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'Snag bags': Adapting condoms to community values in Native American communities

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Abstract
HIV/AIDS researchers working among Native Americans have consistently noted resistance to discussions of sexuality and the distribution of condoms. This resistance is inspired by long held values about shame and public discussions of sexuality. Also, American Indians have been reluctant to welcome public discussions of HIV/AIDS and sexuality from external entities, such as governmental agencies. As a result, Native peoples have some of the lowest documented condom use rates. However, innovations in culturally integrating condoms and safe sex messages into Native cultural ideals are proving beneficial. One such innovation is the snag bag, which incorporates popular Native sexual ideology while working within local ideals of shame to distribute condoms and safe sex materials to sexually active young people and adults. Using snag bags as an example, this research proposes that an effective approach to HIV prevention among Native peoples is not cultural sensitivity but cultural integration. That is, HIV prevention strategies must move beyond the empty promise of merely culturally-sensitizing ideas about disease cause. Instead of simply 'translating' HIV/AIDS programming into Native culture, prevention strategies must be integrated by Native peoples into their own disease theories and contemporary culture.

Résumé
Les chercheurs en matière du HIV/sida qui travaillent parmi les Amérindiens rencontrent invariablement des résistances vis-à-vis de toute discussion de la sexualité et de la distribution des préservatifs. Cette résistance est basée sur des valeurs qui, depuis fort longtemps, portent sur la honte et sur toute discussion en public de la sexualité. En outre, les Amérindiens ont beaucoup hésité à accueillir favorablement les initiatives en provenance d'instances extérieures telles que les organismes gouvernementaux visant à encourager un débat public autour du HIV/sida et la sexualité. En conséquence, le taux d'utilisation de préservatifs chez les Amérindiens est parmi les plus bas jamais relevés. Cependant, certaines initiatives visant à intégrer dans la culture des Amérindiens des messages à propos de l'utilisation de préservatifs et des rapports sexuels sans risque commencent à porter leurs fruits. L'une de ses démarches novatrices concerne le "sac à malices", qui, tout en tenant compte de l'idéologie sexuelle populaire amérindienne et de l'attitude de cette communauté vis-à-vis de la honte, distribue aux jeunes et aux adultes en activité sexuelle des préservatifs et autres matériaux favorisant les rapports sexuels protégés. Prenant ce "sac à malices" comme exemple, l'auteur suggère qu'une approche efficace de la prévention du HIV chez les Amérindiens devrait se focaliser non sur la sensibilité culturelle mais sur l'intégration culturelle. Autrement dit, toute stratégie de prévention du HIV devra aller au-delà d'une vaine promesse de respecter les sensibilités culturelles concernant les causes de la maladie. Au lieu d'une simple "traduction" des programmes anti-HIV/sida pour la culture amérindienne, les stratégies de prévention doivent être intégrées par les Amérindiens eux-mêmes dans leur culture contemporaine et selon leurs propres théories concernant cette maladie.

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Resumen

Los investigadores del VIH/sida que trabajan entre nativos americanos han notado una resistencia sistemática a hablar de sexualidad o la distribución de preservativos. Esta resistencia está inspirada en valores arraigados sobre la vergüenza y los discursos públicos en materia de sexualidad. Asimismo los indios americanos se niegan a aceptar que este tipo de discusiones públicas sobre el VIH/sida y la sexualidad procedan de organismos externos, tales como agencias gubernamentales. En consecuencia los nativos presentan una de las tasas más bajas del uso de preservativos que se haya documentado. Sin embargo, se han demostrado los beneficios de las innovaciones en aras de integrar culturalmente el uso de preservativos y los mensajes sobre seguridad sexual en los ideales culturales de los nativos. Una de estas innovaciones es la bolsa (snag bag) que forma parte de la ideología popular entre los nativos con respecto a la sexualidad. Con este tipo de bolsa se tienen en cuenta los ideales locales con respecto a la vergüenza para distribuir preservativos y materiales relacionados con la seguridad sexual a los jóvenes y adultos sexualmente activos. En este estudio hemos incluido estas bolsas como ejemplo para proponer que un planteamiento eficaz sobre la prevención del sida entre los nativos no consiste en sensibilidad cultural sino *integración cultural*. Es decir que las estrategias de prevención del sida deben ir más allá de la promesa sin sentido de que para hablar de la causa de las enfermedades hay que ser sensibles a las culturas. En vez de traducir simplemente los programas contra VIH/sida en la cultura nativa, los nativos deben incorporar las estrategias en sus propias teorías sobre enfermedades y en su cultura contemporánea.

