Policy Brief #2
SOCIAL HEALTH ISSUES IN PREGNANCY

Translating evidence from the Aboriginal Families Study to inform policy and practice

This policy brief summarises preliminary findings from the Aboriginal Families Study. It highlights the impact of stressful life events and social health issues on the health and wellbeing of Aboriginal families in pregnancy, and discusses implications for policy and services.

The Aboriginal families STUDY

The Aboriginal Families Study (AFS) is a cross sectional population-based study investigating the views and experiences of mothers having an Aboriginal baby in South Australia between July 2011 and June 2013.

The primary aims of the study are to:

- compare experiences and views of women attending standard (mainstream) models of antenatal care with those accessing care via the Aboriginal Family Birthing Program;
- assess factors contributing to early and continued engagement with antenatal care;
- use this information to inform strengthening of services for Aboriginal families.

Women living in urban, regional and remote areas of South Australia have been invited to take part in a structured interview when their baby is approximately 4-12 months old.

So far over 300 women have taken part. A small team of Aboriginal interviewers have recruited and interviewed women across South Australia. The interview phase of the study will be complete in November 2013. Final results will be reported in 2014

Preliminary findings

This policy brief is based on findings from the first 130 participants. A majority are Aboriginal women (121/130). Nine are non-Aboriginal mothers of Aboriginal babies. They range in age from 15-43 years.

Social health issues

87% of women taking part in the study reported one or more social health issues or stressful life events in pregnancy.

The most commonly experienced social health issues in pregnancy were:

- being upset by family arguments (55%)
- a family member or friend passing away (42%)
- housing problems (37%)
- being scared by other people's behavior (34%)
- being humbugged (e.g. pestered for money) (33%).

It was also common for women to report that:

- they had been very sick or badly hurt (25%)
- they had left their home because of a family argument or fight (21%)
- they had been pushed, shoved or assaulted (16%)
- their partner had problems with drugs or alcohol (16%).

Smaller numbers of women reported that:

- they had problems with drugs or alcohol (10%)
- they had been involved in a court case or had problems with police (6%).

Fig 1: Social health issues in pregnancy (AFS vs 2008 Survey)

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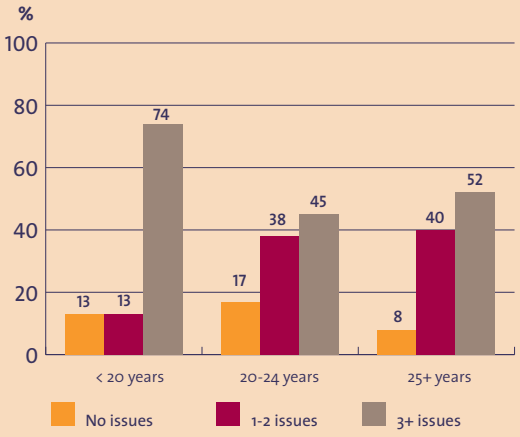
52% of women reported three or more stressful life events and social health issues that affected them when they were pregnant (see Figure 1). One in four women (24%) reported five to eight of these issues.

Non-Aboriginal women are much less likely to experience social health issues in pregnancy. 18% of non-Aboriginal women participating in a population-based survey of women giving birth in South Australia and Victoria in 2008 reported three or more social health issues in pregnancy compared with 52% of mothers taking part in the Aboriginal Families Study (see Figure 1).

The research has also given us a picture of the diversity of experience of particular groups of women taking part in the Aboriginal Families Study. For example, we have looked at the experiences of younger women (under 20) and compared their experiences with the experiences of older women. We have also looked at the experiences of women living in Adelaide compared with women living in rural and remote areas of South Australia.

Fig 2: Social health issues in pregnancy by age



Younger women – 15-19 years – were more likely to report three or more social health issues or stressful life events in pregnancy than older women (see Figure 2).

