Nutrition, Economics and Food Distribution in an Australian Aboriginal Community

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For many years, high rates of morbidity and mortality among the Aboriginal population of Australia have been a major concern of researchers, healthcare professionals, government and Aboriginal people themselves. Despite a great deal of work, Aboriginal health continues to lag behind that of non-Aboriginal people. Overall, the many strategies aimed at improving Aboriginal health have not been able to effect lasting or substantial changes. To demonstrate the barriers to improving general Aboriginal health, it is useful to examine one factor that is thought to contribute significantly to poor health: nutrition.

Many health professionals feel that one of the best methods for improving Aboriginal health is to improve nutrition. One blueprint for achieving this goal is to discourage Aboriginal people from eating food from the shop and takeaway store, and to encourage them, instead, to consume more food hunted or gathered from the bush. If such a change in eating habits could be achieved, it appears that both Aboriginal nutrition and general health would be improved. Regardless of the messages of healthcare providers and Aboriginal leaders, however, many Aboriginal people continue to eat foods high in fat and sugar, despite being aware of the health risks associated with this behaviour.

Lajamanu is representative of many Aboriginal communities in the Northern Territory of Australia and, as a result, provides an important insight into issues relating to Aboriginal health. The community lies approximately 900 kilometres from both Darwin and Alice Springs, on the northern edge of the Tanami Desert in the Katherine region. Lajamanu has a population of around 800, the great majority of whom are Warlpiri-speaking Aboriginal people. Approximately 40 non-Aboriginal people live in the community, working as service providers; for example, as nurses, tradespeople, accountants, school teachers and managers. In 1996, I approached the community regarding the possibility of conducting in-depth research there for my PhD, and was given approval to begin investigating local ideas of health. From 1996 to 1999, I lived in Lajamanu and have made trips back to the community since that time.1

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One of the focal points of social activity in Lajamanu is the store complex. It houses the main store, a takeaway shop, a small shop open in the evenings when the store is closed, the petrol pumps and a service station. It is the source not only of food but also of bullets and petrol for hunting. A sample interaction at the store highlights many of the issues that affect Warlpiri people in Lajamanu.

At 11:45 a.m., I was in the store purchasing food before it closed at noon for three hours. One of the few people still shopping was Elizabeth. She was 40 years old and had four children and three grandchildren, all of whom lived with her and her husband in a two-bedroom house. As I said hello to her, I noticed that she was pushing two trolleys filled with food. She said, ‘We got money today. Those [kids] have been wanting [food].’ Her purchases included a large tin of sugar, a 10-kilogram bucket of flour, three bottles of cordial, several cuts of meat, eight loaves of bread, three boxes of tea, a bag of apples, a bag of plums and several tins of fruit, meat, milk powder and stew. While Elizabeth was finishing her shopping, I went next door to the takeaway.

The takeaway would remain open while the store was closed over lunch, but it sold only prepared foods and snack items, such as sandwiches, chips, meat pies, chicken wings, hamburgers and small pizzas. Elizabeth’s husband, David, was purchasing four meat pies, six pieces of grilled chicken, four orders of chips and four sodas for himself, his wife and two of their children who were waiting at home. David and I began to discuss community events, and I followed him out to his car, where he placed the bag of food on the floor behind his seat.

While we were talking, a four-wheel-drive Toyota with several young men inside pulled up to the petrol pumps, and Steve, a 45-year-old man, began filling the tank. Seeing David, Steve walked over and announced that he was going hunting, telling David that his rifle was broken and asking if he could use David’s rifle for the afternoon. David said he would like to help, but his rifle was not working properly either. Steve nodded and then asked if David had any extra bullets. Reaching into the glove box of his car, David gave Steve a half-full carton of bullets. As Steve pulled away, David said, ‘All the time people want things from you. It is no good.’ I had accompanied David on his last hunting trip three months earlier, and his rifle had worked well then, so I asked what had happened to his gun. He told me that the bolt sometimes stuck and, while this did not stop the rifle from functioning, he did not want to lend it to Steve because he was concerned it might be damaged further.

Shortly afterwards, Elizabeth emerged from the store and motioned for us to help her with the groceries. They filled nine boxes. As we carried them out to the car, Emily, who had been sitting in front of the store, approached Elizabeth and asked for food. Elizabeth gave her three loaves of bread, two apples and four tins of meat, telling me later that Emily had said that she was hungry because her government benefits money had run out. ‘I like to shop just before it closes’, Elizabeth said, ‘because there are fewer people here. In the mornings there are too many hungry people waiting for you.’
Two hours later, I saw Steve driving around the community still looking for a rifle to borrow. He was eventually successful, and at 8 p.m. returned to the community, giving a small share of the two kangaroos he had killed to David and his family. This was far from enough for a meal, though, and David joked: ‘This can be my snack after dinner!’ His dinner had consisted of grilled meat, bread and tinned stew. This series of events illustrates many of the factors that affect access to food in Lajamanu.

In this paper, I examine Lajamanu’s social, political and economic background in order to demonstrate how issues of health and nutrition are situated within this setting. While using quotes from a number of informants, I focus specifically on David and Elizabeth to show that a number of factors can influence a single family. Before focusing on Lajamanu, however, I briefly review some data concerning Aboriginal health in the Northern Territory.

