



**Working with Aboriginal and Torres Strait Islander Women and Families - A practical guide for Health Professionals**

### **Background History**

Indigenous people make up approximately 2% of the Australian population. The number of Aboriginal people has changed since colonisation due to the removal of Indigenous people from traditional lands, loss of culture, language and traditional way of life.

The breaking down of Aboriginal and Torres Strait Islander communities through European colonisation, past government child removal practices and the establishment of missions has caused enormous problems for many Indigenous Australians, impacting their psychological, spiritual, physical, social, cultural, economic, and emotional health. This has led to such problems as drug and alcohol abuse and domestic violence. These problems also greatly affected the passing of cultural knowledge from one generation to the next.

### **Identity**

The general definition of an Aboriginal Australian is someone who is a descendent of an Aboriginal Australian, who identifies as Aboriginal, and who is recognised as Aboriginal by members of their community.

Australia has two Aboriginal cultures as part of its national heritage: Aboriginal and Torres Strait Islander.

The Aboriginal community is very diverse. It is not appropriate to attempt to identify Aboriginal people by appearance. Aboriginal people should never be referred to as “half caste,” “quarter caste,” etc.

### **The State of Aboriginal Health**

Burden of disease is two and a half times greater for Aboriginal people than other Australians. Life expectancy is 17 years lower.

- Aboriginal Women are four times more likely than Australian women to die before the age of 60.
- Aboriginal men are three times more likely.
- Aboriginal children are three times more likely to die before reaching age 15.

Closing the Gap is a National priority and responsibility of all.

(<http://www.socialinclusion.gov.au/Initiatives/Pages/closingthegap.aspx>).

### **Aboriginal and Torres Strait Islanders accessing hospital Emergency departments**

Historically hospitals have not been a place where Aboriginal people felt comfortable accessing. Many reasons account for this including a deep feeling of mis-trust of mainstream services and authorities due to the past Government child removal policies.

Clear explanation of procedures is therefore especially important. This includes explaining the triage process and waiting times, explaining acronyms and what may happen next.

### **Women's and Men's Business**

The Aboriginal community has Women's and Men's business. Staff should be aware that women may feel uncomfortable with a male health practitioner. Whilst choice of the gender of the health practitioner is not always possible in hospital settings, practitioners should be aware of the impact on the woman and work with them to minimise the discomfort.

## **Aboriginal and Torres Strait Islander women, pregnancy and birthing**

For Aboriginal women, pregnancy and birthing is an important part of life, family and kinship, as is the cycle of life, death and connection to country. Almost all Victorian Aboriginal women have their babies in public hospitals.

Aboriginal women have a poor history of antenatal attendance during pregnancy due to lack of culturally appropriate services, and fear and mistrust of white institutions such as hospitals.

With the negative feeling around hospitals stemming from past history and trans-generational trauma, hospital, to Aboriginal women is not always seen as a place to go to for care for something as natural as a pregnancy. Many Victorian hospitals compliance with and the participation in the governments past Aboriginal child removal policies provides ample explanation as to why hospitals for many Aboriginal women are often perceived as places of illness, death and grief rather than of healing. Pregnancy is not an illness; therefore some Aboriginal women may not feel comfortable attending hospital appointments at a hospital.

There is evidence to suggest that the health of Aboriginal mothers and babies is compromised due to the lack of accessible, culturally appropriate services. Aboriginal mothers are less likely to access antenatal education, are more likely to access antenatal care at a later stage of pregnancy and are more likely to have a premature and/or a baby of low birth weight.

Aboriginal women in Victoria give birth at a younger age than non-Aboriginal women, almost half of Victorian Aboriginal mothers are aged less than 25 years (46%), compared to only 14% of non-Aboriginal mothers.<sup>1</sup> Aboriginal women have larger families compared with non-Aboriginal women.

The perinatal mortality rate reported by PDCU in 2006 is higher for Aboriginal than non-Aboriginal babies. While the rate of stillbirths is lower, the Aboriginal rate of neonatal death continues to be high. A higher rate of prenatal and infant death contributes to lower overall life expectancy.<sup>2</sup>

### **Important points for consideration when treating Aboriginal women**

- Have you offered a referral to the Aboriginal Women's Health Business Unit?
- Understand past history and its impact on accessing health care
- Respect for culture and individuality
- Take time to gain trust and establish rapport
- Understand the diversity of the community, no 'one size fits all'
- Understanding of family commitments and the role of family and extended family in women's lives
- Consider the implications for further health care access of limited resources, i.e. women may attend emergency and not attend antenatal care appointments until time of delivery due to family commitments
- Take the time to address social needs if any and refer with the woman's consent to Women's Social Support Services
- Aboriginal services in the community to refer to or provide secondary consultation.

### **Further Information**

Victorian Government Health Information, Emergency department factsheets

[www.health.vic.gov.au/edfactsheets](http://www.health.vic.gov.au/edfactsheets)

Australian Indigenous Health/*info*Net

<http://www.healthinfonet.ecu.edu.au/>

Aboriginal and Islander Health Worker Journal

<http://www.aihwj.com.au/>

Onemda VicHealth Koori Health Unit

[www.onemda.unimelb.edu.au/](http://www.onemda.unimelb.edu.au/)

Improving Care for Aboriginal and Torres Strait Islander Patients

<http://www.health.vic.gov.au/koori/icap>

---

<sup>1</sup> Koori Health Counts!, 2006/07, *Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Program*, p48.

<sup>2</sup> Koori Health Counts!, 2006/07, *Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Program*, p59.