



Sexual agency, risk and vulnerability

Young Indigenous Australians' sexual health

Stephen Bell | 7 November 2017

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Scoping review

- Co-authors - James Ward, Peter Aggleton and Lisa Maher
- Scoping review – transparent, rigorous, structured method used to synthesise and analyse published literature and identify gaps
- 19 papers reporting on ten research projects in the NT, WA, SA and Qld (1987-2015)

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- Highlights the profoundly social nature of young Indigenous people's sexual lives
- No peer reviewed published qualitative data from NSW or Vic
- Totally heterosexual

The MOST study

- More Options for STI Testing
 - NHMRC project grant, 2015-20
 - Formative qual research 2015-17
 - Trial 2018-20
-

Typical analytical focus for youth sexual health

**INDIVIDUAL
RISK**

...move beyond the individual

**INDIVIDUAL
RISK**

**SOCIAL
VULNERABILITY**

...focus on young people's strengths + capacities

**INDIVIDUAL
RISK**

**SOCIAL
VULNERABILITY**

**SEXUAL
AGENCY**



Some overview findings

Young people's sexual agency

Regular STI testing

Anticipating when a condom might be needed

Carrying and using condoms

Sharing condoms with friends

Insisting partners have STI checks prior to sex

Preventative health conversations with friends

Vouching for specific health services

Accompanied health service visits

Choosing to be in trusting relationships

Reporting back on cheating boyfriends

Finding time to talk about youth issues

Individual factors

- Incomplete or limited understanding about the transmission of STIs
- Studies reported poor biomedical knowledge about how to prevent STIs
- Limited, inconsistent contraceptive use in wide range of settings

DEFICIT MODEL!

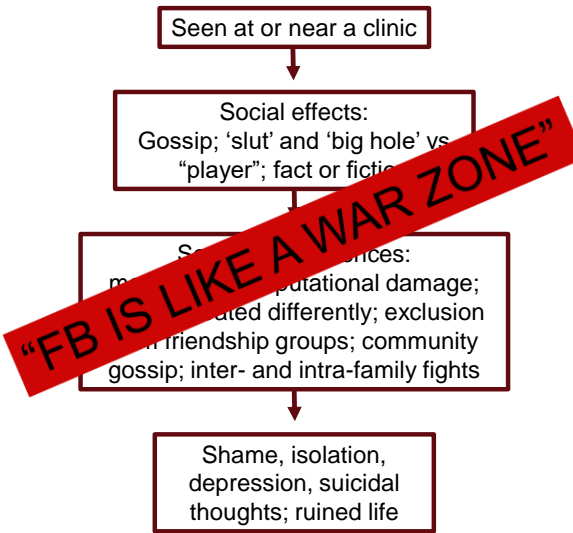
Proximal factors

Young men's dominance in heterosexual relationships
 Challenges of talking freely about sex in relationships
 Reputational damage through young people's conversations



Highly restrictive social contexts in Alice

- "Alice is a small place"
- "TIA. This is Alice"
- Who to trust in social networks?
- Lack of trust in relationships?
- Lack of communication around sex
- Guilt through association
- Clinic...
 - Not private enough
 - Shame
 - Embarrassment
 - Scared



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PEERS

Strong positive influence of older female generations
limited communication between adults and children
 Little adult intervention to improve problems

FAMILY

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Strong positive influence of older female generations
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FAMILY

Irrelevant, didactic, unengaging, too clinical

SCHOOL

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PEERS

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SCHOOL

Good when promoting contraception, providing condoms
Caring health workers
Indigenous health providers
Grandmother Liaison Officers
Concerns about confidentiality, shyness, shame

HEALTH
SERVICE

Research and program priorities

- What are young people already doing to prevent and reduce risks?
- What is going on in cities and towns across Australia (not just QLD) and regional and remote settings in NSW and Vic (not just NT and WA)?
- How do indigenous cultural values and practices support, rather than inhibit young people's sexual health? Promote rather than constrain practices of harm reduction?
- More perspectives from young fellas?
- What is going on amongst same sex attracted and gender diverse young indigenous people?

Focus on sexual health services and programmes:

- What are youth friendly health services in these contexts?
- How improve good quality relationships, sex and sexuality education?
- Increase youth health literacy AND service cultural competency?
- Improve peer support systems + youth harm reduction programs?