

A Case Study of HIV/AIDS Prevention Strategies
with Native American Communities
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While the overall rate of new HIV infections in Canada is decreasing, new infections among First Nations Peoples are rising dramatically. Presently, nearly a quarter of all new infections are among Native Americans, despite the fact that they make up only 4.4% of the total population (Statistics Canada, 2001). The reasons for this discrepancy are complex and multi-faceted, but all relate to the vast socio-economic vulnerabilities and inequalities experienced by First Nations Peoples living in Canada. The treatment and care for Native American people who are infected with HIV/AIDS is crucial. However, there is presently no cure and the only way to combat the HIV/AIDS epidemic is through successful prevention strategies. Despite seemingly universal support for this intervention style, there is surprisingly very little documented research on specific prevention strategies and their results.

This case study will investigate specific HIV/AIDS prevention programs that have been implemented within First Nations communities. Additionally, I will examine prevention programs that have been effective in dealing with other social problems and may provide important insight for future initiatives in HIV/AIDS prevention. The effectiveness of these programs will be evaluated based on real changes observed and suggestions based in research on HIV/AIDS within Native American populations. Based on these findings, recommendations will be made to address the gaps in the current programs and policy initiatives and provide directions for the future.

The Community Readiness Model

The Community Readiness Model (CRM), developed by the Tri-Ethnic Centre for Prevention Research, has been an effective prevention tool in addressing various social problems within Native American communities and appears promising in HIV/AIDS prevention efforts. The model uses nine stages to assess a community's level of readiness to develop and implement prevention programming (Vernon and Jumper-Thurman, 2002). This model is based on the idea that interventions "must be consistent with the awareness of the problem and the level of readiness for social change among community residents". It works collaboratively with a 'community' (ex: First Nations youth) and uses local resources and interventions that are culturally and community specific.

The CRM has been used in various First Nations communities to address a range of social issues. One example of its successful application was in a community that was experiencing significant problems with partner violence that were not being addressed by law enforcement officials. Two local women used the model to gain community support and mobilisation around the issue. The result was a new Domestic Violence Advocate position within the local police department, relevant resources for victims and perpetrators within the community, and an annual domestic violence conference (Vernon and Jumper-Thurman, 2002).

It is community mobilisation and actions such as these that indirectly reduce the risk of HIV/AIDS by addressing related issues such as domestic violence and gender inequality. The need for prevention efforts to address the

disproportionate effect of HIV/AIDS and the unique vulnerabilities of Native American women has been well documented in recommendations for a national response that is designed and implemented by these women (Prentice, 2004; 2005). The use of the Community Readiness Model in the example aforementioned was implemented in a culturally specific manner by Native American women, and was successful in bringing the issue of domestic violence to attention. This action indirectly decreases women's vulnerability to becoming infected with HIV through the imbalance of power within intimate relationships. Furthermore, by implementing the same model based around community education and mobilisation, HIV/AIDS awareness and prevention could be addressed in a more direct manner.

HIV/AIDS Education for First Nations Adolescents

As a result of the lack of information and research on HIV/AIDS prevention efforts within Native American populations, a group of nurses from McMaster University designed and implemented a culturally sensitive HIV/AIDS educational program that targeted a group of youth from a First Nations community in Ontario (Majumbar, Chambers and Roberts, 2004). The train-the-trainer approach was used with the purpose of promoting knowledge of HIV/AIDS among First Nations youth through peer group discussions on information, values and perceptions about HIV/AIDS. This was done through community selection of five members to be designated as facilitators of the programs. These community members were trained using a culturally sensitive manual, assessed on their learning and

provided the opportunity to present feedback. The trained facilitators then recruited 24 Native youth to participate in their workshops, which covered topics such as the basics of the disease and transmission, testing, safer sex practices, stigma, and the availability of community resources. Throughout the sessions, dialogue was strongly encouraged amongst the participants and when possible, testimony from HIV positive women or adolescents was heard.

A comparison of pre- and post-test scores indicated a statistically significant increase in the level of knowledge on HIV/AIDS among participants (Majumbar, Chambers and Roberts, 2004). Also reported was an increase in self-confidence and self-esteem in the peer facilitators (who were also members of the First Nations community). The authors of this study also noted a change in attitudes surrounding HIV/AIDS by the adolescent participants. The type of change was not identified, however it is implied that it was a positive one.

This study is significant for several reasons. First, it targets a specific subgroup, Native American youth, which have been identified in numerous works as being at high risk for HIV/AIDS (CAAN, 2000; Majumbar et al., 2004; Prentice, 2004). Within First Nations populations 28.6% of new infections occur in individuals under the age of 30, compared with only 17.6% in the non-Native Canadian population (CAAN, 2000). Young people are at risk for various reasons such as increased experimentation with alcohol, drugs and sex, as well as feeling invincible to their negative effects.

