

BREASTFEEDING AND GENDER



Since the early days of the breastfeeding movement we have known that women's ability to breastfeed is related to gender roles, gender inequality and women's status. Advocate Ted Greiner advised, over 20 years ago, that "many of the things the women's movement is fighting for are in fact measures that would be beneficial in the promotion of breastfeeding: improved working conditions and maternity benefits for working women; help with the burdens of childcare and household tasks, especially during the first weeks after delivery; health care that is more sensitive to the needs of women; the opportunity to space babies as they choose; and freedom from the fear and suffering caused by poverty and malnutrition".¹ Similarly back in 1989, Canadian breastfeeding scholar and advocate Penny Van Esterik wrote that "Although breastfeeding is a conservative mammalian function, it

requires radical social structural transformation in order to succeed. These changes include the division of labor, more equitable distribution of income and resources, and higher priorities on maternal and child welfare."²

These same ideas remain important today. Currently I am working on a study that is asking people around the world to envision what it would take to create a community where all women are able to breastfeed and all babies have access to human milk. Although this study is still in process, I can share some preliminary findings that shed light on how gender is important to the development of a breastfeeding friendly community. Respondents from this study, who so far come from 18 countries, including India, have highlighted how important it is that we value and support women both as mothers and as workers and that we make it easier for mothers to both care for

their children and be successful in their jobs. Similarly, our respondents also indicated that it is important for us to value men as fathers and make it possible for men to care for their children as well as be successful in their jobs. In most places around the globe this requires changing notions in the community about what is "appropriate" work for men and for women to do. Unfortunately most workplaces are still organized to meet the needs of men or women who are not mothers, and our ideas about parenting constrain what men and women are able to do. This leaves women who are pregnant, breastfeeding, and caring for children very vulnerable since it is so hard for them to manage their responsibilities as paid workers and as mothers. Women need a certain amount of flexibility in the ways they work, mother and breastfeed in order to be successful but too often what

1. Greiner, Ted. *Ideas for Action Programmes for Promoting Breastfeeding* (pg. 61-65). *The breastfeeding movement: A source book*, eds. Lakshmi Menon, Anwar FAZal, Sarah Amin, and Susan Siew. Penang, Malaysia: World Alliance for Breastfeeding Action, 2003.

2. Van Esterik, Penny. *Beyond the Breast-Bottle Controversy*. New Brunswick, New Jersey: Rutgers University Press, 1989.



they experience is rigidity at every turn: organizations are demanding, breastfeeding is biologically demanding, and our expectations for mothers, fathers and for workers are demanding and often incompatible.

Important strategies for us to consider include: passing laws that protect working mothers from discrimination and sexual harassment if they breastfeed; constructing workplaces so that women have more control over their bodies, space and time in ways that make it possible for them to either breastfeed or express milk; shifting family norms so that mothers have sufficient control over family resources and their own income; ensuring that breastfeeding mothers and babies safe from physical or psychological harm if they breastfeed at work or in other public spaces; and ensuring that women have the knowledge and skills they need to mother, work, and breastfeed successfully.

The challenges facing the breastfeeding advocacy community

today are not to be underestimated: it is hard to find ways to keep mothers and babies together all the while ensuring that working mothers are able to breastfeed and that women who breastfeed do not suffer significant economic and social costs. Critical to our success is the development of partnerships allied around similar goals of ensuring the health, well-being and quality of life of mothers and children including specifically those organizations advocating for women's full participation in society and their economic, political and social equality with men.

Paige Hall Smith

PhD, MSPH

*Co-Coordinator Gender Working Group, World Alliance for Breastfeeding Advocacy,
Director, Center for Women's Health and Wellness, and
Associate Professor of Public Health Education, University of North Carolina at Greensboro Co-Director of the Breastfeeding and Feminism International Conference*

This newsletter is a joint effort of Breastfeeding Promotion Network of India (BPNI) and International Maternal and Child Health (IMCH) to compile the various evidence from India and other countries related to gender and breastfeeding.

