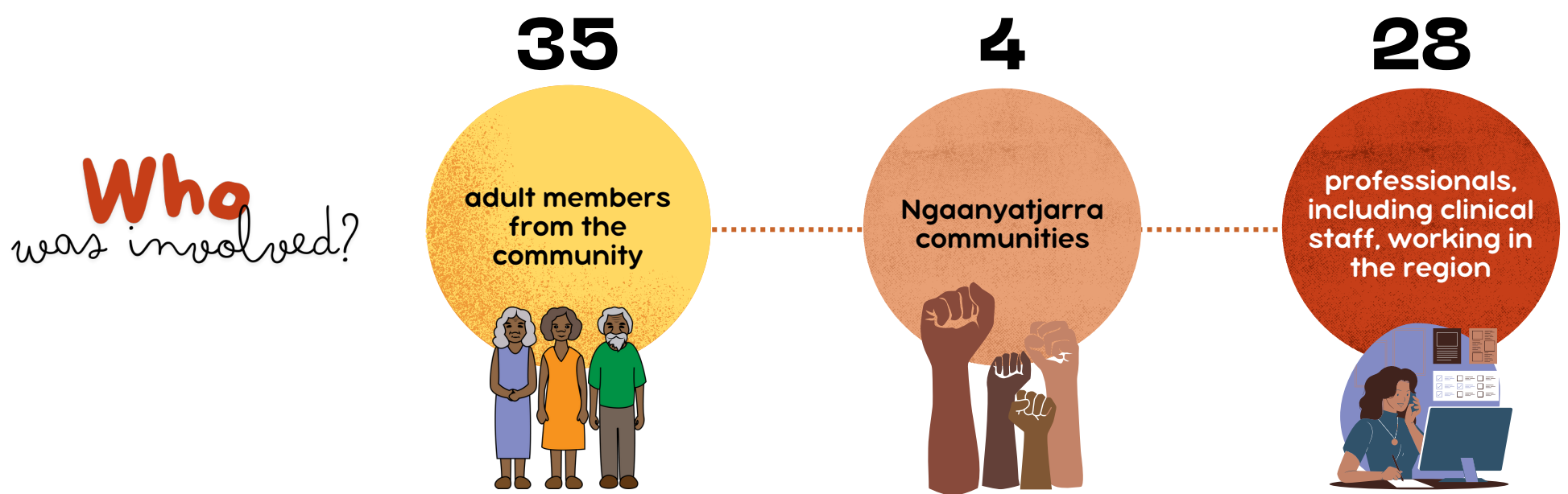




Impact story: The Tjilku Walykumunu Ngaanyatjarra Lands Child Health Study

What was this research about?

We wanted to investigate and understand the factors that contribute to child health on the Ngaanyatjarra Lands. We looked at family perceptions and understandings of child rearing, health and wellbeing and how to support our communities on this journey.



What did we find out?

Community members emphasised the importance of a clean home and the availability of good food.



“Happy house, clean-one-pa, clean yard, clean and quiet, with lots of food to make them happy. So you got something there, **mirrka purkanya** to make them happy all day. Breakfast, lunch, dinner, then sleep. And you wake up and you still got plenty food there. So you can eat to feel satisfied. **Ngalkula paaltja pukurlpa nyinantjaku**. Not hungry.” (*ID34)

*ID = Community member

However, a survey of 20 families showed **1** in **3** families always ran out of money before their next pay, and **1** in **4** only had money for essentials.



In mid-2022, there was **one** fulltime playgroup program in the Lands; but even this program was at risk, due to there being little to no funding to scale up or sustain it.

“Out here it’s a lack of resources, and we are caught between WA servicing and NT. NPYWC [Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council] provide some servicing. We definitely need more out here. I feel the [Ngaanyatjarra] Lands have been left behind.” (*St19)

*St = other Lands service provider stakeholders

Between 2021-2023, an average of **49%** of regular health service clients had their first antenatal care visit in the first 10 weeks of pregnancy, with young mothers reportedly feeling embarrassed “having all eyes on them” when walking into the clinic.

Local healthcare workers interviewed also mentioned that children often only visited clinic when they are very sick, rather than for regular check-ups.



“I think one of the significant themes amongst nurses is the view that they’re running a clinic, not a community health service, and that it’s not their responsibility if people don’t attend.” (*NHS05)

*NHS = Health Service employee

Why is this important?

This study identified 3 key areas that need to be prioritised to improve child health and **close the gap** in Aboriginal health and life expectancy.

1. Food nutrition and security
2. Public resources for early child development and parenting support
3. Cultural safety of health services

What’s next?

This study will inform implications for policy and practice targeting local service providers, governments, and peak bodies. A research agenda for the future will also be developed and A Ngaanyatjarra Lands Child Health and Wellbeing Conceptual Framework will frame final recommendations.