

# Sex, Health, Law, Relationships & You Design Research

Produced by **Paper Giant** for the **Centre for Culture, Ethnicity and Health**, June 2015

**PAPERGIANT**  
[www.papergiant.net](http://www.papergiant.net)

**The Centre for Culture, Ethnicity and Health (CEH)** is a leader in assisting community and government services to provide high quality care and services to refugee and migrant clients. We offer expertise in multicultural policy and project delivery, cultural diversity and health, cultural competence, social marketing, cross-cultural communication and consumer participation.

**The Multicultural Health and Support Service (MHSS)** is part of the Centre for Culture, Ethnicity and Health (CEH). Our aim is to address the overall poorer sexual health outcomes for people from migrant, refugee and asylum seeker backgrounds as well as mobile populations. We focus on the highly complex and culturally sensitive issues of HIV/AIDS, viral hepatitis and sexually transmissible infections (STIs). We collaborate with communities and agencies to improve access to information, support, testing and preventative health messaging. We seek to increase culturally responsive service delivery.

**Paper Giant** is a research, user-experience and technology studio. We specialise in design research and communication that helps you understand people, and use design thinking to create effective, evidence driven strategies, products and services.



# Table of Contents

Introduction	2	Findings	10
Research activities	3	1. Cultural Identity & Sexuality	11
Background research	4	2. Healthy Relationships	17
Story workshop	6	3. Getting Help	21
Comics for discussions about sexual health	7	4. Information Seeking & Technology	25
Guided conversations with young people	8	5. Using Comics	27
Research synthesis workshop	9	Recommendations	31



# Introduction

Paper Giant was engaged by the Centre for Culture, Ethnicity and Health (CEH) to design and build a scenario-based sexual education tool for young people from refugee and migrant backgrounds (aged 15 – 25).

To make sure we designed and built the right *kind* of tool, Paper Giant planned a set of research activities that would inform the direction of the project.

## **This report documents the findings of this research.**

It first presents a review of other research around *best practice sexual education for refugee and migrant youth, mobile health technologies*, and a summary of the use of *games for education purposes*.

Following this, the report details findings and outcomes from a number of research activities — including *interviews with 6 young people*, where we spoke about sexual health issues and their use of technology.

In order to respect personal boundaries of participants in these interviews, we invited interview participants to *read and comment on a set of comics*, and the report also reflects on *the use of comics as an educational tool*.

## **We uncovered findings in five categories:**

1. Cultural Identity & Sexuality
2. Healthy Relationships
3. Getting Help
4. Information Seeking & Technology
5. Using Comics

## **The outcomes of this research are two recommendations.**

Rather than making an ‘app’ or ‘game’ to highlight scenarios (as was originally discussed with CEH), we recommend:

1. Produce visual education resources that are targeted at educators.
  2. Make these resources available online via a web-based “resource platform”.
-



# Research Activities

The research presented in this report was gathered by Paper Giant through a series of qualitative research activities:

Paper Giant conducted background research, looking at available literature in collaboration with CEH staff.

We then conducted a 'story workshop' with CEH staff to gather anecdotes relating their experiences and understanding of the sexual-health issues that this project should address.

Using the stories from this workshop, we developed a set of one-page comics that explored the main issues raised by CEH staff. These comics were designed to be read by young people from refugee and migrant backgrounds.

Using the comics as prompts, we conducted guided discussions with refugee and migrant youth to gather information about their perceptions of sexual health, 'healthy relationships', information seeking behaviour, and technology use.

Finally, we ran a workshop with CEH staff to synthesise the data from workshops and interviews in order to make clear recommendations for the next stage of this project.

---

# Background Research

As the first stage in our research, it was important to understand what work had already been conducted that we could learn from. To this end, Paper Giant conducted a review of existing research in collaboration with CEH staff.

Due to our initial interest in making a scenario-based education tool, our review focused on sexual education for refugee and migrant youth, health on mobile technologies, and gaming.

## Sexual Education for Refugee and Migrant Youth

We began our research by looking for best practice information around sexual health education for refugee and migrant youth. We found that:

- Friends, parents and relatives have consistently been found to be the main sources of advice and support for young people.
- Peer education (where community members are trained, and then provide the training to their communities themselves) has been found to be the most effective ways of delivering education to refugee and migrant communities, where members of that same community teach in guided contexts.

- Resources that lack inclusivity and cultural sensitivity do not work – sexual education needs to show a diversity of perspectives, and should incorporate perspectives of cultures that are being educated.
- After friends and family, websites are the most popular source of health information and advice because they are easily discovered (via search engines), and are device and technology agnostic.

## Mobile Health Applications

Mobile applications (“apps”) have been investigated for their effectiveness in both delivering educational material, and in allowing users to self-track health related data. We found that:

- Apps are their most effective when they allow users to track some aspect of their health (i.e. steps, weight, period tracking).
- Information delivery (for education purposes) via apps has been shown to be ineffective, as information-based apps lack an engaging use-case, are hard to discover, and are often overwhelming.
- Mobile phones are most useful for education in

providing easy, private access to web resources.

Mobile phones provide discrete access to web-based health resources, and are more easily used through the mobile phone’s browser.

## Gaming

Gaming is relatively underexplored as a means of education. However, existing research shows that:

- Good games are an engaging visual story-telling medium, and are effective learning spaces that teach people how to solve problems in the world of the game.
- Games are an effective learning tool when there is a specific, controlled environment within which players are likely to find themselves (i.e. military games for actual soldiers). It is difficult to simulate real-life scenarios, however.
- Whilst games are good at teaching people skills to progress through the game, they are not always good at changing behaviour in the real world. In fact, there is a lot of research to show that games have no effect on real-world attitudes and behaviours (in the context of violence, for instance).

