

# Sexual Orientation & HIV Risk



British Columbia,  
Canada

During adolescence, when sexual orientation usually unfolds, research shows high schools in most Western countries have tended to be unsupportive (and even unsafe) environments for gay, lesbian, and bisexual (GLB) teens. This may be manifested as harassment or discrimination or more subtly as indifference. The stress GLB teens face as they cope with sexual orientation stigma may help explain higher rates of risky sexual behaviors and injected drug use. Very little research has focused on Aboriginal youth, especially GLB teens, even though many Aboriginal communities traditionally had positive views about Two Spirit people, an indigenous term for GLB.

The results presented here compare behaviours that can increase a risk for HIV infection between Aboriginal GLB and heterosexual students of the same age and gender. Among Aboriginal high school students in BC, 2% of males and 6% of females identify as gay, lesbian, or bisexual: about 200 males and 650 females across the province.

## HIV and Aboriginal teens

The number of HIV-infected Aboriginal people in Canada is still very low: it is estimated that in 2002, about 3000 to 4000 Aboriginal people were living with HIV. However, Aboriginal youth under age 20 are more likely than non-Aboriginal Canadian youth to test positive for HIV (4% vs. 1.5%). The proportion of young women who are HIV-positive has also increased; injection drug use and unprotected heterosexual sex are the most common ways for Aboriginal young women to become infected with HIV. Young people in Canada generally do not get tested for HIV, but because of the long delay from first infection to actually showing symptoms, many young people who test positive for HIV in their twenties may have become infected during their teen years.

## Aboriginal Youth

### SURVEY DATA:

Data used in this fact sheet were collected in 2003 through the BC Adolescent Health Survey III, conducted by the McCreary Centre Society. The BC AHS was administered to students in Grades 7-12 across British Columbia, and responses were weighted to represent the 290,000 students enrolled in public schools. The results shown here are for the estimated 16,000 students who, when asked "What is your background?" marked "Aboriginal/First Nations" and also identified as either GLB or heterosexual.

More information about the BC AHS and McCreary Centre Society can be found at [www.mcs.bc.ca](http://www.mcs.bc.ca)

**Gay, lesbian, and bisexual people are sometimes also called Two Spirit people in Aboriginal communities.**

## In BC, do Aboriginal GLB youth have higher HIV risk behaviours than their Aboriginal heterosexual peers?

The survey asks a number of questions about behaviours that can increase a teen's risk for HIV:

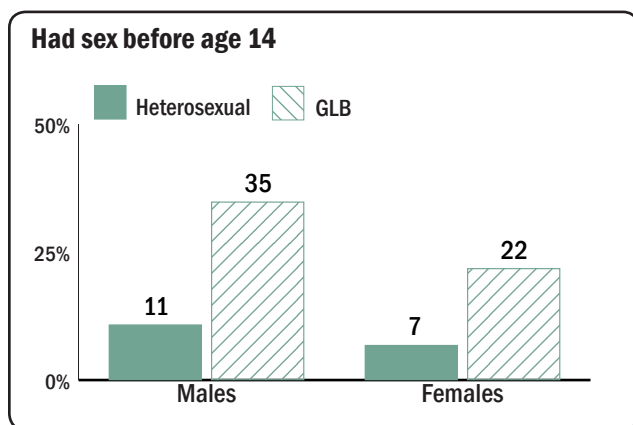
- Ever having sexual intercourse
- Sex before age 14
- Multiple sexual partners
- Not using a condom at last intercourse
- Drinking or drug use at last intercourse
- Ever being pregnant (unprotected intercourse)
- Ever having a sexually transmitted disease
- Ever being forced to have sexual intercourse
- Ever injecting drugs

## Findings—Individual risk behaviours

In general, the HIV risk behaviours among Aboriginal teens in school were low. In fact, more than 60% of Aboriginal teens had never engaged in risky sexual behavior or injected drug use.

However, compared to Aboriginal heterosexual teens, GLB teens were more likely to:

- Have sex before age 14:
  - » 35% GLB males vs. 11% Heterosexual males
  - » 22% GLB females vs. 7% Heterosexual females
- Have 2 or more sexual partners during their life:
  - » GLB males 2 times more likely than heterosexual males their same age
  - » GLB females 3 times more likely than heterosexual females their same age
- Not use a condom at last sex:
  - » GLB males 5 times more likely than heterosexual males their same age
  - » GLB females 2 times more likely than heterosexual females their same age



## Adding up the Risk: How do they compare on total HIV Risk Score?

An “HIV risk score” was created by adding up the number of various risky sexual behaviours and injected drug use reported by youth. The score ranges from 0 (no risk) to 7 (highest risk of HIV infection).

Aboriginal GLB male and females had higher HIV risk scores on average than heterosexual students of the same age and gender:

Average HIV Risk Scores		
	Heterosexual	GLB
Aboriginal Males	0.71	1.38
Aboriginal Females	0.48	1.47

**Most Aboriginal youth in school have very low HIV risk behaviours**

## What do the research results suggest?

Gay, lesbian, and bisexual Aboriginal youth are at higher risk for HIV than their fellow heterosexual Aboriginal students, in part because of risky sexual practices.

Sexual health classes should acknowledge gay, lesbian, or bisexual sexuality, and should include information to help GLB Aboriginal teens be safe.

It can be difficult to talk about gay, lesbian, or bisexual sexuality issues in communities because of stigma. Communities who work to reduce stigma and value all young people may help prevent HIV infections among GLB Aboriginal youth in BC.

This fact sheet is one in a series reporting results from the study, *Stigma, Risk and Protective Factors for Vulnerable Youth*, an international study to explore how stigma links to health disparities, and ways we can enhance protective environments to promote healthy development of all youth. The study includes school-based survey data from Canada, New Zealand, and the USA. The study focuses on Indigenous, Asian, and European-heritage youth in school in all 3 countries; the project team includes Indigenous, Asian, and European-heritage researchers, of whom some identify as GLB, or who work with GLB youth. Researchers are from the University of British Columbia & McCreary Centre Society, Canada; the University of Auckland, New Zealand; and the University of Minnesota, USA.

*The results for youth from these three ethnic groups in BC are reported in separate fact sheets. Because the samples are overlapping, results should not be compared across different ethnic groups.*

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Further information about the study, and fact sheets from the other countries, are available at: [www.mcs.bc.ca/partners/](http://www.mcs.bc.ca/partners/)