Research Article

Trends of Breastfeeding in the United Arab Emirates (UAE)

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Abstract

In 1990, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) declared a “global goal” for protection, promotion and support of breastfeeding (Innocenti Declaration) (WHO/UNICEF 1990). In 1991, health care authorities in the UAE started to implement breastfeeding promotion and support programs across the country. To date, there are ongoing national efforts and investments in these programs including development and update of policies and strategies. This mini review evaluates the trends of infant and child feeding practices in the UAE over the last few decades to assess the progress attributed to the rollout and implementation of breastfeeding promotion programs. The ongoing journey of promotion of breast feeding has led to an increase of the percentage of infants who were ever breast fed from 60% during the late 1970s to 95% in 2015. There is still a large potential to improve practices; fortunately the progress has been steady and hopefully the desired targets will eventually be achieved.

Keywords: Breastfeeding, Infant feeding, United Arab Emirates

1. Introduction

The numerous benefits of breastfeeding for infants and mothers have long been recognized, understood and well documented. Breastfeeding plays a critical role in the health and development of children and is an essential predictor of infant and child nutrition, health and survival. The WHO recommends exclusive breastfeeding (EBF) during the first six months of life [13]. The WHO defines EBF as offering only breast milk to infants up to six months of age; the exceptions are oral rehydration salts (ORS), nutritional supplements (vitamins & minerals) and medications as needed.

Early and EBF enables children to survive and thrive, it supports healthy brain development, improves cognitive performance and is further associated with better educational achievement at age 5 [22]. In addition, it decreases the hospitalization rates
for diarrheal diseases and respiratory tract infections [21]. Furthermore, infants who are exclusively breastfed up to six months are less likely to develop obesity, diabetes and cardiovascular disease later in life [4, 9, 10, 24] (Chung et al., 2007). In addition to EBF from birth to 6 months of age, the WHO also recommends timely initiation of safe, nutritionally-adequate and age-appropriate complementary feeding at six months with continued breastfeeding till the age of two. Continuation of breastfeeding after 6 months of age continues to be critical for the nutrition and growth of the child. (Pan American Health Organization 2001).

Despite the well documented evidence of EBF advantages; its implementation remains to be a global challenge including developed countries [6, 21] (Chung et al., 2007). Sadly, it is even less common in developing countries [11, 14]. In spite of all of the global efforts on promotion of breastfeeding, the UNICEF global databases for 2015 reports that only 38% of children under 6 months of age are exclusively breastfed [22].

2. UAE Background (Breastfeeding Promotion Policies, Programs, and Legislations)

Traditionally breastfeeding has been the customary means of feeding infants since time immemorial. This has been driven by culture, tradition and religion. The UAE is a Muslim country and in Islam breastfeeding is regarded as a prospect of mothers; and women are urged to continue breastfeeding their babies for two years [20]. However, with modernization of life and misconceptions about infant nutrition, feeding practices have gradually deviated from breastfeeding. The UAE is embracing the international recommendations of the WHO and UNICEF on infant and child feeding practices- is promoting breastfeeding as the ideal method of feeding infants and young children. Breastfeeding promotion, protection and support programs have received considerable attention by the UAE Ministry of Health (MOH) and all health care authorities. Various policy initiatives, including the International Code of Marketing of Breast Milk Substitutes (1981), the Innocenti Declaration (1990), the Baby-Friendly Hospital Initiative (BFHI) (1991), and the Global Strategy for Infant and Young Child Feeding (2002) have been developed and adopted by the UAE to improve breastfeeding outcomes. Furthermore, the MOH issued a national infant feeding policy to be implemented throughout the country. The UAE infant feeding policy states that infants should be breast fed exclusively until six months of age [6].
Furthermore, in 2014 the country’s Federal National Council passed a draft clause in the child rights law to make breastfeeding mandatory for the first two years of an infant’s life [19]. Recently a decree has been issued that extended the 60-day period of paid maternity leave to 90 days. The legislation granted mothers a continuous two hours for breastfeeding every day for the first six months after maternity leave and an hour for the subsequent six months for one year from the day of giving birth as compared to the previous provision of one hour.

The MOH has also encouraged hospitals and health centers with maternity facilities to adopt the “Baby Friendly Initiative”. The number of baby friendly hospitals is currently 16 hospitals in addition to 16 primary health care centers. Efforts towards breastfeeding promotion were further extended in 2015 through the declaration of the Sharjah City as the Middle East’s first baby-friendly city following the successful adoption of the main standards for this rating.

The experience of the health workforce in Sharjah is extraordinary and should be acknowledged and recommended for further implementation not only by other emirates in the UAE, but also at a broader spectrum; in the Middle East and Gulf region. The main activity in Sharjah comprised a breastfeeding campaign (the Sharjah Baby-Friendly Campaign) which started in 2012. The main components of the campaign included; Baby-Friendly Health Facility, Mother-Friendly Workplace, Breastfeeding-Friendly Nursery, and Mother-Baby Friendly Public Place [1]. The results of the campaign have shown a positive impact on breastfeeding promotion, protection, and support as illustrated by the increased exclusive breastfeeding rate at 6 months from 18.1% in 2011 to 39.86% following the campaign.

