CULTURALLY APPROPRIATE EVALUATION OF ABORIGINAL HEALTH PROMOTION PROJECTS

BARBARA ANNE GARROW

BCom, BSW

A thesis submitted in partial fulfilment
of the requirements for the
Degree of Master of Science (Primary Health Care),
The Flinders University of South Australia

THE FLINDERS UNIVERSITY OF SOUTH AUSTRALIA

SCHOOL OF MEDICINE

MARCH 1994

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This thesis examines the issue of culturally appropriate evaluation of Aboriginal health promotion projects. The study is set in Ernabella, an Aboriginal community on the Anangu Pitjantjatjara (AP) Lands. Practice issues are explored through a formal evaluation of a diabetes health promotion project known as the Mai Wiru (Good Food) Project.

The literature review reveals that very little work has been published in this area. The research is therefore exploratory. A number of emerging principles for Aboriginal health research have guided the project methodology and influenced the choice of an action research approach.

During the course of the project, the two terms "intentions" and "monitoring" are introduced and described. These terms refer to the objectives and process evaluation that are used by Aboriginal people in their evaluation of health promotion projects with which they are involved.

The importance of commencing participatory program linked evaluation at the outset of a project is reinforced.

Guidelines for culturally appropriate evaluation are identified, as are detailed practice considerations. The work is emergent, with this project forming the first spiral of an ongoing action research inquiry.

Statement of Authorship

I certify that this thesis does not contain material which has been accepted for the award of any other degree or diploma; and that to the best of my knowledge and belief it does not contain material previously published or written by any other person except where due reference is made in the text of the thesis or in the notes.

Barbara Anne Garrow

Declaration by Supervisor

I believe that this thesis is properly presented, conforms to the specifications for the thesis and is of sufficient standard to be, *prima facie*, worthy of examination.

Michael Crotty

Acknowledgments

I would like to acknowledge Tjikalyi Collins for her work, advice and encouragement. We worked as co-researchers on the Mai Wiru project evaluation, and I thank her for all that she has taught me. I also thank the women of the Mai Wiru group and the women involved at the Ernabella Minyma Tjuta Nintiringkupai, who have provided support, encouragement, advice and teaching.

I would also like to thank my supervisors for their advice and encouragement during the research and preparation for this thesis. They are Dr. Michael Crotty of the Department of Primary Health Care, The Flinders University of South Australia and Dr. David Scrimgeour, formerly at the Menzies School of Health Research, Alice Springs and now at the Western Desert Aboriginal Medical Service, Jigalong, W.A.

There are many others who have offered their time and help. Lesley Hoatson at Amata; Helen Deans, Paul Eckert and Ron Trudinger in Ernabella; Susie Bryce, Christine Franks, Maggie Kavanagh, Linda Rive, Tim Rowse, Craig San Roque, Margaret Scrimgeour, and Carol Watson in Alice Springs; Fran Baum, Colin Endean, Tony Giorgio and Robyn Mobbs in Adelaide; Suzanne Fermanis, Margaret Hamilton, Penny Hawe, Kelley Johnson, Mandy Lee, Ruth McMullin, Meg Montague, Rob Moodie, Joan Martin, Yoland Wadsworth, and Spencer Zifchak in Melbourne.

And I thank my family, the Garrows and the Mulveys, for their support. And especially my husband Graeme and our children Lewis, Edward, Ella and Ilona for their endless patience and love.

Financial assistance for the project was provided by a Section 16 Research Grant from the South Australian Department of Health.

Glossary of Abbreviations and Pitjantjatjara Words

Abbreviations

AHS	Aboriginal Health Service
APY Lands	Anangu Pitjantjatjara Lands
AWS	Anangu Winkiku Stores
CHASP	Community Health Accreditation Standards Project
MREC	Medical Research Ethics Committee
MWT	Mai Wiru Evaluation Tjukurpa
NAHS	National Aboriginal Health Strategy
NHMRC	National Health and Medical Research Council
NIDDM	Non-insulin dependent diabetes mellitus
SAHC	South Australian Health Commission
UPPK	**Report of Uwankara Palyanyku Kanyintjaku. An Environmental and Public Health Review within the Anangu Pitjantjatjara Lands**, Co-operative initiative by Nganampa Health Council, South Australian Health Commission and Aboriginal Health Organisation of South Australia.
Women's Council	Pitjantjatjara Yankunytjatjara Ngaanyatjara Women's Council
WHO	World Health Organisation

Pitjantjatjara Words, Terms and Names

Anangu	The word for person and people. Is used by Pitjantjatjara people to refer to themselves.
Ernabella Minyma Tjuta Nintiringkupai	Ernabella Women's Learning Centre.
inma	singing, traditional song. Also ceremony incorporating songs and dance.
Koori	name that Aboriginal people in Victoria call themselves, and are known.
Mai Wiru	Good food used with capitals refers to the diabetes health promotion project.
mai wiru	good food.
Mai Wiru Evaluation Tjukurpa	The story of the Mai Wiru evaluation. Comprised of Anangu oral and written accounts collated for the evaluation of the project.
minyma	woman.
piranpa	white. Commonly used to refer to a white person.
Pitjantjatjara	The language spoken by a group of people whose traditional land is in Central Australia. Also a word used to describe people who speak that language.
Pukatja	The Anangu name for Ernabella.
tjukurpa	Used to refer to a story. Also is used with a capital to refer to creation, Dreaming, Law

CHAPTER 1
INTRODUCTION

1.1. BACKGROUND TO THE STUDY

This study involves an exploration of the different understandings and knowledge of Aboriginal and European Australians. In his opening address for the 1993 Boyer Lecture Series, Mandaway Yunupingu talked about the idea of a balance between black and white. The balance that he described involved an acknowledgment of differences. Yunupingu concluded,

> governments and institutions need to seek and to find ways of working with different knowledges. Part of this is beginning to see European type knowledge as just one sort of knowledge among many...Non-Aboriginal people need to take time and make the effort to understand the logic of Aboriginal knowledge (Yunupingu, 1993).

Kami[1] lives on a homeland on the AP Lands. With her family she teaches groups of non-Aboriginal tourists about the land and the culture. Her land was formed by Wati Nyintaka, perentie man, and he is embodied in that landscape. Kami is responsible for looking after the land, the waterholes and rock holes, the vegetation and creatures, and she is responsible for the knowledge, songs and dance that go with the land. After teaching a group these things for a week she climbed up to a high point and sweeping her arm across the surrounding land said, "All of this is my garden and this is my way of looking after it. You have your way and I have mine" (Field Journal, personal observation, 1991).

---

[1]Kami is a pseudonym. The anonymity of Anangu participants is respected with the use of pseudonyms throughout the treatise, with the exception of the co-researcher Tjikalyi Collins who is referred to by her Pitjantjatjara name, Tjikalyi.

One night the writer was camping with a group of Anangu women. The women were singing and dancing traditional songs and this continued for some hours. A few of us were thinking about sleep when Nginana, one of the Aboriginal women, looked up at the sky to see the moon's position and commented, "It must be midnight." A glance at a watch revealed the time to be five minutes to twelve. In estimating the time, Nginana was able to use skills from the two conceptual worlds. The position of the moon and stars gives people information about relationships of night to morning, of the cold time to the hot. Traditionally in Aboriginal culture, there is no time concept (Swain, 1993), yet Nginana linked her traditional knowledge with the introduced concept and was able to communicate in a way that was able to be understood by the non-Aboriginal in the group.

This story suggests that there are dangers in making generalisations about Pitjantjatjara culture.

The settlement of Ernabella is fifty-seven years old, a relatively short contact period compared to many other Aboriginal people in Australia. This represents the span of sustained European influence on Anangu. Today, traditional ways of life mix with Western influences, and as a response there is an emerging contemporary Pitjantjatjara Aboriginal culture that is drawn from the complex interplay of different societal structures, value systems and world views.

Despite their efforts to understand Pitjantjatjara culture, Euro-Australians will always be influenced by their own definitions and ways of understanding the world - their ethnocentrism. Hughes (1987) gives an historical illustration of this. Early colonial journalists and painters described and painted the Australian bush in such a way that it closely resembled the English landscape. Hughes writes,

> The comparison of the harbour landscape with an English park is one of the more common, if startling, descriptive resources of First Fleet diarists. Partly it came from the habit of resorting to familiar European stereotypes to deal with the unfamiliar

> appearance of things Australian...it took at least two decades for colonial watercolourists to get the gum trees right, so that they did not look like English oaks or elms (1987, p 3).

The perceptions of the early colonists may seem to us today to lack insight. However, it is important to reflect on the many subtle ways in which we constantly bring our own socialisation and world view into a situation. In writing this thesis, a non-Aboriginal Euro-Australian viewpoint is represented through the reflection, the structure, the perspectives, the understandings and the narrative. This is unavoidable. The challenge is to find understandings that are not destructive and understandings that do not look metaphorically like the English oak or elm. The aim is to attempt to make a constructive contribution at the interface of two cultures.

1.2. The Problem of Culturally Appropriate Evaluation

The purpose of an evaluation, how it should be done, and who should be involved are all contentious issues about which much has been written. This applies particularly to the areas of evaluation of community development and community health projects.

Many writers advocate that evaluations should be designed so as to be accessible to, useful for and involving of the people who are actually affected by the evaluation. They are the program participants (Wadsworth, 1991; Carr and Kemmis, 1986). Nevertheless, in a remote Aboriginal community project evaluators will in all likelihood be non-Aboriginal. Barriers to local Aboriginal people being involved in evaluative research include lack of familiarity with Western style evaluation concepts, low literacy levels, and other commitments and priorities.

Michael Quinn Patton (1985, p 2), comments that "evaluations are difficult to conduct in one's own culture." He then asks, "What happens when we export the ideas, concepts, models, methods, and values of evaluation to other countries and cultures?"

Little has been written about how to make evaluations of Aboriginal health promotion projects culturally appropriate. The current inquiry began by asking if it was possible to do a culturally appropriate evaluation of an Aboriginal health promotion project. A review of the literature led to exploring the issue by conducting a participatory evaluation. Without consideration of the cultural appropriateness of evaluations it seems likely that the way they are conducted will be characterised by the world views and perspectives of the dominant European/Western culture.

1.3. OBJECTIVES OF THE PROJECT

The research objectives were

1. To evaluate the Mai Wiru health promotion project in Ernabella with an Aboriginal co-worker and to use this experience to gather data about culturally appropriate evaluation.

2. To analyse the Mai Wiru evaluation process to provide insights that can inform recommendations about the development of a culturally appropriate evaluation methodology for Aboriginal health promotion projects.

CHAPTER 2
THE CONTEXT

This chapter includes historical and cultural information about the study location as well as relevant information about the health status of Pitjantjatjara people.

2.1. ERNABELLA - LOCATION AND GEOGRAPHY

Ernabella, which also has the Pitjantjatjara name of Pukatja, is a community of 450 Aboriginal and 60 non-Aboriginal people situated on the AP Lands in the north-west corner of South Australia (Nganampa Health Council Community Population files, 1993). It is approximately 440 kilometres by road to Alice Springs the nearest regional distribution centre. A map is included in Appendix A.

The AP Lands occupy a 102,360 square kilometre area and comprise approximately 10% of the state (Mattingly and Hampton, 1988). Since the granting of land rights by the South Australian government in November 1981, the land has been held by the Pitjantjatjara people as inalienable freehold title (Mattingly and Hampton, 1988).

The Lands are surrounded by deserts with the Gibson to the north-west, the Simpson to the east and the Great Victoria Desert to the south. The terrain is classified as desert although this is perhaps misleading as there is an arid to semi-arid climate and a diversity of landscapes and vegetation characterised by sparse grassland and small trees.

Ernabella is in an attractive location in the foothills of the Musgrave Ranges. The settlement runs along a dry creek and there is a proliferation of ghost gums in and around the creek. The water source for the trees and the local population is an artesian basin that lies close to ground level.

Most of the Aboriginal people living in the area are based in one of the six main communities. Local policy has been to facilitate movement of people back to

"homelands" or small outstations and about 40% of the population live on these outstations. The homelands comprise small land holdings that usually have a house and a bore with reliable water supply. The occupying family may have a traditional connection with the land. Many people who live on homelands will also travel daily to the nearest community for food supplies, to visit the homelands office, to attend school or work. Ernabella is one of a number of communities on the AP Lands and today the majority of the people living on the Lands are based in these small communities of between 100 and 500 people.

2.2. PRE-EUROPEAN SETTLEMENT

Archaeological evidence indicates that Aboriginal people have been in Australia for at least 40,000 years and have lived in Central Australia for over 20,000 years (Smith, 1987).

Traditionally the Anangu occupied an area of land that extends from the north west of South Australia into the adjacent parts of Western Australia and the Northern Territory (Bronkensha, 1975).

Anangu believe that they have occupied their land since it was formed by their ancestors (Toyne and Vachon, 1984; Edwards, 1988). The creation is known to Anangu as Tjukurpa, and often referred to by non-Aboriginal people as the Dreaming or Law (Toyne and Vachon, 1984; Pitjantjatjara/Yankunytjatjara to English Dictionary, 1992).

During the creation ancestors lived on the previously formless world. Many events occurred and the actions of the ancestors formed the landscape, provided social order and laws (Edwards, 1988). Stanner (1976, p 14) said,

> The Aborigines believed that the ancestors left the world full of signs, outward and visible signs of intent towards men (sic), signs which human wisdom cherished by tradition could understand, and that wisdom said that men's (sic) life had to follow a

> perennial pattern and by adhering to that pattern men (sic) could live under an assured and beneficent providence.

Stanner described the creation as a subtle concept with a complex of meanings that shape the outlook of Aboriginal people to the universe, self and society (Stanner, 1976). A aspect of this outlook is for Anangu to see their life as part of the lives of others, and for a greater emphasis to be placed on the collective rather than the individual (Toyne and Vachon, 1984). This has profound implications for the central importance of extended family relationships. Relationships are bound by social customs affecting every aspect of life, including whom people can speak to and marry. Another implication on world views, argues Swain (1993, p 19) is that the Aborigines "operate from an understanding of rhythmed events." Rhythm rather than time is the determinant of structure, and place and space are the key determinants of the formation of world views.

People moved across the land in a nomadic hunter-gatherer lifestyle (Last, 1978). However movement was not random, but inextricably connected with the Tjukurpa and the pattern to life that it provided. Yami Lester explains,

> The land holds people together. The people lived there together and they enjoy the land and know the stories of the land. They know where the rockholes and water holes are, and they go hunting on the land. The relationship with the land is part of their life. It's their spiritual meaning (Mattingly and Hampton, 1988, p 73).

2.3. After European Settlement

The lands of the Pitjantjatjara people were first visited by Europeans with the expeditions of Giles in 1872 and 1873-4, and Gosse in 1873 (Mattingly and Hampton, 1988; Bronkensha, 1975).

From that time until the 1930's there was relatively little European contact as prospecting parties found little and the dry climate discouraged pastoralists (Bronkensha, 1975). In

Tindale's visit to the area in 1933 he recorded that people were "still wandering freely as hunting nomads in their own country...subject to few outside influences" (quoted in Bronkensha, 1975, p 8).

Ernabella became the first settlement on the Lands when in 1937 the Presbyterian church took up the pastoral lease. Charles Duguid (1972) proposed the creation of a buffer zone against the adverse affects on Anangu of European intrusion. The mission was founded on Duguid's philosophy and "conception of freedom. There was to be no compulsion or imposition of our way of life on the Aborigines, nor deliberate interference with tribal custom" (Duguid, 1972, p 115).

From this time there was a gradual movement of people toward the settlements, probably related to the effects of prolonged drought (Scales, pers.comm., 1990; Trudinger, pers.comm., 1990) and the easy availability of food supplies (Bronkensha, 1975).

2.4. HEALTH

2.4.1. In General

Aboriginal people recall the time prior to European contact as a time of happiness, with plentiful supplies of good food and water and little ill-health (Central Australian Aboriginal Congress, 1992; Mervin, Ingkatji and Collins, 1991; Nathan and Japanangka, 1983).

Evidence suggests that since European settlement communicable and non-communicable diseases have become far more common for Aboriginal people than they were prior to settlement (Waterford, 1982; Saggers and Gray, 1991b).

Various factors are cited as accounting for the change in health status coincident with European colonisation of Australia. These include biological/lifestyle explanations such as the introduction of new diseases, and the change for Aboriginal people from a nomadic lifestyle to a more sedentary lifestyle (Waterford, 1982). Socio-

political/environmental explanations include the dispossession of land and the consequent breakdown of Aboriginal social organisation and religious life, loss of the traditional economy and means of production and marginal participation in the European economy (Saggers and Gray, 1991b; Udo-Ekpo, 1989; Sykes, 1986).

Today it is recognised that as a group, Aborigines have the poorest health status of any other identifiable group in Australia (Health for All Australians, 1988; National Aboriginal Health Strategy, 1989).

Saggers and Gray (1991a) show that substantial efforts to address this health inequity have not succeeded to date. They consider that this is because poverty, not inappropriate health care, is the major contributing factor.

2.4.2. Aboriginal Health Concepts

The National Aboriginal Health Strategy (NAHS, 1989, p ix) considers that "'health' to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice."

The Strategy states that there is no equivalent understanding to the English word health and that the closest translation would be "life is health is life" (NAHS, 1991, p ix).

Nathan and Japanangka (1983) say that Aborigines see health in terms of physical and social well-being. Their work explored Central Australian Aboriginal people's views about health. They found

> health includes land, food, housing, water, electricity, transport and communication: all of these things should be attended to. Health means respect for a way of life and culture. This means listening to the Aboriginal people, hearing their decisions, respecting their thought and values, and making services available in a form appropriate to and determined by them (Nathan and Japanangka, 1983, p 196).

Saggers and Gray (1991b) consider Aboriginal concepts of ill-health. They are said to encompass physical, social and spiritual factors. Treatment must address all of these.

A workshop into the role of research in Aboriginal health referred to the need to "work with the accepted Aboriginal definition of health as being holistic" (Wild, 1992, p 3).

2.4.3. Health Delivery on the AP Lands

The health network on the AP Lands includes both traditional healers and an Aboriginal controlled health service employing nursing sisters, doctors and Aboriginal Health Workers. There is some formal and informal cooperation between traditional healers and the modern European style service (Nganampa Health Council).

Nganampa Health Council operates six clinics in the major communities on the Lands and provides primary health care services to the whole area. Each clinic is staffed by an Aboriginal manager, a number of Aboriginal Health Workers, and two to three non-Aboriginal clinical staff (nursing sisters or doctors). The management committee, composed of Aboriginal representatives from each community, is responsible for formulating policy and planning the activities of the Health Council.

2.5. DIABETES

The health promotion strategy to be evaluated is concerned with non-insulin dependent diabetes mellitus (NIDDM). This is one of a group of so called "non-communicable" diseases.

Cutter (1989, p 1) refers to NIDDM as "part of a complex of lifestyle related disorders." Other lifestyle disorders that he refers to as part of the group of non-communicable diseases are obesity, hypertension, and ischaemic heart disease.

The major complications of diabetes are related to disease in small and large blood vessels throughout the body. There is an increase in heart disease, strokes, renal disease,

eye disease and lower leg ulceration in diabetic people. According to Cutter (1989, p 3), "Diabetes is one of the major factors associated with the high level of chronic ill-health and the extraordinarily high mortality level found amongst young to middle aged Aboriginal adults."

2.5.1. Incidence

The importance and prevalence of diabetes and particularly NIDDM in Aboriginal people, has been widely studied (Cameron, Moffit, Williams, 1986; Glatther, Welborn, Stenhouse, Garcia-Webb, 1985; O'Dea, Spargo, Nestel, 1982; O'Dea, Traiandes, Hopper, Larkins, 1988; Stanton, McCann, Knuiman, Constable, Welborn, 1985). In the non-Aboriginal population the prevalence has been reported at 3.4% (Glathaar et al., 1985). For Aborigines, the figure is much higher and prevalence rates of between 7.5 and 16% have been quoted (Australian Institute of Health, 1988). The variation seems to depend on the particular Aboriginal population under consideration.

A population based survey of Aboriginal people in Bourke in Western New South Wales, found a prevalence of diabetes of 15.6% in the adult population (Cameron et al., 1986). In remote rural Aboriginal communities, the incidence of diabetes has been reported as being even higher.

In a population based screening in Ernabella, the prevalence of diabetes alone in all age groups, was 16.5% and in adults over 35 years this prevalence was 43.9% in women and 23.3% in men. The prevalence of impaired glucose tolerance (often a precursor to diabetes) and diabetes in adults over 15 years was 23.1%. In adults over 35 years of age, the incidences were increased to 56.2% and 30.3% in women and men respectively (Ernabella Non-Communicable Diseases Survey, 1990).

2.5.2. Intervention Models

O'Dea and her colleagues have been particularly interested in the metabolism of diabetes in remote Aboriginal people. A major theme of their work has been an exploration of the links between rapid modernisation of indigenous peoples and an increase in diabetes in those populations. O'Dea's work has focused on diabetes in adults and the link with diet and exercise. Recent studies suggest that sub-nutrition in infancy may be related to the development of diabetes in adulthood (Kunitz, Santow, Streatfield and Craen, 1992).

In the development of intervention strategies, in addition to understanding the various physiological causes of diabetes, it is necessary to understand the social and cultural context in which the disease occurs. Stephenson (1993) takes a primary health care approach that involves three parts: (1) Support for self-determination and cultural strength so that the economic and social base is developed; (2) health services advocacy for healthier environments so that there is greater access to exercise and healthy food; (3) development of practice and treatment protocols.

Anderson (1993) emphasises the need to develop effective health models for Aboriginal people. He proposes the development of "a healing practice based on Koori values and Koori ideas of well-being" and argues that Western medicine is based on a bio-medical model of health that is itself shaped by the Western culture.

In contrast to this, the Aboriginal notion of the body extends beyond the physical body of the individual to incorporate family relationships. Thus, Anderson (1993) explains, "a Koori person with kidney failure who is treated with dialysis may find that their commitment to their kidneys conflicts with the needs of their [extended] family." Limited resources, poor living conditions and inadequate health hardware all play a part in the dynamics that create a situation where family needs require priority. Therefore, intervention strategies must acknowledge the Aboriginal sense of well-being and focus on family and community as well as on the individual.

O'Dea (1991) acknowledges the need for public health to develop sustainable intervention strategies and for this to occur "they must be developed and controlled by the Aboriginal communities themselves to ensure they are culturally appropriate and able to be `owned' by the community" (O'Dea, 1991, p 263).

CHAPTER 3
LITERATURE REVIEW

3.1. ABORIGINAL AUSTRALIA

3.1.1. In General

The devastating effects of the oppression of Aboriginal people by colonialist powers have been well documented (Pettman, 1988; Gray, Trompf and Houston, 1991).

In 1985 The Committee of Review of Aboriginal Employment and Training Programs stated that "Aboriginal and Torres Strait Islander people as a group remain the most disadvantaged people in Australian society" (Miller, 1985, p 3).

Various explanations have been given for this situation.

Udo-Ekpo (1989) and Howard (1982) suggest economic reasons and argue that the incorporation of Aboriginal people into the lowest levels of the Australian economic structures has resulted in their transformation into an impoverished and underdeveloped people.

Sykes (1986) argues that Australian Aboriginal lack of access to power is the essential aspect to be examined. Her analysis is that the devastation that effects all aspects of Aboriginal life is the result of dispossession of land. In consequence, their way of life has been transformed and they have been denied access to participation in government and decision making.

Since the 1970's government policy has been one of self determination and self management for Aboriginal people (Sykes, 1986). However commentators such as Sykes (1986) and Jennett (1987) argue that the fundamental imbalance in power relationships remains (although some change since the introduction of the Mabo legislation in 1993

may be conceded). Sykes highlights the power imbalances that are manifest in a diverse array of contemporary cultural situations. These include,

> environmental concerns such as poor housing, overcrowded conditions, inadequate facilities such as water and electricity, and, frequently difficulty or lack of access, due to geography, to schools, hospitals and other amenities. Other important factors include poor health, poor nutrition, poverty, unemployment, legal difficulties, language difficulties, value differences and racism (Sykes, 1986, p 23).

The view that conditions such as those listed by Sykes are symptomatic of a power imbalance is shared by advocates of the primary health care philosophy. This approach has a focus on community participation, community responsibility, intersectoral collaboration and the right to health and equity in health (World Health Organisation, 1978).

Labonte (1990) has reviewed the literature on ill-health and the higher incidence of poor health in certain groups in society. He claims that the important factor is not socio-economic status as previously asserted, but rather the access to power. The greater the degree of powerlessness of a particular group, the more likely that group is to have significantly poorer health.

3.1.2. For Anangu

Other writers have related the theme of continued oppression to the ongoing social, economic and health problems of Anangu. Capp (1988), analysing the situation of the Pitjantjatjara people, argues that (often well-intentioned) Westerners continue to impose their own cultural values. He gives the example of the development of a Western style education system on the AP Lands that is supposed to improve educational outcomes for Aboriginal children. In his analysis the system actually disempowers people by failing to legitimise traditional modes and models of education and the roles of older people in the society. Capp argues that this Western re-socialisation has created tension and division.

Capp's analysis is mentioned for the cautionary note that it sounds. In trying to develop culturally appropriate models care must be taken not to impose a Western belief system.

3.1.3. Aboriginal Health

It has been said that "whether it was by European choice or Anangu choice (or some mixture of the two) the resettlement of Anangu into a sedentary life dependent on introduced foods has caused illnesses previously unknown to them, resulting in chronic ill-health and social devastation" (Nganampa Health Council, 1985/86).

Today, Aboriginal people have the poorest health of any group in Australia (NAHS, 1989). The NAHS emphasises self determination as the principle upon which strategies for improving health should be built. By so doing the NAHS recognises health as part of the political, economic, social and historical context that Aboriginal people have lived in since the European colonisation of Australia.

3.2. ABORIGINAL HEALTH RESEARCH

The NAHS (1989, p 207) noted

> cross-cultural research, and in particular, cross-cultural research in Aboriginal affairs, has difficulties which have remained largely ignored by researchers. Every approach to inquiry research is based on a set of assumptions. The framework, the cultural, and the philosophical value system within which the research is conceived, designed, and conducted comes into question in the cross-cultural situation, and deserves examination. The model within which research is conducted reflects the values of the dominant culture.

Houston and Legge (1992, p 115) writing about Aboriginal health research consider that

> established 'expert' knowledge (knowledge constructed within the world views of non-Aboriginal researchers) has not solved (nor even recognised) many of the problems being faced by Aboriginal communities and community controlled health services.

Because of this they believe that medical and public health research is often part of the problem of health disadvantage, rather than the solution. They therefore ask, "what kinds of research will produce useful knowledge?" (Houston and Legge, 1992, p 15).

On the basis of their health research experience in Central Australia, Nathan and Japanangka (1983) advocate a participatory model responsive to Aboriginal understandings and direction.

3.2.1. The Development of Aboriginal Health Research Principles

The literature indicates that prior to 1986 there were no published guidelines specifically relating to Aboriginal health research and ethics. The generally applicable National Health and Medical Research Council (NHMRC) guidelines were all that were available.

Special concern about Aboriginal health research arose from

> (a) [the] conspicuous level of poor health stemming from social, historical and cultural factors.
>
> (b) the fact that past research into Aboriginal health has failed to address this poor level of health adequately, but has often concerned itself primarily with matters of interest to science or to white Australians.
>
> (c) insensitivity among researchers to the values, needs and customs of Aboriginal and Torres Strait Islander communities.
>
> (d) a lack of appreciation of ethical issues relevant to research involving Aboriginal and Torres Strait Islander people (MREC, 1991, pp 2-3).

Since 1986 there have been a number of meetings, workshops and committees discussing Aboriginal health research. The emerging research principles are the needs for;

- Aboriginal involvement in and control of research.
- Consultation and negotiation with Aboriginal communities.
- Research into Aboriginal health to work with the accepted holistic Aboriginal definition of health.
- Research to be program-linked and action orientated.
- Research to be sensitive to social and cultural issues (NAHS, 1989; Aboriginal Health Research Ethics Committee of South Australia, 1990; MREC, 1991; Wild, 1992).

