

# 4

## Food Practices of Young People in a Remote Aboriginal Community

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### Introduction

A common trope is that Aboriginal and Torres Strait Islander people are ‘lost’, ‘trapped’ or ‘caught’ between two worlds: that of Aboriginal and Torres Strait Islander culture and that of mainstream Australian society:

Aboriginal people are sometimes lost between the two realities, trying to preserve their traditional culinary heritage and culture and at the same time trying to adopt new food practices and eating habits. (Sebastian and Donnelly 2013, 70)

Conceptualising people as being lost between two cultures is, however, a ‘thoroughly constrained notion of intercultural engagement’ (Hinkson and Smith 2005, 161) and one that is limiting as an explanation for Aboriginal people’s food practices in contemporary life. The contemporary food system in most remote Aboriginal communities is an intercultural space, comprising commercial, customary, locally grown, and state or welfare elements (Brimblecombe et al. 2014; Buchanan 2014). While there are differences between the Aboriginal and introduced or whitefella ‘domains’ of the food system, they are interrelated through people, organisations and institutions. It is within this intercultural space that the ‘new food practices and eating habits’ referred to above are evolving. Aboriginal and Torres Strait Islander people and non-Aboriginal people

may have ‘different forms of experience, knowing and practice’ (Merlan 2005, 174) of each of the food systems. Understanding how Aboriginal and Torres Strait Islander people understand and engage with the contemporary food system, and valuing their knowledges and perspectives, presents opportunities for addressing complex issues such as nutrition and diet (Wilson et al. 2020).

Young people are particularly subject to being portrayed as ‘caught between’ contemporary Australian society and a reified notion of traditional Aboriginal and Torres Strait Islander culture (McCoy 2009, s20). Their food practices are often cause for concern to health practitioners and within families and communities. Reliance on junk food and a perceived ‘loss’ of taste for traditional foods are common concerns (Brimblecombe et al. 2014; Saethre 2013). Unfortunately, the perspectives of Aboriginal young people themselves in relation to their food and eating practices are very much lacking. As Eickelkamp (2011) notes, there is little research in general on how Aboriginal children and young people experience life, shape their social world and imagine the future: all aspects of life that may affect dietary practices. This chapter, along with others in this volume, attempts to glimpse into the perspectives and life circumstances of some Aboriginal young people. First, I provide a brief snapshot of epidemiological evidence to set the scene as to why a focus on young people’s food and eating practices is of interest in the wider effort to reduce Aboriginal and Torres Strait Islander disadvantage. Then, drawing on ethnographic material from Ngukurr, a remote Aboriginal community in the Northern Territory, I explore young people’s subjective and embodied experiences of food and eating.

## **Aboriginal and Torres Strait Islander Food and Nutrition**

National and regional surveys consistently find that many Aboriginal and Torres Strait Islander children and young people, particularly those living in rural and remote areas, are consuming low amounts of vegetables and high amounts of soft drinks and processed foods (Australian Bureau of Statistics 2015a; 2015b; Gwynn et al. 2012). Such dietary patterns are reflective of community-level diets in remote Aboriginal settings, which tend to be high in refined cereals (e.g. white flour and white bread) and added sugars (particularly from soft drinks) and low in fruits and

vegetables (Brimblecombe et al. 2013; Brimblecombe and O’Dea 2009; Lee et al. 2016; Lee, O’Dea and Mathews 1994). These dietary patterns are implicated in the excess burden of disease experienced by Aboriginal and Torres Strait Islander peoples (Australian Institute of Health and Welfare 2015; 2016, 86; Vos et al. 2009).

## **Influences on Food Practices in Aboriginal and Torres Strait Islander Communities**

A consistently safe and secure food supply is unattainable for many families and individuals in remote Aboriginal communities due to several factors: the high cost of foods; reliance, in most remote communities, on a single food store; and remoteness itself. Nationally, it is estimated that just under one-third of Aboriginal and Torres Strait Islander people living in remote communities run out of food and are unable to buy more (Australian Bureau of Statistics 2015a). A range of factors that contribute to food insecurity in remote communities have been described, including low individual and household incomes, high food prices, store infrastructure and management practices, household infrastructure, substance misuse, cultural expectations to share food and other resources, and a limited range of foods (Brimblecombe et al. 2014; Leonard 2003).

While poverty and economic constraints are clearly important determinants of food and nutrition in remote Aboriginal and Torres Strait Islander communities, food insecurity alone does not wholly explain food and eating practices in food insecure environments (Paul et al. 2011). Cultural preferences, group identity, social interactions and psychological needs all shape food behaviour regardless of income (Ikeda 1999). What people eat is shaped by their social, familial, environmental, cultural and political contexts, as well as their own individual tastes and preferences. To what extent people’s food choices are determined by social structures and to what extent they are attributable to individual agency is an ongoing tension in nutrition and food research that tends to frame people as ‘unwitting dupes of the food system’ or argue that ‘food consumer demand is largely responsible for shaping the food supply’ (Schubert 2008, 263).

In the case of food practices, the improved affordability and availability of healthier foods should result in people eating a healthier diet. There is evidence to suggest that economic levers have a modest effect on

consumption of vegetables and fruit (Brimblecombe et al. 2017). There is also evidence that suggests that diet quality has decreased in some communities despite sustained efforts to improve the availability of nutritious foods (Lee et al. 2016). Further, self-efficacy and social context remain largely unchanged despite education and economic interventions (Brimblecombe et al. 2017). Meaningful improvements in the diets of Aboriginal people in remote communities will not be possible ‘without addressing the underlying constraints that reinforce unhealthy dietary behaviours’ (Brimblecombe et al. 2017). However, these constraints do not necessarily work in linear ways (Chenhall and Senior 2017). Considering food choice as mostly a material matter without also attending to the social, cultural and personal aspects of food and eating means that understandings of why people eat the way they do will only ever be partial. Ethnographic research can assist in expanding understandings about sociocultural aspects of food choice.

