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Cultural identification in Aboriginal and Torres Strait Islander AIDS education

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Abstract: The emergence of the disease AIDS in the early 1980s has resulted in a unique response. Medical, sociocultural, political, sexual, moral and racial issues have all been raised. This paper examines the way in which participation of Aboriginal and Torres Strait Islander people has resulted in the culturally appropriate and distinctive approaches evident in health education materials produced in Aboriginal and Torres Strait Islander communities. Specific cultural issues relevant to AIDS education are considered, including: the use of visual and narrative communication for AIDS education; the significance of the specific concepts related to communication on sexual issues; perceptions of AIDS as alien and genocidal; the use of the Dreaming in AIDS educational resources; and implications for AIDS education. (*Aust J Public Health* 1992; 16: 150–7)

Our understanding of HIV (human immunodeficiency virus) infection, and our consequent response to HIV and AIDS (acquired immune deficiency syndrome), is very much a product of the interaction between the epidemiology of the infection itself and the current sociopolitical environment. The evolution of sexual attitudes from the 1960s, the emergence of the gay rights movement, consumer rights, the 'demedicalising' of health, changing political environments, the development of health promotion and the 'new' public health, and advances in cellular and genetic biotechnology, are only some of the issues contributing to that process.

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The nomenclature of the disease itself reflects that interaction. Although this century has already popularised illness through the use of initials (TB, VD, STD etc.), it is not surprising that in the 'age of technology', AIDS should be the first major illness known by an acronym,[1] not only in English, but in French and Spanish (SIDA).

Our understanding of the aetiology of the disease and its presumed origins in Africa, its early identification in Western society with the male homosexual community as a 'gay plague', the subsequent lobbying for 'whole community' ownership of the problem, the debates between 'medical' and 'nonmedical' models, all reflect a dialogue between changing cultural, social and political positions, as much as scientific progress. The dialogue is bidirectional: although AIDS has meant a remedicalisation of homosexuality, it has deepened medical understanding of homosexual issues, and led to a demedicalisation of the response to public health.[2]

One of the outcomes of this intercourse has been the significant empowerment of affected groups within the community to participate in preventive health education strategies, adapting them to communicate effectively. Within the homosexual subculture, prevention messages have been eroticised, with this reorientation giving them greater specificity and directness. The positive benefits of safe sex are advocated in an intensely sexual context. The messages directed to the homosexual community assert a positive sexual identity, while promoting behavioural change. This response demonstrates an active contextualisation of the message of AIDS prevention. Educationally, social norms that support strategies for changing high-risk behaviours are more likely to result in behavioural change, and cultural identification of the target audience with the message reinforces this.[3]

In the Aboriginal and Torres Strait Islander context, health education messages that have been developed in Aboriginal and Islander communities demonstrate implicitly as well as explicitly the cultural values of those communities. This reflects an increasing 'ownership' of the issue, and a demand by Aboriginal and Torres Strait Islander people for control of the services that address their needs, not only in terms of clinical services, but also health promotion initiatives. The extent of their commitment and their demands for resources to effectively mount an Aboriginal and Torres Strait Islander response to HIV/AIDS was clearly articulated at the recent First National Aboriginal HIV/AIDS Conference in Alice Springs.

This paper, through a review of the literature and available health promotional materials, and through interactions with Aboriginal and Torres Strait Islander health workers working in AIDS education, addresses some of the distinctive characteristics that have arisen through community participation in the development of these programs. Although Aboriginal and Torres Strait Islander AIDS education messages reflect informational (and other) input from outside their own communities, they also incorporate their own understanding of the process of illness, and AIDS in particular.

We have experience of AIDS education and program development in the Northern Territory and Queensland (PSH), and in Queensland (GJM) and through this paper acknowledge the unique contribution made by Aboriginal and Torres Strait Islander communities in general, and Aboriginal and Islander health workers in particular, to the development of ideas and materials.

