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Debate

UNIVERSAL RECOMMENDATIONS FOR SOME WEANING PRACTICES DO MAKE SENSE

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In the July 2001 issue of the *Journal of Biosocial Science* Tina Moffat presents an interesting study from Nepal (Moffat, 2001). She refers to several studies, among them our study from Nepal's neighbouring country Bhutan (Bøhler & Ingstad, 1996), to show that weaning practices are determined by different aspects of the environment, and thus cannot be made universal. However, she goes on to conclude that the recommendation of exclusive breast-feeding for 6 months may not be appropriate for the population she studied. This part of her conclusion is, in my view, far from sufficiently supported by her data.

The paper presents data on children's nutritional status and morbidity. It seems from the text that 39 partially breast-fed children have been compared with 23 exclusively breast-fed ones. A point is made of the fact that no statistically significant difference was found, either in nutritional parameters or morbidity between these two small groups.

For the nutritional parameters, that was not to be expected. As pointed out in the paper's own discussion, it is now well known that healthy, exclusively breast-fed children tend to grow more slowly than those artificially fed, during the age interval to which most of these children belonged. For morbidity, point prevalence of diarrhoea is the only parameter presented. It is said to be almost 50% in both groups. That is a strikingly high figure, but criteria for the diagnosis are not given, so it cannot be evaluated. Other studies, using the more adequate parameter of diarrhoea incidence, have generally found exclusive breast-feeding up to the age of 6 months to be associated with a substantial reduction in diarrhoeal disease (WHO, 2001; Popkin *et al.*, 1990).

An interesting point made by the author is that the mothers in Kathmandu seemed to feed and wean their children on a 'case-by-case' basis, based on the perceived need of a particular child, even when this went contrary to ethnic norms and rules. This is in line with our findings among Bhutanese mothers. When doing research on infant feeding, we should listen carefully to the mothers, as Moffat states. But we also have to scrutinize other available evidence, including data on infant

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health. Exclusive breast-feeding for several months is a rare practice, not only in Nepal, but in most other traditional societies (Labbok *et al.*, 1997). This is important background information, but does not in itself mean that this feeding pattern is unsuitable for such societies. Researchers have found that promoting exclusive breast-feeding has a vast positive impact on infant health in such settings (Horton *et al.*, 1996).

Moffat's general point, that universal recommendations should be evaluated under local conditions, is valid. However, the data she presents as evidence against the present recommendations for infant feeding are far too weak. The mothers in the two Himalayan kingdoms of Nepal and Bhutan should be assured that the optimal feeding pattern for their children during the first half-year of life is exclusive breast-feeding.

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