## Setting and Methods

Ngukurr<sup>1</sup> is a township with a population of around 1,000 situated just over 300 km south-east of Katherine, Northern Territory. It was established as a mission by the Anglican Church, which continues to have a strong presence in the community. The services available to residents at Ngukurr include a single grocery and general store, a school with primary and secondary classes, and a health centre managed by a community-controlled health organisation. Other social and wellbeing services, including a new integrated child and family centre incorporating early years education and family support programs, are also available. Municipal, youth, and sport and recreation programs are managed by the shire council. Economic development, including construction, and a cattle enterprise is led by a local development corporation. Despite new and renovated housing, accommodation remains in short supply and overcrowding and poor conditions are common.

I first started work at Ngukurr in 2010 as a public health nutritionist coordinating a child nutrition project. In 2014, I took on a new role, as a PhD candidate, and undertook intensive fieldwork between 2014–15. This was a new role for me, both epistemologically, moving away from

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1 See Chapters 1–3 in this volume for more details about Ngukurr.

the empiricism of nutrition science towards a more constructivist view of food and eating, and methodologically, engaging with the community as a participant observer rather than service provider. Field visits were conducted for periods of one to four weeks,<sup>2</sup> mostly during the accessible ‘dry season’ (May–October). I used a range of methods, including participant observation, individual and group interviews with young people and adults, photo elicitation with young people and young mothers, and workshops with groups of two to 10 young women. In these workshops, the young women listed foods they ‘liked’ and ‘disliked’ (Table 4.1). They also created body maps (Chenhall et al. 2013) of fictitious young women (Appendix Figures 4.1 and 4.2). We discussed the living circumstances, diet, relationships and daily activities of the characters created in the body maps. The body map characters had diets that were perhaps more aspirational than the daily diets of the young women participating in the activity.

The main informants for this work were mostly young mothers who attend the supported playgroup and some of their extended family, some other young people and some older women and men. Both the male and female informants were biological and/or classificatory grandmothers, grandfathers, mothers, fathers, uncles and aunts in the Aboriginal kinship system, and all have roles in the socialisation of babies, children and young people. Ethical clearance for this research was granted by the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC 2014-2291).

## Young People’s Preferred Foods

Young people’s declared food preferences incorporate a range of foods from the store, ‘tuckshop’ and bush<sup>3</sup> (Table 4.1, Appendix Figures 4.1 and 4.2). Food preferences are fairly conservative with little variation between foods listed in the free-listing activity, body maps and during interviews. The foods were largely reflective of what is stocked in the local store and takeaway. Meal patterns at Ngukurr are rarely structured, people

2 Personal circumstances and housing availability precluded me from living in Ngukurr for an extended period as is the norm for ethnographic research. I remained living in Katherine (where I had lived since 2000) and made regular visits to Ngukurr.

3 Young women use bush foods. Bush foods also include fish. Some referred to ‘killer’ (beef) bush food.

eat when they are hungry and when the opportunity presents itself. Young people might eat when there is food available at home, usually prepared by older members of the household; if they or their friends had some money and were able to get to the shop or takeaway to buy something; through school meals programs; or if they were attending a community activity (e.g. a barbeque at the youth centre).

**Table 4.1: Results from free-listing activity**

Likes			Dislikes		
Turkey	Banana	Hotdog	Witchetty	Watermelon	Liquorice
<i>Jupi</i>	Peanut	Tea	grub <sup>4</sup>	Frozen	Hot foods (only
(blackcurrant)	Orange	Coke	Goanna	vegies	sometimes)
Green plum	Mango	Juicy fruit	Kangaroo	Tuna	Salty plum
Magpie goose	Corn	(chewing	Camel <sup>5</sup>	Liver	Chocolate
Catfish	Water	gum)			Ice cream
Turtle	Green peas	Hungry			Pizza
	Broccoli	Jacks			Tamarind
	Avocado	Salty plum			
	Rice	Cake			
	crackers	Hot chips			
	Apple	Red			
	Cherries	Rooster			
	Milk	Sprite			
	Mushroom	Nutri-Grain			
	Damper	KFC			
	Beef	McDonalds			
	Eggs	Ice cream			
	Red grapes	Pizza			
	Onion	Popcorn			
	(cooked)	Coco Pops			
	Banana	Chocolate			
	Carrot				
	Strawberries				
	Weetbix				
	Watermelon				

The consumption of takeaway foods, as well as other snack-type foods, is a recognisable feature of young people's food practices at Ngukurr. When young people have access to money, these are what they prefer to spend it on. As young people are not usually responsible for purchasing and cooking for the household, and often eat food at school, the foods they

4 Witchetty grubs are not a traditional food in the Ngukurr area. The young woman who identified this as a dislike attends school in Central Australia where witchetty grubs are a common (and often highly prized) traditional food.

5 It was noted by the young women that although they'd never tried camel, they thought they would dislike it.

have most control over are those sold at the ‘tuckshop’. ‘Hot foods’ from the takeaway, such as chips, meat pies and burgers, were prominent in the diets of the body map characters (Appendix Figures 4.1 and 4.2), and both young and older people observed these choices:

You see young people they carry bag with Coke, lollies, chips, salty plum, tamarind. (Young woman, 15–19 years)

Tuckshop food is the main food for every young people. Hot food and bottle of Coke. All those greasy stuff from the tuckshop. No young people can't say they don't eat tuckshop foods. (Grandmother, 50+ years)

Food can be an important symbol of identity and people may use their food choices and dietary practices to define themselves (Bisogni et al. 2002; Stead et al. 2011). A young woman (15–19 years) described how it is common for young people to mix salty plums<sup>6</sup> and/or dried tamarind with lemonade or lemon juice into a thick paste (Appendix Figure 4.3). This is a ‘young people’s food’. Young women at Ngukurr describe foods in relation to themselves, as one young woman told me ‘Nutri-Grain is my cereal, not Weetbix’.

Interested in their perspectives about accessibility, I asked the young women to identify which foods were easily available and which were more difficult to obtain. They said that ‘easy to get’ foods were some fruit, soft drink, damper, tea, cake, hot chips and a few vegetables (Table 4.1). ‘Hard to get’ foods were either bush foods, highly seasonal fruits or takeaway foods available only from outlets in Katherine, Darwin or Alice Springs (e.g. Hungry Jacks, KFC and McDonalds) (Table 4.1).

