Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the "U Mob Yarn Up" Young Parents' Project

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in August 2007

for the Degree of Doctor of Philosophy
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STATEMENT ON THE CONTRIBUTION OF OTHERS

This thesis has been made possible through the support of many people as follows:

Supervisors:

Professor Craig Veitch, Rural Health Research Unit, School of Medicine

Associate Professor Sue McGinty, School of Indigenous Australian Studies

Dr Shona Wynd, then from the School of Medicine was also part of the supervisory panel initially

Financial support:

National Health and Medical Research Council Public Health Postgraduate Scholarship (No: 233516): $28,000 per year (full-time) for personal financial support

General Practice Education and Training Registrar Scholarship and Research Fund: grant of $24,000 for project costs

Queensland Primary Health Care Research Education and Development Program: grant of $15,000 for project costs

Collaboration:

A project of this nature in Indigenous health requires a highly collaborative approach in order for it to be successful and morally justifiable. As a result I consulted with many people in the conduct of this research, and this is fully outlined in the text. In particular, after developing a project outline I worked closely with Aboriginal Health Worker, Priscilla Page, and with the core Young Mums' Group. However, although the process of methodological design and execution was collaborative, the final decisions and intellectual control were mine, as was all the theoretical work around the thesis, including literature searching and review, theoretical background and broader analysis. I have been the only author of the thesis and the first author of all journal articles arising from this work.

DECLARATION ON ETHICS

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the *National Statement on Ethical Conduct in Research Involving Humans* (1999), the *Joint NHMRC/AVCC Statement and Guidelines on Research Practice* (1997), the *James Cook University Policy on Experimentation Ethics. Standard Practices and Guidelines* (2001), and the *James Cook University Statement and Guidelines on Research Practice* (2001). The research methodology outlined here received clearance from the James Cook University Human Research Ethics Committee (approval number H1459).

_____ 1st August 2007

Sarah Larkins Date

ACKNOWLEDGEMENTS

Many people, both colleagues and friends, have contributed in some way to the completion of this thesis, through generous gifts of time, advice, support or encouragement, and for this I am truly grateful.

Firstly I would like to thank my two supervisors, Professor Craig Veitch and Associate Professor Sue McGinty for their patient supervision as I struggled to conceive, execute and finally bring this project to completion. Both were outstandingly supportive and generous with their time and knowledge, and the project and thesis are immeasurably better for it. Although bringing completely different strengths and backgrounds to the project, they managed the difficult job of keeping me on task while not pulling me in opposite directions, and for this I am thankful. Also I would like to thank Dr Shona Wynd for her generous contribution as one of my supervisors and key supports early in the project before she left the country.

The importance of the contribution of the young mothers and other young people who participated in this project cannot be overstated, and I thank them for honouring me with their stories. I'd especially like to thank those young mothers who were key members of the Young Mums' Group and contributed so valuably in project design and as peer interviewers in schools. In addition, the project would not have run nearly as smoothly without the contribution of Priscilla Page, and I thank her for her commitment and friendship. Thanks to all my colleagues (especially in Mums and Babies) and management at TAIHS for believing in the project, and to Steering Committee Members, in particular to Mrs Valerie Alberts who was often my wise sounding board when in doubt.

Thanks to friends and colleagues for your tolerance and support during the 4½ years of my candidature, particularly to my postgraduate colleagues from both the Rural Health Research Unit and from SIAS. Knowing that others share similar struggles helps tremendously when the going gets tough.

Finally, enormous thanks for the boundless encouragement and love coming from my family, Michael, Sam, Max and Tom. Thanks for keeping me grounded and putting things in perspective when it all threatened to get too much. Life with you is my greatest adventure!

Thank you.

ABSTRACT

Becoming a mother during the teenage years is considerably more common among young Aboriginal and Torres Strait Islander women than in the general community. Little is known about the issues facing pregnant and parenting young Indigenous women, yet 21% of Indigenous births are to teenagers, both nationally and locally. Despite falling teenage birth rates overall, rates are rising in some disadvantaged subgroups. Teenage motherhood is generally problematised in the community, although there is debate about whether poorer socioeconomic and educational outcomes are related to the birth itself, or to pre-existing disadvantage. Some have suggested that giving birth as a young woman may be an adaptive response to an extremely limited set of circumstances and options. Initially, the literature about the epidemiology and associations of teenage pregnancy in Australia and globally is reviewed, and then policies and programs and their effectiveness are briefly considered.

This project focuses on how young Aboriginal and Torres Strait Islander women in Townsville "story" their past, current and future lives, in particular in terms of sexual relationships and the transition to motherhood, but also in the broader context of current lived experience, family background, and hopes and aspirations. The approach to the analysis of the data is largely data driven. However, it draws heavily on "storying the future" as an approach that fits well with the "insider" views that were central to this study, and an Indigenous worldview that emphasises networking, family responsibilities and belonging. Young people have a certain amount of agency in terms of creating their own stories, and a fierce desire to exert that agency fully and enthusiastically, however they are limited in several respects. In particular social structures such as socioeconomic status, educational disadvantage, race and racism, and gender inequality, as well as a lack of family material and sociocultural resources may limit the range of stories available to young women. A critical approach was taken, drawing on youth marginalisation theory and a "storying the future" approach to privilege the voices of the young people involved and paint a picture of how they are creating their futures in the face of the structural obstacles they face.

Innovative consultative methodology was used, with a Young Mums' Group operating on a participatory action model serving to design the project, act as key participants and peer interviewers and as a social support group. Ethical principles of consultation, reciprocity and ownership were fundamental to the design and conduct. A multi-method design was chosen, with an inductive qualitative approach based on feminist

principles. Data collection involved semi-structured interviews (individual and small-group) and a multimedia computer-assisted self-administered survey (CASI) with peer assistance, involving 186 students from 3 high schools and a homeless youth shelter, and 10 further young mothers. Emerging findings were reported back to participants and discussed with the Young Mums' Group on an ongoing basis.

Findings from the electronic survey and small group discussions present a picture of young Indigenous people in schools and a homeless youth shelter in terms of their educational and employment aspirations, their health, relationships, sexual practices and contraceptive use, and their views about teenage pregnancy and parenthood. Many students have high educational aspirations, as do their parents, but most students have few mentors or role models, and little clear information about pathways and transitions. They feel limited by low expectations of them at school, and frequently experience racist and oppressive behaviour at school, and overcrowding and other problems at home. Like other young people, they are embarking on sexual relationships, but these are firmly enmeshed in traditional discourses about romance and appropriate feminine and masculine behaviour, with coercion towards sexual intercourse and gender-based power imbalances very prevalent and reputation being a precious commodity. Despite adequate knowledge, contraceptive use is inconsistent, although very few young people want to become pregnant as a teenager. However, if they were to become pregnant, most young people believe they would receive family support, and would not consider options other than continuing with the pregnancy. Thus in terms of these young people, young parenthood may not be so much an active choice, as a lack of alternative options, with different consequences in terms of lost opportunity or social disapproval compared to non-Indigenous young people.

Young Mums' Group discussions and interviews with young mothers paint a vivid picture of disadvantaged young women struggling with high mobility, family dysfunction and abuse within their families-of-origin, disengaged from a schooling system that was not meeting their needs and drifting in terms of hopes or plans for the future. In this context they often became involved with abusing substances and entered relationships marked by coercion and manipulation. Their pregnancies, although unplanned, were not entirely unwanted, and the birth of their children was the stimulus for a major reorganisation of their life. They viewed their children as a transformative gift, often empowering them to make a series of positive changes in their lives. However, they continued to face difficulties due to inaccessible childcare, housing and education, ongoing relationship difficulties, poverty and stigma and judgement from others.

They are clearly asking for practical support to close the gap between their dreams for their family and the limited social realities.

Often in the media and scientific literature, high teenage pregnancy rates are sensationalised as a problem, “epidemic”, or crisis that must be fixed. However, this work suggests that our primary aim should not be reducing the rates of teenage pregnancy. Indeed it is morally questionable to pathologise and try to reduce a path which for some may be their only avenue to a maturity recognised in our society, and the only area of their lives over which they have some control, without providing a range of alternative means by which this state may be reached. Rather the emphasis must be on addressing underlying inequalities within society in terms of educational attainment, employment opportunities, and disparities on the grounds of ethnicity and gender, whilst simultaneously providing young people with information and access to a full range of health information and pathways, and empowering them in the area of actively constructing their own futures, and taking control of their reproductive health. At the same time support for young mothers must assist them in being the best mothers they can be, and building a future for themselves and their children.

Finally, the policy implications are discussed and some recommendations for further work and action are proposed.

LIST OF ACRONYMS

AHW	Aboriginal Health Worker
ASSPA	Aboriginal Student Support Parents' Association (groups for parents of Indigenous students run within each secondary school – now defunct under new funding rules)
ATSI	Aboriginal and/or Torres Strait Islander
ATSIC	Aboriginal and Torres Strait Islander Commission (now disbanded)
CASI	Computer-assisted self interview – in our case using multimedia, sometimes referred to as M-CASI
CEC	Community Education Counsellor (Indigenous student support worker in secondary schools)
CEO	Chief Executive Officer
df	Degrees of freedom
DVO	Domestic Violence Order (also sometimes referred to as AVO)
FGD	Focus group discussion
GPET	General Practice Education and Training
IUGR	Intrauterine growth retardation (Babies born small for their gestational age)
JCU	James Cook University
NH&MRC	National Health and Medical Research Council
OR	Odds Ratio
PHCRED	Primary Health Care Research Education and Development Program
RR	Response rate
SD	Standard deviation
SES	Socioeconomic status
STI	Sexually transmitted infection
TAIHS	Townsville Aboriginal and Islander Health Services Ltd.
TSI	Torres Strait Islander
UK	United Kingdom
USA	United States of America

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> *The 17-year-old Aboriginal woman sits with head hung as we both contemplate the positive pregnancy test on the desk beside us. She is clearly shocked by the result, but more worried about the prospect of telling family and friends than by impending motherhood. She said she didn't really think she would fall pregnant, although she was aware she wasn't doing anything to prevent it. She left school last year, has little prospect of meaningful employment in the current market, and was planning to leave her boyfriend as he was treating her poorly. She returns a week later, enthusiastic about the pregnancy and becoming a mother. Her mother and sisters have promised to support her, and she feels it will be the beginning of a better life.*

This scene is played out frequently in my workplace, sparking a desire to better understand the role that pregnancy and parenthood play in the lives of young Aboriginal and Torres Strait Islander women in Townsville. Over twenty percent of pregnant women attending the "Mums and Babies" section of Townsville Aboriginal and Islander Health Service (TAIHS) are teenagers (Panaretto et al., 2005). This is comparable to the proportions of Indigenous teenage births nationally (21% of births to mothers under 20; Australian Bureau of Statistics, 2005a), but much higher than the teenage birth rate for non-Indigenous teenagers, where only 4% of births are to women under 20 (Australian Bureau of Statistics, 2005a). Despite high teenage pregnancy rates, little is known about the attitudes and beliefs of Indigenous teenagers (or for that matter older community members) surrounding teenage childbearing. The sociocultural construct around teenage pregnancies in Indigenous communities has been studied by few (Burbank & Chisholm, 1998), and few, if any, studies have looked at attitudes in urban Indigenous populations. This is despite the fact that 73% of Indigenous Australians live in urban areas (including large cities and inner and outer regional centres; Australian Bureau of Statistics, 2003).

As a medical officer with the "Mums and Babies" Service for the past nine years, I was conscious that the way in which my upbringing and medical training had led me to

[1] The title "Young mothers?" was first used by Phoenix (1991b) as an ironic comment on the social construction of the concept of "young mothers"

conceptualise having a baby young was vastly different to that of the young women for whom I was caring. Although I had always thought of young motherhood as truncating or limiting life options, I was conscious that these young women, although not necessarily planning their pregnancies, subsequently embraced motherhood enthusiastically, as did their families. I realised that I had little understanding of how these young women plan and negotiate the role of motherhood in their lives, especially its relationship to education, paid employment and economic independence. This led to the realisation that my ignorance and preconceptions could negatively impact on the help and support I was able to provide to young mothers, and add to their burden of disadvantage. An understanding of how women perceive the options available to them in terms of sex, contraception, and pregnancy, and how identities are created around family and work for this community, would help in our provision of responsive and holistic health care for these young women. This study then, is the first step towards increasing our understanding of these young women – it is their story, but it has also been a personal journey of discovery for me.

In this introductory chapter I discuss how young motherhood has been constructed as a growing social problem in both the popular and scientific discourse, suggesting that either teenage birth rates are rising or that outcomes for mother and baby are very poor. I then review the literature around the epidemiology of teenage pregnancy and birth globally, locally and in Indigenous women, and the literature about outcomes for mother and child, revealing a more complicated picture. Then I present alternative views, highlighting difficulties in the definition of "the problem", and reasons behind problematisation of young Indigenous mothers, along with possible ways to challenge this deficit discourse. The chapter concludes with a discussion of terminology and a discussion about some personal factors that have been particularly relevant in the research, before introducing the rest of the thesis.

Problematisation of young mothers

One of the problems inherent in a project studying an issue as emotive as teenage pregnancy is that the terms used to describe young women with children frequently have pejorative connotations. Adolescent sexuality and fertility provoke a wide range of moral opinions and social values and have frequently been described using blatantly emotive language that feeds myths and prejudices prevalent in the community (Bonell, 2004; McDermott & Graham, 2005). Teenage pregnancy is almost invariably conceptualised as a problem, disaster or epidemic and constructed as compatible with

"deviance", even within the academic sphere (Social Exclusion Unit, 1999; Wilson & Huntington, 2005). The portrayal of teenage mothers often views teenagers who become pregnant as either vulnerable, neglected and taken advantage of, or alternatively, as devious, destructive and manipulative (Musick, 1993; Pillow, 2004). Moral aspersions are often cast in terms of marital status, dependency on social security or racial and family background (Daguerre & Nativel, 2006; Phoenix, 1993). Ongoing discrimination and harassment further hinder young parents (often already vulnerable through poor self-esteem and poverty) from seeking assistance with education, workforce entry and childrearing (Milne-Home, Power, & Dennis, 1996; Wilson & Huntington, 2005).

All this is occurring in a world where teenage motherhood is still the norm for much of the world's population, although within developed countries, the overall teenage birth rates are falling (although still rising in particular sections; Alan Guttmacher Institute, 2006; Singh & Darroch, 2000). Social class, race and ethnicity may all affect the concerns posed by teenage pregnancy and childbirth, which will also differ widely according to age within the teenage years (Rhode & Lawson, 1993).

Epidemiology of teenage pregnancy

So why is teenage pregnancy and childbearing viewed with such concern? Increasing teenage pregnancy rates would partially explain this concern, however a review of the available data suggests that overall teenage pregnancy rates are static or falling, except in some subgroups. I now review the latest epidemiological evidence globally, in Australia, and in Indigenous Australia to put my study in context.

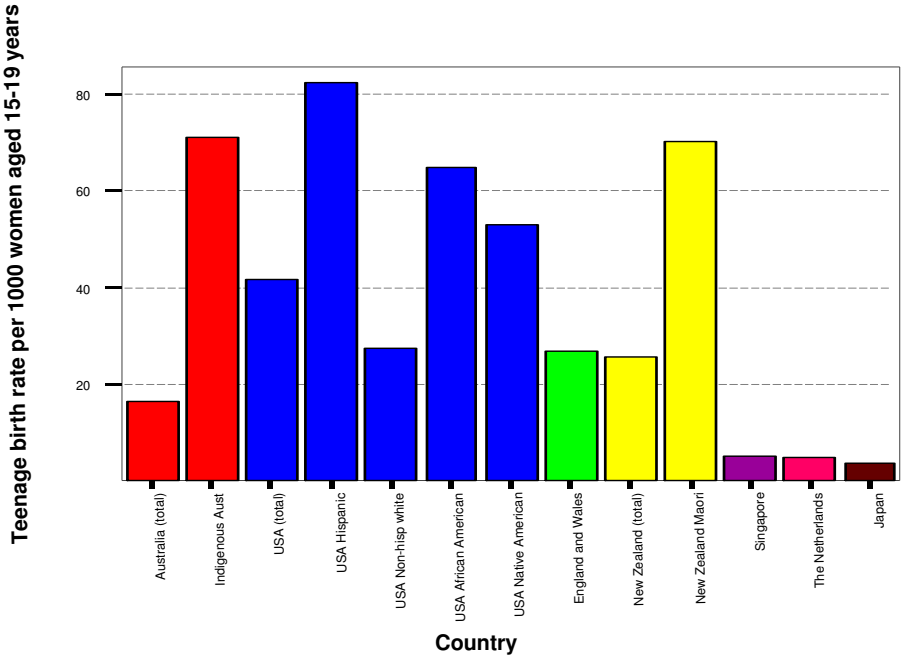
Global epidemiology

Firstly, it is necessary to define a number of terms. Teenage pregnancy rate (sometimes called teenage fertility rate) refers to the number of conceptions to girls aged 15 to 19, per 1000 in that age group, while birth rate refers to the number of live births in that age group (that is, excluding terminations and miscarriages). Pregnancies and births to young women under the age of 15 are few in number, but are rendered invisible by their statistical treatment, so will not be discussed further. Both teenage pregnancy and birth rates vary substantially in different parts of the world. Data from western industrialised nations is used here, as this is most readily available, and most relevant to the situation in Australia. Teenage birth rates are highest by far in the US where they were 43.0 per 1000 in 2002 (Figure 1.1), with a teenage pregnancy rate of

75.4 per 1000 and an abortion rate of 21.7 (Alan Guttmacher Institute, 2006). The vast majority of these are to 18 and 19-year-olds (Henshaw, 2003).

In contrast latest available teenage birth rates in other developed countries are about 30/1000 in New Zealand and the UK, 20/1000 in Canada, and less than 10/1000 in other western European countries (Australian Bureau of Statistics, 2000; Singh & Darroch, 2000). Contrary to public opinion, in general teenage birth rates have fallen over recent decades, despite a lowering of the age of first sex (Singh & Darroch, 2000; Social Exclusion Unit, 1999). The exception is the US, where there was a 25% increase in teenage births between 1985 and 1991, before rates began to decline again (Manlove, Terry, Gitelson, Papillo, & Russell, 2000). Although sexual activity rates do not appear to differ significantly between countries, US adolescents tend to use contraception less consistently and effectively when compared to other developed countries with lower teenage birth rates (Coley & Chase-Lansdale, 1998; Miller & Moore, 1990). Low or falling teenage pregnancy rates have been found in countries with low income inequality, openness about sex, comprehensive sex education, and government policies to provide contraception to young, unmarried women (Daguerre & Nativel, 2006; Jones et al., 1985; Social Exclusion Unit, 1999).

Figure 1.1 Illustrative teenage birth rates by country and ethnicity per 1000 women aged 15-19[2]



[2] All data relates to 2004 except the USA (2003) and NZ (2002). Raw data obtained from Alan Guttmacher Institute (2006) and Australian Bureau of Statistics (2005a).

It is important to note that teenage pregnancy and birth rates are not evenly distributed within countries. For example in the US, there are large differences between ethnic groups, with African Americans and Hispanics having higher rates of teenage births (66.6 and 83.4 per 1000 respectively) when compared with white adolescents (39.4 per 1000 15 to 19-year-olds in 2002; Alan Guttmacher Institute, 2006). There is also a strong link between teenage parenthood and (to a lesser extent) pregnancy rates and growing up in poverty, disadvantage or with poor educational attainment (Social Exclusion Unit, 1999; Turner, 2004).

Closer to home, the teenage birth rate in New Zealand fell between 1972 and 1986, but has been rising slowly since (Dickson, Sporle, Rimene, & Paul, 2000). The teenage birth rate for Maori women is nearly five times that of Caucasian teenagers and Maori teenagers are much less likely to have an abortion (Dickson et al., 2000).

Australian data

The teenage birth rate in Australia was 16.0 per 1000 in 2005 (Australian Bureau of Statistics, 2005a) having fallen from a higher rate of 50.9 per 1000 in 1970 (Singh & Darroch, 2000). However, it is still considerably greater than many Western European countries. Teenage pregnancy rates have stayed fairly constant between 1966 and 1999, at around 47 per 1000, and there has been a corresponding rise in the abortion rate over this time, although South Australia is the only state to collect reliable data on this (Siedlecky, 1987; van der Klis, Westenberg, Chan, Dekker, & Keane, 2002). As in other parts of the world, there is a wide variation between different geographical areas (Adelson, Frommer, Pym, & Rubin, 1992), and different socioeconomic and ethnic groups (van der Klis et al., 2002). Teenage birth rates range from a low of 9.5 per 1000 in the Australian Capital Territory, to a high of 64.1 per 1000 in the Northern Territory (Australian Bureau of Statistics, 2005a). A descriptive study using reliable population-based data in South Australia found that high socioeconomic areas in the state have the lowest teenage pregnancy rates, and the highest proportion of terminations. In addition teenagers who gave birth were more likely than older parents to be Aboriginal, Australian-born, smoke throughout pregnancy, have few antenatal visits and have babies pre-term, small for age, or of low birth weight (van der Klis et al., 2002).

In a Queensland study, Coory (2000) analysed population and perinatal data for the years between 1988 and 1997, stratified for both economic disadvantage and geographical remoteness (based on usual place of residence of the mother). Birth

rates to teenagers living in economically disadvantaged areas were 10 to 20 times higher than the rates in more affluent areas. Birth rates were decreasing in urban, affluent areas (by about 2.5% per year), had remained stable but very high in remote areas, and were increasing by about 5% per year in disadvantaged urban settings (Coory, 2000). In Australia more than 90% of teenage women are unmarried when they give birth, and approximately 60% have no male partner at that time (Condon & Corkindale, 2002).

Indigenous Australians

The Indigenous population in Australia forms around 2.4% of the total population, and is made up of two distinct cultural groups: Aboriginal Australians (90% of this group), and Torres Strait Islander Australians (6% of this group, with the remaining 4% identifying as both Aboriginal and Torres Strait Islander; Australian Bureau of Statistics, 2003). The original homelands of the Torres Strait Islanders (TSI) are the islands of the Torres Strait between the tip of North Queensland and Papua New Guinea, but now a large population of Torres Strait Islanders lives on the mainland, especially in North Queensland. In this thesis I use the term Indigenous Australians to refer to both Aboriginal and Torres Strait Islander Australians, or specify when I am referring to one group or the other.

In Australia, as in other countries, data about Indigenous status is often incompletely collected, limiting the accuracy and completeness of the information available. However, it seems clear that Indigenous teenagers have considerably higher birth rates than other teenagers. In 2005, Indigenous women had a teenage birth rate of 69 per 1000 per year, compared with an overall teenage birth rate of 16 per 1000 (Australian Bureau of Statistics, 2005a). Overall, Indigenous women tend to have more children and at younger ages; in 2005 the total fertility rate for Indigenous women was 2.06, compared with 1.81 for all women, and the median age of Indigenous mothers was 24.5, compared with 30.7 for all women (Australian Bureau of Statistics, 2005a). In addition, 21% of births to Indigenous women were to women under 20 years, compared with only 4% of those to all women (Australian Bureau of Statistics, 2005a). Australian Indigenous women had an age specific fertility rate for 15-19 years of 69.2/1000 in 2005, higher than that of Maori women (66.6), or American Indian women (52.5 in 2004; Australian Bureau of Statistics, 2005a). In a small North Queensland study, 55% of 301 Aboriginal mothers had their first birth under the age of 19 (Torres Strait Islander women 40.9%, Caucasian women 8.6%), with 12.4% being under 16 years of age (Fitzpatrick & Ford, 1995).

Obstetric outcomes for births to Indigenous mothers (especially young Indigenous mothers) are worse than for Australian mothers overall, with higher rates of low birth weight, and intrauterine growth retardation (Australian Indigenous Healthinfonet, 2002; Panaretto, Muller, Patole, Watson, & Whitehall, 2002; Sayers & Powers, 1997). However, many of these poor outcomes are likely to be related to factors such as the adequacy of antenatal care, socioeconomic status, smoking and alcohol use and remoteness rather than either age or ethnicity per se (Chan, Keane, & Robinson, 2001; Panaretto et al., 2002).

Outcomes of teenage pregnancy

Outcomes of teenage childbearing for mother

Adolescent mothers are a heterogeneous group, and thus there is no one set of outcomes, in fact some young mothers and their children do very well. However, much of the public concern about teenage pregnancy is based on the premise that, on average, teenage mothers tend to have poorer educational, economic and financial outcomes than women who defer childbearing (Horwitz, Klerman, Kuo, & Jekel, 1991b; Koniak-Griffin & Turner-Pluta, 2001). There are many factors other than age, such as family, individual and socioeconomic characteristics that may contribute to these outcomes (Bradbury, 2006a, 2006b). Some literature casts doubts about the negative outcomes previously ascribed to teenage motherhood, particularly when pre-existing disadvantaged socioeconomic and educational status is taken into account (Bradbury, 2006a; Geronimus & Korenman, 1993; Hoffman, 1998; Wilson & Huntington, 2005). Importantly, it is very difficult to disentangle causation from correlation as many problem outcomes are the consequences of the circumstances of the young mother rather than age per se (Bradbury, 2006a; Hoffman, 1998; Wilson & Huntington, 2005). Although it is clear that pregnancy can cause some problems in terms of education, employment, and financial independence, these issues are not confined to teenagers, and may also be found in older mothers (Macintyre & Cunningham-Burley, 1993).

Several longitudinal studies have assessed the long-term effects of teenage childbearing for the mothers. The landmark study, although dated now, is that of Furstenberg and his team (1987) from Baltimore, who followed a large cohort of African American teenage mothers from the 1960s. Contrary to popular belief they concluded that although there are negative social, educational and economic effects for mother and child, some mothers do relatively well over time at changing their circumstances (Furstenberg, 2003; Furstenberg et al., 1987). They conclude:

> *Adolescent mothers do not do as well in later life as women who postpone parenthood, but many manage to offset partially the burden of having a child in their teens. The invidious stereotype of the adolescent childbearer underestimates young mothers' chances of recovery (Furstenberg et al., 1987, p. 145).*

They identified marriage, curtailing of further childbearing, completing their education and employment as the means most young mothers used to attain economic security (Furstenberg et al., 1987). Phoenix (1991a) followed a cohort of young mothers in Great Britain, and also concluded:

> *…for most women deferment of motherhood into the twenties is unlikely to make much difference to their ability to make independent provision for themselves and their children. The most likely benefit of such deferment may be to make them less likely to be seen as behaving "pathologically" which, in itself, may make their lives easier (p. 90).*

Poverty and low educational attainment/joblessness

In their literature review of articles around educational, vocational and socioeconomic sequelae of childbearing among North American female high school students, Stevens-Simon and Lowy (1995) concluded that females who have babies as teenagers have less schooling and poorer-paying jobs then others. Differences in family and cultural backgrounds explain some but not all of the association. They suggest that adolescent childbearing can be a means of adapting to urban poverty, thus postponing adolescent conception may have less effect on socioeconomic status than might be expected (Stevens-Simon & Lowy, 1995). Other research has suggested that although teenage parents may have poorer outcomes in terms of financial independence, educational and employment outcomes, these may not be as great as previously believed (Hoffman, 1998; Hoffman, Foster, & Furstenberg, 1993) and may vary considerably between countries (Robson & Berthoud, 2003). In particular it is difficult to separate out the effects of the widespread disadvantage that young mothers suffer prior to the birth of a child from the effects of the early birth itself (Bradbury, 2006b; Hoffman, 1998; Robson & Berthoud, 2003). In the words of Geronimus and Korenman (1993):

> *Given the difficulty of accounting adequately for selection into teen childbearing across and within populations, and even within families, and*

> *given the conflicting within-family estimates, we believe that the size of any "true effects" of teenage births on socioeconomic status must be considered an open question (p. 287).*

The importance of educational attainment on long-term financial and employment outcomes has been stressed by many (Boulden, 2001; Furstenberg et al., 1987; Horwitz et al., 1991b). In terms of the effects of teenage childbearing on educational attainment, the effects may be less great than previously thought (Furstenberg, 2003; Furstenberg et al., 1987). However, using US data, it appears that teenage mothers complete between 1.9 and 2.2 years less education then do women who defer their first birth until after age 30, and have an odds of postsecondary schooling 14-29% as high (Hofferth, Reid, & Mott, 2001).

Horwitz and Klerman (1991b) followed 121 African American teenage mothers for 20 years, finding that long term success (defined as high school completion and financial independence) was significantly associated with the completion of more school before pregnancy (odds ratio 18; 95% confidence interval 2.3-139.5). Fertility control after the first teenage pregnancy (no further teenage births) was associated with more successful outcomes (Furstenberg, 1981; Horwitz et al., 1991b), as was family support with childcare (Unger & Cooley, 1992).

In Australia, Littlejohn (1995) reported that the most common barriers preventing further study were problems with accommodation and lack of money. For many young mothers with limited labour market experience it may be difficult to find jobs that pay well enough for childcare (Phoenix, 1991a). However, many young mothers feel that childcare is not in their children's best interest, and may tend to prioritise their children's needs over their desire to work (Rains, Davies, & McKinnon, 1998).

The problem here may be the tension between the family formation norms of young mothers and current social policy and welfare imperatives, ensuring that for the ideological majority, "teenage parenthood has come to be regarded as a significant disadvantage in a world which increasingly demands an extended education, and in which delayed childbearing, smaller families, two income households, and careers for women are increasingly becoming the norm" (UNICEF, 2001, pp. 5-6).

Outcomes of teenage childbearing for child

Once again in this area it is difficult to separate the effects of being the child of a teenage mother from the effects of socioeconomic disadvantage (Hoffman, 1998; Shaw, Lawlor, & Najman, 2006), but it seems likely that there may be, on average, some negative outcomes, for the children of teenage parents. Some suggested negative outcomes include high rates of infant mortality and morbidity, cognitive impairment, social-emotional deficits, child abuse and neglect, school failure and teenage childbearing for themselves (Furstenberg et al., 1987; Furstenberg, Levine, & Brooks-Gunn, 1990; Stevens-Simon & White, 1991). Further work is necessary on the processes of risk and resiliency within this population.

Obstetric/physical

There are conflicting findings about the obstetric outcomes for teenage mothers, with some studies suggesting more low birth weight and preterm births in adolescents (Quinlivan & Evans, 2001; Robson & Cameron, 2006), but other studies suggesting no difference on the grounds of age alone (Smith & Pell, 2001) except for the very youngest adolescents (Phipps, Sowers, & DeMonner, 2002; World Health Organisation, no date). However, for a second birth as a teenager, there is a significantly increased risk of premature births and stillbirth (Smith & Pell, 2001). In a study of Aboriginal mothers in Darwin, Sayers (1997) found that maternal age under 20 accounted for 18% of births affected by intrauterine growth retardation (IUGR), but was not independently associated with premature birth or low birth weight. However, maternal malnutrition and smoking, both more common in teenagers, were associated with low birth weight and IUGR (Sayers & Powers, 1997). Similarly Chan et al. (2001) found that smoking in teenage Aboriginal mothers accounted for 59% of small for gestational age babies, and was also associated with low birth weight and premature birth. Outcomes for young mothers may be improved by increasing access to appropriate youth-friendly antenatal services (Panaretto et al., 2002; Quinlivan & Evans, 2004; Raatikainen, Heiskanen, Verkasalo, & Heinonen, 2006), and we have demonstrated an increase in birth weight and reduction in perinatal death rates for Indigenous births by implementing a comprehensive, culturally appropriate Mums and Babies program through our health service (Panaretto et al., 2005; Panaretto et al., 2007).

Family dysfunction

Domestic violence is a common correlate with teenage pregnancy, and a prospective study in South Australia revealed that babies of pregnant teenagers subjected to

domestic violence had significantly worse perinatal outcomes than that of their peers. Mothers also had higher rates of substance abuse and psychopathology in this study when compared to teenage mothers not subjected to domestic violence, both of which may lead to negative physical and psychological outcomes for their children (Quinlivan & Evans, 2001). Alcohol, other substance use and domestic violence are covered more in Chapter 2 with other associations of teenage pregnancy.

There are conflicting findings in studies of the relationship between teenage parenthood and child abuse or neglect. Most conclude that when other mediators of disadvantage are controlled for, that age per se is not a significant predictor of abuse. However, for some young mothers, chronic life stress, and in particular a large number of live births, may mediate the relationship between teenage motherhood and child abuse (Zuravin, 1988), and maternal stress, substance use and depression may be an important mediator of the subsequent psychological and behavioural functioning of their offspring (Shaw et al., 2006).

Poverty and education

Children of teenage mothers commonly grow up in relative poverty, but it is unclear whether this translates into poor educational or economic outcomes independent of other factors (Hoffman, 1998). Furstenberg (1990) reports that for the daughters of teenage mothers, the experience of receiving welfare only increased the daughter's chance of early childbearing if welfare was received during the teenage years. As with older mothers, multiple factors impact on parenting behaviours and child development outcomes including the psychological health and wellbeing of the parent, structural sources of stress and support, and child characteristics (Shapiro & Mangelsdorf, 1994). A longitudinal study of Australian mothers found that the associations between maternal age at birth (less than18 years of age) and psychological distress, school performance and substance use in their children at age 14 were all largely explained by socioeconomic factors, maternal depression, family structure and maternal smoking rather than age alone (Shaw et al., 2006). Better developmental outcomes have been associated with higher levels of maternal education, a male partner with regular contact and more stimulation and support for the family at home (Unger & Cooley, 1992).

Increased teenage pregnancy rates

In the Baltimore follow-up study, 20 years after a group of 404 mostly African American women became adolescent mothers, the majority of their first born children had not

become parents (Furstenberg et al., 1990). But almost all of the children had had sex by age 19, almost half of the young women had had a pregnancy by age 19, and 1/3 of the young men had impregnated a partner by age 19. This was a considerably higher rate than the teenage pregnancy rate for the children of older mothers (Furstenberg et al., 1990). This team also found that outcomes tended to be poorer in terms of educational and financial futures for the daughters who became teenage mothers, compared with their own mothers. They postulated that this generation of young parents was less likely to overcome the handicaps of early childbearing (Furstenberg et al., 1990). Manlove (1997) also reported that after controlling for family, school and individual factors, the daughters of teenage mothers were still more likely to have a first birth in their teenage years or early twenties.

So the findings about the outcomes of teenage childbearing for both mother and child are by no means clear, and we can conclude that young mothers may be vilified not because of very compelling evidence about poor outcomes, but because these young women "resist the typical life trajectory of their middle-class peers which conforms to the current governmental objectives of economic growth through higher education and increased female workforce participation" (Wilson & Huntington, 2005, p. 59).

An alternative view

Over the last two decades there has been a groundswell of alternative perspectives critiquing the concept of motherhood as a teenager as automatically problematic (see for example Daguerre & Nativel, 2006; Geronimus, 2003; Phoenix, 1993), although many of these have not filtered into policy to date. The criticisms include the loose definitions of what constitutes the “problem”. In the words of MacIntyre and Cunningham-Burley (1993) :

> *Is the problem one of poverty, physical or psychological immaturity, role-confusion (“school-girl mothers”), not being married, too early sexual activity, threatening the institution of the nuclear family (with its scripts for age-appropriate behavior), failure to complete education or training, making demands on welfare, precipitating early, fragile marriages, homelessness, or inadequate parenting skill? All these and more are implied and sometimes stated to be concomitants of teenage pregnancy. More often, however, they are bundled up together as a gestalt of “the problem” (p. 62).*

Teenage motherhood becomes problematic in our setting where there are dominant social constructions of “normal” or “good” mothering. This construction assumes two married, heterosexual parents of the right age, with at least one parent in stable employment and with adequate financial means. Poverty and unemployment are often equated with “bad” parenting and pathologised, and race is also often problematised in this construction (Phoenix & Woollett, 1991).

Phoenix (1993) highlights the fact that researchers are often distant from respondents in terms of social class, color and gender, and tend to assume that teenage motherhood is bad and highlight negative findings.

> *Once an issue (like teenage motherhood) has been defined as problematic, that definition gains its own momentum. Thus, negative findings concerning a minority of individuals are overgeneralized to include the whole groups, and individuals within the groups are considered only in relation to their problem status. The cause of the problem is couched in individualistic terms which results in victims being blamed for causing the perceived problem (Phoenix, 1993, p. 81)*

Phoenix (1993) goes on to suggest that teenage motherhood is defined as problematic for four reasons. It forces public recognition of sexual activity that some would prefer to ignore, including issues of access to abortion and contraception (see also Schofield, 1994); does not conform to "dominant reproductive ideologies that insist on marriage preceding conception" (Phoenix, 1993, p. 82); young mums are perceived to have taken on an adult role during adolescence, when they are not yet socially constructed as adults; and they are not economically independent, so do not fit the social constructions of "good parenthood" (see also Lesko, 2001; Pillow, 2004 for a critical discussion).

SmithBattle (2000) describes the public view that teenage childbearing jeopardises the path to adulthood by curtailing education, thus preventing labour market success and leading to persistent poverty and welfare dependence. She critiques this response as rationalistic, and neglecting the social and economic resources available to individual teenagers. Young people cannot be separated from their social worlds, and these links profoundly influence what “makes sense to plan and hope for” (SmithBattle, 2000, p. 30). Thus for many disadvantaged teenagers, mothering is “not so much a failure of

planning and rational choice but a tacit recognition of the limited possibilities available to them" (SmithBattle, 2000, p. 30).

Indigenous teenagers, with or without children, are often marginalised and demonised by a system that recognises them as "outsiders" (Palmer, 1999; White & Wyn, 2004). This occurs in their interactions with educational institutions, employers, and criminal justice systems (Paradies, 2006). Widespread poverty, overcrowding, poor health, alcohol and drug use and institutionalised racism limit the options for many Indigenous young people well before they reach reproductive age. In a culture that deeply values motherhood (Atkinson & Swain, 1999; Burbank, 1995b), parenting young can be a viable alternative to further education and employment in a world with such an unjust distribution of opportunities. Phoenix (1993; Phoenix & Woollett, 1991) has highlighted how young black mothers in the UK and the USA are often at the centre of three negative constructions – for being black, for being young mothers, and for being unwed, single mothers. This is illustrated in the way studies of "normal" motherhood often exclude black women, and studies of pathological mothering having black women over-represented. Although this kind of work has not been done in Australia, a similar situation is likely to apply, and contribute to the difficult situation and stigma faced by young Indigenous mothers.

Challenging the deficit discourse

Although the popular view of young mothers as "deviant" or "deficient" comes through loud and clear in the media and in the scientific literature, a small number of academics have attempted to critically evaluate and reformulate this discourse (see for example Lesko, 2001; Luker, 1996; Wilson & Huntington, 2005). A powerful way of doing this is by privileging the voices of young mothers, and presenting their own formulations of their lives and futures. Authors who have done this have found great discrepancies between the ways in which young mothers are popularly portrayed, and the way in which they describe themselves and explain their actions, which I will discuss further in Chapter 3 (Kirkman, Harrison, Hillier, & Pyett, 2001; McDermott & Graham, 2005; Phoenix, 1991b; Rains et al., 1998; Whitehead, 2001).

Another approach for challenging the dominant discourse about young mothers in our society is by taking a critical look at power relations in society, and the impact these have in terms of systematically marginalising large groups of young people based on age, gender, socioeconomic status and/or ethnicity (Lesko, 2001; Wyn & White, 1997). This argument posits that young people are negotiating complex life paths or

transitions in a changing world, within which young people do not start on an equal footing (see Chapter 3 for more discussion). Following Phoenix (1993; Phoenix & Woollett, 1991) and Lesko (2001), I would assert that young Indigenous women in Townsville are disadvantaged and negatively constructed by virtue of ethnicity, socioeconomic disadvantage, gender and age, and that this is accentuated when they become young parents. My challenge in this project is to put young people and their attitudes at centre stage, using their own voices as much as possible. It is important not to paint them as victims of circumstances, and yet also not romanticise the issues and downplay the very real difficulties and disadvantages involved (Eckersley, Wierenga, & Wyn, 2005).

Use of terminology

Negative stereotypes about young parents should be challenged, as these attitudes and judgements themselves add to the pressures on already overburdened and excluded young people (Lesko, 2001; Littlejohn, 1995), and do not assist in developing appropriate support strategies for these people. This project aims to contribute to an understanding of the issue and relevant social factors, and then assist in solving the identified problems (Phoenix, 1991b).

I took an adolescent-centred position throughout the design and conduct of this project, and in partnership with the young mothers involved in designing the study, spent some time selecting the most appropriate terminology. The literature frequently shows slippage in terminology between terms, with a tendency:

> *…to confuse four distinct (though sometimes empirically overlapping) concepts: pregnancy to women below the age of, say, 20; unplanned pregnancies; unwanted pregnancies; and pregnancies to unmarried or unsupported women (Macintyre & Cunningham-Burley, 1993, p. 67)*

Adolescents are not a homogeneous group, but differ in age, gender, background, race/ethnicity, sexuality and various social indicators, and previous researchers have warned of the dangers of overgeneralising when looking at data on young mothers (Phoenix, 1991b). Of studies from the US, most refer to teenage pregnancy in African American adolescents, who are seen as belonging to a distinct sociocultural group. Comparison with white young people, or the group of young Indigenous women in this research, may not be relevant.

This study focuses on the experiences and attitudes of a diverse group of urban Aboriginal and Torres Strait Islander young people in one provincial centre. This group is itself highly heterogeneous in terms of experiences, background and cultural and family beliefs, so great care must be taken in extrapolating results to a wider group of young people. Through focusing on young Indigenous people in this study, I am conscious of the risk expressed by Phoenix (1993) of essentialising race and reinforcing negative constructions. However, racial discrimination and socioeconomic and health disadvantage are facts of life for Townsville's Indigenous population, and my aim as a doctor and researcher is to understand and support rather than judge or change. These young people have an important story to tell, and one which we, as health providers and policy makers, need to hear in order to provide the best possible information, care and support throughout their reproductive lives. This project fills a gap in the literature in terms of young Indigenous women's views of perceived options open to them, and how they plan and negotiate the place of motherhood in their lives, especially in relation to education and economic independence in an often hostile world (Mellor, 2003).

For the purposes of this project, the terms adolescent and teenager are used interchangeably and refer to young people between the ages of 13 and 19. Where possible an exact age is specified, as there is clearly a substantial difference between a 13-year-old in school and an 18 or 19-year-old who has completed school and is employed. I use the terms young mother or teenage mother and teenage pregnancy in this project, but reject the assumption that this implies deviance in contrast to older or "normal" mothers.

Many and conflicting roles of self

This project was, and continues to be, a journey for me in terms of academic and personal development. It would be impossible to undertake this kind of research, without who I am having an impact on its conduct and my interpretation of the findings. I will briefly discuss some of the factors that have been particularly relevant, although in practice each of these may have had both advantages and disadvantages at different stages in the project.

I have worked for more than nine years as a non-Indigenous doctor in an Indigenous community controlled health organisation. I set up a team to work with on the project consisting largely of Indigenous community members. I relied heavily on these

Indigenous team members in terms of assisting with the interpretation of findings, and forging links with schools and other agencies who would be sources of participants. On occasion, being slightly separate from close Indigenous community networks provided a slight advantage in terms of perceived confidentiality and willingness to be frank. I grew up in a relatively privileged white middle-class family in Melbourne and my interest in Indigenous health started in early medical school days. My initial interest was stirred by the principles of social justice, and the dramatic health inequalities evident between Indigenous and non-Indigenous Australians, and has since been reinforced by my enjoyment of the work and the ability to combine work with individuals and communities using public health and advocacy techniques.

As a woman with small children, and visibly pregnant during much of the data collection phase of the project in the latter part of 2004, I was able to instantly establish rapport and commonalities with many of the young mothers involved with the study. Even during our fieldwork in schools, my pregnancy seemed to create a starting point for discussion with young people.

As a health practitioner I was well known to many local Indigenous community members. An advantage of this was that I was regarded as trustworthy (by both participants and their parents), and able to keep confidences, again increasing the likelihood that participants would speak openly to me. However, particularly in terms of the ongoing conduct of the young mothers group, and in terms of individual interviews it became important to quickly work on negotiating more equal power relationships, to ensure that as much as possible these could operate on the basis of equal partnerships, and positioning the young women as the “experts” on their own situations. In addition, conflicts arose during the data collection stage in terms of the provision of health advice and information. In the spirit of reciprocity and ethical obligation I needed to respond to these in a timely fashion, yet not interfere with the information being collected. Some of the ethical issues arising with fulfilling dual roles as practitioner and researcher have been discussed by Coy (2006), who concluded that although these needed careful consideration, ultimately the dual roles added an extra dimension to her work, and the women’s welfare.

Lastly as a doctor, I am deeply steeped in my early academic training in the biomedical sciences. In spite of my earlier training, the multifaceted nature and complexity of my topic area convinced me that a social science approach was most likely to yield useful information. Despite some prior experience in social science research, this project has

provided a very exciting steep learning curve as I discover new ways of learning about and representing the world around us. Although this has provided its own challenges, in some ways freshness to the field allows me a kind of academic flexibility, through being free to use different approaches as prisms to examine the data gathered.

Aim and research questions

The aim of this study is to gain a contextual understanding of attitudes to teenage pregnancy and childbearing from the perspective of young Aboriginal and Torres Strait Islander women in the Townsville area. However, I felt this could not be separated from a broader understanding of young people's aspirations, health and relationships and the cultural context within which they are embedded.

The specific research questions are:

- How do young women conceptualise the role of pregnancy and parenthood in their lives, especially its relationship to paid employment, education and economic independence?
- How do young women perceive the life options open to them?
- How do structural factors, the attitudes of others and broader sociocultural discourses influence the options available to young Indigenous women?
- What is the relationship between knowledge, attitudes and behaviours around sex, contraception, and childbearing in this group of young women, and how do mothers, boyfriends and peers influence these?
- What can be done to improve support for pregnant and parenting Indigenous teenagers?

Introduction to the thesis

In investigating these questions I generated large amounts of qualitative and quantitative data from multiple sources. I have attempted to make sense of this, and paint a picture of how young Indigenous women in Townsville view the role of pregnancy in their lives both before and after having a child. This introduction gives some background to the study and the social and academic context in which it is important. I cover the problematisation of teenage pregnancy, the epidemiology and outcomes of teenage pregnancy from the literature, and attempts to challenge the prevalent deficit discourse. I then introduce the research questions, and discuss the impact of who I am on data collection and interpretation.

Chapter Two reviews a portion of the pre-existing literature about teenage pregnancy, particularly the structural, attitudinal and societal associations seen with teenage pregnancy, before looking at factors specific to Aboriginal and Torres Strait Islander young people and then touching on the program and policy context in the area. Overall, it highlights the fragmented, incomplete view provided by much of the literature in the area, and the need for a richer understanding of the role played by parenthood in the lives of young women. Chapter Three focuses on the theoretical approach and frameworks I used in designing this project and in analysing and discussing the results. It discusses progressive youth transitions theory and the concept of youth marginalisation, particularly as they apply to Indigenous young people. The intersection of youth and economy, education, and social class, gender, race and ethnicity are then discussed, along with issues of power and control and the notion of decision-making and "choice". A "storying the future" approach (Wierenga, 2002) is proposed in which the agency of young people in terms of constructing their own futures is balanced with limitations imposed by structural factors and unequal power relations. I then discuss an additional much smaller body of research looking at the views of young mothers themselves about pregnancy and parenthood.

Chapter Four describes the methodological issues and approach chosen, and the development of the methods used to collect and interpret the data. This is followed by a description of implementation of the project in all project sites and how the data were analysed and interpreted. Results are presented in Chapters Five and Six. Chapter Five presents findings from students at school and the homeless youth shelter, as a snapshot of current knowledge, attitudes and behaviours based on qualitative and quantitative data. Chapter Six presents findings from Young Mums' Group discussions and individual interviews with young mothers arranged thematically.

Finally, Chapter Seven discusses the findings, puts them into the context of recent literature and policy and points the way to further research and program development. I summarise the findings about aspirations, social and sexual relationships of young Indigenous people in Townsville and how overarching issues of socioeconomic disadvantage, discrimination and gender and power imbalances constrain these. Interviews with young mothers show a group of largely very disadvantaged young women, for whom pregnancy had frequently provided the impetus for a "transformation", and who are clearly asking for practical support in terms of closing the gap between their dreams for their family and the limited social realities.

Chapter 2 A fertile womb: setting the scene

There is a vast body of literature worldwide about the issue of adolescent pregnancy; mostly empirical research from the United States dealing with risk factors and associations with teenage pregnancy in particular groups. There is much less information about the attitudes of young people themselves towards pregnancy and how they may be mediated by sociocultural context, or how pregnancy and parenthood fit into their aspirations and life plans, and virtually no research on this area in terms of Indigenous Australian young people. Thus it has been necessary to take a broad scope initially for this review, recognising that the findings from other communities may not be applicable to Aboriginal and Torres Strait Islander populations in Townsville. Furthermore there has been little work studying parenthood through the eyes of young mothers, although there are now an increasing number of small qualitative studies in this area, which will be discussed in Chapter 3.

A cumulative risk factor approach based on behavioural ecology (Bronfenbrenner, 1979, 1986) can be useful for conceptualising socio-demographic risk factors at the individual, family and community level for teenage childbearing (Corcoran, 1999; Kalil & Kunz, 1999; Wu, 1996), although the way young people ascribe meanings to all of these must also be considered (Eckersley et al., 2005). Risk factors are described as increasing the probability, rather than predetermining, the occurrence of a particular outcome, and the effects tend to be cumulative (Kalil & Kunz, 1999; Luster & Small, 1994). However, given an array of known risk factors, some young people employ individual strengths or supports to avoid problematic outcomes, and are thus known as "resilient" (McGinty, 1999; Resnick et al., 1997). Some factors associated with resilience in young people generally include high self-esteem, family support and harmony, high educational expectations and engagement, basic skills and the presence of external support, and similar factors seem to increase resilience in terms of sexual risk behaviour and teenage pregnancy (Nettles & Pleck, 1994). Large long-term studies have confirmed the effectiveness of interventions promoting social competence and school attachment in primary school children in the US in reducing negative outcomes including sexual risk behaviour and pregnancy (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). I have conceptualised the inter-relationship between some risk constructs and resilience enhancing factors identified in the literature in Figure 2.1, although evidence is very patchy especially in the area of resilience.

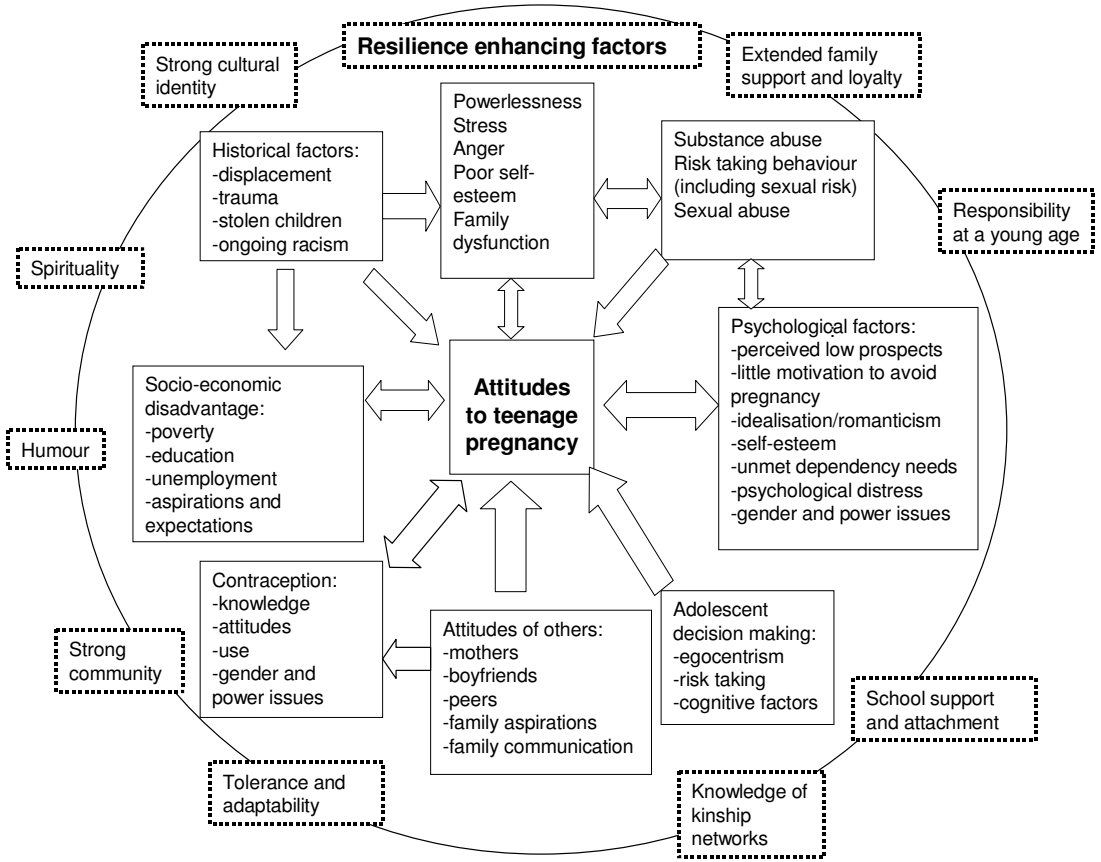


Figure 2.1Theoretical construction of factors impacting on teenage pregnancy (partially adapted from Holmes et al. 2002)

In this chapter, I discuss various associations with teenage pregnancy (potentially conceptualised as risk factors) that have been studied in the literature, including structural factors, adolescent development, attitudes of young women and their significant others, and the relationship between attitudes and behaviours. I do this to set a background for the evidence already existing about teenage pregnancy, while recognising that most of these studies are limited by their lack of attention to the social context and individual agency of the young people involved. I then summarise the literature around contraception and factors specific to Indigenous adolescents. I conclude the chapter with a brief discussion of program development and policy implications.

Associations with teenage pregnancy

Many associations with teenage pregnancy have been studied using large population based cross-sectional studies and multivariate statistics. This kind of study, whilst statistically powerful, is limited due to its cross-sectional nature, need for recall, and limited depth to the data. There is a large amount of overlap between the published associations with early sexual initiation, sexual risk behaviour and teenage birth rates, as all are determined by the milieu in which the adolescent exists. The adolescent cannot be considered as an isolated entity, but must be considered as a complex and developing human being in the context of the environment. However, the environment is complex; factors at the individual, family, school and neighbourhood level and macro-level sociocultural factors all impact on the individual, as do the relationships between these settings (Corcoran, 1999; Small & Luster, 1994).

Structural associations

There is a strong association between poverty, educational underachievement and commencing childbearing in the adolescent years, although the cross-sectional nature of the data limits the attribution of causality (Coory, 2000; Kalil & Kunz, 1999; McCullough, 2001). This could be mediated by a large number of individual, family or community level factors, each of which can be studied as an individual risk factor. In the next two sections I will concentrate briefly on poverty, education and employment, then neighbourhood factors and family structure

Poverty, education and employment

Social class and poverty gradients have a clear inverse effect on a range of adolescent health and wellbeing issues (Starfield, Riley, Witt, & Robertson, 2002). Large epidemiological studies have clearly found higher rates of teenage pregnancy in areas

of high socioeconomic deprivation (McCullough, 2001; Singh, Darroch, & Frost, 2001). Poverty has also been associated with early initiation of sexual activity, less reliable contraceptive use and other adolescent risk taking behaviours (Billy, Brewster, & Grady, 1994; Singh et al., 2001). Economic resources may be important in shaping a young woman's evaluation of the benefits and potential costs of sexual activity (McCullough, 2001), and various life experiences associated with living in poverty (alienation at school, community norms of single parenthood and unemployment, and lack of educational opportunities and career prospects) may all serve to lower the perceived costs of early motherhood, and increase the perception of limited life choices (Arai, 2003; Turner, 2004).

Poor students with low educational aspirations are more likely to become pregnant and have a child as an adolescent (Bradbury, 2006b; Evans, 2004), and conversely students who are academically successful with high aspirations are less likely to become teenage mothers (Kalil & Kunz, 1999; Manlove et al., 2000). There has been much debate in the literature about the relationship between teenage childbearing and educational and vocational achievements (Hofferth et al., 2001). While some studies have viewed dropping out of school as a consequence of teenage pregnancy (Furstenberg et al., 1987), others suggest that dropping out of school more commonly precedes rather than follows the discovery of a teenage pregnancy (Evans, 2004; Fergusson & Woodward, 2000; Pillow, 2004).

Parents with more education may place higher value on educational goals, and this may lead to later initiation of sexual activity, more effective use of contraception, or increasing rates of termination if a pregnancy occurs (Bradbury, 2006b). In addition, poor families may have fewer resources to provide vocational or educational opportunities for their children, again lowering motivation to avoid pregnancy (Kalil & Kunz, 1999; McCullough, 2001). In Australia, Littlejohn (1995) and Evans (2004) both found that the decision to have an abortion is more commonly made by teenagers attending school and doing well, and who have high educational aspirations.

Completing high school (as a minimum) or higher education are increasingly necessary for employment generating a living wage, due to structural economic changes resulting in the loss of many low-skill jobs (see Dwyer & Wyn, 2001; Wilson, 1997, for a thorough discussion). As a consequence of longer periods of education and training, the median ages of completing schooling and starting a family have increased for the middle-classes, however this change has not occurred in Indigenous populations or

more remote areas (Laws, Grayson, & Sullivan, 2006). This means that teenage childbearing is now occurring more commonly in the context of young unmarried teenagers, with few prospects of stable employment for themselves or their partners (McDermott & Graham, 2005; Phoenix, 1993). It is perhaps this that is partly responsible for the high levels of concern about teenage parenthood. The impact of male unemployment and poverty is also significant, as poverty, low education and few employment prospects amongst young males reduce the attractiveness of marriage as a choice for young women, and decrease the perceived opportunity costs of young parenthood, with or without a partner (Musick, 2002; Upchurch, Lillard, & Panis, 2002).

There is a clear association between living in a disadvantaged area and an increased chance of both teenage childbearing (McCullough, 2001; McLeod, 2001) and early sexual activity (Averett, Rees, & Argys, 2002; Billy et al., 1994). It is likely that the neighbourhood itself may play an important role in mediating these effects (Small & Newman, 2001), although the effect is mediated through a combination of structural and sociocultural factors. As Wilson (1987) states:

> *…the very presence of [middle and working class families] provides mainstream role models that help keep alive the perception that education is meaningful, that steady employment is a viable alternative to welfare, and that family stability is the norm, not the exception (p. 56).*

Recent qualitative data suggest that indeed early childbearing may be normative in some disadvantaged communities, with the effect being mediated through peer and neighbourhood norms affecting both pregnancy, and pregnancy resolution (Arai, 2005). Using longitudinal data, South and Baumer (2000) found that about 2/3 of the difference in pregnancy rates between different ethnic groups was explained by differences in neighbourhood quality, and furthermore, that individual and family factors did little to mediate the impact of community disadvantage. They also demonstrated more tolerant attitudes to young, unmarried parenthood amongst young women in deprived communities (South & Baumer, 2000). It is necessary to broaden our consideration beyond either behavioural or structural-functionalist explanations of neighbourhood variations in health outcomes through considering social structure, social practices and agency and the interaction between these (Frohlich, Potvin, Chabot, & Corin, 2002).

Family structure and dysfunction

Associations between family background and teenage childbearing have been extensively studied. Family factors may have an influence on the initiation of sexual activity, the use of contraception, and the outcome of a pregnancy if one occurs. Statistical associations with teenage parenthood have been found for single parent, mother-headed families (Blum et al., 2000; Kalil & Kunz, 1999; Quinlivan, Tan, Steele, & Black, 2004); low parental (especially maternal) education levels (Rodriquez & Moore, 1995); parental educational resources (Coley & Chase-Lansdale, 1998); large family size (Vundule, Maforah, Jewkes, & Jordaan, 2001); and mother having herself commenced childbearing as a teenager (Seamark & Pereira Gray, 1997). Communication within families may be important; some studies have suggested that perceived closed communication with parents and a low perceived level of family cohesion or parental warmth and involvement are associated statistically with higher pregnancy rates (Rodriquez & Moore, 1995; Scaramella, Conger, Simons, & Whitbeck, 1998).

