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Young Aboriginal women's voices on pregnancy care: Factors encouraging antenatal engagement

Tracy Reibel [a,*], Lisa Morrison [b], Denese Griffin [c], Llinos Chapman [c], Heather Woods [c]

[a] Telethon Kids Institute, University of Western Australia, Australia
[b] Aboriginal Health Worker, Aboriginal Community Consultant, Australia
[c] Aboriginal Maternity Services Support Unit, Women's and Newborns Health Service, WA Department of Health, Australia

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ABSTRACT

Background: Rates of adolescent pregnancy in Australia have decreased over time for all population groups but for Aboriginal adolescents remain higher than their non-Aboriginal counterparts. There is limited literature identifying the motivations of young Aboriginal women to present for pregnancy care.
Aim: Understanding young Aboriginal women's views on pregnancy care is important knowledge to assist maternity services develop localised pathways that encourage engagement with pregnancy care.
Methods: A descriptive qualitative study with data collected using a bi-cultural research approach and an interview method known as yarning, with data interpretation informed by first hand cultural knowledge and current evidence.
Findings: The sample included 28 young women and 56 senior women and service providers. Typical actions indicative of antenatal engagement included: female relatives directing young woman to pregnancy care; availability at Aboriginal Health Services or in public hospitals and community based settings of multidisciplinary teams (midwife/Aboriginal Health Worker and/or Grandmother Liaison Officer); and, a continuous relationship with known and trusted care providers. Factors such as relocation for childbirth may interrupt pregnancy care. Active measures such as providing appointment reminders and transport to and from appointments assists young women to maintain antenatal contact.
Conclusion: The role of female relatives in directing young women's engagement with pregnancy care is crucial combined with availability of known and trusted care providers. Relocation from a home community to the nearest birth facility, and associated accommodation and transport options, are causes of concern requiring health system changes which more fully support culturally safe maternity options regardless of location.

1. Background

In contemporary terms, adolescent pregnancy is considered a problem for a range of clinical and social reasons, although some cultural traditions also influence patterns of early family formation and caregiving.[1] Young women's attitudes, views and vulnerability to pregnancy have been examined in both general and disadvantaged populations. Even when disaggregated by ethnicity, studies identify characteristics which increase the risk of adolescent pregnancy, including intergenerational patterns of teenage motherhood and socioeconomic status.[2–5] Where educational and employment opportunities are limited, pregnancy offers both advantages and disadvantages,[6] with motherhood representing a rite of passage to adulthood.[7,8] In some Aboriginal communities pregnancy occurring over 16 years of age is regarded as acceptable.[9]

Rates of adolescent pregnancy in Australia have decreased over time for all population groups. However, rates for Aboriginal adolescents are six times higher than for their non-Aboriginal peers.[10] In Western Australia (WA), for the past decade, about 340 births to young Aboriginal mothers (<20 years) occur annually and account for around one quarter of all Aboriginal births in the State. Approximately 40 percent of these births are

* Corresponding author at: Telethon Kids Institute, PO Box 855, West Perth, 6872, Australia. Tel.: +61 08 9489 7913; fax: +61 08 9489 7700.
E-mail address: Tracy.Reibel@telethonkids.org.au (T. Reibel).

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to adolescent Aboriginal women residing in the metropolitan area, with the remainder occurring across seven country health regions.

In a state the size of WA and with scattered populations outside the metropolitan area, access to health services are influenced by distance, weather, transport, and for the focus of this study, the availability of appropriately qualified personnel for antenatal care. Interactions with health services are also affected by a history of patterns of service delivery which historically have failed to meet the needs of Aboriginal people[11,12] although this is slowly improving.

While clinical risk factors such as smoking, anaemia and pre-eclampsia are reported more frequently for Aboriginal adolescent women, there is little evidence of increased adverse perinatal outcomes in this group when compared with a similar non-Aboriginal population.[13] Nonetheless, antenatal care is acknowledged as essential to promoting optimal outcomes for all mothers and their infants.[14] Within the maternity services domain, it is now generally understood that where culturally safe practices are incorporated in the delivery of health services, there is greater confidence among Aboriginal women to access and continue with antenatal care.[15–17]

There is limited literature identifying the motivations of young Aboriginal women to present for pregnancy care, with suggestions they may have different antenatal care needs to their older counterparts.[18–20] Thus, hearing young Aboriginal women's views on pregnancy care was considered essential information to assist maternity services develop localised pathways or models of care that encourage and support their participation in antenatal care.

