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# Aboriginal adults' perspectives on talking with young people about sexual health and relationships in two communities in Western Sydney, Australia

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## ABSTRACT

This strengths-based study investigated Aboriginal adults' views on young people's sexual health, attitudes and relationships. Between 2019 and 2020, sixteen interviews were conducted with adults aged 25 and older from two Aboriginal communities in Western Sydney, Australia. In this paper, we discuss adults' perspectives on intergenerational communication about sex in their communities. Participants highlighted intergenerational learning via talking as a highly valued community practice and a crucial social-cultural resource for supporting young people's sexual wellbeing. However, they also identified stigma, shame and perceived generational differences as barriers to adults talking openly with younger people about sex. To foster more open intergenerational discussion, participants recommended adopting holistic, positive and non-judgemental approaches when engaging with young people. They also emphasised the need for community-wide initiatives – such as programmes and services – that encourage collective learning, yarning and care to promote positive sexual health outcomes.

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## Introduction

Many Aboriginal communities in Australia have a deep appreciation for intergenerational learning, with a strong emphasis on respecting adults, particularly Elders. Elder status is not solely determined by age but rather by a person's active participation and contribution to the community, along with their valued qualities, skills, and knowledge (Eades et al. 2022). Elders and respected adults are pivotal in fostering community wellbeing, connection and empowerment through culturally embedded, therapeutic practices that draw on Aboriginal kinship, culture and lived experience (Cox, Mond, and Hoang 2022; Gardner et al. 2025). Such practices include passing down knowledge and traditions (particularly through yarning), acting as role models, and caring for Aboriginal youth (Busija et al. 2020). Studies show Aboriginal young people view Elders and adults as playing a significant role in their wellbeing, offering guidance through storytelling (Smith et al. 2020, 7) and providing young people with general and sexual health education, advice and support (Graham et al. 2023; Smith et al. 2020).

Intergenerational communication about sex (e.g. between parents and children) has been linked to safer sexual practices (Widman et al. 2016), improved safe sex competency, and positive feelings about sexual experiences (Mastro and Zimmer-Gembeck 2015) among young people. However, barriers to intergenerational communication about sex have been found across nations and cultures (Mullis et al. 2020). In Australia, this can be seen in data related to both Indigenous and non-Indigenous peoples. For example, whilst Australian parents perceive themselves as playing a vital role in children's sexual education (Morawska et al. 2015), a national survey of Australian secondary students revealed only 7.7% sought information about sex from relatives (Power et al. 2022). Furthermore, under half of Aboriginal and Torres Strait Islander young people (41.9%) reported ever discussing sexual health with their mothers, and even fewer (14.1%) reported doing so with their fathers – with similar trends observed among other young people (Power et al. 2022).

Aboriginal people in Australia have experienced disruption of Aboriginal social structures and cultural customs resulting from colonisation (Eades et al. 2022; Murrup-Stewart et al. 2021). Despite this, Aboriginal peoples continue to maintain and revitalise cultural knowledge and practices while navigating the persistent social, health, and economic inequities shaped by ongoing colonial processes, including sexual health disparities (Bell et al. 2017). These patterns resemble the experiences of other Indigenous peoples in settler-colonial contexts worldwide, where entrenched colonial structures continue to profoundly impact health outcomes and access to culture (Smallwood et al. 2021).

Whilst quantitative research on intergenerational communication about sex within Aboriginal communities is limited, several qualitative studies offer some insights. For example, Aboriginal caregivers in Western Australia (WA) expressed mixed feelings about discussing sex with young people, with many finding it challenging due to historical silence on the subject, shame, and limited access to education (Vujcich et al. 2018). This shame and silence was contextualised by research with older Aboriginal women in Queensland, where colonisation, racism and Christianisation were seen to have disrupted the cultural education, traditional rites of passage to womanhood, and 'positive and developmental intergenerational socialisation about sexuality which they felt they should have had' (Dune et al. 2018, 44).

