

# Health Literacy Among Young Aboriginal and Torres Strait Islander Males in the Northern Territory

Report prepared for the Lowitja Institute

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## Report Authors:

James A. Smith, Ben Christie,  
Jason Bonson, Mick Adams,  
Richard Osborne, Barry Judd,  
Murray Drummond, David  
Aanundsen and Jesse Fleay

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The Lowitja Institute  
PO Box 650, Carlton South  
Victoria 3053  
AUSTRALIA  
T: +61 3 8341 5555  
E: [admin@lowitja.org.au](mailto:admin@lowitja.org.au)  
W: [www.lowitja.org.au](http://www.lowitja.org.au)

Menzies School of Health Research  
PO Box 41096, Casuarina  
Northern Territory  
AUSTRALIA  
T: +61 8 8946 8600  
E: [communications@menzies.edu.au](mailto:communications@menzies.edu.au)  
W: [www.menzies.edu.au](http://www.menzies.edu.au)

Authors: James Smith, Ben Christie, Jason Bonson, Mick Adams, Richard Osborne, Barry Judd, Murray Drummond, David Aanundsen and Jesse Fleay

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- Mr David Aanundsen
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- Associate Professor Rob Innes
- Mr Pita Shelford

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## Executive Summary

Health literacy and gender are increasingly seen as critical social determinants of health impacting on the lives of Aboriginal and Torres Strait Islander people. They are repeatedly mentioned in health-related policies and strategies at state, territory and national levels. Yet, very little is known about how these concepts shape the identities and life aspirations of young Aboriginal and Torres Strait Islander males.

The aim of this study was to understand the interplay between health literacy, masculinities and cultural identity among young Aboriginal and Torres Strait Islander males living in the Northern Territory (NT). This research responds to multiple priorities identified during a NT Indigenous Male Research Strategy Think Tank held in June 2016.

The research team included Aboriginal and non-Indigenous stakeholders working together to plan and implement all aspects of the research design. A mixed-methods approach was adopted involving three separate but interrelated phases, including a health literacy survey, yarning sessions and photovoice elements. The fieldwork was undertaken in the Top End of the NT, spanning Darwin, Katherine and Nhulunbuy. It involved working in collaboration with Aboriginal and Torres Strait Islander males aged 14-25 years; and in partnership with local organisations delivering programs and services to this population.

The survey yielded insufficient data to enable a purposeful analysis. However, the data from yarning sessions and photovoice phases (the latter involving an analysis of Facebook posts) provided a rich source of information about conceptualisations of health, health-related behaviours and health-related decisions among young Aboriginal and Torres Strait Islander males in the NT. This was co-analysed by six members of the research team. Adopting a strengths-based approach to thematic analysis, and triangulating data between yarning sessions and photovoice phases, four main categories emerged:

1. Navigating Western concepts of health
2. Prioritising cultural concepts of health and identity
3. Focused attention on social determinants of health and conditions for success
4. Strength in relationships with family, friends and mates

This research demonstrates that young Aboriginal and Torres Strait Islander males are skilled at negotiating health and health-related decisions from both Western and cultural viewpoints. Importantly, they are skilled at navigating the complex nexus between them. This should be acknowledged and celebrated as a strength that could inform future health promotion and preventive health efforts for this population.

Many health programs targeting young Aboriginal and Torres Strait Islander males are framed in relation to risk factors or specific health issues. These are considered important to this population and were discussed throughout the yarning sessions and reflected in Facebook posts. However, participants in this study also adopted a more holistic view of health with regular references to unemployment, lack of housing, poor educational achievement and youth detention as critical determinants of health that needed greater prioritisation. As such, there is a notable mismatch between current policy and program investments, and addressing population health needs, in this regard.

The important role that family and friends play in supporting the health needs and health-related decision-making of young Aboriginal and Torres Strait Islander males has been clearly highlighted throughout this research. Yet, very few health programs oriented towards this group

explicitly involve family or friends, with the exception of some notable sports clubs and community services that facilitate group-based health education activities. This is a lost opportunity and could be a central feature of future health promotion and preventive health efforts targeted towards this population.

We suggest that a deep and genuine consideration of these findings can be used to inform policy and practice improvements aimed at targeting young Aboriginal and Torres Strait Islander males.

## Key Messages

We have developed the following key messages to assist policy-makers, practitioners and researchers with an interest in improving the health and social outcomes of young Aboriginal and Torres Strait Islander males:

Young Aboriginal and Torres Strait Islander males conceptualise and negotiate health from both Western and cultural paradigms (i.e. cultural interface)

1. Contrary to popular wisdom young Aboriginal and Torres Strait Islander males have a well-developed understanding of health, and express a willingness to seek help and use health services
2. Outreach health services offered to young Aboriginal and Torres Strait Islander males in schools, sports clubs and other community-based settings are highly valued
3. Identity formation among young Aboriginal and Torres Strait Islander males involves a complex inter-relationship between culture and gender
4. Recognising key milestones and celebrating positive achievements was important to supporting the life aspirations of young Aboriginal and Torres Strait Islander males and can help to challenge negative public perceptions and stereotypes of this vulnerable population
5. A greater emphasis towards action on Social Determinants of Health was apparent when young Aboriginal and Torres Strait Islander males were entering fatherhood
6. Family and friends play a critical role in the way young Aboriginal and Torres Strait Islander males talk about, and negotiate, their health and health service use.
7. More health promotion and preventive health efforts aimed at positively influencing health literacy among young Aboriginal and Torres Strait Islander males should involve their family and friends, in contrast to individualistic health education
8. Young Aboriginal and Torres Strait Islander males both embrace and resist hegemonic concepts of masculinity (sometime simultaneously), and therefore formulate alternative forms of (Indigenous) masculinities with respect to their health and health-related behaviours.
9. New health literacy measurement tools that better accommodate age and cultural considerations among young Aboriginal and Torres Strait Islander males are urgently required
10. The development of more culturally responsive and age-appropriate health literacy measurement tools (including narrative and visual methods) tailored to the needs of young Aboriginal and Torres Strait Islander males is important to generate baseline data about health literacy among this population at state, territory and national levels.
11. Prioritise the needs and aspirations of young Aboriginal and Torres Strait Islander males more explicitly in public health and social policy development in the NT and Australia.

12. Partnerships with organisations supporting young Aboriginal and Torres Strait Islander males have been critical in engaging this population to conduct research about health literacy
13. Photovoice, including the use of Facebook, is a useful method for collecting and triangulating data to better understand what is important to young Aboriginal and Torres Strait Islander males about their health
14. An opportunity exists to scale the scope of this research to Central Australia and to other jurisdictions beyond the Northern Territory



## Chapter 1: Introduction

We know that gender, culture, age and health literacy are important determinants of health. However, very little is known about the nexus between these determinants. This research report aims to make a partial contribution to address this void. We do so by examining health literacy in the context of the lives of young Aboriginal and Torres Strait Islander males in the Northern Territory (NT), Australia. This project was funded through a competitive research grant awarded by the Lowitja Institute as part of a targeted funding round about ‘valuing young Aboriginal and Torres Strait Islander males’.

Before discussing the research methodology and study findings, it is first useful to understand (a) the rationale for undertaking this project; and (b) the different strands of scholarship that have been used as the evidence-base to influence its development.

The **rationale** for this project emerged out of an *NT Indigenous Male Research Strategy Think Tank* held in June 2016. The aim of the Think Tank was to bring together respected Indigenous male leaders working in a wide range of practice and policy contexts within the NT, alongside respected non-Indigenous male researchers and health specialists with expertise working in Indigenous contexts (Smith et al 2019). The intention was to identify research foci that were important to the health and livelihoods of Aboriginal and Torres Strait Islander males in the NT. The process was specifically designed to give a stronger voice to a group of men that have historically faced significant health and social inequities (Smith et al 2019). The research priorities identified during the Think Tank are reflected in Box 1 below (Smith et al 2019, p506). Those priorities italicised, influenced the conceptualisation of this project.

### **Box 1 – Research priorities highlighted during a Northern Territory Indigenous Male Research Strategy Think Tank in 2016**

- *Researching the positive aspects and contributions on men’s life/health/identity/language*
- Culture competency/awareness as it relates to Indigenous males
- Research into Indigenous men’s parenting and life skills as fathers
- *Understanding the influence and impact of school/education on young Indigenous males*
- Understanding the impact of unemployment on Indigenous men
- *Youth engagement/disengagement and new world views/value systems*
- *Are Indigenous men interested in their health?*
- *How do we (re)build Indigenous men/males as leaders?*
- The positive roles Indigenous males can play in relation to family violence and wellbeing
- *Building an evidence-base about which Indigenous men’s health programs/places/spaces and models of care work and why* (i.e. investment in male health research and evaluation)
- Building the capacity of local Indigenous males to undertake quality evaluations
- Understanding the role and impact of social media on Indigenous male health
- Understanding the impact of intergenerational trauma on Indigenous males
- The impact of the justice system and incarceration on Indigenous males
- The importance of social and emotional wellbeing among Indigenous males
- Understanding the intersection between community engagement/empowerment and Indigenous male role models
- *Understanding the role of Indigenous males as leaders and mentors*
- Understanding addictions in the context of the lives of Indigenous males
- Understanding the role and impact of Indigenous male health workers
- *Understanding the opportunities for investment in prevention programs aimed at Indigenous males, including economic cost-benefit analysis studies*

The **evidence-base** underpinning this project is primarily drawn from three strands of scholarship and policy discourse. This includes:

- (a) Aboriginal and Torres Strait Islander health;
- (b) health literacy; and
- (c) the health needs of Australian males.

We now briefly introduce each of these strands; and start to discuss the intersections between them.

There are well documented health and social inequities experienced by Aboriginal and Torres Strait Islander communities across Australia, with a disproportionate burden of disease, disability and death when compared to non-indigenous Australians (AHMAC, 2017). We also know that **Aboriginal and Torres Strait Islander health** outcomes relate to a complex interaction of physical, social, cultural, economic and environmental factors (AHMAC 2017). Investments over the past two decades have focused on ‘closing the gap’ in life expectancy and health outcomes between Aboriginal and Torres Strait Islanders and non-Indigenous Australians with marginal improvements noted (AHMAC 2017). Key national strategies have noted that action on the social determinants of health and greater investment in health promotion and prevention efforts can assist in this regard, including actions relating to health literacy and improving access to primary health care for Aboriginal and Torres Strait Islander people (Standing Council on Health 2013; Department of Health 2019). The importance of self-determination, empowerment, strengths-based narratives and Aboriginal and Torres Strait Islander leadership in achieving this outcome, has been well documented (Hemingway 2011; Freeman et al 2016; Fogarty et al 2018). Similarly, the pivotal role that the Aboriginal community-controlled health sector has played, and continues to play, in advancing this agenda, is equally important (Panaretto et al 2014).