Keywords: *Condoms, Native American, American Indian, cultural integration, shame, HIV/AIDS*

Introduction

Over the last 10 years, HIV prevention organizations have made inroads concerning increased infection rates for Native Americans (NA) by distributing condoms and prevention literature as well as training Native health professionals to provide HIV/AIDS instruction. A major component of outreach efforts centres on the distribution of condoms and literature about HIV/AIDS at powwows, ceremonies, bars and other social occasions and spaces where Natives dominate.

Powwows and ceremonies are social gatherings with an explicit cultural focus where individuals gather to participate in dancing, singing and socializing. Powwows and ceremonies can be specific to a particular tribe, familial group or can be multi-tribal gatherings drawing on regional or national Native populations. Multi-tribal social gatherings such as powwows, as well as tribally specific ceremonial occasions, offer opportunities for HIV/AIDS prevention specialists to reach large numbers of people. However, many outreach personnel have met some resistance to talking about sex and HIV/AIDS in public forums. Their job is made more difficult by many Native Americans lack of comfort in public discussions about sex and sexuality.

It is widely acknowledged that Native peoples, especially people who are now in their late-20s and older, are uncomfortable discussing or acknowledging sexuality in public forums. In response, many non-Native and Native organizations attempt to be ‘culturally sensitive’ when discussing sexuality and healthy sexual habits. Yet, despite increased efforts at HIV/AIDS prevention outreach and attempts at transforming taboos surrounding public discussions of sexuality, Native peoples continue to have significant per capita infection rates, and increased numbers of infections between 1999 and 2002 (Centers for Disease Control and Prevention 2002, 2003).

Previous research concerning the difficulties in bringing HIV and AIDS-related knowledge to Native American communities discusses attempts to produce ‘positive outcomes’ for ‘culturally sensitive’ HIV/AIDS prevention programmes in ‘consultation’ with Native peoples (Baldwin *et al.* 1996). Weaver (1999: 31) points out: ‘Although many

prevention programs claim to be culturally relevant because they use Native American staff and Native American specific material, these factors alone do not ensure a culturally relevant program'. Accordingly, it is argued that a more effective approach to HIV prevention among Native peoples is not cultural sensitivity but *cultural integration*. That is, prevention strategies must move beyond the empty promise of merely culturally-sensitizing outside ideas about disease cause. Instead of simply 'translating' HIV/AIDS programming into Native culture, HIV prevention strategies must be de-colonized and integrated by Native peoples into their own disease theories and contemporary culture. This argument inevitably requires programmes to not only focus on 'outcomes' but to also focus on the 'process' of cultural integration. The process of cultural integration requires prevention efforts to adapt to broader community derived and tribally specific disease theories and contemporary culture.

In this paper several factors are examined that influence prevention education and it is discussed how certain barriers can be overcome through the creation and use of culturally relevant techniques. It begins with a discussion of the social values of shame and how these can hamper public discussions of sexuality and the distribution of condoms. However, it is also proposed that HIV prevention efforts should not have as their goal altering cultural values. Rather it is suggested prevention must come from the cultural ideology of the community; a crucial aspect of any prevention programme. The author continues to examine 'snagging', sexual trysts among Native American Indian youth, as long standing cultural adaptation to shame and community surveillance, but also as a potentially problematic cultural practice for HIV prevention. Then the snag bag is examined, a paper bag used to disguise condoms and STD materials for distribution in public contexts, as a culturally relevant prevention tool; one that does not act as a vehicle of change, but rather works within popular conceptions of sexuality and shame to produce a positive association between condoms and Native values. Finally, it is examined how snag bags may work to integrate the idea of condom use into contemporary Native cultural ideology and the implications for further HIV/AIDS prevention programming.

