

Disease Does Not Discriminate:
HIV Prevention Initiatives within Indigenous Communities

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Abstract

Being HIV is no longer a death sentence. Modern medical advancements have revolutionized medicine in terms of HIV/AIDS survival rates. However, though HIV transmission and AIDS-related death rates appear to be stable or decreasing in most parts of the world, the disease remains a growing problem among the Indigenous peoples of Canada. In contrast, the response to HIV in Australia has resulted in relatively low and stable rates of HIV transmission among Australia's Indigenous peoples. This essay discusses differences between public health campaigns in Canada and Australia with regard to HIV within their respective Indigenous communities in an attempt to account for these different outcomes. This essay explores how public health authorities in Canada and Australia have utilized HIV awareness and prevention campaigns to target the high-risk groups within their respective Indigenous communities using theories and approaches derived from social psychology.

Keywords

AIDS; HIV; Indigenous HIV/AIDS prevention; awareness; media campaigns; Canada; Australia.

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INTRODUCTION

Being HIV positive is no longer a death sentence. Modern medical advancements have revolutionized medicine in terms of HIV/AIDS survival rates. However, despite HIV transmission rates either stabilizing or decreasing in most parts of the world, the disease remains a growing problem among some Indigenous communities. For example in Canada, where the Indigenous population makes up approximately 4% of the total population, in 2014 they accounted for over 16% of all new HIV infections (PHAC, 2015, p. 7). However, this is the number from only the reports that included race and/or ethnicity information, so this number could conceivably be much higher. In contrast, within the Indigenous community of Australia there is a much different story to be told. The group experiences much poorer health as a whole, exemplified by a much higher morbidity rate than that of the non-Indigenous population. However, the response to HIV in Australia, as a potentially population decimating disease, has resulted in relatively low and stable rates of HIV transmission among Australia's Indigenous peoples (Ward, 2014, p. 268). In Australia, the Indigenous population makes up just over 2.5% of the entire population, and in 2014, they accounted for only 3% of all new HIV infections (ANDSS and National HIV Registry, 2015).

Ultimately, this paper seeks to address what Canada and Australia are doing differently regarding HIV within their respective Indigenous communities to result in such a visible difference in outcome. Specifically, this essay documents how Canada and Australia have utilized awareness and prevention campaigns to target the high-risk groups within their respective Indigenous communities. Hanan (2009) provides a guide to the critical analysis of various awareness and prevention campaigns that are available to the public in both Canada and Australia. I aimed to analyze these prevention programs in terms of their uses as tools to combat

the disease, and how each country has chosen to implement them. I hypothesize that, though I will find some viable awareness and prevention initiatives that have recognized the need for programs and campaigns targeting the Indigenous populations, there is a need for more widespread diffusion of said initiatives to reach otherwise unreachable populations. This essay argues that there are very few prevention and awareness campaigns that specifically target the Indigenous communities of Canada and Australia and their specific high-risk groups. It is further argued that prevention programs and awareness campaigns specifically targeting Indigenous communities are the surest ways to regain or maintain control of the disease within these high-risk populations.

Background & Context

Terminology

Terminology can be both damaging and empowering, depending on what terms are being used. Therefore, it is important to consider what terms to use when referring to the First Peoples of a land. It is imperative to acknowledge the connotations of certain words as, in some cases, they have been imposed on specific communities by colonial authorities. In Canada, some terms, such as ‘status’ and ‘non status Indian’, were meant to divide and control the identity of the Indigenous community (DeLisle, 1998, p. 1-2). Therefore it is not only respectful, but also an act of returning power, to strive to use appropriate terms. I have chosen to use the term ‘Indigenous’ throughout this paper because it is the most frequently used term in an international context.

Sanders (1999) states:

Indigenous communities, *peoples* and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now

prevailing in those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal systems. (Sanders, 1999, p. 6; emphasis added)

Additionally, I have chosen to capitalize 'Indigenous' as a sign of respect when referring to the groups in their entirety. When referring to 'Indigenous peoples' I have chosen to pluralize 'people' as this is seen as an acknowledgment of the various different Indigenous groups that make up the population (UBC Indigenous Foundations, 2009)

Populations of Interest

This paper will compare and contrast the approach taken to addressing HIV/AIDS within the respective communities of Canada and Australia. I chose these two communities because of the inherent problem of HIV/AIDS within the Indigenous population of Canada, and CAAN's (2014) call to look to Australia's Indigenous HIV/AIDS situation as something to strive for.

They state:

As Australia looks to countries like Canada with very high rates of HIV infection for Indigenous peoples as a warning sign, they enjoy great successes in prevention and treatment and support around Indigenous HIV and AIDS. Other countries with Indigenous populations could learn a lot from the Australian experience (CAAN, 2014)

These two populations also are good to compare because they are both settler colonial societies. In other words, they were both colonized by another country. In this case, both Canada and Australia were colonized by Great Britain, and remain today a part of the Commonwealth of

Nations, previously known as the British Commonwealth. Having such colonial histories makes these countries good to compare because the Indigenous populations of each region were, and in many cases still are, marginalized, dispossessed, stigmatized and discriminated against. Their experiences are similar, and that would lead one to assume that their situations are similar in that they face many of the same pressures.

In Canada, the government recognizes the Indigenous population as three main groups, First Nations, Inuit, and Métis (Lee, 2011, p. 1). ‘First Nations’ is an umbrella term that refers to any Indigenous person who is neither Inuit nor Métis (UBC Indigenous Foundations, 2009) This term came into use in the 1970s and 1980s as a replacement for the term ‘Indian’. Though it does not have a legal definition, “*First Nation* can refer to a band, a reserve-based community, or a larger tribal grouping...”(UBC Indigenous Foundations, 2009; emphasis added). The term Inuit refers to the Indigenous people who live in Northern Canada, and was implemented to replace the term ‘Eskimo’ (UBC Indigenous Foundations, 2009). Finally, “The term *Métis* refers to a collective of cultures and ethnic identities that resulted from unions between Aboriginal and European people in what is now Canada” (UBC Indigenous Foundations, 2009). In other words ‘Métis’ refers to those who are of mixed Indigenous and European ancestry. Similarly, in Australia, the Indigenous population is divided into 2 main groups, the Aboriginals and the Torres Strait Islanders. “In 1788 Aboriginal people inhabited the whole of Australia and the Torres Strait Islanders lived on the islands between Australia and Papua New Guinea...” (Mooney, 2015). It is important to note that these are all broad terms that can be broken up into smaller subgroups or communities. Therefore, the Indigenous populations of Canada and Australia are diverse, and thus cannot be accurately represented by such broad, umbrella terms.

