

First Nations perspectives about youth pregnancy and parenthood in Western Sydney, Australia: A qualitative study



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Abstract

Purpose Significant improvements have been made in Aboriginal and Torres Strait Islander peoples' (First Nations) maternal and perinatal outcomes over the past decade, such as decreasing rates of smoking and preterm birth and increasing birthweights. In Australia, higher rates of adolescent pregnancy are reported among First Nations compared with non-First Nations people. Having a baby during adolescence (youth pregnancy) increases the risk of poorer maternal and perinatal outcomes, including social outcomes such as poverty and educational attainment. This study examined First Nations peoples' perspectives about youth pregnancy and parenthood in Western Sydney, Australia.

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Methods Sixty-eight First Nations people aged ≥ 16 years living in Western Sydney, Australia were interviewed in 2019–20. Interview data were analysed using thematic analysis.

Main findings Approximately half of the participants were aged ≥ 18 years. Most participants lived with family and around half were high school students. Four themes relating to youth pregnancy and parenthood were identified: 1) youth pregnancy was normalised (e.g. ‘There’s always some young person in [the] community pregnant, if not several... it’s celebrated as well. It’s not so much of a negative thing’); 2) a desire to avoid youth pregnancy (e.g. ‘I think young people try and avoid pregnancy because they don’t wanna be a teen mum’); 3) gendered experiences of youth pregnancy and parenthood (e.g. ‘I don’t think a teenage boy would have like time like for a baby’); and 4) perspectives of caring responsibilities within families (e.g. ‘I feel like within Aboriginal communities, it’s always seen as the oldest kid has to kind of help out the parent’).

Principal conclusions Although youth parenthood was acceptable in communities, most participants wanted young people to avoid pregnancy and parenthood. There was a clear community approach to raising children, especially from the oldest children helping out with child raising.

Keywords: Indigenous; Aboriginal; Youth; Young people; Teen pregnancy; Adolescent pregnancy

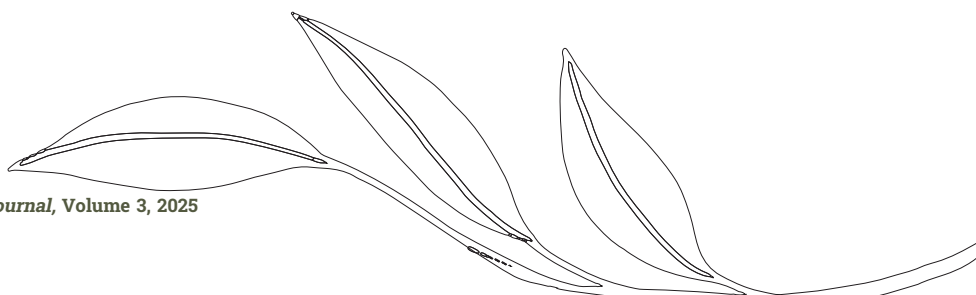
Highlights

- Youth pregnancy and parenthood were generally accepted and normalised.
- Most young participants wanted to avoid pregnancy.
- Participants felt that young women are more mature to be a parent than young men.
- Extended family members experiences of being a parent were highly valued.

Introduction

Research and national reports have highlighted for decades that Aboriginal and Torres Strait Islander (First Nations) people have poorer health outcomes than non-First Nations people in Australia (Anderson et al. 2006; Australian Institute of Health and Welfare 2024). A driving factor impacting and sustaining these poor outcomes is colonisation, which has impacted the social, economic and health outcomes of First Nations people in Australia and internationally (Brave Heart et al. 2011). Racism is a significant factor impacting the daily lives of First Nations people and highlights the need for culturally responsive interventions led by First Nations communities to

reduce psychological suffering and unresolved grief from colonisation (Brave Heart 1998; Hine et al. 2022; Marriott et al. 2019; Royal Australian College of General Practitioners 2018). Due to colonisation, First Nations people have 2.3 times the burden of disease compared with non-First Nations people, including higher rates of substance use, which is often used as a coping mechanism for colonial trauma (Australian Institute of Health and Welfare 2021, 2024; Brave Heart et al. 2011). Between 2017–19, an Australian Bureau of Statistics survey highlighted that 30 per cent of the total health gap between First Nations and non-Indigenous people was contributed to by social determinants of health such as employment,





income, education and housing ([Australian Institute of Health and Welfare 2024](#)).

