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# Aboriginal women in rural Australia; a small study of infant feeding behaviour

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ABSTRACT

*Background:* Aboriginal women in rural areas have lower rates of breastfeeding than Australian averages. The reasons for this are poorly understood. Aboriginal people experience higher morbidity and increased rates of chronic disease throughout the life cycle. The protective effects of sustained breastfeeding could benefit rural Aboriginal communities.
*Objective:* To explore the factors impacting upon infant feeding choices in a rural Aboriginal Community.
*Methods:* Semi-structured interviews were conducted with eight Aboriginal rural dwelling first time mothers. These women received a continuity of midwife and Aboriginal Health Worker model of care. Interviews were also undertaken with five Aboriginal Health Workers and two Aboriginal community breastfeeding champions. The analysis was integrated with a conventional literature review and was further developed and illustrated with historical literature. Indigenist methodology guided the study design, analysis and the dissemination of results.
*Results:* Three key themes were identified. These were "I'm doing the best thing for…" which encompasses the motivations underpinning infant feeding decisions; "this is what I know…" which explores individual and community knowledge regarding infant feeding; and "a safe place to feed" identifying the barriers that negative societal messages pose for women as they make infant feeding decisions. It appears loss of family and community breastfeeding knowledge resulting from colonisation still influences the Aboriginal women of today.
*Discussion:* Aboriginal women value and trust knowledge which is passed to them from extended family members and women within their Community. Cultural, historical and socioeconomic factors all strongly influence the infant feeding decisions of individuals in this study.
*Conclusions:* Efforts to normalise breastfeeding in the culture of rural dwelling Aboriginal women and their supporting community appear to be necessary and may promote breastfeeding more effectively than optimal professional care of individuals can do.
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## 1. Background

Breastfeeding is the biological norm and breast milk is recommended as the sole source of nutrition for infants until six months of age.[1–3] A small proportion of women in Australia choose not to breastfeed and every month after birth the breastfeeding rates decline rapidly.[1] In 2010, 96% of Australian infants were breastfed at birth, 39% exclusively breastfed to four months and 15% were breastfed for the recommended six months.[3]

The three groups of Australian women least likely to breastfeed are mothers under 25 years old, those with less than a tertiary education and Aboriginal mothers.[4–6]

Breastfeeding offers many health advantages for infants including reduced incidence of respiratory tract infections, otitis media, gastrointestinal tract infections, protection against asthma, atopic dermatitis and eczema.[2,7,8] Long term benefits include reduced obesity, lower incidence of type 1 and type 2 diabetes, less hypertension and high cholesterol in later life, protection against coeliac disease, inflammatory bowel disease, childhood leukaemia and lymphoma.[4,9] Additionally a study published in 2013 finds a

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causal relationship between breastfeeding duration with receptive language, verbal and nonverbal intelligence.[10,11] These protective factors would benefit Aboriginal children who experience increased rates of hospital admissions for respiratory, gastrointestinal and otitis media infections than the general population.[12,13]

The reasons women breastfeed or formula feed are complex involving personal, cultural, historical and social factors.[14,15]

Previous studies involving Australian Aboriginal women include one study in which breastfeeding rates of Indigenous women in Perth were similar to non-Indigenous women.[16] However, studies in Melbourne,[17] Sydney[18] and Brisbane[19] found lower breastfeeding initiation and duration rates in the Aboriginal population. Aboriginal women in rural and regional areas are less likely to breastfeed than those in more remote areas.[20]

This study aims to add a depth of understanding to these trends by asking a small group of Aboriginal women directly about their infant feeding choices.

The commonly recognised barriers to breastfeeding are listed below. Each breastfeeding woman in this study experienced at least ten of these identified barriers, significantly impacting on their potential breastfeeding success.