Gender Inequality in Terms of Health and Nutrition in India: Evidence from National Family Health Survey 3

AK Tiwari. Pacific Business Review International 2013, 5(12) : 24-34

Gender inequality is one of the major problems faced by the human society. It refers to unequal and biased treatment towards female. Fortunately, over a period of time, things have slowly changed. However, this is still a very serious and widespread problem in society. National Family Health Survey -3 (NFHS-3) report provides information on health and nutrition for both children and adults. In this paper an attempt has been made to analyze the gender inequality on the basis of gender parity index with respect of health and nutrition. The findings show a significant gender bias against female (both children and adults) in most states of India.

Parental Education, Gender Preferences and Child Nutritional Status: Evidence from Four Developing Countries

Novella R. Institute for Social and Economic Research Series. May 2013

This paper analyses the effect that maternal bargaining power

in the household has on two indicators of child health that reflect short-run shocks (weight-for-length) and long-run shocks (length-for-age), after taking into account characteristics of the child, parents, household and genetic components. Moreover, the estimates take into account potential unobserved factors that might influence the presence of a young boy or girl in the household as the household formation. This relationship is explored using a unique dataset of young children in four developing countries: Ethiopia, India (Andhra Pradesh), Peru and Vietnam.

A possible channel through which maternal power may affect child health is related to breastfeeding practices. Particularly in India, empowered mothers weaned their children sooner than other mothers. In the absence of good supplementary food and hygienic conditions, weaning has a negative effect on child health, particularly increasing the risk of infections and diarrhoeal diseases, which is primarily reflected in the short-run indicator of weight-for-length. It was observed that girls are weaned sooner than boys in India which shows gender bias in breastfeeding practices, favouring boys in India and also might be due to son-preference and fertility preferences. The gender bias in breastfeeding reduces when women achieve their ideal number of children and girls have an older male sibling.



Reproductive Rights and Exclusionary Wrongs: Maternity Benefits

Lingam L, Yelamanchili V. *Economic & Political Weekly* 2011, Vol XLVI No 43: 94-103.

Promotion of gender equality in the world of work requires creation of an enabling environment for women workers, safe working conditions, and creation of structures that address sexual harassment at the workplace; policies that recognise work-family balance and particularly implement provisions that support women's maternal roles particularly of reproduction and as primary caretakers of children. While safe working conditions and policies for work-family balance would be applicable to male workers as well, issues of sexual harassment and maternity protection are particularly applicable to women workers.

The review of recent data reiterates that India continues to have a large majority of women in the unorganised sector, and that women continue to buffer the economy with their unpaid labour as well as social reproduction work. This highlights the limitations of the current framework of maternity protection that is sector-specific and employer-employee centric. An overview of the maternity protection approaches through schemes like Indira Gandhi Matritva Sahyog Yojana by Ministry of Women and Child Development shows its strength in an attempt to provide maternity protection to women while the weakness lies in its exclusionary criteria. The paper demonstrated the shortcomings of such an approach. Women being married early and having more than two children, which are symptoms of social and gender-based inequalities, cannot be tied up to women's entitlements. Within a context where women's assertion of rights is stifled by familial, communitarian and cultural institutions, there is a need to create an enabling environment for women to strive for substantive equality.



Why do Mothers Breastfeed Girls Less than Boys? Evidence and Implications for Child Health in India

Jayachandran, S. and Kuziemko I. *The Quarterly Journal of Economics* 2011, 126:1485-1538.

Breastfeeding is negatively correlated with future fertility because nursing temporarily reduces fecundity and because

mothers usually wean on becoming pregnant again. We model breastfeeding under son-biased fertility preferences and show that breastfeeding duration increases with birth order, especially near target family size; is lowest for daughters and children without older brothers because their parents try again for a son; and exhibits the largest gender gap near target family size, when gender is most predictive of subsequent fertility. Data from India confirm each prediction. Moreover, child survival exhibits similar patterns, especially in settings where the alternatives to breastmilk are unsanitary.

Women Workers and Perceptions of the National Rural Employment Guarantee Act in India

Reetika Khera and Nandini Nayak. Paper presented at the FAO-IFAD-ILO Workshop on Gaps, trends and current research in gender dimensions of agricultural and rural employment: Rome, 2009.

