

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
<p><i>The most recent publications appear first in this document. The expected date for the next update is October, 2022. We aim to publish updates every 3 months.</i></p>							
Breastfeeding, Italy Earthquake, Social Support, Breast Milk Substitutes, Displacement, Infant Feeding,	15-Jun-22	<a href="#">Breastfeeding and humanitarian emergencies: the experiences of pregnant and lactating women during the earthquake in Abruzzo, Italy</a>	International Breastfeeding Journal	Original Research	In this qualitative descriptive study, pregnant and lactating women surviving the April 6th, 2009, L'Aquila earthquake were interviewed regarding their experiences with pregnancy, childbirth, and infant formula or complementary feeding during and after the emergency. The earthquake displaced 66,000 people, damaged over 100,000 buildings, and caused 1600 casualties and 309 deaths. It has been recommended that during such humanitarian emergencies, breastfeeding should be prioritized along with other optimal IYCF practices. Following the earthquake, the Alimentazione Infantile Nelle Emergenze – Infant Feeding in Emergencies working group interviewed pregnant women who were affected by the earthquake. The semi-structured interviews consisted of questions relating to pregnancy, childbirth, breastfeeding, breast milk substitutions, essential needs, customary life, and health care provision. Socio-demographic information was also obtained on supplementary forms. The authors re-analyzed the interviews and realized the following concerns: displacement and insecure housing, inadequate emergency housing, psychological distress, a need for increased social support, improper formula prescription and distribution as well as early disruption of breastfeeding. Essential needs and care were categorized into the following themes: “Essential needs, basic services and security,” “Community, partner and family support,” “Mother-Infant focused, non-specialized support,” and “Specialized Maternal and Infant health care.” The results suggest that if adequate breastfeeding practices are maintained in standard settings, then it will also be maintained under emergency circumstances. Overall, the study recommends the following: (1) promotion of social support and family networks (2) creation of peer groups consisting of affected mothers and their children (3) identification of people who require more focused psychosocial interventions (4) prescription of infant formula only under limited conditions (5) increased management of infant foods and feeding equipment donations (6) Installing disaster planning, policies and procedures that provide sensitization, communication, and training.	This study focuses on the needs of mothers and their children during and after the 2009 L'Aquila earthquake. Secondary analysis of semi-structured interviews conducted during and after the emergency revealed that improved infant formula management, formidable community support, and emergency preparedness specific to IYCF should be prioritized for the protection of maternal and infant health. If proper planning and evidence-based feeding practices are carried out under non-emergent conditions, then such practices are more likely to be implemented during humanitarian crises.	Giusti A, Marchetti F, Zambri F, Pro E, Brillo E, & Colaceci S (2022, June 15). Breastfeeding and humanitarian emergencies: The experiences of pregnant and lactating women during the earthquake in Abruzzo, Italy - International Breastfeeding Journal. BioMed Central. doi.org/10.1186/s13006-022-00483-8

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Natural disasters, nutrition, infants, children, feeding, complementary food fulfillment, complementary food, local wisdom, local knowledge, food safety, mutual cooperation, breastfeeding, responsive eating, Indonesia	31-May-22	<a href="#">Local Wisdom Enriching Complementary Feeding Practices during Disaster Situations in Indonesia</a>	National Public Health Journal	Original Research	This case study analyzed complementary food fulfillment (CFF) for infants and children during natural disasters. It was conducted from Oct 2020 to July 2021 at landslide evacuation sites in the Sumedang District of Indonesia. Data was collected using observations, focus group discussions, and in-depth interviews with 17 participants (NGO workers, volunteers, caregivers of children, and health workers). The results showed that 5 CFF themes for best practice awareness in delivery and nutrition of CFF emerged: 1) local wisdom-based home-cooked complementary foods from the local community can maintain adequate and safe nutrition for infants and children 2) domination or overuse of manufactured foods (instant sweet porridge, formula milk, juice, etc.) leads to inadequate CFF, 3) limited resources hinder the management of complementary feeding programs, 4) good sanitation and food safety management must be maintained, from an organizational level to personal household level, and 5) CFF should include consistent support for breastfeeding and responsive feeding. The authors found that the involvement of the local communities with their knowledge of specialty/comfort foods specific to the region played a significant role in the success of complementary feeding programs initiated by NGOs. Although local foods were preferable to manufactured complementary foods, they did not meet the requirements for the minimum dietary diversity or lacked the variable textures. The results suggested that adequate and safe nutrition can be maintained during a disaster with mutual cooperation that targets home-based complementary foods based on local wisdom. However, health workers must guide and supervise this process to avoid adverse outcomes and to encourage both responsive feeding and appropriate food distribution amongst the children. It should be noted that children aged 6-12 months were not represented in the study; the authors suggest that further study should be done to assess complementary feeding with local wisdom for this age group.	This case study conducted in landslide evacuation sites in the Sumedang District, Indonesia found that the involvement of the local communities played a significant role in the success of complementary feeding programs initiated by NGOs. The study found that adequate and safe nutrition can be maintained post-disaster via the donation of home-cooked complementary foods based on local wisdom from the local community. Reliance on manufactured foods and limited resources to manage complementary feeding programs, however, can both lead to inadequate complementary feeding practices and adverse health outcomes for children.	Astuti A, Hayati H, Waluyanti FT, Wanda D. Local wisdom enriching complementary feeding practices during disaster situations in Indonesia. Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal). 2022;17(2). <a href="https://journal.fkm.ui.ac.id/kesmas/article/view/5452">https://journal.fkm.ui.ac.id/kesmas/article/view/5452</a> . doi:10.21109/kesmas.v17i2.5452
Maternal stress; social support; infant feeding; hurricane; disaster; evacuation	26-May-22	<a href="#">Maternal stress and social support during Hurricane Florence</a> Access to abstract only	Health Care for Women International	Original Research	This cross-sectional mixed-methods prospective study examined maternal stress during Hurricane Florence in the United States in September 2019. Participants included women who were (a) evacuated from Virginia, North Carolina, or South Carolina and (b) pregnant and/or had children under two years. This survey was a 54-item survey that included questions on resources, infant and child feeding, social support, and parenting. The survey included quantitative Likert scale data and open-ended qualitative data. A total of 112 participants completed the survey aged 17 to 62 years (mean=33.37 years, SD=8.56). Results showed that higher social support was associated with lower stress, and decreased access to resources was associated with increased stress. Evacuation status and pregnancy status were not significant predictors of stress. Results from the open-ended-component of the survey identified 5 themes: concerns about infant feeding, evacuation logistics, general stress, family roles, and 'other' issues. The responses coded as infant feeding	This cross-sectional mixed-methods prospective study after a major hurricane in the USA found that higher social support was associated with lower stress, and decreased access to resources was associated with increased stress. Evacuation status and pregnancy status were not significant predictors of stress. Qualitative analysis found that there were many concerns about infant feeding. The authors suggest the need for: (1) long-term recovery resources and support for families impacted by disaster, (2) protocols	DeYoung SE, Jackson V, Callands TA. Maternal stress and social support during Hurricane Florence [published online ahead of print, 2022 May 26]. Health Care Women Int. 2022;1-18. doi:10.1080/07399332.2022.2046750

