Status of Infant and Young Child Feeding

in 49 Districts (98 Blocks) of India

2003

A National Report of the Quantitative Study

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Authors

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Breastfeeding Promotion Network of India (BPNI)

The Breastfeeding Promotion Network of India (BPNI) is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting breastfeeding and appropriate complementary feeding of infants and young children since 1991. BPNI works to protect, promote and support breastfeeding in India with the broad goal of empowering all women to breastfeed their infants exclusively for the first 6 months of life and to continue breastfeeding for two years or beyond along with adequate and appropriate complementary feeding starting after six months through advocacy, training, education, information, research and social mobilization. BPNI also works in close liaison with the International Baby Food Action Network (IBFAN) and the World Alliance for Breastfeeding Action (WABA). BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant food *(cereal foods)*.

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Authors

About BPNI

The Breastfeeding Promotion Network of India (BPNI) is a registered, independent, non-profit, national organization that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI was founded in 1991, and has been a spearheading action on infant and young child feeding in the country as well as the South Asian region.

BPNI works with a goal to empower all women to exclusively breastfeed their babies for the first six months and continue breastfeeding for two years or beyond with appropriate complementary feeding beginning after six months.

BPNI has grown fast both in terms of number of members as well as in geographical areas. Today, there about 2500 members spread across the length and breadth of India with interstate variations.

Our Aim

To contribute to reduction in malnutrition, and improved infant and young child health and development, through improved infant feeding practices.

Our Vision

Optimal infant and young child feeding is established as a societal norm in all communities, in the best interest of the child and to ensure the best possible start to life to every child as the foundation for fulfillment of their right to survival, growth, development, protection and participation without discrimination. By the end of 2007, technical breastfeeding support will be available in at least 200 districts. BPNI would be established as a leader in this movement across the nation and its membership is expected to be expanded to all the districts from 300 at present.

Our Mission

BPNI seeks to enhance nutrition, health and development of infants and young children through programmes designed to increase national and state commitments, education of public and health care workers, countering commercial influences, capacity development of district level persons, providing technical support and training to enhance skills of community workers, and social mobilization to improve optimal infant and young child feeding practices.

BPNI believes that breastfeeding is the basic right of every mother and baby; BPNI endorses the international[1] and national[2] instruments committed to improve infant feeding practices. BPNI works in collaborations and strengthened partnerships with various Governments and UNICEF and other stakeholders to ensure achievement of its objectives.

Our Funding Policy

BPNI follows clear and ethical funding policies that do not lead to any *conflicts of interest* and BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods *(cereal foods)*.

[1] **Global:** Global Strategy for Infant and Young Child Feeding, CRC, CEDAW, World Fit for Children, World Health Assembly Resolutions .

[2] **National:** National Plan of Action on Children, National Nutrition Policy, National Plan of Action for Nutrition, National Nutrition Mission, National Health Policy 2002, and IMS Act 1992. / 2003 GOI.

Executive Summary

In India, malnutrition remains a common problem and is responsible for around 55 % of young child mortality. Promotion of optimal infant and young child feeding practices, including exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond along with appropriate and adequate complementary feeding starting after six months, is crucial for prevention of malnutrition.

This requires a massive action in India at the district level. With the key objective of protecting, promoting and supporting optimal infant and young child feeding practices at the district level, BPNI launched the study in 98 blocks of 49 districts in 25 states and 3 UTs of India with the support of the Government of Luxembourg and UNICEF-NATCOM, Luxembourg. Data was collected from 8953 mothers through a trained team of investigators. The study was done on three aspects-quantitative study of infant feeding practices, qualitative study of infant and young child feeding practices and behavior and systematic monitoring of the implementation with the IMS Act.

Some key findings of the quantitative study:

- There is a wide interstate and interdistrict variation in all aspects of infant feeding practices.
- Initiation of breastfeeding within one hour is about 28%, which is unacceptably low.
- Around 49% mothers give prelacteal feeds, most common being honey followed by sugar water, plain water and artificial milk.
- Only two out of five babies during the first six months are exclusively breastfed.
- One out of five babies during first four to six months period is also given solid foods along with breastfeeding.
- Most women breastfeed at night.
- A good number, 70% babies between 6-9 months of age, receive complementary feeding and most mothers continue to breastfeed during this period.
- Only one fifth of the mothers are willing to continue breastfeeding for two years.
- Early initiation of breastfeeding within one hour is significantly more among literates.
- Prelacteal feeding is significantly higher among illiterates.
- Breastfeeding practices do not vary with the sex of the baby.

Conclusions and Recommendations

This study concluded that the infant feeding practices in India are far from optimal. Key actions recommended to improve this include:

1. Efforts should be made to counsel family members along with mothers to create family environment supportive to optimal feeding practices.
2. Create community groups and networks to spread the message on optimal infant feeding practices.
3. Provide skilled training on infant feeding counselling to all including health professionals, ICDS workers, NGOs etc. from top to grass root level, to enable them to counsel on optimal infant feeding practices.

4. Provide better maternity benefits like creche facilities or local community based child care arrangements at work sites responding to women's need.
5. Include mechanism to strengthen educational curriculum on optimal infant feeding practices at all levels including secondary schools, colleges, nursing schools, ICDS systems and medical colleges.

Preface

India is one of the first countries which have taken the lead in harmonising the global recommendations on infant and young child feeding in its policies.

With the launch of the National Nutrition Mission, and implementation of the State and National Plan of Action on Children, there is a renewed interest in positioning exclusive breastfeeding for the first six months as the key intervention at all levels. In its 10th Five-Year Plan, the Government of India has set a target to increase the rate of exclusive breastfeeding during the first 6 months to 80 percent from the current level of below 40 percent, and to increase the rate of initiation of breastfeeding within one hour to 50 percent from the current level of about 15 percent. This is expected to generate massive action on the issue of infant and young child feeding at the district and block level.

Recently enacted IMS Act and the National Guidelines on Infant and Young Child Feeding, likely to be formally launched soon, clearly position the recommendations of optimal infant and young child feeding including exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond along with appropriate and adequate complementary feeding beginning after six months.

At the same time, the National Aids Control Organisation (NACO) is planning to expand its activities around the issue of infant and young child feeding by HIV positive mothers. NACO's planned expansion at the district level includes creating voluntary counselling and testing centers, which would also lead to an increased demand of trained counsellors on infant and young child feeding in the context of HIV.

Recognising that the success of both these plans requires a huge capacity building exercise at the district level, BPNI included the following objectives in its *Strategic Plan: 2003-2007* - **To strengthen core training resources and enhance capacity of district level groups.**

Several activities including capacity building at the district level have been planned and are being implemented since mid 2002. In order to reach the grassroots level more effectively, BPNI is working to energize and stimulate more actions at the district level, with the belief that when people themselves investigate their local situation and are an integral part of its analysis, they understand it more clearly and are more effective in generating action to ameliorate the situation.

One such capacity building exercise of BPNI at the district level is the ongoing project, "Protection of Breastfeeding in India". Supported by UNICEF NATCOM and the Government of Luxembourg, and facilitated by UNICEF, India. This involves the active participation of 49 District Coordinators in mobilizing partnerships at the local level to protect, promote and support breastfeeding. This is a report of a study done as the first step towards such widespread mobilization and action at the district level.

Introduction

This report presents the quantitative findings of the study on **"Infant and Young Child Feeding Status in 98 blocks in 49 Districts of India"**, spread over 25 States and 3 Union Territories. It describes the quantitative aspect of infant and young child feeding practices.

The study of the status of infant and young child feeding was carried out in three phases during the year 2003.

1. During phase- I, quantitative data was collected from 98 blocks in 49 districts by interviewing mothers and families of infants 0- 9 months old. The same is presented in this report.
2. During phase-II, in the same blocks, qualitative data was collected through in-depth interviews of mothers, mothers-in-law, health workers and others. This will be collated in detail in the individual district reports. However a brief summary of reasons and barriers is provided in this report.
3. During phase-III , data was collected on the systematic monitoring of the compliance with the Infant Milk Substitutes (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act) in 49 districts again, through interviews specially conducted with hospital authorities, chemist shop owners, health workers and mothers. This will also be presented in the individual district reports.

The current report is an analysis and compilation of quantitative data. A brief view of the state wise distribution in India is also provided . While the data may not provide a true state / national reflection, it does provide a representative sample of infant and young child feeding practices in 49 districts spread across the length and breadth of the country, and will help in generating action on the infant and young child feeding in those districts. It can also serve as a baseline study. The report also provides a bird's eye view of the qualitative behaviour study from 30 districts for which data has been received so far. Subsequently, the report of qualitative findings and implementation of and compliance with the IMS Act, will be published. Some lessons learnt are shared in the end before making some recommendations for action.

The report will be very useful to programme managers and policy makers in the states and at the national level; agencies and NGOs working on child health, nutrition and development; UN agencies, and all others concerned for strengthening of infant and young child feeding component in the current programmes.

Background

In India, while the infant mortality rate (IMR) has shown a significant decline from 146 per 1000 live births in 1951 to 68 per 1000 in 2000, there is still the need to accelerate improvements in infant and neonatal survival. Addressing the underlying factors such as malnutrition, poor maternal and adolescent nutrition and gender discrimination continues to be a major challenge. In India, even today every fourth infant is born with low birth weight and every second young child is malnourished, thereby reflecting inadequate caring practices related to health, hygiene, infant and young child feeding, psychosocial care, and care for girls and women. Inadequate infant and young child feeding practices and inadequate care and management of common childhood illnesses – such as acute respiratory infections and diarrhoea - contribute to the sharp increase in malnutrition – almost fourfold between the first few months of life and the completion of two years of age. According to WHO estimates, malnutrition is associated with around 55% of young child mortality.

Promotion of optimal infant and young child feeding practices is crucial for preventing and reducing malnutrition; early growth faltering; for accelerating reductions of infant and neonatal mortality; and for promoting integrated early child development. Breastfeeding is a critical entry point for ensuring progressive fulfillment of children's rights to survive, grow and develop to their full potential without discrimination.

The enactment of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act , 2003, by the Government of India, strengthening the existing IMS Act, 1992, is a major step forward in ensuring the best possible start in life for young children. It mandates that all mothers be empowered so that their infants receive exclusive breastfeeding for the first six months. Thereafter, they receive optimal complementary feeding along with continued breastfeeding up to two years of age or beyond. This is in harmony with the new global strategy and scientific evidence that breastmilk alone is the ideal nourishment for infants for the first six months of life, and also their "first immunization". It contains all the nutrients, antibodies, hormones and antioxidants that an infant needs to thrive- "*the nurture provided by nature*". Recent research on accelerating child survival published in the Lancet, clearly establishes that universal exclusive breastfeeding for the first six months is the single most effective child survival intervention- it reduces young child mortality by 13 %.

