Reference

NATIONAL
YOUTH
AFFAIRS
RESEARCH
SCHEME

THE HEALTH OF YOUNG ABORIGINES

AGED 12 to 25

A SHORT REPORT FOR
ABORIGINAL COMMUNITIES

NATIONAL YOUTH AFFAIRS RESEARCH SCHEME

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- *Youth at a Glance* (Pamphlet)
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- *Young people and consumer credit: Summary*, compiled by E. Eugene Clark, Department of Law, University of Tasmania, 1991.
- *Young people and consumer credit*: Full Report, by Deborah O'Mara, DOMensions Consulting Pty Ltd, 1991.
- *Young workers in technologically advanced industries*, by Sue Whyte & Belinda Probert, Centre for International Research on Communication and Information Research (Circit), 1991.
- •• *Mental health and young people*, prepared by Michael Sawyer, David Meldrum, Bruce Tonge, and Jennifer Clark, Research and Evaluation Unit, Child and Adolescent Mental Health Service, Adelaide Children's Hospital, 1992.
- •• *Perceptions of the treatment of juveniles in the justice system*, by Christine Alder, Ian O'Connor, Kate Warner & Rob White, 1992.
- •• *Young people as victims of violence*, a Discussion Paper by Boronia Halstead, Australian Institute of Criminology, 1992.
- •• *The Health of Young Aborigines*, by Maggie Brady, Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, 1992.

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THE HEALTH OF YOUNG ABORIGINES

AGED 12 to 25

A SHORT REPORT FOR ABORIGINAL COMMUNITIES

by

Pamela Lyon

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Contents

About the author

PAMELA LYON is an Adelaide based consultant on Aboriginal issues.

Background of the report

IN 1989, the National Youth Affairs Research Scheme (NYARS) had research done into the health issues affecting young Aboriginal people aged 12 to 25 years. The researcher was also to look at how culture and life situations, living conditions and relationships with other people ("social factors") may affect the health problems of Aboriginal young people.

The result was the report "The Health of Young Aborigines", by Maggie Brady, an anthropologist with much experience of Aboriginal people and Aboriginal issues in many different parts of Australia.

The report

- identifies the most important health issues affecting young Aboriginal people in cities and towns and in country and remote areas,
- looks at some of the ways people are trying to do something about these issues, and
- recommends other ways of making young Aboriginal people healthier.

The report is based on published studies, Ms Brady's previous fieldwork, and several field trips to South Australia, the Northern Territory and Western Australia.

This summary of the original report was prepared by Pamela Lyon for NYARS so that Aboriginal people living in communities, and community-based health professionals who work with young Aboriginal people, may understand more easily what is in the report.

Anyone interested in finding out where all this information came from may read the full report, which is available at a cost of $15 from:

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Kathy
age 17

"Today we are in the 1990s. I wouldn't like to go back to the Dreamtime because now I have heaps of white friends and Aboriginal friends. Back in the Dreamtime, I wouldn't know what to do. I suppose if the Europeans didn't come to Australia I would of liked it, but they did and I like it just the way it is. If I did have to go back to the Dreamtime, I'd miss heaps of things like discos, radios, TV and so on. I'd only like it for a few days but after a while I would get sick of it. I think it would be harder and difficult to live the way the Aborigines did. The way they used to dress, you'd never see me like that because I'm used to wearing clothes."

Amos
age 16

"Dear God, help my family to grow strong and become better friends with other people. Help my father and mother to stop drinking. Sadness is when Dad takes all the money off Mum for grog. He comes home drunk and the children cry scared. I'm sixteen. I started smoking and drinking when I was twelve. I got a flogging all the time and I still get in lots of fights with my mates and cousins. My friends like drinking a lot and I like it, too. I travel around a lot and meet new people. They make good friends and give you a girl for the night. My father, he is still in gaol. I might be there with him one day if I keep up the trouble, but it's hard to give it up. I started to steal when I was little and got caught by the police. They sent me away to a boys' home. I left school in Year Nine. Sometimes police pick me up for nothing."

These two stories are from Growing up Walgett, C. Zagar, (ed.), Canberra, Aboriginal Studies Press.

1 What we mean when we say YOUTH

IN THIS report, "youth" means the time of a person's life when he or she stops being a child (about age 12) and is not yet an adult (about age 25). Different Aboriginal groups have different definitions for the periods of a person's life.

In every culture, boys and girls and young men and women go through changes in their bodies and their feelings during the teen years. This is also called "adolescence". Girls' breasts grow. Boys get hair on their faces, and their voices change.

What this change *means* is different from culture to culture.

In traditional Aboriginal culture, adolescence was a time when a person gained "sense" and learned to do things for himself or herself. These things had to happen so that the person could become a responsible adult.

In traditional Aboriginal communities, adolescence did not last a long time. Girls got married very young to older men, had babies and took on family responsibilities. Boys went through Law, became men and took on responsibilities. They had to do and learn many things before they got a wife.

Adolescence was not a particular time of problems and stress in traditional Aboriginal culture, but it has become that way for Aboriginal young people in many parts of Australia.

In the time since Europeans came, the meaning of youth has changed for Aboriginal people and it has become a longer period of time in a person's life. There are many reasons for this. In many ways, Aboriginal young people are very much like non-Aboriginal young people.

They are worried about being accepted by their mates. They like rock music, videos, discos and bands. They like to take risks. They are concerned about their own personal "style" – how they dress, how they talk and act, the

Why "YOUTH" is different now for Aboriginal people

The bringing together of Aboriginal people into missions, settlements and communities.
This brought large groups of young people together in one place, more or less permanently.

Schooling
This brought young people together as a separate group and lasted long after girls traditionally would have been married and boys would have become men.

Secure food supplies
Young people no longer had to help get food for the family.

Girls wait longer to get married
But they still can become sexually active without the benefit of a stable relationship.

Boys get married sooner
They can become sexually active much younger.

Development of the "peer group"
This is the group of friends and others their age that young people hang out with and want to be accepted by.

Less contact with mature Aboriginal adults and older people
Young people have fewer chances to learn proper ways of behaving.

Television and videos
These give Aboriginal young people the popular, non-Aboriginal image of youth.

things they do – which makes them different from children and adults.

They feel different from children and adults and they want to make sure everybody knows they're different from small kids and grown-ups. At the same time, they don't want to be different from other young people their age. They want to be part of the group.

This is even true in remote, traditionally oriented communities in Central and Northern Australia, where television by satellite, local radio and TV stations, videos, cassette recorders, local rock bands and discos are all features of everyday life.

As a group, Aboriginal young people are probably more rebellious than they were in traditional times. And Aboriginal adults today (like non-Aboriginal adults) may not understand or approve of how young people spend their time.

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The social and cultural changes experienced by Aboriginal teenagers and young adults have a definite effect on health.

- **Changing sexual and marriage practices affect how common sexually transmitted diseases (STDs) are and the age at which young women have children.**
- **The importance of the "peer group" affects the use of alcohol, tobacco and other drug substances (such as petrol).**
- **Drinking alcohol and smoking by pregnant women affect how healthy their babies are at birth.**
- **More money for young people may affect their choices of takeaway food and give them more access to motor vehicles and alcohol, which may lead to more injury and death from accidents.**

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Besides the problems all young people face, Aboriginal young people have other difficulties which relate to the conditions of Aboriginal life in general, which also may affect their health.

What is expected of Aboriginal young people and what they should strive to become as adults is no longer clear.

Unemployment is very high in the Aboriginal community. There are few adults with satisfying, wage-paying jobs to show young people what they might be when they are grown up. This is a real problem.

