Review Article

Acculturation: Aboriginal and Torres Strait Islander nutrition

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The health status of Australia's indigenous people remains the worst of any subgroup within the population, and there is little evidence of any significant improvement over the past two decades, a situation unprecedented on a world scale. Compared with non-indigenous Australians, adult life expectancy is reduced by 15–20 years, with twice the rates of mortality from heart disease, 17 times the death rate from diabetes and 10 times the deaths from pneumonia. Despite improvements in perinatal mortality, they continue to represent a major cause of death, with infant deaths up to 2.5 times higher than the general population. The problems of educational disadvantage and unemployment are reflected in twice the rates of smoking and high obesity levels. Seven percent of indigenous families are homeless, with many more in inadequate and overcrowded housing, sometimes lacking water or sewerage. Economic disadvantage is real: 23% worry about going without food. Nutritional deficiencies in children have resulted in failure to thrive, contributing greatly to the problems of pneumonia and infectious diseases. The remoteness and isolation of many Aboriginal communities limit education and employment opportunities. It is important to consider the historical context of Aboriginal and Torres Strait Islander people, in order to gain an understanding of current health problems. The impact of past policies and practices and the 'introduced diet' are reflected in the poor health outcomes described above. This session will explore some of the underlying historical, cultural, structural and political factors that can be linked to the current problems.

Key words: Health policy, indigenous, nutrition, risk factors, traditional diet.

Introduction

The following paper is a transcribed version of the presentation given by Associate Professor Cindy Shannon at the 2nd Sanitarium International Nutrition Symposium in April 2002.

Some statistical and historical information relating to indigenous Australian and Torres Strait Islander people can be found in Appendix I of this paper.

The transcribed presentation begins with Associate Professor Shannon discussing significant periods in the history of Australia's indigenous population:

- Era of European settlement (1790–1990s);
- Era of separation and protection (1890s–1940s);
- Era of assimilation (1940s–1950s);
- Era of self-management and self determination.

There are a number of significant periods which will be briefly discussed. During the period of European settlement from1790–1880 the indigenous population was greatly reduced, largely due to the impact of infectious diseases and also through the retaliation to white settlement and massacres and poisoning. This led to the era of separation and protection where the governments introduced legislation and policy of separation and protection of indigenous people and forced removal on to a number of reserves and missions. The thinking of the day was that indigenous people were a dying race and that by separating them on the reserves and missions

and giving them a few comforts they would eventually die out and it was actually known as the policy of 'smoothing the dying pillow'. It is regarded as a period during which there was a lot of control and institutionalization of indigenous people, it was very heavily influenced by churches and some of the communities were set up as church missions. I think that indigenous people became more passive: the resistance we saw in the previous era wasn't there and a great deal of culture was lost and dispersed so groups who traditionally wouldn't have interacted were then forced onto bounded locations.

Indigenous people weren't dying out, they continued to grow in numbers and during the 1940s–50s we had a policy of assimilation in which I quote 'All Aborigines shall obtain the same manner of living as other Australians, enjoy the same rights and privileges, accept the same responsibilities, observe the same customs and be influenced by the same beliefs, hopes and loyalty' so that from a period of total control it was now simulated into a wider society and I think

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that's when the growing anger and the passive resistance gave way to some pressure groups nationally. In 1967 we saw the referendum which recognized indigenous people as citizens and gave them the right to vote and so on. We have now entered the period of self-management and self-determination for indigenous people.

The traditional diet and lifestyle of Aboriginal people

For the traditional diet and lifestyle of Aboriginal people – hunter-gatherer lifestyle – survival depended upon a quite intimate knowledge of the land, the sources of water and the detailed effects of the seasonal plant cycles and game. The foods that had high fat content were generally an indicator of the quality of meat and some of the marine mammals and witchetty grubs. Their diets were generally low in sugar.

Torres Strait Islander people where traditionally a marine hunting, horticultural and trading society, they required an intimate knowledge of the tides, the feeding patterns and movements of a variety of marine life. They were more reliant on subsistence agriculture. Turtle and dugong occupied a very special place in cultural life and still do today. The impact of the removal of indigenous people onto reserves and missions or decentralizing them to cattle stations (and they made a very big contribution to that in Australia's history) meant that they no longer had the same availability or access to traditional foods. This led to consumption of what I call a transitional diet. They where given rations, which included rice, flour, sugar, tea and to a lesser extent, meat and it was often tenant, salty and high in fat. The communal feeding led to a break down in the pattern of food, security, preparation and also a great loss in knowledge and hand over of that through the generations. There was a lack of infrastructure, such as refrigeration, to provide nutritious and hygienic communal feeding. There have been other changes (not directly dietary ones) associated with the change in lifestyle. Because indigenous people are no longer as physically active securing and preparing food, this has lead to a more sedentary lifestyle. As I've already mentioned, there was the loss of culture and in the last couple of decades the collapse of some of the control structures. Prior to this, the indigenous people's wages were often held in trust accounts and communities. They then entered the cash economy where lacking knowledge and experience, they were able to purchase food. There is a lot today being attempted in terms of budgeting and better financial management. Lastly, the introduction of alcohol into communities again occurred with the collapse of those controlling structures.

