Critical Analysis Essay

Writer

Institution

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**Colonisation: European Settlement (1788-1880)**

Humans have breathed in Australia for the last 65,000 years, and the archeological records represent the arrival of humankinds on the land of Australia and their dispersion out of the African lands and finally the interactions between modern humans and Neanderthals and Denisovans. In the 18th century, when the first European explorers docked on the vast lands of the continent, it was mainly occupied by Tones Strait Islanders and Aboriginal people (Clarkson et al., 2017). Colonisation typically refers to an administrative order where a central system of power controls and governs the lands and the resources found on it. According to (Paradies, 2016), colonisation is the relocation of masses of people from their ancestral lands because of war, ecological destruction, forced labour, slavery, genocide, and the spread of deadly diseases. Often, colonisation is usually a construct of racism, which refers to an elaborate scheme of exploitation and extermination of a group of people perceived to be inferior to the imperial invaders. Upon the discovery of Australia, the lands were claimed by European settlers as deserted, or "terra nullius" hence any actions taken by the Aboriginal people as resistance were inferred as a revolt (*2008 Year Book Australia No. 90*, 2008). Thus, the Europeans used these claims to justify their occupation and dispossession of land that belonged to the Aboriginals.

However, Australian Bureau Statistics (ABS) (2008) indicates that archaeological evidence suggests that the native people were estimated to be around 0.7 million. In 1788, the population of the natives began to dwindle following the arrival of the first contingent of white settlers who comprised of a crew of about 1,500 British immigrants who settled in Sydney Cove (*2008 Year Book Australia No. 90*, 2008). The decline in the population of the natives was mainly attributed to exposure to new infectious diseases such as smallpox, measles, and influenza, which created an epidemic that wiped out close to 50% of the population before the arrival of the colonising frontier. Sexually transmitted diseases were also rampant during this early phase of colonisation as a result of the sexual exploitation of native women and girls by the imperial settlers. It is also worth noting that physical injuries. Psychological problems, and mental illnesses were also widespread during the colonisation era due to forceful eviction, loss of traditions, language and Aboriginal laws. In a nutshell, the colonial era was characterised with lasting and detrimental health effects that were felt by the indigenous people who habited Australia in the period between 1788 and 1880 (Adas & Cagle, 2016).

**Protection through Segregation (1890-1950s)**

The 1890s marked yet another period of strive for the indigenous population in Australia (Calma & Dick, 2007). This assertion is founded on the fact that the imperial colonial masters instigated an era of segregation through curtailing the independence of the natives using protection policies. The policy made it difficult for the aboriginals to make ends meet given that it significantly increased the cost of survival since it limited their access to land and placed impositions to the culture, language, family lives and independence of the natives (Calma & Dick, 2007). The British created colonial reserves under the pretext of protecting the indigenous population from violence but their real motive was to forcefully take over their land and control the natives as their colonial subjects (Veracini, 2011). The protection policy adversely affected the life of the natives in that it limited their freedom of movement, speech, right to own property as well as practicing traditional rites and customs given that right of choice of language was curtailed after the prohibition of tribal language and law. It is also worth noting that section 127 of the Australian constitution excluded aboriginals from participating in the census and tribal language and law section 51 conferred the mandate of governance of Aboriginals to states as opposed to federal governments thereby further segregating the natives (Taylor, 2016). The effects of this cruelty meted on the natives were profound in that it resulted in extreme poverty, which was manifested in poor nutrition and wellbeing of the aboriginals due to limited access to good quality medical services.

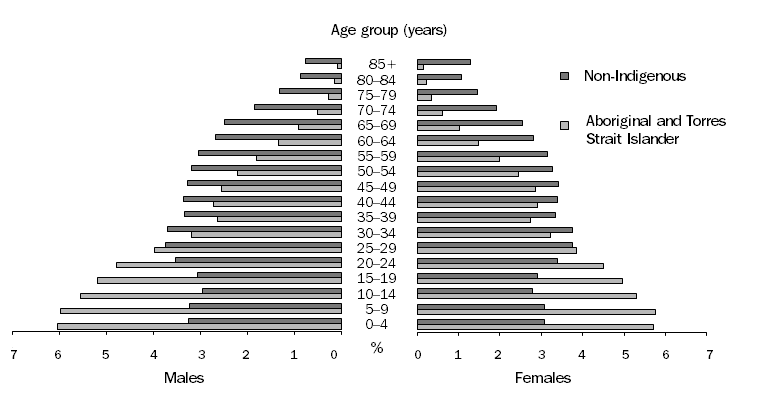
**The Impacts of Colonisation policy on Aboriginal People's Health**

