

## The L Pack: Addressing the Sexual Health Needs of Young Lesbians

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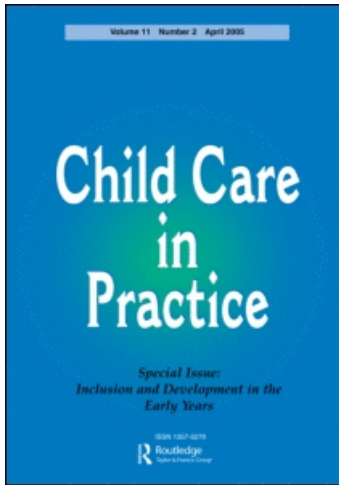
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# “The L Pack”: Addressing the Sexual Health Needs of Young Lesbians

Siobhán McAlister & Gail Neill

*Concerns about the sexual health of women who identify as other than heterosexual have been highlighted in numerous research reports, yet access to information, advice and services remains limited within Northern Ireland. In response to this, a group of young women have produced a sexual health resource (“The L Pack”) specifically for those who identify as lesbian or bisexual. This article discusses the issue of lesbian sexual health and the rationale for the production of The L Pack. Drawing upon discussions with the young women involved and the various partners, it outlines the participatory process of producing information for young women by young women, the meaning and value of this and the nature of learning for all involved. Illustrating feminist and related principles through practice examples, the article outlines how the project moved from a focus on individual learning to one where the young women involved gained the knowledge, skills and confidence to take their learning to their peers and others.*

## Introduction: Literature and Context

### *Sex and Sexuality in the Northern Ireland Context*

Despite the various advances in Northern Irish society, sex and sexuality remain in many respects controversial and moralistic issues. Sexuality remains largely informed by a religious discourse that impacts upon the teaching of sex education in schools, moral and legal debates regarding abortion and societal attitudes towards homosexuality (Kitchin, 2002; Kitchin & Lysaght, 2004; McAlister, Gray, & Neill, 2007). Fairly recent research discussing Relationship and Sexuality Education in schools, for example, illustrates that it is marked by conservatism and silence, that there is a lack of openness in discussing the emotional aspects of sexual feelings and that it is

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hetero-centric in focus (Rolston, Schubotz, & Simpson, 2005; Schubotz, Simpson, & Rolston, 2003). Furthermore, research with young women found that the themes of embarrassment, fear and shame were pertinent in their accounts of sex and sexuality as a consequence of the way in which social institutions in Northern Ireland deal with these issues (McAlister et al., 2007). It is of little surprise, then, that young people who identify as other than heterosexual consistently report that they receive little or no information or advice in schools regarding gay or lesbian relationships and sexual health, and that access to information outside schools is limited (Carolan & Redmond, 2003; Haydon, 2008; Kilkelly et al., 2005; Lourdes, 2003; Quiery, 2007; Takacs, 2006).

Alongside this silence is a powerful voice of condemnation—homosexual relationships are “immoral, offensive and obnoxious”, said Ian Paisley Junior in 2005 when he was the Justice spokesperson for the Democratic Unionist Party (DUP); and, more recently, homosexuality is “disgusting, loathsome, nauseating, wicked and vile” and comparable with child sexual abuse, proclaimed Iris Robinson, local MLA, Westminster MP and chair of the Stormont Health Committee (*Guardian*, 2005; *Belfast Telegraph*, 2008; *The Observer*, 2008). Media reporting of the funding of the very project discussed in this paper further illustrates these moralistic and negative attitudes. Princess Diana, it was suggested, “will never rest in peace” while the money from her fund is used to support “weird minority groups” (*Daily Express*, 2005).

### *Lesbian Sexual Health: Common Myths and their Consequences*

In addition to this moral and religious discourse, common myths regarding sexual health further impact upon the accessibility and availability of information, support and services for certain groups. These myths have contributed also to the lack of research relating to lesbian sexual health in general (International Lesbian and Gay Association [ILGA], 2006), and that specific to young women (Gilliam, 2001; Scherzer, 2000). In her first report assessing the needs of lesbian and bisexual women in Northern Ireland, for example, Quiery made little reference to the issues affecting young women in particular, and to sexual health in general, other than stating “issues around the sexual health of lesbian and bisexual women should be addressed” (2002, p. 20). These were indeed addressed in her most recent report focusing exclusively on the health needs of lesbian and bisexual women (Quiery, 2007). Here, she also notes the lack of literature and research in this area and reports that the Queer Resources Directory has recorded 25,488 files about “everything queer”; yet only one of these makes specific reference to lesbian and bisexual women’s health.

