

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

India has dismal rates of infant feeding practices and these are not rising satisfactorily. According to NFHS 3 the rate *initiation* of breastfeeding within one hour of birth 24.5%; exclusive breastfeeding for the first six months of life is only 46.4% and introduction of complementary feeding along with continued breastfeeding between 6-9 months is 55.8%.

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.²

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 1, 4 and 5 in India

Eradicate Extreme Poverty and Hunger



The 'Towards Achieving MDGs- India 2013' report² revealed that the proportion of underweight children has declined by three percentage points during 1998-99 to 2005-06, from about 43% to about 40%.

India is to halve, between 2000 and 2015, the proportion of people who suffer from hunger, taking 1990 data as baseline. It is expected to come down to 33% by 2015 where as the target value is 26%.

However, according to the report, India is on track on MDGs target of reducing the number of people whose income is less than one dollar a day, between 2000 and 2015. India has already achieved the poverty headcount ratio of 23.9% and likely to achieve the targeted 20.7% by 2015.

Reduce Child Mortality

The target was to reduce child mortality by two thirds of 1990

level by the year 2015. According to NFHS-3, 2005-06 status of U5MR India is 74 per thousand live births. Given to reduce U5MR to 42 per thousand live births by 2015, India is likely to reach 50 by 2015 as per the historical trend, missing the target by 8 points.



Improve Maternal Health

The aim was to reduce Maternal Mortality ratio by three-quarters between 2000 and 2015 and achieve universal access to reproductive health. India is likely to reach Maternal Mortality Ratio (MMR) of 139 per 100,000 live births by 2015, against the target of 109 with the existing rate of increase in deliveries by skilled personnel, the achievement for 2015 is likely to be 62% only, which is far short of the targeted universal coverage.



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

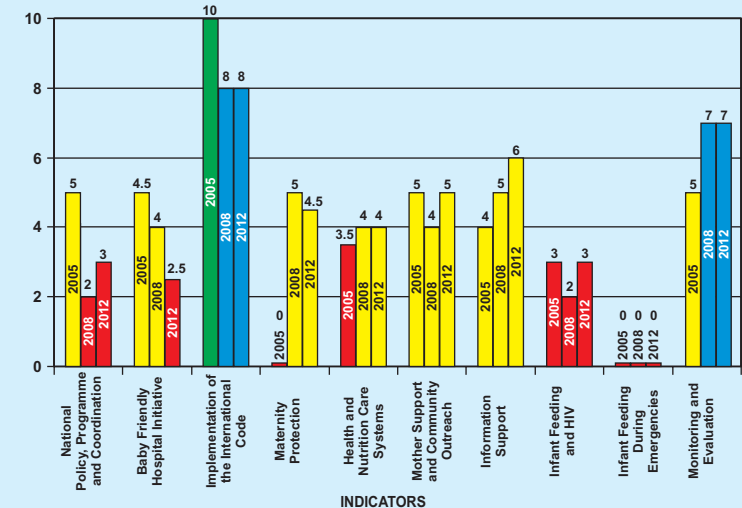
According to the World Breastfeeding Trend's Initiative (WBTi) South Asia report (2013) titled "Are We Doing Enough For Our Babies?" India has completed three WBTi assessments i.e. 2005, 2008 and 2012. The analysis shows, India's score have been stagnant and not much action has happened over these years. Fig .1 shows the status of ten indicators of India's infant and young child feeding policy and programmes. The colour bars in Red, Yellow, and Blue to Green represent India's performance in ascending order and scores are out of a maximum of 10. Overall score of India is 43.5 out of 100, which has not shown much change from 2005 when it was 40 out of 100.³

Out of all the ten indicators four are the key, which hold utmost importance in the Indian context to put protection, promotion and support in place. First ,National Policy, Programme and Coordination where the score has not much changed seen from the three assessments .This is primarily because India has failed to capitalize on the early promise of the IYCF guidelines by non conversion into policy, on translation into budgets and specific programmes, and poor implementation on the whole. The effort to create a national level coordination mechanism that is functional has been largely unsuccessful.

