



## BREASTFEEDING

### A Key to Sustainable Development



This year's World Breastfeeding Week focuses on the 17 Sustainable Development Goals (SDGs) that governments around the world have agreed to achieve by 2030.<sup>1</sup> The SDGs build on the Millennium Development Goals (MDGs) and cover a range of issues on ecology, economy and equity. The new SDGs aspire to tackle the root causes of poverty and offer a vision of development that works for all people, everywhere. World Breastfeeding Week 2016 marks a new start to work together and show how to achieve sustainable development through the protection, promotion and support of breastfeeding.



## Objectives

- 1** To inform people about the new Sustainable Development Goals (SDGs) and how improving breastfeeding and Infant and Young Child Feeding (IYCF) practices contributes in achieving these goals.
- 2** To engage and collaborate with a wider range of actors for promotion, protection and support of breastfeeding.
- 3** To explore ways to mobilize a variety of actions at all levels to enhance breastfeeding and IYCF.



# BACKGROUND

New evidence has been presented in the Lancet series on Breastfeeding 2016 on the health and economic benefits of breastfeeding. Breastfeeding provides short-term and long-term health, economic and environment advantages to children, women, and society.”<sup>2,3</sup>

The Lancet series<sup>2</sup> shows how essential the protection, promotion, and support of breastfeeding is for the achievement of many of the newly launched Sustainable Development Goals by 2030. Breastfeeding is clearly relevant to many of the sustainable goals which are as follows:

1. First goal on “no poverty” as breastfeeding is natural, affordable, economical way of feeding infants and children. 
2. Second goal on “zero hunger” as exclusive breastfeeding and continued breastfeeding for two years and beyond provide adequate energy and nutrients to prevent hunger. 

3. Third goal on “good health and well-being” as breastfeeding significantly improves the health, development and survival of infants and children. It also contributes to improved health and well being of mothers. 
4. Fourth goal on “quality education” as breastfeeding and complementary feeding significantly contributes to mental and cognitive development. 
5. Eighth goal on “decent work and economic growth” on support to breastfeeding women at work and adequate maternity protection to enable women to combine breastfeeding and work. 
6. Tenth goal on “reduced inequalities” by help bridge the gap between rich and poor. 
7. Thirteenth goal on “Climate Action” as breastfeeding safeguards infant health and nutrition in times of adversity and disasters due to global warming. 

## BREASTFEEDING AND SDGs

### → Survival, Health and Wellbeing

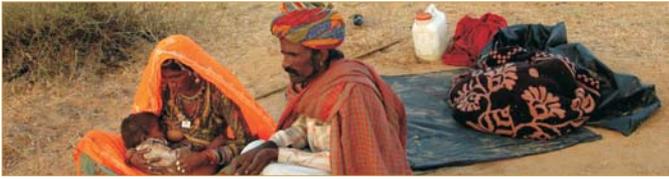
According to the Lancet series breastfeeding could save 820,000 lives annually, i.e. preventing 13% of all deaths of children under five. Breastfeeding could reduce one third of respiratory infections and about half of all diarrhea episodes in low- and middle-income countries. For India it could reduce 156,000 child deaths each year, reduce a minimum of 3,436,560 respiratory infections and 3,900,000 episodes of diarrhoea, particularly in young children.

The Lancet says children who are breastfed longer have higher intelligence than those who are breastfed for shorter periods. This crucial difference could be **3 points across all income levels**, in rich or poor, on average. India can add 0.6285 Billion US\$ which is approx. 4300 Crores annually to its Gross National Income, through improved IQ. Recent study have shown breastfeeding translates to improved academic performance, increased long term earnings and productivity as well.<sup>4</sup> This would help achieve the SDGs targets **for education, no poverty and reducing inequalities**.



The health benefits extend to the mother as well, with reductions in risk of breast and ovarian cancer. Based on all the existing research and according to new estimates created for this report, rise in breastfeeding could prevent extra 20,000 deaths from breast cancer each year globally. For India considering that 7% protection provided by breastfeeding could prevent 4915 deaths annually out of 70,000 deaths that occur due to breast cancer.<sup>5</sup> This would help achieve the Sustainable Development Goal (SDGs) targets **for good health and well being**.

