



BPNI BULLETIN

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Prime Minister appreciates BPNI's role in promoting breastfeeding at national and global levels

BPNI NEWS DESK, NEW DELHI: Prime minister Dr. Manmohan Singh in an official message praised BPNI's important advocacy role in promoting breastfeeding at national and global levels.

In his message to the participants of South Asia Breastfeeding Partners Forum-4, which was organised by BPNI in collaboration with the National Commission for Protection of Child Rights, Dr. Manmohan Singh pointing out on the issue of breastfeeding promotion said: "BPNI has been doing valuable advocacy in this matter and it will further promote awareness on the vital issue."

BPNI has been spearheading this work and promoting breastfeeding since its

inception. The breastfeeding issue has got more prominence in the country when a delegation led by BPNI met deputy chairman of Planning Commission last year and submitted a Joint Statement on Infant and Young Child Feeding to the prime minister. PM took deep interest on this issue and invited BPNI to discuss nitty-gritty of the recommendations of Joint Statement.

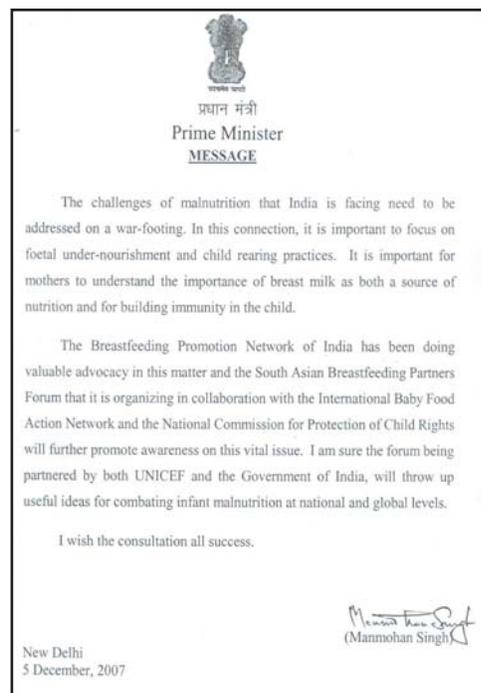
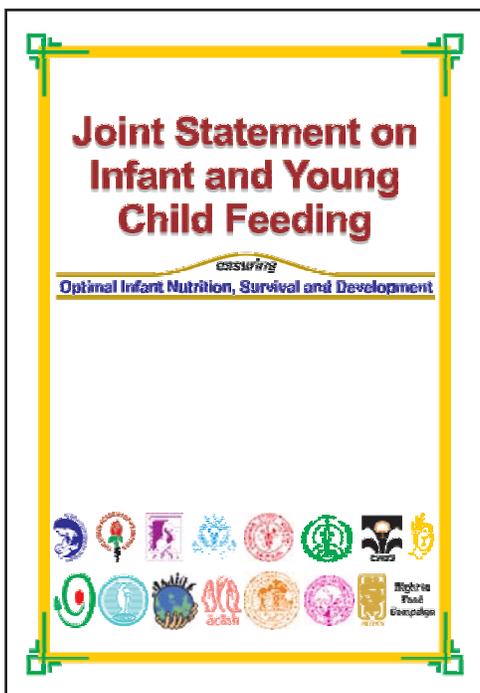
Dr. Manmohan Singh met the delegation led by BPNI to discuss actual needs of infants and young children of India. The delegation asked Dr. Manmohan Singh to establish a high level National Authority on Infant Nutrition, which would oversee matters related to infant nutrition and child survival. The proposed Authority would also look into matters pertaining to promotion of Infant and Young Child Feeding (IYCF) and breastfeeding.

The National Authority, according to Dr. Arun Gupta, national coordinator of BPNI, would be a national umbrella organisation of various institutions whose prime responsibility would be to help and guide in promotion of IYCF and breastfeeding across the ministries and states.

The delegation members explained the PM about how both ICDS and NRHM could play a vital role in much needed 'family' level interventions and requested him to give equal

priority to "breastfeeding" along with other child health issues in terms of allocation of funds

and other resources. The important issues like ASHA's involvement in infant feeding counseling, care and support to the needy young babies, maternity entitlements for pregnant women and crèches for babies were also discussed with the prime minister.



From National Coordinator's Desk

Urging India to Adopt WHO Growth Standards

The way to achieve optimal growth of infants and young children

It was in 1994 that the 47th World Health Assembly (WHA) adopted a resolution to the effect to call for an international study to establish growth standards for children around the world. This was to create a benchmark to assess the growth of 'breastfed children' since earlier references available so far were of mostly a population of artificially fed babies in the United States. Finally, in the year 1997-2003 WHO multi-centric growth reference study was undertaken on approximately 8500 children from six nations: Brazil, Ghana, India, Norway, Oman and USA representing a wide range of ethnic and cultural settings. The result was phenomenal. We have with us now, ONE international standard for children from birth to five years on how *children should grow*. The new child growth standards have been generated to assess the growth of infants and young children; this is a crucial development in improving infant and young child nutrition globally. India should adopt the WHO Growth Standards and follow the parameters as prescribed.



Unlike the old growth charts, the new standards (1) describe how children "should grow," (2) establish breastfeeding as the biological "norm," and (3) provide international standards for all healthy children, as human milk supports not only healthy growth, but also optimal cognitive development and long-term health. Previous growth standards, which were used to monitor a child's progress, had higher weights as they were based on mixed-fed children (infants both breastfed and formula fed). This led to frequently held misconception that breastfed babies did not grow fast enough and supplementation and early cessation of breastfeeding was becoming normal behavior. The study actually showed that children can grow remarkably similar, provided certain basic conditions are met and this effect is not due to genetic or ethnic reasons but because of optimal environmental conditions.

What are these conditions? Firstly, optimal breastfeeding i.e. beginning breastfeeding within one hour, exclusive breastfeeding for the first six months (should be protected, promoted and supported; with appropriate and adequate complementary feeding beginning after six months along with continued breastfeeding). Secondly, fully implementing the objectives of the *Global Strategy for Infant and Young Child Feeding (2002)*, as well as national guidelines for child nutrition. Thirdly, all children should receive vaccinations and good health care, and all women receive good care during pregnancy. Fourthly, creating a smoke free environment during pregnancy. However difficult these may seem, conditions are achievable with determination and will to support women to achieve optimal growth and development of infants and young children. There is no point having a newly printed growth curve, unless we make these conditions widely available to women and children.

Because the new standards replace the old references which only described how a sample of children were growing at that time and place, new growth standards have to be understood as tool for evaluation and effectiveness of our programmes for women and children, and how an individual child *should grow*. Every child in the world has the potential to grow and develop if her/his basic needs are met.

The new standards establish the breastfed infant as a norm. This is a strong advocacy tool for tackling under-nutrition among infants and young children. For those who are worried about obesity, the new standards make an effective tool for detecting obesity early.

The new standards are going to be useful to all those aiming at improved health of children e.g. parents, doctors, managers, advocates and policymakers to improve their understanding of what is good nutrition, health, and development.

There is a strong case for considering the new international growth standard as an indicator for the child having realized its right to grow optimally, and to develop to his or her full potential. This should be used as a measuring stick that evaluates the growth of a 'child' or a population of children. Indian government, including all state governments, should look at the prospects of WHO Growth Standards and adopt these, and make a triumph to improve child health and development.

Dr. Arun Gupta, MD, FIAP
National Coordinator

Norwegian Prime Minister says breastfeeding is important for child survival

Mr. Jens Stoltenberg expressed satisfaction over BPNI's activities

BPNI NEWS DESK, BHARATPUR: BPNI as its key partner participated in a health mela to highlight the importance of breastfeeding as the best intervention to reduce child mortality. NIPI-UNOPS and government of Rajasthan organised this health mela at Rarah community health centre, Bharatpur, Rajasthan.

The mela was a part of the series of activities organised to welcome Norwegian prime minister, Mr. Jens Stoltenberg, who was on an official visit to India on 6th February, 2008 with a special agenda: 'Fight against maternal and child mortality'. He visited Rarah health centre for an overview of the progress made by the National Rural Health Mission and to see how the Norway-India Partnership Initiative is supporting the NRHM.

Mr Stoltenberg was accompanied by a high level delegation team comprising of Ms. Trude Måseide, head of communications, PM office, Ms. Hilde Singsaas, state secretary (deputy minister) of PM office along with other dignitaries and a large contingent of journalists from Norway.

During his previous visits to India in 2001 and 2005, the issue of child mortality came to a centre-stage of discussions and since then Norway entered into a close cooperation with India to support a programme titled: Norway-India Partnership Initiative (NIPI) in reducing mother and child mortality.

