

6. Literacy, education and health

There are strong two-way links between health and education.

Access to education is an important 'social determinant' of health (see information sheet number 3), and links with other factors, like poverty, unemployment, quality of housing and access to primary health services. People who have low educational attainment have:

- fewer life opportunities;
- poorer health;
- lower incomes; and
- are more likely to be unemployed.

It's a vicious cycle: poor health also leads to poor educational attainment.

Early childhood health affects education¹

Research shows that the health of mother and child has lifelong effects on learning and education.

- The ability to learn is affected by biological processes occurring before birth².
- Malnutrition of the mother can have damaging effects on the foetus³. Fifteen per cent of very low birth weight children and nearly 5% of low birth weight children need special education compared to about 4% of children born at normal birth weight⁴.
- Brain development, both before and after birth, influences health, learning and behaviour throughout the individual's life⁵. Brain development is rapid in the first three years of life (growing to 90 per cent of adult weight), and much of a child's capacity for learning is established during this time.
- Infectious diseases in early childhood can affect nutrition, growth and mental stimulation at a crucial time when children are developing rapidly.

In Australia, Indigenous babies are twice as likely to be of low birth weight than non-Indigenous babies⁶. The rate of hospitalisation of Indigenous children under four years for infectious diseases is *three times* the rate for non-Indigenous children⁷.

Chronic middle ear infection (otitis media) and subsequent hearing loss impair language development and education⁸.

“Everyone has the right to education”

(Article 26, Universal Declaration on Human Rights)

The right to education is recognised internationally as a human right. In addition to the Universal Declaration on Human Rights, Australia is a signatory to the United Nations International Covenant on Economic, Social and Cultural Rights (Article 13) and the Convention on the Rights of the Child, 1989 (Article 28). These international agreements confirm the right of all Australians to education.

Source: Office of the United Nations High Commissioner for Human Rights
<http://www.unhchr.ch/html/intlinst.htm>

This condition is widespread in Indigenous communities, especially remote communities in central and northern Australia. Between 30-80% of Indigenous school aged children suffer significant hearing loss as a result of chronic ear infections, and one study of 75 Northern Territory children found that 50 of the 75 had at least one perforated eardrum by 12 months of age⁹.

Indigenous students lag behind in educational benchmarks

Indigenous students have lower levels of English literacy and numeracy achievement than other students. This is confirmed by the 2001 national benchmark results for literacy and numeracy competency of Years 3 and 5 students (see table below).

In 2001:

- Indigenous children were less likely to continue their education to the end of the compulsory years with only about 86.4% of Indigenous students remaining in school

to Year 10 compared to 98.5% of non-Indigenous students; and

- Only 38% of Indigenous students remain at school from the commencement of their secondary schooling to Year 12 compared with about 76.3% of non-Indigenous students¹⁰.

Barriers to education

Across all sections of the community, educational achievement is closely related to family background, socio-economic status and geographical location.

Indigenous students often face additional problems that can lead to poor education results:

- Fewer Indigenous children have the opportunity to attend a pre-school, and so are less school ready than children who have attended pre-schools.
- In regional and remote areas, schools may be a long way away, and transport difficult or unreliable.

Indigenous & all students, Australia 2001	% Indigenous meeting benchmark	% all students meeting benchmark
Year 3 reading	72.0 ± 4.8	90.3 ± 2.0
Year 3 writing	67.8 ± 4.9	89.5 ± 2.3
Year 3 numeracy	80.2 ± 3.9	93.9 ± 1.2
Year 5 reading	66.9 ± 3.6	89.8 ± 1.3
Year 5 writing	79.9 ± 3.3	94.0 ± 1.0
Year 5 numeracy	63.2 ± 3.7	89.6 ± 1.3

Source: Department of Education, Science and Training, *National Report to Parliament on Indigenous Education and Training 2002*, Commonwealth of Australia, Canberra, 2002, p. xvii

- Lack of essential services in health and welfare, or poor access to them, impact on students.

It is important to remember that there has been a long history of neglect and indifference. Many older Indigenous people had little education and bad experiences at school.

Today, chronic disease of the child or family members, or family or community dysfunction, can lead to absenteeism. Mainstream schools can be alienating for Indigenous students: teachers generally don't have training in cross-cultural awareness or in teaching English as a second language in communities where Indigenous languages are spoken. An Indigenous school principal claims there are widespread expectations among teachers that Indigenous children will do poorly at school. He describes a mindset that accepts absenteeism and poor educational outcomes from Indigenous students as 'normal' (see case study below)¹¹.