The review on the National Rural Employment Guarantee Act in India, highlights the lack of childcare facilities as a big hurdle inhibiting the participation of women. The Act requires that when there are more than five children under the age of six, a female worker be appointed to take care of them. Only three percent of the worksites had childcare facilities, and these need to be taken with a pinch of salt because at least two were cases of "window dressing" i.e. fake childcare facilities which were put in place only for the benefit of the survey team. The lack of these facilities can be crippling for women, especially for those with breastfeeding infants who cannot be left behind for long hours. Most women who have children do not bring them to the worksite as it is not seen as a safe place for them: apart from the dangers of being left unattended in the open, women are also worried about the heat and sometimes they are harassed when they spend time with the child (e.g. to breastfeed the child). However, leaving the child at home is not without its problems: sometimes the child is left unsupervised, breastfed children are fed once in the morning and left alone until evening when the mother returns which has a significant adverse impact on the health of the child and the mother. Meanwhile, the mothers spend their day in anxiety worrying about the child's safety at home. What is encouraging is that four out of every five women said that if some child care facilities are provided they would bring their child to the worksite.



Determinants of Termination of Breastfeeding Within the First 2 years of Life in India: Evidence from the National Family Health Survey-2

Malhotra R, Noheria A, Amir O, Ackerson LK, and Subramanian SV. *Matern Child Nutr.* 2008, 4: 181-193.

The present study assesses socio-demographic and health service determinants of termination of breastfeeding within the first 2 years of life in India by analysing data from the nationally representative National Family Health Survey-2 using Cox regression modelling techniques. While the likelihood of stopping breastfeeding increased with increasing household wealth status, it declined with increasing maternal age at childbirth. The likelihood of stopping breastfeeding was significantly higher among female children compared with male children, and the gender differential was attenuated by increasing maternal educational status. Overall, findings of the present study suggest that breastfeeding promotion programmes in India should focus on certain high-risk mother child pairs such as female infants, first-born babies, babies born in the private sector and in urban areas, as well as mothers who are literate, have a higher wealth status, are aged less than 20 years and belong to Sikh or Christian communities. Qualitative studies to understand cultural factors or norms and causal pathways responsible for the association of identified factors and early termination of breastfeeding, especially household wealth status and maternal education, are also called for.

Employment Guarantee, Women's Work and Childcare

Sudha Narayanan. *Economic & Political Weekly* 2008, 10-13

A social audit in Tamil Nadu finds that the National Rural Employment Guarantee Act has brought about major changes in the lives of women. However, the act overlooks the fact that childcare is a problem for many of the working women, especially for young mothers. Despite the obviously beneficial role of the NREGA, these young mothers face some difficulties on a daily basis, specifically on the issue of childcare. Most of the children who accompanied their mothers to the worksite were either left in the shade nearby or kept near the spot where the mother was working. One mother worried that the child "kept following her around the worksite". While keeping a child at the worksite is difficult enough on "normal" days, it becomes even more problematic in harsh weather or when the child is sick, if there is no childcare facility. At the worksite, children who were not breastfed ate what their mothers brought for themselves. In general, it seemed that women were being dissuaded from bringing their children to the NREGA worksite. Some were apparently turned away from the worksite if their child accompanied them. Others were told, "If you want to feed your child, don't come here, go home". A few women reported that whenever they brought their children to the worksite, their wages were cut. Those who brought their children regardless were often "harassed" by the supervisor or by their co-workers.



Breastfeeding Intentions Among Pregnant Adolescents and Young Adults and their Partners

Sipsma HL, Divney AA, Magriples U, Hansen N, Gordon D, Kershaw T. *Breastfeeding Medicine* 2013, 8(4): 374-380.

Rates of breastfeeding remain disproportionately low among young mothers in the United States. Although breastfeeding behavior may be most directly related to breastfeeding intention, little is known about breastfeeding intentions among young women who are expecting a baby. Pregnant adolescents and young adults (14-21 years old) and their male partners were recruited for participation. Females were asked if they intended to breastfeed, and their partners were asked if they wanted their partners to breastfeed; participants indicated reasons for their responses. Logistic regression modeling was used to determine the associations between breastfeeding intentions and socio demographic

