

Research update

August 2024

Exploring links between Aboriginal and Torres Strait Islander Language Use and Wellbeing

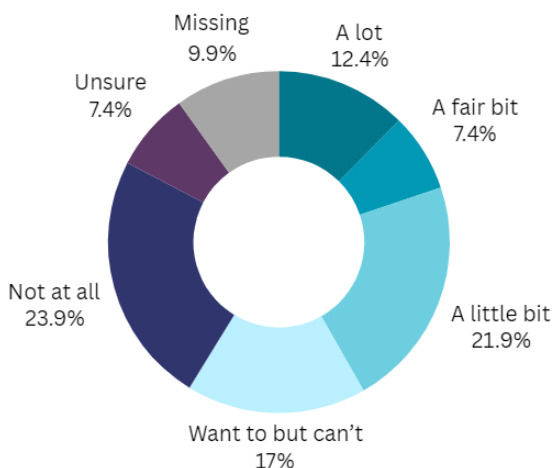
First Languages Australia has been working with the Mayi Kuwayu Study Team on a research project looking at links between language use and wellbeing for Aboriginal and Torres Strait Islander adults. This Research update summarises results from the first stage of this project, which was a preliminary analysis of data from more than 9,000 participants in the Mayi Kuwayu Study (Wave 1) to help inform future research.

In the first part of this analysis, we estimated how many people in the total population of Aboriginal and Torres Strait Islander adults are speaking or learning language, or have ever participated in a language program. We used data from the Census to weight the Mayi Kuwayu Study sample to generate population-level estimates.

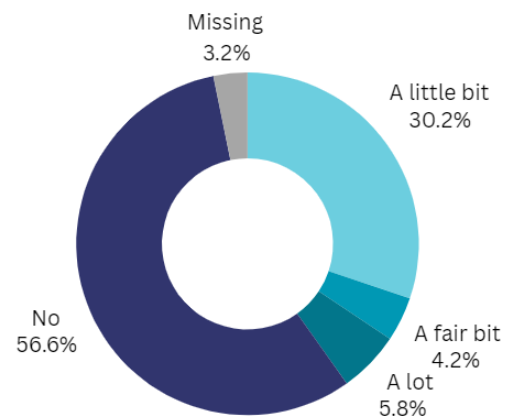
Around four in ten (40.2%) Aboriginal and Torres Strait Islander adults speak any Aboriginal or Torres Strait Islander words or language. This comprises around three in ten (30.2%) who speak a little bit of language, and relatively small percentages who speak a lot (5.8%) or a fair bit (4.2%) of language.

Similarly, around four in ten (41.7%) Aboriginal and Torres Strait Islander adults are learning Aboriginal or Torres Strait Islander words or language. This includes around one in ten (12.4%) who are learning a lot of words and language. A further 17.0%, or just under two in ten adults, want to learn language but currently cannot.

I am learning words or language



Do you speak any Aboriginal/Torres Strait Islander words or language?



Less than 4% of Aboriginal and Torres Strait Islander adults have participated in a language program.

Around half (51.8%) of Aboriginal and Torres Strait Islander adults have any of these three types of language use, i.e. speaking language, learning language, or participation in a language program.

The substantial prevalence of language use seen in these results demonstrates the strength of community efforts in language maintenance and revitalisation.

What language uses and wellbeing outcomes did we look at?

The language exposures and wellbeing outcomes in this analysis were selected following discussion with First Languages Australia. They were designed to give an inclusive picture of language use, i.e. any use of words/language, any learning of words/language, participation in a language program, and the overall combination of any of these exposures.

The strength of this inclusive approach is that it lets us see whether the wellbeing outcomes are associated with *any* language exposure, even if that is speaking only a few words. The limitation of this approach, however, is that this analysis does not distinguish between having an Aboriginal or Torres Strait Islander language as a first or main language, or between language revitalisation compared with language maintenance contexts. These could be looked at in the next stage of this project.

The wellbeing outcomes we looked at included measures of general health, happiness, life satisfaction, life control, cultural connectedness, family financial security, and psychological distress. These were chosen to include a range of positive and negative aspects of wellbeing, given our hypothesis that language may support positive wellbeing and also act as a protective factor against negative outcomes. We used a strengths-based approach to describe the outcomes (Table 1).

Each of the exposure and outcome variables are based on self-report by participants.

What is the Mayi Kuwayu Study?

