

Breastfeeding: A Winning Goal *for Life!*



In the year 2000, the United Nations and Governments set up Millennium Development Goals (MDGs) following the Millennium Summit of the United Nations. All 189 United Nations member states at the time (there are 193 currently) and at least 23 international organizations committed to help achieve the following Millennium Development Goals by 2015 to fight poverty and promote healthy and sustainable development in a comprehensive way by 2015.

The theme for this year's World Breastfeeding Week asserts the importance of increasing and sustaining the **Protection, Promotion and Support of Breastfeeding** for achieving the MDGs and improving child survival and nutrition in the Post 2015 development agenda of sustainable development goals.

And 2014 is the year of the Football World Cup!

Good health and good nutrition, both these are important for sports. If a nation scores high on MDGs through key breastfeeding interventions, it accounts for scoring a goal for healthy future.

Objectives of WBW 2014

1 To inform people about the MDGs and how they relate to breastfeeding and infant and young child feeding (IYCF)

2 To showcase the progress made so far by India and the key gaps in improving breastfeeding and IYCF.

3 To call attention to the importance of STEPPING UP actions to protect, promote and support breastfeeding as a key intervention in the MDGs and in the post 2015 era.

4 To stimulate interest amongst young people of both genders to see the relevance of breastfeeding in today's changing world.



bpni

putting child nutrition
at the forefront
of social change



IBFAN

defending breastfeeding



How Breastfeeding and MDG's are Linked?

Although much progress has taken place in achieving MDGs, there is still a lot of "unfinished agenda". Undernutrition affects about a quarter of all children globally, 40% of which is India's contribution. Major killers of infants include neonatal infections, diarrhea and pneumonia. A report commissioned by WHO estimates that 53% of pneumonia and 55% of diarrhoea deaths are attributable to poor feeding practices during the first six months of life.¹

In low and middle income countries, formula companies pose threat to breastfeeding practices. In 1982, UNICEF Executive Director James Grant made a prescient statement about the growing impact of formula companies on breastfeeding practices in the developing world: "Among the main causes of that decline [in breastfeeding rates] has been the spread of artificial infant milk whose manufacturers looked outward from the stagnating markets of the industrialized countries in the 1960s and 70s and saw the potential of increasing sales among the large and rising infant populations of the developing world".²

Now thirty years later Grant's statement sounds like warning. "Baby food is an attractive industry a \$30 billion market that is growing 10% annually", says The Economist magazine.³

According to UNICEF's State of the World's Children 2014 report Asia's rate for initiation of breastfeeding within one hour of birth is 41% and exclusive breastfeeding for first six months is 34.5%. These dismal rates are alarming and need appropriate action.

Protecting, promoting and supporting breastfeeding contributes in achieving the MDGs in a substantial way. Early initiation of breastfeeding, exclusive breastfeeding for first six months and adequate complementary feeding starting at six months along with continued breastfeeding for two years and beyond are the key interventions for improving child survival, potentially saving a large proportion of children under five.

How Breastfeeding Contributes to MDGs?



Eradicate extreme poverty and hunger

Exclusive breastfeeding and continued breastfeeding for two years and beyond provide high quality energy and nutrients and can help prevent hunger and malnutrition. Breastfeeding is natural and affordable as compared to artificial feeding.



Achieve universal primary education

Breastfeeding and adequate complementary feeding are fundamentals for readiness to learn. Breastfeeding and good quality complementary foods significantly contribute to mental development and thus promote learning.



Promote gender equality and empower women

Breastfeeding is the great equaliser, giving every child a fair and best start in life. But there are situations when a girl child is deprived of breastfeeding and complementary foods because gender preference begins to act on feeding decisions. Breastfeeding is



uniquely a right of women and the girl child and it should be supported by Government and society to breastfeed optimally.

Reduce child mortality



Studies have shown that early breastfeeding within one hour of birth reduce the infection specific neonatal mortality and this impact was independent of effect of exclusive breastfeeding during the first month of life.