A report published by the Interagency Coalition on AIDS and Development (ICAD) states, “...indigenous populations face a higher vulnerability to HIV due to a range of factors

including stigmatization, structural racism and discrimination and individual/community disempowerment” (2011, p. 1). The report calls for the integration of the issue of Indigenous AIDS into the global HIV agenda in order to close the gap between Indigenous and non-Indigenous populations regarding HIV/AIDS awareness (ICAD, 2011, p. 1).

A newspaper article from the *Anglican Journal* highlights a 2006 conference in Toronto for Indigenous activists and people living with HIV/AIDS from Canada, New Zealand and the United States. The main topic of discussion was the fact that there is “..a lack of research on how HIV/AIDS has affected aboriginal communities worldwide, as well as the stigma faced by those afflicted by the disease (Sison, 2006, p. 13). The article goes on to talk about how Indigenous communities fear for their youth who leave the reserves for larger cities and do not know about HIV/AIDS.

In Canada the government has not yet fully addressed HIV/AIDS as an issue within Indigenous communities, therefore there are very few resources on the subject. Hoffman-Goetz and colleagues (2005) state, “...preliminary research has shown that the coverage of health information in Aboriginal newspapers is uneven as compared to disease prevalence in the Canadian Aboriginal population” (p. 147). In other words, not only are there very few mainstream awareness and prevention campaigns targeting the Indigenous population in Canada, there are very few being presented within Indigenous specific media sources as well.

Conversely, Ward and colleagues (2014) state that the HIV situation within the Indigenous and non-Indigenous communities of Australia are comparable. HIV is one of the very few diseases from which the Indigenous and non-Indigenous communities suffer equally, and the rates of transmission are currently relatively stable (Ward et al., 2014, p. 268). Their paper focuses on some of the factors that could have led to the relatively stable transmission rates. Ward and colleagues (2014) partly attribute the sustained HIV prevention and awareness

messages in Australia to the relatively stable rates. These prevention and awareness messages have been disseminated via health promotion. “The development of Indigenous health promotion started within the Aboriginal Medical Service movement commencing in Redfern in 1971” (Ward et al., 2014, p. 269). This service aimed to deliver culturally appropriate health messages that were pertinent to the local community. Additionally, as time progressed, various other communities also implemented prevention initiatives. In 1989, Australia put in place the National Aboriginal Health Strategy, which aimed to prioritize HIV in Indigenous communities. The government of Australia recognized the impact that HIV could have on the Indigenous population and emphasis was put on HIV prevention and treatment for people living with HIV/AIDS (Ward et al., 2014, p. 270). The National Aboriginal Health Strategy also recommended that strategies be put in place to target specific Indigenous groups within the Indigenous population, including sistergirls, men who have sex with men (MSM), injection drug users (IDU), young people, and remote and isolate populations (Ward et al., 2014).

Evidently, there is a lot more information on HIV/AIDS available to the Australian Indigenous population, compared to that of Canada. HIV/AIDS has been recognized as a potential issue for the Australian Indigenous community for many years. Canada, however, offers a different story. Canadian Indigenous community members are worried about the lack of awareness and prevention information there is available to them. They are especially scared for their youth who are widely uneducated on the topic (Sison, 2006, p. 13), and this worry is warranted. As will be discussed later, Canadian Indigenous youth are at high-risk of contracting HIV.

METHODS

Identifying the High-Risk Groups

In looking at if and how awareness and prevention campaigns are targeting the high-risk groups within the Indigenous populations of Canada and Australia, I first identified who the high-risk groups were. A high-risk group is defined as a group that is more likely to be susceptible to a particular disease, in this case HIV, than the general population. I identified the high-risk groups of Canada and Australia by analyzing surveillance reports and identifying which groups had the highest numbers of new transmissions.

The HIV situation among the Canadian Indigenous population is different from the non-Indigenous population in the characteristics of the transmission of the disease. By this, I mean who is infected. Of all the new male cases reported, Indigenous men accounted for only 11.8% of new cases. White men were the most affected, accounting for 51.2% of all cases. However, if we look to all of the women affected, 30.6% of all new female cases were Indigenous women. White women accounted for only 24.2% of these cases (PHAC 2015: 12). This is a stark difference between the two communities, as women appear to be at a much higher risk of contracting HIV than men within the Indigenous population. Furthermore, the main modes of transmission differ between the Indigenous and non-Indigenous populations. Within the white population of Canada, the main mode of HIV transmission is men who have sex with men (MSM), at 72.0%. Within the Indigenous population, injection drug use is the main mode of transmission, with Indigenous people accounting for 50.6% of new HIV cases caused by injection drug use (IDU). Additionally, it is worth noting that the Indigenous population of Canada is much younger than the non-Indigenous population. The population has seen a drastic increase in numbers in the past several years, and a fertility rate well above the national average (Romaniuc 2000:117). Therefore, it is no wonder that the average age of HIV diagnosis within

the Indigenous population is much younger than that of the non-Indigenous population. “Almost one-third (31.6%) of the positive HIV test reports from 1998 to 2012 among Aboriginal people were youth aged 15 to 29 years old, compared with 22.2% among those of other ethnicities” (PHAC 2012:1). This is yet another example of how different the characteristics of HIV transmission is between the Indigenous and non-Indigenous populations of Canada. Therefore, I have identified the groups at highest risk of contracting HIV within the Indigenous population of Canada as injection drug users, women, and youths.

HIV within the Indigenous population of Australia is much different than Canada. Unlike Canada, where HIV is largely visible within the Indigenous population, Australia has been able to keep the disease under control. In Australia, the Indigenous population makes up just over 2.5% of the entire population, and in 2014 they accounted for only 3% of all new HIV infections (ANDSS and National HIV Registry 2015:12). Of all the recorded blood borne diseases, HIV is the disease that least affects the Australian Indigenous community (ANDSS and National HIV Registry 2015:12). Much like the non-Indigenous community, the main mode of HIV transmission within the Indigenous community is MSM. Though the characteristics of the disease are very similar in proportion, where they differ is IDU. Where IDU accounted for only 3% of all new non-Indigenous HIV cases in 2014, it accounted for 16% within the Indigenous population (ANDSS and National HIV Registry 2015:22). Additionally, similar to Canada, Indigenous women in Australia are disproportionately affected by HIV, accounting for 22% of all new HIV cases among females, compared to 5% of white females (ANDSS and National HIV Registry 2015:21). Therefore, I have identified the groups at highest risk of contracting HIV within the Indigenous population of Australia as men who have sex with men, injection drug users and women.

