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Wongi mi bardup (doing it our way): methodologies promoting Aboriginal knowledges and cultural practices for Birthing on Noongar Boodjar

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More information about the Birthing on Noongar Boodjar Project can be found on the Ngangk Yira Research Centre website at <https://www.murdoch.edu.au/research/institutes-centres/health-futures-institute/ngangk-yira-aboriginal-health-research-centre>



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Abstract

The Birthing on Noongar Boodjar project investigated the cultural birthing practices of Aboriginal women living *on country* (Noongar Boodjar) in an urbanised environment and their experiences of interactions with maternal health care providers (especially midwives). The evidence from the five-year study identified the changes required in health systems to adequately support Aboriginal women and their families during the significant cultural and life event of childbearing. This article sets out the methodological and theoretical considerations that framed how the Birthing on Noongar Boodjar project was conducted by the Aboriginal and non-Aboriginal investigators. We provide a brief project background before describing the Indigenous research methodologies and practices crucial to exploring the research questions, collecting data in culturally secure ways and using cultural lenses to analyse and interpret the data. The study design and results are reported in other publications.

Keywords

Indigenous research methodologies, Indigenist research practice, cultural security, birthing on country

Introduction

Birthing on Country for an Australian Aboriginal woman is giving birth on the land of her own birth or that of the father of her child. This is culturally significant for the future of the baby and their *belonging* to that country (Jones, 2012). The philosophy of Birthing on Country ensures a spiritual connection to the land of the mother's (or father's) community and their baby. This Way of Being is rarely understood by non-Aboriginal people generally, including health professionals involved in maternity care. The risks to social/cultural/spiritual practices as constructed by Aboriginal people, also referred to as the cultural determinants of health (Department of Health, 2015), and western medical biophysical risks as perceived by health professionals are understudied phenomena in the Australian context (Waterworth, Pescud, Braham, Dimmock, & Rosenberg, 2015; Zubrzycki, Shipp, & Jones, 2017). This circumstance impedes Aboriginal women's access to culturally secure maternity care. As such, this project focused on cultural childbirth practices and risks to these practices when services do not provide culturally secure environments for Aboriginal women.

By tradition, care and support for mother and child prior to and after the birth is an important component of *women's business*, intrinsically connected with other Aboriginal *Lores*, which are inherited through *Dreaming*. One of the powerful *Lores* associated with women's business is *Grandmothers' Law* (Ramsamy, 2014; Wall, 2010, 2017), which has a number of spiritual and cultural responsibilities to Dreaming, Country, community and family that are seriously undertaken by Aboriginal Grandmothers. This is one of the reasons why Grandmothers are revered and acknowledged as being the backbone of Aboriginal societies. As such, senior and Elder Aboriginal women engage in teaching and supporting younger childbearing women within their communities to maintain these unbroken cultural practices. These *Lores/Laws* assist the functioning, wellbeing, continuance and 'balance' of Aboriginal community life: a constant across time and highly relevant as an integral component of contemporary models of maternity care available to Aboriginal women, but largely missing in maternity care systems.

Given the increasing number of young Aboriginal families living in urban or large regional areas, we set out to address a knowledge gap between Aboriginal and non-Aboriginal concepts of what maternity care is and how it should be provided by a health system. This is particularly relevant if maternity care, now and in the future, is to meet the needs of Aboriginal women in a culturally meaningful way. As such, this project has been interested in the role of Aboriginal grandmothers during the impending birth of their *granny* (grandchild); the importance of family, kinship and cultural practice that sustain Aboriginal women living on Noongar Boodjar during pregnancy, childbirth and the transition to parenting; and Aboriginal women's perceptions of the role of midwives in supporting their cultural needs and responding to individual or family requests, including how women's business and *men's business* has adapted to take on contemporary practices, such as men being present at childbirth.

The intimate, personal and life-changing experience that childbirth represents requires women to make many decisions, including where to give birth and how to maintain their cultural and spiritual practices (Kosiak, 2014). *The cultural security of Aboriginal mothers birthing in an urban maternity facility: Investigating Aboriginal women's cultural needs; and evaluating the cultural competency, workforce and education needs of midwives*, known as the Birthing on Noongar Boodjar (BoNB) project, has focused on cultural security as a concept that is central to achieving a maternity health care system that enables Aboriginal women to safely give birth while having their cultural requirements understood, met and

supported. The decision to focus on the role of midwives in this project was made due to most Aboriginal women being likely to access maternity care through public maternity services where they more frequently encounter midwives or midwife-led maternity practices. While there is a role for other maternity professionals (e.g. general practitioners/specialist obstetricians) across the childbearing continuum, these roles were not considered in this study.

