**Determinants of Health Factors in Indigenous Australians**

**Introduction**

Aboriginal and Torres Strait Islanders are Indigenous Australians who have been living in Australia and the adjacent islands before British colonization. These communities are culturally and linguistically diverse (Markwick *et al.*, 2014). As compared to other Australians (Non-Indigenous), these communities have been facing difficulties and are being discriminated across an extensive range of socioeconomic determinants (Marmot, 2011). Socioeconomic determinants of health (SDH) are the factors that can be determined by social policies, and configure health in influential ways (Braveman and Gottlieb, 2014). According to the World Health Organization (WHO), SDH are also the conditions, in which a person live, grow and work (WHO, 2013). In this essay the determinants of health factors will be discussed (Housing, Transport, Employment, and Education) in Indigenous Australians. Also, the impact of these factors on the lives of Indigenous Australians, and the plans made by the Australian Government to address these issues will be discussed.

**Determinants of health factors in indigenous Australians**

1. **Education**

Education is considered as one of the most vital factors in shaping the quality of life across the Western world. Education has been acknowledged an important intervention for deciphering the discrimination faced by culturally and linguistically diverse backgrounds. Many long-term imparities can be resolved by the very education systems, which are considered as the powerful tools to rectify such imparities (Bodkin-Andrews and Carlson, 2016). In the matter of human development, the significance of early childhood education cannot be denied. Early childhood education is the foundation for one’s future development, lifelong learning, and learning aptitude. This is also linked to good health consequences, housing, and lifestyle. According to American research, life expectancy is also found to be linked to education; the extension of 5 years in life expectancy of individuals having higher education has been observed due to better health (Luy *et al.*, 2019). Educated people tend to live a healthy lifestyle with good socioeconomic consequences, physical activity, and social safety, which in turn lead to the extension in life expectancy. Evidence estimated that, factors such as demographic, risk factors, employment, and behavioral factors demonstrate the efficient and substantial bond between education and life expectancy (Kaplan, Spittel and Zeno, 2014).

According to research, health of an individual is determined by his will to invest an extensive range of resources, to improve a good understanding of health affairs. In reality, lack of education in health is considered as an obstacle, in achieving the innovation educational information and access to good treatment (Abu-Rish *et al.*, 2012).

Talking about educational opportunities in Indigenous Australia, it took more than 110 years from the founding of the first university to the graduation of the first Australian Aboriginal (Marmot, 2011). And so on, Indigenous Australians are understated and noticeably deprived in terms of higher education. In 2011, only 25% Indigenous Australians completed twelve years of education in the age of 18. Whereas twice (25%) as many Non-Indigenous Australians completed the same level of education in the same age. According to Australian Higher Education, Indigenous Australians are one of the most underprivileged communities within the Australian higher education. Therefore, they have poor health, living, and finally short life span. Considering that, by enhancing their participation in higher education, disadvantages can be reduced for them. Multifaceted strategies including, harmonised learning environment, access to educational facilities, and employment are all very important in improvement of the education sector in Indigenous Australia (Pechenkina, Kowal and Paradies, 2011). Also, to alleviate the educational derivation, Australian Government has allotted an enough budget for the Indigenous Australians. Also, National School Reform Agreement is working to lift the educational outcomes for Indigenous Australians (Australian Government| Department of Education Skills and Employment, 2021).

1. **Employment and income**

Employment and good income are linked to health, social and emotional wellbeing of a person. Unemployed people tend to have impaired health, especially mental health, including, stress, and other chronic diseases (Pharr, Moonie and Bungum, 2012). The low employment rate in Indigenous Australians is linked to deteriorating health condition. Unemployment is associated with various other shortcomings such as scarcity, poor health and education, short life span, increased substance use, and crimes (Wanberg, 2012). Studies show that, extended duration of unemployment can influence the health and wellbeing of a person badly. Both physical and mental health can be affected by unemployment (Aspin *et al.*, 2012).

The employment rate in Aboriginal and Torres Islanders have been reported low as compared to Non-Indigenous Australians. Studies conducted in 2008 showed the 60% employment rate in Indigenous Australians as compared to Non-Indigenous Australians with 80% employment rate. Even in Indigenous Australians, the employment rate was relatively higher in remote areas as compared to non-remote areas. 19% of the people of remote areas participated in community development contrary to 1% people of non-remote areas (Ewing *et al.*, 2017). According to the Prime Minister's Closing the Gap report, no obvious progress in the employment rate of Indigenous Australians has been noticed since 2018. The employment rate in Aboriginals and Torres Islanders has been declined from 53.8% to 47.5% between 2008-2013 (Australian Government|Australian Institute of Health and Welfare, 2019a). According to the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) conducted between 2014-15, only 46% of Indigenous Australians were working (Ewing *et al.*, 2017).

Regardless of the increasing number of recruitments of Indigenous Australians in the employment force, the gap between the employment rate of Indigenous and Non-Indigenous Australians has not been closed considerably. Some of the causative elements those direct to unemployment in Indigenous Australians, are lack of proper education, and health. Restricted employment in remote areas restrict people to find and maintain a job. These issues are quite higher in Indigenous Australians as compared to Non-Indigenous Australians.

To address these issues, it is important that unemployed Aboriginals and Torres Islanders get employment. Also, there should be a school to work transition, which will help in attaining educational objectives. The Australian Government should consider the agreement formulated, to solve the unemployment issues in Indigenous Australians. This agreement aims to provide innovative and effective resources to close the vast gap in the employment sector. Australian Government has financed, and supported jobs and property plans through Indigenous Advancement Program (IAP). IAP supports Aboriginals and Torres Islanders, and the older population in the employment sector via good use of property (Walter, 2016).

