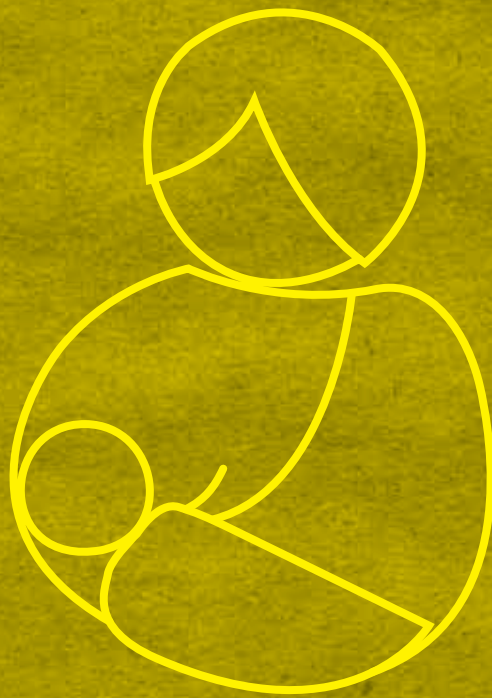


56%

Early initiation of breastfeeding
(within one hour of birth)

29%

Exclusive breastfeeding rate
(4-5 months)



Breastfeeding

66%

Timely complementary feeding rate
(6-9 months)



1

ERADICATE EXTREME POVERTY AND HUNGER

MDG Indicators

- Prevalence of underweight (moderate and severe): 6%
- Prevalence of underweight (severe): 1.3%

Are Egyptian children properly fed?

Infant and child feeding practices can greatly influence the health and nutrition status of children under the age of two, and breast milk is the best nourishment for an infant for the first six months of its life. After the initial six month period and until they reach the age of two, infants require other nutritious foods, in addition to breastfeeding, to meet their growth and development needs.

This document summarises the main feeding pattern of Egyptian children based on the results from the Egypt Demographic and Health Survey 2008 (EDHS 2008).

1. Early initiation of breast feeding

Early initiation of breastfeeding, **particularly within the first hour**, is important for both the mother and the child, as suckling stimulates the release of hormones which help produce milk. It also stimulates the contraction of the uterus after childbirth, thus decreasing the likelihood of postpartum haemorrhage. The milk produced from the breast in the first few days after delivery, known as “colostrum,” is rich in natural antibodies that will help protect the newborn against infections.

Although, breastfeeding is common in Egypt, early initiation of breastfeeding is not a universal practice. EDHS 2008 shows that only one in two infants started breastfeeding within the first hour after birth, while 9 in 10 infants started breastfeeding within the first day of birth.

Rural mothers are more likely to initiate breastfeeding within one hour after delivery than urban mothers. Mothers in the lowest wealth quintile are more likely to start breastfeeding within the 1st hour than mothers in the highest quintile.

Mothers with no education are more likely to initiate breastfeeding within the 1st hour after delivery than educated mothers (60% versus 53%).

EDHS 2008 results indicate that health providers did not provide proper advice to pregnant women about breastfeeding. Surprisingly, mothers who delivered with the assistance of a trained health provider, as well as women who received regular antenatal care are **less** likely to initiate breastfeeding within 1st hour of delivery than those who received no medical or antenatal care. 52% of mothers, for example, who received regular antenatal care, initiated breastfeeding within the 1st hour of her child’s delivery, while the figure is 67% for mothers who did not receive any antenatal care.

There is a missed opportunity during antenatal care visits and after a child's delivery to educate mothers on the importance of initiating breastfeeding within the 1st hour after delivery.