Method of Analysis

After having identified the high-risk groups of each country, I compiled various prevention initiatives for analysis. These initiatives were found by searching the Internet, as I wanted to assure that I was analyzing programs and campaigns that were widely accessible to the public. Using the methods outlined in Hanan (2009), I sought to answer eight questions about each initiative. (1) Where is this campaign from? (2) Who funds the campaign? (3) Who is the campaign targeting? (4) Is it targeting a high-risk group in that country? (5) How does the campaign target their specific audience? How is the message constructed? (6) What is the objective of the campaign? (7) What model does this campaign employ? And finally, (8) how is the campaign advertised/communicated?

I identified what effective measures each campaign employed by using Hanan's (2009) guidelines. The measures he outlines are as follows. The first measure that may make a campaign more effective is the inclusion of supporting materials. "...[S]upporting material enhances the credibility and acceptability of the message" (Hanan 2009:144). In HIV/AIDS prevention campaigns specifically, supporting material includes leaflets, booklets, pamphlets, and audio and video CDs to target audiences (Hanan 2009:144). Supporting materials are useful because they make the message understandable and they provide supplementary information that may not have been mentioned in the initial message (Hanan 2009:14). Use of visuals is also important to consider when looking at message construction as they make messages more attractive. "The use of visuals enhances message retention because (a) it overcomes language barriers especially in societies where literacy rates are low, and (b) the visual symbols are always eye catching and leave long term impact on the memories of the individuals" (Hanan 2009:145). Humorous content is also important to include in message construction as it can draw attention to the message, and also make the message more memorable. However, it is important to remember

that humorous content is not always useful in these contexts as it has the potential to offend audiences, and could possibly take away from the serious nature of messages that are addressing health problems like HIV (Hanan 2009:146). An effective message should also have positive emotional appeal. That is, something that subconsciously appeals to the audience by playing to the audience's emotions and instincts, rather than appealing to them rationally. A prevention initiative that employs fear appeal can also be very effective. The aim of employing fear appeal is to scare people into changing their behaviour by showing people what will happen if they do not change their behaviour (Hanan 2009:147). Additionally, cross cultural and socio-cultural contexts should be considered during the construction of an effective message (Hanan 2009:147). By using community specific colours, images, and symbols, a campaign can be very specific in who it is targeting. Effective messages should also be repetitive (Hanan 2009:148). Repeating a message increases the chance of the audience understanding and retaining the information. Demographic and geographic profiles should also be taken into consideration when constructing a message aimed towards a specific audience (Hanan 2009:148). For instance, it is important to take into consideration the age and level of education of the target audience to create a campaign that they will be able to easily understand. This leads to the idea of language consideration. An effective message must also take into consideration language and language barriers so that they can provide resources using language that is easily understood by a wide audience, or community specific languages. Campaign duration is another important aspect of message construction. Longer campaigns are always more successful because they give everyone the time to consider the campaign's message (Hanan 2009:149). Effective messages should also be thought provoking, and provide new knowledge. An audience will quickly lose interest in campaigns that provide information that is already widely known (Hanan 2009:149-150).

Hanan (2009) also provides models to look for when analysing HIV/AIDS campaigns, the first being the health belief model (HBM). This model “is based on value expectancy theory, that assumes that individuals will take preventative actions (risk-reduction behaviours) when they are susceptible to a disease (self-perception of risk) and acknowledge the consequences as severe...” (Hanan 2009:131). In other words, a prevention initiative that employs this model is assuming that people actively recognize and take steps towards preventing behaviour that may prove harmful to them (Hanan 2009:131). An example of this being used in a prevention initiative is a poster that states that using condoms prevents the transmission of HIV. In stating this, the message is constructed in a way that assumes people see this message and recognize the benefits of condom use as outweighing other possible barriers to condom use, such as cost or inconvenience.

The next model is an extension of HBM called reasoned action theory. “This theory explains individual behaviour by examining attitudes, beliefs and behavioural intentions as well as observed and expressed acts” (Hanan 2009:131-132). An example of this theory being employed would be a message that recognizes different social norms as playing a part in decision-making processes, and tries to associate and incorporate the campaigns message with said social norms.

The social cognitive theory “...is based on the assumption that individual behaviour is the result of interaction among cognition, behaviour, environment and psychology” (Hanan 2009:132), and encourages self-directed change. In order to achieve “...self directed change, people need to be given not only a reason to alter risky habits but also behavioural means, resources and social supports to do so” (Bandura 1994 and cited in Hanan 2009:132). Therefore, an initiative using this theory would not only inform the audience of risky behaviours, they would also provide methods to change or avoid these risky behaviours (Hanan 2009:132-133).

Next, the emotion response theory proposes that emotional content is more likely to influence the audience than less emotional content (Pitotrow et al. 1997, as cited in Hanan 2009: 133). For example, the commercials on television featuring photos of sad looking animals in cages are more likely to influence the audience to want to help these animals than say a commercial featuring happy animals who are running around freely in a field.

The cultivation theory of mass media dictates "...deviant definitions of 'reality' in mass media lead to a perception of that 'reality' as normal" (Hanan 2009:133). This perceived legitimate reality influences behaviour. For example, reality television shows often feature dramatic storylines meant to entice the audience. After prolonged exposure to this version of 'reality', the audience may perceive this overly dramatic behaviour as normal, even though it is not. This is important to consider as television and movies readily portray unsafe sex as normal. One rarely sees a television or movie couple in the heat of the moment take a minute to discuss their HIV statuses or to put on a condom. Conversely, this can work in favour of prevention and awareness campaigns in that prolonged exposure to a subliminal message about the importance of condom use, for example, could result in the audience perceiving and accepting that as a normal reality.

The diffusion of innovations theory is a theory that breaks the audience into 5 categories: innovators, early adapters, early majority, late majority, and laggards (Hanan 2009:134). These categories correspond to the stages at which a group adopts a new innovation. For example, consider condoms a new technology. The innovators would be the first to adopt regular condom use, followed by the early adapters, so on and so forth. The idea behind this theory is that information flows through networks. "The nature of networks and the roles opinion leaders play in them determine the likelihood that the new innovation will be adopted" (Hanan 2009:134).

Hierarchy of effects is a model that "...focuses on individual behaviour change in a linear fashion, which begins with exposure to information and assumes knowledge, attitude, trial and adoption of desired behaviour will necessarily follow" (UNAIDS 1999, Hanan 2009:134). A campaign that employs this model would provide a step-by-step strategy that begins with HIV awareness information, and then would grow to include more information, images, and resources to aid people in their decision-making.

Social marketing is an approach that promotes the acceptability of social ideals through media (Hanan 2009:135). For example, the commercial advertising and packaging of condoms aims to make the process of buying and using condoms less taboo (Hanan 2009:135).

The entertainment for behavioural change model aims to educate and entertain the audience at the same time. For example, the musical *Rent* raised awareness about people living with HIV and aimed to humanize them in order to reduce discrimination and stigmatization.