To attempt to gain an overview of health promotion materials related to AIDS, developed in Aboriginal and Torres Strait Islander communities, a Health Education and Promotion System (HEAPS) search was performed to explore the resources available. Forty-seven entries were identified as being produced by Aboriginal and Torres Strait Islander groups since 1986, ranging from stickers and posters to videotapes, manuals and kits. We also reviewed the HEAPS HIV/AIDS Resources Directory 1989[4] and contacted known community groups for additional resources. Despite the variety of materials available, the review cannot be considered exhaustive, given the dependence of HEAPS on voluntary notification of materials from agencies.

This paper analyses the common elements of those HIV/AIDS educational materials available, produced in conjunction with Aboriginal and Torres Strait Islander communities.[4]

It is important to note that there are many Aboriginal and Torres Strait Island cultures, each with distinctive characteristics, though common linguistic and cultural links are evident.[5] While it is simplistic to see in such a diverse collection of materials a single cultural expression, there is a significant difference noticeable from other AIDS education resources, regardless of origin.

The distinctive use of language and metaphor are seen to be characteristic of Aboriginal and Islander messages.

The use of the spoken word

Bernadette (Hudson) Shields, as co-developer of the Northern Territory's 'AIDS, a story in our hands—to share' program, identifies clearly the diffidence some Aboriginal people express about written text:

> 'We are not into pamphlets. Me, I hate pamphlets. You know I get them. I put them aside. I don't read them and I know a lot of other people they can't read. Or else they say: "Oh I forgot it." Or you know: "I'll read it sometimes." We had to do something that people could know and recognise. So we thought of a memory aid. And what is the best thing? It's the hand with five points and your hand goes everywhere. Look at me I'm using it all the time. So you take your hand. You can't say: "Oh, I forgot the message, you know, and left the hand behind." And you use it all the time. So it is a good memory aid.'[6]

This diffidence can, in part, be explained by literacy levels, but more importantly, Aboriginal and Torres Strait Islander educational traditions differ from those of Western societies. Knowledge comes with maturity and a 'right to know'. It is passed on by example and observation, repetition and practice. It uses narrative and symbolism, and pictograms that represent physical and spiritual realities.[7] Given this strong tradition, it is not surprising that visual

materials, posters, videos and the story form dominate the resources produced for communicating AIDS messages to Aboriginal and Islander people.

The program called 'AIDS, a story in our hands—to share' was developed in the Northern Territory in conjunction with community workshops beginning in mid-1986. Through two major workshops involving Aboriginal community and health representatives, a simple educational strategy was devised, allowing small teams of Aboriginal health workers to effectively teach the main points of HIV/AIDS prevention, in a program that requires little technological support. It uses the hand as a mnemonic, a memory aid, with each finger standing for one of the five major issues:

1. SAFE—What cannot transmit AIDS?
2. RISK—What can transmit AIDS?
3. PROTECTION—How can we protect ourselves and those we care for from AIDS?
4. CARING—How can we care for those who have AIDS?
5. SHARING—How can we share this story with others?[8]

There are a number of posters, narratives and illustrations that are used to explain these issues and assist with incorporation of the message into the collective and individual memory.

In August 1989, the program was documented in detail and published through the Communicable Diseases Advisory Panel of the Department of Aboriginal Affairs as part of its preliminary assessment.[8] It is interesting that the model had already been widely disseminated during this period, largely on an oral basis. Even where the work was presented at national and international AIDS conferences, the characteristic oral nature of the message is evident from the recorded text. The most extensive written communications of the story before the Communicable Diseases Advisory Panel publication were both in interview format for *Healthright*[9] and the *National AIDS Bulletin*[10]—again, an oral style.