For many women, and indeed healthcare professionals, there has been a prevailing assumption that lesbian sex poses little risk in terms of sexually transmitted infections (STIs) (Farquhar, Bailey, & Whittaker, 2001; Gilliam, 2001; Hudspith, 1999; Hughes & Evans, 2003; Solarz, 1999). The lack of routinely collected data on STIs among lesbian and bisexual women, the invisibility of lesbians in healthcare and a lack of clear guidelines regarding safe sex have in many ways informed this myth (Dolan, 2005; Solarz, 1999). In a recent National Health Service brief on “Young lesbian, gay and

bisexual (LGB) people”, for example, when discussing issues relating to sexual behaviour and risk of HIV, the focus is exclusively on gay men and there is no mention of lesbian sexual health (Department of Health, 2007). Further, and with particular reference to young lesbian and bisexual women, Gilliam (2001, p. 1) notes that “safer sex information seldom covers protective methods of oral or manual sex encouraging the myth that YWSW [young women who have sex with women] are not at risk of STI”.

Related to this, in their discussions of HIV, Richardson (2000) and Stevens and Hall (2001) talk of the “myth of lesbian immunity”. The latter found in their research that, because the focus of the HIV/AIDS campaign has been on men, and particularly gay men, lesbian women “did not know that protection messages targeting other communities, such as heterosexual women or gay men, might be applicable to them, and so they were unskilled in techniques to protect their health” (Stevens & Hall, 2001, p. 441). Their research noted the various risky situations that lesbian and bisexual women put themselves in as a result of a lack of targeted information regarding HIV specifically, and sexual health in general.

Myths and assumptions about the low risk of lesbian sex are clearly perpetuated by a lack of focused information and advice, the consequences of which can be far reaching. In the largest UK study of sexual behaviour between women, for example, Bailey, Farquhar, Owen, and Whittaker (2003, p. 149) found that of those reporting penetrative sex with men, 32% had never used a condom or femidom; and of those reporting oral sex with a man, 80% had never used a condom. Of those who reported sexual relationships with women in the past 10 years, 86% reporting oral sex had never used a dental dam<sup>1</sup> and around one-half of those reporting sharing sex toys did not use a condom (Bailey et al., 2003, p. 149). While there is much less research specific to young women, some US-based research has found that lesbian and bisexual women report less use of contraception than their heterosexual counterparts (Saewyc et al., 1999, cited in Gilliam, 2001, p. 1). Messages and perceptions of low risk, therefore, clearly impact upon the safer-sex practices of women who report sexual relationships with other women. Recent research undertaken on behalf of Stonewall would also suggest that these impact upon levels of STI screening among this group—less than one-half of the sample of over 6000 UK lesbian and bisexual women reported having ever been screened for an STI (Hunt & Fish, 2008).

Alongside the general lack of information, there is also a lack of knowledge and availability of sexual health aids that women who have sex with women can use (Gilliam, 2001; Moralee, 2005). This is unsurprising given that the main place where young women get their information about sexual health is schools, and that discussions of relationships and sexual health is almost always exclusively focused on heterosexual relationships (Lourdes, 2003; Rolston et al., 2005; Schubotz et al., 2003). The availability of safer-sex barriers such as dental dams is limited and even when these are available they tend to be placed out of sight and are expensive to buy (Moralee, 2005; Stevens & Hall, 2001). Lesbian and bisexual women in numerous international studies continue to report the difficulties in accessing information on safe sexual practices, and feel that they cannot “come out” to their general practitioner

or nurse because they have already assumed heterosexuality and/or fear being judged, discriminated against or having their confidentiality compromised (Bailey et al., 2003; Farquhar et al., 2001; Hunt & Fish, 2008; McNair, 2003; Platzer & James, 2000; Queiry, 2007; Steele, Timmouth, & Lu, 2006; Stevens & Hall, 2001). These fears, it would appear, are not without some basis in that research with healthcare professionals has revealed assumptions of heterosexuality and uninformed attitudes regarding lesbian and gay lifestyles and sexual practices (Hinchliff, Gott, & Galena, 2005). Finally, and of particular importance here, young lesbian and bisexual women in Northern Ireland have reported that even when sexual health information and advice is offered to the lesbian, gay and bisexual community, it has tended to focus on male sexual orientation and the needs of young women are being overlooked (Lourdes, 2003).

It is in light of these gaps in knowledge, services and resources for young lesbian and bisexual women that a group of young women undertook to inform themselves of issues relating to lesbian sexual health and to produce a resource specifically for their peers (known as “The L Pack”). This paper focuses upon the process of developing The L Pack and the key principles that informed a youth-focused participative model of work.