A national workshop in 1992 advocated program linked research and a final recommendation was that "research which is closely linked to health programs run by community controlled health services will be embedded in the contemporary cultural context of Aboriginal communities. Research which is not so linked risks being culturally inappropriate" (Wild, 1992, p 4).

3.2.2. A Call for Culturally Appropriate Evaluation

Houston and Legge (1992, p 115) queried "what kinds of research will produce useful knowledge?" in Aboriginal health. Whilst little has been published specifically on the study of culturally appropriate evaluation of Aboriginal health programs, this deficiency has been acknowledged in the literature. From the aforementioned activity in the development of guidelines for Aboriginal health research calls have come for the development of culturally appropriate evaluation.

At the 1986 conference on `Research Priorities in Aboriginal Health' it was recommended that in relation to evaluation "the definition of effecti

on criteria appropriate to Aboriginal culture and involve the active participation of Aboriginal communities" (MREC, 1991, App. C, p 23).

The `National Workshop on Ethics of Research in Aboriginal Health' of 1987 recommended active participation and endorsement of communities as a way of dealing with issues of cultural correctness and appropriateness (MREC, 1991, App. C).

Divakaran-Brown (1989) while referring to evaluation of Aboriginal health services makes the point that there is a need for an appropriate evaluation methodology.

And the 1992 national workshop on Aboriginal Health Research Strategy stated in relation to non-communicable disease that "researching is required into appropriate evaluation techniques for intervention programs and activities for non-communicable diseases" (Wild, 1992, p 11).

3.3. EVALUATION

3.3.1. The Paradigm Debate

Evaluation is a form of social research. The research paradigm debate (see Chapter 4.3) carries over into the evaluation research literature that identifies two streams of evaluation method.

The first tradition uses the scientific method and experimental model. This positivist-empiricist paradigm has an emphasis on hypothesis development, quantitative measurement, objectivity and outcome measures. Statistical inference and generalisability of findings are used to find predictable laws (Furler, 1979; Patton, 1989; Bryman, 1988). Patton (1989) refers to this as logical positivism using hypothetico-deductive methodology and Guba and Lincoln (1983) prefer the term rationalistic. This method comes from the natural science tradition.

The second school has been variously referred to as phenomenological inquiry (Patton, 1989) naturalistic, interpretive or hermeneutic (Guba and Lincoln, 1990) and an alternative holistic-inductive paradigm (Patton, 1978). Arising from an anthropological, rather than a social science background, this approach tends to use qualitative measures for data collection. According to Guba and Lincoln (1990, p 7) it places importance on the "social, political and value-oriented nature" of evaluation.

Guba and Lincoln (1990) conceptualise four "generations" of evaluative research. These are (1) measurement oriented, (2) description oriented, (3) judgement oriented, and (4) negotiation oriented. The negotiation oriented approach is described in depth in their work. For Guba and Lincoln these generations represent a shift from the scientific paradigm with a hypothesis and neutral observer to a constructivist paradigm where "socially constructed realities are not only not independent of the observer but are absolutely dependent on him or her for whatever existence they may have" (1990, p 13). In fourth generation evaluation, the interests, agendas and perspectives of all parties are made explicit (Rissel, 1991).

Hawe (1989) prefers to understand the diversity of evaluation methods by describing the three main types of evaluation as process, impact and outcome. She argues that all three should be linked. Process "measures the activities of the program, program quality, client satisfaction and program reach", impact "measures the immediate effect of the program, usually corresponding with the program objective", and outcome "measures the subsequent or longer term effect of the program, usually corresponding with the program goal" (Hawe, 1989, p 15).

Some writers argue that the researcher should use one or the other paradigm (Guba and Lincoln, 1983). Others suggest that a one-sided approach limits flexibility (Patton, 1989; Hawe, Degeling and Hall, 1990; Epstein, 1988). This is a complex debate to unravel. The confusion in the literature seems to stem from the assignation of either quantitative or qualitative techniques to one or the other paradigm. Those who argue for flexibility

suggest that both quantitative and qualitative techniques have their place in either research methodology.

One important aspect of this debate particularly relates to, and potentially informs, the development of culturally appropriate evaluation. This is the argument that the traditional positivist-empirical model is dominant and represents the interests of those in power and thus of the status quo (Furler, 1979). Epstein (1988) counters that this is a myth and he provides evidence that quantitative methods are not necessarily conservative and that qualitative methods are not necessarily progressive.

In relation to Aboriginal health research, Legge (1992) argues that the scientific paradigm perceives that there is true knowledge that can be obtained by only one method - reductive empiricism. This does not allow for different constructs to be incorporated into the research.

3.3.2. The Debate in Australia

The evaluation debate is interwoven with the ideological debates concerning primary health care (see Chapter 4.8.4). These include issues such as comprehensive versus selective approaches to primary health care and a health promotion and lifestyle focus versus the socio-environmental view of health promotion. The more selective approach is often linked with a medical and behavioural lifestyle focus that is associated with a more quantifiable form of data collection and analysis.

Conversely, the comprehensive approach is linked with the socio-environmental philosophy. This calls for a different form of evaluation, not only because data are not as easily quantified, but because the underlying assumptions are so different. Amongst Australian health promotion evaluators the split between these two approaches was very much in evidence at the "Fourth Annual Research and Evaluation in Health Promotion Conference" (Adelaide, 1992, personal observation).

A number of Australian writers (Baum, 1992; Baum and Brown, 1989; Garrard, Hawe and Graham, 1992; Legge, McDonald and Benger, 1992; Wadsworth, 1991) have highlighted the limitations of the traditional scientific method in understanding the complexities of broad community development interventions that are part of the socio-environmental health promotion approach. They also recognise the political nature of evaluative research, and look for methods of evaluation that involve community participation.

In **Everyday Evaluation on the Run**, Wadsworth (1991) describes and develops the action evaluation research model. This model is dependent on the interested and active involvement of the "critical reference group" - the people "who-it's-all-for" (Wadsworth, 1991, p 7). Community involvement is required to define the need for the evaluation, to frame the questions to be asked, and to provide information. This is an action research model that meets some of the criteria included in the emerging guidelines and principles for Aboriginal health research.

3.3.3. Cross Cultural Evaluation

This section looks at appropriate evaluation in all cross-cultural situations, not only those relating to health promotion. Much of the literature relates to developmental evaluation, that is, evaluation of internationally sponsored projects in developing countries.

Patton (1985, p 94) asserts that "evaluation logic is not right or wrong. It simply is. It is one among many ways of looking at the world." He argues that each evaluation must genuinely be regarded as unique. This requires situational responsiveness "so that design, measures, processes, and findings are situationally appropriate, relevant and useful" (Patton, 1985, p 94).

For Feuerstein (1986, 1993) situational responsiveness to the evaluation of development and community programs can be achieved by using participatory evaluation. Program participants become partners in the evaluation and a true partnership involves the

development of a design and method that participants can continue to use after the outside evaluator has left the field. Feuerstein's (1986) work is written and illustrated to facilitate access to people without previous expertise in program evaluation and details the steps to participatory evaluation, including tools and methods. For Feuerstein, the identification of evaluation objectives and methods by participants can overcome the problem of imposition of a potentially oppressive Western methodology.

McTaggert, Caulley and Kemmis (1991) write about the development of "Evaluation Traditions in Australia". While they do not consider the different cultures within Australia, they do examine Australia in the international context. They are particularly interested in the effect of the international evaluation debate and Australian social, economic and political forces on the choice of evaluation paradigms and methodologies. They see methodology as having both ideological and cultural characteristics, and conclude that it is "difficult for culturally distinct evaluation methodologies to emerge...but methodologies do not transplant across cultures" (McTaggert et al., 1991, p 129).

Merryfield (1985) reports the results of interviews with 26 people with extensive experience (average 10 years) as cross-cultural evaluators. Twenty-five respondents considered that there were unique problems in the cross-cultural setting. Analysis of the responses suggested three main issues of importance. These were cultural differences, problems with the application of Western methods to a non-Western situation, and questions of ethics.

The issue of cultural differences related to different world views that particularly effected differences in beliefs and values, styles of interaction, sense of time, infrastructure (organisation and bureaucracy) and language.

The issue of the application of Western methods to a non-Western context highlighted the potential for judgements of progress to be made mainly by the coloniser. Particular concerns were the use of pre-ordinate design and standardised measures, methods used

(including the evaluation design method and data collection methods), and collecting data.

Questions of ethics included confidentiality, fair reporting, and evaluator responsibility and integrity.

Solutions offered by the evaluators were (1) to use a variety of strategies and sources for data collection, (2) to involve host country people, and (3) to use evaluation teams with a variety of expertise among team members.

Ginsberg (1988a) edited a section of **Evaluation and Program Planning** on international evaluation. She points out that there is a large amount of literature concerning evaluation of international projects in developing countries, but argues that the evaluation approaches used generally are ethnocentric by virtue of their use of Western theories and techniques.

From her study of the literature she concluded that

> the impediments to improved international and cross-cultural evaluation were greater than those which sensitivity and methodology could overcome. Epistemological and political issues would require attention (Ginsberg, 1988a, p 149).

While Conner (1988) and Ginsberg (1988b) seek to understand evaluation in the political and belief system context of the cultures being evaluated, the other contributors to the section on international evaluation overlook these considerations. Instead, they concentrate on issues of sensitivity and methodology such as developing culturally sensitive questionnaires and using participatory approaches to evaluation (Tussing, 1988; Asamoah 1988; Xishan, Jiliang, Chin and Chin, 1988).

Brunner and Gruzman (1989) refer to a history of developmental evaluation that has reflected the world views and priorities of outside agencies, and has been measurement focused. Their reaction has been to develop participatory evaluation where the

evaluation is designed and implemented by local groups. Methodological help may be given by professional evaluators.

In their work in Mexico, they have found an enthusiastic response to this model. However, success of the approach required both the preparedness and the means for project associated groups and participants to assume responsibility. Further, the involved institution (eg the funding body) had to be committed to emancipation of the dominated groups.

Brunner and Gruzman comment that participatory evaluation produces different information to traditional methods. Rather than objective knowledge it produces action-oriented knowledge

> based on shared norms and values and a common world view. The resulting knowledge is valid not because the method with which it was obtained is replicable or because the theoretical constructs, operational definitions, variables and indicators match. Instead this knowledge is validated in action, and it has to prove its usefulness by the changes that it accomplishes (Brunner and Gruzman, 1989, p 16).

Patton (1990) discusses aspects of the conduct of cross-cultural evaluation. In relation to interviewing he suggests that language difficulties can result in different meanings being given to the same term in different countries (and particular words and ideas may defy a full and good translation).

Patton recommends that analysis in cross-cultural evaluations should incorporate indigenous concepts (participants' terms), that can be used to help to organise the data. In addition, indigenous typologies (classification systems) should be identified.

This involves gathering participants' descriptions and being alert to words or phrases that are commonly used to categorise and describe the experience. The reason for using this approach is to understand the thoughts and experience of the people, rather than imposing the world view of the researcher. However, Patton does not think that

indigenous typologies (classifications) are all that is required in the analytic phase. He also advocates the use of analyst-constructed classifications (with the proviso that these are presented to participants to ensure that they fully understand their meaning).

3.3.4. Of Aboriginal Health Projects

Reference was made earlier to the emerging guidelines and principles for Aboriginal health research. These are significant starting points for the development of culturally appropriate evaluation. This section examines other relevant literature.

Divakaran-Brown (1989) examines what she describes as a failed evaluation of an Aboriginal health service. She identifies the following errors.

- The community did not request the evaluation. Therefore they were distrustful of the reasons for carrying out the evaluation.
- The evaluation was not well enough planned.
- The evaluation team had limited research and evaluation expertise, and limited experience of Aboriginal communities and lands.
- The evaluation team had an unequal representation of males to females and thus, because of gender issues, access to much information was limited.
- Not enough time was allowed. A long term commitment is required when doing case study participant observation research.
- Participant observation had its shortcomings as evaluators reports represented their own world views, perceptions and experiences.
- Terms such as community control and community participation were left undefined.
- Ongoing process aspects of the health service operation were not measured.

In considering what should be done, Divakaran-Brown recommends that the starting point for developing an appropriate evaluation methodology for Aboriginal health services should be an acknowledgment of the link between health status and socio-economic and political factors. She suggests that a participatory approach is essential, (although she does not define what she means by participation), and regards both process and outcome evaluation as necessary.

Moodie (1989) critically analyses an Aboriginal Health Services (AHS) evaluation methodology proposed by the Department of Aboriginal Affairs in 1986. He suggests some principles by which more appropriate methods may be developed. These include

- Greater control, both individual and collective, for Aboriginal people.
- Identification of what is done at the AHS (to avoid evaluating a program that does not exist).
- Identification of what it is that the decision makers (stakeholders) want to be evaluated.

The methodology should be developed in negotiation with community, health service and funding body.

Legge (1992) advocates a participatory action research model in health promotion research. He argues that the advantage of this model is that it acknowledges the political, economic and social elements that stem from the unique historical situation of Aboriginal people. Further, because the model endorses the active participation of people and is responsive to a dynamic context, it accords with the principle of self determination.

Legge (1992) identifies a number of implications of the participatory action research approach that are particularly relevant for research in Aboriginal health. These are

- Reflection on assumptions.
- Identification and understanding of contradictions.
- Systematic observation and recording.
- Consideration of alternative ways to approach problems.
- Reflection on practice to develop theory.
- Reflection on intuitive responses as well as logical thought.
- Development of "convergent meaning systems" (Legge, 1992, p 13).

3.4. World Views, Cultural Values and Thinking

3.4.1. General Comments

Divakaran-Brown (1989) suggests that in addition to the socio-economic and political context, consideration needs to be given to world views, social reality, cultural values and thinking to enable the development of a culturally appropriate evaluation methodology. One of the identified principles for research is sensitivity to social and cultural issues.

Various explanations have been given of the different ways of thinking and conceptualising used by Aboriginal and European-Australian people. These differences extend beyond linguistic misunderstandings arising from lack of fluency in language

(Sayers, 1982). Explanations are often couched in terms of contrasts:

- the Western concept of cause and effect as opposed to an Aboriginal concept of holism (Goodluck 1980)
- compartmentalisation as opposed to relatedness, linear in contrast to cyclical, doing in contrast to being, materialistic in contrast to spiritual (McConvell, 1991)
- time oriented in contrast to event oriented (Eckert, pers.comm.)
- abstract thinking in contrast to concrete thinking (Bain and Sayers, 1990)

Sayers (1982) writes about the difficulties of cross-cultural communication that can arise from misunderstanding of the messages encoded in language. She concludes that difficulties arise from the different perceptions and underlying values of the different cultures. She agrees with Whorf (1956) that from the time of the industrial revolution, Western thought and language has emphasised "mechanical invention, industry, trade, and scholastic and scientific thought" (Whorf, 1956 quoted by Sayers, 1982, p 184).

3.4.2. Language and Languaging

Central to an understanding of world views is an appreciation of how these are embedded in the language.

Becker (1991) uses the term "languaging" to refer to the way in which world views are created and embedded in language. Many linguists believe that languaging merely involves coding, grouping and sending thoughts that are then decoded and ungrouped by another. Becker goes further to explain that misunderstandings and perceptual differences result from the orientation of the receiver not matching that of the speaker. This is particularly true for languages that bear little relationship to one another (as in the case for English and Pitjantjatjara).

Becker (1991) argues that the different orientation is compounded by "silences" between languages (where an expression in one language has no counterpart in the other). These may either not be noticed, or may be misinterpreted.

Examples of this were given by Ron Trudinger who arrived in Ernabella in 1940 as the first teacher, remained as mission superintendent until the early 1960's, and returned to the area in 1990. He was the first person to systematically record the Pitjantjatjara language. He explained that there are no abstract verbs in Pitjantjatjara. For example, the verb kulini is used by English speakers to refer to thinking, listening and understanding, whereas a more accurate translation is hearing (Trudinger, pers.comm., 1993).

3.4.3. Gender Issues

Gender issues are an important consideration, and are identified in research guidelines in the National Aboriginal Health Strategy (1988) as requiring attention. The Mai Wiru project is a project run entirely by women.

In reviewing the anthropological literature on gender, Merlan (1988, p 17) observes that, "the Aboriginalist literature had been highly androcentric in its (tacit and explicit) assumptions that men's activities were the most salient, and that little different or additional remained to be said about women." This has been somewhat redressed since the 1960's by writers such as Bell (1983).

However, Aboriginal women have criticised Bell for applying a Western feminist critique to Aboriginal women. They argue that for Aboriginal people the main issue is the history of oppression suffered by all, and that this must be addressed first. A feminist analysis can become another act of oppression. They urge that research be done in a true partnership which should first address the power imbalances experienced by Aboriginal people (Coming Out Show, July 8, 1993; Huggins, Willmot, Tarrago, Willetts, Bond, Holt, Bourke, Bin-Salik, Fowell, Schmider, Craigie, McBride-Levi, 1990).

3.4.4. Information Gathering

Information gathering is a central component of evaluation. There are references in the literature relating to different styles of Aboriginal information gathering and the impact that this has on research methodology.

Nathan and Japanangka (1983) found that surveys and questionnaires were unsuitable, and suggested a more open-ended consultative approach to information gathering.

In trialling a WHO survey on substance abuse Garrow (1992) also found that there were many problems associated with the use of a questionnaire. In particular, difficulties were experienced with the following types of questions.

- Questions that employed infrequently used concepts, for example time related and numerical/frequency concepts.
- Questions where different cultural practices made the underlying assumption invalid. For example, the questionnaire asked how often the person had slept at home in the past week, presumably with an assumption about possible explanations for this behaviour. Anangu are a highly mobile population with a very different concept of home. In one week people are likely to sleep in a number of places.
- Questions which were regarded as culturally inappropriate. For example, asking a woman to comment on whether a man was affected sexually by substance abuse touches on areas made taboo by traditional law.

In addition, the use of large numbers of questions is an unfamiliar form of information gathering.

Eades (1982, 1988) studied English speaking Aboriginal people in South East Queensland and found that information was gathered more by observation than by questioning. She noted that this occurred over time and that any questioning tended to be indirect.

3.4.5. Concept of `Domains'

Linguists first developed the term domain to describe how each person has separate memories that are embedded in their language and each person is oriented by their language and languaging (Harris, 1990; Rowse, 1992). Thus, Becker claims (1991, p 229), "languaging is orienting, within our separate, autopoietic domains of distinctions." These separate domains of distinctions vary in relation to the individual's own experience, and in relation to the broader experience of groups or cultures. This accords with the social constructionist's view that the world is a symbolic picture composed of the personal and group experience (Steier, 1991a).

While linguists use the term to describe each individual's personally created frame of reference, writers on Aboriginal affairs have found the concept helpful in distinguishing between Aboriginal world views and the world they inform and describe, and the non-Aboriginal world and world views.

Writing about the domain concept in education Harris (1990) argues for cultural domain separation (by what he calls two-way schooling) as the only way for Aboriginal equality and cultural maintenance.

Rowse (1992) looks at the policy of self determination, the structures for implementation of that policy (which he describes as part of welfare colonialism) and the traditions of Aboriginal organisation (referred to as the Aboriginal domain). He concludes that

> `duality' is a theme that emerges from all the literature...there are various balances being struck between the Aboriginal domain and `welfare colonialism'. These balances may, in their particulars, be awkward, tense and unstable, but the dualities that underly (sic) them are not transient. The task of `self determination' policy...should be sympathetically to manage the cultural dualities on which such balances are founded, rather than try to resolve these dualities into culturally unambiguous representations of

> Aboriginal interests, using European precepts of good management. Culturally ambiguous organisations are historic necessities (Rowse, 1992, pp 35-36).

McConvell (1991) counters the two-way schooling ideas of Harris with the argument that a compartmentalisation is ethnocentric in itself and that Aboriginal people are not as fixed in their thinking as many Western academics would suggest. Nor does he think that Aboriginal culture is so fragile that it will be destroyed by interaction with Western culture. He says that Janamayayi, who introduced the idea of two-way schooling, was stressing

> a two-way exchange or reciprocity: equality of power relations between black and white; exchange between older and younger generations of Aborigines; exchange of knowledge between black and white about their cultures (McConvell, 1991, p 13).

McConvell (1991) sees this view as more in keeping with the research done with Yolngu Aborigines on the Ganma project (Watson and Wade Chambers, 1989 cited in McConvell, 1991).

> Ganma introduces a new metaphor, this time an Aboriginal one, into the discussion of the relation between cultures. Ganma is the turbulence and foam which arises where the downstream flow of fresh water in a river meets the tidal flow of salt water from the sea. The meeting of fresh and salt water is an important and multivalent metaphor in the Yolngu culture of Northeast Arnhem Land...The metaphor has now been extended by Yolngu education students to describe the relationship between Aboriginal and western culture (McConvell, 1991, p 17).

McConvell (1991, p 17) goes on to say that "unlike the compartments metaphor, Ganma sees powerful and positive effects arising from the interaction, and limited synthesis, involved in the meeting of cultures". This view allows for different cultural views. It legitimates comparisons and translation of concepts across the cultures.

The difference of opinion between McConvell (1991) and other writers such as Harris (1990), Rowse (1992) and Bain and Sayers (1990) has been examined. A key question in the debate is whether it is possible for the two domains to interact in a way that allows synthesis to occur, that is not oppressive and that allows for a side by side evolution of ideas and structures. Whilst McConvell is optimistic about the merging and might concede the idea of an inter-cultural sphere or domain, he plays scant attention to the historical and institutionalised structures that are part of the context of the merging. On the other hand, Harris, Rowse, and Bain and Sayers might be more inclined to argue against the notion of a new sythesis (domain) situated between the two cultures on the basis of a loss of cultural specificity and an assimilationist tendency. They would focus on the interaction between the cultures.

3.5. SUMMARY

The question of what is an appropriate research or evaluation methodology is continually asked by researchers and evaluators. The paradigm debate bears testimony to that.

In Aboriginal health research there is a ground swell recognising the issue of culturally appropriate research and evaluation methodology and calling for this issue to be investigated. Principles for Aboriginal health research have been developed and some work has been done regarding evaluation of health services, but there was no published work found addressing the issue of culturally appropriate evaluation in the area of health promotion.

The research principles and ethics for Aboriginal health provide useful direction. They call for the researcher to be committed to emancipation and elimination of inequality and for the research process to reflect that ideology. The principles indicate that culturally appropriate evaluation must incorporate political considerations, Aboriginal views and understandings, and it must be sensitive to the social and cultural context. In conclusion, the direction points to a participatory action research evaluation model.

The literature on language highlights the need for careful surveillance of inferred meaning and constant guarding against the tendency for the evaluator's own world views to be imposed.

There is a suggestion that inequities of oppression must first be examined before assuming that the conceptual literature can be generalised to both genders. The literature also implies that the conduct of culturally appropriate evaluation requires sensitivity to issues of information gathering.

Finally, there is the debate about whether the point of interaction between the cultures should become a merging of ideas, or remain a duality and reflect the differences between the cultures. This is particularly pertinent to this study which is exploring ways that a Western concept can be appropriately applied in a different cultural context. The debate points to avoiding an assimilation of ideas, and that the domain of evaluation should be conceptualised as a dynamic duality of knowledge and practice.

CHAPTER 4
METHODOLOGY

4.1. INTRODUCTION

Methodology relates to the "methods, systems, and rules for the conduct of inquiry" (Guba and Lincoln, 1990, p 83). This chapter describes the methodology employed for the project.

Very little work has been published on the subject of culturally appropriate evaluation of Aboriginal health promotion projects. Therefore, the project required development of a methodology that was exploratory and permitted new understandings to emerge and be developed in the course of the research. This has involved an in-depth study of an evaluation of a health promotion project - the Mai Wiru project.

There were therefore two simultaneous research projects being conducted by the writer. One was the evaluative research for the Mai Wiru project. The other was the research into culturally appropriate evaluation that primarily gathered and reflected on data arising from the Mai Wiru project evaluation. Observations and reflections were able to be applied to the Mai Wiru evaluation project. Thus, the Mai Wiru project provided an arena in which reflections on culturally appropriate evaluation were able to be put into practice.

The researcher lived in Ernabella from 1990 and was involved with the Mai Wiru project as a participant observer for the two years prior to commencement of the evaluation. This involvement influenced the research paradigm used, assisted in the development of a suitable methodology, informed the inquiry about Anangu evaluation processes and was important in gaining the trust of the Mai Wiru group members and the community. Hunter did health research in the Kimberley area and noted the importance of community acceptance of the researcher prior to research commencing. He pointed out that

"acceptance in many remote Aboriginal communities requires that one is somehow located in the social framework" (Hunter, 1993, p 11). On his arrival he was told that it would take a year to become well enough accepted to be able to do research.

Before detailing the methodology, the underlying philosophy and research paradigm are described.

4.2. Epistemological Base

Epistemology is the theory of knowledge and every paradigm has an epistemological base (Epstein, 1988). A social constructionist philosophy underpins this research inquiry.

Social constructionism is a view of the way in which meanings about the world are created based on the individual's accumulated experiences within the context of their culture. In research, use of the social constructionist approach arose from social psychology and cultural anthropology (Krippendorff, 1991). This approach is most appropriate to this exploratory study because it starts with the understanding that "the research process itself must be seen as socially constructing a world or worlds, with the researchers included in, rather than outside, the body of their own research" (Steier, 1991a, p 2).

4.3. Research Paradigms

A paradigm has been described as "a cluster of beliefs or dictates which [in research] influence what should be studied, how research should be done, how results should be interpreted, and so on" (Bryman, 1988, p 4). This inquiry is an example of social research and within the field of social research much has been written concerning suitable paradigms and how to distinguish between them (Sarantakos, 1993).

Writers tend to distinguish two research paradigms These are the traditional scientific empiricist model, at times called the quantitative method, and its alternative which has been given various names, among them qualitative (Bryman, 1988) and interpretive or

naturalistic (Guba and Lincoln, 1990). The terms quantitative and qualitative are better thought of as referring to the methods that can be employed by either paradigm. Quantitative methods tend to be favoured when using the traditional scientific paradigm and qualitative methods have found wide application in the interpretive naturalistic paradigm.

Sarrantakos (1993) reviews the confusions about paradigm and distinguishes a third variety that he calls the critical paradigm. Although he sees it as being aligned with the interpretive paradigm, Sarantakos suggests that the critical paradigm is characterised by a complex view of reality in which people are controlled by social, cultural and power structures. These have to be studied and acted upon as part of the research. Examples of the critical paradigm include feminism, Marxism and critical sociology.

This treatise is written with the view that social research cannot be separated from social processes. Howitt, Crough and Pritchard (1990) look at how social research can be directed toward empowerment of Aboriginal people whom they describe as alienated, oppressed and powerless. They point to criteria aimed at guiding "social research towards empowering marginalised groups, and enhancing self-determination" (Howitt et al., 1990, p 2). They conclude that for the research process to be empowering it must involve participation and ownership of the research by the people. In order for this to occur, a dynamic interaction is required between the researcher and the community. Regard for the political nature of research is shared by Dudgeon and Oxenham (1990, p 9) who state,

> academics need to be aware of academic colonisation [exploitation through the collection of data] and identify ways of empowering and being directly useful to the target Aboriginal community if they chose to research in this field.

4.4. THE CHOICE OF AN ACTION RESEARCH PARADIGM

The research paradigm used for this project is an action research approach. The following factors determined the selection of this theory of inquiry.

First, the lack of previous work done on the subject meant that a theory of inquiry was required that would explore understandings that emerged during the course of the research.

Secondly, there was a need for a reflective approach. The aim of the study was to explore culturally appropriate evaluation of an Aboriginal health promotion project. One of the underlying assumptions was that this would require understanding of both non-Aboriginal and Aboriginal world views. Thus, it was essential that the approach taken should allow an active role for the researcher incorporating both recognition of, and reflection on, the researcher's world views, assumptions, and perceptions.

Thirdly, the lack of familiarity of Aboriginal people with the concept of evaluation research meant that it was not appropriate to use retrospective data gathering methods. A method was required that involved data generation through an actual evaluation.

A fourth related point, was that Aboriginal language is based on concrete rather than abstract concepts. This means that data are more accessible if based in action. The literature supports observations that Aboriginal teaching and learning styles of children and adults are based on an experiential approach (Bain and Sayers, 1990; Harris, 1990).