The use of Aboriginal and Islander languages

A number of productions, particularly those from the more traditional areas like central Australia, East Arnhem Land and the Torres Strait Islands, use local Aboriginal and Islander languages to communicate all or part of their messages, for example 'How AIDS invades Aboriginal Communities', 'Family Breakdown' (posters produced by the Healthy Aboriginal Life Team), 'AIDS' (poster produced by Northern Territory Department of Health and Community Services, East Arnhem Region), *It's up to you* (video produced by Aboriginal Health Program, Queensland). Local Aboriginal or Torres Strait Islander languages, Kriol and Aboriginal English are used alone, or in combination with English, to ensure broad coverage.

Distinctive use of language for sexual terms

The use of local language has specific importance for communicating messages regarding sexuality. It is interesting that terms for sexual anatomy have been retained in some situations where use of local traditional languages is virtually nonexistent. This became apparent to us during 1989 and 1990, when Queensland Aboriginal and Torres Strait community health workers involved in AIDS education were developing their community programs.

In exercises designed to explore how people in their community discussed sexual issues, community health workers were invited to list terms that they might commonly encounter used for male and female sexual organs and for sexual acts. Their findings were recorded over three workshops and included contributions from male and female health workers from throughout Queensland, working in both urban and remote communities. A significant proportion of these (26 of the 77 terms for female sexual organs, 14 of 67 for male sexual organs and four of the 64 terms for intercourse) derived from local languages, particularly where workers came from rural and traditional communities. Of the English language expressions, the majority are in common Australian colloquial use. While the circumstances do not allow rigorous sociolinguistic analysis, it is interesting that for descriptors of female-to-female sex, anal sex, fellatio and masturbation, only common English terms were offered. This may be attributed in part to constraints on discussion of such issues and a reluctance to disclose completely. For female breasts, of only six words offered, the sole local-language term offered was *susu*, an Islander word used interchangeably for milk or breasts. We know of some additional local-language terms that were not suggested at these workshops.

The use of 'coconuts' as an English-language descriptor of breasts is also Islander in origin, and again reflects implicitly a reference to milk, as well as to the colour and shape of the breast, and a somewhat more pragmatic approach to the breast than is encountered in Western society. No local language descriptors for anal intercourse were given, although the Torres Strait Islanders' term 'motop-man' (equivalent to 'bum-man') was used, and 'queenie' and 'cat' are used for homosexuals in a number of communities, though in a less pejorative sense than in non-Aboriginal usage. 'Sister girl' was also encountered.

Some specific considerations in relation to language have been necessary to ensure clear communication. Bernadette Shields herself does not attempt to use local language she is unfamiliar with: 'I don't try and pronounce anything in their language because I don't speak the language. Mind you I've got my own language of communication. Because what they would be doing is listening to the way I pronounce it rather than the messages.'[6] There was a request for the popular Condoman posters to change their message from 'Use condoms' to 'Use frenchies', a more commonly used term, when health educator Gracelyn Smallwood found that some Aboriginal people had misconstrued messages about 'condoms' as referring to the local fruit 'quandongs' and believed eating them would confer AIDS protection.[11]

Similarly, visual misinterpretation had been caused by use of a poster produced in Darwin, which depicted the AIDS virus as a green warty creature with large eyes and long legs. With the coming of the wet season in one coastal Northern Territory Aboriginal community, local children identified the frogs with the depicted AIDS creature. These anecdotal examples reinforce the need to ensure that programs use clear visual and aural messages, supported by check–recheck communication techniques.

The use of Aboriginal English is distinctive, and several unique metaphors were included in terms describing sexual intercourse. 'To do a butterfly' refers somewhat whimsically to a woman's knees opening to accept a partner, much as a butterfly's wings open and close. It is interesting that this expression can also be applied to someone lying in the grass after drinking heavily and demonstrating the same leg actions. The link between alcohol and AIDS is strongly made in several posters. Similarly, 'baked fowl' less lyrically describes the separation of the legs of a chicken when roasted and the process of 'stuffing' the bird. The Torres Strait Kriol term 'capsize' to describe ejaculation is a vivid metaphor, arising from a culture strongly associated with the sea. The term 'scrape' for sex is also unusual but is used by a variety of ethnic groups in northern Queensland.

