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# More than "Just Learning About the Organs": Embodied Story Telling as a Basis for Learning About Sex and Relationships

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If successfully engaging young people in discussions about health and well-being is hard, successfully engaging young people in discussions about sex and relationships is *really* hard. Throw into the mix of young people from very diverse backgrounds, including remote Indigenous communities, where reluctance to talk to outsiders is legendary, and you have what seems to be an impossible project. Or the basis for the 'Our Lives' study,[1] which was a three-year study of sexual decision making, sexual risk and relationships carried out with young people from urban, rural and remote[2] communities in the Northern Territory, Western Australia and South Australia. This chapter will explore the development and application of two innovative research methods, body mapping and participatory community mapping, and their capacity to

[1] Our Lives: Culture, Context and Risk was a three-year study of sexual health and relationships carried out in the Northern Territory, Western Australia and South Australia. It was an Australian Research Council Linkage project and was jointly funded by the health departments of all the states and territories who were involved, as well as 20 other government and non-government partners.

[2] This study included one capital city, three regional towns, one urban setting on the outskirts of an urban area and two remote Aboriginal communities.

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engage young people in discussions about sexuality. It will also explore the potential of using these methods as a basis for educational engagement about sexuality and relationships with young people.

We begin by describing our previous ethnographic research with young people in remote Aboriginal communities in the Northern Territory of Australia as a means of positioning us as researchers in this story of an evolving methodology. Ethnographic research, which is grounded in long-term experience in communities and where researchers gradually learn about people's lives, expectations and experience through participating in everyday life, is an effective, if time-consuming, way to engage hard-to-reach groups, such as young people and to explore sensitive issues such as sexual health. In this type of research relationships are developed gradually; the researchers acquire a deep and nuanced understanding of the community and how people live within it and then gradually begin to ask questions (Senior and Chenhall, 2008, 2012). This had been our preferred way of engaging with young people for many years, and we have used it to explore complex health beliefs and behaviors, relationships and sexual health and drug use (Senior and Chenhall, 2008, 2013).

We will then explore the development and application of two participatory methods: body mapping and participatory community mapping as a response to the need to find methods which were less time-consuming and discuss the refinement of these methods so that they became a focus for embodied storytelling. Embodied storytelling encourages people to think deeply about the actual feelings and experiences of a person in a particular situation and to create a narrative based on these experiences (Chenhall et al. 2013). This emphasis on reflection and describing feelings and emotions produces rich and contextual information, which is very different from information gathered through surveys or through one-off interviews.

Our previous ethnographic work in remote communities, which focused on the lives and choices of young women, alerted us to the barriers of undertaking effective research with such populations. We knew that without mechanisms to build trust and interest among young people, that their responses to any questions would be designed to make us go away as soon as possible. The Our Lives project was designed around two periods of long-term ethnographic engagement in two remote communities in the Northern Territory, where researchers were gradually able to explore young people's lives and ideas in the context of their everyday lives. Both communities were more than 300 kilometers from the nearest urban center (in both cases the small town

of Katherine), had restricted services and opportunities for young people and were often entirely cut off for road transport during the wet season (from November to May).

In one of the study communities, author 1 was able to draw upon a 15-year relationship with the community and was able to revisit young people's stories at different points in their history, from pre-teen to young adult. In the other community, McMullen (2015) was able to observe and describe the behaviors of young women over an 18-month period. The following description describes the life of a 'poddy' girl. The word 'poddy' traditionally refers to a child without parents but also includes children whose parenting is characterized by neglect. This is an example of the deep insights that were possible through an extended period of participant observation:

> So this young girl stands near the streetlights at night. She does not yet go walking around at night with other girls her age or older by a year or two. However, informants tell me, the boys will have noticed her and her recent physical development and speculate about her availability. Older men have also noticed her. They know her and her family and know that she is "poddy" and so is vulnerable to anyone who shows an interest. This interest soon comes in the form of takeout food and smokes and occasional pieces of clothing or cosmetics and jewelry. This form of grooming which consists of luring the young girl with gifts, favors, promises, praise with the intent of gaining sexual favours is not unusual in the community and is cautiously welcomed by the young girl. When she accepts these initial gifts it is only a small step for the man to introduce grog and ganja to the mix. Sexual activity soon follows and so this young girl is initiated into adolescent life in the community. She knows little about contraception or protection from STIs and it will fortunate for her if she does not become pregnant. She is far too shy to approach her elders or the local clinic for information. She does not even think about approaching her parents for information as this could lead to a thrashing. (McMullen 2015)

Our ethnographic studies allowed us to be able to engage at various levels in the community to talk about the lives and choices of young people and how these may have changed over time. We obtained detailed stories from mothers, aunts and grandmothers about their own teenage experiences, and how they viewed the lives and choices of the young people in the community today.

