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## Yarning as a method for building sexual wellbeing among urban Aboriginal young people in Australia

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### ABSTRACT

This paper describes the strategies used by Aboriginal young people to build positive relationships and sexual wellbeing. It does so to counter the risk-focussed narratives present in much existing research and to showcase the resourcefulness of Aboriginal young people. We used peer-interview methods to collect qualitative data from 52 Aboriginal young people living in western Sydney, Australia. Participants reported a strong desire to stay safe and healthy in their sexual relationships and to achieve this they relied heavily on oral communication and *yarning* strategies. Participants viewed communication as a way to gain or give advice (about bodies, infections, pregnancy, relationships); to assess the acceptability and safety of potential partners; to negotiate consent with partners; to build positive relationships; and to get themselves out of unhealthy relationships. Participants also discussed 'self-talk' as a strategy for building sexual wellbeing, referring to narratives of self-respect and pride in culture as important in establishing Aboriginal young people's positive views of self and as deserving of respectful and safe sexual relationships. These findings suggest that future programmes and interventions based on yarning could be well-regarded, given it is a cultural form of pedagogy and a strategy Aboriginal young people already use to build positive relationships and identities.

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## Introduction

There is a small but growing research literature documenting how Aboriginal and Torres Strait Islander (Aboriginal) young people in Australia protect themselves from sexual health risks and build positive sexual relationships, including how they access STI testing, carry and use condoms, seek professional support, and encourage their peers to do the same (Mooney-Somers et al. 2009, 2011, 2012; Senior and Chenhall 2013; Bell et al. 2017; Bell et al. 2020; Graham, Martin, Beadman, et al. 2023). This paper contributes to this body of knowledge by detailing the protective strategies used by an urban-based group of Aboriginal young people and the important role that oral communication and yarning had in their efforts to build sexual health. In doing so, the paper highlights the importance of oral tradition in meaning-making among Aboriginal peoples in Australia (Bessarab and Ng'andu 2010).

### *Promoting health and reducing risk among Aboriginal young people in Australia*

Existing research on Aboriginal young people's sexual health is dominated by risk-focused and problem-centred studies (Fogarty et al. 2018; Bryant et al. 2021). While these have been helpful to identify problems, they also contribute to racist narratives of Aboriginal young people as risky, prone to bad behaviour, and lacking the skills and knowledge to protect themselves (Moreton-Robinson 2009; Askew et al. 2020). There are very few studies that focus on Aboriginal young people's agency: their resourcefulness and capacities, and the decisions and actions they take to protect themselves and others (Bell et al. 2017). One of the few studies of this kind, conducted in the north of Queensland (Mooney-Somers et al. 2009, 2011, 2012), used concepts of resilience to focus on how Aboriginal young people managed and avoided adverse outcomes. Participants described how they accessed regular STI testing and encouraged their peers to do so; carried and used condoms and shared these with their friends; anticipated when condoms would be needed; and passed on information about, and vouched for, specific health services among their friendship networks. More recently, Bell et al. (2020) documented similar strategies in research conducted with young people in remote Central Australian communities, including how they encouraged friends to use condoms and get tested, accompanied each other to health clinics, and shared advice about how to avoid risky partners and choose respectful partners.

Other related studies do not purposely document strategies of risk reduction in the same way but do reveal the importance of resources such as peers, family and community to communication about health and wellbeing. For example, peer networks are often reported as places where safe sex information is shared (Burbank 1987; Larkins et al. 2007), and peers monitor and scrutinise their friends' sexual partners, reporting back on the infidelity and potential riskiness of partners (Senior and Chenhall 2008). Aboriginal families and community networks also act as resources for managing sexual risk – for example, older women take daughters and granddaughters for health check-ups and contraceptive implants (Burbank, Senior, and Mullen 2015; Bell et al. 2020). Here, peer, family and community networks are used to increase collective

knowledge about safe sex and to promote positive sexual decision-making about partner-choice, contraception, and testing.

Implicit in this existing research is the role of oral communication – with partners, peers, family – to share information about potential partners, health services, and sexual health technologies, to negotiate contraception (including condom use) and to visit clinics. Yet, this strategy has not been given full attention in the literature, despite its obvious relevance and significance in Aboriginal communities in Australia as cultural practice.

### ***Yarning as cultural practice***

Oral storytelling is important in meaning-making for many cultures but holds particular significance in Indigenous cultures with strong oral traditions (Bessarab and Ng'andu 2010). Among Aboriginal people in Australia, the term *yarning* can be used generically as a synonym for conversation (Barlo et al. 2020) but its role, meaning and protocols imply much more than just a casual exchange (Fredericks et al. 2011).

Yarning is cultural form of conversation and as such it both relies on and creates specific forms of relationality between people, lands, and knowledge systems (Walker et al. 2014; Kennedy et al. 2022). According to Sherwood and Mohamed (2020), yarning, framed as a methodology, 'is an Indigenous mode of sharing and delivering knowledges and experiences that reflects and respects our worldviews and ways of knowing, being and doing business, and reciprocity' (162). It is an established part of Aboriginal pedagogy (Martin & Mirraboopa 2003) and is used to teach children (and peers) about behaviour, responsibilities, and the norms and beliefs that are passed on between generations of Aboriginal people in Australia (Barlo et al. 2020). It can take the form of informal and unstructured conversations including news, advice, or gossip; but it can also be much more serious and include disclosure of personal and emotional experiences, producing transformative effects as a person rethinks their experiences in new and different ways (Bessarab and Ng'andu 2010; Sherwood and Mohamed 2020). Contemporary yarning practices also have an important role to play in Indigenous activism in support of processes of conscientisation and political change (Carlson and Frazer 2018).