The rationale for promoting optimal infant and young child feeding- especially breastfeeding is not confined to its singular contribution to improved child survival and healthy growth. Optimal infant feeding also contributes to improved development outcomes and better active learning capacity in young children. Breastfeeding creates a strong bond between the mother and the child, both for girls and boys, stimulating the development of all five senses of the child, providing emotional security and affection, with a lifelong impact on the psychosocial development. New research also indicates that it confers cognitive benefits, enhancing brain development and learning readiness. Breastfeeding is in fact one of the first learning processes in life for infants, and responsive care and feeding is another way

in which infants participate actively in their own development. The benefits of breastfeeding for maternal health, well being and empowerment are also well established – including those for birth spacing.

India has become one of the first countries in the world to update its legislation to promote, protect and support breastfeeding in harmony with the new global strategy for promoting optimal Infant and young child feeding practices, endorsed by the World Health Assembly in May 2002.

According to the NFHS- 2 data, breastfeeding within one hour was initiated by only 15.8% of infants, which reaches 37.1% within a 24-hour period; 55.2 percent of children of 0-3 months and only 27.3 percent of 4-6 months, were exclusively breastfed[1]: The more recent information provided by the Multiple Indicator Cluster Survey (MICS) of UNICEF, India (year 2000), shows that the percentage of 'true' exclusively breastfed babies between 0-3 months is even lower (15.6%).

After six months of age, introduction of complementary food is critical for meeting the protein, energy and micronutrient needs of the child. However, in India, the introduction of complementary food is delayed in substantial proportion of children. Only 24% of breastfeeding children, who are 6 months old, consume solid or mushy food. This proportion rises to only 46% at 9 months of age.

The World Health Organization and UNICEF have developed the Global Strategy for Infant and Young Child Feeding, which recognizes appropriate infant feeding practices to be crucial for improving nutrition status and decreasing infant mortality in all countries. It was adopted at the World Health Assembly in May 2002 and at the UNICEF Executive Board in September ,2002. It guides the Member States in developing national plans of action on infant and young child feeding with clear goals.

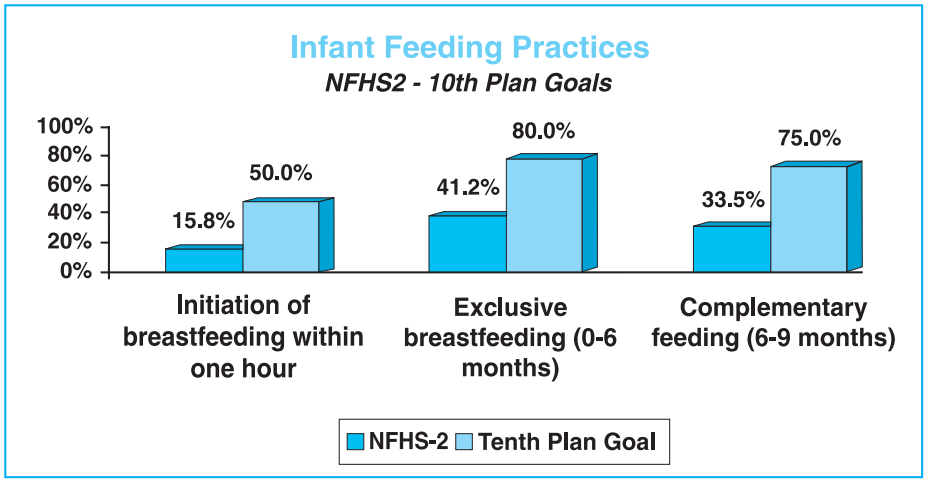
Government of India has shown positive commitments to improve infant feeding practices as the new goals of the 10th Five Year Plan, including initiation of breastfeeding within one hour from 15.8 percent to 50 percent, improving exclusive breastfeeding during 0-6 months from 41.2 percent to 80 percent, and improving complementary feeding from 33 percent to 75 percent between 6-9 months (Annex-4). Such achievements are possible only with clear and comprehensive plans implemented seriously and in partnership with all concerned or involved in infant feeding programmes including NGOs.

Fig. 1 compares the NFHS-2 data and the Tenth plan goal, giving a clear picture of where we want to reach by 2007.

Recommended Optimal Infant and Young Child Feeding Practices

- √ **Starting breastfeeding immediately after birth, preferably within one hour.**
- √ **Exclusive breastfeeding for the first six months.**
- √ **Continued breastfeeding for two years or beyond.**
- √ **Introducing appropriate and adequate complementary feeding after 6 months.**

[1] Infants who receive nothing, not even water but breastmilk during the first six months are defined as being exclusively breastfed.



Note : NFHS 2 data for exclusive breastfeeding is the simple average of 55.2% at 0-3 months & 27.3 % at 4-6 months period.

Fig. 1 : Infant Feeding Practices : Comparing NFHS 2 and Tenth Plan Goals

Studies, globally as well as in India and Bangladesh have demonstrated that such quantum leaps are possible through effective counselling and support interventions. The Bangladesh study has also provided evidence of remarkable reductions in infant mortality by 32 percent , with the increase in exclusive breastfeeding rates from 39 percent to 70 percent. The promotion of early and exclusive breastfeeding is a well recognized acceleration strategy for child survival.

As a part of its strategic plan, BPNI launched a study in 49 selected districts of India to assess the current infant and young child feeding practices in the country, especially to capture the geographical and socio-cultural differentials in breastfeeding practices. The study had the following objectives:

Objectives of the Study

The study had three specific objectives,

1. To assess the status of infant and young child feeding practices in India;
2. To understand the barriers of optimal breastfeeding practices;
3. To investigate the status of implementation of the IMS Act and compliance with it.

Study Design

Sampling Design

For quantitative study

The study was conducted in 49 districts spread over 25 states and 3 Union Territories where District Coordinators of BPNI were present.

From each district, two blocks were selected randomly so that one block was within 5 kms of, and the other 10 kms beyond the district headquarters. In each selected block, one village was randomly selected and then 5 more adjacent villages were selected to form a cluster of 6 villages. Thus, there were two clusters of villages per district.

In the first selected village of the cluster, a house was selected at random and going from house to house, 15 mothers each with children aged 0-3 months were selected for interview. Similarly 15 mothers each per category were selected with children aged 3-6 months and 6-9 months. Thus, a total of 45 mothers in the three categories of children were selected for interview. In case the quota of 45 children in the three age strata was not completed, another adjoining village in the cluster was visited. This exercise was continued till the quota of interviewing 15 mothers (total of 45) in the three categories was completed. The same exercise was repeated in the second selected block. In this way the total number of completed interview schedules from one block was 90.

For collection of information in urban areas, a similar exercise was followed at block headquarters by randomly selecting two clusters of wards, and from each cluster of wards, 45 mothers were interviewed, as explained above. So, there were 90 interviews of mothers from the urban areas of block headquarters. Thus, the total number of interviews of mothers of the three strata in a district were 180 (90 from the cluster of villages in two rural blocks and 90 from the block headquarters).

For qualitative study

Qualitative data for the study was collected from mothers of infants aged 0-6 months (3), pregnant women (2), mother-in-law (1), father-in-law (1), ANM / AWWs / Volunteers (2). Thus, in total, 9 in-depth interviews were conducted in each selected district.

Data Collection & Analysis

Data Collection

Two methods of data collection were used in a district to gather the required information.

Quantitative

To elicit information from the lactating mothers for computation of prevalence rates of key infant feeding indicators like initiation, pre-lacteal feeds, exclusive breastfeeding and complementary feeding rates; three color coded different semi-structured questionnaires were used for mothers with children aged 0-3 months, 4-6 months and 6-9 months. The questionnaires were pre-tested before the actual field data collection. The total sample coverage was of 8953 mothers from 49 districts.

Qualitative

In order to learn the reasons for the specific local situation regarding infant feeding, what are the beliefs, who is advising what, who would be effective in motivating and communicating the messages to bring positive change in behaviour, in-depth interviews of various target group respondents were conducted in detail. It helped us to understand what channels can be used for which target groups and what are the obstacles and barriers to behavioural change. The data has been received from 30 districts so far and the sample coverage is:

Mothers of infant 0-6 months	212
Pregnant women	142
Mother-in-law / Father-in-law	134
ANM / AWWs / Other Workers	135

Data Analysis

All completed schedules for quantitative and qualitative data were collected at BPNI National Secretariat, New Delhi, where data entry and analysis were done district-wise, state-wise (if >one district in each state) and all states together, in order to get a feel of the country perspective. Some districts also analysed the qualitative data and prepared summary of observations, which were submitted to BPNI. These district reports have also been used in writing of all states comprehensive quantitative report.

Findings of the Study

Background Characteristics of the Respondents

Though data was collected from 8953 mothers, but their break-up by location, i.e., urban and rural, was available for only 4640 mothers. Table 1 presents the background characteristics of respondents. It shows that about 45 percent of the mothers interviewed were in the age group of 21-25 years, nearly 37 percent were illiterate or just literate, and about 82 percent were not working outside home. Further, a large majority (79%) was of Hindus, 14 percent Muslims and the rest belonged to other religions. About 58 percent of respondents belonged to SC \ ST \ OBC. Also, nearly 55 percent of children of the respondents in the age group of 0-9 months were male.

Table 1: Characteristics of the respondents

Characteristics	N=8953	Percentage
Age		
Up to 20 years	1585	17.7
21-25 years	4012	44.8
Above 25 years	3356	37.5
Education		
Illiterate	2722	30.4
Just literate/No formal education	571	6.4
Up to Primary	1230	13.7
Up to Middle	2218	24.8
Up to Higher Secondary	1578	17.6
Up to Graduation	505	5.6
Post-Graduation & above	129	1.4
Working outside the house		
Yes	1634	18.3
No	7319	81.7
Religion		
Hindu	7095	79.2
Muslim	1288	14.4
Christian	230	2.6
Sikh	151	1.7
Other	189	2.1
Caste		
SC	2062	23.0
ST	804	9.0
OBC	2323	25.9
Other	3764	42.0
Sex of Index Child		
Male	4888	54.6
Female	4065	45.4

Breastfeeding Practices

1. Initiation of breastfeeding

It is recommended that breastfeeding should be initiated within one hour of birth and nothing should be given to the infant before beginning to breastfeed. As seen from Fig. 2, twenty eight percent of mothers in this study initiated breastfeeding within one hour whereas 30 percent initiated within 1-4 hours and 42 percent started breastfeeding after 4 hours or more.

Pre-lacteal feeding and types of pre-lacteal feeds given to the newborn

Around 49 percent of mothers gave pre-lacteal feeds to their babies (Fig. 3a). Of the pre-lacteal feeds given to the newborns, the most common were honey (30%), followed by sugar water (20%) and plain water (13%). (Fig. 3b).

