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GENDER MATTERS

FOR NATIVE YOUTH

AN ADAPTATION MANUAL



EngenderHealth
for a better life



GENDER MATTERS
FOR NATIVE YOUTH:
AN ADAPTATION MANUAL

By Mandy Colbert, Nicole Trevino, and Jenifer DeAtley



EngenderHealth
for a better life

About EngenderHealth

EngenderHealth is a leading global women's health organization committed to the belief that reproductive health is a human right and that access to reproductive health services is vital for women and girls to reach their full potential. We train health care professionals and partner with governments and communities to make high-quality sexual and reproductive health services available—today and for generations to come. To learn more about EngenderHealth, visit engenderhealth.org.

About U.S. Programs

EngenderHealth's U.S. Programs Country Office develops innovative, science-based programs and curricula to improve sexual and reproductive health outcomes for young people and delivers capacity-building training and technical assistance to youth-serving organizations and providers. We are committed to developing and supporting programs that engage young people as experts in their own lives and empower them to choose the life they want to live.

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EngenderHealth
440 Ninth Avenue, 12th Floor
New York, NY, 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067

E-mail: info@engenderhealth.org
Web: engenderhealth.org

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CONTENTS

ACKNOWLEDGMENTS

V

INTRODUCTION TO THE ADAPTATION MANUAL

Opening Letter	1
Gender Matters Program Overview	2
How the Manual Was Developed	2
How to Use the Adaptation Manual	4
How the Manual Is Organized	5
Appendix Overview	6

ADOLESCENT SEXUAL HEALTH AND GENDER FOR NATIVE POPULATIONS

8

Sexual Health	9
Gender	12

FORMING YOUR ADAPTATION OF GENDER MATTERS

18

Planning a Gender Matters Native Adaptation and Implementation	19
Convening an Advisory Group	21
Building Community Support	23
Incorporating Culturally Relevant Adaptations	26
Training Educators and Implementing the Program	33
Process and Outcome Evaluation	35

CROSS-DIMENSIONAL OPPORTUNITIES FOR IMPLEMENTING GENDER MATTERS IN NATIVE COMMUNITIES **38**

Incorporating Supplemental Health Lessons	39
Utilizing a Trauma-Informed Approach	40
Connecting Youth to Community Resources, Services, and Supports.....	42

GLOSSARY **44**

APPENDIX **48**

Appendix 1: Potential Adaptations	49
Appendix 2: Conducting Formative Research	57
Appendix 3: Supplemental Research and Resources	59

REFERENCES **66**

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Advisors, Reviewers, and Key Informants

Alaska

Cornelia Jessen
Taija Revels

North Dakota

Hannabah Blue
Zachary Packineau

Arizona

Gwenda Gorman
Travis Lane

Oklahoma

Tommy Chesbro
Ashlyn Newcomb

Colorado

Rachael Carlevale
Carol Kaufman

Oregon

Amanda Gaston
Jessica Leston
Stephanie Craig
Rushing
Melanie Thomas

Georgia

Lori de Ravello

Michigan

Lisa Abramson
Joshua Hudson

South Dakota

DenYelle Kenyon

Minnesota

Anna Goldtooth
Migdalia Loyola
Melendez

Washington, DC

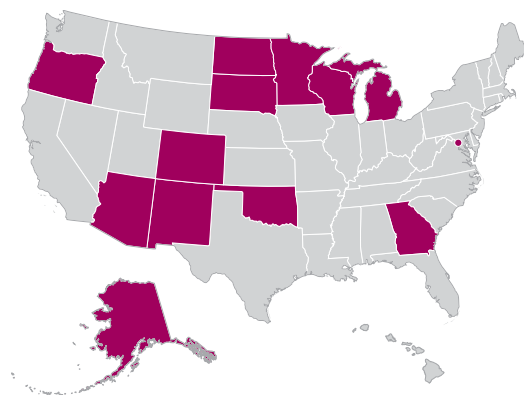
Robert Foley

Wisconsin

Elizabeth Sedgwick

New Mexico

Ayn Whyte



Advisors

Hannabah Blue

Hannabah Blue is Diné (Navajo), originally from Kirtland, New Mexico. She currently serves as the Public Health Services Project Manager at the American Indian Public Health Resource Center, based at North Dakota State University. Ms. Blue has a breadth of experience working on race and social justice issues in health, particularly those affecting queer people of color and Native and indigenous communities. She was a capacity building assistance specialist at the National Native American AIDS Prevention Center, where she coordinated technical assistance and HIV prevention interventions targeting Native women for over three years.

Ms. Blue has an undergraduate degree in broadcast journalism and in gender and sexuality studies from New York University and a Maternal and Child Health Graduate Certificate focusing on Native women through the University of Arizona. She earned a Master of Science degree from the Department of Social and Behavioral Sciences at the Harvard School of Public Health, with concentrations in women, gender, and maternal and child health.

Tommy Chesbro

Tommy Chesbro is triracial, being of Cherokee, Lumbee, African American, and European heritage. He has a Master's Degree in Human Relations from the University of Oklahoma and is the owner of Chesbro Consulting, LLC. Current and past contracts have been funded through the Indian Health Service, the Office of Minority Health Resource Center, the Family and Youth Services Bureau, and private philanthropy.

Mr. Chesbro is an adjunct instructor at Tulsa Community College and Langston University. He is a past Vice President of Education and Professional Training for Planned Parenthood of Arkansas and Eastern Oklahoma. Mr. Chesbro serves on the board of directors for the National Minority AIDS Council and the National Association of People with AIDS. He is a member and past co-chair of the Racial and Ethnic Populations Advisory Committee for the National Institutes of Health's Office of AIDS Research and serves as a consultant to the Indian Health Service on issues related to HIV and AIDS.

Robert Foley

Robert Foley, M.Ed., is currently the Chief Program Officer with the National Indian Health Board. There, he oversees programs providing technical assistance, training, resource brokering, and information dissemination services on methamphetamine, suicide, and HIV prevention, as well as tribal public health accreditation. He also helps to oversee the policy portfolio, working directly with federal partners on legislation and regulatory policies impacting Indian Country.

Previously, Mr. Foley worked with the National Native American AIDS Prevention Center (NNAAPC), where he managed programs delivering technical assistance and training to Native communities combating HIV. Mr. Foley also worked as a training specialist with the National Network of Prevention Training Centers, where he worked within a 16-state region to deliver trainings on evidence-based prevention of HIV and other sexually transmitted infections. Earlier, he was a research assistant with the Tri-Ethnic Center for Prevention Research at Colorado State University, where he examined substance use and domestic violence prevention in rural, ethnic, and tribal communities.

Cornelia Jessen

Cornelia “Connie” Jessen is Senior Program Manager for the Alaska Native Tribal Health Consortium (ANTHC), a tribal health organization that provides specialty medical care, community health services, construction of clean water and sanitation facilities, and a broad range of health system support programs to 130,000 Native people from 231 federally recognized tribes in Alaska.

Ms. Jessen manages the HIV/STD Prevention Program with a focus on adolescent sexual health and STI/HIV prevention through resources like the youth wellness website iknowmine.org, the at-home STI testing service I Want the Kit (www.iwantthekit.org), and community-based participatory research projects to develop, adapt, and evaluate sexual health interventions for Native youth. Ms. Jessen received a bachelor’s degree in anthropology and a master’s in applied anthropology from the University of Alaska Anchorage.

Reviewers

Joshua Hudson

Joshua Hudson is Bay Mills Ojibwe from northern Michigan and serves as the Program Manager for the National Native Network at the Inter-Tribal Council of Michigan, Inc. He is also a cofounder of the Saginaw Chippewa Indian Tribe’s Two Spirit/Straight Alliance and is the former coadvisor for the Mt. Pleasant Youth for Social Justice.

Ashlyn Newcomb

Ashlyn Newcomb is a member of the Cherokee Nation of Oklahoma and is working on her psychology degree from Oklahoma State University. Ms. Newcomb has previously worked with the National Institute for Drug Abuse and the Substance Abuse and Mental Health Services Administration, doing research with Native populations.

Elizabeth Sedgwick

Elizabeth Sedgwick, DNP, AC-PNP, serves as a certified pediatric nurse practitioner at the Gerald L. Ignace Indian Health Center in Wisconsin. Dr. Sedgwick previously worked on the Fort Peck Reservation in Montana, providing health care services to both Native women and youth.

Melanie Thomas

Melanie Thomas, RN, has more than 10 years of experience working in public and community health, including family planning, women's health, adolescent health and STI/HIV prevention. She currently serves as a registered nurse on the Burns Paiute Reservation in Oregon.

Key Informants

- Rachael Carlevale, The Responsible Sex Education Institute, Planned Parenthood of the Rocky Mountains, Durango, CO
- Ayn Whyte, Albuquerque Area Indian Health Board, Inc., Albuquerque, NM
- Migdalia Loyola Melendez, Planned Parenthood of Minnesota, North Dakota and South Dakota, Duluth, MN
- Anna Goldtooth, Planned Parenthood of Minnesota, North Dakota and South Dakota, Duluth, MN
- Amanda Gaston, Northwest Portland Area Indian Health Board, Portland, OR
- Stephanie Craig Rushing, Northwest Portland Area Indian Health Board, Portland, OR
- Jessica Leston, Northwest Portland Area Indian Health Board, Portland, OR
- Carol Kaufman, University of Colorado, Denver
- Lori de Ravello, Centers for Disease Control and Prevention, Atlanta
- DenYelle Kenyon, Sanford Health, Sioux Falls, SD
- Taija Revels, Alaska Native Tribal Health Consortium, Anchorage, AK
- Gwenda Gorman, Intertribal Council of Arizona, Inc., Phoenix, AZ
- Travis Lane, Intertribal Council of Arizona, Inc., Phoenix, AZ
- Lisa Abramson, Intertribal Council of Michigan, Sault Ste. Marie, MI
- Zachary Packineau, Planned Parenthood of Minnesota, North Dakota and South Dakota, Fargo, ND
- Site visits
 - Oklahoma
 - South Dakota



SECTION 1

INTRODUCTION TO THE ADAPTATION MANUAL

INTRODUCTION TO THE ADAPTATION MANUAL

Opening Letter

Thank you for your interest in *Gender Matters for Native Youth: An Adaptation Manual*. We hope that this manual provides you with useful information and resources in adapting and implementing Gender Matters for use with Native youth. We have engaged communities, organizations, and individuals all over the country to incorporate and build upon their collective lessons learned, best practices, and wisdom. In doing so, we also identified many of the common challenges faced by those aiming to implement sexual health programming with Native youth. Some of these challenges include bridging the values and cultural practices of Native communities with the common practices in the adolescent sexual health field and developing cultural competence to adequately implement programming.

We recognize that different people and organizations have different needs. As such, we aimed to create a manual that will facilitate the thoughtful planning, implementation, and adaptation of the Gender Matters curriculum that is tailored and customized by each community that uses it. We wanted to allow for each community that uses the manual to fold in and honor their traditions, values, stories, and insights in delivering Gender Matters to their young people, rather than prescribe specific adaptations. We hope that this manual honors the traditions of the generations that have come before us, as well as meeting the needs and strengths of generations to come.

We are thankful to our advisory committee members, our review committee members, youth reviewers, our many partners who offered perspectives and lessons learned from their communities, and the organizations that graciously allowed us to come on-site and learn more about the needs and strengths of their communities. Your collective wisdom, thoughts, and input have helped make this manual reflective of those you serve.

We hope that this manual serves you with the care and respect that was put into it. Happy implementing!

Sincerely,

Mandy, Nicole, and Jenifer
EngenderHealth U.S. Programs

Gender Matters Program Overview

Gender Matters is a comprehensive sexual health education program designed for youth ages 14–18. The goal of Gender Matters is to decrease rates of unintended pregnancy, sexually transmitted infections (STIs), including HIV, and gender-based violence among teens by exploring healthy relationships and how inequitable and unhealthy gender norms affect adolescent sexual decision making. Gender Matters uses a gender-transformative approach to raise awareness about harmful gender norms, engage youth in questioning the costs of adhering to these norms, and guide them in redefining these norms into healthier, more equitable ones. Gender is an important theme that runs through all Gender Matters activities and is a key element of the program's theory of change.

The development, implementation, and evaluation of the Gender Matters program was funded by the Department of Health and Human Services, Office of Adolescent Health (2010–2016). The program was originally tested with a group of adolescents residing in Austin, Texas, from 2010 to 2015 and has since been adapted and replicated with additional communities and populations throughout the United States and in West Africa.

