



HIV/AIDS: THE BASIC FACTS



FOR MÉTIS COMMUNITIES

Following the Red Cart – Métis and HIV/AIDS

HIV/AIDS: The Basic Facts

HIV/AIDS for Métis Communities

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Published in 2003 by the Métis National Council©

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Funding for this booklet: "Following the Red Cart – Métis and HIV/AIDS" was provided by a financial contribution from the Canadian Strategy on HIV/AIDS.



Canadian
Strategy on
HIV/AIDS

La Stratégie
canadienne
sur le VIH/sida

The opinions expressed in this resource are those of the author and do not necessarily reflect those of Health Canada.

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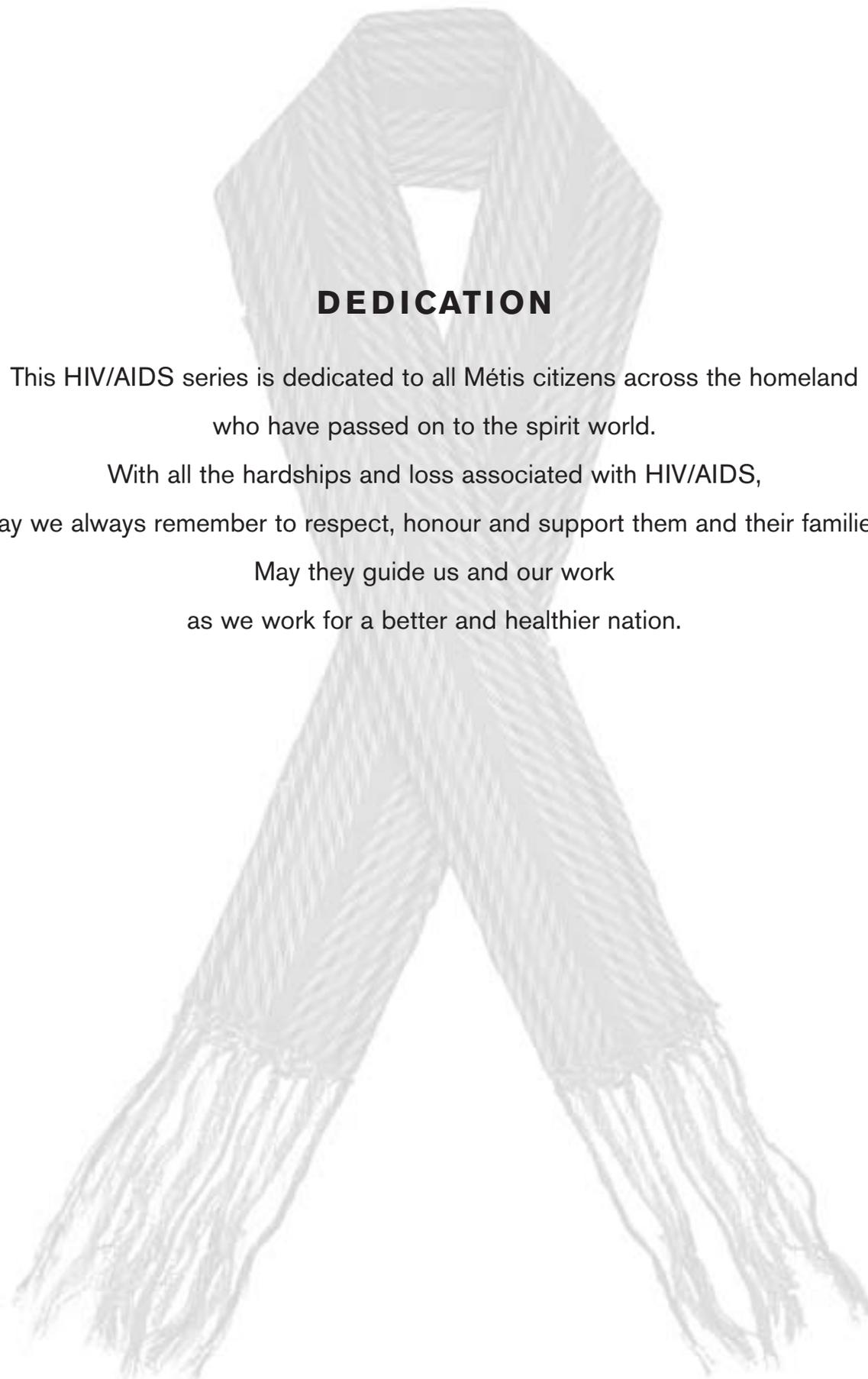
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ISBN # 0-9732959-0-2

Layout & Design by Nation Media + Design Ltd.



DEDICATION

This HIV/AIDS series is dedicated to all Métis citizens across the homeland
who have passed on to the spirit world.

With all the hardships and loss associated with HIV/AIDS,
may we always remember to respect, honour and support them and their families.

May they guide us and our work
as we work for a better and healthier nation.

MESSAGE FROM THE PRESIDENT

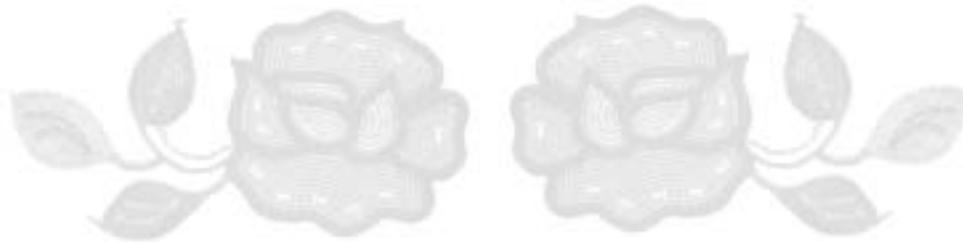
There are more than 40 million people living with HIV/AIDS worldwide. As of 2001, there were 18,026 AIDS cases reported in Canada. Of that total, 437 were reported as Aboriginal persons.

There are no signs of the HIV/AIDS epidemic lessening. In fact, according to recent statistics, an increase in this epidemic has been observed in Aboriginal communities, particularly those in inner cities. And an alarmingly high proportion of HIV positive pregnant women are Aboriginal.

The threat of HIV/AIDS to our communities and people is very real. Protection is but one aspect of our role in this front. As the HIV/AIDS epidemic grows, and as more and more of our people become infected, we must ready our communities to care for and support the families who will be welcoming their children with HIV/AIDS back home.

We cannot shy away from this subject nor can we think that HIV/AIDS will not affect Métis people or Métis communities. It already has. The well-being and, perhaps, even the entire future of our Nation depends on the actions we take today.

I am proud that the Métis National Council has been able to step forward and publish this booklet. This is a great resource and can be an excellent first step toward educating Métis people and communities about ways to protect themselves against HIV/AIDS and understanding what it's like for those who are living with HIV/AIDS.



ACKNOWLEDGMENTS

Special thanks to Pauktuutit Inuit Women's Association for copyright of their original materials, which this booklet was founded upon. Thanks to the following Advisory Committee members: Senator Reta Gordon (Métis Nation of Ontario) Richard Wilmot (MPCBC), Fran Hyndman (MNA), George McBeth (MNS), Marilee Nault (MMF), Roberta Wraith (MNO), Carol, Dwayne Norris, Terra Larence (Planned Parenthood Federation of Canada), Art Zoccole (Canadian Aboriginal AIDS Network), Alison Fisher (Wabano Centre for Aboriginal Health), Jennifer Brown (Métis Youth Advisory Council), LaVerne Monette (2-Spirited People of the 1st Nations), Franco Buscemi (Pauktuutit Inuit Women's Association). We would also like to thank the following individuals for additional input and advice; Gerard Yetman (Canadian AIDS Society), Denise Lambert (Kimamow Atoskanow Foundation), RonniLyn Pustil (Canadian AIDS Treatment Information Exchange (CATIE), The National Aboriginal Council on HIV/AIDS (NACHA), Christi Belcourt (writer), Duane Morrisseau (MNC HIV/AIDS Coordinator and co-writer of the Métis HIV/AIDS Series), Don Fiddler (Director of Health) and the MNC staff.

FORWARD

This booklet provides basic information on HIV/AIDS. Chapter 1. HIV/AIDS: The Basic Facts; 2. Your Immune System and Testing for HIV/AIDS; 3. HIV/AIDS: The Risks and Protecting Yourself; 4. Sexually Transmitted Diseases (STDs) and HIV/AIDS; 5. Women and HIV/AIDS.

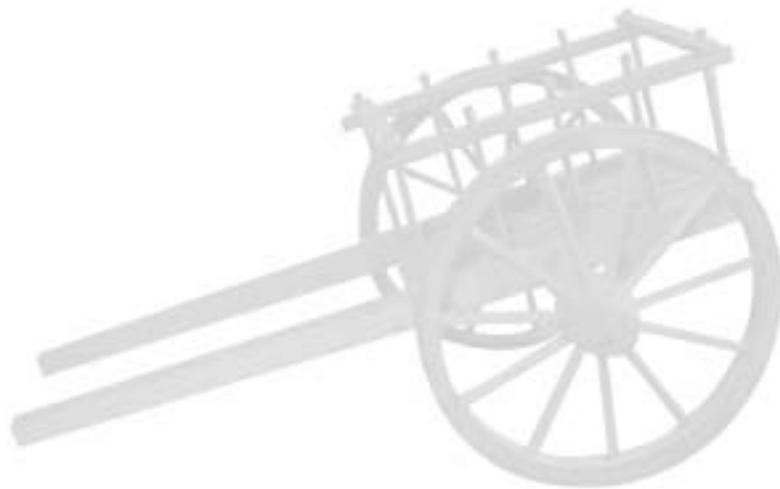
HOW TO USE THIS BOOK

This book is not meant to tell you everything you'll ever need to know about HIV/AIDS; it is a guide to some of the issues and facts about HIV/AIDS. Information about HIV/AIDS changes so quickly that it's hard to keep up to date. It's always a good idea to check with your doctor or call your nearest AIDS group for updates or information on new developments in the fight against AIDS.

Found at the end of this booklet is a Glossary of common words and terms.

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Chapter 1.

HIV/AIDS: The Basic Facts

Challenges for Métis Communities

One of the hardest things to do is to generalize about the Métis “community” because, as we all know, within the Métis Nation our people are extremely diverse. It is estimated that there are approximately 300,000 Métis people throughout the Métis homeland, which spans from Ontario to British Columbia. Between languages, dialects, urban, rural, small towns and provinces, it is impossible to find a “one size fits all” solution when it comes to the education of Métis people on HIV/AIDS.

However, this education is something we can all contribute to on an individual basis. Each province and community takes its own approach, but you as an individual can take your health care into your own hands. You must educate yourself. Find out all the facts so that HIV/AIDS isn't such a mystery to you. Once you take the mystery out of HIV/AIDS, protecting yourself will become second nature.

