDS (76 per cent feel no disgust and 14 per cent do), yet only 64 per cent of Métis people report feeling no fear of people living with HIV/AIDS (and 16 per cent do experience fear).

In comparison to the general public, Métis people are more likely to feel fear and disgust towards people living with HIV/AIDS.

Stigma Toward People with HIV/AIDS (a)

"To what extent do you agree with the following statements?"



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n=408

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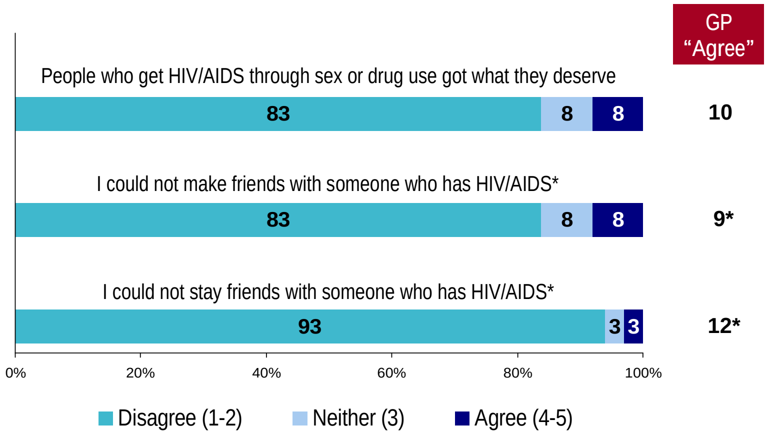
- Residents of Quebec and Atlantic Canada are more apt than those from other regions to feel anger, disgust and fear towards people living with HIV/AIDS, while those from Manitoba are least likely to express anger or disgust.
- Men are more likely than women to express anger and disgust towards people living with HIV/AIDS.
- Young Métis people (under 30) are more apt than those older to feel disgust, while those 30 to 44 are most likely to feel fear.
- Those with the least education (less than high school) are more likely than individuals with more education to express strong negative emotions (anger, fear and disgust). The same is true of Métis people with the lowest household incomes.
- The proportion of Métis people expressing anger, fear or disgust towards people living with HIV/AIDS declines as their level of comfort with HIV/AIDS and as their level of knowledge on the topic increases. Similarly, those who express greater appreciation for the rights of people living with HIV/AIDS are less apt to express fear or anger.
- Conversely, those who typically distance themselves from HIV/AIDS, and those who are more likely to hold stigmatizing views about people living with HIV/AIDS are also more likely to feel anger, fear and disgust towards people living with this disease.

Another way of measuring HIV/AIDS-related stigma is to understand how Métis people would deal with friendship with someone living with HIV/AIDS. Again, few hold stigmatizing views, reflected in the vast majority who feel that they could remain friends with someone living with HIV/AIDS (93 per cent). On the other hand, close to one in ten Métis people (eight per cent) believe that they could not become friends with someone with HIV/AIDS. While most do not blame people living with HIV/AIDS, eight per cent do believe that people who get HIV/AIDS through sex or drug use have gotten what they deserve.

While results largely echo those found among the general population, Métis are somewhat less likely than Canadians in general to feel that they could not remain friends with someone with HIV/AIDS.

Tolerance of People Living with HIV/AIDS

"To what extent do you agree with the following statements?"



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n=408; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
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- Those 55 and older are more apt than their younger counterparts to feel that they could not become friends with someone with HIV/AIDS and are somewhat more likely to believe that those who became infected as a result of sex or drugs have gotten what they deserve.
- The proportion of Métis people who believe that they could become friends with someone living with HIV/AIDS increases with educational attainment, while the proportion who believe that people who became infected through sex or drug use got what they deserved declines with education.
- The proportion that believe that those infected with HIV/AIDS through sex or drug use have gotten what they deserve also decreases with knowledge levels.
- Individuals who are more likely to stigmatize people living with HIV/AIDS are far less likely to say that they could remain or become friends with someone with HIV/AIDS, and more apt to feel that people who became infected through sex or drug use got what they deserved. The same is true of Métis people who are less comfortable with people living with HIV/AIDS, and individuals who are less likely to acknowledge the rights of people living with HIV/AIDS.

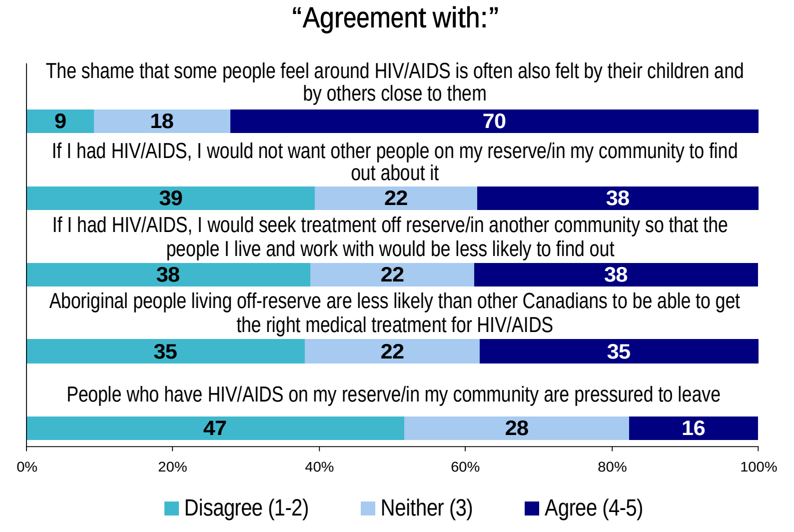
- Individuals who are less likely to view HIV/AIDS as a disease that only happens to others are less likely to agree that they could not become friends with someone living with HIV/AIDS or that people who became infected through sex or drug use got what they deserved.

b) Stigma in Aboriginal Communities

There is appreciation for the potential for stigma related to HIV/AIDS. Seven in ten Métis people (70 per cent) agree that the shame felt by some people living with HIV/AIDS is often also felt by their children or others close to them. Over one-third agree that if they were diagnosed with HIV/AIDS they would not want others in their community or on their reserve to know (38 per cent), and an equal number would seek treatment off-reserve or outside their community to reduce the chance that others find out (38 per cent). Only 16 per cent, however, agree that people living with HIV/AIDS are pressured to leave the community or reserve.

Finally, over one-third of Métis people believe that they do not receive the same quality of medical treatment for HIV/AIDS as other Canadians do: 35 per cent agree that Aboriginal people living off-reserve are subject to sub-standard medical treatment for HIV/AIDS.

Stigma Toward People with HIV/AIDS (b)



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n=408

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- Young Métis people (under 30) are more apt than those older to agree that people in their community with HIV/AIDS are pressured to leave, but are less likely to say they would not want others to find out if they were diagnosed with HIV/AIDS. Young Métis are more likely than others to say that Aboriginal people off-reserve receive substandard care for HIV/AIDS.

- The number that agree that they would not want others to find out if they were diagnosed with HIV/AIDS increases with educational attainment. Métis people with post-secondary education are also more likely to agree that the shame of people living with HIV/AIDS often extends to their children and others close to them.
- Those with a lower level of comfort with people living with HIV/AIDS are more likely than those with higher comfort levels to agree that they would seek treatment elsewhere if they had HIV/AIDS, that people in their community with HIV/AIDS are pressured to leave, and that Aboriginal people living outside of reserves receive substandard treatment for HIV/AIDS.
- The proportion that agree that they would not want others to find out if they were diagnosed with HIV/AIDS, or that they would seek treatment elsewhere increases with the extent to which they hold stigmatizing attitudes towards people living with HIV/AIDS.
- The proportion that agree that people with HIV/AIDS in their community are pressured to leave, or that the shame of people living with HIV/AIDS often extends to their children and others close to them increases with knowledge levels. The proportion that believe that Aboriginal people living outside of reserves receive substandard treatment for HIV/AIDS declines with knowledge levels.
- Men are less likely than women to agree that that they would not want others to find out if they were diagnosed with HIV/AIDS.

c) Stigma Index

Several variables were combined to create a summary or index measuring the level of stigma Métis people direct towards people living with HIV/AIDS. These variables include the extent to which Métis people feel that they could become or remain friends with someone with HIV/AIDS, agreement that people who contract HIV/AIDS through sex or drug use got what they deserve and that people living with HIV/AIDS have only themselves to blame, and the extent to which Métis people feel fear of people living with HIV/AIDS[26]. Results of this summary show that seven in ten Métis people typically do not hold stigmatizing views of people living with HIV/AIDS, although 23 per cent do to a moderate degree, and only six per cent exhibit a high level of stigma. These results echo those found with the general public.

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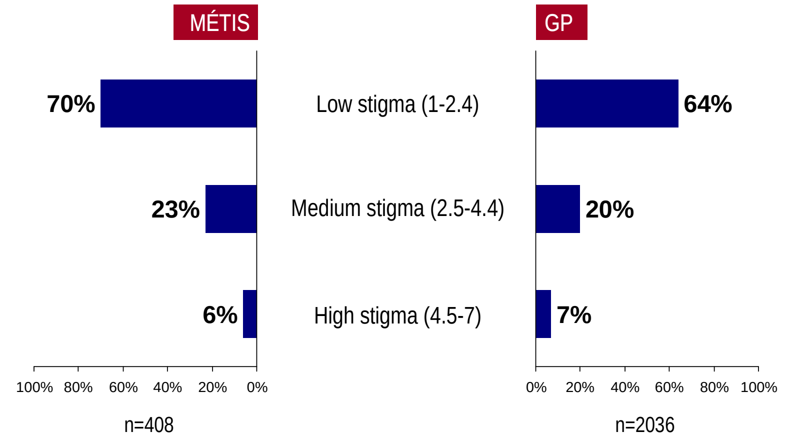
[26] This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways.

Stigma Index

Level of stigma Métis people/Canadians direct towards people living with HIV/AIDS



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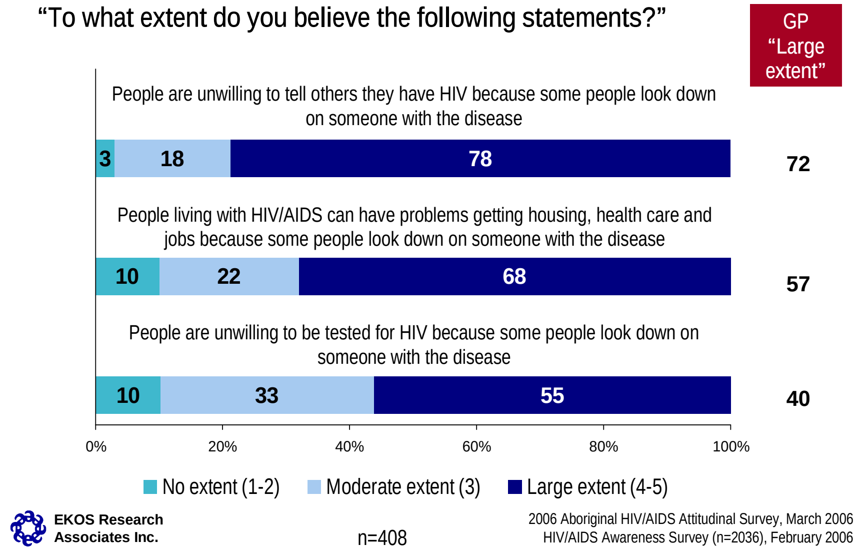
- Métis residents of Saskatchewan are more apt than those from other regions to hold moderately stigmatizing attitudes, while those in Quebec and Atlantic Canada are more apt to demonstrate high levels of stigma towards people living with HIV/AIDS.
- Women typically demonstrate little stigma towards people living with HIV/AIDS, while men are more apt to hold moderately stigmatizing attitudes.
- Older individuals (aged 55 and older) are more apt to demonstrate more stigmatizing attitudes towards people living with HIV/AIDS than their younger counterparts.
- The extent to which Métis people demonstrate stigmatizing attitudes towards people living with HIV/AIDS decreases with educational attainment.
- The level of stigma demonstrated declines with knowledge, comfort levels, with the level of appreciation for the rights of those living with HIV/AIDS, and increases with the likelihood that HIV/AIDS is seen as a disease that only happens to others.

d) Perceived Repercussions of HIV/AIDS-related Stigma

Métis people appreciate that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS. Three-quarters of Métis people (78 per cent) believe that people would be unwilling to tell others they have HIV/AIDS because of the stigma associated with this disease. Over two-thirds (68 per cent) believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment, and over half (55 per cent) agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease.

Métis people are much more likely than the general public to agree that people living with HIV/AIDS suffer from repercussions as a result of the stigma associated with this disease.

Perceived Repercussions of Stigma Associated with HIV/AIDS



2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
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- Residents from Manitoba are more likely than those from other regions to agree that people are unwilling to be tested or to tell others they have HIV/AIDS as a result of the stigma associated with this disease. Those from Quebec and Atlantic Canada are less likely to agree with all three statements.
- Métis people aged 55 and older are more likely to agree that people living with HIV/AIDS suffer these repercussions, while youth (under 30) are also more likely to believe that people would be unwilling to tell others they have HIV/AIDS.
- Those with college education are more likely than others to agree that people would be unwilling to tell others they have HIV/AIDS or that people living with this disease experience difficulties obtaining housing as a result of the stigma associated with this disease.
- Agreement that people living with this disease experience difficulties obtaining housing increases with household income.
- The proportion that agree that people would be unwilling to tell others they have HIV/AIDS as a result of the stigma associated with this disease declines as the tendency to distance oneself from HIV/AIDS and the level of stigmatizing attitudes towards people with HIV/AIDS increases.

3.4 HIV/AIDS-RELATED DISCRIMINATION

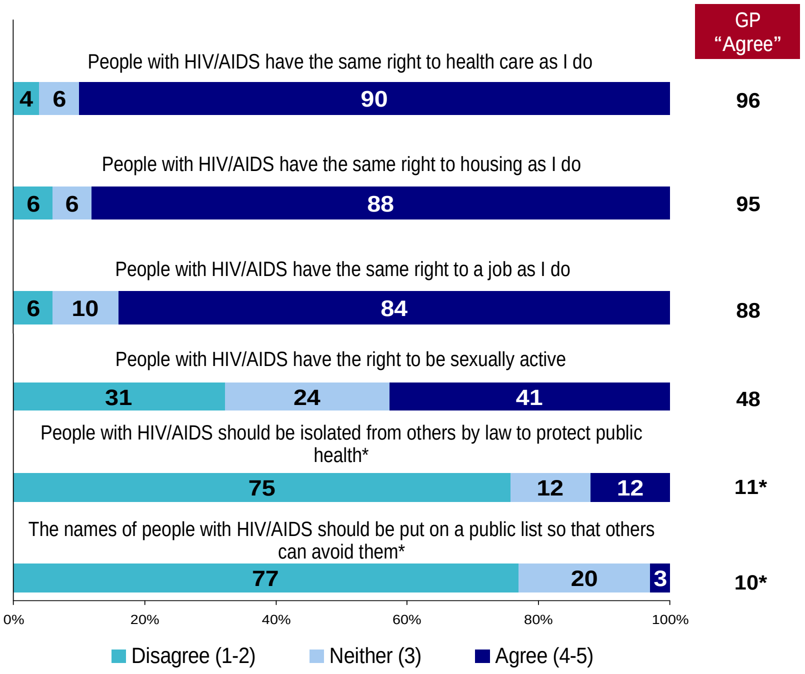
a) Rights of People Living with HIV/AIDS

Discrimination is defined as the treatment of an individual or group with partiality or prejudice. Virtually all Métis people surveyed (90 per cent) believe that people living with HIV/AIDS have the same right to health care as they do, and a similar number believe that they have the same right to housing (88 per cent) or employment (84 per cent) as they do, although this stands in contrast to the fact that many do not believe that those living with HIV/AIDS should be able to serve the public in positions such as dentists, and that a large proportion would feel uncomfortable working with someone with HIV/AIDS (as is also the case with the general public). So, while Métis people are supportive of the rights of people living with HIV/AIDS to employment in theory; they do not necessarily want to come into contact with them.

Only 12 per cent of Métis people (23 per cent) believe that people living with HIV/AIDS should be legally quarantined from others to protect public health, and virtually no one agrees (three per cent) that the names of people with HIV/AIDS should be made public so that others can avoid them. Métis people are marginally more apt to agree (41 per cent) than disagree (31 per cent) that persons living with HIV/AIDS should **not** have the right to be sexually active (45 per cent feel that they should not have this right and 30 per cent believe that they should).

Rights

"To what extent do you agree with the following statements?"



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n=408; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

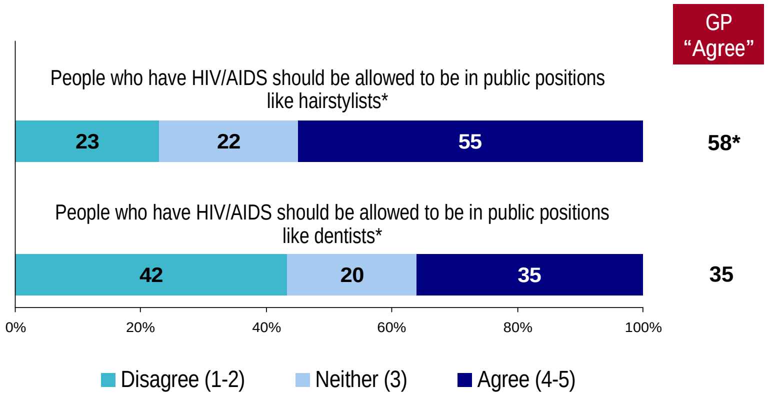
- The least educated (with less than high school) are more apt to agree that people with HIV/AIDS should be isolated and publicly identified to protect the public, while those with more education are more supportive of the rights of people with HIV/AIDS to health care and housing. Those with more education (high school diploma or greater) are far more likely to receive low scores on the discrimination index.
- Those currently working and women are also more likely than others to receive low scores on the discrimination index.
- The proportion of Métis people receiving a low score on the discrimination index increases with household income.
- Individuals least likely to demonstrate stigmatizing attitudes are more apt to support the right of people with HIV/AIDS to employment, health care and housing, and are less likely to agree that people with HIV/AIDS should be quarantined or publicly identified to protect the public. They are also far more likely to receive low scores on the discrimination index.
- Individuals least likely to distance themselves from HIV/AIDS are also more apt to support the right of people with HIV/AIDS to employment and health care, and are more likely to receive low scores on the discrimination index.

- Those with low levels of comfort with people living with HIV/AIDS are less supportive of the rights of people living with HIV/AIDS to housing or to be sexually active, and are more likely to agree that people with HIV/AIDS should be quarantined to protect the public. These individuals are also more apt to have high scores on the discrimination index.

Although most Métis people feel that they would be supportive of someone they knew who contracted HIV/AIDS, just over half (55 per cent) agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists and 35 per cent agree that people with HIV/AIDS should be permitted to work in positions such as dentists.

Service in Public Positions

"To what extent do you agree with the following statements?"



EKOS Research Associates Inc.

n=408; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
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- Those 45 to 54 are far more likely than any other age group to agree that people living with HIV/AIDS should be permitted to serve the public as dentists.
- The proportion of Métis people who believe that people living with HIV/AIDS should be allowed to serve the public as hairstylists or dentists increases with education attainment.
- While the number who agree that people with HIV/AIDS should be allowed to serve the public as hairstylists or dentists increases with knowledge levels.
- Individuals who are more likely to stigmatize people living with HIV/AIDS are far less likely to support people with HIV/AIDS working in positions such as dentists or hairstylists.

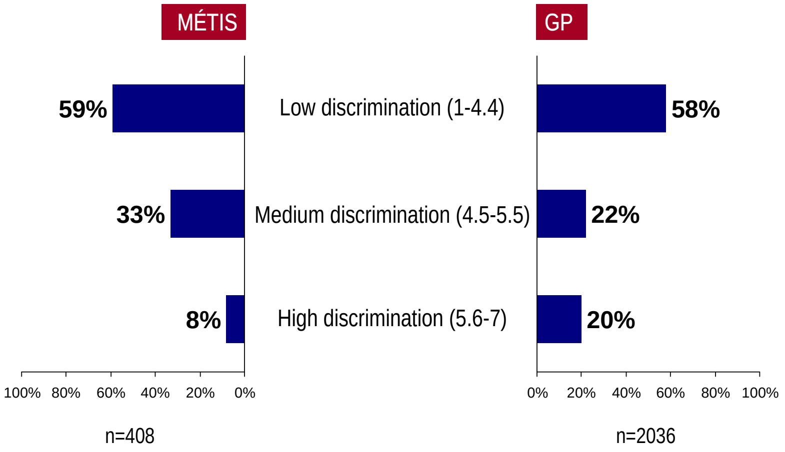
b) Discrimination Index

Several of these variables (the rights of people living with HIV/AIDS to employment or to be sexually active, whether they should be quarantined or their names made public) were combined to create a discrimination index measuring the extent to which Métis people believe (or do not believe) that people living with HIV/AIDS should have their rights protected (or be isolated or segregated from the rest of the population). Those with high scores on this discrimination index believe that people with HIV/AIDS should be segregated and their rights limited, while those with low scores are more supportive of the rights of people living with HIV/AIDS[27]. Based on this index, only eight per cent of Métis people score high and do not believe in supporting the rights of people living with HIV/AIDS, and 33 per cent receive moderate scores. Well over half (59 per cent) sit at the low end of the index and are supportive of the rights of people living with HIV/AIDS. Compared with the “stigma index” presented earlier in this chapter (which reflects a degree of acceptance of someone with HIV/AIDS), the discrimination index reflects the degree to which people are concerned about the rights of people living with HIV/AIDS. While the indices are answered similarly by many people, they do focus on different elements of discrimination.

Métis people are more likely to receive moderate scores on the discrimination index than are Canadians in general. There is little difference between other Canadians and Métis in terms of the proportion receiving low scores (and who are therefore supportive of rights), but fewer Métis receive high scores (and believe that people with HIV/AIDS should be segregated and their rights limited).

Discrimination Index

Level of discrimination Métis people/Canadians believe (or do not believe) that people living with HIV/AIDS should have their rights protected



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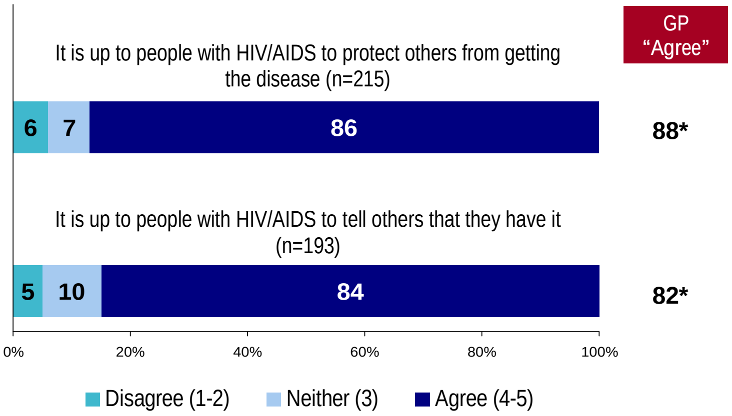
[27] The direction of the Discrimination Index is opposite compared to other indices. Low values of the index represent highly discriminatory views while high values of the index represent low discrimination.

c) Responsibilities of People Living with HIV/AIDS

Most Métis people (86 per cent) believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease. They also believe that they have a responsibility to tell others that they have it (84 per cent). These results echo the views of the general public.

Responsibility of People with HIV/AIDS

"To what extent do you agree with the following statements?"



EKOS Research Associates Inc.

*half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Men are more likely than women to agree that it is the responsibility of people with HIV/AIDS to tell others they have it.
- Those aged 55 and older are also more likely than their younger counterparts to agree that it is the responsibility of people with HIV/AIDS to tell others they have it.
- Those without children are more likely than parents to agree that it is the responsibility of people with HIV/AIDS to tell others they have it.

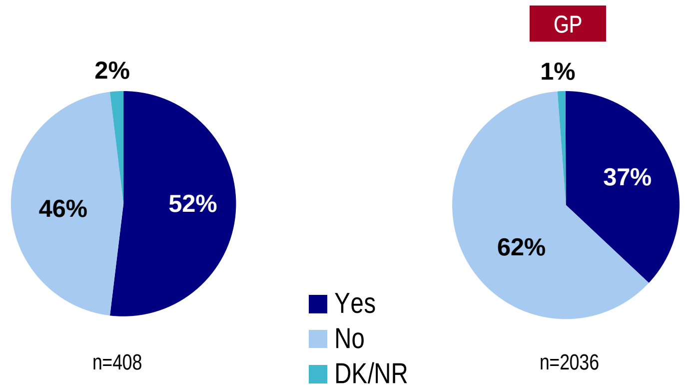
3.5 COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

a) Personal Experience with HIV/AIDS

Just over half of Métis people know or have known someone with HIV/AIDS (52 per cent). This is significantly higher than the proportion of Canadians overall (37 per cent) who know or have known someone with HIV/AIDS.

Personal Experience (a)

"To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?"



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2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Métis people under the age of 30 are less likely than those older to know or have known someone with HIV/AIDS.
- Those with children and individuals who are currently working are also more likely than those who are not parents or not employed to know or have known someone with HIV/AIDS.
- People with high knowledge levels on the topic of HIV/AIDS are more likely than those less knowledgeable to know or to have known someone with HIV/AIDS. Individuals who tend to have the fewest stigmatizing attitudes towards people with HIV/AIDS are also more apt to have known someone with HIV/AIDS.

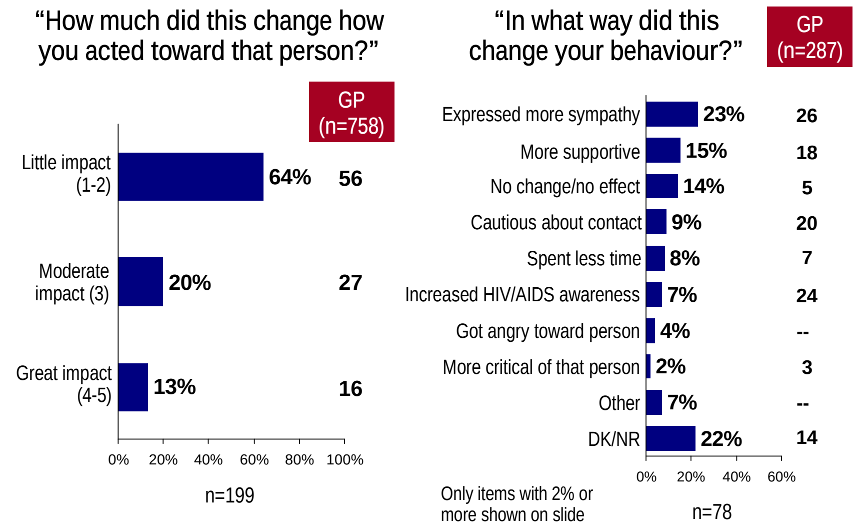
Close to two-thirds of the Métis people who know or have known someone with HIV/AIDS (64 per cent) believe that knowing this had little or no impact on their behaviour towards this person. On the other hand, two in ten believe that it had a moderate impact and 13 per cent point to a great impact on their behaviour.

Métis people are somewhat less likely than the general public to indicate that the discovery that someone they knew is infected with HIV/AIDS had an impact on their behaviour towards that person.

In terms of the specific direction of the change, most reported impacts are positive in nature. Close to one-quarter say that they became more sympathetic towards that person (23 per cent), 15 per cent are more supportive of the individual in question, and seven per cent say that their awareness or understanding of HIV/AIDS grew. A minority have become more cautious about casual contact with that person (nine per cent) or spent less time with that person (eight per cent).

Again, Métis people are somewhat less likely to report specific impacts on their behaviour, positive or negative, when compared to the general public.

Personal Experience (b)



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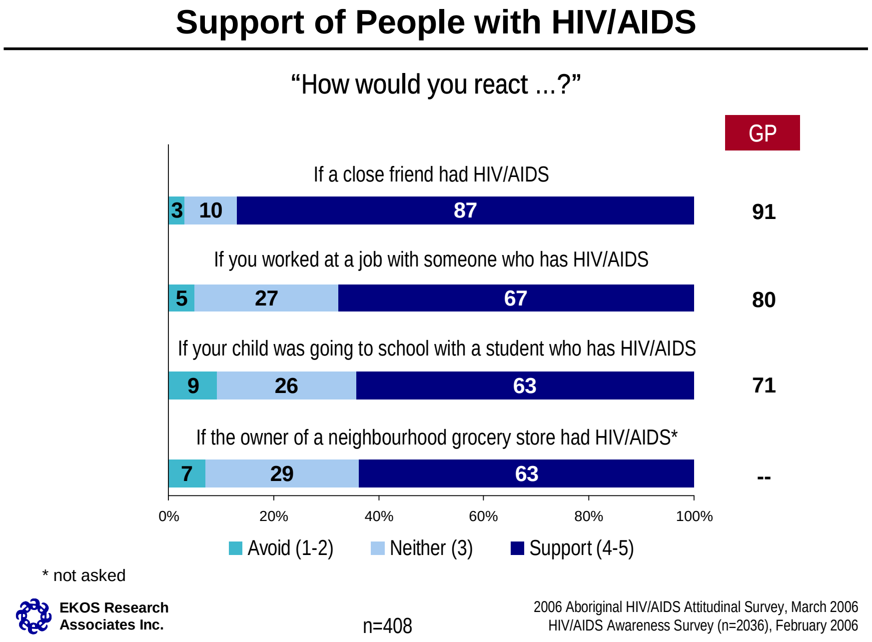
- Métis from Western Canada are more apt than those from other regions to report a significant change in behaviour.
- Women are more likely than men to report a significant change in behaviour.
- Those aged 55 and older are more likely than younger individuals to report a significant change in behaviour. The youngest Métis (under 30) are more apt to report a moderate change in behaviour.

- Those with the least education (less than high school) are more likely than those with more education to report little change in behaviour.
- The proportion identifying little change in behaviour increases with household income.
- Those with the least stigmatizing attitudes towards people living with HIV/AIDS are more likely to report little change in behaviour.

b) Support for People Living with HIV/AIDS

Although Métis people believe that they would be highly supportive of someone with HIV/AIDS, this support weakens in more distant relationships. More Métis people believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS (87 per cent would support a close friend in this situation), which is higher than the support reported for a co-worker (67 per cent), a student attending the same school as their own child (63 per cent would be supportive in this instance), or the owner of a neighbourhood grocery store (63 per cent). Less than one in ten would actively avoid the individual living with HIV/AIDS in all of these instances.

Métis people are less apt to be supportive of an individual in each of these situations than is found in the general public (e.g., 80 per cent of the latter would support a co-worker diagnosed with HIV/AIDS, compared with 67 per cent of Métis people). There is less distinction, however, between the extent to which Métis people would support a student in their child's school compared to a co-worker, when compared to the broader public.


Support of People with HIV/AIDS

"How would you react ...?"

* not asked

n=408

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HIV/AIDS Awareness Survey (n=2036), February 2006

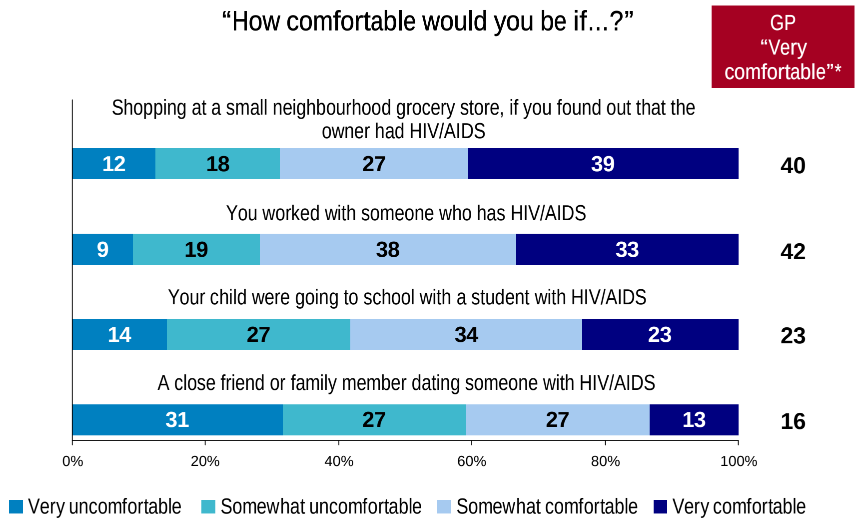
- Women are also typically more supportive than men in all four scenarios.
- Support for a close friend with HIV/AIDS declines with age. The youngest Métis (under 30) are less likely than other age groups to be supportive of a co-worker or student with HIV/AIDS.
- Residents of Saskatchewan are less likely than those from other regions to support a store owner or student with HIV/AIDS.
- Support for a person living with HIV/AIDS in each scenario increases with educational attainment.
- Métis people with little knowledge on the topic of HIV/AIDS are least likely to be supportive of an individual with HIV/AIDS in all four scenarios.
- Métis people who are more comfortable with people living with HIV/AIDS, those less likely to see HIV/AIDS as a disease that only happens to others, people holding fewer stigmatizing attitudes, and individuals with a greater appreciation for the rights of people living with HIV/AIDS are all more supportive than others in each scenario.

c) Comfort with People Living with HIV/AIDS

Over half of Métis people (58 per cent) would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS, 41 per cent would feel uncomfortable if their child was attending a school where a student has HIV/AIDS, one in three would feel uncomfortable shopping at a small neighbourhood grocery store where the owner has HIV/AIDS (30 per cent), or working in an office where someone developed HIV/AIDS (28 per cent). As with the level of support described earlier, the level of comfort also declines as the contact becomes more direct and personal.

Métis people are less comfortable with the thought of working with someone living with HIV/AIDS than are the general public, although there is little difference in the level of comfort of Métis and other Canadians with the other scenarios.