Coffin has described cultural security as the final stage of a continuum starting with cultural awareness and cultural safety, which, when incorporated into health system protocols, have the potential to achieve cultural security (Coffin, 2007, 2018). In relation to health professionals and health systems, it has also been claimed that cultural competence encompasses, extends and operationalises elements of cultural respect, cultural awareness, cultural safety and cultural security (Reibel & Walker, 2010; Walker, Shultz, & Sonn, 2014). We set out to establish the applicability of these and other concepts, as experienced by Aboriginal women during their childbearing and as understood by midwives working in maternity health care settings, using cultural lenses to interpret and frame the project outcomes. In this article, we are concerned with describing how our chosen theoretical approaches informed the research as a whole and how we managed disparate knowledge paradigms in a complex and lengthy program of work.

Indigenous Research Framework

As a foundational principle, Indigenous research methodologies informed the framing of the research and the methods used for study design, governance, community engagement, data collection, analysis and interpretation. The specifics of the study design and results are reported in other publications, while this article describes the theoretical approaches. From the outset, Indigenist knowledge and 'ways of doing' research have been central to achieving the aims of BoNB, with Indigenist research methodologies and practices at the heart of the project; from creation and design through to conduct, interpretation and finalisation of conceptual frameworks, and health system and midwifery education and practice recommendations.

To begin, in consultation with peers, an Aboriginal nurse/midwife and leading academic in Aboriginal health articulated a problem regarding issues associated with Birthing on Country and promoted the necessity of investigating the needs of Aboriginal women giving birth in *urban* Australian contexts, due to the scarcity of literature or evidence about women's experiences when their Country is located in an urban environment. Prior to inviting investigators to be involved, she also identified the variety of knowledge and skills required in a project team to ensure that the research outcomes would be achieved using culturally secure processes and have relevance and translatability to health systems.

The Aboriginal and non-Aboriginal investigators invited to join the project brought combinations of cultural expertise, clinical practice, research knowledge, health system knowledge, and other work and life experiences. All of these knowledges would be required to effectively translate the project's findings into real-world policy, practice and service delivery. Additionally, partner organisations from the university/higher education and independent research sectors, the Aboriginal community-controlled health sector, and the public and private health sectors were invited to contribute to the project's endeavours.

The BoNB project has therefore been conducted by a large project team (18 investigators, representatives from 13 partner organisations and 11 members of the Aboriginal Consultative Group), all of whom have contributed expertise and knowledge of Aboriginal

culture and communities, clinical services, research, health service management and health policy. Some investigators are long-time researchers, some have worked in the health system over long periods of time, and all have been crucial in facilitating engagement with Aboriginal birthing women, Elder women, community members, midwives and the health system as a whole.

As a result of the framing of the BoNB project, we also assert that the foundation of an Indigenous research framework has promoted the capacity building of non-Aboriginal investigators into ways of doing business in Aboriginal contexts. The research processes required non-Aboriginal investigators to step outside the comfort zone of their 'western paradigms' and view the world through different lenses, including ways of thinking that developed their own understanding of Aboriginal ways of knowing, being and doing. This included learning to be comfortable with being uncomfortable when faced with different ways of thinking (Airhihenbuwa, 2007; Airhihenbuwa & Liburd, 2006). This was and remains an important step in informing future collective research aimed at changing health systems to make these more responsive to the needs of Aboriginal people.

Collectively, the expertise and reach of the BoNB project team has enabled communication of the project's progress along the way to the Aboriginal community, in addition to partner organisations and the health and education sectors, which has in turn maintained the cultural integrity required to conduct culturally secure research with Aboriginal people and reach culturally informed project conclusions. This achievement was evident in the culmination of viewpoints brought together at the penultimate BoNB project event held in April 2018, referred to in more detail in this article. In the first instance, we describe the specific Indigenist research practices and methodologies that underpinned our processes.

Indigenist research practices

Indigenist research practices are a means of decolonising western research practices, through the reframing, reclaiming and renaming of research focused on and led by Aboriginal people as being of itself and not a derivative of an 'other' paradigm (Geia, Hayes, & Usher, 2013; O'Donnell & Kelly, 2011; Saunders, West, & Usher, 2010). For our project it was essential that the Aboriginal and non-Aboriginal investigators who made up the project team could work collectively and collaboratively with culturally determined methods of engagement and interpretation, and that this decolonising process was applied by explicitly foregrounding Aboriginal-led knowledge and privileging Aboriginal investigators' worldviews.