Figure 1: Percentage of infants breastfed in the 1st hour following birth according to region

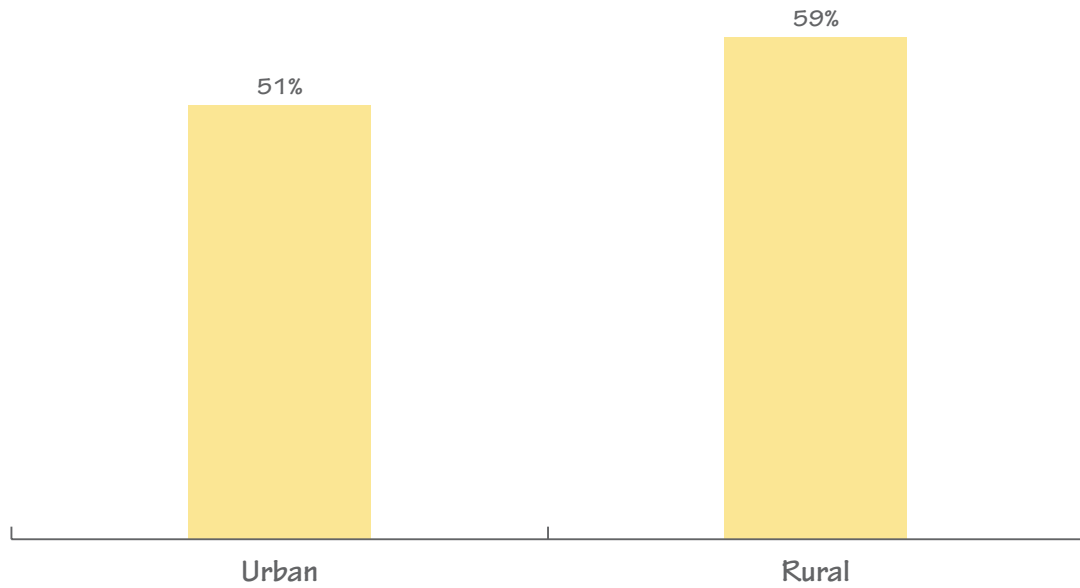


Figure 2: Percentage of infants breastfed in the 1st hour following birth according to mother's education

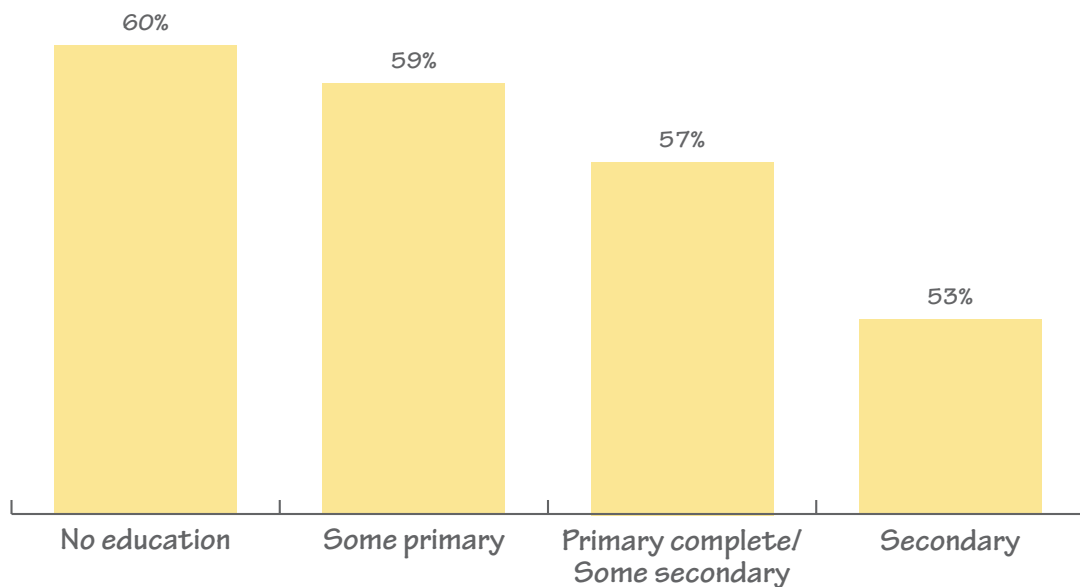
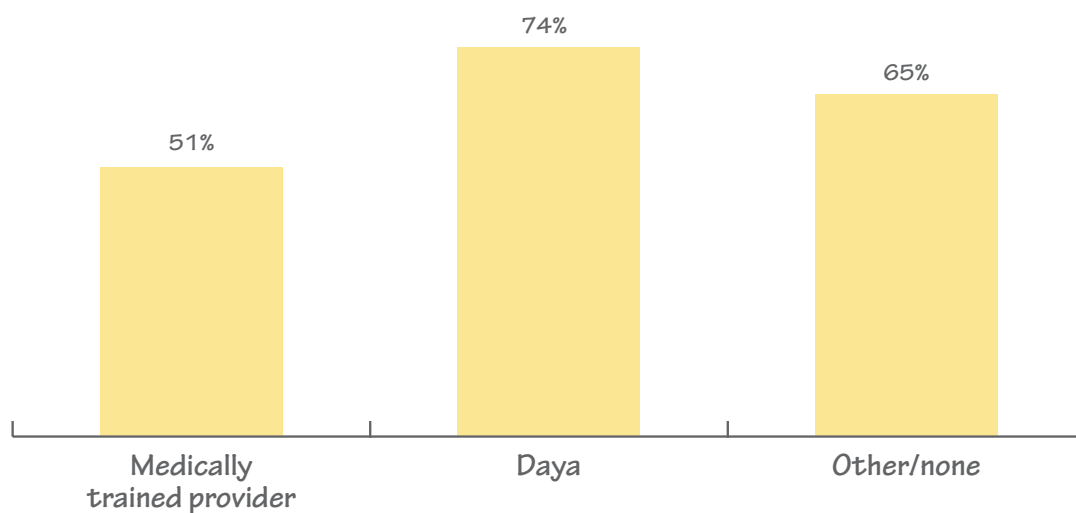