There are cultural, spiritual and ancestral protocols that guide who can be a knower of which knowledges (Moreton-Robinson 2017) and this is reflected in protocols concerning men's and women's business where there are particular roles and knowledges available to men and women separately. Matters of sexual health and relationships fall into men's and women's business and, as Dune et al. (2018) describe, understandings of sexuality are closely linked with biological roles of father/mother and in relation to social roles of 'manhood' and 'womanhood'. Yarning practices are thus organised around the obligations associated with men's and women's business and yarning about sexuality tends to happen within same-sex groups.

In this paper, we draw on qualitative data to describe the strategies that a group of urban-based Aboriginal young people in Australia employed to manage their sexual risk and build positive relationships. We found that participants used a range of strategies but identified oral communication and yarning as the *main strategy* by

which to gain and verify information, to build positive relationships, and to build identities as strong and self-determining Aboriginal young people. Below we describe these strategies in detail, as described by participants, and consider the implications for future sexual health programmes and interventions of yarning as a key risk management strategy in young people's lives.

## Materials and methods

### *Approach and setting*

Data were collected as part of a larger study that took place in two urban Aboriginal communities in western Sydney, New South Wales, Australia. New South Wales is home to the largest population of Aboriginal people in Australia (33% of the Australian Aboriginal population or 216,176 people) (Australian Bureau of Statistics 2017), and includes western Sydney where the highest concentration of Aboriginal people in any single region of Australia reside (NSW Ministry of Health 2016).

We purposely set out to focus on Aboriginal young people's agency in relation to their sexual health, to counter the dominance of deficit and risk-oriented research on this topic. In line with this, we chose peer-interviewing methods, as described below, because of their capacity to generate data that better represent the experiences and opinions of Aboriginal young people, giving better ownership to them about the sort of data that is collected. It produces rich narratives that are *for* Aboriginal peoples, showcasing culture, lifeworlds, goals, successes and resourcefulness (Walter et al. 2018; Walter 2018), in contrast to many existing research approaches that are *about* Aboriginal peoples: aggregated, simplistic and decontextualised, individualised, and designed to capture deficits (Walter 2018; Fogarty et al. 2018). Agency in relation to young people's sexual health refers to 'the strategies, actions, and negotiations' (Bell 2012, 284) of individuals and communities to undertake risk reduction practices and build and maintain relationships, even in contexts of racialising, gendering and other social structures. In this study, we used a partnership approach with local Aboriginal and health service providers and aimed to explore the values that Aboriginal young people hold about sex and relationships, what they do to build positive relationships and advance sexual wellbeing, and how these values and practices are supported by families, communities and culture.

We worked with local organisations to identify 14 Aboriginal young people to be peer interviewers. Five of the peer interviewers were men and nine were women; all were aged 16–21 years. We chose to use a peer interview method because it taps into established relationships of trust, minimising embarrassment about discussing private issues, and enabling young people to talk about the experiences and values that are most relevant to them (Lushey and Emily 2015; Bell et al. 2021).

### *Data collection*

Data were collected using qualitative in-depth interviews. Peer interviewers took part in four days of research training prior to collecting data, which included training on how to obtain consent, maintain confidentiality and ensure anonymity, guidelines

for selecting interviewees, qualitative interview skills, and details about the research themes.

Following this, peer interviewers recruited three of their peers, interviewing each peer three times with each interview lasting 20 min and each meeting focussed on a different topic. To align with cultural protocols concerning men's and women's business, men interviewed men and women interviewed women. The stepped interview approach enabled interviews to be short and focussed and provided the opportunity for the peer interviewers to debrief with the research team between them. Debriefs provided an opportunity for the research team to give feedback about interview skills and to monitor data quality. In addition, each peer interviewer was also interviewed by a member of the research team. Peer interviewers were paid for all time spent training and conducting the interviews. Participants were typically friends, cousins, or siblings of the peer interviewers and each received AU\$50 for participating. Each participant was given a pseudonym to ensure their anonymity. All interviews were audio-recorded.

The interview topics were focussed on three themes: 1) perspectives on what makes Aboriginal communities strong, including the personal, social and cultural resources of families and communities; 2) values and beliefs about sex and relationships, and what young people do to protect themselves and others; and 3) perspectives about sexual health promotion and health care services. This paper draws on data from the second theme which asked participants to talk about the strategies that young people used to build positive sexual wellbeing and resolve issues that arise in sexual relationships.

### ***Data analysis***

Data were transcribed and deidentified. Data analysis adopted an iterative approach, involving the use of deductive and inductive strategies, with several rounds of ordering and reordering (Ezzy 2002). The research team developed a coding framework in line with the research questions and the project's focus on strengths and agency. This framework was trialled by JB and KM on a subset of interviews, after which the coding framework was further discussed and revised by the research team. Data were coded using NVivo12.

### ***Governance***

An Aboriginal Research Advisory Committee was set up to advise on the study and oversee the cultural safety aspects of the research processes and outputs. This committee included 8–10 members, all of whom were Aboriginal people, including some of the project investigators, university staff, partner organisation staff and peer interviewers. Six members of the research team were Aboriginal people. The project received approval from the ethics committee of the Aboriginal Health and Medical Research Council of NSW (AH&MRC) and was conducted in alignment with the National Statement on Ethical Conduct in Human Research (NHMRC 2018) and the 'five key principles' for research into Indigenous health outlined by the AH&MRC (2020).

