

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), vulnerability to HIV is structured by gender inequality, colonization, racialization and social immobility (poverty, education). These structural inequalities lead to disproportionate HIV rates; although Indigenous women are 4.3% of the Canadian female population, they represent 30.6% of new female diagnoses. Importantly, these vulnerabilities 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;
- 2) a strength-based, neutral space to conduct the research (e.g. Indigenous art gallery);
- 3) experienced Indigenous researchers with facilitation skills; and
- 4) sufficient funds, time, and coordination support to plan and carry out multiple events.

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; Inuit, Métis 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 unknown.

Lessons learned included:

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

CREATING SAFE SPACES



CAPTION 1: Ashukan Cultural Space – Site of Research Retreats 2: Art Therapy Shows 3: Journey Stones 4: Pair for Journey Stones 5: Beading Customs & Reproductive Justice Sexual Awareness Workshop 6: Drumming & Singing Closing Celebration Retreat 7: Interpreting Key Messages from Sharing Circles

VALIDATING FINDINGS



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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