

Indigenous living standards pre post invasion sociology essay



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Introduction

It is unquestionably assured that the health of all Indigenous peoples around the world, after the trauma of colonisation, has been significantly under threat to better maintain health. Before the arrival of European settlers, Indigenous peoples in both Australia and New Zealand had inhabited their countries for thousands of years. They had complex social systems, which they relied heavily upon, and highly developed traditions reflecting a deep connection with the land. Though, the effects of colonisation, has been apparent. These cultural aspects between person and land, has been somewhat degraded. Many aspects of culture are interrelated to each other, for example, not only does land provide basic necessities for Indigenous communities, which improves the status of health, due to access to native plants, however, it additionally provides connection between spirit ancestors, who provided land to future generations.

The enduring grim nature of Indigenous health, especially in Australia, is substantively associated to the outcomes of mismanagement of governments, government health departments and Indigenous affairs ministers, both past and present. This notion is supported by the House of Representatives Standing Committee on Aboriginal Affairs in its 1979 Report on Aboriginal Health. The committee found that the low standard of health apparent in the majority of Aboriginal communities can be largely attributed to the unsatisfactory environmental conditions in which Aborigines live, to their low socio-economic status in the Australian community and to the " failure of health authorities to give sufficient attention to the special health

needs of aborigines and to take proper account of their social and cultural beliefs and practices" (Osborne: 1982, p. 1).

In comparison, Maoris similarly experienced consistent struggle facing health status. David Sheppard's analysis within the New Zealand Environment Court in 2005 specified the overwhelming problems that were faced by Maoris during traditional times. These problems included the lengthy expeditions away from home to hunt food, dietary intake, clothing, shelter and degenerative diseases, such as stomach and intestinal tumours, associated to inadequate health services and facilities. Additionally, Sheppard indicates that skeletal studies on the Maoris did not conclude with positive readings that sort to find " epidemics, chronic diseases such as tuberculosis, debilitating parasites, heart disease, [nor] cancer" (Sheppard: 2005), which highlights the notion that health was satisfactory, compared with the present.

This paper will examine the health problems faced by the Maori and Aboriginal peoples (including Torres Strait peoples), both in the past and present. Additionally explored are the fundamental differences between the two Indigenous peoples and how Maori peoples have progressed far better into the future regarding health status, compared with Aboriginal peoples as a result of the Treaty of Waitangi.

Indigenous health in Australia

Before the invasion

It is merely impossible to realise the present status of Aboriginal health without comprehending the historical perspectives. Marcia Anderson's

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background paper on measuring the health of Aboriginal and Torres Strait Islander peoples, clarifies that it is evident that pre-contact, health care systems indisputably functioned with a " social system based on three sets of inter-relationships" (Anderson: 2006, p. 2), those were between people and the land; between people and creator beings; and between people. It is crucial to comprehend the hindrance of British contact onto the morale of Indigenous peoples in Australia. Though " Aboriginal medical practices sought, and continue to seek, meaningful explanations for illness and to respond to the personal, family and community issues produced by [illnesses]" (Anderson: 2006, p. 2), this signifies the notion that health matters were not impeded in any particular way, during the period of colonisation, however, other factors imposed by the British, inevitably degraded the Indigenous community, shortly after arrival, and into the future.

Throughout and beyond the invasion

The arrival of European settlers in the eighteenth century, led to a dramatic fall in the Indigenous population, witnessing less than seventy thousand Aboriginals in the 1930s, from a staggering number of Indigenous peoples estimating seven hundred and fifty thousand. This is comprehensible due to " 150 years of exposure to white 'civilisation'" (Borrie: 1975, p. 478), where Indigenous peoples were the victims of massacres, subject to health problems apparent through morbidity and mortality rates, hospitalisation and a considerable amount of disease infected cases which is associated to substance abuse and respiratory related problems relevant to their diet. It is unquestionably clear that these social and health problems experienced by

Indigenous communities, are apparent through a number of matters, including " introduced infectious diseases, frontier violence and the socio-economic devastation consequence on colonisation" (Tilton: 2001).

There were no particular health care systems in place to address the disruption that occurred to community wellbeing, due to altered relationships to the land, creator beings and other people. In fact, despite the oft-stated intention to protect dispossessed Aboriginal peoples from further harm, suffering continued under various government systems which were established in different colonies, such as the Victorian Board for the Protection of Aborigines, which was established in 1860. The board founded a system of reserves across the colony and had the authority to force Aboriginal people to move away from their homelands and onto the reserves, and to forcibly remove Aboriginal children. The concept shaped by non-Indigenous government representatives, " attempted to control essentially every aspect of their lives including work and earnings, clothing diet, marriage and religion" (Vickery: 2005).