Methods

The material presented here comes from six years of ethnographic research with Native American HIV prevention workers, Native American persons living with HIV/AIDS and recent intensive ethnographic interviewing among 52 Native Americans concerning their attitudes toward HIV and AIDS. The data came as the result of two multi-tribal major research projects focused within the Western USA, the first project focused on the experiences of Native American Indian men who have sex with men (1999–2003), and the second focused on Native attitudes toward HIV/AIDS and included community members and HIV/AIDS field workers (2004–2006). The data for the first project was collected solely by the author (Gilley 2004, 2005, 2006) and the data for the second project was collected by the author and two Native American community-based ethnographers. All participants were recruited through established contacts with social networks and snowball sampling. All participants were self-identified as Native American. Individuals who identify as 'traditional' predominated in the data collection. Traditional refers to social participations that are explicitly Native. Researchers collected participant observation data in the form of field notes, formal tape recorded interviews, and written demographic survey data. Interviews were transcribed and correlated with demographic survey data. Informed consent was sought for all research activities. The research protocols were reviewed by

Institutional Review Boards at the University of Oklahoma and the University of Vermont, US. At the request of participants their identities and specific geographic location has been protected. The original research questions did not seek information on snag bags; rather the information and analysis presented here was the result of observing the development of snag bags as a potentially effective form of HIV prevention.

Findings

Shame, sexuality and condoms

HIV prevention workers in Native communities often point out that they must negotiate certain cultural ideals in their efforts at public outreach and sexuality programming. Traversing the ideological space where misinformation and cultural values collide is particularly trying. Cultural ideals that can make prevention difficult come in the form of deeply cherished traditional values that guide individuals in the proper ways to behave in public and familial contexts. The values in question centre around the conception that everything one does and says reflects on the values of their kin and potentially on their tribe.

What is known as 'shame' in some contemporary Native communities is a form of social control and education used to teach children how to be a member of a community, but also is a mechanism for maintaining community. While shame is not a unique form of social control, it takes on specific characteristics among Native peoples. Within contemporary Native communities, shame works to transmit social values, but also to maintain community cohesiveness. A common phrase across tribes is 'I was shamed out'. To be shamed or 'shamed out' is to have someone from your family or social circle, or yourself, act in an inappropriate way that draws negative attention to you and your relations. It is considered wrong to shame yourself and even worse to shame your family.

In his book on the Comanche, Foster (1991) traces the social value of 'saving face' from early contact to the present day. Foster argues that the monitoring of social conduct at public gatherings such as powwows and ceremonial meetings worked to reinforce the cultural values that made the Comanche unique as well as providing for a cultural context for the maintenance of Comanche identity. Efforts at saving face are not unlike efforts of avoiding shame. Foster states, 'Each form of public gathering brought together people whose interaction was unsupported by compelling personal relationships, requiring a mutual concern for the face of those present to support cooperative involvement in the social occasion' (1991: 128). Among the Comanche, a person could shame him/herself by attending a powwow drunk (an extreme example), by a lack of generosity or by simply failing to respond appropriately to an elder. Within certain tribal societies there are specific behaviours that will result in shame, but may not within another tribe. Furthermore, shame may work across a variety of religious and social orientations. Natives who are Christian may have different ideas of shame than those of a traditionalist, just as an urban Native may differ with someone who lives on a reservation. At the same time, one can comfortably generalize that public displays or discussion of sexuality has the potential to draw shame.

Public discussions of sexuality can be seen as disruptive in other ways as well. For example, Sears (2002) found that the 'Harmony Ethic', or *gad u gi*, among the Eastern Cherokee, was determining the efficacy of sexual education programmes. The Harmony Ethic as described by Wetmore (1983: 52) states that Cherokees believe that individual

behaviour should not be pressured and that a person should not force another person's behaviour; rather, people should seek harmony with one another through non-interference. Sears found that 'valuing consensus and eschewing conflict is evident in Cherokees' approach to teen sexuality' (Sears 2002: 168). That is, school administrators feared upsetting parents and the community with programme that dealt with sexuality and STDs in candid ways, while community members who felt strongly about pushing safe sex agendas were seen as being divisive. The result was that the Cherokee Boundary community did not have a cohesive sex education programme and created a situation where 'the quiet distribution of condoms coupled to a less than comprehensive approach to teaching sexuality, the lack of student interest and involvement, the inability to communicate with children about sex and the less than full support of school officials' created a context making it difficult to reduce teen pregnancy and unsafe sex (Sears 2002: 168).

