



# BPNI BULLETIN

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## Children's Rights Commission will raise public awareness on child issues: Mrs. Shantha Sinha

**BPNI NEWS DESK, NEW DELHI:** Mrs. Shantha Sinha, chairperson, National Commission for Protection of Children's Rights, while addressing a group of NGOs said that the Commission, which was recently constituted by Government of India, was committed for protection of the rights of children. "We are looking at children in their social, cultural and economic contexts. Commission's mandate is to cover all children including infants and young children," she said.

Explaining the role of the Commission, Mrs. Shantha Sinha said that the Commission would raise public awareness on child rights. "It will take cognizance of the violations of the child rights and make necessary recommendations to the Government for protection of the rights of children," informed Mrs. Sinha.

Mrs. Sinha visited BPNI office on April 17 to attend a meeting on children's right to nutrition. She asked the members of the NGOs to bring only those issues, which are

concerned to the rights of children.

In the consultation meet, the members of the NGOs discussed legal framework and public awareness on child rights,



revitalization of IMS Act, child and woman's nutrition, maternity entitlements, prevention of maternal, neonatal, infant and under-5 mortality and morbidity rate and a technical protocol for childbirth.

In the consultation meet, Dr. Arun Gupta, national coordinator of BPNI, raised the needs of a protocol for childbirth and its

legal framework. "Women should get the technical support during child birth. The important issue here is to provide education to women", opined Dr. Gupta.

The existing welfare schemes of the country don't support infants within the age group 0-6 months. There is a special requirement to emphasize and recognize the needs of the infants, especially their rights on nutrition. The right to survival, growth and development should be the first right of the infants and a legal protection of this right would actually lead to the fulfillment of nutritional needs of the children.

Commission's member secretary Mrs. Shalini Prasad and its member Mrs. Sandhya Bajaj were also present. The other dignitaries attended the meeting were Mrs. Mridula Bajaj and Mrs. Devika Singh from Mobile Crèches; Dr. Mira Shiva from AIDAN/JSA; Mrs. Lakshmi Menon from WABA Gender Programme; Mrs. Radha Holla and Mr. Subrata Dutta from BPNI.

### INSIDE

**3** Demand for incorporating IYCF counseling in all maternal and child health care programmes



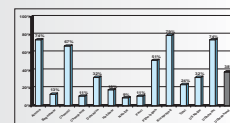
**4** Mothers and caregivers need proper counseling about breastfeeding



**6** Breastfeeding in the agenda of child survival and development programmes in Uttarakhand



**8** Infant feeding practices in Uttarakhand



**10** Pre-service workshop on IYCF at Ludhiana



**10** Emphasis on IYCF education in medical colleges



*From National Coordinator's Desk*

## Infants in dilapidated condition

NFHS-III, which was released recently, shows that all is not well on the infant nutrition front. NFHS-III reveals that 23.4% newborns across the country begin breastfeeding within an hour of birth. Although in comparison with NFHS-II, there is a marginal improvement of 7.4% in early initiation of breastfeeding. This figure is abysmally low, given its importance as an intervention for child survival. The better performing states are some of the northeastern states and Goa. The initiation rate in Mizoram is 65.4%, which is highest in the country followed by 59.7% in Goa and 58.6% in Meghalaya. The other states with relatively higher rates of early initiation of breastfeeding are Kerala (55.4%), Tamil Nadu (55.3%), Arunachal Pradesh (55%), Orissa (54.3%), Maharashtra (51.8%), Nagaland (51.5%) and Assam (50.6%). In states like Bihar, Uttar Pradesh, Punjab, Jharkhand, Rajasthan, Madhya Pradesh, and Delhi, it is far below from the level of 40%. Bihar and Uttar Pradesh account lowest, only 4% and 7.2% respectively.



The trend of exclusive breastfeeding for six months is not so impressive either. Only 46.3% children are exclusively breastfed in the country. The rate of exclusively breastfeeding is highest in Chhattisgarh (82%). The other relatively better performing states are Assam (63.1%), Andhra Pradesh (62.7%), Manipur (61.7%), Arunachal Pradesh (60%), West Bengal (58.6%), Karnataka (58%), Jharkhand (57.8%), Kerala (56.2%), Maharashtra (53%), Uttar Pradesh (51.3%) and Orissa (50.2%). The poor performing states are Haryana (16.9%) and Goa (17.7%). Thus, there is still a huge chunk of children in India who are not exclusively breastfed for the first six months of life.

The rate of complementary feeding is somewhat better. The NFHS-III data shows that an average of 55% children are reportedly receiving complementary feeding in the country with Kerala having highest rate (93.6%), Rajasthan is lowest at 38.7%. The NFHS-III data indicates that infants between 6-9 months of age receive complementary diet consisting of solid or semi solid foods along with mother's milk. However, the survey did not ascertain how many mothers continued breastfeeding up to 2 years.

The improvements in NFHS-III nowhere near enough to counter the Infant Mortality Rate (IMR). The IMR which is whopping at the rate of 57 per 1000 live births, a decline of just 11% from its earlier NFHS-II record of 68%. India is still far from the target set by the National Plan of Action for Children and the Millennium Development Goal. Universalization of early initiation of breastfeeding within one hour of birth has the tremendous potential in reducing 31% of neonatal deaths, i.e. about 10% of total child deaths. Together with the universalization of exclusive breastfeeding for six months, the figure becomes even higher. Exclusive breastfeeding goes beyond helping children to survive. It enhances their physical and mental development. Thus, the challenge of improving breastfeeding and optimal IYCF rates is as immense as ever.