## Findings and analysis

Interviews were conducted with a total of 51 young people. They included 37 interviews conducted by peer interviewers and 14 interviews conducted by research team members with the peer interviewers. 35 participants were women and 16 were men. They ranged in age from 16 to 26 years although most (82%) were aged 16–20 years. Participants identified links to a range of Aboriginal communities, and often had links to multiple communities. The most common communities participants self-identified with were Wiradjuri, Kamilaroi, Dunghatti, and Dharawal.

Participants reported a strong desire to stay safe and healthy in their sexual relationships. They achieved this using a range of strategies but relied heavily on communication and yarning to do so. They described using condoms ('dommies' Justin, 20 years), contraception ('the pill' Paige, 16 years or 'a rod' Ava, 16 years), pregnancy tests, and the morning after pill (Jasmine, 17 years). When they obtained condoms from health services and shops, for example, they gave and received them to/from friends, cousins and others, as a way to 'help out mates' (Justin, 20 years). Young women described helping others to get pregnancy tests, by buying tests for friends (Lucy, 17 years) or lending them money to buy a test (Gabrielle, 16 years), and by accompanying them to the doctors (Lucy, 17 years). There was evidence of more complex forms of prevention whereby participants described managing their own and others' drug and alcohol consumption (Justin, 20 years), and monitoring the behaviour and whereabouts of others at parties or in other situations where unwanted sex or sex with a stranger might happen (Olivia, 26 years).

Critically, while participants identified these range of strategies, they identified 'communication' as the *key strategy* to build positive sexual well-being. They used different words to describe this kind of communication: 'yarning' (Olivia, 26 years), 'talking', 'deep-down talking' (Jasmine, 17 years), 'explaining yourself' (Cherice, 17 years), and 'being open' (Damien, 17 years). For example, Damien (17 years) explained that 'talking to other people, like talking to your parents about what you're doing in your relationship, and just being open to close people around' was how he and other young people navigated sexual safety. When asked how young people help to keep each other safe and solve issues, Luke (19 years) responded 'like we're doing right now', referring to the discussion he was having with his friend and peer interviewer, Ben. Olivia (26 years) identified how 'yarning' helped young people stay safe:

[Can you give an example of how young people help each other to stay safe and solve issues that come up in sexual relationships?]

I think we all yarn to each other. Like we all talk to each other and stuff like that... you have a bit of a talk, it, it does solve a lot of things. And, and not straight away either. Like sometimes, you know, you've gotta speak about it a few times and we've gotta get given a few examples. But, yeah, I would say we talk to each other.

## Communicating with trusted peers: strategies to check out partners and get out of unhealthy relationships

Seeking advice from trusted peers was viewed as one of the main ways in which Aboriginal young people managed their sexual safety and wellbeing. Advice was

commonly concerned with sharing experiences, receiving or giving advice (about bodies, infections, pregnancy, relationships), and assessing the acceptability and safety of potential partners and relationships; and advice was typically exchanged between trusted friends, siblings and cousins.

The choice of who to talk to was structured not only by the seriousness of the advice sought, but also the opportunities available within Aboriginal families and communities, whereby some young people had a 'big mob' (Alix) (a large extended family), which could provide more options about who to speak with, and where there were intergenerational obligations about teaching and learning (see Graham, Martin, Gardner, et al. 2023). However, as several participants identified, communication came with risk of gossip, loss of reputation, and inaccurate advice, which meant that young people needed to carefully consider and manage who they talked with.

Conversations with friends, siblings and cousins typically concerned the relational and experiential aspects of sex and relationships, rather than the biological aspects of sex about which information could be easily found online. As Kelly (19 years) explained, young people talked about sex and relationships 'quite a lot', but this largely involved sharing 'their own experiences with each other'. A common topic of conversation concerned risky, untrustworthy or disloyal partners. Trusted friends were seen as an objective source of guidance about potential partners, as described by Ellie (21 years), who said, 'it's a lot easier when you're on the outside to see like a guy or girl is risky'. Advice or warnings about potential partners could involve young people telling 'each other about like slutty girls and like people who might have STIs already, so you try and avoid them' (Piper, 17 years). While young men reported 'giving a bit of a warning' to friends if partners 'were a little bit sketchy' (Will, 18 years), young women were seen to engage in this strategy more frequently:

[Peer Interviewer: do they say like she's not good, you shouldn't be with her?]

I think girls do it more than what guys do ... Girls talk about other guys and saying, 'Oh, they're not good for you' or 'They're good for you' and shit. But boys don't really talk about that stuff often. (Tyler, 20 years)

Talking with trusted peers was also seen as the main strategy for helping young people get out of harmful or unhealthy relationships. Madeline (20 years) said that she wished 'that people in harmful relationships reach[ed] out to family members and friends who would hopefully be able to help them out of that', since friends and family could link them to appropriate services. Jasmine (17 years) also suggested that 'deep down talking' was the main way that young people could remove themselves from harmful relationships:

[how do young people make these relationships better or get out of bad relationships?]

