

Breastfeeding in a Globalised World

for Peace and Justice



BPNI 2003

World Breastfeeding Week, 1-7 August



Each year, the World Alliance for Breastfeeding Action (WABA) and the Breastfeeding Promotion Network of India (BPNI) observe World Breastfeeding Week (WBW), with theme that is important in the protection, promotion and support of breastfeeding. This year, WBW focuses on **Breastfeeding in a Globalised World - for Peace and Justice**. This year's theme provides us an opportunity to consider the challenges of globalisation, while identifying the resources that globalisation can provide to celebrate breastfeeding as a symbol for peace and justice.

The WBW 2003 goals are

- » To maximize the potential of global communications to educate people on the importance of breastfeeding, appropriate complementary feeding, and the health risks of artificial feeding.
- » To promote the *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and the Amendment Act 2003 (IMS Act)*.
- » To promote and act on the Global Strategy for Infant and Young Child Feeding (IYCF).
- » To work by building alliances with public interest groups striving for global justice, peace and health for all.
- » To recognize the challenges and opportunities of globalisation for breastfeeding practices.
- » To think globally and act locally with all sectors of our world-wide breastfeeding community in order to protect, promote and support breastfeeding.

How globalisation affects breastfeeding?

Today, the trend of globalisation is based on a single global economy powered by transnational corporations and financial markets. In this global economy, where trade agreements and the economic interests of transnational corporations often take precedence over the sovereign rights of nations - the needs of mothers and children are easily jeopardized. Global deregulation and the spreading privatization of health care put profits before people. In this increasingly hostile environment, breastfeeding friendly practices can be lost, while the use of breastmilk substitutes increasingly becomes the norm. The good news is that we can effectively use the mechanisms of globalisation to create breastfeeding cultures and protect this fundamental and vital act of nurturing our children. Inherent in our work for breastfeeding is a better world for mothers and children, for the environment, for justice and the hope for peace

with all people.

Internet communications and email have helped connect our global community by providing instant access to our action networks of associations, programs, alliances and institutions. Through this network, mothers, parents, women's groups, health care workers, institutions and environmental networks are finding new and creative ways to ensure that infant and child health is protected through breastfeeding.

Optimal Infant Feeding Practices

Optimal infant feeding improves nutrition, health and development of infants and young children; thus ensuring their survival.



Picture taken from *Breastfeeding Counseling: A Training Course slide book* (WHO & UNICEF)

It includes:

- » **Initiation of breastfeeding** immediately after birth preferably within 30 minutes.
- » **Exclusive breastfeeding** for the first six months.
- » Appropriate and adequate complementary feeding starting after 6 months, along with **continued breastfeeding** for 2 years or beyond.

Skin-to-skin contact stimulates milk flow, helps in better mother-child bonding and development of the baby. Babies suckle for closeness, comfort and pleasure as well as because they are hungry. This way mother is giving justice to their children and the children are in peace and satisfied.

Food, health and care are all necessary, but none alone are sufficient for healthy growth and development, according to the UNICEF conceptual framework (1990). Breastfeeding gives all the three elements to the infants.

“Breastfeeding is about peace and justice. It is the natural, universal and peaceful way of nurturing our children. In a world often wracked by injustice, violence and war, breastfeeding can be a sentinel of peace - inner peace, peace with other people and peace with the environment.”

Anwar Fazal, Co-founder of WABA and IBFAN, Right Livelihood Award Recipient, 1982

Challenges

1. Global Trade

Global trade is increasingly being used in all sectors including health, which puts profits before people.

- » Trade agreements should not curb the implementation of national legislation for regulating the marketing of artificial infant feeding products that undermine breastfeeding.
- » Trade agreements should not weaken a government's ability to develop and enforce national infant feeding policies, in matters such as exclusive breastfeeding, indigenous complementary foods, genetically modified food ingredients, labelling of infant foods, and food safety standards.

2. Inappropriate Marketing by Baby Food Manufacturers.

This is the biggest challenge for us.

a. It undermines breastfeeding

This can have a devastating impact on the health and development of babies and their families in a number of ways:

- » Giving bottles to newborn babies makes them less able to suckle at the breast and more dependent on artificial milk. This often leads to failure of breastfeeding.

b. It affects life and development

Inappropriate feeding is responsible for at least one third of malnutrition, which is associated with about 60% of deaths in children under the age of five. Malnutrition also limits their development potential and runs in an intergenerational cycle.

