



MILLY

Teaching guide to
accompany the films

INTRODUCTION

These films came out of 12 months of face-to-face discussions between ARDS Women's Health Educators and Yolŋu women, as well as partners and collaborators in health and education.

We started in small groups, finding out what Yolŋu women already knew about sexual health and reproduction. We discovered what questions they had, and their ideas about the most appropriate way to talk about this sensitive topic. We were overwhelmed with interest and enthusiasm: so many people told us how needed this story was – particularly among young women. "Take this education into the schools!", we were told.

We also heard difficult stories from teachers, doctors and other clinic staff, about some of the sexual health challenges facing Yolŋu women, and the struggle to get important messages across.

We saw the need for a lasting resource that was culturally and linguistically appropriate, for others wanting to begin this conversation with Yolŋu women. We knew there would be a lot of challenges putting this sensitive story into a film. Face-to-face conversations are one thing, but what words and images can safely be put in a film? How do we appropriately talk about women's internal anatomy and sexual function in a much more public format?

After collaborating with Doctor Pallas Mareyo to get the medical story, ARDS health educator Joy Bulkanhawuy worked really hard to come up with a concept that would work for Yolŋu, using language and metaphors that would be meaningful but still sensitive.

The result of Bulkanhawuy's work, developed in consultation with other Yolŋu women, is the metaphorical 'women's camp' that is the focus of the first film and the subject of Sylvia Nulpinditj's painting.

But Bulkanhawuy and others also knew that, for this to be a really useful resource in schools, clinics, and other places, the "straight medical story" had to be there. There are Yolŋu Matha words to talk about women's bodies, and sex, that are culturally inappropriate to use in a film. Plus, Yolŋu women also need to hear the English words, as these are the words they will hear in clinics and hospitals.

The result of this awareness is the second film, featuring Vivienne Latham as health professional, who delivers what might be considered more traditional "health education", from a non-Yolŋu perspective.

There is so much important information that couldn't be included because of the length of the films, or cultural considerations. We want these two films to be a positive, accessible celebration of the journeys girls go on as they become women. We want our target audience – young Yolŋu women and girls – to enjoy watching them, so they aren't overly loaded with medical information.

We see the films as discussion-starters rather than an answer to the many questions we know Yolŋu women have. With that in mind, we wrote this teaching guide to show how we imagine the films being used, but we also hope they will be used in any other way that works. We imagine the films, poster and teaching guide being used in small groups at schools, women's safe houses, clinics and anywhere else where women come together to learn about and discuss these important issues.

We hope this package is a useful contribution to all Yolŋu women – especially young women who may be just starting their journey – and their relatives, friends, teachers and health practitioners working hard to give them the knowledge and choices they deserve.

These films are for all the young women and girls who talked to us about bodies, sex and relationships, who were brave enough to ask us hard questions and who always wanted to know more.

Linyu gan dhukarrwu larrum dhiyak dhawuw bili linyu djäl yolŋuw walal dhu bulu marŋgithirr dharraygu rumbalgu limurrungalawu. Nunhi nhuma yuṭayuṭa miyalkurruwurr bulu dhu marŋgithirr, marrtji nhuma dhu ga nhina gurrutumirriwal ga bulu marŋgithirr. Ga wirupuny dhukarr, marrtji clinic-lil ga ṅäṅ'thurr marrŋgitjha ga djämamirriny mala (health workers). Walal dhu nhumalany bulu dhawu gurrupan.

We found a way to tell this story because we want young women to learn more about how to look after their bodies. If you young women want to know more, go and sit with family. Another way is to go to the clinic and talk to doctors and health workers – they will give you more information.

JOY BULKANHAWUY & EMMA MURPHY

DOCTOR'S STATEMENT

Working with the ARDS team in the early stages of this project reminded me of the fundamental ideals for grassroots health education: listening to what people want to know, and trying to negotiate the path of communication in the most gentle, sensitive yet effective way. This process was immensely enjoyable for me personally, and I have been continually humbled by the dedication and determination of the ARDS team in their work on this project. This is a work that is so much more than simply translation.