Likewise, researchers often comment that the modesty and conflict avoidance required by most Native value systems can create difficult situations when attempting to publicly discuss issues of sexuality, sexual orientation and sexually transmitted diseases (Vernon 2001: 30). John, an Osage HIV/AIDS outreach worker, comments on his first trip to a tribal headquarters to give a presentation on Natives and HIV:

> If you are a stranger to that tribe, they are going to be guarded anyway. But the first time I ever talked to anybody they had closed arms, there were no smiles, there was no response. Of course I was thinking that they hated the presentation, but I also had a few people come up and talk to me off to the side about a relative. But mostly I got blank looks and they shut us off. We knew we were challenging the way our people talk about sex.

While Natives who work on HIV and AIDS recognize that the use of shame does the work of community and cultural maintenance, it may also be working against their efforts to combat transmission of HIV among Native peoples. It is becoming rarer for tribal communities to resist public presentations about HIV and STD prevention within their communities and most tribal governments are fully behind any interventions necessary to prevent further infections. However, what HIV/AIDS specialists have found is that it's not official forms of disapproval that are making their job difficult. Rather, they cite many Native people's unwillingness to be open about sexuality in social and familial (non-clinical) contexts out of a fear of immodesty and shame. An HIV counsellor comments on attitudes about sexuality and condoms:

> The young people are more receptive to accepting condoms, but not in front of the elders. Adults, especially if they were raised by dominant Christian society, they don't discuss sex, they don't discuss condoms. It is a topic that is never brought up.

It has been shown that Native Americans have some of the lowest rates of condom use (Brassard and Valverde 1996, Calzavara *et al.* 1998, Edwards 1992, Fenaughty *et al.* 1994, 1998, Simoni *et al.* 2004). Mitchell *et al.* (2002: 413) found that only 41% of Native Americans youths who were sexually active reported using a condom at their last sexual intercourse. The reasons for low rates of condom use range from substance abuse to beliefs about susceptibility to HIV and some people just refusing to wear them. In one interview, a man who has both male and female partners told the researcher:

> Respondent (R): Well, I just never have liked condoms. I mean, I, I don't like 'em, I didn't use 'em when I was married, you know, to a woman, I don't use 'em. I always thought it's a woman's thing,

> it wasn't mine. I just never was comfortable using one, you know. To me, puttin' condoms on it's—it's dumb. There's no feeling to it.

While the challenges in encouraging Native people to protect themselves with condoms are in many ways little different than in other populations, there remain cultural factors that must be taken into consideration. In order for Native peoples to use condoms, they must first be willing to buy them or accept free condoms from clinics or outreach workers. One Creek client discusses his efforts to get his young relatives to use condoms.

> I: Do you think the native community is doing enough, or what's their attitude towards HIV in your area?
> R: They don't really talk about it, because they think it's just mainly the gay disease.
> R: You know, I've been telling my nephews, now that they're of age and they're being 'out there.' I make sure they have condoms, you know. The condoms, I make sure that they get 'em. Even the girls, I say, take these, 'cause they're 12, 13, they're, you know, startin' to have boyfriends and girlfriends. I make sure, I say take this. Uh, you don't have to use it. I'm not sayin' you do have sex; it's just to be safe.
> I: Right. How do they react to that?
> R: The parents don't like it because they say I'm givin 'em an excuse to have sex. I said, no, I'm just preventing them from getting sick. Infected.
> R: Like the boys, you know, they think it's funny.
> I: They think it's funny?
> R: Yeah.

Besides being reluctant to accept condoms from family members, the HIV and AIDS workers represented in this paper felt that the majority of people they encountered were unwilling to accept free condoms from an outreach worker in a public context or pick them up from a booth at a powwow or other event. They found that their clients would only accept condoms if they were disguised somehow, or were given to them behind the closed doors of the clinic. A person who is known as the 'condom man' at powwows stated:

> You cannot just take a condom and hand it to an Indian. You have to put it in a bag, like a snag bag. If we have it wrapped up and then give it to them, then they are more receptive. You can't just hand them a bunch of condoms, cause then they are shamed out. They want to avoid public acknowledgement that they are having sex or random sex. At first I dipped into the bag and handed a handful of condoms to a guy and he dropped them and jumped back. He acted like they were on fire. Because people were watching and the big thing is, you don't want to be shamed out. I learned and started putting them in a white prescription bag from the Indian clinic pharmacy.

The ways that shame frames sexuality and the Native experience is therefore reflected in many issues surrounding condoms. However, parallel to the social institution of shame there are cultural adaptations to community surveillance of one's sexuality and behaviour. These adaptations come in the form of social practices that have their roots in modern Native cultures.

