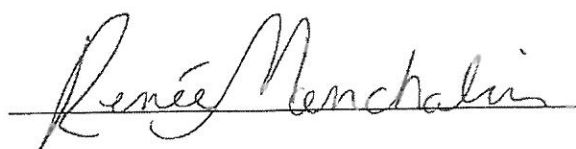


Title of Major Portfolio:
Sexual Health and HIV Prevention Outreach by and for Indigenous Youth

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partial fulfillment of the requirements for the degree of Master in Environmental
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Table of Contents

Section 1:

Foreword

Section 2:

“When you follow your heart, you provide that path for others”: Indigenous Models of Youth Leadership in HIV Prevention

Section 3:

Sexy Health Carnival on the Powwow Trail: HIV Prevention by and for Indigenous Youth

Section 4:

Sexy Health Carnival Toolkit: By and For Indigenous Youth!!

Section 1:

Foreword

Foreword

It is with great enthusiasm that I submit this major research portfolio in partial completion of my Masters in Environmental studies (MES) degree. It is comprised of three parts that derive from two projects, which explore Indigenous youth leadership and peer-education in the context of sexual health outreach and HIV prevention.

These projects were completed in partnership with an organization that I belong to called the Native Youth Sexual Health Network (NYSHN). NYSHN is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice. Due to my role as being both a youth leader for NYSHN and as a student in the MES program, this portfolio serves both an academic and community audience.

The first two parts encompass two research articles that are aimed for publish that will encourage political, practical, and positive change for Indigenous peoples health. The **first** article examines how a group of Indigenous youth leaders who participated in a community based participatory action research project entitled, *Taking Action II: Art and Aboriginal Youth Leadership for HIV Prevention*, take up the notion of leadership in the context of HIV prevention. This article is not only unique because there is seldom literature that interrogates Indigenous models of youth leadership, but it is also written by myself, who was a youth participant in the *Taking Action II* project. The **second** article explores a peer-led pilot intervention called the “Sexy Health Carnival” (SHC) that takes a strengths-based approach to promoting Indigenous youth sexual health in a

culturally safe context. I was the research coordinator for this project, developing the survey tool and managing data collection. The **third** part of this portfolio is a community toolkit that is made by and for Indigenous youth. Although I was the author, the toolkit was informed by Indigenous youth from NYSHN and the communities that were involved. Further, the toolkit will enable Indigenous youth throughout Canada to implement their own sexual health outreach initiatives in their own unique contexts.

Next, this portfolio situates itself within each component of the plan of study. First, an Indigenous methodological framework guided this portfolio. This was achieved through two avenues. First, this portfolio follows the teachings of reciprocity. The knowledge that was given to me over the course of my research was a gift. To honor this, this portfolio respects the reciprocal relationships by producing research that will benefit Indigenous communities. This portfolio is a gift to the communities that I have worked with and who have shared their knowledge with me. Second, this portfolio was written through my own lens as a young mixed Indigenous woman, and informed by my peers and ancestral teachings. This portfolio takes a strengths-based approach that honours Indigenous ways of knowing.

Second, this portfolio explores Indigenous youth culture. This was accomplished through the portfolio being created and informed by and for Indigenous youth. In particular, this portfolio demonstrates how Indigenous youth are fulfilling the Seven Fires prophecy. This is shown through the youth's unique experiences of being the current generation highly impacted by legacies of

cultural genocide. We are retracing our steps by remembering who we are as Indigenous peoples and applying it to our work. By developing sexual health outreach and HIV prevention strategies that incorporate our cultures and lived experiences, we are restoring the balance within our communities.

Third, this portfolio provides a snap shot of the current status of Indigenous youth health in Canada, with a particular focus on sexual health. Although not representative of all Indigenous youth in Canada, this portfolio illustrates the unique social determinants of cultural genocide, racism, poverty, and hundreds of years of colonial policy. This was accomplished through an intensive literature search, and shown through the data collected from the youth participant's voices. This portfolio further provides examples and recommendations of improving the sexual health outcomes of Indigenous youth, by Indigenous youth.

Overall, the key learning's from developing this portfolio go beyond the written product. First, this portfolio enabled me to learn about navigating a community and institutional relationship. Research has acquired a negative name amongst many Indigenous peoples because the purposes and meanings associated with its practice by academics and government have been unfamiliar to our communities, and the outcomes have typically been misguided and harmful. Navigating these views while fulfilling academic requirements was challenging but was accomplished through following the teachings of reciprocity. Second, this portfolio taught me about the meaning of trust, relationship building, and consent. It taught me about the importance of teamwork, and that community

always comes first. Lastly, developing this portfolio allowed me to learn more about myself and was a process of healing from colonization. It allowed me to connect with other Indigenous youth who have similar experiences. Most importantly, this portfolio was a journey of remembering who I am as an Indigenous person, and it allowed me to reconnect with my traditional teachings.

Section 2:

“When you follow your heart, you provide that path for others”: Indigenous Models of Youth Leadership in HIV Prevention

“When you follow your heart, you provide that path for others”: Indigenous Models of Youth Leadership in HIV Prevention

Authors: *Renee Monchalin, Sarah Flicker, Ciann Wilson, Jessica Danforth, Erin Konsmo, Tracey Prentice, Vanessa Oliver, Randy Jackson, June Larkin, Claudia Mitchell, and Jean-Paul Restoule*

Abstract

Background: This paper examines how a group of Indigenous youth leaders take up the notion of leadership in the context of HIV prevention.

Methods: Taking Action II is an Indigenous community based participatory action research project. Eighteen Indigenous youth leaders were invited from across Canada to share their narratives about their passion for HIV prevention through digital storytelling. One-on-one semi-structured interviews were conducted with participants after they developed their digital stories, and then again several months later. A thematic analysis was conducted to identify major themes arising from Indigenous youth leaders’ responses.

Results: Central to participants’ visions of Indigenous leadership were the following characteristics: confidence, trustworthiness, being a good listener, humility, patience, dedication, resilience and being healthy. Challenges to leadership included: being a member of a young population, a lack of role models, tokenism, intergenerational trauma, HIV stigma, and pressure to succeed. Despite these challenges, youth were demonstrating leadership in a variety of capacities within their communities. Common themes included: starting small, education, mobilizing community, teaching others, and preserving culture.

Discussion: In contrast to dominant individualized mainstream ideals, Indigenous youth think about leadership as connected to relationships with their families, communities, histories, legacies and health. Cultivating and supporting Indigenous youth leaders is an important part of the solution in tackling the devastating HIV statistics and in making positive change within our communities.

“In the time of the Seventh Fire a Osh-ji-bi-ma-di-zeeg’ (New People) will emerge. They will retrace their steps to find what was left by the trail.”
(Benton-Banai, 1988)

The Seven Fires prophecy of the Anishnaabe oral tradition is a set of predictions about the future. According to the teachings of the Prophecy, the seventh generation is upon us (Benton-Banai, 1988; Bergstorm, Cleary, &

Peacock, 2003). The seventh generation represents the time of Indigenous youth leadership, where Indigenous youth retrace their steps to restore balance among our Nations (Bergstorm et al., 2003). This paper will discuss the importance of supporting Indigenous youth models of leadership, in the context of HIV prevention.

A recent UNAIDS report (2010) states that, globally “young people are leading the prevention revolution by taking action to protect themselves from HIV... [as a result], HIV prevalence among young people is falling in 16 of the 21 countries most affected by HIV.” (p3). The UN attributes these changes to a heavy investment in youth leadership and capacity building.

