

SY14-03

Globalisation and the Health of Indigenous Peoples **Papaarangi Reid**

University of Auckland, New Zealand

There are over 370 million indigenous peoples worldwide residing in 90 countries and living in hugely diverse realities.

We represent nations of various population sizes; as small as a few dozen people through to membership of hundreds of thousands. We are frequently regarded as “ethnic minorities” and have been, and continue to be, subjected to policies and practices of colonisation, marginalisation and subjugation which undermine our health and wellbeing and our engagement with our environment and culture.

We also demonstrate diversity in our engagement with the forces that are loosely called “globalisation”. Some indigenous nations own major corporations and participate in the global economy in areas such as fishing, forestry, energy resources, and media. Many other indigenous nations seek similar horizons.

However, very many of us exist at the other extreme of economic engagement. Struggling daily for the basics of life and having a pattern of health that demonstrates that struggle. Even indigenous nations who reside within wealthy countries struggle with equitable access to the determinants of health, to the health care and to quality care leading to inequitable health outcomes.

Despite the engagement, willing or unwitting of indigenous peoples in globalisation, a number of indigenous advocates question whether globalisation holds anything but false promises for us and have labelled globalisation as the new colonisation. This talk will focus on indigenous critique of globalisation and give examples from indigenous health and wellbeing literature.

SY14-04

Digging Out Indigenous Mental Health: An Exploration of the Role of Cultural Factors in the Mental Health of Indigenous Taiwanese

Taisu Chingyi Kao¹, Theodoris Mazarakis²

Division of Indigenous Health, Dept. of Public Health, Tzu Chi University¹

Dept. of Counseling and Clinical Psychology, National Dongwa University²

Indigenous Taiwanese are comprised presently of 14 ethnic groups with a total population of 483,378 (2007), accounting for 2.1% of the general population.

Evidence from studies of physical and sociocultural anthropology indicates that these indigenous populations are descended from Malayo-Polynesian stock and speak languages stemming from the Austronesian linguistic family. These groups can be distinguished from each other not only by geographic distribution, but also by extensive differences in physiognomy, language, and sociocultural institutions.

An early Formosan study provided evidence suggesting that the rate of severe alcoholism, although already higher in indigenous populations compared to the general Taiwan population, was relatively low at the time, while later surveys suggested that lifetime prevalence rates of alcoholism were much higher in all studied indigenous groups than in the Chinese in Taiwan. A recent study shows high rates of alcoholism in two indigenous groups. The interrelationship between cultural environment and mental health must be held firmly in mind since mental health is enmeshed with economic and political concerns such as poverty, malnutrition, social change, dislocation and acculturation.

A number of investigators have suggested that low degree of acculturation might play an important role in the development and maintenance of alcoholism, while many indigenous Taiwanese believe that the loss of their culture is the primary cause of many of their existing social problems, especially those associated with alcohol while the protective role of cultural factors is yet undetermined. And although it has been proposed that acculturation is associated with mental health, its effect is not consistent cross research. A recent study shows that while higher level of acculturation was related to lower prevalence of alcoholism in one ethnic group, its effect was no longer significant in another group. Still, ethnic identity was significantly associated with alcoholism in these two groups.

On the aftermath of the Morak typhoon, some reports have suggested that indigenous people living in disaster areas did not suffer trauma while others researchers who employed PTSD screening scales to measure the health impact suggested otherwise. This raises a number of questions about the validity of scales used since presently there is no scale taking into account cultural differences and linguistic nuances. Finally it has been observed that in some indigenous communities in disaster areas traditional ceremonies are held in order to comfort residents. The effects of these practices on mental health merit further investigation.

Symposium 15- Primary Healthcare and Public Health

SY15-01

Bridging the Divide: Public Health Challenges in Community Oriented Primary Care

Sian Meryl Griffiths

The Chinese University of Hong Kong

Primary care is recognized as the bedrock of good healthcare systems – but what are the public health contributions and how should we prepare our workforce to contribute to the delivery of good primary health care to our populations?

Definitional issues bedevil the answer to this question. There is general confusion about the differences between primary care and primary healthcare in the literature-with interchangeability of terminology adding to the lack of