### Background to the Project

YouthAction Northern Ireland has over 60 years experience of working with children and young people throughout Northern Ireland. The aim of the agency is to support young people as active and equal citizens whose voices are heard, respected and valued. YouthAction places a high value on equality, diversity, inclusion and participation within its work with young people. The agency strives to challenge and address proactively inequalities that exist within society through a number of priority youth work areas.<sup>2</sup>

The Gender Equality Unit within the agency has always sought to acknowledge and address the issues faced by young women growing up within Northern Ireland and to provide innovative, tailored personal development programmes and training for these groups. It has been evident through the ongoing work of the Unit that young women who identify as other than heterosexual are either ignored in youth programme planning or face particular difficulties engaging in such programmes, which fail to adequately meet their particular needs (see Neill & McArdle, 2008). Over the past eight years YouthAction has acknowledged this gap in provision, and has responded by creating, piloting and running developmental programmes with these young women. A three-year financial package received from the Diana, Princess of Wales Memorial Fund, allowed the development of an *ad hoc* pilot project into a programme that has met consistently, and grown geographically, since 2005. During this time the young women involved in the Out & About programme<sup>3</sup> have been instrumental in the creation of many imaginative projects and resources that not only facilitated their own exploration and discussion of issues facing them, but—through the write-up of such programmes, the development of resources and the hosting of

showcasing events—has allowed their learning to be disseminated into a wider, more general youth work and community arena.

During a needs analysis carried out in 2006 it became apparent that the young women involved in this group felt the information they had access to regarding sexual health was severely limited, and that there were inconsistencies in what information there was available. YouthAction arranged for them to undertake a four-week sexual health programme facilitated by the Family Planning Association (FPA), who tailored a programme to the group's needs. During this training they also made a visit to the Brook Clinic to see what information and services were available there for young lesbian and bisexual women. It was during this time that they became more convinced that the information they were receiving was not common knowledge and was certainly not known by their peers. They expressed shock at the information they had received for the first time, and as a consequence made the decision to embark upon The L Pack project.<sup>4</sup> Through this project, they aimed to collate accurate information regarding sexual health, present it in a user-friendly manner and make this accessible to their peers.

While The L Pack created by the Out & About group in partnership with Brook and the FPA is a much needed and unique resource (i.e. no similar sexual health resource pack exists for women in Northern Ireland), this article does not focus upon the resource itself. Rather, what it sets out to do is highlight the process that this particular group of young women went through in terms of identifying their own needs, taking ownership of their own learning and the model of participation employed that supported them in taking their individual learning to their peers and then wider afield.

### *Underpinning Principles*

The work of the Gender Equality Unit is essentially feminist in ethos. Young women's lives and the impact of gender relations on these forms the basis of its work with a view towards effecting individual and social change. At the most simplistic level this involves providing a safe and non-hierarchical space in which different groups can explore "what it is to be a [young] woman, how our femininity and sexuality are defined for us and how we might begin to redefine them for ourselves" (Weedon, 1997, p. 1).

Feminism is essentially a strengths-based model starting from the view that women themselves have the ability to examine and address the issues they face (Black, 2003; Goodman et al., 2004; Hudson, 1985; Hyde, 1989). As such, it is them not "professionals" that are the experts on their own lives, and thus the starting point of any activity (Brayton, 1997; Dominelli, 1995). They define the issues that affect them in their own terms, clarifying their needs and the means through which these might be addressed (Dominelli, 1995). We could say, then, that young women are not only the starting point, but the centre of all work—they define it and take control of it. As Brandwein (1987) notes: "A feminist approach incorporates the concepts of participation and involvement in decision making, not simply because it makes

people feel 'good' or is nurturing, but in the belief that better decisions will emerge . . ." (cited in Hyde, 1989, p. 160).

The feminist principles of consciousness-raising, redefining problems and linking the personal with the political are key to this (Hudson, 1985; Stanley & Wise, 1993). It is through young women sharing experiences that a process of "self-discovery" emerges whereby they begin to understand that personal and intimate issues are rooted in larger historical, social and political processes and structures. Understanding the "collective reality of situations" (Hyde, 1989) through consciousness-raising "nurtures empowerment" (Black, 2003), in that self-blame is removed and individual and/or collective action embraced. This, Dominelli (1995, p. 142) notes, is also about returning power and control to women.

In all feminist practice, the relationship structure is of paramount importance. Consciousness-raising is not about the "professional" imposing their views, it comes from the group themselves. The role of the worker is facilitator as opposed to "leader" and the aim is to assist rather than direct (Mullender & Ward, 1991). Indeed, sharing power and sharing skills are important principles in feminist practice (Dominelli, 1995), and recognising that the "professional" has as much to learn as the "client" is a key aspect of consciousness-raising (Hyde, 1989). Sharing power and skills, and recognising that each member is an expert in their own right, means that all are valued equally, that new skills can be acquired and that good collective working relationships develop (Dominelli, 1995; Goodman et al., 2004; Hyde, 1989).