Although by no means universal, households characterised by poverty, unemployment and other markers of disadvantage commonly also manifest forms of family dysfunction. Exposure to family violence has been statistically associated with an earlier age of motherhood (Dietz et al., 1999; Herrenkohl, Herrenkohl, Egolf, & Russo, 1998; Quinlivan et al., 2004), and some studies suggest that young parenthood may represent a means of escape from intolerable home or living conditions for certain young women (Arabena, 2006; Garrett & Tidwell, 1999). The only good quality prospective cohort study studying childhood sexual abuse found that this is significantly associated with adult female prostitution, but not teenage pregnancy or promiscuity (Widom & Kuhns, 1996). In Australia, an analysis of the younger cohort of women from the Australian Longitudinal Study of Women's Health found those young women who had been pregnant reported a much greater prevalence of partner violence compared with those who had not, whether the pregnancy ended in birth, miscarriage or termination (Taft, Watson, & Lee, 2004).

Alternative views

Alternative views in the literature in the USA and UK suggest that in fact beginning childbearing in the teenage years can be adaptive in situations of poor health, poverty and little in the way of educational or employment prospects, and may be either a

rational choice, or at least an adaptive response (Geronimus, 1997; Geronimus, Bound, & Waidmann, 1999; Merrick, 1995). Others have disagreed, using arguments that although teenage motherhood may have less negative consequences for disadvantaged young women, it is still far from being an adaptive response (Furstenberg, 1992). In Furstenberg's words (1992):

> *Parenthood results not from a single decision but is frequently the unanticipated consequence of a series of events: having sex, not using contraception successfully, becoming pregnant, and not obtaining an abortion...none of these discrete events is random or necessarily irrational but it does not follow that the endpoint of this sequence of behaviors, parenthood, is the result of rational choice or the indirect by-product of an implicit cultural rationality (p. 240).*

Geronimus (2003) argues that mainstream America disapproves of urban African American teenage motherhood even in the face of equivocal evidence about its disadvantages, and that broader society is "selective in its attention to the actual life chances of urban African Americans and how these chances shape fertility-timing norms, in part because this selective focus helps maintain the core values, competencies, and privileges of the dominant group" (Geronimus, 2003, p. 881). Early fertility timing may be adaptive for African Americans in high-poverty urban areas, partly because of the structural constraints with which they deal which shorten normal life expectancy. Thus although delayed childbearing is adaptive and salient for more privileged people, it is not so for all. As a culturally adaptive mechanism, childbearing in mid to late teens to early twenties may be either tolerated, or even socially encouraged or expected. Early childbearing is often coupled with the social expectation that a network of peers and elders will actively support young mothers and their children (Geronimus, 2003).

In terms of theories of vocational development and choice, the literature reveals few papers relevant to various minority groups, and has been criticised for ignoring the limitations on choice imposed on low socioeconomic groups (Merrick, 1995; Turner, 2004). It has been suggested that individuals in disadvantaged situations may separate their personal and work self-concepts to preserve their sense of individual self-worth. In the absence of other options, young women may "choose" teenage childbearing, thus:

> *…implementing personal self-concepts, which may also be considered work self-concepts. This will be their primary occupation that meets needs of self-expression and identity, through which they will assume an adult role, and which might also provide some income through benefits… (Merrick, 1995, p. 289)*

One problem with this theory is that it too assumes a range of perceived options from which an individual may freely choose; this may not always be the case. For example, Phoenix (1991b) found that her group of young mothers in Britain had many plans for further education and training, but were limited by many structural obstacles to fulfilling these. Furthermore, the majority of young women report that their pregnancies are unplanned, and teenagers who continue with their pregnancies may do so because they reject abortion, rather than because they wish to become mothers (Turner, 2004). I will return to the issues of "choice" and planning in Chapter 7.

Adolescent development

Adolescence is that poorly defined period of time between childhood and the establishment of a full adult identity, often defined in terms of change, transition, maturation and development. The tasks of adolescence can be conceptualised as: 1) effective separation or independence from the family of origin; 2) pursuing a realistic vocational goal; 3) achieving a mature level of sexuality; and 4) achieving a realistic and positive self-image (Brown, 2000). However they are conceptualised, the stages of adolescent development do not readily include the young adolescent mother, who appears to be operating in an adult role on the one hand, whilst still completing some developmental roles of a child (Schofield, 1994; Wilson & Huntington, 2005). Discourses about childhood as innocent and pure lead to some public consternation in the face of flagrant teenage sexuality, with pregnant school-aged girls threatening our safe images of innocence and childhood (Pillow, 2004; Schofield, 1994). However, when a large proportion of the adolescent population is sexually active, this group cannot be regarded as a deviant minority, but must be catered for with responsive and responsible educational programs (Skinner & Hickey, 2003).

Most theories of adolescent development have been developed with reference to boys and men as the norm; girls and women are measured against the male "universal" yardstick, and often found consequently to be inferior (Milne-Home et al., 1996). This systematic bias in the development of theory has neglected the views of women, and

left them somewhere in the realm of the "other" (Buchanan, 1993; Gilligan, 1993). For women, successful development often entails the formation of a web of relationships, where conflicting needs must be balanced, whilst for men it involves reaching a pinnacle of individualistic moral development (Blanc, 2001; Gilligan, 1993; Jewell, Tacchi, & Donovan, 2000).

Gender and sex role socialisation

Fundamental gender differences in communication and moral and ethical development have a substantial influence on adolescent relationships and sexual practices (Gilligan, 1993; Tolman, Striepe, & Harmon, 2003). In interviews with disadvantaged girls at risk of dropping out of high school, McLean Taylor, Gilligan and Sullivan (1995) discuss how these young women progressively "lose their voice", become discouraged and lose their aspirations in the face of patriarchal structures dominated by wealthy white people, and the protective importance of adult female confidantes and role models. Adolescents' plans for childbearing and education are related to gender; girls expected the timing of childbearing to affect their educational plans, but boys did not share that expectation (Mahaffy & Ward, 2002). Using a feminist structural perspective, these authors argue that gender differences develop from different schooling experiences, parental investments, and support from others (Mahaffy & Ward, 2002).

In Australia, various authors critique how femininity is culturally constructed in terms of gender, social relations, and popular culture expressed in the media (Alloway, 2000; Gilbert & Gilbert, 1994). They argue that schools still reproduce these traditional gender relations, and the mainstream discourse of femininity is reproduced in classroom texts, expectations of teachers, and written work from students. However, "…notions of femininity are imperfectly held: they are not static, fixed, or determined. There are always spaces for opposition and resistance in the construction of gendered subjectivity…" (Gilbert & Taylor, 1991, p. 2).

In addition to femininity, motherhood, and especially the notion of "ideal motherhood" can be considered as a social construction (Breheny & Stephens, 2006; Phoenix & Woollett, 1991; Wilson & Huntington, 2005), with consequences in terms of the classification of "deviant motherhood" for young unmarried, disadvantaged women who do not meet the norm. Some authors have alluded to different constructions of “ideal motherhood” according to class. For example, in McMahon’s (1995) interview study, working-class women saw themselves as achieving maturity through motherhood,

while for the middle-class women it was important to reach maturity prior to motherhood.

Many factors are important in developing attitudes towards sexuality in young people. Among the most common are family and peer group beliefs, although macro-level factors such as media images and community norms cannot be ignored, and often contribute to presenting very mixed messages about sexuality to young people (Hird & Jackson, 2001; Milnes, 2004). This results in a frequently large gap between attitudes or beliefs and actual behaviour, producing feelings of guilt and confusion and less contraceptive use due to an unwillingness to accept the self as a sexual being (Milnes, 2004). Communication about sex is strongly influenced by the perception of adolescent girls of how socially acceptable their knowing about sex is. Social norms may define a "good woman" as one who is sexually passive and ignorant about sex (Gage, 1998). However, in communities undergoing rapid social transformation, there are often conflicting or changing definitions of sex roles and gender expectations (Gage, 1998).

The way sexual relationships are structured in Western societies and underlying inequalities put girls in a difficult and unjust position (Blanc, 2001; Hird & Jackson, 2001; Taylor, 1995). They may be known as a “slag” on one hand (whether or not they deserve it) for perceived sexual promiscuity, or a “drag”, or “frigid” on the other. These concepts are prominent in discourse about girls and sexuality (Hird & Jackson, 2001; Lees, 1993). Gilbert and Taylor (1991) refer to three sets of contradictory discourses for adolescent women: girls' futures (domesticity versus paid work); sexuality (slags or drags); and age and maturity (rebellion tolerated in males but not females). This dissonance between beliefs and action is amplified by the complete absence of any discussion of desire, especially in women, in school-based sex education or indeed the public discourse around sexuality (Hird & Jackson, 2001; Tolman, 2002; Tolman, Striepe et al., 2003). This produces further conflict for young women in terms of negotiating their way to contraceptive use within relationships, as it involves acknowledging desire, and themselves as sexual beings. For men a strong irresistible sexual desire is expected, yet for women this is discouraged (Larkin, Andrews, & Mitchell, 2006), and boys tend to have more permissive attitudes towards sex, and be less likely to view contraception as a shared responsibility (Hooke, Capewell, & Whyte, 2000). Indeed for many young women, sexuality is constructed in terms of “servicing” the sexual needs of men (Halson, 1991; Hird & Jackson, 2001; Tolman, Striepe et al., 2003). It can be surmised from this that “dominant cultural conceptions of female

sexuality as passive, devoid of desire, and subordinate to male needs and desires make it difficult for women to negotiate safe sex" (Tolman, Striepe et al., 2003, p. 6). These limitations on young women's autonomy, when juxtaposed with public health campaigns advocating for girls to be more assertive in making safer sexual "choices", indicate that such preventive efforts may be at best ineffective and at worst dangerous.

Ethnicity and cultural norms

It is difficult to talk about cultural or racial differences in problematised behaviours such as teenage parenting without producing a "blame the victim" effect (Bond, 2005). However, cultural norms within particular ethnic or racial groups have been shown to exert effects on teenage sexual behaviour and childbearing. These may be mediated through some of the neighbourhood factors discussed earlier, and through socioeconomic disadvantage, but it is probable that other culture-specific expectations may also play a role (Kaufman et al., 2007).

Kaufman's (2007) study used mixed methods with American Indian adolescents from one tribe and an Indigenist stress-coping framework (Walters & Simoni, 2002), concluding that young people had lots of pressures towards early sex, often in the context of substance use. Condoms were not stigmatised, but few felt they were very important for sexually transmitted infection (STI; includes HIV[3]) prevention. Furthermore, there were few economic or social recriminations for giving birth at a young age, as families were supportive and helped with looking after babies. The authors suggested "…culture may increase feelings of alienation and thereby increase risky behavior. Alternatively, culture may present a set of resources from which youth can draw to increase their likelihood of making healthy choices" (Kaufman et al., 2007, p. 11). Thus "culture" may be either a risk or resilience-enhancing factor, possibly depending on the stage of cultural identity formation of the individual and community. For example, East (1998) found that girls of different ethnicities saw their lives unfold in different sequences and rates independent of socioeconomic status. Hispanic girls desired a rapid transition to marriage and parenthood at a young age, and African American women perceived the greatest likelihood of non-marital childbearing for themselves and the longest interval between first sex and first birth. Within races it was found that an individual girls' aspirations for the future influenced expected role timing (East, 1998). Geronimus (2003) and Burton (1990) amongst others, have suggested that among some disadvantaged groups, in particular poor African American

[3] From this point I include HIV within the term sexual transmitted infections due to a low prevalence in this community and transmission predominantly through heterosexual contact.

teenagers, what may be considered non-normative for others is actually a rational response to their social circumstances that engender strong incentives toward early childbearing (Geronimus, 2003).

Adolescent decision-making

Adolescent decision-making with respect to pregnancy can be considered in terms of cognitive factors, social and psychological factors, and cultural and societal factors (Gordon, 1996). Cognitive factors include the stage of operational thought, knowledge and age. Social and psychological factors operating at the individual, family and peer level include adolescent egocentrism (including the concept of the personal fable and invulnerability), identity formation, desire for intimacy, risk taking, locus of control, gender, family, peers and life events. Cultural and societal factors that impact on decision-making include race, ethnicity, religion, political health, educational systems and socioeconomic conditions (see Gordon, 1996 for further discussion). But the relationship between attitudes and behaviours is not always straightforward. An Australian study using the theory of planned behaviour to look at planned and actual sexual behaviour over time in young women showed that perceived behavioural control and past experience were the strongest predictors of actual behaviour, rather than intention (McCabe & Killackey, 2004). Furthermore, Paton (2006) concluded from population level data in the UK that sexual decision-making in young people may not be rational, and instead be a series of random events, although this view could be strongly criticised for neglecting any agency of young people in the process.

In the African context, cultural views about gender roles and sexuality, the power dimensions of adolescents' lives, and economic disadvantage all exert powerful influences on decision-making around sex and contraceptive use (Gage, 1998). Lack of knowledge and distorted assessment of risks of pregnancy and infection may play a role, along with an abdication of the decision-making process for a fatalistic approach (Gage, 1998). Using a framework derived from the health belief model, Gage found the decision whether or not to engage in sexual activity or use condoms to be based on: 1) a consideration of cost and benefits of engaging in a particular behaviour; 2) an assessment of the risks of becoming pregnant or contracting an STI; 3) norms perceived to be held by significant others including peer groups, family members, and partners; 4) the willingness of the adolescent to conform to the wishes of significant others; and 5) self-efficacy in making decisions (Gage, 1998).

Risk taking behaviour

Adolescence is often perceived as a period of high risk taking behaviour (Bond, Thomas, Toumourou, Patton, & Catalano, 2000), whether in terms of substance use, risky physical activities, or sexual behaviour. Sexual risk behaviour is often associated with other forms of risk taking (Harvey & Spigner, 1995), and may be differentially distributed in different populations. For example, a large US study found that white adolescents were more likely to smoke, drink alcohol and attempt suicide in young adolescent years than were African American or Hispanic young people, but African American youth were more likely to have sexual intercourse at an earlier age (Blum et al., 2000). It is interesting that this study found that race, income and family structure only provided a very limited understanding of adolescent risk taking (Blum et al., 2000), suggesting that other less tangible intra- and interpersonal factors may play an important role.

A well designed Australian study of almost 9000 high school adolescents found that there were various community, family, school, peer and individual risk and protective factors for risk taking behaviour (including sexual risk; Bond et al., 2000). Community level factors included the perceived availability of drugs, norms favourable to drug use, community mobility/stability and rewards for pro-social community involvement; family factors were family attachment, family conflict, poor discipline and a family history of antisocial behaviour. School factors were academic failure, low school commitment, and opportunities or rewards for involvement, while peer and individual factors included favourable attitudes to drug use, friend's drug use, perceived fewer risks associated with drug use and individual social skills (Bond et al., 2000). These factors are consistent with an ecological view and with the conclusions elsewhere in the literature that involvement and attachment with school and less poverty and disorganisation are all associated with less sexual risk taking and lower teenage pregnancy rates (Kirby, 2002b; Resnick et al., 1997).

Sexual risk taking

Sexual risk taking can take many forms from early initiation of intercourse, to frequent intercourse with multiple partners, to non-use or inconsistent use of contraception. Lack of barrier contraception, leaving an adolescent at risk of sexually transmitted infections (STIs), can also be considered risk behaviour. However, it is important to note that sex without contraception amongst adolescents desiring a baby, although it may be considered unwise, should not be considered as risk taking behaviour (Gordon, 1996). In both US and Australian high school students the proportion reporting multiple

sexual partners is decreasing while condom use is increasing, but is still inconsistent, especially among younger teenagers (Agius, Pitts, Dyson, Mitchell, & Smith, 2006; Centre for Disease Control, 2002).

Sexual risk taking behaviour may be associated with individual level factors, such as lack of future orientation (Gage, 1998), psychological distress (DiClemente et al., 2001; Ramrakha, Caspi, Dickson, Moffitt, & Paul, 2000), poor self esteem (Lagana, 1999), substance use (Smith, Agius, Dyson, Mitchell, & Pitts, 2002) and poor negotiation skills (Gage, 1998). Alternatively, it may be related to peer norms and expectations (Kaufman et al., 2007; Lear, 1995), family structure and maternal education (Lagana, 1999), and neighbourhood or community level factors (Billy et al., 1994; Kaufman et al., 2007). Poverty and poor school engagement operate across many of these levels to decrease the perceived costs of the consequences of sexual risk behaviour. Cultural values regarding sexuality and gender roles, power dimensions of adolescents' lives and economic disadvantage may all exert powerful influences on a teenagers' decisions (or lack of decisions) around sex (Gage, 1998; Kaufman et al., 2007), and alcohol as well as a lack of communication skills may inhibit the process (Lear, 1995). Those with higher risk sexual behaviour may be characterised as having more opportunities for engaging in sexual risk behaviour, fewer incentives for avoiding risk, and a history of poor family relationships (Luster & Small, 1994).

Young age may contribute to risk taking through a decreased consideration of future implications (consistent with their developmental stage), and ideas of invulnerability (Gage, 1998; Rodriquez & Moore, 1995). Some studies have suggested that younger adolescents are more vulnerable to coercive sex, during which contraception is less likely to be considered (American Academy of Pediatrics Committee on Adolescence, 1999; Gage, 1998), and are also less effective contraceptive users (Teitler & Weiss, 2000). A history of childhood sexual abuse has been shown to result in significantly less condom self-efficacy and use and higher rates of STIs (Brown, Lourie, Zlotnick, & Cohn, 2000; Glei, 1999). A significant association also exists between dating violence against girls and their sexual risk behaviours (including early sexual initiation), teenage pregnancy and other risky behaviours (Silverman, Raj, Mucci, & Hathaway, 2001).

Age at sexual initiation

Age at transition to sexual intercourse is an important construct to consider, as younger women are less effective contraceptive users and thus at higher risk of pregnancy or STIs (Teitler & Weiss, 2000). Bond et al (2000) found that 10% of Year 7 students in

Australia reported ever having sex, and this increased to almost 1/3 of Year 11 students. Use of condoms increased with age, but overall less than 50% of these students reliably used condoms (Bond et al., 2000).

Many factors influence the age at which a girl may commence having sexual intercourse. Some associations discussed in the literature are: biological factors (puberty, age, sex, race); social factors (poverty, family structure, the level of maternal educational attainment and supervision, substance use, influence of peers, school performance, rigid parenting, abuse); neighbourhood factors (mediated through school and social behavioural norms); and factors associated with attitudes and beliefs such as personal values and perceived norms and intentions (Brown, 2000; Lammers, Irelane, Resnick, & Blum, 2000; Mott, Fondell, Hu, Kowaleski-Jones, & Menaghan, 1996; Upchurch, Aneshensel, Sucoff, & Levy-Storms, 1999). In reality there is a large degree of overlap between factors that influence age at sexual initiation, sexual risk behaviour, and teenage pregnancy rates. Schofield (1994) argues it is not clear:

> *…whether sexual relationships are a source of self-esteem and contribute to a positive sense of identity or whether they are stigmatised and contribute to a loss of self-esteem for girls. It seems likely that issues of power and choice are important...whatever the context it is certain that these choices are made from socially constructed alternatives (p. 18).*

Epidemiological data from the US has demonstrated that factors associated with very early sexual initiation (first sex by age 14) were mother having sex at an early age, maternal employment, and substance abuse at an early age (commonly cigarettes for girls and alcohol for boys; Mott et al., 1996), although a study from New Zealand suggests that individual and school factors are more important than socioeconomic status or family composition in early sexual initiation (Paul, Fitzjohn, Herbison, & Dickson, 2000). Very early sexual initiation is often involuntary. Higher rates of coercion have been associated with earlier age of first sex in both the USA and New Zealand (Abma, Driscoll, & Moore, 1998; Dickson, Paul, Herbison, & Silva, 1998). In the NZ study, 54% of participants overall (211/388) reported that they should have waited longer for their first sexual experience, and this increased to 70% (90/129) for those reporting intercourse before age 16 (Dickson et al., 1998).

Power disparities exist within sexual relationships based on age, class, race and gender, and violence is an unfortunate reality in many dating relationships (Blanc,

2001; Gage, 1998; Scheiman & Zeoli, 2003; Silverman et al., 2001). Male pressure to have sex is often a strong determinant of commencing sexual activity (Abma et al., 1998; Dickson et al., 1998), especially for younger women. A South African qualitative study found that male violent and coercive practices dominated sexual relationships. Male partners defined the timing and conditions of sex using violence and widespread social constructions of "love, intercourse and entitlement", to which the women had little choice but to submit. Females felt that the appropriate response was silence and submission in this context, and many had been beaten so often that they considered it an expression of love. They were frequently powerless to end the relationship, and this was often compounded by an element of economic dependency (Wood, Maforah, & Jewkes, 1998).

Age difference with partners

A large age difference between a young woman and her boyfriend is likely to exacerbate power imbalances within the relationship, and perhaps increase the risk of coercion. Using Canadian data, Millar and Wadhera (1997) found that for mothers below the age of 18 years, 37% of partners were within 2 years of her age, 39% were 3 to 5 years older and 24% were 6 or more years older, suggesting that prevention programs targeted only through schools are unlikely to be effective. Adolescent females involved with an older partner have higher odds of having intercourse than females with partners their own age, and this association is greatest for the youngest females. For example, the odds of having had sex amongst 13 year old females with a partner 6 years older was more than 6 times the odds amongst 13 year old females with same age partners (Kaestle, Morisky, & Wiley, 2002).

In addition, women aged 17 and younger whose current partner was more than 3 years older than them seem significantly less likely to practice consistent contraception, compared to those with partners closer in age (Glei, 1999). Women whose first partner was more than 7 years older than them were more than twice as likely (36% versus 17%) to rate intercourse as less wanted, and less likely to use contraceptives (Abma et al., 1998). There are many policy and legal implications of these age and power disparities: these have been discussed elsewhere.

Attitudes of young women

Young women bring to their sexual relationships and decision-making a host of attitudinal and belief values, that have in turn been shaped by many of the factors previously alluded to – in particular family socioeconomic status, family structure, neighbourhood factors, adolescent development, cultural norms, perceived attitudes of family and peers, and future aspirations. The attitudes of young women to sexual behaviour, pregnancy and childbearing have been relatively understudied, and the published work is often contradictory. It is difficult to separate attitudes of young women from the underlying psychological constructs. There are also likely to be differences in attitudes towards pregnancy before and after a pregnancy has occurred, raising important methodological issues (Bachrach & Newcomer, 1999; Hellerstedt et al., 2001). A belief that one can control one's own destiny and plan for the future is necessary for effective contraceptive use, and low-income people may feel powerless in constructing their own futures (Ruddick, 1993), while primarily concerned with attachment and connection within their social networks.

A US survey of adolescents awaiting pregnancy test results found that positive feelings were significantly associated with perceived partner desire for pregnancy, limited future expectations and lack of school engagement (Hellerstedt et al., 2001). An additional factor that may influence attitudes of young women towards sexual behaviour and contraceptive use is a self-perception of infertility (Stevens-Simon, Beach, & Klerman, 2001; Wimberly, Kollar, & Slap, 2003).

In an ethnographic study with 34 young mothers and never pregnant 16 to 20-year-old women in the UK, Jewell et al. (2000) found that there was no difference in sexual risk behaviour between advantaged and disadvantaged women, but those of higher SES were more likely to obtain emergency contraception or an abortion. These views were replicated by Turner (2004), also in the UK. For all the young women, but especially those from less advantaged backgrounds, emotional states and relationships were more central to their life than a concern for their sexual health (Jewell et al., 2000). Ethnographic studies of parenting teenage African American women reinforce the powerful socialisation to motherhood that goes on throughout childhood in the lives of these disadvantaged young women. The example of their own mothers, sisters and peers exerts a powerful force towards motherhood, especially in the face of poverty that undermines educational and vocational options (Dash, 2003; Williams, 1991).

In Britain, Whitehead (2001) interviewed 95 pregnant and non-pregnant teenagers, finding that the primary influences on the young women's attitudes were their family composition (specifically living with mother alone, and mother having had teenage births) and views about education, with secondary influences being attitudes of baby's father (which exerted a greater influence, the greater the age difference), employment, and religious beliefs. However, perhaps the most dominant finding from this qualitative study was that of shame with the teenage pregnancy; especially the felt shame of others imposed by society's stigma. In theorising these findings, Whitehead used a construct of transition from one state to another: firstly physical transitions of pregnancy; secondly a transition from youth to adult; a perceived transition from innocent to guilty; and from selfhood to motherhood. These transitions were seen as unnatural when they occurred outside the socially appropriate time and context for such transitions, resulting in a "social horror" or social death constructed and applied by perceived social pressures (Whitehead, 2001).

Psychological factors and self-esteem

A Western Australian study using interviews with 100 pregnant adolescents (17 or younger) and 60 controls revealed that 60% of the assessed group had a major psychosocial problem that interfered with their ability to undertake activities of daily life. The most commonly reported problems were relationship breakdown (47%), social isolation (46%), domestic violence (22%), and homelessness (16%). They also exhibited a higher rate of use of cigarettes, alcohol, marijuana and other illicit drugs than found in a reference adolescent population (Quinlivan, Petersen, & Gurrin, 1999).

Similarly, teenage mothers have been found to have poor self esteem, few plans for the future, low educational expectations and feel less in control of their lives (Plotnick, 1992; Smith & Grenyer, 1999). As Montague (1991) states:

> *…the more disadvantaged a young woman is emotionally, educationally and occupationally, the more likely she is to have low self-esteem, to have few plans for the future, to feel that she has little control over her life. Under these circumstances, she is more likely to grasp at an opportunity to give meaning and focus to her existence and to decide to bear and then to keep an ex-nuptial child (p. 46).*

In 1990s literature, several authors take a psychological developmental perspective in discussing issues surrounding young mothers, arguing that their developmental history

often results in poor self esteem, poor resilience, self-defeating choices, substance misuse, vulnerability to abuse and poor relationships with men (Musick, 1993; Schamess, 1993). While popular in the public discourse, some have criticised these views as overly judgemental, constructing young mothers as victims without agency and neglecting the strength and responsibility that many young women display when faced with early motherhood (Davies, McKinnon, & Rains, 2001; Merrick, 1995; Phoenix, 1991b).

Idealisation and unrealistic expectations of pregnancy and parenthood

In many cases adolescent males and females who are likely to experience teenage pregnancy hold unrealistic and idealised beliefs about pregnancy and parenthood (Condon, Donovan, & Corkindale, 2001). Condon and colleagues (2001) developed a scale, administered to large numbers of Australian adolescents, to measure such beliefs, finding that between 1/4 and 1/3 of the teenagers had idealised beliefs, and that this was more common in males than in females. Interestingly, they also concluded that few beliefs were derived from any formal educational input, stressing alternative influences on the evolution of beliefs. Idealisation may increase the chance of pregnancy, reduce the chance of termination, increase the risk of disillusionment with parenting, and thus increase the odds of family dysfunction as a result of anger and resentment (Condon et al., 2001).

Older studies of never-pregnant adolescent women found that positive, idealised attitudes towards immediate pregnancy were widespread (Rainey, Stevens-Simon, & Kaplan, 1993), and that this increased the chances of pregnancy (Medora, Goldstein, & von der Hellen, 1994) and poor contraceptive use (Zabin, Astone, & Emerson, 1993). Idealised views about pregnancy and parenthood are more common in pregnant than non-pregnant young women in Australia (Quinlivan et al., 2004) and the US (Afable-Munsuz & Speizer, 2006), especially among those with unplanned pregnancies. Higher scores on a scale of perceived positive consequences of teenage childbearing are associated significantly with an increased risk of being sexually active, and having unprotected sex (Unger, Molina, & Teran, 2000), suggesting that prevention strategies must include countering positive illusions, educating girls (and I would add boys) about the difficulties of parenthood, and teaching adaptive ways to meet emotional needs (Unger et al., 2000).

Motivation, choice and the role of ambivalence

There is a very complex relationship between attitudes, intentions and behavioural acts, mediated by a host of individual, peer and community influences (Zabin et al., 1993). In adolescents there is a considerable gap between intentions and actual behaviour mediated by power relationships, self-efficacy and other interpersonal factors. While quantitative studies have struggled to explain the contradictions in these constructs (Bachrach & Newcomer, 1999; Musick, 2002; Trent & Crowder, 1997), more recent qualitative studies are teasing out the complexities inherent in this area (Kendall et al., 2005). The poor correlation between intention measures about pregnancy and behaviour/outcome measures indicates that the link between fertility and contraceptive use is influenced by other independent variables such as attitudes to contraception (Kendall et al., 2005). The whole concept of intention must be considered a continuum from truly unintended to wanted and planned. Even for a woman with an unequivocal intention to avoid pregnancy, her attitude towards contraception must be completely positive to avoid it (Stevens-Simon et al., 2001; Zabin, 1999).

Positive and negative feelings in terms of the wantedness and intendedness of pregnancies by young people may coexist, producing ambivalence (Bachrach & Newcomer, 1999; Kendall et al., 2005). Indeed ambivalence towards having a child has been as significantly related to childbearing as a positive desire to conceive (Cowley & Farley, 2001). Although there are methodological issues around the assessment of wantedness (especially once a woman is pregnant), a young woman needs strong incentives to avoid childbearing in order to negotiate her path through early sexual activity in the absence of a pregnancy (Stevens-Simon et al., 2001; Zabin, Huggins, Emerson, & Cullins, 2000). In a prospective study, ambivalence towards pregnancy at baseline predicted more infrequent contraceptive use in both steady and casual relationships, with an attendant increase in risk of both pregnancy and sexually transmitted infections (Crosby, DiClemente, Wingood, Davies, & Harrington, 2002). Other studies have also found significant proportions of adolescents desiring their pregnancies (Cater & Coleman, 2006; Quinlivan & Evans, 2001; Rodriquez & Moore, 1995; Stevens-Simon, Kelly, Singer, & Cox, 1996). Studies taking more detailed ethnographic approaches describe young mothers normalising their birth choices and expressing the advantages of giving birth young, as a retrospective validation of their own choices (Kirkman et al., 2001; Phoenix, 1991a; Williams, 1991).

The role of choice has been highlighted by both Merrick (1995) and Geronimus (2003) in their work with disadvantaged African American teenagers, suggesting that for them early childbearing is an appropriate "career choice" and alternative normative life path. Examining the evidence they find that, given the restrictions on other options available to them early parenting can be a rational choice, prompting a reconsideration of the assumed negative outcomes.

Perceived attitudes of significant others

The attitudes of people close to a young woman, especially sexual partners, mothers and peers, may have considerable impact on her views about sexual activity, pregnancy outcomes and mothering. Both the attitudes of sexual partners and their attitudes as perceived by their girlfriends may be important in influencing the rates of contraceptive use and teenage pregnancy and childbearing, especially a perception that their boyfriend would like a child (Cowley & Farley, 2001; Hellerstedt et al., 2001; Hogben et al., 2006).

Twelve percent of a large sample of poor American male 15 to 19-year-olds reported they would be pleased if a sexual partner became pregnant (Marsiglio, 1993), and this has been explored in terms of proof of masculinity or virility. Furthermore young women in relationships with young men who desired a pregnancy were more than three times as concerned about undesired pregnancy as those in relationships with young men not desiring a pregnancy (Crosby et al., 2001). An Australian quantitative study has found that the attitudes of partners are also very important in influencing whether to have a termination or continue with the pregnancy once a conception has occurred (Evans, 2001).

A cross-sectional study of 12,000 US high school students found that high parental expectations about school achievement were associated with low risk behaviour, and disapproval of early sexual debut was associated with a later age of onset of sexual activity (Resnick et al., 1997). East (1999) found that mothers of pregnant and parenting teenage daughters tended to have lower expectations, monitor their daughters less, and be more accepting of teenage parenting than mothers of never pregnant daughters. In their detailed ethnographic studies of teenage pregnancy in disadvantaged African American communities, both Dash (2003) and Williams (1991) stress the role of socialisation through family and peer norms towards early motherhood as a very powerful force in shaping the futures of young women.

Daughters of teenage mothers are more likely to have a child as a teenager than those of older mothers (Horwitz, Klerman, Kuo, & Jekel, 1991a; Kahn & Anderson, 1992; Seamark & Pereira Gray, 1997; Whitehead, 2001). These intergenerational patterns tend to operate partly through the socioeconomic and family context in which children grow up. Manlove (1997) concluded that poor family and educational environments and an early ideal age of childbearing were all possible mechanisms for the reproduction of early childbearing across generations, but that even after controlling for family, school and individual factors there was still a significant association with the mother's age at first birth. In an Australian qualitative study with teenage mothers 28 out of 31 said that their mother had her first birth when under 20 years of age (Morehead & Soriano, 2005). Further, following conception, abortion is less likely if a young woman's mother has had a teenage birth (Evans, 2001; Seamark & Pereira Gray, 1997).

Having a sister who gave birth as a teenager increases the chances of a young person engaging in risky sexual behaviour (East & Kiernan, 2001). Four-fifths of teenage mothers in East's (1999) sample of African American women were still living with the family of origin one year after the birth, and their younger siblings had an increased risk of early pregnancy. Along with community norms, alterations in parenting styles, monitoring and expectations by the mothers of the siblings could be responsible for these increased risks (East, 1999).

Peer norms may also affect sexual behaviour, use of contraception and the timing of first births (Kaufman et al., 2007), with some authors postulating an "acceptance theory" for young motherhood, in particular neighbourhoods, that arises in response to a variety of socioeconomic and sociocultural variables (Arai, 2005). For example, peer norms contributed more than 1/3 of the effect of neighbourhood socioeconomic disadvantage on the timing of first birth in a large US study. Young women's more tolerant attitudes to young unmarried parenthood also played a part in this study (South & Baumer, 2000).

Contraception

In terms of the decision-making path to teenage pregnancy, the first decision is to have sexual intercourse, and the second is the use or non-use of contraception. To effectively use contraception a young person must have adequate knowledge about contraceptive methods and their correct use, access to contraceptive methods at

reasonable costs, and attitudes supportive of contraceptive use (ie. that the benefits of contraceptive use outweigh the disadvantages). In addition, the young woman must possess adequate confidence and negotiation skills to allow discussion of contraceptive use with a partner in the context of unequal power distributions within relationships, and a society that puts a moral double bind on women who think ahead with regard to contraception.

Knowledge about contraception

In most cases it seems that a lack of knowledge about the contraceptive options available is not the primary cause of non-use (Arai, 2003; Hudson & Ineichen, 1991; Littlejohn, 1996). However, a lack of knowledge about contraception and effective contraceptive use is common amongst the youngest teenagers having sex (American Academy of Pediatrics Committee on Adolescence, 1999; Grunseit, 2004; Hudson & Ineichen, 1991). Around half of all initial premarital pregnancies occur in the first 6 months of sexual activity (American Academy of Pediatrics Committee on Adolescence, 1999), mostly because the younger women are much less likely to use contraception. Emergency contraception is one area where knowledge about the method, its correct use and availability appears to be lacking (Free, Lee, & Ogden, 2002; Pearson, Owen, Phillips, Pereira Gray, & Marshall, 1995). Although joint use of condoms and a hormonal method of contraception are the recommended gold standard for safe sexual behaviour (Brady, 2003; Ott, Adler, Millstein, Tschann, & Ellen, 2002), few adolescents in Africa (MacPhail, Pettifor, Pascoe, & Rees, 2007) or Australia (Agius et al., 2006) use this combination. A lack of communication skills is thought to be the most common limiting factor. Overall, Australian research shows that around 60% of sexually active adolescents are consistent users of condoms (Agius et al., 2006).

In Australia, school is the preferred site for the provision of sex education (Smith et al., 2002), although as will be discussed later in the chapter a national policy framework is lacking. Young women are often dissatisfied with the provision of sex education at school, in terms of quantity, quality and timing (Jewell et al., 2000; Milburn, 2006), but it has been shown that this can be improved with attention to the process (Graham, Moore, Sharp, & Diamond, 2002; Milburn, 2006). In particular, there appears to be an association between pragmatic and sex positive government policies for school sex education and better sexual health indicators in young people (Weaver, Smith, & Kippax, 2005). Overall, as Stevens-Simon and her group (1998) have concluded, there is evidence suggesting that knowledge-based sex education and vocational programs

help motivated teenagers avoid childbearing. However, these strategies are not effective with those who do not already feel that the benefits of contraceptive use outweigh the risks of contraception, not to mention those who are disengaged from school.

Attitudes towards contraception

How a young woman feels about contraception, termination of pregnancy, having a child, and indeed herself as a sexually active human being will have major consequences in terms of teenage pregnancy and childbearing rates. Some studies overseas using women of various ages have found that for many, contraception is a process of finding the "least worst" option; there are problems with most methods available (Hardon, 1997; Walsh, 1997). However, using a racially-diverse sample of 200 pregnant teenagers, Stevens-Simon, Kelly et al (1996) found that the most frequently mentioned reasons for not using contraception were: "didn't mind getting pregnant" (20%); "wanted to get pregnant" (17.5%); "contraception didn't work/broke" (12%); "thought couldn't get pregnant" (9%); and "just didn't get around to it" (9%). They concluded that the absence of negative attitudes towards having babies was more important than negative attitudes to contraception in terms of reducing contraceptive use (Stevens-Simon et al., 1996). A follow-up study by the same group two years later looked at contraceptive use and second pregnancies after a first teenage birth. Most teenagers in this group attributed inconsistent postpartum contraceptive use to side effects, although plans to abstain from sex, and lack of motivation to postpone childbearing were also important (Stevens-Simon et al., 1998). Ambivalence towards pregnancy was confirmed as a predictor of inconsistent contraceptive use in a more recent prospective analysis of non-pregnant African American adolescents (Crosby et al., 2002), along with the attitudes of males to using condoms (Sonenstein, Ku, Duberstein Lindberg, Turner, & Pleck, 1998).

Women in less stable relationships, those having sex infrequently, and women who have recently had non-voluntary sex for the first time are more likely to have a high risk contraceptive pattern (Glei, 1999). For some young women, the desire to establish a relationship based on trust, and an age-appropriate belief in lack of vulnerability to pregnancy and sexually transmitted infections, may inhibit safer sexual practices (Lear, 1995; Milne-Home et al., 1996).

Teenagers vary in terms of the acceptability of emergency contraception and termination of pregnancy, however in general it appears that more advantaged

adolescents are more accepting of both of these as forms of pregnancy resolution, and less likely to carry a pregnancy to term (Free et al., 2002; Jewell et al., 2000; van der Klis et al., 2002). It has been hypothesised that this is due to the greater cost of early childbearing to an adolescent with more educational and vocational prospects (Turner, 2004).

Access to contraception

Access to contraception involves clear and reliable information, access to appropriate health services and affordable contraceptive methods. In a broad discussion about adolescent sexuality, Brown (2000) discussed the key factors involved in successful adolescent contraceptive use as: confidentiality; effective education; follow-up; methods separated from the act of intercourse; interpersonal negotiation and communication skills; and education of clinicians.

Several UK studies have found that a lack of access to contraceptive advice is not a major issue for pregnant young people (Churchill et al., 2000; Pearson et al., 1995). Furthermore, increasing access to family planning clinics over time had no effect on teenage pregnancy rates in the UK (Paton, 2006), leading the author to conclude, rather controversially, that teenage sexual activity is the result of a random decision-making process rather than rational.

In Australia, a study of family planning clinics showed that these were well used by young women, especially for emergency contraception and STD screening and counselling. However, it was recognised that these services may not be meeting the needs of young Indigenous women, or those who spoke English as a second language (Mirza, Kovacs, & McDonald, 1998), and studies in mainstream general practice are lacking.

Barriers to contraceptive use

Thus barriers to contraceptive use can be conceptualised on several levels. Firstly inadequate knowledge about contraceptive types and availability, related to poor communication at home, or poor sex education at school. Secondly, lack of access to contraceptive knowledge or methods, or having attitudes not conducive to contraceptive use. Thirdly, developmental factors in the adolescents themselves; concrete thought, present orientation and propensity to risk taking are all age-related and related to adolescent sexual risk taking. In addition, factors pertaining to the relationship, such as attitudes of boyfriends to contraception, unequal power

relationships and coercion, and self-esteem and communication issues may all be relevant (Moore, Nord, & Peterson, 1989; Taylor, 1995). Broader contextual factors in the constitution of sexual practices within a particular locality and time are likely to be important, but understudied, and a history of sexual abuse may reduce contraceptive self-efficacy, and make adolescents more vulnerable to pregnancy and sexually transmitted diseases (Brown et al., 2000).

Factors specific to Aboriginal and Torres Strait Islander teenagers

Apart from epidemiological and statistical reports on pregnancy, birth rates and obstetric outcomes, little literature is available on attitudes to sexual behaviour, contraception and teenage pregnancy amongst young Aboriginal and Torres Strait Islander women. Many of the factors discussed above related to socioeconomic disadvantage, alienation from school, poor employment prospects, community expectations and family dysfunction could be expected to play a role, but so far the evidence is lacking. In this section I discuss some factors that are specific to Aboriginal and Torres Strait Islander women. It is important to stress though, that the Aboriginal and Torres Strait Islander population is highly heterogeneous. There are wide variations in socioeconomic status, education, geography, historical experience and cultural practices between different groups, so findings from one area cannot necessarily be generalised to others.

Historical factors (and issues of control)

The process of colonisation and dispossession that occurred over the last 230 years in Australia has continuing ramifications in terms of the health and wellbeing of Australia's Aboriginal and Torres Strait Islander people (Arabena, 2006; Atkinson, 2002; Ring & Elston, 1999; Trudgen, 2000). Studies of the effects of colonisation on Indigenous groups in Australia and overseas have uncovered three periods in the relationship between coloniser and colonised, summarised by Atkinson (2002) as "invasion and frontier violence; the intercession of well-meaning but often ethnocentric and paternalistic philanthropic and religious groups; and the reassessment of government responsibility to Indigenous needs" (p. 58). Atkinson argues that this third period has produced state interventions that have "increasingly intruded into Indigenous lives, creating dependencies and dysfunctions that have re-traumatised Indigenous peoples" (Atkinson, 2002, p. 58).

The change from autonomy before colonisation to almost absolute dependence on missions and other white institutions in the early to mid 1900s has been identified as a negative "health transition" and was clearly associated with rising incidences of disease and increased mortality rates (Boughton, 2000). This process of dispossession and forced dependency was extremely widespread in Queensland, and continued until at least the 1960s, with obvious ongoing effects (Kidd, 1997; Mitchell, 2007). In Townsville, the Indigenous population consists of Aboriginal and Torres Strait Islander people, many of whom have been personally affected by forced removal to Palm Island or other settlements, and the resultant chaos, family disruption and sociocultural effects (Kidd, 1997). However, it is important not to portray Indigenous people as passive victims in this process, as the "equal wage" and more recently land rights struggles demonstrated an impressive ability of Aboriginal people to maintain their own agency in the face of oppressive structures. Boughton (2000) goes on to describe the fundamental struggle for land as a basis for escaping dependence on the unpredictable behaviour of non-Indigenous Australians and reasserting autonomy.

Socioeconomic status and access to education

Large bodies of international research around the social determinants of health describe socioeconomic status, education and employment (and particularly inequalities in the distribution of these factors) as being key factors for individual and community health (Marmot & Wilkinson, 1999). Issues of empowerment, stress and perceived control are also central to good health (Brunner & Marmot, 1999). Overseas studies have found that "minority" ethnic groups are often in poor socioeconomic positions, and hence experience poor health, which can be exacerbated by the additional effects of prejudice and racism (Shaw, Dorling, & Davey Smith, 1999).

These same factors are having a large impact on the health and wellbeing of Aboriginal and Torres Strait Islander Australians today (Carson, Dunbar, Chenhall, & Bailie, 2007). Australian census information reveals that Aboriginal and Torres Strait Islander people are disadvantaged on every economic indicator when compared with non-Indigenous Australians (Australian Institute of Health and Welfare, 2001, 2003). They experience lower incomes, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership, all of which can impact upon health and wellbeing (Australian Institute of Health and Welfare, 2001, 2003). Indigenous people are also disadvantaged in terms of geography, often living in more remote areas and having reduced access to health services (Australian Institute of Health and Welfare, 2001, 2003).

Research in the area of health transitions, replicated in Australian Indigenous communities, has established a powerful association between the education levels of parents, especially mothers, and the health outcomes of their children (see Boughton, 2000, for a discussion). Various pathways have been advanced for this association, including shifts in power structures, with the educated woman able to exert greater control over health choices for her children. However, historically speaking, education systems in Australia, under the paternalistic aims of assimilation, often served to "reduce Indigenous peoples' power and control over their children, and helped to lower the status of Aborigines in society" (Boughton, 2000, p. 15). Educational theorists now accept that acknowledging the issues of culture and control can lead to more effective learning (Boughton, 2000). Tsey (1997) has highlighted the "lack of educational attainment as a major contradiction in the indigenous struggle for self-determination and better health" (p. 77), and suggested that further social and political action in this arena is necessary before improved health outcomes will be seen.

The role of "culture"

Culture can be a problematic concept, with its representation of different things to different people and its tendency to compartmentalise. However, for want of a better word, various factors specific to Indigenous people will be discussed under this heading. Again it must be stressed, that there is no one Aboriginal or Torres Strait Islander culture or group and that culture is not a static concept, but it evolves in the light of changing community circumstances.

Indigenous Australians tend to have a very broad conception of health including a cyclical view of the social, emotional and cultural well-being of the entire community (Carson et al., 2007), reflecting the central place that family and kinship networks occupy in the life of most Indigenous people. Mitchell (1996) refers to an Aboriginal "world-view of personhood that is diffused with other persons and things rather than a world-view that entails a highly individuated and bounded self" (p. 258). She reflects that although much discourse about Indigenous people and culture depicts them as powerless victims, there is a "discourse emerging that directly challenges this disempowerment by giving themselves agency in the processes of cultural construction" (Mitchell, 1996, p. 264).

In discussions about poor Indigenous morbidity and mortality indicators, the individual or cultural differences of Aboriginal people from the white mainstream "norm" are often

portrayed as the problem (Bond, 2005). Although the underlying socioeconomic and political causes of ill health are very important (Carson et al., 2007), current thinking suggests that attention to these must be balanced by looking at individual and community level factors such as alcohol and other substance use, and tackling difficult issues such as personal responsibility and choice in Indigenous communities (Pearson, 2000, 2001, 2007a). This may be facilitated through enabling participation in the mainstream economy, rather than through passive welfare schemes.

Cultural beliefs, norms and coming-of-age scripts can influence behaviour around sex, contraception and parenting (Batrouney & Soriano, 2001; Burbank & Chisholm, 1998; Lesko, 2001). For example, a Victorian study shows that traditional patterns of multiple mothering, providing a network of support for children and mothers in a hostile society, have endured despite the history of assimilation policies (Atkinson & Swain, 1999).

Entrenched racism

Racism and stigma continue to be issues for people in minority ethno-racial groups all over the world. Most of the literature comes from the US, where Bell (2003) states:

> *…people of color more often understand their experience through an awareness of past and continuing discrimination that affects every aspect of their lives in this society. They see history continually repeating through oscillating cycles of progress and retreat on racial issues…(p. 4)*

Discrimination has been associated with multiple indicators of poor physical and mental health (Harris et al., 2006; Nazroo, 2003; Noh & Kaspar, 2003; Williams, Neighbors, & Jackson, 2003), although the mechanisms for this remain unclear. Scheurich and Young (1997) describe multiple levels of racism, from overt or covert individual racism, to societal racism and what they call civilisational or epistemological racism. By this they mean that the norms and deeply held beliefs of the dominant group become the dominant ways of the civilisation, but also that they are so deeply embedded that they are seen as "natural" norms rather than historically evolved social constructions.

Many authors have alluded to the continued negative effects that racism and oppression have on the health and wellbeing of Aboriginal and Torres Strait Islander people (Atkinson, 2002; Mellor, 2003, 2004; Paradies, 2006). In her study of racism as perceived by Aboriginal women and its effects on health, Mitchell (1996) argues that continued racial oppression has the ability to “more than metaphorically break the

human body", resulting in high rates of illness and mortality through a "metaphorical dismemberment of self" (p. 258). Mellor (2003) has classified the experiences of racism of a group of 34 contemporary Aborigines in Melbourne into four groups: verbal racism; behavioural racism; violation of accepted norms of equality of treatment; and macro-level institutional and cultural racism, while Paradies (2006) has recently completed a thesis exploring the impact of race, racism and stress as determinants of health for Indigenous people, concluding that racism has significant effects on a wide range of health indicators, mediated by the racism itself, stress resulting from the racism, and sometimes by somatic and inner-directed responses to the racism (Paradies, 2006).

Intergenerational transmission of trauma

Trauma and grief continue to be major issues in terms of the health of Aboriginal and Torres Strait Islander people (Mitchell, 2007). Several authors have alluded to the mechanisms through which colonisation, government control policies and the attendant disempowerment of Indigenous people is reflected in health patterns today (Anderson, 2002; Atkinson, 2002; Bond, 2005; Mitchell, 2007; Trudgen, 2000). In her study of the transgenerational transmission of trauma in a Queensland community, Atkinson (2002) argues that people experience victimisation as a result of colonisation; they feel humiliated, diminished and have a sense of self-loathing. Although a supportive family is an important factor in recovery, interventions by government and other bodies have served to actively destroy "the social systems which could have ameliorated such distress" (p. 91). According to Atkinson, the symptoms of post-colonial trauma include illness, dependency and family abuse and dysfunction, which serve to transmit the trauma between generations (Atkinson, 2002), and must be overcome before progress can be made (Pearson, 2000). The fact that multiple losses have not been properly acknowledged or grieved compounds the effects of the problem.

Indigenous womens' experiences of pregnancy and childbearing

Burbank (1988; 1995b; Burbank & Chisholm, 1998) is one of the few academics to look at reproductive behaviour in Aboriginal communities, taking an anthropological approach to her work in a remote Arnhem Land community. She concludes that teenage pregnancies may be perceived as "alternative life-course strategies" rather than uncontrolled fertility. She theorises premarital sex in this community as an adolescent strategy in the struggle for autonomy and the selection of a partner, and describes responsiveness in the community to ensure the care of young mothers and

their offspring (Burbank, 1995a; Burbank & Chisholm, 1998). Males were seen in a negative light as making inadequate contributions, and being jealous and violent. Other work has looked at the importance of extended family networks and shared parenting roles in the Torres Strait Islands (Batrouney & Soriano, 2001) and for Koories in Victoria (Atkinson & Swain, 1999), although not particularly in the context of adolescent parenthood.

In her report on the health of young Aborigines aged 12 to 25 years, Brady (1991) reviews the literature about Indigenous adolescents and childbirth. She discusses the denial of pregnancy that often occurs; this may happen in the context of an unsanctioned relationship, while the teenager is at school, or they may be relying on passing on the care of the baby to a grandmother. Qualitative interviews in Bourke found that "pregnancies were not due to lack of contraceptive knowledge, but were closely associated with premature school leaving and poor life opportunities" (Harris, 1988, p. 185, cited in Brady, 1991).

Most other studies have been restricted to quantitative obstetric outcomes, but there have been several small qualitative investigations of Indigenous women's experiences of the perinatal period. A longitudinal study of 5 Indigenous women in Cairns found that there were some problems with accessing mainstream antenatal and postnatal services, with major barriers being family responsibilities, shame, and lack of transport. This group identified the importance of family support for the whole perinatal period (Minniecon, Parker, & Cadet-James, 2003). Other consistent themes include inadequate services, miscommunication and a lack of cultural and spiritual understanding by health professionals, and inadequate preparation for birth in a hospital setting (Lockyer & Kite, 2007; Watson, Hodson, Johnson, & Kemp, 2002).

Termination of pregnancy

Once a teenage pregnancy is confirmed, options for the adolescent include having a termination of pregnancy or carrying the pregnancy to term, and then either having the baby adopted, raising it herself, or sharing child-care responsibilities with others (usually family members). Formal adoption is now a strategy very uncommonly chosen by teenagers (or older mothers), apart from the process of Torres Strait Islander traditional adoption (Ban, Mam, Elu, Trevallion, & Reid, 1993), so will not be further considered here. Studies have shown that pregnant teenagers who opt for a termination tend to be more educated, from more advantaged backgrounds, from smaller families, and have more educational and vocational aspirations when

compared with those who continue with the pregnancy (Dickson et al., 2000; Singh & Darroch, 2000; van der Klis et al., 2002). They are also less likely to have mothers who gave birth as a teenager (Evans, 2001). For many adolescents, especially those from lower socioeconomic backgrounds, termination of pregnancy is seen as a morally unacceptable option (Turner, 2004). Adolescents often tend to delay the confirmation of a pregnancy, thus eliminating the option of a termination, and there continue to be problems with access to and affordability of termination services, especially for Indigenous adolescents in remote areas (Arabena, 2006).

Prevention and intervention strategies

Much effort has been expended in developing and implementing programs, of varying degrees of complexity, to tackle the issue of teenage pregnancy in the US and other parts of the world. Less effort has been invested in the evaluation of these programs, and the impact of policy decisions on rates and outcomes of teenage pregnancies. The programs vary in whether they view teenage pregnancy as a social, medical or moral problem, and in whether they are aiming to prevent pregnancy (or indeed sexual activity) from occurring or in providing support once a pregnancy occurs. A detailed coverage of this area is beyond the scope of this review, however I will give a brief overview of the published work.

Prevention programs

International

Many teenage pregnancy prevention programs in actual fact focus on reducing the incidence of teenage sexual activity. In the United States, Kirby (2002a) has published a review of programs implemented since 1980 and designed to have an impact on teenage sexual behaviour or pregnancy. He grouped programs into four groups. Firstly, programs focussed on sex education that emphasised abstinence as the safest alternative, but safe sex as better than unprotected sex. These programs tended to be school based, and have been proven not to increase sexual activity. The second group revolves around health clinic appointments and supportive activities/interventions in the medical setting; the third group includes voluntary service and learning programs, which tend not to directly address sexual behaviour but tend to reduce sexual risk taking and pregnancy. Fourthly, long term intensive programs that recruit high-risk young people and encourage participation in a holistic manner throughout high school, including tutoring, sex education, work support, sports and health care (Kirby, 2002a).

This latter group of programs, while labour intensive and expensive to run, have been shown to provide good long term outcomes in terms of reducing a range of negative behaviours (see Hawkins et al., 1999; Lonczak, Abbott, Hawkins, Kosterman, & Catalano, 2002, for some examples). Kirby (1999) has previously reflected on problems with research in the area, including the moral conservatism of the American public, limiting questions that could be asked about teenage sexual behaviour, and evolving statistical and design capabilities.

Australia

In Australia, a nationally co-ordinated mandated sexual health education strategy is lacking (Agius et al., 2006; Skinner & Hickey, 2003). Sexual health education in schools is currently a state responsibility, and the content and implementation of curricula is largely left up to individual schools, so varies greatly (Dyson & Mitchell, 2005; Public Health Association Australia, 2005). Although a national policy framework "Talking Sex" was drafted in 1999 (Australian Research Centre in Sex Health and Society, 1999) this focuses on STIs and blood borne viruses rather than sexual health in a broad sense. Australian adolescents have stated that school-based programs are a key source of information about sexuality and contraception for them (Agius et al., 2006), and these remain the most effective way to reach large numbers of young people, although consultation with young people is an important first step. Most authorities suggest that programs need to focus broadly on communication skills and personal decision-making as well as broader community factors (Australian Research Centre in Sex Health and Society, 1999; Dyson & Mitchell, 2005). A number of small-scale regional programs have been proposed and implemented to either prevent teenage pregnancy or provide better support and resources for pregnant and parenting young women (Core of Life, 2004; Makin & Butler, 2001; Milne-Home et al., 1996; Stronger Families and Communities Strategy, 2007a, 2007b). Other programs include school-based programs to increase ability of young parents to stay in the education system (Boulden, 2001) and a number of small peer education programs (see for example, Mikhailovich & Arabena, 2005; Rayne, Molloy, & Greet, 2005).

Reviews of effectiveness

In his review of the impact of schools and school-based programs on adolescent sexual behaviour, Kirby (2002b) draws five conclusions based on published evidence. Firstly, involvement and attachment to school and aspirations for higher education are related to less sexual risk taking and lower pregnancy rates. Secondly, students in schools with more poverty and social disorganisation are more likely to become

pregnant. Thirdly, school programs that act to increase attachment to school (without directly addressing sex education) can delay sexual activity and reduce pregnancy rates. Contrary to some opinions he concludes, fourthly, that sex education does not increase sexual behaviour, but instead increases contraceptive use with some decrease in sexual activity, and, fifthly, that school-based clinics and condom availability do not increase sexual activity, and may have an effect on contraceptive use (Kirby, 2002b).

A systematic review by DiCenso et al. (2002) of North American trials aimed at reducing unintended pregnancies in young people found that interventions did not delay the initiation of sex, did not improve use of birth control by young women, and did not reduce pregnancy rates. Similar findings have been reported in the UK (Henderson et al., 2006; Wight et al., 2002). A few abstinence-based programs were associated with a statistically significant increase in pregnancies. Some programs that may be effective might not have been found to be so statistically due to inadequate sample size, and indeed some projects have been found to produce positive program effects using narrative data despite statistically non-significant effectiveness results (Arnold, Smith, Harrison, & Springer, 2000; Somers & Fahlman, 2001). The meaningful evaluation of sex and relationship education in schools is the subject of some debate. I would agree with Kippax and Stephenson (2005) that sexual practice is highly complex and socially constructed, and that changes in agency or sexual practice are highly unlikely to be captured in a randomised controlled trial, but rather need well-designed longitudinal studies using mixed methods to truly evaluate their effectiveness. The programs that have been most successful with standard evaluation are long term projects aimed at increasing student attachment to school and social cohesion rather than directly addressing sexual behaviour (Lonczak et al., 2002). A meta-analysis of secondary prevention programs for adolescent pregnancy (ie. preventing a subsequent teenage pregnancy) found that these did produce a significant effect at 19 months following the intervention, but this effect had dissipated by 31 months (Corcoran & Pillai, 2007), suggesting that education and prevention activities, like all other education, need to be ongoing or repeated regularly.

Issues of public policy

Public policy can have an important relationship to teenage pregnancy rates through the direct effects of moderating the availability and cost of contraception, the provision and comprehensiveness of sexuality education, access to abortions, and more indirect effects such as income distribution, access to education and employment, community

attitudes and community norms. In the mainstream punitive discourse about teenage pregnancy, in Australia and overseas, there has been debate about the relationship between child support benefits or increased welfare and teenage pregnancy rates (Wilson & Huntington, 2005). Judgemental media headlines have insinuated that deviant and manipulative young women choose to have children for the purpose of financial compensation. Apart from the fact that the meagre child support payments go little way towards the support of a child, research has shown that, despite the association between socioeconomic disadvantage and teenage motherhood, there is no link between the level of child support payments and teenage birth rates (Wilcox, Robbenmolt, O'Keeffe, & Pynchon, 1996; Wilson & Huntington, 2005).

Public policy is also important in terms of cost of and access to abortion, access to contraception, and the provision of comprehensive sexuality education in schools. In the past few decades in the US and, to a lesser degree, in Australia a conservative return to the family as regulator of behaviour has resulted in a reduction in access to all these strategies except with parental consent, and to corresponding increases in pregnancy rates (Daguerre & Nativel, 2006). Authors have critiqued the constructions of young mothers as “dirty” or “a nobody” and the fear-based graphic images of STIs that are widespread within the abstinence movement now prominent in the US, despite a lack of any evidence for the effectiveness of this approach (Pillow, 2004; Shoveller & Johnson, 2006). A comparative review of adolescent pregnancy rates in developed countries found that there was a positive association between teenage pregnancy rates and inequitable distribution of income, less openness about sex, and poor access to contraception and sex education (UNICEF, 2001).

A recent report by Bradbury (2006a; 2006b) attempts to unravel the poor socioeconomic outcomes of young parenthood in terms of whether they are direct effects or selection effects (because disadvantaged women are more likely to have children young). The policy implications of each of these differ. Based on data from young Australian women looking at pregnancies resulting in either miscarriages or live births, he found no evidence for an adverse impact of young childbirth on education, employment, income or location, although young mothers were less likely to be partnered by age 30. He concludes that poorer socioeconomic outcomes for young mothers are primarily due to a selection effect, whereby if they are less likely to do well in the labour market or education, they are more likely to undertake (or be subjected to) behaviour that might lead to pregnancy, and less likely to have a termination if they do get pregnant. The underlying reasons for this reflect their preferences, the

opportunities available to them and their capabilities (Bradbury, 2006a, 2006b). Further, those who don't think having a child young will affect their education or employment options are more likely to want to have a child. This does not necessarily imply that pregnancies and birth are chosen, as various constraints on choice (eg. access to contraception and abortion, religious or gender issues) are more common in disadvantaged communities and could lead to the same pattern (Bradbury, 2006a, 2006b). This has implications for policy, particularly in terms of providing more support for young mothers.

