

World Breastfeeding Week 2005: Breastfeeding and Family Foods: Loving and Healthy

For downloadable materials please visit us at www.waba.org.my

Look out for the next issue of WABALink for more stories about how the world celebrates World Breastfeeding Week



Inserts with this Issue

- Statement to UNICEF Executive Board, June 2005 Session
- Breastfeeding advocates help communities latch onto a good idea
- Sick of Globalisation
- The Right to Breastfeed

WABALink is a current awareness service, with the mission of sharing news and useful key documents with its global network of supporters. The views expressed in the articles, supplements, and other inserts, etc. however do not necessarily reflect the views, or policies of WABA or its Core Partners.

WORLD CELEBRATES WORLD BREASTFEEDING WEEK WITH MORE ORGANISATIONS ANNOUNCING THEIR SUPPORT

UNICEF applauds the commitment of all those involved in support of child survival through optimal infant and young child feeding in celebration of this year's world breastfeeding Week

- Ann M Veneman
UNICEF Executive Director

This year's World Breastfeeding Week will mobilize partners and communities worldwide in support of improved infant and young child feeding. WHO joins the partnership and commits its continued support to making appropriate and safe breastfeeding and complementary feeding a reality for all children.

- Lee Jong-wook
WHO Director-General

FAO takes special pleasure in joining WABA and partner organisations in celebrating World Breastfeeding Week. This year's theme on breastfeeding and family foods fits well with FAO's commitment to household food security.

-Kraisid Tontisirin
Director, Food and Nutrition Division, FAO.

The International Pediatric Association is pleased to add its voice to those supporting World Breastfeeding Week - indeed we think that every week of the year should represent a world breastfeeding week!

- Jane G. Schaller

IAP
Executive Director

PAHO (Pan-American Health Organisation) thanks WABA and its worldwide grassroots network for their unparalleled efforts to promote optimal breastfeeding and complementary feeding. Creating a favourable policy environment, implementing cost-effective programs, and fostering networks and alliances all help to ensure that mothers and families are supported to optimally nourish their children, thus enabling all children to reach their full human potential.

-Marta Roses Periago

PAHO Director

"Breastfeeding Welcome here" scheme launched in Ireland

A number of local businesses across Northern Ireland including hairdressers, coffee shops and restaurants, have signed up to a scheme to support breastfeeding moms in their local community.

The scheme is a regional initiative coordinated by the Health Promotion Agency for Northern Ireland (HPA) to support mothers who wish to breastfeed when they are out and about with their baby.

Businesses which are open to the general public, have non-smoking facilities and support breastfeeding will be eligible to join the scheme. They will be given a window sticker and certificate to display on their premises to show that breastfeeding is acceptable in all



areas open to the general public and that their staff are aware of the scheme and supportive of breastfeeding moms.

Northern Ireland has one of the lowest breastfeeding rates in Europe. While half of all new mums there start breastfeeding, many quickly stop. This is often because they feel that there is a lack of support, particularly when they want to feed their baby outside the home.

Source: UTVlive.com, July 5, 2005/www.breastfedbabies.org

ABC of Breastfeeding

- B**onding with your baby by the warmth of skin to skin contact
- R**easily available and convenient
- E**asily digested, causing less colic, diarrhoea and constipation
- A**llergies, lowers risks of asthma and eczema
- S**timulates the taste and smell senses
- T**eeth and jaw are properly developed
- F**ats and unique proteins which stimulate brain development
- E**conomical breastmilk cost less than commercial infant formulas
- E**asy to serve, always at right temperature
- D**ieting is not required. Milk production consumes calories
- I**mmunity is strengthened as it contains antibodies which protect
- N**appy rash and thrush is reduced
- G**rowth and development is optimised by mother's milk which is the most nutritious food for your baby.

Adapted from the Lean Aubergine Dietetic Service
www.health24.com/child/Breastfeeding

First Breastfeeding Father Support Group in Peshawar, Pakistan established

The Peshawar Breastfeeding Father Support Group was established by Blue Veins, a women welfare and relief services group in Pakistan. The group consists of 40 members from all walks of lives. Blue Vein expects to launch two more support groups in Nowshera and Sawabi districts.

"Breastfeeding is enhanced and the nursing couple sustained by the loving support, help and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy," said Shaheen Quresh, Chairperson of Blue Veins.

"Is there really such a thing as a "breastfeeding father" and can he be included in the breastfeeding experience," asked Qamar Naseem the Project manager of the program. "If a mother decides to breastfeed is the father an important member of the breastfeeding team? Many experienced fathers will answer with a resounding "Yes" he added.

Fathers are very important to all babies, no matter how they are fed. Many people feel that a supportive father or other close family members is one of the most important factors in a satisfying breastfeeding experience. Some even go as far as referring to the breastfeeding triad (mother, baby and father) instead of a nursing dyad. A father's support and encouragement can help make the early learning period of breastfeeding easier and more enjoyable for mother and baby.



Blue Veins is a recipient of the WABA Global Initiative for Father Support (GIFS) seedgrant.

Source: Blue Veins/IBFAN Asia Pacific RCO

China lifts ban on student marriage, varsity grants maternity leave.

