



# SUSTAINING BREASTFEEDING

*building alliances  
without conflicts of interest*

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## Objectives

- 1** To galvanize support from all sectors of society (free from conflicts of interest), and governments for protection, promotion and support of breastfeeding.
  - 2** To build alliances without conflicts of interest among concerned partners to strengthen policy and programme on breastfeeding and infant and young child feeding (IYCF).
  - 3** To mobilize action for protection, promotion and support to breastfeeding and appropriate infant and young child feeding practices.
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bpni

putting child nutrition  
at the forefront  
of social change



IBFAN

defending breastfeeding

# An Opportunity for Alliance Building

World Breastfeeding Week's 25th year in 2017 is about working together for the common good of sustaining breastfeeding. Protection, promotion, and support of breastfeeding are 3 important pillars to increase breastfeeding in both rich and poor countries. Breastfeeding contributes to achievement of the several Sustainable Development Goals (SDG) by 2030.<sup>1</sup> Scientific evidence markedly showcases that breastfeeding can play a significant role in addressing SDGs for maternal and child health, non-communicable diseases (NCDs), nutrition, education, poverty, inclusive economic growth and reducing inequalities.



This World Breastfeeding Week, 2017 is an opportunity to define our collective and individual roles, for everyone concerned to generate action. It is fundamental to success that our collaborations/partnerships are free from conflict of interest to ensure that the supports mothers need to breastfeed are implemented fully. Otherwise it can be a distant dream.

Breastfeeding is not only a mother's responsibility. To enable all mothers and children to be breastfed it requires support from governments, healthcare systems, families, communities, employers and work places to actually make it work. We need to leverage all sectors of society to make breastfeeding successful for mothers and babies. This WBW let us put our best foot forward together in transforming evidence into action on protection, promotion and support of exclusive breastfeeding for the first six months and appropriate & adequate complementary feeding thereafter while continued breastfeeding for 2 years or beyond.

Joint statement by the UN Special Rapporteurs<sup>2</sup> on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect

breastfeeding states “Breastfeeding is a human rights issue for both the child and the mother. Children have the right to life, survival and development and to the highest attainable standard of health, of which breastfeeding must be considered an integral component, as well as safe and nutritious foods. Women have the right to accurate, unbiased information needed to make an informed choice about breastfeeding. They also have the right to good quality health services, including comprehensive sexual, reproductive and maternal health services. And they have the right to adequate maternity protection in the workplace and to a friendly environment and appropriate conditions in public spaces for breastfeeding which are crucial to ensure successful breastfeeding practices”.

The WHO and UNICEF in 1989 made a joint call<sup>3</sup> for protecting, promoting, and supporting breastfeeding, highlighting the 3 major strategies for increasing the rates of breastfeeding. This means putting policies in place to protect infant feeding from commercial sector (protecting); providing accurate and unbiased information on infant feeding (promoting); and ensuring support to women at birth, at home, in the community, and at the workplace (supporting).

To achieve this, alliances need to be built with like minded individuals and organisations free from conflicts of interest. Strategic investments are required for scaling and sustaining breastfeeding rates, and the time to invest is NOW!



Photo: <http://everylifecounts.ndtv.com/why-are-indian-women-not-breastfeeding-5206>

# The State of Breastfeeding and Infant and Young Child Feeding in India

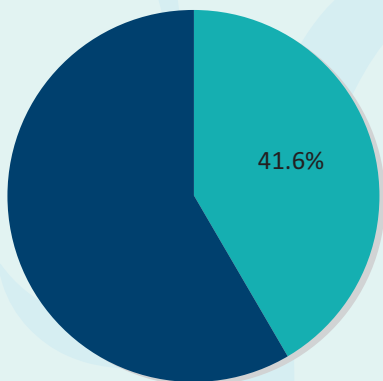
**G**rowing evidence demonstrating the importance of breastfeeding and the risks of formula /mixed feeding is compelling us all to take action. Yet breastfeeding practices remain far from optimal.

In India, 26 million children are born each year that means more than 70,000 mothers need help and support every day. As per recent NFHS-4, 41.6% babies are able to begin breastfeeding within one hour (meaning 15 million babies do not). About 55% babies are able to exclusively breastfeed for the first six months, which is a national and WHO health recommendation. The data reveals low rates of initiation of breastfeeding despite the high institutional births. This situation calls for urgent supportive health systems. However, on the positive front nearly 1/3 of the total districts covered reached more than 60% exclusive breastfeeding levels.