Foods that were more difficult to access were coveted. A passion for seasonal bush foods is seen during *jupi* (blackcurrant) season, when people of all ages, but particularly young people, are frequently off foraging and congregating with large containers filled with the small, sweet, astringent deep purple berries. There is great desire for *jupi*, although towards the end of the season, as the novelty wanes, young people refer to being ‘tired of *jupi*’ and adults say they are sick of hearing about ‘*jupi, jupi*’.

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6 Salty plums are a dried plum coated in a salty powder. Originally from China, they are a commonly eaten snack food in the Northern Territory.

It is not just seasonality that places some coveted foods out of reach. While young people might desire magpie goose, catfish and green plums, they are constrained by their knowledge and that of their family: ‘When they (parents) go away and the kids have to stay with other aunties and uncles, probably them other mob don’t have that experience of fishing’ (Mother, 20–29 years). Access to bush foods also requires resources such as transport, firearms, ammunition and digging tools, as well as accessible land and waterways. As Saethre (2005, 164) says of hunting and collecting of traditional foods in Lajamanu (another remote Aboriginal community in the Northern Territory):

Hunting and gathering actually require a greater level of monetary and other resources, and greater amounts of time, too. Moreover, because of kin obligations, they usually yield only a single meal to the hunter or gatherer.

At Ngukurr, families with access to transport, particularly through ranger programs, royalties or tourism ventures, visit their outstations more regularly and could return with an abundance of traditional foods such as crab, mussels and *jarlbun* (lily seedpods). Others, however, struggle to find transport, have issues with land access and/or have everyday life challenges (e.g. caring for very sick, elderly relatives or alcoholism) that prevent them from fulfilling their want for traditional foods.

Young people view foods purchased from outlets outside of Ngukurr as more delicious, cheaper and better. Eating branded takeaway foods such as KFC, McDonalds and Hungry Jacks, which are only available in Katherine, Darwin or Alice Springs, is a special treat even though fried chicken, burgers and chips are a constant at Ngukurr’s local store. As this grandmother observed of young people: ‘You know, even in town everybody get spoiled going out McDonald’s and Kentucky Fried Chicken and whatever, buying that’ (Grandmother, 50+ years).

The preference and desire to ‘go out’ to fast food outlets represents one of the many ways that Aboriginal young people’s lives are ‘enmeshed in the globalised world’ (Hinkson and Smith 2005, 157). These outlets are inexpensive and informal places where Aboriginal young people from Ngukurr feel comfortable. Going out to McDonalds in Katherine

or Darwin<sup>7</sup> is a way to fulfil aspirations for variety (Bridle-Fitzpatrick 2016) within the constraints of cost and familiarity. Fast food outlets, in Katherine at least, are spaces used by both non-Aboriginal and Aboriginal people, unlike some other spaces that are markedly ‘white’ (Merlan 2005).

Young people at Ngukurr appear to have a shared food *habitus* of simple foods, soft drinks and takeaway. They prefer a range—albeit limited—of foods both healthy and unhealthy, and their food preferences include foods that are store bought as well as sourced by fishing, hunting and gathering. There are constraints to young people’s food practices, and it seems that opportunities to access preferred foods are not necessarily available to all young people equally.

## Hunger and Not Having Enough Food

In addition to constraints on accessing their preferred foods, young people at Ngukurr also face the issue of accessing *enough* food. Not having food to eat or worrying about getting enough food was a common experience for young people at Ngukurr. They are keenly aware of the physical sensations of hunger, which they describe as feeling shaky, getting ‘desperate for food’, having a sore or growling stomach, and feeling sick to the point of vomiting (Appendix Figures 4.1 and 4.2). These sensations are expected and frequent. Young people seemed resigned to the fact that there will be times when they must go without food: ‘Sometime, when we hungry at home and it’s night we just—and we really hungry—we can just sleep without food’ (Young man, 15–19 years).

Young people at Ngukurr generally did not raise specific concerns about food costs,<sup>8</sup> despite higher food costs and low incomes being well established as drivers of food insecurity in remote communities. They did, however, point out that gambling and drug and alcohol use diverted money away from food and other goods. For example, the young woman

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7 The desirability of these fast food outlets may be different for Aboriginal young people who live in urban and regional centres for whom McDonalds is mundane and who are seeking a wider variety of foods in different ways (see Chapter 6).

8 The few young people who did raise the cost of food with me were also parents; therefore, it may be that, once they had caring responsibilities and an income through child benefits and were expected to be responsible for food purchasing, they became more acutely aware of the cost of food.

created in the body map (Appendix Figure 4.2) ‘doesn’t worry for money because she never plays cards’. People often suggested that it is ‘others’ in the community who do not responsibly prioritise buying food:

And the problem is at family camp, some families don’t buy food. When they got that drug and alcohol problem. Well like me and Steven<sup>9</sup> we’re drinkers but we still buy food. But some don’t think to buy food first. (Mother, 20–29 years)

When I get my pay I buy food first, then powercard, every main thing I buy it. Then I just go gamble with the leftovers. (Young man, 15–19 years)

Asking for food, or money to obtain food, from other family members is the usual strategy that people at Ngukurr, both young and old, use whenever they run out of food. In turn, they are expected to reciprocate when their kin require assistance. This reciprocity can both positively and negatively influence food access and nutrition. Obligations to share food and resources between kin can provide a safety net but may also place excessive pressures on certain households and household members (Brimblecombe 2007; Smith et al. 2003). Sharing obligations also influence the types of foods that people at Ngukurr purchase. Some foods, such as single-serve takeaway foods are less amenable to sharing, and hence may be preferred (Senior 2003). In the context of fluid and uncertain eating opportunities, there is a preference for foods that require minimal preparation such as tinned spaghetti, or can be consumed ‘as is’, such as takeaway, fruit or chocolate bars.