**Health and Nutrition**

In the Northern Territory from 1996 to 2000, life expectancy for Aboriginal males was 59 years compared to 76 for non-Aboriginal males, and 65 for Aboriginal women compared to 84 for non-Aboriginal women (Northern Territory Government Department of Health and Community Services 2003a, 24). Mortality rates are three to four times higher for Aboriginal people than for the rest of the population (Territory Health Services 1996, 19). It is estimated that poor nutrition and lack of exercise account for about 40 per cent of excess Aboriginal ill health alone (Northern Territory 1997, 20).

Both obesity and malnutrition affect a significant portion of the population. Only 37 per cent of the Aboriginal residents of the Katherine region were of an acceptable weight (Aboriginal and Torres Strait Islander Commission 1994, 23). About 29 per cent were overweight and 17 per cent obese, while the remaining 15 per cent were underweight (Aboriginal and Torres Strait Islander Commission 1994, 23). At least 20 per cent of the Aboriginal population of the Northern Territory is malnourished, one factor contributing to the high incidence of low birth weight (Public Accounts Committee 1996, 75). Lack of nutrition and poor *in utero* growth can also predispose people to diseases later in life, such as diabetes (Scrimgeour, Rowe and Lucas 1997, 2), heart disease and hypertension (Mathews 1996, 33), and renal failure (Devitt and McMasters 1998).

Type II diabetes is also a widespread health problem in many Aboriginal communities in the Northern Territory, where it affects as much as one-fifth of the population (Humphrey, Dixon and Marrawal 1998, 87). Non-Aboriginal Australians contract type II diabetes primarily in old age, but residents of Lajamanu have been diagnosed as young as 15. Abnormal blood sugar levels quickly lead to such complications as retinopathy, cataracts, neuropathy, ulcers tending to gangrene, hypertension and other cardiovascular problems. Statistics indicate that, for three consecutive years in the Northern Territory, infections in Aboriginal diabetics were the primary reason for hospital admission (Scrimgeour, Rowe and Lucas 1997, 3).
Owing to the early onset of this disease in the Aboriginal population, such conditions must be managed for decades. Lack of successful management severely shortens life expectancy.

Both non-Aboriginal health professionals and Aboriginal people themselves blame diet for many of the diseases plaguing the Aboriginal population. High levels of sugar and fat permeate the diet of many Aboriginal residents of Lajamanu and other communities in the Northern Territory (Harrison 1991; Humphrey, Dixon and Marrawal 1998; Northern Territory 1997). Beef, white flour and sugar provide half of the energy intake of an average Aboriginal community in the Northern Territory, and the total fat ingestion of Aboriginal people in the Territory has been recorded as twice that of non-Aboriginal Australians, while their salt intake is over five times the recommended amount (Northern Territory Department of Health and Community Services 1995, 5). Forty-five per cent of fat intake is attributed to the consumption of fatty meats, while 60 per cent of sugar intake is derived from white sugar, amounting to approximately 38 teaspoons per person per day (Harrison 1991, 127).

One solution to reducing illness rates among Aboriginal people is to improve their nutritional choices. One way of doing this, which draws support from both healthcare professionals and Aboriginal residents of Lajamanu, is to encourage individuals to supplement their shop-bought foods regularly with foods hunted and gathered from the bush (Humphrey, Dixon and Marrawal 1998; Latz 1995). Research has shown that meats and vegetables from the bush contain higher levels of vitamins and lower levels of fat (Naughton, O’Dea and Sinclair 1986) and sugar than most foods available at the store. Because bush foods no longer constitute much of the daily diet of the residents of Lajamanu, it is reasoned that the increased consumption of bush foods would reduce blood sugar and fat, thereby lowering the incidence of conditions such as diabetes and heart disease. Research does show that a diet of bush foods would greatly reduce the risk of diabetes. O’Dea (1983, 1985) found that, after seven months of reverting to a ‘hunter–gatherer’ lifestyle, 10 diabetics from Western Australia saw a marked improvement in all of the abnormalities of diabetes, and a reduction in a number of risk factors for cardiovascular disease. ‘A mere seven weeks of “traditional” lifestyle were sufficient to substantially reverse a disease which took years to develop’ (O’Dea 1985, 99).

Lajamanu residents also affirm the value of eating bush foods. Many Warlpiri people reported that kangaroo fat was healthier than beef, chicken or pork fat. Kevin, for example, asserted: ‘[Kangaroo] fat is good, makes you strong, not like that fat from [meat introduced by non-Aboriginal people]. Doctors know this too. It’s a proven fact.’ When asked to explain why the fat on bush meat was less harmful, these individuals would often refer to unspecified medical studies that they had been told about. Similar attitudes are also demonstrated in regard to sweet foods. For instance, Warlpiri remark that bush honey—wild honey made by native bees—does not cause diabetes like other sweet foods made with refined sugar. Lajamanu residents told me that bush honey assists diabetics in recovering from the disease. James, who suffered from diabetes, said, ‘That sweet [food] from the store makes me sick, but
[Aboriginal] food makes me [well]. [Bush honey] is sweet but it doesn’t make you sick. It makes you [well].’ Both bush honey and bush meats are considered to promote general well-being, even though the former is sweet like the sugar that Warlpiri people blame for causing diabetes, and the latter contains fat like the meats that Warlpiri people blame for causing cardiovascular disease.

In an effort to encourage others to take advantage of the health benefits of food in the bush, Warlpiri people often urge them to spend more time hunting and gathering and less time eating food from the takeaway. For instance, David was fond of scolding his family in an attempt to get them to eat better food. On one occasion, he remarked:

You mob don’t know about healthy tucker. You go up to the shop and buy all that greasy food: chips, chicken wings, meat pies. All of that is rubbish. It is high in fat, and stops this one. (David points to his chest.) You have to eat healthy tucker like I do. [Kangaroo], goanna, bush turkey, all of that is low in fat. See all these health problems we have, diabetes, heart problems, all of that can be fixed if you eat [Aboriginal] food.