Research has also documented encouraging attitudes and intergenerational care in Aboriginal communities. For instance, young Aboriginal women in the Northern Territory described supported clinic visits with loved ones, including older relatives (Bell et al. 2020). Meanwhile, both younger and older Aboriginal people in Queensland and WA endorsed the idea of older adults taking a more active role in educating young people about sexual and reproductive health, with some already working to ‘break the cycle of silence’ (Dune et al. 2018; Hickey et al. 2021; Mooney-Somers et al. 2009; Vujchich et al. 2018).

Against this background, this paper explores Aboriginal adult perspectives on discussing sexual health and relationships with young people in two communities in Western Sydney, Australia. It focuses on the roles of adults and Elders in providing sexual health education and support to young people and the challenges that may disrupt intergenerational conversations about sex. It then examines potential strategies for improving intergenerational communication to enhance sexual health knowledge and decision-making among young people, thereby contributing to better sexual health outcomes for young people in urban Aboriginal communities.

## Methods

### *Aboriginal ownership, governance and participation*

This study adopted a strengths-based approach, recognising the existing strengths, resources, knowledge, skills, and connections within Aboriginal communities and their capacity to promote wellbeing for themselves and their communities (Bond 2019; Brough, Bond, and Hunt 2004). We applied a sociocultural lens highlighting the social ties and collective identities, practices, values and understandings that were shared and valued in Aboriginal communities (Bryant et al. 2020).

Community ownership, governance, collaboration and data sovereignty are central to conducting ethical, strengths-based research with Aboriginal communities in Australia (AIATSIS 2020). Care was taken to meet these expectations by co-designing the research with seven Aboriginal researchers (all of whom are authors on this paper) and establishing an Aboriginal Advisory Committee (AAC) to oversee data control and cultural sensitivity. Additional steps included employing Aboriginal research assistants, collaborating with local Aboriginal community services and workers, and using participatory methods to conduct and interpret interviews with Aboriginal young people (see Bryant et al. 2023; Graham et al. 2023; Martin et al. 2023).

Research outputs were produced with Aboriginal research team members, community workers, and Aboriginal young people, and ethical approval for the study was obtained through the Aboriginal Health and Medical Research Council of NSW (AHMRC). All available research outputs from this project – including this article – have been reviewed and approved by the AAC and the AHMRC.

### *Setting*

This study was conducted in two urban communities in Western Sydney, Australia. Western Sydney is home to many Aboriginal people, equating to over one-third (36.8%)

of the total Aboriginal population in New South Wales (Australian Bureau of Statistics 2021a, 2021b). Almost one quarter (23.2%) of this local Aboriginal population are young people aged 15 to 24 years (Australian Bureau of Statistics 2021b).

Despite many Aboriginal people living in major cities (AIHW 2021), most prior studies on Aboriginal young people's sexual attitudes and practices have focused on regional, rural and/or remote communities (Bell et al. 2017). By focusing on an urban context, our study contributes insights to support the sexual wellbeing of young people in urban communities, whilst acknowledging the continued presence of Aboriginal people in Australian cities and their connections to the land on which those cities are built (Fredericks 2013).

### ***Inclusion criteria***

To participate in the study, participants had to be over 25 years old (to distinguish them from 'young people' up to 24 years of age); live in the Western Sydney region; and, identify as a member of either one of the two local Aboriginal communities that contributed to the research.

### ***Participant recruitment***

Aboriginal community health workers on the research team and other local Aboriginal workers in their networks supported recruitment by identifying potential participants and providing them with information about the research. Participants were recruited from local community health services, where their established relationships with the workers facilitated the identification of persons eligible to participate. Interested individuals were connected with the data collection team, provided with a participant information sheet, and given the opportunity to discuss the research with the researchers.

Sixteen adults – including ten Aboriginal women and six Aboriginal men – participated in interviews. Participants were aged from their late twenties to over 70 years, and included six participants aged 25–39 years, three aged 40–49 years, three aged 50–59 years, three aged 60–69 years and one over 70 years of age. Of the participants, twelve were parents, five were Elders, and five were Aboriginal community health workers.

