



## **Use of the Arts in Health Promotion for Aboriginal Women**

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# Use of the arts in health promotion for Aboriginal women

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We describe the manner in which we have utilised Indigenous art to facilitate health promotion for Aboriginal women.

In 1997 members of The Jean Hailes Foundation were invited to visit the Kimberley region of Western Australia to evaluate the appropriateness of extending our education services to address the needs of Aboriginal women in and around the town of Derby. The Derby region comprises several rural and remote Aboriginal communities, many of which have been relocated there as a consequence of white colonisation. The changes resulting from the imposition of western systems have threatened the culture, identity and power of these people. These changes have also impacted profoundly upon their traditional lifestyle and been detrimental to their health.<sup>1</sup> As Golds et al. have noted, Aboriginal people were neither allowed to practice their traditional lifestyle (hunting and gathering food, spiritual practices, etc), nor were they equipped with the educational and linguistic tools or life skills to survive a modern lifestyle.<sup>1,2,3</sup>

Although the environment is different now to when Aboriginal people lived in the bush, traditional knowledge remains important to the survival of Aboriginal people who derive their understanding from cultural systems of art and storytelling.<sup>1,4</sup> Living in urban style housing, as opposed to the bush, necessitates the need to introduce such basic principles as “keeping fresh” (clean) and “gathering healthy tucker in the supermarket”. On the whole, health education presented solely from a western perspective does not explain this well. This is in part due to the incongruity between focused initiatives and the holistic view of health that is integrated into Aboriginal systems of law, kinship and the land. After discussing this issue, this paper examines how art can be used to enhance health education for Aboriginal people. We propose that the use of traditional art and language extends beyond conventional health education and serves to open doors to new ways of approaching Aboriginal health.

## CULTURAL PERSPECTIVE ON HEALTH

As a result of acculturation, communities like Mowanjum (now situated 16 km from Derby) suffered fragmentation of their cultural systems that has led to a myriad of social and health problems. Adult members have felt shame instead of pride in their culture resulting in their low self-esteem and loss of influence over their youth.<sup>5</sup> The breakdown in systems of kinship, unemployment and crowded living conditions have exacerbated these problems, contributing further to low self-esteem, a sedentary lifestyle, alcohol and other substance abuse, domestic violence, and poor sanitary living conditions.<sup>1,6</sup> Furthermore, there has been a sudden transition from a diet high in fibre, wild meats and raw sugars to one high in saturated fats and refined sugars, for which they have no history or genetic protection.<sup>5</sup> This has led to an epidemic of diseases

such as diabetes, cardiovascular disease and renal failure.<sup>1,4,7</sup> Importantly, research has shown that modification of diet and lifestyle practices can prevent the development and reduce the progression of these disease processes. However, in order for health education to be meaningful programs need to be sensitive to an Aboriginal model of health.

The disparity between traditional views about health and the western paradigm make it difficult for Aboriginal people to know how to manage their health in contemporary times. Where Aboriginal people typically view their health as an integrated process of psychological, emotional and spiritual life, principles of health are tacit within a cultural framework of law, the land and kinship. Systems of kinship engender a sense of community that extends beyond the nuclear family to a point where elders typically nurture, educate and care for their young members, with a reciprocal arrangement that youth are expected to care for their elders should they become frail. When one member becomes ill, it affects the whole community. A consequence of now having to seek medical advice in a western system of health care is that many feel either uncomfortable or unfamiliar to a point such that they are reluctant to seek help. Furthermore, a lack of cultural knowledge on the part of the health provider contributes to their unwillingness to seek assistance. For example, traditional cultural systems known as “women’s business” provide guidance for managing reproductive health. In the absence of cultural sensitivity however, women often feel “shamed” or embarrassed to seek assistance from health agencies who use complicated medical terms, require examination by male doctors, or fail to explain in familiar terms the nature of treatment. This discourages women to attend to their reproductive health needs and appears to contribute to the high rates of sexually transmitted diseases and cervical cancer commonly found among Aboriginal women.<sup>5,8</sup> In addition reproductive health issues are emerging for which there appear to be no traditional Aboriginal management process, the most notable being menopause. These examples highlight the need to develop health education that systematically integrates both models of health care.