It is assumed within some of our communities, particularly the smaller and more rural communities, that even approaching the topic of sex in an open and healthy way is somewhat taboo. There is a lot of history behind that assumption. Many influences have left a negative impact on previous generations, which have put many Aboriginal people at risk for HIV/AIDS and other sexually transmitted diseases (STDs). For example, we now understand the inter-generational effects of Residential schools, which has resulted in the displacement and loss of the Métis culture and language. These losses have provided a gateway for mixed and confused messaging and, as result, Métis people's lives are in jeopardy. Sex was never discussed among the older generation. It was something they had to discover on their own. As a result, it is not something being discussed with younger generations today.

Let's remember that HIV/AIDS is not just about sex; sharing needles (for tattooing, piercing or intravenous drug use) also puts people at risk. Other modes of HIV transmission will be discussed in more detail in this series as we explore the world of HIV/AIDS and other STDs.


*HIV stands for Human
Immunodeficiency Virus.*

THE FACTS ON HIV/AIDS

When the first cases of AIDS were reported in the early 1980s, AIDS was thought to be a disease that killed people very quickly. Now it is widely known that most people can live with HIV/AIDS for years without showing any signs of illness.

Thankfully, there are many new treatments available now that can help control and prevent infections. These didn't exist when those first cases were reported. Although there's still no cure, it's important to remember that much progress has been made in terms of managing HIV/AIDS.



HIV/AIDS is not a Two-Spirited disease.

One of the biggest myths about HIV/AIDS is that it only affects certain groups. This kind of thinking is very dangerous because HIV/AIDS is not about just certain risk groups – HIV/AIDS is about behavior that can put a person at risk of becoming infected. Anyone who engages in risky behavior, such as having unprotected sex or sharing needles, is at risk of getting HIV/AIDS.

HIV/AIDS has affected many people, including those who have had blood transfusions, women, babies, youth, the elderly, and both straight and Two-Spirited men.

Evidence suggests that Aboriginal persons are infected with HIV at a younger age than non-Aboriginal persons and that injecting drug use is the most common mode of transmission¹. The HIV/AIDS epidemic in the Aboriginal community shows no signs of abating. Currently, there is limited data that reflects the true picture of HIV/AIDS infection in Métis communities. Métis people moving between inner cities and rural areas may bring the risk of HIV/AIDS to even the most remote Métis community.



Understanding HIV/AIDS and Your Immune System

Understanding how your immune system works and how HIV/AIDS affects your body is important information when trying to better understand what’s happening to a person living with HIV/AIDS and will help you to protect yourself from getting HIV.



What are germs?

Understanding the difference between words like bacteria, virus and germ may make it easier to understand how your immune system keeps you healthy and how HIV/AIDS works.

There are four different types of germs, or “microbes”: bacteria, fungi, protozoa and viruses.

Bacteria, fungi and protozoa are all single-celled creatures, but each type behaves in different ways. Like all living things, these organisms breathe, eat and reproduce.

Viruses are very different from the three other kinds of germs. Viruses do not breathe or eat, and they can’t reproduce on their own. In order to reproduce, a virus must enter a living cell and take over some parts of that cell. Only then can the virus make copies of itself.



AIDS stands for Acquired Immunodeficiency Syndrome.



HIV/AIDS is a type of virus called a “retrovirus.”



What is HIV?

HIV stands for **Human Immunodeficiency Virus**. HIV needs contact with your blood or other bodily fluids in order to infect you. Once it gets into your body, this virus attacks your immune system and weakens it,

¹Bureau of HIV/AIDS and TB Centre for Infectious Disease Prevention and Control Health Canada, HIV/AIDS Epi Updates- May 2001



making it hard for your body to fight infections and diseases that could be more easily fought if your immune system was working at full tilt. The ways to contract HIV will be seen in the following section.

A person could be infected with HIV and not know it. In fact, someone could be infected with HIV for a long time (more than 10 years) and not know it. If you are infected and don't know it, you could pass HIV on to someone you care about, even to your unborn baby or your infant through breast-feeding.

Once HIV is in your body, there is no way to get it out because currently there is no cure!



How Does a Person Get HIV/AIDS?

When a person comes in contact with bodily fluids that contain HIV, they are at risk of getting HIV.

Bodily fluids that CAN spread HIV are:

- blood (blood-to-blood contact that may occur when sharing equipment, such as syringes for injection drug use, with someone who has HIV; sharing equipment for tattooing and body piercing, even with proper cleaning, also places a person at risk for HIV and other blood-borne infections such as hepatitis B and C)
- semen (sperm – fluid that comes from a man's penis during sex)
- vaginal fluid (women's sex fluid)
- amniotic fluid (birth fluid)
- breast milk

Bodily fluids that CAN'T spread HIV are:

- urine (pee)
- stool (poop)
- saliva (spit)
- tears

NOTE: Sometimes there is blood in urine, stool or saliva. If you come in contact with any blood in any of these, there is a risk of getting HIV.



Your Immune System

The main thing to remember about your immune system is that it is the part of your body that defends against germs and infections – things that can make you sick. It knows what belongs in your body and what doesn't belong.

With a healthy immune system, the things that don't belong in your body are destroyed by your immune system in order to keep you healthy. However, if your immune system isn't functioning properly to attack germs and infections, these infections can take over.

It is the diseases, germs and infections that overtake a person with HIV/AIDS, not the virus by itself. The virus basically kills all the defense mechanisms in your body so that life-threatening infections can take hold, causing severe illness and even death.

The Stages of HIV/AIDS Infection

Each person's experience of health and illness is different and everyone experiences HIV/AIDS infection differently. It's important to remember that the stages of HIV/AIDS infection will be different from one person to another. Some people have been HIV positive for many years and haven't developed an "opportunistic infection" (infections that occur more often in a person with a weakened immune system).

What is AIDS?

AIDS stands for **Acquired Immunodeficiency Syndrome**. AIDS is not a disease. Rather, it is a syndrome associated with HIV infection. A person who is HIV positive has AIDS when he or she comes down with one of the illnesses listed as an "opportunistic infection" or when he or she has fewer than 200 T4 cells (or CD4 cells), which are the " messenger" cells in your body that turn on the immune system. HIV/AIDS attacks the T4 cells, making your immune system weak. It is possible to have more than one opportunistic infection at a time.

What are Opportunistic Infections?

When germs take advantage of the opportunity created by your weakened immune system to cause an infection, they're called "opportunistic infections" (sometimes they're also called "secondary infections").

Some of the more common infections that affect people with HIV/AIDS are: tuberculosis (TB), pneumonia, toxoplasmosis, thrush, meningitis and herpes. People with HIV/AIDS can also develop other conditions such as cancer of the cervix, Kaposi's sarcoma (KS), lymphoma (cancer of the lymph system), wasting, AIDS dementia complex (ADC) and skin problems.



HIV/AIDS is the standard way in which the virus is referred to in many publications.



 **Who Can Get HIV/AIDS and how to avoid getting HIV/AIDS**

HIV transmission is all about sexual behaviors and certain practices that put people at risk. If you are doing things that are listed below that put you in contact with another person's blood or bodily fluids, then you are at risk for HIV infection. Protecting yourself against HIV/AIDS is about learning how to stay safe. Anyone who does any of the following activities without using protection (such as condoms) or clean needles is putting themselves at risk of getting HIV/AIDS:

- intercourse (vaginal or anal)
- oral sex (sucking or licking penis or vagina)
- sharing needles (either for drug use, tattooing or piercing)
- handling bodily fluids for work (for example, a health care worker who takes blood and is pricked by the needle used on an infected patient. See universal precautions)

 **Babies and children are also at risk of getting HIV in two ways:**

Most babies with HIV got the virus from their mothers, either in the womb or during the birthing process. Also, babies who are breast-fed by their HIV positive mothers are at high risk of contracting HIV/AIDS. Breast milk, a bodily fluid produced by women, contains high concentrations of HIV. It is standard practice today that every woman is tested when they find out that they are pregnant. Children and teenagers can get HIV the same way adult's can – through sex (including sexual abuse) and sharing needles for tattooing, piercing or intravenous drug use.

 **Here is something to think about:**

HIV/AIDS is really about safety. Parents need to have correct information to give to their children. Parents are responsible for teaching their children to be safe even when they know that kids sometimes make choices that are not best for them.

Within our Métis communities, it is important to think about how we are going to educate our community members to prevent more people from contracting HIV/AIDS. To keep our communities healthy we need to learn healthy sexual activities to answer questions such as, "How are we going to deal with people who are infected"? Or "How will we care for our friends and relatives who have HIV/AIDS"? These questions are not only for our leadership or community health workers to provide answers to.

**HIV/AIDS IS AN INFECTION THAT CAN BE AVOIDED
BY USING CONDOMS AND CLEAN NEEDLES.
IT'S THAT SIMPLE.**

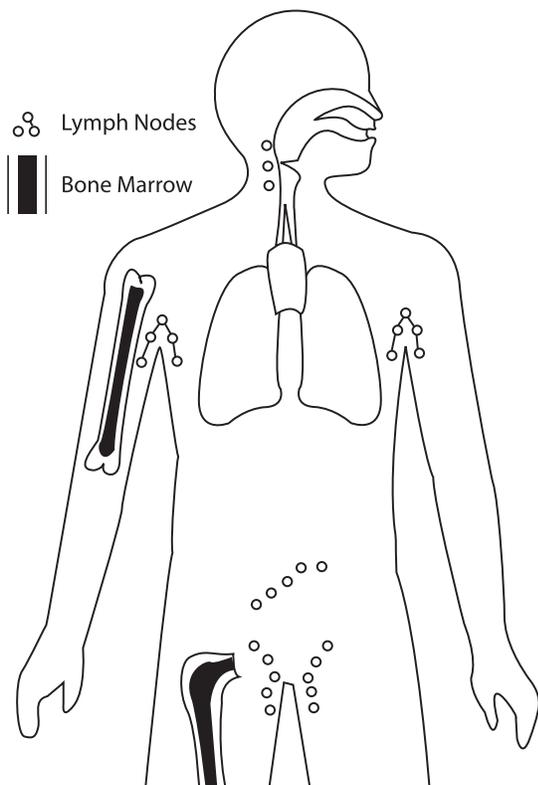


Chapter 2: Your Immune System and Testing for HIV/AIDS

Your Immune System

A strong, healthy immune system protects our bodies like a suit of armor. When we come into contact with germs (viruses, bacteria) our immune system responds and goes to work. For example, if someone gets a virus like a cold, they may be sick for only a few days and then get better because their immune system is able to fight off or control the virus.

