Aboriginal and Torres Strait Islander Male Health Module for Aboriginal Health Workers

Unit 5. Paternal and child health
Content from:

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For the purposes of this guide, the term Aboriginal Health Worker (AHW) is used to describe
Aboriginal and Torres Strait Islander allied health professionals that provide clinical and
primary health care for individuals, families, and community groups. It is recognised that
there are different registration requirements for the AHW workforce in different States and
jurisdictions.

Acknowledgement

Andrology Australia would like to thank the Aboriginal and Torres Strait Islander Male Health
Reference Group for their guidance and input into the development of this report.
**Pre-pregnancy**

If a couple is trying to get pregnant, they may have stopped using contraception (for example the female “pill”, intrauterine device [IUD], condoms). Some women notice a change in their menstrual cycles (periods) when they have stopped using a hormonal contraception, and it may be a few months before a “normal” cycle returns. They may also experience some “mood swings” as the body adjusts to changes in hormone levels.

Pre-pregnancy is a good opportunity for an AHW to provide advice on lifestyle behaviours that can affect the development of the fetus (unborn baby) (for example, smoking, alcohol consumption) and to make sure the woman is eating a well-balanced, nutritious diet.

Other factors to consider are:
- immunisation status (eg rubella)
- use of medicines
- folic acid supplements
- review of management of chronic disease (eg glucose control in women with diabetes).

**Pregnancy**

A normal pregnancy continues for approximately 40 weeks (worked out from the date of the last menstrual period) and birth usually occurs between 37 and 42 weeks. If births are before 37 weeks, the baby is considered to be pre-term (or premature). For a baby that has not gone “to term”, there can be serious complications, such as low birth weight, and problems with lung and brain development.

Pregnancy is usually divided into three different stages that relate to the development of the fetus and changes the women may experience

1**st trimester (9–12 weeks)**

The fingers and toes have soft nails. The mouth has 20 buds that will become “baby teeth.” You can hear the baby’s heartbeat for the first time (10–12 weeks). Over the rest of pregnancy, the body organs will mature, and the fetus will gain weight. By the end of the third month, the fetus is 6.5cm (2 ½ inches) long and weighs a little over 30 grams (1 ounce).

Most pregnant women experience “morning sickness” (vomiting, usually in the morning) during the first trimester due to changes in hormone levels. This normally stops during later stages of pregnancy.

In the first 12 weeks of pregnancy the nipples and areolas also darken due to a temporary increase in hormones.

The first trimester carries the greatest risk of miscarriage and natural loss of the pregnancy.

2**nd trimester (12–24 weeks)**

The baby is 20–25cm (8–10 inches) long and weighs 225 grams (a half pound) or more. Fine hair has begun to grow on the head. The fetus takes on a recognisable human shape and moves, kicks, and swallows. In the later stages of the second trimester, fetal movements can be felt by the woman. The development of the reproductive organs can now identify the

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fetus as either male or female. Fetal development can be more easily monitored by ultrasound during the second trimester.

The symptoms of morning sickness have usually disappeared and most women then feel that they have more energy in the day. During the second trimester, women also begin to noticeably gain weight and their body shape begins to change with the growth of the uterus, fetus, placenta and additional fat gain. The breasts also begin to enlarge as the milk-producing system begins to develop.

3rd trimester (24+ weeks)

The unborn baby is now growing more rapidly and is about 30cm (12 inches) long and can react to loud noises from the 24–26 week point. If the baby is born at the beginning of the third trimester (after 24 weeks) and given proper care, he/she could survive. However premature birth is life-threatening for the baby and even if the baby survives, he/she may still have ill-health in adult life.

The unborn baby’s lung air sacs begin to develop in the early stages of the third trimester. The brain grows rapidly over the next few weeks. The fetus develops sleeping and waking cycles and moves quite regularly. The mother will begin to notice the movement, which can be quite strong and uncomfortable, particularly as the baby gets bigger. As the baby grows, there is also more pressure on the bladder, causing the mother to feel a need to urinate more often. The baby’s size, its movements and regularly needing to urinate, can also disrupt the mother’s sleep patterns, particularly near the end of the third trimester, which can make the mother very tired. Getting plenty of rest before the birth is very important so she has the energy needed for labour.

Supporting women during pregnancy

The role of the father is important in supporting the mother to have a healthy baby. Women can experience changes in mood or emotions as well as the obvious physical changes related to the hormones during pregnancy and the developing baby. Some women may not be as interested in sex while pregnant as they might be at other times and males need to be sensitive to this.

The AHW can help males to understand the needs of their partners during pregnancy and support them to support the pregnant woman both emotionally and physically.

It’s important for males who will become fathers to understand the stages of pregnancy and what their partners are going through. AHWs can help by explaining what will happen and why.

The AHW can also help males to understand the physical changes women experience and their needs during pregnancy, and how men can best support their partners physically and emotionally.

Antenatal care

A healthy pregnancy will provide a child with the best start in life, both physically and socially. Antenatal care (care during pregnancy) can help parents to understand factors that will affect the health of the developing baby, such as poor maternal nutrition, disease, sickness and infection, maternal substance misuse, and the mother’s age. All of these factors can contribute to a lower birthweight, increased infant morbidity and mortality and generally have a negative impact on the infant’s health and well-being.
Maternal nutrition

Pregnant women have some particular nutritional needs, as a well-balanced diet contributes to:

- normal birth weight for baby;
- improved fetal brain development;
- decreased chance of pregnancy complications such as morning sickness, fatigue (tiredness), mood swings, anaemia (not enough red blood cells) and pre-eclampsia (high blood pressure, swelling of feet and hands); and
- a speedy recovery after the birth.

Poor maternal nutrition can result in low weight gain during pregnancy, which in turn can slow fetal growth and cause developmental problems and ill-health during childhood and adulthood.

There are now many studies to show that there are strong associations between fetal development and later adult disease (the Barker Hypothesis). The idea that nutrition early in life can influence growth and health in later life is not new, but it is only in the past decade that the hypothesis has become more widely accepted.

For example, low birth weight contributes to adult kidney disease in high-risk Aboriginal and Torres Strait Islander populations, possibly due to impaired development of the kidneys caused by fetal malnutrition. Low birth weight is about twice as common in Aboriginal and Torres Strait Islander babies than non-Indigenous babies (12% compared to 6% respectively) (Australian Institute of Health and Welfare (AIHW), 2008, 2013). While infant and perinatal mortality has declined significantly over the past few decades (Australian Institute of Health and Welfare (AIHW), 2013), the greatly improved survival of low birth weight babies may partly explain the kidney disease epidemic among Aboriginal and Torres Strait Islander communities.

Healthy lifestyle

Many substances (alcohol, tobacco and illicit drugs) can pass from the mother's blood stream through the placenta (baby's sac) to the foetus. Once in the baby’s blood stream, alcohol, tobacco and illicit drugs can have dangerous effects on the growth and development of the foetus. Maternal alcohol consumption during pregnancy can result in a wide range of health problems in babies. The term Fetal Alcohol Spectrum disorder (FASD) is used to describe the range of adverse outcomes from alcohol consumption during pregnancy. FASD affects brain development and causes lifelong disability due to intellectual and behavioural impairment. As the name suggests, FASD is a spectrum of disorders, with the most severe being Fetal Alcohol syndrome (FAS) which includes both physical features (eg small head and brain, facial abnormalities) and intellectual and neurodevelopment (brain development) problems (eg difficulties in walking, hearing loss and poor eye-hand coordination) as well as more subtle effects of delayed learning or behavioural problems even where there are no physical problems.

Specific drugs have been developed for treating the symptoms of withdrawal from alcohol in babies. However, there is no treatment for life-long birth defects and intellectual problems. Babies and children with alcohol-related damage often need developmental follow-up and, possibly, long-term treatment and care.
For more information on FASD, see the National Organisation for Fetal Alcohol Spectrum Disorders Australia website.  

**Maternal disease and infection**

Poor physical health due to disease and infection during pregnancy can have a negative impact on the development of the fetus. Serious implications to both the health of the mother and growth and development of the fetus, and birth outcomes can occur with:

- gestational diabetes
- streptococcus B infection
- hepatitis
- hypertension (high blood pressure)
- sexually transmitted infections (STIs) (particularly Chlamydia or gonorrhoea).

If Chlamydia or gonorrhoea is present during pregnancy, there is an increased risk of premature labour and increased risk of infection in the baby, particularly eye infections.

**Teenage mothers**

Pregnancy in adolescence increases the health risk for both the mother and baby. Babies of teenage women are more likely to be born premature, have lower birth weight and have higher rates of illness and death. As the adolescent mother is still growing herself, her body uses nutrients from food for her own growth, thereby diverting nutrients away from the baby and potentially reducing the baby’s birth weight.

Adolescent lifestyle factors including poor diet, substance misuse and financial stress can also lead to more negative outcomes for the babies of teenage women. In the long term, adolescent pregnancy has been shown to lead to poor economic and social outcomes for adolescent girls and their children.

AHWs are important providers of lifestyle advice to the community. This role is even more vital for couples planning a family, as it will help the woman to eat well, avoid alcohol and raise the chances of the baby being healthy.

2 **FACTORS AFFECTING CHILD DEVELOPMENT**

Raising children can bring amazing feelings of happiness and achievement but it is no easy job and babies and children can be very demanding or have special needs. There are many things that can be done by parents and others to support the healthy development of children and keep them safe from harm. Children who are raised in a way that builds on their positive experiences and helps them develop and grow are usually happier and behave better than children who are not.

**POSTNATAL CARE**

It is important for women to attend postnatal check-ups for their own health as well as that of the baby. Partners can support women by encouraging them to attend their postnatal check-ups.

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At postnatal check-ups the doctor will assess the child’s health and development including checking for undescended testicles (see also Unit 9 Male-specific health issues) and will ensure vaccinations are done.

A man also needs to be sensitive to the needs of his partner in this period after birth. New mothers may be especially tired and may not feel like having sex. Sex too early after birth can also cause infection or be painful for the woman. Women who have had a Caesarean section need special care while they are healing from the operation.

**POSTNATAL DEPRESSION**

If a man is concerned that his partner is feeling very sad or angry she may be suffering from postnatal depression and should see a health professional. The AHW can support males in identifying possible postnatal depression and helping their partner to seek appropriate help.

The AHW can be very important in helping the father to support his partner during the postnatal period by helping him understand the needs of the mother and the baby and encouraging attendance at postnatal check-ups.

**INFANT FEEDING**

Birth weight and growth in the first year of life has a strong relationship with infant survival, for ill-health in later life and for the socioeconomic (satisfaction and wealth) prospects of the individual, so the infant’s diet in this year very important. The World Health Organization recommends that all babies are breastfed for at least the first 6 months of life. Breast milk provides a balanced food that is easily used by the infant’s body and meets the needs of infants in the early months of life. It also helps to protect against illness (such as diarrhoea and respiratory illness).

Some women choose not to breastfeed or find it difficult. Although Aboriginal and Torres Strait Islander women are just as likely to initiate breastfeeding as non-Indigenous women, they are less likely to exclusively breastfeed their babies for the first 5 months (Australian Indigenous HealthInfoNet, 2014). Reasons for not breastfeeding among Aboriginal and Torres Strait Islander women include: anxiety about having enough milk, that breastfeeding interferes with lifestyle, anxiety about infant’s illness or sore breasts or nipples (National Health and Medical Research Council (NHMRC), 2000). Other factors that may influence rates of breastfeeding are smoking and drinking. Cigarette smoking by the mother can affect the milk supply and may cause gastrointestinal upsets for the infant. If a breastfeeding mother drinks alcohol, the level of alcohol in the breast milk is the same as in the mother’s blood. If the mother regularly consumes alcohol or drugs, she might consider expressing her breast milk before drinking alcohol (National Health and Medical Research Council (NHMRC), 2009).

By explaining to fathers the importance of breastfeeding and the effects of smoking and drinking while breastfeeding, AHWs can help promote a healthy approach to infant feeding.

**SOCIAL FACTORS AFFECTING DEVELOPMENT**

Providing a child with the best health start possible (particularly in the first three years) can have a huge impact on the rest of their development throughout their lifetime. Stress and neglect in these early years can have a marked effect on later health and education outcomes for the child:

- infants develop core attachments between about six and eight months and instability in the family structure or environment can result in an insecure basis for bonding;
the development of a caring, nurturing family environment has been shown to have a positive impact on the health of children in later life. Research has demonstrated that early stimulation from parents and the family environment can help a child’s brain development;

- low socioeconomic status has been shown to be a marker of elevated risk — diet, nutritional status and the physical environment of children are affected by socioeconomic status;

- Aboriginal and Torres Strait Islander boys are more at risk from injuries and accidents than girls;

- building coping skills and resources in families builds a buffer against stressors (worries) in life — parenting practices are important factors in the development of positive behaviours in children in the early years and into adolescent life;

- the level of antisocial behaviour witnessed or experienced by children has an impact on the level of conduct problems in children, raising the importance of quality in parental and family relationships; and

- incarceration (jailing) of a parent can dramatically affect the stability of the family unit by further imposing greater hardships and restricting access to male role models in the developing years of this age group.

**Children see ~ children do!**

Aboriginal and Torres Strait Islander males are role models for their children, whether they like it or not (see Box 1 at the end of this unit). Children copy the behaviour of their parents and caregivers for these are the people that they spend most of their time with and who they look up to. At the ages 0–7 years, young boys try to copy their fathers or their mother’s partner so that they can be big and strong, like them. Because of this, it is vital that Aboriginal and Torres Strait Islander males are aware of how they speak and behave in front of their children. Children who witness or experience violence, sexual and verbal abuse can suffer emotional and mental harm and are more likely to become abusers themselves later in life (Bender, 2004).

**Exposure to tobacco smoke**

Every time a parent, carer or other person smokes around the child the child is smoking too. Exposure to second-hand smoke means breathing in other people's smoke. It affects non-smokers and smokers. Children exposed to cigarette smoke can develop a number of serious health problems. Children can also learn smoking behaviours from their parents and other adults.

Through men’s groups and other programs, AHWs can encourage males in the community to act as role models for other males and for children.
PROVIDING ANTENATAL CARE

Antenatal (during pregnancy) care gives the AHW an opportunity to check on the health of the mother and developing fetus and to look for factors that may affect the pregnancy. Evidence suggests that under-use of antenatal care increases the risk of health problems in both mothers and babies.

The standard model of antenatal check-ups for a standard full-term pregnancy (13–14 visits for a standard full-term pregnancy), includes:

- every four weeks up to 28 weeks gestation
- fortnightly to 36 weeks gestation
- weekly to birth.

However, some antenatal care models suggest that a reduced number of antenatal visits (nine to ten visits) is appropriate for low-risk pregnancies.

The number of antenatal visits can also be affected by the accessibility and availability of local maternity services. It is important that males help their partners go to regular antenatal checks by driving them there or making arrangements so that they can get their easily, especially if there are a number of other children in the family who need looking after when she visits the clinic.

While the physical health and behaviours of the mother during pregnancy can have a significant impact on the health (physical and mental) of the baby, having and raising children is a shared responsibility between both the mother and father. Most fathers are very involved in supporting their pregnant partner during pregnancy and childbirth, and in raising the child. It is important for AHWs to support the fathers in this responsibility and encourage and educate those fathers who are less involved in supporting their partner’s pregnancy.

An AHW can support the father during a partner’s pregnancy by explaining to him:

- the importance of being involved in the pregnancy;
- that there will be hormonal changes through the pregnancy that may affect the woman’s mood;
- the importance of him going along to antenatal care visits;
- the importance of good maternal nutrition for the baby’s growth and development;
- the relationship between lifestyle behaviours (eg alcohol and smoking) and negative outcomes for babies, both in pregnancy and early childhood.

Smoking and drinking during pregnancy

Pregnancy is an important time to have a healthy lifestyle and stop use of alcohol, tobacco and illicit drugs because of the effects on the growth and development of the baby. An important part of antenatal care is helping the father understand the importance of supporting healthy lifestyle choices the mother has to make during pregnancy.

There is good evidence that if the father smokes and drinks then the mother won’t stop smoking and drinking during pregnancy. The father might have to stop smoking and drinking during this time to help support their partner to also give up during pregnancy.

There are many excellent resources available to give support to men and women when trying to give up alcohol and tobacco.
Fetal alcohol spectrum disorder is 100% preventable. However, the mother needs to stop using alcohol before becoming pregnant. Because no amount of alcohol is proven safe, women should stop drinking immediately if pregnancy is suspected. Education is needed to help stop women drinking during pregnancy.

**Mother’s diet during pregnancy**

The basis of a well-balanced diet is a balance of grains, fruits and vegetables, protein, dairy and fats. Males can help to make sure that their partner’s diet contains a wide variety of nutritious foods:

- eat plenty of vegetables, legumes and fruits
- eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
- include lean meat, fish, poultry and/or alternatives
- include milks, yoghurts, cheeses and/or alternatives
- choose water as a drink
- limit saturated fat and moderate total fat intake
- choose foods low in salt
- consume only moderate amounts of sugars and foods containing added sugars.

A pregnant woman needs to drink at least 2 litres of water a day; more if she is retaining fluid or if it’s very hot. Fluid intake and retention will increase as the baby grows so more fluids are needed during the course of the pregnancy. Increased fluid intake will also reduce the risk of early labour and of developing stretch marks and constipation.

During pregnancy, measuring healthy weight for gestational age and height, and rates of anaemia can check the status of the mother’s nutrition. However, in many remote communities, the supply of healthy, accessible and affordable food may not be reliable, which can contribute to poor maternal nutrition.

**Smoking and children**

It is important to explain to expecting parents the dangers of smoking around children. Advice might include the facts that:

- smoking in the house or car exposes children to a higher chance of some illnesses (such as asthma); and
- parents are role models to children and should not smoke in front of them.

Parents who do not smoke can be advised to protect their children from other people’s smoke by choosing to avoid dining in or attending smoking venues with children, looking for carers or childcare facilities that have a smoke-free policy, and stopping other people smoking in their car or home.

Getting the father involved in healthy lifestyle choices during the pregnancy will help support his partner to do the same.

**Making arrangements for the birth**

Adequate maternity care for Aboriginal and Torres Strait Islander women, particularly those living in rural and remote areas, is often lacking. There are often limited birthing options available for Aboriginal women in remote areas, with women needing to relocate near the expected birth time to be closer to a maternity service. Childbirth at any time can be a stressful time, but needing to move and be separated from the family during the birthing process can add further stress and anxiety. Such practice is not culturally appropriate and can be unsafe, particularly if the labour starts earlier than expected.
Making childbirth arrangements early, well before the baby is due, making arrangements to be able to get to the hospital in good time, and arrangements to look after any siblings, particularly if the mother needs to travel for the birth, will help reduce the stress and anxiety that may occur during this time.

The AHW can explain the importance of support during childbirth to fathers and assist in making arrangements for the birth.

**Parenting Programs**

There are many different parenting programs now available that give some helpful tips and advice about parenting. Some local programs are also being established that attempt to correct the lack of parenting skills, particularly among young fathers.

According to Newell et al (Newell, et al., 2006), although many parenting programs are available, Aboriginal and Torres Strait Islander males are not accessing them, largely because many find the existing programs to be too female-oriented, not culturally relevant, difficult to access and insensitive when classes were missed due to family or community crises. Aboriginal and Torres Strait Islander focused “fathering” courses should be initiated, maintained and supported in all communities in order to provide skills that allow Aboriginal and Torres Strait Islander males to:

- develop more positive relationships with their children
- develop more positive relationships with their partners, or ex-partners
- improve their understanding of children’s development and needs
- understand and accept the responsibility of fatherhood
- improve their communication skills
- understand the importance of showing affection
- learn and practice effective, positive discipline strategies.

Consideration in developing such programs should include:

- male perceptions of fathering and how various factors influence their fathering — in both positive and negative ways;
- male views of what helps them with the overcoming difficulties of being fathers;
- male perceptions of what could help them become better fathers (eg: changes in their local environment, skills they would like to learn);
- male expectations of a fathering program;
- how they would like to see the program run (eg: number and types of fathers to be involved,
- where and how often the group should meet, how long each session is and how the overall program should run);
- the issues the men would like covered within the program;
- the preferred format for program materials (eg pamphlets, videos); and
- issues which may limit the men’s ability to attend the program regularly.

Parenting programs such as those listed below are available but communities need to consider which ones fit best with the community needs and whether there are models from other communities or overseas that are applicable.

**Triple P: Positive Parenting Program**

This Program provides some easy to understand information and tips on parenting in general and what to expect at each stage of child development. The Program and range of resources provides practical advice on positive approaches to parenting and provides
suggestions for preventing and managing common problems. More information about the Program is available on the website.³

Parents under Pressure

Parents under Pressure (PuP) program is an intervention specifically designed for use with multi-problem, high-risk families. Such problems may include depression and anxiety, substance misuse, family conflict and severe financial stress. Often parents with these pressures have limited emotional resources, which means the relationship with children may be problematic. In turn children may have significant behavioural problems. The overarching aim of the PuP program is to help parents facing adversity develop positive and secure relationships with their children in order to reduce problem child behaviours (where they exist), and promote a settled, nurturing and safe family environment. More information about the program is available on the website.⁴

Parenting SA

Parenting SA is an initiative of the government of South Australia to promote the value of parents and the important role of parenting, a role shared by grandparents, relatives, friends and those who care for children. The Parenting SA website⁵ has lots of helpful resources including information specifically for Aboriginal families.⁶

Hey Dad! For Indigenous Dads, Uncles and Pops

This program was written to help Aboriginal and Torres Strait Islander males engage with and understand their children and to help them to have the confidence to be strong role models for their children. It covers a range of topics including: being a dad today; understanding grief and loss; talking with and understanding kids; keeping kids safe; and coaching kids. The program is based around a comprehensive manual and workbook, which is also available on CD. It also provides a link to other family services and can contribute to the building of community capacity.⁷

The AHW can play an important role in promoting parenting programs and referring fathers to them.

Healthy for Life is an Australian government program that provides funds to enhance the capacity of Aboriginal and Torres Strait Islander primary health care services to improve the quality of child and maternal health services, chronic disease care, and to improve the capacity of the Aboriginal and Torres Strait Islander health workforce. Since late 2008, male health care can also be incorporated into service delivery in this program. (See http://www.nbmmml.com.au/Community/Programs-Services/Aboriginal-Health/Healthy-for-Life.aspx for an example of this program)
Box 1: ‘Dos’ and ‘Don’ts’ for males to support their families

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<tr>
<th>DO…</th>
<th>DON’T…</th>
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<td>Be loving, kind, compassionate,</td>
<td>Argue and fight in front of the kids</td>
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<td>forgiving, respectful, honest</td>
<td>Abuse partner or kids</td>
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<td>and truthful</td>
<td>Be violent to others and family</td>
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<td>Be ashamed of who you are</td>
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<td>Be an example or role model for</td>
<td>Gamble money away</td>
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<td>your partner and kids</td>
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<td>Make sure there is food in the</td>
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<td>cupboard</td>
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<tr>
<td>Spend time reading to your kids</td>
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<td>Communicate with kids and partner</td>
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<td>regularly</td>
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<td>Don’t say one thing and do</td>
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<td>something else ― practice what</td>
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<td>you preach</td>
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<td>Support family by working and</td>
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<td>paying bills</td>
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<td>Have a job or employment</td>
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<td>Share household responsibility</td>
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<td>and take responsibility for</td>
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<td>household chores</td>
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<td>Have goals</td>
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<td>Resolve conflict by talking</td>
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<td>rather than fighting</td>
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<td>Instil confidence in your family</td>
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<td>Respect yourself and others</td>
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<td>Look at spiritual needs and</td>
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<td>values</td>
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<td>Admit when you are wrong</td>
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<td>Make sure there is food in the</td>
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<td>cupboard</td>
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Source: Adapted from Tsey et al (2004)8

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National Health and Medical Research Council (NHMRC). (2000). Nutrition in Aboriginal and Torres Strait Islander Peoples. An Information Paper. Canberra: NHMRC.

National Health and Medical Research Council (NHMRC). (2009). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC.


Summary: Section 2 outlines the importance of proper nutrition in pregnancy, infancy and childhood and discusses assessment of childhood growth and iron deficiency anaemia.

Parents under Pressure: http://www.pupprogram.net.au/