## THE USE OF ART IN HEALTH PROMOTION

Art has been used in the treatment and prevention of disease for thousands of years. There is perhaps no better example than Indigenous cultures where people “have been urged to become involved in their healing through active or vicarious participation in art for health’s sake.”<sup>9</sup> In a therapeutic sense, art provides a concrete example of inner life that reflects the unity of emotional and spiritual life which cannot be separated from physical health.<sup>10</sup> In the western paradigm of health, art has only been introduced in recent decades, primarily to assist in the treatment and management of mental health. More recently, art therapy and visualisation techniques have been employed in a variety of ways to enhance problem solving, performance, pain management and the treatment of diseases such as cancer. In addition, traditional healing practices have been reintroduced into Native American communities in North America. As part of the 1988–97 UNESCO project, an “Art in Hospitals” program has been introduced into German hospitals to promote cultural activities.<sup>11</sup>

Given that art spans many dimensions of human experience it can connect the past with the present and future.<sup>6,12</sup> As Bell has noted, “images and myths empower people to take responsibility for their own lives and their future by being mindful and

conscientious about living in the present.”<sup>6</sup> Reflecting an historical culture, art nurtures a sense of identity and self-concept, and helps to link people with others of a similar background. This is especially important to the Australian Aborigines who are currently striving to reclaim their cultural identity.<sup>7,13,17</sup> From an emotional viewpoint art engenders hope, confidence and insight into the daily challenges of life.<sup>9</sup> Rites of passage expressed through art provide an avenue for such things as “women’s business” to be translated in sensitive ways. And when words or language fail, art encourages the viewer to draw upon their inner resources.<sup>14,15,16</sup>

For communities such as Mowanjum, who take great pride in their art, symbolic images and language provides a cultural tapestry that links their rich, cultural background with emotional and spiritual life, a sense of kinship, and lifestyle themes.<sup>6,7,17</sup> Powerful images provide poignant descriptions of important historical themes that restore Aboriginal origins, engender a sense of pride and anchor people to their kin. Art images also have the power to narrate important themes about Aboriginal life that help to shape their past, present and future experiences.<sup>6,17</sup> In that cultural art forms are both ancient and contemporary at the same time, we considered they would provide an excellent tool for bridging the gap between how Aboriginal people used to live and how they need to live now.

## OUR STUDY

We recognised that to be able to develop health material for Aboriginal women, we would need to appreciate our cultural differences and draw upon the strengths of our combined medical and cultural knowledge. We also adopted the approach that the project would be more effective and enduring if we encouraged local women, artists and health workers to nominate the aspects of health they wished to convey. Our role was threefold: to profile women’s health in order to more fully understand their health needs, to discuss our findings with women, and to work collaboratively in guiding the development of a community-based health education program for this region. We hypothesised that a survey of women’s reproductive and general lifestyle factors would link the high rates of type 2 diabetes mellitus and cardiovascular disease in this population with central adiposity and reproductive health issues; and that menstrual disorders and symptoms of menopause were sufficiently prevalent that they should be addressed. We also proposed that through our collaboration with the Mowanjum artists, art would provide a tool for encouraging a community-driven health initiative that gives ownership to the local people.

## METHOD

In 1997 members of The Jean Hailes Foundation were invited to visit the Kimberley communities in order to determine how we might extend our educational services to Aboriginal women in this region. We met with key women leaders in and around Derby, West Australia in order to gauge their level of interest and determine how best to develop health education for these women. We surveyed Aboriginal women using a comprehensive women’s health questionnaire in order to more fully understand their reproductive and general health needs. In order to better understand the needs of Kimberley Aboriginal women and determine whether health problems were different to

those residing in more urban settings, we surveyed Aboriginal women from both the Kimberley and South West Victoria.