Levels of Comfort



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n=408

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- Métis people aged 55 and older are far more likely to feel uncomfortable than those younger with the idea of a close friend or family member dating someone with HIV/AIDS, having their child attend a school where a student has HIV/AIDS, or shopping at a store where the owner has HIV/AIDS. Young Métis people (under 30) are also more likely than those older to feel uncomfortable with their child attending a school where a student has HIV/AIDS, and are more apt to express discomfort with the idea of working with someone with HIV/AIDS.

- Those from Quebec and Atlantic Canada are more likely than those from other regions to feel comfortable with having a friend or family member date someone with HIV/AIDS, while those from Saskatchewan are less likely to feel comfortable with having a friend or family member date someone with HIV/AIDS or with shopping at a store owned by someone with HIV/AIDS.

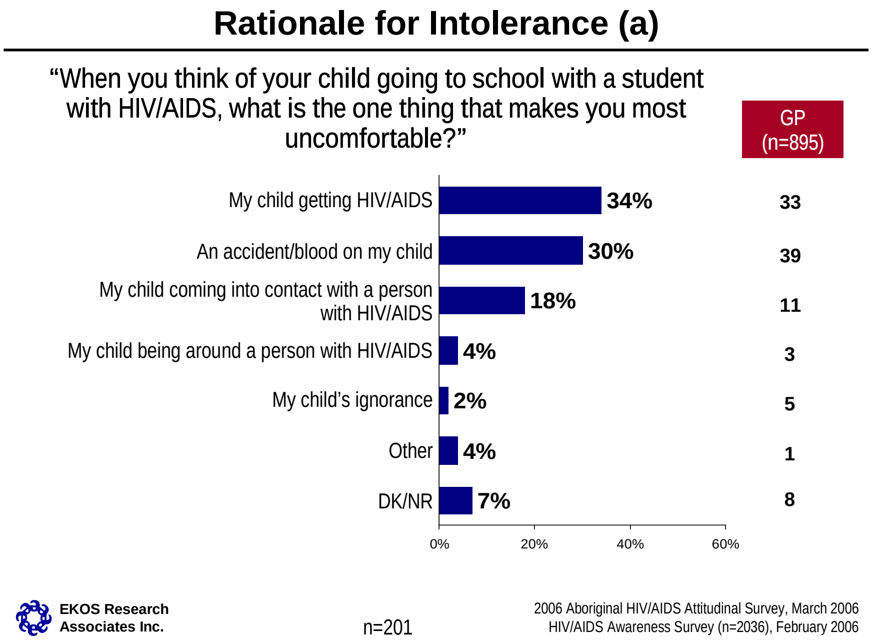
- Individuals with the least education (less than high school) are more apt to express discomfort with each of these scenarios than their more educated counterparts. This is also true of those with less income (with the exception of the dating scenario).

- Métis women are typically more comfortable in these situations than men (again, with the exception of the dating scenario, where there is little gender difference).

- Comfort with having a co-worker who is living with HIV/AIDS or shopping at a store where the owner has HIV/AIDS increases with knowledge levels, and decreases with the tendency to distance oneself from HIV/AIDS (as a disease that only happens to others).

- Comfort in all these situations declines with the extent to which Métis people hold stigmatizing attitudes towards people living with HIV/AIDS, and increases with the extent to which they support the rights of people living with HIV/AIDS.

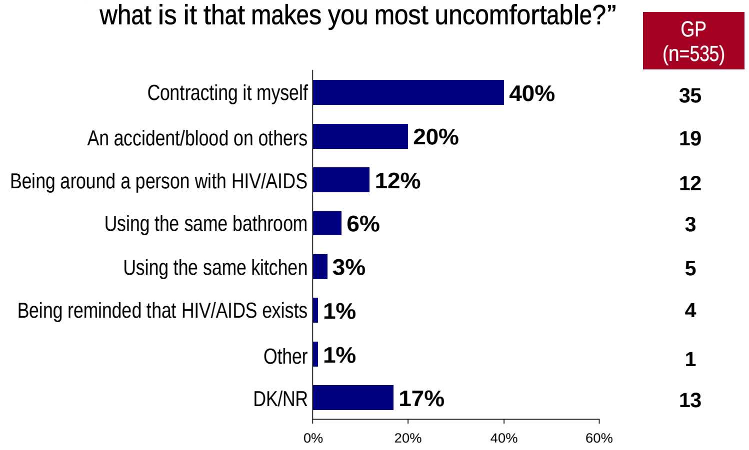
In terms of a rationale for discomfort, most Métis who feel somewhat or very uncomfortable with their child attending a school where a student has HIV/AIDS are most concerned about the possibility that their child could contract HIV/AIDS (34 per cent), followed by the potential for an accident where their child comes into contact with the blood of the infected student (30 per cent). Finally, 18 per cent are most concerned about their child associating with the 'type of person' who has HIV/AIDS. Results are fairly similar in the general public.



The primary concerns of Métis people who would feel uncomfortable working with someone with HIV/AIDS are the potential for contracting it themselves (40 per cent), followed by the possibility of an accident where they come into contact with the blood of the infected person (20 per cent), or being around the 'type of person' who has contracted HIV/AIDS (12 per cent). Again, results are the same in the general public.

Rationale for Intolerance (b)

"When you think about working with someone who has HIV/AIDS, what is it that makes you most uncomfortable?"



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n=122

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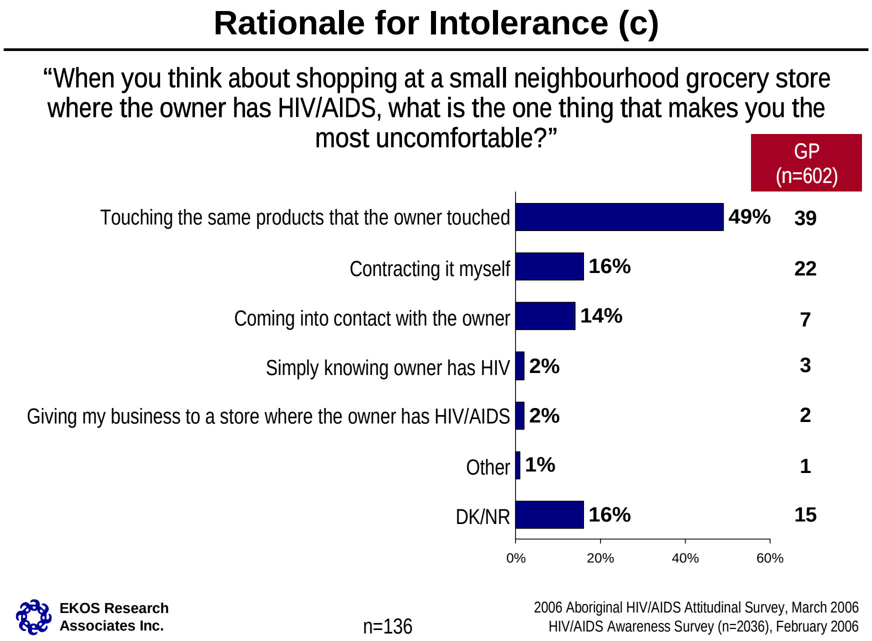
The primary concern of those uncomfortable at the thought of shopping at a neighbourhood store where the owner has HIV/AIDS is of touching the same products that the owner touched (49 per cent). As with the general public, a minority fear contracting HIV/AIDS (16 per cent), or coming into contact with the owner (14 per cent).


Rationale for Intolerance (c)

"When you think about shopping at a small neighbourhood grocery store where the owner has HIV/AIDS, what is the one thing that makes you the most uncomfortable?"

n=136

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
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d) Comfort Index

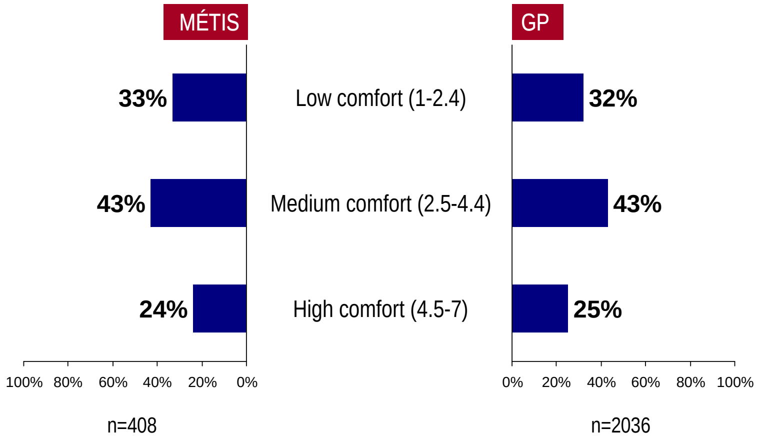
Four survey items measuring the level of comfort Métis feel in situations with people living with HIV/AIDS were combined to create a comfort summary or index:

- Extent to which Métis people feel comfortable if their children were to attend a school where one of the students was known to have HIV/AIDS;
- Extent to which Métis people feel comfortable if they were to work in an office where someone developed HIV/AIDS;
- Extent to which Métis people feel comfortable if they were to shop at a neighbourhood grocery store where the owner had HIV/AIDS; and,
- Extent to which Métis people feel comfortable if their close friend or a family member was to date someone with HIV/AIDS.

Based on this measure, 33 per cent of Métis people demonstrate a low level of comfort generally with people living with HIV/AIDS, while 43 per cent exhibit a moderate level of comfort and only 24 per cent feel a high level of comfort overall with people living with HIV/AIDS.

Comfort Index

Level of comfort Métis people/Canadians have with HIV/AIDS



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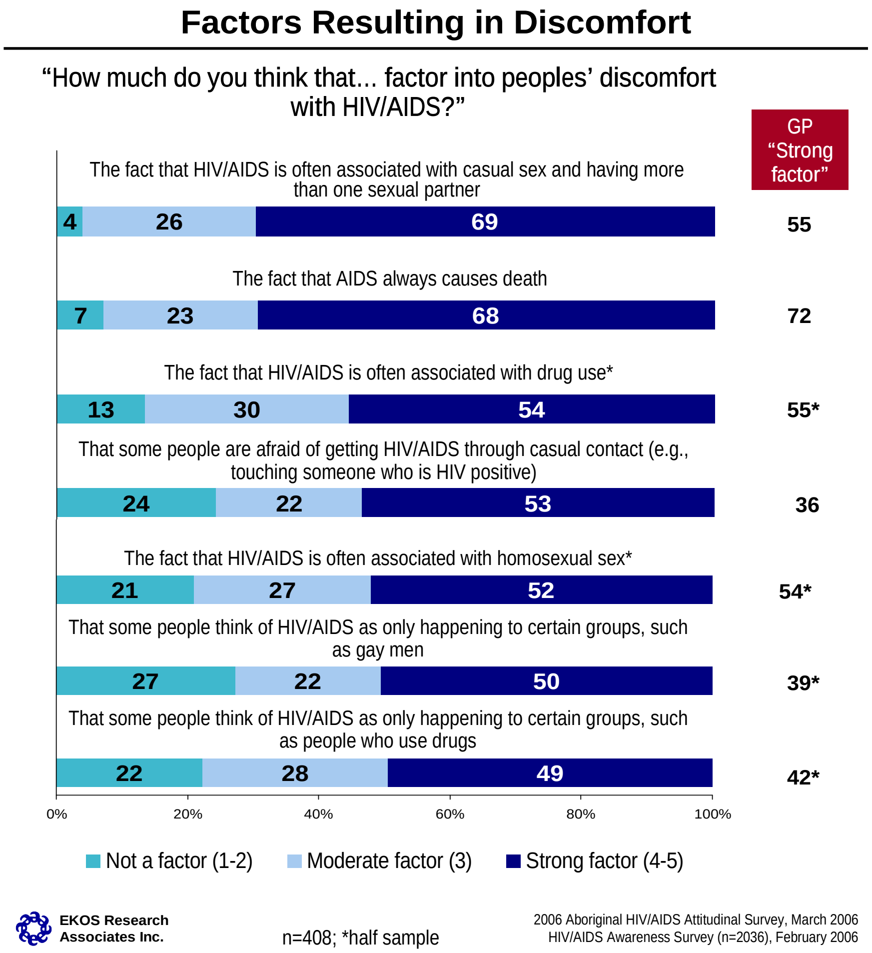
e) Factors in Discomfort with HIV/AIDS

In terms of explaining the primary drivers behind the fear or discomfort that some Métis people feel when confronted with the presence of HIV/AIDS, the fact that HIV/AIDS is often associated with casual/promiscuous sex (69 per cent) and that it is a fatal disease (68 per cent) is seen to top the list as influential factors. Over half also identify the association between HIV/AIDS and intravenous drug use (54 per cent), the fear of infection through casual contact (53 per cent), and the association between HIV/AIDS and homosexual sex (52 per cent) as strong factors influencing public discomfort. Finally, roughly half are influenced by the fact that people associate HIV/AIDS with certain groups such as drug users (49 per cent) or gay men (50 per cent).

Métis people are less likely than the general public to identify the fatal nature of the disease as the factor with the greatest influence on public discomfort. They are, however far more likely than other Canadians in general to feel that many other factors, such as the association with casual sex, the fear of infection through casual contact, and the association between HIV/AIDS and certain groups such as drug users and gay men play a strong role in influencing public discomfort with HIV/AIDS.



Factors Resulting in Discomfort

"How much do you think that… factor into peoples' discomfort with HIV/AIDS?"

n=408; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Residents of Quebec and Atlantic Canada are less likely than those from other regions to identify the association between HIV/AIDS and gay men, and fear of infection through casual contact as influential factors. Those from Ontario, Quebec and Atlantic Canada are more apt to identify the fatal nature of HIV/AIDS as a strongly influential factor.

- Métis people aged 55 and older are less likely than their younger counterparts to identify the fear of infection through casual contact as an influential factor. The proportion that identify the association between HIV/AIDS and homosexual sex as an influential factor increases with age. The youngest Métis (under 30) are less likely than their older counterparts to identify the association with casual or promiscuous sex, or with drug users as influential factors.

- The proportion that identify the association between HIV/AIDS and gay men, and between HIV/AIDS and drug use or drug users as influential factors increases with educational attainment. Those with the least education (high school or less) are less likely to identify fear of infection through casual contact as an influential factor.

- The tendency to identify the association between HIV/AIDS and gay men or drug use, and fear of infection through casual contact, as influential factors increases with comfort levels. Similarly, the tendency to identify these factors as influential declines with the tendency to distance oneself from HIV/AIDS (as a disease that only happens to others) and with the extent to which stigmatizing attitudes towards people with HIV/AIDS are held.
- The proportion that identify the association between HIV/AIDS and certain groups such as drug users as an influential factor increases with knowledge levels.

3.6 INFORMATION SOURCES

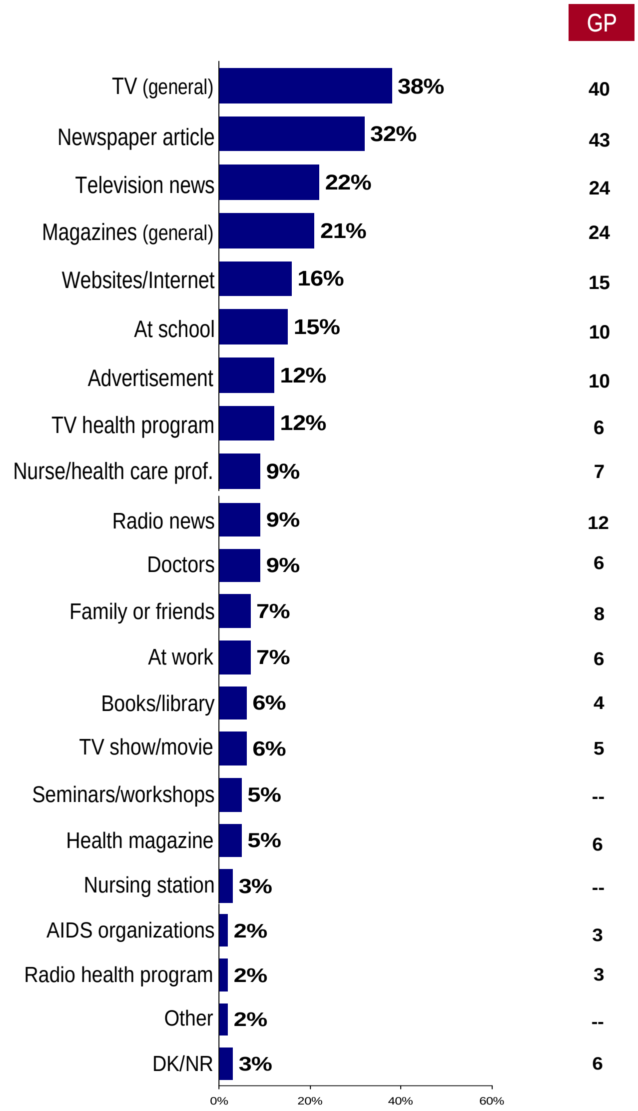
a) Current Sources of Information

General television (38 per cent) is the information source where Métis people have most often seen, heard or read about HIV/AIDS, followed closely by newspaper articles (32 per cent). Over two in ten also cite television news (22 per cent) or magazines in general (21 per cent) as sources of information on HIV/AIDS. Other information sources frequently cited include the Internet (16 per cent), schools (15 per cent), advertising (12 per cent), or television health programs (12 per cent). Fewer than one in ten Métis people have seen, heard or read about HIV/AIDS from radio news (nine per cent), doctors (nine per cent), nurses or other health care professionals (nine per cent).

The sources of information cited by Métis people are comparable to those of Canadians in general, although they are significantly less likely to have obtained information on the subject of HIV/AIDS from newspaper articles.

Information Sources

"Where have you heard, seen or read about HIV/AIDS in the past year?"



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more shown on slide

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n=201

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- Residents of Manitoba are more likely than those from other regions to cite advertising or school as places where they found information on HIV/AIDS, while those from Ontario are more apt to cite doctors or the Internet, and residents of Quebec and Atlantic Canada are more likely to cite general television.
- The proportion identifying newspaper articles or magazines as sources of information about HIV/AIDS increases with age, while youth (under 30) are more apt to cite school (31 per cent do).
- The proportion that cites newspapers and the Internet as places where they read or heard about HIV/AIDS increases with educational attainment.
- The proportion identifying newspaper articles or magazines as sources of information about HIV/AIDS also increases with knowledge levels.
- Individuals with less of a tendency to distance themselves from HIV/AIDS are more likely to cite many sources of information about HIV/AIDS than those who do tend to distance themselves from HIV/AIDS (as a disease that happens to others).
- Those more likely to wish to see the rights of people with HIV/AIDS limited are more likely to cite school or family and friends as places where they heard about HIV/AIDS.

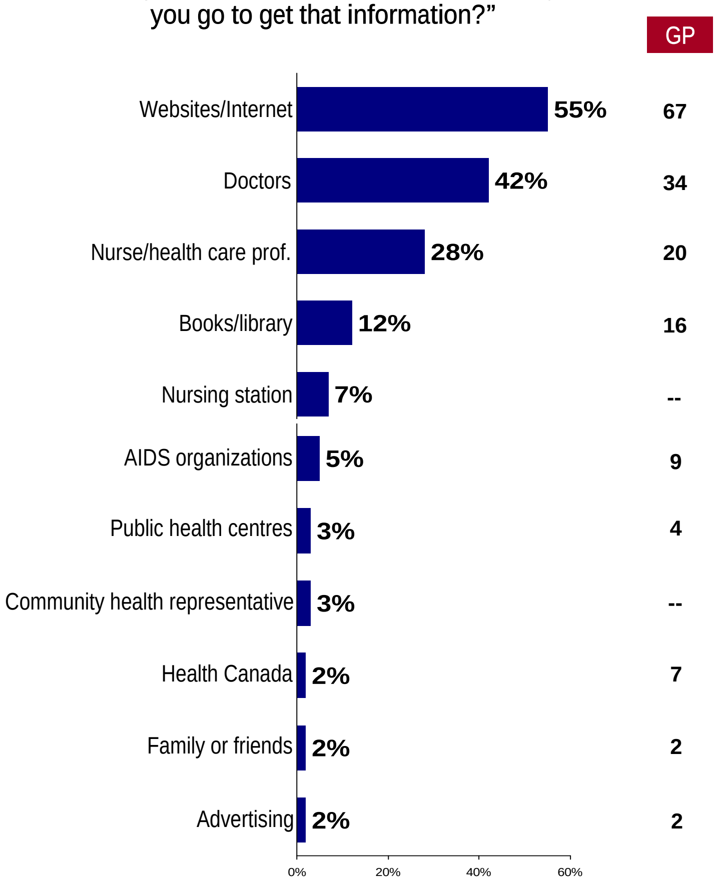
b) Preferred Information Sources

Métis people were then asked where they would go if they were seeking information about HIV/AIDS today. This question highlights not only the most top of mind current sources of information, but may also reflect more active (rather than passive) search methods. (The previous question examines information consumption from the past year and reflects more passive search methods or information consumption.) The most frequently cited information source is the Internet (identified by 55 per cent), followed by doctors (42 per cent) and nurses or other health care professionals (28 per cent).

Métis people are less likely than the general public to identify the Internet as a source of information they would consult, but are more likely to cite doctors or nurses and other health care professionals.

Preferred Information Sources

"If you were looking for information about HIV/AIDS today, where would you go to get that information?"



Only items with 2% or more shown on slide

EKOS Research Associates Inc.

n=408

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HIV/AIDS Awareness Survey (n=2036), February 2006

- Residents of Quebec and Atlantic Canada are more apt than those from elsewhere across Canada to consult a nurse/health care professional or books, while those from Ontario are most likely across the country to cite doctors, and residents of Manitoba are more apt than others to consult the Internet.
- Those aged 30 to 54 are far more likely than those younger or older to consult the Internet.
- The employed are far more likely than those who are not employed to consult the Internet.
- Those with the least education (less than high school) are more apt than their more educated counterparts to consult a nursing station and are less likely to consult a doctor. Individuals with a university education are more likely to consult an AIDS organization.

- People with the least knowledge on the topic of HIV/AIDS and the least comfort with people living with HIV/AIDS are less likely than others to consult the Internet. Those with the highest level of knowledge are more likely than others to consult an AIDS organization.
- Those less likely to distance themselves from HIV/AIDS or to display stigmatizing attitudes are more apt to consult a doctor than their counterparts.

c) Reliability of and Comfort with Information Sources

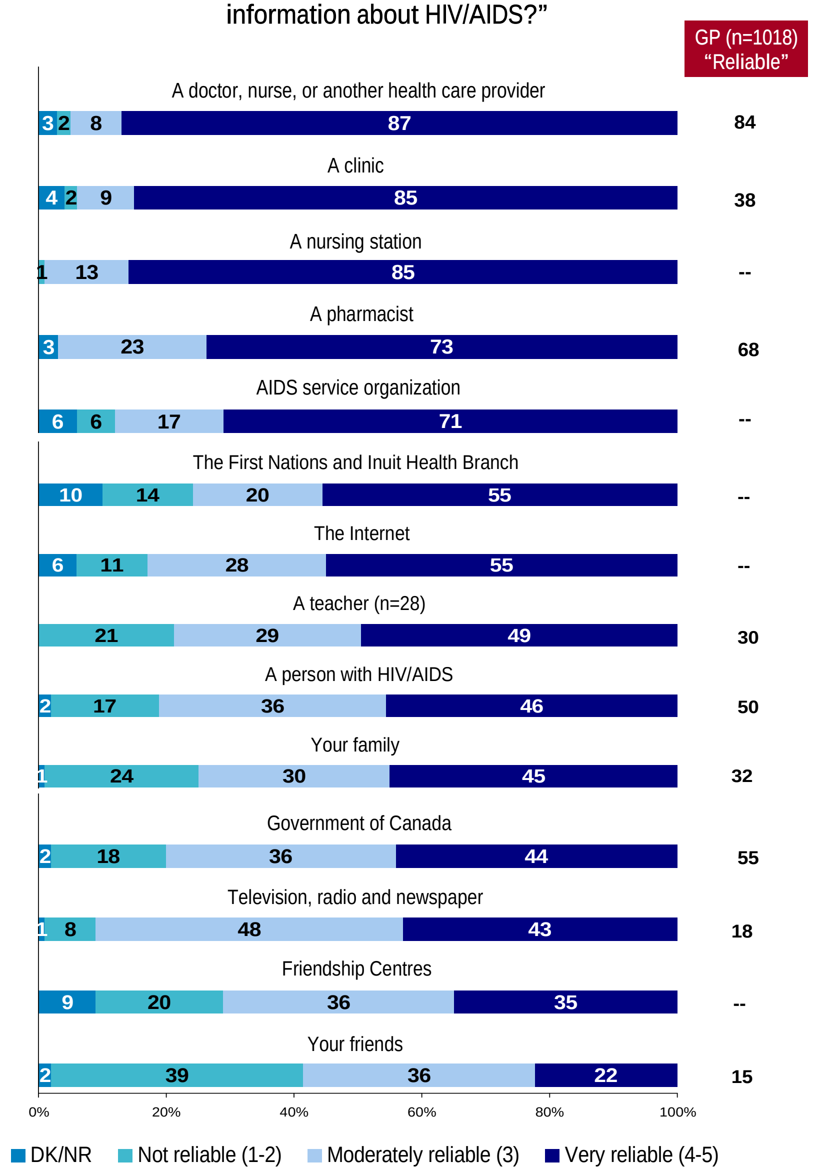
Métis people were also asked to rate the reliability of or their level of comfort with a variety of information sources on HIV/AIDS. Half the survey sample was asked to rate the relative reliability of some of the sources under examination (as well as to rate their level of comfort with receiving information from these same sources), while the other half of the sample was asked to rate the reliability (and their comfort) with other sources.

Métis people consider their family doctor or another health care professional to be the most reliable information source on HIV/AIDS (87 per cent), followed closely by nursing stations (85 per cent) and health clinics (85 per cent). Over seven in ten consider AIDS service organizations (71 per cent) and pharmacists (73 per cent) to be reliable sources. Over half consider the FNHIB (55 per cent) and the Internet (55 per cent) to be reliable, and over four in ten consider a person living with HIV/AIDS (46 per cent), the federal government (44 per cent), family (45 per cent) and media (43 per cent) to be reliable. Friendship Centres and friends are considered less reliable sources. Of the small number of youth answering this question (n=28), half consider teachers to be a reliable source.

Métis people are less likely than the general public to consider the federal government as a reliable source of information, but are far more likely to consider health clinics and the media to be reliable. Métis people are far more divided than Canadians overall with respect to the reliability of friends and family as information sources on HIV/AIDS.

Reliability of Sources

"How reliable do you consider the following as a source of information about HIV/AIDS?"



EKOS Research Associates Inc.

n=185/223

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

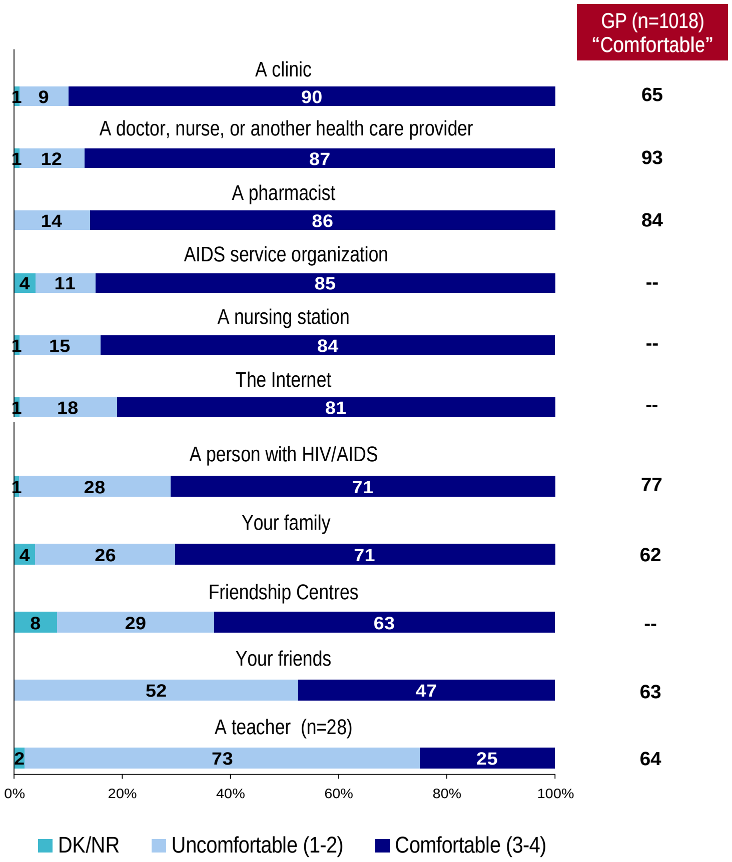
- Younger Métis people (under 30) are more apt to consider a doctor or a health clinic to be reliable sources than those over 30, and are less likely to consider a person living with HIV/AIDS to be reliable. Those 55 and older are less likely to consider an AIDS service organization to be reliable.
- Individuals with low levels of knowledge are less likely to consider the federal government, or a person living with HIV/AIDS to be reliable sources and more apt to consider media and family to be reliable. Those with high levels of knowledge are more likely to consider AIDS service organizations to be reliable.
- Women are more likely than men to consider the Internet or Friendship Centres to be reliable sources of information, while men are more apt to consider family, the media and health clinics to be reliable. Men are also more apt to consider the FNIHB or a person living with HIV/AIDS to be unreliable information sources.
- Those with low levels of comfort with people living with HIV/AIDS are less likely than those more comfortable to consider the Internet or a person living with HIV/AIDS to be reliable sources of information.

Métis people are comfortable with most of the information sources tested. Métis people would feel most comfortable seeking information on HIV/AIDS from a health clinic (90 per cent), followed closely by their family doctor or another health care professional (87 per cent would feel comfortable with this source), a pharmacist (86 per cent), an AIDS service organization (85 per cent), a nursing station (84 per cent) or the Internet (81 per cent). Over six in ten also feel comfortable obtaining information on this topic from family (71 per cent), a person living with HIV/AIDS (71 per cent), or Friendship Centres (63 per cent). Less than half are comfortable receiving information from friends (47 per cent). Of the small number of youth answering this question (n=28), few are comfortable obtaining information from a teacher.

Métis people tend to feel more comfortable than the general public obtaining information on HIV/AIDS from health clinics or family, but are somewhat less comfortable with doctors, friends or a person living with HIV/AIDS.

Comfort with Information Sources

"How comfortable would you be seeking information from…?"



EKOS Research Associates Inc.

n=185/223

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Women are more likely to feel comfortable seeking information from friends, the Internet, or a person living with HIV/AIDS, compared to men.
- Those with the least education are less comfortable than those more educated obtaining information from a person living with HIV/AIDS.
- Individuals with low levels of knowledge or little comfort with HIV/AIDS are less likely to feel comfortable seeking information from the Internet. Those with low comfort levels are also less apt to be comfortable obtaining information from a person living with HIV/AIDS.
- Parents are more comfortable seeking information from a nursing station or a Friendship Centre than are individuals without children.

- Métis people who hold few stigmatizing attitudes and those less likely to distance themselves from HIV/AIDS are also more comfortable than their counterparts seeking information from a nursing station.

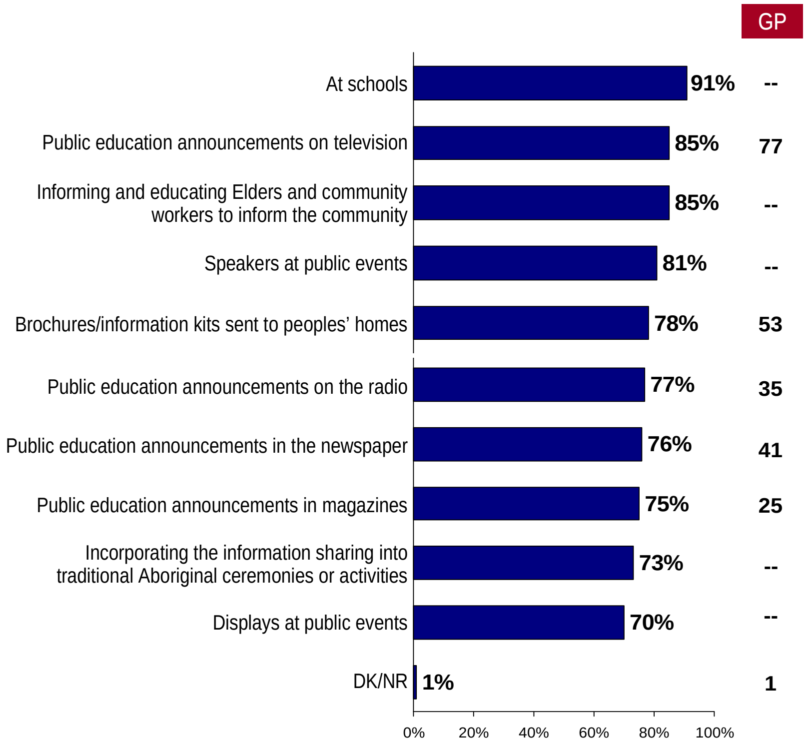
d) Most Effective Means of Communicating Information on HIV/AIDS

Métis people identify information channelled through schools, thereby informing youth and the next generation about HIV/AIDS, as the most effective approach to providing people with information (identified by 91 per cent). This is followed closely by public education announcements on television (85 per cent) and informing elders (85 per cent). Over three-quarters also identify speakers at public events (81 per cent), brochures or information kits sent to people's homes (78 per cent), public education announcements on radio (77 per cent), and public education announcements in magazines (75 per cent) or newspapers (76 per cent) as the most effective approach to information dissemination.

Métis people are more apt to consider most of these approaches to be effective than the general public.

Effective Methods of Informing About HIV/AIDS

"Which of the following do you think would be the most effective way to provide people with information about HIV/AIDS?"



EKOS Research Associates Inc.

n=408

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Those holding more stigmatizing attitudes or points of view regarding people with HIV/AIDS are less likely than others to suggest approaches that might be effective.