### ***Qualitative interviewing***

The study used a qualitative, narrative research approach to gain participants' perspectives about widely held beliefs and values in their communities. Qualitative interviewing has long been used in health research to explore how people 'understand the world around them, what they are doing, or what is happening to them in terms that are meaningful and that offer rich insight' (Gibbs 2007, xii).

Researchers conducted semi-structured interviews with participants, lasting approximately thirty minutes. Semi-structured interviews allowed for better flexibility to explore topics that arose during interviews and helped create a more conversational dynamic. Thirteen interviews were conducted in-person in a private room at a local Aboriginal community centre in 2019, and three were conducted online via Zoom in 2020 due to

COVID-19 restrictions. All participants provided written consent, and interviews were digitally recorded with their permission.

The interview schedule was developed over several months of intensive consultation with investigators, Aboriginal community health workers and young Aboriginal peer interviewers. The schedule intended to capture adult participants' perspectives on young people's experiences with sex and relationships, including their beliefs, attitudes, practices, knowledge and education, access to health technologies and services, and the social, cultural and material resources available.

Four research team members conducted interviews, all of whom were trained in qualitative interviewing. The team included two Aboriginal interviewers, one Māori interviewer, and one non-Indigenous interviewer. Same-sex interviews were conducted to align with cultural obligations related to men's and women's business.

### ***Thematic analysis***

Interview audio recordings were transcribed and the data de-identified. The transcripts were uploaded into NVivo 12 (QSR International Pty Ltd, 2018) for coding and analysis.

An iterative thematic approach was used to analyse the interviews, which involved both inductive and deductive coding, followed by several rounds of ordering and re-ordering themes (Vaismoradi et al. 2016). The coding frame underwent three rounds of iteration. Initially, the research team developed a draft coding frame, aligned with the research questions, interview topics, and a strengths-focus. This was followed by one round of inter-coder testing, in which the lead author (KM) and lead investigator (JB) independently coded and compared results, agreeing on revisions. The revised coding frame was then reviewed and approved by the research team. Using this updated coding frame, KM coded the complete set of transcripts, adding new codes as new insights emerged from the data.

Key themes were identified by the consistency in which they arose or the emphasis placed on them by participants to signal their significance (using strong language to stress importance, repetition of essential points, etc.). The analysis progressed during the writing phase in which context and nuance were added.

### ***Ethics***

The study received ethical approval from human research ethics committees at the AHMRC (Reference: 1440/18), UNSW Sydney, and South Western Sydney Local Health District (Reference: 1441/18). It was conducted in alignment with the National Statement on Ethical Conduct in Human Research (NHMRC 2023) and the 'five key principles' for research into Indigenous health outlined by the AHMRC (2020).

### ***Findings***

This study explored Aboriginal adults' perspectives on talking with young people about sex, relationships, and sexual wellbeing. Participants described both the value of these types of discussions and the barriers that make these conversations difficult, such as shame, stigma, and perceived generational differences. They also identified strategies

they believed strengthen intergenerational yarning and learning about sex, including community-centred, non-judgemental, and holistic approaches. These themes are explored in detail below together with participants' narratives.

### ***The value and potential of intergenerational learning for sexual wellbeing***

Participants valued intergenerational learning as an integral strength of Aboriginal communities and culture. Intergenerational learning could be enacted in various ways, including through yarning,<sup>1</sup> storytelling, community forums and cultural education groups. Several participants highlighted a great respect for Elders in their communities and an appreciation for wisdom gained through lived experience.

Our social structure is a strength. The fact that respect is so important in our culture and in our families. That's how we raise our children – with that respect for Elders and our knowledge. (Nina, woman, 50–59 years)

When young people see role models, it's a big inspiration for them to be able to make a change in their life and for the next generation . . . Leaders, role models, a lot of the Elders. You know, taking a bit of advice from experience. It's a big thing to be able to have those people. (Tara, woman, 30–39 years)

Participants, however, felt open discussion about sex between younger and older generations was not common. Instead, young people were seen to prefer talking about sex with similar-aged friends and peers, whilst participants reported that older people often felt uncomfortable talking about sex.