China's Ministry of Education has ordered universities to lift a 50-year ban on students marrying and having children.

Colleges and universities must revise and implement the regulation by September.

In Suzhou University, maternity leave has been granted to married female students.

Source:UPI, Aug 11 2005/Star, Aug 8 2005



Consumers dissatisfied with Nestle, 87% say they will boycott

Nestle, the Swiss food industry Goliath, finally issued an apology for having excess iodine levels into some milk powder it sells for infants and young children in China (see

accompanying story).

A lawyer from the China Consumer's Association was quoted as saying Nestle was only reacting to all the adverse publicity and the apology was a "late response" coming just because of public pressure.

An online survey taken indicates the apology may be falling on deaf ears. As many as 87% of consumers say they would stop purchasing Nestle products, primarily because of the firm's lukewarm response to the milk powder issue after the problem was found.

- Source: Dwight Daniels ,China Daily June 6, 2005

China pulls popular Nestle formula from Supermarket shelves

One of Nestle's best selling Chinese milk powders was found to contain too much iodine, according to a survey conducted by quality inspection authorities in Zhejiang Province.

"This is the first time we have found milk powder, containing excessive iodine in recent years," said an official from the Zhejiang Administration of Industry and Commerce.

Despite Nestle claiming that the milk powder is still safe for consumption, experts say that infants and children may suffer from goitre, a condition caused by a deficiency or an excess of iodine.

However despite the assurance from Nestle, officials from the Provincial Administration of Industry and Commerce have already pulled the milk powder from supermarkets shelves.

-Source : Claire Johnston, Dairyreporter.com, June 2, 2005

Rise in prostate cancer linked to chemical used in babies drink bottles, teats and food wrap

A chemical used to make food wrapping, babies drink bottles and teats, and line tin cans could be the cause of surging prostate cancer rates in men, says a study.

Bisphenol A is widely used in the food industry to make polycarbonate drinks bottles and the resins used to line tin cans, even though it is known to leach into food and has long been suspected of disrupting human sex hormones.

The new research suggests the small but constant level of bisphenol A entering people's diet has a particular impact on pregnant women, disastrously altering the development of unborn baby sons.

The chemical causes microscopic changes in the developing prostate gland but these are not apparent at birth.

Study: Breastfeeding Lowers blood pressure

The longer infants are breastfed, the lower their blood pressure in later childhood.

Researchers at the University of Bristol determined breastfeeding might be as effective as lowering blood pressure as are low-salt diets or increased physical activity.

When it comes to diseases related to high blood pressure, breastfeeding "is of public health importance," they concluded.

More than 2000 children between the ages of 9 and 15 from Estonia and Denmark were surveyed. The findings were similar for children in both countries.

The study is detailed in the June issue of the British Archives of Disease in Childhood.

Source: ScienceDaily.com May 27, 2005

Increased risk of breast cancer for women who were heavier than average at birth or never breastfed

A research conducted by the epidemiologists at the University of Buffalo's School of Public Health and Health Professions found that premenopausal women who were heavier at birth or had not been breastfed as infants appear to be at increased risk of developing breast cancer.

Results showed that premenopausal women whose birth weight was greater than 8.5 pounds and premenopausal women who had not been breastfed as infants, had an almost two-fold risk of developing breast cancer when compared to premenopausal women whose birth weight was 5.5-7 pounds and who had been breastfed.

Our research support the hypothesis that early life events impact women's breast-cancer risk later in life," said the lead researcher.

Source:Xagenait/MedicineNews.net May 27, 2005

Instead they show up years later when they lead to a range of prostate diseases, such as enlargement and cancer.

In Britain, rates of the cancer have surged to about 27,000 new diagnoses and 10,000 deaths a year. It is almost as big a killer as breast cancer in women.

About 2.8 million tonnes of bisphenol are produced every year worldwide and it has been used in babies drink bottles and teats in addition to food packaging.

Source:New Straits Times, May 2, 2005



Are you listed in the WABA-UNICEF Directory of Experts?

WABA in partnership with UNICEF is maintaining a Directory of Experts in the field of breastfeeding and appropriate infant feeding.

If you wish to be listed in the Directory, please download the questionnaires from the WABA website < www.waba.org.my/expform.doc > and send to the WABA Secretariat.



News from the Secretariat, Penang, Malaysia

Secretariat News, Project Development and Outreach

May • WABA and Galeri Art Point jointly organises Mothers Love Art Exhibition in Penang • World Breastfeeding Week (WBW) French and Spanish Action Folders translated, designed and printed • WBW Reproduction CD, compilation ready for mailout • Design, layout and printing of WBW Banner • Seedgrants for WBW 2005 were made available •

June • Susan Siew facilitated HIV and Infant Feeding : A Round Table Discussion organised by PPPIM in Kuala Lumpur, Malaysia • Sarah Amin began contributions to the Innocenti + 15 publication • Gender Working group comprising of Lakshmi Menon, Radha Holla, Sarah Amin and Koh Kah Ling started work on 2 publications: a) Breastfeeding as a Reproductive Health and Rights Issue and b) Gender Case studies • Writing, layout and printing of WBW package comprising of Cover Letter, Press Release, Feedback Form by Julianna Lim • Harjeet Dhillon begins processing of orders, packing and mailing of WBW materials and Golden Bows •