Despite this, HIV diagnosis is on the rise for Indigenous youth in Canada (Public Health Agency of Canada, 2014), and models of promoting Indigenous youth leadership are noticeably absent in the literature (Crooks, Chiodo, Thomas, & Hughes, 2009). Indigenous youth experience HIV at a rate seven times higher than non-Indigenous youth in Canada (Ning & Wilson, 2012). Between 1998 and 2012, nearly one-third (31.6%) of HIV diagnoses among Indigenous peoples in Canada were youth ages 15 to 29 (Public Health Agency of Canada, 2014). Factors such as intravenous drug use play a large role in the HIV epidemic, yet determinants of health unique to Indigenous youth must not be left out of this explanation (Flicker, Larkin, et al., 2008; Public Health Agency of Canada, 2014; Reading & Wien, 2009). For instance, although Indigenous youth are diverse in

terms of culture, language, social and geographical locations, they share the legacies of colonialism and its ongoing harmful impacts (Flicker et al., 2013, 2014; Flicker, Larkin, et al., 2008; Oliver et al., 2015) . Many Indigenous youth link colonialism, including the ongoing effects of residential schools, such as substance abuse and sexual abuse to HIV in their communities (Flicker & Danforth, 2012). The Royal Commission on Aboriginal Peoples (RCAP) furthers this notion and highlights that Indigenous youth are currently paying the price for cultural genocide, racism, poverty, and hundreds of years of colonial policy (Aboriginal Affairs and Northern Development Canada, 1996). According to the Seven Fires Prophecy:

“The task of the New People will not be easy... If the New People will remain strong in their quest, the Waterdrum of the Midewiwin Lodge will again sound its voice” (Benton-Banai, 1988; p 93).

Supporting Indigenous youth models of HIV leadership may be part of the solution towards reversing the high rates of HIV. The RCAP (1996) recommends that all governments pursue goals of developing and implementing a Canada-wide policy of Indigenous youth “participation at all levels, leadership development, economic development and cultural rebirth, youth involvement in nation building, and cultural and spiritual development,” (para. 4.4.9). Similarly, the Standing Senate Committee on Aboriginal Peoples 2003 report called for Indigenous youth leadership and involvement (Chalifoux & Johnson, 2003). Although policy continues to theoretically affirm the importance of youth participation in decision-making, little has been written (or done) about its implementation.

This paper explores how a group of Indigenous youth leaders who participated in a community based participatory action research project, Taking Action II (Danforth & Flicker, 2014), take up the notion of leadership in the context of HIV prevention.

Indigenous Youth Leadership in the Literature

Supporting youth leadership promotes healthy youth development (Crooks et al., 2009). Youth leaders can inspire other youth through HIV prevention peer-to-peer modeling, and can set positive examples for their communities (Kahn, Hewes, & Ali, 2009; Pearlman, Camberg, Wallace, Symons, & Finison, 2002). Moreover, since youth are often more open to change and new ideas, supporting youth leadership may be critical to communal innovation and social change (Kahn et al., 2009). Through discussions with Indigenous youth, Matthew (2009) found that supporting youth leadership can promote resilience, build on current personal strengths, enhance physical and emotional health, improve youth programming, and promote youth commitment to programs.

There is very little literature that interrogates Indigenous models of youth leadership. The literature that does exist predominantly focuses on the challenges of engaging youth in leadership. For example, barriers include a lack of support, tokenism, being silenced in decisions affecting them, stereotypes, intergenerational trauma, and a lack of financial support (Matthew, 2009). Reasons for these multiple barriers may be due to ageism or 'adultism', meaning

that adults assume power over youth (Checkoway & Richards-Schuster, 2004) thereby denying young people's own agency to create change. This has led to youth's ability, skills and talents being silenced and underestimated by the mainstream public and the academic research community (Checkoway & Richards-Schuster, 2004). Public discourses regularly paint youth as rebellious, unmanageable risk takers (Macneil, 2006). Indigenous youth in particular are often portrayed as 'dangerous' and 'reckless' (Riecken et al., 2006).

Literature that examines Indigenous adult leadership models often focus narrowly on those in positions of mainstream conventional power, for example Chiefs or Tribal Councils (Buchanan, 2010). This is largely due to colonial interventions such as the Indian Act, which enforced Western notions of leadership and governance (Cote-Meek, Dokis-Ranney, Lavallee, & Wemigwans, 2012). These legal arrangements were designed to undermine, divide, and assimilate Indigenous people and their traditional (oftentimes non-hierarchical nor patriarchal) models of leadership (Alfred, 1999).

Moreover, within a traditional Indigenous paradigm that honors the interconnections of all parts of the community, focusing on one part of the community (e.g. adults) without understanding its role in maintaining the well-being of all (e.g. youth) is foolhardy. According to Alfred (1999):

“Communities cannot do what is right for the next generation without involving [youth]...where the link between the young people and leaders is broken, a future negotiated only by

politicians and elders will last only as long as those people stay in control. Then who will lead the communities?” (p.130).

Methods

Taking Action involves a group of university based researchers, students and community activists who came together to develop and think about new methods, and decolonizing approaches to respond to the elevated rates of HIV in Indigenous communities (Danforth & Flicker, 2014; Flicker & Danforth, 2012). In the first three years of the project, we collaborated with over 100 youth in six different communities on developing art that examined the relationship between structural inequalities and HIV (Flicker & Danforth, 2012). During evaluations, youth asked for more opportunities to come together with their peers from different communities to learn from each other. As a result, Taking Action II invited eighteen Indigenous youth leaders from across Canada to a weeklong workshop in Toronto to create digital stories about their interest and involvement in HIV prevention. The goal was to allow youth leaders to tell and share their own stories about HIV leadership, activism, and engagement (Danforth & Flicker, 2014; Wilson et al., n.d.)

Leaders were recruited from across Canada through a call-out via social media and online outlets (i.e. listservs, Youtube, Facebook, Twitter). Personal networks were also tapped to encourage leaders to apply. Recruitment materials defined leadership broadly and provided the following examples:

“Have you ever been part of an event about: HIV, drugs, poverty, human rights, justice, Aboriginal rights, sexual health,

or violence? A volunteer or peer outreach worker? ... A helper or organizer of a workshop, event, or fundraiser about HIV? Part of any effort to spread the word about HIV? We are seeking motivated, passionate and energetic Aboriginal youth to share their stories about HIV leadership or activism..."

Leaders were selected based on their interest or involvement in HIV prevention, engagement, and activism. Youth that were accepted reflected the diversity within Indigenous communities (e.g., Nation, gender, HIV experience). Once youth were selected, they were supported in the preparation of digital stories that shared their personal journeys. Four months prior to the arrival in Toronto, youth were provided with tools to start collecting images, sound clips, and videos to use in their story, along with regular teleconference calls as support in preparation for their arrival.

Youth leaders were provided training, support and resources during all stages of the project. This included providing a sense of community and a safe environment to explore what are sometimes difficult issues. For example, supports included youth facilitators, healing circles, access to art and beadwork supplies, Anishnaabe fire ceremonies, and a youth mentor and cultural support. Other supports included retreat activities, which enabled for relationship building such as fun excursions in the city where the retreat was being held, and visiting a nearby First Nations community to learn about their sexual health initiatives.

Once youth leaders developed their digital stories, one-on-one semi structured interviews were conducted with participants. Following this, the youth were encouraged and supported in screening their digital stories within their respective

communities. This included financial support, along with project youth facilitators who would assist with implementation by personally going to the communities.

Shortly after their screenings, another semi-structured interview was completed either via telephone or in-person. Interviews were transcribed verbatim. Data were coded and managed in QSR NVIVO 10, and an inductive thematic analysis was conducted (Vaismoradi, Turunen, & Bondas, 2013). Data for this paper was drawn from the leadership quotes from the interviews. All of the leadership quotes were analyzed and further broken down into three categories as described below. We engaged in a form of participatory “member checking” one year later at a follow-up retreat with youth participants, where they had an opportunity to review themes, quotes, and key ideas and provide feedback on the analysis.

Results

The eighteen Indigenous youth leaders were selected from across Canada, from all four directions. Youth were from a mix of First Nation, Metis, and Inuit communities, rural areas, and urban contexts. They hailed from eight different provinces and one of the territories. At recruitment, youth ranged from 16 to 26 years old. There were seven male and eleven female youth leaders.

Although the youth were diverse in terms of culture and geographical locations, they shared many similar ideas surrounding HIV prevention leadership. Drawing

on the interviews, three categories were developed to unpack youth responses surrounding HIV leadership: qualities of a leader, challenges of being a leader, and examples of demonstrating leadership.

Qualities of a Leader

Leadership qualities identified by youth participants included confidence, trustworthiness, being a good listener, humility, patience, dedication, resilience and being healthy (see table 1).

Confidence was understood to be a key attribute of a leader. The youth defined confidence as “not being afraid to lead the way”, to take action in their communities, and accomplish their goals.