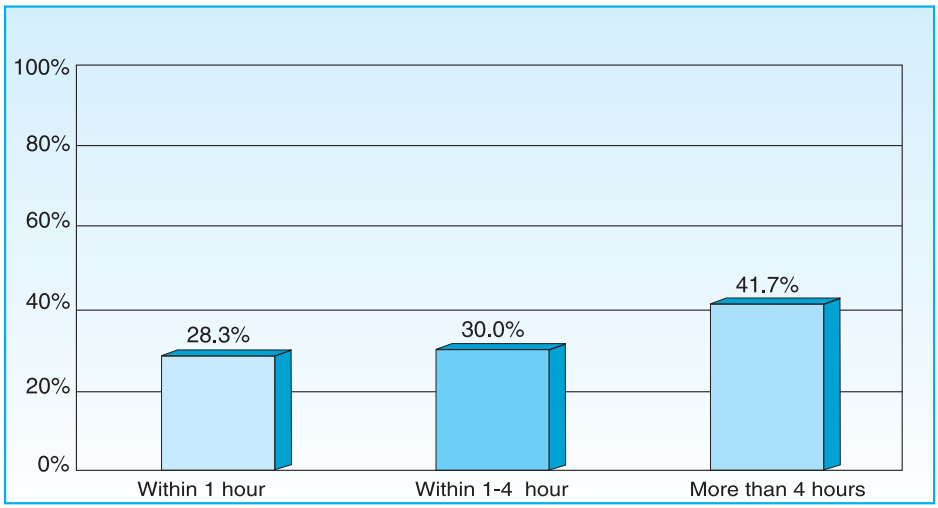


Fig. 2 : Initation of Breastfeeding

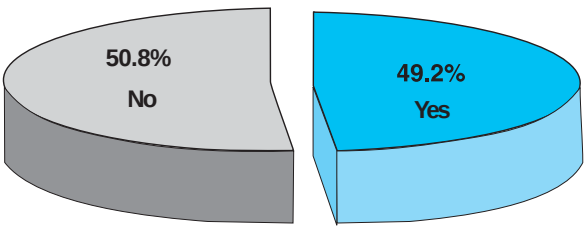


Fig. 3a : Giving prelacteal feeds

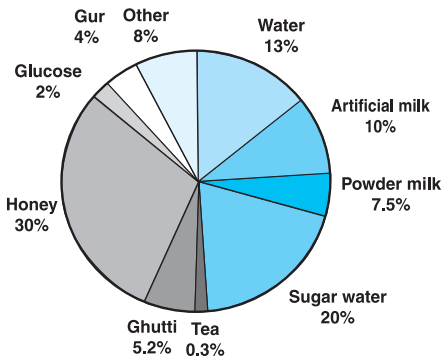


Fig. 3b : Type of prelacteal feed given to the baby

Comments

It is clear that initiation of breastfeeding immediately after delivery is unacceptably low. It is also related to giving of pre-lacteal feeds which delays initiation of "early breastfeeding" and breaks "exclusive breastfeeding". These findings are also supported by qualitative data collected from the same blocks. Efforts to enhance initiation of breastfeeding should start with counselling during pregnancy and support and assistance at the time of birth.

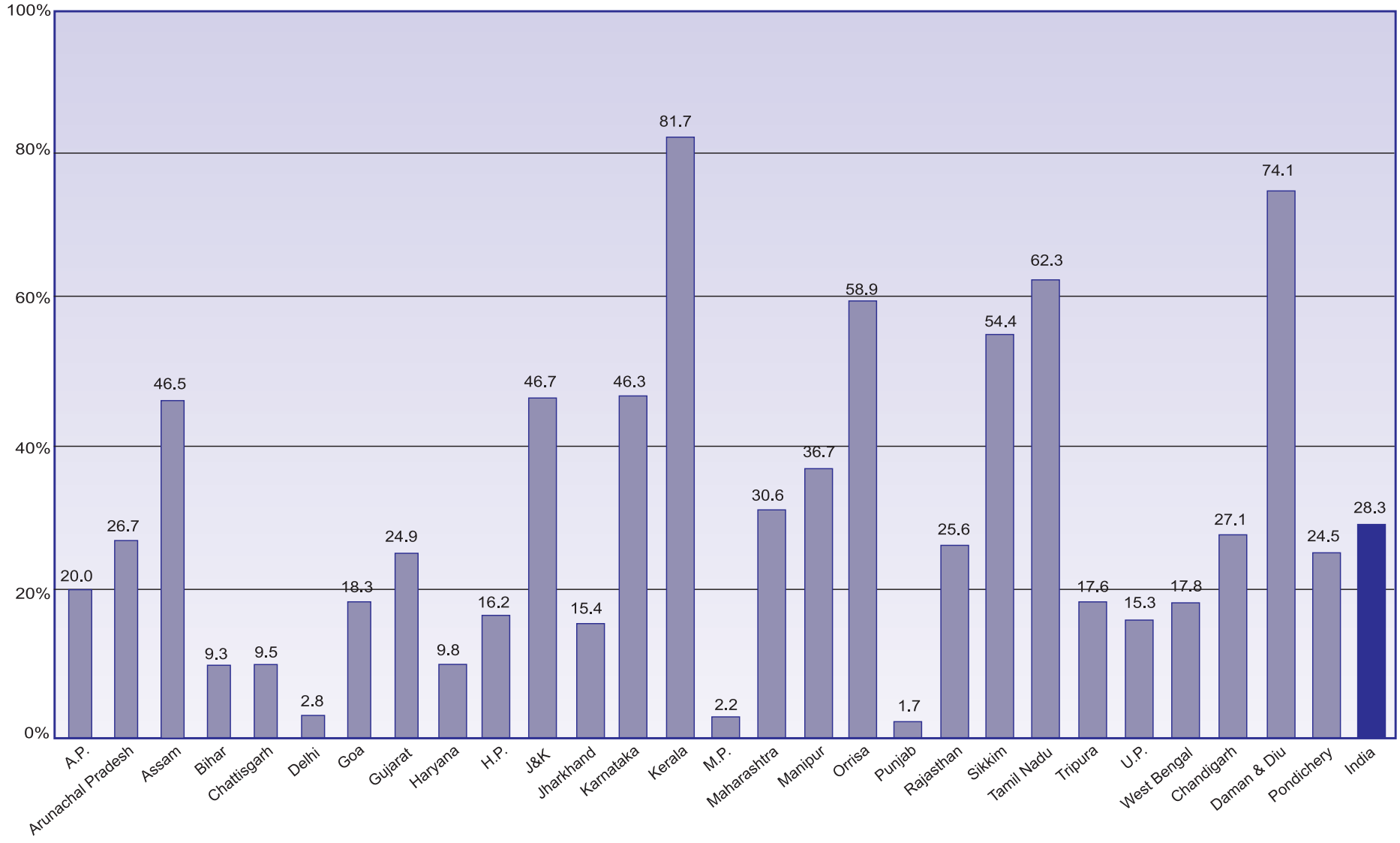


Fig. 4 : State wise distribution: Initiation of breastfeeding within 1 hour

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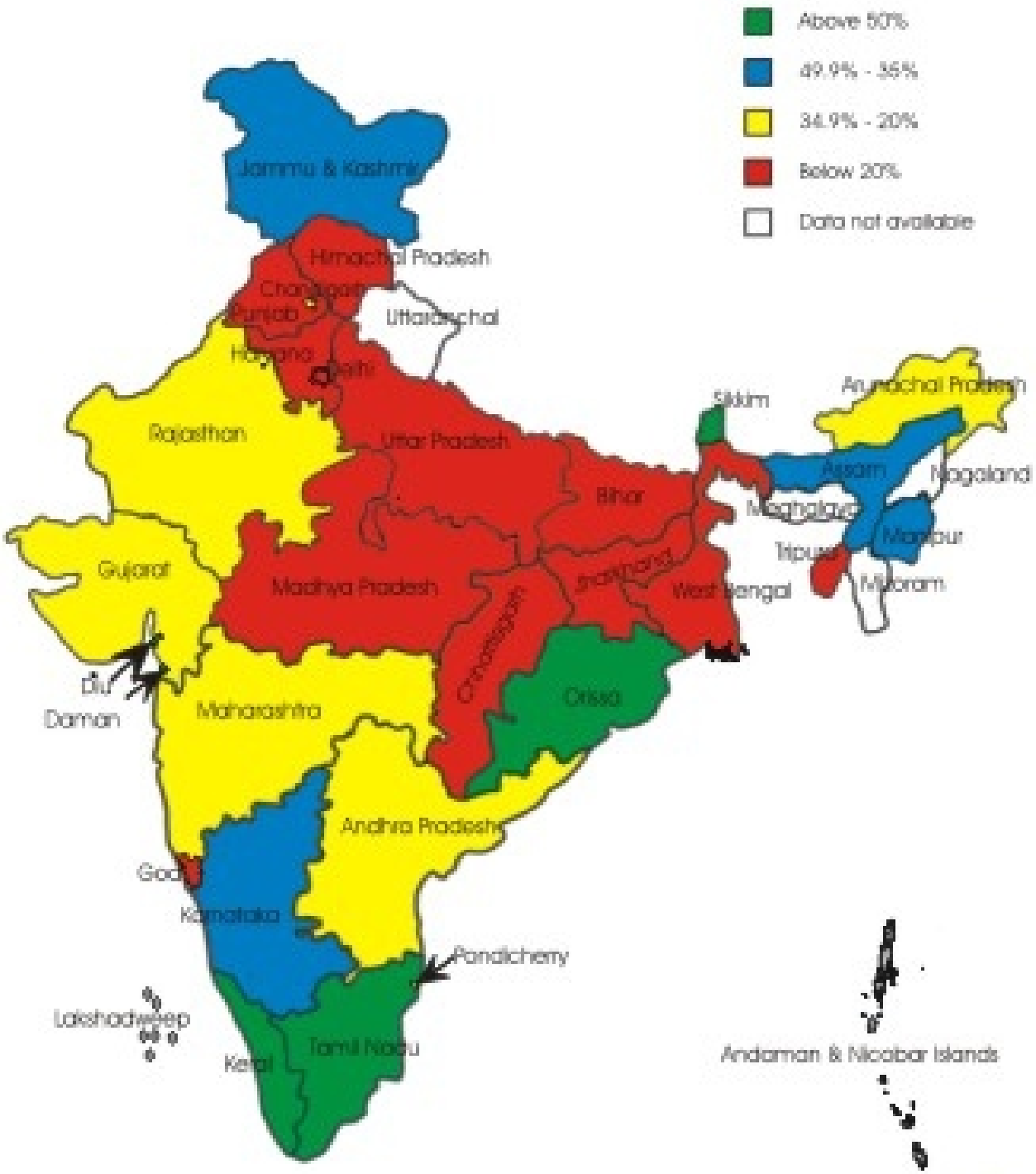
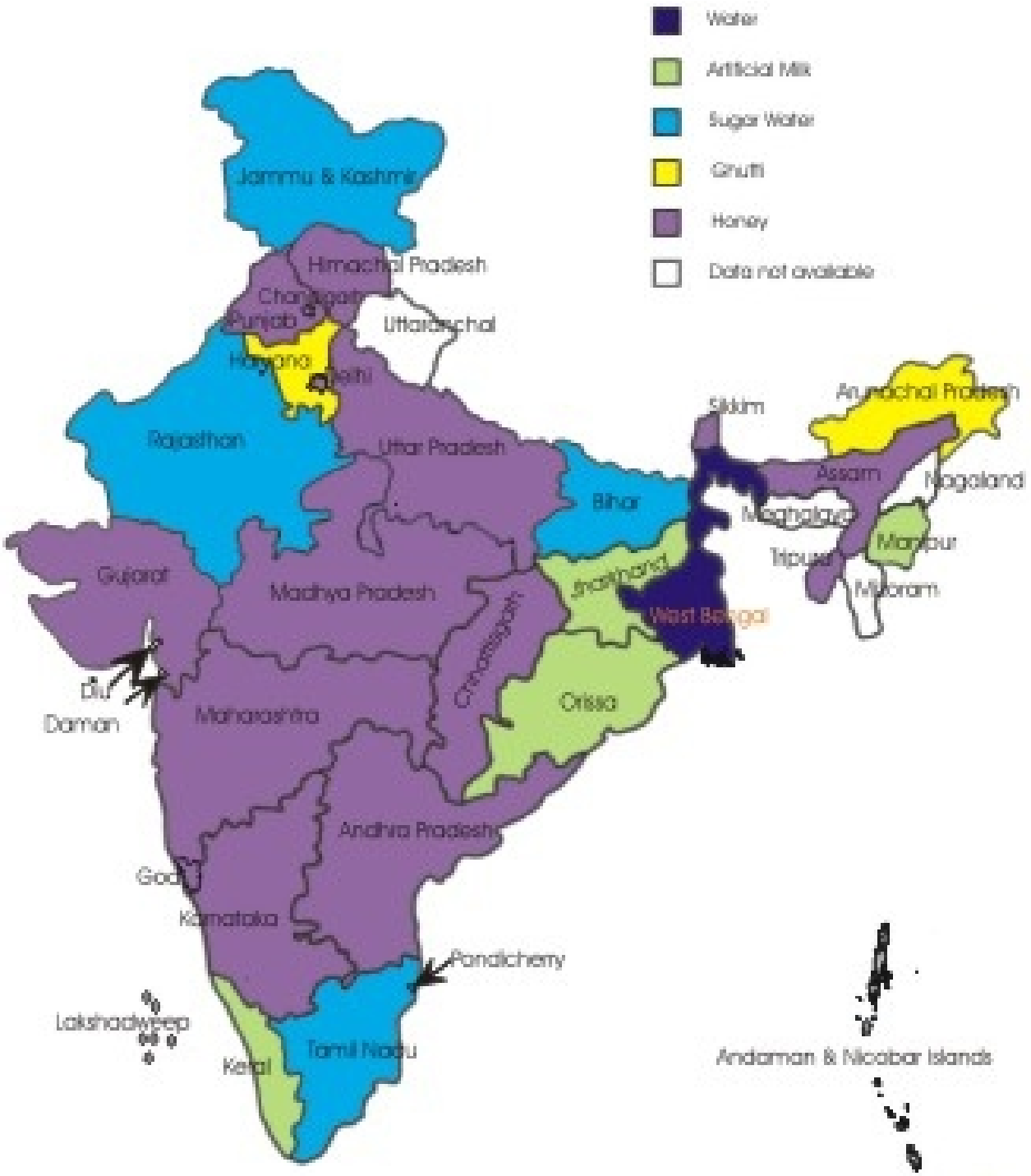
Status of initiation of breastfeeding within 1 hour