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has emphasised the importance of building **health literacy** in Australia (ACSQHC 2014). This is embedded into multiple health-related policies and strategies at state, territory and national levels (Standing Council on Health 2013; Department of Health 2015; NTG 2010; DHA 2010a, 2010b; Connell, 2013; Dutta, 2011). But the term ‘health literacy’ often means different things to different people (ACSQHC, 2014; Batterham et al., 2016; Kickbusch, 2009; Nutbeam, 2009; Peerson and Saunders 2009; Sørensen et al., 2012; Rudd 2015). Its origins are grounded in education and have since been adopted more readily in the fields of health education and health promotion (Nutbeam 2000). Indeed, the *7th Global Conference for Health Promotion in Nairobi* in 2009 discussed and acknowledged that health literacy skills were pivotal to empowerment and aimed to enable people and their communities to make effective decisions about their own health, their families health, and that of their communities. This seems relatively synergistic with the aims of Aboriginal primary health care.

Recent literature has reinforced that health literacy is both an individual endeavour (i.e. focused on improving individual health behaviours or achieving positive lifestyle changes) and a population endeavour (i.e. focused on improving population health outcomes) (Ferguson & Pawlak 2011; Sheridan et al. 2011; Squiers et al. 2012; Sorensen 2012). Within the latter discourse, there has been a particular focus on improving health settings and systems to better meet the health needs of the individuals, families and communities (Squiers et al. 2012; Sorensen et al. 2012). It involves an explicit focus on the environment in which citizens think about and make health decisions. This contrasts with earlier definitions which focus more on an individual’s attitudes and behaviours. These new conceptualisations also infer health literacy needs to be understood at various junctures across the life-course and within the context of various

determinants of health. Internationally, the health literacy needs of children and youth, in addition to those of adults, has received increased attention (Bruselius-Jensen, Bonde and Christensen 2016; Fairbrother, Curtis & Goyder 2016; Velardo & Drummond 2017). Perhaps not surprisingly, this broader conceptualisation of health literacy has paralleled a separate, but closely related, public health discourse about the importance of addressing the social, economic, cultural, political and commercial determinants of health (Estacio 2013; Fisher et al. 2016; Smith et al. 2018). An underpinning tenet of such work has related to the importance of reducing health inequities and empowering communities to exert control over such determinants (Estacio 2013; Carey & Crammond 2015; Carey et al. 2015; Kolarcik, Belak & Osborne 2015; Fisher et al. 2016). Again, this is highly synergistic with the principles and values underpinning Aboriginal primary health care.

Currently there is scant research about the relationship between levels of health literacy and respective health outcomes among Aboriginal and Torres Strait Islander people; or how such concepts relate to cultural and Indigenous worldviews (Beauchamp et al 2015; Vass, Mitchell and Dhurrkay 2011). The limited representation of Indigenous knowledges within health literacy related policy and practice documents supports the argument that persisting social and health inequities are, at least in part, a result of poorly designed public health policies (Boot, 2016). Moreover, there is limited research about how the formation of gender identity intersects with concepts of health literacy, particularly in relation to masculinities as they relate to Aboriginal and Torres Strait Islander male health (Innes & Andersen, 2015). Yet, health literacy and gender are both increasingly seen as critical social determinants of health (Ireland and Smith, In submission). As such, we now shift our focus to a strand of scholarship about the health of Aboriginal and Torres Strait Islander males, within the context of a broader men's health (equity) discourse.

*The Health of Australia's Males* report highlights the distinct **health needs of Australian males** (AIHW 2011). Men's health scholars have argued that Australian men die at a much younger age than Australian women (AIHW, 2011, 2017; Smith, Richardson, & Robertson, 2016), and "have higher levels of morbidity associated with lifestyle factors such as low levels of fruit and vegetable intake, insufficient physical activity, excess body fat, smoking, harmful levels of alcohol consumption, illicit drug use, violence, and risky sexual practices" all of which contribute to this trend (Smith et al 2019, p498). Mental illness and suicide have also been noted as significant issues among men (Smith, Adams and Bonson 2018). However, some sub-populations of Australian men, including Aboriginal and Torres Strait Islander males, have poorer health outcomes than non-Indigenous males (DHA 2010a, 2010b; Lohan 2007; Smith, Robertson & Richardson, 2010; Smith, Adams & Bonson, 2018; Smith et al 2019). This is particularly notable among young Aboriginal and Torres Strait Islander males, including those residing in the NT. However, there has been a long history of advocacy to improve this scenario. As Wenitong (2006, p466-467) states:

"Aboriginal men's groups have existed at a local level for many years. These groups attempt to work with Indigenous men to address the many issues facing them and their families. Rather than addressing male issues exclusively, the groups place a high priority on a "whole of family" approach. They address male roles and the loss of these — teacher, hunter and lore-man, but also father, provider, partner and community leader — and include such things as diversionary programs, domestic violence programs and parenting programs. The groups comprise grassroots Aboriginal and Torres Strait Islander men who are committed to making a difference, but they are largely unfunded and generally too poorly resourced to have the broader "systems" community approach that is known to be necessary."

The realisation of a lack of systems response, alongside strong advocacy from within the men's health movement, contributed to the development of Australia's first ever *National Male Health Policy* (DHA 2010a). An important element of this policy was that Aboriginal and Torres Strait Islander males were identified as a priority population. This commitment has continued through the recent release of the *National Men's Health Strategy* in April 2019, but now with a more explicit focus on action and program funding (DoH 2019). From a research standpoint, however, more must be done. As recently suggested by Smith, Adams and Bonson (2018, p7):

“The research team involved in the Australian longitudinal study on male health acknowledges that the current investment is insufficient to achieve the equity focus espoused to meet the needs of priority groups of men, as outlined in the policy. They advocate for additional sub-studies and add-on studies — particularly those studies dealing with the social determinants of health — and consider that it is important to invest in applied research that aims to improve Aboriginal and Torres Strait Islander male health outcomes.”

This infers that investment in Aboriginal and Torres Strait Islander male health research needs to be more clearly aligned with strategic policy intent. Fortunately, there are a range of relevant documents of this nature, from which we can draw. For example, the *National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males*, which was developed by the Working Party of Aboriginal and Torres Strait Islander Male Health and Wellbeing Reference Committee (2004) was a good starting point. This was subsequently revised into the *National Aboriginal and Torres Strait Islander Male Health Framework - Guiding Principles* (DHA 2010b). In addition, the National Aboriginal Community Controlled Health Organisation (NACCHO) released its *blueprint for Aboriginal male healthy futures for generational change 2013-2030*, which also provides a compelling roadmap for what such research can entail (NACCHO 2013). All of these documents emphasise the importance of 'building the evidence-base' relating to Aboriginal and Torres Strait Islander males' health and wellbeing, through greater investment in monitoring, evaluation and research (DHA 2010a; DHA 2010b; NACCHO 2013). This need has also been explicitly highlighted in Indigenous male health scholarship (Smith et al 2018).

At present, there is limited evidence about what works to reduce health and social inequities faced by Aboriginal and Torres Strait Islander males (DHA 2010; DoH 2010; Smith et al 2018). This project aims to unpack understandings of health literacy, and how this is best measured, with a view of influencing policy and practice settings to strengthen health system responses. We trust it provides a useful foundation to scale further research and analysis to understand the interplay between health literacy, gender and cultural identity among young Aboriginal and Torres Strait Islander males located across other regions of Australia.

## Chapter 2: Project Aims & Methodology

### Project Aim

The aim of this study is to understand the interplay between health literacy, gender and cultural identity among young (14-25 years of age) Aboriginal and Torres Strait Islander males living in the Northern Territory.

### Project Objectives

1. To understand how young Aboriginal and Torres Strait Islander males conceptualise health literacy in their day-to-day lives
2. To identify the intersections between health literacy, masculinities and cultural identity among young Aboriginal and Torres Strait Islander males and how these can shape positive life aspirations
3. To identify strategies for strengthening health, sport and recreation, education, justice, employment and community service programs and policies that support young Aboriginal and Torres Strait Islander males to fulfil their life aspirations
4. To test the cultural relevance and applicability of validated health literacy tools for use among young Aboriginal and Torres Strait Islander males
5. To develop a baseline understanding of health literacy among young Aboriginal and Torres Strait Islander males living in the Northern Territory.

### Project Governance

This project had two intersecting governance structures. This included a Research Management Group (RMG) (comprising all Indigenous and non-Indigenous investigators); and an Expert Indigenous Leadership Group (EILG).

The **RMG** met 11 times throughout the course of the project. It oversaw all aspects of project planning, field work, analysis and knowledge translation processes. Collectively, the team has research expertise in Indigenous health, men's health, health literacy, and the social construction of masculinities. The RMG included:

- Professor James Smith (Co-Lead)
- Mr Jason Bonson (Co-Lead)
- Dr Mick Adams (Chair of the EILG and Chief Investigator)
- Professor Barry Judd (Chief Investigator)
- Professor Richard Osborne (Chief Investigator)
- Professor Murray Drummond (Chief Investigator)
- Mr Ben Christie (Project Officer)
- Mr Jess Fleay (invited to contribute to analysis as an Indigenous capacity building activity)

The **EILG** was a virtual group that provided cultural input and advice into the design and implementation of the study, as required. Collectively, the EILG included key Indigenous stakeholders with extensive lived-experience in working with young Indigenous males. The EILG was Chaired by Dr Mick Adams and included engagement with representatives from Australia, New Zealand and Canada. Most engagement was undertaken virtually through email or phone exchanges. The EILG included:

- Dr Mick Adams (Chair)
- Mr David Aanundsen
- Mr Steven Torres-Carne
- Associate Professor Rob Innes
- Mr Pita Shelford

The combination of RMG and the EILG members provided a broad mix of skills in the development of the research; and valuing Indigenous knowledge through research planning and implementation processes.

## Research Methodology

This was a mixed-methods study involving three different phases. This included a combination of:

- (i) Surveys (Phase 1),
- (ii) Yarning Sessions (Phase 2), and
- (iii) Photovoice (Phase 3).