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					included the loss of routine or loss of frozen breast milk because of the interruptions from the storm, worry about ability to maintain breastfeeding, and separation from the infant resulting in the need to pump milk. One participant associated infant feeding with positive emotions and as a source of potential coping during the hurricane. The study concluded by recommending the need for (1) long-term recovery resources and support for families impacted by disaster, (2) protocols providing support services for caregivers, infants, and children, (3) health specialists for pregnant and postpartum families in emergency shelters, and (4) disaster and pandemic recovery program design that centers access to resources for families.	providing support services for caregivers, infants, and children, (3) health specialists for pregnant and postpartum families in emergency shelters, and (4) disaster and pandemic recovery program design that centers access to resources for families.	
Breastfeeding, complementary feeding, fragile setting, infant feeding, Lebanon, Syria, Host communities, Refugees	14-May-22	<a href="#">Breastfeeding and complementary feeding in fragile settings: the case of Syrian refugees and their host communities in North Lebanon</a>	International Breastfeeding Journal	Original Research	This study is a cross-sectional survey conducted in Akkar, Lebanon in Apr-Nov 2019 to examine breastfeeding and complementary feeding practices among Syrian refugees and their Lebanese host communities. Information about breastfeeding and complementary feeding practices, 24-h infant dietary recalls, and socio-demographic characteristics for 189 Syrian refugees and 182 Lebanese host community households were collected and analyzed. Among the whole study population (n=371), the majority of the children (90%) were ever-breastfed, only 64.8% initiated breastfeeding early (within 1 hour of birth). 49.6% and 36% of children were exclusively breastfed (EBF) at 4 and 6 months, respectively. 1 in 4 children was introduced to solid food <6 months of age, and only 29.5% was given iron-fortified baby cereals as the first complementary foods. Syrian refugees had significantly higher rates of EBF (4 months: 64.2% Syrian vs 34.5% Lebanese; 6 months: 50.8% Syrian vs 20.7% Lebanese). Significantly more mothers from Lebanese host communities introduced solid or semi-solid foods to their child <6 months compared with Syrian refugee mothers. In terms of dietary quality, only 17.9% of Syrian refugees' children met minimum dietary diversity compared to 30.9% of Lebanese host community children (p < 0.05). Among refugees, children were more likely to be exclusively breastfed at 4 months if their father had a higher education level and was employed. A husband's employment provided stable income for the entire family and supported the mother to breastfeed without putting additional pressure on her to find work. As for Lebanese households, female children were less likely to be exclusively breastfed at 4 and 6 months, while children delivered vaginally were more likely to be exclusively breastfed at 6 months. The authors highlighted the need to 1) adjust current breastfeeding education campaigns targeting Syrian refugee communities; 2) initiate programs and campaigns among the Lebanese host communities to increase the awareness of the benefits of breastfeeding and address barriers to breastfeeding; 3) develop specific educational programs to teach mothers when to introduce solid foods and what food items to initiate.	The authors conducted a cross-sectional survey in Lebanon on breastfeeding and complementary feeding practices of Syrian refugees and Lebanese host community. Breastfeeding and complementary feeding practices are suboptimal among children of Syrian refugees and their Lebanese host communities with higher rates of exclusive breastfeeding at 4 and 6 months in children of Syrian refugees. The authors identified some barriers to breastfeeding and emphasized the need for targeted breastfeeding/ complementary feeding education campaigns for both communities	Daher S, Ziade F, Nasreddine L, Baroudi M, Naja F. Breastfeeding and complementary feeding in fragile settings: The case of Syrian refugees and their host communities in north Lebanon. International breastfeeding journal. 2022;17(1):1-37. doi: 10.1186/s13006-022-00480-x.

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Nigeria; complementary feeding; breastfeeding; child malnutrition; determinants of ICYF	15-Apr-22	<a href="#">Complementary feeding pattern and its determinants among mothers in selected primary health centers in the urban metropolis of Ekiti State, Nigeria</a>	Scientific Reports	Original Research	This study sought to assess the complementary feeding patterns among mothers of children aged 0-2 years in selected primary health centers in Ado Ekiti, Ekiti State, Nigeria. Secondary objectives of this study were: to identify the age of introduction of complementary feeding and timing of introduction of different food items to children in the study; investigate the complementary feeding practices of mothers and factors associated with age of introduction of complementary feeding. 135 women with children aged 0- 2 years were interviewed using a semi-structured adapted questionnaire, across two primary care centers. Topics covered in the interview questionnaire included frequency of breastfeeding, thickness of a child’s food and feeding a sick child, feeding utensils and hygiene, and timing and justification of timing of introducing water and other foods. 88.9% of mothers had introduced their infants of water and other foods; 62.5% of these infants were introduced to other foods at 3-5 months old, and 43.3% of infants were introduced to water at 3 months old. The two primary reasons mothers gave complementary foods at a certain age were that they felt the child was old enough (40%), and that mothers had to return to work after maternity leave (18.3%). This study concluded interventions targeting nutrition for children aged 0-2 years must develop mother’s knowledge of the need for exclusive breastfeeding for the first 6 months of life and the ideal age of introduction of complementary feeding (6-24 months) at a grassroots level.	This study identifies the patterns of complementary feeding and the introduction of complementary foods among infants in Ado-Ekiti, Ekiti province, Nigeria. Authors found that 62.5% of participating mothers had initiated complementary feeding with their infants between 3-5 months, while 43.3% of mothers introduced water to their infants at 3 months. These findings reflect the need for grassroots interventions targeting maternal education on the need for exclusive breastfeeding for the first 6 months of life, and the appropriate age to introduce complementary feeding.	Esan DT., Adegbilero-Iwari OE., Hussaini A, & Adetunji AJ. (2022). Complementary feeding pattern and its determinants among mothers in selected primary health centers in the urban metropolis of Ekiti State, Nigeria. <i>Scientific reports</i> , 12(1), 6252. doi.org/10.1038/s41598-022-10308-7
El Niño; Ethiopia; child malnutrition; complementary feeding practices; maternal time use	25-Mar-22	<a href="#">Maternal Time Use Drives Suboptimal Complementary Feeding Practices in the El Niño-Affected Eastern Ethiopia Community</a>	International Journal of Environmental Research and Public Health	Research Article	This exploratory qualitative study explored how the El Niño (a climatic event which causes precipitation anomalies leading to either drought or heavy rain) influenced complementary feeding practices in the eastern Ethiopia community from Mar-Sep 2016. The study site was Gale Mirga kebele of Kersa district of eastern Ethiopia. There were 11 focus group discussions (FGDs) with a total of 76 people, including 3 with mothers, 3 with Health Development Army (HDA) leaders, 2 with fathers, 2 with traditional birth attendants, and 1 with religious leaders. The analysis resulted in 3 main factors that affected complementary feeding practices due to the El Niño: 1. Reduced food access (due to failed crops and loss of livestock), 2. Altered livelihoods (due to rural-urban migration, off-farm activities like petty trading and daily labor) and coping strategies (like reducing food consumption, skipping meals, selling assets, government assistance), and 3. Altered care giving practices (due to mother’s suboptimal time allocation, low fathers’ involvement, and unavailable community health services). Central to young children’s suboptimal complementary feeding practices was the mothers’ reduced time allocation for childcare and feeding. Mothers working away from home and short birth spacing reduced the time mothers spent with their young child. Maternal absence from home was also a barrier to participation in community-based nutrition and health educational activities. There was a low level of fatherly involvement in the childcare. Thus, the women should be	El Niño resulted in failed crops and loss of livestock, resulting in reduced dietary diversity and meal frequency. Subsequently, this resulted in suboptimal complementary feeding practices by reducing food access and altering livelihood and coping strategies, reducing the time mothers allocated to child feeding, keeping them away from home, and stressing community health services. The maternal suboptimal time allocation is central to the poor complementary feeding practices.	Irenso AA, Letta S, Chemedas AS, et al. Maternal Time Use Drives Suboptimal Complementary Feeding Practices in the El Niño-Affected Eastern Ethiopia Community. <i>Int J Environ Res Public Health</i> . 2022;19(7):3937. Published 2022 Mar 25. doi:10.3390/ijerph19073937