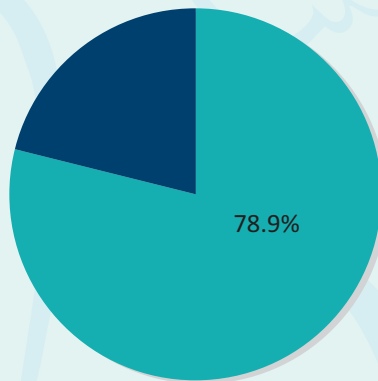
Findings of complementary feeding rates (children 6-8 months receiving solid or semi-solid food and breastmilk) has drastically declined from 52.6% to 42.7% in the last 10 years, which is highly disappointing. Only 8.7% children at 6-8 months receive adequate diet, i.e. solid foods from four food groups required to meet their growing needs. (See figures below) This means about 23 million children are not optimally fed during 6 to 24 months. The solution lies in ensuring provision of foods from locally available sources for those who do not have and thorough education and awareness to those who have all the food children need.

The World Breastfeeding Trends Initiative (WBTi) report of 2015<sup>4</sup>, India's breastfeeding support policies and programmes remain far from adequate. However, more recently, since 2016, some positive action on policies and programmes has happened.

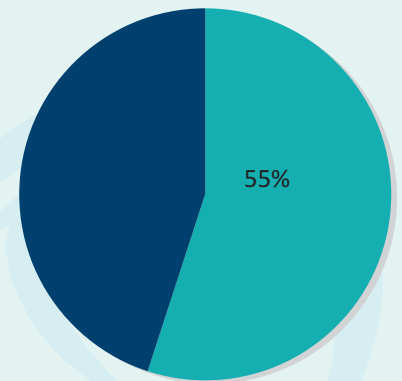
**Early initiation of breastfeeding within 1 hour of birth (NFHS-4)**



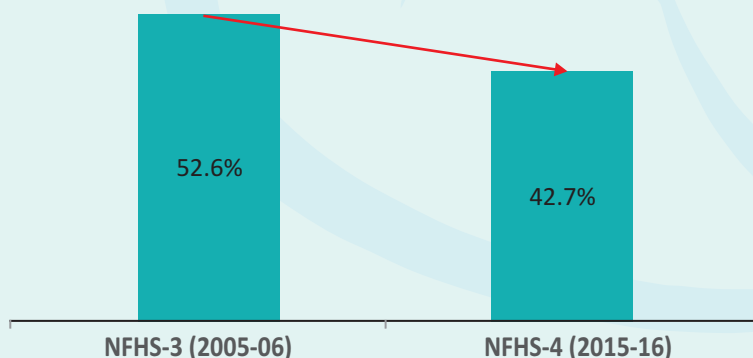
**Institutional births (NFHS-4)**



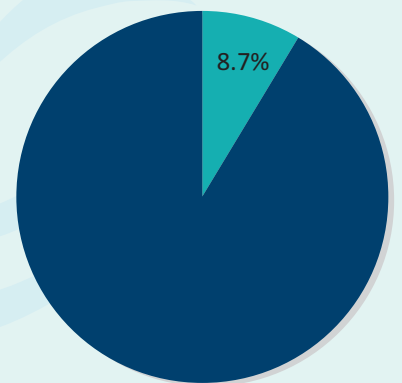
**Exclusive breastfeeding for 6 months (NFHS-4)**



**Children age 6-8 months receiving solid and semi-solid food and breastmilk**



**Breastfed children 6-23 months receiving an adequate diet (NFHS-4)**



# How to increase breastfeeding and IYCF rates?

Here are some key areas where you can take action to achieve higher rates.

## → Funding for breastfeeding action



Photo: <http://fastfnet.com/wp-content/uploads/2016/01/Rupeelimage.jpg>

According to a World Bank study every dollar invested in action on breastfeeding, gives a return of 35\$. The study has estimated investing approximately 5\$ per child born per year to achieve the global target of 50% exclusive breastfeeding rate. Although studies have estimated the funding required to achieve protection, promotion and support elements, yet ironically breastfeeding is one of the least supported health interventions. Breastfeeding advocates need to garner financial support from aid agencies and finance ministries. A simple principle works here: if funding is committed for breastfeeding support, it will be monitored, and placed on higher priority for programme managers.