Youth believed trustworthiness was also an important quality of being a leader in the HIV movement. Given the high degree of HIV stigma in their communities, youth felt that a leader needed to be someone that individuals can rely on and trust in the face of stressful adversity.

Youth thought that leaders were individuals who listened to the needs of their communities. Rather than making all of the decisions unilaterally, youth stated that a leader is one who listens, and would serve their communities based on the community’s needs. The youth described how a good leader is not necessarily someone who is looking for a leadership title. Youth believed that the focus of a

leader should be on the things that benefit their community, rather than on the individual. In result, they felt humility was an important characteristic of a strong Indigenous leader.

Many of the youth noted the struggles and barriers with substance abuse in their communities. They described a leader as someone who is resilient to the negative influences of drugs and alcohol, and someone who is able to make the decision of living a good life without substance abuse (or who actively tries to recover from an addiction). This also led youth to describe how a leader is someone that strives to be physically, mentally and spiritually healthy. Youth leaders emphasized that leaders must remember to take care of themselves if they are going to be able to take care of their community.

Table 1: Qualities of a Leader

Confidence	<p>“...being a leader generally means you know that you are not afraid to take the steps accomplishing your goals” (Female)</p> <p>“...a leader is someone who is not afraid to lead the way, to be the first one. To do something. To explore something...” (Male)</p>
Trustworthy	<p>“...doing the work with the people that trust in you and believe in you or even would put their life in your hands. You would have to work with them and show them that you are actually caring....” (Male)</p> <p>“Leadership means that there is a person that stands out for the people. They help people that need help. They do stuff for people when someone needs something done...” (Male)</p>
Listens	<p>“it is also someone who steps back and listens to the needs of everybody else... it’s someone who can take initiative, who can listen and with their heart, their mind, with everything to, I guess, start the movement” (Female)</p> <p>“A lot of people have this image that leaders are the ones that are talking, but I feel a lot of leaders, youth leaders, are the ones listening...being able to support people even though they may not be necessarily supported in their decisions.” (Female)</p>
Humility	<p>“... it’s not about having that title of leadership...you are out there to make a difference, you are out there to work one person at a time, to work with another person, and to build a community that is solid.” (Female)</p>
Patient	<p>“Being a leader also means being patient...you know that it means it’s not going to happen overnight.” (Female)</p>

Dedication	<p>“Being a leader, you have to have a plan, you have to have a destination or a goal that you are after.” (Male)</p> <p>“...you got to be dedicated to the change that you want to see in your communities and it’s not going to be easy. But if you really believe in something then you are going to continue get back up and keep working towards different approaches...” (Male)</p>
Resilient	<p>“He realized he was in a bad environment and he wanted to change it for himself...” (Male)</p> <p>“...Our youth are so resilient and so inspirational that we have found our strengths within each other and created our own community within ourselves to support each other...” (Female)</p>
Healthy	<p>“Know and understand that it’s okay to take a step back sometimes to just take care of yourself. Because if you can’t take care of yourself then you can’t help anyone else.” (Female)</p>

Challenges of being a Leader

The youth described many barriers they regularly face within their communities when either they themselves, or their peers try to take on a leadership role.

These challenges to leadership were: being a young population, a lack of role models in their communities, tokenism, intergenerational trauma, HIV stigma, and pressure to succeed (see Table 2).

As noted earlier, almost half of the Indigenous population in Canada is under the age of 24 (Statistics Canada, 2011). This was reflected in the youth’s responses to the challenges to leadership. Youth believed that they lacked positive mentors, role models, and young leaders within their communities. Specifically they described widespread apathy and a lack of motivation and ambition to finish school among their peers. Youth believed that leaders within their communities were individuals who would graduate from either high school, or post-secondary school.

Many youth felt they experienced tokenism. This meant that they were often tapped to participate on committees. Although 'appearing' to be involved in decision-making processes, they were rarely treated equally and youth voices continued to be underrepresented. Youth believed that they did not have support to fully participate as decision makers, and they were often excluded from important conversations.

A major challenge to the development of leadership among youth that was discussed by a majority of participants was intergenerational trauma. Intergenerational trauma is defined as cumulative emotional and psychological wounding across generations (Blanchet-Cohen, McMillan, & Greenwood, 2011; Lavalley & Poole, 2009). Youth stated that they continue to face intergenerational trauma due to the legacy of residential schools in their communities. They believed that this is a major challenge to becoming a leader because there is a lot of healing that needs to take place both internally as individuals, and within their communities.

Another challenge to being a leader was due to the stigma and discrimination associated with HIV. When youth tried to educate others in their communities about HIV, they often received a negative response. Some parents believed that education would lead to sexual activity and substance abuse. Other youth discussed how because of the stigma, members of their communities denied the existence of HIV.

Lastly, due to the history of Indigenous communities in Canada marginalizing their own people with HIV and lack of discussion about HIV in communities (Vizina, 2005), the youth leaders of this project felt a lot of pressure to succeed.

Table 2: Challenges to being a Leader

Young Population	“We have a younger, a very young, up and coming population. If these youth are not being brought up with good mentors, whether it’s their parents, or whether it’s somebody else teaching them in the community, then where do they go and what do they do...It really, really hurts because I know so many young people who are trying the best that they can and people look at them and it’s just so easy to look down on them when they don’t know the struggles...” (Female)
Lack of Role Models	“We don’t got too many leaders on the reserve in our community.” (Male) “...in my community you don’t see a lot of Aboriginal people graduating.” (Female)
Tokenism	“I feel a little bit upset sometimes when our leaders utilize our youth as the reason why they are doing things yet they don’t really include us... we feel that we are not being supported by the people who claim to be our leaders.” (Female)
Intergenerational Trauma	“We still face the legacy of the residential schools to this day, and the things that happened to our grandparents, great-grandparents, even sometimes our parents...residential school has kind of trickled down by generations...” (Female) “There is a lot of healing that needs to still take place...and unfortunately there are still a lot of people who are healing in our communities.” (Female)
Stigma	“It can be tough because some people ... don’t want to believe it or they just don’t want to listen, and, or maybe some parents might think, “I am teaching my children the way I want them to be taught” kind of thing, “I don’t want anyone else to teach them about HIV/AIDs because that leads to sex or drugs or what not.” They take it the wrong way.” (Female)
Pressure	“It is the pressure of always having, the feeling of always having to be strong, to look strong for others ... you will have that weight pushing down on you while you lead.” (Male)

Demonstrating Leadership

Despite multiple challenges, the Indigenous youth in this project continue to take action, and demonstrate leadership in a variety of ways. Common themes regarding how they enacted Indigenous models of leadership included: starting

small, education, mobilizing community, teaching others, and preserving culture (see Table 3).

The youth highlighted the importance of a leader “starting small.” For them, this meant being a role model for their friends, family members and community.

Youth stated that a leader is someone who works to establish strong ties in their family unit and communities before venturing outside their personal networks. All of the youth respondents pursued this idea of “starting small.” Many also provided examples of slowly expanding their influence by being active on youth councils and committees.

Youth noted the importance of educational achievement as an example of how they demonstrate leadership. When they spoke about education, the youth talked about finishing high school, and pursuing post-secondary education, such as college or university. Youth believe that when they graduate, that they are doing it for their entire community. Education was not understood as merely an individual achievement.

The youth talked about their experiences of participating in this project as an opportunity to teach others within their communities. Prior to and during the retreat for the Taking Action II project, youth did research on HIV and AIDS to assist with developing their digital stories. Youth stated that by educating themselves more around the topic of HIV, they were better able to educate their

communities. Many youth shared plans being HIV peer-educators back “home.” This involved educating others on how to better support one another. Several youth talked with excitement about how showing their digital stories sparked important dialogue around the topic of HIV prevention.

Most notably, during conversations around leadership, youth kept coming back to the importance of their ancestors and culture. Many youth believed that demonstrating leadership in their communities meant preserving culture, and remembering who they are as Indigenous peoples.

