



INTERNATIONAL MEDICAL CORPS RESEARCH LEADS TO REVISED RECOMMENDATIONS IN EFFORT TO PROMOTE HEALTHIER BEHAVIOR FOR SYRIAN REFUGEE MOTHERS

International Medical Corps research in three Middle Eastern countries to determine why Syrian refugee mothers have not been more receptive to efforts promoting healthier behavior for themselves and their children has produced recommendations for more informed—and hopefully more effective—program planning and messaging used to support and encourage changes in maternal behavior.

The studies, formally known as “Barrier Analysis assessments,” involved a total of 810 Syrian women who had fled civil war in their homeland and taken refuge in neighboring countries.

The research was conducted during the late spring and summer of 2016 in Lebanon, Jordan and Turkey and was funded through a grant from USAID's Technical and Operational Performance Support (TOPS) Small Grants Program. Together, the three nations currently host a total of more than 4.5 million Syrians—a figure that represents close to a quarter of Syria's pre-war population.

Each assessment studied the resistance of the mothers to take three specific steps promoted and encouraged among displaced Syrians with only marginal success. The details of these steps varied slightly from country to country.

In Lebanon, for example, mothers were encouraged to attend antenatal care during the first trimester of pregnancy, feed their baby solely by breastfeeding for the first 6 months and ensure at least a minimum dietary diversity for the baby during complementary feeding from age 6 months to 2 years. In Jordan, mothers were encouraged to seek early antenatal care, begin breastfeeding early and provide iron-rich food for children under 2 years.

In Turkey, where researchers conducted a rare assessment that focused solely on adolescent mothers, the promoted actions included exclusive breast-feeding for the first 6 months, providing iron-rich food during complementary feeding between 6 months and 2 years and eating an extra meal during pregnancy.

Data was gathered through one-on-one survey interviews with mothers in all three countries. In each country, 90 were interviewed for each of three behaviors promoted—45 who engaged in the behavior and 45 who did not. Interviewers identified several key factors that explained the differences between mothers who did and did not undertake the recommended steps.

The Turkey assessment was structured to highlight the particular nutritional challenges and needs faced by adolescent mothers and their children. Related research has indicated that early marriage has become more frequent within Turkey's Syrian refugee community, a phenomenon that, in turn, has led to a mean age of pregnancy as low as 13-14 years in some areas.

Suzanne Brinkman, International Medical Corps Senior Emergency Nutrition Advisor and co-author of the Turkey assessment, noted that when mothers are so young that they too are still growing, increased nutrients are needed to satisfy the needs of both the mother and the unborn baby.



Because of this, behavior encouraged for adolescent mothers includes an extra meal for the mother during pregnancy and iron-rich food during complementary feeding for children from 6 months to 2 years. An International Medical Corps survey of infant and young child feeding (IYCF) conducted among displaced Syrians near the border with Turkey found that consumption of iron rich foods by children was very low, a worrying development given the prevalence of anemia among the Syrian population prior to the crisis.

Encouragement of exclusive breastfeeding is viewed as especially important for adolescent mothers since global evidence suggests they are substantially less likely to breastfeed than their older counterparts, and can be heavily influenced by negative socioeconomic factors. A review of the few existing studies has found a surprising lack of research into IYCF among adolescent girls, with recommendations for better understanding in order to develop effective programming.

In Turkey, for example, recommendations include measures to assure new programs provide comprehensive IYCF counselling for adolescents experiencing difficulties with infant feeding and making sure all service providers—and the community at large—get the same messages on optimal IYCF practices to counter any misinformation. Ensuring adequate food availability for this vulnerable population was also recommended, as was mental health and psychosocial support to adolescent mothers.

Since its inception more than 30 years ago, International Medical Corps' mission has been consistent: relieve the suffering of those impacted by war, natural disaster and disease, by delivering vital health care services that focus on training. This approach of helping people help themselves is critical to returning devastated populations to self-reliance. International Medical Corps has delivered more than \$2.4 billion in humanitarian relief and training in 75 countries since 1984. Today its global staff of more than 7,000 provides assistance to devastated communities in the world's hardest-hit areas, from Syria to Sierra Leone, Iraq to Afghanistan. Follow us on [Facebook](#), [Twitter](#), [Instagram](#) and [Medium](#)