

TRANSCRIPT - MCRI Speaker Series
'Food for Life – The Effect of Infant Weaning Styles on Early Childhood Development'
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Background

On July 12, 2013, a research-focused Speaker Series session was organized at the HELP Residences for Dr Nicola Pitchford's seminar titled 'Food for Life – The Effect of Infant Weaning Styles on Early Childhood Development'. The seminar covered issues such as infant-led feeding and weaning, and childhood obesity. Participants included parents, early childhood educators/carers and pediatricians as well as representatives from relevant NGOs. The twenty-one participants who were sorted into 3 focus groups, we were able to gather the data below, highlighting the issues concerning breastfeeding, weaning, and obesity.

Breastfeeding

Generally, women in Malaysia are not comfortable breastfeeding in public. They prefer having access to a private breastfeeding room (eg in malls) or to breastfeed in the comfort of their own homes. From the 'Food for Life' discussion groups on July 12th, the various barriers to breastfeeding were found to fall into the following themes:

1) Lack of support and skills

- a. Hospitals do not provide enough support. There is a lack of follow-up after new mothers are discharged from the hospital. This makes assessing their breastfeeding progress or implementing childcare practices difficult but such initiatives are said to be more extensive within public hospitals than private ones.
- b. Not enough is taught about breastfeeding to medical trainees in medical schools. Hospital staffs sometimes lack communication skills to provide guidance to women who experience minor problems to breastfeeding such as latching.
- c. In the workplace, mothers are given maternity leave of 60 days ¹ (UNICEF encourages women to breastfeed their children exclusively up to 6 months) ² and working hours are generally not flexible enough to allow mothers to go home and breastfeed hence most of them tend to stop breastfeeding once

¹ <http://www.ilo.org/dyn/natlex/docs/WEBTEXT/48055/66265/E55mys01.htm>

² <http://www.unicef.org/programme/breastfeeding/>

they get back to work. Mothers would express the milk and leave their children with the designated carer who will later bottle-feed the milk to the child.

- d. Accessibility to breastfeeding rooms is an issue in shopping malls. Such rooms are sometimes few and are placed unnecessarily far that require mothers to walk a distance before being able to feed their hungry babies. For example, the Midvalley Megamall only has 2 breastfeeding rooms – one in Carrefour and another inside Jusco (2009).³ It has also been reported that breastfeeding rooms have been turned into storage rooms for toiletries.⁴
 - e. Family support is also an issue for some mothers. Mothers who want to breastfeed also sometimes fear that the first feed on the first day is inadequate when they see their milk in the first stages (colostrum) are not the ‘pure white’ that they expect, and are told by mothers, or supporting caregivers that the milk is bad and inadequate hence become discouraged from breastfeeding.
- 2) Advertising
- a. Of formula milk to new mothers
 - b. To school students (MOH’s School Milk Program)⁵ there have been multiple cases over the years where school students have fallen ill from consuming the milk from the distributor.^{6,7,8}
 - c. Formula ‘science’ formula milk companies promote adds to the lack of confidence in breastfeeding as mothers perceive them as authoritative, therefore persuasive.
- 3) Rural-urban migration and poverty
- a. Low-income mothers are concerned about the nutrients in their breast milk as a result of their own insufficient diet. As a result they may add condensed milk to complement it. Some also have little time to buy food.
- 4) Unawareness of resources and low circulation of information
- a. Uptakes on support to join Breast Feeding Support groups are low among non-medical staff in the community as they don’t seem to have a need to rely on supplementary post-natal breastfeeding support.
 - b. There is a book on breastfeeding techniques, diet and nutrition, ways to avoid unintentional child abuse, developmental milestones and general health and wellbeing (including BMI assessment and other clinic based

³ <http://beskotkeras.blogspot.com/2009/02/review-nursingbaby-rooms-in-shopping.html>

⁴ <http://www.selangortimes.com/index.php?section=news&permalink=20130321150148-mothers-for-better-breastfeeding-facilities-in-malls>

⁵ <http://www.moe.gov.my/en/pss>

⁶ <http://www.nst.com.my/nation/general/41-students-fall-ill-after-drinking-soy-milk-1.67533>