**Dr. Arun Gupta, MD, FIAP**  
National Coordinator



## Demand for incorporating IYCF counseling in all maternal and child health care programmes

### 2nd international training on IYCF counseling in Delhi

**BPNI NEWS DESK:** BPNI in collaboration with UNICEF, WABA and IBFAN organized second international training on Infant and Young Child Feeding Counseling to coach the trainers of various countries. This training was held at UCMS & GTB hospitals of Delhi from 15th January 2007 to 28th January 2007.

The first phase of the training started from January 15 and lasted up to January 20, 2007. Acting principal Dr S.K.Bhargav of UCMS and additional medical superintendent Dr N.K.Sinha of GTB inaugurated this training programme on 15th January 2007 in presence of Dr Tarsem Jindal, chief coordinator, BPNI and Dr Arun Gupta, regional coordinator, IBFAN Asia.

Dr Arvind Saili, president of National Neonatology Forum of India, inaugurated the second phase of the training, which started from January 22, and ended on January 28, 2007. Dr K.K.Sharma, principal of UCMS, welcomed all participants and other

guests attended in the training programme.

Dr Arun Gupta while addressing the participants of the 2nd international training programme said infant and young child feeding counseling should be the integral part of all maternal and child health care programmes.

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Dr MMA Faridi, who was the course director of this training programme, described the process of infant and young child feeding counseling.

The entire training was conducted by using latest training tools developed by

BPNI, IBFAN, WABA and UNICEF. The training tools encompass trainers guide, participants manual, counseling flip chart, power point presentation, peer counseling session, demonstration through role play, written exercises, video clips and clinical practices.

A total of 8 master trainees and 43 IYCF counseling specialist trainees participated in the training programme. The master trainees and IYCF counseling specialists were from Indonesia, Nepal and Indian states of Delhi, Uttar Pradesh, Uttranchal, Karnataka, Madhya Pradesh, Punjab and Haryana. Seven of them were medical doctors specialize in Pediatrics, Obst. & Gynaecology and Community Medicine. Other trainees comprised of medical officers, nurses, postgraduate medical students, PhD scholars in nutrition, professionals from NGOs working in the field of child nutrition, faculties of medical colleges and prevention of parent to child transmission (PPTCT) counselors.



## Mothers and caregivers need proper counseling about breastfeeding

National action plan on Infant and Young Child Feeding was drawn at consultation meet in Dehradun

**BPNI NEWS DESK: DEHRADUN:** BPNI took the audacious task of bringing various stakeholders into this national consultative meet held at Dehradun on 19th and 20th January 2007. It was actually intended to improve the overall situation of infants and their survival. The trio organizations - NIPCCD, BPNI and UNICEF - jointly organized this national consultation for developing a plan of action on infant and young child feeding (IYCF).

IYCF is crucial for the survival of infants and young children. Several studies conducted on infants and young children indicate that IYCF plays a vital role in reducing child mortality. Initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the first six months of life and continued breastfeeding with adequate and appropriate complementary feeding are the three most crucial components already identified in IYCF.

National guidelines on Infant and Young

Child Feeding in India are based on the cardinal guidelines of Global Strategy for Infant and Young Child Feeding that incorporate all the three crucial components mentioned above. The major objective of this consultation meet was to develop a 5-year National Plan of Action on IYCF and this would be presented to the Planning Commission.

NIPCCD and BPNI took the leading role in developing an action plan for achieving standard practices of IYCF. In the consultation meet, it was decided that certain policy framework and need-based interventions and actions would be recommended to the Planning Commission for inclusion in the 11th Plan. If things move in the right direction, it is believed that the objectives and goals of IYCF will be achieved in India.

Dr. Neelam Bhatia, joint director of NIPCCD, explained the steps used for the consultative process. Explaining the development of an action plan, she emphasized to improve present draft

document and requested all the participants to focus on the pertaining issues, which can be achieved.

Dr. Arun Gupta stressed the need to create a network of stakeholders in reducing infant mortality at the district level. "We have to create a congenial environment to ensure the right of every infant to survive with optimal health and development", he said.

Reminding the participants about the universalization of ICDS programme, he said that prime minister had sent a letter to all chief ministers of the states and union territories to ensure the needs of quality services being provided under ICDS programme. Prime minister, in his letter to all chief ministers, had also mentioned that 11 crore out of 16 crore children between 0-6 years are out of the ambit of any support and services. These children, according to Dr. Gupta, include a vast percentage of children between the ages of 0 to 6 months who do not need any food supplementation support from ICDS.



But their mothers and other caregivers need proper counseling about breastfeeding practices.

Ms. Deepika Shrivastava, project officer, UNICEF, recognized the spirit of partnership working for the protection of infants and young children that actually helped to centerstage IYCF in infant survival strategies. She however suggested for incorporating allocation of resources and a budget provision for IYCF, recognize infants' (0-6 months) right to have proper nutrition through breastfeeding, declare 'breastfeeding education' as a basic service delivery, set a target for early initiation, exclusive breastfeeding and complementary feeding in the 11th plan as indicators for each and every districts and states of India. Ms. Shrivastava, however, asked the participants to discuss the recommendations of consultation meet and the new WHO growth charts based on breastfeeding standards with all state secretaries in 2-day meeting on 8th and 9th February 2007.