The **components of the immune system** are:



- **skin** (the largest organ in your body and your first defense against infection)
 - **hair and bodily fluids** (nose hair and mucous that try to keep germs in the air out of your body)
 - **lymphatic system** (there are between 500 and 1,000 lymph nodes (glands) all over your body that are connected by vessels like a network. The lymph nodes act as a filter to get rid of or kill the germs collected in the lymph fluid that carry germs away from the cells of your body. They can be found in your armpits, neck, stomach and groin.)
 - **bone marrow** (responsible for making white blood cells to fight against infections)
 - **T4 (or CD4) cells** (the “messenger” cells that turn on the immune system. HIV/AIDS attacks the T4 cells, making your immune system weak.)
 - **T8 (or CD8) cells** (the “scraper” cells that destroy cells that have been infected by germs. They are the messenger cells that turn off the switch by telling your immune system that everything is back to normal.)
- **B cells** (make proteins called “antibodies.” B cells are like the immune system’s memory bank. They store the data of germs that tried to attack your body and pull up this data to inform the immune system when the germs attempt to infect again. The information is stored in your body until needed. The antibodies stick with the germs and kill them off. The idea of child immunization proves this point. Your body is introduced to the antibodies needed to fight infections such as tuberculosis (TB), polio and the flu. Unfortunately, scientists have not found a vaccine for HIV. So it’s up to you to protect yourself.)

**ARE YOU CONFUSED YET? WHAT DOES THIS ALL MEAN?
HOW DOES YOUR IMMUNE SYSTEM WORK?
LET’S CLARIFY – SIMPLIFY – UNDERSTAND**

Your immune system responds to different infections in different ways. A good example of this is a cold virus. When it enters your body, your T4 and T8 cells start to work to fight the cold virus, and in a few days you most likely recover. Once everything is in check, your T8 cells send out a message and tell your other immune-fighting cells that the infection has passed. Then the B cells make the antibodies and store them away until next time.

When HIV enters your body, the virus is like a heat-seeking missile that goes looking for the T4 cells. It attacks and kills the T4 cells. Remember, T4 cells turn on your immune system and are most commonly infected by HIV. As this happens, your immune system weakens and is less likely to be able to fight off infections that other people with healthy immune systems would usually not have to worry about.

The HIV virus weakens your immune system. This causes chain reactions to a point where your B cells are unable to make antibodies because they are too busy attacking your T4 cells. Eventually, the virus will take over all the components of your immune system so that all cells are unable to do their job. Like the domino effect, when one chip is out of place, the sequence cannot be completed.

 **Getting Tested**

Pre- and Post-Test Counseling

People are often embarrassed to tell the truth to health care workers about their sex lives and the risky sexual behaviors they might have or had. They may be afraid to admit that they have shared needles and are using drugs. **TELLING THE TRUTH CAN SAVE LIVES!** HIV

and STDs are very serious problems in Métis communities because our people do not think that HIV can affect them and, therefore, they tend to not protect themselves. Any conversation you have with your health care worker is private; so don't be afraid to be honest.

The only way to know if HIV has infected our bodies is to be tested for HIV.

Being honest with yourself will help you decide whether having an HIV test is a good idea for you. Making the decision to have an HIV test is very serious, but remember, you are not alone. It is important to know that if you decide to have an HIV test there is a process that everyone should be aware of and follow (if it is available in your region). It is called "pre- and post-test counseling":

Here's how it goes:

1. It is advised that you talk to your health care worker about why you think you may need an HIV test. This information is confidential.
2. Someone – a doctor, nurse or health care worker – must help you understand why you might want to have a test, how the test will be done and what the test results could mean.
3. It can take as long as six weeks for you to get the results of your HIV test. This is often a very stressful time. Your health care worker can provide you with some support while you wait.
4. The results of the test must be given to you in person and never over the telephone.



HIV Testing

HIV tests are blood tests. A small amount of blood is taken from a vein in your arm. The blood is sent to a laboratory and tested to see if HIV has entered your body.

An Enzyme-Linked Immunosorbent Assay (ELISA) test is the first test that is done. If this test shows that there are HIV antibodies in your blood, then a Western Blot test is done to make sure.

It takes a bit of time for your immune system to make antibodies that can be detected by the tests – anywhere from two weeks to six months after the virus has entered your body. That time period is often called the “window period.” If an HIV test is done during that time it may not detect HIV.

If you think that you have been exposed to HIV/AIDS or if someone has informed you that you were, go immediately to your nearest hospital’s emergency room or clinic to be tested. In some cases medical treatment is started immediately this is called “post-exposure prophylactics”. This aggressive treatment may lower your chances of becoming HIV positive.



Different Ways of Testing

There are three ways that HIV testing is done in Canada. Check with your community health centre or clinic to find out which kind of HIV testing they offer. Each province may vary and it is up to you to choose which one is best for you.

The three ways of testing are:

1. **NOMINAL** – Your name is on the paper you take with you for the test. That means that anyone who sees the paper will know that you are having an HIV test.
2. **NON-NOMINAL** – The doctor or nurse puts a code on the paper that only you and the doctor know. This means that fewer people will know that you are having an HIV test.
3. **ANONYMOUS** – Some communities will test you without requiring you to provide your name or any other information about yourself.

Please note that under current legislation in Canada all pregnant women must be tested for HIV unless they refuse. Doctors are responsible for ensuring that their patients understand the test and its implications. It is imperative that adequate pre- and post-test counseling is available for pregnant women.



You cannot tell that a person has HIV/AIDS by looking at them. A person could be carrying the HIV virus for more than 10 years and not look or feel sick at all.





What Does an HIV Positive (HIV+) Test Mean?

1. A positive test result means that you have been infected with the HIV virus. It does not mean that you have AIDS.
2. A positive test result means that you have HIV in your blood or other bodily fluids. You can give HIV to other people. It is very important to get as much information about HIV as you can, in order to make sure you do not pass on the virus to anyone else and that you take care of yourself.
3. A positive test result means that HIV is attacking your immune system. It is important to discuss with your doctor ways to stay healthy.
4. A positive test result means that you discuss with your doctor ways to map out the best plan of action for treatment, care and monitoring.



What Does an HIV Negative (HIV-) Test Mean?

If you are told that your HIV test came back negative it can mean that:

1. You have not been infected with HIV.
- OR
2. Your body has not had enough time to make antibodies to HIV.

THIS IS VERY IMPORTANT TO REMEMBER

TO BE SURE THAT YOU HAVE NOT BEEN INFECTED WITH HIV, YOU SHOULD HAVE TWO TESTS, SIX MONTHS APART. During the six months you must make sure to protect yourself from anyone else's blood or bodily fluids. (For more information, read; 3. HIV/AIDS: The Risks and Protecting Yourself; 4. Sexually Transmitted Diseases (STDs) and HIV/AIDS.)



Partner Notification – Telling People

Anyone who tests positive for HIV should tell the people they may have given the virus to, so those people can decide for themselves if they need an HIV test. Health boards call this “partner notification” or “contact tracing.” It is also done when someone tests positive for other STDs (Sexually Transmitted Diseases).



There is no shame in getting tested for HIV or, as most people say it, getting tested for “AIDS.” If you have had unprotected sex, including oral sex, with anyone or if you have shared needles for drug use, tattooing or piercing – get tested



Different regions in Canada have different ways of doing partner notification. The three most common ways are:

1. **You tell all of your partners that you have HIV** and that they should be tested immediately. This may not be the best option for you if you do not want a lot of people to know you have HIV.
2. **The health centre or nursing station can notify your partners and tell them** that they may need to have an HIV test. In this case, you would give the health centre or nursing station a list of the people you have had sex or shared needles with. **They will not tell them about you.** They will make sure they do not give out any information that could identify you.

If you aren't sure, ask the doctor or nurse about their policy on confidentiality.

3. **You and the health centre or clinic can work together to tell people.** For example, you may want to tell your current girlfriend/boyfriend by yourself and you may want the health centre or clinic to tell your previous sex partners or the people you shared a needle with. You must tell the people you have agreed to tell within a set time.



The best thing to do is to speak openly with a doctor or nurse. Ask questions about the protection of your privacy. Health care workers are trained professionals who wish to help; they will not be shocked by any questions you may have.





Chapter 3:

HIV/AIDS: The Risks and Protecting Yourself



Know the Risks

HIV/AIDS is too dangerous to ignore. Métis communities are not immune to this virus. This virus does not have a brain nor does it care about your sexual orientation. Remember that HIV/AIDS is a *human* virus. The best thing we can do for ourselves and our community is to learn as much as we can about HIV/AIDS. The more informed you are, the less likely you are to be infected. This is a sign of maturity and with that comes a responsibility to share with and help others. This is the Métis way!

There are three easy steps to taking care of yourself. Remember, you are number one. When you can take care of yourself, then you have the ability to share with and take care of others.

1. Take time to learn about HIV/AIDS and the sexual behaviors that put you at risk.
2. AIDS is a preventable disease. Get informed and take the necessary precautions to practice “safer sex” methods.
3. Take action. Avoid the use of alcohol and drugs before having intercourse. Alcohol and drugs may affect your perception or judgment and lead you to have unprotected sex with a partner. This is a hard step, but most often just a minor change can bring major results.

You will NOT get HIV/AIDS from:

- giving blood
- getting blood at the hospital
- tears
- living in the same house with someone who has HIV/AIDS
- sharing the same bed with someone who has HIV/AIDS
- touching, massaging
- kissing, hugging
- using washrooms used by people with HIV/AIDS
- sharing plates or glasses with people who have HIV/AIDS
- swimming pools
- sharing food with someone who has HIV/AIDS
- mosquitoes (remember, it can only be passed from human to human)

You could get HIV or give it to someone else if:

- You have sexual intercourse (vaginal/anal) without a condom.
- You have oral sex without a condom or dental dam.
- You share needles for any reason, including tattooing, piercing or intravenous drug use.
- You are a woman with HIV/AIDS, you could give infect your baby if you don't know your HIV status and have proper care and treatment.

- You are a woman with HIV/AIDS, you could infect your baby through breast-feeding (there is a high concentration of HIV in breast milk).
- You have cuts or wounds on your skin that come in contact with HIV-infected fluids.



Intravenous Drug Use (IDU)

Many people think that doing drugs by way of using a needle is a city problem. This is a myth and can carry heavy consequences. Researchers have noted that this is fastest mode of transmission for HIV². Many street drugs are very powerful and people get addicted to them. Using drugs can impair a person's mind of reason and reality, which inhibits their ability to make proper decisions³. This ultimately puts them at risk for contracting HIV/AIDS. Observation of drug users show that once a person becomes addicted to drugs, they might do anything to get more and might practice unsafe usages to ensure that they get that "high" without taking note of the risk they put themselves and others in. If you inject drugs, always makes sure your equipment is safe and you have a clean "rig." This is called "harm reduction" –when a person makes a conscious decision to continue risk behaviors, but takes the edge off in as safe a way as possible, in order to reduce the risks associated with that behavior. In some cities there are "needle exchange programs" where people can get new, clean needles for free, sometimes in exchange for used, dirty ones.