More information on the Gender Matters program is available in the *Program Implementation and Adaptation Manual* and the *Program Evaluation Compendium*.

How the Manual Was Developed

In early 2015, EngenderHealth's U.S. Programs Office received a grant from a private donor to create an adaptation manual for Gender Matters specifically for Native youth. Although EngenderHealth has worked with youth all over the world, we cannot claim expertise on any one youth population. To best understand the strengths and needs of Native youth, we conducted a thorough process of engaging experts in Native health programming and Native communities to create *Gender Matters for Native Youth: An Adaptation Manual*.

Throughout this manual, we will refer to American Indian/Alaska Native people by using the term Native. This is meant to encompass all Native people, tribes, and communities throughout the United States.

This manual is intended to be relevant for use by groups that desire to build their understanding and cultural relevance in serving Native youth, as well as by Native communities that would like to incorporate the use of a science-based, evidence-informed curriculum into their services, with adaptations specific to the needs of their youth.

The process of developing this manual included completing an in-depth literature review, conducting interviews with key informants, visiting with Native communities and Native-serving organizations, and convening an advisory committee and a review committee. This process allowed us to gather a variety of information and perspectives on the needs of Native youth and Native communities, to ensure that this manual would have an intertribal approach and would meet the specific needs of communities across the country.

There are currently very few sexual health programs or guidelines available specifically for Native youth. *Gender Matters for Native Youth: An Adaptation Manual* will contribute a new and much-needed resource to existing options in sexual health education curricula specifically for Native youth. More detail is provided below on the steps taken to develop this resource, lessons learned, and how these steps were incorporated into the development of the manual:

1. **Literature Review and Research**—EngenderHealth staff conducted a thorough literature review on the sexual health disparities, needs, attitudes, and behaviors of Native youth populations. The literature underscored the need for comprehensive sexual health and gender-focused education for Native youth. Gender Matters focuses on developing healthy and equitable relationships and challenging gender norms; this places it in a unique position to help Native youth learn ways to redefine unhealthy gender norms, prevent pregnancy, and develop healthy relationships.
2. **Key Informant Interviews**—EngenderHealth interviewed more than 20 professionals who have developed, adapted, and implemented health education curricula for Native youth, as well as leaders from Native communities. The lessons learned during these interviews were used to customize the adaptation manual to meet the diverse needs of Native youth and communities throughout the country.
3. **Advisory Committee and Panel Review Committee**—EngenderHealth staff convened a robust advisory committee and review panel, each made up of four individuals located throughout the United States with direct experience working with Native youth in health education or health care. Advisory committee and review committee members served a vital purpose in researching and guiding the appropriate cultural adaptations available in the manual.
4. **Site Visits**—EngenderHealth staff met with Native youth and families in southern Oklahoma to learn more about their needs and interest in youth sexual health programming. EngenderHealth staff also met with staff from Mama Knows, Inc., in Oklahoma, who provide talking retreats for Native mothers and daughters, as well as with health educators, program developers, and researchers from Sanford Health in South Dakota, who provide sexual health programs for Native youth. These visits helped us gain perspective from the community, service providers, and researchers on how to meet the needs of Native youth, engage communities, and develop programming that is culturally sensitive.

Throughout the process of developing this manual, EngenderHealth staff engaged a representative mix of people and organizations in communities across the country to increase our knowledge and understanding of the variety of cultures, needs, and strengths in Native communities. The information gathered through this process was instrumental in informing and developing the manual. Our hope is that this manual reflects these efforts and encourages others to engage in similar processes to better understand the youth and communities they work with.

How to Use the Adaptation Manual

The goal of *Gender Matters for Native Youth: An Adaptation Manual* is to provide support and guidance for program adaptations that align with traditional and contemporary culture, values, teachings, and experiences in various Native communities. By tailoring the curriculum to specific local communities, implementing organizations will better reflect the unique life experiences of the community's youth, provide culturally relevant programming, and address social determinants of health specific to the youth they serve.

Research has shown that Native youth who have a positive Native identity and a sense of belonging to the community have better sexual health outcomes than youth who identify less with their cultural background (UIHI, 2009). Therefore, appropriately integrating Native traditions and culture into programming is an important element for ensuring positive health outcomes for Native youth populations throughout the country. This manual discusses how to identify community needs and incorporate cultural materials, such as tribal stories or history, to teach important concepts.

Throughout the manual, you will find detailed descriptions for identifying and incorporating cultural aspects into an implementation of Gender Matters, as well as diagrams, call-out boxes, and other more graphically represented information. Several sections end with a “Questions to Consider” box that provides additional guidance on the topic discussed. These tools are meant to assist organizations in implementing and adapting Gender Matters by allowing them to review the manual more quickly in sections where they have more familiarity and more thoroughly in sections where they require more support and information. This approach also supports the two audiences mentioned in the previous section:

- Native communities seeking to implement Gender Matters within their own communities and/or schools to more effectively serve youth
- Organizations that are seeking to implement Gender Matters with Native youth and want to improve their cultural awareness to more effectively serve youth

It is important to note that culture is not exclusively defined by race and ethnicity but also includes various intersecting identities based on interests, generational differences, gender identity, sexual orientation, religion, family values, environmental factors, and so on. Throughout this manual, you will be encouraged to engage youth and community leaders where you hope to implement Gender Matters, to tailor the program to meet the needs and interests of the youth being served. This process will allow for a more thorough understanding of the community culture and values, which will enhance your ability to select adaptations that best meet their needs.

It is critical to go through this process for every community you serve, even if the tribal groups represented in those communities are the same and/or you are a member of that community or tribal group. By doing so, you will ensure that your cultural adaptations are based not on assumptions or generalizations about the communities, but on what the community has identified as important and essential for promoting and maintaining the well-being of youth.

How the Manual Is Organized

Section Overviews

Introduction to *Gender Matters for Native Youth: An Adaptation Manual*

This section provides an introduction to the manual, how it was developed, and how to navigate each section.

Adolescent Sexual Health and Gender for Native Populations

This section provides an overview of social and cultural factors that impact sexual health and gender for Native youth populations, including findings from research and the literature review conducted as part of the process for developing *Gender Matters for Native Youth: An Adaptation Manual*.

Forming Your Adaptation of Gender Matters

In this section, you will find recommendations for the various steps of preparing an implementation of Gender Matters in Native communities, including conducting the planning process, engaging the community, deciding which adaptations to include in your implementation, training facilitators, implementing the program, and evaluating your implementation.

Cross-Dimensional Opportunities for Implementing Gender Matters in Native Communities

This section focuses on the intersectionality in the lives of Native youth and communities and proposes considerations for applying holistic and trauma-informed approaches that support youth's physical, emotional, and social needs in a culturally sensitive manner.

Appendix Overview

Appendix 1: Potential Adaptations

Appendix 1 covers what types of adaptations are allowable for Gender Matters, issues to consider with particular adaptation options, and examples of adaptations that build cultural proficiency and relevance into your programming. The Advisory Committee and Review Panel provided some sample adaptations listed in this appendix. These examples are meant to serve as options and suggestions within each activity of the curriculum, but they are by no means required. Understanding the Native communities with which you are working will be the most valuable tool in selecting adaptations that fit each group's specific cultural practices, identity, and needs.

Appendix 2: Conducting Formative Research

Appendix 2 provides a more thorough overview of how to conduct formative research within Native communities. Although it is not a full resource for planning and conducting formative research, it provides some helpful tips and an overview of the process. Additional information on program evaluation research can be found in the *Gender Matters Program Evaluation Compendium*, available to those communities replicating Gender Matters.

Appendix 3: Supplemental Research and Resources

Appendix 3 highlights additional resources that may assist you in learning more about the communities with which you are working, in understanding sexual health in Native populations, and in gaining support for implementing programs in Native communities.



SECTION 2

ADOLESCENT SEXUAL HEALTH AND GENDER FOR NATIVE POPULATIONS

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ADOLESCENT SEXUAL HEALTH AND GENDER FOR NATIVE POPULATIONS

Sexual Health

Youth from all races and ethnicities engage in risky sexual behavior; however, rates of teen pregnancy, STIs, and sexual assault are disproportionately higher among Native teens and young adults. Many issues contribute to these poor health outcomes for Native youth, including numerous overlapping environmental factors (De Ravello, Tulloch, & Taylor, 2012).

Many Native peoples and communities experience social and economic problems similar to those of other groups who have experienced long-term bias and discrimination. Decades of discriminatory policies were created with the intention to decrease, displace, and diminish Native people (Dickey, Tafoya, & Wirth, 2003). Some examples of these policies (Adams, 1995; Dickey, Tafoya, & Wirth, 2003) include:

- The forced relocation of whole Native communities onto isolated lands or reservations, with often limited economic opportunity, barren and unfertile soil, a lack of connection with traditional lands, and limited access to resources
- The removal of children from their families and communities and placement of them in government- or church-operated boarding schools where practicing cultural traditions and speaking Native languages were often prohibited and resulted in abuse
- Child welfare policies and programs that “legally” (under the auspices of Western law) took Native children from extended families and placed them in non-Native homes

The Western colonization that forced the widespread displacement of Native communities across the country has largely resulted in the many poor health outcomes experienced by Native communities today. The physical, psychological, emotional, and spiritual loss from this mistreatment has been defined as “historical trauma” (Whitbeck et al., 2004; Brave Heart et al., 2011; Sotero, 2006).

Historical trauma is the theory that some communities experience negative health symptoms, including mental health issues, posttraumatic stress, substance dependence, familial dysfunction, spread of disease, violence, and unemployment as a result of cross-generational transmission of trauma from historical losses, including the loss of land, culture, and people. Historical trauma can have a vast impact on generations of communities and may explain aspects of the higher rates of unplanned pregnancy, STIs, and sexual assault among Native youth.

Unplanned pregnancy

While teen birthrates have been dropping across the United States overall, Native youth have experienced a lower percentage decrease than all other racial and ethnic groups (Martin et al., 2013). In 2012, the Native teen birthrate of 34.9 births per 1,000 females was the third highest for all racial or ethnic groups, following Hispanic and African American/black youth, respectively. This rate was nearly three times higher than the birthrate for white teens (Martin et al., 2013).

Additionally, more than one-fifth of Native females give birth by their 20th birthday, compared with one-ninth of non-Native females in the United States. Native teens also experience repeat births more often than any other racial or ethnic group in the United States (Martin et al., 2013). Although many Native communities openly welcome new life, regardless of the parents' age, many Native communities and youth have also expressed the need for sexual health programs to provide information on pregnancy and disease prevention (McMahon et al., 2015; Garwick et al., 2008).

STIs and HIV

Native youth have the second highest STI rates, after African American/black adolescents (CDC, 2011). Compared with teens who are white, Native teens are over four times as likely to be diagnosed with chlamydia, more than three times as likely to be diagnosed with gonorrhea, and twice as likely to be diagnosed with syphilis (CDC, 2011).

Rates of HIV diagnosis are on the rise among Native youth aged 15–19 and among young adults 20–24 years of age. Although HIV and AIDS data for Native youth are sparse, in 2007, Native youth younger than 25 accounted for 19% of new HIV and AIDS diagnoses among Natives, compared with 14% nationwide (CDC, 2011). Due to late diagnosis and poor access to specialized care, Native people have one of the lowest AIDS survival rates of any racial or ethnic group, with just one in four living more than three years after diagnosis (CDC, 2007).

Sexual assault and violence

Compared with other minority groups, Native teens are more likely to have been coerced into having sex and to have experienced intimate personal violence (Kenney, Reinholtz, & Angelini, 1997). Reports of being physically forced into unwanted sexual intercourse were more than two times higher among urban Native high school students than among white teens (Rutman et al., 2008).

One in three Native women have been raped or have experienced an attempted rape, a rate 2.5 times the national average (Perry, 2004). Native American women are more likely than any other ethnic group to experience violence at the hands of someone from another ethnic group (Bubar, 2009). About nine out of 10 Native women are raped by white or African American men.

Among high school students, more Native youth (12.5%) reported having been forced into sexual intercourse at some time in their lives than any other racial or ethnic minority group (CDC, 2012). Studies also indicate that Native adolescent females are significantly overrepresented as victims of sex trafficking (De Ravello, Tulloch, & Taylor, 2012).

