

HIV and Young American Indian/ Alaska Native Women

The Facts

Social, economic, and cultural barriers limit the ability of many American Indian/Alaska Native (AI/AN) young women to receive accurate and adequate information on preventing HIV and other sexually transmitted infections (STI)s. Young native women need culturally competent, affordable services that build on their assets. Additionally, there is a striking lack of research on cultural issues that influence the reproductive and sexual health of American Indians/Alaska Natives, less research on AI/AN adolescents, and even less on young American Indian women.

Young AI/AN Women Suffer High Rates of HIV Infection

Underreporting is a persistent problem; one study in Los Angeles found that 56 percent of AI/AN patients with HIV were racially misclassified.¹ Nevertheless, the CDC estimates that the rate of AIDS diagnoses for American Indian and Alaska Native adults and adolescents is 9.9 per 100,000 persons. This rate is higher than whites and Asians but lower than blacks and Hispanics. Women accounted for 29 percent of these diagnoses.¹

Many Factors Contribute to Disproportionate HIV Rates

- The majority of HIV positive AI/AN women (66 percent) contract HIV through heterosexual intercourse, while a significant number (33 percent) are infected through injection drug use.²
- A lack of access to health care and/or a lack of trust in health care providers and systems may keep AI/AN young women from receiving adequate medical care, including HIV testing and treatment.^{3,4}
- Intimate partner violence against young AI/AN women is all too common and, since condom negotiation is difficult for women in violent relationships, puts them at risk for HIV.^{4,5} Drugs and alcohol are often factors in cases of sexual violence, thereby increasing risks.⁵
- A lack of education about the disease may lead AI/AN young women to still consider HIV a “gay white man’s disease,” leading them to believe that they are not at risk.⁴
- Tribal members gather regularly from distant locations for large ceremonies; some young people engage in unprotected sexual contact with acquaintances at these ceremonies, greatly increasing their risk of HIV.^{4,6}

What Assets Can Help Protect Young AI/AN Women From Negative Sexual Outcomes?

- Research shows that parental communication and involvement are very important in empowering young AI/AN women to make healthy decisions about sex (that is, to delay first sex and to use condoms and birth control when having sex).⁷
- Self-efficacy (trust and confidence in one’s own decisions) is a powerful protective factor for both condom use, and abstaining from sex.⁷
- Those who do well in school are less likely to be sexually active; for those who are sexually active, valuing academic achievement is still a protective factor against sexual risk behavior.⁷
- Positive native identity and a sense of belonging to a native community are strongly associated with good sexual health outcomes for AI/AN young women. Research shows that female adolescents from families who lived on a reservation and spoke a tribal language had sex for the first time at an older age and were more likely to use condoms than those from families who did not; while urban-dwelling youth benefit from programs that emphasize a connection to native culture.^{8,9}

Young AI/AN Women Need Effective, Culturally Specific Interventions

- Native youth should be included in creating, designing, and implementing programs and policies around sexuality education.^{3,9}
- Many opportunities exist for involving native youth and empowering them to teach their peers; successful approaches have included:
 - peer education through traditional and contemporary cultural performance activities;
 - cultural enrichment and community involvement for young people;
 - programs focused in athletics or the arts;
 - and programs that emphasized the individual's importance in helping the whole community.^{3,9,10,11}
- Young native women need comprehensive sexuality education, including information about both contraception and condoms. An important step is integrating condoms into native cultures. For instance, one researcher suggests packaging the condoms discreetly, so that AI/AN young people feel more comfortable receiving them, and distributing them at powwows and other ceremonies, clinics, and social events.⁶
- Young AI/AN women need access to confidential, culturally competent health care.⁵

References

- ¹ "HIV/AIDS among American Indians and Alaska Natives." *Centers for Disease Control and Prevention*. Accessed on August 1, 2006 from <http://www.cdc.gov/hiv/resources/factsheets/aian.htm>
- ² "HIV/AIDS and American Indians/Alaska Natives." *Office of Minority Health, 2006*. Accessed on January 19, 2007, from <http://www.omhrc.gov/templates/content.aspx?ID=3026>
- ³ Vernon IS. "Prevention of HIV/AIDS in Native American communities: promising interventions." *Public Health Reports* 2002; 117: s96-s103.
- ⁴ Vernon, IS. "The changing face of HIV/AIDS among native populations." *Journal of Psychoactive Drugs* 2005; 37(3): 247-255.
- ⁵ Saylor K. "Native women, violence, substance abuse, and HIV risk." *Journal of Psychoactive Drugs* 2005; 37(3): 273-280.
- ⁶ Gilley BJ. "'Snag bags': adapting condoms to community values in Native American communities." *Culture, Health, and Sexuality* 2006; 8(6): 559-569.
- ⁷ Chewning B. "Protective factors associated with American Indian adolescents' safer sexual patterns." *Maternal and Child Health Journal* 2001; 5(4): 273-280.
- ⁸ Mitchell CM. "Structure of HIV knowledge, attitudes and behaviors among American Indian young adults." *AIDS Education and Prevention* 2002; 14(5): 419-431.
- ⁹ Simoni JM. "Triangle of risk: urban American Indian women's sexual trauma, injection drug use, and HIV sexual risk behaviors." *AIDS and Behavior* 2004; 8(1): 33-45.
- ¹⁰ Steenbeek A. "A holistic approach in preventing sexually transmitted infections among First Nation and Inuit adolescents in Canada." *Journal of Holistic Nursing* 2004; 22(9): 254-266.
- ¹¹ Aguilera S. "Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban native youth." *Journal of Psychoactive Drugs* 2005; 37(3): 299-304.