NOTICE OF ORDINARY MEETING

The next meeting will be held in the Museum Education Building, North Terrace, Adelaide at

8.00 P.M. ON MONDAY, OCTOBER 29, 1973.

AGENDA

1. Apologies.


3. Election of new members.

4. Professor J. Prescott will give an address entitled:-

"A NEW CONTRIBUTION TO ARCHAEOLOGY - PHYSICS".


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This paper is in two parts, the first of which I will present, the second being handled by Mrs. Mona Tur, herself a fluent Andagarinja speaker who grew up in the tribal area and who has helped enormously in the preparation of much of this material. I want to talk about the development of a song for communicating information to people in contemporary situations.

We were involved together in the development of a new song to communicate information, the particular topic being family planning. Mrs. Tur herself will discuss this song and our experience in making it. I hope she will sing some of the song to you and give you an indication of the significance to the people of this type of work. I will be dealing with the structural material.

The need for improved methods of education in contraceptive techniques among Pitiwantjara-speaking Aboriginal people, and their present misunderstanding of the information being made available to them gave rise to this exercise in which an attempt is being made to overcome the communication problem by means of the traditional method, education through song, by which information on sexual matters was passed on to the young people.

In order to do this successfully we had to examine existing beliefs about conception, preferred family size and related sexual practices. I worked exclusively with the Andagarinja women with whom I had spent many years, and only once all the information was collected did I have the valuable assistance of Mrs. Tur.

The information presented is based on present-day problems and relates to the past only in so far as old women could or would recall past behaviour.

Many doctors working with tribal Aboriginal women assume them to be less knowledgeable than the average white woman. This assumption stems both from their lack of knowledge of cultural patterns of thought and the ever-present language barrier. Few untrained white women would have the detailed knowledge of anatomy taken for granted by these women.

A brief look at some of the available Pitiwantjara anatomical terms can give some indication of this knowledge. However, the mere existence of words does not overcome the communication barrier. There may be a completely different concept from ours of the function of any particular organ, while the word used to describe it may have pictorial rather than analytic connotations or it may have both.

For example, the term used for ovaries and testes is 'ngampu', the general term for egg. While the use of 'ngampu' for the testes and ovaries is a pictorial representation, the fact that the description relates the male and female forms indicates an analytic knowledge. 'Ngampu' is differentiated by the species
when referring to eggs, by the sex when referring to human anatomy. (The understanding of menstruation apparent from the language is that the ovaries are broken and bleeding.) A similar example occurs with the word 'kalka' which is a general term for seed, ranging from the large stone of a fruit to a small grass seed. Combined with the word 'nyira' - vagina, 'kalka' refers to the clitoris; with the word 'ipl' - breast (or milk), it refers to the nipples. Uterus and fallopian tubes are included within the one term, the cervix being described as the opening to the uterus. Detailed vocabulary is in use for parts of the body, for various forms of sexual behaviour, stages of pregnancy, etc.

Many terms are restricted in use to one sex, and many topics particularly those relating to sexual behaviour, may be discussed only between certain people; even then circumlocution is preferred to open statement (cf. C. Berndt, 1951).

The Andagarinjaa women with whom I discussed many of these matters were not familiar with contraception as we understand it. They wondered why young Aboriginal women today should have so many children and thought this a bad thing for these women. They suggested that deliveries of babies in hospital and ability to have a large number of children may be connected; this is not substantiated by research, e.g. De Vidas (1947), Poidevin (1957).

They made no reference to the attitude often expressed by urban Aboriginal people, that contraception is a form of genocide. They saw only the need to help women who, for reasons which seemed to them inexplicable, were having more children than they were physically capable of rearing.

All women spoken to agreed that it was necessary to have intercourse many times before a baby could be produced. There was unanimity regarding the association between copulation and conception, but division of opinion as to how the baby's life began (cf. Meggitt, 1965:272f.). Some said that an accumulation of semen blocked the opening to the uterus (cf. R.M. & C.H. Berndt, 1965:121) thus enabling the baby to grow; others could give no physical explanations beyond the act of copulation, and stated that the spirit enters the body to form the child. The women said that this spirit force did not enter the uterus until the commencement of movements.

Without exception these women stated that the only way to avoid having more children than desired was to avoid sexual relationships. Here, again there is division of opinion among informants on accepted procedures. Those in one area were adamant that no sexual relationships were permissible; others stated that occasional intercourse could not cause pregnancy, only repeated acts on the one occasion. This conflict of opinion has been checked in other localities and again some informants stated that sexual intercourse had to be totally avoided for the woman who already had sufficient children for the available food supply. (The number specifically stated in several instances was two children; one old man with a young wife explained that he was entitled to have more than two children, but each of his wives had had only two, after which he would no longer allow them to have relations with him.) The many informants who stated that sexual relations were not permissible after birth of the appropriate number of children may have been expressing a cultural ideal which was never adhered to rigidly.
Infanticide was not mentioned at all by any of the principal informants, although many younger persons mentioned that it still occurs. Men object to babies being killed at birth, but the women may tell them the baby was still-born. If the baby dies at birth its spirit will not reincarnate to the same mother. It is only when the baby has been breastfed for some time that it will know its mother well enough; it would then subsequently return to her should it die. The spirit which leaves the new-born child is permanently lost to the mother. Those involved in any programmes directed at reducing the number of births should give attention to the psychological damage possible to a woman in the light of her belief in reincarnation. Similarly, careful thought ought to be given to the implications for breastfeeding that this belief raises.

