



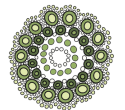
# What we do well: stories of love, sex and relationships

## Recommendations report for the project ‘Fostering the sexual well-being of Aboriginal young people by building on social, cultural and personal strengths and resources’

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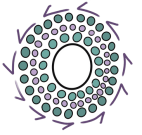
**Organisations:** UNSW Sydney, Charles Darwin University, University of Sydney, University of Melbourne, University of Queensland, University of British Columbia, South Western Sydney Local Health District, Nepean Blue Mountains Local Health District, Family Planning NSW.

## Why we did the research



We conducted this research to counter a dominant narrative in the literature concerning Aboriginal young people and their sexual health that positions them as necessarily risky and in need of help. While Aboriginal young people are disproportionately affected by sexually transmitted infections (STI), the existing research literature on their sexual health has been dominated by problem-oriented studies reporting on risky sexual practices, poor STI prevention, teenage pregnancy and lack of access to health services. These studies can provide important insights into young people’s sexual practices; however, they also reinforce deficit views of Aboriginal young people as risky and needing intervention.

In this research, we documented Aboriginal young people’s values and practices about sex and relationships, what they did to build positive relationships and advance their sexual wellbeing, and how these values and practices are supported by families, communities and culture. In doing so, the project sought to promote positive narratives about Aboriginal young people’s sexual health and offer recommendations for policy and practice that focus not on deficit and problems, but on Aboriginal young people’s strengths and resourcefulness.



# What the research tells us we need to do

## RECOMMENDATIONS FOR THE CONTENT AND NATURE OF HEALTH PROMOTION MESSAGES

**Continue to include narratives of pride and strength in identity and culture in sexual health messaging.**

- Young participants drew on pride in culture and Aboriginal identity to build positive identities for themselves as strong and deserving of respectful and safe relationships (Bryant et al 2023). Olivia (26 years) described how young people take ‘pride in themselves, just in the way that they walk ... in their Blackness as well, and their ability not to stand down ... so being able to kind of speak up and be assertive when, when they feel like things are going wrong’.

**Further develop sexual health education that is “more than the science” and includes discussions about respect, consent and how to communicate positively about sex.**

- Young participants highly valued intimate, loving, respectful relationships, where there is safety, consent and responsibility. This was true for men and women both of whom talked about themes of intimacy, love, respect and responsibility towards self and partners (Graham et al 2021; Martin et al 2023a).
- Young participants wanted more information about the skills required for healthy communication, how to secure consent and how to build and maintain positive and respectful relationships (Graham et al 2023).
- Oral communication (including yarning) is already the key strategy that young participants use to stay safe and build good relationships. More information about how to talk about sexual health would support their existing strategies (Bryant et al 2023)



**Further build on messages that address feelings of shame about sex, understanding that this shame is racialised, gendered and generationally different. Narratives of pride and strength are working to counter feelings of shame in communities.**

- Shame was identified by both young people and adults as a main barrier for talking about sex and relationships. Young people identified that their families and communities can be “closed” about matters of sexual health (Bryant et al 2023; Martin et al 2023a), and adults agreed (Martin et al 2023b). Both young people and adults wanted ‘positive’ messages about sex and relationships.
- Experiences of shame were not equal. Young women described how there were few sexual choices they could make that did not carry social judgment. Having multiple sexual partners or ‘sleeping around’ could cause a young woman to “get a reputation” (Charlotte, 17 years). There was also shame attached to not having sex, in that “if you don’t have sex, [people] will be like, ‘you’re a virgin!’” (Ellie, 21 years) and “no one wants to be a virgin” (Susie, 21 years). Young women resisted shame by framing sex as ‘normal’ and highlighting the positive aspects. They spoke about pride and resistance and, in doing so, expressed sentiments that challenged shame-fostering discourses (Martin et al 2023a).
- Adults identified that their generations experienced shame about sex and relationships. They felt that young people had an entirely different sexual culture than they themselves experienced, which is characterized by sexualized mass media, new digital communication practices, advancements in contraception, and casual and open attitudes towards sex. They wanted to better understand young people’s sexual culture and experiences (Martin et al 2023b).
- Young participants noted that important work is already happening in Aboriginal communities to address shame. They talked about “strong Indigenous women” who were “fixing how we view and think of relationships in our community” (Madeline, 20 years). Young participants described how shame was being addressed through broader cultural discourses of pride in culture and Aboriginal identity (Bryant et al 2023).
- Young participants felt that they had an important contribution to make in addressing shame in their communities because they offered new ways of thinking about issues of sex and relationships, especially conversations concerning gender and sexual diversity (Martin et al 2023a; Gardner et al 2023).