Um, I think it goes into talking to people, so maybe talking to people who have been in a bad relationship can help them get out of that relationship. And I think, yeah, I just think deep down talking to people who have been in your situation can always make it better. (Jasmine, 17 years)

Jasmine's quote points to an importance of oral communication as a means of relationship management, through conversation with people who were easy to talk

to, or who had 'been in your situation'. Indeed, participants narratives commonly identified the value they ascribed to lived experience or having 'been there'. People with experience were considered a more reliable source of information and advice, as demonstrated by Luke (19years) who saw 'good advice' as coming from 'people that you trust [and] that have been sexually active and know what the pros and cons are of having sex'. Similarly, participants identified that advice was best received from friends who knew how to care for others, as Olivia (26 years) described:

There's always one in the group that's like, you know, taking care of everyone else and like, you know, they're the ones that are holding your hair back ... and half the time they're not even fucking themselves and they've somehow managed, they've got a fucking wad of condoms and shit like that.

Lauren (20years) identified that she was the 'one in the group' that others came to for advice. She believed this was because she was an advocate and not afraid to stand up to authority:

A lot of kids could confide in me because I was – I wasn't that typical like oh yeah goody two shoes. I was a loud mouth. Didn't like authority figures which is something I've worked along with. But um you know when I used to do programs at school and that they used to come up and ask me questions.

Thus, friendship groups could be good settings for communicating about sex and relationships, especially if they included friends with experience and/or those who were caring and could be advocates. As participants identified, friends were often a first stop when seeking advice because talking to family about such matters could be difficult. As Alix (age not recorded) pointed out, this was because 'a lot of families don't take it very well when it's things like sexual health or pregnancies or stuff like that'.

Although talking with family was harder, participants explained that having a big family, with many siblings and cousins, provided more choice and opportunity to seek and share sexual health advice, as described by Alix (age not recorded) about a friend with a 'big mob':

As she does have a big mob, she has multiple siblings, young and old. So, yeah I think she's kind of you know got that choice of who to go to and who she can trust more. So having that variety of people to go to and talk to about a certain situation can always help out in a time when you need it.

Talking with friends, siblings and cousins was a common strategy to reduce risk and solve problems. It was used to share information about bodies, infection and services, and to help make decisions about potential partners, mitigating risks attached to the choices young people make about sex and relationships. Yet it could also be a fraught process. The kind of advice received from friends, siblings and cousins could be unreliable when friends 'don't know what they're talking about' (Alix, age not recorded) and when it involved value judgements about others being 'slutty' (Piper, 17years) or 'gossipy' (Tyler, 20years).

Participants acknowledged these challenges and some were critical about gossip and actively tried to manage it in their communication with peers. For example, Justin (20years) described his approach to rumours about others: 'don't pass judgement on

that person. If that person's got something [an STI], they've got something. That's not, that's not for you to pass judgement on'. Managing gossip meant being very careful about what you tell others but also controlling what other people might tell you. For example, Madeleine (20 years) explained 'it's just for gossip sometimes but if it just gets to the point where we don't need to know the information we just say, hey we don't want to hear any more, that's not our business.' Finally, Alix (age not recorded) felt that managing value judgements was particularly challenging in some Aboriginal families and communities because families can be 'very self-opinionated' and 'closed' when it comes to sexual health. So, having a 'big mob' (Alix) to seek advice from could be helpful, but care was needed to talk to those who were open about sex and could be trusted to manage private information.

Communicating with peers (friends, siblings, cousins) was identified as a way to help young people make decisions about sex and relationships – by sharing experiences, giving advice about who constituted a safe sexual partner, and advising about how to get out of negative relationships. These conversations did not happen with just anyone. Rather, they happened in relationships of trust, with peers who were viewed as caring and good advocates, and through cultural obligations of intergenerational knowledge sharing. The structure of Aboriginal families and communities – as large and connected – acted as a resource in this regard, offering a wider range of people to talk to.

### **Communicating with partners: securing consent and building respectful relationships**

Talking with sexual partners was identified as a good way to build safe and positive relationships over the long term. Participants identified that effective communication with partners was necessary from the beginning, for getting to know them, for negotiating sexual consent, for solving problems and building positive and respectful relationships, and to get themselves out of unhealthy relationships.

Grace (23 years) identified communication as one of the ways that young people could get to know a partner before sex so to 'make sure that they know who they're sleeping with before they sleep with them'. Similarly, good communication was seen as the main way to improve poor relationships, for example by Ellie (21 years) who expressed that 'communicating and talking about your issues rather than just leaving them' was essential, and Will (18 years) who described a shared approach to building positive sexual relationships:

Figure it out together as opposed to going alone and trying to figure it out. If you go with someone, you're both on the same page. You know exactly what each other want. So, then it might be easy to work it out with someone else.

The value placed on good communication with partners was strongly evident in the data. Good communication was seen as being open, reciprocal and comfortable, and was detailed and specific. Adam (18 years) and Lauren (20 years) offered two similar accounts in this regard:

Um, I'd say communication is the number one thing, um, and that includes stuff like consent, um, you know, boundaries like that people are okay with and I'm okay with. Um,

and that also falls on the consent as well. Um, but yeah, so I think communication is probably the biggest factor in ah, in relationships and sexual relationships. (Adam 18 years)

[Um, so can you give examples of how young people help each other to stay safe and solve issues, um, when it comes to sexual relationships?] I think being open, so if you're not open to an idea and actually you know what accepting and understanding. So if someone's not uncomfortable with doing one thing in particular it should be reciprocated to a point where it's like okay, if you're uncomfortable we don't have to do that it's up to you. Then it's about compromising so whatever you two want to do, whatever you two are comfortable with, what are your boundaries, what do you want to explore more. (Lauren 20 years)

While most other participants did not offer such detailed accounts of effective communication, there was wide agreement that communicating with partners was the best way to build long term sexual safety and wellbeing in relationships.