Fifthly, the political context of the research setting is noted, as is the need to use a research approach that is not disempowering. For these reasons, principles for Aboriginal health research advocate an action research approach (MREC, 1991; Wild, 1992).

Finally, principles for Aboriginal health research advocate a participatory and community involved approach which could best be achieved through an actual evaluation (MREC, 1991; Wild, 1992).

All of these considerations influenced the choice of action research theory.

Action research, also called emancipatory action research (Kemmis, 1985), is underpinned by the aim to improve social practice and social and human conditions. Carr and Kemmis (1986, p 162) describe action research as

> A form of self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understandings of these practices, and the situations in which the practices are carried out.

The method of action research is a process of self-reflective inquiry involving a spiralling cycle of planning, acting, observing, reflecting, replanning and so on. Legge (1992) warns to avoid taking the spiral process too literally. It is a theme that occurs both on a daily level in the research process, and in the overall research.

The current research initiates an action research spiral of inquiry into culturally appropriate evaluation. Future work will be required to further develop guidelines that emerge from this project. The method is elaborated further in the next section.

Brady (1990) has sounded a cautionary note about action research. She examined an action research approach aimed at empowerment of a Pitjantjatjara Aboriginal community, and based on Freirian ideas. Local Aboriginal people were encouraged to define problems, the research team then assisted in gathering and analysing data, and the community was then to formulate solutions.

Brady concluded that this approach did not work and she suggested that Freire's analysis of empowerment did not translate directly to the Aboriginal situation. Brady proposed three reasons for this. (1) Aboriginal and non-Aboriginal people had different understandings of "the problem". (2) Participation was seen to be extremely difficult in the situation where people had been subjected to long periods of passivity as was the case for these people. (3) The community of people was not homogeneous and Aboriginal social organisation encouraged differences between different family groups.

Brady's first two conclusions require further examination. They may apply to action research, but not to Freirian ideas. Freire pointed out that people subjected to a long period of passivity are prone to a culture of silence that is characterised by apathy, dispiritedness, and fear of freedom. The role of the outsider (in this case the researcher) is to engage in dialogue, not to impose his or her views. As Freire (1972, p 68) wrote,

> It is not our role to speak to the people about our own view of the world, nor to attempt to impose that view on them, but rather to dialogue with the people about their view and ours.

It should be emphasised that action research is a critical methodology dependent on participation and participant observation. Critical ethnographic theory takes a political stance, arguing that "our own society [is] inequitably structured and dominated by a hegemonic culture that suppresses a consideration and understanding of why things are the way they are and what must be done for things to be otherwise" (Simon and Dippo 1986, p 196). With this approach, the researcher tries to stand alongside the oppressed group, to work with them to identify the ways in which the oppression and inequities are perpetuated, and to enable them to find ways to overcome the oppression (Simon and Dippo, 1986).

4.5. METHOD OF INQUIRY

4.5.1. Action Research

Using an action research model the inquiry into culturally appropriate evaluation was affected by conducting a formal evaluation of an Aboriginal health promotion project.

The process of self-reflective inquiry of action research involves a spiral cycle of reflection, planning, action, observation, further reflection, replanning, further action,

further observation and so on. In this instance, the self reflective spiral involved a number of interrelated steps.

First, reflecting, planning, acting, observing and further reflection on data generated through the Mai Wiru evaluation process. Thus the Mai Wiru evaluation was made more culturally appropriate as ideas were fed back into the conduct of the evaluation.

Secondly, reflection on these elements, and the experience of participant observation of the Mai Wiru project, led to the discernment of Aboriginal evaluation processes that occurred outside the parameters of the formal evaluation.

Thirdly, these processes were considered and as much as was possible, fed back into the Mai Wiru evaluation.

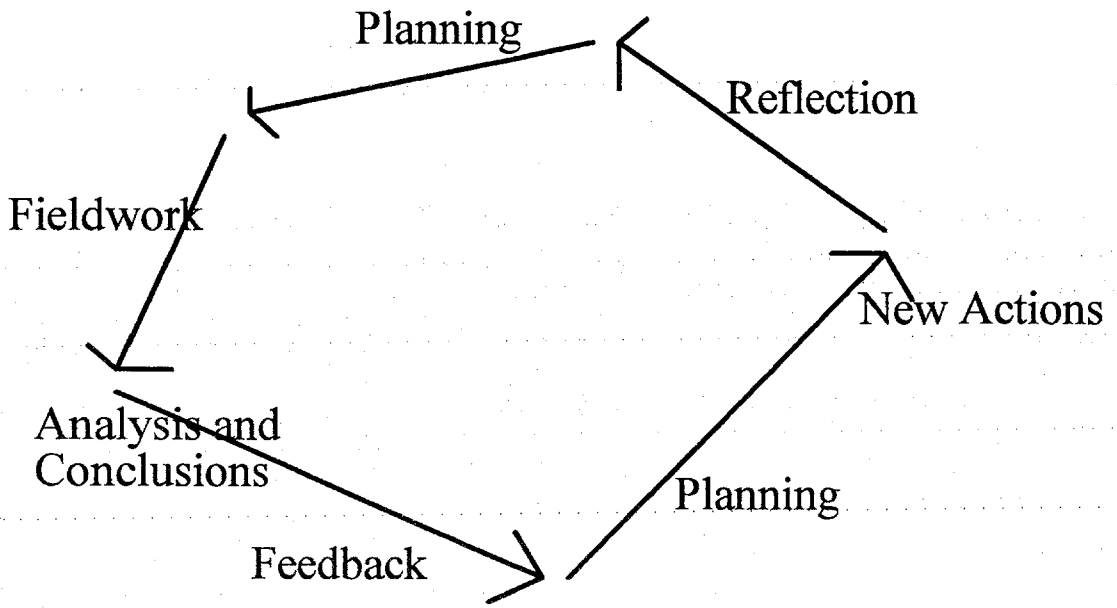
Fourthly, reflection on the understandings about culturally appropriate evaluation and Aboriginal evaluation processes are applied in this thesis to further develop the inquiry into culturally appropriate evaluation.

Figure 1, on the following page, depicts a cycle of the action research model.

Figure 1

The Action Research Model

Adapted from Wadsworth, Yoland (1991), **Everyday Evaluation on the Run,** Action Research Issues Association (inc), Melbourne.



The Mai Wiru evaluation also used a participatory action research model, and this enabled reflection on the model in practice. Data were generated at each stage of the evaluation.

Thus the process of the inquiry into culturally appropriate evaluation was reflected in the process of the Mai Wiru evaluation. As a result there were two products. First, there was the evaluation of the Mai Wiru project, and secondly, there is the current treatise reporting the findings of the inquiry into culturally appropriate evaluation.

The Mai Wiru evaluation report is used as qualitative data in the current treatise and the findings are summarised in Chapter 6.

4.5.2. Qualitative Data Collection

Data were collected using qualitative approaches.

i) Observation

a) Data were collected by the researcher as a participant observer of the Mai Wiru evaluation.

Detailed observations, and reflections on observations were recorded in a field journal. In addition, some conversations were audio taped and later transcribed and recorded in the field journal.

b) Other participant observation data about the Mai Wiru group's informal processes of evaluating their daily activities were collected over a two year period. These observations were also kept in the field journal and used to inform a culturally appropriate evaluation of the Mai Wiru project.

ii) Written documents

Relevant written documents produced by the Mai Wiru project evaluation were examined. These included the Mai Wiru Evaluation Tjukurpa (MWT), the final evaluation report (Collins and Garrow, 1993), and Mai Wiru evaluation files.

4.5.3. Analysis

The process of analysing the data involved identifying themes, constructing ideas and showing how the data supported the themes and ideas (Tesch, 1990). Segmenting and categorising were used to discover commonalities and to develop findings. The Ethnograph computer program was used as a tool to assist in the process of data sorting and thus facilitate analysis and coding.

i) Reflection as Process

The social constructionist view is that knowledge is located in "an essentially social practice involving perceiving, thinking and acting (including languaging) beings" (Krippendorff 1991, p 116). From this position the researcher uses a circular self reflective process by turning back to consider her own experience (Krippendorff 1991, Steier, 1991a).

A conscious reflective process was adopted throughout the collection of the data. Thus, in the light of the data, new ideas were considered, verification sought and action was taken. Therefore, data collection and analysis occurred as part of the research process and in turn influenced the development of the study.

This process is consistent with the action research model.

ii) Developing Categories

Using an open exploratory study the researcher started by noticing significant features and patterns in the data.

As the research progressed these initial patterns were confirmed and categories, which each dealt with one concept, were derived from the data.

This then allowed further development or discarding of categories as more data were added. As ideas and categories became more defined the data were able to be further ordered (and The Ethnograph was used to assist this process).

Following Seidel, the developer of The Ethnograph, Tesch (1990), refers to the process of categorising data as de-contextualisation. The step of then collating elements pertaining to the same category is called re-contextualisation. Each category dealt with one concept and represented a pool of meanings. The researcher then refined the categories and sharpened the boundaries in order to develop concepts.

By this means, patterns were looked for and meaningful categories were developed, into which similar data were placed. This process was designed to ensure that patterns and categories come from the data. Patton (1990, p 390) refers to this as inductive analysis and it "means that the patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than are imposed on them prior to data collection and analysis." The grounded theory approach of Glaser and Strauss (1983) also requires that outcomes are grounded in the data. What is generated must "fit the situation being researched and work when put into use" (Glaser and Strauss, 1967, p 3). Glaser and Strauss were referring to the generation of theory whereas this thesis is concerned with the discernment of meaning. However the point remains valid and relevant.

4.6. Study Parameters and Limitations

Patton (1990, p 14) points out that in "qualitative inquiry the researcher is the instrument." This means that validity will depend on the researcher's skills, experience and rigour. In this study a crucial issue for the researcher was how to enter the research sphere "without implicating ourselves in the very hegemonic processes that are the object of the critique implied in our work" (Simon and Dippo, 1986, p 199).

It is recognised that by using a qualitative approach, there will be variation both between researchers, and variation of the approaches used at different times by a single researcher. Patton (1990) agrees with Guba and Lincoln (1981) that the resulting loss of rigour is more than adequately countered by the richness, insight, and flexibility to develop knowledge, that is offered by the qualitative approach.

This is an in-depth study of one health promotion project and its evaluation. Most of the data were collected from a group of traditional Anangu women living in a remote area. Data gathered were suggestive, rather than being generalisable to the evaluation of other projects that involve other groups of Aboriginal people.

4.7. ETHICAL APPROVAL

Ethical approval was sought and received from the following organisations and committees.

Anangu Pitjantjatjara Lands Council

Ernabella Minyma Tjuta Nintiringkupai - Ernabella Women's Learning Centre

Pitjantjatjara Yankunytjatjara Ngaanyatjara Women's Council

Pukatja (Ernabella) Community Council

Alice Springs Institutional Ethics Committee

Flinders Medical Centre Committee on Clinical Investigation

4.8. DEFINITIONS

This section provides the definitions of key terms that form the background to the treatise.

4.8.1. Evaluation

The word evaluation only came into use in the English language in the 19th century (Collins Concise Dictionary, 1988). There is no equivalent Pitjantjatjara word although there is language that means having a look at things and selecting what is good and what is bad (Eckert, pers.comm., 1992). The word meaning selection is "ngurkantananyi" (Pitjantjatjara/Yankunytjatjara Dictionary, 1992).

In Patton's broad definition, evaluation includes

> any effort to increase human effectiveness through systematic data-based inquiry...When one examines and judges accomplishments and effectiveness, one is engaged in evaluation. When this examination of effectiveness is conducted systematically and empirically through careful data collection and thoughtful analysis, one is engaged in evaluation research (Patton 1990, p 11).

Hawe et al. (1990), have pointed out that the term evaluation research is generally shortened to evaluation.

In this treatise the term evaluation is used to refer to the non-Aboriginal understanding of a formal process that assesses the value of something, or describes whether an action is achieving its goals (Wadsworth, 1984).

Hawe et al. (1990, p 6) note,

> evaluation is a judgement about something. How you judge it depends on expectations, past experience, what you think is important, what you think is not important. This affects how the evaluation is conducted, whose interests it serves and what methods you use.

A body of expertise with varying theoretical and methodological frameworks has developed around the ways in which such a process should be conducted. The approach taken for the Mai Wiru project evaluation was that of participatory action evaluation.

4.8.2. Culture

Reviewing the literature on culture, Patton (1985, p 1) posits the traditional definition to be that "culture is a collection of things that 'human beings do or think according to patterns learned from other people' within a specific community" (Haring, 1956, p 5, cited in Patton, 1985, p 1).

Culture does not only refer to different races of people, but also to different groupings and communities. These include bureaucratic cultures, political cultures, regional cultures, scientific cultures, academic cultures, and so on. These can be identified in every setting.

In this study, the focus is on the Anangu culture and the Euro-Australian culture in the context of evaluation. It is noted that other cultures are also present, these being bureaucratic, regional organisational and academic.

4.8.3. Culturally Appropriate Evaluation

The assumption underlying the term culturally appropriate evaluation is that project evaluations use methods of assessing value and making judgements that are derived from a non-Aboriginal Western culture and are being used in another cultural context. Culturally specific assumptions influence every aspect of the conduct of the evaluation, including what it is that is being judged, by whom and for whom, and how it is being judged.

The term culturally appropriate is used rather than cross cultural evaluation in order to emphasise the need to consider these issues. In addition, the literature uses the term in calling for research to be conducted into the culturally appropriate evaluation of Aboriginal health promotion projects.

Specifically, the term culturally appropriate evaluation is used to refer to a way to evaluate the Mai Wiru health promotion project that heeded the political context, recognised and respected Anangu understanding, and conducted the evaluation in a manner that was suitable and fitting to Anangu cultural mores.

4.8.4. Primary Health Care

Health promotion puts into practice principles of primary health care. Primary health care is a health systems model approach that has been adopted by the World Health Organisation and the United Nations since the Declaration of Alma-Ata in 1978 (Legge et al., 1992). The focus of this model is on community participation, community responsibility, intersectoral collaboration, the right to health and equity in health (World Health Organisation, 1978).

The primary health care philosophy takes the view that inequalities in society, and the lack of social justice and equity, are the fundamental reasons for inequalities in health. These inequalities have social, political and economic dimensions. Health differences are a symptom of power imbalances.

There is a range of understandings and applications of these philosophies (Legge et al., 1992). At one end of the spectrum they are understood as social movements with the emphasis on social change. Those of this view regard health as a symptom of power imbalances. Working with health issues can be one means to redress the imbalances. Work involves community participation, self management and public policy and may occur in a range of settings (Fiske, Hill, Krouskos, Legge, Stagoll, 1989).

In the middle of the spectrum is the "public policy approach to health" of the Social Health Strategy for South Australia (1988). Different levels of government, bureaucracies and private and non-government sectors work together to change policy, and thus impact on health. While this intersectoral, participatory approach takes a broad view and may reform policy, it does not place the same focus on the need for changes in power relations in social, political and economic structures.

At the other end of the spectrum is the view that primary health care is essentially about health services. While community participation and intersectoral collaboration are seen to be of fundamental importance, there is a tendency to focus on these as part of the delivery of health services at the first point of contact with the health system.

A manifestation of these differences is the division of opinion over whether to use comprehensive or selective primary health care approaches. The comprehensive approach focuses on strategies of community participation, education and empowerment to bring about change at political, social and economic levels. The selective approach takes a more pragmatic view and focuses on specific causes of ill-health to which modern technology can be applied with apparently effective results for large numbers of impoverished people (Rifkin and Walt, 1986; Warren, 1988).

4.8.5. Health Promotion

Health promotion is a way of implementing some aspects of the philosophy of primary health care.

The Ottawa Charter for Health Promotion arose from the first International Conference on Health Promotion held in Ottawa in 1986 (Garrard et al., 1992). It is regarded as a landmark in the development of public health and defines health promotion as "the process of enabling people to increase control over, and to improve, their health" (quoted in Hawe et al., 1990, p 3). Health is seen as physical, mental and social well-being, and a resource for everyday life (Garrard et al., 1992).

Five interrelated public health strategy objectives were developed for health promotion. These are:

1. To develop healthy public policy
2. To create supportive social and physical environments
3. To strengthen community action
4. To develop individual, personal skills
5. To reorient health services to give a stronger emphasis on prevention (Brown, 1992; Garrard et al., 1992).

The Ottawa Charter approach to health promotion has been called socio-environmental in contrast to the traditional medical and behavioural approaches to improving health that have their focus on lifestyle change (Garrard et al., 1992; Baum, 1992).

There has been what Green and Raeburn (1988) describe as the individual-versus-the-system debate concerning the design of health promotion projects. Individual refers to an emphasis on personal choice, lifestyle and individual behaviour. System refers to the belief that the social, economic, political, institutional, cultural, legislative, industrial and physical environments (the system) exert a stronger influence and should be the focus for

change. As an alternative, Green and Raeburn advocate that health promotion should focus on the community.

4.9. SUMMARY

This chapter has explained the reasons for selecting an action research methodology for the research into culturally appropriate evaluation. The model was applied in the course of the evaluation of the Mai Wiru project. The Mai Wiru project and its evaluation are described in the following two chapters.

CHAPTER 5
THE MAI WIRU PROJECT - DESCRIPTION

The data for the inquiry into culturally appropriate evaluation were principally derived from the process of evaluating the Mai Wiru project. This chapter gives a detailed description of the project.

5.1. THE HISTORY

> We knew we were diabetic because a long time ago a group came from Adelaide and tested urine and blood and told us we had diabetes. They gave us some tablets to take every morning and afternoon, and told us to come every morning to test our blood and urine, and to weigh us.
>
> Health workers were doing this. When I took the tablets I felt good. Before I felt tired and sleepy, but when I took the tablets I felt a bit better. But I still have diabetes (Mai Wiru Evaluation Tjukurpa[2], 1993, p 14).
>
> We are going to the main road for lizards and we might get wild fig. The dentist told us that this is good food to eat and that we won't get sick from eating it. We are going to the main road to find this food, the four of us diabetic women. We were told that this food is good (MWT, 1993, p 5).

In Ernabella a group of diabetic women have been teaching about the relationship of good nutrition and exercise to health. This diabetes health promotion project is known as the Mai Wiru project and the project participants are known as the Mai Wiru group. Mai

---

[2]The Mai Wiru Evaluation Tjukurpa is an edited compilation of Anangu talks, writings, interviews and tapes from 1989 to 1993. It was collated for the Mai Wiru evaluation by the co-researchers, and was regarded as a suitable way to present Anangu views about the project. It will be cited as MWT.

wiṟu means good food in Pitjantjatjara, but the group use the term to mean more than this. They use it to refer to everything that they have learnt and are teaching about health and nutrition.[3]

> When we talk about Mai Wiṟu, we are talking about a healthy way of life for everyone. We do not want to stop people who are not diabetic from eating sweet food. We just want people to be careful and to eat a healthy way. We want the children to learn about a healthy way of eating so they will have good food habits as adults. We want them to be strong and well so they are able to learn and do well in life (MWT, 1993, p 7).

The project began in response to high levels of non-insulin dependent diabetes and the observed difficulty in management of the disease. The intervention utilised evidence that diabetic control is best managed by dietary, weight and energy balance changes (Endean, date unknown). The target group were Aboriginal women with diabetes living in Ernabella and surrounding homelands.

5.2. THE MAI WIṞU GROUP

The project is implemented by a core group of four women who have become known as the Mai Wiṟu group. They are Tjikalyi, Wayaṉu, Ikarka and Kangkuṟu. The women are all grandmothers in their 50's and 60's. Ernabella was established in 1937 and the first school began in the creek bed in 1940. The women all spent some of their time in Ernabella as they were growing up, but their families also lived a traditional lifestyle attending to ceremonial business and living off the land as they travelled. European settlement brought changes to their lives. Initially this included the introduction of donkeys, for carrying supplies, and guns for hunting food and killing dingoes (the scalps

---

[3]Where capitals are used (ie Mai Wiṟu) reference is being made to the project or group. Where capitals are not used (ie mai wiṟu), the phrase refers to good food.

of which earned a bounty). Payment was made in supplies such as bullets, flour, tea and sugar. The latter were used to supplement the bush food diet.

By the time the group members had their own children, their lives were more centred on Ernabella. Some of their older children were born in the bush in the traditional way, others were born in the Ernabella clinic, a common practice 25 years ago. Following another change of practice, the youngest of their children were delivered at the Alice Springs hospital

The group all continue to travel regularly across the land and settling in another place for a time is quite common. However, they no longer depend on the land for their food supplies and bush food trips are now generally a more occasional daytime activity.

The women are members of the senior generation and are the holders of traditional knowledge about the land, the laws, the Tjukurpa and cultural life in general. They are respected by the younger generation for their position in society, their knowledge and as grandmothers. They are in the generation of community decision makers and are concerned that the next generation is not acquiring important knowledge of bush food, bush craft and the traditional songs and dances.

5.3. PROJECT DEVELOPMENT

In December 1987 Nganampa Health Council released the **Uwankara Palyanku Kanyintjaku Report** (UPK, 1987). This was an environmental and public health review that was conducted within the Anangu Pitjantjatjara Lands. One area that was examined was nutrition. Results showed that on the AP Lands,

> the diet is high in energy, very high in refined carbohydrate, high in fat and salt and very low in dietary fibre. This pattern of dietary intake is consistent with obesity and associated conditions [of non-insulin dependent diabetes mellitus, hypertension and cardiovascular disease] (UPK, 1987, p 64).

The report concluded,

> There is a need for a food and nutrition policy to be developed and implemented for the AP Lands which would cover issues such as store foods, nutrition education at school, store, health clinic and general community levels, staff in service and training, facilitation of bush food collection and continued nutrition surveillance and intervention programs (UPK, 1987, p 69).

5.3.1. Getting Started and Obtaining SAHC Funding

> At that time when we were told that we had diabetes we were also told to take tablets. But they didn't tell us to eat good food. We kept on eating a lot of sugar, sweet food, making packet chocolate cakes. I liked making those cakes and sometimes I sold them.

People felt sad and frightened when they heard they had diabetes. We wondered, "How can we help ourselves?" (MWT, 1993, p 5).

In 1989 the Nganampa Health Council dentist began meeting with a group of diabetic women in Ernabella to discuss the relationship of diabetes to nutrition and exercise. As a result of these meetings, a successful submission was made to the South Australian Health Commission (SAHC) for funding for what is now known as the Mai Wiru project. The initial funding was for $5,000.

When the project began, ideas were introduced by the non-Aboriginal facilitator about healthy bush and Western foods. Cooking was demonstrated and the group began to go out collecting bush foods.

The women began to use the Ernabella Clinic kitchen and to cook various foods such as bread, vegetable muffins and vegetable pizzas. At first these were distributed to their families and later the group began to sell their food in Ernabella

In March 1990 an extensive screening of the levels of diabetes was conducted in Ernabella. All people 15 years and over were tested for fasting and 2 hour glucose and insulin levels and serum cholesterol and triglyceride levels. The community screening is described in detail in Chapter 6.

> We talked to the community council and they agreed to testing all the community [for diabetes]. All the adults in Ernabella were tested at the clinic. Most of the adults came. Results showed that there is a very high rate of diabetes in Ernabella and also there are many people who are overweight.
>
> The women started going out bush and collecting bush tucker and doing exercise every day.
>
> Next we asked Nganampa Health to use the clinic kitchen and they agreed. We started cooking bread and vegetable muffins and we have also been writing recipes to teach other ladies.
>
> We talked to the store about changing store policy so there would be more vegetables and fruits and good food for the community at good prices. And we talked about how soft drinks and chips and lollies and food with lots of sugar and salt are bad for people (MWT, 1993, p 7).

5.3.3. Full-time Facilitator

The facilitator worked full-time with the group of diabetic women from June 1990 to February 1991. This position was funded by Nganampa Health Council.

> [The facilitator] taught us how to make good food for our family. We said we want to make the food for everyone and to use the kitchen and sell it to the community.
>
> He started teaching about good food using wholemeal flour, grains that we ground in the grinding machine (MWT, 1993, p 15).

5.3.4. Group Autonomous

From 1991 the project has been largely self managed by the group of diabetic women, now known as the Mai Wiru group.

Additional support has been given by the Ernabella Women's Learning Centre and by Ernabella clinic staff. Practical support has included assistance with book keeping, banking, ordering materials and transport. New nutrition information has been provided through the support network.

During this time the group cooked and taught in Ernabella and other communities.

As the project developed so did the ideas of the group.

> We have been thinking that some people think that our food is for diabetics only. We will call it healthy food and talk about a healthy way of eating and living. Not diabetic food only for diabetic people.
>
> We want to teach people about a healthy way of life by talking and showing, and meetings and conferences. Then they can look after their children and family and Anangu will be strong (MWT, 1993, pp 7-8).

In summary, as the Mai Wiru group's expertise developed, non-Aboriginal involvement decreased to the point of providing minimal practical support and occasional new nutrition information.

5.4. GOALS AND OBJECTIVES

5.4.1. SAHC Agreement

The goal and objectives for "Diabetes - A Chance for Change" the SAHC funded project were as follows.

Goal

To demonstrate the extent to which a group of Aboriginal women in Pukatja and ssurrounding homelands with mature onset diabetes can improve the management of their own disease and improve their family and community's access to and attitude towards healthy food and physical activity.

Objectives

1. To increase skills and knowledge among the core group and the community about healthy food, its preparation and production.
2. To re-establish the core group of women's influence on family and community food choices and food practices.
3. To increase traditional food practices (hunting, gathering, open fire cooking) in the community.
4. To increase 'take away' food choices in the store.
5. To encourage the development of healthy food policy.
6. To increase physical activity and energy expenditure among the women, their families and the community.
7. To strengthen relationships between Nganampa Health Council, Pukatja Council, Anilalya Council and the store in relation to food projects.
8. To pilot evaluation techniques and methods for assessing the effectiveness of community development based food and nutrition projects.

5.4.2. Mai Wiru Group

The intentions of the group were developed and drawn from the group members' statements over the course of the project. These intentions are recurring themes that are prominent in the Mai Wiru Evaluation Tjukurpa, a collation of Anangu accounts of the project prepared in the course of the evaluation.

1. To teach families and others in Ernabella and other communities about nutrition and a healthy lifestyle.

> We hope to tell more communities about healthy food and a healthy way of life by talking, teaching, writing down the story and video (MWT, 1993, p 7).
>
> We want to teach people about a healthy way of life by talking and showing, and meetings and conferences. Then they can look after their children and family and Anangu will be strong (MWT, 1993, p 8).

2. To teach the young children healthy food habits.

> We need to teach our children to eat good food...Then they will have healthy food habits as adults (MWT, 1993, p 9).

3. To learn about the causes of preventable illness.

> We should be learning about the things that make us sick before we get sick (MWT, 1993, p 6).

4. To learn how to select and cook good food.

> We should learn about which food in the shop is good and how to make good food (MWT, 1993, p 6).

5. To help diabetics and sick people and to prevent illness.

> The Mai Wiru group makes good food without sugar, our food isn't sweet, it is for people who are sick and to help prevent sickness. This is great food. We all have diabetes. When we eat this food we feel well (MWT, 1993, p 8).

5.4.3. Summary

Initially, goals and objectives were defined by the non-Aboriginal facilitator/initiator (in the successful submission for funding to the SAHC). His ideas were informed by clinical experience, the literature, a community health philosophy, conversations with the women and his own background as a resident in Ernabella for four years.

The project is now completely operated by the women and, although they do not express project objectives in the same narrative form as non-Aboriginal writers, their objectives (intentions) and the group processes are clearly enunciated in the Mai Wiru Evaluation Tjukurpa.

From the start, the group expressed the desire to learn about how to care for their diabetes, to learn about nutrition, and then to share with others the things that they had learned. This soon broadened from a focus on people with diabetes to a "whole community" approach. It now includes a strong emphasis on teaching people healthy food habits from childhood.

The following chapter describes the Mai Wiru project evaluation.

CHAPTER 6
THE MAI WIRU PROJECT EVALUATION - DESIGN AND FINDINGS

The research inquiry into culturally appropriate evaluation occurred as a parallel and linked process to the Mai Wiru evaluation. This chapter presents the Mai Wiru project evaluation findings. The two succeeding chapters present considerations for culturally appropriate evaluation arising from the Mai Wiru evaluation

6.1. INTRODUCTION - DECIDING TO EVALUATE

From the beginning of the Mai Wiru project the facilitator was interested in how to evaluate the project in a way that would reflect the community development philosophy and principles on which the project was conceived (see SAHC Objective 8; Endean, pers.comm., 1992).