Status of Infant and Young Child Feeding in 49 Districts (98 Blocks) of India 2003

Commonest prelacteal food given to new born



State wise distribution

Fig. 4 on the page 13 provides a state wise picture on of the initiation of breastfeeding within one hour of birth. The data shows a wide inter state variation. This data is also provided as a table in the Annex 2.

2. Exclusive breastfeeding

It is recommended that babies should be exclusively breastfed for the first six months. Exclusive breastfeeding means that no other food or drink should be given to the baby for the first six months. Fig. 5 presents exclusive breastfeeding and supplementary feeding practices of the respondents in this study during 0-6 months. It shows that more than half of the children(54%) in the age group of 0-3 months are exclusively breastfed whereas this percentage is much lower (26%) for children in the age group of 4-6 months. For children aged 0-3 months who are not exclusively breastfed, 15% of mothers gave water along with breastmilk. In the second group of children aged 4-6 months, 43 percent of mothers gave other foods and water along with breastfeeding . The nature of these other foods and fluids given with breastfeeding was explored. It is important to note that 19 percent of mothers were giving solid foods to children aged 4-6 months, along with breastmilk, which is undesirable and unacceptable (Fig. 6).

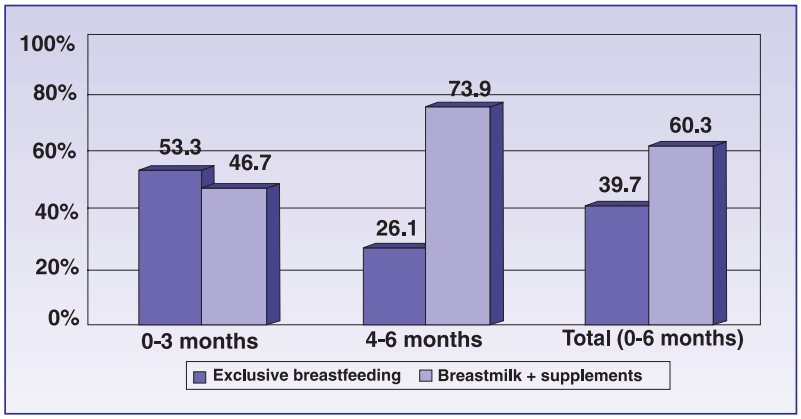


Fig. 5 :Status of exclusive breastfeeding during 0-6 months

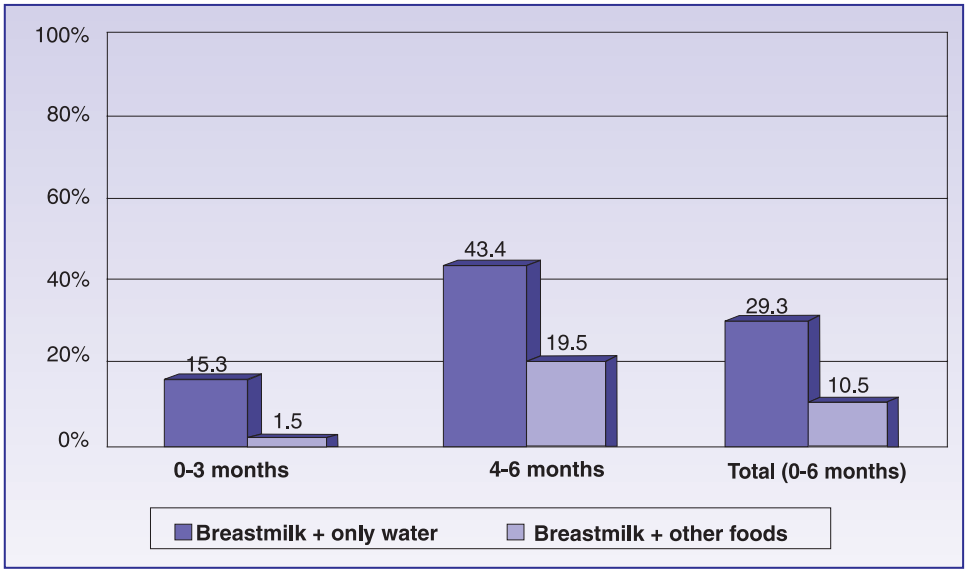


Fig. 6 :Types of supplementary feeding during 0-6 months

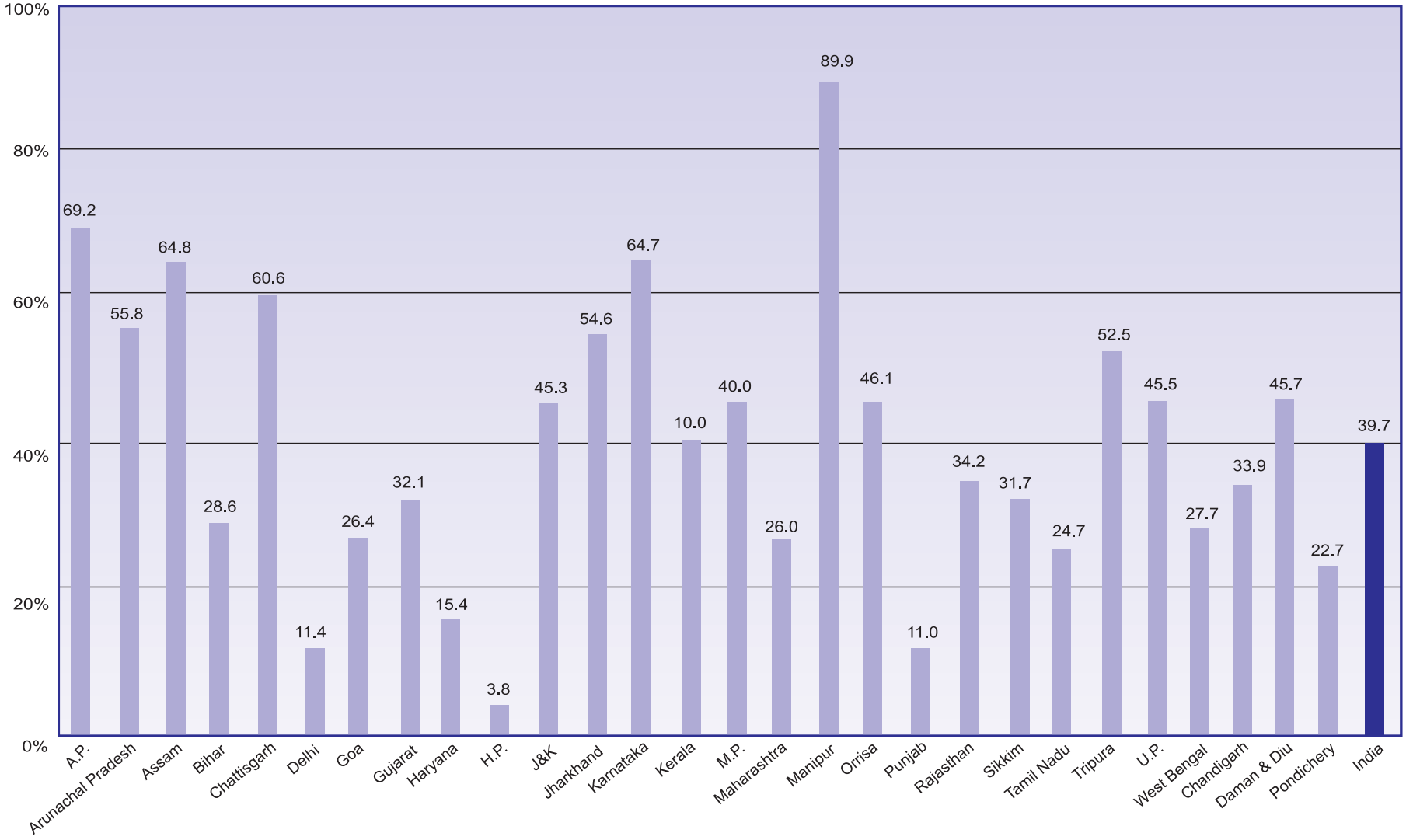


Fig. 8 : State wise distribution: Exclusive breastfeeding (0-6 months)

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Status of exclusive breastfeeding 0-6 months

State wise distribution

Fig 8 on the page 17 shows state-wise patterns of exclusive breastfeeding. This data is also provided as a table in the Annex 3.

