

CHAPTER 2

The health of young Aboriginal people: An overview

Introduction

In Australia as a whole, there is a marked lack of interest on the part of the medical profession in the particular health needs of adolescents, with little enthusiasm for adolescent issues within medical schools and in general practice (Court 1984). This is echoed by a paucity of clinical or research focus on adolescent and young adult Aborigines. To date, much health research has of necessity been directed to the chronic ill-health of young children, particularly those growing up in remote areas. There are numerous references in the medical literature (see Thomson & Merrifield 1988), as well as in less accessible reports by Aboriginal health organisations, to the health problems of babies and young children, but few on teenage and young adult health. The National Aboriginal Health Strategy report published in March 1989 barely mentions young Aborigines in the adolescent age group as a specific entity. However the report does highlight several health problems relevant to young people, including trauma and injury, sexually transmitted disease, mental health, substance abuse and teenage pregnancy. The issue which has dominated much of the medical and social science attention on young Aborigines has been their drug use, specifically the deliberate inhalation of petrol fumes, or “petrol sniffing”. The press has been eager to devote attention to this subject and consequently, in the public eye, the image of young Aborigines has been predominantly a negative one.

At the outset it is important to note that the health problems reported here are not those of a “third-world” people despite the fact that the health status of Aborigines is poor in comparison to other Australians. The evidence for this includes a higher infant mortality rate, higher morbidity rates and shorter life expectancy for Aborigines than for non-Aborigines. Much Aboriginal morbidity and mortality is preventable, that is to say it is related to social and lifestyle factors. Much of the ill-health experienced by Aborigines today relates to the diseases of urbanisation, in which diet, for example, is an influential factor. Dietary factors are related to diseases – such as diabetes and cardiovascular disease, as well as to obesity – all these are

increasingly widespread among Aborigines in both remote and urban locations (Anderson 1985). These diseases do not only appear among adult Aborigines: concern has been expressed that both heart disease and diabetes are affecting young Aboriginal people. Several of the deaths of young Aboriginal people in custody have been caused by heart attacks which have killed Aborigines as young as 25 years (Muirhead 1988, p.78; *Daily News* 20/7/87). In a survey of four remote communities in Western Australia in 1989, Professor Michael Gracey found that one in 25 apparently healthy Aboriginal children aged between seven and 18 had abnormal glucose tolerance, which is a pre-diabetes condition. The risk of developing diabetes, then, begins in early childhood (reported in the *West Australian* 9/8/89, p.7)

Mortality: an overview

Despite numerous problems of data-collection across the states and territories of Australia, a good deal of epidemiological data is now available to document the causes of death for Aboriginal people. In brief, the leading cause of death among Aborigines of both sexes (according to data from Queensland, Western Australia, South Australia and the Northern Territory) is diseases of the circulatory system, which includes ischaemic heart disease and other forms of heart disease. The second most common cause of death for Aboriginal males is “external causes of injury and poisoning”. This includes deaths by drowning, fire, motor vehicle accidents, poisoning and violence. The second most common cause of death for Aboriginal females, and the third for Aboriginal males, is diseases of the respiratory system (including pneumonia, asthma, and obstructive airway disease). The third most common cause of death for Aboriginal females is external causes of injury and poisoning (Honari 1990, pp.141-6). The astonishingly low life expectancy of Aboriginal people has been highlighted particularly by researchers working in New South Wales, where the life expectancy of Aboriginal males was found to be about 53 years, and of females, about 64 years. This was approximately 15 to 20

years less than in the total New South Wales population (Hogg 1990, pp.113-14).