'Little man in a boat' is an expression for the clitoris that again reflects imagery associated with coastal cultures. To 'chase a man around a boat' was a related description of cunnilingus offered by our health workers. The use of the term 'mussel' to describe the labia is recognised in several coastal areas, and 'forest track' and 'water shell' are effective and natural metaphors for the female genitalia.

For males, 57 words were offered to describe the penis, of which 13 were from the local language, and of the 10 describing the testes, one local form was suggested. Use of English terms for the penis included 'lizard' and 'knife'. It is unclear whether the term 'stinkin' meat' reflects the mood of its proposer or is conceptually different from related terms in common use.

Approaches to sexual issues

Given the diversity and colour of the terminology noted above, the indirectness and sensitivity with which sexual issues are addressed in posters and videos is in some ways unexpected. There is a clear differential between urban and traditional material. Some urban bumper stickers advocate 'Be a smart Koori when having a doori' or the stronger 'If you don't give a f... about AIDS it could be your last' (*sic*) (Victorian Aboriginal Health Service).

For more traditional contexts, however, there is a differing sensitivity: here there is clear definition of who has the right to such knowledge and who discusses it.[12] There is a clear preference for same-sex and often same-kin educators when discussing sexual matters, and even within the sexes there are specific relationships recognised as being the vehicles of transfer of sexual knowledge. Sex is linked to kinship and to obligations. Sex is about relationship.

Bernadette Shields perhaps draws on this in the decision not to speak about 'safe sex' but rather to speak of 'caring sex':

> So we talk about prevention and condoms . . . and we call that caring sex . . . I think that you've got to care about yourself and it gives it a little more feeling. Safe sex is like a pedestrian crossing or walking across the road or something, you've just got to bring in a little bit more care because that's what it's all about.[9]

The use of 'caring sex' rather than 'safe sex' is not just a felicitous choice of words. In a very real sense it is a consequence of an underlying sense of community and compassion contributing to the development of the whole approach.

This is not to suggest that the sexual issues are not clearly addressed—they are, but after securing elders' and grandmothers' support and endorsement, and the audience's 'permission' to speak in this way. The explicit illustrations of the Magnel 88 kits are used, and condoms are demonstrated on a black penile model—'I won't use fingers, brooms or bananas; fingers are for picking up things, a broom is for sweeping, a banana is for eating but this one, everybody knows what this one is for!'[9]

In the traditional context other practices are also significant to the possibility of blood-mediated transmission of HIV. This is particularly the case in 'sorry business' where mourners, to express their grief, 'gash themselves on the head and on other parts of the body to draw blood', and in 'ceremony business', where ritual use of blood occurs.[13] Here, in particular, the differences between Aboriginal use of language and knowledge and Western are conspicuous. For Western cultures, the written word is openly accessible to all who can read and comprehend: Aboriginal knowledge is not. One may unintentionally 'know', but not have the right to know. One may know, but not have the right to speak. To speak about what one has no rights to brings about shame.[7] Given these constraints, these issues cannot be directly addressed, but, by analogy, sufficient information is made available to elders to ensure incorporation of risk reduction as appropriate into ceremonial life: 'And then they can take care of it when it comes to ceremonies. If they know the true story about AIDS they'll know what to do'.[9]

Distinctive Aboriginal and Islander concepts

The use of language in Aboriginal and Islander health education materials also gives some insights into their understanding of sexuality and how it relates to AIDS. The slogan 'Don't be shame—be game' features prominently in messages related to condom use. The English term 'shame' is a gloss that translates a broad spectrum of concepts and cannot be ascribed one meaning that transcends all cultural groups. Myers, in his exploration of shame (*kunta*) amongst the Pintupi, sees within its range the English concepts of 'shame', 'embarrassment', 'shyness' and 'respect', defining the limits between 'public' and 'private'.[14]