Second, Baby Friendly Hospital Initiative (BFHI) has declined. Early gains have been completely forgotten, and no new action on this front has been taken since the first assessment. Health Ministry has to respond.

Third, Implementation of the International Code scores well and the country has adopted all articles of the code as a law.

Fig 1: India's Score for Indicators on Policy and Programme on a scale of ten (2005, 2008 and 2012)



The *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution Act, 1992)*, popularly known as the IMS Act has not been implemented in its full spirit in the country. Baby food industry keeps on violating the IMS Act and no appropriate action has been taken by the governments till now. Though the law has been able to effectively curtail the promotion of baby food through electronic media and print media .However, with the score still at 8, there is need for stricter enforcement of the law.

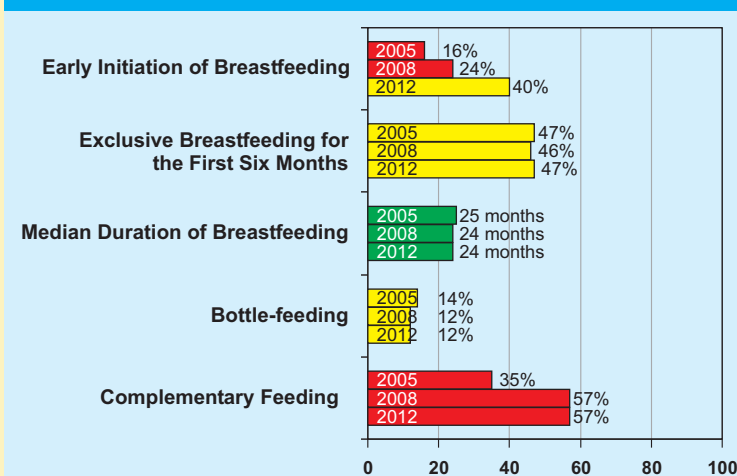
Fourth, indicator on Maternity Protection, which has shown slight improvement due to the successful advocacy by civil society using the WBTi assessment, maternity leave for the women has been increased in the central government.

Looking at infant feeding during emergencies tells us that no action is being taken, which is absolutely essential.

On all other indicators, there has been no further progress, which is consistent with the stagnancy we see in IYCF policies and programmes scores. It is clear that the country needs to invest in order to progress.

India has progressed significantly, to the next level, in only one practice indicator - the timely initiation of breastfeeding within one hour, which has increased from 15.8% in 2005 to 40.5% in 2012, moving up from red to yellow in colour rating. On all other indicators, there has been no further progress, which is consistent with the stagnancy we see in IYCF policies and programmes. It means that strategic inputs are needed in policy and programmes. (Fig. 2)

Fig 2: Comparative scores of IYCF practice indicators for India (2005, 2008 and 2012)



Source: District Level Health Survey 3 (2007-08)
National Family Health Survey 3 (2005-06)



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

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

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

Action Ideas

1. Submit a petition to local MLA/District Magistrate/Chief Minister of state for initiating programmes to support women at family, workplace, community and hospital level so that she can successfully breastfeed. Also protect her from commercial influence of the baby food industry through properly implementing the IMS Act in your area.
2. Conduct a quick survey in the your local hospitals and assess the status of institution delivery and early initiation of breastfeeding rate (within one hour of birth).Analyse the data create a report card and share the findings with the Civil Surgeon to demand a policy to support women at health settings.
3. Organize community youth leaders to have a mike rally/street theatre in your community along with trained IYCF worker and mother support group for building awareness among people about the importance of breastfeeding interventions to tackle malnutrition .
4. Involve local schools and colleges and conduct drawing/painting/debate/choreography competition over breastfeeding and MDGs linkages.
5. Youth groups could organize and execute flash mob/Dance demonstrations to depict importance of breastfeeding in public places and share the videos on social media.

Report your activity during the WBW2014 to BPNI 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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