There is currently a clash between two competing policy objectives in Australia. On the one hand, the policy imperatives of individual responsibility, and liberal capitalism stress the importance of education and ongoing employment. On the other, falling fertility rates have led to the development and implementation of various pronatalist policies (such as the so called "Baby Bonus[4]"), that could be construed as increasing the pressure towards early childbearing (Anderson, 2007). The impact of the interplay between these factors is yet to be elucidated.

Public policy can also have an important role in the subsequent education of young women who do become parents. Studies have shown the importance of supporting education for young mothers in South Africa (Kaufman, de Wet, & Stadler, 2001), and in the US (Pillow, 2004) and although policy changes in this direction in Australia have been introduced, they have yet to be evaluated. Ten years after the introduction of legislation in the USA protecting the rights of parenting and pregnant young women in terms of an equal education, widespread inequities remain in this area (Pillow, 2004). Education policy in Australia has recognised that it is not meeting the needs of various groups of young people, including Aboriginal and Torres Strait Islander youth, and pregnant and parenting teenagers, and established recommendations to deal with this, but like in the US, implementation is variable. As yet there are only a few stand out programs available, with little evaluation of their effectiveness (Boulden, 2001). However, the Association of Women Educators has made this a priority, focusing on the difference that remaining in education can make to the longer-term outcomes for pregnant and parenting young women and their children (Boulden, 2001).

Arabena (2006) has issued a call for young Indigenous Australians to enact their reproductive rights using a health promotion framework, adding that inaction or lack of

[4] This is a Centrelink-administered lump sum payment to the birth mother for each newborn, introduced in 2004 at $3000 and increasing to $5000 in mid 2008.

attention is a further form of power or control enacted over vulnerable people. She stresses the importance of effective policy and legislative environments, recognising that young people will engage in sexual behaviours as a developmental task of adolescence. Thus, there is a need to make accessible a full range of confidential sexual health services, including cultural messages supporting responsible sexual relationships, education both in and out of schools, and a need to remove legal obstacles to contraceptive choice and protect the interests of minors and victims (Arabena, 2006).

Other important issues raised by Arabena include the need for increased health workforce capacity in urban and rural settings, adolescent friendly reproductive healthcare services (including pregnancy testing and safe, accessible abortion), and adolescent education and prevention programs (including ongoing education for pregnant and parenting young women; Arabena, 2006). Peer education has been recognised as an important tool for providing broad-based sex education to young Indigenous people. Unfortunately such a policy agenda is a long way from the case in Australia, and even where appropriate policy is in place, service delivery to disadvantaged young people, especially in the more remote parts of the country is often lacking.

Chapter conclusion

We have looked in this chapter at the many structural, psychological and sociocultural factors that may influence sexual behaviour, contraceptive use, teenage pregnancy and parenthood, although very little literature is specifically relevant to Aboriginal and Torres Strait Islander young people. There is clearly a complex web of interrelationships, but common factors emerge of the importance of a strong attachment to family, school and community, and a sense of future possibilities as reasons to avoid early pregnancy, and the importance of deeply ingrained societal gender-based power inequities. However, despite the breadth of this review, we lack much guidance about the meaning of sexual relationships, pregnancy and parenthood in the context of young peoples' lived experiences.

A Canadian qualitative study describes how young people are engaged in a struggle to situate their emergent sexual behaviour patterns within family, peer, community and social contexts. However, social norms and structures tend to pathologise sex and silence meaningful discussions about it, creating a climate of sex-based shame

(Shoveller, Johnson, Langille, & Mitchell, 2004). These authors argue that most popular representations of teenage sexuality rely on highly decontextualised explanations, with an emphasis on individual level "risk factors" and their statistical associations, with a concomitant risk of an understanding of the issue lacking in social meaning. Furthermore, an approach based on risk factors tends to assume a freedom to make healthy choices that is disproportionate to what many people experience as real possibilities in their everyday lives. There is a need to look at the complex inter-relationships between social structure, context and agency (Couch, Dowsett, Dutestre, Keys, & Pitts, 2006; Shoveller & Johnson, 2006; Shoveller et al., 2004), and it is to these areas that I now turn.

In Chapter 3 I discuss the theoretical framework used to anchor this study in attempting to balance an understanding of young peoples' agency in constructing their futures and the structural and societal limitations on their ability to choose. This is done through a brief exploration of the critical youth transitions and marginalisation literature, and concepts of how young people deal with uncertainty through "making a life" for themselves. I then review the much smaller body of literature involving young mothers themselves and their own narratives about the role of pregnancy and parenthood in their lives, before discussing how these approaches are used within the project.

Chapter 3 Implantation. Situating the project

General theoretical approach

From the outset of this project, I wanted to understand how young people constructed their views of themselves, their futures and what was happening in their lives, whilst making some attempt to understand the impact of broader sociocultural discourses about gender roles, the construction of sexuality, social class and ethnicity. Theoretical input for the project was drawn from a wide range of disciplines, including youth studies, cultural studies, feminist studies, addiction studies, educational theory and sociology. Very little work has been done relating to adolescent sexual and reproductive health in Indigenous communities, thus it is a developing field. Teenage pregnancy does not exist in a vacuum – the young people involved have complex lives and evolving daily interactions with the spheres of home, family, community, school, peers and the wider world. In addition, young people are constantly bombarded with messages in the popular media about how they should look and behave and the form their sexuality should take. Thus any analysis of pregnancy in young people must take into account this complexity and be able to evolve in the face of emerging findings. I followed Wyn and White (1997) in their assertion that:

> *…developing an understanding of youth which is based on the reality of young people's lives requires the researcher to take an approach that moves beyond "discipline" boundaries, and beyond the dualities that are imposed by traditional disciplines, to focus more on the connections and links between different aspects of young people's lives (p. 3).*

My intention in reviewing theoretical approaches used to discuss issues around teenage pregnancy was not to latch wholesale onto one theory and use that to design, implement and interpret this project. Theory-driven research has limitations, particularly when the investigator is committed to one existing body of work (see for example Borkan, 1999; Huberman & Miles, 1994). Rather, my aim was to draw on aspects of several theories as explained by others to draw together and make sense of the young peoples' accounts around which this thesis revolves, using a critical and interpretative approach.

In this chapter, then, I briefly overview concepts from studies of youth development, youth subcultures and youth transitions theory, especially as they apply to young Aboriginal and Torres Strait Islander people. Then I look at the important intersections between young people and the economy, education and the dimensions of social disadvantage, gender and race/ethnicity, all of which may impose important structural constraints on the options available to particular young people. Much of this section draws heavily on published works from the University of Melbourne's Youth Research Centre, based both on their own research and a synthesis of available local and global literature (Dwyer & Wyn, 2001; White & Wyn, 2004; Wyn & White, 1997).

Finally I discuss "insider stories" from young people in the areas of youth sexuality and teenage motherhood and the concept of "storying the future" (Eckersley et al., 2005; Wierenga, 2002). Young people have an important role in both constructing their own futures (although often within bounds imposed by powerful external and structural forces), and resisting the labels and discourses applied to them by others. I finish by explaining how these approaches are used in terms of the analysis and the reporting of this project to provide as full a picture as possible of the ways in which some young Indigenous people in Townsville conceptualise their present and future lives, and the role that pregnancy and parenthood plays, or may play, in this.

Contemporary youth theory

Youth as a social process

"Youth" as a term can be problematic. As researchers from Melbourne's Youth Research Centre have explored, "youth" assumes a certain commonality on the basis of age alone, whilst ignoring the (often greater) differences between the lived experiences of young people in terms of social class, gender and ethnicity (White, 1993; White & Wyn, 2004; Wyn & White, 1997). In particular, historical differences in racism and colonialism continue to affect the experiences of Aboriginal young people, so there is an ongoing tension between the "apparent universality of youth and the highly specific, differentiated and socially divided nature of youth" (Wyn & White, 1997, p. 3).

A further problem with this concept of young people is that it assumes an other-ness. It can deny the existence of young people as citizens in their own right, suggesting instead that they are somehow "works in progress", or incomplete versions of adults (Wyn & White, 1997), allowing a range of deficit discourses about risk, educational

failure and so on to emerge. However, there are some commonalities to the experiences of young people, so "youth" may still be a useful construct for exploring various aspects of the biological and social process of "growing up", if we take care to acknowledge its socially constructed nature.

Youth development and youth subcultures

The psychologically based youth development approach is responsible for much ongoing discrimination in schools and society according to the categorisation of young people as "at risk". It assumes that adolescence consists of a series of universal developmental stages involving emotional, physical and mental maturation that must occur before the fully individuated adult self emerges. The emphasis is on the psychological processes that must take place, with little acknowledgement of the broader social influences on these processes (Wyn & White, 1997). This approach focuses upon those who have "failed" to develop "normally", and are therefore defined as a "problem". Thus poor school performance can be blamed on the child, or their family, rather than allowing uncomfortable political pressure to fall on social, political, educational or economic institutions (Wyn & White, 1997). This formulation is currently dominant in educational institutions, although it differs from the ways in which young people define themselves.

This perspective has extended to the discussion of young people engaging in "sexual risk behaviours", where the tendency has been to ascribe the behaviour to a deficiency in the young person themself rather than taking a broader view (Couch et al., 2006; Shoveller & Johnson, 2006). To gain a full understanding of complex behaviours such as adolescent sexual development it is imperative to focus on the connections between individual agency, social context and the everyday experiences of young people (Shoveller et al., 2004), and how these intersect in the formation of sexual practices that are meaningful, and "…negotiated *between* people, both intersubjectively and collectively" (Kippax & Stephenson, 2005, p. 362). Furthermore, the framework used to define "normal" adolescent development has been criticised as being narrow, gender-biased and ethnocentric (Gilligan, 1993; Palmer & Collard, 1993). In much the same way as Gilligan (1993) has criticized Kohler's moral hierarchy as neglecting the experiences of women, Griffin (1993) focuses on the sexualisation of the "normal" development model, and how in using this approach teenage pregnancy is seen as a failure by young women to take the "correct" developmental path towards adulthood (Griffin, 1993). It fails to take into account the profound effect of gender, race and social class on the process of "growing up." Power relations are often central to the

construction of gendered identities, and particular behaviours defined as sexual risk taking under the developmental model can be explained much more fully using the concepts of negotiation of power relations and hegemonic sexuality (Allen, 2003; Connell, 1995; Hird & Jackson, 2001; Tolman, Striepe et al., 2003; Wyn, 1994).

Based on their work with Aboriginal young people in Western Australia, Palmer and Collard (1993) discuss the problems and limitations inherent in applying Anglo-centric theoretical frameworks to the study of the "life worlds" or cultural experiences of Aboriginal young people. Aboriginal young people (like other young people) are simultaneously involved in many spheres. Often in mainstream research they have been either ignored or problematised, using “functionalist discourses on deviance and criminality or more "racial" discourses that are often romantic or overly deterministic” (Palmer & Collard, 1993, p. 114). Phoenix (1993) remarks on the problem of essentialising race in her work on teenage pregnancy in the UK. A balanced view that recognises structural constraints and family responsibilities without lapsing into “cultural pessimism”, while emphasising the strengths of an Indigenous worldview and support system, is essential. In the previous chapter I outlined how Indigenous young people are affected by historical and socioeconomic disadvantage and I go on here to describe how Indigenous young people negotiate adolescence, although this is an area little studied with urban-dwelling Aboriginal and Torres Strait Islander people.

Youth transitions and life course theory

More recently, youth researchers in Europe, the USA and Australia have been using the concept of youth transitions. They propose that youth is constructed through the institutions that process the "transitions" to adulthood, for example education to employment, living at home to living independently. Over the last two decades these transitions, previously clearcut, have become blurred, and are now inadequate to describe the experiences of many young people (Dwyer, Smith, Tyler, & Wyn, 2003; Knight, 1993; Lesko, 2001; Wilson & Wyn, 1993). For example, many students are employed whilst still at school, and many people move out from the family home and back again on many occasions (Dwyer & Wyn, 2001). Dwyer and Wyn (2001) criticise the assumption of a linear passage from childhood, through adolescence with compulsory and post-compulsory education (regarded as essential for a fulfilled adult life) to a mythical adulthood. In practice, individual pathways are less ordered and multifaceted, with young people trying to balance many aspects of their lives at any one time (Dwyer & Wyn, 2001). A "contextual" approach to the study of young people in society is necessary, one that recognises that life stages are simultaneously shaped by

institutional processes and social structures and by the agency of individuals and groups (White & Wyn, 2004).

Anderson (1988) discusses how for Aboriginal young people the commonly recognised transitions to adulthood may occur at substantially younger ages and the evaluations or markers for success for Aboriginal young people may be different.

> *In practical terms adulthood begins earlier for Aboriginal people than for many non-Aborigines – perhaps around the age of 15. By this it is meant that not only do we see illnesses normally associated with older age groups of people in the community in younger age groups in Koories … but also many issues confronting adults in the community such as finding work, childrearing, coming to terms with issues of identity and general survival, are dealt with by Aboriginal people at much younger ages (Anderson, 1988, p. 49).*

Likewise, we must guard against the tendency to individualise and conceptually remove young people from their families and communities, as Western notions of individuality may contrast with indigenous systems where personhood is connected with kin relationships, sex, age and other factors (Groome, 1995; Palmer & Collard, 1993). So for Indigenous young people, adulthood may be conferred through an early process of taking responsibility, and success may be marked more by the strength of family ties and their standing in the Indigenous community than Western notions of “success”.

Youth transitions frameworks have been criticised in terms of their applicability to young women (Buchanan, 1993; Wilson & Wyn, 1993). Young women may be involved in a multiple "transitions" or movements: "for young women adulthood has a different meaning than it does for young men - based on the economic and social subordination of women" (Buchanan, 1993, p. 62). She stresses the need to undertake research that enables women to be heard, to reflect on and analyse their ideas and experiences. Age influences the immediate life experiences of young people, but in contrast to gender and social background it does not fundamentally determine their opportunities in life or material outcomes (Buchanan, 1993).

Several authors have critiqued the notion of alternative pathways as "faulty transitions" (Dwyer et al., 2003; Lesko, 2001). They stress the flexibility of young people in creating new pathways to meet their changing needs, and the necessity to move on

from this to investigate what young people can tell us about their own adult choices and how they see their lives panning out in the future (Dwyer et al., 2003; Lesko, 2001). It has been suggested that "the idea of a large, secure and homogeneous "mainstream" of young people is a myth" (Wyn & White, 1997, p. 5). The reality is that many social divisions affect young people as well as older people, including the everyday harassment of girls at school or in the community, institutional racism limiting prospects for young jobseekers, and the failure of educational systems to meet the needs of young Indigenous people in terms of responsive educational delivery and alternative pathways for those disengaged from formal schooling (Helme, 2005; Hill, Dawes, Boon, & Hillman, 2005). Thus, according to Wyn and White (1997), marginalisation (from the labour market, schooling, and jobs) affects a large proportion of young people, rather than a problematic subgroup.

Young people, the economy and education

Over the last two decades, prevailing economic trends have led to profound changes in the link between education and subsequent employment (Dwyer & Wyn, 2001; House of Representatives Standing Committee on Education and Training, 2002). Societal changes including insecure labour markets, changes in the skills required for employment and an indirect relationship between education and subsequent employment have all contributed to new approaches and priorities among young people, including creating their own opportunities, balancing multiple responsibilities, and being flexible (White & Wyn, 2004).

Uncertainty, unpredictability and risk, especially in the labour market, have affected young people dramatically, demanding new and creative responses. Many students complete education as suggested, and find that it equips them for very little in the labour market of today (Dwyer, 1997; House of Representatives Standing Committee on Education and Training, 2002). Young people have learnt that they can no longer rely on the traditional markers of transition to adulthood and also take into account lifestyle, new family formation and employment possibilities (Dwyer & Wyn, 2001). Drawing on Australian and international youth research, Dwyer and Wyn state (regarding education) that "misaligned ambitions are a direct product of the misleading claims promulgated so enthusiastically by the proponents of the knowledge society" (Dwyer & Wyn, 2001, p. 17).

Criticism has been leveled at Australian youth and educational policy. Governments are currently informed by human capital theory and an economic rationalist agenda.

This allows governments to avoid difficult questions about power and disadvantage and their role in education and training, rather seeing these as the product of “rational” or free choices, and the responsibility of the individual. Likewise, young people are affected by the low priority of public spending, accompanying the loss of concepts of equity and social justice in policy (Dwyer & Wyn, 2001; Wyn & White, 1997).

Indigenous students, education and training

Students "outside the mainstream" who previously would have left school early and moved into apprenticeships or employment now find themselves in a collapsed youth labour market without sufficient education to find themselves employable at this time (Dwyer, 1997; Dwyer & Wyn, 2001; House of Representatives Standing Committee on Education and Training, 2002). School retention rates are particularly low for Indigenous students (Australian Institute of Health and Welfare, 2001; Craven et al., 2001). For educationally disadvantaged young people, including a large proportion of Indigenous young people, school leaving is often a negative choice - they are not leaving because they find a better option but because "anything would be better than school" (House of Representatives Standing Committee on Education and Training, 2002). Mainstream social institutions such as schools, are often guilty of systematically disadvantaging minority groups, even where active discrimination is controlled (Craven et al., 2001; Gilbert & Gilbert, 1995).

Young women, education and training

Young people's academic results differ consistently according to socioeconomic status and ethnicity (White & Wyn, 2004). Although in recent times, the most advantaged young women have made huge educational advances, these have not applied across the board, and in fact in many cases the gender gap has widened. Similarly, there are persistent gender inequalities in terms of earning capacity for work (Alloway, Gilbert, Gilbert, & Muspratt, 2004), as well as sharp gradients within gender for employment and earnings by socioeconomic status. Once again an interplay between gender, race and social class has an impact (White & Wyn, 2004).

Young women, whilst eager to participate in the labour market, are rearranging the traditional notion of autonomy and career (White & Wyn, 2004). Young women tend to be more flexible in their approach than young men, placing more importance on life and work satisfaction even if this involves more changes of direction to achieve.

> *This suggests that the orientation of many young women towards "life satisfaction" provides them with the possibility of developing their own narrative or script in which changes of direction, disappointments and setbacks are placed in the context of wider life-concerns. In one sense, the fragmented nature of the processes to which they are subjected is less problematic to the construction and maintenance of their identities than to the young men, whose identities have traditionally been constructed through their involvement in the full-time workforce and the pursuit of a defined career choice (White & Wyn, 2004, p. 129).*

McGinty (1999) has examined some of these issues in her resilience-based approach to working with young women who despite very disadvantaged backgrounds are succeeding at school. She stresses several factors as important to this success "against the odds". In particular, the role of parental and personal beliefs in the importance of education, accepting responsibility young, having a place to study, and being regarded as successful by the school, including having good relationships with teachers who were prepared to make allowances for these students when they needed to take time off to re-establish balance in their lives (McGinty, 1999).

Social class

As a result of increasing social polarisation, many young people experience social exclusion based on differences in neighbourhood standards or socioeconomic status. Class analysis is "concerned with how young people construct and mould their social identities in relation to process of inclusion and exclusion" (White & Wyn, 2004, p. 4). The precarious nature of poverty and joblessness is often multiplied by a "neighbourhood effect" (Wilson, 1997). The effects of social exclusion produced by this combination of disadvantages must be discussed holistically. It is well demonstrated that, both nationally and locally, Aboriginal and Torres Strait Islander people live with considerably less socioeconomic resources than non-Indigenous Australians (Australian Bureau of Statistics, 2004; Australian Institute of Health and Welfare, 2001). This has implications in terms of the resources available for further education and training (eg. access to transport, computer at home, overcrowding) and the role models available in terms of employment and education.

In the current political climate, social divisions are often translated from being problems of milieux to the individual. This can translate into self-blame for young people about

their own life circumstances, including blaming themselves for not negotiating opportunities and constraints as well as possible (White & Wyn, 2004). Indigenous people tend to be less individualistic in their approach (Groome, 1995; Palmer & Collard, 1993); although to my knowledge whether this translates into less self-blame when confronted with structural obstacles has not been assessed in an Indigenous setting.

Gender and power

Within our society generally, and within our educational systems, gender and power are closely intertwined and have been discussed at length previously (Blanc, 2001; Connell, 1987; Gilbert & Taylor, 1991; Holland, Ramazonoglu, Sharpe, & Thomson, 1992; Taylor, 1995; Wingood & DiClemente, 2000). The focus on the creation of feminine identities has been on schooling and employment, but must widen to include the negotiation of relationships and other lifestyle dimensions.

> *A sociological analysis of gender, sexuality and social difference consists of a juggling act between acknowledging the operation of social forces that "pattern" lives, and the exercise of choice by young people…at the same time that "old" divisions of gender operate, young people are re-shaping what these divisions mean (White & Wyn, 2004, p. 22).*

There is often a strong interrelation of practices of masculinity (or femininity), ethnicity and class. The popular discourse in schools revolves around hegemonic masculinity and an assumption of heterosexuality (after Connell 2002 and Gilbert and Gilbert 1998). Heterosexism and sexism are closely related, in that the "joking, fighting, "dissing" and mucking around behaviours help keep boys (non-macho ones) and girls in line" (White & Wyn, 2004, p. 29). The risk, however, is that students will be problematised on the basis of gender, ethnicity or socioeconomic status, leading to a further burden, rather than recognising and building on the strengths of particular young people in dealing with the disadvantages that life has dealt them (McGinty, 1999).

Another perspective on young women, race, education and power is presented from interviews with disadvantaged young American women (McLean Taylor et al., 1995). Their discussion centers on "silence" or lack of voice of young women who are strong and loud in Year 8, but increasingly lose their voice, become discouraged, unsure and

lose their aspirations in the face of patriarchal structures dominated by wealthy white people. The authors stress that race, ethnicity, class, gender, age, and the relationship (and power imbalances) between interviewer and interviewee can all influence the telling of stories (see also Chapter 4 and Phoenix, 1994, on this issue). Their voice-centered method of psychological enquiry involves listening for silences and loss of voice as well as what is said and the observer's reactions to this, attempting to create an "attitude of vigilance" by bringing class and race (that of teenage girls and themselves) to the center of the method of inquiry and analysis (McLean Taylor et al., 1995, p. 29). Furthermore, they stress the importance of adult female confidantes and role models, mother-daughter relationships and transmission of expectations in terms of increasing the resilience of young women (McLean Taylor et al., 1995). While young women continue to receive messages about femininity which emphasise the importance of powerlessness, the imbalances of power within relationships with men will continue to affect the identity formation of young women (Blanc, 2001; Dwyer & Wyn, 2001; Halson, 1991; Tolman, Striepe et al., 2003).

An Australian study addressed these issues while studying knowledge and behaviour around sexually transmitted infections in female 16 to 18-year-olds (Wyn 1994). Wyn found that for these young women, the key issue determining likelihood of safe sex was their attitude to heterosexuality and the equating of condom-free sex with trust in the relationship. Relationships were defined in terms of male need for sexual penetration, and the young women's actions were strongly influenced by powerlessness, fantasy and above all the need to be not judged as a "slut". Many young women preferred to risk pregnancy than insist on condom use because of fear of being judged (see also Hillier, Harrison, & Warr, 1998; Wyn, 1994). White and Wyn (2004) sum up:

> *…the fear of being judged a slut is effectively a barrier to taking a measure of control over their relationships with their men. In this context even to ask for the use of a condom may seem too risky to a young woman (p. 138).*

Tolman (1994; 2002; Tolman, Striepe et al., 2003) has been responsible for developing our thinking about young women and sexual desire, through her interviews with young women in the US. She critiques the need for girls to cover or camouflage their desire due to the belief that "nice" girls don't want to have sex, it just happens to them. In her words, "girls are under systematic pressure not to feel, know, or act on their sexual desire" (Tolman, 2002, p. 3). This construction leaves young women powerless in their sexual relationships, disembodied, and more at risk in terms of STIs and pregnancy.

In the past the sexual desire of girls has been left out of academic and bureaucratic as well as popular discourse about adolescent sexuality (Fine, 1988; Tolman, Striepe et al., 2003). Sex tends to be defined only in terms of risky behaviour (Shoveller & Johnson, 2006), thus we deny girls' sexual desire, in a misguided attempt to protect them (Allen, 2004; Ingham, 2005). In addition, gendered sexuality as it is popularly portrayed implies that boys cannot control their sexuality, and thus girls are held responsible for controlling their sexuality to "remove temptation". Using this thinking, a lack of desire is publicly laudable as well as safe (Hird & Jackson, 2001; Tolman, 2002). However, we need to work from a premise that girls are entitled to think and feel of themselves as sexual beings, not just as sexual objects. This is necessary to become a self-motivated sexual actor and to make responsible choices about sexual behaviour (Allen, 2004; Hird & Jackson, 2001; Tolman, 2002).

Together, these studies reveal the importance of allowing young people to speak for themselves in research involving complex decisions about identity and unconscious desires having an impact on behaviour (Dwyer & Wyn, 2001). There is a need to focus on the issue of "agency" of the young women. This requires specific studies of young women in their communities, within their own social, political, cultural and economic environments, to explore agency in young women's creation of their futures. Changes in the labour market and education have made it necessary for all young people to be able to "write their own scripts" and indeed privileged young women are doing this quite successfully in traditional realms of education. However, other young women successfully navigate the difficult terrain of "youth" through their orientation to multiple goals, integrating their priority on personal relationships with vocational goals (Dwyer & Wyn, 2001).

Race and ethnicity

Many Indigenous people are still considered to be "outsiders" in society. Their minority status means that they are in an economically, socially and politically subordinate position, within a social structure created by the majority. Those with minority status tend to be considered deviant as intrinsically different to the mainstream group. Deviance in this case is constructed in terms of behaviour and characteristics or attributes, and often results in prejudice and racism continuing unabated even where discrimination is legally prohibited (White & Wyn, 2004). Indeed experiences of racism continue to be a daily occurrence for Indigenous people in Australia today, across a variety of settings (Mellor, 2003; Paradies, 2006).

The history of colonial invasion and subsequent events continues to impact on Aboriginal and Torres Strait Islander people. As White and Wyn (2004) state:

> *Colonialism has had a severe impact on indigenous culture and ways of life, as have the continuing effects of discriminatory policies and practices on indigenous life chances within the mainstream social institutions. The dislocations and social marginalisation associated with colonialism have had particular ramifications for indigenous young people...Indeed there is a close relationship between social marginalisation (incorporating racial discrimination and economic and social exclusion), and criminalisation (which constitutes one type of state response to marginalisation)…(p. 39)*

However, as Palmer and Collard (1993) stress, adopting an Anglo-historical analysis relying on non-Aboriginal constructions of history (often couched in negative and victim-centered ways) runs the risk of painting Aboriginal people as either “offenders” or victims. They emphasise that Indigenous young people are not powerless victims, stressing the importance of agency, negotiation, resilience and resistance. It is a fine balance not to define Indigenous young people as passive victims, but also not over-romanticise and ignore their "real" and material experiences of racism (Palmer & Collard, 1993; White & Wyn, 2004).

Based on their fieldwork with Nyungar young people from south Western Australia, Palmer and Collard (1993) contend that there are further misconceptions common in research involving Indigenous young people: over-emphasising substance use and criminal activity; denying contemporary Aboriginality and cultural continuity; focusing on rural and remote areas; assuming homogeneity among young Aboriginal people; individualising and truncating young people from their families and communities; assuming Aboriginal young people are so marginalised as to only mix with other Aboriginal young people; and assuming “cultural poverty” or boredom (Palmer & Collard, 1993).

The prevailing Western notion of independence and individuality often contrasts strongly with indigenous systems, where personhood is connected with kin relationships, sex, age and so on. As Palmer and Collard (1993, p. 118) point out, "Nyungar people often see the lives and welfare of their young people as intricately tied up with family or community expectations and responsibilities rather than as a distinct

and separate issue". In Indigenous families there may be an extensive network of extended family relationships, obligations and reciprocal relations, so for young indigenous people, the understandings of what it means to grow up may challenge the traditional Western models of increasing personal autonomy and independence (Brown, Stanton, Qu, & Soriano, 2001; Groome, 1995).

Although a colonial history and experience of racism provides similarities between Indigenous young people, it is important, too, to note differences within varying communities and between individuals, in terms of political and spiritual beliefs, regional and family ties, traditional/contemporary lifestyles, class and occupational position and social identity. Like Palmer and Collard (1993) I aim to contribute to, "...research and policy that is informed, sophisticated and which takes into account the multifaceted, complex and sometimes contradictory identities and experiences of Nyungar and other groups of young people" (p. 121).

“Insider views”: alternative discourses from young mothers

Canadian Deirdre Kelly (1996) has written about the prevalent discourses surrounding the issue of teenage motherhood by analysing media accounts. She defines four prevalent discourses: the most widespread is the academic or bureaucratic discourse of "the wrong girl", defined as girls from flawed backgrounds making tragic mistakes; the conservative discourse (the wrong family) seeking to blame the family and ban sex education; the oppositional discourse (the wrong society) aiming to reduce the stigma of teenage pregnancy and point to unequal power relations and social conditions; and lastly but not least there is the discourse of young mothers themselves, who assert that the stigma is wrong (Kelly, 1996). Kelly highlights the ways in which the media frames the “morality play” fuelling the public debate about teenage mothers, shaping the implementation of policy, and profoundly influencing the daily lives of young mothers and their children (Kelly, 1996). Young women in Kelly's analysis recognise the stigma and fight back against it, stressing the right to choose and their right to be treated as responsible adults. Similarly, Davies et al. (2001), Phoenix (1991a) and Wilson and Huntington (2005) provide a critique of the "inflammatory rhetoric" around teenage mothers in public discourse. As Phoenix (1991a) explained, young mothers are a direct challenge to prevailing reproductive ideologies based on a gender division of labour that assigns fathers the breadwinning role, and the family care-giving role to women. This is meant to happen without government support. Teenage mothers are

often poor, single and on government benefits, and have as such been represented as "the wrong women giving birth and raising children in the wrong circumstances" (Phoenix & Woollett, 1991, p. 16).

A small number of other academics have focussed on this "insider" view of teenage parenthood, and the discourses of young women themselves (Kirkman et al., 2001; Mitchell & Green, 2002; Phoenix, 1991a; Rains et al., 1998; Seamark & Lings, 2004; Whitehead, 2001). Phoenix describes how young women in her study are conscious of how "young mothers" are socially constructed and invest some effort in defending themselves against these negative images. These women tended to compare themselves favourably with other young mothers, look at the advantages of giving birth young, and stress their responsibility. Their lack of labour market experience was considered a barrier to finding employment, but drawing on discourse that childcare was not in their children's best interest this was of less concern to them than to observers of their situation (Phoenix, 1991a).

Rains and her team (1998) studied the differences between perceptions of taking responsibility as a teenage mother from outsiders and insiders (young mothers). Outsider “experts” recommended that fathers be held financially accountable; that young mothers should live with a parent, and that they should work. From the teenage mother's perspective taking responsibility often entailed avoiding financial dependence on unreliable fathers, claiming rather than delegating their role as mothers, and staying on welfare rather than working at an unreliable job (Rains et al., 1998). Young mothers’ own accounts often make some effort to position themselves as “good mothers” and defend themselves against the popular discourses (Kirkman et al., 2001; Morehead & Soriano, 2005) using various strategies of resistance (McDermott & Graham, 2005). McMahon (1995) suggests that working-class women experience themselves as acquiring maturity through mothering, in contrast with middle-class women who feel they must achieve maturity before they have a child (McMahon, 1995). For a teenage mother from a disrupted home, pregnancy and motherhood may thus serve to "reverse a downward path of destructive behaviors", provide "a choice to save one's self" and a path to maturity through "moral reform" (McMahon, 1995, p. 168).

The question of agency

Although many structural constraints limit the options open to young Aboriginal women, it would be wrong to portray them as passive victims of these constraints. Indeed, throughout the youth studies literature, the concept of youth agency and resistance repeatedly appears (Dwyer & Wyn, 2001; McGinty, 1999; Palmer, 1999; White & Wyn, 2004). Young people, despite circumstances that appear from the outside to be very challenging, nevertheless frequently display a paradoxical optimism and lack of accounting for gender limitations. They need to be able to "write their own scripts" in the absence of institutional supports (Dwyer & Wyn, 2001; Eckersley, Wierenga, & Wyn, 2006). This concept of the “self-as-agent” develops in context or in community, and not as an isolated entity. The identity of self is a personal narrative that integrates past actions, future capacity and the expectations of others (McGinty, 1999). To provide a comprehensive and dynamic picture of the lives of young people, future work needs to focus on the integrated effects of structural factors (such as socioeconomic status, gender, race, and ethnicity) and on personal factors and agency (forming new identities and priorities; Eckersley et al., 2006; McGinty, 1999; White & Wyn, 2004).

Informed choice and decision-making?

Particularly in the area of contraceptive use, educators often focus on raising the education levels of students about contraceptive methods and safe sex, so that they will be able to make “informed choices” about contraceptive use and avoid “sexual risk taking”. Kidger (2004b) criticises the notion of informed choice as being based on two problematic assumptions. Firstly, that young people's sexual behaviour is based on rational decision-making, and secondly, that young people, with information, are free to choose what to do. In reality their choices seem to be constrained by a variety of structural and contextual factors (Holland et al., 1992; Kidger, 2004b; Tolman, Striepe et al., 2003).

Kidger also critiques the limited concept of safe sex as it is currently taught in schools, for example, condom use during penetrative sex to protect against diseases (Kidger, 2004b). An Australian study with rural young people suggested that safe sex as “condoms only” may be counter-productive for two reasons (Hillier et al., 1998). Firstly, such a male-focused approach may not suit young women who face rigid societal norms governing sexual behaviour and risks of pregnancy. Secondly, health promotion strategies...“are based on an assumption of rational decision-making in sexual encounters and obscure the non-rational nature of arousal and desire, and the unequal

power relations that exist between young men and women..." (Hillier et al., 1998, p. 15). Although most students associated condoms with safe sex, many were ambivalent about using them. Reasons given related to problems with negotiation, difficulties of access, and risks not protected against by condoms, such as damaged reputations. As a consequence, some students used less reliable methods such as informal history-taking and monogamy (Hillier et al., 1998).

The general literature around work and family life is based firmly on notions of “individual agency”, “individual choices” and “decision-making”, and this has been criticised as it relates to young mothers (Morehead & Soriano, 2005). In a qualitative study with young Australian mothers, Morehead and Soriano (2005) found that the young mothers had to invest considerable time and energy into creating their own mothering identities, and defending themselves against the judgements of others, in addition to all the usual work of mothering. They argue that in order to have a strong enough identity to generate preferences and make decisions about work and education, a young mother needs to be in an environment with a range of pressures and supports available within which her preferences can be played out. Thus we need to invest resources to help young mothers develop a positive identity in a supportive environment, to enable them to develop preferences and make choices into the future (Morehead & Soriano, 2005).

Creating stories for the future

Understandings about reality and our place in it are created from social interactions with family, peers and the wider community. We use these interactions together with our imagination and a synthesis of available ideas to form our own self-understanding and worldview. Using this we can create an imagined trajectory into the future (Wierenga, 1999). Wierenga (1999) developed a “storying the future” approach in doctoral research using interviews with young people from rural Tasmania. "Teenage life choices can be seen as a journey - a trajectory. They form part of a lifelong process, with current understandings shaped by their history (the journey to date), and also shaping their future directions" (Wierenga, 1999, p. 189). This approach draws strongly on aspects of narrative theory, recognising that narratives help people to understand the past, and also (and more relevantly here) to anticipate and influence the future (Cortazzi, 2001).

Wierenga (2002) describes the benefits of a storying approach as threefold: firstly, benefits for the practitioner through maintaining focus and passion for their work;

secondly, benefits for the young person through providing clarity in their stories for creating a life; and thirdly, benefits for society in terms of understanding young people. She describes the stories of young people as being divided along two continuous axes: the focus of the story (from local to more widespread), and the clarity of stories for the future. According to her schema stories are also studied in terms of the richness or "thickness" of stories according to the level of social connectedness and trust within these relationships. The important role of mentors or "prophets" in helping young people create, refine and act upon their stories is stressed (Wierenga, 2002).

Wierenga (1999; 2002) used her interviews to build up a description of four ideal types of cultural orientation.

1. *Exploring* young people have clear identity stories, with a broad, global focus, a diverse source of ideas, and high trust of social sources of information.
2. *Settling* young people have clear identity stories but a local focus. They have a homogeneous source of ideas, with high trust of social sources.
3. *Wandering* young people have unclear identity stories, but a global focus. They receive ideas from diverse sources (especially TV) but have a low trust of social sources.
4. *Retreating* young people have unclear identity stories and a local focus. They receive ideas from a homogeneous source, with low trust (obtained from the limited world view of a small set of mentors).

Explorers and settlers generally have ideas about how to get where they want to, and some kind of contingency plan. The amount of effort they invest into planning for the future is related to the individual's sense of their own autonomy, power, or ability to make things happen (or agency). Retreating young people by contrast focus on avoiding movement, or risk, rather than investing in a personal journey. Wanderers often describe plans, but without clear steps - more imagination-as-fantasy, with ideas not really grounded in the social context of the individual (Wierenga, 1999, 2002).

Social and community networks are very useful in broadening the focus of young people, and can be seen as links to a broader worldview. Explorers tended to draw on a wide range of trusted sources and frequently have contact with new, diverse ideas. Wanderers tend to use mass media as the key source of ideas; the ideas thus obtained although broad may not be achievable in the context of the individual and their situation.

However, it must be stressed that individual life choices are made against a backdrop of local culture and social conditions. In particular for Aboriginal young people, their strong links and responsibilities to family and community members will have a huge impact on their choices or decisions (Brown et al., 2001; Groome, 1995; Palmer & Collard, 1993). The importance of networking, family connections and oral storytelling traditions in Indigenous communities may make this a particularly useful theoretical approach for working with young Indigenous people, and indeed a similar set of constructs is beginning to be used by Indigenous academics in relation to envisioning a positive future for Aboriginal communities (Pearson, 2007c).

Life choices build on one another in the process of creating a life plan or career, and each choice requires further investment into an identity. Wierenga (1999) emphasises that trajectories are also political stories that entail power. Wierenga's work is powerful in terms of taking into account individual agency in terms of creating a future, and has a clear transformative and emancipatory intent by empowering young people through telling and clarifying their stories. However, the work can be criticised for possibly downplaying some of the broader sociocultural limitations constraining these stories. In particular, issues of gender, power and race and the way these may impact on the creation of life stories need to be considered fully, and I have attempted to do this in my analysis.

Recently, Eckersley, Wierenga and Wyn (2005) reported from an Australian group created to synthesise issues across disciplines in Australian youth research (Eckersley et al., 2006; Eckersley et al., 2005). They concluded with a discussion about the degree to which social changes (eg social fragmentation and individualisation) have increased uncertainty for young people. This uncertainty:

> *…underscores a need to make sense of it all, and "make a life" for one's self. Young people make their lives by using various resources, especially those drawn from trusted relationships, to create storylines about who they are and where their lives are leading. The results of their "storying" shape the way they engage with the world, the way they engage with the world shapes experience, and experience, in turn, shapes understanding (Eckersley et al., 2005, p. 404).*

They also stressed the effects of social, economic and cultural changes, which feed into this narrative process and alter outcomes for young people in rich and complex ways. They highlight the need for subsequent youth health research to focus in an interdisciplinary way on the social and cultural resources available to young people.

> *Both contemporary and historical research reveals a strong intergenerational effect on people's life chances, reflecting differential access to material and cultural resources. It would be useful to better understand how this process works. The knowledge that young people build narratives or "stories" that enable them to connect their lives with people around them and make sense of their world leads us to the importance of supporting the development of social and cultural resources for young people, as well as economic and material resources (Eckersley et al., 2005, p. 404).*

"Storying the future" for young Indigenous people in Townsville

Aboriginal and Torres Strait Islander young people in Townsville, like young people everywhere, are a heterogeneous group. Even within one city there are many differences between individuals, in terms of political and spiritual beliefs, regional and family ties, traditional/contemporary lifestyles, social class and occupational position and social identity. Although they share some similarities with young people elsewhere, they have had different experiences in terms of their experience of race and racism, their relationship with the institutions of education and employment, and gender relations. Although many people would consider them as a group to be marginalised in terms of opportunities and material wellbeing, many of the young people involved may resist that categorisation, speaking instead of the strength of their family and community ties, and the active steps they are taking to negotiate futures for themselves.

This project focuses on how young Aboriginal and Torres Strait Islander women in Townsville "story" their past, current and future lives, in particular in terms of sexual relationships and the transition to motherhood, but also in the broader context of current lived experience, family background, and hopes and aspirations. My approach to the analysis of the data will be largely data driven. However, it will draw heavily on Wierenga's work (1999; 2002) on "storying the future" as an approach that fits well with the "insider" views that I wanted to privilege in the study, and an Indigenous worldview that emphasises networking, family responsibilities and belonging. Young people have

a certain amount of agency in terms of creating their own stories, and a fierce desire to exert that agency fully and enthusiastically, however they are limited in several respects. In particular, social structures such as socioeconomic status, educational disadvantage, race and racism, and gender, as well as lack of family material and sociocultural resources may limit the range of stories available to young women. Using an approach grounded in the concepts of youth transitions and marginalisation (Wyn & White, 1997), an assessment will be made of how each of these may systematically marginalise the young Aboriginal and Torres Strait Islander women involved in this study, and as such exclude them from access to the broadest possible range of stories and mentors with which to build their futures. However, I will also look at how individual young people with great determination and sometimes (but not always) with family and community support together act to “create a life” out of the often difficult cards that they have been dealt, and resist the judgements and labels imposed upon them by the wider community.

Chapter 4 Gestation: the project takes shape

Methodological issues

As we have seen, the voices of young women are largely absent from the literature about teenage pregnancy. There has been much quantitative research on the factors contributing to teenage pregnancy rates (Coley & Chase-Lansdale, 1998; Corcoran, 1999), but few have attempted to characterise the conscious and unconscious decision-making processes involved from the point of view of young women themselves (Cater & Coleman, 2006; Davies et al., 2001; SmithBattle, 1995), while acknowledging the structural and cultural constraints that may limit the available options (Kidger, 2004a). The few ethnographic studies that have been done suggest that pregnancy is not the result of ignorance and may on some level be a conscious choice (Dash, 2003; Hanna, 2001; Williams, 1991), whilst others suggest that the process is quite accidental, but not necessarily unwelcome (Phoenix, 1991b; Schofield, 1994; SmithBattle, 1995). Young pregnancy in a remote Aboriginal community has been studied previously from an anthropological perspective (Burbank, 1995b; Burbank & Chisholm, 1998), but little work in this area has been done with urban Indigenous Australian women.

I needed to use a methodological approach that was open-ended and flexible enough to account for complexity and allow unexpected findings to emerge. I aimed to hear young peoples' own interpretations of their behaviour and the factors that constrained it, to understand how this fitted into broader sociocultural discourses. It seemed important to take a largely qualitative approach to this research, as "grounded within an interpretivist philosophical tradition, which focuses on the ways in which individuals interpret, experience and produce the social world, by drawing on flexible, open-ended methods that are sensitive to context, complexity and detail" (Kidger, 2004b, p. 188). For this project, I consciously took a feminist and critical methodological stance based on three key principles: cultural safety, reciprocity and empowerment of participants. Each of these is discussed in the next sections.

In this chapter, I will initially outline ethical and practical issues of importance in projects with Indigenous young people, before describing my methodological approach and the consultation process. The implementation of the research including my

approach to data analysis and interpretation, and some logistical issues involved will then be discussed in detail, largely in chronological order. My frequent use of the collective pronouns “we” and “our” in this chapter reflects the highly collaborative and consultative nature of this work, although the final methodological and practical decisions were mine.

History of research in Indigenous settings

A consideration throughout the design and implementation of this project was the chequered history of research in Indigenous communities (Thomas, 2004). Many Aboriginal and Torres Strait Islander people are justifiably wary of research endeavours, as past research, particularly in health-related fields, has often been poorly designed, non-collaborative and based on cultural and social engineering theories (Grove, Brough, Canuto, & Dobson, 2003; Holmes, Stewart, Garrow, Anderson, & Thorpe, 2002; Rigney, 1997; Thomas, 2004). This has continuing impacts today, as explained by Smith (2001), “…the ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world’s colonised peoples” (p. 1). It was important therefore that this project be set up in a culturally safe manner. However, like Holmes et al. (2002), I reject the notion that I can simply walk into an Indigenous community, and undertake research using standard methodologies, but in a culturally safe manner. Rather this research was conducted collaboratively, from an idea that initially was articulated by Indigenous health workers, based from an Indigenous community controlled health service, and with Indigenous input at every stage of the planning, implementation and reporting of the project.

Some theoretical and methodological input was taken from Rigney’s (1997) paper on Indigenist research methods and epistemology which has subsequently been expanded by Smith (2005). Arguing that mainstream epistemologies cannot be separated from the colonial past in which they are steeped, Rigney’s work endeavours to “arrive at appropriate strategies to de-colonise epistemologies and to create new ones” (Rigney, 1997, p. 631). I am not Indigenous. All the other people involved in the project were Indigenous, and I attempted to privilege Indigenous voices in this research while being conscious of my responsibility towards the local Indigenous community and health service. As recognised by other researchers in cross-cultural settings, reciprocity may include more than “gifts of tobacco” but also various intangibles such as the sharing of information and care and concern for the community (Hughes, 1994).

Smith (2005) defines Indigenous research as "a transformative project that is active in pursuit of social and institutional change, that makes space for indigenous knowledge, and that has a critical view of power relations and inequality" (p. 89). It was in this spirit that the project was conceived, designed and implemented.

Background and setting

This project took place in Townsville, a provincial city of over 165,000 people in a tropical location on the North Queensland coastline. In the Townsville ATSIC[5] region during the 2001 Census, 16,875 people (out of a total of 326,117; 5.2%) identified as Indigenous: (71.7% Aboriginal, 17.0% Torres Strait Islander (TSI), and 11.3% both Aboriginal and TSI.) This is likely to be an underestimate, as almost 13,000 respondents did not declare their ethnicity. Many of these people are likely to be Indigenous, but hesitate to declare this due to a historical mistrust of government interference (Australian Bureau of Statistics, 2003, 2004). The proportion of the local Indigenous community between 15 and 19-years-old inclusive is higher at 11.0% (1862/16875) compared with 7.4% of the local population overall, reflecting the younger population distribution for Indigenous Australians (Australian Bureau of Statistics, 2003, 2004). In terms of young people, 3,178 Indigenous people between the ages of 15 and 24 were reported to live in the Townsville ATSIC region at the 2001 Census (1,564 males and 1,614 females; Australian Bureau of Statistics, 2003).

The Wulgurukaba people are the Aboriginal group historically most closely linked to the Townsville area, Palm and Magnetic Islands. Other tribes associated with the local area include the Warunga people to the south, the Warakamai people to the north, and the Bindal, Juru, Manbarra and Nawagi groups (Townsville City Council, 2005). Over the last 100 years there has been a movement of Aboriginal and Torres Strait Islander people to Townsville and surrounds. Much of this was due to forced resettlement (particularly to Palm Island) enforced by successive Queensland State Governments (Kidd, 1997). Thousands of people from 40 different Indigenous groups across Queensland were deposited on Palm Island “reserve” in the early to mid-1900s and placed under complete government control (Kidd, 1997). This history of dispossession, disempowerment and separation is very much alive in the experiences of Aboriginal and Torres Strait Islander families in Townsville today.

[5] Region divided according to electoral boundaries of the now disbanded Aboriginal and Torres Strait Islander Commission.

Townsville Aboriginal and Islander Health Services Ltd. (TAIHS) is the local community controlled Aboriginal and Islander health service, providing medical, dental, social and maternal and child health services to the local Indigenous community. It is a large service, with an elected, 10 member Board of Directors, and around 100 staff members. I have worked as a medical officer at the Health Service since early 1998. The maternal and child health service (Mums and Babies Program) provides culturally sensitive, holistic health care for pregnant women and their children (Panaretto et al., 2005). Just over 61% of Indigenous women delivering babies at the Townsville Hospital in 2003 attended our service for shared antenatal care, and 20.2% of the pregnant women attending our service were aged less than 20 (Panaretto et al., 2005). This project arose from a desire to understand better the issues facing these young women before, during and after their pregnancies.

Choice of methods used and implications

I consciously adopted a feminist stance based on valuing personal experience and subjectivity (Olesen, 2005; Reinharz, 1992). A feminist communitarian approach as defined by Christians (2005) was used whereby participants in the Young Mums' Group were involved in deciding how the research was to be conducted, in implementing it, in assessing the results, and in deciding how they should be used (Christians, 2000). The project was conceived and designed such that women participating in the project were empowered with an increased understanding of their own situations and the factors that impact on their behaviour.

This project investigated a complex web of processes involving many players and interactions in a multilayered sociocultural milieu. To try to gain a broad, contextual understanding of these a mixed methods approach was chosen, with the intent being complementarity, or yielding a rich and elaborate understanding of a phenomenon from studying data about overlapping yet different facets of that phenomenon (Morgan, 1998) in an attempt to enrich the findings of each part of the study with those from the other. Mixed methods research is a relatively new area and is currently still being explored in terms of its theoretical and methodological underpinnings, processes for design, implementation and analysis and reporting methods (see Bryman, 2006; Creswell, Fetters, & Ivankova, 2004; Morgan, 1998; 2007, for a discussion of these issues). There has been some debate about the theoretical problems of combining the sometimes opposing paradigms underpinning quantitative and qualitative research in the same project (Johnson & Onwuegbuzie, 2004), however I have adopted a

pragmatic approach as described by Johnson and Onwuegbuzie (2004) and more recently expanded by Morgan (2007) in an attempt to bridge this "divide". Morgan (2007) describes pragmatism as a particular justification for combining qualitative and quantitative methodologies, involving abduction between observations and theories, intersubjectivity in terms of communication and shared meaning and transferability in terms of the inference from data, rather than a pre-existing commitment to one or the other paradigm (Morgan, 2007). I wanted to do mixed methods research with an interpretive, naturalistic approach (Denzin & Lincoln, 2005), while recognising that various researchers emphasise differently "the place of subjective meaning or the focus on individuals' lives in their work" (Belgrave, Zablotsky, & Guadagno, 2002, p. 1428).

Researchers and planners recognise that qualitative methods may be used to "elicit sensitive information on determinants of behaviour such as attitudes and social norms, as well as the cultural context in which these behaviours take place" (Helitzer-Allen, Makhambera, & Wangel, 1994, p. 75). I wanted to explore the areas of interest, without making underlying assumptions about how respondents' knowledge, attitudes or behaviour fit within preconceived patterns. The perils of relying heavily on only one form of data collection when dealing with sensitive, culturally laden topics have been discussed in the literature (Helitzer-Allen et al., 1994), and leaders in Australian youth health research suggest an interdisciplinary approach with the development of novel methodologies is necessary (Eckersley et al., 2006). So for this project, data collection utilised both qualitative and quantitative methodologies, with a focus on the former, using analysis of small group discussions with young mothers to design instruments for subsequent data collection, moving on to concurrent quantitative (an electronic peer-administered survey) and qualitative (individual and small group interviews) data collection. I also made extensive use of field notes based on direct observation and comments from others involved in the planning process.

Thus, using the mixed methods schema as described by Creswell (2003; Creswell et al., 2004), Morgan (1998) and others, this project initially had a sequential transformative instrument design phase followed by a concurrent triangulation strategy with quantitative and qualitative data collected and analysed and results compared and contrasted between the types of data. This set of methodologies developed in response to the questions we wanted to answer and practical and ideological issues in the implementation of the project. To my knowledge this combination of methodologies has not been previously described as a distinct typology, and I will describe it in some detail later in the chapter.

Ethics and funding

The project received ethical approval from the TAIHS Board of Directors and project steering committee and the James Cook University Human Research Ethics Committee (H1459). In addition ethical approval was obtained from Queensland Education for the portion of the project that took part in schools. Blue Cards (Queensland police checks indicating safety for working with children) were obtained for all people involved in data collection.

Funding was obtained from two sources. A grant of $24,000 was obtained from the General Practice Education and Training Registrar Research and Scholarship fund, largely to pay the wages of an Indigenous Health Worker and Research Assistant half-time for one year, and a grant of $15,000 was obtained from the Queensland Primary Health Care Research Education and Development Program (Appendix 1). I received a National Health and Medical Research Council (NH&MRC) Public Health Postgraduate PhD scholarship (Grant ID: 233516) for personal financial support.

The entire project was constructed in a highly consultative manner. The setting in an Aboriginal and Torres Strait Islander community controlled health service helped facilitate community involvement and acceptance, and the fact that I was well known to the community as a medical practitioner at the service also helped. For example, when ringing parents to follow up on consent forms that had not been returned, I often had a pre-existing professional relationship with them and was able to build on this in explaining the project, rather than calling “cold”. The only limitation of being a doctor and conducting this research was the need to negotiate a more equal power relationship with the young women. I discuss this issue further later. The 2003 National Health and Medical Research Council (NH&MRC) guidelines on Ethical Conduct in Aboriginal and Torres Strait Islander Health Research were used to guide the design and implementation of the research (NH&MRC, 2003).

However, as discussed by a Western Australian collaborative study of Aboriginal children’s health, many issues continue to arise during the process of a study such as this, so the methodology and conduct of the study needed to retain a degree of flexibility, and some evolution of the project occurred, managed with ongoing consultation at each stage (Eades, Read, & Bibbulung Gnarneep Team, 1999).

Consultation processes

Two years of consultation and planning preceded data collection in 2004. Initial consultation involved establishing the broad parameters for study and research questions with key stakeholders, including TAIHS staff and managers, community members and government representatives. Those stakeholders with the most to gain or lose from the project were the young Indigenous women in Townsville. I established a key group of young mothers at the inception of the project with a dynamic membership and regular meetings at TAIHS. This group was integral to all stages of planning and implementation of the project and is discussed in more detail below. A steering committee consisting of TAIHS, community and government stakeholders was formed (Appendix 2), and met bimonthly during the planning and early implementation stages of the project and less frequently thereafter to oversee questions and directions. These groups and their relationship are demonstrated in the diagram of the project organisational structure (Figure 4.1).

I held discussions about the project on several occasions with Principals, Community Education Counsellors (CECs), school nurses and guidance counsellors from the three state high schools in Townsville with the highest enrolment of Indigenous students. After initial support to proceed with the project in their schools a series of meetings were held with ASSPA[6] committees. These were held both during the development of the instruments to inform parents about the project and exactly what was to be asked and how, and after data collection to feed back to parents aggregated results from their school.

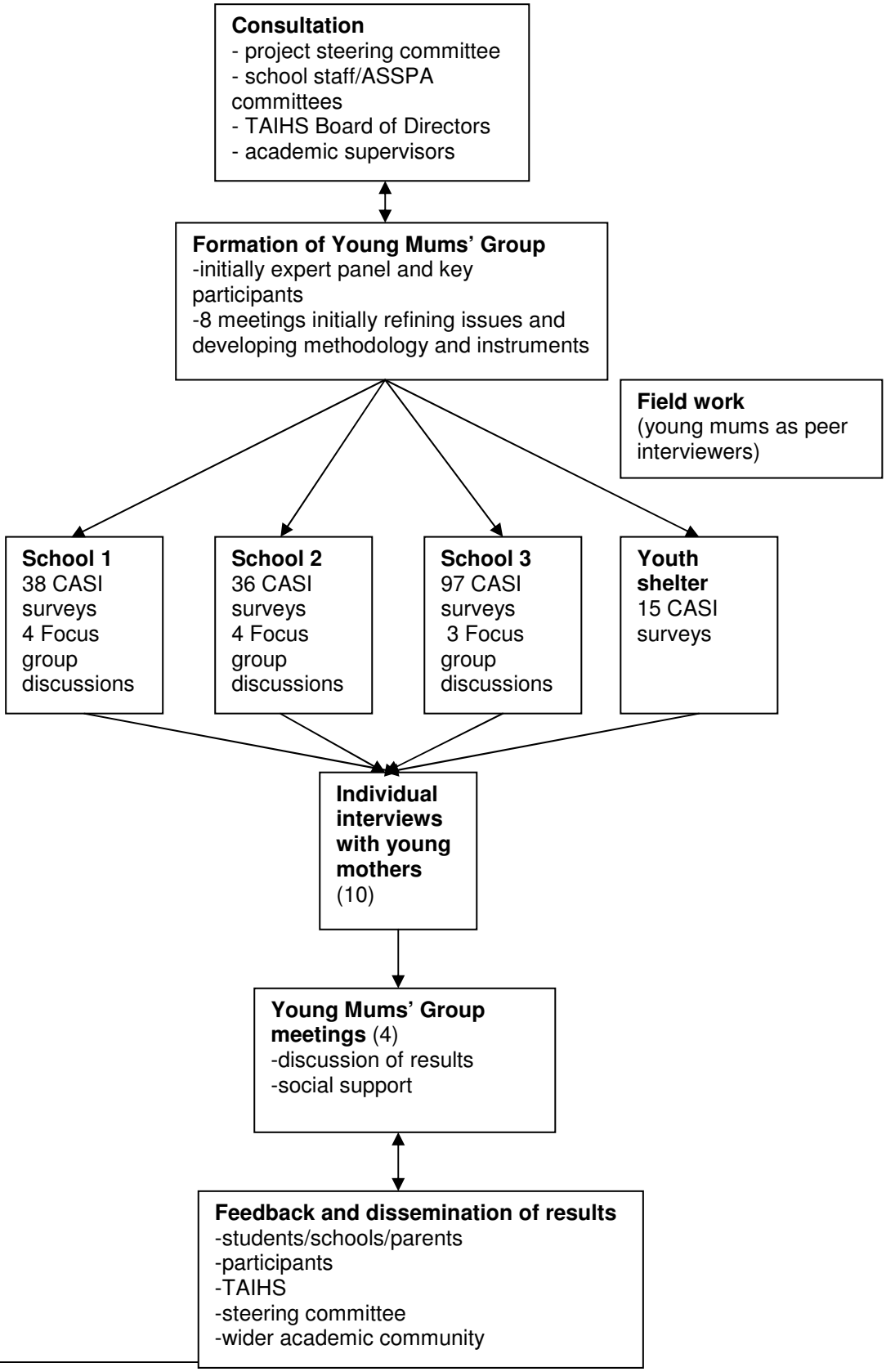
Specific ethical considerations

Cultural and clinical safety

Close attention was paid to maximising clinical and cultural safety in the design of the project. An Indigenous Health worker, Priscilla Page, was employed on a half-time basis to work with young mothers between February 2004 and June 2005. She was based at TAIHS, and her role was a combination of clinical and outreach work with the young mothers, and research assistant and cultural broker during work in schools and individual interviews and during the qualitative data analysis. As a medical officer at TAIHS, I had an ongoing professional relationship with the staff and many of the young

[6] Aboriginal Student Support Parents' Association (previously formed by parents of Indigenous students at each state high school – now obsolete due to funding changes)

Figure 4.1 "U Mob Yarn Up" Project Structure[7]



[7] Although consultation and feedback are shown for clarity at the beginning and end of the process, it needs to be recognised that they were ongoing processes throughout the project. "U Mob Yarn Up", meaning "let's talk about it" in local Indigenous slang, is the name chosen by participants for the project.

women involved. Although requiring some negotiation of roles in different settings, this was advantageous in terms of the establishment of trust, particularly in terms of confidentiality. In schools we had a close working relationship with Community Education Counsellors (CECs) and school nurses, again to ensure a source of support for students requiring follow-up.

Informed consent

The age of participants raised issues in terms of informed consent. Participants were fully informed about the project by verbal discussion and an information pamphlet. As in previous research involving young people and sensitive areas, the issue of parental consent was controversial (Geluda et al., 2005; Helweg-Larsen & Boving-Larsen, 2003). In the clinical context, young people are very often treated as "mature minors"; that is, where it is felt they have a good understanding of the matters affecting their health and the risks and benefits of any treatments proposed, they are treated as adults in the health system. It has been recommended that this principle be adopted in Australia, as in other countries, for adolescents taking part in minimal risk research (Sanci, Sawyer, Weller, Bond, & Patton, 2004). We took this approach for young people participating through TAIHS, or those living independently at the youth shelter.