Also, exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness. Lancet series on Maternal and Child Undernutrition, 2008, clearly points out the role of exclusive breastfeeding during first six months for infant survival and development.

Improve maternal health



Breastfeeding is associated with decreased maternal postpartum blood loss, breast cancer, ovarian cancer, endometrial cancer, and the likelihood of bone loss post-menopause. Breastfeeding also contributes to contraception and child spacing, reducing maternal risks of pregnancies too close together.

Combat HIV/AIDS, malaria and other diseases



Exclusive breastfeeding together with antiretroviral therapy for mothers and babies can significantly reduce the transmission of HIV from mother to child.

Ensure environmental sustainability



Breastfeeding has zero carbon footprint. Breastfeeding is linked to less waste in the dairy, pharmaceutical plastics and aluminum industries, and reduces the use of firewood and fossil fuels in the home.

Develop a global partnership for development



The Global Strategy for Infant and Young Child Feeding (GSIYCF) fosters multi-sectoral collaboration, and can build upon various partnerships. The private sector has to abide by the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions. The GSIYCF clearly defines the obligation and responsibility of commercial enterprises in Para 44.

Status of MDGs in Asia

Eradicate Extreme Poverty and Hunger



According to the United Nation's "The Millennium Development Goal Report 2013"⁴ extreme poverty rates have been halved for Eastern Asia, South-Eastern Asia and Southern Asia, excluding India, five years ahead of the deadline.

The report says that South-Eastern Asia is the only developing region that reached the hunger reduction target ahead of the 2015 deadline. Eastern Asia is on track to meet the hunger target, with the proportion of undernourished people in the total population decreasing from 20.8 per cent to 11.5 per cent over the same period. However, in Southern Asia, the proportion of undernourished people has fallen from 26.8 per cent to 17.6 per cent during the past two decades, which is insufficient to meet the MDG target.

Regarding child nutrition, the report says that the prevalence of underweight children in 2011 was highest in Southern Asia among all regions, with 31 per cent of children under age five, or 57 million children, underweight. Eastern Asia reached the target of halving the proportion of undernourished children and South-Eastern Asia is close to meeting the target, with the proportion of underweight children declining from 15 per cent to 3 per cent and from 31 per cent to 17 per cent, respectively, from 1990 to 2011.

Reduce Child Mortality

Eastern Asia met the target of reducing by two-thirds the mortality rate for children under five ahead of the deadline, with the mortality rate dropping by 69 per cent from 48 deaths per 1,000 live births in 1990 to 15 in 2011, the lowest rate among all developing regions. Over the same period, South-Eastern Asia has achieved a reduction 58 per cent and is on track to meet the MDG target. The mortality rate for children under five in South-Eastern Asia dropped from 69 deaths per 1,000 live births in 1990 to 29 in 2011.ⁱⁱ



Improve Maternal Health

Eastern Asia, Southern Asia and South-Eastern Asia are the regions that recorded the highest reduction in maternal mortality ratio (maternal deaths per 100,000 live births) over the past 20 years 69 per cent, 64 per cent and 63 per cent, respectively.

However, Southern Asia still has the second highest maternal mortality ratio among all regions, with 220 maternal deaths per 100,000 live births in 2011.



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Where do we Stand on IYCF Policies and Programmes in Asia?

As per the World Breastfeeding Trends initiative (WBTi) 2012 report out of 25 Asian countries 16 countries have tracked their policies and programmes on infant and young child feeding practices during the years 2008-2012. The report shows that there are gaps in almost all areas of work that are required to fully implement the Global Strategy for Infant and Young Child Feeding. According to UNICEF's report 'Breastfeeding on Worldwide Agenda', 2013⁵, Asia is going to witness greatest pressure from the baby food industry in coming years and thus new resources and revitalized strategies will be needed in the region.

