Editorial

Nutritional health of indigenous peoples: whose responsibility?

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Indigenous peoples have been described as the descendants of the original inhabitants of areas that have become occupied by more powerful outsiders, and whose language, culture and/or religion remain distinct from the dominant group (Durning, 1992, cited in 1). They are known in different parts of the world by different names: Small Nationalities, Remote Area Dwellers, Tribes, *Orang Asli*, Native Peoples, Autochthonous Peoples, Aboriginal Peoples, First Nations, or Founding Nations. Indigenous peoples in general consider themselves caretakers of their land and resources, often maintaining a link to subsistence economies. Their social relations involve complex networks of individual bonds, collective management of resources and group decisions, often by consensus and involving elders. The estimated total number of indigenous people in the world varies from 266 million to 660 million depending on the definition. A summary of the geographical distribution of indigenous peoples places 80% of that population in Asia (Goering, 1993, cited in 1). In most parts of the world, indigenous peoples are undergoing rapid lifestyle transition due to dislocation and loss of access to traditional lands, and the changing nature of resource distribution within their societies.

Despite original diets that varied widely, in general, indigenous populations are rapidly converging towards a dietary pattern characterised by high saturated fat, high sugar and refined foods and low fibre.[1–3] In industrialised countries, an increasing proportion of food is derived from distant sources — there is therefore an increasing diversity of food available with attendant benefits, but only to those who are able to afford them. For indigenous peoples, particularly in rural areas, there may be an opposite effect — decreasing diversity of food items consumed, as people use less of their traditionally harvested food and depend more on market foods.[1–3]

Some of the factors leading to the deconstruction of previously healthful food intake, includes decreasing transfer of cultural knowledge to youth, decreasing time and energy for harvesting due to employment and increasing access to new foods which are readily available and individually acceptable. This may lead to the loss of traditional food systems, and resultant increasingly sedentary life, decreasing dietary diversity, decreasing cultural morale and decreasing culture-specific food activities. The longer term consequences may include increasing obesity, diabetes, alcoholism, heart disease, anaemia, tooth loss, infections and cancers.[1] The loss of knowledge and practice of traditional food systems is a loss not only to indigenous people, but to all humans.

In Australia, indigenous people formed 2.1% of the total population in 1996.[4] Indigenous people live in every state and territory. The majority live in south-eastern Australia (as does the majority of the Australian population). Northern Australia has a high proportion of indigenous people as a proportion of the total population — indigenous people are more than 28% of the total population in the Northern Territory.

In general, indigenous people demonstrate strikingly poorer health than non-indigenous Australians. The life expectancy at birth continues to be approximately 20 years less for indigenous Australians than for non-indigenous Australians.[4] Circulatory diseases, respiratory disease, injury, endocrine diseases and cancer are responsible for the greatest number of deaths. The causes of the health disadvantages are multifactorial and complex, however, improved diet and increased physical activity will have a central role in improving health. The rapid improvement in health parameters of a small group of diabetic indigenous Australians upon re-adopting aspects of their traditional lifestyle was elegantly demonstrated many years ago in a rural area of Northern Australia.[5] This relatively short intervention was valuable in demonstrating the possibilities of culturally acceptable altered lifestyle, however, it is not suitable for widescale implementation. While traditional food is popular and culturally important in many areas, the actual total intake is generally low for reasons relating to lack of access, dislocation, living in larger settlements and the expectations of other employment. Food accessible for Australian indigenous people is often restricted in variety, and issues related to storage and preparation may further restrict food choice.[2,3,6] Little is known about dietary intake of indigenous people living in large urban centres, leaving a large gap in our understanding of the dietary intake transition of indigenous Australians.[7]

Specific and directed action by governments is recognised as being critical to improving the prospects for a

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healthy food intake by indigenous peoples in Australia. The identification of structural barriers to better food intake and the development of appropriate policy has been gathering momentum in recent years.[8] Non-government organisations (NGOs) can also contribute in an important and meaningful way. The NGOs may have direct and indirect lobbying influence, that is in addition to groups representing the health and welfare of indigenous peoples. The involvement of a number of NGOs may indicate a higher level of public recognition of a problem and willingness to address it, and finally NGOs may have access to resources to directly mount programs in communities. Specific programs developed for indigenous communities are more likely to be successful when they are participatory (involving partnerships with indigenous peoples), with priorities set by community members, and when they contribute directly to community development. An example of how an NGO might revitalize a focus on nutrition for indigenous peoples is the case of Nutrition Australia. This organisation has a primary mission of providing scientifically based and accurate nutrition information to the general public. Among a large number of booklets and other printed material, Nutrition Australia had produced a single publication designed for use by indigenous peoples or their health providers. It is titled *Good Tucker for Koories* and is currently under review. This was relatively low level involvement considering the nutrition challenges faced by indigenous people. More recently, Nutrition Australia has recognised an obligation to respond to the considerable health disadvantage that indigenous people experience, and the potential for health advancement from improved nutrition. In formulating an organisational strategy to meaningfully contribute to health improvement for Australian indigenous people, it was necessary to begin a process of education of the National Management Committee, who had little experience in matters relating to indigenous health. Dialogue has commenced with indigenous individuals and groups and a willingness to partner community processes has been expressed. An early initiative should be to raise the level of awareness of the general members of Nutrition Australia on specific issues relating to indigenous people's health and nutrition. It is expected that effective partnerships with indigenous communities or organisations will be developed with the support of Nutrition Australia members (including corporate members) and the collaboration of others. In common with any organisation, the resources that can be brought to bear on a particular initiative are finite. However, the recognition of the responsibility to be more deeply involved and provide a stronger partnership contribution is a positive step, and one that is also being taken by other NGOs in Australia.

The Asia-Pacific region bears responsibility for the welfare of the majority of groups of indigenous peoples of the world. The health problems facing these groups are very large and need to be addressed at multiple levels. Organisations whose mission relates primarily to diet and nutrition will have a keen interest in contributing to health improvement for indigenous peoples — improved diet and nutrition are likely to have a major impact.

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