The implementation of these principles, in practice, has been shown to enhance commitment to projects and ensure a sense of ownership (for examples see Dominelli, 1995; Hyde, 1989; McAlister et al., 2007). Additionally, and essential to all feminist work, they enable and promote action and change, at both the individual and social levels.

While feminist in ethos, these principles are not far removed from those governing other models of community, youth or social work practice. Indeed participation is at the heart of the youth work curriculum and model for effective practice (Department of Education Northern Ireland, 1997). Also, models of social group work that emphasise group-defined and directed issues and actions, consciousness-raising, the pursuit of rights, empowerment and social action (Mullender & Ward, 1991) are similar to those discussed above. As such, the practice principles discussed here should not be rejected simply on the basis that they are feminist in ethos or that they would not work similarly with groups of young men or mixed-gender groups. The aim of this piece is to demonstrate some of these principles in practice and the value of employing them.

## **Methodology**

As this article represents an overview and analysis of practice rather than a research study in the more traditional sense, two main forms of data were collated and analysed. Firstly, a documentary analysis of secondary sources relating to the project



was carried out; and, secondly, supplementary interviews and focus groups were carried out with the project participants and partners.

Pre-existing records, reports and documents are a valuable source of data; they tend not to be pre-determined by a research agenda as they are collated for other purposes, and as such are often unbiased (Appleton & Crowley, 2004). For this exercise, all documents specific to the group's work on sexual health were collected and subjected to an analytical reading (Harkin, 1993). This included needs analysis, funding proposals, session outlines and outcomes, youth work information sheets and in-house evaluations of youth work sessions.<sup>5</sup> An analysis of these not only provided an in-depth understanding of the aims of the programme, its focus and content, but a means of assessing the impact on those involved (see also Taylor, McGilloway, & Donnelly, 2004).

The primary data presented here are based on semi-structured interviews with representatives from the partner agencies and a focus group discussion with some of the young women involved in the Out & About group. Data collection and analysis was carried out by the first author, who is independent of the project. The primary data were used to supplement that already in existence from the group and individual evaluations throughout the course of the project. It also allowed for the opportunity to clarify and further discuss some of the issues highlighted in the documentary analysis.

A semi-structured interview was carried out with one representative from each of the three partner organisations. Key issues discussed included: their work on lesbian sexual health before the partnership; their decision to get involved; their learning; strengths and weakness of the partnership; and their views on the value or otherwise of the resource and the programme as a whole.

In addition to this, six of the 12 young women (aged 16–25 years) involved in Out & About took part in a focus group discussion about The L Pack. Verbal as opposed to written consent was sought in light of concerns raised about providing names. Consent was nonetheless full and informed, in that the young women were informed about the purpose and focus of the discussion, their right to withdraw at any time, confidentiality agreements, how the data would be stored and what it would be used for (YouthAction Northern Ireland, 2008, p. 6). Key issues explored in the focus group included: their understanding and knowledge of issues relating to sexual health before involvement in the project; the nature of information currently available to them; thoughts and experiences around their work with Brook and the FPA; reasoning for the decision to develop The L Pack; the process of developing the pack (roles, input, skills acquired, etc.); what they learned from the experience; and general views on the value or otherwise of the resource and the programme as a whole.

In line with YouthAction's Policy for Ethical Research (YouthAction Northern Ireland, 2008), all interview and focus group tapes and transcripts were stored in a locked cabinet to which only the second author had direct access. All identifiers have been removed and replaced with codes.

### Principles in Practice

The main principles that underpinned the project are discussed below with reference to illustrative examples. While some of these were envisaged from the outset, others developed over the course of the programme. The fact that the project was action-based in focus allowed for new learning to be incorporated and built into the programme through a process of constant evaluation, feedback and reflection. It is felt that these principles led to a strong and committed partnership and the breath of outcomes for all, but particularly the young women involved.

#### *Consciousness-raising: Identifying and Addressing Common Needs*

As noted, it was through a discussion of their “needs” that the young women in the Out & About group recognised the lack of clear and accessible information on lesbian sexual health and requested input into their youth programme on this. Like the experiences of other young people, they too reported that Relationship and Sexuality Education in their schools focused exclusively on heterosexual relationships, and more often than not on reproduction and pregnancy prevention. Aside from the social and emotional impact of this, in terms of feelings and experiences of confusion, isolation and difference, the lack of relevant information meant that young women were not making an informed choice when it came to their sexual health. As one young woman said:

I didn't know that there were so many diseases that could be passed between lesbians because they don't really tell you. 'Cause in school it was like heterosexual sex like wear a condom to prevent STIs and pregnancies but they never said anything about lesbians being able to catch anything . . .