Snagging: Sexuality, cultural context, and risk taking

Over the years, Native youth and single adults have found ways around shame and the surveillance of their community's watchful eyes, particularly when it comes to partying and

having romantic interludes. This adaptation comes in the form of snagging. 'Snagging' is a slang term used in some Native American communities to reference a casual sexual encounter with someone. Snagging is to engage in a clandestine sexual tryst or romantic interlude out of surveillance of one's family or elders, thereby avoiding the violation of community rules about public affection and sexuality. Snagging has a history of being associated with community events, such as the secret social singing and drinking after powwows, known as 'forty-nines' (49s), where community rules are transcended by mostly youth. According to a Lakota elder now almost 70, snagging used to be a way for Native boys and girls from other reservations, communities, or urban areas to meet one another at larger Native events such as regional powwows. Snagging was a way for the elder, a woman, to meet boys without formal courtship rituals demanded by her highly traditional grandmother. She said, 'We mostly talked, sang in groups, sometimes drank beer but were much too shy to touch or kiss'. Although snagging began as a casual form of courtship, it has developed a more serious sexual nature, where people are no longer simply kissing, but engaging in intercourse instead.

The move toward young people being involved in sex at a younger and younger age is not necessarily only an Indian issue. However, the issue of age at first intercourse is important because as attitudes toward sexuality change and the age in which young people engage in intercourse creeps lower every year, the way most Native communities deal with issues of sexuality is adapting much more slowly. While young people's inhibitions have loosened, community regulations on public displays of affection and discussion of sexuality have not. A 51 year-old Pawnee woman reflects on snagging and the singing and social drinking parties and 49s:

> I: It wasn't like the 'nines (49s) today.
> R: I'm sure they probably had 'em, but I never knew of them (49s) until I got a little older.
> I: What have you seen, back then how the forty-nines were, 'specially the word snagging? How was it different, back then, how it is different now?
> R: Uh, back then, you had stricter parents, that had structure, and provided structure, because I didn't get to go, I had to stay in. I could not get outside in the dark, ha! [laughter] And I had aunts that had sharp eyes that would tell on me in a second if I did anything wrong.
> I: Right.
> R: And they knew what could take place and they were protective. But you just, um, oh, it's so different, you know. Now you see little kids going, and the things they're subjected to and the things that are available to them was unheard of when I was growing up.
> I: What have you heard has gone on? What do you, what do you see or have heard, the things that are going on at a forty-nine?
> R: You know. [laughter] Uh, drugs, uh, uh, just-just like a free-for-all with sex.

One outreach worker who attends 49s to hand out condoms talked about what he has observed:

> At these parties there is a lot of sexual activity. Years ago there used to not be, but now there is a lot of snagging and having sex. The bad thing is that you top that off with alcohol, there's a lot of people who are risking getting infected, who are not using condoms, because their judgement is clouded. At powwows we really try to hit the 49s and pass out condoms there.

It might be reasonable to assume that there is some generational bias and exaggeration in the perceived promiscuity by the Pawnee and Lakota women above. However, it is widely recognized that snagging does not occur at 49s, but also at other community events such as

ceremonies and rodeos. The key component of snagging is the attempt to remove oneself from community view and regulation about sexual activity.

The kinds of casual romantic interludes called snagging are not unique to Native American peoples. However, the idea of snagging is a reflection of cultural ideas within Native popular culture; primarily adhering to community rules about proper behaviour while finding a place for sexual desire. In this way, snagging remains a way to avoid community surveillance and shame, but also functions to reinforce a distinctively Native sexual experience.

The fact that snagging is considered a form of sexual contact specific to Natives has the unfortunate consequence of conveying the idea that Native social contexts are inherently 'safe'. Many Natives Americans feel that they are not susceptible to HIV/AIDS. This assumption affects the likelihood that people will protect themselves with condoms when having sex with other Natives. HIV prevention workers and researchers have noted that many Native Americans feel that HIV will not affect Native peoples because they consider it to be a 'gay White man's disease' or isolated among non-Native populations in urban centres (Vernon and Jumper-Thurman 2002: 2, Vernon and Bubar 2001, Weaver 1999). Because snagging is conceived of as intimate contact between two Native American and as occurring in Native social contexts, many people who snag feel that protection is unnecessary. An Otoe mother of two comments:

> I: Why do you think people or natives in general don't wanna talk about HIV? Why do you think that is?
>
> R: I think that they think that it doesn't exist in our people. And I understand that, because I've worked with several other tribes in my job, year after year. And I had a relationship with a tribe at one time, an [Oklahoma] tribe. And they were havin' a counselling group and stuff like that. They had heard that we had a wonderful programme here [at the clinic] regarding HIV and AIDS. And this particular tribal person says, well, we don't have that here [in this tribe]. And I had brought pamphlets up there [to the tribe] at one time, working with them, and he told me that they don't have stuff like that, that that's not in their tribe. They do not have gay people, and stuff, and that's what he was telling me, and they do not have any other diseases like that [HIV/AIDS]. I said, you've got to be kidding me. You know what I mean? Come on.

The idea that snagging is a form of sexual intimacy with little risk is not unlike what Smith (2004: 431) found among evangelical Christian youth in Nigeria. He states: '… introducing the possibility of condom use was inhibited by the fact that condoms implied one's own or one's partner's infidelity. Just how protective "moral partnerships" were is an open question, but clearly many young people in Nigeria perceived that their risk of contracting HIV was minimized if they and their partners were good Christians'. In a similar way, snagging as a 'Native coupling' can embody a form of denial of risk potential in the same way as 'moral partnerships'. That is, individuals will assess the potential risks for sexual activity by taking into account whether the other individual is Native (not infected or susceptible to HIV/AIDS) and if the social context is deemed Native (free of HIV/AIDS risk) as well.

The internal cultural logic surrounding Native American sexuality and condom use may seem insurmountable. However, by shifting our attention from barriers we may find inspiration within American Indian popular cultural discourse. A shift from questioning Native American cultural values, and from interpretations of Native American sexuality developed through the lens of Western derived AIDS knowledges, toward cultural integration may provide a more productive approach to prevention.

Culturally integrating the condom

The basic snag bag is a brown paper bag that contains condoms, lubricant, Native focused STD and/or HIV/AIDS literature and local health care and HIV testing contact information. Sometimes the bags will also include female condoms and information on local GLBTQ services. Snag bags are distributed at powwows, clinics, tribal headquarters, Indian bars, and social events where Natives are present. Bags are typically placed in health related displays, on waiting room tables or given directly to clients by health practitioners. When distributing snag bags at powwows and social events, HIV prevention workers will mingle within the crowd, go to where young people are hanging out (including late night 49s), and will have bags sitting out with other health information at health service booths. The disguising of the condoms and other materials makes moving them through Native social spaces much easier, but also speaks to their integration into Native surroundings.

Snag bags draw their prevention potential from a Native popular culture, of which outsiders are barely aware, that exists parallel to and in concert with what is known as 'traditional' culture and values. Native youth will often adopt contemporary dress styles, such as hip hop, but will modify it through a Native lens. Companies that design and vend Native-themed clothing, such as Rez Dog Clothing Company and Tribal Tagz Clothing, sell items that incorporate Native themes into contemporary popular culture in America. For example, one can buy a t-shirt that looks like the NBA logo, but instead of a basketball player it depicts a warrior and says 'Native By Ancestry' playing on the 'National Basketball Association'. Or it is possible to purchase t-shirts and stickers that have popular Native sayings in Cherokee or other languages.

Snagging is similarly incorporated into American Indian popular culture. T-shirts play on the snagging theme by advertising 'snaggalicious' across the chest. These forms of popular American Indian culture give pop culture in general a Native spin. That is, they reinforce a modern Native identity through cultural innovations that also act as a way to preserve Native American identity amidst pressure to assimilate fully into US society. Snag bags represent the same cultural ownership that will be meaningful to community insiders and reinforce viewing what appears to be outside intervention through an indigenous cultural lens. Snag bags make condoms less about external non-Native views of sexuality and more about Native viewpoints. Snag bags adapt to the 'different sexual ideologies [that] form a complex web of suggestions and constraints that continue to shape the sexual cultures of young people' by combining Native culture and the message about safe sex (Dilger 2003: 27).