Strengths of Native communities

Native people (individuals, extended families, clans, tribes, and communities) have numerous strengths and abilities that have allowed for their survival during hundreds of years of oppression and forced cultural, economic, social, and political change. Although each tribe and cultural group has its own worldview and its own model for thinking, behaving, feeling, and being spiritual, many Native communities are guided by the shared values of family, community identity, wellness, connection, and balance, all of which have protected and maintained the strength and health of these communities (Cross et al., 2000).

These strengths have been instrumental in promoting communities' resiliency in the face of oppression and for uniting communities to holistically address identified health issues. The unification of Native communities and the integration of community values into health programming are essential to battling the high rates of unplanned teen pregnancy, STIs and HIV, and sexual violence experienced by Native youth. Community support is an enormously influential protective power that can help youth make healthy decisions and lead healthy lives.

Questions to Consider

Identify health statistics and resources to determine what the picture of sexual health is for Native youth in your community or in the community you are serving. In some communities, health departments may have this information available. Local leaders, elders, and other health professionals may also have this knowledge.

1. What are health problems in your community?
2. What are the strengths of your community?
3. What are the rates of teen pregnancy, STIs, and sexual assault among Native youth in your community?
4. Who are the keepers of this health information in your community or the community you are serving?
5. What programs or interventions are already addressing these issues?

Gender

Why does gender matter?

Just as in many Native cultures, gender is an important part of nearly all societies and cultures. EngenderHealth defines gender as a “socially determined construct describing the characteristics, behaviors, and roles deemed appropriate and expected of men and women (and boys and girls) by a given society.” Gender is made up of the characteristics, behaviors, and roles that are learned and reinforced through a socialization process that begins early in life and continues throughout the life cycle.

Gender is different from *biological sex*. Biological sex defines whether we are physically female or male based on our biology (i.e., chromosomes, internal and external reproductive organs, hormones, and certain physical characteristics). People are born male or female (or, in some cases, with a combination of male and female biological markers), but they are conditioned to be, or to feel themselves to be, feminine, masculine, somewhere in-between, or something else entirely.

A person's sex is a biological fact that is consistent across cultures. In contrast, gender roles, or what it means to be a “man” or a “woman,” differ cross-culturally. Culture greatly influences how gender is performed and expressed. Although there may be similarities, each culture defines and enacts gender in different ways. For example, some cultures may adhere to more gender-binary roles of just man and woman, while other cultures may view gender as more encompassing and varied and may have a spectrum of possibilities.

Gender & Sexuality Definitions

1. **Gender Identity**—A person's private sense and subjective experience of their own gender, generally described as one's private sense of being a man or a woman and consisting primarily of the acceptance of membership into a category of people: male or female
2. **Biological Sex**—The classification of people as male, female, intersex, or another sex based on physical attributes such as anatomy, hormones, or chromosomes
3. **Sexual Orientation**—Who a person is romantically or emotionally attracted to
4. **Gender Expression**—The physical representation of a person's gender through outer appearance (clothing, hair, etc.)
5. **Gender Roles**—The set of socially or culturally defined attitudes, behaviors, expectations, and responsibilities considered appropriate for women (feminine) and men (masculine)

Gender & Sexuality Definitions (cont.)

6. **Gender Stereotypes**—Generalizations about the roles of each gender (examples include that in some societies, women have to be the caregiver and men have to be the financial provider)
7. **Gender Norms**—A set of “rules” or ideas about the way women and men “should” look or behave

Gender as a social determinant of health

Gender roles have a significant impact on the health of the individual. Evidence suggests that young men and women are highly vulnerable to society’s gendered attitudes and behaviors, which may lead to unhealthy consequences, including discrimination, violence, disease, and unplanned pregnancy.

Research shows clear associations between Western traditional norms of masculinity and femininity and teen pregnancy and STIs (Pleck, Sonenstein, & Ku, 1994). In many parts of the country, societal norms about being a man include being tough, brave, and aggressive; taking risks; not asking for help; and using sex to prove one’s manhood. Males who hold Western traditional attitudes toward masculinity report less consistent use of condoms, less belief in a male’s responsibility to prevent pregnancy, and greater belief that pregnancy validates their manhood (Pleck, Sonenstein, & Ku, 1994).

For women, traditional Western constructions of femininity are often characterized by accommodating the interests and desires of men. Young women whose gender ideology is relatively “traditional” in the contemporary Western sense have a lower age at motherhood compared with those whose gender ideology is less traditional (Stewart, 2003). Studies also have found that power imbalances experienced by women in heterosexual relationships reduce consistent condom use and increase their risk for HIV infection (Ickovics & Rodin, 1992). When power imbalances between men and women are starker, violence against women is more likely to occur, and safe sex practices decrease. Because of this, women who experience gender-based violence are also more likely to experience unintended pregnancy (Heise, Ellsberg & Gottemoeller, 1999).

Gender Matters (Gen.M) engages young people together in small groups to explore rigid societal messages about masculinity and femininity, examine the social costs of harmful norms, and redefine them into healthy and equitable ones. Gen.M provides a rare opportunity for young people to reflect with one another on the emotional and societal context within which sexual behaviors are enacted.

Gender and Native culture

Although variations exist from community to community, prior to Western colonization, many Native societies believed that all genders held equally important roles and responsibilities, with all having some degree of decision-making power. Additionally, in some Native cultures, the roles of both men, women, and other genders were seen as equally crucial to the survival and balance of their community (LaFramboise, Heyle, & Ozer, 1990).

Some Native cultures recognize more than just man and woman gender identities. The understanding and social roles associated with other genders vary by tribe, but many communities often view these roles as being associated with great respect and spiritual power. Western colonization pressured many Native communities to dramatically change traditional cultural outlooks, especially regarding people who operated outside the stereotypical Western binary definition of gender as women and men (Adams, 1995).

Tribes that recognize other genders often have specific names for these gender identities as well. In modern times, the term “two-spirit” is used by some Native people to describe someone who either fits their tribe’s understanding of people of other genders or to describe their sexual orientation and identity (e.g., lesbian, gay, bisexual, and/or transgender). Though the term “two-spirit” has become popular for some communities, it is not used by all Native people, and it is important to remember that gender and sexual identity are not only cultural, but personal as well. When seeking to understand how a particular tribe historically and contemporarily addresses concepts of gender and sexual identity, it is always best to speak to community members and elders, who can provide some insight on how best to work with, address, and include people of varying genders and sexual identities.

Understanding the impact of gender roles on Native youth

As with the general youth population, gender ideology plays a significant role in sexual decision making for Native youth. Given the disproportionate rates of unplanned pregnancy and STIs among Native youth, considering the role that gender expectations have in decisions to have sex and use contraception is important to understanding how to increase positive sexual health outcomes for Native youth.

Although research on how gender impacts the sexual health of Native youth is limited, one study of Native youth, parents, elders, and community members from the Great Plains area uncovered major themes on how gender has influenced Native girls’ and boys’ decisions about sexual activity, parenthood, and expected sexual interactions (Hanson et al., 2015). Table 1 summarizes the principal findings¹.

¹. Some of the findings mentioned in Table 1 have also been observed in the general youth population.

Table 1. Gender impact on sexual health of Native youth

Expectations from:	Findings for Native Girls	Findings for Native Boys
Sexual activity and parenthood		
Family	Family members sometimes pressure Native girls to remain virgins or to “wait for the right guy.” However, at the same time, Native girls also feel actively pressured by family members to become a parent at a young age. Girls receive a stricter upbringing, especially from grandmothers or elder women, than do Native boys of the same age.	Family members are important to modeling behavior for Native boys. One elder man stated, “They look at that and say, ‘I’m going to do like my dad did, you know, and my older brother. He was a star player, and I’m going to be one too.’” However, if the role model is vocal about his sexual activity and is a teen parent, this could impact decisions about his own sexual activity.
Peers	Native girls fear the possibility of being labeled a “slut” or “whore” by their peers and even fear being called derogatory terms for accessing birth control. There is also a stigma about virginity, and many young Native girls have sex to gain acceptance from both male and female peers.	Native boys indicate they became sexually active to fit in and felt pressured to have sex to be seen as “cool.” Often, they “have sex to let people know you’ve had sex” and feel social pressures to have sex to “fit in” with peers.
Individual	Many Native girls serve as a mother figure for their younger family members, which can discourage or encourage early parenthood. Some girls stated they did “not [want] to be another Indian girl getting pregnant.” Alternatively, some teen girls indicated wanting to become a parent as a way to assert their maturity, escape a difficult upbringing, and/or sustain their tribe’s population.	Native boys are reluctant to use condoms as birth control because of the belief that a condom will take physical pleasure away from intercourse. For many adolescent Native boys, sex equates to being a man, and many times Native boys see having multiple children as populating their community and supporting their tribe.

In addition to these findings, stark gender empowerment gaps between Native girls and Native boys were identified. Native girls felt a lack of empowerment when it came to their own sexual decision making and often felt pressured to engage in sexual activity or acquiesce to the desires of their partners. On the other hand, Native boys were seen as having the upper hand when it comes to decisions around sexual activity and contraception. These empowerment gaps lead to power differentials that could be implicated in the high prevalence of unwanted sexual activity, sexual violence, unplanned pregnancy, and STIs among Native youth.

Questions to Consider

It is important to recognize that gender definitions, roles, and norms vary from community to community and from tribe to tribe. Taking some time to explore how gender impacts a specific community is important to creating program adaptations that appropriately meet the needs of that community.

1. What are traditional and/or contemporary expectations for Native men and women and other genders in your community?
2. How often do Native men, women, and other genders experience those expectations?
3. What are traditional and/or contemporary expectations for Native girls, boys, and other genders in your community?
4. How often do Native girls and boys experience those expectations?
5. How has colonization shifted traditional gender roles in your community?

SECTION 3

FORMING YOUR ADAPTATION OF GENDER MATTERS



FORMING YOUR ADAPTATION OF GENDER MATTERS

No single program can fully represent the varying needs, cultural practices, and structural capacity of 567 separate federally recognized Native tribes, state-recognized tribes, and countless additional Native rural, urban, and suburban communities throughout the United States. Additionally, no single person or small group of people can determine the appropriate cultural modifications necessary for making programs culturally relevant, especially for people who are outside of the community. Therefore, involving whole communities in the strategic planning, review, and adaptation of Gender Matters is essential to tailoring the program to meet the needs of a specific community. The following section describes a process for adapting Gender Matters to meet the needs of your community or the community you work alongside (Figure 1).

Figure 1. Process for adapting Gender Matters to meet a specific community's needs



Planning a Gender Matters Native Adaptation and Implementation

Engaging and understanding community needs is an important first step to properly planning and developing your adaptation. Taking time to understand the community can help you ensure that you have the full support of the community and have addressed any of their needs and concerns prior to starting the adaptation and implementation process. The process for working to understand and engage the community is shown below, with key considerations outlined.

Step 1: Understand who you are serving.

- Learn about the cultural values, traditions, and norms around sexuality, sexual health and gender. (To help do this, we have added questions to consider at the end of most subsections.)
- Understand community views on health and well-being needs for youth.
- Identify the strengths of the community and how these relate to the program.
- Develop relationships with community members and youth through engagement with the community.
- Identify leaders to support the project.
- Identify existing programs and services that relate to the Gender Matters topic areas.

Step 2: Identify what challenges and needs exist in the community.

- Collect rates of teen pregnancy, STIs, HIV, and intimate partner violence for youth in the community.
- Review trends in above rates to determine the highest needs.
- Identify concerns and challenges faced in past sexual health programming.

Step 3: Know when to deliver the program.

- Define the most feasible time frame for planning, adapting, and delivering Gender Matters to the community.
- Align program delivery to funding cycles and other community timing needs, to avoid conflict with important dates.

Step 4: Establish where to implement the program.

- Select the best site options for delivering the curriculum (in school, out of school, in a community setting, etc.), based on the availability of youth and the ability to meet the needs identified.
- Develop relationships with the people at the site, to identify the feasibility of delivering Gender Matters there, including scheduling of sessions, location of programming, support from on-site staff, and storage of program materials and supplies.

Step 5: Determine how to best implement the program.

- Define cultural adaptations that incorporate and build upon cultural values and traditions.
- Identify steps that need to be taken to ensure that the program is acceptable and feasible for the site selected and the community needs identified.