On the whole, of course, young people have not developed the chronic conditions from which Aboriginal people die in their mature years. For example, below the age of 20 there were few deaths related to either congenital or rheumatic heart disease (Hicks 1990, p.74). In terms of physical disease, Aborigines between the ages of 12 and 25 are probably the healthiest of the age groups, for they have survived the high-risk perinatal and neonatal period, and childhood's high rates of infections. Teenagers are one of the healthiest of groups in the Australian population generally, with a lower incidence and prevalence of medical, psychosocial and psychiatric disorders than adults (Court 1984, p.696). It is in young adulthood, though, that lifestyle choices occur and patterns of nutrition become established, and these may contribute to the antecedents of adult disease, such as hypertension, obesity, atherosclerosis and type II (adult onset) diabetes (ibid., p.697). This is the case among Aboriginal young people too. With the very high mortality in middle adulthood among Aborigines being closely connected with circulatory disease, primarily ischaemic heart disease (Gray 1990b, p.383), the health practices of teenagers and young adults are probably crucially important. Mortality among young Aboriginal people in this age group is also of concern. According to an admittedly small sample, the most significant cause of death for those in the five to 14 age group was external causes of injury and poisoning. In the 15 to 24 age group also external causes were significant, while several deaths were attributed to "mental disorders" associated with alcohol and drug use (Honari 1990, p.145).

Mortality: specific data

In a study of child accident mortality in the Northern Territory, the authors found that deaths from accidents were 2.2 times higher in Aboriginal than in non-Aboriginal children under the age of 14 (Vimpani et al. 1988). At the top of the list were motor vehicle accidents (accounting for 38% of Aboriginal child accident deaths), followed by "natural and environmental" factors (17%). These were predominantly deaths from box-jellyfish stings. Eight Aboriginal children between the ages of 10 and 14 had died in vehicle accidents in the eight-year period, and these were primarily single vehicle rollovers in rural areas.

Deaths in police custody have come to public attention as a result of the Royal Commission into Aboriginal Deaths in Custody, which released its findings in 1991. Research conducted for the Royal Commission observed:

Of particular concern is the large increase in deaths among the 15 to 19 years age group in 1987 and 1988. The number of deaths among this age group increased in 1987 from a 1980-1986 mean of 2.9 to 12, a four-fold increase.

This increase was highest among Aborigines aged 15 to 19 who died at a rate of 8.3 times the annual average for 1980-1986. Almost all of these deaths occurred in police custody...and all were reported suicides by hanging (Biles, McDonald & Fleming 1990, p.176).

The report goes on to emphasise that suicide accounts for virtually all of the increase in deaths among 15 to 19-year-old Aboriginal and non-Aboriginal males and that hanging was the method used in the majority of cases.

Turning from the figures relating to Aboriginal mortality across Australia to state-based data, South Australia, for example, registered the deaths of 115 Aboriginal people in 1988. Of the 115 deaths, 17 (14%) in that year were of young Aborigines between the ages of 15 and 24.

Table 3: Causes of death of Aborigines aged 15-24 SA 1988

Cause	Male	Female
Diseases of respiratory system	0	1
Diseases of digestive system	0	1
Ill-defined symptoms	1	0
Accidents, poisonings & violence	11	3

(Source: Aboriginal Health Organisation, SA)

State-wide figures for New South Wales provided by Hogg (1990) also draw attention to "external causes" as a major cause of death among Aborigines. Making comparisons between the Aboriginal population and the New South Wales population, Hogg notes that "accidents, poisonings and violence accounted for approximately 8% of the excess risk to Aboriginal people" (Hogg 1990, p.117). He continues by pointing out that motor vehicle accidents were a major proportion of these "external" deaths and that Aborigines aged between 15 and 29 featured disproportionately in these figures. There were also deaths caused by violence, and several deaths were due to house fires.

The overall figures serve to mask the everyday impact that these deaths have for Aboriginal people in often small communities. If we move from the overall figures available now for large numbers of Aboriginal people, to the small-scale level of the community, we can gain some idea of the impact that deaths among the young may have. For example, in a Western Desert community in South Australia, where I collected data, there is a population of approximately 300. Over a three-year period (1987-1989) there were 30 deaths (12 female, 18 male). Sixteen of these deaths (more than half) were related to either alcohol or petrol-sniffing. Of the total of 30 deaths, six were of young Aborigines aged between 12

Table 4: Causes of death of Aborigines aged 12 to 25, in one community (1987-1989)

Sex	Age	Cause of death
Female	24	homicide
Female	16	died after assault
Female	18	alcohol-related vehicle accident
Male	24	alcohol-related vehicle accident
Male	16	cardiac arrest (petrol sniffing)
Male	19	heart failure (petrol sniffing)

and 25, three males and three females. The causes of death are shown in Table 4.

