

Australian indigenous and non-indigenous health issues



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Introduction:

The aim of this paper is to compare and contrast the health issues of Australian indigenous and non-indigenous people. It will also provide an overview of comparison of with Australian immigrants and the strategy used to close the gap between indigenous and non-indigenous people will be summarized. In this paper the contribution of non-indigenous people, which include all the communities such as Europeans and religious based organizations, to the current conditions of Australian aboriginals regarding current health issues and psychological concerns will be discussed. In other words it will show how the health of indigenous people is disadvantaged in relation to non-indigenous population. The health issues of Australians indigenous people will be compared with indigenous people of other countries. Health promotion strategies used to improve the health outcomes in aboriginal community will be identified and some other interventions will be proposed.

Closing the gap:

There is a gap of health and life expectancy between indigenous and non-indigenous people of Australia and some of the aboriginal communities experience unacceptable levels of disadvantage in living standards. It is unquestionably assured that the health of Indigenous people after the trauma of colonisation, has been significantly under threat. To achieve a significant improvement in health status of Indigenous Australians, a campaign is built by an Australian government which is called ' Closing the Gap'. It was approved by Australian Government in 2008 in response to

social justice report 2005. According to this strategy, Council of Australian government has six set targets to achieve in particular time frame that are related to life expectancy, health, housing, employment, education and early childhood development in aboriginal people. In other words 'closing the gap' strategy is an effort of the government to engage with indigenous community and help them to find effective solutions to the withstanding issue and change their living condition to maintain health.

Mortality and morbidity rates among indigenous and non-indigenous Australians:

There is an unacceptable gap in health status between indigenous and non-indigenous Australians. Aboriginal community in Australia faces the poor health status than other Australians mainly due to the lack of equal access to primary health care which affects their health outcomes negatively. The death rate in indigenous people was 1.9 times higher than non-indigenous in 2006-2010. Estimated life expectancy of aboriginals who were born in 2005-2007 was around 11 years less than non-indigenous people. The death rate of indigenous people due to cardiovascular disease was 1.7 times higher than for non-indigenous in 2006-2010 and in following two years 1.6 times of aboriginals were admitted to hospitals for heart diseases than other Australians. The rate of indigenous people who suffered and died because of cancer was higher in indigenous community as well. The prevalence of other diseases such as diabetes, respiratory disorders, kidney problems and eye or ear health issues is higher in indigenous people versus non-indigenous population. In respect to communicable diseases, indigenous people suffered from tuberculosis, hepatitis C, and influenza 11.1, 3.6 and 20 times

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respectively higher than non-indigenous people in the time period of 2005-2011.

Comparison of health issues with Australian Immigrants:

In shaping Australian society, immigration has been a major factor who represent one quarter of the population of Australia. Most of the Australians who are born overseas have risk factors for a lot of long term health conditions such as respiratory diseases, cardiovascular conditions and lung cancer. According to Australian institute of health and welfare the health behaviors of concerns for immigrants are less exercise, be obese, unhealthy diet and more likely to smoke. Recent immigrants from under developed countries are likely to have tuberculosis, Hepatitis B, parasites disease, malaria and leprosy which might means that their health outcomes is poorer than indigenous people in Australia.

Inadequate vaccination, vitamin D and nutritional deficiency, dental diseases and infectious diseases are commonly found in Australian immigrants. People from Asian background especially Chinese and Indian have high chances of developing coeliac diseases. Large amount of Immigrants from United Kingdom and Ireland suffer from lung and breast cancer. Due to low rates of Pap smear testing in Asian women there are high chances of cervical cancer. Immigrants from Southern Europe and North Africa had high diabetes mortality rates. Africa born Australians are known to suffer with high rates of active tuberculosis, especially in the first year of migration, than Australian indigenous and non-indigenous people.

Refugees are known to have poorer health than other immigrants. They have shorter life expectancy than indigenous people in Australia. Poor mental health, post-traumatic stress, grief, infectious and communicable diseases are some of the common concerns in Afghani refugees immigrants.

On the other hand there are some overseas born Australian who has less mortality rates than people born in Australia like Vietnams have 50% lower rates, Chinese 30 % and Italian 13 % lower rates. However immigrants from UK, Germany and Ireland have similar rates of mortality as Australian born people.

Effect of colonization on indigenous community:

Psychological and physical health, social position and economic situation of aboriginal people deteriorated significantly after the colonization of Australia. Due to European colonization their traditional spiritual beliefs which were their identity started disappearing. Trying to adjust in a new lifestyle which was different from their way of life was stressful. European people at the time of arrival in Australia did not even consider indigenous people 'human beings' or equal to them. They moved aboriginals to those areas where natural resources were insufficient. Living in a poor condition away from their land affected their life mentally as well as physically.

A lot of actions of European people affected psychological health of indigenous people. Aboriginal people were moved to reserves and they were not allowed to practice their own culture or speak their language. Their children were taken away from them to teach them European lifestyle in institutions where they lost their language and cultural identity in order to
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adopt new cultural values. Aboriginal people suffered a trauma of stolen generation as a result of assimilation policies of the Australian government that had direct relevance to the psychological issues of Australian indigenous. European colonization, family separation, loss of culture and land and racism are the main factors contributed to poor health and other issues in Australian aboriginal people.

The social and cultural trouble experienced by Australian Aboriginals has had an intense effect on Aboriginals mental well-being. Indigenous Australians have had decades of transformations forced on them.