Bottle-feeding

Though artificial feeding rate is quite high for both age groups of children (especially in children of age 4-6 months), it is interesting to note that the rate of bottle-feeding is not equally high (23%) (Fig. 7).

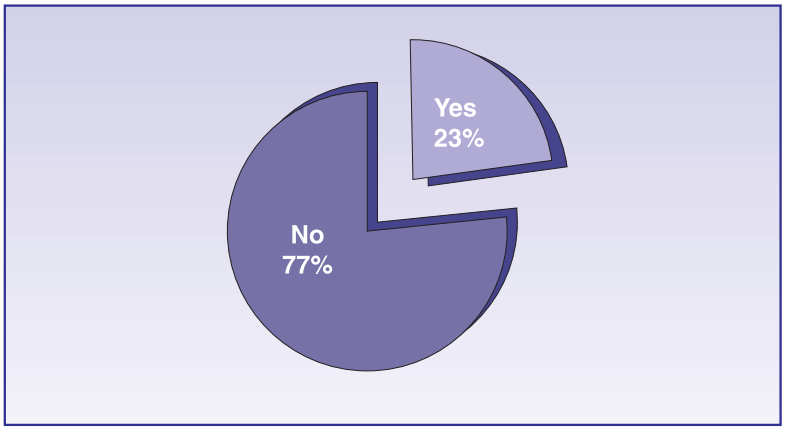


Fig. 7 : Bottle - feeding rate

Comments

Even though breastfeeding rates are very high, exclusive breastfeeding particularly is very low and is unacceptable in all states. Another point which is highlighted here is the fact that one fifth mothers are providing solid food to babies between 4 and 6 months, a potentially harmful practice, which displaces mother's milk as well. Efforts are needed in this direction to ensure and maintain exclusive breastfeeding for the first six months. These include information during pregnancy and early post-partum period and interpersonal counselling support by skilled healthcare providers or peer counsellors.

3. Continued breastfeeding

It is recommended that breastfeeding should continue for a period of two years or beyond along with appropriate and adequate complementary feeding. In this study only one third of the mothers planned to continue breastfeeding for a period below 18 months, 46 percent of mothers intended to continue breastfeeding the child for 18-24 months and only one fifth planned to continue beyond two years (Fig. 9).

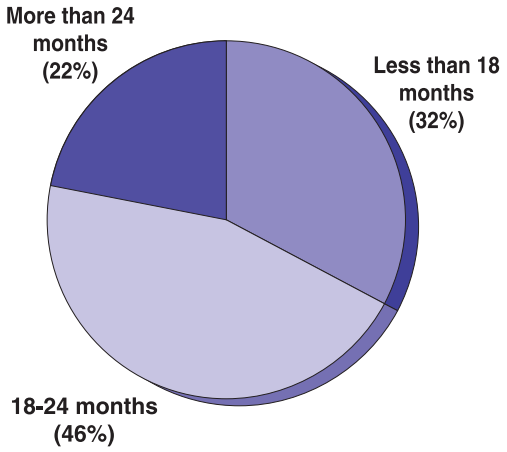


Fig. 9 : Women's plan of continued breastfeeding

4. Frequency of breastfeeding and night feeding

It is recommended that breastfeeding should be given both during the day and night to maintain lactation. Majority of women (96.7%) breastfeed more than 5 times during the day and almost all breastfeed the child during night also (Fig. 10). This is a highly appreciated traditional practice that is good for the baby.

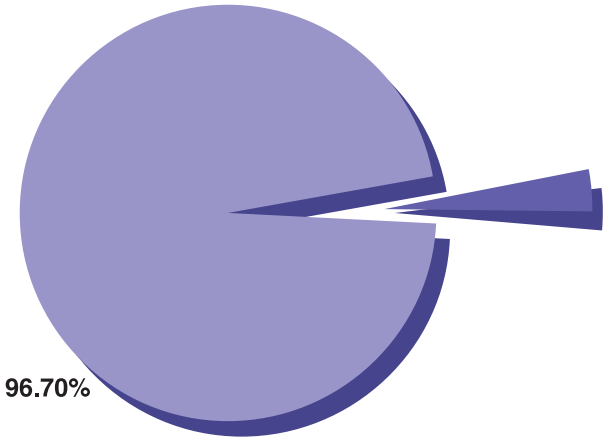


Fig. 10 : Women who breastfeed more than 5 times during the day

Comments

The finding that mothers continue breastfeeding during the 2nd year of the child's life is extremely heartening and important. However, the practice of continuing breastfeeding after one year is less prevelant . Health functionaries, ICDS personnel and TBAs coming in contact with families should be equipped with knowledge and skills to promote exclusive breastfeeding for the first six months, and avoidance of bottle feeding continued breastfeeding for two years or beyond. Dr. Shanti Ghosh has very rightly said ; **"The solution therefore lies in training the health and ICDS workers regarding appropriate infant feeding practices"** *(Indian Pediatrics 40,November 2003,pp 1112-13)*.

5. Complementary feeding practices: age 6-9 months

It is recommended that after six months of age babies should receive complementary feeding with solid home made indigenous foods along with continued breastfeeding. In this study, 70 percent of mothers were giving solid / semi-solid food to the children aged 6-9 months and most mothers continued breastfeeding (98.6%) (Fig. 11). Fifty three percent of mothers also gave cow / goat / buffalo milk to children. Janam ghutti or gripe water was given by about 1 / 3rd of mothers.

Fig. 12 shows the exact type of complementary feeding provided to babies.

State wise distribution

Fig. 13 on the page 22 shows interstate variation in complementary feeding rates. This data is also provided as a table in the Annex 3.

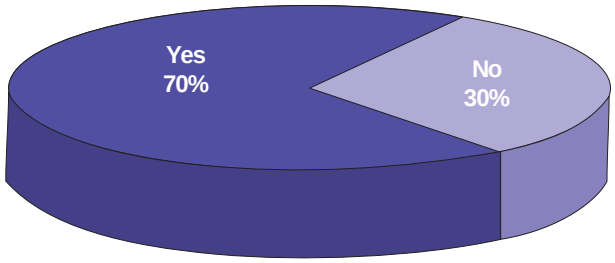


Fig. 11 : Complementary feeding among babies during 6-9 months

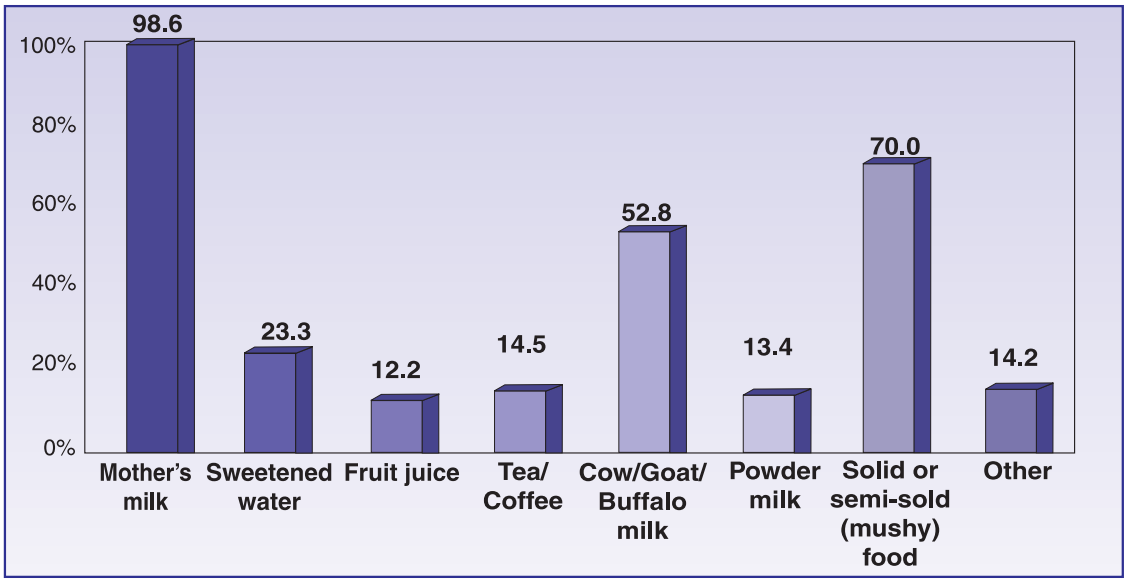


Fig. 12 : Types of complementary food during 6-9 months

Comments

It is encouraging to note that many babies have started receiving complementary foods during this age period. What is required is to ensure that it continues to increase and also that high quality adequate complementary feeding is provided with care and stimulation to achieve the growth potential. Most of liquid milk or other products provided during this period should be replaced by solid mushy home made/ indigenous /family foods, to help prevent undernutrion in children .