Also, very few young Aboriginal people continue their education up to secondary school leaving age.

In general, Aboriginal young people are forced to "grow up" faster than non-Aborigines. By their mid-teens, many Aborigines face issues that usually face adults in the general community. These include finding a job, raising children, trying to find out who they are, and just surviving.

Also, some lifestyle diseases that are usually found in older people, such as diabetes, are showing up in younger Aboriginal age groups.

SOMETHING TO THINK ABOUT

- The traditional meaning of youth as a time when a person gains "sense" could be given strength again by giving young people responsibility. Establishing "Youth Councils" in some communities may be one way to do this. (An example would be the Aboriginal Youth Action Committee in South Australia.)
- Creating jobs and meaningful training for Aboriginal people must be a priority to give young Aboriginal people hope for their own future.
- Education of Aboriginal adults may be useful to help them understand today's Aboriginal youth and their needs.

2 Aboriginal health, young people's health

IN SOME ways, the health problems of Aboriginal young people are similar to those of non-Aboriginal young people.

They both have problems that come from learning about sex and taking risks, especially with drugs (which includes consuming alcohol and tobacco, and sniffing petrol and other substances). They also don't care much about their own health.

But there are factors within Aboriginal life and culture which make many health problems worse for young people. Some of these have been mentioned and more will be discussed in later parts of this report.

Not much research has been done on the health problems of teenagers. The National Aboriginal Health Strategy doesn't even say much about the health problems of Aboriginal young people. Research into Aboriginal health problems has mainly looked at children and adults.

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Overall, young people are the healthiest part of the Aboriginal population. This is also true in the general population.

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Aboriginal young people may suffer from the effects of childhood illnesses – such as long-lasting (chronic) diarrhoea and ear infections – but the worst danger from these is past.

And the health problems that come from lifestyle and are common to Aboriginal people – such as diabetes and heart disease – have not yet developed.

According to the 1986 Australian census, young people make up the largest part of the Aboriginal population: That year 37% of Aboriginal people were aged 10-24, with the greatest number in the 10-14 age bracket.

Young people make up a much larger part of the Aboriginal population in cities and towns than they do in remote communities,

The main health problems everywhere for young Aboriginal people

Respiratory disease and chest infections

Problems related to having babies

Injury and poisoning
(including accidents, cuts, burns, and broken bones)

Other important health issues (How 'important' is different from place to place)

Sexually transmitted diseases (STDs)

Alcohol-related problems
(including trauma, personal abuse)

Problems related to sniffing petrol and other substances

Eye and ear disease

Poor nutrition
(anaemia and infection)

Skin disease
(associated with poor personal and home hygiene)

where there are more people over age 40. There are also more Aboriginal young women in cities and towns.

The differences between regions may mean that different strategies will be necessary in different areas.

It is hard to say "this is true" or "that is true" about the major reasons why Aboriginal young people go to hospital or to community health clinics. No national statistics are kept. Some statistics are available in some States and through some organisations.

The overall causes of why young people to go hospital or health clinics may be very much the same, but the patterns in remote and country areas differ from those in cities and towns.

Aboriginal health workers, doctors, nurses and other health professionals in cities and towns and remote and country areas were talked to for this report. They identified a number of the most common health problems that young Aboriginal people bring to them.

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"External causes" – not diseases – are the main cause of death among young Aboriginal people, and particularly young men. These include accidents, injuries and poisoning. ❁ ❁ ❁

Motor vehicle accidents are high on the list of the causes of death, as they are for Aboriginal adults. Petrol sniffing is a major cause of death among Aboriginal youth in some remote areas.

While these causes of death are a worry, it is important to say that doing risky things that can kill them is not something that only young Aboriginal people do.

When some Aboriginal youths are reported to be drinking and driving, drinking and fighting, sniffing petrol, and dying in high-speed car chases, they are taking the sorts of risks that teenagers and young adults do in many parts of the world, not just Australia.

Violence between young men may appear to be more of a problem among Aborigines because ritualised swearing and fighting is part of the traditional Aboriginal way of resolving conflicts in many parts of Australia.

Unfortunately, culturally approved and "controlled" physical force may turn into a wrong kind of violence under the influence of alcohol and other drugs.

Much of Aboriginal illness and death is related to the way people live, and can be prevented. Young people may not have these problems yet, but it is likely they will have some of them if nothing changes.

Aboriginal social and cultural factors which may make infections & disease worse

Different ideas about how people get sick

Fear of the hospital and separation from family during treatment

Mothers not taking their sick children to the clinic soon enough

Sick people not taking all the medications they need to get well (taking a few tablets and then stopping)

Poor diet

Poor living conditions

The leading cause of death for all Aboriginal people is heart disease.

In women, diseases of the respiratory system – the lungs and breathing pathways of the body – are the second leading cause of death. External causes are the third. In men, it is the other way around: external causes are the second leading cause of death and respiratory diseases are third.

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Many of the patterns for lifestyle-related illnesses are in place by the time of adolescence.

- **Repeated childhood respiratory infections may permanently damage the lungs and ears.**
- **Repeated diarrhoea (gastroenteritis) and resulting malnutrition may harm development of the "immune system" – the body's way of fighting off disease.**
- **Rheumatic fever damages the heart.**
- **Poor diet can hurt the heart and lead to diabetes in adults.**

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Treatment of disease by itself does not change people's overall health. The most common diseases among Aboriginal people have no single cause and usually have several factors that work together. These may include living conditions (both physical and emotional), diet and exercise.

Because of this, community development is as important for making Aboriginal people healthy as education and providing medical care. Some people say it may be more important.

SOMETHING TO THINK ABOUT

- Many of the patterns for lifestyle-related illnesses are in place by the teen years. Support should be given for grassroots health promotion programs emphasising (to mothers in particular) the importance of good nutrition and of seeking help early for problems.
- Driver education aimed at young Aborigines and adults may be useful.
- Community development projects to improve living conditions and life opportunities for Aboriginal people should receive continuing support.
- Children who are in hospital for long periods and separated from their families should receive priority support.

3 Diseases related to sexuality

SEXUALLY transmitted diseases (STDs) are common among young Aborigines. While some STDs are not as common as they once were (such as gonorrhoea and syphilis), conditions caused by viruses such as chlamydia and herpes have become more common.

Several Aboriginal health services have reported big drops in people coming in with STDs. They believe this is because people are using condoms more as a result of AIDS campaigns.

In 1987, the Broome Regional Aboriginal Medical Service in Western Australia started passing out condoms as part of an AIDS prevention campaign. The number of people seeking help for STDS at the service dropped by more than half (53%) over the next two and a half to three years.

Aboriginal health workers (especially from the local community) are preferred in most cases of giving health care to Aboriginal people, but they may present problems in the treatment of STDs.

A person may have to name one or more sexual contacts that may reveal "wrong way" or extramarital affairs, which can cause jealousy and trouble. They may not want to tell an Aboriginal person who lives in the community and knows people.

On the other hand, STD contacts are tracked down more easily in communities with a community-based health centre.

Aboriginal social and cultural issues affecting the rate of STDs among young people

- Alcohol and other drug use, including petrol sniffing
- Constantly changing sexual practices and beliefs
- Girls waiting longer to get married in traditionally oriented communities
- Moving around (mobility) and visits to city areas
- The influence of non-Aboriginal values as portrayed on television and videos and in magazines
- Boys and girls going to school together
- Development of the "peer group" and the, pressures and support for dating which come from it

Aboriginal social issues affecting treatment of STDs

- Constant turnover of health care staff at the local level, particularly in remote areas
- Aboriginal people moving around from place to place during the course of treatment
- People not taking all their medicines
- Aboriginal people, and especially young people, feeling "shame" to talk about problems related to sex and their private parts
- Worries about doctors, nurses and health workers keeping people's names confidential (secret), especially in small communities

AIDS

HIV infection has been found in some Aboriginal and Islander communities in remote and country areas and in cities and towns. Some deaths have occurred.

