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**Summary report  
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**Canada**

***Tlicho baseline and strategic plan on  
HIV/AIDS, sexually transmitted infections,  
and blood-borne viruses 2006-2007***

CIETcanada  
with support from the Public Health Agency of Canada  
and the Canadian Aboriginal Aids Network  
in partnership with the Tlicho Community Services Agency

## Summary

“In order for people to make healthy decisions, individuals must love and respect themselves. If they do not, they will follow a destructive path of unhealthy decisions and regrets.”

-35 year old male participant

Since they signed their self-government agreement in 2005, the Tlicho people (formerly Dogrib) have been developing an extensive strategy for health and social services. Coordinated by the Tlicho Community Services Agency (TCSA), the plan includes the four communities in the Northwest Territories: Behchoko, Gameti, Wha Ti and Wekweti. An important part of the strategy is aimed at preventing HIV/AIDS.

In 2006 the Tlicho invited CIETcanada, to serve as technical advisory for the community-driven initiative to conduct a survey, with support from the Public Health Agency of Canada and the Canadian Aboriginal Aids Network. The intention of the survey was to provide baseline information on the levels of knowledge and sources of information currently available, and the present status of prevention activities for the Tlicho communities.

This project received ethics approval from the Ottawa ACADRE board, which has membership from each of the five national organisations (Assembly of First Nations, Congress of Aboriginal Peoples, Métis National Council, Inuit Tapiriit Kanatami and the Native Women’s Association of Canada, and is licensed by the Government of Northwest Territories through Aurora Research Institute. Community-led discussions around target populations, forms of consent, and recruitment ensured appropriate protocols and techniques were used for data collection.

### Evidence base

Community-based researchers (CBRs) collected data between November 2006 and January 2007. Data were collected from all four communities, as well as from the Chief Jimmy Bruneau School. Additionally, CBRs tracked down some Tlicho community members who had relocated to Yellowknife. Participation rates were high, with more than two-thirds of the total target population taking part in the survey. Two instruments were used: 1354 respondents answered an “adult” questionnaire (for those aged 14 and older), and 241 answered a “youth” questionnaire (for those aged 9-13).

### Strategic Plan

The Tlicho Healing Wind Strategic Plan was the result of a three day workshop held in June 2007, at the end of the first research cycle. This workshop included the core community based researchers and other associated health professionals working in the Tlicho communities. The strategic plan includes both short and longer term interventions based on the survey findings as well as an immediate activity (i.e. youth sessions) that will continue to develop existing capacity. A sustainable *Tlicho Healing Wind Network* will be established to oversee implementation of the strategic plan in a meaningful and timely manner and to support community ownership of and leadership to address regional issues around healthy sexuality.

## Results

Several key themes emerged from the results, and these are outlined below. The strategy is designed to respond to these key findings.

*Substance abuse:* One third of adult respondents claimed they got drunk a few times a month. Some 2% claimed to have injected street drugs within the past six months, and the same proportion claimed they planned to in the future. Respondents who did not have sex while using alcohol or drugs were less likely to engage in risky sexual behaviours (such as not using condoms) than respondents who did have sex while using alcohol or drugs. Among the youth, 17% overall had tried drinking alcohol, however, one-third of those over the age of 12 had tried drinking alcohol. One-fifth overall had tried smoking cigarettes and just over 6% had tried taking illegal drugs

*Sexual behaviour:* The average age of first sex was 16 years; however, 12% first had sex at age 13 or younger. High proportions of respondents do not use condoms for oral, vaginal or anal sex, and only 42% claimed to have used a condom the last time they had sex. When asked if it was okay to expect sex without a condom, 12% felt it was okay, and 22% did not know. Nearly 10% claimed to have had sex with more than one person in the last month. Among the youth, 41% had previously had a boyfriend or girlfriend, and 4% had previously had sex.

*Forced sex:* Just over 16% of adult respondents claimed they had previously been forced to have sex, and 5% did not know. Some 4% admitted they had forced someone else to have sex, and 6% were not sure if they had. Respondents who had never been forced to have sex were less likely to admit they had forced someone else to have sex than respondents who had been forced to have sex. Among the youth, 56% claimed they had been picked on or bullied in the last year. Additionally, 7% claimed that an adult had touched their private parts, and an additional 7% did not know.

*Views about HIV and sexually transmitted diseases:* Overall knowledge around several key issues was low. For example, 44% did not know if you could tell someone had HIV just by looking at them. Additionally, more than one-quarter disagreed that condoms could prevent HIV, and 29% did not know. Some 40% felt that people living with HIV/AIDS should be forced to leave their community, and 31% did not know if they should.

*Testing:* One-third of respondents had previously had an HIV test; however the majority of these had only one test in the last two years. Some 10% of those who reported getting tested did not know the result of their test. Seven respondents reported a positive result on their most recent test for HIV. Nearly one-third of all respondents claimed they were worried about the accuracy of HIV tests.

