Adolescent Girls' Sexual Health Education in an Indigenous Context

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In this article we discuss a research project in which we used a number of strategies from literacy education to enhance Aboriginal adolescent girls' sexual health behaviors. These included the use of a female Aboriginal mentor in the small-group context, circling, check-in, closing, codes of conduct, free writing, goal-setting, wild woman necklace, guest speaker and visit to community agency, mini-research activities, and a mini-conference. Finally, we address the implications of our work for linking health and education to reach adolescent Aboriginal girls and how researchers might proceed in culturally appropriate ways.

Introduction

Little is known about best approaches to sexual health education for adolescents and even less about how specifically to address sexual health education for Aboriginal adolescent girls. This article provides an overview of recent research in applying health literacy strategies with a group of adolescent girls in an Indigenous context (Banister, Jakubec, & Stein, 2003). The investigation used a respectful and participatory approach (Kemmis & McTaggart, 2000). It was based on principles of feminist (Maguire, 1996) and Indigenous ways of knowing (Couture, 1991). The research was guided by the voices of the adolescent Aboriginal girls who participated in a mentoring program designed to enhance their health. We believe that approaches sensitive to culture and community, based in new conceptions of literacy, will be effective in the general adolescent population (Begoray & Banister, 2005). Here we expand on our argument by reporting specifically on a group of adolescent Aboriginal girls who were part of our study sample.

Research has shown that the health status of adolescent girls has not improved in recent years (King, Boyce, & King, 1999). The major causes of morbidity are related to health risk behaviors such as unprotected sexual activity and substance use (McCreary Centre Society, 1999). Although the general adolescent population is already at risk for poor health, the problem is even more pronounced in the Aboriginal communities. One reason for this is the incongruence between Western medical approaches (based on a biomedical framework of disease, treatment, and prevention) and approaches that are more holistic and culturally sensitive (Arnold & Bruce, 2005; Van Uchelen, Davidson, Quressette, Brasfield, & Demerais, 1997). This disparity is even more obvious in areas such as adolescent

sexual health with issues such as unplanned pregnancy and contracting sexually transmitted diseases (STDs). For example, approximately 9% of Aboriginal mothers are under 18 years of age compared with 1% in the non-Aboriginal population (Health Canada, 1999), and reported rates of chlamydia and gonorrhea (STDs) are highest among Aboriginal adolescents (Health Canada, 2001).

Although in Canada advancements are being made in health services delivery specific for Aboriginal women, significant inequities remain in relation to the general population (Health Canada, 1999). There are few intervention programs for Aboriginal girls, and many of those that exist are delivered in culturally inappropriate ways (Steenbeek, 2004). Western values and individualistic views serve to isolate the adolescent at a time when connections take on greater meaning. Family and community ties lie at the heart of traditional Aboriginal identity.

Our investigation demonstrates health education approaches that were reported as being successful in terms of Native adolescent sexual health issues. Our approaches were both accessible and culturally sensitive.

Overview of the Study

In a community-based study of adolescent girls' dating health concerns, we initiated a mentorship program for exploring best practices in adolescent health education. The study represented a partnership between the University of Victoria and four community partners. Forty adolescent participants aged 15-16 were recruited through five sites including three local secondary schools, a youth health clinic, and a rural Aboriginal secondary school (located on Vancouver Island). The study had two phases. During phase one, four consecutive focus groups were conducted with each of five groups of girls at their respective sites to obtain ethnographic data on their health concerns in their dating relationships. Examples of health concerns identified by the girls included substance abuse, having unprotected sex, and physical and emotional intimate partner abuse (Banister et al., 2003). The girls' accounts guided the development of the mentoring program used in phase two. During phase two, we delivered the program weekly to the same girls over a 16-week period in group sessions of an hour and a half. Each mentoring group was made up of approximately eight girls who were 15 or 16 years old, an adult female mentor, and a research assistant. We believed that building the mentoring program from the ground up helped to ensure program success (Roth, Brooks-Gunn, Murray, & Foster, 1998). The four school sites incorporated the program into their regular school hours, which facilitated a low attrition rate (two girls dropped out due to scheduling conflicts).

