

AN ANALYSIS OF SOME OF THE DIFFICULTIES CONFRONTING ABORIGINAL
COMMUNITY-CONTROLLED NUTRITION PROGRAMS.

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SUMMARY.

The problem of poor nutrition, and its attendant problems, e.g. malnutrition, greater susceptibility to disease, lower energy levels - as well as the social implications following poor nutrition, e.g. education difficulties due to lack of ability to concentrate, poor employment opportunities and performance - has increasingly concerned Aboriginals, particularly those involved in the delivery of health care.

Here it is intended to look at the problem in an urban setting, covering what attempts have already been undertaken by the community itself, and what resolutions have been made for the future. No doubt variations exist from city to city, and for the sake of this study, this analysis will address itself to Sydney and the efforts of the Aboriginal Medical Service.

I. FUNDING PROBLEMS.

The Aboriginal Medical Service (A.M.S., Redfern) had, since its early days, intended to operate primarily in the field of preventative medicine, because it was felt that the sorts of health problems that were causing major concern were preventable. However, the constant presentation of cases requiring immediate medical care, crisis care, and the limited funds for space and Staff, meant that nutrition, despite its felt priority, had to take a poor second place in the scheme of operations.

A major obstacle in the establishment of any program of nutrition was the fact that the Federal Government, the main source of funds, refused to fund any A.M.S. program in the nutrition field. Eventually, Freedom From Hunger promised the A.M.S. \$100,000 for nutrition, to be given over a three year period. Approximately \$45,000 still remains to be handed over to A.M.S., which means that the A.M.S. Nutrition Program has operated in a very limited way since 1973 on \$55,000 plus donations from A.M.S. supporters. The bulk of the money from Freedom From Hunger has been spent on rent of premises, wages, and the purchase of a Kombi Van (for the delivery of fruit and vegetables, and transport of people to and from nutrition classes). Funds for the actual purchase of food has mainly come through donations - which also presents a problem because donations are not made on a regular basis and future planning of expenditure based on donations is impossible.

The A.M.S. has realized that only a comprehensive program for nutrition will make any appreciable difference in the health of the Aboriginal community, and that such a program will require sizable funds - which will eventually be offset by a reduction in mortality and morbidity rates in the community, as well as the ability to play a greater role in the structure of society. Yet, where these funds might be obtained still remains a major problem, despite the Government's general recognition not only of the expertise of the A.M.S. in handling the

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community's health problems, but also of the need for greater attention to be given generally to nutrition and its importance in health.

II. COMMUNITY PROBLEMS.

(a) Historical Perspective

Before white people came to these shores, there were no 'processed foods' or white flour or sugar or sugar foods. With only nutritious food available, a full stomach generally meant well-nourished, and the Aboriginal People had mastered the environment to the extent that most communities enjoyed a balanced and varied diet containing all the important elements to sustain life.

A little over two hundred years ago, white people arrived and severely disturbed the natural environment with the introduction of foreign animals such as cattle, sheep and dogs, and foreign crops, along with insects and other pests. Previous easy access to meat, for instance, became difficult as the white people killed off kangaroos to allow their own stock to graze. They also cut down vast areas of natural wooded countryside which supported much natural life to raise their own crops and cultivate their own farms. More recently, pollution, particularly of rivers and water courses, threatens what little life remains in these places.

While white people diligently worked to re-create a European environment and diet for themselves, they were inadvertently wiping out the natural access to food for the Aboriginal people. At the same time that they were destroying local foods, they were withholding access to their 'new' food. This caused much conflict, because, in the culture of our Aboriginal people, food is food and is available to those who require it, and in the culture of the European, food is owned by a limited few and access to food is via money or trade.

History notes that the white man killed off the Aborigines in a number of ways in an effort to take the land, the land being the access to food. History also notes that the Aboriginal did not give up his land or his life easily, and that there was much bloodshed, and although it is not acknowledged in the white man's history books that there was an actual 'war' as such, widespread killing of Aborigines were recorded, and many of these incidents were over the spearing of cattle, or the Aborigines 'trespassing' on their traditional food gathering areas.

The remnants of Aboriginal tribes were herded together on Reserves, European diseases were introduced to them, and under the supervision of the white Reserve Managers and the Government, the Aborigines were educated to eat the poorest possible European diet. As the land surrounding the Reserves were quickly hunted-out, the people were forced to rely and survive on the provision of rations from the white authorities. These rations consisted mainly of flour, sugar, tea, jam, and bully-beef. As a result, the physical stature of the people shrank, and they became prey for all manner of introduced diseases.

(b) The Present

The majority of Aborigines in the Sydney urban areas are from country Reserve areas. The abolition of the white Reserve Manager system in the late '60s and early '70s meant that most of these people have directly experienced the hand-out and ration system until quite recently.

Herein lies one of the greatest areas of conflict between the Aboriginal people and the provision of nutrition education along white lines.

Many of the families survived three and four generations of poor diet, and while intellectually many appreciate that there are differences between poor and higher quality European food, many emotionally feel that they have so little to cling to, they would rather cling to what they know. The food they now eat is the food of their parents and their grandparents, and off all their relatives and friends. They are also aware that they have made the transition, in the main, from bush tucker to white man's food. It is difficult to introduce nutrition education as classes in white man's food when most have been living on white man's food for a hundred years or more, and feel that they have already received an education in this food.

The A.M.S. Nutrition Program initially made food available free to families whom A.M.S. doctors had indicated were suffering to a marked degree from malnutrition. First, this program was performed, as a kindness, by a member of the Staff at her own expense, but soon it became overwhelmingly obvious that such a program could not be carried out by one person, nor the expense borne by any individual. Donations were used to buy fresh fruit and vegetables from the city markets, and these were boxed quantitatively, based on the number in each family. Soon extra Staff and volunteers were required to take over the increasingly time consuming task, and a Nutritionist was added to the Staff. Experimental classes in Nutrition were held. Individual instruction in the preparation of new foods as they were introduced and delivered to the homes were undertaken by both Nutritionist and Nutrition Organizer.