The kids that I see around this community – they don't go to the adults and the parents; they go to kids their own age or kids a few years older. (Fiona, woman, 30–39 years)

This lack of dialogue about sex between older and younger people suggests that young people may be 'missing out' on valuable learning opportunities and meaningful social and cultural support. Participants thus agreed 'that there has to be more education, just talking realistically [about sex]' (Callum, man, 40–49 years) between generations.

The cultural aspect of listening to and taking from your Elders . . . if the Elders don't know then the [young people] don't know. It can just keep going in that same circle unless there's something that helps them change that cycle . . . If you wanna protect the kids, you need to show them how to protect themselves. (Dina, woman, 30–39 years)

Intergenerational communication and learning were seen as valuable yet underutilised resources for communities and families to promote young people's sexual wellbeing, including by helping to disrupt 'cycles' that were seen to contribute to adverse sexual and reproductive health outcomes in their communities.

### ***Barriers to intergenerational learning about sex***

Participants spoke about the barriers to having discussions about sex with young people, with two key themes being evident: 1) feelings of shame, stigma and discomfort; and 2) perceived generational differences.

### ***Feelings of shame, stigma and discomfort***

Participants identified shame, stigma and discomfort as significant obstacles to having conversations with young people about sex. For many older people, sex was a historically private or taboo subject: ‘... when I reflect on how it was growing up, the sex side of things was not really spoken about at all ...’ (Simone, woman, 25–29 years). Therefore, talking about sex could bring up feelings of awkwardness, embarrassment and shame – ‘It’s a bit shamed on, shunned on’ (Tara, woman, 30–39 years).

Even participants who were comfortable talking about sex with young people in a professional capacity described discomfort when talking to young people they knew personally (e.g. relatives).

I would be okay to talk about [sex] in a professional capacity if I went to a school. But to do it with your own kids is harder and for different reasons ... I think my experience there is a common one. (Patrick, man, 25–29 years)

Participants felt young people avoided talking to adults about sex due to feelings of shame and discomfort and worries about being judged or reprimanded by adults.

[Young people] don’t want to speak to parents – there’s a big shame thing around [sex] and not being able to feel comfortable in the awkwardness around that stuff. (Tania, woman, 40–49 years)

I learnt my lesson with [my kid] when they were [young] ... I got really angry when I found [something] out ... And that pushed them further away and made them close off and not tell me things. (Dina, woman, 30–39 years)

These findings underscore the complex interplay of stigma, personal discomfort and fear of judgement – for both younger and older people – that can complicate open discussions about sex.

### ***Generational differences in sexual values, beliefs and practices***

Participants identified various perceived differences between younger and older generations, which were seen to create challenges when adults engaged with young people in conversations about sex. Importantly, young people were seen as having a unique sexual culture that was defined by distinct technologies, practices, values and attitudes.

[The] values of the older community compared to the younger community ... they’re different ... The two different cultures of the generations is different, therefore, I think the culture of sex is different. (Patrick, man, 25–29 years)

Modern technologies and associated practices were identified as a key area of difference between generations, with explicit references among adults to young people’s access to social media and online pornography, increasingly sexualised mass media, and new digital communication practices (e.g. sexting, sending nudes) and advances in contraception (e.g. the ‘morning after’ pill).

They do a lot of things on their phones ... They do sexting ... You hear it on the news, a particular person bullying another one by sexting and releasing explicit sexual content to everyone else on social media ... (Liam, man, 60–69 years)

If I think about 15-year-olds in the 1950s, they can't go on to like Google. They can't, in ways, experience sex 'right now'. They wouldn't have been able to do that. There's nothing really stopping kids now. You've got your more explicit stuff, which is a couple of clicks away. (Patrick, man, 25–29 years)

Most participants saw young people as having more casual and open attitudes towards sex, noting shifts in sexual and romantic norms. These included increasing normalisation and acceptability of casual sex, openly discussing sex, sex before marriage, de-facto relationships and access to contraception and abortion.