## Conclusions

The background research provided some clear direction for the CEH Sexual Health education tool. It appears that apps on a mobile phone are problematic in terms of their discoverability (the ability for people to find them), and their effectiveness.

Whilst games are an effective way of communicating scenarios and highlighting the consequences of choices, there is evidence that suggests that games do not influence real-world behaviour.

In addition to these findings, research specifically looking at the effectiveness of sexual health education with refugee and migrant youth states that peer-education based models are the most effective means of influencing behaviour and educating this demographic for long-term change.

With this research in mind, we wished to uncover more about information-seeking behaviour and technology use with refugee and migrant youth. We also wished to understand how visual storytelling could be used as an educational tool to discuss sexual health issues.

---



# Story Workshop

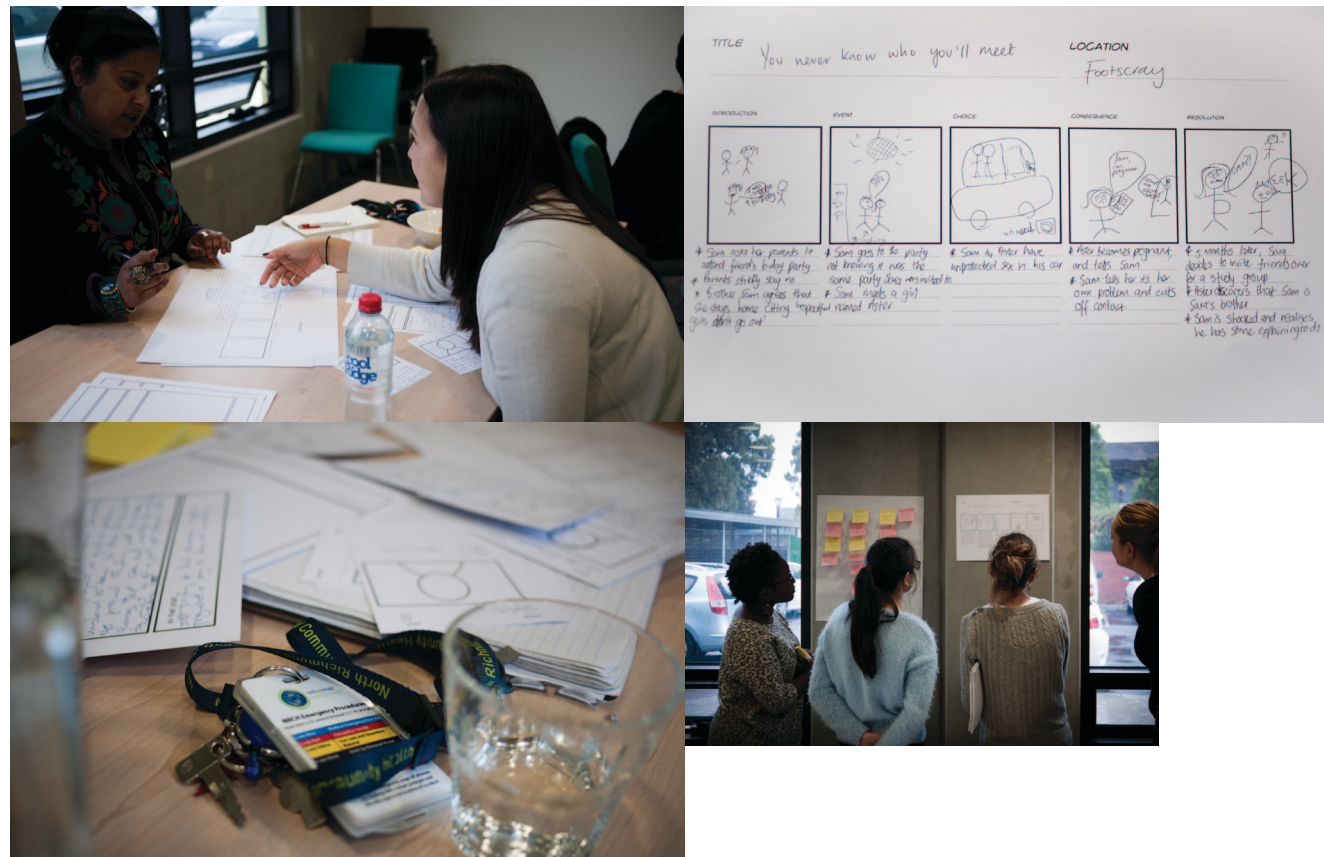
Working with CEH staff, we designed and facilitated a “story workshop” aimed at collecting both real and fictionalised stories about sexual health involving refugee and migrant youth.

Working in teams, CEH staff told real stories to each other about sexual health and relationship issues faced by their clientele, documenting the people, situations, and outcomes inherent in those stories.

Staff then fictionalized these scenarios by developing characters, and sketching a series of short storyboards that told the stories in a standard format.

Each group presented their stories to each other, took turns analysing each story for the themes and issues present, and explored potential learning outcomes.

This was followed by a plenary discussion that explored strategies for effective engagement with refugee and migrant youth around the issues raised in the scenarios.



## Comics for Discussions About Sexual Health

Using the stories developed in the story workshop, we developed a set of comics that we could use for discussion when conducting research with young people.

Working with a professional storyboard artist, we took the stories that CEH staff considered to be the most important, and translated them to a more visual, comic-style format.

These comics each told the story of a different kind of relationship and sexual health scenario, and explored the main issues uncovered in our story workshop.

The comics were designed as ‘conversation prompts’, so that we could discuss the issues raised by CEH staff in an abstract way with refugee and migrant youth, without asking them to describe highly personal or potentially embarrassing stories about themselves or their friends.