Sexual Behaviors

People have sex to show their feelings for one another and because it feels good. Let's face it, people have sex for many reasons and in many different circumstances. There are many types of sexual identities, such as Two-spirited, gay, lesbian, bisexual, transgendered and heterosexual (straight). Sexual acts involve bodily fluids, which means that if the person you are having sex with has HIV, there is some risk you will come in contact with it if the virus is present in the body fluid. Safer sex means putting a barrier between you and your sexual partner, which is good sexual health.

There are many ways to have sex, including:

- kissing (very little risk)
- vaginal/anal intercourse (high risk if without a condom)
- oral sex (high risk if there are cuts in the mouth that allow HIV to get inside the body)
- self-masturbation (low risk)
- masturbation with a partner or mutual masturbation (low risk; you may want to wear latex gloves)
- dry rubbing/humping (low risk as long as clothes are on and no bodily fluids exchange through cuts or scrapes)

² Bureau of HIV/AIDS and TB Centre for Infectious Disease Prevention and Control Health Canada, HIV/AIDS Epi Updates- May 2001

³ Canadian Aboriginal AIDS Network- AIDS and Addictions- Fact Sheet



On the Job

There has only been one case in Canada ever reported on HIV transmission on the job. Health care providers, doctors, nurses and community health workers are often in contact with blood and bodily fluids. Always make sure you take note of your surroundings. Have a first-aid kit with latex gloves to assist a person in need.



Sex

Sexual safety is about more than using condoms. It's about THINKING before you act. Never allow anyone to pressure you into having unprotected sex. You control your own body and your mind and you have the right to say "NO."

You can say "YES" to sex without saying yes to pressure. If someone wants to have sex with you but no protection is available right then and there, they may not be happy if you say "not now." But you will be. Protect yourself by waiting until protection is available.

1. Think Clearly

Never allow anyone to pressure you into having unprotected sex. Thinking clearly and knowing the facts is your first defense against getting HIV or other STDs.

Two of the most dangerous barriers to having a clear head are:

- Your sexual urges or desire for love. Let's face it love is not necessary in order to have sex. Sometimes people confuse love with physical attraction and desire for sex. Either way, remember that sexual urges can lead you to take risks.
- Drugs and alcohol make it unlikely that you will use your common sense to make good choices about "safer-sex" approaches if you're under the influence.

2. Stay Informed

You must understand the risks of HIV/AIDS, STDs and pregnancy in order to make good choices for yourself.

Find out about sex, HIV/AIDS, STDs and pregnancy from a person or place with good information. Keep yourself informed by calling an AIDS organization and asking questions – you can do it anonymously and no one will judge you. Many organizations have toll-free numbers, so it won't cost you anything. Or chat up a nurse, doctor or health care worker. Prepare yourself by staying informed.

3. Ask Questions

Here are some questions to think about:

- Am I being pressured into having sex?
- Do I know how to protect myself?
- Do I want to wait until I get married?
- Am I really ready to be a parent?
- Is having unprotected sex worth the risk of getting a disease like HIV?

These are only some questions you may want to think about. You should be ready to answer all your questions before you become sexually active.

When you are thinking about forming a relationship with someone, ask yourself: “What kind of relationship do I want to have?” and “What kind of person do I want to be with?”

Think seriously about the kinds of relationships you see yourself involved in. Think about your goals, dreams, needs and what your spiritual beliefs tell you about relationships.

CARE ABOUT YOURSELF. THINK OF THE CONSEQUENCES OF UNPROTECTED SEX.



Abstinence – The “No Sex” Choice - Choices No One Can Make For You

Abstinence is when a person chooses not to have sex or decides to wait until he or she is married to have sex. Abstinence is a promise you make to yourself.

Many people believe this to be the best choice for them and decide to abstain from having sex for lots of reasons. For example, some may abstain from sex for religious purposes. Others may decide not to have sex for health reasons, because they have decided that the risks of HIV/AIDS and STDs are too great.

There are also people who feel that sex is a gift to give to someone they really love, and who wish to save that gift for the person they want to share their life with. And some people decide to wait because they know they are just not ready to have sex.

Abstinence is a choice you make for yourself.



Monogamy and Serial Monogamy – The “Having Sex with One Person” Choice

Monogamy describes a type of relationship in which two people are committed to each other and don't have sex with anyone else other than their boyfriend/girlfriend/wife/husband/partner.

Having one monogamous relationship after another is called **serial monogamy**. This kind of monogamy can fool you into believing that you are not at risk of getting HIV because you are being faithful to your current partner.

Just because a person has not had sex before does not protect them from coming in contact with HIV when they get a new boyfriend or girlfriend. This is because your boyfriend or girlfriend may have had another relationship or sexual partner before you. People who previously have had unprotected sex could have gotten HIV and may not know it. Therefore, it is very important to talk with your partner about his or her previous relationships.

Monogamy can only protect you from getting HIV if both people in the relationship:

- are honest about their past;
- have two HIV tests in six months that are negative;
- keep their promise to not have sex with anyone else;
- know the facts about HIV/AIDS, STDs and pregnancy;
- do not share needles.

If you are involved in a relationship and either you or your partner has had sex with another person before, you should use protection even if neither of you is “sleeping” with anybody else.



One-Night Stands – The “Having Sex with No Attachments” Choice

Many people, both male and female, choose to have one-night stands. One-night stand doesn't just mean having sex with someone you don't know. Your one-night stand could be a someone from your community. Some people aren't interested in having a girlfriend or boyfriend but are still very interested in having sex. Sometimes alcohol is a factor in one-night stands, and you may wake up the next day remembering only parts of what you did. In these cases, protection is an absolute must!

**Think of it as simple hygiene. You brush your teeth, shampoo your hair, take a shower – use a condom!
Keep yourself clean and protected.**

When alcohol is involved, you may make decisions that you regret later on. Both men and women, plan ahead – carry condoms. And not just one, because it could break. Tell yourself over and over: “I will not have sex without a condom” so if you are caught up in the “passion of the moment” reaching for a condom will become second nature.

Also, remember that **you can get HIV through oral sex**. If you are going to have oral sex, be prepared to use a condom or other barrier, such as a piece of plastic wrap.



Safer Sex

You cannot get HIV from kissing, rubbing or massage. However, although your skin is a natural barrier that prevents HIV from getting inside your body, it can only protect you if there are no scrapes or cuts on it. The fact is that our hands and feet tend to have small cuts or scrapes on them from time to time. Eating (biting your tongue/inside cheek), brushing your teeth or flossing can cause small cuts inside your mouth. You do not have to be bleeding to have small cuts.

When you have sex, such as intercourse or oral sex, HIV can enter your body. You need to use a latex condom or other barrier to stop the bodily fluids of your sex partner from getting inside your body.

NOTE: If your skin comes in contact with the bodily fluids of another person accidentally, it is very important to wash the area with warm soapy water right away.

Remember: You can't tell if someone has HIV just by looking at them.



Condoms

Most people have heard that condoms will protect them from HIV. In fact, only condoms made of **latex** will provide protection against HIV. Some condoms are made of **sheepskin, but sheepskin condoms will NOT protect you from HIV the virus can get through this material.** If you experience an allergic reaction to a latex condom, contact your doctor immediately.

Even latex condoms are not perfect. Although they are tested to make sure they do not break or leak, accidents can and do happen. The most common reason condoms break or do not work is that people do not know how to use them properly. Both men and women should learn how to use condoms correctly so at least one partner is sure that the condom is put on properly.

Using condoms properly takes practice. Men should practice putting condoms on and taking them off while masturbating. This will help them feel more comfortable and confident when they use them with a partner. Women can also practice putting condoms on a cucumber or a banana – as funny as this sounds, practice makes perfect. Couples could practice putting condoms on together (safe sex can be fun!).

Condoms should be used every time you have vaginal and anal intercourse or oral sex.

Learn the steps and know the facts. YOUR LIFE DEPENDS ON IT!!

Make using condoms so natural that you wouldn't even consider having sex unless you had condoms available. One time is all it takes for HIV to get inside your body.

You can get this information from your doctor or nurse, a health centre, hospital or pharmacy. A community based AIDS organization or Aboriginal health location is another place to get vital information. If you are shy and embarrassed, contact any of the numbers in your area that can be found at the end of this series. Your safety is paramount. The people in these places want to help you make good choices so you can stay safe and healthy.

Educate Yourself for Life!

Condom Use

- Make sure the condoms you use are **LATEX** condoms. They must be latex to protect against HIV or STDs.
- Make sure to check the **EXPIRY DATE** on the condom package. Condoms go bad just like milk. Be careful where you store condoms; high or low temperature can alter the strength of the latex. Avoid keeping condoms in your car, pant pocket or in your wallet.
- Men should practice putting a condom on and taking it off properly until they are comfortable. Women can practice on a banana or a cucumber – funny as this sounds, practice makes perfect!
- Never use a condom more than once!
- Plan ahead: Always carry more than one condom with you just in case. Be prepared!

Six Steps for Proper Condom Use:

1. Open the package carefully. Make sure you do not tear the condom with your teeth or fingernails.
2. The condom has a small tip on the end. Take hold of the tip and place it on the end of the hard penis.
3. Squeeze the tip of the condom to make sure all the air is out. The tip should stay above the head of the penis.
4. Roll the condom all the way down to the base of the penis.
5. As soon as a man ejaculates (cums), his penis starts to shrink. He must always hold on to the base of the condom as he takes his penis out of his partner after he cums. If he doesn't, there is a chance the condom will slide off and get stuck inside his partner, along with his bodily fluids.
6. Tie a knot in the condom and throw it away or wrap the condom in toilet paper and throw it away.

NOTE: If you are using a lubricant on the outside of the condom, there is an important rule about lubricant that you should never forget. **NEVER USE LUBRICANTS MADE FROM ANY KIND OF OIL.** Lubricants made of oil like Vaseline, hand lotion, butter, Crisco or anything else oily will make the condom more likely to break. Lubricants made mostly with water, like K-Y Jelly, are the only lubricants you should use. You can get **K-Y Jelly** at the drug store and sometimes at the health centre or nursing station.



Female Condoms

Female condoms are latex condoms that are specially designed to be put inside a woman's vagina before intercourse. Women report that it takes some practice to get used to inserting and removing the female condom. The same rules apply to female condoms as they do to other barriers: They must be latex, used before the expiry date and stored properly.



Protection for Oral Sex

Oral sex is less risky than intercourse in terms of HIV transmission, but there is still a risk. There is also a big risk of getting STDs or viruses, such as chlamydia, gonorrhea, hepatitis or herpes, from oral sex.

To be as safe as possible, if you are going to engage in oral sex with a man's penis, it is important that the penis has a condom on it. You probably will not want to use lubricant or lubricated condoms for oral sex.