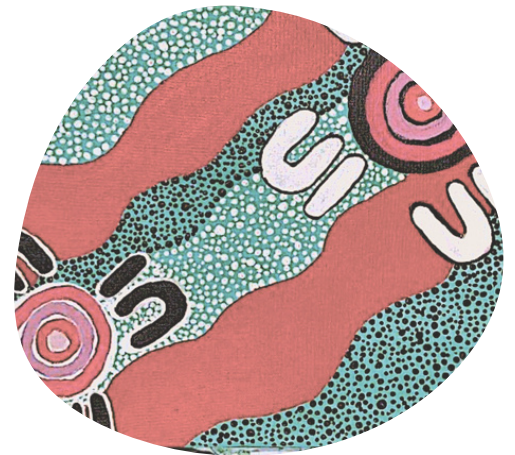
**Build on messages that breakdown gender stereotypes. Do this by drawing on narratives of pride in culture and Aboriginal identity.**

- Young participants, both men and women, recognized that gender stereotypes affect young people in negative ways, especially young women (Graham et al 2021; Martin et al 2023a).
- Some young women grappled with negative body image associated with racialised Eurocentric beauty standards (Martin et al 2023a).
- Young women managed negative gender stereotypes by drawing on friendships with other Aboriginal young women.
- We note that messages to address gender stereotypes for Aboriginal young people must be managed carefully so to not feed into racist assumptions about Aboriginal young people and the nature of their relationships.

## RECOMMENDATIONS FOR HOW TO DELIVER MESSAGES

**Build messaging pathways that go beyond online-based platforms to include personal communication.**

- While the internet was valued as a way to access information quickly and confidentially, its reliability and trustworthiness was questioned by young participants. The ‘real-life’ experience and knowledge of family, Elders and peers who “had lived through it” (Ellie, 21 years) was highly valued (Gardner et al 2023; Graham et al 2023).



## **Consider developing health promotion, education and intervention for adults and parents to build skills in communicating with young people about sex and relationships**

- Young participants valued information gained through lived experience. The most trusted sources of advice were older adults, cousins, aunts, uncles, and friends (Graham et al, 2023).
- Adults identified that their generation found it difficult to have conversations with young people about sex and the need to learn more about young people's 'sexual culture'. They wanted holistic and non-judgmental strategies to engage with young people about matters of sex and relationships (Martin et al 2023b).
- Including adults in sexual health interventions for young people represents a whole of community approach (versus an individualized approach) which aligns strongly with Aboriginal cultural values of collective care and kinship, as described by Sarah (45 years): "If you don't got connection with your family, well, then honestly you'll fall. Your family's the ones that support you because that's how we are" (Gardner et al 2023).
- Including adults in sexual health interventions for young people will capitalize on the importance young people give to intergenerational learning (Gardner et al 2023).

## **Consider or build peer education approaches.**

- Young participants spoke most openly about sex to friends and peers. They spoke to friends because there was less fear of judgment and a higher sense of relatability (Martin et al 2023a; Graham et al 2023).
- Young participants already use a wide range of strategies to care for and educate each other: they gain or give advice; help each other assess the acceptability and safety of potential partners; give and receive condoms to/from friends, cousins and others; help others to get pregnancy tests; accompany friends to the doctors; manage their own and others' drug and alcohol consumption; and monitor the whereabouts of others at parties (Bryant et al 2023).
- Young participants were aware that peers were not always reliable sources of information, but managed this carefully by cross-checking and drawing on other sources of information (Bryant et al 2023; Graham et al 2023).
- Young participants valued information gained through lived experience, from people who "had lived through it" (Ellie, 21 years). Friends with experience of sex and relationships were seen as a trusted source of information (Graham et al 2023).
- Peer education approaches align with Aboriginal cultural values of collective care and intergenerational learning (Gardner et al 2023).

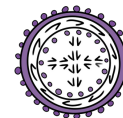
**Continue to consult with each local community about matters of sexual health that are relevant to them.**

- Community understandings and practices of culture can be different (Gardner et al, 2023). Relatedly, cultural appropriateness in regard to sexual health service provision and education varies across communities.
- It is important to consider how to include young people in these consultations as they can have clear ideas about what they want or need, and why. For example, some young participants objected to the way that sexual health education in schools was not delivered to boys and girls separately: “They don’t realise that some things have gotta be separate for us... you know, there is men’s business and there are women’s business... And then they wonder why we don’t contribute, or we don’t listen to ya’s” (Olivia, 26 years old). While others felt it was important to learn together, so that boys and girls can “know about each other, know how to deal with the other person” (Julia, 17 years old) (Graham et al 2023)

**Continue to offer sexual health services for Aboriginal young people through a range of venues.**

- Young participants identified that different services offer different approaches to sexual health.
- Aboriginal health services were preferred by many young participants because they felt culturally safe with a “warmer” environment (eg less clinical), there were Aboriginal staff there, and there was greater knowledge and consideration for Aboriginal health and needs (Graham et al 2023). Some young participants expressed confidentiality concerns about AMS especially those participants who were well-connected in the community and knew a lot of people.
- Comparatively, sexual health specific services were preferred by others because they offered specialised knowledge and delivered services in non-judgmental and sex-positive ways (Graham et al 2023).
- Offering a choice of various service locations and educational programs can support self-determination in how Aboriginal young people manage their specific sexual health needs. It also ensures there are options for young people whose experiences are not always well-catered for in mainstream or Aboriginal services, such as LGBTQI+ youth.

