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

Abstract

Background: This article introduces 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. ***Methods:*** In 2014, Indigenous youth leaders brought the SHC to four Ontario, Canada, powwows, where they administered an offline iPad survey to 154 Indigenous youth (aged 16 to 25) who engaged with the SHC. The survey gathered descriptive data on HIV prevention behaviours and intentions, and the acceptability of the SHC approach in powwow settings. ***Results:*** Over one third (40%) of youth thought that "a lot" of sex happens at powwows; 14% reported that they were either "definitely" or "probably" going to "hook up" or be sexual with someone at the powwow, and another 14% were not sure. Among those contemplating sexual activity, 79% said they would use a condom that they received at the SHC. The majority (80%) of youth rated the SHC as "awesome." ***Conclusion:*** This pilot provides preliminary evidence that the SHC is feasible and welcomed by youth in powwow settings. This project illustrates that Indigenous youth are capable of developing successful sexual health outreach and HIV prevention resources for each other.

Keywords

Indigenous, HIV, youth, sexual health, community-based participatory research, peer-led, Ontario, Canada

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Introduction

Powwows are a social and cultural celebration. Whether contest or traditional, contemporary powwows are gatherings that celebrate, reclaim, and maintain local traditions,

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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]

Powwows are a culturally significant, spiritual, and sacred practice to many Nations across Turtle Island. It is important to recognize that although there are many similarities between powwows, each must be understood within its local context as a product of the unique community's history (Gilley, 2006; Hoefnagels, 2007). Commonly a blend of ceremonial and social activities, song, dance, and art vendors, powwows are a method of cultural revitalization that strengthens Indigenous people and their identities (Hoefnagels, 2007). Within some Anishnaabe contexts, for example, the spatial arrangements of powwows reflect the spiritual meanings associated with traditional teachings (Hoefnagels, 2007). Powwows may be set up in a circular formation with many layers, with the heart of the powwow being the big drum, which is circled by the dancers, followed by the spectators, and then the vendors. This circular arrangement reflects the cyclical worldview prominent in Anishnabek life and the interrelatedness of the various components of the powwow (Hoefnagels, 2007). Additional examples of cultural significance are the symbolic meanings of the dancers' outfits, referred to as regalia, for which traditional objects are used to represent one's unique Nation and culture. Further, each style of dance has its own history. Two (among many) examples are the Jingle Dress Dance, known for its healing properties, and the men's Traditional, in which movements often reflect connections to the historic warrior societies from which the powwow evolved (Hoefnagels, 2007). Dancing at powwows is understood to help maintain a connection to Mother Earth, one's ancestors, and the spiritual world (DesJarlait, 1997).

As with any large group of people coming together, the social environment of powwows creates ideal opportunities for what some Indigenous youth call 'snagging'. This refers to trying to find a date, getting a phone number, finding a partner, or finding someone who might like to have a sexual interaction at or after the powwow. Gilley (2006) notes, '"Snagging' is a slang term used … to reference a casual sexual encounter with someone." (p. 565). Powwows 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', "known as 'forty-nines' (49s)" (Brokenleg, 2010, p. 4). Some 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*

[1] On a powwow trail (also known as a powwow circuit), individuals or groups, such as dancers and vendors, travel to a series of powwows over the spring, summer, and fall months. Within specific regions, powwows are typically planned so that they do not overlap with one another. This provides the opportunity for people on the powwow trail to attend each powwow.

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higher than non-Indigenous youth. Overall, the rate of STIs reported is 2.5 times higher among Indigenous youth than among their non-Indigenous counterparts (Chavoshi et al., 2012; Public Health Agency of Canada, 2010a; Rotermann, 2005). These numbers are significant because 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, p. 7). 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, p. 177). In particular, many Indigenous youth are the children and grandchildren of survivors of the residential school system. These schools, operating from 1831 to 1996, came with the Canadian government's policy of "aggressive assimilation" (Kelly, 2008, p. 23; Monchalin, 2010). Many Indigenous children suffered 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 led 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 exposure 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; Shercliffe 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 behaviours. 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" (National Aboriginal Health Organization, 2006, p. 1). In this context, culturally safe programming means adopting approaches that acknowledge the complexities of Indigenous youths' identities and histories and that respect their choices to make informed decisions about their well-being.

