

Part VI Population groups

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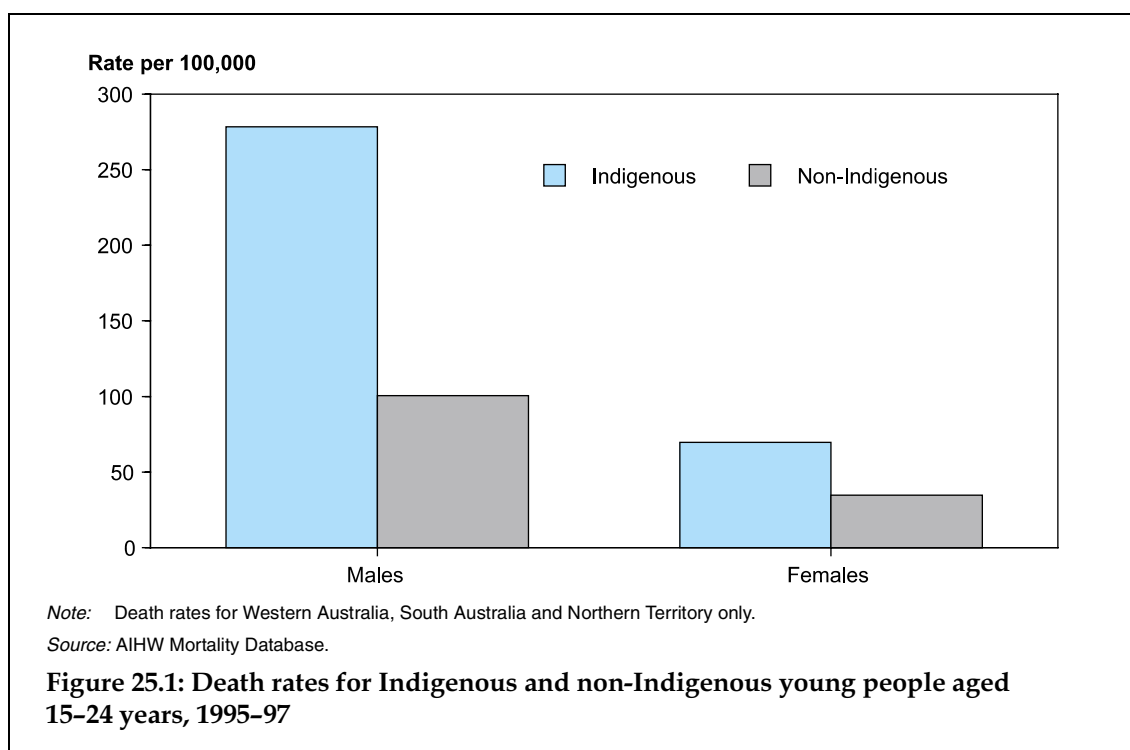
25 Aboriginal and Torres Strait Islander young people

The Aboriginal and Torres Strait Islander population of Australia continues to experience worse health than the rest of the population (AIHW 1998; ABS & AIHW 1999). Due to data limitations, particularly in the identification of Aboriginal and Torres Strait Islander people in official statistics, it is difficult to provide precise data on the level of disadvantage. However, the information available, on death rates and hospitalisation rates in particular, does indicate the extent of the disadvantage. Information from these sources is presented below in relation to Aboriginal and Torres Strait Islander young people.

Mortality

Death rates for Aboriginal and Torres Strait Islander people are higher than for other Australians in all age groups (ABS & AIHW 1999). Depending on the age group, in 1995–97, Aboriginal and Torres Strait Islander males were between 1.3 times (at age 75+) and 6.9 times (at ages 35–44) more likely to die than other males. For females, the differential ranges between 1.3 (age 75+) and 7.8 (ages 35–44).

Data presented below covers the age range 15–24 years. The identification of Indigenous status in the mortality data is believed to be reliable enough to allow adequate estimates in only three jurisdictions – Western Australia, South Australia and the Northern Territory – although there may still be some underestimation of Indigenous deaths in these jurisdictions (ABS & AIHW 1999). These data have been combined to provide a quasi-national picture, and below are compared with other young people from the same States and Territories.