The scenarios in the comics also contained a level of intentional ambiguity, so that we could observe which issues were noticed by young people, and what was missed.



## Guided Interviews with Young People

We spoke to six young people recruited by CEH so that we could better understand the sexual health issues that were important to them.

The young people (4 female, 2 male) ranged in age from 19 to 24. They came from cultural backgrounds including Chinese, South Sudanese, Indonesian, Singaporean and Saudi Arabian, had been in Australia for anywhere from less than a year up to 22 years. Two participants identified as gay.

Using the comics from the story workshop, we asked participants to describe the situations presented in the comics and talk about what they noticed most about the story. We then asked them to relate those themes to their own experiences and cultural background.

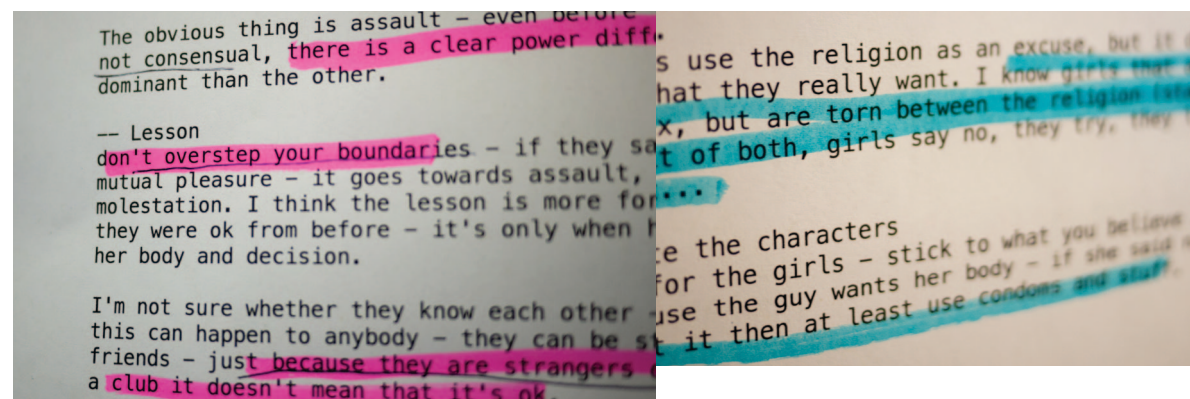
We also asked participants to imagine they were a character in the stories, and asked them what they would do if they were in a similar situation.

The comics were an effective way of discussing otherwise embarrassing or taboo topics with young people we had not met before. They were also effective at showing us what issues were important to them, and what issues went unnoticed.

We followed our discussions around the comics with questions about how and where they found out about sexual health information, where they would go for help, and how technology fit into both of these. We also discussed app and game usage.

The majority of this report's content is derived from these interviews.

*Participants were each given a voucher worth \$40 for their participation.*



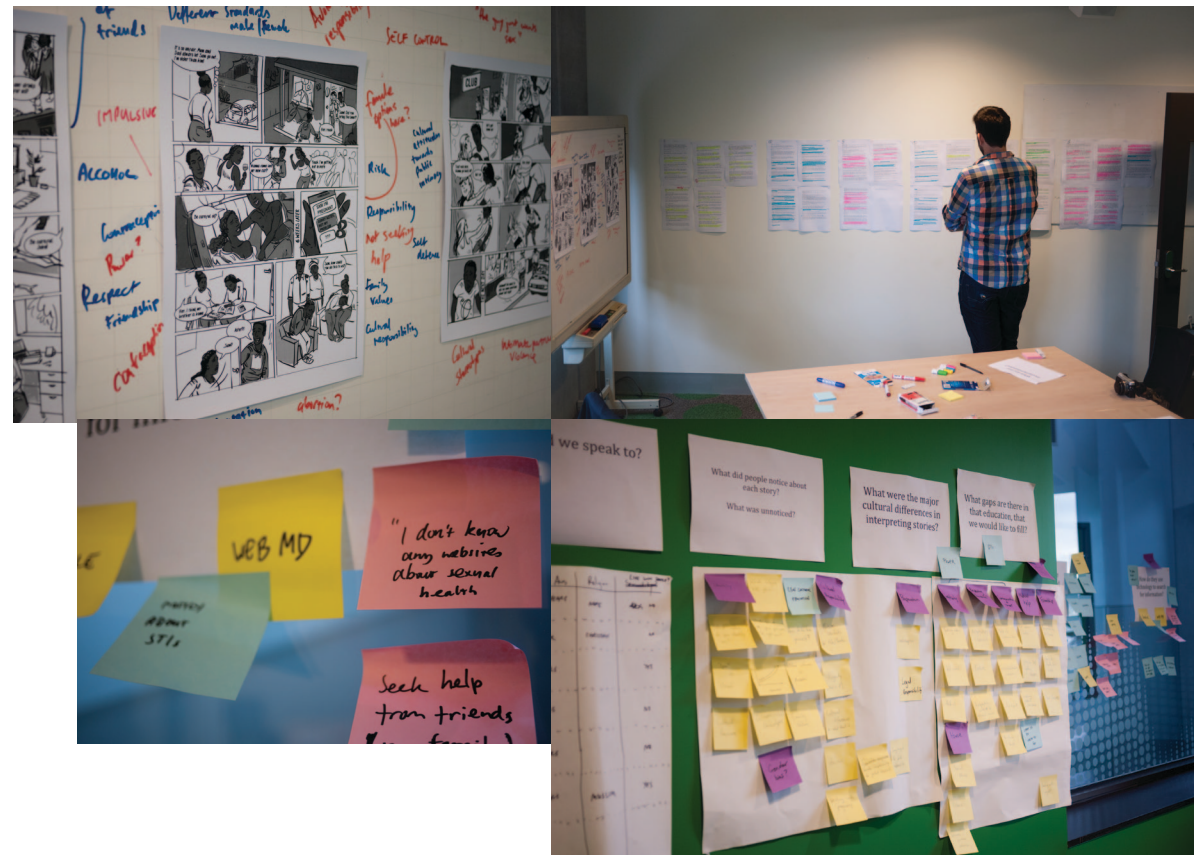


# Research Synthesis Workshop

Working with CEH staff, we synthesised our research data, including the stories from our initial workshop, the comics, and interview transcripts.