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

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Background

The National Aboriginal Youth Strategy on HIV and AIDS in Canada "promotes peer education as an effective strategy" (National Aboriginal Youth Council on HIV & AIDS, 2010, p. 5). 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, McMillan, & Greenwood (2011) assert that peer-led 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" (p. 102). Peer educators also benefit from peer education programs themselves because they gain increased knowledge and positive opinions and attitudes around sexual health (Sriranganathan et al., 2010). Moreover, with the right support, Indigenous youth can be important producers of knowledge (Flicker, Larkin, et al., 2008; National Indigenous Youth Council on HIV/AIDS, 2015) and can play active roles as change agents (Flicker, Maley, et al., 2008).

Supporting Indigenous youth in peer-led 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 (Native Youth Sexual Health Network, 2014a). NYSHN has been doing successful peer-led sexual and reproductive health outreach for several years; one such initiative is the SHC. This Indigenous youth-led project creates a fun and interactive opportunity for other Indigenous youth to become educated about HIV prevention and sexual health (Native Youth Sexual Health Network, 2014b). The term *carnival* was chosen intentionally: By playfully conjuring up images of a travelling circus, it reminds us that learning about our bodies can be entertaining and the teachings can be taken "on the road."

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 related 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 SHC 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 SHC is also packed with prizes, culturally safe information, and safer sex supplies, as well as content and age-appropriate activities (Native Youth Sexual Health Network, 2014b).

The SHC was developed first and foremost as a peer-to-peer intervention and quickly became a popular program offering of NYSHN. This study grew out of a desire to evaluate its effectiveness and learn more about participants who were engaging with the program at

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powwows. The principles of ownership, control, access, and possession (OCAP ®)[2] guided the research process (Schnarch, 2004). This was achieved through having the project led by and carried out for Indigenous youth. The study was guided by the National Indigenous Youth Council on HIV/AIDS (NIYCHA, 2015) and adhered to their guidelines for research related to HIV, sexually transmitted and blood borne infections (STBBIs), sexual health, and harm reduction. Ethics approval was received from York University. In addition, we consulted with relevant leadership in each community prior to initiating data collection and (where necessary) modified our procedures to accommodate local requests.

The study adopted a community-based participatory research design, grounded in a decolonizing methodological orientation. 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, p. 39).

Although often "quantitative work is seen as both foreign and as the epitome of colonizer settler research methodology in action" (Walter & Andersen, 2013, p. 130), 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 & Andersen, 2013, p. 14). Yet, 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 & Andersen, 2013; Wilson, 2008).

We employed a brief structured survey that was developed by Indigenous youth leaders, with support from NYSHN staff and a researcher at York University. It was piloted and refined with members of NIYCHA. The survey was administered electronically, on offline iPads to enhance ease of data capture and usability. As this was a pilot study to test the feasibility and acceptability of the SHC, sample size calculations were not done (Thabane et al., 2010).

A group of Indigenous youth leaders went on the powwow trail to four Ontario, Canada, powwows with the SHC during the summer and fall of 2014. Approximately four youth leaders attended each SHC to facilitate. Following informed consent, the survey was administered to Indigenous youth ages 16 to 25 who came to the SHC. Informed consent was achieved before youth started the survey by providing each participant with detailed project information (purpose of study, risks, benefits, etc.), including the contact information of the project leaders and ethics board. Youth leaders went through each detail with participants and answered any questions they had before giving them the iPad. Recruitment was done through asking youth who approached the SHC if they fit inclusion criteria of being within the age range 16 to 25, could speak/understand English, self-identified as Indigenous, and if they had engaged with the SHC games and booths for a minimum of 5 minutes. Where literacy or comprehension assistance was

[2] OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC; www.fnigc.ca).

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needed, one of the youth leaders would facilitate administration. Surveys were completed with youth who fit inclusion criteria and provided informed consent. Data collection occurred over an average of 2 to 3 days at each powwow, starting each day at approximately 10 a.m. and ending at 6 p.m. The 18-question survey took an average of 3 to 5 minutes to complete and queried within six major areas of interest: (a) experience of satisfaction and comfort with the SHC and willingness to return; (b) perceived suitability of doing HIV prevention outreach with youth at powwows; (c) intention to engage in any sexual practices and/or drug use at the powwow; (d) intention to use harm reduction supplies (e.g., condoms); (e) history of sexual practices and drug use; and (f) sociodemographic information. Youth who filled out the surveys were eligible to win an iPad mini through a draw at the end of each powwow.