Figure 3: Percentage of infants breastfed in the 1st hour after birth according to the type of assistance received at the time of delivery



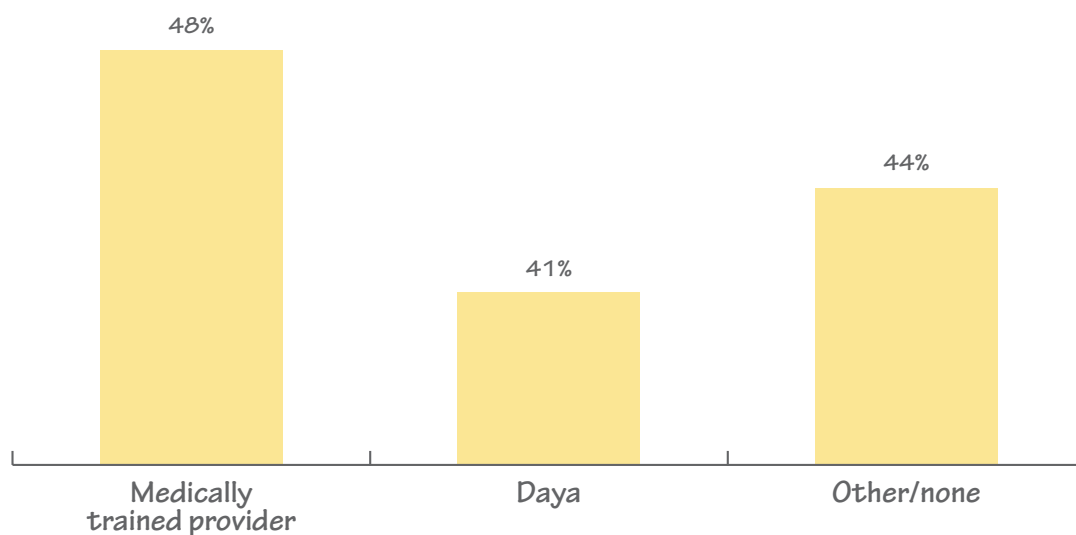
One possible explanation for the low breastfeeding results may be due to the fact that these women tend to be from wealthier families, are more educated and use private facilities, which do not adequately promote proper breastfeeding practices. These women appear to seek medical assistance during delivery, tend to have high rates of caesarean deliveries (almost 28%) and continue to be exposed to negative practices at the hands of health providers, which include giving newborn children glucose, formula, sugary water or other pre-lacteals. In addition to the use of anaesthesia and the high rate of Caesarean sections, longer delivery processes may also be a factor that

delays the initiation of breastfeeding in deliveries involving doctors or nurses.