Initially, it was proposed that the project evaluation should be done by the Menzies School of Health Research. They played an important role in advice and practical support in the Ernabella community screening, but did not have any further direct involvement in the evaluation.[4]

From 1991 the Mai Wiru project was associated with the Ernabella Women's Centre. The writer worked there and assisted the group. At the end of 1991 and in early 1992 discussions were held in relation to doing an evaluation of the project. In July 1992 Nganampa Health Council approached the writer to evaluate the project. A research grant from the SAHC allowed the evaluation to be done as part of research into

---

[4] Although Dr David Scrimgeour Principal Researcher at the Menzies School of Health Research, Alice Springs (until October 1993) is the candidate's field supervisor.

culturally appropriate evaluation. The grant funds enabled Tjikalyi, one of the Mai Wiru group, to be employed as a co-researcher.

6.2. Description of Process - Defining Objectives and Choosing Evaluation Methods

6.2.1. Design

The National Aboriginal Health Strategy (1989, p 207) noted,

> Cross-cultural research, and in particular, cross-cultural research in Aboriginal affairs, has difficulties which have remained largely ignored by researchers. Every approach to inquiry research is based on a set of assumptions. The framework, the cultural, and the philosophical value system within which the research is conceived, designed, and conducted comes into question in the cross-cultural situation, and deserves examination. The model within which research is conducted reflects the values of the dominant culture.

The evaluation design was influenced by health research principles, referred to earlier which arose from several national meetings on Aboriginal research (MREC, 1991; Wild, 1992; Aboriginal Health Research Ethics Committee of South Australia, 1990). These emphasised the importance of:

- Aboriginal involvement in and control of the research.
- Community consultation, endorsement, and involvement.
- Use of the Aboriginal definition of health as holistic.
- Working within the tradition of program-linked action research.
- Sensitivity to the social and cultural context.

These are described and discussed in detail in Chapter 7.

Using these reference points, the evaluation design emerged and developed through the work of the co-evaluators and the process of the evaluation. Eventually, an adaptation of the Wadsworth action evaluation research model was developed (Wadsworth, 1991).[5]

In keeping with the participatory action research model, participation of group members was encouraged and information gathered was shared and used by the group throughout the evaluation.

The project evaluation addressed several groups of objectives.

- The original project goal and objectives as specified in the agreement with the SAHC.
- The Mai Wiru group intentions.
- Other themes that were not original project objectives, but that were aspects of the project that were raised for consideration by Nganampa Health Council.

Both quantitative and qualitative data were gathered. At each step, the suitability of data and appropriate data collection methods were considered and only pursued if they were regarded as appropriate. Details of data collection methods are given in this chapter.

6.2.2. Data Collection

To evaluate the project, information was gathered from the following quantitative and qualitative sources.

- Store turnover to examine community dietary intake in 1989 and 1992.

---

[5]Figure 1 in Chapter 4 showed the action research model, and Figure 2 in Chapter 7, shows the adapted model.

- Diabetes health indices.
- Mai Wiru Evaluation Tjukurpa. This is material gathered from 1989 to 1993 including narratives of the group, interviews with the group and their families, community members and other communities, reports written by the group and audio and video tape transcripts. The material was collated for the evaluation by the co-researchers.
- Mai Wiru group daily activity diary, 1991 and 1992 and field journal, 1991 to the present.
- Interviews with clinic staff.

6.2.3. Store Turnover

i) Description

Lee (1991) developed the nutrition intake evaluation tool known as the Store Turnover Method. This method is suitable for isolated communities where there is a single store outlet as is the case at Ernabella.

A group of Ernabella women representing the store, the Women's Learning Centre and the Mai Wiru group travelled to Alice Springs to attend two workshops run by Lee. Under her guidance, data were collected and collated to examine the Ernabella store turnover for a three month period in 1989 and the same period in 1992. Lee analysed the results.

ii) Results and Discussion

Results show that there was a significant reduction in added sugar (raw sugar, honey, jam) from 120 gm per person (30 teaspoons) in 1989 to 40 gms per person (10 teaspoons) in 1992. However, there was no corresponding change in the amount of

vegetables and fruit estimated to be consumed. Indeed fruit and vegetable consumption fell from an average of 222 gm per day to 135 gm in 1992.

Factors other than the activity of the Mai Wiru group may account for the measured reduction in sugar consumption.

One such factor could be an increased awareness of the hazards of sugar in the general Aboriginal population. To examine this, information is needed from other AP Lands and Central Australian communities to determine whether they have shown a similar decrease in sugar consumption. At present no other communities in Central Australia have completed store turnover measurements. Lee (pers.comm., 1993) reports that in the Top End, the only communities that show change are those in which there has been a nutrition intervention.

A possible explanation for the change concerns the practice of adding sugar into the billy when tea is made. Generally a large billy of tea is made to share with a group of people. The Mai Wiru group are resolute in not adding sugar to their tea and coffee. People interviewed observed that many people are now not adding sugar to the billy. As a result, each individual decides how much sugar to add to his or her cup. In this instance, a conscious decision by a few to avoid sugar could account for a change in family and general community practice. This may partly explain the reduction in sugar consumption.

The store turnover results offer useful information by identifying food consumption patterns that need to be targeted in nutrition projects.

6.2.4. Community Screening

It was intended that a community screening for diabetes would provide a baseline for evaluation of the intervention with a follow-up screening. However, no follow-up screening has been done to this point. Given the long period of time that is likely to be required to bring about changes in prevalence patterns for diabetes, it would be

premature to do another screening at this stage. However, the screening was an important part of the project and may be used in future evaluations. Therefore the results are discussed here.

i) Description

In March 1990, an extensive prevalence survey of the levels of diabetes was conducted in Ernabella and surrounding homelands. All people 15 years and over were tested for fasting and 2 hour glucose and insulin levels, serum cholesterol and serum triglyceride levels. The screening had the support of the community and various community members were involved in explaining the screening to the community.

Factors that contributed to a near universal participation rate in the screening, (one refusal), were careful planning, a family group focus in recruitment of people to attend and advertising of the screening as a community event.

ii) Results and Discussion

The prevalence of diabetes alone in all age groups, was 16.5% and in adults over 35 years this rose to 43.9% in women and 23.3% in men (Ernabella Non-Communicable Diseases Survey, 1990).

Results showed that the prevalence of impaired glucose tolerance (often a precursor to diabetes) and diabetes in adults over 15 years was 23.1%. In adults over 35 years of age, the incidences were increased to 56.2% and 30.3% in women and men respectively.

The screening identified new diabetics and the prevalence of diabetes in the adult population of Ernabella and surrounding homelands. The 16.5% figure compares with 3.4% for the non-Aboriginal Australian population (Glathaar et al., 1985). For Australian Aborigines, the figure is much higher and prevalence rates of between 7.5 and 16% have

been quoted (Australian Institute of Health, 1988). Rates vary according to the particular Aboriginal population under consideration.

iii) Possible Benefits of a Screening

- **Identification of Diabetics for Testing of Complications**

The screening provided Nganampa clinic staff with a list of people with diabetes (some of whom had not previously been diagnosed) who were able to be assessed and closely monitored for complications.

- **Estimations of Current Prevalence and Future Incidence of Diabetic Complications.**

Accurate screening figures such as those obtained in Ernabella can be used to estimate current prevalence and future incidence of diabetic complications. Mulvey and Garrow (1991) demonstrated this in relation to diabetic retinopathy. This information is useful for health service planning.

- **The Event that Alerts the Community to the Problem.**

There is a need for research to establish whether the screening process alone is an effective intervention. It may be that screening focuses attention on a health problem and results in short or long term behaviour change.

6.2.5. Diabetic Health Indices

i) Blood Sugar Control

a) Description

A number of measures are used to monitor diabetic control. One that is commonly used by the Mai Wiru group and in the Ernabella Clinic is the random or fasting blood sugar

level. A difficulty with this test is that it gives a reading that reflects the blood sugar level at the time of the test only. However, blood sugar can exhibit marked fluctuations. A more accurate picture of the overall diabetic control is provided by glycosylated haemoglobin (HbA1c) measurement. HbA1c measures the average blood glucose level over the preceding 3 months and is a useful measure of diabetic control.

Current Nganampa Health Council policy is to estimate HbA1c levels at 3 monthly intervals. This protocol is under review and is likely to be changed to annual estimations.

b) Results and Discussion

HbA1c estimations for Ernabella and Fregon from January 1992 to June 1993 were examined. These are shown on the following page.

HbA1c Estimations in Ernabella and Fregon

January 1992 to June 1993

Number of Diabetics

	Ernabella	Fregon	**Total**
Males	12	8	20
Females	23	20	43
Total	35	28	63

HbA1c Estimations

	Non-Diabetic (<6%)	Well Controlled (6-8%)	Poorly Controlled (>8%)	Very Poorly Controlled (>10%)	**Number of Tests Done**
Males	2	0	3	10	**15**
Females	3	3	13	31	**50**
Total	**5**	**3**	**16**	**41**	**65**

HbA1c results show that 57 out of 65 tests (88%) demonstrated poor or very poor diabetic control. In 41 out of 65 cases (63%) results were in the very poorly controlled range.

Results for members of the Mai Wiru group were poor or very poor. There were insufficient tests to enable comparison of group members' results before and after commencement of activity of the Mai Wiru group.

ii) Monitoring of Complications and weight changes

As previously described, diabetes has a range of complications including renal disease, retinopathy, and other circulatory problems.

It was of interest to examine whether the Mai Wiru group members and/or their family members and the community took greater responsibility for cooperating with or initiating monitoring of complications. However, there were insufficient records to determine whether there was any change in monitoring, or whether this group was monitored with greater frequency than any other group of diabetic women.

Measurement of weight was performed as part of the community screening in 1990. People have been weighed sporadically since then. Of the original six Mai Wiru group members, two lost weight, but this could be explained by deterioration of their diabetic control.

In general, diabetic control in diabetics in two major communities was shown to be very poor. With respect to the Mai Wiru group members, the data were inadequate to demonstrate any change in diabetic control, incidence of complications or weight measurements during the period of the intervention.

6.2.6. Narratives and the Mai Wiru Evaluation Tjukurpa

i) Description

From the project's inception it was intended that in addition to quantitative measures there would be a qualitative component based on the narratives of the women involved in the project.

With permission of the participants, the facilitator started audio taping at the beginning of the project. The tapes were transcribed and translated by the co-evaluators. Other group narrative material was also collected throughout the project. This included talks

written for meetings and conferences, audio tape for radio interviews, video tape, and written accounts of trips.

Interview lists were made and Tjikalyi interviewed people in Ernabella, Fregon, Amata and Mutitjulu (a total of 32 people). She used open-ended interviews with a check list of themes to be covered. Interviewees in Ernabella included the group and their extended family members. In other communities, people who had been taught by the group were interviewed. All interviews were taped (with permission), and then transcribed and translated by the evaluators.

ii) Results and Discussion

The Mai Wiru Evaluation Tjukurpa emerged from Tjikalyi's ideas as a suitable way to present the information gathered. Material was edited to create a meaningful narrative.

Anangu have an oral tradition where narrative is used to communicate information and to teach. The MWT narrative was used extensively in the Mai Wiru Evaluation report both to hear Anangu voices through quotes and to understand the group members own ideas of their purpose, their intentions and their monitoring of these intentions.

The narrative tells about diabetes and the problems that this new disease presents both to individuals and to all Anangu. The sense of not knowing how to deal with this new disease can be heard. The development of the Mai Wiru project can be traced from its origins when the group began collecting bush foods and the facilitator began teaching about the nutritional value of food and ways in which to cook it.

Details of the activities of the group are found as is information about the reactions of community members to the project. Concern about the effect of poor nutrition on health is expressed repeatedly. This concern is clearly for all Anangu and for future generations - not just for diabetics.

6.2.7. Mai Wiru Group Diary 1991 - 1992 and Field Journal

i) Description

A daily diary (1991 and 1992) and a field journal (1991 to 1993) were kept by the writer using the participant observation approach. As a community resident, the writer's involvement with the group members extended beyond Mai Wiru activities. The diary was a record of the group's daily activities. The field journal was a more detailed account of events, both involving the group and the wider community.

Significant categories were identified and to facilitate the analysis of the field journal for the evaluation, The Ethnograph computer software program was used.

ii) Results and Discussion

The diary showed that the group were involved in a range of activities. These included:

- making and selling food to Ernabella and other communities,
- catering for meetings and making food for community events,
- a period of running the school canteen,
- teaching the Mai Wiru program in Ernabella, Fregon, Amata and Pipalyatjara,
- many bush tucker/exercise trips,
- attendance and presentations at regional, national and international meetings,
- involvement in the Store Turnover evaluation,
- participation in the establishment of the Ernabella Women's Learning Centre and in its development.

The main women involved were Tjikalyi, Wayanu and Ikarka. Ten other women participated, as did school children as part of a work experience program. School aged grandchildren worked with their grandmothers during holidays. However, it was not possible to sustain the regular involvement of these other participants.

In the two years 1991 and 1992 the group cooked on 101 days. Allowing for holidays this is an average of once a week. However, the group tended to have periods of activity for one to two weeks, followed by inactive times. It is noted that women may have been teaching at home at other times, but this is not recorded.

When the diary and journal were examined in the context of family relationships, it was found that most participants were from the same extended family and that the extended family network was used to promote and teach Mai Wiru in other communities.

The diary and journal also include accounts of what people were doing at times of inactivity. Group members have a range of other responsibilities. Mai Wiru project activity was dependent on other events and responsibilities. Meetings, illness, deaths, community events, other community organisations - all of these often took priority.

Events such as AP Lands church gatherings, football carnivals, AP Lands school sports, the AP general meeting and times of mourning, are all occasions when people come together from different parts of the Lands. These gatherings provide an opportunity for the group to distribute food and to spread the health promotion message. For example, at a mourning camp, vegetable muffins were distributed. People from Finke (250 kms to the east) were present and arrangements were made for the group to conduct teaching sessions in Finke at a later date.

Noteworthy aspects of the activities of the Mai Wiru group that are suggested by the diaries and field journal data are:

- The sustainability of the group in spite of long periods of inactivity.
- The involvement of extended family members as either students or passive participants.
- The positive feedback about their cooking that the group gets from community people.

- The wide range of activities in which the group have been involved.
- The interest that has developed in other communities.
- The difficulty in recruiting new members in Ernabella.

6.2.8. Interviews with Clinic Staff

i) Description

Open-ended interviews using a theme checklist were conducted with clinic staff. These interviews were recorded by tape or notes and then transcribed.

ii) Results and Discussion

Clinic staff were generally positive about the Mai Wiru group and the project.

Respondents expressed concern at the difficulty that all diabetics have in managing their condition.

Clinic staff also observed the limited amount of activity of the group and wondered how much a small group of elderly women could achieve. On the other hand, there was a recognition that the group is well known, that there were very few health promotion projects being conducted by Nganampa Health Council, and that no other that had as its core a group of Anangu completely managing the project.

In talking about this one clinic member said,

> (The Mai Wiru group) is a flagship for people. It is an example of a group of people who have been able to take charge of an issue and to do things, go to meetings, be strong about the issue. Really the amount they actually do,...it almost becomes

> incidental. I still think that there is a strength in the myth[6] and that this will impact on younger people (Mai Wiru evaluation file, 1993).

Another comment was,

> It has been helpful to do the screening and for the health service to have a baseline of how many people are diabetic. It has encouraged the health service to look at the issue of diabetes on the lands and to think about strategies to prevent it and to manage people with diabetes. I think that this is a very hard area, maybe the hardest. I don't think that a lot of gains have been made [in diabetic management], but at least it has raised the priority of the issue and it has given us a baseline (Mai Wiru evaluation file, 1993).

6.3. DISCUSSION OF ISSUES - ANALYSING DATA AND REACHING CONCLUSIONS

This section evaluates the achievement of the SAHC Agreement Objectives and the Mai Wiru Group intentions. In addition other themes that emerged from the evaluation are discussed.

---

[6]The myth the speaker referred to was the apparent discrepancy between the observed low levels of actual activity of the group and the wide recognition that the group has amongst Anangu (on the AP Lands and in other parts of Central Australia) and amongst non-Aboriginal health professionals.

6.3.1. SAHC Agreement Objectives

The Goal

That the group would improve their own diabetes management and improve their family and community's access to and attitude towards healthy food and physical activity.

Given the Anangu understanding of health, and the dynamics of family and community life, the improvement of diabetes management of individuals is inextricably connected with improvement of family, and probably community, attitudes and access to healthy food.

Of the original six members, two have markedly reduced weight, (although poor diabetic control can cause weight loss). One of the two women with weight loss had previously required insulin to manage her diabetes (the only person in Ernabella to do so). She no longer requires insulin although her diabetic control is poor (as indicated by HbA1c measurements). As previously noted, the data were inadequate to make conclusions about changes in metabolic indices of diabetic control in Mai Wiru group members over the intervention period.

In terms of improving access to healthy food, the evidence is that the group have been unable to influence the food supply and storage policy of the community store. In the early years of the project, weekly meetings of clinic and store staff and Mai Wiru group members were held (in 1990 and early 1991). The store have always cooperated in selling food that the group has cooked, but there have been no further meetings in relation to store policy.

It is clear that family and community know about the group and their purpose. All community members interviewed were able to identify the group, their activities and their message. The youngest group approached were five and six-year-olds at the Ernabella School. The responses were always enthusiastic.

Some family members are reported (by themselves or group members) to be using more fruit and vegetables and less sugar. Other observations are that some people are beginning to change their food habits, although many have not yet done so. The store turnover results indicate that changes have occurred in the reduction of sugar consumption, although the changes that are occurring are still not large enough to impact on the overall nutrition status of the community.

Objectives

1. To increase skills and knowledge among the core group and the community about healthy food, its preparation and production.

The core group do appear to have increased their skills and knowledge. They have now become teachers. Amongst the community members interviewed, the level of knowledge about what constitutes a healthy diet was high. More work can be done on teaching, purchase and preparation of food. One community member said,

> From the shop we are getting meat with a lot of fat and we are eating a lot of fatty meat, no potatoes, only meat, no vegetables. We are eating a lot of meat and not eating vegetables - potato, broccoli, only meat. From that we get sick. But there is good food at the store. You can get good food if you know how to choose it (MWT, 1993, p 14).

People emphasised that to cook good food requires knowledge of which food to buy, the availability of equipment and knowledge of how to prepare and cook the food. They also talked about the need for stoves that work.

2. To re-establish the core group of women's influence on family and community food choices and food practices.

There is no data in relation to the level of influence of group members prior to the intervention. However, in interviews, the most positive reactions to the group and their activities, were from extended family members. It was suggested by some respondents

that some group family members and some community members are changing their eating and cooking habits. The evaluation did not collect data to support or refute these comments.

3. To increase traditional food practices (hunting, gathering, open fire cooking) in the community.

It is not possible to estimate whether there is more or less hunting and gathering in 1993 than in 1989. The group see this activity as an integral part of their message, although organised group bush food trips are rare. However, impromptu bush food gathering trips are very popular community activities, particularly on weekends.

Tjikalyi commented about interview findings,

> All the women are still wanting to learn about store food, cooking good food and hunting and collecting good food. These are three things. Young ones don't know about bush food. They only know a little and there is a lot to know. There is not much hunting and exercise [with the Mai Wiru group]. There is a problem because there is no car (MWT, 1993, p 18).

4. To increase 'take away' food choices in the store.

There is no evidence to suggest that this has occurred

5. To encourage the development of healthy food policy.

The group have been unable to influence the development of healthy food policy at the store although some respondents had ideas about what should occur.

> The shop didn't really listen. We should go and sit down and talk to them.
>
> There seems to be more choice now. There are diet drinks and fruit drinks. The store should have the healthy drinks at the front, not right out the back out of sight. And

they should have the sweet drinks out the back and out of sight. Healthy foods should be at the front (MWT, 1993, p 17).

6. To increase physical activity and energy expenditure among the women, their families and the community.

Data were not available to evaluate this objective. Adequate evaluation would require another community screening to compare current body weight measurements with those measured at the 1990 screening.

7. To strengthen relationships between Nganampa Health Council, Pukatja Council, Anilalya Council and the store in relation to food projects.

The 1990 community screening required agreement from Nganampa Health Council, and Pukatja and Anilalya Councils. For a time in 1990, regular meetings of clinic and store staff were held. However these meetings did not result in any policy changes.

8. To pilot evaluation techniques and methods for assessing the effectiveness of community development based food and nutrition projects.

This was done when it was originally intended. When the evaluation did occur, ideas of culturally appropriate evaluation were examined and are discussed in detail in Chapters 7 to 10.

6.3.2. Mai Wiru Group Intentions

To understand the group's perspective, the Mai Wiru Evaluation Tjukurpa was used to identify the intentions of the group (see Chapter 5) and their evaluative responses.

1. To teach families and others in Ernabella and other communities about nutrition and a healthy lifestyle.

> The cooking is going well. The teaching is going well. We know this because people want us to come back and keep teaching. Now Finke and Mimili and Fregon and Amata and Mutitjulu are all wanting us to come back (MWT, 1993, p 18).

2. To teach the young children healthy food habits.

> The children know about the Mai Wiru group and they know about diabetes and good and bad food. We have seen them drinking diet coke and when we are in the clinic kitchen cooking, the children will smell the food and come in and ask for bread and muffins. They know it is not sweet and they like the food (MWT, 1993, p 17).

3. To learn about the causes of preventable illness.

> We have trouble getting women to work [in Ernabella] but the children, young boys and girls want to learn and we have been teaching them in the holidays. We also teach them about drinking water and juice, not sweet drinks. If they watch they will learn to get and eat healthy food. They know how to get the sweets, they watch the old people and learn from them to eat sweet food. And that is why I want the children to watch us cooking and while they watch they learn (MWT, 1993, p 18).

4. To learn how to select and cook good food.

> Now because of the shop everyone has food. People with money and food share it with others. And there is a different way of cooking, but we don't know how to do it. We all don't know, but still we are trying by telling and writing stories, news, videos, cooking,

teaching. When the people are watching and listening they are getting to know about diabetes and nutrition.

But people have lots of work too do and they don't have time to cook good food. Some people are changing. They want to cook. They are looking around for good housing, good kitchens, good stoves (MWT, 1993, p 15).

5. To help diabetics and sick people and to prevent illness.

Just because we had diabetes we didn't think "we'll leave it". We wanted to help...This is Anangu thinking. Anangu always want to help their family, all together (MWT, 1993, p 15).

6.3.3. Other Themes

i) Benefits of the Project to the Group

Comments have already been made about the difficulty in measuring changes in diabetic control of group members. However, there were other observable benefits for the group. There was a change in the attitude of the group toward their diabetes. In 1989 members' comments indicated a despondency about their diabetes. One group member said,

Here we all are, all of us sick ones, diabetics (MWT, 1993, p 5).

And thinking about her diabetes another person commented

When I found out that I had diabetes first I felt sad and then ashamed. I didn't want anyone to know I had diabetes. I kept it to myself (MWT, 1993, p 14).

These comments can be contrasted to comments by the group in 1993 that indicate a sense of hope, that there is something that can be done, in spite of the chronic nature of

the condition.

> I changed things in myself because I wanted to help everybody. Not just diabetics and old people (MWT, 1993, p 14).

> Many of us already have diabetes, we can't change that, but we can look after ourselves so we feel well and happy (MWT, 1993, p 4).

The group are very well known both on the Lands and further afield. On the Lands people give the group a lot of praise for the food that they make and encourage them to make more and to teach elsewhere. This occurs through the network of family relationships that are to a large extent the medium by which the message is being passed.

This ready recognition of the group may be a reflection of the relatively small number of Anangu controlled health promotion projects. Group members have spoken at regional, national and international meetings and have found these to be enjoyable and encouraging experiences.

ii) Benefits of the Mai Wiru Project to the Lands

The project is known by people across the Lands and women in other communities wish to start similar projects. Workshops have been held in several communities although at this stage Mutitjulu is the only community where a new Mai Wiru group has been sustained. Ikarka, one of the original Ernabella members, is facilitating the Mutitjulu group with support of the Mutitjulu Women's Centre and Centre co-ordinator.

The evidence is that in Ernabella people are well aware of the nutrition messages of the group, although the UPK report stated that in 1987 people knew about good nutrition. The group maintains people's awareness of these messages. However, there is no strong evidence to suggest that people in Ernabella or the Lands, have been able to respond to the nutritional messages being promoted by the group.

The evaluation has alerted the group to the need to increase community fruit and vegetable consumption. The cooking by the group has mainly been snack food and one area identified for further development is the need to teach people to buy food for the preparation of large and simple nutritious meals.

iii) Project Sustainability

A remarkable feature of the project has been its sustainability. This has been the case despite low group numbers, little funding, and with only an occasional cooking program. The benefits noted above are likely to have contributed to this.

Other factors are

- The project does not need to operate everyday. People can do it when they wish and there are no expectations of when cooking and teaching should occur.
- Teaching activities are portable and can easily be provided in other communities.
- The health promotion medium is the food. People enjoy the experience.
- The food serves a social purpose, such as providing food at Anangu cultural events.
- The food also serves the practical purpose of providing for the individuals and their families and in helping people with diabetes feel better.
- Interactions with family preserve and strengthen relationships.

iv) Plans

Future plans articulated by the group are

- To teach other communities where requested.
- To talk to the school about ways in which the children can get more exercise.
- To consider ways to have more bush food and exercise trips.
- To continue to teach the children about Mai Wiru.
- To talk to the clinic, the store and Anangu Winkiku Stores (AWS - the umbrella organisation for the stores on the AP Lands) about a resumption of meetings to develop a healthy store policy.

v) Problems for Implementation of Plans

The group does not have access to a car. Funding from the SAHC has enabled one to be hired from the Women's Council for the evaluation project only. The current lack of a vehicle to enable travel to other communities to occur presents a major impediment to further work being done.

6.4. RECOMMENDATIONS TO NGANAMPA HEALTH COUNCIL

As a result of the evaluation the following recommendations were made to Nganampa Health Council.

1. That Nganampa Health Council develop a nutrition policy as recommended in the UPK Report (1987).
2. That Nganampa Health Council support the continuation of this Anangu controlled health promotion project.

3. That Nganampa Health Council support the Mai Wiṟu program by

   a) Making a vehicle available at times when the group is travelling to other communities to teach, or alternatively that Nganampa Health Council cover running costs for such trips if another vehicle is available.

   b) Providing the costs of materials (mainly food) for Mai Wiṟu workshops.

4. That Nganampa Health Council support new Mai Wiṟu programs in other AP Lands communities through seeding grants to provide equipment and materials.

5. That Nganampa Health Council provide funds for the Mai Wiṟu Evaluation Tjukurpa to be translated into Pitjantjatjara and then made into audio tapes.

6. That Nganampa Health Council incorporate participatory action research evaluation from the outset of the project, into any health promotion projects that they initiate. Guidelines for culturally appropriate evaluation should be employed (see Chapter 9).

CHAPTER 7
TOWARDS CULTURALLY APPROPRIATE EVALUATION

7.1. INTRODUCTION

This chapter examines findings which emerged from the Mai Wiru project evaluation that inform the issue of culturally appropriate evaluation. The materials used include the field journal collected as a participant observer, audio tapes of discussions between the co-researchers, manuscripts, documents and other research materials collected as part of the Mai Wiru evaluation, and the Mai Wiru evaluation report. The reflective action research model, described in the methodology chapter, allowed understandings to emerge and be constructed through the course of the inquiry.

The Mai Wiru evaluation, and the research into culturally appropriate evaluation, were parallel, linked processes. This meant that data for the inquiry were generated throughout the course of the evaluation. The links are noted throughout this chapter. At the end of each section the relevant considerations are drawn together under the sub-heading of "Key Points for Culturally Appropriate Evaluation." All the key points made in Chapters 7 and 8 are compiled in Appendix C.