July • Susan Siew attends 7th ICAAP "Bridging Science and the Community in Kobe, Japan" • Two day WABA Staff Planning Meeting for 2006 • Satnam Kaur and Koh Kah Ling attends the Social Policy Dialogue on Improved Maternity Benefits for Malaysian Women in Kuala Lumpur • Liew Mun Tip co-organises the Joint WABA-LLLI HIV Symposium in Washington, USA • LLLI Gender Training Workshop in Washington organised by Sarah Amin, Marta Trejos and Marcos Arana • Susan Siew presents WABA's experience at the Save the Children, Asia Area Meeting in Bangkok, Thailand • Preparation and planning meetings began for HIV and Gender Conference in 2006 by Penny Van Esterik and Sarah Amin • Liew Mun Tip attends 2nd PHA in Ecuador • Planning for IWHM and pre-meeting with womens groups by Lakshmi Menon, Koh Kah Ling and Sarah Amin • Writing and printing Doctor's Initiative letter and mailing of WBW pack to ABM • WBW Seedgrant awarded to 15 groups • Satnam Kaur and Julianna Lim attended the Pantai Hospital WBW and Breastfeeding Manual launching in Kuala Lumpur •

Visitors to the Secretariat

May • Maniam Sinnasamy, Social Work Consultant, Penang, Malaysia • **June** • Joyce Sivapatham, Environmental Artist, Penang • **July** • Krystle Lai, Royal Holloway, University of London, England • Lakshmi Menon, Consultant, India • Radha Holla, Writer, India • Associate Prof. Dr. Zalina Ismail, Deputy Dean, School of Health Science, University Sains Malaysia, Kelantan, Malaysia

Happenings 2005

- May 12-15 ■ NZLCA Conference, Auckland, New Zealand (www.lactcon.org.nz)
- June 2-3 ■ 15th Annual National Breastfeeding Seminar, Canada
- June 5 ■ World Environment Day*
- June 13-July 8 ■ Breastfeeding Practice and Policy Course, London, England (www.cich.ich.ucl.ac.uk/CICH)
- July 1-5 ■ 7th ICAAP International Conference on AIDS in Asia & Pacific, Kobe, Japan (www.icaap7.jp)
- July 2-5 ■ LLLI 19th International Breastfeeding Conference, Washington, USA (www.lalecheleague.org)
- July 8-12 ■ ILCA Annual International Conference & Meeting, Chicago, USA and ILCA's 20th Anniversary (www.ilca.org)
- July 19-23 ■ Second People's Health Assembly, Ecuador (info@iphcglobal.org)
- July 24-27 ■ 3rd International AIDS Society Conference, Rio de Janeiro, Brazil (www.ias-2005.org)

Aug 1-7 ■ World Breastfeeding Week*

- Aug 1 ■ 15th Anniversary of Innocenti Declaration
- Sept 1-3 ■ WABA Core Partners Meeting, Penang, Malaysia
- Sept 5-7 ■ WABA Steering Committee Meeting, Penang, Malaysia
- Sept 21 ■ International Day of Peace *
- Sept 21-25 ■ 10th International Women and Health Meeting, New Delhi, India (www.10iwhmindia.org)
- Sept 28-30 ■ ABA International Breastfeeding Conference, Hobart, Australia (www.cdesign.com.au/aba2005)
- Oct 9-14 ■ IBFAN Africa Gender Training, Penang, Malaysia
- Oct 12 ■ IBFAN's 26th Anniversary (www.ibfan.org)
- Oct 16 ■ World Food Day*
- Oct 20-24 ■ 10th Annual ABM Meeting, Denver, Colorado, USA (www.bfmed.org/abm2005.html)
- Oct 27-30 ■ 10th AWID International Forum on Women's Rights and Development, Bangkok, Thailand
- Nov 17-21 ■ The 3rd Asia-Pacific Conference on Reproductive & Sexual Health, Subang Jaya, Malaysia
- Nov 17-20 ■ WANGO Annual Conference 2005, Santa Domingo, Dominican Republic.
- Nov 20 ■ Universal Children's Day*
- Nov 27-30 ■ 4th International Congress on Women's Health, New Delhi, India (www.etic.org/tuth/uk/survey.html)
- Nov 19-21 ■ 15 years CRC Celebration, Florence, Italy
- Nov 21-22 ■ Innocenti Declaration + 15 Celebration, Florence, Italy
- Dec 1 ■ World AIDS Day
- Dec 10 ■ Human Rights Day
- Dec 13-14 ■ Tracking progress in Child Survival- Countdown to 2015, University of London, England

[(*) see www.daysofaction.net for links]

"TOWARDS A REGION WHERE EVERY CHILD COUNTS: Siem Reap – Angkor Declaration of the 7th East Asia and Pacific Ministerial Consultation on Children"

Read more about this at www.waba.org.my



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Statement to UNICEF Executive Board
on 7th June 2005
2005 Annual Session, New York



Thank you Mr. President. As the chairperson of the WABA Steering Committee, I am speaking on behalf of WABA and our core partners ILCA and La Leche League.