## Being *Munanga*?

Aboriginal and Torres Strait Islander people often refer to foods as being whitefella foods or bush foods, related to the experience of traversing ‘two worlds’ (see e.g. Brimblecombe et al. 2014; Colles, Maypilama and Brimblecombe 2014; Saethre 2013; Senior 2003). This separation of foods and food practices as *munanga* (whitefella or non-Aboriginal) foods or *blekbala* (Aboriginal) was also evident at Ngukurr. Interestingly, it was generally deployed *about* young people’s practices rather than *by* young

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<sup>9</sup> All names used are pseudonyms.

people. Young people, as observed above, had a preference for a range of foods rather than being concerned specifically as to whether they were *blekbala* or *munanga*.

Despite traditional foods ranking highly in young people's food likes, older adults at Ngukurr often lament that young people are no longer interested in traditional foods and have been lured into eating only *munanga* food from the store. They assert that young people's preference for takeaway foods drives them to return early from fishing trips, which are usually highly prized occasions, to get to the takeaway before it closes:

We went for *sugarbag* [bush honey]. We tried to get the kids to have a taste, but they didn't like it, because it was a long time, there was a space. It was first time they were eating that *sugarbag*. Cause they never had that taste, they never got brought up with that taste. There was a gap there. Never had it. (Mother, 20–29 years)

We go out fishing, Jason always make damper, no the kids don't want damper they always want bread. And even when we cook when we get fish or turtle they don't want it, they want tinned meat. That's the difference. (Adult male, 40–49 years)

The narrative that young people have 'lost the taste' and are disinterested in traditional foods is common in other Aboriginal communities (Brimblecombe et al. 2014; Saethre 2013). Such disconnect between older and younger generations with respect to food and other aspects of life is not confined to Aboriginal families. Migrant families trying to preserve traditional food cultures within their new home country similarly lament that younger generations are acquiring a preference for Western-style foods (Momin, Chung and Olson 2014), and there is much anxiety about the demise of the 'family meal' in Western societies (Murcott 1998).

The 'space' between opportunities to taste the *sugarbag* that the young mother points to above is often attributed to the requirement to participate in the Western education system. Traditionally, children and young people would learn about foods while accompanying their parents hunting and gathering (Brimblecombe et al. 2014). Even if they wanted to, families perceive that they are unable to pass on such knowledge because of the amount of time children must spend at school:

They all just going *munanga* way now. When they go to school, they learn *munanga*. Holiday times we teach them but not during the week because they have to go to school. (Young mother, 20–29 years)

Many of the older people interviewed attended school while it was under mission control. As such, parents and grandparents of children and young people today who were schooled during that period may continue to perceive that school is a place to learn Western cultural and social norms—a place of assimilation. While the quotation above is from a younger woman, it suggests that school is still understood as a non-Aboriginal space, where non-Aboriginal values and practices dominate (Burbank 2006). Despite this perception, school also offers some opportunities for children to learn about traditional foods and culture. Young people at Ngukurr noted that, as well as learning from their family, ‘culture classes’ at school were the source of some of their information about traditional foods. ‘Culture classes’ and customary activities incorporated into school programs helped to make school a more enjoyable institution for some children (Burbank 2006).

The concern about Aboriginal children not liking traditional foods is also about more than their real or imagined distaste for such foods. It is a statement about whitefella invasion and dominance in Aboriginal family life. Food is being used as a tactical device to draw attention to Aboriginal and non-Aboriginal relations. Colonisation disrupted intergenerational transmission of knowledge about traditional foods, creating the ‘gap’ that the young mother describes above.

Having social networks from which to access food is perceived as a positive, protective part of life for Aboriginal people at Ngukurr, and a marker of significant difference between Aboriginal and non-Aboriginal cultures: ‘Only black Aboriginal people who share food, not white people ... It’s hard for white people eh? But black people it’s more easier’ (Mother, 20–29 years). Sharing and young people’s reliance on family was viewed as another difference between Aboriginal and non-Aboriginal young people. The latter were perceived as independent of their families and as having to carve out lives for themselves: ‘Non-Indigenous people when they’re that age (teenagers) they don’t depend on their parents’ (Grandmother, 50+ years).

Parents and grandparents at Ngukurr are concerned that if children and young people adopt a more individualistic way of thinking about food and eating they may lose their social connections:

But if you try and teaching the kids to live independently now, they won't be, they'll be nobody when they grow up you know. They'll be on their own. And the other family will say 'He or she is selfish' and you know ... Where that family wants to try and change their ways, but they can't change, 'cause the other family will judge. (Mother, 20–29 years old)

Emphasising the individual's wants and needs without consideration of social relationships and sharing obligations forms part of Aboriginal explanations of imbalances in health and wellbeing (Brimblecombe et al. 2014; Smith et al. 2003).

At Ngukurr, and elsewhere, Aboriginal people associate attempts to diet or change their eating habits with being non-Aboriginal (Foley 2005; Thompson, Gifford and Thorpe 2000). There is some ambivalence about adopting practices that are framed as *munanga*, as while such practices might be understood as healthier, they are also seen as unattainable and disconnected from the everyday experience of living at Ngukurr (Senior 2003). The moral imperative is to care for others, ensuring that foods purchased are acceptable to all who will partake, rather than concern for the individual's nutrition. Food, even food that is bad for one's physical health, can be morally good if it is shared and used to demonstrate care of others (Chenhall and Senior 2017; Schwarz 2018).

At Ngukurr, food choice is constrained by money and household resources, as one young mother described to me:

I don't know how to put it, well, you *sabi blekbala mind* [understand Aboriginal people's way of thinking], some don't have the money all the time, they just eat what's there. We don't have that fridge or something like that, but you can't buy vegetables with no fridge. (Mother, 20–29 years)

Eating if and when food was available without preoccupation for ascetics or aesthetics was considered among many informants a particularly *blekbala* way of eating, in contrast to the use of food for innovation and differentiation as seen in many Western societies (Lupton 1996). Planning

what and when one would eat, and being concerned with eating the ‘right’ kinds of foods at the ‘right time’, was considered by Aboriginal people at Ngukurr to be the purview of *munanga* (see also Brimblecombe 2007).