Using condoms is probably the best way of preventing HIV infection for most young people who are not yet in stable relationships.

Most Aboriginal communities have been educated about using condoms. Aboriginal health services supply condoms free of charge – some even put supplies out on their counters.

Low-key and indirect approaches appear to be essential in rural and remote communities. In one community in South Australia, condoms were delivered in large amounts because people were too shy to buy them in the shops in nearby country towns.

The social issues which affect the rate of STDs generally also affect the rate of AIDS. But there are two additional issues that affect the spread of AIDS.

The *high imprisonment rate* among young Aboriginal men exposes them to the risk of unprotected homosexual sex or drugs using needles. In this way, the disease is passed through blood. Certain *Aboriginal ceremonial practices* may also spread the disease.

Some strategies for AIDS education*

Posters
Most posters have been made to meet local needs. The "Condoman" poster ("Don't be shame, be game") made in Townsville has been used Australia-wide. In Central Australia, posters have used traditional dot paintings to show the spread of AIDs.

Comic strips
In the Kimberley, a Phantom comic strip was made to show Aboriginal young people "Why Wanda said 'no' in Broome".

Videos
(in different language groups)

Audio cassettes
(with Aboriginal bands)

Talks with adult Law men
(about AIDS and certain ceremonial practices)

Simple handbooks
One produced by the Aboriginal medical service in Redfern said strongly that "protecting against AIDS is a way of protecting your RACE and your CULTURE".

"AIDS, a story in our hands to share"
Developed by the NT Health Department. The program involves direct contact with different groups in each Aboriginal community. Teams of teachers share the AIDS story in five parts using the five fingers:
1 the ways in which AIDS is not spread
2 the ways AIDS is spread
3 prevention and protection using condoms
4 caring for someone who may be infected
5 sharing the story with others

Low-key and indirect approaches by field workers
One field worker employed by the South Australian Aboriginal Health Organisation goes to football matches and concerts and gives talks at schools.
A woman field officer is needed because girls generally will listen more to information about AIDS and are more willing to take condoms.

*Some of these strategies may be useful for other STDs.

Pelvic inflammatory disease

Pelvic inflammatory disease (PID) is an illness caused by a number of different organisms. It is a major cause of women not being able to get pregnant and have babies, both in the Aboriginal and non-Aboriginal populations.

Women not being able to get pregnant is called "infertility".

PID is very common but is hard to recognise. Women in the 15-24 age group are at high risk of getting it. PID is becoming more common among teenagers in the general population.

Aboriginal health services are worried that PID is causing infertility among young women in their twenties.

In the past 20 years, the number of Aboriginal women getting pregnant has gone down in all States and Territories, in both country areas and cities and towns. This trend has been linked with young women staying longer at school and with having jobs, but PID may have a role.

Social issues related to PID are similar to those for STDs. PID poses a particular problem because it requires high doses of antibiotics for at least two weeks. Many women do not take their medicines for the full amount of time.

SOMETHING TO THINK ABOUT

- Aboriginal health services should receive specific funding for youth workers to focus on AIDS and other STDs and to provide counselling and emotional support for teenagers.
- Music cassettes, cartoons, videos and rock bands should continue to be used for carrying health messages, especially to help young people to get over their "shame" and embarrassment about STDs.
- There is a real need for culturally appropriate videos for men and women (separately) on the more common STDs, such as syphilis, gonorrhoea, donovanosis and chlamydia.
- A video may be useful in showing why "staying the course" with antibiotics is so important.
- Using cartoons and comics appears to have more promise for health promotion and prevention messages than using handbooks or other written material.
- There should be ongoing support for locally run, low-profile drop-in centres with health servicing, youth groups and youth health services for Aborigines in country towns and cities.
- Prevention efforts in Aboriginal communities in country and remote areas should emphasise low-key, indirect approaches.

4 Having babies too early

IN ANY society, a girl having a baby before the age of 16 is a high-risk pregnancy and the girl may have problems giving birth. At that age, the pelvis – the bones that form the hips – is not fully developed.

But Aboriginal mothers are more at risk of having problems with their pregnancy and in giving birth in almost every age group. The degree of risk to the mother – and to the baby – depends on the mother's height, weight, general health and how much she smokes and drinks alcohol.

Many Aboriginal babies are born to teenage mothers. In Western Australia, one in three (35%) of all Aboriginal babies are born to teenagers. In South Australia, Aboriginal teenagers give birth at a rate five times the State average.

Teenage mothers tend to seek less medical care before the birth of their babies and have more medical problems due to general ill health. Medical care during pregnancy is called "antenatal care".

Babies born to teenage mothers are more often born early, and more of them weigh less than they should. Birth weight is very important in infant survival.

The number of low birth weight babies in a community also indicates the general health of that community. There are fewer low-weight births in cities and semi-urban areas. This may be because women in these areas are listening more to health promotion messages and using antenatal clinics.

Studies show that seeing a doctor during pregnancy is the most important thing a woman can do to prevent having problems giving birth.

Aboriginal women generally don't see a doctor as many times during pregnancy as non-Aboriginal women and tend to go for their first visit a bit late in their pregnancy.

This may mean that Aboriginal women make less use of available facilities or are less well serviced in this area. The trend is especially noticeable among Aboriginal women in country areas.

Aboriginal health services in remote and country areas as well as cities and towns are concerned about the problems in providing proper antenatal care early in pregnancy, especially to young girls.

Young Aboriginal mothers are also less likely to go to the doctor for check-ups after

Why Aboriginal teenagers have babies

They leave school early

They have poor life opportunities and expectations

They receive little or no information about how to keep from getting pregnant

Children may provide young women with some interest, someone to care for, a new social position and a wider network within their community

Young women don't have to take all the responsibility (or even any) for taking care of their babies. (This may lead to "stressed out grannies" where older caregivers have too many children to look after.)

Low birth weight is associated with:

Shorter pregnancy (shorter time for the baby to develop inside the mother)

Poor physical development of the baby before it is born

The poor physical condition of the mother

Social and lifestyle factors

Unemployment

Problems in the family

Poor diet

Drinking alcohol

Smoking

Aboriginal social factors which act against young mothers getting proper care during pregnancy

Moving around from place to place
(makes it hard for doctors, nurses and Aboriginal health workers to follow the woman's case well)

The young woman not wanting to say she is pregnant at all

"Shame", or the extreme sensitivity of Aboriginal women in these matters

Factors which may make these worse

Inappropriate health care
(For example, sending a woman away from her community to get ultrasound scans to measure growth of the baby inside her when a tape measure could be used at her community clinic.)

The fact that most doctors in Aboriginal communities are men
(It is difficult to attract women doctors to remote and country areas.)

their baby is born and are less likely to breastfeed their babies, although all health services encourage it.

In some communities, unsanitary conditions and the impossibility of keeping bottles clean mean that bottle feeding can be a "death sentence" for a baby.

Even when a baby is breastfed, some young mothers will not offer to feed the child until it demands food. A weak baby is less likely to demand food forcefully from the mother and may become even more sickly.

Aboriginal-run antenatal and women's health services are very important if Aboriginal women are to become more comfortable about matters associated with childbirth.

The Central Australian Aboriginal Congress in Alice Springs acted on this idea first with the Alukura. The Alukura was set up as an alternative to the hospital as a birthing centre and has taken on a number of health tasks related to pregnancy and women.