Accordingly, by working within Native popular culture, snag bags 'solve' several cultural issues surrounding condoms. They take the distribution of condoms out of the realm of community surveillance. By placing condoms in a bag they are reducing the possibility of shame. Everyone may know that there are condoms in the bag that their friend or relative just picked up, but they are not in the open, and therefore not subject to recognition. This is a simple solution to community concerns about having condoms out in the open, but more importantly it works within community ideas about shame rather than requiring people to alter their values in order to access HIV prevention. Making condoms less visible allows for indirect and symbolic communication about condoms and safe sex. For example, elders, parents and other older adults who see 'snag bags' might be less likely to disapprove of the distribution of condoms because the symbolic referent is changed. Instead of seeing condoms lying on a health outreach table and being confronted with the transgression of ideas about public sexual discourse, the snag bag obscures the actual condom while maintaining its purpose. Therefore, without a direct connotation to sex, the snag bag acts as a cultural mediator between shame and sexuality.

Middlethon (2001: 58) states that condoms are not always a means of 'attaining some goal,' i.e., avoiding infection, but rather condoms are signs that act as a means of communication. Condoms embody a set of experiences, motivate people to action or inaction, and can contain meanings. In this sense a condom given to someone outside of cultural context or as a way of implying something negative about the person receiving the condom may invoke certain feelings that would prevent its use. The prevention potential of snag bags are as a symbol of Native sexual ideology which increases its cultural capital within Native American social milieu. Additionally, the snag bag does not invoke issues of morality about snagging, but rather gives condom use legitimacy within Native social and cultural contexts and, most importantly, Native American sexual ideology.

Community values and the condom

Native American HIV prevention workers have recognized that snag bags offer an alternative to the canned, one-size-fits-all, prevention strategy. Native American, are a population who are dealing with multiple intervening problems, such as poverty, poor health, and racial discrimination—problems which they view as largely brought to bear by external forces. The argument could be made that externally standardized methods of assessing risk and reaching at-risk populations are lost on many Native peoples because those strategies lack the nuanced cultural relevance needed to make an intervention important to a specific population.

Inevitably the most important question we need to ask is: what is the value of the practice to the community? That is, what is the value of 'safe sex' to Native Americans today? These values are no doubt the same as within other populations, such as reducing overall AIDS related illness and death, keeping HIV from spreading, and reducing infections among children. However, the symbolic aspects of these goals may differ for Native American. Most standardized AIDS knowledges and prevention materials emphasize the goals of prevention on the individual level. This emphasis of an individual's responsibility to themselves however does not necessarily reflect many tribal cultural ideologies. Rather, in most Native societies the community and family are the most important. Therefore, any prevention strategy must illustrate its pertinence within the relationship between the individual and the community. Accordingly, any individual protective measure must articulate with recognizable community values. For example, the idea of 'survivability' is the notion that one's tribe will only continue if certain cultural practices are continued and passed on, if people carry on a healthy lifestyle, if the people work together to insure the continuation of the community and if the people maintain a level of social and political autonomy over their lives. Survivability, along with sovereignty, community and tradition are communally held values often spoken about among Native American. These values have specific meanings embedded in specific tribal social histories and practices. The value of survivability is one giving primacy to the community, but it also articulates with the individual. That is, it is an individual's responsibility to the community to maintain his/her health and his/her social commitments to insure that future generations are born and supported. Therefore, to protect oneself from HIV might be thought of among some tribes as an obligation to the community rather than to oneself. While this may puzzle some Western biomedical and 'helping' professionals, it represents an internal logic known to many tribes. The key to successful HIV prevention strategies is to understand how this internal logic frames behaviour as well as how it gives meaning to every aspect of people's lives.

The snag bag helps bridge the gap between the individual and the community by integrating the condom into widely held cultural values. In dealing with the delicate issue of sexuality, snag bags have turned a potential 'barrier' into an asset. An aspect of cultural ownership of condoms is created by playing on snagging and adapting the condom to ideas of shame. Herein lies the potential to connect other prevention strategies to larger Native social values.

The goal of this paper has been to present a brief portrait of a unique prevention strategy. It has also been to argue that as researchers and prevention practitioners we need to view cultural practices and ideologies as potential sources of inspiration for our work. More specific conclusions necessitate further research on the effectiveness of culturally integrating HIV prevention strategies. In particular, there should be studies that examine the use of local concepts, such as sovereignty, as relevant inspirations for interventions. In general, more attention needs to be paid to the ways the standardized 'AIDS knowledges perspective' in research among indigenous peoples displaces local knowledge and inhibits prevention.

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