

“Do something with them!”: developing “comfortable” engagement with Elders participating in an arts-based sexual health promotion and STBI prevention workshop for Indigenous Youth in Labrador, Canada

Rachel Landy^a and Catherine Worthington^b

^aDepartment of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland, St. John’s, Canada; ^bSchool of Public Health and Social Policy, University of Victoria, Victoria, Canada

ABSTRACT

Although Indigenous Elders were traditionally involved in cross-generational health promotion and education, colonisation disrupted this role. Little research examines the role of Elders in contemporary health promotion for Indigenous youth and few strategies have been identified to engage Elders in health promotion or sexual health education. We explored engagement of Elders through participatory filmmaking in a sexual health and HIV education workshop for youth. Eleven youth and five Elders participated in this 3.5-day workshop. During the workshop, Elders indicated they wanted to make a film and attend a sexual health and HIV education session. Four Elders were interviewed about their experiences. Interview transcripts and the Elders’ film were analysed using content analysis. Although Elders initially felt hesitant to engage, the process of participatory filmmaking allowed Elders to co-create an environment for their “comfortable” workshop engagement. Elders’ feelings of comfort were created by having control and sense of ownership over their engagement; the presence of youth; peer-based dialogue; inclusion of traditional items; and an Indigenous sexual health educator. Findings suggest participatory filmmaking is a promising approach for engaging and empowering Elders to reclaim traditional roles in sexual health education and health promotion with Indigenous youth.

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Introduction

Although there is no universal Indigenous culture or paradigm in First Nation, Métis, and Inuit communities (the 3 legally recognised Indigenous groups in Canada) [1], within many Indigenous communities, Elders hold a place of esteem and respect [2,3]. Elders are not simply people of advanced age, and not all older people are considered Elders [2,4]. Traditionally, Elders, often referred to as “knowledge keepers”, were responsible for providing teachings to youth and other community members on culture, including norms, moral values, and traditional knowledges of the society [4,5]. These teachings may include information and guidance regarding health promotion on topics of sexual health, childrearing, and relationships [6,7].

Thus, Elders may be a critical link to culture, and through this, to health and wellbeing [8]. However, colonisation disrupted traditional ways of life and continues to have multigenerational effects on the health and wellbeing of Indigenous Peoples in Canada [9,10]. For instance, residential schools, one aspect of colonialism, resulted in many Indigenous people living away

from their families and communities. The generations impacted by residential schools did not have access to traditional knowledge and knowledge keepers, resulting in cultural discontinuity. Thus, there are generations of Indigenous people who have not had the opportunity to participate in traditional ways of life or receive traditional teachings, and hence cannot participate in the traditional education of younger generations [6,7,11]. Beyond this disconnect from traditional knowledge and social structures, topics around sexual health became taboo in many communities as a result of colonial beliefs and values [7]. This taboo nature of sexuality may be related to the influence of the church, residential schools, and the lack of traditional education on the topic [7,12].

The effects of colonisation, including lack of traditional knowledge and connection to culture, are reflected in the health disparities faced by Indigenous Peoples. An example is the disproportionately high numbers of Indigenous people who are infected and affected by human immunodeficiency virus (HIV) and other sexually transmitted and blood-borne infections (STBI). For instance, although Indigenous people

comprised approximately 4.9% of the total Canadian population [13], in 2018, Indigenous people accounted for 14.0% of positive HIV tests, and approximately 10% of people living with HIV in Canada identify as Indigenous [14]. In addition to being overrepresented in this pandemic, epidemiological data show that Indigenous people in Canada tend to contract HIV at a younger age than the general population [15]. Indigenous people in Canada, and Indigenous youth in particular, are also overrepresented in rates of other STBBIs [16]. In order to address this disproportionate burden of poor health outcomes faced by Indigenous people in Canada, current health promotion efforts must include the impacts of colonisation as a determinant of health [10].

