

'What we do well': strengths-based research about Aboriginal young people's sexual wellbeing in Western Sydney

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Introduction

How do urban Aboriginal young people foster sexual health and wellbeing for themselves and others? This is the guiding question in our research project, 'Fostering the sexual wellbeing of Aboriginal young people by building on social, cultural and personal strengths and resources'. The project purposely seeks to adopt a strengths-based approach by identifying the resources and capacities of Aboriginal young people to minimise harm and promote health. More specifically, we aim to explore the community resources that Aboriginal young people access to help them make positive sexual choices, inform their understandings of sexual health and relationships, manage their sexual wellbeing, and engage with health promotion and health care services. Our research will provide health services and policymakers with insightful new knowledge to better support young urban Aboriginal people and their communities.

Our approach addresses the emerging criticism of current responses to sexually transmissible infections (STIs) among Aboriginal young people in Australia, which is that they are overly focused on what young people do 'wrong'. This 'deficit' approach typically focuses on risk behaviours and 'problems' that exist

within a community, where adverse outcomes are viewed as the result of an individual's actions or lack of knowledge, rather than to the systematic failures contributing to ill-health[1]. The deficit narrative portrays Aboriginal young people as prone to 'bad' behaviour, ill-informed about risk, lacking the capacity to help themselves, and in need of outside assistance to maintain their health [2,3]. This perspective of Indigenous young people is reflective of successive governments' treatment of Indigenous peoples since first colonisation in 1788. It is deeply problematic in that it contributes to negative stereotypes, which can enter the consciousness of the Aboriginal community and be internalised by Aboriginal people, who may begin to believe they have fewer abilities, capabilities and opportunities [1-4]. Our research, therefore, is crucial in its attempt to rupture deficit narratives, a difficult task given that current sexual health statistics continue to demonstrate the ongoing poor health status of Indigenous Australians.

Aboriginal young people in Australia are disproportionately affected by STIs in comparison to other young Australians [5,6,7]. This disparity has persisted for some time, highlighting problems with current institutional approaches to promoting sexual wellbeing among

Aboriginal young people [8]. The existing research on the sexual health of Aboriginal young people is dominated by risk-oriented studies that predominantly utilise quantitative, epidemiological approaches. These studies have been essential in defining the scope and nature of STIs among Aboriginal young people; however, the precise ways they protect themselves and others against negative sexual health outcomes are poorly understood. Only a few studies provide detailed insights into the sexual actions and decisions of Aboriginal young people, and there is virtually no research that explicitly focuses on positive actions or decision-making [9-13].

Strength-Based Approaches

Strengths-based approaches highlight the strengths, agency and resources that are available to be utilised by individuals and communities [14]. They concentrate on working with the capacity, skills, knowledge and connections within individuals and communities.

The quality of the relationship between researchers and the community they are researching is considered essential to strengths-based approaches, with community involvement in the co-design and implementation of the research being key [15,16]. Importantly, strengths-based approaches do not

ignore the challenges and difficulties within a community but instead focus on the availability of resources within the community that can be used to promote wellbeing [15].

Beyond focusing on the strengths of Aboriginal young people in the research itself, our project applies a strengths-based approach in multiple other ways. The research team includes five Aboriginal Researchers. Young Aboriginal people were involved in the project as peer interviewers and the research team worked closely with a community-based Aboriginal service, local workers and the community. Additionally, an Aboriginal Advisory Committee was formed to oversee the implementation of the project. The Committee provides feedback on any issues of cultural sensitivity in the context of engagement with Indigenous communities and in relation to any research outputs, including peer-reviewed articles.

Peer Interviewing

The study uses a peer interviewing method whereby several Aboriginal young people were recruited, trained and employed as 'peer interviewers' to conduct interviews with other young Aboriginal people in their networks.

We chose this method because it is participatory and emphasises the voices of young Aboriginal people. The approach allows the peer interviewer and interviewee to drive the conversation towards matters that are important to them, thus more accurately reflecting what is valued within their communities. Qualitative interviewing focuses on the opinions, thoughts and feelings of participants, providing young people with the opportunity to speak and be heard, rather than being spoken for, which is very often the case with other styles of research inquiry [17,18]. The method allows researchers to tap into existing social networks and relationships in which trust and rapport have already been established, an important feature since the research topic is personal and sensitive. The method minimises power imbalances that typically occur between researchers and participants – such as those that may arise between adults and

young people. It can foster a more comfortable dynamic between interviewer and interviewee and facilitate the collection of richer data.

The peer interviewing approach has several other advantages. As members of the research team, peer interviewers gain research and teamwork skills, employment experience, and learn about research and advocacy within their community [19].