1. **Housing**

The housing plays a crucial role in the health and wellbeing of a person. Factors associated with housing including overpopulation, tenancy, and homelessness also have negative impact on the health and safety of a person. One of the primary purposes of housing is the accommodation or security. Lack of affordable, secure, and suitable housing lead to put a detrimental effect on the mental and physical health of the Aboriginals and Torres Islanders. The low rate of employment, education, and poor health are also associated with poor housing (Welfare, 2014). In Indigenous communities of Australia, housing is inadequate for the people and there is a great bond present between housing and mental health (Lowell *et al.*, 2018). Associated factors of housing become the cause of various diseases such as skin diseases, respiratory ailment, mental disorders, cardiovascular disorders, and rhematic fever, etc. Housing issues arise along with other living factors such as the quality of water, and poor personal hygiene. They lead to cause various diseases and stress issues in Aboriginals. Also, overly populated, or poor housing does not offer a conductive learning setting to the Aboriginals and Torres Islanders. In 2012, around 115,600 Indigenous Australians were living in overpopulated houses which was about 21%. On the contrary, only 5% of the Non-Indigenous population was living in the same conditions (Welfare, 2014). Illness spread due to confined place with many people, sharing the same washroom and the kitchen are also shortcomings of overcrowding in Aboriginal communities. Also, interrupted and inadequate sleep in children and adults affect their performance in schools and workplaces respectively (Lowell *et al.*, 2018).

Indigenous Australians are homeless mostly and used to live in rented houses, thus directing to high living rates. Census data indicates that housing renting in Indigenous Australians increased from 27%-32% over the decade (2006-2016) (Australian Government|Australian Institute of Health and Welfare, 2019b). Another form of living in Indigenous Australia is the housing tenure, which is associated with various health related complication and even fatalities. According to the national census data, housing residence has hardly changed in past years in Indigenous communities, hence causing constant stress, and diseases. In 2011, housing tenancy was 5.3% and after five years, it was just 5.4% (Lowell *et al.*, 2018).

To address the housing issues of Indigenous Australians, National Affordable Housing Agreement (NHA) is intending to provide safe, reliable, and affordable living to all the underprivileged communities of Australia. Australian Government has arranged social housing for especially Aboriginals and Torres Islanders with 3 in 10 Indigenous Australians are living in social housing. Additionally, National Partnership agreement on remote Indigenous (NPARI) is also working to deal with the housing issues of Aboriginal and Torres Islanders. For this program, the government of Australia has allotted a large budget to solve the housing issues of the deprived communities (Milligan *et al.*, 2011; Walter, 2016).

1. **Transport**

There is no doubt in the fact that transport has so much to do with health and safety of a person. It is one of the key factors to access healthcare facilities and support. It does not only provide easy access to health services but also help in connecting to other people. Studies have shown that, transport is one the most important social determinants of health. No access to the transport, is frequently experienced by people with disability, low demographic status, and people belong to deprived communities such as Aboriginals and Torres Islanders. Also, lack of transport is found to be associated with geographical regions, since people belong to rural and remote areas of Australia tend to experience the transport issues more than people of other regions (Rosier and McDonald, 2011). Indigenous Australians are marginalised more in terms of social interaction as well as poor access to healthcare facilities as compared to other groups. Causative factors behind the poor access to transport are affordability, cultural differences, and suitability (Ware, 2013). According to NCOSS Transport Policy Advice Group (2012), transport facilities are found to be inadequate to meet the needs of Indigenous Australians, and public transport is not common due to poor finance, and due to which Indigenous people must experience associated challenges (Raerino, Macmillan and Jones, 2013).

According to the key factors measured by National Aboriginal and Torres Strait Islander Social Survey (NATSISS) in 2018-19, 30% Indigenous Australian aged 15 missed going to find a healthcare. Out of these 30%, 13% people found distance as the barrier.12% people missed their visit to the doctors, 10% to the counsellors, 14% to the doctor, and 9% to the other services. In the survey, performed in 2002, 70% Indigenous Australians aged 15 got easy access to the transport, whereas in the same year 84% Non-Indigenous Australians reported easy access to transport. As compared to Non-Indigenous Australians, 9% more Indigenous Australians faced the transport issues in 2002 (AIHW Indigenous HPF, 2020; Australian Institute of Health and Welfare, 2021). To address the transport issues to ensure the easy access to healthcare facilities for Indigenous communities, Australian Government should support transport services in the country. For Indigenous Australians, Patient Transport Service should be specified, so that, they can access healthcare facilities on time. Also, culturally secure transport should be provided to Aboriginals and Torres Islanders, so that, they do not face discrimination while travelling. Government is working to address the issue, especially for the people of marginalised communities with different diseases (Ware, 2013; AIHW Indigenous HPF, 2020).

**Conclusion**

Indigenous Australians (Aboriginal and Torres Islanders) have been facing various issues, which have affected their health, and socioeconomic status a lot. Racial and cultural discrimination have been prevalent always in the Indigenous part of Australia, and they did not get as good social determinants of health as Non-Indigenous Australians. Efforts made by the Australian Government have improved the provision of these determinants, but still there is a large gap to close. Government of Australia in association with other public establishments is working to address the issues related to social determinants of health such as housing, employment, education, and travelling, especially for the Aboriginals and Torres Islanders.

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