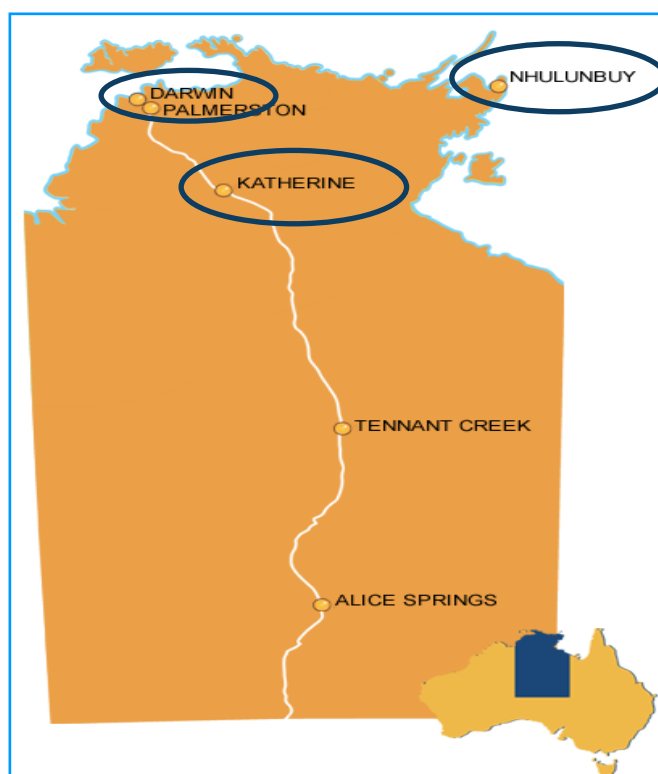
The intent was for this multi-method approach to promote data triangulation as a means of responding to the objectives outlined above.

Before commencing the fieldwork, three vignettes were prepared by Mr Ben Christie (Project Co-ordinator) to provide background information and context about the project. This involved short interviews with:

- Professor James Smith, Father Frank Flynn Fellow for Harm Minimisation at Menzies School of Health,
- Mr Jason Bonson, Senior Policy Officer in Aboriginal Health Policy Strategy/Policy & Planning Branch at NT Department of Health
- Mr David Aanundsen, Program Officer in Programming and Operations Indigenous Australia Program at Fred Hollows Foundation

These vignettes were used to reach-out to potential collaborators and participants. These have been compiled online and can viewed here: <https://www.youtube.com/watch?v=qZDagaoVIUA>

This project involved working collaboratively with a range of different organisations supporting young Aboriginal and Torres Strait Islander males from three regions (Darwin, Katherine and Nhulunbuy) across the Top End of the Northern Territory (see Figure 1 below).



**Figure 1: Map of Northern Territory, including sites involved in the health literacy among young Aboriginal and Torres Strait Islander males in the NT research project**

Other organisations such as the Michael Long Learning and Leadership Centre, Fred Hollows Foundation, Darwin Men's Interagency Network, Charles Darwin University and Northern Territory Primary Health Network were also consulted throughout the research process.

### Phase 1: Health Literacy Survey

This phase involved administering an online health literacy survey to develop a baseline understanding of health literacy among young Aboriginal and Torres Strait Islander males in the Northern Territory, consistent with Objectives 4 and 5. After significant discussion across the RMG and EILG it was decided that two internationally validated health literacy survey instruments would be used. This included the Health Literacy Questionnaire (HLQ) (Osborne et al 2013) and the Information and Support for Health Actions Questionnaire (ISHA-Q) (Batterham et al 2016). The HLQ is currently used in a wide range of mainstream practice settings across Australia; and the ISHA-Q is used more extensively in international contexts where communal health-related decision making is more common (Osborne et al 2013; Batterham et al 2016). An approved license application was required by Charles Darwin University & Menzies School of Health Research to administer the surveys. It was decided that both surveys would be combined into a larger single survey. Randomisation in the sequencing of the HLQ and ISHA-Q in the administration of the combined survey was undertaken to minimise the likelihood of survey fatigue bias associated with either the HLQ or ISHA-Q. Prior to the release of the survey the research team attended a number of network meetings and related groups that focus on youth engagement, including a Darwin Men's Inter-Agency Network meeting in August 2018. The survey was prepared in an online format and was designed to be culturally-appropriate to the cohort through use of visual representations alongside written questions. The survey was actively promoted via multiple Facebook channels (see Figure 2 below).



**Figure 2: Example of survey distribution via Facebook**

The survey period was 38 days from 23 January to 2 March 2019. The survey was promoted through the following online distribution channels:

- NT Primary Health Network (distribution of 2500+)
- Menzies School of Health Research (distribution of 3000+)
- Charles Darwin University (distribution of 330+)
- Lowitja Institute (distribution of 3800+)
- Dragons Development Academy (distribution of 1800+)
- Individual researcher networks

The survey was administered online only without any face-to-face facilitation support. Participants were eligible to go into a prize draw for an iPad prize giveaway.

### Phase 2: Yarning Sessions

This phase involved conducting nine Yarning Sessions with young Aboriginal and Torres Strait Islander males from the Top End of the NT who were aged between 14-25 years. Yarning Sessions were held across three regions of the Top End – Darwin, Katherine and Nhulunbuy. Concepts associated with health literacy, masculinities and cultural identity were discussed. A set of guiding questions (see Attachment A) were initially used to support the Yarning Sessions, broadly based on the validated Conversational Health-Literacy Assessment Tool (CHAT) (O’Hara et al 2018). However, this approach had its limitations. On advice from members of the EILG, the research team adopted a more fluid and interactive discussion drawing on the life circumstances of participants (Bessarab & Ng’andu 2010; Leeson, Smith and Rynne 2016; Vujcich et al 2018). This approach worked well.

The Yarning Session environment, and subsequent discussion, was also influenced by pre-existing relationships between participants. This meant there was often friendly banter throughout the Yarning Sessions. This differed considerably between regional contexts and settings.

The Yarning Sessions varied in size from 2 to 11. Collectively, 39 young Aboriginal and Torres Strait Islander males participated in one of the nine Yarning Sessions. One or two members of the research team undertook the Yarning Sessions. This included BC, JS and JB. Recruitment of young Aboriginal and Torres Strait males to participate in Yarning Sessions was typically facilitated through a community-based organisation supporting the health and wellbeing of these youth, such as:

- Clontarf Foundation (Katherine & Sanderson)
- Nightcliff Dragons Development Academy (Rugby League Club)
- East Arnhem Regional Council (Youth Drop-In Centre)
- Katherine Flexible Learning and Engagement Centre
- Miwatj Employment Program
- Venndale Rehabilitation Centre

Yarning Sessions were held between October 2018 to February 2019. Most occurred in an environment familiar to the participants, such as the facilities used by a local community-organisation. They typically lasted for 30-75 minutes. This depended on the number of participants and the time available for yarning. The research team was particularly keen not to impose, or impact negatively, on the daily tasks and activities undertaken by participants, including those associated with the community-organisation from which they had been recruited. All Yarning Sessions were audio-recorded and transcribed verbatim by a professional transcription service for data analysis. All participants were offered a \$30 sports, fishing or gift voucher to acknowledge their contribution. Approximately half of the participants in Phase 2 were also invited to participate in Phase 3 described below.

### Phase 3: Photovoice

This phase involved inviting young Aboriginal and Torres Strait Islander males from the Top End of the NT aged between 14-25 years to take digital images (photographs or videos) of themselves or others with respect to what was important to them about their health. It was considered that this visually-oriented research method would be most appropriate based on the participant demographic. Indeed, this phase of the study was loosely based on what it typically referred to as a photovoice approach (Wang & Burris 1997), which is now commonplace in public health research contexts globally, particularly those involving children, youth and/or people with low levels of literacy where empowerment and social change may be primary objectives (Budig et al 2018; Liebenberg 2018).



The initial research protocol involved issuing i-Pads (on loan) to individuals and two organisations (both in Katherine) for a period of up to two weeks between October 2018 and January 2019. Personnel from two of the organisations were trained by investigators to provide a brief overview about the project to potential participants attending their organisation prior to releasing the i-Pad on behalf of the research team. These organisations were also briefed about the need for individual consent from each participant. This approach proved to be too cumbersome for the participating organisations and yielded minimal participation. An alternative research approach was subsequently explored in consultation with the RMG and EILG.

After a successful Yarning Session in January 2019, it became apparent that most participants were active Facebook users. The research team subsequently applied for an ethics variation to seek individual consent from Yarning Session participants to access their personal Facebook page (post Yarning Session) to examine the images, memes and posts that young Aboriginal and Torres Strait Islander males were posting in relation to their health and wellbeing. All participants that were invited to participate consented without concern. Sixteen young Aboriginal and Torres Strait Islander males aged between 14-25 years old agreed to participate in this component of the study. With the exception of two participants engaged through pre-existing researcher networks, all participants had previously participated in a Yarning Session during Phase 2. This novel approach was deemed to be less onerous and time consuming for the youth, as it made good use of information they were already collecting and conveying to friends and family (and sometimes to the general public) throughout their daily lives. It was also considered by the research team to be less contrived, and likely to reflect a more honest and accurate record of their day-to-day activities.

The full potential of this approach was limited by a short timeframe to seek consent from participants and then collect and analyse the data. Nevertheless, the research team reviewed content from a small pool of participant Facebook feeds, took snapshots of images perceived to be relevant to the research objectives, and coded the Facebook data thematically against Yarning Session themes, as a means of triangulating data. This approach provides an innovative way to understand concepts of health literacy among young Aboriginal and Torres Strait Islander males and warrants further exploration in future scalable research on this topic.

### Analysis

As mentioned previously, there was insufficient data from Phase 1 to undertake a meaningful analysis of the limited survey data collected.

Phase 2 involved a Thematic Analysis of transcribed data collected during Yarning Sessions. This was initially undertaken over a two-day face-to-face workshop in March 2019 with four RMG members (including two Aboriginal and Torres Strait Islander investigators), two EILG members (both Aboriginal and Torres Strait Islander) and an invited interstate researcher (also Aboriginal and Torres Strait Islander). Codes were first developed individually after repeated examination of Yarning Session transcripts. They were then discussed collectively as a team, and a preliminary list of codes was developed inductively.

Phase 3 involved a combination of Framework Analysis and Thematic Analysis (i.e. it was both deductive and inductive), whereby photos, Facebook posts and memes collected during the photovoice component were coded against the themes that emerged through the Yarning Sessions. Any new themes not captured through the Phase 2 analysis were coded as new sub-themes. However, there were minimal new themes as there was strong concordance between data collected during Phases 2 and 3.