2. Method

A descriptive qualitative study was conducted. This was guided by a governance structure comprising two reference groups and an investigator team (inclusive of the field researchers) to promote cultural security and integrity. The Project Reference Group provided culturally and clinically appropriate advice. The Young Women's Advisory Group provided advice on age/culturally appropriate consultation questions and insight into findings. The investigator team maintained communications with all stakeholders and team meetings provided a forum for the field researchers to discuss progress and findings. This structure provided a range of Aboriginal 'filters' to the conduct of the research and the interpretation of the findings.

A bi-cultural research approach was taken to data collection: an Aboriginal cultural consultant/researcher highly experienced in working with young Aboriginal mothers and a non-Aboriginal researcher with extensive experience in consulting with Aboriginal people; using a culturally sensitive, semi-structured interview method incorporating a personal and conversational manner known as *yarning*.[21] Yarning creates a space for a relational exchange; bounded by what the participant wants to share.[22] The depth of yarning depends on the extent of trust researchers are able to generate at the time of consultation, especially when there is no prior relationship. For this project the leading role of the Aboriginal researcher was crucial as the field researchers were meeting participants for a one off occasion. This approach was dictated by the vast area covered by the field researchers, with consultations requiring extensive road travel to encompass the 15 locations outside of the metropolitan area.

The interpretive method used a constant comparative approach to collected data (Boeiji, 2002).[23] Following each consultation occasion, the field researchers had in-depth discussions about what had been said and what this meant, and as consultations continued, the types of information consistently arising. Transcripts from audio recordings and field notes formed data sets for analysis. These were reviewed independently by both field researchers and discussed again for agreement on the main topics being generated. These were then further discussed with the investigator team to reach consensus. The interpretation of the data was informed by first hand cultural knowledge and supplemented by application of current evidence to uphold credibility and trustworthiness of analysis and reduce interpretive bias. Finally, the findings were presented to the two reference groups for feedback.

The guiding framework for interpretation was: (1) what do young women know; (2) who are young women learning from; and (3) who do young women tell and why? Due to the variable nature of the consultations (mixed large groups, small groups, pairs and individuals) and recording quality, participant reporting of specific features are not enumerated. Instead, an indication is given of whether some or most participants referred to specific features of the broader topic.

Project Reference Group members and field researchers used their networks to connect with local contacts to identify potential participants. Locally informed cultural protocols guided the process of purposefully seeking out young Aboriginal women. This sometimes involved approaching local senior women to ask for permission to speak with young women. In other cases, local Aboriginal organisations, including Aboriginal Health Services (AHS), and community leaders were contacted for introductions to young women. Consultations were held in participant's homes, at AHS, or in community centres or parks and were led by the Aboriginal researcher.

Informed consent, preceded by a plain language explanation of the research project, was obtained prior to data collection. All consultations were conducted face to face. De-identified regional summaries and findings were returned to local stakeholders for content verification with participants.

Ethics approval was received from four Human Research Ethics Committees, including the WA Aboriginal Health Ethics Committee.

3. Study sample

The primary sample included 28 pregnant Aboriginal women or birth mothers, aged 16–21 years recruited from across WA. Ten young women were consulted at four metropolitan locations, and 18 at 10 locations across the state. While initially set to include adolescents aged 16 to <20 years as the study focus was on adolescent pregnancy, the primary sample was extended to include young women up to 21 years whose first baby was born prior to them turning 20. This change occurred due to the availability and willingness of participants at the time of consultations, and seemed appropriate in terms of the central question of study; to develop an understanding of young Aboriginal women's views on pregnancy care.

The World Health Organisation (WHO) defines 'young people' as those aged 10–24 years, 'youth' as those aged 15–24 years, and 'adolescent' as those aged 10–19 years.[24] In this study, 'young women' is used to refer to the primary sample group aged 16–21 years, as the term youth, while apt, did not fit with the study title chosen by the Project Reference Group – *Young Aboriginal Women's Voices on Pregnancy Care*.

The secondary sample included 36 senior women and other community members (women outside the primary sample group) and 20 service providers (12 Aboriginal and 8 non-Aboriginal) working in relevant settings (e.g. AHS, health and social support services) who were interviewed as secondary informants. Primary participants and the majority of secondary participants were Aboriginal women.