- Death rates for young Indigenous males were 2.8 times higher than for other young males in 1995–97 (278 per 100,000 compared with 101 per 100,000). The differential for young females was smaller, with Indigenous females twice as likely to die than their counterparts (70 per 100,000 compared with 35 per 100,000).
- Within the Aboriginal and Torres Strait Islander population, young males were four times more likely to die than young females in 1995–97. The sex differential in the rest of the population was lower, at 2.9 times.

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Table 25.1: Main causes of death, Indigenous and non-Indigenous young people aged 15–24 years, 1995–97

	Males					Females				
	Indigenous		Non-Indigenous		Rate ratio	Indigenous		Non-Indigenous		Rate ratio
	No.	Rate per 100,000	No.	Rate per 100,000		No.	Rate per 100,000	No.	Rate per 100,000	
All injury	71	182.9	572	78.3	2.3	13	33.5	142	20.6	1.6
Other	37	95.3	163	22.3	4.3	14	36.0	97	14.1	0.4
All causes	108	278.2	735	100.6	2.8	27	69.5	239	34.7	2.0

Source: AIHW Mortality Database.

- Among young Indigenous males, injury accounts for the largest number of deaths, as it also does for young non-Indigenous males. However, the injury death rate for young Indigenous males is 2.3 times higher than for other young males.
- For young females, injury was again the leading cause of death, both within the Indigenous and non-Indigenous communities, but the rate was 1.6 times higher for young Indigenous females.

Morbidity

Hospital statistics are one indicator of the morbidity of a population, albeit a crude one. The shortcomings of such statistics, such as differing treatment patterns and different levels of access to services, are discussed in Chapter 6 and Appendix 3 of this report. In addition, the identification of Indigenous status is known to be understated, rendering the use of these data particularly problematic for examining morbidity levels in this population.

The quality of Indigenous identification in hospital statistics has not yet been assessed nationally, but studies suggest that there is a wide range in the accuracy of the recording of Indigenous status – in one hospital it was as low as 55%. Hospitals located in areas with a high proportion of Indigenous people tended to have more complete identification. For example, in the Northern Territory 93% of Indigenous patients had their status correctly recorded. However, as most hospitals are not located in areas where a high proportion of the population is Indigenous, it is unlikely that the level of completeness found in the Northern Territory will be matched in other areas (ABS & AIHW 1999:108–9).

Since the extent of under-recording of Indigenous status is not known, it is not possible to use a correction factor to provide more accurate information. A recent publication, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 1999*, has concluded that 'Based on studies to date, this correction factor would range from about 5% in the Northern Territory to 50–100% or more in some hospitals and jurisdictions' (ABS & AIHW 1999:111).

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Selected reasons for hospitalisations of young people according to *recorded* status are shown in Table 25.2. Because of the incomplete identification of Indigenous status in hospital statistics, these data should be interpreted with considerable caution.

Table 25.2: Selected reasons for hospitalisations of young people (ages 15–24) according to Indigenous status, 1997–98

Selected Diagnosis	Males					Females				
	Indigenous		Non-Indigenous		Rate ratio	Indigenous		Non-Indigenous		Rate ratio
	No.	Rate per 100,000	No.	Rate per 100,000		No.	Rate per 100,000	No.	Rate per 100,000	
Mental	529	1,378	16,592	1,256	1.1	466	1,220	17,431	1,378	0.9
Respiratory	266	693	10,498	795	0.9	324	848	14,010	1,108	0.8
Obstetric	..	..	..	..	..	5,846	15,304	106,709	8,437	1.8
Violence	353	920	4,542	344	2.7	366	958	807	64	15.0
<i>All injuries</i>	<i>1,406</i>	<i>3,663</i>	<i>45,845</i>	<i>3,470</i>	<i>1.1</i>	<i>944</i>	<i>2,471</i>	<i>17,915</i>	<i>1,417</i>	<i>1.7</i>
All causes	4,449	11,591	171,174	12,955	0.9	10,767	28,186	283,429	22,411	1.3

Source: AIHW National Hospital Morbidity Database.

