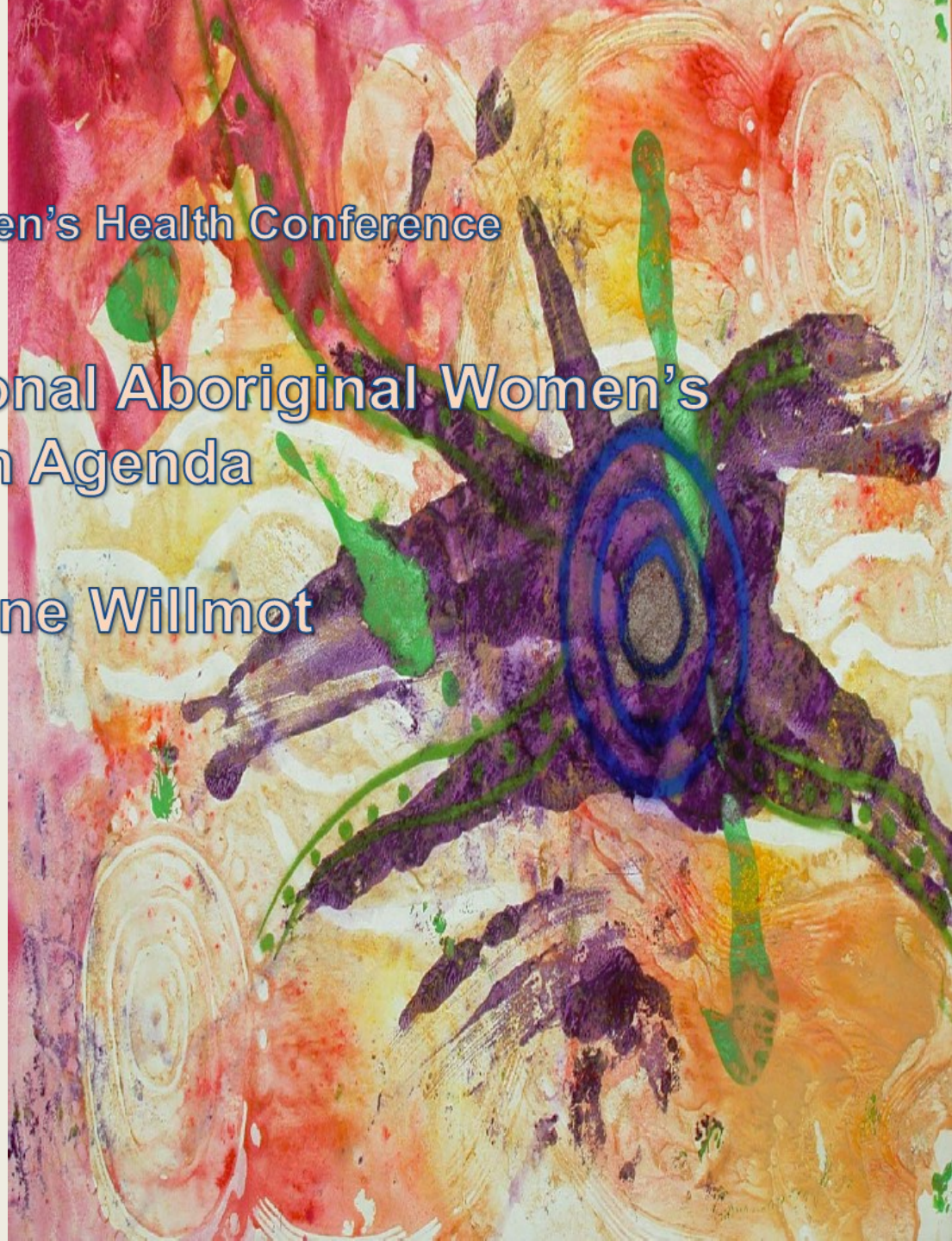


6<sup>th</sup> Australian Women's Health Conference

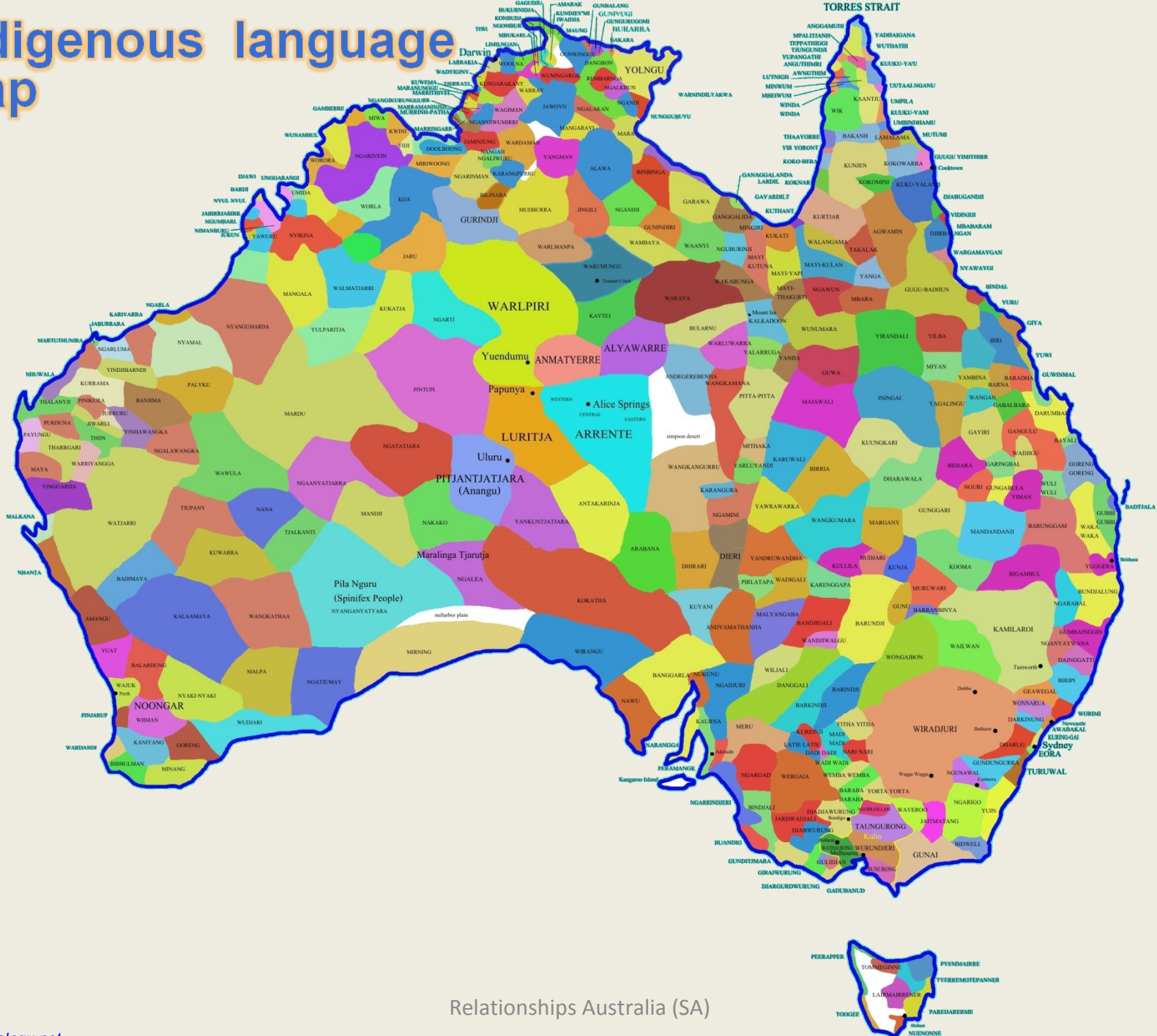
# Progressing the National Aboriginal Women's Health Agenda

by Joanne Willmot

- AN OVERVIEW -



# Indigenous language map



Relationships Australia (SA)

Source: [www.yolngu.net](http://www.yolngu.net)




