

# YOUNG ABORIGINAL PEOPLE AND SEXUAL AGENCY: LOCATING SEXUAL HEALTH PROMOTION IN LIVED EXPERIENCES OF RISK REDUCTION IN THE NORTHERN TERRITORY, AUSTRALIA

**Authors:** Bell S<sup>1, 2\*</sup>; Aggleton P<sup>2,3</sup>; Ward J<sup>4,5</sup>; Silver B<sup>6</sup>; Maher L<sup>1,7</sup>

<sup>1</sup> Kirby Institute for Infection and Immunity in Society, UNSW Sydney

<sup>2</sup> Centre for Social Research in Health, UNSW Sydney

<sup>3</sup> College of Arts and Social Sciences, The Australian National University

<sup>4</sup> SAHMRI, Adelaide, Australia

<sup>5</sup> Flinders University Adelaide

<sup>6</sup> Central Australian Aboriginal Congress Aboriginal Corporation, Alice Springs, Australia

<sup>7</sup> Burnet Institute, Melbourne

**Background:** For too long, inadequate attention has been paid to what young Aboriginal people are already doing to enhance their sexual health. Using concepts of sexual agency, we draw on qualitative data from two remote Northern Territory settings to document the range of individual and collective actions taken by young Aboriginal people to protect their sexual health in contexts that enhance vulnerability to negative sexual health outcomes.

**Methods:** In-depth interviews with 35 young Aboriginal men and women aged 16-21 years; thematic analysis examining their sexual health practices.

**Results:** Young Aboriginal people:

- 1) initiate sexual experiences to fulfil healthy emotions and feelings (e.g. love, affection, trust, desire, respect)
- 2) adopt practices to reduce harm and protect their sexual health (e.g. regular STI testing; carrying, using and supplying condoms; monitoring friends' sexual practices and networks)
- 3) develop supportive relationships with others to enhance access to sexual health support networks and reduce sexual risks (e.g. accompanied health visits with family and outreach health workers; helping friends in vulnerable social situations; providing peer information)
- 4) navigate difficult social contexts to minimize/reduce social harms resulting from stigmatization associated with sexual activity (e.g. telling 'stories' to explain attendance at health clinics; identifying innovative ways of accessing condoms)
- 5) require ongoing structural support to overcome persistent challenges in some social and institutional settings (e.g. community gossip; overt prejudice by health workers; inadequate sex education in schools).

**Conclusion:** Understanding young people's sexual agency broadens our understanding about what young Aboriginal people already know and do to enhance their sexual health. Findings highlight the need for STI prevention and sexual health programs to be more fully based in, and driven by, the realities of young people's sexual lives.

**Disclosure of Interest Statement:** *This study was funded by NHMRC Project Grant (APP1060478). No pharmaceutical grants were received in the development of this study.*