Indigenous academics have, over time, developed richly articulated bodies of evidence that support the specificity of Indigenist research practice (Fredericks et al., 2011; Martin & Mirraboopa, 2003; Oxenham, 1999; Rigney, 1997, 2006; Smith, 1999/2012) using theories associated with the unique elements that define the practice. Martin and Mirraboopa (2003) summarise Indigenist research practice as occurring 'through centring Aboriginal Ways of Knowing, Ways of Being and Ways of Doing in alignment with aspects of western qualitative frameworks. This alignment or harmonisation occurs in both the structure of the research and in the research procedures' (p. 211).

In framing how the BoNB project would undertake the research and prioritise Aboriginal perspectives while using what might superficially be considered standard qualitative methods, we drew on other Aboriginal concepts to consciously inform our approaches, and which were also intended to challenge non-Aboriginal investigators to intentionally think

'outside their western paradigms'. This included participation in workshops presented by Aboriginal experts early in the project, to explore and draw focus to a variety of Aboriginal cultural practices and lenses used to 'read' and 'see' and 'hear' that which surrounds each of us, every day.

For example, the use of 'yarning' was chosen as the most appropriate means through which to undertake data gathering with Aboriginal women participants, particularly as it is considered culturally prescribed and cooperative, and respectfully prioritises Indigenous ways of communicating (Geia et al., 2013; Walker, Fredericks, Mills, & Anderson, 2014). Additionally, all of the data gathering with Aboriginal women was conducted by Aboriginal researchers and research assistants who were known in the community. Nonetheless, all project investigators required familiarity with yarning as a research process—as this was essential background knowledge for data interpretation.

Theorised by Bessarab and Ng'andu (2010), yarning comprises different types, each of which has a specific purpose. These are:

- social yarning (prior to introducing the topic under 'investigation', to establish connection between researcher and participant);
- research topic yarning (relaxed but purposeful information gathering directly related to the research topic);
- collaborative yarning (sharing information, exploring ideas in explaining new topics, leading to new understanding); and,
- therapeutic yarning (when traumatic, intensely personal or emotional disclosure by a participant occurs, the researcher switches from 'data gathering' to attentive/affirmative listening, ideally to support and empower the speaker to rethink their understanding of their experience).

As a member of the investigator team, Bessarab presented a workshop to investigators and the Aboriginal researchers and research assistants specifically employed to interview Aboriginal women participants. All team members were introduced to the fundamentals of using social, research topic and collaborative yarning effectively and appropriately to explore the research questions with Aboriginal participants while enabling the women to maintain control over what they chose to reveal in their yarn. This was one of a variety of workshops used to build capacity across the whole investigator team. Others included cultural learning and cultural security, which enabled non-Aboriginal and Aboriginal investigators to participate together in learning experiences, in addition to dedicated whole-of-investigator-team analysis and writing intensive days. Additionally, the Aboriginal Consultative Group also met in 2015 to prepare a Glossary of Cultural Terms, which acted as a reference guide of preferred terms and the contexts in which to use these. The Glossary underpinned the combined analysis and writing intensive days as an additional means of maintaining strong cultural lenses on interpretation of the data and how it was being described; and it was used as a point of reference to ground our terminology.

Two other concepts were critical for creating the means through which the combining of Aboriginal and non-Aboriginal worldviews and knowledges might be effectively blended. These are *Ganma* (knowledge sharing) and *Dadirri* (listening deeply to one another). From the Yolngu people of Arnhem Land, *Ganma* is explained as the merging of fresh and salt water:

When two different waters meet to create Ganma, they diffuse into each other, but they do not forget who they are, or where they came from. The metaphor is useful for guiding how people from differing cultures and backgrounds can share deeply, without losing their

history or integrity. In this way, Ganma theory explains how Indigenous and non-Indigenous people can negotiate to create new knowledge and understanding by working respectfully together and taking time to listen, and 'see/hear' what is revealed. (Yunggirringa & Garngulkpuy, 2007, as cited in Laycock, Walker, Harrison, & Brands, 2011)

Dadirri, from the Ngangiwumirr language group (Northern Territory), is explained as a concept of inner, deep listening. Dadirri requires being quietly aware, listening and watching, with all people recognised as being unique, diverse, complex and interconnected—part of a community where all people matter and all people belong. Accordingly, it is a way of learning and of building knowledge together (Ungunmerr-Baumann, 2002). Both these concepts were highly relevant in our processes of generating new ways of thinking about, interpreting and expressing the data and its ability to represent Aboriginal experiences. Over time, as the research proceeded, these concepts assisted the investigators to collectively maintain the centrality of Aboriginal worldviews, and cultural lenses, when reflecting on our processes and progress and when examining the data through an array of interpretive filters.