Ethnographic research, which involves trying to fit in, participating in everyday life, gradually asking questions and eventually obtaining an understanding based on months, if not years of work, was something that we, as

anthropologists understood and felt comfortable with. We were also comfortable with the writing of detailed ethnographic accounts using thick description, which is described by Atkinson (2015:67) as "a commitment to the exploration of the multiple forms through which social life is enacted".

Our challenge for this project was to work with young people in a range of study sites, where opportunities for engagement were fleeting (often confined to several hours of a health class at school), but where we wanted young people to tell their stories from their own perspectives and for us to obtain a deep and nuanced understanding of how young people understood and talked about sex and relationships. We wanted to gather the very rich type of data that is collected through ethnographic methodologies, without the resources and time required of long-term participant observation. Our aim was to develop a methodology that supported participants to think about people and issues in the context of their everyday lives. This chapter will explore the methods which we developed for this project and the particular insights, and points of intervention and education that such methods provided, as well as how our short-term engagement was informed by the traditional ethnographic studies.

Two innovative participatory methods caught our attention as a suitable methodological approach to engage young people: body mapping, where people were encouraged to paint a life-sized body outline with feelings, thoughts and responses to situations; and risk mapping, which we later conceptualized as participatory community mapping as described by Power et al. (2007) where people were asked to minutely describe their environments and their and their peer's movements within these environments. Both techniques had been used previously in sexual health research and education. The body mapping technique had been used to explore people's responses to HIV/AIDS (Solomon 2007) and risk mapping had been used by Power and colleagues to explore places in the local environment where young people felt sexually vulnerable (Power et al. 2007).

Body mapping was first used by the organization Regional Psychosocial Support Initiative in their project entitled "Living with X: A body mapping journey in the time of HIV and AIDS". The body mapping process was designed to help people explore their feelings and experience while living with HIV and intended to support group discussion, but also as a therapeutic tool. Body mapping as outlined by REPSSI involved a number of stages where individuals worked through creating a multilayered body map that included a number of activities that supported participants to gradually draw a body map, incorporating feelings, emotions, support mechanisms and hopes and

aspirations for the future. In addition to supporting group dialogue on living with HIV and AIDS, it was designed for use as a therapeutic tool, which focuses on individual experience. As such, the emphasis is on the tool's use as a community development aid, rather than a research process. In our study, we wanted to extend the use of body mapping to utilize it primarily as a research instrument to understand young people's experiences and understandings of sexuality and relationships.

Risk mapping is a group participatory activity developed by Power and colleagues (2007: 232) to gain descriptive frameworks of young people's perceptions of risk. They explain that this participatory process allows young people to discuss context and take a guiding role in the research process. We were interested in developing a methodology that combined the detailed embodied experience with a group participatory approach, which combines elements of both these methods.

## Young People's Experience of Sex Education

There is no mandated level of sex education provided in Australia, and sexuality education is the responsibility of state and territory governments and as such is regarded as being "somewhat ad hoc" in that inclusion of sex education in the curriculum is left up to schools to decide (Mitchell 2014: 385). Not all the young people in our study had experienced formal sex education. In many cases, only students who undertook health as an elective class had had any exposure. When they had, they commented that the emphasis was usually on the biology of sex and reproduction:

> All I got in sex-ed was the organs, like it had nothing to do with sex really—just the anatomy. (Lauren, Non-Indigenous female, Capital City)

Others talked about attempts to scare them into safe sex by showing them gruesome pictures of sexually transmitted diseases:

> One time, this bloke came into our class and showed us pictures of what you could catch. He showed us this one picture of this baby with gonorrhea in its eyes. I'm thinking "what's he showing that to us for, I'm not a baby". (Lizzie, Indigenous female, Capital City)