Once the above process has been conducted, an additional step is to consider if and how an evaluation of the program can be conducted. This step is crucial to consider at the beginning of your program planning. If funds for evaluation are available, it may be helpful to recruit an organization or person to support the evaluation of the Gender Matters program in the community. Evaluating your adaptation and implementation of Gender Matters will inform ongoing quality improvement efforts to ensure that the program is meeting identified needs in the community, as well as building upon the strengths in the community. More information about conducting formative research (research activities conducted prior to beginning program implementation) appears in Appendix 2. The *Gender Matters Program Evaluation Compendium* is another resource available that describes in detail the process for evaluating the Gender Matters program in your community.

Formative research helps implementers identify and understand the characteristics, strengths, interests, behaviors, and needs of target populations that influence their decisions and actions.

Engaging and understanding the community where you are working is important throughout the process of planning, adapting, implementing, and evaluating Gender Matters. Although engaging the community should occur at the onset of program planning, continuously checking back in with community stakeholders and leaders throughout the project helps to refine and improve program activities, keep community leaders engaged, and ensure that the adaptations selected are meeting the needs of those in your program.

Convening an Advisory Group

A well-constructed advisory group with a clear focus and mission can be a tremendous asset to both new and established programs in a community. An advisory group is a small collection of individuals (3–6 members) who bring unique knowledge and specialized skills that complement and help direct a specific project's objectives. As a standard practice, EngenderHealth organizes an expert advisory committee as part of the start-up and maintenance of a new program or project.

EngenderHealth's Advisory Process

For the development of this manual, EngenderHealth instituted an advisory committee consisting of four experts in the fields of sexual and reproductive health, Native youth development and empowerment, and Native health programming, to inform and bring relevance to this manual. EngenderHealth also convened a review committee consisting of four people who directly work and live with Native communities and/or are from a Native background. An open national recruitment process allowed individuals from around the country with diverse backgrounds and pertinent experiences working with Native youth populations in a health-focused capacity to apply for membership.

Throughout the planning, drafting, and completion of this manual, the advisory committee and review committee consulted with EngenderHealth staff and convened regularly to offer input and guidance on the project's goals and tasks. The work of this advisory group and review committee encompassed the following:

- Providing recommendations on culturally appropriate adaptations for Gender Matters curriculum sessions and activities
- Providing feedback on the Adaptation Manual's outline and sections
- Reviewing drafts and finalizing the Adaptation Manual

Instituting an advisory group when implementing Gender Matters for Native Youth in your own community can help shape the program to best meet the specific needs of the community you are serving. For the purposes of this manual, you will most likely be looking to convene an advisory group that can provide input on specific cultural adaptations for their community, connect to other community leaders, identify the strengths and needs of the community, provide recommendations for instructional and logistical strategies to engage youth, and assist in the dissemination of the program. Below are five easy steps to effectively develop an advisory group: Establish, Recruit, Convene, Prepare, and Maintain.

Step 1: Establish, with clear goals and objectives

The first step in building an advisory group is defining the purpose and overall scope of the group. This will help indicate which stakeholders should be involved with and invited to be a part of the committee. For example, the goal of the advisory group could be to inform the appropriate adaptations, develop the process for gaining community buy-in, and/or oversee implementation of the program.

Step 2: Recruit the right group members

It is important to think strategically about who should serve on the committee and the skills they will need, based on the group's goals and objectives. If the goal of the committee is to modify a curriculum based on the community's culture and value systems, as well as develop procedures for disseminating the program, it would be important to include a range of community representatives who typically participate in such a process: parents, youth, teachers, health care providers, elders, tribal leaders, and other local experts and stakeholders. Those who express interest in your committee early on may also recommend additional key community leaders who might be interested in joining.

Step 3: Convene to build the structure

Once you have selected the members of the advisory group, begin establishing a sense of collective ownership within the group. The first meeting is likely to be devoted primarily to getting acquainted and learning about the program. However, the initial meeting is also a good time to begin working on a specific task, to engage members. One necessary task at the onset is to develop basic operating protocols, including whether there will be team leaders, how often the group will meet, meeting structure and guidelines, and term of service. Even if some of these have been set up in advance, the group should review them and offer any further recommendations.

Step 4: Prepare, to set up members for success

Once time has been taken to build rapport among the group and establish basic operating guidelines, members will be ready to begin the core work of the group. Before beginning this core work, prepare members by providing them with a thorough orientation to the project, reviewing the goals and objectives of the group, setting timelines and milestones, and clarifying responsibilities, such as the specific tasks assigned to each member.

Step 5: Maintain: This is your advisory group!

Ongoing maintenance and regular communication are essential to keeping members engaged and on task. Part of this regular maintenance includes revisiting goals and objectives, updating tasks and timelines, serving as a liaison within the larger community, communicating about challenges, allowing time for problem solving, and offering opportunities for guidance and group feedback. Offering compensation or recognition to advisory members is also important, as demonstrations of appreciation and gratitude for accomplished work.

Questions to Consider

An advisory group is a collection of people with unique skills and knowledge who provide guidance to a project. When adapting the activities of Gender Matters, members of the community can serve on the advisory group to appropriately direct the implementation of the program.

1. What is the purpose of the advisory group? For example, is it to steer the appropriate adaptations, help inform the community about the program, and/or build community buy-in?
2. Who should be on the advisory group—community leaders, elders, parents, youth, teachers, or other important stakeholders?
3. What are the procedures of the group, and who is responsible for what?
4. How will you maintain the advisory group?

Building Community Support

In many Native cultures, community means a sense of *unification and belonging*. Working for and alongside a community is a strong value among many Native communities. Additionally, preservation of a community's health, both at the individual and at the group level, is often viewed as requiring full community involvement and support.

Building community support takes time to establish rapport and obtain the buy-in and participation of many key stakeholders in the community, including: tribal leaders, schools and educators, health agencies, families, elders and cultural leaders, and other identified stakeholders. Due to years of discriminatory and destructive practices, Native communities can be justifiably leery of outsiders. If you are an outsider, it is important to take time to listen and learn about community values, history, disparities, strengths, and needs by speaking with and engaging community members. Creating mutual respect will help to build community support for your program, as well as help you to understand how the program can best serve that particular community. Table 2 details some strategies for outsiders who are working in new communities that are not their own and for those implementing programs within their own community.

Table 2. Community implementation strategies

Implementing in a community that is not your own	Implementing in your own community
<ul style="list-style-type: none"> • Respect is key. • Listen to the community's needs and desires, even if they seem outside of the structure and scope of the program. • Be open and creative. • Take leadership and direction from the community, youth, and its leaders. • Build supportive leaders/leadership within the community. 	<ul style="list-style-type: none"> • Use your networks and relationships for buy-in. • Work alongside people from your community. • Be open and creative.

Advisory group members can also play key roles in garnering community support, both by serving as gate keepers and by connecting with other gate keepers. Sometimes unconventional allies also may be identified, such as governmental assistance programs (i.e., Temporary Assistance for Needy Families [TANF] or the Women, Infants, and Children [WIC] program) or programs that focus on educating youth or providing training opportunities. Holding community events can also help create support for your implementation and set the stage for wider community support, especially if appropriate and noncoercive incentives are offered.

Each group listed below may play an important role in utilizing and further promoting your adaptation of Gender Matters. Involving respected community leaders, especially from the onset of your project, can help mobilize community support around cultural, traditional, or spiritual practices.

- **Youth.** Engaging youth in community decisions is a tenet of youth development and empowerment. Youth engagement serves as a powerful method to promote health, skills-building, knowledge, self-esteem, future outlook, and community connectedness. By engaging youth in service delivery and decision making, communities are able to better understand and value youth experience, voice, and social norms, as well as witness firsthand the capabilities and competencies of young people.
- **Tribal leadership.** Gaining support from tribal leadership is important to attracting overall community support for the implementation of a new program in your

You can engage the community by holding focus groups, stakeholder meetings, and town hall meetings or by visiting schools and/or other community organizations and talking with youth, parents, and families.

community, as leaders often oversee various education, health, and social service agencies, which could be additional allies and possible implementers of Gender Matters.

- **Public health agencies (tribal programs and the Indian Health Service [IHS]).** Public health staff and programming can be important resources for helping communities promote program implementation and also for recruiting health educators. Public health staff can also provide medical and health expertise and have access to important data that can be shared with the community.
- **Schools and out-of-school programs.** These are responsible for educating youth about a variety of topics, often including health and sexual health. Schools also have a large number of youth from the same community and therefore could potentially provide a great setting to deliver the program. Involving administrators, educators, other staff, students, and families is essential to bringing Gender Matters to these settings.
- **Families.** Family support for sexual health education is critical. Holding community events and providing opportunities for parents and other family members to review the program and ask questions is important for gaining programmatic support. Making sure that parents are informed about programmatic activities through a newsletter or via handouts is also important. These tools may provide parents ideas for how they may help reinforce the curriculum material at home.
- **Elders and cultural leaders.** Support from community elders, cultural leaders, and spiritual leaders can be extremely helpful in gaining support from other parts of the community. These leaders have the respect of community members and are essential for keeping the knowledge of cultural traditions and practices. Elders and cultural leaders can play particularly valuable roles in reinforcing and expanding on cultural values and principles in the curriculum and thus should be included, whether by serving on an advisory group or in another capacity in the planning and implementation of the program.

Questions to Consider

Many Native cultures value community collaboration, especially when making important health decisions and bringing in new programs. Therefore, gaining support from the community is essential before introducing a new program.

1. Who is important to engage in the community?
2. How will you gain their support?
3. How will you maintain their support throughout the project?
4. How are you ensuring that youth are engaged and share in leadership and decision making throughout the project?
5. Is the community leading the effort or are you leading the effort?

Incorporating Culturally Relevant Adaptations

Taking time to engage and understand your community will help in determining the appropriate cultural aspects to incorporate into your Gender Matters adaptation. At this stage, mobilize the advisory group and the community connections you have established to review each of the five units of Gender Matters, to help identify the specific activity adaptations relevant for your community. Some examples of adaptations may include:

- Including local traditions, such as stories, practices, customs, values, and/or symbols
- Understanding the deeper impact that culture has on gender roles and socialization
- Identifying specific areas where community members, such as elders, spiritual leaders, health professionals, or others, can assist in presenting the material
- Changing names of characters and situations in role plays and images to reflect those commonly seen and heard in the community
- Connecting youth participants to community services and resources
- Tying in programming with local events, such as powwows, seasonal celebrations, or other communal gatherings

| See Appendix 1 for more adaptation ideas that were suggested by our advisors. |

Although there are many linguistic, cultural, and religious differences, as well as structural and capacity differences, between Native communities located throughout the country, many Native communities share some similar cultural beliefs and traditional practices (Nagal, 1995; Sarche & Spicer, 2008). For example, the emphasis on balance between a person's physical, mental, emotional, and spiritual aspects and a community is an overarching practice in many Native cultures (Poonwassie & Charter, 2001).

Additionally, shared community responsibility is another common tenet practiced by many Native cultures. By collectively collaborating as a community, cultural practices, such as language, song, dance, and other traditional elements, are preserved and also used to improve the health and well-being of the community.

Table 3 shows some examples of cultural considerations that impact teaching and learning styles in some Native cultures; this listing is informed by input from the advisory committee, review panel, and other key informants. These cultural ways of learning and teaching are intended to provide examples of the method of sharing information and communicating messages to keep people safe, healthy, and connected in some communities (Dickey, Tafoya, & Wirth, 2003; NIARI, no date).

Table 3. Cultural Aspects and Adaptation Considerations

Cultural aspects	Description	Adaptation consideration
Communication and Body Language		
Communication styles	Many Native languages were solely oral before being written down in recent decades. Native learning styles can vary, with many learning through audio and visual stimulation.	Using pictures, graphics, music, and colors could help with connecting meaning. Also, experiential learning through real-world scenarios and hands-on activities could help Native youth better relate to material.
Storytelling	Storytelling to communicate educational messages is a traditional method practiced by many Native populations. Stories are effective because they present important ideas, values, and messages in a relatable and entertaining form. Additionally, since stories are traditionally passed down through Native communities for generations, listeners also have the opportunity to reconnect and identify with their history and past.	Begin sessions with an applicable traditional story from the community to help emphasize key messages of each session.
Talking circles	Talking circles allow for a more open facilitation method where participants are encouraged to speak, respond, and interact with one other in an equitable way. Typically, when using talking circles, an object is passed around to indicate which person is speaking. In this approach, everyone is given a chance to speak as long as they want or need. In many Native cultures, the circle represents a symbol of connectivity and completeness, as well as demonstrating respect for each person, contributing to a sense of community.	Use talking circles during brainstorming and/or small-and large-group discussion to allow participants an opportunity to actively speak and listen to one another. It is important to understand if and how the particular community uses talking circles, as protocols can vary by cultures.