As members of the NGO Committee on UNICEF with ECOSOC status, we thank you for the opportunity to address the UNICEF Executive Board concerning the UNICEF future workplan. The International Lactation Consultant Association (ILCA), La Leche League International (LLLl) and the World Alliance for Breastfeeding Action (WABA) work together to reach the goals of the INNOCENTI DECLARATION to protect, promote and support breastfeeding. These organizations support an integrated approach to: maternal health, safe delivery, early initiation of breastfeeding, exclusive breastfeeding, and continued breastfeeding with complementary feeding.

As NGOs working with mothers and babies around the world, we welcome Ms. Ann Veneman as the UNICEF Executive Director and challenge the UNICEF Executive Board to renew its commitment to the UNICEF programs that include the empowerment of women and the protection of the babies' health through the protection, promotion and support of breastfeeding. The Baby Friendly Hospital Initiative (BFHI), the International Code of Marketing of Breastmilk Substitutes, the Global Strategy for Infant and Young Child Feeding, the HIV and Infant Feeding: Framework for Priority Actions, mother to mother support and lactation specialists are all important components and programs to support the UNICEF Medium Term Strategic Plan (MTSP) 2006-2009.

Optimal infant and young child feeding practices improve children's survival, growth and development over the life of the child. Breastfeeding also contributes to poverty reduction by producing a valuable food and by cutting expenditures for health care. Further, optimally fed children have the best chance for healthy development and for making good use of educational opportunities.

UNICEF identifies poverty reduction as an over-arching goal. Poor feeding practices, including failure to exclusively breastfeed for the first 6 months, are a "major threat to social and economic development," according to the Global Strategy. Thus, it is clear that optimal feeding practices for infants and young children have a key role to play in meeting this goal.

For these reasons, ILCA, LLLl and WABA recommend that breastfeeding, as defined and described in the 2002 WHO/UNICEF Global Strategy for Infant and Young Child Feeding, be utilized as a cross cutting strategy and an important intervention in the UNICEF MSTP 2006-2009 and that breastfeeding be reinstated as an organizational target in order to receive the financial and program support needed to achieve the MTSP goals. We have developed a separate sheet with specific recommendations for the MTSP final version that have been made available to members of the board.

ILCA, LLLl, and WABA are committed to the protection, promotion and support of breastfeeding and are ready to continue our partnership with UNICEF in the challenge to build a better future for the children of the world. We welcome each of you to participate in World Breastfeeding Week in your community during World Breastfeeding Week celebrations and to wear with pride the UNICEF Golden Bow for Breastfeeding, the global standard for infant feeding. Thank you for this opportunity to address the Executive Board.

Beth Styer
Chairperson of the WABA Steering Committee
www.waba.org.my



BREASTFEEDING ADVOCATES HELP COMMUNITIES LATCH ONTO A GOOD IDEA

In a city where barely 20 % of impoverished women breastfeed, changing attitudes toward breastfeeding has become a matter of course for students from the University of Pennsylvania School of Nursing. Since 1995, Nursing 361 has required students to take part in a community advocacy program of their own design.

This month in the *Journal of Human Lactation*, the course's instructor offers guidelines for others to conduct such projects, as well as a model to demonstrate how advocacy can change communities.

"Many problems women have with breastfeeding stem from a lack of knowledge and support in their environment," said Diane Spatz, associate professor at the School of Nursing. "Our student programs not only reach out to expectant mothers, but also to those who need to support them whether the audience is comprised of the children, the fathers and the rest of the community."

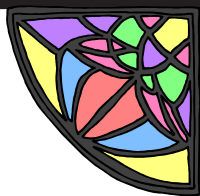



When Spatz created the course just ten years ago, few nursing schools held in-depth breastfeeding classes. Indeed, surveys have shown that less than a quarter of the nation's nursing students had, as part of their maternity rotation, a significant opportunity to teach or counsel new mothers about breastfeeding. Almost 200 students have taken the course since then and, through their efforts, have affected the breastfeeding experience of thousands of people.

"Despite the scientifically demonstrated evidence for benefits of breastfeeding, physicians, nurses or health care providers of any type lack sufficient training," Spatz said. "As a result new mothers especially those who have limited financial resources don't get the assistance or advice that they need and are more likely to abandon breastfeeding."

In challenging students to create a breastfeeding advocacy, the course has made a lasting impact in the Philadelphia area. According to Spatz, there are five areas where breastfeeding advocacy has been particularly effective:

- * **Fathers.** The role of fathers in the success of breastfeeding has been well documented. For example, a support group for fathers of breastfeeding infants begun at Pennsylvania Hospital in Philadelphia by a Penn Nursing student has continued for more than five years after the project begun.



* Immigrant Populations. Many newcomers to the United States have adopted bottle-feeding as a more "American" practice. Student programs have been effective in reaching out to local immigrant groups. In one example, a Vietnamese student began a successful program at a local Vietnamese church, working with families and translating educational materials.

* Community Hospitals. Some community hospitals do not routinely employ lactation consultants to help new mothers through problems in breastfeeding. A number of Penn students have helped community hospitals, such as Albert Einstein Medical Center in Philadelphia, and clinics provide information to new mothers as well as help train staff members.