In order to make sense of the research data we had collected, Paper Giant conducted an on-site workshop with CEH. We explored and mapped themes raised by our interview participants, and discussed their implications for the project in a collaborative environment.

This process was used to generate the findings and recommendations presented in this report.



# Findings

We uncovered findings in five categories:

## 1. Cultural Identity and Sexuality

Exploring the intersections of culture, identity and sexuality.

## 2. Healthy Relationships

Gaps in knowledge around the notion of 'healthy relationships', encompassing topics such as safe sex, respect, communication and legal responsibilities.

## 3. Getting Help

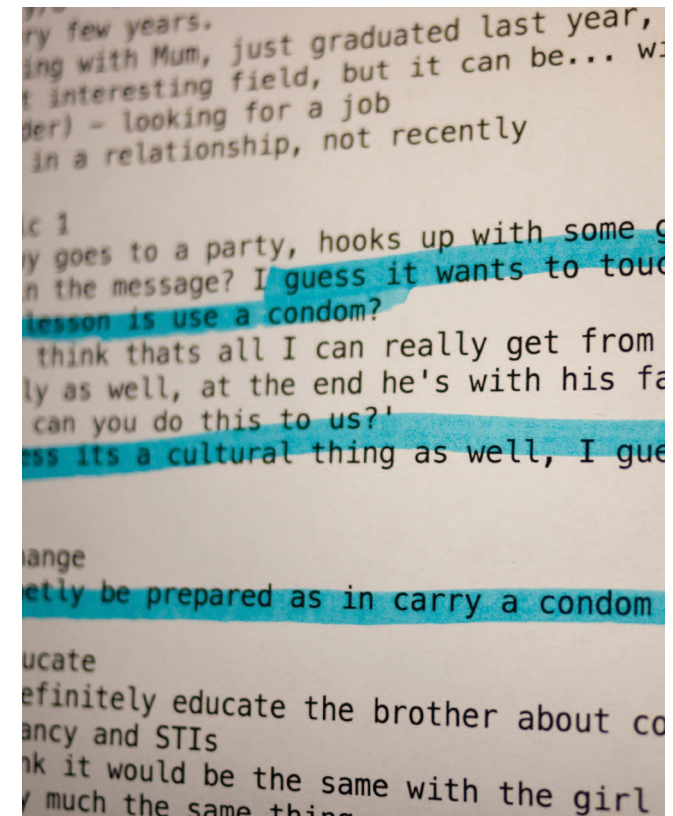
Issues around the lack of intent to seek legal or medical help. Insight into the barriers to seeking that kind of help.

## 4. Technology and Information Seeking

How refugee and migrant youth find information and learn about sexual health issues. The role that technology and the internet played in this.

## 5. Using Comics

The effectiveness of the comics that we had created, both in terms of their use as a research tool, and their potential use as an education resource.



# 1.0 Cultural Identity & Sexuality

Through the scenarios depicted in the comics, participants commented about their own struggles in balancing multiple cultural identities, the pressure to conform to more 'open' standards in Australia, and the role that sex and sexuality plays within that balance.

---



## 1.1 Pressure to Conform

Participants talked about how they had sometimes struggled to resolve their own values and cultural backgrounds with their Australian identities.

Many of our participants discussed the challenges they faced in adopting and embracing what were seen as anglo-Australian attitudes towards sex and relationships.

Participants discussed Australian culture in terms of its “openness”, where progressive social values were held and encouraged. Whilst this was seen as something to aspire to and embrace – particularly around attitudes to women and homosexuals – participants also commented on how they had encountered people that assumed their own stance on these issues was “closed”, or conservative.

Whilst participants generally embraced progressive attitudes towards sex, sexuality and sexual health, they lamented the assumption that conservative attitudes – particularly towards casual sex and abortions – were viewed negatively by progressive Australians. On these topics, participants stated they had sometimes struggled to resolve their own cultural values with those of the

more “open” Australian culture. For these participants, Australia was seen as sitting on the progressive end of a linear evolution, and they spoke about the pressure to conform to those values.

This pressure towards cultural myopia led many participants to question how they could resolve their own cultural background with their Australian identities when it came to sex.



*“In my culture, you can’t do things like this in public.” — Participant 4*



*“Even in China, we say you can’t have sex before marriage, especially for girls. Losing virginity is shameful.” — Participant 1*

*“Girls use the religion as an excuse, but it doesn’t quite justify what they really want. I know girls that are curious about having sex, but are torn between the religion. It’s a bit of both, girls say no, they try, they like it, they regret it...” — Participant 2*

## 1.2 Cultural Responsibility

Progressive values were not always embraced by participants, who felt a responsibility to uphold their own cultural values.

