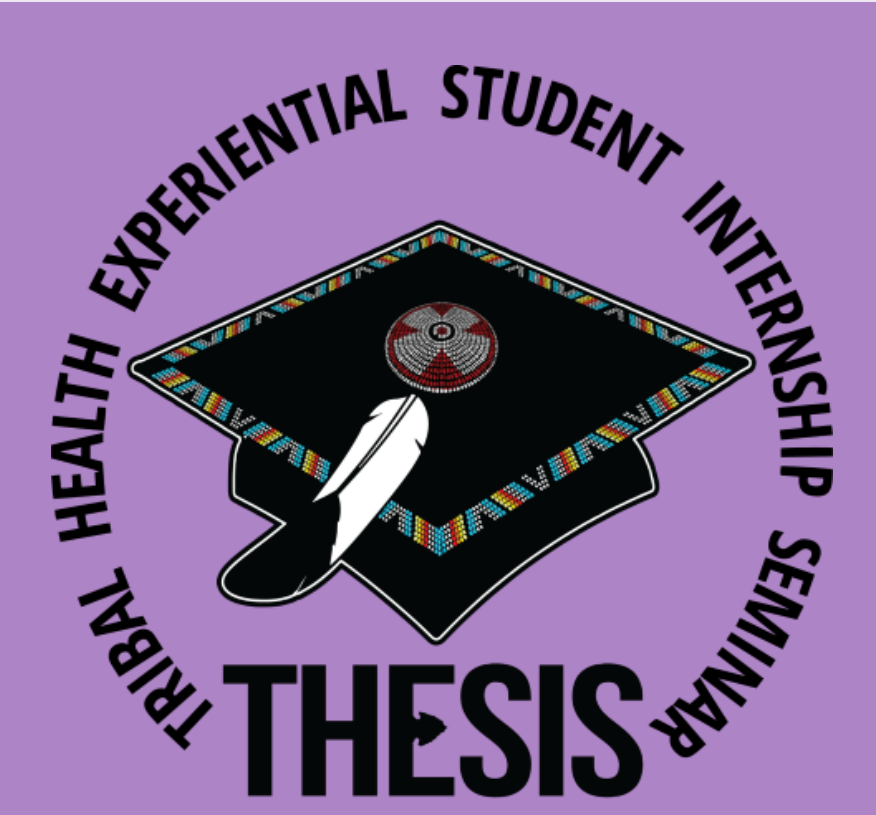


Bridging the Gap: Addressing Breastfeeding Rate Disparities Between Native and Non-Native Communities

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ABSTRACT

This poster addresses the difference in breastfeeding rates between Native Americans and Non-Native populations. It draws on existing literature and statistics to investigate the variables causing reduced breastfeeding rates among the Native American community. In order to encourage breastfeeding among Native American moms, the significance of culturally relevant interventions and calls for better community support, counseling, and education are highlighted.

OBJECTIVES

1. Explore the disparities in breastfeeding rates and breastfeeding-related health outcomes between native and non-native communities.
2. Explore what factors contribute to these disparities.
3. Discuss the long-term health outcomes and benefits of breastfeeding for native women and their infants.
4. Brainstorm how breastfeeding promotion programs can be tailored to effectively communicate these benefits to the native community.

INTRODUCTION

Why is breastfeeding important?

Babies who are breastfed have a lower risk of asthma, obesity, eczema, type 2 diabetes, sudden infant death syndrome (SIDS), and more.^{1,2}

Furthermore, the benefits extend to the mother, for whom breastfeeding can lead to a lower risk of type 2 diabetes, hypertension, certain types of breast cancer, and ovarian cancer.^{1,2}

Recommendations:

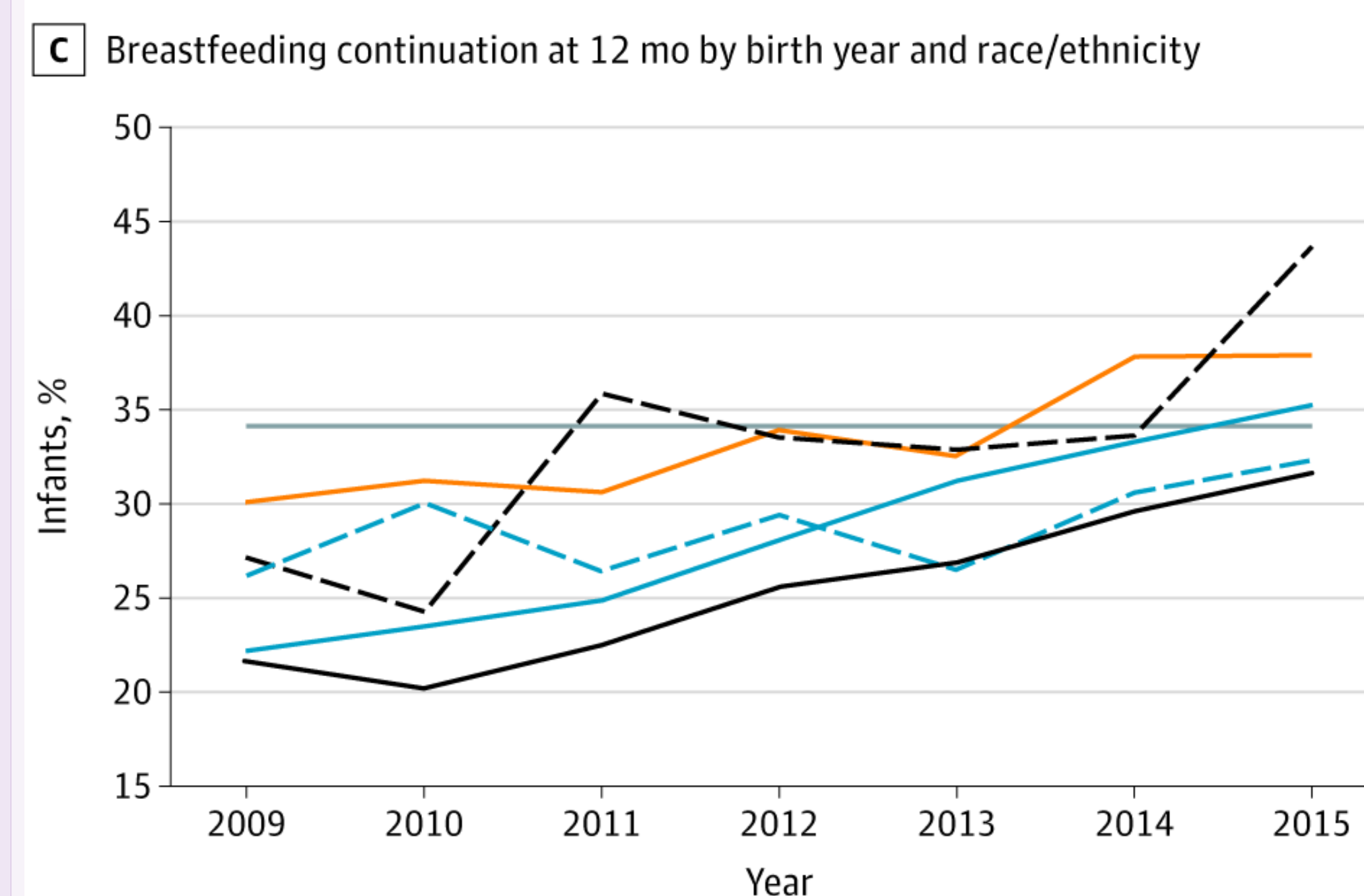
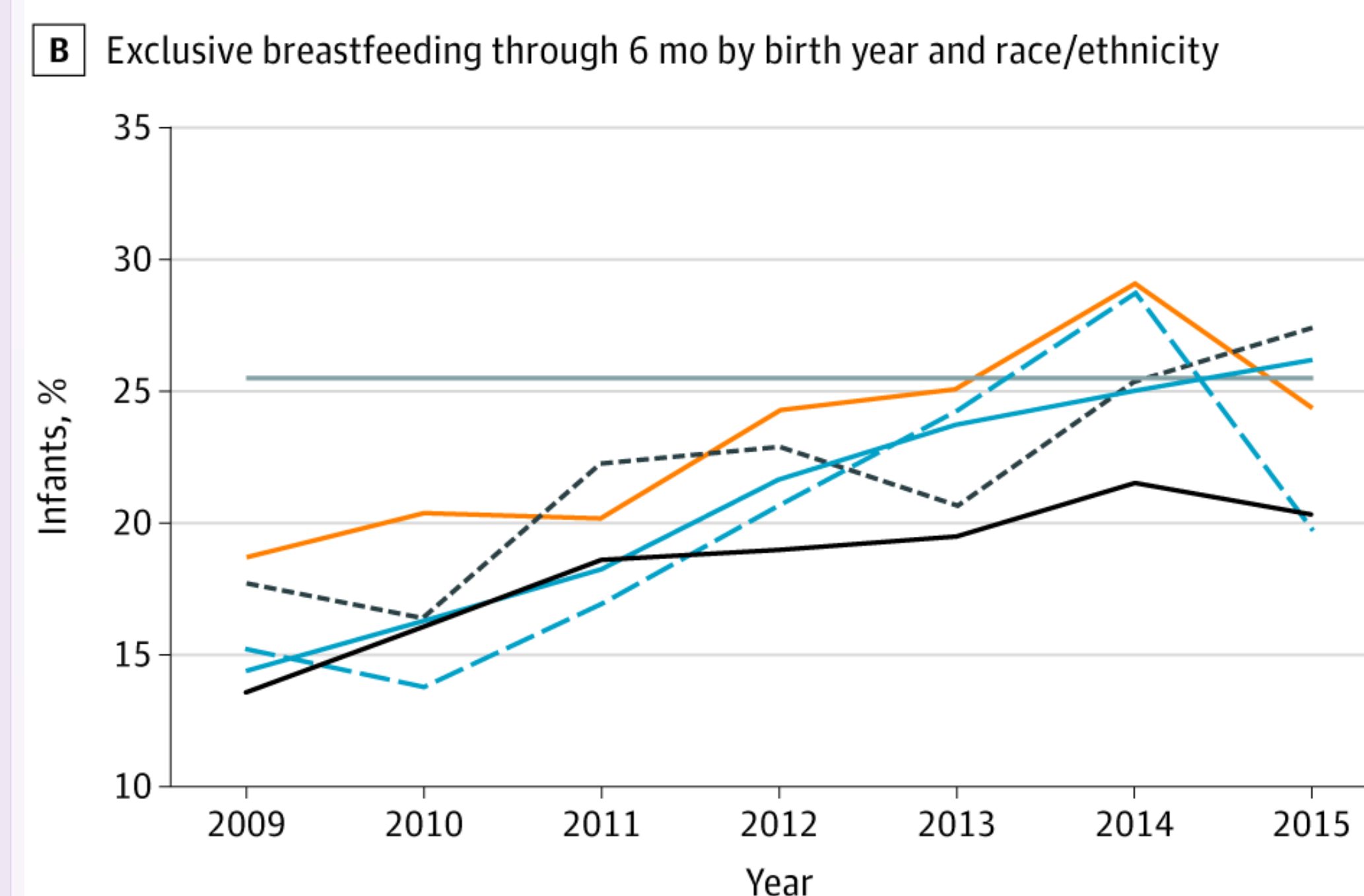
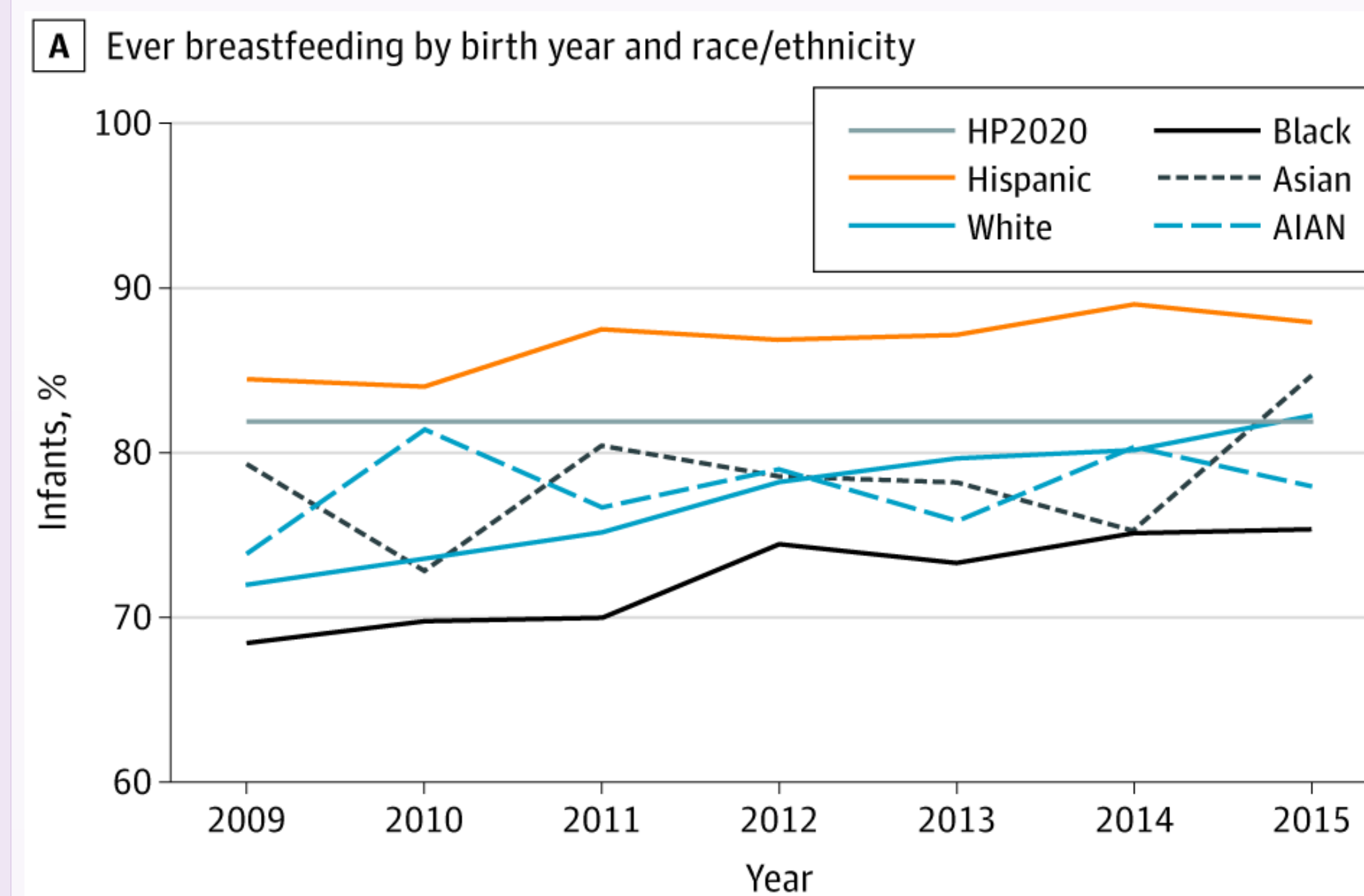
The American Academy of Pediatrics recommends exclusively breastfeeding for about 6 months, followed by continued breastfeeding for 1 year or longer.³

