

Health of Aboriginal and Torres Strait Islander Females

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INTRODUCTION

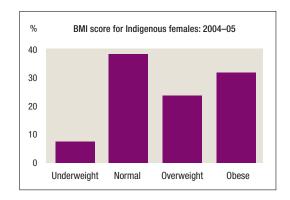
In 2004–05, the Australian Bureau of Statistics conducted two nationwide health surveys: the National Aboriginal and Torres Strait Islander Health Survey and the National Health Survey. These surveys were designed to enable comparisons between the health of Aboriginal and Torres Strait Islander people and non-Indigenous people. The following information presents data collected from persons aged 15 years and over.

BODY MASS INDEX

The Body Mass Index (or BMI) is a tool used to measure weight relative to height. The weight and height of a person is calculated to produce a score that can then be categorised as one of four types; underweight, normal, overweight or obese.

Obesity increases the risk of developing a range of health problems including Type 2 diabetes, cardiovascular disease, high blood pressure, osteoarthritis and certain cancers.

Among the 15 to 24 year age group, more than half (53%) of Indigenous females were in the normal body range, and



19% were overweight. Almost one in eight (13%) of females in this age group were underweight. Nearly one quarter (24%) of Indigenous females aged 55 years and over had a normal body size, two in five (43%) were obese. This age group contained the greatest portion of obese Indigenous females compared to other ages.

Indigenous females living in major cities and regional areas (non-remote) were more likely to have a healthy BMI (normal) than females living in more remote areas (40% compared to 34%).

After adjusting for age differences between the Indigenous and non-Indigenous population, Indigenous females were twice as likely to be classified as obese.

NUTRITION

Food and nutrition have long been recognised as important contributors to health. The National Health and Medical Research Council (NHMRC) have recommended a minimum of two serves of fruit and five serves of vegetables per day.

During 2004–05, the method of collecting nutritional data varied, depending on geography. People from non-remote areas were asked how many serves of fruit and vegetables they usually ate each day. People from remote areas were only asked whether or not they had usual servings.

Sufficient fruit consumption in non-remote areas was lower for Indigenous females (48%) than for non-Indigenous

Sufficient usually daily intake of fruit and vegetables, non-remote only:

2004–05

Indigenous
Non-Indigenous

10
0

Fruit

Vegetables

females (60%). The same pattern is seen in vegetable consumption, with one in eight (13%) Indigenous females eating recommended amounts.

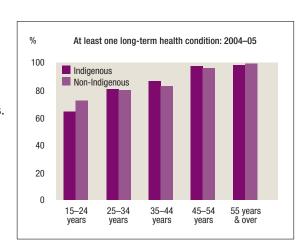


LONG-TERM HEALTH CONDITIONS

A long-term health condition is one that is medical in origin and lasts for six months or more. Long-term health conditions that are responsible for much of the ill health experienced by Indigenous people include circulatory diseases, diabetes, respiratory diseases, musculoskeletal conditions, kidney disease, and also eye and ear problems.

Among Indigenous females, the pattern for reporting at least one long-term health condition increased with age and was proportionally highest for the 55 and over age group (98%). The lowest prevalence of reporting was among the 15 to 24 (64%) age group.

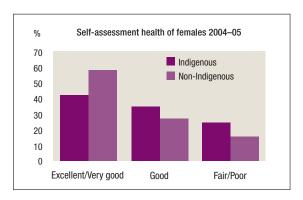
Indigenous females living in remote areas were less likely to report a long-term health condition than those living in non-remote areas (61% compared to 69%).



SELF-ASSESSED HEALTH STATUS

Self-assessed health status provides an overall measure of a population's health based on individuals' personal perceptions of their own health.

Generally, assessment of health decreased with age with young people more likely to perceive their health positively than older people. Of Indigenous females aged 15 to 24 years, over half (56%) rated their health as being 'excellent' or 'very good', compared with only one in five (20%) of those aged over 55 years and over. Nearly half (46%) of Indigenous females aged 55 years and over rated their health as fair or poor.



Fair or poor health ratings were almost twice as likely to be reported by Indigenous females, than non-Indigenous females.

For more information about these and related statistics, please refer to the following:

National Health Survey, Summary of Results: 2004–05	Catalogue number 4364.0
National Aboriginal and Torres Strait Islander Health Survey: 2004–05	Catalogue number 4715.0
The Health and Welfare of Australia's Aboriginal and Torres Strait Islander	
Peoples: 2008	Catalogue number 4704.0

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