It was very frowned upon to have sex before marriage, but now, it's definitely common practice. (Callum, man, 40–49 years)

I don't think kids are afraid to talk about [sex]. They're talking about it more these days ... (Tania, woman, 40–49 years)

Gender and sexuality diversity were seen as more openly discussed, understood, and accepted by young people. Consequently, young people were seen as more likely to openly identify as being LGBTQ+.

My kids teach me about all this asexual stuff ... I've never even heard the terms. I think they're a lot more comfortable with talking about sex than we were in my generation ... It wasn't an environment where you could be gay or different or transgender, and in our community, I don't think I knew any openly gay Aboriginal males ... But now, people are openly coming out as gay. (Nina, woman, 50–59 years)

Generational differences could create challenges when discussing sex with young people, such as by creating uncertainty for older people who found new technologies, practices, and attitudes unfamiliar or due to possible tensions stemming from differences in beliefs and values.

This is where the change in morality slowly started to creep in from my time until today ... Sex is spoken about openly by younger people. They don't respect it the same way. As sacred, you know? They don't respect it in the way that we were taught. (Jeremy, man, 70+ years)

These findings highlight the importance of developing informed strategies and approaches that can support communities in reducing stigma around sex and navigating generational differences to foster intergenerational discussions about sex that are safe, respectful, supportive and beneficial for both younger and older people.

### ***Strategies to strengthen intergenerational learning about sex***

Participants suggested various ways to potentially address barriers to intergenerational discussions about sex and relationships, including community-centred approaches that build on existing shifts towards more open conversations about sex.

### ***Prioritising community-centred and informed approaches***

Engaging young people in conversations about sexual wellbeing was viewed as the responsibility of adults in the community and the community at large, highlighting shared values around collective care.

It's a shame, because we don't want young people to not access services based on shame. We, as a community, need to work on, 'how do we change that?'. Like 'it's okay, it's just a part of your normal looking after yourself to get an STI check' ... So, starting to change that and have them yarns – that it's all of our responsibility to look after one another. (Simone, woman, 25–29 years)

Participants also referenced the importance of community inclusion when designing health promotion initiatives to promote Aboriginal ownership and effectiveness.

Doing programmes with a strengths-based and yarning with community members and Elders to get their feedback on what we should be doing in that space ... (Simone, woman, 50–59 years)

Whilst consulting with Elders in the planning and execution of sexual health promotion for young people was customary, some participants also stressed the importance of including Aboriginal youth in these processes.

I think having it be done with young people so they can create it ... They would have more insight into what people their age would look at. And its ownership, they've created it so people in the community, they'll get it. People will take more notice of it. (Simone, woman, 25–29 years)

It's really important for me to always include young people's voices. 'Cause even though we were once young, we don't always remember those feelings and that passion. We don't. It's a different time now and they bring a different perspective. (Nina, woman, 50–59 years)

These responses recognise that older and younger people bring distinct perspectives that could inform enhanced approaches to intergenerational health education and care.

### *Shifting conversations in the community*

Interviews highlighted positive shifts occurring in communities whereby some adults (including parents, grandparents, community health workers, and Elders) were increasingly communicating with young people about sex. This was reinforced by the personal anecdotes shared by multiple participants, which provided examples of adults discussing relationships and sex with young people – including safe sex (Fiona, Dina, Harry, Sarah), pregnancy (Dina, Evelyn), STI testing (Dina), consent (Dina), gender and sexuality (Dina, Nina), and healthy/unhealthy relationships (Sarah, Dina). Several adults also practically supported young people in caring for their sexual health, such as by assisting them to access contraception and to book and attend sexual health appointments.

I've had a few young girls come to me ... A [young woman], I went and bought her condoms and took her to the doctor and got her on the pill ... And my kid came yesterday and said, 'Someone I slept with has got an STI. Take me to the doctor now!' And they wanted me to tell the doctor first what was going on, so he didn't have to. (Dina, woman, 30–39 years)

Reflecting on their own experiences could encourage adults to share their own stories in the hopes that young people could learn from them.