Another very important factor in the survival of children is the level of the mother's education. Research overseas has shown that it may be the strongest factor.

The better educated the mother, the more likely she is to seek help soon after noticing something is wrong and the more likely she is to follow a doctor or health worker's advice. The education level does not have to be high. Completion of primary school may be enough.

Young women who stay longer in school also tend to have fewer children, have their children later, and are better equipped to keep their children healthy.

SOMETHING TO THINK ABOUT

- Programs should be developed to encourage girls and young women to stay in school. Education helps mothers make good use of health services, and is very important to child survival.
- There should be more Aboriginal-run services related to child-bearing issues. They should stress the importance of ante-natal care for Aboriginal women, and especially for teenage mothers.
- "Lifestyle"-related antenatal problems (such as anaemia, heavy alcohol use and diabetes) are common. This suggests a need for health education at an early age.
- There should be particular support for children of very young mothers, and for the mothers themselves when there appear to be insufficient or over-stretched caregivers such as grandmothers.
- Where possible, self-help support networks should be established to help young Aboriginal mothers develop a range of skills to assist them in coping with parenthood.
- Community development projects that will raise life expectations and opportunities should be supported and expanded.
- Schools should teach girls and boys aged 14 and older about pregnancy, birth control, caring for babies and related matters. This may be done with local health centres.

5 Eye and ear disease

Chronic ear disease

LONG-LASTING (or chronic) ear disease is a major problem among Aboriginal children. Deafness, perforated eardrums and otitis media, a disease which infects and blocks the ear and can cause deafness, are much too common.

Otitis media is a form of respiratory disease, similar to nasal discharge, colds, bronchitis and pneumonia. People who have it get pus in their ears.

"Glue ear", where the eardrum is infected but has not burst, is more common in Aboriginal communities in cities and towns. A "runny ear" shows the eardrum has broken and is more common in remote, traditionally oriented communities.

Some researchers say otitis media is caused by poor living conditions and living in a desert environment. Others say that the cause of the disease is unknown.

Antibiotics help a little. Aboriginal medical services in some areas also try to teach mothers to swab out or syringe their children's ears. No specific treatment has proved effective in the long term, however.

Otitis media is most common from age 2 or 3 onwards. The rate falls slowly in all age groups until 18 or 19. By then, the ears have usually dried and healed.

Children with the disease can't hear well. This has a big effect on young people, especially in relation to education. Education includes both formal school and traditional learning of songs and myths associated with country.

Hearing loss makes worse the problems Aboriginal children already have with schooling, including refusal to attend. Children who can't hear fall further and further behind in their studies. Teachers can call these children "slow learners", which makes them lose confidence.

A booklet produced by the Northern Territory Aboriginal Hearing Program alerts Aboriginal teachers to these problems:

> *The kid with pus in his ears can't listen to his mum. He can't listen to what the teacher is saying and he can't learn properly. He maybe can't hear corroboree, law, meetings. He maybe can't hear the old men talk. If he can't hear the culture he won't be able to teach his kids and the other kids might tease him.* (Friday, R. (n.d.) in *Healthy Ears Hear Better*, NT Aboriginal Hearing Program, Darwin, NT)

For young people, the social impact of hearing loss can be terrible: they don't catch the joke, can't pick up the latest lingo and are teased as "different", which leads to low self-esteem and confidence.

But hearing aids are often a source of shame, again because those who wear them are "different". Many who need hearing aids do not wear them for this reason.

Smaller, smarter aids are badly needed.

A major problem is that much ear disease isn't seen for what it is until too late. High numbers of Aboriginal children in remote and urban areas need medical assistance or help with school as a result. In the Kimberley, more than 30% of children have some deafness.

Trachoma

Among Aboriginal people, trachoma is still a major cause of blindness. It has become relatively rare among non-Aboriginal people, who generally enjoy much better living conditions.

Trachoma results from infection with *Chlamydia trachomatis*. Repeated infection scars the eye, which over many years leads to blindness.

Rates of trachoma vary greatly between communities with similar climates. The southern mainland has the lowest rates, and rates in the northern tropics have gone down. But Central Australia remains a problem, indicating a need to focus programs there.

The outstation movement may affect the rate of trachoma. The improvements in living conditions which would affect trachoma, including the availability of adequate water supplies and facilities, can't take place in isolated and poorly resourced outstations.

European-style housing alone is not an improvement if it is overcrowded.

Programs to teach Aboriginal home-makers about general home hygiene, such as the "Home-makers" program run by Tangentyere Council in Alice Springs, may help to improve health, including the incidence of trachoma.

Doing something about trachoma can be difficult for a number of reasons, some of them social and cultural. Some prevention methods that seem simple may not be.

Washing the face once a day with as little as half a cup of water may prevent trachoma, but in remote areas especially, not everybody is always willing or able to do that.

SOMETHING TO THINK ABOUT

- Programs to improve housing, hygiene and nutrition should be supported.
- Where possible, access to a swimming hole, pool or the ocean should be encouraged. Ear trouble is less common in places which have water to swim and play in.
- Housing should have cement flooring to keep down dust and make cleaning easier.
- Programs to educate home-makers about home hygiene should be supported. Some important things for preventing trachoma include regular washing and shaking of blankets, and control of dogs, flies and dust.

6 Alcohol and other drug use

LIKE OTHER young Australians, some young Aboriginal people use drug and non-drug substances to change their mood. This behaviour includes drinking alcohol, smoking tobacco or cannabis, injecting heroin, sniffing petrol or inhaling other volatile solvents.

What substances they use depends very much on what is available, what their friends prefer and social circumstances.

For example, an Aboriginal youth living in Sydney or Melbourne is more likely to try illegal drugs such as marijuana or heroin than one growing up in Maningrida or Yuendumu in the Northern Territory, who will try sniffing petrol.

Alcohol is easier to obtain in towns and cities as many Aboriginal communities are dry or have sporadic supplies.

Alcohol

It is not easy to tell how common the use of alcohol and other drug substances is. There have been very few surveys of Aboriginal alcohol use.

A survey in the Northern Territory showed that more than one in three (36.6%) of young Aborigines aged 15-20 drank alcohol. Another survey in the Kimberley region of Western Australia found that nearly nine out of ten (86%) young Aboriginal men aged 16-20 drank alcohol, and so did 60% of young women in that age group.

A survey of Aboriginal schoolchildren in city and country areas of New South Wales found that more than half (56%) said they knew of "large numbers" (20 or more) of their peers who drank alcohol. Only a small number of schoolchildren (13%) said they knew no young Aboriginal people who drank.

The New South Wales schoolchildren gave several reasons why they thought young people might drink alcohol:

- it is part of life for them
- to socialise
- to ease pressures
- there is nothing or no-one else to turn to
- it is easy to get

The illnesses associated with heavy drinking over a long period of time generally don't show up in young people, but young drinkers experience the trauma associated with alcohol use. These include injuries from motor vehicle and other accidents, violence, suicide attempts and self-mutilation.

In the majority of cases of Aboriginal deaths in custody investigated by the Royal Commission, the victim was drunk. (It should be noted that Aboriginal people are more likely than non-Aboriginal people to be arrested and put in jail for drunkenness.)

There are more deaths in custody generally among young age groups. This is true for both Aboriginal and non-Aboriginal detainees. However, many more Aborigines in the 16-19 and 20-24 age groups end up in prison.

Tobacco

Use of cigarettes and chewing tobacco is common among young Aborigines. Use of chewing tobacco is more common among Aboriginal people who live in the desert, particularly women.