Finally, the AIDS risk reduction and management model combines element of HBM and social cognitive theory "...to describe the process through which individuals change their behaviour" (Hanan 2009:137) and why some people fail to change their behaviour. This model is broken into three stages. The first is the labelling of high-risk behaviour as problematic. For example, not using condoms during sexual intercourse. Stage two is making a commitment to changing said high-risk behaviour. Stage three is seeking resources to and solutions to adhere to this commitment.

Though the effectiveness of each of these models can be disputed, I believe that in identifying which campaign is using what, themes will arise in their use, and this information can be used when constructing campaigns in the future.

ANALYSIS & RESULTS

I analysed seven different media campaigns, three from Canada and four from Australia (See Table 1). I aimed to find campaigns that were easily accessible to the public, so each of these campaigns was found by doing an Internet search. All of the media campaigns were directly targeted towards Indigenous populations, and this was made evident by either their content, or by an explicit statement.

Identifying the Models

Reasoned action theory, diffusion of innovations theory, hierarchy of events, and social marketing were all models employed in each campaign I analysed from both Canada and Australia (see Table 2). For example, in the case of ‘Condoman’ (see Figure 1), a comic book and television show character created to promote condom use in Australia, the creators employed reasoned action theory by creating culturally appropriate storylines that integrate cultural beliefs and norms with messages about the importance of safe sex. In other words, they are trying to influence people to change their behaviour by trying to associate safe sex with widely accepted social norms. By recognizing that talking about safe sex is not necessarily a norm, and in turn, by encouraging open discussions on the subject in a culturally sensitive way, each of the campaigns worked to appeal to their target audiences on a cultural level with the goal of motivating them to enact change.

Additionally, each campaign inherently employed the diffusion of innovations theory.

Figure 1. Condoman

(Luckhurst n.d. <http://www.simonluckhurst.com/condom.php>)

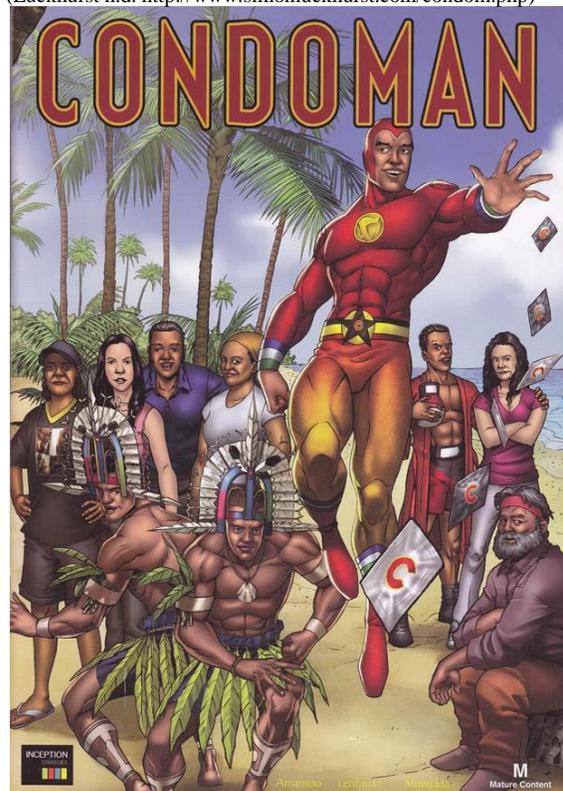


Table 1. Awareness and Prevention Campaign Analysis
(Smith 2016)

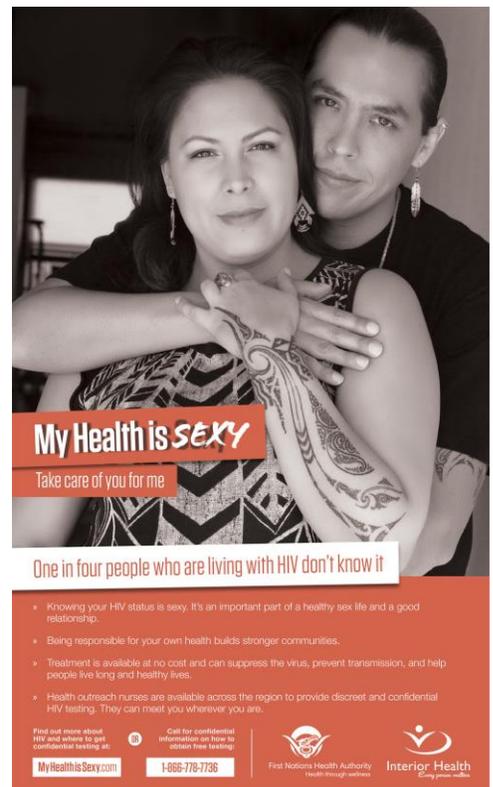
Prevention Initiative	Country of Origin	Funding	Target Demographic	Is Target High Risk?	Objective	Method of Communication
Aboriginal AIDS Awareness Week Campaign	Canada	<ul style="list-style-type: none"> Health Canada 	<ul style="list-style-type: none"> Aboriginal Non-Aboriginal Communities 	No	<ul style="list-style-type: none"> Raise Awareness Provide customized resources Use testimonials to put a face to the HIV/AIDS issue. 	<ul style="list-style-type: none"> Posters Fact Sheets PSAs
Pauktuuti HIV/AIDS Project	Canada	<ul style="list-style-type: none"> Health Canada Community/Corporate Donations 	<ul style="list-style-type: none"> Inuit Youth People residing or travelling to Inuit Communities 	No	<ul style="list-style-type: none"> Provide up-to-date and technically correct information on HIV/AIDS that is easy to understand and culturally appropriate To establish an Inuit-specific HIV/AIDS network to address HIV/AIDS at the community, regional and national levels. To open the dialogue about HIV/AIDS 	<ul style="list-style-type: none"> Posters Claymation Video Condom Covers Booklets Pins T-Shirts
My Health is Sexy – Aboriginal Campaign	Canada	<ul style="list-style-type: none"> Interior Health BC First Nations Health Authority 	<ul style="list-style-type: none"> Indigenous Community of Interior BC Indigenous gay men 	No	<ul style="list-style-type: none"> De-stigmatize HIV/AIDS Encourage all Indigenous, sexually active adults in the region to get tested 	<ul style="list-style-type: none"> Posters Postcards Coasters Condoms
Proud to be Black, Proud to be Gay	Australia	<ul style="list-style-type: none"> Australian Federation of AIDS Organizations 	<ul style="list-style-type: none"> Australian, Gay, Indigenous Men 	Yes	<ul style="list-style-type: none"> Encouraging gay men to talk to each other About HIV/AIDS 	<ul style="list-style-type: none"> Posters
Condoman and Lubelicious	Australia	<ul style="list-style-type: none"> Queensland Association for Health Communities (QAHC) Queensland Aboriginal and Islander Health Council (QAIHC) 	<ul style="list-style-type: none"> Indigenous Youth 	Yes	<ul style="list-style-type: none"> Empower people to make their own sexual health decisions and take control of their own sexual health. 	<ul style="list-style-type: none"> Posters TV Show Condoms
Sistergirls Say	Australia	<ul style="list-style-type: none"> Australian Federation of AIDS Organizations (AFAO) 	<ul style="list-style-type: none"> Indigenous Transgender Women 	Yes	<ul style="list-style-type: none"> To raise awareness of sistergirl identity within the broader HIV/AIDS and sexual health service provision area To encourage safe sex and self/partner empowerment to take control of safe sexual activities Provide up-to-date and relevant sexual health information to target audience. 	<ul style="list-style-type: none"> Posters
Snakes are Dangerous in the Bush	Australia	<ul style="list-style-type: none"> Snake – an Aboriginal Condom Brand 	<ul style="list-style-type: none"> Indigenous Community 	Yes	<ul style="list-style-type: none"> Encourage condom use 	<ul style="list-style-type: none"> Posters Condoms