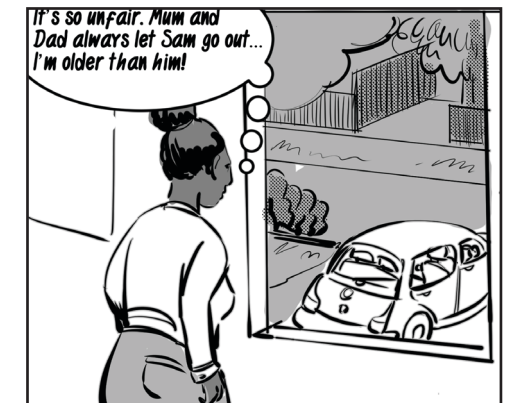
Participants that had maintained strong ties to diasporic communities in Australia – such as the Sudanese community – spoke about how values from their home cultures were still closely held, and they expressed frustration at the lack of empathy that other Australians displayed towards those values. Similarly, participants spoke about a pressure to be seen to be upholding traditional cultural values, despite having progressive attitudes themselves.

Whilst participants could often see the value in more progressive attitudes to women or sex, some communities still actively held different standards for men and women. Attitudes to cross-cultural relationships, sex before marriage, and especially abortion, were mentioned as key areas where participants may not wish to embrace progressive views.

Conversely, participants spoke about the pressure they felt from their communities to uphold certain values. They spoke about how these expectations manifested mostly as pressure on women to be respectful to their cultures.



*“I would give white guy warnings about the Sudanese culture so he can know what is coming next.”  
— Participant 4*



*“The idea of controlling women is so pervasive in so many cultures in so many ways - so maybe it should be a wake up call that controlling women's sexuality will not stop things like this” — Participant 6*

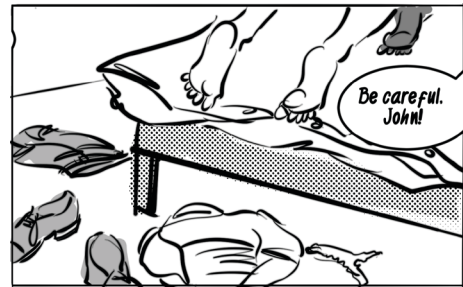
## 1.3 Definitions of Virginity

Definitions of virginity are fluid across cultures, and participants spoke about the ways characters in the comics negotiated these definitions through their encounters.

Participants spoke about how virginity is an important signifier in many of their cultures, and how it is usually assumed to mean vaginal penetration. Some participants commented on scenes in the comics where sexual acts were being negotiated around this definition of virginity. Those that assumed anal sex was being performed in one comic suggested this was happening due to the woman character's desire to "preserve" her virginity.

Whilst there was little discussion around the definition of virginity with most participants, most spoke about the pressure that women face to be virginal. They also lamented the double-standard some cultures have for men in this regard. This is closely related to the *cultural responsibilities* mentioned on page 13.

This shifting definition of virginity was most discussed with our gay participants, who spoke of the "two virginities" in gay culture — anal and oral sex.



*"It's pretty ambiguous... when she says she's not supposed to be with anyone, when he says there's 'other things', when she says 'virgin'... 'virginity' can mean lots of different things depending on the culture." — Participant 6*

*"I'd like to educate the girl on sex in general, and different types of sex, and her definition of losing her virginity I guess." — Participant 3*



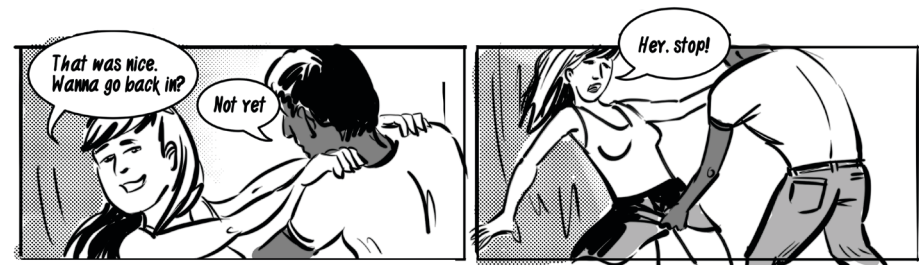
## 1.4 Cultural Stereotypes

In the comics used in research, participants noticed the enactment of various cultural stereotypes (i.e. white girls being “easy”, black men being “aggressive”), and this prompted conversations about being stereotyped themselves.

Stereotypes are an active part of identity and sexuality for refugee and migrant youth, as they either work to them (to be seen as respectful to their cultures) or work against them (to break down negative stereotypes).

Participants were aware of cultural stereotypes depicted in the comics, but only those stereotypes they themselves had direct experience of. For example, only those who had experienced gender biases, or seen them first hand, noticed these issues in comics.

Some participants stated they would actively work against stereotypes depicted in the comics. In the story where Solomon sexually assaults Kylie, one participant stated they would be hesitant reporting the incident to the police because they would not want to reinforce stereotypes about black men.



*“I don’t want to play into the idea that men of colour are dangerous... the police might use this incident to demonise other men of colour. I’d probably seek more support from friends.”*

— Participant 6

*“It’s hard to pick characters that represent all the cultures we have here... If Asian people see white people... there’s always that white supremacy thing, especially with minorities.” — Participant 2*



## 2.0 Healthy Relationships

What makes for a healthy relationship or sexual encounter?

Participants spoke about the need to be *prepared* for sex and relationships — physically, emotionally and legally. They spoke about the challenges of controlling *impulsivity*, *respecting boundaries* and *seeking and communicating consent*.

---

## 2.1 Being Prepared

Participants often placed the onus for sexual health preparedness on women, and rarely spoke about contraception and the risks of STIs and BBVs through unsafe sexual practices.

Participants in our interviews spoke about sexual health preparation in vague terms. Few participants mentioned contraception or the role they may have played within the comics (where contraception was present at all).

