INDIGENOUS HEALTH AND EDUCATION: EXPLORING THE CONNECTIONS

A COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL AND TROPICAL HEALTH RESEARCH PROJECT REPORT

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EXPLORING THE CONNECTIONS TEAM

Front row: Buludjanga, Dianne Biritjalawuy, Gelung, Elaine Maypilama and Anne Lowell; back row: Mai Katona, Ruth Cahill and William Jungarrayi Wright, who worked on the Central Australian part of the project.

THE YALU STORY PAINTING

Painting by Steve Djati Yunupiŋu

As explained by the artist, Djati Yunupiŋu, at the time the painting was represented, it depicts what has happened since ‘Exploring the Connections’ was completed. It shows the scope of Marngithinyaraw’ Yalu’s activities - both in place and planned - in approaching contemporary community health from a perspective that is grounded in Yolŋu tradition.

Used with artist’s permission

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We would like to dedicate this work to the memory of three people who each played a crucial role in this project, all of whom passed away before this report was completed.

Alison Wukutipa, the original co-ordinator at the remote site, was a health worker of great strength and vision who was able to see the potential of this project for her community and guided the early stages of its development. Without her commitment and support, and her understanding and ability to work across both the Yolŋu and Western cultures the project could not have succeeded.

James Yitirri, the manager of the Marthakal Homelands Resource Centre, provided the researchers at the remote site with a supportive and comfortable workplace and the facilities essential for conducting such work - a scarce commodity in the community. He also provided strong encouragement and advice to the researchers throughout the project through his personal commitment to the research as a member of the project management committee and through his role as an ATSIC Miwatj Regional Councillor.

George Dayŋumbu Dhurrkay provided extensive guidance to all the researchers in how to work together effectively in a way that reflected Yolŋu values and protocols. He drew on his long experience with both the Yolŋu and Balanda systems to advise us on how to accommodate the requirements of the Western institutions while maintaining and strengthening Yolŋu control. He provided the key to open the minds of Yolŋu to this research and a vision for how to move forward.
EXECUTIVE SUMMARY

In recent years researchers and service providers working in the field of Aboriginal health have shown increasing interest in the growing body of literature which emphasises positive correlations between educational attainment and health outcomes. Most of this research has been conducted in developing countries in Africa, Asia and South America. There has been little investigation, but much speculation, about the extent to which these findings are relevant to Indigenous populations in countries such as Australia, where the political, cultural and economic realities are very different and the dominant culture and language are not those of the Indigenous peoples.

The study reported here was not concerned with replicating or refuting the findings of health transition studies overseas, but was initiated to provide a greater opportunity for Indigenous people themselves to develop and articulate their own theories about the relationship between their education and health. This was to provide the basis from which practical strategies could be generated to achieve community-determined goals, through a process that recognised the critical importance of community participation in, and control over, the research. The study was:

- collaborative (engaging community members in all aspects and stages of the research);
- employed ethnographic techniques (to reflect the understandings and experience of the Indigenous participants);
- in an action research framework (to ensure the project was more than an information gathering exercise).

The research was conducted in two sites - one rural town and one remote community - in the Top End of the Northern Territory of Australia. This report is concerned primarily with the research process and outcomes for the remote site – the Galiwin’ku community in North-East Arnhem Land. The project was conducted over a two-year period but all researchers (six Yolŋu from the community and one Balanda) were employed on either a part-time or casual basis and for varying periods. This enabled the pace of the research to be responsive to the community’s needs which was essential to ensure an adequate level of community participation and control.

The research design drew on the emergent methodologies of grounded theory and participatory action research in an approach which was itself emergent. Qualitative research techniques were employed including semi-structured, in-depth interviews and informal discussions with individuals and/or groups as appropriate in the participants’ preferred language. The researchers worked collaboratively with existing community structures, utilising a research process which involved cycles of planning, implementation, analysis and interpretation, evaluation and reformulation, some of which occurred concurrently.

1. The term ‘health transition’ is used to refer to ‘the cultural, social and behavioural determinants of health (i.e. those determinants other than medical intervention and the material standard of living)’ (Caldwell, 1993, p.125). See Boughton (2000) for a review of this literature.

2. Yolŋu is the term Indigenous people of North-east Arnhem Land use to refer to themselves; Balanda is one of the terms they use to refer to non-Indigenous people.
In the first stage the researchers consulted widely with community members and organisations about the research objectives and processes. These consultations informed the selection of specific methods used in the next stage in which the researchers engaged community members in discussions about the connections between health and education. The interviews were transcribed, translated and analysed by the Yolŋu researchers. Emerging themes were presented for further discussion with community members and ideas for action to respond to identified concerns and priorities were explored.

The importance of schooling (Western education) was widely acknowledged by the Yolŋu participants, particularly for its role in preparing people for employment, although there is some disillusionment about this connection due to the limited employment opportunities in the community and there are concerns about current levels of educational achievement. Western education, however, was not recognised as having a positive influence on health. This rejection of the theoretical position dominating institutional discourse in Aboriginal health required a reformulation of the theoretical framework which would underpin action arising through the project. It is rare for Yolŋu communities to have the opportunity to determine a framework when they are dealing with relatively new phenomena resulting from recent and extensive cultural change. Consequently, the Yolŋu researchers worked hard with people in the community to construct and articulate Yolŋu theories about the relationship between health and education.

The Yolŋu participants overwhelmingly attributed the health problems which are now so prevalent in the community to the consequences of cultural change. The aspects of change they identified as critical include the breakdown in Yolŋu systems of law, relationship and education and the loss of Yolŋu knowledge and practices specifically related to health and more particularly in the areas of nutrition and hygiene. In identifying action to address their concerns, the focus was primarily on prevention: strengthening Yolŋu systems, knowledges and practices which promote health through education, rather than education about specific diseases and medical interventions.

The main areas identified as important for health and as priority areas for education included:

- *Yolŋu rom* (system of law, cultural practice and governance);
- *gurrutu* (system of relationship);
- *raypirri* (system of ethical and behavioural education and control);
- nutrition particularly in regard to traditional food;
- traditional medicines and other treatments;
- environmental health including hygiene practices;
- sexual health; and
- dealing with substance misuse.

The need for education from the Balanda domain to deal with the consequences of cultural change was also emphasised. The extent and quality of education related to health which is currently occurring - whether from the Yolŋu or Balanda domain, at school, at home or in the community - was widely considered to be seriously inadequate.

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3. The term ‘institutional’ is used in this report to refer to the various organisations and institutions involved in Aboriginal health which are located and controlled from outside the community, although they may also be active within the community.
Another recurrent theme was the importance of Yolŋu taking responsibility for their own health and the extent to which this is frustrated by their lack of control over factors that they consider determine their health outcomes. As well as the effects of cultural change described above, inadequate access to healthy food, appropriate education, funding and employment were identified as major barriers to improving health due to a continuing and pervasive institutional failure to genuinely support Yolŋu in meeting their needs. More effective communication and collaboration between Yolŋu themselves, and between Yolŋu and Balanda, were also identified as key requirements for increasing Yolŋu control, and ideas for achieving this were proposed.

Throughout the project the Yolŋu researchers discussed possible strategies for action with a wide range of community members, - even when formal (i.e. funded) research activity was not occurring. This process took longer than anticipated but was essential to allow a strong consensus to emerge about appropriate mechanisms for addressing Yolŋu concerns. This was finally achieved in the development of the ‘Marnghithinyaraw Yalu’ concept, that is, a community nurturing or learning centre which is based on Yolŋu management structures to strengthen Yolŋu systems, practices and knowledge related to health, into which relevant Western knowledge and practices can then be integrated. The Marnghithinyaraw Yalu had commenced a pilot phase by the time the project reported on here was completed and it is continuing to receive a high level of support and enthusiasm within the community and throughout the region.

The value of a research approach which provides the opportunity for moving beyond information-gathering to facilitating action has been strongly affirmed by the feedback from Yolŋu in the community. This is just one example of many similar comments made by Yolŋu about this project:

*This sort of participatory research should be supported in the community - this is how research should be done - starting something for the community, not just taking the information away*

Participation in the project has strengthened the capacity of participants from both the CRCATH and the community to engage in collaborative research. This increased capacity has been evident in subsequent CRCATH projects in this community. Other important outcomes include the strengthening of links between diverse communities through the collaboration of Aboriginal researchers from different regions, and the strengthening of their knowledge from their own cultural domains.

This project has also provided an opportunity to develop a greater understanding of how participatory action research can be more effectively implemented in Indigenous community contexts. Most importantly, PAR projects such as this need to allow time and resources for sufficient exploratory work to occur to ensure actions are relevant to the particular context and are informed by sound and locally relevant theory. It is also crucial to have the flexibility to support changes which are inevitable, but often unpredictable, in a successful participatory action research project.

4. See Attachment 1 for a description of this project
Adequate time, as well as sufficient individual and institutional capacity and commitment, is also necessary for the development of collaborative relationships and for optimal community participation. Other key features of the research approach which were crucial to the project’s success include:

- the use of effective communication strategies at all stages of the research process, eg: use of the participants’ preferred language in interviews;
- employment of interpreters in initial consultation and dissemination activities; and
- the use of video and audiotapes to report findings and progress);
- the employment of community members as expert members of the research team, at a salary level which values the full extent of their relevant expertise;
- the development of flexible organisational and employment strategies to accommodate the needs of Aboriginal participants rather than institutional convenience; and
- a locally relevant approach to project management to achieve genuine community control over the research process

Through this research the extensive existing capacity of Indigenous people within the community to identify, prioritise and act on their concerns has been demonstrated. What has often been lacking in the past is the opportunity for community members to draw on - and strengthen this capacity. This project provided such an opportunity and shifted at least some degree of control over the research process and outcomes to the Indigenous participants. The value of this approach is clearly evident in the extent of community participation, support, enthusiasm and subsequent action that has occurred.
BACKGROUND

There has been considerable interest, but little investigation, of the relationship between education and health for Indigenous Australians. Extensive research on health transition in developing countries has demonstrated strong correlations between parental education, particularly maternal education, and child mortality (Caldwell 1993). According to Caldwell (1993) ‘the important questions are how and why education achieves this impact’ (p.128), acknowledging that it may be through a deculturating effect. He suggests that the impact of modern education in combination with modern medicine - which alone has a modest impact - can be spectacular. It is, he says, a result of the powerful pro-science message carried by modern education - which is essentially Western education.

The pathways through which education influences health outcomes, however, remain the subject of much speculation. According to Caldwell (1993): ‘the area of greatest uncertainty in research on the relationship between parental education and child survival is the extent to which the impact is achieved by preventing the child from needing medical treatment or alternatively by interacting more competently with modern health services’ (p.129 ). It is also unclear from the existing evidence whether the effect of education occurs through changes in attitudes or through providing new knowledge (Kane and Ruzicka, 1996). According to Caldwell (1994), ‘it is still hard to avoid the conclusion that the full exploration of the mechanisms, with the obtaining of clinching proof, has hardly begun’ (p.224).

Hobcraft (1993) also argues that the evidence is not yet conclusive about which pathways are important, and suggests that doubt remains about whether the associations between levels of maternal education, child survival and access to health care are in fact causal. The findings of the studies investigating pathways have often appeared contradictory, and the evidence that in different cultures different pathways are important is accumulating (Hobcraft, 1993).

The relevance of such findings to Indigenous populations in countries such as Australia, where the dominant culture and language are not those of the Indigenous peoples and in which the political, social, cultural and economic realities are very different, has generated considerable interest and has been challenged on a number of grounds. For example, the relevance of focusing investigation on ‘mother’ or even ‘parent’ or ‘family’ in terms of the social structure in Aboriginal communities has been questioned (e.g. Rowse, 1998). As well, the patterns of mortality and morbidity in health transition study populations are not necessarily comparable to those of Indigenous Australians. For example, Aboriginal infant mortality, although still unacceptably high and plateauing, has decreased significantly in most regions of Australia at different points of time in the past.

Indigenous mortality rates overall, however, are about 300 per cent higher than for non-Indigenous Australians (Deeble et al 1998) with much of this attributed to chronic diseases in adults. Morbidity levels in childhood also remain high, and both infectious and life-style related health problems are increasing (Hoy et al 1997). In the areas of increasing concern in Aboriginal health - childhood morbidity and adult morbidity and mortality - the findings of the health transition literature have been far less conclusive on the relationship between these aspects of health and schooling.

5. The term ‘health transition’ is used to refer to ‘the cultural, social and behavioural determinants of health (i.e. those determinants other than medical intervention and the material standard of living)’ (Caldwell, 1993, p.125). See Boughton (2000) for a review of this literature.
The findings of two recent studies which investigated the relationship between maternal education and the health of Indigenous children were not consistent with those of the health transition studies overseas. In one study a trend for better health was found among children whose mothers were employed, but not for among children whose mothers had higher levels of education (i.e. schooling) (Ewald & Boughton, 2002). Another study, which investigated the relationship between mothers’ level of education and actions they had taken concerning their children’s health, found that the highest level of health actions were taken by the most educated and by the least educated mothers (Gray & Boughton, 2001).

There is a recognised need for more - and better - research to explore the mechanisms underlying associations between health and education from within the socio-cultural contexts in which they occur. Many of the realities of everyday life are difficult to quantify and specific features of cultural, spatial and temporal contexts may not be captured by the techniques which have been commonly employed in much of the health transition research (Basu, 1994; Gray & Boughton, 2001). Mathews (1997) has also identified a need for improved understanding of the social, as well as the biological, determinants of poor health in order to identify the social, educational and health service reforms needed to improve health, to encourage political support for such reforms and to facilitate the involvement of Aboriginal people in effecting change in their own communities (Mathews, 1997).

The critical importance of engaging Indigenous people themselves in the production and acquisition of knowledge related to their health based on their own cultures, histories and experiences has been strongly argued (e.g. Airhihenbuwa, 1994; Trudgen, 2000) but is not often reflected in practice. Similarly, the need for a model of research which ‘looks from inside Indigenous cultures out’ and which ‘recognises Indigenous ways of knowing’ has been advocated by Dodson (1995, p.9). It is also important for non-Indigenous health practitioners and educators to reflect on ‘the cultural constructedness and historical specificity of their own discourses of health and education’ (Christie, 1998). The project described here is informed by these arguments, centralising the experiences, and maximising the participation, of Indigenous people in all stages of the research.
THE PROJECT

THE COMMUNITY

The remote community of Galiwin’ku, in which this project was conducted, is on an island off the coast of North-East Arnhem Land 500 kilometres east of Darwin. There is a population of approximately two thousand Aboriginal people who refer to themselves as Yolŋu and around 100 non-Aboriginal people (referred to as Balanda). A mission was first established there in the 1940s and subsequently large numbers of people from different clans in the region were drawn to that location for various reasons. As a result most of the residents are not living on their own traditional estates although many live for varying periods of time on their homelands.

The past fifty years have therefore been a period of dramatic cultural, social and economic change although many of the features of traditional lifestyle have been maintained to some extent. All children continue to learn a Yolŋu language as their first language and English has little relevance to everyday life. Although Christianity has had a pervasive effect, traditional Yolŋu belief systems and ceremonial practices remain central to the lives of most people. Hunting and gathering are still highly valued activities although most people rely on the community store and take-away shops for most of their food, particularly during the week, and many of the often overcrowded households do not have refrigerators or functioning stoves.

Galiwin’ku, like most remote Aboriginal communities, is economically disadvantaged: few salaried jobs are available in the community and many of these are filled by non-Aboriginal people. The majority of Yolŋu in the community receive either social security payments or participate in the Community Development Employment Program (CDEP) programs (i.e. work for the dole) with little opportunity to move into paid employment. The community school has preschool, primary and post-primary sections but secondary level education is available only by correspondence. There is also a community health centre staffed by Yolŋu health workers, Balanda nurses and a doctor.

Serious illness and premature death are impacting increasingly on everyone in the community. The little available systematic data that has been systematically collected suggest that chronic diseases such as diabetes, renal failure and respiratory illnesses are rapidly increasing. For example, the number of people identified with End-Stage Renal Disease (ESRD) in the region is growing markedly. Dialysis treatment for Yolŋu with ESRD is only available in Darwin, which results in the person with ESRD – and often many of their extended family – relocating 500 kilometres from their home. This relocation is often highly stressful with many distressing consequences for both the patient and other family members.