characteristics, relationship characteristics, and partner's intention to breastfeed. Approximately 73% of females reported intending to breastfeed, and 80% of males reported wanting his partner to breastfeed, most commonly because it is "healthier for the baby" and "a more natural way to feed the baby." Sociodemographic and relationship characteristics explained a small amount of variance of breastfeeding intention (15% and 4% among females, respectively, and 8% and 4% among males, respectively). Partner intention explained an additional 23% and 24% of the variance in individual intention for females and males, respectively. Females who had experienced intimate partner violence (IPV) from their current partner had lower odds of intending to breastfeed (odds ratio=0.37; 95% confidence interval=0.16, 0.84). Race/ethnicity modified associations among both genders. These findings emphasize the importance of dyadic approaches and suggest strategies for improving



breastfeeding intentions and behavior among young couples expecting a baby. These results are also among the first to document the relationship between IPV and breastfeeding intentions among young women.

Community Attitudes Toward Breastfeeding in Public Places Among Western Australia Adults, 1995-2009

Meng X, Daly A, Pollard CM, Binns CW. J Hum Lact 2013, 29: 183-189.

Community attitudes toward breastfeeding in public influence how comfortable women feel about continuing breastfeeding. Knowledge of the social context helps target breastfeeding-promoting interventions. To examine trends in Western Australian adult attitudes toward breastfeeding in public places. As part of 5 cross-sectional surveys from the Western Australian Nutrition Monitor Survey Series conducted between 1995 and 2009, 5496 adults aged 18 to 64 years were asked whether it was acceptable for mothers to breastfeed their babies in public places, including shopping centers, workplaces, and restaurants, and on public transport. Descriptive statistics and multinomial regressions were used to describe factors associated with attitudes toward publicly breastfeeding. There was no change in the acceptance of breastfeeding in shopping centers, restaurants, and workplaces and on public transport over time, but in 2009, significantly fewer people said that it was unacceptable to breastfeed in public compared with 1995. Women, people older than 44 years, those born outside Australia, and the less educated were those most likely to say that breastfeeding in public was unacceptable. In the years that the question was asked, more than 97% of respondents said that breastfeeding was acceptable if a separate room was provided. Making breastfeeding acceptable and pleasant for mothers in public spaces is a key policy recommendation. Women, people older than 44 years, and those born outside Australia were most likely to respond that breastfeeding in public was unacceptable unless a room was provided. Given that, on average, 70% of the population said that breastfeeding in public was acceptable, investigation into why some women do not think so is warranted.

Breastfeeding Attitudes: Association Between Maternal and Male Partner Attitudes and Breastfeeding Intent

Mitchell-Box K, Braun KL, Hurwitz EL, Hayes DK. Breastfeeding Medicine 2013, 8(4): 368-373.

Breastfeeding is considered the best infant feeding method,

yet initiation and duration rates in the United States are lower than recommended by medical and public health professionals. Positive attitudes toward breastfeeding of the male partner are important in a mother's success at initiating and maintaining breastfeeding. This study measured the infant feeding attitudes of low-income women and their male partners using the Iowa Infant Feeding Attitude Scale (IIFAS), investigated the reliability and validity of the measure in male partners, and examined the associations of the partner's attitudes with the mother's attitudes and intention to breastfeed. A convenience sample of 112 pregnant women and their male partners completed a survey including sociodemographic items, the IIFAS, and their intended infant feeding method in the hospital and in the first few weeks after the infant's birth (breastfeeding, formula feeding, mixed, and don't know). Mother's and partner's IIFAS scores were highly correlated, and higher scores of both mothers and partners were significantly associated with their intentions to breastfeed. With each increased point on mother's and partner's IIFAS scores, the odds that the mother and her partner intended to breastfeed in the first few weeks increased 12% and 20%, respectively. This is the first U.S. study to validate the IIFAS with male partners. Future research on breastfeeding attitudes and attitude-changing interventions is needed to see if improving partners' attitudes toward breastfeeding will also improve mothers' attitudes and if that increases initiation and duration of breastfeeding.

Breastfeeding Attitudes Among Couples Planning Exclusive Breastfeeding or Mixed Feeding.

Chezem JC. Breastfeed Med. 2012, 7(3):155-62.

