My Student Elective

Breast-feeding in Sarawak

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You who begat me, you who bore me,
suckled and fed me from your store

—CONFUCIUS

Recent reports of the biochemical, anti-infective, antiallergic, contraceptive, emotional, and economic advantages of breast-feeding have aroused vigorous efforts to increase this practice; indeed, in 1979, the week from 3 June to 9 June was International Breast-feeding Week. Most researchers accept that the increasing use of artificial feeding contributes much to the widespread infantile malnutrition and gastroenteritis in the Third World. The primary aim of my five-week

elective was to determine the prevalence of breast-feeding among the Chinese in my home city, Kuching—riverine capital of equatorial Sarawak.

Not having seen my family and friends for three years, I felt surrounded by excitement and affection during those five glorious weeks. It was also a time to appreciate more of the country: lying along the north-western fringe of Borneo, Sarawak (population 1 154 000; area 124 000 km²) offers an endless scenery of majestic, luxuriant, evergreen rainforests, which harbour a staggering diversity of wildlife and fruits. The climate is monotonously hot (30°C) and humid (annual rainfall is 250 cm), but interspersed with refreshing, thunderous monsoon downpours in the afternoons. Kuching (with an area and population similar to Cambridge) enjoys the lively cultures of the Malays, Chinese, Indians, and Dayaks. Despite mounting dissatisfaction over alleged racial discrimination, the

local Chinese (forming 49% of the city population) are immensely friendly and give the impression of a race accustomed to hard work. At night there are the temptations of cheap and freshly cooked Chinese, Malay, and Indian meals at the brilliantly lit open-air stalls. Longhouses, pepper farms, rubber plantations, and exotic beaches lined with graceful coconut trees are all found near Kuching, but the tourist potential of Sarawak has only just begun to be exploited.

I interviewed (using a questionnaire) in Mandarin, Hockien, or Foochow 87 urbanised Chinese mothers who attended the two maternal child health clinics in Kuching. My initial apprehension of talking about breast-feeding with the young Chinese mothers soon gave way as to my surprise each mother responded freely and with interest to my questions.

After the birth of her baby the Chinese mother in Sarawak is confined to the house for about 30 days; during that time she is not allowed to go outdoors, expose herself to a breeze or to a fan, wash her hair or take a bath, touch cold water, or do heavy work. The young mother is expected to eat, sleep, rest, and look after the baby. Usually there is a female servant who does the house jobs, helps look after the baby, and feeds the mother. The mother's diet consists of rice, whole chickens (the average intake in my study was 17 during the 30-day seclusion) stewed in Chinese white wine or brandy, pig's intestines or kidneys, and chickens cooked in kachan ma (a mixture of very strong local spices). The mother does not eat seafood such as fish, crabs, and prawns; sour fruits such as oranges, and pineapples; and vegetables such as cabbage.

The locals have several beliefs: if the mother exposes herself to the wind or washes her hair during the seclusion she will get a headache later in life; seafood is "toxic" to the wounds sustained during delivery; sour fruits and green vegetables are "cool" for the baby and he might have diarrhoea if the mother has these foods while breast-feeding; and during pregnancy the baby "took away a lot of the mother's blood," thus rendering her weak. A more traditional explanation for the seclusion is found in the belief of yin and yang, or warm air and cold air: a post-partum mother has an excess of yin, and it is believed that the "pores" of the mother stay open for 30 days after delivery and are therefore vulnerable to the cold and the entry of evils from the outside world. The seclusion is to decrease the yin forces and avoid the contamination of the mother by the outside world. Yin foods include chicken, pig's feet and intestines, and eggs, whereas yin foods include pineapple, papaya, beansprouts, bamboo shoots, lime, and cucumber. A woman who has had a miscarriage also undergoes seclusion, while one who has had a multiple delivery is also secluded for 30 days.

The seclusion throws the mother and the baby together, promotes mother-child bonding, and makes breast-feeding easy. Disappointingly, despite this custom, only 67% of the mothers interviewed breast-fed, and only 25% and 10% breast-fed for longer than one month and three months respectively. The two common reasons for not breast-feeding were "no milk" (40%) and "baby not liking it" (30%). The incidence of breast-feeding was 80% in Chinese-educated

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Chinese mothers compared with 37.5% in English-educated Chinese mothers, although the duration of breast-feeding is the same in the two groups. One English-educated mother told me that she had a complete set of Mothercare baby-feeding gear, which she got by mail order. This, indeed, was much more mothercare than baby care. The low incidence of breast-feeding for more than a month could be due to a common belief among the mothers: that they stop producing milk once they finish their one-month seclusion. All the mothers breast-fed at home, and 82% breast-fed on demand. Fewer working mothers (31%) than housewives (67%) breast-fed. Most babies (60%) were started on fluids other than human milk by the first month of life, whereas 55% were started on solids (soft porridge with mashed up vegetables, meat, and fish) by the third month after birth. These findings are most disappointing, especially for a developing country, in view of strong recommendations by health authorities that mothers should be encouraged to breast-feed their babies for at least two weeks and preferably for the first four to six months of life, and that solids should be introduced only after the first four to six months.

