

# Representation Matters, Especially When it Comes to Sexual Health Access and Awareness

2022 Sex Now survey results show an increase in Indigenous participation and the evolution of culturally aware data collection

For its 2022 Sex Now survey, Community-Based Research Centre’s (CBRC) team of researchers travelled across the northern part of Turtle Island (colonially known as Canada) and spoke to 332 Two-Spirit and LGBTQ+ Indigenous folks (9.6% of all participants, which is a record) about current sexual practices.

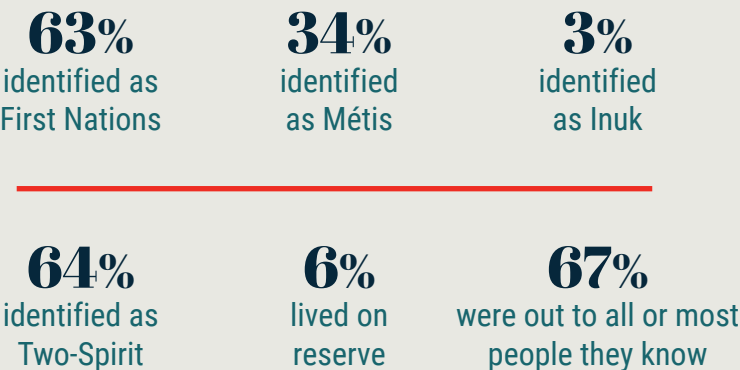
Here is some of what we learned.

## Who Participated

**332** Indigenous folks participated in Sex Now 2022

### Did you know?

Two-Spirit and LGBTQ+ Indigenous folks are proactive when it comes to STI prevention but face systemic racism when accessing healthcare.



## Sexual Practices and Sexual Health

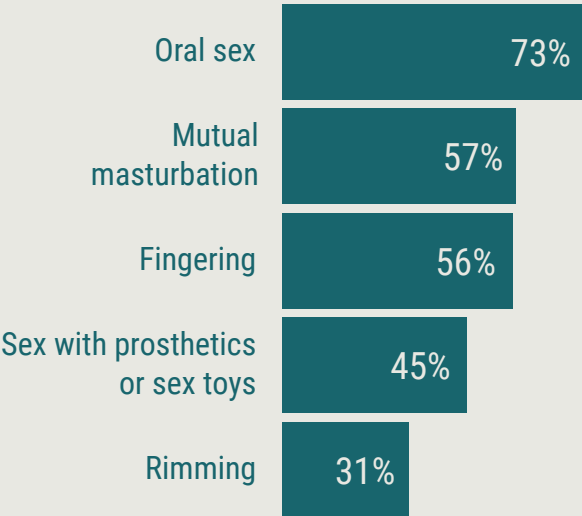
Knowing more about the common sexual practices of Two-Spirit and LGBTQ+ Indigenous peoples can help better situate our strategies to support sexual health access and resources needed for harm reduction.

Favourite sex act was usually kissing. Excluding kissing, the favourites were the following:

### Favourite sex acts by province

Giving head	Getting head	Bottoming
Alberta Saskatchewan PEI (tied)	British Columbia	Ontario PEI (tied)
Flip fucking	Mutual masturbation	
Manitoba Quebec	Nova Scotia PEI (tied)	

### Top 5 reported sex acts in the last 6 months



# Awareness of different HIV and STI prevention strategies

Participants were asked to review the following true statements and indicate whether they were already aware of this information prior to completing the survey. The percentages below represent those who were aware that these statements were true.

## HIV PrEP

**65%**

**Pre-Exposure Prophylaxis ("PrEP")** is HIV medication that HIV-negative people can take before and continuing after sex to prevent getting HIV.

## HIV treatment for people living with HIV

**64%**

**HIV medications**, taken consistently by someone living with HIV, can make their HIV viral load undetectable.

## U=U

**57%**

There is now scientific consensus that **someone who remains HIV viral load undetectable cannot pass HIV to their sexual partners**. This is known as "Undetectable = Untransmittable."

## HIV PEP

**48%**

**Post-Exposure Prophylaxis ("PEP")**: Within 3 days after a sexual risk event an HIV- negative person takes HIV medication for a month that may stop HIV from taking hold in the body.

## HIV self-test

**45%**

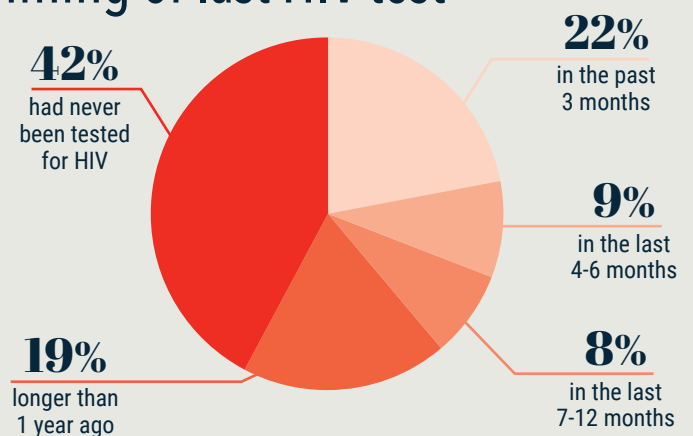
In Canada there is an **HIV self-test** that you can use yourself (without a healthcare provider).