# Spirit of the Land

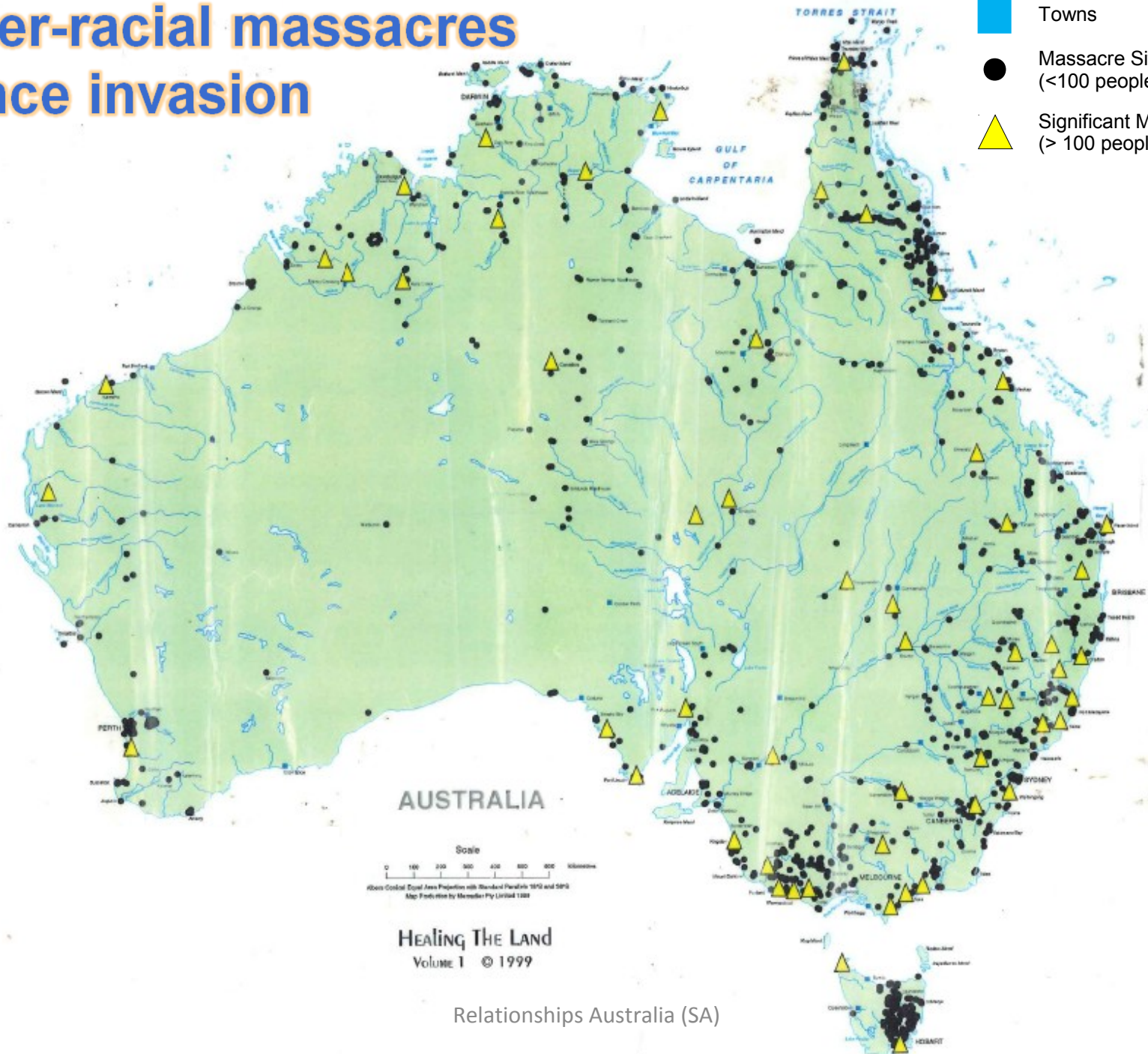
- Having a sense of Place, belonging to the Land, not owning it, reading, listening and interpreting the stars, the moon, the sun, the animals and the wind, hearing and feeling what was around and how to sense the changes to the Landscape and all that belongs to it. This sense of belonging created a connection which fundamentally shaped Aboriginal Law: our behaviors, our relationships, our practices, and our way of Life.

# Learning Practices

- This deep sense of knowing and belonging created a Holistic system of Health and Well-Being, for the generations of Aboriginal people who were at one with the Land and were Custodians of the Rituals and Ceremonies, which was the means for this ongoing teaching of this knowledge and wisdom.
- These practices were regularly performed, as they are an important reminder of our Ethical obligations and duty of care.