### Ethics

Ethics approval was granted by the Charles Darwin University Human Research Ethics Committee on 21 August 2018 (H18043) (see Attachment B). This was a protracted ethics approval process (over six months) with initial concerns raised about the photovoice component, subsequently delaying project commencement.

## Chapter 3: Analysis & Discussion

### Phase 1: Surveys

The research team was aiming to achieve a sample size of between 80-120 survey completions. Unfortunately, only 31 people commenced the survey, of which only 16 identified as a young Aboriginal and Torres Strait Islander males. Only two respondents completed the survey in its entirety. This meant that there were insufficient responses to undertake a meaningful analysis. The research team considers there are multiple reasons that led to a poor response rate to Phase 1:

- A couple of community-based workers suggested post-survey release that the content would be difficult for some young Aboriginal and Torres Strait Islander males to navigate on their own and to complete in its entirety.
- The decision to combine the HLQ and ISHA-Q meant the survey was very long, therefore increased the likelihood of poor engagement and early disengagement.
- The survey was administered online only without any facilitated support. Face-to-face administration, where participants had the opportunity to ask questions or seek clarity prior to responding, may have reaped greater response rates.
- Despite efforts to circulate the survey through multiple networks, including those targeting Aboriginal and Torres Strait Islander people, this may not have penetrated through to young Aboriginal and Torres Strait Islander males in the way we had originally planned.
- Both the survey tools are designed for adult populations rather than youth. The identification of alternative health literacy tools that are specifically designed to engage youth, may be more effective. The research team does not know of any validated health literacy tools to assist in this way and considers a new tool, potentially with pictorial-oriented questions, could be developed to address this gap.
- There are currently no studies indicating the efficacy of HLQ and ISHA-Q for Aboriginal and Torres Strait Islander populations. In addition, there are no specific Aboriginal and Torres Strait Islander health literacy survey measurement tools that we could have used. The development of a health literacy tool specifically tailored to the unique cultural contexts of Aboriginal and Torres Strait Islander would be beneficial.

Conversely, the qualitative phases involving Yarning Sessions and Photovoice have been highly successful. These two methods provided a useful way to triangulate data and cross-check emerging themes. We conducted nine Yarning Sessions across the regions (Nhulunbuy, Katherine and Darwin) undertaking three more Yarning Sessions than we had originally anticipated). This phase of research has also assisted in establishing relationships with organisations working with young Aboriginal and Torres Strait Islander males, which is likely to lead to ongoing and longer-term research relationships. We subsequently turn our attention to the analysis of Phases 2 and 3.

### Phases 2 & 3: Yarning Sessions and Photovoice

The following chapter reflects a staged approach to analysis based on data collected during two phases of the research - Yarning Sessions, and Photovoice.

The first stage involved the thematic analysis of transcripts from Yarning Sessions. The thematic approach is useful for inductively creating conceptual groupings for multiple standpoints (Riessman, 2006). This analysis process involved the manual coding of hard-copy transcripts among six members of the research team, including four Aboriginal and Torres Strait Islander investigators (MA, JB, DA and JF) and two non-Indigenous investigators (JS and BC). Key themes were generated individually, and then discussed and refined as a team over a two-day research analysis workshop in March 2019.

The key themes were then distilled into four main categories:

1. Navigating Western concepts of health
2. Prioritising cultural concepts of health and identity
3. Focused attention on social determinants of health and conditions for success
4. Strength in relationships with family, friends and mates

The second stage of analysis employed Framework Analysis. This has its origins in social policy contexts in the United Kingdom and is often perceived as a pragmatic approach to real-world investigations (Ritchie & Spencer, 1994; Smith & Firth, 2011; Ward et al., 2013). It tends to be deductive in nature where pre-arranged themes (in this case those identified through the Yarning Sessions), are used to thematically drive the examination of qualitative research findings (in this case Facebook posts and images). Framework Analysis has most frequently been applied to health research contexts, but can be used in any applied research context aiming to inform policy and practice directions (Srivastava & Thomson, 2009; Ward et al., 2013). This involved examining Facebook content (written posts, memes and photos) from the past three years from consenting individuals involved in the Yarning Sessions, and then coding this against the seven categories identified above. This was used as a means of data triangulation – an opportunity to explore attitudes and perspectives in relation to every-day activities and actions shared online.

The discussion below represents a combined analysis using data sources from both the Yarning Session and Photovoice components. Individuals have consented for their identity to be shared through the use of their Facebook material.

### 1. Navigating Western concepts of health

There was strong and consistent talk during Yarning Sessions about Western concepts of health. This usually surfaced when participants were asked what was important to them about their health. Most initial responses were brief, with risk factors such as alcohol consumption and smoking being considered harmful to their health, and something which they tried to avoid. Discussion about other aspects physical health included sport and physical activity, ‘ganja’ (cannabis) and other drugs, sexual health, road trauma, violence, nutrition and injuries.



Source: Michael Freeman



Source: Nightcliff Dragons



Source: Nightcliff Dragons



Source: Nightcliff Dragons



Source: Nightcliff Dragons

However, discussion also extended to various aspects of mental health including depression and anxiety, stress, boredom, hopelessness, suicide, relationships, recognition and praise, roles models

and social support. Occasionally physical and mental aspects of health were discussed in tandem. For example:

*“Not smoking....Don’t think too much about negative stuff...Positive influences around you as well...Don’t get stressed over it too much...You can go for a run...Get a massage. Everyone likes a massage.”* (Yarning Session 2, Katherine)

Another participant stated:

*“Exercising and Fitness. Good fitness. Mental health.”* (Yarning Session 9, Darwin).

Traits associated with hegemonic masculinity, such as ‘control’ and ‘stoicism’ were explicit in the talk of participants. These traits were both embraced and resisted, depending on the context in which they were being discussed. However, they were usually mentioned in relation to the development of positive attitudes towards health and health-related behaviours. This conveys a degree of consciousness about the influence of stereotypical masculine norms among this population.

*“...alcohol turn us another way... [if] you can’t control the alcohol...you’re not a man. You see your worst enemy.”* (Yarning Session 1, Katherine)

Another participant claimed:

*Yeah, I[’ve] been down south...I personally think it’s just the way - it’s not right, but it’s the way we live. Dudes are meant to be tough as nails, not give a shit about anything and girls are sensitive. That’s just like - I don’t know, just the way people look at things. It’s pretty hard to change it because it’s been like that for a while...You’re always told to harden up when you cry and that sort of stuff... Fatherly figures, like your dad or your pop. He’d always tell you to [be a] man.* (Yarning Session 9, Darwin)

Despite accounts of being told by other male figures in their lives to withhold emotions and be ‘tough as nails’, there was a certain ambivalence towards such advice, particularly in relation to help-seeking and emerging public narratives about mental health. This marks a significant generational transition among young Aboriginal and Torres Strait Islander males, which challenges Western stereotypical notions that boys and men are reluctant to seek help and unlikely to disclose mental health concerns. In fact, some participants took part in a 2016 viral #itsOKtotalk selfie campaign which actively encouraged their mates to seek help. Others posted memes about talking about mental health concerns and bullying.



Source: Jhye Reynolds



Source: Nightcliff Dragons



Source: Venndale Rehabilitation Centre



Source: Venndale Rehabilitation Centre

In addition, participants frequently spoke about local Aboriginal community-controlled health services. Some were also aware of sex-specific health services such as men’s clinics/programs, particularly in the remote locations of Yirrkala and Katherine.

*Yeah, they got Wurli...I think they had a StrongBala program...Not me. I only went to Wurli. I went to Wurli...then Wurli check-up my body, my health check...then I came here...I would say like Wurli, they do it a little bit better, yeah...They bring back results and give us the results. They follow up. (Yarning Session 1, Katherine)*

*There’s that men’s clinic...I think it’s important. They feel comfortable coming to see them. Instead of going to the other clinic, they always go to men’s. For reasons of culture it’s really important....I think they do meetings and that, that I’m aware of – cultural barriers, and that. Most of the health staff – they train through their clinics, which is really handy. So, all the new doctors and nurses know. (Yarning Session 8, Yirrkala)*

Occasionally, there was a preference for a male health service provider, although this was mediated in relation to expert knowledge. As one participant claimed:

*It’s easier to communicate with a man....I’d say that too ....If it’s a men’s issue, you want a dude. You don’t want to tell your dude issues to a girl, if that makes sense.... I’d prefer to talk to a bloke about it more than a chick.... it depends; who knows more, I guess, in the end. (Yarning Session 9, Darwin)*

Participants also spoke strongly about outreach health services, particularly health education offered through schools, clubs and community groups. Evidence of health education efforts was reflected in Facebook photos.



Source: Nightcliff Dragons



Source: Nightcliff Dragons

*What did you say you guys do? Outreach or something? Do that more to the schools and educate them, middle schools, high schools...they can tie in with the school. That'd be good...At my school last year, we had a chaplain from the school and if you had any issues, go see him. He'd pull you out of class every now and then just to check up. Yeah, things like the counsellor...It would be good if they were younger and a bit more relatable, better than having someone who's 60 come in and have a chat with you. Or someone that's gone through the same stuff as you with experiences... The chaplain that we had at our school...he was an ex-druggie, bikie gang. It was cool. He related in a lot of ways. (Yarning Session 9, Darwin)*

In these contexts, people with lived experience of particular health issues and/or younger people that could be related to easily were preferred in these outreach contexts.

Clear and factual communication between young males and health service providers was also valued. As one participant commented:

*[Information needs to be] more informative, dumb it down...Simplify it, if possible. No medical jargon....I trust it because I don't know what I'm talking about...They could say I've got something and I'll be like, "Yeah, okay. I believe it."... I went to the doctor once and she proper explained it to me when she was like, "Do you know what I'm talking about?" I was like, "No, no clue," and she dumbed it down for me in words that I could understand. That helped....It's important they translate that message because they could say, "Blah, blah, blah, do you understand?" and you just want to say yes rather than repeat back...important information they've given you, whatever it is that you need to take home and do. (Yarning Session 9, Darwin)*

This commentary is consistent with other Australian research examining communication between GPs non-Indigenous middle-aged and older men (Smith et al 2008).

Other help-seeking options were also mentioned in addition to health services. Confidantes such as friends, coaches, teachers and bosses were mentioned. These confidantes were reported as asking questions about, and expressing interest in, the health of the young Aboriginal and Torres Strait Islander males participating in the study. This was generally something respected by these young men, with an expressed inclination to respond positively by sharing their health issues and concerns with these significant others.