It's really important that the lessons I learn that I share, because ... what stopped me from seeking help or even talking about [sex] was I didn't wanna be judged. The shame. So, now, I freely discuss my stories, appropriately, because I think helping people helps us. (Nina, woman, 50–59 years)

These types of supportive interactions happened in various contexts, including in personal, family, professional, and community settings.

### ***Adopting a positive, non-judgemental approach***

Most participants felt that adopting positive, non-judgemental and open approaches to discussing sex with young people would help to normalise sex and hopefully reduce feelings of shame, embarrassment and discomfort.

I make sure that I'm open with the kids ... And accepting ... I think communication and acceptance [is important] because you can't expect [kids] to communicate with you if you're not going to accept. (Dina, woman, 30–39 years)

Some participants drew on their own experiences – such as growing up when sex was not openly discussed or being exposed to abstinence or fear-based rhetoric – to explain why they wanted better access to comprehensive, positive sex and sexuality education for young people.

In this community, the positives of safe sex need to be talked about ... I just wish, being [relatively young] and having [many] kids, I wish there had been more around to teach us. And instead of just being the negatives, like, 'Don't do this! Don't do this!'. I wish there had been someone back then to teach us these things. (Fiona, woman, 30–39 years)

Reducing stigma about sex through the use of non-judgemental and positive approaches was thus seen as central to helping both younger and older people feel more comfortable discussing sex – both in general and with each other.

### ***Comprehensive and holistic sexual health education***

Several participants thought young people should receive more comprehensive and holistic sex education. They wanted sexual health to be understood and spoken about as integral to a person's overall wellbeing whereby various dimensions of health (including sexual, physical, emotional, social and spiritual health) were seen as interconnected and interdependent.

And I think going back to not segregating health issues. Like sexual health – it's about your whole wellbeing, your whole health. And in order for your whole body, your whole spirit, to be well. (Simone, woman, 25–29 years)

Participants suggested that educational discussions with young people should also explore the more social and relational aspects of sex, including teaching respect, honesty, and care in relationships, setting boundaries, understanding informed consent, identifying 'red flags', addressing gender inequalities, and fostering self-respect and empowerment, including through cultural education and connection.

It's not okay to have different rules for one [gender] than another. We both have a responsibility around sex. And what does that look like? And the whole thing about consent and what that means. (Tania, woman, 40–49 years)

I think young people aren't recognising a controlling relationship and the different ways people control and have power over it. That's definitely something when we do some work or talk to people – [talking about] signs that we recognise. And I suppose it's about creating some space where people feel comfortable to talk about that. (Nina, woman, 50–59 years)

### *Navigating men's and women's business with flexibility*

Several participants spoke about cultural customs regarding men's and women's business, which relate to cultural protocols guiding the roles and knowledge available to each gender. Matters of sexual health and relationships are part of this, with understandings of sexuality closely tied to the roles of father/mother and the social identities of 'manhood' and 'womanhood' (Dune et al. 2018). Customs relating to men's and women's business were seen as a strength, providing opportunities for older people to speak with young people about sex in ways that were culturally informed and appropriate. This could occur in group contexts (e.g. men's and women's groups, educational programmes) and at an individual level (e.g. mothers speaking with daughters, fathers with sons).

Strengths that I see in the community is the bond that we are making with other male members of the community. The women are doing their own thing. That's the women's business. We handle men's business. We're trying to bring it all together and coordinate it so that everyone is looked after. (Jeremy, man, 70+ years)

The Elders – it's a different generation. Whereas you don't necessarily talk about that stuff or it's very gender specific, which I know a lot of people have quite strong views about it. And I definitely understand, culturally, the significance of men's and women's business. (Simone, woman. 25–29 years)

However, it was reported that the needs and wants of young people were diverse, with many wanting to have discussions about sex in mixed-gender contexts. Flexibility in this area was also considered necessary in specific familial contexts, such as in single-parent families (e.g. single mother with sons) or family groups where Elders were predominantly one gender.