The provision of free nutritious food has its merits, initially, as hand-outs are understood by the community, but there is some wariness in the acceptance of the idea that one should pay this week for what was a hand-out last week. However, A.M.S. Nutrition Program experience has shown that, despite an early wariness, the idea was becoming widely accepted.

During this time, major difficulties became known. Buying patterns of Aboriginal families were studied. Feed-back from the community on the Nutrition classes and the Fruit and Vegetable run highlighted both the rights and wrongs of approaching the problem in this manner. At all times, limited space and Staff proved a great disadvantage.

Aboriginal mothers are likely to have a number of pre-schoolers in the home, and their presence makes it difficult, if not impossible, for the mother to shop outside her own immediate area, therefore buying is usually limited to the nearest corner shop. The mother can either go herself, taking the children with her, or send the oldest child. Corner shops notoriously over-charge, and carry limited supplies of nutritious food. Their advantage, in the main, is that they often 'book' - allowing the mother to take food when she has no money, though often getting twice the price of the foods when money is available. The children also present difficulties to the mother should she wish to attend classes run by the A.M.S. Nutrition Program, because if, say, six mothers were to bring two children apiece, the noise of the children would seriously disrupt the class. Also, unless the class is located within short walking distance from the home, there is the additional problem of the mother struggling on buses and/or trains to attend, and this is sufficient to deter most mothers. The whole exercise of attempting to attract Aboriginal mothers to classes without taking into account these problems is futile.

Many of the homes visited by the A.M.S. Nutrition Program were temporarily or permanently without either gas, electricity, storage space, kitchen implements, or refrigerator. Most also had uncertain incomes, and no constant figure for number of people in the house at any given time. Budgetting, therefore, was an extremely difficult concept to explain, and even more difficult to help the mother plan a budget based on so many differing variables.

The mother's own poor nutrition was obviously a major factor in why so many mothers could not become involved in the program. The low energy levels due both to poor nutrition and childbirth has many mothers at the stage where they really feel they can't be bothered with anything that doesn't actually scream for attention. Quite a number of these women are taking prescribed tranquillizers, often Valium, for their health - making it even more difficult to break through to assist them towards coping more realistically. There is also an element of evasion in the emotional response of the mother when invited to become involved in the Nutrition Program, probably due to the fact that, to all outside and materialistic appraisals, she is not coping with her current responsibilities, and she therefore is reluctant to know about anything that will increase her responsibilities because she feels that she is just likely to 'fail' at that too. The psychology of the history of community failure in general is recognized as of great importance, and until social conditions are altered, this will present an important block to any form of education. That it manifests itself in women's unwillingness to become involved in things outside the home should come as no surprise, nutrition classes being no exception.

The scheduling of classes was found to be equally important. For instance, established social interaction has priority over anything as new and unproven as nutrition classes. Therefore, classes scheduled for Wednesdays drew no attendance because they would compete with the mid-week gambling which is a social event. Visiting relatives from the country were also a reason for non-attendance, and the classes had not yet reached the stage where the mothers might have brought their visitors with them to class, nor did space permit the encouragement of this.

In respect to altering the food-buying patterns of the community, serious problems were confronted. Binge-drinking on pay- or pension-day, as well as binge food-buying on the same day was the major problem. Often large amounts of food were bought on this day, but an examination of the types of food revealed very little nutritious content. People with money succumbed to the fast food items as glamorized on television, e.g. pre-packs, biscuits, fizzy soft-drinks, etc., and the family often bought excessive amounts of take-away foods from multi-national food chains whose products are slickly advertised. People were obviously reaching for the easily accessible (on pay day) examples of what the media sells as the white 'success' image. Items bought on this day that were thought to be 'staples' by the Aboriginal people were - flour, large amounts of white bread, sugar, tea, and Camp Pie - all strangely reminiscent of the rations of their lifelong experience.

III. RESOLUTIONS.

The A.M.S., in the process of moving into larger premises and re-establishing the Nutrition Program, are convinced that the solution of many of the problems of ill-health lie in the Nutrition Program. Great effort is being put into the solicitation of funds for this purpose, and again they are seeking funds from the Government to buy vitamins and

nutritional supplements to cover groups at risk, e.g. babies, children, pregnant and lactating mothers.

Re-instituting the Fruit and Vegetable Run on a wider basis will be a first step, and the early introduction of a nominal cost factor to be borne by the recipient family (where this is possible) is already part of the program. The previous attempt to incorporate co-operative buying hardly went beyond the fruit and vegetable stage, due to limitations of Staff and space, but it is envisaged that co-op buying, expanding to more general grocery lines, should be an integral part of the program. Food preparation classes, which include social interaction and eating the prepared food, will hopefully raise the status of the classes in the eyes of the community, until nutrition itself becomes a more widely recognized goal of the community. The 'class-room' of the nutrition program should ideally be regarded by the community as an informal gathering place, with a cup of tea always available, and other people there with whom to chat, and some nearby supervision for the children.

The most important, and as yet un-stated, aspect of the A.M.S. Nutrition Program is its all-black thrust. While it is likely that the actual nutrition advice and expertise will be provided by a white qualified Nutritionist, basically the Program has been designed by Blacks, for Blacks, and will be run by Blacks. The flexibility of the program is ensured because the people who operate the program are of the community, and ever aware of the changing needs of the community. To a degree, the scope of the program can be limited by the availability of funds, but in the final analysis, and in the words of Senator Bonner, "Funds alone are not enough!"