The goals of the study were to describe maternal and paternal attitudes toward breastfeeding among couples planning exclusive breastfeeding and those planning mixed feeding and to compare maternal predictions of paternal attitudes with actual paternal attitudes. Expectant parents with the intention to breastfeed were recruited from outpatient clinics. During the third trimester of pregnancy, mothers and fathers independently completed a demographic questionnaire and a breastfeeding attitude survey. In addition, mothers were asked to predict fathers' attitudes. Seventy-one subjects completed all study requirements: 56 planned to exclusively breastfeed, and 15 planned to mix feed. The majority of subjects were white, educated beyond high school, and married. Expectant parents planning to exclusively breastfeed were significantly more likely to report higher paternal age ($p=0.019$), higher maternal age ($p=0.006$), and higher maternal education ($p=0.023$) than those planning to mix feed. Among fathers, those planning exclusive breastfeeding



expressed more favorable attitudes related to naturalness ($p=0.009$) and closeness ($p=0.036$) than their mixed-feeding peers. Compared with mothers planning mixed feeding, those planning exclusive breastfeeding indicated more favorable attitudes related to naturalness ($p=0.006$) and respect for breastfeeding women ($p=0.005$). Overall, mothers reported more favorable attitudes toward breastfeeding than fathers in several areas, including disease protection ($p=0.004$), respect for breastfeeding women ($p=0.043$), and naturalness ($p=0.011$). The mother's predictions were less favorable than the father's actual attitudes in the areas of purpose of breasts ($p=0.007$), respect ($p=0.049$), and closeness ($p=0.024$). Results suggest expectant parents who plan to mix feed may be fundamentally different from those planning to exclusively breastfeed.



Gender Differences in the Effect of Breastfeeding on Adult Psychological Well-being

Cable N. Eur J Public Health 2012, 22 (5): 653-658.

Little is known about whether the positive effect of breastfeeding on child health extends to adult psychological adjustment. Study hypothesized that breastfed babies would have higher psychological well-being in adulthood in relation to the pathway of childhood psychosocial adjustment. It used the available cases with normal birthweight from the National Child Development Study 1958 and the 1970 British Cohort Study born in 1970. Childhood psychosocial adjustment was assessed. The results showed being breastfed indirectly contributed to adult psychological well-being among women through the pathway from childhood psychosocial adjustment. Being breastfed was not associated with psychological outcomes amongst men in either cohort. Being breastfed contributed to psychological outcomes in women, especially from the later born cohort. Our findings suggest that being breastfed can be important for women's psychological well-being throughout the lifecourse.

Breastfeeding Duration and Academic Achievement at 10 Years

Oddy WH, Li J, Whitehouse AJO, Zubrick SR, Malacova E. Pediatrics 2011, 127(1):e137-145.

The aim of this study was to examine the relationship between

duration of breastfeeding and educational outcomes. The Western Australian Pregnancy Cohort (Raine) Study used a cohort of 2900 women who were enrolled at 18 weeks' gestation; with 2868 live-born children were followed prospectively. At ~10 years of age, data from 1038 children were linked to standardized mathematics, reading, writing, and spelling scores.

Associations between breastfeeding duration and educational outcomes were estimated by using linear models with adjustment for gender, family income, maternal factors, and early stimulation at home through reading. Ten-year-old children who were predominantly breastfed for 6 months or longer in infancy had higher academic scores than children who were breastfed for less than 6 months. The effect of breastfeeding on educational outcomes

differed according to gender; boys were particularly responsive (in mathematics, spelling, reading, and writing) to a longer duration of breastfeeding. Predominant breastfeeding for 6 months or longer was positively associated with academic achievement in children at 10 years of age.

Men's Attitudes Toward Breastfeeding: Findings from the 2007 Texas Behavioral Risk Factor Surveillance System.

Vaaler ML, Castrucci BC, Parks SE, Clark J, Stagg J, Erickson T. Matern Child Health J 2011, 15(2):148-57.

