

The extent of evidence about Aboriginal and Torres Strait Islander culture and wellbeing



The National Study of Aboriginal
& Torres Strait Islander Wellbeing

Our cultures count.



Acknowledgments

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This paper forms part of the Mayi Kuwayu Study development. In Ngiyampaa language (the language of the Wongaibon people of western NSW), broadly translated, Mayi Kuwayu means to follow Aboriginal people over a long time. The development of Mayi Kuwayu is funded by the Lowitja Institute (Research Activity 1344) and hosted at the ANU. The findings and views we report are our own and should not be attributed to the Lowitja Institute or the ANU.

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Introduction

Aboriginal and Torres Strait Islander peoples have long believed that culture is important for good health and wellbeing. In Australia, there has been a continued call from Aboriginal and Torres Strait Islander peoples for the freedom to maintain, transfer, and revitalise their cultures. Further, there is growing community demand for public health practitioners and researchers to genuinely engage with Aboriginal and Torres Strait Islander concepts of health, and to ensure that research efforts amount to translatable health benefits for Aboriginal and Torres Strait Islander people.

We searched for evidence about the link between culture, health and wellbeing outcomes from literature published between 1997-2017. We used a deliberately wide scope to capture the diversity and breadth of methods and of ways health and wellbeing is defined and measured.



Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Approach to review

The review focused on evidence from Indigenous cultures, including Aboriginal and Torres Strait Islander peoples from within Australia, and other Indigenous communities worldwide.

Electronic databases were used to find articles, including: LitSearch (Pubmed), Web of Science and Proquest, and Scopus. A further hand search based on the reference list of found articles was undertaken. We assessed the quality of evidence and the methods used to collect the evidence. We classified the strength of evidence as low, moderate or high quality using a modified version of the Agency of Healthcare Research and Quality Framework (AHRQ).

Our final review included 72 published articles.

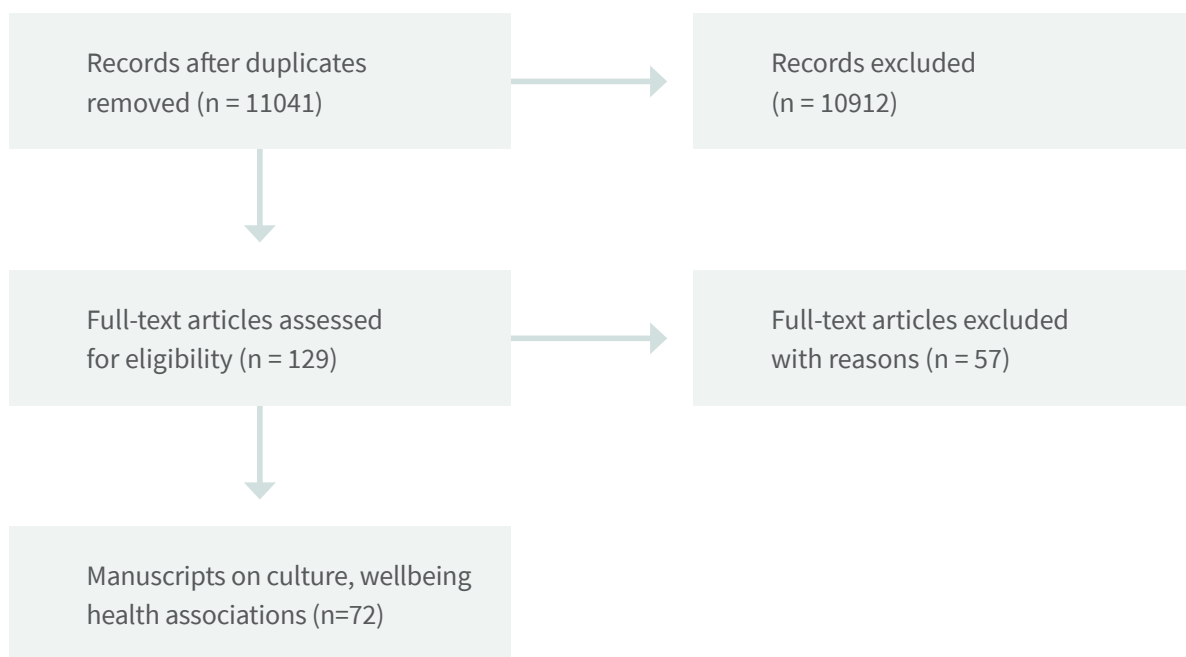


Figure 1. Flow diagram of the evidence review

Main findings

A growing level of evidence

We found an increasing number of studies over time, with the vast majority of these studies reporting positive relationships between culture, health and wellbeing (see Figure 2). The strength of available evidence examining the relationship between cultural factors and health for Indigenous peoples is of moderate quality. This is because almost all studies are observational studies, location-specific and of being small in size.