Prime minister Mr. Jens Stoltenberg along with other delegates from Norway visited BPNI's health camp booth. Dr. Arun Gupta, who was also invited in the health mela, explained Mr. Jens Stoltenberg the role and activities of BPNI and discussed BPNI's commitment to protect, promote and support breastfeeding in India.

In a brief discussion with Dr. Arun Gupta, national coordinator, BPNI and regional coordinator, IBFAN-Asia, PM Mr. Jens Stoltenberg expressed his satisfaction over the activities of BPNI and said that: "Breastfeeding is an important issue for child survival." Dr. Gupta utilised the opportunity to present a



HE. Norwegian PM Mr. Jens Stoltenberg, while interacting with Dr. Arun Gupta at Rarah health mela

letter and few important publications of BPNI to Mr. Stoltenberg.

Ms. Trude Maseide and Ms. Hilde Singsaas also visited BPNI's booth. They took keen interests in the activities of BPNI/IBFAN-Asia. Other important dignitaries visited BPNI's health booth were Dr. Digambar Singh, Cabinet minister of industries, Govt. of Rajasthan, Dr. S.P. Yadav, director (Family Welfare) & project director (RCH), Government of Rajasthan.

BPNI's stall was a centre of attraction for the general public. Various publications and IEC materials were displayed and distributed to create awareness and draw public attention on important issues of early initiation of breastfeeding, exclusive breastfeeding and complementary feeding.

Dr. Anita Gupta, national trainer, BPNI and Mrs. Gayatri Sharma, IYCF counselor, provided on the spot counseling to the desirous families. An expert team from BPNI comprising Dr. Arun Gupta, Dr. JP Dadhich, Dr. Anita Gupta, Mrs. Gayatri Sharma, Mr. P.K Sudhir, and a coordination team comprising Mr. Amit, Mr. YS Rawat and Mr. Ashok participated in the mela.

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Prime Minister appreciates BPNI's role in promoting breastfeeding at national and global levels

Dr. Arun Gupta (national coordinator, BPNI) and six other members Dr. Vinod Paul (Prof. Pediatrics, AIIMS), Dr. Dharam Prakash (Hony. joint secretary, IMA), Dr. Vandana Prasad (joint convener, Jan Swasthya Abhiyan), Dr. Tarsem Jindal, (chief coordinator, BPNI), Mr. Rahul Dev (Samyak Foundation) and Dr. J P Dadhich (BPNI coordinator, research, documentation & HIV) were present in the meeting.

PM urges the nation to work on breastfeeding promotion as a means to reduce child malnutrition in India

Addressing the problem of malnutrition and infant feeding on Independence Day, Dr. Manmohan Singh said: "...The problem of malnutrition is a matter of national shame. We have tried to address it by making the mid-day meal universal and massively expanding the anganwadi system. However, success requires sustained effort at the grassroots. Infants need to be breastfed, have access to safe drinking water and health care. We need the active involvement of the community and panchayats to see that what we spend reaches our children. I appeal to the nation to resolve and work hard to eradicate malnutrition within five years..."

South Asia Breastfeeding Partners Forum-4

“Save babies: support women to breastfeed”

Organised by National Commission for Protection of Child Rights (NCPCR), BPNI and IBFAN Asia



Dr. Syeda Hameed, Member, Planning Commission, Government of India speaking during Inaugural Session
Dias From (Left) Dr. J.P. Dadhich (BPNI), Smt. Shalini Prasad (NCPCR), Mr. Ian Pett (UNICEF-ROSA), Dr. Arun Gupta (BPNI), Prof. MQK Talukder (IBFAN)

The *South Asia Breastfeeding Partners Forum* is an ongoing effort in South Asia to protect, promote and support breastfeeding. Each year the Forum is held in a different country in the region to strengthen linkages between breastfeeding partners, which include governments, NGOs and INGOs, professional bodies and civil society organizations. The objectives of the Forum include taking stock of the status of Optimal Infant and Young Child Feeding in the region, identifying priority actions for the following year, and developing regional and national action plans. Bangladesh hosted the first Forum in Dhaka in 2004, Nepal in Kathmandu in 2005, and Afghanistan in Kabul in 2006. Each year's Forum highlights a specific theme. The theme for Forum-4 was **Save Babies: Support Women to Breastfeed**.

The 3-day South Asia Breastfeeding Partners Forum-4 held in Delhi from December 10th to 12th was attended by over 110 participants representing governments, national and international NGOs, civil society organizations, professional organizations, and media from the South Asian countries of Afghanistan, Bangladesh, Nepal, India, Pakistan and Sri Lanka. The Forum, the fourth in a series initiated in 2004, was jointly hosted by the National Commission for Protection of Child Rights (NCPCR), the Breastfeeding Promotion Network of India (BPNI) and the International Baby Food Action Network (IBFAN) Asia, with support from Ministry of Women and Child Development (Government of India), Planning Commission (Government of India), United Nations Children's Fund (UNICEF), World Health Organization (WHO-India), Swedish International Development Cooperation Agency (Sida), World Alliance for Breastfeeding Action (WABA) and Netherlands

Ministry of Cooperation and Development (DGIS).

10th December

In his message to the Forum, which was read out at the inauguration, the Prime Minister of India, Dr. Manmohan Singh stated: “The challenges of malnutrition that India is facing need to be addressed on a war-footing. In this connection, it is important to focus on foetal under-nourishment and child rearing practices. It is important for mothers to understand the importance of breast milk as both a source of nutrition and for building immunity in the child.”

Shantha Sinha, Chairperson of the National Commission for Protection of Child Rights, in her written message, which was read by Ms. Shalini Prasad, member secretary, NCPCR, stressed the need to create the environment where women could successfully feed their children in the best way possible.

Dr. Syeda Hameed, Member, Planning Commission, in her keynote address, informed of the steps being taken in the 11th Plan to improve optimal infant and young child feeding practices, including a scheme to benefit poor pregnant and lactating mothers financially to enable them to practise exclusive breastfeeding as well as making the protection, promotion and support of breastfeeding a budgeted activity in implementing programmes for the child.

The morning plenary, *Sharing of Status in 2007, of the implementing the Global Strategy for IYCF in the context of MDG 1 and 4* took stock of the action taken to improve policies and programmes related to optimal breastfeeding and

complementary feeding in the participating countries. Presentations made by Dr. Zakhia (UNICEF, Afghanistan), Mr. R.K. Biswas (Executive Director, National Nutrition Programme, Govt. of Bangladesh), Dr. Kesavan (Ministry of Health, Govt. of Sri Lanka), Dr. Pokharel (Chief of Nutrition Section, Child Health Division, Ministry of Health, Nepal) and Mr. Saroj Adhikari (Ministry of Women and Child Development, India) detailed the measures taken by governments to improve breastfeeding rates. However, they all agreed that much more is needed to be done to universalize early initiation and exclusive breastfeeding, as well as the introduction of appropriate complementary foods from the 7th month onwards in order to drastically reduce infant mortality and childhood malnutrition in the region. Discussions revolved around the need for governments to put optimal IYCF on a high priority and develop national plans of action, with clear budgetary allocations. The plans for action should include raising public awareness on optimal IYCF, capacity building at all levels of the health care system, provision of maternity benefits, including nutrition, counselling, information and financial support where needed to pregnant and lactating women, reinforce measures to contain the marketing of breastmilk substitutes and baby foods aimed at children under two years of age, and strengthen monitoring and analysis to ensure that the region can meet its commitments to the Millennium Development Goals.

In the post lunch session, *Models for Supporting Women to implement optimal IYCF*, Dr. KP Kushwaha (Prof. Of Pediatrics, B.R.D. Medical College, Gorakhpur, India) shared details of a district level project at Lalitpur, one of the most backward areas of state of Uttar Pradesh, which has the highest IMR.

Dr. Bhupinder Kaur, IAS, (Addl. Secy., Department of Women's Empowerment) of Uttarakhand State in India presented the state plan of action for the next five years for mainstreaming IYCF in the state.

Dr. Chandradasa, Head, Community Health Unit of Sarvodaya Women's Movement in Sri Lanka shared his concerns of the new threats.

Dr. Arun Gupta, Regional Coordinator IBFAN Asia, explained the concept behind the web-based practice-policy-programme assessment tool, *World Breastfeeding Trends Initiative*, and how this could be used to rank countries in terms of their performance.

The last plenary, Linking with Media took the form of a dialogue with media persons, where media persons could understand the importance of IYCF, and could explain their constraints when it came to coverage. The participants proposed the formation of a "Friends of Breastfeeding Group" among media community to further the issues related to IYCF.