Table 3. Cultural Aspects and Adaptation Considerations (cont.)

Cultural aspects	Description	Adaptation consideration
Communication and Body Language (cont.)		
Patience	In some Native cultures, the virtue of patience is based on the belief that all things happen in time. Patience is needed to demonstrate respect for individuals, reach group consensus, and allow time for reflection.	Avoid placing overt pressure on Native participants to make rapid decisions or responses. Patience allows for time to reflect and process learnings.
Eye contact	In general Western culture, speakers value eye contact as confirmation of truth and shared listening, and as a sign that both individuals show care about the conversation. However, many Native cultures have different values, rules, and social norms about eye contact. For example, in some Native communities, an individual may not make eye contact with people who are older, who are elders, or who are in positions of leadership, as well as people from outside the community.	Program implementers should be aware of this cultural practice and identify if it is practiced in the community being served. It is also important to not misinterpret a lack of eye contact for a lack of attention or learning.

Table 3. Cultural Aspects and Adaptation Considerations (cont.)

Cultural aspects	Description	Adaptation consideration
Family and Community		
Family	Family is typically the central organizing unit of many Native cultures. Youth often have strong relationships, not only with their immediate family, but also with their extended family, as well as the broader tribe or community. Typically, the entire family and community shares in decision making, and often the influence of the family and community is more important than independence and self-expression.	In some communities, getting input on program implementation from the entire family may be essential not only to gaining community buy-in, but also to helping reinforce health messages received in the curriculum at home and in the community. Examples of this may include: holding community events where youth participants can share what they have learned with their families; sending home newsletters communicating progress; providing additional resources and homework to be completed as a family.
Elders	Community elders are looked to as the wise and respected keepers of knowledge and traditions. Elders also play a central role as identifiable, reputable sources of health information, including information on sexual health and pregnancy prevention.	Bringing in elders to conduct prayers at the start and end of the curriculum and/or having elders lead specific program activities is an important aspect of connecting both cultural traditions and community members to the lessons of Gender Matters.
Youth	Many Native communities hold youth in special regard. As a symbol of the future, youth represent opportunity for continuity and growth. Childhood and youth represent vital steps in the life cycle, where expectations exist primarily for learning from elders, families, and communities so that youth can be better prepared for the future.	Continually reinforce the importance of the youth participants as members of the community and as future leaders. Discuss with the youth participants community norms that exist around their roles in the community and how those norms may conflict or align with prevalent gender norms and roles.

Table 3. Cultural Aspects and Adaptation Considerations (cont.)

Cultural aspects	Description	Adaptation consideration
Gatherings, Traditional Practices, and Activities		
Smudging	Some Native cultures practice the sacred ritual of a smudging ceremony. To “smudge” means to cleanse and purify the physical and spiritual bodies with smoke from sacred herbs. Elders teach that for mankind to enter into any endeavor, it should be entered into with a good heart and a clear mind and without bad feelings, negative thoughts, or negative energy.	Smudging and other similar practices can be used at the start of your program or as a start to each activity, as a way to center participants.
Coming of age	Coming of age ceremonies for girls and boys transitioning into adulthood often teach about body parts and traditional roles, with an elder giving advice and instilling importance to values such as respect and modesty.	Align the program to the occurrence of coming of age ceremonies or other ceremonies that are similar in nature.
Powwows	Powwows are a form of social gathering held by many Native cultures. During powwows, communities come together to partake in various traditions, including ceremonial dancing, singing, and the playing of instruments. Powwows are important to the preservation and celebration of Native history, heritage, and culture.	Powwows or other similar community gatherings could be an opportunity to share the teachings of Gender Matters and promote the program.

Table 3. Cultural Aspects and Adaptation Considerations (cont.)

Cultural aspects	Description	Adaptation consideration
Gatherings, Traditional Practices, and Activities (cont.)		
Drumming and dance	Native tradition teaches that every aspect of nature is part of a dance, with all areas of life moving together. Drumming and dancing are used to center or rebalance oneself, by releasing negative, hurtful, or painful thoughts and feelings and to support healing, as well as a form of prayer and giving thanks.	Drumming and dance can be included as part of opening and closing program ceremonies or during program celebrations.
Connection to the land	A close connection with the natural environment and with sources of food is an important component of many Native cultures. This connection is often celebrated by honoring animals and by holding coming of age ceremonies.	There are several ways to tie the program with a connection to land including, holding sessions outside, discussing pride in one's land, and the sanctity of protecting Mother Earth's body and our own bodies. Incorporate the teachings about our bodies, alongside planting seeds into the earth and teach caring for plants, how life grows and the different stages of life (infancy, young adults, adulthood and elders). For instance, planting corn, then becomes food, corn pollen (medicine), and then the husks are dried and used for baskets to resemble the life cycle.

Table 3. Cultural Aspects and Adaptation Considerations (cont.)

Cultural aspects	Description	Adaptation consideration
Holistic Health		
Balance	Maintaining a balance between the physical, emotional, spiritual, and mental aspects is viewed as vital to health in many Native cultures. Poor health can be the result if one of these four areas of life is out of balance. The Medicine Wheel, the Sacred Hoop, Four Directions, and the Great Circle are examples of the physical representation of connectedness used by many Native people for thousands of years.	These representations of balance can be used as a teaching instrument to talk about balance, life, responsibilities, cycles, and holistic health. Communities can identify a relevant symbol to represent the importance of balance and incorporate this into Gender Matters activities.
Guiding principles	All communities have guiding principles and value statements. In many tribal communities, Native people are taught to strive to know truth, through the attainment of wisdom, love, respect, bravery, honesty, and humility. Some communities use the Seven Grandfathers as a way to remember these teachings.	It is important to understand the guiding values of the community, to better tailor program messaging and key lessons throughout.

Appendix 1: Potential Adaptations offers examples of how each activity in the five sessions of Gender Matters can be adapted to incorporate traditional practices of the community. The adaptations provided were suggestions informed by the project's advisory committee and review committee members. It is important to note that the suggested adaptations offered in Appendix 1 are just some examples and do not represent an exhaustive list of possibilities for adapting Gender Matters to your community. Each community and/or implementer should take time to explore and consider which cultural adaptations will best serve its youth.

Questions to Consider

Incorporating the values, histories, and traditions of your community or the community you are implementing alongside are key in making Gender Matters culturally informed and relevant.

1. Who can help identify culturally relevant program adaptations?
2. What are key traditional and contemporary cultural elements that can be woven into Gender Matters activities?
3. Where are the best places in the curriculum to add cultural elements?

Training Educators and Implementing the Program

Once adaptations have been identified and incorporated into the curriculum, training of the program health educators can begin. Health educators can either be chosen or hired by the community or be predetermined by a source of funding or organization. All trainings are conducted by EngenderHealth's U.S. Programs Office and last roughly 3–5 days depending on the needs of the implementer. Our comprehensive training topics include:

- A thorough overview of program components and of the entire curriculum
- Background information on reproductive anatomy, pregnancy, contraceptives, STIs and HIV, and gender
- Information on program delivery strategies and options
- Information on working with youth, answering questions, and managing the classroom
- Opportunities to practice curriculum activities and adaptations and get feedback

Gender Matters was designed and implemented in a community-based setting, over the summer, as part of a summer youth employment program. For more information on the original design and implementation of Gender Matters, please review the Program Implementation and Adaptation Manual.

After the initial training is complete, EngenderHealth's U.S. Programs Office can continue to offer additional technical assistance and support throughout the life of the project. For more information on training, contact usprograms@engenderhealth.org.

After health educators are properly trained and are given ample time to practice the curriculum activities, the program can be delivered in the setting with the youth population identified in the planning process. Listed below are some of the sites that have supported work in the field of adolescent health and teen pregnancy and/or have played a role in teen sexual health in many Native communities. When recruiting sites, consider the scope and reach of your project. The sites below may also be available for implementing Gender Matters and coordinating with existing services.

Schools

As part of the broader community, schools can have a significant influence beyond the students themselves. By garnering the support of individuals connected to the school, such as administrators, board members, parents, teachers, students, and the media, Gender Matters can provide an important resource not only to the students, but also to the entire community. It is important to recognize that a school can also address the physical, spiritual, and emotional needs of young people's lives beyond just academia.

Offering Gender Matters in a school-based program provides a holistic way to respond to the needs of youth. Schools are the preferred method for many implementers, since there is an already well-defined population of youth participants and resources spent on recruitment are typically low or not required. If it is not possible to accommodate a program during regular school hours, it might work to offer Gender Matters as an after-school program.

Community-based organizations

Gender Matters can be implemented in community-based settings such as health clinics, faith-based organizations, area nonprofits, and other centers frequented by community youth. For example, programs like Boys & Girls Clubs of America are a big piece of the Indian country quilt, because they offer economic and educational stimulus in rural and high-poverty areas and have a large presence in Native communities collectively. If the local Boys & Girls Clubs of America have their own facility or building, they could be a good organization to reach out to and see if you can implement Gender Matters in their space.

Summer sessions or seasonal camps

Summers tend to be another opportunity in which to provide youth engagement by putting on camps or summer sessions. Although many youth are busy with school and extracurricular activities during the school year, the summer and other school breaks tend to be the times when youth engagement activities are lacking or not available. Therefore, providing Gender Matters through a summer session or other seasonal camp might be a good alternative, especially if it is not possible to offer the program during the school year.

Questions to Consider

Training the program health educators on the curriculum and adaptation, as well as identifying the appropriate implementation site, are key to a successful implementation.

1. Who should be trained as a Gender Matters health educator?
2. What are important training needs beyond the curriculum training?
3. What sites are the most appropriate for program implementation?

Process and Outcome Evaluation

The last step in the adaptation process is to evaluate both the process and the impact of your Gender Matters adaptation. A process evaluation will help you to determine how well the Gender Matters implementation and adaptation plan is being implemented. Collecting process evaluation data through surveys, focus groups, and interviews with youth participants, facilitators, families, and others involved in the community will provide an understanding of:

- Whether your adaptation is being implemented with fidelity (i.e., how the curriculum was intentionally written)
- Initial impressions of the program
- How satisfied youth were with the program
- How program materials can be improved
- Feedback on materials, tools, and instruments that you are using or that you created
- How cultural adaptations are being received by the youth and the community
- Opportunities for staff training and technical assistance
- Why your team was able, or not able, to achieve desired outcomes

Depending on your resources, capacity, and available time, you may also want to conduct an outcome evaluation of the overall community impact of the program (i.e., if the program was able to decrease unplanned teen pregnancy and the rate of STIs among youth in the program). An outcome evaluation requires significantly more planning, staff expertise, time, and funding. Collecting impact evaluation data through surveys, focus groups, and interviews with youth participants, facilitators, families, and others involved in the community will provide an understanding of:

- What the overall impact or outcome of the program was
- What outcome results can be reported to funders
- How the cultural adaptations affected the outcome of the program

It is important to continue using culturally sensitive strategies throughout the evaluation process—for example, using the appropriate language for surveys or interviews, and considering the reading level of participants. It is also important to consider how the community can help inform and lead the evaluation process through a participatory approach. More information about conducting process and outcome evaluations of the Gender Matters program is found in the *Gender Matters Evaluation Compendium*. The EngenderHealth U.S. Programs Office can also provide this level of support.

Questions to Consider

Conducting an assessment of your Gender Matters implementation is important to the continual refinement of the program for the community. An evaluation shows whether your program successfully met its goals and what changes need to be made to improve the program in the future.

1. What type of evaluation will you be conducting (process, outcome, or both)?
2. Who is responsible for planning and leading the evaluation process?
3. What questions should you ask in your assessment?
4. To whom should you ask the questions (e.g., participants, parents, health educators)?
5. What methods should you use in your assessment (i.e., surveys, focus groups, interviews)?
6. How will you involve the community in designing, informing, and/or leading evaluation efforts?

