

Keeping the Art Alive

By

Dr. Modi Batterjee, IBCLC, DHA

The Kingdom of Saudi Arabia grew enormously during the oil boom in the 1970s and 1980s. The massive increase in oil-related wealth brought about dramatic changes in less than one generation. During the time of enormous growth, Saudi Arabia expanded with businesses, investments, and consequently changes in community attitudes and lifestyles. Multinational corporations found a new land of massive opportunity, as the new and emerging nation had not yet put rules and regulations in place to restrict and monitor imported products.

Advancement in many industries brought about new demands such as the need for women to work; thus, mothers who were breast-feeding needed replacements for human milk. Companies that manufacture infant formula aggressively marketed their products in the Kingdom uncontrolled until 2004 when the first legislation was signed into law. The legislation is a version of the International Code of Marketing Breastmilk Substitutes (World Health Organization [WHO], 2004). Through the unchecked advertising, sampling, and overall financial control of governmental entities, infant formula manufacturers changed local women's infant-feeding practices by introducing artificial formula into infants' diets (Radford, 2003). Formula-feeding became the norm. The manufacturers became so successful in displacing breast-feeding with formula-feeding that the results could be seen not only in the decline of breast-feeding rates, but also in the overall increase of illnesses that are directly related to feeding methods in early life. According to local Saudi researchers the occurrence of diabetes (Al AlSheikh, 2006),

hypertension (El Hazmi, Warsy, Al Swailem, & Al Swailem, 1998), and cancer (Al Radi et al., 2000) dramatically increased in recent years. Within a very short time, Saudi Arabian society moved so far from a natural-feeding method that the skills needed for breast-feeding were no longer a part of the culture. Giugliani (2004) wrote, “The human species is the only one among mammals in which breast-feeding and weaning are not governed only by instinct” (p. s147). Giugliani concluded breast-feeding and weaning are learned behaviors that a woman internalizes from her environment.

Researchers have been examining the breast-feeding practices of Saudi women. According to Shawky and Abalkhail (2003), breast-feeding declines quickly within the first year of a child’s life in Saudi Arabia. The most common reason cited in the literature for the early introduction of bottle-feeding is mothers perceive breast milk to be inadequate (Al-Jassir, Moizuddin, & Al-Bashir, 2003). Fida and Al-Aama (2003) noted several reasons for switching from breast-feeding to formula-feeding: 50% of the participants reported inadequate milk supply, 12.7% of the participants were working mothers, and 10% of the participants reported their lifestyles did not allow for breast-feeding.

Saudis are suffering from a dramatic increase in diseases such as obesity, diabetes, and hypertension. Scientific literature shows a direct correlation between the increased incidence of these diseases and feeding methods in infancy. For example, Gupta, Dadhich, and Sharma (2004) related in their study that a lower incidence of breast-feeding in infancy correlated with an increase of obesity, diabetes, and hypertension in adulthood. According to Schiff (2006), preventive health care might lower the risk factors that lead to systemic diseases; therefore, with higher rates of breast-

feeding as a preventive measure, the risk factors for disease might decrease. By providing mothers with strong advice to breast-feed for at least the first 6 months, their infants might be protected from the possible harmful effects of formula-feeding and given the long-lasting health benefits of mother's milk.

The WHO and the United Nations Children's Fund (UNICEF) developed the Global Strategy for Infant and Young Child Feeding to revive the world's awareness on the impact of feeding practices on nutritional status, growth, development, health, and survival of infants and young children (WHO/UNICEF, 2004). Scientific research strongly supports the benefits of breast-feeding. The increased exclusiveness of breast-feeding without the introduction of any other foods enhances the benefits.

WHO/UNICEF (2004) reported that the "lack of breastfeeding—and especially lack of exclusive breastfeeding during the first half-year of life—are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding" (p. v). The impact is lifelong and will affect school performance, productivity, and intellectual and social development ("Breastfeeding Is Best," 2006; Schiff, 2006; Westdahl & Page-Goertz, 2006).

La Leche League International considers the act of breast-feeding an art (Torqus & Gotsch, 2004). The premise is the art is a skill passed on from one breast-feeding woman to another. When women do not breast-feed, the skill is not passed on, and women are left to practice what they are influenced by in their environments. Infant-feeding practices are shared among women in all cultures, which might explain why Saudi women cease to breast-feed their infants and introduce supplemental feedings. Mothers' behaviors, practices, and beliefs about breast-feeding are highly influenced by

social norms and by the beliefs and values of other women, families, and the health professionals involved in their care, which can strongly direct the decision to breast-feed or not to breast-feed (Moran et al., 2006).