⁷ <http://www.thestar.com.my/News/Nation/2012/09/28/83-pupils-fall-ill-after-drinking-free-milk.aspx>

⁸ <http://www.thestar.com.my/story.aspx?file=%2f2012%2f4%2f6%2fsarawak%2f11058689&sec=sarawak>

activities) but despite being circulated by all public healthcare facilities, it is only available in Malay

- c. There are apparently up to 20 hours of breastfeeding courses available to anyone
 - d. Mothers/women don't know their rights in the workplace; don't have time to prepare/express milk.
- 5) Culture
- a. Confinement culture among the Chinese often has mothers 'do the month' of dietary, behavioral (not supposed to walk around, do any form of physical work) and environmental restrictions (stay in bed all day) and some of them have been scolded for trying to breastfeed their babies. Confinement nannies would then bottle-feed formula milk to the babies.
 - b. Besides that, there is a stigma amongst Chinese mothers that they do not produce enough milk – a widespread idea that is also corroborated by medical authorities.
 - c. Chinese mothers also tend to compare skin coloration to infants of other ethnicity and attributing 'infant jaundice' (a common condition) to breast milk related malnutrition. Doctors are also known to endorse this impression.

Even if there are mothers who want to breastfeed, support structures that allow or encourage them to do so are few. However, the Ministry of Health does offer periodic postnatal home visits for up to 20 days (Maternal Childhealth Clinics) by midwives, staff nurses and/or community nurses to check on both mother and child and to give support to new mothers ⁹. A participant also shared that there is a service that helps mothers ship their breast milk when they have to travel with or without their baby. Provisions for breast feeding in public places are also low. However, photos shared by women in breast feeding support groups who breastfeed in public places are useful in encouraging and supporting other mothers to do the same. Nevertheless, the Ministry of Health did announce in 2011 that they intend for 30% of shopping malls and 50% of government offices to increase breastfeeding facilities by 2015.¹⁰

Weaning

Common introductory solid foods for babies in Malaysia include porridge, puree, Nestum®, Nestle Rice Cereal. It can occur up to 3-4 years old, depending on how traditional a community is. However, there are mothers who also begin weaning their babies at one-years old and it tends to be when the mother notices that the child likes chewing on biscuits.

⁹ http://www.mhlw.go.jp/bunya/kokusaigyomu/asean/asean/kokusai/siryou/dl/h18_malaysia1.pdf

¹⁰ <http://news.asiaone.com/News/AsiaOne+News/Malaysia/Story/A1Story20111222-317652.html>

Feeding an infant has been described as a '4-adult operation' according to a participant's experience. There is a person who will carry the baby, one who will distract the baby, one to spoon-feed the baby, and one to wipe after the baby. People who tend to have influence on parents' decisions on how to wean children include caretakers, Pediasure©, nurseries, and nannies. There is a need to give talks on BLW (baby-led weaning), pre-natal and post-natal.

General discussions on concerns about weaning infants have fallen into the following themes:

1. Poverty (SES)
 - a. Some Chinese families have the value that 'all food should be consumed and not a single grain of rice should be left', so BLW would be difficult in this group. It is not an issue for some Indian families where there is often food left over from a meal.
 - b. Income is a major influence – Malaysians need to lobby for the government to review regulations and policy to determine minimum wages and other welfare approaches.
2. Perception
 - a. Participants suggest that parents' perception on waste could be changed by informing them that at least a portion of food the baby has consumed is still used to promote its development.
 - b. Mothers who like a clean home will not do BLW (baby-led weaning)
 - c. Sometimes mothers misinterpret cues from their baby when it places objects in their mouth which they take as a sign of hunger so they feed them
 - d. BLW is also seen as more time consuming compared to spoon-feeding (same is true for breastfeeding). Especially concerning poorer families who often work long factory shifts and the baby is often left with a caregiver. Increasing awareness however that BLW might be time consuming in the early stages of the weaning process but the baby becomes independent earlier so it's easier later on.
3. Unawareness
 - a. Mothers that do BLW know that the skill their infant learns through BLW is more important than the feeding itself. Parents need to know the benefits of weaning in addition to nutrition. They need to be made aware of all of the developmental advantages of the weaning process.
 - b. Women often ask what they should give an infant after 6 months. Much use of follow up milk from formula, even with indigenous people, which starts with free samples then develops from there
 - c. Lack of understanding – eg let parents know that there is a natural gag reflex when babies begin to eat solid foods and that this is not a problem
4. Lack of skills