For students participating through schools, where the ability to assess maturity was more limited, parental consent was required in addition to student consent. Initially it was planned to get prior parental written consent, but as has been the experience in other studies, very few parent consent forms were returned in a timely fashion (Geluda et al., 2005). After discussion with school staff, ASSPA committees and the project steering committee another system was devised, whereby if a student presented wishing to take part but without a signed parent consent form, I was able to ring and speak to their parent or guardian, explain the project and obtain their consent or otherwise to the student's participation. Then with a reminder about the written consent form I was able to allow the student to participate (having completed their own consent), and subsequently bring back the written consent form. This process was facilitated through the familiarity of the research team to families through contact at the medical centre, and is an example of negotiated settlement of ethical issues arising during the process of conducting a research project (Eades et al., 1999).

Confidentiality

Trust in confidentiality protocols was essential to facilitate accurate disclosure. All interviews and focus groups were digitally recorded, but then de-identified, and participants were only referred to by pseudonyms. Focus group discussions involved self-selected friendship groups to maximise the chances of frank discussion and minimise the chances of other participants divulging any details.

The provision of full anonymity for participants in the electronic survey caused some consternation, as one question asked about past sexual abuse, and some felt that follow-up was essential for an affirmative answer. The Young Mums' Group (many with a personal past history of sexual abuse) were universally and strongly of the opinion that mandated follow-up in a young person who was not ready for it could be very damaging.

> *I think you need to give people the choice about being followed up – so they don't feel harassed about being abused – you know what I mean ...[Ann[8], Young Mums' Group discussion, 25th June 2003]*

The agreed outcome was a completely anonymous survey with a series of safety screens for those who reported a history of sexual abuse, including the opportunity to provide contact details and request clinical follow-up. All participants also received information about options for further health care.

In contrast, some participants in the Young Mums' Group chose to give up some of their anonymity through training as peer interviewers and agreeing to photographs for the purposes of the project, which effectively identified them as young mothers. They did, however, choose their own pseudonyms for the written reports. This raised some ethical issues in terms of balancing their often conflicting needs for autonomy and confidentiality (Giordano, O'Reilly, Taylor, & Dogra, 2007), but seemed essential in the light of our commitment to empowering and respecting participating young women.

[8] Key participants are referred to by self-selected pseudonyms to preserve their confidentiality (see Chapter 6 for further discussion).

Implementation of the research

Young Mums' Group

The hub of the project was the Young Mums' Group, established 15 months before the start of data collection and meeting regularly throughout. I recruited participants from March 2003 by asking a convenience sample of young mothers attending the clinic whether they would participate in a group to design and undertake a project studying issues around pregnancy and parenthood in Aboriginal and Torres Strait Islander teenagers.

This group had 3 explicit purposes: firstly to design the project in terms of methodology, approach and questions asked; secondly to be key participants/expert panel for such a project; and thirdly to be a support/social group for young mothers (Figure 4.2). Two young women were not interested, but 10 young women were enthusiastic about the idea.

The group held monthly meetings with a dynamic membership and attendance. A total of six young Indigenous mothers took part in monthly meetings on a fairly regular basis in 2003 and early 2004, with between two and four attending each individual meeting. They ranged in age from 16 to 22 (mean age 17.8 years), and all identified as Aboriginal, with 2 of them also identifying as Torres Strait Islander. All participants in the group consented to recording and transcription of all discussions, and chose a pseudonym for the purposes of reporting. This group operated on a participatory action model, as has been previously described in an Indigenous context (Hecker, 1997; Kemmis & McTaggart, 2005; Tsey, Patterson, Whiteside, Baird, & Baird, 2002). Meetings were held in a familiar setting (the Mums and Babies clinic at TAIHS), with snacks provided and a safe place for children to play. The women and their children were all provided with transport to the meetings. Priscilla Page was employed half-time as an Aboriginal Health Worker and Research Assistant to work with young mothers and assist with field work from early 2004. From this point until June 2005 she took over much of the responsibility for reminders about meetings and transport and social support of the young mums. Her role was vital in terms of the difficulties in keeping in touch with this mobile group of young women, and in assisting me with talks to Indigenous parents and students through schools. In addition, her collaboration with me in interpreting and analysing the narratives of young mothers and students in school contributed to a rich and nuanced understanding of these narratives.

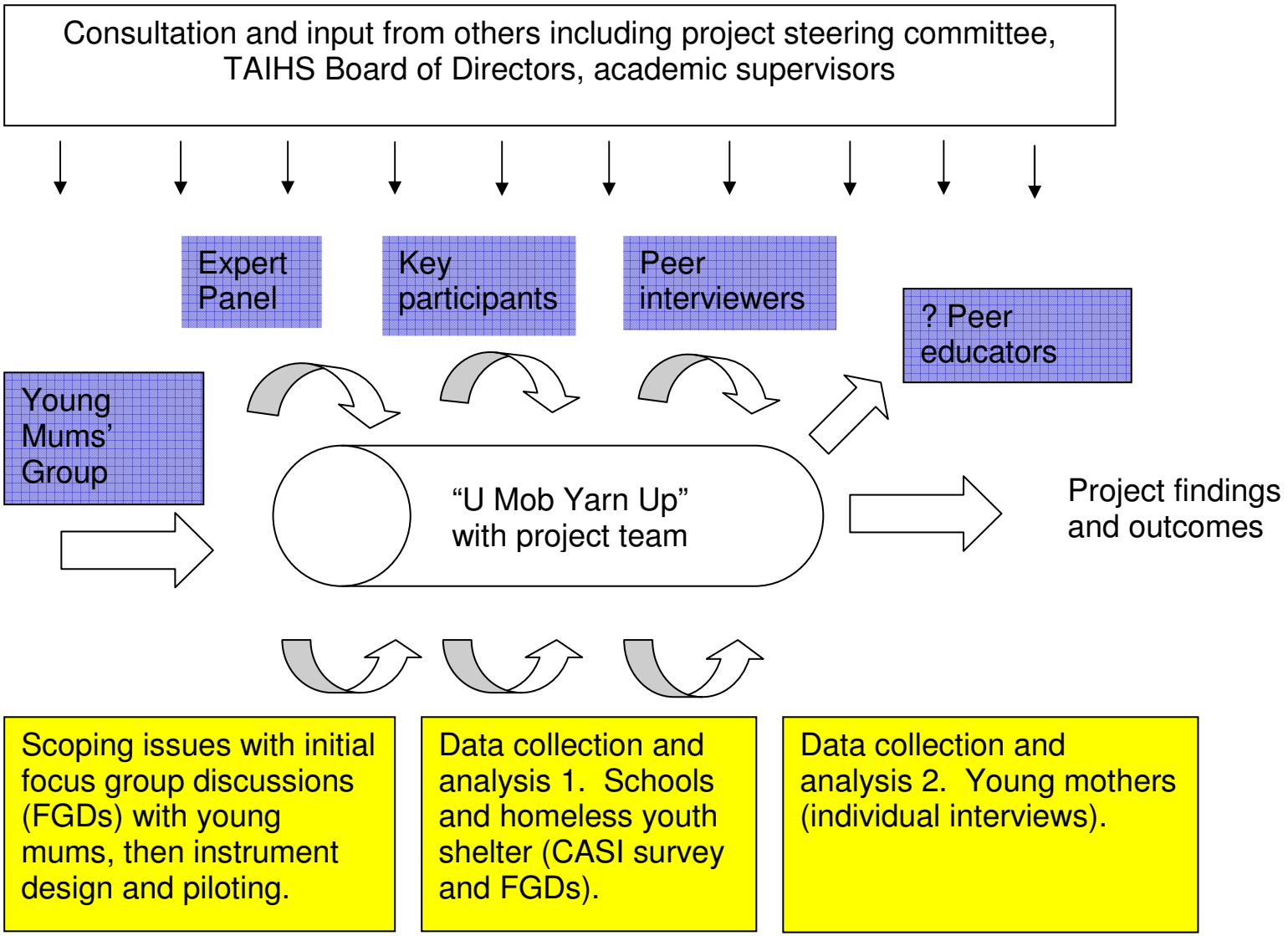


Figure 4.2 Various functions of the Young Mums' Group

The first few meetings of the Young Mums' Group discussed issues surrounding relationships, contraception use, pregnancy and birth in their community and amongst their peers. We also discussed terminology in some detail. Subsequently, more practical and focussed discussions occurred about the methods to be used for data collection, and development of the data collection instruments. For the purposes of reporting, the discussions about the relevant issues are reported in the results section, whilst the methodological discussions are reported here, although it needs to be recognised that one informed the other, and the two were intimately related.

We felt that never-pregnant Indigenous teenagers and pregnant and parenting teenagers needed to be targeted. With input from the group, I chose interviews and small group discussions, and a computer-assisted, peer-administered survey as optimal data-collection tools, in that they were likely to be acceptable to the young people, and yield maximal information and depth of responses. We decided to target Indigenous students in Years 9 to 11 at 3 local state high schools for the survey and school focus groups (making the assumption that most school students would not have been pregnant), and then source pregnant and parenting teenagers for individual interviews directly through TAIHS.

Logistical issues

This process of consultative decision-making proved very labour intensive, due to a number of structural factors.

> *…meant to have 4th meeting today but no one available. At present 1 out of 6 key young mums has functioning phone, which makes it incredibly difficult to plan and confirm meetings. Had one definite yes prior to meeting (Mandy) but when went out to pick her up found she had forgotten, and was in pyjamas in the middle of the day with all of her clothes in the wash. May actually need to drive round everyone's house the day before the meetings and remind them, as sending out notes doesn't seem to work. I don't think their absence is due to lack of enthusiasm - more general chaos and structural problems in their lives. Evelyn moving house today, Mandy about to be evicted, etc etc. [Field notes, 30th July, 2003]*

To overcome these issues, at each meeting a reminder slip was given with the time of the next meeting on it attached to a fridge magnet (based on an idea from Mandy).

Then one day before the meeting Priscilla or I tried to telephone each of the group (in the rare cases where this was possible), or visited them for a reminder. Still a number of last minute issues (often legal or financial emergencies or sick children) would arise, making attendance impossible, although all the women said they enjoyed the sessions.

> *Really positive meeting today. 3 young mums, Rowena and Ann, plus Mandy who was really keen to be involved. Tyese in court and Evelyn at a funeral. Again all girls really happy to talk. Important issues raised for focus groups re shame about talking about themselves and their experiences in school group setting but happy to talk about things in terms of friends and hypotheticals. No problems talking in this group though! Main problems relate to stopping them all talking at once so that it can be transcribed and getting better audio quality [Field notes, 25th July, 2003]*

Priscilla and I were able to get some insight into the living arrangements and material circumstances of the young women, meet their partners, and have interesting, informal conversations with them on the way to and from the meetings. This highlighted the difficulties they faced in terms of physical and psychological survival through what were for them daily challenges.

> *Picked up Mandy from home – really depressing place and suburb – real squalor inside – Jim Beam cans stacked up – piles of clothes on the floor, broken furniture everywhere…No money…Mandy was really glad to get out of home and come. Says participating gives her a break from home [Field notes, 25th September 2003]*

The chaotic lives of many of the young women meant that despite their stated enjoyment of taking part and commitment to the project, circumstances often prevented their involvement. Priscilla's involvement in terms of taking on the mechanics of organising meetings, and providing social and emotional support for the young mothers between meetings was very important during this period.

> *Over Christmas further news - Ann ended up in hospital having been stabbed by her brother, Mandy ended up in hospital with pneumonia and septicaemia and Rowena pregnant again, Tegan in Brisbane and Tyese vanished. Sometimes it feels like keeping up momentum with this group, given all the*

other challenges they face is just about impossible [Field notes, 9th January 2004]

Negotiation of power relationships

All the young mothers involved in the study had a previous relationship with me as a general practitioner at TAIHS. This resulted in an interesting period of renegotiating power relationships to ensure that the project was established within a participatory framework. An interesting power play resulted, especially with Tyese. On one occasion, when I went to pick her up from her foster parents at the arranged time, she came out from the shower in a towel and said she just had to shave her legs! She finally emerged fully dressed 15 minutes later, then had to get baby ready, apparently gauging whether I was prepared to do things on her terms! Tyese had frequent and ongoing contact with several government departments and the legal system, and had an abiding distrust of authority figures. She seemed to spend a period of time trying to test me and the group by saying things that were as shocking as possible (but given the context of her life most likely true) to elicit a reaction.

My cousins, right, both fell pregnant just after I fell pregnant. They were both trying to sleep with Frank [her partner]. [Cousin] said Frank had tried to rape her, so I went to talk to her and she said "I never said that"…[Tyese, Young Mums' Group discussion, 23rd March 2003]

However, once I had "passed muster" as trustworthy and non-judgemental she was an enthusiastic participant. The impact of differences in age, gender, social class and race on the conduct and possibly findings of qualitative research have been remarked on previously (Manderson, Bennett, & Andajani-Sutjahjo, 2006; Phoenix, 1994). A non-Indigenous (me) and an Indigenous (Priscilla) woman in combination conducted all small group and individual interviews, although differences in age and social class remained. My clear pregnancy seemed to help in breaking down barriers in this regard, and often proved to be a starting point for conversations.

After the initial informal focus group discussions, the group moved on to function more as a working party for the design of the rest of the project. At this point the project steering committee recommended that the group might be entitled to some reimbursement for their time. For me, this raised concerns about any possible coercive element of a financial incentive in terms of their split role as participants and workers on the project. We reached a compromise, whereby in this planning phase of the

project each attendee was given a supermarket voucher to the value of $20.00 as an expression of appreciation for their time. In addition to working on the survey and focus group instruments, the Young Mums' Group, Priscilla and I designed a project information sheet and consent forms (Appendices 3 and 4).

The young mums suggested training Indigenous young people as peer interviewers to maximise the participation of young people in the project. A similar set of methods had been arrived at within a collaborative framework by another group researching Indigenous youth health issues (Holmes et al., 2002). A subset of four of the young mothers attended a half-day training session for peer interviewers, and three out of four of these women went on to work as peer interviewers in the schools, receiving a small amount of reimbursement.

After data collection, informal social meetings of the group occurred at various venues, including parks and swimming pools. At these meetings emerging themes from the fieldwork in schools and individual interviews were discussed and informal parenting information and support was provided. Figure 4.3 displays an organisational chart of the activities that took place at different stages of the project and Plate 4.1, Plate 4.2 and Plate 4.3 show representative slides of various young mums' outings, taken and used with the express permission of the young women involved.

Plate 4.1 Young Mums' Group outing (taken by S. Larkins)[9]

[9] Permission was given by participants in the Young Mums' Group for photos to be taken and used in this way. They also appreciated receiving copies of all photos for their own use.

Plate 4.2 Young Mums' outing with Priscilla Page (young family with Priscilla Page on right; taken by S. Larkins)

Plate 4.3 Young Mums' Group outing (3 young mums and their children and the author second from left; taken by P. Page)

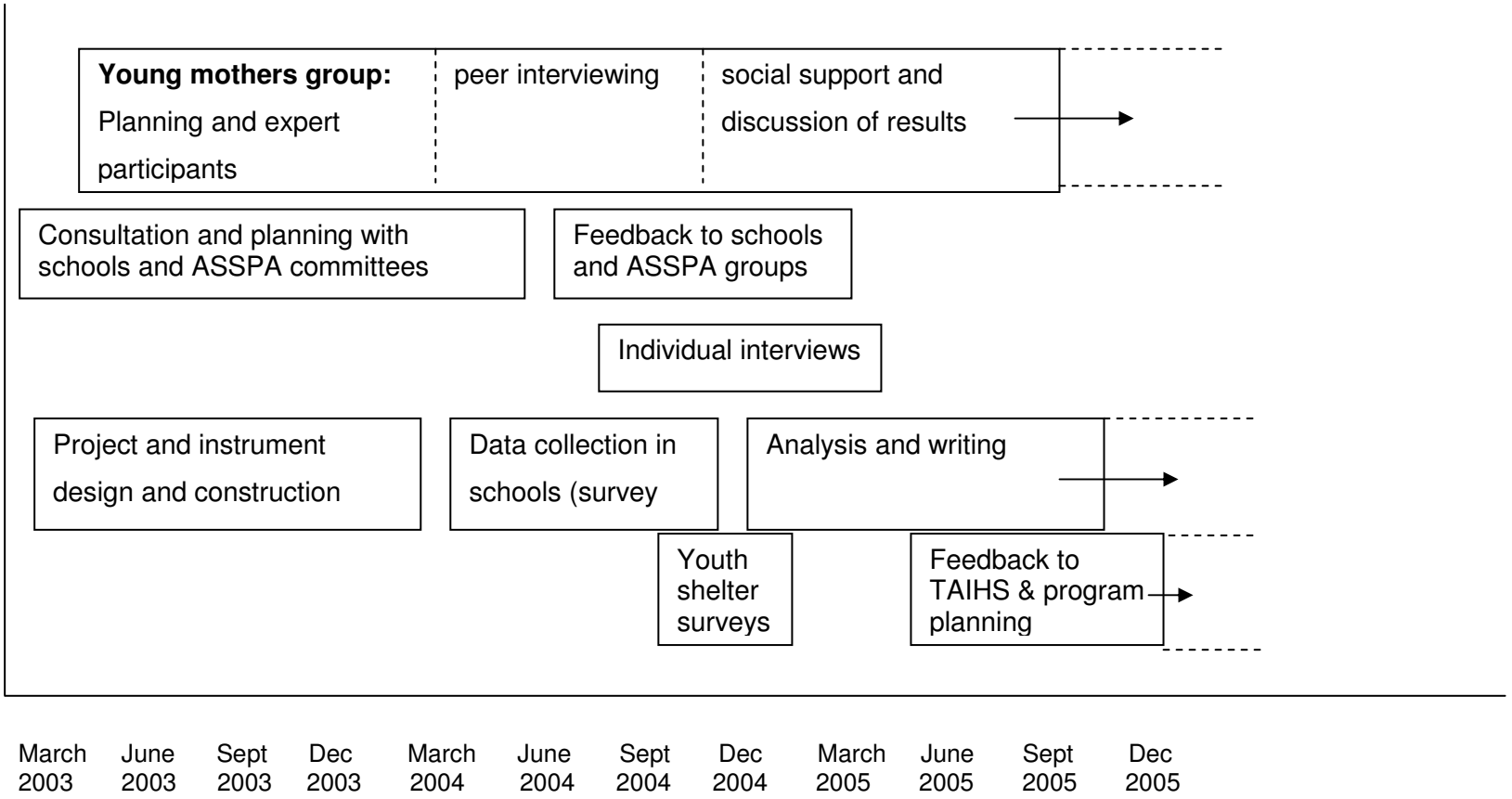


Figure 4.3 Organisational chart of activities over course of project

Survey development and implementation

Computer-assisted self interviews (CASI) have been used increasingly in adolescent health research, especially when dealing with sensitive topics, and are reportedly popular with adolescents with a high sensitivity for eliciting risk behaviour (Adolescent Health Research Group, 2003; Coffey, Ashton-Smith, & Patton, 1999; Hibbert et al., 1996; Paperny, Aono, Lehman, Hammar, & Risser, 1990). Adolescents enjoy the elaborate graphics and sound effects that are possible with this approach, and perceive a high level of confidentiality from entering their own responses into a computer. Holmes (2002) has used a similar approach including training peer interviewers to assist with administration of the survey amongst a large sample of Indigenous adolescents in Victoria.

There are many advantages to CASI use. It is possible to build a branching design into the questionnaire, enabling further questions to be determined by earlier responses. This means that the questionnaire is effectively tailored to the individual, allowing separate questions for boys and girls, and differential exploration of risk behaviours for those who have and have not engaged in them. Pre-coding of all possible responses for limited option questions allows responses to be saved and imported directly into a statistical program, eliminating errors in coding or data entry. They are popular and perceived as very confidential by the target group of young people and can include an audio component to assist those with limited reading skills. Finally, electronic surveys allow the inclusion of safety screens with important information about health follow-up at important stages in the questionnaire.

Together with the Young Mums' Group, I elected to obtain data in schools initially from a computer-assisted self interview, with a trained peer interviewer present to assist with the questionnaire as required or answer any queries relating to the interpretation of specific questions. I aimed to form a descriptive picture of the background, knowledge, attitudes and behaviours of our sample of urban Indigenous young people around these topics rather than to draw complex statistical inferences from my work.

Survey development

Initially, information gleaned from early Young Mums' Group discussions, the literature and copies of three previous youth surveys were used (Youth 2000 Survey, Dr Peter Watson, University of Auckland; Victorian Aboriginal Health Service Adolescent Health

Survey, Dr Wendy Holmes; Adolescent Idealisation of Pregnancy Scale, Dr Carolyn Corkindale and Dr John Condon; all used with permission). Overall principles for the survey included a need to: be bright and attractive to young people; be easy to navigate; and lead young people to relevant questions according to their level of experience/development and gender. Total anonymity was important. Main themes for the questions developed by the Young Mums' Group and me were: home and family; education; health; substance use; relationships, sex and contraception (including abuse); and idealisation or reality about pregnancy. Questions were grouped into these areas, and then the group went through questions sequentially, adding some questions, taking some questions away, and changing the wording of many questions and the order of others. This process was repeated with input from other key informants and the steering committee over several months in late 2003, until a version emerged with which all parties were happy (questions in tabular form and a CD-Rom of complete CASI with graphics included as Appendix 5). All but two questions were multiple-choice, some requesting one answer, and some requesting as many as applied. All questions had an option to answer don't know, or to skip that particular question. Answers could be changed, but backwards navigation through the survey was not possible. The two questions allowing free text answers were: 1) for those who reported a history of sexual abuse, providing an opportunity for young people to identify themselves or request help; and 2) a final screen inviting young people to write anything else they wanted to about young people and relationships, sex, contraception or pregnancy.

The idea for the graphics (an animated "condoman" character guiding people through the survey and zooming around recognisable parts of Townsville) emerged from young mums' discussions. The completed questionnaire structure and idea for the graphics was given to NQ-ITX, a training IT company within James Cook University, over December 2003 and January 2004 for programming and graphic design. One of the young mothers read the voice-overs of all the questions for this recording. The final result was bright, culturally appropriate and engaging for the target audience (even those with limited literacy skills), with a branched design, options for skipping individual questions or whole sections, requesting further help and a series of safety screens where appropriate (see Plate 4.4 and Plate 4.5 for stills of some graphics).

The Young Mums' Group tested the electronic survey initially, and then a convenience sample of 11 young people (5 males and 6 females) was recruited from TAIHS for

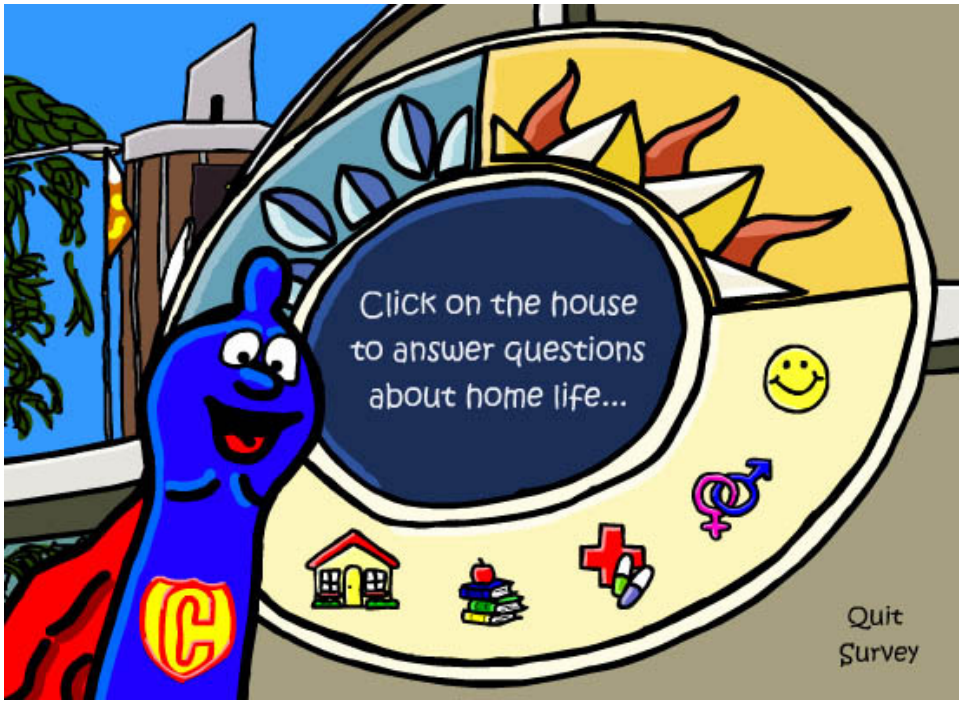


Plate 4.4 Sample menu page from CASI survey

Plate 4.5 Sample question page from CASI survey[10]

[10] This picture was taken from a draft of the survey – in the final version the last option was in smaller print and separated from other options. In practice almost no participants chose this option.

piloting. The response was uniformly positive ("deadly"[11] being a common response), and only minor changes to wording and layout were made.

Selection of schools

We aimed to gather information from the three state high schools in Townsville with the highest enrolments of Indigenous students. A further Christian private school had larger numbers of Indigenous students enrolled, however with large numbers of boarding students from remote areas I felt that this would introduce a further confounding variable, and elected to restrict the sample to Townsville residents.

All three schools were approached via principals and Community Education Counsellors (CECs) in the first instance, followed by Indigenous parents' (ASSPA) committees, and all agreed to be involved. The enrolments of the three schools are summarised in Table 4.1. These figures were obtained from the Queensland Education website in December 2004 (based on July 2004 school census), however a proportion of Indigenous enrolments fluctuate markedly from term to term, and even week to week, and as such these figures must be taken as guides only. Enrolment figures were also obtained from each CEC at the time of beginning fieldwork in each school.

Table 4.1 Indigenous enrolments at participating schools

	School 1	School 2	School 3	Total
Year 9-11 Indigenous males	26	28	74	128
Year 9-11 Indigenous females	24	31	68	123
Total Indigenous enrolments (Yr 8-12)	72	102	239	413
Total enrolments (Year 8-12)	449	657	1948	3054

(Education Queensland 2004)

Target students were Indigenous boys and girls in Years 9, 10 and 11, with the exception of School 3, where Year 12 was also included at the request of students, and the ASSPA committee. Parents were informed about the project through ASSPA meetings, a parent information night for interested parents at each school, and notes in

[11] Local Indigenous slang for really good

the school newsletter. This was designed primarily as descriptive research, as very little information exists in the area, thus no formal sample size calculations were performed. However, based on numbers of students enrolled it was hoped to recruit around 200 participants.

Participants from the Young Mums' Group went through a formal half-day process of interviewer training run by Priscilla and me. This covered confidentiality and research ethics, the computer survey and how to navigate it with question-by-question review, the process of recruiting participants, and how to handle difficult situations. These last two included a series of role-play scenarios. "Goody bags" were developed to give to all participants. These included a number of small gifts (eg. stickers, pens, sweets), some health information brochures aimed at Indigenous teenagers, and a brochure created by us with a list of sources of further local support (Appendix 6).

Implementation of survey

A project team attended each school every Tuesday and Thursday for three or four weeks. School 1 was attended between 27th April and 13th May 2004, School 2 between 25th May and 15th June and School 3 between 5th August and 7th September 2004. The team included two female peer interviewers, a male (Robert Scott) and female health worker (all Indigenous) and me. We had three laptop computers programmed with the survey, posters and health resources. At each school we attempted to set up a regular, private safe area for the project. At School 1 we used a quiet room adjoining the library, School 2, a learning support room, and School 3 initially a conference room in the administration block, and then the careers library. The day before the commencement of data collection at each school we had an information session with target students, at which we did a brief presentation about the project and their role in it, and handed out information sheets and parent consent forms.

An important part of the recruitment strategy was wandering around the school grounds during breaks, talking to Indigenous students about the project and seeking participation. The peer interviewers were integral to this process and were able to form good networks with the students, while benefiting themselves from the experience.

> *It was fantastic to see the young women grow in confidence as we progressed with the work in schools- Mandy in particular was terrified of setting foot back*

> *on school grounds, but by the end of work in the first school she was walking into classes, talking to teachers and pulling kids out to talk about the project on her own. She has really taken it on board, baking cakes, making elaborate posters…It was very exciting to see Mandy exploring options of going back to school for both her and Justin…and the small steps she was making in learning word processing etc during down time on the computers [Field notes, 14th September 2004]*

Once a number of students had taken part, they assisted in identifying further Indigenous students, and "spreading the word" about the project and its value. Also, once the students had deduced that we were not "teachers" as such, intent on policing school rules, they became quite keen to approach us and talk to us about various issues. Institutional racism, in particular suspicion of large groups of Indigenous teenagers "hanging out" together was obvious to us as researchers during data collection.

> *Oops – now forbidden from using conference room …due to "vandalism" of room. Several pre-existing problems in the room were blamed on our group. Due to the large numbers of students, there was a little bit of rubbish, but all confined to the bin, and certainly no vandalism. Institutional racism rears its ugly head again – gatherings of ATSI young people are not to be trusted under any circumstances! [Indigenous staff member] tells me this has been an ongoing problem [Field notes, 12th August 2004]*

Other strategies important in improving the participation rates included project posters throughout the school, reminders in daily home groups and assemblies, a "project naming competition" at Schools 1 and 2, and a "random participation prize draw" (football tickets) at School 3. The project naming competition resulted in the formal name of the project "U Mob Yarn Up[12]" being chosen. This was a very popular choice, and appeared to reduce the stigma or shame amongst school students, especially young men, associated with the project.

The process for individual participants included the following steps. Initially, consent was obtained from parents in either verbal or written form. The only exceptions to this were students who had already turned 18, who were treated as adults. Then Priscilla, Rob (male health worker) or I explained the project to the student, and obtained their

[12] Meaning "Let's talk about it" in local Indigenous slang.

written consent. One of the peer interviewers then explained the survey, asked for honest responses, and then sat near the student (but not looking at their responses) while they sat with headphones, laptop and mouse completing the survey. The peer interviewer was available to answer any questions about the survey, and after completion gave them an information pack with explanation about follow-up if desired. Finally they were asked whether they would be prepared to take part in a small group discussion.

Focus group development and implementation

After consultation, I decided to use both an electronic survey and focus group discussions in schools to gain a rich contextual picture of the attitudes and behaviours of non-pregnant Indigenous teenagers. I felt that the electronic survey would most likely gain quite accurate and full disclosure of actual behaviour and attitudes, due to its anonymity and fun style (Hibbert et al., 1996; Paperny et al., 1990). However, focus groups with a subset of the students who took part in the survey were necessary to provide the required breadth and expansion of the views of the young people around these issues, and allow follow-up of some of the issues raised. In addition, talking in groups is a very comfortable medium for collecting information from Indigenous adolescents, as it is in other Indigenous groups (Holmes et al., 2002; Hughes, 1994; Loppie, 2007). It was important for students to do the survey prior to the focus group discussions so that they were aware of the issues we were interested in, had some familiarity with the project team, and had some time to synthesise their views. In addition, it gave me the opportunity to follow up on specific issues that were emerging from the survey results.

In discussions with the Young Mums' Group, I developed a list of themes and prompts for loosely structured focus group discussions in schools at the same time as the survey was developed. The four sections for the focus group discussions were: education and aspirations; relationships and sex; contraception (knowledge, attitudes and practice); and pregnancy and parenthood. These evolved slightly during the course of the project based on information arising from the survey. I decided to base discussions on the attitudes and behaviours of "friends" and hypothetical discussions, because of the shame factor, raised by the young mums, inherent in discussing one's own behaviour in a group setting. It was important that the focus groups contained young people of the same sex and similar age and stage of development, and that the facilitator also be of the same sex. I decided to base the focus group discussions

around self-selected friendship groups to maximise the possibility of full and frank discussions and decided on five to eight young people as the optimal size for individual discussions (Hyde, Howlett, Brady, & Drennan, 2005; Lees, 1986). There is a theoretical risk in small group discussions of participants merely confirming what their friends have said (Hyde et al., 2005); however the lively debates and disagreements in our groups suggested this was unlikely, although still possible in some cases.

> *P3: Oh, like although there's like a huge amount of trust needed to actually like have sex in a relationship, I reckon like you trust each other even more after that…because you've like done, the…deed…*
> *P4: I don't reckon, cos I reckon as soon as a fellow's got his jollies he's gonna leave…*
> *P3: But hey man, that's stereotypical, it's not always like that…[School 2, focus group 6 with 4 boys]*

A pilot small group discussion was held at TAIHS on 25th March 2004 with three Indigenous young women who were friends from a school not participating in the project. The major issue was the quality of sound recording with students often speaking quickly, quietly, simultaneously and in Murri slang (local Indigenous slang). Patience and diligence was required in the transcription process, and the wording of two questions was adjusted following the pilot discussion. The full focus group discussion schedule and a sample page of transcript are included as Appendix 7.

Participant selection

We aimed to hold three small group discussions at each school visited: two with young women (one with younger girls and one with older girls), and one with young men. Participants were a sub-sample of those who had participated in the electronic survey. After completing the CASI survey, participants were asked whether they were prepared to participate in a small group discussion covering similar topics, and if so who they would like to be in such a discussion group with. We then selected the groups based on these parameters, aiming to get a mixture of Aboriginal and Torres Strait Islander respondents in each group.

Focus group discussions were held in a quiet private room at the school (Schools 1 and 2), or a quiet table outside (School 3), and were scheduled during class time to minimise the number of other students around. They were taped with permission with two unobtrusive recorders with sensitive microphones. As the discussions often took place around lunchtime, some food, for example soft drinks and pizza, was provided,

and this provided an opportunity for some informal chatting to put the participants at ease. Priscilla and I facilitated female small group discussions, and Robert Scott (male Aboriginal Health Worker) and I facilitated male small group discussions. There was some concern about whether or not my presence would inhibit the discussions, particularly in the male focus groups. I decided to attend the male focus groups for two reasons: firstly as I would be transcribing the discussions it was necessary to be present; and secondly, many questions from participants were emerging that the health workers felt uncomfortable about answering without medical input. Neither Robert nor I felt that my presence inhibited the young men, apart from occasional retrospective apologies for bad language! The project team felt that this was because as a non-Indigenous health professional I was considered less of a threat to confidentiality, and was therefore less of a problem than an Indigenous woman being present, although this is speculation.

After some initial chatting, the focus groups began with another explanation of the project and the students' role in it, a reminder about confidentiality, and asking permission to tape the discussion. We used some self-disclosure to set participants at ease, and encouraged them to talk freely about any relevant issue. An issue arose during the first few focus groups whereby participants had many questions for the facilitators as health professionals.

> *[about having sex]*
> *P2: I did it when I felt it was right for me.*
> *P1: But then after you do it it's like oh….*
> *P4: Well like, it's not even all that good…[laughter]*
> *P1: No, what I want to know, is …who's a virgin here…[show of hands indicating 2 out of 6 sexually active, amidst laughter]…do you like get an orgasm or something…?*
> *P2: What's that [mock ignorance]*
> *P1: No, like you know how the boys have their little erection, and whatever, what's the girl bit…? [School 1, focus group 3 with 6 young women]*

I was faced with a dilemma about how to deal with this – on the one hand I wanted to provide full and accurate answers to the questions following our principles of empowerment and reciprocity, but on the other hand I did not want to risk "contaminating" further data collected. A process was developed whereby we acknowledged questions as asked, but deferred answering them until after the end of

that section of the focus group discussion, thus gaining an accurate picture of their knowledge and attitudes, before providing further information. Discussion in all the groups was full, enthusiastic and at times hilarious.

I transcribed all focus group discussions without identifying features in full on the same day as the discussion. Facilitator field notes and input from Priscilla were also used. Participants were offered a copy of the transcript of the discussion.

Feedback to participants, schools and parents

When data collection and initial analysis was completed at each school, I gave separate feedback on aggregated responses from that school alone to parents, students and school staff as a Powerpoint presentation and in written form. In addition, certificates of appreciation for each participant (identified on the basis of consent forms) were formally presented at a school assembly or similar. A comprehensive plain language report of the whole project has been prepared and is being widely distributed.

Individual interviews

I now had a snapshot of the attitudes and behaviours of non-pregnant Indigenous teenagers around relationships, sex, contraception and having babies. Individual semi-structured interviews with pregnant and parenting Aboriginal and Torres Strait Islander women who had become parents in their teens were conducted last. The narratives of pregnant and parenting teenagers around their personal histories, passages to parenthood, current issues and future aspirations were a fundamental part of this project. Semi-structured interviews (both individual and small group) were chosen as the primary data collection instrument to actively involve the participants in generating data about their lives (Olesen, 2005; Reinharz, 1992). I aimed to cover certain key areas while forming a safe, empathetic relationship with participants with openness about my circumstances where appropriate. A critical self-reflective stance was taken throughout to renegotiate a more balanced power distribution for the purpose of this project, using strategies including conducting the interview at the participants' choice of location and time, and letting them direct the interview as much as possible.

A loose interview schedule was constructed using results from the survey and small group discussions in schools, discussions with the Young Mums' Group, the literature,

and field notes (Appendix 8). This was piloted with two young mothers, and minor changes in wording were made.

I selected participants from within the TAIHS Mums and Babies clinic patient population. Priscilla or I asked young mothers presenting for clinical care at the clinic whether they were willing to be interviewed for the project. Our prior knowledge of possible participants was used to recruit a range of participants in terms of ethnicity (Aboriginal or Torres Strait Islander), age and background or range of experiences using the principles of theoretical sampling (Mays & Pope, 2000).

Interview implementation

Interviews with the 10 participants were held between 21st September and 15th December 2004 at a private, quiet site preferred by the participant. Two of these participants had taken part in some Young Mums' Group meetings. Two interviews were held in a quiet room at TAIHS, four were in a quiet room at the university, and four were held at the participant's home (usually on the veranda). In one case the young woman's partner was present, and in several, children were present. I conducted all the interviews, and Priscilla participated and was present at all of them. When interviews were held at home, other family members were sometimes around, but out of earshot. As with the focus group discussions, the interviews were all recorded and transcribed in full on the same day to facilitate accurate recall. Participants frequently had questions that we answered after the interview, and in line with the reciprocal spirit of the project attempted to link them in to services and supports where required. Priscilla checked transcripts for accuracy, and participants were offered a copy.

Participants were offered the opportunity to continue attending young mums' support meetings, and those with little in the way of social support enthusiastically took this up. Results and outcomes of the project were fed back to participants at various stages through these meetings.

Youth shelter

To overcome my concern that I was only targeting young people still engaged in formal schooling, I decided to also seek participants from a youth shelter for homeless Indigenous adolescents, also under the auspices of TAIHS. Further ethical approval

was obtained for this extension of the study, and I decided to treat these teenagers as mature minors for the purposes of informed consent.

Priscilla, Robert and I attended the shelter on 7 occasions in the early evening between 18th August and 8th December 2004. Typically the shelter had 6 or 7 residents at a time, and 4 or 5 would usually be at home during our visit. We set up two laptop computers in a quiet room, and residents were enthusiastic about participating, particularly the opportunity to use the laptop computers. We were available to answer questions afterwards and gave them "goody bags" with health information. Many of them had personal health questions and concerns, and we provided health advice, and facilitated linkages with more comprehensive clinical care at TAIHS. Ideally, I would have also liked to hold focus group discussions with the residents of the shelter, however logistically this became impossible in terms of chaotic and noisy surroundings at the shelter, and constantly changing residents.

Analysis of quantitative data

The computer-assisted peer administered survey was designed so that answers were pre-coded as the participant entered them into the computer, eliminating errors in data entry or coding of responses. Responses from all three laptop computers used for data collection were combined, saved as excel files and imported into SPSS for analysis (SPSS, 2003). After data cleaning (including the removal of three almost blank responses, and the checking of responses for internal consistency), there were 186 completed questionnaires for analysis. Univariate descriptive measures were used to form a picture of the students' knowledge, attitudes and behaviour at that point in time. Bivariate analyses using t-tests, Chi-square or other non-parametric tests as appropriate were performed. Results were considered statistically significant when the two-tailed p-value was less than 0.05. Yates' correction of continuity was performed for all 2*2 tables and Fishers' exact test was used where appropriate. These enabled us to compare responses between boys (86) and girls (100), school students (171) and youth shelter residents (15), and across ages as well as within and between various aspects of sexual knowledge and behaviour.

Analysis and interpretation of qualitative data

Transcripts of Young Mums' Group discussions, school small group discussions and individual interviews were key sources of qualitative data. In addition field notes and the open-ended responses of young people within the electronic survey provided more qualitative material. This large amount of material was managed with the assistance of

QSR NVivo software (1999-2000). Coding proceeded using inductive methods and a grounded theory approach (Strauss & Corbin, 1998), beginning with early analysis of Young Mums' Group discussions and continuing throughout and beyond the period of fieldwork. Data collection in the later stages of the project was informed by early analysis and interpretation in an iterative process (Grbich, 1999).

The interpretative frame for analysing and interpreting rich contextual data "across" cultures is of importance here. Clearly my own identity and perspective, as a white doctor and as a mother, affected the study and my interpretations, although I did take several steps to try to balance my perspective with those of Priscilla, Robert and members of the Young Mums' Group. Through the highly interactive processes operating through this project, participants (especially those in the Young Mums' Group), Priscilla, Robert and I were responsible for creating a relational and co-constructed interpretation of the material presented (Gergen & Gergen, 2000). In addition, I recognise that interviews and focus group discussions act as social mediums for the active construction of knowledge rather than as transparent means of data gathering (Bleakley, 2005). Our theoretical approach attempting to gain an appreciation of young people's "storying of the future" provided a loose framework for our interpretation of the rich narratives provided by young people. Our interpretative approach was largely feminist, respecting the subjective experiences articulated by the participants and their agency in creating lives for themselves. We also drew input from Indigenist theory and methods and from a critical perspective in terms of examining social structures and the ways in which they impacted on the young women and limited their options for possible stories for the future.

As Atkinson (2005) cautions, narratives are a form of account, or "performances through which informants enact biographical, self-presentational and explanatory work" and they are "embedded within organisational contexts, and socially shared undertakings" (Atkinson, 2005, para 12). Thus in analysing the stories of young people, we need to treat them as instances of social action, and as but one way in which young people organise and make sense of their lives. The broad and ethnographically-based grounded theory used in this analysis attempts to follow Atkinson (2005) in being sensitive to the myriad representations and forms of social life, and preserving the distinctive character and ordering of the multiple codes, structures and texts of everyday life.

Initially, I repeatedly read transcripts of the early Young Mums' Group meetings and my field notes from these, and made a list of emerging themes and categories. Priscilla and I then read the transcripts together and through a process of consensus-based coding assigned a code to each new idea represented in the raw data, using participants' language wherever possible and avoiding preconceived theoretical constructs. I then discussed our main themes and codes with the Young Mums' Group to confirm our interpretation. For example, we used the code "disadvantages of having sex" to identify all the points in the transcripts where young people described problems that they believed could result from sexual activity, which encompassed a number of issues such as STIs, pregnancy and damage to reputation. Using this list of themes and codes and expanding it where required we both independently coded the first 3 school small group discussions on a line-by-line basis, with a high degree of concurrence, and a total of 23 initial open codes grouping 166 sub-codes (Strauss & Corbin, 1998). Subsequently we jointly coded the remaining school small group discussions, and as we obtained more data we regrouped the coded data into slightly more abstract conceptual categories, containing modified groupings of information. Through a reiterative reading and rereading of the transcripts we were able to group the categories and themes identified into overarching themes in a form of axial coding (Strauss & Corbin, 1998). We also began to include in our analysis an examination of how social structures such as gender, social and cultural norms as reflected in our data influenced individual experiences. We were able to compare data from young men and young women, young people from different cultural backgrounds and those with different levels of sexual experience, and also compare the views of those without children and those who were pregnant and parenting. Through this process we continued to contextualise data into more conceptual and abstract perspectives.

We jointly read and discussed themes and categories from the individual interviews with young mothers and expanded our coding schema accordingly (as some additional ground was covered in these interviews, resulting in an additional 6 open codes). We were able to search for comments in particular areas by never pregnant young women and compare these with comments from pregnant or parenting women. A similar process of grouping and regrouping was followed to make sense of and contextualise the data. In addition, we attempted to consider the stories of the young mothers in terms of their narrative form (Bleakley, 2005), building up a series of case nodes to look at all information gathered from individual participants. This added an additional historical and longitudinal perspective and context to our understanding of the role played by pregnancy and parenthood in the lives of these young women and the way in

which they attached meaning to this. We continued to develop key concepts until no new ideas emerged and all data obtained had been coded.

We attempted to maximise the validity (or trustworthiness) of the conclusions drawn in our analysis, whilst recognising the trade-off with validity in the traditional (quantitative) sense inherent in collecting qualitative sociocultural data. At several stages emerging themes were discussed in meetings with the core Young Mums' Group. Their endorsement of the findings and themes that were emerging provided a form of respondent validation (also known as member checking) of the results (Mays & Pope, 2000). We looked for and highlighted "deviant cases" in an attempt to clarify and understand the majority views (Mays & Pope, 2000). Convergence and confirmation (previously loosely referred to as triangulation in this setting; see Morgan, 1998, for a discussion) of data from several sources repeatedly yielded similar categories and themes. For example, transcripts from Young Mums' Group discussions yielded very similar concerns and themes to those in the interviews with young mothers, and there was an overlap between themes generated in small group discussions within schools and in Young Mums' Group discussions. In addition, our categories were reflected in aspects of the literature dealing with similar groups (for example, see Cater & Coleman, 2006; Hanna, 2001; Kaufman et al., 2007; Kirkman et al., 2001; Rains et al., 1998; SmithBattle, 1995); so lending weight to our analysis. However, throughout this work we recognised the heterogeneity of the Aboriginal and Torres Strait Islander community and the limitations on generalising from this small study. This work provides us with insights into the attitudes of the group of young people studied towards sexual relationships, pregnancy and parenthood, but caution is required in extrapolating the findings to other groups or other geographical regions.

Chapter conclusion

In this chapter I have described how a consultative and collaborative approach was used to design and implement a novel and innovative form of mixed-methods research to gain a broad, contextual view of the attitudes of Indigenous teenagers in Townsville to pregnancy and parenthood. The processes used proved to be highly effective and acceptable in gathering rich data about sensitive areas from Indigenous young people. I have focused on the ethical and logistical issues in this kind of research, then the processes involved in project and instrument design and implementation, followed by a discussion of data analysis and interpretation.

In Chapters 5 and 6 I present details of participants and my findings. Chapter 5 presents findings from schools and a homeless youth shelter using results from the computer-based survey and small group discussions, as a “snapshot” of the attitudes and behaviours of non-parenting Indigenous young people, particularly as they relate to sexual behaviour and the role of pregnancy and parenthood in their lives. Chapter 6 presents findings from Young Mums’ Group discussions and individual interviews with young mothers, thus building up a picture of how young Indigenous mothers in Townsville view their lives and identities, the role that pregnancy and mothering plays in this and the ongoing issues that they face. In both chapters I present the findings using excerpts from interviews and small group discussions as much as possible, to emphasise the voice of the young people in the creation of this work. The young people have various and often multiple perspectives as students, sexual partners, parents, sons and daughters and Indigenous young people and I attempt to do justice to this complexity.

Chapter 5 “Sluts and players”: negotiating the difficult terrain of relationships

In this chapter I present the findings from data collected with the laptop-based survey and small group discussions with young people at school and from the homeless youth shelter. I start by describing the participants in terms of response rates and demographics, as well as mentioning subgroup differences, and then discuss both quantitative and qualitative findings under thematic headings to present a contextual picture, or snapshot, of the attitudes and self-reported behaviours of young people in the areas of education and aspirations, relationships, sex and contraception, and attitudes towards pregnancy. Throughout this chapter, and Chapter 6, findings will be presented as much as possible in the words of the participants, with a minimum of discussion and theorising, in an attempt to privilege the seldom heard views of the adolescents themselves.

Respondents

Overall 189 young people completed the computer-assisted peer-administered survey. During the data cleaning process 3 responses were removed from the analysis because large amounts of data were missing. This left 186 responses for analysis, 171 from the 3 high schools visited and 15 from the homeless youth shelter (Table 5.1). Missing data counts were low for all variables.

Response rates

It proved very difficult to accurately calculate response rates due to difficulty in determining the denominator of eligible Aboriginal or Torres Strait Islander students attending the schools at any point in time. Some of the Indigenous students tended to come and go from school, and high mobility meant that enrolments changed frequently (Hill et al., 2005). Official enrolment figures provided on the Education Queensland website tended to be quite different from figures provided by each school (usually by the Community Education Counsellor). We chose the latter as the most up to date, but even so found that there were some changes within the periods of several weeks where we attended each school, which are reflected in Table 5.1.

Table 5.1 Survey response figures

	Participants			Estimated total eligible Indigenous participants	Estimated response rate
	Male	Female	Total		
School 1	17	21	38	61 (28M, 33 F)	62.3%
School 2	12	24	36	63 (28M, 35 F)	57.1%
School 3*	49	48	97	172 (87M, 85F)	56.4%
Total for schools	**78**	**93**	**171**	**296 (143M, 153F)**	**57.8%**
Youth shelter	8	7	15	17[#] (9M, 8F)	88.2%
Overall total	**86**	**100**	**186**	**313 (152M, 161F)**	**59.4%**

*Year 12 included as well at request of school, students and parents
[#] Total number of residents present during our visits to the youth shelter

We were satisfied with these response rates (RR) given that the total eligible respondents was an optimistic figure, and the numbers actually attending school during any one week tended to be 10 to 20% smaller (based on our own class lists with absentees noted). In addition we were asking young people about very sensitive topics, which may have led to some reluctance to participate. Similar studies involving young people and sensitive topics have reported comparable response rates (for example, Bond et al., 2000 RR 70%; Somers & Paulson, 2000 RR 50%). All except two residents present at the shelter at the time of our visits elected to take part. Seven young women and 8 young men from the youth shelter took part in the survey.

I was able to compare responders with non-responders in terms of Year level at school (a proxy marker for age) and gender within each school. Males were slightly under-represented at School 2, but there were no statistically significant differences between responders and non-responders in these parameters. It is quite likely that those who were present at school and participated were a more stable and less mobile group than those who were absent from school, although we do not have comparative data to test this.

Focus group discussions

A total of 11 focus group discussions with self-selected subgroups of survey participants were held at the three high schools during the same period. Characteristics of participants in each of the focus group discussions are summarised

in Table 5.2. All groups had a mixture of Aboriginal and Torres Strait Islander participants and discussion was full, frank and often full of humour due to the self-selected friendship groups taking part.

Table 5.2 Characteristics of focus group participants

	Focus group number	Number of participants	Gender	Age of participants
School 1	FG1	6	Female	14-15
	FG2	6	Female	14-15
	FG3	2[13]	Female	16-17
	FG4	6	Male	14-16
School 2	FG5	7	Female	14-15
	FG6	2[14]	Female	15
	FG7	4	Female	16-17
	FG8	4	Male	14-16
School 3	FG9	8	Female	14-16
	FG10	6	Female	15-17
	FG11	8	Male	16-18
Total	**11 discussions**	**59 participants**	**41F, 18M**	**14-18**

Comparison of youth shelter with school responses

Although the number of responses obtained from the homeless youth shelter was small (15), this group was important to include, reflecting the attitudes and behaviour of a group likely to be more disadvantaged and disengaged from usual home support and schooling.

Youth shelter responses were compared with those from all schools combined (Table 5.3). Residents of the youth shelter were statistically significantly younger than participants from schools and statistically significantly more likely to use marijuana and report feeling unhappy with their lives. They also tended to come from larger families and tended to report lower family expectations, lower age of maternal first pregnancy,

[13&14] These small groups of two participants occurred at the participants' request as they wanted to share their views.

Table 5.3 Comparison of youth shelter with school responses

Variable	Youth shelter N=15 (Mean or percentage and 95% CI)	Schools N=171 (Mean or percentage and 95% CI)	P-value	Test and result
Age	14.07 [13.34,14.80]	14.98 [14.82, 15.15]	0.004	t-test; 2.954
Number of siblings	4.87 [3.42, 6.31]	3.82 [3.53, 4.11]	0.052	t-test; -1.955
Maternal first pregnancy ≤ 19	76.9% [54.0%, 99.8%]	49.6% [45.3%, 53.9%]	0.112	Yates Chi-square; 2.530; df=1
Current marijuana use	60.0% [35.2%, 84.8%]	17.5% [11.7%, 23.3%]	0.000	Pearson Chi-square; 18.364; df=2
Ever had sex	73.3% [50.9%, 95.7%]	43.5% [36.0%, 51.0%]	0.051	Yates Chi-square; 3.821; df=1
Had sex by age 12[a]	27.3% [1.0%, 53.6%]	18.3% [9.3%, 27.3%]	0.442	Fishers' exact test
First sex without a condom[a]	45.5% [16.1%, 74.9%]	23.6% [13.8%, 33.4%]	0.150	Fishers' exact test
Unwanted sexual touching	42.9% [17.0%, 68.8%]	22.2% [18.8%, 25.6%]	0.103	Fishers' exact test
Not happy or satisfied with life	53.3% [27.2%, 79.4%]	14.7% [9.4%, 20.0%]	0.000	Pearson Chi-square; 17.096; df=2

[a]These questions asked only of those who reported they had had sexual intercourse: denominator fell to 11 for youth shelter and 73 for schools

more substance use, and an increased likelihood of being sexually experienced. For example, 43.5% (73/168) of school respondents were sexually experienced, compared with 73.3% (11/15) of youth shelter respondents (despite their younger age), and 18.3% of the school respondents had had sex by age 12 compared with 27.3% of youth shelter respondents, although these did not reach statistical significance due to small numbers of young people at the youth shelter (Table 5.3). Youth shelter respondents tended to report more high-risk sexual activity and more unwanted sexual touching, but these results did not reach statistical significance due to small numbers, so cannot be considered reliable. They were generally disengaged from regular, formal schooling, although attempts were being made to link residents back into schooling systems. For the purposes of the rest of this chapter all the responses have been considered together to try to give a general snapshot of young people's views, however subgroup differences must be born in mind.

Snapshot of participants: demographics

One hundred participants (53.8%) were female, and 86 (46.2%) were male. The age and ethnicity of participants in the survey are represented graphically in Figure 5.1 and Figure 5.2. The age range was 12 to 18 years (mean 14.91 years; SD 1.13). However, 65.6% of participants were aged 14 or 15 years, reflecting lower Indigenous senior school retention rates (Australian Bureau of Statistics, 2005b; Hill et al., 2005). Almost 56% of participants identified as Aboriginal, with smaller groups of Torres Strait Islander (17.8%), and Aboriginal and Torres Strait Islander (20.0%) participants. There was no significant difference in age or ethnicity by gender. Aboriginal participants tended to be younger than Torres Strait Islander participants but this was not statistically significant.

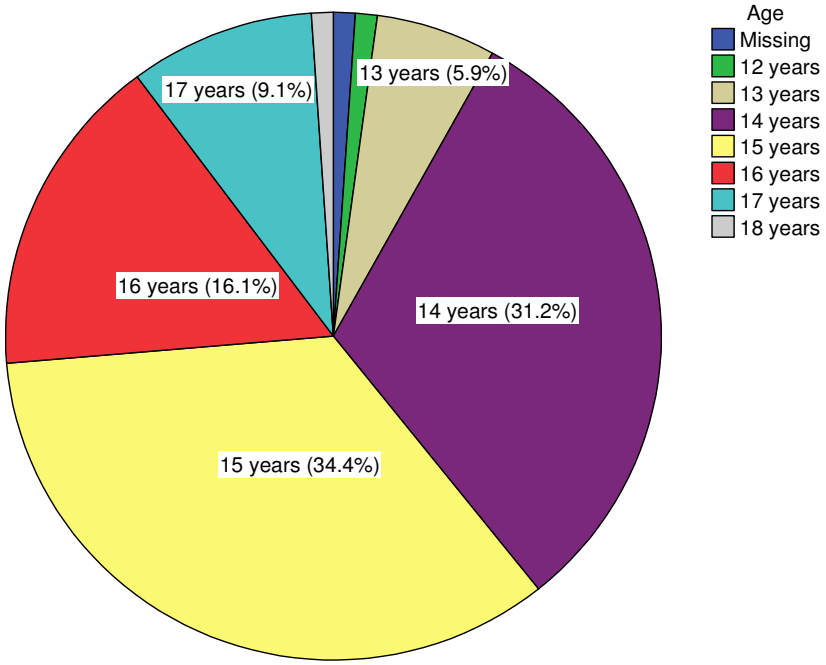


Figure 5.1 Age of participants

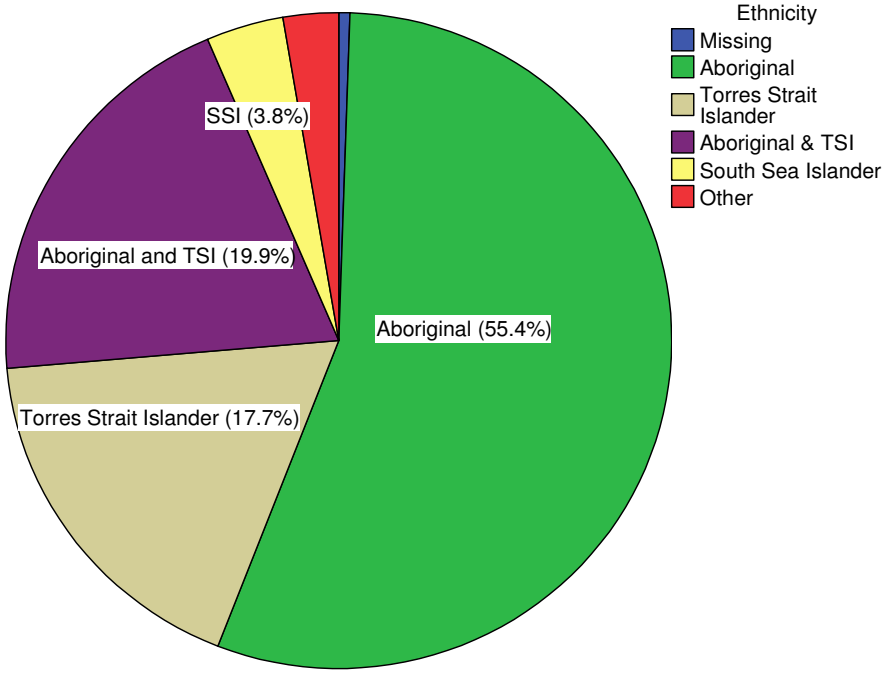


Figure 5.2 Ethnicity of participants

Family background

One hundred and fifteen young people (61.8%) lived with their mother, 67 (36.0%) with their father and of these 52 (28.0%) lived with both mother and father. The median number of siblings was 4 with an inter-quartile (IQ) range of 2-5, but 72/186 (38.7%) had 5 or more siblings (Figure 5.3). The median number of people in the household was 5 (IQ range 4-7), and 56/186 (30.1%) had 7 or more people in their household (Figure 5.4). These findings reflect the greater family size, single parent households and household overcrowding that are well-recognised markers of social disadvantage in Indigenous populations (Australian Bureau of Statistics, 2003).

Forty-one respondents did not know how far their mother had gone with school, but of those who knew 52 (35.9%) had studied to Year 10 level and 33 (22.8%) to Year 12, with smaller numbers completing further study. Ninety-one mothers (49.5%) were working outside the home at the time of the survey. Thirty-five out of 111 (31.5%) fathers had studied to Year 10 level and 31 (27.9%) to Year 12, and 113 (64.9%) were working outside the home. Twenty-two students (12.0%) reported that their mother was involved in their life “not much” or “not at all”, and 66 students (36.5%) made the same response for their fathers. Of the 148 respondents who knew, 53 respondents (35.8%) said that their mother had her first pregnancy at age 20-24, although for 77 (52.1%) they were younger than 20 years old (24.4% 17 or younger). Sixty-four participants (35.2%) reported that a sister had been pregnant and of these 41 (67.2%) were younger than 20 at first pregnancy.