In another region of the Western Desert in Western Australia, where the total Aboriginal population is approximately 1000, and where the youth population (aged 10 to 24) comprises about one-third of the total, there were at least 17 deaths of young people associated in some way with petrol sniffing in the years 1981 to 1990. Several of these deaths involved young people from the same communities, with populations of only 150 to 200 people.

Morbidity: an overview

Young Aboriginal people in their teenage and early adult years are the healthiest of the age groups. They do not yet suffer from adult-onset diabetes (despite the increasing incidence of this form of diabetes among people in their thirties), and are not yet experiencing the ill-effects of alcohol and tobacco use which are associated with liver problems and respiratory disease in later life. Many of the health issues affecting the age group are acute and self-limiting (such as trauma injuries), although serious trauma injuries (for example in motor vehicle accidents) can lead to permanent disability.

It is probably true to say that the basis for the chronic ill-health experienced by so many Aboriginal people in their mature years has already been laid down by the time an individual reaches adolescence, although adolescent behaviours and lifestyle may also contribute to later ill-health. In childhood, particularly in remote areas, individuals are bombarded with infections affecting the respiratory and digestive organs. Repeated respiratory infections may damage the lungs; acute childhood respiratory disease can (in conjunction with adult smoking) lead to chronic adult respiratory disease, which is the leading cause of death among middle-aged Aborigines. Thus the basis for this high adult mortality is laid down in childhood. By the time an Aboriginal child is four years old he or she may have had repeated hospitalisations for

respiratory disease. A report from South Australia, for example, noted that for rural Aborigines, respiratory disease was the major cause of bed occupancy by 0-4-year-olds, and that 43% of these patients had been admitted more than once (Hart n.d.). Repeated gastroenteritis and the resulting malnutrition and anaemia may inhibit normal growth and ultimately affect the immune system. Gastroenteritis is the main reason for the hospitalisation of Aboriginal children under five in the Northern Territory. Repeated streptococcal throat infections/tonsillitis in young children are associated with the development of rheumatic fever in children aged from about eight onwards. Antibiotic treatment to prevent recurrence of infection is generally given until the age of about 25 years (Peter Tait, pers. comm.). Rheumatic fever damages the valves of the heart, lowering life expectancy (Estrella Munoz; Professor John Mathews, pers. comm.).

To obtain some indication of the health issues that affect the youth age group, I have examined several different sources of data. One of these is hospitalisation data, which obviously provides a "tip of the iceberg" overview. Another source of data that I tapped is the reasons for presentation at local clinics and Aboriginal medical services. In addition, I interviewed health professionals employed by Aboriginal medical services, and researchers engaged in relevant work in the field. I found that the age group under scrutiny here is not always selected as a population in data collections, so I have had to peruse medical records and local statistics myself in order to extract information on young people.

Morbidity: specific data

Causes of hospitalisation for young Aborigines

There has been a tendency towards shorter stays in hospital for Australian children generally, as a result of paediatric concern about the negative effects on children of being in hospital. However, for a variety of social and logistical reasons, it appears that Aboriginal children can often have much longer stays in hospital than their non-Aboriginal counterparts. A Western Australian study pointed this out in 1983 (Dibley & Waddell 1983), and attempted to analyse the reasons for these longer stays. These are covered in more detail in Chapter 5. Briefly, the authors found that in Western Australia Aboriginal children stayed in hospital on average at least twice as long as non-Aboriginal children, irrespective of age, sex, region and disease category (the cause for admission). For South Australia, Hart (n.d.) also found that the average lengths of stay in hospital for both rural and urban Aborigines was greater than for non-Aborigines. Aboriginal children under 15 years old in South Australia show a higher average length of stay compared with non-Aboriginal children (Divakaran-Brown & Honari 1990).