Respiratory diseases are ranked the second major cause of death for Aboriginal women and the third for Aboriginal men, so smoking among young people is of great concern.

Heroin and other drugs used with needles

It is not known how common use of drugs with needles is among Aboriginal youth in cities and towns. AIDS prevention posters featuring Aborigines and syringes indicate that this method of drug-taking does occur. Aboriginal medical services in Sydney and Melbourne are very concerned about young Aborigines using needles to take heroin and other drugs.

Sniffing petrol and other substances

Sniffing petrol, glue and other substances occurs among young Aborigines in cities and towns and among certain groups in remote areas. Petrol sniffing is a common form of sniffing and is found mostly in remote areas.

Sniffing is mainly a social activity. The peer group, special language, personal style and – in remote communities – shared rituals are very important to petrol sniffers.

Not all remote communities have young people who sniff petrol. The practice is most common in ex-mission or welfare settlements. It is rare among groups associated with the pastoral industry.

Petrol sniffers range from 10 years old (sometimes younger) to 25. It is fairly rare for sniffers to be older than 25.

Once a long-time sniffer stops, he or she may see things that aren't there, act strangely, and take fits for some weeks. The extent of permanent brain damage as a result of sniffing for a long time is unknown.

Sniffers sometimes die suddenly, when they sniff and then race around a lot. This causes a strain on the heart. At least 35 Aboriginal people – most of them young people – died between 1981 and 1988 as a result of petrol sniffing.

Social factors in alcohol and other drug use

There are many ideas – or theories – of why people use drugs. Some theories relate to a person's living conditions, social environment and life opportunities. Other theories relate to the way the person thinks or feels. Some combine the two.

When substance users are Aboriginal people, other social, historical and cultural factors are thought to be involved.

It is easy to say that poor living conditions and life opportunities, racism, dispossession and removal from land and family cause Aboriginal people to drink alcohol. But this is not the whole story.

Alcohol and other drugs are not used in all Aboriginal communities or to the same extent. People choose to use different substances for different reasons. And the impact of colonisation is felt to different degrees in different areas.

Aboriginal people in Arnhem Land were never forced from their land and now own it outright. Ceremonies and traditional hunting and gathering activities are important parts of their lives, and they can establish outstations on their own country.

Their lives are very different to those of southern Aborigines living on the fringes of country towns or in cities. Yet some Aboriginal people in Arnhem Land use (and at times abuse) alcohol, kava, cigarettes and petrol.

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For young Aborigines, the strongest reason for using alcohol and other drugs is probably the desire to be part of a peer group. In this way, they are no different from other young people.

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Physical effects of petrol sniffing

Loss of appetite (not hungry) and loss of body weight
Tremor (the shakes)
Loss of muscle coordination (can't move properly)
Brain disease

Another factor (again, one that is not specific to Aborigines) is simply that drinking alcohol, smoking tobacco and taking other drugs feels good.

Aboriginal people stress that young people imitate: "The kids follow their parents and relations." Among Aboriginal adults in many communities there is strong pressure to drink as part of the group. Drinkers like to be drunk, and drinking is a way of life.

Young men become part of the drinking group naturally. They "learn" to drink from older men. Things happen when people are drinking that would be impossible when sober – speaking out, sex with certain people, showing anger or affection. These things appeal to the young.

Petrol sniffing is also a social activity which centres around a peer group. Young people rarely sniff petrol alone. Like drinkers, sniffers must also learn how to sniff from experienced sniffers.

Young Aborigines in remote communities in the Northern Territory have styles of clothing, music and activities that are all their own. In some places young men, particularly, have gangs. Some gangs are inspired by videos and are obsessed with the crazes of the moment, such as kick-boxing or rap dancing. Some are associated with petrol sniffing.

How many young people are sniffing petrol in a community can change very much from time to time. These changes are affected by a number of things, including how available petrol is, the season of the year, and how popular sniffing is in that area.

Petrol sniffing is a problem that is particularly hard for Aboriginal communities to cope with. The behaviour of petrol sniffers has brought about a crisis in Aboriginal people's faith in their society's ability to deal with problems.

In many regions there is a feeling that "the sniffers are on top" and are "boss over mother and father". The old healing methods do not work for either petrol sniffers or drinkers, and the powers of traditional healers are thought to be not strong enough.

Many outsiders romanticise the "caring and sharing" of the extended Aboriginal family and the strengths of Aboriginal "communities". But in many places these groups so far have been powerless to deal with sniffing and alcohol problems.

Also, Aboriginal people don't all think the same way about what the solutions are to petrol sniffing and who should or should not do something. This makes it very hard to do something about sniffing.

SOMETHING TO THINK ABOUT

- Aboriginal health services should get specific funding for youth workers to provide counselling and emotional support for teenagers.
- Music cassettes, cartoons, videos and rock bands should continue to be used to carry health messages.
- There should be ongoing support for locally run, low-profile drop-in centres, youth groups and youth health services for Aborigines in country towns and cities. Young people should have a voice in how these services are run.
- Priority support should be given to children who generally do not appear to have the kinds of connections to family, friends and community that might help them deal with stress.
- This would include children who have been in hospital for long periods, separated from their families, and those in families where alcohol abuse causes serious problems.
- Continuing support should be given to programs which effectively address substance abuse problems in Aboriginal communities, and particularly substance abuse among young people.
- See also SPORT, PLAY AND RECREATION in Section 10.

7 Stress and mental health

NOT ALL health problems young people have are related to diseases, medical conditions or substance use. Young people often have problems with school and emotional issues such as getting along with family and feeling tired, nervous, sad or depressed.

This is true for non-Aboriginal as well as Aboriginal young people, but there may be particular stresses that affect Aboriginal young people.

For example, school can be a stressful experience for Aboriginal children and young people, especially when they attend schools in cities or towns with non-Aboriginal students.

Racism and obvious differences in socioeconomic status – not being able to dress as nicely in decent clothes and shoes, not having a good lunch or money for lunch, and things like that – can be serious problems.

Head lice, skin infections and scabies, which are common in Aboriginal communities (as well as in some non-Aboriginal communities), also can be sources of embarrassment and shame. Aboriginal students may be treated as though they carried diseases.

Emotional problems and stress can have a serious effect on health.

Research shows that stresses relating to the way people live can affect health by lowering the body's ability to fight off disease. Painful life situations (both sudden and long-lasting) are associated with a higher rate of mental and physical disorders.

Stress levels and types of stress are different for Aborigines in remote and country areas and those in cities and towns. Generally speaking, Aboriginal people who live in cities are more highly stressed.

Sadness over death is a major "life event" in any society. The high premature death rate among Aborigines means that large numbers of people are often grieving for and burying their relatives.

There have been many advances over the last 20 or 30 years in Aboriginal affairs, but the level of very harmful and destructive behaviours among Aboriginal people today suggests a crisis situation. It is as though some Aboriginal people have lost hope for everyday living.

Threatening, attempting or feeling like suicide among young Aboriginal people, particularly young men, is a big worry from cities in South Australia to the Kimberley region of Western Australia.

Being watched and hassled by police, particularly in cities, also causes a high degree of stress for young Aboriginal people. This is less true in remote settlements where no police are stationed or community members can keep a close eye on how police behave.

Research on Aboriginal mental health in Central Australia found that the worst behaviour problems were in the 16-45 age group, and that most disruptive behaviour was in the under-16 age group. Overall, the under-25 age group gave communities the most trouble.

Harmful and destructive behaviours of concern among Aboriginal people

Suicide (including deaths in custody)
Self-mutilation – hurting one's own body by cutting, burning or in some other way
Physical and sexual violence against other people
Alcohol and other drug abuse.

