what is telling us that breastfeeding is to be continued for 2 years completely, even if the parents are divorced. However, the father of the child shall bear the cost of the mother's food and clothing on a reasonable basis. And if it is decided to hire a foster mother to suckle the child, the father will bear all the costs of the foster mother. At another place, it is quoted;

"His mother bore him by strain after strain. His nursing (suckling) period lasts two years. Be grateful to Me and to your parents" (31:14).

The set of milk teeth in a human child is completed at the age of 2 years, which is therefore the natural extreme of breastfeeding. At another place we read in the Holy Qur-an;

"We have enjoined on man, kindness to his parents: in pain did his mother bear him, and in pain did she gave him birth, the carrying of the child to his weaning is (a period of) thirty months" (46:15).

The maximum period of breastfeeding (2 years) is again in accordance with the time that the first dentition is ordinarily completed in a human child. The lower milk incisors in the center come out between the sixth and ninth months; then the milk teeth come out at intervals, until canines appear. The second molars come out at approximately 24 months, and with them the child has a complete apparatus of milk teeth. Nature now expects him to chew and masticate and be independent of his mother's milk completely. On the other hand, it hurts the mother to feed from the breast after the child has a complete set of milk teeth.

From these verses, we can understand that mothers are encouraged to nurse their babies for a period of 24 months. Even if the mother is divorced, she should be supported in her nursing of her child for that period. The father should pay her cost of living, as she will be fully occupied by nursing his offspring. If the parents are separated or divorced they should frequently counsel each other for the sake of the child's future. If it is decided that the mother cannot nurse the baby (for example, if she lacks milk in her breasts), then a wet nurse must be asked to help. The wet nurse in Islam is a foster mother; she is also considered as the child's mother. Her children become the baby's brothers and sisters, and her husband becomes another father for the baby. If the mother dies, the baby's heir should support both the nursing mother and her baby for the period of breastfeeding. The custody of the baby remains in the hands of the nursing mother.

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Protozoa infection and its associated factors among urban babies 6 to 24 months age, in Semnan, Iran

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Parasitic infection is one of the most important health problems in the entire world, hence, there was no region in the world that free from parasites. Some of them can induce anemia, malnutrition, diarrhea, and other infections. Parasitic infection depends on geographical area and time, demographic factors, health, knowledge and attitudes, socio-economic conditions, and others; hence, it has a wide range. The high risk category are the children. The range of parasite infections can be wide, due to the variety of the weather and the socio-cultural conditions in Iran. In our research, we surveyed the status of parasites between 6-24 months in Semnan, Iran. The surveyed zones in this study were the urban areas of Semnan province nearly in the central north of Iran, which has been divided into 2 regions of wet-cold and dry-warm weather. A total of 482 children under 2 years old were surveyed (399 in warm and 83 in cold regions). The mothers that were referred to the health center in Semnan province and had children under 2 years, were given the sample container containing 30 cc of Phenol Alcohol Formaldehyde (PAF), an applicator for sampling accompanied by a questionnaire for filling up. They were trained to pour the stool of the children into the container with the help of the applicator, and shake it until the stool becomes homogenous. The samples were examined by direct and formalin-ether methods. For staining of the samples, Thionin was used, which is the preferred color for the samples fixed

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Table 1 - Prevalence (%) of protozoa's Infections in children.