Birth rates have been higher among First Nations compared with non-Indigenous women in Australia for decades: 75 versus 55 per 1,000 women ([Australian Institute of Health and Welfare 2023](#)). In 2020, the average age at which a First Nations mother gave birth to her first baby was 26.5 years; with 37 per cent living in urban areas of Australia ([Australian Institute of Health and Welfare 2023](#)). In 2020, a total of 14,384 First Nations women gave birth, with 1,608 of these being aged 10–19 years at the time of delivery ([Australian Institute of Health and Welfare 2023](#)). However, over the past two decades there have been some positive health outcomes for First Nations mothers, with smoking rates during pregnancy decreasing from 51 per cent in 2010 to 43 per cent in 2020; with 87 per cent of First Nations babies having a healthy birthweight; and 87 per cent of pregnant First Nations people attending five or more antenatal visits during their pregnancies in 2020 ([Australian Institute of Health and Welfare 2023](#)).

Compared with non-Indigenous pregnant women, First Nations women have poorer maternal and perinatal outcomes ([Australian Institute of Health and Welfare 2023](#)). These include higher rates of smoking during pregnancy, low birthweight babies and preterm births ([Australian Institute of Health and Welfare 2023](#); [Chamberlain et al. 2017](#); [Hine et al. 2022](#); [Marriott et al. 2019](#); [Royal Australian College of General Practitioners 2018](#)). Increasing cultural safety through training programs for clinical and birthing services has been promoted as a way forward ([Power et al. 2021](#); [Thackrah et al. 2021](#)). One example of cultural safety in birthing services was in Aotearoa New Zealand, when a Māori midwife aimed to increase cultural awareness and improve maternal and perinatal outcomes for her

people ([Ramsden 2002](#)). Closely related to this has been the concept of ‘birthing on Country’, which has provided benefits for First Nations mothers and babies in Australia, such as a reduction in preterm births ([Ireland et al. 2022](#); [Kildea et al. 2019](#)).

Research has highlighted how having a baby during adolescence (age 12–17 years) can increase the risk of adverse outcomes for pregnant women and their babies ([Dinwiddie et al. 2018](#); [Kawakita et al. 2017](#); [Maheshwari et al. 2022](#)). These poorer health outcomes include preeclampsia, postpartum depression, preterm premature rupture of the membrane and anaemia ([Dinwiddie et al. 2018](#); [Kawakita et al. 2017](#); [Maheshwari et al. 2022](#)). This evidence highlights the importance of young pregnant women or mothers accessing good quality health services, especially birthing services before, during and after pregnancy.

Examining youth pregnancy and parenthood is important because the context and perspectives of local First Nations people and the perspectives of young boys and men about pregnancy and early parenthood are often missing from health statistics. This study asked First Nations people living in Western Sydney about youth pregnancy and parenthood. A greater understanding of the local contexts and local peoples’ perspectives could help design or improve health promotion programs about being a mother or father and promote contraception options for young people to better meet the needs of young First Nations people and their families and communities.

Methods

Setting

The ‘What we do well: stories of love, sex and relationships’ study was a qualitative study based in two First Nations communities in Sydney, Australia





(Bryant et al. 2018). Western Sydney has large culturally and linguistically diverse populations, a large First Nations population and has a high proportion of people classified as low socioeconomic status (Vidyattama and Tanton 2019). The highest proportion of households from culturally and linguistically diverse backgrounds who live in low-income households in New South Wales (NSW) are in Western Sydney, with rates between 20 and 46 per cent (Vidyattama and Tanton 2019). This project used a participatory peer research approach by hiring First Nations young people to conduct interviews with other First Nations young people (Bell et al. 2021a; Dudgeon 2020). The study was funded by an Australian Research Council Linkage Grant (grant number: LP170100190).

In-depth interviews were used to collect qualitative data from 68 First Nations people: 52 interviews with First Nations youth (aged 16 to 24 years) and 16 interviews with First Nations adults (aged ≥ 25 years).

Governance

The study had an Investigator Committee consisting of First Nations and non-First Nations academics and community workers. A First Nations Advisory Committee chaired by one of the First Nations investigators was also established to oversee issues of cultural safety, including: the review and approval of research documents, interview questions, recruitment, data collection and dissemination of findings (RB, MB, MD, KB and others). Several First Nations staff were employed as research assistants to work on project management, research training, data collection, data analysis and research dissemination (MB, KG, KM).

Positionality statement

Eight of the authors are First Nations people, including the first six authors. These six authors are four First Nations academics and two First Nations women who lead community health programs in Western Sydney.

Four authors work for NSW Health Local Health Districts delivering programs to First Nations communities in Western Sydney. Another two authors work for Family Planning NSW providing programs to local First Nations communities in Western Sydney. The other authors are non-Indigenous academics working in sexual health and social sciences.

Inclusion criteria

To be included in the study, participants needed to identify as an Australian First Nations person, reside in Western Sydney, be aged >16 years and be able to converse in English.