So often in health care, we see young people who may have avoided a variety of physical and mental health problems had more information been available and understandable for them. Adolescent and reproductive health is an area fraught with difficulties: embarrassment, shame, social pressures, generational differences and complexity of information are some of the many

barriers young people may face while navigating their adolescent years. Information coming from their own community, cradled in the language and traditions of their own families and culture, feels like a true offering to these young people who seem so hungry for knowledge.

I would like to thank the team at ARDS for including me in this work, breathing life into my understanding of information-sharing, and reflecting the medical story through a beautiful process of the development of the analogy.

Dr Pallas Mareyo

FRACGP DRANZCOG(Adv)



FILMMAKERS' STATEMENT

We were thrilled to work with ARDS to create two beautiful films for young Yolŋu women. The issues this film addresses are very real and important to the Yolŋu community. We knew that we had to make something beautiful and special that spoke to young people while addressing confronting issues around women's sexual health. We have worked in Arnhem Land on other films and were very aware that collaboration and respect for local law and culture was crucial to the success of this project.

Yolŋu elder and storyteller Bulkanhawuy had spent 12 months developing a strong storyline around a women's camp that was appropriate for a Yolŋu audience. Katrina was immediately taken by Bulkanhawuy's story and it soon became apparent that the best way to realise the story was for Katrina to dramatise the script.

We were welcomed into Nhulunbuy, Wallaby Beach and Yirrkala in March to research, workshop and collect ideas in collaboration with the young Yolŋu women who were to become the cast of the film. Two scripts were born from that process and the young women were thrilled to be acting in a professional production.

Shooting two short films in eight days is very ambitious, all the more so shooting in remote locations with a micro crew, wild weather and first-

time actors. It was a challenging but life changing experience for us all and we couldn't have asked for a better group of Yolŋu and non-Yolŋu women with whom to collaborate. We hope that the films will be used for years to come and serve this important community of Yolŋu women.

Enormous thanks to our entire cast, including our incredible first-time actors Zowie, Rachel, Caitlin and Roberta. Thank you for your powerful and engaging performances. We must also thank Sky Davies our Director of Photography who captured such stunning visuals. Lastly to the women driving this project, Bulkanhawuy and Emma Murphy, thank you for choosing to work with us, it was a real honour to help to realise your vision.

"I've been working with young women in my community around sexual health for many years, so I was excited to work on these films. They'll be an incredible resource for young women and healthcare educators from all over Arnhem, who have been waiting for a story like this to be told. A story that represents both ways." Noni Eather, Producer, from Maningrida Community.

**Katrina Channells, Yarn Director,
Bridget O'Shea, Yarn Producer,
Noni Eather, Yarn Producer.**



NOTE ABOUT LANGUAGE

Many Indigenous people are multilingual and switch between languages regularly. Our team encouraged the Yolŋu actors in this film to think about which language they would use on-camera. All chose to speak the language they mostly speak at home. Therefore, other than English, there are three languages in this film:

- Märi (played by Joy Bulkanhawuy) speaks *Djambarrpuyŋu*.
- Milly (played by Zoe Bromot) speaks *Dhuwaya*.
- Milly's friends (played by Caitlin Burarrwanga and Roberta Dhurrkay) speak *Gälpu*.

SOME DJAMBARRPUYŊU WORDS FROM THE FILM

Yolŋu Matha words for internal women's anatomy are considered fairly sensitive, and may vary from place to place. Yolŋu women developed this story for use in this film and teaching resource. The euphemism and metaphors may not hold meaning for people who haven't seen this film. For example, 'miyalkpuy wäŋa' does not literally mean 'ovary'.

This glossary explains what these key words in Djambarrpuyŋu mean literally, and what they represent in the film and the poster.