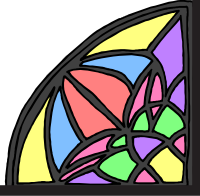

* Perceptions on Public Breastfeeding. Many women are wary of breastfeeding in public due to both real and imagined stigmas attached to the practice. One Penn student came up with a novel solution by encouraging area restaurants to display a "Breastfeeding Welcome Here" decal in their front windows.

* Children. Studies have shown women most often make their breastfeeding decisions well before they choose to bear children. According to Spatz, daycare centers offer an ideal place to begin educating men and women. In fact, one student created a life-size mother and child doll to appropriately demonstrate how babies can be breastfed.

"Students are great agents of change because they are enthusiastic and creative," Spatz said. "Through their work they've made a lasting contribution to women's health and child welfare."

<http://www.upenn.edu>

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SICK OF GLOBALIZATION

by Kintto Lucas

CUENCA, Ecuador – Alternative reports on global health, presented at the second People's Health Assembly in Ecuador this week, question the free-market, neoliberal economic model and view it as the cause of many of the health problems facing humanity today.

These include the indiscriminate use of toxic products in agriculture, pollution caused by the oil industry, the consumption of transgenic crops, the destruction of the urban environment by pollution, and the commercialization of health services.

The reports by the Global Health Watch and the Observatorio Latinoamericano de Salud see a healthy life as a fundamental human right, the enjoyment of which depends on economic, political and social factors.

The Global Health Watch is a broad collaboration of public health experts, non-governmental organizations, civil society activists, community groups, health workers and academics.

Mexican academic Laura Juárez Sánchez, who took part in drawing up the reports, said that by generating increasing unemployment, poverty and rural migration, the "capitalist economic model" is the main cause of the return of illnesses that had been basically eradicated and of deaths from easily curable ailments.

Juárez Sánchez pointed to the reappearance of cholera and deaths of people from scabies, typhoid fever, diarrhea, tonsillitis and pneumonia.

These illnesses are expanding as a result of "malnutrition and the lack of access to and deterioration of basic social services like health care, education and housing," said Juárez Sánchez, a researcher at the Universidad Obrera, a Mexican university.

"Rural and urban families are forced to live in overcrowded conditions without piped water or plumbing, to share collective bathrooms, and to live under roofs of corrugated iron or cardboard," she said.

Alex Zapata, who wrote the chapter of the Global Health Watch report - also known as the Alternative World Health Report - that deals with the "mercantilization" of water, said "capitalist globalization" has led to the privatization of sewage and water services.

That means water is becoming a marketable commodity or merchandise to which only those who can afford it have access, which will have a negative impact on the public health of a large part of the global population, he said.

The reports were presented Wednesday at the July 17-23 second People's Health Assembly in the city of Cuenca in southern Ecuador.

Biologist Elizabeth Bravo of Ecuador, who provided information on the effects of transgenic food crops, said the introduction of genetically modified seeds is giving certain transnational corpora-





tions control over food production worldwide, "as is already occurring in the case of soy beans."

"The global market for transgenic soy is the monopoly of a single company, the U.S.-based Monsanto, which sells seeds that are resistant to its Roundup herbicide," she said.

"The (Roundup Ready) seeds are not more productive," said Bravo. "The only thing they do is make farmers dependent on a weed control model based on intensive use of an herbicide."

According to the biologist, the expansion of transgenic crops, besides creating dependency, promotes monoculture farming with the subsequent decline of essential food crops and the loss of diversity and food sovereignty.

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Bravo also said the effects of transgenic crops are extremely negative for the poor rural population, which in turn has repercussions on public health.

"The expansion of soy in Argentina has displaced other crops like rice, corn, sunflowers and wheat, and has pushed other farming activities into marginal areas. Since 1988, the number of farms has shrunk by 24.5 percent, with the disappearance of 103,400 family farms.

"Thousands and thousands of families migrate from the countryside to urban slums every year," said the biologist.

Bravo admitted that more research is needed into the health effects on humans of transgenic foods, but stressed that studies have found negative consequences for animals living near fields where genetically modified crops are grown.

The alternative health reports also point to the violence plaguing different regions and threatening the local populations, mentioning Colombia, in the grip of a four-decade armed conflict, and the U.S.-led war on Iraq, launched in March 2003.

Physicians taking part in the People's Health Assembly noted that the thousands of Iraqi civilians who have fallen victim to the violence over the past two years included many health professionals.

"In 2004 alone 71 medical professors have been killed or have been intimidated to leave the country. There is complete insecurity in Iraqi hospitals that has resulted in many casualties," said Dr. Salam Ismael, secretary-general of the organization Doctors for Iraq.

Ismael urged the more than 1,500 delegates from over 70 countries who are taking part in this week's Assembly to demand support from the World Health Organization (WHO) to put an end to the violence and killing in his country.

He also proposed the creation of an international commission to investigate war crimes and bring to light the horrors that his people are suffering.

Hospitals in Iraq are raided and wounded suspects are arrested without the least respect for their human rights and the Geneva Convention, said the Iraqi doctor.