Sixteen high level experts representing various government departments, institutions, national and international organizations participated in the consultation meet. They were Dr. R.P. Aggarwal, president, Indian Academy of Pediatrics; Dr. Susan Passah, CMAI; Dr. Mira Shiva, AIDAN; Mrs. Evelyn. P. Kannan, general secretary, TNAI; Dr. Vikas. K. Desai, addl. director (FW), DFW, Government of Gujarat, Dr. P. Subramaniam, director, CDRT; Mrs. Radha Holla, BPNI consultant; Dr. Dinesh Khosla, BPNI state coordinator, Haryana; Dr. Parbati Sengupta, BPNI central coordination committee; West Bengal; Prof. K.P. Kushwaha, BPNI state coordinator, Uttar Pradesh; Dr. C.R. Banapurmath, BPNI central coordination committee; Dr. J.P. Dadhich, coordinator BPNI Task Force on HIV-AIDS and Dr. K. Kesavulu, BPNI state coordinator, Andhra Pradesh.



## IMPORTANT RECOMMENDATIONS OF CONSULTATION MEET

- Growth monitoring should start from birth and breastfeeding standards should be followed.
- IYCF should be centrestaged as core intervention.
- Upscaling of targets to achieve 90% early initiation of breastfeeding and exclusive breastfeeding. Midterm goal should be 70%.
- Setting up of IYCF resource centres at national, state and district levels
- Setting up a Hall of Fame and a Hall of Shame for institutions in all sectors based on whether they are breastfeeding friendly or not
- Allocation of Rs. 2/- per child under 6 years of age for 300 days towards food (as per the directions of Supreme Court) should be allocated for 'breastfeeding education' and towards 'supporting mothers' of 0-6 months infants.
- Setting up mother support groups.
- BFHI standards should be criteria for setting up Indian Public Health Standards, NRHM, RCH, etc.
- A 'BFHI task force' should be set up at national and state level
- Setting up breastfeeding education and support centers (1 per population of 5000 at least)
- Establish a National Commission for protection of child rights which should also include right to nutrition
- Work with NREG to develop ways to support IYCF matching NREG to breastfeeding support
- Develop cards for tracking maternity protection



## Breastfeeding in the agenda of child survival and development programmes in Uttarakhand

Study report on status of Infant and Young Children Feeding, Uttarakhand released



**BPNI NEWS DESK:** In a major step to improve the condition of infants and children, the Government of Uttarakhand will introduce “breastfeeding” in its core agenda of child survival and development. Such initiative will help to reduce infant mortality in the state and address the problems of malnutrition in which thousands of infants and young children die every year.

A state action plan will be shortly developed incorporating early initiation of breastfeeding, exclusive breastfeeding for six months and complementary feeding along with

continued breastfeeding for two years or more. Emphasizing its genuine needs and importance, Mr. S. K. Das, chief secretary of Uttarakhand, articulated that “breastfeeding” as core of child health programme should be given top priority keeping in view the high rate of infant mortality and the fertility rate in the state. The IMR has gone up and the fertility rate has become stagnant in the state.

Pointing out the needs of “breastfeeding promotion”, he further said that the information on “NHFS-3” and “breastfeeding initiation within one

hour” as well as “exclusive breastfeeding” should be widely disseminated in the state referring to its high urgency and importance to deal with the current trends of IMR and fertility rates. He, however, has also emphasized to involve PRIs and other public utility services for this purpose.

Smt. Vibha Puri Das, principal secretary of Forest and Rural Development of Uttarakhand while inaugurating this consultation meet held at Dehradun on 18 January, 2007 had urged to double the rate of early initiation of breastfeeding from its current level, within a year.



**Mrs. Hemlata Dhaundiyal, director** of WCD, shared the status of health and nutrition of children of Uttarakhand with the participants and gave her valuable insights for an appropriate action plan.



**Smt. Vibha Puri Das, principal secretary** of Forest and Rural Development of Uttarakhand, urged to double the rate of early initiation of breastfeeding from its current level, within a year.



**Smt. Radha Raturi, secretary** of Women and Child Development of Uttarakhand, suggested a suitable action plan to showcase improvements in the status of infants and young children.



Speaking at the consultation meet she said that the indicators measured by BPNI should be closely monitored, assuring a comprehensive action programme and mechanisms drawn for monitoring and evaluation. Capacity building for women would also directly contribute to proper health care of the infants and young children, she informed. She stressed on the needs to create a network of mother support groups at family level and spreading of breastfeeding education among the women.

Before this, Dr. Arun Gupta, national coordinator of BPNI, made a presentation highlighting the needs of universalization of timely initiation of breastfeeding. He presented the findings of the survey conducted in 13 districts of

Uttarakhand, the first of its kind research programme on infants initiated in the state.

A sharp focus on infant nutrition inputs, action plan for universalization of early initiation, ORS and breastfeeding would rapidly bring down infant mortality and improve infant nutrition status in the state, suggested Dr. Gupta.

