arrow
asian-pacific resource & research
centre for women
Nutrition for a breast feeding mother – a MUST for a healthy child

Sharing from ARROW’s Experience

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About ARROW

• Regional organization established in 1993-Based in Kuala Lumpur, Malaysia

• ARROW envisions an equal, just and equitable world, where every woman enjoys her full sexual and reproductive health and rights.

• Our work is four-fold:
  - Knowledge sharing through information and communication,
  - Monitoring and evidence-based research for better advocacy,
  - Building strong and effective partnerships and networks,
  - Improving organisational systems for better outcomes

• Intersectionality of issues – climate change, food security- food sovereignty- nutrition, migration, religious fundamentalism, conflict, disasters.

• ARROW believes that a child’s health is linked to the health of the mother and that her health should be equally paid attention to.
ARROW’s Call

ARROW calls for a universal access to rights based and context-specific continuum of quality care (CQC) for women’s reproductive health across a women’s lifecycle—from preconception and pregnancy, to postpartum/post-abortion and menopause—and across various locations e.g. home, community and health facilities.
A multi-tiered partnership to improve maternal health

- Women’s Health and Rights Advocacy Partnership (WHRAP) -
  WHRAP- South Asia – India, Nepal, Bangladesh and Pakistan

  International Partner - DFPA

  Regional Partners - ARROW

  5 National partners – BBC, CHETNA, SAHAYOG, Naripokkho and Shirkat Gah

  About 40 Community Based Organisations (CBOs)

  Community women in general and marginalized women in particular
Creating Broad base of support for CQC – Global South

Advocating with guardian institutions – demanding accountability from duty bearers and service providers

Activating and strengthening Oversight Mechanism

Strengthening Civil Society Alliances

Raising Awareness & Empowering marginalized women

Public Awareness raising – Media, Public Gathering, publications

Advocacy for CQC

supported by more than 40 different civil society organisations as well as individual activists, experts and think tanks in the Global South
Nutrition and Breastfeeding

• Through our work on CQC, ARROW realizes that

  o Focus on nutrition is imperative in discourses about breastfeeding which should be done within the purview of comprehensive services for maternal and child health.

“Poverty is one crucial factor that denies women’s access to food, credit, economy, education, land ownership, and other productive resources. Consequently, their lack of access to adequate food and nutrition has a severe impact on their health and wellbeing, and especially on their reproductive health which could “result to anaemia among pregnant and lactating women; mother’s lack of nourishment also results in babies of low birth weight and the same cycle is then repeated among girls in the next generation” – (ARROW)
Why focus on Women in Informal Economy (IE)?

• Women in IE are further disadvantaged and have no or less access to resources (nutritional food, safe water, sanitation, time and safe workplace), information and services.

• They are mostly invisible, hard to reach and organise as they are “mostly to be found in casual, geographically dispersed, isolated, part-time, irregular, and often home-based, activities,”

• There is a significant number of women in IE – For eg: India, 95% of all female workers are found in the informal economy, a total of approximately 96.5 million (WABA)
Lived realities in South Asia

• Overall, 60% of South Asian Women are underweight and malnourished.
• Anaemia is one of the primary contributors to maternal mortality (20-25%).
• Anaemia among the adolescents is disproportionally high in South Asia and can be traced to malnutrition due to poverty and aggravated by discriminatory cultural practices.
• One in four adolescent girls in South Asia is too thin and one in five was stunted during her childhood due to inadequate nutrition.

Inadequate nutrition and its outcomes are related to food security issues which include food availability, distribution, quality and cost as well as women’s knowledge of nutrition.
CQC asks for supplementary nutrition programmes based on identified needs with adequate budget allocations for maternal and child health advocacy, including breast feeding.

A provision for an access to wholesome nutrition package for adolescents should be made. The wholesome package includes supplement; awareness; counselling; monitoring of health status and progress; Information dissemination with inclusion in the curriculum and the community outreach programs).