Misuse of substances, particularly petrol, kava and increasingly marijuana, is of continuing concern to many Yolŋu. As the community is ‘dry’, that is, alcohol is banned, alcohol abuse is not common but Yolŋu do go to other centres, including Darwin, to drink, some for short periods and others for many years. In this community, the average age of death (excluding perinatal deaths) in the period between 1992 and 2000 was forty-six (Knight, 2000).
THE RESEARCH TEAM

The Balanda co-ordinator of the project had been involved with this community for almost a decade when the study began and had established relationships with many local people. This greatly facilitated the research process, because there were existing connections with highly motivated and skilled Yolŋu who wished to participate as researchers in the project. Six Yolŋu were employed as researchers for varying periods and two worked as co-ordinators at different times.

A management group of Yolŋu representing all the relevant organisations in the community was formed to guide and support the research team in response to the number of people who expressed interest in having a direct role in supporting the project. Although this committee did not often meet formally individual members fulfilled their role in an informal but highly effective way throughout the project.

The employment of Yolŋu from the community as core members of the research team was crucial to the success of this project for many reasons. Their roles went well beyond that of ‘research assistants’ and they obtained experience in the full range of research activities from planning, data collection, analysis and reporting of findings as well as the development of further research projects. Their rates of pay, once some institutional barriers were overcome, reflected the responsibility they were required to take and the range of skills and knowledge they brought to the project which were essential to its success.

THE RESEARCH METHODS

The research design drew on the emergent methodologies of grounded theory and participatory action research (see Dick, 2001). Through a highly participatory approach, Yolŋu community members were involved in all aspects and stages of the project, although the general focus of the research was influenced by the priorities of the funding institution. An action research framework structured the research in which the aim was to facilitate change grounded in locally relevant theory constructed through collaborative process of ongoing dialogue within the community.

The research design was itself emergent as action research strategies were employed within the research process as various methods were trailed, evaluated and modified (see below).

Participatory research has been defined as ‘systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting social change’ (Green, 1994 cited in the North American Primary Care Research Group (NAPCRG) Policy Statement, 1998) which involves ‘a process of sequential reflection and action, carried out with and by local people rather than on them’ (Cornwall & Jewkes, 1995 p.1667). Research which involves local participants in both the planning and the research ‘has been shown to enhance effectiveness and save time and money in the long term’ (Cornwall & Jewkes, 1995 p.1667).

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6. This involvement was primarily as a researcher working on a range of qualitative research projects related to hearing loss, classroom communication and learning, language socialisation, bilingual education and allied health service provision
7. The Yolŋu researchers described this group as the ‘backbone’ of the project
8. see below for a critical analysis of the research process including the challenges to implementing ‘action’ within the life of the initial project.
They summarise the features of participatory research this way:

...participatory research is about respecting and understanding the people with and for whom researchers work. It is about developing a realisation that local people are knowledgeable and that they, together with researchers, can work towards analyses and solutions. It involves recognising the rights of those whom research concerns, enabling people to set their own agendas for research and development and so giving them ownership over the process (Cornwall & Jewkes, 1995, p. 1674).

The location of power at different stages of the research process is a key difference between this and other methodologies (Cornwall & Jewkes, 1995). Achieving a shift in control to the community over all stages of the research process and actions was a central aim - and the greatest challenge - of this project.

The research design was conceptualised as developmental and flexible: it drew on the experiences of the researchers and others in past research projects with Aboriginal people, as well as research experiences in other Indigenous contexts (for example, see Scougall, 1997); and it attempted to be responsive to ideas for modification that emerged during implementation and evaluation of the research process. Although the broad focus and objectives of the research were specified before the project commenced, the details of the research approach were determined - and modified when necessary – in response to the feedback obtained through the ongoing dialogue which occurred between the Yolŋu researchers and others in the community. This flexibility was essential to ensure that the Indigenous participants had the opportunity to determine the methods and focus which they considered appropriate for their context.

Although the research was conducted over a two year period all the researchers were employed either part time or on a casual basis and for varying periods. This enabled the research activity to be responsive to the needs and constraints affecting the researchers and the community. The level of activity and community participation varied at different stages of the project for various reasons ranging from practical factors such as availability of funding to more complex social and political realities within which the researchers, their families and their communities are immersed.

In the early stages of the project the emphasis was on ensuring that a wide range of organisations and individuals in the community were informed about the project. An interpreter was employed to assist with this process until a Yolŋu project co-ordinator was appointed. This was followed by a period of project development during which extensive discussions occurred about Yolŋu and Balanda understandings of the nature of research in general and this research in particular, identifying an appropriate team structure and clarifying roles for both Yolŋu and Balanda researchers which reflected Yolŋu perspectives and preferences.

Qualitative research techniques were employed including semi-structured, in-depth interviews with forty people, informal discussions with other individuals and/or groups as opportunities occurred and participant observation by the Yolŋu researchers.

Interviews were conducted with individuals or small groups, as appropriate, in the person’s language of choice. A range of people, both men and women, who represent different perspectives in the community were invited to participate in interviews - or in some cases, people asked to be involved when they heard about the project. Participants included representatives from most of the community organisations (e.g. Health Centre, school, Community Council, Marthakal Homelands Resource Centre, the Strong Women, Strong Culture, Strong Babies Program, Uniting Church, Broadcasting for Remote Aboriginal Communities Scheme (BRACS) and CDEP) as well as people in the community who are particularly respected for their views and/or specific Yolŋu cultural knowledge.
As a result the Western educational experience of participants varied from little or no formal schooling to tertiary level education. People from most of the clan groups represented in the community were involved and as a result a number of different languages were used in the interviews. The ages of participants ranged from early teenage to elderly although participants were predominantly in the 40 to 70 age range as these are the people that Yolŋu considered to have both the authority and the knowledge to participate in such discussions.

Transcription, translation and analysis of data was done by the Yolŋu researchers, with support when required from the Balanda researcher, and emerging findings were continually discussed with community members in an ongoing process of verification, feedback and evaluation. These processes were often occurring simultaneously rather than sequentially in response to the context in which the Yolŋu researchers were working.

One of the changes to process during the early stages of the research resulted from a request from researchers and participants to use video, rather than just audiotape, documentation of Yolŋu ideas about health and education. In response to this, the Yolŋu researchers videotaped discussions which focused on key issues identified during the first stage interviews to enable more effective communication of this information. These videotapes provide further data which includes extensive non-verbal aspects of communication, is more accessible than written or audiotaped material and can also be developed as an educational resource for both Aboriginal and non-Aboriginal people. The exclusion of such data from a written report such as this is an example of the limitations of standard (Western) approaches to research in an environment where oral communication with strong visual and contextual dimensions is dominant.

Throughout the project the process of consultation and feedback between the researchers and others in the community was continuous which was only possible because of the involvement of community-based researchers. The extent and effectiveness of this informal (and often unpaid) activity has been crucial in achieving the level of broad community participation in, and support for, this research project. During the later stages, discussions focused on feedback of findings and consultation about the concept for the ‘Marngithinyaraw Yalu’ (see Attachment 1) which had emerged as an appropriate way to address the expressed priorities and preferred approach for health-related education which emerged from the research at this site.

The researchers conducted both formal and informal discussions with Yolŋu from all organisations in the community as well as many interested individuals, and with other stakeholders outside the community including CRCATH Executive staff and the local Regional Council (Miwatj RC) of the Aboriginal and Torres Strait Islander Commission (ATSIC). The Yolŋu researchers then worked closely with community members and CRCATH staff in further developing the concept which was subsequently funded by the CRCATH for a six month pilot phase in June 2000.

Funding for a further two years was obtained from the Department of Family and Children Services in 2001. The responses to the research project in general and to the Marngithinyaraw Yalu concept in particular were extremely positive and its implementation is strongly supported from Yolŋu within the community as well as regionally. This can be attributed to the highly participatory process through which the concept evolved and the continuing level of community participation and control which has been achieved by the hard work and commitment of the Yolŋu involved with the Marngithinyaraw Yalu.

9. It is hoped that, eventually, the audiotapes, transcriptions and translations, the videotapes and the written reports will be presented as an integrated resource on CD ROM to facilitate access for both Balanda and Yolŋu to a more comprehensive and authentic representation of Yolŋu perspectives. This was not possible within this project due to inadequate time and resources.

10. This is a metaphorical phrase which has no direct English equivalent (yalu is the Yolŋu term for the placenta and membranes, as well as for nest; marngithinyaraw means ‘for learning’) but which is being described, inadequately, in English as a ‘nurturing centre’.
The primary aim of this project was to provide an opportunity for Aboriginal people to express their views on the connections between education and health, articulate their own theories and formulate ideas for action. The formal interviews were only one component of the research process: the informal dialogue between the researchers and other Yolŋu was crucial in the process of constructing an understanding of Yolŋu perspectives on the relationship between health and education; and it is this dialogue that informed the interpretation of the interview data and finally generated the ideas for action which evolved into the Marngithinyaraw Yalu. A written account in English cannot do justice to depth and complexity of this process: the following summary attempts only to identify some of the key themes which emerged with brief illustrations from the interviews\(^\text{11}\).

In the following sections, Yolŋu theories about the causes of health problems – the breakdown in Yolŋu systems and practices which are health-promoting, and the loss of Yolŋu knowledge related to health, as a result of cultural change - are explored. The educational priorities identified by the Yolŋu participants which are grounded in this theoretical perspective are then summarised. This is followed by a discussion of the challenges Yolŋu currently face in achieving these educational goals and some of the ideas which emerged for meeting these challenges. The next section describes the outcomes of the project including the Marngithinyaraw Yalu, and in the final section the understandings about conducting effective participatory research in such contexts which emerged through this project are discussed.

**CONNECTIONS AND DISCONNECTIONS BETWEEN HEALTH AND EDUCATION: SOME YOLŋU PERSPECTIVES**

The rejection of dominant institutional theories

... *in Yolŋu societies we are different...*

At the beginning of each interview and in informal discussions the researchers provided an overview of the health transition research findings. This was intended to establish the context for this research and to elicit Yolŋu responses to the theoretical proposition that higher levels of Western education (schooling) for parents, particularly mothers, results in better health for their children.

The relevance to Yolŋu of findings from research with other populations was strongly rejected by some participants\(^\text{12}\). For example:

\textit{First thing, this is my opinion, African is different - we are Australian, Yolŋu people, Arnhem Land people - in Yolŋu societies we are different... (Djiniyini 2)}

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11. See note 9.

12. For sociolinguistic reasons, Yolŋu are unlikely to directly reject a proposition made by another person and are more likely to concur with the speaker than present their own position. It cannot be assumed, therefore, that verbal concurrence implies agreement. Those participants that did explicitly reject the relevance of overseas research findings were Yolŋu who were very used to Western discourse styles and/or very close to the researchers participating in the interviews.
None of the Yolŋu interviewed identified schooling as having a positive influence on health, although the importance of schooling (Western education) for other reasons was widely acknowledged, particularly for employment.

It is very good, important - Western education - because I as a parent - we are facing a lot of Balanda coming here and a lot of technology... but I need to see parents encouraging their kids to go to school and I want to see kids going into universities and tertiary education and all that to become a doctor and researcher and accountant and bookkeeper, pilot. (Malawa)

..but education for them is a waste of time...

There is some disillusionment about this connection, however, due to the limited employment opportunities in the community, which are proposed as a factor contributing to poor school attendance. There are also concerns about current levels of educational achievement.

My concern about education... from my point of view... I’ve got two girls - they graduate, they leave school and get pregnant or start playing cards; looking at this school and seeing people graduate but education for them is a waste of time - why? Because when they go out, when they leave school the job is not there - the further training is not there ... the jobs on the island (are) not sufficient for people to get practical experience (Djanumbi)

Another parent expressed even stronger frustration:

(Primary school) is a waste of time - they just got a certificate last week... but what is happening? My two nieces have got the top qualification here but what are they doing? Combing their hair! They are supposed to be in the office working - where are the jobs? But they have got the certificate hanging on the wall - a souvenir - why? Because they are black - that’s the trouble. (Djiniyini 2)

Serious concerns about the negative influence of schooling were also expressed by a few people, particularly for children leaving to access secondary education which is not available in the community.

For example:

Kids come back from school in town and think they know more than their parents - they learn to smoke cigarettes, marijuana and to drink and have boyfriends and girlfriends when they are 12 and 13 and then they bring that influence to the community (Djiniyini 2)

I would follow Balanda pathway if I go through education....

The issue of acculturation through education was also discussed by some of the participants. One health worker expressed her concern about the consequences of Western education:

We have to get that knowledge (i.e. Balanda knowledge) ... are we going to change completely - like Balanda walking with shoes or eye glasses? Are we going to change the whole place? ... if I go back to training and get higher I won’t go back to my own family and support them - I wouldn’t follow the Yolŋu pathway, I would follow Balanda pathway if I go through education....

Another health worker was more confident that her Yolŋu identity could be maintained, although she believed other cultural groups had become acculturated through education:

What my private feeling is as Yolŋu - this is African women and this is Negro women and this is Yolŋu - the African and American Yolŋu have already got good education inside just like Balanda, that’s it - they learn through university, college but they are already like Balanda but that’s for them - we can’t change them, but for myself as Yolŋu it’s time for me to learn more and more and when I get to that point like Negro or African I have to go back and tell my people
'remain as Aboriginal people’ I have to come back from what I’ve learnt - I don’t have to be like Balanda - I want to be like Yolŋu - to be with my family, my relatives, my clan - just (a) Yolŋu woman but I can use that skill I learnt at the college or university and teach other Aboriginal people what I learnt but still remain as a Yolŋu health worker.

YOLŇU THEORIES OF HEALTH AND EDUCATION: THE CONSEQUENCES OF CULTURAL CHANGE

Although the Yolŋu interviewed did not recognise a positive connection between schooling and health, all participants repeatedly stressed the critical importance of Yolŋu knowledge and practices in influencing health. The increase in Yolŋu health problems was attributed overwhelmingly to the loss of this knowledge, the breakdown in Yolŋu systems and changes in lifestyle as a result of non-Aboriginal influence.

All the participants talked extensively – and often with passion and distress – about the dramatic increase in health problems as a consequence of cultural change for Yolŋu in this community. Various mechanisms were identified through which such changes impact on health, ranging from the direct effects on hygiene and access to fresh food to the loss of Yolŋu knowledge related to health, as well as the more complex social and political effects impacting on identity, responsibility and control.

..it reminds me of the missionaries’ warning.

The main thrust of cultural change occurred after the arrival of the missionaries and older Yolŋu remember the missionaries warning of the consequences of Western influence:

When the early missionaries came to this island they used to give a little bit of sugar, flour and tobacco and tea and they said ‘this is all you should eat - just a little bit of these’. When the missionaries came they warned our old people about eating too much Balanda food and these old people told us to be careful for the future about our nutrition... so I’m thinking about those times when they said these things because now there’s a lot of sickness and it reminds me of the missionaries warning. They were the only Balanda who helped us. (Gunydjirriryirr)

They just brought in what they brought - they didn’t get (find out) what we had this end... Bäpa Shepi...(the Rev Shepherdson, founder of the mission at Galiwin’ku) he said that in 20, 30, 50 years time when I’m gone there will be a lot of sick people, there will be a lot of planes coming in picking up sick people, there will be a store with a lot of sweet things - sugar, lollies, like that - I heard him, he was talking and I was sitting next to him. There will be a lot of different things, the law will change, government will change the law - there will be starvation, a lot of alcohol, different things will come in...(Dhaykamalu)

Our food didn’t make people sick…

The most common aspect of cultural change to which participants attributed health problems was the impact on nutrition, for example:

Yes. First I will talk about when we Yolŋu were living our own way of life. Yolŋu had only Yolŋu food. We didn’t use things like alcohol, kava, cigarettes, petrol or other drugs or things that can cause sickness. It wasn’t our custom to use these things. We lived a long time like this then different things came with the Balanda. Very sweet foods and lots of different things. We saw that then our stomach became weak, heart, blood and chest and getting overweight and our bodies are getting malformed.
We got these sicknesses as a result of the mission, and now as a result of the government through the different foods, like sugar, tobacco. We have too much of these things and we get sicknesses like diabetes and high blood pressure. We used to eat good bush food and never had problems like blood pressure and diabetes. The old people would die from old age. (Malawa)

People used to grow so old that they would go blind and live blind and then die... (Yangathu)

A long time ago people were living a traditional life like their ancestors did - today only a few people are following that path. In the past I learnt how to get fish, cooked and ate them fresh - that’s one of the things they taught us - how to look after ourselves and how to satisfy our hunger. We used to collect all our foods whether from the bush or animals or fish and each season there would be special foods for us and we grew up fit and thin... (Djinkal)

Our own food like oysters, turtle and fish and other fresh food we used to get and didn’t keep it (i.e. we ate our food fresh). Our food didn’t make people sick. Our old people didn’t know about sickness because they never got sick - only one sickness - leprosy. This story is good. Then Balanda came and brought all the sickness... This sickness is getting more serious and it’s staying serious. Yes. That’s the story from the beginning - there were no Balanda then. Our ancestors were living their lives without sickness. (Duwaltji)

...we don’t go from place to place any more...