Smt Radha Raturi, secretary of Women and Child Development of Uttarakhand, appreciated the findings of the study conducted by BPNI and suggested a suitable action plan to showcase improvements in the status of infants and young children and the impact of this work should reflect in the evaluation done in another 3 to 4 years down the line.

Mrs. Hemlata Dhaundiyal, director of WCD shared the status of health and nutrition of children of Uttarakhand with the participants and gave her valuable insights for an appropriate action plan. Dr J. P. Dadhich of BPNI in his presentation suggested three major areas of intervention, which include actions at policy, health service and community level.

Health secretary of Uttarakhand Government in his remarks said that health programmes run in the state are responsible to implement the intervention of "breastfeeding" but it remains a distant priority. "A suitable plan should be formulated to universalize this intervention", he observed.



## RECOMMENDATIONS AND ACTIONS

### Key recommendations:

- Focus on infants in all policies and programmes of Uttarakhand Government
- Identify ORS and exclusive breastfeeding for low cost intervention.
- Develop a State Model by promoting IYCF
- Promotion of breastfeeding within 1st hour, exclusive breastfeeding for 0-6 months
- Develop a weight monitoring system of infants in each month for 0-12 months
- Prevent child malnutrition in first few months and draw a monitoring mechanism for 0-12 months
- Proper monitoring and evaluation of the child programmes in the state

### Key actions:

- Universalization of first hour breastfeeding, exclusive

breastfeeding for improvisation of nutrition of infants and to rapidly bring down infant mortality rate

- Establish a coordination committee at state level to identify resources/ funds for immunization programmes in both ICDS and health programmes
- Creation of breastfeeding /IYCF support centers in health establishments run by trained nurses who can act as coordinators at block level
- Ensure legislative support to first hour breastfeeding
- Ensure nutrition support to lactating mothers
- Enhance trainers pool for counseling of IYCF
- Develop a core group for capacity building and training of workers for enhancing their skills in IYCF counseling
- Develop IEC materials for the family members
- Create breastfeeding mother support network at village level to support infant health and nutrition.

## Infant feeding practices in Uttarakhand

### Study report reveals mix trends of infant feeding in various districts of Uttarakhand

The survey, conducted by BPNI under the auspices of Department of Women Empowerment & Child Development, Uttarakhand, revealed that timely initiation of breastfeeding within 1 hour was just 38% with wide variation in each district that range from 9% to 79%. Pre-lacteal feeding practices are mostly tradition-based with majority of the newborn children receiving gur, water, milk and honey which are common in each and every district of the state.

Exclusive breastfeeding for 6 months was only 21%, which is quite a disappointing finding in respect of quality of nutritional inputs during this critical period of a child's health. Proper nutritional input is a must for better health during infancy. Percentage of babies receiving complementary feeding between 6-9 months of age was found encouraging. Although there is a need to look at its qualitative and quantitative aspects as percentage of underweight children under 3 remains very high.

In the studied population of Uttarakhand, 84% women having 0-3 year old children had received antenatal check-up.

ANM/Nurse did check up of 47% of these mothers, while 34% mothers got their check-up from a doctor. Majority (61%) of them were having home deliveries and only 19% of them delivered at Government hospitals, whereas barely 9.8% went to private hospitals. Most of these mothers had normal deliveries.

#### BREASTFEEDING PRACTICES INITIATION OF BREASTFEEDING WITHIN 1 HOUR

It is recommended that breastfeeding should be initiated within one hour of birth and nothing should be given to the infant before starting breastfeed. The findings of the study (Fig. 1) show breastfeeding within 1 hour was initiated only in 38% of the newborns. Whereas 41% of them received breastmilk between 1-4 hours and it was delayed by more than 4 hours in case

of 21% newborns. Differences and variations in initiation of breastfeeding within 1 hour have also been noticed in the survey conducted in various districts of Uttarakhand. Nainital, Pauri, Champavat, Bageshwar districts had a very poor performance and these districts failed to recognize the needs of initiation of breastfeeding within 1 hour. Fig.-2 will provide you a more clear picture and trends of initiation of breastfeeding within 1 hour of birth.

#### PRELACTEAL FEEDING

The wide variation has been observed in pre-lacteal feeding. Almost half (47%) of the newborns reportedly have received pre-lacteal feeds in the state. Pithoragarh, Ruraprayag and Pauri are three districts wherein the newborns, the findings of the survey recorded, have the lowest percentage of receiving pre-lacteal feeds.