Hiatt indicates that the Gidjingali use the verb *gurakadj* to indicate either 'fear' or 'shame'. In two examples relating to disruption of ceremony and

possible indiscretion relating to arrangements for circumcision, he suggests that both senses are operative. Maggitt describes the Walbiri notion of 'shame' as guilt, fear and remorse mixed.[15]

In other materials, anxiety over the 'shame-job' is referred to when a female partner requests condom use, though Aboriginal concepts of shame may not primarily involve the preoccupation of guilt over sex in itself identified with Western sexual experience. Sexual exploration tends to be tolerated in young people, although specific restrictions on sexual relationships between certain 'skin' types and kinship relations are important to Aboriginal and Islander people, and breaches of such restrictions are likely to attract censure.[17]

The concerns of shame appear to be relationship-related. The need to use a condom may focus attention on the inappropriateness of a relationship that can be 'overlooked' in a more casual encounter. There is also a potential loss of self-esteem through the implicit questions of disease underlying condom use. Similar concerns may also apply in European relationships. 'There is some evidence to suggest that couples "in love" will discard the condom. Condomless love may become symbolic of "true love",' observes Kippax in a broader AIDS education forum.[18]

Shame may be collective as well as individual. In the same way that acknowledging wrong relationships confirms their shame, the *awareness* of actions that inherently infringe tradition or the law brings shame on a community.

This is the sense in which the women of Congress Alukura speak of shame in the context of delivery of babies in hospital. It is against the traditional law, in part because it involves male doctors—

> Man doctors' shame. Aboriginal women never had men anywhere near while they gave birth because it was women's business.[12]

Hospital delivery is also against Law, however, because it involves practices in relation to cord cutting and disposal of the placenta that do not conform with tradition.[12] The anxiety here is not only that of male–female embarrassment but derives from the existence of a set of circumstances that should not happen, and that breaches fundamental laws regarding 'women's business'.

Tonkinson, in analysing the conflict that arose after his inquiries into understandings of procreation amongst the Jigalog, proposed that the dissonance was brought about by attempting to bring together two kinds of discourse that are never considered together in the Aboriginal world view—the physiological and the spiritual. Though both discourses may be understood and their incompatibility recognised, they are only invoked independently of each other.[16]

In the video produced by Yarrabah community, *Knulpa learnem about AIDS*, condoms are described as a 'whitefella' way to stop a man's 'sex fluid' going into woman. This understanding of a condom as 'not our culture' is implied in some resources that see them as an introduced solution to an introduced problem. The purchase of condoms crosses the barrier between the private and undisclosed to the public and disclosed. Attention is also focused on the dissonance between the traditional and the physiological understandings of procreation. It draws critical attention to sexual activity and invites criticism in terms of both traditional and introduced mores. The urgency of AIDS has created a necessity for a dialogue on sexuality that is outside its traditional relationship framework. Sensitivity to these issues is crucial to the development and implementation of culturally appropriate health education strategies.

Use of traditional pictograms

The use of traditional pictograms to communicate in health education has been particularly encouraged by the Healthy Aboriginal Life Team in central Australia. Desert symbolism had been already successfully employed within the Aboriginal Health Worker Training Program in central Australia and had increased identification with training and services provided.[19]

Although the use of Aboriginal traditional motifs and the Aboriginal flag colours of red, yellow and black is common to many of the resources, the use of 'desert-dot' painting to communicate the essential message employs a visual, symbolic language form, that may or may not be supplemented by text. The technique has broad appeal, and has featured in urban *Streetwize* comics with considerable success. Clearly, there is a continuum of usage, from simple identification with Aboriginality, to deeper links to the Dreaming.