3. Infant feeding during emergencies

India commonly experiences emergency situations like flood, cyclone, earthquake etc. In these situations breastfeeding is of critical importance - it saves babies' lives. Breastmilk's perfect nutrition and anti-infective properties protect against diarrhoea and respiratory infections that can be epidemic in emergencies. By contrast, artificial feeding in these situations is difficult and increases the risk of malnutrition, disease and infant death. Rather than adding stress of artificial feeding to mother and child in emergency situations, breastfeeding provides nurturing and support for both and should be protected.

4.Environment

Breastfeeding is ecologically sound, provides the complete first food to infants and is one of the world's most valuable renewable natural resources. Like virtually all other natural resources, breastmilk has been contaminated by chemical pollution. Even with highest breastmilk contamination, the risks

of artificial feeding are higher. Heavy metals such as lead, aluminum, cadmium and mercury, chemical residues from pesticides and fertilizers, and hormone-disrupting plasticizers have all been found in formula. Recalls of infant formula from the market are regularly made because of industrial and bacterial contamination.

To protect this natural resource, the breastfeeding community must support the global movement to reduce the use of pesticides and other persistent organic pollutants through initiatives



- » Artificial milk costs 50% or more of the family income. Consequently, baby milks are often over-diluted by parents to last longer, leading to increased malnutrition.
- » Baby milk expenses affect all family members, impoverishing those already poor and increasing the risk of malnutrition amongst them.
- » Lack of immunity and unsafe water makes bottle-fed child up to 25 times more prone to diarrhoea.
- » The WHO estimates 1.5 million infant deaths around the world every year because they were not breastfed.

like the UN's Stockholm Convention on Persistent Organic Pollutants (POPs) and the ILO's Convention No: 184 on Health and Safety in Agriculture.

“Contaminants found in breastmilk are messengers - like canaries in a coal mine - telling us about the chemical body burdens found in everyone.”

(Paraphrased from *Towards Health Environments for Children* - November 2002)

5. HIV/AIDS

One of the most difficult challenges to the promotion of optimal infant feeding practices in the world is HIV/AIDS. It is important for the governments and experts to aim at broader goals of survival and health outcomes for infants and mothers. It calls for awakening and national policy development on infant and young child feeding that includes infant feeding and HIV.

A WHO review* suggests that in some HIV high-risk environments, the risk of dying from infectious diseases in the first two months of life is six times greater for infants who are not breastfed. Such infants are up to 14 times more likely to die from diarrhoea and three times more likely to die from acute respiratory infections than children who are exclusively breastfed. The promotion of infant formula feeding to reduce HIV infection in the environments may increase overall infant morbidity, mortality and malnutrition.

*WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. Lancet 2000;355:451-55

6. Genetically Modified Organisms (GMOs)

“Bottle -fed babies could be undernourished if given genetically modified infant formula milk because of inadequate regulations and testing regimes for GE foods.”

The Royal Society Working Group on Genetically Modified Food of the United Kingdom

Lax labelling laws in many countries allow companies to include GMOs in formula and other infant foods without the knowledge of the consumer. Inserted genes can disrupt a plant’s natural growth and development or function differently than expected. As a result genetically engineered food can have unintended effects, with potentially harmful consequences for human health. Along with the toxins and allergens that can be transferred from one organism to another, there is concern about the possibility of antibiotic resistance developing through the use of GMOs and the fear that genetic engineering can decrease a food’s nutritional value. Infant foods should be kept GMO-free because of these associated risks. Is it right that we experiment with these modified foods on human infants before fully knowing the consequences?