Health promotion initiatives may be strengthened by using decolonising and culturally appropriate approaches to address the impacts of colonisation and promote self-determination [17,18]. Since Elders traditionally educated youth on many health-related topics, including them in intergenerational health promotion initiatives may be beneficial, as it is culturally appropriate, and may act as a decolonising approach [19–21]. Elders have been included in some wellness and mental health promotion initiatives targeting Indigenous youth in an effort to address cultural continuity, which has protective qualities for Indigenous health [9,19,20,22,23]. The inclusion of Elders in health promotion for youth has been recognised in other areas of health promotion as well. For instance, Varcoe and colleagues [21] argue that given their respected position in society, the inclusion of Elders in youth tobacco reduction strategies would be valuable and Shegog and colleagues [24] report including Elders in health promotion videos may increase the cultural relevance of the material for youth. Thus, Elder involvement in health promotion initiatives for youth is an important area for further exploration.

In the area of sexual health, research has identified that Indigenous youth are interested in having Elders involved in sexual health education and HIV prevention initiatives, and involving Elders in these types of initiatives is considered a wise practice [25–28]. Additionally, parents of Indigenous youth and other community members see a role for Elders in the sexual health education of their children [7,11,24]. Few initiatives have included Elders and youth participating together in sexual health promotion programming; one exception is an Australian programme for youth and Elders to engage in dialogue around sexual health [29,30].

There are some barriers to including Elders in sexual health promotion and/or HIV prevention initiatives for youth. In addition to the fact that it is not common to

involve multiple generations in contemporary sexual health promotion initiatives, older generations may feel uncomfortable talking about sexual health with younger generations, or about sexual health in general. For instance, Rink and colleagues [31] found that Inuit parents in Greenland did not feel comfortable talking about sexual health with their children. In contrast, Healey [32] found that Inuit youth in northern Canada would prefer to receive sexual health information from their parents or caregivers over resources such as the Internet, school system, or health care representative. Similarly, Duley and colleagues [30] in Australia reported that participants in their programme found the intergenerational discussions about sexual health to be a positive experience.

Arts-based strategies, including genres such as painting, filmmaking, photography, music, hip hop, and theatre, have been used in a variety of health promotion contexts [33]. They have been recognised as promising approaches for sexual health promotion and HIV prevention with Indigenous youth [17,34,35]. Arts-based approaches are credited with being “fun, participatory, and empowering ways” of engaging Indigenous youth in health promotion and they are compatible with many other wise practices for HIV prevention with Indigenous youth, and can be used as a decolonising strategy within research [16, 34, 35, 36].

Although existing studies suggest Elders could play a vital role in health promotion initiatives in their communities, including the potential to contribute to sexual health promotion and HIV prevention, there is a gap in the literature about Elders’ perspectives about, and potential for, Elder engagement in sexual health education and HIV prevention. In addition, while there is a growing body of literature discussing how to best engage Indigenous youth in sexual health and HIV education using arts-based strategies, there is little guidance when it comes to engaging youth and Elders together in sexual health and HIV education, or in how to engage Elders using arts-based approaches. The research objective for this analysis is to describe how the process of participatory filmmaking allowed the Elders to co-create an environment of “comfortable” engagement at an arts-based HIV and sexual health education workshop for Indigenous youth.

Materials and methods

The participatory filmmaking workshop was developed as part of a community-based research study exploring the use of arts-based techniques in sexual health promotion and HIV prevention with Indigenous youth. Early in the first author’s doctoral studies, she was

approached by the coordinator of an Indigenous HIV education project based within an Indigenous community-based organisation (CBO) who had heard about her interest and experience in arts-based HIV prevention with Indigenous youth. The project coordinator was interested in developing arts-based initiatives for the youth served by her organisation. Mindful of the historical power imbalance in research with Indigenous Peoples, a community-based research approach was adopted to help mitigate this imbalance, and contribute to a decolonising research process [37–39]. This community-based research study was undertaken as a partnership between the first author (who is not Indigenous) and the Indigenous HIV education project in Labrador, Canada as part of doctoral dissertation research. Letters of support for this project were received from the executive director of the Indigenous CBO, which houses the Indigenous HIV education project. Funding was applied for and obtained to support this work. Ethics review approval was granted by the Newfoundland and Labrador Health Research Ethics Board (#14,147) and NunatuKavut's Research Advisory Committee.