2. Prelacteal feeding

Prelacteal feeding is the practice of giving liquids other than breast milk to a child during the period before the mother's milk flows freely. Prelacteal feeding can affect breast milk output and reduce its flow. EDHS 2008 results indicate that prelacteal feeding is common in Egypt. Overall, one in two infants were given something other than breast milk (mainly glucose and a tea/infusion) during the first three days following delivery and before the mother started to breastfeed regularly.

Figure 4: Percentage of infants who received pre-lacteal substitutes according to the type of assistance provided at delivery



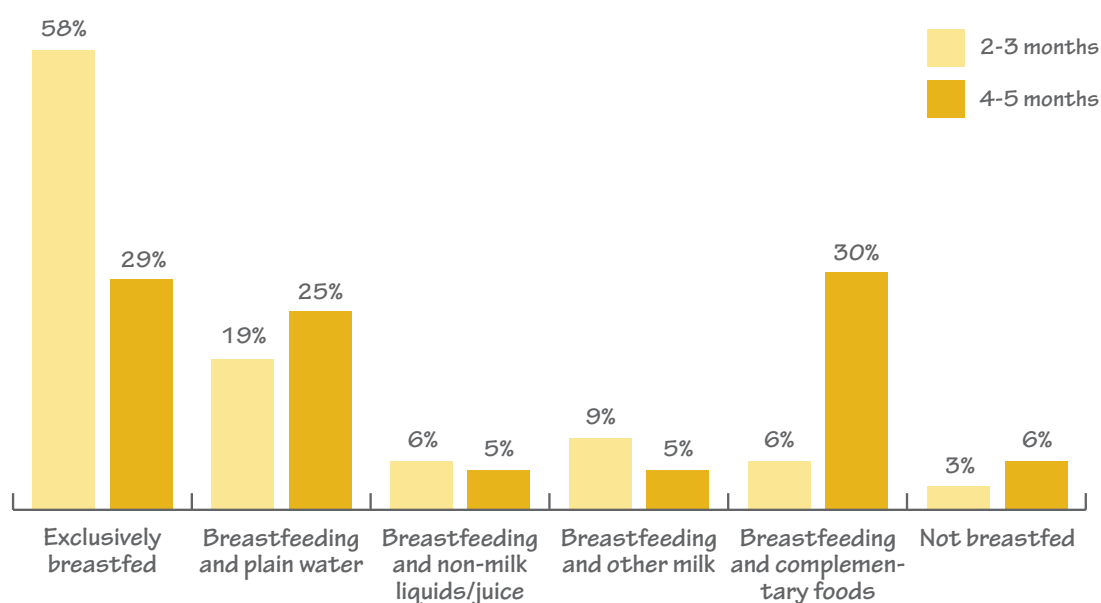
3. Exclusive breastfeeding under 6 months

Children who receive *only* breast milk are considered *exclusively breastfed*. Exclusive breastfeeding is recommended for the first 6 months of a child's life, since

breast milk contains all the nutrients a baby needs. Mothers; however, are not following this recommendation because while 6 in 10 infants aged 2-3 months are exclusively breastfed, this percentage drops to only 29% of children between the ages of 4-5 months.

Exclusive breastfeeding is not universal in Egypt. Only 29% of children aged 4-5 months are exclusively breastfed.