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					supported with climate-resilient livelihood options in their villages, allowing them to be close to their children and feed them optimally and attend education sessions with HDA leaders.		
Breastmilk substitutes, International Code, marketing, formula, complementary feeding,	21-Mar-22	<a href="#">Global evidence of persistent violations of the International Code of Marketing of Breast-milk Substitutes: A systematic scoping review</a>	Maternal & Child Nutrition	Review Article	This systematic scoping review assessed the evidence base on violations of the International Code of Marketing of Breast-milk Substitutes (BMS). The review included studies published between the adoption by the World Health Assembly (WHA) of the Code between 1981-2021 that focused on Code violations, with no restrictions on location, language, or target group. Included were 153 studies (mostly published after 2010) covering a broad range of countries and contexts. 113 studies identified Code violations occurring in emergency programs or within government or NGO programs. The most studied products were infant formula (including “specialized” formula), follow-up formula, “growing-up”/“toddler” milk, complementary foods for children 6–36 months, and feeding bottles and teats. Studies reporting inappropriate marketing of “growing-up” and “toddler milk” which bypass Code restrictions have increased notably in the last decade. The most common violations reported were advertisement and promotion on different platforms (e.g., print/social media), inappropriate labeling and packaging, samples and gifts, promotion in shops, promotion via health workers and the health system and through nutrition and health benefit claims. Studies identified mothers, healthcare workers and affiliates, and professional associations as the main marketing targets. There was a notable increase in studies identifying violations on digital media from 2000 onwards as well as studies focused on cross-promotion (either across BMS products or indirect promotion through cross-branding with complementary foods). Study authors argued that reporting of Code violations remains relevant, particularly due to increasing prominence of digital media in inappropriate marketing and the emergence of products designed to bypass the Code. A centralized database of resources relevant to Code violations and updated WHA resolutions can benefit the continued monitoring, implementation, and enforcement of the Code.	This systematic review found 153 studies related to violations of the International Code of Marketing of Breastmilk Substitutes between 1981-2021. The review found that violations of the International Code have continued through diversifying tactics, communication channels and products, with digital media playing an increasingly prominent role in inappropriate marketing in the last decade. In addition, new products such as “growing-up” or “toddler” milk have emerged to bypass existing Code restrictions. Authors recommend the creation of a centralized database of resources relevant to Code violations and updated WHA resolutions to benefit continued monitoring, implementation, and enforcement.	Becker GE, Zambrano P, Ching C, et al. Global evidence of persistent violations of the International Code of Marketing of Breast-milk Substitutes: A systematic scoping review. <i>Maternal &amp; Child Nutrition</i> . 2022. doi.org/10.1111/mcn.13335
Women, breast milk, environmental contaminants, bushfire, Australia.	16-Mar-22	<a href="#">Environmental contaminants in breast milk during the 2019/2020 bushfire period. (look for TO 059)</a>	Respirology	Poster	This study measured and compared levels of 15 polycyclic aromatic hydrocarbons (PAHs) in breastmilk before, during, and after the 2019/2020 Australian bushfires. 77 women gave breast milk samples from 2018-2020. 62 women gave 1 sample, and 15 women gave 2 (n= 92). The authors measured levels of the 15 PAHs in the samples using gas chromatography with mass spectrometry and inductively coupled plasma-mass spectrometry (elements). Home addresses were used to estimate particulate matter (PM 2.5) exposure from the bushfires. Fluoranthene and pyrene were the only PAHs measured that had detectable levels. 34% of samples contained fluoranthene and pyrene during the bushfire compared to 2% outside the bushfire period. The highest levels detected were 0.021 mg/kg fluoranthene and 0.020 mg/kg pyrene which were below the limit of concern for health	The authors measured levels of 15 polycyclic aromatic hydrocarbons (PAHs) in breastmilk before, during, and after the Australian bushfires of 2019-2020. While fluoranthene and pyrene were detected in one-third of samples taken during the bushfire period, they were not at high enough levels to warrant health concerns. As such, the authors recommend continued breastfeeding during bushfires.	Beylene T, Zosky G, Gibson P, McDonald V, Holliday E, Horvat J, Vertigan A, Van Buskirk J, Morgan G, Jegasothy A, Hanigan I, Murphy V, Jensen M. Environmental contaminants in breast milk during the 2019/2020 bushfire period. <i>Respirology</i> .2022;27(Su

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					effects. Women exposed to higher levels of bushfire attributable PM 2.5 and more bushfire days had significantly higher exposures to fluoranthene and pyrene. While bushfire exposure was associated with greater PAHs levels in the sampled breastmilk, the levels detected were not at concerning levels. As such, the authors stressed breastfeeding should continue during bushfires.		ppl. 1):20–87. Published 16 2022 March. doi/10.1111/resp.14216
EVD; Ebola; Sierra Leone; Guinea; Systematic Review; attitudes; practices; transmission risk;	10-Mar-22	<a href="#">Qualitative evidence syntheses of attitudes and preferences to inform guidelines on infant feeding in the context of Ebola Virus Disease (EVD) transmission risk</a>	PLOS Neglected Tropical Diseases	Review Article	This review article describes factors influencing infant feeding and associated attitudes of different stakeholders (mothers, family members, healthcare providers, etc.) in contexts where there is a risk of Mother-to-Child (MTC) transmission of Ebola Virus Disease (EVD). Qualitative studies published from 2000 to 2019 which evaluated infant feeding in the context of the risk of transmission of EVD in LMICs were included. Out of 8 full-text articles screened for eligibility, 5 studies from 2 contexts (Guinea and Sierra Leone) met the inclusion criteria. The review found that EVD had a significant impact on beliefs and attitudes around infant feeding and resulted in disruptions to optimal infant feeding practices in nutritionally at-risk populations. Healthcare workers and caregivers found guidance around breastfeeding to be unclear, inconsistent, or contradictory and recommendations of separation of mothers from infants were culturally challenging. Disruptions to the health system and mistrust by communities hindered the identification of malnourished infants and led to suspicions that BMS and complementary foods provided by health staff contained EVD. The review also found that IYCF was generally not prioritized during the response in Sierra Leone and Guinea, which was characterized as disorganized and poorly coordinated at times. Additionally, the success of interventions targeting infant feeding practices was highly influenced by the community acceptability of these interventions. The authors argue that their findings highlight a) the need for clearer guidance for affected populations and healthcare workers on how infant feeding practices should be adapted in the context of EVD transmission; b) the importance of engagement with affected communities to ensure the success of appropriate interventions; and c) the importance of coordinated support to families who assume caring responsibilities of infants.	This review found 5 studies which investigated infant feeding in the context of the risk of Ebola Virus Disease (EVD) transmission. Study authors argue that clearer guidance to and engagement with affected communities are necessary to promote optimal infant feeding behaviors during an EVD epidemic.	Campbell F, Booth A, Carroll C, Lee A, Relton C. Qualitative evidence syntheses of attitudes and preferences to inform guidelines on infant feeding in the context of Ebola Virus Disease (EVD) transmission risk. PLOS Neglected Tropical Diseases. 2022;16(3):e0010080. doi.org/10.1371/journal.pntd.0010080
Child development, nutrition rehabilitation, complementary feeding	28-Feb-22	<a href="#">Effectiveness of an Integrated Nutrition Rehabilitation on Growth and Development of Children under Five Post 2018 Earthquake in East Lombok, Indonesia</a>	International Journal of Environmental Research and Public Health	Article	This study examined the impact of a comprehensive nutrition disaster rehabilitation intervention on maternal stress, child morbidity, dietary diversity, weight for age Z-scores, and social emotional score among mothers and children 6-49 months old after a devastating earthquake hit Indonesia in 2018. The study was conducted in Feb-Sep 2019. A total of 480 mothers with children 6-49 months of age were randomized into either the intervention group (n=240) or the control group (n=240). Children in the intervention group were 10-42 months old with a median age of 30 months. Children in the control group were 9 to 38 months old with a median age of 27 months. The community-based intervention consisted of parenting classes,	The authors focused on both the nutritional status of children <49 months of age and maternal well-being after a natural disaster in low- and middle-income settings. Their integrated approach to early childhood development to improve nutrition and well-being after disaster and in emergency settings serve as an example for future	Fahmida U, Hidayat AT, Oka AASI, Suciyantri D, Pathurrahman P, Wangge G. Effectiveness of an Integrated Nutrition Rehabilitation on Growth and Development of Children under Five Post 2018 Earthquake in East