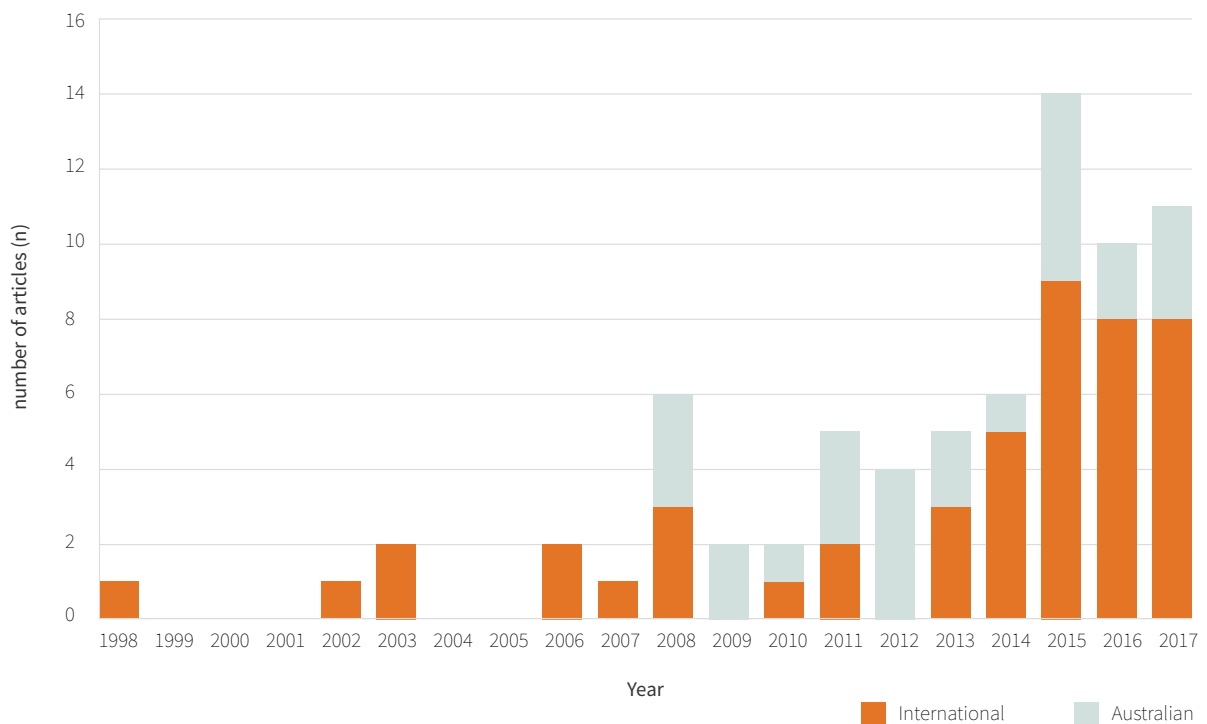


Figure 2. Number of articles on culture, health and wellbeing by year of publication

Greatest amount of evidence is about social and emotional wellbeing

We found 41 studies reporting a positive relationship between culture and social and emotional wellbeing outcomes. There were fewer studies on the link between culture and physical outcomes (16) or health risk factors (20).

Research on Aboriginal and Torres Strait Islander culture and wellbeing uses qualitative and quantitative methods

Quantitative, qualitative and (to a lesser extent) mixed method approaches to studying culture and health is occurring. In Australia, evidence on speaking an Aboriginal language, connection to Country and cultural expression were more likely to be studied using quantitative methods. Cultural factors such as self-determination, family and kinship and cultural knowledge were more likely to be studied using qualitative methods. There were only a small number of articles that used mixed method approaches (see Figure 3).