Following completion of the program, we conducted a one-hour interview with each group in addition to a half-hour interview with participants, mentors, site gatekeepers (principals, clinic nurse), and with the Elder associated with the Aboriginal girls' group. Altogether, we collected

and analyzed ethnographic data from each group between September 2001 and May 2002. A number of themes were detected from the group conversations and are reported in more detail elsewhere (Banister et al., 2003). For the purpose of this article, we discuss the mentoring program focusing specifically on its delivery to Aboriginal girls who attended the Aboriginal school, one of the four schools mentioned above. The strategies used and evaluated in the Aboriginal girls' group were shown to be effective for raising their awareness of health issues such as intimate partner violence. Evidence provided by the participants serves to illustrate the effectiveness of the curriculum developed through this study to enhance Indigenous adolescent girls' health.

Theoretical Framework

We approached the study from relational and feminist perspectives on human development. Feminist approaches focus on assessing power differentials and oppression (gendered or otherwise) and suggest that knowledge of adolescent girls occurs in the context of community rather than through separation and autonomy. Feminist values informed our goal of establishing mentoring groups characterized by respect for others' experience, values, and differences.

A relational perspective assumes that adolescent women's development integrates their search for selfhood with their search for connections (Gilligan, 1990) and that adolescent development is stimulated by caring relationships that provide consistent support and trust (Sullivan, 1996). Creating community through group work, for example, is congruent with how women have been socialized to understand, communicate, and construct meaning (Belenky, Clinchy, Goldberger, & Tarule, 1986). Feminist historian Heilbrun (1988) noted that the truth of female experience emerges when women are given the opportunity collectively to share their knowledge and expertise.

Although debates about the relationship between feminist and Indigenous epistemologies and methodologies continue (Mihesuah, 2000), we believe that feminist and Indigenous approaches are complementary in conceptual orientation. In Aboriginal contexts, relationships are central to being and becoming. For example, Couture (1991) explains that "the native mind is a mind-in-relational activity, a 'mind-in-community'" (p. 59). Aboriginal ways of knowing are the product of spirituality in connection to life. According to Curwen Doige (2003), spirituality refers to the nonmaterial part of oneself that connects with *otherness* including a larger life force, and content *matter* arises from the spiritual or philosophical umbrella. Aboriginal learning approaches are "spiritual, holistic, experiential/subjective and transformative" (p. 147). Couture (as cited in Curwen Doige) argues that in Aboriginal philosophies of life, the person is regarded as subject in relationships; a reciprocal dynamic process of being and becoming takes place between both the subjects and the relationship

itself. We acknowledged Aboriginal spirituality as a way of life and way of thinking by using three principles to influence our curriculum: (a) to embrace and honor Aboriginal knowings as the basis of learning, (b) to establish a relational and safe environment in which each girl was valued, and (c) to promote authentic dialogue. The learning environment facilitated the girls' ability to speak openly in the group, or to use what Tolman (2002) calls their authentic voice. This environment provided an ideal context for the incorporation of literacy activities to develop health literacy and healthy behaviors.

Literacy and Health Literacy

School-aged populations with poor literacy skills are at increased risk for social problems (Wilson, 2003). As a determinant of health, strengthening literacy abilities is one way to enhance health. Current conceptions of literacy have been broadened and now include not only reading and writing, but also listening and speaking, observing, and creating representations (New London Group, 1996). Even with good reading and writing skills, however, many adolescents are not able to make effective use of health knowledge. Facilitating the use of all six language arts in an integrated fashion may contribute to adolescents' positive application of health knowledge.

Applying language arts methods in health education may help to achieve health literacy. Although the area of health literacy is relatively new and the definitions are still evolving, it is generally accepted that health literacy is "the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker, 2000, as cited in Institute of Medicine, 2004, p. 4). The Institute of Medicine (IOM), part of the National Organization of Sciences, is a United States organization dedicated to the creation of policy on matters of public health. Health literacy involves "a range of social and individual factors, and includes cultural and conceptual knowledge" (p. 5). The concept of health literacy has been linked to assisting individuals to take control of their health. The World Health Organization proposes that in "improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment" (Nutbeam, 1998, p. 357).

The importance of cultural issues is beginning to be addressed by researchers, policymakers, and service providers. Kickbush (1997) notes that developing a level of knowledge, personal skills, and confidence to be proactive improves personal and community health by shifting lifestyles and conditions of living. In Canada, the implications of Bill C-31 (an Act of Parliament passed in 1985) have led to more control by Aboriginal peoples over their own affairs. There is growing interest among policymakers and researchers in health determinants in Native communities and in building on Indigenous knowledge. Addressing concerns for culturally appropriate

health and health literacy begins by listening to and valuing the voices of Aboriginal people (Stout, Kipling, & Stout, 2001).