Another reported that, prior to her involvement with the group: “I didn't think we could get STIs”. Sharing their experiences as part of a group had enabled the young women to recognise that they were not alone in their experiences and lack of knowledge and thus “break out of the guilt and despair brought about by accepting blame for problems which are not of their making” (Mullender & Ward, 1991, p. 126)

As well as the young women identifying the need for a sexual health resource for lesbians, this view was also held by the partner agencies. While they noted the various ways they went about ensuring that their training/information was relevant to all groups irrespective of sexual orientation, they did not have tailored resources for lesbians and spoke of the value in being able to give specific information:

I do think that there is a time in your life whenever you need your name on something or you need some form of formal identity and to get a piece of information that says “young gay women and the physical aspects of sexual health”, they aren't there . . .

As can be gleaned from this interview extract, the partners clearly saw the bigger picture in that the process of the production of *The L Pack* was as important as the end product itself. While it is a product that all felt was very much needed since no such resource currently exists in Northern Ireland, they also recognised the importance of the resource in terms of being a means of recognition of an often invisible group, a means of “occupying space” and of giving “formal identity”. This notion of making the sexuality of women and lesbian women visible and of “occupying space” was also evident in the young women’s discussion:

YW 3: There’s a lack of information for lesbians and bisexual women

YW 4: Just to have something out there if women want to have protected sex there is something there, that they have a choice.

YW 1: ‘Cause like you go into every straight club in Belfast and there’s, it’s all condom machines and how to have safe sex, there’s nothing for women at all.

SM: And what about gay clubs?

YW 1: No it’s all men, male-orientated . . . So we need to get some female stuff out there

Again we see the process and value of consciousness-raising at work here. Something that had simply been taken for granted was now questioned and challenged. Redefining the problem, linking the personal to the political, had enabled the young women to recognise that this was not only about them as individuals, but about larger issues of political and social rights.

Empowered by this understanding and process of “self-discovery” had led to the commitment to take action, and the partners and participants alike cited this as one of the main reasons for the success of the project. One young woman summed up the commitment of the group in the following way:

It was difficult, like many groups would have fallen at the first hurdle. I think it was ‘cause the group were like interested in it. I think if it had have been something that was not so close to home for us that I don’t think we would have carried on with it from 2006 . . . but it’s the fact that like we care about it.

### *Shared Power and Shared Learning*

A second key element of the project was the sense of shared learning and a learning that had empowered all involved. From an early stage there was recognition among all partners of where their expertise lay and a willingness to use this experience as an opportunity to advance their own learning. The project, therefore, was about much more than one group (i.e. professionals) imparting learning to another group (i.e. young people), and the partnership and project as a whole involved a continual process of learning.

For Brook and the FPA this partnership was an opportunity for them to work closely with a group they often did not have this degree of access to, and to learn about

their experiences first-hand. The fact that they were “invited” into the partnership signalled that they had been “given permission to give to this particular group”. This, they reported, had led to a confidence in their workers to work specifically with groups who identified as other than heterosexual and, through direct contact with these young women, to a greater understanding of the context and realities of their lives.

One agency reported that the learning they had gained from their involvement had a “hugely positive effect” in that they made the decision to go back and scrutinise all of their work/programmes/resources, and so forth, in order to ensure that they were relevant to all young people irrespective of sexual orientation. Another used this as an opportunity to see what they could “get from the group”:

When working with the Out & About group I asked them to visit Brook and give feedback on how lesbian-friendly they thought the centre was and from their feedback we actually changed some of our literature in the clinic.

All of the partners discussed their desire to take their learning further afield and recognised that their involvement in the project as a whole, not just the production of *The L Pack*, enabled them to do so.

Consciousness-raising, then, was in no way limited to the programme participants, but extended to all involved. Recognising the potential for shared learning was the basis upon which traditional hierarchical barriers were broken down, and the process here is similar to that of other social action groups in that “group members become partners with the worker team in seeking solutions to wider social problems” (Mullender & Ward, 1991, p. 131).

For the young women themselves, different levels or degrees of learning could be identified over the course of the project, spanning from individual learning (learning that would impact upon them personally) to public learning (learning they would go on to share with their peers and others). At a very practical level, through their work with Brook and the FPA, the young women gained valuable information about sexual health in terms of the risks of STIs, the methods that could be used to safeguard against them and the reality of being tested for STIs. This led to some of the myths and fears regarding STIs and the associated tests being put into perspective:

They [Brook] showed you how you'd get the Chlamydia test and how easy it was 'cause like people would be afraid.