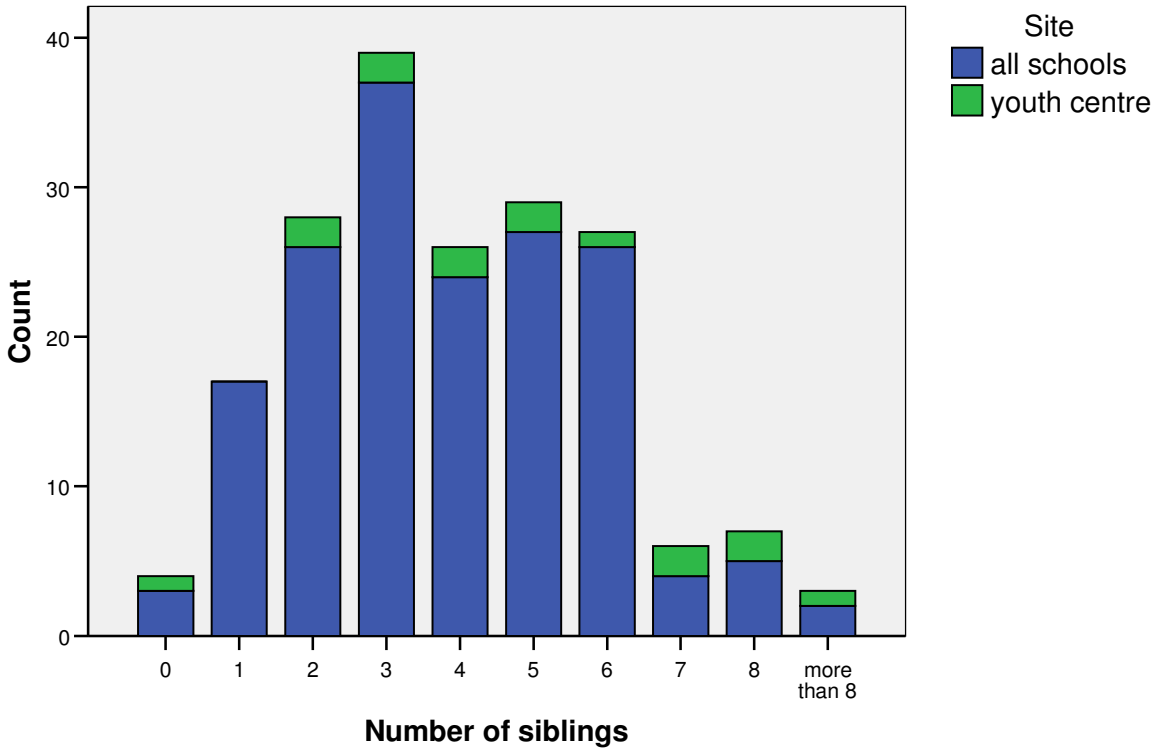


Figure 5.3 Number of siblings of participants

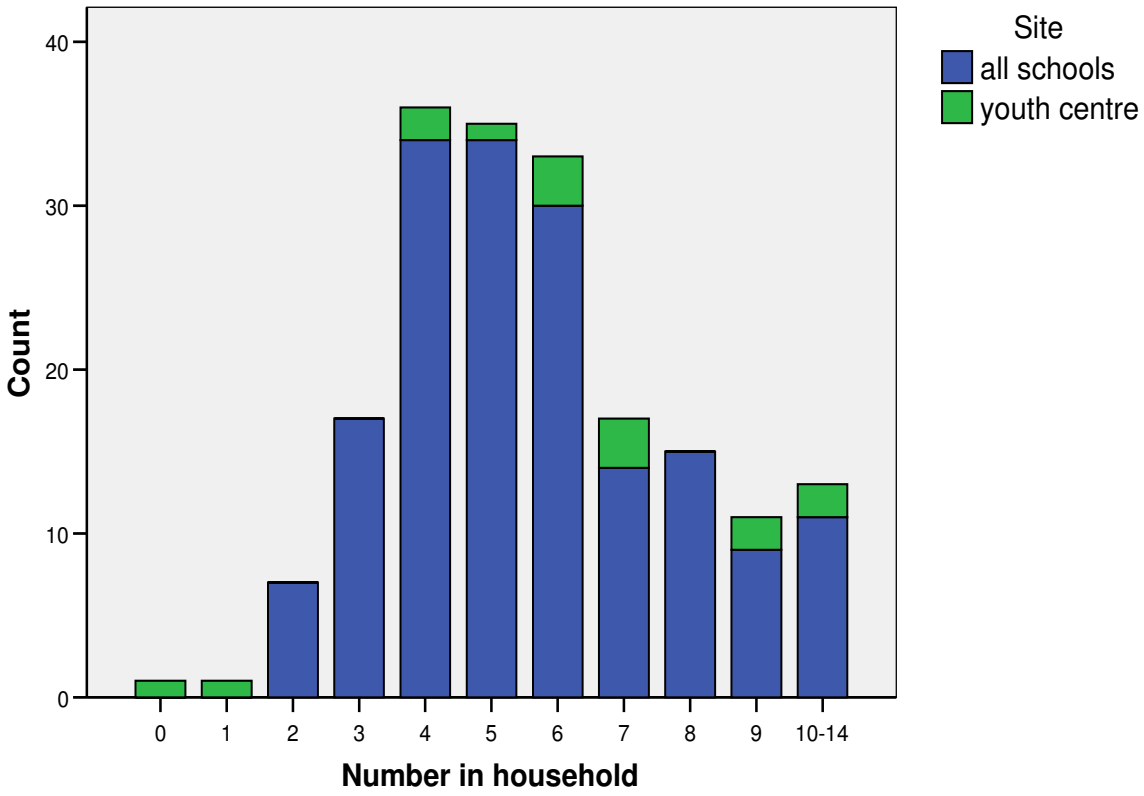


Figure 5.4 Number in household of participants

Education and aspirations

Only a small minority of respondents disliked school (15/183; 8.2%), and almost all planned to complete high school and viewed it as very important for their futures. After leaving school 94/183 (51.4%) planned to start work or look for a job, while 75 (41.0%) planned to get more training or further education. Girls were more likely to report wanting to get more training (51/99, 51.5% females versus 24/84, 28.6% for males) while males were more likely to want to get a job or look for work (40/99, 40.4% females versus 54/84, 64.3% males; Chi-square for trend 10.935; df= 2; p=0.004). Ninety-one respondents (50.0%) thought that their parents expected them to finish school, while 77 (42.3%) felt that they were expected to do tertiary level study. This was more common for female (52/98; 53.1%) than for male (25/84; 29.8%) participants (Pearson Chi-square 10.309; df= 2; p=0.006).

In small group discussions a mixed picture of attitudes to school emerged, and the main points are summarised in Table 5.4. Many students had a chequered educational history, with frequent moves and changes of schools, and often with past experience of suspensions and expulsions for bad behaviour. A large subgroup of participating students had experienced instances of discrimination at school by either other students or teachers on the basis of their ethnicity, and this had a continuing impact on their satisfaction with schooling. Some students also commented on racism in the wider community, including unequal treatment by the police.

> *How they put it, they all get into racist fights… cos like at the beginning of the year there was racist stuff on the toilets...Stuff like white power, KKK rules, black people suck shit, they got the flags and they put crosses on them, and black people should die, and all [principal] did is said "Oh, wipe it off" and that's it…and that's how come there have been fights and everything, but if there's one fight with a black and a white person the black person always gets in trouble…cos we started it, when we're just defending for our rights…[School 2, focus group 7 with 4 girls]*

Although many students expressed a desire to leave school there was a sizable minority of (mostly older) students who had good relationships with supportive teachers and enjoyed school. Almost universally the students stated that they would try to finish Year 12, citing this as very important to their future prospects of employment.

Table 5.4 Main points from focus group discussions about education and aspirations

Students

- Almost all planned to finish Year 12
- Girls more likely to want to get more training and boys to get a job
- Perceived racism at school common
- Pathways and transitions unclear even when had plans

Views of parents

- Education as nebulous path to something better for young people
- Family norms often for early school leaving and early childbearing

Barriers for students

- Limited realistic role models in higher education
- Limited career advice about pathways and transitions
- Low expectations and discrimination at school
- Practical issues including mobility, lack of help with homework, overcrowding

SL: So do you see education as pretty important, like for future stuff?

Ps: Oh yes, it is…yeah...it is especially for us…

SL: What do you mean, especially for you?

P4: Um, because, um…most Indigenous people don't succeed…so like you've gotta work twice as hard…yeah to be like other people…have to be extra good…You've got to take extra hard class, and like with sport too, everything…[School 3, focus group 11 with 8 boys]

SL: OK, so how important do you see schooling as being for your future?

P1: Very

Ps: Very…yeah…very...

SL: So why do you see it as so important?

P1: Well, it's your whole future.

P2: So that you know you're not on the dole all the time, after school, you know you have something to go to…you won't fall…[School 2, focus group 7 with 4 girls]

Despite the professed importance of finishing schooling and indeed going on to further education or training, most students had very hazy pictures of what they could do after finishing school or how to go about it. I considered their aspirations for the future in terms of Wierenga's (1999; 2002) framework of "storying the future", looking particularly at the clarity of their stories and their ability to articulate them, and the influences on which they drew in forming these stories. Using this approach the students could be divided into three groups. The first (largest) group had no idea what they wanted to do, and were waiting to see what happened in terms of finishing school and later options. Several had generic plans to "go to Uni and do some course". The second sizable group of students had many ideas about what they might do, but very little idea about the pathways towards achieving those goals. A few named specific courses but with little idea of practicalities involved, for example mentioning law but then jumping to lots of other possibilities, getting suspended, mentioning courses with much lower entrance requirements as contingency plans. These students didn't seem to hold the realistic expectation that these were possibilities, but rather more like "pie in the sky" or pipe dreams, equivalent to Wierenga's (2002) conception of "imagination as fantasy" in her group of "wanderers". For example this 15-year-old maintained a desire to study Law at University, but was constantly in trouble and consequently "flunking out" at school, and had just been suspended again as a result of a fist fight with another student who had racially abused her.

> *P2: I'm going to go to University, to study law*
> *P1: Not even*
> *P2: I am….*
> *P1: I'll bet you any money you don't…*
> *P2: I've gotta like do an anger management course but…[School 1, focus group 2 with 6 girls]*

The third and smallest group of students had much clearer and more specific plans and a better idea of how to make them into reality, often including some contingency plans if they were not successful at their first preference. It was sometimes difficult to disentangle whether these contingency plans were sensible backup ideas, or a "setting themselves up to fail" response to their perceived low expectations from within schools, and the vague expectations from families.

> *P3: I know exactly what I'm going to do…I'm going to study commerce at University…but if I don't get the OP that I need I'm going to do TAFE for a year, cos there's an accounting course you can do, and after that I can go to Uni. And after that I'm going to be an accountant, and work in an accounting firm…And I'm trying to get a job…[School 3, focus group 10 with 6 girls]*

A large Australian project comparing the educational aspirations of Indigenous and non-indigenous students also found that Indigenous students had set their educational aspirations less high, had lower academic self-concepts and saw more barriers to success (including racism) than did non-Indigenous students (Craven et al., 2001). This study found that due to a lack of knowledge or information either from school or family about options open to them, Indigenous students were likely to either aspire to jobs below their educational capacity, or jobs beyond their realistic possibilities (with a lack of a second choice option). Gender differences were not remarked upon in this report, but problems with access to good career advice were highlighted.

There was a marked gender difference in responses within small group discussions about future employment and training. In small groups it was universally girls who mentioned university level study (although other girls just wanted to "get a job"), while the boys were much more likely to consider further study through TAFE, or immediate employment or apprenticeships a viable option. It is interesting that this gender disparity matched the reported parental expectations in terms of tertiary study, and it is consistent with the known literature about earlier disengagement of Indigenous boys from education and increased likelihood of girls pursuing further education (House of Representatives Standing Committee on Education and Training, 2002).

"It's like 'cos they didn't make it all the way, you have to…": mentors and family expectations

I did not interview family members directly, but talked to family members through meetings with ASSPA[15] committee members, and we asked participants about family expectations in both the survey and focus group discussions. The families of participants reportedly valued education as very important, despite most of them not having finished school themselves. According to students, their parents viewed education as the nebulous path to something better for their young people. Some parents stressed the importance of vicarious success through the achievements of their

[15] Aboriginal Student Support Parents' Association (groups for parents of Indigenous students run within each secondary school – now defunct under new funding rules)

children. The widespread societal expectation that education is the path to a better future had been integrated, so parents wanted their children to go on and finish school and do further study, even when this was beyond the previous experience of themselves or other family members. This limited their ability to provide help or guidance for the young people with homework or career advice. Some of the students felt the pressure to achieve in the educational sphere acutely.

> *SL: What about other people in your family…how important do they reckon schooling is?*
> *P2: My sister went to Year 9, my dad went to Year 8, and my mum went to Year 10…*
> *SL: So what do they want for you?*
> *P2: My dad says he's going to buy me a car when I get to university…[laughter].*
> *P4: My mum …mum was still going to school when she was popping out kids…[laughter] yeah…she had my brother when she was 17, and my sister when she was 18, and she had me when she was like 20 …And my dad like he reckons that like he relying on me to do it… like even if I'm sick I still have to come to school…*
> *P5: It's like cos they didn't make it all the way, you have to….*
> *[School 1, focus group 2 with 6 girls]*
>
> *P2: My family just like puts a lot of pressure on all the kids and school now, and like they all want us to go to university...*
> *SL: Cos they did or they didn't?*
> *P2: They didn't…[School 3, focus group 10 with 6 girls]*

Young people mostly seemed to be relying on extended family members as mentors in terms of creating stories for their own future, and were very aware of their family members' past educational opportunities and efforts. Regardless of whether or not they had finished formal education, the mentors were perceived as seeing extended education as the path to more options and a better life ("do as we did" or "do as we didn't"). However, the biggest barrier for some of the students appeared to be the lack of a realistic role model who would provide an accessible road map or set of pathways for achieving a particular educational or vocational aim. Although the aims were high, the family role models were of early school leaving and early parenthood (usually with stable employment at some stage). The clarity of stories articulated by young people

appeared to be limited by a lack of exposure to a wider range of successful educational role models and mentors with whom they could identify. Peer group issues were also important, with groups of students in self selected friendship groups tending to report similar aspirations. It is difficult to disentangle whether this was a true reflection of their aims and dreams, or mediated by the group setting and prevailing conversations.

> *SL: OK, what about people in your family, do they put a lot of value on schooling?*
> *P6: Yeah, especially my mum, and dad too. Dad dropped out Year 10 but, he dropped out cos he had to go and work on that railway, so he had to drop out at Grade 10, cos that was about the only job that was around when he was there, that was the best training…*
> *SL: Yeah, and does he want you to go further with school?*
> *P6: Yeah, he wants me to be successful. Mum did Grade 12, and she got a job at [government agency] and still does that. [School 1, focus group 1 with 6 girls]*

> *Oh, me and…my sister, in Year 12, dad's like really with us, cos we're going to be the first 2 in the family...we're going to be the first 2 in the family to graduate, because my brother dropped out of schooling cos he couldn't cope with the racism and the fighting and all that, and the wagging, and suspension…[School 2, focus group 7 with 4 females]*

Students felt that the career information provided to them through school was limited, and viewed guidance officers as people to be approached with social problems rather than for career advice. In addition they wanted further practical support, such as help with homework when no one at home was able to do this.

> *I reckon there should be some people that can come to the school and help you think about university and job and what when you finish school…[School 1, focus group 3 with 6 females]*

General health and substance use

Of the 98 girls who responded 87 (88.8%) started menstruating between 11 and 14 years of age. Ninety-four participants (54.7%) had moods that went up and down, and overall 48.1% reported happiness and satisfaction with life as "It's OK" and 34.1% were "very happy/satisfied". However 9 respondents (4.9%) were not at all happy or satisfied with their lives. Overall, 104 respondents (57.5%) had smoked a cigarette (100% for youth shelter residents); most started at age 13-15 years of age, but 17.8% started at younger than age 10. Seventy-three respondents (71.5%) were currently cigarette smokers. One hundred and fifty students had drunk alcohol (82.9%), and 87 (59.6%) were current drinkers (20 of these drinking alcohol at least weekly). Forty-five students (31.5%) reported having been in trouble from drinking behaviour. Thirty-eight respondents (21.0%) were current smokers of marijuana, and 34 additional students (18.8%) had used marijuana in the past. This was consistent with small group discussions that reported widespread alcohol use (especially binge drinking on weekends), and smoking. In addition smoking yarndi (marijuana) was a common recreational activity (largely at home, but also commonly reported and observed at school) amongst both young men and women. Four participants (2.2%) were current paint sniffers and 3 had been previously, and 4 (1.7%) reported using other drugs. There were no significant gender or ethnicity differences in substance use. Alcohol and marijuana use were also reported very commonly in small group discussions, with marijuana used in the school setting as well as at home. Cigarette smoking, however, was much more common amongst young men in our discussions than young women, with many of the girls having stopped smoking, or having never taken it up.

Relationships and sexual activity

The majority of students thought that "a few" (57/181; 31.5%) or "most of" (44/181; 24.3%) their friends were having sex, and 57 girls (67.9%) said that at least one of their friends had been pregnant. Forty-one boys (53.9%) said a friend had impregnated a girl. Most students had their first kissing experience before age 13 (98/181; 54.1%) although 32 (17.7%) had never been kissed. Sexual touching started for most students at age 13 or 14 (78/148; 52.7%) and most said it was wanted (57/134; 42.5%) or they didn't mind (62/134; 46.3%), but 15 (11.2%) said it was unwanted or very much unwanted (see below).

Initial contact

Small group discussions focussed on the social process of "getting together" for relationships, and how young people perceived liaisons and relationships. Some of the younger boys were not yet interested in or involved in relationships except on a platonic level. Most of the other 14 and 15-year-olds claimed interest in relationships, but relied on friends to indirectly indicate their interest to the object of their affection. Alternatively being rude ("bagging out") to someone was often a sign of further interest. Often making the first move or acknowledging a potential relationship was a big "shame job" (highly embarrassing) for both boys and girls.

> *SL: So how does it work…how do you sort of get something started?*
> *P4: Chuck a word in there…*
> *P2: Well it's usually not us it's them…they ask you and then you say either yes or no…[School 3, focus group 9 with 8 girls]*

> *PP: So did [name] come and talk to you?*
> *P1: He was too shame to come up and talk to me…[School 1, focus group 2 with 6 girls]*

Older students had different ways of relating. On the whole groups of girls and groups of boys would go out together on the weekend, meeting up at parks, parties or other public spaces. By this stage most boys and some girls felt able to express their interest in someone a little more directly, although many girls still felt limited from "making the first move" due to a feeling that this was not acceptable behaviour for females.

> *SL: …so when they go out, do they like go out in groups, or is it like boy, girl one-on-one?*
> *Ps: Groups, groups…of girls…well it depends on what you're doing really…yeah…if you're at a party, and you see a group of guys there, and like, if you like one, you might just take off with him, I dunno…or especially the more you know them before…or sometimes you could ring someone…[School 3, focus group 10 with 6 girls]*

P3: I suppose they like go to parties, and with friends and that, but sometimes you see them alone...
P2: Yeah, but sometimes the girlfriends always want their friends to hang around…I don't know why…
P3: It's different to the boys with their friends, cos the boys want to go away from their friends to spend time…
P2: Yeah, but you just need your girlfriends for backup…
SL: Is that like a safety sort of backup…?
P2: Yeah, and also like against silence…if you don't know what to talk about you've got your friends there…[School 2, focus group 7 with 4 girls]

When a relationship was established they might still go out with large groups of friends (to parties, shopping, parks etc), although increasingly they would spend time doing things as a couple (movies, going to the footy, hanging out etc). Alternatively the girl might find herself alienating herself from her friends by spending all her time with her boyfriend and his friends.

Yeah, my woman had a big fight with her friends too, and it was all over us, you've gotta choose your man or us…and she didn't choose them, they're not her true friends then…and now they've all come back, and now they're all friends with her again. Stupid, I don't see why she went back to them…[School 3, focus group 11 with 8 boys]

Having sex

Eighty-four students out of 183 (45.9%) reported having had sexual intercourse. Males were statistically significantly more likely to be sexually experienced than females (Chi-Square 11.667; df=1; p=0.001), and the likelihood of having had sex increased with age (Chi-square test for trend 17.246; df=2; p=0.000), perceived sexual activity of peer group (Chi-square trend 40.769; df=2; p=0.000) and with drinking alcohol at least weekly (Chi-square 5.865; df=1; p=0.015). There were no significant differences in sexual behaviour or attitudes according to ethnicity. The number of respondents reporting sexual intercourse by age and sex is shown in Table 5.5.

Table 5.5 Respondents reporting sexual intercourse by age and sex

	Number	Participants reporting sexual intercourse			
		Aged ≤14 years	Aged 15 years	Aged ≥16 years	P-value*
Female	98	6/38 (15.8%)	13/35 (37.1%)	14/25 (56.0%)	0.004
Male	84	13/31 (41.9%)	19/29 (65.5%)	18/24 (75.0%)	0.033
Total	182	19/69 (27.5%)	32/64 (50.0%)	32/49 (65.3%)	0.000

* Chi-square test for trend

Of those who had not had sex, the most commonly cited reason was "I want to wait until I am older" (55 students; 29.6%). The most common age of first sexual intercourse was 13-14 years (46/82; 56.1%), although for 16 it was 12 years old or younger (3 under 11). For 55/83 (66.3%) students the first sexual experience was wanted or very wanted, while 25 (30.1%) didn't mind, and for 3 young women (3.6%) it was unwanted or very much unwanted. These 3 ranged in age at first sex, and two reported unwanted sexual touching or abuse. Thirty participants (36.1%) said their first sexual experience was under the influence of alcohol or drugs, and for 8/81 (9.9%) their first sexual partner was more than 5 years older than them.

Sixty-one out of 83 (73.5%) reported using a condom for their first sexual experience (females 20/32 and males 41/51) and this tended to be less likely with younger age at first sex (p=0.152). Most sexually active young people reported four or fewer partners, but a significant minority reported more than 12 sexual partners (14/82; 17.1%; 11 of these male). Significant associations with a younger age at sexual initiation included high idealisation of parenthood, typified by agreement with the statement that motherhood (or fatherhood) would not change your life very much (p=0.003 and 0.001 respectively), and being Aboriginal (p=0.046). A younger age at sexual initiation was also statistically associated with reporting higher numbers of sexual partners (p=0.005), although this is logically a consequence rather than a causal factor. Factors associated with a later age at sexual initiation were personal plans to go on to tertiary education (p=0.031), and reported parental expectation to do tertiary level study (p=0.016). Age of partner, whether sex was wanted or unwanted and condom use at first sex were not significantly associated with age of sexual debut. Gender differences in reported sexual attitudes and behaviour are summarised in Table 5.6.

The main themes from focus group discussions about sexual relationships are summarised in Table 5.7, and each will be discussed in turn. In small group discussions different groups of students were evident – those who were sexually active

Table 5.6 Gender differences in self-reported sexual behaviour and attitudes

	Females N=100[a]	Males N=86[a]	P-value	Test and result
Age (mean)	14.86 [14.64, 15.08]	14.98 [14.74, 15.22]	0.473	t-test -0.703
Most or almost all friends having sex	29.9% [20.8%, 39.0%]	54.8% [44.2%, 65.4%]	0.003	Pearson Chi-square 11.755; df=2
Ever had sex	33.7% [24.3%, 43.1%]	60.0% [49.6%, 70.4%]	0.001	Yates Chi-square 11.667; df=1
First sex at age 12 years or younger[b]	9.7% [-0.7%, 20.1%]	25.5% [13.5%, 37.5%]	0.143	Yates Chi-square 2.145; df=1
Condom use at first sex[b]	62.5% [45.7%, 79.3%]	80.4% [69.5%, 91.3%]	0.123	Yates Chi-square 2.378; df=1
Eight or more sexual partners[b]	9.7% [-0.7%, 20.1%]	39.2% [25.8%, 52.6%]	0.015	Pearson Chi-square 8.386; df=2
First sex wanted or very much wanted[b]	56.3% [39.1%, 73.5%]	72.5% [60.2%, 84.8%]	0.053	Pearson Chi-square 5.882; df=2
Enjoy sex very much or a lot[b]	32.3% [15.8%, 48.8%]	68.6% [55.9%, 81.3%]	0.001	Yates Chi-square 8.883; df=1
First sex alcohol or drugs[b]	33.3% [17.2%, 49.4%]	38.0% [24.5%, 51.5%]	0.842	Yates Chi-square 0.040; df=1
Unwanted sexual touching	31.1% [21.5%, 40.7%]	15.6% [7.5%, 23.7%]	0.031	Yates Chi-square 4.673; df=1
Not happy or satisfied with life	25.0% [16.5%, 33.5%]	9.4% [3.2%, 15.6%]	0.018	Pearson Chi-square 8.018; df=2
Plan to get more education after school	51.5% [41.7%, 61.3%]	28.6% [18.9%, 38.3%]	0.004	Pearson Chi-square 10.935; df=2
Report parents expect tertiary study	53.1% [43.2%, 63.0%]	29.8% [20.0%, 39.6%]	0.006	Pearson Chi-square 10.309; df=2
Believe having children improves a relationship	60.0% [48.5%, 71.5%]	83.9% [74.8%, 93.0%]	0.005	Yates Chi-square 8.012; df=1
Relationship would be closer during pregnancy	70.0% [59.3%, 80.7%]	92.2% [85.6%, 98.8%]	0.002	Yates Chi-square 9.154; df=1

[a]Mean or % and 95% confidence interval. [b]Questions asked only of those who reported they had had sexual intercourse – denominator fell to 33 for females and 51 for males.

Table 5.7 Main themes from focus group discussions about sexual relationships

- **Role of sex in relationships**
  - Mostly logical next step in ongoing relationships but frequent casual encounters in some groups
  - Differed between girls and boys
  - "Love discourse" prominent justification for girls
- **Advantages and disadvantages of sex**
  - Girls unable to list advantages, and rarely mentioned desire, but quick to list disadvantages of sexual activity – especially in terms of pregnancy, reputation and infections
  - Boys listed advantages of pleasure and the build-up of trust in relationships and few disadvantages
- **Gender and reputation: "sluts and players"**
  - Boys gained positive reputations, especially among male peers, while girls were "dissed" (disrespected) and labelled as promiscuous by boys and other girls
  - Being "carried away" more acceptable than pre-planning sex and contraception
- **Coercion in relationships**
  - Pressure from boys to commence sexual relationships
  - Both physical and emotional coercion were salient for some girls, with some having sex to "keep the boy"

(self-described as "cool" or "mature") and those who were not ("losers"). In some groups nearly all the young people were described as sexually active, in others few or none were. In most groups progressing to sexual intercourse was considered a logical next step in a committed relationship where the parties felt strongly for each other, whereas in a few groups frequent casual encounters were more the norm.

> *SL: OK, so what do they do together?*
> *Ps: [uproarious laughter]…well, everything…well they don't just hold hands…oh well the girls that we hang around with pretty much all have sex…they're pretty mature…[School 3, focus group 10 with 6 girls]*

> *SL: So if you start going out with someone, do many of the relationships involve having sex, or…?*
> *P2: Yeah, well it'll depend I suppose…*
> *P1: It depends on how long you go out for and stuff.*
> *P2: How serious you are, and how you feel for the guy…[School 1, focus group 3 with 2 girls]*

> *It depends if you really like each other…is it love…whether you go to bed…[School 3, focus group 9 with 8 girls]*

This suggests that the majority of the young women we talked to subscribed to the so-called "love discourse" (Hird & Jackson, 2001; Milnes, 2004; also referred to as the have/hold or romantic discourse), where sexual activity could be justified in the context of a stable, loving relationship, thus constructing the young woman as "girlfriend".
It was clear that sex was perceived as having a very different role in relationships for young women and young men. Not surprisingly given the relatively young age of participants a very narrow and heterosexist view of sexuality was dominant, with young women responsible for resisting the uncontrollable sexual urges of young men (Blanc, 2001; Tolman, Spencer, Rosen-Reynoso, & Porche, 2003).

> *PP: So do you have sex every time you go out or..?*
> *Ps: No [indignant] we're not like that…not every time…*
> *P4: It's like when you have sex, it's not like you're just looking for something to do…*
> *P5: The girls will more likely want to get to know them, like first…*

P4: But the boys just like to have sex, cos it's just the thing you do…[School 1, focus group 2 with 6 girls]

One-night stands were common in some peer groups, where a girl would be "hit up on" by a boy at a party leading on very quickly to sex, often in the context of alcohol or drug use and with inadequate contraception. Oral sexual activity, masturbation and same sex relationships were all things that were touched on at various stages in discussions, although the vast majority of the participants felt the need to express disgust at these in the group setting.

P1: …like in that situation…a lot of people I know just do, like, oral sex or whatever...
SL: So you're thinking of different ways around it…and what do you reckon about that as an option?
P1: Oral sex? I think it's disgusting…
P5: Doing things to guys is disgusting, like it's just gross…Yuk…eughh...
P3: I think it's a disgusting thought to put your mouth around something that they pee out of...[laughter]…[School 3, focus group 10 with 6 girls]

In terms of advantages of having sex, the small group discussions with girls struggled to come up with any advantages. The taboo about female sexual pleasure continues (Allen, 2004; Holland et al., 1992), with only a few girls daring to very tentatively raise the issue of enjoying sex. Boys were able to confidently talk about pleasure, and also the build up of trust in relationships, but spent some time defending themselves against possible suspicion of homosexuality.

SL: So whether, or not you've had sex at all, what would you see as some of the good things about having sex?
Ps: [long silence]…Nothing. Nothing for girls.
P6: [haltingly]…Well, for some girls they could like it or something…[School 1, focus group 1 with 6 girls]

In terms of disadvantages of having sex both boys and girls (but especially the latter) were very clear on the possible risks of pregnancy and diseases, although their experience was more often to do with friends becoming pregnant than acquiring infections. Nine out of 79 (11.9%) sexually active young people had been pregnant (4) or made a girl pregnant (5), and a further 11 were unsure. Of these 9, two boys'

partners had gone on to have the baby, and 3 young women had terminations. In addition, girls mentioned several other girls who had become pregnant and had a child, but left school as a consequence of the pregnancy. By contrast, only 3 of 82 (3.9%) participants reported that they had been diagnosed with a sexually transmitted infection (STI), and another 1 was unsure. Although no accurate prevalence data is available for this population, this suggests a degree of under-diagnosis (Panaretto et al., 2006). Knowledge about various STIs was variable, and often related to hearsay, personal experience or what was read in magazines, although some students had gained some information from school sex education. Girls were very vocal about the disadvantages of sexual activity for them in terms of name-calling and reputation.

> *Ps: Pregnancy, illnesses, AIDS, pregnancy, name calls, reputation…*
> *P1: Yeah, see there's a whole heap of them, of them negatives, but there's not much positives…[School 2, focus group 7 with 4 girls]*

"Sluts and players": gender issues and reputation

The consequences of sexual activity were very different for girls and for boys. Boys usually gained a positive reputation (especially amongst male peers), while girls were "dissed" (disrespected) and labelled as promiscuous by both males and other females. Alternatively if a young woman turned down a male's advances, or stood her ground in insisting on condom use she was often derided and the subject of rumour and innuendo. Both girls and boys were judgemental about their female peers, inferring "unacceptable" sexual activity through any departure from the accepted dress codes or behavioural norms.

> *Yeah it's kind of with the girl there's two halves of the population, there's those ones that'll take a little while, and then there's those ones that are keen for anything and can't keep them [their legs] closed…[School 3, focus group 11 with 8 boys]*

> *Ps: If a boy has sex its good, but for a girl its bad…*
> *SL: So what happens, how are they thought of at school?*
> *P1: Well if girls have a lot of sex they're sluts, but if boys do they're players…and you know what I don't like about Townsville…say a girl wears a nice top and a mini skirt and things, you called a slut… just because you wear a miniskirt or whatever…[School 1, focus group 2 with 6 girls]*

For many of the students there seemed to be an element of competition over sexual relationships. This occurred predictably amongst the young men for "conquests", but was also quite prevalent amongst some of the young women competing for the attention of particular boys, with sought after partners serving as a form of status symbol within some peer groups.

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> *…Some of my big sisters male friends, they like have a competition, they're like trying to see like how much they can get in a week…We're not so desperate [laughs].*
> *SL: So how's it for girls?*
> *P6: We don't rave on about it, we just like take it.*
> *P4: We don't tell other people. You don't brag. You keep it to yourself, and they like don't…[School 1, focus group 1 with 6 girls]*

Peer pressure was also a very important factor with girls frequently being labelled as either sluts or "'hos" (whores) or frigid. This was done at least as much by other girls as by boys and was often quite vitriolic. In the literature the role of girls in perpetuating patriarchal practices around sex and relationships has been discussed (Halson, 1991; Shoveller et al., 2004; Tolman, Striepe et al., 2003). This can occur through passive acceptance of the status quo, but also through more active judgement of other girls behaving in a way not considered consistent with "good" femininity. Passive acceptance and a degree of helplessness in sexual relationships was indicated by the young woman above indicating that "…we just like take it." Although there has been debate in the literature about the continued existence or otherwise of the so-called sexual double standard (Crawford & Popp, 2003; Hird & Jackson, 2001; Milnes, 2004), it certainly appeared to be alive and well in our sample of young people.

> *It's different for the boys, 'cos they get called a stud, and all the boys praise up to them cos they slept with all these girls, but if it's a girl they get called a slut or a 'ho…[School 2, focus group 7 with 4 girls]*

> *SL: What do you think if a girl has a condom?*
> *Ps: Ooh, she's dirty…she's hungry…ooh, she slut…[School 3, focus group 11 with 8 boys]*

However, by Year 11 a few of the girls and boys had more sophisticated understanding of the gender issues involved, and were less inclined to judge or label their peers.

> *SL: So do boys talk about it more than girls?*
> *P2: I dunno, not really I suppose. It depends, like I wouldn't have sex with someone who I know's going to kiss and tell everyone, you know what I mean. It depends how mature they are and how they see you and friends…[School 1, focus group 3 with 2 girls]*

"Only if they like you enough": coercion, gender and power

In terms of the onset of sexual activity within a relationship, the girls frequently commented on overt or covert pressure from the boys to start having sex. Interestingly, it was perceived that willingness to wait was dependent on "whether he really likes you" or not.

> *SL: Someone was talking before about boys forcing girls into sex? Is that common?*
> *All: Yeah.*
> *SL: And is that like physical force, or emotional force or both?*
> *P3: They often use both*
> *P4: Like first they'll say they'll clobber you, or don't be mean, or I'll dump you or...[School 1, focus group 1 with 6 girls]*

> *SL: So do you all reckon that…boys are prepared to wait, even if they want it more?*
> *P4: Only if they like you enough…*
> *P2: Like if they're going to hook you up for a one night stand then yeah they're going to put it on you…*
> *SL: How will they put it on?*
> *P5 and all: They just like get to you, like oh, please, like I really like you, lets go for a walk, I love you yeah…[School 1, focus group 2 with 6 girls]*

Unfortunately turning down a boy's advances could also result in slurs on reputation due to rumours. Emotional coercion among school students was widespread with some students having sex to "keep the boy" while others felt that this was a strategy that was unlikely to be successful.

SL: So a lot of you are saying that you want to wait, what about the boys, how are they about that…?
Ps: If we say that to them they probably just cheat on us…probably OK, like if they really love you or something…I dunno… [embarrassed]…[School 3, focus group 9 with 8 girls]

Hird and Jackson (2001) remark upon how emotional coercion is written into mainstream scripts of heterosexuality, and normal femininity is constructed in terms of male "needs" and desires. Young women in their study from New Zealand and the UK also used discourses of romantic love to characterise their early sexual experiences, and stressed their gatekeeper role in protecting themselves from the uncontrolled sexual urges of young men. Like the young woman above, young women in Hird and Jackson's study worried that if they refused sex, they risked losing the relationship (Hird & Jackson, 2001).

Maturity was particularly important in being able to both resist coercion and negotiate the onset of a sexual relationship and the use of contraception. Less coercion was reported by older girls, and less problems with name-calling and reputation when involved in sexual relationships. Overall most of the young women appeared to lack power within their sexual relationships, with most talking about the imperative to meet the immutable biological needs of young men, or holding on to boyfriends. Within the prevalent romantic discourse the priority of these young women is to maintain relationships, while men's priority is to maintain their own autonomy (Gilligan, 1993; Hird & Jackson, 2001).

For some girls, physical violence and threats of violence were a commonplace part of their relationships, and this was normalised in some peer groups. Many of the girls involved in violent relationships had experiences of family violence in the home situation as well, and had no expectation that relationships with males could ever be free of violence and coercion. This reflects the ongoing high levels of family violence in Indigenous populations, with age-standardised rates over twice that of non-Indigenous populations (Al-Yaman, Van Doeland, & Wallis, 2006).

…I dunno, he like wanted a kiss off me but I didn't want to kiss him cos I was like in the library sitting down talking to him, and he like punched me, it really, really hurt, I was just like…and he keeps threatening me he's going to smash me and stab me and shit like that…and I'm just like yeah whatever, bring it on,

and then he's like, I'm going to bash you…[School 2, focus group 7 with 4 girls]

Despite the majority view of young women as the passive victims of male sexual urges, some girls resisted the stereotypes about young women and desire and the demonising of young men as sexual predators. In some cases this was done through verbally challenging prevailing beliefs, and others adopted a more aggressive and "masculine" sexuality, characterised by frequent, brief sexual encounters.

A lot of people like make out as if girls never want sex, or whatever, it's just the guys that always want sex, whereas most girls do, it's just…A lot of people make out as if the guys are always the bad ones and stuff…They are in a way, because they're boys…but a lot of chicks are like wanting it…[School 3, focus group 10 with 6 girls]

Halson (1991) describes how "woman-talk" - funny, sarcastic talk amongst groups of young women - can help in resisting men's definitions of young women and challenging masculine norms, despite expressing a sense of resignation to the perceived social order. This appeared to be a strategy used by young women in schools to retain some sense of autonomy within the patriarchal environment of the schoolyard.

"Then just getting carried away in the moment": contraception and sex

Nineteen of the sexually active students (19/73; 26.0%) said they always used hormonal birth control, while 32 (43.8%) never did. Twenty-one students altogether reported using a reliable hormonal method. Forty-three out of 71 (60.6%) used no birth control with last sex, and 49/80 (61.3%) said they always used condoms, while 3 never did. Only 9 students (4 female, 5 male) reported using the recommended "gold standard" of a reliable hormonal method and condoms in their sexual relationships (Ott et al., 2002), and only 8 participants were using reliable long-acting hormonal contraception such as progesterone injections or implants. Seven students reported using unreliable birth control such as withdrawal or the "morning after" pill. Most students obtained advice about contraception from family and friends. The most common reason reported for not using birth control was "I don't think about it" (37 students), although other reasons included "I don't think she/I will get pregnant" (15

students), “having sex was unexpected” (19 students), and “I’m gay/lesbian” (10/84 students; 11.9%; 8 male).

This pattern of inconsistent contraceptive use was reflected in the small group discussions. Most students thought that theoretically at least, contraception should be the responsibility of both partners. There was a small dissenting view especially amongst younger girls and boys that condoms were the responsibility of the boys, and it was inappropriate for the girls to have anything to do with them. They had a reasonable theoretical understanding of safe sexual practices, but in practice this knowledge was forgotten, especially in the context of alcohol use at parties. Limited skills in negotiating condom use (“the shame factor”), and limited knowledge of and access to hormonal forms of contraception meant that in many cases, whether a new sexual relationship involved condom use depended on the boy stopping and putting one on.

> *SL: So with birth control, how does it normally work?*
> *Ps: The girl might…the boy would…Yeah, the boy…yeah that boy with a condom…but sometimes you just get going and just don’t think about it …*
> *SL: So sometimes you just have sex without anything?*
> *Ps: Yeah, or you just think, this won’t happen…Then just getting carried away in the moment, you know…*
> *SL: Would it be easier to talk about before hand?*
> *Ps: Yeah, yeah…nah, I reckon it’d be harder…cos if you started talking before, and then you started doing anything it’d like just be embarrassing...it’s better to just go on, or if he just pulls out a condom and puts it on, cos then you don’t have to, like, talk about it...[School 3, focus group 9 with 8 girls]*

Many of the older girls felt comfortable enough to insist on condom use and carried one around in their wallets, however in the heat of the moment they were often forgotten. Most boys preferred sex without condoms (“going bareback”), attempting this unless the girl insisted on condoms, however some of the older ones were very careful with condoms, mostly to protect against unwanted pregnancy. A double bind existed for girls that carrying condoms implied premeditation of sex, and thus rendered them sluts, so morally it was better to get carried away and for sex to “just happen” in the absence of protection. This contradiction has been remarked on previously in the literature (Hillier et al., 1998; Wyn, 1994). Thus many girls preferred putting their health at risk to

protect their reputation, which was more important in terms of the currency of the schoolyard.

> *Guys think it's the girls choice…but within truth, we sometimes sleep without a franger, cos you find more girls want guys to use them, but then you find girls that are too scared to confront guys to use it…then you find the guys that don't want to use it because they feel comfortable without using it...[School 2, focus group 7 with 4 girls]*

> *SL: So just say you were getting it together with a girl, and were about to have sex, how does it work?*
> *Ps: Nah, just common sense…if you want it, just have it…yeah you've got to have it…bareback feels better but…*
> *SL: So how does it work?*
> *Ps: Often they ask you, have you got a condom, yes, no…if it's no then it's no, and if it's yes, then go…*
> *SL: So if it's no, what happens…*
> *P7: Well, you back up, leave the scene…*
> *SL: So what about, do girls often have condoms with them?*
> *Ps: Nah, nah…Well only if they're up for it...if they looking for a bit of [mimes]…[School 3, focus group 11 with 8 boys]*

In terms of knowledge about contraception, most students were aware of condoms and the pill, but had a very hazy understanding of other hormonal methods of contraception and where they could access these. The exception was a small number of sexually active teenagers who had been taken to a clinic by a family member to gain access to hormonal contraception and a few young women who had arranged this for themselves. Knowledge of and use of the "morning after" pill (which had just become available over the counter) also seemed to be quite common. Quite a lot of students were relying on unsafe methods of preventing pregnancy such as withdrawal. Barriers to contraceptive use brought up by students in small group discussions are summarised in Table 5.8.

> *If they go to a party, they usually do get horny and forget to use anything…but then they go and get that pill in the morning…[School 2, focus group 7 with 4 girls]*

…like you can be at a party, and it just happens, and they just didn't have any protection or whatever and thought "Oh well"…[School 1, focus group 3 with 2 girls]

I've been in the situation before where I've been under the influence of alcohol, and met up with a guy or whatever, but, there has been no condom around, so, I have had unprotected sex before, I'll admit…You get really worried after it, because, like I was drunk at the time I didn't know what had happened or whatever…[School 3, focus group 10 with 6 girls]

Table 5.8 Barriers to contraceptive use from focus group discussions

- Getting carried away and not thinking about it (usually in the context of alcohol use at parties)
- "The shame factor"
    - Limited skills for negotiating condom use and embarrassed by discussions about sexual relationships (including school sex education)
    - Embarrassed about seeing a doctor
    - Embarrassed about buying condoms
- Damage to reputation for girls from carrying condoms, implying premeditation of sex
- Limited knowledge about hormonal contraceptives and STIs
- Limited access to hormonal contraceptives
    - Access to doctors
    - Cost
    - Perceived side effects
- Boys' dislike of condoms (prefer to "go bareback")
- Desiring a pregnancy (applied to small numbers only)

School sex education

Sex education at school was highly variable, and implemented on a school-by-school basis. For some students it provided reasonable information about the mechanics of contraception and safe sex, but many students managed to miss it altogether due to subject scheduling and absenteeism. School sex education created considerable "shame", or embarrassment for participants, with most feeling too uncomfortable to talk

about sensitive issues in large mixed groups, especially with older male teachers. Students also received information (and misinformation) by talking with friends and reading magazines. Families were sometimes very good sources of information but in other families (especially some families of Torres Strait Islander background) issues to do with relationships and sex were not discussed at all. Almost all students thought that school sex education should begin at Year 8 level and continue yearly, in a "shame-free" environment. For them, this constituted small single-sex groups of their friends and peers, with either peer educators or an open same-sex teacher or school nurse. Most school students thought they needed more knowledge about the downsides of sex, as well as practical information and skills in sexual communication and negotiating contraceptive use.

> *SL: …how did you hear about all those kinds of birth control?*
> *Ps: Ahh…sex education at school…big time…yeah and by mouth, you know people talking…friends…*
> *SL: People talking, do you mean friends, family…*
> *Ps: Yeah, friends, family…Both…not family, shame…[School 3, focus group 9 with 8 girls]*

Unwanted sexual touching

Forty students out of 180 (22.2%) reported unwanted sexual touching (28 female and 12 male; p=0.031; 6 from youth shelter), with another 13 saying that this may have occurred. Fourteen out of the 38 perpetrators of this unwanted touching were 5 or more years older than the participant. Twenty-six had already told someone about this unwanted touching, and only five participants requested further help and provided contact details for confidential follow-up. This involved linking them with appropriate clinical follow-up services. Those who reported unwanted sexual touching reported statistically lower happiness and satisfaction with life (Pearson Chi-square 21.002; df=2; p=0.000), but there were no significant differences in terms of age of sexual initiation or current sexual behaviour.

Having babies

One hundred and nineteen students thought that the ideal age for first sexual intercourse was at least seventeen or "when you are ready". Only 8 participants wanted to start a family in their teen years with the rest divided between 20-24 and 25

or older age groups, but half the students (94; 53.7%; equal males and females) thought their families would be supportive if they did become pregnant as teenagers. There was no statistically significant association between having had sex and responding that the family would be supportive of a pregnancy as a teenager (p=0.211). Nine female participants (9.1%) said they would be quite or very happy if they became pregnant as a teenager, 13 wouldn't mind, while the rest would be unhappy, and seventeen males (20.5%) said they would be happy or proud if they fathered a child in their teens, while 27 (32.5%) stated they would not believe the young woman. Measures of idealisation of pregnancy and parenthood showed low levels of realism and high idealisation from most participants, especially those who had an earlier age at sexual initiation. For example, 92/182 (50.5%) reported that being a parent would always be enjoyable, and 57 students each reported that being a mother or a father would not change your life. Males were significantly more likely to believe that children improved a relationship (p=0.005) and that a relationship would be closer during pregnancy (p=0.002). There was also a statistically significant association between believing that parenthood would not change your life and early sexual initiation (eg. for fatherhood, Chi-square trend 14.522; df=2; p=0.001). I have summarised the main issues raised by participants in focus groups about having babies in Table 5.9.

Table 5.9 Summary of focus group discussions about having babies

- Most wanted to become parents in early twenties
- Majority tended to idealise parenthood, especially those with earlier sexual initiation and more difficult home lives
- Thought having a child as a teenager would be very difficult, especially stigma from others and effect on schooling
- Girls thought boys unlikely to take responsibility (but boys contested this)
- Family norms were for early childbearing and a few families encouraged this
- Majority felt they would have family support if they did become pregnant as teenagers
- Very negative attitudes from most students towards abortions

We asked participants in small group discussions about the ideal age for commencing a family. Most students said between the ages of 20 and 25 would be ideal, although a significant minority thought age18 or 19 would be preferable.

> *I don't want to be 26 with grey hairs when I start having kids…I don't want to be no old lady…[School 1, focus group 2 with 6 girls]*
>
> *…Finish school, get a job and start a family, yeah…[School 1, focus group 4 with 6 boys]*
>
> *Twenty something…I reckon like 22, cos in my traditional family thing we get like next year when I'm 16 I'll be getting like a little party, then when I'm 18, a big party, then when I'm 21 I get a key and all that, and it's like a traditional thing and we eat pig, and all that…and then I'll come home and start…But first I want to get a job, get my career first, in line and then get a house and all that…[School 2, focus group 5 with 7 girls]*

Most students looked forward to having a child at some time in the future, but often reported idealised views of life with a young child. This seemed particularly common for young people with earlier sexual initiation and more disrupted upbringings. Some students were fearful of having children due to family patterns of abuse and violence.

> *SL: OK. So what would be some of the good things about having a baby?*
> *P1: They're so cute man...*
> *Ps: Ooohhh, and you can dress them and change them. Oohh, I can't wait till I have kids…something to love…[general rapture in high pitched voices].*
> *P4: Oh, I can't wait, I'll make sure I have everything for it…so he'll be a little style monkey. I hope it's a little boy…[School 1, focus group 2 with 6 girls]*
>
> *P2: But man I want a kid, yeah mate, I really do…[others: What!]…I just see it as a baby version of me…and like yeah carry on my name and that…and like my grandmother she says she doesn't want me to have a kid, but she said if anything was to happen she'd fully support me and do that…*
> *P6: So what's going through your head when you think about a kid, seriously?*
> *P2: Another part of me in this world, if I'm not there, carry my name…[School 3, focus group 11 with 8 boys]*

Yeah, I'm like too scared to have kids that's all, in case you're with a father that's abusive, you know you can't get out of it because then he can claim custody of the kids, and you'd be left destroyed…[School 2, focus group 7 with 4 girls]

Despite their mostly positive and idealistic views about having a child and being a parent generally, nearly all of the students thought that having a baby as a teenager would be a very difficult burden. Only a few students mentioned the possible advantages of a (short-term) financial benefit from the Government baby bonus, and staying young with your child.

SL: What about any good things for teenagers having babies?
Ps: Nup, no...no…there's too much on your plate then…It wrecks everything…[School 3, focus group 10 with 6 girls]

In terms of the disadvantages of having a child, especially as a teenager, comments about the financial cost and the negative impact in terms of education and employment were most common. In addition, the stigma and judgement felt by young mothers was felt to be a negative outcome for teenagers.

SL: …what would be some of the bad things about having babies [as a teenager]?
P4: It'd be like the end of your life.
P6: It'd be the end of your education…yeah, have to leave school…
Ps: Yeah anyone who had babies, I think they would leave school...If I was going to have a baby I think that would destroy me…you'd be treated differently, especially your first kid, people would look at you differently…also depending on how young you are…if you're walking around they'd be like looking and saying, "Look at how young she is"…[School 1, focus group 2 with 6 girls]

You've gotta care for it, you gotta buy things that they need…they tie you down…you never get any sleep…and if you've got a little kid…it's worse than babysitting…you have to get up every night and not have any sleep...[School 3, focus group 10 with 6 girls]

…you'd probably have to give up your job for a while…or whatever… your plans just go on hold. And then it's all the baby, like it's not about you any more.
SL: So are there different bad things for a teenager compared to an older person?
P2: I think you get labelled when you're younger, like you get a label put on you, oh like whatever, cos she's fallen pregnant when she's still a teen, I dunno, but, it might be right for them but…[School 1, focus group 3 with 2 girls]

Family norms in the families-of-origin of the students were for early childbearing, and most families, while holding high educational aspirations for their young people, were not disapproving of this. In a few families, early childbearing was actively encouraged.

P4: …my cousin she had her baby when she was 16, and my other cousin had twins when she was 17, and so like we know how to take care of babies…
P2: My cousin got pregnant with twins when she was 15, and my family they put a lot of pressure on the father…so he left…[School 1, focus group 2 with 6 girls]

P4: My mum didn't finish school cos she had me when she was 15.
P6: My mum did too, dropped out in grade 9 and had me when she was 15…[School 2, focus group 5 with 7 girls]

We asked participants about any cultural stories they heard from their families about having children or the passage to adulthood. Few were able to specifically talk about cultural stories in this sense, perhaps thinking that this referred only to traditional remote Indigenous culture, however their talk and attitudes were deeply enmeshed with the norms of modern Indigenous culture and community.

SL: So do you hear any cultural stories from your family about having babies, or becoming a woman?
P2: Well in my family, they don't really talk about that…you know what I mean…
P1: They don't like you thinking about it, that's what it is…[yeah]
P3: They don't want you to like have that idea in your head…If they talk to you about it then you might think I can do that, I can do that…and then you might think that it's easy to have a kid and just go do it…

P1: Back in the old days you were promised to people. And you were promised young, you know…I think it was like a little while after you get your periods…that you were old enough to go and live with a man…[School 1, focus group 2 with 6 girls]

Palmer and Collard (1993) and Kelly and Luxford (2007) have discussed how research may suffer through ethnocentric beliefs that modern Aboriginal culture is but a fragment of traditional rich cultural beliefs. I found participants in this study, like the young Nyungars from Perth, demonstrated that contemporary Indigenous culture, knowledge and world-views were thriving (Palmer & Collard, 1993). In my study, young people were vocal about the importance of their distinctly Indigenous life, and the importance of "sticking together" in an often hostile environment.

Participants were asked about their reactions if they found out they or their partners were pregnant. Most said they would be shocked and scared, but few considered abortion to be a realistic possibility. For most of the students abortion was seen as a morally unacceptable choice, and some reported the same views from their family members, although a few of the older students had considered it as a more serious and realistic option. In fact, three female participants did report a past pregnancy ending in an abortion in the survey, despite general disapproval expressed in focus group discussions for this course of action. Results were not altered when these three were left out of the analysis. Pregnant students with high educational aspirations are more likely to have an abortion and remain in school than those with weaker attachments to school (Evans, 2004), so our largely school-based sample may give a slightly misleading impression about the frequency of abortions in Indigenous teenagers overall.

P2: Cos if I ever got pregnant real young, I know I could never, ever have an abortion…
P1: Yeah, same here...like that poor baby, it didn't ask to be made in this world…
P2: Yeah, you know, killing a person whose coming into life, and like you'd feel really bad cos you've killed that person inside of you…
P3: My mum says she'll disown me if I do have an abortion if I'm pregnant…
[School 2, focus group 7 with 4 girls]

SL: …what do you think about abortion?
Ps: Well I think it's wrong…I think it's wrong, but if it's gonna ruin your life…well if it's ruining your life well when the baby comes it's gonna ruin theirs, because you know you've got to struggle and everything, so it's better just having an abortion …I'd feel too bad for abortion…[School 3, focus group 9 with 8 girls]

Most participants felt that they would get used to the idea of young parenthood, and a few said that they would be quite pleased. They also felt that their "real" friends would be supportive, although others at school were likely to "run them down". The majority of the girls thought that most boys would be likely to deny responsibility and leave if they became pregnant, except in committed relationships where they hoped that after a period of shock they would stay around and be supportive. In contrast most of the boys stated that they would accept responsibility.

P6: He'd probably stay with you for a month and then leave. That's probably what'll happen. Or wait until it's due, once it's out, and then if it's not what he wanted it to be then he'd leave.
SL: What he wanted it to be…?
P6: Like a girl, instead of a boy…[School 1, focus group 1 with 6 girls]

P6: Obviously I'd be like trying to help and that, because it'd be my responsibility.
P3: Yeah, I'd like help…and support her, because it's be my responsibility too.
Cos like most people I know they actually, I know a few people who have got their girlfriends pregnant, and they not always too happy about being a father, but I'd be very supportive.
SL: What do they do when you say they're not too supportive?
P3: Well actually, they leave and say they're not her boyfriend,
P6: And like they say like no, that's not my baby, like they don't want anything to do with them. Like that wasn't me that did it…[School 1, focus group 4 with 6 boys]

Imagined family responses to pregnancy as a teenager varied. In line with survey findings, most students thought that after an initial period of disappointment and shock, their family members would be quite supportive. Some families were actively

encouraging their children to produce grandchildren early and offering their help and support.

> *P2: Oh I think my family they would support me, but me myself I don't know if I'd be able to go through with it…not with my schedule [laughs]. But when it came to it [an abortion] I don't know I probably wouldn't be able to do it. I dunno…[School 1, focus group 3 with 2 girls]*

> *P3: Yeah, cos my mum doesn't want me to fall pregnant, but she said if I do, she will step in and look after the baby with me and let me finish off my education and stuff…*
> *SL: So you've got a bit of backup there…*
> *P3: Yeah, I've got like 3 backups…like my dad said he'll disown me, but like he's just saying that to like threaten to like scare me so I don't do it…[School 2, focus group 7 with 4 girls]*

Comments about the survey

Overall 184 participants enjoyed completing the survey a lot or a bit, and 137 (74.5%) stated that they completed it completely honestly, with another 44 (23.9%) mostly honestly and only 3 not very honestly. When these three were left out of the analysis, the results did not change.

Finally, free text comments written by participants in the survey centered around several common themes: the need for early, explicit and repeated sex and relationships education; peer and partner pressure and its association with early sexual intercourse; the importance of waiting until you were ready; and problems associated with early parenthood. Many of the participants were also very positive about the survey and program. I follow with a few representative free-text responses, as typed by the respondents directly into the laptop computers.

> *I think the younger group of children need to learn about the diseases and the dangers that can be caused by having sex, cos i only recently learned about the diseases and different things and was surprised i didn't know about these things sooner. i also think they need to learn how important to have safe sex and i believe it should be before high school, before they start getting pressured by the people who surround them. [14yo Female, Aboriginal; School]*

i think that young people should be more educated about sex, drugs and grog at an early age and all the way through school, that way there would be less mistakes. [16yo Male, Aboriginal; School]

I think that young teens are being pressured into having sexual relationships by their partners because they seem to think that that is what your supposed to do when you are in love. Pregnancy shouldn't be an issue for teenagers because they should be worrying bout their education and the life that they have before they have children, but they feel that they are ready to be parents then that is their decision but personally i think that they don't know what they are getting themselves into. I also don't think that it is right that indigenous youths are portrayed as thugs just because they are black. Not all black people are thugs, everyone around them are just stereotyping them because of what they see in movies. [14yo Female, Aboriginal; School]

i dont think it should be acceptable to lose your virginity at a young age such as 12-14 but i have enjoyed doing this survey thank you. cya!!!! [15yo Male, Aboriginal; School]

Nobody has had enough education on this topic, everyone relies on hearsay. This survey was a good indication of the fact that our elders care for us. [16yo Female, Torres Strait Islander; School]

i think people should start talking to kids when they are a bit younger because our generation these days are growing up to fast and need to be educated young so they can protect themselves from these kind of things. [16yo Female, Ab&TSI; Youth centre]

In summary, the survey and small group discussions presented a picture of young Indigenous people in schools and a homeless youth shelter in terms of their educational and employment aspirations, their health, relationships, sexual behaviour and contraceptive use, and their views about teenage pregnancy and parenthood. Many students had high educational aspirations, but they were limited by a lack of mentors and little clear information about pathways and transitions, along with discrimination and structural issues. Their relationships were firmly enmeshed in traditional hegemonic discourses about romance and appropriate feminine and

masculine behaviour, with coercion towards sexual intercourse and power imbalances very prevalent and reputation being a precious commodity.

Incomplete knowledge about STIs and hormonal contraception, and limited access to contraception, together with “shame” and limited communication resulted in inconsistent contraceptive use, although very few young people wanted to become pregnant as a teenager. However, if they were to become pregnant, most young people would receive family support, and many would not consider options other than continuing with the pregnancy. Young parenthood was one of the most attainable of the “stories” available to young people in constructing adult identities, in terms of role models and mentors. Thus for these Indigenous young people, when pregnancy occurs, not as an active choice, but as a side-effect of sexual relationships and inconsistent contraceptive use, there may be different consequences in terms of educational and employment trajectory or family (dis)approval or support when compared to other young people.

Having heard the attitudes and perceptions of young non-parents, Chapter 6 explores the views and experiences of pregnant and parenting Indigenous teenagers, once again using their own words as much as possible.