The need for a refocused sexuality education was a theme, which ran through all our discussions with young people (Helmer et al. 2015). In addition to the

technicalities of sex and safe sex, young people emphasized the need for education about relationships, emotions and breaking up, and the problems of negotiating safe sex. As a young woman in a remote community commented:

> We need information on relationships and how to deal with jealousy. I worry about all the girls at home, they are keeping it all inside, they need someone to listen to what they are going through. (Stacey, Indigenous female, NT remote community)

## Methods

### Embodied Storytelling

Keen to explore sexuality and relationships from an embodied "whole person" perspective, we equipped ourselves with large pieces of paper and canvas, paints and marker pens and set off to do our first round of body mapping in a remote Indigenous town. We were keen to replicate the REPSSI method, but in a group participatory context. We asked small groups of young people in schools to think about health issues that affected them and to explore the experience and feelings of these on the body maps, with the facilitator ready to steer the conversation toward sexual health.

The young people at the local school enjoyed the exercise and produced a series of often startling artworks. Sexual health, however, was not something that was at the top of their list when they were considering health and relationships in the community. Furthermore, the gatekeepers (in this case the principal and the teachers of the school) who were allowing the research to occur were very concerned about shaming[3] young people through directly framing the research as being "about sex", so our guidance had to be circumspect.

As a result, the body maps produced explored everything from the effects of mosquito bites through to crocodile attacks, alcohol abuse and fighting. In terms of piquing the interest of young people, body mapping was a hit, but in terms of finding anything about sexuality, it was an abject failure (removed for blind review). Disheartened, we decided to refine our methods.

Drawing on our previous ethnographic research (Senior and Chenhall 2008, 2012) and in collaboration with young people with whom we had

[3] Shame is concept with extremely complex meanings in Aboriginal contexts and can be understood to mean more than a passing experience of embarrassment. Shame is understood as a regulatory mechanism encouraging group conformity and is a sanction against attracting attention (removed for blind review).

already built relationships, we developed a series of hypothetical scenarios, so that instead of asking abstract questions about sex and relationships we could say of a body map "this is Rebecca, she and Dylan have had sex for the first time what is she thinking about or feeling now?"

We paid careful attention to making the stories realistic and getting the language right. A whole classroom of girls laughed at us when we described one of the male characters as "good looking"; "what you mean is that he is Hot!" they corrected us. We attempted to make the scenarios as open-ended as possible so that the groups could make decisions about how their lives would unfold as a result of the decisions that the characters made. The scenarios explored issues such as first sexual experiences, pregnancy, getting a sexually transmitted disease and domestic violence. Importantly, not all were negatively framed; for example, there was one scenario, which was just the story of a couple, who were thinking about having sex for the first time.

With the aid of the stories, the formerly generic young person (the empty body map) now had a name and a story. It allowed young people to discuss issues that they were encountering in their everyday life. These issues were grounded in their own beliefs, values and experiences, but did not require them to disclose any personal details about specific events as the discussion was through the hypothetical stories. As a group method, this approach encouraged participants to build on each other's stories and to think about and discuss the implications for the individual characters. This self-reflective and ongoing analysis that the young people were engaging was auto-ethnographical in nature (Chang 2008). Because the stories were hypothetical, the participants could contribute to the discussion without disclosing any personal information. This latter point is particularly important; at the time that this project began, the Northern Territory had just introduced mandatory reporting laws for sexual relationships under the age of 16 and under the age of 18 where the partners were more than two years apart in age. These laws were causing considerable disquiet in the community and among health and teaching professionals who considered that such an obligation to report would affect their ability to provide confidential care for young people (McMullen 2015).

The urban centers of Darwin, Alice Springs, Broome and Ceduna presented new problems for us: Away from discrete communities how could we find young people to involve in our study? Schools were the obvious answer, but working through schools caused another set of problems. The first being access. In addition to the institutional ethics clearances for this project, the project then had to be assessed by the Department of Education, and then negotiated on a case-by-case basis with each individual school. Some schools decided that the research was not appropriate for their students, while others embraced

the opportunity for students to engage in a topic that was often neglected. Parental consent was then necessary for individual students to participate in the exercise. We visited each school to talk to Principal and class teachers about the project and asked them for their recommendations of which classes should be involved. Notes were sent home to parents explaining the project and asking for their consent for their child to be involved. Students were then asked to provide their individual consent to be involved in the project.

