

Violent conflict and breastfeeding: The case of Iraq Research snapshot¹

The association between conflict and breastfeeding is currently understudied. Using secondary survey data, the authors of this paper examined the status and duration of breastfeeding in Iraq. Outcome variables on breastfeeding status and duration were taken from the 2006 and 2011 Multiple Indicator Cluster Surveys (MICS) for children aged 0 to 24 months. The measure of armed conflict was estimated using the number of casualties recorded in the Iraq Body Count database. Descriptive analysis

of breastfeeding practices, using pooled data from both surveys, showed that only 6% of infants were exclusively breastfed by their fifth month, 66% were breastfed at 12 months and 29% at 24 months. The mean casualty rate was around 0.20 casualties per 1,000 population.

For all outcome indicators, conflict intensity was negatively associated with breastfeeding. Each one-unit increase in the casualty rate (one additional casualty per 1,000 persons) was associated with a

3.75 percentage point (ppt) decline in the probability that a child had ever been breastfed (statistically significant (ss)); a 7.3 ppt decline in the probability that a child was currently breastfed (ss); a 8.17 ppt decline in the probability that a child was breastfed within one hour after birth (not ss); and a 2.74 ppt decline in the probability that an infant under six months of age was exclusively breastfed (not ss). Results were robust to alternative measures of conflict, although some coefficients from estimation based on the 2006 sub-sample were positive and not significant. Using the pooled sample or 2011 sub-sample, an increase in conflict-related casualties was associated with shorter breastfeeding duration (ss). For the 2006 sub-sample, higher conflict intensity was associated with longer breastfeeding duration (ss). Results suggest an increase in the use of breastfeeding substitutes, such as infant formula, concurrent with higher levels of conflict among wealthier families. While results reveal some relationship between conflict and breastfeeding, they are not consistently significant or unidirectional. The authors conclude that providing infant formula risks reducing the probability and duration of breastfeeding. Attention to the supply of skilled breastfeeding support and targeted support to infants dependent on formula are matters of the utmost urgency during and after conflict.



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Systematic review of breastfeeding protection, promotion and support in humanitarian emergencies

Research snapshot¹

Infants and young children are the most vulnerable segments of the population. In emergency conditions, morbidity and crude mortality rates of these population groups often rise dramatically. The protective and beneficial influence of breastfeeding for both infants and mothers is particularly important. Interventions to protect, promote and support optimal breastfeeding practices in humanitarian emergencies, illustrated in several Infant and Young Children Feeding in Emergency (IYCF-E) guidelines, are scarcely applied. This systematic literature review included 10 published articles in which both the interventions and related outcomes were described. Six referred to human-made or complex emergencies and four referred to context of natural disasters in low-income countries. Results relating to effectiveness of breastfeeding interventions involved improvements in knowledge about IYCF in mothers and pregnant women and two studies described a behavioural change in mothers and an improvement of IYCF optimal

practices following educational interventions. Outcomes related to training interventions showed an improved awareness, knowledge and performance related to breastfeeding and IYCF practices in health staff. Breastfeeding outcomes were reported in four studies. Two of these described an improvement in the exclusive breastfeeding rate, one highlighted an increase in the breastfeeding initiation rate following the intervention and one found a statistically-significant association between attending education sessions on IYCF and the current breastfeeding rate. Receiving counselling and support through home visits was also significantly associated with the reduction of the early introduction of liquids other than human milk in the first three days of life. Outcomes on maternal and infant or child health were not available. with mortality.

Despite the absence of strong evidence, the findings reported could inform further interventions and research. For example, the estab-

lishment of baby-friendly spaces should be a standard activity in the early emergency response to support breastfeeding optimal practices. In these safe places, mothers could receive breastfeeding counselling and technical support from skilled health professionals. Training of health professionals could also be a critical intervention to support breastfeeding optimal practices: many international documents and tools are available and could be used as the basis for emergency preparedness. More evidence is urgently needed to encourage and implement optimal IYCF-E practices.

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