Past research on breastfeeding demonstrates that male partners' support is a significant factor in mothers' decisions to breastfeed. This study explored the diversity of men's opinions about breastfeeding, for the purpose of increasing breastfeeding support among men. This study used the Texas sample of the 2007 Behavioral Risk Factor Surveillance System (BRFSS) to examine whether men's attitudes toward breastfeeding varied by their demographic characteristics and whether fathers' breastfeeding attitudes were related to couples' choice of infant feeding method. Descriptive statistics and linear regression estimated the influence of each demographic characteristic on breastfeeding attitudes. Among a subsample of fathers, multinomial logistic regression analyzed the influence of men's breastfeeding attitudes on their choice of infant feeding method. Findings showed that



Spanish-speaking Hispanic men were most likely to agree that breastfeeding had social limitations (e.g. interfere with social life) for mothers, yet they viewed public images of breastfeeding as more acceptable compared with other men. In comparison to U.S.-born men, foreign-born men were in greater agreement that employers should accommodate breastfeeding. Among fathers, support of public images of breastfeeding and attitudes toward employers' accommodations were positively associated with the choice to use breast milk. Men's ethnicity, country of origin, education level, and socioeconomic status all contribute to different norms and expectations about breastfeeding. Men's attitudes about public images of breastfeeding and employers' accommodations for breastfeeding mothers influence the choice of breast milk as the sole infant-feeding method.

Expectant Fathers' and Mothers' Perceptions of Breastfeeding and Formula Feeding: a Focus Group Study in Three US cities

Avery AB, Magnus JH. J Hum Lact. 2011, 27(2):147-54

The objective of the current study was to better understand how pregnant women and male partners conceptualize infant feeding and support for breastfeeding. Information was collected through 18 focus group interviews in 3 major US cities. There were 121 focus group participants of varying professions and income levels. Half were African American and half were Caucasian. Pregnant women and male partners had favorable attitudes toward breastfeeding, but did not articulate specific benefits to mothers or infants. Men expressed empathy for their partners' pregnancies and deferred to their partners' feeding decisions. Both groups disapproved of breastfeeding in public. Women voiced concerns about father-infant bonding more than men did. Both groups emphasized fathers' support of the infant, but not of the mother. Educators and practitioners may wish to consider expectant couples' perceptions of breastfeeding in public, knowledge of breastfeeding laws, and expectations of father-mother and father-infant relationships in their approach to breastfeeding promotion among expectant couples.

Evaluation of a Breastfeeding Peer Support Program for Fathers of Hispanic Participants in a Texas Special Supplemental Nutrition Program for Women, Infants, and Children

Lovera D, Sanderson M, Bogle ML, Vela Acosta MS. J Am Diet Assoc. 2010, 110(11):1696-702. doi: 10.1016/j.jada.2010.08.001. Erratum in J Am Diet Assoc. 2011 Apr;111(4):626.

A mother's decision to breastfeed and the duration of breastfeeding depends on different factors; among them are the support of her husband or male partner and other social support. There have been different types of support programs for mothers and few have targeted fathers. In 2002, the Texas Special Supplemental Nutrition Program for Women, Infants, and Children introduced an innovative approach for encouraging breastfeeding among mothers and their spouses. The pilot Peer Dad Program targeted fathers to promote and support their spouse in breastfeeding. This cohort study evaluated duration of breastfeeding among Hispanic couples who enrolled in the pilot Peer Dad Program (n=101) and those who did not enroll (n=99). Structured interviews were conducted with Special Supplemental Nutrition Program for Women, Infants, and Children participants and their male partners. Unconditional logistic regression was used to estimate the likelihood of continuing breastfeeding past 6 months associated with participation in the Peer Dad Program and significant predictors. Mothers whose partner participated in the pilot Peer Dad Program were no more likely to continue breastfeeding past 6 months (odds ratio 1.44, 95% confidence interval 0.82 to 2.54) compared with mothers who received peer counseling only. The percentage of women in the intervention group (63.4%) who breastfed for 6 months or longer compared with women in the control group (54.6%) was not significant (P=0.20). Although other studies suggest that father's support lengthens breastfeeding duration, our study, which targeted Hispanic fathers, found no association due to its small sample size. Further research with larger studies is needed to establish this association.