To safeguard the public interest and the needs of breastfeeding mothers and children, policy makers should avoid partnering with baby food industry associations and front organizations.

## → Robust implementation of government policies and programmes

Adhering to their commitment Government of India launched a national programme in August 2016, “MAA-Mother's Absolute Affection” to promote breastfeeding. Providing counselling services directly to the mother and family is one of the salient features of the programme. It calls upon all states of India to step up for this work to gain on both early and exclusive breastfeeding.

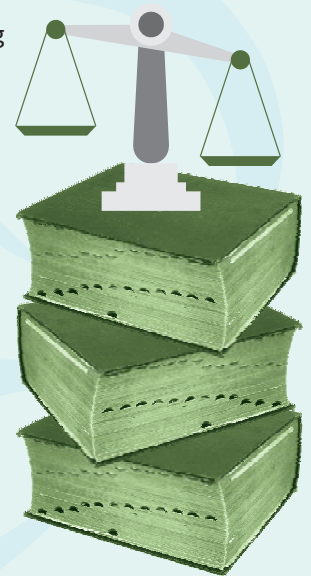


To protect breastfeeding, Government of India enacted the Infant Milk Substitutes, Feeding Bottles and Infant Food (Regulation of Production, Supply and Distribution) Act, 1992 (The IMS Act) and Amendment Act 2003. It requires implementation both in letter and spirit. A recent communication letter from Ministry of Health to all states secretaries is useful. **It requires effective enforcement right up to district level both on its awareness and implementation.**

To support women for sustaining exclusive breastfeeding, the Parliament recently passed a new policy on maternity protection that allows 26 weeks of maternity leave and other benefits to all working women.

**This policy needs to be implemented by all, including the private sector, in order to contribute to increased breastfeeding rates.**

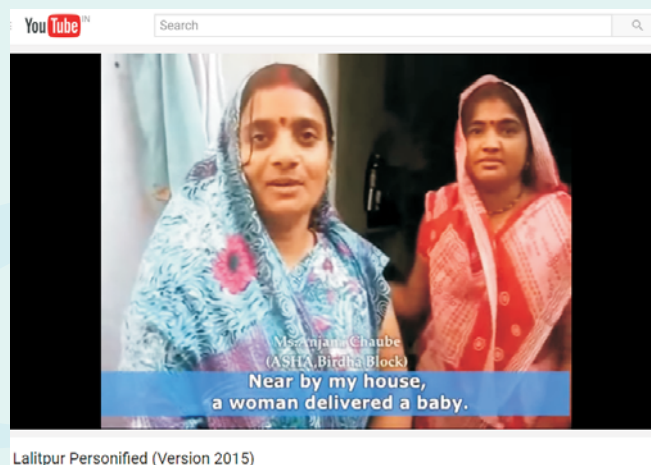
Further, India needs to revitalise, strengthen and institutionalize baby-friendly practices and the 10 steps to successful breastfeeding in both public and private facilities, providing lactation counseling support as an essential service.



## Action at community level

Support for breastfeeding and IYCF at the community level is critical. Evidence from district Lalitpur, Uttar Pradesh<sup>5</sup> suggests peer counseling by mother support groups improved the infant and young child feeding practices, which was sustained. This is an example of how key partners came together at district level and achieved success that is sustainable. According to NFHS-4 data the exclusive breastfeeding rate in Lalitpur is 71.3% which is exceeding the Uttar Pradesh average of 41.6% and national average of 54.9%. (<https://www.youtube.com/watch?v=n8SQ-o6quug>)

**What may be helpful is to engage with community support groups and local governments to promote this model for all districts in your state.**



## Action at family level

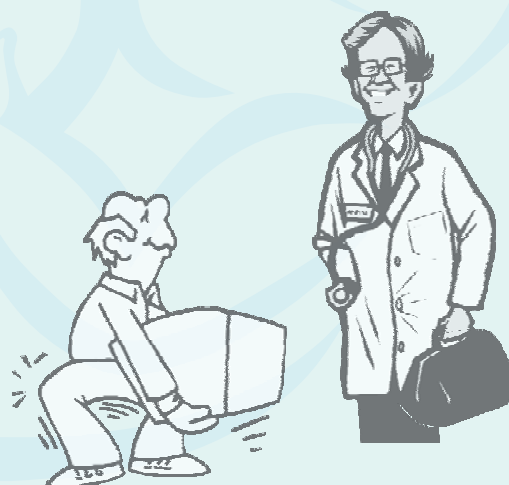


A supportive husband/partner, family member such as in-laws, or friends play a key role in the success of breastfeeding. When a mother feels supported she is more likely to feel confident and empowered with her decision to breastfeed. The support could be practical such as assisting with childcare and household tasks, or emotional by providing empathy and understanding, or by providing resources to give correct information and looking for professional problem solving etc. **BPNI's latest App, 'Stanpan Suraksha' available at Google Play and iOS could be helpful in linking with BPNI for professional help.**