## Discussion

This chapter has explored some of the ways that Aboriginal young people at Ngukurr understand and engage with food. Food practices of young people at Ngukurr are very much situated in the ‘intercultural’. The contemporary diet of Aboriginal young people comprises a mix of introduced and traditional foods, and both categories of food are preferred. The meanings that Aboriginal young people attach to food arise from interactions between material disadvantage, discourses of identity and embodied experience.

The discourses of cultural difference, inequality and marginalisation that underlie tensions for many practitioners in Aboriginal affairs are also evident in the accounts of Aboriginal young people’s food practices presented in this chapter. Kowal and Paradies (2010) highlight tension between maintaining cultural difference while achieving statistical equality as an underlying dilemma in policy and programs aimed at improving Aboriginal health.<sup>10</sup> An unsettling prospect, at least for some working in Aboriginal health, is that intervening to close the gap in health and life expectancy will further erode Aboriginal culture, an echo of past assimilationist policies (Kowal and Paradies 2005). The food types and eating patterns that are part of everyday life for young people at Ngukurr are often positioned as antithetical to *munanga* ways. There is ambivalence about practices such as individualistic purchasing and distribution of food in so far as they appear disconnected from Aboriginal worldviews and may be damaging to intergenerational relationships and community solidarity.

Responsivity to hunger, as well as uncertainty about whether there will be anything to eat, underlies young people’s food practices at Ngukurr. Their food choices are complicated by an environment of limited choice and a legacy of colonialism and disempowerment. In such circumstances,

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10 Statistical equality in life expectancy, health, education and economic attainment with non-Aboriginal Australians is the primary goal of most policy in Aboriginal health and development. There are various critiques of this policy approach. Most relevant to this chapter is the argument that the drive for statistical socioeconomic equality undervalues diversity and difference (Altman 2009).

making the 'healthy choice' may not be the logical or practical choice. Young people's food practices are also constrained by the extent to which they can control their food choices. Foods sold at the tuckshop, and foods packaged for instant consumption (such as salty plums and soft drinks) are some of the foods over which young people have most control. They are available for instant consumption and are familiar and satisfying.

Young people's preference for takeaway foods, soft drinks and salty plums might be seen as evidence that they are unable to make rational choices and, therefore, need more education about store-bought foods and to be taught why choosing healthy foods is important for their health. Classifying young people's preferred foods as 'bad' perpetuates a picture that all young people are unhealthy eaters, which, in turn, becomes a barrier to change (Stevenson et al. 2007). This is particularly salient to Aboriginal young people, as Aboriginal identities are often bound with the inevitability of ill health (Kowal and Paradies 2010). Moreover, like young people more broadly, an argument for minimising consumption of such foods on the grounds of health is unlikely to persuade young people at Ngukurr (Neumark-Sztainer et al. 1999; Stead et al. 2011). There is a logic to eating opportunistically when everyday life involves asking around for money and food from other family members, family and friends who gamble away their money, and fridges that don't work.

There is also a logic to conservative food choices: people are reluctant to step too far from the collective food *habitus*. For young people at Ngukurr, food is always socially embedded. As has been found in urban Aboriginal communities, foods that others liked and could easily be shared were valued over aesthetics and ascetics (Foley 2005; Thompson and Gifford 2000; Thompson, Gifford and Thorpe 2000). Social obligations in food distribution were perceived by young people at Ngukurr in both positive and negative lights. Having family to depend on was considered uniquely Aboriginal and something to be proud of. However, having an extensive family network with whom food needed to be shared strained household resources and restricted the types of foods people were willing (or encouraged) to purchase.

Young people at Ngukurr preferred a variety of bush and store-bought foods. Access to their preferred foods was constrained by geography, seasonality and material resources. In some ways, it was the constraint that made these foods more special: the joy of *jupi* and the privilege of 'going out' to McDonalds in Katherine. Being able to access these preferred foods

required different forms of social and cultural capital, which it seems were not equally distributed within Ngukurr. Further, young people's declared desire for traditional foods may be as much about their preference for eating such foods as about 'declaring cultural allegiance to Aboriginality' (Saethre 2005, 166). Even though they may not have much opportunity to consume these foods, knowing about and desiring traditional foods may be important to young people, as it is seen to connect them with their Aboriginal identity. Creating opportunities for young people to learn about and gain access to traditional foods might well be valued by both young and older people (Senior et al. 2012). Participation in harvesting of traditional foods may also have positive benefits on physical activity and mental health. As young people themselves rarely have access to the resources needed for hunting and gathering, organised activities through community-based programs may be helpful, as well as family-based outings (Douglas 2015).

## Conclusion

This chapter has presented an account of Aboriginal young people's engagement in the intercultural space of the contemporary food system. Food provisioning in this space is thoroughly constrained. The sorts of material and social constraints described by young people in this research align with those highlighted in various epidemiological studies and articulations of the social determinants of health. This research, however, offers 'a picture of the lived engagement people have with broader structures' and the unpredictable ways that social determinants interact in young people's lives (Chenhall and Senior 2017).

## Appendix

Nickeisha is a 24-year-old woman (Figure 4.1). She has two children, aged four and seven years. She has no husband and lives with her family—mum, dad, abuja (father's mother), gagu (mother's mother), 17-year-old sister and 14-year-old brother. Her parents help her to look after her kids. At the house she lives in there is a fridge and a stove and each room has an air conditioner. She's got a Troopy (Toyota Landcruiser). The kids have toys. There is a TV, Playstation and Xbox 360.



She works at the shop. She goes to work every day. She doesn't worry for money because she never plays cards. She smokes, but not weed (cannabis), and she doesn't drink (alcohol). Her mum and dad also smoke. Her sister smokes weed. Her abuja and gagu don't smoke.

