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Graphic Facilitation as a Tool to Guide Community-Based Research on Indigenous Boys' and Men's Sexual Health

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Introduction

The sexual health of Indigenous¹ boys and men is becoming increasingly recognized as an important area of research (Bingham et al., 2014; Grace 2003; Healey & Meadows, 2007). To date, however, much of the research exploring the sexual health of Indigenous Peoples has focused on women and girls. While further research is needed to explore the sexual health of Indigenous boys and men, future research must consider how interacting and dimensional factors such as colonization, racism, discrimination and prejudice contribute to poor sexual health outcomes (Bird et al., 2016; George et al., 2016; Hallett et al., 2017; Negin, Aspin, Gadsden, & Reading, 2015; Reading, Wien, & National Collaborating Centre for Aboriginal Health, 2009; Reading, Loppie, & O'Neil, 2016). It is important to recognize that generations of trauma and abuse have produced the poor social conditions in which Indigenous Peoples experience worse sexual health compared to the national average, such as higher rates of HIV and other STBBI (Haddad et al., 2018).

This paper describes our experience of conducting a community consultation to explore the current state of Indigenous boys and men's sexual health and wellness. We also discuss our experience of using graphic facilitation as a culturally responsive tool to collect qualitative data on this subject matter. The community consultation is an outcome of a larger program of research that ultimately aims to decrease HIV rates within the Indigenous community across Atlantic Canada and beyond. Ethical approval for this project was obtained from both the Dalhousie Research Ethics Board and Mi'kmaw Ethics Watch.

Graphic Facilitation

Graphic facilitation is an interactive and participant-led method that involves the recording of group discussion and ideas by a graphic professional (Leonard et al., 2017; Valenza & Adkins, 2009; Winkel & Junge, 2012). The purpose of graphic facilitation is to capture the discussion as

¹ The term Indigenous is used to encompass First Nations, Inuit, and Métis peoples of Canada.

it shifts and evolves by recording simple notes and images on a large sheet of paper (Valenza & Adkins, 2009; Winkel & Junge, 2012). Through graphic facilitation, participants are able to see their words and ideas being captured in real time and as the discussion progresses the details and themes of the discussion become visible. Graphic facilitation can be useful for bringing new perspectives and life into areas that are complex and difficult to discuss as this method often empowers and energises participants to share and engage with each other (Leonard et al., 2017; Winkel & Junge, 2012). The end result is a creative product that can be analyzed and used to ignite future ideas for research, programs, and services (Leonard et al., 2017; Valenza & Adkins, 2009; Winkel & Junge, 2012).

Indigenous Peoples have utilized oral and visual storytelling as a knowledge translation tool for centuries, which makes using graphic facilitation particularly relevant when conducting research in Indigenous communities. Graphic facilitation often allows participants to feel heard and validated (Leonard et al., 2017), and highlights ways of communicating and knowing that are valued and prioritized by Indigenous Peoples. It is well known that the needs and voices of marginalized populations have not been well reflected in research, and that the voices of Indigenous communities specifically have not been prioritized (Castleden, Morgan, & Neimanis, 2010; Chambers, 1998; Morton Ninomiya & Pollock, 2017). Until very recently, Indigenous health research has typically been directed by non-Indigenous researchers who are unfamiliar with the cultural context and needs of the community and whose priorities often differ from those of the community (Dudgeon, Kelly, & Walker, 2010; Morton Ninomiya & Pollock, 2017). Despite the fact that there is an increasing number of Indigenous Peoples leading Indigenous research in Canada, there is still a deep-seated mistrust as research has historically been done “on” communities instead of with or in service to them (Castleden et al., 2010).

Graphic facilitation provides a significant opportunity to shift the dynamic between researchers and Indigenous community members. By illustrating the discussion in real time, participants are given the opportunity to amend or comment on researchers’ understanding and/or graphic professionals’ recording of their contributions. As participants see their own words and ideas being accurately captured, they can trust that they have control of their own narratives. Overall, graphic facilitation provides a level of transparency that can improve more trusting and equal partnerships between researchers and communities. This type of engagement can also help non-Indigenous researchers conduct culturally-centered work.

Our Experience

Our experience with graphic facilitation took place on November 14, 2018 at the Atlantic First Nations Health Conference in Halifax, Nova Scotia where we hosted a 90-minute workshop titled Indigenous Boys’ and Men’s Sexual Health: A Community Consultation. The workshop was led by a Mi’kmaw man who works in the area of Indigenous sexual health. His knowledge of the current concerns surrounding the sexual health of Indigenous boys and men in Atlantic Canada guided the workshop discussion.