Dr. Syeda Hameed keenly listening about the exhibition



Dr. Tarsem Jindal, Chief Coordinator (BPNI) and Mr. Ian Pett Senior Adviser, CSD (UNICEF-ROSA) chairing the session



Participants at the Forum

11th December

The morning session, *Strategies for supporting women to be successful in early and exclusive breastfeeding*, included further practical suggestions on how to mainstream IYCF in national actions. Dr. S.K. Roy (Senior Scientist, ICDDR, Bangladesh) presented scientific evidence from South Asia on the impact of early and exclusive breastfeeding and timely introduction of appropriate complementary feeding, and shared his country's experience of providing mother support, highlighting the role of community-based peer counselling in improving IYCF practices. Dr. Praveen Kumar (Ass. Prof., Dept. of Pediatrics, Kalawati Saran Children's Hospital, New Delhi)

Recommendations of Forum-4

Group 1: Policy and coordination including the international Code

1. Establishing or reactivating National Committees with sub national committees on Infant and Young Child Feeding (IYCF). Adopt a bottom up approach in consultation with sub national committees to advise and help formulate national policies
2. The highest level of government in the state should announce publicly the acceptance of the policy on Infant and Young Child Feeding
3. National policy should be accompanied by a plan of action and funding.
4. All countries should implement the International Code on marketing of breastmilk substitutes and subsequent World Health Assembly Resolutions.
5. Policy on Infant and Young Child Feeding should:
 - Include a coordination mechanism to ensure that the policy formulated is implemented by all government departments
 - Insist up on all stakeholders public and private to include breastfeeding education and promotion as a part of their annual plan and budget
 - Make exclusive breastfeeding for 6 months a national health indicator
 - Include skill training of all service providers on Infant and Young Child feeding
 - Synchronize various programs on breastfeeding on priority basis.
6. SAARC should put IYCF and the SAARC Code on the agenda of their ministerial meetings on Child Health, Maternal Health, Nutrition etc. and recommit itself proactively on a high priority basis.
7. The South Asia Breastfeeding Partners Forum should continue to meet every year in different countries to serve as a platform for advocacy and learning.
8. Engage with SAARC, Social Affairs section to sensitize and rejuvenate action on the SAARC Code 1996
9. The South Asia Forum Participants should engage themselves in national advocacy for sensitizing the policy makers

Group 2: Strengthening of In-service and pre-service education of health professionals (BFHI and beyond)

1. All Countries in the region are facing similar problems therefore a uniform strategy is required.
2. Advocacy to policy makers at all levels.
 - a. MO Health/MO Higher education etc.
 - b. Planning Commission
 - c. Medical Council/Nursing Council etc.
3. Structured Course & Trained Faculty should be made available uniformly throughout the region
4. Need to have IYCF training for all health care personnel(in service)
5. Uniform training material should be developed at regional level for all health professionals
6. IYCF Quiz should be conducted annually at SAARC level
7. All Days and weeks regarding IYCF should be observed at MC and Nursing Colleges etc

Group 3: Community Outreach, maternity entitlement, nutritional support and skilled counseling

1. Universalisation of IYCF as a service component in existing systems of outreach in each country.
2. Quality training at all levels of health system including all frontline workers based on the BPNI/IBFAN Asia's "3 in 1" training course be adapted to meet country specific requirements.

3. Baby friendly indicators should be integrated at all levels of health system and the community.
4. Baby friendly indicators to be included in standards of quality care for health facilities.
5. Baby friendly hospital initiative should be extended as a continuum of baby friendly community health initiative.
6. Training and toolkit should be common to health and nutrition systems in each country and should include a mother child card incorporating all elements from antenatal care till school age, and use WHO growth standards for growth monitoring and should have pictorials on IYCF to counsel mothers.
7. Ensure that maternity entitlements, including easy access to quality health care services, adequate nutrition and rest during pregnancy and after birth, appropriate information support, skilled support to initiate breastfeeding within one hour of birth and to maintain exclusive breastfeeding and appropriate complementary feeding, financial support and community based child care systems such as crèches where needed and other such services as required should be legalized.
8. Recommendations on budgeting
 - Every country should have fund allocation for protecting , promoting and supporting breastfeeding and IYCF
 - SAARC Development Fund be utilized for IYCF, operational research and training, inter-country sharing of experience and learning
9. Recommendations for monitoring
 - One tool for health, nutrition, IYCF, maternal nutrition(integrated system)
 - Evaluation-every 3 months
 - Quality control
10. Recommendations on Reporting and Evaluation
 - Monthly report compilation at block level
 - Evidence based assessment report
 - Experience sharing every year within SAARC

Group 4: HIV and infant feeding

1. All National Government agencies dealing with HIV prevention in the region should accept and incorporate consensus statement by WHO HIV and Infant Feeding Technical Consultation, held on behalf of the Inter-agency Task Team(IATT) on Prevention of HIV Infections in Pregnant women, Mothers and their infants, Geneva, Oct'06, 'in their policies and planning.
2. All Govt. agencies looking after HIV control program should have budgetary provisions for Infant Feeding in HIV+ mothers.
3. IYCF is a low cost, low technology, effective, doable intervention and should be integrated in the National HIV control program on a priority basis.
4. There should be a well defined system of reorientation of knowledge and skill from top to bottom of all the strata of service providers.
5. Encouraging Family level counseling through home visit, backed up by hospital based services.
6. Appropriate IYCF should be the integral part of BCC (Behavioral Change Communication) and IEC (Information Education and Communication) at National level.
7. More research, data generation, monitoring and evaluation to be done in each country at regular intervals.
8. Discussion on the available research data and up gradation, with all the concerned organizations.
9. All the recommendations should be forwarded to SAARC secretariat for successful implementation and follow-up

Regional Plan of Action for the IBFAN South Asia and the partners for advocacy evolved at the South Asia Breastfeeding Partners Forum 4 held at New Delhi India 10-12 December 2007

1. The South Asia Breastfeeding Partners Forum should continue to meet every year in different countries to serve as an advocacy and learning platform.
2. South Asia IYCF assessment, it should be carried out all countries in 2008 and report published in early 2008, repeat in 2011.
3. Advocacy for HIV programmes to strengthen infant feeding options and skilled development for this purpose.
4. Engage with SAARC, Social Affairs section to sensitize and rejuvenate action on the SAARC Code 1996 and take action in relation to the following;
 - a. SAARC should put *Global Strategy for Infant and Young Child Feeding* and the "SAARC Code" on the agenda of their ministerial meetings on Child Health, Maternal Health, and Nutrition etc. and recommit itself proactively on a high priority basis.
 - b. SAARC and all National Governments and other agencies dealing with HIV prevention in the region should accept and incorporate consensus statement by 'WHO HIV and Infant Feeding Technical Consultation, held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant women, Mothers and their infants, Geneva, Oct'06, 'in their policies and planning.
5. The South Asia Forum participants should engage themselves in National advocacy for sensitizing the policy makers and develop the action plan specifically for this purpose.
6. South Asia participants to work towards skill development of health care providers in breastfeeding, complementary feeding, and infant feeding and HIV using the IBFAN Asia's 3 in 1 course.

shared the Indian experience of several medical colleges in incorporating counselling skills on breastfeeding in the curriculum of under graduate medical doctors in medical colleges.

This was followed by discussion among four groups on *Current Issues and Gaps in IYCF: Strategies and actions at regional and national level*. Through group work the participants

pinpointed recommendations to improve IYCF under four heads: *Policy and coordination including the International Code; BFHI and beyond: Strengthening of in-service and pre-service education of health professionals; Community outreach, maternity entitlement, nutritional support and skilled counselling; and HIV and infant feeding*. From the recommendations developed by the groups grew the regional plan of action for IBFAN Asia as well as the ideas for national actions. The recommendations were presented during a post lunch plenary session chaired by Ms Aradhana Johri, joint secretary, Ministry of Health, government of India, who commended the points raised in the presentations said that though some of the action is being taken in India, however lot more needs to be done.

12th December

The morning plenary, *Supporting Women in the Human Rights Framework*, was given over to discussing why a basic right of women such as right to breastfeed, and of infants such as right to adequate and appropriate nutrition needs legal support in order to be met fully. Dipa Sinha from the Office of the Commissioner of Food, India reported on the case on Right to Food in India's Supreme Court, and how infants' right to food is being incorporated in the Court's directives to the government that include nutritional support to pregnant and lactating women. Dr. Arun Gupta explained the role of the baby food industry in damaging women's confidence in their ability to breastfeed and shared the reasons for the extremely slow progress of the State's case against Nestle for violating the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992*. Dr. Vandana Prasad, Jt. Convenor of *Jan Swasthya Abhiyan* (People's Health Movement, India) outlined the various kinds of support working women need for practising optimal infant feeding. Most women in South Asia work in the informal sector, or do unpaid work in the home and farm, and as such, cannot access benefits that may be available to women in the formal and public sector. These include adequate nutrition during pregnancy and lactation, maternity leave, counselling, community-based childcare support systems such as crèches. The lively discussion that followed threw up several possible strategies.