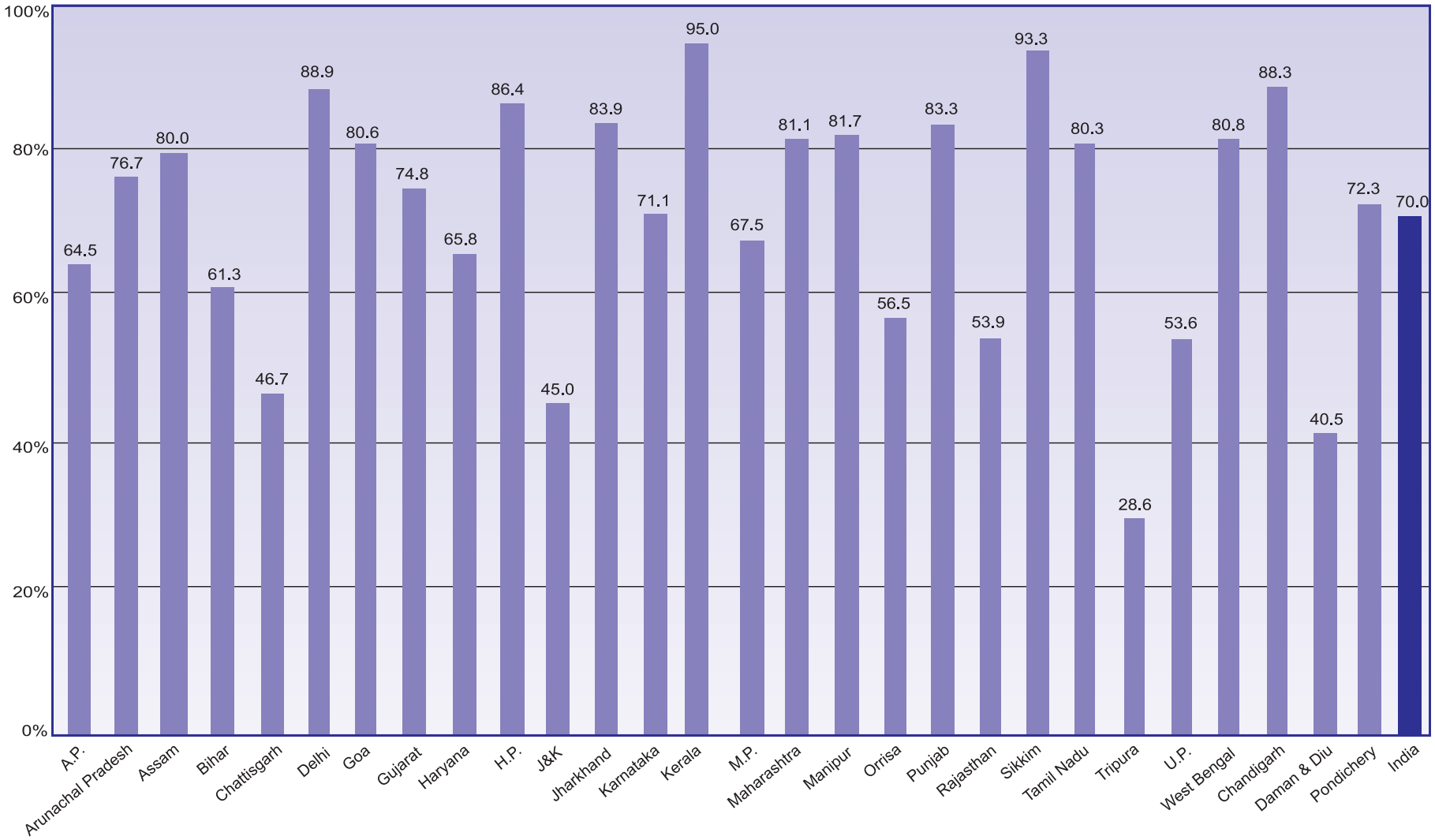
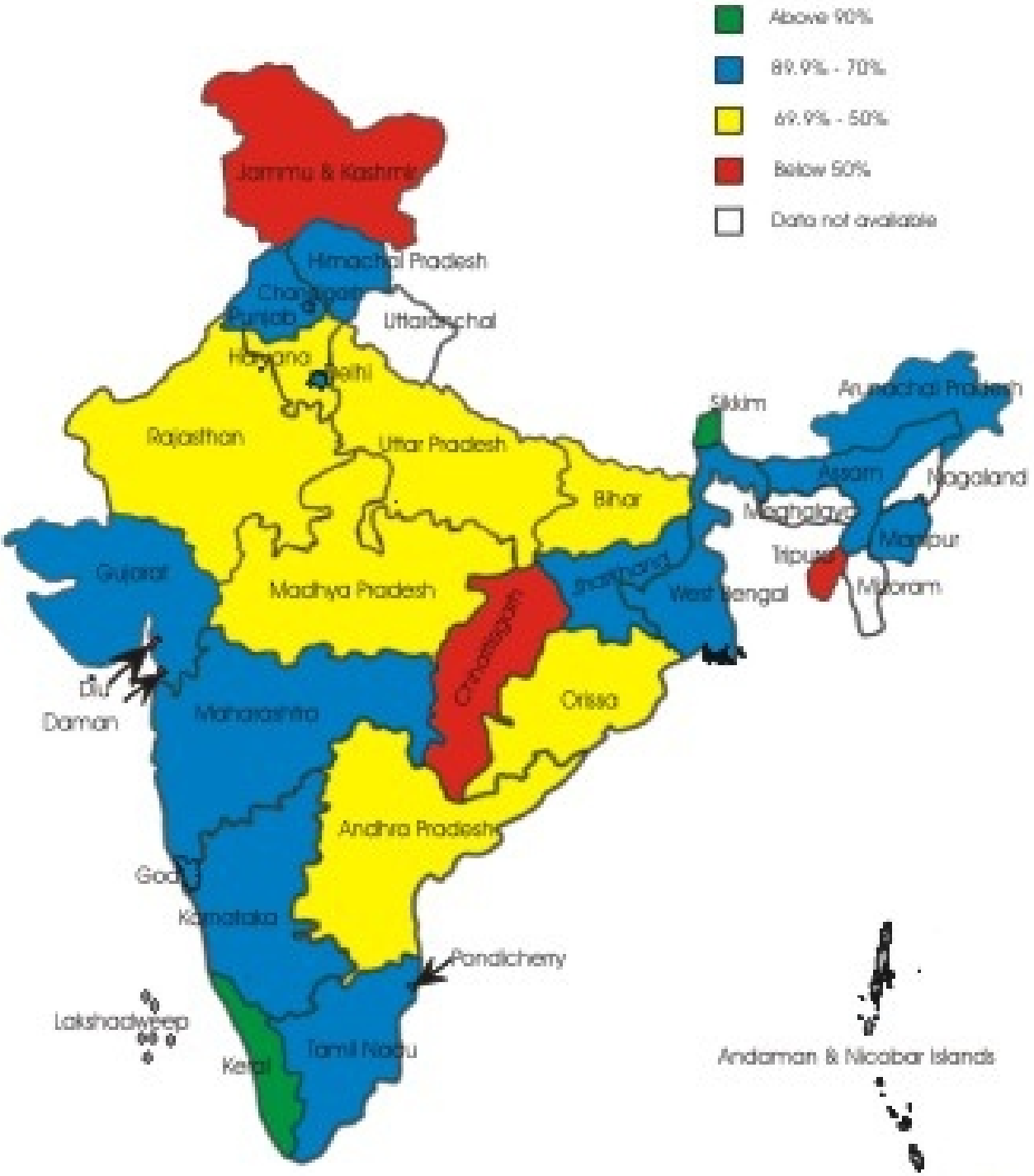


Fig. 13 : State wise distribution: Complementary feeding (6-9 months)

Status of Infant and Young Child Feeding in 49 Districts (98 Blocks) of India 2003

Status of complementary feeding 6-9 months



6. Effect of other factors on breastfeeding practices

a) Effect of education, caste of the mother and sex of the index child on the initiation of breastfeeding

Tables 2-4 show that initiation of early breastfeeding (within 4 hours of delivery) is significantly higher ($p < .01$) in literate mothers (61%) as compared to illiterate mothers (51.1%) . Similarly, the initiation of breastfeeding is higher in mothers belonging to Scheduled Tribes (ST) from Scheduled Castes (SC) and Other Backward Castes (OBC) . There is hardly any difference based on the sex of the index child.

b)Effect of education, caste of the mother and sex of the index child on prelacteal feeds given

Incidence of giving prelacteal feeds is higher among illiterate mothers (58.2%) as compared to literate mothers(45.3%), as shown in Table 2-4. Mothers belonging to Scheduled Tribes (ST) have shown lower incidence of giving prelacteal feeds as compared to those belonging to Scheduled Castes (SC) and Other Backward Castes (OBC) . Sex of the child hardly made any difference.

Table 2: Breastfeeding practices and education

Indicators	Illiterate N=2713		Literate N=6240		Total N=8953	
	No.	%	No.	%	No.	%
Initiation of breastfeeding						
- Within 1 hour	633	23.3	1900	30.4	2533	28.3
- 1-4 hours	760	28.0	1926	30.9	2686	30.0
- More than 4 hours	1320	48.7	2414	38.7	3734	41.7
Pre-lacteal feed given	1580	58.2	2827	45.3	4407	49.2
Breastfeeding more than 5 times during the day time	1668	61.5	3983	63.8	5651	63.1
Breastfeeding during the night	2629	96.9	6026	96.6	8655	96.7

Table 3: Breastfeeding practices by caste

Indicators	SC N=2062	ST N=804	OBC N=2323	OTHER N=3764
Initiation of breastfeeding				
- Within 1 hour	482 (23.4)	261 (32.5)	615 (26.5)	1175 (31.2)
- 1-4 hours	609 (29.5)	300 (37.3)	624 (26.9)	1153 (30.6)
- More than 4 hours	971 (47.1)	243 (30.2)	1084 (46.7)	1436 (38.2)
Pre-lacteal feed given	1162 (56.4)	302 (37.6)	1080 (46.5)	1863 (49.5)
Breastfeeding more than 5 times during the day time	1280 (62.1)	555 (69.0)	1549 (66.7)	2267 (60.2)
Breastfeeding during the night	2016 (97.8)	787 (97.9)	2227 (95.9)	6325 (96.3)

Note: Figures in parenthesis are the percentages

Table 4: Breastfeeding practices by sex of the index child

Indicators	Male N=4888		Female N=4065		Total N=8953	
	No.	%	No.	%	No.	%
Initiation of breastfeeding						
- Within 1 hour	1385	28.3	1148	28.2	2533	28.3
- 1-4 hours	1442	29.5	1244	30.6	2686	30.0
- More than 4 hours	2061	42.2	1673	41.2	3734	41.7
Pre-lacteal feed given	2442	50.0	1965	48.3	4407	49.2
Breastfeeding >5 times during day time	3142	64.3	2509	61.7	5651	63.1
Breastfeeding during night	4722	96.6	3933	96.8	8655	96.7

c) Effect of education, caste of the mother and sex the of index child on the frequency of breastfeeding

There is hardly any difference in the frequency of breastfeeding between day and night ,among literate (96.9%) and illiterate (96.6%) mothers. Similarly, caste and sex of the child have been shown as not effecting the frequency of breastfeeding during day and night (Table 2-4).

d) Effect of age of the mother, education of the mother, caste, and sex of the index child on exclusive breastfeeding

Tables 5, 6, 7 and 8 provide data on the effect of these factors on exclusive breastfeeding.

Exclusive breastfeeding - by the age of the mother

Exclusive breastfeeding rate is significantly higher ($p < .01$) in mothers of age up to 20 years compared to those in the age group of 21-25 years (Table 5).

Exclusive breastfeeding by education of the mother and by caste

Exclusive breastfeeding is higher among illiterates compared to literate mothers (Table 6) as well as in ST and OBC compared to SC and other castes (Table 7).

Exclusive breastfeeding by sex of the index child

There is hardly any difference in exclusive breastfeeding practice by sex of the index child. (Table 8).