## ➔ Nutrition, Food Security and Poverty Reduction



**B**reastfeeding provides long terms health and nutrition benefit to the child. Breastmilk is an affordable form of nutrition and as such an important way of reducing the effects of poverty.

According to the series increased breastfeeding has a potential to reduce type -2 diabetes by 35%. According to an estimate every year 9.5 million new cases of type 2 diabetes are added in India.<sup>6</sup> Universalising breastfeeding may prevent 3.3 million such cases. Breastfeeding can reduce overweight/ obesity by 26%. It means cutting obesity by almost ¼th of India's 20% obese children between 5-17 age groups<sup>7</sup>.

Extensive marketing by formula makers remains a big barrier to increase the number of breastfed children. Low and middle-income countries lose more than \$70 billion annually, while high-income countries lose more than \$230 billion annually due to low rates of breastfeeding. This would help achieve the SDGs targets **for education, no poverty and zero hunger**.

## ➔ Environment and Climate Change

**B**reastfeeding is zero waste and contributes to environmental sustainability being a renewable food produced and delivered without pollution, unnecessary packaging or waste. In comparison milk formula needs energy to manufacture material for packaging , fuel for transport and resources for daily preparation and use. In India, the total sale of milk formula leads to emission of 111,226 Tonnes of Green House Gases (GHG) while in China corresponding figure is 224,9287 tonnes.<sup>8</sup>



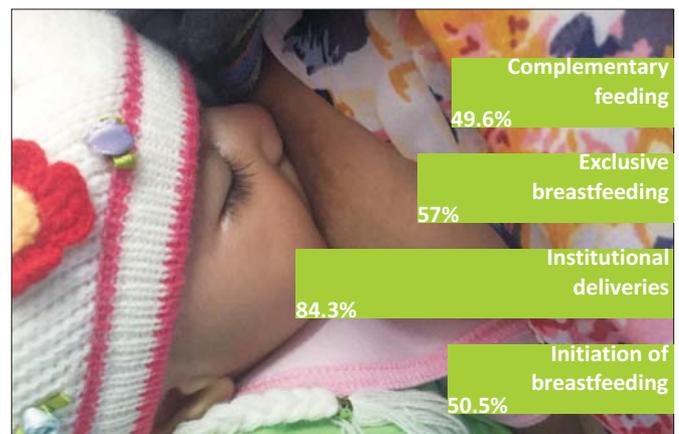
Also, adverse situation like natural calamities and disasters breastfeeding is the first most and safest intervention for infants; safeguarding infant's health. Breastfeeding, therefore, is the corner stone to the efforts to achieve SDG on climate change.

# WHERE INDIA STANDS ON BREASTFEEDING POLICY, PROGRAMME & PRACTICES

**N**FHS-4<sup>9</sup> data of 17 States shows India is just doing **AVERAGE**. The key indicators;

- Initiation of breastfeeding: **50.5%**, while rate of Institutional deliveries is: **84.3%**
- Exclusive breastfeeding: **57.0%**
- Complementary feeding: **49.6%**

Despite strong health and economic benefits from breastfeeding, only less than half of infants initiate breastfeeding within an hour and just about half are exclusively breastfed until 6 months as recommended by WHO; a rate that has been stagnant in last 2 decades, has started showing rise in recent national survey. The recent analysis from World Breastfeeding Trends Initiative (WBTi) on policy and programs done in 2015 reveals that India lags behind in most indicators.<sup>10</sup> In actual fact, women face many barriers to breastfeeding. They may receive inaccurate information from health providers, lack lactation support within the household, have no access to skilled breastfeeding counselling, face aggressive marketing of breastmilk substitutes or be forced to return to work soon after giving birth. These barriers make it exceedingly difficult for women to breastfeed exclusively for six months and to continue breastfeeding for two years or longer, as recommended by the World Health Organization.<sup>11</sup> Women need support so as to enable to breastfeed optimally and linking breastfeeding with the SDGs can help us to do this.