Yet, despite David’s views on food choice, later that very day he ordered his lunch, as he often does, from the takeaway: two meat pies, a cup of chips and a soda.

Warlpiri people and health professionals may agree on the model for improving health, but this has not entailed a substantial change in eating habits for the residents of Lajamanu. Very few people choose to hunt regularly. While nutritious alternatives are available in the bush, and in the store for that matter, most Warlpiri people in Lajamanu continue to eat foods high in fat and sugar. Why have behaviours not changed? I begin by outlining criticisms of the community store and takeaway, and comparing these with the reality of these shops in Lajamanu. I argue that the predominant view in Lajamanu, which blames the store and the food it sells for causing illness, reflects current attitudes regarding the colonial encounter. I then examine the day-to-day reality of life in Lajamanu, in order to show how socio-economic factors influence the manner in which individuals obtain food from the store, the takeaway and the bush.

The Store and Takeaway

The store stocks a variety of foods, household articles, toiletries, clothes and electrical goods. Though basic foods are available at the store, there is generally not a great selection. For instance, the store stocks cheese, but only two varieties: tasty and processed. Although the Lajamanu store does not carry the same variety of items as a shopper may expect to find in an urban environment, Warlpiri people consume a relatively narrow range of food, which the shop does sell. Most commonly purchased are items like milk, bread, fresh meat, tinned meats, cordial and sodas. The takeaway is the major source of prepared hot meals, and is patronised primarily for midday meals and snacks in the morning and afternoon. Many of these foods contain high levels of fat. Rowse et al. (1994, 66) report that, nationally, almost 25 per cent of meal
purchases are spent on eating out, but, in Yuendumu, another Warlpiri community, this figure rose to 40 per cent.

Lajamanu residents depend on the local store and takeaway as sources of immediate food. Data suggest that between 80 per cent (Northern Territory Department of Health and Community Services 1995, 5) and 95 per cent (Food and Nutrition Unit 1998, 1) of all food eaten in Aboriginal communities is purchased at the local store and takeaway. This is particularly noticeable during holiday periods when the shop is closed; many people go without food at these times. Individuals often complain about their lack of access to purchased food over Christmas. Edward, for example, said, 'They can't just close because it is a holiday. They have to remember us. [Aboriginal people] get hungry when that shop is closed for too long.' Non-Aboriginal residents are also aware of the role that the shop plays. Jim, a member of the nursing staff in Lajamanu, recalled a Christmas that he spent in an Aboriginal community further south: 'Once the shop closed, people just didn't eat. As the days went by, I noticed a definite decline in the health status of the elderly and weak. That closed shop was visibly impacting the health of residents.'

The Northern Territory government, healthcare advocates and Aboriginal people also often hold the store and takeaway responsible for the nutrition of the community. Poor nutrition, they argue, is the result of a lack of food choice at the community store. For instance, Stewart (1997, 2) complains that community stores continue to stock foods containing large amounts of fat and sugar, which contribute to the high rate of chronic disease plaguing the Aboriginal population. Humphrey, Dixon and Marrawal (1998, 95) remark that community shops lack nutritional awareness, preferring to sell foods high in sugar instead of offering alternatives for the diabetic members of the community. Harrison (1991, 133) echoes these comments, writing that most community stores are understocked and do not sell healthy alternatives to foods high in fat and sugar. Because similar high levels of fat consumption can also be traced directly to the prepared foods sold at the takeaway, they, too, are often implicated in the poor nutritional status of Aboriginal people in remote Australia. Harrison (1991, 127) claims that 20 per cent of dietary fat comes directly from food purchased at the takeaway. The Northern Territory Department of Health and Community Services (1995, 5) specifically attributes the elevated incidence of fat intake to the food sold by community takeaways.

Lajamanu residents often rebuke the community store for selling 'rubbish' food, remarking that the non-Aboriginal store managers purposely stock a narrow selection of food that is not nutritious. Lillian, whose husband is diabetic, said, 'That shop makes it hard for us to buy for diabetics. All the food there is really bad for my husband.' Rose complained, 'They got no selection. Everything is the same. If I want something low fat, like flavoured rice, I have to get it in Katherine. Why don't we have nutritious food like that here?' Warlpiri people also directly link the store to the health problems plaguing many of the people who live in Lajamanu. Mark said, 'Because [Aboriginal people] can't get good [food] at that shop, we get sick too much.'
Despite these criticisms, it is possible to purchase a variety of healthy, nutritious food in Lajamanu. While the Lajamanu store stocks beef, white bread and sugar, it also carries a large selection of fresh fruits and vegetables—foods that are considered nutritious. These commonly include apples, bananas, nectarines, kiwi fruit, peaches, oranges, melons, snow peas, beans, mushrooms, potatoes, carrots, celery, lettuce, tomatoes, sprouts, onions, garlic, zucchini, pumpkins, squash, broccoli and cauliflower. Wheat bread, sugar-free soda and cordial, and low-fat milk are all available. In an effort to further encourage the consumption of healthy foods, the store manager agreed to order any item that residents wished. The Lajamanu takeaway has also changed its menu to provide better nutrition for its patrons. While all of the fatty and fried foods are still sold, healthier alternatives, such as rice and vegetables, kangaroo stew, sandwiches and fresh salads are now offered.