What we've found from young people is... Yes, some is men's, some is women's – but they like to do co-ed groups too and discuss things... In one group, the young boys knew more about a woman's body than the girls, felt more comfortable talking about it and were actually respectful about [women's] changing bodies... We asked the boys, 'how do you know so much about women's bodies?' Well, they live with four sisters, you know?. (Nina, woman, 50–59 years)

I think it's really important that we have those yarns with both our girls, our boys. And then have that separate time as well, where they do interact with just men and they interact with just women. (Simone, woman, 25–29 years)

Therefore, in some circumstances, obligations around men's and women's business were difficult to strictly uphold if more effective intergenerational discussion about sex was to be achieved.

## **Discussion**

Through their interviews, participants in this study revealed key community strengths and challenges regarding engaging young people in conversations about sex and relationships. Cultural features such as intergenerational learning and collective care were highly valued and meant that young people's sexual wellbeing was viewed as a shared responsibility. However, shame and perceived intergenerational differences around sex were commonly reported as presenting challenges, although participants noted that communities were beginning to talk more positively and openly about sex, which was welcomed.

### ***The value of intergenerational learning and collective care***

Participants saw community connection, intergenerational learning and a deep respect for Elders as inherent strengths of Aboriginal communities and valuable resources that support youth wellbeing. Similar sentiments were expressed by Aboriginal young people in studies in Western Sydney (Graham et al. 2023; Gardner et al. 2025) and Melbourne, Victoria (Murrup-Stewart et al. 2021), who described their wellbeing as strongly linked to community and culture, fostered through engaging with Elders, family, kin and peers.

Many participants agreed adopting open and non-judgemental approaches would encourage more positive intergenerational discussions about sex. This was informed by participants' own positive experiences of supporting young people and shared values around collective care and intergenerational learning in their communities. Previously published findings by our research team have documented local Aboriginal youth describing the support they receive from older adults, whom they view as a key source of knowledge and guidance for their sexual well-being and relationships (Graham et al. 2023), with 'yarning' being identified as a key strategy for building sexual wellbeing (Bryant et al. 2023).

Cultural norms that promote collective care and whole-community approaches can offer benefits by framing youth wellbeing as a shared responsibility, allowing kinship groups and communities to work collaboratively and support one another whilst providing a wider, more diverse network of care to young people (Lohar, Butera, and Kennedy 2014). However, many older and younger people in Western Sydney still found it challenging to engage in conversations with each other about sex.

### ***Countering shame with strengths-based approaches***

Stigma and shame were identified as significant barriers for adults engaging in conversations with young people about sex. To counter shame, participants suggested adopting positive, non-judgemental attitudes, implementing community programmes and initiatives that were strengths-based, and normalising sexual health as one aspect of a broader, holistic model of health. Local Aboriginal young people reported similar desires to receive sexual education in ways that were 'positive', 'non-judgemental' and 'open' (Graham et al. 2023), which is a sentiment also shared by other Australian young people (Waling et al. 2021).

Comprehensive, strengths-based sex and sexuality education is associated with improved outcomes for the prevention of STIs, unwanted pregnancy and intimate partner violence, increased use of contraception, improved media literacy and social/emotional learning, and healthy relationships among young people (Braeken and Cardinal 2008; Goldfarb and Lieberman 2021). Expanding on this, a study with Māori in Aotearoa New Zealand also highlights how decolonial approaches can provide innovative ways of reclaiming and reframing sex, gender, sexuality, relationships, reproduction, sexual conversations, and sexual health to foster 'positive sexual health psychologies' (Grice, Braun, and Braun 2018).

Our findings suggest that comprehensive, strengths-based sex and sexuality education could be made more accessible not only to younger people, but also to adults in the community. This may include education designed to increase adults' sexual health

knowledge, improve understanding of young people's sexual lives and contexts, and develop adults' skills and confidence to converse with young people about sex more effectively. For example, a strengths-based sexual health programme delivered across three Aboriginal communities resulted in improved sexual health knowledge among young people and more positive attitudes towards sex among Elders and adults (Duley et al. 2017). Other sexual health programmes in different countries involving parents (typically with a focus on improving parent-child communication) saw improved parent-child communication, adolescent knowledge and attitudes about sex, and adolescent sexual behaviour (Wight and Fullerton 2013). These findings highlight the potential of strengths-based, community-focused, and adult-inclusive sexual health education in promoting the sexual wellbeing of Aboriginal young people.