7.2. THE SETTING

The office work place used for the planning, data analysis and writing stages in the Mai Wiru project evaluation was the kitchen in a house opposite the Ernabella school. The non-Aboriginal evaluator has lived here since 1990. The house is 25 years old and was one of the earliest pre-fabricated houses brought in to Ernabella. Much of the work for the Mai Wiru evaluation took place at the kitchen table over a cup of tea with something to eat. Visitors would often call in at the house, perhaps alerted to the presence of both

evaluators by the Anangu co-researcher's car that was parked outside the front of the house.

A frequent visitor was Wayanu, another Mai Wiru group member who lived next door. Visitors also had a cup of tea and something to eat, and would sit by the heater or under the air conditioner depending on the season. They might listen, add some thoughts or tell about something else unrelated to the evaluation. On other occasions they might seek advice about some family problem or paperwork, use the telephone, watch TV, use the washing machine when theirs was broken or use the shower if their own hot water supply was faulty.[7]

This was a two-way sharing process. Aboriginal women educated the writer about Pitjantjatjara language and Anangu customs and traditional ways. The learning process included journeys out bush to collect food, camp, sing and dance. The women also shared stories about their lives and told news about family events.

This meant that the evaluation was conducted in a context of familiarity, with many people observing the researchers working together. There was not a distinct separation between the evaluation and other events. The work was a very open process. One consequence was that there were many times when evaluation tasks were postponed to meet other needs. This point is taken up again in section 7.5.6.

---

[7] Essential housing hardware such as showers, sinks, washing machines and heating and cooling systems are often found to be malfunctioning or inoperative in remote Aboriginal communities. This is usually the result of a combination of the heavy demands placed upon these systems (with the average occupancy of houses being about 14 people), and the lack of an effective maintenance infrastructure to maintain and repair equipment. (UPK, 1987).

Key Points for Culturally Appropriate Evaluation

- The evaluation setting needed to be open to informal participation.
- The evaluators needed to be prepared to share resources and incorporate peoples' daily activities into the evaluation schedule.

7.3. Principles for Aboriginal Health Research

As stated in Chapter 6, the Mai Wiru evaluation design was informed by the emerging principles for Aboriginal health research that were identified in the literature. The principles are

- Aboriginal involvement in and control of research.
- Community consultation, endorsement and involvement.
- Use of the Aboriginal definition of health as holistic.
- Work within the tradition of program linked research.
- Sensitivity to social and cultural issues.

These principles supported the adoption of a participatory action research approach. They also informed every stage of the conduct of the evaluation. Each principle is discussed in detail below.

7.3.1. Aboriginal Involvement and Control

Anangu involvement was understood to mean the participation of an Aboriginal co-researcher, program participants and other interested people. This meant that participants needed to be informed about the nature of the process and encouraged to voice their opinions. Differences in understandings of evaluation and the research process, as well as language barriers, meant that this was a time consuming process.

The collaborative work between the non-Aboriginal and Aboriginal co-researchers involved an exploration of non-Aboriginal knowledge and expectations of evaluation, together with the discussion of Anangu ways of knowing and doing. Avoidance of imposed non-Aboriginal understandings was crucial to the success of the project. At times the process of allowing Anangu understandings to emerge unimpeded, left both researchers with a sense of lack of direction.

Social construction theory acknowledges that there is no one true reality and "that one's own cultural and ethnic context is [not] the centre of absolute truth" (Cantwell and Holmes, 1993a, p 10). However, there are also warnings that taken too far this can result in a situation where "no-one dare be more of an expert than anyone on anything" (Cantwell and Holmes, 1993b, p 16). Thus, in this instance, a respectful dialogue was developed where both Aboriginal and non-Aboriginal understandings were acknowledged and explored. Each researcher differentiated and named what they thought was either their own thinking, or the thinking of their culture. This led to the often articulated understanding that a two-way learning process was taking place.

The involvement of other Aboriginal people was facilitated through Tjikalyi. She was sensitive to which groups needed to give their approval and be kept informed of the project and who should be interviewed. Most people found it much easier to speak to her than to the non-Aboriginal researcher.

Tjikalyi was aware of when it was appropriate to talk to people and how to do it. People were able to converse freely in their first language. However, cultural sanctions did introduce a bias as some people had obligations to speak whilst others were excluded due to avoidance relationships.

Involvement and participation were also assisted by the setting, as described above. Living in the community gave people the opportunity to visit the researchers and observe the process whilst not necessarily being directly involved.

Through participation, people learn about the research and evaluation process. Tjikalyi has since used her knowledge and experience in two other health projects as an advisory committee member.

Key Points for Culturally Appropriate Evaluation

- The research endorsed the importance of a collaborative working arrangement with an Aboriginal co-researcher.
- The research raised the issue of the need for a number of Aboriginal co-researchers or research assistants who represent different moieties in order to overcome bias created by avoidance relationships.
- The research highlighted the delicate balance between imposing a Western concept and providing the space to allow new understandings to emerge. It found that some guidance about Western ideas of evaluation was required for Aboriginal participants and co-researchers.
- A respectful dialogue was developed between Aboriginal and non-Aboriginal researchers. This acknowledged their cultural and individual differences, and allowed these differences to be explored.

7.3.2. Community Consultation, Endorsement and Involvement

The primary health care movement has identified community participation as being central to allowing change to occur (World Health Organisation, 1978). Health promotion strategies include strengthening of community action (Garrard et al., 1992).

Williams (1987) and Elsey (1986) write about the meaning of community. Both argue that there is a romantic, idealised view of community that is based on a notion of common interests. This view often overlooks differences. For Williams, this means that community participation is a myth as there is not representative participation.

Concepts such as community consultation and community control recur in the literature on Aboriginal health research and ethics. Legge (1990) recognises that community participation is a general term that may have a number of meanings and levels from a passive to an active involvement. He argues that the active participation model comes from the view that powerlessness and alienation are at the heart of disadvantage. However Legge cautions that the active approach must also allow for some who want less engagement.

Brady (1990) writes about the use of an action research model in a Pitjantjatjara Aboriginal community. In examining why the model failed she identified that the community was not a homogeneous group. Traditional organisation is of small autonomous groups. Collective participation, and the cohesion that it implies, is not part of the culture. People and leaders cannot be assumed to act together for the common good (Brady, 1990).

Thus, while the literature about community participation in Aboriginal communities tends to be supportive and encouraging of this approach (Downing, 1971; Legge, 1990), Brady's more cautious stance may be a timely warning not to view the community participation model as unqualifiedly appropriate in all circumstances.

On the AP Lands, community settlements only began in the 1930's. People continue to identify mainly with family groups and traditional land, rather than with the contemporary settlement. Thus, family groupings are the most significant organising force. This is a recurring theme in this chapter and the next. In terms of participation, extended family relationships have been seen to exert a significant influence on the range of people that the Mai Wiru project came into contact with, and thus with whom the evaluation came into contact.

However, community organisations have developed, ostensibly around broader networks of interest. In this context, community organisations that were identified as being important to inform about the progress of the Mai Wiru group evaluation were the Mai

Wiru group, the Ernabella Women's Centre, Pukatja and Anilalya Homelands Councils, AP Council, Nganampa Health Council and the Women's Council. Inclusion of AP Council (the Council for the AP Lands) and the Women's Council (which represents Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra Aboriginal women across three states of the Northern Territory, South Australia and Western Australia) reflect the fact that community does not only apply to a local region, but also embraces common interest networks. These groups were kept informed of the progress of the evaluation through formal and informal means.

Tjikalyi took particular care to acknowledge all interested groups and with her guidance all community organisations that had an interest were identified and notified. Their endorsement was sought for ethical approval of the project.

However, as the literature suggests, community consultation is a broad term that implies a community network. Notifying community organisations and seeking their approval and input was important, and if it had not been done people would have been upset. However, this was not found to be the means by which active participation was gained or input was gathered. In Ernabella the networks around which people are organised are extended family groups and recognition of this facilitated greater participation.[8]

Key Points for Culturally Appropriate Evaluation

- It was important to identify, gain support of and keep informed key community groups and organisations. However active participation of Anangu in the evaluation did not come through contact with these organisations.

---

[8]On the AP Lands it is customary to refer to settlements as communities, and this convention is followed in this treatise.

- Active participation and input were primarily gathered through the extended family network.

7.3.3. Use of Aboriginal Definition of Health as Holistic

The term holistic requires definition. The National Aboriginal Health Strategy (1989) explains that Aboriginal and non-Aboriginal people have quite different understandings of health. For Aboriginal people, health is not one aspect of life. Rather, it comes from a social system that "is based on inter-relationships between people and land, people and creator beings, and between people, which ideally stipulates inter-dependence within and between each set of relationships" (NAHS, 1989, p ix).

In the 1993 Boyer lectures the Aboriginal medical practitioner, Ian Anderson (1993), used the term well-being and explained that "for Kooris well-being as a value has as much to do with family relationships as it has to do with the experience of their physical body." Thus, a person may give their well-being priority by taking care of other family members while apparently neglecting their physical body.

The evaluation needed to be able to acknowledge and explore the implications of the Aboriginal view of health. If limited to individual and scientific measures, evaluative research will find it difficult to concede the Aboriginal view of health.

Whilst this was recognised, it was less certain how to apply the holistic definition of health to the evaluation research. The incorporation of a holistic definition of health appeared to be facilitated by the design and methodology that included Aboriginal people and Aboriginal understandings (see Chapter 8). The methodology also included the use of qualitative approaches such as narrative and participant observation. Houston (1994) states that Aboriginal well-being is incorporated in to and dependent on, the strength of Aboriginal culture. Supporting and strengthening Aboriginal culture is therefore the focus if a holistic view of health is to be taken.

In retrospect, a more rigorous effort to gather Anangu understandings of diabetes, and examine these understandings in the evaluative process, would have facilitated greater understanding of the holistic notion of health. Further, the guidelines developed in Chapter 9 would have enabled greater recognition of Aboriginal well-being. It is also noted that gaining understanding of an Anangu view of diabetes is not a simple matter to be added to an evaluative task. The Menzies School of Health Research are currently undertaking research in to the subject of Aboriginal understandings of diabetes.

Key Points for Culturally Appropriate Evaluation

- Further work is required to explore and advocate Aboriginal understandings of well-being, health and diseases.
- Recognition of and advocacy for Aboriginal culture will facilitate acknowledgment of Aboriginal understandings of well-being.

7.3.4. Program Linked Action Research

The program linked participatory action research was facilitated by living in the community, by the involvement in the research of a key group member as a researcher, and the involvement of other group and community members through their observation and participation in the process.

It is emphasised that participation was often informal and spasmodic. Data collection involved community members, and as information was collected it was shared, generally in an informal manner, through formal and informal networks. Thus, for example, an unplanned gathering at the researcher's house often provided an opportunity to inform people of results. Discussions might then follow about possible action that could be taken.

An example of action in the course of the evaluation followed the recognition of the low levels of vegetable consumption and the low numbers of active Mai Wiru group members. The Mai Wiru group initiated a program collaboration between their group and another nutrition program in Ernabella. Eventually this collaboration collapsed due to the difficulties associated with two separate family groups working together, a problem raised by Brady (1990).

However, it was found that action plans flowed readily from data that were collected. It was also found that people related easily to the spiral cycle of the action research model, that was translated into Pitjantjatjara. This is described in 7.4, and illustrated in Figure 2 of 7.4.

Action evaluative research was facilitated by Anangu involvement, by making the evaluation an open process, and by continually informing participants of information generated by the evaluation.

Key Points for Culturally Appropriate Evaluation

- The use of program linked action research was endorsed, with a particular variation being a more informal approach to participation, distribution of information and planned action.

7.3.5. Sensitivity to the Social and Cultural Context

Sensitivity to the social and cultural context implies that the outside evaluator must have some knowledge of Aboriginal culture, and the world views and values that shape peoples' lives.

This implies that a reflective methodology is important to allow consideration of these aspects in the context of the evaluation.

Sensitivity to the social and cultural context on the part of the non-Aboriginal researcher was facilitated by a number of factors. These included being resident in the community, having a familiarity with the people and research setting, showing an openness and flexibility in conduct of the research, by participant observation, and by the use of an action research approach with a reflective methodology.

Key Points for Culturally Appropriate Evaluation

- Familiarity with the people and setting facilitated sensitivity to social and cultural issues.
- Sensitivity was furthered enhanced by use of a reflective methodology.
- An open and flexible research design was required.

7.4. Evaluation Design Development

Given the lack of previous work in the area of culturally appropriate evaluation and the non-Aboriginal evaluator's desire to avoid imposing a methodology, it was necessary to select an evaluation design that would be open and allow culturally appropriate and relevant methods of evaluation to be pursued. Thus, while guided by the objectives of the evaluation, and using principles for Aboriginal research, the design emerged rather than took a pre-determined structure.

Planning for the evaluation began at the end of 1991 and was initiated with the group by the writer who was providing support as the facilitator at the Ernabella Women's Learning Centre.

The writer was aware that at the commencement of funding of the Mai Wiru project, money had been allocated for evaluation. However, the evaluation had not occurred and this may have been related to the lack of any methodological guidelines.

From the outset, care was taken to avoid defining the term evaluation.

> I tried to talk about the idea of evaluation without using the word. I talked about thinking how it was going, what were the good things...I said that piranpa [white] called it evaluation...(and) often Anangu get piranpa from outside to do evaluation, and that maybe it was possible to find an Anangu way of thinking about it and doing it...Malanypa's response was to say she didn't want Mai Wiru to stop and she began making plans for the group for next year (Field Journal, 29/11/91).

Discussions continued, and in June 1992, Nganampa Health Council began negotiations with the writer for an evaluation to be conducted.

The Mai Wiru group suggested that Tjikalyi Collins, a group member, work as a co-researcher on the project. Her position was funded by a SAHC Section 16 Research grant.

The co-researchers first spent the first two months of the project thinking about and reflecting on the meaning of evaluation for non-Aboriginal people and for Anangu. From this process came the adoption of a modified version of Wadsworth's (1991) action research evaluation model.

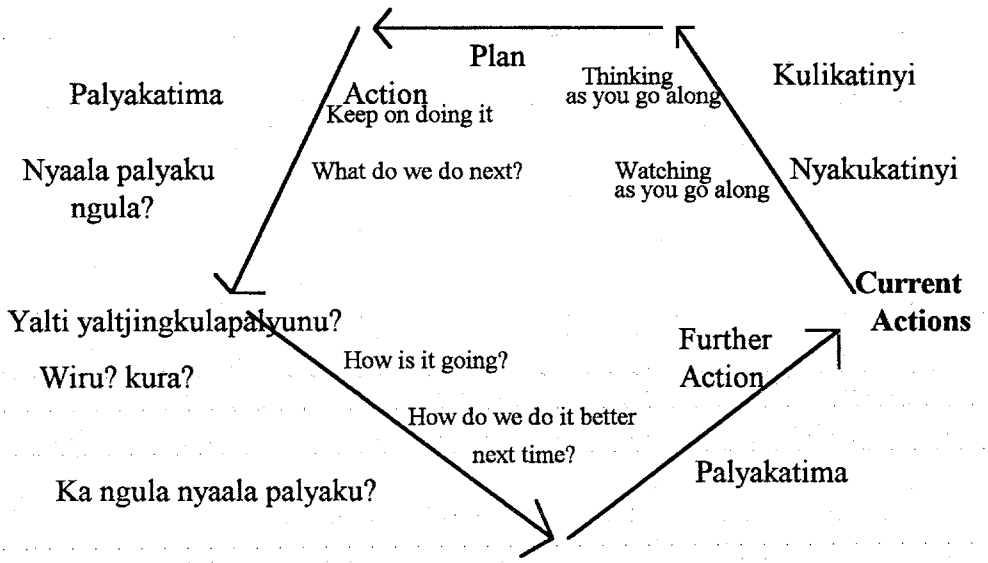
> I introduced the idea [by a drawing] of a circle where the problem leads to think and talk, leads to plan, leads to action, leads to think about what has been done, leads to further planning...Tjikalyi thought it was very good and said we should write this out clearly for Anangu to show them when we are doing the work (Field Journal, 21/9/92).

The model was further adapted by Tjikalyi and translated into Pitjantjatjara.

The model, presented on the following page, was used throughout the evaluation and it has been used since in other projects.

Figure 2

The Adapted Action Research Evaluation Model



Key Points for Culturally Appropriate Evaluation

- Evaluations may be incorporated into project designs, but other factors may prevent the evaluation from being carried out.
- An evaluation research design that incorporated ideas of action research with a spiral of thinking/reflection, looking/gathering data, planning, doing/action, and reconsidering was found to be meaningful to both the Anangu and non-Aboriginal evaluators.

7.5. ELEMENTS OF CULTURALLY APPROPRIATE METHODS OF INQUIRY

The data presented below were collected through the Mai Wiru evaluation phases of Defining Objectives and Collection of Data (6.2).

Evaluative research is a formal inquiry and a significant emphasis was placed on how to make the inquiry culturally appropriate.

It is recognised that Aboriginal communication modes may differ to those of non-Aboriginal people (Eades, 1982, 1988; Bain, 1992). Emphasis is on the oral and visual means to share and pass on knowledge. An elaborate social structure determines many aspects of communication. This includes who is to communicate knowledge and to whom, relationships which are close, and those that are distanced by sanctions against direct oral communication. There is also a set of cultural rules and norms that determine the ways in which people interact, and obligations that people have to one another.

The following section of the chapter examines how some of these aspects of communication were considered in order to make the evaluative inquiry more culturally appropriate.

7.5.1. Determining Objectives

Formal project objectives were developed by the non-Aboriginal facilitator at the inception of the project. The evaluation identified Anangu objectives, following Patton's (1990) advice that local typologies should be identified and used as part of the evaluation analysis. Chapter 8 describes in detail how Anangu intentions (objectives) were identified. In brief, the Pitjantjatjara language does not have a concept similar to the Western use of the term "objectives". However, it was possible to identify what the group wanted from their involvement in the project. The group's intentions were identified through examination of the MWT narrative which was a collection of Anangu

oral and written accounts of the project gathered since the commencement of the project. This was then fed back to group members for verification.

Key Points for Culturally Appropriate Evaluation

- Participants' intentions were identified through oral and written narrative accounts which were collated in the Mai Wiru Evaluation Tjukurpa.

7.5.2. Information Gathering

Eades (1982) focuses on the information seeking aspect of language and notes that there are differences between cultures in the way information is gathered.

When living in Ernabella it soon becomes evident that there are many differences in communication between Anangu and non-Aboriginal people. The most obvious is the difference in the first language spoken. Communication between Aboriginal and non-Aboriginal people is generally in a mixture of Pitjantjatjara and English. Over time, other differences also become apparent such as the Anangu inclination to respond affirmatively to a request, even if he or she is unable to comply. It has also been observed that it is often inappropriate to ask people direct questions. Inappropriate questioning may be dealt with in various ways including ignoring the question, or exhibiting sudden confusion and thus being unable to understand the question.

In her work with South East Queensland English speaking Aboriginal people, Eades (1988) made the following points in relation to Aboriginal modes of information seeking.

- It is socially acceptable for people to gather information by observation of movements. People live outside and are thus well placed to publicly observe movements.

- Information and evidence are gathered over time.

- Questioning is indirect and overtly does not query anything more than the orientation of participants in events.

- The norm is that the person being questioned has no obligation to provide information, and can subvert questioning by making non-cooperative responses, including untruths, vague replies or silences.

- Assumed, or observed facts are repeated to a third person for verification, rather than directly to the first person.

Eades' modes of information seeking resonate with the observations of the non-Aboriginal researcher, and they were further confirmed in the course of the evaluation. In addition, the situation in Ernabella is that Pitjantjatjara is the first language. Very few non-Aboriginal people are fluent in Pitjantjatjara, and few Anangu are fluent in English. Therefore, these observations, and the literature are used to inform the development of information gathering tools

Key Points for Culturally Appropriate Evaluation

- Evaluation methods required acknowledgment of the different ways that Anangu and Euro-Australians gather information.

- Evaluation methods needed to overcome language differences.

7.5.3. Interviews

i) Planning

Bearing in mind the differences in information gathering modes that have been referred to, the first consideration was whether to use interviews. Tjikalyi wanted to conduct interviews and to use the opportunity to learn about interviewing. With the exception of clinic staff and some family members, all of the interviews were done by her. This

included interviews with group members, people in Ernabella and people in other communities whom the group had taught. This section discusses the interviews done by the Anangu co-researcher.

Prior to commencing interviews their purpose and style were discussed by the co-researchers. This included the issue of whether to use questions. Discussions with Tjikalyi, and other Anangu, (as well as examination of the published literature), suggested that Anangu do not find it easy to respond to questions. Furthermore, the direct questioning approach of a non-Aboriginal person is often regarded as rude or confusing, particularly when there are many questions together.

Initial ideas of a list of interview themes, or a request for a story about the Mai Wiru project were abandoned when Tjikalyi requested more guidance about what was required from the interviews. This may have reflected her uncertainty about interviewing, and/or her uncertainty about the purpose of evaluation, and/or her expressed desire to learn about evaluation and interviewing. Eventually, and in spite of their apparent inappropriateness, specific questions were written in English and interviews commenced the next day. Initially, this left the non-Aboriginal researcher unclear about the role of questions, and with the sense that the interview agenda was set from a non-Aboriginal perspective, rather than with Anangu interests. Interviews were held in Pitjantjatjara.

ii) Interviewing

Most of the interviews were done with groups of people from the same community. Appointments were not made. The interviewer gathered together the people with an interest in the Mai Wiru project, and then took them out of the community to do something together prior to conducting the interview. On one occasion everyone went rabbiting for the afternoon, on another they made a fire and had tea in the bush.

The interviews were taped and then transcribed in Pitjantjatjara, and then translated into English. By this means the information gathering process was able to be tracked and this became important in learning about Anangu inquiry and answering styles.

iii) Context Based Inquiry Approach

The original questions in English were not translated directly into Pitjantjatjara by the interviewer. Rather, they were modified with the effect of giving context to the question, and with the original questions in English becoming more of a theme list. Thus, information in the interviews was gathered by putting the inquiry into a concrete context. For example, one respondent was asked whether she liked a particular type of food. The question was phrased in the following way: "You see we are selling the food, and you go and buy some and you are eating it, then are you thinking this is good food?"

When the context based inquiry did not at first get an answer, more context information was given. Tjikalyi explained her method.

> Sometimes you have to keep asking. Here, [pointing to an interview transcript], I ask three times. Each time is different. I explain it. First you might ask Anangu the question and they don't answer so you explain more and still they might not understand, so you explain more (Field Journal 10/6/93).

The responses to context based inquiries were generally in a long descriptive narrative form.

iv) Non-Aboriginal Questioning

The non-Aboriginal researcher interviewed several Aboriginal women. One example is recorded in the field journal. The interview in this example was with Wayanu one of the Mai Wiru group.

> Tjikalyi suggested I ask the questions. I said to Wayanu, `Why did you start doing this Mai Wiru work?' She looked at me and repeated the question back to me. They both laughed and Tjikalyi said, "Wayanu is saying the question back to you. Anangu can't straight away give an answer. Wayanu knows all the answers, all about the work that she has been doing, but she doesn't know how to answer" (Field Journal, 24/8/93).

The women went on to explain that when Anangu ask questions it is a sharing process between people and not one-sided questioning.

It was also observed that people found it difficult to respond to a non-directive open ended inquiry approach. Commonly in Ernabella, the non-Aboriginal response is to adopt a form of inquiry which provides some suggested answers, possibly ensuring that people will select a response. However, there are also difficulties with this approach. The Pitjantjatjara language does not have a word meaning "or" and people find it difficult to recognise choice in a question form and will either answer in the affirmative to the last choice, not respond at all, or even repeat all the choices as the answer. Trudinger (pers.comm., 1993) did observe that there have been changes since his arrival in 1940, with even the English word "or" sometimes today being used by Pitjantjatjara speakers.

Nevertheless, Aboriginal language informants were surprised by the following example of an acceptable form of this inquiry.

> Today Tjikalyi and Intu came to show us how to [traditionally] spin wool. We were sitting on the ground, they were spinning the wool and we were talking about spinning and making rugs. I asked how many balls of wool to make a rug and Tjikalyi said,

"The way to ask is 'How many balls to make a rug - one, two, ten, twenty?', and 'How long does it take to make a rug - one day, two days, three days, a week?'" (Field Journal, 24/2/93).

Further work is required to develop understanding of this form of questioning.

v) Non-Verbal Aspects of Interviewing

A further aspect of interviewing that requires attention is the area of non-verbal responses. On most occasions there were more people present at the interview than were noted to respond verbally. When translating tapes Tjikalyi reported when the others present agreed with the respondent. The non-Aboriginal researcher might imagine that this meant that people were nodding their agreement. However, it is likely that the non-verbal communication was more sophisticated.

This was suggested by an experience of a group interview observed by the non-Aboriginal researcher. Anangu have developed a sophisticated hand/body signal language which is used in many situations from hunting, to avoidance relationships and mourning camps. On the observed occasion, some people were responding verbally to Tjikalyi's inquiries. Throughout the 30 minute interview one woman was animatedly gesturing, without uttering a word. To the observer it appeared that she was having a conversation without words. Asked about this later, Tjikalyi remarked that the woman was too shy to talk. It is also possible that cultural avoidance sanctions prevented her from speaking.[9] This example illustrates the need to be aware that people communicate at length non-verbally, and that only a fluent speaker can fully understand this communication.

---

[9]It has been the writers experience that people do not readily reveal cultural information such as to whom they are not able to speak. This seems to be something that non-Aboriginal people need to observe and gradually learn about.

Key Points for Culturally Appropriate Evaluation

- The Aboriginal evaluator was pleased to have the opportunity to develop her interviewing skills.
- Questions in English created themes for context based inquiries by the Anangu co-researcher.
- Inquiries should be embedded in context and linked to specific events, people, places and to the personal (not private) and real. Abstract and hypothetical questions are difficult to answer.
- Further work is required to explore the use of questions which give several options as answers.
- Evaluators need to recognise that there is a sophisticated non-verbal language that some respondents are likely to use, and that requires a fluent Pitjantjatjara speaker to interpret.
- Avoidance relationships require consideration. If the interviews are to be held with a sample or a cross-section of people, then one Aboriginal interviewer will not be able to do all interviews. Moiety group, gender and age of interviewer and respondents require consideration in selection of interviewers. Thus, it is concluded, that the evaluation would have gathered a broader spectrum of information with a wider interviewer representation.

vii) Interpretation of Qualitative Interview Data

The validity and reliability of interview data needs to be examined in terms of first, representativeness, and secondly, the meaning interview data has for the non-Aboriginal researcher.

a) Representativeness

The issue of representativeness has been raised. It concerns consideration of the impact of avoidance relationships on whom an Anangu co-researcher may interview.

b) Understanding What is Said - Reliability

Experience of living in an Aboriginal community suggests that Aboriginal people often give what non-Aboriginals would describe as an idealised account, or an idealised viewpoint. This seems to be done with the utmost sincerity.

For example, in the Mai Wiru evaluation, women in other communities said that they wanted to run Mai Wiru programs every day and that to do this they only required the resources. Observation suggests that there are many other priorities which take precedence and make daily Mai Wiru activity highly improbable. Another example, taken from a review of the Ernabella clinic, occurred when a health worker was asked whether clinic staff made regular homeland (or outstation) visits. He replied that they were done every Wednesday. While this was supposed to happen it was seldom the case.

Non-Aboriginal evaluators need to be able to be sensitive to this phenomenon.

Several explanations for the phenomenon are suggested below. Not all are culturally idiosyncratic and further exploration of the issue is required.

- In Anangu society, relationships are of particular importance. The speaker's priority may be to validate the relationship with the person they are talking to, and this may mean saying what they think will make the person happy.

- Pitjantjatjara has a verb ending which effectively means "in the habit of." The implication is that the speaker could say in Pitjantjatjara, "I go to homelands on Wednesday" in a way to mean that this is the first and only occasion to be going, or that they are going all the time, or that they are in the habit of going. It is possible that in translation into English these differences are lost, and statements seem unconditional.

- People often ask that the story be presented "straight and strong." "Straight" is understood to mean unambiguous. It must not present any negative side. The sense is that if people see any negative side, or weakness, that it undermines Anangu. See 7.7.2 for further discussion of this issue.

- People may withhold the full version for purely personal interest reasons.

- There may be a difference between the public and private statements that people make.

Thus, the non-Aboriginal evaluator needs to acknowledge that there may well be a distinction between what people say to them and what actually occurs.