Some also noted that they could now make more informed choices regarding their sexual health and would be less likely to put themselves in risky situations because they felt empowered with this new information, knowledge and confidence.

Beyond the practical, individual learning, the young women also spoke of the value of discussing relationships, and particularly relationships with other women. For most it had been their first opportunity to discuss openly sexuality, their bodies, other women's bodies and the nature of their relationships with women. The fact that this was done in a safe environment with organisations who recognised that these young women were the experts of their own feelings, experiences and sexual

orientation, was key to the success of this part of the programme. Having this space to talk openly with each other and with two organisations they had previously assumed to have a heterosexual focus “normalised” that which had been hidden and possibly viewed as abnormal. This part of the programme was as much about young women being “given permission to talk” and to see how their private self linked with their public self, as it was about providing information or advice.

As well as practical learning around the issues of sex and sexuality, the sharing of power and skills had enabled other learning outcomes for the group. As the programme developed, the young women more fully took ownership of their learning and of the final resource. On completion of their training with Brook and the FPA they were of the firm belief that few of their peers knew about the information they had received, that there was a real need for a sexual health resource for lesbian and bisexual women, and that they were in a position to do something about this:

I think going to Brook was just an eye-opener kind of thing, you looked at it [the information available] and you thought right something has got to be done, we have to get something out there for bisexuals and lesbians.

After learning about the Sandyford Initiative,<sup>6</sup> the group decided to make a study visit in order to learn more about this particular project and to gain further information to inform the resource that would eventually become *The L Pack*. An important principle of feminist practice is that the facilitator shares “her sense of power and expertise” (Dominelli, 1995, p. 136) and, in accordance with this, one member of the group acting as a Peer Support Worker took on the task of arranging, coordinating and facilitating the group’s three-day visit to Glasgow. For this young woman who had an interest in youth work as a career route, this provided an opportunity to learn key youth work skills and an experiential understanding of some the realities of that work. Evaluations of the visit demonstrated that the group had found it to be enjoyable as well as informative, thus providing this young woman with positive feedback on her role and the programme that she had put together.

It had also become clear to the group that they would need additional funding in order to make their resource to the quality that they desired (e.g. for the design and production of the information booklet and to source some of the women-specific contents of the pack from America). Through group consensus it was decided that one member would make an application to the Big Deal (Big Lottery) to fund *The L Pack*. This involved the completion of a number of application forms and answering questions from a funding representative about the project. Although this was a potentially daunting task for one of the more shy members of the group, it was her commitment to the project and her peers that spurred her on, and she now had the confidence to say that she would do it again—“anything to help out the group”.

Aside from these individual members, there was evidence of taking ownership of learning and of the resource itself among the group as a whole. In discussing *The L Pack*, they talked about it with pride and continually referred to it as “our pack”. There was a real sense of achievement and a conviction in the value of the resource as

a result of the process they had gone through in terms of identifying need, undertaking training, working with partners to ensure accuracy of information, and bidding for and receiving funding to ensure that it was finished to a high standard. This pride and confidence in the value of the pack, alongside the sense of ownership they had of it had, over time, fed into their confidence of their own sexuality (“I’ve gained more confidence in my sexuality”) and in distributing the pack to their peers, the partners and others (this will be returned to shortly).