Table 2. Models Employed in the Campaigns
(Smith 2016)

Prevention Initiative	Health Belief Model (HBM)	Reasoned Action Theory	Social Cognitive Theory	Emotion Response Theory	Cultivation Theory of Mass Media	Diffusion of Innovations Theory	Hierarchy of Events	Social Marketing	Entertainment – Education of Behavioural Change	AIDS Risk Reduction and Management
Canada		X		X		X	X	X		
Aboriginal AIDS Awareness Week										
Pauktuutit HIV/AIDS Project		X	X			X	X	X	X	
My Health is Sexy – Aboriginal Campaign		X	X			X	X	X		
Australia	X	X	X			X	X	X		
Proud to be Black, Proud to be Gay										
Condoman and Lubelicious	X	X	X		X	X	X	X	X	X
Sistergirls Say		X	X			X	X	X		
Snakes are Dangerous in the Bush		X	X			X	X	X		

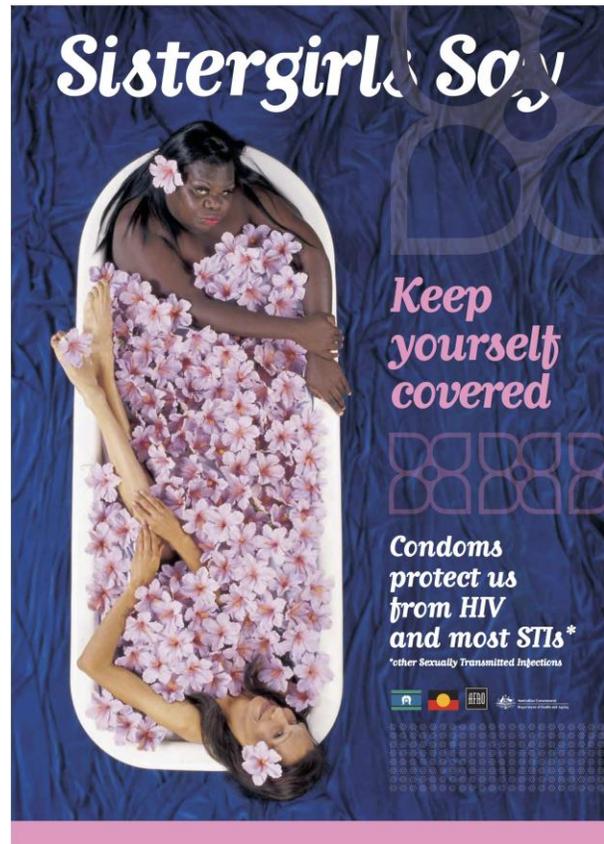
For example, the ‘My Health is Sexy’ campaign is a campaign from Canada that encourages First Nations people to get tested for HIV (see Figure 2). The message of this campaign is meant to make HIV testing a regular practice. The creators may not have realized this at the time, but they are essentially relying on an initial key group of people to take up the behaviour of being tested regularly, and to in turn lead others by example. Even if it is not explicit, I believe that each of these campaigns is counting on individuals to lead the process of accepting these campaign messages to thus enact change. A change in a group’s behaviour is not necessarily going to happen all at once. It takes someone leading by example to inspire others to follow.

Figure 2. My Health is Sexy
(FNHA 2015. <http://www.fnha.ca/about/news-and-events/news/sex-y-health-includes-knowing-your-hiv-status>)



Along the same lines, each campaign employs the hierarchy of events model. For example in the ‘Sistergirls Say’ campaign, which is a campaign from Australia aimed at empowering Indigenous transgender women to protect themselves when in engaging in sexual activities (see Figure 3). The message on the posters states “Condoms protect us from HIV and most STIs.” By giving their audience information about how to prevent HIV transmission, they are expecting people to see this information, expand their knowledge on the subject, change their attitudes towards HIV prevention, and thus change their behaviours.

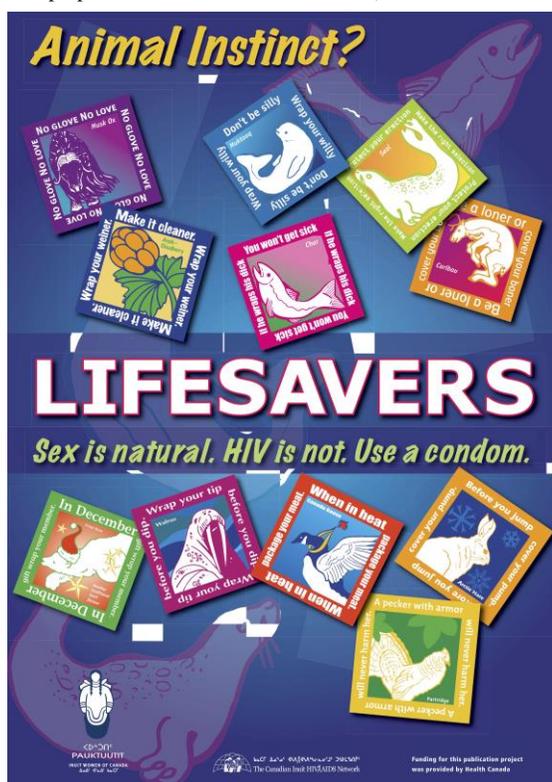
Figure 3. Sistergirls Say
(AFAO 2004.
<https://www.afao.org.au/library/posters#.VwsIhGN2Ngs>)



