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Observations from indigenous languages in Northern Territory, Australia

David Flood and Peter Rohloff's Comment on indigenous languages and global health (February, 2018)¹ facilitated a reflection on languages in the Northern Territory of Australia. The concept of so-called both ways or two-way learning respects and incorporates Aboriginal cultural concepts with Western pedagogies in Australian teaching. In 1973, bilingual education was established in remote schools of the Northern Territory in Australia, recognising benefits for self-identity, learning, and equity.² Heavy political debate and controversy have followed the inception of bilingual education. Despite evidence supporting this type of education, closure and reduction in funding for these schools has become the norm. I believe that to counteract the effects of language loss, upstream factors such as education should be considered, so that they can work alongside the downstream models suggested by Flood and Rohloff.¹ Preserving indigenous languages has also been considered as a positive indicator in the pursuit of self-determination.³

I agree with the authors' statement that indigenous language sensitivity is more than using interpreters and translators.¹ Cultural competence is embedded in many professional accreditation standards in Australia, commonly measuring practitioner approaches to health care regarding indigenous Australians.⁴ This practice requires a level of self-reflection, where one's own culture and world views are examined. Enacting these principles could help recognise the damaging effects of colonisation and other barriers to accessing health care, as outlined in Flood and Rohloff's Comment.¹

Certain public health resources have been translated from English into Aboriginal languages in the Northern

Territory. Translation of resources aligns with the authors' sentiment¹ on indigenous languages themselves as health interventions. The importance of having Aboriginal-language health resources is recognised; however, there are some cultural considerations when adapting these health resources from English. Ideally, specific resources should be developed in consultation with a range of speakers of the target language. When adapting existing resources, consideration should be given to using a deceased person's image (appropriate family members should be consulted for permission), and a focus group, comprising members of the target audience, should be used, to ensure that non-indigenous developers are not unilaterally determining what is relevant.⁵

I declare no competing interests.

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