



# MOOKAI ROSIE-BI-BAYAN

(ABORIGINAL AND TORRES STRAIT ISLANDERS CORPORATION)

P.O. BOX 306E, EARLVILLE, QLD 4870  
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Submission no. 345  
AUTHORISED: 4/4/07

## ENQUIRY INTO BREAST FEEDING ON REMOTE INDIGENOUS COMMUNITIES

### *MOOKAI ROSIE BI-BAYAN MISSION STATEMENT*

*“Mookai Rosie Bi-Bayan is to provide a culturally sensitive service that will improve the health status and social well-being of Aboriginal and Torres Strait Islander women, children and families from rural and remote communities and thereby improve the health of Aboriginal and Torres Strait people in general.”*

During the late seventies, Mrs Rose Richards, an Aboriginal Welfare Officer with Cairns Base Hospital became aware of the abnormally high instances of Aboriginal children requiring treatment in Cairns. Often after long term hospitalization, these children were discharged and taken back to their communities where follow up treatment was inadequate or impossible, causing patients to be seen time and time again.

Slowly, Rose began taking these patients into her own home, with favorable results. It then became obvious that an appropriate place to house such patients was urgently required. Together with Mick Miller and Clarrie Grogan, Rose found funding for a ‘halfway’ house. In 1983 the funding was approved and began operations, firstly in McLeod Street and then relocated to Trinity Park where it became known as ‘Rosie’s Farm’.

After attaining funding for a permanent residence, Rosie’s farm was then relocated and established at 105 Balaclava Road in Earlville, where it is now operating as Mookai Rosie Bi-Bayan, or Aunty Rosie’s place.

Since Rosie’s inception in 1983 Mookai Rosie Bi-Bayan has worked hard to provide a culturally sensitive service that helps to improve the health status and well-being of Aboriginal and Torres Strait Islander people, particularly that of women and children.

As there are no birthing facilities in remote Cape York communities’ pregnant women must come to Cairns around four to six weeks before the birth of their baby. Mookai Rosie Bi-Bayan is in a position to have a major and critical influence on the health of Aboriginal and Torres Strait Islander people, developing opportunities on issues relating to nutrition, women’s reproductive health, pre and post natal care, support and environmental health. The following services are also provided to the clients of Mookai Rosie:

- Accommodation, transport, activities, health support and advocacy, education, access to counseling, play group, cultural and emotional support.



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## **REPORT ON BREASTFEEDING**

The benefits of breast feeding are well documented. Boosting immunity, digestion and initial weight gain of infants are some of the advantages. In remote communities breast feeding has the added advantage of maintaining hygiene and health. In remote communities sterilizing of bottles is a real issue and many children suffer from gastro problems due to the lack of knowledge of hygiene and sterilization of bottles. Most formula milk is based on dairy and there are some statistics to suggest indigenous children have dairy allergies.

In remote communities some women choose bottle feeding for reasons of convenience rather than any other reason. We are not aware of any marketing campaigns in remote communities to promote bottle feeding. The cost of bottle feeding is an issue for those that have chosen this option and it creates financial difficulties.

At Mookai Rosie Bi-Bayan approximately 80-90% of women choose to breast feed. When these women return to community approximately 25% of these women will choose bottle feeding for reasons of convenience. Many prefer to continue breast feeding because it is easy and economical. Unfortunately due to nutritional issues with the breast feeding mothers the breast milk in many cases is "poor" in nutritional quality as the mothers nutritional intake is compromised. Many children over 6 months suffer from anemia and other health related issues as a result of this. Over the last 10 years, as breast feeding has increased, anecdotal evidence from the Mookai Rosie health worker indicates there has been a reduction in the number of 'failure to thrive' children.

Also from anecdotal evidence of Mookai Rosie health workers the rates of breast feeding in communities, although always traditionally high, have increased in the last 10 years. This is partially due to the fact that more mothers are now able to keep their baby's and less are born prematurely. With this we have seen an improvement in infant health. At Mookai Rosie the health workers have educated and encouraged the women to breast feed, talking about the positive benefits. In general, the teenage mothers have felt a sense of 'shame' or embarrassment over breast feeding and have been encouraged that it is natural and to feel proud of taking care of care of their baby in a good way. The women elders of the communities also encourage the young women to breast feed.

Culturally relevant educational tools for community health workers and elders would not only encourage the women but would create a popular culture of acceptance of breast feeding. Best ways of delivery is support for elders, education through film and song and education in the schools. Meeting with high school students with role playing, using dolls etc has also met with some success.