- a. There is a lack of skills In promoting best ways to wean infants. Community nurses in Malaysia are effective at monitoring the baby for jaundice etc but not at providing support and advice to parents about breast feeding and weaning. They give pamphlets to mothers about weaning on the back of the children's card but few women read it. For example, women often don't know the difference in pace bottle feeding (that promotes self-regulation by the baby) compared to force bottle feeding
5. Advertising
 - a. There is not much understanding of introducing whole foods to children. Some advertising campaigns claim that it's okay if children do not eat the food, as long as they are taking the formula milk it will be fine – can provide them with lots of nutrients.
 - b. Doctors misinform, advocate formula companies, leaflets from companies
 6. Culture
 - a. Women who work will allow their children to self-feed by taking up the spoon themselves or allowing the mother to hand them a loaded spoon. In Malaysia, it is common to see cultural differences in how feeding interactions occur between mother and child. For instance, Chinese mothers chase their toddlers with food in hand around the room, while Malay mothers will not. They will remain stationary while feeding the child. Indian mothers have various ways of interacting with their children around feeding as well.

As a result of a lack of support structures for weaning, participants suggested that more caregivers are needed in the community especially in the low-income areas. Public practice for child care is often not provided in sufficient quantity in the poorer communities. There also needs to be greater dissemination of research.

Baby chairs are provided for infant self-feeding in public places but participants share that they tend to be unused. There is a cultural (Asian) tendency to feed the baby first before heading out. Majority of wait staff in restaurants tend to be quite understanding and accommodating of infant self-feeding but people fear making a mess. If they try they will be surprised that by 8-9 months an infant's motor skills will pick up to the extent that their eating is not so messy.

Obesity

Childhood obesity is increasingly becoming a concern for the Ministry of Health in Malaysia but participants are not seeing much being done about it. It is reported to be monitored very closely as reported cases have increased though very little research has been done to determine the extent to which the situation has improved or worsened over the years. In Malaysian hospitals and clinics, infant weight is generally monitored from 0-6 years. MOH does not deem it mandatory for the weight of school-aged children to be

checked at healthcare facilities so the onus is on parents to keep track of their children's weight or to request this information during routine check-ups.

In a 2012 news article, data from various research groups have indicated that as many as 15% of toddlers and preschool children in the country could be overweight and obese. Among primary school children, 30% of them could be overweight and obese.^{11,12,13} Besides the Ministry of Health, participants estimate that about 20% of educated mothers would also be concerned about this.

Participants found the following factors to be contributors to childhood obesity in Malaysia:

1. Fast-growing fast food chains
2. Free milk and snack cakes provided at schools and lack of healthy food options at school canteens
3. Lack of exercise and increasingly sedentary lifestyles
4. Parents tend to eat out more often; it is unclear whether this will lend itself to more fast food choices – including complex carbohydrates which could potentially influence the dietary preferences later in life. To save time, mothers are using commercialized weaning products, such as instant cereal, pre-packaged purees and KFC mashed potatoes to feed their children which gives both mother and child less control over ingredients used. (Very little research has been done to examine these issues and their wider implications).
5. There is also a cultural preferences for parents/caregivers to have a 'Michelin tyre' baby (with fat rolls) and so employ feeding methods that allow easy measurability of volumes consumed – this influences breastfeeding and even dietary behaviors into early childhood.

According to participants, there have been programs that target childhood obesity but there is a lack of implementation. There is a strong agreement that parents need to know more about childhood obesity.

¹¹ <http://www.thestar.com.my/Lifestyle/Health/2012/03/25/A-Big-problem.aspx>

¹² <http://www.nst.com.my/opinion/columnist/childhood-obesity-cause-for-concern-1.252814>

¹³ <http://www.maso.org.my/spom/chap6.pdf>