> The presentation of new information in this form facilitates its acceptance and comprehension by people for whom this is a familiar cognitive mode. Additionally these images have strong effective connotations for indigenous viewers. The verbal concepts which correspond to them embrace wide domains of significance and value for their users. Responses to their own pictograms are therefore likely to influence attitudes in ways which can lead to behaviour change.[20]

It is evident that the paintings are already charged with meaning as a medium, before interpretation of the message begins. The graphic elements—U-shaped forms, straight and wavy lines, circular dots—may be used to express a range of meanings, depending on context.[21] A number of 'meta-messages' may be evident. The roundels representing waterholes may also be perceived as representations of female genitalia, the lines of travel, male.[14]

The perception of the Healthy Aboriginal Life Team was that the use of the medium draws on its links to relationships, clans and their Dreaming.

> The pattern thus encapsulates the Aboriginal religious view of relationships of people to one another, to places to which they belong and to the other species which inhabit them, and of all of these to the *jukurrpa*—the creation 'prototype' which underpins and generates present reality, known as the Dreaming. It is thus a semantic system which can be an effective vehicle to represent any type of transmission, whether of message, substance, commodity, technology, disease or behaviour. Its ingenious use by Andrew Spencer to discuss modern problems constitutes a semantic shift which enables continuity to be maintained with the base of communication skills within the community.[20]

AIDS and the Dreaming

Clearly, the Healthy Aboriginal Life Team saw recognition of the legitimacy of this semantic shift as having major implications for the use of the Dreaming for health education. It requires an understanding of the Dreaming that is responsive and a perception of current issues as being pertinent and capable of incorporation into the Dreaming.

Early opinions of the nature of the Dreaming foresaw minimal accommodation for new realities and concluded:

> The closed system of totemic ideas, explaining and categorising the well-known universe as it was fixed from the beginning of time, presents a considerable obstacle to the adoption of new or the dropping of old cultural traits.[22]

More recently, however, there has been recognition of the accommodation of change and innovation through sharing of ceremony, songs and objects across group barriers, and through revelational dreams. The creation of new songs that recognise such new realities as military forces and flying boats and discovery of new sacred objects is also significant to change.

The areas of greatest relevance to health education come in the recognition of the flexibility of many myths and designs which 'because of their generality and schematic character, allow a wide range of different interpretations'.[23] Myers describes Pintupi perceptions of new experiences as being clearer insights of what already has been. The new is understood as contiguous with what already is.[14]

The implications of this flexibility have been taken up and explored in religious circles,[23] and are reflected less consciously in the commercialisation of Aboriginal art. The Yarrabah Community video *Knulpa learnem about AIDS* has devised a Dreamtime story regarding the origin of AIDS, attributing it to an evil *purri-purri* man. Knulpa himself is a health worker from the Dreamtime who can help the community understand the message and protect themselves from AIDS. It is of interest to note that, since some significant deaths in the community, there is now some ambivalence regarding the use of the video at Yarrabah itself, though it remains popular elsewhere.

For integrity and credibility to be preserved with respect to use of the Dreamings for messages related to AIDS, issues related to the 'ownership' of the Dreaming and the limits on its public use must be addressed by those with appropriate authority.

> Knowledge is property, and as such, people have defined private, not common, rights to it, and these rights must be respected. People with knowledge have a duty to pass it on through appropriate channels to others with rights in it.[7]

AIDS and the alien

It is interesting then to see how AIDS is understood in its incorporation into the Dreaming. AIDS has been identified in desert pictograms as introduced to Aboriginal communities from outside with the advent of European contact. Similar 'history stories' serve as models for the destruction and disruption brought about by other elements of colonisation:

> Outsiders came and made cities. They brought other things like petrol, wine, drugs, glue. Outsiders know so many things yet they know so little. They didn't understand: What will happen to my sons and daughters and family? While sons and daughters, mothers and fathers drink, children sniff petrol or glue, smoke marijuana, or take drugs . . . then, the spirit dies. And that culture that I spoke of before, that culture line is broken.[24]