This study was guided by the Indigenous HIV education project's advisory committee, made up of Elders, health professionals, youth, and other stakeholders. Additionally, this study was informed by the principles of ownership, control, access and possession (OCAP® is a registered trademark of the First Nations Information Governance Centre [40]. Discussions about the management of the data occurred with the research partners at the outset of the study. For instance, the films that were created through this study are owned by the people who created them.

Development of the workshop

An arts-based sexual health and HIV prevention workshop for youth self-identifying as Indigenous was developed through consultation with community youth, the Indigenous HIV education project, the project's Advisory Committee, discussions with community youth and other stakeholders, and a review of the literature. In developing the workshop, we aimed for it to be strengths-based, culturally-relevant, and engaging [17, 41]. Community youth were consulted to rank their interest in various types of arts, including painting, hip hop, filmmaking, carving and drumming, and youth were invited to add their own suggestions. Based on their interest in filmmaking, we developed a participatory filmmaking and sexual health and HIV education workshop, and hired experienced filmmaking facilitators to teach the youth how to make films.

The workshop

Despite challenges related to severe winter weather, the workshop was successfully held over a long weekend (3.5 days), and included two approximately 90-minute sessions (one for the middle school-aged youth and one for the high school-aged youth) with an Indigenous educator from Healing our Nations, an Indigenous HIV/AIDS education organisation based in Atlantic Canada. The rest of the workshop was spent learning filmmaking skills (throughout the workshop), making films (throughout the weekend), playing games (daily), participating in sharing circles (once or twice a day), and sharing meals and snacks. Eleven self-identifying Indigenous youth between the ages of eleven and seventeen participated in the workshop and received a \$25 gift card honorarium to thank them for their participation.

How did Elders come to be involved in the workshop?

Following wise practices for HIV prevention with Indigenous youth, Elders were invited to participate in the workshop [28,31]. An Elder on the Advisory Committee extended an invitation to other Elders to attend the workshop. The role Elders were to play in the workshop was deliberately flexible to respectfully allow them to determine their engagement. They were asked to be present: to attend and observe the workshop, to be there as knowledge keepers, to guide and support the gathering including opening the workshop in a good way through ceremony, and to build relationships with the youth participants in whatever ways they felt appropriate. Five Elders from the various groups of Indigenous Peoples (that is, members of NunatuKavut, Nunatsiavut, and Innu Nation) in Labrador responded to the invitation, and all 5 attended the extended weekend workshop, with one Elder leaving for part of one day due to childcare responsibilities, and one Elder arriving late one morning due to poor weather conditions. Each Elder received an honorarium of \$125/day for participation, in keeping with community norms. On the first evening of the workshop, we held a welcoming circle and an Elder opened the workshop through ceremony, lighting the Kudlik, a traditional Inuit oil-burning lamp carved from stone. During the opening circle, introductions were made between youth, Elders, the film facilitators, HIV educator, and the first author, and expectations and plans for the workshop were discussed. The youth were split into two groups based on age (i.e. high school-aged youth and middle school-aged youth) to attend a sexual

health presentation or the introduction to filmmaking presentation (the youth attended the other presentation on the second day of the workshop).

During the first evening of the workshop, one of the Elders approached the first author after seeing a group of youth learning about filmmaking and indicated that the Elders were interested in making a film as well. The same Elder approached the first author after seeing a group of youth attend the education session with the Indigenous educator and indicated that the Elders were also interested in having their own educational session. We accommodated the Elders' requests, and they participated in an HIV education session specifically for them and they made their own film. In addition to discussions about filmmaking, sexual health, relationships, and STBBIs, through the workshop Elders also discussed related topics, such as alcohol and drug use.

The Elders chose the topic of their film through discussions with each other. They directed its creation, did preliminary editing, and made an editing plan for the final edits on their film. Additionally, they involved one of the youth in their film. This youth took the role of the interviewer, asking what the Elders learned about sexual health when they were growing up, what they learned about sexual health and HIV through our workshop, and why they thought it was important for the Elders to be part of youth education. This resulted in the creation of the 6.5-minute Elders' film, "Condom in Grandma's Bag".