The post-lunch session was devoted to develop country-based action plans for IBFAN groups. The plans were then presented to the participants who also reviewed and finalized Declaration issued by the forum.

The **South Asia Declaration on Empowering Women for optimal infant and young child feeding**, which was developed during the three days, was unanimously endorsed by the Forum. The Declaration calls upon both SAARC and national governments to put in place systems that will enable all women in the region to feed their babies in the optimal manner. ([Http://www.ibfanasia.org/SABPF-4/SA-Declaration-on-Empowering-Women-for-Optimal-IYCF.pdf](http://www.ibfanasia.org/SABPF-4/SA-Declaration-on-Empowering-Women-for-Optimal-IYCF.pdf))

Maximum child deaths occur within 1st year

The regional workshop on “Promoting child survival, nutrition and health by achieving optimal infant and young child feeding practices”

Organised by MWCD in collaboration with BPNI and UNICEF



From (Left) Dr. Arun Gupta (National Coordinator-BPNI), Shri Chaman Kumar (JS, MWCD, GOI), Smt. Asha Murty (Spl. Chief Secretary, Govt. Of AP), Smt. Shashi Prabha Gupta (TA (FNB), MWCD, GOI) and Smt. Y.V. Anuradha (Dir. WCD, Govt. Of AP) at regional workshop, Hyderabad

BPNI NEWS DESK, HYDERABAD: Proper nutritional input is inevitably linked with the growth and survival of the children. If infants and young children are not adequately breastfed within first hour of birth and during the first six months, there are chances of being affected by diseases leading to high morbidity and mortality of the infants and young children. Still, there is high percentage of infants below 12 months age who die in India. According to NFHS-3, 57 children per 1000 live births die in India. In most cases it has been found that children die due to diarrhea, pneumonia and other infection. Inappropriate infant feeding practice is primarily responsible for such diseases that make the children prone. The reason behind this huge number of infant deaths in India is due to the complete lack of awareness within the community about the appropriate feeding practices.

The extreme necessity for our country is to devise a suitable strategy on Infant and Young Child Feeding (IYCF) practices for the improved survival of children. With that intention Ministry of Women and Child Development (MWCD), GOI, in collaboration with UNICEF and BPNI

organised one-day regional workshop on “Promoting Child Survival, Nutrition and Health by Achieving Optimal Infant and Young Child Feeding Practices” on April 11, 2007 at Hyderabad.

Mr. Chaman Kumar, joint secretary, MWCD, in his welcome address asked all the delegates to strengthen the ICDS and IYCF programmes in India. While sharing his views on the problems of malnutrition referring to NFHS-3 data, he pointed out that 46% of the children under 3 years of age suffer from malnutrition in India. “We should talk about integration of IYCF with ICDS and RCH programmes run by the government of India and the prime objective of these programmes would be to improve the nutritional status of children in India”, he emphasised.

Dr. Arun Gupta, national coordinator of BPNI, said that maximum number of child deaths occur within 1st year of life and it is the most crucial period for these children to be saved by initiating proper infant feeding practices. The three major diseases that kill lakhs of infants and young children in India are neonatal sepsis, diarrhea and pneumonia. However, these diseases can be

prevented by proper breastfeeding practices. Now breastfeeding is recognised as the single most important intervention that could prevent child deaths in India.

The government of India and its concerned ministries are aware of the national guidelines on IYCF, Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, an Act passed by the Parliament of India (amended in the year 2003) and the global strategy adopted in 2002. What is required right now is a firm adherence and commitment to the national action to improve child health in the country, he said.

According to Dr. Gupta, the early initiation of breastfeeding, exclusive breastfeeding, appropriate complementary feeding and continued breastfeeding up to 2 years or thereafter play most crucial roles in child health and survival. And the time has come for India to take more proactive steps and strategic decisions for preventive care than curative care. This will help the country to fulfill all the commitments and goals as mentioned in national

action plans and development goals that deal with the health issues of the children.

Smt. Shashi Prabha Gupta, technical advisor, Food and Nutrition Board, MWCD, GOI, said that nutrition is the most important and crucial part of the physical and cognitive development of the infants and young children. Proper nutritional inputs at early age helps the children to maintain a good health at later stages of life. World Health Assembly (WHA) resolutions and the guidelines of Ministry of Women and Child Development (MWCD) have clearly stated that the implementation of the guidelines on optimal infant and young child feeding is the obligation and shared responsibilities of different organisations.

Highlighting the nutrition scenario of the country, Smt. Gupta further stated that scaling up early initiation of breastfeeding up to 80%, exclusive breastfeeding for first 6 months to 90% and appropriate complementary feeding for the 2 years to 90% are the major

uphill challenges before the government.

She proposed for the integration of nutrition programme with health programme in the 11th Plan. Further, on the implementation of this integrated nutrition programme she said that scaling up networking with the different organisations including medical and home science colleges and NGOs at the state level and appropriately integrating the component of IYCF with government programmes, teaching institutions and hospitals would be the appropriate mechanism to address needs of the children and it should be one of the main objectives of this workshop.

According to Smt Asha Murty, special chief secretary, government of AP, Dept. of Labor, Employment Training and Factories and also the In-charge of Women Development, Child Welfare and Disabled Welfare, there is a complete lack of awareness about the importance of breastfeeding within illiterate masses and even among educated people. Earlier, she was under the impression that all mothers, especially in rural India, used to breastfeed their babies. But that was not the case when she learnt about the findings of the NFHS-3. What really shocked her was the low rate of early initiation of breastfeeding and exclusive breastfeeding in India.

“I was not aware of the huge benefits of colostrum,” she acknowledged. She also pointed out that urgent steps should be taken to undertake skilled counseling at all levels. Smt Murty inaugurated the workshop as its chief guest.

Smt. Y V Anuradha, director, Women and Child Development (WCD), govt. of AP, gave special thanks to all prominent speakers for their invaluable contribution and inputs on infant and young child health and their nutritional aspects that brought a new life to the workshop.

In the workshop, two technical sessions were held. Mr. N S Palanippan, secretary, Social Welfare govt of Tamil Nadu chaired the Technical Session-1 of the workshop. In this session, Dr. J P Dadhich of BPNI

presented the Uttarakhand project report on IYCF followed by another presentation on recent developments in the area of IYCF by Smt. Laxmi Bhavani, UNICEF, Hyderabad.

In the Technical Session- II under the chairpersonship of Ms. Rajini Sreekumar, principal secretary, DWCD, government of Karnataka, the members of Andhra Pradesh, Karnataka, Kerala, Tamil Nadu and Pondicherry states shared current level IYCF practices and the implementation of national IYCF guidelines in their respective states. In the final session, the states presented recommendations and shared their views on state specific plan of action.

A total of 124 participants comprising of government secretaries, doctors, nutritionists, nurses, judicial and legal service representatives, officers of the Women and Child Development, Integrated Child Development Schemes and NGOs from Andhra Pradesh, Karnataka, Kerala, Tamil Nadu and Pondicherry attended the workshop.





WORLD BREASTFEEDING WEEK AWARDS - 2007

1. **Best State Branch:** BPNI Karnataka, BPNI Punjab, BPNI Jharkhand, BPNI Manipur
2. **Best District Branch:** BPNI Amravati, BPNI Akola, BPNI Davangere, BPNI Mysore, BPNI Gorakhpur, BPNI Shivamogga, BPNI Pune
3. **Best NGO:** Lactation Helpline, Committee for Legal Aids to Poor (CLAP), Inner Wheel Club-305, Mamta Samajik Sansatha (Dehradun), Matru Sewa Sangh, (Nagpur)
4. **Best Institution:** RVS College of Nursing (Coimbatore), MS Ramaiah Medical College (Bangalore), Soc Justice Empowerment & Welfare Dept (Govt of Sikkim), IAP Punjab State Branch, Food & Nutrition Board, CFNEU-Goa
5. **Individual:** Dr Rashmi Gupta (Gwalior), Dr Rajendra Khatal (Ahmadnagar), Mrs Syeda Juree Rahman (Dibrugarh), Dr Omesh Khurana (Bhilai), Dr PMC Nair (Kerala), Dr RP Patel (Nardipur), Mrs Joyce Jayaseelan (Bangalore)



