



The Australian Journal of **INDIGENOUS EDUCATION**

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Peter M. Moodie. *Aboriginal Health*. Australian National University Press, Canberra. 1973.

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This book is No. 9 in the series *Aborigines in Australian Society* sponsored by the Academy of Social Sciences in Australia.

Dr. Moodie's book is the outcome of seven years' coordinated research. In it Dr. Moodie has scrutinized the existing literature (including available, relevant statistics) on Aboriginal health. As well, he and his field researchers have maintained close personal contact with several Aboriginal communities over long periods. The study encompasses tribal Aboriginal communities of 'empty Australia' and the part-Aboriginal urban poor and rural fringe dwellers of 'economic Australia'.

In his introduction, Dr. Moodie states that his aim has been "to examine present Aboriginal health status and the factors that determine it", (p.2), and the body of the book is a meticulous classification of the health risks which Aboriginal communities experience. This examination alone must be a valuable contribution towards the possible improvement in the health standards of the Aboriginal population. However, the strength of Dr. Moodie's book is that in the process of his classification he presents insights into the nature of the problem he describes. It is these insights which unify the book and make it a valuable reading experience for those outside the medical discipline.

Teachers working within Aboriginal communities will recognise the problems to which Dr. Moodie addresses himself. In educational jargon one speaks of the culture shock which a European-Australian teacher might experience in his first contact in culturally unfamiliar teaching situations. Similarly a teacher, teaching in a culture different from his own, might experience a degree of role conflict in his attempts to reconcile the demands of the institution of the school as he has experienced it, with the needs and inclinations of the students who populate it. Just as the teacher has often to modify past responses in order to meet the new demands which a different cultural setting

imposes, so too Dr. Moodie contends, the health researcher must consider health in a 'cross-cultural' setting. His words may offer some understanding to those teachers who are at present attempting to come to terms with what is, to them, a new environment.

"It seems," Moodie writes, "quite impossible to continue with the view that health standards and goals which are good enough for us should be accepted by - or imposed upon - others whose life-style and attitudes are different from ours. The impact of death and disease, and of measures taken to alter or reduce this impact, must be critically examined from the viewpoint of the society which provides the money, manpower or materials needed to bring about a change." (p.3)

To suggest that Dr. Moodie is urging a return to the past misrepresents his position. He admits that "the traditional environment has gone forever". (p.276) His response to the erosion of the traditional environment by "the evolution in Australia of non-Aboriginal society", (p.266) is to urge the development of programs which take note both of the different cultural heritage of the Aborigines and the changes in "the health status, attitudes, social and economic conditions, and demographic situation of the whole of Australia." (p.266)

It seems medical (and educational) policy, to be effective must reach the grass roots level; that "personal acquaintance with the target population is essential"; (p.8) and that "the most careful and detailed planning and organization of the 'system' will not produce the desired results unless, ... the system offers close contact with the community and the community maintains close contact with the system ... Acceptability is as important as accessibility". (p.251) This is a timely warning to those educational planners, if any remain, who are naive enough to see educational solutions in economic terms.

In place of a 'bricks and mortar' approach, Dr. Moodie argues for a health and medical care delivery system which has its roots in the communities it serves. His plan envisages a system which would be "mediated through resident community health nurses, assisted by indigenous (Aboriginal and part-Aboriginal) auxiliaries, supervised and supported from outside by physicians and hospitals, and *integrated* with social, economic, and educational welfare and

betterment programmes". (p.270) This outline could be translated into educational terms with advantage.

Sections of Dr. Moodie's research delineate health problems which occur in Aboriginal children of school age and knowledge of these problems could contribute to the teacher's understanding of the children in his care.

Of the Aboriginal child in 'empty Australia', Dr. Moodie writes:

"If he survives to school age, his chances of further survival are good, but during middle and late childhood he will remain below optimal health due to anaemia, worm infestations, recurrent infections, sub-optimal nutrition, and risks permanent disability from deafness or severe injury ... Up until the age of puberty his mental health and personality development will benefit from a warm, generally permissive family atmosphere but there may be some conflicts generated by his contact with white Australian cultural values (at school) which he cannot resolve at home.

Much more than any white child he must learn to lead a 'double life' according to different concepts and values at home and at school." (p.245)

Of the 'typical case' of an Aboriginal child in 'Economic Australia', Dr. Moodie writes:

"As he explores his environment, particularly in his backyard, he is almost certain to acquire heavy loads of roundworm and whipworm, however, which he will maintain until at least his middle childhood. He will be more exposed to seasonal influences on infections like colds and gastroenteritis, and in particular he will risk accidental injury and death in early childhood from motor vehicles (as pedestrian or passenger), and from household 'accidents' (swallowing toxic substances like kerosene or battery acid, or burns and scalds). Like his northern counterpart, in his early childhood he will be emotionally well supported by his mother and siblings, but the quality of this aspect of his upbringing will not be quite as warm or as stress-free or as constant. By the time he goes to school he will be more conscious of

interpersonal friction or breakdown in his immediate family, and he will be more nervous when in contact with unfamiliar white people like doctors and nurses. He will be sexually precocious but also guilty or ashamed along with his knowledge." (p.248)

These quotations do not do justice to Dr. Moodie's book which deserves to be read in full. It is an excellent work, easily readable and informative, and it communicates a positive vision of a future worth the striving.

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