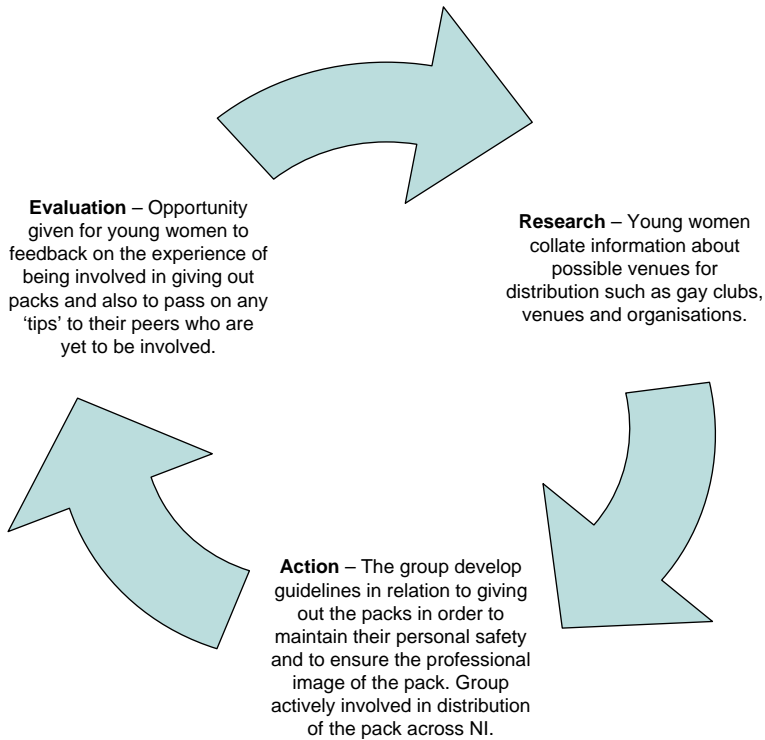
### *Participation and Empowerment*

The aspect of this project that sets it apart from other sexual health training programmes is the priority given to participation. This third and central principle focuses upon the need to encourage the active and valued involvement of all those connected with the project. It was not simply about gaining more knowledge or producing an end product; rather, the goal was to prioritise the involvement of a group of individuals while acknowledging the value they each add through their own unique expertise whether as a young woman, a youth worker or a health professional.

Research, action and evaluation were the looped stages that facilitated the continued input and involvement of both the young women and the partners. These stages at times placed emphasis on the partners to provide and present information to the young women, and at other times emphasised the role of the young women in interpreting and presenting this information in a format that would be attractive and interesting to their peers. Each person involved in the process had a clear role that maximised their own background and area of expertise (see also Hyde, 1989), for example as a sexual health trainer or as a young lesbian with access to a large social network. This loop (of research, action and evaluation) was completed on many occasions throughout the life of the project and it ensured that new ideas were explored and tested, people encouraged to provide feedback and individual and group actions assigned (see Figure 1 for an example of one of the final loops the project went through).

Members of the Out & About group participated at different levels at different times throughout the life of the project. Previous sections have discussed their involvement in identifying their own needs and, through time, organising and facilitating their own learning. The remainder of this section further illustrates the various roles young women took on in the production of The L Pack resource and their feelings and interpretations around participating in the project.

Upon their return from Glasgow the group began to focus more upon the actual content and design of the pack. Group work sessions were set aside over a period of months, during which time sub-groups, chaired by group members, worked upon the different aspects of the information leaflet that would be in The L Pack. The information they had received up to this point, plus their own individual experiences, informed this stage of the process:



**Figure 1** Final stage of the loop.

We actually sat down and split it up, one group done the design of it and the other group did the information and then we exchanged it and said “right well no the colours in that might not be attractive” and the others might have said “what about this or you need more information” and then we took another session to come up with the alphabet and then we done the questions like the dear diary like the agony aunt page and then we just finally put it all together and decided what would go in it.

Key to this process was group negotiation, task delegation, and role rotation (see also Hyde, 1989, pp. 159–167). A key principle of feminist practice is promoting egalitarian working relationships among women (Dominelli, 1995), and this worked to the advantage of this project. Control was never with one or a few individuals but constantly shifted, and as such ownership was with the group as a whole.

Draft copies of the pack were forwarded to partner organisations on a number of occasions to ensure that the material presented was accurate. This process allowed YouthAction and the Out & About members to be confident in the project and the ultimate regional distribution of the resource. This was also an effective way to maintain partnership links and to keep all those involved in the project onboard and active throughout its duration. The feedback received at each stage from the partner organisations in some way authenticated the resource and heightened the sense of pride experienced by group members:

It reads like a proper, like a proper thing that you'd go and buy in a book shop, I think it's quite professional.

It's relatable as well because of the way that it's written.

While the young women from the Out & About group personally got a lot out of taking part in the programme, their involvement, input and participation was crucial to the development of The L Pack. They themselves had an understanding of the value they brought to the resource in terms of their age, sexual orientation and training and the importance this had in the development of the pack:

... we know what we need, especially because we are gay as well. It would be different if we were a straight group and we were all like "hey we'll just make stuff for lesbians", at least we know ... we knew by looking at the prototypes what people would find interesting so we were able to narrow it down so that we would find it interesting.

The partners also recognised the value of having the young women engaged in the entire process, the significance they added to the final product and the value of a youth-initiated, youth-informed and youth-led resource:

it's that whole essence of youth, the energy of it and seeing it is so incredibly important. And then all the other skills of course, the confidence that it builds but I just think the essence of the young people's own needs go into something and if that's there that just makes a huge difference.

Through the process, young women were becoming confident in relation to the knowledge they had concerning sexual health but also as a result of the various roles they had taken on within the project. There was also a sense of pride in the packs themselves, to the commitment they made to the process of development and the final product. Young women had such an active role in the development of these packs that there was a very strong sense of ownership that resulted in their willingness to be part of the distribution. When asked what difference there was between them handing them out The L Pack or it being distributed by any sexual health provider, they noted:

Because it is more personal, 'cause we've actually like spent time and hours and effort putting this pack together that we're actually really proud to go out and say like "this is my pack" and we're going to hand it out.

