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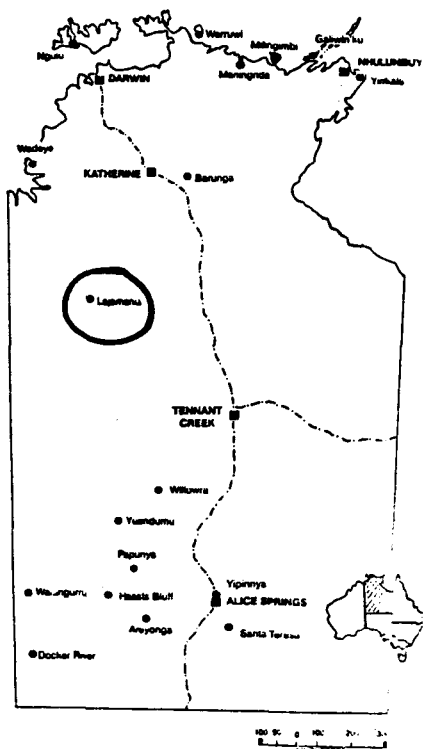


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THE JUNIOR HEALTH WORKER PROGRAM AT LAJAMANU

A co-operative effort involving Lajamanu School
and Lajamanu Health Clinic

*T. Matthews Napaljarri
C. Nicholls, J. Henssler,
M. Prosser



Lajamanu is a remote, traditionally oriented Aboriginal community on the Northern edge of the Tanami Desert. The population comprises about 700 Warlpiri people, and 40 white people most of whom are involved in the delivery of public services.

Lajamanu has 'third world' health problems, which might be expected given that much of this arises from its hot, dry, dusty environment: trachoma, boils, hookworm, infected sores, scabies, hepatitis and some cases of leprosy. While these can be serious and even endanger life, many are avoidable if efficient and consistent preventive health measures are taken.

Hence, with the Lajamanu junior health workers, the focus has been on "health" as opposed to "sickness" and "prevention" rather than "cure". The latter involves building up the children's consciousness about sound environmental health practices.

* Teresa Matthews Napaljarri, Snr Health Worker, Lajamanu Health Clinic
Christine Nicholls, Principal, Lajamanu School
Jenny Henssler, Sister-in-Charge, Lajamanu Health Clinic
Marj Prosser, Sister, Lajamanu Health Clinic

There are eight junior health workers who operate from Lajamanu School - four girls and four boys ranging in age from 10 to 14 years. They were selected by Sister Marjorie Prosser, who began the scheme. These were the selection criteria:

1. a high standard of attendance and punctuality;
2. a high standard of personal hygiene, as a good example to younger children;
3. reliability;
4. good rapport with other children in the school.

On the basis of the above the junior health workers commenced work.

Initially, Sister Prosser and Senior Health Worker Teresa Matthews Napaljarri led training sessions at the Health Clinic with the assistance of other Lajamanu health personnel. These training sessions continue to this day at the Health Centre and are *the* crucial ingredient for this most successful scheme. Components of the education program include:

1. Advice junior health workers should give to their clients - the other 200 Lajamanu School pupils - for example:
 - advise them to eat plenty of good food, i.e. bush food;
 - advise them to avoid junk food;
 - make sure they have showers every day and wash around their eyes in order to avoid trachoma.

The junior health workers must insist their clients have a shower before being prepared to treat their sores.

2. What junior health workers cannot treat (i.e., major health problems) must always be referred to senior health workers or sisters.
3. Treatments for simple wounds, sores, etc.
4. The importance of recording and documenting the name, age, illness and treatment of the client. There has been a strong emphasis on correct administrative procedures which, incidentally, has a positive effect on the children's literacy.

The scheme has enjoyed a great deal of success. A couple of days ago a little boy fell over in the yard and was found crying by a senior teacher at Lajamanu School. Stella Bambra Nakamarra, a twelve year old junior health worker, immediately came forward and, taking charge of the situation, led the little boy to the small medical room at Lajamanu School, which is set up for the treatment of minor abrasions and sores. Totally in command of the situation, cool and calm, she looked across at the senior teacher and said, "You can go now". This story is very revealing.



Junior Health Worker Cyril Tasman Japanangka-Jupurrurla attending Solomon Johnson Japaljarri, supervised by Lajamanu Senior Health Worker Teresa Matthews Napaljarri.

Apart from providing a valuable service to the children at Lajamanu School, which the local Clinic is frequently too short-staffed to provide, the policy underlying the Junior Health Worker Scheme at Lajamanu School is a sound model for both Aboriginal Education and Aboriginal Health. Firstly, this approach breaks the cycle of "learned dependency" on white services which ex-welfare

settlements such as Lajamanu suffer from. The *control* is in Aboriginal hands. Children are encouraged to see themselves as being in control of their own bodies and therefore of their own health. This arises from the focus on environmental health, and the development of hygiene and good eating habits.

The emphasis on the eating of bush food and the bush trips associated with this support and confirm Aboriginal culture at a deep level. The scheme is not based on assimilationist principles which profoundly disrupt Aboriginal culture. It involves the children in decision making, the taking of responsibility, consultation with senior health staff, and the caring for and nurturing of others. In the broadest sense, the Junior Health Worker Program at Lajamanu is predicated on the principles of self-determination and self-management for Aboriginal people, of taking control of one's own life, one's own future, and not depending on outside agencies.

As the community moves towards local control of all services, it is very important that the confidence which will enable them to manage the various services is learned by the young students who, inevitably, will be those people required to be the managers of the future.



Opposite page -

Top: Boys from Lajamanu School show Yuparli or Bush Bananas found on a school 'hunting' trip.

Bottom: Yuparli (high in nutritional value) being cooked after a Lajamanu School excursion.

The emphasis on the eating of bush food and the bush trips associated with this, support and confirm Aboriginal culture at a deep level.

Yuparli or Bush Banana vine.