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					shredded fish, liver, or anchovy distribution, and complementary feeding recommendations while the control group received standard existing healthcare services. At the conclusion of the intervention, the authors found that overall maternal stress (p<0.001) and coughing (p<0.003) were lower in the intervention group. Dietary diversity among children 6-23 months of age was higher in the intervention group (p<0.003) as well. For children ≥ 24 months, weight-for-age z-score (p<0.024) and social emotional score (p<0.01) were also higher in the intervention group. The study suggests that an integrated holistic intervention to nutrition rehabilitation after natural disaster improved nutritional status among children <49 months and maternal well-being.	emergency preparations and programming.	Lombok, Indonesia. <i>Int J Environ Res Public Health</i> . 2022;19(5):2814. Published 2022 Feb 28. doi:10.3390/ijerph19052814
Breastfeeding; chest feeding; child nutrition; infant feeding; refugees; displaced peoples; Turkey; Syria	14-Feb-22	<a href="#">Breastfeeding practices among Syrian refugees in Turkey</a>	International Breastfeeding Journal	Original Research	This study sought to assess the opinions of Turkish and Syrian healthcare workers, and perceptions and attitudes of Syrian, others, and family members on age-appropriate breastfeeding, to identify specific cultural characteristics of Syrian refugees on infant feeding and effects of migration. It also aimed to collect suggestions of healthcare workers and Syrian family members on how to improve breastfeeding practices among Syrian refugees. 46 structured focus group discussions involving 335 individuals were conducted online and in-person, across 4 provinces in Turkey between Sept-Oct 2020. Primary cultural characteristics identified in focus groups as contributing to short breastfeeding duration include the belief that breastfeeding has a negative effect on the mother, utilization of anise or herbal teas to calm infants for sleep, being unable to breastfeed during Ramadan, wanting to prioritize the husband or other children, strict or overreaching social support during the early neonatal period, and wanting to pause breastfeeding while pregnant or trying for another child. These cultural characteristics then promote limited interaction between mother and child, reduced frequency of breastfeeding, and milk insufficiency. Researchers also found that migration increased instances of teen marriage and adolescent pregnancy, increased instances of poverty, and decreased family social support. This study concluded that breastfeeding programming must be considerate of these cultural norms of Syrian healthcare workers and families.	The primary contributions of this research to existing literature are: (1) the identification of gaps in knowledge and practice on breastfeeding, lactation, and neonatal nutrition among Syrian refugee mothers, families, and Turkish and Syrian healthcare workers, (2) increased documentation and analysis of the cultural practices and beliefs that shape breastfeeding practices among Syrian mothers and families, and (3) documented linkages between migration and increased teen marriage and decreased level of girls' education.	Yalçın SS, Erat Nergiz M, Elci ÖC, et al. Breastfeeding practices among Syrian refugees in Turkey. <i>Int Breastfeed J</i> . 2022;17(1):10. Published 2022 Feb 14. doi:10.1186/s13006-022-00450-3
MICS, SDGs, targets, Middle East, indicators	6-Feb-22	<a href="#">Iraq Is Moving Forward to Achieve Global Targets in Nutrition</a>	Children	Original Research	This study compared Iraq's nutrition indicators to the Global Nutrition Targets and Sustainable Development Goals via nationally representative surveys from 1996 to 2018. Multiple Indicator Cluster Surveys (MICS) conducted approximately every 5 years during this period showed steadily declining rates of stunting, wasting and underweight, with the most recent 2018 survey finding rates of 9.9%, 2.9% and 2.5% respectively, among children <5 years. Additionally, anemia in non-pregnant women decreased from 35.5% in 2006 to 19.9%, in 2013, closer to the World Health Assembly (WHA) 2025 target of 15%. The most notable deteriorating indicator was the percentage of infants with low birth weight (LBW), which increased from 13.4% to 25.2% between the 2011 and 2019 MICS. The authors also noted continued low rates of exclusive breastfeeding (EBF) as an	This study reviewed changes in key nutrition indicators in Iraq between 1996 and 2018 and compared them against Global Nutrition Targets and Sustainable Development Goals. Low rates of exclusive breastfeeding, increasing rates of overnutrition and low birthweight were identified as priority issues. The authors called for policy interventions related to promoting healthy diets and increased attention to LBW. In	Sabeeh HK, Ali SH, Al-Jawaldeh A. Iraq Is Moving Forward to Achieve Global Targets in Nutrition. <i>Children</i> . 2022;9(2):215. doi.org/10.3390/children9020215