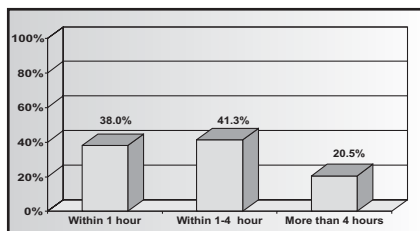


Fig. 1: Initiation of breastfeeding

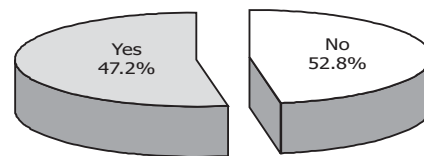


Fig. 3: Giving pre-lacteal feeds

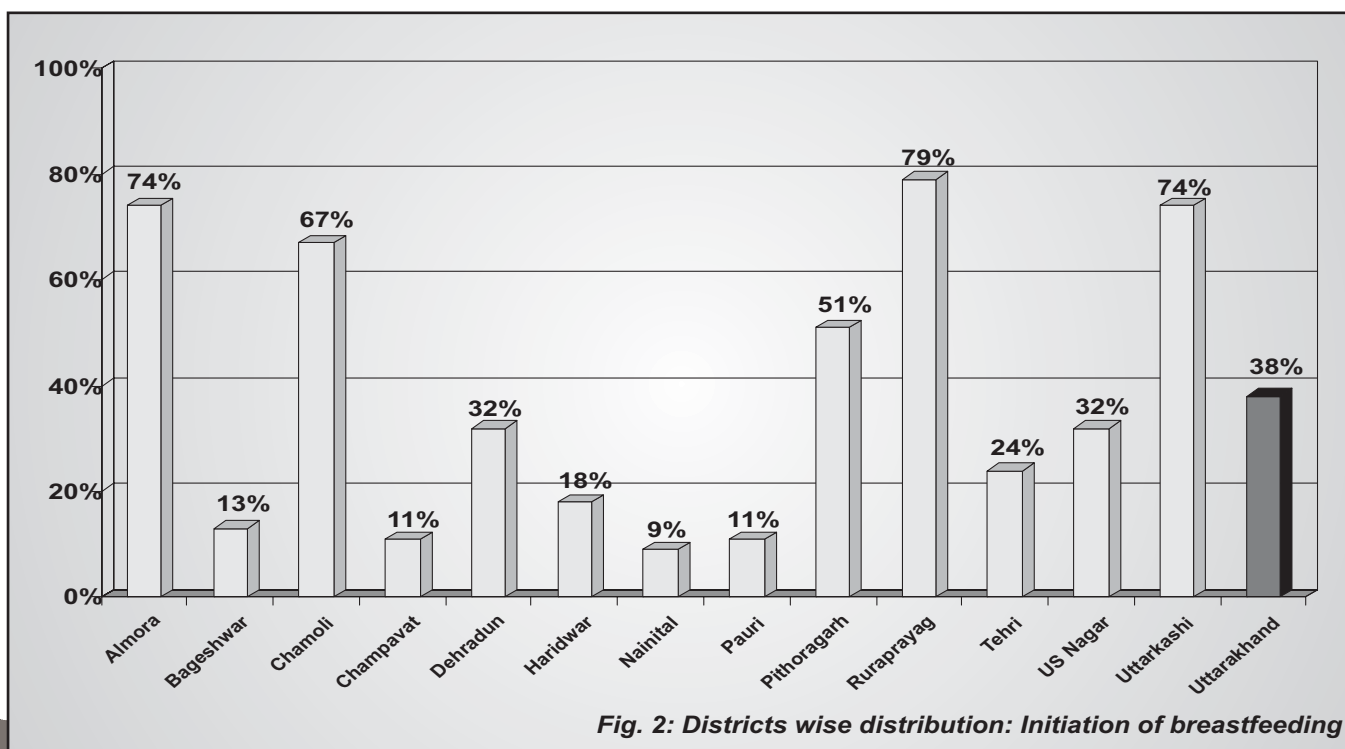


Fig. 2: Districts wise distribution: Initiation of breastfeeding



## EXCLUSIVE BREASTFEEDING

The survey report shows that exclusive breastfeeding was confined to only 37% children within the age group of 0-3 months, which got reduced drastically to only 5% children of 4-6 months age group. As a whole, 21% of the newborn children of the state were exclusively breastfed for 0-6 months. It was found that children within the age group of 0-3 months had received plain water as supplementary food along with breastmilk. However, children within age group of 4-6 months had been receiving other foods along with breastmilk. The supplementary foods consist of several types of foods and fluids like cow milk and goat milk, fruit juice, soft drinks, sweet water, tea/coffee, powder/tin milk etc. This trend is prevalent among 98% of the population in the state.

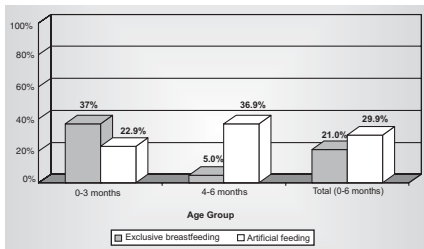


Fig. 4: Status of exclusive breastfeeding during 0-6 months

## CONTINUED BREASTFEEDING

It is recommended that breastfeeding should continue for a period of two years or beyond along with appropriate and adequate complementary feeding. Mothers were interviewed about the duration of continuation of breastfeeding and 67% of them responded it to be 18-24 months. Moreover, 19% respondent mothers said that they breastfed their children for more than 24 months and 14% mothers said it was less than 18 months.

## COMPLEMENTARY FEEDING PRACTICES DURING 6-9 MONTHS AGE

It is recommended that after six months of age babies should receive complementary feeding with solid home made indigenous foods along with continued breastfeeding. Almost all (98%) children of 6-9 months of age received mother's milk along with water and other supplementation of solid foods. And 93% of these children had been receiving mushy food. However more than a half (61%) were found receiving top milk of cow, buffalo or goat and 47% of these children also found receiving gripe water or ghutti.