An examination of the items at the Lajamanu store reveals that a variety of foods considered nutritious by health professionals is being stocked. Nevertheless, both health researchers and Aboriginal people continue to blame the store for the poor nutritional status of Aboriginal people. In order to understand why the store and the takeaway, not Warlpiri people, are held responsible for the nutrition of the community, it is necessary to examine, first, the history of the settlement of, and food distribution to, Aboriginal people in central Australia.

The Past in the Present

Access to rations, which consisted primarily of bread, tea, meat and sugar, was one of the main factors that motivated Aboriginal people to live in settlements. In the 1920s, the lack of bush foods owing to drought, coupled with the relative ease with which rations could be obtained, made non-Aboriginal towns an increasingly popular source of food for Aboriginal people. In an effort to keep them from crowding towns like Alice Springs, the Native Affairs Branch, the government agency responsible for the welfare of Aboriginal people, began setting up ration depots in the bush, which eventually began to attract a large semi-permanent population of Aboriginal people. In the 1940s, Aboriginal workers on cattle stations were paid in rations, thereby reducing labour costs for non-Aboriginal cattle ranchers. Yuendumu was established in 1946, and Lajamanu in 1949, on the basis of rations for work. It was not until 1969 that Aboriginal people were fully integrated into the cash economy of the Northern Territory.

Conceptions of the colonial era continue to exert an impact on the views of both Warlpiri people and healthcare professionals concerning the role of stores in Aboriginal communities. With ration stations gone, stores have taken on the role of supplying food to communities and, from one perspective, it is possible to see a resemblance between the two. Non-Aboriginal people are often responsible for managing community stores, just as they managed ration stations. Non-Aboriginal management of the store can lead some to believe that Aboriginal people have no control over the food the shop sells, just as they had little control over ration
allotments. Perhaps the most important similarity is that both the shop and the ration station distribute food that is linked to the high incidence of chronic lifestyle diseases.

Warlpiri people claim that if non-Aboriginal people had not distributed their food through either ration stations decades ago or the store today, then Aboriginal people would not be suffering from such high rates of disease. Prior to contact, Warlpiri people did not have access to processed sugars, and it is assumed that they would not have suffered from diabetes. According to David:

Before the white man came, my people were healthy. We didn’t have diabetes. We ate the sugar because it tasted good, but we didn’t know it would make us sick. The only way to get better from this [non-Aboriginal people’s] disease is through culture, like eating bush foods.

Aboriginal people across the Northern Territory share this view. Humphrey, Dixon and Marraval (1998, 46) remark that, ‘almost all our Aboriginal informants stated quite firmly that Aboriginal people did not suffer from diabetes before the European invasion of Australia’.

Because the foods that are blamed for causing diabetes and heart disease were all introduced by non-Aboriginal Australians at the time of settlement and are now sold by stores, these diseases are considered to be associated with the conditions of life in towns and settlements. For instance, Geoffrey, a diabetic, said, ‘This disease I have is because I sit down in one place too much. Before, when my people were walking around, hunting, we were healthy and strong. Now we are sick because we drive motorcars and eat rubbish.’ While food sold from the store is one of the most common examples of a negative impact on health associated with community living, it is not the only one. Mona said, ‘Living [in Lajamanu] sometimes makes me sick. There is too much pollution—too much rubbish.’ Various community features such as lack of exercise and environmental health are also mentioned to show that community life can cause ill health.

According to many Warlpiri people, the solution to chronic ill health is a return to the bush and the traditional lifestyle led by Aboriginal people before the colonial encounter. Continually searching for food and water in an arid landscape, as Warlpiri people did prior to contact, may seem like a difficult existence, yet this way of life is often spoken of as a healthy and prosperous time for Warlpiri people compared to their current circumstances. William, recounting the health of his father, said:

When he was hunting alone sometimes he would catch two or three kangaroos. My father didn’t worry. He could carry all of them, by himself, all the way through the desert and back to our camp. He was strong from living in the desert and having that bush [food]. Now everyone is weak, soft, not like before.

Warlpiri people often directly equate strength and health with living on traditional lands and eating bush foods.

Michael often remarked that ‘health camps’ should be set up in the bush because, he reasoned, the lessened access to foods high in fat and sugar, coupled with the
increase in bush food consumption, would lead to much better health. In many cases, Warlpiri people speak of a dichotomy between the community and the bush. Whereas settlements cause illness, the bush promotes well-being. Warlpiri people use a variety of justifications for this division, including statements about the comparative levels of saturated fats in domestic and game animals, environmental health, and recollections of the health of their forebears. This division, though, needs to be evaluated. While bush foods do contain higher levels of nutrition than many of the foods purchased from the store, it is possible to obtain reasonable levels of nutrition by eating certain foods from the latter. Why then are the community and the store still cast as a source of illness and not health?

I believe that this dichotomy exists in part to express both social and political views. Crandon-Malamud (1991, 105), working in the Andes, reports that medical dialogues 'constitute a social idiom through which Bolivians negotiate the content of ethnic identity'.

In an environment that is ... medically pluralistic, people draw on multiple medical ideologies. As they do so, their medical dialogue reflects, involves, and contributes to the construction of political, economic, ideological, and social relations. Through medical dialogue, ethnic groups negotiate the meaning of ethnic identity and affiliation, and therefore ethnic relations. Consequently, medical dialogue is a medium through which we can see political and economic processes as they pertain to the nature of interethnic relations. (Crandon-Malamud 1991, 87)

In Lajamanu, Warlpiri use past events and present circumstances, such as the separation from traditional land, settlement and food distribution, as the primary reason why they, as a people, have experienced a perceived decline in general health and well-being. In doing so, I believe that Warlpiri people are, on one hand, affirming Aboriginal lifestyles, culture and traditions prior to settlement, while, on the other, denouncing the past and present conditions of settlement.