Interviews with young people: peer interviewer-led interviews

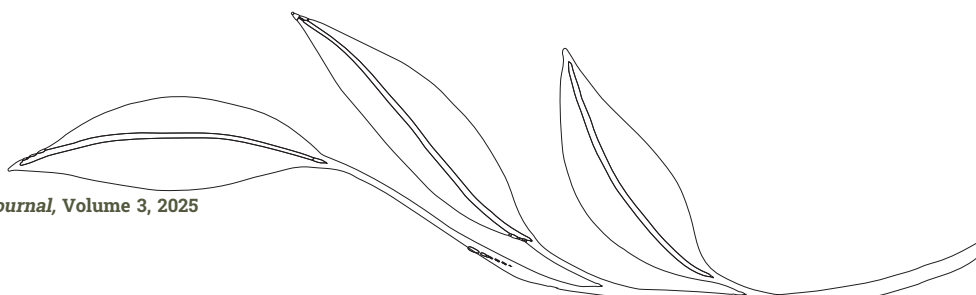
Fourteen First Nations youth (nine females and five males) were recruited as paid peer interviewers (PIs) through local First Nations community organisations and health workers. The PIs participated in an interactive four-day training workshop with the research team, including sessions about research ethics (e.g. informed consent, confidentiality, risk management), research methods (e.g. recruitment, data management, interviewing skills) and the study themes. The PIs also participated in interviews with same-sex members of the research team as part of their training.

Recruitment

The PIs were asked to recruit and interview First Nations youth in their local areas. Interviews were collected during November and December 2019 and July and August 2020. Participants were primarily recruited through PI personal community networks (i.e. friends, cousins, siblings, etc.). Each participant received \$50 for their time.

Peer-led interviews

The peer interviewing method makes use of existing social networks where relationships of rapport and





trust have already been established (Bell et al. 2021b; Dudgeon 2020). This has been shown to facilitate a more comfortable and open interviewing context and minimise the risk of embarrassment when discussing possibly sensitive issues, such as sex and relationships (Gomez and Ryan 2016; Lushey and Munro 2015). This also enables youth to drive the research on their own terms and talk about the experiences and values relevant to them. Each PI was asked to recruit three participants and conduct three separate interviews with each of them. A short and focused approach of using three separate interviews was used to make participation easier. These interviews covered the three main topics mentioned below in the 'development of the interview questions'. Each interview lasted about 20 minutes. Interviews were recorded using a digital audio recorder and then transcribed by a professional transcriber working under a confidentiality agreement. Following each interview, debriefing interviews were included in the formal analysis. Rules when conducting the interviews were also created to minimise risks to participants; they were created using a previously successful PI model with youth (Price and Hawkins 2002). The rules included: 1) using third-person interview techniques, where youth avoid telling personal stories and describe the general views and experiences of 'people like them'; 2) no names or other identifying information to be mentioned; and 3) 'off limits' topics including sexual assault and sex under the age of consent.

Interviews with adults: researcher-led interviews

Fifteen First Nations adults consented to be interviewed with a member of the research team. To be included, adult participants had to identify as a member of the local First Nations community and be aged ≥ 25 years. Adult participants were recruited with the assistance of the First Nations community partner organisations and tended to be staff or members of

men's and women's groups run by local organisations. Adults were interviewed by one of four research team members, two of whom were First Nations people. The interview duration was approximately 30 to 45 minutes and participants received \$50 for their time.

Development of the interview questions

The interview questions were developed in collaboration with the project's investigator committee, the First Nations Advisory Committee and the project community partners in Western Sydney. The interviews covered three main topics:

1. *Cultural strengths for staying healthy*: the individual, family, community and cultural strengths and resources that youth draw on to help them make positive sexual decisions.
2. *Sexual relationships: staying healthy and solving problems*: how sex and relationships are understood (including youth pregnancy and parenting), how choices are made and the meanings attached to those choices, and how people stay healthy, protect themselves and solve problems.
3. *Using services and other health education/promotion*: perspectives and experiences with sexual health promotion and healthcare services, and what feels relevant and works well for them.

The questions asking about pregnancy came under Theme 2, although pregnancy was an issue that was also spontaneously raised by participants in other themes. The specific questions included: What do youth think about pregnancy? Is it something they try to avoid? Do some youth try to get pregnant? Do boys and girls think differently about pregnancy? What are some of the good and bad things about having a baby when you're a teenager?



Data analysis

The second author analysed the data using thematic methods to identify the main perspectives held about youth pregnancy, with a particular focus on strengths and how youth and communities positively manage youth pregnancy (Bryant et al. 2021). Thematic analysis identified themes within and across interviews and highlighted the collective ways in which participants understood youth pregnancy (Denzin and Lincoln 2011). Two researchers undertook a round of preliminary coding independently to develop an initial coding frame. The first and last authors then examined these and re-shaped, edited, added and deleted some until a consensus was reached. Participants' names were changed to protect their identities. When presenting the data, the participants were given pseudonym names. Data were coded using NVivo 12 (QSR International 2020).