Plastic Wrap in Oral Sex on a Vagina or Anus

Tests have shown that HIV will not pass through plastic wrap, such as Saran Wrap. If you use plastic wrap, don't re-use it. Tear off a new piece. You cannot use plastic wrap in place of a condom during intercourse.

Condoms for Oral Sex on a Vagina or Anus

If you can't find plastic wrap, you can use a condom the same way. Open the condom package carefully and unroll the condom. With a pair of scissors, cut down the length of the condom to the tip. It should open up and look like a small napkin of latex.



Special Situations – Latex Allergies

Double-Bagging

If a man has a latex allergy, he should first put a sheepskin condom on his penis and then put a latex condom over top of it (this is called double-bagging). The sheepskin condom will stop the latex from touching his skin, and the latex condom will protect him from spreading or getting HIV or other STDs. If a woman is allergic to latex, the man should put a latex condom on first and then completely cover it with a sheepskin condom. The latex condom will protect the woman from getting HIV and other STDs, and the sheepskin condom will stop the latex from touching her skin.

Douching

“Douching” is a word for washing the inside of your vagina and anus. Some people do this to feel clean. Often they use a weak mixture of vinegar and water. This kind of washing before or after sex will **not** stop HIV from getting into your body. In fact, douching may make it easier for that to happen. The water or vinegar may scratch the inside of your vagina or anus and cause small openings that could let HIV inside your body.

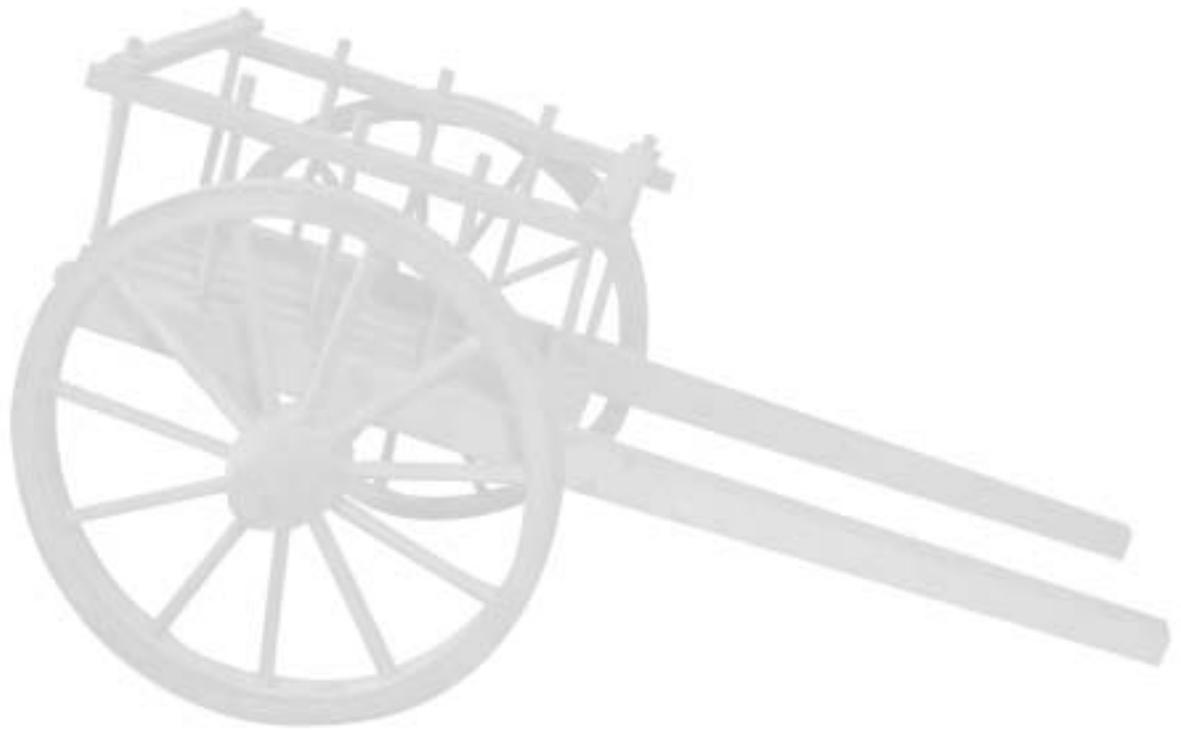


Protection at work, schools and day care centers – Universal Precautions

People who work in certain environments where they may come in contact with blood and bodily fluids are trained to use a set of rules called “universal precautions” to protect them from all kinds of germs, including HIV. These rules include protecting your skin and how to clean things that may have come in contact with germs. They are good rules for everyone to know and use.

1. Wear latex gloves whenever you are going to come in contact with a person’s blood or bodily fluids. (Urine (pee), blood)
2. Wash your hands with warm soapy water before or after contact.
3. Wear a throwaway apron to protect your clothes from blood and bodily fluids.
4. Wear a mask when you are not sure what kind of cough a person has. Tuberculosis (TB) is an infection, which causes a cough you can catch. If you are not sure what kind of cough a person has, it is best to put on a throwaway mask. People with HIV can catch germs from other people very easily, so if you have a cough it is a good idea to wear a mask to protect them, too.
5. If blood or bodily fluids have gotten on tools or surfaces, wash the area with a mixture made up of one part bleach (Javex), 10 parts water.
6. If you are doing laundry that has blood or bodily fluids on it, move and touch is as little as possible (use gloves) on the way to the wash. Use warm soapy water to clean it, and dry it in the clothes dryer. Add a small amount of bleach to the wash water if laundry is very soiled.
7. Washing dishes requires no special precautions. Use plenty of hot soapy water and rinse thoroughly. (Dirty clothes with blood should be placed in a plastic bag as soon as possible, before laundering)

More information on universal precautions, needle-stick injuries and occupational exposure is available in The Hand Book of Occupational Safety and Health (Treasury Board of Canada, Fifth edition) from the Canadian Association of Nurses in AIDS Care, c/o Diane Fillion, President, Module G, Ottawa Hospital-General Campus, 501 Smyth Road, Ottawa, Ontario, K1H 8L6. e-mail: dfillion@ogh.on.ca.



Chapter 4: Sexually Transmitted Diseases (STDs) and HIV/AIDS



Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) are infections caused by bacteria, viruses or germs that are most often spread when people have unprotected sex.

According to studies, Aboriginal populations have higher rates of STDs than the general population.⁴ It is not difficult to imagine why STDs are higher in our communities: The sexual risk behavior that leads to catching an STD is greater. It's that simple. Low rates of condom use, increased risk of sexual abuse or non-consensual sex, poor self-esteem, an inability to demand safer-sex practices or to decline sex, increased alcohol and drug use, high rates of movement between inner cities and rural communities – all of these factors and more bring the risk of contact with STDs to even the most remote Métis communities.

To better understand this, let us give you a story as an example to how this is so.

“Steven is a grade five student and is the youngest of four. He comes from a family where his older brothers and sisters are constantly picking on him with not help from his parents since they drink a lot. Not only does this happen at home, but he is constantly being bullied at school. The abuse at home and school become unbearable and Steven turns to cigarettes and alcohol to relieve the pressure of stress and frustration.

Steven is much older now and has moved to the big city. He is caught up in the fast pace of the city, meets new people and begins to party. He has become addicted to cigarettes and is drinking heavily. . He becomes depressed and lonely and starts to look for other ways to make him feel good. Sex is one thing that makes him feel good and he decides to go looking for it. After a few months of constant partying, he begins to forget the places and people he has been with, he is confused and does not know what to do or who to turn to. He does not care anymore about himself and life and begins a self-destructive turn for the worst.

There are many different types of STDs. The good news is that most STDs are curable. But some are not. If you have sex with someone who has a STD, you can get it too. Many people who have an STD don't even know it because many STDs don't have any symptoms. So, these people may look and even feel healthy, but they still have an STD. Some people with STDs won't tell you that they have one, even if they know.



How is a **SEXUALLY TRANSMITTED DISEASE** spread?

STDs can be spread in several ways:

- STDs are usually spread through sexual intercourse. However, in some cases, they can be spread without having sex. STDs can be transmitted through infected semen, vaginal fluids and blood.

⁴ Bureau of HIV/AIDS and TB Centre for Infectious Disease Prevention and Control Health Canada, HIV/AIDS Epi Updates- May 2001

- Needles can spread STDs if they have infected blood on them. When the infected blood of Person A comes in contact with the uncontaminated blood of Person B, Person B becomes infected. **This means that people who engage in physical violence are at risk of being infected with STDs if they have open wounds.**
- STDs can also be spread through saliva if an infected person has a cut in or around his or her mouth and you kiss them or they spit on you.
- A pregnant woman with an STD can pass it on to her baby during pregnancy and childbirth.



Fast Facts about STDs:

- You can have more than one STD at a time.
- You can get an STD more than once.
- It is possible to get an STD without having sexual intercourse.
- You can get an STD through oral sex.
- You can get certain STDs even if you use a condom, but condoms do decrease the risk.
- People who have STDs that are not treated have a greater chance of getting HIV because have not address the issue of “safer sex” to protect themselves. Most times we don’t even know we have an STD until we experience discomfort or someone brings it to our attention.
- STDs such as chlamydia, gonorrhea and syphilis are curable. While not curable, other STDs, such as HIV, HPV (human papilloma virus), herpes and hepatitis B, are treatable.



Here are some tips on how to reduce the risk of getting an STD:

Abstinence – not having oral, vaginal or anal sex – is the best way to protect yourself. There are many alternatives to intercourse, such as mutual- or self-masturbation (jerking off).

If you have sex, it is important to choose a partner who you know well and trust.

Learn how to use latex condoms properly for any type of sex (vaginal, oral or anal).

Talk with your partner and be honest about past relationships. The risk of getting an STD increases with the number of previous sexual partners. Remember it only takes one person to get a STD or HIV/AIDS.

Always use water-based lubricants, such as K-Y Jelly, with latex condoms. Oil lubricants, like Vaseline, baby oil or cooking oil, cause latex condoms to break.

Latex condoms may protect the penis, vagina, mouth or anus from some STDs, but they will not protect against genital warts (HPV) or other lesions, such as herpes, when they are present on the base of the penis or the scrotum or on a woman’s vulva.

A female polyurethane condom is available and may protect these areas better, but it should NOT be used with a male condom.

If you and your partner have had unprotected sex, you may have an STD and not know it.
If you think you have an STD, there is only one way to know for sure – get tested



What to do if you think you have an STD:

- Talk to someone you trust.
- If you are still in school, ask the school nurse where to get help.
- Call your family doctor and make an appointment.
- Centre for Infectious Disease Prevention & Control
Health Canada
Tunney's Pasture, Postal Locator 0900B1
Ottawa, ON K1A 0L2
Tel: (613) 954-5169
Fax: (613) 946-8695
- Call your local public health department or STD clinic (in some provinces, such as Alberta).
- Remember: You cannot receive a diagnosis over the phone. You will need to get tested in person to know for sure if you have an STD.