Finally, by using media to spread awareness of HIV prevention, each of these campaigns is utilizing social marketing theory. Each campaign is attempting to make conversations surrounding HIV transmission and prevention more socially acceptable by spreading awareness via media. All of the campaigns use posters to spread awareness. Additionally, the ‘Condoman’ campaign utilizes its comic book and television series to spread its message to a wider audience. Furthermore, the Pauktuutit Inuit Women of Canada (PIWC) prevention campaign produced puzzles, pin, t-shirts, and a claymation video to really spread their message about HIV prevention to a younger audience. Finally, four of the campaigns created campaign-specific condoms. For example, the PIWC prevention campaign provides templates online to print out that fold into condom covers (see Figure 4). The condom covers feature humorous slogans such

Figure 4. Pauktuutit Inuit Women of Canada Prevention Campaign

(Pauktuutit Inuit Women of Canada 2001.
<http://pauktuutit.ca/health/sexual-health/>)



as “Don’t be silly, wrap your willy.” These are meant to put a funny spin on the more serious message about the importance of safe sex. The ‘Snakes are dangerous in the bush’ campaign is itself an advertising campaign for Snake Condoms (see Figure 5), a condom brand that was produced and marketed to appeal to young Aboriginal Australians who did not regularly use condoms when engaging in sexual activities. (Lloyd 2004). Lloyd (2004) stated that Aboriginal people saw condoms as an inherently “white’ thing”. They did not see condom use as culturally relevant to them, and this was because condoms were not traditionally marketed

in a way that appealed to the Aboriginal population. There was nothing culturally relevant in any of the promotional messages of traditional condom companies. Therefore, by creating a condom brand that specifically targeted Australia’s Aboriginal community, by using the colours of the Aboriginal flag; they were addressing a major problem regarding condom use within the Aboriginal community.

Identifying the Effective Measures

All of the campaigns also have a lot in common with regards to the effective measures employed (see Table 3). All of the campaigns utilise visuals to entice their target audience by using colours and/or images in their posters. For example, the ‘Condoman’ campaign uses bright colours and animations to grab the audience’s attention. Though the Canadian campaigns did not use as much colour as the Australian campaigns, they still used pictures and images to make their campaigns more visually appealing. For example, the ‘Aboriginal AIDS Awareness Week’

campaign posters use images of community members on their posters to not only catch the audience's attention, but also to help the audience relate to the campaign's message (see Figure 6).

All of the campaigns also took cross-cultural and socio cultural contexts into consideration. This was made evident by the use of community specific colours, images, and language. For example, the 'Proud to be Black, Proud to be Gay' (see Figure 7) campaign utilised the word 'Black' to refer to their target audience. This is the term that is used within the Indigenous community of Australia to refer to individuals of Indigenous descent.

Furthermore, all of the campaigns employed language that was either accessible to a diverse audience, or aimed at a specific audience. For example, the 'Condoman' television show features characters speaking using jargon unique to the Australian Indigenous community. Additionally, they incorporated certain words and phrases from Indigenous languages.

Additionally, each of these campaigns was fairly long in duration. For example, the 'Condoman' campaign has been around since the 1980s, and the 'Aboriginal HIV Awareness Week' campaign is an annual event, which is advertised all year long.

Finally, each of these campaigns included useful information. Most of the campaigns provided sources to get further information, and each communicated a message that was important. For example, the 'My Health is Sexy' campaign provides various resources to advance people's knowledge on the subject if you visit their website.

Figure 5. Snakes are Dangerous in the Bush

(Creative Spirits 2015).

<http://www.creativespirits.info/aboriginalculture/health>

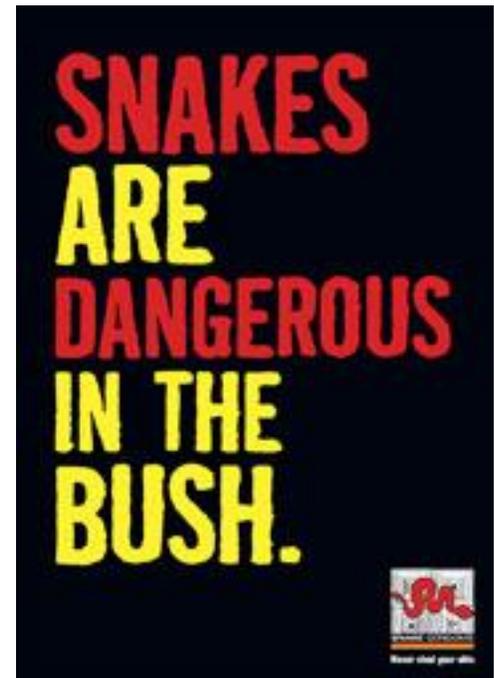
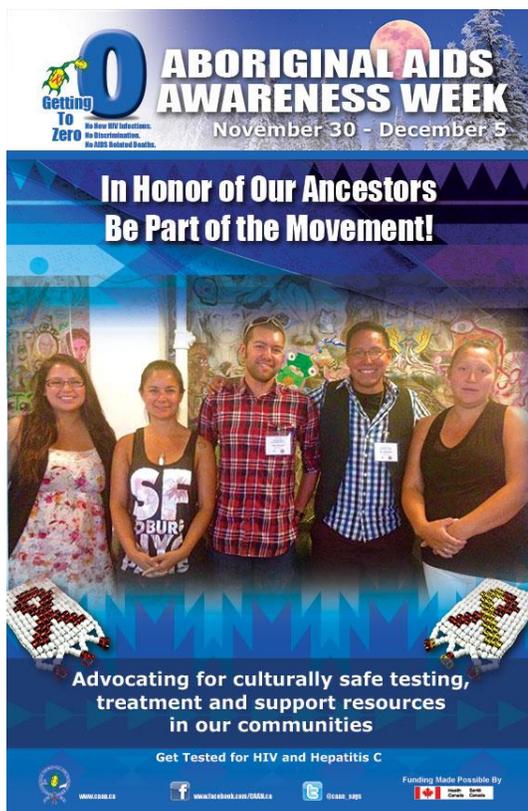


Table 3. Effective Measures Employed in Campaigns
(Smith 2016)

Prevention Initiative	Includes Supporting Material	Uses Visuals	Humorous	Positive Emotional Appeal	Fear Appeal	Cross-Cultural & Socio-Cultural Contexts	Repetition of Message	Demographic and Geographic Profile	Language Consideration	Long Campaign Duration	Usefulness of Contents
Canada											
Aboriginal AIDS Awareness Week Campaign	X	X		X		X		X	X	X	X
Pauktuutit HIV/AIDS Project	X	X	X			X		X	X	X	X
My Health is Sexy – Aboriginal Campaign	X	X				X		X	X	X	X
Australia											
Proud to be Black, Proud to be Gay		X				X		X	X	X	X
Condoman and Lubelicious	X	X	X			X	X	X	X	X	X
Sistergirls Say		X	X			X		X	X	X	X
Snakes are Dangerous in the Bush		X	X			X		X	X	X	X

Figure 6. Aboriginal AIDS Awareness Week
(AAAW 2015
<http://aboriginalaidsawareness.com/media-materials/>)



Additionally, the Pauktuutit Inuit Women of Canada provides countless resources on their website as well. These resources range from leaflets on HIV prevention, to information booklets on how to care for those already suffering from HIV/AIDS. All of these resources are available in both English and Inuktitut.