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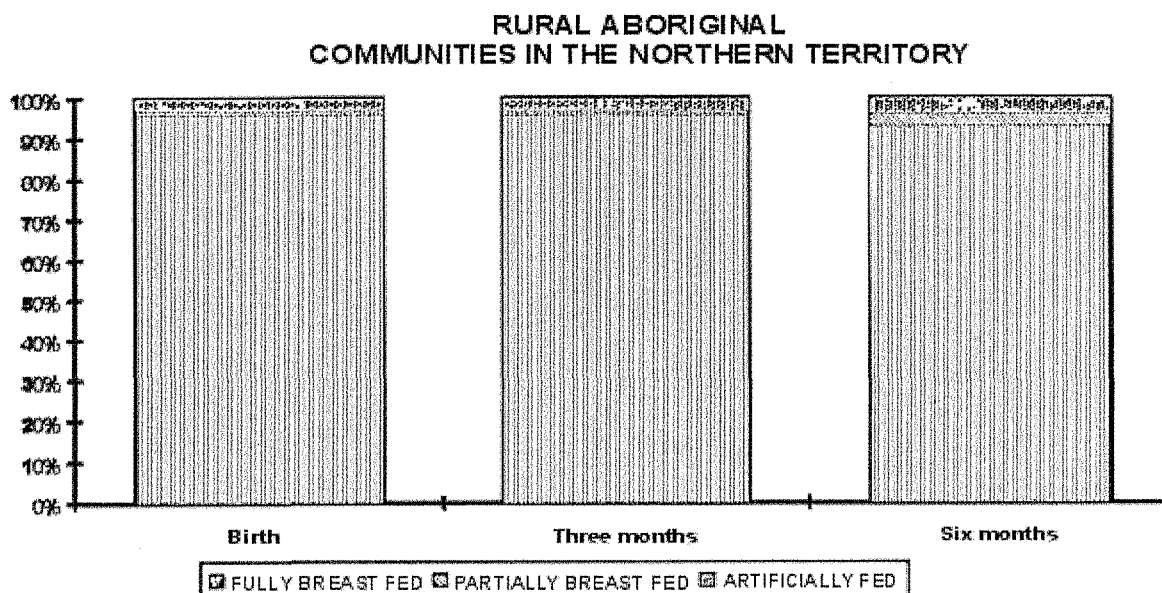
This subject must be approached with cultural sensitivity and awareness. By using the women elders and Indigenous health workers to deliver the information, the message to breast feed can be effective and powerful. The issue of nutritional health for breast feeding mothers is a priority to achieve healthy strong babies and therefore an increase in positive health outcomes continuing into adulthood.

Below are some statistics collected in other studies from the Northern Territory. These trends and figures, from our observation, also replicate what is occurring in remote communities of the Cape.

## *Breast feeding in NT rural Aboriginal women*

*Most Aboriginal women breast feed their babies. About 96 per cent of Aboriginal mother's breast feed their babies from birth. About 93 per cent of Aboriginal mothers are still breast feeding their six month old babies (Rae 1994:40).*

### BREAST FEEDING RATES FOR RURAL ABORIGINAL COMMUNITIES IN THE NORTHERN TERRITORY



## *Breast feeding and maternal nutrition*

*A woman's nutritional needs are increased while she is breast feeding.*

### *Maternal nutrition*

*Unsupplemented human milk is all that is required to sustain growth and good nutrition*



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*for the first six months of life in the babies of well-nourished mothers, who have produced foetuses with optimal stores, who have themselves laid down adequate nutritional reserves, including subcutaneous fat, in pregnancy, and who are well fed during lactation.*

*Jelliffe and Jelliffe 1978:79-80*

*Currently in the Northern Territory, many young Aboriginal mothers:*

- are generally not well nourished*
- have not necessarily laid down subcutaneous fat and adequate nutritional reserves during pregnancy*
- are not necessarily well fed while they are breast feeding*



*See Rae (1989) and Mackerras (1998) for more information*

*At this time, it is safer to assume that breast milk may not sustain the healthy growth of a baby after four months of age. It is recommended that other foods be given, in addition to breast milk, from four months of age. However, poor maternal nutrition and/or growth faltering in the infant are not reasons for switching from breast feeding to artificial feeding.*



*Encourage and support mothers to improve their nutrition and to ensure that their babies get some food as well as breast milk*