### **Talking about self: building self-respect, self-determination and pride**

Our questions about how young people solved problems and built sexual wellbeing elicited responses about 'self-respect' and 'pride', reflecting the view that how one *talks about oneself* is important strategy for staying healthy and safe. Indeed, several participants linked self-respect to broader narratives of pride in culture and strength of community.

Participants talked about respecting their bodies and having pride in their appearance by keeping 'healthy and hygienic' (Adam, 18 years), staying 'clean and healthy' (Cherice, 17 years), and asserting that 'pride in yourself matters so much, pride in your appearance' (Lauren, 20 years). When talking about how young people can remove themselves from harmful relationships, participants talked about needing 'respect within yourself' (Lilly, 16 years) and displaying self-determination:

To get out of a bad relationship I just feel like you need to explain - if you've explained yourself so many times, I feel like you need to leave or whatever. You don't have to say anything, you can just leave. If they want to come after you let them. (Cherice, 17 years)

Like other respondents, Cherice believed that communication with partners was key to building good relationships, but when it failed, young people must make the choice to protect themselves and 'just leave' by drawing on their self-determination.

Other participants described self-respect and self-determination in terms of 'power'. For example Dorothy (16 years) explained:

In a sexual relationship, by keeping yourself healthy and being safe, you could - when your partner asks you to have sex, it could be boy or girl, it doesn't matter - and you feel like they might be pushing you or pressuring, I think that you always have the power to say no.

For Olivia (26 years) and Madeleine (20 years) self-respect and self-determination in sexual relationships formed part of a wider enterprise of cultural pride, sovereignty and community change. Olivia (26 years) talked about assertiveness in sexual relationships in terms of young people 'taking pride in themselves, just in the way that they

walk and their pride in themselves, in their Blakness as well, and their ability not to stand down ... so being able to kind of speak up and be assertive when, when they feel like things are going wrong'. Madeline (20 years) went further by identifying how respect was an issue being raised in Aboriginal community discussions about domestic violence, led by 'strong Indigenous women' who were 'fixing how we view and think of relationships in our community'. She was inspired by these community-led and self-determined ways of solving problems around sex and relationships:

I think that when it comes to sort of more general like issues and like health advice and things that we should be thinking of, they are on it. Like, they know. They're talking about it. Its open in the community to talk about those kind of like, how our relationships are going. Like how do we think of each other. (Madeline, 20 years)

Madeline went on to identify how such community discussions also create opportunities to shift conservative community ideas about queerness.

I think you know, you're never going to get the consensus out of everybody, but I think that there is room for growth and definitely like supportive queer spaces that are specifically Blak queer spaces. Because that is like its own thing, you're not just queer and then separately Blak, like Blak queerness is a whole thing you know. I think yeah that we can just support those people and those spaces. I say those people, like I'm those people.

For participants, the way that one talks about oneself – in terms of self-respect, self-care, and self-determination – was seen as an important strategy for staying healthy and safe in sexual relationships. This was sometimes expressed in individual terms whereby young people were seen to act on an internalised and positive sense of self, noted by Lilley (16 years) as, 'respect within yourself', but other times it was articulated in terms of pride in 'Blakness' (Olivia, 26 years), culture and self-determination.

## Discussion and implications

This paper set out to document the practices participants used to ensure safety, strengthen relationships and build sexual wellbeing. It aims to contribute to growing evidence of the agency and capability of Aboriginal young people and to change risk-based narratives and deficit-focused conversation. While participants described a range of practical strategies (obtaining and using protective technologies, managing drug and alcohol use, carefully selecting sexual partners), their responses often returned to approaches based on effective oral communication. Indeed, the most common response to questions about how young people stayed safe and solved issues was 'by talking' and many participants identified this as the *main strategy* they used, or in Damien's (17 years) words, 'probably the biggest out of all of them'.

The emphasis given to conversational strategies by participants rests, at least in part, in the important role of yarning in Aboriginal cultures (Bessarab & Ng'andu 2010). For young people in this study, this was described as a valued way to teach and learn from friends, peers and partners; and for some, it was seen to be a personal and transformative experience that helped young people to understand and shape

their identities (as Blak, strong and proud) and frame their beliefs and values towards sex and relationships (as having respect for self and others). Yarning operated differently for different participants. Those who had a big mob had more opportunities to learn and talk about sex and relationships and more choice regarding who to talk to. But they might also have fewer opportunities if strongly conservative values about sex and relationships were present in their family and community. As our other research has noted (Martin et al. 2023), participants had social networks that included non-Aboriginal people as friends, romantic and sexual partners, and parents and/or other adults in their family who were not Aboriginal, meaning that yarning strategies were more evident in some settings and relationships than others.

The use of communication as the main strategy, and yarning in particular, to build wellbeing has important implications for sexual health policy and practice for Aboriginal young people. First, it significantly problematises current approaches that are overly focused on individual-level behaviour change, given that participants appear to draw mainly on a collective and culturally embedded practice of oral communication and yarning. This aligns with long-standing criticisms in the sexual health literature (Aggleton, Wood, and Thomas 2010; Aggleton et al. 2014; MacPhail and McKay 2018; Bell et al. 2020) that sexual health interventions have been overly focused on improving the individual knowledge and skills of young people, at the cost of interventions focused on family, wider community, and social patterns and values. Indeed, in relation to Aboriginal young people in Australia, Mooney-Somers et al. (2012) argued that individualised sexual health promotion has largely failed because it is inconsistent with cultural values of collective care.