The interpolation of AIDS into this sociopolitical history raises significant questions. This perception of the AIDS issue arises from a cultural understanding locating AIDS in the context of a whole history of previous contact experience. Yet the European 'scientific' history of the aetiology of AIDS is hardly free from cultural preconception.[2] Susan Sontag documents this process:

> 'Plague' is the principal metaphor by which the AIDS epidemic is understood . . . One feature of the usual script for plague: the disease invariably comes from somewhere else . . . there is a link between imagining disease and imagining foreignness. It lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien.
>
> Africans who detect racist stereotypes in much of the speculation about the geographical origin of AIDS are not wrong. (Nor are they wrong in thinking that depictions of Africa as the cradle of AIDS must feed anti-African prejudices in Europe and Asia.) The subliminal connection made to notions about a primitive past and the many hypotheses that have been fielded about possible transmission from animals (a disease of green monkeys? African swine fever?) cannot help but activate a familiar set of stereotypes about animality, sexual license, and blacks.[1]

It is also significant that Aboriginal people have placed AIDS into a political rather than sexual context when defining it as 'other'. The homosexual community has not generally been stigmatised. There is less paranoia about the nature of the threat being homosexual. There is no 'conspiracy' theory based on the homophobia evident in some popular Western understandings.

Male homosexuality is not largely targeted in Aboriginal and Islander AIDS messages as the basis of the AIDS threat. 'You don't have to be a Queenie to get AIDS' appears on one poster from a Queensland community, with the narrative emphasis clearly on heterosexual transmission. *Knulpa learnem about AIDS*, however, constructs a Dreamtime story that finds the origin of AIDS in the community in the male homosexual rape of a warrior by an 'evil purri-purri man'. Knulpa himself warns against anal sex, describing it as the way the 'evil spirit' gets into the body'. This may reflect AIDS information given to the community (the 'green monkey' story is also briefly introduced), but may also reflect an understanding of the anus as an access point for sickness of a spiritual origin or sorcery.[25]

Male homosexuality is not unknown in Aboriginal and Islander communities, with some groups identified as being 'gay' by the popular press.[26] There has not been the tradition of ritualised homosexual behaviour documented in Papua New Guinea, though there is an awareness of such activities in life and myth as indicated by Berndt and Berndt:

> Some homosexual experiments are reported among boys or young men who are temporarily segregated from women (Western desert; Arnhem Land); but although these are not encouraged, the only reaction seems to be the warning that they will weaken themselves if they do this. Men take the part of

> women in various sacred rites, even engaging in symbolic coitus with male actors: but they do not carry over this identification into everyday life—or at least, not overtly. Homosexual relations among females are rarer still.[17]

Even the *Knulpa* video treats the homosexual origin as being exceptional, almost supernatural, and not part of the ongoing cycle of transmission. It is heterosexual, blood-contact and mother-to-baby transmission that brings about the death of the community. AIDS, for Aboriginal people, is a social issue, gaining entry through disrupted relationships, but able to be guarded against by rebuilding those relationships.

> Andrew's AIDS education painting is itself an instance of such an adaption [*sic*]. It defines the problem of the threat of AIDS in Aboriginal terms, articulating the social patterns of potential transmission and the Aboriginal values which are at stake: the integrity of the culture; the interdependence of human life and land; and the survival of jukurrpa as the spiritual source of all forms of existence.[20]

For Aborigines and Islanders, the threat from outside brings with it the corruption of culture, the fragmentation of community, the spectre of genocide.