Although most STDs can be cured, many of them create problems that can last a long time, sometimes even for life.

Newborn babies can be infected with some STDs while they are in the womb or during delivery. Severe eye infections, blindness and pneumonia are only a few of the complications that can affect babies born with an STD.

Anyone who is having sex should learn the signs and symptoms of STDs. Following is a list of the most common STDs:



Chlamydia

Possible signs:

- Burning when you urinate (pee)
- Discharge (pus) leaking from your vagina or penis
- Abdominal (stomach) pain (in women)
- Lower back pain (in women)

IMPORTANT NOTE: Often there are no symptoms at all.

Chlamydia is caused by a type of bacteria and is one of the most common STDs. If you have a burning feeling when you go to the bathroom to pee or if you have pus leaking out of your penis or your vagina, you should go to the health centre or nursing station and get checked for chlamydia. Chlamydia can also get into your throat, rectum (bum) or eyes.

If a man has chlamydia and does not get it treated, his penis may become infected and swollen. When not treated, chlamydia can cause scarring on a man's penis, which can cause him to be sterile.

If a woman has chlamydia and does not get it treated, it can cause a serious problem called “Pelvic Inflammatory Disease” (PID). It can affect all the reproductive organs inside her body. If PID is not treated, scarring can occur which can leave her unable to have children or more likely to have ectopic (tubal) pregnancies.

Chlamydia is easily treated with an antibiotic. Whenever you are given an antibiotic, you must be sure to take it all, even if you are feeling better, or else all the germs that caused the infection will not be killed and the infection could come back. Some people believe that when they treat an STD with an antibiotic they will never get it again. NOT TRUE! Antibiotics only cure the infection you have *right now*. They cannot protect you from getting chlamydia or any other STD again in the future.



Gonorrhea

Possible signs:

- Thick discharge (pus) leaking from your penis, vagina or rectum (bum)
- Burning sensation when you urinate (pee)
- Abdominal (stomach) pain or tenderness (in women)
- Changes in menstruation (period)

Gonorrhea is another STD that is caused by bacteria. People with gonorrhea generally have thick pus leaking from their private parts (vagina, penis or bum). Some people with gonorrhea, especially women, have no signs at all.

If you have gonorrhea and do not get it treated with antibiotics, the bacteria can get into your blood and move to other parts of your body. It could cause damage to your private parts that may prevent you from having children. In some women, it increases the likelihood of Pelvic Inflammatory Disease (PID).

Gonorrhea is easily treated with antibiotics. Whenever you are given antibiotics, it is important to take them all and completely finish your prescription, even if you feel better, to make sure all the germs are killed and the infection does not come back.



Syphilis

First signs:

- Sores on your private parts or rectum (bum)
- Rash on your body
- Sore or sores in your mouth or throat

Bacteria cause syphilis. It is spread through having unprotected sex. An infected person can give it to any sexual partner they have.

Syphilis is a very serious STD because, like HIV, if it is not treated with medicine, people can die from it. The first signs that a person has syphilis are sores that show up on their private parts or bum or in their mouth or throat. Most often these sores do not hurt. If you have had unprotected sex and find sores on these parts of your body, it is very important to go to the health centre or nursing station and have them checked.

If left untreated, the first signs of syphilis will go away and come back many times for 10 or even more years. Although treatment will deal with the infection, it will not be able to fix any permanent damage that has been done by not getting treated earlier.

Untreated syphilis can cause:

- Blindness
- Damage to your heart and brain
- Death

To find out if you have syphilis, you will need a blood test. You can get the test at your health centre, doctor's office or nursing station. Syphilis is often treated with penicillin that is given through a needle into the muscles of your bum. It will take a couple of weeks to make sure all of the syphilis bacteria are killed.



Herpes

First signs:

- Headache
- Fever
- Swollen glands
- Itching or burning private parts
- Blisters or sores on your private parts
- Bleeding from the vagina after sex
- Unusual vaginal fluid

Herpes is an infection caused by two viruses, herpes 1 and herpes 2. These two viruses cause cold sores on the mouth and on your private parts. You catch herpes by touching the sores of a person who has it. For instance, if the cold sore on the mouth of Person A touches the private parts of Person B during oral sex, it is likely that Person B will catch herpes on their private parts. Usually, it takes about three weeks for the first signs of herpes to show up, but sometimes it can take a few months.

After about two or four weeks, the signs of herpes usually go away on their own. However, if you have herpes, you can give it to someone else even when you have no signs. People who have the signs of herpes should not have sex of any kind. Anyone who has had herpes on their private parts should use condoms every time they have sex.

A pregnant woman who has herpes can give it to her baby during delivery. Because it is very dangerous for the baby, the doctor may suggest a C-section (Cesarean section). If a woman knows that she or her partner has herpes, it is important for her to tell her doctor, nurse or community health worker.

The signs of herpes come back for most people but may be less uncomfortable after the first infection. There is no cure for herpes, but there are a lot of different medicines that doctors use to treat it. Some medicines come as pills, some as a cream and others have to be given by needle. It is important for you to talk to your doctor, nurse or community health worker if you think you may have herpes.



Genital Warts

Genital warts are an STD caused by a virus. They are rough warts that can be found on a person's rectum (bum), a man's penis or on the outside of a woman's vagina. They can also be found on a woman's cervix (inside her body) or on the inside of a person's bum. The warts do not hurt but they can make having sex a bit painful.

If these warts are not treated with medicine they can cause serious changes inside your bum, vagina or penis. The virus that causes genital warts has been linked to cervical and rectal cancer. Genital warts can be passed from mother to baby during delivery.

A doctor can remove the warts by freezing them off with a laser, with medicine that is painted on them, or sometimes with an injection.



Hepatitis

Hepatitis is an infection that is caused by a virus. It can make your liver swell, and over time can cause a very severe form of liver disease. If you get hepatitis, your immune system will make antibodies to protect you from getting it again. People with HIV/AIDS who get hepatitis often get very sick and are more likely to have liver damage than people without HIV. There is no cure for hepatitis. In fact, there are very few medicines that will help someone with hepatitis.

First signs:

- Feeling tired
- Sore joints and muscles
- Throwing up
- Fever
- Diarrhea
- Losing weight
- Yellow eyes or skin (jaundice)

There are several kinds of hepatitis – the three types discussed here are A, B and C.

Hepatitis A is a kind of hepatitis people can catch from water or food that is infected. You could also get it from touching someone's stool (poop) if they have it or by having oral contact with someone's anus. This disease can make you very sick, but most people get better. There is a vaccine, like with Hep B (see below).

Hepatitis B is a very serious kind of hepatitis. It can make you very sick. Although most people get better, some will develop severe liver disease or cancer. Hep B is passed from person to person much the same way as HIV is. Touching or sharing blood and bodily fluids can cause someone to catch hepatitis B. The saliva of a person with hepatitis B has enough virus in it to pass it on through kissing. Sharing needles for any purpose, including tattooing or piercing, is another way people can catch hepatitis B. Hepatitis B can be passed from an infected mother to her baby.

There is a vaccination for hepatitis B. If you are sexually active, using intravenous drugs or working in health care, it is a good idea to talk to your doctor about getting a vaccination. You can only have the vaccination if you have not had hepatitis B before.

Hepatitis C is caused by a very different virus than hepatitis A or B. It is rarely spread through sex. It is most often caught by coming in contact with a person's blood (sharing needles for drug use, tattooing or piercing with a person who has it or the use of personal toiletries including jewelry, toothbrushes and razors). There is no vaccination for hepatitis C but there are some treatments available. Hepatitis C doesn't usually make people very sick, but it can cause severe liver disease or cancer.

For more information about hepatitis contact:

The Canadian Liver Foundation
1320 Yonge Street, Suite 301
Toronto, ON
M4T 1X2
phone: 416-491-3353
toll-free: 1-800-563-5483
www.liver.ca
E-mail: clf@liver.ca

These are only some of the STDs people can get. If you have concerns or need more information about STDs, speak to your doctor, nurse or community health worker.



Chapter 5: Women and HIV/AIDS



Aboriginal Women and HIV/AIDS

AIDS cases and new HIV infections in Aboriginal women have risen steadily over the past decade, and this increase is more rapid among Aboriginal women than Aboriginal men or non-Aboriginal women.

Among reported AIDS cases, Aboriginal women are more likely than non-Aboriginal women to have injection drug use as their exposure category (56.4% vs. 17.7%) (Health Canada, 1996b). The two main risk factors for Aboriginal women contracting HIV are sex and injection drug use.

Women have a greater risk of becoming infected during vaginal intercourse than men, because there is a higher concentration of HIV in semen than in vaginal fluid, and because of the larger surface area of the vagina and cervix, and the fragility of the membranes in this area.



Conditions for Métis Women

According to Statistics Canada, Aboriginal women are economically at a disadvantage due to poor education and social conditions. In addition, Aboriginal women have higher rates of suicide and violent death and are more likely to suffer from chronic diseases than their non-Aboriginal counterparts.

It is understood that social conditions brought on by sexism, racism and colonialism become pre-identifiers for HIV/AIDS – such as poverty, poor health, high rates of STDs and sexual violence – which all contribute to Aboriginal women being disproportionately affected by HIV/AIDS. This leads to discrimination and lack and lack of access to services for women that require these services.

And let's be honest. Alcohol abuse and family violence exist in some Métis communities. The risks of getting STDs and HIV because of sexual assault, abuse and lack of information for Métis women are increased because of this reality. Métis women who are caught up in a life of alcohol or drug abuse will not be able to avoid the risks of HIV/AIDS, since they already feel marginalized and discriminated in their own communities.

What does all of this information tell us?

- That Métis women need to get all the information they can about how to protect themselves from getting HIV and other STDs.
- Métis women need support to build their self-esteem and learn how to say, “no” to abusive behaviors and take care of their sexual health free of HIV/AIDS and other STD's
- That Métis organizations and health centres must approach the issue of HIV/AIDS with initiatives specific to women.



Special Risks for Women

Women experience the same symptoms as men – and more.

There are many reasons that the risk of HIV is so great for women. It is important to be honestly about them and to look for ways to prevent the spread of HIV.

- Women are more likely to be sexually assaulted (raped).
- Women sometimes feel they have no choice about sex.
- There is less information about HIV for women than there is for men.
- Women, especially women with families, are less likely to take the time to look after their own health.
- Women sometimes cannot make sure a man uses a condom.
- Women often do not know how to protect themselves from HIV.
- Very often, women do not know the symptoms of HIV infection. They usually are late in understanding that they are HIV positive and results in late access to treatments to fight the virus.

The best protection women have against getting HIV is information.



Reality for Métis Women

The reality for many Métis women with HIV, as it is for Métis men with HIV, is that Métis communities are not prepared or able to care for them when they are ill. Our communities lack even a basic understanding of HIV/AIDS and tend to put the blame on the person who has the virus.