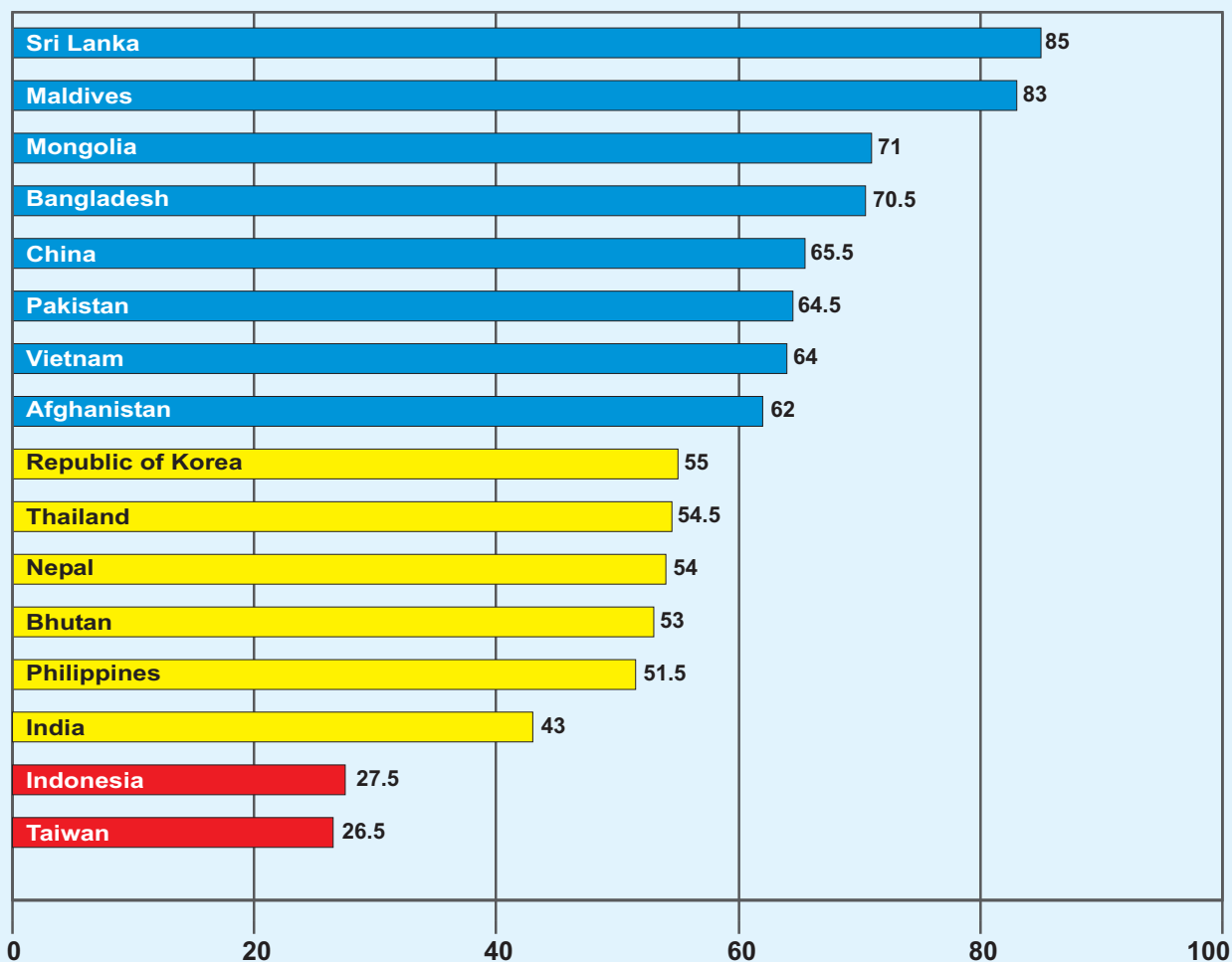
Since the WBTi provides objective scores, among the 16 Asian countries Sri Lanka and Maldives scored the highest i.e. 85 and 83 out of 100 respectively. While Indonesia and Taiwan scored the least i.e. 27.5 and 26.5 out of 100 respectively, and represent poor status of IYCF policy and programmes. Fig.1 shows how each of the 16 countries

measures on their policy and programmes of IYCF. The colour bars in Red, Yellow, and Blue to Green represent their performance in ascending order.