Table 3: Demonstrating Leadership

Starting Small	<p>“Being a leader starts in the most smallest and intimate places...I try to be a good role model...for my brothers and my sisters and my cousins. And that’s initially where I guess being a leader starts, is in your family...” (Female)</p> <p>“We need to start in our community and where we live... we are having issues, too many to deal with. So we need to work on ourselves before we can work outside.” (Female)</p>
Education	<p>“...I was graduating for all Aboriginal people and I guess all of my community, and all of my family. You know, it was just like this big stepping-stone. A bigger place.” (Female)</p>
Mobilizing Community	<p>“I really try to spend most of my time trying to like mobilize community, my poor community has had to deal with so many events. But it’s like a really big part of me, teaching educating people, just because that’s just something that I always loved to do.” (Female)</p>
Teaching Others	<p>“By educating myself more in HIV and AIDs, I can discretely educate other people and...that may spark something inside of them, some inspiration where they might want to do difference and change things.” (Female)</p> <p>“When I go back home, that’s what I am going to be trying to do...educating people more towards how to support other people and to how we can work together to break down the barriers.” (Male)</p>
Preserving Culture	<p>“If I can help somebody grow or help them find an opportunity or to even be there just to have a conversation with them, then I know that I am doing what my ancestors would like me to do. And that’s just following my heart. Cause when you follow your heart you provide that path for others to follow your lead and I think that’s that what a lot of our young people and a lot of our people are doing cause we are following our heart back to that remembering of who we are as Indigenous people.” (Female)</p>

Discussion

Although the youth participants in this study were very unique and diverse in regards to Nation, location, and cultures, common themes were found in defining models of leadership in the context of HIV prevention. Importantly, participants had alternative definitions of leadership that moved away from mainstream ideas of power, status, and individualism (Buchanan, 2010; Ottmann, 2002, 2005; Stonefish, 2013), and incorporated ideas of community, responsibility, and legacy.

Participants' views about leadership echoed some of the literature on Indigenous adult perceptions of leadership. This included focusing on and responding to community (Ottmann, 2005), resilience (Crooks et al., 2009; Julien, Wright, & Zinni, 2010), preserving culture (Ottmann, 2002), mobilizing others (Buchanan, 2010), being honest, and confident (Muskego, 1995). Nonetheless, as mentioned earlier much of the literature that examines adult Indigenous leadership models continues to perpetuate mainstream hegemonic ideas of leadership and focus narrowly on those in positions of conventional power imposed by colonial interventions, such as the Indian Act (Buchanan, 2010; Ottmann, 2002, 2005). Whereas the Indigenous youth leaders did not strive for the titles associated with leadership; many lead by listening. Alfred (1999) describes this as the ability to lead by being led.

Indigenous youth have different ways of thinking about leadership that include prospective steps forward on how to reverse the negative trends of HIV in their

communities. This involves educating themselves, teaching others, mobilizing community, and starting within their families and intimate social networks. Their ideas demonstrate a holistic understanding of leadership that speaks to the connection of family, community, and culture.

Many youth noted the importance of education as an example of how they demonstrate leadership. For youth, education meant finishing high school, and pursuing post-secondary education such as college or university. Despite a long history of schooling for assimilation in Canada which has led to ambivalent attitudes toward formal education among many Indigenous people, young Indigenous people (and their parents) aspire to attain ever higher levels of education (Hudson, 2009; J. P. Restoule et al., 2013; J. Restoule, 2006).

According to Stonechild (2006), “education is truly the new buffalo” (p.1). In the past, the buffalo met virtually every need in regards to food and shelter, and was considered a gift from the Creator (Stonechild, 2006). Stonechild (2006) argues that today, Elders say education, rather than the buffalo, is necessary for survival (J. Restoule, 2006).

In their responses, many youth focused on the challenges and barriers that young people experience. The most prominent of these is the impact of intergenerational trauma caused by residential schools. Residential schools operated in Canada from 1831 to 1996 (Kelly, 2008). Anderson (2011) provides a circle diagram entitled “Social Organization of “Traditional” Communities” that

demonstrates the roles of an Anishnaabe community which promoted community health and well-being. In the diagram, youth are the heart of the circle, then surrounded by Elders, women, and men, in that order. Anderson explains that, "...the circle was blown apart when residential schools ripped the children – the heart – out of the community." (p169). Many Indigenous children suffered sexual, mental, and emotional abuse committed by figures of authority and caretakers in the schools (Chavoshi et al., 2012). Generations of former students brought home devastating burdens of unresolved trauma into their communities, perpetuating the cycle of abuse (Chavoshi et al., 2013). Anderson further articulates that "Alcoholism, depression, and suicide were not long to follow" due to the legacies of residential schools. Youth indicated that there is still a lot of healing that needs to take place in their communities, and that this was a direct barrier to becoming a leader.

Despite this, youth provided multiple examples of how they are demonstrating leadership, and how the project motivated them to continue to agitate for change. For example, since returning home from the retreat, participants have each hosted digital story screening events to promote discussions around HIV in their communities. Many have facilitated peer-lead community arts-based programs and sexual health outreach initiatives, spoken at conferences, developed new interventions for their peers, became involved in Idle No More and other social justice causes, and became more engaged in traditional ceremonies. Some have pursued post-secondary education in health studies; others have entered the film

and music industry.

The peer-lead initiatives that the youth have brought back into their communities illustrate that investing in youth leadership may reverse the negative trends of HIV, and improve the overall health of Indigenous communities. This is because peer-educators are shown to “address misconceptions, prejudices, attitudes and stigmas surrounding sexual health” (Sriranganathana et al., 2010: p63). To reverse the negative trends of HIV, youth must be met “where they are at” (NYSHN, 2013). This means that it is not about ‘saving’ Indigenous youth and imposing conventional disease-control approaches onto them. Rather it is “about creating space for youth to tell us what makes them feel empowered, supporting the self determination they have over their bodies, lives and spaces.” (NYSHN, 2013). This can be done through peer education, which is a health promotion method that provides youth the opportunity and safe space to learn about sexual health and ask questions from their peers who will likely understand (Sriranganathana et al., 2010).

Although there were more female than male participants, female participants within the project predominantly provided examples of demonstrating leadership. This is significant due to the Indian Act’s colonial interventions that have marginalized Indigenous women; excluding them from decisions affecting them, their families, and communities (Cote-Meek et al., 2012). The results from the female participants interviews suggest that the seventh generation is in fact upon

us. Prior to colonization, many Indigenous communities had strong matrilineal leadership, multiple categories of gender, and holistic understandings of and approaches to health (Yee (Danforth), 2009). The youth in this project are retracing their steps by rejecting ideas of patriarchy and hierarchal notions of leadership. With Indigenous women in this project demonstrating leadership roles, balance and equality are being restored within Indigenous communities. Brant-Castellano (2009) furthers this and states:

“The promise of the future lies in restoring the balance, continuing to dismantle the barriers to full and equitable participation of women in community life, and creating the conditions where male and female gifts can come together to make powerful medicine and heal individuals, families, communities, and nations.” (p233)

Limitations

This study was a first step in unpacking how a select group of self-identified Indigenous youth leaders conceptualized leadership. Although youth were selected from different communities, Nations, and contexts, the sample was not representative of all Indigenous youth in Canada. Moreover, those who participated did so because they were either particularly interested in HIV and/or digital storytelling. Nevertheless, this purposive sample elicited surprisingly consistent views on leadership across disparate regions and cultures.

This project raises important themes around Indigenous youth leadership that warrant further investigation. Because our sample was so small and diverse, we were unable to disaggregate models of leadership by nation. Further exploration within specific community settings around how Indigenous youth define

leadership may raise important distinctions as to how to support the diversity of Indigenous youth leaders.

Conclusion and Recommendations

The National Aboriginal Youth Strategy on HIV/AIDS recommends “meaningful Indigenous youth participation and engagement that provides supportive spaces for Indigenous youth to share, create strong partnerships, build capacity and skills, and be empowered to influence policy, programming and education about HIV and AIDS.” (National Aboriginal Youth Council on HIV and AIDs, 2010, p.5). Indigenous youth must be treated as equals and be fully immersed in decision-making processes (Matthew, 2009). With the right support, Indigenous youth can be producers of knowledge (Flicker, Larkin, et al., 2008), and can play active roles as change agents (Flicker, Maley, et al., 2008).