*Feelings of support:* The majority of adult respondents (88%) felt their family showed them support, and nearly 80% felt they had friends they could count on, even when they disagreed. Nearly half of respondents felt their community gave them all the opportunities they needed to become what they wanted to be, and 88% felt their was

someone in their life they respected. Among the youth, two thirds claimed there was someone other than their parents that they looked up to. More than one-third agreed that their parents or guardians did not understand the problems they face, and an additional one-third did not know. Nearly two-thirds said their parents or guardians set clear rules for them to follow, but only half said they get into trouble when they do not follow the rules.

*Culture and spirituality:* 92% of respondents said they were proud of their culture and 96% said they respected their Elder’s teachings. More than 90% had taken part in traditional Aboriginal practices (ie: drum dance) in the last year, 64% had taken part in cultural activities (fishing, trapping) in the last year and 63% had been to a traditional Elder.

*Sources of information:* Popular sources of information included school, clinic, TV and family/friends. Nearly all respondents had access to TV’s and radios. Among the youth, just over two-thirds had heard of HIV or AIDS, and 7% did not know. When asked what their main source of information was, school was the most commonly mentioned source, followed by TV and internet.

### **Recommendations**

Community discussions should focus on what pieces of information most need to be communicated, and specific strategies for their implementation. Specific efforts do not always have to include formal programs that have a “cost” for implementation, and some may rely on existing community mechanisms for implementation. Whether formal or not, efforts should be discussed within the context of shorter term immediate interventions, and longer term interventions. Based on the evidence, some strategies may include:

*Interventions to increase knowledge* Efforts designed to increase knowledge of HIV/AIDS and other STIs are needed. Most respondents claim to have access to many sources of information, particularly around HIV/AIDS. However there is little evidence to suggest these sources are having the desired effect of increasing knowledge and changing behaviour. Even the few sources that do show an effect on knowledge (such as print media and internet) only seem to show an effect on some issues, but not all. Overall messages with regards to HIV/AIDS and other STI’s are likely too general and untargeted. For example, a striking number of individuals either feel you can, or do not know if you can tell that someone has HIV/AIDS simply by looking at them, and many are not convinced that condoms help prevent infection. It is critical that these knowledge pieces are communicated. To help with this, intervention design groups should have input and participation from a range of individuals that match the target populations. For example, youth should be involved in the design of programs that are targeted for youth, to ensure that not only is the correct information being communicated, but that it is being done effectively.

*Interventions to target alcohol and drugs* Individuals who have sex while drinking or using drugs are at increased risk of not using condoms and having multiple

“We need a great deal of healing in our communities. We need to stop blaming, being victims and start helping ourselves and others to heal. We need to teach our elders to help us teach our youth.”  
-male survey participant

partners. Efforts to address this might reduce the number of people making potentially dangerous decisions while under the influence of alcohol and drugs.

*Plans to ensure follow-up after testing* Individuals should be encouraged to get tests, and to get tested more often. Better procedures also need to be implemented to ensure that those who do get tests learn the results of their tests. Concerns around testing (such as accuracy of tests and fear of having names reported) need to be clarified.

*Interventions around forced sex:* Those who have themselves been abused are more likely to become perpetrators of forced sex. This represents a cycle of violence that defies other HIV interventions, creating a group of ‘decision-disabled’ individuals for whom even the best HIV knowledge campaigns can not help. Special attention is needed to reduce the cycle of abuse within the communities.

### **Community input and support**

Survey participants provided many suggestions and recommendations on how to help the situation in their communities. Most recommendations stressed the need for various workshops for all groups within the communities, general health workshops, specific workshops on the issues below, related programs for youth, and more research.

Elders were also mentioned several times, as a potential resource as long as they were made aware of the issues. One 28-year-old male suggested that Elders have to be made aware of the problems at hand: “Sometimes they are left in the dark, and not understanding why young kids are dying and doing bad things.”

Youth programs were also mentioned. For example, “As a mother I would like to see the changes in our community and in our homes. I hope you will quickly put in many programs regarding to health issues I have a great love for my children and for my brothers and sisters and please, please do something good for us to see”.

With regard to the research process and the implementation of the survey, one 21 year-old survey participant added the following request: “The whole community should take part in this problem and should explain how serious it is! There are many people including myself that doesn’t know much about HIV/AIDS, STIs/STDs and other diseases. We need to learn how serious it is, how it can be avoided and prevented, but mainly how to tell if you have it or not. There are many things we have to learn. TEACH US!”

“We need to have all elders involved and their input on this questionnaire. This way Elders will be able to help by sharing this idea and their knowledge to make this program work in the lives of people and youth, which will bring peace among all. We all need one another’s strength and cannot leave the wise people out.”

-Elder’s comments