World Breastfeeding Week 2007

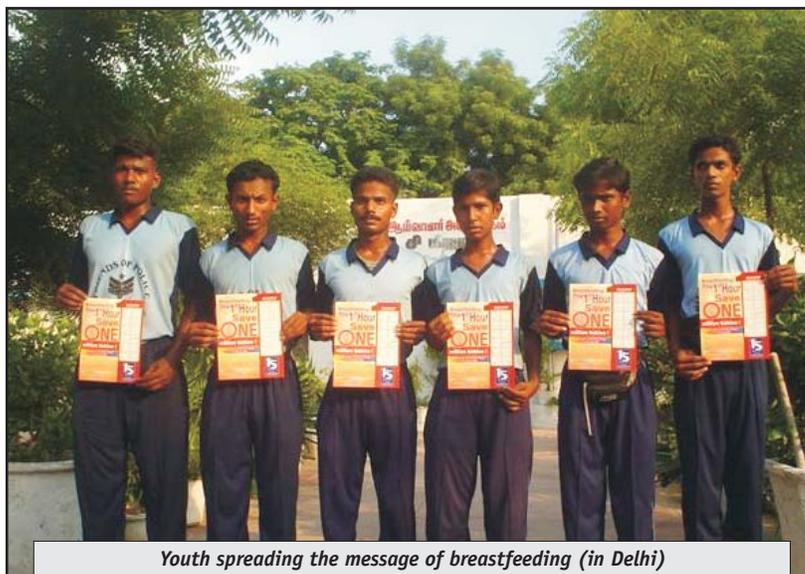


Youth in breastfeeding promotion

BPNI NEWS DESK, NEW DELHI: A group of sixteen youths from Chidambaram of Cuddalore district in Andhra Pradesh participated in a countrywide expedition for the awareness of masses about the ten most pertinent social issues of concern to all.

The youths, known as 'friends of police', joined in a cycle rally that began on 1st July and continued up to 6th August 2007, and the rally marched through Pondicherry, Chennai, Hyderabad, Maharashtra, Madhya Pradesh, Uttar Pradesh, Rajasthan, Haryana and New Delhi.

Dr. A. Muthuswami, who works for the promotion of breastfeeding in Cuddalore district, talking to BPNI said that the youths carrying the message of breastfeeding in the country would certainly help the people to understand its importance for the betterment of young children. Delhi chief minister appreciated them for inclusion of the message of breastfeeding in ten social issues.



Youth spreading the message of breastfeeding (in Delhi)

Subrata Dutta from BPNI appreciated the youths for their involvements in social causes and promoting breastfeeding in the country. He, however, asked the youths to join in the breastfeeding movement and spread the message of breastfeeding among youths.

Trainees advised not to be lured by infant formula producers

IYCF counseling specialist training in Kolkata

BPNI NEWS DESK, KOLKATA: Seventeen participants, hailing from Bangladesh, Orissa, West Bengal, Jharkhand and Pondicherry participated in the BPNI's training on IYCF counseling specialist which was held at Kolkata from 14 to 20 May, 2007. The participants were assistant professor of pediatrics, medical officer, dietician, nurse, health worker and breastfeeding counselor who joined the training to gain knowledge about the best counseling practices of IYCF.

"I feel confident and would apply this knowledge in my present job", says Farhana Nasir, who works as breastfeeding counselor in Bangladesh. According to the participant Ms. Jaya Chatterjee, "this training has helped me to get the in-depth knowledge regarding counseling and public dealing in a healthy manner."

Swami Sarvalokananda, secretary, Ramakrishna Mission Seva Pratishthan and Vivekananda Institute of Medical Sciences, who inaugurated the training programme, addressing the participants said that trainees should not be lured by promotional tactics of the infant formula producers. Stressing on the importance of breastfeeding, he said that breastfeeding and breastmilk cannot be substituted, adding that breastfeeding not only make babies healthy but also

healthy families and a healthy nation.

Dr. Arun Kumar Debnath, state family welfare officer and joint additional director of health services of West Bengal, raised the issue of high IMR and asked to bring it down. Dr. Parbati Sengupta, BPNI West Bengal state coordinator, welcoming all participants said that this training would help the participants to impart knowledge to the mothers about breastfeeding and appropriate & adequate home based foods to the children, thereby, helping in reducing IMR and child malnutrition.

Dr. Momota Choudhury, a pediatrician who since long has been advocating breastfeeding in West Bengal, shared her experiences and difficulties during those early days in promotion of breastfeeding and encouraged all participants to help mothers to breastfeed their children.

Dr. Koninika Mitra, UNICEF representative, visited a session of the training and asked the participants to put this learning into practice. BPNI national trainers Dr. Sandhya Agarwal, Dr. B.B.Gupta and Dr. Kamalendu Chakrabarty alongwith Dr. Parbati Sengupta conducted this 7-day training.

NGO representatives meet to strategise alternative CRC review process

BPNI NEWS DESK, NEW DELHI: Indian Alliance for Child Rights organised a meeting in New Delhi on August 30, 2007 to work on India's action on the UN Convention on the Rights of the Child. Subrata Dutta from BPNI participated in the meeting and shared his views on the role of IYCF in protecting children's right to nutrition.

The NGOs are supposed to prepare a country report on all the issues of children and that would be sent to the NGOs Committee of UN. The guidelines for the NGOs to report on specific child rights to UN were discussed in the meeting. Central government had asked the state governments to report on the children issues and by the end of July

2008 the government would submit its own CRC report to UN.

In the meeting, the rights of the children were discussed and what changed over the last 5 years. Most states had been organising consultative meets and state NGOs could be part of those consultative meets.

Training helps the doctor, nurse and nutritionist to solve the problems of mothers

Assurance for opening breastfeeding-counseling centre at Ambedkar Hospital: Dr. Bangotra

BPNI NEWS DESK, DELHI: The IYCF Counseling Specialist Training was organised from 18 to 24 June at Dr B S Ambedkar Hospital, Delhi to help the trainees to become IYCF counseling specialists. By completing this 7-day training, a trainee can establish IYCF counseling centre.

Explaining the objectives of the training, Dr. MMA Faridi, course director of the training, said that this training would help the participants to understand the problems of mothers as well as their babies. Dr. Faridi gave a clear outline where to establish this centre and what manpower and other things are required. He also stressed on the important role of these specialists in reducing anemia, a disease prevalent in 80% of the mothers and 60% of the children in India.

Dr. Arun Gupta, national coordinator, BPNI, shared his experience of earlier IYCF training, which was conducted only for 5-days. He

asked the participants to learn two complex issues of breastfeeding i.e. HIV and complementary feeding. "We are trying to produce a group of counselors who can gradually become the breastfeeding advocates. In USA, these

counselors have a demanding position in the society, said Dr. Gupta.

Dr. Tarsem Jindal, chief coordinator, BPNI, acknowledged the efforts put in by this hospital in taking this movement forward. The knowledge of the pediatrics and gynecologists is inadequate and this training could fulfill their knowledge gaps, said Dr. Jindal.

Dr. A.K. Bangotra, medical superintendent of Dr B S Ambedkar Hospital, in his address to participants said, "A baby has the right to share the feeling with mother. This training is helpful to learn about the techniques of breastfeeding". He, however, announced to open up a breastfeeding-counseling centre in the hospital.

Dr P Kumar, Dr Anita Gupta, Dr Chanderkant were its trainers. A group of 19 participants, 2 from Sri Lanka and 17 from Indian states, attended the course. Among them, 13 were doctors, 4 nurses, 4 nutritionists and 1 professional from NGO.



Malnutrition and education are two key important issues of development

World Forum 2007 on “Millennium Development Goals and their Implications for Children” held in New Delhi

BPNI NEWS DESK, NEW DELHI: Social leaders, academia and activists from various countries of the world joined World Forum 2007 held in New Delhi from August 21-24 to discuss the Millennium Development Goals and their implications on children.

Mr. Bruce Rivers, president of International Forum for Child Welfare, in his keynote address to delegates said that they were trying to build a relationship with the children in the whole world. IFCW's focus remains on critical issues of child welfare and set priorities for the NGOs to use the UN Convention on the Rights of the Child as a reference to protect the interests of child rights.

Dr. Rajshekaran, vice chancellor of IGNOU, while discussing on 'Government facilitation towards achievement of the MDGs' said that nutrition and education should be two strategic areas of child development. Referring to an UNDP 2006 report he said the report indicated the country status report on child mortality, literacy and education. “Malnutrition and education are the two key important issues of development and if you can address these two issues, other societal problems can be solved,” said Dr. Rajshekaran.

National Commission for Protection of Child Rights chairperson Mrs. Shantha Sinha said that child survival is important for the family, for community and as well as for the whole nation. It is unfortunate that children remain hungry. “We will have to develop a framework and look for ways to protect the rights of the children,” informed Mrs. Sinha.