Data collection and analysis

Approximately two weeks after the workshop, the five Elders were invited to be interviewed about their experiences at the workshop, and all but one of the Elders were interviewed. Two of the Elders chose to be interviewed together; the other two Elders were interviewed individually. The semi-structured interview guide explored their experiences at the workshop and covered topics including how they came to participate in the workshop, their expectations about the workshop, their film, what they learned about filmmaking, and strategies for engaging youth and Elders together. The interviews ranged in length from 30 to 90 minutes and were digitally recorded and transcribed in full. Content analysis was used to identify themes emerging from the interview transcripts and the Elders' film, whereby the transcripts were "read word by word to derive codes", re-read to generate an initial analysis, and codes were grouped and sorted into emergent categories/themes and subthemes based on how they are related to each other [42, 1279]. Conventional content analysis was chosen as an analysis strategy to stay

as close to the words and thoughts of the participants as possible and is in line with Braun and Clarke's [43] approach to thematic analysis. Although the Elders were offered opportunities to review and revise transcripts of their interviews as a form of member checking, none requested to participate in this process. As a result, to enhance rigour or trustworthiness, the findings were member checked orally during subsequent trips to the community through dialogue about emerging themes and findings with the participants (e.g. at the community film debut) and through presentations to the participants and partners, as well as to other community members [44]. Research findings were also subject to peer examination as they were reviewed and commentary was provided by the first author's doctoral committee (of which the second author was a member). The findings were also discussed with experts in this field and presented in conference settings to academics and knowledge users with expertise in this area. Additional strategies used to enhance rigour in the research process included keeping an audit trail of all research-related decision making, prolonged engagement and persistent observation within the CBR process, and providing a rich description of the research context [44,45]. Journaling was also used by the first author to increase reflexivity and involved reflecting on themes related to being a non-Indigenous woman and outsider to the community who had been invited to engage in research with Indigenous communities, the relationships that developed through the research process, considerations for decolonising approaches to research and health education, and implications for data analysis and knowledge translation.

Results

Two female and three male Elders, who were over the age of 60 years and self-identified as Innu or Inuit from the three distinct cultural groups of Indigenous Peoples living in Labrador (members of NunatuKavut, Nunatsiavut, and Innu Nation), participated in the workshop, and four (all but one female Elder) participated in interviews. Overall, the Elders described engaging in this arts-based HIV education workshop for Indigenous youth to be "comfortable", a word that was used repeatedly to describe the experience. While some Elders expressed initial hesitation about participating in the workshop, they all also described several factors that led to their comfortable engagement in participatory filmmaking and HIV education. Key themes, including the initial hesitation, being "comfortable", and the factors within the participatory filmmaking process that allowed them to co-create a comfortable environment (feeling like they had control

over the process, the involvement of youth, peer-based dialogue, presence of traditional items, and an Indigenous educator), will be described in the following sections.

Initial hesitation

The Elders said they did not come to the workshop with the intention of making a film or partaking in a sexual health and HIV education session. In fact, the Elders expressed some initial hesitation to participate because of their lack of experience making films, their unfamiliarity with this type of workshop, and the involvement of outsiders to the community in the workshop. One Elder identified his hesitation as being related to making films, something he had never done before:

I was a bit worried ... I have never been involved in films like this before ... but I did feel that there wouldn't be a problem. We went at it. We just started going and planned what we were going to do.

Another Elder had some reservations, but overcame them because of the presence of young people:

I didn't know exactly what [it would be like] because I didn't go to a workshop on HIV/AIDS before ... so I didn't really know what to expect – but I was looking forward to working with the [youth].

A third Elder expressed some hesitation resulting from the involvement of those from outside the community. He stated:

Because you were involving these people from [film organization], I didn't know what to expect. But I was really, really – I hate to say the word “pleased” because it is so ... there has got to be a better word than that – but it was easy, easy flow, I think, a good interaction.

Although the Elders identified some initial hesitation to participation, they also all stated that once they arrived and the workshop began, they found the workshop to be a very positive experience.