The dramatic change from living in homeland areas and moving around from place to place to living in a large community (which for most community members is someone else’s land) is considered a major influence on health.

Before the mission came people moved from place to place... when night-time came they camped where they were hunting...staying in healthy places - without sickness then moving on... Yolŋu in the past - ancestors - travelled around and were healthy and not sick (Duwaltji).

They taught us how to move from one camp to another - everyday a new place - and that way they didn’t get sick. Now since Balanda came and built houses we don’t go from place to place any more and now we are living in your places and they are becoming full of rubbish; before we used to live in new places all the time and we didn’t get sickness...and now Balanda have come and built the town and the message from them is that this is where we have to stay forever, and it stopped us from being on the move, and now there is not enough hunting, people are staying under the lights and there is lots of rubbish and maybe there is illness hiding in the rubbish; and Yolŋu haven’t learned how to live in one place permanently; our former custom was to move on when the camp had become fouled (through defecation etc); when the Balanda came they put the toilet in the house and said ‘here you have to use this now’ but we Yolŋu don’t know how to look after that toilet. In the past it was easy: we just got up and left and now it’s hard - the rubbish piles up and the sickness is growing. It’s right that the toilet is there and it is right that we use them but some Yolŋu who use them don’t know how to. (Djinkal)

Cultural change has also resulted in a dramatic reduction in exercise:

And there are big changes. We use lights and buildings and planes and cars. We’ve become lazy too. We use cars to go bush instead of walking. (Garngulkpuy & Wapiriny)

...somebody else’s responsibility...

The consequences of changes in nutrition, hygiene and exercise which result from a more sedentary lifestyle are compounded by, and interact with, the more subtle but serious effects of a break in connection with one’s own group (clan) as well as a break in connection to one’s own land. These disconnections lead to a reduced sense of responsibility for, and control over, the new environment:
I’m thinking about health and education and how we can help each other to understand these things. Before we used to live in clan groups and then the missionaries changed that and brought us into one group... Galiwin’ku community. Lots of us live here and there is lots of sickness... (Malawa)

We should think about how we changed from living in the bush to living in a ‘yard’, just like pigs or goats. This is just an example. We used to live in different areas according to our clan groups. Then we left the bush to live in one community. And we can see the change in pigs when they are brought healthy from the bush and then get sick when they are kept together in a yard. And we can see here the effects of losing one’s group. The pig around here follows dogs as if looking for a family. That’s part of health too - looking for one’s group. (Garŋgulkpuy & Wapiriny)

The link between place and responsibility was identified at a number of levels - from living in someone else’s house to living in the main community which is someone else’s ‘homeland’.

From my point of view when Yolŋu live in an overcrowded house people get lazy - for myself... I just sit there because it is my mother’s house. Before I lived in my own house with my children but I had no bathroom or kitchen - we used other people’s bathrooms because the public toilet was no good - but I was happy doing all the work, cooking, washing, cleaning outside but I felt happy and healthy and then the contractors and architects came around and said this house is going to be knocked down to make way for a new house and I moved out and stayed with my mother; and that’s when I just relaxed and let the rest of the family do my work ... that’s what is happening if you are in a family some people just sit ‘yindi bunguwa’(big boss) - somebody else’s responsibility. People think that the owner of the house is responsible for the house and the cleaning of the house - they don’t help, some help a little bit but most of the responsibility is with the owner of the house. That’s why I will only invite my four children to live in my new house to live with me - members of the family can visit but sleep at their own house. (Djanumbi)

We aren’t really caring properly for this place...

Some hygiene practices which were practiced in the past are not maintained now that people live in a large community, where they have a diminished sense of control and responsibility, although some people do continue such practices in their own homelands:

Because in the old days, the old people were moving around... They weren’t just staying in one place... They were led by the food and the wind... the seasons and what food is available. They would walk and when night came they would find somewhere to sleep till morning. They would get up very early then split up and look for food. And their bodies were without disease, very strong, their sinews - everything - because they travelled on foot. And they ate fresh food from the bush and from the sea and they were all dependent on each other - team work...

Then in the midst of all that the way of life changed. We got lazy and started eating food, this food here from the store. And now we are sick, the kids who are living here. When we are at (our homeland), we always look after the place, it is clean - no rubbish. When we clean stingray we dig a deep hole for the scraps and rubbish. If we left the rubbish lying around, diseases would later come back to us. We get sick from people going to the toilet anywhere, spitting. We have to find a way to live like our parents and to find a healthy lifestyle... This place here now - we’re discouraged because we aren’t seeing people looking after their houses. Here we are staying - there are lots of foreign new people, lots of Yolŋu living here and lots of sicknesses... We aren’t really caring properly for this place. (G).
...in homelands we are teaching children all the time - night and day...

Living in homelands, where education related to Yolnu practices and knowledge is generally stronger, is considered to have a positive influence on health:

...in homelands we are teaching children all the time - night and day and you get the feeling that you are in the Yolnu side and they're healthy in that environment. Homeland people's attitude is different - they're too shy but they eat good food and are healthy... when people come back and spend time in town they get sick. (Bepuka)

During a discussion about the project with some of the Yolnu staff of the Homelands Resource Centre - people who are committed to living in their homelands but through employment are required to spend time in the community - these were some of the comments:

...when I go hunting I come back feeling full of energy but sitting around here - even though there is a lot of food - at the end of the day you feel weak

we were talking this morning about Yolnu health and Yolnu food - we were talking about how you feel slack eating yukky food from the take away, bad food with sugar - sweet; we were talking about how you've got to stop having too much food in town - your body can tell you to stop; some Yolnu, for instance for myself, I hate living here for long, I can't cope myself eating food from the takeaway or the shop, eh? Your body can tell you to stop and go to the homeland; and after that when you are in the homeland you can get everything that is just fresh and that gives you more, more, more strength - you feel good, you feel like doing your washing all day! It gives you strength in your hands and feet, and in your mind...

when you are out hunting all that walking around that makes you feel better - but sitting here, eating food and doing no exercise, you jump in the car when you are hungry...

...in the homeland - you eat and then you start walking... you want to go to that point or get that fish around the other side...

Food, however, is one of the factors drawing people away from this potentially more healthy environment:

The food introduced by the Balanda kept Yolnu people from going back to homelands because of the flavour of the food, the colour and the look of the food and the smell and they stopped thinking about their homeland and stayed where the food was. Foreign food kept us here. (Galjdhuna)

THE CONSEQUENCES OF BREAKDOWN IN YOLNU SYSTEMS

If you don’t follow Yolnu rom you’ll have bad health...

The breakdown in Yolnu systems - rom13, gurrutu14, raypirri15 - is a consequence of cultural change which concerns this community greatly. Many Yolnu say the strength of these systems is of crucial importance among the determinants of health:

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13. Yolnu system of law, cultural practice and governance
14. Yolnu system of relationship
15. Yolnu system of ethical and behavioural education and control
My own personal concern by looking at how old people gave advice to us about a healthy environment - how to live according to Yolŋu law. With that law we can understand each other. Understanding the clan system and kinship is part of health. If you don’t follow Yolŋu rom you’ll have bad health... (Garngulkpuy & Wapiriny)

Gurrutu - the system of relationship between individuals, groups and all elements of the natural world - is repeatedly identified as a key element in maintaining Yolŋu health:

People struggle and difficulties are met or even needs of an individual or tribe. This differs from the Balanda society because Yolŋu have strong kinship and tribal connections or relations (Garngulkpuy & Wapiriny)

We used to go out hunting and that also is part of our life. Helping or sharing with families. Balanda have different ways of sharing- they only share things with their close relatives or friends, whereas Yolŋu have extended families... sometimes we share with families who have nothing...so we all have equal shares. Those rules or laws were handed on to us by our ancestors. Balanda rules or laws are always being changed every year, even governments are changing. (Djilipa)

...at the moment everything is mixed up - when people don’t follow the kinship rules the child gets confused and doesn’t learn because it’s not following the right path...then children don’t know how close people are (can get involved in wrong relationships) (Mongunu)

The importance of raypirri (the Yolŋu system of ethical and behavioural education and control) and the consequences of the diminishing influence of raypirri in Yolŋu life were also recurrent themes:

...a long time ago (before mission times) women didn’t get pregnant until they were adults - 20 or 21... problem is that education (raypirri) is not happening at home...new rules now - children are imitating videos - no wonder they get a lot of babies... mothers in their 40s, 50s and 30s are concerned that that law should be renewed.. in town children watch TV - learning Balanda side...when you move to the outstation the history story comes out - it’s different there (Strong Women workers)

Yes. These are my own thoughts. In the old days Yolŋu used to discipline16 their children well. And the old people used to live a disciplined life so they lived well - our old people. (Dhurrugaraway)

...many children are getting pregnant...

One of the most commonly expressed concerns related to health was the perceived frequency of early pregnancy. This is seen as a serious change from past practices and attributed to a breakdown in Yolŋu systems of behavioural education and control (raypirri).

My concern is that many children are getting pregnant... I’m worried about who will teach the young ones so they won’t get pregnant and also the young pregnant girls - we won’t be here long so who will teach them.. so there has to be work done to continue that teaching for younger generations (Yangathu)

One main one is how we can help young girls getting pregnant - this is a big issue (Dhaykamalu).

A long time ago (before mission times) women didn’t get pregnant until they were adults - 20 or 21. (Strong Women workers)
Repeatedly, the lack of appropriate education - either Yolŋu ranyirri or Balanda education - was blamed for early pregnancy:

*It’s not happening and the children are not learning - they keep getting pregnant - sex education is very important to learn about contraception (teachers)*

Many of the women - both older and younger women - talked about the educational rituals that occurred at the time of a girl’s first period and again at childbirth. There was great concern that these practices were no longer common. The increasing incidence of early pregnancy and other health problems were seen as a consequence of this and there was a lot of enthusiasm for renewing these practices. The Strong Women, Strong Babies, Strong Culture group have been involved in regenerating Yolŋu cultural practices related to childbirth for some time, and plans to reintroduce the puberty rituals for girls were discussed repeatedly during the project but have not yet been implemented.

**...the second one is petrol sniffing...**

In this community, alcohol is officially banned and its use in the community is not widespread, although some people travel with varying frequency to other centres to drink. Kava was widely used until just before this project started when it was also banned, although by completion of the project (in mid-2000) the use of kava was again increasing. Marijuana use was not widespread in the past but is reportedly increasing rapidly, particularly amongst young people. Tobacco use is extremely common in all age groups from early teenage through to old age.

Petrol sniffing is often widespread amongst young people in this community, although the extent of the problem fluctuates considerably. Petrol sniffing is a serious concern for many Yolŋu and there is a sense of frustration with the difficulty in finding effective strategies to address the problem.

*One main one is how we can help young girls getting pregnant - this is a big issue; the second one is petrol sniffing - we have tried a lot of ways to work to help those children but it doesn’t work - organising different things for petrol sniffers - I tried to talk to those Yolŋu Yolŋu - children especially - young boys at school - the teenagers - it hasn’t really helped those children. There is no way that we can find to sit down and help those children to understand - young girls, or young boys or older people - to really understand how these things - these diseases can affect their bodies and their brains - they don’t know...*  

*Everything Balanda does to organise things for children who are living on the street or who are drinking alcohol - Balanda know how to go about finding money for that one. Yolŋu sit and watch and talk but how is he going to process their romdjia mala - what are the procedures that he is going to follow to get funding for this program? (Dhaykamalu)*

**...they didn’t get sick from smoking it because they used to smoke a little bit of it...**

Another change which was often mentioned as a health issue related to the use of tobacco. Cigarette smoking is highly prevalent in the community but specific knowledge about the health consequences appeared to be limited and there was generally a sense of reluctance to seriously confront this issue.

*That tobacco that the Macassans brought Yolŋu...they didn’t get sick from smoking it because they used to smoke a little bit of it and besides they had lots of health food to eat...They also brought in grog or ŋänitji (alcohol). (Djilipa)*

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17. One of the difficulties which emerged from other discussions is that girls are not telling their mothers when they get their first period. Some women attributed this to shyness but it might also be due to the perception of some older women that girls are getting their periods earlier than in the past because of sexual contact. If the onset of menstruation is attributed to sexual contact and young girls are aware of this then this might be expected to discourage them from informing anyone when they do begin to menstruate, thus losing the opportunity for appropriate education to occur.
There was general agreement that education about the dangers of smoking was inadequate although there were examples of effective education both in the past and more recently:

*People are smoking too much; there is no education; people don’t understand about the health problems - I do and I don’t smoke or drink...maybe my knowledge came from my father...* (Djiniyini 2)

After exposure to information about the dangers of smoking through an education session with an Aboriginal Resources and Development Services (ARDS) educator, one woman was considering giving up:

*Now I’m thinking about quitting cigarettes...half a day without cigarettes today ...going back to Gill’s story I have this picture in mind of the (blood) vessel and of the woman with the inside of the lungs on the outside of the face - I carry the pictures especially about the vessels (Djanumbi)*

People’s comments about smoking were often ambivalent. There was some evidence of awareness of the dangers, although this seemed to be very limited and at times inaccurate, and the influences to continue smoking are strong:

*It’s good and it’s bad - if we don’t smoke from 8.00 to 6.00 and we’ve got no money for cigarettes we cry for ŋarali’ so someone will give us some. Blue packets are good and red are bad - smoking is bad for our lungs which makes us weak - we just smoke for fun or to keep us awake...They know they will die. If someone tries to give up it’s too hard if others are still smoking.* (Yangathu)

**Balanda bring medicines but we have our own - lots of medicines...**

The diminishing use of Yolŋu healing practices is another consequence of cultural change about which many people expressed concern. The loss of knowledge about the preparation and uses of traditional medicines and the easy access to Western medicine are factors contributing to this. Some of the older people gave detailed accounts of specific Yolŋu medicines and how they were used in the past:

*When people used to be sick from toothaches they dug up the roots of a munjdjutj18 tree then scratched the inner parts. For people who used to have scabies they’d get buwa=a...it doesn’t only go for scabies, it goes for headaches, diarrhoea...They had their own breast cancer medicine.* (Djilipa)

**Yangathu describe some of the other treatments use by Yolŋu:**

Some were sick in those times...They didn’t have short breath/asthma. But they had sores, especially on the legs and feet from walking, and cramps sometimes from walking a long way. And when they were sick they sometimes bandaged their heads and their feet. These bandaged feet stopped them from getting infected. And when they walked over rocks they tied paper bark on their feet like shoes. And when they were back at camp with sore knees they used the red part of the termite mound. They warmed it with fire and put wet paper bark over it and then put the wet paperbark on their knees. There is hush medicine for eyes - *dangapa*19 - and we put a lot of breast milk; for toothache we use munjdjutj; for skin sores and scabies all over - *gadayka*20 - new shoots - or *mupan*” (scrape off the skin and put in water) are pounded and put all over your body - this is the skin sore medicine. And another one comes from the heart of the pandanus leaves - pound it, mix it with water to make it soft, throw away the water and eat the flesh (also for sore tongue); and *muta muta*21 for boils - put it in the hot ashes, scrape it, pound it then put it in hot water and when it is warm put it on the boil (becomes like jelly). Also red new leaves of *gadayka*, pound

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18. Green plum - *buchanania obovata.*
19. Juice of edible fruit of *persoonia falcata.*
22. *Grewia retusifolia.*
it, cook it and drink the juice for sore tongue - and oral thrush in babies. Buwaṭa is for fever and diarrhoea and also rayan and djiiri (paperbark) - smells like Vicks - was used a long time ago.

