

Children's Feeding Practices In Families From Maghreb Living In Italy

A Venuta, F Vaienti

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Abstract

Background: While immigration in Italy from North Africa is sharply increasing, there are few data about the degree the integration of children born in Italy from migrant families.

Objective: To assess to what level an assimilation of eating habits has taken place.

Methods: A cross-sectional study examined the eating habits of 103 babies (4-48 months) , born in Italy from parents who lived in Maghreb and who later moved to Italy. The data were collected through a questionnaire and the related interviews.

Results: Eating habits of babies and children born from Maghreb immigrant families greatly differ from their Italian counterparts as they are influenced by the country of origin culture and affected by the socio-economical level. In these children we noted: tendency to prolonged breastfeeding, the early introduction of liquids other than breast milk, a limited intake of meat as complementary food, a marked tendency to obesity.

INTRODUCTION

In the UE countries the percentage of immigrants on the resident population is nearly 7 %, involving more than 20 million inhabitants.

In Italy presence of foreigners is mainly concentrated in the most economically developed regions. In the Modena area (city of northern Italy) at the beginning of 2004 foreigners were about 42,000 (41,674 compared to the 33,951 individuals of 2002) considering an increase of 7,723 people. This figure has caused the total percentage of immigrants to rise from 5.3 to 6.4%. The birth rate in the immigrant community is 22.2 per thousand inhabitants and it contributes to increase the global value of the Modena population that is 9.5 per thousand. The most represented population in the area comes from Morocco with 10,578 people (with 4,079 women) followed by the Albanian community with 3,937 people (1,589 women) and from the Tunisian one with 3,696 people (1,267 women). A foreigner out of four is under age: 10, 163 residents in the area are under 18 (5,208 males and 4,955 females) equal to 24.4 % of the entire foreign population and to 10.1% of the total population of the same age group. The result is an increase

of foreign children and teenagers at school. In infant school they are by now 14% of the total number, at elementary school they are 10.5% while at Junior high school they are 7.9% and 5.1% at high school.

It is therefore inevitable to compare the different realities in which social relationships (jobs, lodging psycho-affective support) and health care (opportunity to enjoy all the facilities of our welfare system) overlap till the moment in which they can not be divided anymore and moreover they affect the health sphere. In this context eating habits represent a crucial problem and there is no doubt there are more vulnerable individuals, such as children and teenagers.

Our survey has the purpose to assess to what degree an integration of the European eating habits has taken place, what constant cultural influences of the countries of origin are still present and to identify possible deficiencies or diet mistakes of the children born in families from North Africa (Maghreb).

A better knowledge of the diet practice adopted by the families for their children is a fundamental element to improve relationships during treatment, thus helping not

only the paediatrician and the hospital staff but also the family itself.

MATERIALS AND METHODS

This cross-sectional study has examined the eating habits and the weaning methods of 103 babies aged between 4 and 48 months with the mean age (SD) of 19.4 months (8.6), born in Italy from parents who lived in Maghreb and who later moved to Italy.

This was possible thanks to the data collected through a questionnaire and the related interviews.

Such interviews were carried out in the paediatric ward of the Modena Hospital, and at the welcome centres for foreigners in Modena, they were addressed to Maghreb families between spring 2004 and summer 2005.

Each questionnaire was submitted to one or both parents of the child subjected to the survey. Whenever a problem connected to the comprehension of the questions or to the limited knowledge of Italian occurred the interviewer helped the parents fill in the form.

The questionnaire is made up of four parts: the first one deals with the personal details of the child; the second one regards those of the family; the third one is about the family eating habits; and finally the last one is based on the child's anamnesis. Answers related to age, weight and eating practice have been grouped together.

RESULTS

DATA COLLECTED ON THE IMMIGRANT FAMILY'S CHILDREN

The present survey has stressed a very important aspect: there is strong homogeneity in the behaviours and eating habits of the families interviewed.