Survey responses were exported to SPSS. Means, frequencies, and standard deviations for the following variables were examined: sociodemographic characteristics (e.g., gender, age, rural/urban, sexual orientation, Nation); satisfaction with the SHC; comfort level with the SHC; and willingness to return to the SHC.

Results

More than 300 youth engaged in SHC activities, and 154 eligible youth filled out the survey (Table 1). Half of the youth who engaged with the SHC did not complete the survey because (a) they were not eligible (e.g., under 16 years of age, over 25 years of age, or did not self-identify as Indigenous); or (b) they did not want to fill out the survey (a minority). Given the sometimes tumultuous nature of doing outreach at public events, it is understandable that some youth might not have wanted to take the time to participate.

Table 1
Demographics for Survey Participants,* N = *154 (Ages 16–25, Mean = 19.6, SD = 3.5)

Survey question	Variable	Youth responses		Response rate (%)
		n	%	
Gender identity	Female	106	68.8	100.0
	Male	40	26.0	
	Other	8	5.2	
Sexual orientation	Heterosexual	118	76.6	94.2
	Other	27	17.6	
Indigenous identity	Indigenous	16	10.4	100.0
	Aboriginal	55	35.7	
	First Nations	75	48.7	
	Métis	7	4.5	
	Inuit	1	0.6	

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Survey question	Variable	Youth responses		Response rate (%)
		n	%	
Where do you live?	On this reserve	70	45.5	100.0
	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	

The vast majority of respondents identified as First Nations, and nearly half (46%) lived on the reserve that hosted the gatherings. A total of 4.5% of youth identified as Métis, and one person identified as Inuit. Sixty-nine percent identified as female, 26% as male, 3% as trans or gender nonconforming and 2.2% selected other. Three-quarters identified as straight or heterosexual, and 17.6% identified as lesbian, gay, bisexual, queer, questioning, or two-spirited, and 6% did not respond (Table 1).

Table 2 presents the behaviours and intentions of participants relevant to HIV prevention. Eighty-two percent of the sample reported having had sexual intercourse. In the last 12 months, 27% had two or more sexual partners. Forty-two percent had not used a condom the last time they had sex. In addition (not shown in Table 2), 15% of those who participated had injected a drug in their lifetime.

In terms of their perceptions of the context, 40% of youth thought that "a lot" of sex happens at powwows, 23% said "normal—same as at home," 37% said less. Fourteen percent said they were either "definitely" or "probably" going to "hook up" or be sexual with someone at the powwow, an additional 14% were not sure. However, 62% of youth said that *if* they did "hook up" with someone at the carnival, they would use a condom that they received at the SHC. Nearly 50% of youth felt that "a lot" of drinking and drugs happened at powwows, while 21% believed it happened at "a normal amount". Almost 20% thought that they would either "probably" or "definitely" get drunk or high with someone they met at the powwow; 15% were undecided.

Table 2
***HIV Prevention Behaviours and Intentions of Survey Participants* (N = *154*)**

Survey question	Variable	Youth responses		Response rate (%)
		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	98.7
	No	17	11.0	
	Not sure	9	5.8	

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Survey question	Variable	Youth responses		Response rate (%)
		n	%	
How many people have you had sex with in the past 12 months?	0	30	19.6	99.4
	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	100.0
	Yes	67	43.5	
	No	64	41.6	
How much sex between young people do you think happens at powwows?	A lot	61	39.6	100.0
	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	100.0
	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	100.0
	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	100.0
	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	100.0
	Probably no	23	14.9	
	Not sure	23	14.9	
	Probably yes	22	14.3	
	Definitely yes	7	4.5	

Table 3 shows youth reactions to the SHC. Overall, youth rated the SHC positively (80% rated it as "awesome"; another 20% thought it was "okay"). Ninety-nine percent said they would return to the SHC at future events. Despite the enthusiasm for the SHC, there was a range of responses in terms of how comfortable youth felt visiting the SHC in a powwow setting: 41% were very or somewhat uncomfortable, 14% were neutral, and 44% were comfortable or very

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comfortable. However, when asked whether powwows were a good place to talk about sexual health and HIV, 96% agreed. Ninety-four percent felt that incorporating culture was somewhat or very important for sexual health education with Indigenous youth.