The practice of giving fruit juice, soft drinks, sweet water, tea/coffee, powder/tin milk and such others to the children of age group 6-9 months is rampant across Uttarakhand. The survey reported that children were receiving such foods, which is considered not a healthy practice.

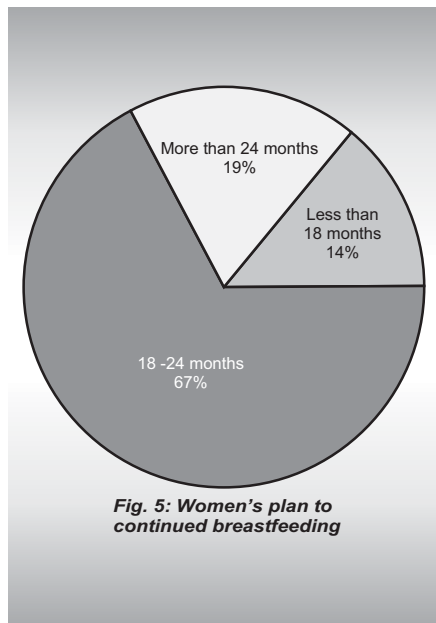


Fig. 5: Women's plan to continued breastfeeding

## BOTTLE-FEEDING

It was interesting to note that mothers were aloof from bottle-feeding practices. The survey revealed that there were only 37% newborn babies who received bottle-feeds and rest 63% children were debarred from bottle-feeding practices.

In this studied population of Uttarakhand most of the mothers having children ranging 0 to 3 years were within the age group of 21 to 25 years and received education up to higher secondary level. Most women, who follow Hindu religion, were not working outside home. Among this population about half of the women belong to schedule tribe and rest are from other castes.

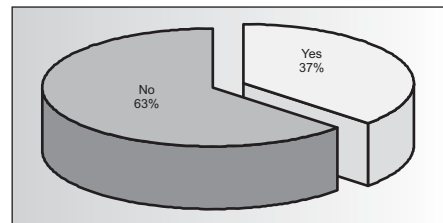


Fig. 6: Bottle-feeding rate

The survey was conducted in all 13 districts of Uttarakhand with an intention to develop a state plan of action to improve infant and young child feeding practices. This is the most fundamental step to look into quantitative and qualitative aspects of feeding practices, which were scientifically examined and verified using modern research methods and tools. All findings of the study were systematically documented and reports of study were submitted to the concerned department of the government of Uttarakhand.

Celebrate World Breastfeeding Week

Breastfeeding: The 1<sup>st</sup> Hour

Save **ONE** million babies!





## Pre-service workshop on IYCF at Ludhiana

**BPNI NEWS DESK, LUDHIANA:** A 3-day zonal workshop on strengthening pre-service medical education on Infant and Young Child Feeding was held at Ludhiana from April 19 to April 21 for the faculty members of pediatrics, OBG and community medicine of government and private medical colleges. BPNI in collaboration with UNICEF and Christian Medical College organized this zonal workshop at Ludhiana.



involving head of the departments of community medicine PSM and OBY.

The participants were given a time-wrap for teaching IYCF in various semesters. An attempt was made for making evaluation tools on broad-based objectives so that it could have a far more reaching effect on teaching and learning methods to ensure needs of the students. A model lecture on optimal IYCF focusing on the physiology of

The purpose of this workshop was to discuss IYCF curricula with the faculty members of pediatrics, OBG and community medicine. It was made explicit in the workshop that IYCF training was prepared in line of Medical Council of India's recommendations made in its 1997 document on graduate medical education. IYCF curricula could easily be covered within the existing syllabus and time frame. The purpose of learning IYCF was also shared with the participants of three departments.

lactation and its practical implications on infant feeding was also made in the workshop.

There was an extensive discussion by all the participants suggesting incorporation of many new things connected with IYCF. In a separate session, there was a lecture on complimentary feeding followed by demonstrations on assessment of breastfeeding.

Director of Christian Medical College, Ludhiana, inaugurated this zonal workshop and welcomed all participants. Also there were principals and superintendents of the hospitals. Dr J C Sobti, coordinator-BPNI task force, and Dr S Aneja, national task force coordinator of BPNI highlighted the objective of the workshop and discussed important areas related to IYCF. Prof. Tejinder Singh was the course coordinator and a local coordination committee was formed by

A total of 51 participants from Christian Medical College, Ludhiana, Ross Hostel Warden's Residence, Dayanand Medical College & Hospital, Govt. Medical College of Patiala, S.G.R.D. Institute of Medical Sciences, Shri Guru Ram Das Institute of Medical Sciences & Research, Gandhi Medical College, Govt Medical College, Jammu; Dr. RPG Medical College, Kangra; Adesh Institute of Medical Sciences & Research, Bathinda; Government Medical College, Chandigarh and Indira Gandhi Medical College, Simla; participated in the workshop.

## Emphasis on IYCF education in medical colleges

**BPNI NEWS DESK, VADODARA:** BPNI in collaboration with UNICEF and State Government of Gujarat organized a 3-day workshop on "Strengthening Pre-service Medical Education on IYCF" from 12th to 14th April at Vadodara.

colleges, which will also serve the purposes of IYCF counseling.

