

“Reviving Traditions: Cultural Parallels in Child Rearing for Infant Mortality Reduction Among American Indian/Alaska Natives and African Americans”.



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Abstract

Indigenous practices are often associated with better health outcomes for several reasons including a holistic view of health, an emphasis on a deep connection to nature and the environment,^[1] strong community bonds and support systems,^[2] and a rich traditional knowledge passed down through generations. This research investigates the potential impact of incorporating traditional/indigenous practices into contemporary healthcare initiatives. By considering the social, cultural, and historical contexts, it explores AI/AN and African cultural practices as potential protective factors against infant mortality.

Introduction

Infant mortality rates within the American Indian/Alaska Native (AI/AN) and African American communities have historically been higher compared to all other races and the national average.^[3] These disparities reflect complex interactions of various factors including socioeconomic conditions, lack of access to quality healthcare, systemic racism, and cultural factors.^[3]

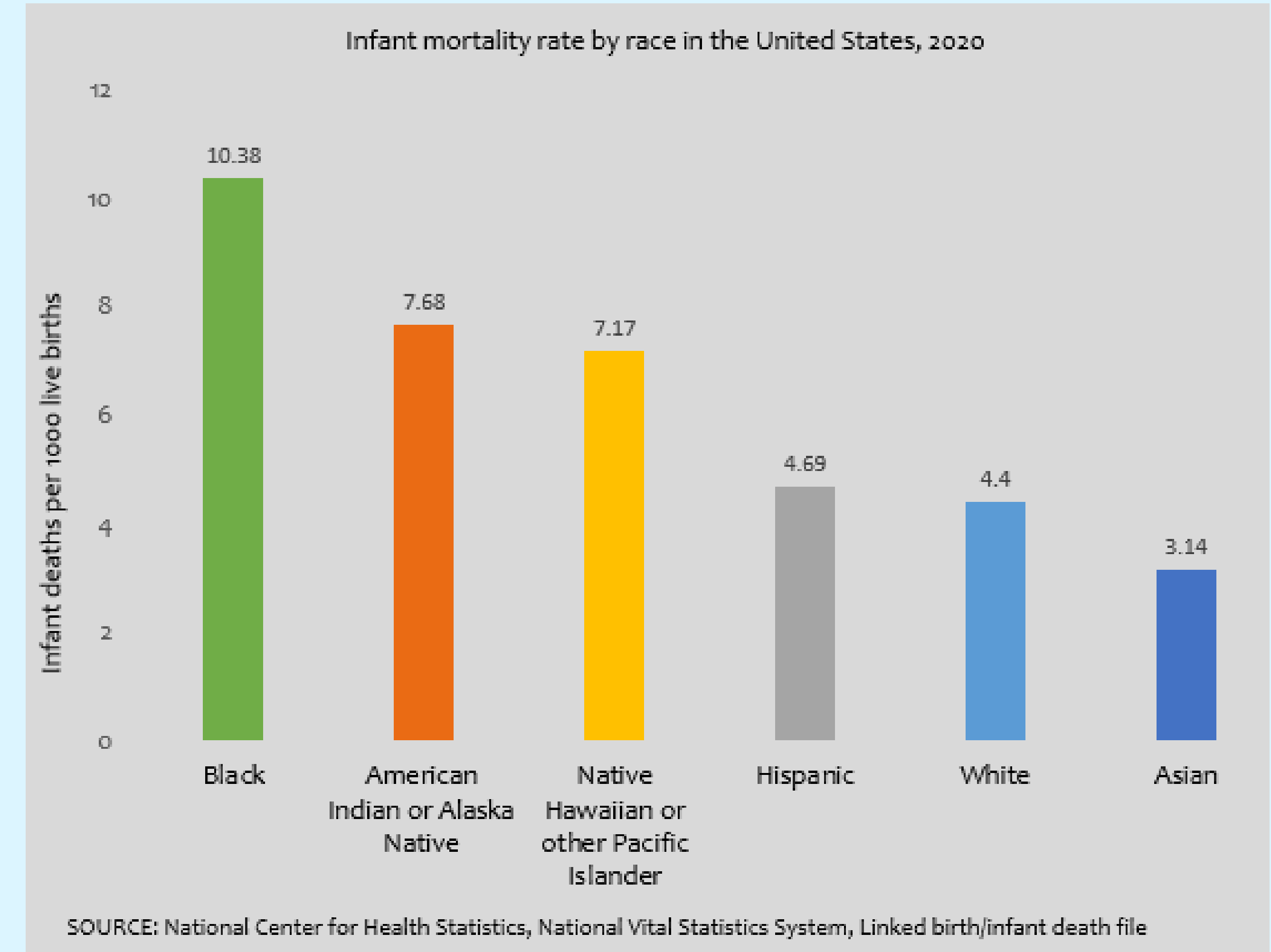


Figure 1. Infant mortality rate by race in the United States, 2020
This research investigates the relationship between culturally minded health interventions and improved health outcomes. It suggests that by drawing on the practicality of American Indian/Alaska Native and African traditional/cultural practices, public health practitioners, healthcare providers, and community health workers could collaborate with members of these communities to develop strategies aimed at reducing infant mortality. This research advocates coupling culturally sensitive interventions with current public health initiatives. Specifically, it highlights breast-feeding, the use of cradle boards and babywearing, and traditional ethnic diets, and their potential to reduce four of the leading causes of infant mortality in these communities.