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					area of limited progress. EBF rates were only 26% in 2018, though this represented an increase from the 18.6% found in the 2011 MICS. In addition, study authors highlighted that despite reductions in the rate of childhood obesity (10.9% in 2011 and 6.6% in 2018), this figure remains higher than the global averages. The WHA 2025 target for childhood obesity is for prevalence not to increase beyond 2012 levels (estimated at 6% globally). The authors point to Iraq's ability to achieve the WHA 2025 target for childhood obesity is at risk. Overall, study authors stressed the need for increased data on dietary intake patterns and the causes of micronutrient deficiencies. In terms of policies, they recommended greater efforts to promote healthy diets and increased attention to the underlying causes of LBW. They further argued that improvements in EBF require strengthened regulatory systems around breastmilk substitutes, improving the capacity of the healthcare sector to promote and protect breastfeeding, and providing community-based services post-partum to support breastfeeding mothers.	addition, improving breastfeeding rates requires comprehensive improvements in the regulatory environment, healthcare sector capacity and provision of community-based services.	
Acute gastroenteritis; Rotavirus; ELISA; antigen test; children; Abakaliki; Nigeria	1-Feb-22	<a href="#">Prevalence and risk factors of acute gastroenteritis caused by Rotavirus among children in tertiary hospitals, southeastern Nigeria</a>	African Journal of Clinical and Experimental Microbiology (AJCEM)	Journal Article, Short Communication	This descriptive cross-sectional study aimed at determining the prevalence and associated risk factors of acute gastroenteritis due to rotavirus infection among children <5 years of age. It was conducted in two tertiary hospitals in Ebonyi State, south-eastern Nigeria, from Jan-Apr 2019. 275 children <5 years of age who presented with acute watery stools with or without blood or fever at the participating hospitals were included. A structured questionnaire was used to collect socio-demographic information and selected risk factors. Stool samples were also collected. The prevalence of rotavirus diarrhea among children <5 years of age was 26.5% (73/275). The rotavirus prevalence of 25.7% (39/152) in children between 1-11 months of age was not significantly different (p=0.784) from the rotavirus prevalence of 27.6% (34/123) in children between 12-59 months of age. However, the prevalence of rotavirus was significantly higher (p=0.008) in children whose mothers had secondary level of education (33.8%, 49/145) or no education/only primary school certificate level of education (20.0%, 11/55) as compared to mothers who had higher level (University and Polytechnic) of education (17.3%, 13/75). Although the prevalence of rotavirus diarrhea was lower with the use of maize gruel (pap) as weaning feed (26.3%, 71/270) in comparison to the use of other types of complementary feeds (40%, 2/5) like 'Cerelac' [fortified baby cereal] and 'NAN' [infant formula milk powder], this association did not reach a significant level (p=0.6110). The prevalence of rotavirus diarrhea was higher in those who were not exclusively breastfed (29.2%, 28/96) as compared to those who were exclusively breast fed (25.1%, 45/179), but this was also not significant (p=0.4772). The authors suggest improving child feeding hygiene by parents/guardians for addressing the high prevalence of rotavirus diarrhea in children in Ebonyi State, Nigeria.	This cross-sectional study (n=275) showed 26.5% of the children <5 years of age tested positive for the rotavirus diarrhea. The only socio-demographic factor significantly associated with prevalence of rotavirus diarrhea was educational level of the mothers, which showed that the prevalence of rotavirus was significantly higher (p=0.008) in children whose mothers had secondary level of education or no education/only primary school certificate level of education as compared to mothers who had higher level (University and Polytechnic) of education). None of the selected risk factors such as the complementary feeding and exclusive breastfeeding was significantly associated with prevalence of rotavirus diarrhea.	Igwe D, Oshun P, Osuagwu C, Efunshile A, Oduyebo O. Prevalence and risk factors of acute gastroenteritis caused by Rotavirus among children in tertiary hospitals, southeastern Nigeria. African Journal of Clinical and Experimental Microbiology. 2022;23(1):83-88. doi:10.4314/ajcem.v23i1.11.

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Scoping review, disasters, child health, policy	1-Feb-22	<a href="#">Child Nutrition in Disaster: A Scoping Review</a>	The Tohoku Journal of Experimental Medicine / TJEM	Scoping Review	This scoping review aimed to identify 1. effects of disaster on child nutrition and health; 2. specific issues including, allergies, breast-feeding practices, and socio-cultural aspects; and 3. achievements and gaps of food security, policy, and ethics related to child nutrition during and immediately after disaster. The search covered PubMed resources between 1946-2020 and grey literature from UN sources which were related to child nutrition or food security. There were no geographic restrictions and only English language publications were included. Overall, 103 studies were included in the review, the majority of which were published after 1990. Studies evaluated the adverse outcomes of disaster contexts on child physical and mental health through communicable disease, poor hygiene contexts, and sub-optimal infant feeding practices and dietary patterns. Deficiencies in macro- and micro-nutrients were a particularly challenging outcome of disaster contexts. The authors identified food allergies, risks to continued breastfeeding and socio-cultural factors affected the acceptability of food assistance in emergency contexts throughout the literature. The review found the international community made significant achievements in the field of infant feeding primarily through adherence to International Code of Marketing of Breastmilk Substitutes and the creation of various operational guidelines and guidance. Remaining challenges to child nutrition in disaster contexts are pre-disaster malnutrition, gaps in the availability, accessibility and quality of food and administrative hurdles. The authors recommend improvement on preparedness, advocacy, development/updating of policies, and education of children, family and relief aid workers on nutrition. They also stressed the importance of frequent nutritional assessment of children, nutritional support in disaster by designated IYCF authority, and education and participation of the general population.	This scoping review evaluated the existing knowledge regarding child nutrition in disaster contexts. Study authors found that while progress has been made in many areas related to addressing malnutrition in disasters, they identified the need to ensure comprehensive packages to address malnutrition, including plans, policies, nutrition education, and nutritional assessment of children. Findings identified more significant gaps in relation to information on food allergies, child mental health related to nutritional outcomes.	Adeoya AA, Sasaki H, Fuda M, Okamoto T, Egawa S. Child Nutrition in Disaster: A Scoping Review. The Tohoku Journal of Experimental Medicine. 2022;256(2):103-118. doi.org/10.1620/tjem.256.103
Children and Stunting; Dietary diversity; Food insecurity.	26-Jan-22	<a href="#">Stunting and associated factors among 6-23-month-old children in drought vulnerable kebeles of Demba Gofa district, southern Ethiopia</a>	BMC Nutrition	Original Research	This community-based cross-sectional study examined the magnitude and associated factors of stunting among children aged 6-23 months in “drought-vulnerable” kebeles (small administrative units) in southern Ethiopia, between Feb-Mar 2021. The data was collected from 362 pairs of mothers/caregivers, and their children by using pretested questionnaires. The authors collected primary data on sociodemographic, maternal and child health, environmental characteristics, household dietary diversity and anthropometric measurements, and secondary data related to childcare practices (breastfeeding, complementary feeding), maternal characteristics and facilities (drinking water). Out of the 362 children, 226 (62.5%) were 12 to 23 months old, and 194 (53.6%) were males. As measured by height-for-age <2 standard errors, 21.8% of children were stunted, with its magnitude more prominent in males (62%) than females. Household dietary diversity significantly influenced a child’s height/length $p < 0.001$ ( $\beta = 0.217$ , 95% CI, 0.093–0.342). The majority of stunted children (72.2%) came from households that scored low on dietary diversity. A	This study assessed the prevalence and associated factors of stunting among children aged 6-23 months old in a drought-vulnerable district. The study findings show that a low household dietary diversity, early initiation of complementary feeding (<6 months of age), low breastfeeding frequency within 24h, and not consuming animal source foods significantly influence a child’s height/length-for-age. To tackle the problem of stunting, the authors advise to provide continuous health education to the mothers on infant and young child feeding practices."	Tadele TT, Gebremedhin CC, Markos MU, & Fitsum EL. (2022). Stunting and associated factors among 6-23-month-old children in drought vulnerable kebeles of Demba Gofa district, southern Ethiopia. BMC Nutrition, 8 (1), 9. doi: 10.1186/s40795-022-00501-2