All these medicines are available in the bush for sores, scabies, boils, toothache, earache, sore eyes - for everything. If people are living in a place where these are not available they will get sicker and sicker and die. At outstations they still use these kinds of medicines - our own bush medicines. Like, for example, me and my sister still use our medicines. (Yangathu)

The need for Yolŋu themselves to work out how to best meet their current needs and the limitations of medicine - either Yolŋu or Balanda - in addressing health problems in the community were also discussed:

These days Balanda are introducing new ways of thinking but these ideas don’t suit Yolŋu people and this place - it doesn’t belong to us. We need to find out ourselves what is right for us. Balanda bring medicines but we have our own - lots of medicines. We can use these to help. Diseases are overtaking us but medicines are only slowly helping. Time is running out. Diseases are gaining the advantage - lots and lots of diseases. (G)

EDUCATION FOR HEALTH – YOLŊU PRIORITIES

To summarise the previous section, Yolŋu systems, knowledges and practices which are seen as important determinants of health and which have been diminished or disrupted by cultural change include:

- **rom** (system of law, cultural practice and governance);
- **gurrutu** (system of relationship);
- **raypirri** (system of ethical and behavioural education and control) particularly relating to sexual behaviour and substance use; nutrition in terms of Yolŋu foods;
- Yolŋu medicines and other treatments; and
- environmental health including traditional hygiene practices.

Again and again throughout the interviews the Yolŋu participants also expressed a clear vision about what needs to happen to address the community’s strong concerns about health. Their focus is overwhelmingly on prevention: strengthening Yolŋu systems and knowledges which are considered essential for health, rather than education about specific diseases and medical interventions. They also recognise need to integrate relevant knowledge from the Balanda domain to assist Yolŋu to respond to the effects of cultural change - new knowledge and strategies to address new problems.

**In the old days Yolŋu used to educate their children well.**

In the first project management committee meeting one of the key suggestions to emerge from the discussion about the research process and initial findings was for the research team to inform the council, school, school council, school action group and Mala (clan or group) leaders that people in the community want their children to learn Yolŋu **rom** in the health area. This was also identified as a priority by the school principal:

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23. A project management group was established by the Yolŋu researchers to support and guide their work which they described as a ‘backbone’ committee. This group consisted of representatives of all major organisations in the community.

24. All Yolŋu staff in the school are members of the Action Group
... (this kind of education) can be school or at the health clinic or outside with a lot of room that children (need) to learn because these children don’t know room... school moved here (and) I saw that afterwards (learning about room stopped). And the new generation - they don’t know about Yolnu rules for certain things like when a young girl has her first period - even the family is not teaching them - there (are) a few family who still remind children and talk to them about boys’ stories or if a girl with her period starts eating fish - her brother goes turtle hunting then something might happen25. That kind of Yolnu story... (Dhaykamalu)

People also talked about the importance of teaching Yolnu room while the old people are still alive - a number of people interviewed wanted their information preserved as an educational resource for future generations. This is one of the reasons a number of Yolnu gave for wanting to be identified by name in documentation related to this project.

As well as strengthening Yolnu systems, education within a Yolnu framework which strengthens Yolnu health promoting practices and knowledge is also considered essential for improving health. Nutrition and traditional medicines are just two examples:

In the old days Yolnu used to educate their children well. Then we changed our way of life and we sent our children to school. We didn’t go back and show the children these foods (the foods the old people used to get) and the way the expert hunters used to hunt lots of different animals like the big kangaroos, emus and goannas. Foods like water lily roots...our own special favourite foods that belong to us. Those people who lived on those foods didn’t get sick.

They were clean and healthy and grew old without getting sick. But now young people - men, women and children are dying because we are eating very different types of foods now, made by Balanda. They make it for us... These days we aren’t teaching boys... or taking girls into the bush to teach them. They should go and see and learn how the old people used to live. And they should be learning that those people didn’t get sick. These days we are getting sick with lots of different illnesses and people die because of this new food and new illnesses. We have forgotten our own food that didn’t bring sickness. That’s how it is. (Dhurrujurawuy)

Young people nowadays don’t know what things are good to eat and what is not good to eat because they were brought up in a civilised world and everything’s new. So if we want them to be healthy now is the time to start teaching them what we have learnt from our relatives. (Djilipa)

People also considered it to be important to strengthen knowledge about, and use of, Yolnu treatments as well as learning about medicines from the Balanda domain:

...in the past Yolnu and Balanda medicine was used together at the clinic for example, for boils... we need to have Yolnu and Balanda education with both medicines - we want health workers to come and teach at school and also at home (teachers)

...we could talk about it on our shows (BRACS), have a video running because we have community video running everyday - most of the time at the moment - so people could see maybe that way and also have classes for the women or the men so that traditional knowledge is still being taught - bush medicine - all the many different kinds. (Djirrimbilpilwuy)

we have to learn how to live like this successfully...

The importance of relevant Western knowledge and strategies to assist Yolnu in dealing with post-colonial realities was also widely recognised. As some participants explained, Yolnu do not necessarily have the knowledge to live a healthy lifestyle in this rapidly changing and increasingly Westernised environment - just as Balanda do not have the knowledge to survive in a Yolnu environment:

25. Accidents to close male family members are believed to be a consequence of breaking of food avoidance rules during menstruation.
Same like this - if I give you dilly bag and digging stick and tell you to get yams you don’t know where to start. If I give a spear to you you’ll spear yourself! So the trouble (is) Balanda never respect us - who we are, where we come from. We respect them - we respect their law but where is this justice and freedom - that’s where it is. And the people turn around and say ‘you’re dirty people, you’re getting sick all the time’; the government’s saying ‘you’re wasting a lot of money, we’re pouring lot of money in the outstations’ this is government talking, but they don’t respect who we are - that’s the problem. If you start respecting people, they respect you. (Djiniyini 2)

Once we Yolŋu lived freely in the bush but now we live in one yard. And this is causing sickness, and there are problems with alcohol, smoking and sugar, which causes diabetes. So we all live together, like pigs do in a yard. But we have to learn how to live like this successfully. This is where teaching and education come in, to help us learn how to live in a yard, how to help each other and live healthily. This is what Balanda learnt to do a long time ago (Garŋgulkpuy & Wapiriny)

For Yolŋu who have to live in other places the need for education to do this successfully is seen as even more critical:

Nowadays people move to live in big cities like Darwin with no knowledge or with limited knowledge of how to live and survive in different environments. Unsuccessful living in cities often occurs for Yolŋu. Then again people need to be educated and understand the different ways of living in a foreign environment and society. (Garŋgulkpuy & Wapiriny)

Although strengthening Yolŋu knowledge related to nutrition was considered by many people to be a high priority, as described above, a greater understanding of Balanda food was also considered important:

There is one more thing I have to say to you: there is plenty of healthy food at the store - the food that Balanda get when they shop we pass by when we shop - we choose the wrong food and what the Balanda chooses we often don’t choose. I’m talking especially about the vegetables - the vegetables are good for our organs, for our heart and our eyes, and they have diet drinks there that won’t make our stomachs fat; when we go to the shop we should choose our food, not just gather it and we should just get enough, not too much: this is the way the Balanda shops. The problem is of course that the Balanda have brought in so many foods that the range confuses us. Some people say that we are ignorant because we are Yolŋu and we don’t know about health and education - we haven’t succeeded in learning their way of doing things related to health and education. Thankyou everybody and forgive me for jumping from topic to topic but I just want us to teach each other and it’s important that we grow healthy and our children grow healthy and not having disease growing at the same time or growing in the wrong shape - we’ve got to learn to eat the right foods just like our ancestors used to eat the right foods because they were healthy and strong, they weren’t sick and tired and this was true for me when I was young and active - I was never lethargic and here we’ve got the wrong food for our body and we become lethargic, and we’re not helping our bodies to work.. Good food gives us energy and motivation to work. (Djinkal)

...and we have to learn to live in another way...

Many participants stressed the importance of education about hygiene and there was concern that this education is no longer occurring - either in the Yolŋu or the Balanda domain. Yolŋu knowledge and practices related to hygiene are seen to be diminishing and education relevant to living in a more Western environment is insufficient and not sustained.

Taking responsibility at home must happen too: cleaning inside and around the house, cleaning dishes and raking up rubbish around the yard. Our people lived in a healthy and clean environment, as we discussed earlier because they moved around from places and their rubbish was natural. Another area is hygiene in respect of our house. We have to help each other cleaning, raking and disposing of rubbish. Health and education go closely together.
This is because we teach things through education and through this education we can find health. If abandon my cultural knowledge I become sick and may become mentally ill too. The custom of moving camp after a time was part of health and education. (Garngulkpuy & Wapiriny)

The need for new knowledge to deal with hygiene problems resulting from cultural change was also recognised:

And on the rubbish side we should learn when we make a mess to throw away the rubbish straight away. What’s happening now: people buy take away food, eat it anywhere and throw the rubbish anywhere. So it is in these ways that our health is threatened; in the old days the old people would move on, we’re in a new time now and we have to learn to live in another way, to clean our houses, and take care of rubbish so that children can grow up healthily. If we do it the right way the man can be healthy, the woman can be healthy and the children can be healthy without being infected by illness. If we don’t look after our homes properly we will be troubled by illness, and there are many illnesses...Balanda don’t live in rubbish, they would get sick too, of course, do Balanda live in rubbish dumps?? No, that’s the truth, isn’t it? So the bottom line is everyday we have to get up and do some work in the house, because everyday we eat food. If a man doesn’t want his family to be sick he has to think first about how he is going to look after his house and we have to teach the children, all the time teaching the children, when they get up from sleep we have to tell them ‘get up, pick up the rubbish, get up, eat breakfast and clean up the rubbish’. When you use a bowl or container to eat your food then straight away you wash it. And we have to wash our toilets and bathrooms as well so we don’t carry out the sickness on our feet. And we all have to watch out for ourselves individually so that we don’t as individuals throw rubbish or make mess. That’s how you - the man, the woman and children - can truly live in a healthy way. (Djinkal)

I’m talking about changing one small detail...

This recognition of the need to respond to the changing environment does not imply, however, advocacy of a more generalised process of acculturation:

I’ve forgotten to say something important: before people used to relieve themselves anywhere and we used to sleep anywhere in the bush and then the Balanda gave us houses with toilets so that we can now use toilets in the right way - go to the toilet, come out and wash your hands... that’s how we can live healthily, without disease. My ancestors lived in a different way from now - sleeping without houses and going to the toilet anywhere. Now we have left that way and we are living in a new way...We must still respect the law of our father, our grandfather, our great grandfather and our great great grandfather - I’m not talking about forgetting their law - I’m talking about changing one small detail... we still live in the way of our ancestors, we still collect firewood and sit outside beside the fire... just one small detail - we have to learn to use the toilet properly, for one reason only - so that we don’t become sick. (Djinkal)

EDUCATION FOR HEALTH: CHALLENGES AND EMERGING SOLUTIONS

Just as there was general agreement about Yolnu educational priorities related to health there was also agreement that such education - whether from the Yolnu or Balanda domain, at school or at home or in the community - is currently seriously inadequate.

Good education should be given through the camp...Mothers are not teaching their children because some are lazy from playing cards - they put cards first before other things...

Another problem that is getting larger is anaemia - low iron because of not enough good food - adults and children. There is good food at the store but people don’t want to eat good food (why?) because there is no education - people need education to teach them - like in the future when they grow up... when we get married we’ll cook good food...if we are holding knowledge. Skills and
ideas - take it out and share it to people because people are waiting on us to tell them - education for everyone about healthy food. (health workers)

As I said, there is no proper education on things that we eat, what we do... that’s where it is, the people get sick, affected with disease and then they tell us (Djiniyini 2)

Limited, very little, (Yolŋu) understand very little (about Balanda food). If they understood what I understand they would do something about their health - I’ve done something - I’m trying! (Djirrimbilpilwuy)

..they are not connected enough (health and education)..

Inadequate education about causes of health problems, particularly those that are more recently emerging, also reinforces belief in external causes such as sorcery. This has pervasive social consequences within the community, particularly in relation to attribution of blame.

...I think I would see that at the moment they are not connected enough (health and education), that’s my opinion, they’re not connected because that’s why Yolŋu are not understanding, because they should really go together health and education.

We are not understanding the education side of it, of the health, for example, if someone gets bitten from a snake or whatever and they will get treatment, there’s some things which are not serious26 like heart disease, and kidney. They do not know how to treat that as important...only they treat that when they or we collapse then we realise that it’s too late.

And then it goes back to Yolŋu understanding that, you know they have been cursed or whatever because we’re still in the Yolŋu situation - Yolŋu kind of understanding about health; But they should go together because understanding about health and educating people – (it’s) very, very important, very important. (Djirrimbilpilwuy)

Education should start at home...

In discussions about the best location for education related to health, at ‘home’, ‘in the family’ and ‘in the camp’ were common responses:

before sending children to school and giving them discipline, first it should be done at home... parents should teach at home first. (Widjipu)

Education should start at home - cleaning teeth, how to use the toilet properly - education should start at home...Where does education for children belong - at home. Mothers should keep focused on their children...Teach them at home and they won’t have problems. (G)

Friends, the beginning is at our home - that’s where we teach our children. (Djinkal)

...people should be taught to look after their bodies properly... male and females should be taught by someone going around the camps and telling or educating them about the sicknesses...finding the sickness, where it comes from and how it develops, and then how it can be treated; what is healthy food to buy from the shops...sometime the people are not being advised by anyone so they want some encouragement with some information (Gurwanawuy 1)

However, no matter what the location, the importance of utilising Yolŋu processes in education was repeatedly emphasised:

It should happen in a Yolŋu environment in a way that Yolŋu people will understand - get it across in a way that Yolŋu people will understand. (Djirrimbilpilwuy)

26. Some Yolŋu use and understand the term ‘serious’ as equivalent to ‘immediately life-threatening’.
Provision of health-related education through the traditional Yolŋu clan structure was strongly advocated by a number of people:

I’m thinking about health and education and how we can help each other to understand these things. Before we used to live in clan groups and then the missionaries changed that and brought us into one group - Galiwin’ku community. Lots of us live here and there is lots of sickness.

For example, diabetes destroys our kidneys, and other things like AIDS and STDs. We should address these issues through discussions in separate clan groups. Additionally, males and females in these different clans should meet separately. We should talk with understanding and not be ashamed to discuss these matters in the way I’m suggesting. The older people need to assist the younger people in this process. The Balanda way is to address these matters at school with mixed gender groups and this is not right for us Yolŋu. We need to break into clan groups to discuss directly with each other about how these illnesses take hold.

Now, although Balanda may help us it’s really up to us ourselves. You yourself must look out and care for your own body. If (when) alcohol, tobacco or sugar is hurting us, we must face this ourselves individually and address the problems and stop them through working together in our clan groups..

A clan leader will walk around and talk and gather all the family and then when everybody comes together and then separate the two, women go one side, men go one side. (Malawa)

A former health worker with Laynhapuy Homelands Association talked about how Galiwin’ku council CDEP had organised the employment of workers in clan groups and suggested that this is what should be happening in health education. Provision of health education through the clan structure was also suggested by other Yolŋu as the best way to share information so that Yolŋu will take notice:

First Yolŋu clan groups...sometimes we Yolŋu don’t like to work alone giving information because people might not believe them. If the information comes from different sources - departments and areas, for example, education, health, at home, hunting...every area working together - then people will start to understand. (Widitjpu)

Another strategy was to use available community broadcasting facilities, and a collaborative approach was often advocated:

Yes, health education and resources and more Yolŋu Matha (Yolŋu language) some of this sickness is really serious you know, and then you can put it into BRACS. Broadcast it and we will give a program on Yolŋu health education in our language. And we would have some expert people from the Health (services) and Yolŋu people translating all these. (Malawa)

The use of the child’s own clan language was also considered an important strategy for effective health education:

We should be teaching children through their own clan language at school and at home to get a deeper understanding of health issues. At school, teachers are using strong Yolŋu language but at home there is a lot of code-mixing... (Garngulkpay)

Another strategy currently used by some Yolŋu is the production of videos as an educational tool - at the time of the project a few Yolŋu were involved in making their own videos of issues they considered important for their children’s education. The Yolŋu researchers then collaborated with some of these people in producing videos to illustrate the main areas of knowledge identified as important for health during this project. They videotaped Yolŋu with particular expertise in traditional methods of food preparation, Yolŋu medicines and raypirri for both males and females.
The Yolŋu researchers considered this a more appropriate way of recording the findings of the research to meet the needs of people in their community. It is hoped that these videos can be made more accessible in a CD ROM format in the future and they will be used in the development of educational resources as part of the project that is following this research (see below).