Second, our data suggests that community-level (rather than individual-level) intervention could be very successful because *collective knowledge-building practices already exist*. Yarning provides the platform through which knowledges and understandings about sex and relationships can be circulated and embedded. Young people in this study identified that their families and communities can be 'closed' (Alix) about matters of sexual health, and that sex and relationships are something that families 'don't take very well' (Alix). Indeed, conservative views about sex as shameful exist in some Aboriginal communities in Australia (Senior and Chenhall 2012, 2008; MacPhail and McKay 2018) where sex and sexuality are not discussed and modesty is valued (Mooney-Somers et al. 2009; Fairbairn et al. 2010; MacPhail and McKay 2018) and where transgender people can feel stigmatised or unaccepted (Anae 2020).

Aboriginal scholars point out that these conservative values derive from Christian perspectives linked to colonisation (Moreton-Robinson 2009), and to racist and colonial discourses of Aboriginal people as 'dysfunctional' (Brough, Bond, and Hunt 2004) and, for young men in particular, as potentially violent (Graham, Martin, Beadman, et al. 2023). Participants revealed there is already work happening in their communities to refigure conservative views that cause shame and embarrassment, to unpack gendered stereotypes and build sex-positive knowledges (Martin et al. 2023; Graham, Martin, Beadman, et al. 2023). Madeline talked about 'strong Indigenous women' who were 'fixing how we view and think of relationships in our community', and Olivia and Maddy revealed how sexual agency can be cultivated through broader cultural discourses of Indigenous self-determination and pride in culture. These Aboriginal-led collective knowledge-building activities have also been documented in other locations,

for example in Central Australian communities where women's nights are organised at local youth services to enable younger and older women to talk collectively about sexual health issues (Bell et al. 2020).

In addition, there are written and online resources developed by sexual health educators in Australia that aim to improve the knowledge and skills of parents and other adults in talking about sex and relationships with Aboriginal young people (for examples see: Vujcich et al. 2018; D'Costa et al. 2019; Duley et al. 2017). By aiming to engage adults, these resources leverage collective practices to intervene with young people, by using practices of yarning and intergenerational learning to refigure knowledge about sex and health. Importantly, these efforts to cultivate positive knowledges are Aboriginal-led, by leaders and advocates who live within and know their communities and understand the cultural practices that support knowledge creation and dissemination.

## Conclusion

Findings from this study suggest that future programmes and interventions that draw directly on cultural practices of oral communication and yarning could be well-received and valued by Aboriginal young people, given this is a valued cultural method of pedagogy already used to manage sexual relationships, identities and wellbeing. Such approaches should acknowledge the important cultural role of yarning, as an opportunity to share and pass on sexual health knowledge, and be transformative in building strong identities as proud and self-determining.

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The authors do not report any conflicts of interest to declare.

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## Data availability statement

To protect confidentiality and meet Aboriginal governance protocols, the research data from this study may not be shared.

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## References

- Aggleton, P., J. de Wit, T. Myers, and J. Du Mont. 2014. "New Outcomes for Sexual Health Promotion." *Health Education Research* 29 (4): 547–553. <https://doi.org/10.1093/her/cyu033>
- Aggleton, P., K. Wood, and F. Thomas. 2010. *Developing Sexual Health Programmes: A Framework for Action*. Geneva: Department of Reproductive Health and Research, World Health Organization.
- Anae, N. 2020. "Embracing what is rightfully ours": representing Australian Aboriginal Brotherboy identities." *European Journal of English Studies* 24 (1): 76–88. <https://doi.org/10.1080/13825577.2020.1730036>
- Askew, D., K. Brady, B. Mukandi, D. Singh, S. Sinha, M. Brough, and C. J. Bond. 2020. "Closing the Gap Between Rhetoric and Practice in Strengths-Based Approaches to Indigenous Public Health: A Qualitative Study." *Australian and New Zealand Journal of Public Health* 44 (2): 102–105. <https://doi.org/10.1111/1753-6405.12953>
- Australian Bureau of Statistics. 2017. *Australian Census 2016 Data Summary*. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features102016>
- Barlo, S., W. E. Boyd, A. Pelizzon, and S. Wilson. 2020. "Yarning as Protected Space: Principles and Protocols." *AlterNative: An International Journal of Indigenous Peoples* 16 (2): 90–98. <https://doi.org/10.1177/1177180120917480>
- Bell, S., J. Ward, P. Aggleton, W. Murray, B. Silver, A. Lockyer, T. Ferguson, C. K. Fairley, D. Whiley, N. Ryder, et al. 2020. "Young Aboriginal People's Sexual Health Risk Reduction Strategies: A Qualitative Study in Remote Australia." *Sexual Health* 17 (4): 303–310. <https://doi.org/10.1071/SH19204>
- Bell, S., P. Aggleton, J. Ward, and L. Maher. 2017. "Sexual Agency, Risk and Vulnerability: A Scoping Review of Young Indigenous Australians' Sexual Health." *Journal of Youth Studies* 20 (9): 1208–1224. <https://doi.org/10.1080/13676261.2017.1317088>
- Bell, S. A. 2012. "Young People and Sexual Agency in Rural Uganda." *Culture, Health & Sexuality* 14 (3): 283–296. <https://doi.org/10.1080/13691058.2011.635808>
- Bell, S., P. Aggleton, A. Lockyer, T. Ferguson, W. Murray, B. Silver, J. Kaldor, L. Maher, and J. Ward. 2021. "Working with Aboriginal Young People in Sexual Health Research: A Peer Research Methodology in Remote Australia." *Qualitative Health Research* 31 (1): 16–28. <https://doi.org/10.1177/1049732320961348>
- Bessarab, D., and B. Ng'andu. 2010. "Yarning About Yarning as a Legitimate Method in Indigenous Research." *International Journal of Critical Indigenous Studies* 3 (1): 37–50. <https://doi.org/10.5204/ijcis.v3i1.57>
- Brough, M., C. Bond, and J. Hunt. 2004. "Strong in the City: Towards a Strength-Based Approach in Indigenous Health Promotion." *Health Promotion Journal of Australia* 15 (3): 215–220. <https://doi.org/10.1071/HE04215>
- Bryant, J., R. Bolt, J. Botfield, K. Martin, M. Doyle, D. Murphy, S. Graham, C. Newman, S. Bell, C. Treloar, et al. 2021. "Beyond Deficit: Strengths-Based Approaches in Indigenous Health Research." *Sociology of Health & Illness* 43 (6): 1405–1421. <https://doi.org/10.1111/1467-9566.13311>
- Burbank, V. 1987. "Premarital Sex Norms: Cultural Interpretations in an Australian Aboriginal Community." *Ethos* 15 (2): 226–234. <https://doi.org/10.1525/eth.1987.15.2.02a00040>

