


Utju (Areyonga) Health Service CULTURAL PROTOCOLS



ICN 7823



ICN 4034



*“ Every community is different.
New staff should come in with an open
mind and learn what is different ”*

ABORIGINAL HEALTH PRACTITIONER



Utju (Areyonga) Health Service CULTURAL PROTOCOLS

The purpose of this document is to outline cultural protocols that members of Utju community have highlighted as being *significant* in the operation of the local clinic. This document should be read in conjunction with the Congress Cultural Safety Framework. The Framework provides both a background to the principles of cultural safety and a broad overview of cultural protocols that should be observed when engaging with Aboriginal people, communities and Congress clinics in Central Australia.



All places or communities are different

"Every community is different. We are mostly Anangu, Pitjantjatjara people, here. Anangu law is different in many ways to Arrernte or Warlpiri law"

ABORIGINAL HEALTH PRACTITIONER

It is important to recognise that all Aboriginal communities are unique. While the places where Aboriginal people live in Central Australia share common features there are also differences. These differences are important to people's sense of community. Variation is likely to be greater between places where the residents share no common language. However, even when members of communities speak the same language and share many common cultural beliefs and practices, there are also likely to be differences. Health practitioners risk offending local people by assuming that their values, beliefs and practices are the same of those of another community.

Variations between communities can be due to a combination of factors including:

- cultural, linguistic and historic factors;
- the demographic composition of the community;
- the location of the community in relation to other non-Aboriginal and Aboriginal communities;
- the availability of infrastructure and
- resources (tangible and intangible); and the differing histories of engagement of members of the community with non-Aboriginal society, organisations and governments.

Practices and beliefs may also vary among members of the same community. This is likely to be most marked where people from different socio-linguistic groups live in the same place; however, cultural practices may also differ somewhat between elders, young people and others from the same language group. Despite such differences, long-term residents generally feel a strong sense of connection with the place they call home and they tend to emphasise its unique identity. An individual's pride in his/her community is a cultural asset that contributes to general well-being and should be affirmed.

Respectful interaction and communication

"They've got to respect us and our culture"

Ways of showing respect include using appropriate language that people can understand, while not talking down, loudly or roughly to them. When thinking about appropriate terms and language, keep in mind that effective intercultural communication involves the translation not just of words but foreign concepts. Furthermore, be aware that many clients and Aboriginal health practitioners do not speak English as a first language (or indeed, as their second, third or fourth language) and that they may need time to respond to questions.

"Don't talk flat out to people"

Learn to be comfortable with pauses in conversations. Pressing for a response before a person has answered a question is likely to be perceived as 'whitefella bossiness' and as an inability to listen well with empathy.

Conveying respect

Customs influence how people convey respect. In addition to speaking style and tone of voice, certain terms of address and reference can signal unequal power relations and lack of respect. For example, Aboriginal men should not be called “boys” (males who have been initiated are regarded as men irrespective of age).

In addition to a person's speaking style and tone of voice, a person's body language and actions may be perceived as disrespectful or intimidating. To avoid such perceptions, treat people with kindness and concern. In relation to self-presentation in the community, do not wear short dresses and avoid wearing bright red clothes.

Expressions of recognition and appreciation vary cross-culturally. Aboriginal Board members at Utju are aware that non-Aboriginal people may think that Aboriginal people are ungrateful or rude if they do not use terms such as please or thank you. However, they point out, “*Anangu don't say polite words like thank you or please in our language. We say 'palya'.*”. The term *palya* means good and is an expression of appreciation.

Confidentiality and privacy

Although Utju is a small community where people know each other and are interrelated, confidentiality and privacy are important to individuals. It is important not to talk about clients in front of other people and to respect clients' rights to make decisions about their health.

Learning about local Aboriginal culture and society

Aboriginal people appreciate non-Aboriginal staff expressing interest in learning about their culture and language. However, clients may respond warily to being questioned by a stranger about cultural matters. New staff at Utju should seek advice from the Aboriginal Liaison Officer (ALO) and Aboriginal staff about dos and don'ts in the community.

An important part of understanding another culture is the ability to set aside the assumptions that one takes for granted and not make judgements. This requires critical reflection on one's own standpoint or position.

It is important to recognise that clients' lives are complex and that their values and priorities are not necessarily the same as those of the non-Aboriginal staff.