Other participants spoke of the “naivety” of some of the characters, and their unpreparedness. Usually, this conversation centred around female characters in the story, where it was assumed it was her “job” to be prepared for different kinds of sex. Women, according to participants, should assume men want sex, and it is their responsibility to know what sexual acts they were willing to do or not before encounters arose.

Participants also did not discuss the risk around sexually transmitted infections (STIs) and blood-borne viruses (BBVs) that arose in the comics through unsafe sex practices.



*“For the girl you shouldn’t just be sleeping around with boys just ‘cause you’re drunk or something. At the end, it goes back to her... you have to be careful when you choose to be around guys.” — Participant 4*

*“I think in pregnancy there are both parties, not just one person... if you are not interested in having children, you should take precautions.” — Participant 6*



*“Apparently the girl didn’t know anything about anal sex... so when he said ‘another way’... hmm... the guy didn’t tell her what would happen. But if she doesn’t want to, why did she do that?” — Participant 1*



## 2.2 Healthy Encounters

Participants spoke about the importance of a number of factors in actual sexual encounters. Each of these contributed to their understanding of what a healthy and normal encounter should look and feel like.

### Impulsivity

Participants noticed the impulsivity of characters within the comics, and spoke about how those characters could handle themselves differently within those situations.

They spoke about the balance between taking risks and maintaining self-control. They also spoke about the role that alcohol was assumed to play in those stories where risks were taken. Alcohol was called out as a negative factor in most stories.

### Respecting Boundaries

Participants spoke about the importance of both respecting and enforcing boundaries within relationships.

They spoke about the difficulties faced in situations involving “sexual bargaining”, where women may be coerced into engaging into different sexual acts as a form of negotiation around cultural values.

Similarly, participants discussed the role that peer-pressure could play in leading to unwanted outcomes, where situations encouraging alcohol consumption could lead to greater risk taking and to “being taken advantage of”.

### Communicating Consent

In stories that featured unwelcome outcomes, participants identified a lack of communication as a key issue. Particularly, participants identified the communication of sexual consent as being an area where the outcomes of the stories could have been more positive.

This lack of communication was generally seen as the fault of female characters. The manipulation or unfair assumptions on display by male characters was only occasionally recognized and discussed. Legal issues around consent and rape were rarely discussed.

### Abuse

Sexual abuse was not easily identified by participants. In stories where it was visible (such as Solomon’s story), participants assumed that physical violence was the most serious act, and rarely commented on the sexual assault that had led to it.

*“It’s about how the guy doesn’t care what will happen, all he wants is to enjoy the moment”  
— Participant 1*

Participants generally seemed hesitant or unable to identify sexual assault as a major issue, often putting responsibility on the victim for being in the wrong place at the wrong time. Importantly, participants that did recognize sexual abuse did not consider it serious enough to report.

*“The guy... it was really inappropriate, he got what he deserved. The girl too in some way. She got hit, she got assaulted... he got questioned by the police.” — Participant 2*

*“I think that sometimes we feel obliged to do something even though we don’t want to... or sometimes we try to compromise, we try to overcompensate.” — Participant 6*

*“You can drink, but don’t drink too much, make sure you know what you are doing... The lesson is for the girl.”  
— Participant 5*

## 2.3 Legal Responsibilities

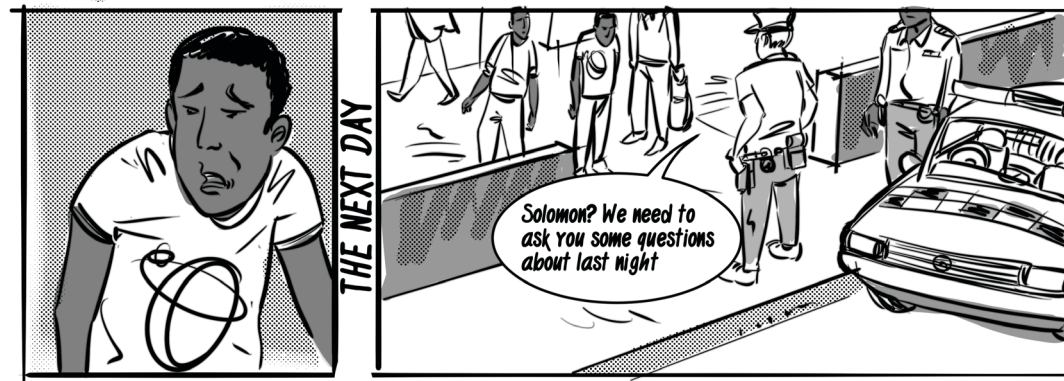
There was little mention of legal issues or responsibilities through the research.

Participants generally did not think the issues depicted in the stories were serious enough to be considered legal issues.

In our comics, only one story featured the police. Most participants were unsure about why they had been called, and whether or not there was ‘evidence’ for a case against the character.

Sexual coercion and sexual harassment or abuse were not readily identified as areas where legal help could be sought.

Those that did recognize that legal intervention was necessary often attributed this to physical assault that occurred in the stories. There appeared to be a general lack of understanding or awareness of the legalities around sex and consent.



*"I don't think the police would come... this fighting is kind of usual... they might think this is just a relationship. I don't think the police would come."*

— Participant 5

*"I'm not too sure if I would report it to police, in case they say things like 'where is your proof?' I don't really have proof unless there is a video camera somewhere, I'm not sure if I would feel comfortable."* — Participant 6

## 3.0 Getting Help

Our research confirmed that friends are the most important support outlet for participants. There was a general lack of motivation or intent to report incidents of sexual assault or abuse. There are also significant barriers to seeking legal and medical assistance.

---

## 3.1 Reporting Incidents

Our research revealed that there was a general lack of motivation or intent to report incidents of sexual assault or abuse.