DJAMBARRPUYŊU	ENGLISH	TOPIC
miyalk	woman	
ḍirramu	man	
miyalkpuy wäŋa	women's camp	ovary
mundhurr	gift	egg
dhukarr	path/track	fallopian tube
gapu maŋutji	waterhole	Uterus

We encourage non-Indigenous educators and health professionals using this resource to ask Indigenous colleagues about the words for women's anatomy in the relevant language, to find out if/how to use them or other metaphors in your discussions.

PART 1

PART 1 THEMES

- Coming-of-age
- Finding the right path for ourselves
- Getting strength and support from family
- Learning from stories and culture
- Puberty, menstruation and conception
- Relationships and consent



BEDROOM SCENE

The characters are talking about a boy, and the fact that they see him with lots of women. They wonder if this means he might have some “sickness”.

Talking Point 1: In Part 2, we will learn about how sexually transmitted infections (STIs) can be passed around by having sex without a condom. However even here, we see the girls already know something about sharing sicknesses around. This could be a place to pause and see what the girls/women in your discussion group think or know about this.

- What is sickness are the young women talking about? We know, of course, that there are actually different sicknesses - you could name them or see if the group you're working with can name them.
- Why does having 'lots of women' make it more likely this boy is sick? How fast sickness is spread around can be visually represented using stick figures on the whiteboard, or cut-out characters who come into contact with each other and get some coloured whiteboard markings rubbed off on them.
- Does anyone have ideas about how to make sure the sicknesses aren't spread around? (Again, this will come up in Part 2.)

When Milly says that Tyson wants to “have a baby with me”, her two friends look uncomfortable and surprised. One of them says: “Well how do you feel about him – good or bad?”

Talking Point 2: This line was included to allow for a discussion about consent and/or feeling pressure in a relationship. The film does not give any further clues about whether Milly is feeling pressured by Tyson – it is open to interpretation. However, this could be a place to pause and ask your group the following:

- Why do Milly's friends look worried?
- What do you think Milly means: Tyson wants her to have sex with him? Or he wants to start a family?
- Do you think Milly is feeling pressure from Tyson?
- Do you think girls feeling pressure from boys is something that happens a lot?
- What can girls do (or what could Milly do) in this situation?



FIRST WOMEN'S CAMP SCENE

Märi welcomes the young women to the women's camp, saying it's a special women's place where they will learn to look after themselves – as the other women in their families have in the past.

Talking Point 3: This women's camp is a fictional place, used as a metaphorical device for this very contemporary film. But Märi's comments here may also be a way to discuss a traditional Yolŋu practice of young girls/women being taken to a special camp when they first get their period, to be looked after by an aunty or grandmother and learn important lessons about being a woman. However, information about this special tradition is outside the scope of this resource. This talking point should only be explored by Yolŋu women who feel comfortable discussing this, such as health workers, teachers or others (depending on the context in which this resource is being used).

In this scene we are first introduced to the nature-based metaphor Yolŋu women chose for this film, as a culturally appropriate way to start talking about women's internal anatomy.

This metaphor is not explained in Part 1 – we don't hear anatomical terms like 'uterus' until Part 2. Märi hints at the true meaning behind the metaphor when she says the story is really about "inside our bodies". You may want to see how much of this metaphor your group picks up now, and then revisit it in Part 2.

While we don't see the artwork until Part 2, you may want to have the poster on display during discussion of the women's camp scenes.

Talking Point 4: When using the poster:

- You could ask your group if they recognise what the picture is.
- You could display it alongside an anatomical diagram (easily accessible online/from sexual health resources) to show the connection between the poster's artwork and the body.
- You may want to introduce the poster at either the beginning or the end of the first women's camp scene. Or you may want to use it separately, as revision about ovulation and menstruation – showing the egg's journey to the uterus, referring back to the metaphors of 'camp' (ovary), 'gift' (egg), 'path' (fallopian tube), and 'waterhole' (uterus).
- You could invite the group to draw/paint their own interpretation of this special place in the bush/in their body, and re-tell the story using their own artwork.