Table 5: Exclusive breastfeeding and supplementary feeding to children in the age group of 0-6 months by age of the mother

Excluisve breastfeeding & supplementary feeding practices	Up to 20 yrs. N=1086		21-25 yrs. N=2657		Above 25 yrs. N=2191	
	No.	%	No.	%	No.	%
Exclusive breastfeeding	487	44.8	1005	37.8	862	39.3
Breastmilk + plain water	116	10.7	312	11.7	243	11.1
Breastmilk + other feeds	206	19.0	549	20.7	409	18.7
Breastmilk + plain water + other feed	273	25.1	790	29.7	676	30.9
Breastmilk + solid	92	8.5	270	10.1	263	12.0

Table 6: Exclusive breastfeeding and supplementary feeding to children in the age group of 0-6 months by education of the mother

Excluisve breastfeeding & supplementary feeding practices	Illiterate N=1782		Literate N=4152	
	No.	%	No.	%
Exclusive breastfeeding	758	42.5	1596	38.4
Breastmilk + plain water	250	14.0	421	10.1
Breastmilk + other feed	319	17.9	845	20.4
Breastmilk + plain water + other feed	452	25.4	1287	31.0
Breastmilk + solid	154	8.6	471	11.3

Table 7: Exclusive breastfeeding and supplementary feeding to children in the age group of 0-6 months by caste

Exclusive breastfeeding & supplementary feeding practices	SC N=1386	ST N=551	OBC N=1502	OTHER N=2495
Exclusive breastfeeding	505 (36.4)	280 (50.8)	651 (43.3)	918 (36.8)
Breastmilk + plain water	158 (11.4)	47 (8.5)	170 (11.3)	296 (11.9)
Breastmilk + other feeds	303 (21.9)	120 (21.8)	272 (18.1)	469 (18.8)
Breastmilk + plain water + other feed	419 (30.2)	104 (18.9)	406 (27.0)	810 (32.5)
Breastmilk + solid	134 (9.7)	59 (10.7)	144 (9.5)	288 (11.5)

Note: Figures in parenthesis are the percentages

Table 8: Exclusive breastfeeding and supplementary feeding to children in the age group of 0-6 months by sex of index child

Excluisve breastfeeding & supplementary feeding practices	Male N=3265		Female N=2669	
	No.	%	No.	%
Exclusive breastfeeding	1282	39.3	1072	40.2
Breastmilk + plain water	368	11.3	303	11.4
Breastmilk + other feeds	637	19.5	527	19.7
Breastmilk + plain water + other feed	974	29.8	765	28.7
Breastmilk + solid	356	10.9	269	10.1

Reasons and Barriers for Optimal Feeding Practices

Qualitative data collection and analysis is almost complete and data has been received from 37 districts. In- depth interviews helped us corroborate findings on initiation, exclusive breastfeeding and complementary feeding practices.

A statewise / districtwise detailed report on the qualitative study is being prepared.

The qualitative data analysed so far also highlighted the following reasons and barriers (summarized) for optimal feeding practices:

- Mothers are generally not advised about breastfeeding and complementary feeding practices during antenatal period ;
- Most of the mothers / families follow the practice of giving pre-lacteal feed, most common among such feed being of honey and sweet water;
- Elders in the family have adverse influence on breastfeeding practices;
- Mothers generally don't have any clear concept about exclusive breastfeeding;
- Separation of mother and baby continues in hospitals, particularly in private sector, immediately after delivery;
- Some traditional / local food preparations are generally given to enhance lactation; this may also be one of the factors responsible for promoting the belief that mothers don't have enough milk.;
- Long working hours in offices and in other fields for women are detrimental to optimal feeding practices.
- Misconceptions in the mind of some mothers (especially in urban areas) that breastfeeding will reduce their beauty ;
- Confusing / conflicting messages by health functionaries. Example: A number of doctors prescribe infant formula and infant foods within 4 months of child birth while some other community workers advise exclusive breastfeeding for a period of 6 months.

Limitations of the Study

Following are some of the limitations of the study

1. Although a sincere effort was made to desegregate the total sample of national study into appropriate number of districts and block in different states(10% of all districts) , as the study was being conducted by BPNI District Study Coordinators, only those districts were chosen where BPNI District Study Coordinators were willing to participate in the study.

2. Though sampling methodology clearly stated that the villages of one block should be within 5 kms and beyond 10 kms from the district headquarters respectively, this doesn't seem to have been followed in practice, because the rural - urban differentials in findings are not significant. It may be possible that rural areas selected near the towns may have undergone developmental changes and thus reflect urban dynamics.

3. Even the qualitative data collected doesn't show clear distinction between rural and urban area. Both have been pooled together during analysis and compilation.

Conclusions and Recommendations

The study shows that the breastfeeding practices followed in the community are still influenced by old traditions and beliefs, incidence of exclusive breastfeeding is low and the practice of giving pre-lacteal feed is almost universal. In order to promote optimal feeding practices, the following recommendations are made based on the suggestions that have come from mothers, mother-in-laws / father-in-laws and health workers / grassroots level workers.

Family level

- Support and assist newly delivered mothers, especially the first timers, in initiation of breastfeeding within one hour.
- Efforts should be made to help mothers-in-law gain accurate and adequate knowledge about breastfeeding and complementary feeding as well as about nutrition of lactating mothers, so as to bring about the much required attitudinal change in their behaviour. They can in turn give correct advice to their daughter-in-laws and thus play a pivotal role in improving child health as well as mothers' health.

Community level

- Skilled counselling by TBAs, AWWs, CHWs on the correct method of breastfeeding and also the understanding of exclusive breastfeeding.
- Self-help groups in villages could be motivated to spread messages on exclusive breastfeeding among women to the effect that breastmilk is the best food for babies and not the tinned infant milk substitute. Similar action could come from peer counsellors especially trained for this purpose.
- Organisation of breastfeeding discussions by health workers / AWWs in villages so that mothers get the latest / correct information on breastfeeding and complementary feeding.

Service level

- Arrangement of crèches for working women at work place where they can breastfeed their babies
- Medical doctors need to be provided with skilled training in breastfeeding counselling and management of related problems.
- Skilled training to health functionaries , ICDS workers and NGOs staff from top to grassroots level is needed.
- Doctors need to be especially informed not to prescribe infant formula indiscriminately and to comply with the National Guidelines on Infant and Young Child Feeding.

Policy level

- The government should increase maternity leave from 135 days to 180 days so that working mothers can exclusively breastfeed the baby for 6 months as per recommendations.
- Efforts should be initiated at all levels in the Center and States to strengthen the basic education curriculum on optimal infant and young child feeding in the secondary schools, colleges, nursing schools, ICDS systems and medical colleges.
- Effective steps and guidelines to implement the IMS Act should be issued.

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Annex-2

Finding of Quantitative Status of Breastfeeding in 98 Blocks in 49 Districts of India

State wise distribution: Initiation of breastfeeding

(within 1 hour, 1-4 hours and prelacteal feeds)

States	% of Initiation of BF within 1 hour	% of Initiation of BF within 1-4 hour	% of Giving Prelacteal Feed
Andhra Pradesh	20.0	26.1	38.3
Arunachal Pradesh	26.7	66.7	8.3
Assam	46.5	31.2	27.0
Bihar	9.3	20.2	65.1
Chattisgarh	9.5	11.2	20.7
Delhi	2.8	23.3	75.0
Goa	18.3	30.6	52.7
Gujarat	24.9	38.1	58.3
Haryana	9.8	28.3	84.0
Himachal Pradesh	16.2	56.4	60.3
Jammu & Kashmir	46.7	13.3	98.3
Jharkhand	15.4	50.0	50.0
Karnataka	46.3	37.2	30.6
Kerala	81.7	17.2	5.0
Madhya Pradesh	2.2	23.6	53.6
Maharashtra	30.6	37.6	49.6
Manipur	36.7	35.6	69.4
Orissa	58.9	21.2	25.2
Punjab	1.7	15.0	97.8
Rajasthan	25.6	36.9	61.1
Sikkim	54.4	21.1	33.3
Tamil Nadu	62.3	25.3	27.3
Tripura	17.6	45.5	46.7
Uttar Pradesh	15.3	33.1	62.1
West Bengal	17.8	17.0	58.3
Chandigarh	27.1	51.4	58.0
Daman & Diu	74.1	19.3	44.4
Pondichery	24.5	37.2	10.6
India	**28.30**	**30.00**	**49.20**

Annex-3

Finding of Quantitative Status of Breastfeeding in 98 Blocks in 49 Districts of India

State wise distribution: Exclusive breastfeeding (0-3 months, 4-6 months and 0-6 months) and complementary feeding

States	% of Exclusive Breastfeeding 0-3 months	% of Exclusive Breastfeeding 4-6 months	% of Exclusive Breastfeeding 0-6 months	% of Complementary Feeding 6-9 months
Andhra Pradesh	79.9	57.3	69.2	64.5
Arunachal Pradesh	79.7	32.8	55.8	76.7
Assam	80.7	48.7	64.8	80.0
Bihar	38.0	19.7	28.6	61.3
Chattisgarh	78.0	46.6	60.6	46.7
Delhi	15.1	6.8	11.4	88.9
Goa	41.3	10.3	26.4	80.6
Gujarat	52.5	10.4	32.1	74.8
Haryana	22.9	8.6	15.4	65.8
Himachal Pradesh	5.1	2.8	3.8	86.4
Jammu & Kashmir	46.7	43.9	45.3	45.0
Jharkhand	78.3	30.5	54.6	83.9
Karnataka	79.0	50.0	64.7	71.1
Kerala	80.0	-	40.0	95.0
Madhya Pradesh	61.0	38.3	45.6	67.5
Maharashtra	37.3	14.4	26.0	81.1
Manipur	100.0	79.7	89.9	81.7
Orissa	59.0	32.3	46.1	56.5
Punjab	18.3	3.4	11.0	83.3
Rajasthan	53.2	17.5	34.2	53.9
Sikkim	55.0	8.3	31.7	93.3
Tamil Nadu	37.8	12.7	24.7	80.3
Tripura	71.6	33.3	52.5	28.6
Uttar Pradesh	57.8	33.0	45.5	53.6
West Bengal	38.8	14.0	27.7	80.8
Chandigarh	58.3	9.8	33.9	88.3
Daman & Diu	53.7	39.2	45.7	40.5
Pondichery	29.0	15.8	22.7	72.3
India	**53.30**	**26.10**	**39.70**	**70.00**

Annex-4

State Specific Tenth Five Year Plan Goals 2003 - 2007 for Infant Feeding Practices