Reasons for this ranged from not recognizing those issues as being “reportable” or “serious”, to not knowing whether there would be “enough evidence” for issues to be taken seriously.

Reporting incidents to authorities was seen as inviting another level of trouble into the lives of participants. Making formal reports were seen as a *hassle to avoid*, rather than an *avenue for help*.

This was sometimes because of perceived cultural issues in participant’s home countries, where there may be more stigma around reporting (especially for women).

Privacy and discretion were also issues here — participants stated they would be afraid to be judged by police and medical practitioners of a certain cultural background, based on assumptions those authorities would have about their own cultural values.

Participants were also unsure of what was appropriate to report, and where they would go to do so.

*“If guys do assault a girl, they do rape or assault a girl, the girl wouldn’t tell the police... the shame, the stigma... they are trying to stay away from trouble by not reporting to the police.”*  
— Participant 2



*“I think if the nurse was from a similar background to the girl, the girl would be hesitant to approach the nurse, maybe she’s afraid of judgment, or embarrassed, maybe the nurse would tell someone that she knows. She might be demonised, might be called horrible things.”* — Participant 6

## 3.2 Medical Help

The need for medical help and advice was more obvious to participants than legal help. However, there were still significant barriers towards seeking help.

Participants were unsure about when to seek non-emergency medical assistance, and spoke about the stigma involved in getting sexual health checks, or in discussing sexual issues with medical practitioners.

Some of this was related to general embarrassment in discussing these concerns, but more nuanced issues around cultural assumptions and expectations also arose.

This was true particularly for women of a Muslim background, who stated they would be unwilling to put themselves in a situation where they could be judged by ‘western’ medical professionals for being sexual active.

In a comic that showed a character visiting the school nurse after anal sex, participants commented that they would not do the same, despite encouragement from a friend within the story. It was only for “emergencies”, such as a pregnancy or suspected STI, where participants said they would seek help.



*“I am very hesitant to approach white nurses, I feel there are already a lot of stereotypes about [Muslim] sexual activity.” — Participant 6*

*“I used to do this, I never get help, never get sexual health check. Until I came to Australia... now I know everybody does it, it’s not shameful. In China we just do that secretly” — Participant 1*



## 3.3 Helping Friends

Friendship and peer groups were vitally important for our participants.

As we found in our background research, friends are the first people turned to in situations of distress or uncertainty, particularly around issues that may be too sensitive or taboo to discuss with family.

Beyond providing emotionally support, participants talked about the responsibility that friends have to each other, particularly in encouraging characters to seek help or report incidents.

Similarly, participants stated that friends would often be the only people to know about certain incidents or problems they were having, and mentioned that they would like their friends to know about the right or wrong thing to do in given situations, should they need their help.



*"I'd probably get more support from my friends, I wouldn't tell my family first, maybe later on I'd tell Sam."*

— Participant 6

*"Maybe I'd tell the girl not to just take off with strangers. She could at least tell one of her friends."*

— Participant 4



## 4.0 Information Seeking & Technology

Part of our interviews with participants were spent talking about the ways they find or receive information about sexual health, STIs and BBVs.

We found that friends are often the first way they learn things. Information is sought opportunistically, based on current circumstances. Search engines, rather than apps or games, are how participants find information digitally.

---

# Information Seeking & Technology

## 4.1 Information Seeking

Despite focusing this part of our research on technology, participants almost unanimously stated that their ‘first stop’ in discussing issues around sexual health were their friends. Rather than any information resources or authorities, participants trusted sensitive news and issues with peer-groups above all else. Parents were not mentioned as part of this support group.

As discussed in previous sections of this report, participants stated that they would only contact medical professionals if they were faced with an “emergency” — if they were worried they had caught something, or if they thought they were pregnant.

Information sources online were only sought if friends could not help them and they were unsure of whether their issue was important enough for medical or legal assistance.

*“I’ve given friends advice, not directed them to websites... advice on being careful and stuff.” — Participant 2*

## 4.2 Opportunistic Searching

Outside of friendship groups, participants described their information seeking as opportunistic, and driven by immediate health needs or concerns. They would turn to the internet when friend’s advice was not adequate, or when they wanted complete anonymity.

Because information seeking was opportunistic, all participants said that a search engine such as Google was their first stop in finding relevant information, and most participants had used well-established websites, such as WebMD, BetterHealth or Wikipedia for information.

Information found in this way was typically biological in nature — particularly symptom lists for various STIs or BBVs.

Only one participant mentioned researching sexual health issues on her own, without an immediate need, and purely for education purposes.

When asked, participants stated they had never used or downloaded an app for educational purposes, or to research any kind of information.

*“Mr. Google might help. Because I don’t think I really know about it. If my friends, I might help them search through Google.” — Participant 5*

## 4.3 Apps & Games

All participants had smart phones that could download applications (“apps”), with social networking being the most common type of app downloaded, and by far the most frequently used.

‘Western’ social networks (such as Facebook, Twitter, Instagram and Snapchat) featured, but so did ‘International’ networks like Line, QQ, Weibo and WhatsApp. These were used to keep in touch with friends and family abroad, or members of their same cultural group locally.

“Hook-up” apps (such as Grindr) were also popular with our gay participants.

Other smart phone use included email, searching (“Google”), maps, banking, texting (SMS) and listening to music.

No participants reported downloading an application purely for its informational or educational value, and only two participants stated they played casual games on their phone.

*“I very rarely download new apps... once I find something I just stick to it, I’m very conservative with my app exploration.” Participant 6*

## 5.0 Using Comics

Comics were an effective way of crossing cultural boundaries and discussing sensitive and taboo topics. However, without guided reflection, themes and lessons within them are not easily identified.