Allocate adequate budgets for school feeding and supplementary nutrition for out-of-school adolescent girls.
Examples from South East Asia

Migrant Assistance Programme (MAP) Foundation

Focus: Migrant Women at Thai Boarder

Activity: Gives information on breast feeding through Women’s Exchange. Message is focused on the need for breastfeeding for at least six months as the infant can’t be fed any other food.

Women Exchange: Discussion topics tend to include sexual and reproductive health and rights, domestic violence, migration issues, labour rights, family life etc.
Ma ee – gives hope to migrant workers (Women’s Travelling Journal)

Ma ee who lost her work at a garment factory job during her pregnancy, now works at the Yaung Chi Oo Worker’s Association (YCOWA), which aims to improve the working and living conditions of Burmese migrant workers in Mae Sot. In particular, Ma Ee does her best to make sure that pregnant women workers get access to health care.

Mae Sot most of the migrant people are working in construction, agriculture, and domestic work. Most garment factory workers are women. The hours are taxing; the work is dangerous; and the pay is well below the minimum wage. Migrant workers’ jobsites can be far from city centers, segregating them from the general population. They may live in shacks made out of leftover building materials or other inhospitable living conditions. Many are undocumented and easily become the most vulnerable to exploitation.
Lillian Falyao - For Women’s Wellness in a mining community (Women’s Travelling Journal)

Lillian from the Philippines lives in a community that is centered on one of the biggest and oldest gold and copper mining companies in the Philippines, the Lepanto Consolidated Mining Company (LCMCo).

She is organizing among peasants, rice and vegetable farmers who are affected by LCMCo’s decades-long mining operations. “We as women have important roles in defending the land, including the agricultural production for our families and the whole community. We also have a key role in ensuring the health wellness of women that is founded on a sound, sustainable and healthy sources of food and livelihood,” Lillian added.
Examples from South East Asia

- Reproductive Health Association of Cambodia (RHAC)
- Focus: Household, vendors and women in agriculture
- Activities:
  - Produced nutritional education materials (poster and flipchart) and used them to train Village Health Support Group (VHSG) to promote appropriate food consumption, nutrition and breastfeeding.
  - Early breastfeeding practice and exclusive breastfeeding advice are reinforced through midwives and at ANC/PNC counseling services that are provided at RHAC clinics.
  - Health Center staff/midwives were also trained.
Recommendations

• Comprehensive approach - women’s health needs to reinforced.
• Interlink with other issues such as food security, disaster, climate change, etc.
• Forge partnerships with CSOs/alliances at all levels.
• Bring voices of women on the ground at various levels through the partners.
Recommendations...

• Make use of opportunities of existing efforts to improve maternal health:
  – Global Strategy for maternal, child and adolescents health. (Strategy-2) – ensure women in IE

• Work with structures created to empower workers, especially women workers, in the IE. (SEWA, streetnet, CCUVA, etc) – WABA.

• Work with women’s groups at communities: Mother’s groups, youth groups, etc.
Recommendations...
Promote International instruments in user-friendly language

Right to Adequate Food and Nutrition specially for women in IE
The International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 11.1 of the Covenant, mandates States Parties to recognise “the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions”, and article 11.2 urges that immediate steps may be needed to ensure “the fundamental right to freedom from hunger and malnutrition”. The right to adequate food is intrinsically linked to all other human rights especially the right to water, right to health, right to property, right to work, right to livelihood, the right to social security and social welfare (UNCESER, 1999).

Promote ILO Convention 183: Convention concerning the Revision of the Maternity Protection Convention

Article 10 – in the convention

“A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child.

“The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the reduction of daily hours of work shall be determined by national law and practice. These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.”
Recommendations:...
Remove Stigma around – breast feeding in public
References

- Women’s Travelling Journal: (ARROW and ARWC) [http://travellingjournal.asianruralwomen.net/srhr/](http://travellingjournal.asianruralwomen.net/srhr/)
- Information from MAP (Email)
- Information from RHAC (Email)