Amongst younger women (15-19 years):

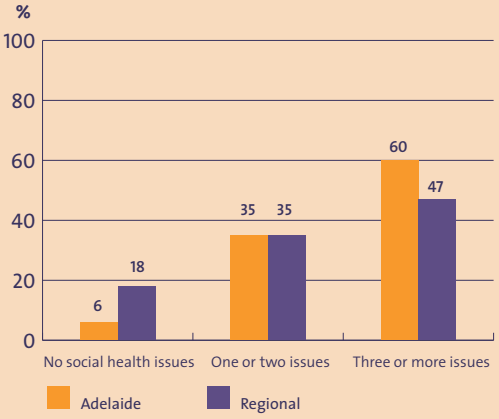
- 52% experienced housing problems
- 35% were upset by family arguments
- 32% left their home because of a family argument
- 30% were scared by other people's behaviour
- 25% reported that their partner had a problem with drugs or alcohol
- 17% were pushed, shoved or assaulted during pregnancy.

Younger women were less likely than older women to report having a problem with drugs or alcohol, or that they had had problems with police or been involved in a court case.

60% of women living in Adelaide reported three or more social health issues in pregnancy compared with 47% living in regional areas (see Figure 3).

Women living in Adelaide were more likely to report housing problems (45% vs 31%), and to say that they had left home because of family arguments (26% vs 17%) compared with women living in regional areas.

Fig 3: Social health issues by place of residence



Families and households

Another factor that influenced women's experiences and social health and wellbeing during pregnancy was the number of other adults and children in the household where they were living.

Fifteen percent of women were not living with any other adults in their household, 72% were living with one other adult, and 12% lived with 2-7 other adults.

After the birth of their baby, 42% of women had one child living with them, 24% had two children, 19% had three children and 14% had 4-9 of their own children living with them. In addition, 16% of women in the study had between 1-6 other children living with them.

83% of women said that their baby's dad was having contact with their baby. 62% of babies had other father figures in their lives, such as uncles, brothers, grandfathers and step dads.

Attending antenatal care

78% of women had their first pregnancy check-up in the first trimester of pregnancy. Overall, the number of social health issues women were coping with during their pregnancy did not appear to have a marked effect on the timing of their first antenatal visit.

On the other hand, women cited several reasons why it was sometimes difficult for them to access antenatal care:

- No one to mind other children
- No transport to get there
- Moving around a lot during pregnancy (i.e. not living in one place)
- Feeling too unwell to get there
- Unhappy about care on a previous visit
- Being anxious or nervous about using services
- Not wanting anyone to know about the pregnancy.

Social and emotional wellbeing

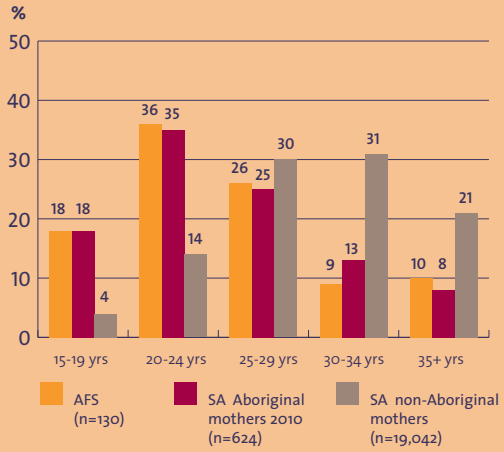
Towards the end of the interview, women were asked a series of questions about their emotional wellbeing. These questions are designed to assess the extent to which women were experiencing psychological distress in the four weeks before the interview. The results showed that one in four women (26%) were experiencing high to very high levels of psychological distress, and one in three (35%) a moderate level of psychological distress.

We also asked women what helped them to be positive and strong. Here are some of the things they told us:

- My family
- Thinking of the future of my children
- Being a role model for my kids
- Knowing who I am
- Support from family and friends
- Knowing that I'm giving my children the best future I can provide
- Looking at my 3 children and thinking how precious their lives are to me
- Family and friends to talk to, and being around me
- Having my children and family around.

Who took part?

Fig 4: Age of mothers in the study

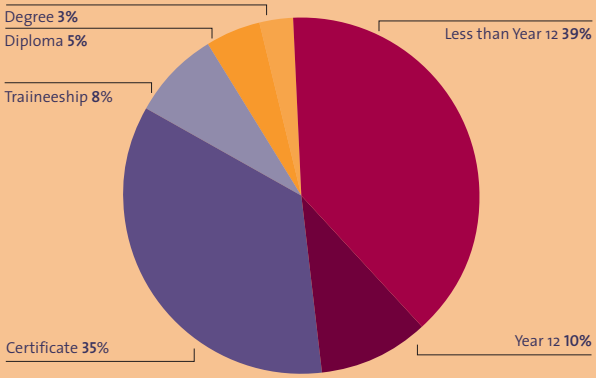


18% of women in the study were aged 15-19; 36% were aged 20-24 years and 46% were aged 25-43 years (mean age 25.6 years). The age distribution of participants matches the age distribution of Aboriginal mothers who had a baby in South Australia in 2010.