A study of the Aboriginal population of a town in rural New South Wales found that a common problem among children was bed-wetting, which can be a sign of having worries. (Non-Aboriginal children also frequently have problems with bed-wetting.)

The children with problems came from families where there was a lot of yelling, fighting, drinking and violence. They couldn't tell how their parents, especially their fathers, were going to act from one minute to the next.

They often came from poor families and did not have the basic necessities of life. They also tended to get sick and were separated from their parents for long periods of time while in hospital.

More recently, mental problems among young Aborigines living in Adelaide have become so obvious that a special Aboriginal psychiatric unit was proposed for the Adelaide Children's Hospital.

SOMETHING TO THINK ABOUT

- Priority support should be given to children who generally do not appear to have the kinds of connections to family, friends and community that might help them deal with stress.
- This would include children who have been in hospital for long periods, separated from their families, and those in families where alcohol abuse causes serious problems.
- Programs to improve life opportunities should be supported.
- Every Aboriginal health service in cities and country towns should have a special mental health counsellor as well as doctors, sisters and Aboriginal health workers.
- Drop-in centres in cities and smaller towns need more financial support. They should have workers who work with youth and police, and counsellors to help young people with their problems.
- "Mentor" programs are useful. These include "Big Sister, Little Sister", where an older Aboriginal young person makes a special friend of a younger one to help them along.

8 Domestic violence and child abuse

DOMESTIC violence, sexual assault and child abuse in the Aboriginal community are now beginning to be openly discussed.

For a long time, they were thought to be too difficult and sensitive to talk about. Some Aboriginal women thought these matters were only Aboriginal business and outsiders should not be involved.

Domestic violence is often excused by men as traditional custom. But in most cases this is an abuse of that custom. Such violence teaches children and young people that putting up their fists and picking up a stick solves problems and is okay.

"Modelling" is how children and young people learn how to behave properly from parents and other important adults in their lives. Modelling is very, very important as a learning tool for Aboriginal people in remote and country areas and in cities and towns.

Research has shown that Aboriginal families teach their young ones proper behaviour and care by showing them how it is done. White Australian families rely more on telling their children what to do.

This can be a problem in Aboriginal families which, as one Islander woman put it, "are products of 200 years of massacres, removals, dormitories, [and] dispossession". (Atkinson, J. 1990, ed. *Beyond Violence: Finding the Dream*, Canberra, Aboriginal and Islander Sub-Program, National Domestic Violence Education Program, Office of the Status of Women.)

Aboriginal people who were put away in mission schools had no one to show them how to be parents. In the process of becoming dependent on white administration, Aboriginal people were discouraged from using many skills for solving problems in traditional ways. Many of these skills were lost.

SOMETHING TO THINK ABOUT

- Aboriginal people need additional resources now to redevelop skills for parenting, solving problems with other people and finding alternatives to violence.
- More resources are needed for both the protection of women and children, and the rehabilitation and counselling of their assailants.
- There is a particular need for professional help for families. Aboriginal counsellors and staff at rape crisis centres and women's refuges are steps in the right direction.
- Services are most seriously needed in remote areas, where women are highly vulnerable to sexual and physical violence and where they have been, to some extent, conditioned to accept such actions.
- "Customary law" arguments used to defend violence against women are increasingly coming to be questioned and should continue to be questioned.

9 Social factors in overall health

SEVERAL factors help to make Aboriginal people sick and keep them from getting well.

The following factors were identified by doctors, nurses, health workers and other health staff at community health centres in cities, towns and Aboriginal communities. Some of these factors can seem very ordinary and basic but are still important.

What people think is important

Health matters aren't important to everyone. For some Aboriginal people, health issues don't seem too important compared to the struggle for existence and the stresses and crises that many experience in day-to-day life.

Washing

Washing daily is very important for healthy living, especially in the bush. A report on environmental health in desert communities said that washing clothes and people is one of the simplest things Aboriginal people can do to improve their health. But it can also be a hard habit to get into.

Washing children every day should reduce the rate of four of the most common childhood illnesses (diarrhoea, respiratory diseases and pneumonia, skin infestation and trachoma).

In adults, washing can reduce the level of scabies, kidney disease resulting from skin infection, and diarrhoea passed between adults and children.

Some Aboriginal communities still do not have ablution facilities and adequate supplies of clean, running water, but all major remote Aboriginal settlements have these facilities to different degrees.

Showering can be disliked for a number of reasons. Shyness and embarrassment are major reasons why showers aren't used as much as they could be. Young men especially are embarrassed to be seen going for a shower.

SOMETHING TO THINK ABOUT

- Washing facilities should be made more private, with screened entrances to ablution blocks and adequate privacy within shower blocks.
- There is a video and a song about washing made in Central Australia. This is a step in the right direction and such education programs should be supported.
- Governments should ensure that Aboriginal communities have adequate supplies of water and/or ablution facilities.

Eating

Health problems related to poor nutrition mainly affect babies and young children (losing weight and not growing properly) and adults (overweight, high blood pressure, diabetes and heart disease)

Poor nutrition among children or adults is not always related simply to poverty, or because people can't get fresh food.

Aboriginal children are indulged. Their desire for chips, cool drinks and lollies is satisfied without question. The children, and the adults who say "yes" to their demands, don't think about whether these foods are healthy or not.

The taste for sweet things begins early in Aboriginal life and is reinforced in adulthood. Tea is one of the most important sources of too much sugar in the Aboriginal diet.

In bush communities it is very hard for people to cut down their intake of sugar because of the way tea is prepared. Once the billy is boiling, tea and sugar are added together, often in handfuls.

A health survey in Pitjantjatjara communities found that people added the equivalent of up to 66 teaspoons of sugar per person per day to tea. This is in addition to drinking an average of three cans of cool drink per day! These are very, very large amounts of sugar to be taking in every day.

The Northern Territory health department is trying to persuade people to cut down their sugar intake by using sugar cubes to show people how much sugar they might eat in a day.

A study of Koori children in several areas of Victoria also found that diets were heavy on sugar, flour and fried foods.

On the other hand, a study in Kempsey, New South Wales, showed that Aborigines there ate more like working-class Australians: meat, vegetables and cereals, with no fast foods, cakes, desserts or fresh fruit (which were all thought to be too expensive).

Diet is very important for small children. A baby that doesn't get enough to eat or enough of the right foods doesn't grow well, and this can affect health for the rest of his or her life.

The diet of Aboriginal teenagers and young adults is poor in some cases, but it is impossible to say whether it is worse than that of other young people from poor backgrounds.

A Northern Territory study found that in one urban community half (51%) of young Aboriginal males aged 6-16 were malnourished. This means they weren't eating enough or were not eating the types of foods they needed in order to be healthy.

SOMETHING TO THINK ABOUT

- More effort should be made in cities and country towns to let young people know what financial supports are available. This could be done through drop-in centres, shelters and youth support groups.
- Programs should be supported to educate mothers in relevant ways about the importance of good nutrition in small children and also to educate at least primary school children about the importance of healthy eating.

Petrol sniffers and alcohol drinkers don't eat regularly. Petrol sniffing reduces hunger, and some young people use it as a way of losing weight.

In both remote areas and cities, Aboriginal people often give priority to things other than food in choosing how to spend their money.

They may prefer to spend their money on consumer items (video machines, TVs, refrigerators and airconditioners), gambling, alcohol, petrol, funerals and tombstones, and annual show events.

The problem for many Aboriginal young people is no money. Many don't want to apply for benefits. They find it embarrassing or troublesome to fill out forms and keep appointments.

