



IKC101 Indigenous Cultures, Histories and Contemporary Realities

Module 3: Contemporary Realities

Indigenous health and well-being

This module introduces you to issues that impact upon or are of concern to contemporary Indigenous Australians. This week begins by looking at the question of Indigenous health. We then move on to cover education, employment, criminal justice and Native Title. When it comes time to write your second assessment task you will focus on at least one of these contemporary realities, but it is a good idea have an understanding of several of them so that it becomes clearer how interrelated they are.

This topic is study towards achieving the following **outcomes**:

- demonstrate knowledge and understanding of a range of contemporary issues which impact upon Indigenous peoples and communities

This topic is divided into the following **sections**:

- Indigenous health and wellbeing today
- Indigenous health and Indigenous history

Checklist

- ☐ Read *Module 3 Topic 1*
- ☐ Read *Required Readings* in your area of interest / focus
- ☐ Optional: Read *Optional Reading* in your area of interest / focus
- ☐ Complete the *Learning Activities x 1*



Indigenous health and wellbeing today

Key idea

The health of Indigenous people is worse than that of non-Indigenous people. The underlying causes of this are complex.

The health status of the Indigenous peoples of Australia is documented to be of a standard well below that enjoyed by non-Indigenous Australians. Indigenous people are much more likely to die before they are old than the rest of the Australian population. The most recent estimates from the Australian Bureau of Statistics show that an Indigenous male born in 2005-2007 was likely to live to 67.2 years, about 11.5 years less than a non-Indigenous male. An Indigenous female born in 2005-2007 was likely to live to 72.9 years, which is almost 10 years less than a non-Indigenous woman.

In 2006-2010, the age-standardised death rate for Indigenous people was 1.9 times the rate for non-Indigenous people. And this is despite the fact that between 1991 and 2010, there had been a 33% reduction in the death rates for Indigenous people in WA, SA and the NT (MacRae et al, 2013).

Infant mortality rates remain higher for Indigenous infants, and in 2003-2005, maternal mortality ratios were 2.7 times higher for Indigenous women than for non-Indigenous women. Indigenous people are also more likely to suffer from psychological distress, and are almost twice as likely to be hospitalised for mental or behavioural disorders as the rest of the Australian population.

'The reasons why the health of Indigenous people is worse than that of non-Indigenous people are complex, but represent a combination of general factors (like education, employment, income, and socioeconomic status) and factors having to do with the health sector (like not having access to culturally appropriate services or support)' (Australian Indigenous Health *InfoNet* (2013).

Required reading

Australian Indigenous Health *InfoNet* (2013) *Summary of Australian Indigenous health, 2012*.
<http://www.healthinfonet.ecu.edu.au/health-facts/summary>

Whilst a complex issue, the underlying factors of the health problems confronting many Aboriginal individuals and communities today can be directly traced to historical policies and actions which resulted in Indigenous dispossession, institutionalisation and socio-economic marginalisation. In this way the events of the past two hundred years of Australia's history have ensured that Aboriginal ill-health transcends the responsibility of the individual and medical science to be a political, social and economic issue.

Thus when seeking answers to the health problems of Indigenous Australians it is necessary to go beyond mere medical solutions to address in unison the underlying inequalities from which the health problems of Aboriginal people have emerged to create the poor health status they now

experience. Such an approach is both holistic and in keeping with the principles of social justice and human rights. These principles provide an ideal framework in which to develop strategies to improve Aboriginal health and wellbeing while enabling Aboriginal empowerment and self-determination through social, economic and political equality.

In seeking to address Indigenous health problems, the Commonwealth and states governments have committed to policies under the umbrella of 'closing the gap'. There have been some improvements over the past five years but:

'closing the gaps' in health and other disadvantages will not be achieved in the short to medium-term. Achievement of the necessary improvements in the health and wellbeing of Indigenous people will depend largely on a long-term commitment by all Australian governments. This commitment will need to include strategies that fully address health services and the social and other factors that affect the health disadvantages faced by Indigenous people (MacRae et al, 2013).



Recommended reading

Altman, J. (2003). The economic and social context of indigenous health. In N. Thomson (Ed.), *The health of indigenous Australians* (pp. 25-43). Melbourne : Oxford University Press. <https://www.csu.edu.au/division/library/ereserve/pdf/altman-j.pdf>

Please note that the statistics in this chapter are out of date. It does, however, provide an extremely useful example of the need to consider the social and economic context when considering questions of Indigenous health. ***Please also note that the terminology used in the heading (indigenous) is not what is expected of you (Indigenous).***




Indigenous health and Indigenous history

Key idea

Historical and inter-generational factors are important when it comes to understanding contemporary Indigenous health issues.