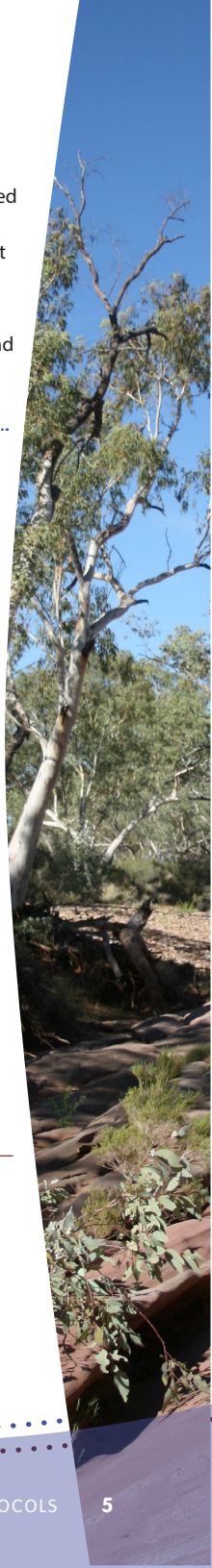
.....
“People should be able to say: ‘I can't go to the appointment, I've got sorry business’. It's more of a struggle for Aboriginal people here. Whitefellas go home at night and might have only a few people in a house. There are not enough houses here, so there's overcrowding and different conditions that people have to contend with”
.....

Participation in local cultural events

As a general principle, wait to be asked before attempting to participate in any local (non-secret) cultural events. Women should never approach men's ceremonial grounds.

Avoidance of places – ask where you can go and not why

There are particular areas at Utju which are ‘no go zones’ or places that non-Aboriginal people must avoid. The location of such prohibited places may change over time. As they are rarely signposted, non-Aboriginal staff should seek advice from local Aboriginal health staff about areas to avoid.



"They can run on the main road and at airstrip but not south of the oval—that's men's side and old people's museum area, ladies' museum"

As a general principle, if they want to walk or exercise, non-Aboriginal staff should keep to public areas, for example, the main road.

Sorry business

People use the term 'bad news' to refer to the death of a relative. It is culturally inappropriate to refer directly to the deceased person or to use their name. The term *Kunmanara* is used as a substitute name when someone has the same name (or a similar sounding name) as the deceased.

'Sorry business' concerns bereavement practices. While protocols can vary among families, it generally involves an initial period of mourning for the deceased person, a funeral and a 'finishing up' stage of mourning. Following a death, close kin of the deceased will establish a specific space for mourning, a 'sorry camp' where relatives come to pay their respects and grieve.

This is a small community and everyone from all the houses join together for sorry business.

At Utju, sorry camps are generally set up to the north-east of the clinic. People are often mobile during sorry business. The family move out of the house in which the deceased lived and do not move back until after the funeral.

The community at Utju is inclusive and may ask non-Aboriginal staff to attend a funeral.

"Here we welcome nurses attending funerals. The community are thankful and happy if a nurse attends a funeral. The relatives will thank them for looking after their family. Joining together at funerals is showing respect"

After the funeral, the deceased's house is cleansed of lingering spirits. At Utju this is done by the Lutheran Pastor, who takes a candle around the house and prays. Relatives of the deceased also walk around with eucalypt branches and sweep away the tracks of the deceased.

"They will sweep the clinic floor, bed, chair and whatever the person was using. This is a way of paying respect to the family"

Cultural practices associated with death and sorry business vary among different communities. It is important to be aware that non-Aboriginal medical practitioners may be asked to arrange access to deceased persons in the Alice Springs hospital morgue. Older female relatives may ask for the hair of a deceased person to use for ceremonial business. Such cultural practices should be facilitated.

In the past mourners would ritually cut their bodies to show their sorrow for the deceased. This custom is not practiced by residents of Utju today. However, be aware that visitors to the community may still observe such practices.

Recognition and acknowledgement of Aboriginal cultural expertise

It is important to seek the advice of Aboriginal health practitioners and staff and to be guided by them about local social and cultural practices.



*“Here we welcome
nurses attending funerals.
The community are thankful and
happy if a nurse attends a funeral.
The relatives will thank them
for looking after their family.
Joining together at funerals
is showing respect”*

ABORIGINAL HEALTH PRACTITIONER

Business/Ceremonial time

Matters associated with men's and women's traditional ceremonies and Dreaming stories are referred to as 'men's and women's business' in English. Women must avoid men's business at all times. This is the case for Aboriginal and non-Aboriginal clinic staff.