Strategies

Although a number of strategies exist to encourage deeper interaction among members in small groups, in this study we used approaches arising from feminist and Aboriginal conceptual frameworks. Our choice of strategies helped to equalize power in the groups; that is, each member had a voice and was respected as the expert of her experience. This power was authentic; it was real power to influence the matter of the conversation. The strategies served to facilitate a high sense of safety, trust, and respect among group members. The group environment enabled open discussion among the girls: ("talking stuff out about relationships").

The strategies were delivered by a non-Aboriginal mental health nurse who had worked for five years in the Aboriginal community associated with the school. An Aboriginal female teaching aide at the school served as the mentor for the group. She was in her early 20s: young enough to remember some of the health-related challenges girls' encounter during adolescence. The mentor's role was designed to provide support and act as a positive role model for the girls. A central part of her role involved listening to the voices of the girls. Her empathic and respectful presence enhanced the safety in the group. The mentor said,

> In the group some of the girls have had problems and then I've seen even the teachers not know how to handle them or what to do. What I found was just talking to them and then when they opened up that helped them.

We also used the wisdom of a local Aboriginal Elder who served as a cultural guide to inform our use of the strategies. She was not only a health care worker with the local band, but knew all the girls and their health issues in their family and community context. In a follow-up interview, a participant speaks to the need for adults to *just listen* to girls.

> I think [the program] is important because so many girls ... there's a lot of like chat about, you know, like a lot of people see that ... some adults won't listen to something. Like they don't want to listen to you about telling them about drugs; they don't want to listen if you tell them you have an STD or you're pregnant or something. A lot of kids are scared to say something, right? And I think that it's really good to incorporate all of that because kids are looking for someone to talk to and adults are the wisest and if a kid is telling you something and an adult is listening and not judging, that can be the best thing for them.

Nutritious food and beverages were available as a means to build trust and rapport and contribute to a safe sense of community: ("It was better than having junk food"; "They loved that, just the little snacks that were given to them").

The small group size added to the sense of connectedness in the group. In a follow-up interview, one participant identifies the importance of keeping the group small for enhancing mutual respect between group members.

> I mean, when you have a few girls ... not a huge amount, but just like our group. I think when another girl explains things you pay more attention, especially when you know you're going to be in this group to talk about these things and I think it was the smaller grouping [that helped]. I don't think it should be any larger because then it's going to be hard—maybe give people a feeling that they're not being listened to.

Listening and speaking are clearly important aspects of any learning situation. Just who is allowed to speak (and who will listen) arises from our philosophy of learning: one that is centered on the learner and sensitive to the cultural context.

Circling, Check-in, and Closing

One strategy for decision-making through consensus or for conflict resolution in a group is called circling, whereby each person has a chance to speak and everyone else listens. Some groups use a talking stick or other concrete symbol as a reminder of whose turn it is to be the speaker for that moment. The Elder describes the value of using an eagle's feather for this purpose.

> Well, when they close or open they use the [eagle's] feather ... we use the feather and went around in circle passing the feather so it's their time to talk, saying what they want to say ... and we close with the feather. A couple of sessions would go by and then you would find that the girls are more than anxious to share in the circle after.

The holder of the symbol is the focus of the discussion. The Indigenous method of circling gives each one in the circle a chance to speak: "Because when they're talking, no one's to interrupt them and they get to say what they want to say." It is respectful of each individual as an important part of the whole.

Other approaches involved check-in to help focus on the present moment and closing to express appreciation and respect. The check-in provides a barometer of how group members are doing. Sharing an appreciation at closing is directed at a specific group member's actions or at the group itself and contributes to a sense of community.

Codes of Conduct

We encouraged the girls to create codes of conduct during the first group session. These were written in concrete statements on a chalk board so that each girl could refer to them throughout the group meeting as needed. Creating codes of conduct helped the girls identify how they wanted to be treated in the group and wanted the group to be together. Examples of codes of conduct included "not interrupting" when someone was speaking, "arriving [to the group] on time," and "not talking outside the group" so that the girls' confidentiality was respected (Banister & Daly, in press). After the codes of conduct were identified, they were occasionally revisited by the group to determine whether they were working or not or needed revision.