Mr. Subrata Dutta, communication officer of BPNI, in his presentation on the 'role of breastfeeding in child health and development' said that India's status on IYCF is poor and most of the states have no vibrant policies and programmes resulting in huge number of infant deaths. “India should develop a national action plan on IYCF as basic health

service delivery to reduce infant mortality,” according to Mr. Dutta.

He also retreated for incorporating a national plan of action on IYCF in its 11th and 12th plans with having sufficient budget allocation. In ICDS restructuring plan, it should take a policy decision to provide infant and young child feeding counseling as a key component of ICDS services, Dutta emphasised.

Child survival, protection and development are the key child rights. “Every newborn babies should be saved in a country”, said Mrs. Razia Sultan Ismail, convener of Indian Alliance for Child Rights.

Ms. Shireen Vakil Miller, advocacy & policy head of India programme, Save the Children, presented an overview of the

world children and their health status. She discussed about the benefits of breastfeeding and its implications on child health and development. While Ms. Shradha Kappor, reader of Lady Irwin College, in her presentation on 'promote gender equity and empower women' emphasised on women nutrition control and asked the women to join social groups for gaining knowledge about their health rights.

Other luminaries who discussed on child rights in the forum were Dr. Parth J. Shah, president of Centre for Civil Society; Dr. Ray Cleary, CEO of Angolicare Victoria; Mr. Shankar Chaudhury, UNESCO; Dr. Jyotsna Rajvanshi, project director of Childline; Swami Agnivesh, social activist; Mr. Vasu Mohan, dy. director of IFES; Mr. Shankar Venkateswan, executive director, American Indian Foundation; Ms. Coleen Clare, CEO of Centre for Excellence in Child and Family Welfare; Prof. T.K. Oommen, Retd. professor of JNU. Deepalaya, an NGO works for the well being of children and IACR, a network of child rights organisations and individuals, jointly organised this World Forum 2007.



(From Left) Subrata Dutta (BPNI), Vasu Mohan (IFES), Raksha M. Bhayana (LHIE) and Shireen V. Miller (SC) in an interactive session at World Forum 2007

BPNI as part of alternative UN CRC review process will make a country report on the status of infant nutrition and IYCF practices

BPNI NEWS DESK, NEW DELHI: In the CRC consultation, which was held in New Delhi on 20 July, the involvement of NGOs in the state governments' consultations discussed. It aimed to prepare an alternative country CRC report and states were asked to consult NGOs while making the country CRC report.

In the meeting, it was emphasised to prepare micro reports on specific districts. Subrata Dutta stressed on the study report conducted by BPNI in 49 districts and asked the members representing national CRC to incorporate BPNI's report in the alternative CRC country report to UN. The members of the CRC consultation and NGO representatives welcomed this step and invited BPNI to make an exclusive country report of children within the age group of 0-2 years. The country report will encompass the status of infant nutrition and IYCF practices in the country.

BPNI was invited to participate and send its representatives to all regional consultations to sensitize the NGOs about IYCF and breastfeeding, which was actually destined to dig out region specific issues on IYCF practices. Subrata Dutta from BPNI participated in this consultation meet.

NGOs discuss harmful traditional practices of giving water, honey to newly born babies

BPNI NEWS DESK, CHANDIGARH: Participants from the states of Punjab, Haryana, Himachal, Jammu and Kashmir attended the CRC consultation meet, which was held at Chandigarh in July, 2007.

The participants discussed high rates of girl child trafficking, the decline of sex ratio, abortion and early child marriages occurring in some parts of Punjab and Haryana. In 3 districts of Jharkhand, there is a serious decline of teenage girls migrating to Punjab and Haryana. The issue of maternal mortality data was also discussed in the meeting and participants from Punjab state said that there was no data available on maternal mortality in the state. It was discussed that the people of Punjab were opting for single child. If they have a male child, they are not going for second child. This is happening as because of privatisation of hospital services and the cost factor of assessing health services is limiting the possibility to produce another child. In Punjab, even the adoption is taking place only among boys. But the trend of adoption in Himachal is changing very fast. The demand for girl child adoption is growing.

The problem of discrimination against girl, high rate of morbidity, malnutrition and infant mortality was discussed in the CRC consultation meet. Subrata Dutta from BPNI discussed the importance of breastfeeding and the IYCF practices in these states. He also shared the findings of the research report conducted by BPNI in Uttarakhand.

FEEDBACK

I am a nutrition coordinator and don't have much knowledge about some diseases and their treatments, especially about breast related diseases. Through this training, I came to know about infective mastitis, blocked duct, candida of breast etc. I learnt about proper counseling skills and how to give support to mothers.

Ms. Arpita M. Masih
ADP- Jabalpur, World Vision India
Jabalpur, Madhya Pradesh

I am one of the participants of the IYCF training organised at Bangalore. I want to thank you for offering me a valuable training on IYCF practices. It is extremely beneficial and my skills have been increased tremendously. I want to express my gratitude for providing a safe, detailed, organised and intensive learning environment.

Ram K. Annadata

I am happy that I have got the opportunity to attend the training course in my early career. Otherwise, it would have taken many years to realise the importance of

breastfeeding. The counseling skills taught to us were important for healthcare providers. It was a wonderful experience to learn these skills.

Dr. Anil M.U,
Bangalore Medical College and Research Institute.
Bangalore-560047

I have got clear ideas about breastfeeding. I have gained more knowledge and information about breastfeeding & feeding techniques, expression of milk. These I didn't know earlier.

Dr. P. Viswanathan,
Practicing Pediatrician
Sri Ram Clinic, Coimbatore

This IYCF counseling training wipes out many wrong misconceptions and beliefs. It has increased my knowledge and skills about breastfeeding. The training taught me how to communicate and approach a mother.

Dr. Ashisk Chokshi, MBBS, DCH
Kalrav Children Hospital,
Ahmedabad-52

Area consultation meet on alternative country UN CRC review process in Rajasthan

BPNI NEWS DESK, RAJASTHAN: Indian Alliance for Child Rights (IACR), Breastfeeding Promotion Network of India (BPNI) in collaboration with Gandhi Manav Kalyan Society (GMKS), organised an "Area Consultation Meet" on 28 December, 2007 at Udaipur as part of the Alternative National CRC review process for the NGOs in Rajasthan and Gujarat. Mrs Razia Ismail Abbasi (IACR), Dr Jyotasana Chatterjee (Joint Women's Programme) and Subrata Dutta (BPNI) participated in the consultation meet as resource persons.

Mrs. Razia Ismail Abbasi discussed the CRC process, its aims and objectives and how local NGOs can contribute to the UN CRC review process. She discussed

the processes of CRC reporting, forming of a local team for coordination in the CRC review process in Rajasthan. She briefly outlined the guide book of the CRC reporting using the articles of the UN Child Rights Convention. Before that, the representatives comprising of directors, high and middle level functionaries of various NGOs and CBOs introduced themselves with their works and activities on protection of child rights.

Mr. Madan Nagda, director of GMKS, welcomed all participants with a brief introduction note on the violation of child rights in Southern Rajasthan. Dr Jyotasana Chatterjee (Joint Women's Programme) shared the Delhi CRC and West Bengal CRC processes and asked all

to actively participate in the country CRC process.

Subrata Dutta shared BPNI's advocacy works with government especially its recent involvement with Planning Commission and PMO to promote breastfeeding in the country. He urged the NGO representatives to do the needful interventions particularly on early initiation of breastfeeding and exclusive breastfeeding in the state.

Mrs. Madhu Pangotra from CHETNA shared her experiences and status of Gujarat CRC report. She gave brief idea about how the NGOs can compile CRC report for Rajasthan. She suggested certain key indicators while compiling an alternative country CRC report.



NGO representatives from Rajasthan and Gujarat attending the "Area Consultation Meet" of Alternative National UN CRC Review Process at Udaipur

Discussion on NRHM's rural health services

BPNI NEWS DESK, NEW DELHI: BPNI representative participated in a consultation on the findings of People's Rural Health Watch Initiative, a programme initiated by the Jan Swasthya Abhiyan (JSA) to look into impacts of NRHM. Advisory group on 'Community Action' under NRHM in collaboration with Jan Swasthya Abhiyan organised this consultation in Delhi on April 15, 2007.

Mr. Amarjeet Sinha from the Union Ministry of Health and Family Welfare discussed about the NRHM as a policy and its human resource deployment. Before this, Dr. Shukla took an orientation session on JSY's engagement with NRHM and its

need for People's Rural Health Watch. This activity was initiated in January 2006 to look into the impacts of the NRHM on the rural health services, especially at district level.

There were state wise presentations of the NRHM service delivery mechanisms at village and block levels. Each state had mixed experience of positive and negative service delivery, but the growing concern for all participating states was the misuse of NRHM funds available at block and district levels. Mr. Sinha, however, asked the participants to develop a strong monitoring tool to measure NRHM.