What is happening in Iraq is "a war crime of the first order," said Dr. Bert De Belder, coordinator of Medical Aid for the Third World (MATW), a health solidarity agency of the Belgium-based International Action for Liberation (INTAL).

Professor Qasem Chowdhury of Bangladesh praised the alternative reports and underlined the connections between health movements from all continents that made the second annual People's Health Assembly possible.

Argentine Dr. Mirta Roses, director of the Pan American Health Organization, said the right to a healthy life should be linked to recognition of cultural, ethnic and linguistic diversity.

This recognition, besides taking into account universal access to health care and social participation, must also take into consideration traditional medicine, traditional healers and collective intellectual property, she said.

The origins of this week's gathering date back to 1978, during the WHO annual assembly, when 134 governments, in response to pressure by social movements, signed the Declaration of Alma





Ata in Kazakhstan (former Soviet Union), committing themselves to achieving an acceptable level of health for all people of the world by the year 2000.

The initial enthusiasm on the part of governments gradually waned, prompting civil society organizations, minorities, indigenous peoples and other groups involved in health questions to take up the banner of "health for all".

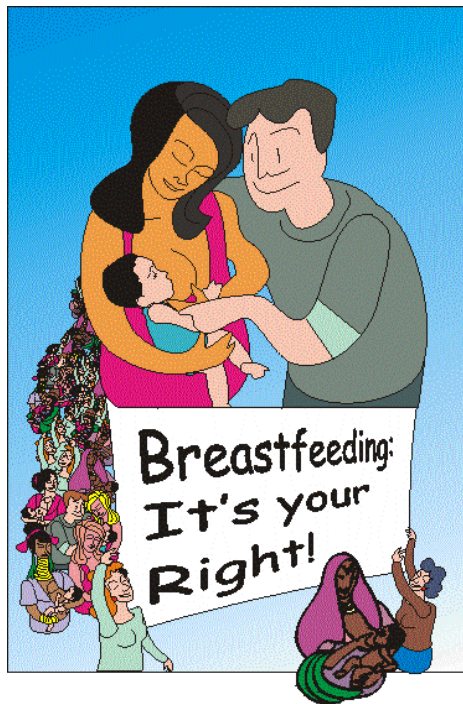
The first People's Health Assembly, held in Savar, Bangladesh in December 2000 under the theme "To Hear the Unheard", drew more than 1,500 participants from 75 countries.

One of the achievements of the meeting in Bangladesh was the approval of the People's Health Declaration, based on a vision of a better and healthier world - a starting point for a global health movement, said Dr. Jaime Breilh with the Health Research and Advisory Center, one of the groups that organized the Assembly.

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THE RIGHT TO BREASTFEED*

Dr. JUDITH GALTRY

When, Liz Weatherly was told by the Montessori Early Childhood Centre, where her child attended, to either stop breastfeeding or don't bring him back, a series of negotiations followed, including with the Association Montessori Internationale in the UK - without success. Liz was no more successful with other agencies and eventually she laid a complaint with the Human Rights Commission claiming that the denial of the right to breastfeed her child was sex discrimination.

In March 2004, the Human Rights Commission told Liz that her complaint did not fall within the commission's jurisdiction – because “*it did not seem to fit within any of the prescribed grounds or areas in the Act*” (Ruling from HRC 30.03.04¹).

It was time to go to the media. Following her appearance on TV One's Holmes show, women began to contact her with personal accounts of breastfeeding discrimination. In August 2004, Liz began a petition requesting the House of Representatives take action to address the lack of protection for the rights of breastfeeding women and their children. This received almost 9,000 signatures.

BACKGROUND

In New Zealand there is no legislation that specifically safeguards women and children's rights with regard to breastfeeding, including in public settings. Over recent years, media stories have emerged about breastfeeding mothers being asked to stop breastfeeding or leave public places, such as restaurants and parks. Even among seemingly influential women, breastfeeding has often been the source of discriminatory practice. Both Ruth Richardson and Katherine Rich are two women MPs who have experienced this type of discrimination and the twenty or so year time gap between their respective experiences highlights the way in which this has been a persistent concern both for women in relatively high powered positions as well as many more “ordinary” mothers.

In contrast, some countries have recently moved to protect the breastfeeding rights of mothers and children through legislation. Recently enacted laws in Scotland and in almost 40 US States have arisen from the need to help overcome the hostility experienced by many mothers when breastfeeding in public settings.

IMPLICATIONS OF THE LEGAL STATUS QUO

The Ministry of Health notes that breastfeeding contributes positively to five of the 13 population health objectives in the New Zealand Health Strategy.² These are to reduce: obesity, the incidence and impact of cancer, the incidence and impact of cardiovascular disease, as well as the incidence and impact of diabetes and improve nutrition. Yet, according to the Ministry, NZ is characterised by a ‘bottle feeding culture’.³ This is illustrated by the fact that most pregnant mothers state their intention to breastfeed, however,

- by the time they are first seen by a Plunket Nurse, a few weeks after giving birth, 19% of babies are being artificially fed and a further 14% are partially artificially fed.

- by 4 – 7 months of age (which is as far as data collection currently extends), 41% of babies are artificially fed, and a further 35% are partially artificially fed⁴.