In order to develop understanding of the difference, the evaluator needs to gather more information by other means such as familiarity with the field and participant observation. Through familiarity, the non-Aboriginal evaluator can, given the opportunity, politely prompt respondents with other considerations. Thus, when the women talk about cooking every day, other possible competing priorities (such as family responsibilities, illness, or trips to other communities) could be raised.

This discussion provides further support for an action research approach where Aboriginal people are involved in the research and are able to collect information, reflect upon it and take further action.

Key Points for Culturally Appropriate Evaluation

- Care must be taken in interpreting qualitative data.
- Familiarity with the field and a participatory action research approach facilitate understanding of the meaning of qualitative data.

vii) Summary

A non-Aboriginal person might describe the Anangu interviewing style used in this project as introducing bias and being subjective In this chapter it has been argued that it is more accurate to describe it as a context based inquiry. In her work with Pitjantjatjara people, Bain (1992) found that people had difficulty responding to questions that were hypothetical. Being more specific and using questions that were linked to the personal and real, enabled people to make responses. These findings are supported.

Cultural sensitivity is needed to understand interview responses.

Data from these interviews further endorse the importance of the involvement of Aboriginal co-researchers and the use of a participatory action based evaluation.

7.5.4. Observation

Eades (1982) refers to the importance of observation in Aboriginal information gathering. Her work is supported by the writer's field journal observations in which people were noted to be constantly watching the land, observing the movements and actions of people and drawing conclusions from these observations.

Eades (1982, 1988) has made the point that in Aboriginal society much of life is conducted in the open air. Consequently, public and private boundaries are different from those in a society that develops around closed living spaces. For example, a person living in a house can go inside to get privacy. Eades argues that Aboriginal people obtain

privvacy by avoiding asking direct questions, and by being entitled not to give infoormation. Bryce, (pers.comm., 1993), a Pitjantjatjara speaker and health researcher, hass made similar observations.

Thiis suggested that the development of observational information gathering tools would be rrelevant and culturally appropriate.

i) Wisual Tools

Onee issue raised by the literature and by personal observations was how to use pictorial infoormation to facilitate data collection. This involved finding out what sort of pictorial matterial people regarded as being noteworthy and informative.

A vvisual record of the group's activities was made. This was a laminated and ring bound boooklet of enlarged colour photographs. The visual record was shown to people and the reseearchers were able to record peoples' reactions to it. This was particularly successful withh a group of school children aged 5 to 8 years who were shown the pictures. They spoontaneously described what they saw, and Tjikalyi then asked them questions connnected with their observations. The book was used in a number of interviews and as a Maiii Wiru group teaching resource.

Mulilvey (1994) successfully used a visual tool (a poster with a number of scenes relating to SSTD transmission) to interview Anangu men on the AP Lands about their knowledge of aand attitudes to STDs. Information was gathered by asking respondents to describe seveeral of the poster scenes. This method was used following unsuccessful attempts to obtain information through direct questioning.

Paiintings were used less successfully as an information gathering tool. Canvasses, and matterials were provided with a request to paint about the Mai Wiru project. Four painntings were eventually completed with an accompanying narrative. The artists were paidd for their work. An example of one of the paintings is shown in Appendix B.

Whilst the paintings provided information about the artists' perception of the project, they were not able to be used as tools to gather information from other people because they were completed at the end of the project. However, they were reproduced for the Mai Wiru Evaluation Tjukurpa and for the Final Evaluation Report. One of the paintings will appear on the cover of the audio tape that is to be made of the evaluation, and the group have discussed the possibility of them being used for health promotion activity.

Key Points for Culturally Appropriate Evaluation

- Visual tools were developed to avoid relying only on direct questioning.
- A photographic record of the group's activities was successfully used to gather information from respondents about their observations.
- Paintings were less successful as an evaluation tool.
- Both the photographic record and the paintings were used for teaching and health promotion by Mai Wiru group participants.

ii) Participant Observation

Participant observation over a three year period was a critical part of the development of an understanding of the work of the Mai Wiru group by the non-Aboriginal researcher.

Hunter (1993) makes the point that to be accepted in an Aboriginal community a person should if possible be placed in a social framework. As previously stated, the Mai Wiru group is comprised mainly of women from a single extended family group. The non-Aboriginal researcher was placed into this extended family and called a sister. Her two-year old daughter, who was born in Ernabella, is the (adopted) grand-daughter of a group member and is known by the grandmother's name.

These connections allowed a close and involved relationship. Participant observation implied involvement not only in group activities, but also in many other aspects of people's daily lives. Examples of this involvement included collecting firewood, taking people to the store or other parts of the community, negotiating with bureaucracies such as social security, providing food when money was low, going out on bush trips together and learning language.

The contents of the field journal and activity diary were collected through participant observation. These were used in the evaluation to determine the Mai Wiru group's intentions and monitoring (see Chapter 8), to document contextual background to the group's activities, and to furnish some quantitative data in relation to levels of activity.

The participant observer also collected other materials such as photographs, recipes, tapes and stories that were written by the group. It is unlikely that these records would have been kept by the group as they have nowhere to store such items, either in their homes, or in an office.

These materials were used by group members for demonstration and teaching. They were also used in the Mai Wiru evaluation to develop visual tools, to write the MWT and to share information about the project. Familiarity, and knowledge gained through participant observation, also assisted in understanding interview transcripts, and in verifying some of the information provided by interview respondents (such as the dates and locations of teaching sessions held in other communities).

Key Points for Culturally Appropriate Evaluation

- Participant observation involved being part of the Mai Wiru project group's daily experience. The participant observer was able to fulfil a role in the group through gathering resource material.

- Understanding gleaned through participant observation was able to be used to provide depth to project description, details of activity and information about participants' objectives, and monitoring of those objectives.

- Participant observation was helpful in understanding interview transcripts and useful in verifying other information.

7.5.5. Reciprocity

Ngapartji is a word that means in return, or in turn (Pitjantjatjara/Yankunytjatjara Dictionary, 1992). Reciprocity is an important aspect of social relationships and correct social behaviour in Pitjantjatjara culture. It was necessary to be able to offer reciprocity in the evaluation process. Skov and Rudiger (1992) made the same observation in health research that they did in another Central Australian community.

Understanding the importance of reciprocity requires understanding of the centrality of relationships. This is discussed in detail in Chapter 8.

In the Mai Wiṟu evaluation, reciprocity occurred in many ways. The point has been made that there were no clear cut boundaries between the evaluative research and everyday social processes. Some implications of this were described earlier in this chapter. Providing a place for a cup of tea, offering use of the telephone, or helping with dealings in the non-Aboriginal world were examples of the preparedness to share one's own resources that were part of the reciprocal relationship.

In addition, it was possible to share the resources of the research project . For example, research project funding provided money to run a car. The Women's Council leased a vehicle to the project which enabled the group to travel to various communities, including Muṯitjulu, a Pitjantjatjara community located outside the AP Lands at the base of Uluṟu. There the group taught about mai wiṟu and evaluated the workshop. Muṯitjulu women had been asking the Mai Wiṟu group to provide teaching for them in their

community for over a year, but the women had been unable to obtain a vehicle for the trip.

The research project funding also provided a tape recorder which was used for interviews. One evening, at an informal gathering around a camp fire, women were singing traditional songs and asked to use the tape recorder. Initially the songs were for private use, but the tape was so popular that it became incorporated in to the evaluation and will be used in an audio tape to be made of the evaluation. Project money enabled copies of the tape to be distributed to the women involved.

Preparedness by the researchers to share, and to give, was an important expectation of both the researchers and of the evaluation participants. The giving was expected to occur in a variety of unanticipated ways that were often outside the time and place boundaries that a non-Aboriginal person might regard as reasonable in an evaluative research relationship. Reciprocity for the researchers and evaluation participants meant that the evaluation engaged in a two-way process. People were prepared to reciprocate with their support, knowledge and time.

Key Points for Culturally Appropriate Evaluation

- Reciprocity is an important social custom that extended into the social relationships of the evaluative research process. This was a two-way process. Anangu shared their knowledge, time and country. The non-Aboriginal evaluator must be prepared to share resources, including personal resources.

7.5.6. Timing and Opportunism

For the non-Aboriginal evaluator the evaluation often seemed to proceed slowly because of the involvement of people for whom a time frame was not particularly relevant.

The informal nature of the research setting and the inherent delays of such a setting, were discussed in 7.2.1. In addition, people had many commitments, both within and outside of the community. This often meant that a time that suited the non-Aboriginal evaluator was not suitable for anyone else. Meetings, interviews and research plan schedules were frequently abandoned. Other activities and family commitments often took priority. Similarly, there were times when people were unwell and did not have the energy to participate. (All of the Mai Wiru group members were diabetic as were many of the other evaluation participants).

The death of a Pitjantjatjara person profoundly affects many people and during the time of mourning, which for the close family continues for a number of weeks, people are often restricted from being involved in other activities. The high levels of morbidity and mortality mean that people are often suffering from such losses.

> It's Easter Tuesday. There has been another alcohol related death of a young man. Another car accident. This time between Cadney park and Marla. Seven young men were in a car returning from Coober Pedy and with drink. There was an accident and one man was killed.
>
> Tjikalyi is a distant relative. This means that our plans to start work this week have been disrupted and we talked today about beginning next week (Field Journal 13/4/93).

It is not uncommon for a non-Aboriginal person living in an Aboriginal community to feel frustrated by the slow pace at which events unfold. However, giving way to the inclination to rush ahead can be quite inappropriate and the non-Aboriginal evaluator must be guided in these matters by their Anangu colleagues.

With the frequent delays that occurred, it was found to be a great advantage to live in the community and to be able to take an opportunistic unscheduled approach to the evaluation research. This included informal planning sessions, interviews that were held at the front door when family members came to visit, or meeting someone at the shop and bringing them back for an interview. Frequently questions arising from the data were able to be followed up without the need for formal interviews. Often these meetings occurred within the reciprocity relationship referred to above. For example, a discussion about the evaluation might be followed by making a phone call on behalf of the Aboriginal person and then driving that person home with their groceries.

Key Points for Culturally Appropriate Evaluation

- The evaluation project did not follow a fixed schedule. The non-Aboriginal evaluator needed to be flexible in allowing for other priorities that frequently intervened and delayed the evaluation.

- Being resident in the community meant that the co-researchers were able to take advantage of the opportunity to meet with each other and to see people when they were available.

7.5.7. Use of Quantitative Methods and Data

Aboriginal people do not traditionally use measurement as a means of understanding (Bain, 1992; Swain, 1993). However it was found in the Mai Wiru evaluation that people were interested in quantitative evaluation tools and were able to use the results.

Community members wanted to be involved in the Store Turnover evaluation and participated in the collection of the Store Turnover figures. Women representing several community organisations, including the store, the Women's Learning Centre and the Mai Wiru project, travelled 450 kms to Alice Springs to participate in a workshop. This made the evaluation an event.

The results were presented in graph form and also in actual food quantities (for example a potato cut to size to represent the average amount consumed per day). Group members later used these results at community meetings to successfully argue against the introduction of a take-away food counter at the community garage which had intended to sell re-heated fried food.

Key Points for Culturally Appropriate Evaluation

- The evaluation showed that people were interested in being involved in the collection of quantitative information. The interest in the store turnover may have increased due to the event nature of the workshop that was held in Alice Springs.
- Quantitative information had the advantage of being able to be presented in a visual form which was accessible to Anangu.
- To facilitate understanding of quantitative information, concepts such as average and percentage required explanation. Creative graphs and meaningful visual presentations need to be developed.

7.6. Elements of Culturally Appropriate Evaluation - Analysing and Reaching Conclusions and Recommendations

In the course of the Mai Wiru evaluation it was found that Anangu participants frequently followed an observation with a suggested action, although the action was not always carried out. Observation, analysis and conclusions were context based.

The Aboriginal approach differs from the more abstract Western style evaluation analysis where various factors which may account for data and observations are considered, along with the implications of several courses of action. Ideally, a conclusion is then reached and action taken.

The following example provides an illustration of an Aboriginal approach.

> People should be exercising and walking. Maybe people could go somewhere near for a picnic and bush foods like maku, and the food and water could be brought in the car and the people would walk there. It is good for children to exercise. Perhaps the school could take the children out walking. We all use to walk a lot.
>
> We will talk to the school teachers and the school council about this idea of walking more often and camping out (MWT, 1993, p 17).

In the example, observation, analysis and conclusions are context based. This is reinforced by the absence in Pitjantjatjara of comparative words such as "or", and ranking words such as "better" (Trudinger, pers.comm, 1993). Linked with this Anangu may look at one thing at a time. Thus, a suggested course of action does not necessarily imply that it is intended that this course of action should be followed. This can cause misunderstandings between Anangu and non-Aboriginal people.

The final formal evaluation report, mainly written by the non-Aboriginal evaluator, included the MWT. It reached conclusions and recommendations that were endorsed by Anangu participants.

Key Points for Culturally Appropriate Evaluation

- It was difficult for Anangu participants to engage in a Western style analysis, and for the non-Aboriginal evaluator to understand the Anangu style of analysis. It is argued that Anangu observation, analysis and conclusion are context based. Suggested strategies for action were not necessarily carried out.
- Differences in analysis and conclusion styles may lead to misunderstandings between Anangu and non-Aboriginal people.

- The two forms of the final evaluation report, that is the MWT and the Final Report which included the MWT, each used a different narrative form to express similar conclusions and recommendations.

7.7. Elements of Culturally Appropriate Evaluation - Sharing of Findings and Report Presentation

The following was derived from reflection on data collected in the sharing of findings and report presentation stages of the Mai Wiru project.

Following a participatory action evaluative model meant that in the course of the evaluation, findings were continually being shared and some action taken.

References have been made to this throughout this chapter. In summary, sharing of findings were facilitated by the informal participatory process, the open-style evaluation and the participation of Tjikalyi as a co-evaluator. Participants then used their community connections to both formally and informally, orally and visually, share findings and take action. This was illustrated in the example given in 7.5.7 when group members successfully argued against the introduction of a take-away food outlet.

Findings were also shared during the evaluation process, by preparation and presentation of a number of short written progress reports to the various involved community organisations. A great deal of consideration was given to the form of the final report.

The non-Aboriginal evaluative research narrative style and the narrative style of Anangu are quite different. The evaluation was greatly assisted by the collection of Anangu narrative material from the project's inception. From this, through the guidance of the Anangu evaluator, Mai Wiru Evaluation Tjukurpa was developed. This is an edited compilation of Anangu narratives and interviews that had several uses. First, it was used as a record of the evaluation work to show other people what had been done. Anangu could see that their accounts had been used. People enjoyed listening to their own or

others accounts read aloud from the MWT. Secondly, it was used to identify Anangu intentions for the Mai Wiru project, and the monitoring of those intentions; and thirdly, it was used as a source for quotation to enable Anangu voices to be heard throughout the formal evaluation report. Fourthly, it was submitted in its entirety, as part of the final report.

A final formal evaluation report was written for Nganampa Health Council, the SAHC and other interested parties (Collins and Garrow, 1993). It was recognised that, as with most reports, very few people will actually read it, and that in its English form it is inaccessible to Anangu. Therefore, the MWT will be made into a Pitjantjatjara audio tape for distribution among Anangu.

In retrospect the non-Aboriginal evaluator still wrote the report along conventional lines, despite attempts to reconcile different narrative forms and views by incorporating the MWT. Greater effort could have been made to mediate with organisations on behalf of the Mai Wiru group to present the MWT as a valid account. This may have involved preparation of additional material to explain how the MWT was derived, and to explain Anangu intentions and monitoring (see Chapter 8).

Key Points for Culturally Appropriate Evaluation

- Findings were shared with participants throughout the evaluation, and were then shared by participants with the wider community.
- Findings were shared with the community members orally, with occasional visual support (eg. graphs).
- Short, written progress reports kept involved organisations informed.
- Narrative styles of Anangu and non-Aboriginal people are very different. The MWT comprised of relevant Anangu project accounts, was incorporated into the final report, and will be made into an audio tape.

- The final report was influenced by convention and written for key non-Aboriginal stakeholders. Greater effort could be made to present the evaluation report in a form that expressed Anangu views and monitoring.

7.8. Elements of Culturally Appropriate Evaluation - Implementation of Findings and Recommendations

Reference has already been made to various ways in which findings were acted on in the course of the evaluation. These included a presentation at a community meeting to argue against the planned opening of a take-away food outlet, an attempt to merge with another community nutrition program, and responses to teaching requests arising from interviews.

In addition, recommendations were made to Nganampa Health Council.

Key Points for Culturally Appropriate Evaluation

- A participatory action research approach enabled some findings to be implemented in the course of the evaluation.
- Implementation of final report findings and recommendations will require further action by the project members and, in some instances, by the Nganampa Health Council Committee of Management.

7.9. DILEMMAS AND DIFFICULTIES OF CROSS CULTURAL WORK

This section acknowledges some of the dilemmas and difficulties in working cross-culturally.

7.9.1. For Co-researchers

A number of these issues have been referred to previously but they need to be reiterated.

First, there are differences in knowledge and understanding of research and evaluation. This impacts upon understanding of how best to work together.

Secondly, there are language difficulties. Very few people, Anangu or non-Aboriginal, are bi-lingual, and bi-cultural.

Thirdly, there are differences in world views that affect interpretation of observations. These differences are not always obvious or known.

Fourthly, there are cultural differences such as time frames and priorities. In a situation where the non-Aboriginal researcher experiences a cultural imperative to work according to time lines, this is unlikely to be the case for the Aboriginal worker who will have many other demands on her time, some of which may have a higher priority. Several weeks may pass with little work being done and the non-Aboriginal person may be tempted to go ahead and complete tasks alone, thus making the work less participatory.

Fifthly, low levels of literacy and numeracy act as significant barriers to Aboriginal people being involved as co-researchers (Newkirk, 1992).

Sixthly, high levels of morbidity and mortality inhibit involvement and result in extensive disruption to family and community life that impacts on the research.

7.9.2. Political Considerations

A key principle of Aboriginal health is self determination (NAHS, 1989). Self determination implies that Aboriginal people will take responsibility for all aspects of health including evaluation of all aspects of health care.

Different evaluation criteria that are chosen by different stakeholders may vary widely. Thus criteria selected by funding organisations may differ from those selected by local participants. Organisational criteria may or may not be relevant, and may reflect a non-Aboriginal world view.

Linked to this is the issue of non-Aboriginal accountability. Group members referred to wanting a public report that was "straight and strong", meaning praiseworthy and describing the strengths of the group and their many plans for the future. However, a non-Aboriginal person can find such a presentation misleading, and probably not helpful because it does not identify problem areas that require attention. Yet, the desire for a straight and strong version is understandable in the political context of a history of oppression, as suggested by Malanypa's comments.

> It is important to tell a story straight and strong. White people come here and they see things their way, they understand the things their way and then they go away to tell other people outside. They tell wrong things to other people who see things that same way. And that is bad.
>
> [Those outside white people] don't understand that Anangu think strongly. Before we did what the white people told us, but now we don't. We have some white people who work with us, we work together but they are not telling us what to do (Field Journal, 10/6/93).

7.9.3. Conclusions

Merryfield (1985) reported that other cross-cultural evaluators had experienced difficulties in relation to world views that affected priorities, meanings given to work, styles of interaction and sense of time. Application of Western methods to a non-Western situation was also reported to cause difficulties in the areas of study design and data collection methods.

The current research has raised similar issues. These make cross-cultural work difficult and to some extent unpredictable.

Key Points for Culturally Appropriate Evaluation

- Cross cultural evaluation presented difficulties and dilemmas that need to be acknowledged and addressed.
- Difficulties include:
  - reconciling differences in knowledge about evaluation and research,
  - differences in world views,
  - language difficulties,
  - cultural differences that create different priorities (particularly impacting on time lines)
  - impediments to participation,
  - political issues created by different stakeholders.

7.10. SUMMARY

The conduct of the evaluation was influenced by principles for Aboriginal health research that were identified in the literature. These principles provide directions that recognise the political, social and cultural situation of Aboriginal people and thus, the context in which health research occurs.

In this chapter, the meaning and application of the principles were examined. Further, the evaluation was examined in terms of the following elements of evaluation.

- The setting.
- Culturally appropriate evaluation design.
- The methods of inquiry.
- Analysis and reaching conclusions.
- Sharing of findings and report presentation.
- Implementation of findings.
- Dilemmas and difficulties for cross-cultural work.

"Key points for culturally appropriate evaluation" have been made from a consideration of the principles and every aspect of the elements. All the "key points" are collated in Appendix C. They are also critical to the development of guidelines for culturally appropriate evaluation Chapter 9.

In the course of the evaluation, as part of the reflective action research model, a further important area for consideration became evident. This related to the question of how to access traditional Anangu understandings and methods of evaluation. This issue is discussed in Chapter 8.

CHAPTER 8
CULTURALLY MEANINGFUL MONITORING

8.1. INTRODUCTION

The issues discussed in this chapter arose through the reflective action research process applied during the Mai Wiru evaluation. At the beginning of the inquiry, the writer did not know whether, or in what way Aboriginal people evaluated projects. Participant observation and reflection suggested that the Mai Wiru group did evaluate/monitor. The need to consider alternative ways of accessing participants' understandings of the project was highlighted as was the need to learn how the group evaluate the project.

This chapter uses the field journal observations of the Mai Wiru project from 1991 to 1993 to consider the evaluative criteria and process that the group used on a day to day basis. These considerations were brought into the Mai Wiru evaluation. They are examined separately to allow a full discussion of the issues.

Several different terms are used in this chapter. The reason for this is to distinguish a different way of thinking about these terms.

The phrase culturally meaningful monitoring is used to differentiate the group's own processes of evaluation/monitoring on a day to day basis. Wooley (1991) used the term "monitoring" in his paper which examined the Mai Wiru project as a social change strategy. He argued that the group use a reflection, analysis, and action cycle to bring about change. However, he avoided the use of analysis because it was "too hard and clinical a word, and implies an end point" (Wooley, 1991, p 9). He chose to use the term monitoring as being descriptive of a less analytical, and more continuous process that is embedded in the present and in action.

Wadsworth (1991) argues that evaluation is a continual process that people are doing all the time in relation to all of their activities. On the other hand, evaluative research is a

specific formal conscious process. Monitor implies a continual process, placed in the present. It is closer to those concepts used by Tjikalyi in developing the evaluative research model of "thinking as you go along" (kulilkatinyi), "looking as you go along" (nyakukatinyi), and "keeping on doing it" (palyalkatima) (Field Journal, 22/9/92).

Having chosen this word, other problems remain. There are no Pitjantjatjara words that are equivalent to evaluation or monitoring. Indeed, the Pitjantjatjara language does not have abstract words. However, it is possible to translate abstract concepts by embedding them in a context. To shift from the abstract requires first being clear about how the word is being used. For example, the concept of monitoring means seeing how it is going as it is going. This can then be translated as "nyaa ku katanyi" - which means "to keep on watching as you go along" (Trudinger, pers.comm., 1993). These are the words used by Tjikalyi to describe the evaluation process.

In this chapter the word intentions is used to describe objectives, to avoid suggesting a conscious separation and identification process that use of the word objectives might imply. This is not a process used by the Mai Wiru group, and there is no equivalent Pitjantjatjara word to either objectives or intentions. The closest is mukuringanyi, meaning wanting (Pitjantjatjara/Yankunyatjatjara Dictionary, 1992).

Key Points for Culturally Appropriate Evaluation

- The term monitoring is used to describe the group's own ongoing process of watching as they go along ("nyaa ku katanyi").
- The term intentions is used rather than objectives.

8.2. Elements of Anangu Intentions and Monitoring - Family, Land, Culture and Law

Participant observations recorded in the field journal, narratives compiled in the Mai Wiru Evaluation Tjukurpa and paintings were all used to assist understanding of the Mai Wiru group's own monitoring process.

Two types of understanding emerged. First, the group members have intentions for the project and they monitor activities. Secondly, some understanding has been gained of the nature of the intentions and how the monitoring process occurs.

For the writer, learning about the Mai Wiru group intentions and monitoring processes for their activity, arose from observation rather than by explanation from group members. The group did not identify and list their intentions or their monitoring process.

The study into culturally appropriate evaluation involved a participatory action research approach to the Mai Wiru evaluation. For this to be successful, it was essential to develop understanding of the elements that were important to Anangu participants in developing their intentions and determining their monitoring of the project.

Aboriginal people have identified the centrality in Aboriginal life of the family, the land/place, and the traditional law. (Yunupingu, 1993; Anderson, 1993) These elements are inextricably intertwined and are brought together and handed on through the Tjukurpa (also sometimes called the Law). The Tjukurpa is the body of knowledge about the formation of the land and the people, the stories and songs of the land and social and cultural relationships. It is, as Stanner (1976) described, a subtle concept with a complex of meanings that shape Aboriginal outlook to the universe, self and society.

The Tjukurpa elements of family, land and cultural maintenance are central themes in forming the group's intentions and what and how the group go about monitoring their activities.

8.2.1. Extended Family and Mai Wiru Group Membership

The following journal entry emphasises the importance of extended family ties and how they influenced the network of connections made by the group and the group activity. It also shows how an outsider was incorporated into the group by being given family connections.

The field notes were taken during a Mai Wiru teaching trip to Amata, another community on the AP Lands 140 kilometres west of Ernabella. Three group members were present on the trip as well as the writer and her 10 month old daughter.

> From Ernabella we drove along the road beside the Musgraves. The women told me that when they were young, and at this cold time of the year, they travelled with their families through this country hunting for dingo scalps to exchange for rations such as food, rifles and bullets, blankets. Although the men could throw spears then they would use rifles. Nowadays most of the men do not know how to hunt with spears. We were nearer to Amata when they pointed out a waterhole that is a site in the Seven Sisters dreaming. They began singing the story of that site and then planning the Seven Sisters opening [a public performance of the Seven Sisters dance and song that had not occurred since one of the principal dancers, died].
>
> It was then I realised that they had in common the Seven Sisters tjukurpa. I had known that they had family ties, but I hadn't realised that the Mai Wiru group is essentially the Seven Sisters dancers of Ernabella. The exception is Ikarka.
>
> Later Tjikalyi told me sisters and sisters-in-law are Seven Sisters dancers. Ikarka is the other skin and she is an auntie. On one side are aunties, mothers, daughters and on the other are sisters, sisters-in-law, grandmothers grand daughters. Reflecting on this I now realise that my daughter was given her Pitjantjatjara name because I am a sister to the Mai Wiru group. My daughter must be the other side to me so she is named after Ikarka. (Field Journal, 16/6/92)

Theie longer a person lives in an Aboriginal community, the more evident it becomes that extetended family relationships are central to every aspect of life. People understand who theyey are by these relationships, and well-being is derived from the individual and family conmnections. The relationships have a great influence on the activities that people become invcolved in, and who will be involved with them. Thus the Mai Wiru group was orgganised on the basis of family connections, mainly a group of extended family sisters.

Keyey Points for Culturally Appropriate Evaluation

- Consideration of extended family relationships was critical to understanding who was involved in the Mai Wiru group and the project.

8.2.2. Extended Family and Mai Wiru Group Activity

In t the field journal Mai Wiru teaching trips are recorded to Fregon, Amata and Mututitjulu. When the group travelled to other communities they sought out their extended famimily, and it was their family with whom they had the first contact in showing what they werere doing. It was family who invited them back again. Teaching Mai Wiru was a way of shararing with family, visiting and travelling across the land.

Fieleld notes from the Amata trip provide further illustration of the centrality of family relatationships and the group's monitoring of people's interest.

> Tjikalyi introduced me to all the women who were cooking. They were all relations. Sisters, aunties. There were two health workers and four other women and a number of children, as well as the Ernabella women. They were all enthusiastic and asked us to come back for [another] week.
>
> The next day it was raining when we awoke and it was a very slow start. By 11.00 nothing had happened. Wayanu came round and we collected her swag, and then we found the others at different camps. We went to the clinic and no-one was there.

> Tjikalyi said we wouldn't cook and that we would go back to Ernabella because it was raining and the roads would be bad. I was ready to leave when suddenly the plans changed. With a smile Tjikalyi told me that she had heard the women wanted to cook again and that they were waiting at their camps. She had thought they would be there at the kitchen. So people came in, and rolls and muffins were cooked.
>
> Had a slow trip home along the muddy and slippery roads. Everyone happy and buoyed up...As we came near to Ernabella there was a beautiful rainbow and the women began singing the rainbow song (Field Journal, 16/6/92).