In contrast, schools with high Indigenous attendance levels attribute their success to well-trained teachers who can build a rapport with Indigenous students and develop individualised learning plans¹².

Implications of poor educational outcomes

The continuing poor educational outcomes for Indigenous students impact most immediately on their future education opportunities as well as their post-school options and employment rate. One of the major labour market disadvantages experienced by Indigenous people is their relatively low level of education.

The way forward

There have been some improvements in educational outcomes for Indigenous students. For example, in 2001 there was an increase in enrolments in pre-schools and schools and an improvement in retention rates compared with 1997. Many Indigenous students are successfully achieving at the same levels as non-Indigenous students. Unfortunately, these students are in a minority. For example, a recent report¹³ found that education outcomes for Indigenous students in the Northern Territory were actually declining.

Another report¹⁴ concluded that funding to address Indigenous disadvantage remains small in comparison to the level of disadvantage and is not targeted to areas according to the greatest need.

The needs of remote area schools and those of regional and urban schools are different, but some common themes in recommendations to increase Indigenous participation and outcomes include:

- better partnerships between parents and educators, and between communities and schools, with more Indigenous control in decision-making on education;
- more Indigenous teachers and staff;
- courses which include Indigenous perspectives;
- better training and more incentives to encourage experienced teachers to stay longer in schools with higher numbers of Indigenous students;
- targeted funding to address disadvantage, better infrastructure and transport.

References

1. "Early childhood experiences have a significant influence on health and educational outcomes in later life." SCRGSP (Steering Committee for the Review of Government Service Provision) 2003, *Overcoming Indigenous Disadvantage, Key Indicators 2003*, Productivity Commission, Canb. Chapters 5 and 6 explore the themes in this leaflet in detail.
2. Wadsworth, M., "Early Life" in Marmot, M. and Wilkinson, R (eds), *Social Determinants of Health*, Oxford University Press, Oxford, 1999
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4. low birth weight – less than 2500g
5. Mustard, J 2002 'Early child development and the brain – the base for health, learning and behaviour throughout life' in Young, E. (ed) *From Early Child Development to Human Development*, The World Bank, Washington, D.C.
6. *National Report to Parliament on Indigenous Education and Training, 2001*, p.14
7. SCRGSP, *Overcoming Indigenous Disadvantage, Key Indicators 2003*, p 5.4
8. S Couzos, S Metcalf, R Murray 1999 'Ear Health', in Couzos, S and Murray, R (eds) *Aboriginal Primary Health Care: An Evidence-Based Approach*, Oxford University Press, Melbourne.
9. OATSIH, *Systematic Review of Existing Evidence and Primary Care Guidelines on the Management of Otitis Media (Middle Ear Infections)* 2001, and SCRGSP, *Overcoming Disadvantage, Key Indicators 2003*, pp 5.13-5.14
10. Department of Education, Science and Training, *National Report to Parliament on Indigenous Education and Training 2002*. Commonwealth of Australia, Canberra, 2002, p.41.
11. Chris Sarra, "Strong and Smart", *New Internationalist*, 364, Jan/Feb 2004, pp 14-15
12. *National Report to Parliament on Indigenous Education and Training, 2001*, p.61
13. NT Dept of Education, *Learning Lessons: An Independent Review of Indigenous Education in the Northern Territory*, 1999
14. Commonwealth Grants Commission, *Report on Indigenous Funding, 2001*, p.217

Stronger and smarter – changing attitudes

When he arrived at his new school in a large Indigenous community in Queensland in 1998, Indigenous principal, Chris Sarra, found 'dismal chaos'. He believed an underperforming school was laying the blame on the children and the community, so he worked to develop a team of staff and students that 'would actually believe we could make the children in our school stronger and smarter'.

Chris believed that raising expectations of staff, and encouraging students to believe in their ability to perform well could help turn the poor outcomes around. It did.

- Absenteeism was reduced by 94% in less than 18 months.
- Literacy levels increased from 13% at 'expected' levels to more than 60% in three years.

The school aims to generate good academic outcomes, comparable to any other school in Queensland, and nurtures a strong and positive sense of what it means to be Aboriginal in today's society.