Because of the scope of the project, it was necessary to involve a team of researchers. The Our Lives team, in addition to the Chief Investigators who are medical anthropologists (male and female), included a female nurse, a male doctor/policy advisor, a male Indigenous researcher, a female research assistant and a female anthropology student who had been employed as a nurse before undertaking a PhD. Male and female researchers attended all workshops, and we also ensured that a person who was qualified to answer health-related questions (the doctor or nurse) was also involved in the workshops.

Student's own interest in participating was often influenced by their previous experience of school-based sex education, which has been described to us as being "boring", "not relevant" and "just about the organs". We also had to accommodate the fact that a teacher always had to be present in the classroom with us. In most cases, the teacher took a welcome opportunity to sit unobtrusively in the back of the room and catch up on work, but occasionally they intervened. For example, in the middle of a very detailed discussion of a couple planning their first sexual experience, the teacher piped up: "abstinence is best", thus influencing the whole course of the conversation. There was nothing we could do about this, except record it in the interview notes so that we could account for the outside influences in our later analysis.

Students worked in self-selected groups of five to six people. Usually they were same sex groups,[4] but occasionally (and only in the urban schools) there were some mixed groups. Group approaches had some limitations, which especially involved the possibility of competition within the groups and the tendency to make accounts as sensational as possible. We countered this where we could with the results from our ethnographic work, which included individual interviews.

Students were always aware of the other groups working around them, and often the conversation was both within a group and between surrounding groups. In some cases interaction between groups mirrored the relationship between the characters. For example, in one body mapping session focusing on the characters Rebecca and Dylan (discussed below), one group of young

[4] The Indigenous males and females were usually segregated, reflecting the emphasis on keeping male and female business separate.

women also commented upon and analyzed the way that Dylan was being depicted by a group of boys at the same time as constructing their own narrative of Dylan: "*It must be much simpler to draw the boy, because they only think about sex*".

## The Story of Rebecca and Dylan

Rebecca is a character in a very simple scenario, where the two characters, Rebecca and Dylan, meet at a party and have sex that night and then go home separately. The students (in this case a mixed group of two boys and four girls)


**Fig. 5.1** Rebecca, painted by 2 boys and 4 girls (Capital City)

then let the story unfold about how Rebecca and Dylan are feeling the morning after (Fig. 5.1).

> (Girls) When she wakes up in the morning after having sex with Dylan, she would probably think "did I really do that?", but if she does it more often then she would think it was normal.
> (Boys) In the morning Dylan will not even remember it, because they met at a party, so he was probably drunk. If he does remember he will think "score!".
> (Girls) If Rebecca sleeps with lots of guys, people will call her a slut, if a boy did the same thing he is cool, this is not fair.
> At this point in the story, Rebecca misses a period and worries that she may be pregnant:
> (Girls) She is freakin out
> Rebecca is not pregnant, but she does have a sexually transmitted infection:
> (Girls) I would rather be pregnant than have gonorrhea. If they have to tell someone that they have gonorrhea, it would have to be someone very close to them.
> How would you feel about Rebecca?
> (Girls) if Rebecca was a friend, we would feel different about her because she slept with a random guy. But after a while the friendship would get better again.
> You could use Facebook to spread rumours about Rebecca (all agree).

At first, these responses from a mixed group of non-Indigenous students reveal a mixed response to Rebecca, with comments about the inherent double standard and the feeling that although Rebecca's friends may shun her at first, that they would forgive her in time. This is coupled, however, with the inevitability that Facebook could be used to spread rumors and jokes about Rebecca.

Analysis of the visual material adds complexity to the story. Rebecca is presented in provocative clothing. She has a very short skirt, bare midriff and her breasts and nipples are showing through her top. The words "worried" and "nervous" are painted above her. To these a boy in the group has added the words "sad" and "Ha Ha", which appear to indicate a lack of concern or a sense that she got what she deserved. Dylan is depicted as a minor stick figure near her right leg, as if he is a very minor player in the unfolding drama (although he is depicted with a big smile on his face). Finally, the words "slut", "dirty" and "no self-respect" are painted around Rebecca. The word "both" is added at the end of the exercise in an effort to address the double standard between the treatment of the male and female characters.