**.. give the kids strong health education at school...**

Although the health-related educational activity proposed by participants was often focused on non-institutional settings, school-based health-specific education was also considered important. Again, however, the preferred process was conceptualised as Yolŋu rather than Balanda education, even when located at the school, and the most effective model was described as participation of appropriate older Yolŋu from the community in collaboration with health workers and/or Strong Women workers and the class teacher.

> This is what I think - that health and education lessons should be taught in the school. It’s the teachers’ responsibility to teach the kids what they learnt from the older people when they were kids. We should realise to give the kids strong health education at school like back in the olden days. Teachers should start teaching young girls when they reach puberty - they could invite older people from the camp to teach them how to behave when they reach puberty (‘Strong Women’ were doing this but not now). Mothers, Strong Women and female Yolŋu teachers should work together to do this (including education about pregnancy and looking after children). (Geluŋ 2)

> ...school should introduce our own (Yolŋu) way of living, for example, practical areas like food, hunting etc - Yolŋu curriculum. (G)

School and health staff, as well as other Yolŋu, were concerned about the reported lack of specific health education in the school at the time of the study.

> We need to get to the young ones...in Cairns at TAFE health workers come to teach older girls...health staff from the Education Department don’t visit here and we are not aware of curriculum materials. (teachers)

The school council chairman described his plan for health education:

> We will be talking to the school council next year that this education - health education - will be introduced in classrooms about this awareness and sickness... (Malawa)

He was then asked if any such health education was currently happening in the school:

> No, nothing at all. As a chairman of the school council, I’ll have to see this program or this education and health to be introduced next year and to be continued through the year, like that for example, within the classrooms. (Malawa)

Reports about health specific education at school in the past were conflicting. Some people recalled very good health education during ‘mission times’ that they believed positively influenced their behaviour. For example:

> They showed us films in the school about brain damage. They showed us alcohol effects: they actually had people driving and when they had an accident they cut all the brains up and showed the different effects - and like some of the film came from the old library and the Institute - old films about smoking and when I found out about lung cancer - I never smoked, never and I don’t drink alcohol. (Djirrimbilipilwuy)

Others were not so positive about past or present health education in the school. One of the few recent health education activities of any kind reported by participants as successful was a sexual health program run in the school a couple of years prior to the study:
There is a way to teach the girls - the Strong Women workers used to take new young mothers to the bush and also the post primary girls went too (the traditional approach to educating them about appropriate behaviour) was happening every Friday - and if no new babies had been born they did lessons about Yolŋu medicine and raypirri but now its stopped. (Strong Women worker)

During that time - two years (of the sex education program) there were not a lot of young girls getting pregnant but once it stopped then a lot are... (Dhaykamalu)

Even though this program was cited by a number of people as effective - and early pregnancy remains a major concern - the program was not sustained.

(The Strong Women workers) did teach raypirri in the classroom - about periods, about pregnancy, about contraception - it was going well but somehow it didn't keep going...in 93, 94 (the Balanda teacher) took video of this program but it stopped when she left. (Bayarapa)

The Strong Women workers were also concerned that education about hygiene, which used to be done at school in the past, was no longer happening. A health education program involved Strong Women workers and clinic staff teaching about food and hygiene in the preschool to children and mothers was considered very successful by Yolŋu, but was not continued. This program integrated both Yolŋu and Balanda information, including how to use a hot (Yolŋu) oven using a fresh area each time and how to prepare turtle (e.g. not to use the same rocks to put inside the turtle again another time unless you wash them). The Yolŋu teachers interviewed also identified education about personal hygiene - using the toilet properly, hand washing, cleaning teeth - as well as environmental hygiene, particularly rubbish disposal, as important.

It seemed that health education in classrooms depended primarily on the motivation, experience and confidence of individual teachers. One teacher described her approach:

In my transition class we have lessons about food (Balanda and Yolŋu) - depends on resource people and transport to be able to take the kids out and show them our Yolŋu food and then Balanda food and compare it. I’m diabetic myself and I can explain that to the children too and about weak blood and how we can become healthy - maybe this is not happening in other classrooms.

The school-based health programs were no longer being implemented at the time of the study and there was extensive discussion between the Yolŋu researchers and Yolŋu health and education staff about why successful programs were not sustained. However, during the feedback process in the year following the data collection phase of the study this situation had reportedly changed: in early 2000 health staff had again become involved in school-based health education but the level of collaboration was continuing to fluctuate.²⁷

People are not aware about this (health education) program

A number of barriers to implementing and sustaining effective health education in the school were identified. These included changes in staff, teachers’ lack of confidence and/or training in delivering health education programs and communication difficulties between the school and the clinic:

Strong Women were coming every week and within the school we were running an STD program - in 1994 and 95 I was taking the girls and John was taking the boys and then we asked the health (staff) to come in and they said yes, yes, yes but it didn’t happen. Strong Women were coming in two days a week including one day at preschool last year - when R left school she was working with strong women and she was taking them here and there and then (she was no longer employed with the program.) (Dhaykamalu)

²⁷ Since its inception, the Yalu Marŋgurrayaw run staff have had an active role in working with the school and health centre staff on health-related education and other programs related to strengthening Yolŋu knowledge.
People are not aware about this (health education) program. Mainly because both Aboriginal and non-Aboriginal people who work there, for example, Yolŋu people, they don’t know this program. And probably they haven’t got the expertise to explain to kids in schools and probably you...and a few other people who work with you can come and talk to the kids and the teacher about this program. (Malawa)

Some of the teachers themselves also expressed this concern:

...for education about important issues (e.g. contraception) health educator has to come and do it - not the teachers because they are not trained to do it.

In discussions with both teachers and health workers lack of co-operation was a recurring theme and communication breakdown was very apparent:

Only (for) what they need they come in - they don’t come and ask us if we need something, for example, for this school. Only when there is something special going on they need the school to help but they don’t help the school (Dhaykamalu)

However, there was a strong desire from both health and education staff for collaboration to occur, as well as ideas for how to achieve the shared aim of improved school-based health education:

If the clinic is not going to help us - the Health Centre here are not going to visit us regularly then we need to have some way of getting funding to employ one staff person or two – Yolŋu or Balanda either from the Health Centre or anyone can come in and work here as a base - health worker for the school.

Teachers and health workers could plan the health education program for school and then teachers do the program in the classroom - develop resources...

.. really helping with the true information - not training them like a dog to stand up, to sit down..

School staff proposed a range of very specific suggestions about how to proceed, as well as possible structures for health education programs:

First you write up this research - next step will be action - everyone should be involved - teachers, health workers, parents in planning. Lāwurrpa should organise a workshop for health workers and then health workers run workshops for teachers about health issues and for Yolŋu working in offices and for garden workers...all separate departments and people sitting in the camp...

It would be good if a health educator could come to school to teach Yolŋu and Balanda could teach about sex education - once it comes to Yolŋu, it’s best to get Yolŋu who know about these issues (i.e. not Balanda resources) - old people to do workshops; 2 workshops a week - 2 for girls and 2 for boys and continue this program - follow on (covering different issues depending on how long each one takes).

The school principal also had specific ideas about how health education could be provided:

One way, if a health person - a Balanda with a Yolŋu - team comes out and works here to teach these children with another teacher...they can come and teach while she is watching and learning - training; one - then we can have our own Yolŋu... here working with children...running a program really helping with the true information - not training them like a dog to stand up, to sit down, to run, to pick up the ball - not like that. But to really educate Yolŋu children - to open their minds so they can see the big picture - they will see the big picture, the children. (Dhaykamalu)
The interdependency of home and school was also recognised as well as the need to achieve balance:

*Without support from home, kids will find schooling very difficult. The school won’t be able to function. Parents need to perform their role and teachers need to perform their role and the child will grow up knowing the two systems, balanced.* (G)

Other (non-traditional) health education programs mentioned by participants were a community ‘No Tobacco Day,’ and a ‘Scabies Day’ involving the Army and the Health Centre, which were described as working very well with a high level of community involvement.

**BEYOND EDUCATION: ACCESS, CONTROL AND RESPONSIBILITY**

The importance of Yolŋu taking responsibility for their own health was a recurrent theme in discussions. Underlying the need to take responsibility for addressing health and educational issues is the crucial issue of control: unless Yolŋu have control over the factors which influence their health then any discussion about taking responsibility remains theoretical.

The Yolŋu participants described how their attempts to take responsibility for their health are repeatedly frustrated by lack of control at many levels. Access - or more accurately lack of access - to effective education related to health, as discussed above, is a major obstacle to taking control. Even when understanding about health issues is achieved other barriers to acting on this knowledge were identified. inadequate access to healthy food, inadequate access to funding, and inadequate access to employment.

For example, access, rather just awareness, is an important factor influencing people’s eating habits. One of the teachers explained that she doesn’t buy take away food because of the fat content but:

*(There is) not enough fresh, health food in the store - we need more fresh fruit and vegetables...and the healthy food that is there is very expensive.. just a little bit of food costs 3 or 400 dollars so people just buy flour, sugar and teabags - there’s not enough left for healthy food...in Darwin for $50 or $60 you can buy a lot of fruit.*

In the past access to sweets, for example, was restricted but now unhealthy food is widely available and promoted:

*Because - TV, phone, video, fast food, all the outlets - they can get Mars bars anytime; in the days when we went to school we could only get it (sweets) Friday afternoon or Monday.* (Djirrimbilpilwuy)

A group of young boys described the consequence of these influences:

*We see good food but we go past it and want to get unhealthy food...*

Access to information about, as well as the means to implement, contraception is another example:

*Sex education is a hard one – health workers should do it - showing boys condoms etc - some of them are probably too shy to go to hospital and ask for one (that is the only place they can get them)... you could have machines in public toilets - need to teach them how to use them properly and to put them straight into the rubbish because now they’re leaving them lying around...* (teachers)
The irreversibility of change and the importance of education to deal with it is also recognised:

In the old days there were no stores, shop or Woolworth’s - only fresh food and that’s why old people lived longer until missionaries brought all kinds of stuff and then that’s gone, vanished. And now we have to stick with the shop ...takeaways and all that. People have to live with it, but this education, health education, is very important...that gives awareness to the whole public. (Djiniyini 2)

Shifts in control due to the impact of cultural change in Yolŋu systems of governance also have serious social and health consequences:

The Balanda system has influenced (us) through their systems (school, council etc) building a hierarchy within Yolŋu leaders in the community and that has now influenced the Yolŋu law system - some clan groups have lost their roles and responsibilities...that is, their foundation of law because one clan wants to control the others (some are drinking etc because they have lost their power)...we don’t recognise each other’s value any more because some groups have stolen from other groups and the equality has been lost (G).

..although Balanda may help us it’s really up to us ourselves..

In discussions about what action people believed should be taken to address their concerns about health and education, this need for people to take responsibility for their own health was a recurrent theme:

So how can we bring together health and education? We have to think about the bush as a shop. There is good food there for us to choose from. We have to identify where we are lazy. I want health and I will educate myself first and then my relatives. We must help the children. Sometimes they grow up healthy in our care and sometimes they don’t. Some mothers are young and ignorant about raising children. Their children sometimes grow into the wrong shape - too thin or too fat. So how do we help? With education for health which comes from mothers. And I also look at leadership. The mother provides a role model for the child and the child needs the support of family members in order to grow confident and strong. It’s a fact that health and education go together, because they work together. That’s our story. (Garngalkpuy & Wapiriny)

We Yolŋu need to change. We need to be preparing ourselves and get ready for what we should do. For example, I need to choose what food I should eat for my own body or illness. I will stop eating takeaway food, sugar. We need to feel ourselves, our own body will tell us. We need to teach ourselves to avoid unhealthy things. We need to stop smoking and stop eating so much sugar. (G)

Now, although Balanda may help us it’s really up to us ourselves. You yourself must look out and care for your own body. If (when) alcohol, tobacco or sugar is hurting us we must face this ourselves individually and address the problems and stop them through working together in our clan groups. Achieving things and then prevention by doing this health education, so when the kids grow up they know: don’t smoke these cigarettes or drink alcohol and cordial... In my school days cigarettes weren’t mentioned or lollies and sugar - whether they were good for you...cigarettes were bad and all these sweet stuff hasn’t been explained to us. And maybe it’s still the same, maybe right now they are not explaining. .. If you eat a lot of ice-cream you get a lot of sugar or get overweight so I think health education should come to schools to explain this for example...Just try and get it across as long as the Yolŋu people will live a much longer life, that is the main thing. And they’ll teach the other younger generation about this... (Djiniyini 2)

Understanding of health issues was seen as a necessary condition to enable people to take responsibility for their own health:

Individuals need information to make up their own mind - only they can do that. (Djiniyini 2)

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28. During this period access to kava was limited and people were substituting very strong mixes of cordial.
if you hold hands and go forward together then it will happen.

Alongside the need for individual responsibility the importance of working together and providing support through action, not just talking, were also identified:

If health problems do happen then Yolŋu will know how to deal with it at home and their example will encourage other Yolŋu to do the same thing. In Yolŋu culture we Yolŋu don’t learn through written information, we learn through oral teaching. Like for example, listening and seeing and doing - we get all that information from old people. Some Yolŋu talk but never follow-up with action. If we demonstrate how we want them to act then they might do it.

You can talk and talk and talk but they won’t listen to you - if you hold hands and go forward together then it will happen. Parents and leaders should work together. Through work Yolŋu should give healthy food to sick people, old people or disabled people so they don’t feel left out but feel part of the family and the community...

If we teach children early then they know what is coming next - they’ll be ready for what is coming towards them. If they only talk about it without action they might miss the opportunity for learning. (Mongun)

The benefits of Yolŋu from different generations working together was considered important by many people, not only for the young to learn from the old but for both groups to bring together their different strengths as a Yolŋu participant in a feedback session explained:

...we must strengthen...young people should walk together with the older people because the young have the Western knowledge and the old people have the Yolŋu knowledge

..we’d like to ask Balanda to walk behind now..

The need to shift control from Balanda to Yolŋu - individuals, families and clans - is implicit in much of the discussion reported above. It was also explicitly stated by some Yolŋu:

Before Balanda used to walk first, we used to walk behind, but now we are working side by side; we’d like to ask Balanda to walk behind now.

First, fix politics amongst ourselves - we want to change that first; (for example, jealousy, marrying the wrong way); we want to fix ourselves before we work towards Balanda; Balanda people might think that we are all one at Galiwin’ku but no forget about it (talked about getting different tribes together to ‘tie the rope again’ in the Yolŋu system first) and then we’ll have no problem with the Balanda side. (Djinjinyi 2)

Now, although Balanda may help us it’s really up to us ourselves. You yourself must look out and care for your own body. If (when) alcohol, tobacco or sugar is hurting us we must face this ourselves individually and address the problems and stop them through working together in our clan groups. (Malawa)

It’s good if Balanda come in to help us but we have to be careful what they are teaching us - we have to listen - don’t just listen and get ‘ga, ga’ and say ‘yes, yes, yes’ - we’ve got power - we will play this power game with them but learn it from them and use it towards them - put that arrow - point it to them. Instead of having that arrow pointing at us all the time .. I don’t want to lose what I am learning... (Dhaykamalu)

.. it’s hard when Balanda come to tell Yolŋu people what they are going to do to help Yolŋu..

In this community there are many, many visitors representing different government departments and programs who appear for a day or two and then leave again. Few health-related programs have community-based Yolŋu employees. Those that do are often limited to CDEP positions for Yolŋu, and support from the (non-community based and salaried) staff that actually control the programs is frequently inadequate.
.. it’s hard when Balanda come to tell Yolŋu people what they are going to do to help Yolŋu - things happen for one year and then it’s gone - there is no follow-up so Yolŋu sometimes are getting crazy because there are ideas there and there and there and different people are offering us projects and sometimes Yolŋu get confused...cross-cultural learning is most important - we go there to learn their ideas and you come here to learn our ideas. (Dhąŋgal)

..what we get here are bones, the meat goes to where the lions are..

Providing real employment opportunities for Yolŋu is essential to enable a genuine shift in control, both generally to improve economic status and therefore health and more specifically to work in health and education related positions. The vast majority of Yolŋu in the community are employed through CDEP: that is, they are paid the equivalent of unemployment benefits for their work; very few Yolŋu are in salaried positions; and many such positions in the community are filled by Balanda.

