

Just Comment

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Indigenous infant mortality: an Australian health crisis

The Convention on the Rights of the Child states that children everywhere have the right to survival and to develop to the fullest (www.unicef.org). In the developed world substantial improvements in the mortality of infants and children means that children generally can expect to grow into adulthood.

Life expectancy in Australia continues to increase and ranks alongside Switzerland and Sweden above that of many other Western countries (*ABS, 2002*). Life expectancy and infant mortality for Indigenous Australians however stands in stark contrast to the rest of the population. Not only is the Indigenous infant mortality rate up to three times as high as for other Australian infants, it is alarmingly similar to countries in the developing world – countries such as Uganda, Eritrea or Bangladesh. While there have been substantial improvements for Indigenous health in other developed countries, this has not been the case in Australia.

The infant mortality rate is a general indicator of population health and living conditions (*ABS:2002*).

The disparity between Indigenous and non-Indigenous infant mortality is one example of the crisis in Indigenous health in Australia today. Indigenous infant mortality is nearly three times that of the total population. This is a crisis where the median Indigenous life expectancy is now 24 years less than the median age for all other Australians, and therefore a crisis that concerns all Australians.

There are many factors that compound this crisis and for children's health and wellbeing in particular these include:

Environment

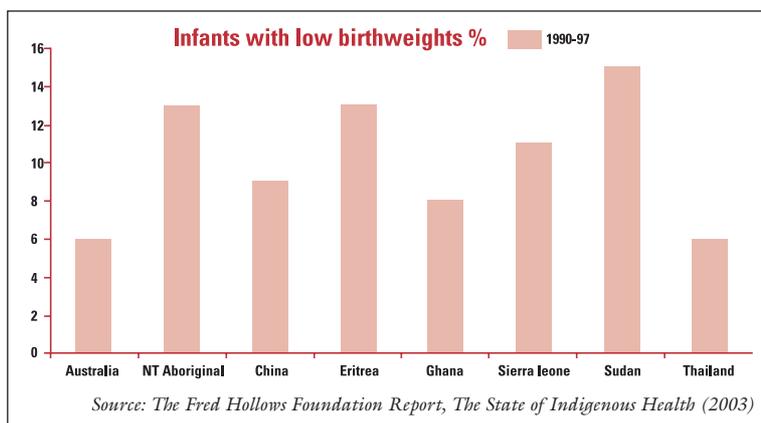
Many communities, particularly in remote regions of Australia, still have very poor infrastructure, overcrowding, insufficient water supplies, sewerage and power supplies (*W.Jonas, 2001*). Conditions very similar to those in the developing world leave young children with growing immune systems vulnerable to respiratory and intestinal infections. Streptococcal (throat) infections directly linked to adult renal disease are now uncommon in the developed world but still remain a major problem in the developing world and in Indigenous Australia.



The death rate by infections in Indigenous children from remote areas is 15 times higher than that of the total population (*Northern Territory Health*). Indigenous children are three times as likely as non-Indigenous children to die before the age of one (*healthinfonet*). Health disadvantage begins at an early age and continues throughout the life cycle. This reflects the broader social and economic disadvantages faced by Indigenous Australians directly impacting upon health (*Australian Institute of Health and Welfare – AIHW*). Until Indigenous communities are resourced well in infrastructure, housing and primary health care, at the same standard as the rest of Australia, disease and infection similar to those in the developing world will remain.

Low Birth Weight

A baby needs to be healthy at the time of birth to survive, grow and develop. Weight is one determinant of a newborn's state of health. A weight of less than 2500gm at the



time of birth is considered to be a low birth weight. Low birth weight (LBW) is associated with poor physical development and early death in Indigenous children under the age of 5 years (AIHW, 2003). There are strong links between LBW and adult chronic disease (Barker *et al*, 1993). Indigenous babies are twice as likely as non-Indigenous children to have a LBW. In the Northern Territory the rate of Indigenous babies with a LBW (13.1%) is very similar to countries such as Sudan (15%), Haiti (15%), Uganda (13%) and Eritrea (13%) (see graph below). The United Nations Development Programme considers these countries to be areas of 'low human development', while Australian Indigenous children live in a rich developed country.