SECTION 4

CROSS-DIMENSIONAL OPPORTUNITIES FOR IMPLEMENTING GENDER MATTERS IN NATIVE COMMUNITIES

GEN.M
GENDER MATTERS
FOR NATIVE YOUTH

CROSS-DIMENSIONAL OPPORTUNITIES FOR IMPLEMENTING GENDER MATTERS IN NATIVE COMMUNITIES

Health interventions should focus on multiple risk and resiliency dimensions, to better address commonly co-occurring challenges that Native youth face, including substance abuse, mental health, suicidal behavior, and violence (Pothoff et al., 1998). These formidable challenges demand a holistic and trauma-informed approach to education and prevention and should be further aided by community resources. Supporting youth's physical, emotional, and social needs together and in a culturally sensitive manner is critical for each young person to lead a healthy life.

Incorporating Supplemental Health Lessons

Prevention of alcohol use, substance use, suicide, and violence, as well as mental health promotion and other health-related topics, can all be incorporated into the Gender Matters program as supplemental programmatic lessons. Good health relies on the harmonious balance of many facets in one's life. Therefore, these important behavioral education opportunities should not be taught in silos but rather integrated to show their connection and compounding impact. Sexual health education is one piece of the intersectional web of youth health prevention that is strengthened when presented along with other medically accurate essential health information. Some of these topics and further resources are detailed below.

Mental health and substance abuse

Native people experience psychological distress 1.5 times more than the general population. Native people also use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups in the United States (APA, 2010). Alcoholism mortality rates are also 4.7 times higher among Native populations than in the general population (IHS, 2016).

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a National Registry of Evidence-based Programs and Practices (NREPP), which lists more than 200 mental health and substance abuse prevention and treatment measures (SAMHSA, [no date-a]). The Native American Center for Excellence (NACE) also provides online resources and trainings on a wide variety of substance abuse prevention and treatment programs (SAMHSA, [no date-b]).

Suicide

Suicide is very prevalent among Native communities and is the second-leading cause of death among 15–24-year-olds (APA, 2010). Native youth experience the highest rates of suicide of any population in the United States; these are at least 3.5 times higher than the national average (Hummingbird, 2011).

The 24-hour National Suicide Prevention Hotline (available at 1-800-273-TALK [8255])

is free to all callers, including Native youth and young people residing in Indian country. The Center for Native American Youth also maintains a comprehensive and evolving list of suicide prevention organizations at <http://cnay.org/ForYouth.html>.

Violence and gangs

Native communities experience rates of violent crime nearly twice as high as in the general population (NCJRS, 2012). Native youth are also more affected by gang involvement than any other racial population, with over 15% of Native youth involved in gang activity, compared with 8% of Latino youth and 6% of African American youth (Glesmann, Krisberg, & Marchionna, 2009).

Partnering with the Boys' and Girls' Clubs that serve Native communities and other in-school or after-school programs can help provide a positive outlet and safe alternative to gang activity.

Utilizing a Trauma-Informed Approach

Addressing health topics utilizing a trauma-informed framework is important for creating safe spaces for young people to learn from, participate in, and fully engage with programmatic activities. A trauma-informed approach is a way of addressing vital information about health and well-being that takes into consideration adverse life experiences and their potential influence on decision making. A trauma-informed approach to youth and adolescent health is critical to promoting lifelong well-being and achieving healthy outcomes. The Gender Matters curriculum and program model are written with a trauma-informed lens and guided by trauma-informed principles. Some additional strategies for incorporating trauma-informed approaches in Native youth programming include:

- **Providing ongoing training** to all staff and health educators on the impact of trauma and on how to foster warm, nonjudgmental, empathetic, and genuine environments in the classroom.
- **Establishing group agreements** with youth at the onset of each class and referencing them throughout the program will set up a foundation of physical and emotional safety for all program activities.
- **Incorporating trauma-sensitive language** that is non-shaming reminds participants that even though the goal of the program is to provide important health information to enable youth to lead healthy lives, not everyone has had positive experiences in the past.
- **Integrating a strengths-focused approach** promotes positivity with trauma sensitivity to help youth recognize their many strengths and the benefits of leading healthy lives, while empowering them to make their own decisions.
- **Addressing trauma directly** means allowing participants to step out or talk to

a trusted adult when they feel uncomfortable or upset during class and need help in normalizing feelings regarding past experiences.

- **Connecting to youth-friendly resources** provides youth with additional resources that have been vetted to deliver services with their needs at the forefront.

Trauma-Informed Approach

Given the presence of trauma in the lives of many youth and the need for systems and providers to support healing, a trauma-informed approach to providing youth services is critical. SAMHSA's six principles support a framework for understanding trauma and developing a trauma-informed approach:

- **Safety:** Throughout the organization, the staff and the people they serve feel physically and psychologically safe; the physical setting is safe; and interpersonal interactions promote a sense of safety.
- **Trustworthiness and transparency:** Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.
- **Collaboration and mutuality:** There is true partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators; they recognize that healing happens in relationships and in the meaningful sharing of power and decision making.
- **Empowerment:** Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills are developed, as needed.
- **Voice and choice:** The organization aims to strengthen the experience of choice for clients, family members, and staff and recognizes that every person's experience is unique and requires an individualized approach.
- **Culture, historical, and gender issues:** The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of the individuals served; are gender-responsive; and incorporate a focus on historical trauma.

For more information on trauma-informed approaches, visit <http://www.samhsa.gov/nctic/trauma-interventions>.

Connecting Youth to Community Resources, Services, and Supports

Understanding resource availability and accessibility, as well as relevant government systems, is essential to connecting youth to supports in the community. The implementation of programs that support positive youth development and foster a linkage of comprehensive community resources is crucial to improving adolescent health. It is important to provide youth with the tools and resources they need to make confident decisions and to feel that they are receiving the best services. Following this approach, connecting youth to resources will allow them full, free, and informed choice when they make decisions about their health.

To provide youth with the best community resources for their health, it is important to first determine what makes a service “youth-friendly.” As a provider, the aim is to identify organizations, resources, and services and vet them for their authenticity.

EngenderHealth staff created a system for identifying youth-friendly services that can be replicated for your community. We identified the following criteria for vetting a youth-friendly service to meet adolescents’ unique needs:

- Provides a safe space for youth to feel respected, comfortable, and open to share and ask questions
- Is available and accessible to youth (for example, offers appointment hours after school or on weekends)
- Is accessible via public transportation or easily by car or by foot
- Is provided at low cost or free to youth, so that price is not a barrier
- Ensures youth’s confidentiality and protects their rights as patients
- Has employees who are well-trained to work with adolescents and diverse populations

With these criteria, the goal is to identify providers that exhibit a positive, nonshaming attitude towards youth. Creating a thoroughly vetted, comprehensive guide of community resources will strengthen the implementation of the Gender Matters in your community. As each community will have different needs, please use this information as a guide in creating a resource manual that supports your community. Remember, the best way to make your guide as youth-friendly as possible is to incorporate youth into the process, to gather authentic feedback and information on your community resources.



| GLOSSARY

GLOSSARY

Biological Sex—The classification of people as male, female, intersex, or another sex, based on a physical attribute such as anatomy, hormones, or chromosomes

Coming of Age—Ceremonies for girls and boys that mark their transition from adolescence into adulthood

Community—Groups of people who are affiliated by interlinked interests, similar situations, or geographic proximity (In many Native cultures, community is a sense of unification and belonging.)

Gender—The socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women

Gender Expression—The physical representation of a person's gender through outward appearance (clothing, hair, etc.)

Gender Identity—How one thinks about themselves in term of being male, female, neither of these, both, or another gender(s)

Gender Norms—A set of “rules” or ideas about the way that women and men “should” look and behave

Gender Roles—A set of societal norms dictating what types of behaviors are generally considered acceptable, appropriate, or desirable for a person, based on their actual or perceived sex

Gender Stereotypes—Generalizations about the roles of each gender (Examples include that in some societies, women have to be caregivers and men have to be financial providers.)

Gender-Transformative—Seeking to transform gender relations to promote equity as a means to reach positive health outcomes

Medicine Wheel—Concept, sometimes known as the Sacred Hoop, that has been used by generations of various Native tribes for health and healing (It embodies the Four Directions, as well as Father Sky, Mother Earth, and Spirit Tree—all of which symbolize dimensions of health and the cycles of life.)

Native—American Indian or Alaskan Native individuals (This term, as used in this manual, is meant to encompass Native people, tribes, and communities throughout the United States, with the exception of Native Hawaiians.)

Powwow—A form of social gathering held by many Native cultures

Seven Grandfathers—The traditional concepts of respect and sharing that form the foundation of the Native way of all life (These are built around the seven natural laws or sacred teachings. Each teaching honors one of the basic virtues that are necessary for a full and healthy life. The seven teachings are: love, respect, honesty, bravery, humility, truth, and wisdom.)

Sexual Orientation—Whom a person is romantically or emotionally attracted to

Sexually Transmitted Infection (STI)—An infection due to or propagated by sexual contact

Smudge—To cleanse and purify the physical and spiritual bodies with smoke from sacred herbs

Smudging—A ritual and tradition done to clear the mind and void it of bad feelings, negative thoughts, or negative energy

Squaw—An Algonquin term meaning the totality of being female (Although the term is not meant to be derogatory, it can have negative implications in some communities.)

Stigma—A set of negative and often unfair beliefs that a society or group of people holds about certain people or behaviors

Talking Circle—An open facilitation method in which participants are encouraged to speak, respond, and react to one other in an equitable way (Typically, in a talking circle, an object is passed around to indicate which person is speaking.)

Tribe—A community/group of Native people

Two-spirit—A term used by some Native people either to describe someone as fitting their tribe's understanding of a person of another gender or to describe someone's sexual orientation and identity as lesbian, gay, bisexual and/or transgender

| APPENDIX

GEN.M
GENDER MATTERS
FOR NATIVE YOUTH

APPENDIX

Appendix 1: Potential Adaptations

This section summarizes three types of adaptations (green, or safe changes; yellow, or changes that should be made with caution; and red, changes that should be avoided) and offers some specific examples for how to make green light adaptations for Gender Matters curriculum activities. Please note that this tool can be used as a template for developing cultural adaptations relevant to the community being served. It is not meant to be an exhaustive list of adaptations, but rather a set of suggestions that can be considered during the adaptation process.

Green Light Adaptations

Green light adaptations are considered safe changes, meaning they do not compromise or alter the program's core components. Examples of green light adaptations are updating or customizing statistics or health information, customizing role plays, and making activities more interactive and culturally relevant to the community. Detailed examples of cultural green light adaptations for Gender Matter's five sessions are available in Table 3. below. These adaptations were suggestions informed by the project's advisory committee and review committee. It is important to note that the suggestions offered are just some examples that our advisory committee and other contributors of this publication offered. Each community and/or implementer should take time to explore and consider which cultural adaptations will best serve their youth.

Yellow Light Adaptations

Yellow light adaptations are changes that should be made with caution. Consult EngenderHealth staff prior to making any yellow light changes. Examples of yellow light adaptations are adding activities to address additional determinants of health (i.e., suicide prevention, substance abuse prevention, mental health information, etc.) or changing the order of the sessions.

Red Light Adaptations

Red light adaptations should be avoided, since they may compromise or eliminate one or more of a program's core components. Examples of red light adaptations are shortening the program, removing condom activities, and replacing interactive activities with lectures. Any red light adaptation considered must be formally approved by EngenderHealth's U.S. Programs Office.

More information on specific green light, yellow light, and red light adaptations is provided on page 81 of the *Gender Matters Program Implementation and Adaptation Manual*.

Table 4. Potential cultural adaptations, by Gender Matters activity

Gender Matters Activity	Description of Adaptations
Session 1—Understanding Gender This session helps youth become aware of, question, and redefine gender norms in ways that promote health and well-being.	
1.1: Welcome and Overview	<ul style="list-style-type: none"> • Begin the program with a prayer, coming-of-age ritual, smudge ceremony, or other tradition used to open a community event or ceremony. • Have an elder or community leader introduce the program. • Talk about adolescent youth health issues specific to your own community. • Have group norms reflect the values and guiding principles of the community. • Update the name of and messages in the Gender Matters Code to reflect the core values practiced by the community that also tie into the key messages of the program. • Replace the group juggle with another activity used to energize and engage youth in the community.
1.2: Values Clarification	<ul style="list-style-type: none"> • Specify whether it is easier to be a Native man, woman, or other gender identity. • Add additional questions on values that are relatable to the community. • Use a talking circle to facilitate group discussion.
1.3: Gender Messages	<ul style="list-style-type: none"> • Ask about the gender messages received from general society, versus those received from the community's traditional Native culture. Are they similar? Are they different? • Ask the participants if there are any other genders in their tribe's traditions or teachings, and if there are any, then list them and discuss their roles and importance. • Group Discussion—Add questions about how Native traditional culture might influence gender roles. Do some of the harmful gender norms come from our traditional culture, Western societal culture, or other influences, like boarding school culture?