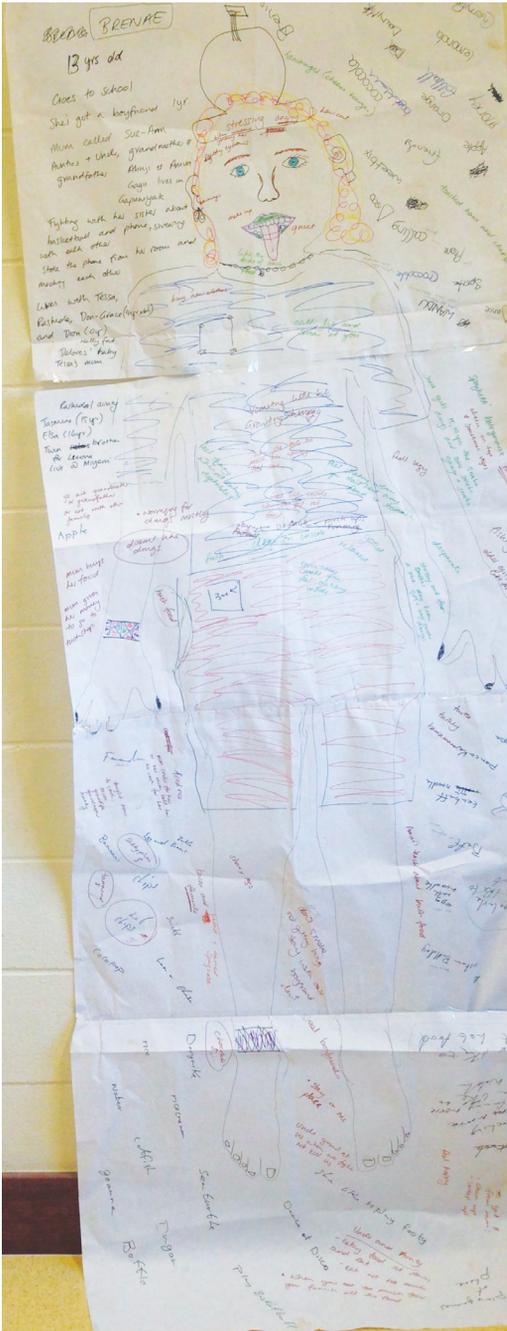
She likes to eat damper, spaghetti bolognese, soup with rice, hot chips, pie, cake and custard, yoghurt, any kind of fruit (e.g. bananas, apples, oranges, grapes, green plums), bush food (e.g. turkey, kangaroo, *jupi*), chicken, tea, hot coffee, sea turtle (*nalaligi*), *debil debil* (shark), swordfish, catfish, stingray and bream. She knows how to cook. Her gagu taught her how to bake damper and make soup. Sometimes she cooks for her family; sometimes her mum or dad does the cooking. Her grandma and grandpa are too old. Nickeisha, as well as her mum and dad, do the shopping.

She likes feeding her kids bush tucker—barramundi, shark, catfish, swordfish, stingray, bream, sea turtle, crab, turkey and kangaroo. Foods that she thinks are good are vegetables—like cabbage, carrots, pumpkin, potatoes and onions—tomatoes, Coke, pie, chips, *jupi*, yoghurt, *sugarbag*, *yarlbun* (tummy ache), fruit, green plum, lollies, damper, spaghetti bolognese, fried rice, cordial, orange juice, apple juice, Sprite, coffee, hot tea with milk and sugar, *jojo* and *mularlu*.

Sometimes she runs out of food. Sometimes she goes and asks her babies' father's family. When she can't eat all day, she feels hungry and her stomach hurts '*ardi binji*'. She sleeps sometimes when she doesn't have food. Sometimes, when she doesn't have food, she'll go out along the river to look for fish. She thinks food gives her energy. When she eats spaghetti bolognese, she feels much better.

Brenae is a 13-year-old girl (Figure 4.2). She likes to eat apples, oranges and bananas. For breakfast she likes to eat bacon and eggs, spaghetti, Weetbix and baked beans. She likes to drink Coke, Sprite, lemonade, Fanta and Sunkist. At lunch she likes toasted ham and cheese sandwiches. At dinner she has spaghetti bolognese. And fish too. Sometimes she has beef with capsicum and carrot. She doesn't eat vegetables on their own, only with meat. Her mum gives her money to go to the tuckshop. She buys chips, Dairy Milk and Cherry Ripe (chocolate), salty plums, tamarind, hamburgers and cheese burgers, fried rice and ice cream. She gets her money by doing chores for her mum like cleaning up and sweeping up. Her mum, grandpa, grandmother and aunty taught her to cook. Usually her mum cooks for her but sometimes she tells Brenae to cook. She knows how to cook damper. Sometimes she cooks noodles with tinned beef for breakfast. Her *amuri* (father's father) taught her about bush food. She likes the taste of bush food.

4. FOOD PRACTICES OF YOUNG PEOPLE IN A REMOTE ABORIGINAL COMMUNITY



**Figure 4.2: Body map Brenae.**  
Source: Photograph by Danielle Aquino, 2016.



**Figure 4.3: Salty plums in a soft drink bottle.**

Source: Photograph by Danielle Aquino, 2016.

Sometimes she hasn't got any food. She feels sick in the stomach and gets diarrhoea. Her tummy's growling and sometimes she feels like vomiting. In her head she feels nervous. Stressing. Maybe she goes angry or quiet. Lazy. Some of the other kids smoke too. She can go to her grandmother, grandfather or other family to eat.

## References

- Altman, J. C. 2009. *Beyond Closing the Gap: Valuing Diversity in Indigenous Australia*. Canberra: CAEPR.
- Australian Bureau of Statistics. 2015a. 'Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results—Food and Nutrients, 2012–13'. Last modified 17 December 2015. [www.abs.gov.au/ausstats/abs@.nsf/mf/4727.0.55.005](http://www.abs.gov.au/ausstats/abs@.nsf/mf/4727.0.55.005).
- Australian Bureau of Statistics. 2015b. 'Australian Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines 2011–12'. Last modified 6 June 2018. [www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12).
- Australian Institute of Health and Welfare. 2015. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2015*. Cat. no. IHW 147. Canberra: AIHW.
- Australian Institute of Health and Welfare. 2016. *Australian Burden Of Disease Study: Impact and Causes of Illness and Death in Australia 2011*. Canberra: AIHW.
- Bisogni, C. A., M. Connors, C. M. Devine and J. Sobal. 2002. 'Who We Are and How We Eat: A Qualitative Study of Identities in Food Choice'. *Journal of Nutrition Education and Behavior* 34 (3): 128–39. [doi.org/10.1016/S1499-4046\(06\)60082-1](https://doi.org/10.1016/S1499-4046(06)60082-1).