Native Breastfeeding

In 2019, the average initiation rate of breastfeeding in the US was 84% yet the rate for AI/AN was 76.6%.⁴ Breastfeeding can be especially important for this community that faces issues such as high rates of obesity and diabetes.⁵

METHODS

This study utilized a comprehensive literature search to investigate breastfeeding rates in the Native American community. Data collection included a systematic search of academic databases (such as PubMed and Google Scholar), government reports, and an interview with Stephanie Rupnicki (U.S. Breastfeeding Committee Board of Directors Elected Director). The examination of these sources aimed to offer contextual details, fulfill the stated objectives, and generate solutions for practical implementation



RESULTS

When analyzing the data found, there seem to be three apparent trends when it comes to disparities in breastfeeding rates:⁷

- 1) Native population breastfeeding rates have been lower than the United States average.
- 2) There is an apparent lack of quantitative data when it comes to the Native populations (usually due to a lack of suitable sample size)
- 3) AI/AN populations are often not categorized as their own group and are put in with the non-Hispanic whites or 'other'.

What factors are contributing to the disparity between native and non-native communities?

- ❖ Mistrust of the government stemming from historical trauma (policy failures, genocide, ethnocide, forced sterilization).⁵
- ❖ Lack of funds for programs designated for Native populations/tribes (AIAN health care programs are under discretionary funding).⁵



CONCLUSIONS

What kind of solutions/programs can we implement?

Lack of data:

- Lack of data can be addressed through funding and culturally sensitive programs.
- Engage in community-based participatory research
- Conduct culturally sensitive surveys and interviews
- Funding should be sought out for community-based research

Mistrust:

- Reassure tribes when asking for data that we are purely asking for quantitative data and not prying into their culture and practices.
- Build trust/relationships with the leaders and organizations of the native tribes.
- Train members of the community to collect and analyze data themselves.

Breastfeeding disparity:

- Train breastfeeding counselors certified by Indigenous Breastfeeding Coalition to aid tribes with increasing breastfeeding duration and initiation.⁸
 - Important to note that funding is required for this as many counselors go unpaid.
- Invite elders of tribes to share stories of traditional breastfeeding practices.⁸
- Create informational pamphlets that reflect the cultures and practices of individual tribes.

Ultimately, through a multifaceted approach, we can work towards reducing disparities in breastfeeding rates within the Native community, promoting healthier outcomes for infants, and fostering overall community well-being.

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REFERENCES