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

Table 3
***Responses to the Sexy Health Carnival* (N = *154 Survey Participants*)**

Survey question	Variable	Youth responses		Response rate (%)
		n	%	
How would you rate the sexy health carnival?	It sucked	0	0	100.0
	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	100.0
	No	1	0.6	
How comfortable did you feel visiting the Sexy Health Carnival today?	Very uncomfortable	48	31.2	99.4
	Somewhat uncomfortable	15	9.8	
	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 and HIV?	Yes	147	95.5	100.0
	No	7	4.5	
How important is culture for sexual health education of Indigenous youth?	Somewhat important	28	18.2	100.0
	Very important	117	76.0	
	Not sure	9	5.8	

In addition, we offered youth an opportunity to participate in our "speaker's corner," where they were encouraged to share their thoughts and feelings about the carnival by speaking into a digital recorder anonymously. Comments from 12 youth participants who offered their feedback were later transcribed and coded. Four key findings emerged:

1. **Youth preferred the SHC to school-based sexual education.** Many youth noted that the carnival was "much more fun than sitting in a classroom." One youth said, "This is useful … because you're getting educated while playing games." Another noted that "I felt I learnt a lot more here than in school. In school they never taught us how to put on condoms. Sex ed only told us about STDs and how we can get them."

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2. **Youth appreciated the positive focus.** Several youth appreciated that the content didn't "shame" or stigmatize youth sexual health. Instead, it taught them "a lot about sexual things and what can and cannot happen," rather than just focusing on the negative. Furthermore, youth of varying sexual and gender orientations identified feeling safe at the SHC: "This is a lot better than sex ed class. I hate being pushed off to a different side in sex ed class because I'm gay. I almost failed sex ed class." Many youth described feeling welcome and accepted at the carnival and thought that it was an overall "cool place to hang out."
3. **Youth liked the free condoms.** They said condoms are very expensive, and many did not know where to go to get free condoms in their communities. A few youth appreciated the information on alternative forms of protection. For example, one youth said, "I am happy that you guys have this tent here because most girls don't use protection and that's why they get pregnant when they're young."
4. **Youth felt that the SHC is important to have at powwows.** For example, one youth noted, "I think it is really great that you have this here, it's really important. I've only been here for 2 minutes and instantly I was drawn to this tent because these are conversations that people don't have; and to spread this awareness for Indigenous people is really important." Youth shared feeling more informed and confident with regards to sexual health and HIV information after participating in SHC activities.

Discussion

This peer-led pilot project provides preliminary but compelling evidence that the SHC intervention is welcomed by Indigenous youth in powwow settings and is being received favourably by its target audience. Further, youth reported the intention of using condoms acquired at the SHC, suggesting that the SHC holds promise in increasing access to safer sex resources.

Based on these 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 about which they are enthusiastic. Youth respondents indicated that a lot of sex and drug use is taking place at powwows. However, many youth respondents also stated that they did not personally engage in either of these behaviours. Two plausible explanations for this discrepancy are (a) youth may overestimate the sexual and drug activities happening, and (b) due to shame and stigma, youth may be reluctant to admit that they are participating in these activities and are therefore underreporting personal involvement.

Youth who were sexually active indicated that, although their use of condoms was low with previous partner(s), they were very likely to use condoms provided by the SHC. This result may be due to social desirability bias, where youth respondents answer based on what they assume researchers want to hear (Mortel, 2008). However, it may also be due to the SHC making youth feel comfortable to take the free condoms, as the SHC was an informal and welcoming

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atmosphere, with a large number of condoms that were readily available for youth. Youth facilitators encouraged 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, nonjudgmental, and supportive manner.

Survey results revealed that "culture" is fundamental to sexual health education for Indigenous youth, 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 leadership of Indigenous youth peer educators. According to Devries, Free, Morison, & Saewyc (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 et al. (in press.), 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 attending 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" (p. 560). Youth may be uncomfortable because of ingrained notions of stigma or shame around sexuality, particularly sexually transmitted infections (Restoule, Campbell McGee, Flicker, Larkin, & Smillie-Adjarkwa, 2010; Worthington et al., 2010). For example, Flicker, Larkin, et al. (2008) conducted six focus groups with 61 Indigenous youth and found that some communities isolated individuals when it was discovered that they were 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).

More young women attended the SHC and filled out our survey than young men. Lower rates of male participation in sexual health promotion activities are not uncommon, and may be due to dominant constructions of gender that position sexual and reproductive health as "women's issues" (Flicker, 2009). Lower male participation may have been exacerbated by the SHC having predominantly female youth facilitators. More effort must be made to find strategies that reach young Indigenous men with HIV prevention and sexual health education.