Key Points for Culturally Appropriate Evaluation

- The primary network that the group worked through was extended family.
- The group monitored the interest in their teaching by observation.

8.2.3. Connections of Family, Land and Culture

The following statements tell of a concern for the people, the land and the culture, and the intention to work toward their maintenance. The underlying understanding is that these elements are interconnected.

> That is why we are working to stop people from eating an unhealthy diet. We want them to learn to look after their bodies, their family and their land (MWT, 1993).

Throughout the Field Journal and the Mai Wiru Evaluation Tjukurpa there are comments that highlight concerns about family relationships and the maintenance of the people, relationships, the culture and the land.

> Wayanu and Malanypa said that the Mai Wiru group are "Kanyintjatjaku ananguku ara kunpu" - "Keeping Anangu culture strong" (Field Journal, 14/9/92).

> Each time we talk the women make it clear that through strengthening the culture the people are strengthened. It is circular and interconnected. Mai Wiru is about food - both western and bush tucker, and about gathering bush food, exercise and inma (ceremonial song and dance). And it is a way for the women to teach their grandchildren. This is always part of what they say. The focus is not on the food that is cooked, it is much more (Field Journal, 21/9/92).

The following comments are taken from the MWT

> Just because we had diabetes we didn't think "we'll leave it". We wanted to help...This is Anangu thinking. Anangu always want to help their family, all together (MWT, 1993).

> Young ones don't know about bush food. They only know a little and there is a lot to know (MWT, 1993)

Key Points for Culturally Appropriate Evaluation

- Well being is enhanced through strengthening culture.

8.2.4. Connections with the Tjukurpa

The connections of land, family relationships and culture are expressed in the Tjukurpa. On a teaching trip to Mutitjulu the women from Ernabella and Mutitjulu started singing traditional songs and dancing during the teaching session. This gathered momentum as the day progressed and the cooking continued. These were the Tjukurpa songs and dances relating to the ancestors of the women who were cooking. That night there was more inma , and the project's tape recorder was used by the women to tape the occasion.

The following day the tape was played repeatedly as the Mai Wiru group continued their teaching session.

> Everyone was very happy (Ernabella and Mutitjulu women). As things went along and people became happier, inma started and on the night of the first day's teaching there was a long inma by the fire. Singing, and a little dancing. We used the evaluation tape recorder to make the recording and it came out very well. The next day it was played repeatedly during teaching at the women's centre and people were dancing and singing. It was a real celebration (Field Journal, 26/6/93).

The tape was made because the women wanted to listen to it again, not for the purpose of the evaluation project. However it became linked to the evaluation because when Amanata women heard the tape several days later they made an inma tape specifically for the evaluation project. The inma tapes will be used along with dialogue from the MWT to make a Pitjantjatjara audio tape of the Mai Wiru evaluation report. One of the evaluation project paintings will be used for the tape cover.

It was the subjective experience of the observer that the Mai Wiru teaching could not be separated from the inma. As an evaluator observing in the field, the inma and the tapes were cultural celebrations of the experience of everyone being together and were indicators that the teaching was successful.

Key Points for Culturally Appropriate Evaluation

- Appreciation of the centrality of family relationships, the land and culture is essential to understanding the group's intentions and monitoring.

8.3. ANANGU INTENTIONS

The elements described in 8.2 are the context in which the groups intentions for the Mai Wiru project were formed. The intentions of the Mai Wiru group for the project were developed and drawn from group members statements collected over the course of the project, and collated in the MWT. Particular themes were identified and these have been called intentions. These were then developed into objectives for the purpose of the evaluation (see Chapters 5 and 6).

The context for the derivation of intentions is "Kanyintjatjaku ananguku ara kunpu" - "Keeping Anangu culture strong".The identified intentions are as follows.

1. Intention

> The Mai Wiru group makes good food without sugar, our food isn't sweet, it is for people who are sick and to help prevent sickness. This is great food. We all have diabetes. When we eat this food we feel well (MWT, 1993, p 8).

This could be restated as:

> To help diabetics and sick people and to prevent illness.

2. Intention

> We hope to tell more communities about healthy food and a healthy way of life by talking, teaching, writing down the story and video.
> We want to teach people about a healthy way of life by talking and showing, and meetings and conferences. Then they can look after their children and family and Anangu will be strong (MWT, 1993, p 7 & p 8).

This could be restated as:

To teach families and others in Ernabella and other communities about nutrition and a healthy lifestyle.

3. Intention

> We need to teach our children to eat good food...Then they will have healthy food habits as adults (MWT, 1993, p 9).

This could be restated as:

> To teach the young children healthy food habits.

4. Intention

> We should be learning about the things that make us sick before we get sick (MWT, 1993, p 6).

This could be restated as:

> To learn about the causes of preventable illness.

5. Intention

> We should learn about which food in the shop is good and how to make good food (MWT, 1993, p 6).

This could be restated as:

> To learn how to select and cook good food.

Intentions 1 to 3 show a concern for people who are ill, for the future generation, and for prevention of illness. Intentions 4 and 5 indicate the way the group intends to work toward these concerns.

Key Points for Culturally Appropriate Evaluation

- The Mai Wiru evaluation identified the group members objectives by determining the intentions of the group. Documents kept from the beginning of the project were used for this purpose.

- The context for the group's intentions was "Kanyintjatjaku ananguku ara kunpu" - "Keeping Anangu culture strong".
- Identification of Mai Wiru group members' intentions was important in hearing the participants view of the project.

8.4. MEANS OF ANANGU MONITORING

8.4.1. Observation

The field notes show that group members monitor the interest of people (see 8.2). One way that this is done is by observation, not by first asking people about their responses or by relying on plans that have been made.

One fluent Pitjantjatjara speaker commented,

> Anangu do not use many direct questions. Rather they make observations. They might see someone arrive from one direction travelling towards Fregon and they might say "going to Fregon." It's an observation statement. (Field Journal, 5/5/93)

The response to the observation statement might then give further information.

Following a car accident in which one man died, several other passengers had only superficial injuries and the car sustained little damage, people became suspicious of the circumstances. Commenting on this a bi-lingual informant said, "People look and observe and draw conclusions. They don't tend to ask questions" (Field Journal, 20/4/93).

When at Amata the group surmised through observation that people had lost interest, they did not want to stay and try to get people re-involved. Maintaining relationships apparently took priority over teaching, possibly because the teaching could not be continued if it was at the expense of relationships.

Key Points for Culturally Appropriate Evaluation

- Observation is an important way in which the Mai Wiru group monitors their activity.

8.4.2. Gathering and Relating Stories

People gather information and gain a fuller picture of what is happening by making observations and by listening to and offering accounts. These accounts are offered voluntarily rather than being prompted by questions.

In addition to the literature (Eades 1982, 1988) and the Mai Wiru project observation fieldwork. Further evidence was provided by a Pitjantjatjara speaker, who noted,

> At night, around the camp, people will talk about the day, who did what, where were they going, what was said and all these details. Each person will recount this in full, and the children act out what they have seen. Therefore, people are incredibly well informed as to where their relations are, what they are doing, what is happening (Field Journal, 5/5/93).

From the beginning of the project the Mai Wiru group prepared narrative accounts of their work. The group members are proud of these accounts that they have used for teaching purposes and for presentations at meetings and conferences.

Key Points for Culturally Appropriate Evaluation

- The Mai Wiru group also monitor by gathering and relating stories, rather than by asking questions.

8.4.3. A Continuous Process

Monitoring involves a continuous process of observation, gathering and relating of accounts. There was no evidence from this project that this is something that people plan, consider in retrospect or compartmentalise into phases such as planning monitoring, analysis, etc.

Key Points for Culturally Appropriate Evaluation

- Monitoring through observation, gathering and relating of accounts is a continuous process.

8.5. ANOTHER VIEW - TEACHING AND MONITORING

The monitoring that has been described took place when the Mai Wiru group were teaching. This was the case both for teaching in small groups or for more general health promotion teaching that occurred in the community.

Most of the literature on Aboriginal education is about Aboriginal learning styles, rather than teaching styles. In summary, the following characteristics of Aboriginal learning styles are commonly cited in the literature (Harris, 1984, 1990; Christie, 1985, 1988; Bain and Sayers, 1990).

- A group rather than individual approach to learning.
- Learning by observation and imitation rather than by questioning and instruction.
- A preference for a hands-on approach to learning.
- Concreteness rather than abstractness.
- A personal rather than an impersonal approach.
- A time orientation that is based in the present.

- A holistic rather than a sequential linear approach

Presumably Aboriginal teaching styles reflect these characteristics, and observation of the Mai Wiru group teaching over 112 days (Daily diary, 1991 - 1992) provides support for this assertion.

Thus, it is proposed that the characteristics of teaching are

- A family group rather than individual orientation to teaching.
- Teaching by practical demonstration, requiring students to first observe, then learn alongside the teacher, and finally do the activity alone.
- A hands on approach to teaching.
- Concreteness rather than abstractness. Practical demonstration, rather than the use of oral presentation.
- A personal, generally extended family based, rather than impersonal approach.
- A time orientation that is based in the present.
- A holistic rather than a compartmentalised, linear approach.

Teaching and monitoring take place in a view of the world where the land, the extended family and the law take priority. The social and cultural system is organised to ensure the continued survival of the culture.

The context and characteristics of teaching find accord and resonate with what has been described in this chapter. Health promotion is an educative activity and it is therefore concluded that the monitoring process that has been described was in fact part of the teaching process. In this sense Anangu monitoring can be interpreted as the program participant's process and impact evaluation of their activity.

Key Points for Culturally Appropriate Evaluation

- The monitoring process is best understood as part of the teaching process.
- The characteristics of Anangu teaching are
  - Family group orientation.
  - Practical demonstration.
  - A hands on approach.
  - Concreteness and demonstration.
  - A personal, extended family based, approach.
  - Orientation to the present.
  - A holistic approach.
- For evaluation purposes, Anangu monitoring should be considered as the participants process and impact evaluation of their activities.

8.6. SUMMARY

The observations indicate that for Anangu, intentions are connected with and governed by the family, land and culture and Tjukurpa. These connections are also significant in determining who will be involved in a health promotion activity, and in monitoring the activity.

The words intentions and monitoring were chosen as an alternative to objectives and evaluation as Anangu do not use the conscious process that such terms imply. In addition, a large component of the monitoring is located in the present and relates to the interest that extended family are showing in the activity, and how the family interests can be best served by the activity. It is argued that the monitoring is actually part of the teaching process.

The group were interested in the results of the Mai Wiru evaluation, and these results were utilised to inform action. However, the factors that determined what occurred on a

day to day basis were to a large extent dependent on immediate feedback from relationships.

These understandings are important in determining whether a project is meeting participants' aims, what sustains a project and what might help it to continue. They also give some insight into what qualities a health promotion project might require if it is to be successful from an Anangu perspective.

These findings form an important component in the process and impact evaluation of a project. It is concluded that incorporation of Aboriginal intentions and monitoring into project evaluation will best be achieved by using participatory program linked evaluation that occurs from the beginning of the project.

CHAPTER 9
CONCLUSIONS - CONVERGENCE OF CULTURALLY APPROPRIATE EVALUATION AND CULTURALLY MEANINGFUL MONITORING

9.1. THE PRINCIPLES OF ABORIGINAL HEALTH RESEARCH

The previous two chapters have described and discussed culturally appropriate evaluation issues that arose from the Mai Wiru project evaluation. The "key points" for culturally appropriate evaluation are collated in Appendix C.

Evaluation of an Aboriginal health promotion project occurs in a cultural, social and political context that will affect every aspect of the evaluation. Evaluations make judgements about the worth and value of a program. They can influence a program's direction and development and they can influence future program funding. Thus, they can impact on the health of Aboriginal people. It is therefore important that evaluations are conducted in a way that is culturally appropriate and meaningful and that they do not become a means for continued oppression.

Self determination has been identified as the key principle by which Aboriginal people can overcome the results of oppression and bring about improvements in their health status (NAHS, 1989). The participatory action research methodology supported by this research is regarded as congruent with this principle. However dilemmas are identified. Health promotion projects and their evaluation are new to Aboriginal culture. There are significant barriers to the culturally appropriate conduct of evaluations for both Aboriginal and non-Aboriginal people and these have been outlined in this treatise. These barriers suggest the need for collaborative partnerships in evaluation between non-Aboriginal and Aboriginal people.

The participatory action research approach recognises the centrality of Aboriginal participation in the project as well as the evaluation. It enables Aboriginal intentions and monitoring to be part of the evaluation, it allows for a reflective process whereby method and practice can be developed and improved by reflection. The evaluation assists in modifying and improving the delivery of the health promotion project.

In the literature review five emerging principles of Aboriginal health research were identified. These principles have informed the conduct of every stage of this project. To reiterate, these principles are:

1. Aboriginal involvement and control.
2. Community consultation, endorsement and involvement.
3. Use of the Aboriginal definition of holistic health.
4. Program linked action research.
5. Sensitivity to social and cultural issues.

The implication of these principles is that a participatory action evaluative research model should be followed.

This treatise calls for a participatory program linked action research evaluation. This should occur in a formal manner and be part of improving health promotion programs and ultimately Aboriginal health. Evaluation is often an afterthought or a low priority that is set aside in favour of meeting the day to day demands of programs. To overcome this will require that specific program money be allocated for implementation of the evaluation component.[10]

---

[10]Nganampa has been funded by CAPE project money to conduct an AIDS/STDs education project. This is currently under way and has included, since its inception, participatory action research program linked evaluation. The design of the evaluation has been informed by the current research and will provide further information in the development of culturally appropriate evaluation. Critical reflective

Principiples of primary health care, health promotion and Aboriginal health policy demand that hhealth promotion projects have community involvement and management. The identifiified principles for Aboriginal health research are of pivotal importance, and therefcfore form evaluative criteria that should be formally incorporated into every health promoiotion program evaluation.

9.2.2. GUIDELINES FOR CULTURALLY APPROPRIATE EVALUATION

The rreresearch suggests a number of guidelines. These are the need for:

1. TIThe following evaluative criteria to be adopted by health promotion programs
   - Degree of Aboriginal involvement, control and consultation.
   - Use of the Aboriginal definition of health.
   - Use of the action research model, or some other methodology similarly capable cof)f responding to the particular context of Aboriginal health research.
   - Degree of social and cultural sensitivity.
2. Im a depth understanding of Anangu culturally meaningful monitoring.
3. Dievelopment of an evaluative research model that embodies the salient features of Annangu culturally meaningful monitoring.
4. Imciclusion of process, impact and outcome evaluation measures in a form that faicicilitates links to Anangu culturally meaningful monitoring.
5. Riececognition that development of understanding and knowledge about evaluation is a twcvo-way process.

---

examimaiation of the evaluation will therefore begin the next spiral of the action research inquiry into culturaallilly appropriate evaluation.

6. UUse of Anangu styles of gathering information. Including
   - Recognition of Anangu use of and response to direct questioning.
   - Recognition of context based inquiry.
   - Recognition of the importance of non-verbal communication.
   - Recognition of the importance of observation in gathering information.

7. UUse of Anangu styles of distributing information and findings, especially the use of cconcrete and immediate imagery and concepts.

8. RRecognition of informal participation as important and valuable.

9. AAdoption of a time frame that acknowledges the Anangu perception of time and aattitudes toward time, including orientation to the present.

10. RRecognition of the importance of language, not only as a formidable barrier to eevaluation research, but as a channel for sharing understandings, cultural practices aand world views.

11. RRespect for the culture, and for cultural features, and appreciation of their iimplication for evaluation and other research. Including:
    - Extended family relationships.
    - Reciprocity.
    - Avoidance relationships.
    - Anangu style and approach to decision making and action.

12. RRecognition that Anangu culture has, to some degree, incorporated elements that are nnon-traditional, but have been found to be useful. For example, statistical mmeasurement.

13. IIncorporation of evaluation from the commencement of the project.

14. RRecognition that the evaluators need to advocate with stakeholders for the adoption obf these guidelines to evaluations.

9.3. THE EVALUATION DOMAIN - A DUALITY OR CONFLUENCE?

Yunupingu (1993) spoke of the balances found in acknowledgment of differences through "working with different knowledges." Rowse (1992, p 35-36) concluded that while ever shifting balances can be struck between the Aboriginal and non-Aboriginal domains, cultural dualities underlie the balances and these should not be resolved by "culturally unambiguous representations of Aboriginal interests."

Project evaluation is an introduced Western concept. However, there are ways in which evaluation can be conducted that take into consideration political, structural and cultural circumstances. The "key points" and guidelines for culturally appropriate evaluation have been developed from the current work. Whilst this is a step toward culturally appropriate evaluation, the domain of evaluation must be approached as a duality, full of ambiguities and difficulties to be acknowledged.

Future evaluations have the potential to increase our understanding of Aboriginal methods of evaluation and allow further development of the guidelines that have been listed above. By so doing, they will continue the action research spiral of inquiry initiated by this project.

CHAPTER 10
RECOMMENDATIONS

1. That health promotion programs should be informed by the guidelines for culturally appropriate evaluation (Chapter 9.2).

2. That participatory program linked evaluation should be an integral part of health promotion projects, and that funding for these projects should include funding for evaluation.

3. That organisations support the development of Anangu intentions and advocate the use of Anangu monitoring styles in evaluations.

4. That non-Aboriginal evaluators act as advocates for culturally appropriate evaluation methods.

5. That future health promotion project evaluations should continue the action research inquiry into culturally appropriate evaluation and enable further development of the guidelines.

6. It appears that health promotion project evaluations are often planned, but not always implemented. Further research should be conducted to identify the factors that determine whether planned evaluations are actually conducted. In particular, it should be determined whether the use of the guidelines listed in section Chapter 9.2 favour the implementation of evaluation.

REFERENCES

Australian Institute of Health (1988)

Aboriginal Health - a case study. Australia's Health. The first biennial report of the Australian Institute of Health. AGPS, Canberra, pp 65-124.

Aboriginal Health Research Ethics Committee of South Australia (1990)

Newsletter, December, 1990.

Anderson, I. (1993)

"The History and Future of Aboriginal and Islander Health Services", **1993 Boyer Lectures,** ABC National Radio, November 6, 1993.

Asamoah, Y. (1988)

"Program Evaluation in Africa", **Evaluation and Program Planning**, 11, 2, pp 169-178.

Bain, M. (1992)

The Aboriginal-White Encounter. Towards Better Communication, SIL-AAIB Occasional Papers No 2, Australian Aborigines and Islanders Branch, Summer Institute of Linguistics, Darwin.

Bain, M. and Sayers, B. (1990)

"Degrees of Abstraction and Cross-Cultural Communication in Australia", **Paper presented at Sixth International Conference on Hunting and Gathering, Fairbanks**, Alaska, May 28 to June 1, 1990.

Baum, F. (1992)

"Moving Targets: Evaluating Community Development", **Health Promotion Journal of Australia**, 2, 2, pp 10-15.

Baum, F. and Brown, V. (1989)

"Healthy cities (Australia) Project: Issues of Evaluation for the New Public Health", **Community Health Studies,** XIII, 2, pp 140-149.

Becker, A.L. (1990)

"A Short Essay on Languaging", in Steier, F. (ed) **Research and Reflexivity,** Sage, London, pp 226-234.

Bell, D. (1983)

Daughters of the Dreaming, McPhee Gribble and George Allen and Unwin, Melbourne and Sydney.

Brady, M. (1990)

"The problem with problematising research", **Australian Aboriginal Studies,** 1990, 1, pp 18-20.

Bronkensha, P. (1975)

The Pitjantjatjara and their Craft, Aboriginal Arts Board.

Brown, Valerie (1992)

"From Ottawa to Adelaide to Sundsvall: A Journey in the New Public Health", **Health Issues**, 31, June 1992, pp 8-10.

Bryce, S. (1993)

Interview with writer, 26/10/93

Bryman, A. (1988)

Quantity and Quality in Social Research, Unwin, London.

Brunner, I. and Guzman, A.(1989)

"Participatory Evaluation: A Tool to Assess Projects and Empower People", **New Directions for Program Planning,** 42, Summer 1989, pp 9-18.

Caanmeron, W.I.; Moffit, P.S.; Williams, D.R.R. (1986)

"Diabetes in the Australian Aborigines of Bourke in New South Wales", **Diabetes Research and Clinical Practice,** 2, pp 307-314.

Caanntwell, P. and Holmes, S. (1993a)

"Social Construction: A Paradigm Shift for Systemic Training and Supervision. Part 1", **The VAFT Newsletter,** July 1993, pp 10-14.

Canntwell, P. and Holmes, S. (1993b)

"Social Construction: A Paradigm Shift for Systemic Training and Supervision. Part 2", **The VAFT Newsletter,** September 1993, pp 14-17.

Cappp, B. (1988)

"Even Desert Kids Need Heroes" in Harvey, B. and McGinty, S., (eds) "Learning My Way". **Papers from the National Conference on Adult Aboriginal Learning, Wikaru 16,** Institute of Applied Aboriginal Studies, WACAE, 1988, pp 114-133.

Carrr,, W. and Kemmis, S. (1986)

Becoming Critical. Education, Knowledge and Action Research, Revised Edition, Deakin University, Victoria.

Centtral Australian Aboriginal Congress (1992)

"Why are our people getting sick?", **Health Business. Aboriginal Health in Central Australia,** 1, June 1992, p 5.

Chriisttie, M. (1985)

Aboriginal Perspectives on Experience and Learning: The Role of Language in Aboriginal Education, Deakin University, Geelong.

Christie, M. (1988)

"The Invasion of Aboriginal Education", in Harvey, B. and McGinty, S., (eds) "Learning My Way" **Papers from the National Conference on Adult Aboriginal Learning. Wikaru 16**, Institute of Applied Aboriginal Studies, WACAE, Perth.

Collins Concise Dictionary Second Edition (1988)

Collins, London.

Collins, T. and Garrow, B. A. (1993)

An Evaluation of the Ernabella Mai Wiru Project, Nganampa Health Council Inc, Umuwa.

Coming Out Show, July 8, 1993

ABC National Radio.

Conner, R. F. (1988)

"A Cross-Cultural Assessment of Health Promotion/Disease Prevention Programs", **Evaluation and Program Planning,** 11, 2, pp 179-188.

Cutter, T. (1989)

A Clinician's Diabetic Manual, The Victorian Health Service Cooperative Ltd., Fitzroy.

Divakaran-Brown, C. (1989)

"Beyond Participatory Evaluation - A case study of evaluation gone wrong in the cross cultural milieu", **Paper submitted to National Evaluation Conference, 19-21 July 1989.** Available from the author C/- Aboriginal Health Organisation, 62 Beulah, Norwood, S.A., 5067.

Dowwning, J.H. (1971)

"Consultation and Self-determination in the Social Development of Aborigines", in Berndt, R.M. (ed) **A Question of Choice. An Australian Aboriginal Dilemma.** Uni. of W.A. Press, pp 61-90.

Dudiggeon, P. and Oxenham, D. (1990)

"The Complexity of Aboriginal Diversity: Identity and Kindredness", **Monograph No. 1 1990 - Ngulaig, Aboriginal and Torres Strait Islanders Studies Unit**, Uni. of Queensland.

Dugiuiid, C. (1972)

Doctor and the Aborigines, Rigby Ltd, Adelaide.

Eadess, D. (1982)

"You gotta know how to talk...:Information seeking in South-East Queensland Aboriginal society", **Australian Journal of Linguistics**, 2, pp 61-82

Eadess, D. (1988)

"They don't speak and Aboriginal language, or do they?", in I. Keen (ed.), **Being black: Aboriginal cultures in settled Australia**, Aboriginal Studies Press, Canberra, pp 97-117.

Edwarrds, W.H.(ed.) (1987)

Traditional Aboriginal Society, MacMillan, Melbourne.

Edwarrds, W.H. (1988).

Aboriginal Societies, Social Science Press, Australia.

Elsey,, IB. (1986)

Social Theory Perspectives of Adult Education, Department of Adult Education, University of Nottingham.

Endean, C (unknown date)

Diabetes - A Chance for Change, Nganampa Health Council Files.

Epstein, I. (1988)

"Part 3. Research Methods and Design, Section 9 Quantitative and Qualitative Methods, in Grinnell, Jr., Richard M., ed., **Social Work Research and Evaluation,** F.E. Peacock Publishers Inc., Itasca, Illinois, p 185.

Ernabella Non-Communicable Diseases Survey (1990)

Unpublished work by K. O'Dea.

Feuerstein, M.-T. (1986)

Partners in Evaluation, MacMillan, Hong Kong.

Feuerstein, M.-T. (1993)

"Participatory Evaluation: The Patna Experience", **Contact**, 132, pp 1-15, August, 1993

Fiske, G.; Hill, A.; Krouskos, D.; Legge, D.; Stagoll, O. (1989)

"The Community Development in Health Project", **Community Health Studies,** XIII, 1, pp 93-99.

Freire, P. (1972)

Pedagogy of the Oppressed. Penguin Books, Ringwood.

Furler, E. (1979)

"Against Hegemony in Health Care Service Delivery", **Community Health Studies**, III, 1, pp 32-41.

Garrard, J.; Hawe, P.; Graham, C. (1992)

"Community Development and Health Promotion: the Victorian Healthy Localities Project", **Health Issues,** 31, June 1992, pp 6-8.

Garrrrow, B.A. (1992)

"Responses to Trial of WHO Attitudes Survey", Unpublished.

Ginnssberg, P.E. (1988a)

"Introduction", **Evaluation and Program Planning,** 11, 2, pp 149-152.

Ginnssberg, P.E. (1988b)

"Evaluation in Cross-Cultural Perspective", **Evaluation and Program Planning,** 11, 2, pp 189-197.

Glaaseer, B. G. and Strauss, A. L. (1967)

The Discovery of Grounded Theory, Aldine Pub Co., Chicago.

Glattther, C.; Welborn, T.A.; Stenhouse, N.S.; Garcia-Webb, P. (1985)

"Diabetes and impaired glucose tolerance. A prevalence estimate based on the Busselton, 1981 survey", **Medical Journal of Australia,** 143, pp 436-440.

Gooodlluck, J. (1980)

The Folk Educators, Goodluck, Port Noarlunga.

Grayy,, A.; Trompf, P.; Houston, S. (1991)

"The decline and rise of Aboriginal families", in Reid, Janice and Trompf, Peggy (eds) **The Health of Aboriginal Australia,** Harcourt Brace Janovich, Publishers, Sydney, pp 80-122.

Greeen, L.W. and Raeburn, J.M. (1988)

"Health promotion. What is it? What will it become?", **Health Promotion,** 3, 2, pp 151-159.

Gubaa, E.and Lincoln, Y.S. (1981)

Effective evaluation, Jossey-Bass, San Francisco.

Guba, E.G. and Lincoln, Y.S. (1983)

"Epistemological and Methodological Bases of Naturalistic Inquiry", in Madaus, George F.; Scriven, Michael and Stufflebeam, Daniel L., (eds) **Evaluation Models-Viewpoints on Educational and Human Services Evaluation,** Kluwer-Njijhoff Publishing, Boston, The Hague, pp 311-333

Guba, E.G. and Lincoln, Y.S. (1990)

Fourth Generation Evaluation, Sage, Newbury Park.

Haring, D.G. (1956)

Personal Character and Cultural Milieu, Syracuse University Press, Syracuse, New York.

Harris, S. (1984)

Culture and Learning: Tradition and Education in North-East Arnhem Land, AIAS, Canberra.

Harris, S. (1990)

Two-Way Aboriginal Schooling: Education and Cultural Survival, Aboriginal Studies Press, Canberra.

Hawe, P. (1989)

"The Last Thing You Should Look at is Program Effectiveness", **Health Care Evaluation - The Report of the National Health Care Evaluation Workshop**, Public Health Association of Australia, Canberra, pp 14-21.

Hawe, P.; Degeling, D.; Hall, J. (1990)

Evaluating Health Promotion, MacLennan and Petty, Sydney.

Health for All Australians. Report of the Health Targets and Implementation (Health for All) Committee to Australian Health Ministers (1988)

Australian Government Publishing Service, Canberra.