Ethics

Ethical approval was received from the Aboriginal Health and Medical Research Council of NSW Ethics Committee, the South Western Sydney Local Health District Human Ethics Research Committee – HREC Number: 1441/18 and the UNSW Sydney Human Research Ethics Committee.

Results

Participants

Sixty-eight First Nations people were interviewed. Results are presented under four main themes:

- 1) Perspectives of youth pregnancy, including the normalisation of youth pregnancy
- 2) The desire to avoid youth pregnancy
- 3) Gendered experiences of youth pregnancy and parenthood
- 4) Perspectives of caring responsibilities within families and youth parenthood

Youth pregnancy was normalised by participants, with most suggesting that it was a common and often celebrated part of life. However, they also felt that most youth wanted to avoid pregnancy and the frequency of youth pregnancy in the local community was a concern. Pregnancy was one of the key worries that young people had about sex.

Perspectives that youth pregnancy was common and often celebrated in the community were shared by both young and older participants.

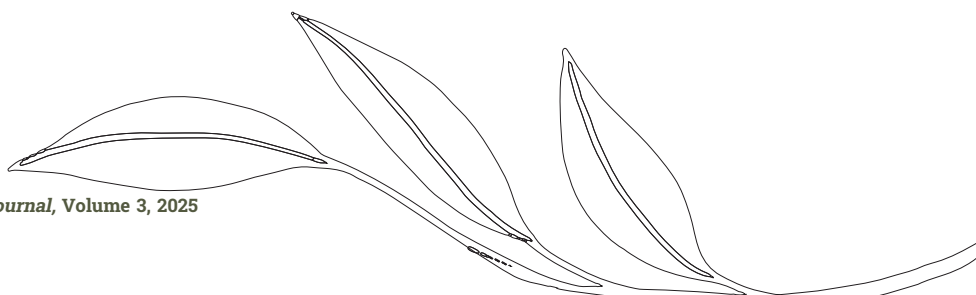
There's always some young person in [the] community pregnant, if not several... it's celebrated as well. It's not so much of a negative thing. (Tania, female, 40 years old)

There is a lot. I know a few, um, teen parents. Yeah, that was also, like, quite a common thing growing up – teen parents. My sister was a teen parent before I was born. (Adam, male, 18 years old)

One participant spoke about an intergenerational influence on having children during adolescence; if a young person's parents had babies during adolescence, they would be more likely to have babies themselves during adolescence.

I think it's, it's very common for Indigenous people to have children at a younger age. So, if my parent had had me at 16, then it's very likely that I'm gonna have a baby at 16, which means I'd be having sex before 16. (Grace, female, 23 years old)

Although some participants agreed that youth pregnancy was common and felt that it had an intergenerational aspect, many held less-positive perspectives about youth pregnancy. One participant specifically mentioned the lack of role models to provide guidance and sexual health education to young people, including accessing contraception.



I think we think it's [youth pregnancy], as an Indigenous culture, it's like it's normal, which is sad. You know what I mean? 'Cause you've found in a lot of people that are at a young age and are falling pregnant because they weren't fortunate enough to have that role model to be able to point them down the avenue, to be able to get the contraception. Or they didn't have somebody to talk about their sex problems. And, and it becomes normality. You've got 13-year-olds having frigging kids, you know, three or four kids, and it's normal. (Tara, female, 30 years old)

Participants explained that part of the reason that youth pregnancy was somewhat normalised and accepted was that caring for siblings was common in First Nations families and communities:

I feel like within Aboriginal communities, it's always seen as the oldest kid has to kind of help out the other parent. So, I've even had friends that, you know, got no parents at all – like just one parent and then they're looking after all their other siblings and stuff. (Lauren, female, 20 years old)

The responsibilities of parents and carers in the community mean that young people are often given extensive caring duties, something that Olivia identified as unheard of in non-First Nations families:

We've been rearing our fucking babies, brothers and sisters... You know what I mean? Or our cousins and stuff like that. Yeah. I think things like that, like culturally, the mainstream, they don't approach it like that. They're just like, you know, 'Imagine raising a baby at fucking 14...' It's like, 'I'm fucking already doing it, eh?' (Olivia, female, 26 years old)

Participants like Lauren and Olivia felt that these early caring obligations meant that First Nations young people were already very familiar with parenting,

something that contributed to the normalisation of youth pregnancy in their community.

2) The desire to avoid youth pregnancy

Despite the seeming normalisation of youth pregnancy, a common view among participants was that most adolescents wanted to avoid getting pregnant or becoming a parent. These views were shared by both young men and women.