This time there is no more education - everybody wants a dollar in their hand - if you pay well Yolŋu will work day and night...now money is important and that’s a big problem for us...what we get here are bones, the meat goes to where the lions are and we get the bones...Government is spending millions on CDEP - but when you look at the pay packet it’s $366 - what are you going to do with that? And when you look at Balanda’s pay packet it’s $1500. If you (Balanda) get on Air North you pay $230 - if I get on Air North I pay $230...

Give the people the money and tell them if they stuff it up they go to jail - get a qualified accountant but all the labour is Yolŋu...the person will get their education on the spot...you have to do it on the site (including literacy); you can’t train football in the office, you have to train football in the field... (Djiniyini 2)

...some Balanda think that Yolŋu can’t handle work – that’s the number one thing that’s in their mind...when you look at Balanda offering that chance for Yolŋu - but still there is no chance; instead of Balanda saying Yolŋu we are giving you a chance to run those programs and we’ll be just supporters, eh? But no, that’s not really happening...Balanda always put Yolŋu on the side - as assistants – ‘you’ll be our assistants’; but once you talk about Yolŋu health he’s just talking about it without going to the community to see for themselves what Yolŋu are doing - whether they lack health or not...staying in the office looking at the theory. (Dhąŋgal)

..one important thing that we don’t really understand is the language..

A number of people identified communication difficulties as a barrier to Yolŋu improving their health through achieving greater control:

...some Balanda come here without orientation and that’s why some Yolŋu find it very difficult to communicate with that person when they want to express the Yolŋu point of view - Balanda custom is different and Yolŋu background is different; before the person comes to the community they just know theory ‘it’s like in a dream’; when they come to the community it’s different...

people come and give us projects and say go ahead and do it and that person is still locked in the isolated room – doesn’t know what’s going on really in the outside world, I mean that Yolŋu people and you’re introducing that work - you can do this work and help your people but there is no support behind - once you get all the projects done the document is sealed up... (Dhąŋgal)

Communication is also an issue the school principal feels strongly about and which she discussed at length:

The example you just told us about the African people - that they had problems before in different areas of health but maybe they had some interpreters there who could understand the structure of language of people who came from the Western side...One thing Yolŋu here don’t know - they think we can understand everything about the Western language structure - sometimes we say ‘yes’ without really understanding what the language is referring to...In the Western domain there is...individuals - when there is a meeting a decision is made at the end of the day or the end
EXPLORING THE CONNECTIONS

of the week but for Yolŋu it doesn’t happen quickly - it can take weeks. This is one important thing that I see for Yolŋu everywhere not just at Galiwin’ku - I’m not talking about Indigenous people in other countries - I don’t know how they can adapt to what I’m going to say. Yolŋu around East Arnhem region and maybe into the Centre - one important thing that we don’t really understand is the language - the Western language. How can we go to school and try and work there when we don’t know the real dhäwu - dharuk (language) of that system? (Dhaykamalu)

**Balanda have not been listening properly to Yolŋu.**

Some of the health workers also discussed their concerns about the lack of communication between Balanda and Yolŋu:

...we need teamwork before we go out - first we listen to each other...How can it change - listen to Yolŋu people what they have - not always just follow (Balanda) ideas - Balanda have not been listening properly to Yolŋu ...

Communication difficulties specifically related to the processes of health education were also identified:

Sometimes when Balanda is talking about something like disease or teaching children or talking about the law or system or talking about what is going to happen in 20, 30, 50 years time - sometimes there is misunderstanding: one (Balanda) is talking straight, ok, how he sees (it) but this one (Yolŋu) he can’t understand what he is talking about and he takes it from a different angle - he doesn’t understand what is the hidden message in that information...

We’ve got pamphlets but (they’re not useful) - that’s why children find it hard to read - can’t understand what they’re talking about because the words are very difficult - there are old Yolŋu Matha resources. We’ve got a document about health in English - there should be a curriculum for health.. but we have so many pamphlets coming but who can sit with children...we need someone responsible for that area - why children can get sick - a teacher who knows how to deal with those things. (Dhaykamalu)

One Yolŋu educator described some of the ways effective communication and subsequently behaviour change can be achieved:

From my point of view responsibility goes back to parents...it’s OK to begin at school but this won’t help. If the mothers and fathers wake up and teach the kids when they are small then when they grow and get married they will pass the information on themselves to their children. That’s what it’s like...

We need to find out for ourselves from different people’s life experiences. Answers lie with individuals. We talk to them and get answers and this will start people thinking – ‘yes, I’m not eating the right things, maybe I’ll change things’. The only way to get this information across is to go and talk to people in their homes...otherwise he/she will be sitting in ignorance...He/she won’t get the information that take away food is not good, lots of sugar is not good, things like that.

If you ...can share the true story - if you are really concerned you will share it with other people. If you do it from your heart, not just from your brain, it will work. It depends on how well you explain the message to Yolŋu. (G)

..go to the grass root people’s view..

The need for better communication between policy and program decision makers and Yolŋu was also repeatedly identified:

Well, I think the people who monitor the funds should get the true story from Yolŋu people and go to the grass root people’s view...
...I’d like to see this if government is giving money for this kind of program - they should give it to people who help and to understanding (the) Yolŋu concept of how Yolŋu can help to prevent this sickness...and Yolŋu people can do that; and if it’s done by (Yolŋu) language or in English, (do) both well then we’ll prevent all these sicknesses. (Malawa)

The project management committee felt strongly that the kind of research undertaken by this project should provide a ‘foundation’ to tell Government-funded programs what Yolŋu want.

**EDUCATION FOR HEALTH: A YOLŊU FRAMEWORK FOR ACTION**

From the beginning there was a strong message from most participants - including the Yolŋu researchers - that they wanted action to result from this research. There was a clear challenge to ensure that the project moved beyond an information-collecting exercise while continuing to support community control over the research. Identifying ways to address the priorities and concerns expressed by the participants, however, was extremely time-consuming and the intention to implement and evaluate formal actions during the life of the initial project could not be realised. Ensuring sufficient time for the Yolŋu researchers to implement an effective process for problem-solving and achieving consensus before proceeding to action was crucial. The value of this approach has been clearly demonstrated by the success of those actions which have subsequently been implemented as a result of this project.

During the interviews people talked in depth and at length about the health problems they consider important and the perceived causes of those problems. Solutions were not so readily expressed, but through continuing formal and informal discussions, which were possible only because the researchers were resident members of the community, ideas for action gradually emerged. The challenge was to find a way to integrate these ideas in a way that was consistent with Yolŋu theories about health and education, and that was also achievable and sustainable.

As the earlier sections illustrate, a dominant theme through almost all of the interviews and other discussions was the critical importance of Yolŋu systems, knowledge and practices in influencing health. An extension of this is the need to strengthen the Yolŋu educational foundation into which knowledge from the Balanda domain can then be integrated. This theme was summarised by one of the researchers:

*We need to go back to Yolŋu system, structure and management as the foundation and really try and fit appropriate Balanda systems into the Yolŋu system - a system that is beneficial to Yolŋu.*

(Biritjalaway)

..*Yolŋu should learn their Yolŋu education first.*..

Two-way education has been a popular concept in the discourse of Indigenous education in recent years. The views expressed by Yolŋu in this project, however, are not consistent with a parallel learning/teaching process. This is not a ‘two-way’ model in which two domains of knowledge are brought together: it is a process in which Yolŋu knowledge and systems form the foundation and provide the structure into which knowledge and other resources from the Western domain can then be integrated. In this model the Yolŋu system is central and dominant. The role of information and participation from the Balanda domain is limited to one of support and is generally positioned as peripheral; a very different paradigm from that on which government-funded health - and education - services are currently based.

The reasons why such an approach is widely advocated by Yolŋu were summarised by one older Yolŋu man:
Yolnu are now starting to teach our children our own cultural laws because I have been watching and am aware of Yolnu cultural programs not being taught in school; they are only being taught Balanda education. That’s why Yolnu children are not learning quickly. It would be best if they learn Yolnu culture or education first then Balanda education later. Lots of kids went to Kormilda College to do their schooling then when they came back they brought back with them the Western culture. Yolnu should learn their Yolnu education first and the Balanda education later. That’s because Yolnu have lots of different resources we have to learn first. Then when it comes to Balanda education everything will be okay - you have reached the levels. Then Yolnu might one day be a Yolnu lawyer or a Yolnu doctor or become a Yolnu pilot...

Yolnu were thinking that they had their own resources and to leave it aside for awhile and that Yolnu would follow Balanda way first and then go back but no, that’s not it, the truth is that Yolnu should learn our own culture - to teach them how to do bark paintings and also to teach them how to make spears for hunting and then walk along the beach and teach them how to do reef fishing then after that teach them how to make fire to cook the fish - that’s part of our learning; then go back to the camp and teach them how to sing and dance in our cultural way and also tell stories of olden days so they grow to obey people and not be a disobedient person.

Today people are not listening properly to elderly people - that’s because they are always leaning on to Balanda - they might be saying to themselves ‘who’s he talking to when he’s only a Yolnu just like us, it’s best we follow the Balanda ways’, that’s because young people think today that Balanda have more things that can interest them than Yolnu. (Djilipa)

..look at education from two sides not from one side..

The importance of ensuring a strong Yolnu foundation before connecting to the Western system was repeatedly emphasised:

...some Yolnu think that they know everything but when they talk it isn’t meaningful and that is why government isn’t listening much - unless Yolnu identify themselves as Yolnu; and if they want to have smooth communication with the Western side he needs to look at the Yolnu system here - how it’s running with communication and different other things and then look at the Western side and connect them together and talk from there then there will be a common understanding between the Western side and Indigenous people. Like this...

The Yolnu side needs to be strong then try to work the way out how to connect to their system - balancing like that - then there is a common understanding - what she is talking about, what he is talking about - we can see a clear picture...

Before I go I want my Yolnu people to stand up - stand up and learn and fight - the key issue is our education but look at education from two sides not from one side.

We Yolnu are willing to learn from Western side - we are ready to grab that but afterwards they are not willing to take ours - and that’s why there is a clash between two systems...Other Balanda they come and talk, talk, talk - just look at themselves as individuals - there are a lot; there are some who come to learn both...he looks at this one and he looks at that one - how can I put that one so it can be connecting - parrakal ga nhanukal - and he will understand and I will understand - like that; and other Balanda come and...take what (they) want and nothing in return for Yolnu. (Dhaykamalu)

Sharing of Yolnu knowledge with Balanda was also suggested by staff at the Marthakal Homelands Resource Centre:

...(we) need to put more effort into Aboriginalisation to make it easier for people to understand when you teach them about Yolnu health...you can teach that Yolnu education to Balanda as well - talk to old people and also young people about their ideas then go back and mix it with Balanda way...

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29. Kormilda College is a fee-paying secondary boarding school in Darwin; it was originally a Government school solely for Indigenous secondary students.
When the researchers where discussing these emerging ideas with people in the community there was concern that Balanda must support this process:

Balanda need to trust Yolŋu - have faith in what Yolŋu can achieve - not stand on top of Yolŋu.

And:

Balanda need to recognise Yolŋu cultural values.

The community CDEP program is based on the clan system, which is one dimension of the highly sophisticated traditional Yolŋu social and political organisational structure. It was often cited as an example of an effective approach in discussions about actions to arise from this project. The Yolŋu CDEP co-ordinator explained why this approach is effective:

...when we are building education of people, for example (from) the ground - if we put something on top - because clan management - people say clan management is really new - why do we want to know about new things coming in? I’ll tell you - (clan management) is happening. Where? Buggul (ceremony). Where? Outside. Where? Visiting each other - that is clan management. That system - we bring it to work ...so Yolŋu will understand how the Balanda system works by relating it to their own systems. If Balanda teach us their system...then we can use that same weapon and aim it to Balanda...clan management is built on our own traditional base – it’s not a foreign system - it’s working from people’s own understanding. That’s why we are giving the opportunity to young people - so they can see clearly through looking at the outcomes (of clan management). (Mongunu)

Appropriate education was often conceptualised as an enabling, rather than a directive approach, in which individuals are given opportunities to develop their health-related knowledge in order to make informed choices. Access to meaningful information, rather than simplistic advice on what to do or not do, and most importantly education through example, were also features of this approach.

THE MARGITHINYARAW YALU

Throughout the project the Yolŋu researchers discussed this developing theoretical framework, the emerging priorities and possible strategies for meeting Yolŋu objectives with a wide range of community members. Through this ongoing dialogue an integrated concept for action finally emerged. This concept is the ‘Margithinyaraw Yalu’ - a community nurturing or learning centre based on Yolŋu management structures to strengthen Yolŋu systems, practices and knowledge related to health.

The literal English translations of ‘yalu’ are ‘placenta’ or ‘nest’ and the literal meaning of ‘margithinyaraw’ is ‘for learning’. These words combined in the term ‘Margithinyaraw Yalu’ create a strong and complex metaphor which cannot be easily translated into English.

A detailed proposal for a pilot project to trial and further develop this concept was negotiated between the Yolŋu researchers and other community members and CRCATH staff (see Attachment 1). This commenced a six-month pilot phase, funded by the CRCATH, by the time the project reported on here was completed (June 2000) and was subsequently funded for a further two years by the Commonwealth Department of Family and Children’s Services. At the time of writing the Yalu project is developing well, despite a number of challenges in the early stages and very limited resources, and continues to attract a high level of community support.
The outcomes of this research were also considered to have relevance beyond this specific project and beyond this community. The following comment is one example of a view expressed by many Yolŋu since the completion of the project:

this Yolŋu management structure should happen in other workplaces in the community and in other communities not just in the Yalu - this can be a good model to be implemented across Arnhem Land

OTHER OUTCOMES: STRENGTHENING CAPACITIES

By far the most important outcome from this project, from the perspective of the Yolŋu participants, is the Manggithinyarraw Yalu. Other outcomes that were more difficult to link directly to the research included implementation of actions that participants had identified as priorities or concerns during the interviews such as improved clinic-school communication and the development of enterprises to supply traditional foods to people in the community. Indicators of increased capacity for addressing their health concerns within the community have also been observed during the daily interactions of the community-based researchers, both during and since the conclusion of formal research activity: individual changes in attitudes and behaviour; a greater sense of control over factors which impact on health; and an increasing interest and valuing of Yolŋu health-related knowledge and practices are some of the impressions they report.

An outcome of particular significance to the Yolŋu researchers was the extent to which they strengthened their knowledge within their own cultural domain, as well as developing both their skills in Western research methods and a greater understanding of the Western research culture and systems.

Läwurrpa, the project co-ordinator at Galiwin’ku, described the benefits and challenges of her participation:

Doing this research I’ve learned how to develop Yolŋu knowledge and I’ve learned more from the Yolŋu side - about my own culture, for example, learning more about Yolŋu health practices such as traditional plants for contraception and different kinds of medicines that aren’t used so much in the area I live in (saltwater), traditional hygiene practices. I’ve also learned step by step about how Balanda research is done but this was very difficult - especially about financial issues and how to communicate clearly with Balanda about Yolŋu issues and ideas.

Biritjalawuy, one of the Yolŋu researchers, described her experience:

Through this research, it has helped me understand the research process and learning skills and knowledge in both Balanda and Yolŋu concepts.

She also explained why strengthening her Yolŋu knowledge is so important:

This was a challenge for Yolŋu to revive and develop Yolŋu pattern and/or structure. There are Yolŋu -based structures, knowledge and systems that still exist but has not been recognised by both Yolŋu and Balanda. The cultural values become my strength to survive when crossing

30. Since the completion of the project the Yolŋu researchers have received numerous requests to talk to other groups in the community and in other communities in the East Arnhem region and beyond about how they might also implement a similar approach to that of the Manggithinyarraw Yalu.

31. Referring to the concept for the next stage - the Manggithinyarraw Yalu
cultures. Living in Balanda society is very hard or difficult, unless I’ve got Yolŋu knowledge to reflect situations to my cultural values, which will help understand the situation on the other side (Balanda) – to look from your own values out.

Biritjalawuy also described the outcomes for the community in terms of strengthening Yolŋu knowledge through their participation in the project:

Involvement of the community in this participatory research model has covered a lot of areas in more broad aspects of Yolŋu traditional health and education knowledge.

The process of the research and feedback had outcomes - building capacity in Yolŋu knowledge, which to young Yolŋu the existing knowledge became something new and interesting whereas to the older people support and strong statements were made that this knowledge must be strengthened and developed...

