



**THE UNIVERSITY OF MELBOURNE**

Falling between the Gaps: An Overview of Issues for Aboriginal and Torres Strait Islander Women who want to be sexually healthy.

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**THE UNIVERSITY OF MELBOURNE** Overview of Presentation:

- Definitions of Health and wellbeing used in this presentation
- The Gap – An Australian Context
- Equity for Aboriginal and Torres Strait Islander women
- Social Standing and Vulnerability
- Challenges for Service Delivery
- Generational Equity Gains – what we need to do.

**THE UNIVERSITY OF MELBOURNE** Holistic Health

#### Definition in this presentation:

“Aboriginal health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community.

**THE UNIVERSITY OF MELBOURNE** Sexually Healthy means Exercising:

#### Personal Rights and Responsibilities to:

- Enjoy and control sexual and reproductive behaviour in line with cultural values, kinship practices and ethics.
- Freedom from fear, shame, guilt and myths about choice of sexuality and sexual relationships.
- Freedom from diseases that are treatable or preventable or both.
- contribute to the enjoyment of life.
- Inception point for the next generation.

**THE UNIVERSITY OF MELBOURNE** The Gaps – what does this mean for Australia’s First Peoples?

*“The gap between the numbers of our people who live and the number who should be alive is one measure of the inequality we have endured. The gap between the numbers living a healthy, socially-functional life and those living a life of pain, humiliation and dysfunction is another measure. They are both measures of our loss of elementary human rights.*

*There should be no mistake that the state of Indigenous health in this country is an abuse of human rights. A decent standard of health and life expectancy equivalent to other Australians is not a favour asked by our peoples. It is our right - simply because we too are human.”*

Aboriginal and Torres Strait Islander Social Justice Commissioner, Social Justice Report - 2nd report, 1994, Australian Government Publishing Services (AGPS), Canberra.

**THE UNIVERSITY OF MELBOURNE** Framing Equity in Australia

#### Framing Equity in Australia

- Wealthy nation – we can solve a health crisis affecting less than 3% of its population.
- Implementation of human rights – need implementation of universally agreed solutions.
- Equitable standards of PHC and health infrastructure, addressing specific disease and social determinants and position of First peoples in Australian society.



THE UNIVERSITY OF MELBOURNE Changing Parameters of Indigenous Affairs

- **Prime Minister of Indigenous Affairs:**
  - IAS \$4.9 billion investment in 3 priority areas: getting children to school, adults to work and making communities safer of which 45% has gone to Indigenous organisations.
- **Prime Minister for Women:**
  - improving gender equality and support for women’s economic empowerment, safety and leadership; and other initiatives such as (but not limited to) supporting and representing Australian women’s voices on a global level.

**No Aboriginal and Torres Strait Islander Health Plan – 2015  
No National Women’s Health Plan 2015**

- The goal of policy is to improve the health and well-being of all women in Australia, with a focus on those most at risk, and to encourage health and other systems to be more responsive to the needs of women.
- Despite our best efforts – we are failing to appropriately support Aboriginal and Torres Strait Islander women in achieving their health and wellbeing.

**Aboriginal women on welfare are being used as "cash cows" by having children for government payouts: former QLD Labor MP Gary Johns.**



**Adam Goodes, Racism on the Football field and Stan Grant’s response, national debate about whether what happened was racist.**



**Noel Pearson and Pat Dodson ‘Unsupported’ to consult with communities on Constitutional Reform. “Formulate a list of unreasonable demands...”**



**‘Forced Closures’, ‘Lifestyle Choices’, IAS Funding Strategy, ‘Recognise Campaign’, Deficit language, reinforcing particular views of communities...**



THE UNIVERSITY OF MELBOURNE Sir Michael Marmot

*“Changing the marginal position in society of Aboriginal and Torres Strait Islanders people will need an approach that takes in the whole of life, starting with women of child bearing age, focusing on the care of infants and young children and proceeding through the life course...”*

Marmot, M., *Status Syndrome - How your social standing directly affects your health and life expectancy*, Bloomsbury, London & Henry Holt, New York, 2004.

