Infant Feeding and Weaning Practices in an Urbanizing Traditional, Hunter-Gatherer Society

INTRODUCTION

Over recent decades, urbanization, rapidly changed lifestyles and the adoption of Westernized diets have had profound effects on health in previously traditional societies. In Australian Aborigines, for example, these changes are accompanied by high rates of "lifestyle" diseases such as obesity, hypertension, cardiovascular disease, noninsulin-dependent diabetes mellitus, and renal disease. Similar situations exist in other previously traditional societies now in rapid transition, such as in indigenous populations of North and South America, Asia, and in the South Pacific.

Aboriginal Breastfeeding and Infant Feeding

Breastfeeding was the norm and often prolonged in traditional societies including Australian Aborigines who were the largest and most successful hunter-gatherers on earth. In traditional society, infants were breastfed for at least 2 years but the timing of the introduction of solids can only be speculated. It is likely that Aboriginal infants were weaned onto hunted and gathered foods such as "damper" (a bread made from ground grass seeds), honey, wild fruits and vegetables, tubers, birds and their eggs, kangaroo meat, lizards, fish, turtles, and other aquatic foods. "Wet
nurses” were often used; this is a practice that still occurs sometimes.

Recent Changes in Aboriginal Infant and Child Feeding Practices

Over recent decades, these practices have declined sharply, particularly in Aboriginal people in towns and cities, in contrast to remote areas where breastfeeding is still almost universal. In the early 1980s in Perth, 82% of Aboriginal mothers initiated breastfeeding; however, only half of these urbanized women were breastfeeding at 12 weeks and only about 20% at 12 months. In Melbourne, 98% of Aboriginal mothers began breastfeeding but only 50% were doing so at 3 months and 32% at 6 months. A national survey in 1994 showed that breastfeeding was more prevalent in nonurban Aborigines and that women of higher socioeconomic status tended to breastfeed longer, a finding in keeping with observations elsewhere.

Contemporary Aboriginal Lifestyles and Food Consumption Patterns

Most Aboriginal people now live in cities, regional centers, or in towns, or their fringes. Many of them are part of “mainstream” Australian society, attend school and university, work in business, the arts and professions, and are indistinguishable in many of their characteristics as part of the consumer pattern of life in modern, urban Australia. Even in very remote areas, urbanization and consumerism are highly developed. In those places Aboriginal communities have their own food stores with supplies trucked in over very long distances and difficult terrain, usually by refrigerated trucks. These supplies are infrequent and are often interrupted by floods in the summer monsoon. Supplies of fresh foods are very limited and expensive, making the prospects for local preparation of nutritious weaning foods difficult.

Current Aboriginal food consumption patterns are likely to influence the options for items that can be used for complementary foods in Aboriginal families. Aborigines eat more “take-aways” and use more salt added to foods than do other Australians. Traditional “bush foods” are now of minor importance, nutritionally, and in many remote places contribute <10% of the overall diet. Foods from community food stores are monotonous, high in energy and sugars, high in fat content, and relatively low in complex carbohydrates, fiber, and nutrients (Lee et al). Aboriginal infants and children are now often weaned early onto diets that contain high amounts of sugars, fats, and protein and they are often fed infant formulas rather than breast milk. These eating patterns are likely to be having very significant impacts on the nutrition and health of young Aborigines and, perhaps, on their long-term health, morbidity, and mortality during adult life.

Research Questions

Several general research questions can be elaborated, from the research issues mentioned at the start of this contribution and from the above discussion, about the impact of urbanization on complementary feeding, on how similar situations have developed elsewhere, and what action might be taken to reduce the negative health impacts that are occurring as a result. These questions include:

1. How are previously traditional societies influenced to adopt urbanized and Westernized eating and drinking practices and lifestyles?
2. How are these recent changes in feeding and lifestyle affecting child health and adult diseases in transitional societies?
3. What factors influence women in these transitional societies to alter their breastfeeding patterns and how they wean their infants?
4. How much influence do families (including fathers) and communities have in affecting mothers’ attitudes to breastfeeding and weaning?
5. To what extent do consumerism, advertising, and marketing impact on infant feeding in transitional societies?
6. Can the marketplace be used positively to help improve the use of complementary feeding in impoverished communities where infections, intstestations, and undernutrition are endemic?

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