Adhering to the National Health and Medical Research Council Guidelines for research into Aboriginal communities<sup>18</sup> we established a number of formal partnerships with both Aboriginal and non-Aboriginal organisations and health agencies. Ethical approval for our research protocol was sought and gained by the Human Research and Ethics Committees of Monash Medical Centre, Clayton, Victoria and the Western Australian Aboriginal Health Information and Ethics Committee. Of note, approval was sought and gained by all individual Community Councils who were invited to participate.

Aboriginal women aged 18 and over from the Kimberley region of Western Australia and the South Western region of Victoria were invited to participate in a health survey comprising a comprehensive women's health questionnaire designed to identify reproductive health status and general lifestyle factors associated with diabetes and cardiovascular disease. Women were recruited by word of mouth and only those who were able to give written informed consent were included. There were no women who wished to participate excluded from the study, however, sufficient explanation to enable informed consent was time-consuming and the health survey itself took over an hour to complete. All interviews were conducted on a one-to-one basis and in privacy.

The findings of our health survey formed the basis for the development of a preventive health initiative for the Kimberley region. Through consultation and collaboration with Aboriginal women, the Mowanjum artists, health agencies, schools and local supermarkets health booklets entitled "Aminina Nud Mulumuluna" (You gotta look after yourself) and "Wungai Ngunga" (Women's Business) were developed according to the educational and cultural needs of the regional Aboriginal community. As is customary, we sought and gained approval from elders to reproduce art images for the health booklets. To overcome cultural sensitivities we were guided by male and female elders as to their cultural mores.

To reinforce diet and lifestyle messages incorporated into the health booklets, and to target men and women who may not be able to read, a companion video entitled "Aminina Nud Mulumuluna" (You gotta look after yourself) which featured key community members from Derby and Mowanjum was also produced.

In mid-November 2000 our project was launched by the Hon. Dr Michael Wooldrige, Federal Minister for Health. Simultaneously, health booklets and videos were distributed to 16 health agencies, educators and supermarkets and 7 administrators and counsellors in and around Derby; some of which are still being distributed. In an attempt to gauge the effectiveness of the health material, we found it difficult to plan a follow-up evaluation mainly due to the limited staffing of community health centres. Rather, we acted on the advice of an ATSIC regional councillor and health worker who suggested that we simply ask women "if they liked the health booklets". This was done by inserting a stamped, self-addressed postcard into each of the health booklets to be returned to The Foundation. In January 2001 follow-up letters were also sent to each health agency requesting feedback on how they and their community members found the health material and whether it was useful.

## RESULTS

### Survey results

Fifty-five women participated in the study. Twenty-seven of the women (49%) were from the Kimberley region of Western Australia and 28 (51%) were from south-western Victoria. Most women resided in rural settings (55%), with 36% residing in urban and 9% as remote locations, respectively. Women from the Kimberley were more likely to reside in rural locations (70% of the WA group) and women from Victoria were more likely to reside in urban settings (61% of the Victorian group).

Detailed statistical findings of our survey will be published elsewhere. For the purposes of this paper, a general overview is reported to highlight some of the similarities and differences found among the two communities. Overall, both communities were characterised by a high level of risk for cardiovascular disease and diabetes. Central obesity was more pronounced among the Kimberley women and blood pressure was positively correlated with body mass index (weight (kg)/height (m<sup>2</sup>). Consistent with the high prevalence of cardiovascular disease and diabetes found among the Aboriginal population, there was a high rate of self-reported heart disease, hypertension and diabetes. Koori women from Victoria had less central obesity, but they were more likely to consume higher than safe levels of alcohol and to smoke cigarettes. Consistent with reports that show a higher rate of invasive cervical cancer among Aboriginal women than non-Aboriginal women, Koori women were less likely to undergo regular pap smears and self-breast examination. Our survey is also suggestive of a high rate of polycystic ovarian syndrome (PCOS) which is associated with diabetes, and this needs to be further investigated. The majority of peri and postmenopausal women reported menopausal symptoms, the most common being hot flushes, vaginal dryness and urinary frequency/incontinence.