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					significant positive association ( $p < 0.000$ ) was observed between early introduction of complementary foods (<6 months of age) and stunting ( $\beta = 0.444$ , 95%CI, 0.344–0.543). Of all children who had started complementary feeding before 6 months of age (93.3%), 100% were stunted. Breastfeeding frequency within 24h showed a positive association ( $p < 0.000$ ) with height/length-for-age ( $\beta = 0.217$ , 95% CI, 0.179–0.263). Children who did not consume animal-sourced foods as part of a complementary diet were more likely to be stunted $p < 0.000$ ( $\beta = 0.351$ , 95% CI, 0.196–0.506). Although stunting was less prevalent in the study area compared to the national average, 1 in 5 children were still stunted. The authors highlighted that low household dietary diversity, early initiation of complementary feeding (<6 months of age), low breastfeeding frequency within 24h, and not consuming animal source foods significantly influence a child’s height/length-for-age. The authors recommend continuous education on infant and young child feeding practices in drought prone areas.		
Food security; Food insecurity; refugees; intervention; displaced people; asylum seekers; scoping review	25-Jan-22	<a href="#">Food Security Interventions among Refugees around the Globe: A Scoping Review</a>	Nutrients	Scoping Review	This scoping review aimed to assess current research on food security interventions for refugees and displaced peoples, and to identify existing gaps in knowledge. The search covered 5 online databases (PubMed, Ovid MEDLINE, Global Health, Public Health Databases, SCOPUS and CABI Abstracts Global Health from Web of Science) and included all articles available in English, published after 2010, and all articles that were not exploratory studies, protocol or framework papers, reviews, or conference abstracts. A total of 57 articles were eligible for review. The identified articles were analyzed across 3 categories: a) Intervention types across geographic locations (separated areas of refugee crisis then destination countries); b) Considerations for the most vulnerable; c) Assessing food security. Interventions included providing cash vouchers or food transfers, urban agriculture, gardening, animal husbandry and gardening, nutrition education, and IYCF. This scoping review found food security was directly measured in 39% of studies, but only 52% of that group utilized the UN Food Consumption Score and the Diet Diversity Score or Coping Strategies Index, indicating the need for a universal validated measurement tool to analyze food security across contexts. 12% of articles reviewed specifically incorporated IYCF activities into studied interventions. This review found that despite numerous existing interventions, food insecurity is very high among refugees and due to the lack of a universal evaluation tool, the efficacy of current interventions remains in question. This review noted that further efforts to work with governments in destination countries is needed to affect policy change on the rights of marginalized populations including IYCF, children over 5 years, women, and pregnant and post-partum women.	This study reviews current food security interventions targeting refugee and displaced populations. This review found that despite numerous existing interventions, food insecurity is very high among refugees and due to the lack of a universal evaluation tool, the efficacy of current interventions remains in question. The authors concluded that there is high need for a validated, universally applicable tool for measuring food insecurity in order to fully evaluate the effectiveness of current food insecurity interventions.	Nisbet C, Lestrat KE, Vatanparast H. Food Security Interventions among Refugees around the Globe: A Scoping Review. <i>Nutrients</i> . 2022;14(3):522. Published 2022 Jan 25. doi:10.3390/nu14030522

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Seasonality, landslides, natural disasters, stunting	18-Jan-22	<a href="#">Malnutrition and Associated Risk Factors among Children 6-59 Months Old in the Landslide-Prone Bududa District, Eastern Uganda: A Cohort Study</a>	Current Developments in Nutrition (CDN)	Original Research	This prospective cohort study assessed the prevalence of malnutrition and the impact of seasonal variations and associated factors among children aged 6–59 months in Bududa District, eastern Uganda, in 2019-2020. Anthropometric measurements and household-level characteristics were collected from the same children during the food-plenty season (May-August 2019) and the food-poor season (January – March 2020). Responses were collected from 392 children in the food-plenty season and 366 children in the food-poor season. The main risk factor of interest was landslide exposure at the sub-county level and the main dependent outcome of interest was child stunting. Other covariate factors included were child sex, age, breastfeeding status, age of introduction of solid and semi-solid food, parents' education status, and household size. The prevalence of stunting, underweight, wasting, and overweight were 37.7%, 13.3%, 3.6%, and 4.3% respectively in the food-plenty season and 42.6%, 14.2%, 2.1%, and 2.7%, respectively in the food-poor season. Residing in a landslide-affected sub-county increased the odds for stunting (aOR: 1.68; 95% CI: 1.08, 2.59; p=0.025) in only the food-plenty season. Not breastfeeding was significantly associated with stunting in the food-plenty season (aOR: 2.16; 95% CI: 1.01, 4.60; p=0.042) but not the food-poor season. Age of introduction of solid and semi-solid foods was not significantly associated with stunting in either season. Authors concluded that there is a need to address seasonal factors in nutrition interventions targeting children <5 years in landslide-prone areas. Study authors argue that drivers of malnutrition in children should be integrated in disaster management based on the increased risk for landslide-affected children, and the differences in risk factors between food-plenty and food-poor seasons.	This cohort study among children aged 6–59 months in the landslide-affected households in Bududa District, eastern Uganda was associated with a greater risk of stunting during the food-plenty season but not during the food-poor season. Not breastfeeding was significantly associated with stunting only in the food-plenty season and age of introduction of solid and semi-solid foods was not significantly associated in either season.	Nahalomo A, Iversen PO, Andreassen BA, et al. Malnutrition and Associated Risk Factors among Children 6-59 Months Old in the Landslide-prone Bududa District, Eastern Uganda: A Cohort Study. Current Developments in Nutrition. 2022; doi.org/10.1093/cdn/nz ac005
Epidemiology; nutrition & dietetics; public health; child nutrition; infant feeding; Bangladesh	7-Jan-22	<a href="#">Type of terrain and infant and young child feeding practices: cross-sectional study findings on children below 2 years of age from northern Bangladesh</a>	BMJ Open	Original Research	This study sought to assess the prevalence of 8 WHO core infant and young child feeding (IYCF) indicators and their association with specific types of terrain (plain land, hilly, flash-flood prone, and wetland) among users of a large-scale nutrition program (Suchana) in rural northern Bangladesh. The 8 WHO IYCF indicators are: exclusive breastfeeding; initiation of breastfeeding within 1 hour of birth; continued breastfeeding at one year; introduction of solid, semisolid, or soft foods; minimum dietary diversity; minimum meal frequency; minimum acceptable diet; consumption of iron-rich/fortified foods. This cross-sectional study was conducted utilizing baseline data collected on 5440 children under 24 months between Nov 2016-Feb 2017 in Sylhet and Moulvibazar districts of Sylhet Division, Bangladesh, to evaluate the Suchana program's performance. Univariate analysis was used to establish the overall prevalence of indicators in each type of terrain. Logistic regression analysis showed that exclusive breastfeeding was higher in flash-flood prone areas (adjusted OR 1.92, 95% CI 1.12-3.30; p=0.019); Flash-flood prone areas were also significantly associated with minimum meal frequency (adjusted OR 1.45, 95% CI 1.07-1.97; p=0.018) and minimum dietary diversity	This study identifies the associations between 8 core WHO IYCF indicators and type of terrain in rural northern Bangladesh. Exclusive breastfeeding was found to be higher in flash-flood prone areas while flash-flood prone areas were also significantly associated with minimum meal frequency and minimum dietary diversity. Hilly areas were associated with significantly lower introduction of solid, semisolid, or soft foods compared with plain land. Authors sought to inform future interventions to improve IYCF nutrition among low-resource families in northern Bangladesh.	Farzana FD, Choudhury N, Haque MA, et al. Type of terrain and infant and young child feeding practices: cross-sectional study findings on children below 2 years of age from northern Bangladesh. <i>BMJ Open</i> . 2022;12(2):e056593. Published 2022 Feb 8. doi:10.1136/bmjopen-2021-056593