*Yeah...Or, your boss at work...Or, you can even see your doctor...Being comfortable to talk to. Maybe a teacher or a coach. Even their parents – some boys won't talk. I reckon teachers, or whoever's looking after them – they notice the signs, you know? And, they say, "What's going on?" (Yarning Session 8, Yirrkala)*

Some participants involved in Yarning Sessions were reticent to speak to their parents about their health, despite most reporting they had reasonably good relationships with their parents. While others said parents, both mothers and fathers, were an important source of health information and support. It appears mothers were engaged in health discussions, to talk things through, whereas fathers gave more assertive health and wellbeing advice.

*My dad mostly, because I tell him everything that happens. He helped me eat my vegetables...stop being lazy... get up and do something... get some exercise, go for a walk or go fishing." (Yarning Session 5, Katherine)*

*I'm comfortable talking to someone I know, if it's a chick, and if we're close, like my mum or something. (Yarning Session 9, Darwin)*

Similarly, multiple Facebook posts indicated that participants had strong relationships with their fathers.



Source: Wamud Phillips



Source: Cale Bonson

Interestingly, the reported relationship with grandparents, and subsequent discussion about their health, was different. Participants spoke of grandparents and Elders guiding them in relation to their health, and health-related behaviours, often through the sharing of life stories. This intergenerational exchange of information was generally valued by participants. It is perhaps more closely aligned with cultural expectations of knowledge sharing.

*Grandparents, they tell you their mistakes and their health issues and they tell you what not to do...they tell you from their life, growing up. (Yarning Session 9, Darwin)*

However, it is unclear whether these relationships and discussions positively influence their subsequent health-related behaviours.

## 2. Prioritising cultural concepts of health and identity

Another prominent theme through both Yarning Sessions and Photovoice was the prioritisation of cultural concepts of health and the respective influence on identity formation. Discussion about being on country, particularly fishing and hunting, was reinforced across all nine Yarning Sessions. This was also a very prominent feature of Facebook posts and images.



Source: Robert Balmana



Source: Tyrone Nona



Source: Robert Balamana



Source: Venndale Men's Camp



Source: Tyrone Nona



Source: Venndale Men's Camp

Some participants spoke about 'bush foods' and 'bush medicine' as being important aspects of their health and identity as young Aboriginal and Torres Strait Islander males. Magpie geese, buffaloes, fish and crocodiles all featured in the Facebook images, reinforcing the cultural significance of bush foods and hunting, and the relationships between them.



Source: Robert Balmana



Source: Tyrone Nona



Source: Robert Balmana

We argue these reflect a positive expression of masculinity, that is rooted in a cultural connection to country, which is likely to differ to that noted among young non-Indigenous males. Interestingly, there were minimal images of plant-based bush foods or medicine, despite an increased focus on their therapeutic qualities in popular media and science in recent years. We hypothesise this is a reflection of traditional gender roles and respective gender-related activities tied to cultural practices in some remote community settings across the NT.

There were three other strong cultural narratives that were mentioned repeatedly throughout interviews. This included 'staying strong', doing things [the] 'right way', and 'discipline'. These terms appear vague from a Western viewpoint, but have a much deeper and more holistic connotation, from a cultural standpoint. The following excerpts are indicative of the way in which 'right way' was expressed:

*Kids here...Family too...To feed them. Or teach them, the right way. Because tell them go to school, get the education...Learn something.... You've got to put your family's health there.... All the Elders, the Yolŋu. Helping all the sick people. Yo. (Yarning Session 6, Yirrkala)*

*Bringing them up the right way. Nowadays, culture's pretty important to have them around. I think it's important to watch them grow positive. I've seen it growing up with a couple of my cousins. They went downhill, but then, their parents have to you know pull their heads in off the rails and we grew up quickly. But, for your own thing, I reckon...It's the right way to bring them up...with friends and family. (Yarning Session 8, Yirrkala)*



*Teach them the right way...Keep them in outstation, away from alcohol. (Yarning Session 1, Katherine)*

Noteworthy, is that the term 'right way' was explicitly linked to education/teaching/learning, alongside a collectivist and relational view of the family. In turn, doing things [the] 'right way' was perceived to show respect for culture and Elders, and was something that most participants in remote locations had an explicit awareness of, reinforced through Facebook memes.



Source: Robert Balmana

This was less evident throughout Darwin Yarning Sessions. Of interest is that the participants that did speak doing things [the] 'right way', did so in third person. That is, there were no personalised or reflective accounts of doing things [the] 'right way'.

Occasionally cultural lore was also discussed. One participant mentioned:

*I see cultural lore...because I [will probably be going through that soon]... For two or three months, and come back... Because you've got to go there, stay there, and you've got to stand and heal up, and come back when you are all good. (Yarning Session 5, Katherine)*

Discussion about culture in relation to health and identity was expressed less often among young Aboriginal and Torres Strait Islander males throughout the Yarning Sessions in Darwin. This does not imply their cultural identity is less significant. Rather, it was expressed in different ways. Symbolism used through Facebook posts and memes was one way these young males expressed their cultural identity. Online imagery, particularly that of the Aboriginal flag, was an explicit way this was conveyed.



Source: Elton Huddleston



Source: Elton Huddleston



Source: Robert Balmana

One participant from a remote setting also reflected on his cultural identity through use of humour, as evident by sharing the meme below.



Source: Robert Balmana



Source: Elton Huddleston

### 3. Focused attention on social determinants of health and conditions for success

The current National Aboriginal and Torres Strait Islander Health Implementation Plan has an explicit focus on social and cultural determinants of health. This is also reflected in the NACCHO Aboriginal Male Healthy Futures Blueprint. So perhaps, not so surprisingly, this was also reflected in the narratives from Yarning Sessions. Participants spoke about:

- the impacts of unemployment and aspirations for jobs and careers;
- participation in school and educational success as important life achievements (and those that were fathers mentioned the educational aspirations they had for their children);
- the normative nature of detention, jail or incarceration among males in their family or peer groups, and the respective lifelong and intergenerational consequences this has for their health and wellbeing
- insufficient housing and accommodation (with a strong desire among those that were fathers to provide a stable living environment for their dependents)
- the pervasiveness of racism in multiple aspects of their daily lives
- the importance of community, civic participation and 'giving back'

These were also frequently reflected in memes posted by the participants, often with implicit messaging about social determinants of health, sexual health and sovereignty.



Source: Elton Huddleston

"When are you gonna start taking things seriously?"  
Me:



Source: Michael Freeman

A key issue reported in remote communities was limited activities for young males 'to stay out of trouble'. In turn, this was perceived to lead to 'boredom', which was then considered to lead to other health and social issues, including substance misuse, excessive alcohol consumption, violence, and acts of crime. Reflecting on their experiences growing up in remote locations, two participants stated:

*Probably breaking into places and sniffing. That was horrible. And, people doing drugs was common when we were growing up. They survived it – some people didn't. It was hard growing up in a community. Everyone knows you because it's so small. Tight knit families. Death would affect everyone, which was no good. (Yarning Session 8, Yirrkala)*

*Domestic violence... It's more fighting... I think an issue is mainly fighting. ...just don't do drugs, and you can drink alcohol if you do it responsibly and safely. (Yarning Session 3, Katherine)*

It became clear from this yarning, that anti-social behaviours were a consequence of a lack of organised social interaction and engagement at the community level. Interestingly, these narratives were less common among the young Aboriginal and Torres Strait Islander males in Darwin, that reported being more actively engaged in sports clubs and other community activities. As one participant from Katherine mentioned:

*The old rugby field on Giles Road, the Rec Club...That was a very good facility... It shut down three years ago, or three and a half now... it's a good sporting ground. It did have a family atmosphere because of the playground. There was sport on and there was a restaurant there as well... there is a kitchen. I'm not sure what state it's in now. But it's the only kind of sporting ground that has club rooms with a restaurant. (Yarning Session 2, Katherine)*

Another discussant, from the same community, said:

*[If there was] a Motocross track that's open to the public...anyone could use it...Because a lot of kids get pulled up riding their motorbikes or out bush...or the kids get in trouble for that. Whereas if there was a Motocross track, they'd go along the Motocross track not out bush to get in trouble. (Yarning Session 2, Katherine)*

In some instances, discussion about lack of services extended into talk about diversion programs and youth detention. In one Yarning Session it emerged that diversion programs can act as a perverse incentive for some young males. In remote communities where there are limited activities 'to stay out of trouble', and where 'boredom' has been identified as a key social issue (as already described above), engagement in youth diversion may be an attractive alternative and potentially perceived as a reward. As one participant commented:

*Like, it is what it is because it's not meant to be fun. Because you've broken the law, so there's your punishment. It's not meant to be fun. It's meant to be, learn your lesson. You do important shit now, enjoy it. You could have been doing this at home, but now you have to do this... Because nobody wants – otherwise people are going to be like, well it's that stupid diversion, I'm going to do this and get this amount of hours in Youth Diversion and it will be all fine. Now I won't be bored. Whereas like if you put boring stuff there, then they're going to be like, I don't want that so I'm not going to do it...Maybe clean the graffiti off the skate park [instead]. (Yarning Session 2, Katherine)*

We were fortunate to speak with three young men attending an alcohol residential rehabilitation facility in Katherine. Each of these men were there for different reasons. They were aged 19, 20 and 21 respectively. Each had children of their own. Each had a lived experience of being incarcerated prior to attending rehabilitation. They spoke normatively about incarceration, and the events that had led to their imprisonment.

*What alcohol do to me is make me do violence. Got into fights... Well, I'm here because of stealing my eldest brother's Hilux and crashing it while I was drunk. And I had suspended sentence on my license, they gave me suspension... I breached my order. I should not drink and drive... was in jail for one month, and then four months in here. (Yarning Session 1, Katherine)*

*I was being an idiot outside, like drinking with my brother's family. And I had an argument with my partner and then we had a fight, and then she put me in jail...I do my time there, maybe one month. I be remanded for one week, and then I came in to Katherine...I go back for another week, come out get bail, and then I go back, do another three weeks, and then I came here on that day. I'll be out in December, I think. (Yarning Session 1, Katherine).*

Importantly, there was a high level of consciousness, reflection and understanding about how their personal behaviours and actions had impacted on the health and wellbeing of both themselves and others. They also spoke with conviction about topics such as employment and housing, as did other participants. In fact, aspirations for employment were high. Aspirations for employment were generally tied to jobs that were readily visible in the local economy and/or that participants had observed their family members pursue. These were generally manual jobs, aligned to blue-collar occupations. For example:

*Be a ranger, a tour guide...Nitmiluk is pretty big. I'm from Kakadu, my mum's from there and most of my family are rangers there...my older cousin was a ranger and he got good jobs, good money from there, and he told me it's fun. Takes people on boat tours, to different waterholes and all that...that's what I want to do! (Yarning Session 5, Katherine)*

Another participant commented:

*I would like to go to the mines and work. I want to go and do some mining work...Support my kids. My best interest is being a mechanic. I'll take him to work on night patrol, and tell them kids to go back home, sleep early for school...I want to do cattle work too.... It's really hard in prison...In prison it's really, really hard. You've got to be strong to be in there. (Yarning Session 1, Katherine)*

One participant mentioned his intention to move interstate to pursue his career.