Developing “comfortable” engagement

Through their interviews, the Elders described how the workshop, including the education session and participatory filmmaking, allowed them to co-create an environment in which they were “comfortable” participating. Factors that made their participation comfortable included: (1) feeling ownership and control over their participation and engagement, (2) working with youth, (3) sharing with peers in dialogue, (4) connecting to traditional items, and (5) working with an Indigenous sexual health and HIV/AIDS educator.

Comfortable because the Elders felt like they had ownership/control

Requesting to engage in the filmmaking and HIV education session, the Elders became the directors of their own participation and collaboration in the workshop. The Elders did some gentle teaching through this process: as one Elder reflected during the interviews, “Just inviting [Elders] to come watch is not the same as doing something with them. Do something with them!”

Elders described the workshop discussion and filmmaking processes as being very “natural”, as they were free to explore any topics related to health and sexual health. An Elder said:

I don't think there was any planning, just a natural [flow], people started talking about things they were interested in and wanting to explore ... I think it was a natural evolution. There was no plan, there was no script, nothing like that. It was just a good dialogue.

This Elder is describing the comfort that was developed through the participatory filmmaking process, which allowed the Elders to talk openly about sexual health with their peers, youth, and on camera. This comfortable environment allowed Elders to share and learn about sexual health promotion and HIV prevention.

Comfortable because the Elders were working with youth

The Elders discussed how working with community youth, even youth they did not know, helped them feel comfortable and engage in the workshop. For instance, one Elder described feeling comfortable because a youth was interviewing the Elders in their film. He felt that this put the Elders at ease. He also felt very strongly about this youth/Elder interaction, stating that this process should be made note of for future workshops. He stated:

Because of the age of the camera operator, and just the rapport that people had with him, just natural ... I never thought about being in front of the camera, the lens, stuff like that. I just talked to the people at the table and it was an easy thing to do. I think there may be lessons to learn from the way that the interview was conducted and by who and things like that.

Another Elder expressed a similar sentiment:

When the Elders talked, ... they didn't pay any attention to the camera and one of the good things, I thought anyway, which made it relaxing ... was the young boy operating the camera. He was only about 10 or 11. He is a real nice boy, everybody liked him.

The Elders felt comfortable talking with the youth about sexual health and HIV prevention. They also described feeling at ease with a youth taking on the “interviewer” role in their film. They felt that making

a film together allowed them to be open and include youth in their discussion about sexual health. The Elders also described feeling that they built relationships with youth through this participatory filmmaking workshop.

Comfortable because the Elders were sharing with peers in a dialogic format

In addition to the comfort created by the Elders and youth working together, the Elders also identified feeling comfortable participating in the workshop because they were speaking with their peers. For instance, one Elder stated that her comfortable engagement developed partly because she was sharing her knowledge about sexual health and HIV with her peers and learning from them in return in a way that was true to Indigenous ways of knowing and doing:

Yeah, we were just comfortable. We just relaxed and we talked and we laughed and laughed about our own things, how we felt about what we saw or heard, because we weren't shown, we just heard about it ... you can see in the film that we were relaxed. There was no prompting.

This Elder is describing how comfort developed for her when sharing with her peers in a dialogic format. She described having limited knowledge about sexual health when she was growing up and how through the discussions with the other Elders while they were making their film, she learned that they too had limited knowledge about sexual health growing up. They discovered that although they grew up in different communities and in different cultures, they were told similar stories about where babies came from ("rotten stumps"), had similar understandings and concerns about the transmission of STBBIs, and had similar concerns about their lack of sexual health knowledge resulting in an inability to educate the next generation (i.e. their children) about sexual health. The process of participatory filmmaking facilitated these discussions regarding sexual health and the discovery of the similarity in their experiences. This dialogue with their peers contributed to their comfortable engagement in the workshop.

Comfortable because of the presence of traditional items

Elders also discussed how having traditional items surrounding them (such as traditional clothing, furs, & a sealskin whip), and sharing stories about them and their roles in their cultures helped them to feel comfortable at the workshop. One Elder indicated she felt comfortable participating partly due to the traditional items that were in their film and surrounded them

during their discussions. She felt these items created comfort as the Elders could connect with the youth by teaching the youth about the items and their culture:

Interviewer [follow-up prompt]: What else made it "comfortable"?

