INFANT-FEEDING IN NORTH-EAST AFRICA*

BY

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Nearly all infants are breast-fed, especially in the southern half of the Sudan. In the northern half western influence and customs have already begun to give native mothers western views. A woman will occasionally come to hospital with her baby already off the breast, saying that her milk was no good. In Somaliland the fathers sometimes demand that their babies shall be given undiluted cows' milk, believing that it makes them "more lively." These fathers also have a way of sending their wives into the interior to look after the stock, leaving the young infants to the care of the grandmothers.

Deprived of breast milk in the early months of life—as through the death of the mother—infants rarely survive. Alternative food is difficult to find, especially in the milkless tsetse-fly country, and is usually unsuitable both in quantity and kind. Overfeeding and malnutrition go hand in hand. Sometimes the young infant is fed on porridge made from sweet potatoes or groundnuts, with additions of mango juice during the mango season, which may last from April until

[Photograph by Dr. John Bloss]

FIG. 1.—Mother comforting her child.

July. In countries where cows' or camels' milk is obtainable, it is usually very dirty, and gastro-enteritis is a common cause of death. Tea, ghee (clarified butter), rice, and chewed fat are other forms of infant food.

*Notes based on experience in the Anglo-Egyptian Sudan and British Somaliland.

[Author's photograph]

FIG. 2.—Baby shielded by half-gourd on mother's back.

found in an emaciated condition, starving on 6 or 8 oz. of breast milk a day.

There are several reasons for this prolonged nursing. First there is the difficulty of alternative feeding in lands where milk is scarce or unknown and where adult food is unsuitable for infants and often insufficient for the adults themselves. Then there is the physical contact with their mothers in which infants spend so much of the first two years of their lives. They live attached to their mothers. They use neither cot nor cradle. By day they are carried slung to the mother's back or side, at night they lie against her as she sleeps. Whenever a baby cries he is fed. One of the objections to the use of a cradle is that the mother thinks her baby should not leave her. A third reason is that in some tribes husbands do not engage in sexual intercourse with a wife who is nursing a baby. Prolonged breast-feeding therefore acts as a method of birth control.

It is not the prolonged breast-feeding that harms the native infant but breast starvation. After a grossly inadequate intake of breast milk over many months the infant is marasmic and anaemic and ready to succumb to the diarrhoea set up by unsuitable foods at weaning. If additional foods were given the breast milk would be a boon. In some tribes additional foods are given. Zande mothers, for instance, sometimes give scraped banana, with or without water, from the seventh day. They also chew sugarcane and spit it into the baby's mouth. From one month, dura (millet) porridge and chewed sweet potato and cassava may be given. Other Zande mothers, however, give nothing until they add porridge at the ninth month. During these nine months the mothers themselves take nothing but gruel and simsin (a vegetable oil). Among the Shilluks a mother may not drink milk for the first six months of pregnancy lest the cow from which the milk came goes dry.

Hazardous Gardening

Complementary foods, such as oranges and lemons, sweet potato, banana, millet, and local fruits such as pawpaw, are either obtainable or could be produced if fathers had the will and energy to grow them, but even when they are available the mothers are often unwilling to give them. They say that their babies will not eat them, and continue

Breast-fed Too Long

The chief fault of native nursing is that it is continued too long. Two years is a very usual time, and often the child is breast-fed up to the age of 3 or 4. Early progress is usually good, especially if the mother is herself reasonably well nourished, but after the age of 8 or 9 months the baby ceases to do well and later still loses ground. Often the mother is undernourished and ill, especially in Somaliland, where the standard of nutrition is low and infants of 18 months have been

to underfeed them on the breast. In some parts there is a further difficulty in persuading the fathers to provide the needed foods, the popular belief being that if anyone produces a garden better than all the others he will die the same year.