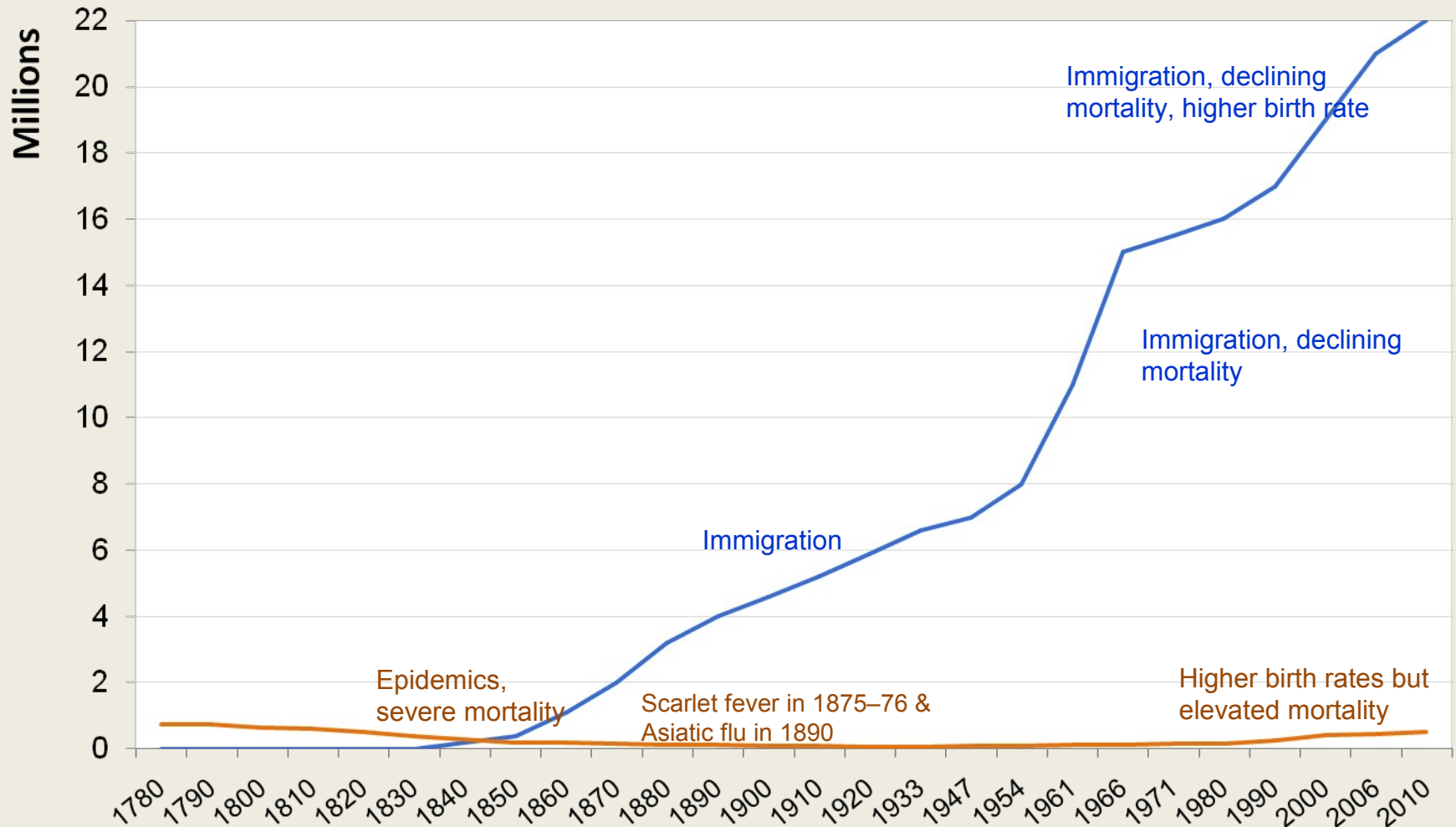
# Inter-racial massacres since invasion

-  Towns
-  Massacre Sites (<100 people killed)
-  Significant Massacre Sites (> 100 people killed)



# Relative changes in population 1778 - 2010

— Non-indigenous population — Indigenous population



Sources: ABS, Smith, L.R.; 1980, Butlin; 1983)

# Women's Health

Indigenous women are more likely than non-Indigenous women to be unemployed, to have carer responsibilities for children other than their own (*Aboriginal and Torres Strait Islander Social Justice Commissioner, 2004*). And they are also more likely to be a victim of violence and to live in communities where violence is prevalent.

## HEALTH STATUS

□ In 2004-05, 39% of Aboriginal and Torres Strait Islander women aged 18 years and over reported their health as excellent or very good and 26% reported their health as fair or poor. This compared with 41% and 21% respectively for Indigenous men (*Thomson, 2006*).

***After adjusting for the differences in age structure between the Indigenous and non-Indigenous populations, Indigenous women were twice as likely as non-Indigenous women to report fair/poor health.***