Opportunities

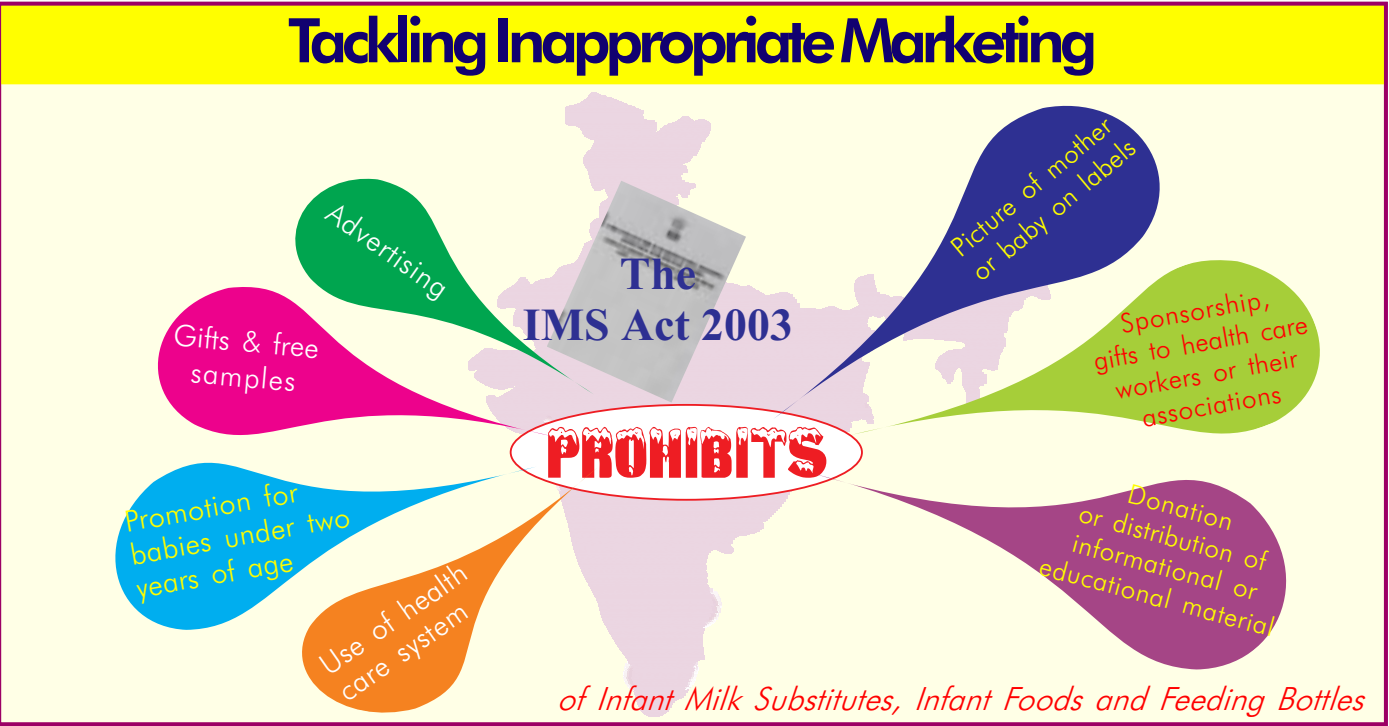
Opportunities for action are many, key among them are:

1. IMS Act 2003

As a follow-up of International Code of Marketing of Breastmilk Substitute and subsequent World Health Assembly resolutions, **the Indian Parliament has passed one of the best legislations in the world;** the IMS Act 2003, further strengthened from the IMS Act of 1992. This seeks to

control and regulate inappropriate marketing of *Infant Milk Substitutes, Infant Foods and Feeding Bottles*, the products under it’s scope. This is a great opportunity for us to assist governments and act for its effective implementation.

2.Global Strategy on Infant and Young Child



Feeding

The new Global Strategy on Infant and Young Child Feeding, adopted at the World Health Assembly in May 2002, and the UNICEF Executive Board in September 2002, brings a unique global consensus. It calls for all nations to develop a National Plan of Action on Infant and Young Child Feeding, that is implemented, monitored and evaluated.

Action Ideas

For the Governments

- » Provide accurate information and 'counseling' on IYCF to all families.
- » Formulate a National/State Policy and action plan on infant and young child feeding including Infant Feeding and HIV to meet the goals of 10th five year plan.
- » Strictly enforce the IMS Act 2003.
- » Enforce labelling requirements for baby foods from other countries
- » Restrict imports of milk and



milk products for babies and Foreign Direct Investment (FDI) flowing in for investments in sector relating to baby foods.



For BPNI members and

Reference Material

National Plan of Action - A commitment to the Child: Government of India, Department of Women and Child Development, Ministry of Human Resource Development, New Delhi (1992)
<<http://wcd.nic.in>>

National Plan of Action on Nutrition: Food and Nutrition Board, Government of India, Department of Women and Child Development, Ministry of Human Resource Development, New Delhi (1995)
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The India Child-A Profile 2002: Government of India, Department of Women and Child Development, Ministry of Human Resource Development, New Delhi.