Beliefs and statements about health made by Warlpiri people are capable of expressing social and political ideas. The importance of nutrition in health dialogues, and statements regarding the role of food in health, reflect ideas and conceptions of the social and cultural division between Aboriginal and non-Aboriginal traditions. Store-bought (non-Aboriginal) foods are devalued because they are said to cause illness, whereas bush (Aboriginal) foods are said to restore health. Food should not be thought of only in terms of its nutritional value but also in terms of its social value. Statements about food can make claims about the importance of Aboriginality and cultural identity. These meanings must be understood in order to provide a comprehensive analysis of the role of nutrition and nutritional dialogue in Aboriginal communities such as Lajamanu.

Understanding the way in which the past influences health dialogue is also important when examining statements regarding the role of the store. Because the shop is linked to the colonial era through the history of food distribution, it is held solely responsible for Aboriginal well-being, just as the Native Affairs Branch had been in the past. Criticisms of the shop often cast the individual choices of Aboriginal
people—what they will buy on any given day—as largely irrelevant when compared to the stock of the shop. Perhaps 50 years ago when Warlpiri people were still lining up for their tinned meat, flour and tea, this would have been a relevant concern, but today this is no longer the case. Blaming the shop for selling foods with little nutritional value and ignoring the fact that Aboriginal people do have a wide range of foods available is treating the shop as a ration station. Any realistic understanding of the role of the store must take into account the store’s link with the colonial past.

**Daily Food Choice**

Analysing popular statements regarding conceptions of nutrition and health is useful in demonstrating political perspectives regarding the nature of Aboriginality and its relationship to non-Aboriginal Australia, but it ignores some of the practical perspectives regarding the day-to-day food choices of Warlpiri people. To understand these choices, it is necessary to examine the everyday factors such as familiarity, income and norms of reciprocity that underlie what people actually do. Jackson (1996, 34) writes, ‘The meaning of practical knowledge lies in what is accomplished through it, not in what conceptual order may be said to underlie or precede it’.

One factor that affects food choice is familiarity with certain foods. Lajamanu residents may verbally reject the changes that rationing brought, but many of the foods they like to eat today are the result of that time. Warlpiri people continue to prefer a diet consisting primarily of meat, white bread and sugared tea, in part because most residents grew up on a diet of these foods. Foods that are now considered to contribute to heart disease and diabetes were once their main dietary staples, because they were easy to transport, would not spoil and were inexpensive to buy. Flour, tea and sugar were easy to store, and beef could be obtained from neighbouring cattle stations. In contrast, it was very difficult and expensive to transport fresh foods to remote communities like Lajamanu, and the lack of rain and high temperatures discouraged large-scale gardening. As a result, people are not used to eating these foods as a regular part of their diet and are reluctant to do so.

When I asked one elderly man why he did not eat wholegrain bread, he replied, ‘White bread is what we eat. All the way back in the rationing days, it was what we had. It is proper food.’ This concept of ‘proper food’ permeates the eating habits of Warlpiri people. For instance, tea is usually prepared in a communal pot to which large amounts of sugar are added. When asked why this habit was not changed to aid diabetics, the most common answer that I received was that this was the ‘proper’ way to make tea. This was also the way Aboriginal people learned to make tea from cattlemen decades ago. Just as ideas of colonialism have influenced discourse relating to health, eating patterns that were established in the rationing era continue to persist. Today, with improvements in roads, transportation and infrastructure,
a variety of foods are available in Lajamanu, but people are reluctant to consume them.

Habit, though, is not the only reason why people eat the foods they do. Simply attributing food choices to habits learned during the years of rationing does not by itself account for those choices. The environment of Lajamanu is circumscribed by a variety of socio-economic conditions, some the result of living in Australia’s cash economy, and others the result of Warlpiri attitudes towards social and kin obligations. These factors work together to influence the way in which food is obtained and consumed in the community. Taking each option in turn, the shop, the bush and the takeaway, I examine the practical difficulties and advantages of procuring food from each.

Economic Cycles and Food Purchasing

One of the most important factors in food choice is access to resources such as cash. Because of the chronic lack of work in Aboriginal communities, many people are unemployed. Approximately 67 per cent of the Aboriginal population living in the ‘very remote’ regions of the Northern Territory are either unemployed or not in the labour force (Australian Bureau of Statistics 2001, table 6.1). For many in Lajamanu, government benefits are the only form of income. Statistics show that just over half of the Aboriginal people living in remote regions of the Northern Territory received the bulk of their revenue from government payments (Australian Bureau of Statistics 2002, table 18). As a result, incomes are low. The total income for 74 per cent of the Aboriginal population over the age of 15 who lived in the ‘very remote’ regions of the Northern Territory was under $A200 a week (Australian Bureau of Statistics 2001, table 7.4).