Second, this educational approach was developed and implemented in a manner that incorporated and was respectful of the culture of the First Nation

community where it was implemented. It is important to note that a McMaster nursing student, who played a large part in developing and implementing this project, resides on the same reserve where the program took place, as do all the peer facilitators. Recent literature indicates that a collaborative effort between the program and host community is an important factor in maintaining sustainability within prevention programs (Majumbar et al., 2004). These factors are also important in decolonization, community mobilisation and empowerment. Because of the complexity of the social factors surrounding HIV/AIDS vulnerability, the effectiveness of this approach is two-fold. It not only increased participant's basic knowledge of the disease, but also provided an opportunity for the facilitators to increase their self-confidence and self-esteem, which are factors that are undoubtedly linked to risk. The outcomes of this study indicate the need for further development of HIV/AIDS education of this type.

A Holistic Approach to Prevention by Women

The Native American Women's Health Education Resource Centre opened in 1988 and was the first organization located on a reserve to address the needs of Native women as well as the first organization in South Dakota to provide education about HIV/AIDS (Vernon, 2000). The centre offers programs such as community organizing and leadership development, domestic violence prevention, child development, adult learning, and reproductive health, all of which incorporate HIV/AIDS prevention and treatment as central components. In particular, the centre sponsors a peer counsellor program that trains high school

students to talk about HIV/AIDS with their peers. This, in collaboration with the training of Native women and spiritual leaders, is done because it is in this way that information is best disseminated in Native communities (Vernon, 2000).

The Women's Centre adopts this holistic approach to HIV prevention, because of the many complex factors which place Native women at risk. For an approach to be effective in preventing or reducing these risks, it must address not only the medical aspects of the disease but also the numerous other social and economic factors that undermine women's ability to develop and maintain healthy lifestyles (Vernon, 2000). Domestic violence, poverty, gender inequality and a lack of community resources all contribute to women's increased risks and are all addressed in the holistic approach used by the Women's Centre.

The fact that the centre is located on a reserve is also significant, because it is important for prevention initiatives to come from within First Nations communities and unfortunately, reserves often have inadequate access to services of this kind. Also essential are the cultural components of the centre's prevention initiatives such as working with the participants of the Lakota Sun Dance tradition, and the culturally specific media resources that are made available to community members (Vernon, 2000). Studies have shown that methods of presenting information about HIV/AIDS that are not culturally sensitive reduce the relevance of the material by the recipient, and therefore make it less effective (Majumbar et al., 2004). The concept of community-based, culturally relevant interventions is imperative to future development of HIV/AIDS prevention strategies.

Conclusion

The three HIV/AIDS prevention programs discussed above are examples of initiatives that are effectively combating the disease in First Nations communities. A recurring trend through all three, is the cultural context and sensitivity in which they are all provided in and the populations whom they target, mainly women and youth. These two factors are imperative for the success of such an intervention and should be taken into account in future initiatives.

This being said, an issue that is significant and needs to be identified in future initiatives also, is the lack of HIV/AIDS prevention efforts that are targeted at, or implemented by, Native American men. In all the published research I found, the focus was on First Nations women and youth. Involving men in combating the epidemic does not undermine the importance of interventions geared at these vulnerable populations, however, collaboration will only make the present initiatives stronger. The fact that heterosexual sex is the second highest mode of HIV transmission within First Nations populations indicates the importance of both genders being involved in prevention efforts (Prentice, 2005).

Another important issue, addressed by Majumbar et al (2004), is that HIV infections in Native American communities are continuing to increase despite educational intervention programs. Part of this may be the result of programs that are culturally insensitive to First Nations experiences; however the authors believe that these high-risk behaviours may have less to do with lack of knowledge and more to do with related complex emotional and social issues that are overlooked in current prevention efforts. In other words, many current

prevention efforts are looking at changing behaviours instead of looking at root causes. To illustrate this with an example, a youth may be engaging in unsafe sexual practices, not because s/he is unaware of the repercussions of doing so, but because of environmental factors such as poverty and drug abuse within his/her family combined with living on a reserve and feeling hopeless about a future any different than his/her parents. It is these issues that need to be addressed, while simultaneously providing education and knowledge about HIV/AIDS. The Native American Women's Health Education Resource Centre is addressing HIV/AIDS within the Lakota reserve in South Dakota in this way; by providing prevention through HIV/AIDS education as well as addressing the larger social and economic factors that are fuelling the pandemic.

The findings of this paper suggest that in order for future prevention efforts to be successful within Native American communities they need to "address the issues surrounding AIDS and not just AIDS itself" (Haworth-Brockman, as cited in Novak, 2006). Doing this, in the context of cultural sensitivity and community mobilisation has the potential to make a real difference in the HIV/AIDS epidemic within First Nations communities.

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