

LETTER TO THE EDITOR

Breastfeeding in infants of immigrants parents

Allattamento al seno in genitori di bambini immigrati

Giovannini and co-workers have recently reported an interesting study on rates and duration of breastfeeding in Italy¹. Their investigation was prospective, and 2,450 Italian infants were followed through the 1st year of life during the period 1999-2000. They classified breastfeeding in accordance with the World Health Organization criteria: breastfeeding (the infant received breast milk); exclusive breastfeeding (the infant received breast milk only); complemented breastfeeding (the infant received both breast milk and non human milk). Giovannini and co-workers observed differences in rates and duration of breastfeeding across geographical areas of Italy. However, in Italian infants the rates of breastfeeding at 1, 4, 6 and 12 months were respectively 81%, 59%, 47%, and 12%, while the rates of exclusive breastfeeding at 1, 4 and 6 months were respectively 54%, 31% and 5.5% (no Italian infant was exclusively breastfed after 8 months of age). The rates of complemented breastfeeding at 1, 4, 6 and 12 months were respectively 27%, 39%, 42% and 12%.

The migratory flow from developing countries towards Italy has progressively increased in the last 25 years². At first it was transitory or irregular, arranged on an individual basis (mainly by single men or single women), while in the last few years it has turned into a definitive and regular migratory design, involving men and women at the same time. The direct consequence has been an increa-

se in marriages among immigrants and new births to immigrated parents: they were 5,500 (0.9%) of all the new births in 1985, 20,000 (3.8%) in 1994 and 28,000 (5%) in 2003².

Available data on rates and duration of breastfeeding in infants born in Italy to immigrant parents are not known, and the investigation of Giovannini and co-workers does not report this information. On the other hand, initiation, rates and duration of breastfeeding are different in the various areas of the world, and are influenced by cultural and religious traditions, socio-economic factors, as well as lifestyles³. To this regard, in the developing countries from which these immigrants mainly come, exclusive breastfeeding usually has higher rates and longer duration (till 24 months) than in the developed countries³.

The Gruppo di Lavoro Nazionale per il Bambino Immigrato (GLNBI), affi-

liated to the Italian Society of Pediatrics, recently⁴ has carried out a retrospective pilot multicenter study on the dietary habits of immigrant children coming from developing countries. This pilot investigation was performed in 9 cities (Ancona, Bassano del Grappa, Catania, Lucca, Mazara del Vallo, Modena, Napoli, Novara, Palermo), administering a structured and standardized questionnaire concerning breastfeeding to 311 mothers of immigrant children who were born in Italy and were 1-24 months old. Table I shows rates of breastfeeding through their first 24 months of life.

These findings are the first in Italy concerning breastfeeding in infants of immigrant parents. They have to be considered with caution because our investigation is a retrospective and pilot study on only 311 immigrant infants. Therefore, larger and perspective studies on this topic need to confirm these data. However, our survey suggests that rates and duration of breastfeeding and exclusive breastfeeding are higher and longer in infants of immigrant parents than in Italian infants. These findings are related to differences in cultural tradi-

Tab. I.

Completed month	Breastfeeding	Exclusive breastfeeding	Complemented breastfeeding
1	86%	77%	9%
2	85%	73%	12%
3	81%	65%	16%
4	78%	57%	21%
5	75%	49%	26%
6	69%	40%	29%
9	55%	25%	30%
12	46%	16%	30%
18	35%	8%	27%
24	30%	4%	26%

tions and lifestyles^{3,5} between Italian mothers and the mothers immigrated from developing countries, where breastfeeding is considered the best feeding practice for infant. To this regard, in the next few years Italian paediatricians, both in primary and secondary care, will likely see an increasing number of newborns and infants of immigrant parents and they will have to be aware of traditions and lifestyles that today are not used to observe.

In addition, it is noteworthy to emphasize that rates and duration of breastfeeding and exclusive breastfeeding are less frequent and less durable in infants born in Italy to immigrant parents than in the ones born in their developing country of origin^{3,5}. In accordance with previous studies in other developed countries⁶, our data suggest that immigrants from developing countries are incline to acquire lifestyles and infant feeding practices similar to the ones of the developed

countries where they live. Consequently, considering the recognized association between breastfeeding and delayed outcome of some chronic diseases (i.e. hypertension, obesity, diabetes mellitus, etc.), our efforts concerning feeding practices in early infancy should be addressed to recommend and promote breastfeeding also among immigrant infants.

References

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