All pre-service doctors should have the right skills and knowledge about IYCF. These basic skills are extremely important to be acquired by the doctors before they go to the community, informed UNICEF's regional representative Dr. Yogendra Mathur.

stressed the need of informing all the undergraduate medical students about IYCF. This, according to her, will help to promote, protect and support IYCF practices, especially in critical situations like preterm/LBW/ HIV+ve mother.

The workshop, attended by the faculty members of undergraduate medical colleges of Gujarat, was organized with an intention to discuss the methodology for teaching global and national guidelines on Infant and Young Child Feeding (IYCF) practices, especially for the students of pediatrics, obstetrics, gynaecology and community medicine.

Prof. Dulari Gandhi of Baroda Medical College

Dr. Tejinder Singh presented a training module of IYCF to be incorporated in teaching schedule and asked the participants to incorporate it in the formative and summative assessments. Before this, Prof. S. Aneja discussed the overview of the workshop and the necessities of the undergraduate medical students.

In her keynote address, Dr. Vikas Desai, additional director, Ministry of Health and Family Welfare (GOI), emphasized that medical colleges should impart the knowledge of IYCF to the students and provide them the basic skills of IYCF. Each department of the medical colleges should portray the same idea and there should be an integrated approach in teaching. She reiterated that Integrated Management of Neo-natal Childhood Illness (IMNCI) and IYCF should be practiced in outpatients department (OPD) so that students could observe it. She also agreed to establish nutrition counseling centers in medical



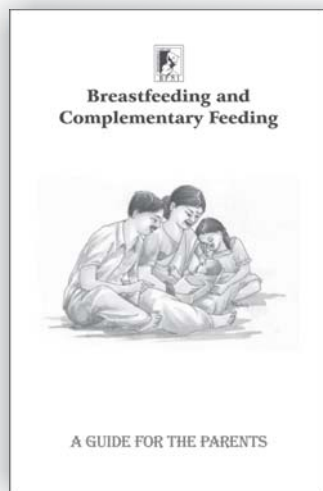
In the workshop, four modules of IYCF were discussed with the participants. These include, concept of IYCF and breastfeeding, early initiation of breastfeeding support, complementary feeding and infant milk substitutes and IMS Act. In the workshop, it was also discussed how to set up an IYCF counseling centers. A practical session was also organized in the hospital where participants interacted with the mothers.

In this zonal workshop, a total of 44 faculty members from the Department of Pediatrics, Community Medicine and Obstetrics and Gynaecology of 8 medical colleges of Gujarat participated.

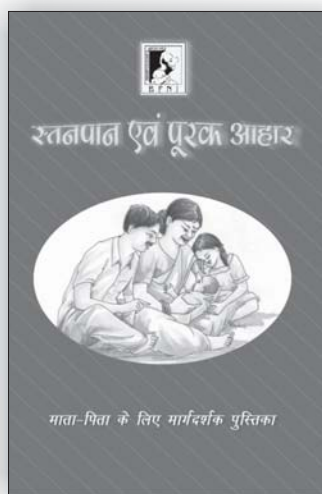
Reading this book can help a parent to succeed in breastfeeding

# Breastfeeding and Complementary Feeding A Guide for the Parents

RK Anand, Arun Gupta, Tarsem Jindal, Rita Gupta, Jagdish C. Sobti



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Price Rs. 25/-

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Encourage breastfeeding: Doc

Rashpal Chamhal  
Ludhiana, April 20

THE INFANT mortality rate in Punjab is higher as compared to other states and the root cause is lack of awareness about breastfeeding and infant malnutrition among mothers, said Dr Anita Gupta, a trainer with the WHO Breastfeeding Promotion Network of India and a Professor at University College of Medical Sciences, Delhi.

Talking to HT Dr Gupta and doctors from other medical colleges of northern states, who are here to attend a workshop on infant mortality and breastfeeding at CMC hospital, said breastfeeding was on the decline and medical students needed to be made aware of the ill-effects of malnutrition among infants so that they could generate awareness among mothers.

The National Family Health Survey shows that child malnutrition sets in early in life as 11.9 per cent of infants up to six months of age are underweight. This figure is 37.5 per cent for one-year-olds and 58.5 per cent for two-year-olds. The main reason for this is disinclination for breastfeeding and exclusive breastfeeding," said Dr Gupta. She said promotion of commercial milk substitutes and lack of accurate information on nutrition were to blame for the faulty feeding practices. Dr Satinder Aneja, Professor at Lady Harding Medical College, Delhi, said there was a dire need to promote exclusive breastfeeding and medical graduates could play a big role. Dr Tejinder Singh, Professor, Department of Paediatrics, CMC, said 50 per cent of the childhood deaths were caused by malnourishment.

माँ का दूध नहीं मिलता, बच्चे हुए कमजोर

बच्चे को है कायरिता अथवा कमजोर होती है क्योंकि माँ का दूध नहीं मिलता।  
• स्वास्थ्य के अभाव में शिशु मृत्यु दर में बढ़ावा दे रही कमी  
• माता स्वास्थ्य से बड़ी समस्या  
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Breastfeeding is key to survival of newborn

By Our Staff Reporter  
Bhopal, June 28

A training programme for officers of Care India from the state of Uttar Pradesh, Madhya Pradesh, Rajasthan, and Andhra Pradesh is underway in Bhopal. It has been organised by the state chapter of Breast Feeding Promotion Network of India. Speaking at the training programme Kalyana Shrivastava, Project Director Women and Child Development department of Government of Madhya Pradesh said that this training is immensely useful and will help take the message to the community in empowering them on the child caring practices which will ultimately help combat malnutrition among children which is very crucial and help reduce infant and neonatal deaths.