# RESEARCH EVIDENCE/ CASE STUDIES ON BREASTFEEDING AND SDGs

**Infant feeding, poverty and human development. Beasley A and Amir AH. *Int Breastfeeding J* 2007, 2:14.** The relationship between poverty and human development touches on a central aim of the International Breastfeeding Journal's editorial policy which is to support and protect the health and wellbeing of all infants through the promotion of breastfeeding. It is proposed that exclusive breastfeeding for 6 months, followed by continued breastfeeding to 12 months, could prevent 1,301,000 deaths or 13% of all child deaths under 5 years in a hypothetical year. Although there is a conventional wisdom that poverty 'protects' breastfeeding in developing countries, poverty actually threatens breastfeeding, both directly and indirectly. In the light of increasingly aggressive marketing behaviour of the infant formula manufacturers and the need to protect the breastfeeding rights of working women, urgent action is required to ensure the principles and aim of the International Code of Breastmilk Substitutes, and subsequent relevant resolutions of the World Health Assembly, are implemented. If global disparities in infant health and development are to be significantly reduced, gender inequities associated with reduced access to education and inadequate nutrition for girls need to be addressed. **Improving women's physical and mental health will lead to better developmental outcomes for their children.**

**Breastfeeding and breast cancer risk in India: A multicenter case-control study. Gajalakshmi V et al. *Int J Cancer* 2009, 125: 662-665.** Breast cancer incidence is low in India compared with high-income countries, but it has increased in recent decades, particularly among urban women. The reasons for this pattern are not known although they are likely related to reproductive and life-style factors. Here, we report the results of a large case-control study on the association between breastfeeding and breast cancer risk. The study was conducted in 2 areas in South India during 2002-2005 and included 1,866 cases and 1,873 controls. Detailed information regarding menstruation, reproduction, breastfeeding and physical activity was collected through in-person interview. Odds ratios (OR) and 95% confidence intervals (CI) were estimated by



unconditional logistic regression models. Breastfeeding for long duration was common in the study population. Lifetime duration of breastfeeding was inversely associated with breast cancer risk among premenopausal women (p-value of linear trend, 0.02). No such protective effect was observed in postmenopausal women, among whom a protective effect of parity was suggested. **A reduction of breast cancer risk with prolonged breastfeeding was shown among premenopausal women. Health campaign focusing on breastfeeding behavior by appropriately educating women would contribute to reduce breast cancer burden.**

**Breastfeeding reduces breast cancer risk: A case-control study in North India. Babita et al. *Int J Prev Med* 2014, 5: 791-795.** Worldwide, breast cancer is the most common cancer among women. In India and other developing countries, breast carcinoma ranks second only to cervical carcinoma among women. Although studies have been done globally, to find the association between breastfeeding and breast cancer, very few studies in India document such a benefit. A case-control study was done from August 2009 to July 2010 in the wards of General Surgery and Oncosurgery at Pt. B. D. Sharma PGIMS, Rohtak, Haryana, India. A total of 128 histopathologically confirmed new cases of breast cancer during the study period were taken as cases. Equal numbers of controls were selected by simple random sampling. Controls were matched for age with a range of  $\pm 2$

years. Subjects were interviewed using a pretested questionnaire after obtaining written informed consent. The categorical data were analyzed statistically using the Chi-square test and odds ratio with a 95% confidence interval. The age group of the cases was 25-78 years, while that of the controls was 24-79 years. A significant association of breast cancer cases was found with caste, age at marriage, age at the first pregnancy, number of live births, and lifetime duration of breastfeeding. **Breastfeeding has a significant role in reducing breast cancer, and so information, education, and communication activities for the promotion of breastfeeding and creating awareness about this fatal disease are the need of the hour.**

**Theory and social practice of agency in combining breastfeeding and employment: A qualitative study among health workers in New Delhi, India. Omer-Salim A et al. Women and Birth 2014, 27: 298-306.** Women's agency, or intentional actions, in combining breastfeeding and employment is significant for health and labour productivity. Previous research in India showed that mothers use various collaborative strategies to ensure a "good enough" combination of breastfeeding and employment. To explore manifestations of agency in combining breastfeeding and employment amongst Indian health workers using Bandura's theoretical constructs of agency and women's experiences. Qualitative semi-structured interviews were conducted with ten women employees within the governmental health sector in New Delhi, India. Both deductive and inductive qualitative content analyses were used. Women's interviews revealed four approaches to agency entitled: 'All within my stride or the knowledgeable navigator'; 'Much harder than expected, but ok overall'; 'This is a very lonely job'; and 'Out of my control'. The individual and collective modes of agency that exist in this context point to the need to **include family members more proactively in promoting the successful combination of breastfeeding and employment. Approaches to agency vary in ways that have implications for the development of supportive health care, workplace services and individual counseling.**