In another depiction of Rebecca, painted by a group of boys in a rural community, Rebecca is depicted as being entirely naked. She is depicted with full sleeve tattoos on her arms, and she has the word "thug" tattooed on her knuckles. The boys say, "Rebecca has tattoos because she is a rebel". Her sexually transmitted infection (STI) is depicted as a large brown stain that

threatened to engulf her entire pelvic and genital region. The boys describe it as "making her stink". She is also depicted with a large black bruise on her leg, which is considered to be a result of her sexual encounter. Other female body maps were also drawn as bruised and battered by boys' groups, including another depiction of Rebecca in which her entire body was covered in red bruises. In this case the boys commented, "You don't know how they did it".

## The Story of Frank

In contrast to the depictions of Rebecca (and indeed many of the depictions of female characters, whether drawn by females or males who are drawn with

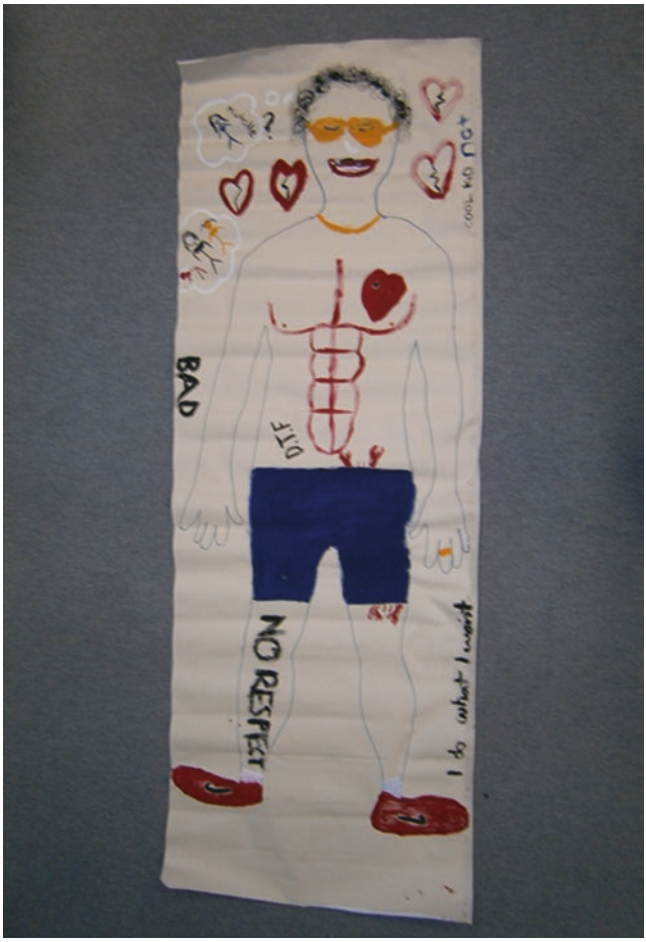


**Fig. 5.2** Frank, painted by 1 female and 4 males, rural community

sad faces, minimal clothing and with their STI becoming the focal point of their bodies) are the depictions of the male characters in the scenarios, who are depicted as being muscular, smiling and confident. This is epitomized by the representation of Frank (Fig. 5.2), who portrays all these characteristics, even while he has a lobster-sized pubic louse climbing over the waistband of his pants. Frank, in his story, cheats on his current girlfriend (Michelle) and has multiple relationships. He has an STI "because he sleeps with a lot of girls", but this does not seem to cause him much concern. Frank, with his highly muscled torso and sunglasses, is surrounded by a cloud of broken hearts and tiny stick figure images of the girls that he has had sex with. Initially after some discussion, the lone girl in the group drew a sad mouth on Frank, saying:

> Maybe he was sad about cheating on Michelle.

The boys however change it to a smiling face, saying:

> No we should make it a laughing face, he is satisfied because he can get any girl that he wants.