I think young people try and avoid pregnancy because they don't wanna be a teen mum. (Piper, female, 17 years old)

Almost all kids would probably try and avoid it [teenage parenthood] since it will be taking a big part in their life. (Violet, female, 17 years old)

They're probably, what they're thinking is like, 'You're 15, 16. Like you're only real young. Why are you doing that? You have a life to live...'. (Ben, male, 18 years old)

I think generally, the main thing around teen pregnancy is no one wants to be pregnant at that age or around that age of like, 16 to 18. I think a lot of people see it as a bad thing. I think it's not healthy if it's an unwanted pregnancy. (Adam, male, 18 years old)

I'd assume that if you're a young person you probably won't, you probably try to avoid it because you don't want to have a child yet. (Terry, male, 19 years old)

In this regard, young people were aware of the risk of youth pregnancy and the significant implications to their health and life opportunities. Pregnancy was seen to 'take from life' hinder 'living life' and be unhealthy both physically and mentally. However, as described next, the implications of youth pregnancy were much more significant for young women than young men.



3) Gendered experiences of youth pregnancy and parenthood

Participants believed that experiences of youth pregnancy and parenthood were different for young women compared with young men. Young women were viewed as more ready for parenthood, while some young men saw fatherhood as implying a duty.

I think girls are a bit bigger on getting pregnant and stuff but, sort of, I think guys are a bit hesitant at having babies at such a young age and stuff. (Tyler, male, 20 years old)

Two participants felt that young women were more mature than young men and this meant that they coped with pregnancy better.

Girls are more mature when talking about pregnancy than guys because I feel like guys aren't really like ready to go through that kind of stuff but girls think that they are. (Lucy, female, 17 years old)

I don't think a teenager boy would have like time like for a baby. But... and girl. Like I said, it would be scary 'cause some fathers won't like, won't stay for their, stay around with their baby and the like [the] girl will have to raise it itself or with like family members. (Ava, female, 16 years old)

However, some young men believed that it was their duty to be a father if their partner was to become pregnant and have a child:

I've always thought it's a, sort of a cowardly act if a guy leaves after you get someone pregnant. I could never. If I'm having a child, I'm having a child. I'll live with it even if it wasn't my intentions. I couldn't leave. For like some guys, the first thing they think about is a job when they get someone pregnant. That's the first worry. That's if

they want the child. And sort of the bad worry would be leaving 'cause they don't think they can put up with it because it might be too much for them. But, yeah, I don't think, I believe you should never leave, no matter what. (Will, male, 18 years old)

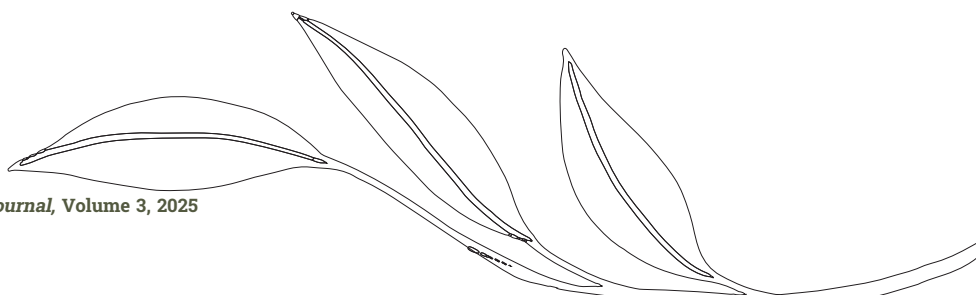
4) Perspectives of caring responsibilities within families and youth parenthood

Participants identified a range of reasons why young parenthood was accepted or even desired in communities. There was a view that young people: wanted to have a child because it could strengthen, secure or fix a romantic relationship; wanted to feel a sense of unconditional love that children can bring; felt ready to have a child (due to being in a stable relationship or having the support/resources); had seen others (their friends or family) enjoying being young parents; and saw their own parenthood as an opportunity to do better.

Some young people wanna get pregnant because they want to feel that love and connection, 'cause they don't have it with their family. So, they think if they have a baby, the baby's gonna like always love them. (Piper, female, 17 years old)

Some participants felt that some young people felt a baby would help in their romantic relationships by bringing them closer together or even fixing a difficult relationship.

Like they're young and they think that they're in love with the person that they're with. And they're at such a young age so they think that, you know, having a baby would, especially in relationships that are quite toxic, they think that baby might fix that relationship. And 'cause they're so young, they think that it's such a good



answer, that they'll resolve all their issues and make the partner want to stay with them. (Kelly, female, 19 years old)

A male participant highlighted that social media influenced how others felt about youth parenthood, especially posts that represented how having a baby can make a couple happy.