Figure 5: Breastfeeding status according to age (in months)



4. Complementary feeding starts too early

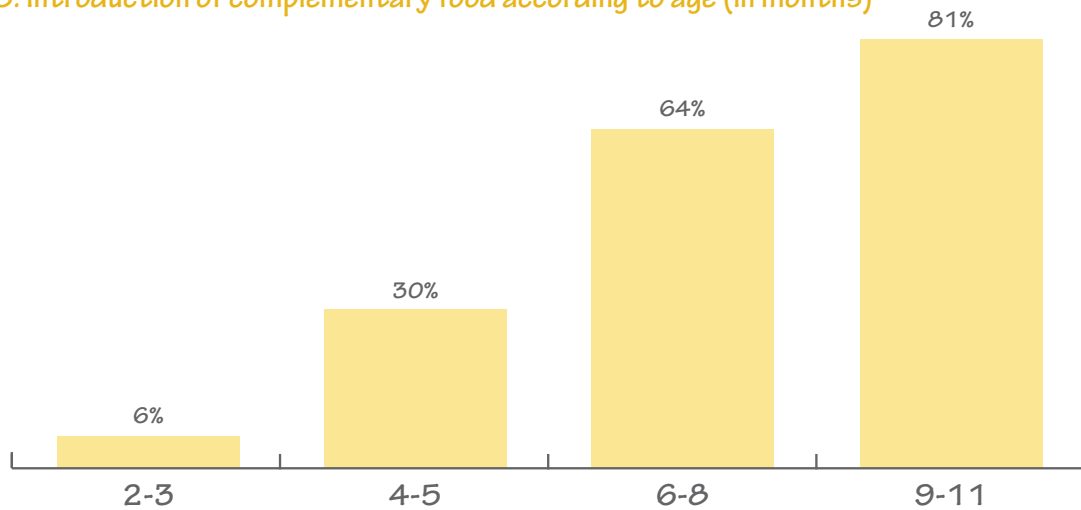
The early introduction of liquids or food, before completing 6 months, increases the exposure of an infant to pathogens that may cause diarrhoeal disease. Furthermore, complementary foods given to a child may not provide all the calories and essential nutrients an infant needs.

The EDHS 2008 results show that less than one in 10 infants between the ages of 2-3 months start receiving some form of supplementation. This increases to 3 out of 10 infants by the time they reach the age of 4-5 months; however, by the 6-8 month, 6 out of 10 infants are given complementary food (Figure 6).



© UNICEF/Egypt/Drawing produced by adolescents & youth

Figure 6: Introduction of complementary food according to age (in months)



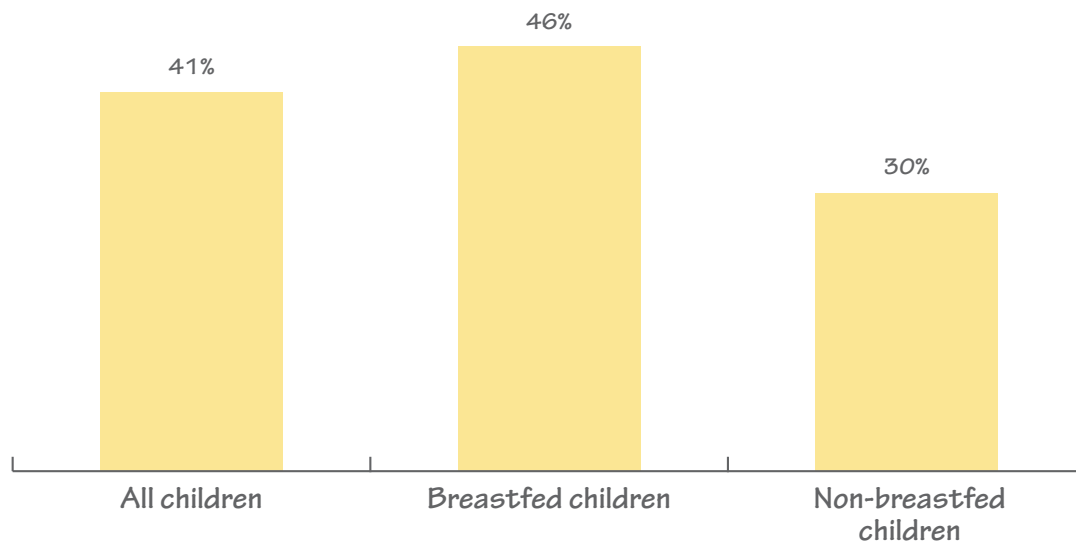
5. Appropriate infant and young child feeding

