From a talk given at an NMAA meeting in Home Hill, Queensland. (Probably a counsellors’ regional workshop, Townsville region.)

NMAAA as a Self-Help Organisation

By Virginia Phillips

The Nursing Mothers’ Association of Australia (NMAA) is considered in the context of the self-help situation, and is compared with Katz and Bender’s useful working description of self-help groups.¹

The reasons for the formation of the body are briefly described, within this context, to show the need which the group in question, NMAA, was created to fill. NMAA is demonstrated to be an effective self-help group, within the usual understanding of the term “self-help group”.

Issue is taken with one aspect, only, of Katz and Bender’s useful description: that the self-help group operates through face-to-face interaction, and it is shown that, in certain circumstances, a self-help group may support its members, or potential members, through telephone counselling or the written word.

“Self-help-and-mutual-aid” (hereafter called “self-help”) is a term which has different meanings for different people. It is often seen as an adjunct to, and is often initiated by, professional services and/or personnel; it may, on the other hand, be initiated by the interest-group or the socially disadvantaged. It may embrace “self-care” (in the health area) at the individual or community level; and some see the family as the primary self-help unit in society.² “Self-help” is, however, most frequently perceived in a relatively narrow way, as the self-help group, or organisation, in the health, welfare, or life-style areas.²

In order to examine the Nursing Mothers’ Association of Australia (NMAA) within the context of the self-help situation, it is helpful to compare the organisation with a useful and much-quoted working description of self-help groups. The description which follows is from Katz and Bender’s The Strength in Us: Self-Help Groups in the Modern World (1976), which provides the most satisfactory and useful description – of groups – that I have yet seen:

Self-help groups are voluntary, small group structures for mutual aid the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social


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and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasise face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance as well as emotional support; they are frequently ‘care’ oriented and promulgate an ideology or values through which members may attain an enhanced sense of personal identity.iii

Why NMAA?

Before I discuss NMAA as a self-help organisation, I would like to give you some idea of why NMAA was founded. NMAA, founded in Melbourne in 1964, on the initiative of Mary Paton, offers self-help and mutual support by women, for women, who are at a particular stage of the life-cycle. The association provides moral support, education for breast-feeding, and mother-to-mother assistance for the woman seeking to breast-feed her infant.

In the 1960s, when NMAA was founded, the art of breast-feeding was in decline, as it has been at various other times in the history of mankind. The reasons for the decline were manifold: The improvements in the safety of artificial feedings, and the improved knowledge of hygiene, had made artificial feeding much safer than it had been in past periods when it had been fashionable; this increased safety was to be found in the methods of preparation of food, and in sterilisation of the materials and utensils, and in better design for easier cleaning of the receptacles used for delivering the baby’s artificial feeding to her/his mouth.iv The increasing respect for science had, by the late-nineteenth and early-twentieth centuries, become for some, a quasi-religion. For others, superstitious belief in the fairies or fate or magic had given way to quite similar and equally unfounded beliefs in the almost magic efficacy of science. In the case of infant-feeding, science had provided a product, or products, which had to be impressively measured and prepared according to exact and scientific-sounding directions. (Ironically, it was later to be Science which demonstrated anew the value of breast-milk over its many substitutes, in the feeding of human infants.) The society in which we live began, also – and not for the first time – to lean towards a greater artificiality as the century progressed; this was the period of beehive hairdoes, pointy-toe shoes, junk foods, and artificial feeding of the majority of infants.

At the same time our much more mobile society meant that the sort of support a mother might have had, that of her mother or grandmother, her sisters or aunts – the extended family – was unavailable to her. Often, of course, the new mother’s mother and grandmother had little or no experience and knowledge of breast-feeding, but, when they had, this experience was often not available, because of distance. Young mothers often were living in new housing developments, where their neighbours for blocks all round were likely to be young working couples or other young families facing the same problem. Hospital staff members usually paid lip service to breast-feeding, but were as ill-equipped as the rest of the community to share breast-feeding knowledge, and very
little time was devoted to the subject in medical schools. There was less motivation given to mothers to breast-feed, but those mothers who really wanted to breast-feed their babies often had their goal unsatisfied, through lack of positive encouragement and practical help. This is simplifying the situation a little, but I hope it points to the gap which existed in the methods of passing on the art of breast-feeding and in encouraging mothers during their lactation.

Into this gap came NMAA, founded out of the frustration of one mother and her friends in being unable to obtain the sort of information and whole-hearted support they believed they, and other mothers, needed in order to achieve a satisfactory breast-feeding of their babies.

NMAA as a self-help group

NMAA started as a single group, holding regular discussion meetings, and building up a lending library, just as the hundreds of local groups do today. Much has changed, on a national and organisational level, but the primary unit of NMAA is still the local-level group, and it is at this level that most who come in contact with NMAA, who use our services, or contribute their time and skills, experience NMAA. This is, by the way, why our lay counsellors, and the training of them, are considered of such importance, and we expect high standards of training and of ethical behaviour, in order that mothers in Home Hill or Darwin can reasonably expect a similar standard of help from NMAA as they would get in Brisbane, Melbourne, or Perth (bearing in mind that each counsellor brings with her an individual personality, style, and experience). New ways are being found to streamline and improve the organisational side of NMAA, and to cope with the bureaucratical problems attendant upon such rapid growth as ours; but the local group remains the primary unit.

Let us look at the Katz and Bender description again.

The NMAA group is a meeting ground for women with a common interest, pertaining to a particular stage of the life-style. In this sense they are peers, equals with a common goal, and having, or expecting to have, a common experience. The extended family and professionals have, as has already been mentioned, been unable to provide modern mothers with the sort of empathetic support and information which many mothers need in order to breast-feed successfully. And NMAA is able to provide this help. Indeed, NMAA has been likened to a surrogate grandmother (although many of our counsellors are quite young women, and their knowledge far sounder that that of many of the most well-meaning grandmothers today!).

“Face-to-face social interactions” are often a feature of self-help groups, but are not always possible, and therefore not an essential part of any future definition of self-help groups. Much of NMAA’s mother-to-mother counselling is done over the telephone, and occasionally by letter, and some of our groups have conducted discussion groups by correspondence for geographically isolated mothers, a service which I pioneered and which others improved. We are not alone in using the telephone, as well as face-to-face
contact; as one instance, Life Line employs the telephone as the primary contact, although face-to-face contact may follow. And Parent Australia, NMAA’s sister organisation, has conducted correspondence discussion groups on a variety of topics.

NMAA provides various forms of material assistance, and these depend very much on the resources and character of the particular group. Not every group is geographically compact enough, and has enough highly motivated volunteers with the time to spare, to conduct a “survival committee”. This is probably the more common name used for a group’s sub-committee which organises practical assistance for the mother in her first few days at home with her newborn baby, or for the mother with some sort of special or emergency situation, such as a multiple birth, or a premature or sick baby, where the mother may temporarily need transport to and from the hospital, the minding of her other children, or other assistance. Often the “survival committee” provides a casserole, sometimes for a minimal charge, to the mother, on request. At other times, the assistance given might be in doing some ironing, to enable the mother to get more rest and to devote more time to the baby. Other practical assistance comes in the form of reading matter available form NMAA.

NMAA can certainly be said to be “‘cause’ oriented”.viii We believe that breast-feeding provides the optimal nutrition for the human infant, as well as providing mother and baby with a close interaction which mothers value. The advantages, and uniqueness, of human milk for human infants, are continuing to be shown by research in the fields of biochemistry and immunology, as well as in the other sciences.ix Our ideology is expressed in our Statement of Policy and in our Code of Ethics for counsellors, and this same ideology is reflected in the NMAA Newsletter, and NMAA’s pamphlets and other publications.

The benefit provided by the self-help situation of the NMAA group flows in two ways: from the counsellor and other experienced breast-feeders to those who are inexperienced and/or lacking in confidence and knowledge, and then back from the helped to those providing help.x The help received by the helped is the more obvious: specific suggestions, where applicable; an increased sense of her own worth as a decision-maker; and, hopefully, a growth in her skill and confidence in the art of breast-feeding. The flow from the help to the helper is not usually recognised. This may be: a sense of worth in being able to empathise and offer helpful suggestions; continued learning; and friendship. For each mother helped – whether by ante-natal education for breast-feeding, by the support of the discussion group situation, or by specific counselling – there is an increase in resources in the community, of knowledge and understanding of the feminine art of breast-feeding.

References

i Conference on Self-Help and Mutual Aid in Contemporary Society, September 10-14, 1979, Dubrovnik, Yugoslavia.
ii Ibid.
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