Table 4. Potential cultural adaptations, by Gender Matters activity (cont.)

Gender Matters Activity	Description of Adaptations
Session 1—Understanding Gender (cont.) This session helps youth become aware of, question, and redefine gender norms in ways that promote health and well-being.	
1.4: Gender in the Media	<ul style="list-style-type: none"> • Suggest current music lyrics and music that are popular with the local youth, including any that reference squaws or Native people. • Suggest movies, television, theater, or other community showcases popular with local youth and the community depicting positive gender representations of Native people. • Discuss Native men and women gender depiction issues, including the hypersexualization of Native women and men in popular media culture. (One example is Halloween costumes, such as the “Poca-hottie” women’s costume.)
1.5: Video Review—It’s About Us	<ul style="list-style-type: none"> • Include additional questions about the community and family rather than the individual.
Session 2—Healthy Relationships This session helps youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, equitable and healthy.	
2.1: Session 2 Check-In	<ul style="list-style-type: none"> • Change the check-in to something that pertains to the community’s culture, such as “Navajos walk in beauty” or “Navajos ride their horses.” • Incorporate an opening prayer.
2.2: Healthy Relationships and Deal Breakers	<ul style="list-style-type: none"> • Identify a national hotline or local hotline or service. • Talk about the importance of healthy relationships beyond those that are romantic and sexual in nature, but also include a discussion on healthy relationships within the family and the community.

Table 4. Potential cultural adaptations, by Gender Matters activity (cont.)

Gender Matters Activity	Description of Adaptations
Session 2—Healthy Relationships (cont.) This session helps youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, equitable and healthy.	
2.3: Assertive Communication	<ul style="list-style-type: none"> • Change the names for role plays to names that are more common in the community. • Change the names to gender-neutral names. • Change role-play scenario to basketball game or other common community event for youth. • Change the terminology for communication and add cultural context to communication styles. (e.g., some communication styles are nonverbal, which does not necessarily mean that they are passive; can change “passive” to neutral or nonassertive). • Ask what it means to be assertive in your community; Is there a difference in how “assertive” is defined for men and women? • Present the following as healthy and unhealthy communication styles: <ul style="list-style-type: none"> › Healthy: Expressing what you feel in an honest, confident, and respectful way › Unhealthy: Not expressing what you really feel or expressing what you feel in a hostile manner, without respecting the other person’s feelings
2.4: What Is Consent?	<ul style="list-style-type: none"> • Include additional scenarios in activity that are relevant for the community.
2.5: Video Review—Creative Expressions	<ul style="list-style-type: none"> • Include storytelling or a talking circle as one of the options for presenting the information. Clarify that the poem/song can include hip-hop or the spoken word. Add additional creative expression options relevant to the community.

Table 4. Potential cultural adaptations, by Gender Matters activity (cont.)

Gender Matters Activity	Description of Adaptations
Session 3—Big Decisions This session helps youth become aware of, question, and redefine gender norms in ways that promote health and well-being.	
3.1: Session 3 Check-In	<ul style="list-style-type: none"> • During the Categories icebreaker, ask questions related to Native culture and/or their community and language. • Incorporate an opening prayer.
3.2: Life Changes	<ul style="list-style-type: none"> • Add “culture” or “community” to one of the life changes areas. • The medicine wheel or the idea of the circle can be used to describe the importance of balance. Each quarter of the wheel relates to stages of life.
3.3: Sexual Decision Making	<ul style="list-style-type: none"> • Discuss how culture can influence the decision to have or not to have sex. • Change the case studies and letters to be more culturally relevant (i.e., in terms of names, places, language, etc.).
3.4: Ways to Show You Care	<ul style="list-style-type: none"> • Use a talking circle to get the participants to think about alternatives. • Discuss how culture or traditions can play into ways to show you care (about your partner and your community). • Have elders or other community leaders share stories.
3.5: Video Review—Gender Fishbowl	<ul style="list-style-type: none"> • Add questions about what your culture or community tells you about being a male or a female. • Add a group for youth who identify as another gender.

Table 4. Potential cultural adaptations, by Gender Matters activity (cont.)

Gender Matters Activity	Description of Adaptations
Session 4—Skills for Preventing Pregnancy This session teaches youth about pregnancy and STIs and builds their skills in preventing both, through teaching about the consistent and correct use of condoms.	
4.1: Session 4 Check-In	<ul style="list-style-type: none"> • Change icebreaker activity to “Ordering an Indian Taco” or something more culturally relevant. • Discuss the idea of the circle or balance and equality for both partners.
4.2: Keeping the Egg and Sperm Apart	<ul style="list-style-type: none"> • Have traditional leaders share this information. • Talk about the sacredness of pregnancy and traditions around pregnancy, birth, and parenthood in your community. • Include information about women’s and men’s puberty or coming-of-age ceremonies and traditional teachings about menstruation.
4.3: The Facts About STIs	<ul style="list-style-type: none"> • Have traditional leaders share this information. • Relay information on the importance of health and balance in one’s body and community.
4.4: How to Use Condoms	<ul style="list-style-type: none"> • Have traditional leaders share this information.
4.5: Condom Obstacles	<ul style="list-style-type: none"> • Include a question during the discussion: “How might your culture/beliefs affect condom use?” • Bring up ways in which condoms can be packaged/distributed so that the community is more receptive.
4.6: Negotiating Condom Use	<ul style="list-style-type: none"> • Change role plays to be more culturally relevant (e.g., a party is sometimes called a “49”). • Adapt role-play scenarios to more closely relate to the student’s lives. • Things to consider: <ul style="list-style-type: none"> › It is sometimes cultural to not be the center of attention. › It may sometimes be difficult to get a student to give constructive feedback to another student.

Table 4. Potential cultural adaptations, by Gender Matters activity (cont.)

Gender Matters Activity	Description of Adaptations
Session 4—Skills for Preventing Pregnancy (cont.) This session teaches youth about pregnancy and STIs and builds their skills in preventing both, through teaching about the consistent and correct use of condoms.	
4.7: Video Review— Condom Slogans	<ul style="list-style-type: none"> • Instead of commercial, participants can write/record a poem, rap, or spoken word piece, or an art piece that is more culturally relevant.
Session 5—Taking Action to Prevent Pregnancy This session teaches youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy.	
5.1: Session 5 Check In	<ul style="list-style-type: none"> • Have a community leader facilitate the check-in. • Begin the session with a prayer or conclusion ceremony (i.e., drumming or dance).
5.2: Birth Control Report	<ul style="list-style-type: none"> • Discuss how coming of age or emerging adulthood plays into decisions and responsibilities around birth control use. • Discuss how culture influences the use of birth control in a community. • Discuss how historical trauma or past experiences (i.e., forced sterilization) can play into decisions to use birth control.
5.3: The Clinic	<ul style="list-style-type: none"> • Explore what the local clinic/IHS offers for adolescent health and family planning. • Consider/address confidentiality concerns with the local clinic/IHS. • Update information about clinics, addresses, phone numbers, etc., to be community-specific. • Update legal issues around parental consent to reflect those of the state and/or Tribal polices. • Update names in roles plays to be more culturally relevant.
5.4: Game Show Review	<ul style="list-style-type: none"> • Add Game Show questions that pertain to Native culture.

Table 4. Potential cultural adaptations, by Gender Matters activity (cont.)

Gender Matters Activity	Description of Adaptations
Session 5—Taking Action to Prevent Pregnancy (cont.) This session teaches youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy.	
5.5: Video Review— Making a Commitment	<ul style="list-style-type: none"> • Change the questions to be more culturally inclusive of family and community. • Have them provide their commitment in a talking circle.
5.6: Closing Activity— Spider Web	<ul style="list-style-type: none"> • Replace the spider web activity with a traditional activity that is more relatable to your community but still represents connectedness. • End curriculum with prayer/smudging or cultural celebration. • Share learnings and videos with community at a cultural event or gathering.

Appendix 2: Conducting Formative Research

Formative research helps implementers identify and understand the characteristics, strengths, interests, behaviors, and needs of target populations that influence their decisions and actions (California Department of Public Health, 2016). Conducting formative research with the lens of community-based participatory research (CBPR) and tribal participatory research (TPR), two strengths-based approaches, has been deemed a culturally appropriate research method used when working in partnership with Native communities (Thomas et al., 2011). CBPR and TPR methods “acknowledge historical experience with research and researchers, recognize Tribal sovereignty, differentiate between Tribal and community membership, understand Tribal diversity, plan for extended timelines, recognize key gatekeepers, prepare for leadership turnover, interpret data within the cultural context, and utilize indigenous ways of knowing” (LaVeaux & Christopher, 2009).

CBPR mirrors the values and strengths of many Native nations, including respect for community processes and consensus, authentic equal partnership, and the ecological view of the individual as intricately linked with family, tribe, and broader community. Keeping these tenets in mind while conducting formative research is essential to both honoring and respecting the values of the community, while collecting the best information to inform your adaptation and implementation efforts.

Depending on your program budget, formative research can be either more formalized or less formalized. Even if there is limited funding, conducting formative research can still be a structured process. The advisory group and other partners, including local universities, can help support and carry out formative research for your community. As laid out by the Centers for Disease Control and Prevention (CDC), formative research can be divided up into seven steps:

Step 1. Analyze Information Gaps. This first step begins to analyze the scope of issues and barriers of the community you plan to serve. During this step, it is important to be open to learning new information about the problem from your community’s perspective. What, if anything, about teen pregnancy or adolescent health concerns them? What do they think about the problem?

Step 2. Write Research Questions. Once information gaps have been identified and analyzed, the next step is to compose research questions. Research questions are broad questions with the goal of filling information gaps and informing programmatic decisions. Research questions need to clearly articulate the purpose and goals of the formative research. Examples of research questions may be:

- “What are the biggest health-related challenges facing youth in this community?”
- “What cultural adaptations need to be made for the curriculum material to be relevant for community youth?”
- “How does the environment influence sexual and reproductive health decisions for youth in this community?”
- “What does the community need to offer young people services and education related to their sexual and reproductive health?”

Step 3. Choose Data Collection Methods. Research questions, once written, inform the process for collecting information and data. Data can be collected through several quantitative and/or qualitative methods, including observations, surveys, focus groups, and/or interviews. You can choose to use several of these methods to effectively answer your research questions.

Step 4. Develop Instrument(s). After a decision is made on how data will be collected, the process of developing instruments can begin. Instruments may include an interview guide, a focus group moderator’s guide, a questionnaire/survey, or an observation checklist. Writing good questions that get at the heart of research may take several iterations before you end up with the right questions. Therefore, it is a great idea to work with someone who has experience in instrument design, whether that is someone on the advisory committee or another community partner.

Step 5. Recruit Participants. The next step is recruiting participants. The method for recruiting participants varies widely, depending on your chosen data collection methods. Just as good questions are needed to get good results, you also need to have the right participants. Research participants may include: community youth, parents, educators, youth-serving professionals, tribal leaders, tribal elders, and other identified stakeholders.

Step 6. Collect Data. The sixth step is to collect data—meaning actually carrying out the surveys, interviews, observations, and/or focus groups. If you need assistance to carry out this step, you can use a contractor or recruit volunteers or other partners in the community to help. While collecting data, remember that the ultimate goal of the research is to gather the best information needed to make well-informed programmatic decisions.

Step 7. Analyze and Report Findings. The last step in the formative research process is to analyze and report data. Analyzing quantitative and qualitative data also requires specialized skills—this is another area in which you may want to lean on the expertise from community partners, an advisory group, or a local university. Look through your data to find those key insights that you can use to more deeply understand your target audience.