In the contemporary diet of indigenous people we see a change from a nutrient-dense diet to a energy-dense diet, high in fat and refined sugars. There has been a lot of work done making the food that's available in the community stores in the remote communities of greater quality, more affordable and of greater nutritional value; however, there are still many problems with the quality and cost for what I would say the lowest socio-economic group in Australia. I also think we don't have a very good understanding of the food security and food supply issues for indigenous people living in urban areas.

Health issues

Some of the health issues which have been linked to nutrition in Aboriginals and Torres Strait Islanders have been listed here. I am sure there are others, but I am not going to be able to talk about all those and so I will just touch on a couple.

On average birthweights for indigenous people are 150–200 g lighter than the total population. As a proportion of births, on average indigenous mothers have low birthweight babies at about twice the rate of the total population.

Diabetes is a significant problem in indigenous communities and a growing one. There have been numerous studies done – overall prevalence of diabetes within communities is between 10 and 30%.

Cardiovascular disease is the leading cause of death in indigenous communities about 3–4 times the rate of non-indigenous communities. This is much higher in the middle age group where it is 10–20 times higher.

Renal disease is an increasing problem, in fact there is a projection that it is going to be increasingly difficult to meet the renal dialysis needs of indigenous people. The rates of age adjusted end stage renal disease (ESRD) are much higher than that of non-indigenous Australians, particularly for those with diabetes. Renal disease has been associated with the direct cause of death in Central Australia in 22% of indigenous people with diabetes.

Risk factors

In addition to the poor nutrition there are a number of risk factors and I think the real issue for indigenous people is that of multiple risk factors.

Studies have been done documenting very high rates of obesity – 75% of women and 51% of men over 35 years are in the high rates of abdominal obesity, and rates of obesity are increasing in children. It is a significant problem in the Torres Strait Islanders. The data from the national Aboriginal and Torres Strait Islander survey which was done in the mid 1990s showed that just under 80% of Torres Strait Islanders living in the Torres Strait, and a similar number living on the mainland, were either overweight or obese. Smoking is another risk factor.

Alcohol consumption is a risk factor and although studies show that indigenous people don't drink as much as what was thought, the patterns of those that do drink put them at risk.

Relative disadvantage

In addition to those sorts of behavioural risk factors mentioned, we cannot look at those without looking at relative disadvantages for indigenous people.

The outstation movement and the return to home lands has had a significant impact too on the infrastructure available for people who are wanting to move back to their home lands. Infrastructure generally in communities has been

upgraded over recent years but there is still a lot of work to be done. The other thing I wanted to mention (someone brought this home to me earlier in the week when we were talking about health promotions and cooking classes, etc.), it is always good to have cooking classes as an incentive, but if people don't have the infrastructure or access to the food to be able to practice the skills that they have gained, then we have got a problem. I think that is true for many people in communities.

Health policy

Lastly I want to talk about the key elements of the indigenous Health Policy nationally. People talk about the need for community participation, community consultation, community control models. I think that it is extremely important, but I think it is also putting an enormous onus on communities to come up with their own solutions and to manage their own problems. I think that is leading to an argument about capacity building and the capacity has to be built within communities, there has got to be skills transfer and infrastructure to support that, so that communities can embrace these problems and respond to them. Intersectoral collaboration is required – we all know that nutrition cannot be solved without a lot of the other problems being solved and only with different sectors working together. We need a skilled indigenous workforce and we need better information.

The key areas for the nutritional policy that I worked on in Queensland for the Aboriginal and Torres Strait Islander people basically had five key action areas as the outcomes:
• empowerment – empowering indigenous people and communities' behavioural changes at various levels;
• the need for a workforce and a trained, skilled, good mix in the workforce;
• food supply issues;
• health promotions/programs, service delivery to communities; and
• nutrition information.

I'll leave you with this quote which was made by a nutritionist, Greg Hallen, working in the Cape district.

'Imagine if one day all over Australia, people walked into their local supermarket and found that the bread, rice and pasta, meat, fruit and veges, and the canned and frozen foods were gone. Instead the supermarket shelves creaked with yams and water lily, stems and panja nuts, native fruits and berries, freshwater turtles, wild goose eggs, echidna and fish wrapped in paperbark ready to cook. How many people would know what to buy, how to prepare it and how to cook it?'

Appendix I

Indigenous and total Australian population statistics

Table A1.   Estimated resident population, June 1996

State/Territory	Indigenous population	% of indigenous population	% of State population
New South Wales	109 925	28.5	1.8
Victoria	22 598	5.9	0.5
Queensland	104 817	27.2	3.1
South Australia	22 051	5.7	1.5
Western Australia	56 051	14.6	3.2
Tasmania	15 322	4.0	3.2
Northern Teritory	51 876	13.4	28.5
Australian Capital Teritory	3 058	0.8	1.0
Australia	386 049	100	2.1

Precontact with Europeans:
• ancient and sophisticated cultures;
• complex languages;
• detailed oral histories;
• respect for Lore and knowledge;
• complex protocols for co-existence between groups and individuals;
• traditional healing practices.

Population estimates:
• accounts range from 300 000 to 1.2 million;
• most reliable estimates believed to be around 750 000;
• by 1933, the Aboriginal population had drastically declined to 73 000.