Aboriginal and non-Aboriginal use of Indigenous methodologies

To achieve Aboriginal centrality in all our research endeavours, our conundrum was to find the means by which the project team might collectively interpret data and create new knowledge and evidence about the cultural needs of Aboriginal women giving birth in urban settings, while at the same time identifying how and what changes would be required in the health system to meet those needs.

In other words, how could we confidently proceed with making shared understandings and building knowledge relevant to the project's research questions, and use that knowledge to inform the health system we are seeking to interrupt and transform? We therefore needed to determine a framework for intercultural research, which provoked non-Indigenous researchers to 'reflexively examine their impact and position within Indigenous research' if they were going to contribute to a decolonising research process (Kelly, 2013; Russell-Mundine, 2012). Muller (2012) describes the application of Ganma in research practice as the bringing together of Indigenous and non-Indigenous knowledges in a 'two-way' process. Central to this is that Indigenous knowledge practices have sustained Indigenous people over millennia and as such should not simply be slotted into or alongside non-Indigenous research practices to justify a research process. Instead, a process of acknowledging and merging different knowledge systems through well-articulated and respectful consideration was needed.

From the perspective of our project team, our collective approach to our undertakings needed to privilege Aboriginal voices and maintain cultural integrity, and resist 'western' dominance. We did this by engaging in deep listening practices (Dadirri) in settings that promoted respectful exchanges of knowledge so we could achieve agreed interpretations (Ganma). For example, an analysis workshop in 2016 brought the project's investigators together to first work separately in Aboriginal and non-Aboriginal groups on selected transcripts as a first-parse analysis, and then come together to review each other's findings. While differences and similarities were evident between the two groups in their reading of the transcripts, what was striking in this meeting was the reaction of the Aboriginal researchers to some of the harsh conclusions noted by the non-Aboriginal researchers in their transcript coding, particularly in relation to the midwives' transcripts. The Aboriginal researchers were surprised by the detailed instances the non-Aboriginal

researchers had coded in the transcripts as clear examples of racism and unsupportive care experiences relayed by Aboriginal women during yarning, and racist comments expressed by midwives during interviews. When discussing the different readings of the transcripts, the group as a whole came to the conclusion that the reason for the different perspectives was largely due to the internal normalising by Aboriginal people of pervasive instances of racism in health care environments.

This was a moment of revelation for everyone present and one that contributed to establishing agreed and shared understanding of what was being read by the investigator team. It was also the first solid evidence of the ‘two-way’ process we wanted to achieve as being achievable. Importantly, it provided confidence in our ability and capacity as project investigators to privilege Aboriginal voices and maintain the primacy of Aboriginal perspectives when interpreting the data, while at the same time naming what needed to be named. Over time, having the capacity to critically read our participant data and through respectful discussions to collectively reach agreed-upon interpretive conclusions was a demonstration of the application of the theoretical foundations on which we had started investigating what Birthing on Country means for Aboriginal women.

Over the course of the whole project, as learning and knowledge developed across the project team, the platform of Aboriginal Ways of Knowing, Seeing and Doing, achieved through the practices of Ganma and Dadirri, gained more relevance. The advancement of these concepts was most notably evident at a three-day symposium held in the final year of the project in 2018. This event was not only concerned with presenting the key project findings, it was also an opportunity to celebrate Aboriginal cultural practices related to pregnancy and childbirth, the knowledge and wisdom of Aboriginal Elders and senior women, and the capacity of ‘two-way’ thinking to create new knowledge that would contribute to health system change. All these elements were displayed in the highly interactive program of cultural and knowledge-sharing activities that took place across the symposium program.

This included Aboriginal women and Elder community members living on Noongar Boodjar being active participants throughout the entire proceedings, including as contributors to two round-table discussions—one focused on cultural security and the other on workforce challenges. It was from these round-table discussions that the phrase *wongi mi bardup* was used by a Noongar Elder as the Noongar language descriptor for Aboriginal Ways of Working. The phrase resonated with our research process, as it encapsulated the necessity that Aboriginal people be given authentic opportunities to participate in the development of, for example, health policy. *Wongi mi bardup* emphasised there are Aboriginal ways of working, and as such was a perfect descriptor of the need for Aboriginal people to have access to resources to do things in their own way, while also reflecting the general vision of what the project had set out to achieve.