**Negotiating the tensions of having to attach and detach concurrently': A qualitative study on combining breastfeeding and employment in public education and health sectors in New Delhi, India. Omer-Salim A et al. Midwifery 2015, 31: 473-481.** The aim of this study was to explore the factors involved in combining breastfeeding and

employment in the context of six months of maternity leave in India.? Qualitative semi-structured interviews were conducted with 20 first-time mothers with one 8-12 month-old infant and who had returned to work after six months' maternity leave from Health and Education sectors in New Delhi, India. This study revealed a model of how employed women negotiate the tensions of concurrently having to attach and detach from their infant, work, and family. Women managed competing interests to ensure trusted care and nutrition at home; facing workplace conditions; and meeting roles and responsibilities in the family. In spite of a relatively generous maternity leave of six months available to these women, several individual, familial and workplace factors interacted to both hinder and facilitate the process of combining breastfeeding and employment. **Antenatal and postnatal interventions providing information and support for working mothers need to address factors at the individual, family and workplace levels in addition to the provision of paid maternity leave to enable the successful combination of breastfeeding and employment.**

**Report on Carbon Footprints Due to Milk Formula: A study from selected countries of the Asia- Pacific region. JP Dadhich, Julie Smith, Alessandro Iellamo, Adlina Suleiman. BPNI/IBFAN Asia 2015.**

*[Http://www.bpni.org/report/Carbon-Footprints-Due-to-Milk-Formula.pdf](http://www.bpni.org/report/Carbon-Footprints-Due-to-Milk-Formula.pdf)*

Breastfeeding is a feeding method which generates no carbon footprints of its own as a well nourished woman utilizing her body fat stores needs no extra food. Breastfeeding does not burden the earth with waste requiring disposal. On the other hand, the alternative used in place of breastfeeding, the industrially manufactured milk formula adds to GHG emissions at every step of production, transport and use. It also generates waste, which needs disposal, further adding to climate change. **The study and analysis of GHG emissions due to milk formula sold in six countries in Asia and Pacific region is relevant to ongoing global efforts to address climate change and curb carbon footprints. The study has revealed that milk formula is emerging as an important source of GHG emissions.** Projections show an ever-increasing sale of these products with consequent increase in the GHG emissions. More worrisome is the increased use of unnecessary follow-on and toddler milk formulas in all study countries.

# ACTION IDEAS

Here are some of the action ideas to achieve sustainable development goals through the protection, promotion and support of breastfeeding.

1. Organize workshops in schools and colleges about the role of breastfeeding in achieving SDGs.
2. Conduct exhibition or hold a painting, debate, song/ slogan writing, photography competition in local schools and colleges on WBW theme.
3. Organise a mike rally/ street theatre involving the local community women, youth groups, trained IYCF counsellors and other health workers to spread awareness in the community on risks of formula feeding.
4. Conduct a situation analysis on early initiation of breastfeeding in your hospital or in area around and submit findings to local health authority/MLA.
5. Use social media platforms to inform and engage a wider group of people for raising awareness on breastfeeding and its role in addressing SDGs on Good Healthy and Well-Being, Zero Hunger, Quality Education, and Climate Action.

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## 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's Ethical Policy

BPNI follows clear ethical and funding policies that do not lead to any conflicts of interest. BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipment, 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 Breastmilk Substitutes.

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**Compiled by:** Dr. Shoba Suri, Vibharika Chandola and Nupur Bidla

**Reviewed by:** Dr Arun Gupta and Dr JP Dadhich

**Designed by:** Amit Dahiya



## Breastfeeding Promotion Network of India (BPNI)

Asia Regional Coordinating Office for IBFAN  
South Asia Regional Focal Point for WABA

Address: BP-33, Pitampura, Delhi 110 034. Tel: +91-11-27343608, 42683059.  
Tel/Fax: +91-11-27343606. Email: [bpni@bpni.org](mailto:bpni@bpni.org). Website: [www.bpni.org](http://www.bpni.org)

Your local contact here