Native babies spend the greater part of their first two years in close contact with their mothers' bodies. When the baby cries or when the mother has nothing else to do, her infant is fed. There are no regular feed-times; the breast is available at all times of the day and night. This close maternal contact is maintained as long as the mother has the baby's welfare uppermost in her mind. During the rains, when she may join the rest of the tribe in cultivating the land, she will leave her baby all day with no food at all, to be carried about on the back of an elder brother or sister, crying for food until she returns. The elder brother or sister provides the physical contact usually supplied by the mother but cannot produce the food.

The only other time when the breast is unavailable to the baby is when the mother is drunk. This is a common occurrence in some areas.

The age of weaning varies according to the tribe, the time of year (i.e., the state of cultivation), and chance, but the most usual food at all times is porridge made from

(Photograph by Dr. John Bloss)

FIG. 3.—Woman drawing water by means of half-gourd from water-hole.

dura (millet). This requires hours of grinding by hand between two stones if a fine flour is to be produced, but mothers are often unwilling to spend so long over its preparation. They use it for their infants in an incomplete and gritty form. It causes diarrhoea, which is lethal to marasmic and anaemic infants.

Infant Death Rate

In North-east Africa there are few vital statistics—and they are unreliable. There are, however, well-founded impressions. One of these is that in some parts the death rate of infants during the first two years of life is between 50% and 60%. Some natives forget very quickly that they had any children who died, but some figures of value can be produced. In February, 1949, fourteen chiefs of the Torit area had had 186 children, of whom 87 were still living. This was an infant- or child-mortality rate of 53.2%. One Somali interpreter had had by his eight wives 42 children, of whom 18, that is 43%, had died "from some kind of sickness." The eight wives of another interpreter had presented him with 35 children, of whom 22 had died, a mortality rate of 63%. A Somali medical assistant had lost seven out of nine children with "diarrhoea and abdominal pain." Very little is thought of these high death rates. As a Sudanese medical assistant said, "When ill-nourished, anaemic babies get any intercurrent disease, they die. No one ever thinks of natural death."

Infant Welfare

In many parts of the world where black-skinned people dwell there are too many people; in some there are too few. Torit in Equatoria (Anglo-Egyptian Sudan) is one of these, and on May 7 the Save the Children Fund sent a team of one doctor and two nurses to spend the next few years in teaching the local tribes how to keep their babies alive. Although in principle the saving of these infants will be simple, in practice there will be difficulties.

The logic of infant welfare will appeal only to those who have logical minds. It is good to make certain simple preparations for the reception of a baby, but many native mothers believe that if any preparations at all are made for an unborn baby it will surely die. A father should grow food for his children, but, besides his likely death the same year if his garden excels those of his neighbours, he must guard his crops day and night as they reach maturity or they will be stolen. Western ideas of dealing with native problems must be modified by the native outlook. The study and research of the Save the Children Fund team should produce information of interest and value.

A circular from the Ministry of Health states that hospital boards sometimes acquire property with moneys from their endowment fund with the intention of selling or renting the property to the Minister when it is required for hospital purposes, but the Minister warns boards that he cannot acquire a property for which a price has been paid in excess of that appropriate to a compulsory purchase. Nor can he purchase any property for which such an excess price has been paid, even though the board offers to resell to him at the compulsory-purchase price, the loss being taken by the endowment fund, and he cannot rent, lease, or accept a gift of such a property. The Minister is bound to carry out the intentions of Parliament as expressed in Part V of the Town and Country Planning Act, 1947, and he could not take part in a transaction which would undermine the provisions of that Act. This should be remembered whenever a board is buying from the endowment fund property which might be suitable for hospital purposes; and if the board is likely one day to wish to sell, lease, rent, or give such property to the Minister it should consider whether it is advisable to pay a price in excess of the district valuer's valuation of the property. Boards do not at present know what the district valuer's price would be, as his services are available only where purchase by a Government Department is in view. The Minister has therefore arranged that any board may ask him to request the chief valuer to make the services of the district valuer available to the board.