## Doxy PrEP/PEP

**30%**

There is a new way to reduce the chance of getting STIs like syphilis and chlamydia by taking an antibiotic called doxycycline. This is called **Doxy PrEP** (taken before sex) or **Doxy PEP** (taken after sex). This does not protect against HIV.

## Timing of last HIV test



Most common STIs reported among participants who confirmed having gotten an STI within the past year.

### Chlamydia

**7%**

### Gonorrhea

**5%**

### Bacterial vaginosis (tied)

**4%**

### Herpes, genital or anal (tied)

**4%**

### Syphilis

**3%**

Bacterial vaginosis among those who had sex with their front hole/vagina in the last 12 months: **12%** (7 out of 57)

Of those with chlamydia, gonorrhea, or lymphogranuloma venereum (LGV) in the past year, one third (**38%**) had it in their bum. This was even higher among those aged 25-39 (**55%**).

## HIV PrEP

**65%**

of Indigenous participants were aware of HIV PrEP

**13%**

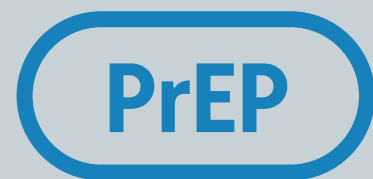
were currently using HIV PrEP or had used HIV PrEP previously

**37%**

wanted to use HIV PrEP or wanted more information about it

**48%**

were unsure about using HIV PrEP

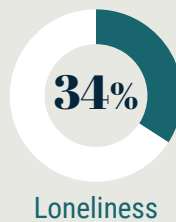
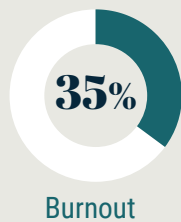


PrEP is available at no cost for Indigenous folks who are covered by the federal non-insured health benefits program (for Status First Nations and Inuit peoples).

[Click here to learn more](#)

# Mental Health

## Indigenous participants wanted help with:



## Resources accessed in the past year:



## Historic Participation

In sexual health research, the representation of Two-Spirit and gay, bisexual, trans, queer, and questioning (2S/GBTQ+) Indigenous individuals is often limited by claims of “insufficient data” or “small sample sizes.” Since 2018, CBRC has worked to address these challenges by implementing culturally tailored recruitment and clearly defined survey questions, which has resulted in improved participation and more accurate data from Indigenous participants. As a result, Indigenous participation in the survey has been significant, reaching a record high of 9.6% in 2022.

Year	Format	Indigenous Participants
2022	in-person	<b>332</b> out of 3,474 ( <b>9.6%</b> )
2021	online	<b>280</b> out of 5,986 ( <b>4.7%</b> )
2020	online	<b>109</b> out of 2,486 ( <b>4.4%</b> )
2019	online	<b>590</b> out of 11,467 ( <b>5.1%</b> )
2018	in-person	<b>314</b> out of 3,499 ( <b>9.0%</b> )
2015	online	<b>361</b> out of 7,868 ( <b>4.6%</b> )
2012	online	<b>169</b> out of 8,321 ( <b>2.0%</b> )

Over the years, with the support of and recommendations from the Two-Spirit Dry Lab (<https://twospiritdrylab.ca>), CBRC has refined how we ask Indigenous peoples to identify. In 2018, we introduced a more comprehensive set of questions specifically for Two-Spirit and Indigenous individuals. We moved from general questions like “What best describes your background?” or “How do you describe yourself to other guys?” with options such as “Aboriginal” or “First Nations,” to making the following changes:

- Asked Indigenous participants how they identified: First Nations, Métis or Inuk
- Situated a Two-Spirit question only for those who reported being Indigenous
- Asked Indigenous participants if they lived in an Indigenous community
- Asked Indigenous participants if they had “status” (i.e. Non-Insured Health Benefits) because this can affect access to medication
- Moved these questions up earlier in the survey to give primacy to being Indigenous and Two-Spirit
- Added response options under mental health/wellness resources to include “Elder (Indigenous)” and “Knowledge Keeper (Indigenous)”
- Added response options under substance use resources to include “Sweat Lodge or other cultural traditions”

# Why This Matters

The goal of this report is to share the findings of the 2022 Sex Now survey with Two-Spirit and LGBTQ+ Indigenous peoples, as these participants shared their stories and lives with us. The information aims to identify issues and barriers affecting the mental and sexual health of Two-Spirit and LGBTQ+ Indigenous peoples, who have historically been overlooked or underreported in sexual health research.

These findings provide an opportunity for Two-Spirit and LGBTQ+ Indigenous communities to reclaim control over sexual health research and challenge the erasure of their unique experiences. For years, data from these communities was absorbed within the broader LGBTQ+ category, which diluted their distinct experiences and needs.

With this data, we can raise awareness about sexual practices within the Two-Spirit and LGBTQ+ Indigenous communities, leading to a reclaiming of control over the services created for them. It also allows for the development of tailored resources and community education tools, as well as a better understanding by governments to invest in and request information directly from these communities.

## More Resources

- [Meet the Methods](#)
- [Two-Spirit Program at CBRC](#)
- [PrEP access information](#)
- [CATIE's Where to? testing resource](#)
- [Representation Matters 2018](#)
- [Medicine Bundle](#)

If you have any further questions, please contact the Two-Spirit programing team:

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