Symposium participants also engaged in an arts space led by Noongar Elder and artist Aunty Millie Penny. The outcome of this activity was a collage of individual paintings, compiled as a visual representation of Ganma and named *Ngangk Boodjar* by Aunty Millie. The collage, along with the Elders’ birthing stories collected for the project, is the foundation of a book being developed as an ongoing legacy. The book will represent a living history of Aboriginal women’s stories of pregnancy, birth and parenting from across generations and will be an important resource for families and communities into the future.

Overall, the symposium represented a tangible coalescence of the shared understandings reached by the project team, inclusive of the Aboriginal Consultative Group members and

partner representatives who, together with the diverse array of people external to the project but with vested interests in the outcomes, were able to join together and celebrate what can be achieved when the practices of Ganma and Dadirri are prioritised and Aboriginal cultural practices are made central to research endeavours focused on Aboriginal people.

Over the course of five years, it had been evident through different fora that shifts in thinking took place for individual investigators and across the project team as data collection proceeded and various processes were used to analyse and interpret the data, and shared meaning making was developed. This was two way and created a strong bond between all investigator team members.

First and foremost then, the BoNB project has been purposeful in promoting cultural security as a central principle from which our research and health care in general should commence. Our understanding of cultural security has stemmed from the work of Coffin (2007, 2018) who describes cultural security as the 'pinnacle' of achievement in health care, with cultural awareness and cultural safety as steps towards cultural security. Additionally, it has been essential that project investigators maintained critical reflexivity in all our processes and that power relations across the whole team were 'neutralised' (Karnieli-Miller, Strier, & Pessach, 2009). This aspect was particularly important, as the project team included both Aboriginal and non-Aboriginal experienced and novice researchers. Finally, we needed to individually interrogate our worldviews and knowledges to ensure these could be effectively and respectfully blended to achieve the project aims. This required intentional and critical thinking on everyone's part as we walked the journey of the research process across the five years.

West, Steward, Foster, and Usher (2012) noted that critical theories are useful in focusing on issues of power, oppression, inequities and disadvantage, and that a critical lens is useful in revealing how gender, class, race and historical factors affect an individual's health. While they also note problems associated with the use of critical theory, in the main they determined it is used by many Indigenous scholars and, in broad terms, is a means of promoting a conscious disruption of a status quo. They also refer to Dadirri as a *purposeful plan to act*, informed by wisdom and the responsibility that comes with knowledge.

In our case, we have used critical thinking to explicitly interrogate the unconscious and uncritical ways in which healthcare systems, and those who work within these, perpetuate ineffective and inappropriate health care for Aboriginal women, based on a lack of knowledge of the cultural needs and personal desires of Aboriginal women before, during and after childbirth. Further, Dadirri has been used to purposefully act on those critically reflexive processes of analysis and interpretation through a commitment to act collectively and with cultural integrity when translating the outcomes of the research.

Beyond the conduct of the BoNB project then is the commitment by the project investigators who have come together with a purposeful plan to act in the interests of Aboriginal birthing women by promoting cultural security in maternity care as a foundation to ensuring access, inclusion and respect for the cultural needs of all Aboriginal women who birth on Noongar Boodjar, and indeed elsewhere across Australia.

Importantly, the primacy of Indigenous research methodologies has been successfully used to promote and lead shared understanding of research processes where all knowledge has been 'welcome at the table', and the lessons learned through the BoNB

project provide guidance to future knowledge sharing and knowledge production using Aboriginal Ways of Knowing, Being and Doing.

Conclusion

Indigenous research methodologies and research practices have developed over time and are now firmly situated in a distinct knowledge paradigm important to the practical undertaking of research, which is with and about Aboriginal people. We drew on specific concepts from Aboriginal scholarly work to provide a framework to guide the research undertakings, including the collection and interpretation of data, to make sure these were culturally secure and meaningful. We held firm to a decolonising approach across the whole study, by ensuring knowledge exchange discussions were Aboriginal led; hence privileging Aboriginal worldviews, knowledge and interpretation of data. We were also vigilant in applying methods and practice that emanate from or are aligned with Indigenous research methodologies and practice. As a result, our diverse investigator team of Aboriginal and non-Aboriginal researchers were able to reach collaborative and meaningful interpretations of a large qualitative data set while maintaining cultural integrity of the process and in our interactions with the Aboriginal participants' and the broader community who took part in the project. This was integral to ensuring that the evidence would ultimately make a difference to the lives of Aboriginal women, those birthing on Noongar Boodjar and elsewhere.

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