AIDS and genocide

The popular press quoted Dr Ken Donald, former Queensland Deputy Director-General of Health and Medical Services, as saying:

> 'This is the conquered race that has been treated as badly as any people in history. The danger of a new disease like AIDS is that it could destroy Aboriginal society more quickly than it could possibly be reconstructed.'[26]

The National Aboriginal Health Strategy report highlighted its concerns about high rates of sexually transmitted diseases and hepatitis B in Aboriginal and Islander communities:

> Unless a major campaign of education for behavioural change is attempted by an effective community health care service, there will be a decimation of the Torres Strait Islander race.[27]

The concern about Aboriginal communities is similar, based on similar data. The model of infection is expected to be heterosexual, analogous to the African situation, and facilitated by previous or concurrent sexually transmitted disease.[28]

The potential facilitation of HIV infection by genital ulcer disease and the consequent need to integrate sexually transmitted disease and HIV/AIDS programs have been recognised at an international level.[29] The links are not only clinical—syphilis has long served as a model for the 'plague' metaphors describing the global HIV/AIDS epidemic.[1] Although only recently introduced into Aboriginal Australia,[30] syphilis has reached disturbing levels of incidence in some communities and demands an integrated response. There have been reports of significant improvements in the reported incidence of sexually transmitted diseases in Queensland as a result of coordinated programs,[31] though this has not yet been evident in the Northern Territory.[28]

If 'plague' is a potent metaphor for AIDS in Western society, then 'genocide' extends this metaphor further. Even the responses to AIDS are based on practices that are in essence 'contraceptive', and may effectively reduce Aboriginal and Islander population growth.

Remarkably, regardless of the messages associated with the method of introduction of AIDS into Aboriginal and Islander communities, the response to the threat of genocide has been assertive and optimistic, as Bernadette Shields indicates:

> I think what AIDS has done is it has brought people together and sometimes you read in the papers: 'AIDS—it is going to kill all the Aboriginal people. It is going to be the black plague of Aboriginals'. Well I go out there and I say: 'Well, we are strong people. We have proven it. We have survived and this is something we can do for ourselves. Not sitting down and waiting for it. Because it is not a problem in Aboriginal communities in the Territory. And the only ones that can stop it from happening is we ourselves.[6]

Conclusions

The involvement of Aboriginal and Torres Strait Islander communities in the production of their own AIDS education material and programs has resulted in culturally appropriate and sensitive approaches. The specific targeting of messages, taking into account cultural and psychological factors, together with an awareness of communication effectiveness, has been highlighted as a critical policy element for the continuing effectiveness of AIDS education. Positive identification with the characteristics of the intended target groups enhances this.[32]

Evaluation of these programs is still required: cultural identification does not automatically ensure behaviour change, though it is an important element in achieving it. The Working Panel on Aboriginals, Torres Strait Islanders and HIV/AIDS made a pertinent observation when it recommended that evaluation be built into the design of all programs, but that it be community-controlled to ensure that values, beliefs and other factors are not ignored. 'Premature and inappropriate evaluation of programs is a common error when Aboriginal and Islander programs are evaluated in Western terms'.[33]

There has been an affirmation of identity in the face of AIDS. The use of desert symbolism, traditional motifs, Aboriginal language and idiom have been important in this. More significant, however, has been the return of responsibility for health to Aboriginal people, the recognition that only culturally appropriate use of language will succeed in generating effective messages.

This paper has explored consideration in the use of language and metaphors related to sexual issues, the constraints and limitations imposed on communication, and some specific themes emerging from community produced AIDS education materials. Although there are important regional differences, coordination and reinforcement of materials and approaches is highly desirable.[27]

The promotion of the 'AIDS, a story in our hands—to share' program through train-the-trainer courses makes available this model and its unique concepts throughout Aboriginal and Islander Australia. It is the sharing of these and other insights that have implications for AIDS education and support for the community as a whole.

The community as a 'safe circle' is a model that has not been clearly articulated in European Australia. It acknowledges that monogamous relationships may not be culturally appropriate, yet a closed circle can protect only as long as it is not broken. Caring and sharing, and the importance of relationship, have become the hallmark of this distinctive approach:

> We are proud because we can take the AIDS story home in our heads, not in pieces of paper . . . we know it now, it's in our heads.[8]

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