Chapter 6 "They're just miracles": young mothers creating a future

Illustrative short biographies

Mandy[16]

Hi, I'm Mandy and this is my story. Well, I left school in Grade 9 – I went straight into looking after my mum. She had a car accident and was disabled. I met my boyfriend about three years before I fell pregnant with my daughter Amy. I was scared when I fell pregnant with Amy of what my family was going to think, and what Justin's family were going to think, 'cos we were both pretty - well not young, but I was 17 and Justin was 17 and everyone, especially older people thought we were too young. And then about 2 months before I had Amy my mum had passed away – that was the only woman I had to look to for advice and it freaked me out and I thought I was going to lose Amy…The birth, that was just scary, 'cos I didn't know what was supposed to happen, what I was supposed to do, how it was supposed to happen, and Justin was more terrified than what I was. And, especially without a car and that, having to rely on transport and I didn't know how I was going to get to the hospital and after, getting around to appointments at Centrelink[17]*. It's hard when you've got a baby and you've got to carry everything and make sure you've got bottles and milk, and if you forget something well then you've got to buy it so you've got to make sure you have money. And until they get older, then it's easier, but it's harder when you don't have a mum or a dad around who can just take them for an hour or so so you can get something done without them there and having to worry about them choking on something if you leave them for five minutes. Just mowing the back yard or something, it's a strain, it's a stress, it's scary. But when you see them for the first time, they're just so beautiful, you just don't know what you'd do without them. Well there, thank you for listening [Mandy's story, self-recorded, December 2004]*

[16] Self-selected pseudonyms have been used throughout to protect the identity of participants.
[17] Federal Government funded social security office

Karen

Karen is an 18-year-old Aboriginal woman with 2 children, Shayna, aged 3, and Nathanial, aged almost one at the time of the interview. She is in the middle stages of pregnancy with her third child when the interview takes place on the front veranda of her housing commission home. Karen grew up moving around the country with older siblings and sometimes her mother, and was mostly raised by her older sister. When her older sister moved away, she lost interest in school and started mixing with a group of young people involved with paint sniffing and other substance abuse, and met up with the father of her first two children. She lived with her partner's family for 18 months before becoming pregnant, however the relationship became violent and she left him. I first met Karen when she was 9 weeks pregnant with her first child, homeless and sniffing paint. After the birth of her daughter, Karen initially had some difficulty coping due to a combination of social factors including witnessing a murder outside her house. Her mum came from interstate to help and took over the care of her daughter for a few months. Karen decided to "get herself together" and stopped sniffing and regained the care of her daughter, who has poor growth and behavioural problems. The second child was conceived from a one-night stand with the same babyfather[18], but she did not consider an ongoing relationship with him due to abuse, substance use and perceived unreliability. She had been in a stable relationship with another young Aboriginal man, who had been helping her with the first two children and had fathered the third, but recently following an assault had a Domestic Violence Order (DVO) out against him. Her mother was still living with her "until Family Services get off my back", but she was taking the responsibility for looking after her children very seriously, and showing considerable organisation and forward planning in terms of arranging housing, paying bills, and planning further study for herself.

Edith

Edith is a 22-year-old Torres Strait Islander woman with three young children under five, and in the late stages of pregnancy at the time of the interview. Her father had died when she was in primary school, so her mother raised her and her siblings. She described herself as a rebellious teenager, who experimented with everything. As a result of a one-night stand she became pregnant with her first child, however she did not continue the relationship as the partner had substance use issues and

[18] I have used the term "babyfather" throughout to refer to the father of the young woman's child, following previous authors (Low, Martin, Sampselle, Guthrie, & Oakley, 2003). Alternative terms that are more correct grammatically are long and cumbersome, and partner is often not accurate.

subsequently committed suicide before the child was born. She met up with another young Torres Strait Islander man, and has been in a stable relationship with him since. He has taken on responsibility for the oldest child, and fathered the next three children. She dreams about completing her schooling and doing further study; dreams that have now been deferred until the children grow up, but views the children as a miracle, and the greatest gift she could receive. She is helped by the support of her mother, and feels that the pregnancies have brought the two of them closer together.

Tyese

Tyese joined the Young Mums' Group as a 16-year-old Aboriginal woman whose first baby Jayden was 8 weeks old. Tyese was under the care of the Department of Families and the Department of Youth Justice, and her Aboriginal partner, Frank (6 years older), was in jail. She was living in foster care, with a past history of substance abuse and petty criminal activity. She left school early in Year 9 after becoming involved with Frank. I first met Tyese in early pregnancy aged 15. She was quite happy about the pregnancy at that stage. She came from an extremely abusive home with separated family and never had a settled environment as a child. After her partner was released the relationship became violent again and the baby was taken away into foster care. Tyese and her partner started "living rough" and moved so frequently that we were unable to maintain contact. Later in the project contact was re-established. Tyese had started another relationship with a 17-year-old Aboriginal man, and was having his baby. She attended several more Young Mums' meetings, and was doing well, caring for her daughter, attempting to regain custody of her son, and living with her partner and his mother.

Timarah

At first contact, Timarah was a 16-year-old Aboriginal and Torres Strait Islander woman in late pregnancy with her first child. Her non-Indigenous 27-year-old partner, Martin, was in prison on drug charges and she was living with his family. Timarah was born to a very young mother herself, and had spent her childhood being "passed around" between various family members and sporadically attending many schools, from which she was usually expelled. She suffered childhood sexual abuse, and had been living independently for several years. She described her relationship with Martin as being the most stable period of her life, yet was involved with injecting amphetamines, causing a miscarriage of a previous pregnancy.

Ann

At the start of the project Ann was a 17-year-old Aboriginal woman with one daughter, Jade, initially 9 months old. She had been in a fairly stable relationship with John (employed in the Defence Forces), and living in a defence house. Ann's mother had very little role in her upbringing, and Ann states that she was "kicked out of home" at 15. She had two pregnancy terminations prior to the birth of her daughter. She left school during Year 10 and tried to go back to school after the birth of her daughter but stopped due to a lack of reliable childcare. Subsequently she left John due to substance use and abuse issues and took court action to obtain full custody of her daughter. Ann had been in several subsequent relationships but was most interested in establishing a stable house and income for herself and her daughter.

Individual interviews

In addition to the multiple Young Mums' Group discussions, individual in-depth interviews were carried out with 10 young pregnant and parenting Aboriginal and Islander women. Two interview participants also took part in a number of Young Mums' Group discussions. These interviews were carried out in various locations according to the preference of the young woman, involving Priscilla Page and me as interviewers. They ranged in length from 40 to 85 minutes.

Characteristics of the 10 interview participants and interviews are listed in Table 6.1. No woman approached declined to take part in an interview and most were very enthusiastic, however in two cases logistical difficulties meant that a particular woman did not end up participating in an interview. Data for this chapter are drawn from individual interviews and transcripts of Young Mums' Group discussions. I have chosen again in this chapter to present the results mostly thematically, and as much as possible in the voices of the young women themselves, although the narratives are also looked at as a whole in some instances. Most discussion is reserved for the following chapter. The main themes emerging through our analysis of data from young mothers in interviews and Young Mums' Group meetings are summarised in Table 6.2.

Table 6.1 Characteristics of interview participants

Interview No	Age	Ethnicity	Children	Partner	Location	Duration of interview	Comments and pseudonyms where chosen
IV1	18	TSI	1 infant son	Yes -22 yo TSI	TAIHS	45 minutes	Partner also present
IV2	17	Aboriginal	2 children under 3 Early pregnancy	Not currently (3 Aboriginal babyfathers)	Front veranda of her home	50 minutes	
IV3	18	Aboriginal	2 children under 3 Middle of pregnancy	DVO against Aboriginal father of third child	Front veranda of her home	45 minutes	"Karen"; mother and children in house but out of earshot
IV4	18	Aboriginal	Late pregnancy with first child	Yes -19 yo TSI	Research Unit	40 minutes	
IV5	17	Aboriginal	1 ½ year old son (care of family services) Mid-stages of pregnancy	17 year old Aboriginal (father of second child)	Research Unit	85 minutes	"Tyese"
IV6	16	Aboriginal and TSI	Late pregnancy	27 yo Caucasian partner (in jail)	Lounge room of house	40 minutes	"Timarah"
IV7	19	Aboriginal	2 year old daughter	Separated from Aboriginal father of child	Research Unit	55 minutes	"Ann"
IV8	19	Aboriginal and SSI	Middle of pregnancy	Separated from Aboriginal babyfather (4 year relationship)	Research Unit	40 minutes	
IV9	24	South Sea Islander and Aboriginal	6 and 2 year old sons and middle of pregnancy	Not currently (2 Aboriginal babyfathers)	Back veranda of home	45 minutes	
IV10	22	Torres Strait Islander	3 children under 5 and late pregnancy	21 year old TSI partner (father of last 3 children)	TAIHS	40 minutes	"Edith"

Table 6.2 Main themes from narratives of young mothers

- **Backgrounds of young mothers**
  - High mobility
  - Relationships with mother
  - Distrust of men
  - Family age of childbearing
- **"Storying the future"**
  - Plans and aspirations before pregnancy
  - Educational (dis)engagement
  - Trusted guides and mentors
  - Agency and survival
- **"Falling pregnant"**
  - "It just happened"
  - Relationship with babyfather
  - "He'd just force me": power and resistance
  - Contraceptive use
- **Reactions to pregnancy**
  - Self
  - Partner, family and others
  - Thoughts about abortion
- **Transformative potential of motherhood**
  - Rewards and challenges
  - Taking responsibility and transformation
  - Protection from unreliable fathers
- **Creating a future**
  - Hopes, dreams and aspirations

Backgrounds of young mothers

Mobility

A striking and almost universal characteristic of the early biographies of the young mothers was the incredible level of mobility during their formative years. Eight of the 10 young women interviewed had moved more than 3 times during their primary school years, and even the remaining two had experienced several different schools. Three participants reported having attended more than 10 schools, with one reporting 15 schools altogether. These moves quite often involved relocation of the whole family, but more often involved the child moving as family circumstances changed, and care of the child was exchanged between different extended family members. They usually involved a change in caregiver as well as a change in school and social network, and although the young women seemed remarkably understanding of the reasons behind the frequent moves they did find it unsettling.

> *Yeah, well I was born at [north town]…and I grew up with like all my family…My mum had me when she was really young…she was 16…so it was hard for her…so my nanna looked after me for a little while, 'cos it was hard for me mum…and I sort of just got passed around the family like a little doll… and I started getting into trouble at school…yeah, it was alright growing up with my family, because yeah, we're pretty close now…I got kicked out of most of my schools...[IV6, Timarah, 16-year-old pregnant Aboriginal and TSI woman]*

> *Yeah, [brother] and I went to boarding school ...we went there for a year, and then we went with dad, and dad sent us for one term, and um…Because our grades sucked… so then he pulled us out… and then we went to Catholic High in [west town 1]…yeah, and like because we didn't get along with dad's girlfriend…[brother] went to [west town 2] and lived with our grandparents… cos they needed him to help them and stuff like that…yeah, look I moved a lot…I was backwards and forwards...from dad, to mum, to nan…moving...[IV7, Ann, 19-year-old Aboriginal woman]*

Relationships with mother

Although four of the interview participants grew up with their mother as one of their principal caregivers, for the other six their mother was largely absent as a caregiver during their early years. In three cases this was related to the mother being very young herself, and for the other three substance abuse and relationship changes were more pertinent reasons. Although the interview participants were again surprisingly understanding of their mothers' predicaments, this had been keenly felt as a form of abandonment, and was resented.

> *Yeah…it's weird not having a mother around, like the whole time, but like my sister's been through that…Like I look at her as a mother figure…like I really started talking to my mother when I was 14, so I haven't really got a good relationship with her, but I know, like, she's my mother and everything, but it's not like, a mum…like it's more probably as a friend, because I just probably look at her that way…cos I didn't have that growing up…like my dad was always my mum and my dad, like, I'd give him Mother's Day presents…[IV1, 18-year-old TSI woman]*

> *… but mainly I remember, at home…walking ages, because mum used to forget to pick us up from school, so we'd have to walk ages to get home, and get home, and they're like drinking down and partying…yeah… my mum was a big drunk…[IV7, Ann, 19-year-old Aboriginal woman]*

Two relationships between participants and their mothers were particularly violent and dysfunctional. In addition two participants in the Young Mums' Group had experienced the death of their mother while they were pregnant with their first child – a loss that was deeply felt.

> *…my Pop was selling our stuff behind my mum's back, and she like didn't want him living there anymore, so she had to kick him out, and then she found it more difficult because, cos of him, she ended up losing her job, and what happened was, mum ended up, um, giving us to our uncle, cos we like came home and she like had all our bags packed and everything, and then she said that, oh, like you're just going for a few days, but then we found out that it wasn't like a few days it was a few years, so we stayed there for a few years…and stayed there for a long time, mum used to just come once a year, or twice a year to visit us [IV 5, Tyese, 17-year-old Aboriginal woman]*

> *Tegan: Yeah she [her mother] died just like when I fell pregnant, that's why it was a bit hard – my cousins and auntie and I've been moving and living out of hostels.*
> *Mandy: I lost my mum 2 months before I had Amy too*
> *Tegan: I think it really makes a difference to pregnant young women whether their mother is like around…[Young Mums' Group meeting, 28th August 2003]*

This often caused a lot of internal conflict for young women, with on the one hand a simmering sense of loss, anger and resentment, and on the other a quickness to spring to the defence of their mother (no matter how poor her mothering) and the decisions she made. This was typified by participant 2, who was clearly resentful of the way her mother had treated her as a child and determined not to do the same with her own children. However, she also felt upset when others judged her mother negatively, and was quick to defend the rules by which her mother lived and expected her children to live.

> *P: Only…if she really wanted me to like listen to her…like she'd acted wrong, the way she treated me…like she never had anything for me…if she didn't want me to have no kids…then why did she have, why did she have me…it's a good question, and I've been asking myself that for the last 17 years… like if I had to separate myself from my kids…and sort of think of something else like going out, partying, or move to another state or something, I would have came back…and…but…she....*
> *SL: So you're still kind of angry with her that she never did…?*
> *P: Yeah, yeah…no, not really all that angry, but I hurt when other people are saying things about my mum…cos I like, I don't see things wrong with like the rules that she had…[IV2, 17-year-old Aboriginal woman]*

This absence of mothering also led to early transitions and maturity for some participants, either in terms of responsibility for themselves or for younger siblings. In turn, some participants had spent periods where an older sibling was playing a maternal role in their lives.

SL: …did you have a lot of responsibility for looking after your [3] little brothers, if your mum was drinking and stuff?
P: Yeah…heaps…I used to get them up and ready for school, and make lunch every morning for them and stuff…[at age 11; IV7, Ann, 19-year-old Aboriginal woman]

Nah, only my sister, I spent a lot of time with her, living with her, she reared me up as well as my mum, she looked after me cos there was 9 years between me and her…She was the strictest one out of everyone, made me go to school every day, made me do this and that…And when she left I didn't have anyone there to tell me what to do or anything, so then I just made my own life then…[IV 3, Karen, 18-year-old Aboriginal woman]

…I'd like missed her [big sister] a lot, cos like, she was like the only one who was with me when my mum gave us away…when mum left us and that…we had a bunk in the room, and we've got there like at night time…and we've run into the room, and I'm hiding there under the bed hugging my sister, and we were both crying underneath the bunk bed, and I was scared, and she was saying, don't worry I'll look after you, and you know, she was like only little herself, so…we sat there crying and everything, missing our mum, and so, when I had to move, I wanted her to come with us, but she said, no, you stay here…[IV5, Tyese, 17-year-old Aboriginal woman]

Even for the participants who grew up with a close relationship with their mother, a period of teenage rebellion often put a strain on their relationship, which then was healed by a greater mutual understanding when the daughter herself became a mother.

…I was the rebellious child…you know, I wasn't home…If I come home it would just be to put more stress on mum… that's how I felt…because what I was doing was wrong, and I knew the stress that she was going through... but didn't know enough of it…until, yeah…that's [after the birth of her first child] when I found that we've become more close to each other…because it's actually made me realise, like I said, you know, sort of, how hard it is…[IV10, Edith, 22-year- old TSI woman]

Distrust of men

At least 6 of the young women interviewed and in the Young Mums' Group had personal past histories of sexual or physical abuse at the hands of men, and several others had experienced domestic violence within their families as children. This combination of witnessed or experienced physical violence, unwanted sexual touching or penetration ("molestation") and often abandonment by the men in their formative years led to a profound distrust of men in subsequent realms of their lives.

> *My mum just didn't tell me about any of that stuff, cos like I was molested as a child, and it wasn't her fault it was his fault for being a paedophile, and I was molested from age 5 to age 13, and didn't tell anyone till I was 14, and so mum was very protective of me for stuff like that. And so I had to find out for my own self…It was the most hardest thing to tell my mum…cos it hurt her the most, like it really hurt her, that she couldn't save her little girl, couldn't help her little daughter…[Mandy, Young Mums' Group discussion, 25th June 2003]*

> *…And what happened is, I've run upstairs before he could even get to me, so my little sister was still downstairs, getting bashed by her dad, and he's dragged her all the way up the stairs by her hair, and I've ran into the end room, thinking, oh well I'll get rugged up before he comes for me and starts slapping me around…and my dad comes in, and my sister's like got all cuts and everything all on her face and her head and all that, and she's screaming, and my dad's come in, and he slaps me, hitting me a few times, and my sister was like under the bunk bed, and then he's actually grabbed the top bunk there and started booting her head in…her head was like bouncing off the wall, and I've actually, like, I can't stand watching my little sister go through that…and then I could hear my stepmum going off at my cousin…and she said, "You're 19 years of age, you should know what you have done wrong, them girls are there getting bashed because you were so stupid, you crazy little bitch"…and she actually sat there and said, "Oh, I'm sorry uncle, it's my fault"…and then my dad's come in after, and apologised, like that means anything…[IV5, Tyese, 17-year-old Aboriginal woman]*

[about biological father]…Never met him…I don't even know him name… I don't really want to either…he hasn't been there all this time, so there's no point in looking for him now…I was molested when I was little, like by my uncle, and like, he molested nearly all the girls in my family…yeah…he molested my mum, all his daughters, all our cousins…and I was the only one who said anything…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]

This troubled background with men led on to a profound cynicism and lack of trust amongst many of the young women about men and their motives when it came to current relationships.

But like…it's trust…in 10 years I want to be able to trust someone, cos I don't trust anybody…but I don't want to be alone in 10 years...I get lonely…[IV 7, Ann, 19-year-old Aboriginal woman]

P: …don't believe males…don't believe anything any of them say…[laughter]… none at all, whatever comes out of their mouth...
SL: So you've had some bad experiences, starting off with dad early on…?
P: Well if you can't count on your father, who can you count on? There's not too many fellas around…just don't get hooked up…just don't get caught up…Warn them and warn them and warn them about it…Although it doesn't do any good…[IV4, 18-year-old Aboriginal woman]

Some of their adolescent relationships appeared precarious due to jealousy and infidelity from both parties, with mutual distrust based on previous experiences. On occasions an element of competition arose, with young women (and apparently young men) using sexual relationships in a manipulative way.

…that's when I kinda like started, you know, breaking off on him, because he'd started liking my cousin [girl3] …see we two were only a one night stand, and like then he asked me out, and then I said, "Oh, allright then", then we'd have like an argument, and I'd be like "fuck you", and then I went with his best friend…and then when I was with his best friend, he found out, and was like, oh, I'll get her too. So he's gone back to his house…and felt up my friend [girl 2], and he's like "oh, do you want to do it for the third time", and she's like, "oh, I don't know, what about [name], so you know what she's like, she'll come in

and bash me", and all of that, and he went, "oh, no she won't, I'll stop her"…[IV5, Tyese, 17-year-old Aboriginal woman]

The surprising thing was that some of the participants, despite these kind of experiences retained an almost naïve optimism about true love and a positive future. For example, Timarah envisioned a happy future with her boyfriend (who was 11 years older than her) when he was released from jail, with the usual dreams of a job, a happy family, a home and a car, despite their past having been marked by frequent arguments, substance abuse and petty crime.

Oh, well [boyfriend] wants to get a job when he gets out [of jail], and he's just going to get an $8000 loan, just so he can get a car, and then after we've paid that off get a house loan, so hopefully we'll have a house…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]

Family age of childbearing

In most cases the young women interviewed had been born to young mothers themselves (the mothers of 7 out of 10 interview participants and all but 1 from the Young Mums' Group had their first birth as a teenager). Often sisters and other family members had also had children in their teenage years.

'Cos see, my mum's mum had my mum when she was 14 I think…and then she gave my mum to her mum so that became like my nanna…Cos my mum grew up with her mum like a sister…so it was really young…Everyone starts young in my family…[IV 6, Timarah, 16-year-old Aboriginal and TSI woman]

Although some family members used this history of early childbearing as a warning and advised against it, in most families it was either supported, or felt to be in some way inevitable.

Well, like it wasn't really my decision…my sister said it's best if you have an abortion, rah, rah, rah…And she really pressured…cos like her first child she had when she was, she just had turned 18, and then she had him just after that…so like she sort of went through the same thing, but I just had him just before I turned 18…so it was the same year, like that we fell pregnant and everything…but um, she was saying to me, no, it's really hard, rah, rah, rah …[IV1, 18-year-old TSI woman]

… all the other people in our family are already grandmas…yeah, and she [her mother] was yeah, waiting…cos she's handled the other kids…cos it's my aunt she's 30…and I don't want to be 30 and having kids…It's too old…[IV 8, 19-year-old Aboriginal and SSI woman]

…I never kinda had that family support. Dad and that, they all like knew it was going to happen - they said, she's out on her own now, won't be long until you fall pregnant…[Ann, Young Mums' Group discussion, 25th June 2003]

"Storying the future"

I encouraged the young women to paint a picture of where they were in their lives and how they saw their futures evolving prior to discovering they were pregnant. Although some of them had clear plans or dreams, many of them were drifting a little at that point, having disengaged from formal schooling, often being involved in destructive or abusive relationships and generally not feeling fully in control of their lives or where they were heading.

Plans and aspirations before pregnancy

Before becoming pregnant the young women were varied in their views about the future. Three had vocational plans, and had embarked upon working towards these goals (although not always with a very clear idea of the pathways involved).

…I worked there as a receptionist, and like that was a good job because you move up the ranks there…cos I was on the edge of a traineeship, but because you have to do your 3 month trial, and then that's when I fell pregnant, so, I didn't actually get to the traineeship, and then after the traineeship they move you up a level, and you just keep moving up…[IV1, 18-year-old TSI woman]

…Yeah, I wanted to do law…my heart is in law…even in medicine…I've always...like since I was a little girl I'd sit up with my grandmother, and watch all these cops and law shows, and the doctor shows…yeah, but my heart was set in law…to go to JCU…[IV10, Edith, 22-year-old TSI woman]

However, a larger majority of the young women interviewed had disengaged from school and found they were drifting in some way, often involved in substance abuse, petty crime, and in unsatisfying or abusive relationships.

> *…I failed English, so I was going to TAFE to try and get an English pass…but it was just too soon…too much, I didn't want to, so I just stopped doing that, and then...I started working at the Donut King…I think I was only there for a couple of months, and then I stopped, cos like I couldn't do the work that was required of me, like lifting and that so…I just finished up…and then just doing nothing now…Waiting…[IV 4, 18-year-old Aboriginal woman]*

> *…I stayed in [capital] and met up with the wrong crowd down there, and then ended up getting into trouble and sniffing and all that down there…and then my mum from up here, she put me into rehab down there, and after about a couple of months in the rehab down there they sent me back up here, and that's when I met up with [boy] then…then the thing around Townsville, they all started sniffing, so that just got me back onto it, and I was sniffing and gave up somehow after that…cos I was with him about a year and a half, nearly two years, before I fell pregnant with [daughter], living with him and everything… [IV3, Karen, 18-year-old Aboriginal woman]*

> *… we were on some drugs…and yeah, we had a big fight…and well, it wasn't a big fight, but because I was on drugs and that your emotions get, a lot worse…[SL: What were you using?]…Speed, yeah…I did that, like I cut my arms, and the day I did that I remembered I didn't get my period, so when I was at the doctors getting them stitched up, I asked for a pregnancy test, and I found out I was pregnant…and then I miscarried at 7 weeks, but I didn't find out I'd miscarried until 3 months…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]*

> *P: …'cos he was like the only thing I did have around me, and I didn't want him going to jail [for multiple house robberies]…so I've actually taken the rap for him…but I took all his rap as well…that's when I got sent down to [southern capital juvenile detention]…well that's when I was pregnant...*
> *SL: So, had you been together very long when you became pregnant?*
> *P: Nah, nah…about a month…cos I was like on paint, and like stealing cars and cruising…[IV5, Tyese, 17-year-old Aboriginal woman]*

Educational (dis)engagement

For almost all of the young women interviewed, leaving school had preceded becoming pregnant. There was often a gradual disengagement from school due to disciplinary issues and lack of academic success. Given the difficulties these young women had faced with dysfunctional home backgrounds and mobility this is hardly surprising.

> *No, no…I wasn't in school, I just had left school actually…I fell pregnant half way through the year, so I would have been out of school for a few months…[IV1, 18-year-old TSI woman]*

> *I left school after Year 10…Year 10 certificate and then left…then I met up with her father…and then I just didn't worry about school, I was too hooked up on the man…[laughs]…[IV3, Karen, 18-year-old Aboriginal woman]*

> *Well I met up with Frank in April, and fell pregnant around Frank's birthday in early June, and I like finished up school in April …[Tyese, Young Mums' Group discussion, 23rd April 2003]*

> *…then I got in a fight with this girl, and that's when I got expelled…and that's when I went to another school, and then I came down here...[SL: At about 11 or 12?]…yeah, and then I got expelled from [school] for like swearing at a teacher…yeah, cos I was in primary school here too, yeah, cos I came back halfway through Grade 7… yeah, so I got expelled from [primary school], and then I got expelled from [high school 1] and [high school 2] and [high school 3]…yeah, just for fighting and swearing at the teachers…I've been suspended from all high schools in Townsville except the Catholic ones…I didn't do all of Grade 7, I did like 6 months Grade 7 maybe…I did, about 3 months of Grade 8…about 2 months of Grade 9…about a month of Grade 10…and I'm doing TAFE now…so I've done nearly all of my English, and I'm just on to my maths…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]*

In contrast, one young mother continued with schooling through her pregnancy and subsequently returned with two children and finished Year 12, and two completed their education to Year 12 prior to becoming pregnant.

SL: How was that, going to school with a big belly and things?
P: Well, it wasn't nothing really, cos there were more than one person like that…[laughter]…[IV2, 18-year-old Aboriginal woman]

I used to just think, I don't like this, I don't like this and want to leave every day. I thought about leaving every day…I really didn't want to be there…I mean I finished school, I even repeated Grade 12, not that I did any better the time that I repeated, I still mucked up just as much as I did the first year, but I knew that it was important that I had to go to school…in the real world you like need it. Definitely…[Rowena, Young Mums' Group discussion, 25th June 2003]

Trusted guides and mentors

Trusted guides and mentors for this group fulfilled a very different role from those of most of the school students, and from the mainstream ideal of a wise older person setting a vocational example. Few of the 10 young mothers interviewed had any adult who could act as a guide or mentor with regards to occupation, vocation or education, with only 2 of their parents currently working and one studying. Most of them had trusted older siblings, aunties or other family members, but in many cases, despite their wisdom and support, they modelled early childbearing in difficult circumstances rather than other options. For example, Timarah was looked after between the ages of 4 and 9 by her maternal great-grandmother, who was a very important figure in her life until she was incapacitated by a stroke at the age of 72. One woman, Tyese, was disconnected from all family support, but showed considerable temerity by adopting other people such as foster mothers, her boyfriends' mother, or various health or community service providers as temporary mentors as her needs dictated.

However, two young women from the Young Mums' Group had mothers who worked as health professionals and were very positive role models, but one had since died. In addition, participant 2 had an auntie who worked as an Aboriginal Health Worker, and played an important supportive role in her life. For these young women having a close female relative who had been academically and professionally successful was crucial in terms of broadening the range of options they felt were within their reach.

My mum went all the way through school and she was a nurse…well I always looked up to my mother…and I've always depended on her really like for things, like if anything was wrong with me or anything, and now, well she's not here, so that's a bit hard. So now there's just myself …[Tegan, Young Mums' Group discussion, 28th August 2003]

Agency and survival

Overall the tone of the narratives of many of the young women about their lives prior to parenthood seemed to be devoid of agency or self-efficacy in terms of shaping futures. There was a sense of passive detachment, whereby the women were observers and reporters of life events that happened to them, rather than creators and executors of a positive future. This sense of passivity may have arisen as a defence mechanism for coping with often dysfunctional and violent upbringings (Arabena, 2006). In addition, much of the energy and motivation of the young women was consumed in meeting the most basic of physical needs in the contexts of chaotic lives. When homelessness, hunger, poverty and leaving abusive home situations were salient, education and long-term goals became irrelevant and basic survival skills were important. For instance, Tyese had enjoyed a stint in Juvenile Detention because it was comfortable with good food, and Ann started a sexual relationship with a view to gaining accommodation in the short term.

Well I got chucked out of home at 15, so I was more worried about finding a place to stay. Like I wasn't worried about school…Like my parents, they put me in boarding school, and I wanted to stay there but they took me out, and I think, being sort of, rebellious, that I sort of started playing up…[IV7, Ann, 19-year-old Aboriginal woman]

Like for me I had nowhere to stay, and he had a bed to share – that was the advantage for me at the time…[Ann, Young Mums' Group discussion, 25th June 2003]

"Falling pregnant"

The semantics of the language used indicates that pregnancy was something that happened to these young women. Although most women acknowledged that their sexual relationships were quite likely to lead to pregnancy, many had not actively considered this as a possibility. None of the first pregnancies were planned as such,

although there are various degrees of planning, and some would consider inconsistent or non-use of contraception in a sexual relationship to render the pregnancy not entirely unplanned (Cater & Coleman, 2006). Although one Young Mums' Group discussion suggested that the Government baby bonus might be a financial incentive for some young women to have a child, none of our subsequent interviews supported this as a factor for these young women.

> *P: …well I fell pregnant last year in August, but I had a miscarriage…and then I fell pregnant again in February…so like, we were only together for like 6 months when I first fell pregnant…*
> *SL: So like…had you sort of thought about pregnancy, or?*
> *P: Um…nup…but we weren't doing anything to stop it, so…[IV 6, Timarah, 16-year-old Aboriginal and Torres Strait Islander woman]*

> *I don't see many young people wanting to get pregnant, it just like happens… [Ann, Young Mums' Group discussion, 25th June 2003]*

Although two or three women were fairly careful with contraception, for the majority, contraception use was erratic at best. Due to past sexually transmitted infection or past experiences of unprotected sex without a resulting pregnancy, some young women believed that either they or their partner was likely to be infertile, as demonstrated by Timarah and Rowena below. Drinking, drug use and scarring from previous chlamydia infections may have played a role in some lower than expected fertility, although there is no conclusive evidence in the literature to date to support this.

> *Oh, I didn't think I could have kids…I had chlamydia…at one stage, and they said that it can prevent, it can sort of stop you from having kids…and he said that he didn't think that he could have kids either…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]*

> *Rowena: Well I honestly thought that I couldn't fall pregnant, cos like the amount of unprotected sex that [ex] and I had and didn't – I honestly thought that I couldn't, cos I was on and off the pill, you know really mucking around with contraceptives, and then I fell pregnant, so I thought maybe it was [ex], but now he's got someone knocked up too. It is – it's a worry, cos if you can't have a baby…*

Tyese: ...then I gave up using condoms cos I thought I couldn't fall pregnant, cos I thought that something was wrong with me…[Young Mums' Group discussion, 23rd April 2003]

Babyfather relationship

For many of the young mothers, pregnancy quite rapidly followed the onset of a new relationship. Relationships were often still on shaky or "unconfirmed" ground, with issues around age differences, power and trust within the relationships still quite often unresolved.

Yep, I met up with a fella, and then I fell pregnant with my first child…how's the term…one-night stand…yeah, or two…and then she came along…see a month before I had her her father had passed away…[IV10, Edith, 22-year-old TSI woman]

However, for a minority of them the relationship had been ongoing for some time prior to the pregnancy. Some had discussed the possibility of having a baby when the relationship was good, but then the relationship crumbled when the pregnancy occurred, or after the birth when the realities of parenting a young child became apparent.

Yeah, and then I went to live with his family...cos mum went to [southern capital]…for a good while, for about a year and a half…until I fell pregnant with her…And then when I fell pregnant with her I went back with my mum, and I ended up on my own…[IV3, Karen, 18-year-old Aboriginal woman]

The age difference between partners was an issue for some, with most expressing a preference for a partner about the same age.

When you get guys the same age, like Justin, he's like a month older than me, and we've been together for 4 years, and that's a lot better, I reckon, if you're younger than them, they're always going to leave you for someone younger…that's what I reckon. I heard a saying "Virginity's like a balloon, one prick and it's gone" and that's exactly true…[Mandy, Young Mums' Group discussion, 25th June 2003]

One participant had a current partner 11 years older than her, and two had previous partners of 6 and approximately 16 years older respectively. Two had current partners who were 4 or 5 years older than them. The eleven year age difference had not been an issue for Timarah and her partner, but it had been for various social workers and legal professionals involved in her case, as she had been below the age of consent at the time. However, prosecution did not follow due to her difficult past, and the fact she was living independently at the time, and I think that in her case it would have added stress to an already very complicated situation rather than providing her any protection.

Not surprisingly, issues of reputation and gender were still of primary importance to the young mothers, with most expressing outrage about the unfairness of the ways sexual reputation was attributed for girls compared with boys, and of the unequal consequences for males and females of sexual activity.

> *Rowena: I guess you can also get run down for having sex, like unlike men, no matter how many people they have sex with they never get a reputation for being like a slut, but girls do.*
> *Ann: Yeah, if you see a woman with 4 men she instantly gets called a 'ho, and like they may just be her brothers or something. I used to see it all the time in [west town]…You get run down if you seen with someone, whether or not you actually do anything, so you may as well do it…[Young Mums' Group discussion, 25th June 2003]*

> *Yeah, like they don't care, they don't care about what happens, they're only interested in getting off, it's not like they're going to get caught. They won't get pregnant or get like AIDS or venereal disease…[Mandy, Young Mums' Group discussion, 25th June 2003]*

As with the girls in school, most of the young women interviewed or in the Young Mums' Group had a very narrow and stereotypical view of sex roles, sexual activity and acceptable behaviour. Despite their stated opposition to "running down" young women on the basis of sexual behaviour, some of them were still quick to judge other young women as sluts or "party girls". This was so particularly if the young woman concerned was also a young mother, and as such, expected to act responsibly.

> *I know mothers like that they going out while others got that baby, drinking up, smoking and carrying on. I never wanted to do that…[Ann, Young Mums' Group discussion, 28th May 2003]*

"He'd just force me": power and resistance

Issues of power and resistance were commonplace in the narratives of the young women, both in Young Mums' Group discussions and individual interviews. The young women were fairly united in their distrust of men and their sexual motives, especially if there was a large age (and thus power) difference. They discussed violence within their sexual relationships and unwanted forced sex. Participants believed that for men, pregnancy was seen as a bit of a game, so they were not to be trusted with contraception. Some women were lacking in power or negotiating ability within the relationship, although others, like Tyese, tried their hardest to resist (although often unable to enforce her insistence on condom use when her partner was drunk and violent).

> *Tyese: Oh, Frank was like, we should have a baby, and I'm like, get real, and he's like we should, then I started getting worried so I started making sure we used protection.*
> *SL: Did you ask him to?*
> *Tyese: I told him he had to…*
> *HL[19]: So if you were about to have sex, how would Frank's attitude be if you said put a condom on?*
> *Tyese: Before we begin I would say "Before you even think about it put a condom on", but when he'd be like drunk, you couldn't talk to him like that, and you couldn't stop him from having sex. He'd just force me…Even his mum knew that. I was using condoms with Frank and worried, and then fell pregnant straight up, and then I wanted like an abortion, I wanted to go and get it, cos my mum was right to pay for it, but he'd always lock me in his room, so I couldn't get out and do it. I was like can I go for a walk and he'd say no. Then I got too far into my pregnancy and it was too late…[Young Mums' Group discussion, 23rd April 2003]*

> *I was with an abusive fella…Yeah, cos he hit me, so I just said, no, you can go stuff yourself…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]*

[19] HL is Heather Lee – previously senior health worker at Mums and Babies who sat in on a few of the early Young Mums' Group discussions

> *Yeah, and I was staying in proper youth shelter then…when I left [babyfather]…cos he used to be real abusive, he used to bash me up in the park and everything…yeah, so I left him, and went to a youth shelter…[IV3, Karen, 18-year-old Aboriginal woman]*

> *Mandy: No, boys want it [sex] more, and girls get like scared that they're going to dump you, or hit you or something.*
> *SL: Do you think that is a fairly widespread thing?*
> *Rowena: And as you get older too, that pressure gets even more...*
> *Ann: Yeah girls can be scared to say no, and boys play on like needing it…[Young Mums' Group discussion, 25th June 2003]*

However, the young women's accounts suggested that at times both young men and young women used sex as a manipulative tool, and competition for sexual conquests or indeed to have a child to someone seemed to be relatively common.

> *Yeah, I found that with my ex, like he'd been with someone for ages and after I told him I was pregnant well he tried to get his missus knocked up straight away. It was like a game and now he's ready to have a baby with another woman, you know, big competition. [Rowena, Young Mums' Group discussion, 23rd April 2003]*

> *And then I like told [ex-boyfriend] and he's like oh, are you sure, and his sister [name] said, oh you're probably bullshitting, cos a young girl like you, you want my brother, you just want to hold on to my brother…and you're scared that he'll leave you and everything else…and I said, I don't really give a shit if he leaves me, cos you know what, it's not a good relationship anyway, and she's like, oh, you're bullshitting, I know what young girls are like…[IV5, Tyese, 17-year-old Aboriginal woman]*

Contraceptive use

Contraceptive use for the young mothers had mostly been fairly erratic and inconsistent. Tyese attributed her pregnancy directly to a lack of knowledge about contraception, however for most they had a rudimentary knowledge of the basic methods available to them.

> *I had no idea about that [contraception] before I got pregnant. If I had known about this [pointing to contraceptive implant] then I wouldn't have got pregnant…see I got pregnant just right after I started doing it…[Tyese, Young Mums' Group discussion, 23rd April 2003]*

Sex education at school was felt to be too little and too late, but even with adequate knowledge it was difficult to find the power within relationships to use contraception effectively. Many of the young women used condoms intermittently as their only form of protection, while two used them regularly, except for one lapse that resulted in the pregnancy. Interestingly, these young women seemed mostly to use condoms to protect themselves against sexually transmitted infections, with less thought given to pregnancy, while for young people at school the opposite was true. Their personal and peer-group experience of STIs was greater than that of the young people in school, which could have been due to more contact with the health service during their pregnancies and thus a higher likelihood of diagnosis, or could have been a true reflection of "higher-risk" sexual behaviour. Condom use often decreased as a relationship progressed due to a build up of trust between the partners, a feeling that pregnancy would not be a disaster, or a misguided belief that they were unable to conceive.

> *P: And then one day I was like, oh, we haven't used protection for a while, and like, we were doing it every day…*
> *SL: Had you used protection at all, like at the beginning…*
> *P: Nah, just never thought of it…nah, for me I just thought not now, I can never fall pregnant, that's not me, I'm not going to have kids...yeah, I didn't think it'd happen, but one day, I thought I may as well go check, cos I was feeling really sick and everything ...[IV5, Tyese, 17-year-old Aboriginal woman]*

SL: Had you been using any kind of protection at all, and condoms, or other birth control at all?
P: Um…at the beginning…round the beginning, but then, yeah, it sort of just went downhill…[laughter]…Condoms, yeah…no I wasn't on the pill, I'm terrible with the pill, I don't take the pill…
SL: Yeah, and then you got a bit slacker with condoms because…what?
P: Just run out, forget…
PP: What about feeling more comfortable with each other?
P and partner: Yeah, yeah…[IV 1, 18-year-old TSI woman and her partner]

Oh, we used a condom every now and then, but…not very often…[laughing] …nah, we just didn't think it was necessary…[SL: Why not?]…I didn't know if I could have kids and that, but I wasn't really that worried if I did fall pregnant…[IV6, Timarah, 16-year-old Aboriginal and TSI woman]

One young woman conceived while using Depo-Provera, a (usually) reliable injectable hormonal contraceptive. Other women had either not tried hormonal contraception (either through not thinking about it, or fear of side effects), or tried the oral contraceptive pill and found it difficult to take reliably.

Young women felt that although contraception should be a joint responsibility, in practice it fell on the girls to insist on it, as ultimately boys would not pay the price of not using it. This required a good deal of courage and persistence on the part of young women in the face of strong male resistance, and as a result was often not carried through.

We started off using them…you know if we had sex…But then, nup, didn't like it…[SL: you mean he didn't?]…yeah, he didn't, so fair enough...[IV4, 18-year-old Aboriginal woman]

But it doesn't work out like that 'cos the bloke isn't going to wind up knocked up. If a girl isn't brave and doesn't bring it up maybe 3 guys out of 10 will say I've got a condom here and the others will just go ahead. They don't see the balance or worry about the consequences cos they won't be around. They won't be there for the kid and don't want to take responsibility…[Rowena, Young Mums' Group discussion, 23rd April 2003]

Rowena: [Responsibility] Should be 50/50, but it always seems to be the girl.
Ann: It should be both, but a lot of the time it's the girl
Rowena: And then a lot of the time no one takes responsibility and just do it anyway.
Mandy: Yeah, like when you're there, and you don't have it, you can't really like turn back.
Ann: You're not going to back out now. And then you don't think about the consequences until the next day…[Young Mums' Group discussion, 25th June 2003]

…No, I made him wait…His friend went down to the shop and bought them for him…well, see, like I wasn't really that worried, cos, like I've known him for years, but my friend's like "Don't take any chances, like I'll go down and get you a packet…"[IV 6, Timarah, 16-year- old Aboriginal and TSI woman]

Reactions to pregnancy

Many young women had a period of disbelief or shock when they first found out that they were pregnant, which was usually signalled by their periods becoming irregular or feeling unwell. Although most used a pregnancy test (either independently or with a health professional) to confirm the pregnancy by three months, one did not have her pregnancy confirmed until around 23 weeks.

At first, I was, no…I'm not ready…I'm too young…but then um…because I'm not a believer in abortion…because we're all put in this world for a reason, and it's just a miracle to carry life inside of you…and yeah, I was like young… and then, the first thing that came into my head I think, would've been, what are people going to think of me, because I'm not with the father, and what's my mum going to say, I don't want to really disappoint her…but then I couldn't do anything, all I could do was just tell the truth…[IV10, Edith, 22-year-old TSI woman]

In a way I was happy, but in a way I was thinking, like how am I going to tell my dad…like that was my thought…like [partner] was the first person I told, and then he didn't believe it, and I had to show him the test…[IV 1, 18-year-old TSI woman]

> *Oh, I was devastated, I was looking for rope for hanging…I didn't know what I was going to do, but now I wouldn't change it for the world…[IV3, Karen, 18-year-old Aboriginal woman]*

A number of the young women elected not to tell the babyfathers about the pregnancy, as the relationship had already disintegrated. There was a range of responses from those that were told, from happiness and pride (even if not particularly realistically based) to horror at the prospect of being a parent. During one interview the male partner was present, and he clearly spoke of an initial feeling of panic and worry, replaced by a very strong traditional feeling of responsibility for being a provider.

> *Partner: I don't know, it was sort of different for me…I was sort of worried and panicking, and she would have been the same…but I was more so, because I'm like the man, and all, sort of daddy, and like, I wanted to be there…And she was like she had mum and everyone around her…*
> *P: Yeah, cos in that time I'd sort of moved in…*
> *SL: So after that initial freak out, you really felt a strong sense of responsibility... is that…*
> *Partner: Yeah, yeah, responsibility…[IV 1, 18-year-old TSI woman and her 22-year-old TSI partner]*

> *…[ex] was glad that I was, so then he said, oh, there, that'll stop you from thinking about having another boyfriend, you know, because no other kid is going to want you, cos you're gonna have a kid, and he might not have a kid…which was true, because I'm now with [boyfriend]…and he was like, oh, I don't know if I want to see you…because I had a kid, yeah...[IV5, Tyese, 17-year-old Aboriginal woman]*

Despite a lot of fear on the part of the young women about the reaction of their parents, most were very supportive when it came to the point.

> *Embarrassed…yeah, I was shy…yeah, I was…I was very excited though…me and him was excited… we were very excited…but like me telling me mum and dad…I just felt so shame and everything…I didn't tell 'em… he had to tell 'em…Yeah… cos I was afraid…Dad said, oh what are you being frightened for… that's what you're brought into the world for…cycle of life…[laughs] [IV9, 23-year-old SSI and Aboriginal woman]*

Most of the young women we talked to were against abortion on principle, and did not consider it a realistic possibility. Some had family members suggest it, but far more had family members who were very opposed to abortion. Tyese wanted to have an abortion, and had raised the funds from her mother, but was physically prevented from having the abortion by an abusive partner. Ann had undergone two earlier abortions, and on becoming pregnant for a third time felt it was "about time I take responsibility", despite opposition to continuing the pregnancy from her boyfriend.

> *SL: Did you think about any other options apart from keeping the baby?*
> *Ann: John thought about it, but I just didn't want to...*
> *SL: Why not, were you against it in general?*
> *Ann: Well like I'd had two [abortions] before, and I thought like, about time I take responsibility.*
> *SL: And John was happy with that?*
> *Ann: Yeah, well we had a talk about it first, and he told me he wasn't ready to be a father, and then I said, but you were ready to have sex without a condom and all that so…[Young Mums' Group discussion, 28th May 2003]*

> *Oh, yeah, I thought about having an abortion, yeah, cos I'd just started working…and like, it was all looking up, and then having to have to stop and whatnot, and I thought, nah, cos my life was just getting started, and then I'd be tied down…um, not so much tied down but limited to what I could do and that…so I thought about an abortion…But then I knew myself I couldn't go through with all the emotions and stuff like that to go with it…I'd always be asking myself…always thinking about that…I knew I wouldn't be able to deal with that…at least, if I did have it I'd always have family and friends supporting me in there…and if it got too much, I know mum would take responsibility for it and that …[IV4, 18-year-old Aboriginal woman]*

Transformative potential of motherhood

The young women interviewed took their responsibility as a mother extremely seriously. They saw becoming a parent as a turning point in their lives; a point at which they took on responsibility that previously they had been avoiding. Many spoke of becoming a mother as a transformative event that gave meaning to their lives, and clear differences were discernible in their narratives between their descriptions of lives before parenthood, characterised by hopelessness, drifting and unhealthy behaviour,

and their lives as mothers, in which they highlighted the positive steps they had made in terms of taking responsibility, and their plans and dreams for the future, while acknowledging the real stressors they faced. The young mothers in my study did whatever they felt was necessary to protect the best interests of their child, including separating from an abusive babyfather, stopping their substance abuse, or withdrawing from further education to take care of the child in preference to unsuitable childcare. Three of the ten women interviewed had been heavy users of substances including alcohol, marijuana, amphetamines and paint sniffing during their first pregnancies, and all three of these had a child with behavioural difficulties, two of whom also had a small head and other features suggestive of intrauterine damage from drug use.

Rewards and challenges

Young women interviewed were able to express many of the inherent emotional rewards of being a parent. They were very proud of their children, and enjoyed the unconditional love they received from them.

> *The best things…the best thing about having them, um…oh there's a lot of things I guess you could say...I mean…you know, if I could ask for anything, I wouldn't ask for anything more than what I've got already…[IV10, Edith, 22-year-old TSI woman]*

> *…well I guess love…it's all about love, but in between my 3 and my friends…we're all in big circles…I don't really care about anybody else…just me and my kids…it's like we're really in our own little world…and nobody can't come in, disturbing us…[IV2, 17-year-old Aboriginal woman]*

> *Yeah, and I always had that little partner next to me, you know, and wherever I went, I was never alone, see, he always kept my mind occupied and everything like that, yeah…that's what I love about my children…they can love you as much as you want, and never break your heart…[IV9, 24-year-old SSI and Aboriginal woman]*

Poignantly, one of the young women with the most turbulent past (Tyese) enjoyed the fact that her son was "…mine…you know, and like no one can take him away from me". She was under the care of the Department of Families herself and living in various foster homes, with very little support for her in learning to parent, and despite her best efforts her son was taken into care at four months of age.

> *It was all hard, but like it was hard like during the night, and sometimes the day…But I liked it because the best thing I liked about it is like being able to hold him, you know like when he was a tiny newborn and that…I used to like hold him and think, oh yes…this is mine…you know, and like no one can take him away from me and all that…and you know, I always kind of looked at him, and sometimes I looked as he just lay there…He'd wake up and he'd just lay there, and he'd be like looking at his little musical mobile…[IV5, Tyese, 17-year-old Aboriginal woman]*

For the 6 young women who had some supportive family, practical and emotional family support made their transition to motherhood considerably easier, and this was appreciated. For example, for Karen, having her mother move in to help with the care of the children and looking after her eldest child while she went "off the rails" was probably the factor that prevented her children from being taken into care.

In terms of challenges, most of the young women acknowledged that having a baby was harder work than they had anticipated, and that perhaps they had been less than realistic previously. One of the most common challenges for the young women was the need to put the needs of another first – to delay their own dreams and plans. The restriction of freedom involved in motherhood had an impact, at a time when most of their peers were out partying.

> *…I mean everything you ever wanted to do in life, is sort of put on hold…because there's something more important now, another responsibility other than your own, which comes ahead…But then, you don't have to put it all on hold, because if you have that family support, I think that's the easiest part that you have…then you can go out, and you can do what you need, but you have to do it slowly…one bit at a time…[IV10, Edith, 22-year-old TSI woman]*

> *I think just losing my freedom…Not being able to get up and go…like, cos I see a lot of young people just going clubbing and everything, and now…like I can't do that…But like I don't regret it… because I get enough appreciation from my kids…To me, that's the hardest…But now I've got my kids, and they're my priority you know…so my attention belongs with them, to make sure they got everything they need…and if it stops me from going clubbing*

until I'm 25 well that's it…that's just the way it goes…[IV3, Karen, 18-year-old Aboriginal woman]

It was hard…especially when I had no help, you know, I had no support…[IV5, Tyese, 17-year-old Aboriginal woman]

There was quite a contrast between those who had children and those who were pregnant with their first child in terms of how they thought things would be, and how realistic they thought they had been previously. The three who had not yet had their first child expressed unrealistic notions of what would come afterwards.

SL: So looking forward to after the baby comes…how do you think it will it be?
P: Hopefully it will be just…nice…
SL: What do you mean by just nice?
P: Hopefully she'll be really calm…And she won't be too much of a hard head [IV6, Timarah, 16-year-old Aboriginal and TSI woman]

In contrast, most of those who had children felt that despite earlier childminding experience, they were not really prepared for the reality of having fulltime care for a baby. One woman, however, who was 18 years old at the time of her first birth, did feel that she was realistic previously.

…and I was prepared…Yeah, I was prepared for it, and I knew what hard work was going to cost me, and yeah…I was prepared…[IV9, 24-year- old SSI and Aboriginal woman]

Nup…nup…I didn't…I didn't have not one bit of an idea of what it would be like…[SL: Just how constant?]…and because every child's different, no child is the same, you know…and when I was doing babysitting, they were big enough to like walk around…but not from the beginning, from where you go through the pain to giving birth…I just didn't have a clue…and my mother was always telling me…you're gonna feel it, you're gonna feel it…and I'm like shut up, shut up…but then I did feel it, and then I got 3 beautiful girls out of it, and I couldn't ask for anything more…[IV10, Edith, 22-year-old TSI woman]

For some, the most difficult things were structural factors such as housing, transport, financial stressors, or employment and childcare. Often these were exacerbated by relationship problems (especially a lack of emotional support but also violence), lack of social or practical support from family and stressors from other children (Table 6.3).

> *The hardest things have been…support from [babyfather]…like I need breaks too, you know…but he doesn't see that…he just thinks he can go out whenever…and stuff like that…but I just need a break for myself… and his family have been really shitty…there's been lots of other hard things, like transport…Cos I don't have a car now… and you know, I've got to walk everywhere…to the stinking bus stop…[IV7, Ann, 19-year-old Aboriginal woman]*

Table 6.3 Main challenges for young mothers

- Financial problems
- Transport
- Housing
- Lack of parenting skills and knowledge
- Stigma and harassment
- Relationship problems
- Social isolation

> *Cos like I tried for the last 2 years…even for this one…I've been finding jobs off and on, but it's been pretty stressful trying to find a day care spot for my son, see…so I'm trying to book him into one now, before I even have bubba, so at least I can have a vacancy in the day care see… what stresses me out the most is just sitting around four corners and doing nothing…that's what stresses me out…[IV9, 24-year-old SSI and Aboriginal woman]*

For at least two of the young women hassling and perceived persecution by child protection services made life challenging. Both felt that although there had been issues in the past justifying child protection that things had improved, however their reputation had been permanently tarnished.

> *…they [Department staff] had car seats and everything in the car last night ready to take the kids away and I just said, look you can go in my house, you can search my house any time of day, any time of night, and know that there's nothing in there that harms my kids or will be harmful to them…they were asleep, they're fed, bathed and in bed by 8 o'clock at night…[IV 3, Karen, 18-year-old Aboriginal woman]*

This stigma and hassling included the young mothers' perceptions of how they were treated in hospital during their pregnancy and birth. They felt that they were looked down on and treated differently to older mothers. They refused to go to antenatal classes held at the hospital for fear of judgement, and only received antenatal education individually and in small groups through Mums and Babies at TAIHS and/or informally through networks of family and friends.

The other major challenge that arose on many occasions as young women talked about problems for them was the real and perceived judgement by society about being a "teenage mother". For some this caused a real sense of shame and fear. However, showing a remarkable degree of resilience and agency, many of these young mothers chose to reject the labels put on young mothers by society at large, and showed great determination to "make something of their lives". Having fallen into their position as young mothers from lives that were on hold, they then became quite proactive, showing a fierce independence and commitment to the families they had produced.

> *…I was more stressed about was from, like outside of my family…It wasn't anyone I knew…Yeah, I guess that's today too… it's not so much what your family think, it's how other people look at you that makes you feel the way you do…I mean you can walk past…like I'd walk past a couple, and they'd look and think, "Oh, she's too young to have a kid"…[IV10, Edith, 22-year-old TSI woman]*

> *…people are just so critical these days about being this age, having babies, and it's really, it's none of their business, they're not the ones that are going to have to look after it, you know…[IV 6, Timarah, 16-year-old Aboriginal and TSI woman]*

"I'm a mum now, and I've got to start acting like one": taking responsibility

Becoming pregnant and having a child seemed to be a critical turning point for the young women interviewed. Although prior to this point many of them had been drifting without much sense of purpose, the pregnancy and child gave them a strong motivation to take responsibility, which they did with gusto. Many described becoming a mother as a miracle, a gift and an opportunity.

> *P: Well for me, the reason why I had kids is to keep me from…kept me out of trouble, from like sniffing and that…which I never did, but…I was just…put myself there, I could see what was going to happen…*
> *SL: So did you like, fall pregnant with that in mind, or did you just, once you had them think, oh, that's helping protect me…?*
> *P: No…it wasn't just that…it was that…they just gave me so much…it was just sort of like a gift…What I was doing with the elderly, like helping elders and that…was probably something I gave…and then something I got in the end…[IV2, 17-year-old Aboriginal woman]*

> *But then it's worth it you know, I mean, those things that you do put on hold, you know, are…just become small and minor things you know…Like, I always thought, they're just miracles…it's the biggest miracle you know God could ever give you...[IV10, Edith, 22-year-old TSI woman]*

Taking responsibility often involved tackling substance use issues, obtaining stable housing, and disentangling themselves from unhelpful relationships, all things that they perceived as important for the child's welfare and a part of "acting like a mum". For example, pregnancy or the birth of the first child was the motivation for Edith to stop drinking and partying with friends, Karen to stop paint sniffing, end a violent relationship and find stable housing, and Tyese to stop sniffing and drinking and committing burglaries.

> *…When I found out I was pregnant I just stopped…and I stood back and I looked at all my friends, and I just realised that this was not my life, cos I saw where they were heading…and I just couldn't think to bring a child into this world around that environment…so I put a stop to it…I made that choice, yeah…not just for myself, but for my child that was coming…[IV10, Edith, 22-year-old TSI woman]*

SL: What was the motivation for giving up the sniffing and things?
P: Cos I had a lot of trouble with Family Services…with the baby, see…they kept coming round, saying if I was still sniffing they were going to take her off of me, and that…and everyone and anyone was complaining about anything again…And I had a lot of trouble with her father, her father was saying he was going to take her off of me, and his mother wanted her…And I thought, stuff this, I'd rather have my daughter than you know let someone else look after her...and I had to get myself together…[IV3, Karen, 18-year-old Aboriginal woman]

Nah, like after I had [son] I settled down, like with the breaking in and everything, but then I don't do it anymore…like I came round to my mother again…and I'm like, look, I can't keep doing this, because I'm a mum now, and I've got to start acting like one…and then all that was really close to me was [son]…because [ex-boyfriend] wasn't around, he was in jail...[IV5, Tyese, 17-year-old Aboriginal woman]

The young mothers often expressed a justifiable pride in what they had accomplished in terms of raising their children with minimal support and resources, and making considerable lifestyle changes. They invested considerable energy in their constructions of themselves as "good mothers", in contrast with their depictions of some other young mothers as "bad mothers" and the felt stigma from health service providers and members of the wider community. Similar findings have been reported from other detailed ethnographic studies with young mothers (Breheny & Stephens, 2006; SmithBattle, 1995). These comments by Karen illustrate this pride.

I knew I was having that baby…I knew I made my bed and now I had to sleep in it…that was when I went to that youth shelter and got myself into that waiting list for a flat, and then I got my flat, then just sorted myself out from there…always had a place since then, we never been homeless…Yeah, cos I look at other mothers, like other 18-year-old mothers and like they have nowhere…they ain't got no house, and they're living with their mother, or they haven't got their kids or whatever, and here I am, like ever since I'm 16, I've had my own place, paid my own bills, had rented ever since I was 16, and get all my bills deducted straight out of my pay, so whatever I got left in my bank that's my money, and that's for my kids, you know…[IV3, Karen, 18-year-old Aboriginal woman]

> *Well if I'd had the father's support it would have been a lot easier, but, I've learnt to work through that…He's worth nothing more or less, cos he was never…I never had that support, you know…I done it all on my own…[IV3, Karen, 18-year-old Aboriginal woman]*

Often remarkable steps were made in terms of continuing with schooling that had been truncated prior to the pregnancy, which took a lot of focus and organisation.

> *…I was focussed on my schooling and focussed on the kids…but just I'd be measuring the bath water…it was just like I was doing science and that…I was doing maths at the same time…Sitting in the bathtub…and I went in there and they'd be sitting in there staring at me, like, what an idiot…I went and looked in the mirror and my eyes were all red…like I was drunk or something, but I wasn't, I was just that tired…Yeah, so I'd just sit down and have a couple of cokes, and that would keep me up until 11 o'clock…[IV 2, 17-year-old Aboriginal woman]*

> *SL: How did you manage to get back to TAFE…like you'd left after grade 10, and you managed to get back and complete all your 3 certificates?*
> *P: Yeah, cos like there's this other lady…she's played a big part in [daughter]'s life, cos I once lived with them, and mum once lived with them, and like they've had her, and like she calls them mum and dad too…and like when she goes to them she can stay with them for days and days and days and days without wanting to come home, you know…And cos there's lots of little kids there, and she said, like I'm going to go to TAFE…Yeah, and um, she said to me I'm going to go back to TAFE, what are you going to do, you can't be a mother all your life…And I said, well if you're going to go, I'll go with you…Yeah, so we ended up doing it together, and then we study it together at home and everything…yeah, and she goes to the same church that my mum goes to church too…they like second family to us now…[IV3, Karen, 18-year-old Aboriginal woman]*

However, much as they wanted to return to schooling, the women were only willing to do this if it did not negatively impact on their children, so it was dependent on safe and reliable informal childcare (formal childcare being prohibitively expensive and difficult to find).

Yeah, I went back when…I think [daughter] was just little…John came back from training, and his sister said that she'd look after [daughter] because we couldn't get day care or anything for her…and I used to come home from school, and she'd be like drunk, and I said, no, fuck this…and I just quit school…I just put her first…[IV 7, Ann, 19-year-old Aboriginal woman]

"You're not just going to drift in and out of her life how my father did": protection from unreliable fathers

One way in which young women took control of their lives and took responsibility for their children was by breaking off relationships where the babyfather was not acting in a responsible manner. Thus if a father was violent, abusing drugs, or not reliable in terms of financial help, very often the young woman would choose to "do it all myself."