The purpose of the workshop was to explore the current climate of Indigenous boys' and men's sexual health in Atlantic Canada through a community consultation. The discussion was guided by two questions:

- 1) Is there a need to better understand the sexual health of Indigenous boys and men? Why or why not?
- 2) Do you think Residential School has impacted the sexual health of Indigenous boys and men? Why or why not?

There were 25 attendees including Indigenous and non-Indigenous men and women, community leaders, Elders, and Chiefs. All attendees were encouraged to describe their thoughts, opinions, and experiences related to Indigenous boys' and men's sexual health. The diversity of voices provided multiple perspectives on the ways in which the sexual health needs of Indigenous boys and men are understood by boys and men themselves, as well as understood by community members, community organizations, and allies.

A person trained in graphic facilitation was present to record the discussion. Throughout the consultation, the graphic professional generated text and images to record the experiences, ideas, and opinions shared by the community members in attendance. Community members were invited to comment on the graphic and suggest edits or amendments as it began to take shape. The final product/graphic recording captured the participants' voices, which provided us with the information we needed to drive our research forward based on community priorities (see Figure 1).

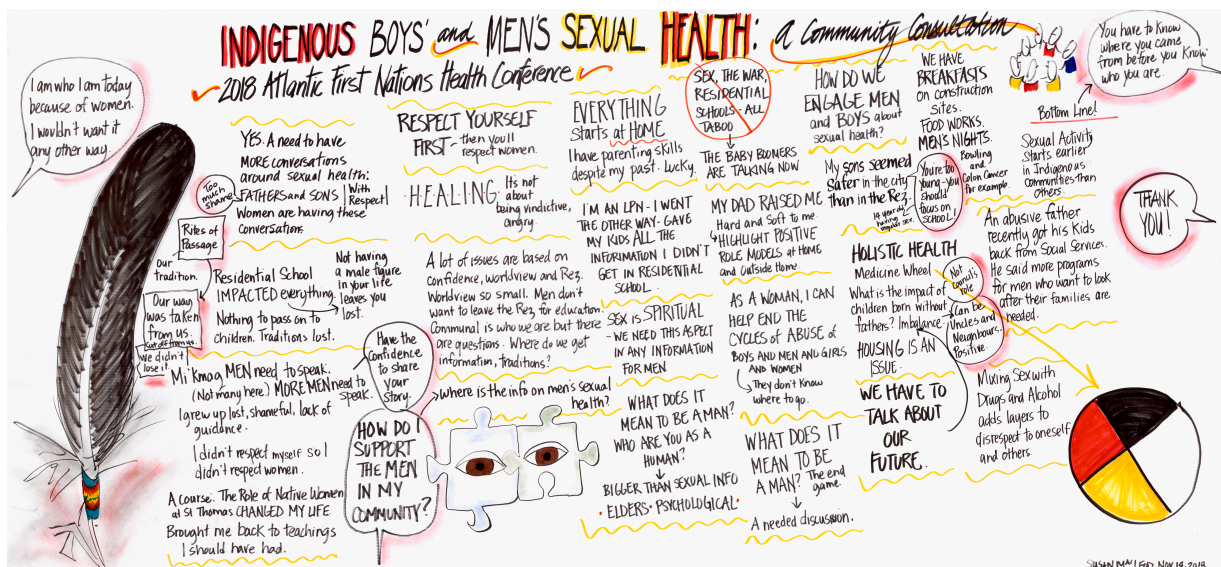


Figure 1: Graphic Recording by Susan MacLeod

Results and Discussion

Our workshop resulted in a discussion about the need to better understand the sexual health of Indigenous boys and men. From the discussion, two main themes emerged: 1) there is a need to create space for Indigenous boys and men to talk about their sexual health, and 2) the importance of positive role models in promoting healthy relationships and positive sexual health practices is critical.

Creating Space

Conversations about sexual health among Indigenous boys and men were reported to be few and far between. In fact, many participants commented that the community consultation was the first time they were engaging in a discussion about the sexual health of Indigenous boys and men. It was noted by participants that storytelling and oral traditions underpin Indigenous cultures and are a mechanism for preserving collective knowledge and histories; the use of storytelling to pass on knowledge or lived experience is also heavily supported by the literature (Battiste, 2016; Battiste, 2017; Latimer et al., 2014; Sable, Francis, Lewis, & Jones, 2012). While storytelling and oral traditions are long-established methods of passing on knowledge, participants reported that the sexual health of boys and men is a “taboo” topic that is associated with shame, embarrassment, and ignorance. Sexual health and wellness is therefore not often discussed.