Being in hospital

Aboriginal patients leave hospital before the doctor says it is okay more often than non-Aboriginal patients. This is called "absconding", which makes people sound like criminals even though they have broken no law.

Male patients admitted for "mental disorders" have the highest rate of leaving hospital before the proper time. "Mental disorders" includes mental problems associated with alcohol, addiction to alcohol and non-dependent drug abuse.

For younger Aboriginal children up to the age of 14, especially those from remote communities, hospital stays are generally longer than they are for non-Aboriginal children. The remoteness of the community and the difficulties of taking the child back and forth from hospital to home help to make stays in hospital longer.

While there are Aboriginal liaison officers in major metropolitan hospitals in most States, they are usually urban residents who know little of the home communities of patients.

Health services and Aboriginal medical services

How well Aboriginal young people use health services can vary a great deal between communities, and between people living in remote areas with their own clinic and those living in cities with long bus rides to services.

Young men are especially shy about seeking any medical help at all. Young men tend to deny that they are hurt and need treatment. Among some desert groups, young men scar their bodies on purpose to show how strong and brave they are.

Aboriginal medical services offer at least the possibility of attracting more Aboriginal teenagers as regular clients – much more so than mainstream health services.

Medical staff in Aboriginal health services often take more time with patients than a GP in a normal practice. They are also more sensitive to mental and social health issues affecting Aboriginal people.

SOMETHING TO THINK ABOUT

- Programs should be developed to promote contact between Aboriginal parents and hospital staff and encourage the involvement of parents in the care of their children while in hospital.
- Children hospitalised for long periods and separated from their families should receive special support both in hospital and on return to their communities.

Doctors working in these services say their patients often have many problems at once. One patient may have several physical ailments (such as diabetes or high blood pressure), smoke and drink heavily, eat poorly and live in difficult circumstances.

Although not all Aboriginal people in towns and cities use Aboriginal medical services, they are often the only way to reach Aboriginal people in urban areas and to encourage the use of health services by teenagers and young adults.

Without the help of Aboriginal medical services, State health departments can find it hard to reach Aboriginal people with health messages. This is particularly true in country areas.

Alcohol and other drug services

It is difficult to say how well alcohol and other drug services address the needs of and are used by Aboriginal young people. Finding that out is not what this report is for.

Alice Springs may provide a useful example, however. Until very recently, services to help Aboriginal people with alcohol problems were developed piecemeal in Alice Springs, a little bit here and a little bit there, but nothing fitting together too well.

Government gave money to different programs on a short-term basis. Few services were directed specifically toward young people.

A report published by Tangentyere Council recommended that there be alcohol services established for young people in Alice Springs.

These services included:

- setting up Ala-teen self-help groups;
- counselling services;
- special programs aimed at young people in the town camps;
- alcohol education programs in the juvenile correctional centre and the adult gaol. (Offences often involve alcohol.)

SOMETHING TO THINK ABOUT

- Aboriginal medical services should receive additional resources to employ counsellors for young people, more staff to make visits to schools, and staff to focus on the special needs of Aboriginal "street kids".
- Governments should recognise the important service provided by Aboriginal medical services and should fund them accordingly. Many Aboriginal medical services have a very hard time getting funds.
  The AMS in Adelaide, with a city base and branches in suburbs with high Aboriginal populations, has about 7,000 urban Aborigines on its books but still has to convince the State Government of its right to exist.
- Interest in the use of alcohol and other drugs usually starts young. Schools and youth groups should actively engage in the prevention of alcohol and other drug misuse.
- Aboriginal alcohol and other drug programs could also be more youth-oriented. At present, they tend to focus on adults.
- Programs to address alcohol and other drug problems should receive long-term funding.

10 Issues related to living in urban or remote areas

IT IS not easy to compare the health of Aboriginal people living in country and remote areas with that of those living in cities and towns. No large-scale research looks at these differences.

The research that has been done on the Australian population as a whole shows that people living in country areas have more health problems than people living in cities. But the research doesn't say whether this is the result of location or of differences in living conditions.

Disadvantages of living in remote areas

Overall health is affected by a number of factors that come from living in remote areas. These include:

- the risks of certain health problems;
- the difficulties of providing adequate health services;
- the lack of access to specialist treatment;
- issues related to socioeconomic status (including educational opportunity, job opportunity, and level of income).

People who live in country areas have higher rates of illness and death than people who live in cities. Living in remote or rural Australia in itself brings a higher health risk from injury or illness, and also from lack of access to treatment.

Both Aborigines and non-Aborigines living in the bush face higher rates of death and injury through car smashes and are more likely to commit suicide, drink alcohol too much, develop heart disease and catch diseases from other people, such as tuberculosis and STDs.

Health care services are more available and are easier to get to in cities and large towns than in country areas. This is due to a number of factors, including:

- people in the country live in small, isolated communities or widely separated from one another;
- the demand for services is low;
- the local tax base that provides funds for essential services is limited.

The problems of providing health services in remote and country areas affect the whole population, not just Aboriginal people.

But Aborigines in country areas do tend to get diseases that people catch from one another more often than non-Aborigines. This is due mainly to poor living conditions.

Water supplies in rural Aboriginal communities may not be adequate and may be contaminated. Sewerage or waste disposal facilities may be poor, or there may be none at all. Housing may be inadequate or inappropriate.

In some remote areas, traditionally oriented Aboriginal people have decided to move away from settlements with facilities to outstations with none. The decision to move to an outstation is made for a number of reasons, some of which are good for health:

- access to bush foods;
- harder to get fast foods;
- further away from alcohol;
- away from the stresses of life in big settlements;
- close to spiritually important places.

But there are risks involved in living on outstations, and people have died who could have been saved if they were closer to health services.

SOMETHING TO THINK ABOUT

- Cross-cultural education may be useful for ambulance, transport and medical personnel in country areas with large Aboriginal populations.

While remote, traditionally oriented Aboriginal communities of reasonable size have their own clinics, Aboriginal communities in country areas sometimes have no health services or equipment at all.

In remote and country areas it is much harder to get ambulance services for emergencies, regular transport to health services or transfer services from health clinics to hospitals in larger towns or cities.

There also have been problems in country areas of racist and careless dealings with Aboriginal patients which have caused much resentment and ill-feeling.

Street kids

Aboriginal "street kids" in cities and large towns may have access to more health services than Aboriginal children in country communities, but that doesn't mean their health is any better.

Of course, "street kids" don't only live in the city. Some children in remote Aboriginal communities may not have permanent caregivers, either. But "street kids" are more noticeable – and there are more of them – in the cities and towns.

In general, Aboriginal young people in cities and towns live with relatives, but "home" for many of them is not stable. There is no one to look after them all the time, and the young people move from one relative's or friend's home to another.

These Aboriginal young people may not be literally homeless, but they suffer from many of the problems that homeless young people have.

Different types of services are aimed at "street kids" in different places.

The Youth Support Group in Adelaide offers help in a crisis and deals mainly with Aboriginal young people. The program provides outreach to street kids through field workers and works with police to try to keep young people in trouble from being locked up and going to court.

Scheme workers talk to the police on behalf of young people, are involved in co-counselling with police, and do training days with police. Workers put together social background reports and participate in case conferences for the children's court.

The nearby Aboriginal drop-in centre in Adelaide has opened a health clinic for these young people, mainly because they don't use another drop-in youth centre used mostly by non-Aboriginal young people.

Services in Darwin also help young people in crisis. Casey House provides crisis accommodation for up to three months. Staff provide advice about birth control, take residents to Family Planning, and talk on their behalf with social security, schools and on legal issues. Staff say there is little they can do if clients don't really want to stop using alcohol or other drugs.

