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A HEALTH EDUCATION PROGRAM FOR ABORIGINALS

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Readers will be interested in the approach being taken by the West Australian Department of Public Health in offering health services to Aboriginal people.

Goal : To help and inspire the people to strive towards physical, mental, emotional, and social health for themselves and their families:

by seeking to gain the confidence of the people through our own sincerity and reliability and by our acceptance of them as our fellows;

by helping them achieve their own self-confidence, their own standards of behaviour, their own understanding of cause and effect, their own ability to make relationships;

by helping them rebuild an image of themselves they can be proud of, and want to live up to.

Methods :

1. Contact with students in schools and in other ways.
2. Contact with mothers and others caring for children.
3. Liaison eith other services.*

CONTACT IN SCHOOLS

Our special effort to understand and supply the needs of Aboriginals began in 1956 with a mothercraft course for senior primary school children in the outback. Over the past seventeen

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**This aspect of the program is not discussed in this article.*

years we have never ceased to learn, to expand, and to adapt. There are now five subtly different set courses as well as a more adaptable course for mothers with special socio-economic handicaps.

By teaching mothercraft to girls twelve years and over (fathercraft for boys), a tender and responsible attitude to parenthood can be developed, so that these young people will strive to acquaint themselves with any knowledge available - and of course, it is for us to see that it is available.

The course are hung on a skeleton framework of such topics as hygiene, nutrition, clothing, etc., but the life and the success lie in the comments and the personal letters sent and received by the child health sisters. Supervising teachers are also involved and supported by personal correspondence.

We teach by correspondence -

a. in selected primary schools and technical high schools where there are numbers of Aboriginals and/or socio-economically deprived students;

b. in missions;

c. individual students requesting the courses;

d. adult Aboriginal groups in conjunction with the Education Department's Adult Aborigine Education Classes;

e. parents, Aboriginal and European, singly and in groups, in conjunction with the homemakers of the Community Welfare Service (formerly the Child Welfare, now amalgamated with Native Welfare);

f. Late adolescents at colleges and technical classes.

Aboriginals are never extracted from a class. To reach them we take the whole class.

The teaching is supported by visits to the areas by the sisters who write to the children, and by supplying one of our sisters to remain in residence during the three week school camp for Northern schools.

Teaching is done at several levels, but the aims of inspiring self-confidence, and strengthening family attachments, are always uppermost. We try to avoid the distrust with which

many adults unfortunately regard helping organizations, departments and other institutions; and we have gained the confidence of the students and affectionate regard across all levels of teachings.

We are developing not only an understanding within the students of their own future children, but an understanding of all children, which knowledge can flow into the community and influence future community projects. With the adults particularly, we endeavour to provide mental stimulation among people whose need is greatest and whose opportunity for mental stimulation is lowest.

CONTACT WITH MOTHERS AND OTHERS* CARING FOR CHILDREN

These two contact sections intermesh and depend on each other for success.

The second section is run as a Child Health Centre, conducted by correspondence.

In this, as in the other teaching section, we influence attitudes and develop communication skills, while at the same time smoothing the way with advice, teaching and encouragement. Screening and reporting are done on visits to the areas, except in the case of metabolic tests, which are done by correspondence, in conjunction with Princess Margaret Hospital Pathology Laboratory.

METHODS

a. by direct two way correspondence;

b. by direct one way correspondence with the assistance of helpers who send reports, on receipt of which we write to individual mothers;

c. If the person is *completely* illiterate, by indirect correspondence through a literate person, for example the woman's daughter who has taken our course at school, a station manager, his wife, a community welfare worker, etc., although the number of completely illiterate parents is rapidly decreasing.

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By 'others' is meant missioners, people running hostels, station managers, hospitals, doctors, teachers, kindergartens, people running play centres, correction centres etc.

d. By making visits to the areas to meet the parents and assess the environment and the needs. On returning, an effort is made to effect changes by reporting and liaising with other services so that difficulties are ironed out, and needs are met; for example, distribution of Australian Milk Biscuit, distribution of ascorbic acid, discovering where children have been placed, and keeping their parents informed and in touch with their progress.

Children are examined as a 'whole' person, not just for trachoma, nutrition, etc. but as part of their family, and in relation to their behaviour, school achievement, etc. Aboriginals are not segregated at separate clinics.

Discussions are held with parents, missioners, teachers, hostel managers, etc. and they are helped to understand the children's behaviour and specific needs.

e. Parents and young people in Perth on visits, or perhaps working or studying, come to see us at the centre and receive support and interest.

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