THE UNIVERSITY OF MELBOURNE Additions to Michael Marmot Statement

*“Changing the marginal position in society of Aboriginal and Torres Strait Islanders people is not only the job of Aboriginal and Torres Strait Islander peoples but for all Australians. We need same opportunity without being made the same. We will need an approach that strengthens culture and takes in the whole of life, starting with women of child bearing age and their partners, extended family, and communities, focusing on the care of infants and young children and proceeding through the life course...”*

THE UNIVERSITY OF MELBOURNE Increasing numbers of Women Achievers





### Who are our Vulnerable Women: Why are they falling through the Gaps?

- Neo Liberalism discourse: **Women are sexualised and racialised as 'the Other'** in modern Australian Society.
- Seen as '**vectors of disease**' or '**vehicles for health gain**', particularly through pregnancy. Women are punished or rewarded according to these views.
- Affected by policy initiatives: **vulnerable women make decisions that perpetuate their experience of being at risk**: S&RH, Adolescents.
- **Caring for children with chronic diseases** evident in first years of life – **already stigmatised**. Eg. 'Failure to Thrive'.
- Increase in number of **young women in prison populations** – substance misuse, violence.
- Increasingly **suffering from male perpetrated domestic violence, and child removals**.
- Affected by **mental health and other issues**.



### Being Sexually Healthy: Being in Control

- Young Men and Women parent the next generation and are important implementers of equity gain in families in the next decade.
- Biggest contributor to our children in out of home care in Victoria is family violence. (Commissioner for Aboriginal Children)
- Both men and women will be thrust into parenthood without the knowledge, skills or support they need.
- Need new approach to adolescents, and to adolescence: adolescent health, preventing adolescent pregnancies, promotion of birth spacing, sexual health, reproductive planning and personal development programs.



### Support Uptake: Roles and Responsibilities

- Surveys – understand who they are, aspirations and work toward achieving those.
- Football and Netball – Clubs are important sources of social and peer support.
- Education – educational services delivered in a variety of settings to promote and achieve equity.
- Innovative service delivery – instant gratification.
- Peer led initiatives – build capacity for equity gain in our society over next decade.
- Relationships education and support.
- Home based visits and parenting information.
- Managing debt during this phase of life .



### Aboriginal and Torres Strait Islander adolescent women are:

#### More Likely To:

Suffer ill health  
Develop mental illness  
Self harm  
Experience stress – racism and prejudice  
Have risky or unhealthy behaviours  
Misuse substances  
Be inactive  
Have poor diet

#### Less Likely to:

- Have access to education beyond year 10, or employment opportunities in their community
- Have access to safe housing
- Have access to safe sex supplies or contraception
- Access health services during their adolescence than at other times in their lives.



### Challenges: Health and Well Being of Indigenous Women

- Address Family Violence
  - Need relationship information and support for young people (intensification of relationships).
  - Stop adolescent young men attacking their mothers to break the pattern of resorting to violence.
  - Address ICE use in communities (major drug contributing to FV)
  - Provide re-housing after experience of FV
  - Address FV in discharge summaries from institutions (maternity services, prisons, alcohol rehabs)
  - Build capacity for mandatory reporting – children's safety comes first.



### Generational equity gains: Where and how do we intervene?

- Find our elite and build them up.
  - Lots of our elites are 'coasting' through at the moment, need to encourage them to take up educational and other opportunities to be excellent.
  - Support the parents of these elite children.
  - Create pathways and build capacity for resourcefulness and happiness.
  - Facilitate transitions: social class,
  - Build new protective factors around them – mitigate against lateral and other forms of violence, create opportunities and prosperity.



#### Generational equity gains: Where and how do we intervene?

- Address hyperendemic STIs and BBV through innovative engagement and capacity building practices led by and for adolescents.
  - PHC locals of innovative practice
  - New technologies for diagnosis
  - New treatments
  - Opportunistic and Universal service delivery
  - Build capacity of new generation of researchers, political advocates and service deliverers.



#### Generational equity gains: Where and how do we intervene?

- Build capacity for parenthood
  - How to have planned pregnancies.
  - Community support for new parents.
  - Information on what occurs during pregnancy and how they can support their families from the get go.
  - Recognise increase in number of young fathers attending antenatal classes, births and accessing paternity leave.
  - Identify stressors in young person's life and how these will be impacted on during pregnancy and early life of their child.
  - Ensure services document the Aboriginality of mother and father.
  - Ensure young men have people to talk to about sexual and reproductive healthcare.