But [first partner]…he thinks he can just come here anytime he wants, so I put a stop to that…I said if he wants to see them take me to court, cos I wasn't going to…she [daughter] was a mess for a couple of days after he was round, so I was like, no, you're not just going to drift in and out of her life how my father did…I said, I'm not having that…I said you either come here on a regular basis and see her or you stay away and take me to court for access…and since I said that he hasn't been back…[IV3, Karen, 18-year-old Aboriginal woman]

I'm thinking that our relationship will get stronger [when baby arrives]…I'm hoping it will, otherwise I'll be single again…cos I've told him I'm not putting up with nothing, cos I'll have my daughter by then…and if he mucks up he's out…so he already knows all this stuff…[IV4, 18-year-old Aboriginal woman]

Like, when I found out I was pregnant, I said, no more [babyfather], or you're fucking out…you're not wasting our fucking money on dope, and grog…[SL: Did he stop?]…Yeah, cos I used to threaten him…I said, you keep smoking, and like I'll fucking take off, and you'll never hear from us again, and he…like after he said he didn't want to be a dad and that…and I was pregnant…like he decided he wanted to do the right thing, and be a proper father, not like [his brother]…who ran away and shit…[IV7, Ann, 19-year-old Aboriginal woman]

Creating a future: hopes and dreams

Given their life experiences and struggles to this point in time, the young women interviewed were remarkably upbeat and positive about their futures and those of their children. A few of them had clear plans about the steps they could take over the next few years, but most of the others were sure that they would be able to "put something together". Almost all of them wanted stability with a house, some kind of a job, and a good relationship with their children – relationships with a partner were mentioned far less frequently.

> *SL: So just looking forward, to the next 5 or 10 years, what would you like to see happening for you and your kids?*
> *P: Well…um…with my brains and attitude, I think I can put something together…[IV2, 17-year-old Aboriginal woman]*

Five young women had gone on to have more children, with some of them expressing a conscious wish to complete their family early given their early start. They felt that after a few years at home with the children they would be able to access school and day care and establish themselves in the workplace. A few had plans for further study to facilitate these dreams.

> *Yeah, well I can't wait, cos that's what I want to get back in the workforce…I want to go back to TAFE and get a degree in social working…I reckon with all I've been through I'm sure I can help with someone…that's what my goal is anyway…next year I'll enrol her in kindy for the 5 days a week next year, and him for 3 days, yeah, so in that 3 days when he goes, like I can go and study, yeah, or just do a correspondence course…and I'll get a job and provide for them the way I want to. They've got everything they need…but just to give them that bit extra you know…so we can go on holiday, maybe do a few extra things…[IV3, Karen, 18-year-old Aboriginal woman]*

> *…Well hopefully in 10 years I want to have a house…and um…a car and a job…And in 10 years [daughter] will be 12…she'll be in Grade 7…I want to have a good relationship with my daughter…I don't want to be a bossy mother…I want to like…be her friend…as well as, discipline her…[IV7, Ann, 19 year old Aboriginal woman]*

It is an unfortunate reality that such simple wishes for necessities that most Australians would take for granted (house, car, job, trusting relationship) are long-term aspirations for this group of very disadvantaged young women.

One or two young women expressed a hope that their children would not go on to become early childbearers as it was "hard on them in life" and hoped instead that "they can go on the right track".

> *I'd like to see them do what I never done…I mean, I'd like to give them what I never really had…but most of all I wouldn't like to see them with a family…like start a family off real young like I did…like it would be hard on them in life…if they can go on the right track…[IV10, Edith, 22-year-old TSI woman]*

Summing up

Young Mums' Group discussions and interviews with these 10 young mothers have painted a vivid picture of disadvantaged young women struggling with high mobility, family dysfunction and abuse within their families-of-origin, disengaged from a schooling system that was not meeting their needs and drifting in terms of hopes or plans for the future. In this context they often became involved with abusing substances and entered relationships marked by coercion and manipulation. Their pregnancies, although unplanned, were not entirely unwanted, and the birth of their children was the stimulus for a major reorganisation of their lives. They viewed their children as transformative gifts, often empowering them to make a series of positive changes in their lives. They took pride in their parenting and their identities as mothers, although the quality of this was contingent on adequate support. However, they continued to face difficulties due to inaccessible childcare, housing and education, ongoing relationship difficulties, poverty, and stigma and judgement from others. They were clearly requesting help with some of these challenges, in order to be the best mothers that they could be.

Postscript

So what became of these young women who were so generous in sharing their lives, hopes and dreams with me for this project?

Karen had her third child, who was of low birth weight and had a medical condition requiring surgery a few weeks after birth. Her mother has returned interstate to care for some other grandchildren. Despite entirely appropriate responses to her son's non-

preventable illness, the Department of Child Safety used his illness as the grounds to remove all three children from her care. She is currently fighting to have them returned to her.

Edith continues to live with her partner in their own house and raise their 4 children. She still hopes to return to further study some day, but in the meantime does the best she can with the children.

After a difficult pregnancy, Timarah gave birth to her daughter and a short while later her partner was released from jail. They moved out of his parents' home, and struggled with their child due to a lack of resources and parenting skills. She has been taken into the care of protective services. Timarah and Martin have separated, and she has recommenced drug use.

Tyese had her second child, a daughter, and is living with her partner and his mother, caring for her daughter well, and attempting to regain custody of her son.

Ann is still raising her daughter, and has taken legal action to prevent harassment from her daughter's father and regulate his contact. She is currently applying for several jobs and hopes to return to further study when her daughter is older.

Mandy and her partner continue to raise their daughter Amy. Mandy felt that her confidence increased a lot after working as a peer interviewer in schools for this project and started up her own home-based franchise business. She and Justin still talk about options for recommencing their studies. They continue to have issues with social isolation, lack of transport and financial problems.

Chapter 7 Birth and beyond

In the previous two chapters I have presented, in their own words, how young Indigenous people in Townsville understand the role of pregnancy and parenthood in their lives in the context of their home lives, education and aspirations, relationship dynamics, and knowledge and attitudes about contraceptive use. The views of young people in schools (mostly without previous pregnancies) and the views of young mothers differed somewhat, but both revealed relationships dominated by coercion and hegemonic constructions of sexuality, inconsistent use of contraception, disapproval of abortion as an option if a pregnancy occurred, and a paucity of role models in the educational realm.

Although most young people in school felt that pregnancy and birth as a teenager would be very difficult due to stigma from others and a limitation on educational aspirations, they did want to become parents in their early twenties. Their educational aspirations were not matched by knowledge of the pathways to follow, and contraceptive use was limited by "shame", a need to protect their reputation, and limited skills at communication and negotiation in this area. If they became pregnant, most young people would not consider abortion, and would receive family support and help with the baby. The net result was that the immediate negative consequences of having a child while still a teenager in terms of truncated education or family disapproval were not particularly pertinent to these young people, as they were already struggling with educational options and pathways, and felt confident in the likelihood of family support. Although they recognised some difficulties inherent in having a child while still a teenager, in many ways, for them, this was the "least hard" of a limited set of options.

The young mothers viewed their children as "transformative gifts" that while not traditionally "planned", were also not entirely unplanned, but something that "just happened" to them. The birth of their children had motivated them to make a number of positive changes in their lives, from an extremely disadvantaged starting point. Family support, where it existed, was extremely important in assisting them with their parenting. However, they continued to be extremely disadvantaged in terms of poverty, education and access to services, and requested additional help and support in terms of parenting skills and advice, support and services.

In this final chapter, I initially reflect on the process of conducting this research in terms of strengths and challenges, before moving on to a more detailed examination of the findings from young people in schools, and then from young mothers, in the context of my original research questions, pre-existing knowledge and implications. I consider the way in which young Indigenous women perceive the life options open to them in terms of education, employment, pregnancy and parenthood, and how these perceptions are influenced by structural factors, the attitudes of others and broader sociocultural discourses. I then look at how knowledge, attitudes and behaviours around sexual practice are linked for these young women, and how boyfriends, peers and constructions of acceptable feminine sexuality influence these. Finally, I reflect upon the stories from young mothers, with a particular emphasis on what can be done in improve support for these women and their families. I conclude with an examination of the policy implications of the work and a list of recommendations for changes to policy and practice and future research.

Reflecting on the process

Given the chequered history of research involving (or about) Aboriginal and Torres Strait Islander Australians, the process of planning and implementing any research enterprise can be almost as important as the outcomes in terms of building firm foundations for future collaboration and beginning the long slow process of building up trust about research within Indigenous communities (Thomas, 2004).

Strengths

The design and implementation of this project were integral to its strengths, contributing to the rich, multifaceted data that we were able to gather about sensitive topics in a population traditionally considered hard to reach: Indigenous young people. The fact that the project was implemented from within an Aboriginal and Torres Strait Islander community controlled health service and the long consultative lead-time helped facilitate community involvement and acceptance. The length of time required for adequate community consultation is beginning to be recognised in ethical guidelines and documents (Penman, 2006), but has not on the whole been recognised by funding bodies. The community already knew me and other team members as health professionals, which assisted in establishing trusting relationships. For example, when ringing parents to follow up on consent forms that had not been returned, I often had a pre-existing professional relationship with them and was able to build on this in explaining the project, rather than calling “cold”. However, there are both advantages

and disadvantages to having split roles as a health practitioner and a researcher and at time ethical issues may need to be confronted and the health needs of participants dealt with (Coy, 2006). Overall, I felt that our status as health professionals known to the participants allowed us to be accepted as trustworthy and reliable sources and recipients of information, whilst facilitating our ability to actively contribute to the participants in terms of health information and services.

Indigenous participation in Indigenous health research can occur on a number of levels. Kowal, Anderson and Bailie (2005) criticise the tendency of researchers to lack clarity when describing the nature of Indigenous participation, and define four overlapping rationales for Indigenous participation in health research. I would argue that this project at various stages utilised all four rationales: ranging from the most superficial pragmatic rationales (necessary to get things done), through moral (it's the right thing to do), interventionist (will lead to benefits through participation) and ultimately epistemological participation, founded on the belief that the knowledge of Indigenous people is "the best quality knowledge about Indigenous health" (Kowal et al., 2005, p. 469).

The participatory approach to the conduct of the Young Mums' Group provided a range of positive outcomes. The young women involved clearly enjoyed participating, and their committed participation ensured that the project and instruments were appropriate and acceptable to our target group. It was particularly rewarding to see the growth in confidence of the young mothers who received training as peer interviewers and came with us into schools. They gained skills in public speaking, organisation, basic computer skills, advocacy and became indispensable members of the team. One young woman directly attributed starting up a home-based franchise to a rise in self-confidence arising from her involvement in the project as a key participant and peer interviewer. Peer interviewers were particularly important in building up relationships with participants, and maximising participation rates. A large UK study also found benefits from the use of peer interviewers in this type of research, and echoed the practical difficulties of working with disadvantaged groups of young mothers (Petrie, Fiorelli, & O'Donnell, 2006). Other Australian work has reinforced the benefits of a participatory action approach in work with Indigenous communities on broad social issues (Cass et al., 2002; Hecker, 1997; Tsey et al., 2002). Our work in schools and the youth shelter during both informal discussions and focus group discussions was an important health promotion intervention in itself, both through the direct provision of health information and answering questions, and through the facilitation of linkages

with comprehensive health care at TAIHS. Although formally evaluating this was beyond the scope of this thesis, I noticed many young people we had met through the project subsequently attending TAIHS for health care, and we are building on this in terms of program development and further research.

My custom designed computer-assisted self interview proved very popular with target participants, with added efficiencies in terms of time and accuracy of coding and data entry. As word spread about the project, instruments and team, students actively sought us out, requesting participation. Using multiple methods of data collection enabled me to gain a rich, contextual understanding of young people's attitudes, views and reported behaviours around relationships, sex, contraception and parenthood. Following Cass (2002) and others, I constructed the project in a way that deliberately blurred the line between participants and researchers, and was able to show similar themes from data from several sources using the principles of triangulation, increasing the likelihood that our findings are valid (Johnson & Onwuegbuzie, 2004). Through presenting results and emerging themes back to the Young Mums' Group for feedback, I was able to gain a form of respondent validation or member checking (Mays & Pope, 2000). However, I recognise, as does Barbour (2001), that none of these devices on their own can ensure validity, but are merely tools to assist in the process.

Overall, the methodological design of the project was new, and designed to answer my specific research questions, rather than to follow any pre-existing method. The involvement of young mothers at all stages of the project was critical to making the project "youth friendly" and ensuring that I both asked about and correctly interpreted issues of relevance to our topic. Without their involvement, my data collection may have been flawed and incomplete, and my analysis and interpretation would have lacked an important dimension. Their insights and discussions initially helped me to "frame" the topic and scope out the relevant issues that I could subsequently explore further. The input of two Indigenous Health Workers, Priscilla Page and Robert Scott, throughout the data collection, analysis and interpretation stages was also vital to this.

Through using various methods of data collection, and collecting data from various groups (ie. young Indigenous men and women in school and a homeless youth shelter; young mothers), I was able to gain a more complete picture than had I focused on any one of these groups or methods alone. For example, the quantitative survey data gave me the "what" of young people's sexual attitudes and behaviours, but the qualitative material from focus group discussions was necessary to help me interpret it in terms of

the “why” and “how”. Studies about teenage pregnancy often focus on either never-pregnant young people, or young mothers, but rarely gather both perspectives, so this adds another degree of depth to the data and analysis. Interestingly, this project, designed independently, is in line with recent suggestions from the cutting edge of research with young people in Australia (Couch et al., 2006; Eckersley et al., 2006) about combining methods and disciplinary interests, and participation of young people at all stages.

Challenges

I faced many logistical challenges in the design and conduct of this study. My findings are limited by the fact that overall the results provide a snapshot in time, lacking a longitudinal component. Ideally, one might follow young people over time, to study how self-reported attitudes and beliefs translate into actual behaviour and outcomes (Ajzen, 1988). This can be very difficult in urban Indigenous communities due to high mobility; however, some studies are beginning to attempt to introduce a longitudinal component (Coffey et al., 1999; Holmes et al., 2002). In addition, this study analysed only self-reported (as distinct from observed) behaviours, especially in terms of sexual risk behaviour. Although this is a theoretical issue, previous studies have suggested that there is likely to be a high correlation between self-reported and actual behaviour when using an anonymous computer-based survey with young people (Hibbert et al., 1996; Paperny et al., 1990).

Although generalisability was never an aim of this study, my findings are clearly specific to a group of Aboriginal and Torres Strait Islander teenagers in Townsville, and based on a relatively small group of teenagers. We made no attempt to make this a random or representative sample, but did take steps to gather the views of a broad range of Indigenous young people. However, our findings are bolstered by the resonance they have with the young people involved, and similarities across data collected using a variety of approaches. Local and distant literature also supports the importance of some of the issues raised (for example see Allen, 2003; Blair, Zubrick, & Cox, 2005; Hill et al., 2005; Jewkes, Vundule, Maforah, & Jordaan, 2001; Kirkman et al., 2001; Morehead & Soriano, 2005; Shoveller et al., 2004). It is likely that many of the findings from this study will have relevance for other populations of urban Indigenous young people elsewhere in Australia (and possibly overseas), but further locally based studies in different areas are necessary to confirm this.

There is a high cost in terms of energy, time and resources involved with collaborative team-based decision-making. In particular a long lead-time is required to consult with relevant people and truly give them time to consider the project and implications (Grove et al., 2003). Keeping in contact with a disadvantaged group of young mothers in the face of frequent moves, lack of telephones and transport is certainly a challenge requiring perseverance, but not an insurmountable one. A dedicated Aboriginal Health Worker is essential to perform this important outreach work, as their knowledge of and acceptance by the local community facilitates keeping in touch with young women and the building of trusting relationships.

There are issues in terms of the longitudinal continuity of project staff and funding. Projects such as this one often receive finite grants to employ workers, and at the conclusion of the project there is a risk that the momentum created disperses with the end of the funding (Arabena, 2006; Shannon, Carson, & Atkinson, 2006). Again, locating the project within a community controlled health service may help to ensure some continuity, but keeping the same staff to ensure continuity of the trusting relationships that have developed over time is important, and sometimes problematic (Holmes et al., 2002).

The final challenge is that of dissemination of results. I invested a great deal of time and effort building up the trust required to gather information about sensitive areas. Reporting of results must be done equally carefully, as even with the best of intentions media responses to results presented can be sensationalist, misleading and damaging to the communities involved, and the relationship between the communities and the researchers (Petrie et al., 2006). This is a major issue in terms of reporting findings from a study involving a sensitive subject such as this, as biased and inaccurate or selective reporting adds to the stigma and disadvantage faced by Indigenous young people, and reinforces false preconceptions held by the wider community. The irony is, that even with the closest of attention to relationship-building, consultation and reporting with Indigenous populations in partnership, it is in terms of reporting to the wider academic community that damaging media coverage can easily occur. Dwyer and Wyn (2001) raise the issue of discussing students “at risk” and the potential problematisation that results. Reaching a balance between not demonising young people “at risk”, yet not minimising the difficulties they encounter in their daily life can be a challenge. After a lengthy discussion about "the rights and wrongs of different types of academic discourse *about* young people" they suggest presenting the positive and negative realities of young peoples’ lives as far as possible in their own words

(Dwyer & Wyn, 2001, p. 159). In this work I have followed Eckersley and others (2005) in attempting to draw links between personal issues and broader institutional and cultural contexts using the voices of young people and their attempts to create stories for the future to understand complex social interactions. I have a responsibility to ensure that the results are useful to the participating community, and presented clearly and fairly, while being cognisant of the potential for abuse by those with alternative political or social agendas.

Young people in schools and the youth shelter

Aspirations and education

In this thesis, I have demonstrated that young Indigenous people in Townsville, like young people elsewhere, are actively involved with creating their own identities and creating a future for themselves. They do this while deeply embedded in their sociocultural context, broadly including so-called "risk" factors at the micro or macro level such as poverty, overcrowding, racism, family dysfunction, educational disengagement and gender imbalances, and factors that may enhance resilience such as cultural strength, family cohesion, strong peer relationships and a sense of self (Holmes et al., 2002; Kalil & Kunz, 1999). They have many aspirations and dreams for their own futures, often shared by parents and other significant adults, but many lack clear plans or pathways for realising these dreams. The young people studied were creating and nurturing their own social networks, and many were involved in sexual relationships. Some were experimenting with substance use, and many were not consistently safe in their sexual behaviour.

Yet all of these aspects of young peoples' lives were clearly affected by overarching issues of social disadvantage (for example overcrowded households, single parent families and so on), discrimination (both within schools and in the broader community) and sex-based power disparities. The range of options that young people perceive as being open to them is profoundly influenced by the experiences of close adults, particularly parents and other significant mentors. As Wierenga (2002) describes from her study of "storying the future" of 32 Tasmanian young people, "the social networks that provide goals, stories and ideas will often be embodied as the means to their real-world attainment" (p. 25). She also stresses the importance of a close adult mentor, who is well acquainted with the young person's own "universe of meaning" and shares a relationship based on trust and mutual respect (Wierenga, 2002, p. 25).

The young people we talked to had family norms of early school leaving (commonly Year 10 level) and early parenthood (52.1% of their mothers had their first birth in their teenage years), although most of their parents had also been in stable employment. Very few of them had parents who had gone on to further education and thus few had adult mentors with a personal knowledge of how to overcome barriers to further educational attainment. Thus although many students and their parents professed a desire to finish school and go on to further education, few had an idea of the actual pathways involved. The current model of guidance counselling in schools was not adequately addressing this; most students suggested the counsellor was someone to see with personal problems rather than for vocational advice. Naturally, all of these problems were more acute for those young people from the homeless youth shelter, who were largely disengaged from both formal education and their families, although attempts were being made to link them back into education.

Furthermore, within schools, young people often felt that the expectations of them were much lower than those for non-Indigenous students. As described in Chapter 5, Indigenous students were expected to excel at sport, but not at academic pursuits, and we witnessed groups of Indigenous young people being labelled as troublemakers by school staff on several occasions. We also saw racist graffiti in schools and heard about several episodes of verbal taunts based on ethnicity. For example:

> *Fist fight in the afternoon between 2 key black girls and a white girl who had called them sniffers. Predictably enough, they [the Indigenous girls] were suspended…[Field notes, 7th May 2004]*

Several previous studies have commented on the effects of racism, both structural and ideological, on the relationship between Indigenous students and their schools, and its impact on students' career and job aspirations (see Craven et al., 2001; Gilbert & Gilbert, 1995; Helme, 2005, for an overview).

I found that young people often lived in large overcrowded households (median number of people in the household 5, but 39 young people lived in households of 8 or more people), without access to computers, and few of them had available adults who were able to assist in any way with their homework (or indeed provided any support for them in doing it). Indigenous adolescents were also limited by a lack of accessible role models in higher education or professional fields. These social and transgenerational

factors together contributed to a systematic disadvantage of many Indigenous students within the current educational system. Similar social and structural problems have been reported by other local research about Indigenous students and schooling (Gilbert & Gilbert, 1995; Hill et al., 2005). Hill's (2005) local study of factors important in school disengagement in a disadvantaged area of Townsville found that school factors (including low expectations, lack of individual relationships and inadequate career guidance) combined with home and personal factors (including high mobility, no access to computers, family dysfunction and lack of transport) often combined to increase the chances of school disengagement. Australian research has confirmed that the life-chances for early school leavers are more limited than those of their peers (Lamb, Dwyer, & Wyn, 2000) and despite recent gains in Indigenous school retention rates the national Indigenous retention rate to Year 12 in 2005 at 39.5% was still much lower than the Year 12 retention rate of 76.6% for non-Indigenous students (Australian Bureau of Statistics, 2005b).

The strong gender difference in aspirations for further education between young women and men (and their parents) was surprising. After discussion with young people and the project team, it seems that young men mostly wanted to finish school and then go straight into stable employment to meet their traditional role as providers for the family. To my knowledge this has not been formally studied to date and it warrants further exploration, although in the literature generally it is clear that males, especially Indigenous males, are most likely to disengage from school early and prefer vocational rather than academic training (Craven et al., 2001; House of Representatives Standing Committee on Education and Training, 2002).

The overwhelming impression remaining after discussions with these young people is of complex problems they face in meeting their educational and vocational aspirations. There are many complicated pathways to negotiate in order to reach adulthood, with education, employment, family and social relationships all playing a large part. Most young people we talked to and their families placed a lot of importance on education as a path to self-improvement. However, societal, educational and occupational changes have meant that even school completion is no guarantee of a job, and that further training is needed. This generation of Indigenous young people appears to have internalised the importance of educational success for their future careers, yet the pathways continue to shift, such that school completion is now only the first step towards stable employment. Policies of the current Australian government put responsibility for education and training squarely at the feet of the individual, neglecting

underlying inequality and power imbalances (Dwyer & Wyn, 2001), often resulting in the problematisation of those who do not succeed in the traditional educational market.

The current challenge is to help those young people and their families who express a desire for further education to map out the pathways involved and achieve their dreams in the face of structural disadvantages and persistent racism experienced in schools and other educational institutions. This requires widespread change in school and societal attitudes, policy and pedagogical changes and close cooperation between the education and vocational sector, as well as support for individual students.

Relationships and sexual activity

Indigenous young people taking part in this study were also actively creating social networks and sexual relationships. They drew strength from their peer group, particularly their Indigenous peers and identity, in a school and neighbourhood environment that was perceived as hostile. It is difficult to disentangle the interrelationship of practices of femininity (or masculinity), ethnicity and class. White and Wyn (2004) suggested that within schools groupings by gender and ethnicity can serve to "affirm social presence, to ensure mutual protection, and to compensate for a generally marginalised economic and social position" (p. 23), and I certainly found that Indigenous boys and girls (particularly the boys) tended to socialise together within the school system and look to one another for protection.

I found that social and sexual relationships tended to start with groups of young women and young men going out separately and meeting up at a park or party. Alcohol, cigarettes and marijuana were commonly involved at these gatherings, and various pairings between young people, nearly always initiated by the young man, would occur in this setting. In more established relationships, the couple would often go out on their own, sometimes to the displeasure of their same sex peer groups.

In our sample of young people 45.9% reported having had sexual intercourse. This is not dissimilar to figures from studies involving other groups of Australian young people. For example, a nationally representative random survey of 2388 secondary students found that 25% reported having had sexual intercourse by Year 10, and just over half by Year 12 (Smith et al., 2002). Furthermore, this group found that 6.1% of respondents had experienced sex that resulted in pregnancy and 65% of sexually active students used condoms with last sex, but only 17.2% used the recommended

dual contraceptives (Agius et al., 2006). In a study from Melbourne involving almost 9000 students, 10% of Year 7 students reported having had sexual intercourse compared with 1/3 of Year 11 students (16-year-olds), and although condom use increased with age, less than 50% overall reported always using a condom (Bond et al., 2000). Likewise, an older, qualitative study of sexual behaviour amongst 95 16 to 18-year-old girls in Melbourne found that 42 (44.2%) had had sex, and of these only 21 (50%) had used condoms at last sex (Wyn, 1994).

Less information is available about the sexual behaviour of Indigenous young people. The Youth Self Report section of the large Western Australian Aboriginal Child Health Survey (WAACHS; 1073 young people aged 12 to 17 years old; Zubrick et al., 2005) found that 74.5% of Aboriginal 17-year-olds reported having had sexual intercourse and for 48.6% this occurred before the age of 16 years. For Aboriginal young people 33.4% of 15-year-olds, and 43.9% of 16-year-olds had had sex (comparable 1993 estimates for non-Aboriginal youth were 16.0% and 23.5% respectively). Apart from age, independent associations with having had sex were having left school, drinking alcohol and using marijuana (Zubrick et al., 2005). The slightly lower rates of sexual activity found in my study probably reflect my largely school-based, urban sample, in contrast to the population-based sample of the WAACHS study.

Just over 70% of the sexually active students in the WAACHS study relied on condoms for contraception, and this percentage declined with age, and was lower (59.0%) in females. Over 33% of 17-year-old girls reported having been pregnant (Zubrick et al., 2005). It is interesting to note that in the Aboriginal study condom use was found to decrease with age, while in the largely non-Indigenous studies the tendency was for condom use to increase with age. In this study, the CASI survey indicated that condom use tended to increase with age, especially for condom use at first sexual intercourse, however the small group discussions and interviews revealed a very complex picture with many factors other than age impacting on condom use in a given situation.

In terms of a broader contextual understanding I found that sexual practice was very limited for both young men and young women by prevailing sociocultural norms about normal masculine and feminine sexuality. For most young people in my study, sex was seen as the next step in a committed relationship, but for most girls it was something they submit to or accept rather than something they actually desire, or admit to desiring. As in previous research, many young women saw the male sexual urge as something that they had a responsibility to either submit to or resist, so many viewed

as consensual what appeared to be coercive sexual intercourse (Hird & Jackson, 2001; Tolman, 2002; Wyn, 1994). One or two young women were able to discuss the concept of female sexual desire, but for most this remained a taboo topic, inconsistent with public ideas of “good” femininity (Macpherson & Fine, 1995; Tolman, 2002). Gendered sexuality as commonly portrayed suggests that boys cannot control their sexuality (Hird & Jackson, 2001), and thus girls are held responsible for controlling theirs. Using this logic a lack of desire is encouraged, and female desire is indicative of moral deficiency (Tolman, 2002), paving the way for relationships that are often emotionally or physically coercive (Halson, 1991; Hird & Jackson, 2001).

Gender, power and coercion

Gender-based power imbalances have been discussed previously in the context of sexual relationships between adolescents (Blanc, 2001; Gage, 2000; Gilbert & Gilbert, 1995; Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990). Amongst adolescents sexual partnerships occur while young people are gaining independence from their parents, constructing their sexual identities and are especially susceptible to pressure from their peers (Gage, 2000). In the words of Blanc (2001), "gender-based socialization of boys and girls continues to create power dynamics in sexual relationships that put young women at a disadvantage and are not beneficial to young men" (p. 208). Based on the literature in this area she concludes that sexual role expectations experienced by males and females are limiting for both, and stresses the importance of encouraging the development of gender equitable attitudes amongst young men and women. She points to many challenges in the implementation of interventions in these areas, and knowledge gaps in existing research. One of the major challenges is the difficulty of measuring power within relationships in any consistent way from the perspectives of males and females. Blanc (2001) links the balance of power within relationships to sexual and reproductive health in three main ways: 1) directly; 2) through its relationship with violence between partners; and 3) through its influence on the use of health services. In teenagers especially, gender based violence is a common result of power imbalances and often leads to less use of contraceptives and pregnancy (Jewkes et al., 2001; Kaufman et al., 2007). I found that young men were limited by a need to defend themselves against any suspicion of homosexuality, and young women were limited through the persistence of inequitable consequences and judgement for sexual activity, a lack of power in terms of protecting themselves against pregnancy and infections and their disembodiment when it came to articulating desire.

So women must negotiate safer sex in a social climate characterised by "gendered power relations, sexual hierarchy and male dominance" (Holland et al., 1990, p. 341). The sexual double standard prescribes that “a woman’s sexual behavior be more conservative than a man’s e.g. a woman must be in love to have intercourse and should have fewer sexual partners than men” (Kelly & Bazzini, 2001, p. 785), but there has been some debate in the literature (based on studies with largely white US teenagers) about the continuing existence or otherwise of the sexual double standard (Kelly & Bazzini, 2001; Marks & Fraley, 2005). Despite this, I found that young people in this study were establishing sexual relationships in the context of an almost universal sexual double standard that gave men more sexual freedom and rights of sexual self-determination than women, and judged men less harshly when they strayed from the mainstream scripts. Labelling of young women that departed from the acceptable standards of sexual behaviour was widespread amongst both young women and young men, and very damaging in everyday social interaction, whereas young men escaped the worst of this labelling.

I found a widespread culture of fear amongst young women about the consequences of sexual activity, born out by their frequent knowledge of friends who had been pregnant or had their reputation tarnished by their sexual behaviour, more than by fear of sexually transmitted infections (STIs) or HIV. The low salience of the risk of STIs for participants may represent a degree of under-diagnosis (only 3.9% of sexually active respondents reported being diagnosed with an STI), although accurate prevalence data for this particular population are lacking (Panaretto et al., 2006). It is quite likely that this fear of the consequences of sexual activity was perpetuated by the “sex-based shame” encouraged by the way sex education was taught with an emphasis on pregnancy and STIs rather than healthy sexual development (see Shoveller et al., 2004 for a discussion), although further work is necessary in this area with Indigenous Australian young people.

However, like earlier studies I found that there were subtle advantages to sex for young women in terms of being classed as a “girlfriend”, especially with the more popular boys, even if the relationships were lacking in autonomy and reciprocity (Halson, 1991; Lees, 1993; Milnes, 2004). Young women in my study did earn a certain respect and envy from their peers for being in a relationship with a popular boy, despite all the girls maintaining there were no advantages for them in sexual activity. In UK research, Milnes (2004) found that young women played a key role in giving the sexual double

standard legitimacy through their labelling of other young women who they considered promiscuous. Despite recognising and criticising the sexual double standard as it existed and constrained them, and talking about sexual equality, they perceived a choice between romance and sexual equality, rather than the possibility of having both. Earlier, Halson (1991) emphasised the role of girls at school in giving the sexual double standard legitimacy, and enacting female sex roles characterised by servicing the sexual needs of men. She stressed a continuum from verbal harassment in the schoolyard to violence in sexual relationships, and the culpability of schools and the broader community in not tackling the underlying patriarchal power structures (Halson, 1991).

It is important to study how male and female sexuality are culturally constructed within each community, and the impact of this on the way sexual enjoyment is portrayed. Although this is dated research, the findings still seem to be relevant in Townsville in the early 21st century.

> *The control which young women can exercise over the risks or safety of their sexual practices is constrained by the confusion of their notions of sexuality with their expectations of romance, love and caring...Sexual identity for heterosexual women is ideologically constructed in a context which defines sex in terms of men's drives and needs...Women tend to be seen, and to see themselves, as passive receptacles of men's sexual passions…(Holland et al., 1990, p. 340).*

Lees (1986; 1993) described the negative consequences in terms of identity ascribed to sexually active women. This relationship is not straightforward however, as positive social identities for young heterosexual women are linked to their social relationships with men as girlfriends, wives, or love objects so long as they don't cross the invisible line limiting their behaviour and become classed as "sluts" (Gilbert & Gilbert, 1995; Halson, 1991). Women are often expected to be sexually available but not active in sex (Blanc, 2001), resulting in distress and dissatisfaction about sexual relations they can't control and don't find pleasurable. This may be especially important for adolescent girls who are susceptible to coercion. Furthermore, a degree of sexual equality and assertiveness is necessary to facilitate sexual communication, and the negotiation of condom use (Greene & Faulkner, 2005), and as we have seen this was not apparent amongst young people in Townsville. This has led some academics to stress the importance of any sexuality education in schools being "sex positive",

acknowledging young people as sexual beings and allowing a discussion of pleasure and desire rather than just risks (Allen, 2004; Ingham, 2005).

Certainly, from the perspective of young women in my study, considerable pressure was felt from young men to enter into sexual relationships. Young women who felt confident in themselves and their relationships seemed able to resist this pressure. The most vulnerable were the younger students, and those lacking in self-confidence or faith in their own attractiveness, who often succumbed to "keep the guy". Although sexual intercourse was often seen as the logical next step in an ongoing relationship, and legitimised using the "love discourse", in some peer groups frequent casual sexual encounters, especially in the context of alcohol use at parties, were the norm. Male focus group discussions also remarked on this, suggesting that some young women were willing (and non-discriminating) sexual partners, whilst others took a lot of persuasion, and were thus more worthy of the male's attention. As Gilbert and Gilbert (1995) report from their study of disadvantaged girls in Townsville:

> *The line between promiscuity and acceptable sexuality was difficult to traverse, and not always clear. The girls, as well as the boys, seemed to regulate female behaviour by identifying those girls who went beyond acceptable boundaries of sexual relationships as "sluts" (p. 43).*

However, I found there were also small peer groups of young women who ignored these societal pressures and indeed often became the sexual "aggressors", going out to parties and often seeking brief sexual relationships. Macpherson and Fine (1995) and Milnes (2004) have discussed the ways in which women may seek sexual freedom by adopting a more egalitarian sexuality, only to find themselves equally constrained in terms of limitations of their chosen role. Young mothers in the UK perceived a choice between mutually exclusive possibilities of romance or sexual equality, positioning them as torn between two alternative, contradictory gendered sexual identities, each with limitations (Milnes, 2004). The need for young women to be free to experiment sexually was emphasised in this analysis (Milnes, 2004). Certainly my work suggests that sexual equality is a long way off for young Indigenous women in Townsville, and schools as well as families and community groups have a role to play in promoting sexual equality, condemning instances of sex-based harassment, and teaching young women skills for resisting coercion.

Unwanted sexual touching is an area that warrants more exploration. I found that forty students out of 180 (22.2%) reported unwanted sexual touching (28 F and 12 M; p=0.019; 6 from youth shelter), with another 13 saying that this may have occurred. As expected, rates tended to be higher amongst residents of the homeless youth shelter, who came from more disrupted family backgrounds. Fourteen out of the 38 perpetrators of this unwanted touching were 5 or more years older than the participant, and most affected young people had already sought help. Likewise 3 young women (3.1%) described their first episode of sexual intercourse as "unwanted" with 2 of these three reporting previous unwanted sexual touching. Although unwanted sexual touching and childhood sexual abuse are areas that are very difficult to quantify, recent reports have suggested that all forms of family violence have a higher frequency in Indigenous communities, especially in rural and remote areas, linking this squarely to a local history of colonialism and dispossession with resulting lack of employment, substance use and family dysfunction (Al-Yaman et al., 2006; Arabena, 2006; Atkinson, 2002).

There is still much that remains unknown about the ways in which male and female sexuality is constructed in Indigenous communities, the effects of mainstream ideals, and the impact on young people as they construct their social and sexual relationships. Certainly global and local literature suggests that in communities that are grappling with a history of colonialism, dispossession, and resulting family dysfunction, very patriarchal attitudes and family and interpersonal violence may increase in frequency (Atkinson, 2002; Kaufman et al., 2007; Wood et al., 1998). Pearson (2001; 2007b) maintains that this is a direct result of substance (especially alcohol) abuse and addiction in Indigenous communities together with exclusion from the mainstream economy and passive welfare, that together have destroyed cultural values and behaviour. He suggests that although colonialism and dispossession may have created the circumstances for people to experiment with substance use, that the addictions themselves and the culture of drinking and violence in communities have now become self-perpetuating, and require drastic policy change to interrupt (Pearson, 2001, 2007b). Some have suggested that violence and coercive interpersonal relationships are one way (albeit dysfunctional) in which males can assert some authority in a world that has taken away their traditional authority while keeping jobs and education elusive (Anderson, 2002; Gage, 2005). Although the area is sensitive it is essential that more work is done to increase our understanding of gender relationships, domestic violence, substance use and coercive or abusive practices in

Indigenous adolescents in order to work with communities to break the transgenerational cycles that seem to be occurring (Arabena, 2006; Atkinson, 2002).

Contraception

Young people's knowledge about safe sex and birth control was variable. Overall 60% of students who were sexually active reported always using condoms. The limiting factor seemed to be "shame" in terms of bringing up the issue and negotiating condom use at the onset of a sexual relationship. For young women in my study, carrying a condom or suggesting its use suggested premeditation, and thus risked a label of "slut"; thus health was risked in an attempt to protect reputation. This finding has been reported previously from a diverse sample of young women in Melbourne (Wyn, 1994), in which 50% of sexually active girls reported using condoms at last sex but similar dynamics were at play (Wyn, 1994). Similar results were reported in another study of Australian adolescents in a rural area (Hillier et al., 1998) and in the US (Stevens-Simon & Sheeder, 2004), and these findings provide an ongoing challenge to safe sex education.

Most students had at least a basic working knowledge of contraceptive methods, and were able to access condoms if required. This knowledge was acquired from school sex education, sometimes from family, and from friends, magazines and health staff. School sex education was very variable in terms of timing and delivery, and many students missed it altogether due to absenteeism, scheduling issues and "shame" about the way in which it was conducted. However, students had many suggestions about how school sex education could be improved, and it seems necessary to expand it to include communication and negotiation skills, and to attempt to challenge some of the prevailing norms about male and female sexual roles. For these young people, sex education in small single-sex groups led by a peer educator would be the best way of reducing the shame of this type of discussion, and I will discuss this further in the following section.

Furthermore, the theoretical knowledge about contraception was very often not applied. Most students stated that this was due to "just not thinking about it", but small group discussions suggest that deeper issues such as the importance of protecting one's reputation by not premeditating sexual activity, and gender based power imbalances may play a very important role in silencing younger women on these issues. Macphail and Campbell (2001) found similar issues at play in South African townships. Alcohol

and drug use at parties were other common accompaniments of sexual intercourse, which often resulted in condoms not being used. Issues of access to and knowledge about the more reliable hormonal methods of contraception and fear of side effects (especially weight gain) were important for some young people (as well as some young mothers).

> *SL: What are some of the problems with using birth control?*
> *P5: It could be hard…*
> *SL: What do you mean?*
> *P5: Hard to get it.*
> *SL: In what way?*
> *P6: Well you've got to go to the doctor, to get some, and to get condoms you can just walk up to the corner store, like the minimart or something…[School 1, focus group 1 with 8 girls]*

Both school students and young mothers indicated that a cessation of condom use as a relationship continued was a way of demonstrating trust in one's partner and the relationship. As Nathanson (1991) relates, the decision to use birth control must be constantly renewed as relationships begin, change and end, and it is in these transitions that women are most likely to become pregnant. There is a complex connection between the quality of the relationship and contraceptive behaviour, whereby contraceptive decisions often became "vehicles for testing relationships" in terms of their trustworthiness (Nathanson, 1991, p. 196). I also found this to be an issue in new and untested relationships, where not using a condom was a way of demonstrating "trust" in a partner, based on male preferences to avoid condoms and often misguided calculations of possible risk.

In small group discussions almost all students were strongly opposed on philosophical grounds to termination of pregnancy, and many reported that their families were similarly opposed. The exceptions were a couple of young women nearing the end of school, who had clear vocational plans and felt that they would at least need to consider termination as an option were they to become pregnant. Although 3 female survey participants reported having had a previous termination of pregnancy, no students referred to this in the small group discussions. Evans (2001) studied the outcomes of over 1300 Australian teenage pregnancies and found that young Indigenous women had a much lower likelihood of having a termination (Odds Ratio (OR) 0.2) as did young women whose mother had had a child as a teenager (OR 0.4;

Evans, 2001). A UK study found that high teenage birth rates in students from lower socioeconomic backgrounds were not due to differences in sexual behaviour or to the students regarding young motherhood as beneficial, but rather that they were more likely to reject abortion and see fewer negative implications (in terms of aspirations and reactions from others) of becoming a mother young (Turner, 2004). Most students in my study were aware of the "morning after" pill, which had just become available "over the counter" at the time of the study, and some were able to access this when required.

What was striking to me was the importance of maturity and a sense of agency in allowing young women to negotiate around sexual relationships, discuss safer sex, and resist unwanted advances from young men. Any progress made in deferring the sexual initiation of the youngest students is likely to lead to safer sexual behaviour, while widespread efforts need to be made to challenge patriarchal practices within schools and in the media. This maturity is also important in terms of the clarity of stories about future aspirations, although my findings here may include a degree of selection bias, as those still at school in Year 11 are likely to be those focused on future options or doing well at school. In this kind of environment, perhaps we need to look more at what motivates students to avoid pregnancy, as in a climate where sexual activity rates are high with so many pressures and barriers to contraceptive use, a young woman has to be extremely motivated to avoid pregnancy (Stevens-Simon et al., 2001).

Almost all the school students saw having a family as part of their future, with most wanting to commence a family in their early twenties after establishing a career and home, although a minority thought that the late teenage years was a good time to start childbearing. Very few young people wanted to start having children in their late twenties or beyond, considering that age to be "old"; another reflection of the earlier transitions that are commonplace in Aboriginal and Torres Strait Islander communities (Anderson, 1988), and the shorter life expectancy of Indigenous Australians. From their meta-ethnography of studies of working-class young mothers in the UK, Graham and McDermott (2005) found that although the young women recognised the importance of education for further employment, they did not "anchor their future identities in the labour market, with its prospect of lowly paid and insecure work. Futures are built, instead, around motherhood, where the opportunities for self-esteem and social respect appear more certain" (p. 26). Confirmatory work is necessary in this area, but motherhood did seem to be a much more attainable "route to adulthood" for

many of the young women we talked to when compared with further education or ongoing, satisfying employment.

Arabena (2006), a Torres Strait Islander woman and academic, poses the rhetorical question, "when and under what circumstances will patterns of early family formation become problematic, particularly as there is an increased emphasis on prolonged education to help people participate in a modern economy" (p. 88)? The Australian government is currently providing mixed messages, with the emphasis on personal responsibility in terms of education and employment being balanced with a strong pronatalist stance and resulting initiatives such as the "Baby Bonus"[20] intended to prop up the sagging birth rate and population level. Perhaps instead we should be asking: how can we prevent early childbearing from being problematic, while providing young Indigenous people with a wide range of achievable alternative options in terms of life plans?

The role of "culture"

So why study Indigenous teenagers specifically? Although issues of youth transitions, societal gender inequalities and coming of age as a sexual adult are common to all young people, Indigenous adolescents deal with all these issues in a wider society that is often hostile (Mellor, 2003; Paradies, 2006), while simultaneously working through tasks integral to Indigenous cultural identity formation (Groome, 1995).

In contemporary qualitative studies with Koories from Melbourne, Mellor (2003) found that they experienced racism on a frequent basis. This was often directed at the individual through verbal taunts or behaviour, but also comprised more systemic issues such as discrimination and inequities in access to institutions, perceived over-policing and macrolevel institutional and cultural racism (Mellor, 2003). Responses to this pervasive racism varied (Mellor, 2004), but in Australia and elsewhere the experience of racism has been clearly linked to poorer health across a variety of indicators (Harris et al., 2006; Nazroo, 2003; Paradies, 2006; Williams et al., 2003). In Australia, alienation, anomie and a lack of so-called "social capital[21]" have been associated with racism, poverty, a breakdown in traditional cultural values and resulting poor health for

[20] The Baby Bonus payment is paid to the birth mother for each newborn through Centrelink as a lump sum payment. It was introduced in July 2004 at $3000, and is set to increase to $5000 in 2008.

[21] Baum (2007) defines both bridging (between groups) and bonding (within groups) social capital. Indigenous Australians often lack bridging social capital, but usually bonding social capital is a strength in Aboriginal and Torres Strait Islander communities. Unfortunately, even bonding social capital was frequently absent for these young mothers.

Indigenous Australians, including substance abuse, family violence and other indicators of poor health (Baum, 2007). Sexual and reproductive health has not been particularly studied in this context, however, I would expect ongoing discrimination in schools (as discussed by Helme, 2005) to have a negative effect on sexual and contraceptive agency and to reduce the perceived costs of early parenthood. Additionally, in their study of sociocultural influences on young people's sexual development in Canada, Shoveller et al. (2004) found that young people who described "feeling de-valued within the mainstream adult society expressed feelings of alienation and anxiety, particularly as they recalled their experiences of trying to understand and contextualize their sexual behaviour as teenagers" (Shoveller et al., 2004, p. 478). Putting these factors together, female Indigenous adolescents could be considered to be vulnerable due to gender, ethnicity, age and socioeconomic status.

Indigenous teenagers have previously been shown to have higher teenage pregnancy and birth rates and lower use of contraception, in particular of hormonal contraception than non-Indigenous teenagers (Australian Bureau of Statistics, 2000; Zubrick et al., 2005). Family and cultural norms around sexual behaviour may differ in Indigenous communities, and a pattern of earlier transitions and parenthood may be encouraged (Anderson, 1988; Arabena, 2006). Gender relations in Indigenous communities have not been extensively studied and may not be the same as non-Indigenous norms (Groome, 1995). The pattern of relationships between generations for Indigenous Australians differs from non-indigenous Australians (Weston, Stanton, Qu, & Soriano, 2001) and Indigenous families often consist of an extensive network of reciprocal relations and obligations that may take priority over other aspects of life (Palmer & Collard, 1993). Thus for Indigenous young people, the process of growing up may challenge the usual Western models of increasing independence and personal autonomy (Ruddick, 1993; White & Wyn, 2004).

In this study I found students in small group discussions at a loss when asked to describe any cultural stories about having babies. The project team and I feel this was a problem in our shared understanding of the word culture. The students denied cultural stories, and clearly from their answers viewed cultural practices as related to traditional 'bush" indigenous people, rather than themselves in their daily lives. This attitude is similar to that criticised by Palmer and Collard (1993) in some academics. Despite this lack of immediate recognition, the accounts of the young people suggested that the impact of culture was deeply embedded in the way that the young people constructed their views of community, family and their futures and the role of

parenthood. This cultural identity was clearly a source of pride and support to the students and young people – they felt they needed to "stick together" for friendship and support, and felt a clear sense of belonging through doing so. Whilst overall clearly acting as a factor enhancing resilience in these young people, peer group influences did make it hard for students to maintain or articulate aspirations that differed from the norm. This ambiguous role of cultural identity has been reported previously by Gaganakis (2006) who studied racial and gendered perceptions and their influence on identity construction in adolescent girls in South Africa, finding that "being Black" emerged as "the second most salient category in which they located themselves" (p. 366). However, overall race and cultural identity, was less influential than socioeconomic factors in determining their identity. She concludes that Black girls:

> *…experience race as a source of pride and at the same time as a source of deprivation and loss of power, although the promise of affirmative action gives them hope for the future in that they can move up a class and out of poverty. Their identity as Black is strong and well defined and is associated with poverty and a lack of material possessions (Gaganakis, 2006, p. 378).*

Cultural buffers to counter the many social and contextual pressures towards risky sexual experiences may also play a role. Kaufman et al. (2007) studied North American Indian teenagers from one community and found that cultural identity was not a uniform concept, and could be both a protective factor (in terms of family relationships and role models), or occasionally lead to an increase in risk behaviour through erroneous attribution of risk behaviour to traditional practices. Considerable further work is needed in the area of cultural identity and its interaction with aspirations, the construction of sexual identity, "risk behaviour" and outcomes for young Indigenous people in Townsville, and this is most likely to be successful using a strengths-based resilience approach (Kaufman et al., 2007; McGinty, 1999).

In addition, in both small group discussions in schools and interviews with young mothers, there seemed to be some applicability of the concept of "kinscripts", based on Stack and Burton's somewhat dated ethnographic studies with urban poor African American families (Stack & Burton, 1993; 1994). Kinscripts was presented as a framework for looking at how individuals within multigenerational families negotiate their life courses encompassing three culturally defined family domains: Kin-work, the labour that families need to accomplish to survive over generations; Kin-time, the temporal and sequential ordering of family transitions; and Kin-scription, the process of

assigning kin-work to family members. Social norms for the timing of childbearing (amongst other things) were moderated by the culture of the extended family group and became a family norm or kin-time. Individuals were helped along their own pathways within the constraints imposed by family, extended family and cultural obligations (Stack & Burton, 1993). These concepts were reflected in this study particularly in terms of discussions about family norms of childbearing, and about the investment by family members in the education of particular family members, felt to have the best chance of succeeding at school. In the words of one young woman, “my Dad said he’s going to buy me a car when I get to university,” and she went on to say that a professional career for her would help provide financially for her family. Thus personal and family aspirations and success are very tightly enmeshed. Ruddick (1993) summarises this for low-income young African American and Hispanic women characterised as being “nested within relationships of care, responsibility, and sometimes violence, their lives…woven with others…Inside their lives, the needs of self and others are braided together” (p. 131).

While recognising the importance of culture and family in the daily life of these young people, we need to be wary of falling into a trap of a kind of reverse cultural imperialism. Arabena (2006) highlights the way in which colonial power and control has been targeted towards the reproductive health of Indigenous people, and the urgent need for Indigenous adolescents to reclaim their reproductive health rights. She argues strongly that if we don't attend to the reproductive health needs of Indigenous adolescents, we perpetuate very insidious forms of structural violence. Commonly stated community attitudes that it is "culturally appropriate" for teenage Indigenous women to have babies can excuse us from ensuring equality in access to reproductive health services (Arabena, 2006). This is particularly important in a social climate where further education is increasingly necessary to escape poverty and welfare dependence. Likewise, she argues (with other Indigenous women) that we need to speak out about sexual abuse and violence to move away from excusing this on the basis of some misconstrued historical “appropriateness”. Arabena goes on to suggest hypothetically that in situations of extreme family dysfunction pregnancy may be a way to escape abuse and become unattractive, even when pregnancy is supported by the family (Arabena, 2006). It is vitally important that we communicate openly and work cross-sectorally to provide the full range of options to young people to allow them to make free choices and to work towards ending the cycle of family violence and abuse in some Indigenous communities.

The question of "choice"

While the provision of information is important, it would be a mistake to suggest that decisions related to sexual and reproductive health can always be considered using a "rational choice model". Holland and colleagues' (1990) study of almost 500 young women in the UK, was based on the premise that the rational choice model, placing an emphasis on the acquisition of knowledge to dispel ignorance, and the use of condoms to protect against infection, is not appropriate for young women's decisions about their sexual behaviour (Holland et al., 1990). Rational choice does not take into account the barriers faced by women in implementing decisions within their sexual encounters, due to power imbalances and social norms, and as I found in this research these factors play a large role in women's actual sexual behaviour, even in the presence of adequate knowledge and access to contraceptives.

In an Australian Indigenous context, Pearson (2007a), based on the work of the economist Sen (1999), stresses the need to have capabilities (including health, education, political and economic freedom) as a pre-requisite to being able to exercise individual choice. These capabilities involve the opportunity for health, or education, but also require the individual, family and community to take responsibility for converting opportunity into capabilities. He argues that the provision of passive welfare undermines this need for responsibility, thus adding to structural barriers in removing the capacity for individual choice (Pearson, 2007a). Furthermore, the capacity to choose is not automatic. A "choosing person is increasingly active, less passive" (Ruddick, 1993, p. 129), but this capacity can be threatened by past experiences. In Ruddick's words, "…neglect, bigotry, abuse, inadequate education, or even repeated frustration can sabotage the desire for, even the conception of, responsible choice" (pp. 129-130). Our culture tends to equate the exercising of choice with an adult independent self, in opposition to responsibility for others; so young people with a different set of beliefs may be seen as passive even if they make self-respecting choices in the interests of others, and many young Indigenous women may have their capacity to choose damaged by a history of family violence, abuse, educational disadvantage and racism.

A further point to consider is the range of possible choices. We can only choose from options that we regard as truly attainable, and choice in this way is very different from dreams (Ruddick, 1993). This returns to the importance of adult and peer role models who are seen as "like me", enabling young people to story a broad range of possible

futures that they consider as realistic, attainable possibilities. For the young people in my study, a sense of control in sexual and reproductive life was related to control in terms of storying a future, that is a combination of having a range of possible options open to them, and their own self-efficacy in making dreams into plans and then into reality.

So we see that young Indigenous people in schools and in the youth shelter are all grappling with the usual adolescent tasks of identity formation, peer, school and community relationships and developing their own sexual identity. They are also involved in the broader task of attempting to "story a future" for themselves, which for most young people involves stable relationships, further education or employment, and having children of their own. These young people often face disadvantages in terms of socioeconomic status, family background, substance abuse and school expectations or lack of them, and are growing up in a society that is racist and steeped in "ethnocentricity and cultural arrogance" (Ruddick, 1993, p. 128) about the correct order of social transitions. Yet responsibility for academic and vocational success and for avoiding "traps", such as young parenthood, is placed purely at the feet of the individual, neglecting the powerful forces at work that limit the options for some young people. Other academics have stressed the fundamental importance of education in improving Indigenous health and wellbeing in a broad sense (Tsey, 1997). However, if a lack of attainable stories is limiting the options for young people, then improving educational pathways and transitions may increase intra-community role models and mentors, broadening options, and empowering young women to stand up for their reproductive health and choices. There is a need for more work with young Indigenous Australians (both women and men) to fill the large gap in the literature about the relationship between context and Indigenous identity, social structures and individual agency.

Young mothers

My interviews and discussions with young mothers revealed a group of largely very disadvantaged young women, who had been drifting and disengaged in their own lives prior to pregnancy. Issues of mobility, family violence and abuse and educational disengagement were common in their lives and their needs for stable housing, stable family lives, responsive educational institutions and protection from harm had not been met. Although not "planning" in the conventional way to become pregnant, many of the young mothers in my study did little to prevent it, and were not unhappy to find

themselves pregnant. However, often their parenting was limited by lack of experience, resources and knowledge of parenting skills (based on a lack of exposure to adequate parenting themselves). Certainly, for them parenting involved taking responsibility, and doing whatever they felt was necessary for the good of the child. Often this involved finding stable accommodation, ceasing substance abuse, and ending relationships with babyfathers perceived as being unreliable in terms of financial support, violence or substance use.

The notion of planning takes some unpacking in this context, but some argue that only those young women in sexual relationships who are regular users of reliable contraception can be said to have a truly unplanned pregnancy, and stress the motivation needed to avoid pregnancy in this setting (Cater & Coleman, 2006; Stevens-Simon et al., 2001). Programmers and policy makers overseas are just starting to recognise that there are various degrees of planning, and to distinguish between unwanted, unplanned, and planned pregnancies in young women (Cater & Coleman, 2006). For example, Cater and Coleman's (2006) qualitative study involving 51 young parents in Britain distinguished between the different extents to which pregnancy was planned. For some young people, a decision to aim for a pregnancy was made with careful consideration and involvement of the partner. In other cases, probably of more concern, the young woman made such a decision, with minimal or no involvement of her partner, for example unilaterally stopping hormonal contraception. A final level of "planning" was the non-use or erratic use of contraception with a more fatalistic approach to pregnancy, sometimes based on an inadequate knowledge base about their own fertility levels (Cater & Coleman, 2006). In my study, although a few young mothers actively planned their pregnancies, this last scenario was the most commonly articulated, with a lack of other options open to them, a lack of a feeling of control over their destiny, and an acceptance that young motherhood would be a path that would not be detrimental to them in terms of educational options or social disapproval and could provide some advantages in terms of a stable lifestyle and the creation of a loving family. This is consistent with Turner's (2004) "acceptance" theory, whereby young people with lower expectations are more likely to predict that, if pregnant, they would continue to become parents rather than consider termination.

What emerged loud and clear from the narratives of the young women in my study, and is so often lacking in research about young mothers and policy documents, was the transformative potential of motherhood in their lives. Frequently, becoming a mother was seen as a turning point, giving them a previously lacking sense of purpose and

responsibility, and enabling many to make very positive changes in their lives, where the difficult early years had been turned around, and now they were on a more stable trajectory and creating both futures and a family for themselves. Although the young mothers acknowledged that theirs was not an easy path, their lives had been so shaped by disadvantage and truncated opportunities that caring for a child often provided them with the first taste of success, although this was contingent on them receiving adequate social support (see p. 220).

Based on related findings from the UK, Arai (2003) suggests that young parenthood should be recognised as a mature and meaningful option and a means of escaping adversity. Perhaps this could be particularly true for some young Aboriginal and Torres Strait Islander women, who traditionally experience earlier life transitions, face considerable disadvantage in terms of education, health and life expectancy, and live surrounded by strong extended family networks where motherhood is a respected life-course. Further work is necessary in this area to tease out the motivations of young mothers, and to elicit the views of older people, especially women, within the urban Indigenous community. In addition, work is needed to look at the attitudes and narratives of young Indigenous fathers, who are a relatively forgotten group.

Although I am not aware of any work such as this done previously with young Indigenous mothers in Australia, my findings have resonance with those from other studies using an "insider" approach to study young mothers' views about pregnancy and parenthood. For example, Rains' Canadian study also found that taking responsibility for their offspring was a key theme for young mothers (Rains et al., 1998), and often involved cutting ties with babyfathers, and staying on unemployment benefits rather than seeking a job entailing separation from the baby. Likewise, other studies have highlighted the ways in which young mothers, while being aware of the negative stereotyping about young mothers in the popular media and community, construct themselves as good mothers, doing what is necessary for the welfare of their offspring (Kirkman et al., 2001; Phoenix, 1991a; SmithBattle, 1995). In addition, these studies (mostly using a narrative approach) have highlighted the pre-existing disadvantage experienced by these young women prior to their pregnancies, and the lack of other realistic options for attaining adulthood. For many of these young women, motherhood is a path to maturity, rather than maturity being a state that must be achieved prior to motherhood, as is often considered the case in the wider community (Davies et al., 2001; McMahon, 1995).

The seminal longitudinal work of Furstenberg and colleagues was the first to suggest that the outcomes of teenage motherhood may not be as negative as previously believed (Furstenberg et al., 1987). Geronimus (2003) has argued strongly that for disadvantaged urban African American women it is not detrimental, and indeed may be advantageous, to commence childbearing in the late teenage years. Marked health inequalities and early mortality mean that early childbearing is adaptive, giving both the child and mother the best chance at a healthy birth, and a childhood raised by a broad network of related adults (Geronimus, 2003). Social support is provided and expected by this network of kin (Stack & Burton, 1993). Furthermore, Geronimus' work suggests that it is in the interests of the more powerful American mainstream to continue to condemn teenage childbearing for two major reasons. Firstly, because for most European American young people, deferring childbearing until after study has been completed and a nuclear family is formed is a very advantageous course. Secondly, because it enables them in some way to justify the socioeconomic difference between the groups on the basis of individual effort and blame, rendering invisible the systematic advantages received by the dominant group, and the systematic marginalisation of the disadvantaged (Geronimus, 2003). This dynamic seems to be very much at play in the current Australian political landscape dominated by human capital theory and discourses of personal responsibility, without acknowledgement of underlying structural inequalities. The picture is likely to be further muddied with the effect of the Baby Bonus and other pronatalist policy initiatives, adding to the support of motherhood as a career for young women to whom few other options appear open. Although there tends to be considerable media hysteria about the effects of Centrelink payments inducing young women to give birth (Milne, 2006), I did not find any evidence at all that this played a role in the young women's pregnancies or subsequent pregnancy resolution decisions.