### Collaborative results

Through consultation with the Mowanjum artists, community men and women, and local health workers written health themes were translated into traditional art forms and the local vernacular in order to target both younger and older women in a culturally appropriate way. Two health booklets were produced for the region for which we were awarded the “Reducing the Burden of Diabetes Team Award” (Glaxo Wellcome International, August 2000).

Key health workers and Mowanjum community members demonstrated their understanding of “how it used to be, and what they have to do now to stay strong” through their participation in a companion video entitled “Aminina Nud Mulumuluna” (You gotta look after yourself).

## DISCUSSION

Overall, the results of our survey show an unacceptable level of cardiovascular and diabetic risk among this group. In that diet and lifestyle modification can reverse this trend, these findings reinforce the need for preventive health strategies among these women. Although our sample size was small, our findings are suggestive of a high prevalence of PCOS in this population. We also report that menopausal symptoms are

common but untreated, and this aspect of women's health needs to be addressed from both education and management perspectives

Importantly health education needs to bring to light possibilities for an improved outlook on Aboriginal health. However, programs need to be designed that borrow from both western paradigms and Aboriginal systems of health, without a departure from one or the other. The implications for this are that through a system of shared knowledge we can assist Aboriginal women in updating their views about diet and lifestyle and their impact on health. Whereas cultural art can form the basis by which Aboriginal women draw upon western health knowledge, it can also heighten our (western) sensitivities to the cultural systems that surround Aboriginal life. Relying on these cultural strengths thus provides both Aboriginal and non-Aboriginal people with the power to enhance the health of Indigenous families and communities.

The Foundation recognises that community-based activities empower local people through their involvement. Through our partnership with the "Kimberley Mob" were able to bridge the cultural gaps and give ownership to the local people. Women were provided with an opportunity to make informed choices about health issues that affect their community. In addition, their contribution through visual language contributed to a multi-dimensional framework for health education that is consistent with their cultural pride and knowledge.

Currently, we are in the process of evaluating the effectiveness of this project. We anticipate that the impact of this program will not be immediate but rather a gradual increase in awareness and slow transition to a healthier lifestyle. However, in sharing our findings with women, we note that they have begun to make a link between diet, lifestyle and their impact on disease. This was evident not only through our informal discussions about health, but in the way the Mowanjum artists interpreted major health issues through complementary art.

## SUMMARY

McKenzie and others have noted how the Mowanjum people have had to redefine their culture and confront health problems in their transition from bush life to western society. In working with the women of the Mowanjum community, we have found that poor health, coupled with their concern for the well-being of their people and their devotion to traditional art has contributed to their overall enthusiasm to take part in this project. The strength of this project however, is in the collaboration of a diverse range of people, both Aboriginal and non-Aboriginal who contributed their knowledge and expertise in the development of these resources. Through our partnerships with the wider Kimberley community, we were able to carry forward a contemporary view of Aboriginal health that links traditional values with western concepts. As Dr Wooldridge noted when he launched this campaign, "these positive working relationships ... provide an important example for other communities who may wish to tackle ... important health issues".

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## **AUTHOR**

**Barbara Davis** is a psychologist with a background in nursing and art therapy and has tutored in psychology at Deakin University. Through her work as a psychologist Barbara has developed a range of art and visual activities for children, adults and parent-child interactions to facilitate dialogue and education. In addition she has conducted visiting lectures at Monash University in art therapy, and has maintained a supporting role in the development and restructuring of course content for 2nd and 3rd year psychology tutorials at Deakin University.

Barbara's role at The Jean Hailes Foundation has involved both research and education activities. In addition to supporting women's health studies, such as those involving low libido and renal disease, Barbara has largely focused on the development of culturally relevant health promotion material for Aboriginal women in the Kimberley. The nature of this work entailed the co-ordination and designing of a video and health booklets for which the "Reducing the Burden of Diabetes Team Award" (Glaxo Wellcome International) was presented in June 2000.