Surprisingly, none of the campaigns employed fear appeal. Rather, they chose to approach HIV prevention in a more positive light. Rather than trying to scare people into submission, they chose to promote HIV prevention by providing people with the facts in a less aggressive manner. Four of the campaigns employed humour to entice their

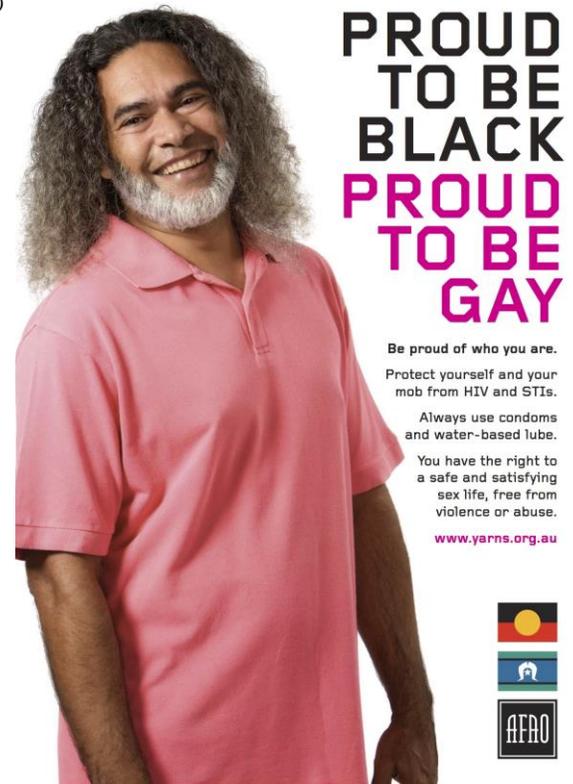
audiences. Three out of these four were Australian campaigns.

Only one of the campaigns employed positive emotional appeal. The Aboriginal AIDS Awareness week campaign featured photos of community figures and families, which appeals to the audience as these images promote a sense of unity within the community. Finally, only one, the Condoman campaign, employs repetition through the television series. While each episode has a different storyline, the overarching message of safe sex and condom use is repeated in each episode.

In analyzing these campaigns it was made evident that it was not the way in which the campaigns were constructed that differs between Canada and Australia, it was who they are targeting specifically that differed. Australia has identified their highest risk groups and implemented campaigns specifically targeting them. For example, the ‘Proud to be Black, Proud to be Gay’ campaign targets Indigenous gay men, the ‘Sistergirls Say campaign’ targets Indigenous transgender women, and ‘Condoman’ targets Indigenous youth. Though Indigenous youth are not necessarily a high-risk group in Australia, they have the potential of joining one of the high-risk groups as they grow up, so it is important that there are prevention campaigns out there that aim to educate people on the importance of HIV prevention from an early age.

Figure 7. Proud to be Black, Proud to Be Gay

(AFAO 2009. https://www.afao.org.au/library/search-library?queries_keyword_query=ptb_posters#.VwsZhWN2Ngs)



DISCUSSION

I argue that there are very few awareness and prevention campaigns specifically target the Indigenous communities of Canada and Australia. For this research, I could only find seven in total from Canada and Australia. That is not to say that more do not exist, however, my aim was to analyze campaigns that were easily accessible to the public. In other words, campaigns that had the most chance of being seen. This argument is furthered by Hoffman-Goetz and colleagues who argue "...the media may not be framing adequately enough the need for preventive information and effective interventions within Aboriginal communities to reduce people's misconceptions about HIV/AIDS risk" (2005:160). Hoffman-Goetz et al. (2005) argue that the reason there are so few campaigns is due to the fact that Indigenous communities are not seen as a group who needs to be targeted. The argument also stems from the work of Ward and colleagues (2014) who argue that though the current situation in Australia's Indigenous community is good in regards to HIV/AIDS, it is important to look at other countries and how fast HIV has escalated within their Indigenous communities without the intervention of effective strategies and actions (276).

In the campaigns that are present, the two countries have a lot in common. In discovering that all of the HIV awareness and prevention campaigns specifically targeting the Indigenous populations of Canada and Australia that were analyzed employed various models and measures that have been proven to be effective, it was made evident that it is not the way in which the campaigns are being constructed or disseminated that differentiates that makes Australia's campaigns more effective. Though each of the campaigns analyzed did have a specific demographic profile which they were targeting, namely the Indigenous populations of Canada and Australia, the Australian campaigns were much more precise in identifying their target audience. The aspect that most differentiates the two countries is the fact that Australia's

campaigns target specific high-risk groups, whereas Canada's do not. The campaigns from Canada target the Indigenous population as a whole, without taking into consideration the high-risk groups that are present within this population. The effectiveness of Australia's campaigns can most likely be attributed to the fact that they are custom making campaigns to appeal to specific audiences. Therefore, I argue that prevention programs and awareness campaigns specifically targeting the Indigenous community are the surest way to minimize transmission of the disease within these high-risk populations. Chowdhury and colleagues (2013) argue "[v]arious researcher have argued that HIV preventions programs tailored specifically for populations and contexts have the best chance of being received and used" (151). This has been made evident in Australia where campaigns, such as 'Condoman', not only targeted the Aboriginal community, but also raised awareness as to the most immediate risk factor leading to HIV transmission, unprotected sex (Ward et al. 2014: 269). 'Condoman' was created in 1987, right in the middle of when the HIV/AIDS epidemic was at its peak. He has become a nationwide icon for safe sex. Although the introduction of 'Condoman' and today's low HIV transmission rates within the Indigenous community of Australia can be correlated, causation cannot be implied without further analysis. 'Condoman' engaged Indigenous youth in the discussion about safe sex and being aware of the risks of not using protection in a way that was different from any other sort of campaign (Ward et al. 2014: 269). Mainstream campaigns will not work to fix the problem within Indigenous communities. It is imperative that the different characteristics of the disease are addressed in awareness campaigns and prevention programs specifically targeted towards the Indigenous community to be most effective.