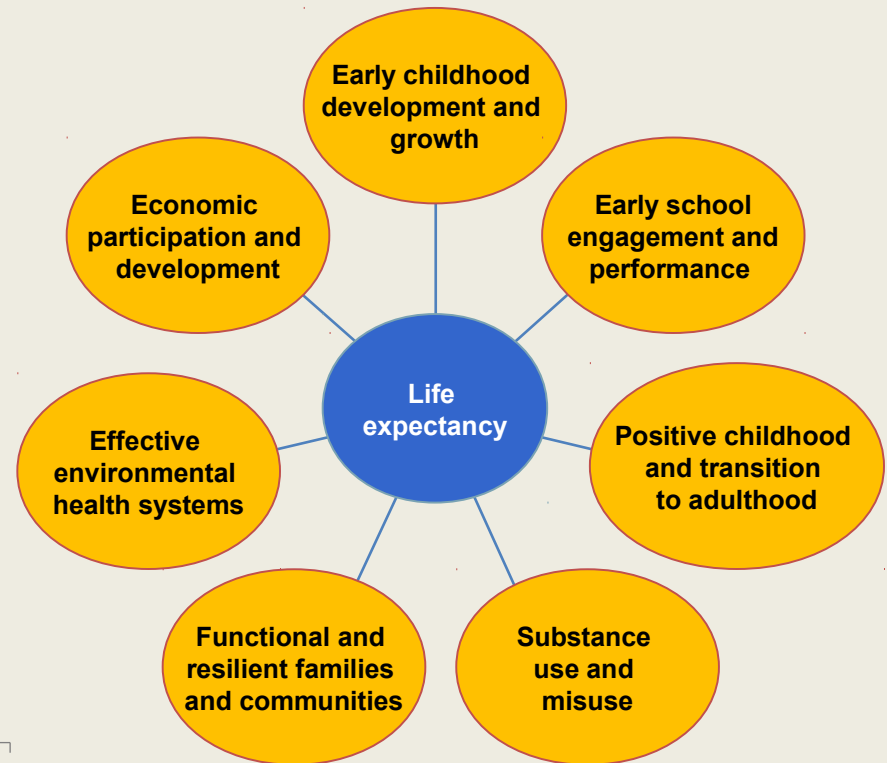
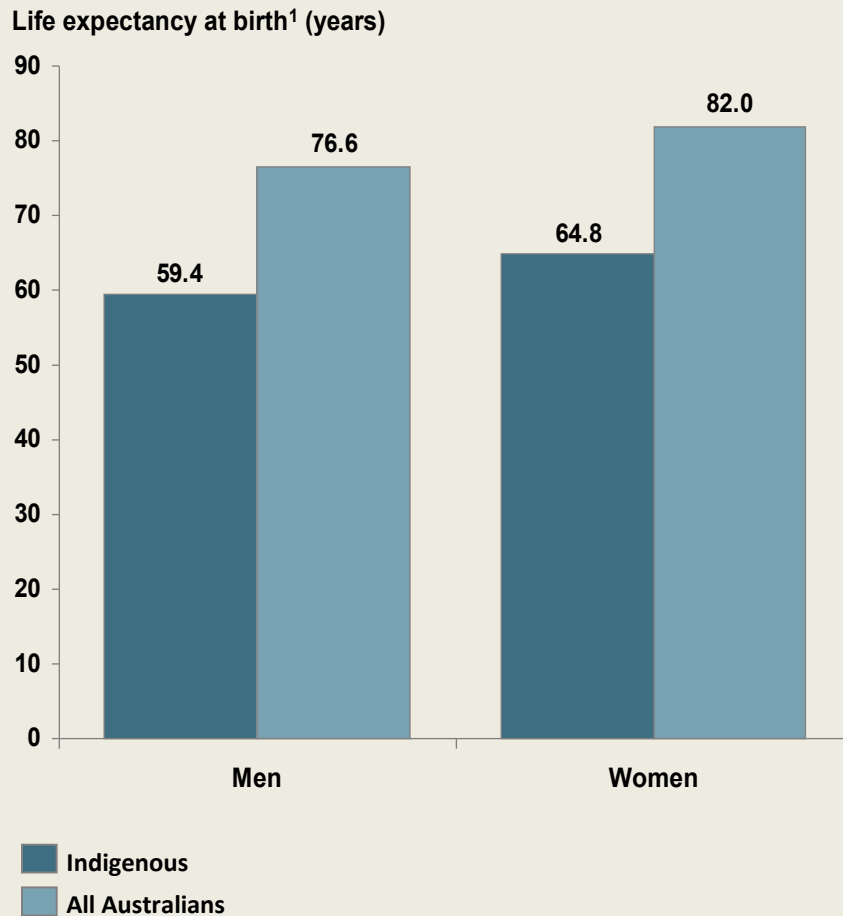
## LONG-TERM HEALTH CONDITIONS

□ In 2004-05, 85% of Indigenous women aged 18 years and over reported at least one long-term health condition, compared with 77% of Indigenous men (*Thomson, 2006*). The prevalence of multiple conditions was also higher among Indigenous women, with 68% reporting two or more long-term conditions compared with 58% of Indigenous men.

□ The most common types of health conditions reported by Indigenous women in 2004-05 were eye/sight problems (54%), back pain/symptoms (23%), heart/circulatory diseases (23%) and asthma (22%).

***After adjusting for age differences between the two populations, Indigenous women were more than 10 times as likely as non-Indigenous women to have kidney disease; more than four times as likely to have diabetes/high sugar levels; and nearly twice as likely to have asthma.***

# The Indigenous population faces a 17 year life expectancy gap; action is required across a wide range of social issues

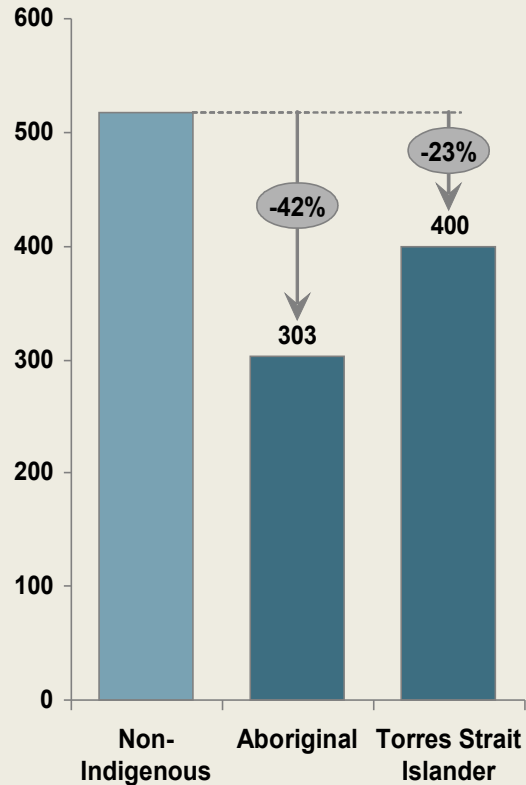


Source: ABS 4704.0, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*; ABS, *Census Tables*; Productivity Commission, *Overcoming Indigenous Disadvantage 2007 "Strategic areas for action"*, ref. *Australia 2020 Summit, the future of Indigenous Australia*; 2008