3.7 TYPOLOGY OF MÉTIS PEOPLE

As with First Nations people, a typology was created to illustrate the manner in which knowledge and attitudes about HIV/AIDS coalesce among Métis people.

Group #1: Well Informed Liberal-Minded

This segment comprises the largest portion of Métis people at 28 per cent. They have the highest knowledge and are the most comfortable around people living with HIV/AIDS. They hold the least stigmatizing views, and are the least likely to distance themselves from the issue or say that AIDS belongs to the third world, the gay community or to drug users exclusively. They are also strongly supportive of the rights of people living with HIV and believe that they should have the same rights to housing, health care, jobs or to be sexually active. This group is most likely to believe that HIV/AIDS is a very serious problem today and strongly disagrees that the illness is much less of a problem in Canada and among Aboriginal communities than 10 years ago.

- They are more likely to agree that peoples' discomfort with HIV/AIDS is caused by such facts that AIDS causes death and is associated with drug use and casual sex. This group is more likely to say that if they were to have HIV/AIDS themselves they would not tell others about it in their community. They are most likely to agree that people with HIV/AIDS in their community are pressed to leave. Together with segment two, they show the highest levels of support and sympathy for people living with HIV/AIDS.

- They are more likely than members of other groups to report getting their HIV/AIDS information from newspapers, magazines, and work. They place a high degree of reliability on HIV/AIDS service organizations and (to a lesser degree) the Government of Canada. Members of this group, on the other hand, are less comfortable seeking information from a clinic, pharmacist, and family. This group is more likely to believe that informing elders and announcements on the radio are the most efficient way to provide people with information about HIV/AIDS.

- This group is most likely to say that they know (or have known) someone with HIV/AIDS and that knowing somebody with HIV/AIDS had little impact on their behaviour.

- They are more likely than other segments to be sexually active. This group is the least likely to perceive themselves to be at risk of contracting HIV/AIDS, citing one partner and a partner that is not HIV positive as the predominant reasons.

- This group is significantly over represented by women, 25 to 29 years old and 35 to 44 year old individuals, and those who describe their household as a couple with children. This group has a higher than average proportion of individuals with post-secondary education, who are employed full-time, and have a higher than average household income. This group is also over-represented among Manitoba residents.

Group #2: Informed Liberal-Minded

This segment represents 27 per cent of Métis people. They have medium levels of knowledge[28], are less likely than others to distance themselves from people with HIV/AIDS or hold stigmatizing views about them. They show average levels of comfort with people living with HIV/AIDS and are more likely to disagree that HIV/AIDS is much less of a problem in Canada than ten years ago.

- In terms of stigma, this group is more likely to agree that the association between HIV/AIDS and drug use is a factor in peoples' discomfort with the illness. They are also more likely to believe that people are unwilling to be tested for HIV or to tell others that they have HIV/AIDS, because their community would look down on them. They also are more likely to say that people living with HIV/AIDS can have problems getting housing, health care and jobs in their community. On the other hand, they disagree that people living off-reserves are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. Together with the first segment, this group shows high levels of empathy and support for people living with HIV/AIDS.
- As for media preferences, this group is more likely to obtain information about HIV/AIDS from television, websites, and seminars/workshops, and prefer to look for information on the Internet. They are more apt to believe that a person with HIV/AIDS, a pharmacist, and AIDS service organizations are reliable sources of information, while friends are perceived to be less reliable sources. They are most comfortable seeking information from a clinic. This group is most likely to believe that speakers at public events and announcements on radio are the most efficient ways to provide people with information about HIV/AIDS.
- This group is as likely as other Métis groups to know somebody with HIV/AIDS. Knowing somebody with HIV/AIDS had little impact on their behaviour.
- Members of this group are more likely than average to be sexually active and are less likely to perceive themselves to be at risk of contracting HIV/AIDS.
- This group is over-represented by people younger than 25 years of age and individuals with some college education. They are more often found in Manitoba and among higher income earners.

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[28] Still higher than the average.

Group #3: Uninformed Deniers

This group includes 25 per cent of Métis. They have minimal knowledge about methods of HIV/AIDS transmission, whether there is a cure, and methods of diagnosing HIV/AIDS and show average levels of comfort about people with HIV/AIDS. They show average levels of stigma, discrimination, and distancing themselves from the disease.

- Members of this group are more likely to say that HIV/AIDS is not a serious problem today. They are most likely to be comfortable (perhaps due to the low knowledge) if their close friend or a family member dates someone with HIV/AIDS.
- This group tends to indicate moderate agreement with most factors listed in the survey as having some effect on peoples' discomfort with HIV/AIDS, except homosexual sex that, according to this group, is not a factor. They also appear to feel comfortable if other people in their community knew that they had HIV/AIDS. This group is most likely to agree that Aboriginal people living off-reserve are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. They show average to high levels of empathy and support for people living with HIV/AIDS.
- This group is more likely to obtain information about HIV/AIDS from doctors. They also are more likely to look for information from doctors and community health representatives, but not on the Internet. They regard friends, family, and, the Internet as reliable sources of information about AIDS, while the FNIHB, Friendship Centers, and the Government of Canada are less likely to be perceived as reliable.
- They are the least likely to know someone with HIV/AIDS.
- Members of this segment are more likely to be sexually active and report multiple and casual sexual partners, and are more apt to think that they are at a high risk of contracting HIV.
- Demographically, this group is over-represented by men and individuals under 25 years of age. Members of this group are more likely to have high school education and live with their family. There is a slight over-representation of residents from British Columbia in this segment.

Group #4: Semi-informed Distancing

This segment comprises 14 per cent of Métis people and is characterized by average knowledge about HIV/AIDS, strong discomfort and fear around people with HIV/AIDS, and the highest level of stigmatization towards individuals living with HIV/AIDS. They are most likely to distance themselves from the issue and hold most stigmatizing views about people living with HIV/AIDS. This group is, in many ways, similar to the fifth group (the *Uninformed Uncomfortable*), however, although their knowledge level is much higher, their tendency to distance themselves from the HIV/AIDS issue, to stigmatize, and to discriminate against people living with HIV/AIDS is more pronounced.

- Members of this group more often believe that AIDS is a somewhat serious problem today.

- They are more likely to agree that the fatality of AIDS and its association with casual sex are strong factors in peoples' discomfort with the illness. On the other hand, they disagree that the fear of getting HIV/AIDS through casual contact or the association of the illness with drugs or gay men are those factors. They also tend to disagree that people are unwilling to be tested for HIV because they would be looked down at. However, they are most likely to say that if they were to have HIV/AIDS themselves they would not like other people in their community to find out about it and that they would seek treatment in another community or off-reserve. This group strongly disagrees with the suggestion that Aboriginal people from both on-reserve and off- reserve are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. They are most likely to avoid people living with HIV/AIDS in all of the tested situations in the survey.
- They are less likely to have heard about HIV/AIDS from newspapers and the Internet and would seek information from health care professionals. Members of this group typically distrust information about HIV/AIDS if it is channelled through the Government of Canada or AIDS service organizations. They tend to place greater confidence in the information provided by health care professionals.
- They are less likely to be sexually active or report having casual partners.
- This group has higher proportions of 35 to 44 year old individuals and single parents. They are more likely to be employed part-time. Members of this group report the lowest levels of education and income of all Métis people. They are over-represented in Quebec.

Group #5: Uninformed Uncomfortable

This segment comprises only seven per cent of Métis people. Individuals in this group are characterized by the lowest knowledge about HIV/AIDS and the highest level of discomfort around people living with HIV/AIDS. They are more likely than average to distance themselves from the issue of HIV/AIDS and hold strongly stigmatizing and discriminatory views. This group is very similar to Group Four, although, their knowledge level is much lower and they tend to discriminate and distance themselves less from people living with HIV/AIDS. Because of the small sample size of the group (n=26) no further results were found to be statistically significant.

4. RESULTS FOR INUIT

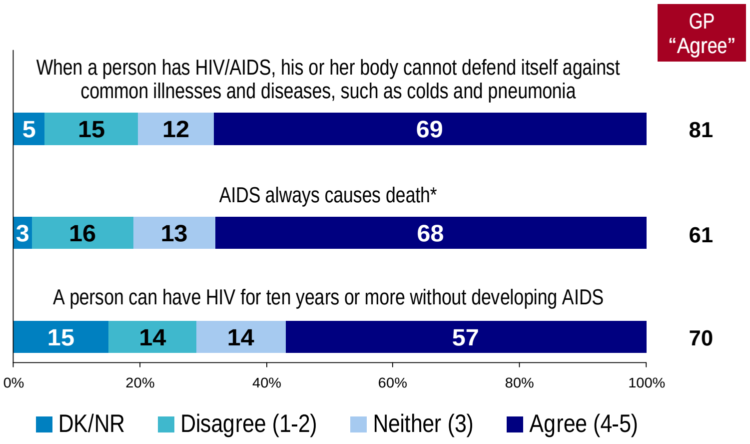
The following chapter examines results for Inuit in the survey sample. Results are presented for Inuit overall, and in cases where differences exist (e.g., by gender, or age) they are also presented.

4.1 KNOWLEDGE AND AWARENESS

In terms of basic understanding of how the disease works, most Inuit (69 per cent) know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses and diseases like colds and pneumonia. The same proportion understand that AIDS is always fatal, while a smaller percentage of Inuit (but still a majority) also know that a person can have HIV for ten or more years without developing AIDS. Knowledge levels are fairly high, although running at an average of about seven to ten percentage points difference from the general public.

General Knowledge

"Rate the extent to which you agree or disagree with the following"



*For general population, "AIDS is always fatal"

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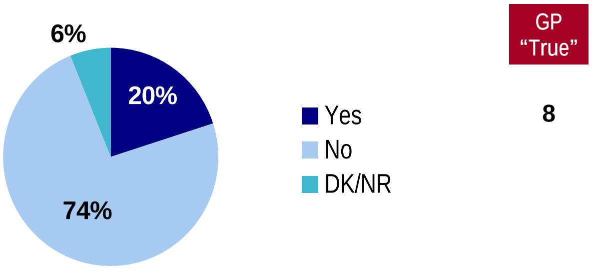
- Inuit who are less respectful of the rights of people living with HIV/AIDS, and who are more apt to distance themselves from the disease are more likely to believe that AIDS is always fatal.
- Women and those who are employed are more likely than others to believe that AIDS is always fatal.
- Those with a high school diploma or more education are more likely than those with less education to believe that a person can have HIV for ten years or more without developing AIDS. This view is also more likely to be shared by those who were more knowledgeable about HIV/AIDS.
- Inuit women, those with at least a high school education, and those with higher levels of actual knowledge about the disease are more apt than others to be aware that the body cannot defend itself with HIV/AIDS.
- Inuit with a high school diploma or more are less likely to think that HIV/AIDS is much less of a problem in Canada today than it was ten years ago.

Most Inuit are aware that there is no cure for HIV/AIDS (74 per cent), although a sizable segment (20 per cent) believe that it can be cured. Knowledge that HIV/AIDS cannot be cured is lower among the Inuit population than in the general population (where 89 per cent know that HIV/AIDS is not curable, while eight per cent believe it can be cured).

Other Knowledge – "Can it Be Cured?"

"To the best of your knowledge, can HIV/AIDS be cured?"



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- Men, youth, those not employed and individuals of lower socio-economic status (e.g., income and education), as well as those who are more apt to distance themselves from the disease, and those who are more stigmatizing in their views and less supportive of the rights of people living with HIV/AIDS are more apt than others to say that HIV/AIDS can be cured.

a) Transmission and Diagnosis of HIV/AIDS

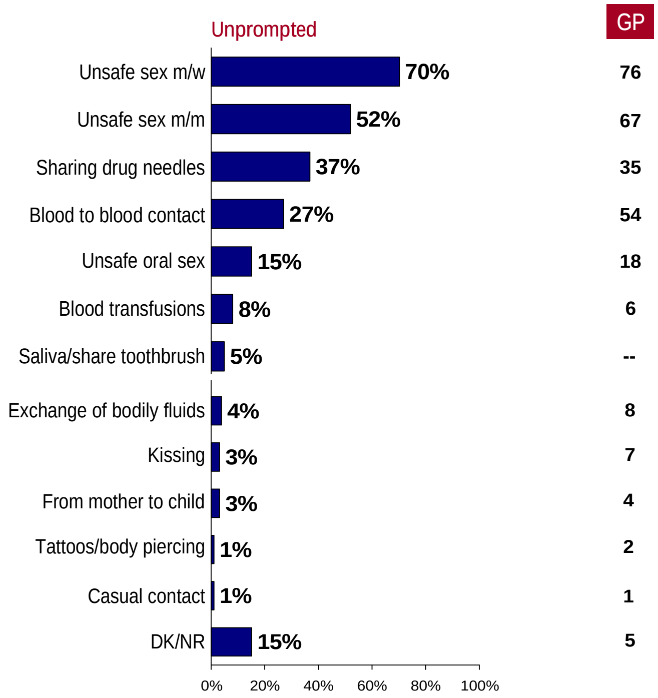
Seven in ten Inuit answer without prompting that the HIV virus is spread through unsafe sexual intercourse between a man and a woman, or between a man and a man. Important minorities also report that blood to blood contact (i.e., an open wound) and sharing drug needles are ways to transmit the virus, while unsafe oral sex is only mentioned as a risk factor by a small minority of Inuit, as is also the case with the general public. Unsafe sex between men, or between men and women, and blood to blood contact are cited somewhat less often among Inuit, compared with the general public. When prompted, however, strong majorities identify all of these as methods of transmission.

As with the general public, very few Inuit identify HIV as something that can be passed on from mother to child during pregnancy, or through tattoos or body piercing; yet when asked directly about each of these two possible means of transmission, again, large majorities acknowledge that it is a way that HIV is transmitted.

Although the numbers are small, when asked specifically about whether HIV can be transmitted through kissing, from mosquito bites, saliva or sharing a toothbrush, from a sneeze or cough, or from casual contact or contacts with objects such as fountains or toilets, the results show that some people continue to believe that these are indeed ways that HIV can be transmitted. In fact, when specifically asked (using a prompt) about each item roughly one in four to one in five Inuit believe that these are methods of transmission. These results are higher than found in the general public

Knowledge of HIV Transmission Methods (a)

"From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?"



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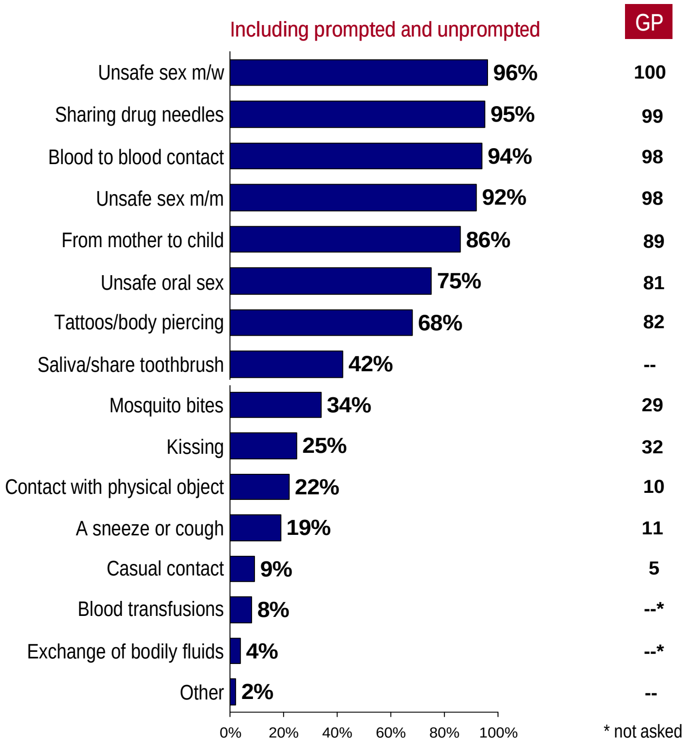
- The misconceptions that HIV/AIDS can be transmitted through mosquito bites, a sneeze or a cough, or by contact with physical objects are more prevalent among Inuit with less education. Those with less education are less apt than those with more education to cite unsafe sex between a man and a man, exchange of bodily fluid, or blood transfusions as means though which HIV can be transmitted.
- Inuit under the age of 30 are less apt than others to cite saliva or sharing a toothbrush as a means of passing HIV to another person, while those 45 years old and over are more likely to cite kissing as a risky behaviour.
- Inuit without children are more likely to cite contact with physical objects as a means of transmitting HIV.
- Inuit who are working are more likely to identify unsafe sex between a man and a man, or a man and a woman, and blood to blood contact as means of passing HIV on to another person than are those who are unemployed. Those not working are more likely to cite contact with physical objects, and casual contact than the employed are.

- Those with lower incomes are more likely than individuals with higher incomes to believe that HIV can be transmitted through contact with physical objects, but are less likely to identify unsafe sex between a man and a man as a risky behaviour.
- Those with less knowledge about HIV/AIDS are less likely than others to identify unsafe sex between a man and a man, or from mother to child during pregnancy as a means of transmission. They are, however, more likely to cite contact with physical objects, mosquito bites, or a sneeze or a cough.
- Individuals with lower levels of comfort with people living with HIV/AIDS are more apt to mention casual contact, or saliva or sharing a toothbrush as a way to contract HIV.
- Those with lower levels of stigma towards people living with HIV/AIDS are less likely to identify contact with physical objects or casual contact as ways of transmitting the disease, compared with individuals with greater stigmatizing attitudes and views.
- Inuit who are more apt to distance themselves from the disease are more likely to cite casual contact or contact with physical objects as possible ways to contract HIV.

Knowledge of HIV Transmission Methods (b)

"From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?"



Only items with 2% or more shown on slide

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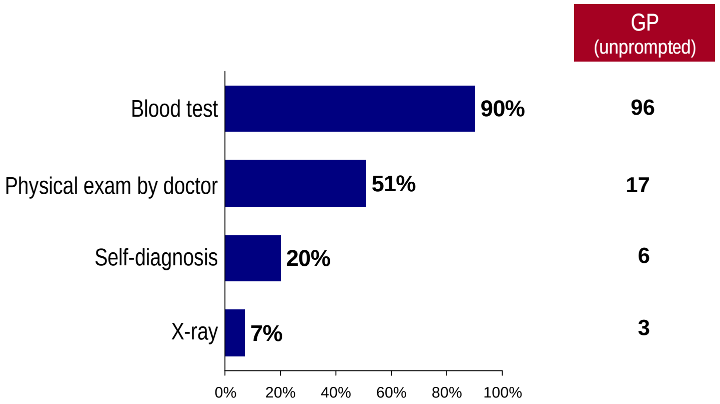
Like in the general population, an overwhelming majority of Inuit know that a blood test is a way to diagnose HIV/AIDS. On the other hand, it is important to note that Inuit are also quite likely (and three times more likely than the general population) to believe that HIV/AIDS can be diagnosed through a physical examination (51 per cent), or by self-diagnosis (20 per cent), putting Inuit at greater risk. As with the general public only a small proportion of Inuit believe that an x-ray can diagnose HIV/AIDS.

Knowledge of Testing

"As far as you know, can someone find out for certain if they have HIV/AIDS from...?"



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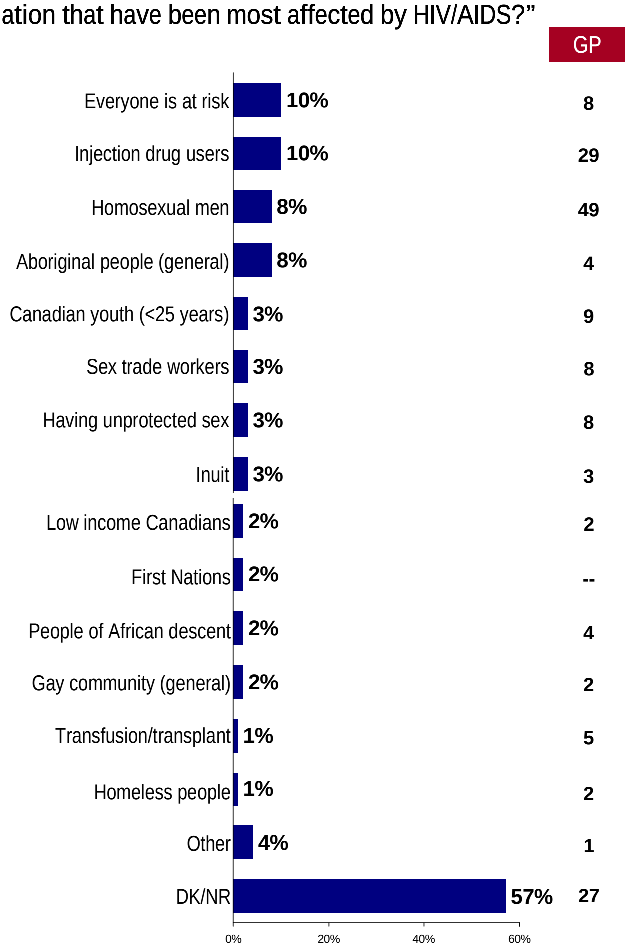
- Those Inuit with less than a high school diploma and who report low levels of household income are more likely than those with a high socio-economic status to say that HIV/AIDS can be self-diagnosed, or can be found through a physical exam or x-ray.
- Inuit who are not working are more likely to say that a physical exam can identify whether a person has HIV/AIDS, while those without children are more likely to think that self-diagnosis is a viable option.
- The belief that HIV/AIDS can be diagnosed through a physical exam, x-ray or through self-diagnosis is more prevalent among Inuit with lower levels of knowledge of and comfort with HIV/AIDS and individuals with stronger stigmatizing views and a greater tendency to distance themselves from the disease, than others. Those with less knowledge are also less likely than others to correctly identify a blood test as a way of diagnosing HIV/AIDS (although the proportion is still quite high, at 84 per cent).
- Those who are less appreciative of the rights of people living with the disease are more likely than others to identify self-diagnosis as a method through which someone can find out for certain if they have HIV/AIDS.

b) Knowledge of Groups Most Affected by HIV/AIDS

Although Inuit are likely to cite injection drug users as a group often affected by HIV/AIDS they are just as likely to say that it is a disease that affects everyone (ten per cent in each case). Gay men and Aboriginal people in general are also frequently seen as being at risk. In spite of the long list of at-risk segments cited, more than half could not identify any group as being particularly at risk for contracting HIV/AIDS.

Knowledge of Groups Most Affected by HIV/AIDS

"As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?"



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- Inuit who are 45 years old or more are more likely than others to recognize gay men as a group affected by HIV/AIDS.
- Those with more education are more likely than others to cite injection drug users, gay men, and Aboriginal people in general as groups that are particularly affected by HIV/AIDS, while those with less than a high school education are more likely than others to not be able to name any particular at-risk group (67 per cent).
- Those who are less knowledgeable about HIV/AIDS are less apt to identify Aboriginal people in general, and injection drug users as at-risk groups for HIV/AIDS. They are also more likely to not be able to identify any particular group as being at risk.

c) Knowledge Index

A summary measure was created of the items that reflect respondents' knowledge of HIV/AIDS, creating an index of Inuit knowledge regarding HIV/AIDS. The index included methods of transmitting HIV.

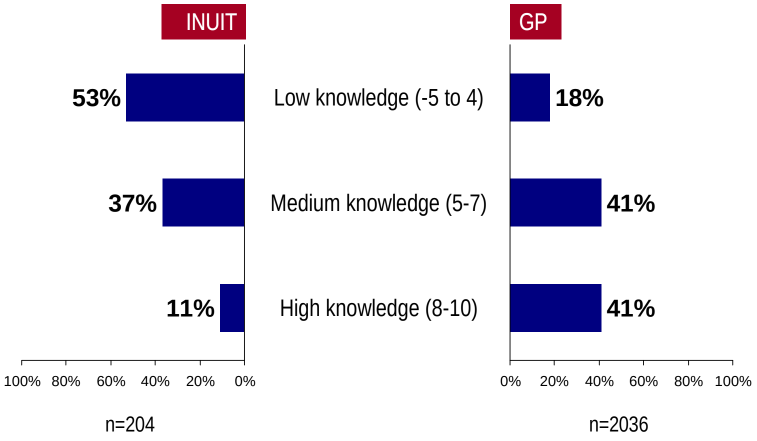
- unsafe intercourse between a man and a man;
- unsafe intercourse between a man and a woman;
- unsafe oral sex;
- sharing drug needles;
- kissing;
- tattoos/body piercing;
- contact with physical objects such as fountains or toilet seats;
- blood to blood contact, such as from an open cut;
- mosquito bites;
- casual contact such as hugging or shaking hands;
- a sneeze or cough; and,
- from mother to child during pregnancy.

It also included methods of detecting HIV (blood test; physical examination, self-diagnosis; x-ray; or other), and agreement with the statements:

- HIV/AIDS can be cured/cured if treated early; and,
- a person can have HIV for ten years or more without developing AIDS; and
- when a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.

Knowledge Index

Level of knowledge of Inuit/Canadians about HIV/AIDS



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Each correct answer earned a point and each incorrect answer deducted a point. The scores were then summed up and categorized based on a seven-point range (to line up with a seven-point scale), which was then collapsed into high, medium and low levels of knowledge. The overall results indicate 53 per cent with low levels of knowledge, 37 per cent with moderate knowledge and 11 per cent with high levels of knowledge. The results among the Inuit population are very different than that of the general public, where 18 per cent have low levels of knowledge, 41 per cent have moderate levels, and 41 per cent have high levels.

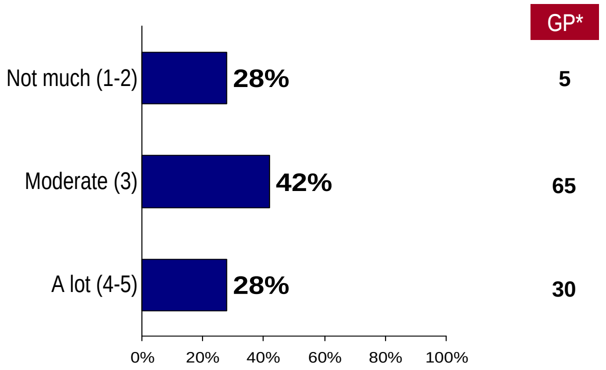
- As might be expected, knowledge increases with education, and with income. A similar relationship exists between knowledge and employment (with those employed scoring higher).
- Inuit who are parents score higher than those without children.

d) Personal Perception of Knowledge (Self-Rated)

Irrespective of what they actually do know, almost half of Inuit (42 per cent) believe that they are moderately knowledgeable about HIV/AIDS. On the other hand, there is a sizable portion of the population (28 per cent) that recognize that they know very little about the disease (which is significantly higher than in the general public where very few people realize that they know little about the disease). This suggests a greater openness to learning about HIV/AIDS in the Inuit population than can be found in the general public.

Self-Rated Knowledge

"How much would you say you know about HIV/AIDS?"



*For the general population, the scale was "Not knowledgeable", "Moderately knowledgeable", and "Knowledgeable".

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Comparing perceived knowledge with actual knowledge levels (as measured by our Knowledge Index) shows that:

- Of those with low levels of knowledge about HIV/AIDS, 18 per cent think they know a lot about HIV/AIDS (which is less than the one in four found in the general public with low actual knowledge levels);
- Of those with moderate actual knowledge levels about the disease, 33 per cent think they are well informed (about the same as the 28 per cent of the general public with moderate actual knowledge levels);
- Inuit who are more likely to have low levels of knowledge include those without children, those who are unemployed, those with less than a high school education, and those with the least household income; and,

- Finally, of those who actually do know a lot about HIV/AIDS (only 11 per cent overall), just over half (59 per cent) of this group say they know a lot about the disease (which is better than the one-third of the general public with high actual knowledge levels).
- Those who are not working are more likely than those who are employed to admit that they do not know much about HIV/AIDS (43 per cent).

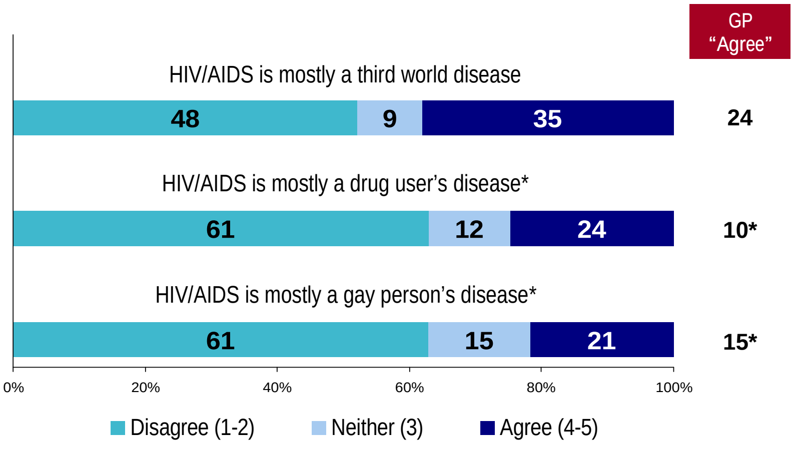
4.2 Distancing, Risk, and Treatment for HIV/AIDS

a) Distancing from HIV/AIDS

Thirty-five per cent of Inuit agree that “HIV/AIDS is mostly a third world disease”. Fewer still believe that it is mostly a gay person’s disease or a drug user’s disease. In each instance, Inuit are more likely to agree than the general public, which may suggest a greater tendency to distance oneself from the disease.

A Disease Belonging to Others

“Agreement with:”



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n=204; * half sample

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- Those who are not working, and who have less education and income are more likely than their counterparts to agree that HIV/AIDS is mostly a drug user’s disease. This is also true of people with less knowledge, individuals who are more apt to distance themselves from the disease, and those who possess more stigmatizing views and are less respectful of the rights of people living with HIV/AIDS.

- Inuit with less education are more likely to agree that HIV/AIDS is a gay person's disease. This is also true of those who are less comfortable, hold more stigmatizing views about people living with HIV/AIDS and individuals who are more apt to distance themselves from the disease.
- Those without children, and individuals with less education and income are more likely than others to report that it is mostly a third world disease.
- Those with higher levels of comfort regarding HIV/AIDS, higher levels of stigma, less appreciation for the rights of people living with HIV/AIDS and who are more apt to distance themselves from the disease are less apt to believe that HIV/AIDS is a third world disease (compared with their counterparts). Those with less knowledge are more likely to share the opposite view.

b) Distancing Index

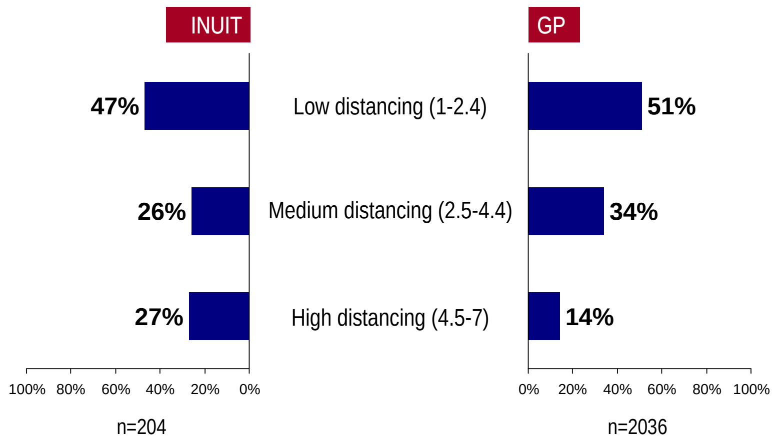
Another summary measure was created to reflect the extent to which respondents see HIV/AIDS as a disease affecting others, or very specific groups, and not a disease that is of concern to themselves or to the general public in Canada. The index includes an agreement with the following:

- HIV/AIDS is mostly a gay person's disease;
- HIV/AIDS is mostly a drug user's disease; and,
- HIV/AIDS is mostly a third world disease.

Each correct answer earned a point and each incorrect answer led to a reduction of a point. Scores were placed on a seven-point range and then collapsed into a high, medium and low likelihood of distancing themselves from HIV/AIDS, rather than seeing it as a disease that could affect anyone at any time. Based on this score, results were then collapsed onto a seven-point range and then further collapsed into low, medium and high. Forty-seven per cent of Inuit scored low and do not tend to distance themselves from HIV/AIDS as a disease that only happens to others (compared with 51 per cent in the general public). Another one in four distance themselves to a moderate degree (compared with 34 per cent of the general public), and the remaining 27 per cent distance themselves to a large degree (versus 14 per cent of the general public), likely seeing HIV/AIDS as a disease that only happens to others and does not touch their own lives.

Distancing Index

Extent to which Inuit/Canadians distance themselves from HIV/AIDS



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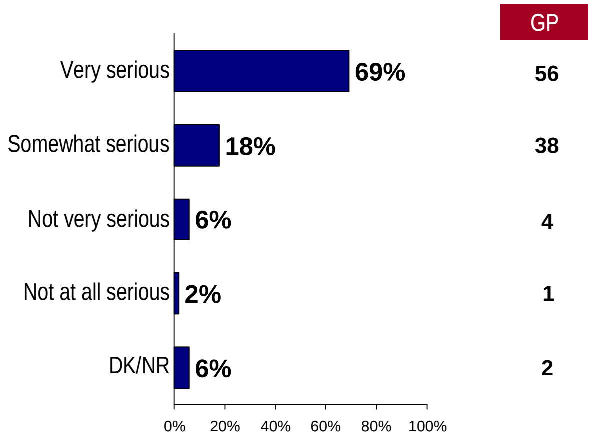
- Younger Inuit (those below the age of 30) are more likely to distance themselves from HIV/AIDS, compared with their older counterparts.
- Inuit parents and the employed are less likely than others to distance themselves from HIV/AIDS.
- As in the general population, Inuit distance themselves less and less from HIV/AIDS as education and income increases.

c) Perception of HIV/AIDS as a Serious Problem

A majority of Inuit (87 per cent) believe that HIV/AIDS is still a somewhat or very serious problem. In fact, 69 per cent believe it to be a very serious problem in Canada today that is significantly higher than found in the general public.

