Gambling causing harm to Indigenous children’s health

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A study by the Menzies School of Health Research has confirmed that gambling problems in remote Indigenous communities are associated with poorer health outcomes for children.

The study by Dr Matthew Stevens is the first of its kind to look at the association between reported gambling problems and Indigenous child health.

The study entitled, Gambling, housing conditions, community contexts and child health in remote Indigenous communities in Australia, analysed data from 10 Northern Territory communities collected as part of a larger housing and child health study.

A range of information was collected from the primary care provider of children aged under seven years and from the ‘head’ of the house. This included data on housing conditions, community contexts, characteristics of the carer and the head of the house, household and carer reported gambling problems, and child health.

Dr Stevens said the study revealed a direct correlation between levels of gambling in communities and carer report of illness experienced by Indigenous children in those same communities.

“We found that where gambling problems were reported in households, there was a 50 per cent increase in carer report of ear infection, and for scabies, rates of reporting were nearly doubled in these houses,” he said.

“Across the 10 communities involved in the study the prevalence of reported gambling problems in houses ranged from 10 per cent to 75 per cent.

Dr Stevens said the relationship between gambling problems and infectious disease could be a result of children being exposed to other gamblers who may be carriers.

“If the house is a regular card gambling venue there would be a steady flow of visitors through the house who would be using household facilities such as the toilet, linen and towels, and if contagious, greatly increase the chances of transmission to children in the house,” he said.

“This is very concerning because the immediate health problems identified in this research are in addition to the other impacts of gambling in communities, including a lack of money, child neglect when parents are gambling for long periods of time, and kids failing to attend school due to a lack of sleep resulting from noise associated with card games.”

The study also investigated a range of community variables such as location and access to services, to see what made a difference to community rates of reported gambling problems.

“I found that gambling problems were higher in communities where there were poorer housing conditions and where environmental health was poor, such as sewerage leaks and litter around the community,” Dr Stevens said.

“There is an identified need to develop and implement public health programs and initiatives to minimise the harm associated with gambling in remote Indigenous communities. These approaches also need to link closely with other measures to improve community safety.
“Interestingly, carer reported gambling problems were lower in communities where they had a permanent doctor and community facilities such as an aged care and women’s centre, dropping from 52 per cent to 25 per cent.”

Future research is planned that hopes to shed light on the relationship between gambling problems and community services, and how these services could play a role in reducing harms associated with excessive gambling.

Dr Stevens was conferred a Doctorate of Philosophy at Charles Darwin University’s recent mid-year graduation ceremony.

Dr Steven’s study is available at: http://www.biomedcentral.com/1471-2458/12/377/abstract#

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Background: Menzies School of Health Research (Menzies) are Australia’s only Medical Research Institute dedicated to improving Indigenous health and wellbeing. We have a 27-year history of scientific discovery and public health achievement. Menzies work at the frontline and collaborate broadly, partnering with over 60 Indigenous communities across Northern Australia to create resources, grow local skills, and find enduring solutions to problems that matter.