The World Health Organisation (WHO) and Pan American Health Organisation (PAHO) established appropriate infant and young child feeding practices for children between the ages of 6-23 months. The practices include the timely initiation of feeding solid/semi-solid foods from 6 months

and onwards, and strictly monitoring the amount of food and frequency feeding as the child age gets older.

The EDHS 2008 results suggest that for children aged 6-23 months, 41% already receive the minimum acceptable diet. This percentage decreased to 30% for non-breastfed children, and increased to 46% for breastfed children.

Figure 7: Minimum acceptable diet for children aged 6-23 months (complementary feeding)



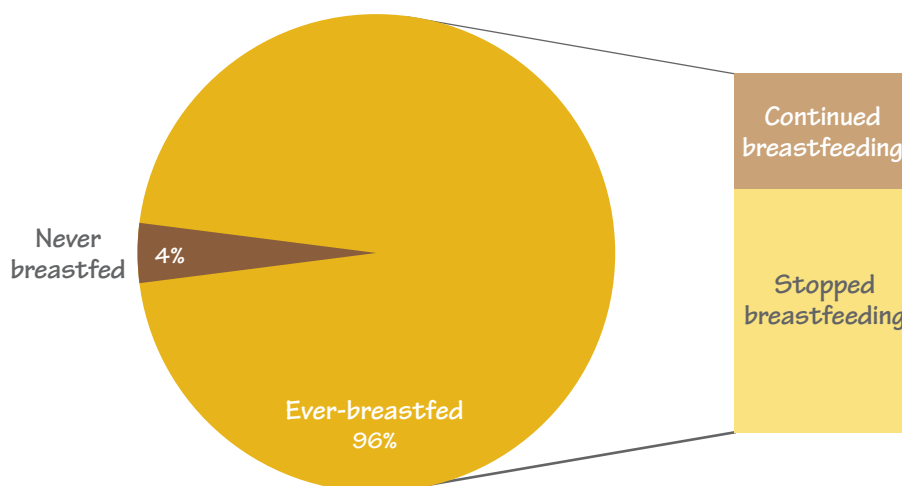
6. Continuation of breastfeeding

Overall, 96% of infants are breastfed at some point in their lives and around one-third continue to be breastfed for 20-23 months. On average, mothers breastfeed their children for 17.7 months. The breastfeeding duration for children in rural areas is

longer. The same holds true for children from Upper Egypt, and those born to mothers with no education.

On average, children are exclusively breastfed for less than the recommended six months, where half of the children are exclusively breastfed for less than 2.6 months.

Figure 8: Continuation of breastfeeding at 20-23 months for breastfed children



7. Key challenges

The EDHS 2008 results showed some challenges facing breastfeeding practices in Egypt:

- Early initiation of breastfeeding within the 1st hour is low.
- Prelacteal feeding is common.

- The duration of exclusive breastfeeding is very short.
- Lack of information and education about correct feeding practices for children. This could be provided to mothers during their antenatal care visits. There is also an opportunity to promote the initiation of breastfeeding within the 1st hour by health providers during antenatal care visits.

**Permission to reproduce any part of
this publication is required.**

Please contact:

United Nations Children's Fund (UNICEF)
87, Misr Helwan Agricultural Road, Maadi,
Cairo, Egypt
Telephone: (20-2) 2526 5083-7
Fax: (20-2) 2526 4218
Website: www.unicef.org/egypt

United Nations Population Fund (UNFPA)
Sheraton Tower, 93 Giza Street
Dokki, Egypt
Telephone: (20-2) 25772253/25770115/
33363409/33374057
Fax: (20-2) 25794808
Website: <http://egypt.unfpa.org>