Trainees visit PPTCT centre and discuss with HIV+ve pregnant mothers

7-day training held at Bangalore will help the trainees to set up counseling centers. In these centres they will counsel, demonstrate and practically help the lactating mothers to properly breastfeed their babies

BPNI NEWS DESK, BANGALORE: Nidhi Tiwari, a working mother of two young children, shared a lot with the participants the experiences her daily lifestyle that traverse through managing the day-to-day works and nurturing two young children who survive on her breastmilk. Her involvement in the work for livelihood and regularly breastfeeding the two young children on daily basis that gave a new insight to the participants to understand the critical circumstances wherein a working mother sometimes need the support of family and community to adequately breastfeed her babies.

There were such other innumerable sessions, lectures and demonstrations organised for the participants who attended the 7-day training programme on IYCF counseling specialist held from 14 to 20 May at Bangalore. BPNI in collaboration with UNICEF organised this training programme.

The participants who attended the training got the opportunity to visit a PPTCT centre and few among them observed the counseling session. Few participants had even interacted with HIV+ pregnant mothers, who were counseled by counselors during post-test and while breastfeeding.

A range of professionals from various disciplines and

backgrounds like professor and asst. professor in pediatrics, pediatric cardiology, postgraduate students of pediatrics, lecturer in pediatrics, senior specialist, sisters (nursing), dietician, obstetrician, lactation manager and homeopath practitioner participated in the workshop.

Three national trainers from BPNI took several sessions of the workshop. Dr Naveeda had sessions on (a) assessing of breastfeed (b) not enough milk and (c) local situation of infant young child feeding. The sessions demonstrated the infant situation of states like Karnataka, Andhra Pradesh, Tamil Nadu and Kerala. Dr Ganga Jyothi took one session on 'complementary feeding- foods to fill nutrient gap'. Dr. Srinivasan gave valuable inputs on IYCF to the participants.

This 7-day training will help the participants to set up counseling centers from where they will counsel, demonstrate and practically help the lactating mothers to properly breastfeed their babies. The participants are expected to contribute in addressing the lack of skilled health care support, lack of support of family, lack of accurate information of feeding practices and aggressive marketing of commercial baby foods/ milk. Dr Asha Benakappa was the in-charge of the training course.

OBITUARY

Dr. S. Jayam, a veteran pediatrician and neonatologist, passed away in Chennai on 5th January 2008 after a brief illness. Dr. Jayam was born on 4th August 1939. She was a trained pediatrician and had greatly contributed to Indian society especially in reduction of neonatal mortality through cost effective interventions and promotion of breastfeeding. She was the active member of many institutions like IAP, NNF and BPNI. She held prestigious positions in various offices, bodies and international institutions. She was the founder director of Sahishanatha Education and Charitable Trust and recipient of many awards and distinctions during her life.



BPNI's members and staff pay homage to Dr. S. Jayam for her long contribution and association with us. Her dedication and contribution will always be inspiring us and those involved in child care, protection and promotion.

In solidarity,

All BPNI members and staff

Jammu & Kashmir far from optimal breastfeeding practices

Yasmeen Khan and Nelofar Khan
Institute of Home Science, University of Kashmir

The study conducted in Jammu, Kashmir and Ladakh districts reveals a similar trend in early initiation of breastfeeding, but the trend differs widely when it comes to pre-lacteal feeding. In exclusively breastfeeding, the trend of Jammu and Kashmir is almost similar but the rate is abysmally low in Ladakh district.

Early initiation of breastfeeding

Breastfeeding immediately after childbirth, which is important for survival and growth of the infants, is not commonly practiced in each and every household of the three districts, resulting in poor rate of early initiation of breastfeeding. Only 27.2% infants from Jammu and 28.1% from Kashmir received breastmilk only after 1 day. NFHS-2 data of Jammu and Kashmir also showed the same trend with only 59% children reportedly breastfed within 1 day. Early initiation of breastfeeding is a common practice in Ladakh than Jammu & Kashmir. The national report on the status of Infant and Young Child Feeding in 49 districts of India conducted by BPNI (2003) also shows early initiation of breastfeeding is higher among the mothers belonging to scheduled tribes. Our study holds conformity with it, since Ladakhis fall under scheduled tribe category. Devdas (1999) found more of higher socioeconomic mothers delivered in hospitals to breastfeed their children early. This study also shows that women from higher socio-economic status in Kashmir and Ladakh were early initiators.

Pre-lacteal feeding

Around 66% mothers gave pre-lacteal feeds to their babies. Breastmilk as the first feed was given to 21.2% infants in Jammu,

39.8% in Kashmir and 91.1% in Ladakh. The disturbing finding was that a sizeable proportion of infants were given commercial milk as pre-lacteal feed, which has a wide prevalence of pre-lacteal feeding in rural India, irrespective to most of the familial characteristics was also reported by Kishore and Garg (1999). The types of first feed given after birth relegates different pictures between three regions.

It is clear that initiation of breastfeeding immediately after delivery is unacceptably low which can be related to giving pre-lacteal feeds which delays "early initiation of breastfeeding" and breaks "exclusive breastfeeding". Incidence of giving pre-lacteal feeds is higher among Jammu mothers followed by Kashmiri and Ladakhi mothers.

Exclusive breastfeeding

An equal proportion of infants are exclusively breastfed for 0-6 months in Jammu and Kashmir, with 52% of the young children are exclusively breastfed in Jammu and 52.1% in Kashmir followed by only 15.8% in Ladakh. This may be viewed as relatively better situation in Jammu and Kashmir regions. The rates of exclusive breastfeeding for 0-3 months in Jammu, Kashmir and Ladakh were 56%, 52.6% and 91.8% respectively. The last figure reflects a better situation of Ladakh. But when it comes to exclusive breastfeeding, only 6% mothers in Ladakh were exclusively breastfeeding their children up to 6 months and 41.5% in Jammu and 27% in Kashmir. The overall exclusive breastfeeding trend in Ladakh and Kashmir reflects a relatively more unfavorable situation for the young

children. According to BPNI study 2003, exclusive breastfeeding was 54.5% at 3 months but had declined to 27.3% at 6 months.

In all the three regions, almost equal efforts would be needed to promote exclusive breastfeeding up to 6 months and introduction of supplementary foods should be encouraged only after completion of six months.

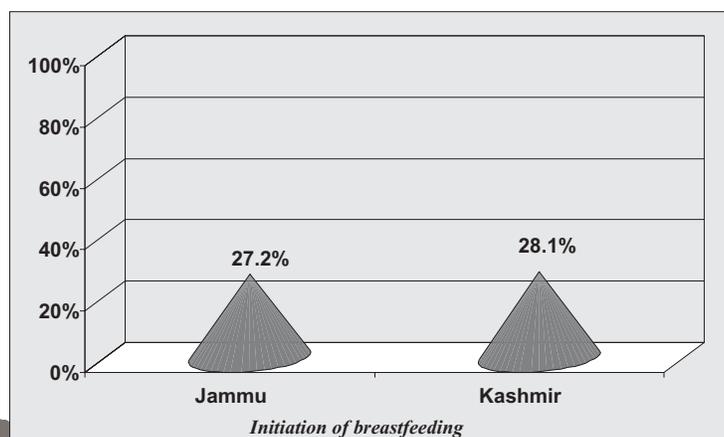
Partial breastfeeding

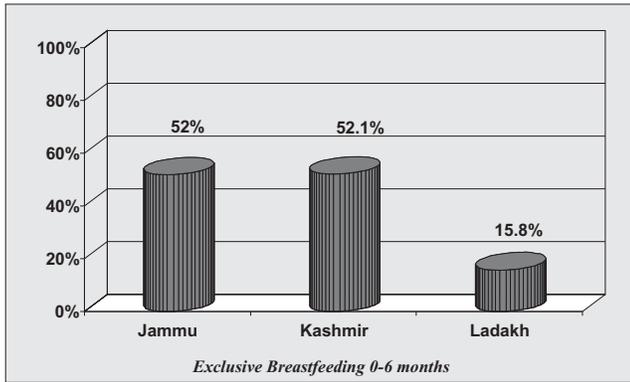
Partial breastfeeding rates were very high in all the three regions. The partial breastfeeding rates during 0-6 months in Jammu, Kashmir and Ladakh were 38%, 43.3% and 71.2% respectively. Introduction of supplementary milk at an early age leads to nipple confusion on the part of the infant thereby increasing the chances of bottle-feeding. In terms of lactation physiology, the breast produces milk in response to sucking. Therefore mothers, who add supplements have more difficulty in establishing good milk supply, are more apt to wean early and give "insufficient milk" as a reason for weaning.