PARTY SCENE

Milly is enjoying her birthday party when she gets a text from Tyson calling her away. Milly's feelings about this are deliberately left vague by the film-makers. She does make the choice to go to meet him, but is interrupted by Märi.

Talking Point 5: Throughout Part 1, Märi has realised some of the pressures and decisions facing Milly. Milly hasn't said much about her relationship with Tyson, but she doesn't need to – as Märi hints in the first women's camp scenes, these are feelings and decisions all women go through.

Märi tells Milly: "There's more for you to learn." The film-makers hope that, in this scene, Märi is not seen as angry towards Milly, but rather

supporting her and wanting to empower her with more information. But it would be interesting to see how young Yolŋu women interpret this scene, for example:

- How is Milly feeling about going to meet Tyson? Is she excited, or nervous? What is she thinking might happen when she meets him?
- Why does Märi stop Milly from going to Tyson? Is Milly in trouble?
- Why does Märi say "There's more for you to learn"? What might happen next?



SECOND WOMEN'S CAMP SCENE

In this scene, Märi takes Milly back to the women's camp to give her more information – this time about conception. She uses the metaphor of a man with his own gift, calling out to the woman. The man and woman placing their gifts together at the edge of the waterhole is a metaphor for an embryo embedding itself into the lining of the uterus – to then grow into a foetus.

Talking Point 6: The first time the woman sees a man, he asks if he can go with her, carrying his gift. She thinks about it and shakes her head. From a biological point of view, this is important because unprotected sex during ovulation doesn't always lead to conception – the sperm and egg need to come together and successfully form an embryo (which still may or may not lead to a pregnancy).

But this interaction is also another opportunity to talk about consent: even though the man is there and approaches the woman, she can still choose to say 'no', and walk along the path alone. This is a subtle but important moment in the film, and relates back to Talking Point 2 in the bedroom scene.



Talking Point 7: The next time the woman sees a man, she feels differently: she accepts his offer and together they walk to the waterhole. Rather than the gifts being washed out to sea, they are placed – together – at the water's edge and grow into something very special.

- Ask your group to consider the difference between when the woman said 'no' and now she has said 'yes'. Talk about consent – it could be that this is a different man, and she feels differently towards him. But it could also be the same man: the woman might say 'no' one day and then say 'yes' another day.
- See if your group has understood the metaphor or deeper story behind this man and woman on the bush path. What is the special thing that grows on the edge of the waterhole? What is the man's 'gift'? What is the woman's 'gift'? Or you may want to leave the metaphor as just that – without any explanation – until Part 2.
- You may want to revisit the poster at this point: can anyone in the group retell this story using the poster as a visual aid, pointing out where the egg/woman comes from, and where the egg/woman and sperm/man might meet? Or you may want to leave this until Part 2 as well.



FINAL SCENE

Milly has just been on a small but significant journey – back to the women’s camp and the bush track. We know she saw a man there – Tyson, we presume. But when she comes back to the party, we don’t know what happened: did she meet with Tyson, or not? Did she say ‘yes’, or ‘no’? (In Part 2, it becomes more apparent that she probably said ‘yes’, given her health concerns.)

Talking Point 8: Ask your group what might have been happening for Milly when she returned to the woman’s bush camp alone. What was she thinking about? What was she feeling? When she returns to the party, where has she been and what has she been doing?

PART 2

Like the two women's camp scenes in Part 1, the important health information in Part 2 is divided into two parts. We learn about ovulation in the first scene – in a health education class – and about conception in the clinic scene. But a bit more information is also given: we hear about sexually transmitted infections (in a subtle way) for the first time.

Unlike the first episode, which was quite metaphorical, in Part 2 we hear directly from a non-Yolju health professional – in English – so the information is more explicit. We hear anatomical terms that will be familiar to English-speaking teachers, health professionals and others, but may be unfamiliar to some young Yolju women and girls.

