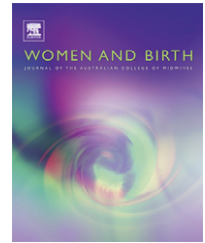




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# Australian Aboriginal kinship: A means to enhance maternal well-being

Elaine Dietsch <sup>a,\*</sup>, Tanya Martin <sup>b</sup>, Pamela Shackleton <sup>a</sup>, Carmel Davies <sup>a</sup>,  
Margaret McLeod <sup>c</sup>, Margaret Alston <sup>d</sup>

<sup>a</sup> Charles Sturt University, School of Nursing, Midwifery and Indigenous Health, Wagga Wagga, Australia

<sup>b</sup> Aboriginal Maternal and Infant Health Strategy, NSW Health, NSW 2830, Australia

<sup>c</sup> Royal College of Nursing Australia, Canberra, Australia

<sup>d</sup> Monash University, Faculty of Medicine, Nursing and Health Sciences, Australia

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## KEYWORDS

Australian Aboriginal women;  
Indigenous women;  
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Midwifery;  
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## Summary

**Background:** The relocation of women from their rural communities to birth in a centralised hospital is becoming increasingly common as maternity units close in rural areas of Australia. The significance for Aboriginal women when they are denied the support of kin around the time of birth but have that support re-established postnatally is explored.

**Methods:** This paper gathered data from multiple sources including in-depth interviews with three Aboriginal mothers and one partner; observational field notes; and during debriefing, the knowledge and experience of an Aboriginal midwife. Thematic analysis was utilised to both explore and critique the collected data.

**Findings and discussion:** Aboriginal women are particularly disadvantaged by maternity unit closures in rural areas of the south eastern Australian state of New South Wales (NSW). However, contrary to the expectation that this would result in postnatal mental health problems, the support the Aboriginal participants in this study received from kin may have had a mediating effect which enhanced their well-being and possibly prevented mental ill health.

**Recommendations:** Recommendations relate to strategies and policies that have the potential to increase community governance and feelings of cultural safety for Aboriginal childbearing women living in rural areas.

**Conclusion:** While the practice of forcing Aboriginal women to relocate around the time of birth has a negative impact on perinatal health outcomes, kinship support may be a mediating factor.

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\* Corresponding author at: School of Nursing, Midwifery and Indigenous Health, Locked Bag 588, Wagga Wagga, NSW 2678.

Tel.: +61 2 69332782; fax: +61 2 69332866.

E-mail address: [edietsch@csu.edu.au](mailto:edietsch@csu.edu.au) (E. Dietsch).

## Background

The aim of this paper is to explore the multi-faceted dichotomy related to the mental health of postnatal Aboriginal women. First, the practice which causes Aboriginal women to be forcefully relocated from their country and kinship networks to birth is critiqued as culturally unsafe. Second, the courage and resilience observed in the participants of this study are described. Although untested, it is possible that the strong kinship support experienced by participants had a protective effect on their emotional well-being. The participants did not develop postnatal depression and/or post-traumatic stress disorder in spite of experiencing traumatic events in a centralised maternity unit. Third, it is argued that Aboriginal women's strength and the possible protective influence of kinship ties postnatally should not be an excuse to allow a practice that forces women away from their country and kin, around the time of birth.

This paper integrates findings and discussion to help ensure that the participants' experience remains pivotal and concludes by making recommendations to improve maternity service provision for rurally isolated Aboriginal women. In a cultural context, these Aboriginal women are already a minority within mainstream Australian culture: they have been relocated from their own country with no kinship support to large, medicalised, hospital environments, to birth.

## Nomenclature and concepts

The significance of some nomenclature and concepts requires clarification, in particular the reason participants are described as Aboriginal and the meaning of 'country' and 'kin' for them. The term 'Aboriginal' is used as no Torres Strait Islander women were involved in this study. Importantly, although Aboriginal is not exclusively Australian, the participants advised they would prefer to be referred to as Aboriginal rather than Indigenous.

The concept of 'country' refers to more than a specific geographical land mass common to Western thinking.<sup>1</sup> For the participants in this study, country is not a commodity to be bought, sold or owned. Country is not an inanimate possession to be utilised or exploited. Rather, the Aboriginal participants belong to country and belonging to country incorporates their spirituality, their way of believing, as well as their kin origins. Being born 'on country' is pivotal to their identity and also to their holistic sense of being. The participants had a strong desire for their babies to be born on traditional lands so the connection to all that is significant could be maintained. To be born 'off country' potentially disengages and disconnects the person from the privileges of belonging and responsibility to care for their country, the culture, traditions, law and people belonging to that country.<sup>2</sup>

'Belonging' is a concept that continues to be highly significant for Australian Aboriginal people. They belong to country and also to kin. The kin described by the Aboriginal participants is more than the Western concept that depends on being born or married into a family. However, it is not entirely congruent with the concept in some Aboriginal communities that relates kin to 'skin' groupings that guide

relationship contact, formations and communication. For the participants in this study, kin can most pragmatically be interpreted as an extended family where a mother's sister is not an aunt but rather a mother, and her female offspring are considered sisters rather than cousins. The extended kin network has the same connections, responsibilities and rights as in the Western nuclear family.

## Review of the literature

Australian health practice which causes the relocation of all women from their rural and remote communities to birth has been routinely implemented for decades.<sup>3-5</sup> However, the practice of forced relocation to enable Aboriginal and Torres Strait Islander women to access medicalised and centralised maternity services 'off country' has not resulted in the significantly improved, perinatal health outcomes anticipated.<sup>4,6</sup> Their babies continue to be twice as likely to be preterm and low birth weight than non-Aboriginal and Torres Strait Islander babies.<sup>4</sup>

Aboriginal women are particularly disadvantaged by maternity unit closures in rural areas of Australia and this may negatively impact on perinatal mental health.<sup>7,9</sup> It has been hypothesised that postnatal depression may be more common in Aboriginal women than in non-Aboriginal women due to a history of trauma and loss, the impact of colonisation and continued socio-economic disadvantage.<sup>10,11</sup> However, this assumption has not been rigorously tested.<sup>12</sup>

Birth is considered a physical, spiritual and emotional experience in Australian Aboriginal culture (Fleur Magick, Wiradjuri Community Educator & Childbirth Activist, personal communication, 13 October, 2008). However, birthing in large maternity units, away from country and isolated from kin, deprives Aboriginal women of their cultural security.<sup>7</sup> Aboriginal women living in rural and remote communities are the least likely to have choices or control in their pregnancy care, their care provider or their birth place.<sup>7</sup>

Aboriginal women in Australia and Inuit women in Canada have much in common including geographical isolation, a history of cultural dispossession and colonisation. However, in some extremely isolated Inuit villages in Canada, childbirth for healthy women is occurring in their own communities and is supported by Inuit midwives.<sup>8</sup> Research demonstrates that perinatal outcomes are comparable (and sometimes more favourable) with Canada as a whole.<sup>8</sup> Van Wagner et al.<sup>8</sup> argue that, on an international level, sustainable and culturally safe childbearing in remote communities could improve outcomes when compared with models of relocating women to larger centres to birth.

## Methods

Following Charles Sturt University Institutional Ethics Committee Approval (2006/307), a large descriptive research project was conducted which explored 42 women's experience of having to leave their rural communities to birth. This paper is based on data gathered from multiple sources including interviews with a sub-set of three women who identified as Aboriginal and one accompanying partner (four participants); observational field notes; and later,

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