Because of the lack of support and health care available in our rural communities, many Métis people with HIV/AIDS are forced to reside within larger communities or cities which in some cases are not their home communities and in many cases are many kilometers away from their home.

Most of the support available to women, if it is available to Aboriginal women specifically, is not Métis specific. Métis people can be easily outnumbered by First Nations in sharing circles and other support strategies, which at times (not all the time, but at times) can alienate Métis people because these support groups don't operate in a "Métis way." Métis people with HIV/AIDS living in cities who seek support must assimilate to a certain extent into either non-Aboriginal ways or First Nations ways.



HIV Symptoms in Women

"I am living with four guys in Fife House, which is a support program for people with HIV and AIDS. Well, it's kind of gross to guys, but women get infections more easily. It's very embarrassing. If there is an odor and I'm sitting on the subway, I wonder, "Will anyone notice this?" I am constantly worrying. There is not much to cure or control it. And, it's like, how do I work at a job with this?"

—Carol, a 43-year-old Métis woman living with HIV



Chronic Yeast Infections

Most often, a chronic yeast infection is the first sign of HIV infection in women. Symptoms include thick, odorless white or yellow vaginal discharge and raised white or grey patches on the vagina. Often the yeast infection keeps coming back and gets harder to clear up (cure) with medication.

There is no other way to say it – yeast infections are messy and embarrassing, and women who have them say they can be smelly. For a woman with HIV/AIDS, having a yeast infection that does not go away can affect her self-esteem, contribute to depression, cause embarrassment and affect her confidence in finding or keeping a job.

It is a good idea for a woman to write down when she has a yeast infection, how long it lasts and the name of the medicine the doctor used to treat it. You shouldn't have sex with a yeast infection because you can pass it on to your partner and because it can be very painful. There are over-the-counter medications, or natural ways like using acidophilus. Also, reducing sugar intake in your diet is helpful.



Changes in Your Menstrual Cycle (Your Period)

HIV can cause changes to your menstrual cycle. Women with HIV tend to have irregular periods, unusually heavy or light periods, or show an increase in pre-menstrual symptoms (such as breast pain, swelling, anxiety, depression and cramps).

Also, because the main source of HIV transmission is in bodily fluids, including blood, menstrual blood is also an added risk for any sexual partner.



Abnormal Pap test

Women with HIV infection are more likely to have abnormal Pap tests. A Pap smear is a test done to see if there are any changes happening to the cells inside your vagina, especially in your cervix (the opening to your womb).

An abnormal Pap test is often a sign of pre-cancerous or cancerous cells in the cervix. To detect changes in the cervix as early as possible, women with HIV/AIDS should have a pelvic exam at least once a year, to prevent the development of full-blown cervical cancer.



Pelvic Inflammatory Disease (PID)

PID is an infection of the vagina and related parts. It is usually caused by having had a sexually transmitted disease (STD). Sometimes it is caused by a type of birth control called an IUD (intrauterine device).

Woman with PID may have some of these symptoms:

- Pain in the abdomen (stomach pain)
- Pain in the back and legs
- Pain when having sex
- Pain when urinating (peeing)
- Unusual, smelly discharge coming from the vagina
- Spotting from the vagina without having a full period

If you have experience any of these symptoms, you should tell your doctor or nurse right away. There is medicine they can give you to treat PID. Some doctors have found that many women with HIV have PID.



Pregnancy

Many women find out they have been infected with HIV when they are pregnant or just after their baby is born.

A woman who has HIV can infect her baby during pregnancy, at birth or through breast-feeding.

Doctors believe that about three out of every 10 babies whose mothers have HIV are born with HIV. All women who are pregnant should have an HIV test as soon as they find out they are pregnant. Talk to your doctor or nurse about it.

Most babies who have HIV got it from their mothers before they were born because the baby shares the mother's blood and immune system. Some babies have become infected with HIV from breast-feeding.

Women with HIV should NOT breast-feed their babies because they could give them HIV. WHY? HIV is found in high concentrations in breast milk.

If a doctor knows that a woman has HIV, he or she can give her medicine that might help her baby be born without HIV. If a woman with HIV takes this medicine, there is less of a chance that she will pass on HIV to her baby.

Doctors do not think that getting pregnant makes women with HIV go on to have AIDS faster, as long as they have no symptoms of AIDS when they get pregnant. If a woman is HIV positive and already has some symptoms, pregnancy may put her at risk for other infections. Each woman has to work with her doctor to decide which medicines are best for her to use during pregnancy.



Testing for HIV in Pregnant Women

If a woman is pregnant, it is still her choice to get tested for HIV. But when you consider the benefits of having this test you will see that the good far outweighs the bad. Having the test confirms whether or not you have HIV. Consequently, this information can make all the difference in bettering your life and the life of your child.

If the test shows you have HIV, you will have many decisions to make about your health, your pregnancy and other things. It will be scary. But if you have HIV and are pregnant, you can take medicine immediately that will help protect your baby from HIV. Also, you can discuss having a C-section (Cesarean section) with your doctor. A C-section reduces the risk of infection during delivery. Women with HIV should NOT breast-feed because they could pass on the virus to their babies through breast milk. **Getting tested for HIV could make the all the difference for your baby's future.**



Choices about Sex

There are many reasons women have sex when they do not want to. Here a few:

- Women have been taught to be submissive.
- Some women rely on men for money to support them and their families.
- Sometimes women are made to feel that they must give sex to their husbands or boyfriends even when they don't want to.
- Some women are afraid of disappointing their partner if they do not have sex.
- Love is a powerful feeling, but, unfortunately, people sometimes use the promise of love as a way of getting sex, and women sometimes have sex with their partner because they are afraid that if they don't their partner will not love them anymore.
- Women who live in abusive relationships often do not have any choice about when they have sex. For many, the fear of physical violence, psychological abuse or the abuse of their children is so great that they have sex with their partners to try to protect themselves and their children.

These are only some of the reasons that women have sex when they don't want to. It is never OK to be forced to have sex for any reason.



Are You in an Abusive Relationship?

Women who find themselves in abusive relationships can be at risk of getting HIV from their partners. If your relationship with your partner is not healthy, you cannot assume he is faithful. It is very hard to make a man use a condom if you are afraid of him, if you are afraid of losing him or if you are afraid he will leave you and your children without enough money for survival.

Staying in an abusive relationship can mean risking your life. Ask yourself – is it worth the risk? There are people in your community who can help you if you are in this type of relationship:

- Social worker or shelter worker
- Police
- Community health worker
- School/community counselor
- Doctor or public health nurse
- Priest/minister
- Victim's assistance worker
- Addictions counselor
- Family or friends

There are several options available to women today that were not available before. Programs are funded to help women escape the cycle of violence or mental abuse and control.



Sexual Assault (Rape)

Most often, women who have been raped could not protect themselves from HIV or other STDs. Women who have been raped usually do not tell anyone because they believe people will think it was their fault. **BEING RAPED IS NEVER A WOMAN'S FAULT.**

For health reasons, women who have been sexually assaulted must see a doctor, nurse or community health worker right away. Health care providers will help them make decisions about calling the police, and about HIV, STDs and possible pregnancy.

It is important for women to understand that they may not be the only victims of a rapist. Most often, men who assault women assault many women. Unless women report that they have been sexually assaulted, it is more likely that the same man will rape other women.

Women who have been sexually assaulted have the right to know if the rapist has given them HIV. The law may not be able to force a man who has been accused of rape to take an HIV test, but **there are tests that can tell women very soon after they have been raped if they got HIV.** Women must insist that their doctor give them an HIV test.

In some communities in Canada, women who have been sexually assaulted are offered a combination of drugs that can sometimes prevent HIV from growing in their bodies. Taking this medicine is a serious decision you need to talk about with your doctor. These drugs are new, so we are not sure what they will do to a person over many years. Still, they may be the best way for a woman who was raped to deal with the chance that she may have been infected with HIV.

QUESTIONS?

Answers are a phone call away or log on to the MNC website at www.metisnation.ca.

List of Contacts

National Organizations

Métis National Council

201-350 Sparks Street

Ottawa, ON

K1R 7S8

Phone: 613-232-3216

Toll-free: 1-800-928-6330

Fax: 613-232-4262

E-mail: info@metisnation.ca

www.metisnation.ca

www.metishealth.com

Canadian Aboriginal AIDS Network (CAAN)

602-251 Bank Street

Ottawa, ON

K2P 1X3

Phone: 613-567-1817

Toll-free: 1-888-265-8882

Fax: 613-567-4652

E-mail: info@caan.ca

www.caan.ca or www.linkup-connexion.ca

Canadian AIDS Treatment Information Exchange (CATIE)

Réseau canadien d'info-traitements sida

555 Richmond Street West,

Suite 505

Box 1104

Toronto, ON

M5V 3B1

Phone: 416-203-7122

Toll-free: 1-800-263-1638

Fax: 416-203-8284

E-mail: info@catie.ca

www.catie.ca

Canadian HIV/AIDS

Legal Network

417 Saint-Pierre Street,

Suite 408

Montréal (QC)

H2Y 2M4

Phone: 514-397-6828

Fax 514-397-8570

E-mail: info@aidslaw.ca

www.aidslaw.ca

Canadian Association of

Social Workers

383 Parkdale Avenue, Suite 402

Ottawa, ON

K1Y 4R4

Phone: 613-729-6668

Fax: 613-729-9608

E-mail: casw@casw-acts.ca

Aboriginal Nurses Association of Canada

56 Sparks Street, Suite 502

Ottawa, ON

K1P 5A9

Phone: 613-733-1555

Fax: 613-724-4718

E-mail: info@anac.on.ca

www.anac.on.ca

Canadian AIDS Society (CAS)

309 Cooper Street, 4th floor

Ottawa, ON

K2P 0G5

Phone: 613-230-3580

Toll-free: 1-800-884-1058

Fax: 613-563-4998

E-mail: casinfo@cdnaids.ca

www.cdnaids.ca



Canadian College of Naturopathic Medicine

1255 Shepard Avenue East
 North York, ON
 M2K 1E2
 Phone: 416-498-1255
 Fax: 416-498-3197
 E-mail: info@ccnm.edu
 www.ccnm.edu

Canadian Foundation for AIDS Research (CanFAR)

165 University Avenue, Suite 901
 Toronto, ON
 M5H 3B8
 Phone: 416-361-6281
 Toll-free: 1-800-563-2873
 Fax: 416-361-5736
 E-mail: cure@canfar.com
 www.canfar.com

Canadian Hemophilia Society (CHS)

625 President Kennedy Avenue, Suite 1210
 Montreal (QC)
 H3A 1K2
 Phone: 514-848-0503
 Toll-free: 1-800-668-2686
 Fax: 514-848-9661
 E-mail: chs@hemophilia.ca
 www.hemophilia.ca