Breastfeeding should be continued up to 2 years of age or beyond with appropriate supplements only after 6 months of age. Requirement of certain nutrients can only be optimally fulfilled if breastmilk is given with supplementary foods. If the food provided is of inadequate quality and quantity, it will have the effect of displacing breastmilk without contributing nutritional value to the child and is likely to increase morbidity. In the study it shows that partial-feeding rates after 6 months were 86%, 90.9% and 100% for the three studied regions.

Breastfeeding problems

As lactation is a physiological process mediated by secretion of hormones, where nervous influence also plays a part, the mothers experience during breastfeeding can further affect the breastfeeding practices in many ways. Maximum number of mothers (80.7%) studied in the region face no problem during breastfeeding. But their other problems are associated with pain and burning at nipple, cracked nipple, insufficient milk, teeth bite of baby, ulcer





nipple, breast engorgement and retracted nipple. There is significant difference between three regions with regard to occurrence of breastfeeding problems. Since mothers facing breastfeeding problems are likely to avoid and ultimately stop breastfeeding if the problems are not addressed. It is mandatory to address and reduce such problems because correcting such problems is likely to make more and more women to practice exclusive breastfeeding. We require skilled staff to counsel women in breastfeeding and solve the problems as and when they arise.

The study observed that only 41.5% mothers received instructions from health care workers about breastfeeding, while 37.1% mothers had self-knowledge. These findings are disturbing and make a strong case for greater involvement of health care workers educating the mothers during reproductive period. One of the best ways would be to counsel about breastfeeding during antenatal visits which, in-turn, can have positive impact over breastfeeding practices.

Most common reason for stopping breastfeeding is cessation of breast milk and the rate remains about 63.8% in Jammu, 57.6% in Kashmir and 24.4% in Ladakh. Next pregnancy was the reason stated by 14.5%, 21.2% and 12.2% mothers in the three regions. Gopujkar (1984) found the reason for cessation of breastfeeding as insufficient milk or no milk in 70%, 60% and 79% percent mothers at Bombay, Calcutta and Madras. About 30-60% mothers had given up breastfeeding due to next pregnancy.

Supplementary milk-feeding practices

There were 44.0% infants in Jammu, 47.4% in Kashmir and 8.8% in Ladakh who had been shifted to supplementary milk at 0-3 months age. The reason for starting supplementary milk at an early stage as

stated by 78.0% mothers and 10.0% working mothers was insufficient milk.

Taking all regions together, there were 60.8% infants receiving animal milk and 39.2% receiving commercial milk. The animal milk was much more widely consumed by the

infants at Ladakh region which is about 73.5% followed closely by Jammu region which is at 71.3%. Unlike in the case of commercial milk, which was used in much higher proportion by Kashmir region (58.1%) and least used by Ladakh region (26.5%). Supplementary milk was more often fed by bottle (84.1%) in all the three regions. In Ladakh, 55.9% mothers fed top milk by spoon/ cup while in Kashmir only 14.6% mothers were using spoon or cup. The use of bottle-feeding was particularly noticeable in Jammu (90.6%) followed by Kashmir (85.4%).

Sterilization (and that too not after every feed) was practiced to a significant extent only by 54.6% in Jammu, 53.1% in Kashmir, and 43.3% Ladakh region. In most cases (43.5%) milk was diluted. More women in Kashmir (50.6%) used to give dilute milk to infants and same trend was followed (44.5%) among Jammu women. Overall, 65% mothers had self-knowledge about top feeding.

Results indicated highly significant inter-regional differences in breastfeeding practices. Exclusive breastfeeding rates at 0-3 months were 56%, 52.6% and 91.2% in Jammu, Kashmir and Ladakh. While at 0-6 months exclusive breastfeeding in the regions were 52%, 52.1% and 15.8%. Exclusive breastfeeding got hampered in Jammu and Kashmir regions due to introduction of top milk while in Ladakh children are weaned quite early. The study shows that erratic feeding practices have made deep inroads into the psyche of the population. Despite the legislation of IMS Act the commercial sector continues to find ways and means to market their products that undermined breastfeeding in all the three regions.

Methodology

Random sampling was used with probability

proportion to size (PPS). The sample was selected in two stages.

Stage I. Estimated population for 2005 of the study groups was obtained from the census authorities and added up to the population of the sample at each center.

Stage II. The children were selected from three regions: 680 children from Jammu, 512 from Kashmir and 101 from Ladakh were randomly selected from health institutions of the districts.

Tools used. Pre-tested questionnaire cum interview schedule was used to collect relevant information. Data was compiled and all the analysis was done through SSP-10 (Statistical package for social science) software package.

Bibliography

- Bomzai P.K., (1962), Socio Economic History of Kashmir; Ali Mohd. & Sons, Srinagar, Kashmir
- Chitkara AJ, Gupta S: Infant feeding Practices and Morbidity; Indian Pediatrics, 1987, 24: 865-71.
- Devidas RP, Purushothanman V and Paul M. (1999). Trends in Breastfeeding practices. The Ind. J Nutr Diet; 36 (1): 1-11.
- Hiwarkar PA, Aswar NAR, Durge PM Shendre MO: Breastfeeding & Weaning practices in Rural Mothers; The J Obstet Gynaec India 1999, 49(6), 73-76.
- Gopujkar PV, Chaudhuri SN, Ramswami MA, Gore MS and Gopalan C. (1988). Promoting Wholesome Infant Feeding Practices in India. Indian J Pediatrics: 55(1): 173-176.
- Geervani P. Current weaning practices, Constraints for supplementation and the scope of modifying adult diets for infant feeding. Report of Workshop on Weaning Foods. 1-2 July. WHO/ ICMR Regional office for South-Central Asia. New Delhi. 1983.
- Gupta A., Kushwaha KP, Sobti JC and Jindal T. (2001). Guidelines for Nutritional Professionals: Breast Feeding and Complementary Feeding. BPNI, New Delhi: 10.
- Ibhanebhor SE, Muogbo DC: Impact of the Baby Friendly Hospital Initiative. Int Child health 1995, VI: 73-76.
- International Institute for Population Sciences (IIPS). And ORC Macro. 2000. National Family Health Survey (NFHS-2), 1998-99:India, Mumbai: IIPS..
- Okeahinalan TC. Breastfeeding Practices Among Nigerian Mothers. J. Trop Prediatr 1986: 154-157.
- World Health Organization. Sixth Report on the World health Situation, Part I Global Analysis 1973-1977, WHO, Geneva, 1980.
- WHO/UNICEF meeting on Infant on Young Child Feeding, WHO Chronicle, 1979; 33: 435-443.
- Gupta R (2006) Jammu and Kashmir Ramesh Publishing House 12-H New Daryagang Road, New Delhi.
- Lawrence, Welter R; (1967) "The valley of Kashmir" Kesar Publishers Residency Road, Srinagar, Kashmir.
- Rabbanie G.M (1981) Ancient Kashmir; A Historical Perspective Gulshan Publication, Srinagar, Kashmir.

ANNOUNCEMENT

BPNI Certificate Course on “Infant and Young Child Feeding Counseling Specialist”

BPNI/IBFAN Asia is organizing certificate training Courses on **Infant and Young Child Feeding Counseling: A Training Course – The 3 in 1 Course** (*An Integrated Course on Breastfeeding, Complementary Feeding and Infant Feeding & HIV-Counseling*) at, Lucknow, Gwalior, Gorakhpur, Hindupur, Delhi and Ranchi during April, May and June 2008.

Interest and commitment: Protecting, promoting and supporting breastfeeding and complementary feeding. Help for solving mother's problems

Who can do it: Doctors, Staff nurses, Graduates in nutrition, science, dietetics, home science, social work etc.

Duration of training: 7 days (51 Hours) including 5 X 2 hrs clinical practice in hospital.

Competence after receiving training

Able to:

- Provide individual counselling on breastfeeding, complementary feeding HIV and Infant Feeding
- Initiate setting up a infant and young child feeding counseling center
- Provide referral level support

Training: 4 National Trainers will train 24 infant and young child feeding counseling specialists in one training session

Course Fees: **Rs. 5,000/-** (includes training materials, lunch and tea)

Training Venues and Dates

Place	Date
Lucknow, Uttar Pradesh	28 April - 4 May 2008
Gwalior, Madhya Pradesh	8 - 14 June 2008
Hindupur, Andhra Pradesh	17 - 23 June 2008
Gorakhpur, Uttar Pradesh	21 - 27 June 2008
Delhi	22 - 28 June 2008
Ranchi, Jharkhand	26 September - 2 October 2008

For registration and more information

www.bpni.org

For other information please contact us

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