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					(adjusted OR 1.63, 95% CI 1.01-2.63; p=0.046). Hilly areas were associated with significantly lower introduction of solid, semisolid, or soft foods (adjusted OR 0.39, 95% CI 0.18-0.82; p=0.013) compared with plain land. Researchers observed that the IYCF needs of communities vary by type of terrain and that observed prevalence of WHO core IYCF indicators can be used to help prioritize interventions targeting low-resource families in varying rural settings in northern Bangladesh.		
Breastfeeding; Natural disaster; Infant and young child feeding; Breastmilk substitute; Integrative review	5-Jan-22	<a href="#">Infant and young child feeding during natural disasters: A systematic integrative literature review</a>	Women and Birth	Review Article	This literature review examined challenges and supportive strategies for IYCF during natural disasters to inform further research and guide recommendations in disaster contexts. The search covered publications available in the PubMed, CINAHL and Cochrane Library databases from 2011 to 2021. 13 studies were included using mixed methods (4), critical ethnography (1), quasi-experimental studies (2), descriptive studies (4), qualitative study (1) and evidence gap map analysis (1). The authors found that factors that facilitated breastfeeding during natural disaster contexts were privacy for breastfeeding, community and family support, and adaptation of professional breastfeeding support to the local context. Additionally, the included studies suggested that breastfeeding was likely to continue in contexts where it was the norm prior to the disaster. Decreased breastfeeding self-efficacy (primarily referring to women's concerns about their ability to breastfeed or the quality or quantity of their breastmilk), lack of knowledge, and lack of resources were considered challenges for breastfeeding. Both mothers and individuals participating in the response were found to have limited knowledge of optimal IYCF practices. Increased use of breastmilk substitutes attributable to uncontrolled donations was also found to be a challenge. Study authors stressed the importance of targeting community leaders and other caregivers (e.g., grandmothers) in interventions promoting optimal infant feeding practices. The challenges for feeding with formula were the lack of access to resources required for hygienic formula milk preparation and the lack of availability of formula milk in some contexts. The authors highlighted the scarcity of research related to maternal experiences of IYCF during natural disasters and interventions targeting non-breastfed infants.	Privacy for breastfeeding, family/community support, and locally-adapted professional breastfeeding support services facilitated breastfeeding during natural disaster contexts. Women's concerns about their ability to sufficiently breastfeed as well as lack of knowledge and resources were considered challenges for breastfeeding.	Mudiyansele SR, Davis D, Kurz E, Atchan M. Infant and young child feeding during natural disasters: A systematic integrative literature review. Women and Birth. 2022;doi.org/10.1016/j.wombi.2021.12.006
HIV self-testing; HIV/AIDS; pregnancy; breastfeeding	4-Jan-22	<a href="#">HIV self-testing and repeat testing in pregnancy and postpartum in Northern Nigeria</a>	Tropical Medicine & International Health	Original Research	This cross-sectional study sought to identify willingness to retest for HIV and predictors of willingness to self-test for HIV in pregnancy and postpartum in a tertiary hospital in Northern Nigeria. In low-resource settings, most women get tested only once during pregnancy and rarely postpartum. HIV self-testing, the performance and interpretation of a rapid diagnostic test on one's oral fluid or blood sample at home or in a clinic is a convenient and discreet way to discover one's HIV status. Structured questionnaires were administered to antenatal participants (n = 370) in March 2021. Of the 85.7% (n=317) of participants who were willing to retest for HIV during	This study's two main results (1) willingness to self-test for HIV when retesting during pregnancy (n=93; 29.3%); and (2) willingness to self-test for HIV postpartum (n=96; 27.4%), for antenatal clients in a tertiary hospital in Northern Nigeria, were low. Willingness to retest during pregnancy was high both during pregnancy (n=317;	Iliyasu Z, Galadanci HS, Musa AH, et al. HIV self-testing and repeat testing in pregnancy and postpartum in Northern Nigeria. Trop Med Int Health. 2022;27(1):110-119. doi:10.1111/tmi.13705

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					pregnancy, 29.3% (n = 93) were willing to self-test. Willingness to self-test during pregnancy was higher among participants who were multiparous (aOR = 2.40, 95% CI, 1.14-6.43), employed (aOR = 1.49, 95% CI, 1.13-4.53) and those with at least secondary education (aOR = 2.96, 95% CI, 1.43-11.47). In contrast, willingness to self-test during pregnancy was lower among those who were unaware of their husband's HIV status (aOR = 0.05, 95% CI, 0.02-0.13). Of the 94.6% (n=350) participants who were willing to retest for HIV after delivery, 27.4% (n=96) were willing to self-test. Willingness to self-test for HIV after delivery was higher among respondents who were married (aOR = 15.41, 95% CI, 3.04-78.2), multiparous (aOR = 2.01, 95% CI, 1.27-5.63), employed (aOR = 1.59, 95% CI, 1.08-2.35) and had at least secondary education (aOR = 6.12, 95% CI, 1.36-27.47). In contrast, willingness to self-test for HIV after delivery was lower among those who booked late for antenatal care (≥29 weeks) (aOR = 0.11, 95% CI, 0.022-0.52), those who were unaware of HIV transmission risk during breastfeeding (aOR = 0.29, 95% CI, 0.12-0.68) and participants who were unaware of their husband's HIV status (aOR = 0.076, 95% CI, 0.03-0.19). Of participants, 82.2% (n=304) were aware of risk of HIV transmission during breastfeeding and 201 (54.3%) acknowledged the possibility of HIV-positive mothers breastfeeding without transmitting to the infant. Communication interventions and training of mentor mothers could improve self-testing in these settings, which is especially important given the increased risk of exposure to COVID-19 infection in crowded clinics.	85.7%) and postpartum (n=350; 94.6%). Regarding breastfeeding, many participants were aware of risk of HIV transmission during breastfeeding and 54.3% acknowledged the possibility of HIV-positive mothers breastfeeding without transmitting to the infant. Communication interventions and training of mentor mothers could improve self-testing in similar settings during pregnancy and postpartum, which is especially important given the increased risk of exposure to COVID-19 infection in crowded clinics.	
Bottle feeding, breastfeeding, disasters, humanitarian assistance, infant, infant formula, mothers	1-Jan-22	<a href="#">‘We make a mistake with shoes [that’s no problem] but... not with baby milk’: Facilitators of good and poor practice in distribution of infant formula in the 2014–2016 refugee crisis in Europe.</a>	Maternal & Child Nutrition	Original Research	This cross-sectional, qualitative study sought to identify factors that contributed to following (‘good practice’) or not following (‘poor practice’) the Operational Guidance-Infant Feeding in Emergencies regarding infant formula distribution in the 2014–16 refugee crisis in Europe. A combination of rapid ethnographic assessment (REA) and semi-structured interviews were used. Research participants included individuals who were supporting, coordinating or implementing infant feeding support to Syrian refugees in Europe. REA took place in Greece, France, and the United Kingdom in Mar-Apr 2016 and semi-structured remote interviews took place in Jul 2016 - Jun 2017. Thirty interviews contained content regarding distribution of infant formula and were included in analysis. Presence of breastfeeding support, properly implemented formula feeding programmes, understanding that maternal choice to formula feed should be considered within the risk context of the emergency, and positive personal experiences of breastfeeding contributed to good practice. Presence of infant formula donations, absence of properly managed formula feeding programmes, lack of understanding that maternal choice to formula feed must be balanced with context and risk, and personal experience of insurmountable breastfeeding challenges and/or formula feeding contributed to poor practice. The study concluded with the following 3 recommendations: (1) governments, humanitarian organizations, and	This study used a combination of rapid ethnographic assessment and remote interviews to explore practices regarding infant formula distribution that were and were not aligned with the Operational Guidance-Infant Feeding in Emergencies from the perspective of individuals coordinating or implementing infant feeding support to newly arrived Syrian refugees in western Europe. Participants reported (1) presence of breastfeeding support, (2) presence of properly implemented formula feeding programmes, (3) understanding that maternal choice to formula feed should be considered within the risk context of the emergency, and (4) positive personal experiences of breastfeeding contributed to good	Gribble KD, Palmquist AEL. “We make a mistake with shoes [that’s no problem] but... not with baby milk”: Facilitators of good and poor practice in distribution of infant formula in the 2014-2016 refugee crisis in Europe. Matern Child Nutr. 2022;18(1):e13282. doi:10.1111/mcn.13282