## How we did the research



### Interviews with young people: Peer interviewing method

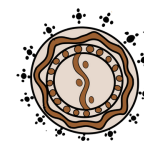
Data was collected using a peer-led qualitative interviewing method. 14 Aboriginal young people were trained to conduct the interviews with other young people in their community. Five of the peer interviewers were men and nine were women; all were aged between 16 - 21 years. Peer interviewers took part in four days of research training prior to collecting data, to better understand issues of how to obtain consent, confidentiality and anonymity, guidelines for selecting interviewees, qualitative interview skills, and details about the research themes.

Each peer researcher recruited three young people from their social networks. They conducted three separate interviews with each of their participants, each interview focusing on a different topic and lasting around 20 minutes each. Peer interviewers were paid for all time spent training and conducting the interviews. Participants each received AU\$50 for participating.

### Interviews with adults: Researcher-led interviews

Sixteen adults from across the two local communities participated in an in-depth interview with a member of the research team. To be included in the study as an adult participant, they were required to identify as a member of the local Aboriginal community. Adult participants received \$50 for their time.

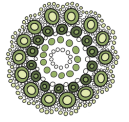
## Who was included in the research



The findings reported are based on in-depth interviews with 51 young people and 16 adults.

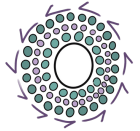
Of the 51 interviews with young people, 35 were women and 16 were men, ranging in age from 16 years to 26 years, although the majority (82%) were aged 16-20 years. Of the 16 interviews with adults, 6 were men and 10 were women. Participants identified links with specific Aboriginal Nations, although, often many had had links to multiple Nations. The most common Nations participants self-identified with were Wiradjuri, Kamilaroi, Dunghatti, and Dharawal.

## Where we did the research



The research was conducted on the lands of the Dharawal, Dharug and Gadigal, which is also now commonly known as western and south-western Sydney, New South Wales, Australia.

## When we did the research



Interviews were conducted from December 2019 and July 2020. And whilst the 2019 interviews were face-to-face, we pivoted to interview via telephone and videoconference in 2020 due to significant COVID-19 restrictions.

## Aboriginal governance and cultural sensitivities



An Aboriginal Research Advisory Committee was set up to advise on the study and oversee the cultural safety aspects of the research processes and outputs. This committee included 8-10 members, all of whom were Aboriginal people, including some of the project investigators, university staff, partner organisation staff and peer interviewers. Six members of the research team are Aboriginal people. The project received approval from the ethics committee of the Aboriginal Health and Medical Research Council of NSW (AH&MRC) and was conducted in alignment with the National Statement on Ethical Conduct in Human Research (NHMRC 2018) and the 'five key principles' for research into Indigenous health outlined by the AH&MRC (2020).

## More information...



### Suggested citation

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Joanne Bryant, Reuben Bolt, Kacey Martin, Mitchell Beadman, Simon Graham, Michael Doyle, Dean Murphy, Carla Treloar, Stephen Bell, Christy Newman, Annette Browne, Peter Aggleton, Jessica Botfield, Robert Hardy, Ben Davis, Bronwyn Leece, Linda Stanbury, Elizabeth Brown, Karen Beetson, Kim Beadman, Jessica Wilms, Tamika Briggs, Kristy Gardner, Voula Kougelos, and Megan Brooks.

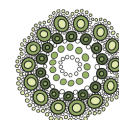
**For more information:**

<https://www.unsw.edu.au/research/csrh/our-projects/what-we-do-well>

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## Publications

**Peer-reviewed publications:**

Bryant J, Bolt R, Botfield JR, Martin K, Doyle M, Murphy D, Graham S, Newman CE, Bell S, Treloar C, Browne AJ, Aggleton P (2021). 'Beyond deficit: 'strengths-based approaches' in Indigenous health research', *Sociology of Health and Illness*, vol. 43, pp. 1405 - 1421, <http://dx.doi.org/10.1111/1467-9566.13311>

Graham S, Martin K, Beadman M, Doyle M, Bolt R (2022). 'Our relationships, our values, our culture - Aboriginal young men's perspectives about sex, relationships and gender stereotypes in Australia', *Culture Health and Sexuality*, vol. 25, no. 3, pp. 304-319, <https://doi.org/10.1080/13691058.2022.2039776>

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### **Other publications:**

Gardner, K (2021). How Aboriginal young people in an urban setting access sexual health information, and the role technology can play. Masters Thesis UNSW Repository. <https://unsworks.unsw.edu.au/bitstreams/599ffda3-b462-4b65-9f2d-2f76ff512f96/download>

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Bolt R, Bryant J, Newman C, Doyle M, Bell S (2019). Employing the peer-interview method to engage urban-based Indigenous Australian young peoples in conversations about identity, Lowitja Health and Well-being Conference, Darwin June 2019. (Oral presentation).

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