Free Writing

We used free writing as a strategy to help girls connect with what Tolman (2002) called their authentic voice. Free writing took place before check-in as a way to help the girls write out and clear some of their thoughts and feelings before engaging in the group (Banister & Begoray, 2004). The girls were provided with colorful notebooks and pens and invited to write freely for five minutes. We encouraged them to put aside their judgments about formal aspects of writing such as spelling, grammar, and about what they should be writing so that they could connect with what was important to them at that moment. The notebooks provided the girls with another venue for expression. The mentor observed,

> I thought it was important because if they can't express themselves verbally then they can to themselves on a piece of paper which no one else has to read. I think most of the girls had not written in journals before.

The girls' notebooks were considered private. Through consensus they decided to keep the notebooks in a locked cabinet between group meetings and have them returned for the girls' own keeping on program completion. Some participants incorporated free writing into their everyday lives. The Elder said, "They all enjoyed the journaling and I think some of them have kept that up too and are doing it at home and using it."

Goal-Setting

We encouraged forward thinking among the girls for evaluating their health behaviors and for setting goals toward positive change. Goal setting was introduced in an early session so that each girl could identify a personal change project. The activity began with brainstorming concrete examples of personal health goals that Aboriginal adolescent girls may set more generally. The girls were then provided with some quiet time to write their own personal goals in their notebooks. The written goals were revisited during each session to help the girls identify steps in their progress or barriers to action. During some group sessions, the girls were invited to report to the group any self-identified change related to their goals. Early in the program, most girls were reticent about reporting on their goals in the larger group; however, as trust was established, they were more comfortable speaking. Reporting on their goals to the collective helped the girls view their progress as tangible or real and served as positive role modeling for others in the group. During a follow-up interview, one participant identifies how writing a concrete goal in her notebook helped her believe in her potential for positive change.

> Participant: The one thing that really worked for me was like, when you'd gave us time to write in the journal.
> Facilitator: Okay. That seems important.
> Participant: Because I never thought about it until right now, but if you write [your goal] down it just makes it a little bit more real.

Facilitator: If you actually write it down, you think "Okay, I can do it."
Participant: Right.

The goal setting activity contributed to a shared experience of empowerment and success in the group. During another follow-up interview, a participant describes some specific ways her health behaviors changed through participation in the goal setting activity.

Facilitator: Now in terms of your goals for yourself, your long-term goals, how is that going?
Participant: Oh, it's going pretty good. I've cut down to one and a half smokes a day.
Facilitator: That's great!
Participant: I've been putting résumés in. I could quite possibly have a job. I'm just waiting for the call back. I'm starting to trust myself better. I'm getting better grades.

Writing is another literacy skill that serves multiple uses. Here we see its importance as a way to make vague, abstract ideas more concrete (real) through their journal writing. Writing résumés is another way these girls can take charge of their wellness.

Wild Woman Necklace

The girls created a wild woman necklace to help them remember that they had personal power in themselves. For the necklace, the girls' chose beads from a wide variety of sizes, colors, and shapes that were provided for the group. The necklaces were shaped according to the girls' own sense of how the wild woman should look and feel when worn around their necks. The necklace served as a symbol, a concrete referent, to remind the girls that they had a voice and that their own personal wisdom was an inner resource for knowing themselves. A participant said, "I've been using my necklace every day ... it gives me strength."

Wearing the necklace helped the girls listen to their voices to establish whether their daily interactions with their boyfriends were right for them or not. In a follow-up interview, a participant describes connecting with her authentic voice while interacting with her boyfriend.

My boyfriend, I talked to him about [an issue in the relationship] ... and he just understood and I think it also helped me recognize some of the things that are right and wrong in a relationship, and it helped me to work through to make a positive relationship and recognize when something's going wrong. Luckily, I was on the right track.

Engaging in the concrete activity of creating the necklace contributed to spontaneous and open conversation among the girls about some of their health related concerns. One girl said, "The art and crafts, it relaxes me." The wild woman necklace is visual literacy that requires the girls to create a concrete object to represent a personal goal. Here the necklace functions as a reminder of an abstract concept, another path to better health.

Guest Speaker and Visit to Community Agency

An activity adapted from Wolfe, Wekerle and Scott's (1997) youth relationship project involved a visit to the group by an Aboriginal woman

who had left an abusive relationship 10 years earlier. The woman acted as a positive role model about authentic power by describing her empowerment process in leaving a marital relationship that had threatened her personal safety and well-being. The visit was carefully planned and did not take place until the topic of intimate partner abuse had been introduced to the girls well into the program. The woman chosen for the visit was an Elder from the local Aboriginal community and well known to the girls; this contributed to the girls' comfort with having someone from outside come into the group. The girls' witnessing the Elder's authentic narrative was congruent with their Indigenous way of learning. Her visit to the group was followed the next week with the girls' visit to an Aboriginal women's violence prevention center. Before this visit, the girls were invited to generate questions for the center staff about intimate partner abuse. We framed their process of data-gathering about the center as research. At the following week's session, the girls reported to the group what they had learned about the center as a community resource.