This similarity can be partially due to the existence of recurring conditions in all the families. Generally speaking they are currently living in Italy, but the child's parents are now together after years of separation. In particular the father came to Italy about seven or eight years before the mother. This datum is also confirmed by the good language ability of the father compared to the mother's. The child's father generally answers directly the questions related to the personal details section, in the eating habit section he reformulates the questions in the native language for the mother to answer and then translates them into Italian. If both parents are present the mother only speaks when the

father asks her to even if she can speak Italian.

Poor living conditions are always common: overcrowded lodgings insufficient hygienic conditions along with uncertain economic standards in most of the families.

Most of them are aware of the importance of the role of the paediatrician and relies on him/her for any aspect of the treatment of the child including the diet. Many families have received advice on proper weaning, which they have followed. Even when told about the correct procedure to follow popular fallacies about specific food and in particular about breastfeeding still remain. More than one of the families interviewed believes that if the first child is breastfed for more than seven or eight months the next child will not be breastfed because the mother will not be able to produce milk even for a limited period.

As for the family eating habits all the interviewed people consider lunch and dinner the most important meals of the day both in their mother country and in Italy. Moreover, many families regard dinner as the real meal shared with the family. It corresponds to the moment in which all the family can finally meet at the end of the day.

Differently from the Italian families they have all their meals at home and not out at the restaurant, for example. If special occasions occur the meal always takes place at home. Another relevant difference is given by the habit of making some food preparations, such as bread, at home. Families buy food in Italian stores, they commonly buy products which are typically European and eat them as an important part of their daily intake. The most representative practice is to eat wheat semolina. Meat represents an exception because it is generally bought in special butcheries which follow Hallal techniques. Only one out of all the families interviewed buys products if food stores for foreigners and eats only those imported from their country of origin. A further difference from our culture is the fact that the father generally does all the shopping, this shows a sort of "isolation" of the woman. The father buys all the food even if it is the mother who will cook it.

Traditional dishes are still made along with the introduction of typical Italian food. On holiday many families have cuscus, main dish of their diet, considered as a complete course as it is made with durum wheat semolina, vegetables, meat or fish.

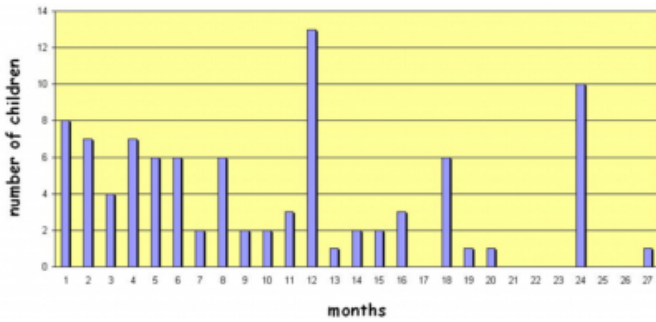
NURSING HABITS

48/103 (46.6%) women interviewed exclusively breastfed their baby, 45 (43.7%) nursed them with predominant breastfeeding while only 10 (9.7%) exclusively used bottle feeding from birth.

Average length of breastfeeding was 9.17 months (STD+ 7.6) with a top duration of 27 months in one case (figure 1).

Figure 1

Figure 1: Duration of breastfeeding in months

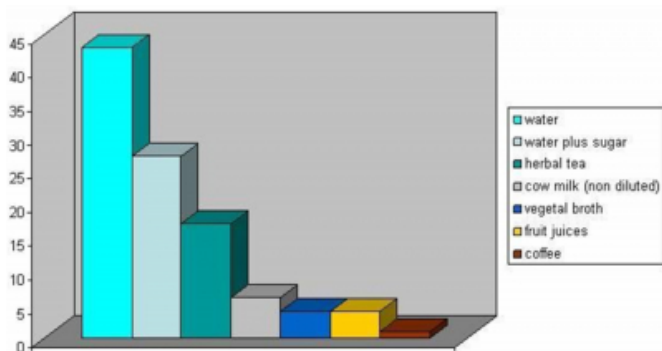


The length of bottle-feeding was under 5 months in 2/10 children, between 5 and 10 months in 5/10 and higher than 10 months in the remaining 3.