I think just 'cause like they see their, other people happy so like you're always gonna like get people posting their social media stories or posting it – 'Oh, look how happy they are with a baby! Look at their baby! It's cute!' Like, 'Why can't we have a baby?' So, they start thinking about it. (Ben, male, 18 years old)

Discussion

Although youth pregnancy was generally accepted in Western Sydney, many young participants expressed their desire to avoid getting pregnant and adults similarly wanted young people to avoid it. Studies of non-First Nations adolescent girls' perceptions towards pregnancy in Australia have provided mixed insights. For example, adolescent girls' perceptions towards pregnancy and contraception use were found to be heavily influenced by their life goals (Smith et al. 2012). Some adolescent girls viewed becoming a parent as a 'life derailment' and restricting their personal, career and social transition to adulthood. This is similar to the young participants in this study, who were careful to mention that their views are 'at this stage of my life' and perhaps in the future they would want children. In contrast, other adolescent girls who already had a baby viewed becoming a parent as a 'life-line' and viewed their pregnancy as a positive and transformative experience that promoted personal growth into adulthood (Smith et al. 2012). This suggests mixed perspectives towards early pregnancy, with a major factor being if an adolescent girl had given

birth or not. As adolescents want to avoid pregnancy, this highlights the need for accurate information about contraceptive options and where to access contraception in their local area.

Participants in this study spoke about the involvement of their family and community in pregnancy and parenthood, especially intergenerational aspects. The importance of having the support of family and community was also highlighted by First Nations women who participated in a culturally tailored continuity of care midwife program in Melbourne (McCalman et al. 2024). The program provided a range of services including yarning circles for women to meet each other and their extended families to connect. The First Nations women reported that having their family and community support was a positive, as it made them feel safe and supported. As programs that include families and communities are highly valued by First Nations women, they should be trialled in other states and territories.

Perspectives about pregnancy from women and men in this study had some similarities but also some differences. Both women and men felt that young women were more mature and seemed more ready to handle pregnancy than young men. Some males in this study said that if their partner became pregnant, they would see it as 'their duty' to be a father. A systematic review of perspectives from women and men about pregnancy provided some insights (Welshman et al. 2023): although some men were often left out of conversations about pregnancy, other men had the perspective that pregnancy was something more relevant for women. A similarity with the current study was that participants generally viewed women as more knowledgeable about pregnancy but also that they took more responsibility. Importantly, the review by Welshman et al. (2023) found that having the



support of male partners was important for the mental and overall wellbeing of pregnant women. This suggests that programs targeting adolescents about pregnancy should involve men and their important role during pregnancy.

Young participants in this study spoke about the impact that social media can have on young people's perspective of having a baby and that photos of young parents looking happy and loving and how having a baby could fix or save a relationship. Studies have highlighted that social media use among adolescents is increasing but so are poorer mental health outcomes among adolescents (Clayborne et al. 2025). Recent research has highlighted that social media use influences thoughts of desire or wanting something, and this includes having something that others have (Mustoo Başer et al. 2022). In 2025, the Australian government will bring in new social media laws banning people aged <16 years from accessing certain social media applications and web sites (Fraser and Griffiths 2024). This may influence some adolescents' social media use but it will not impact the access or use of adolescents aged ≥16 years. This also highlights the important cultural role of family and communities – especially aunts, grandmothers, uncles and grandfathers – to share their stories of pregnancy and the realities of becoming a mother or father that are based on real-life experiences, not online social media posts.

There is limited research about young men, pregnancy and fatherhood (Lau Clayton 2015). The current study therefore fills some of these gaps by providing some insights into First Nations men's perspectives about youth pregnancy and fatherhood. Teenage fathers are often seen as selfish and absent from their children's lives (Davies and Beale 2015). Research has highlighted that teenage fathers are more likely to come from low socioeconomic or racial minority families (Bamishigbin