General Perception of Risk

"Do you think that HIV/AIDS is a ... problem in Canada today?"



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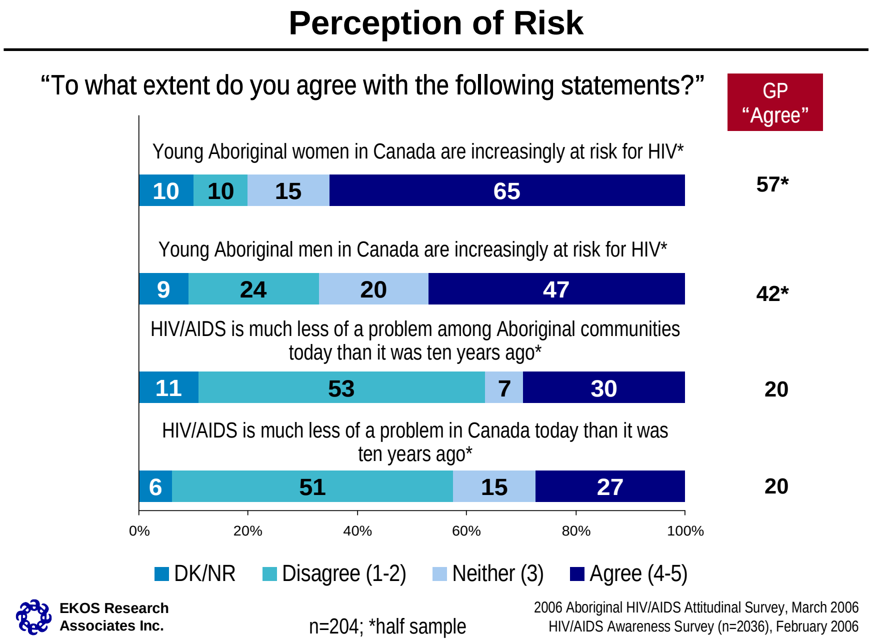
- Inuit who are more apt to see HIV/AIDS as a very serious problem typically have more education and income and are over-represented in Nunavut. Those less apt to see it as an issue are Inuit youth.

d) Perception of Risk

Fifty-one per cent of Inuit disagree that HIV/AIDS is much less of a problem in Canada today than it was ten years ago; about one in four agree (which is higher than the 20 per cent found in the general public), and 15 per cent are neutral.

When asked whether HIIV/AIDS is much less of a problem among Aboriginal communities today compared to ten years ago, just over half of Inuit disagree and 30 per cent agree. At the same time, like in the general population, a strong majority (87 per cent) believe that HIV/AIDS is still a somewhat or very serious problem in Canada today.

Aboriginal youth are recognized as a segment that is increasingly affected by HIV/AIDS, according to many Inuit. Over two-thirds (65 per cent) of Inuit believe that young Aboriginal women are increasingly affected by HIV/AIDS, whereas significantly fewer (47 per cent) believe this to be true for young Aboriginal men.


Perception of Risk

n=204; *half sample

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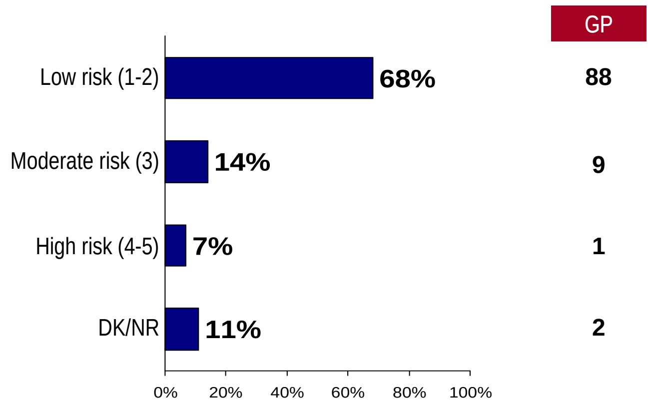
- Inuit with more education are more likely than those with less education to disagree with the view that HIV/AIDS is a problem that has diminished in importance in Canada over the past ten years.
- Those with more education, and who are more respectful of the rights of those living with HIV/AIDS are also more likely than others to disagree with the view that HIV/AIDS is a problem that has diminished in importance among Aboriginal Communities in Canada over the past ten years. Those who are less comfortable with people who are living with the disease are more likely to agree with this statement.
- Inuit who are less comfortable with people living with HIV/AIDS are less likely to agree that young Aboriginal women in Canada are increasingly affected by HIV/AIDS.
- Inuit men are more likely than Inuit women to disagree that young Aboriginal men in Canada are increasingly affected by HIV/AIDS.

As is the case in the general public, Inuit tend to distance themselves from HIV/AIDS (68 per cent say that they are at low risk of contracting the virus), although to a much lesser degree than the general population (88 per cent). Very few perceive themselves to be at even a moderate risk of contracting the disease (although the proportion is quite a bit higher than found in the general public), while even fewer see themselves in a high risk category.

Perception of Personal Risk

“How would you rate your own personal risk of contracting HIV?”



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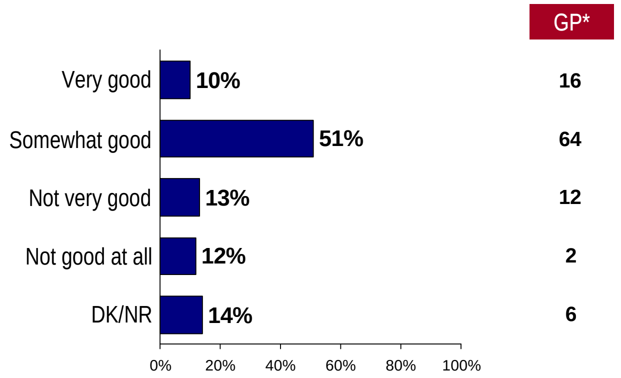
- Inuit youth are much less likely than other age cohorts to identify themselves as being at low risk of contracting HIV (55 per cent).
- Those 45 years old or over are more likely than their younger counterparts to say they are at a low risk, as are the employed and those with more education, compared with their counterparts.
- On the other hand, those without children and individuals with the least household income (less than $30,000) – both of which are strongly related to age and linked to youth - are more likely than others to say they are at high risk.
- About half of those who believe themselves to be at low risk of contracting HIV say that this is because they are married or only have one partner. Other reasons include not being sexually active, not using drugs, saying that their partner(s) does not have HIV, or that they always use a condom. Nineteen per cent could not give an answer as to why their personal risk of contracting HIV is low.

e) Perceived Effectiveness of Treatments for HIV/AIDS

The majority of Inuit believe HIV/AIDS treatments are somewhat or very effective in helping people with the disease lead normal lives, but to a much smaller extent than in the general population; 61 per cent of Inuit believe treatments are effective, compared to 80 per cent of the general population who believe the same. One-quarter of Inuit believe they are not very or not at all effective, and 14 per cent could not give an answer.

Perceptions Regarding HIV/AIDS Treatments

"How good do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are…"



*For the general population, the scale was "Very effective", "Somewhat effective", "Not very effective" and "Not at all effective".

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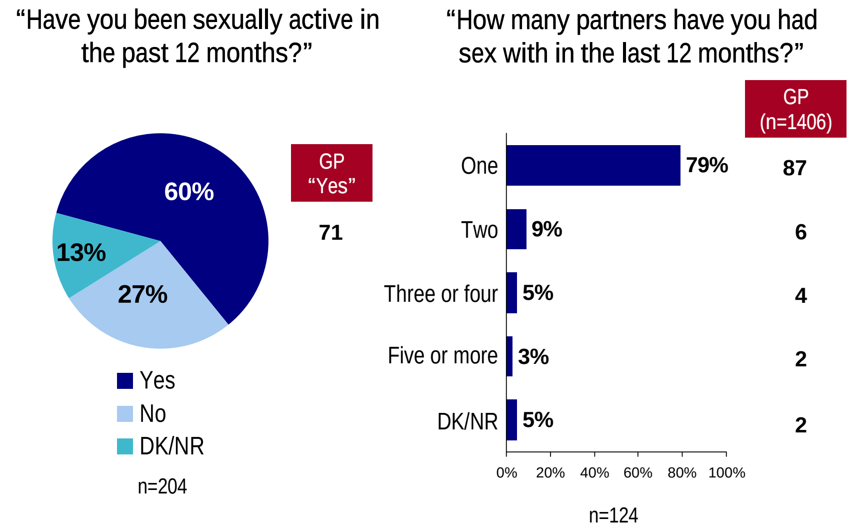
- Those with more education are more likely to say that HIV/AIDS treatments are effective.

4.3 SEXUAL BEHAVIOUR

Just over half (60 per cent) of Inuit report being sexually active in the past 12 months (compared to 71 per cent in the general population). Of those who are sexually active, about eight in ten report having only one partner, and 16 per cent report having engaged in sexual activity with two or more partners. While the proportion of Inuit who are sexually active is lower than in the general population, the proportion of sexually active Inuit reporting multiple partners is in the same range as that reported by the general public.

Sexual Behaviour



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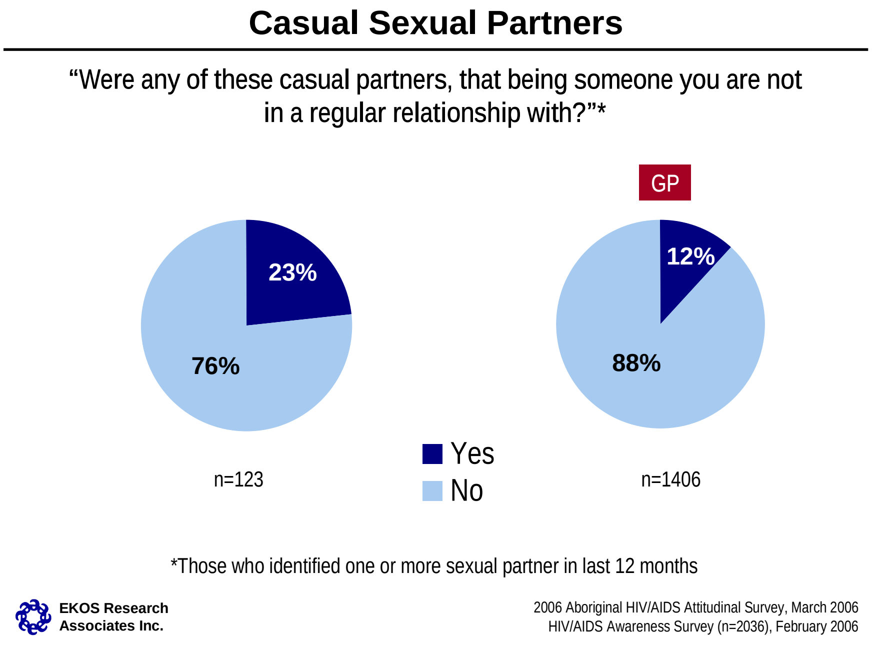
- As might be expected, there is a strong relationship between sexual activity and age, with older Inuit (those 45 years old and over) and younger Inuit (those under the age of 30) saying that they are less likely to be sexually active (54 per cent and 53 per cent respectively). Seventy-two per cent of those between the ages of 30-44 were sexually active in the past year.
- Those who are working, those with children, and those with more education and income (all linked to age) are more likely to have been sexually active in the last twelve months than their counterparts.
- As in the general public, Inuit youth who are sexually active are more likely to have multiple partners than their older counterparts. Those with children and who are working are more likely to have only one sexual partner.


Casual Sexual Partners

"Were any of these casual partners, that being someone you are not in a regular relationship with?"*

*Those who identified one or more sexual partner in last 12 months

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4.4 HIV/AIDS-RELATED STIGMA

a) Stigma

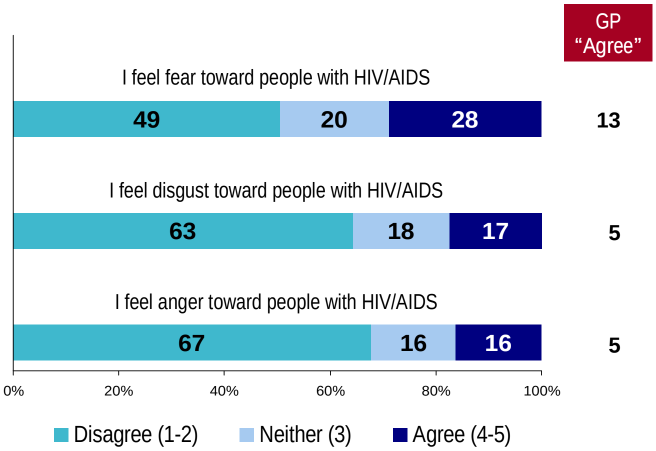
Stigma refers to unfavourable attitudes and beliefs directed toward someone or something. HIV/AIDS-related stigma can be measured in a number of ways. The first measures presented here involve negative feelings towards people living with HIV/AIDS.

Although Inuit demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, most do not hold strong negative feelings towards those infected, which is consistent with their tendency to support people living with HIV/AIDS. Most people report feeling no anger towards people living with HIV/AIDS (67 per cent feel no anger and 16 per cent say that they do), or disgust towards people living with HIV/AIDS (63 per cent feel no disgust and 17 per cent do). On the other hand, only half of Inuit report feeling no fear of people living with HIV/AIDS (49 per cent), and over one-quarter report that they do experience fear of people living with HIV/AIDS.

There are significant differences in comparison with the broader Canadian public on this point. In particular, Inuit are considerably more likely to report fear of people living with this disease (49 per cent feel no fear, compared to 76 per cent of the general public).

Stigma Toward People with HIV/AIDS (a)

"To what extent do you agree with the following statements?"



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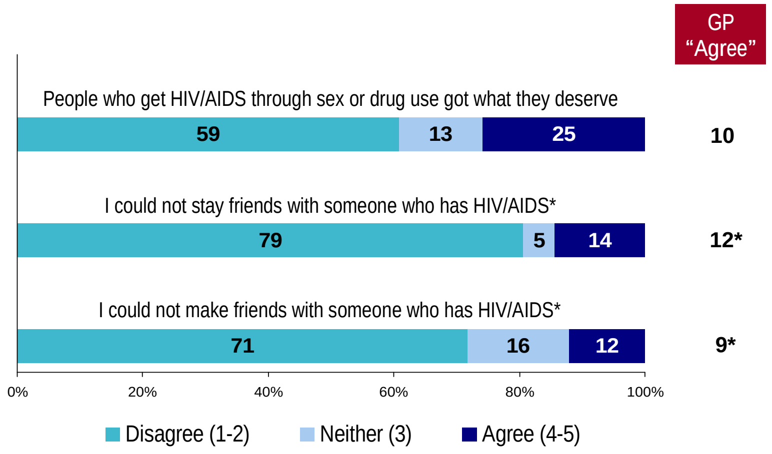
- Inuit with no children are more likely than parents to feel anger and disgust towards people with HIV/AIDS.
- Those with the least education (less than high school) are more apt than those with more education to feel strong negative emotions (anger, fear and disgust) towards people with HIV/AIDS.
- The proportion of Inuit expressing anger, fear or disgust towards people living with HIV/AIDS declines as their level of comfort with HIV/AIDS and as their level of knowledge on the topic increases. Similarly, those who express greater appreciation for the rights of people living with HIV/AIDS are less apt to express strong negative emotions (fear, anger, disgust).
- Conversely, those who typically distance themselves from HIV/AIDS (as a disease that only happens to others), and those who are more likely to stigmatize people living with HIV/AIDS are also more likely to feel anger, fear and disgust towards people living with this disease.

Another way of measuring HIV/AIDS-related stigma is to understand how Inuit would deal with friendship with someone living with HIV/AIDS. Again, few hold stigmatizing views, although just over one in ten Inuit agree that they could not become (12 per cent) or remain (14 per cent) friends with someone with HIV/AIDS. And, fully one-quarter feel that people who get HIV/AIDS through sex or drug use have gotten what they deserve.

Inuit are more likely than the general public to feel that people who have contracted HIV/AIDS through sex or drug use have gotten what they deserve, and are less apt to believe that they could become friends with someone living with HIV/AIDS.

Tolerance of People Living with HIV/AIDS

"To what extent do you agree with the following statements?"



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n=204; *half sample

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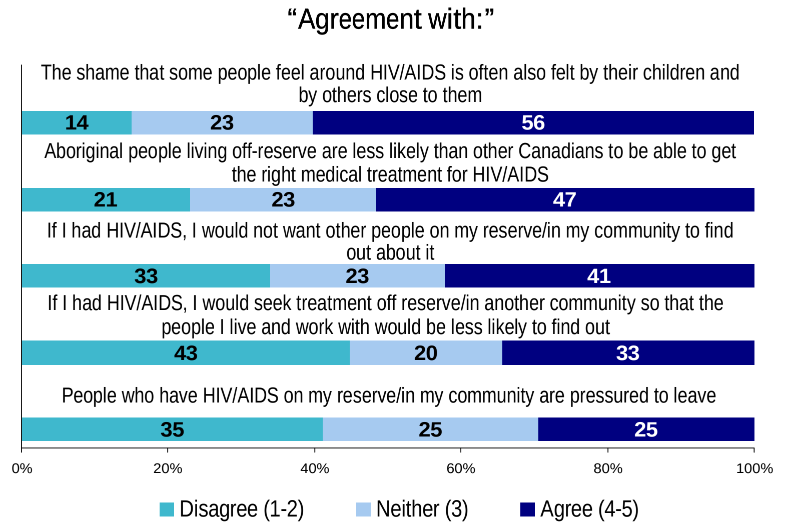
- Youth (under 30) are more likely than those who are older to believe that people who became infected through sex or drug use got what they deserved.
- Individuals with the least education (less than high school) are more apt than their more educated counterparts to feel that they could not remain friends with someone with HIV/AIDS, and that people who became infected through sex or drug use got what they deserved.
- Individuals who are least likely to stigmatize people living with HIV/AIDS are far more likely to say that they could remain or become friends with someone with HIV/AIDS, and are less apt to feel that people who became infected through sex or drug use got what they deserved. The same is true of Inuit who are least likely to view HIV/AIDS as a disease that only happens to others.
- Those with the least knowledge on the topic of HIV/AIDS are more apt to feel that they could not remain friends with someone with HIV/AIDS.
- Individuals who are more comfortable with people living with HIV/AIDS are far less likely to believe that people who became infected through sex or drug use got what they deserved. The same is true of those more supportive of the rights of people living with HIV/AIDS.

b) Stigma in Aboriginal Communities

There is appreciation among Inuit for the potential for stigma related to HIV/AIDS. Over half (56 per cent) of Inuit agree that the shame felt by some people living with HIV/AIDS is often also felt by their children or others close to them. Four in ten agree that if they were diagnosed with HIV/AIDS they would not want others in their community or on their reserve to know (41 per cent), and one-third would seek treatment off-reserve or outside their community to reduce the chance that others find out (33 per cent). One-quarter agree that people living with HIV/AIDS are pressured to leave the community or reserve.

Many Inuit believe that they do not receive the same quality of medical treatment for HIV/AIDS as other Canadians do: close to half (47 per cent) believe that Aboriginal people living off-reserve are less likely to receive the right medical treatment for HIV/AIDS.

Stigma Toward People with HIV/AIDS (b)



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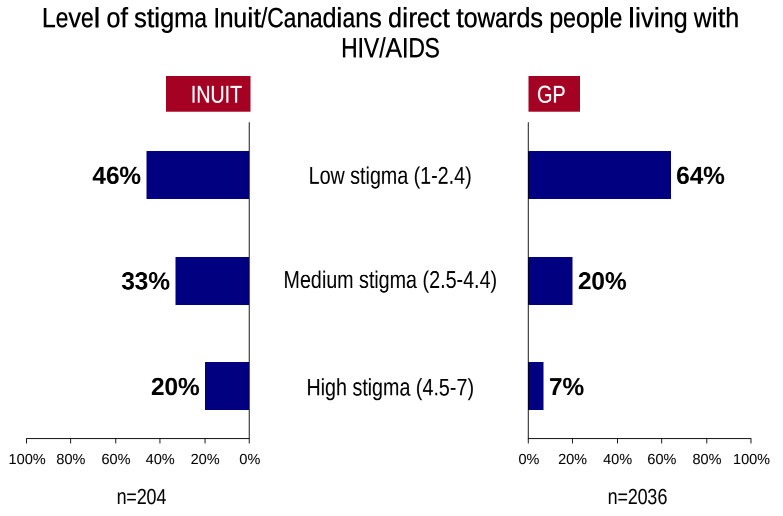
- Inuit with the least education are more likely than their more educated counterparts to agree that people with HIV/AIDS are pressured to leave their community, and that Aboriginal people off-reserve receive substandard treatment for HIV/AIDS.
- Those from Nunavut are less likely to agree that they would not want others in their community to know if they contracted HIV/AIDS, or that they would leave their community to obtain treatment.
- Those most likely to distance themselves from HIV/AIDS (as a disease that only happens to others), and those with the most stigmatizing attitudes towards people with HIV/AIDS are more

apt to agree that people with HIV/AIDS are pressured to leave their community, and that Aboriginal people off-reserve receive substandard treatment for HIV/AIDS.

c) Stigma Index

Several variables were combined to create a summary or index measuring the level of stigma Inuit direct towards people living with HIV/AIDS. These variables include the extent to which Inuit feel that they could become or remain friends with someone with HIV/AIDS, agreement that people who contract HIV/AIDS through sex or drug use got what they deserve and that people living with HIV/AIDS have only themselves to blame, and the extent to which Inuit feel fear of people living with HIV/AIDS[29]. Results of this summary show that less than half of Inuit typically do not hold stigmatizing views of people living with HIV/AIDS (46 per cent), although one-third do to a moderate degree, and another 20 per cent exhibit a high level of stigma. Inuit more often demonstrate a high level of stigma towards people living with HIV/AIDS than is the case in the general public.

Stigma Index



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- Parents are more likely than those without children to hold low levels of stigmatizing attitudes towards people living with HIV/AIDS.
- Inuit with the least education (less than high school) are more apt than those with more education to hold high levels of stigmatizing attitudes towards people living with HIV/AIDS.

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[29] This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways.

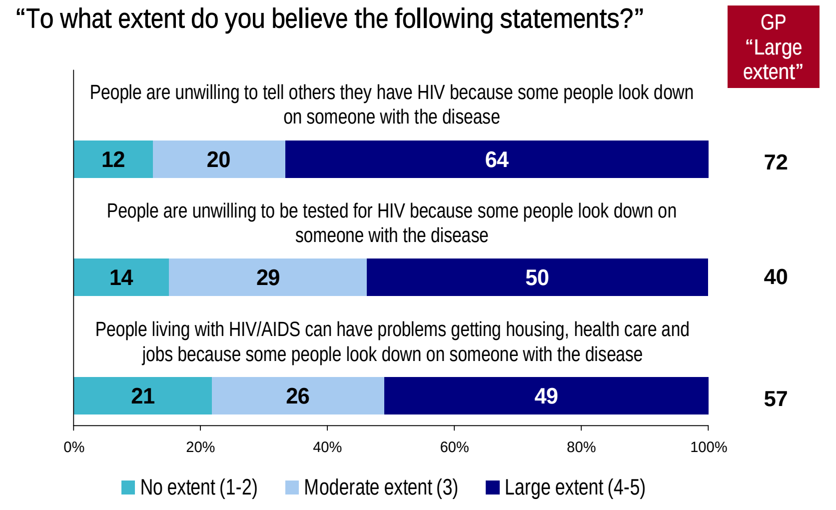
- The extent to which Inuit demonstrate stigmatizing attitudes towards people living with HIV/AIDS decreases with income.
- The level of stigma demonstrated declines with knowledge, comfort levels, with the level of appreciation for the rights of those living with HIV/AIDS, and increases with the likelihood that HIV/AIDS is seen as a disease that only happens to others.

d) Perceived Repercussions of HIV/AIDS-Related Stigma

Inuit appreciate that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS. Close to two-thirds of Inuit (64 per cent) believe that people would be unwilling to tell others they have HIV/AIDS because of the stigma associated with this disease. About half (49 per cent) believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment, and half agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease.

Inuit are more likely than the general public to agree that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment as a result of the stigma associated with this disease. They are less likely, however, to believe that people with HIV/AIDS are unwilling to be tested or to tell others of their condition. This is perhaps surprising, given that they demonstrate less tolerance towards people living with HIV/AIDS, and are less supportive of their rights.

Perceived Repercussions of Stigma Associated with HIV/AIDS



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4.5 HIV/AIDS-RELATED DISCRIMINATION

a) Rights of People Living with HIV/AIDS

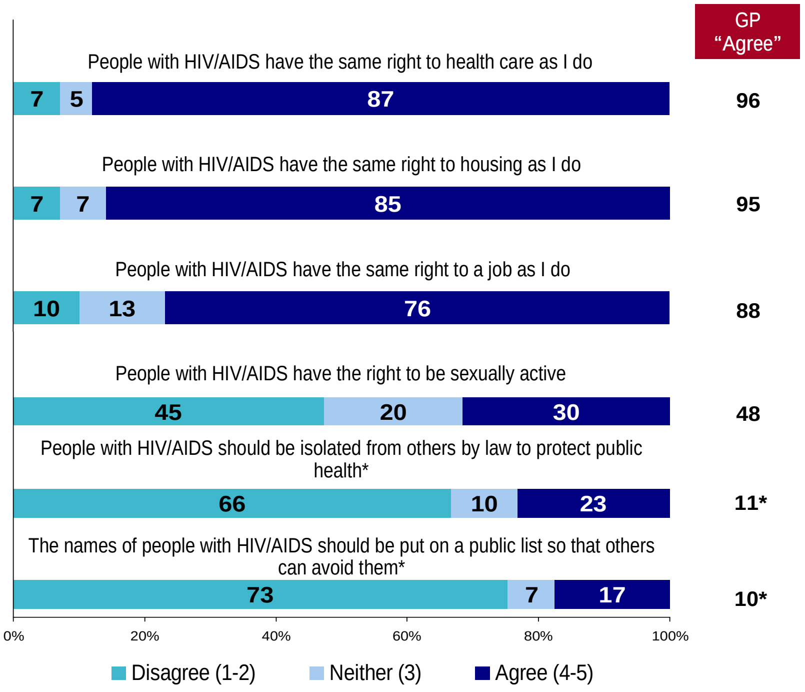
Discrimination is defined as the treatment of an individual or group with partiality or prejudice. Virtually all Inuit surveyed (87 per cent) believes that people living with HIV/AIDS have the same right to health care as they do, and a similar number (85 per cent) believe that they have the same right to housing. Most (76 per cent) also believe that people living with HIV/AIDS have the same right to employment as they do, which stands in contrast to the fact that many do not believe that those living with HIV/AIDS should be able to serve the public in positions such as dentists, and that a large proportion would feel uncomfortable working with someone with HIV/AIDS (as is also the case with the general public, however, the contrast is less pronounced). So, while Inuit are supportive of the rights of people living with HIV/AIDS to employment in theory; they do not necessarily want to come into contact with them.

Over two in ten Inuit (23 per cent) believe that people living with HIV/AIDS should be legally quarantined from others to protect public health, while 17 per cent agree that the names of people with HIV/AIDS should be made public so that others can avoid them. Inuit tend to believe that persons living with HIV/AIDS should **not** have the right to be sexually active (45 per cent feel that they should not have this right and 30 per cent believe that they should).

Although generally supportive, Inuit are far less unanimous in their support of the rights of people living with HIV/AIDS than the general public. Inuit are less supportive of all rights tested (to employment, health care, housing, and to be sexually active), and are more apt to agree that people living with HIV/AIDS should be quarantined or their names made public so that others can avoid them.

Rights

"To what extent do you agree with the following statements?"



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n=204; *half sample

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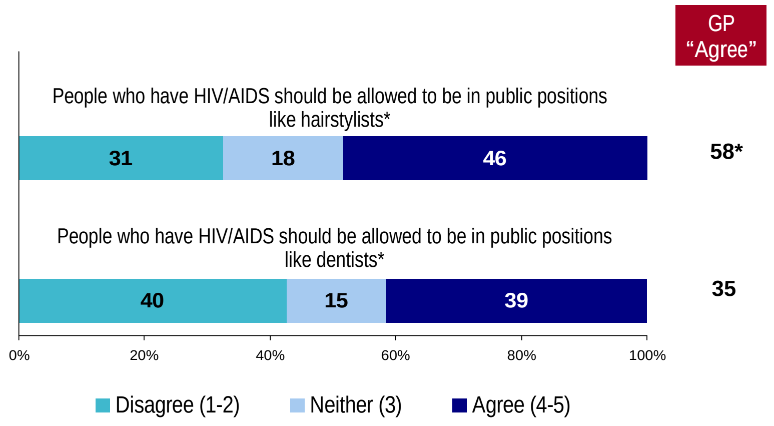
- The least educated (with less than high school) are more apt to agree that people with HIV/AIDS should be isolated and publicly identified to protect the public, while those with more education are more supportive of the rights of people with HIV/AIDS to health care and housing. Those with more education (high school diploma or greater) are far more likely to receive low scores on the discrimination index.
- Those currently working and women are also more likely than others to receive low scores on the discrimination index.
- The proportion of Inuit receiving a low score on the discrimination index increases with household income.
- Individuals least likely to demonstrate stigmatizing attitudes are more apt to support the right of people with HIV/AIDS to employment, health care and housing, and are less likely to agree that people with HIV/AIDS should be quarantined or publicly identified to protect the public. They are also far more likely to receive low scores on the discrimination index.

- Individuals least likely to distance themselves from HIV/AIDS are also more apt to support the right of people with HIV/AIDS to employment and health care, and are more likely to receive low scores on the discrimination index.
- Those with low levels of comfort with people living with HIV/AIDS are less supportive of the rights of people living with HIV/AIDS to housing or to be sexually active, and are more likely to agree that people with HIV/AIDS should be quarantined to protect the public. These individuals are also more apt to have high scores on the discrimination index.

Inuit are less likely than the general public to agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists: less than half (46 per cent) agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists and 39 per cent agree that people with HIV/AIDS should be permitted to work in positions such as dentists. These results suggest that at least some Inuit may not be completely as comfortable as earlier results might suggest with people living with HIV/AIDS in the community.

Service in Public Positions

"To what extent do you agree with the following statements?"



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n=204; *half sample

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- Women are more apt than men to agree that people with HIV/AIDS should be allowed to serve the public as hairstylists.

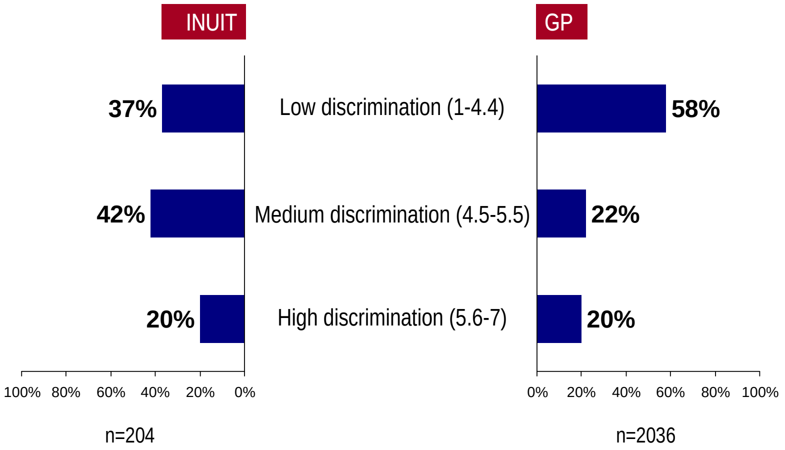
4.6 DISCRIMINATION INDEX

Several of these variables (the rights of people living with HIV/AIDS to employment or to be sexually active, whether they should be quarantined or their names made public) were combined to create a discrimination index measuring the extent to which Inuit believe (or do not believe) that people living with HIV/AIDS should have their rights protected (or be isolated or segregated from the rest of the population). Those with high scores on this discrimination index believe that people with HIV/AIDS should be segregated and their rights limited, while those with low scores are more supportive of the rights of people living with HIV/AIDS[30]. Based on this index, 20 per cent of Inuit score high and do not believe in supporting the rights of people living with HIV/AIDS, and 42 per cent receive moderate scores. Over one-third (37 per cent) sit at the low end of the index and are supportive of the rights of people living with HIV/AIDS. Compared with the "stigma index" presented earlier in this chapter (which reflects a degree of acceptance of someone with HIV/AIDS), the discrimination index reflects the degree to which people are concerned about the rights of people living with HIV/AIDS. While the indices are answered similarly by many people, they do focus on different elements of discrimination.

Inuit are less likely than the general public to have a low score on this index (37 per cent do, compared to 58 per cent of the broader Canadian population) and are more apt to have moderate scores (42 per cent do, compared to 22 per cent of the general public). There is no difference, however, in the proportion who score at the high end of the index.

Discrimination Index

Level of discrimination Inuit/Canadians believe (or do not believe) that people living with HIV/AIDS should have their rights protected



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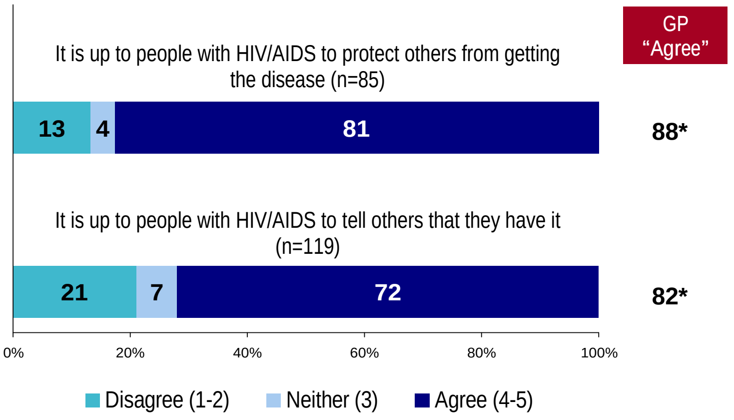
[30] The direction of the Discrimination Index is opposite compared to other indices. Low values of the index represent highly discriminatory views while high values of the index represent low discrimination.

a) Responsibilities of People Living with HIV/AIDS

Most Inuit (81 per cent) believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease. They also believe that they have a responsibility to tell others that they have it (72 per cent). Inuit are less likely, however, to agree with these statements when compared to the general Canadian public.