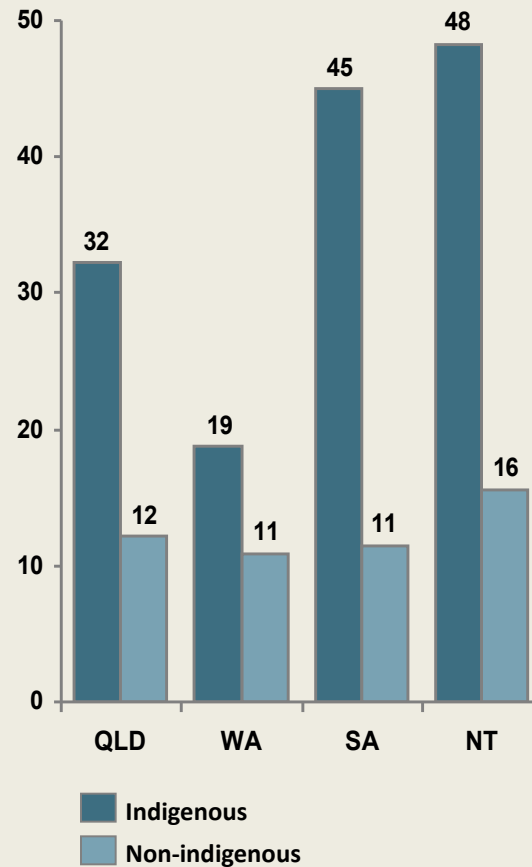


# Indicators of disadvantage are severe across all Indigenous populations

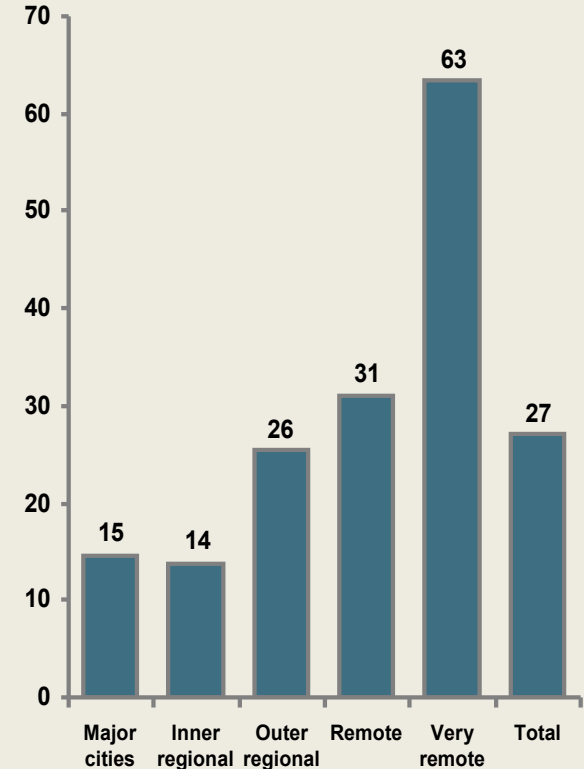
Median individual income - people aged 18 or over: 2004-05 (\$/week)



Intentional self-harm (suicide) deaths per 100,000 population<sup>1</sup>: 2001-05 (number)



Proportion of Indigenous population living in overcrowded households<sup>2</sup>: 2004-05 (%)