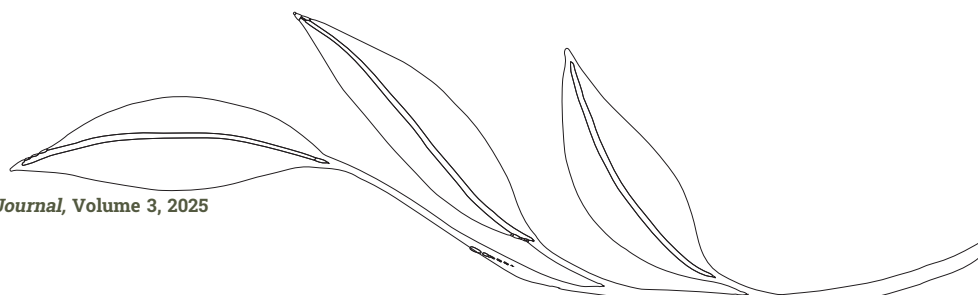
et al. 2019). This is relevant to this study, as Western Sydney is an area with a high proportion of First Nations people and families of lower socioeconomic status (Vidyattama and Tanton 2019). A study of new (expecting their first baby, became a father three months prior to their interview) First Nations fathers (targeting fathers aged <24 years) in urban Brisbane provided four key recommendations for young First Nations fathers: 1) to create gathering places for new fathers to connect with and learn from experienced fathers, 2) maternity and early childhood services should be inclusive of men and their role as fathers, 3) clinical interventions and supportive processes into fatherhood, and 4) to promote and celebrate the strengths and roles of First Nations fathers (Clifford-Motopi et al. 2022). These recommendations could be useful for young fathers – both First Nations and cultural minorities – in Western Sydney.

Strengths of this project

The peer interview approach of this project is a strength, as this creates a more relaxed discussion with the interviewer. This project was co-led by a First Nations academic and this paper has eight First Nations authors who have lived experience in their communities. The project also had strong First Nations governance processes, including a First Nations Governance Committee that approved all aspects of the project's design, interview schedules, recruitment, analysis and interpretation. It also received ethics approval from a First Nations ethics committee. As there is little research on the perspectives of First Nations people, especially young First Nations people and men about pregnancy and parenthood, this project fills some of this gap in knowledge.

Limitations

These results may not be generalisable to First Nations communities in other areas of Australia. Some of the





interviews occurred during the COVID-19 pandemic; as a result, participants' stress and anxiety may have been higher than normal. As a result, it is acknowledged that the topic of pregnancy and parenthood may not have been the participants' top priority during COVID-19. Some of the participants were young (15 to 19 years) and it is acknowledged that their perspectives may change as they get older or become a parent.

Implications for policy and practice

Some participants in this study felt that youth pregnancy was normalised, but most young participants did not want to get pregnant. This highlights the need for information about contraception and where to access contraception, so young people can make informed choices about pregnancy and parenthood. There was a high level of respect and value of aunts and grandmothers as role models to help young people who are pregnant or young men who will soon be fathers. This highlights the need for programs that can support young people who are about to become parents that may include the role of aunts, uncles and grandparents. There is evidence that First Nations mums and bubs groups are highly valued and do provide benefits for mums to be (Marston et al. 2016). There might be a need for First Nations men's groups to include issues around fatherhood or how to support their pregnant partner. More research is needed on the perspectives and needs of boys, men and young fathers about contraception and their role during and after pregnancy.

Conclusion

Although young participants in this study wanted to avoid pregnancy, there was a high level of acceptance of youth parenthood. Programs addressing young men's needs about pregnancy and fatherhood could

be useful to better prepare men to become fathers. Social media is playing some role in the desire to become a parent. The broader First Nations communities' role during pregnancy and the raising of children was seen as highly valuable.

Author contributions

The conceptualisation of this paper was led by S. Graham, J. Bryant and K. Martin. J. Bryant led the funding acquisition. Data curation was led by J. Bryant and R. Bolt. Formal data analysis was led by J. Bryant and K. Martin. Investigation and methodology were led by J. Bryant, R. Bolt, P. Aggleton, K. Beetson, J. Wilms, C. Treloar, B. Davis, B. Leece and L. Stanbury. Project administration was led by J. Bryant, M. Beadman and K. Martin. Supervision was led by J. Bryant, R. Bolt and M. Doyle. S. Graham and J. Bryant led the writing of the paper. K. Martin and J. Bryant led the data analysis. J. Bryant, K. Martin, K. Gardner, M. Beadman, R. Bolt trained the peer interviewers and conducted the interviews. All other authors contributed to the editing of subsequent drafts of the paper and data interpretation. All authors approved the final version of the paper before submission.

Data sharing

Raw data collected for this project are not able to be shared due to ethical and community approvals.

Declaration of interests

Joanne Bryant reports financial support was provided by Australian Research Council. Simon Graham reports financial support was provided by National Health and Medical Research Council. Michael Doyle reports financial support was provided by National Health and Medical Research Council. Carla Treloar reports financial support was provided by National Health and Medical Research Council. The project is a partnership





between UNSW Sydney, the Nepean Blue Mountains Local Health District, the South Western Sydney Local Health District and Family Planning NSW together with investigators from the University of Sydney, the University of Melbourne, the University of British Columbia and Charles Darwin University. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Eight of the 19 authors are First Nations peoples, including the first six authors. The project was a partnership between UNSW Sydney, the Nepean Blue Mountains Local Health District, the South Western Sydney Local Health District and Family Planning NSW together with investigators from the University of Sydney, the University of Melbourne, the University of British Columbia and Charles Darwin University. The authors acknowledge the important contributions of Tamika Briggs, Kim Beadman and all the peer interviewers.