Mother's health

Birth weight and the health of a newborn baby are primarily related to the health of his or her mother. Malnutrition, infection, diabetes, anaemia, high blood pressure, respiratory and kidney problems are frequently experienced by Indigenous women (AIHW). Consequently, the life expectancy of Indigenous women has lowered even further in the last 30 years (NT health). Recent statistics show that the life expectancy for Indigenous females is 63 years- 20 years less than the total female population. This reflects a poor standard of health for women, which in turn impacts on the health of their unborn child and children.

Access to Primary Health Care

Many Indigenous babies are born in rural or remote areas where there is inadequate access to primary health facilities. In a survey of Indigenous mothers in these areas, a significant proportion said that access to primary health care was a problem because of transport and distance difficulties (www.aihw.gov.au/Indigenous/health/mother-babies.html).

Dr Ian Anderson, Medical Adviser to the Office for Aboriginal and Torres Strait Islander Health Services, stresses that primary health care for Indigenous people is essential in providing '...a broad range of clinical and population health activities'.

Death rates in remote areas are 10-20 times higher for diabetes, cervical cancer and infectious, parasitic and respiratory diseases (Mooney *et al*, 1998).

Primary health care is necessary for preventing illness and promoting well being. For example, primary health care workers, such as midwives and baby health nurses, are key resources who educate new parents about ways to prevent conditions such as Sudden Infant Death Syndrome (SIDS). Even though it is still not known what causes SIDS, there is enough known to reduce its incidence. As a result, the mortality rate from SIDS has fallen within the total population. Despite these improvements SIDS still accounted for 19% of Indigenous infant deaths between 1995 and 1997. 29 of 30 deaths from SIDS in Northern Territory between 1991 and 1993 were Indigenous babies. Many more Indigenous health workers are needed to address this situation.

Comparisons with other Indigenous Populations

Indigenous populations in New Zealand, the United States and Canada, have also experienced the adverse effects of colonisation in similar circumstances to Indigenous Australians. Yet all of these countries have experienced considerable success in narrowing the gap between the living standards of their Indigenous and non-Indigenous populations. The difference between the life expectancies of Indigenous and non-Indigenous populations in these countries now stands between 5-7 years, about one third the Australian figures. This clearly demonstrates that achieving change is possible given the right strategies, resources and level of commitment.

The lack of a treaty and real self-determination in Australia is a major difference from other Indigenous populations. Previous government policies of assimilation and the lack of formal recognition for Indigenous rights continues to enforce a sense of powerlessness in Indigenous Australians. Recognition is likely to give a sense of control to peoples' lives, positively affecting their health status.

Potential for change

Strategies to deal with Indigenous health in Australia have recently focused on so-called 'practical Reconciliation'. Yet, international evidence suggests that achieving self-determination and social justice are central to achieving better health outcomes.

A recent investigation by Ring and Firman (1998), found that Australia's lack of a treaty with its Indigenous population was central to the failure to correct Indigenous health and infant mortality. Treaties and other mechanisms to achieve self-determination have been crucial in achieving success in other countries, with a direct link between Indigenous self-governance and better health outcomes.

This sentiment is echoed by a recent House of Representatives inquiry, health professionals such as the Australian Confederation of Paediatric and Child Health Nurses, and many non-government organisations who emphasise the need to work in partnership with communities using a primary health care approach, rather than simply delivering services.

The level of additional resources needed for change is relatively small. According to health economists, a redeployment of just 1% of the health budget could increase Indigenous health services by 50% (Mooney *et al*, 1998). Dr Bill Jonas, the Aboriginal and Torres Strait Islander Social Justice Commissioner stresses that this is an urgent human rights issue that requires immediate intervention and monitoring like other human rights agreements that Australia has helped to define.

Just Action

Check out the following websites for more information

- Australian Medical Association (AMA) Public Report Cards 2002/ 2003
- House of Representatives Inquiry into Indigenous Health
- Northern Territory Government Health www.nt.gov.au/health
- Australian Institute of Health and Welfare (AIHW)

 **Edmund Rice Centre**
Awareness ■ Advocacy ■ Action

90 Underwood Road, Homebush NSW 2140
Phone (02) 9764 1330 **Fax** (02) 9764 1743
Email zeena@erc.org.au **Web** www.erc.org.au

 **ACU National**
Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

179 Albert Rd, Strathfield 2135
Phone (02) 9739 2100 **Fax** (02) 02 9739 2105