Elder 1: The crafts and that which we are used to seeing and which we were used to, which [participant's name] talked about. His things, and whatever we brought [to share].

Elder 2: I brought the whip [Sealskin whip traditionally used for dogsledding]

Elder 1: Yeah, so these things are familiar to us and we could tell the youth about them.

The Elders felt that sharing with the youth about their traditional cultural items allowed them to connect with the youth as knowledge keepers. They also felt comforted by the presence of these items at the workshop and featured many of these items in their film.

Comfortable sharing and learning with an indigenous educator

One of the Elders suggested they were particularly interested in the educational session because the educator was Indigenous:

[The Elders'] interest was sparked, one of the things about [the educator], she is Native too ... which made it easier for the Elders to connect with her ... better than having some white nurse there, or doctor.

Thus, having someone with a similar cultural background made it more comfortable for the Elders to speak about potentially sensitive sexual health topics.

In summary, the comfortable engagement allowed the Elders to fully participate in the workshop activities with the youth. Through the process of participatory filmmaking, the Elders discussed feeling comfortable talking about HIV prevention, sexual health, sexual relationships, alcohol and other drug use with each other and with the youth. They also described feeling comfortable with the technology and being on camera.

Limitations

There are several limitations of this study. The findings of this study are highly community specific, as the development of the workshop and the aspects of the workshop were led by research participants and community members. The Elders who participated in this study were recruited by one Elder on the Indigenous HIV education project's Advisory Committee, and while they were from all of the cultural groups in the region,

they all resided in neighbouring communities at the time of the workshop. The Elders in this study were very positive about using filmmaking in this context; however, this does not mean that Elders in other contexts would find participatory filmmaking a positive experience. Additionally, the duration of the workshop was relatively short, and the Elders were interviewed only once – two weeks after the workshop. Their perspectives and opinions may have shifted over time. However, 4 of the 5 Elders continued to engage in the project, as they participated in the community debut of the films, which occurred approximately 2 months after the workshop. The community response at the film screenings was very positive; many people commented on how good it was to see their Elders engaging in these discussions.

Discussion

To our knowledge, this is the first study to look at the experiences of Elders at a participatory filmmaking and sexual health and HIV/AIDS education workshop for Indigenous youth. Overall, the findings suggest that participatory filmmaking is an engaging and acceptable way for Elders to participate in sexual health and HIV/AIDS education with Indigenous youth, and that it provides an opportunity for decolonisation of research and a space where cultural knowledge may be shared and reclaimed.

Comfortable engagement – a decolonising strategy

Elders found that the context and process of the participatory filmmaking workshop allowed them to co-create an environment in which they were “comfortable” engaging fully in the filmmaking and sexual health and HIV/AIDS education session, in a dialogue on these topics with their peers, and in an intergenerational dialogue. This is a significant finding as the history of research done *on* Indigenous people, with or without appropriate consent, has resulted in many Indigenous people (including in Labrador) being sceptical and wary of research and outside researchers coming into their communities [46,47]. Comfortable engagement in this community-based research process is part of, and indicative of, a decolonising approach, which prioritises the sharing of power and decision-making, and traditional cultural practices [18,34,38,39].

The Elders identified several factors as contributing to their comfortable engagement in the workshop. These factors include having ownership/control of their experience, working with youth, sharing with peers in a way that was dialogic and culturally

grounded, presence of traditional items, and sharing and learning with the Indigenous sexual health and HIV/AIDS educator. Many of the factors the Elders identified are similar to the “wise practices” recommended for HIV/AIDS prevention with Indigenous youth. For instance, Ricci and colleagues [35] identify peer-based, culturally sensitive and decolonising approaches, addressing the impacts of colonisation, and arts-based approaches as the best ways of engaging in HIV/AIDS prevention with Indigenous youth.