"During men's business time

*I don't work here—I can't be here
[at the clinic]"*

FEMALE ABORIGINAL HEALTH
PRACTITIONER

If a person becomes ill in a men's business camp, the male ALO and male health practitioners should attend to the matter.

*"When a man gets sick in men's
business camp female Aboriginal
Health practitioners can't go
to the business camp and can't
be here when the man comes.
There was one occasion when
a man came in and the female
Aboriginal health practitioner hit
the floor, hiding out of sight"*

Culture is not only a matter of knowledge, it also involves embodied practices. It is common during ceremonial business for men and women to become ochred and/or have ancestral designs applied to their bodies. The designs are believed to be efficacious, reflecting the belief that 'healing comes from the Dreaming and the land'. Consequently, people allow the ochre to wear off their bodies naturally. It is regarded

as culturally offensive to ask people to wash off ochre or designs before being treated in the clinic.

Use of ngankari (traditional healer) and bush medicine

*"Nurses have to understand that health
and well-being are not just about Western
medicine. It's Anangu cultural way to ask
a ngankari to come in to the clinic"*

It is common for people to want to see a ngankari at Utju. The use of traditional healing practices is regarded as complementary to western medicine. If you need advice in relation to these matters or have questions, be guided by Aboriginal health practitioners and clinic staff.

People also use bush medicine to heal themselves, for example by rubbing it on their body. Female Board members collect bush medicine. They mix it with fat and store it in sample bottles.

Avoidance practices and gender issues

Avoidance practices

Aboriginal people at Utju practise customary avoidance between certain categories of male and female kin. When people say that they have 'no room' this means that they cannot go near a certain person, nor have eye contact or talk to them.

*"If I am in a shop and a tjampirtiyyi ['somebody']
comes in, they sing out 'wiya [no]—you got
no room'. They wait and go inside when I
go out. When a lot of red ochre men come
in for ceremony women have to give them
room because we don't want to have to
bump into 'somebody'. Here we still do that"*

Categories of persons who should not be in the same room are typically: mother-in-law and son-in-law; and poison cousins, also referred to as "tjampirtiyyi" or "somebody". The poison cousin avoidance relationship arises through

ceremonial business and health practitioners should not ask questions about it. It is also generally the case that when a girl's brother becomes a man, the brother and sister can no longer speak to each other.

The observance of certain avoidance relationships among the younger generation today is now somewhat more relaxed than in the past. For example, whereas in the past a mother-in-law and son-in-law could not speak directly, and look at each other, now they may talk from a distance.

In order to avoid the risk of running into someone with whom they have an avoidance relationship, men and women enter the clinic from different sides:

"Women don't go into the men's side of the clinic and men don't come here on the women's side. The back door on east side is only for men. Women's side is north of clinic and men's side is south"

Other gender issues

Aboriginal cultural beliefs about gendered persons are implicated in the appropriate provision of health services. Cultural sensitivities surround parts of the body/organs associated with reproduction and sexual health. During ceremony time, cultural sensitivities are especially heightened.

"It's okay for a female to see male doctor for injuries. But for ladies' things not allowed to see male doctor. Females want to see a lady doctor. Men can see the man doctor. Young men can only talk to male doctor. If female talks to him he might be shy. He can understand English but can't talk and explain about private, men's issues"

For these reasons, most men (elders and younger ones) prefer to see a male doctor or nurse rather than a female doctor or nurse. The same is true for women; that is, people feel more comfortable with health practitioners of the same gender. This is particularly the case if a woman is pregnant.

While some people may make exceptions (with consent) in certain circumstances, others will delay attending the clinic if they cannot see a person of the same gender.

"If there is no male nurse here it is not ideal but health practitioners can work around it. Confidentiality is most important concerning cultural matters and individual's privacy. Nursing staff should not talk about or ask questions about men's business. We can't emphasise the importance of confidentiality enough"

Pregnancy and the new born

"Giving birth is women's business. Once, a nurse told a man to bring his pregnant sister to the clinic. But a brother is not allowed to take his sister or cousin to the hospital or clinic, through ceremony way he is in an avoidance relationship"

At Utju, pregnancy and child birth are considered 'women's business' and pregnant women generally prefer to see female health practitioners. A father cannot attend the birth of his child, nor should he be asked to drive his pregnant wife to hospital in Alice Springs. Females, particularly grandparents, are expected to assist the mother and the driver should be female too. Be aware that, in some cases, non-Aboriginal health practitioners may be asked to arrange for the child's umbilical cord to be saved and given to the mother or grandmother. This is a cultural practice that should be facilitated.