Responsibility of People with HIV/AIDS

"To what extent do you agree with the following statements?"



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*half sample

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- Youth (under 30) are less likely than their elders to believe that those with HIV/AIDS have a responsibility to tell others of their condition.
- Women are more apt than men to agree that those with HIV/AIDS have a responsibility to tell others of their condition.

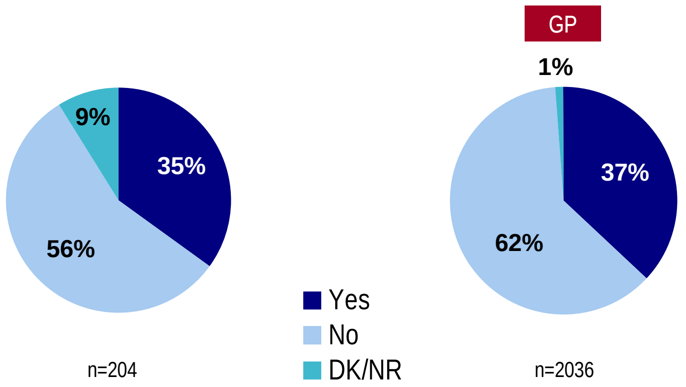
4.7 COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

a) Personal Experience with HIV/AIDS

Just slightly over one-third of Inuit know or have known someone with HIV/AIDS (35 per cent). This is virtually identical to the proportion of Canadians overall (37 per cent) who know or have known someone with HIV/AIDS.

Personal Experience (a)

"To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?"



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- Inuit who are working are much more likely than those who are not employed to know or have known someone with HIV/AIDS.

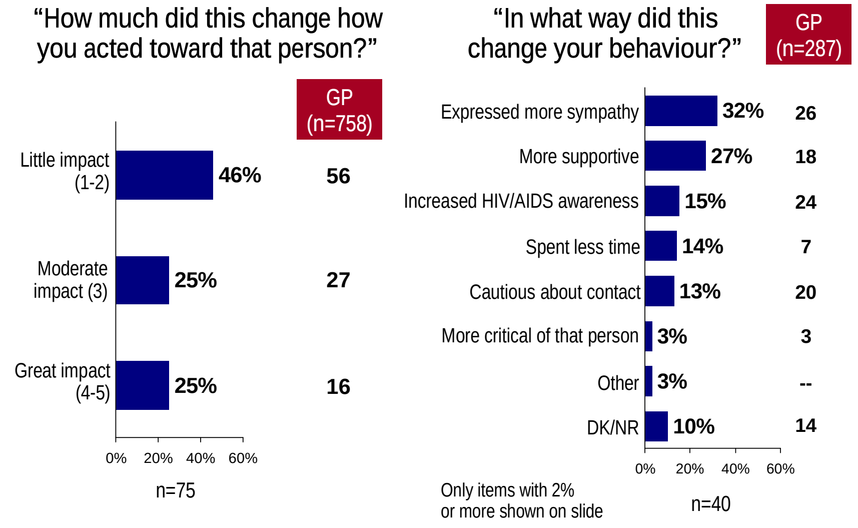
Close to half of the Inuit who know or have known someone with HIV/AIDS (46 per cent) believe that knowing this had little or no impact on their behaviour towards this person. On the other hand one-quarter believe that it had a moderate impact and the same number (25 per cent) point to a great impact on their behaviour.

Inuit are more likely than Canadians overall to indicate that the discovery that someone they knew was living with HIV/AIDS had a significant impact on their behaviour towards that person.

In terms of the specific direction of the change, most reported impacts are positive in nature. One in three say that they became more sympathetic towards that person (32 per cent), 27 per cent are more supportive of the individual in question, and 15 per cent say that their awareness or understanding of HIV/AIDS grew. A minority have become more cautious about casual contact with that person (13 per cent) or spent less time with that person (14 per cent).

Results are similar to those obtained within the overall Canadian population, although Inuit are less likely to report an increase in awareness or greater caution with respect to casual contact, and are more apt to indicate that they have become more supportive of that person or that they spent less time with them.

Personal Experience (b)



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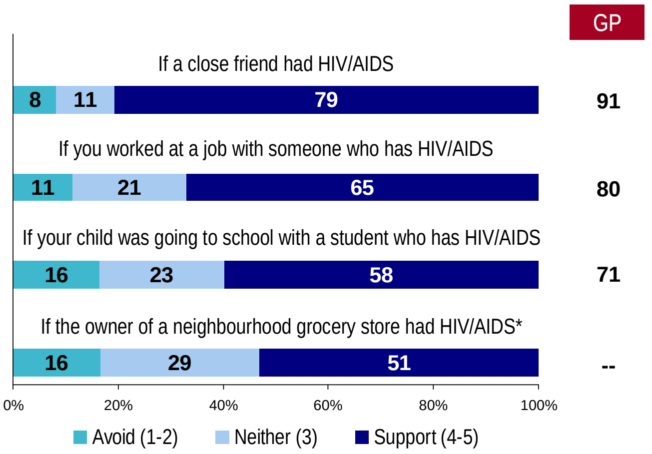
b) Support for People Living with HIV/AIDS

Although Inuit believe that they would be supportive of someone with HIV/AIDS, this support weakens in more distant relationships, and where a child is involved. More Inuit believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS (79 per cent would support a close friend in this situation), which is higher than the support reported for a co-worker (65 per cent), a student attending the same school as their own child (58 per cent would be supportive in this instance), or the owner of a neighbourhood grocery store (51 per cent). Close to one in ten would actively avoid a close friend or co-worker with HIV/AIDS (eight and 11 per cent respectively), and 16 per cent would actively avoid a student in their child's school with HIV/AIDS.

Inuit are less apt to be supportive of an individual in each of these situations than are Canadians overall (e.g., 80 per cent of Canadians would support a co-worker diagnosed with HIV/AIDS, compared with 65 per cent of Inuit), although the hierarchy of support according to the closeness of the relationship (decreasing support in more distant relationships) is the same.

Support of People with HIV/AIDS

"How would you react ...?"



* not asked

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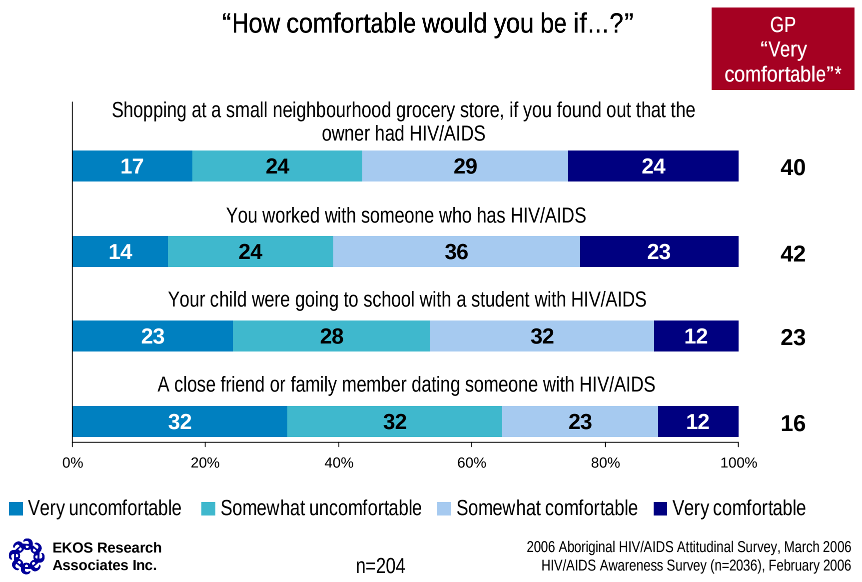
- Those aged 30 to 44 are more likely (than those who are younger or older) to be supportive of a co-worker or a student in their child's school with HIV/AIDS. This age group is also more likely to be supportive of the owner of a neighbourhood grocery store who is living with HIV/AIDS.

- Those who are presently working (and also more likely to fall into the 30 to 44 age group) are also more apt to be supportive of a co-worker or a student in their child's school living with HIV/AIDS.
- Those with more education (high school diploma or higher) are also more apt to be supportive of a co-worker or a student in their child's school living with HIV/AIDS.
- Inuit who are more comfortable with people living with HIV/AIDS, those less likely to see HIV/AIDS as a disease that only happens to others, those with fewer stigmatizing attitudes, and those with a greater appreciation for the rights of people living with HIV/AIDS are all more supportive than others.

c) Comfort with People Living with HIV/AIDS

Close to two-thirds of Inuit would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS (64 per cent). Inuit have similar levels of discomfort with the idea of a close friend or family member dating someone with HIV/AIDS as found among the general public (64 per cent are uncomfortable compared to 56 per cent of the general public).

Levels of Comfort



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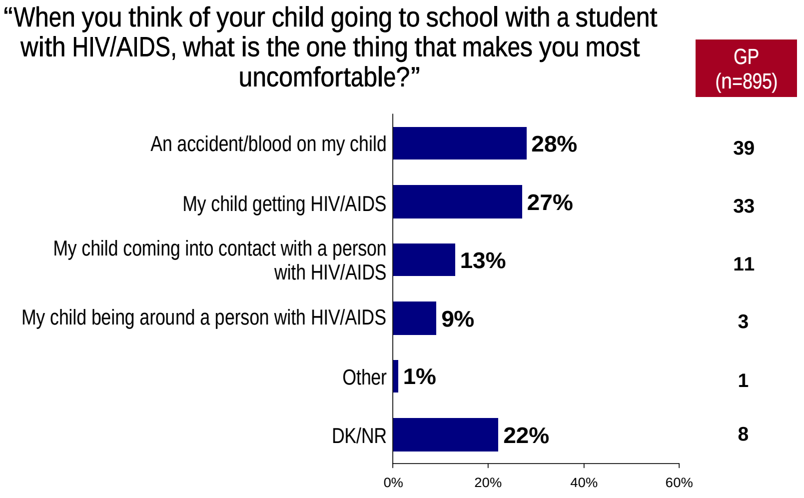
- Inuit women, those aged 30 to 44, and those with more education (high school diploma or higher) are all more likely to feel comfortable with a close friend or family member dating someone with HIV/AIDS.

- Inuit with the lowest knowledge levels, and those who are least comfortable with people living with HIV/AIDS are more likely to feel uncomfortable with this scenario.
- Those least likely to stigmatize people living with HIV/AIDS, and individuals who are supportive of the rights of people living with HIV/AIDS are more apt to feel comfortable in this situation.

In terms of a rationale for discomfort, most Inuit who feel somewhat or very uncomfortable with their child attending a school where a student has HIV/AIDS are most concerned about an accident where their child comes into contact with the blood of the infected student (28 per cent), followed by the possibility that their child could contract HIV/AIDS (27 per cent). Another 13 and nine per cent are most concerned about their child associating with the 'type of person' who has HIV/AIDS. Results are fairly similar in the general public.

Rationale for Intolerance (a)


"When you think of your child going to school with a student with HIV/AIDS, what is the one thing that makes you most uncomfortable?"

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- Inuit women are more likely than men to identify the fatal nature of the disease as a strong factor influencing public discomfort.
- Those who are currently working are more apt than those not employed to identify the fatal nature of the disease, and the fear of infection through casual contact as influential factors.
- Low levels of comfort with people with HIV/AIDS are most associated with identifying the association with homosexual sex as a source of public discomfort.
- Those least apt to distance themselves from HIV/AIDS (as a disease that only happens to others) are less likely to cite the association with casual sex as a source of public discomfort,

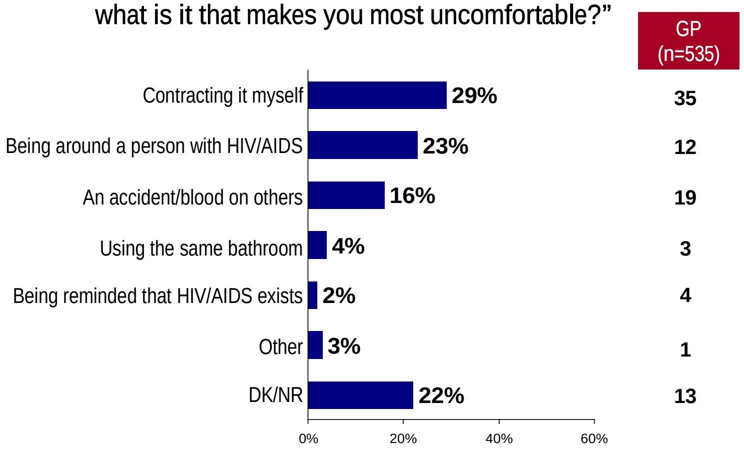
while those most likely to distance themselves from HIV/AIDS are more apt to cite the association with gay men as an influential factor.

- Individuals with more stigmatizing attitudes towards people living with HIV/AIDS are more apt to identify the association between HIV/AIDS and gay men as an influential factor.

The primary concerns of Inuit who would feel uncomfortable working with someone with HIV/AIDS are the potential for contracting it themselves (29 per cent), followed by being around the 'type of person' who has contracted HIV/AIDS (23 per cent) and the possibility of an accident where they come into contact with the blood of the infected person (16 per cent). Again, results are the same in the general public.

Rationale for Intolerance (b)

"When you think about working with someone who has HIV/AIDS, what is it that makes you most uncomfortable?"

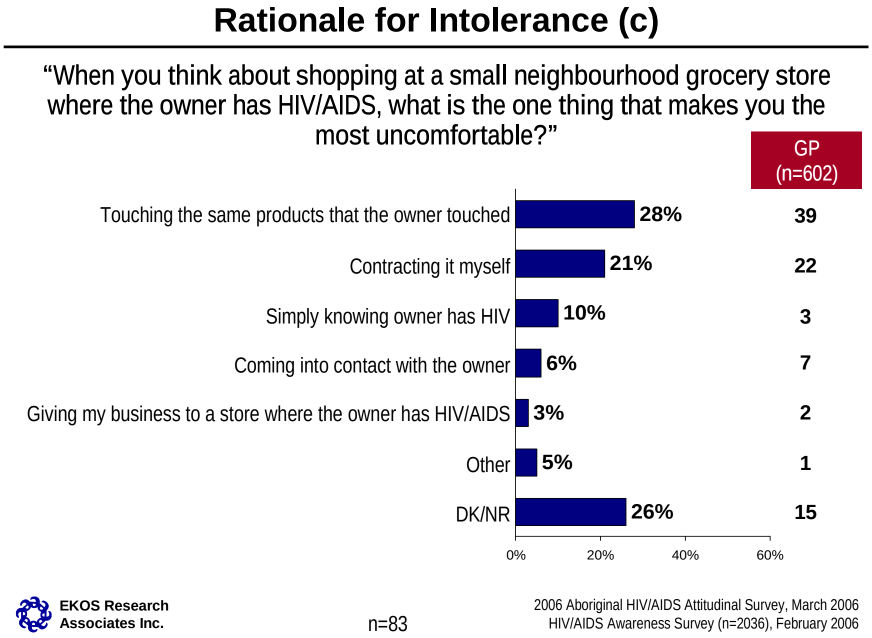


EKOS Research Associates Inc.

n=74

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

The primary concerns of those uncomfortable at the thought of shopping at a neighbourhood store where the owner has HIV/AIDS are of touching the same products that the owner touched (28 per cent). As with the general public, a minority fear contracting HIV/AIDS (21 per cent) or coming into contact with the owner (6 per cent). One in ten also say that knowing a store owner with HIV/AIDS would make them uncomfortable (although the sample makes generalization difficult).



n=83

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

d) Comfort Index

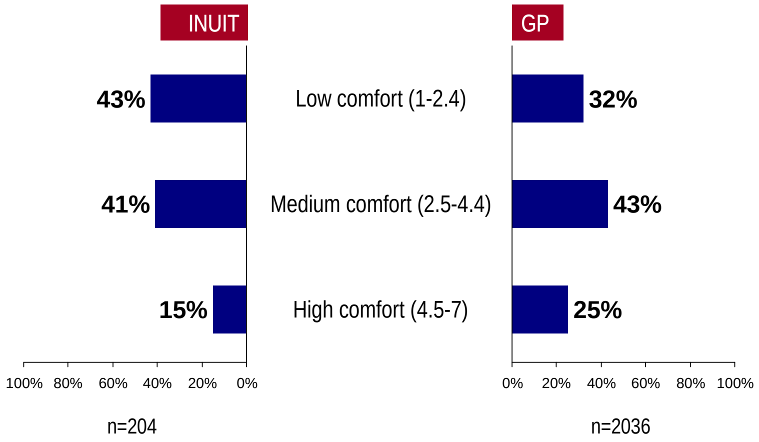
Four survey items measuring the level of comfort Inuit feel in situations with people living with HIV/AIDS were combined to create a comfort summary or index:

- Extent to which Inuit feel comfortable if their children were to attend a school where one of the students was known to have HIV/AIDS;
- Extent to which Inuit feel comfortable if they were to work in an office where someone developed HIV/AIDS;
- Extent to which Inuit feel comfortable if they were to shop at a neighbourhood grocery store where the owner had HIV/AIDS; and,
- Extent to which Inuit feel comfortable if their close friend or a family member was to date someone with HIV/AIDS.

Based on this measure, 43 per cent of Inuit demonstrate a low level of comfort generally with people living with HIV/AIDS, while 41 per cent exhibit a moderate level of comfort and 15 per cent feel a high level of comfort overall with people living with HIV/AIDS.

Comfort Index

Level of comfort Inuit/Canadians have with HIV/AIDS



EKOS Research Associates Inc.

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

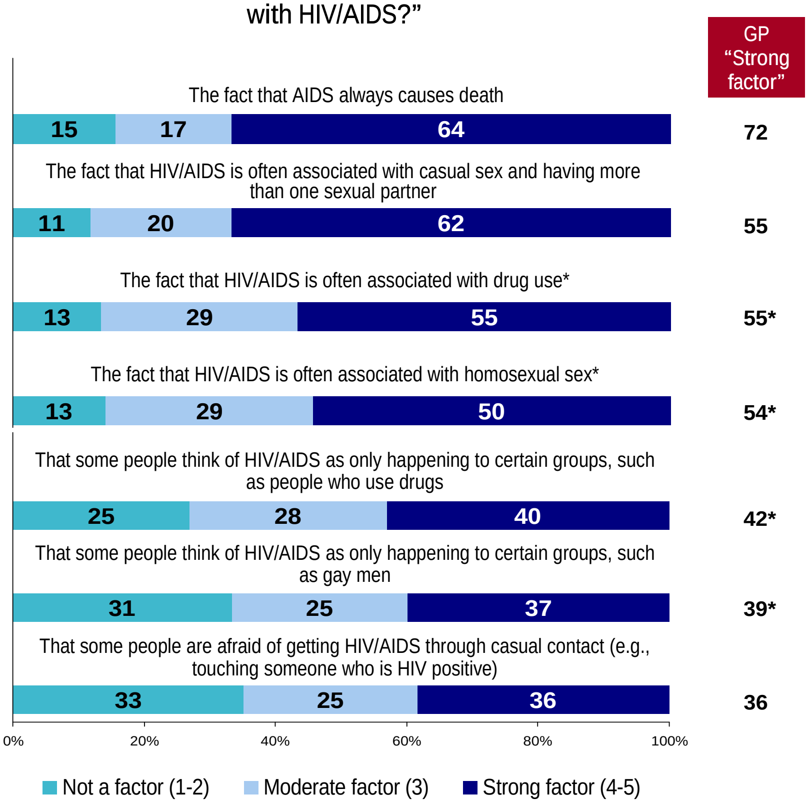
e) Factors in Discomfort with HIV/AIDS

In terms of explaining the primary drivers behind the fear or discomfort that some Inuit feel when confronted with the presence of HIV/AIDS, the fact that HIV/AIDS is a fatal disease tops the list (64 per cent identify this as having a strong influence). This is followed closely by the association between HIV/AIDS and casual/promiscuous sex (62 per cent). Half or more also identify the association between HIV/AIDS and intravenous drug use (55 per cent), and the association between HIV/AIDS and homosexual sex (50 per cent) as strong factors influencing public discomfort, while fewer are influenced by the fact that people associate HIV/AIDS with certain groups such as drug users (40 per cent) or gay men (37 per cent), or the fact that some people fear infection through casual contact (36 per cent).

While Inuit identify the fatal nature of the disease as a factor with the greatest influence on public discomfort, just as other Canadians do, they are less likely than other Canadians to identify this as a strongly influential factor. They are, however, more likely than other Canadians to feel that the association with casual sex is a strong factor influencing public discomfort.

Factors Resulting in Discomfort

"How much do you think that… factor into peoples' discomfort with HIV/AIDS?"



EKOS Research Associates Inc.

n=204; *half sample

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

4.8 INFORMATION SOURCES

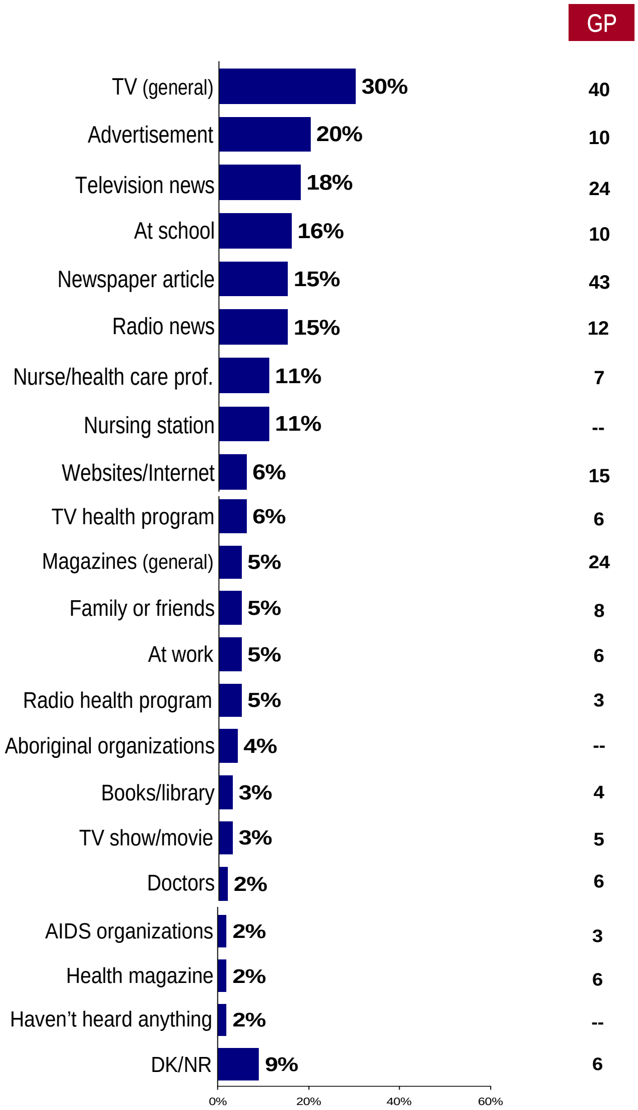
a) Current Information Sources

General television (30 per cent) and advertising (20 per cent) are the two sources of information where Inuit have most often seen, heard or read about HIV/AIDS. These are followed closely by television news (18 per cent), school (16 per cent), radio news (15 per cent), and newspaper articles (15 per cent). Over one in ten also cite a nursing station (11 per cent), or nurses or other health care professionals (11 per cent).

Inuit are far less likely than Canadians in general to have obtained information on the subject of HIV/AIDS from a number of sources of information. They are more likely, however, to have obtained information through advertising (20 per cent have, compared to 10 per cent of the Canadian population), or from nurses or other health care professionals.

Information Sources

"Where have you heard, seen or read about HIV/AIDS in the past year?"



Only items with 2% or more shown on slide

EKOS Research Associates Inc.

n=201

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- The proportion citing radio as a place where they heard about HIV/AIDS increases with age.
- Those currently working are more likely than those not employed to cite a number of sources for hearing or reading about HIV/AIDS including television, radio and newspapers. Those not employed are more apt to identify school as source of information, or to be unable to identify any recent sources for hearing or reading about HIV/AIDS.
- Those with more education (high school diploma or greater) are more apt to identify a number of sources of information about HIV/AIDS including newspapers, the Internet, and television health programs. Those with the least education (less than high school) are more apt to identify school as a place where they heard or read about HIV/AIDS.
- Those with low levels of knowledge on the topic of HIV/AIDS are more apt to cite school as a place for hearing about HIV/AIDS.

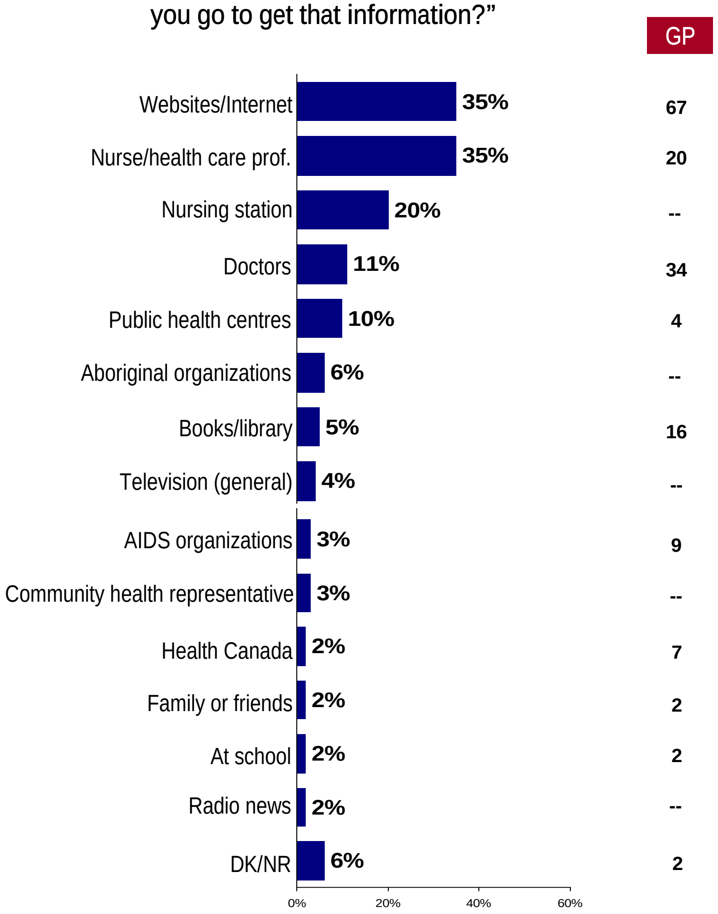
b) Preferred Information Sources

Inuit were then asked where they would go if they were seeking information about HIV/AIDS today. This question highlights not only the most top of mind current sources of information, but may also reflect more active (rather than passive) search methods. (The previous question examines information consumption from the past year and reflects more passive search methods or information consumption.) The most frequently cited sources of information are the Internet and nurses/health care professionals (each identified by 35 per cent), followed by nursing stations (20 per cent), doctors (11 per cent), and public health centres (10 per cent).

Inuit are less likely than the general public to consult most sources of information, particularly the Internet or doctors.

Preferred Information Sources

"If you were looking for information about HIV/AIDS today, where would you go to get that information?"



Only items with 2% or more shown on slide

EKOS Research Associates Inc.

n=204

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Inuit between the ages of 30 and 44, parents, those employed, with more education (high school diploma or greater), with higher household incomes are all more likely than others to state that they would seek information on the Internet.
- Those who are not employed, and youth (under 30) are more likely to be unable to identify the source of information they would consult.

c) Reliability of and Comfort With Information Sources

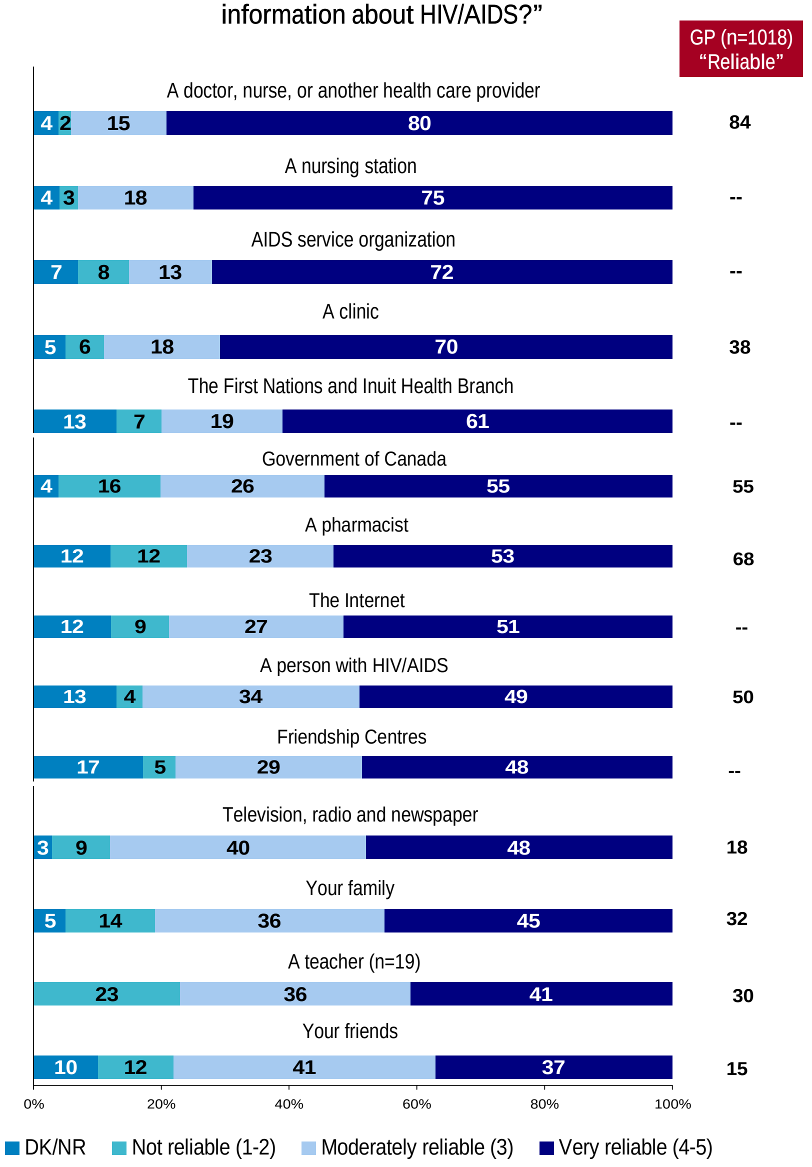
Inuit were also asked to rate the reliability of or their level of comfort with a variety of information sources on HIV/AIDS. Half the survey sample was asked to rate the relative reliability of some of the sources under examination (as well as to rate their level of comfort with receiving information from these same sources), while the other half of the sample was asked to rate the reliability (and their comfort) with other sources.

Inuit consider their family doctor or another health care professional (80 per cent) to be the most reliable information source on HIV/AIDS, followed by a nursing station (75 per cent), an AIDS service organization (72 per cent) or a health clinic (70 per cent). Over half consider the FNIHB (61 per cent), the federal government (55 per cent), a pharmacist (53 per cent) or the Internet (51 per cent) to be reliable sources. Close to half also consider a person living with HIV/AIDS (49 per cent), Friendship Centres (48 per cent) or the media (48 per cent) to be reliable. Family (45 per cent) and friends (37 per cent) are considered reliable by fewer than half of Inuit. Furthermore, of the small number of youth answering this question (19), four in ten consider a teacher to be a reliable source.

There are significant differences in the perceived reliability of sources in comparison to the general Canadian population. Inuit are far more likely than the general public to consider the media, clinics, family and friends to be reliable sources. On the other hand, the general public places more trust than Inuit in pharmacists.

Reliability of Sources

"How reliable do you consider the following as a source of information about HIV/AIDS?"



EKOS Research Associates Inc.

n=94/110

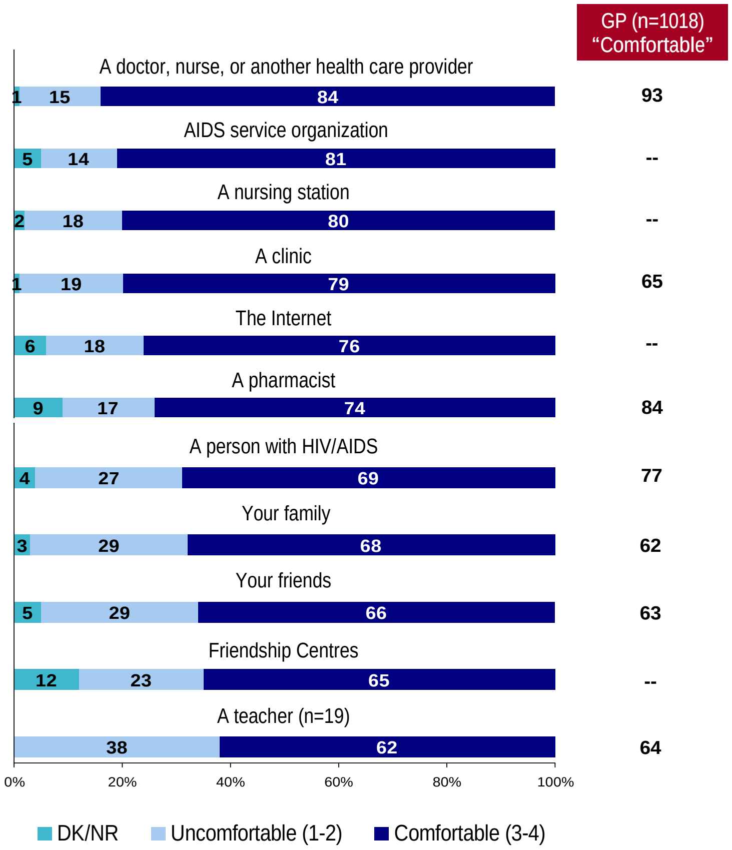
2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

Inuit are comfortable with most information sources tested. Inuit would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional (84 per cent would feel comfortable with this source). This is followed by an AIDS service organization (81 per cent), nursing station (80 per cent), or health clinic (79 per cent). Over two-thirds also feel comfortable obtaining information on this topic from the Internet (76 per cent), a pharmacist (74 per cent), or a person living with HIV/AIDS (69 per cent). Over half feel comfortable with the remaining sources tested, including Friendship Centres (65 per cent), family (68 per cent) and friends (66 per cent). Of the small number of youth answering this question (n=19), most feel comfortable obtaining information from a teacher.