Factor	Sample size n=482	Protozoa's name								Total infection	P-value
		Giardia lamblia	*Entamoeba coli*	*Blastocystis hominis*	*Chilomastix mesnili troph*	*Entamoeba* hartmanni	*Entamoeba histolytica*	*Endolimax nana*	*Dientamoeba fragilis*		
Weather											0.137
Warm	399	(7.5)	(2)	(0.8)	(1)	(0.5)	(0)	(0.3)	(0)	(11)	
Cold	83	(13.3)	(0)	(0)	(0)	(0)	(1.2)	(0)	(1.2)	(16.9)	
Gender											
Boy	262	(9.2)	(1.5)	(0.8)	(0.4)	(0)	(0.4)	(0)	(0)	(11.1)	0.478
Girl	220	(7.7)	(1.8)	(1.4)	(1.4)	(0.9)	(0)	(0.5)	(0.5)	(13.2)	
Age (months)											
6-11	223	(1.8)	(1.3)	(0)	(0)	(0.4)	(0)	(0.4)	(0)	(3.6)	
12-18	134	(11.2)	(1.5)	(0.7)	(2.2)	(0)	(0)	(0.0)	(0.7)	(14.9)	<0.001
19-24	125	(17.6)	(2.4)	(3.2)	(0.8)	(0.8)	(0.8)	(0.0)	(0)	(24)	
Birth order											
1	214	(6.5)	(1.4)	(0.9)	(0.9)	(0.5)	(0)	(0)	(0)	(9.8)	
2	135	(10.4)	(1.5)	(0.7)	(0)	(0.7)	(0)	(0)	(0.7)	(13.3)	0.507
3	75	(9.3)	(1.3)	(1.3)	(2.7)	(0)	(1.3)	(0)	(0)	(16)	
≥4	58	(10.3)	(1.7)	(1.8)	(0)	(0)	(0)	(1.7)	(0)	(10.3)	
Family size											
3	192	(5.7)	(1.6)	(1)	(1)	(0.5)	(0)	(0)	(0)	(9.4)	
4	146	(9.6)	(1.4)	(0.7)	(0)	(0)	(0)	(0)	(0.7)	(11.6)	0.302
5	81	(8.6)	(1.2)	(0)	(0)	(0)	(1.2)	(2.5)	(0)	(14.8)	
≥6	63	(14.3)	(1.6)	(3.2)	(0)	(0)	(0)	(1.6)	(0)	(17.5)	
Consumed milk											
Mother	247	(4.5)	(1.2)	(1.2)	(1.6)	(0.4)	(0.4)	(0)	(0.4)	(8.9)	
Formula	120	(9.3)	(1.7)	(0.8)	(0)	(0)	(0)	(0.8)	(0)	(10.8)	0.021
Cow	96	(17.7)	(3.1)	(1)	(0)	(1)	(0)	(0)	(0)	(20.8)	
None	19	(15.8)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(15.8)	
Mother's age (years)											
<20	28	(3.6)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(3.6)	0.021
20-24	146	(6.2)	(1.4)	(0.7)	(0.7)	(0)	(0)	(0)	(0)	(8.2)	
25-29	167	(7.2)	(1.8)	(1.2)	(1.2)	(1.2)	(0)	(0.6)	(0)	(13.2)	
30-34	91	(16.5)	(2.2)	(2.2)	(1.1)	(0)	(1.1)	(0)	(0)	(20.9)	
35	50	(8.0)	(0)	(0)	(0)	(0)	(0)	(0)	(2)	(8)	
Mother's education											
Illiterate	16	(25)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(25)	0.158
Primary	129	(10)	(1.6)	(2.3)	(1.6)	(0)	(0.8)	(0.8)	(0.8)	(14.7)	
Intermediate	149	(8.1)	(2.7)	(1.3)	(0.7)	(0.7)	(0)	(0)	(0)	(12.8)	
Secondary	159	(5)	(1.3)	(0)	(0.6)	(0.6)	(0)	(0)	(0)	(7.5)	
Diploma+	29	(13.8)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(13.8)	
Father's education											
Illiterate	11	(18.2)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(18.2)	0.287
Primary	113	(10.6)	(3.5)	(1.8)	(0.9)	(0)	(0)	(0.9)	(0.9)	(15)	
Intermediate	162	(7.4)	(0.6)	(1.9)	(1.2)	(0.6)	(0.6)	(0)	(0)	(11.7)	
Secondary	134	(6)	(0)	(0)	(0.7)	(0.7)	(0)	(0)	(0)	(7.5)	
Diploma+	62	(11.3)	(1.8)	(0)	(0)	(0)	(0)	(0)	(0)	(16.1)	
Infection of mother*											
-	224	(6.7)	(1.8)	(0.4)	(0.4)	(0)	(0)	(0)	(0)	(9.4)	0.181
+	200	(9)	(1.5)	(1.5)	(1.5)	(0.5)	(0)	(0.5)	(0)	(13.5)	

*There were not available stool samples for 58 mothers

by the PAF liquid. This liquid keeps the trophozoite and protozoa, and eggs and larva of worms. Data analyzing were carried out by descriptive statistics, cross-tabs, and chi-square tests using the Statistical Package for Social Sciences Version 10, the considered significant level for all tests was α=0.05 (**Table 1**).

The mean age of the children was 13.8 ± 5.6 months. There was no worm infection such as *Ascaris Lumbricoides*, *Hymenolepis Nana*, and so on. This can be due to the ages of the children, which were younger than 24 months. At these ages, children cannot consume vegetables and have poor contact with soil. Approximately 12% (95% CI: 9.1-14.9%) of the samples were infected, at least with one species of protozoa and *Giardia lamblia* was the most frequent protozoa (8.5%). Harmful protozoa (*Giardia lamblia, Entamoeba histolytica,*

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Dientamoeba fragilis) were observed in 8.7% of the children. In our survey, there was no relation between the protozoa infection and the weather; however, some researchers had found significant relation to the season, geographical area, and temperature, hence, that infection had been higher in rainy seasons and at 10-35°C.[1,2] In our survey, considering the rates of 11 and 16.4 for cold and warm areas, there was a negligible difference between them. There was no relation between gender and infection, which was in correspondence with Park et al.[3] However, Cifuentes et al[1] had found that boys had higher risk in comparison with girls. Since the range of the children's ages in our study was 6-24 months, the risk factors were almost equal for both gender. However, after the adolescent age (approximately 9 years for girls) and changes in religious attitudes, girls would have more limited activity compared to boys, significant relation between parasitic infection and gender is expected in higher ages. Moura et al[4] found that the risk of infection would increase by increment of the family size; more infection is expected in large families and public places such as orphanages. The same result was found by Saksirisampant et al[5] and Moura et al[4] showed that parasitic infection can be dependent on guardian's education. Also in the survey of Moura et al,[4] the risks by low level of fathers' and mothers' educations were approximately 3.9 and 2.3 times more than high level educations. However, in our survey, there was no relationship between the guardian's education and the infection, which can be due to the sufficient knowledge in all levels of guardian's education in Semnan. We found that, by increasing the age of the child, the prevalence of infection will increase; it was an expected result, due to increasing the age of children, their activities will increase, and they will have more exposure to environmental risk factors. It seems that the prevalence of infection increases by increasing the mother's age (excluding mothers of >35 years). It can be interpreted that, low prevalence in children whose mothers have low ages can be due to the small number of children in these ages, therefore, the mothers have more attention concerning their children's health. Low prevalence is also expected in children whose mothers were >35 years and due to more experience in baby caring.

One of the most important results of our survey is a significant relationship between the type of the child's consumed milk and the infection, those children who consumed cow's milk or other foods were more infected in comparison with the children who were fed with their mothers' or formula milks. Since there is piped drinking water for all urban population in Semnan, and there is a permanent control system foe testing the quality and safety of drinking water, therefore, we conclude that drinking water is not a source for infection. From this research, *Giardia lamblia* was the most frequent parasite in Semnan, which can be one cause of growth delay and decrement of the children's weight. To prevent the parasites and the problems due to them, the dynamic education for mothers is a requirement.

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