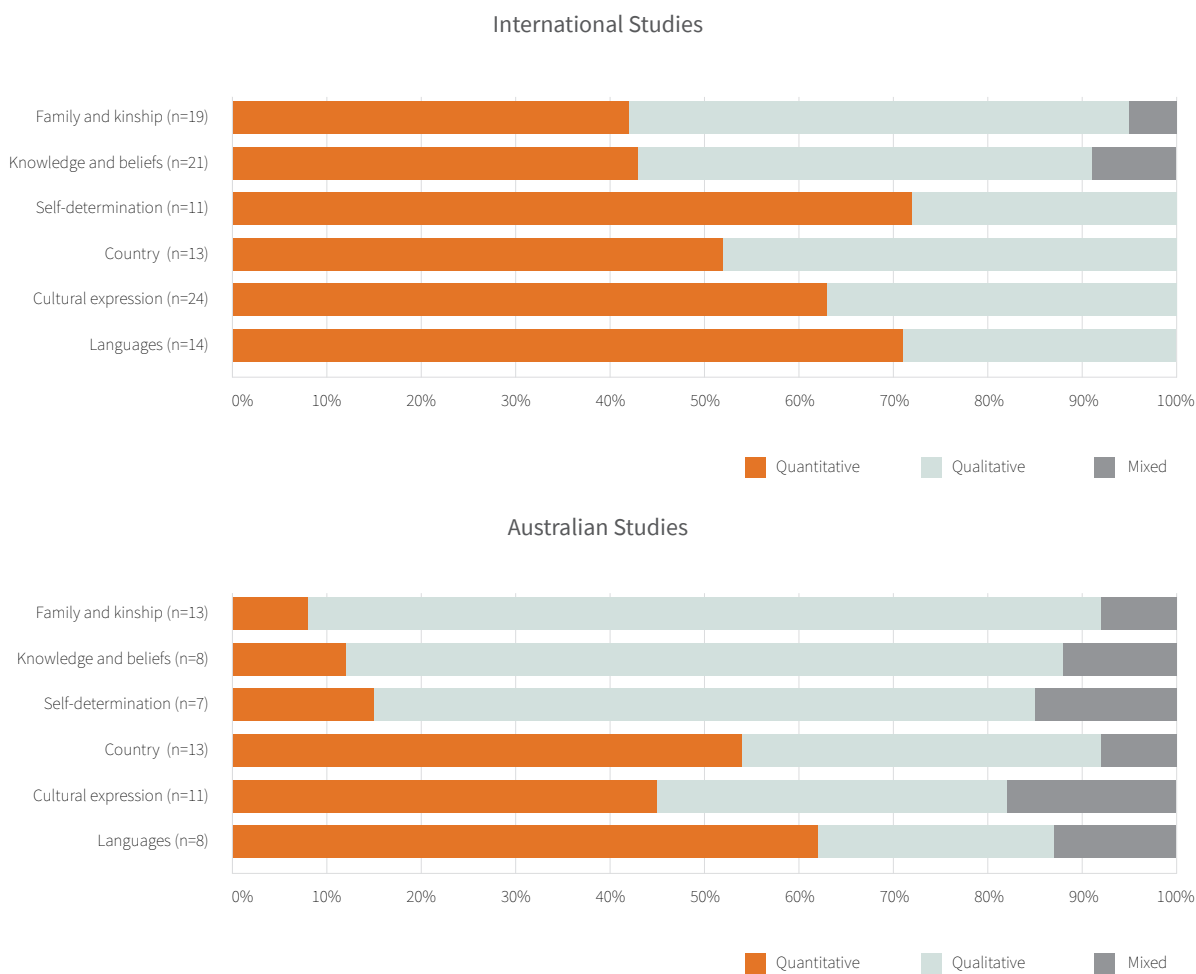


Figure 3. Methods used to study culture, health and wellbeing in Australia and internationally

What this means

The review shows the growing interest in understanding how culture is linked to health and wellbeing. It also shows that the majority of the evidence identifies a positive relationship between good health and Indigenous cultures. Given measurement limitations, the review also highlights the need for future efforts to design valid measures of cultural domains. The role of mixed methods in developing and capturing valid measures of social and cultural concepts, lived experiences and cultural expression of Indigenous peoples is likely to be an important part of future research.