Furthermore, the level of Aboriginal ill-health will only be reduced if there are dramatic improvements in the physical environment, maximum participation by Aboriginals in all stages of planning and delivery of health care, and if Aboriginal peoples were given, as are all other Australians, the opportunity to choose the type of health care they consider best suits their personal needs. Governments have been under great pressure to deliver effective solutions to the withstanding issue of Indigenous health status, especially through the distribution of health reports, regarding the current position of Indigenous health. Though, the fundamental principle to consider is that the reports that <https://assignbuster.com/indigenous-living-standards-pre-post-invasion-sociology-essay/>

are being released, have no particular impact on the influence of establishing a solution, but rather, the reports cast a shadow over many unresolved matters, for example, land ownership and education, because " governments have tended to adopt ineffective and ethnocentric approaches to the Aboriginal 'health problem' based on a lack of understanding and lack of data concerning the problem" (Osborne: 1982, p. 2). The reports, however, sought to identify, classify, evaluate and inter-relate current Aboriginal health problems, and to additionally measure the performance of governments, government health departments and authorities in managing and overcoming these difficulties. This indeed establishes a positive footing on issues that are raised in each report, however, reports that are being preceded from the former, are intentionally disregarded. Indigenous affairs spokesperson Nigel Scullion emphasises his support in support of a need to " focus on results rather than goals" (Symons-Brown: 2011). In order to progress comfortably into the future, governments must be in a position to discuss the positives and negatives of proposals, without bias.

Indigenous health in New Zealand

Before the invasion

Prior to colonisation in New Zealand, the overall health of Maori people " was significantly better than [what] it is today" (Levien: 2008, p. 18). Whilst life expectancy was considerably low by modern standards, Maori people did not live by current socio-economic standards that ruled their present society in New Zealand. James Cook also expressed his perspectives concerning the stature of Maori people, concluding that the " Maori were a health race" (Wright St Clair: 1974).

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Traditional Maori spiritual beliefs also contributed to the health of communities. Mason Durie describes the concepts of 'tapu' and 'noa', with regard to these communities, and the protective influence this had on health. While tapu was a spiritual concept, it also had practical applications. Tapu, for example, ensured that the sick and dying were separated from the general population, reducing risk of contagion. It protected resources such as "harvested food, the sea, nesting bird and water sources, preventing contamination, and preserving resources through conservation" (Durie: 1998). It is not surprising therefore, that illness was a rare occurrence among pre-European Maori peoples. Mentioned earlier in the paper, infectious diseases were particularly rare. Geoffrey Rice believes that this is supposed due to both the "relative scarcity of contagious disease prior to European settlement and to the careful management of community resources and populace by pre-European Maoris" (Rice: 1992).

Throughout and beyond the invasion

Before European settlement, Maori's had been protected from many childhood illnesses, due to New Zealand's geographical advantage over other countries. Alike Indigenous Australians, bacterial infections were not uncommon, however, viral diseases were new. Although, according to Sheppard, "measles, mumps, and influenza were regarded in Europe as incidental afflictions, with no serious medical implications; they produced devastation to New Zealand" (Sheppard: 2005).

Correspondingly the remark made by Levien, had been supported by Sheppard, and suggests that "Maori life expectancy [was significantly] short" (Sheppard: 2005), where the majority of Maoris struggled to reach <https://assignbuster.com/indigenous-living-standards-pre-post-invasion-sociology-essay/>

thirty years of age, " rarely [living] past their fifties" (Rice: 1992), due to deaths relating to natural causes (mentioned earlier). Statistics New Zealand conducted an investigation into Maori health in 2007, signifying that Maori life expectancy improved dramatically between 1955 and 2007. A new born Maori girl between 1955 and 1957 could be expected to live to the age of 59. In comparison, if that girl were born between 2005 and 2007, she would expect to live to the age of 75, due to the New Zealand federal government introducing the Primary Health Care Strategy in 2001, which improves Maori access to health, and those peoples with the greatest health needs will be among the first to be addressed by primary health organisations, reducing financial barriers, and most importantly prioritising the health of Maori peoples before other New Zealanders.

Dissimilar to Indigenous Australia, the Maori people had formed a treaty with the British soon after the colonisation of New Zealand. It is evident that the Treaty of Waitangi, was the basis of the Northland District Health Board, where in 2001, the board recognised the rights of Maori to equality of health status. The history of colonisation and the current problems of poverty and rheumatic fever, contribute to further health issues. Though, nurses who are working in conjunction with Maori peoples are guided by the Treaty of Waitangi, in order to understand the particular needs relevant to Maori health, similar to any guideline. The benefits of the treaty have been apparent through statistics, both compared with the past and present.

Conclusion

The consequences of colonisation in Australia and New Zealand are apparent today. Native peoples of both countries have experienced the trauma of <https://assignbuster.com/indigenous-living-standards-pre-post-invasion-sociology-essay/>

colonisation, and the social effects it has had on Indigenous communities. However, the health status of Maoris compared with Aboriginals is significant, merely because of a treaty. Indigenous health in Australia is gradually increasing; however, health statistics concluded throughout the twentieth century, compared with the twenty-first, are indistinguishable. In order to promote Indigenous health in Australia, governments must work cooperatively with Indigenous elders and communities, in order to achieve effective results.