Inuit tend to feel less comfortable than the general public obtaining information on HIV/AIDS from family doctors, pharmacists, and people living with HIV/AIDS. They are slightly more comfortable than the general public, however, obtaining this information from a health clinic.

Comfort with Information Sources

"How comfortable would you be seeking information from...?"



EKOS Research Associates Inc.

n=94/110

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

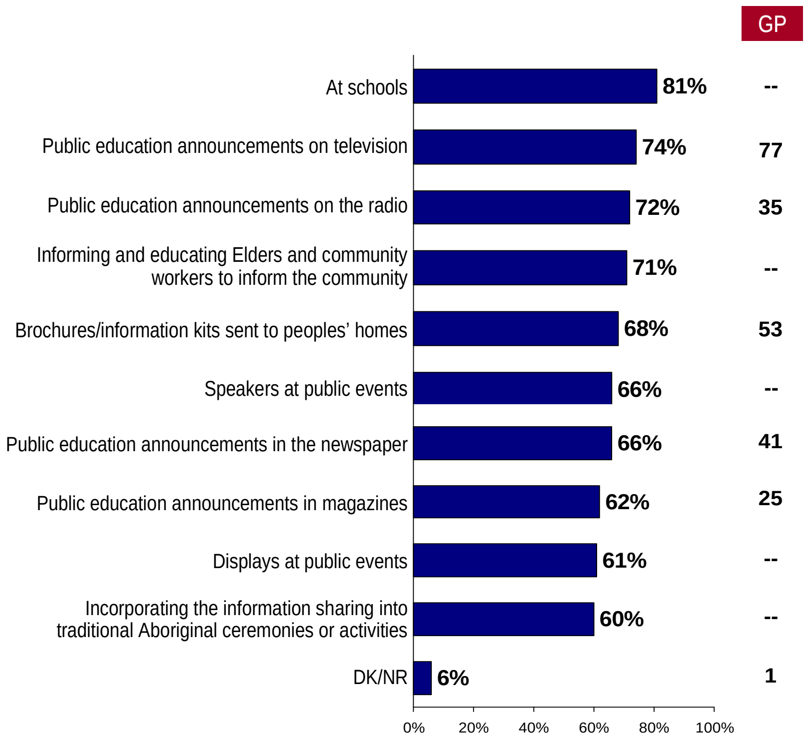
d) Most Effective Means of Communicating Information on HIV/AIDS

Inuit identify information channelled through schools, thereby informing youth and the next generation about HIV/AIDS, as the most effective approach to providing people with information (identified by 81 per cent). This is followed closely by public education announcements on television (74 per cent), public education announcements on radio (72 per cent) and informing elders (71 per cent). Over two-thirds also identify brochures or information kits sent to people's homes (68 per cent), speakers at public events (66 per cent), and public education announcements in newspapers (66 per cent) as the most effective approach to information dissemination.

Inuit are more apt to consider most approaches (except announcements on television) as effective when compared to the general public.

Effective Methods of Informing About HIV/AIDS

"Which of the following do you think would be the most effective way to provide people with information about HIV/AIDS?"



EKOS Research Associates Inc.

n=204

2006 Aboriginal HIV/AIDS Attitudinal Survey, March 2006
HIV/AIDS Awareness Survey (n=2036), February 2006

- Women are more likely than men to consider newspaper announcements, magazine announcements and speakers at public events to be effective approaches.
- Youth (under 30) are less apt to consider most approaches effective, while those aged 30 to 44 are more likely to consider most approaches as effective (including brochures sent to homes, schools, announcements on television, radio, in newspapers and magazines).
- Those currently working (and also more apt to fall into the 30 to 44 age group) are also more likely to view most approaches as effective when compared to those not employed.

4.9 TYPOLOGY OF INUIT

As with First Nations and Métis people, a typology was created to illustrate the manner in which knowledge and attitudes about HIV/AIDS coalesce among Inuit.

Group #1: Well Informed Liberal-Minded

This segment represents 17 per cent of Inuit. They have the highest knowledge and are the most comfortable with people living with HIV/AIDS. They are among the least likely to hold stigmatizing views about people living with HIV/AIDS and among those least likely to distance themselves from the issue as a third world, gay community or drug users' disease. They are also least likely to hold discriminating views and are most likely to believe that people with HIV/AIDS should have the same rights to housing, health care, jobs or to be sexually active. This group believes that HIV/AIDS is a somewhat serious problem in Canada today.

- They are most likely to agree that Aboriginal people, injection drug users, and gay men are specific groups in the Canadian population that have been most affected by HIV/AIDS.
- This group is more likely to suggest that people with HIV/AIDS can experience difficulty getting housing, health care and employment. They are also more likely to agree that children of parents living with HIV/AIDS and others close to them often feel shame around HIV/AIDS.
- They are more likely than members of other groups to report getting their HIV/AIDS information from television, advertising, and AIDS organizations. They also express a stronger preference for obtaining information from television news and websites. This group is more likely to believe that announcements on TV and displays at public events are the most efficient way to provide people with information about HIV/AIDS.
- They are the most sexually active, which is perhaps not surprising given the over-representation of individuals between the ages of 25 and 29. This group is the least likely to perceive themselves to be at risk of contracting HIV/AIDS, citing one partner and no use of drugs as the predominant reasons.

- This group is over-represented by couples with children. This group has a higher than average proportion of individuals with post-secondary education, who are employed full-time and have higher than average household income. This group is also over-represented among Newfoundland residents and is under-represented in Quebec.

Group #2: Informed Liberal-Minded

This segment comprises the largest portion of Inuit at 27 per cent. They have the second highest score on the knowledge index thus representing individuals with medium levels of knowledge[31], they also show medium levels of comfort[32] with people living with HIV/AIDS, and are less likely than others to distance themselves from HIV/AIDS or hold stigmatizing and discriminating views about people with HIV/AIDS. This group believes that HIV/AIDS is a very serious problem in Canada today and strongly disagrees that it is much less of a problem than ten years ago.

- They are most likely to agree that individuals with low levels of income are among the specific groups in the population that have been most affected by HIV/AIDS. On the other hand, they are less likely to believe that young Aboriginal men are increasingly at risk for HIV.
- In terms of stigma, this group tends to express moderate agreement that the association between HIV/AIDS and drug use or casual sex are factors in peoples' discomfort with the illness. On the other hand, they disagree that people's association between HIV/AIDS and gay men is a factor in peoples' discomfort with HIV/AIDS. This group strongly agrees that people are unwilling to be tested for HIV because others would look down on someone with the disease. They also believe that children of parents living with HIV/AIDS and other family members often feel the shame around them. They tend to disagree that Aboriginal people living off-reserve are less likely than other Canadians to receive the right medical treatment for HIV/AIDS. This group also stands out because of its high levels of empathy and support of people living with HIV/AIDS.
- As for media preferences, this group is more likely to obtain information about HIV/AIDS from television and advertising, and prefer to look for information in magazines and on the Internet. They are more apt to perceive family as an unreliable source of information. This group is more comfortable seeking information from a pharmacist, Friendship Centers, and friends. Members of this group are more likely to believe that informing elders is an efficient way to provide people with information about HIV/AIDS.
- They are more sexually active and tend to perceive themselves to be at a low risk of contracting HIV/AIDS, citing one partner and the fact that their partner is not HIV positive as the primary reasons.

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[31] Although it is still higher than the overall average.

[32] Although it is still higher than the overall average.

- This group is over-represented by couples with children, and those with greater household income and education. They are under-represented in Quebec.

Group #3: Uninformed Deniers

This group includes 20 per cent of Inuit. They have minimal knowledge about methods of HIV/AIDS transmission, whether there is a cure, and methods of diagnosing HIV/AIDS and show average levels of comfort about people with HIV/AIDS. They show average levels of stigma and discrimination, but are moderately likely to distance themselves from the disease. Overall, there are few significant aspects of this group that stand out above the average.

- Members of this group tend to say that HIV/AIDS is not a very serious problem in Canada today and believe that homeless people are among the most affected by HIV/AIDS in the Canadian population.
- This group would seek treatment in another community if they were to have HIV/AIDS. On the other hand, they disagree that children of people living with HIV/AIDS and others close to them often feel the shame around HIV/AIDS.
- This group is more likely to obtain information about HIV/AIDS at school. Members of this group are less likely to believe that announcements in magazines, a display in public events, or incorporation of information into cultural ceremonies are efficient ways to provide people with information about HIV/AIDS.
- This group is somewhat less likely to be sexually active, but is more apt to think that they are at a higher risk of contracting HIV.
- Demographically, this group is marginally over-represented by students and by individuals older than 65 years of age. Members of this group are more likely to live with a family and have some high school education. This group is marginally over-represented in Manitoba and is under-represented in Newfoundland.

Group #4: Semi-informed Distancing

This segment comprises 23 per cent of Inuit and is characterized by low to mid-level knowledge about HIV/AIDS, strong discomfort and fear around people with HIV/AIDS, and high levels of stigma. They are most likely to distance themselves from the issue and typically hold stigmatizing views about people living with HIV/AIDS. This group is, in many ways, similar to the fifth group (the *Uninformed Uncomfortable*), however, although their knowledge level is higher, their tendency to distance themselves from HIV/AIDS is more acute.

- Members of this group are less likely to believe that gay men are the most affected in the Canadian population.

- They are most likely to say that the association between HIV/AIDS and casual sex is a strong factor in peoples' discomfort with HIV/AIDS. They also tend to disagree that people are unwilling to be tested for HIV because others would look down on someone with the disease. This group would not seek treatment in another community if they were to have HIV/AIDS. This group is most likely to avoid people living with HIV/AIDS in all of the tested situations in the survey.
- Members of this group would search for information about HIV/AIDS in advertising or would use Health Canada sources. Members of this group are apt to believe that announcements in magazines are an efficient way to provide people with information about HIV/AIDS.
- This group has a higher proportion of individuals older than 55 years of age and those reporting middle income. They are somewhat under-represented in Newfoundland.

Group #5: Uninformed Uncomfortable

This segment comprises 13 per cent of Inuit. Individuals in this group are characterized as having the lowest knowledge about HIV/AIDS (by far), and the highest level of discomfort and fear around people living with HIV/AIDS. Members of this group are more likely to distance themselves from the issue of HIV/AIDS, believing it to be a disease found mostly in third world countries, and in the gay population and among drug users. They tend to hold only moderately stigmatizing views and are moderately discriminatory of people living with HIV/AIDS. Because of the small sample size of the group (n=24), however, no further results were found to be statistically significant.

5. SUMMARY

On the whole, Aboriginal people are fairly knowledgeable about HIV/AIDS. For the most part, Aboriginal people are able to correctly identify how HIV/AIDS is transmitted. Most Aboriginal people also understand that AIDS is deadly, and cannot be cured, even with early treatment. Despite this, some Aboriginal people do not know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses, and about half know that a person can have HIV for ten or more years without developing AIDS. Furthermore, one in ten to one in three believe that HIV can be transmitted through kissing, from mosquito bites, from a sneeze or cough, or from casual contact or contact with objects such as fountains or toilets. A vast majority of Aboriginal people can identify taking a blood test as a way to diagnose HIV/AIDS, but almost half also believe that HIV/AIDS can be diagnosed through a physical examination and one in five believe that self-diagnosis is possible.

Unlike the general public Aboriginal people are not likely to select any single segment as the number one group most often affected by HIV/AIDS. Although gay men and injection drug users are cited, so too are Aboriginal people, and “everyone”. In fact, many Aboriginal people (between one in two and one in three) did not identify any group as being most at-risk. Results suggest that Aboriginal people are very aware that HIV/AIDS can affect anyone. In particular, Aboriginal people are aware that Aboriginal youth are an at-risk group for HIV/AIDS. Furthermore, only a minority believe that HIV/AIDS is mostly a third world disease, a gay person’s disease or a drug user’s disease. An overwhelming majority of Aboriginal people believe that HIV/AIDS is still a somewhat or very serious problem in Canada today. Despite this, a strong majority of Aboriginal people still rate their own personal risk of contracting HIV as low (although the perceived risk is higher among the Inuit).

As is the case in the general public, most Aboriginal people report having been sexually active in the past 12 months. Of those who were sexually active, a large majority had only one partner, although one in four to one in five have had multiple partners and similar proportions have had casual partners.

The proportion of Aboriginal people who know or have known someone with HIV/AIDS is higher (at about one in two) than found in the general public, where it is one in three. Over half of those who know or have known someone with HIV/AIDS believe that this knowledge had little or no impact on their behaviour towards this person. Of those who do report a change in behaviour, they are unlikely to report negative changes in their behaviour towards individuals they know with HIV/AIDS; with most reporting positive changes (such as increased sympathy, increased awareness of HIV/AIDS, or increased support towards that person). Furthermore, most Aboriginal people believe that they would react in a supportive manner if they found out that someone they knew had contracted HIV/AIDS, although they are more apt to be supportive of a close friend than a co-worker or a student attending the same school as their own child.

About one in two Aboriginal people agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and roughly one-third agree that people with HIV/AIDS should be permitted to work in positions such as dentists. Furthermore, over half the Aboriginal population would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS and roughly one in three would feel uncomfortable working in an office with someone infected with HIV. Despite this, most Aboriginal people believe that they are knowledgeable regarding the transmission of HIV.

Only a minority, however, agree that they could not remain or become friends with someone with HIV/AIDS or believe that people who get HIV/AIDS through sex or drug use have gotten what they deserve (the majority do not blame people living with HIV/AIDS). Furthermore, although Aboriginal people demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, few hold strong negative feelings (such as fear, anger or disgust) towards those infected.

The fact that HIV/AIDS is a fatal disease is seen as having the greatest impact on the level of public discomfort with this disease. Other factors identified as having a strong influence on public discomfort levels by over half of Aboriginal people include the association between HIV/AIDS and casual/promiscuous sex, or intravenous drug use, or men having sex with men.

Most Aboriginal people are supportive of the rights of people living with HIV/AIDS to the same health care, housing, and employment as others, but are divided on the issue of whether they should have the right to be sexually active. Aboriginal people do not believe that the rights of people living with HIV/AIDS should be curtailed to protect the public. Despite this, Aboriginal people believe that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS: most Aboriginal people believe that people would be unwilling to tell others they have HIV/AIDS; two in three believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment; and about half agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease.

The majority of Aboriginal people believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease, and believe that they have a responsibility to tell others about their condition.

Television (in general) and advertisements are the two primary sources where Aboriginal people say that they have recently heard about HIV/AIDS (along with television and radio news among Métis). When asked where they would go if they were actively seeking information about HIV/AIDS today, most Aboriginal people cite the Internet, followed by doctors, and other health care professionals. In terms of effective ways to provide people with information about HIV/AIDS, Aboriginal people point most often to schools and public education announcements on television (or radio).

Aboriginal people consider their family doctor or another health care professional to be the most reliable information source on HIV/AIDS followed by the FNIHB, a clinic or a pharmacist. About half consider the federal government to be a reliable source, and a similar proportion consider a person living with HIV/AIDS to be a very reliable source.

Aboriginal people would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional, or a pharmacist, which are also the sources identified as the most reliable. Most Aboriginal people would also feel comfortable seeking information from a person living with HIV/AIDS. Friends, family and the media are at the bottom of the list.

Overall

Although knowledge levels are high, there are significant gaps in knowledge regarding the transmission, diagnosis and health impacts of HIV/AIDS. On the other hand, Aboriginal people are aware that HIV/AIDS can affect anyone and that youth in particular are at increasing risk.

Aboriginal people feel that they would be supportive of someone with HIV/AIDS, and the rights of people living with HIV/AIDS to health care, housing, and employment. On the other hand, many would not feel comfortable with seeing someone with HIV/AIDS serve the public in positions such as a dentist, suggesting that they are not altogether convinced as to the methods of transmission. Furthermore, although Aboriginal people are supportive of the rights of people living with HIV/AIDS, they do believe they suffer from negative repercussions as a result of the stigma associated with this disease. Results suggest that Aboriginal people are tolerant and comfortable with people living with HIV/AIDS in theory, but not always in practice.

The fact that HIV/AIDS is fatal is seen as having the greatest impact on public discomfort with this disease, along with the close association between HIV/AIDS and casual sex. This is followed by the association between HIV/AIDS and intravenous drug use and men having sex with men.

It is concerning that general television and advertisements are primary sources for Aboriginal people to hear about HIV/AIDS. On the other hand, the Internet, nursing stations, nurses and doctors are seen as among the top preferred sources for finding out about the disease, and health care professionals are considered to be strongly reliable sources of information that people are also comfortable accessing.

Recommendations

Conventional social marketing wisdom supports the effectiveness of sustained and targeted messages tailored to the attitudinal and demographic profile of population segments. Communications efforts with Aboriginal people on HIV/AIDS can capitalize on a reasonable level of awareness of the seriousness of the disease and appreciation of its prevalence within their communities. Aboriginal people are also no more likely (and perhaps less likely) than the general public to hold stigmatizing views about people living with HIV/AIDS. At this time and for most segments, messaging can move beyond basic information about the disease (e.g., transmission/infection) and focus on addressing other areas such as methods of diagnosis and time period of manifestation of AIDS. Traditional media sources will continue to be a primary conduit for public education information; however, formal institutions (such as community organizations) and informal sources (like friends and family) also play a key role.

Roughly half of Aboriginal people fall into one of two segments (the "Well-Informed Liberal-Minded" and the "Informed/Concerned Liberal-Minded") representing more than a third to just over half of the different Aboriginal populations. Both groups are reasonably familiar with the nature of HIV/AIDS, the ways in which it may be contracted, and the manner of its diagnosis. Compared with others, they are less likely to stigmatize people with HIV/AIDS. They are also receptive to messages transmitted through a variety of media, and have confidence in health professionals.

Although members of these segments hold relatively high levels of knowledge and comfort, future communication efforts should continue to consolidate, reinforce and if possible, increase awareness and positive attitudes among these groups. This is important in part because of the benefits it may bring directly to members of these segments as individuals. But, equally importantly, it is useful because they are likely to be family, social and community leaders who can be influential with individuals in the less knowledgeable segments, and can be capitalized on as *agents of change.*

Because of their relatively high levels of literacy, education and social confidence, members of the "Well-Informed Liberal-Minded" and "Informed/Concerned Liberal-Minded" can be reached in a wide variety of ways, including broadcast and print media, specialized brochures and publications. They are also more likely to be familiar with and have access to the Internet. Communications could be aimed at directing these groups more deeply into the subject, from broad-based media and brochures to the Internet, and from the Internet to direct contact with health professionals, either one-on-one or in public forums. Communications with the message of spreading knowledge, understanding and tolerance about issues related to HIV/AIDS will also help promote the role of *agents of change* for members of these segments.

Literacy and social awareness are likely to make these groups an excellent base for public health education efforts through schools, band councils, and community groups, particularly where local health professionals can be involved. It is important, where possible, that communications equip members of these two groups with the resources to direct others to sources of information and medical advice.

Obviously, the more daunting communications challenge is that posed by members of the other three segments identified. Of the three communications targets, the "Uninformed Deniers/Average" represent the low hanging fruit. For this group, efforts aimed at raising awareness and knowledge of various elements of the disease should be sufficient to transfer them into one of the top two segments. This could include a particular emphasis on information and messages that convey the serious nature of the disease and how it is affecting Aboriginal populations, since this group is not particularly characterized by highly stigmatizing points of view.

The "Semi-Informed Distancing" and "Uninformed Uncomfortable" represent the greatest challenges from a communications standpoint. Members of these segments are characterized by lower levels of familiarity with the nature of HIV/AIDS, the methods of transmission, and the manner of its diagnosis. Compared with others, they are more likely to stigmatize people with HIV/AIDS, particularly the "Semi-Informed Distancing". Although Aboriginal people are generally aware that HIV/AIDS is a serious and deadly disease that is currently affecting their population, these latter groups are more apt than average to deny their own vulnerability. Some demonstrate low knowledge but rate their knowledge as high. Many do not understand how the disease is diagnosed or how long it can go undetected. They may be particularly susceptible to misperceptions regarding the transmission of HIV/AIDS through kissing, mosquito bites and contact with inanimate objects, for example. Of the two segments, the "Uninformed Uncomfortable" will likely be the easier of the two groups to make inroads with, given that the low knowledge is the defining characteristic of this group, and is likely easier to address than highly stigmatizing and discriminatory points of view.

Young people falling into these categories are of particular concern and emerge as a key target for communications. Results from this survey suggest that young people have a higher perception of risk of HIV infection, however; this reflects in part their own high-risk behaviour. Members of this group are more likely to be sexually active and to have casual relationships, in some cases with multiple partners. Many have a much higher regard for their own level of knowledge than is justified. They are, for example, more likely than other groups to think that they can self-diagnose HIV/AIDS. Schools could be a prime source of information about HIV/AIDS for these segments, although reliability and comfort indicators would suggest that schools should be used in conjunction with other sources (i.e., as a place to pick up information in brochures and to find out about websites that can be checked, and to get referrals to health care professionals). Elders would be another useful source of information to be used in combination with websites and health professionals for more detailed information.

Men are over-represented among the "Semi-Informed Distancing" and "Uninformed Uncomfortable" groups. Their income levels and education also tend to be lower. Because of their relatively lower levels of literacy, education and social confidence, people in these groups may be more difficult to reach through written information, the Internet and routine interaction with institutions such as schools, band councils and community organizations. They may have less frequent contact with health professionals and may be less confident in demanding the information they need or assimilating it when they get it. The most effective means of communication may be television for broad messages and personal contact, through schools, and elders, for more information, followed by referrals to health professionals for even more detailed advice. For example, television would be well-adapted to communicate broad messages such as "You may not know as much as you think", "Get tested" and "Don't stigmatize people with HIV/AIDS".

In short, any communications strategy will have to be comprehensive, likely involving a broad media campaign that helps direct individuals progressively deeper into the subject of HIV/AIDS and into more direct interaction with educators, elders, and finally, health professionals who are able to inform and guide them. In order to be effective, these core groups must themselves be provided with the information and tools that will allow them to respond to basic inquiries about the disease.

APPENDIX A

QUESTIONNAIRE

INTRO

```
Hello, my name is...and I work for Ekos Research Associates who is conducting a
survey for the First Nations and Inuit Health Branch  and the Government of
Canada to obtain the views of Aboriginal people on important health related
issues. The survey is listed with a national organization responsible for
monitoring survey research. Can I ask if you are at least 16 years old and a
permanent resident of Canada?

** IF NO:  Is there someone at home now that I could speak to who is 16 years
of
           age or older?

** IF YES: The questionnaire takes about 20 minutes to complete, but it
provides
           you with a unique opportunity to let the Health Canada and the First
           Nations and Inuit Health Branch know how you feel about things that
           affect us all. May I begin the survey now?

All of your responses to the survey are completely confidential.

@intro (1-Continue; SHIFT+? to terminate)
TELEPHONE:<IAREA><ITELE         >
```

30: ABO

Are you an Aboriginal person, that is, a status or non-status First Nation, Métis or Inuit person?

Yes.. 1
No -> PROBE: Is there another member of the household who is an Aboriginal person?
IF NO -> Thank and terminate - Code as IS.. 2 => INT
DK/NR -> Thank and terminate - Code as IS.. 9 => INT

31: ABO2

READ LIST

Are you . . .?

Status First Nations 01
Non-Status First Nations 02
Métis.. 03
Inuit 04
Other (specify)... 77 O
DK/NR .... 99 X

32: ONOFF

=> +1 if ABO2=#3,#4,#6

Over the last twelve months, have you been living primarily on reserve or off reserve?

On reserve.. 1
Off reserve.. 2
DK/NR 9

33: **RESRV**

=> * if IF((ONOFF=#1),1,IF((ONOFF=#2),2,3))

On reserve	1
Off reserve	2
Other	3

34: **RECL1**

=> * if IF((RESRV=#1),1,2)

on my reserve	1
in my community	2

35: **RECL2**

=> * if IF((RESRV=#1),1,2)

off reserve	1
in another community	2

36: **SEX**

DO NOT ASK

Record gender of respondent

Male	1
Female	2

37: **AGE2X**

IF HESITANT MOVE ONTO NEXT QUESTION

In what year were you born? NOTE: ANSWER THE FULL YEAR, I.E. 1977 as "1977"

HESITANT	9999

38: **AGE2Y**

=> +1 if NOT (AGE2X=#1)

May I place your age into one of the following general age categories?

Under 20	01
20-24 years	02
25-29 years	03
30-34 years	04
35-39 years	05
40-44 years	06
45-49 years	07
50-54 years	08
55-59 years	09
60-64 years	10
65 years or older	11
(DO NOT READ) DK/NR	99

39: AGE

=> * if IF((AGE2X>1981 OR AGE2Y=#1-#2),1,2)

computed age

Under 25	1
25 or older	2

40: Q1

*

Do you think that HIV/AIDS is a very serious, somewhat serious, not very serious or not at all serious problem in Canada today?

Not at all serious	1
Not very serious	2
Somewhat serious	3
Very serious	4
DK/NR	9

41: KNOW1

*

How much would you say you know about HIV/AIDS on a scale where one is not much at all, 5 is a lot and the midpoint 3 is a moderate amount?

1. Not much at all	1
2	2
3. A moderate amount	3
4	4
5. A lot	5
DK/NR	9

42: **Q2**

DO NOT READ LIST

From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected? NOTE: (If needed) CAN YOU BE MORE SPECIFIC ABOUT HOW OR BETWEEN WHO. NEED TO PROBE FOR AS MUCH DETAIL AS NEEDED TO CODE ANSWER AND AS MANY ANSWERS AS POSSIBLE HERE

Unsafe/unprotected sex between a man and a man (e.g., without using a condom)	01	
Unsafe/unprotected sex between a man and a woman (e.g., without using a condom)	02	
Unsafe/unprotected oral sex	03	
Sharing drug needles	04	
Kissing	05	
Tattoos/body piercing	06	
Contact with physical objects (e.g., fountains, toilette seats)	07	
Blood to blood contact (e.g. from an open cut)	08	
Mosquito bites	09	
Casual contact (e.g., hugging, shaking hands)	10	
A sneeze or cough	11	
From mother to child during pregnancy	12	
Saliva/Sharing toothbrushes	13	
Other (specify)	77	O
DK/NR	99	X
EXCHANGE OF BODILY FLUID,METHOD UNSPECIFIED	14	N
BLOOD TRANSFUSIONS	15	N

43: **COMQ2**

=> * if	IF((Q2=#1 AND Q2=#2 AND Q2=#3 AND Q2=#4 AND Q2=#5 AND Q2=#6 AND Q2=#7 AND Q2=#8 AND Q2=#9 AND Q2=#10 AND Q2=#11 AND Q2=#12 AND Q2=#13),2,1)_

*

compute for Q2

Keep going	1
Skip	2

44: **Q2B**

=> +1 if COMQ2=#2

**READ LIST AND TAKE AS MANY AS APPLY*

From what you know or have heard, can you tell me if each of the following are ways in which HIV can be passed on to another person? How about from...

Unsafe/unprotected sex between a man and a man (e.g., without using a condom)	01	
Unsafe/unprotected sex between a man and a woman (e.g., without using a condom)	02	
Unsafe/unprotected oral sex	03	
Sharing drug needles	04	
Kissing	05	
Tattoos/body piercing	06	
Contact with physical objects (e.g., fountains, toilette seats)	07	
Blood to blood contact (e.g. from an open cut)	08	
Mosquito bites	09	
Casual contact (e.g., hugging, shaking hands)	10	
A sneeze or cough	11	
From mother to child during pregnancy	12	
Saliva/Sharing toothbrushes	13	
(Do not read) None of the above	98	X
(Do not read) DK/NR	99	X

45: **TST1B**

**READ LIST AND TAKE AS MANY AS APPLY*

As far as you know, can someone find out for certain if they have HIV/AIDS from... ?

Blood test	01	
Physical exam by a doctor or other health care provider	02	
Self-diagnosis (IF ASKED - EXAMINING THEMSELVES)	03	
X-ray	04	
DO NOT READ: NONE OF THE ABOVE	98	X
DO NOT READ: DK/NR	99	X

46: GRPS

**DO NOT READ LIST!*

As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?

Canadian youth (under 25 years of age)	01	
First Nations	02	
Metis	03	
Inuit	04	
Aboriginal youth (under 25 years of age)	05	
Aboriginal people in general	06	
Injection drug users	07	
Homosexual men	08	
Women living in poverty	09	
Prison inmates	10	
Health care professionals	11	
People who have unprotected sex (without using a condom)	12	
People who have blood transfusions or organ transplants	13	
Low income Canadians	14	
Sex trade workers	15	
Haemophiliacs	16	
New immigrants to Canada	17	
Homeless people	18	
Children with parents carrying HIV/AIDS	19	
People of African descent	20	
Other ethnic groups	21	
Everyone is at risk/No specific group	22	
Other (specify)	77	O
DK/NR	99	X
GAY COMMUNITY,GENERAL	23	N
PEOPLE FROM/IN URBAN AREAS,EX.TORONTO,VANCOUVER	24	N

47: Q14

To the best of your knowledge, can HIV/AIDS be cured?

Yes	1
No	2
DK/NR	9

49: TREAT

*

How good do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are...

Not good at all	1
Not very good	2
Somewhat good	3
Very good	4
DK/NR	9

50: **PREAG**

*

The next series of questions asks about your level of agreement or disagreement with a number of statements. Please rate your answer on a five point scale where 1 is completely disagree, 5 is completely agree and the midpoint 3 is neither.

51: **AGR3A**

=> +1 if ROT2=#1; HALF SAMPLE

Agreement with...

I could not make friends with someone who has HIV/AIDS

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

52: **AGR3B**

=> +1 if ROT2=#2; HALF SAMPLE

Agreement with...

I could not stay friends with someone who has HIV/AIDS

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

53: **AGR4**

**Agreement with...*

People who get HIV/AIDS through sex or drug use got what they deserve.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

54: **AGR5A**

=> +1 if	NOT(ROT11=#1);1/2 SAMPLE

**Agreement with...*

People who have HIV/AIDS should be allowed to be in public positions like dentists.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

55: **AGR5C**

=> +1 if	NOT(ROT11=#2);1/2 SAMPLE

**Agreement with...*

People who have HIV/AIDS should be allowed to be in public positions like hairstylists.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

56: **AGR1A**

Agreement with...

I feel anger toward people with HIV/AIDS.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

57: **AGR1B**

Agreement with...

I feel fear toward people with HIV/AIDS.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

58: AGR1C

Agreement with...

I feel disgust toward people with HIV/AIDS.

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

59: AGR6A

=> +1 if NOT ROT3=#1; HALF SAMPLE

**Agreement with...*

HIV/AIDS is mostly a drug user's disease

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

60: AGR6B

=> +1 if NOT ROT3=#2; HALF SAMPLE

**Agreement with...*

HIV/AIDS is mostly a gay person's disease

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

61: AGR6C

**Agreement with...*

HIV/AIDS is mostly a third world disease NOTE (If asked): By third world I mean in poor countries like those in Africa.

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

62: AGR23

=> +1 if	NOT ROT4=#1; HALF SAMPLE

Agreement with....

Young Aboriginal women in Canada are increasingly at risk for HIV

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

63: AGR24

=> +1 if	NOT ROT4=#2; HALF SAMPLE

Agreement with....

Young Aboriginal men in Canada are increasingly at risk for HIV

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

64: AGR7

**Agreement with...*

A person can have HIV for ten years or more without developing AIDS

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

65: AGR9

**Agreement with...*

When a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

66: **AGR12**

**Agreement with...*

AIDS always causes death

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

67: **AGR19**

=> +1 if NOT(ROT8=#1);1/2 SAMPLE WITH AGR20

**Agreement with...*

HIV/AIDS is much less of a problem in Canada today than it was ten years ago.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

68: **AGR20**

=> +1 if NOT(ROT8=#2);1/2 SAMPLE WITH AGR19

Agreement with...

HIV/AIDS is much less of a problem among Aboriginal communities today than it was ten years ago.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

69: **AGR32**

=> +1 if NOT ROT5=#1; HALF SAMPLE

Agreement with....

It is up to people with HIV/AIDS to protect others from getting the disease.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

70: **AGR33**

=> +1 if NOT ROT5=#2; HALF SAMPLE

Agreement with....

It is up to people with HIV/AIDS to tell others that they have it.

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

71: **COMFT**

*

Now I would like you to tell me if you would feel very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable with each of the following?

72: **COMF1**

**How comfortable or uncomfortable would you be if...*

Your child were going to school with a student with HIV/AIDS?

Very uncomfortable	1
Somewhat uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
DK/NR	9

73: **Q35**

=> +1 if NOT (COMF1=#1-#2)

PROMPT ONLY IF NECESSARY

When you think of your child going to school with a student with HIV/AIDS, what is the one thing that makes you most uncomfortable?