Additionally, according to the Canadian Aboriginal AIDS Network (CAAN), “diversity within the Aboriginal population demands creativity to respectfully engage all of our Peoples in the response to HIV/AIDS,” and adopting a pan-Aboriginal approach may obscure important cultural differences (Masching, 2009). An effective response to sexual health education must take into consideration local contexts and diversity. Smylie and colleagues (2004) further this and state, “successful health research in Aboriginal communities requires community relevance” (p. 139). Although each youth leader created and showcased their own digital story that reflected their own unique community

context, this paper clustered together the youth's ideas around leadership. Investigation must be taken in supporting Nation specific Indigenous youth models of leadership to learn the diverse goals, strengths and aspirations of Indigenous youth across Canada.

Moreover, further investigation must be taken to analyze the intersection of gender and Indigenous youth leadership in the context of HIV given the colonial impact on gender roles (Clark, 2012; Cote-Meek et al., 2012). For example, while Indigenous women are taking up more key leadership positions within their communities, they still remain under-represented in decisions that affect them (Lawrence & Anderson, 2005; Voyageur, 2008). Clark (2012) explains that "Matriarchal and co-operative societies did not fit within the individualistic and patriarchal ways of the colonizer." (p145). Despite this, young females within this project are challenging colonial norms of leadership through demonstration. Brant-Castellano (2009) provides a quote by an Iroquoian Chief which emphasizes the importance of equality: "When you go out to gather medicine...you must be careful to gather both the male and the female, otherwise your medicine will have no power." (p206). Further exploration around leadership must support Indigenous youth in fulfilling the seventh prophecy by enabling them to revive equality within their communities. Restoring this balance may be a part of the solution towards eliminating high rates of HIV and healing communities.

Ultimately, supporting youth voice in decision-making may be a fundamental part of the solution in tackling the HIV statistics and making positive change within our communities (UNAIDS, 2010). The research team who led this project did just that. The goal of this project was to support and empower Indigenous youth leaders to effect positive change. The examples below demonstrate the support provided by this project team, and several key recommendations emerge that should be explored in future Indigenous youth leadership support work. The Taking Action II team supported youth leadership in this project through:

- 1) Training: During the retreat, TAll youth were provided training on how to create a digital story through computer video software, and tips on how to record (visually and orally) their stories surrounding HIV and Indigenous youth leadership.
- 2) Resources: Youth were given information packages and video cameras four months before the retreat to record footage. This provided youth with the freedom to collect video footage prior to the retreat, and to start conversations within their communities around what they were doing.
- 3) A Support Network: The Taking Action II team consisted of facilitators and organizers whose primary goal was to support the youth. This included having a traditional knowledge holder and cultural support on the team, peer-to-peer support, multiple conference calls, and providing a safe space for sharing circles. Youth were also supported with screening their films within their respective communities by the research team, and given

- an opportunity to share their experiences and reflections in the follow-up retreat.
- 4) **Connections:** Youth leaders were provided with the opportunity to connect with various individuals through this project to support their leadership endeavors. This included other youth leaders from across the country, community based organizations affiliated with the project and researchers within their respective field of interests and goals. Team members also worked hard to bring youth into their networks and wherever possible link youth into other ongoing organizing work in their area.
 - 5) **Financial Support:** TAll youth were provided an honorarium for each teleconference in which they participated, along with full travel, accommodation, and meals paid for during the Toronto retreat. In addition to this support, youth were provided financial support to host a movie night within their communities to show their digital stories.
 - 6) **Capacity Building:** By providing training, resources, a support network, and connections, the youth have built up the capacity to catalyze a ripple effect of leadership throughout their communities. As stated in the results, youth are motivated to mobilize, and teach others in their communities about HIV and AIDS.

Through supporting Indigenous models of youth leadership, researchers, policymakers, educators and communities may have better success in combating HIV. This project has demonstrated that youth can be producers of knowledge, and play active roles as change agents who influence policy, programming and

education. Investing in youth leadership by putting the right supports and resources in place may not only combat the elevated rates of HIV, but may also work towards preventing a variety of other health disparities and promote overall health and well-being.

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Section 3:

Sexy Health Carnival on the Powwow Trail: HIV
Prevention by and for Indigenous Youth

Sexy Health Carnival on the Powwow Trail: HIV Prevention by and for Indigenous Youth

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Abstract

Background: This paper examines a peer-led pilot intervention called the *Sexy Health Carnival* that takes a strengths-based approach to promoting Indigenous youth sexual health in a culturally safe context.

Methods: A group of Indigenous youth leaders went on the powwow trail to four Ontario powwows with the SHC during the Summer and Fall of 2014. An offline iPad survey was administered to Indigenous youth ages 16 to 25 who came to the SHC. The goal of the survey was to quantitatively test the feasibility and cultural appropriateness of the SHC approach in powwow settings and evaluate the appropriateness of the strategy. The survey responses were exported to SPSS, and means, frequencies, and standard deviations were examined.

Results: This pilot implementation and evaluation study provides preliminary evidence that this intervention is welcomed by youth in powwow settings and is being received very favorably by its target audience. Youth who reported intentions to engage in sexual intercourse were also more likely to report the intention of using condoms provided by the SHC, suggesting that the SHC may contribute to increased safer sex practices.

Conclusion: Indigenous youth can create compelling sexual health resources and approaches that appeal to their peers. This project illustrates that Indigenous youth are capable of developing successful sexual health outreach and HIV prevention resources for each other.

Introduction

Powwows are a social and cultural celebration. Either contest or traditional, contemporary powwows are gatherings that celebrate, reclaim, and maintain local traditions, ceremonies and culture. They are meant to be safe and welcoming environments that attract large groups of people from surrounding

regions. Those who travel from powwow to powwow and participate through dancing and drumming, refer to the journey as being on the 'powwow trail'¹.

As with any large group of youth and community coming together, the social environment of powwows creates ideal opportunities for what some Indigenous youth call 'snagging'. This refers to the act of trying to find a date, getting a phone number, finding a partner, or finding someone who might like to have a sexual interaction at/after the powwow. Gilley (2006) notes that, "Pow-wows are often times for people to 'snag' ... 'Snaggin' can also mean 'tipi-creepin,' which is the act of having sex with [different or] multiple partners over a period of time (i.e. sneaking from tipi to tipi). Each night after the official pow-wow activity ends, there are often impromptu "after-parties" called 49ers." (p4). Indigenous youth who engage in 'snagging' may perceive that since they are in a "safe" Indigenous social context, they are not likely to be susceptible to sexually transmitted infection (STI) transmission (Vernon & Bubar, 2001; Vernon & Jumper-Thurman, 2002; Weaver, 1999).

Despite these perceptions, Indigenous youth in Canada experience both HIV (Public Health Agency of Canada, 2010b) and chlamydia (Health Canada, 2011) at a rate *seven times higher* than non-Indigenous youth. Overall, the rate of STIs reported is 2.5 times higher among Indigenous youth than that of their non-Indigenous counterparts (Chavoshi et al., 2012; Public Health Agency of Canada,

¹ A powwow trail is when individuals or groups, such as traditional or contest dancers, and vendors travel to a series of powwows over the spring, summer and fall months. Within specific regions, powwows are typically pre organized to not overlap with one another. This provides the opportunity for people on the powwow trail to attend each powwow.

2010a; Rotermann, 2005). These numbers are significant due to the fact that Indigenous youth aged 15 to 24 represent 18.2% of the total Indigenous population, and 5.9% of all youth in Canada (Statistics Canada, 2011).

However, “being Indigenous or being a young person is not a “risk factor” by itself. In fact, being ourselves can be empowering. What actually puts our lives at risk are things like colonialism, racism, and not having access to culturally safe care.” (Danforth & Flicker, 2014;p7). Although Indigenous “youth are diverse in terms of culture, language, social and geographical locations, they share the legacies of colonialism...and its ongoing harmful impacts” (Flicker, Larkin, et al., 2008; 177). In particular, many Indigenous youth are the children and grandchildren of survivors of the Residential school system. These schools came with the Canadian government’s policy of “aggressive assimilation”, operating from 1831 to 1996 (Monchalin, 2010; Kelly, 2008:23). Many Indigenous children suffered distorted sexual development as a result of the pervasive sexual abuse committed by figures of authority in the schools. Generations of former students brought home devastating burdens of unresolved trauma into their communities, perpetuating cycles of violence (Chavoshi et al., 2013). These experiences with sexual abuse lead to broken systems for transferring culturally safe sexual knowledge, such as coming of age (or rites of passage) ceremonies which some communities are currently reclaiming (Yee (Danforth), 2009). As a result of this violence, STI vulnerability has increased, due in part to the inability to negotiate safer sex because of low self-esteem and experiences of powerlessness

(Chavoshi et al., 2013). This is further exacerbated by low rates of condom use, the strong link between substance use and sexual risk taking, and a lack of harm reduction services for Indigenous youth (Anderson, 2002; Chavoshi et al., 2013; Flicker et al., 2013; Public Health Agency of Canada, 2014; Shercliff et al., 2007). Fear-based education, abstinence promotion, and overall conventional public health and disease-control approaches to sexual health education have been largely unsuccessful at changing these realities (Danforth & Flicker, 2014; Flicker et al., 2013; Gilley, 2006; Leis, 2001; Steenbeek, 2004).