An important outcome of this research was the increase in the capacity of Yolŋu at Galiwin’ku and CRCATH staff to work collaboratively in conducting research. Another was the opportunity for future projects to benefit from this increased capacity and understanding about how to improve such research.

Throughout the project many Yolŋu participants stated that it was important for CRCATH management to come to the community in order to hear directly about the research findings and conclusions. During the final stages, the CRCATH Director and Deputy Director participated in a community meeting at Galiwin’ku attended by more than 40 Yolŋu. Community members spoke strongly, in their preferred languages, of the importance of this research and of how different it was from any previous research undertaken in the community. Speaker after speaker (through an interpreter) said how the research had led to a greater awareness that Yolŋu people needed to find their own way, drawing on their own resources, if they were ever to become healthy again. The community meeting strongly supported the establishment of the Marŋgithinyaraw Yalu as an outcome of the research.

The views expressed at the community meeting were consistent with those expressed in the many other formal and informal discussions the Yolŋu researchers conducted during the feedback and evaluation stages of the project. As Biritjalawuy explained:

During the feedback the old people felt empowered by the outcomes of the research – because they see it as a good result because it recognises the value and importance of Yolŋu knowledge for health.

A number of Yolŋu commented that - for the first time - they now understand what ‘research’ is. Some Yolŋu who had experience of other approaches to research strongly advocated more frequent application of the approach used in this project, particularly in terms of the high level of genuine collaboration and the employment of Yolŋu researchers. The value of a research approach which provides the opportunity for moving beyond information gathering to facilitating action was also strongly affirmed. For example:

This sort of participatory research should be supported in the community - this is how research should be done - starting something for the community, not just taking the information away.

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32. The Marŋgithinyaraw Yalu staff have since played a crucial role crucial in facilitating community participation in and support for another CRC project, as well as assisting with the design and implementation of the research approach.

33. Discussion with one Yolŋu woman who had been involved in numerous research projects with the first author over the last 12 years revealed however, that her understanding of the term ‘research’ was that it was always highly collaborative, community-based and action-focused. She had no personal experience, or awareness, of other forms of research such as investigator-driven, quantitative and/or biomedical approaches. Even though such research had often been conducted in her community, she, like many other Yolŋu, was unaware that it was occurring.
And another participant commented:

... in the past nothing happened from research... this is the first time that research from the outside has collected information for the community- it is a different way.

A willingness to support such research in the community in the future was often expressed and is a direct consequence of the community participation and increased awareness achieved through this project.

GETTING BETTER AT COLLABORATIVE RESEARCH: WHAT DID WE LEARN FROM THIS PROJECT?

Research ‘products’ which are considered of central importance from an institutional perspective, such as written reports and journal articles, have generated little interest in the community, although the Yolŋu participants are adamant they must be done to inform people outside the community about the research process and its outcomes. They have expressed strong opinions about the benefits and challenges of their participation in this project and believe that these experiences should inform other projects.

One of the most striking features of this project was the level of community participation and support that was generated. This was not achieved without considerable time and great effort, particularly on the part of the Yolŋu researchers. There were a number of features of the research process which were crucial in achieving this level of success, all of which presented considerable challenges as well as benefits.

Although a central concern of this project was to ensure as great a degree of community control over the research process as possible, this was difficult to establish and to sustain. The first challenge was that the initial impetus for the research came from outside the community. The research focus also came from outside although it was deliberately framed in terms which were as broad as possible to allow Yolŋu to influence the specific direction. The same was true of the research process. As well, the funding was obtained from outside the community; the administration of the funding remained with an outside (non-Aboriginal) organisation; the ultimate accountability was to the funding body, not to the community.

The disjunction between institutional values, goals and procedures and those of the community was a continual source of stress for the researchers due to the pressure to accommodate the institutional requirements even when these were not consistent with those of the community.

Community-based research which is genuinely participatory must accommodate the many complex pressures impacting on these communities as a whole as well as the individuals involved in the project. To ensure an adequate level of community participation and control, the pace of the research must be responsive to the needs of the community. This is not always consistent with the funding timetable or the expectations of the funding bodies. In fact, far more activity could have occurred due to an increasing interest in participating in the project which occurred as people become more aware of the nature of the research: more people in the remote site asked to be interviewed than the limited project resources could cope with, given the costs of transcription and translation (required to meet institutional not community needs); and people in other communities also asked to be involved when they heard about the project through the Yolŋu researchers’ community networks. The Yolŋu researchers were able to use the time available very effectively through their opportunistic approach in which they engaged in research activity whenever possible.
As Läwurrpa, the Yolŋu project co-ordinator, explained:

*I did the recording and then the transcriptions and then was able to follow up with more discussions in many different places and different times - for example, out hunting, sharing food, camping, sitting with family and friends, walking or driving around the community – everywhere and at any time – and as people started to hear about the research, they became more interested...this kind of work doesn’t go on a time sheet – even when there wasn’t funding for more time we continued working because we love our people and want to support them, and build up our knowledge and express our feelings.*

This, combined with the Western valuing of work activity based on time rather than outcomes, made even the process of using time-sheets highly problematic:

*We need to balance the Balanda and Yolŋu systems related to time - for example, formal time and informal time spent on research. Even though we are doing it informally our time should be recognised from the Balanda side and paid for (Läwurrpa).*

Providing flexibility in employment strategies - for example, task-based employment which is more consistent with Yolŋu economic practices - is a challenge yet to be embraced within the Western research culture.

Despite these many challenges the sense of community control over the project, and consequently the level of community participation, increased consistently as the project progressed. This was due primarily to the involvement of Yolŋu researchers: their constant presence in the community; their commitment to the work; their affiliations; and their recognised expertise and status within the community. As well, the Yolŋu researchers’ kinship and other cultural links supersede any organisational delineations and this greatly enhanced the effectiveness of collaboration between organisations within the community.

Repeatedly in this report, the value of Yolŋu researchers *participating as expert members of the research team* has been illustrated. As the Yolŋu co-ordinator explained:

*Because I am Yolŋu and live in the community the message came through and I could explain clearly about the research and what was going to happen and how it should be done.*

Again, control was an issue in the employment of Yolŋu researchers. The processes and length of time required to organise employment of researchers caused frequent difficulties due to the need to employ people quickly - when they are available - and to have enough people employed to ensure sufficient ongoing support for the site co-ordinator. In a project of this nature - over a long period but with only limited hours of employment - it is very difficult to consistently maintain a group of available people with the expertise relevant to different stages of the project. For such a community-based project to be effective it is necessary to recognise:

- the need for greater flexibility and simplification of the employment and payment processes e.g: getting approval for new positions and finalising paper work more quickly; provision for very short term employment for specific tasks or when there is a need for particular expertise (e.g. translation); and allowing for work to occur when it suits community needs which may be in short intensive bursts that do not always correspond to quarterly financial allocations.

- the importance of having a pool of researchers to allow for fluctuating demands on individuals’ time and availability; to provide a range of expertise, perspectives and affiliations; and to ensure sufficient support for community members who are engaging in often new and highly challenging activities across different cultural and professional domains.
A crucial feature of this research was the opportunity for all participants in the project to use their language of choice at all stages of the project: in the initial consultations, the interviews and other research activities such as conference presentations. Other studies, such as Devitt & McMasters (1998) have described the importance of conducting interviews in the speaker’s first language. In their study of renal disease in Aboriginal people in Central Australia they found that explicit and detailed information only emerged when people were interviewed in their first language. However, the quality of research in Indigenous contexts continues to be compromised because effective communication strategies are not utilised, even when the need is recognised.

For example:

Some of the problems we had, such as language, were anticipated, but the solution - using skilled interpreters familiar with both the community languages and the language of social research - was mostly beyond the project resources. However, this may have affected both our data quality and our ability to enter into effective dialogue about the issues we were studying. (Ewald & Boughton 2002 p.18)

The participation of researchers from the same language and cultural groups as the research participants was therefore essential to overcome the barriers to effective communication prevalent in intercultural interactions. They were also able to ensure effective communication at all stages of the research process – not only did they share common languages with all community members, they also understood the protocols relating to appropriate communication which is also crucial in intercultural collaboration.

The opportunity for informants to interact in the language of their choice in interviews also enhanced the authenticity of information from participants who are fluent in a number of Yolŋu languages and who have varying degrees of fluency in English. As a result, at least five different clan languages were used, as well as English for those that preferred to use English for a specific interaction.

Support for effective communication between Aboriginal researchers and others, for example, through employment of interpreters in conference presentations and the use of video- and audiotapes to report findings and progress was also important.

The extent of cultural and linguistic difference between the Yolŋu and Western research domains is extreme. As a result, considerable time and effort was necessary for Yolŋu participants to become familiar with written research proposals and the many other documents related to employment and conduct of research. Tasks that can be performed rapidly by people socialised in an English-speaking, written-language based system can be very daunting and disempowering for people socialised in a primarily oral and multilingual (but not English-dominant) environment. It was also necessary to make explicit Western cultural knowledge and values which underpin institutional research processes and to deal with the distress that occurs when these processes come into conflict with Yolŋu cultural imperatives.

Another interesting challenge related to language was the lack of direct translation for the terms used in the project title as well as key terms to be used in the discussions with participants. For example, ‘connections’ is a term that is not easily translated into Yolŋu languages and often extensive discussion and examples were needed even in first language interviews to clarify the focus of the discussion. One of the project tasks has been to identify the relevant Yolŋu terms, as well as appropriate processes from a Yolŋu perspective, for the research and these are documented in the research structure diagram in Attachment 2.

Accurately predicting the nature and extent of resources needed to adequately support this kind of participatory research is difficult, but it is an important issue to address if such research is to be assured a reasonable chance of success. The initial research proposal did not anticipate some of the costs required to respond adequately to community preferences and priorities which emerged as a consequence of the highly participatory nature of the project. The greatest difficulty
was the inadequate level of funding available for the community-based researchers. One factor was the realisation that, as the research progressed, it was far more effective and appropriate for a group, rather than an individual, to work on a community-based project of this nature.

The need to transform oral data (accessible to all Yolŋu) into written form in English (inaccessible and irrelevant to most Yolŋu) to meet institutional requirements was the most expensive aspect of the project. This required more time than expected due to the Yolŋu researchers’ strong preference to fully transcribe and translate interviews to adequately communicate Yolŋu perspectives, rather than to just record the main points as originally planned.

The flexibility to respond, at least to some extent, to these emerging needs greatly enhanced the effectiveness of this research and it is unrealistic to expect that such changes could or should be foreseen in planning the budget for a PAR project. This adaptability is a great advantage of PAR but does preclude *a priori* certainty about the ideal level of resources required.

The resources available to the project - the individual and institutional capacities required to implement this research - and the support to fill in the gaps in existing capacity were also crucial factors. Although the high level of commitment and perseverance from all members of the research team ensured that difficulties were worked through, more attention in the research design to developing specific areas of expertise would have been beneficial.

Given the diversity of Indigenous communities and the centrality of time and place in any community-based research activity, generalisations about what constitutes effective process cannot and should not be attempted. The learnings from this project can however provide some general indicators of potentially positive and negative factors to be considered in planning any research process. The elements of the research approach which were significant in this community, however, would need to be assessed for relevance by community members in any other research context.

In the next section the key features of the project which facilitated Yolŋu participation and those factors which impeded participation are summarised.

**What made Indigenous participation difficult?**

- The initial proposal was developed outside the community
- The lack of flexibility and recognition of Indigenous expertise in the employment policies and procedures of the administering institution
- There was a constant struggle to follow many of the above processes within the limits of available time and resources.
- The need to produce outputs to suit the needs and timelines of the funding bodies i.e. written reports in English – so a high percentage of resources was used in translating interviews and producing the report – which had little benefit or relevance to the community.
- The lack of institutional support for, or understanding of, participatory action research i.e. research that does not view ‘new knowledge’ as an end-point but a means to achieving positive change: in this case, to support Yolŋu in identifying their concerns about their education and health and what they want to about these concerns, and then supporting Yolŋu to take the action they believe will improve the health of their community (i.e. the Marngithinyaraw Yalu)
• The tension between a research philosophy that supports Indigenous – in this case, Yolŋu - participation in research and institutional pressures to conduct and report on such research within a non-Indigenous framework and according to non- Yolŋu (predominantly Western biomedical) values in terms of quality and appropriateness.

• Although the primary aim of this project was to provide the opportunity for Indigenous voices to be heard – the Indigenous participants often felt that no-one wanted to listen – unless what they said was what others wanted to hear, packaged in a familiar written form and ‘interpreted’ and ‘condensed’ for easy consumption.

**Why did this project achieve a high level of Yolŋu participation?**

• a Yolŋu research team were employed (a co-ordinator working with a group of researchers) who could:
  • support each other and share their different skills
  • represent and link with different groups in the community
  • share the workload to fit in with their changing family and ceremonial commitments
• the knowledge and skills of the Indigenous researchers were recognised as essential to the success of the project and their salary levels reflected their high level of relevant expertise
• the non-Indigenous CRCATH researcher already had already worked with Indigenous people in the community on numerous collaborative projects
• the CRCATH had a strong commitment to supporting a high level of Indigenous participation in the project
• the aim was not a ‘partnership’ (which implies equal status of both Indigenous and non-Indigenous participants) but a collaboration in which the non-Indigenous researcher provided a support role – with Indigenous participants controlling and implementing the project as much as possible
• there was a constant effort (not always successful) to shift control over every stage of the research process to community members, for example, through:
  • employing an interpreter for initial consultations so discussions about the project could be done in the local languages
  • starting the project with maximum flexibility so community members could influence how the research would be done
  • allowing sufficient time for the consultation and planning phase - repeated and lengthy visits to the community over 2-3 months
  • employment of local Yolŋu as researchers (not research assistants) with support only as needed from the Balanda researcher
  • developing a community based project management group – all Yolŋu - and supporting this group to work with the researchers in the way that suited them e.g. through informal support and information sharing rather than relying on formal meetings
• a flexible approach throughout the project was used which:
  • fitted in with the community timetable – e.g. working at night, out hunting, working around ceremonial commitments etc – which was only possible because Yolŋu living in the community were employed as researchers
  • adapted the research process according to community needs and preferences
  • supported flexible work arrangements to meet these changing needs
  • all research activities – consultation, interviews, feedback – were conducted in the preferred language for each individual or group
  • a continual process of informal feedback occurred throughout the project – again, possible only because researchers were community members – in addition to more formal feedback and consultation processes about future action with interested individuals and groups in the community, regional organisations, and other forums.
  • a two-way feedback process in which CRCATH senior staff visited the community to hear feedback from Yolŋu about the research process and outcomes – including a community meeting at which project management group members and many others had the opportunity to voice their ideas
CONNECTIONS BEYOND THE COMMUNITY

The original impetus for this research came from a concern that there was little opportunity for Indigenous people, particularly those in remote and rural communities, to participate in what, at that time, was a very active debate about the relevance of the findings of the health transition research overseas to the Indigenous Australian context.

Christie (1998) argues that ‘when the Western discourses of health and education arrive in Aboriginal communities, they interact with each other in such a way that traditional theories and practice are marginalised or rendered invisible’ (p.1). The institutional discourse about the relationship between health and education for Indigenous Australians, focusing very much on those from remote areas, was ‘arriving’ in the communities only indirectly as it structured (external) institutionally-determined priorities and institutionally-driven programs.

A key feature of this discourse provides a potent illustration of Christie’s point about invisibility. The term ‘education’ within the local context of the health transition debate is continually used with an implicit assumption that it refers only to Western education, in particular schooling. This use of the term disregards the extensive, formalised educational practices still prevalent in Aboriginal communities. The non-Western domains of education are marginalised, invisible or simply disregarded to such an extent that few people engaging in the debate bother to even acknowledge their existence by specifying the ‘education’ they are referring as only one of many existing forms of education.

This reflects a cultural arrogance and/or ignorance which is hard to justify given the extent of information now readily accessible about Indigenous knowledges and educational practices. The Coolangatta Statement On Indigenous Peoples’ Rights in Education (1999), for example, states:

The rights of Indigenous peoples to access education - even when these rights are recognised in treaties and other instruments - are often interpreted to read that Indigenous peoples only want access to non-Indigenous education. Presumably it is considered that the core of Indigenous cultural values, standards and wisdom is abandoned or withering in the wilderness of Indigenous societies. (p.3)

As a consequence of this invisibility of Yolŋu systems and knowledges, the Balanda health and education systems and knowledge are introduced and implemented as though in a vacuum, with an inevitable and dramatic shift in control. This loss of control is exacerbated by a similar ‘invisibility’ of many aspects of these introduced systems to Yolŋu. Attempts at ‘Aboriginalisation’ of health, education or other systems are also thwarted by this ‘invisibility’ of the systems and knowledges of each culture to the other. Yolŋu are offered the ‘opportunity’ to ‘take control’ of systems they do not fully understand, that may not be relevant or appropriate to their needs and that are often in opposition to existing Yolŋu systems and knowledges.