Majority of indigenous people were facing poor living condition, unemployment and poverty which affected their overall health and well-being that resulted in chronic stress.

Within few weeks of colonization aboriginal people start suffering from disease, like smallpox, that European people brought in Australia and it was one of the most immediate consequences which killed 50 % of aboriginal population. Introduction of a lot of diseases, loss of land and food and water resources, stolen generation and violence reduced their population by 90% in following years. Aboriginals were thousands in number before colonization but after that their number dropped down really quickly due to which they lost their culture and history.

The health status and wellbeing of indigenous people was affected greatly by colonization and it still has a significant part in their health outcomes. Today diabetes, infectious diseases and renal failure are wide spread conditions in indigenous people which are linked to colonization somehow. Eating habits
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and life style of indigenous people is considered healthier before the colonization due to which they did not have all these epidemic diseases. They were physically strong even though they must have had some health concerns but the new and disrupted lifestyle worsens their health.

Due to poor social and emotional health aboriginal people had to face disadvantage and poor outcomes lead them to intergenerational trauma. To deal with the symptoms of this trauma most of them adopted alcohol and substance abuse which according to them was a quick and short term solution. Alcohol and substance abuse and use to illicit drugs were one of the most negative impacts that European colonization has brought to indigenous Australians.

Comparison of health in Indigenous people in other countries:

Experiences of loss of traditional roles, a history of conflict and dispossession and failed assimilation are not isolated to indigenous Australians but have been experienced by indigenous peoples of other countries like who have been colonized. The history of Indigenous Australians is similar to the Indigenous populations of Canada, New Zealand and the United States. Traditional life of Indigenous cultures was affected by the arrival of European settlers. It is unquestionably assured that the health of all aboriginal people around the world, after the trauma of colonization, has been significantly under threat to better maintain health.

Out of all these countries, Canada, the United States and New Zealand have somehow managed to improve the health status of indigenous communities

but Australian aboriginal people are still suffering from worse condition.

(Comparing aUstralian and conadian)

As it has been established that health can be a reflection social determinants, it would be fair to say that the social status and relations of international indigenous people are further along than Australia. Canada, New Zealand and the United States all have specifically designed treaties of political, legal and cultural significance which were designed in consultation with the Indigenous people that have established indigenous and nonindigenous relations with ' governments using treaties and treaty-making as part of a wider approach to developing a better relationship with and addressing the socio-economic problems of indigenous peoples'.

The United Nations has estimated that there are about 370 million Indigenous people in the world

today living in at least 70 countries (Secretariat of the Permanent Forum on Indigenous Issues 2009).

An estimated seven million of these people live within the high income countries of the United States,

Canada, Aotearoa New Zealand and Australia. These four nations share a colonial history associated

primarily with the British that commenced between 400 and 500 years ago in the Northern

hemisphere (US, Canada) and just over 220 years ago in the Southern hemisphere (Australia,

Aotearoa New Zealand). Despite the vast difference in time and place, familiar stories of the

colonisation experience and its lasting impact on the health status and challenges faced today in

striving *for recovery* emerge as a shared legacy of *unfinished business* .

Profound health and social

inequities persist between Indigenous and non-indigenous populations of all four nations, as this paper

and other evidence documents extensively.(Artile)

[https://www.lowitja.org.](https://www.lowitja.org.au/sites/default/files/docs/AustIndigenousHealthReport.pdf)

[au/sites/default/files/docs/AustIndigenousHealthReport.pdf](https://www.lowitja.org.au/sites/default/files/docs/AustIndigenousHealthReport.pdf)

Health Promotion strategies and their effectiveness:

Additional Interventions:

A health impact assessment of

the current governments Northern territory Emergency Response (NTER) points out that the Aboriginal

understanding of health as having five dimensions ' cultural, spiritual, social, emotional and physical-within

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which are a number of layers that reflect historical, traditional and contemporary influences on health'

(O'Mara 2010, p. 547). It is needed that Indigenous people have greater control over these dimension of their

daily lives in order for the indigenous disadvantage to be improved (Maddison 2009).

O'Mara, P 2010, ' Health Impacts of the Northern Territory Intervention: After the Intervention Editorial', The

Medical Journal of Australia, vol . 192, no. 10, viewed 8 October 2010, pp. 546-548,

http://www.mja.com.au/public/issues/192_10_170510/oma10307_fm.pdf .

Brennan, S, Behrendt, L, Strelein, L & Williams, G 2005, Treaty, The Federation Press, Sydney, NSW.

In conclusion, it is clear that indigenous people are disadvantaged in relation to non-indigenous people's

health care. Health standard of indigenous people is not equally the same with non-indigenous people. The

current disparity between the health of indigenous and non-indigenous people could be reduce by access

and equity in health care, greater connectivity between indigenous people and their advocates, cultural

sensitivity and cultural safety in all health care practices, community self-determinism and self

empowerment on the basis of capacity building, public recognition of the unique needs and sensitivities of

indigenous people, public awareness of the implications of environmental degradation and globalisation on

indigenous people, and reconciliation with other people of the world

. In order to promote Indigenous health in Australia, governments must work cooperatively with Indigenous elders and communities, in order to achieve effective results. [http://scu.edu.](http://scu.edu.au/schools/nhcp/aejne/archive/vol3-2/lmacervol3_2.html)

[au/schools/nhcp/aejne/archive/vol3-2/lmacervol3_2.html](http://scu.edu.au/schools/nhcp/aejne/archive/vol3-2/lmacervol3_2.html)