My child getting/catching HIV/AIDS	01	
My child hearing about HIV/AIDS	02	
Knowing that my child would be around someone with HIV/AIDS	03	
My child coming into contact with someone who has HIV/AIDS	04	
An accident in school where that person gets blood on my child	05	
Other (specify)	77	O
DK/NR	99	
MY CHILD'S/CHILDREN'S IGNORANCE, UNEDUCATED ABOUT HIV/AIDS (IE.HOW THE VIRUS IS TRANSFERRED)	06	N

74: **CMF2A**

**How comfortable or uncomfortable would you be if...*

You worked with someone who has HIV/AIDS?

Very uncomfortable	1	
Somewhat uncomfortable	2	
Somewhat comfortable	3	
Very comfortable	4	
DK/NR	9	

75: **Q37**

=> +1 if NOT (CMF2A=#1-#2)

PROMPT ONLY IF NECESSARY

When you think about working with someone who has HIV/AIDS, what is it that makes you most uncomfortable?

Using the same bathroom	01	
Using the same kitchen/drinking glasses and plates	02	
An accident where that person gets blood on others	03	
Being around someone with HIV/AIDS	04	
Being reminded that HIV/AIDS exists	05	
Contracting it myself (general-unspecified)	06	
Other (specify)	77	O
DK/NR	99	

76: **COMF3**

**How comfortable or uncomfortable would you be with...*

Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS?

Very uncomfortable	1	
Somewhat uncomfortable	2	
Somewhat comfortable	3	
Very comfortable	4	
DK/NR	9	

77: **Q39**

=> +1 if NOT (COMF3=#1-#2)

PROMPT ONLY IF NECESSARY

When you think about shopping at a small neighbourhood grocery store where the owner has HIV/AIDS, what is the one thing that makes you the most uncomfortable?

Touching the same products that the owner touched	01	
Coming into contact with the owner	02	
Being seen in a store where the owner has HIV/ AIDS	03	
Giving my business to a store where the owner hasHIV/ AIDS	04	
Contracting it myself	05	
Other (specify)	77	O
DK/NR	99	
SIMPLY KNOWING THE OWNER HAD HIV/AIDS	06	N
HYGIENIC CONCERNSS,CLEANLINESS OF STORE/PRODUCTS	07	N

78: CMF5A

*How comfortable or uncomfortable would you be with...

A close friend or family member dating someone with HIV/AIDS?

Very uncomfortable	1
Somewhat uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
DK/NR	9

82: P45

Some people in our society are uncomfortable with HIV/AIDS and with people who have it. Please tell me how much you believe that each of the following factors might explain their discomfort. Use a scale where 1 is not at at all, 5 is strongly and the mid point 3 is a moderately.

Continue	1	D

83: Q46

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) The fact that AIDS always causes death.

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

84: Q47

=> +1 if NOT(ROT6=#1); 1/2 SAMPLE WITH Q47C

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) The fact that HIV/AIDS is often associated with drug use.

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

85: Q47B

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) The fact that HIV/AIDS is often associated with casual sex, and having more than one sexual partner.

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

86: **Q47C**

=> +1 if NOT(ROT6=#2); 1/2 SAMPLE WITH Q47

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) The fact that HIV/AIDS is often associated with homosexual sex.

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

87: **Q48**

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) That some people are afraid of getting HIV/AIDS through casual contact (e.g. touching someone who is HIV positive).

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

88: **Q5OB**

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) That some people think of HIV/AIDS as only happening to certain groups, such as gay men.

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

89: **Q50C**

(How much do you think ... is a factor in peoples' discomfort with HIV/AIDS) That some people think of HIV/AIDS as only happening to certain groups, such as people who use drugs.

1. Not at all	1
2	2
3. Moderately	3
4	4
5. Strongly	5
DK/NR	9

90: **P55**

To what extent do you believe the following on a scale where 1 is not at all, 5 is completely and the midpoint 3 is moderately.

91: **Q55**

To what extent do you believe the following...

People are unwilling to be tested for HIV because some people look down on someone with the disease.

1. Not at all 1
2 2
3. Moderately 3
4 4
5. Completely 5
DK/NR 9

92: **Q56**

To what extent do you believe the following...

People are unwilling to tell others they have HIV because some people look down on someone with the disease.

1. Not at all 1
2 2
3. Moderately 3
4 4
5. Completely 5
DK/NR 9

93: **Q57**

To what extent do you believe the following...

People living with HIV/AIDS can have problems getting housing, health care and jobs because some people look down on someone with the disease.

1. Not at all 1
2 2
3. Moderately 3
4 4
5. Completely 5
DK/NR 9

94: **P64**

To what extent do you agree or disagree with the following on a scale where 1 is completed disagree, 5 is completely agree and the midpoint 3 is neither agree nor disagree. . .

95: **Q65**

Agreement with . . .

People with HIV/AIDS have the same right to a job as I do

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

96: Q66

Agreement with . . .

People with HIV/AIDS have the same right to health care as I do

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

97: Q67

Agreement with . . .

People with HIV/AIDS have the same right to housing as I do.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

98: Q68

Agreement with . . .

People with HIV/AIDS have the right to be sexually active.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

99: Q70

=> +1 if NOT(ROT9=#1); 1/2 SAMPLE WITH Q71

Agreement with . . .

People with HIV/AIDS should be isolated from others by law to protect the public health.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

100: **Q71**

=> +1 if NOT(ROT9=#2); 1/2 SAMPLE WITH Q70

Agreement with . . .

The names of people with HIV/AIDS should be put on a public list so that others can avoid them.

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

102: **Q175**

Agreement with . . .

People who have HIV/AIDS <recl1 > are pressured to leave

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

103: **Q176**

Agreement with . . .

If I had HIV/AIDS, I would not want other people <recl1 > to find out about it.

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

104: **Q177**

Agreement with . . .

If I had HIV/AIDS, I would seek treatment <recl2 > so that the people I live and work with would be less likely to find out.

1. Completely disagree	1
2	2
3. Neither agree nor disagree	3
4	4
5. Completely agree	5
DK/NR	9

105: **Q178**

Agreement with . . .

The shame that some people feel around HIV/AIDS is often also felt by their children and by others close to them.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

106: **Q179**

=> +1 if NOT(ABO2=#1-#2); FN ONLY

Agreement with . . .

Aboriginal people living on-reserve are less likely than other Canadians to be able to get the right medical treatment for HIV/AIDS.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

107: **Q180**

Agreement with . . .

Aboriginal people living off-reserve are less likely than other Canadians to be able to get the right medical treatment for HIV/AIDS.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

108: **Q181**

=> +1 if NOT(ABO2=#1-#2); FN ONLY

Agreement with . . .

People who have left the reserve often come back with HIV/AIDS.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

109: **Q182**

=> +1 if	NOT(ABO2=#1-#2); FN ONLY

Agreement with . . .

People who have left the reserve and come back with HIV/AIDS are not welcomed back into the community.

1. Completely disagree 1
2 2
3. Neither agree nor disagree 3
4 4
5. Completely agree 5
DK/NR 9

111: **REAC**

The next questions are how you would react to finding out somebody you knew had HIV/AIDS. Please respond using a 5-point scale where 1 means you would avoid them completely, 5 means you would support them completely, and the mid-point, 3 - you would neither avoid nor support them.

112: **REAC1**

How you would react . . .

If a close friend had HIV/AIDS.

1. Avoid completely 1
2 2
3. Neither 3
4 4
5. Support completely 5
DK/NR 9

113: **REAC2**

How you would react . . .

If your child was going to school with a student who has HIV/AIDS.

1. Avoid other child completely 1
2 2
3. Neither 3
4 4
5. Support other child completely 5
DK/NR 9

114: **REAC3**

How you would react . . .

If you worked at a job with someone who has HIV/AIDS.

1. Avoid completely 1
2 2
3. Neither 3
4 4
5. Support completely 5
DK/NR 9

115: **REAC4**

How you would react . . .

If the owner of a neighbourhood grocery store where you shop had HIV/AIDS.

1. Avoid completely	1
2	2
3. Neither	3
4	4
5. Support completely	5
DK/NR	9

116: **INFSQ**

*

The next series of questions asks about your information sources.

117: **INFO1**

DO NOT READ LIST; SCROLL DOWN

Where have you heard, seen or read about HIV/AIDS in the past year?

Elders	01	
Band office	02	
Nursing station	03	
Friendsip center/Aboriginal organization in my community	04	
Television - general	05	
Television news	06	
Television health program	07	
Television show/movie	08	
Radio news	09	
Radio health program	10	
Newspaper article	11	
Magazines - general	12	
Health magazine	13	
Health journals	14	
Books/Library	15	
Websites/Internet	16	
Advertising (e.g., pamphlets, posters, etc.)	17	
Doctors	18	
Nurse or other health care professional/Hospital	19	
Pharmacist	20	
At school	21	
At work	22	
Health Canada	23	
AIDS Organizations/Community organizations	24	
Family or friends	25	
Church or other religious institution	26	
Community Health Representative	27	
Other (specify)	77	O
DK/NR	99	X
HAVEN'T HEARD/SEEN ANYTHING ABOUT HIV/AIDS	28	N
SEMINARS/CONFERENCES/SPEAKERS/WORKSHOPS	29	N
PUBLIC/COMMUNITY HEALTH CENTERS/UNIT(EX.CLSC[CENTRE LOCAL DES SERVICES COMMUNAUTAIRE])	30	N

118: INFO2

DO NOT READ LIST; SCROLL DOWN

If you were looking for information about HIV/AIDS today, where would you go to get that information?

Elders	01	
Band office	02	
Nursing station	03	
Friendsip center/Aboriginal organization in my community	04	
Television - general	05	
Television news	06	
Television health program	07	
Television show/movie	08	
Radio news	09	
Radio health program	10	
Newspaper article	11	
Magazines - general	12	
Health magazine	13	
Health journals	14	
Books/Library	15	
Websites/Internet	16	
Advertising (e.g., pamphlets, posters, etc.)	17	
Doctors	18	
Nurse or other health care professional/Hospital	19	
Pharmacist	20	
At school	21	
At work	22	
Health Canada	23	
AIDS Organizations/Community organizations	24	
Family or friends	25	
Church or other religious institution	26	
Community Health Representative	27	
Other (specify)	77	O
DK/NR	99	X
PUBLIC/COMMUNITY HEALTH CENTERS/UNIT(EX.CLSC[CENTRE LOCAL DES SERVICES COMMUNAUTAIRE])	28	N

119: PRERE

*

I'd like to ask you to rate the reliability of a number of sources of information about HIV/AIDS on a scale where 1 is not at all reliable and 5 is extremely reliable, with a midpoint 3 of moderately reliable.

120: **REL1A**

=> +1 if ROT10=#2; STREAM A

**to be as a source of information about HIV/AIDS?*

How reliable do you consider....... A doctor, nurse or another health care provider working in your community

1. Not at all reliable 1
2 2
3. Moderately reliable 3
4 4
5. Extremely reliable 5
DK/NR 9

121: **REL3A**

=> +1 if ROT10=#1; STREAM B

**to be as a source of information about HIV/AIDS?*

How reliable do you consider....... The First Nations and Inuit Health Branch (FNIHB).

1. Not at all reliable 1
2 2
3. Moderately reliable 3
4 4
5. Extremely reliable 5
DK/NR 9

122: **REL3B**

=> +1 if ROT10=#2; STREAM A

**to be as a source of information about HIV/AIDS?*

How reliable do you consider....... Government of Canada

1. Not at all reliable 1
2 2
3. Moderately reliable 3
4 4
5. Extremely reliable 5
DK/NR 9

123: **REL5**

=> +1 if ROT10=#2; STREAM A

**to be as a source of information about HIV/AIDS?*

How reliable do you consider....... Television, radio and newspapers

1. Not at all reliable 1
2 2
3. Moderately reliable 3
4 4
5. Extremely reliable 5
DK/NR 9

124: **REL6**

=> +1 if ROT10=#1; STREAM B

**to be as a source of information about HIV/AIDS?*

How reliable do you consider....... A person with HIV/AIDS

1. Not at all reliable 1
2.. 2
3. Moderately reliable.. 3
4.. 4
5. Extremely reliable 5
DK/NR 9

125: **REL7**

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider....... Your friends

1. Not at all reliable 1
2.. 2
3. Moderately reliable.. 3
4.. 4
5. Extremely reliable 5
DK/NR 9

126: **REL9A**

=> +1 if AGE=#2 OR ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider...... A teacher

1. Not at all reliable 1
2.. 2
3. Moderately reliable.. 3
4.. 4
5. Extremely reliable 5
DK/NR 9

127: **REL9B**

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider...... The Internet

1. Not at all reliable 1
2.. 2
3. Moderately reliable.. 3
4.. 4
5. Extremely reliable 5
DK/NR 9

128: REL10

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider..... A pharmacist

1. Not at all reliable 1
2.......... 2
3. Moderately reliable.......... 3
4.......... 4
5. Extremely reliable 5

(DO NOT READ) Do not know what pharmacist is 8
(DO NOT READ) DK/NR 9

129: REL11

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider...... Your family

1. Not at all reliable 1
2.......... 2
3. Moderately reliable.......... 3
4.......... 4
5. Extremely reliable 5

DK/NR 9

130: REL12

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider....... A clinic

1. Not at all reliable 1
2.......... 2
3. Moderately reliable.......... 3
4.......... 4
5. Extremely reliable 5

DK/NR 9

131: REL14

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider....... A nursing station

1. Not at all reliable 1
2.......... 2
3. Moderately reliable.......... 3
4.......... 4
5. Extremely reliable 5

DK/NR 9

133: **REL16**

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider....... AIDS service organization

1. Not at all reliable	1
2	2
3. Moderately reliable	3
4	4
5. Extremely reliable	5
DK/NR	9

134: **REL18**

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider....... Friendship Centres

1. Not at all reliable	1
2	2
3. Moderately reliable	3
4	4
5. Extremely reliable	5
DK/NR	9

135: **P86**

How comfortable would you be seeking information about HIV/AIDS from the following . . . Would you be very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable.

136: **Q87**

=> +1 if ROT10=#2; STREAM A

How comfortable would you be seeking information from . . .

A doctor, nurse or another health care provider working in your community

Very uncomfortable	1
Somewhat uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
DK/NR	9

137: **Q88**

=> +1 if ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

A pharmacist?

Very uncomfortable	1
Somewhat uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
DK/NR	9

138: **Q89**

=> +1 if	ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

Your friends?

Very uncomfortable.. 1
Somewhat uncomfortable... 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

139: **Q90**

=> +1 if	ROT10=#2; STREAM A

How comfortable would you be seeking information from . . .

Your family?

Very uncomfortable.. 1
Somewhat uncomfortable... 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

140: **Q91**

=> +1 if	AGE=#2 OR ROT10=#2; STREAM A, UNDER 25 ONLY

How comfortable would you be seeking information from . . .

A teacher?

Very uncomfortable.. 1
Somewhat uncomfortable... 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

141: **Q91A**

=> +1 if	ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

The Internet?

Very uncomfortable.. 1
Somewhat uncomfortable... 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

142: Q92

=> +1 if	ROT10=#2; STREAM A

How comfortable would you be seeking information from . . .

A clinic?

Very uncomfortable.. 1
Somewhat uncomfortable.. 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

143: Q92C

=> +1 if	ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

A nursing station?

Very uncomfortable.. 1
Somewhat uncomfortable.. 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

145: Q92E

=> +1 if	ROT10=#2; STREAM A

How comfortable would you be seeking information from . . .

AIDS service organization?

Very uncomfortable.. 1
Somewhat uncomfortable.. 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

146: Q92G

=> +1 if	ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

Friendship Centres?

Very uncomfortable.. 1
Somewhat uncomfortable.. 2
Somewhat comfortable.. 3
Very comfortable.. 4
DK/NR 9

147: **Q92H**

=> +1 if	ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

A person with HIV/AIDS

Very uncomfortable	1
Somewhat uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
DK/NR	9

148: **Q93**

READ LIST; ACCEPT ALL THAT APPLY

For each of the following, please tell me which you think would be the most effective way to provide people with information about HIV/AIDS:

Brochures/information kits sent to people's homes	01	
Public education announcements on television	02	
Public education announcements on the radio	03	
Public education announcements in newspapers	04	
Public education announcements in magazines	05	
Displays at public events	06	
Speakers at public events	07	
Informing and educating Elders and community workers to inform the community	08	
Incorporating the information sharing into traditional Aboriginal ceremonies or activities	09	
At schools	10	
(DO NOT READ) DK/NR	99	X

149: **KNOW**

*

To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?

Yes	1
No	2
DK/NR	9

150: **KNOW2**

=> SEX1 if	NOT(KNOW=#1)

How much did this change how you acted toward that person on a scale from 1, no impact at all, to 5 which is a very strong impact and the midpoint 3 is a moderate impact?

1. No impact at all	1
2	2
3. Moderate impact	3
4	4
5. Very strong impact	5
DK/NR	9

151: KNOW3

=> +1 if KNOW2=#1-#2,#6

DO NOT READ LIST!

In what way did this change how you acted ?

Spent less time with person	01	
More cautious about casual contact	02	
Began to practice safer sex with that partner (use condom)	03	
Expressed more sympathy toward that person	04	
More supportive of that person	05	
Got angry toward that person	06	
More critical of that person	07	
Other (specify)	77	O
DK/NR	99	X
INCREASED AWARENESS/UNDERSTANDING/TOLERANCE/ KNOW-LEDGE	08	N
NO CHANGE/NO EFFECT ON BEHAVIOUR	09	N

152: SEX1

*

These next few questions are just to understand more about patterns of attitudes about HIV/AIDS. If you are not comfortable with a particular question, please let me know and we can move on to the next one. All of your answers are completely voluntary and entirely anonymous. Have you been sexually active in the last 12 months?

Yes	1	
No	2	=> RISK
DK/NR	9	=> RISK

153: SEX2

*

How many partners have you had sex with in the last 12 months?

DK/NR	99

154: COMP1

=> * if IF((SEX2>1),2,1)

*

One	1
More than one	2

155: SEX2B

=> +1 if	COMP1=#2

*

Was this person a casual partner, that is someone you are not in a long-term relationship with?

Yes	1
No	2
DK/NR	9

156: SEX2C

=> +1 if	COMP1=#1

*

Were any of these casual partners, that being someone you are not in a long-term relationship with?

Yes	1
No	2
DK/NR	9

157: SEX2D

=> * if	SEX2B+SEX2C

*

Were any of these casual partners, that being someone you are not in a regular relationship with?

Yes	1
No	2
DK/NR	9

158: RISK

*

How would you rate your own personal risk of contracting HIV, using a scale where 1 is a very low risk, 5 is a very high risk and the midpoint 3 is moderate risk?

1. Very low risk	1
2	2
3. Moderate risk	3
4	4
5. Very high risk	5
DK/NR	9

159: RISK2

=> +1 if NOT(RISK=#1-#2)

DO NOT READ LIST

Why do you think your own personal risk of getting HIV is low?

I am not gay	01	
I only have one partner	02	
I am not sexually active	03	
I always use a condom	04	
I don't use drugs	05	
I don' think the person/people I am sexually active with have HIV/AIDS or sexually transmitted diseases	06	
Other (specify)	77	O
DK/NR	99	X
LOW RISK LIFESTYLE GENERALLY,IE.AVOID CONTACT WITH BLOOD,HYGIENIC,NO TATTOOS/BODY ART,ETC.	07	N
ISOLATED COMMUNITY,NO CONTACT WITH PUBLIC(EX. AGE,STAY AT HOME)	08	N
INFORMED/EDUCATED ON ISSUE OF HIV/AIDS,UNSPECIFIC AS TO PREVENTATIVE MEASURES TAKEN	09	N

160: RISK3

=> +1 if NOT(RISK=#3)

DO NOT READ LIST

Why do you think your own personal risk of getting HIV is moderate?

I am not gay	01	
I only have one partner	02	
I am not sexually active	03	
I always use a condom	04	
I don't use drugs	05	
I have multiple partners	06	
I use drugs	07	
I don't use condoms	08	
My partner is HIV positive	09	
I don't think the person/people I am sexually active with have HIV/AIDS or sexually transmitted diseases	10	
Other (specify)	77	O
DK/NR	99	X
UNSURE OF PARTNER'S SEXUAL HISTORY/ACTIVITY OUTSIDE RELATIONSHIP	11	N
POSSIBILITY PRESENT,GENERAL(EX.HIV SUFFERERS PRESENT WITHIN COMMUNITY,PROFESSION,BLOOD TRANSFUSIONSETC.)	12	N

161: RISK4

=> +1 if	NOT(RISK=#4-#5)

DO NOT REAS LIST

Why do you think your own personal risk of getting HIV is high?

I have more than one partner	01	
I use drugs	02	
I don't use condoms	03	
My partner is HIV positive	04	
Other (specify)	77	O
DK/NR	99	X
UNSURE OF PARTNER'S SEXUAL HISTORY/ACTIVITY OUTSIDE OF RELATIONSHIP	05	N
IN CONTACT WITH PEOPLE WHO HAVE HIV/AIDS(EX.IN COMMUNITY, AT WORK)	06	N

162: DEMIN

*

Now I have a few more questions to be used for statistical purposes only.

163: MOB

=> +1 if	NOT(ONOFF=#1); ON-RESERVE ONLY

Have you lived off of your reserve in the last two years? NOTE: "Lived" means an actual move, not just a trip or vacation.

Yes	1
No	2
DK/NR	9

164: MOB3A

=> +1 if	NOT(MOB=#1)

RESPOND FOR "MOST RECENT" IF MORE THAN 1

What was your main reason for going to live off of the reserve?

To join family already there/friend/relationship	01	
Unemployment in First Nation community	02	
Employment outside First Nation community	03	
Access to mainstream culture	04	
To attend school (either public or post secondary)	05	
To attend college or university	06	
Better housing/GET THEIR OWN PLACE	07	
Availability of services	08	
To get away from abuse or conflict (Includes personal alcohol/drug abuse)	09	
They don't leave community	00	N
Other - specify	77	O
DK/NR	99	X
EXPERIENCE THE OUTSIDE WORLD	10	N
GET A BETTER LIFE/INDEPENDENCE	11	N
BOREDOM/NEED CHANGE	12	N

165: HOU20

Which of the following types best describes your current household?

One person, living alone	01	
Single, with child/children	02	
A married or common-law couple, without children	03	
A married or common-law couple, with children	04	
Single, without children, living with roommate(s)	05	
Single, without children, living with family/ parents	06	
Other (please specify)	77	O
DK/NR	99	

166: CHILD

=> +1 if NOT (HOU20=#2,#4)

READ LIST

Are any of the children living in your household between the ages of ...?

0-5 Years	1	
6-11	2	
12 or older	3	
DK/NR	9	X

168: EMP

READ LIST

Which of the following categories best describes your CURRENT employment status? ****start by asking if they are employed and continue from there****

Self-employed	01	
Employed full-time	02	
Employed part-time	03	
Seasonal employment	04	
Term employment/CASUAL	05	
Unemployed but looking for work	07	
Student/Attending school full-time	08	
Retired	09	
Not in work force/Full-time Homemaker	10	
Long-term disability / sick leave	11	
Maternity / paternal leave	12	
Other (please specify)	77	O
DK/NR	99	

169: **EDUC**

*

What is the highest level of schooling that you have completed?

Public/Elementary school or less (grade 1-8)	01
Some high school	02
Graduated from high school (grade 12-13)	03
Some community/Technical college or CEGEP	04
Community/Technical college or CEGEP graduate	05
Trade certification	06
Some university	07
Bachelor's degree	08
Professional certification	09
Graduate degree	10
DK/NR	99

170: **INC**

*

What is your annual HOUSEHOLD income from all sources before taxes?

<$20,000	01
$20,000-$29,999	02
$30,000-$39,999	03
$40,000-$49,999	04
$50,000-$59,999	05
$60,000-$79,999	06
$80,000 or more	07
DK/NR	99

171: **THNK**

End of Interview

Thank you for your cooperation and time!

Completion	1	D

INTRO

Bonjour. Je m'appelle... et je travaille pour les Associés de recherche Ekos. Nous effectuons pour la Direction générale de la santé des Premières nations et des Inuits ainsi que le gouvernement du Canada un sondage afin de connaître l'opinion des Autochtones sur d'importantes questions touchant la santé.
Ce sondage est enregistré auprès de l'organisation nationale chargée de surveiller la recherche par sondage. Pourrais-je savoir si vous avez au moins 16 ans et si vous êtes un résident permanent du Canada?

** SI C'EST NON: Y a-t-il une personne de 16 ans ou plus à la maison avec qui je pourrais m'entretenir?

** SI C'EST OUI: Il faut environ 20 minutes pour répondre au questionnaire mais ce sera sera une occasion toute spéciale de faire savoir à la Direction générale de la santé des Premières nations et des Inuits ce vous pensez de certaines choses qui nous concernent tous. Puis-je commencer?
Toutes vos réponses au sondage sont absolument confidentielles.

@intro (1-Continuer; SHIFT+? pour terminer)
Telephone:<iarea><itele   >

30: ABO

Etes-vous un Autochtone, c'est-à-dire, membre inscrit ou non inscrit d'une Première nation, Métis ou Inuit?

Oui	1	
Non -> APPROFONDIR: Y a-t-il un autre membre de votre ménage qui est Autochtone? SI NON -> Remercier et terminer - Coder comme IS	2	=> INT
NSP/PDR -> Remercier et terminer - Code comme IS	9	=> INT

31: ABO2

LIRE LA LISTE

Etes-vous . . .?

Membre inscrit d'une Première nation	01	
Membre non inscrit d'une Première nation	02	
Métis	03	
Inuit	04	
Autre réponse (préciser)	77	O
NSP/PDR	99	X

32: ONOFF

=> +1 si ABO2=#3,#4,#6

Au cours des 12 derniers mois, avez-vous vécu principalement dans une réserve ou à l'extérieur d'une réserve?

Dans une réserve	1
A l'extérieur d'une réserve	2
NSP/PDR	9

33: **RESRV**

=> * si IF((ONOFF=#1),1,IF((ONOFF=#2),2,3))

On reserve	1
Off reserve	2
Other	3

34: **RECL1**

=> * si IF((RESRV=#1),1,2)

dans ma réserve	1
dans ma collectivité	2

35: **RECL2**

=> * si IF((RESRV=#1),1,2)

à l'extérieur de la réserve	1
dans une autre collectivité	2

36: **SEX**

NE PAS DEMANDER

Inscrire le sexe du répondant

Homme	1
Femme	2

37: **AGE2X**

EN CAS D'HÉSITATION PASSER A LA QUESTION SUIVANTE

En quelle année êtes-vous né? NOTE: INSCRIRE L'ANNÉE AU COMPLET, P. EX., "1977"

HÉSITANT	9999

38: **AGE2Y**

=> +1 si NOT (AGE2X=#1)

Puis-je vous situer dans l'un des groupes d'âges suivants?

Moins 20	01
20-24 ans	02
25-29 ans	03
30-34 ans	04
35-39 ans	05
40-44 ans	06
45-49 ans	07
50-54 ans	08
55-59 ans	09
60-64 ans	10
65 ans ou plus	11
(NE PAS LIRE) NSP/NRP	99

39: **AGE**

=> * si IF((AGE2X>1981 OR AGE2Y=#1-#2),1,2)

LIRE LES CATÉGORIES, AU BESOIN

Quel âge avez-vous, s'il vous plaît?

Moins 25	1
25+ ans	2

40: **Q1**

*

Pensez-vous que le VIH/sida constitue de nos jours au Canada un problème très sérieux, assez sérieux, pas tellement sérieux ou pas du tout sérieux?

Pas du tout sérieux	1
Pas tellement sérieux	2
Assez sérieux	3
Très sérieux	4
NSP/PDR	9

41: **KNOW1**

*

Dans quelle mesure connaissez-vous le VIH/sida, sur une échelle où 1 signifie pas du tout, 5, beaucoup et le point milieu, 3, assez bien?

1. Pas du tout	1
2	2
3. Assez bien	3
4	4
5. Beaucoup	5
NSP/PDR	9

42: Q2

NE PAS LIRE LA LISTE

D'après ce que vous savez ou avez entendu dire, pouvez-vous me dire comment est transmis le VIH, le virus qui cause le sida? C'est-à-dire, la façon dont les gens sont infectés ou les moyens pris pour ne pas être infecté? NOTE: (Au besoin) POUVEZ-VOUS ETRE PLUS PRECIS SUR LA FACON OU ENTRE QUI ET QUI? OBTENIR ICI LE PLUS DE DETAILS POSSIBLES POUR ENCODER ET LE PLUS DE REPONSES POSSIBLES

Rapports sexuels non protégés/à risque entre deuxhommes	01	
Rapports sexuels non protégés/à risque entre un homme et une femme	02	
Fellation sans protection/à risque	03	
Partage de seringues pour injection de drogue	04	
Baisers	05	
Tatouage/perçage de parties du corps	06	
Contact avec des objets (p.ex., fontaines, siègesde toilette)	07	
Contact par le sang (p. ex. provenant d'une coupure)	08	
Piqûres de moustique	09	
Contact occasionnel (p. ex., embrassade, poignée de main)	10	
Eternuement ou toux	11	
De la mère à l'enfant durant la grossesse	12	
Salive/Partage d'une brosse à dents	13	
Autre (préciser)	77	O
NSP/PDR	99	X
	14	N
	15	N

43: COMQ2

=> * si	IF((Q2=#1 AND Q2=#2 AND Q2=#3 AND Q2=#4 AND Q2=#5 AND Q2=#6 AND Q2=#7 AND Q2=#8 AND Q2=#9 AND Q2=#10 AND Q2=#11 AND Q2=#12 AND Q2=#13),2,1)_

*

compute for Q2

Keep going	1
Skip	2

44: **Q2B**

=> +1 si COMQ2=#2

**LIRE LA LISTE ET ACCEPTER TOUTE REPONSE PERTINENTE*

D'après ce que vous savez ou avez entendu dire, pouvez-vous me dire si le VIH peut être transmis de chacune des façons suivantes. Qu'en est-il de/des...

Rapports sexuels non protégés/à risque entre deuxhommes	01	
Rapports sexuels non protégés/à risque entre un homme et une femme	02	
Fellation sans protection/à risque	03	
Partage de seringues pour injection de drogue	04	
Baisers	05	
Tatouage/perçage de parties du corps	06	
Contact avec des objets (p.ex., fontaines, sièges de toilette)	07	
Contact par le sang (p. ex. provenant d'une coupure)	08	
Piqûres de moustique	09	
Contact occasionnel (p. ex., embrassade, poignée de main)	10	
Eternuement ou toux	11	
De la mère à l'enfant durant la grossesse	12	
Salive/Partage d'une brosse à dents	13	
(Ne pas lire) Rien de ce qui précède	98	X
(Ne pas lire) NSP/PDR	99	X

45: **TST1B**

LIRE LA LISTE ET ACCEPTER TOUTE RÉPONSE PERTINENTE

A ce que vous sachiez, est-il possible de savoir de façon certaine si on a le VIH/sida en procédant par... ?

Analyse sanguine	01	
Examen médical	02	
Auto-diagnostic	03	
Radiographie	04	
NE PAS LIRE: RIEN DE CE QUI PRÉCEDE	98	X
NE PAS LIRE: NSP/PDR	99	X

46: GRPS

NE PAS LIRE LA LISTE!

A ce que vous sachiez, y a-t-il dans la population canadienne certains groupes qui ont été le plus affectés par le VIH/sida?

Jeunes Canadiens (moins de 25 ans)	01	
Membres des Premières Nations	02	
Métis	03	
Inuits	04	
Jeunes Autochtones (moins de 25 ans)	05	
Autochtones en général	06	
Utilisateurs de drogue par injection	07	
Hommes homosexuels	08	
Femmes vivant dans la pauvreté	09	
Prisonniers	10	
Professionnels de la santé	11	
Personnes ayant des relations sexuelles non protégées (sans condom)	12	
Personnes ayant des transfusions sanguines ou desgreffes d'organe	13	
Canadiens à faible revenu	14	
Travailleurs du sexe	15	
Hémophiles	16	
Nouveaux immigrants au Canada	17	
Personnes sans abri	18	
Enfants dont les parents ont le VIH/sida	19	
Personnes d'origine africaine	20	
Autres groupes ethniques	21	
Tout le monde est à risque/Pas de groupe particulier	22	
Autre réponse (préciser)	77	O
NSP/PDR	99	X
	23	N
	24	N

47: Q14

A ce que vous sachiez, est-ce qu'on peut guérir du VIH/sida?

Oui	1
Non	2
NSP/PDR	9

49: TREAT

*

Selon vous, dans quelle mesure les traitements du VIH/sida sont-ils bons afin d'aider les personnes ayant la maladie à mener une vie normale? Diriez-vous qu'ils sont...

Pas bons du tout	1
Pas tellement bons	2
Assez bons	3
Très bons	4
NSP/PDR	9

50: **PREAG**

*

Dans la prochaine série de questions, je vais vous demander dans quelle mesure vous êtes d'accord ou en désaccord avec certains énoncés. Veuillez situer votre réponse sur une échelle de 5 points où 1 signifie entièrement en désaccord, 5, entièrement d'accord et le point milieu, 3, ni l'un ni l'autre.

51: **AGR3A**

=> +1 si ROT2=#1; HALF SAMPLE

Accord avec...

Je ne pourrais pas devenir ami avec quelqu'un qui a le VIH/sida

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord..................................... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

52: **AGR3B**

=> +1 si ROT2=#2; HALF SAMPLE

Accord avec...

Je ne pourrais pas rester ami avec quelqu'un qui a le VIH/sida

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord..................................... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

53: **AGR4**

Accord avec...

Les gens qui attrapent le VIH/sida à cause du sexe ou de la drogue ont ce qu'ils méritent.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord..................................... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

54: **AGR5A**

=> +1 si NOT(ROT11=#1);1/2 SAMPLE

Accord avec...