In contrast, Thomson and colleagues (1990) found that the average length of stay for Aboriginal people in North Coast NSW hospitals (all ages, not specifically children), was less than that for the total population (Thomson, Paden & Cassidy 1990).

An indication of the causes of hospitalisation in young Aborigines in rural and urban South Australia is provided by Hart (n.d.). Respiratory disease was the major cause of young rural Aborigines entering hospital in the age groups under one year, one to four years and five to 14 years. Among 15 to 19-year-olds, pregnancy-related conditions accounted for 42.8% of occupied bed days. In the Northern Territory, between 1977 and 1982 the leading cause of hospitalisation for young male Aborigines in the age groups five to 14 and 15 to 24 was "injury and poisoning". For Aboriginal females the leading cause of hospitalisation in the five to 14 age group was also injury and poisoning, overtaken by the complications of pregnancy in the older age group 15 to 24 years (Devanesen et al. 1986, p.79). More up-to-date figures for the Northern Territory (1986-1988) show that injury and poisonings still constitute the leading cause for young Aborigines to be hospitalised (see Appendix I for detailed figures), superseding major disease categories such as digestive and circulatory diseases. The "injury and poisonings" category would include mishaps and deliberately inflicted injuries, as well as "poisonings" associated with such activities as petrol sniffing. These Northern Territory hospitalisations include Aboriginal people drawn from remote communities, rural areas and larger towns such as Alice Springs and Darwin.

At several rural hospitals in northern New South Wales, young Aborigines between the ages of 15 and 24 were hospitalised for similar reasons. For young men, the leading cause of hospitalisation was fractures and injuries, followed by diseases of the nervous system and respiratory disease. For young women in the same age group, the leading cause of hospitalisation was complications of pregnancy or delivery, followed by pregnancy itself and breast or genital disorders (Thomson et al. 1990, p.10).

Presentations at local health centres

At the community level, not surprisingly, local health centres see young people presenting with (mainly) everyday disorders. This is the case for Australian teenagers

generally, who tend to present to their doctor with relatively non-serious physical illness (Court 1984). However, the Aboriginal medical service and community clinic staff with whom I spoke (for example at the AMS in Broome, WA, Yalata Maralinga Health Service in SA, and Congress in Alice Springs) observed that this age group, particularly young males, is not a great user of health services. Figures from daily record sheets confirm that young women present at local clinics more frequently than young men. This is particularly marked once young women start to bear children, from the age of 15 onwards. At the Broome Regional Aboriginal Medical Service (BRAMS) in Western Australia, 24% of presentations were by patients aged between 12 and 25. The Yalata Maralinga Health Service (in remote South Australia) found that 38% of their presentations were in that age group. In the urban, rural and remote community health centres I visited, the causes for which young people presented themselves were primarily skin disease, upper respiratory tract infections and trauma (burns, lacerations and fractures).

A remote community health service in the Central Reserves region of Western Australia reported that approximately one-third of the community's population (N=50) was between the ages of 12 and 25. Their health problems included: acute glomerulonephritis (inflammation of the kidney); recurrent urinary tract infections; pneumonia; symptoms of petrol sniffing; rheumatic fever; epilepsy; chest infections; STDs and trachoma (Ngaanyatjarra Health Services, pers. comm.). The most common health problems were said to be the seizures and other symptoms associated with petrol sniffing. Another clinic in a nearby community noted that STDs, pregnancy and trauma associated with alcohol use and petrol sniffing were the major health issues affecting that age group.

The East Kimberley Aboriginal Medical Service in Kununurra, Western Australia assessed the major health problems within the age group 12 to 25 as follows: sexually transmitted diseases; alcohol-related problems (trauma and personal abuse); poor nutrition (anaemia and infections); and skin disease (associated with poor hygiene and infestations). Two additional health issues among young women were pregnancies and domestic violence (Ruth Ogden, pers. comm.).