## Responsibility of baby food corporations

Baby food corporations need to be accountable and follow the national food standards and abide by the national legislation to control marketing of baby foods/breastmilk substitutes i.e. the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (The IMS Act) and Amendment Act 2003. They also need to provide good maternity protection to their employees. Baby food companies or their allies/front end groups have no business to engage directly or indirectly with health workers such as sponsorships, educators, organizations, mothers, hospitals and any government agency responsible for promoting optimal breastfeeding and infant and young child feeding.



# ACTION IDEAS

Here are some of the action ideas to sustaining breastfeeding and building alliances without conflicts of interest....

1. Build an alliance locally with individuals and organisations free from conflicts of interest to garner support for breastfeeding action.
2. Participate and mobilise signatures for the petition *“Allocate dedicated budget for breastfeeding interventions and save infant lives”* and send it to BPNI for submission to the Hon’ble Prime Minister of India. (Available at <http://bpni.org/wbw-2017> and ‘Stanpan Suraksha’ mobile App)
3. Promote the peer counselling support model (Lalitpur) for increasing breastfeeding rates in your state/district.
4. Organise a seminar to sensitise employers and mothers on the provisions of revised Maternity Benefit (Amendment) Act, 2017 and maternity rights in your area.
5. Promote and use ‘Stanpan Suraksha’ mobile App among alliance partners to report inappropriate promotion of baby foods.

## Resources

1. Ministry of Health, Government of India letter to States Secretaries on implementation of the IMS Act  
<http://bpni.org/WBW/2017/Letter-MOH-IMS-Act-2017.pdf>
2. Maternity Benefit Amendment Act 2017  
<http://labour.gov.in/sites/default/files/Maternity%20Benefit%20Amendment%20Act%2C2017%20.pdf>
3. Clarification on Recently Notified Maternity Benefit (Amendment) Act, 2017  
<http://www.labour.nic.in/sites/default/files/The%20Maternity%20Benefit%20%28Amendment%29%20Act%2C2017%20-Clarifications.pdf>
4. Salient features of the Maternity Benefit (Amendment) Act, 2017  
<http://bpni.org/WBW/2017/Salient-feature-Maternity-Benefit-Act-2017.pdf>
5. Lalitpur Personified (Version 2015)  
<https://www.youtube.com/watch?v=n8SQ-o6quug>

## References

1. Cesar G Victora, Rajiv Bahl, Aluísio J D Barros, Giovanni V A França, Susan Horton, Julia Krusevec, Simon Murch, Mari Jeeva Sankar, Neff Walker, Nigel C Rollins, for The Lancet Breastfeeding Series Group\*. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect Lancet 2016; 387: 47590
2. Joint statement by the UN Special Rapporteurs in support of increased efforts to promote, support and protect breast-feeding.  
<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871>
3. World Health Organization, UNICEF. Protecting, promoting and supporting breastfeeding: the special role of maternity services.  
<http://whqlibdoc.who.int/publications/9241561300.pdf>. Published 1989. Accessed February 8, 2013.
4. World Breastfeeding Trends Initiative, 4th Assessment of India's Policies and Programmes on Infant and Young Child Feeding 2015.  
<http://bpni.org/report/WBTI-India-Report-2015.pdf>
5. Kushwaha KP, Sankar J, Sankar MJ et al. Effect of Peer Counselling by Mother Support Groups on Infant and Young Child Feeding Practices: The Lalitpur Experience. Plos One 2014; 9(11): e109181.

## What is BPNI

BPNI is a 25 years old registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia.

## BPNI's Ethical Policy

BPNI does not accept funds or any support from the companies manufacturing baby foods, feeding bottles or infant feeding related equipments. BPNI does not associate with organizations having conflicts of interest.

## Acknowledgements

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