Dr Sheela Bhamhal, State Coordinator Breastfeeding promotion network of India, spoke about how simple interventions can help save lives of children. She added that it is recommended by Breastfeeding promotion network of India start breastfeeding immediately after birth, exclusive breastfeeding till six months and continued breastfeeding till two months or beyond along with introducing appropriate and adequate complementary feeding after six months. She added that 19 per cent of child deaths can be prevented by exclusive breastfeeding for first six months and continued breastfeeding along with complementary feeding. Dr Bhamhal added that HIV positive mothers can opt for exclusive breastfeeding with proper supportive and counselling till six months. This training programme started on June 23 onwards undertaken at local self-governance institutions. The training programme involves participants are taken to the hospital for on the job exposure. National Coordinator Dr Madhuri Chandra, Dr Kazmi, Honey Jhalani, Nisha Jain, Vandana Agrawal are the resource persons and are supporting the training.

THE ELIXIR OF LIFE

Baby foods cannot replace breast-feeding as undigested chemical substances may cause infection

Neetu Chandra / New Delhi

Maya delivered a baby boy around three months ago. Now, it is time for her to resume working after her maternity leave is over. She is worried about how she would be able to breast feed her child. "Newborns need milk after every three hours. I am worried about what my maid would feed my baby once I am away at my office. So, I have decided to go for the baby foods available in the market. I have seen many advertisements claiming that they are good substitutes to breast milk," Maya said.

Perhaps Maya is not aware of the hazards of feeding children through bottles and substitute baby foods that lack nutrition. Research suggests that breast milk is the best for infants. The World Health Organization (WHO), UNICEF and government health bodies continue

Hence, there are chances of infection among babies," Agarkhedkar said. It has been reported that pediatricians often receive offers for promoting baby foods, which is a violation of the IMS Act. "I received a document that had manipulative information about infants and protection of infant's right to mother's milk," J P Dadhich of Sunder Lal Jain Hospital, New Delhi, said. "The document claimed that substitutes used with the advice of doctors contribute in reducing the infant mortality rate," he added. This is a clear violation of the provisions of the IMS Act. "Despite the law being in place, the commercial sector does not desist from advertising products that undermine the importance of breast feeding. Such companies only aim at maximizing their sales and profits," Ajay Kumar, an advocate at the Delhi High Court, said. Leading brands continue



Medical practitioners claim that breast feeding is on the decline in the country due to various reasons. An important reason for this is the aggressive marketing of baby foods. Moreover, people lack access to the correct information about infant feeding practices. India, with around 26 million births annually, is a flourishing market for baby foods and feeding bottles. India is the first country to adopt an international code to breast feeding and enacted laws on marketing of breast milk substitutes-- "Infant Milk Substitutes, Feeding Bottles and Infant Foods- (Regulation of Production, Supply and Distribution) Act 1992," after ten years of its enactment, it was strengthened and amended in 2003 and referred to as the IMS Act.

The promotion of baby foods, which directly or indirectly curtails breast feeding, is growing. The Act prohibits all forms of advertisements or promotional activities for distribution, sale or supply of infant milk substitutes and feeding bottles. Baby food companies claim that they can match the quality of mother's milk, which according to the doctors is not quite possible. Baby food products have a warning on their containers that reads: "Breast milk is best for your baby". "Breast milk contains more than 100 important constituents that the substitutes can't provide. Baby foods are neither good nor necessary for newborns," S R Agarkhedkar, head of the department of pediatrics DY Patil Medical College, Pune, said. In the case of the mother's death or if the mother is unable to produce sufficient quantity of milk, pediatricians do not suggest substitute foods. "We suggest twice boiled cow or buffalo milk in such a situation," Agarkhedkar said. Baby foods are actually harmful. "Breast milk is full of antibodies that protect babies from illness and help them to develop their immune system. Babies find breast milk easier to digest than baby foods. The unabsorbed minerals of these substitutes may cause the growth of harmful bacteria.

to entice doctors, nurses and paramedical staff to recommend their products. "I received an invitation from 'Nestle Nutrition' to attend a symposium for promotion of their baby food," Dadhich said. Many leading baby food companies distribute leaflets that give information about the nutritional value of their products, asking doctors to recommend them to mothers. "These leaflets often provide biased information," Manoj Aggrawal, a pediatrician at the DY Patil Medical College, Pune, said. According to the Breastfeeding Promotion Network of India (BPNI), an NGO promoting breast feeding, a company representative visited a hospital in Chidambaram in Tamil Nadu to distribute leaflets in the local language that promoted breast milk substitutes. However, Nestle India claims that they comply with the IMS Act. "We strictly follow the IMS Act and do not promote our infant nutrition products. We distribute scientific and factual information about our products only to the health workers," Himanshu Manglik, manager, corporate communication, Nestle India, said. "Our endeavour is to manufacture high-quality products based on cutting edge scientific research that meet the nutritional needs of infants," he added. ■