Canadian HIV Trials Network

620B-1081 Burrard Street
 Vancouver, BC
 V6Z 1Y6
 Phone: 604-631-5327
 Toll-free: 1-800-661-4664
 Fax: 604-806-8210
 www.ctn@hivnet.ubc.ca

Canadian Hospice Palliative Care Association

131C-43 Bruyere Street
 Ottawa, ON
 K1N 5C8

Phone: 613-230-3343
 Toll-free: 1-800-668-2785
 Fax: 613-241-6986
 E-mail: info@chpca.net
 www.chpca.net

Canadian HIV/AIDS Clearinghouse

1565 Carling Avenue, Suite 400
 Ottawa, ON
 K1Z 8R1
 Phone: 613-725-3434
 Toll-free: 877-999-7740
 Fax: 613-725-1205
 E-mail: aidssida@chpa.ca
 www.cpha.ca
 www.clearinghouse.cpha.ca

Canadian Treatment Action Council

P.O. Box 116, Station F
 Toronto, ON
 M4Y 2L5
 Phone: 416-410-6538
 Fax: 416-761-1012
 E-mail: ctac@ctac.ca
 www.ctac.ca

Provincial and Territorial HIV/AIDS Hotlines

Alberta:	1-800-772-AIDS (2437) or 1-888-786-7448
British Columbia:	1-800-994-2437
Manitoba:	1-800-782-2437
New Brunswick:	1-800-561-4009
Newfoundland:	1-800-563-1575
Northwest Territories and Nunavut:	1-800-661-0844 or 1-800-661-0795
Nova Scotia:	1-800-566-2437
Ontario:	1-800-267-2437 or 1-800-668-2437
Ontario (bilingual):	1-800-267-7423
Prince Edward Island:	1-800-314-2437

Québec – general: 1-888-227-7432
or 1-800-927-2844
Québec – for health professionals:
1-800-363-4814
Saskatchewan: 1-800-667-6876
or 1-877-210-7623
Yukon: 1-800-661-0507

AIDS Prince George
1-1563 2nd Avenue
Prince George, BC
V2L 3B8
Phone: 250-565-1172\
Toll free: 888-438-2437
Fax: 250-562-3317
www.aidspg1@pgweb.com

Métis Homeland Aboriginal-Specific Contacts

British Columbia

Healing Our Spirit – BC First Nations AIDS Society

100-2425 Quebec Street
Vancouver, BC
V5T 4L6
Phone: 604-879-8884
Fax: 604-879-9926
Website: www.healingourspirits.com

The Red Road HIV/AIDS Network Society

804-100 Park Royal South
West Vancouver, BC
V7T 1A2
Phone 604-913-3332
Fax: 604-913-3352
Website: www.red-road.org
Email- info@red-road.org

Chee Mamuk

Aboriginal Program, STD/AIDS Control
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC
V5Z 4R4
Phone (604) 660-2087
Fax: (604) 775-0808
Website: www.bccdc.org

AIDS Vancouver

1107 Seymour Street
Vancouver, BC
V6B 5S8
Phone: 604-681-2122
Fax: 604-893-2205
Fax: 604-893-2211 (administration office)
www.aidsvancouver.org
info@aidsvancouver.org

AIDS Vancouver, Parc Library

1107 Seymour Street
Vancouver, BC
V6B 5S8
Phone: 604-681-2122
Fax: 604-893-2205
Fax: 604-893-2211 (administration office)
www.aidsvancouver.org
Email: info@aidsvancouver.org

AIDS Society of Kamloops

437 Lansdowne Street
Kamloops, BC
V2C 6H2
Phone: 250-372-7585
Fax: 250-372-1147
www.aidskamloops.bc.ca
Email: ask@telsus.net
Toll free: 1-800-661-7541 (only in the 250 area code)

Okanogas Aboriginal AIDS Society

202-1626 Richter Street
Kelowna, BC
V1Y 2M3
Phone: 250-862-2437
Fax: 250-868-8662
Toll Free: 1-800-616-2437
www.aaas.ca
Email: info@aaas.ca

Alberta**Kimamow Atoskanow Foundation**

RR#1 Sit 1 Box 133
Onoway, AB
T0E 1V0
Phone: 780-967-2997

HIV Edmonton

Room 105-10550 102 Street
Edmonton, AB
T5H 2T3
Phone: 780-488-5742
Fax: 780-488-3735
www.hivedmonton.com
Email: mail@hivedmonton.com

AIDS Calgary

200-1509 Centre Street South
Calgary, AB
T2G 2E6
Phone: 403-508-2500
Fax: 403-263-7358
www.aidcalgary.org

Streetworks

10116-105 Avenue
Edmonton, AB
T5H 0K2
Phone: 780-424-4106

Saskatchewan**AIDS Program- South Saskatchewan**

Scotiabank Building
1504B Albert Street
Regina, Saskatchewan
S4P 2S4
Phone: 306-924-8420
Toll-free: 1-877-210-7623
Fax: 306-525-0904
E-mail: aids.regina@sasktel.net
www.aidsresourcesask.ca

All Nations Hope AIDS Network

Scotiabank Building
1504B Albert Street
Regina, Saskatchewan
S4P 2S4
Phone: 306-924-8424
Toll-free: 1-877-210 7622
Fax: 306-525-0904
E-mail: allnationshope@sasktel.net

**Central Saskatchewan Immunodeficiency Clinic
(Just ask for the AIDS Clinic)**

Saskatoon District Health
Royal University Hospital
103 Hospital Drive
Saskatoon, SK
S7N 0W8
Phone: 306-655-1783
Fax: 306-975-0383

**Métis Addictions Council of Saskatchewan Inc
(MACSI)**

100-219 Robin Crescent
Saskatoon, SK
S7L 6M8
Phone: 306-651-3021
Fax: 306-651-2639
www.metisnation-sask.com/affiliates/macsi.html

Manitoba

Native Women's Transition Centre

105 Aikins Street
Winnipeg, MB
R2W 4E4
Phone: 204-989-8240
Fax: 204-586-1101

Nine Circles Community Health Centre

75 Broadway Avenue
Winnipeg, MB
R3G 0X2
Phone: 204-940-6000
Fax: 204-940-6027
www.ninecircless.ca
ninecircles@ninecircles.ca

AIDS Brandon

153-8th St
Brandon, MB
R7A 6Y2
Phone: 204-726-4020

John Howard Society of Manitoba

583 Ellice Avenue
Winnipeg, MB
R3B 1Z7
Phone: 204-775-1514

Sexuality Resource Centre of Manitoba

555 Broadway, 2nd floor
Winnipeg, MB
R3C 0W4
Phone: 204-982-7800
Fax: 204-982-7819
www.serc.mb.ca
Email: info@serc.mb.ca
Facts of Life Line- 1-800-432-1957- (information
referral line)
Winnipeg Facts of Life Line- (204) 947-9222

Northern AIDS Initiative Inc.

307-83 Churchill Drive
Thompson, MB
R8N 0L6
Phone: 204-677-8552
Fax: 204-778-5538
E-mail: NAI@digistar.mb.ca
www.northernaidsinitiative.mb.ca

Ontario

Ontario Aboriginal HIV/AIDS Strategy

43 Elm Street, 2nd floor
Toronto, ON
M5G 1H1
Phone 416-944-9481
Fax 416-944-0541

Za-geh-do-win Information Clearinghouse

P.O. Box 40
Naughton, ON
P0M 2M0
Phone: (705) 692-0420
Fax: (705) 692-9039
Toll Free: 800-669-2538
Website: www.za-geh-do-win.com
Email: info@za-geh-do-win.com

The Wabano Centre for Aboriginal Health

299 Montreal Road
Ottawa, ON
K1L 6B8
Phone: 613-748-5999
Fax: 613-748-9364
www.wabano.com

Barrie Area Native Advisory Circle

431 Huronia Road
Barrie, ON
L4N 9B3
Phone: 705-734-1818
Fax: 705-734-1812
Website: www.banac@banac.on.ca
Email: banac@banac.on.ca

Métis Nation of Ontario/Windsor Essex

Long Term Care Program
145-600 Tecumseh Road East
Windsor, ON
N8X 4X9
Phone: 519-974-0860
Fax 519-974-3739
Website: www.wemetis.org
Email: wemetis@bellnet.ca
Toll: 1-888-243-5148

Two-Spirited People

43 Elm Street, 2nd floor
Toronto, ON
M5G 1H1
Phone: 416-944-9300
Fax: 416-944-8381
E-mail: info@twospirits.com

(Please contact the Canadian Aboriginal AIDS
Network for updated phone numbers)



Glossary and Terms*

Affected – to experience the consequences of HIV, either directly through friends or family, or indirectly through economic, social or political instability caused by the virus being present in your community

AIDS (Acquired Immune Deficiency Syndrome) – the syndrome caused by the HIV virus; also known as late-stage HIV disease

APHA – Aboriginal Person living with HIV/AIDS

Bisexual – a person attracted to members of the same and opposite sex

CAAN (Canadian Aboriginal AIDS Network) – a national Aboriginal non-governmental HIV/AIDS organization

CATIE (Canadian AIDS Treatment Information Exchange) – a national HIV/AIDS treatment information organization

Gay – a person who is homosexual; more commonly used to describe homosexual men than women

Gender – a classification for identifying as masculine or feminine

HBV (Hepatitis B Virus) – a virus that attacks the liver; related, though considered not as severe, as hepatitis C

HCV (Hepatitis C Virus) – a virus that attacks the liver and for which there is no known cure. Prolonged and acute hepatitis C infection can often result in liver disease and cirrhosis (scarring of the liver). The virus is passed on through blood-to-blood activities, such as sharing needles.

Hep C - short for hepatitis C

HIV (Human Immunodeficiency Virus) – the virus that causes AIDS

IDU – Injection Drug User

Infected – refers to an individual living with HIV disease

KY Jelly – a brand name of a water-based lubricant often recommended for use with condoms during sex; helps reduce tearing and breaking of condoms during sexual activity

Lesbian – a woman attracted sexually to other women

MNC (Métis National Council) – a national Aboriginal political organization representing Métis in Canada

Opportunistic Infections – infections present in a person with HIV, usually due to the failure of the immune system to stave off infection and disease in the later stages of the illness

Sex – the two divisions of an organism distinguished as male or female

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infection

2-Spirit – individuals of Aboriginal descent who, either by behaviour, sexual preference, belief or practice, identify outside of the traditional characteristics of their sex

TB (Tuberculosis) – an infectious disease caused by bacteria, which affects the human lungs and lower respiratory system

Transgendered – individuals who live as members of the opposite sex but without the need or desire to change their bodies (as transsexuals do). Transgendered people may take hormones but do not have genital surgery.

Universal Precautions – standardized precautions taken by health professionals to protect themselves against HIV

Youth – young people, usually under the age of 25

(*Definitions provided by the National Aboriginal Council on HIV/AIDS)