There is also significant disparity in breastfeeding rates between the various ethnic groups, with the rates among Maori and Pacific peoples remaining consistently lower than the European/Other rates⁵.

The 1990 WHO/UNICEF Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding identifies three components to assisting breastfeeding i.e. protection, promotion and support. While all three facets are important, in New Zealand greater attention has historically been paid to the latter two components. Yet, there is evidence of negative reaction to breastfeeding, particularly in situations where mothers are breastfeeding in public settings.⁶ Failure to explicitly protect women and children's breastfeeding rights thus has potential implications for maternal and child health.

Given WHO recommendations for six months exclusive breastfeeding, and continued breastfeeding for up to two years of age and beyond⁷, mothers need to be able to freely breastfeed in public settings such as workplaces, childcare centres, parks and other recreational settings. Failure to do so negatively impacts on their opportunities and abilities to participate fully in public life.

Yet, breastfeeding discrimination has not, until now, been systematically addressed as a gender discrimination issue in New Zealand. There appears to have been little understanding, even some resistance to recognising, that safeguarding the right to breastfeed, including in public settings, represents an important gender equity and human rights concern. Despite growing acknowledgment that breastfeeding has implications for women's labour market participation, there is no requirement for employers to provide breastfeeding breaks (as stipulated by the International Labour Organisation)⁸ or for childcare centres to have a breastfeeding policy.⁹ For the government to achieve its goal of increasing women's labour market participation, the right to breastfed in all public settings requires explicit protection and support.

Scandinavian example

It is sometimes assumed that countries that place high value on breastfeeding do not place a strong value on the notion of gender equity and equal employment opportunity. Significantly, Sweden and Norway not only have the highest breastfeeding rates in the OECD, they also have the highest women's labour market participation rates as well as consistently rating among the top handful of countries on the United Nations' Gender Empowerment Measure (which measures women's participation in public and political life).¹⁰ Importantly, Swedish and Norwegian mothers tend to take several months parental leave in order to breastfeed and then return to part-time work. While on parental leave, they continue to be counted, for statistical purposes, as if they were still in work (thus their high rates of labour market participation), although there is a growing number of women who are returning to work soon after the birth in line with international trends in most advanced economies.

Nordics generally also find it incomprehensible that in some countries public breastfeeding might meet with hostility or stigma. In these countries, even young women (those least likely to breastfeed in Anglo-Saxon countries) are commonly seen breastfeeding in public settings. For these reasons, there has never been a need for specific legislation to protect breastfeeding,

ADVANCING BREASTFEEDING RIGHTS ON THE POLITICAL AGENDA

Spurred on by the publicity surrounding the Weatherly case, the Human Rights Commission (2004) prepared a draft discussion document *The Right to Breastfeed*.¹¹ When calling for submissions, the Commission outlined the international and various national contexts with regard to breastfeeding protection. It also articulated the following set of principles which would inform its future approach:

- 1) A woman has a right to breastfeed and is protected from discrimination for breastfeeding under the Human Rights Act and international law.

- 2) The Commission should support and promote the right to breastfeed.
- 3) When considering breastfeeding complaints, a broad analysis should be used for comparisons across groups.
- 4) A woman should be permitted to breastfeed where she and her child or children would otherwise be permitted to be.
- 5) The right to breastfeed should not be limited by any individual, group, or party unless the intervention is based on evidence of significant detriment to either the mother or the child.
- 6) Breastfeeding should, generally, be considered to be in the best interests of the child but in normal circumstances parents should be allowed to determine what is in the best interests of their child with respect to infant-feeding.
- 7) The approach to breastfeeding discrimination should encompass the view that breastfeeding mothers and their babies form an inseparable biological and social unit.

Significantly, the Commission also noted that despite there being “no specific law or case law to protect breastfeeding in New Zealand, there is general agreement that the Human Rights Act is the primary legislation to protect this right.”(p. 19).

Despite this assertion, breastfeeding - in striking contrast to both pregnancy and childbirth - is *not* explicitly identified in the *Human Rights Act*. Under the Act, **Sex** (which specifically covers “**pregnancy and childbirth**”) is one of the 13 prohibited grounds of discrimination (S22). The Act (S74) also specifies grounds for “**preferential treatment**”, namely **pregnancy, childbirth and family responsibilities**. Breastfeeding’s omission in the Act implies that it is a lifestyle choice and a lesser concern in terms of anti-discrimination than pregnancy. Including breastfeeding under the grounds of **Sex** as well as a **Preferential Treatment** concern in the Act would also serve to “mainstream” it as a fundamental human rights issue.

In May 2005, the Commission convened a forum for stakeholders opened by Steve Chadwick, MP and Chair of the Health Select Committee. The Commission also sponsored the attendance of Professor George Kent, an international expert on breastfeeding rights. Echoing the prior demands of some breastfeeding advocates, Kent advised that the *Human Rights Act* be amended to specify breastfeeding discrimination as a form of sex discrimination and called for greater government funding for NGOs to support breastfeeding. Bearing witness to this need, La Leche League, NZ’s oldest breastfeeding NGO, faced an ongoing struggle to find funds to attend the Forum.