One may assume that there were many different factors which affected control of population numbers in a traditional situation. Some of these belong in the category of social prohibitions, some are the result of ecological conditions, others of the existence of co-wives, restriction of heterosexual relationships; alternative sexual outlets and prolonged breastfeeding. These combined to operate as a workable system while the total society was well integrated. They are now demonstrably ineffective, presumably because of the breakdown of some aspects with the resultant disintegration of the system.

Contraception, therefore, will not be understood merely as a mechanical or chemical control of conception. It is equally unlikely that there will be any comprehension of processes of contraception explained on the basis of our understanding of the process of conception. With the growth of a baby being seen as the physical consequence of closure of the cervix with semen and the spiritual consequence of a process of reincarnation, the contraceptive process described in terms of ovulation will be meaningless.

Although programmes for the introduction of information on contraception in Pitjantjara-speaking areas have had some success, there have been many misunderstandings. There was considerable confusion in some areas about whether or not it was possible to have sexual intercourse after an I.U.D. had been inserted. Women who were fluent English speakers said that they believed it was possible to have intercourse, but no health worker had ever informed them of this fact. The tribal belief that sexual abstinence is necessary to avoid further pregnancies makes it important that the matter is clarified. Arising out of this confusion on permissibility of intercourse was the complaint that doctors could determine such personal matters in an authoritarian manner.

In one programme a standard film showing various methods of contraception based on our understanding of the subject was shown to Pitjantjara women and a Pitjantjara commentary used. The description of ovulation, particularly as it used the word 'ngampu' created a great deal of confusion. How could the commentator differentiate this egg from the 'woman's eggs' - the ovaries? She did so by explaining that the egg was 'like an orange pip'; but because the term for seed - 'kalka' would lead to further confusion in this context, the literal translation of her explanation was 'like the eye of an orange'. This in turn perplexed some, who took the description to be a pictorial representation of the 'man's eggs' - the testes.
There was difficulty in grasping concepts of numbers of days for taking the 'pill' (described as a 'tablet for drinking') where menstruation is normally reckoned by the phases of the moon and few words for numbers are available in the language. There seems to be an additional difficulty with the 'pill' that, even if the 28-day variety was prescribed, there would be no way of guaranteeing its regular use.

Some women associate the I.U.D. with the damaging magical effect of the small, illness-causing sticks which have the power to move throughout the body. No amount of anatomical knowledge can overcome the belief that such foreign bodies have this magical property.

In some family planning programmes, introduction of information on other methods of contraception, which are impracticable because of specific conditions of camp life, have further confused these women. As well, because the women are regularly confronted with criticism of their own ability as mothers any information on family planning needs to avoid suggestions of inadequate motherhood.

There are uncompromising restrictions on discussion of matters relating to sexual behaviour in the tribal situation. Consequently it is difficult to obtain or verify information. Fringe-dwelling women, who in earlier times lived in tribal areas, provided much information. They had all had their babies in the bush; some had delivered their daughters' babies; and now they have little direct contact with these restrictions on verbalization. It was still clear, however, that the sanctions were known to exist and had a powerful influence on discussions. In the Pitjantjara commentary previously mentioned, the commentator frequently interpolated the remark 'remember this is not a real woman, I'm told, just a drawing'. This was because she, herself, was being placed in an invidious situation having to comment publicly on a matter which should be discussed in private only with one's closest kin.

It is clear then, that we do not overcome the communication problem merely by ensuring the use of the local language, or even by ensuring an accurate translation of concepts into that language. For this reason it is important to examine the possibility of the more acceptable form of communication with tribal people — music.

If communication through song is to be effectively used for introduction of new information, the tribal performers responsible for teaching the song must themselves be fully aware of its specific informational bases and the social and cultural implications. Without this careful teaching the song can be interpreted in a number of different ways. With it, the specific information can be taught to a few women whose seniority in the eyes of other tribal women is recognized, and who are themselves aware of the need for positive adaptation in some circumstances; these then remould the information in culturally acceptable song communication the nature of which they fully understand.

However, the performers rarely make new songs and those with whom we worked claimed that it could not be done. The origin of songs, like that of life itself, is often credited to the
ancestral being even though the content of some shows signs of acculturation. The best informed know how to decode the complex song structures. Few claim to know how to encode information in song; they are therefore dependent on information we can offer from detailed musical analyses to establish the process.

It is difficult for an outsider to work in such an intricate, deeply emotional field of communication and for this reason the song we made was done almost entirely by the Aboriginal people involved. My role was merely that of a catalyst since these women did not believe that they could compose songs, having considered this previously to be the gift of those possessing supernatural powers.

PART II.

(Mrs. Tur presented traditional songs, with translations, then the song made by the women to introduce concepts behind family planning as practised in the European community. She also discussed the positive response from the tribal people to the use of song as a medium of communication.)

List of References:


