

Infant Feeding As Perceived And Practiced By Families In Iraqi Kurdistan: A Descriptive Study



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Abstract

This study was done to investigate the attitudes and practice of families in Iraqi Kurdistan regarding breastfeeding and infant feeding during the first 6 months of life as part of a programme for promotion of breastfeeding. One hundred and Eighty mothers, fathers and grandmothers were interviewed through a semi-structured questionnaire at their houses in rural and urban areas. One fifth of mothers have delivered without skilled birth attendance help, half of the babies are given water and sugar solution before milk and around one fifth are deprived from colostrum. Attitudes are generally favorable about breastfeeding but there are negative perceptions and practice about colostrum and early infant feeding. Exclusive breastfeeding is not practiced and almost all children are given additional food and fluids early in life, half of them right from birth. The in-laws and the husband are influential in maternal decisions. Promotion of safe infant feeding practices needs to be strengthened especially addressing misconceptions which lead to discarding colostrum and the common practice of prelacteal feeding.

Keywords:- Infant feeding, community perceptions, breast-feeding, bottle-feeding, Iraqi Kurdistan.

Introduction

Infant feeding is an important issue in child health. Inadequate infant feeding practices is a problem, which directly or indirectly contributes to infectious diseases, malnutrition and mortality in small children[1-5]. Understanding the family practices related to infant feeding during the first 6 months of life and the community beliefs and attitudes which contribute to these practices is essential for planning interventions to address misconceptions and inadequacies and to promote healthy practices and beliefs regarding infant feeding.

Data are scanty about infant feeding practices in Iraqi Kurdistan. Although some studies done by humanitarian

agencies contain some data about breast-feeding, but they remain unpublished and poorly circulated[6, 7]. These studies show that breast-feeding is widely practiced, at least initially, in this region. Ninety percent of infants are fed on the breast initially, 63% are still breastfed beyond the age of six and around 50% continue to the second year. Prevalence of exclusive breast-feeding for 6 months is only 7%. Below the age of one year, 64% of children are bottle-fed alone or alongside breastfeeding. In addition, 30% of babies aged 3-5 months are given complementary food.

Infant feeding has been studied widely elsewhere[2]. It has been shown that healthy infant feeding practices are

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Table 1: Number and distribution of respondents

	Erbil		Dohuk		Sulaimaniyah		Total
	Urban	Rural	Urban	Rural	Urban	Rural	
Mothers	10	10	10	10	10	10	60
Husbands	10	10	10	10	10	10	60
Elderly women	10	10	10	10	10	10	60
Total	60		60		60		180

significantly associated with maternal characteristics such as age, education, ethnicity, socio-economic factors and urbanization[8-14]. The dimensions of kinship, cultural values, life style, and philosophical beliefs were found to influence infant feeding practices[15] as well as advertising and marketing of breast milk substitutes[16].

This paper reports on the practice of infant feeding in Kurdistan and the beliefs and attitudes behind this practice among the mothers and other influential family members. It is not only important to know how and what the mothers feed their infants but it is crucial too to understand why they do that and who has influence on them regarding this issue. Such understanding is essential for addressing any problems in regard to infant feeding and this paper tries to provide some information that could contribute to that understanding. The objective of the study was to understand the infant feeding practices in Iraqi Kurdistan and the family perceptions about different components of infant feeding such as breast-feeding, bottle feeding and other food and liquids which are given during the first 6 months of life.

Material and methods

This research was done in 2002 by the departments of health and UNICEF

through qualitative interviews using a semi-structured questionnaire covering all major areas relevant to infant feeding during the first 6 months of life. Questions were open ended and covered issues such as circumstances of delivery, initiation of breast-feeding, influences and possible support of family members on practice of breast-feeding by the mother, attitudes around breast and bottle feeding and complementary feeding. The questionnaire was administered by trained health staff to mothers, fathers and grandmothers at their homes after informed consent. The total sample was 180 individuals equally divided between mothers, fathers and grandmothers. Half of the interviews were conducted in urban areas and the other half in rural areas.

To make the sample more inclusive to diverse views of the communities and to interview as many families as possible, several strategies were followed. Firstly the fathers, mothers and grandmothers were selected from different families meaning that 180 families were visited during the research. Secondly the sample was drawn from different locations representing diversities in the population. For example for the rural interviews 15 villages were selected from different localities and the urban sample was also drawn from 15 different neighborhoods

of the major cities. Thirdly the individuals were selected randomly by selecting a direction by throwing a pencil and then selecting the first house and looking for an eligible person (i.e. a mother with a child on breast milk or formula; a father of such a child or a grandmother).

Data collection was done during May 2002. The interviews were done by a team of two trained staff, one asking the questions and the other recording the answers. One team was used in each province, i.e. three teams for the whole research in order to make the data collection process more consistent. Data were entered and qualitative analysis and quantitative summaries were done using MS Excel.

Results

Overall, 180 individuals were interviewed across the 3 provinces as shown in table 1. All questions were answered by all respondents.

Circumstances of labor and the initiation of breast feeding

Fifty seven percent of the mothers interviewed had delivered their last baby in hospital and 43% at home. However 82% said they have the support of a doctor, nurse or trained traditional birth attendant (TBA). Only 18% had no skilled support. Majority of the mothers (90%) had had the baby by their side immediately to few hours after labor. Seventy percent of the mothers had their mother/ mother-in-law by their side during labor. Majority of the mothers (90%) reported that they knew at time of delivery how to keep the newborn to heir breast.

The first time the baby was fed ranged from less than an hour to one day. But majority had initiated feeding within few hours (58%) and 21% within one hour.

Qandaw (home-made sugar solution made of lukewarm water mixed with sugar) is a very common prelacteal infant nutrition in the early days of life. More than half of the cases (52%) reported that qandaw was the first thing to be given to the newborn, 40% reported mother's milk as the first thing and the rest reported milk formula and breast-feeding by another woman (usually a neighbor).

Concerning giving qandaw, the mother was advised in more than half of cases by her mother and/or mother in law. In a quarter of cases the woman knew herself and in the rest other family members and relatives advised her. Qnadaw was given because they considered it good for the baby as a food as wells as to clean the gut and the intestines and to prevent or cure jaundice.

Among mothers who gave their own milk as the first feeding, half of them said that this was out of their own knowledge. Others said they were told by doctors and health staff (25%) and the rest were advised by their mothers and mother-in-laws.

Additional things given during the first 6 months of life

Alongside breast milk and sometimes instead of it, many food items are given to the child during the first 6 months of life, some of them right from the first day like water and qandaw. All mothers reported that they had given additional things to the baby during the first 6 months of life. Also all other respondents

Table 2: Reported reasons for giving babies additional food and liquid items and the items given in order of frequency of reporting by mothers (percentages not shown are below 5%)

<i>Reasons for giving additional things</i>	<i>Additional things given</i>
1. Breast milk is not enough/ baby does not get full(63%)	1. Water (62%)
2. To help the baby learn eating (7%)	2. Proprietary infant foods (48%)
3. Baby gets thirsty (5%)	3. Milk formula (38%)
4. People say it is good	4. Soup (31%)
5. Baby needs it to grow	5. Biscuits (12%)
6. Baby is not able to suck	6. Fruit juice (12%)
7. Baby cries	7. Mahallabi/custard (9%)
8. Baby doesn't like breast milk	8. Eggs (7%)
9. First week there is no enough milk in the breast	9. Table food items
10. Mother is working or not at home	10. Tea
11. TV says they are good for the baby	11. Qandaw
12. If you don't give water baby dries up	12. Yogurt
	13. Cow's milk

thought additional food and liquids was necessary to the baby during this period. When asked "why you didn't feed you baby only on your breast? Why you gave other things?" the mothers gave a variety of reasons. These reasons and the items of food and liquid that were given to the babies are shown in order of frequency of reporting in table 2.

Different people had influence on the mother in this regard. Besides her own knowledge, the mother was advised by the following people to give the baby additional items: sister and sister-in-law, mother and mother-in-law, doctor and health staff, other people and relatives and her husband.

The justifications reported for giving these additional items to the baby are similar in the view of mothers, fathers and grandmothers. The list of reasons given by them for each individual food item is shown in table 3.

Breast-feeding

Breastfeeding is considered the best thing for the baby by all the respondents. Half of the respondents said breast-feeding should start within one hour of delivery and the rest said it must start within the first day. Concerning the duration of breast-feeding, 83% said it should continue for one year or more. The rest thought of less than one year. Despite this appreciation of breast-feeding, 86% of the respondents thought that breast-feeding had certain disadvantages on the mother such as weakness, tiredness, breast pain, anemia and nipple cracking. The opinion about the first milk (colostrum) is divided, some disapproving it for various perceived harms to the baby and other considering it useful for the baby. Of the respondents, 75% said they thought it was good for the child while 18% thought it was bad for the child. Another 7% were not sure about colostrum which indicated lack of

knowledge about it altogether largely among the fathers. The people who favored colostrum gave the following advantages: it contains everything; it makes bones strong; it is good for the brain, stomach and bowels; it helps baby immunity; good for sucking and prepares the stomach. People who disfavored colostrum mentioned the following disadvantages: it is dirty; it is too strong on the stomach; it causes distension and colic; it causes stones and illness. These people thought that colostrum is thick dirty, heavy on the stomach and should be discarded. These diverse opinions were found among all groups.

Bottle-feeding

Opinions about milk formula were largely negative and especially strong among the older women who frequently accused the bottle-feeding mothers of laziness and lack of wisdom for their action. Majority of the respondents (85%) thought bottle-feeding was not good, was bad or very bad while 15% of them considered it good or very good. When asked about the reasons of giving formula, the respondents gave quite a few (see table 4). A variety of advantages and disadvantages were also given for the formula feeding as shown in the same table.

Influence of family members

Sixty two percent of grandmothers said they had regularly given advice to the young women during pregnancy about child rearing, child feeding, breast-feeding and cleanliness. While more than 90% reported giving such advice, some of them said that it is useless because the young women wouldn't listen to them.

Women who were not used to give regular advice to mothers during pregnancy or afterwards claimed several reasons for their abstinence: their relation was bad; the young woman didn't listen to them, the young women knew better than them; the elder women didn't care or they didn't want to interfere in their life. There is influence of the husband too. Majority of husbands (88%) thought they have a great influence on the mother regarding child matters. The mothers acknowledged this regarding breast-feeding when majority of them (97%) said that the attitude of the husband was encouraging in regard to breast-feeding. A quarter of husbands confessed that they don't usually discuss such matters before the child is born.

Discussion

Although the study was designed to be a qualitative study with a semi-structured questionnaire, methodological sampling was applied in order to make the study as random and representative to the diversity as possible. This also makes the quantitative summaries more meaningful. Thus the study provides both quantitative figures and qualitative answers which can be useful in regard to the subject of the study.

In 2001, the world health organization recommended exclusive breast feeding (EBF) for the first six months of life with introduction of complimentary foods and continued breast feeding thereafter [17]. As a strategy to promote child health, international agencies such as WHO and UNICEF support health authorities in the developing countries to encourage exclusive breastfeeding and safe infant feeding practices.

Table 3: Food and liquids recommended and reasons for giving them as reported by all respondents

Water

- Baby gets thirsty
- Baby dries up
- Baby needs
- Good for jaundice
- Who can live without water!

Qandaw

- Help the baby learn sucking
- Soothes the stomach
- Good for colic
- Good for distension and gases
- Good for jaundice
- For thirst

Soup

- For hunger
- To put on weight and grow
- To learn eating
- It is easy to eat
- For the bones
- When we eat he the baby asks

Proprietary infant foods

- To put on weight and strength
- To learn eating
- They say it is good
- It makes baby fat
- Breast milk is not enough
- Doctors and health staff advice
- For hunger
- Good for the bones
- It is given freely with the food ration

Tea

- Good for the gut
- Baby likes it
- Good for thirst

Milk formula

- Breast milk is not enough
- For hunger
- Mother is working
- It is given with the food ration

Fruit juice

- It is useful
- For vitamins

Mahallabi(custard)

- To learn eating
- To put on weight
- Good for the brain

Eggs

- For the bones
- For the blood
- For vitamins
- The doctors told me

Table food items

- The baby asks when we eat
- For hunger
- Good when the mother is away
- They are good food

Biscuits

- For hunger
- To grow quicker
- Good in diarrhea
- People say it is good
- For vitamins

Cows milk

- Good when breast milk is not enough

Yogurt

- Makes baby strong
- For diarrhea

According to this and other studies in Iraqi Kurdistan, around half of the deliveries occur in hospital [6, 7]. This fact is important for designing and targeting health communication programmes.

The family in Iraqi Kurdistan is frequently extended. Mother, mother-in-law and sister in law have a great influence on the young mother. Delivery usually occurs in presence of female family members particularly the women's mother or mother-in-law, sister or sister-in-law. These people are the first to talk to the mother and are the ones who have the most powerful influence on the nursing mother. Older women usually interact with their daughters and daughters-in-law and give voluntary advice albeit sometimes unwelcome. Regarding husbands, although their attitude is described as positive in majority of cases, the interaction between the couple does not always take place on regular basis and child rearing issues are not always discussed during pregnancy.

The study shows that even though the situation regarding breastfeeding is generally favorable, there are several unhealthy practices and attitudes. Breast-feeding is not always initiated routinely and quickly and frequently other things are given before the initiation of breast-feeding. All respondents considered breastfeeding the best thing to the baby and majority thing that it should be started as soon as possible and last for one year or more. But many mothers have negative ideas about colostrum and prefer discarding it. Qandaw is the most

widely used pre-lacteal feed which is given to more than half of the newborns as the first feed. This is clearly in breach of exclusive breast-feeding and deprives the baby from the advantages of colostrum as well as putting the baby at the risk of contaminated solutions. One fifth of the respondents have very negative misconceptions about colostrum and think that it is harmful to the baby. Delay in initiation of breast-feeding and deprivation from colostrum have been reported to be associated with malnutrition[1].

Discarding of colostrum and prelacteal feeding are practice in other cultures. Studies from the Indian subcontinent particularly indicate wide spread practice of prelacteal feeding and discarding of colostrum in up to 77% of mothers [18-22] Practice of giving water and dextrose water to the neonates is reported in these studies especially for thirst and jaundice.

The respondents gave many disadvantages for bottle-feeding notably diarrhea and hygiene-related problems. Interestingly, these people also thought that bottle-feeding causes dullness and lack of sympathy and compassion in the child; an explanation, they think, for the decreased (as perceived by them) emotional attachment from the side of the youth to their parents these days. However many people also think that milk formula has got advantages in terms of providing good nutrition for the baby and making him/her fleshy, healthy and plump.

Table 4: Reasons for giving, advantages and disadvantages of formula-feeding as reported by all respondents

<i>Reasons for giving formula</i>	<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none">• Breast milk not enough• Mother illness• Convenience• Mother working, not home• Mother lazy• Preserve breast contour• Formula makes baby nice• Mother wants to be free• Mother's pregnancy• Doctors' advice• Lack of wisdom• Bottle feeding is stylish	<ul style="list-style-type: none">• Makes baby plump• Good for hunger• Good fro growth and bones• Helpful for mother• Good for crying child• When breast milk is not enough• Easy to use•	<ul style="list-style-type: none">• Diarrhea, vomiting• Too cold, too hot• Too dilute, too thick• Bottle may be dirty• Baby always sick• Makes baby dull• Child will have no compassion• Malnutrition, growth retardation• Distension and abdominal pain• Bad odor• Plenty of urination• Costly• Constipation• If prepared clean, none

Conclusion

The attitudes of people in Kurdistan about breastfeeding are largely favorable but there are deep rooted unfavorable beliefs about colostrum and the need of the new born to water and sugar solution. Changing these beliefs is essential, though not easy, to make sure that the child is ensured a healthy start. All sorts

of foods are given to the child much earlier than the 6th month as recommended by WHO.

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خۆراك پێدانی ساوا وەك چۆن خێزانەكان ئە كوردستانی عێراق ئەیبینن و مومارەسە

دەكەن: تۆئزینە وەهه کی وەسفی

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پوختە

ئەم تۆئزینە وەهه بەمەبەستی لێكۆلینە وەهه بیروبووچوون و مومارەسە كردنی خۆرك پێدانی مندالی ساوا ئە شەش مانگی یەكەمی تەمەندا ئە نجام درا. تۆئزینە وەهه كە بریتییه ئە چاویكەوتنی ۱۸۰ كەس ئە دایكان و باوكان و دایرەكان ئە كوردستان. نزیكە ۵۰٪ ی مندالەكان یەكەم شت كە پاش ئە دایك بوون پێیان دەدری بریتییه ئە قەنداو و نزیكە ۲۵٪ ساواكانیش ئە ئەك بیبەش دەبن. هەرچەندە بۆچوونی خێزانەكان بەشیوێهەکی گشتی پۆزەتیفە بەرامبەر خۆراك پێدانی مندالی، بەلام زۆر بۆچوون و مومارەسە ناتەندوستیش هەن سەبارەت بە خۆراك پێدانی ساوا. نزیكە ۵۰٪ هەموو مندالەكان ئە شەش مانگی یەكەمی تەمەندا بێجگە ئە شیرێ دایك شەمەنی و خۆراکی تریشیان پێ دەدری.

رضاعة الطفل حسب معتقدات و ممارسة العائلات في كردستان العراق: دراسة وصفية

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الخلاصة

تم إجراء هذا البحث بغرض دراسة معتقدات العائلات و ممارستهم لرضاعة الطفل خلال الأشهر الستة الأولى في كردستان العراق. شملت الدراسة مقابلة نوعية مع ۱۸۰ فرداً من الأمهات والآباء و الجدات. أظهرت الدراسة إن حوالي ۵۰٪ من الأطفال يتم إعطائهم محلول الماء والسكر كأول شيء بعد الولادة و يتم حرمان ۲۵٪ منهم من اللبأ. مع إن معتقدات العائلات ايجابية بشكل عام حول رضاعة الطفل لكنه توجد أفكار و ممارسات غير صحيحة حول رضاعة الطفل أثناء الأشهر الستة الأولى. كما لا توجد رضاعة طبيعية صرفة على طول هذه الفترة إذ يتم إعطاء كل الأطفال تقريباً أغذية و سوائل تكميلية خلالها.