In response to 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 contain STI and HIV prevention resources and local healthcare information; these bags are 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 paper "loot" bags to fill with free condoms and sexual health resources. Although some youth indicated discomfort with the SHC, the bags may have proven

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effective, as evidenced by a majority of sexually active youth indicating that they were likely to use condoms provided by the SHC.

Finally, although an estimated 300 youth were reached overall, a significant barrier to participation 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. While the weather conditions were assumed to play a role in the low attendance, some community members expressed their discomfort with the idea of having the SHC moved into a sacred place. The community members' concerns may also have potentially impacted participation, as some youth did not want to disrespect adults in the community by participating. A NYSHN youth facilitator (who was also a member of the community) spoke with community members and explained that the SHC provides information to try to 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 SHC and the interactive experiences) and orally (conversations that are sparked from the booths/games). Ultimately, the Chief of the community intervened, expressing that the SHC's presence in the roundhouse was important, powerful, and should happen, given that the roundhouse is a place for safety. 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. Furthermore, the sample was not random, representing only youth who engaged with the SHC in specific powwow settings. Nevertheless, this project contributes to the limited literature unpacking how to promote sexual health for Indigenous youth in a culturally safe powwow context.

A second limitation stems from the lack of privacy that youth respondents had while filling out the iPad survey. Powwows have 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 not have accurately responded to the questions for fear of others looking at their answers.

A third limitation relates to the busy and social atmosphere of powwows, where 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 accuracy.

A fourth limitation is the brevity of the survey. Youth who led development of this survey strongly advocated for its short length. This resulted in a small number of survey items

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and a lack of formal measures. As such, it was difficult to do robust analyses, and instead we relied on frequencies tabulated for this report. Future research could include scales with established reliability and validity to assess constructs such as cultural connectedness, HIV knowledge, and safer sex self-efficacy. Conducting a pre- and post-test survey design in future research would also provide an opportunity to evaluate the impact of the SHC on participants' safer sex practices, safer sex self-efficacy, and HIV knowledge.

A fifth limitation is the small number of youth who participated in the speaker's corner. It seemed that only those most enthusiastic about the intervention took the extra time to share their thoughts. As a result, care should be taken in interpreting the qualitative results.

Despite these limitations, the iPad surveys were deemed fun, easy, and accessible. The iPads generated enthusiasm, given youth knew that they had a chance of winning one at the end of the powwow. The iPad software also allowed for multiple iPads to be used offline for data collection, with the results collated in one database at a later time. Data collection and entry were expedited by this process, greatly reducing the time and resources needed for data entry after the powwows.

Conclusion

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 "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" (p. 5).

This pilot implementation 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" (p. 561). Too often, healthcare providers make the mistake of imposing an agenda on Indigenous communities that providers have developed in isolation of the communities 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, Métis, and Inuit, these are administrative distinctions that relate to the Canadian government's attempts to govern the diversity of Indigenous Peoples in Canada (Indigenous and Northern Affairs Canada, 2012). Indigenous communities are much more diverse with respect to cultures, traditions, and languages than recognized by the Constitution. The SHC was developed by an

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Anishnaabe youth and her community, and brought to four First Nations communities. This may have resulted in the survey responses being mainly from First Nations 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 instead must be catered to unique and local community contexts.

Based on comments provided by the youth participants, there is a need to provide further information on topics such as sex addiction, healthy relationships (sexually, emotionally, and physically), midwifery, LGBTQ communities, and symptoms of substance use. Given the lack of privacy at the SHC to fill out surveys, many youth may have been reluctant to provide honest comments, hence the above topics being requested only once. Thus, it is important to note that the few youth who did provide comments on the SHC may have views representative of the needs in their communities, and their comments should be taken into consideration for future SHCs.

Finally, more work needs to be done to reduce stigma around STIs and increase comfort levels. Stigma and shame are the real "risks" for individuals and communities impacted by HIV (T. Annett, personal communication, August 29, 2014; Lesperance, Allan, Monchalin, & Williams, 2015; NIYCHA, 2015). Flicker, Larkin, et al. (2008) note that "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" (p. 192). 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 project is a step forward in reducing stigma in a community setting by adopting a peer-led, 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 (NIYCHA, 2015).

Our team was recently funded to continue this work by adapting the SHC and taking it to nine more Indigenous gatherings (three First Nations, three Métis, three Inuit). Future research will explore adapting the SHC to unique community settings and incorporating HIV prevention in diverse contexts. We look forward to continuing to share results.

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