## 2. Methods

### 2.1. Indigenist methodology

The challenge for a non-Aboriginal researcher exploring issues within the Aboriginal community is to avoid repeating mistakes of the past. Historically researchers were perceived as descending on an Indigenous community, collecting data and leaving, with little or no feedback to the community and no lasting benefits.[62]

The principles of Indigenist Research[62] guide this research ensuring ownership; interpretation and dissemination of findings remain with the Aboriginal community.[62] All stages of this study from inception to completion occurred in cycles of collaboration, with participants, key informants, an Aboriginal mentor and published literature adding progressive depth, breadth of view and accountability to the study. Staff from the Aboriginal Medical Organisations, key informants and Aboriginal colleagues involved in the study received an oral presentation and written summary of the study for comment and review prior to this publication.

Ethics approval for this study was obtained from the Aboriginal Health and Medical Research Council ethics committee and the Northern NSW Human Research Ethics Committee. Site Specific Assessment was granted by the NSW Northern Local Health District.

### 2.2. Recruitment

Points for data collection were late in pregnancy and between six and eight weeks postpartum.

Eight women were recruited from four rural areas representing varied living circumstances. This included three exclusively Aboriginal communities. All of the services providing antenatal care to Aboriginal women were involved in recruitment this included two Aboriginal Medical Services (AMS) and three Aboriginal Maternal and Infant Health Services (AMIHS). Aboriginal key informants and breastfeeding champions worked and lived locally and were purposively recruited as they were known to the researcher. Historical and other literature was sourced through a literature search using the key words Indigenous, Aboriginal, breastfeeding, infant feeding, barriers, attitudes, rural, Australian and colonisation. Local documents and online reports added to historical literature.

The Socio-Economic Indexes for Areas (SEIFA) indicating relative social disadvantage ranks two of the Aboriginal communities included in the study as the most socially disadvantaged areas in New South Wales.[64] These communities have high rates of housing insecurity and overcrowding, low household incomes, high rates of unemployment, crime, incarceration and suicide, poor school attendance, no public transport and low rates of drivers licence and car ownership.[64]

After 20 weeks gestation all pregnant women who met the research criteria below were invited to participate by their primary health care provider. Ten women were invited and of these two adolescent mothers chose not to participate. Written consent was obtained by all participants prior to their involvement in the study. Primigravidae were sought to prevent previous breastfeeding experiences from influencing infant feeding decisions.

### 2.3. Exclusions used for breastfeeding women

There were several exclusions to recruitment;

- Twins or Triplets
- Maternal mental or developmental delay.
- Women under 16 years.
- Known birth defect.
- Previous breast surgery.
- Families involved with child protection services.

### 2.4. Data collection

The three main data sources were participant interviews, key informant interviews and historical data sourced to further illustrate interview data. These were all yarning style semi-structured interviews.[65]

### 2.5. Participants

Two interviews were conducted with each of the eight breast feeding participants. One was undertaken in the last trimester of pregnancy and one at between six and eight weeks postpartum. None of the women were still breastfeeding at the time of postpartum interviews.

The possibilities for power imbalances were acknowledged during recruitment and participant interviews and all attempts were made to identify ways to minimise this occurring. Ongoing guidance was sought and appreciated from the AH&MRC ethics committees, Aboriginal advisors and other researchers experienced in Indigenous research. Interviews averaged 25 min in duration, were audio recorded with permission from participants. To facilitate immersion in the data, recordings were transcribed by the researcher.

The participant ages ranged between 18 and 26 years old. One woman was in paid employment during the pregnancy. Two women identified as single parents.

Participants were presented an interview transcript for review of accuracy with an offer to go through the content verbally; however none of the women chose to review them.

### 2.6. Key informants

#### 2.6.1. Aboriginal Health Workers (AHWs)

Interviews were conducted with five Aboriginal Health Workers who were invited to participate by the researcher and were chosen for their extensive experience working with Aboriginal mothers and babies. Each had a deep knowledge of the cultural and social norms of local families.

The topics discussed were related to emerging themes in the participant interviews and the AHWs perceptions of norms and barriers to breastfeeding in their community. These interviews

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