The remainder of the writing that surrounds Frank's body is evidence of the dispute about his character which emerged through the discussion: at one point he has "cool kid" written above him, to which the words "not" has been added by the female in the group. The words "Bad" and "No respect" are countered by the defiant "I do what I want". It is of interest that in the example of Rebecca she has the words "no self-respect" painted on her, while Frank simply has "no respect". The statement about Rebecca is internally focused on her lack of care for herself. The statement about Frank is externally focused, expressing his lack of care or concern for others. It is clear from the portrayal of Frank that despite his evident STI he thinks highly of himself.

Toward the end of the discussion, one of the boys paints a little black dot on Frank's heart, saying: *Maybe he thinks a little bit about Michelle, she is the tiny spot on his heart.*

This particular body map provides a good example of how a conversation emerges within a group during the body mapping process and how multiple and divergent viewpoints can be expressed and contested.

## Bodies in Place

Many of the young people in our study lived in environments which were characterized by high levels of violence and alcohol abuse. Following Brumbach et al. (2009) and Simpson et al. (2012), we wanted to explore aspects of the social environment in which young people made their decisions and to explore with young people the relationship between harsh and unpredictable environments and risk-taking behaviors. We based our mapping activity on the risk mapping method developed by Power et al. (2007) to explore sexual health and vulnerability in a South African community. Our "risk mapping" method, however, did not focus only on risk; it is better conceptualized as a community mapping activity. We were interested in how young people moved about their environment and the places and space that they used at different parts of the day. Groups were asked to draw maps of their local environment and mark the places where they liked to hang out, where they felt safe and the places they considered to be unsafe. As in the case of the body mapping exercises, the conversation that emerged during the process of mapmaking was also recorded. The following is an excerpt from a transcript of a discussion, which emerged out of a mapping exercise in a regional town in Western Australia:

> Interviewer: What's this street?
> This street? This is Anne Street-like the Bronx
> Interviewer: (pointing to the street marked on the map) is it all called the Bronx?
> Not all of it, this bit right in the corner where the yellow pole is, that is the Bronx, everyone hangs out there and drinks all night. That's the place where all the violence happens. They got a couple of people on that side of the street—yeah big murder investigations. If you are walking, most people will check out Anne Street before they go to the nightclub. It's a place to meet up, any which way in Broome.
> Interviewer: if it's so violent, why do you go there?
> Because it's the only place to feel alive and you know a lot of young people who would be hanging around. And you can meet with friends and family. It's a nice place to hang out. From my experience, when I was smaller, I used to walk out with my girls. We used to go out and mix and mingle and have a good time and there were hardly no fights. But now it's gone from extreme to proper extreme. (Tracey, Indigenous female, Broome)

Young people's discussions of the thrills and terrors of Anne Street provide a commentary on the nature of the social environment in which they make decisions and what behaviors they see as being normal and expected. The risk mapping exercise also provided them with a geographical space for the characters generated in the body mapping exercises; for example: "*Rebecca and Dylan would sneak off to have sex here in the bushes*", "*you can get free condoms here (a condom tree dispensary was marked on the map), but usually the little kids wreck them, so maybe they wouldn't bother*".

The risk mapping activities generated detailed stories of young people's perceptions and experiences of their everyday environment. Although the exercise asked people to describe both safe and unsafe aspects of their environment, the results tended to emphasize and perhaps sensationalize the unsafe aspects. The things that caused young people to feel unsafe could stem from rivalry and hostility with other youth. For example, some youth felt frightened to wear their school uniforms, which would identify them as outsiders to other youth when they traveled through the bus station. Other stories were more sensational, such as fears of pedophiles who grabbed young people near the school or murderers. The same themes were repeated in several groups, emphasizing how stories about violence became a focus of school mythmaking. These were never firsthand accounts, and details such as the person's name, the time and date as well as what actually happened were always poorly defined.

In general, in the urban communities, parties and other places where young people have the chance to congregate, especially at nighttime, such as the bus station, were considered to be unsafe.

> It's not safe here, because a lot of people get abducted. Every day people have fights at the shopping centre. (Tess, Non-Indigenous female, Capital City)

In much of the material from the larger urban centers (i.e. the largely non-Aboriginal sample), there was the sense that potentially violent or otherwise unsafe places were well known, avoidable or that threats could be reduced by taking some precautions such as not going out at night or simply changing out of their school uniforms to avoid confrontation with other youth.