Powwow after-parties may be a facilitator of sexual interactions. As a result, powwows present a unique opportunity to promote culturally safe, positive sexual health behaviors. Cultural safety is defined as approaches that move “beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to healthcare.” (NAHO, 2006). In this context, culturally safe messaging and supplies means adopting approaches that acknowledges the complexities of Indigenous youths’ identities and histories and respects their choices to make informed decisions about their well-being.

This paper describes a peer-led pilot intervention called the “Sexy Health Carnival” (SHC) that takes a strengths-based approach to promoting Indigenous youth sexual health in a culturally safe context.

Background

The National Aboriginal Youth Strategy on HIV and AIDS (2010) “promotes peer education as an effective strategy” (p5). Youth outreach workers who closely reflect target clients in terms of age, ethnicity, language spoken, and experience have proven to be an effective health promotion approach (Steenbeek, 2004). Blanchet-Cohen et al. (2011) assert that peer-lead approaches are beneficial because, “peers can relate to other youth more easily. Because of a similarity in age, there is a commonality in lived experience...Peers know how to communicate information in a way that is heard.” (p102). Peer educators also benefit from peer education programs themselves because they gain an increased knowledge, positive opinions, and attitudes around sexual health (Sriranganathana et al., 2010). Moreover, with the right support, Indigenous youth can be producers of knowledge (Flicker, Larkin, et al., 2008), and can play active roles as change agents (Flicker, Maley, et al., 2008).

Supporting Indigenous youth in peer-lead leadership initiatives around sexual health is a core value of the Native Youth Sexual Health Network (NYSHN). NYSHN is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice (NYSHN, 2014a). NYSHN has been doing successful peer-lead sexual and reproductive health outreach for several years. This paper examines an approach called the Sexy Health Carnival (SHC) (NYSHN, 2014b). The SHC is an Indigenous youth led project that creates

a fun and interactive opportunity for other Indigenous youth to become educated about HIV prevention and sexual health.

Created by NYSHN youth facilitator Alexa Lesperance, with the help of her community, Naotkamegwanning First Nation, and support from the NYSHN team, the SHC breaks down the barriers of fear, stigma, and shame, relating to issues around sexual health. It offers accessible “safer practices” content that makes learning health information more fun and inspiring for youth, community members, parents, grandparents, and Elders. The SHC consists of a collection of informative booths and interactive games. The booths include topics such as: suicide, HIV and AIDS, harm reduction, consent, sexual violence prevention, healthy relationships, STIs, birth control, and masturbation. The interactive carnival games include dart balloons, a bean bag toss, wheel of sex trivia, sex-positive button making, an HIV prevention guessing game, photo booth, steps to putting on a condom, and many more. The carnival is also packed with prizes, culturally safe information, and safer sex supplies, as well as content and age-appropriate activities for younger children so that their parents, siblings or other care-takers can participate in the carnival.

Methods

This pilot implementation and evaluation project was grounded in a decolonizing methodological orientation that employed a brief quantitative survey.

Decolonizing methodologies insert Indigenous perspectives into Western

research paradigms (Wilson, 2008). Decolonizing methodologies are about changing focus, “centering our [Indigenous] concerns and worldviews and coming to know and understand theory and research from our own perspectives and for our own purposes” (Smith, 1999; p39).

Further, although oftentimes “quantitative work is seen as both foreign and as the epitome of colonizer settler research methodology in action...” (Walter & Andersen, 2013; p130), it may provide an avenue for reshaping social realities if such methods are framed by an Indigenous worldview. Historically, statistical outcomes of quantitative methods have produced narrow “lenses through which most people think about and “understand” Indigenous peoples today” (Walter & Anderson, 2013; p14). Despite this, through an Indigenous lens, quantitative methods have the potential to benefit Indigenous communities by informing policy that can support concrete, positive, and political change (Walter and Anderson, 2013; Wilson, 2008).

A group of Indigenous youth leaders went on the powwow trail to four Ontario powwows with the SHC during the Summer and Fall of 2014. An offline iPad survey was administered to Indigenous youth ages 16 to 25 who came to the SHC. Drawing largely from other validated instruments, the survey was developed by Indigenous youth leaders, through the support of NYSHN staff and a researcher at York University. It was piloted and refined with members of the National Indigenous Youth Council on HIV/AIDS. The goal of the survey was to

quantitatively test the feasibility and cultural appropriateness of the SHC approach in powwow settings and evaluate the appropriateness of the strategy.

The survey queried around six major areas of interest: (1) experiences of satisfaction, comfort with, and willingness to return to the Sexy Health Carnival; (2) perceived suitability of doing HIV prevention outreach to youth at powwows; (3) intentions to engage in any sexual practices and/or drug use at the powwow; (4) intention to use harm reduction supplies (e.g. condoms); (5) histories of sexual practices and drug use, and (6) socio-demographic information. Youth who filled out the surveys were eligible to win a mini iPad that was raffled off at the end of each powwow.

The survey responses were exported to SPSS. Means, frequencies, and standard deviations for the following variables were examined: socio-demographic characteristics (e.g. gender, age, rural/urban, sexual orientation, Nation); satisfaction with the SHC; comfort level with the SHC, and willingness to return to SHC. Second, multiple linear regression analyses were conducted to examine factors associated with self-reported likelihood of engaging in sexual practices at the powwow.

Results

More than 300 youth engaged in SHC activities and 154 eligible youth filled out the survey. Eligible youth were between the ages of 16 to 25, approached the

carnival, interacted with the exhibits/games for at least 5 minutes, self identified as Indigenous, and were able to speak and or understand English. Half of the youth who engaged with the Carnival did not complete the survey because 1) they were not eligible (e.g, under 16 years of age, over 25 years of age, or did not self-identify as Indigenous); or 2) a minority did not want to fill out the survey. Given the sometimes tumultuous nature of doing outreach at public events, it is understandable that some youth might not want to take the time to participate.

The vast majority of respondents identified as First Nation, and nearly half (45%) lived on the reserve that hosted the gatherings. Sixty-nine percent identified as female, 26% as male and 3% as trans or gender non-conforming. Three-quarters identified as straight or heterosexual, and a quarter identified as lesbian, gay, bisexual, queer, questioning or two-spirited (See Table 1).

N = 154			
Survey Question	Variables	Youth Responses	
		N	%
What is your Gender Identity?	Female	106	(68.8%)
	Male	40	(26.0%)
	Other	8	(5.2%)
How do you presently identify yourself?	Bisexual	9	(5.8%)
	Lesbian	2	(1.3%)
	Heterosexual	118	(76.6%)
	Two Spirited	5	(3.2%)
	Queer	2	(1.3%)
	Questioning	10	(6.5%)
	Other	8	(4.8%)
How do you identify?	Indigenous	16	(10.4%)
	Aboriginal	55	(35.7%)
	First Nations	75	(48.7%)
	Metis	7	(4.5%)
	Inuit	1	(0.6%)
Where do you live?	On This Reserve	70	(45.5%)
	On Another Reserve	14	(9.1%)
	Off Reserve In A City	47	(30.5%)
	Off Reserve In A Rural Area	11	(7.1%)
	Off Reserve In The Suburbs	4	(2.6%)
	Other	8	(5.2%)

Fifteen percent of those who participated had injected a drug in their lifetime. Eighty-two percent of the sample reported having had sexual intercourse. In the last 12 months, 25% had 2 or more partners. Forty-two percent had not used a condom the last time they had sex (See Table 2).