State Name	Current levels of % children breastfed within one hour of birth (NFHS-2)	Tenth Plan Goal Increases to 50%	Current levels of % of children 0-3 months exclusively breastfed (NFHS-2)	Tenth Plan Goal 80% of children upto 6 months to be exclusively breastfed	Current levels of % of children complementary feeding of infants aged 6-9 months (NFHS-2)	Tenth Plan Goal Introduction of semi-solid at 6 months to 75% of children
A.P.	10.3	32.6	74.6	100.0	59.4	100.0
Arunchal Pradesh	49.0	100.0	33.9	49.1	60.2	100.0
Assam	44.7	100.0	42.5	61.6	58.5	100.0
Bihar	6.2	19.6	55.2	80.0	15.0	33.6
Goa	34.4	100.0	-	-	65.4	100.0
Gujarat	10.1	32.0	65.2	94.5	46.5	100.0
Haryana	11.7	37.0	47.2	68.4	41.8	93.6
H.P.	20.7	65.5	17.5	25.4	61.3	100.0
Jammu & Kashmir	20.8	65.8	41.5	60.1	38.9	87.1
Karnataka	18.5	58.5	66.5	96.4	38.4	86.0
Kerala	42.9	100.0	68.5	99.3	72.9	100.0
M.P.	9.9	31.3	64.2	93.0	27.3	61.1
Maharashtra	22.8	72.2	38.5	55.8	30.8	69.0
Manipur	27.0	85.4	69.7	100.0	86.8	100.0
Meghalaya	26.7	84.5	16.1	23.3	77.1	100.0
Mizoram	54.0	100.0	40.7	59.0	74.2	100.0
Nagaland	24.5	77.5	43.9	63.6	81.3	100.0
Orissa	24.9	78.8	58.0	84.1	30.1	67.4
Punjab	6.1	19.3	36.3	52.6	38.7	86.6
Rajasthan	4.8	15.2	53.7	77.8	17.5	39.2
Sikkim	31.4	99.4	16.3	23.6	87.3	100.0
Tamil Nadu	50.3	100.0	48.3	70.0	55.4	100.0
Tripura*	NA	100.0	NA	70.0	NA	100.0
Uttar Pradesh	6.5	20.6	56.9	82.5	17.3	38.7
West Bengal	25.0	79.1	48.8	70.7	46.3	100.0
Andaman & Nicobar Is.*	NA	-	NA	NA	-	NA
Chandigarh*	NA	28.5	NA	60.0	NA	90.0
Dadra & Nagar Haveli*	NA	72.2	NA	55.8	NA	69.0
Daman & Diu*	NA	32.0	NA	94.5	NA	100.0
Delhi 23.8	75.3	13.2	19.1	37.0	82.8	
Lakshadweep*	NA	100.0	NA	99.3	NA	100.0
Pondicherry*	NA	100.0	NA	70.0	NA	100.0
INDIA	**15.8**	**50.0**	**55.2**	**80.0**	**33.5**	**75.0**

Source of current level: NFHS 1998-99

Notes:

1. NFHS was not conducted in States with a * mark. In these the values have been estimated
2. Current status for children in 0-3 years age-group is taken as representing status for children in 0-6 years age-group.
3. As NFHS data for Chandigarh, Jharkhand and Uttaranchal are not available, goals laid down are for undivided states.
4. As NFHS data for A&N Islands was not available, no goals havebeen set.

Definitions of Infant Feeding Behaviours

'Exclusive Breastfeeding, Predominant, Breastfeeding, Bottlefeeding and Complementary Feeding

Category of infant feeding	Requires that the infant receives	Allows the infant to receive	Does not allow the infant to receive
Exclusive breastfeeding	Breastmilk (inlcuding milk expressed or from wet-nurse)	Drops, syrups (vitamins, minerals, medicines)	Any thing else
Predominant breastfeeding	Breastmilk (inlcuidng milk expressed or from wet-nurse) as the predominant source of nourishment	Liquids (water, and water-based drinks, fruit juice, ORS), ritual fluids and drops or syrups (vitamins, minerals, medicines)	Anything else (in particular, non-human milk, food-based fluids)
Breastfeeding	Breastmilk	Any food or liquid including non-human milk	
Bottlefeeding	Any liquid or semi-solid food from a bottle with nipple/teat	Any food or liquid including non-human milk. Also allows breastmilk by bottle	
Complementary feeding	Breastmilk and solid or semi-solid foods	Any food or liquid including non-human milk	

Source: WHO Global Data Bank on Breast-feeding. Breastfeeding: the best start in life. WHO Nutrition Unit, 1996

Annex - 6

Quantitative Survey on Infant and Young Child Feeding

Interview schedule for mothers used for finding quantitative status of infant and young child feeding in 49 districts (98 blocks) of India

(Baby upto 12 months - 24 months)

1.1 State/Country/Province:_____ 1.2 District _____

1.3 Block: _____ 1.4 VillageWard_____

1.5 Name of the Mother _____

1.6 Age of the mother _____

1.7 Level of Education:

1. Illiterate 2. Just Literate/No Formal Education 3. Upto Primary

4. Upto Middle 5.Upto Higher Secondary 6. Upto Graduation

7. Post Graduation and above

1.8 Does the mother work outside the house? 1. Yes 2. No

1.8.1 If yes, What is her job?_____

1.9 Number of living children of the mother: Total _____, Male_____, Female____

1.10 Name of the last born Child _____

1.11 Age of [Name] in months _____

1.12 Sex [Name] 1.Male 2. Female

Section 2

2.1 Did you have checkup during pregnancy? 1. Yes 2. No

2.1.1 If yes,

a) By whom?

1. Doctor 2. ANM/Nurse 3. TBA 4. Other (specify)_____

b) Did anybody give you advice/guidance counseling on breastfeeding during checkup? Who gave this

1. Yes 2. No

If yes, What was the content of this?

2.2 Where was the child [Name] born?

1. Home 2.Govt. Hospital 3. Pvt. Hospital 4. Other (Specify)

2.3 Type of delivery? 1. Normal 2. Caesarian 3.Forceps

Section 3

3.1 After how much time after the birth of the child you started breastfeeding?

1.Within one hour 2. 1-4 hours 3. 5-12 hours

4. 13-24 hours 5. More than 24 hours.

3.2 Was anything given to the child [name] before starting the breastfeeding?

1. Yes 2. No

3.2.1 If yes, what was given:

1. Water 2. Artificial milk 3. Powder/tinned milk

4.Sugar Water 5. Tea/Coffee 6. Gutti

7. Honey 8.Glucose 9. Gur

10. Other (Specify) _____

3.2.2 If No, who told you not togive?

1. Doctor 2. ANM/AWW/Nurse 3. Mother-in-law

4.Dai 5. Husband 6. Other (Specify) _____

3.3 How many times did you breastfeed yesterday during the day? _____

3.4 How many times did you breastfeed last night? _____

3.5 For how many months you plan to breastfeed [name]?_____

4. **Since this time yesterday**, did pname] receive any of the following items of food? (**read out every item and record)**

ITEM	Yes	No
Mother's Milk	1	2
Plain Water	1	2
Sweetened Water with Sugar/Gur/Glucose/Honey	1	2
Fruit Jice/Aereated Drinks	1	2
Tea/Coffee	1	2
Cow/Goat/Buffalo Milk	1	2
Powder/tinned milk	1	2
Others medicated fluids	1	2
Solid or semi-solid (mushy) food	1	2
Any other (Specify)_____	1	2

5. Did[name] drink anything from a bottle with a nipple since birth? 1. Yes 2. No

6. At what age did [name] start receiving solid/semi-solid/mushy foods on a regular basis, i.e. daily/ _____ (in months)

7. If the child [name] is taking solid/semi-solid/mushy foods, please tell how many times during the last 24 hours?_____

Name of the Interviewer_____ Date of Interview

Resources

BPNI REPORTS

- Code Compliance: The Indian Scene. **1997**
- **Under Attack** – The IMS Act, 1998. *This report provides information about the violations of the IMS Act during the period 1997-98.* **1998**
- **Commercial Infant Foods (Analysis of Promotion).** *The book contains ways and means of promotion of commercial infant foods used by the manufactures.* **1998**
- Child Nutrition and Media – A Workshop, A Report. **1999**
- Breastfeeding Counselling and Complementary Feeding – Training of Trainers, A Report. **1999**
- Training of Leaders in Monitoring The IMS Act. **1999**
- IBFAN South Asia Regional Training Seminar, A Report. **2001**
- Summary Recommendations and Plan of Action to Support Infant Feeding in South Asia. **2001**
- Statement to Support Infant feeding in South Asia. **2001**
- BPNI's Recommended Feeding Practices for Infant and Young Children. **2001**
- Under Attack 2000 – A Flier. **2000**
- Under Attack – The IMS Act, 2000. *This book is the report on violations of the IMS Act and is based on the results of monitoring activity conducted by BPNI during the years 1999 to 2000.* **2000**
- National Partners Meeting: Promotion Breastfeeding-The Way Forward. Executive Summary and Recommendations. **2002**
- Capacity Building Workshop for District Coordinators of BPNI – A Report **2002**
- National Planning Workshop on Infant and Young Child Feeding – A report **2002**
- Report on Regional meetings (Guwahati, Shimla, Maharashtra, Tamil Nadu and Patna) on Infant and Young Child Feeding **2002**
- A report on participation – WABA Global Forum II – **2002**
- Implementation of International Code of Marketing of Breast Milk Substitutes in India – A Case Study **2002**
- Report on Regional Seminars (Karnataka, Delhi, Mumbai and Punjab) on Infant and Young Child Feeding **2002**
- How Industry Undermines breastfeeding – Under Attack 2003. *This book is the report on violations of the IMS Act, is based on the results of monitoring activity conducted by BPNI during the years 2001 to 2002.* ***2003***

INFANT AND YOUNG CHILD FEEDING UPDATES

- Update1: Exclusive Breastfeeding – The First 6 Months
- Update 2: Complementary Feeding
- Update 3: Problems in Initiating Breastfeeding
- Update 4: Not Enough Milk
- Update 5: Breast Problems

- ⇨ Update 6: Nutrition of the Young Child During the First Two Years
- ⇨ Update 7: Protecting Breastfeeding from Commercial Influence

(Copies of all these UPDATES are available with BPNI for Rs 10/- each including postage)

EDUCATION MATERIALS

NEW ⇨	The Law to Protect, Promote and Support Breastfeeding *(2nd edn.)*	*Rs. 60.00*
⇨	Breastfeeding and Infant Feeding: A Guide for Parents (In English & Hindi). (2nd edn.)	*Rs. 25.00*
⇨	Breastfeeding and Complementary Feeding – Guidelines for Doctors	*Rs. 150.00*
⇨	Breastfeeding and Complementary Feeding – Guidelines for Nutrition Professionals	*Rs. 150.00*
⇨	Breastfeeding and Complementary Feeding – Guidelines for Nurses	*Rs. 150.00*
⇨	The Science of Infant Feeding	*Rs. 450.00*
NEW ⇨	Protecting, Promoting and Supporting Breastfeeding - The Indian Experience	*Rs. 290.00*

VIDEO CASSETTE AND CD ON BREASTFEEDING

⇨	Video Cassette "Maa Ka Pyar Sishu Ahaar" (In Hindi & English). Updated 2002	*Rs. 250.00*
⇨	CD"Maa Ka Pyar Sishu Ahaar" (In Hindi & English). Year 2002	*Rs. 100.00*

POSTERS

⇨	The Magic Only a Mother Can Do (Hindi & English). 1996	*Rs 5 each*
⇨	Closeness and Warmth. 2000	*Rs 10 each*

BPNI Website www.bpni.org

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