In the 45 cases of predominant breastfeeding, administration of liquids different from milk took place immediately after birth or after the first weeks. 43/45 (95.6%) babies were given water, 27/45 (6.0%) water and sugar, 17/45 (37.8%) herbal tea, the remaining part received non-diluted cow milk, vegetal broth and fruit juices. In one case even Arabic coffee was administered. (figure 2)

Figure 2

Figure 2: Liquids administered during lactation (number of children)



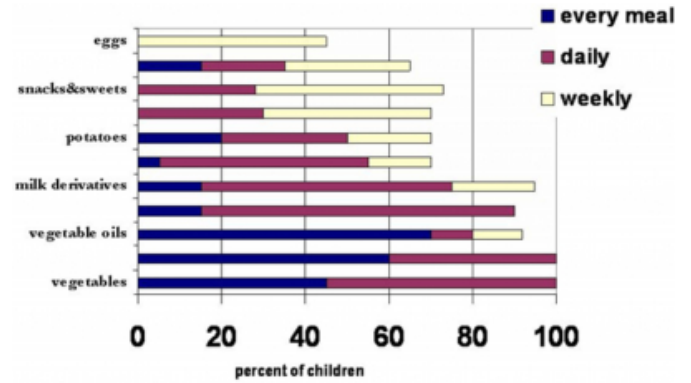
COMPLEMENTARY FOODS

The first administration of complementary foods happened on the 6th months in 40 the cases, on the 5th in 29 cases on the 4th in 16 on the 8th in 5 on the 7th in 2 and on the 9th in one case. In the remnant 10 cases complementary foods were

not yet administered. The type of complementary foods dispensed at every meal, daily or weekly are summarized in figure 3.

Figure 3

Figure 3: Frequency of complementary food administration



BABY'S WEIGHT AT THE TIME OF INTERVIEW

35% had a weight higher than the 90th percentile for age, 22% ranged from the 75th to the 90th percentile, 25% was under 25th percentile.

CONCLUSIONS

Eating habits of babies and children born from Maghreb immigrant families greatly differ from their Italian counterparts' as they are influenced by the country of origin culture and affected by the socio-economical level of the people under examination.

High prevalence and length of breastfeeding mirrors the habits of Maghreb populations (3) (table1).

Tendency to prolonged breastfeeding in Maghreb families today meets the new trend and importance given to the same type of nursing habit markedly increasing in our own country.

It is important to emphasise the large use of drinks different from human milk, such as water and sugar, tea, infusions, vegetal broth, fruit juices and particularly of nervine substances: namely tea and coffee. This shows relevance of the country of origin habits as it was already outlined in previous researches. (4)

Among the different food taken into examination during weaning it was noticed that consumption of meat is limited. This is due to its high cost and the need to eat only meat coming from butcheries which follow Islamic rituals. As a consequence lack of iron was noticed in the patients (5). Moreover, parents consider food from their country of origin

sold in ethnic groceries expensive.

Tendency to obesity in these babies and children is often related to a marked preference for sweet food. Foreign parents probably reckon snacks, biscuits and cakes the symbol of a higher social status and they are confirmed in their belief by the amount of advertisements they see on newspapers and television and by their relatively low cost. Besides, they are extremely easy to buy and are therefore consumed without any sort of 'control'.

The paediatrician's and caregiver's attention should be focused on the following critical issues:

- Involving father because of the special role they have when shopping for food, so that they can give a precise direction to the family's diet.
- Recommending to avoid any use of coffee and tea, infusions or any other drink by explaining to the parents the absolute unsuitability of such drinks for babies.

- Care in the intake of sweet food and snacks.
- Control of the intake of meat in weaning and in the following periods of the child's growth.

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Author Information

Andrea Venuta, M.D.

Professor, Department of Maternal and Pediatric Health, Modena and Reggio Emilia University

Francesca Vaienti, M.D.

Department of Maternal and Pediatric Health, Modena and Reggio Emilia University