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					donors should ensure that infant and young child feeding in emergencies preparedness and programmes are adequately resourced and implemented, (2) emergency responders should be appropriately trained with training including infant feeding experience debriefing, and (3) health and emergency organizations should provide maternity protections enabling employees to breastfeed as recommended.	practice aligned with the Guidance. Participants also indicated (1) presence of infant formula donations, (2) absence of properly managed formula feeding programmes, (3) belief that maternal choice to formula feed is paramount and should be facilitated regardless of context, and (4) personal experience of insurmountable breastfeeding challenges and/or formula feeding contributed to poor practice unaligned with the OG-IFE.	
Kitchen gardening, okra, mineral intake, refugees, East Africa	1-Jan-22	<a href="#">Okra (Abelmoschus esculentus) in a refugee context in East Africa: Kitchen gardening helps with mineral provision</a>	SN Applied Sciences	Original Research	This study determined the contribution of okra grown in kitchen gardens towards adequate intake (AIs) or recommended dietary allowances (RDAs) of specific minerals for PLWs aged 19-30 years and children aged 1-3 years in predominantly South Sudanese refugee camps/settlements in Ethiopia and Uganda. The study sites were a) Kule and Tierkidi camps in the Gambella regional state of Ethiopia; and b) Rhino and Imvepi settlements in Arua district of Uganda. Okra samples (both fresh and dried) were taken between Nov 2019 and Jan 2020 from each study site and analyzed for mineral content. The mineral profile for okra grown in the two countries differed, with okra grown in Ethiopia having more iron and less zinc compared to okra grown in Uganda. The study estimated two levels of okra consumption for each demographic (low and high intake) based on fruit and vegetable consumptions and market access. Intake levels were defined as 17g (low) and 42g (high) for young children and 42g (low) and 169g (high) for PLWs. The potential contribution of key minerals for the two demographic groups differed by intake level (i.e., low or high) and location (Ethiopia or Uganda). At low levels of intake of okra, contribution towards AIs or RDAs was less than 15% for all demographics for the key minerals of potassium, calcium, iron and zinc, with the notable exception of iron intake in Uganda for lactating women (43.4%). At high intake levels, the contributions ranged from 6.7% to 17.4% for potassium, 10.7% to 32.1% for calcium, 13.2% to 108% for iron and 11.1% to 27.8% for zinc. The contributions were consistently higher in Ethiopia for zinc and consistently higher in Uganda for iron. This study suggests that okra can play an important role in micronutrient adequacy for young children and PLWs in the study sites, but this varies by intake level, location, and demographic group.	This study found that the potential for okra to meaningfully contribute to mineral requirements for young children and PLWs in Uganda and Ethiopia varies by location, consumption levels, and demographic group. Low levels of okra intake contributed less than 15% of AIs or RDAs for all demographics for the key minerals of potassium, calcium, iron and zinc, with the notable exception of iron intake in Uganda for lactating women. At high intake levels, the contributions ranged from 6.7% to 17.4% for potassium, 10.7% to 32.1% for calcium, 13.2% to 108% for iron and 11.1% to 27.8% for zinc.	Woldetsadiq D, Llorent-Martinez EJ, Gebrezgabher S, et al. Okra (Abelmoschus esculentus) in a refugee context in East Africa: Kitchen gardening helps with mineral provision. SN applied sciences. 2022;4(1):1-19. doi.org/10.1007/s42452-021-04898-6
Conflict, breastfeeding, child growth	1-Jan-22	<a href="#">The impact of civil conflict on child health:</a>	Economics & Human Biology	Original Research	This study assessed Colombia's long-term conflict on child growth by evaluating whether exposure to conflict in utero or in early childhood was associated with worse growth outcomes up to 5 years of age. Data collected on approximately 23,000 children of the Demographic	Exposure to conflict in utero and in early life is negatively associated with child growth in Colombia. This association varies by	Kreif N, Mirelman A, Suhrcke M, Buitrago G, Moreno-Serra R. The impact of civil conflict

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		<a href="#">Evidence from Colombia</a> Access to abstract only			Health Surveys (DHS) between 2005-2010 were used in this study. Children were categorized as experiencing varying levels of conflict intensity during each stage of life based on counts of conflict-related violence in their area of residence. The study found exposure to conflict while in utero was associated with lower Z-scores for height-for-age(HAZ) (-0.06, p=0.02) and weight-for-age (WAZ)(-0.06, p=0.02). Sub-group analyses showed that this association existed only for rural communities (compared to urban) and that conflict exposure in utero is associated with negative impacts on HAZ and WAZ scores later in life (children in the 2-3 years and 4-5 years old category). For weight-for-height Z-scores (WHZ), the significant associations identified were in the opposite direction. Exposure to conflict in year 3 was associated with higher WHZ scores (0.05, p=0.02) whereas exposure in year 5 was associated with lower WHZ scores (-0.06, p=0.03). No significant associations were found for in utero exposure. In addition, no consistent significant associations were found between conflict in utero or early childhood for binary outcomes of stunting, wasting, or being underweight. One exception was for children exposed to conflict in year 1, underweight decreased (-0.01, p=0.01). No associations were found with the duration of breastfeeding (0.19; p=0.21) and anthropometric outcomes. The authors argue that any relationships between conflict and negative growth outcomes most likely occur during pregnancy and birth rather than through infant feeding practices.	nutritional index (e.g. WHZ, HAZ, WAZ), rural/urban location, and child age. Significant associations were found between conflict exposure and healthcare access during pregnancy and birth. Conversely, no associations were found between conflict exposure and breastfeeding practices.	on child health: Evidence from Colombia. Economics & Human Biology. 2022;44:101074. doi.org/10.1016/j.ehb.2021.101074