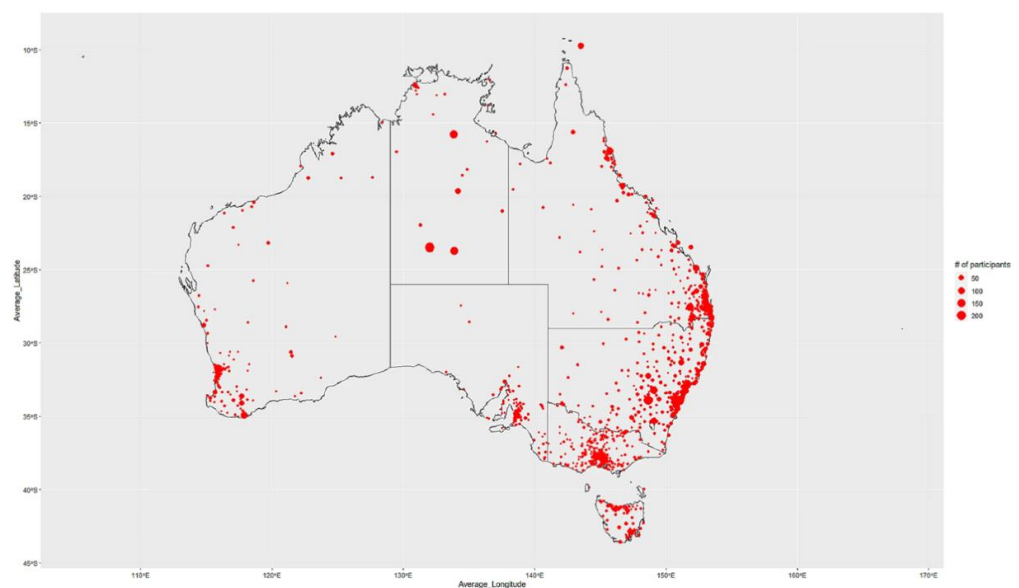
The Mayi Kuwayu Study is a longitudinal study of Aboriginal and Torres Strait Islander adults, which collects data to examine the links between culture and wellbeing. The Study is led and governed by Aboriginal and Torres Strait Islander peoples, and embeds principles of Indigenous Data Sovereignty and Indigenous Data Governance throughout its operations. All Aboriginal and Torres Strait Islander adults aged 16 years and over are eligible to participate in the Mayi Kuwayu Study.

The first wave of data collection commenced in 2018 and includes over 10,000 participants from more than 150 nation groups. A map of the geographic distribution of Wave 1 participants is at *Figure 1* (reproduced from the original by Thandrayen and colleagues¹ available at <https://doi.org/10.1186/s13104-024-06692-0>).

For more information about the Mayi Kuwayu Study, see www.mkstudy.com.au

While the Mayi Kuwayu Study sample is large and diverse,² it does not cover all communities and language groups. For the part of this analysis that estimated the percentage of Aboriginal and Torres Strait Islander adults who have each of the language exposures, we used data from the Census to weight the Mayi Kuwayu Study sample to generate estimates for the total population.

Figure 1: Geographic distribution of Mayi Kuwayu Study participants (Wave 1 cohort), reproduced without change from Thandrayen et al. (2024) Sampling approaches and geographic coverage in Mayi Kuwayu: the national study of Aboriginal and Torres Strait Islander wellbeing, available at <https://doi.org/10.1186/s13104-024-06692-0>, under Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>).



What links did we see between language and wellbeing?

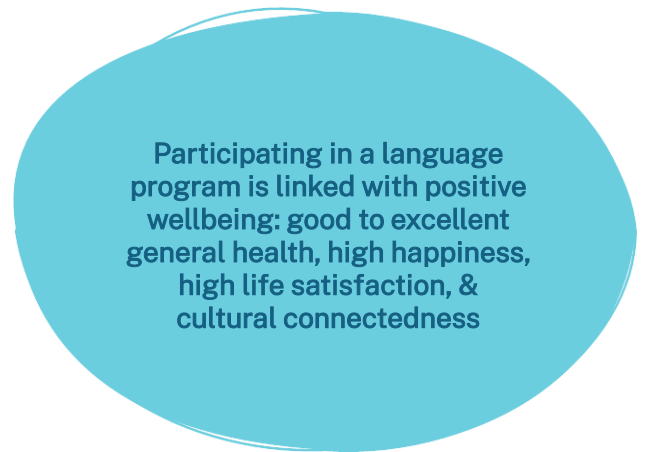
We looked at data from 9,149 participants in the Mayi Kuwayu Study (Wave 1) sample, who were 18 years or over. For each of the wellbeing outcomes, we looked at how common good wellbeing was in adults who have the language exposure compared with adults who do not have the language exposure.