*Goals...I'm hoping to go overseas, to be honest...I'm doing a trade. Diesel fitting.... So, I'll probably try out interstate, or something. So, hopefully, in the next few years, I'll do that. (Yarning Session 8, Yirrkala)*


#### 4. Strength in relationships with family, friends and mates

Stories about the importance of family were often shared during Yarning Sessions and reinforced through photos posted on Facebook. This could generally be divided into three categories: (a) relationships built on love, trust and respect; b) providing for your family; and (c) fathering. With respect to relationships with family, this was conveyed in Facebook posts more commonly than yarning.

 Sebastian Nethercott-page updated his cover photo.  
22 January at 2:35 pm · 🌐



Source: Sebastian Nethercott-Page

 Jai Nabalwad is with Robert Bulanj Balmana in Gunbalanya.  
20 February · 🌐



Source: Robert Balmana

Happy birthday big marn, missing you mate have a good one 🥰



Source: Cale Bonson

Gerry love you mum ❤️



Source: Sebastian Nethercott-Page

However, occasional comments were made about the role of, and connection to, families:

*"Mum, dad and siblings...family are really important, they are our personal connections. If I'm feeling sad or something [I'll reach out]." (Yarning Session 5, Katherine)*

*I live with my parents and brothers and sisters. Well, at the moment my partner and my kid, they're in Perth, they went there for a funeral...they're coming back tomorrow to Darwin, and I'll be having my court on Friday. They'll come down for my court [date]...I miss them so much. (Yarning Session 1, Katherine)*

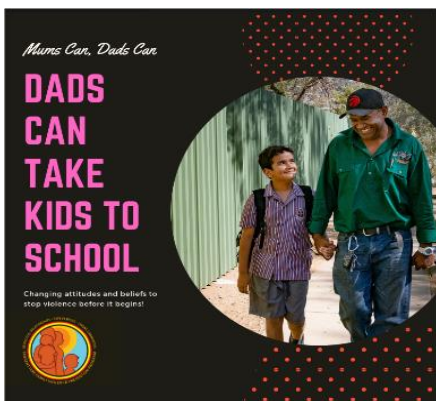
Some of the young Aboriginal and Torres Strait Islander males in this study were fathers, and some were not. However, those that were fathers reinforced the love they had for their children. The young males that had been separated from their partners and children through detention, imprisonment or rehabilitation expressed extreme anguish in being separated from their families. Some had gone months without talking to or seeing their loved ones, saying it was a 'hard', 'stressful' and 'sad' time to be away from them.

Other participants spoke of a strong desire to provide for their families, particularly in relation to food and shelter. However, this was not discussed in a way that resembled a 'breadwinner' discourse that would be considered consistent with hegemonic constructions of masculinity and aligned with a Western (nuclear) family structure. It was different. It was tied to gender roles based on cultural norms and responsibilities, reflecting a broader family kinship system and the expectation to be a role model. These was more evident in talk from participants from remote locations:

*We've been saying...men do their own men's way... Make spear. You know, that's men's business...art. Some are a man's, and some will be a woman's...It's balanced. Men find enough to feed the family...to help mainly your own family, other family members. (Yarning Sessions 6, Yirrkala)*

*It's pretty important because...you look after yourself and the others, as well...At our age, now, we've got young kids around. We've got to set our example now... Think straight, you know? More discipline. (Yarning Session 8, Yirrkala)*

There was evidence, through Facebook posts, that the young Aboriginal and Torres Strait Islander males who were not currently fathers were still thinking about fatherhood and family planning. Sometimes this was approached humorously, and at other times it was linked to becoming a responsible role model for the next generation. Interestingly, there appeared to be limited anxiety or concern about becoming father. In fact, it seemed this was part of a formative gender identity for many of the participants, particularly those aged 17+.



Source: Venndale Rehabilitation Centre



Source: Sebastian Nethercott-Page



Source: Robert Balmana

Participants frequently spoke about the importance of their friends and mates. As mentioned previously, friends were often considered to be confidantes and useful source to temper emotions in times of stress or concern:

*“School - I just come to school to try to get myself a job, license, and [to see my] friends. I come to school to see my friends. Most positive ways, some negative. Sometimes you're stressed out, mad, angry, you just need to go check your friends out and calm down.” (Yarning Session 5, Katherine)*

This was perceived as a reciprocal arrangement where participant also reported they needed to be available for their mates in times of need. As one participant stated:

*Get him to air it out, get it off his chest, because that normally helps people...Have a chat...then try to help get them in contact with a professional...Convince them that it'll be okay...encourage them, that'll be good for them...Guide them because obviously you wouldn't want to do it... even mates going with that person to make them feel a bit more comfortable or something...A support or role model. (Yarning Session 9, Darwin)*

Images of friends on Facebook, along with positive comments about mateship and fun, were commonplace. These posts often reflected groups shots, particularly of sports teams, camping, road trips and participation in recreational activities.



Source: Cale Bonson



Source: Tyrone Nona



Source: Nightcliff Dragons



Source: Cale Bonson



Source: Venndale Men's Camp



Source: Michael Freeman

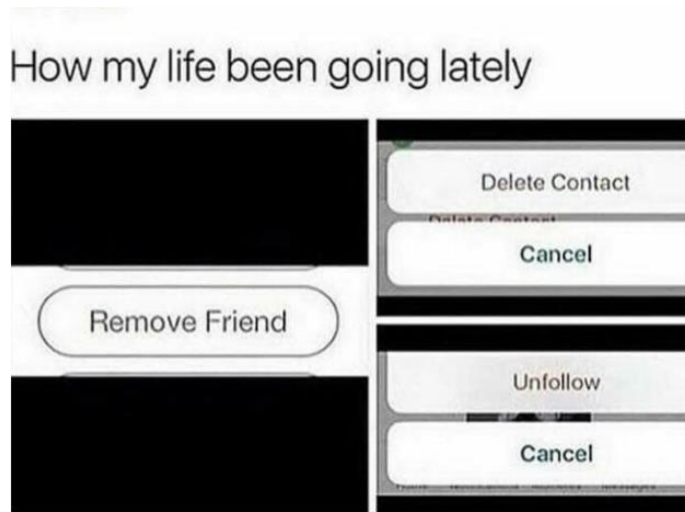


Source: Robert Balmana



Source: Sebastian Nethercott-Page

Occasionally participants posted memes that suggested they faced times in their lives where their relationships were strained, resulting in contemplation about the quality of these relationships.

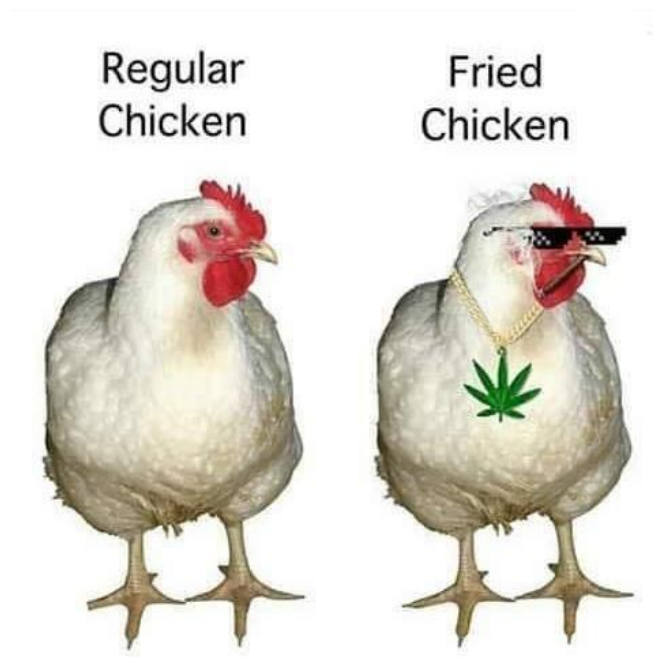


Source: Withheld

In contrast, humour was evident through memes suggesting that 'real friends' stick by your side.



Source: Robert Balmana



Source: Elton Huddleston



## Chapter 4: Conclusion

The aim of this study was to understand the interplay between health literacy, gender and cultural identity among young Aboriginal and Torres Strait Islander males living in the Northern Territory aged 14-25 years of age. We attempted to adopt a mixed-methods approach, but due to limitations associated with the survey data, have focused our analysis on qualitative components involving yarning sessions and photovoice material.

The analysis revealed that young Aboriginal and Torres Strait Islander males conceptualise and negotiate health from both Western and cultural paradigms. Whilst participants indicated that navigating the interface between these two paradigms can be tricky, it is something which underpins their health attitudes, behaviours and decision making. In addition, the nexus between culture and gender also influences identity formation, which impacts upon the health literacy of this population. These intersecting factors indicate that alternative constructions of (Indigenous) masculinities impact on their understanding of health and subsequent attitudes towards health behaviours, including help-seeking and health service use. Importantly, the young Aboriginal and Torres Strait Islander males in this study expressed a holistic understanding of their health (including reference to multiple social determinants of health), and a willingness to seek help and engage in health education. This is a positive counter-narrative to popular wisdom and public perceptions that imply young men have a poor understanding of their health and are reluctant to seek help. In addition, recognising key milestones and celebrating positive achievements was important to supporting the life aspirations of young Aboriginal and Torres Strait Islander males, and was perceived to further challenge negative public perceptions and stereotypes among this vulnerable population.

An important element of this research has been understanding how young Aboriginal and Torres Strait Islander males access, interpret and make use of health information. Data revealed that outreach health services offered through schools, sports clubs and other community-based settings were highly valued. Generally speaking, services and programs that reached them on their terms were preferred. However, there was a good knowledge of local primary health care services, particularly Aboriginal community-controlled health services and some specific men's services, if they did not to reach out themselves.