National Health Policy - 2002, Ministry of Health and Family Welfare, New Delhi

Tenth Five Year Plan (2003-2007): Government of India, Planning Commission of India, Yojana Bhawan, New Delhi.

Global Strategy on Infant and Young Child Feeding WHO 55.15, 16th April 2002 <http://www.who.int/gb>

Alternatives to Economic Globalisation (A Better World is Possible), The International Forum on Globalisation, Berrett-Koehler Publishers, Inc, November 2002

Holding Corporations Accountable: Corporate Conduct, International Codes and Citizen Action, Judith Richter, Zed Books, 2001

3. Use of e-medium

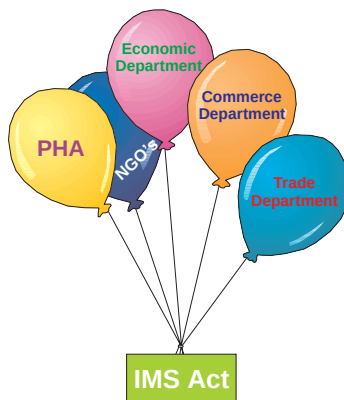
With the new networking tools the world and the country has become very small. The use of available resources for communication and networking is a great opportunity for all of us to achieve our goals of WBW 2003.

other partners

(NGOs professional bodies like IAP, IMA, FOGSI, TNAI, NNF and other collaborating agencies like Rotary Club, Inner Wheel Club and Lions Club, etc.)

National level

- » Educate people on provisions of the IMS Act 2003.
- » Collaborate with media to promote breastfeeding culture.



- » Collaborate with the public interest groups like, Peoples' Health Assembly (PHA), Economics/Commerce/Trade departments on implementation of the IMS Act.

At State / District / Block level

- » Collaborate for action with all concerned to initiate action on infant and young child feeding at all levels.
- » Ask your Health Minister to issue a proclamation declaring World Breastfeeding Week (WBW).
- » Write to your state government to ensure that state plan of action on children includes goals of 10th five year plan on Infant and Young Child Feeding (IYCF).
- » Plan and hold media briefings to highlight the challenges and opportunities.



RESOURCES

Books

The Science of Infant Feeding-The book is written by several renowned professionals and experts in breastfeeding from all over India on both scientific and social issues on breastfeeding and complementary feeding. The book takes into account, the advances, which have taken place during the late part of 20th century, which have brought out a "World Renaissance on breastfeeding". The paucity of literature on these issues have been well addressed in this book. This book will improve the knowledge, attitude, and practices of readers.

Rs. 400.00 (including postage)



Breastfeeding & Complementary Feeding: Guidelines for Doctors- This book is prepared for doctors, the first line health professionals, to enable them to promote optimal infant feeding practices and dispel beliefs regarding infant feeding in the communities. They can use this book to update their knowledge and teach young students or counsel mothers.

Rs. 150.00 (including postage)

Similar guidelines are available for Nurses and Nutrition Professionals



Guidelines for Breastfeeding and Complementary Feeding: (All State Specific Indian Languages). 4 Pages. Rs.3.00 (Minimum ORDER 100 Copies)

The Law to protect and promote breastfeeding-The book provides very simply the details of "The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and Amendment Act 2003. This book also explains about the monitoring process of the violations of IMS Act and where to report for this purpose. It also has the complete text of the Act. **Rs. 60.00** (Updated Edition 2003)



Breastfeeding & Complementary Feeding: A Guide for Parents - This book provides correct information about infant feeding. It helps pregnant women to prepare for breastfeeding and answers their questions on what happens after delivery. It also provides answers to frequently asked questions by the mother

Rs. 25.00



Video & CD

Maa ka pyar - Shishu Ahaar
Language : Hindi & English

Rs. 250 per cassette & Rs. 100 per CD
(Reduced Price)



Note:

1. Please make payment towards the purchase by Demand Draft only payable to "BPNI Delhi"
2. Please add 10% to the total value of your order for postage, Packing and handling charges.

What is BPNI

BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act.

BPNI Policy on Funds

BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (cereal foods).

Acknowledgments

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