### ***Engaging aboriginal communities and young people***

Participants valued approaches that were community-centred, informed and led. Consequently, it was seen as necessary that sexual health initiatives were created through meaningful community consultation and engagement, including consulting with Elders and community leaders, and involving Aboriginal peoples in the design, implementation and delivery of such initiatives. For instance, in Perth, WA, a collaboration between local Aboriginal action groups and healthcare providers led to more culturally appropriate services, improved service accessibility and trust, stronger community-provider relationships, and increased community confidence in voicing healthcare needs and concerns (Durey et al. 2016).

There were also suggestions to include Aboriginal youth in consultative and participatory processes, as they understand their own health needs and offer unique insights for creating relevant and engaging health initiatives. As noted in another paper from this study, some young local Aboriginal people actively advocated for changing attitudes around sex in their communities and taught older relatives about their own understandings on gender and sexuality (Martin et al. 2023). In this sense, young people can play an active role in intergenerational communication and learning by exchanging knowledge about sex. This may help young people feel empowered by being heard, actively bridging intergenerational gaps, and contributing to solutions for challenges affecting their communities.

### ***Understanding the diverse needs of individuals and groups***

Our data reveal how Aboriginal communities and peoples are diverse. Community members differ in terms of their kinship and country connections, cultural heritage, perspectives, experiences, values, skills, capacities, interests, and goals, as well as gender, sexual orientation, socioeconomic status, etc. This diversity may be even more pronounced in urban settings, where patterns of urbanisation have led to Aboriginal peoples with diverse mob and Country connections now residing primarily in Australian cities (Fredericks 2013). The design and delivery of interventions to support Aboriginal communities should thus consider how needs may vary – both within and between communities – and therefore be prepared to adapt to local contexts and work with communities in ways that matter to them.

For instance, many participants in this study agreed on the importance of providing spaces for separate and culturally appropriate discussions about men's and women's business. However, some also spoke to the importance of facilitating spaces that catered to young people's growing interest in talking about sex in mixed-gender settings. Finding ways to support both single-sex and mixed-gender spaces may prove valuable, as it grants young people the flexibility to choose how they engage with adults on issues of sexual health and relationships, and in ways that are comfortable and safe for them. Variety and flexibility in this regard may also be significant to support young people who identify as LGBTQ+ (such as non-binary people who might not feel comfortable joining exclusively men's or women's spaces) to be able to access opportunities for intergenerational learning within their communities.

### **Limitations**

This study has several limitations. First, urban Aboriginal communities are culturally and contextually different from regional and remote communities, meaning the findings are not generalisable beyond the setting in which they were elicited (Western Sydney). Additionally, as participants were recruited through local community health services, the perspectives of those not engaged with such services are excluded. Lastly, we acknowledge that stigma and shame surrounding sex may have influenced the responses participants felt comfortable sharing with members of the research team during interviews.

### **Conclusion**

Adults in this study, like many others, face challenges when discussing sex and relationships with young people, often due to feelings of shame and generational differences. For Aboriginal peoples, these challenges are intensified by the impacts of colonisation. However, as shown in this paper, cultural practices and community values can help address these issues, and more open, positive conversations are already occurring in some communities.

Our findings highlight the value of strengths-based, community-led approaches that empower adults to provide culturally safe and positive sexual wellbeing support to young people. These approaches build on existing community strengths such as intergenerational learning, yarning, the role of Elders, holistic wellbeing models, and collective care. Additionally, these insights may benefit other Indigenous communities facing similar challenges.

### **Note**

1. Yarning is a culturally integral and relational practice among Aboriginal communities in which knowledge is shared and created through conversation, storytelling, deep listening, and reflection (Barlo et al. 2020; Bryant et al. 2023).

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