Houston, S. (1994)

"There is no change without inconvenience...", **In Touch**, Public Health Association of Australia Newsletter Series, 11, 1, February 1994, pp 1, 3, 13.

Houston, S. and Legge, D. (1992)

"Aboriginal health research and the National Aboriginal Health Strategy", **Australian Journal of Public Health,** 16, 2, June 1992 pp 114-115

Howard, M.C.(1982)

"Introduction" in Howard, M.C. (ed) **Aboriginal Power in Australia**, Uni of Qld Press, St.Lucia, pp 1-13.

Howitt, R.; Crough, G.; Pritchard, B. (1990)

"Participation, power and social research in Central Australia", **Australian Aboriginal Studies,** 1990, 1, pp 2-10.

Huggins, J.; Willmot, J.; Tarrago, I.; Willetts, K.; Bond, L.; Holt, L.; Bourke, E.; Bin-Salik, M.; Fowell, P.; Schmider, J.; Craigie, V.; McBride-Levi, L., (1990)

Letter to the Editors of Women's Studies International Forum, Feb., 1990, copy of original.

Hughes, R. (1987)

The Fatal Shore, Pan Books, London.

Hunter, E. (1993)

Aboriginal Health and History, Cambridge University Press, Melbourne.

Jennett, C. (1987)

"Incorporation and Independence? The Struggle for Aboriginal Equality" in Jennett, C. and Stewart, R., (eds) **Three Worlds of Inequality: Race, Class and Gender**, MacMillan, pp 57-93.

Kemmis, S. (1985)

"Action research and the politics of reflection", in Boud, D., Keogh, R., Walker, D. (eds), **Reflection: Turning Experience into Learning**, Kogan Page, London, pp 139-164.

Krippendorff, K (1991)

"Reconstructing (some) Communication Research Methods" in Steier, F (ed), **Research and Reflexivity**, Sage, London, pp 115-142.

Kunnitz, S.J.; Santow, M.G.; Streatfield, R.; de Craen, T. (1992)

"The health of populations on North Queensland Aboriginal communities: change and continuity", **National Centre for Epidemiology and Population Health Working Papers, Working Paper Number 30**, NCEPH, The Australian National University.

Labonte. M. (1990)

Econology: Health and Sustainable Development, Integrating Health and Environment Conference, Canberra, 4-6 April 1990. Reprinted School of Nursing Studies, Flinders University of South Australia.

Latt, M.W. (1978)

"The Ernabella Community and its Development", in Hetzel, B.S. and Frith, H.J., **The Nutrition of Aborigines in Relation to the Ecosystem of Central Australia**. Papers presented at a symposium CSIRO 23-26 October, 1976, Canberra. CSIRO, Melbourne, 1978, pp 105-113.

Legge, D. (1990)

"Community Participation in Health", **Making the Connections. People, Communities and the Environment**, Papers from the First National Conference of Healthy Cities Australia, Feb 12-14, pp 90-96.

I Legge, D. (1992)

Health Promotion, Aboriginal Health and Participatory Action Research, Working Draft Nov. 1992 for CARPA Newsletter.

I Legge, D.G.; McDonald, D.N.; Benger, C. (1992)

Improving Australia's health: the role of primary health care, Summary of the Final Report of the Review of the Role of Primary Health Care in Health Promotion In Australia, National Centre for Epidemiology and Population Health.

MMWT (1993)

Mai Wiru Evaluation Tjukurpa, Tjikalyi Collins and Anne Garrow (eds), Nganampa Health Council, Umuwa, SA.

Mattingly, C. and Hampton, K. (eds.)(1988)

Survival in Our Own Land, Aboriginal Literature Development Assistance Association Inc., Adelaide and Hodder & Stoughton, Sydney.

McConvell, P. (1991)

"Cultural domain separation: two-way street or blind alley? Stephen Harris and the neo-Whorfians on Aboriginal education", **Australian Aboriginal Studies**, 1, pp 13-23.

McTaggert, R.; Caulley, D.; Kemmis, S. (1991)

"Evaluation Traditions in Australia: Distillation of the Old, Wellspring of the New", **Evaluation and Program Planning,** 14, pp 123-130

Merlan, F. (1988)

"Gender" in Berndt, R.M. and Tonkinson, R. (eds) **Social Anthropology and Australian Aboriginal Studies,** Aboriginal Studies Press, Canberra, pp 15-76.

Merryfield, M.M. (1985)

"The Challenge of Cross-Cultural Evaluation: Some Views from the Field", in Patton, Michael Quinn, (ed.), **Culture and Evaluation**, New Directions for Program Evaluation, 25, March 1985, Jossey-Bass, San Francisco, pp 3-18.

Mervin, K.; Ingkatji, T.; Collins, T. (1991)

Mai Wiru Tjukurpa. Unpublished.

Miller, M.(Chairperson),(1985)

Report of the Committee of Review into Aboriginal Employment and Training Programs, AGPS, Canberra, pp 3-21, 23-40.

Mobbs, R. (1991)

"In sickness and in health", in Reid, J. and Trompf, P. (eds), **The Health of Aboriginal Australia**, Harcourt Brace Janovich, Publishers, Sydney, pp 292-325.

Moodie, R. (1989)

"The politics of evaluating Aboriginal Health Services", **Community Health Studies,** XIII, 4, pp 503-509.

MREC (1991)

Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Research, Medical Research Ethics Committee, Canberra, 1991.

Mulvey, G. (1994)

Apsects of STD Control on the Anangu Pitjantjatjara Lands, Thesis for Master of Science (Primary Health Care), Flinders University of S.A., February, 1994, Unpublished.

MMulvey, G. and Garrow, B.A. (1991)

"An Estimate of the Incidence of Diabetic Retinal Disease in a Remote Desert Aboriginal Community", A Project for Data and Measurement for Health, M.Sc (Primary Health Care), Unpublished.

NNathan, P. and Japanangka, D.L. (1983)

Health Business, Heinemann Educational Australia, Richmond.

National Aboriginal Health Strategy (1989)

Report of the National Aboriginal Health Strategy Working Party, Obtained from office of the Minister for Aboriginal Affairs.

NNeewkirk, K. (1992)

Report to Nganampa Health Council Inc. on levels of Literacy and Numeracy of Aboriginal Health Workers on the AP Lands. Available from Nganampa Health Council Inc. P.O. Box 2232 Alice Springs N.T. 0871.

Nganampa Health Council (1985/86)

"Anangu winki Nyaa:Ku Pikatjararinganyi Nya:a-ngura. (Why are we becoming sick and what is it from?)", **Health Report - 1985/86**

Ngaanampa Health Council (1991)

Community Population Files, 1991.

Ngaanampa Health Council (1993)

Community Population Files, 1993.

O'Dea, K. (1991)

"Westernisation, insulin resistance and diabetes in Australian Aborigines", **The Medical Journal of Australia,** 155, pp 258-263.

O'Dea, K.; Spargo, A.M.; Nestel, P.J. (1982)

"Impact of Westernisation on Carbohydrate and Lipid Metabolism in Australian Aborigines", **Diabetalogia,** 22, pp 148-153.

O'Dea, K.; Traiandes, K.; Hopper, J.; Larkins, R. (1988)

Impaired Glucose tolerance hyperinsulinemia and hypertriglyceridemia in Australian Aborigines in the desert", **Diabetes Care,** 11, 1, January, pp 23-29.

Ottawa Charter for Health Promotion (1986)

International Conference on Health Promotion 17-21 November, 1986, Ottawa, World Health Association.

Patton, M.Q. (1978)

Utilisation-Focused Evaluation, Sage, Beverly Hills.

Patton, M.Q., editor (1985)

"Editor's Notes", **Culture and Evaluation, New Directions for Program Evaluation, Number 25, March 1985**, Jossey-Bass, San Francisco, pp 1-2.

Patton, M.Q. (1989)

"Qualitative Methods in Health Care Evaluation", **Health Care Evaluation - The Report of the National Health Care Evaluation Workshop**, Public Health Association of Australia, Canberra.

Patton, M.Q. (1990)

Qualitative Evaluation and Research Methods, Second Edition, Sage, Newbury Park.

Peettman, J. (1988)

"Learning about power and powerlessness: Aborigines and White Australia's Bicentenary", **Race and Class,** 29, 3, 1988, pp 69-85.

PPiPitjantjatjara/Yankunytjatjara to English Dictionary, Second Edition (1992)
Compiled by Cliff Goddard, Institute for Aboriginal Development, Alice Springs.

RRififkin, S.B. and Walt, G. (1986)
"Why health improves: Defining the issues concerning `comprehensive primary health care' and `selective primary health care'", **Social Science and Medicine**, 23, 6, pp 556-566.

Riisissel, C. (1991)
"The fourth generation approach to workplace health evaluation", **Health at Work Newsletter,** National Steering Committee-Health Promotion is the Workplace, 10, Spring 1991, p 7.

Roowwse, T. (1992)
Remote Possibilities. The Aboriginal Domain and the Administrative Imagination, North Australian Research Unit Australia National University.

Saıgggers, S. and Gray, D. (1991a)
"Policy and practice in Aboriginal health", in J. Reid and P. Trompf (eds) **The Health of Aboriginal Australia,** Harcourt, Brace and Jovanovich, Sydney, pp 381-420.

Sagggers, S. and Gray, D. (1991b)
Aboriginal Health and Society, Allen and Unwin, Sydney.

Sar·anntakos, S. (1993)
Social Research, MacMillan, South Melbourne.

Sayers, B.J. (1982)

"Aboriginal mathematical concepts: A cultural and linguistic explanation for some of the problems", **Work Papers of SIL-AAB, Series B,** 8, December 1982, pp 183-200.

Skov, S. and Rudiger, S. (1992)

Presentation at Qualitative Health Research Workshop, Alice Springs, November 1992.

Simon, R. and Dippo, D. (1986)

"On critical ethnographic work", **Anthropology and Education Quarterly,** 7, 4, December 1986, pp 193-202.

Smith, M.A. (1987)

"Pleistocene occupation in arid central Australia", **Nature**, 328, 6132, pp 710-711.

Social Health Strategy for South Australia (1988)

South Australian Health Commission.

Stanner, W.E.H. (1976)

"Approaches to the Study of Aboriginal Religious Life. 1 & 2." March 1976, Melbourne University. (unpublished lectures).

Stanton, K.G.; McCann, V.; Knuiman, M.; Constable, I.J.; Welborn, T. (1985)

"Diabetes in part-Aborigines of Western Australia", **Diabetologia**, 28, pp 16-21.

Steier, F. (1991a)

"Introduction. Research as Self-Reflexivity, Self Reflexivity as Social Process", in Steier, F (ed), **Research and Reflexivity**, Sage, London, pp 1-11.

Steiteier, F. (1991b)

"Reflexivity and Methodology: An Ecological Constructionism", in Steier, F (ed), **Research and Reflexivity**, Sage, London, pp 163-185.

Stetephenson, J. (1993)

"Diabetes in the Aboriginal Community", **Aboriginal and Islander Health Worker Journal,** 17, 5, Sept/Oct 1993, pp 25-26.

Sykykes, R.B. (1986)

Incentive, Achievement and Community, Sydney Uni Press, Sydney.

Swavain, T. (1993)

A Place for Strangers. Towards a History of Australian Aboriginal Being, Cambridge University Press, Cambridge.

Tescsch, R. (1990)

Qualitative Research: Analysis Types and Software Tools, Falmer Press, New York.

Toynyne, P. and Vachon, D.T. (1984).

Growing up the Country. The Pitjantjatjara struggle for their land. McPhee Gribble/Penguin books, Ringwood.

Trudidinger, R. (1993)

Interview with writer, 9/12/93

Tussising, A.D. (1988)

"Social Science in the Land of Saints and Scholars: Policy Research in Ireland", **Evaluation and Program Planning,** Vol 11, No 2, pp 161-168

Udo-I-Ekpo, L.(1989)

"Contemporary Aboriginal Issues: Power, Inequality and Aboriginal Australians," **Readings for Contemporary Aboriginal Studies**, SACAE.

UPK (1987)

Report of Uwankara Palyanyku Kanyintjaku. An Environmental and Public Health Review within the Anangu Pitjantjatjara Lands. Co-operative initiative by Nganampa Health Council, South Australian Health Commission and Aboriginal Health Organisation of South Australia.

Wadsworth, Y. (1984)

Do It Yourself Social Research, Victorian Council of Social Service, Melbourne Family Care Association in association with Allen & Unwin.

Wadsworth, Y. (1991)

Everyday Evaluation on the Run, Action Research Issues Association (Incorporated), Melbourne.

Warren, K.S. (1988)

"The Evolution of Selective Primary Health Care", **Social Science and Medicine,** 26, 9, pp 891-898.

Waterford, J. (1982)

"A Fundamental Imbalance: Aboriginal ill-health". In Reid, J. (ed), **Body Land and Spirit**, University of Qld. Press. St. Lucia, pp 8-30.

Watson, H. and D. Wade Chambers (1989)

Singing the Land, Signing the Land, Deakin University Press, Geelong.

Whorf, B.L. (1956)

"The Relation of Habitual Thought and Behaviour to Language", in John B. Carroll (ed), **Language, Thought and Reality: Selected Writings of Benjamin Lee Whorf,** MIT Press, Cambridge, Ma., pp 134-159.

Wild, S. (ed)(1992)

Aboriginal Health Research Strategy, Findings of a Workshop, 28-30 April, 1992, AIATSIS, Canberra.

Williams, C. (1987)

"Social Needs: what are they and who decides?" **Welfare in Australia**, 7, 1, pp 3-7.

Wooley, S. (1991)

Observation and Analysis of a Social Change Strategy, Paper prepared for Advanced Nursing Studies, MSc (Primary Health Care), Flinders University of SA, unpublished.

World Health Organisation (1978)

Primary Health Care: report of the international conference on primary health care, Alma-Ata, USSR, 6-12 September 1978. Geneva, World Health Organisation.

Xishan, Y.; Jiliang X.; Chin, A. S.; Chin, R. (1988)

"Shanghai 'Enterprise Reform' as Self Evaluation for Improvement", **Evaluation and Program Planning,** 11, 2, pp 153-160.

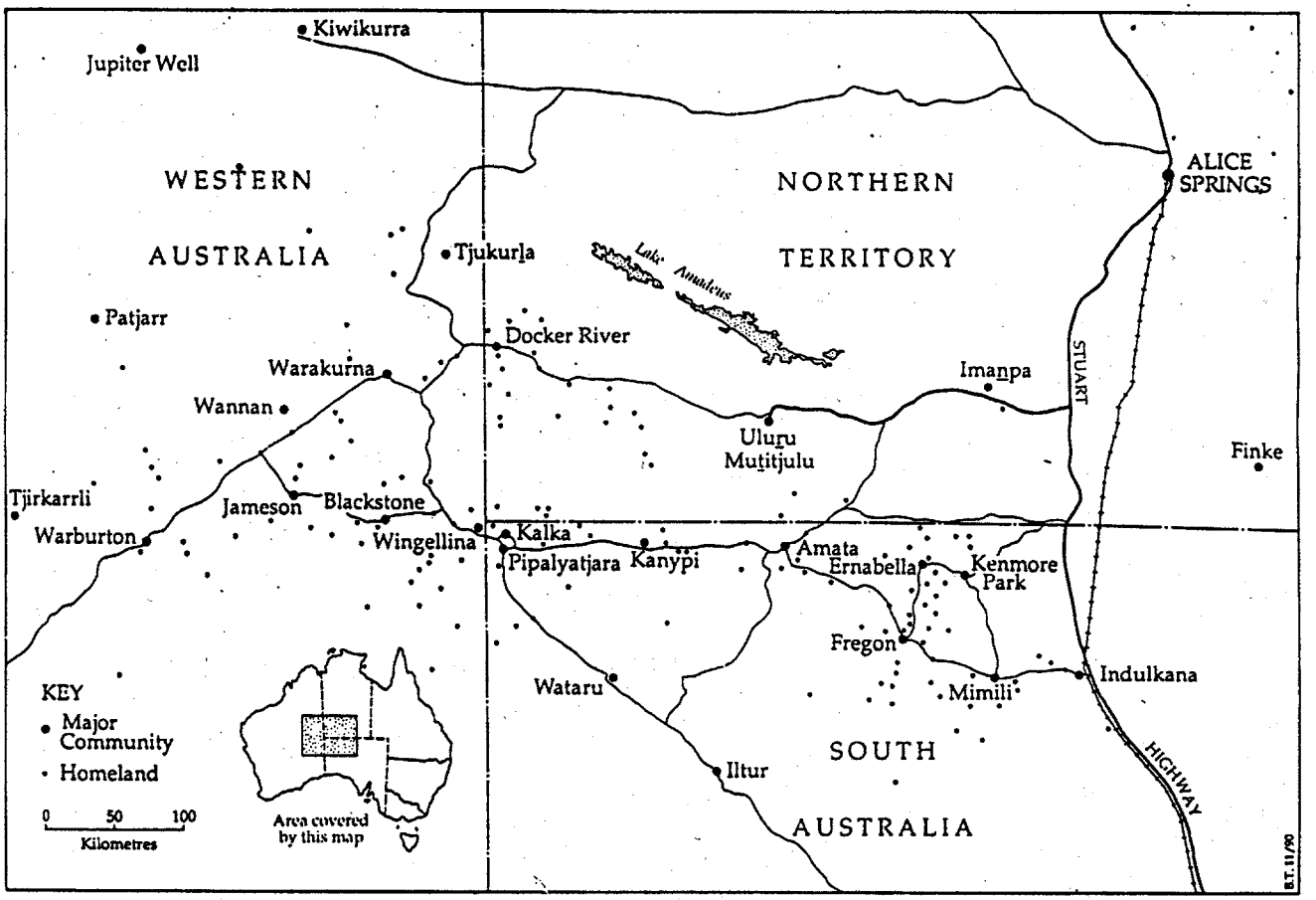
Yunupingu, M. (1993)

Opening Address, **1993 Boyer Lectures,** ABC National Radio, October 23, 1993.

APPENDICES

APPENDIX A

MAP OF THE AP LANDS



APPENDIX B

THE MAI WIRU TJUKURPA PAINTING

PAINTED AND TOLD BY JENNIFER INGKATJI
Photo by Anne Garrow

In the first section the painting shows how long ago, before white people came, Anangu were healthy. This was because they were only eating good bush food. The people are sitting down in the bush sharing and eating happily. They have wild figs, bush tomatoes, honey ants, kangaroo, sweet gum leaves, lizards, witchetty grubs, perentie lizards, emu, bush turkey, quandong and all kinds of seeds. And they were drinking only water.

In the middle the painting shows how white people came and started communities. They made a store and a school canteen. Now there is a lot of food in the store and Anangu are eating it which makes them get diabetes and feel sad. They are not doing any exercise. The painting shows some of the unhealthy food people are getting from the store and canteen such as fatty meats and chips, sugary and salty foods and sweet drinks.

A check was done at the clinic to see who has diabetes and they found out that many have diabetes. So the women , the Mai Wiru group started their own program doing exercise and cooking good healthy food.

The third section shows the Mai Wiru group doing exercise in the bush, digging, walking around, collecting bush food, climbing hills to get wild figs, digging for witchetty grubs amd honey ants. They are sitting, sharing and eating together and are happy again.

Jennifer Ingkatji

APPENDIX C
KEY POINTS FOR CULTURALLY APPROPRIATE EVALUATION

TOWARDS CULTURALLY APPROPRIATE EVALUATION

THE SETTING

- The evaluation setting needed to be open to informal participation.
- The evaluators needed to be prepared to share resources and incorporate peoples' daily activities into the evaluation schedule.

PRINCIPLES FOR ABORIGINAL HEALTH RESEARCH

Aboriginal Involvement and Control

- The research endorsed the importance of a collaborative working arrangement with an Aboriginal co-researcher.
- The research raised the issue of the need for a number of Aboriginal co-researchers or research assistants who represent different moieties in order to overcome bias created by avoidance relationships.
- The research highlighted the delicate balance between imposing a Western concept and providing the space to allow new understandings to emerge. It found that some guidance about Western ideas of evaluation was required for Aboriginal participants and co-researchers.
- A respectful dialogue was developed between Aboriginal and non-Aboriginal researchers. This acknowledged their cultural and individual differences, and allowed these differences to be explored.

Community Consultation, Endorsement and Involvement

- It was important to identify, gain support of and keep informed key community groups and organisations. However active participation of Anangu in the evaluation did not come through contact with these organisations.
- Active participation and input were primarily gathered through the extended family network.

Use of Aboriginal Definition of Health as Holistic

- Further work is required to explore and advocate Aboriginal understandings of well-being, health and diseases.
- Recognition of and advocacy for Aboriginal culture will facilitate acknowledgment of Aboriginal understandings of well-being.

Program Linked Action Research

- The use of program linked action research was endorsed, with a particular variation being a more informal approach to participation, distribution of information and planned action.

Sensitivity to the Social and Cultural Context

- Familiarity with the people and setting facilitated sensitivity to social and cultural issues.
- Sensitivity was furthered enhanced by use of a reflective methodology.
- An open and flexible research design was required.

EVALUATION DESIGN DEVELOPMENT

- Evaluations may be incorporated into project designs, but other factors may prevent the evaluation from being carried out.
- An evaluation research design that incorporated ideas of action research with a spiral of thinking/reflection, looking/gathering data, planning, doing/action, and reconsidering was found to be meaningful to both the Anangu and non-Aboriginal evaluators.

ELEMENTS OF CULTURALLY APPROPRIATE METHODS OF INQUIRY

Determining Objectives

- Participants' intentions were identified through oral and written narrative accounts which were collated in the Mai Wiru Evaluation Tjukurpa.

Information Gathering

- Evaluation methods required acknowledgment of the different ways that Anangu and Euro-Australians gather information.
- Evaluation methods needed to overcome language differences.

Interviews

- The Aboriginal evaluator was pleased to have the opportunity to develop her interviewing skills.
- Questions in English created themes for context based inquiries by the Anangu co-researcher.
- Inquiries should be embedded in context and linked to specific events, people, places and to the personal (not private) and real. Abstract and hypothetical questions are difficult to answer.
- Further work is required to explore the use of questions which give several options as answers.
- Evaluators need to recognise that there is a sophisticated non-verbal language that some respondents are likely to use, and that requires a fluent Pitjantjatjara speaker to interpret.
- Avoidance relationships require consideration. If the interviews are to be held with a sample or a cross-section of people, then one Aboriginal interviewer will not be able to do all interviews. Moiety group, gender and age of interviewer and respondents require consideration in selection of interviewers. Thus, it is concluded, that the evaluation would have gathered a broader spectrum of information with a wider interviewer representation.

Interpretation of Qualitative Interview Data

- Care must be taken in interpreting qualitative data.
- Familiarity with the field and a participatory action research approach facilitate understanding of the meaning of qualitative data.

Observation

Visual Tools

- Visual tools were developed to avoid relying only on direct questioning.
- A photographic record of the group's activities was successfully used to gather information from respondents about their observations.
- Paintings were less successful as an evaluation tool.
- Both the photographic record and the paintings were used for teaching and health promotion by Mai Wiru group participants.

Participant Observation

- Participant observation involved being part of the Mai Wiru project group's daily experience. The participant observer was able to fulfil a role in the group through gathering resource material.

- Understanding gleaned through participant observation was able to be used to provide depth to project description, details of activity and information about participants' objectives, and monitoring of those objectives.

- Participant observation was helpful in understanding interview transcripts and useful in verifying other information.

Reciprocity

- Reciprocity is an important social custom that extended into the social relationships of the evaluative research process. This was a two-way process. Anangu shared their knowledge, time and country. The non-Aboriginal evaluator must be prepared to share resources, including personal resources.

Timing and Opportunism

- The evaluation project did not follow a fixed schedule. The non-Aboriginal evaluator needed to be flexible in allowing for other priorities that frequently intervened and delayed the evaluation.

- Being resident in the community meant that the co-researchers were able to take advantage of the opportunity to meet with each other and to see people when they were available.

Use of Quantitative Methods and Data

- The evaluation showed that people were interested in being involved in the collection of quantitative information. The interest in the store turnover may have increased due to the event nature of the workshop that was held in Alice Springs.

- Quantitative information had the advantage of being able to be presented in a visual form which was accessible to Anangu.

- To facilitate understanding of quantitative information, concepts such as average and percentage required explanation. Creative graphs and meaningful visual presentations need to be developed.

ELEMENTS OF CULTURALLY APPROPRIATE EVALUATION - ANALYSING AND REACHING CONCLUSIONS AND RECOMMENDATIONS

- It was difficult for Anangu participants to engage in a Western style analysis, and for the non-Aboriginal evaluator to understand the Anangu style of analysis. It is argued that Anangu observation, analysis and conclusion are context based. Suggested strategies for action were not necessarily carried out.

- Differences in analysis and conclusion styles may lead to misunderstandings between Anangu and non-Aboriginal people.

- The two forms of the final evaluation report, that is the MWT and the Final Report which included the MWT, each used a different narrative form to express similar conclusions and recommendations.

ELEMENTS OF CULTURALLY APPROPRIATE EVALUATION - SHARING OF FINDINGS AND REPORT PRESENTATION

- Findings were shared with participants throughout the evaluation, and were then shared by participants with the wider community.

- Findings were shared with the community members orally, with occasional visual support (eg. graphs).

- Short, written progress reports kept involved organisations informed.

- Narrative styles of Anangu and non-Aboriginal people are very different. The MWT comprised of relevant Anangu project accounts, was incorporated into the final report, and will be made into an audio tape.

- The final report was influenced by convention and written for key non-Aboriginal stakeholders. Greater effort could be made to present the evaluation report in a form that expressed Anangu views and monitoring.

ELEMENTS OF CULTURALLY APPROPRIATE EVALUATION - IMPLEMENTATION OF FINDINGS AND RECOMMENDATIONS

- A participatory action research approach enabled some findings to be implemented in the course of the evaluation.

- Implementation of final report findings and recommendations will require further action by the project members and, in some instances, by the Nganampa Health Council Committee of Management.

DILEMMAS AND DIFFICULTIES OF CROSS CULTURAL WORK

- Cross cultural evaluation presented difficulties and dilemmas that need to be acknowledged and addressed.

- Difficulties include:
  - reconciling differences in knowledge about evaluation and research,
  - differences in world views,
  - language difficulties,
  - cultural differences that create different priorities (particularly impacting on time lines)
  - impediments to participation,
  - political issues created by different stakeholders.

CULTURALLY MEANINGFUL MONITORING

- The term monitoring is used to describe the group's own ongoing process of watching as they go along ("nyaa ku katanyi").

- The term intentions is used rather than objectives.

ELEMENTS OF ANANGU INTENTIONS AND MONITORING - FAMILY, LAND, CULTURE AND LAW

Extended Family and Mai Wiru Group Membership

- Consideration of extended family relationships was critical to understanding who was involved in the Mai Wiru group and the project.

Extended Family and Mai Wiru Group Activity

- The primary network that the group worked through was extended family.
- The group monitored the interest in their teaching by observation.

Connections of Family, Land and Culture

- Well being is enhanced through strengthening culture.

Connections with the Tjukurpa

- Appreciation of the centrality of family relationships, the land and culture is essential to understanding the group's intentions and monitoring.

ANANGU INTENTIONS

- The Mai Wiru evaluation identified the group members objectives by determining the intentions of the group. Documents kept from the beginning of the project were used for this purpose.

- The context for the group's intentions was "Kanyintjatjaku ananguku ara kunpu" - "Keeping Anangu culture strong".

- Identification of Mai Wiru group members' intentions was important in hearing the participants view of the project.

MEANS OF ANANGU MONITORING

Observation

- Observation is an important way in which the Mai Wiru group monitors their activity.

Gathering and Relating Stories

- The Mai Wiru group also monitor by gathering and relating stories, rather than by asking questions.

A Continuous Process

- Monitoring through observation, gathering and relating of accounts is a continuous process.

ANOTHER VIEW - TEACHING AND MONITORING

- The monitoring process is best understood as part of the teaching process.

- The characteristics of Anangu teaching are
  - Family group orientation.
  - Practical demonstration.
  - A hands on approach.
  - Concreteness and demonstration.
  - A personal, extended family based, approach.
  - Orientation to the present.
  - A holistic approach.

- For evaluation purposes, Anangu monitoring should be considered as the participants process and impact evaluation of their activities.