Appendix 3: Supplemental Research and Resources

Recommended Websites and Organizations

Native Youth

- Native Sexual Health Youth Network: <http://www.nativeyouthsexualhealth.com>
- Native STAND: <http://www.nativestand.com>
- Northwest Portland Area Indian Health Board Project Red Talon: <http://www.npaihb.org/project-red-talon/>
- We R Native: <http://wernative.org>
- United National Indian Tribal Youth (UNITY): <http://unityinc.org>
- Center for Native American Youth: <http://www.cnay.org>
- Generation Indigenous: <http://genindigenous.com>
- The National Campaign to Prevent Teen and Unplanned Pregnancy: <http://thenationalcampaign.org>
- National Personal Responsibility Education Program (PREP): <http://www.acf.hhs.gov/programs/fysb/programs/adolescent-pregnancy-prevention/programs/tribal-prep>
- Iknowmine: iknowmine.org

Health Boards, Councils and Resource Centers

- National Indian Health Board: <http://www.nihb.org>
- National Council of Urban Indian Health: <http://www.ncuih.org/index>
- National Indian Women's Resource Center: <http://www.niwrc.org>
- Native American Teen Pregnancy Prevention Resource Center: <http://capacitybuilders.info/prevention>
- Native American Women's Health Education Resource Center: <http://www.nativeshop.org>

STIs and HIV

- Centers for Disease Control and Prevention: http://www.cdc.gov/std/healthcomm/fact_sheets.htm
- National Native American AIDS Prevention Center: <http://www.nnaapc-hcv.org/>

LGBTQ and Two Spirit

- NativeOut: <http://nativeout.com>
- Strong Hearts Native Helpline: <http://www.nativehelpline.org>
- Two Spirit Resource Directory: <http://www.nativeyouthsexualhealth.com/2sdirectory.php>
- National Native Transgender Network: <https://www.facebook.com/NNTN2013/>

Facilitation/Training Resources

- Healthy Native Youth: <http://www.healthynativeyouth.org>
- Native Wellness Institute: <http://www.nativewellness.com>
- TIPI Dreams: Transforming Indigenous Power Inside Out—Facilitators Guide and accompanying TIPI Making Kit:
<http://www.nativeyouthsexualhealth.com/tipimakingkit.pdf>

Cultural Competency Resources

- Agency for Toxic Substances and Disease Registry (ATSDR). 2011. *Principles of community engagement*, 2nd ed. Atlanta: U.S. Centers for Disease Control and Prevention (CDC). See in particular Chapter 1: Community Engagement: Definitions and Organizing Concepts from the Literature.
- Wong, N. T., Zimmerman, M. A., and Parker, E. A. 2010. A typology of youth participation and empowerment for child and adolescent health promotion. *American Journal of Community Psychology* 46(1-2):100–114.

Recommended Articles and Publications

Garwick, A. W., Rhodes, K. L., Peterson-Hickey, M., and Hellerstedt, W. L. 2008. Native teen voices: Adolescent pregnancy prevention recommendations. *Journal of Adolescent Health* 42(1):81–88. <http://doi.org/10.1016/j.jadohealth.2007.08.004>

AI/AN teens in the Minneapolis area were interviewed about their perceptions and ideas about teen pregnancy. Also, interviewees recommended solutions to help raise awareness in the AI/AN communities about teen pregnancy. The overall underlying theme was the need for trained Native people to deliver the messages about pregnancy prevention and for peer-to-peer sharing of experiences.

Gilley, B. J. 2006. "Snag bags": Adapting condoms to community values in Native American communities. *Culture, Health & Sexuality* 8(6):559–570.

Native peoples have one of the lowest recorded rates of condom use, partially because of their longstanding values about shame and publicly talking about sexuality. However, the researchers note that new ways of culturally integrating messages about safe sex and condoms into Native cultural ideals are very promising.

Hanson, J. D., McMahon, T. R., Griesse, E. R., and Kenyon, D. B. (2014). Understanding gender roles in teen pregnancy prevention among American Indian youth. *American Journal of Health Behavior* 38(6):807–815. <http://doi.org/10.5993/ajhb.38.6.2>

This study was conducted utilizing focus groups from one reservation community to better understand the role that "gender norms" play in teen pregnancy. The research team discovered that there were two main expectations and one major gap: social expectations, expected roles, and empowerment gaps. The main components of social expectations were from family and peers. Expectations were different for men compared to women, and peer expectations both supported and hindered abstinence. Lastly, the empowerment of teenage Native women is the largest gap found. There is a strong expectation for Native women to "please" their boyfriend's desires, even if it contradicts the female's desires. There is little-to-no communal support to counter these expectations of Native women. In addition, Native women in a sexual relationship were considered to be the individual primarily responsible for utilizing contraceptives.

Kaufman, C. E., Desserich, J., Big Crow, C. K., Holy Rock, B., Keane, E., and Mitchell, C. M. 2007. Culture, context, and sexual risk among Northern Plains American Indian Youth. *Social Science and Medicine* 64(10):2152–2164. <http://doi.org/10.1016/j.socscimed.2007.02.003>

This paper used data from focus groups, in-depth interviews, and surveys with American Indian adolescents and young male and female adults from a Northern Plains tribe to contextualize sexual risk (and avoidance). Placing the findings within an adapted indigenist stress-coping framework, we found that youth faced intense pressures for early sex, often associated with substance use. Condoms were not associated with stigma, yet few seemed to value their importance for disease prevention. Youth encountered few economic or social recriminations for a teen birth. As such, cultural influences are important to American Indian sexual health and could be a key part of prevention strategies.

Markham, C. M., Craig Rushing, S., Jessen, C., et al. 2015. Factors associated with early sexual experience among American Indian and Alaska Native youth. *Journal of Adolescent Health* 57(3), 334–341. <http://doi.org/10.1016/j.jadohealth.2015.06.003>

American Indian and Alaska Native (Native) youth experience disparities associated with sexual and reproductive health, including early age of sexual initiation. Identifying factors that are most proximally related to early sexual intercourse and that are modifiable through health promotion interventions may help to reduce these disparities. Using a multisystem approach, we assessed individual (biological, psychological, and behavioral), familial, and extrafamilial (peer behavioral) factors associated with lifetime sexual experience among Native early adolescents living in three geographically dispersed U.S. regions. Interventions that reduce sexual intentions, exposure to risky situations, and alcohol use may help to delay sexual initiation among Native early adolescents.

McMahon, T. R., Hanson, J. D., Griesse, E. R., and Kenyon, D. B. 2015. Teen pregnancy prevention program recommendations from urban and reservation Northern Plains American Indian community members. *American Journal of Sexuality Education* 10(3):218–241. <http://doi.org/10.1080/15546128.2015.1049314>

Despite declines over the past few decades, the United States has one of the highest rates of teen pregnancy compared with other industrialized nations. American Indian youth have experienced higher rates of teen pregnancy than in the overall population for decades. Although it is known that community and cultural adaptation enhance program effectiveness, few teen pregnancy prevention programs have published on recommendations for adapting these programs to address the specific needs of Northern Plains American Indian youth. We employed a mixed-methods analysis of 24 focus groups and 20 interviews with a combined total of 185 urban and reservation-based American Indian youth and elders, local health care providers, and local school personnel, to detail recommendations for the cultural adaptation, content, and implementation of a teen pregnancy prevention program specific to this population. Gender differences and urban /reservation site differences in the types of recommendations offered and the potential reasons for these differences are discussed.

Mullany, B., Barlow, A., Neault, N., et al. 2012. The Family Spirit trial for American Indian teen mothers and their children: CBPR rationale, design, methods and baseline characteristics. *Prevention Science* 13(5):504–518. <http://doi.org/10.1007/s11121-012-0277-2>

The purpose of this paper is to describe the rationale, design, methods, and baseline results of the Family Spirit trial. The goal of the trial is to evaluate the impact of the paraprofessional-delivered “Family Spirit” home-visiting intervention to reduce health and behavioral risks for American Indian teen mothers and their children. A CBPR process shaped the design of the current randomized controlled trial of the Family Spirit intervention. Between 2006 and 2008, 322 pregnant teens were randomized to receive the Family Spirit intervention plus Optimized Standard Care, or Optimized Standard Care alone. The Family Spirit intervention

is a 43-session home-visiting curriculum administered by American Indian paraprofessionals to teen mothers from 28 weeks of gestation until the baby's third birthday. A mixed-methods assessment administered at nine intervals measured the intervention's impact on parental competence, mother's and children's social, emotional, and behavioral risks for drug use, and maladaptive functioning. Participants were young (mean age, 18.1 years), predominantly primiparous, unmarried, and challenged by poverty, residential instability, and low educational attainment. Lifetime and pregnancy drug use were approximately 2–4 times higher and 5–6 times higher, respectively, than among U.S. residents of all races. Baseline characteristics were evenly distributed between groups, except for higher lifetime cigarette use and depressive symptoms among intervention mothers. If study aims are achieved, the public health field will have new evidence supporting multigenerational prevention of behavioral health disparities affecting young American Indian families and the utility of indigenous paraprofessionals delivering an intervention in underresourced communities.

Native American Women's Health Education Resource Center. 1999. *Young Native American Women's Knowledge of Reproductive Tract Infections: Report #2: A Focus Report Examining the Reproductive Health Awareness of Young Native American Women in the Aberdeen Area*. Lake Andes, SD.

Based on findings of focus groups, this report looks at the level that young Native American women in the Aberdeen area of South Dakota have been educated about common reproductive tract infections.

Native American Women's Health Education Resource Center. 2001. *SisterSong Native women's reproductive health and rights roundtable: A report on moving forward the Native women's rights agenda*. Lake Andes, SD.

This roundtable report was developed by the Native American women's branch of the ethnic collective group called "SisterSong." The report includes recommendations on how to implement Native American women's right to education, knowledge, and policy development on reproductive health.

Oman, R. F., Vesely, S. K., Aspy, C. B., et al. 2006. Youth assets and sexual abstinence in Native American youth. *Journal of Health Care for the Poor and Underserved* 17(4):775–788.

Native American youth aged 15–19 are more likely to have had sexual intercourse than youth of other races and ethnicities in the United States. This places them at greater risk of contracting sexually transmitted diseases or having unplanned pregnancies. The study's purpose was to look at "the relationships among protective factors and sexual intercourse in Native American youth" [from the article's abstract].

Palacios, J. F., Strickland, C. J., Chesla, C. A., Kennedy, H. P., and Portillo, C. J. 2014. Weaving dreamcatchers: Mothering among American Indian women who were teen mothers. *Journal of Advanced Nursing* 70(1):153–163. <http://doi.org/10.1111/jan.12180>

Findings: *Women shared their mothering experience and practice, which encompassed a lifespan perspective grounded in their American Indian cultural tradition. Four themes were identified as follows: mother hen, interrupted mothering and second chances, breaking cycles, and mothering a community. Mothering originated in childhood, extended across their lifespan, and moved beyond mothering their biological offspring.*

Conclusion: *These findings challenge the Western construct of mothering and charge nurses to seek culturally sensitive interventions that reinforce positive mothering practices and identify when additional mothering support is needed across a woman's lifespan.*

Wingo, P. A., Lesesne, C. A., Smith, R. A., et al. 2012. Geographic variation in trends and characteristics of teen childbearing among American Indians and Alaska Natives, 1990–2007. *Maternal and Child Health Journal* 16(9):1779–1790. <http://doi.org/10.1007/s10995-011-0924-4>

The purpose of the research was to study teen birthrates, trends, and sociodemographic and pregnancy characteristics of Native populations across geographic regions in the United States. The birthrate for U.S. teenagers 15–19 years of age reached a historic low in 2009 (39.1 births per 1,000) and yet remains one of the highest teen birthrates among industrialized nations. In the United States, teen birthrates among Hispanic, non-Hispanic black, and American Indian/Alaska Native (Native) youth are consistently 2–3 times the rate among non-Hispanic white teens. Birth certificate data for females younger than age 20 were used to calculate birthrates (live births per 1,000 women) and join point regression to describe trends in teen birthrates by age (<15, 15–17, and 18–19) and region (Aberdeen, Alaska, Bemidji, Billings, California, Nashville, Oklahoma, Portland, and Southwest). Birthrates for Native teens varied across geographic regions. Among 15–19-year-old Natives, rates ranged from 24.35 (California) to 123.24 (Aberdeen). Native teen birthrates declined from the early 1990s into the 2000s for all three age-groups. Among 15–17-year-olds, trends were approximately level during the early 2000s up to 2007 in six regions and declined in the others. Among 18–19-year-olds, trends were significantly increasing during the early 2000s up to 2007 in three regions, significantly decreased in one, and were level in the remaining regions. Among Native youth, cesarean section rates were lower in Alaska (4.1%) than in other regions (16.4–26.6%). This is the first national study to describe regional variation in Native teen birthrates. These data may be used to target limited resources for teen pregnancy intervention programs and guide research.



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GENDER MATTERS
FOR NATIVE YOUTH

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