The Method in Practice

The first round of peer interviewer training and data collection for this study was delivered in December 2019 out of a community-based Aboriginal service in Western Sydney. Before beginning training and data collection, we worked in consultation with workers from the community-based Aboriginal service, and workers from the local health district. They provided advice and guidance to ensure the training and research processes were culturally safe, appropriate for the local community context and accommodated the needs and circumstances of the peer interviewers. We also conducted interviews with local parents and adult leaders, to learn more about the local community and to gain insight into their opinions about sexual health and relationships.

Workers from the community-based Aboriginal service helped connect us with eight Aboriginal young people who we recruited as peer interviewers – five young women and three young men. To begin the relationship-building process, we met with the peer interviewers. This initial meeting allowed us to introduce ourselves and the project and explain the peer-interviewer role. The peer-interviewers took part in four days of research training in early December. The training focused on the overarching study themes, research ethics, and research/interviewing skills. The training provided opportunities for peer interviewers to develop and practice interviewing techniques. Data collection began immediately after the conclusion of the training. Each of the peer interviewers was tasked with conducting three short interviews (each with a different theme) with three of their peers. After each round of interviews,

the peer interviewers met with the research team for debriefing interviews. These interviews became part of the data for the project. The debriefing interviews provided an opportunity to discuss the content of the interviews in more detail and for the peer interviewers to get feedback on their interviewing skills – which they can take onward into subsequent interviews.

What were the outcomes?

- We collected interviews with 31 Aboriginal young people. We also conducted 14 interviews with adults from the local community.
- On completion of the interviews, the peer interviewers were invited to take part in a new sexual health peer education program for Aboriginal young people developed and implemented by the local health district. The program grew out of, and built on, the positive experiences of the training and research, and the positive responses from the Aboriginal young people and families involved in the research.

What did we learn from being in the field?

- 1 **Community consultation and involvement are essential:** Consultation with the community-based Aboriginal service was central to the planning process. We learnt from the consultation process that we needed to ensure that a central location, accessible by public transport, was used for training and debriefing interviews. Additionally, we learnt to adapt the training to the specific learning needs of the peer interviewers. Work schedules needed to be considerate of everybody's life commitments including school, work and family. Aboriginal community workers provided continuous support to the peer interviewers and the research team. Their support in encouraging the peer interviewers to engage in the training, facilitating a harmonious social environment for peer interviewers to interact with one another, and helping to run training activities was invaluable.

2 **The effectiveness of peer interviewing:** We collected interviews with 31 Aboriginal young people in just over two weeks. This indicates the value of using a peer interviewing method to tap into local networks. The peer-led method was successful in dismantling some of the typical barriers that exist between researchers and participants, and this resulted in a more comfortable interview setting for interviewees. For example, we observed differences in the data quality of interviews collected by peer interviewers when compared to those collected by university-based researchers. The peer interviews were more thoughtful/reflective, and contained more humour, and laughter, as well as stronger and clearer opinions on the interview topics. The method facilitated a conversational exchange between peers and was invaluable for capturing the nuances of how sexual health and relationships are understood and articulated within peer networks.

3 **The significance of the debriefing process:** One of the drawbacks of the peer interviewing method was the relative inexperience of peer interviewers compared to the research team, which occasionally led to a lack of detail in some of the interviews. The inclusion of debriefing interviews as part of the method allowed the researchers to capture additional detail and seek clarification. The debriefing interviews were also an opportunity to provide feedback and guidance to the peer interviewers to further develop their interviewing and research skills.

4 **Young people want to be engaged – they just need resources and support:** The peer interviewers took their roles very seriously and demonstrated enthusiasm for the project by asking questions and seeking clarification on topics they were not sure about. They made suggestions for training and interviewing processes, conducted their interviews with care and thoughtfulness, reached out to the

research team when they encountered barriers, and talked about their involvement in the project with others, including community workers, and family members. This was reaffirming for the research team, especially since much of the literature on peer interviewing stresses the complexities of engaging and retaining young people as peer interviewers. Community consultation, the active involvement of local Aboriginal community workers throughout all stages of the training and data collection, were crucial in ensuring continued engagement. Also, important to the continuing engagement of the peer interviewers was the recognition by the researchers of the complex needs and circumstances of the peer interviewers, and their willingness to seek out and listen to the perspectives of the peer interviewers.

Looking Forward

The second round of training and data collection is in process, having incorporated the key learnings from the first round. In consideration of the current COVID-19 situation, we are exploring ways that peer interviewer training and interviews can be successfully shifted to a remote and online format. This will fundamentally change the study design, but we are optimistic that we can adapt in ways which will continue to build connections and rapport with the local community, service workers and peer interviewers. We will seek to ensure all adaptations continue to support peer interviewers in learning and developing their research skills, while also guaranteeing safe conditions for data collection that do not pose risks to peer interviewers, participants or the university-based research team. Some changes may be made to the interview schedule to include the current context of COVID-19 and the ways it may impact how young people think about sex, health, wellbeing, and relationships.

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