- Bridle-Fitzpatrick, S. 2016. 'Tortillas, Pizza and Brocoli, Social Class and Dietary Aspirations in a Mexican City'. *Food Culture and Society* 19 (1): 93–128. doi.org/10.1080/15528014.2016.1147871.
- Brimblecombe, J. 2007. 'Enough for Rations and a Little Bit Extra: Challenges of Nutrition Improvement in an Aboriginal Community in North East Arnhem Land'. PhD thesis, Charles Darwin University.
- Brimblecombe, J., M. Ferguson, M. D. Chatfield, S. C. Liberato, A. Gunther, K. Ball, M. Moodie, E. Miles, A. Magnus, C. N. Mhurchu, A. J. Leach and R. Bailie. 2017. 'Effect of a Price Discount and Consumer Education Strategy on Food and Beverage Purchases in Remote Indigenous Australia: A Stepped-Wedge Randomised Controlled Trial'. *Lancet Public Health* 2 (2): e82–e95. doi.org/10.1016/S2468-2667(16)30043-3.
- Brimblecombe, J. K., M. M. Ferguson, S. C. Liberato and K. O'Dea. 2013. 'Characteristics of the Community-Level Diet of Aboriginal People in Remote Northern Australia', *Medical Journal of Australia* 198 (7): 380–84. doi.org/10.5694/mja12.11407.
- Brimblecombe, J., E. Maypilama, S. Colles, M. Scarlett, J. G. Dhurrkay, J. Ritchie and K. O'Dea. 2014. 'Factors Influencing Food Choice in an Australian Aboriginal Community'. *Qualitative Health Research* 24 (3): 387–400. doi.org/10.1177/1049732314521901.
- Brimblecombe, J. K. and K. O'Dea. 2009. 'The Role of Energy Cost in Food Choices for an Aboriginal Population in Northern Australia'. *Medical Journal of Australia* 190 (10): 549–51. doi.org/10.5694/j.1326-5377.2009.tb02560.x.
- Buchanan, G. 2014. 'Hybrid Economy Research in Remote Indigenous Australia: Seeing and Supporting the Customary in Community Food Economies'. *Local Environment* 19 (1): 10–32. doi.org/10.1080/13549839.2013.787973.
- Burbank, V. 2006. 'From Bedtime to On Time: Why Many Aboriginal People Don't Especially Like Participating in Western Institutions'. *Anthropological Forum* 16 (1): 3–20. doi.org/10.1080/00664670600572330.
- Chenhall, R., B. Davison, J. Fitz, T. Pearse and K. Senior. 2013. 'Engaging Youth in Sexual Health Research: Refining a "Youth Friendly" Method in the Northern Territory, Australia'. *Visual Anthropology Review* 29 (2): 123–32.
- Chenhall, R. and K. Senior. 2017. 'Living the Social Determinants of Health: Assemblages in a Remote Aboriginal Community'. *Medical Anthropology Quarterly* 32 (2): 177–95.

- Colles, S. L., E. Maypilama and J. Brimblecombe. 2014. 'Food, Food Choice and Nutrition Promotion in a Remote Australian Aboriginal Community'. *Australian Journal of Primary Health* 20 (4): 365–72. doi.org/10.1071/PY14033.
- Douglas, J. 2015. 'Kin and Knowledge: The Meaning and Acquisition of Indigenous Ecological Knowledge in the Lives of Young Aboriginal People in Central Australia'. PhD thesis, Charles Darwin University.
- Eickelkamp, U. 2011. 'Agency and Structure in the Life-World of Aboriginal Children in Central Australia'. *Children and Youth Services Review* 33 (4): 502–08. doi.org/10.1016/j.childyouth.2010.05.014.
- Foley, W. 2005. 'Tradition and Change in Urban Indigenous Food Practices'. *Postcolonial Studies* 8 (1): 25–44.
- Gwynn, J. D., V. M. Flood, C. A. D'Este, J. R. Attia, N. Turner, J. Cochrane, J. C. Louie and J. H. Wiggers. 2012. 'Poor Food and Nutrient Intake among Indigenous and Non-Indigenous Rural Australian Children'. *BMC Pediatrics* 12: 12. doi.org/10.1186/1471-2431-12-12.
- Hinkson, M. and B. Smith. 2005. 'Introduction: Conceptual Moves towards an Intercultural Analysis'. *Oceania* 75 (3): 157–66. doi.org/10.1002/j.1834-4461.2005.tb02877.x.
- Ikeda, J. P. 1999. 'Culture, Food and Nutrition in Increasingly Culturally Diverse Societies'. In *A Sociology Of Food And Nutrition: The Social Appetite*, edited by J. Germov and L. William, 149–68. Oxford: Oxford University Press.
- Kowal, E. and Y. Paradies. 2005. 'Ambivalent Helpers and Unhealthy Choices: Public Health Practitioners' Narratives of Indigenous Ill-Health'. *Social Science & Medicine* 60 (6): 1347–57. doi.org/10.1016/j.socscimed.2004.07.009.
- Kowal, E. E. and Y. C. Paradies. 2010. 'Enduring Dilemmas of Indigenous Health. "You're Always Hearing about the Stats ... Death Happens So Often": New Perspectives on Barriers to Aboriginal Participation'. *Cardiac Rehabilitation. Comment. Medical Journal of Australia* 192 (10): 599–600. doi.org/10.5694/j.1326-5377.2010.tb03647.x.
- Lee, A. J., K. O'Dea and J. D. Mathews. 1994. 'Apparent Dietary Intake in Remote Aboriginal Communities'. *Australian Journal of Public Health* (18) 2: 190–97. doi.org/10.1111/j.1753-6405.1994.tb00224.x.
- Lee, A., S. Rainow, J. Tregenza, L. Tregenza, L. Balmer, S. Bryce, M. Paddy, J. Sheard and D. Schomburgk. 2016. 'Nutrition in Remote Aboriginal Communities: Lessons From Mai Wiru and the Anangu Pitjantjatjara Yankunytjatjara Lands'. *Australia New Zealand Journal of Public Health* 40 (1): S81–88. doi.org/10.1111/1753-6405.12419.