42% were first time mothers, 21% had two children, 17% had three children, 12% had four children, and 9% had between 5-10 children.

Half had completed post-secondary qualifications: a third had completed a certificate level qualification, 8% had completed a traineeship or apprenticeship, 5% had a diploma and 3% had a degree level qualification. One in three (35%) were in paid employment in pregnancy and one in five (20%) were studying during their pregnancy.

Fig 5: Highest educational qualification of women taking part in the study



44% were living in Adelaide and 56% in regional areas of South Australia, including: Ceduna, Port Lincoln, Whyalla, Port Augusta, Murray Bridge and Mount Gambier.

85% of women taking part had a health care concession card. 12% were reliant on public transport to get to antenatal check-ups, and 10% had no access to transport to get to check-ups.

54% reported smoking in pregnancy. 18% said that they used 'yarndi' (cannibas) as well as smoking cigarettes.

Considerations for policy and programs

A healthy start to life

- Evidence that Aboriginal families experience a disproportionate burden of social health issues is not new.[1,2] However, to our knowledge the Aboriginal Families Study is the first study to collect and report information about the extent and nature of social health issues experienced by Aboriginal women and families during pregnancy.
- When we were designing the study, community members told us it was important for the study to collect information on these issues, and for this information to be used to inform changes to services to improve outcomes for Aboriginal families.
- The research highlights unacceptably high rates of housing stress affecting Aboriginal women and families. This undoubtedly has an impact on where and how women access antenatal care, and the extent to which they are able to make healthy lifestyle choices to eat well, exercise, and modify smoking and alcohol consumption during pregnancy.
- Many women (over 40%) reported that they had experienced the loss of a family member or friend during their pregnancy. The strong connections in families, larger family size and shorter life expectancy of Aboriginal people make it a common experience for Aboriginal families to be grieving while preparing for the birth of a new baby. Although this a very common experience for Aboriginal families, it is rarely asked about or considered as relevant to Aboriginal women's physical and emotional wellbeing in pregnancy.
- A large number of women reported experiences of family or community conflict. One in three had been scared by other people's behavior while they were pregnant, one in five had left home because of a family argument, and one in six had been physically assaulted. There is accumulating evidence of the negative impact of family violence and other kinds of social adversity on rates of miscarriage, preterm birth and low birthweight, as well as other longer-term health consequences for women and children.[3-10]

Antenatal care

- Antenatal care provides a window of opportunity to address social determinants of poor maternal and child health outcomes.
- However, public maternity services are often under-resourced and lack systems to support women coping with multiple social health issues during pregnancy.
- In order to improve maternal and child outcomes, there is an urgent need to re-frame current models of care to combine high quality clinical care with a public health approach that gives priority to addressing modifiable social health risk factors for poor health outcomes.
- Central challenges are:
  - integrating systems to support women and families experiencing housing problems, family violence, drug and alcohol issues and other social health issues as a core component of pregnancy care
  - strengthening cross sector collaboration and multi-disciplinary team-based approaches to care
  - engaging Aboriginal primary care and community controlled health services in program delivery and design of systems to improve outcomes for Aboriginal families
  - workforce training and development to support effective engagement with a diverse client group, foster team work, and promote enhanced systems of care
  - tailoring programs to local community needs, including provision of community-based and outreach services in metropolitan and rural areas
  - expanding provision of transport and accommodation options for families needing to travel to access medical care in pregnancy
  - community consultation and engagement underpinning program planning, workforce development, monitoring and evaluation.

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This policy brief has been put together by the Healthy Mothers Healthy Families research group, Murdoch Childrens Research Institute and the Aboriginal Health Council of South Australia. We acknowledge and thank the many Aboriginal families, communities and agencies that have supported the study, including members of the Aboriginal Advisory Group.

REFERENCES

References used in development of this policy brief are available from: **hmhf@mcri.edu.au**

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