However, in terms of Aboriginal and Torres Strait Islander Australians, it may be racist to suggest that young teenage childbearing is "culturally appropriate" if it excuses us from critically evaluating and tackling structural, geographical and educational disadvantage of young people (Arabena, 2006). It is totally meaningless to speak about programs and policies to reduce the rate of teenage pregnancies and parenthood, if we do not also address the lack of other opportunities for gaining an adult identity available to disadvantaged young women. In the current economic and vocational climate, "high rates of unemployment, poverty, domestic violence, imprisonment and the low levels of education and poor health status are likely to be reinforced and perpetuated in those who have children early in life, entrenching them in

situations…that take years to change" (Arabena, 2006, p. 89). One of the most urgent needs currently is to provide intensive support and assistance to those who do have children young, recognising that for them it may be the "least bad" of a limited set of options whilst making sure that young people with or without children have access to the fullest possible range of options, mentors and resources in terms of education, employment, health care, contraception and so on.

Young mothers themselves are active agents in adapting to their life circumstances, and in our study, and others, demonstrate a range of coping strategies. A small study of young mothers from Melbourne (of whom two were Aboriginal) using narrative techniques found that the mothers were active in defending themselves as good mothers and constructing "consoling plots" about the benefits of teenage motherhood for them (Kirkman et al., 2001, p. 287) as a form of countering widespread negative stereotyping. Their own autobiographical narratives constructed themselves as good mothers, capable of learning good parenting skills. However, the beneficial effect of motherhood did not extend to all young mothers. As SmithBattle (1998) found, motherhood could transform:

> *…the mother's sense of identity and future...by reorganizing their lives around the identity of mothering as they struggled to develop a responsive self. Those who had access to continued schooling, day-care for their children, and family support experienced a relatively smooth transition to become the mother they wanted to be. In contrast, mothering was particularly burdensome and precarious for those young mothers with conflicted, coercive relationships or for those families whose lives were surrounded by danger or extreme poverty. Their fragmented and conflicted stories of mothering accurately portrayed a fragmented and incoherent social world (p. 38).*

In my study this was illustrated vividly in terms of contrasting trajectories and outcomes for young mothers according to their degree of family and social support. For example, Timarah, who had a very disrupted upbringing without consistent parenting herself, had a very turbulent path as a mother, eventually resuming drug abuse, splitting up with her partner, and losing custody of her daughter. In contrast, Edith and Karen had considerable family and social support, and slightly less disrupted backgrounds, and were making huge steps in providing stable families for their children. Notably, even those with the most difficult early lives and no family support, such as Tyese, proved that with enough extra support, they could be responsive parents attempting to make a

coherent social world for their children. A useful area for future study involves the modifiable factors increasing resilience for young mothers; what makes some young mothers succeed "against the odds" (Graham & McDermott, 2005; McGinty, 1999), while others continue to struggle, and the ways in which we can provide assistance to young mothers, especially those who are most vulnerable.

Through a review of qualitative studies exploring the experience of teenage motherhood, Graham and McDermott (2005) developed two new interpretative concepts; constraining factors (including material disadvantage and social disapproval) and resilient mothering practices. They defined resilience as a process of positive adaptation to adverse conditions with protective factors including individual attributes (a sense of moral worth, belief in maternal capacity, priority setting and idealism), and attributes of their families (especially their mothers) in providing material resources, practical help and social recognition. The wider context in this analysis was found to provide mostly barriers with difficulties in securing help or support, and felt disapproval from service providers undermining rather than nurturing resilience (Graham & McDermott, 2005). This was reflected in my study by the frustration expressed by young mothers in their dealings with health professionals, banks, Centrelink, education providers and other service providers, and the help provided by family members when they were in contact with them.

Young mothers in my study wanted to become the best parents they could, but recognised that they needed more information and support in doing so. The majority also planned to resume their truncated education, and some had made attempts to do so, but these were thwarted by lack of safe, affordable childcare or by school systems that were not responsive. Recognising that not all young women will end up with their social transitions in the conventional sequence, we need to ensure that it is equally possible to raise a young child and then complete education as well as the alternative, to complete education and then have a child. This may involve on-site school-based childcare services, outreach education providers or other systems but they must be based on an acceptance of the young families' situation and flexibility to respond to individual needs. Young fathers as a group have been quite neglected, and work is needed about what would help support them in their fathering role.

As health providers and policy makers, we need to study hard how best we can support these young mothers in their difficult task, and above all, how we can avoid making their lives harder while protecting their often vulnerable children. A small New Zealand

study of the perceptions and constructions of health care providers about teenage mothers highlights how the discourses of “adolescence” and “good motherhood” are constructed as incompatible, and thus young mothers are denied the position of good motherhood, in contrast to the way they see themselves (Breheny & Stephens, 2006). This may create self-fulfilling prophecies in terms of attendance at antenatal or postnatal health appointments, because if young mothers feel judged and stigmatised, they are less likely to attend, or listen to health suggestions or advice. Young mothers need acknowledgement of the good work they are doing under often very difficult circumstances, and need access to the category of “good motherhood” to provide the positive reinforcement necessary to make positive changes in other parts of their lives. They value personalised, non-judgemental advice and support, and as we discovered through the conduct of this study, are an under-utilised and willing resource for providing peer education in schools.

Implications for the future

In terms of building a fairer society and improving the position of young Indigenous women in our community, it seems there are a number of logical steps. Firstly, if education really is to be the path to a better life, then our educational institutions must start to actively build pathways with employment and further training, and communicate these pathways clearly to students and their families. However, Dwyer (1997) reminds us that further training is of no use without a corresponding increase in stable permanent jobs. The ongoing deficit discourse within the education system continues to limit the perceived options for Indigenous teenagers, with many students discouraged from further study, and truly exceptional students battling on against the prevailing expectations (from both school and their community) to fulfil their potential.

As Craven et al. (2001) remark:

> *Indigenous Australians dream of a future where they can get a job that makes a difference to community and social issues. However, their perceptions of what is attainable are limited by external factors which seem to impede Indigenous students from imagining (as a basis for shaping and creating) their preferred futures (p. 26).*

In addition, pervasive discrimination and harassment within educational institutions on the grounds of gender and ethnicity needs to be tackled, despite policies explicitly excluding this. This must occur at each school individually, but also at a societal level. Changing these patterns is difficult and takes time, but the benefits in terms of role-models, mentors and widening the range of futures available to young people is likely to be large. Further research on the factors enhancing resilience and school success (McGinty, 1999) in Indigenous young people in the face of structural and family obstacles would be most helpful in this regard.

Mobility within the Indigenous community, often related to poverty and inadequate housing, together with overcrowding and lack of access to resources taken for granted by most non-Indigenous students, such as the Internet, also act to systematically work against Indigenous students achieving success within the educational system, and need to be tackled proactively.

Indigenous teenagers, like teenagers elsewhere, are experimenting with their sexuality, and exploring themselves and others as sexual beings. They need access to comprehensive, accurate information about sex, relationships, contraception and infections in a safe, shame-free environment (Arabena, 2006). Although some students reported open communication within families about these issues, for many it was an area that was not discussed at all at home, and information gleaned from peers and magazines was unreliable at best. School-based programs are potentially a good way to reach many Indigenous students, but alternative approaches must be used to reach those who have disengaged from the educational system. However, any school-based programs must focus broadly on relationships, gender relations and sexual health and communication around these issues, rather than just biology, diseases and pregnancy.

For young people in this study, “shame-free” sex education involved small, single-sex groups of Indigenous peers, and education sessions that were conducted each year throughout secondary schooling at least. Peer-education, while not without problems, has shown promise as an approach for delivering this type of education, and clearly young people must be involved at all stages of planning and implementation (Johnston & Pathfinder International, 2003; Kidger, 2004a, 2004b; Mikhailovich & Arabena, 2005; Morgan, Robbins, & Tripp, 2004; Rayne et al., 2005; UNICEF, 2002). Only through discussions and practising of negotiation and communication skills and an opening of

the dialogue about sexual desire in both males and females can a more egalitarian and thus safer sexuality for young Indigenous women be reached.

However, reviews of the effectiveness of school-based programs for sexual and reproductive health have shown very mixed results in large randomised trials (DiCenso et al., 2002; Henderson et al., 2006; Stephenson et al., 2004). Whilst certainly not encouraging sexual activity (Kirby, 2002a), results are mixed for delaying sexual activity and pregnancy, and the best results are gained from resource-intensive holistic interventions occurring over several years with a broad base focusing on increasing attachment to school and community (Kirby, 2002a). Many of the desired effects from comprehensive sexuality education are very difficult to measure in a randomised trial setting, and sometimes small scale evaluations of locally implemented programs can show impressive changes in knowledge, attitudes and behaviours (Core of Life, 2004). Kippax and Stephenson (2005) have argued for the need to move away from randomised controlled trials as the gold standard for measuring effectiveness in this area, and the urgent need for the development of alternative instruments for evaluating changes in knowledge, and more importantly in sexual practice over time. Possible instruments may include cross-sectional or longitudinal surveys or in-depth qualitative studies, or most likely a combination of these (Kippax & Stephenson, 2005). I would suggest that good quality “sex positive” sexuality education is a necessary pre-requisite for empowering young Indigenous people in terms of their reproductive health, but is not on its own sufficient.

A related issue is the need to improve the access of young people to hormonal and non-hormonal forms of contraception, again in a safe, judgement free environment. Possible avenues for this include expanding the role of the school-based nurse, and strengthening linkages between schools and health care providers. Youth specific health services are often highly acceptable to young people, and can provide the flexibility required by young people in accessing medical care (Bernard, Quine, Kang, & Alperstein, 2004; Holmes et al., 2002). Indigenous community controlled health services need to lead the way in providing flexible, responsive clinics with empathetic and non-judgemental male and female staff for Indigenous adolescents, and ideally providing outreach services to schools and other youth services.

The final large area is that of support for those who are young mothers. These women are trying as hard as they can to create positive futures for themselves and their children in the face of socioeconomic disadvantage and disrupted backgrounds. They

feel keenly the way in which the majority of society judges them, and this stigma is a further burden for them to bear and defend themselves against. Clearly these young women and their family units need a large amount of support, and it is critical that this be provided in a sensitive and non-judgemental manner. The young mothers in my study expressed a need for individualised child development and parenting education as many of them had not had exposure to adequate parenting in their own family backgrounds. Mainstream services and antenatal classes were felt to not meet their needs, due to "shame" and perceived disapproval by program staff and other clients. Indeed, obstetric and subsequent outcomes improve with dedicated teenage antenatal clinics (Quinlivan & Evans, 2004; Raatikainen et al., 2006) and home-visiting or support services (Furey, 2004). Young mothers in my study requested interventions to help with social and physical isolation, especially transport problems, and the fundamentals of housing and finances, and they appreciated the help they received through local programs (eg. Centrelink Young Parents' Program and our Young Mums' Group). Most of the young mothers expressed a need for more information about pregnancy, birth and childcare, and would have liked to receive some of this much earlier whilst still at school. Small, locally operated young mothers' groups, while labour intensive to run, meet many of these needs. In addition, further benefits can be expected for both young mothers and students from training young mothers to operate as peer educators in a variety of settings (Kidger, 2004b; Makin & Butler, 2001; Mikhailovich & Arabena, 2005). Young mothers also expressed a desire to return to education in the future, although they were not prepared to do this if it had any negative impact on their children, so pathways to facilitate this must be clarified.

Often in the media and scientific literature, high teenage pregnancy rates are sensationalised as a problem, "epidemic", or crisis that must be fixed. However, I would like to posit that our primary aim should not be reducing the rates of teenage pregnancy. Indeed it is morally questionable to pathologise and try to reduce a path which for some may be their only avenue to a maturity recognised in our society, and the only area of their lives over which they have some control, without providing a range of alternative means by which this state may be reached. Rather our emphasis must be on addressing underlying inequalities within society in terms of educational attainment, employment opportunities, and disparities on the grounds of ethnicity and gender, whilst simultaneously providing young people with information and access to a full range of health information and pathways, and empowering them in the area of actively constructing their own futures, and taking control of their reproductive health. At the same time extensive networks of support and services for young mothers (and

their families) must assist them in being the best mothers they can be, and building a future for themselves and their children.

Policy implications

Through taking an insider approach to a complex topic such as reproductive health and teenage pregnancy in the Indigenous community in Townsville, I have raised more policy questions than I have answered. This research is small, exploratory and locally based, and further work is necessary to confirm my findings in other settings and explore related areas. Certainly, my results suggest that tackling the issues raised will not involve any one Government department, and intersectoral collaboration with co-ordinated policy backed up by concerted and well-resourced local implementation is necessary.

We need to recognise that teenage motherhood specifically, and youth sexuality generally, are controversial and emotive issues, and that "the increasing trend to evidence-based policy development has masked the ideological basis of much policy in this area" (Wilson & Huntington, 2005, p. 59). In addition, Graham and McDermott (2005) used teenage motherhood as a case study for their paper looking at qualitative research and the evidence base of policy. They synthesised findings from qualitative studies, finding that teenage motherhood emerged as an act of social inclusion, in direct contrast with the conclusions of quantitative reviews (and resulting policy interventions), which found it to be a route to social exclusion. This study highlights how "policies can support – or undermine - the resilience of those at the sharp end of class and gender inequality" (p. 34), as well as the importance of using both quantitative and qualitative data to build up a picture of complex social acts such as teenage childbearing to fully inform policy initiatives (Graham & McDermott, 2005). Although in Australia the issue of teenage fertility lacks the public hysteria of the situation in the UK or the USA, we must still be cognisant of this dynamic and its effect, and be critical of vilification of young mothers for resisting typical life trajectories in the absence of clear evidence of poor outcomes for them or their children.

Although little work has been done about the impact of public policy on reproductive health, research from the USA suggests that in fact few directly related policy variables have a direct effect on teenage sexual behaviour and reproductive health (Averett et al., 2002). They found that the cost of abortions and the provision of sex education in schools had little effect, with the accessibility of family planning services having only a weak effect on sexual risk behaviour. Furthermore, they suggested that perhaps policy

attention should focus instead on improving broad factors such as neighbourhood coherence and wellbeing, as these were more important determinants of teenage fertility (Averett et al., 2002). Other global comparisons suggest that the best teenage reproductive health is found in countries with public policy encouraging the most even distribution of income, and the greatest openness about sex (Jones et al., 1985; Weaver et al., 2005). This is consistent with my findings that social disadvantage and a lack of alternative options were key features for young women in terms of motivations towards pregnancy (or at least a lack of reasons to avoid it).

In the Australian setting, work with young parents has identified the importance of improving the policy links and opportunities for young parents to continue or resume their education after having a child, and the importance of peer support groups to be run as an adjunct to professional support agencies (Boulden, 2001; Healy, 2001; Milne-Home et al., 1996). Cultural and geographical differences in the provision of services have been recognised. Arabena (2006) reminds us that contemporary policy frameworks place Aboriginal and Torres Strait Islander women around fifty years behind non-Indigenous women in terms of capacity to practice individual autonomy in reproductive decisions, including the resolution of pregnancies and ensuring the health and dignity of victims of gender-based violence. This is particularly so in terms of access to abortion services and family violence support for Indigenous women in remote areas, but applies across the board. Clearly this is an inequitable situation that must be addressed proactively at both policy and program levels. She suggests that accepting reproductive health and sexual activity as a key developmental task of adolescence is an important first step (Arabena, 2006).

No clear reproductive health policy about the provision of sex education in schools yet exists either nationally (Chan & Bradford, 2004; Dyson & Mitchell, 2005; Public Health Association Australia, 2005) or in Queensland (Education Queensland, 2007), although the national policy initiative “Talking Sexual Health” (focusing on STIs and Blood Borne Viruses) does start to move in this direction, while leaving implementation up to the individual States and Territories (Australian Research Centre in Sex Health and Society, 1999). We thus have a clear opportunity to implement a consistent, comprehensive and holistically based sexuality education program within high schools that tackles sexual inequality and opens up a positive discourse about sexuality (Public Health Association Australia, 2005; Skinner & Hickey, 2003). Certainly a prerequisite for good reproductive health is affordable, acceptable and accessible information and contraception. However, this alone is not sufficient, as the attitudes of health care

providers, educators and policy makers must change to accept adolescents as autonomous sexual individuals, provide full and accurate information and services, and then respect, accept and implement the choices made by young people (Breheny & Stephens, 2006).

I follow now with a series of recommendations based on this work and the literature aimed at creating positive and equitable reproductive health and the greatest range of life stories for Aboriginal and Torres Strait Islander young people. These recommendations are most directly applicable locally in Townsville, but many of them are likely to have a wider relevance, following further confirmatory work. I concentrate on my area of young people's sexual and reproductive health, and cannot help but draw on my clinical experience, while recognising that broader initiatives in the educational and social realm are also of key importance in "levelling the playing field" for young Indigenous people.

Recommendations

Sensitive and non-judgemental antenatal and postnatal health care

Good quality, acceptable antenatal and postnatal health care is especially important for young Aboriginal and Torres Strait Islander mothers and their families, given poorer obstetric outcomes overall and a historical distrust of health services and providers. Young mothers in this study felt stigma from mainstream health care providers and other clients, and this was a deterrent to accessing these services, especially antenatal classes. Comprehensive and sensitive antenatal education can be provided individually and in small groups, and needs to be both culturally sensitive and age appropriate, with links to other care providers or services where necessary. We have found that young mothers can be well catered for within our "Mums and Babies" Program at TAIHS, which features transport, a culturally safe environment separated from the main clinic, flexible appointments and a children's playground (Panaretto et al., 2005), and have proven that such a program produces measurable improvements in antenatal attendance, perinatal mortality, low birth weight and prematurity (Panaretto et al., 2007). Substance use, domestic violence and social situation and support are all very important areas to discuss, as well as information about foetal growth, the process and practicalities of birth, breast feeding and parenting information. Information for young fathers should be provided where appropriate. An important part of postnatal

care includes discussion about and implementation of contraception where desired, and ongoing parenting advice and support.

Establishment of local Young Mums' Groups with a dedicated Indigenous Health Worker

These groups should meet regularly (and are probably best co-ordinated by antenatal services) and provide informal parenting education and social support in a relaxed fashion, as well as facilitating linkages with other services where these are required. Involvement with such a group is especially important for young mothers lacking in family support. Providing transport and refreshments is important for the success of such groups, as is the continuity of relationships with a health worker for individual social and personal support.

Assist pregnant teenagers and young mothers to take the steps they consider necessary to be "good mothers"

This may include changing health habits or substance use, working on or ending unhelpful relationships, making plans for stable housing or future employment and training. It may also entail the provision of specific parenting information and advice, for example, about healthy diets, positive discipline and so on.

Increase access for young Indigenous people to contraception, STI testing and treatment and abortion

This is linked to the provision of positive sexuality education, but incorporates additional aspects of personal sexual and reproductive health care provision. Access could be increased by expanding the role of school-based nurses, particularly through the distribution of contraception, and also by forging closer relationships between schools and youth-focused primary health care centres with youth clinics. For example, at TAIHS we plan to implement a youth health clinic, with a GP and female and male Indigenous health workers that will provide "in clinic" services, and also be involved with outreach work in schools and youth centres.

Provide adequate and realistic information to all young people about pregnancy, birth and childcare

This can be included as part of a comprehensive sexuality education program within schools, but stand-alone programs such as the "Core of Life" (2004) have also been effective in reducing idealisation of parenthood among young people. It is very important that these programs target young men as well, as they are often less realistic about parenthood than young women. Opportunistic discussion by health providers with young people in the clinic setting is also important wherever possible.

The following recommendations rely on cooperation between providers and policy makers in different domains; for example, schools and community health providers working together may best provide school sex education.

Increase the provision of broadly based school sexuality and relationships education

Ideally this should occur in small single sex groups, starting in Year 8 at the latest and occurring yearly, with the incorporation of peer education being a promising initiative. This must be sex positive, and include broader issues of sexuality, gender, power and coercion, as well as practice in negotiating and communicating about sensitive issues. Although there is a curriculum framework within both State and Catholic Schools in this area (Education Queensland, 2007), it is vague and leaves implementation to individual schools. Young people in this study were clear that large coeducational class-based information sessions, especially when led by older male teachers were inappropriate for them, and many students did not attend as a result. Similar education needs to be provided for young people disengaged from the school system through youth shelters and youth health services

Work with other organisations to provide further training for young mothers

This could involve completing truncated secondary schooling, further or vocational training, and it may also include training within a health service as peer educators to work with young people in schools and the wider community. Important criteria for programs in this area include flexibility and responsiveness to the individual

circumstances of young mothers and the provision of safe "on-site" childcare for their children.

Advocate for programs to work to prevent violence and abuse within Indigenous families (including support for victims)

Although some programs exist in this area, it is important to ensure that young people in need are linked in with available services. Proactive counselling and anti-violence training with young men is imperative.

Reinforce and evaluate broader pedagogical initiatives

A number of other issues within the educational arena are very important. Although there is existing policy in many of these areas, my findings suggest that more work is necessary in the implementation of these policies, and more research is necessary into how and why they are (or are not) successful.

Areas of importance include:

- Working with schools to increase school engagement for young Indigenous people and to raise academic expectations of young people by school staff, students and families
- Clarification of pathways and transitions for young people between school and further training and employment. This should occur for both high-achieving students and those who are less academically able and on an individual and group level. Mentoring from successful community members could have an important role.
- Providing practical support where possible for students with issues preventing them from attending school or completing work. Examples include homework spaces, computers, tutoring, transport and so on.
- Working to foster a school and community environment free of bullying, coercion and harassment on the grounds of sexuality, gender or ethnicity.
- Providing an environment where pregnant and parenting school-aged students are able to continue their studies with appropriate support.

Possible directions for future work

Given that there are few previous contextual studies of Indigenous young people in Australia this work has opened up many possible directions for further projects. The

most pressing concern is for studies of how social and sexual identity is constructed within Indigenous populations, with a particular focus on the interplay between the sociocultural context, social structures and individual agency. This must focus on young Indigenous men as well as women, and will by nature be largely qualitative work. It is important to include less savoury aspects of the sociocultural context such as substance abuse, family violence and sexual abuse as well as broader factors such as constructions of masculine and feminine identities, role models, peer and family factors (including an exploration of the concept of "shame") and individual factors, and the institutions through which these are mediated such as schools, the media and employers. Other research that would provide very useful information includes studying resilience-enhancing factors in Indigenous young people in terms of overall health, cultural wellbeing, sexual health and aspirations. This work is important in both non-pregnant young people and also in young mothers to clarify what factors allow young people to succeed even in difficult circumstances. On a smaller scale, practical implementation and evaluation of youth health clinics and outreach services and expansion of the Young Mums' Group will all contribute to a richer picture of the health and wellbeing of Indigenous young people in Townsville.

Conclusions

In this project I have used an innovative combination of methodologies and custom-built instruments with a participatory design to build up a rich contextual picture of the views of young Aboriginal and Torres Strait Islander people in Townsville to pregnancy and parenthood. To my knowledge, no previous studies have looked at this issue from the point of view of both non-pregnant and pregnant and parenting young people, and few have attempted to gather any qualitative understanding of the role of pregnancy and parenthood in the lives of Indigenous women. Although there is still much to learn, this project fills a gap by describing how Aboriginal and Torres Strait Islander young people in Townsville are constructing their futures in terms of education and aspirations, social and sexual relationships and having children. They have obvious strengths in terms of peer and community support, a strong Indigenous identity and talents in many areas. However, they are limited by low expectations from schools and society and a lack of role models in the wider education and employment spheres, together with socioeconomic disadvantage and harassment on the grounds of ethnicity and gender. Like other young people, they are embarking on sexual relationships, but these are firmly enmeshed in traditional discourses about romance and appropriate feminine and masculine behaviour, with coercion towards sexual intercourse and

gender-based power imbalances very prevalent and reputation being a precious commodity. Despite adequate knowledge, contraceptive use was inconsistent, although very few young people wanted to become pregnant as a teenager. However, if they were to become pregnant, most young people believed they would receive family support, and would not consider options other than continuing with the pregnancy. Thus in terms of these young people, young parenthood may not be so much an active choice, as a lack of alternative options, with different consequences in terms of educational opportunity or social disapproval compared to young people from more advantaged backgrounds.

Young Mums' Group discussions and interviews with young mothers paint a vivid picture of disadvantaged young women struggling with high mobility, family dysfunction and abuse within their families-of-origin, disengaged from a schooling system that was not meeting their needs and drifting in terms of hopes or plans for the future. In this context they often indulged in substance abuse and entered relationships marked by coercion and manipulation. Their pregnancies, although unplanned in the conventional sense, were not unwanted, and the birth of their children was the stimulus for a major reorganisation of their life. They viewed their children as a transformative gift and a source of great strength, often empowering them to make a series of positive changes in their lives. However, they continued to face difficulties due to inaccessible childcare, housing and education, ongoing relationship difficulties, poverty, stigma and judgement from others. They are clearly asking for practical and emotional support to assist them to close the gap between their dreams for their family and the limited social realities.

The young participants in this project have trusted us with their stories and ideas, often concerning very intimate and sensitive areas of their lives. As health care providers, we have a responsibility to respect and honour these stories through supporting rather than judging young women who parent in their teen years, and working to increase the range of options open to all Aboriginal and Torres Strait Islander young people in terms of education, employment, family formation and a healthy sexual and reproductive life.

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Publications arising from this research

Larkins SL, Page RP, Panaretto KSP, Scott R, Mitchell MR, Alberts V, Veitch PC, McGinty S. (2007). Attitudes and behaviours of young Indigenous people in Townsville concerning relationships, sex and contraception: the "U Mob Yarn Up" project. *Medical Journal of Australia*, 186(10), 513-518.

Larkins SL, Page RP, Panaretto KSP, Scott R, Mitchell M, Lee H, Alberts V, Veitch PC, McGinty S. U Mob Yarn Up: Ethical and practical issues in working with Indigenous teenagers in Townsville to investigate complex social attitudes and behaviours around sex and reproduction. *International Journal of Social Research Methodology*. Submitted and under review.

Larkins SL, Page RP, Panaretto KSP, Scott R, Mitchell M, Alberts V, Veitch PC, McGinty S. Education, aspirations and views about pregnancy of Aboriginal and Torres Strait Islander young people in Townsville, Australia: a mixed methods study. *Gender and Education.* Submitted and under review.

Larkins SL, Page RP, Panaretto KSP, Mitchell M, Alberts V, Veitch PC, McGinty S. "They're just miracles": the transformative potential of young motherhood for young Indigenous women in Townsville, Australia. *Social Science and Medicine.* Submitted.

In addition peer-reviewed papers based on this work have been presented at three leading research conferences.

Appendices

Appendix 1 Project Budget

Item	Justification/Details for Item	Amount ($)
Personnel		
Indigenous Health Worker/ Research Assistant	HSUA (Aboriginal Health Services Award) Grade 2, Yr 2, 0.5 time for 1 year - $16783.50 + 25% on-costs $4195.88	$20979.38
Honorariums and snacks (focus groups)	$100 for 16 focus groups (transport reimbursement and light meal)	$1600
Other	Honorariums for peer interviewers $10/hr * 6 * 25hours	$1500
	Computer programming of Access database 25 hours * $100/hr	$2500
Administrative Costs		
Telephone calls		$50
Photocopying/printing	Photocopying resources and printing 2 progress reports at 5 copies each	$450
Stationery (envelopes/paper)		$25
Email/Internet		$50
Postage		$50
Other	Final report printing 50 * $20	$1000
Equipment	Mini-cassette note-taker for recording interviews and electronic journal keeping - 5*200 - for recording interviews and for electronic journal keeping.	$1000
	Transcribing machine + headphones + high quality microphone for transcribing recordings of groups and individual discussions	$1000
	Lap top computers $2500 * 3 (1 for each school)	$7500
TOTAL		**$37754.38**

Appendix 2 Membership of project steering committee

- Ms Heather Lee – senior Aboriginal Health Worker, Mums' and Babies, TAIHS
- Ms Melvina Mitchell – senior Aboriginal Health Worker, Mums' and Babies,
- Dr Katie Panaretto – Senior Medical Officer, TAIHS
- Mr Robert Scott – Aboriginal Sexual Health Worker, TAIHS
- Ms Rachel Atkinson – Chief Executive Officer, TAIHS
- Ms Debra Hart/Mrs Angie Akee – head social welfare section, TAIHS
- Mr Michael Illin – coordinator of youth health shelter, TAIHS
- Mr Alec Illin – Chairman of the Board of Directors, TAIHS
- Ms Valerie Alberts – Indigenous Support Officer, School of Medicine, James Cook University
- Mrs Dorothy Savage/Ms Tamiko Shinjo – Aboriginal and Torres Strait Islander support unit, Education Queensland, Townsville region.
- Ms Kerrie Smallwood – Department of Youth Justice
- Ms Tamara Moore – Department of Families
- Ms Jenny Wyles – regional Community Education Counsellor
- Ms Brooke Hutchison – Centrelink Young Parents' Program
- Ms Carol Woods– Community Child Health

- The CECs of the schools involved, as well as chairpersons of the ASSPA committee were invited to attend whenever able

Appendix 3

Project information sheet

U MOB YARN UP

Working together to increase support for young Aboriginal and Torres Strait Islander people in their decisions around pregnancy and parenting

This project will be taking place at your school over the next few months.

Aims of the project:

- To find out what Aboriginal and Torres Strait Islander young people think about pregnancy, birth control and parenting
- To ensure that young people have as many options open to them as possible
- To increase the support available to pregnant and parenting Aboriginal and Torres Strait Islander young people

Information will be collected with a computer based survey and small group talks with grade 9-11 students at 3 local high schools, and there will be some individual interviews through TAIHS.

The project is supported by the TAIHS Board of Directors and your school and ASSPA committee and is overseen by a steering committee of community members and a group of young Indigenous mothers. It is a joint project between Mums and Babies at TAIHS and James Cook University.

Students can only take part with the written permission of their parents and themselves.

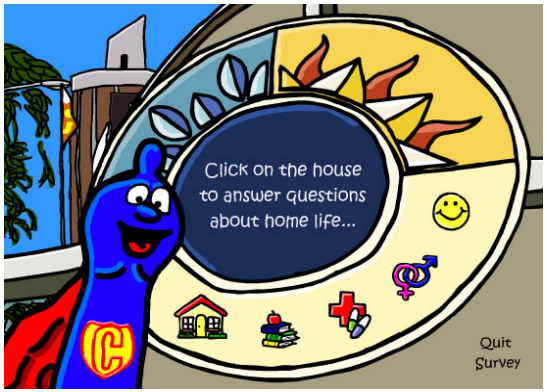
All answers are completely confidential (we won't know who says what), but we will be able to report back grouped information to schools and the community. This will be very useful in helping us provide responsive health care, and developing relevant programs.

About the survey:

- Fun appealing graphics, so enjoyable for students
- No names used
- Will ask about education and home life, general health, cigarette, alcohol and other drug use, relationships, sex, birth control, past abuse and attitudes to pregnancy
- Structured so students only see questions relevant to their stage of development eg. if never smoked, not asked more about cigarettes; if never had a boyfriend they will not see the questions about sex.
- Health worker and doctor available to answer any questions and arrange health follow up or counselling for any student who requests it.

About small group discussions:

- Held with groups of 6-8 young women or men of similar ages
- Same broad areas of discussion used, depending on development of those in the group.
- Girls groups led by a female doctor and health worker, and boys groups by a male.
- Discussions will be taped and typed out with no names, and then the tapes will be destroyed



This study will provide really important information and help us deliver better health care and support to our young people.

We hope you will see its value, and give permission for your child to take part. Please complete the attached consent form and return it to your school as soon as possible.

Any questions:
Please contact Dr Sarah Larkins or Priscilla Page at TAIHS (47594045)

Appendix 4 Participant and parent consent forms

TOWNSVILLE ABORIGINAL
AND ISLANDERS
HEALTH SERVICES
LIMITED

A.C.N. 010 113 603
A.B.N. 66 010 113 603

JAMES COOK UNIVERSITY

57–59 GORDEN STREET
GARBUTT
P O BOX 7534 G.B.C.
TOWNSVILLE
QUEENSLAND 4814

TELEPHONE: AREA CODE 07

ENQUIRIES	4759 4001
MEDICAL	4759 4000
EXECUTIVE	4759 4027
DENTAL	4759 4002
SOCIAL	4759 4022
EYE HEALTH	4759 4019
MUMS & BABIES	4759 4045
ACCOUNTS	4759 4006

FACSIMILE: AREA CODE 07

ADMINISTRATION	4759 4055
MEDICAL	4759 4066
EXECUTIVE	4759 4077

U MOB YARN UP - Consent form

Name of participant: _____

This project will gather information about what young Aboriginal and Torres Strait Islander people in Townsville think about pregnancy, birth control and being parents. We want to improve our health care and support to young Aboriginal and Torres Strait Islander people through TAIHS and to work with schools to improve support for pregnant and parenting young women.

The Project team is Dr Sarah Larkins, Priscilla Page, the TAIHS Mums and Babies Section and James Cook University

Information will be collected through schools by a computer based survey and small group interviews.

- ✓ All information is confidential (no one will be identified)
- ✓ You can withdraw from the project at any time
- ✓ Taking part is optional
- ✓ Grouped results will be presented to the community through TAIHS and schools (ASSPA meetings)
- ✓ Project supported by Board of TAIHS, and your school ASSPA committee
- ✓ This is part of a university project for Dr Sarah Larkins

I have been given a project information pamphlet and I understand the purpose of the project and how I will be involved.

I consent to taking part in the confidential computer survey and/or small group discussion for this project.

SIGNATURE:_____
DATE:_____

Research team member who explained and witnessed above:
Signature:_____
Date:_____

)WNSVILLE ABORIGINAL
AND ISLANDERS
HEALTH SERVICES
LIMITED

A.C.N. 010 113 603
A.B.N. 66 010 113 603

JCU
JAMES COOK UNIVERSITY

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ACCOUNTS	4759 4006

FACSIMILE: AREA CODE 07

ADMINISTRATION	4759 4055
MEDICAL	4759 4066
EXECUTIVE	4759 4077

U MOB YARN UP- Parent consent form

Name of student: _____

This project will gather information about what young Aboriginal and Torres Strait Islander people in Townsville think about pregnancy, birth control and being parents. We want to improve our health care and support to young Aboriginal and Torres Strait Islander people through TAIHS and to work with schools to improve support for pregnant and parenting young women.

The Project team is Dr Sarah Larkins, Priscilla Page, the TAIHS Mums and Babies Section and James Cook University

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- ✓ All information is confidential (no one will be identified)
- ✓ You can withdraw from the project at any time
- ✓ Taking part is optional
- ✓ Grouped results will be presented to the community through TAIHS and schools (ASSPA meetings)
- ✓ Project supported by Board of TAIHS, and your school ASSPA committee
- ✓ This is part of a university project for Dr Sarah Larkins

I have been given a project information pamphlet and I understand the purpose of the project and how my daughter/son will be involved.

I give permission for my daughter/son to take part in the confidential computer survey and/or small group discussion for this project at school.

SIGNATURE OF PARENT:_____
DATE:_____

If you don't want your child to participate in this project please tick this box and return anyway: ☐

Appendix 5 CASI questionnaire outline

Teenage pregnancy survey questions draft 3 181103								
Startup Screen								
	Computer ID	Data1	000					
	Site	Data2	0					
	Day	Data3	00					
	Month	Data4	00					
	Year	Data5	0000					
Welcome screen								
Consent-intro			We would like to start by asking some questions about yourself. Remember there is no way to identify you from your answers. Would you like to continue?	yes	no			
1	Age	Data6	What age are you?	12	13	14	15	16
				17	18			
2	Sex	Data7	What sex are you?	Female 1	Male 2			
3	Ethnicity	Data8	Do you identify as Aboriginal or Torres Strait Islander?	Aboriginal 1	Torres Strait Islander 2	Both Aboriginal and Torres Strait Islander 3	South Sea Islander 4	Non-indigenous 5
4			Who do you live with? (you can answer as many as apply to you)					
	Home1_1	Data9	Mother	Default 0 for all and 1 if selected				
	Home1_2	Data10	Father					
	Home1_3	Data11	Brother/s					
	Home1_4	Data12	Sister/s					
	Home1_5	Data13	Stepmother					
	Home1_6	Data14	Stepfather					
	Home1_7	Data15	Mother or father's partner					
	Home1_8	Data16	Grandparent/s					
	Home1_9	Data17	Cousin/s					
	Home1_10	Data18	Aunt/s or uncle/s					

	Home1_11	Data19	Foster parent/s					
	Home1_12	Data20	Flatmate/s					
	Home1_13	Data21	Other					
5	Home2	Data22	How many brothers and sisters do you have altogether?	0	1	2	3	4
				5	6	7	8	More than 8 (9) (code don't want as 99)
6	Home3	Data23	How many people live in your house now altogether?	1	2	3	4	5
				6	7	8	9	10-14 (10)
				15-19 (11)	20 or more (12)	Code I don't want to answ as 99		
7	Home4	Data24	How much do the people in your family expect of you?	Way too much (1)	A lot (2)	A bit (3)	Not much (4)	Nothing (5)
8	Home5	Data25	How far did your mother go with school?	Less than year 10 (1)	Year 10 (2)	Year 11 (3)	Year 12 (4)	TAFE qualification (5)
				University degree (6)	Not sure (9)			
9	Home 6	Data 26	Is your mother currently involved in your life?	A lot (1)	A little (2)	Not sure (3)	Not much (4)	Not at all (5)
10	Home7	Data27	Is your mother currently working outside the home?	Yes (1)	No (2)			
11	Home8	Data28	How far did your father go with school?	Less than year 10 (1)	Year 10 (2)	Year 11 (3)	Year 12 (4)	TAFE qualification (5)
				University degree (6)	Not sure (9)			
12	Home 9	Data 29	Is your father currently involved in your life?	A lot (1)	A little (2)	Not sure (3)	Not much (4)	Not at all (5)
13	Home10	Data30	Is your father currently working outside the home?	Yes (1)	No (2)			
14	Home11	Data31	How old was your mother when she first fell pregnant?	<15 (1)	15-17 (2)	18-19 (3)	20-24 (4)	25 or older (5)
				Don’t know (9)	Don't want to answer (99)			

15	Home12	Data32	Do you have any sisters who have been pregnant?	Yes (1)	No (2)			
	If no, skip next question - code 0							
16	Home13	Data33	How old was your sister when she first fell pregnant?	<15 (1)	15-17 (2)	18-19 (3)	20-24 (4)	25 or older (5)
			Don't know (9)	Don't want to answer (99)				
			Now we will ask you some questions about school					
17	School1	Data34	What year are you in at school?	Year 8 (1)	Year 9 (2)	Year 10 (3)	Year 11 (4)	Year 12 (5)
18	School2	Data35	How do you feel about school?	I like it a lot (1)	I like it a bit (2)	It's OK (3)	I dislike school (4)	I dislike school a lot (5)
19	School3	Data36	How far do you expect to go with high school?	Year 9 (1)	Year 10 (2)	Year 11 (3)	Complete high school (4)	Don't know (9)
20	School4	Data37	How important do you think it is to try your best at school?	Very important (1)	Quite important (2)	Not sure (3)	Not very important (4)	Not at all important (5)
21	School5	Data38	What do you plan to do when you leave high school?	Get more training or education (1)	Start work or look for a job (2)	Start a family (3)	Do nothing (4)	I don't know - I have no plans (5)
22	School6	Data39	How far do your family expect you to go with school?	They don't mind (1)	Not to finish high school (2)	To finish high school (3)	Do a TAFE course (4)	Do a University degree (5)
			Now we will ask you some questions about your health					
	If male, skip next two questions							
23	Health1	Data40	About how old were you when you had your first period (monthly)?	I haven't had a period (1)	10 or younger (2)	11 or 12 (3)	13 or 14 (4)	15 or older (5)

				I don't want to answer this (9)				
24	Health2	Data41	Compared to other females	I look a little	I look the	I look a little	I don't want to	

			of your age, how is your physical development? (breast growth, height etc)	older (1)	about the same age (2)	younger (3)	answer this (9)	
	If female, skip next two questions							
25	Health3	Data42	About how old were you when you first noticed pubic hair	I haven't got pubic hair (1)	10 or younger (2)	11 or 12 (3)	13 or 14 (4)	15 or older (5)
				I don't want to answer this (9)				
26	Health4	Data43	Compared to other males of your age, how is your physical development ? (body hair, height etc)	I look a little older (1)	I look about the same age (2)	I look a little younger (3)	I don't want to answer this (9)	
27	Health5	Data44	In general, how have you been feeling over the last two weeks?	In a good mood (1)	My moods go up and down (2)	In a bad mood (3)	Don't know (9)	
28	Health6	Data45	Are you happy or satisfied with your life?	Not at all happy or satisfied (1)	Not very happy or satisfied (2)	It's OK (3)	Very happy/satisfied (4)	
Consent-drugs			We would now like to ask some questions about alcohol, cigarettes and drug use. You don't have to answer if you don't want to, but remember there is no way to identify you from your answers. Would you like to continue with these questions?	Yes	No			

29	Drug1	Data46	Have you ever smoked a whole cigarette?	Yes (1)	No (2)	I don't want to answer any more questions about cigarettes (9)		
	If "I don't want" or "no" skip next 3 questions (code 0)							
30	Drug2	Data47	How old were you when you first smoked?	Less than 10 (1)	10-12 (2)	13-15 (3)	Older than 15 (4)	I don't remember (9)
31	Drug3	Data48	About how often do you smoke cigarettes now?	Never-I don't smoke now	Occasionally (2)	Once or twice a week (3)	Every day (4)	

				(1)				
	If never, skip next question - code 0							
32	Drug4	Data49	How many cigarettes do you smoke a day now?	Less than 1 (1)	1-5 (2)	6-10 (3)	11-15 (4)	More than 15 (5)
33	Drug5	Data50	Have you ever drunk alcohol? (Beer, wine, spirits etc)	Yes (1)	No (2)	I don't want to answer any further questions about alcohol (9)		
	If "I don't want" or "no" skip next 3 questions -code 0							
34	Drug6	Data51	How old were you when you had your first drink of alcohol? (not counting a few sips)	Less than 10 (1)	10-12 (2)	13-15 (3)	Older than 15 (4)	I don't remember (9)
35	Drug7	Data52	During the past 4 weeks, about how often did you drink alcohol?	Not at all - I don't drink now (1)	Once in the last 4 weeks (2)	Twice or three times (3)	Once a week (4)	Most days (5)
36	Drug8	Data53	Have you ever got into trouble because of drinking?	Yes (1)	No (2)	Not sure (9)		
37	Drug9	Data54	Do you smoke gunja (marijuana/yarndi)?	Yes (1)	No (20	Used to, but now stopped (3)		
38	Drug10	Data55	Do you sniff paint or other solvents?	Yes (1)	No (2)	Used to, but now stopped (3)		
39	Drug11	Data56	Do you use other drugs?	Yes (1)	No (2)	Used to, but now stopped (3)		
40			Which of the following do you think it is OK for people your age to use regularly? (you can answer as many as you would like)					
	Drug12_1	Data57	Cigarettes, tobacco	All 0 as default or 1				
	Drug12_2	Data58	Alcohol, grog					
	Drug12_3	Data59	Marijuana, gunja, yarndi					
	Drug12_4	Data60	Paint, solvents					
	Drug12_5	Data61	Other drugs that often cause a high eg ecstasy, speed, hallucinogens etc					
	Drug12_6	Data62	None of these					

Consent-sex			We would now like to ask you some questions about sex and health. You don't have to answer if you really don't want to. Remember there is no way to identify you. Would you like to continue with these questions?	Yes	No			
41	Sex1	Data63	How many of your friends do you think are having sex?	None (1)	One or two (2)	A few (3)	Most of them (4)	Almost all of them (5)
	If none skip next 2 questions - code 0							
	If male skip next question - code 0							
42	Sex2	Data64	Do you have any friends who have been pregnant?	Yes (1)	No (2)			
	If female skip next question - code 0							
43	Sex3	Data65	Do you have any friends who have made a girl pregnant?	Yes (1)	No (2)			

44	Sex4	Data66	About how old were you when you first had an experience of kissing on the mouth?	Under 11 (1)	11-12 (2)	13-14 (3)	15 -16 (4)	17 or older (5)
				Never (6)				
	If never skip next 3 questions - code 0							
45	Sex5	Data67	Sometimes kissing someone can be what you want and sometimes kissing is not what you want. When you first experienced kissing, which of these applied to you?	Very much wanted (1)	Wanted (2)	Didn't mind (3)	Unwanted (4)	Very much unwanted (5)
46	Sex6	Data68	About how old were you when you first had an experience of sexual touching (feeling up)?	Under 11 (1)	11-12 (2)	13-14 (3)	15-16 (4)	17 or older (5)
				Never (6)				
	If never skip next question - code 0							

47	Sex7	Data69	Sometimes sexual touching can be what you want and sometimes sexual touching is not wanted by you. When you first experienced sexual touching, which of these applied to you?	Very much wanted (1)	Wanted (2)	Didn't mind (3)	Unwanted (4)	Very much unwanted (5)
48	Sex8	Data70	Have you ever had sex ("gone all the way")?	Yes (1)	No (2)	I don't want to answer this question (9)		
	If not "no" skip next question - code 0							
49			I have not had sex because…? (you can answer as many as apply to you)					
	Sex9_1	Data71	I want to wait until I am older	All 0 as default or 1 if checked				
	Sex9_2	Data72	It doesn't interest me					
	Sex9_3	Data73	I'm not emotionally ready for it					
	Sex9_4	Data74	I don't want the risk of pregnancy					
	Sex9_5	Data75	I haven't met anyone I wanted to do it with					
	Sex9_6	Data76	Fear of disease					
	Sex9_7	Data77	I have had a bad experience in the past					
	Sex9_8	Data78	I am scared of what it could be like					
	Sex9_9	Data79	Of my values					
	Sex9_10	Data80	Other reason					
	Skip to sex 28 - code 0 for others							
50	Sex10	Data81	About how old were you when you first had an experience of sex?	Under 11 (1)	11-12 (2)	13-14 (3)	15-16 (4)	17 or older (5)
51	Sex11	Data82	Sometimes sex may be	Very much	Wanted (2)	Didn't mind (3)	Unwanted (4)	Very much

			what you want and sometimes sex is not wanted by you. When you first had an experience of sex which applied to you?	wanted (1)				unwanted (5)
52	Sex12	Data83	When you first had sex, was it enjoyable?	A lot (1)	A little bit (2)	Not at all (3)		
53	Sex13	Data84	When you first had sex, were you under the influence of alcohol or drugs?	Yes (1)	No (2)			
54	Sex14	Data85	When you first had sex was this with someone….	Older than you by more than 10 years (1)	Older than you by more than 5 years (2)	Up to 5 years older than you (3)	Same age (4)	Up to 5 years younger than you (5)
				Younger than you by more than 5 years (6)	Not sure (9)			
55	Sex15	Data86	When you first had sex did you use a condom?	Yes (1)	No (2)			
	If no, skip next question - code 0							
56	Sex16	Data87	Who provided the condom?	Male (1)	Female (2)			
57	Sex17	Data88	During your life about how many people have you had sex with?	1 (1)	2-4 (2)	5-7 (3)	8-12 (4)	More than 12 (5)
58	Sex18	Data89	In general, how much do you enjoy having sex?	Very much (1)	A lot (2)	It's OK (3)	Not much (4)	Not at all (5)
59	Sex19	Data90	How often do you or your partner use birth control?	Always (1)	Most of the time (2)	Sometimes (3)	Never (4)	Doesn't apply to me (0)
	If never, or doesn't apply then skip the next 2 questions 0 code 0							
60	Sex20	Data91	The last time you had sex did you use any form of birth control?	Yes (1)	No (2)			

61			Which, if any, forms of birth control are you or your partner currently using? (you may answer as many as needed)					
	Sex21_1	Data92	The pill	Code 0 as default or 1 if checked				
	Sex21_2	Data93	Depo provera (the needle)					
	Sex21_3	Data94	Condoms					
	Sex21_4	Data95	Morning after pill					
	Sex21_5	Data96	Withdrawal (pulling out)					
	Sex21_6	Data97	Implanon (the implant)					
	Sex21_7	Data98	None					
	Sex21_8	Data99	Other					
62			Which of the following people or places have you ever used for advice about birth control? (answer as many as apply)					
	Sex22_1	Data100	I haven't talked to anyone	Code 0 as default or 1 if checked				
	Sex22_2	Data101	Doctor					
	Sex22_3	Data102	School health/counselling					
	Sex22_4	Data103	Family members					
	Sex22_5	Data104	Friends					
	Sex22_6	Data105	Family planning or sexual health clinic					
	Sex22_7	Data106	Other					
63			When you don't use birth control, what are the main reasons? (You may answer as many as apply to you)					
	Sex23_1	Data107	I don't think about it	Code 0 as default or 1 if checked				
	Sex23_2	Data108	I don't think she/I will get pregnant					
	Sex23_3	Data109	Having sex was					

			unexpected					
	Sex23_4	Data110	My partner did not want to use birth control					
	Sex23_5	Data111	I didn't know how to get birth control					
	Sex23_6	Data112	I was shamed to get birth control					
	Sex23_7	Data113	I am worried about the side effects of birth control					
	Sex23_8	Data114	I couldn't afford it					
	Sex23_9	Data115	I don't mind if I get her/myself pregnant					
	Sex23_10	Data116	It is my partner's problem, not mine					
	Sex23_11	Data117	Other					
	Sex23_12	Data118	I'm gay/lesbian					
	Sex23_13	Data119	I always use birth control					
64	Sex24	Data120	Have you ever been pregnant or got someone pregnant?	Yes (1)	No (2)	Unsure (3)	Does not apply to me (0)	
	If not yes then skip next question - code 0							
65	Sex25	Data121	What happened to this (last) pregnancy?	I/she is currently pregnant (1)	I/she had an abortion (2)	I/she had a miscarriage (3)	I/she had the baby (4)	Don't know (9)
66	Sex26	Data122	How often do you use condoms as protection against sexually transmitted infections?	Always (1)	Most of the time (2)	Sometimes (3)	Never (4)	Doesn't apply to me (0)
67	Sex27	Data123	Have you ever had a sexually transmitted infection?	Yes (1)	No (2)	Not sure (3)		
68	Sex28	Data124	Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do?	Never (1)	One or two times (2)	Sometimes (3)	Often (4)	Maybe (5)
				Not sure (6)				
	If never or not sure skip to Sex 33 - code 0							

69	Sex29	Data125	The last time it happened, describe the person it was with?	Older than you by more than 10 years (1)	Older than you by more than 5 years (2)	Up to 5 years older than you (3)	The same age (4)	Up to 5 years younger than you (5)
				More than 5 years younger than you (6)				
70	Sex30	Data126	Did you tell anyone about it?	Yes (1)	No (2)			
	If no, skip next question - code 0							
71	Sex31	Data127	Who did you tell?	Family member (1)	Friend (2)	Health professional (3)	Teacher or someone at school (4)	Other (5)
72	Sex32	Data128	Would you like further counselling or support about this?	Yes (1)	Not at this time (2)			
	If yes, offer space for identification via phone number, first name etc							
Safety screen			If these questions have been upsetting for you and you wish to talk to someone, remember you can talk to the person helping with the survey. You can also talk to your school counsellor or nurse or CEC, or contact a number on the pamphlet distributed with this survey.					
73	Sex33	Data129	What do you think is the ideal age to start having sex?	Under 13 (1)	13-14 (2)	15-16 (3)	17 or older (4)	When you are ready (5)
				Not sure (6)				
74	Sex34	Data130	When do you think school sex education should be provided?	Before Year 8 (1)	Year 8 (2)	Year 9 (3)	Year 10 (4)	Year 11 and 12 (5)

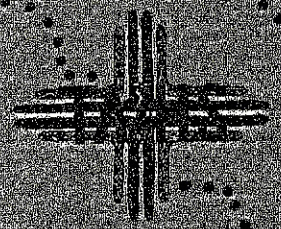
75	Sex35	Data131	What do you think is the ideal age to start a family?	14-16 (1)	17-19 (2)	20-24 (3)	25 or older (4)	
76	Sex36	Data132	How would your family take it if you became pregnant or made a girl pregnant as a teenager?	They'd be very supportive (1)	They would be quite supportive (2)	They wouldn't mind (3)	They wouldn't be very supportive (4)	They wouldn't be at all supportive (5)
77	Sex37	Data133	Do you have any worries about whether you will be able to have babies?	Yes (1)	No (2)	Not sure (3)		
	If male skip next question - code 0							
78	Sex38	Data134	How would you feel if you fell pregnant whilst a teenager?	Very happy (1)	Quite happy (2)	Wouldn't mind (3)	Quite unhappy (4)	Very unhappy (5)
	If female skip next question - code 0							
79	Sex39	Data135	How would you feel if someone said you had fathered their baby?	I wouldn't believe them (1)	I'd be happy/proud (2)	I wouldn't mind (3)	I'd be a bit unhappy (4)	I'd be very unhappy (5)
Consent-ideal			We would now like to ask you whether you agree with some statements about what it would be like having a child. Are you happy to answer these questions? Please select which of the options most closely matches your beliefs.	Yes	No			
80	Ideal1	Data136	A couple's relationship is usually closer during pregnancy	Strongly agree (1)	Agree (2)	Have no idea at all (3)	Disagree (4)	Strongly disagree (5)
81	Ideal2	Data137	Having children usually improves the parents' relationship	Strongly agree (1)	Agree (2)	Have no idea at all (3)	Disagree (4)	Strongly disagree (5)
82	Ideal3	Data138	Parenting is almost always enjoyable	Strongly agree (1)	Agree (2)	Have no idea at all (3)	Disagree (4)	Strongly disagree (5)
83	Ideal4	Data139	Becoming a mother need not change a woman's lifestyle very much	Strongly agree (1)	Agree (2)	Have no idea at all (3)	Disagree (4)	Strongly disagree (5)

84	Ideal5	Data140	Becoming a father need not change a man's lifestyle very much	Strongly agree (1)	Agree (2)	Have no idea at all (3)	Disagree (4)	Strongly disagree (5)
Wrap-up								
85	Wrap1	Data141	Did you enjoy answering this survey?	A lot (1)	It was OK (2)	Not at all (3)		
86	Wrap2	Data142	In general, how honestly did you answer the questions?	Completely honestly (1)	Mostly honest (2)	Not very honest (3)	Not at all honestly (4)	
87	Wrap3	Textfile	If you would like to write anything about young people and sex or pregnancy feel free. Remember that no one will identify you from what you write. Hit the accept button when finished.	Text entry	Accept button	Save as separate file in same format.		
Thanks								
Please save file as [Computer ID][Site]								

Attributions:
Developed by young mother's group at TAIHS.
Many questions adapted from University of Auckland, Youth 2000 questionnaire (Dr Peter Watson) and some input from VAHS youth health survey (Dr Wendy Holmes)
Questions 78-82 are part of idealisation of pregnancy and parenthood scale as devised by Corkindale and Condon (Flinders) 1998 – all used with permission.

One question per page. Please add button for I do not want to answer this question - coded as no answer (9) at bottom of each page, and option to quit (go to main menu with next heading highlighted). All questions coded for 0 as default or 9 if tick I don't want to answer/don't know.

U MOB YARN UP



Working together to increase support for young Aboriginal & Torres Strait Islander people in their decisions around pregnancy and parenting

JAMES COOK UNIVERSITY

Aims of the Project:

- To find out what Aboriginal & Torres Strait Islander young people think about pregnancy, birth control and parenting
- To ensure that young people have as many options open to them as possible
- To increase the support available to pregnant and parenting Aboriginal and Torres Strait Islander young people

Who can help? If you would like to talk to someone about issues raised by this project please feel free to use the following resources:

1. Your school guidance counsellor, school nurse or CEC
2. Dr Sarah or Priscilla Page at TAIHS - 47594045 (can arrange counselling)
3. The Women's Centre 47757555 or Freecall 1800657501
4. NQ Domestic Violence Resource Centre 47212888
5. Sexual Assault Crisis Line 1800010120
6. ATSI Community Mental Health 47270211
7. Kids Help Line 1800 551800
8. Lifeline 131114

Appendix 6 Brochure from goody bags with sources of local support

Appendix 7 Sample focus group question guide and sample of transcript

Introduction and explanation of project

Education:

How are things going at school?

a) Do you enjoy it? How important do you think education/schooling is for your future? Why? How far do you think you will go with school? Why?
b) How important do people in your family think education is? Mother? Father? Brothers and sisters? Grandparents?
c) What do you think you could do after leaving school?

Relationships:

Have most of your friends started seeing boys/girls? What do they do together?

a) Do these relationships involve having sex? How often? Do boys and girls usually want to have sex? How is it different for boys and for girls?
b) Whether or not you have ever had sex, what do you see as some good things about having sex?
c) What do you see as the problems associated with having sex?

Birth control:

What kinds of birth control do you know about?

a) Where did you learn about them? School, home, friends, etc
b) Do you think birth control should be the responsibility of the boy, the girl or both? How does it work? Who normally takes responsibility for birth control in your experience?
c) Do you or your friends use birth control when having sex? All the time?
d) What are some of the problems associated with using birth control? What are some of the reasons why young people don't always use it?

Having babies:

What do you think would be some good things about having a baby? Is it different for teenagers?

a) What do you think would be problems with having a baby? Is it different for teenagers?
b) What are some of the stories you hear from your family about having babies? Are you aware of any cultural beliefs associated with a passage to womanhood? Do you consider these important?
c) What would your family say if you became pregnant in the next 1-2 years? And your friends? And your boyfriend?
d) What would you consider the ideal age for starting a family?

Sample focus group discussion transcript

Middle of School 2 Focus group 8 with 4 older girls

SL: Do you think that boys and girls want to have sex the same amount?

P3: Oh, I reckon it's just the boys first, but then they turn the girls on with the way they talk and act, you know….

Ps: Yeah, they just like put on a show….

P3 and Ps: Yeah, they just put on a show….and once they get you in bed….., and they sneak up to you and stuff like that, with other boys that come to you, they like pull you away, and they're one person, and they're like I'll be back, I'm scoring, and shit like that, and then they come up to you, and they're like, are you alright, come into the bedroom, we'll just talk, and that's when they turn the lights out…

P2: What do you call it, they…ss…persuade…

PP: Seduce.. ?

P2: Yeah, seduce you..

P3: Yeah, especially like when they do it really, really kindly, and it just turns you on the way they do it….oh sorry, and then that's when it happens, but it depends if it's a cute guy you did it with, or if he's well known….then the girls like brag about it at school, and then as soon as you say the name if everyone's saying oh, that's a geek man, then you're like, but he was bad…you know…. But you know, I had this friend, you know, she slept with two guys on one night….and she thought she was pregnant, you know, but she never was, thank God…but she regrets sleeping with one of them, eh…I can't give the name….

SL: No it's alright….it wouldn't matter if you did, I wouldn't write it down….so what about afterwards, is it different for girls and for boys…if people do have sex, in the way that they talk about it afterwards, or in the ways people talk about them at school or anything like that?

P3: It's different for the boys, 'cos they get called a stud, and all the boys praise up to them cos they slept with all these girls, but if it's a girl they get called a slut or a 'ho…

Ps: Yeah, yeah, that's so true…

P3: But for other guys they don't mind because she's an easy target, because she's already lost her virginity, she keeps having sex with different guys, of course they're going to get their chance….

Appendix 8 Sample individual interview guide

Pregnant and parenting young women.

a. Tell me a story about your life growing up, your family, your schooling and how you got to where you are now in your life? (Home, family, expectations, schooling, age of siblings and pregnancy, any abuse etc)
b. Tell me about what was happening in your life around the time you became pregnant?
    a. School – plans to complete etc.
    b. Home – family expectations
    c. Relationship
    d. Emotionally
    e. Hopes for the future

c. How long had you been seeing the baby's father? Were you using any birth control/contraception? Why/why not?
d. Did you feel like you had much control about what was happening in your life at the time?
e. How did you find out about the pregnancy? How far along were you?
f. How did you react/feel? What about your partner? And your family?
g. Did you consider any options other than having the baby? Why/Why not?
h. How did things go for you during the pregnancy? And the birth?
i. How have things been since the birth? Are you still with the father?
j. What have been the good things for you since the birth?
k. And the difficult things?
l. Who looks after the baby now? Other helpers/support?
m. Looking back over your own experience, can you think of things that would have made it easier for you, or might make it easier for other young people in your situation?
n. What are you hoping for over the next 5-10 years for you and your child?
o. Do you think your expectations about what it would be like having a child before you had one were realistic?
p. Do you think you received enough safe sex and relationships advice? How would you change it?
q. What do you consider the ideal age for starting a family?
r. Have we missed anything?