In South Asia some countries have demonstrated encouraging trends in Afghanistan and Bangladesh over the past decade and there are lessons to be learnt. Similarly, there are lessons to learn from Latin American countries. As one analysis clearly shows it's possible to measure the implementation of the Global Strategy for Infant and Young Child Feeding and that is associated with improvements in EBF and, potentially, with BF duration over a 10- to 20-y period.⁶

It is therefore essential that everyone gets involved in the WBTi process to measure where they stand and to study trends, and take action where needed.

Fig 1: The State of Breastfeeding in 16 Asian Countries (Policy and Programme) measured on a scale of 100 (2012)





**BABIES NEED
MOM-MADE
NOT MAN-MADE!**

**World Breastfeeding Week
(1-7 August 2014)**

**Breastfeeding:
A Winning Goal *for Life!***

Action Ideas

1. Prepare yourself and your team and find out what the situation regarding breastfeeding is in your area (village/town/city/state/country/region). Use existing databases, surveys, surveillance data, interview women, health workers etc. Analyse the gaps and understand the challenges.
2. Write letters to your local decision-makers and health professional at local health facilities asking them how they are promoting, protecting and supporting breastfeeding concretely. Organise training sessions/seminars for healthcare staff at all levels. Ensure that there are policies to curb the influence of industry in hospitals, research etc.
3. Mother support groups can organise theme days inviting other civil society groups to join in. Why not link up with other groups interested in food and nutrition issues or chronic diseases such as diabetes and hypertension which breastfeeding helps to prevent. Join a peer counselling group. Educate yourself and empower others.
4. Involve local schools and colleges and conduct drawing/painting/debate/choreography/photo contest competition over breastfeeding and MDGs linkages.
5. Mobilise the public using flash mobs and other creative activities/happenings related to breastfeeding.

Report your activity during the WBW2014 to BPNI/IBFAN Asia to become eligible for the World Breastfeeding Week Award and for wider dissemination of your work. You may upload it or sent it to or post it to BPNI <http://www.facebook.com/Babies-Need-Mom-Not-Man-Made/301758009914509/bpni@bpni.org>

What is BPNI

BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia.

BPNI Policy on Funds

As a policy, BPNI does not accept funds of any kind from the companies producing infant milk substitute, feeding bottles, related equipments, or infant foods (cereal foods) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breast-milk-Substitute or from organization/industry having conflict of interest.

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Acknowledgements

This action folder has been produced by the Breastfeeding Promotion Network of India (BPNI)/ International Baby Food Action Network (IBFAN)-Asia with the Support of the Swedish International Development Cooperation Agency (Sida), Norwegian Agency for Development Cooperation (Norad). We thank World Alliance for Breastfeeding Action (WABA) for coordinating the WBW activities globally. This document has been developed using material from the WABA World Breastfeeding Week 2014 Action Folder.

This action folder is adapted and compiled by Nupur Bidla with inputs from Dr. Arun Gupta, Dr. J.P. Dadhich and Dr. Neelima Thakur. The layout and graphic design is done by Amit Dahiya and Beena Bhatt.

You local contact:



**Breastfeeding Promotion Network of India (BPNI)/
International Baby Food Action Network (IBFAN), Asia**
Address: BP-33, Pitampura, Delhi 110 034. Tel: +91-11-27343608, 42683059.
Tel/Fax: +91-11-27343606. Email: bpni@bpni.org. Website: www.bpni.org