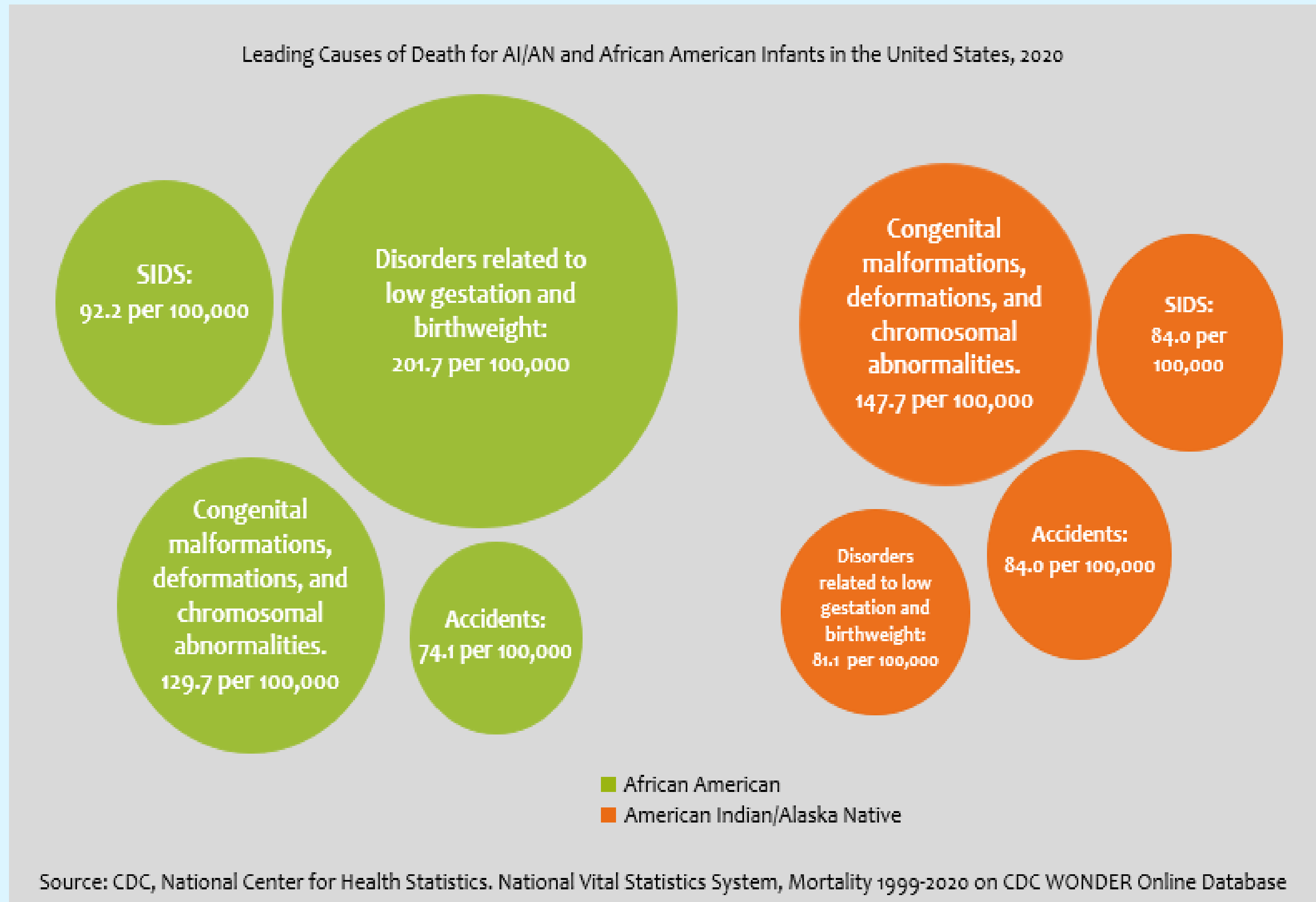


Figure 2. Leading Causes of Death for AI/AN and African American Infants in the United States, 2020.

Methods

Breastfeeding is a traditional practice seen by some AI/AN indigenous tribes as the “first sacred food”^[4] and considered powerful and a source of pride within various African cultures.^[5] Evidence points to breast milk as the optimal source of nutrition for infants and notes the health Benefits of breast feeding for both infants and mothers.^[6,7,8] Notably, breast feeding is associated with a reduced risk of SIDS,^[9] the condition where seemingly healthy infants die suddenly and unexpectedly. This protective effect is believed to be related to immunological and physiological factors.^[9] Still, Black and AI/AN women are least likely to report any breast feeding, compared to other groups.^[10] The legacy of racial discrimination (exemplified by practices like coerced wet nursing), biased government policies targeting the black community, objectification of women's bodies, and cultural detachment, have likely contributed to a decrease in breast feeding rates within the African American and AI/AN communities.^[4,11]