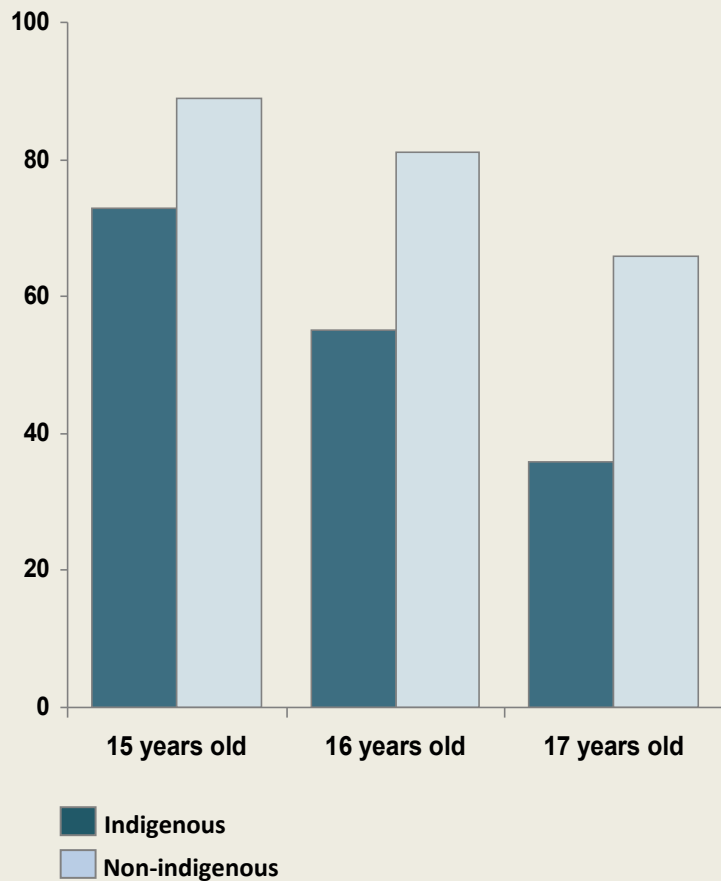


1. Age standardised 2. Based on the Canadian National Occupancy Standard for housing appropriateness

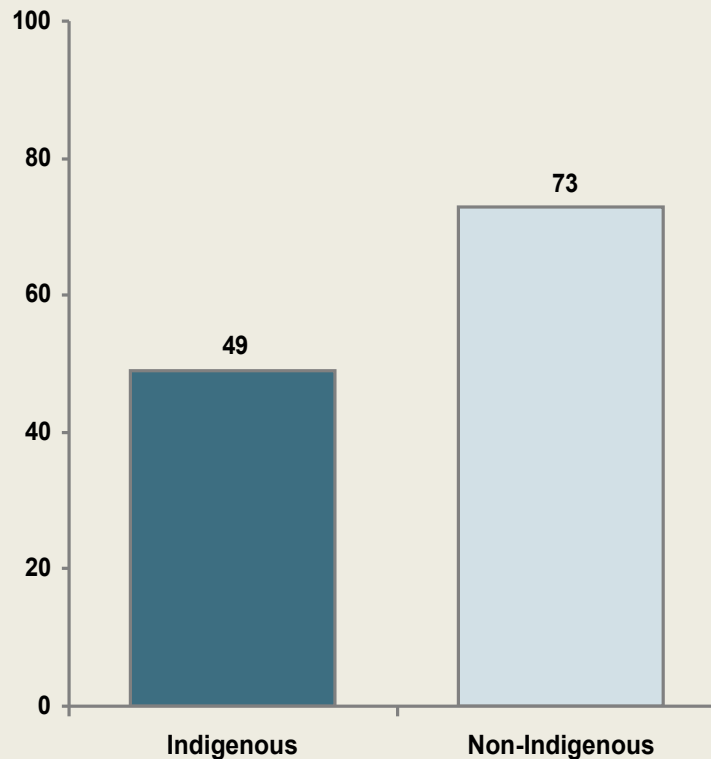
Source: Productivity Commission, *Overcoming Indigenous Disadvantage 2007*, ref. *Australia 2020 Summit, the future of Indigenous Australia*; 2008

# Education outcomes in particular differ significantly between Indigenous and non-Indigenous students

Australian secondary school attendance by age: 2006 (%)



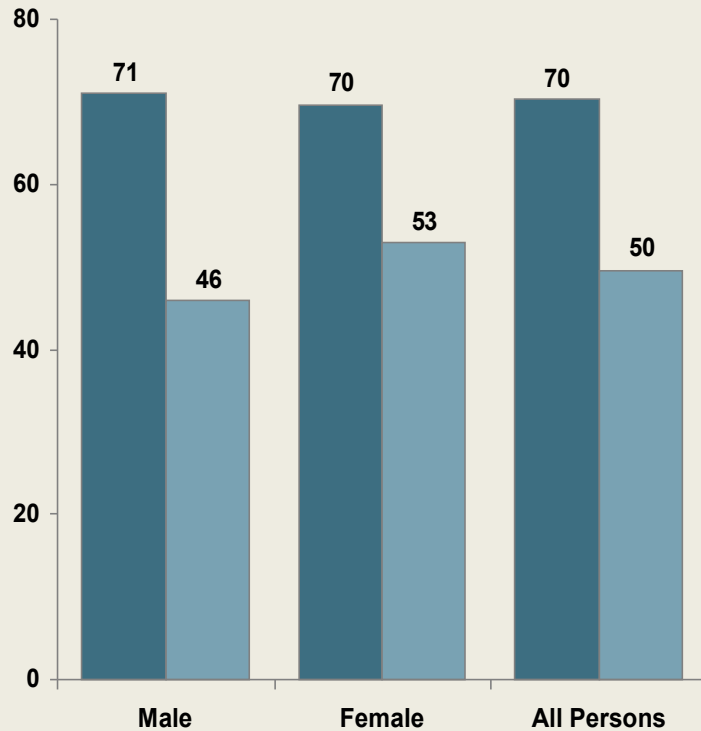
Secondary school retention rates between ages 15 and 17: 2006 (%)



