

In this issue

Matters of trust

Three contributions to this issue are all, in one way and another, about trust – trust that we can manage without industry sponsorship, the need for trust in commercial food systems, and trust in natural childbirth.

Canadian independence

An annual conference in Canada, the Nutrition Exchange, is run every year without industry or commercial marketing board support. The example provided as a letter by Fox⁽¹⁾ shows us how this is done. Can we have more examples of how to deal with conference funding, please.

Australian suspicion

The qualitative study on food and trust in Australia by Coveney⁽²⁾ clearly illustrates the importance of having a solid response to negative media reports as well as a rapid, solid and visible government presence and reaction. Trust in food producers in Australia has been damaged by previous incidents and consumers seem to be convinced that producers and retail are too focused on making a profit. The studied group is not too impressive, but many of the general results can probably be applied to a wide group of consumers. Consumer trust when it comes to safe and healthy food has to be earned.

South Korean apprehension

Factors influencing breast-feeding in South Korea described by Chung *et al.*⁽³⁾ are shown to be consistent with those in other countries, but the high frequency of Caesarean section (39%) seems to be of high importance here. Babies delivered in this unnatural manner are breast-fed for a shorter duration and less exclusively than naturally born babies.

One cannot help but wonder – why C-sections? Are Korean surgeons just too happy to assist? Do Korean women fear natural birth? Or are there other reasons? Other factors of importance for breast-feeding success are related to prenatal care (more is better), educational level of the mother (higher is better), urban/rural environment (urban is better) and mothers' job status (blue-collar workers breast-feed less). When the baby-friendly initiative

will reach Korea and how can mothers be persuaded to give birth in a natural manner are questions arising from this interesting paper.

Egyptian infection

On another general topic, the paper by Mohammad *et al.*⁽⁴⁾ shows a high prevalence of *Helicobacter pylori* infection among Egyptian children diagnosed by use of the [¹³C]urea breath test. The results show that more than 72% of the schoolchildren in this study gave a positive breath test and the infection was highly correlated with overcrowded living conditions and attending school in socially deprived areas. Infected children were more prone to be found below the 5th percentile in height-for-age.

Obviously, many factors play together here, but the *H. pylori* factor should not be forgotten. Another recent paper stated: 'The epidemiology of *H. pylori* infection highlights geographic, ethnic, and racial differences throughout the world'⁽⁵⁾. Furthermore, it highlights the importance of breast-feeding also in the worst of living conditions, since prolonged breast-feeding has been shown to be highly protective⁽⁶⁾.

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References

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