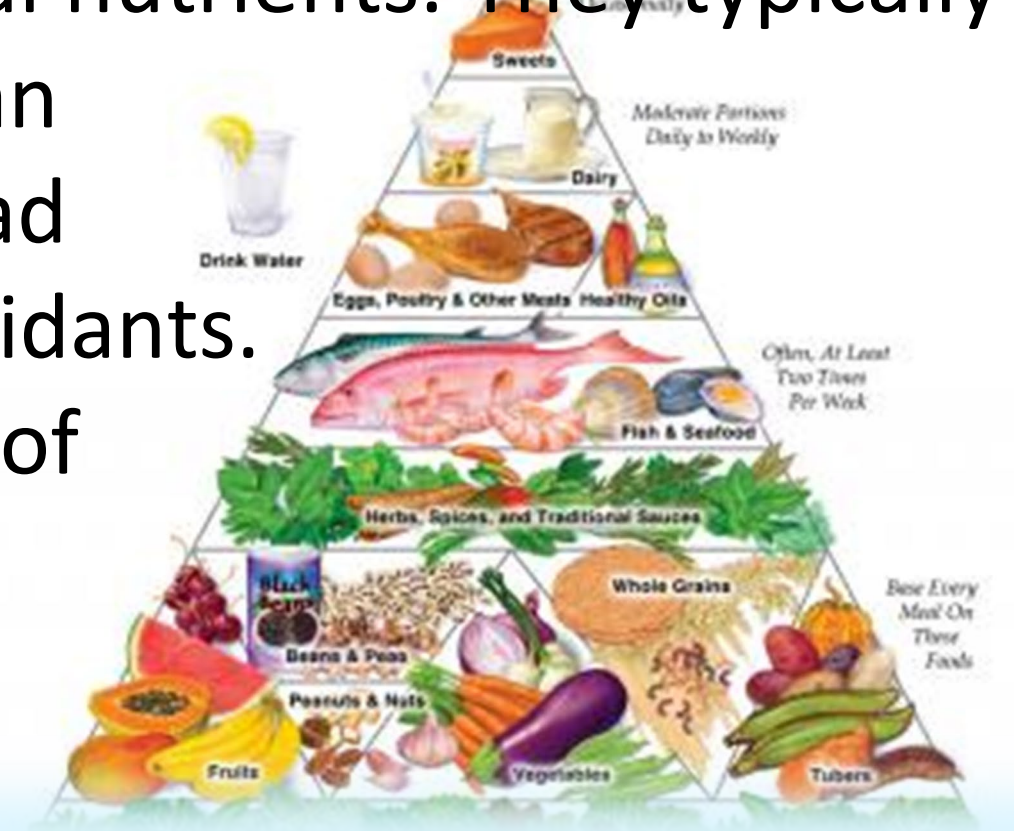


Babywearing/Cradle boards: The use of cradle boards and babywearing is evident throughout AI/AN and African cultures. These practices serve as a connection to tradition and promote infant safety and well-being.^[12,13,14] Cradleboards have been identified as “one of the safest alternative sleep surfaces” that can prevent SIDS.^[15,16,17] When performed correctly, babywearing has benefits for both infants and mothers.^[18] Specifically, it keeps infants of busy mothers close^[18] and theoretically provides a secure environment for the infant, reducing the risk of accidental falls or injuries. Additionally, babywearing can help shield infants from external stimuli, providing a calming and protected space.



Traditional diet: Food takes center stage in the AI/AN narrative.^[19] Historically, food has also played a key role in constructing the Black identity in America and in maintaining an ancestral link to Africa.^[20] This research theorizes that health interventions that incorporate this cultural competence may be effective in AI/AN and African American communities.

Maternal diet plays a role in the development of congenital abnormalities^[21, 22,23] and studies show that healthy diet patterns are associated with a reduction in the risk of these defects.^[23] Could a traditional diet contribute to the protection of fetuses from congenital diseases? These diets often emphasize whole, unprocessed foods that are rich in essential nutrients. They typically include a variety of fruits, whole grains, lean proteins, and healthy fats, providing a broad spectrum of vitamins, minerals, and antioxidants. Traditional diets can offer a diverse range of micronutrients necessary for fetal development. Folate (found in traditional foods like okra, beef liver, kidney, cassava, lambsquarters, seaweed, and corn) contributes to prevention of neural tube defects^[23,24]. Iron (present in traditional foods like liver, beans, millet, sardines, whitefish, oatmeal and leafy greens) has been shown to reduce the risk of congenital heart disease.^[23,25]



Discussion

This research does not claim to offer categorical remedies to the infant mortality trend affecting AI/AN and African American communities. Instead, it highlights that traditional practices are deeply rooted in cultural values, beliefs, and experiences and suggests that incorporating these practices into contemporary health initiatives acknowledges and respects the cultural diversity, history, and preferences of communities. Health interventions that promote cultural competence, engagement, and acceptance, enhance the likelihood of successful adoption and adherence.^[25,26,27] By incorporating these practices into contemporary health initiatives, a more comprehensive and culturally sensitive approach to infant care could be achieved. However, more investigation is needed. Additional data pertaining to the cultural significance of these particular cultural practices could serve as indication of their potential impact as public health interventions. Furthermore, the role played by evidence-based research in determining the allocation of public health funding underscores the need for additional inquiry in order to adequately address the current knowledge gaps that may limit future funding opportunities.

References