In the regional centers and the remote communities, violence was less sensationalized and described as a part of everyday life (especially after dark). In these environments, alcohol-fueled fighting and assaults were commonplace. In the very remote communities, young people also talked about the threat to their well-being posed by sorcery, which could be considered to be a supernatural form of violence and which greatly adds to their sense that their lives are unpredictable. Sorcery can be used to cause illness or death and can be used as punishment for social

wrongdoing, which can include marrying or having a baby with a partner who is in an inappropriate kinship relationship (see Chenhall et al. 2013). In these environments, young people rarely felt safe, and places of safety were considered to be extremely limited.

> Girls bash you if you look at them the wrong way, or if you look at their boyfriend. But the girls are not afraid of that. They are afraid of men and boys who could rape them … for girls it is only safe in their own houses. (Cheyanne, Indigenous female, NT regional town)

In the West Australian sample, the young people described a particular part of their community, which they considered to be the focus of violent behavior:

> Everybody hangs out here in the street … they just hang around, that is the unsafe place (indicating location on the map) that's where all the violence happens. They got like a couple of people on that side of the street. Yeah, big murder investigations. (Indigenous females, Risk Mapping group, WA regional town)

*The younger ones hangs out and when they get drunk, you know, they start everything, and then the older ones join in.* (Indigenous females, risk mapping group, WA regional town)

When asked why people wanted to be in an area, which they considered to be violent, and where murders and rapes had been perpetrated, they answered:

> They know a lot of other young people hanging out there. And they could meet their friends and their family. It's just a nice place to hang out. They know it is violent and not safe, so they just go and check it out. Coz that's where all the other friends are hanging out. (Tammy, Indigenous female, WA regional town)

## Embodied Narratives

A series of important themes arose from our analysis of the visual and verbal narratives produced through the mapping exercises (For a detailed discussion of these, see Chenhall et al. 2013). Young people were making decisions about sexuality and relationships in an extremely complex social environment. This complexity was exacerbated for some by limited knowledge about reproduction and contraception. Choosing partners from the same community and who were of the same age was considered a way to make safe sexual choices. Familiarity of partner and partners who share the same qualities have been

consistently found in other studies to influence the decision to practice safe sex (Fisher and Fisher 1996; Hammer et al. 1996; MacPhail and Campbell 2011).

Sexually transmitted diseases were highly stigmatized, and young people made great efforts to ensure that people who contracted STIs were portrayed as being "not like us"; for example, the depiction of Rebecca with tattoos was a conscious effort to make her seem as different as possible from the young people who were depicting her (Senior et al. 2014). This perception has significant implications for the young person's willingness to consider that they might have STIs and their decisions to seek treatment.

In many of the narratives, the double standard was acknowledged, and although young women pointed out that it was "not fair", it was usually described and depicted as being what was expected in young people's relationships. It was also sometimes reinforced by both female and male participants, as shown in the differences in the depictions of Rebecca and Frank in the images above.

Equally concerning was the perception that young men were difficult to pin down in relationships and that they would move on if the young women did not acquiesce to their wishes, which often included not using a condom (Senior et al. 2014). Young women also talked about their tolerance for violence in their relationships, again due to the fear that any attempts to address this would be the end of the relationship for them. Young women's stories about putting up with violence can be compared to the body maps produced by young men, in which young women are depicted as being bruised after their sexual experience.

Throughout the discussions, a level of vulnerability in relationships was clear. Young people, especially young women, who overstepped norms of behavior (which included having sex with people known to you of the same age as you) were vilified as being "dirty sluts". There was also the ever-present threat of being exposed on social media. Clearly, it is not just the technicalities of sex which young people need to learn about, but the complexities of negotiating relationships, the need to address stigma and double standards and the notion that violence is accepted and normal in relationships.

By combining body mapping with risk mapping, we were able to contextualize young people's values and beliefs around their stories within their familiar environments. Through this we were able to explore the relationship between place and sexual health (Dennis et al. 2009: 468)

We were able to ground the imagined characters and their experiences within young people's own perceptions of the places in which they lived, went to school and hung out. We were also able to explore how health services

fitted in to this picture and the difficulties caused by issues of both geographical access and stigma, which young people encountered when accessing the services. In Darwin, many young people knew that the sexual health service was located in a busy main street at the base of the Health Department, that it was surrounded by pubs and nightclubs and was an extremely busy and popular place for young people.