---

## 5.1 Using Comics

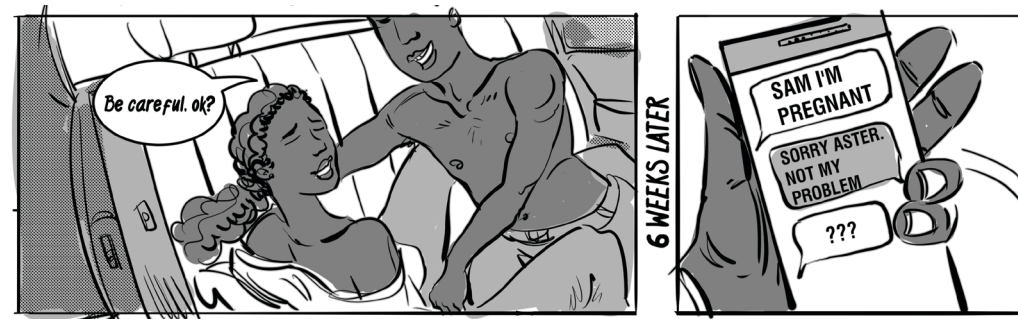
We found that comics were an engaging and effective way of getting refugee and migrant youth to discuss sexual health and relationship themes.

This was due to the fact that the separation between the participants and the stories allowed them to discuss issues that would have been too personal or taboo.

This separation also allowed some participants to distance themselves from the themes and consequences in the story, which could have been problematic if the participant had been reading the comic without any other discussion or input.

During the interviews, the comics were most effective as prototypical stories — when participants were asked “what would you do in this situation?”, participants were able to better understand the consequences of choices, and to more easily talk about likely plans of action.

As an education resource, the comics appeared to be a good way of crossing cultural and personal attitudes, and of overcoming taboo. However, without invited reflection, themes and ‘lessons’ were not easily identified.



*“The lesson is use a condom? I think that’s all I can really get from that.”*  
— Participant 3

*“It was just impulsive... yeah, that’s probably what happened.”* — Participant 6

*“Ok, I think it’s a lesson... Sam got a girl pregnant, he’s like ‘that’s not my problem’... but it should be his problem.”* — Participant 4





6 WEEK LATER

SAM I'M  
PREGNANT  
AFTER NOT  
MY PROBLEM

222

# Recommendations

Based on the findings presented in this report, we are confident in making the following recommendations:

1. We should produce guided visual resources for use by educators
2. We should make these resources available online via a web-based “resource platform”, that can be evolved over time.





# Produce guided visual resources to be used by educators

Rather than building learning tools for use by refugee and migrant youth directly, we recommend designing visual, scenario-based resources for use in guided education settings.

Our research showed that the visual scenarios presented in our comics were effective in overcoming language and cultural barriers, were engaging, and allowed for a detailed discussion of potentially personal or embarrassing issues that would have been impossible otherwise. There were many education opportunities that presented themselves in our conversations with research participants.

However, we observed participants failing to engage with or notice issues in the scenarios where those issues were unfamiliar — essentially, people only noticed what they already knew. It was only when participants were invited to reflect on the scenarios presented in the comics that they noticed many of the themes present.

We also found that participants didn't and wouldn't use an app or game to self-educate about the issues we presented.

Based on these observations, we recognise that a self-guided teaching tool such as a game or app would not be effective.

Scenario-based learning will be most effective if it is used in a guided manner, where reflection and discussions are encouraged and led by a facilitator.

## Comics as a conversation starter

Given the success of the comics through our research, comics should be embraced in further development of resources as they would prove effective in starting class discussions and debates around the scenarios they present.

## Discussion guides and fact-sheets

We also recommend the development of a set of discussion guides and fact-sheets for each comic,

so that educators are able to support discussions with material to reinforce their educational aspects.

## Further development of scenarios

By thinking of each comic as a discreet lesson or set of educational opportunities, further comics can be developed for specific contexts or cultural groups.

## Developing a “Resource Platform”

CEH is uniquely positioned to be able to produce useful education resources that are culturally sensitive and issue-specific for a wide range of similar organisations in Australia.

This project — to build a set of resources for issues facing refugee and migrant youth — could be considered part of a long-term strategy to create a more comprehensive set of resources that can be used by educators.

Rather than build a one-off tool targeted only at the education opportunities present in this report, we recommend thinking about this project as the first step in creating a ‘platform’ that allows CEH to continually release resources for use by other community organisations and educators.

Designing resources to work in a variety of education contexts will increase their uptake and use.

Making these resources freely available to other organisations will increase the potential impact of any resource that CEH makes, and will in-turn increase the visibility of CEH in the community.

Wide reach could be driven by using CEH’s contacts in the community sector: sharing between professionals, organisations, and at conferences and other events.

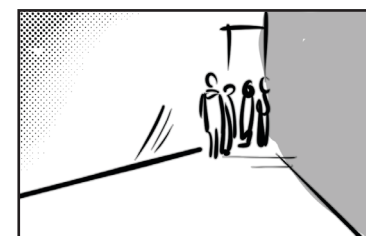
### Designing a Web Platform

The “technical” part of this project could be used to focus on the design and development of the web platform that would allow CEH to easily disseminate education resources to their networks.

The platform would be available through any web-browser, and would allow resources to be downloaded by any visitor. This doesn’t exclude individual refugee and migrant youth from exploring the resources for their own education, however we imagine the impact of these resources will be much greater when thought of as a tool for organisations and educators to run peer-based education sessions.

**We can imagine a future with CEH is a primary provider of useful, targeted, online education resources about sexual health.**

---





**PAPERGIANT**

[www.papergiant.net](http://www.papergiant.net)