The income of Lajamanu residents is an important factor to consider when examining how and when food is procured from the shop. Because of high freight costs, the price of food in Aboriginal communities is higher than in urban centres. On average, it costs 26 per cent more to purchase the same basket of food in remote community stores than at a Darwin supermarket (Northern Territory Government Department of Health and Community Services 2003b, 8). The high price of food coupled with the low earning of residents means that a large percentage of the family income must be spent on food. Correlating the average salary of a family of six with food prices, the Northern Territory Government Department of Health and Community Services (2003b, 9) estimates that 35 per cent of household money is spent on food from the store; however, some researchers disagree with this figure, arguing that it is much higher (Scrimgeour, Rowse and Lucas 1997, 38). In either case, statistically, Aboriginal people spend a greater percentage of their income on meals than non-Aboriginal Australians, and a significant amount of this is used to purchase prepared food.

The two-week income cycle often determines when and how much food can be purchased. In Lajamanu, as in many Aboriginal communities (Stewart 1997, 3), there
is no meal planning or budgeting from week to week. Income is used for immediate consumption, not for saving (Peterson 1991, 84). As a result, residents often live on a cycle of feast and famine. The 'feast' occurs at either pay week or benefits week, when large amounts of money are spent to buy food. In the opening example of this paper, Elizabeth purchased a large amount of food after receiving her pay cheque. Food expenditure can be as much as five times higher on days when income is received. Most money for food is exhausted only a few days after pay is received.

The following week begins the 'famine' cycle. Lajamanu residents regularly refer to this week as 'my low week'. This expression is used not only in Lajamanu but elsewhere in the Northern Territory. Its origin is obscure, and there is no shortage of folk etymologies. For instance, on one occasion I was told that it simply referred to being low on money and food. On another, I was informed that it was 'Milo week', referring to the Nestlé chocolate malt powder that is often mixed with milk or water. Brian explained it by saying, 'We don't have any money so all we can have is Milo.' In either case, Warlpiri people conceive of this period as lasting for a week, not just a few days. During its 'low week', a family may not have enough money to buy even basic necessities, having already spent the entirety of its fortnightly pay. This pattern occurs throughout communities in the Northern Territory and repeats itself every two weeks (Scrimgeour, Rowe and Lucas 1997, 52).

During 'low week', the primary method of obtaining much needed food is seeking assistance from family members. Reciprocity is an important feature of life in Lajamanu, often, though not always, including goods, services or knowledge. In most cases, reciprocity involves delay. Money or goods that are given on one day may not be re-paid either immediately or in kind. When an individual is in need, it is customary to ask for assistance, knowing that in the past this aid was reciprocated or that it will be in the future. As a result, Warlpiri people are accustomed to distributing food regularly among kin. If an individual is hungry, and sees a relative with food, it is common practice to request a share, as Emily did from Elizabeth. Those in need may either visit the homes of families seeking supplies or wait outside the store hoping to see a kinsman who can afford food. Once the individual exits the shop with his or her goods, eager relatives are capable of appropriating and consuming as much as half of the purchase.

The high cost of food coupled with the chronically low income of community residents motivates many people to try circumventing or reducing requests to share purchased food, as Elizabeth did by shopping later in the day. Although it is considered good manners to donate a portion of the meal or groceries, many are already responsible for feeding those at home and do not have the funds to support non-household members. This desire to avoid giving away large portions of purchased food affects spending choices, reinforcing the cycle of feast and famine. Because shoppers leaving the store are routinely asked by kinsmen to share their food, shopping trips are ideally kept to a minimum. Consequently, when money is received, residents usually spend a great deal of it at the store at once. Furthermore,
shopping on the days that government or community employment cheques arrive diminishes the number of people requesting food, because many others also have enough money then to buy their own food.

Safely transporting groceries from the shop to one's home still does not guarantee that relatives will not take it later. Cupboards may be inspected and raided by visitors. For instance, after receiving a pay cheque, Lewis purchased food for the coming week. Later that evening, he and his family went to visit friends. His mother-in-law, needing food, went into his house and took many of the items he had purchased. Lewis complained that, because the locks on his doors were broken, as in many Lajamanu homes, he could not secure his house from hungry relatives. Eventually, he installed padlocks on his refrigerator, freezer and pantry. Several houses in Lajamanu were also secured in this way.

In a further attempt to prevent loss of a meal, and of the money it took to purchase it, provisions are consumed rapidly. Expensive or luxury items are eaten almost immediately, for fear that others will take them. The nine boxes of food that Elizabeth brought home would be finished in a matter of days. At the end of the two-week period, Elizabeth would occasionally resort to baking her own bread to tide the family over until the next pay cheque. Families often run out of essential foodstuffs at the end of a pay period, as well as on weekends and holidays when the shop is closed. This necessitates requesting food from the same people they have been trying to avoid for the past week.

Even if a household possesses adequate provisions, preparing a meal can present problems, given the constant state of disrepair of many Warlpiri homes. In Lajamanu, many lack a working stove, oven or both. In a survey of 3,906 Aboriginal homes in the Northern Territory, Bailie and Runcie (2001, 366) found that only 38 per cent had facilities, such as stoves, ovens, water taps and locations for storing and processing food, that would allow residents to prepare food effectively in the house. Without cooking facilities in the home, preparing food entails building a fire and cooking outside or using a working oven or stove at a relative's house. Both options usually involve reciprocity. In the first case, passers-by may demand a share of the clearly visible food and, in the second, relatives may expect to be fed because their cooking apparatus is being used. For instance, in David's home only one burner on the stovetop was functioning. He would occasionally ask Martin to bake a turkey for him, using the oven in the latter's house. In return, Martin took the drumsticks and some of the meat from the turkey to feed his family.