Some of these talking points may not be necessary. You can tailor discussions to areas you wish to focus on depending on the age group you are working with or the priority for that class. However, given time and cultural constraints, there are many important health lessons that the film could only hint at, or subtly refer to. Therefore, these talking points may be a guide for how to bring out these important points.

PART 2 THEMES

- Helping each other out – looking out for friends
- Getting strength and support from family members and friends
- Puberty, menstruation and conception
- STIs
- Contraception and safe sex
- Clinic check-ups



OPENING SCENE – HEALTH EDUCATION CLASS

In this scene, Märi helps the young women draw the link between the anatomical story from the health professional and the metaphorical women's camp from the previous episode. This is also reinforced by some of the visuals.

Talking Point 1: You may want to use this opportunity to reinforce this metaphor, if you haven't already during Part 1. You may have the poster displayed and invite people in your group to retell the conception story in their own words/in their own language. Maybe they can practise telling it metaphorically (the woman and the man meeting on the path), and then using the anatomical words from the health professional.

Talking Point 2: The health professional mentions the different reasons our period might not come, for example due to pregnancy or "sickness". These points will be expanded on later in the film, but you may want to see what the people in your group already know about this. You may have stopped to talk about this "sickness" during the bedroom scene in Part 1 (Talking Point 1), and could revisit that here.

- What are the sicknesses that come in? Has anybody heard the names of these sicknesses?
- The health professional mentions changes in the body – itching, pain, skipped period – that might be signs something is wrong. But we also know that many STIs are asymptomatic, and also that these 'signs' don't necessarily mean there is an STI present. These points are touched on later in this episode, but the asymptomatic nature of STIs is an important point to emphasise when you have the opportunity – as is the fact that often nothing is wrong, or the problem can be easily treated: hence the importance of check-ups!

As the health professional talks about reproduction, we see Milly growing more and more uncomfortable. When the educator mentions things that might go wrong – such as sickness getting in – and encourages anybody worried to come to the clinic, Milly can't take it anymore and runs away.



Talking Point 3: You might use this opportunity to revisit Milly’s feelings about Tyson in Part 1, and the ambiguous way that episode ended. For example:

- Why does the story from the professional worry Milly – what might she be thinking about? Do you think something happened with Tyson?
- What could/should Milly do if she is worried? Who are the different people in the community she could talk to for support?

For the next few minutes of the episode, Milly’s friends and family become worried about her, first because she ran away from the health class and then because she seems to be missing.

Talking Point 4: It isn’t necessary to stop at all these points in the film, but you may use one or more of the following moments to pause and reflect on what is happening:

- In the bedroom with Märi, Milly pretends to be asleep when Märi tries to talk to her.

- Milly’s friends finally find her alone on the beach, and she admits “I’m worried....”
- At any of these points, you could pause to discuss:
 - The importance of friends caring for each other – the girls keep looking until they find Milly; they know something must be wrong, and they want to help.
 - The relationship between Märi and Gutharra (grandma and granddaughter) – is Märi someone Milly could talk to about what is on her mind? Who else could she talk to?
 - What about the health professional? She said if anyone was worried they could go to the clinic for help – would that be a good idea? Are women at the clinic (nurses, health workers, doctors) a good support? Did the health professional seem friendly? Should Milly go see her?
 - What might Milly be worried about?



CLINIC SCENE

From this scene, we realise that Milly probably has been worrying about her sexual and reproductive health for some reason. We learn from the health professional that everything is fine with Milly, but it's also an important opportunity to hear more information about how women's bodies work and how to look after them.

Talking Point 5: The health professional starts with the story about conception. The film uses different culturally appropriate visual devices to illustrate this story, including the painting (which is the poster that accompanies this resource kit). After hearing this story, you may want to pause to discuss conception in more depth.