Also if we are handing it out and people are going "well what's this?" we can open it and explain rather than them just picking it up off the street.

Essentially, through this two-year project there had been a continuum of learning and a movement from private learning to professional learning in which the young women moved from personal authorities on their sexuality to professional, informed authorities.



While this or any group could have produced a sexual health resource for young lesbian and bisexual women, the process that this group were involved in had much greater outcomes and impact than the resource itself. The young women discussed how this resource and the experience as a whole had marked a turning point for the group—a group that had a somewhat “hidden identity” to a group who now had the confidence and skills to occupy public space through distributing the resource at public events,<sup>7</sup> and who were proud to have their name printed on it and were keen to take their learning further and to others. Demonstrating what one of the partners meant when she said that the project was “political with a small p”, one young woman said:

We’re actually speaking up for the lesbian people of . . . the world! ‘Cause there is nothing like that [The L pack]. We’re the first lesbians to do this.

## **Conclusion**

The project discussed here started because a group of young women identified a gap in the provision that was available to them concerning sexual health. Neither the partners nor the young women envisaged that what started as a four-week sexual health training programme would escalate into a two-year endeavour that would involve study visits, applying for additional funding and the distribution of 2000 sexual health packs across the United Kingdom and Ireland. That said, YouthAction’s commitment to youth participation and their belief in the value of action research-based programmes allowed the project to develop in the manner in which it did—to move through a process of individual learning to public learning.

The Gender Equality Unit has been underpinned by feminist principles since its inception, and these can be seen in practice within this project. It has been demonstrated here how consciousness-raising at an individual, group and societal level has been achieved through the sexual health training and the production and distribution of *The L Pack*. Added to this, the young women and the partners spoke of and demonstrated how they had been empowered throughout the process. For the young women, in particular, this has been in terms of taking ownership and control of their own learning to the point where they now have the confidence to pass this on to their peers and others.

It has been noted throughout this article that this project was about much more than a sexual health programme and a sexual health resource for young lesbian and bisexual women; the process was as important as the end product. What has been presented here is a model of sexual health education that moves beyond individual learning. Without the time and effort taken by all involved to move through the stages of identifying need, individual learning, sharing knowledge, taking ownership of learning, raising confidence, knowledge and skills, we would not have reached the end stage whereby the young women had become professional authorities on their

sexuality and their sexual health. When asked about their involvement with the programme, one young woman joked that The L Pack was: “For the people by the people”. While there was some laughter in the group when this was said, including from the young woman herself, one can clearly hear the truth ring clear within this statement.

## Notes

- [1] A dental dam is “a small, thick square of fruit flavoured latex manufactured for dental care [it] is not designed, marketed, or packaged for sexual use, but has been adopted by some women as a marginally satisfactory safer sex barrier during oral sex between women” (Stevens & Hall, 2001, p. 441). Companies in America have begun to produce barriers based on the idea of the dental dam that are designed specifically for sexual use. To our knowledge these are not, as yet, available in Northern Ireland and were ordered in specifically to be included in The L Pack.
- [2] There are currently six priority youth work areas within YouthAction. These are Work with Young Men, Rural Development, Training, Youth Arts, Area-based Strategies and the Gender Equality Unit.
- [3] The Out & About Programme is for young women aged 16–25 years who identify as other than heterosexual. The first group was established in Belfast with satellite groups developing in the North West and Newry.
- [4] The L Pack is a resource pack that contains an information booklet designed by the Out & About group members, a condom, sheer glyde dam and lubricant that has been disseminated in various pubs, clubs and youth organisations and through the members of the Out & About group to their peers. The L Pack was part funded through the Big Lottery Fund under its Northern Ireland Young People’s Fund, The Big Deal.
- [5] These were completed anonymously at various stages of the project.
- [6] The Sandyford Initiative provides sexual and reproductive health services for women, men and young people in Glasgow. The Sappho Service operates from within the Initiative and provides clinical and counselling services to lesbian and bisexual women. This service is the only one of its kind in Scotland and is staffed by Family Planning, Reproductive Health and the Centre for Women’s Health.
- [7] Members of the group gave out The L Pack to over 100 individuals at Belfast Pride in August 2008 and have distributed them in pubs, clubs and to groups throughout Northern Ireland. Over 800 packs have also been distributed to various lesbian, gay, bisexual, and transgender organisations, clubs and universities throughout Ireland and the United Kingdom. YouthAction formally launched the packs in October 2008 when the young women from Out & About publicly spoke of their involvement to an audience of friends, families, health and community workers.

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