Lessons learned: employing Indigenous methodologies and women-centred approaches to understand Indigenous women's experience of HIV prevention and care in Quebec, Canada.

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Background

Approaches to HIV-prevention and care with Indigenous women in Canada must integrate and address challenges, and build on this population's strengths. For Indigenous women (First Nations, Métis, Inuit), vuinerability to HIV is structured by gender inequity, ocionization, racialization and social immobility (powerty, education). These structural inequities lead to disproportionate HIV rates; although Indigenous women are 4.3% of the Canadian temale population, they represent 30.6% of new temale diagnoses. Importantly, these vuinerabilities coexist with resilience, cultural continuity and strength. This abstract details lessons learned for prevention and care programming, drawn from our process conducting four full-day workshops with Indigenous women in Quebec, Canada.

Lessons Learned

We drew on our process to identify recommendations for the creation of accessible and acceptable prevention and care strategies for Quebec Indigenous women.

Facilitators to our process included:

- 1) Existing networks with Elders, art-therapists, musicians;
- a strength-based, neutral space to conduct the research (e.g. indigenous art gallery);
- 3) experienced Indigenous researchers with facilitation skills; and
- sufficient funds, time, and coordination support to plan and carry out multiple events.

CREATING SAFE SPACES



CAPTION 1: Ashviso Datural Space - Otto of Research Retrests 2: Art Therapy Shawle 2: Journey Stones 4: Paint for Journey Stones 5: Sensing Contents & Reproductive Justice Sensis Asserted Winterlands for Drawning & Singling Closing Celebration Retrest 7: Interpreting Key Messages from Shering Circles.

Conclusions

Adopting a women-centered, strength-based, culturally adapted, peer-led approach is essential to ethical, effective and appropriate prevention and care for indigenous women. Further work by and with indigenous women is needed to address HIV in Canada.

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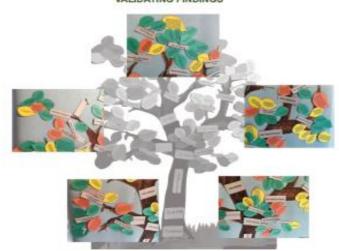
Methods

The research is imbedded within the Canadian HIV Women's Sexual and Reproductive Health Cohort Study — Prioritizing the Health Needs of Positive Aboriginal Women (CHIWOS-PAW). In the province of Quebec, the purpose was to understand indigenous women's perspectives and strategies regarding HIV prevention, care and overall health. Between December 2015 and December 2016, with the leadership of indigenous researchers and guided by a traditional indigenous Knowledge Keeper, two research retreats, a community analysis workshop, and a celebration event were conducted with 14 indigenous women. The women who participated were quite diverse; participants ranged from 24-74 years of age; inut. Metis and First Nations were represented; were from 12 different communities; and seven distinct languages were spoken in the home. HIV-status also varied from HIV-positive, HIV-negative, to serological status

Lessons learned included:

- Project leadership from Indigenous researchers and a traditional Knowledge Keeper ensured cultural competence during the research process;
- incorporating women-centered, outstrally-adapted sharing circles, arts, and ceremony encouraged participation, safety and comfort for all participants during the research;
- conducting numerous workshops with the same women was valuable to participants and researchers in building trust and adapting subsequent workshops to participants needs;
- validating findings with participants was an essential step to ensuring that the knowledge, experience, and priorities of indigenous women were respected.

VALIDATING FINDINGS



Acknowledgments

We gratefully acknowledge the 14 Indigenous women who participated in the research retreats. We would also like to thank Sodalia Kawennotae Fazio the retreat Elder, Pascale Annoual from Arts, Racines & Therapies; Jessica Danforth and youth from Native Youth Soxual Health Network; Ihente Foote (crafts); Dayna Clolen (drumming & singing); Tania Mesher Jones (art on pamphlets); Luce Comeau (drum); and Nadine St-Louis, Mélina Tsigounis and staff from the Ashukan Cultural Space.