Another difference between the campaigns of each country is that of overall presentation. Though both countries utilised visuals in their campaigns, Australia's campaigns appear to be much more evocative than those of Canada. Australia uses more eye-catching colours and

images to garner attention. Their campaigns almost appear to tell a story. Canada's campaigns in comparison are fairly lack-lustre. They do not necessarily grab your attention with their visuals, and their headlines are not bold or compelling. The Canadian campaigns also appear quite visually disorganized. The use of multiple images and various blocks of font make the posters less attractive. Canada's campaigns are not as straight to the point as Australia's campaigns. There is a lot of small font on the posters requiring you to stop and read the fine print before knowing what the campaign is really about. Van Dalen and colleagues (2002) state, "The mistake most frequently made is to put too much information on your poster. Your poster should be an eye-catcher, containing a brief message, understood at a glance" (79). The 'three second hit' is the name given to the idea that you have three second to catch your audience's attention before they move on, therefore it is imperative that poster campaigns are not cluttered and that they can convey the campaigns message in about three seconds (Van Dalen et al. 2002:79).

Moreover, as stated earlier, the high-risk groups within the Indigenous communities of Australia and Canada are different than those of the non-Indigenous population. Furthermore, I argue that these high-risk groups are high risk because of the lack of knowledge circulated through the community about HIV/AIDS. I build this argument upon the work of Morrison-Beedy and colleagues (2001) who discovered that Native American women lacked knowledge or were misinformed about HIV-related risk-behaviours. For example, some of the women believed they could contract HIV by donating blood, or from a toilet seat. Additionally, many women believed that withdrawal during intercourse, douching, or taking vitamins would prevent them from contracting HIV (Morrison-Beedy et al. 2001:490). It is this kind of misinformation that puts certain groups at high risk, and I argue that this concept can also be applied to the young Indigenous population who are at high risk. If they are not being made aware of the implications of risky behaviours, such as unprotected sex and needle sharing, they too are unknowingly

putting themselves at risk. This makes the creation of high-risk group specific campaigns even more important.

Recommendations

In order to mitigate the HIV problem within the Indigenous community of Canada, and to maintain the low transmission rates within the Indigenous community of Australia, it is imperative that more HIV prevention and awareness campaigns are implemented. Health Canada, being the source of funding for most of the campaigns from Canada, needs to strive to identify and target the groups at highest risk of contracting and transmitting HIV in order to create prevention and awareness campaigns specifically targeted towards them. Additionally, neither country targets injection drug users or women directly in their campaigns, even though they are high-risk groups in each country. Therefore, it is crucial that these groups are specifically targeted in campaigns as well. Youth are especially important to target because they are the future generation. If they are made aware of the risks of HIV from an early age, it is more likely that they will be able to avoid these risks as they grow up.

Chowdhury and colleagues state, "...including members of the target population in developing and implementing HIV and AIDS programs is one of the best ways to tailor programs" (2013: 151). Therefore, Indigenous groups should be consulted during the creation of HIV awareness and prevention campaigns so that the creators of the campaign can best understand what is needed in these campaigns. In some cases it is likely that the people creating the campaigns are not a part of the community that they are trying to target, therefore they are not aware of the things they could include in the campaign to make it appeal to the target audience most effectively. In an ideal situation, community-based research (CBR) would be conducted within these target communities in order to discern how to create campaigns that are

both culturally sensitive and effective. Flicker and colleagues (2015) discuss the advantages of CBR when researching HIV within Indigenous communities:

As communities are becoming aware of the tension that may exist between biomedical research ethic and their own concerns (for instance, a biomedical emphasis on individual rather than communal harm and benefits), they are increasingly establishing their own internal review structures that are more responsive to their local needs. “In a good way” is an expression used by many Aboriginal communities to denote participation [in research] that honours tradition and spirit. (Flicker et al. 2015:1149)

In other words, who better to consult on their needs and what would resonate most with them than the community itself?

Importance of Research

This research is important because many of the Indigenous populations of the world experience so much discrimination and stigmatization as it is. It is not right that while Canada as a whole is seeing a decrease in new HIV cases; the Indigenous community continues to be disproportionately more affected by the disease. Not only is little known on how HIV/AIDS affects Canada’s Indigenous population, there are very few awareness and prevention campaigns that specifically target this group. Being that Canada’s Indigenous population is a fairly young population as a whole (Romaniuc 2000:98), it is important that they are educated on the implications of HIV/AIDS so as to not spur an HIV/AIDS epidemic in the future. An epidemic could prove devastating to Indigenous population of Canada as it has experience so much adversity at the hand of the settler colonial society as it is.

In Australia, though the HIV/AIDS situation within the Indigenous population appears to be under control, however, scholars have cautioned that this be celebrated with optimistic caution, stating:

[W]e know the experience from our Indigenous populations globally just how fast HIV can escalate in the absence of effective strategies and actions, and we need to rethink our strategic policy response and ensure those in the Indigenous community most vulnerable, receive targeted interventions aimed at reducing HIV transmission.

(Ward et al. 2014:276)

This quote speaks to the importance of not only implementing awareness and prevention campaigns, but also maintaining them and changing them as the environment changes.

Overall, it is important to do this research to help stem the problem in Canada, and continue to ameliorate the situation in Australia.

Limitations

Though the number of HIV awareness and prevention media campaigns that are available for analysis validates this research, at the same time it limits it as well. In order to have a more concrete analysis, more media campaigns would have been beneficial. I used only media campaigns that could be found easily online. Ideally, if I would have had access to sexual health clinics all across Canada and Australia, the number of campaigns might have been larger. However I only have access to sexual health clinics in part of Western Canada, and I did not want that to be an advantage in Canada's favour. I aimed to keep the numbers as even between the two as possible for the sake of comparing the content and delivery.

Additionally, this research is limited by the fact that it is based solely on secondary sources. As I did not have ethics approval to talk to people about their experiences with HIV awareness and prevention campaigns, I relied solely on information that was available through

the University of Victoria library and online. This means I was not able to incorporate an Indigenous perspective in this research.

CONCLUSION

The characteristics of HIV/AIDS within Indigenous communities are different than those of non-Indigenous communities. Very few awareness and prevention campaigns specifically target the Indigenous communities of Canada and Australia, and in the campaigns that there are, Canada and Australia have a lot in common regarding campaign construction. Where they differed most was their target audience. Where Australia targets specific high-risk groups, Canada does not, and this makes all the difference because different risk groups need different messages.

Further research on this topic is needed. In the future, this research could be expanded upon to include more media campaigns, including those not available on the Internet. To expand even farther on this research, it would be interesting to include prevention programs and campaigns as well. Finally, it would be interesting and very beneficial, to look at other countries with regards to how they are dealing with HIV/AIDS within their respective Indigenous populations.

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