Kinship

Kinship is concerned with notions of 'family'—that is, who counts as a relation (both close and distant) and how they care for one another. These notions vary cross-culturally as does the role of kinship. Aboriginal people in Central Australia construct kinship in different ways to Anglo-Australians and people of other cultures. This is not just a matter of different kin structures and terms, it also concerns patterns of behaviour between different categories of kin with associated responsibilities and sentiments. Different systems of kinship have implications for caregiving and other social responsibilities.

An important way of showing cultural respect is by recognising that other models of family and caregiving exist apart from one's own. For example, the English system of kinship limits the category of people classed as kin to a small family group, that of the genealogically related nuclear family. In contrast, Aboriginal people recognise a much larger group of people as both close and distant kin. It is important to be aware that distinctions made between close and distant kin are *not necessarily* based on what Anglo-Australians refer to as 'blood relations'.

The majority of people at Utju use the Pitjantjatjara kinship system. It is helpful to know some key features of the system as these have implications for caregiving and expectations and obligations associated with different types of relatives.

A person calls his/her mother and mother's sister(s) by the same term for 'mother'; he/she calls his/her father and father's brother(s) by the same term for 'father'. Importantly, a person regards his/her mother's sisters as 'mothers', similarly he/she regards his/her father's brothers as 'fathers'. Significantly, these other mothers and fathers are regarded as having the same kind of responsibilities and obligations toward the person as the person's biological parents. This has implications for consent regarding medical care for children.

Kinship carers (next of kin and (who can give consent if a child's parents or normal caregivers are not available)

As mentioned earlier, Aboriginal ways of reckoning kin relations have implications for the care of children. For example, there is a wide range of kinship carers available to assist in looking after and nurturing children. At Utju, it is frequently the case that the person taking a child to the clinic for medical treatment will not be the child's biological parent but a mother's sister, grandparent, aunt or uncle or older sibling. As mentioned, mother's sisters, and grandmothers, play an important caregiving role in Aboriginal society. However, other kin may also be called upon. This reflects the fact that kinship relations are not just about genealogical relatedness but about caregiving and family belonging.

In a case of emergency involving a child, where the mother or primary caregivers are not available, the mother's sister, grandmothers and mother's brother can make decisions and provide consent. Otherwise the ALO should be asked to contact the family to find out who has responsibility to make a decision. This will ensure that family are aware of what is happening and an individual is not blamed for making a wrong decision.

Anyone under 14 years of age needs a guardian or family member accompanying them to clinic. School teachers should not bring children to the clinic unless it is an emergency situation.

Age and seniority

Age confers status in Aboriginal societies and is associated with familial and community obligations. At the same time, the expectation is that elders must be treated with care and respect. Unless there is an emergency, aged clients should not be made to wait before being seen in the clinic.

Kin accompanying a sick person to the clinic

When a person is very ill, it is the custom for family to come to the clinic to support the person. On occasion, there may be 10 people or more.

All those people crying is really appropriate for the community; it shows they care. And they can see what's happening.

While health staff need space in order to secure the situation of the sick person and work without impediments, family need to be treated with respect.

"Closing the door on sick patient from their family—that's wrong if nurse makes family stand outside of the clinic"

Respecting socio-spatial boundaries: approaching people in their houses

Always rely on advice from Aboriginal health practitioners regarding the location and identity of individuals. If non-Aboriginal health practitioners need to visit a person's house they should do so with a Malpa or Aboriginal health practitioner. At Utju there is Malpa support for nurses and non-Aboriginal health staff.

"Malpa is like a friend who guides and accompanies non-Aboriginal health practitioners, particularly in after-hours work. It has a number of functions and helps provide safety for the health practitioner. They grab a Malpa if a person needs to be picked up to come to the clinic"

If non-Aboriginal health practitioners need to visit a house by themselves during the day, rather than knock on a person's door, they should call out from the car and wait. This is not only a matter of respect but also a precaution against unwelcoming dogs.

More information

Refer to the **Congress Cultural Safety Framework** for the following matters:

- Acknowledgement of Traditional Owners
- Welcome to Country
- Appearance and dress
- Community politics





*“Malpa is like a friend who guides
and accompanies non-Aboriginal
health practitioners...”*

ABORIGINAL HEALTH PRACTITIONER