3. An Overview of breastfeeding status over the past four decades

Mixed feeding has been the predominant practice for infant nutrition during late 1970s; it was reported that formula, solid and other liquid foods were introduced as early as one month [5]. Breastfeeding was never attempted for 40% of infants and the duration was less than three months for 50% of the mothers who breastfed their babies. A survey conducted by The National Child Health (NHS) in 1988 revealed that 88% of mothers ever breastfed their infants. It also documented a higher rate of breastfeeding in multiparous women as compared to first born infants. The mean duration of breastfeeding was 9.8 months and it was longer in older mothers (12 month for mothers over 40 years old versus 7 months for mothers under 20 years old).
In 1992 bottle feeding continued to be very dominant, the National Nutrition Survey in the UAE showed that 42% of mothers gave their children bottles during the first month, 21% during the second, and 9% during the third month after birth [17]. The health care authorities in the UAE started to implement a breastfeeding support program following the 1990 Innocenti Declaration. The MOH adopted this program with the key objective of optimal infancy and young child feeding. It encouraged hospitals and health centers with maternity facilities to be baby-friendly hospitals and practice the ten steps to successful breastfeeding. A follow up survey in 1995 showed some improvement with 23% of infants breastfed within an hour of birth and the rate of ever breastfeeding 93%. However, bottle feeding was still predominant at a percentage of 71.9% [16].

The progress of breastfeeding has been slow despite the ongoing efforts by the health care authorities to influence the infant feeding practices. In 1997, it was reported that 70% of infants in a cohort in the city of Al Ain received non-milk supplements during the first month. Nevertheless, the wheel of change was slowly rolling with 51% of mothers starting breastfeeding on the first day after birth and 4% of infants exclusively breastfed during the first month [2].

The health care authorities continued to conduct studies and surveys to follow the practices of infant feeding and to tailor their policies and support programs accordingly. In 1999, a study in Al Ain reported that 28% of mothers exclusively breastfed their infants and 46% of infants were breastfed for 4-6 months. Inclusion of milk supplements generally occurred early with 76.1% of infants given milk supplements before the end of their first month. Fresh cow and goat milk were the most common supplements [18]. A survey conducted in 2000 showed some progress; 34% of infants were exclusively breastfed to four months of age, 50% of infants were still receiving some breast milk at 12-15 months. The rate of women initiating breastfeeding has increased to 97% with over 50% of them starting within 6 hours after birth (23% within the first hour and 29% within six hours). However, 36% of infants were given infant formula along with breastmilk before 3 months postpartum [7].

A prospective study was conducted in Sharjah in 2006 to investigate breastfeeding patterns at day 1, 1 month, and 6 months postpartum. It showed that the exclusive breastfeeding rate was 76.5% on day 1, 48.4% at 1 month, and 13.3% at 6 months. 16.1% of mothers had stopped breastfeeding by 6 months. It also documented that pethidine use was associated with lower levels of exclusive breastfeeding at 1 month and that maternal education was the most significant determinant of breastfeeding behavior at 6 months [3].
In 2013, a three-city study was conducted in Abu Dhabi, Dubai and Al Ain, to assess the patterns and determinants of breastfeeding and complementary feeding practices. According to the results of this study, almost all the mothers had initiated breastfeeding (98%). The mean duration of breastfeeding was 8.6 months. The percentage of infants who were exclusively breastfed for 4 and 6 months was 7.4% and 1.9% respectively. The majority of the infants (83.5%) in the three cities received solid food before the age of 6 months (Radwan, 2013).

Most recently a study on breastfeeding was conducted in Abu Dhabi and the results showed that early initiation of breastfeeding was 95%. It was very impressive that only 3% infants were exclusively fed infant formula. Almost half of the women in the study breastfed their infant within the first hour after birth and a further 18% initiating breastfeeding within over 4 hours after birth. The majority (61%) of mothers planned to breastfeed for more than 18 months. Only 9% of the mothers in this study intended to stop breastfeeding before their infant was six months of age. However, follow up revealed low rates of exclusive breastfeeding, 5% and 0% at 3 and 6 months respectively [8].

4. Conclusions

Although the rates of exclusive breastfeeding in the UAE are still suboptimal, the review of the various studies and surveys conducted on breastfeeding indicates steady improvement. However, the results point to some variation which could be attributed to the strong diversity among people living in the UAE. Regardless of these variations, it is evident that the UAE undertook concrete measures towards in supporting, promoting and protecting breastfeeding.

The “Federal National Council” passed a clause in the child rights law to make breastfeeding mandatory for the first two years of an infant’s life. Awareness campaigns and support for mothers are continually being made available across the UAE to encourage mothers to exclusively breastfeed for 6 months. The number of baby friendly hospitals in the country is increasing. Besides, the MOH is currently finalizing the “UAE Code of Marketing of Breastmilk Substitutes” which will be implemented to regulate the marketing of breast-milk substitutes, feeding bottles and teats. However, experts in the field may argue that despite the concrete efforts of the UAE in implementing the recommendations of the UNICEF & WHO on supporting, protecting, and promoting breastfeeding, the practices of breastfeeding as measured by the rate of exclusive breastfeeding fall short against the target. This could be attributed to a number of
barriers that make it difficult for women to exclusively breastfeed their infants up to the age of 6 months. Such barriers include i) the perception that babies continue to be hungry after breastfeeding due to insufficient milk; ii) maternal health problems; iii) breast pain associated with incorrect positioning; iv) the need to resume work or education; and v) pressure from family members. However, despite the existence of these barriers, the MOH efforts are expected to improve if not resolve them completely, and therefore increase the rate of exclusive breastfeeding.

5. Recommendations

Health providers in the UAE and all organizations and institutions involved in child health and wellbeing should collaborate to support breastfeeding through the following actions:

1. Investment in research to enhance the development of targeted evidence-based strategies for social and behavioural change.

2. Public and professional education to overcome the current barriers to successful exclusive breastfeeding.

3. Reinforcement of policies and systems that enable working mothers to exclusively breastfeed their children up to 6 months of age, through providing mothers with time, space and support.

4. Training and supportive supervision to build the capacity of health workers to better counsel and support mothers.

5. Building on the successful model of Al Sharjah, the health workforce in the UAE should work towards national implementation of baby friendly environment.

References


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