- Leonard, D. 2003. *Foodnorth: Food for Health in North Australia*. Western Australia: Department of Health.
- Lupton, D. 1996. *Food, the Body and the Self*. London: Sage Publications.
- McCoy, B. 2009. 'Living between Two Worlds': Who Is Living in Whose Worlds?' *Australasian Psychiatry* 17: S20–S23. doi.org/10.1080/10398560902948647.
- Merlan, F. 2005. 'Explorations towards Intercultural Accounts of Socio-Cultural Reproduction and Change'. *Oceania* 75 (3): 167–82. doi.org/10.1002/j.1834-4461.2005.tb02878.x.
- Momin, S., K. Chung and B. Olson. 2014. 'A Qualitative Study to Understand Positive and Negative Child Feeding Behaviors of Immigrant Asian Indian Mothers in the US'. *Maternal & Child Health Journal* 18 (7): 1699–710. doi.org/10.1007/s10995-013-1412-9.
- Murcott, S. 1998. 'Sociological and Social Anthropological Approaches to Food and Eating'. *World Review of Nutrition and Dietetics* 55 (1): 1–40. doi.org/10.1159/000415556.
- Neumark-Sztainer, D., M. Story, C. Perry and M. A. Casey. 1999. 'Factors Influencing Food Choices of Adolescents: Findings from Focus-Group Discussions with Adolescents'. *Journal of the American Dietetic Association* 99 (8): 929–37. doi.org/10.1016/S0002-8223(99)00222-9.
- Paul, K. H., M. Muti, S. S. Khalfan, J. H. Humphrey, R. Caffarella and R. J. Stoltzfus. 2011. 'Beyond Food Insecurity: How Context Can Improve Complementary Feeding Interventions'. *Food Nutrition Bulletin* 32 (3): 244–53. doi.org/10.1177/156482651103200308.
- Saethre, E. 2005. 'Nutrition, Economics and Food Distribution in an Australian Aboriginal Community'. *Anthropological Forum* 15 (2): 151–69. doi.org/10.1080/00664670500135212.
- Saethre, E. 2013. *Illness Is a Weapon : Indigenous Identity and Enduring Afflictions*. Vanderbilt: Vanderbilt University Press. doi.org/10.2307/j.ctv16758m5.
- Schubert, L. 2008. 'Household Food Strategies and the Reframing of Ways of Understanding Dietary Practices'. *Ecology of Food and Nutrition* 47 (3): 254–79.
- Schwarz, C. 2018. 'Eating Morality: Food and the Goodness of Care in Northern Aboriginal Australia'. *Asia Pacific Journal of Anthropology* 19 (1): 19–34. doi.org/10.1080/14442213.2017.1394363.

- Sebastian, T. and M. Donnelly. 2013. 'Policy Influences Affecting the Food Practices of Indigenous Australians Since Colonisation'. *Australian Aboriginal Studies* 2: 59–75.
- Senior, K. 2003. 'A Gudbala Laif? Health and Wellbeing in a Remote Aboriginal Community—What Are the Problems and Where Lies The Responsibility?' PhD thesis, The Australian National University, Canberra.
- Senior, K., W. Ivory, R. Chenhall, T. Cunningham, T. Nagel, R. Lloyd and R. McMahon. 2012. *Developing Successful Diversionary Schemes for Youth from Remote Aboriginal Communities*. Canberra: CRA Council.
- Smith, D., L. Mununggurr, D. Bamundurruwuy, K. Edmund, P. Wununmurra and H. Nyomba. 2003. *How Children Grow: Indigenous and Health Professional Perceptions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health.
- Stead, M., L. McDermott, A. M. Mackintosh and A. Adamson. 2011. 'Why Healthy Eating Is Bad for Young People's Health: Identity, Belonging and Food'. *Social Science and Medicine* 72 (7): 1131–39. doi.org/10.1016/j.socscimed.2010.12.029.
- Stevenson, C., G. Doherty, J. Barnett, O. T. Muldoon and K. Trew. 2007. 'Adolescents' Views of Food and Eating: Identifying Barriers to Healthy Eating'. *Journal of Adolescence* 30 (3): 417–34. doi.org/10.1016/j.adolescence.2006.04.005.
- Thompson, S. J. and S. M. Gifford. 2000. 'Trying to Keep a Balance: The Meaning of Health and Diabetes in an Urban Aboriginal Community'. *Social Science and Medicine* 51 (10): 1457–72. doi.org/10.1016/S0277-9536(00)00046-0.
- Thompson, S. J., S. M. Gifford and L. Thorpe. 2000. 'The Social and Cultural Context of Risk and Prevention: Food and Physical Activity in an Urban Aboriginal Community'. *Health Education Behaviour* 27 (6): 725–43. doi.org/10.1177/109019810002700608.
- Vos, T., B. Barker, S. Begg, L. Stanley and A. D. Lopez. 2009. 'Burden of Disease and Injury in Aboriginal and Torres Strait Islander Peoples: The Indigenous Health Gap'. *International Journal of Epidemiology* 38 (2): 470–77. doi.org/10.1093/ije/dyn240.
- Wilson, A., R. Wilson, R. Delbridge, E. Tonkin, C. Palermo, J. Coveney, C. Hayes and T. Mackean. 2020. 'Resetting the Narrative in Australia Aboriginal and Torres Strait Islander Nutrition Research'. *Current Developments in Nutrition* 4 (5): nzaa080. doi.org/10.1093/cdn/nzaa080.

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