Results from this preliminary analysis show that language use is linked with several measures of wellbeing, in the overall sample. These are summarised in Table 1 overleaf.

Participating in a **language program** was associated with higher prevalence of good to excellent general health, high happiness, high life satisfaction, and never feeling disconnected from culture.

Speaking any amount of language was associated with higher prevalence of good to excellent general health and never feeling disconnected from culture, but also a lower prevalence of family financial security. These overall results may hide differences between groups within the sample. For example, whereas the link between speaking language and lower prevalence of family financial security is seen in the overall sample and in age groups 45 years and older, we did not detect any difference among age groups 44 years and younger. These differences demonstrate that context influences the links between language and wellbeing. Further research could explore how different contexts influence the relationship between language and wellbeing among different groups.

Learning language was associated with higher prevalence of good to excellent general health, high happiness, and never feeling disconnected from culture, but also a lower prevalence of family financial security. These overall results may hide differences between groups within the sample. For example, for adults living in major cities and people aged 45–64 years, high family financial security is less common among those who are learning language compared with those who are not learning language, whereas this is not the case in regional or remote areas or other age groups, where no difference was detected in family financial security based on learning language or not. It is important to note that we cannot say, based on this analysis, whether the outcomes are caused by the exposures; it could be that speaking



language contributes to better general health, or it could be that people with better general health are more likely to speak language, or there could also be other factors that explain the links observed. For example, where the wellbeing outcomes were less common among language users, the outcome and/or language use may be linked with other factors – such as exclusion from services and opportunities provided in English, or exposure to racism – which may influence the observed associations. Further research is required to explore the pathways by which these language uses and wellbeing outcomes are related, and how they differ in different contexts.

We started to look at whether these relationships are influenced by age, gender, or remoteness, and found that there may be some variation in the relationships between language use and wellbeing outcomes between some groups. However, further research is required to explore how these language uses and wellbeing outcomes are linked, and to understand any differences in experiences between groups. For example, this analysis has not disaggregated results by participants' first language and therefore the overall results may mask any differences in language-wellbeing relationships based on whether an Aboriginal or Torres Strait Islander language is a person's first language.

Table 1: Summary of associations between language exposures and wellbeing outcomes (i.e. how much more/less common the outcome is in adults with the language exposure compared to adults without the language exposure) among Aboriginal and Torres Strait Islander adult participants (aged 18 years and over) in the overall Mayi Kuwayu Study sample (n=9,149).

Outcomes	Exposures			
	Speaking any language	Learning language	Language program participation	Any of these language uses
Good to excellent general health	6% more common	5% more common	9% more common	5% more common
High happiness	no difference detected	2% more common	5% more common	no difference detected
High life satisfaction	no difference detected	no difference detected	8% more common	no difference detected
High life control	no difference detected	no difference detected	no difference detected	3% less common
High family financial security	15% less common	12% less common	no difference detected	15% less common
Lower levels of psychological distress	no difference detected	no difference detected	no difference detected	5% less common
No disconnection from culture	40% more common	39% more common	35% more common	32% more common

Further research

This preliminary analysis was a first step in exploring links in the overall Mayi Kuwayu Study sample between some aspects of language use and selected wellbeing indicators. Further research could explore how language – wellbeing relationships differ in different regions or contexts (for example where language has been maintained across multiple generations compared with where it is being revitalised), or based on a person’s first language, or the amount of language spoken. Future work could also explore additional measures of wellbeing, and the impact of potential confounders such as exposure to racism, to better understand the pathways by which various forms of language use and wellbeing are linked.

References

1. Thandrayen J, Walker J, Chapman J, Lovett R, Thurber KA. Sampling approaches and geographic coverage in Mayi Kuwayu: the national study of Aboriginal and Torres Strait Islander wellbeing. BMC Research Notes. 2024 Jan 17;17(1):26.
2. Lovett R, Brinckley MM, Phillips B, Chapman J, Thurber KA, Jones R, et al. Marrathalpu mayingku ngiya kiyi. Minyawaa ngiyani yata punmalaka; wangaaypu kirrampili kara [Ngiyampaa title]; In the beginning it was our people’s law. What makes us well; to never be sick. Cohort profile of Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing [English title]. Australian Aboriginal Studies Canberra. 2020 Nov;(2):8–30.



Acknowledgements

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