One of the key factors identified by the Elders as contributing to their “comfortable” engagement was that they felt like they had control over their participation in the workshop: they asked to participate in the sexual health and HIV/AIDS education session with the Indigenous educator, they identified an interest in making their own film, and they felt like they had control throughout the process of filmmaking. These findings suggest that the workshop succeeded in engaging them in a way in which they could fully participate regardless of their level of knowledge of filmmaking. It also suggests that the semi-structured and flexible process of participatory filmmaking was successful as a decolonising approach, as the Elders felt they had control over their experiences. Additionally, the Elders felt empowered by the process of the participatory filmmaking and sexual health and HIV/AIDS education workshop as they were able to share their experiences in a group setting and in a culturally grounded dialogic format that affirmed the commonality of experiences and their understandings, and in which they had knowledge to share about traditional cultural items. This finding is in line with Flicker and colleagues’ [34, 28] sentiment that “decolonizing arts-based initiatives have as their goal the empowerment and affirmation of the participant”. Likewise, Castleden and colleagues [48] found that participants in their arts-based study felt that they had ownership over their creations and participation. This finding is an important indicator of doing research “in a good way”, as there is a long, troubling history of doing research *on* Indigenous communities and people to the benefits of colonial powers [2,47,49].

The Elders also found the workshop to be a “comfortable” space to talk about sexual health with their peers, with the HIV/AIDS educator, and with the youth. The process of participatory filmmaking facilitated the comfortable engagement of Elders within the context of educating youth regarding sexual health. The feelings of comfort expressed by the Elders regarding engaging with the youth in this setting may be in part due to their desire to connect with the younger generations in their traditional roles as knowledge keepers and educators. This is a significant finding as there

is a call for Elders to participate in sexual health and HIV/AIDS prevention programming for Indigenous youth. This call comes from youth themselves; yet there is very little guidance available as to how to engage youth and Elders in sexual health and HIV/AIDS education or other health promotion initiatives [25,28]. Additionally, this finding is significant as Hampton and colleagues [3] reported in a study of Elders' views on youth sexual health education that Elders found talking about matters of sexual health to be very difficult. However, our findings suggest that participatory filmmaking is a comfortable way to engage Elders in topics of sexual health and HIV/AIDS prevention. Beyond their comfortable engagement and full participation in the workshop, the Elders demonstrated feeling empowered by this participatory filmmaking and sexual health education workshop. Not only did they describe feeling ownership and control over their participation, identify learning needs around sexual health, and learn how to make a film, they also described (re)claiming traditional roles as educators through making their film and engaging with the youth about traditional understandings and items, as well as providing a counter-narrative through their film.

Overall, the findings from this study demonstrate that this participatory filmmaking and sexual health and HIV/AIDS education workshop was an acceptable way to engage Elders in sexual health promotion with Indigenous youth. These findings also offer support to the claims that participatory arts-based approaches can be decolonising and culturally appropriate ways to engage in education and research with Indigenous communities. Further research exploring what the Elders learned and how Elders and youth interacted and built relationships at the workshop is forthcoming.

Few sexual health and HIV/AIDS education and prevention initiatives have included youth and Elders working together, and even fewer have used arts-based strategies [25,26,28,29,30]. The findings of this study suggest that through the process of participatory filmmaking, Elders may be comfortably engaged in sexual health promotion and HIV prevention with their peers and with youth, regarding topics which may be seen as sensitive and taboo. Additionally, they may be empowered through their participation in such a workshop. Further, these findings suggest that participatory filmmaking can be a culturally appropriate, decolonising, and engaging strategy for involving Elders in sexual health promotion with Indigenous youth. The findings also suggest that involving Elders in sexual health and HIV/AIDS prevention programming for youth can be a very positive experience; the Elders suggest that health promotion planners "take note" of

the comfortable environment that can be created by involving Elders and youth in sexual health promotion activities and "do something with them!" Overall, this research contributes both to the emerging dialogue on the evaluation of arts-based sexual health promotion and HIV/AIDS education and prevention in Canada. This study also offers guidance to sexual health and HIV/AIDS educators, policy makers, and communities for developing practical resources for engaging Indigenous youth and Elders in health promotion.

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