Breastfeeding Practices:
The Reality of the Syrian Refugee Population’s Situation in Turkey

Arthur I. Eidelman

The latest statistics report that an unprecedented 70.8 million people around the world have been forced from their home. Among them are ~25.9 million refugees, over half of whom are under the age of 18 years. This striking figure reflects a combination of causes and processes: populations fleeing violence or being driven from war and conflict zones, those who are desperately seeking refuge from economically ravaged areas that can only marginally sustain health and economic well-being, and an additional percentage are refugees from areas of natural disaster, be it drought, flooding, volcanic eruption, or earthquake.

A striking example of this “forced” migration of refugees are the 3.6 million Syrian refugees currently residing in Turkey who have fled the ongoing civil war in their war-torn homeland. Ninety percent of the Syrian refugees in Turkey live outside of camps and have limited access to organized basic health, education, and social support services. This is particularly true for mothers and their newborn infants.

Detailed documentation of the magnitude of this problem is published in the current issue of Breastfeeding Medicine. Deger and colleagues reported on the current breastfeeding practices of Syrian refugee mothers in comparison with a contemporaneously treated local native Turkish maternal population. The investigators noted significant difference between the two groups regarding breastfeeding after delivery. The rate of those who initiated breastfeeding within 1 hour after delivery was 38.6% for the Syrians and 28.9% for the Turkish population. This was not surprising given the pattern of breastfeeding of Syrian mothers in their prerefugee status. However, on follow-up into the postpartum period, there were lower rates of exclusive breastfeeding (28.1% versus 34.1%) and continuing to 12 months (55.0 versus 63.8) in these Syrian refugee mothers, reflecting the lack of a family, societal, and health support system for them.

The tragedy and long-term implications of this disruption of basic health practices of breastfeeding are ironic as the supply of human milk has been documented to be a key element for survival and well-being in both natural and man-made disasters. Tragically, the disruptive force of war and traumatic migration on the health potential of the mother and the child is confirmed by this most important study. But the news from Turkey is neither totally disconcerting nor discouraging. This month’s issue also includes a report from the Turkish investigators Basim and Ozdenkaya, who studied the effect of eating fermented food products, particularly yogurt, as a preventive tool for lowering the risk of developing “Lactation mastitis.” As we know, the regular ingestion of yogurt for decades has been touted as a natural way to enhance health and longevity through its combination of its special nutrient composition and the probiotic effect of its fermenting bacterial content.

Epidemiological studies have documented that the consumption of fermented foods is associated with reduced risks of type 2 diabetes, metabolic syndrome, and heart disease, along with improved weight management. It has been postulated that the fermentation-associated microbes affect the intestinal microbiome and contribute to host health, by reducing the duration and incidence of gastrointestinal and respiratory infections, and enhancing immune and anti-inflammatory responses and, in turn, extending life expectancy.

Basim and Ozdenkaya postulate that the reduction of mastitis after regular maternal ingestion of yogurt and other fermented foods similarly changes the biome of breast milk. This, in turn, enhances the growth of relatively non-pathogenic bacteria in the milk, thereby reducing the risk of infection in the breast from the usual more virulent and pathogenic bacteria.

These data only highlight the tragedy of refugee population in Turkey where both mother and infant are at an increased risk of infection, given their dire living conditions and situation. One can more than speculate that that risk of infection could be mitigated by extending the period of breastfeeding duration and exclusivity while simply providing mothers with a basic critical dietary component such as yogurt and the like. That should be the least we can do.

—Arthur I. Eidelman, MD
Editor-in-Chief

References