There are no active, co-ordinated efforts in Sarawak to encourage breast-feeding. The maternal child health clinics in Kuching had walls lined with posters of rosy-cheeked babies advertising various milk powders. I heard the local children singing the tuneful radio advertisements of milk powders.

Baby shows and donations organised by the milk-powder companies are given wide coverage in the local press. One milk powder company said, "With effect from . . . we have suspended all media advertisement for our infant milk formulae . . . we are only prepared to consider abandoning all media advertisement on a permanent basis if our suspension brings about a complete discontinuation of gift schemes practised by our competitors here." This is praiseworthy in theory, but I think that the milk companies should stop all forms of advertisement and promotion for their milk products.

Although in the end society as a whole is to be blamed for the decline in breast-feeding, the guilt of the milk powder companies is summed up by something a production manager in a baby-food firm once remarked to me: "Had we used the funds now spent for the promotion of baby food on the promotion of breast-feeding I could guarantee you 100% breast-feeding in this country."

Throughout my project the only mother whom I saw breast-feeding in public was an English lady from Portsmouth, who sat next to me on the plane. She was breast-feeding her 3-week-old daughter, and we were flying eastwards—to Singapore, near Kuching, Sarawak.

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ZANY LESSONS FOR ACADEMICS

How to write nifty titles for your papers

General principles

- When you are up for promotion, the committee will most likely not read anything you have written, but trust in the judgment of the journals to decide on the quality of your articles. This is especially true if your titles are so esoteric that the promotions committee would not dare even to peek at the text.
- Titles should "sound" like original contributions.
- Titles should be esoteric (see (a) above).
- If your study is not particularly good, make the title catchy or timely to help get it accepted.
- If your study is decidedly dull, use the longest possible title you can invent.

When to write titles

- If you have not thought of a project, and a title comes to mind, use it and work a paper around it.
- Titles are best written with a proper brandy and a cigar after dinner. Titles written on an empty stomach are likely to be dull and witless.
- Some great titles have been done while sitting at stool. This is an excellent and productive time to engage in title creation.

Examples of titles for your first papers

- "A patient with pimples and coronary occlusion—case report of a new association."
- "The association of pimples and coronary occlusion—a case report."
- "Concurrence of coronary occlusion and pimples in a patient—a new observation."

Examples of titles for follow-up papers

- "Two patients with pimples and coronary occlusion."
- "A second case of pimples in coronary occlusion and review of the literature."
- "Pimples and coronary occlusion—a historical perspective."

Catch words and phrases to make your study sound "sound"

- Starting phrases—try to use statistical terms: "A randomised trial of . . ."; "Multiple linear regression analysis of . . ."; "The frequency of the occurrence of . . ."; "The rarity of the occurrence of . . ."; "The association of . . ."; "The correlation of . . ."
- Phrases to make you sound honest and reliable (insert whatever you like in the blank spaces): "The failure of _____ to influence _____"; "_____, an important negative study"; "The unreliability of _____ in assessing _____"; "The implausibility of _____ in understanding _____"; "The total and utter ineptness of _____ to comprehend _____."
- Phrases to make you sound innovative: "The omega factor, a critical new parametric enfeeblement in examining the (*choose a body organ*)" (the omega factor can be anything you like); "Creating life, starting with one and two carbon compounds and rare earths—a progress report"; "The pathophysiologic relationship between pimples and coronary occlusion—a hypothesis."
- Phrases to make you sound timely: "The relationship of the omega factor to *urban health care*"; "The *labour party* and the omega factor"; "Medically underserved patients with pimples and coronary occlusion"; "Peer review in assessing the quality of care of patients with pimples, with *special emphasis on the subpopulation with coronary occlusion*." (The length of this alone is catchy; do not mind the content. Note how length hides dullness.)
- Ending phrases you can use (insert your study in the blank spaces): "_____, an essential tool in evaluating _____"; "_____, a preliminary report"; "_____, a randomised double-blind prospective scientifically investigative trial"; "_____, statistical analysis and consideration for the future"; "_____, a negative study"; "_____, a hypothesis"; "_____ in urban society"; "_____ in the medically underserved"; "_____ in New York City between 1921 and 1922."
- Middle phrases you can use: "_____ in a population with _____"; "_____ in a family with _____"; "_____ in a patient with _____"; "_____ in the senile great aunt of a patient with _____."

These title suggestions should get you off to a proper start. Happy writing, and enjoy the promotion.—BERRIL YUSHOMERSKI YANKLOWITZ.