The importance of schooling (Western education) was widely acknowledged in the study community, particularly in terms of employment. Higher levels of Western education, however, were not proposed as the solution to health problems and some Yolŋu perceived Western education as detrimental through the loss of Yolŋu knowledge resulting from the acculturating effect of education. This concern has often been expressed by Indigenous people in other contexts:
Historically, Indigenous peoples have insisted upon the right of access to education. Invariably the nature, and consequently the outcome, of this education has been constructed through and measured by non-Indigenous standards, values and philosophies. Ultimately the purpose of this education has been to assimilate Indigenous peoples into non-Indigenous cultures and societies. (Coolangatta Statement on Indigenous Peoples’ Rights in Education p.3)

The ‘education as an agent of empowerment versus assimilation’ argument which runs through much of the debate about the relationship between schooling and health in the Indigenous Australian context, is summarised by Parrington (1998):

Education provides a source of empowerment for Indigenous people. It gives them the potential to take charge of their own lives without the need to rely on intermediaries or to continue as clients of a welfare system which, for many, perpetuates the paternalism of the colonial era. However, education also has the potential to deny Indigenous people their heritage. Schooling, as an agency of the dominant culture in society, is strongly assimilationist and, unless conscious efforts are made to incorporate the knowledge of other groups into curricula, there is a danger students will be forced to trade their heritage for educational success... The goal of such education is academic success for those students along with the retention of their family and cultural ties. (p.v)

Similarly, in his review of the health transition literature conducted for the CRCATH, Boughton (2000) points out that:

...education systems in Australia and elsewhere, historically-speaking, often aimed to reduce Indigenous peoples’ power and authority over their children, and helped to lower the status of Aborigines in society. These systems often devalued Indigenous laws, languages and cultures, and most importantly, denied the basis on which people legitimated their ownership of the vital economic resources of land and sea. The education system has been, in other words, heavily implicated in the processes of dispossession and cultural genocide which were major causes of increasing ill health. (p14)

The extent to which education (schooling) has in fact been a source of empowerment for Yolŋu was repeatedly questioned: despite the levels of Western education achieved by many Yolŋu, their access to employment and increased economic and political power remains severely restricted.

In a discussion more specifically related to the implications of the health transition research for the Australian context, Rowse (1996) states that:

(t)he trade-offs for health between maintaining older cultural forms and embracing new social forms will be too numerous and too particular to be subject to any easy formula. Just as it was naive to believe that land rights is essential to improved Aboriginal health, so it would be equally dogmatic to make ‘better health’ a new mandate for assimilation. Rather, we should respect Aboriginal efforts to maintain the cultural dualities which are deeply structured into their colonial situation (p.227).

Rowse (1996) proposes an alternative framework to that of the health transition model. Whereas the health transition work focuses on families and mothers in particular, Rowse considers forms of governance (self, familial and communal) in which self-determination is seen as a ‘project of modernisation’. This, he suggests, is a more effective framework for understanding a greater range of health problems which are now confronting Aboriginal people, acknowledging the increasing level of non-communicable diseases in adults, and addressing the dramatic social change which has occurred in the transition from a nomadic and dispersed lifestyle to a centralised and sedentary way of life.
The health consequences of cultural change, particularly due to this transition from ‘a nomadic and dispersed lifestyle...’ are widely recognised by the Yolŋu involved in this project. The shifts which are occurring in forms of governance are also seen as a crucial influence on health outcomes, for example at the remote site, in terms of the decreasing prominence of Yolŋu systems of law, behavioural education and control, and the kinship system which structures all interactions in the Yolŋu world.

Many Yolŋu are concerned about how they can maintain and draw on the strength of traditional systems and knowledge to more effectively accommodate cultural change and reduce the negative health consequences of such change. Despite the common rhetoric about self-determination, the changes in forms of governance at each of the levels described by Rowse have resulted in a dramatic and continuing shift in control from Yolŋu (individuals, families and clans) to others outside these structures - including state and federal institutions, or government sponsored institutions such as community councils, as well as Aboriginal controlled but externally located (from a Yolŋu perspective) organisations.

The emerging evidence from recent research in other countries about the connections between cultural change, control and health is discussed in detail by Devitt, Hall and Tsey (2001). They argue that the ‘high stress-high anxiety-low control scenarios’ implicated in recent research (e.g. Marmot, Bosma et al.) as having negative consequences for health are precisely those experienced by Indigenous communities, families and individuals (Devitt et al. 2001, p.8). They also cite research findings (Evans et al. 1994) that suggest it is extent of cultural change not change itself that is important and that loss of control occurs when the rate of change exceeds people’s ability to accommodate it.

Such loss of control and its perceived health effects are repeatedly illustrated in this report: the loss of individual control over environment, health action, food choices, education, living space, hygiene, the loss of family and clan control over children due to schooling and other Western cultural influences and limited access to information about emerging problems and how to deal with them; over economic structures and resources, location and lifestyle. In interactions between Yolŋu community members and organisations and individuals from outside the community, the shift in control is intensified in its disempowering effect. A strong appeal was made for those coming from outside to recognise Yolŋu values, to provide genuine opportunities for Yolŋu to take responsibility for their health and to demonstrate trust in their ability to do this.

The findings of this project, as well as other recent work (e.g. Ewald & Boughton, 2002), suggest more sophisticated and informed theoretical frameworks, reflecting the diversity of Indigenous experiences, are required to better understand the complex connections between health and education for Indigenous peoples in Australia.
EXPLORING THE CONNECTIONS
IN CONCLUSION

This report has presented a detailed account of some Aboriginal perspectives on the relationship between health and education which challenge many of the assumptions implicit in the debate about the relevance of the health transition research findings to Indigenous Australians. There was a consistent rejection by Yolŋu of the theoretical assumptions commonly expressed within institutions concerned with Aboriginal health, that is, in summary: that more and better Western education will result in improved health. There was, however, strong consensus amongst Yolŋu in terms of their theories about health and education. The dominant theme in Yolŋu discourse, as it was expressed through this project, is the critical importance of Yolŋu systems, knowledge and practices in influencing health. The increase in health problems is attributed overwhelmingly to the loss of this knowledge and change in lifestyle as a result of Western influence. The solution for improving health is also predominantly seen to be improving Yolŋu education related to health issues and strengthening Yolŋu health promoting practices, systems and knowledge.

These ideas are not new – or surprising: the important issue here is that Yolŋu themselves had the opportunity to articulate their own theories about the connections between health and education and to identify the actions they want to take to address their concerns. Even more importantly, many of these actions are now being implemented through the Marrgithinyaraw Yalu at Galiwin’ku (see Appendix 1) which has developed as a direct response to the Yolŋu priorities and preferred practice concerning health-related education identified through this research.

From a Yolŋu perspective, the Marrgithinyaraw Yalu is the most significant outcome of this project and is consequently achieving a high level of sustained success and community support. The Yolŋu participants also felt strongly that their views should be documented to provide an opportunity for people from outside their community to become better informed about the range and depth of their understandings about the health-education connection. As well, their critical analysis of the research process and outcomes offers important insights which may have wider relevance across the fields of Indigenous health and education.

The brief overview given in this section is intended only to draw the readers attention to some of key features of this project which are expressed far more adequately, and authentically, in the words of Yolŋu themselves in earlier sections of the report. Measured against the goals of this project and the underlying philosophy of the research approach, some of the achievements which were key markers of success include:

• a high level of Yolŋu participation in, and control over, all aspects of the research;
• collaborative construction of knowledge which is relevant and applicable to Yolŋu needs;
• actions which are grounded in locally relevant theory and practice and that are conceptualised, initiated and implemented by Yolŋu with external support as they require;
• outcomes which are valued and actively supported by Yolŋu, not necessarily - or only - by research institutions;
• an increasing redundancy of non- Yolŋu researchers and other external support mechanisms; and
• participation of Yolŋu in an ongoing process of research transfer beyond the original research site and research project.
Some of the features of research process which contributed to this success include:

- an emergent research approach which strives to accommodate the needs of Aboriginal participants rather than simply comply with standard bureaucratic procedures;
- the employment of community members as researchers in a truly collaborative role and at a professional level which acknowledges their relevant expertise rather than their qualifications from the Western educational system;
- sufficient time and capacity to develop collaborative relationships and to enable an optimal level of community participation to occur;
- strategies to ensure effective communication: the use of appropriate communication protocols, for example, in initial consultations and obtaining consent, the opportunity for participants to use their language of choice in interviews and discussions, the employment of registered interpreters in negotiation and dissemination processes such as conference presentations and the use of video and audiotapes to report findings and progress; and
- mechanisms to enable community members to monitor and influence the research process and outcomes (e.g. Yolŋu project management committee; effective communication strategies).

There are also some broader principles to emerge from this project which have more general implications across Indigenous health and education in similar contexts. These include a recognition of:

- the importance of health-related knowledge outside the Western domain which is rarely valued in institutional research or service provision; and
- the level of Indigenous participation that can be achieved when a genuine and sustained effort is made to shift control over processes and outcomes.

Sufficient expertise in intercultural communication and collaboration is fundamental to the success of any project in an Indigenous context which involves individuals or organisations from outside the community. The resources and strategies necessary to support effective collaboration need to be better understood and reflected in project designs and budgets. This project has demonstrated the importance of training strategies for both non-Indigenous and Indigenous researchers which:

- integrate knowledge and practices from both domains;
- do not foster adherence to rigid and inappropriate methodologies; and
- facilitate the emergence and implementation of innovative approaches informed by Indigenous perspectives.

The extent to which these understandings will influence policy and practice remains to be seen and the absence of sufficient strategies and resources to facilitate this transfer in the original research plan is one of the major limitations of this project. Many systemic barriers to genuine participation of Aboriginal people in all aspects of research remain, but the increasing level of commitment to addressing these within and beyond the CRCATH is a reassuring sign for the future.
A perception persists within institutions concerned with Indigenous health and education that Aboriginal families need to be convinced that schooling is important for their children. It is clear from this study, however, that the Yolŋu participants do recognise Western education as essential, although often not sufficient, for increasing their political and economic strength. Rather than attributing the problem to a lack of parental awareness, it would seem more productive to address the barriers which frustrate the efforts of Aboriginal people to access effective Western education. It is also clear that the barriers to improving Indigenous health cannot be overcome simply through more schooling. Positive and sustainable change can only occur when the perspectives of Aboriginal peoples are recognised, valued and acted upon by those who currently control the Aboriginal health agenda – and resources. The Yolŋu participants in this study have provided an opportunity for others to better understand the barriers they face in addressing their health issues and the ways in which they can be overcome. The challenge is for all of those concerned with improving Aboriginal health to recognise, value and respond to their priorities and perspectives.

And a final word from one of the Yolŋu participants in the research project who is now playing a vital role in the implementation of the Marnghitinyaraw Yalu, and in supporting other CRCATH activity within and beyond the community:

*Let’s set our goal and direction together so that we can walk together into our future.*

(Garngulkpuy)
REFERENCES


Boughton, B (2000). *What is the connection between Aboriginal education and Aboriginal health?* Darwin: Cooperative Research Centre for Aboriginal and Tropical Health Occasional paper No.2


ATTACHMENT 1.

MAR&DGITHINYARAW YALU
(NURTURING CENTRE) CONCEPT PROPOSAL

AIMS:

1. to establish and develop a Marnggithinyaraw Yalu (Nurturing Centre), based on Yolŋu systems of management and knowledge as a strong and powerful foundation for improved health outcomes.

2. to appropriately integrate Western health and education knowledge within the Yolŋu framework provided by the Centre.

OBJECTIVES:

Establishment Phase

1. To establish a management committee based on Yolŋu clan representation

2. To negotiate and consult with the management committee in order to clarify and implement appropriate Yolŋu financial and management control.

3. To trial the Yalu structure and process through piloting one health-related education project and evaluating it before progressing to other projects.

Further Development Phase

1. To strengthen Yolŋu systems (rom, gurrutu, raypirri) in order to support the development of positive health-related knowledge and behaviours;

2. To develop and implement education projects in the areas of:
   • rom (system of law, cultural practice and governance)
   • gurrutu (system of relationship)
   • raypirri (system of ethical and behavioural education and control)
   • nutrition
   • medicines
   • specific diseases
   • hygiene
   • sexual health
   • substances
   • cultural change and history of cultural contact
3. To ensure the health-related education projects are grounded in:
   - Yolŋu clan connections with the subject
   - Yolŋu history and knowledge of the subject
   - clan-based needs assessment
   - Yolŋu approaches to production and sharing of knowledge
   - resources and learning materials which have been developed and/or approved by the appropriate Yolŋu clans and the management group
   - Yolŋu-led negotiations with, and approval of, appropriate Balanda expertise and input

4. To coordinate external/Balanda expertise, support and resources to assist clan-based curriculum development and implementation.

5. To collect and assess existing teaching and learning resources for use in health-related education programs.

MANAGEMENT COMMITTEE
To consist of representatives from each bäpurru (i.e. clan).

Roles:
- to determine and implement an appropriate financial management system
- to determine priorities for project development
- to approve materials and resources and advise on implementation of projects

This group works with traditionally-oriented Yolŋu management systems which are based on:
- democratic and participatory decision-making
- negotiation
- team work
- good communication
- flat and wide structure

SUPPORT SUB-COMMITTEE (representatives from each rirgitj)

Roles:
- to ensure materials and resources are correct, appropriate and consistent with Yolŋu approaches and with particular clan knowledge of the subject
- to provide support to Yalu workers with planning, implementation and monitoring of specific projects
**YALU TEAM (one Yolŋu co-ordinator, one Yolŋu support worker, Balanda resource staff)**

Roles:
- to provide overall project management and implementation
- to plan details of structure based on Yolŋu systems
- to plan, develop and implement education programs
- to ensure that programs are based on a Yolŋu curriculum and resources
- to liaise/consult with community organisations/clan groups
- to liaise with/co-ordinate visiting health and education-related services in terms of their involvement with the Yalu.

**EVALUATION TEAM (one Yolŋu adviser, Balanda resource staff)**

Roles:
- to plan the evaluation process in consultation with the Yalu team, Management Committee and Support Sub-Committee
- to implement the evaluation and provide feedback to the relevant groups to inform the continuous process of modification and development of the Yalu activities.

**PROCESS FOR PROJECT PLANNING AND DEVELOPMENT**

(subject to modification as determined during the establishment phase of the project):
- Management committee decides on priorities for project development
- Yalu workers liaise with relevant for group of clans (riŋgitj) for each priority project.
- relevant group of clans develops the project plan to address the priority area in conjunction with the Yalu workers
- the Management Committee approves project plan and budget
- members from the relevant clans work with the Yalu staff to prepare the curriculum and resources for each project in consultation with the Support sub-committee
- Yalu staff assist participating clan members with issues such as copyright over knowledge, informed consent and reporting back to the Management Committee
- the Support sub-committee assesses the education program - i.e. the materials, resources and planned activities to see if they are correct, appropriate and consistent from a Yolŋu perspective before implementation
- the education program is implemented according to the plan developed by clan participants and approved by the management committee
- the Evaluation team, Support sub-committee and Management Committee monitor and assess the outcomes of program
- based on the outcomes of the evaluation the process is further developed, implemented and evaluated in a continuous cycle
EXPLORING THE CONNECTIONS
ATTACHMENT 2
PROJECT STRUCTURE

INDIGENOUS HEALTH & EDUCATION:
EXPLORING THE CONNECTIONS

Indigenous Researchers

Yol\uw Wal\athinyamirr ga
Mar\githinyamirr Larrunhamirr ga
Dh^manapanamirr

Investigators

CRC for Aboriginal & Tropical Health

Community Watalu

Yoll\u Larrunhamirr Mala

Yoll\u Committee

Indigenous Researchers

Yoll\u Committee

Community Watalu

Gu\gayunawuy ga mar\githinyawuy
rom/dhukarr \orra ga bala-raliyunmirr limurru\gal
EXPLORING THE CONNECTIONS