We were, for example, able to get a sense of how difficult it might be ("*at least four buses*") for Rebecca to go to the health clinic, and that when she got there she would have to disguise herself in a "*hoodie and glasses*", because the clinic was located in such a conspicuous area of town. Given the stigma we have described in having an STI, the potential dangers of being seen accessing such a service are a major deterrent for young people.

## Discussion and Implications for Sex Education

In this study, we adapted the REPSSI body mapping approach to include a more group-oriented focus, utilizing hypothetical stories developed by young people alongside risk mapping. This integrative approach enabled a better understanding of the negotiated aspects of young peoples' beliefs, values and experiences associated with their sexual identities and behaviors in addition to contextualizing this information within their social environment.

The young people in this study voiced considerable discontent with the sex education that they had been previously exposed to. It appears that a focus on the technical aspects of sex, reproduction and safe sex did not meet the needs of young people who are negotiating relationships within extremely complex social determinants of sexual and reproductive health. Their comments emphasize that sexuality cannot be considered in some sort of biological vacuum, and their concerns rest more on how to negotiate and talk about sexuality, how to manage relationships and emotional upheavals and how to negotiate safe sex.

The results from our study also point to a need for concerted efforts to reduce the stigma associated with getting a sexually transmitted disease, to challenge double standards in relationships as well as the notion that violence in relationships is acceptable.

The combination of methods, which informed our understanding of attitudes toward sex and relationships, provided us with deep insights of the sort that normally would only be possible through ethnographic research. It is important to remember, however, that such methods cannot replace ethnographic research (Atkinson 2015). We did not produce the "thick description"

that is characteristic of ethnographic researchers, nor did it provide the researchers with firsthand experience of participants' everyday experiences. Furthermore, the young people were undertaking the activities associated with the project outside the context of their communities and families; therefore, the whole of community perspective usually obtained from ethnographic methods was not obtained (Fetterman 2010: 18).

For studies that either deal with secret, hidden or private activities, this method does provide an avenue for discussion and understanding. Importantly, this method allowed young people to tell their stories and to build on each other's stories in a way that protected them from personal disclosure. We were in some cases able to explore interactions between the sexes as they worked through body maps, as well as the group dynamics in the construction of a character and a story. This accommodated multiple and sometimes dissenting viewpoints.

We used participatory community mapping and body mapping to explore young people's sexual health, from the perspective of researchers, but the combination of methods also presents significant opportunities for the development of appropriate, accessible and entertaining sex education, where young people feel empowered and that their concerns are being addressed. In the process of painting their body maps or community maps, young people tell their stories. They also ask questions, and these questions provide opportunities to provide information in a non-threatening manner. For example, in one discussion of a scenario in a regional town in Western Australia about preventing pregnancy, a young woman commented:

> Well, she could just act clever and have a hot bath afterwards
> Other girls: Nah, that won't work. Miss, what could she do?

This prompted a discussion of the morning-after pill, how it worked and where in town you could access it.

As an educational tool, the ideas and attitudes that are discussed, such as the double standard and stigma and its consequences, can be raised and challenged and alternative ways to understand the situation can be discussed. For example, Jackson and Cram argue that in the area of the double standard, there is a need to go beyond recognizing individual attempts at resistance "to develop resistance that is both collective and organized" (2003: 125). Group activities such as the ones we have described, which encourage young people to think deeply about a situation and support each other in decision making, provide a good opportunity for young women to conceptualize and practice strategies to resist and subvert the double standards.

## Conclusion

Louisa Allen argues that sexual health resources that are developed without reference to how young people articulate their needs for information are unlikely to be effective (Allen 2001 1:63). Sexuality within social relationships is a preoccupation of the young people in our study. This requires a reframing of sex education to encompass the dilemmas and concerns of young people within the context of their intimate social relationships and not reducing sex education to disembodied organs on flash cards or diseases in a textbook. Technical knowledge of sex and reproduction was often missing in our sample too, such as in the above example discussing pregnancy prevention, but such aspects acquire more value and relevance when they are grounded in stories which have meaning and relevance to young people, because they are created by young people themselves.

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