The effects of colonisation are still rife among the Aboriginals and Torres Strait Islanders. According to (Mitrou et al., 2014), because of colonisation, the wide gap between the health status of non-indigenous and the natives remains to be unacceptably high. This   
phenomenon has been recognised by the Australian government as well as the United Nations   
Committee on Human Rights. Most notably, there exists an almost 8 year gap between the life expectancy of natives and non-natives in Australia. The Aboriginal males have average expectancy of 71.6 years while non-Aboriginals live up to 80.4 years. The Aboriginals have shorter expectancies based on poor health, poverty, unemployment, hidden racism, preventable chronic diseases and failure of statesmen to contemplate their problems seriously. Health care system are unable to provide measures for the adequate primary care services. Nutrition is an important factor which needs to be addressed by governments, policy makers and public health organizations (Korff, 2019).

Moreover, the Torres Strait Islanders and the Aboriginals are significantly disadvantaged by colonisation in respect to their socioeconomic circumstances. Cultural engagement has a correlation with the non-recidivism. Culture is an important parameter for indigenous people especially in colonization and it has a strong impact on the mental health and buffer distress provoked by discrimination and violation (Shepherd, Delgado, Sherwood, & Paradies, 2017). Their risk of contracting environmental and behavioural diseases is substantially higher than that of their non-indigenous counterparts (*2008 Year Book Australia No. 90*, 2008). Notably, the death rate among the aboriginals is two times higher than that of the general population. The leading cause of deaths is cardiovascular diseases which accounted for more than one-quarter of the overall deaths reported in 2008 whereas cancer caused 14%of the total mortality as per records of ABS 2008. It is also worth considering that mental disorders and alcohol abuse are also rampant and are rapidly increasing suicide deaths among the Aboriginals and Torres Strait Islanders. Colonization had social and economic impact and authority over indigenous people and it has been accumulating among generations. Policies and practices by the statesmen towards these populations have systematically destroyed the cultural values and pride of identification of indigenous people. These treatments have caused transmission of insecurities and trauma, poor social and economic conditions from generation to generation (Jackson Pulver et al., 2010).

**The Impacts of Protection-Segregation policy on Aboriginal/ Torres People's Health**

It is essential to note from figure below that the population structure and by extension, the health of the indigenous people is notably different from than that of the non-indigenous population. This disparity is mainly as a result of the protection-segregation era, which introduced reforms that made certain townships become segregated native urban centres (Briscoe, 2003). The median age of the natives is 21 years, whereas that of the non-natives is 37 years (Kotey, 2015). These demographics reveal that the indigenous people have high fertility rates and equally high death rates in comparison to the rest of the population. Furthermore, these demographics indicate that the protection-segregation era succeeded in transforming the native people's lives since its primary purpose was to improve the aboriginals' health standards (Briscoe, 2003). Therefore, this trend means that the demand for increased government-sponsored programs and services is required to serve the burgeoning youth population within this demographic. By the recent data collection and analysing, it has been reported that the population of Aboriginal and Torres Starit Islander people will comprise almost 3.9 per cent of the population by 2031 (“Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over,” 2019).



The population structure of indigenous and non-indigenous people in Australia.   
*Australia Demographic SIalinics Abs (2008).*

**How these policies affect Torres Strait Islanders and Health Professionals?**

As indicated by Nom et al. (2014), these two policies significantly influence the relationships between the natives and health professionals in different levels since they create a wide gap between the health status of non-indigenous and native people. As a result, the natives feel discriminated against at the institutional, individual, as well as the community level and have unhealthy relationship with health specialists. Racism has become a key determinant for the health of these people and discrimination among indigenous and non-indigenous Australians is the main cause for unremitting gap in the social, economic and health outcomes (“Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: A cross-sectional population-based study | BMC Public Health | Full Text,” n.d.). For this reason, researchers asserts that a strength-based approach is the most effective strategy for creating trustful and respectful relationships between the Aboriginals and the government health facilities. This technique entails an analysis of the critical problems, deficits in the system, and diseases afflicting this demography as the focus of the intervention strategy. Health professionals should then work backward to generate a tailor-made solution for the Aboriginals and Torres Straits Islanders to access quality medical services. Furthermore, strength-based care can be broken down into the community and personal level where the assertive involvement of individuals is encouraged to foster the building of respectable and trusting relationships at the grassroots level.

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