Indigenous data sovereignty

The Indigenous cultural and intellectual property are owned by the Aboriginal and Torres Strait Islander peoples.

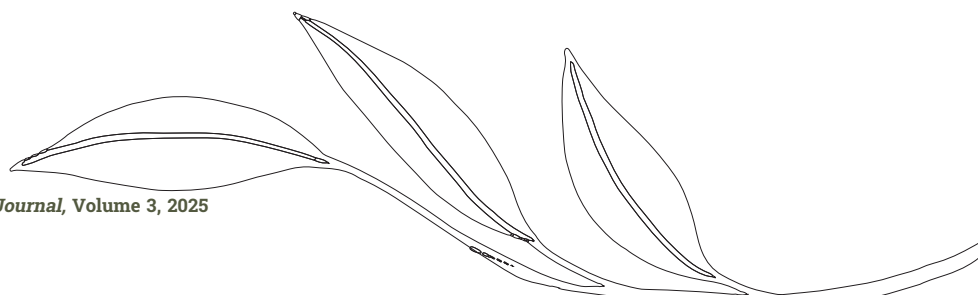
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Reuben Bolt is the Pro Vice-Chancellor Indigenous Leadership and Regional Outreach at Charles Darwin University. He is a Chief Investigator on this project. He brings expertise on the ethics of engagement with Indigenous communities, identity issues and Indigenous knowledges, and plays a key role in leadership on Indigenous issues on a range of research projects.

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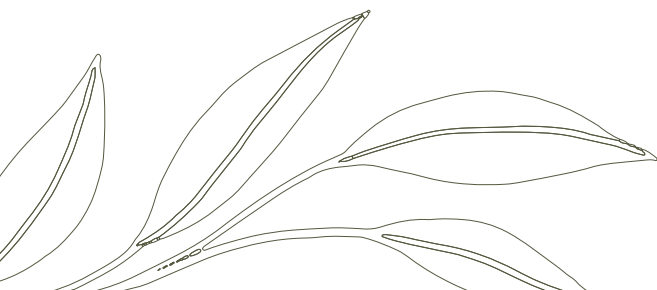
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Annette J. Browne is a Professor of Nursing. She studies health and healthcare inequities, with a particular focus on health inequities affecting Indigenous peoples. She conducts research on strategies to enhance equity-oriented healthcare for Indigenous and non-Indigenous people, including interventions to address systemic racism and discrimination, and support the uptake of cultural safety and trauma- and violence-informed care. Her work is aimed at promoting health equity through





improvements in nursing practice, healthcare delivery and health policy.

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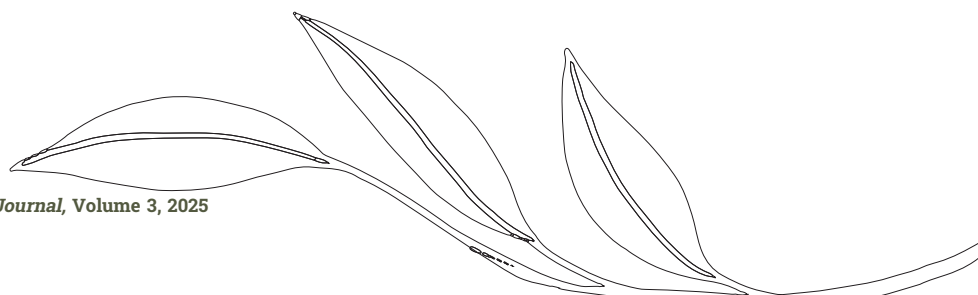
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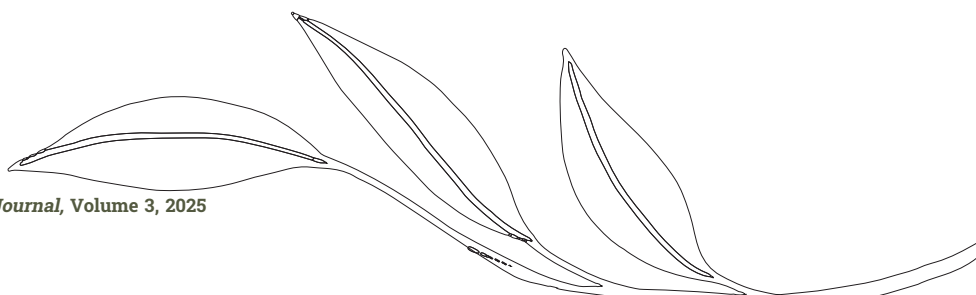
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