- Burbank, V., K. Senior, and S. Mullen. 2015. "Precocious Pregnancy, Sexual Conflict and Early Childbearing in Remote Aboriginal Australia." *Anthropological Forum* 25 (3): 243–261. <https://doi.org/10.1080/00664677.2015.1027657>
- Carlson, B., and R. Frazer. 2018. "Yarning Circles and Social Media Activism." *Media International Australia* 169 (1): 43–53. <https://doi.org/10.1177/1329878X18803762>
- D'Costa, B., R. Lobo, J. Thomas, and J. S. Ward. 2019. "Evaluation of the Young Deadly Free Peer Education Training Program: Early Results, Methodological Challenges, and Learnings for Future Evaluations." *Frontiers of Public Health* 7: 74.
- Duley, P., J. R. Botfield, T. Ritter, J. Wicks, and A. Brassil. 2017. "The Strong Family Program: An Innovative Model to Engage Aboriginal and Torres Strait Islander Youth and Elders with Reproductive and Sexual Health Community Education." *Health Promotion Journal of Australia* 28 (2): 132–138. <https://doi.org/10.1071/HE16015>
- Dune, T., J. Stewart, W. Tronc, V. Lee, V. Mapedzahama, R. Firdaus, and T. Mekonnen. 2018. "Redefining Constructions of Sexuality and Sexual Wellbeing Across Generations: Lessons from Ageing Aboriginal Women." *International Journal of Social Science Studies* 6 (3): 40–54.
- Ezzy, D. 2002. *Qualitative Analysis: Practice and Innovation*. London: Routledge.
- Fairbairn, A. P., H. Tyler, J. Y. Su, and E. L. Tilley. 2010. "Risk Factors and Associations for the Diagnosis of Sexually Transmitted Infections in Aboriginal Women Presenting to the Alice Springs Hospital Emergency Department." *Emergency Medicine Australasia : EMA* 22 (3): 216–223. <https://doi.org/10.1111/j.1742-6723.2010.01287.x>
- Fogarty, W., H. Bulloch, S. McDonnell, and M. Davis. 2018. Deficit Discourse and Indigenous Health: How Narrative Framings of Aboriginal and Torres Strait Islander people are Reproduced in Policy. National Centre for Indigenous Studies, The Australian National University, Canberra.
- Fredericks, B., K. Adams, S. Finlay, G. Fletcher, S. Andy, L. Briggs, L. Briggs, and R. Hall. 2011. "Engaging the Practice of Indigenous Yarning in Action Research." *ALAR Action Learning Action Research Journal* 17 (2): 2–11.
- Graham, S., K. Martin, M. Beadman, M. Doyle, and R. Bolt. 2023. "Our Relationships, Our Values, Our Culture - Aboriginal Young Men's Perspectives About Sex, Relationships and Gender Stereotypes in Australia." *Culture, Health & Sexuality* 25 (3): 304–319. <https://doi.org/10.1080/13691058.2022.2039776>
- Graham, S., K. Martin, K. Gardner, M. Beadman, M. F. Doyle, R. Bolt, D. Murphy, C. E. Newman, S. Bell, C. Treloar, et al. 2023. "Aboriginal Young People's Perspectives and Experiences of Accessing Sexual Health Information and Sex Education in Australia: A Qualitative Study." *Global Public Health* 18 (1): 2196561. <https://doi.org/10.1080/17441692.2023.2196561>
- Kennedy, M., R. Maddox, K. Booth, S. Maidment, C. Chamberlain, and D. Bessarab. 2022. "Decolonising Qualitative Research with Respectful, Reciprocal and Responsible Research Practice: A Narrative Review of the Application of Yarning Methods in Qualitative Aboriginal and Torres Strait Islander Health Research." *International Journal of Equity in Health* 21: 134.
- Larkins, S. L., R. P. Page, K. S. Panaretto, R. Scott, M. R. Mitchell, V. Alberts, P. C. Veitch, and S. McGinty. 2007. "Attitudes and Behaviours of Young Indigenous People in Townsville Concerning Relationships, Sex and Contraception: The 'U Mob Yarn Up' Project." *The Medical Journal of Australia* 186 (10): 513–518. <https://doi.org/10.5694/j.1326-5377.2007.tb01025.x>
- Lushey, C. J., and M. R. Emily. 2015. "Participatory Peer Research Methodology: An Effective Method for Obtaining Young People's Perspectives on Transitions from Care to Adulthood?" *Qualitative Social Work* 14 (4): 522–537. <https://doi.org/10.1177/1473325014559282>
- MacPhail, C., and K. McKay. 2018. "Social Determinants in the Sexual Health of Adolescent Aboriginal Australians: A Systematic Review." *Health & Social Care in the Community* 26 (2): 131–146. <https://doi.org/10.1111/hsc.12355>
- Martin, K., and B. Mirraboopa. 2003. "Ways of Knowing, Being and Doing: A Theoretical Framework and Methods for Indigenous and Indigenist Re-search." *Journal of Australian Studies* 27 (76): 203–214. <https://doi.org/10.1080/14443050309387838>
- Martin, K., J. Bryant, K. Beetson, J. Wilms, T. Briggs, C. Newman, and C. Treloar. 2023. "Normalising Sex and Resisting Shame: Young Aboriginal Women's Views on Sex and Relationships in an