As we have discussed throughout Module 2, the history of colonisation has had a profound impact on Indigenous people and communities. The frontier period of early colonisation saw the progressive dispossession of Aboriginal clans from their ancestral lands and subsequent loss of nutritional and medicinal resources. It also witnessed the introduction of new diseases. By 1890, many Aboriginal groups were bereft of their lands and forced to live on the fringes of the dominant society existing on inadequate rations of flour, tea and sugar and sometimes meat. Poverty was rife



and infant mortality high. Aboriginal people became increasingly subject to government policies of confinement and control.

The legacies of these policies and Protection legislation are many and have resulted in reduced Aboriginal health and wellbeing through:

- forced sedentary lifestyle (loss of land and right of freedom of movement)
- forced dietary changes (rations of low protein, high carbohydrate and sugar)
- poor housing and hygiene (overcrowded, lack of sanitation and inadequate water supplies and facilities)
- removal of children (psychological despair, grief, low self esteem, identity problems)
- continued breakdown of traditional Aboriginal social and cultural structures (removal of children, laws forbidding language and cultural maintenance, loss of Elders through diseases of poverty and despair)
- economic marginalisation (all employment and wages controlled by the Board; Aboriginal people received lower wages or no wages at all)
- marginalisation from education (discriminatory laws restricting access)

After the repeal of Protection policies, discriminatory restrictions on access to education, employment and medical services were theoretically lifted. However, by this time, poverty caused by forced dependency was entrenched. Infant mortality rates were greater than any third-world Asian or African country, and Aboriginal children were being increasingly removed from their families under welfare policies. Aboriginal people generally remained marginalised on former reserves or in public housing on the edges of mainstream society and faced discrimination in employment.

Required reading

In 1991, a landmark report was published that resulted from a Royal Commission into Aboriginal Deaths in Custody. The Report is noteworthy for its findings and the recognition that the circumstances of Indigenous people today are the result of the actions and policies of history.

- Johnston, E. (1991). Vol. 2 Chapter 10.1 'Why is History Relevant', and chapter 10.4 Frontier Period: Disease and Violence. *Royal Commission into Aboriginal Deaths in Custody*. Available at:
<http://www.austlii.edu.au/au/other/IndigLRes/rciadic/national/vol2/5.html>
AND
<http://www.austlii.edu.au/au/other/IndigLRes/rciadic/national/vol2/8.html>



Reflection

Here is a quote to consider:

The key...determinants of [Aboriginal] health status are found in the history of Aboriginal people and their current physical and social environments. Feelings of powerlessness, an inevitable consequence for many of two centuries of oppression, combined with poverty, health damaging physical environments, social disruption and poor diets combine to produce the poor health status of Aboriginal people today. (*Royal Commission of Inquiry into Aboriginal Deaths in Custody, National Report, 1991, volume 4, 228*).

What impact do you think the history of colonisation might have on Indigenous health today?

Learning Activity

Investigating Indigenous Health

This task is intended to help you prepare for Assessment 2. You can get feedback by **posting on the forum**.

- Identify three statistics which you feel are particularly significant in relation to the state of Indigenous health today. Explain why you think these are significant. Can you trace these contemporary realities to the historical events, policies and practices that you studied in module 2?





References.

- Council for Aboriginal Reconciliation (1995). *Going Forward: Social Justice for the First Australians*. AGPS: Canberra. Available here: <http://www.austlii.edu.au/au/other/IndigLRes/car/1995/2/>
- Dodson, M (1993). *First Annual Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner*, HREOC: Sydney. Available here: <http://www.austlii.edu.au/au/other/IndigLRes/1993/3/index.html>
- Johnston, E. (1991). *Royal Commission into Aboriginal Deaths in Custody*. Available here: <http://www.austlii.edu.au/au/other/IndigLRes/rciadic/>
- MacRae A, Thomson N, Anomie, Burns J, Catto M, Gray C, Levitan L, McLoughlin N, Potter C, Ride K, Stumpers S, Trzesinski A, Urquhart B (2013). *Overview of Australian Indigenous health status, 2012*. Available from <http://www.healthinfonet.ecu.edu.au/health-facts/overviews>

You have finished Module 3 Topic 1!