INDIGENOUS FERTILITY IN THE NORTHERN TERRITORY OF AUSTRALIA:
STALLED DEMOGRAPHIC TRANSITION?

A thesis submitted for the Degree of Doctor of Philosophy of
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The Australian National University

Kim Maree Johnstone
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Except where otherwise indicated, this thesis is my own work

_______________________________________

Kim Johnstone
Dedicated to
Lester Graham Robinson
1953 – 2007
Acknowledgements

In carrying out this research, I acknowledge the Aboriginal and Torres Strait Islander women of the Northern Territory, their ancestors, spirits and country. I particularly thank those women who spoke with me about their families.

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Abstract

This research explores contemporary features of Indigenous fertility in the Northern Territory of Australia, the country’s third largest state with the smallest total population, but with the largest proportion comprised of Indigenous peoples. The research exploits births data from a range of sources to investigate whether Indigenous fertility trends in the Northern Territory over the past 20 years are a characteristic of stalled demographic transition. The research rests on three hypotheses: that Indigenous fertility trends in the Northern Territory were themselves an artefact of the data used to calculate the fertility rates; that there has been stalled demographic transition and the fertility declines documented for Northern Territory women during the 1960s and 1970s have not been maintained into the 21st century; and that contemporary Indigenous childbearing is characterised by universal, young mothering but not high parity.

A conceptual framework was developed that captures the myriad factors that affect Indigenous fertility outcomes to provide a context within which the research results can be understood. A three-stage approach was then used to examine Indigenous fertility trends. Firstly, a detailed analysis of the collection processes for the quantitative data available for this research was undertaken, with a particular focus on the two main births data sets, vital registrations and perinatal data. Second, standard demographic techniques were used to identify fertility trends, exploiting the two births data sets, census data and survey data from the DRUID Study, a Darwin-based epidemiological study of Indigenous people. Third, a range of views and experiences of Indigenous individuals were sought through interviews and focus groups.

The research showed that despite Indigenous population data in the Northern Territory being among Australia’s most accurate, the use of these is constrained by issues of undercount and geographic coding of usual place of residence. Documentation of the investigation into data sources is an important contribution of this research. The standout feature of contemporary fertility in the Northern Territory is the young age at which Indigenous women have children. Teenage fertility rates are very high and peak childbearing is among women in their early 20s. There have been relatively stable total fertility rates (TFRs) among Indigenous women in the Northern Territory over a 20-year period, indicative of stalled demographic transition, but these belie complex geographic differences. There is evidence of fertility decline at the youngest ages in remote parts of the Northern Territory and indications of a small move to delayed childbearing.
timing of this fertility decline corresponds to the introduction of Implanon as a reliable form of contraception. Education among women was shown to be associated with slightly delayed entry to childbearing and lower parity, and although the associations were significant the impact they had was not dramatic. Into the future, we can expect to see birth cohorts of increasingly large size even with stable or declining TFRs, a continued young profile for childbearing and different fertility rates between urban and rural-remote communities, all of which have serious implications for the delivery of social services and social policy implementation.
Preface

Ethics approval for access to data held by the Northern Territory Department of Health and Families was received from the Human Research Ethics Committee of the NT Department of Health and Families and Menzies School of Health Research (Reference No. 08/24).

Ethics approval for interviews and focus groups with Indigenous women was received from the Australian National University Human Research Ethics Committee (Protocol No. 2008/460).

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Two chapters of this thesis are based on work published during my PhD candidature:

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Research findings are included in the following book chapter:


Research findings have been included in the following article, submitted for review:

Three conference papers have been presented drawing on research contained in this thesis:


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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACCHO</td>
<td>Aboriginal Community Controlled Health Organisation</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>AHW</td>
<td>Aboriginal Health Worker</td>
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<td>ALO</td>
<td>Aboriginal Liaison Officer</td>
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<td>AMSANT</td>
<td>Aboriginal Medical Services Alliance Northern Territory</td>
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<td>ASFR</td>
<td>Age-specific fertility rate</td>
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<td>ATSIC</td>
<td>Aboriginal and Torres Strait Islander Commission</td>
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<td>CDEP</td>
<td>Community Development Employment Program</td>
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<tr>
<td>CDU</td>
<td>Charles Darwin University</td>
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<tr>
<td>CI</td>
<td>Confidence interval</td>
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<td>DHAC</td>
<td>Department of Health and Aged Care</td>
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<td>DRUID</td>
<td>Diabetes and related conditions in urban Indigenous people in the Darwin region</td>
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<tr>
<td>ERP</td>
<td>Estimated Resident Population</td>
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<td>ETFR</td>
<td>Early force of childbearing, measured by proportion of the TFR contributed to by childbearing under the age of 20 years</td>
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<td>FV/SA</td>
<td>Family violence/sexual assault</td>
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<td>GFR</td>
<td>General fertility rate</td>
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<td>ICD</td>
<td>International Classification of Diseases</td>
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<td>IES</td>
<td>Indigenous Enumeration Strategy</td>
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<td>IUD</td>
<td>Intrauterine device</td>
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<td>LGA</td>
<td>Local Government Area</td>
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<td>LNAC</td>
<td>Larrakia Nation Aboriginal Corporation</td>
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<td>NHMRC</td>
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<td>NT</td>
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<td>NTER</td>
<td>Northern Territory Emergency Response</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>O&amp;G</td>
<td>Obstetrics and Gynaecology</td>
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<td>OR</td>
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<td>PATS</td>
<td>Patient-assisted travel scheme</td>
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<td>PES</td>
<td>Post-enumeration Survey</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>RSE</td>
<td>Relative standard error</td>
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<td>Steering Committee for the Review of Government Service Provision</td>
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<td>STI</td>
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<td>Total fertility rate</td>
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