- Urban Setting in Australia." *Journal of Youth Studies* <https://doi.org/10.1080/13676261.2023.225422>
- Mooney-Somers, J., W. Erick, R. Scott, A. Akee, J. Kaldor, and L. Maher. 2009. "Enhancing Aboriginal and Torres Strait Islander Young People's Resilience to Blood-Borne and Sexually Transmitted Infections: Findings from a Community-Based Participatory Research Project." *Health Promotion Journal of Australia* 20 (3): 195–201. <https://doi.org/10.1071/he09195>
- Mooney-Somers, J., A. Olsen, W. Erick, R. Scott, A. Akee, and L. Maher. 2012. "Young Indigenous Australians' Sexually Transmitted Infection Prevention Practices: A Community-Based Participatory Research Project." *Journal of Community & Applied Social Psychology* 22 (6): 519–532. <https://doi.org/10.1002/casp.1134>
- Mooney-Somers, J., A. Olsen, W. Erick, R. Scott, A. Akee, J. Kaldor, and L. Maher. 2011. "Learning from the past: Young Indigenous People's Accounts of Blood-Borne Viral and Sexually Transmitted Infections as Resilience Narratives." *Culture, Health & Sexuality* 13 (2): 173–186. <https://doi.org/10.1080/13691058.2010.520742>
- Moreton-Robinson, A. 2017. "Relationality: A Key Presupposition of an Indigenous Social Research Paradigm." *Sources and Methods in Indigenous Studies* 7: 69–77.
- Moreton-Robinson, A. 2009. "Imagining the Good Indigenous Citizen: Race War and the Pathology of Patriarchal White Sovereignty." *Cultural Studies Review* 15 (2): 61–79.
- NSW Ministry of Health. 2016. *NSW Aboriginal BBV and STI Framework 2016-2020*. Singapore: North Sydney.
- Senior, K., and R. Chenhall. 2008. "Walkin' About at Night': The Background to Teenage Pregnancy in Remote Aboriginal Community." *Journal of Youth Studies* 11 (3): 269–281. <https://doi.org/10.1080/13676260801946449>
- Senior, K., and R. Chenhall. 2012. "Boyfriends, Babies and Basketball: Present Lives and Future Aspirations of Young Women in a Remote Australian Aboriginal Community." *Journal of Youth Studies* 15 (3): 369–388. <https://doi.org/10.1080/13676261.2012.663890>
- Senior, K., and R. Chenhall. 2013. "Health Beliefs and Behaviours: Practicalities of 'Looking After Yourself' in an Australian Aboriginal Community." *Medical Anthropology Quarterly* 27 (2): 155–174. <https://doi.org/10.1111/maq.12021>
- Sherwood, J., and J. Mohamed. 2020. "Racism a Social Determinant of Indigenous Health: Yarning About Cultural Safety and Cultural Competence Strategies to Improve Indigenous Health." In *Cultural Competence and the Higher Education Sector*, edited by J. Frawley, G. Russell and J. Sherwood, 159–174. Springer.
- Vujcich, D., M. Lyford, C. Bellottie, D. Bessarab, and S. Thompson. 2018. "Yarning Quiet Ways: Aboriginal Carers' Views on Talking to Youth About Sexuality and Relationships." *Health Promotion Journal of Australia* 29 (1): 39–45. <https://doi.org/10.1002/hpja.14>
- Walker, M., B. Fredericks, K. Mills, and D. Anderson. 2014. "Yarning' as a Method for Community-Based Health Research With Indigenous Women: The Indigenous Women's Wellness Research Program." *Health Care for Women International* 35 (10): 1216–1226. <https://doi.org/10.1080/07399332.2013.815754>
- Walter, M. 2018. "The Voice of Indigenous Data: Beyond the Markers of Disadvantage." *Griffith Review* 60: 256–263.
- Walter, M., R. Lovett, G. Bodkin Andrews, and V. Lee. 2018. "Indigenous Data Sovereignty Briefing Paper 1." Miami nayri Wingara Data Sovereignty Group and the Australian Indigenous Governance Institute. <https://static1.squarespace.com/static/5b3043afb40b9d20411f3512/t/5b70e7742b6a28f3a0e14683/1534125946810/Indigenous+Data+Sovereignty+Summit+June+2018+Briefing+Paper.pdf>