The Aboriginal Child Care Agency in Perth is hoping to establish rehabilitation programs, recreation facilities and a drop-in centre, to reach out to those who may need help. The agency also wants to set up an education program for families, to change lifestyles that involve alcohol and other drug abuse and gambling all the time.

Sport, play and recreation

Sport and recreation facilities are often seen as a "cure" for many social problems involving young people, particularly drug and alcohol use and crime.

But sport, recreation and wilderness programs don't do anything about problems young people have with homelessness, unemployment and sexuality, and they must not be thought of as the only answer to Aboriginal and non-Aboriginal young people making trouble.

There is no way to tell how sport and recreation affect the health of young Aboriginal people (aside from sporting injuries, of course). Being involved in social or sporting activities seems usually good for young people.

Educational programs about the bad effects of petrol sniffing and drinking among young Aborigines have sometimes used "keeping up the side" as an effective message.

Some communities also give young people access to recreational facilities as a "reward" for being drug free.

Sport and recreation can give petrol sniffers and drinkers something else to do in a group.

In Arnhem Land, large numbers of young people were attracted to a Christian revival which had people do dance-type movements to modern spiritual rock music in large groups. This activity took many young people away from sniffing groups.

Again, remote communities usually have fewer facilities and resources and less equipment for sport and recreation than are available in cities and towns. Obtaining funds is also harder. The YMCA no longer provides workers to Aboriginal communities; State or Territory departments have taken over this role.

On the other hand, the fact that remote communities are far away from anywhere else may make sport and recreation even more popular than in cities and towns where there are other things to do.

In the Northern Territory, 16 communities have Aboriginal recreation officers funded by government. All but one of these workers are male, which means girls often are left out of activities. There is no real training for these workers, and supervising their activities is difficult.

In Central Australia, several quite large communities have no youth worker or recreation officer. Teachers and community advisers who are already overworked don't want to supervise out-of-school activities as well.

In some communities, facilities are available for youth activities but adults control how community funds are spent and how community resources are used. These adults usually don't think much about what young people need – even though in some communities over half the population is under 19 years old.

In other communities where Christian beliefs are very strong, people sometimes won't allow public or church-owned buildings to be used for young people's activities such as roller-skating, play or band practice.

Rural towns sometimes have no facilities for Aboriginal youth. Broome is an exception.

Broome has an active Police Youth and Citizens Club which is well-equipped with indoor sports, an oval, gym shed, roller skating rink, a canteen (for blue light discos), BBQ, pool and ablution blocks. A committee of 15, four of whom are Aboriginal people, run the PYCC.

Broome also has a drop-in centre used by Aboriginal children and teenagers, run by the Broome Youth Support Group. The centre is a tin shed where youngsters can listen to rock music, play pool and table tennis, and watch videos. The centre runs on a small budget. The building and most of the equipment were donated or purchased second-hand.

Broome also has five Aboriginal rock bands and many other performing musicians. A keen interest in Aboriginal rock music is supported by the Broome Musicians Aboriginal Corporation, which organises voice and music recording workshops and alcohol-free family concerts.

SOMETHING TO THINK ABOUT

- Support should be ongoing for locally run, low-profile drop-in centres, youth groups and youth health services for Aborigines in cities and country towns.
- Adults in remote communities should be made aware of the need of young people for facilities, recreational hardware and staff support.
- Church groups and Christian movements should be encouraged to give up hard-line fundamentalist approaches which alienate young Aboriginal people and discriminate against their interests in rock music, local bands and discos.
- Young Aborigines should be involved and represented in formal and informal bodies where possible. In some communities, the formation of Youth Councils might given young people a voice in some matters.

11 Hope for the future

IN MANY ways young Aboriginal people are no different from young people in the rest of the population.

They are quickly obsessed with the ideas and activities of their friends and other young people their age, learn from the mass media, and are trying to establish their identities as adults. Health is not very important to them, and taking risks is normal.

Aboriginal young people may face many stresses which are part of Aboriginal life and can affect their health.

Still, young people are the healthiest of the age groups among the Aboriginal population. But although disease affects relatively few, violence, accidents and poisonings are the leading causes of illness and death.

In general, the widespread popularity of rock music and the increasing availability of Aboriginal-made music should be used to spread health messages. While there is no hard evidence that the words of songs change the way people act, they obviously are a better way to reach the young than formal workshops or written material.

These messages may be reinforced with low-key work by trained field workers. In the case of AIDS and other STDs, giving away condoms free may help prevent infection.

Drop-in centres which can provide some health advice or treatment are urgently needed for Aboriginal young people, particularly in cities.

Where special centres exist for Aboriginal youth in cities and towns, many are threatened with "mainstreaming" – becoming part of the general system of services for everyone. And Aboriginal young people may not use mainstream services.

It is hard to see how health agencies can attract more teenagers, particularly boys, who ask for medical help only if there is no way out of it.

But while many young Aboriginal people are under terrible stress from many things, both within their own families and communities and the from the wider society, there is some hope for the future.

An important overseas study has shown that "high risk" children – children who experience many social stresses and have poor health – can still live happy lives as adults.

The study, in Hawaii, followed nearly 700 people for 30 years. It found that even though "high risk" young people came from poor families with alcoholic or mentally disturbed parents and lots of fighting, and some young women had babies very young, many still developed healthy personalities, stable careers and strong relationships with other people.

Some "Protective Factors"* that help young people to get through stress

Having special hobbies or interests they can share with friends

Living in families with four or fewer children

Establishing a close bond with at least one caregiver

Structure and rules in the household

Emotional support beyond their immediate family (including neighbours, friends, elders, school, church groups or youth groups)

* These factors were identified in the Hawaii study.

Some factors in the children themselves, in their families and in their wider social networks helped to "protect" the children.

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Most importantly, these children relied more on informal sources of support – their friends and relatives – than on mental health professionals and social service agencies.

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The study indicates that stressful living conditions and other risk factors do not always result in a person adjusting poorly to life. It also suggests that something can be done to help children and young people pull through hard times by making stronger those "protective" factors.

SOMETHING TO THINK ABOUT

- Priority support should be given to children who do not appear to have the kinds of connections to family, friends or community that might help them deal with stress.
  This would include children who have been in hospital for long periods and separated from their families, and those in families where alcohol abuse causes serious problems.
- There should be particular support for children of very young mothers, and for the mothers themselves when there appear to be insufficient or over-stretched caregivers such as grandmothers.

12 Things that get in the way of fixing problems

THERE is no clear process in Australia for identifying Aboriginal children and young people who are particularly at risk, and who don't have the protective factors that will help them to overcome the stresses of their environment.

Even if such children were identified at an early age, providing appropriate support services is made very hard for a number of reasons. These include:

- inconsistent funding arrangements; (government only funding things for a short time, cutting back funds, or stopping funding all at once)
- Federal and State governments fighting over who is responsible for providing services and who has to pay for things;
- arguments that say services for Aboriginal people should be part of services for everyone – or "mainstreamed";
- insufficient sensitivity to Aboriginal ways of doing things; (it is also very important for Aboriginal people to be involved in the planning and control of services)
- distance and isolation, which make the other difficulties worse.

As usual, it seems, the "Aboriginal community" will be forced to bring together its own resources and networks to overcome the problems loaded onto Aboriginal young people by childhood ill health, parental unemployment, family fighting, and society's low regard for them.

That's not good enough. It is hoped that the ideas in this report will help governments to understand better the social and cultural issues involved in the health of Aboriginal young people and that officials will be encouraged to make the changes necessary to improve health.