Research Factors Affecting Intention to Breastfeed Among Syrian and Jordanian Mothers: a Comparative Cross-sectional Study

Al-Akour NA, Khassawneh MY, Khader YS, Ababneh AA, Haddad AM. International Breastfeeding J 2010, 5:6. Available at : <http://www.internationalbreastfeedingjournal.com/content/5/1/6>

Breastfeeding is considered the ideal method of infant feeding for at least the first six months of life. This study aimed to compare breastfeeding intention between Syrian and Jordanian women and determine factors associated with breastfeeding intention among pregnant women in these two countries. A cross-sectional design was used to collect data from 1200 pregnant women aged 18 years and above (600 participants from each country). A self-administered questionnaire was used to collect data on socio-demographic characteristics and breastfeeding intention. Intention to



breastfeed was reported by 77.2% of Syrian and 76.2% of Jordanian pregnant women. There was no significant difference in intention to breastfeed between Syrian women and Jordanian women. In both countries, women with a more positive attitude to breastfeeding, women with previous breastfeeding experience and women with supportive partners were more likely to intend to breastfeed. Syrian women with a monthly family income of more than US\$200, younger than 25 and primiparous or having one child were more likely to report an intention to breastfeed their infants. Jordanian women with an education level of less than high school and not living with their family-in-law were more likely to intend to breastfeed. In Syria and Jordan, a more positive attitude to breastfeeding, previous breastfeeding experience and presence of supportive husbands are associated with intention to breastfeed.

Breastfeeding Prevents Severe Disease in Full Term Female Infants With Acute Respiratory Infection

Romina L, Bugna HJ, Federico L, Javier CM, Victor I, Polack, NR, Delgado MF, Klein, MI, Polack FP. Pediatric Infectious Disease Journal 2009, 28 (2): 131-134.

Breastfeeding is a well-known protective factor against severe respiratory tract infections. Recently, a gender specific role for human milk has been described in very low birth weight infants and neonates: breast milk protected girls but not boys. A prospective cross-sectional study of infants seeking medical care for acute respiratory infection was carried out. The protective role of breastfeeding against viral pneumonia and hospitalization were assessed by univariate and multivariate analyses. Analyses were adjusted for important confounders. A total of 323 patients were enrolled in this study. Breastfeeding protected girls against pneumonia and

hospitalization, but did not protect boys. Non breastfeeding females were particularly susceptible to severe acute respiratory infections. Breastfeeding had a protective effect against severe disease in infant girls experiencing their first symptomatic respiratory infection. Non breastfeeding females are at significant risk for severe acute lung disease and should be targeted intensively by breastfeeding campaigns.

Breastfeeding and Feminism: A Focus on Reproductive Health, Rights and Justice

Miriam H Labbok, Paige Hall Smith and Emily C Taylor. International Breastfeeding Journal 2008, 3:8

The annual Breastfeeding and Feminism Symposia aim to reposition breastfeeding as a valued part of women's (re)productive lives and rights. The symposia are designed to raise the profile of breastfeeding within the women's advocacy and feminist studies' communities, and to increase recognition among breastfeeding supporters that breastfeeding promotion could receive more socio-political support by partnering with those concerned with women's reproductive health, rights and justice, women's economic advancement, and the elimination of social, economic and health inequities. The third symposium (2007) sought to build dialogue and increase communications between and among these diverse communities. The nine articles presented in this thematic series were selected by the journal editors, and represent the core discussions at the symposium. This editorial presents the areas of synergy and strategies for action that emerged from the discussions. These strategies and this thematic issue are intended to reassert the momentum that evolved among participants, and to stimulate involvement among individuals and organizations not in attendance in promoting breastfeeding as a women's reproductive health, rights and justice concern.

The IMCH and BPNI PDC Project



International Maternal and Child Health, Uppsala University, Sweden and Breastfeeding Promotion Network of India has come together to work on a partner driven cooperation project



in India. The purpose of this project is to use evidence-based advocacy (policy advice) to expand the provision of full maternity entitlements/benefits to all women (in the selected States) and to provide women with accurate, unbiased information through skilled counseling and support. The project will work through situational analysis of policy and programmes at state and district levels; and national and state level consultations to develop call for action.

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Tel: 011-27343608, 42683059, *Tel/Fax:* 27343606

Email: bpni@bpni.org. *Website:* www.bpni.org

Compiled & Edited by: Dr. Shoba Suri

Review by: Amal Omer Salim and Dr JP Dadhich

Layout by: Amit Dahiya