Family and friends were identified as being critically important in the way young Aboriginal and Torres Strait Islander males spoke and made decisions about their health. They often sought informal health information and advice from family members, friends and other significant people in their lives, such as teachers and coaches. These were confidantes that helped them to navigate the health system, and to make informed decisions about seeking formal help, when required. Akin to recent studies, there is significant scope to further develop community and school-based health promotion programs that target this population (Gwyther et al 2019), particularly those which more explicitly involve family members and friends.

Further research examining health literacy among young Aboriginal and Torres Strait Islander males, which aims to understand the differences across the Northern Territory, and between other jurisdictions of Australia, is warranted. Expanding the research to include 'sistagirls' and diversity in sexual orientation has also been encouraged by the EILG. However, the development of more culturally responsive and age-appropriate health literacy measurement tools tailored to the needs of this population is critical for achieving a deeper understanding in this regard. We assert that photovoice methods, particularly those involving Facebook and other forms of social media, are useful for this purpose. In addition, collaborative research approaches which foster partnerships with organisations supporting young Aboriginal and Torres Strait Islander males are likely to have the greatest long-term impacts. Such work will provide a stronger foundation for developing practical strategies for improving programs and policies targeting young Aboriginal and Torres Strait Islander males in a range of health, sport and recreation, education, justice, employment and community services contexts.

## References

- Australian Commission on Safety and Quality in Health Care (ACSQHC) (2014). *National statement on health literacy: Taking action to improve safety and quality*.
- Australian Health Ministers' Advisory Council (AHMAC) (2017). *Aboriginal and Torres Strait Islander Health Performance Framework: 2017 Report*. AHMAC, Canberra.
- Australian Institute of Health and Welfare (AIHW) (2011). *The Health of Australia's Males*. Cat. No. PHE 141. Australian Government, Canberra.
- Australian Institute of Health and Welfare. (2017). *The health of Australia's males*. Canberra, Australia: Australian Institute of Health and Welfare, Australian Government.
- Batterham, R., Hawkins, M., Collins, P., Buchbinder, R. & Osborne, R. (2016). Health literacy: Applying current concepts to improve health services and reduce health inequalities. *Public Health*. 132, 3-12.
- Beauchamp, A., Buchbinder, R., Dodson, S. et al (2015). Distribution of health literacy strengths and weaknesses across socio-demographic groups: A cross-sectional survey using Health Literacy Questionnaire (HLQ). *BMC Public Health*. 15: 678.
- Bessarab, D. & Ng'Andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies*. 3 (1), 37-50.
- Boot, G. (2016). *Representation of Indigenous health knowledges within health literacy related policy and practice documents across Australia, Canada and New Zealand*. Honours Thesis, Charles Darwin University.
- Bruselius-Jensen, M., Bonde, A. & Christensen, J. (2016). Promoting health literacy in the classroom. *Health Education Journal*. 76 (2), 156-168.
- Budig, K., Diez, J., Conde, P., Sastre, M., Hernan, M & Franco, M. (2018). Photovoice and empowerment: evaluating the transformative potential of a participatory action research project. *BMC Public Health*. 18 (432), 1-9.
- Carey, G. & Crammond, B. (2015). Systems change for the social determinants of health. *BMC Public Health*. 15:662.
- Carey, G., Crammond, B., Malbon, E. & Carey, N. (2015). Adaptive policies for reducing inequalities in the social determinants of health. *International Journal of Health Policy Management*. 4 (11), 763-767.
- Connell, R. (2013). Using southern theory: Decolonizing social thought in theory, research and application. *Planning Theory*, 13(2), 210-223. doi:10.1177/1473095213499216
- Department of Health and Ageing (DHA) (2010a). *National Male Health Policy*. Australian Government, Canberra.
- Department of Health (DHA) (2010b). *National Male Health Policy Supporting Document: National Aboriginal and Torres Strait Islander Male Health Framework - Guiding Principles*. Australian Government, Canberra.
- Department of Health (2015). *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. Australian Government, Canberra.
- Department of Health. (2019). *National Men's Health Strategy*. Australian Government, Canberra.

- Dutta, M. J. (2011). *Communicating Social Change: Structure, Culture, and Agency*. London, England: Routledge.
- Estacio, E. (2013). Health literacy and community empowerment: It is more than just reading, writing and counting. *Journal of Health Psychology*. 18 (8), 1056-1068.
- Fairbrother, H., Curtis, P. & Goyder, E. (2016). Making health information meaningful: Children's health literacy practices. *SSM- Population Health*. 2, 476-484.
- Ferguson, L. & Pawlak, R. (2011). Health literacy: The road to improve health outcomes. *The Journal of Nurse Practitioners*. 7 (2), 123-129.
- Fisher, M., Baum, F., MacDougall, C., Newman, L. & McDermott, D. (2016). To what extent do Australian health policy documents address social determinants of health and health equity? *Journal of Social Policy*. 45 (3), 545-564.
- Fogarty, W., Lovell, M., Langenberg, J. & Heron, MJ. (2018). Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing, The Lowitja Institute, Melbourne.
- Freeman, T., Baum, F., Jolley, G., Lawless, A., Edwards, T., Javanparast, S. and Ziersch, A. (2016). Service providers' views of community participation at six Australian primary health care services: scope for empowerment and challenges to implementation. *The International Journal of Health Planning and Management*. 31 (1), E1-E21.
- Gwyther, K., Swann, R., Casey, K., Purcell, R. & Rice, S. (2019). Developing young men's wellbeing through community and school-based programs: A systematic review. *PLoS ONE*. 14 (5): e0216955 1-20.
- Hemingway, M. (2011). *Community control: Aboriginal self-determination and liberal democracy*. PhD Thesis, The University of Melbourne, Melbourne.
- Innes, R. A., & Anderson, K. (2015). *Indigenous Men and Masculinities: Legacies, Identities, Regeneration*. Winnipeg: University of Manitoba Press.
- Ireland, S. & Smith, J. (In Submission). The neglected nexus: Understanding equity, gender, culture and the health literacy environment. In R. Midford, G. Nutton, B. Hyndman & S. Silburn (Eds), *Health and Education Interdependence: Thriving from birth to adulthood*. Singapore, Springer.
- Kolarcik, P., Belak, A. & Osborne, R. (2015). The Opehlia (OPTimise HEalth Literacy and Access) Process. *The European Health Psychologist*. 17 (6), 297-304.
- Leeson, S., Smith, C. & Rynne, J. (2016). Yarning and appreciative inquiry: The use of culturally appropriate and respectful research methods when working with Aboriginal and Torres Strait Islander women in Australian prisons. *Methodological Innovations*. 9, 1-7.
- Liebenberg, L. (2018). Thinking critically about photovoice: Achieving empowerment and social change. *International Journal of Qualitative Methods*. 17 (1), 1-9.
- Lohan, M. (2007). How might we understand men's health better? Integrating explanations from critical studies on men and inequalities in health. *Social Science & Medicine*. 65 (3), 493-504.
- National Aboriginal Community Controlled Health Organisation (NACCHO) (2013). *A blueprint for Aboriginal male healthy futures for generational change: NACCHO ten-point plan 2013-2030*. NACCHO.
- Northern Territory Government (NTG) (2010). *Chronic Conditions Prevention and Management Strategy 2010-2020*. NTG, Darwin.

- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies in the 21<sup>st</sup> century. *Health Promotion International*. 15 (3), 259-267.
- Nutbeam, D. (2009). Building health literacy in Australia. *Medical Journal of Australia*. 191 (10), 525.
- Osborne, R., Batterham, R., Elsworth, G., Hawkins, M. & Buchbinder, R. (2013). The grounded psychometric development and initial validation of the Health Literacy Questionnaire (HLQ). *BMC Public Health*. 13 (658), 1-17.
- O'Hara, J., Hawkins, M., Batterham, R., Dodson, S., Osborne, R. Beauchamp, A. (2018). *Conceptualisation and development of the Conversational Health Literacy Assessment Tool (CHAT)*. *BMC Health Services Research*. 18 (199), 1-8.
- Peerson, A. & Saunders, M. (2009). Health literacy revisited: What do we mean and why does it matter? *Health Promotion International*. 24 (3), 285-296.
- Panaretto, K., Wenitong, M., Button, S. & Ring, I. (2014). Aboriginal community controlled health services: leading the way in primary care. *Medical Journal of Australia*. 200 (11), 649-652.
- Riessman, C. (2006). Narrative analysis. In V. Jupp (ed), *The SAGE dictionary of social research methods*. London, Sage Publications Ltd.
- Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R.G. Burgess (Eds), *Analysing qualitative data*. London and New York: Routledge.
- Rudd, R. (2015). The evolving concept of Health literacy: New directions for health literacy studies. *Journal of Communication in Healthcare*, 8 (1): 7-9.
- Sheridan, S., Halpern, D., Viera, A., Berkman, N., Donahue, K. & Crotty, K. (2011). Interventions for individuals with low health literacy: A systematic review. *Journal of Health Communication*. 16 (Suppl 3), 30-54.
- Smith, J., Braunack-Mayer, A., Wittert, G., & Warin, M. (2008). Qualities men value when communicating with GPs: Implications for primary care settings. *Medical Journal of Australia*. 189 (11/12), 618-621.
- Smith, J. & Firth, J. (2011). Qualitative data analysis: the framework approach. *Nurse Researcher*. 18 (2), 52-62.
- Smith, J., Griffiths, K., Judd, J., Crawford, G., D'Antoine, H., Fisher, M. & Bainbridge, R. (2018). Ten years on from the Commission on Social Determinants of Health Final Report: Progress or procrastination? *Health Promotion Journal of Australia*. 29 (1), 3-7.
- Smith, J., Adams, M. & Bonson, J. (2018). Men's health in Australia: Where to now? *Medical Journal of Australia*. 208 (1), 6-7.
- Smith, J., Drummond, M., Adams, M., Bonson, J. Christie, B. (2019). Understanding men's health inequities in Australia (Chapter 31, p498-511). In D. Griffiths, M. Bruce & R. Thorpe (Ed), *Handbook on Men's Health Disparities*. Routledge, New York.
- Smith, J., Robertson, S. & Richardson, N. (2010). Understanding gender equity in the context of men's health policy development. *Health Promotion Journal of Australia*. 21 (1), 76-77.