Prior to the Forum, the Health Select Committee advised Liz Weatherly it was going to consider the evidence on breastfeeding rights and invited her, as petitioner, to make a submission. In her submission, Liz asked that the Committee:

- acknowledges that breastfeeding is a fundamental human right
- recognises and addresses the current lack of protection for the breastfeeding rights of New Zealand mothers and their children
- recommends that these rights be safeguarded through new legislation (modelled on the Scottish Breastfeeding Act 2005 – see Appendix 1) and an amendment to the *Human Rights Act 1993* to include breastfeeding in the specific grounds covered by the Act.

The latter recommendation, if put into effect, would not only protect breastfeeding as a fundamental right of mothers and their offspring via an amendment to the *Human Rights Act*, but would also require government Ministers to encourage and promote breastfeeding (as in the case of the Scottish legislation¹²).

In June 2005, the Health Select Committee released its report, noting that “We believe that every woman has the right to breastfeed anywhere she is legally entitled to be, if she feels comfortable doing so.”¹³ According to the Committee, this may take the form of an amendment to the *Human Rights Act*. However, it added that “legislation alone cannot achieve public acceptance and support of breastfeeding.” Of equal importance, according to the Committee, are education, social acceptance and the normalisation of breastfeeding. (Interestingly, the redundant qualification “if she feels comfortable doing so” would not be cited in relation to parental comfort over, for instance, whether a child wears a seatbelt, and is one of the reasons

why public health advocates need to support the removal of all social, economic and political barriers to breastfeeding, rather than avoiding the topic for fear of making mothers feel guilty or pressured).

Two other significant recommendations emerged from the Committee's considerations:

1) Strengthen the implementation of the International Code of Marketing of Breastmilk Substitutes as the "current voluntary self-regulation of the infant formula industry in New Zealand is not sufficient to ensure compliance with the code" and 2) Establish the National Breastfeeding Committee "as a matter of urgency to provide leadership and coordination for breastfeeding promotion throughout New Zealand."

On 4 July 2005, the Human Rights Commission released its final statement on the Forum on the Right to Breastfeed, noting its intention to produce a fact sheet on breastfeeding discrimination. It also recommended support for new legislation and better promotion of existing legislation (including amending the HRA to specify that breastfeeding discrimination is a form of sex discrimination) as well as more resourcing and commitment for non-legislative action to support breastfeeding. The Government's response is that it will 'consider whether legislation is the most appropriate avenue'.

These developments represent a generally positive outcome. They also illustrate the power of protest. Breastfeeding advocates await developments with interest.

* This article draws extensively on both my own submission on The Right to Breastfeed to the Human Rights Commission (2004) and Liz Weatherly's submission to the Health Select Committee (2005), which was the result of a group effort.

(Endnotes)

¹ Human Rights Commission. (30.03.04) *Ruling on Complaint of Sex Discrimination against 1. Carol Potts and 2. Titoki Montessori Preschool*

² Ministry of Health. (2004). Review of the New Zealand Interpretation of the World Health Organization's *International Code of Marketing of Breast-milk Substitutes*. Wellington: Ministry of Health, p. 2.

³ Ministry of Health. (2002). *Breastfeeding: a Guide to Action*. Wellington: Ministry of Health.

⁴ Royal New Zealand Plunket Society. (2004). *Breastfeeding Rates: Percentages by Age*

⁵ Ministry of Health (2002); *Breastfeeding: A Guide to Action* p.8

⁶ Human Rights Commission. (2005). "The Right to Breastfeed." Wellington: Human Rights Commission of New Zealand.

⁷ World Health Organization. (2003). *Global Strategy for Infant and Young Child Feeding*. Geneva: World Health Organization.

⁸ Galtry, J. (2000). "Policies and practices to support breastfeeding in the workplace." Paper prepared and presented at the World Health Organization and UNICEF's Technical Consultation on Infant and Young Child Feeding, Geneva, March 13-17.

⁹ Farquhar, S & Galtry, J. (2004). "Breastfeeding Support in Early Childhood Centre" *NZ Research in Early Childhood Education Journal* 7: 135-148.

¹⁰ Galtry, J. (2002). "The impact on breastfeeding of labour market policy and practice in Ireland, Sweden, and the United States." *Social Science & Medicine*. Vol. 57, pp. 167-177.

¹² Scottish Breastfeeding Act 2005, www.scottish.parliament.uk/business/bills/pdfs

¹³ <http://www.clerk.parliament.govt.nz/Content/SelectCommitteeReports/hepet02139.pdf>



WABALink Readership Survey 2005

6. Please rate the content of WABALink. I find that the content is

	Agree strongly	Agree	Neutral	Disagree	Disagree Strongly
a) objective					
b) informative					
c) timely					
d) interesting					
e) useful					

7. Please rate the presentation of WABALink. I find that the presentation is

	Agree strongly	Agree	Neutral	Disagree	Disagree Strongly
a) attractive					
b) easy to read					
c) well-illustrated					

8. Please tell us what you think of the impact of WABALink.

	Agree strongly	Agree	Neutral	Disagree	Disagree Strongly
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b) provides useful information					
c) encourages involvement					
d) promotes positive change					

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