The participants expressed a discomfort in discussing sexual health, and commonly stated that this was due to a lack of communication and teachings on this topic from their elders. Participants noted that as a result of such discomfort, initiation of these types of conversations were inhibited among the younger generation of boys. Further, participants revealed that the topic of sexual health and sexual practices are considered “un-manly”. As a result, Indigenous boys often look to their peers and/or a variety of media sources to learn about sexual health and what it means to be a man. These non-traditional sources of information are often ill-informed and can have negative implications. Last, it was disclosed that the disruption in generational learning can influence Indigenous men to continue cycles of abuse within their families and remain silent about experiences of sexualized violence.

While conversations about sexual health are not occurring naturally among Indigenous boys and men, participants noted that women’s health, and specifically women’s sexual health, are discussed more openly. Participants recognized this difference to be a result of a lack of resources and safe spaces for Indigenous boys and men to discuss and learn about sexual health. One recommendation made by participants was to create judgment-free spaces for boys and men to talk about sexual health and learn how to build healthy sexual relationships. Participants also noted that educational resources related to the sexual health of boys and men should be made more easily accessible.

Participants shared personal stories about how sustaining healthy relationships and positive sexual health practices can be challenging. The majority of participants who shared their stories

expressed that this was the first time they felt comfortable publicly discussing the challenges they faced because the environment felt non-judgmental and welcoming. Through these conversations, participants concluded that there was a need to create environments where boys and men feel comfortable discussing intimate and oftentimes difficult subjects related to sexual health.

Role Models

Participants reported that many Indigenous men have grown up without positive male role models to teach them how to maintain respectful relationships and/or healthy sexual practices. While women were seen by many participants as being positive role models (particularly in single parent households), it was emphasized that the lack of male role models is still detrimental. Participants emphasized that although women have been, and continue to be, important role models to many men, female role models cannot substitute male-to-male support or effectively model male support-seeking strategies.

The Indigenous male participants expressed that they had been unable to learn about positive sexual health and sexual relationship practices from their fathers or male community members when growing up. This was largely attributed to the Indian Residential Schools system and other colonial structures that often resulted in Indigenous Peoples being raised outside of their community and culture. As a result of such structures, participants believed that they were raised without the male role models that they needed in order to teach them how to be self-respecting and respecting of others. The lack of role models was deemed to be largely responsible for the cyclical failing to pass on positive teachings to generations of Indigenous men, as well as damaging the ability to maintain rites of passage and cultural traditions. Participants emphasized that it is critical for fathers, Elders, and men to take on a significant role in educating future generations of Indigenous boys and men about sexual health. Participants also stressed that they themselves need to be educated first before they can educate others.

Many participants shared that growing up without men who modelled healthy sexual relationships and sexual health practices had a negative impact on their current sexual health. As mentioned above, participants communicated that a lack of role modeling often resulted in boys turning to their peers or to a variety of media sources to learn about what it means to be a man. Participants believed these sources of determining masculine identity were harmful and ill-informed. Highlighting positive male role models in Indigenous communities was therefore seen as an important first step in connecting boys with positive community influences that they could turn to for support and guidance. It was also emphasized that positive community influencers are not limited to those who have always maintained healthy sexual relationships and/or practices. Rather, there is also a lot to learn from stories of struggle and overcoming. Participants noted that it is important for boys to learn from both the missteps and the triumphs of male role models when learning about sexuality, sexual relationships, and safe sexual experiences.

Conclusion

Our community consultation explored the current state of the sexual health of Indigenous boys and men through the use of graphic facilitation. The use of graphic facilitation as a data collection tool in health research is relatively new, despite the fact that graphic recording dates back to cave drawings and is often considered our first language (Tyler et al., 2005). Given the current stigmatized climate of sexual health among Indigenous boys and men, the use of graphic facilitation allowed us the opportunity to meaningfully engage with participants and explore this subject. We found the use of graphic facilitation to be a collaborative, powerful, and valuable tool for collecting sensitive data, and would recommend the future use of graphic facilitation in community-based health research. Overall, further research is needed to better understand how to improve the sexual health of Indigenous boys and men and to reconcile the intergenerational effects of colonization that have created poorer sexual health outcomes for Indigenous Canadians.

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