- The hospitalisation rates for Indigenous and non-Indigenous young males, according to the *recorded* status, were similar. However, given the known high rate of incorrect identification of Indigenous status in these statistics, the *actual* hospitalisation rate for young Indigenous males is likely to be much higher than the rate for other males.
- Similarly, the difference in the hospitalisation rates for females, with young Indigenous females having a *recorded* rate 1.3 times that of Non Indigenous females, would be much higher if their identification in the statistics was more complete.
- However, it is clear that young Indigenous people have much higher rates of hospitalisation due to violence. Using the data with *recorded* Indigenous status, the rate for young Indigenous males was 2.7 times the rate for other males, and for females it was 15.0 times.
- For both Indigenous females and non-Indigenous females in this age group, a large proportion of hospitalisations were for obstetrical reasons. The *recorded* rate for Indigenous females was 1.8 times the rate for non-Indigenous females.
- Because of both the differential and the volume of these admissions, obstetric admissions more than account for the difference in the female hospitalisation rates shown in Figure 25.2. When obstetric hospitalisations are taken out of the all causes rate, the rate ratio between Indigenous females and non-Indigenous females is 0.9, the same as for males (although both figures are acknowledged to be underestimates).

Other issues

There are several other health measures for which information on the Indigenous population is available. It should be noted, however, that where this information is referenced from the National Health Survey (ABS 1999), Indigenous people are under-represented in the data set due to the exclusion from the survey of the population living in remote areas.

Births to teenage mothers

Differences exist between Indigenous and non-Indigenous young women in the age at which they have children. In 1996, 22% of Aboriginal and Torres Strait Islander births were to teenage mothers. This compares with 5% in the total Australian population (Day et al. 1999). Information is also available on the total number of births women have had. For 31% of Indigenous women under 20 years giving birth in 1996, this was at least their second birth. For all Australian women under 20 years, the comparable figure was 18%.

Self-assessed health status

Around 90% of young Australians aged 15–24 years in 1995 reported their health as 'good', 'very good' or 'excellent' (Chapter 3). There is very little difference between Indigenous and non-Indigenous young women in the proportion reporting their health as good/very good/excellent—90% and 91% respectively. For young males, 83% of Indigenous and 92% of non-Indigenous 15–24 year olds reported their health as good/very good/excellent (ABS 1999:15).

Recent and long-term conditions

Information on the proportion of all Australians with recent or long-term conditions is detailed in Chapter 6 for the age group 10–24 years, including definitions of these types of conditions. Similar information is available for Indigenous and non-Indigenous young people (ABS 1999:16), however only for the age group 15–24 years. From these published results it can be calculated that 89% of Indigenous 15–24 year olds reported having a recent or long-term conditions, compared with 82% of non-Indigenous young people of the same age.

Determinants

Weight

In 1994–1995, a higher proportion of young Indigenous males were overweight compared to all Australian young males—18% of Aboriginal and Torres Strait Islander males aged 18–24 years were found to be overweight, compared with 10% of all Australian males aged 19–24 years. A higher proportion of young Indigenous females (22%) than all Australian young females (9%) were also found to be overweight (Cunningham & Mackerras 1998).

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Smoker status

Smoking rates were substantially higher for Indigenous young people compared to non-Indigenous young people in 1995 (ABS 1999). For males, 54% of Indigenous 18–24 year olds were classified as current smokers, compared with 32% of non-Indigenous young males. For females the gap was also large – 47% compared with 28%.

Alcohol risk level

A higher proportion of Indigenous youth aged 18–24 years reported that they did not consume alcohol – 52% compared with 46% for non-Indigenous young people (ABS 1999). There was also only a small difference between the two groups in the proportion who drank at medium to high risk levels (based on the NHMRC risk levels (NHMRC 1992)) – 10% of young Indigenous people compared with 9% of non-Indigenous young people.

Physical activity

Reported physical activity rates (the proportion undertaking exercise for sport, recreation and fitness only) in the 1995 National Health Survey were lower for Indigenous 18–24 year olds than for their non-Indigenous counterparts (ABS 1999). Among young Indigenous males, 36% were classified as doing no physical activity compared with 24% of young non-Indigenous males. For young females, the difference was even larger: 41% of Indigenous and 27% of non-Indigenous young women reported doing no exercise.

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