Mini-Research Activities

This research activity augmented the girls' awareness of their interconnectedness with the larger community (Van Uchelen et al., 1997). They also assumed some responsibility for their part in the larger study in terms of accurately capturing on audiotape the data generated by the group. The girls were vigilant about the tape-recorder being turned on before each group meeting, including checking that it was working. During a follow-up interview, one girl describes a perspective transformation that took place for her about the concept of research.

> And I also learned, as you guys learned, because you were researching, studying, and at the same time, we're researching and studying about you guys and what you're doing and I think that was really interesting—a really interesting perspective to think about because it's, I mean, at the same time, we're both learning.

Research or inquiry involves all kinds of literacy skills. The girls were listening and speaking, reading and writing, viewing and observing, and representing and creating. Such an integrated approach to learning helps to generate and reinforce new ideas.

Mini-Conference

The girls' holistic view of the research included their desire to learn more about the health issues of the girls in the other four mentoring groups. Given the Aboriginal girls' identification as members of not only their own group, but also as member of the larger research project, we decided to hold a mini-conference at the university as the final activity for the entire group of girls. For this event, the Aboriginal girls were transported by bus (a two-hour trip) to the university. All except one of the girls from the Aboriginal group attended the event. We engaged the girls in a number of activities such as creating a colorful poster about their small-group learn-

ing. The poster was then presented to the larger group and placed on the wall for everyone to view. The Aboriginal girls used traditional symbols in their poster such as a bald eagle, which represented their collective authentic power. Although it had been difficult for the Aboriginal girls to speak up early in the program, an affirmation of voice seemed evident as they spoke about their collective accomplishments with confidence and pride.

Implications for Linking Health and Education in Indigenous Contexts

A number of implications are suggested by our experience with Aboriginal girls in this research project. The first is the importance of creating a safe environment where the girls' authentic voice can be heard. We found in this study that the use of small groups with the presence of a mentor and the guidance of a local female Elder made it possible for the girls to speak openly about their health issues. As the mentor observed, "The fact that I come from the same culture and community maybe helped them trust me more and just the knowledge, my story." The second is the power of the concrete activities to facilitate the girls' awareness and ability to act positively on health issues that they identified. Finally, we recognized that linking health with education, especially with literacy skills, served as a way to mediate between the girls' health issues and their ability to maintain their Aboriginal identity in a learning context.

Implications for Culturally Sensitive Health Education Research Approaches

Much research is to be done in the area of Aboriginal health and education. Ideally, Aboriginal researchers will take up this research. If this work is to be done with the involvement of non-Aboriginal researchers as described in this study, Aboriginal and non-Aboriginal researchers will have to work together in a culturally sensitive manner. In such cases, Aboriginal people need to guide the cultural component of the research. The wisdom of Elders, for example, must be sought to ensure respectful interactions and interventions in Aboriginal settings. In this investigation, we validated Aboriginal ways of knowing by valuing the voices of the girls. For example, this study was based on earlier pilot work when the Aboriginal girls themselves told us that sexual health issues needed to be addressed:

Researcher: So if you were talking to me about girls your age and their dating relationships, because I'm not your age, what would you like me to know?
Participant 1: To have safe sex.
Participant 2: And to be careful.
Participant 3: To learn about safe sex. There's a lot you have to learn.

This led to the next phase of the research in which we chose focus groups to help address the girls' issue. Focus groups are a technique known to heighten equality in research settings. We created a "relational, safe learning environment" (Curwen Doige, 2003, p. 149) that valued participants'

understanding. Finally, we promoted dialogue that addressed what was important to the girls themselves. The various activities designed for the mentoring program assisted the girls to improve their sexual health by first raising their awareness by providing information, thus increasing their health literacy, and second by giving them practical skill-building opportunities, leading to improved sexual health behaviors. For example, as one girl concluded about the program, "Be on the safe side. Try to be on the safe side and carry a whole bunch of condoms around with you." We believe that such comments evidence the successful outcome of the study and intervention and demonstrate that the health education approaches we used helped the Aboriginal adolescent girls to achieve the means to address their own sexual health issues.

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