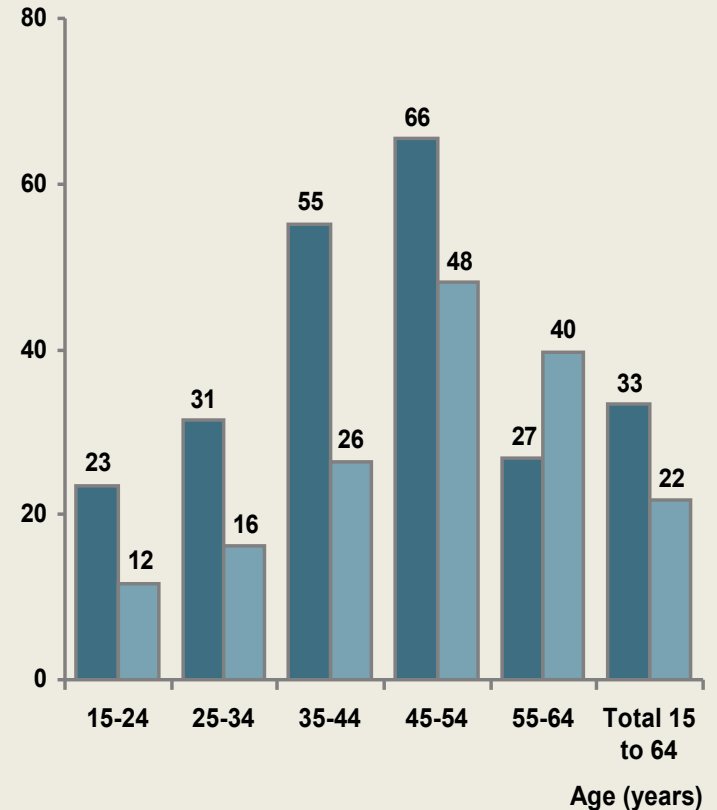
Source: ABS 4713.0, *Population Characteristics, Aboriginal and Torres Strait Islander Australians (2008)*, ref. *Australia 2020 Summit, the future of Indigenous Australia; 2008*

# Disadvantage carries into Indigenous peoples' working lives

Proportion of population with no post-school qualification – people aged 15 to 24 years<sup>1</sup>: 2004-05 (%)



Long term unemployment – people aged 15 to 64 years: 2004-05 (%)



Indigenous  
 Non-Indigenous

1. Includes 23,200 Indigenous people aged 15-24 years (25.2%) who were still at school and 689,400 non-indigenous people aged 15-24 years (26.2%) who were still at school  
 Source: Productivity Commission, *Overcoming Indigenous Disadvantage (2007)*, ref. *Australia 2020 Summit, the future of Indigenous Australia*; 2008

# Ancient Universities Destroyed

- The wisdom of the Old people, the lessons learnt from the ancestors and the teaching from the Land were not comprehensible to the invaders.
- And today, the ancient Aboriginal Universities continue to be trodden on, unacknowledged and not valued.

# Collective Trauma

- Research tells us that collective trauma affects not only personal lives but also communal structures. The very fabric of community life is undermined; the ability to find place and meaning is eroded. There is enormous loss of all that sustains a sense of belonging. What has been called an 'existential confusion' occurs, where basic assumptions about previous moral and ethical 'givens' are questioned. The community's ability to heal itself is hugely compromised.

# Denial of Participation

- Judith Raftery (2006) argues that public policy for Aboriginal people in South Australia has not only disadvantaged Aboriginal people, but it has demarcated Aboriginal people firmly as the “Other” - as “Not even part of the Public”.

# Spirit of Well-Being

- The problems of Aboriginal Health and dis-ease in western terms are framed as economic, physical or social. Aboriginal Health needs to be understood as holistic, which embraces the Spirit, connection to country and participating in the Practices of Law and Duty of Care.

# Health Making

- The time and the space for these teachings and practices have to be allowed into the process of Health - Making. Aboriginal people need to be allowed to make their contemporary relationships with the ancestors and the Lands. We need to be allowed to attend our Ancient Universities.



# Learning Blackfulla Way

- Time to genuinely learn about Aboriginal Culture that starts with the acknowledgement and recognition of the devastation perpetrated, requires conscious learning and listening, and action.
- Doing it “whitefella” way has not worked, doing it “blackfulla” way needs to be given more space and time.

# The Spirit of the Land

- The spirit of the Land needs to flow through our working partnership and the implementation of the work. This spirit needs to replace the arrogance of conquest and domination; to replace the centering of western experts and the sense of white fellas being a superior civilisation that must 'educate' us.
- No amount of strategic plans, key performance indicators or white fella training can connect us to this spirit of place.

- To the Ancestors and the Land, I honor you and walk in silence with respect.
- Thank you for listening