In terms of their perceptions of environmental risk, 40% of youth thought that “a lot” of sex happens at powwows, 23% said “normal-same as at home,” 36% said less. Fourteen percent said they were either “definitely” or “probably” going “hook up” or be sexual with someone at the powwow, 14% were not sure. Among those contemplating sexual activity, 80% said they would use a condom that they received at the SHC. Fifty percent of youth felt that “a lot” of drinking and drugs happened at powwows; while 21% a normal amount. Nearly 20% thought that they would either “probably” or “definitely” get drunk or high at the powwow; fifteen percent were undecided.

Table 2: HIV Prevention Behaviours and Intentions			
N = 154			
Survey Question	Variables	Youth Responses	
		N	%
We understand that having sex or sexual intercourse means different things to different people. In your opinion, have you had sex?	Yes	126	(81.8%)
	No	17	(11.0%)
	Not Sure	9	(5.8%)
How many people have you had sex with in the past 12 months?	0	30	(19.6%)
	1	69	(45.1%)
	2	19	(12.4%)
	3	6	(3.9%)
	4 Or More	17	(11.1%)
	Don't Know	2	(1.3%)
	Prefer Not To Say	10	(6.5%)
The last time you had sex, did you or your partner use a condom?	I Have Never Had Sex	23	(14.9%)
	Yes	67	(43.5%)
	No	64	(41.6%)
How much sex between young people do you think happens at pow wows?	A Lot	61	(39.6%)
	Normal - Same As At Home	36	(23.4%)
	A Little Bit	44	(28.6%)
	None	13	(8.4%)

How Likely Are You to Hook Up With Someone at This Powwow?	Definitely Not	78	(50.6%)
	Probably Not	32	(20.8%)
	Not Sure	22	(14.3%)
	Probably Yes	16	(10.4%)
	Definitely Yes	6	(3.9%)
If you "hook up" with someone, do you plan on using the condoms you got here at the Sexy Health Carnival booth?	Yes	95	(61.7%)
	No	14	(9.1%)
	Not Sure	11	(7.1%)
	I Am Not Having Sex	34	(22.1%)
How many youth do you think do drugs and/or drink alcohol at powwows?	A Lot	73	(47.4%)
	Normal – same as at home	33	(21.4%)
	A Little Bit	34	(22.1%)
	None	14	(9.1%)
How likely are you to get drunk or use drugs (get high) with someone you met at this powwow?	Definitely No	79	(51.3%)
	Probably No	23	(14.9%)
	Not Sure	23	(14.9%)
	Probably Yes	22	(14.3%)
	Definitely Yes	7	(4.5%)
In the last 12 months, how often have you injected a drug?	1 or 2 Times	0	0
	3 To 5 Times	2	(1.3%)
	6 to 9 Times	0	0
	10 to 19 Times	0	0
	20 To 39 Times	2	(1.3%)
	40 Or More Times	3	(2.0%)
	Used, But Not In The Last 12 Months	9	(5.9%)
	Never Used In A Lifetime	131	(85.6%)
	Don't Know What This Means	6	(3.9%)

Regression analyses revealed that male gender, safer sex practices (condom use with partners at last time of having sex), safer sex intentions (planning on using a condom from the Carnival), substance use intentions (likelihood of getting drunk/high at the powwow), and the belief that a lot of sex was happening at powwows, accounted for a significant amount of variability in the likelihood of engaging in sex at the powwow (adjusted $R^2=0.27$, $F(5, 118)=10.09$, $p<0.001$). Significant predictors included: male gender, safer sex intentions, substance use intentions, and belief that a lot of sex was happening at powwows (See Table 3).

Table 3: Regression Analyses of Predictors: Likelihood of Engaging in Sexual Behaviours at the Powwow(s)

n=123							
R	R ²	Adj. R ²	Std. error estimate	R ² change	F change	Df	p
0.55	0.30	0.27	1.02	0.30	10.09	5, 118	0.000
		Unstandardized coefficients		Standardized coefficients			
		B	Std. error	beta	t		p
		Constant	-0.75	0.42	-1.79		0.076
		How likely are you to use	0.17	0.18	2.34		0.02

drugs/alcohol at powwow					
How much sex do you think is happening at the powwow	0.34	0.09	0.28	3.54	0.01
Did you use condoms at last sex	0.16	0.09	0.14	1.62	0.11
Will you use a condom from the SHC	0.43	0.20	0.17	2.11	0.04
Male gender	0.71	0.22	0.27	3.23	0.00

Overall, youth rated the sexy health carnival positively (80% rated it as “awesome,” another 20% thought it was “OK”). Ninety-nine percent said they would return to the SHC at future events. Despite the enthusiasm for the carnival, there was a range of responses in terms of how comfortable youth felt visiting the SHC at a powwow setting: 31% were very uncomfortable, 10% were somewhat uncomfortable, 14% were neutral, 17% were comfortable and 27% were very comfortable. However, when asked whether powwows were a good place to talk about sexual health and HIV, 99.5% agreed. Ninety-four percent felt that incorporating culture was somewhat or very important for sexual health education with Indigenous youth (See Table 4).

N = 154			
Survey Question	Variables	Youth Responses	
		N	%
How would you rate the sexy health carnival?	It Was Okay	30	(19.5%)
	It Was Awesome	124	(80.5%)
Would you come back to the Sexy Health Carnival booths at future powwows?	Yes	153	(99.4%)
	No	1	(0.6%)
How comfortable did you feel visiting the Sexy Health Carnival today?	Very Uncomfortable	48	(31.2%)
	Somewhat Uncomfortable	15	(9.75)
	I Didn't Think About It	22	(14.3%)
	Comfortable	26	(16.9%)
	Very Comfortable	42	(27.3%)
Do you think powwows are a good place to talk about sexual health & HIV?	Yes	147	(95.5%)
	No	7	(4.5%)
How Important is culture for sexual health education of Indigenous youth?	Somewhat Important	28	(18.2%)
	Very Important	117	(76.0%)
	Not Sure	9	(5.8%)

The survey also provided the opportunity for youth to offer comments. Topics that some youth wanted to learn more about from future iterations of the SHC were: sex addiction, healthy relationships sexually/ emotionally/ physically, midwifery, LGBTQ communities, and symptoms of drug and alcohol abuse. These comments were each only requested once.

Discussion

This pilot implementation and evaluation study provides preliminary compelling evidence that this intervention is welcomed by youth in powwow settings and is being received very favorably by its target audience. Further, youth who reported intentions to engage in sex, were also more likely to report the intention of using condoms acquired at the SHC, suggesting that the SHC may contribute to increased safer sex practices.

Based on this preliminary data, we note that we are reaching youth who may be vulnerable to HIV (based on their sexual and drug histories) with an intervention and resources that they are very enthusiastic about. Youth respondents indicated that a lot of sex and drug use were taking place at powwows. However many youth respondents also stated that they do not personally engage in either of these behaviors. Two plausible explanations for this discrepancy include 1) youth may over-estimate the sexual and drug activities happening; or 2) due to shame and stigma, youth may be reluctant to admit that they are participating in these activities and are therefore under-reporting personal involvement.

Of the youth who were sexually active, they indicated that although their use of condoms was low with their previous partner(s), they were very likely to use condoms provided by the SHC. This may be due to social desirability bias, where youth respondents answer based on what they assume researchers want to hear (Mortel, 2008). However, this may also be due to the SHC making youth feel more comfortable to take the free condoms. For example, the carnival was an informal and welcoming atmosphere, which had a vast amount of condoms that were readily available for youth. Youth facilitators would encourage visitors to take the free condoms, along with engaging in conversations around condom styles, flavours, and brands. The SHC was a culturally safe space that provided sexual health facts and resources in an accessible, non-judgmental and supportive manner.

Survey results revealed that “culture” is fundamental to Indigenous youth sexual health education, and powwows are an important place to discuss sexual health and HIV. In our case, the SHC explicitly engaged culture by referencing traditional languages, teachings and ceremony. It also implicitly embraced culture through the use of peer educators (some of whom were also performers), and its origins. Similarly, according to Devries et al. (2009), incorporating culture into educational curriculums has been associated with increased condom use among young Indigenous men in Canada aged 12 to 20 years. Further, according to Wilson and colleagues (n.d.), the incorporation of culture, community, history and

tradition in sexual health education is essential for effective HIV prevention and health promotion initiatives for Indigenous youth.