There are a number of difficulties that might be associated with purchasing, cooking and consuming food from the shop. However, the store is not the only source of food for the community. Warlpiri people in Lajamanu enjoy the taste of bush foods, too, besides which hunting and gathering are also still important cultural activities for them. Rather than concentrate on the cultural significance of hunting and gathering, however, I focus on the practical factors that circumscribe the actual occurrence of these activities.
Hunting and Gathering

It might be tempting to view hunting and gathering as a way of procuring food without the resources, such as cash and cooking facilities, required to purchase and prepare food from the shop. When compared to buying food, however, hunting and gathering actually require a greater level of monetary and other resources, and greater amounts of time, too. Moreover, because of kin obligations, they usually yield only a single meal to the hunter or gatherer. To clarify these points, I provide a brief examination of hunting and gathering.

Hunting trips in Lajamanu are the domain of men. While a variety of animals are used for food, such as emus, bustards, lizards and snakes, kangaroos are the most sought-after game. In order to find game in the arid environment, men regularly travel well over 100 kilometres, which requires a reliable vehicle. Low income means that families usually share a single car, and it may take some time to locate a vehicle that can be taken away from the community for several hours. Ideally, a hunter would prefer to have a four-wheel-drive vehicle, because off-road searching usually provides a better chance of finding game. However, the high cost of these vehicles makes them rare. Even if a vehicle is procured, it must be filled with petrol, and petrol prices in Lajamanu are well above average for Australia, making a long trip very expensive.

Hunters must possess weapons as well as transportation. The only weapons currently used to hunt large game in Lajamanu are rifles, which cost several hundred dollars, and many people cannot afford them. Hunters may attempt to borrow from a kinsman, but this is a difficult task because most owners of rifles are worried about damage and are reluctant to lend them to anyone, as David was. When David’s rifle also became unusable a few months later, it took him three hours to borrow one. Hunters are also required by Australian law to possess a valid shooter’s licence, to obtain which they must submit to an eye exam and take a written test, in English, reviewing basic weapon safety principles. The test causes difficulties for hunters who do not speak much English. If a hunter does manage to obtain both a licence and a rifle, he still needs bullets, which add yet another cost to the hunting expedition.

Once a car, petrol, rifle and bullets are either borrowed or purchased, the hunters then set off in search of game. In addition to the tangible resources required, hunting and cooking kangaroos requires a great deal of free time. Given the long distances travelled and the scarcity of game, it could take at least a couple of hours to locate and harvest a kangaroo successfully. Once this is done, its carcass is cooked in an earth oven in the bush. The oven is prepared by digging a hole about a metre deep, in ground that is often quite hard and requires a great deal of effort to dig, which is filled with a large amount of firewood. This is also often scarce, and several trips to surrounding areas may be needed to collect a sufficient quantity. Depending on the density of the soil, implements available, location of firewood and number of people participating in the project, preparations may take from half an hour to an hour and a half. Allowing the firewood to burn until only coals remain may take an additional
hour. The carcass of the kangaroo, with the entrails removed, is then buried under the hot coals and allowed to cook for a few hours, depending on the size of the animal.

The amount of time it takes to hunt, kill and cook a kangaroo is several hours and can easily take much longer. Of the 12 hunting trips in which I participated, those that were successful in finding large game such as kangaroos or emus lasted at least four hours. In addition to the lengthy procedure, the borrowed materials incur social obligations, which are repaid with a share of the meal. Steve brought David some of the kangaroo he had shot in part because David gave him bullets for the hunting trip. Game is not generally stored after being cooked, and leftovers are distributed among kin. In this way, a hunting trip yields only one meal for the hunters.

While men travel in search of meat, women also travel in search of vegetable foods, small game and reptiles. Like hunting, gathering is also a time-consuming enterprise and presents similar difficulties. Although many edible plants can be found in the immediate vicinity of Lajamanu, most residents will not consume them, claiming that their proximity to the community pollutes them. As one woman related, ‘There is too much rubbish around Lajamanu. It makes that [bush food] rubbish one, no good to eat. It is much better to go a little bit long way.’ Sites just outside this perimeter, which are ideal for foraging, are often over-picked. Consequently, a car is almost always needed to search for bush vegetables. Since men control many of the vehicles in the community, women may have a more difficult time locating transportation.

The majority of bush foods are not spread evenly throughout the landscape, but occur only in certain vegetation zones and at certain times of the year. Many bush vegetables grow as fruits on trees, vines or bushes, and collecting them is a simple procedure. Others grow as tubers, and harvesting them can take considerably more time depending on the depth at which they are buried and the hardness of the soil. Praised for being sweet and aiding diabetics, bush honey is one of the most difficult foods to collect. Because it is often spoken of as a healthy alternative to sugar, I briefly review the steps involved in its procurement.

When I accompanied David, Elizabeth and their family in search of bush honey, we left Lajamanu mid morning and arrived at the site in less than an hour. David drove, because his wife did not have a driver’s licence. It took four hours to locate a viable honey tree and another hour and a half of hard physical labour to free the honey from the branch. Even then, the honey provided only a small amount of the food intake for the day. Nine people were present, allowing each person about five tablespoons of honey. Considering the effort required for such a small gain, it is not surprising that Elizabeth went foraging on one day only during the bush honey season, despite her insistence that the honey would help cure her diabetes. It is telling that on this trip David and Elizabeth packed a lunch of white bread and steaks, which were cooked while we were waiting for the bush food.

A number of practical considerations often influence food choice more than ideological ones. First, people are used to consuming a relatively narrow range of
food. The priority is not for variety but, rather, for something familiar, whether it is steak and bread or kangaroo. Second, the low income of many individuals limits their regular and sustained access to resources. Hunters may have difficulty locating a four-wheel-drive vehicle or a cook may have difficulty locating a working stove. Third, individuals often try to avoid sharing food in an effort to conserve their own resources.