Les personnes ayant le VIH/sida devraient pouvoir servir le public, par example, en qualité de dentistes.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord.. 3
4.. 4
5. Entièrement d'accord.. 5
NSP/PDR.. 9

55: **AGR5C**

=> +1 si NOT(ROT11=#2);1/2 SAMPLE

Accord avec...

Les personnes ayant le VIH/sida devraient pouvoir servir le public, par example, en qualité de coiffeur.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord.. 3
4.. 4
5. Entièrement d'accord.. 5
NSP/PDR.. 9

56: **AGR1A**

Accord avec...

Les gens qui ont le VIH/sida m'inspirent de la colère.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord.. 3
4.. 4
5. Entièrement d'accord.. 5
NSP/PDR.. 9

57: **AGR1B**

Accord avec...

Les gens qui ont le VIH/sida m'inspirent de la crainte.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord.. 3
4.. 4
5. Entièrement d'accord.. 5
NSP/PDR.. 9

58: AGR1C

Accord avec...

Les gens qui ont le VIH/sida m'inspirent du dégoût.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

59: AGR6A

=> +1 si NOT ROT3=#1; HALF SAMPLE

Accord avec...

Le VIH/sida est surtout une maladie de drogués

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

60: AGR6B

=> +1 si NOT ROT3=#2; HALF SAMPLE

Accord avec...

Le VIH/sida est surtout une maladie qu'on retrouve chez les homosexuels

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

61: AGR6C

Accord avec...

Le VIH/sida est surtout une maladie du tiers monde

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

62: **AGR23**

=> +1 si NOT ROT4=#1; HALF SAMPLE

Accord avec...

Au Canada, les jeunes femmes risquent de plus en plus d'attraper le VIH

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5

NSP/PDR.. 9

63: **AGR24**

=> +1 si NOT ROT4=#2; HALF SAMPLE

Accord avec...

Au Canada, les jeunes hommes risquent de plus en plus d'attraper le VIH

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5

NSP/PDR.. 9

64: **AGR7**

Accord avec...

Une personne peut avoir le VIH pendant dix ans ou plus sans avoir le sida

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5

NSP/PDR.. 9

65: **AGR9**

Accord avec...

Quand une personne a le VIH/sida, son corps ne peut plus se défendre contre des maladies ou infections ordinaires comme le rhume et la pneumonie

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5

NSP/PDR.. 9

66: **AGR12**

Accord avec...

Le sida est toujours mortel

1. Entièrement en désaccord 1
2 2
3. Ni d'accord ni en désaccord 3
4 4
5. Entièrement d'accord 5
NSP/PDR 9

67: **AGR19**

=> +1 si NOT(ROT8=#1);1/2 SAMPLE WITH AGR20

Accord avec...

Le VIH/sida est un problème bien moins grave de nos jours au Canada qu'il y a dix ans.

1. Entièrement en désaccord 1
2 2
3. Ni d'accord ni en désaccord 3
4 4
5. Entièrement d'accord 5
NSP/PDR 9

68: **AGR20**

=> +1 si NOT(ROT8=#2);1/2 SAMPLE WITH AGR19

Accord avec...

Le VIH/sida dans les collectivités autochtones est un problème beaucoup moins grave aujourd'hui qu'il y a dix ans.

1. Entièrement en désaccord 1
2 2
3. Ni d'accord ni en désaccord 3
4 4
5. Entièrement d'accord 5
NSP/PDR 9

69: **AGR32**

=> +1 si NOT ROT5=#1; HALF SAMPLE

Accord avec...

Il appartient aux personnes qui ont le VIH/sida de protéger les autres pour les empêcher d'être infectés.

1. Entièrement en désaccord 1
2 2
3. Ni d'accord ni en désaccord 3
4 4
5. Entièrement d'accord 5
NSP/PDR 9

70: **AGR33**

=> +1 si NOT ROT5=#2; HALF SAMPLE

Accord avec...

Il appartient aux personnes qui ont le VIH/sida d'informer les autres de leur infection.

1. Entièrement en désaccord........ 1
2.......... 2
3. Ni d'accord ni en désaccord........ 3
4.......... 4
5. Entièrement d'accord........ 5
NSP/PDR........ 9

71: **COMFT**

*

J'aimerais maintenant que vous me disiez si, dans chacune des situations suivantes, vous vous sentiriez très à l'aise, plutôt à l'aise, plutôt mal à l'aise ou très mal à l'aise?

72: **COMF1**

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si.....

Votre enfant était dans une école où l'on sait que l'un des élèves a le VIH/sida?

Très mal à l'aise........ 1
Plutôt mal à l'aise........ 2
Plutôt à l'aise........ 3
Très à l'aise........ 4
NSP/PDR........ 9

73: **Q35**

=> +1 si NOT (COMF1=#1-#2)

SUGGERER SEULEMENT AU BESOIN

Si votre enfant fréquentait une école où l'on sait qu'un élève a le VIH/sida, quelle est la chose qui vous rendrait le plus mal à l'aise?

Que mon enfant contracte le VIH/sida........ 01
Que mon enfant entende parler du VIH/sida........ 02
De savoir que mon enfant a dans son entourage le genre de personne qui a le VIH/sida 03
Que mon enfant soit en contacte avec le genre de personne qui a le VIH/sida 04
Un accident où le sang de cette personne se répandrait sur d'autres personnes..... 05
Autre (préciser)........ 77 O
NSP/PDR........ 99
.... 06 N

74: **CMF2A**

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si.....

Au bureau l'un de vos collègues masculins avait attrapé le VIH/sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

75: **Q37**

=> +1 si NOT (CMF2A=#1-#2)

SUGGERER SEULEMENT AU BESOIN

Si vous travailliez dans un bureau où quelqu'un a attrapé le VIH/sida, quelle est la chose qui vous rendrait le plus mal à l'aise?

Utiliser la même salle de bains	01	
Utiliser la même cuisine/la même vaisselle	02	
Un accident où le sang de cette personne se répandrait sur d'autres personnes	03	
Avoir dans mon entourage le genre de personne quicontracte le VIH/sida	04	
Me faire rappeler l'existence du VIH/sida	05	
Contracter moi-même le VIH/sida	06	
Autre (préciser)	77	O
NSP/PDR	99	

76: **COMF3**

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si...

Vous appreniez que le propriétaire de l'épicerie du voisinage où vous faites vos emplettes a le VIH/sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

77: **Q39**

=> +1 si NOT (COMF3=#1-#2)

SUGGERER SEULEMENT AU BESOIN

Si vous saviez que le propriétaire de votre dépanneur a le VIH/sida, quelle est la chose qui vous rendrait le plus mal à l'aise?

Toucher les produits que le propriétaire a touchés	01	
Venir en contact avec le propriétaire	02	
Etre aperçu dans un magasin dont le propriétaire a le VIH/sida	03	
Faire affaire dans un magasin dont le propriétaire a le VIH/sida	04	
Contracter moi-même le VIH/sida	05	
Autre (préciser)	77	O
NSP/PDR	99	
	06	N
	07	N

78: **CMF5A**

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si...

Un bon ami ou quelqu'un de votre famille fréquentait quelqu'un qui a le VIH/sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

82: **P45**

Dans notre société, certains sont mal à l'aise au sujet du VIH/sida et des personnes qui en sont infectées. Dans quelle mesure vous croyez que chaque facteur pourrait expliquer leur malaise. Servez-vous d'une échelle où 1 signifie que ce n'est pas du tout un facteur, 5, que c'est un facteur majeur et le point milieu, 3, que c'est un facteur moyen du malaise des gens.

Continue	1	D

83: **Q46**

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida)
Le fait que le sida est mortel.

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

84: **Q47**

=> +1 si NOT(ROT6=#1); 1/2 SAMPLE WITH Q47C

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida)
Le fait que le VIH/sida est souvent associé à la consommation de drogue.

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

85: **Q47B**

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida)
Le fait que le VIH/sida est souvent associé au vagabondage sexuel.

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

86: **Q47C**

=> +1 si NOT(ROT6=#2); 1/2 SAMPLE WITH Q47

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida) Le fait que VIH/sida est souvent associé à l'homosexualité.

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

87: **Q48**

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida) Le fait que certains craignent d'être infectés par le VIH à l'occasion d'un contact (p. ex. en touchant quelqu'un de VIH positif).

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

88: **Q5OB**

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida) Le fait que certains pensent que le VIH/sida n'affecte que des groupes particuliers, comme les gais.

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

89: **Q50C**

(Dans quelle mesure ... est-il un facteur du malaise des gens au sujet du VIH/sida) Le fait que certains pensent que le VIH/sida n'affecte que des groupes particuliers, comme les consommateurs de drogue.

1. Pas du tout un facteur	1
2	2
3. Un facteur moyen	3
4	4
5. Un facteur majeur	5
NSP/PDR	9

90: **P55**

Dans quelle mesure êtes-vous de l'avis suivant, selon une échelle où 1 signifie pas du tout, 5, dans une très grande mesure et le point milieu, 3, dans une certaine mesure.

91: **Q55**

Dans quelle mesure êtes-vous de l'avis suivant...

Les gens ne sont pas prêts à subir un test de dépistage du VIH à cause de la honte associée à cette maladie.

1. Pas du tout	1
2	2
3. Dans une certaine mesure	3
4	4
5. Dans une très grande mesure	5
NSP/PDR	9

92: **Q56**

Dans quelle mesure êtes-vous de l'avis suivant...

Les gens ne sont pas prêts à dire aux autres qu'ils ont le VIH à cause de la honte associée à cette maladie.

1. Pas du tout	1
2	2
3. Dans une certaine mesure	3
4	4
5. Dans une très grande mesure	5
NSP/PDR	9

93: **Q57**

Dans quelle mesure êtes-vous de l'avis suivant...

Les gens qui ont le VIH/sida peuvent éprouver de la difficulté à obtenir un logement, des soins de santé ou un emploi à cause de la honte associée à cette maladie.

1. Pas du tout	1
2	2
3. Dans une certaine mesure	3
4	4
5. Dans une très grande mesure	5
NSP/PDR	9

94: **P64**

Dans quelle mesure êtes-vous d'accord ou en désaccord avec ce qui suit, selon une échelle où 1 signifie entièrement en désaccord, 5, entièrement d'accord et le point milieu, 3, ni d'accord ni en désaccord. . .

95: Q65

Accord avec...

Les gens qui vivent avec le VIH/sida ont le même droit que moi de travailler

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

96: Q66

Accord avec...

Les gens qui vivent avec le VIH/sida ont le même droit que moi d'être soignés

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

97: Q67

Accord avec...

Les gens qui vivent avec le VIH/sida ont le même droit que moi d'être bien logés

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

98: Q68

Accord avec...

Les gens qui vivent avec le VIH/sida ont le droit de mener une vie sexuelle

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

99: **Q70**

=> +1 si NOT(ROT9=#1); 1/2 SAMPLE WITH Q71

Accord avec...

Les gens qui vivent avec le VIH/sida devraient être mis par la loi en quarantaine afin de protéger la santé publique.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

100: **Q71**

=> +1 si NOT(ROT9=#2); 1/2 SAMPLE WITH Q70

Accord avec...

Il faudrait publier les noms des personnes qui ont le VIH/sida afin que les autres puissent les éviter.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

102: **Q175**

Degré d'accord avec . . .

Les gens qui ont le VIH/sida <recl1 > sont incités à partir

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

103: **Q176**

Degré d'accord avec . . .

Si j'avais le VIH/sida, je ne voudrais pas que les autres l'apprennent <recl1 >.

1. Entièrement en désaccord.. 1
2.. 2
3. Ni d'accord ni en désaccord... 3
4.. 4
5. Entièrement d'accord 5
NSP/PDR.. 9

104: **Q177**

Degré d'accord avec . . .

Si j'avais le VIH/sida, je chercherais à me faire soigner <recl2 > afin que les gens avec qui je vis et je travaille soient moins susceptibles de l'apprendre.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

105: **Q178**

Degré d'accord avec . . .

La honte de certaines personnes au sujet du VIH/sida est souvent ressentie également par leurs enfants et les gens de leur entourage.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

106: **Q179**

=> +1 si NOT(ABO2=#1-#2); FN ONLY

Degré d'accord avec . . .

Les Autochtones qui vivent dans les réserves sont moins susceptibles que les autres Canadiens de pouvoir obtenir la bonne thérapie pour le VIH/sida.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

107: **Q180**

Degré d'accord avec . . .

Les Autochtones qui vivent à l'extérieur d'une réserve sont moins susceptibles que les autres Canadiens de pouvoir obtenir la bonne thérapie pour le VIH/sida.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

108: Q181

=> +1 si	NOT(ABO2=#1-#2); FN ONLY

Degré d'accord avec . . .

Les gens qui ont quitté la réserve y reviennent souvent avec le VIH/sida.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

109: Q182

=> +1 si	NOT(ABO2=#1-#2); FN ONLY

Degré d'accord avec . . .

Les gens qui ont quitté la réserve et y reviennent avec le VIH/sida ne sont pas les bienvenus dans la collectivité.

1. Entièrement en désaccord	1
2	2
3. Ni d'accord ni en désaccord	3
4	4
5. Entièrement d'accord	5
NSP/PDR	9

111: REAC

Les prochaines questions concernent votre réaction si vous appreniez que quelqu'un que vous connaissez a le VIH/sida. Veuillez répondre selon une échelle de 5 points où 1 signifie que vous éviteriez absolument cette personne, 5 que vous la soutiendriez absolument et le point milieu, 3, que vous ne feriez ni l'un ni l'autre.

112: REAC1

Comment réagiriez-vous . . .

Si l'un de vos bons amis avait le VIH/sida.

1. Eviter absolument	1
2	2
3. Ni l'un ni l'autre	3
4	4
5. Soutenir absolument	5
NSP/PDR	9

113: **REAC2**

Comment réagiriez-vous . . .

Si votre enfant allait dans une école où un élève a le VIH/sida.

1. Eviter absolument.. 1
2.. 2
3. Ni l'un ni l'autre 3
4.. 4
5. Soutenir absolument.. 5
NSP/PDR... 9

114: **REAC3**

Comment réagiriez-vous . . .

Si, à votre travail, quelqu'un avait le VIH/sida.

1. Eviter absolument.. 1
2.. 2
3. Ni l'un ni l'autre 3
4.. 4
5. Soutenir absolument.. 5
NSP/PDR... 9

115: **REAC4**

Comment réagiriez-vous . . .

Si le propriétaire d'une épicerie de votre quartier où vous faites vos emplettes avait le VIH/sida.

1. Eviter absolument.. 1
2.. 2
3. Ni l'un ni l'autre 3
4.. 4
5. Soutenir absolument.. 5
NSP/PDR... 9

116: **INFSQ**

*

La prochaine série de questions concerne vos sources d'information.

117: **INFO1**

NE PAS LIRE LA LISTE!

Où avez-vous vu, lu ou entendu quelque chose sur le VIH/sida dans la dernière année?

Anciens	01	
Bureau du conseil de bande	02	
Poste de soins infirmiers	03	
Centre d'amitié/organisation autochtone dans ma collectivité	04	
Télévision - en général	05	
Nouvelles à la télévision	06	
Émission sur la santé à la télévision	07	
Spectacle/film à la télévision	08	
Nouvelles à la radio	09	
Émission sur la santé à la radio	10	
Article de journal	11	
Magazines - en général	12	
Magazine sur la santé	13	
Revues scientifiques sur la santé	14	
Livres/Bibliothèque	15	
Sites Web/Internet	16	
Publicité (p. ex., dépliants, affiches, etc.)	17	
Médecins	18	
Infirmière ou autre professionnel de la santé/ Hôpital	19	
Pharmacien	20	
A l'école	21	
Au travail	22	
Santé Canada	23	
Organismes/organisations communautaires concernant le sida	24	
Famille ou amis	25	
Église ou autre institution religieuse	26	
Représentant de la santé communautaire	27	
Autre réponse (préciser)	77	O
NSP/PDR	99	X
	28	N
	29	N
	30	N

118: INFO2

NE PAS LIRE LA LISTE!

Si vous cherchiez aujourd'hui de l'information sur le VIH/sida, où la trouveriez-vous?

Anciens	01	
Bureau du conseil de bande	02	
Poste de soins infirmiers	03	
Organisation autochtone dans ma collectivité	04	
Télévision - en général	05	
Nouvelles à la télévision	06	
Émission sur la santé à la télévision	07	
Spectacle/film à la télévision	08	
Nouvelles à la radio	09	
Émission sur la santé à la radio	10	
Article de journal	11	
Magazines - en général	12	
Magazine sur la santé	13	
Revues scientifiques sur la santé	14	
Livres/Bibliothèque	15	
Sites Web/Internet	16	
Publicité (p. ex., dépliants, affiches, etc.)	17	
Médecins	18	
Infirmière ou autre professionnel de la santé/ Hôpital	19	
Pharmacien	20	
A l'école	21	
Au travail	22	
Santé Canada	23	
Organismes/organisations communautaires concernant le sida	24	
Famille ou amis	25	
Église ou autre institution religieuse	26	
Représentant de la santé communautaire	27	
Autre réponse (préciser)	77	O
NSP/PDR	99	X
	28	N

119: PRERE

*

Je vais vous demander d'évaluer la fiabilité de certaines sources d'information au sujet du VIH/sida selon une échelle où 1 signifie pas du tout digne de confiance, 5, extrêmement digne de confiance et où le point milieu, 3, signifie assez digne de confiance.

120: REL1A

=> +1 si ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Un médecin, une infirmière ou un autre fournisseur de soins de santé qui travaille dans votre collectivité

1. Pas du tout digne de confiance 1
2........ 2
3. Assez digne de confiance 3
4........ 4
5. Extrêmement digne de confiance 5
NSP/PDR........ 9

121: REL3A

=> +1 si ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... La Direction générale de la santé des Premières nations et des Inuits (DGSPNI).

1. Pas du tout digne de confiance 1
2........ 2
3. Assez digne de confiance 3
4........ 4
5. Extrêmement digne de confiance 5
NSP/PDR........ 9

122: REL3B

=> +1 si ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Le gouvernement du Canada

1. Pas du tout digne de confiance 1
2........ 2
3. Assez digne de confiance 3
4........ 4
5. Extrêmement digne de confiance 5
NSP/PDR........ 9

123: REL5

=> +1 si ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... La télévision, la radio et les journaux

1. Pas du tout digne de confiance	1
2	2
3. Assez digne de confiance	3
4	4
5. Extrêmement digne de confiance	5
NSP/PDR	9

124: REL6

=> +1 si ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Une personne qui a le VIH/sida

1. Pas du tout digne de confiance	1
2	2
3. Assez digne de confiance	3
4	4
5. Extrêmement digne de confiance	5
NSP/PDR	9

125: REL7

=> +1 si ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Les amis

1. Pas du tout digne de confiance	1
2	2
3. Assez digne de confiance	3
4	4
5. Extrêmement digne de confiance	5
NSP/PDR	9

126: REL9A

=> +1 si AGE=#2 OR ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Un enseignant

1. Pas du tout digne de confiance	1
2	2
3. Assez digne de confiance	3
4	4
5. Extrêmement digne de confiance	5
NSP/PDR	9

127: REL9B

=> +1 si	ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Internet

1. Pas du tout digne de confiance 1
2... 2
3. Assez digne de confiance 3
4... 4
5. Extrêmement digne de confiance 5
NSP/PDR... 9

128: REL10

=> +1 si	ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance... Un pharmacien

1. Pas du tout digne de confiance 1
2... 2
3. Assez digne de confiance 3
4... 4
5. Extrêmement digne de confiance 5
(NE PAS LIRE) NE SAIS PAS CE QU'EST UN PHARMACIEN 8
NSP/PDR... 9

129: REL11

=> +1 si	ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Les membres de votre famille

1. Pas du tout digne de confiance 1
2... 2
3. Assez digne de confiance 3
4... 4
5. Extrêmement digne de confiance 5
NSP/PDR... 9

130: REL12

=> +1 si	ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Une clinique

1. Pas du tout digne de confiance 1
2... 2
3. Assez digne de confiance 3
4... 4
5. Extrêmement digne de confiance 5
NSP/PDR... 9

131: **REL14**

=> +1 si ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... Un poste de soins infirmiers

1. Pas du tout digne de confiance 1
2 2
3. Assez digne de confiance 3
4 4
5. Extrêmement digne de confiance 5
NSP/PDR 9

133: **REL16**

=> +1 si ROT10=#2; STREAM A

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... une organisation de services touchant le sida

1. Pas du tout digne de confiance 1
2 2
3. Assez digne de confiance 3
4 4
5. Extrêmement digne de confiance 5
NSP/PDR 9

134: **REL18**

=> +1 si ROT10=#1; STREAM B

en tant que source d'information sur le VIH/sida?

Dans quelle mesure trouvez-vous digne de confiance.... les Centres d'amitié

1. Pas du tout digne de confiance 1
2 2
3. Assez digne de confiance 3
4 4
5. Extrêmement digne de confiance 5
NSP/PDR 9

135: **P86**

Dans quelle mesure seriez-vous à l'aise de demander de l'information sur le VIH/sida aux suivants . . . Seriez-vous très à l'aise, plutôt à l'aise, plutôt mal à l'aise ou très mal à l'aise?

136: **Q87**

=> +1 si ROT10=#2; STREAM A

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Un médecin, une infirmière ou un autre fournisseur de soins de santé qui travaille dans votre collectivité

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

137: **Q88**

=> +1 si ROT10=#1; STREAM B

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Un pharmacien?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

138: **Q89**

=> +1 si ROT10=#1; STREAM B

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Vos amis?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

139: **Q90**

=> +1 si ROT10=#2; STREAM A

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Votre famille?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

140:

Q91

=> +1 si AGE=#2 OR ROT10=#2; STREAM A, UNDER 25 ONLY

Dans quelle mesure seriez-vous à l'aise de demander de l'information à
Un enseignant?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

141:

Q91A

=> +1 si ROT10=#1; STREAM B

Dans quelle mesure seriez-vous à l'aise de demander de l'information à
Internet?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

142:

Q92

=> +1 si ROT10=#2; STREAM A

Dans quelle mesure seriez-vous à l'aise de demander de l'information à
Une clinique?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

143:

Q92C

=> +1 si ROT10=#1; STREAM B

Dans quelle mesure seriez-vous à l'aise de demander de l'information à
Un poste de soins infirmiers?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

145: **Q92E**

=> +1 si ROT10=#2; STREAM A

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Une organisation de services touchant le sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

146: **Q92G**

=> +1 si ROT10=#1; STREAM B

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Les Centres d'amitié?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

147: **Q92H**

=> +1 si ROT10=#1; STREAM B

Dans quelle mesure seriez-vous à l'aise de demander de l'information à

Une personne qui a le VIH/sida

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
NSP/PDR	9

148: **Q93**

LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Dites-moi s'il vous plaît lequel des moyens suivants serait, selon vous, le plus efficace pour renseigner les gens sur le VIH/sida:

Dépliants/dossiers d'information envoyés au domicile des gens	01	
Messages d'intérêt public à la télévision	02	
Messages d'intérêt public à la radio	03	
Messages d'intérêt public dans les journaux	04	
Messages d'intérêt public dans des magazines	05	
Exposition lors d'événements publics	06	
Conférenciers lors d'événements publics	07	
Formation et sensibilisation des anciens et des travailleurs communautaires pour qu'ils informentla collectivité	08	
Intégration du partage de l'information dans les cérémonies ou activités traditionnelles autochtones	09	
L'école	10	
(NE PAS LIRE) NSP/PDR	99	X

149: KNOW

*

A ce que vous sachiez, connaissez-vous ou avez-vous connu quelqu'un ayant le VIH/sida?

Oui	1
Non	2
NSP/PDR	9

150: KNOW2

=> SEX1 si NOT(KNOW=#1)

Dans quelle mesure cela a-t-il changé votre comportement envers cette personne, sur une échelle allant de 1, aucun effet, à 5, un effet très fort et où le point milieu, 3, signifie un effet moyen?

1. Aucun effet	1
2	2
3. Un effet moyen	3
4	4
5. Un effet très fort	5
NSP/PDR	9

151: KNOW3

=> +1 si KNOW2=#1-#2,#6

NE PAS LIRE LA LISTE!

En quoi votre comportement a-t-il changé?

Passé moins de temps avec cette personne	01	
Eté plus prudent avec les contacts occasionnels	02	
Commencé à me protéger dans mes relations sexuelles avec ce partenaire	03	
Exprimé plus de sympathie envers cette personne	04	
Mieux soutenu cette personne	05	
Eté en colère contre cette personne	06	
Eté plus critique envers cette personne	07	
Autre (préciser)	77	O
NSP/PDR	99	X
ACCROISSEMENT DE SENSIBILISATION/COMPREHENSION/ TOLERANCE/CONNAISSANCES	08	N
	09	N

152: SEX1

*

Les prochaines questions ont uniquement pour but de comprendre le modèle des attitudes touchant le VIH/sida. Si une certaine question vous rend mal à l'aise, dites-le-moi et nous passerons à la suivante. Vous êtes entièrement libre de répondre et toutes vos réponses vont demeurer anonymes. Avez-vous été actif sur le plan sexuel dans les 12 derniers mois?

Oui	1	
Non	2	=> RISK
NSP/PDR	9	=> RISK

153: SEX2

*

Avec combien de partenaires avez-vous eu des rapports sexuels au cours des 12 derniers mois?

NSP/PDR	99

154: COMP1

=> * si IF((SEX2>1),2,1)

*

Un	1
Plus d'un	2

155: SEX2B

=> +1 si COMP1=#2

*

S'agissait-il d'un(e) partenaire occasionnel(le), c'est-à-dire de quelqu'un avec qui vous n'entretenez pas une relation suivie?

Oui	1
Non	2
NSP/PDR	9

156: SEX2C

=> +1 si COMP1=#1

*

Y avait-il parmi ces personnes un(e) partenaire occasionnel(le), c'est-à-dire quelqu'un avec qui vous n'entretenez pas une relation suivie?

Oui	1
Non	2
NSP/PDR	9

157: SEX2D

=> * si SEX2B+SEX2C

*

Y avait-il parmi ces personnes un(e) partenaire occasionnel(le), c'est-à-dire quelqu'un avec qui vous n'entretenez pas une relation suivie?

Oui	1
Non	2
NSP/PDR	9

158: RISK

*

comment évaluez-vous votre propre risque de contracter le VIH/sida, selon une échelle où 1 signifie un risque très faible, 5, un risque très élevé et le point milieu, 3, un risque moyen?

1. Risque très faible	1
2	2
3. Risque moyen	3
4	4
5. Risque très élevé	5
NSP/PDR	9

159: RISK2

=> +1 si NOT(RISK=#1-#2)

NE PAS LIRE LA LISTE

Pourquoi croyez-vous que votre propre risque de contracter le VIH est faible?

Je ne suis pas gai	01	
J'ai un(e) seul(e) partenaire	02	
Je n'ai pas de relations sexuelles	03	
J'utilise toujours le condom	04	
Je ne consomme pas de drogue	05	
Je ne pense pas que la ou les personnes avec qui j'ai des activités sexuelles a ou ont le VIH/sida ou une maladie transmise sexuellement	06	
Autre (préciser)	77	O
NSP/PDR	99	X
	07	N
	08	N
	09	N

160: RISK3

=> +1 si NOT(RISK=#3)

NE PAS LIRE LA LISTE

Pourquoi croyez-vous que votre propre risque de contracter le VIH est moyen?

Je ne suis pas gai	01	
J'ai un(e) seul(e) partenaire	02	
Je n'ai pas de relations sexuelles	03	
J'utilise toujours le condom	04	
Je ne consomme pas de drogue	05	
J'ai de multiples partenaires	06	
Je consomme de la drogue	07	
Je n'utilise pas le condom	08	
Ma(mon) partenaire est VIH positif(ve)	09	
Je ne pense pas que la ou les personnes avec qui j'ai des activités sexuelles a ou ont le VIH/sida ou une maladie transmise sexuellement	10	
Autre (préciser)	77	O
NSP/PDR	99	X
	11	N
	12	N

161: RISK4

=> +1 si NOT(RISK=#4-#5)

NE PAS LIRE LA LISTE

Pourquoi croyez-vous que votre propre risque de contracter VIH est élevé?

J'ai de multiples partenaires	01	
Je consomme de la drogue	02	
Je n'utilise pas le condom	03	
Ma(mon) partenaire est VIH positif(ve)	04	
Autre (préciser)	77	O
NSP/PDR	99	X
	05	N
	06	N

162: DEMIN

*

J'ai maintenant quelques questions qui servirons à des fins de statistiques uniquement.

163: MOB

=> +1 si NOT(ONOFF=#1); ON-RESERVE ONLY

Avez-vous vécu à l'extérieur de votre réserve au cours des deux dernières années? NOTE: "Vécu" veut dire avoir déménagé, pas uniquement être allé en voyage ou en vacances.

Oui	1
Non	2
NSP/PDR	9

164: MOB3A

=> +1 si NOT(MOB=#1)

RÉPONDRE POUR LA FOIS "LA PLUS RÉCENTE" SI C'EST PLUS D'UNE

Quelle était votre principale raison d'aller habiter à l'extérieur de la réserve?

Rejoindre de la famille déjà installée	01	
Chômage dans collectivité de Première nation	02	
Emploi à l'extérieur de collectivité de Première nation	03	
Accès à la culture générale	04	
Fréquenter une école (publique ou postsecondaire)	05	
Fréquenter le collège ou l'université	06	
Meilleur logement	07	
Disponibilité des services	08	
Échapper à de la violence ou à un conflit	09	
Pas quitté la collectivité	00	N
Autre - préciser	77	O
NSP/PDR	99	X
CONNAITRE LE MONDE EXTÉRIEUR	10	N
AVOIR UNE VIE MEILLEURE	11	N
ENNUI/BESOIN DE CHANGEMENT	12	N

165: HOU20

Parmi les genres de ménage suivants, lequel décrit le mieux le vôtre?

Une personne vivant seule	01	
Célibataire avec enfant(s)	02	
Couple marié ou en union de fait, sans enfant	03	
Couple marié ou en union de fait, avec enfants	04	
Célibataire, sans enfant, vivant avec colocataire(s)	05	
Célibataire, sans enfant, vivant avec membre de la famille/parents	06	
Autre réponse (veuillez préciser)	77	O
NSP/PDR	99	

166: CHILD

=> +1 si NOT (HOU20=#2,#4)

LIRE LA LISTE

Avez-vous des enfants âgés de...?

0-5 ans	1	
6-11 ans	2	
12 ans ou plus	3	
NSP/PDR	9	X

168: EMP

LIRE LA LISTE

Laquelle des catégories suivantes décrit le mieux votre situation d'emploi actuelle?

****demander d'abord au répondant s'il a un emploi, et poursuivre ****

Travailleur autonome	01	
Employé à temps plein	02	
Employé à temps partiel	03	
Employé saisonnier	04	
Employé pour une durée déterminée/OCCASIONNEL	05	
Sans emploi mais en cherche un	07	
Étudiant/à l'école à plein temps	08	
Retraité	09	
Pas sur le marché du travail/Personne au foyer à plein temps	10	
En congé d'invalidité à long terme / de maladie	11	
En congé de maternité / paternité	12	
Autre réponse (veuillez préciser)	77	O
NSP/PDR	99	

169: EDUC

*

Quel est votre niveau de scolarité?

Ecole primaire terminée ou non (1e-8e années)	01
Un peu d'école secondaire	02
Diplôme d'études secondaires (12e-13e années)	03
Un peu de Collège communautaire/technique ou CEGEP	04
Collège communautaire/technique ou CEGEP	05
Certificat de métier	06
Un peu d'études universitaires	07
Baccalauréat	08
Diplôme professionnel	09
Maîtrise ou doctorat	10
NSP/PDR	99

170: INC

*

Quel est votre revenu FAMILIAL toutes sources combinées, avant impots?

moins de 20,000$	01
20,000$-29,999$	02
30,000$-39,999$	03
40,000$-49,999$	04
50,000$-59,999$	05
60,000$-79,999$	06
80,000$ ou plus	07
NSP/PDR	99

171: THNK

Fin de l'entrevue

Merci beaucoup d'avoir bien voulu répondre à nos questions.

Complet	1	D

APPENDIX B

RESPONSE RATES

Note that, based on the sampling approach, First Nations, Métis and Inuit were collected in the off-reserve sample, although specific targeting was also done among First Nations (on-reserve) and Inuit (up north). There is no precise method of determining this response rate information by First Nations, Métis and Inuit (as the survey results were described).

Exhibit 1
Call Results and Response Rates Table (Off Reserve Population)

Total Sample	39450
Numbers not in service	6683
Duplicates	58
Non-residential numbers	1227
Numbers blocked by Phone companies	126
Total functional sample	31356
No answers	4320
Retired, called 8 times without success	3170
Language difficulty	315
Other	78
Unavailable	17
Total Asked	23456
Refusals	9184
Cooperative Callbacks	14272
Completes	1015
Ineligible	13257
Response Rate	45.5%

Exhibit 2
Call Results and Response Rates Table (Inuit Population)

Total Sample	2424
Numbers not in service	716
Duplicates	26
Non-residential numbers	68
Numbers blocked by Phone companies	1
Total functional sample	1613
No answers	260
Retired, called 8 times without success	80
Language difficulty	149
Other	6
Unavailable	1
Total Asked	1117
Refusals	549
Cooperative Callbacks	568
Completes	137
Ineligible	431
Response Rate	35.2%

Exhibit 3
Call Results and Response Rates Table (On Reserve Population)

Total Sample	10570
Numbers not in service	2075
Duplicates	88
Non-residential numbers	324
Numbers blocked by Phone companies	23
Total functional sample	8060
No answers	2390
Retired, called 8 times without success	198
Language difficulty	52
Other	10
Unavailable	14
Total Asked	5396
Refusals	2401
Cooperative Callbacks	2995
Completes	461
Ineligible	2534
Response Rate	37.2%