The majority of youth respondents indicated that they would come back to the SHC at future powwows. Despite this, a large number of youth also said that the SHC made them feel uncomfortable. Gilley (2006) similarly states that it is “widely acknowledged that Native peoples, especially people who are now in their late-20s and older, are uncomfortable discussing or acknowledging sexuality in public forums” (p560). Reasons for youth being uncomfortable may be due engrained notions of stigma or shame around topics of sexual health (Restoule, McGee, Flicker, Larkin, & Smillie-Adjarkwa, 2010; Worthington et al., 2010). For example, Flicker et al. (2008) conducted 6 focus groups with 61 Indigenous youth and found that communities were likely to isolate individuals when it is discovered they are diagnosed with HIV. This is mainly due to ongoing colonial legacies of residential schools as noted above (Flicker, Larkin, et al., 2008; Negin, Aspin, Gadsden, & Reading, 2015).

In response to the discomfort, Gilley (2006) found that a sexual health outreach method called ‘Snag Bags’ acted as a cultural mediator between discomfort, shame, and reaching Indigenous youth prior to engaging in sexual behaviours. The Snag Bags are brown paper bags that contained STI and HIV prevention resources and local healthcare information that were distributed at powwows and or ‘49ers’. Disguising the condoms and sexual health resources made distributing

them through social spaces more efficient, while making youth feel comfortable about receiving sexual health resources in a public space (Gilley, 2006). Similarly, the SHC provided youth with brown 'loot' paper bags to fill with free condoms and sexual health resources. Although youth indicated their discomfort with the carnival, the bags may have proven effective as evidenced by sexually active youth indicating that they were more likely to use condoms provided by the SHC.

Finally, although an estimated 300 youth were reached overall, there was a significant barrier to participation worth noting that may have affected the number of youth who filled out the iPad survey. One powwow that the SHC visited was moved from outdoors to inside a roundhouse due to storm conditions. Some community members expressed their discomfort with the idea of having the carnival moved into a sacred place. A NYSHN youth facilitator (who was also a member of the community) spoke with community members and explained that the carnival provides information to help try and keep individuals, the land, and communities safe. The youth facilitator indicated that "there is nothing more sacred and in the footsteps of our ancestors than revitalizing the ways of learning and teaching each other"; by action (the actual existence of the carnival and the interactive experiences), and orally (conversations that are sparked from the booths/games). Ultimately, the Chief of the community intervened stating that the carnival being in the roundhouse is "important, powerful, and needs to happen...the round house is a place for safety, and where we learn about how to

be safe.” This experience underscored the importance of building community support and liaising with local leadership in order to garner support for this work.

Limitations

Although youth respondents were from different communities, Nations, and contexts, the survey sample was not representative of all Indigenous youth in Ontario or Canada. Moreover, due to small numbers of eligible youth, the survey respondents’ answers were grouped together, resulting in a pan-Indigenous summary of the results. Nevertheless, this project contributes to the limited literature on unpacking how to promote Indigenous youth sexual health in a culturally safe powwow context.

A second limitation was the privacy that youth respondents had while filling out the iPad survey. Powwows are very social, busy, and fast paced atmospheres. Youth who attend powwows typically come and walk around with friends and or family members. Given the informal atmosphere of the SHC and the survey, youth who filled out the iPad survey may have not accurately responded to the questions in fear of others looking at their answers.

A third limitation was that given the busy and social atmospheres of powwows, friends and/or family want to keep mobile and may not want to stay in one location for very long. Although youth leaders took this into account when developing the survey, youth survey respondents may have felt pressured to get

through the survey quickly, thus perhaps undermining accurately. Despite this, the iPad surveys were deemed fun, easy, and accessible. The iPads generated enthusiasm given youth knew that they had the opportunity potentially win one at the end of the powwow. The iPad software also allowed for multiple iPads to be used off-line for data collection and then collated together in one database at a later time. Data collection and entry was expedited by this process, greatly reducing the time and resources needed for data entry after the powwows.

Conclusion and Recommendations

When given the opportunity, support, and appropriate setting, Indigenous youth can develop successful sexual health outreach and HIV prevention resources that are attractive to their peers. The National Aboriginal Youth Strategy on HIV and AIDS (2010) recommends that "...real and meaningful Aboriginal youth participation and engagement that provides supportive spaces for Aboriginal youth to share, create strong partnerships, build capacity and skills, and be empowered to influence policy, programming and education about HIV and AIDS" (p5) is critical.

Importantly, this pilot implementation and evaluation project was by and for Indigenous youth. Gilley (2006) notes, "instead of simply 'translating' HIV/AIDS programming into Native culture, HIV prevention strategies must be de-colonized and integrated by Native peoples into their own disease theories and contemporary culture." (p561). Too often, health care providers make the mistake

of imposing an agenda on Indigenous communities that they have developed in isolation of the community themselves (Koster, Baccar, & Lemelin, 2012). Young people's skills and talents are regularly underestimated by both the mainstream public and the academic research community (Checkoway & Richards-Schuster, 2004). This project illustrates that Indigenous youth are capable of reaching their peers and developing successful sexual health outreach and HIV prevention resources for each other.

The results from the iPad survey suggest that culture is very important in sexual health education. Although the Canadian Constitution recognizes Indigenous peoples as First Nations, Metis, and Inuit, these are administrative distinctions that relate to the Canadian government's attempts to govern the diversity of Indigenous peoples in Canada (Aboriginal Affairs and Northern Development Canada, 2012). Indigenous communities are much more diverse in culture, traditions, and languages than recognized by the Constitution. The carnival was developed by an Anishnaabe youth and her community, and brought to four First Nation's communities. This may have resulted in the survey responses being mainly from First Nation's youth. In order to reach out to the diversity of Indigenous youth across Turtle Island, the SHC, along with future sexual health outreach and HIV prevention methods must not take a pan-Indigenous approach, and be catered to unique and local community contexts.

Further, the likelihood of hooking up with someone at the powwows was higher among young men. This is significant due to the lower participation rate of young men in the survey. The lower participation may have been due to stigma around STIs, such as HIV being assumed as the 'gay White man's disease', or condoms being an inconvenience, a 'female's responsibility', or shaming from the community (Gilley, 2006). More effort must be made on finding better strategies to reach young Indigenous men about HIV prevention and sexual health education.

Moreover, the likelihood of hooking up with someone at the powwow(s) was also associated with those who planned on using alcohol or drugs, participants who believed a lot of sex was happening at the powwow(s), and intentions to use a condom at the SHC. These findings indicate the need to reach youth prior to them engaging in sexual activity to discuss how to plan on engaging in safer practices while both using, and not using substances. Interventions could also explore the perceptions about a lot of sex happening at powwows to better understand if this is happening, and how these perceptions of social norms regarding sex may be influencing intentions or pressure to engage in sexual practices.

Finally, more work needs to be done to reduce stigma around STIs and increase comfort levels. Stigma and shame is the real "risk" for individuals and communities impacted by HIV (Annett, 2014; Lesperance, Allan, Monchalin, &

Williams, 2015). Flicker and colleagues (2008) recommend “education; teaching of traditional values around sex, disease, and homosexuality; and finding a role for people living with HIV in prevention work may help reduce the discrimination against people with HIV and ultimately be a prevention strategy” (p192). Further, HIV prevention programming that involves the reclamation of history and culture may work to challenge stigma attached to HIV and AIDS (Lakhani, Oliver, Yee, Jackson, & Flicker, 2010). This pilot implementation and evaluation project is a step forward in reducing stigma in a community setting by adopting a peer-lead, culturally safe approach. It is a prime example of how future sexual health outreach needs to shift attention away from barriers and shaming, and focus on strengths and empowering Indigenous youth.

This project demonstrates that Indigenous youth can develop successful sexual health outreach and HIV prevention resources that are attractive to their peers. Our team was recently funded to continue this work by adapting the Sexy Health Carnival and taking it to nine more Indigenous gatherings (3 First Nation, 3 Metis, 3 Inuit). We look forward to continuing to share results.

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Section 4:

Sexy Health Carnival Toolkit: By and For Indigenous Youth!!