These factors make the third and final source of food, the takeaway, a preferred source of food in the community. The takeaway sells a range of food with which most people are familiar. Purchasing food from the takeaway does not require a great deal of either resources or money. Pre-cooked food eliminates the need for four-wheel-drive vehicles, guns, bullets, petrol, firewood and working stoves or oven. In comparison to hunting, buying pre-cooked food is also much cheaper and only takes a few minutes.\(^{13}\) The food can be consumed immediately, also eliminating the need for a secure storage facility that will not be pilfered by guests. Because the portions are small and intended only for a single individual, the meal can easily be concealed and later eaten in private, reducing the chances that other family members will request a share. David, after purchasing his meal from the takeaway, has no intention of distributing it and usually hides it in the back of his car. Data confirm that the majority of the food purchased from community takeaways is not shared (Scrimgeour, Rowse and Lucas 1997, 38).

While residents of Lajamanu are able to recite the dangers of eating a diet high in fat and sugar, eating habits remain relatively static because of such considerations as the lack of cooking facilities, low income, high levels of reciprocity and lack of familiarity with alternative foods. People prefer foods that are either ready to eat, such as steak pies, chips and white bread or, alternatively, require minimum cooking, such as tea or meat cuts. These foods, while being convenient, tend to contain higher levels of fat and sugar and have a lower nutritional value than foods that require more preparation. The priority of shoppers who purchase food from the takeaway is not about health but rather about obtaining a quick, cheap, easy meal that tastes good and does not have to be shared.

**Conclusion**

The actions and statements of Warlpiri people regarding their eating habits and views of food reflect the current environment of Lajamanu and wider Australia. Meals are often chosen for reasons like ease of preparation, income cycles and the desire to avoid or postpone reciprocity, all of which help to ensure that individuals have access to food. Similarly, labelling non-Aboriginal foods as causing illness, and bush foods as restorative, is a way of declaring cultural allegiance to Aboriginality.

In multi-cultural Australia, it is through an active demonstration of ‘Aboriginality’ that Indigenous Australians are able to gain access to important resources. For instance, support for outstations is justified, in part, through statements that stress the importance of hunting and gathering to health. Outstations are thought to
provide more opportunities for hunting and gathering and therefore promote health (McDermott et al. 1995; Smith and Smith 1995). I do not wish to evaluate the veracity of claims regarding the improved health of outstation residents. The creation, use and maintenance of outstations is a complex topic and outside the scope of this paper. It is important to note that, in this instance, asserting the positive health outcomes of ‘traditional’ Aboriginal practices, such as hunting and gathering, is also a way of arguing for access to land via outstations. In this case, food is not only important as a source of nutrition but also as a source of power.

While health professionals stress the need to encourage Aboriginal people to hunt and gather more and consume less takeaway food, they must also understand that there are a number of reasons why Aboriginal individuals might not make these lifestyle changes. It is important to realise the difference between the ideals and the actualities of everyday existence that constrain the actions of individuals. A range of complexities underlies Warlpiri social and economic actions that influence food choice and access to it. Attempts to improve the nutrition of Aboriginal people in the Northern Territory would be aided by acknowledging these factors.

Notes

[1] Because the topic of health is particularly personal, I have carefully followed the guidelines of informed consent and use pseudonyms for all participants.

[2] Naughton, O’Dea and Sinclair (1986, 685) found that the muscle tissue of most native species consumed by Aboriginal people contains less than 2.6 per cent fat.

[3] Improved nutrition alone, however, is not necessarily enough to reduce the rate of lifestyle diseases. McDermott et al. (2000) found that, while the diet of Aboriginal residents in their study improved—they consumed less saturated fats and refined carbohydrates—instances of diabetes and obesity still increased by 80 and 60 per cent, respectively. Eating patterns and lack of exercise, not just nutrition, influence health.

[4] Warlpiri people do value fat on hunted animals but, as Naughton, O’Dea and Sinclair (1986, 689) point out, there is less fat on hunted animals, and foods that do contain high levels of fat, such as witchetty grubs, are seasonal. As a result, eating a traditional diet would still have been low in fat.

[5] In a recent report, the Northern Territory Government Department of Health and Community Services (2005b, 1) notes that an average of seven fruit choices and 12 vegetable choices are available.

[6] Although the Lajamanu Progress Association, whose board is composed of Aboriginal members only, officially owns and operates the store, it is still considered by Lajamanu residents to be controlled by non-Aboriginal people, who comprise most of the senior workforce.

[7] Studies show that in the Northern Territory most Aboriginal people prefer white bread to wholemeal, which contributes to low fibre intake (Northern Territory Department of Health and Community Services 1995, 5).

[8] This seems to have been occurring since Aboriginal people in the Northern Territory were first given cash. Rowse (1998, 181) records that, after stores were opened in communities, Aboriginal residents would patronise them immediately after payday but gradually return to rations as their money was spent.

Tregenza and Abbot (1995, 19), Povinelli (1993, 183) and Beck (1985, 84) also note transport is often a major barrier to food collection.

This does not include the casual hunting that often takes place while travelling between communities or outstations.

Stewart (1997, 1) reports similar conditions in the Cape York Peninsula.

Stewart (1997, 110) also comments that, for the residents of Aboriginal communities in the Cape York Peninsula, hunting is a time-consuming venture and many prefer the luxury of the local shop.

References