- Smith, J., Richardson, N., & Robertson, S. (2016). Applying a gender lens to public health discourses on men's health (pp. 117–133). In J. Gideon (Ed.), *Handbook on Gender and Health*. Cheltenham, England: Edward Elgar Publishing.
- Sorensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z. & Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. 12 (80).
- Squiers, L., Peinado, S., Berkman, N., Boudewyns, V. & McCormack, L. (2012). The Health Literacy Skills Framework. *Journal of Health Communication*. 17 (Suppl 3), 30-54.
- Srivastava, A. & Thomson, S. (2009). Framework analysis: A qualitative methodology for Applied Policy Research. *Journal of Administration and Governance*. 4 (2), 72-79.
- Standing Council on Health (2013). *National Primary Health Care Strategic Framework*. SCH, Canberra.
- Vass, A., Mitchell, A. & Dhurrkay, Y. (2011). Health literacy and Australian Indigenous peoples: An analysis of the role of language and worldview. *Health Promotion Journal of Australia*. 22 (1), 33-37.
- Velardo, S. & Drummond, M. (2017). Emphasizing the child in child health literacy research. *Journal of Child Health Care*. 21 (1), 5-13.
- Vujcich, D., Lyford, M., Bellottie, C., Bessarab, D. & Thompson, S. (2018). Yarning quiet ways: Aboriginal carers' views on talking to youth about sexuality and relationships. *Health Promotion Journal of Australia*. 29 (1), 39-45.
- Wang, C. & Burris, M. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behaviour*. 24 (3), 369-387.
- Ward, D., Furber, C., Tierney, S. & Swallow, V. (2013). Using Framework Analysis in nursing research: A worked example. *Journal of Advanced Nursing*. 69 (11), 2423-2431.
- Wenitong, M. (2006). Aboriginal and Torres Strait Islander male health, wellbeing and leadership. *Medical Journal of Australia*. 185 (8), 466-467.
- Working Party of Aboriginal and Torres Strait Islander Male Health and Wellbeing Reference Committee (2004). *A national framework for improving the health and wellbeing of Aboriginal and Torres Strait Islander males*. Canberra, Australia: Commonwealth of Australia.

## Appendix A – CHAT Yarning Session - Guiding Research Questions

### Understanding health contexts in the NT

1. What do you think are the key health issues facing young Aboriginal fellas in the NT and why?
2. What can young Aboriginal fellas do to stay strong and healthy? How is this best achieved?
3. How important is your cultural identity to your health and wellbeing and why?
  - i. (probe: family ties, kinship, connection to country, ceremonies, Elders)
4. What influence do your family and friends have on your health? In what ways and why?
5. What does the word **'Health'** mean to you? Does it mean one or more things?

### Supportive professional relationships

6. Who do you usually see to help you look after your health?
7. How difficult is it for you to speak with [that provider] about your health?

### Supportive personal relationships

8. Aside from healthcare providers, who else do you talk with about your health?
9. How comfortable are you to ask [that person] for help if you need it?

### Health information access and comprehension

10. Where else do you get health information that you trust?
11. How difficult is it for you to understand information about your health?

### Supportive health programs and services

12. Which existing programs and services do you think work best for young Aboriginal fellas and why?
13. Are existing programs and services targeting young Aboriginal fellas in the NT meeting their needs? How could local services better support the needs of these fellas?
14. Do you think health services and programs for young Aboriginal fellas are culturally appropriate/safe?

### Current health behaviours

15. What activities do young Aboriginal fellas do that puts their health at risk or creates health problems? What would you do to change this and why?
16. How do the behaviours of others (e.g. friends and family) influence your health (both positively and negatively)? How does this impact the decisions you make about your health?
17. What do you do to look after your health on a daily basis?
18. What do you do to look after your health on a weekly basis?
19. If you could do one thing to help young Aboriginal fellas to live a healthier life, what would that be?

### Health promotion barriers and support

20. Thinking about the things you do to look after your health, what is difficult for you to keep doing on a regular basis?
21. Thinking about the things you do to look after your health, what is going well for you?
22. How do you think health education for young Aboriginal fellas in the NT could be improved/changed?

### Life Aspirations

23. What goals do you want to achieve in life and why?
24. How important is your health in achieving these goals? (probe: social determinants of health)
25. If you are/were a father, what values and qualities would you like to see in your son/s and why? Do you have any of these qualities?
26. Do you have any role models/figures in your life that display these qualities? If so, who and why?

## Appendix B – Human Research Ethics Committee Clearance

Office of Research and Innovation, Ethics  
T: 08 8946 6063 E: [ethics@cdu.edu.au](mailto:ethics@cdu.edu.au)



21 August 2018

Dr. Barry Judd  
The Northern Institute  
*Via email*

[barry.judd@cdu.edu.au](mailto:barry.judd@cdu.edu.au)  
[cc: James.smith@menzies.edu.au](mailto:James.smith@menzies.edu.au)

Dear Barry,

RE: H18043 – Health Literacy Among Young Aboriginal and Torres Strait Islander Males in the Northern Territory

### Human Research Ethics Committee – Proposal Approval

Thank you for submitting the above proposal for ethical review. The proposal has been considered under the auspices of the Charles Darwin University Human Research Ethics Committee (CDU-HREC) and is approved from the date of this letter to the expiry date listed below.

EXPIRY DATE: 31/03/2019

An annual progress report must be provided to the Ethics Office before each anniversary of the commencement date. This approval is contingent on submission of a satisfactory annual progress report.

APPROVAL IS SUBJECT TO the following:

1. The safe and ethical conduct of this project is entirely the responsibility of the investigators and their institution(s).
2. The Principal Investigator must report immediately any event or circumstance that might affect the ethical acceptability of the project, including:
  - Adverse effects of the project on participants and the steps taken to deal with these;
  - All other unforeseen events that influence the protocol or participants; and
  - New information that may invalidate the ethical integrity of the study.
3. The Principal Investigator must obtain approval for any variation to the protocol (including the addition of new investigators) prior to implementation the proposed variations. Requests for approval of variations must be submitted in accordance with the procedures of the Ethics Office.
4. The Principal Investigator must advise the University immediately of unapproved protocol deviations or protocol violations.

5. The Principal Investigator may request an **extension of the project past the expiry date listed above**. An extension may be requested at any time, however, the preferred time and method of requesting an extension of ethical approval is in the **annual progress report**.
6. The Principal Investigator must notify the Ethics Office of his or her **inability to continue as Principal Investigator**, including the name of and contact information for their replacement. The research may not proceed without an approved Principal Investigator.
7. Confidentiality of personal information of research participants should be maintained at all times as required by law.
8. You must forward a copy of this letter to all investigators and to any associated organisations.

This letter constitutes ethical approval from the CDU Human Research Ethics Committee only.

Should you wish to discuss the above research project further, please contact the Ethics Team via email: [ethics@cdu.edu.au](mailto:ethics@cdu.edu.au) or telephone: (08) 8946 6063.

Best wishes for the success of your project.

Yours sincerely



Professor Marilynne N Kirshbaum, RN, BSc, MSc, PhD, FHEA  
Chair of Human Research Ethics Committee  
Charles Darwin University, NHMRC Registration No. EC00154  
<http://www.cdu.edu.au/research/ori/human-ethics>

*This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007).*



## Appendix C – Knowledge Translation Efforts Relating to this Project

### Publications

Smith, J., Drummond, M., Adams, M., Bonson, J. & Christie, B. (2019). Understanding men's health inequities in Australia (Chapter 31, p498-511). In D. Griffiths, M. Bruce & R. Thorpe (Ed), *Handbook on Men's Health Disparities*. New York, Routledge.

### Presentations

Smith, J., Christie, B., Adams, M., Bonson, J. & Aanundsen, D. *Understanding health literacy among young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia: Implications for health promotion*. 23<sup>rd</sup> IUHPE World Conference on Health Promotion. Rotorua, New Zealand, 7-11<sup>th</sup> April 2019. (oral presentation)

Smith, J., Osborne, R., Christie, B., Schmitt, D. & Adams, M. *Measuring health literacy among vulnerable populations: Learning about the challenges and possibilities to accelerate health and equity?* 23<sup>rd</sup> IUHPE World Conference on Health Promotion. Rotorua, New Zealand, 7-11<sup>th</sup> April 2019. (workshop)

Smith, J., Christie, B., Adams, M., Bonson, J. & Aanundsen, D. *Understanding health literacy among young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia: Implications for policy and practice*. Stakeholder Workshop, Darwin, 17<sup>th</sup> May 2019. (stakeholder workshop)

Smith, J., Bonson, J., Christie, B. & Adams, M. *Building an evidence-base about young Aboriginal and Torres Strait Islander male health: Findings from recent Australian research and evaluation projects*. The Lowitja Institute International Indigenous Health and Wellbeing Conference. Darwin, Australia, 18-20<sup>th</sup> 2019. (workshop)

Smith, J. & Christie, B. *Understanding health literacy among young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia: Implications for policy and practice*. NTPHN Health Literacy Workshop, Darwin, NT, 24-25<sup>th</sup> June 2019. (invited presentation)

Smith, J. *Links between health literacy and masculinities among young aboriginal and Torres Strait Islander males*. Invited symposium on Indigenous masculinities, health and community wellbeing (with Jackson, R., Anderson, K., Baldwin, R. and Innes, R.) Native American and Indigenous Studies Association International Conference. Waikato, New Zealand, 26-29<sup>th</sup> June 2019. (symposium)

### Institutional Visits

Professor James Smith and Dr Mick Adams visited Associate Professor Vili Nosa & Dr Malakai 'Ofanoa from the Pacific Health Section, School of Population Health, University of Auckland, 4<sup>th</sup> April 2019, Auckland, New Zealand.

Professor James Smith, Dr Mick Adams and Mr Ben Christie are planning to visit Dr Mark Wenitong from Apunipima Cape York Health Council, Cairns, Queensland 22<sup>nd</sup>-25<sup>th</sup> July 2019.

### Other Capacity Building Activities

Mr Ben Christie and Mr David Aanundsen attended the Health Literacy Masterclass at Deakin University in February 2019. Both have indicated this was a great professional development opportunity that will support further Aboriginal and Torres Strait Islander health literacy research in the NT and through the NT Health Literacy Forum.

Three team members collaborating with the NTPHN through the NT Health Literacy Forum, including a workshop scheduled for 24-25<sup>th</sup> June 2019.

A two-day research analysis workshop was held from 14-15<sup>th</sup> March 2019. This involved Aboriginal research capacity building of Mr Jason Bonson, Mr David Aanundsen and Mr Jess Fleay.

Evidence briefs will be developed throughout the latter half of 2019.