- Retell (or ask women/girls in your group to retell) the conception story using an anatomical diagram.
- Relate this information back to the story (in Part 1) of a man and woman meeting on the path and taking their gifts together to the waterhole.
- Like the health professional, you could reinforce the fact that a late period can mean a woman is pregnant – but sometimes it doesn't mean anything at all: the best thing to do is just have a check-up.
- Depending on the age and needs of your class, there is a lot more information that could be explored in terms of the hormones that help regulate menstrual cycles and maintain a pregnancy. For example, understanding that during pregnancy progesterone suppresses ovulation, will help people understand how Implanon works (Implanon is a later topic in Part 2).

Talking Point 6: The health professional then moves on to discuss looking after our bodies. Specifically, she discusses protecting ourselves – and our partners and (future) children – against sexually transmitted infections and blood-borne viruses such as chlamydia, gonorrhoea, syphilis, trichomoniasis and HIV. Again, you may want to pause here to discuss transmission, symptoms and treatment of these sicknesses in detail, as they are only very briefly touched on in the film.

- Talk about the difference between sicknesses that come from genital contact (infections that live on the skin in these areas, such as gonorrhoea and chlamydia), and sicknesses that live in the blood (and therefore can travel all around the body, affecting the heart, immune system, etc.).
- Depending on the age group you are working with, and the context of your discussion, it may be appropriate to discuss other forms of sexual contact that can also lead to transmission – anal sex and oral sex.
- Talk about the common symptoms and also the often asymptomatic nature of these diseases – this will require more disease-specific discussion rather than talking generally about these sicknesses.



- Use the poster, or an anatomical diagram, to illustrate how/where the sicknesses get into our bodies, and also how they can travel. For example, chlamydia and gonorrhoea often remain in the vagina, but if they enter through the cervix they can grow in the fallopian tubes, causing blockages and leading to infertility (if the egg can't get through) or ectopic pregnancy (if the embryo grows in the fallopian tube but then can't travel along to the uterus).
- Before the health professional talks to Milly about how she can protect herself against STIs and pregnancy, you may want to ask your group what they already know. How could Milly make sure she and Tyson are both safe? How does she know if Tyson has any of these sicknesses?

Talking Point 7: The health professional talks about the difference between Implanon and condoms – only one protects against sicknesses! We chose to focus on these two contraceptive methods because we discovered Implanon is widely used among our target audience (young Yolŋu women) and there is not a widespread understanding that it does not protect against STIs. However, in discussion you may want to talk about other contraceptives, especially if you know they are being used or considered by women in your group.

- Use the poster or anatomical diagram to show the area where Implanon 'works' (i.e. the ovaries and uterus) versus the area where sicknesses get into the body – the vagina (plus other areas if you have also discussed oral and anal sex).
- Other than not having sex, condoms are the only way to protect against STIs. While it isn't made explicit in the film, obviously condoms also protect against pregnancy and this can be discussed in terms of how to choose which contraceptive (or combination thereof) to use.
- You may want to discuss the fact that – later – Milly might decide she is ready to have a baby. If she is planning to get pregnant, she will need to stop using contraception. How can she then protect herself against STIs? Talk about trust and respect in a relationship: at a certain point, the couple might decide to both get tested for STIs – after which, if there is trust, communication and honesty, they might stop using contraception if they know they are both healthy and ready to become parents.
- Getting a check-up doesn't just help protect ourselves – it also protects our partners and means that later on if we want to become mothers, we've looked after our bodies and are more likely to have healthy reproductive systems (if there are no other problems).



CLOSING SEQUENCE

During the clinic visit, the film cuts between Milly being in the clinic and back in the bush, hearing more advice from Märi. This helps link our two stories together and remind Milly that she can draw strength and support from traditional ways as well as health services and other sources of support. After we learn that everything is fine with Milly, she is healthy, we see her find her way back to the women's camp where she is warmly welcomed by family.

Talking Point 8: This could be an opportunity to discuss again the role that grandmothers, aunties and others have played and can play in supporting Milly. She is going through feelings and challenges that they have all been through, and they are proud to see she is becoming a strong young woman.



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