



THE HEART OF THE FAMILY

Breastfeeding and the well-being of Families

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Breastfeeding is at the heart of the family because breastfeeding is an expression of love, care, protection and a way of nurturing. Breastfeeding contributes to the well-being of families in the following ways:

Family Health

Breastfeeding contributes to the health of both babies and mothers in developed and developing countries. Babies who are exclusively breastfed have stronger immune systems than those who receive breastmilk substitutes. These babies have extra protection against malnutrition, acute respiratory infections, and diarrhoea. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recognise that exclusive breastfeeding on demand is an important factor in child survival.

Breastfed babies are well-nourished since breastfeeding works by supply and demand. The more the baby breastfeeds, the greater the mother's milk production. Mothers can feel secure in knowing that their baby is receiving the best nutrition possible. Moreover, breastmilk is readily available and convenient. In contrast, reliance on bottle-feeding is particularly risky for families with low incomes and limited access to clean water and fuel. Too often, contamination occurs when bottles cannot be properly sterilised, and malnutrition results when babies are

bottle-fed liquids such as diluted juices or teas.

Breastfeeding also contributes to maternal health. Women who have breastfed are less likely to develop breast and ovarian cancers, and have less osteoporosis later in life.

Finally, breastfeeding strengthens the bonding relationship between mother and baby. This is particularly important for women whose work separates them from their children.

Family Planning

Exclusive breastfeeding contributes significantly to family planning and child-spacing. Women who exclusively breastfeed have 98% protection against pregnancy during the first six months after giving birth as long as the mother is fully breastfeeding, and the mother's menstrual bleeding has not returned.

The level of protection due to breastfeeding then falls off in relation to the intensity and frequency of breastfeeding. In Senegal, where mothers breastfeed for an average of 19 months, and in Bangladesh, where mothers breastfeed an average of 31 months, births are at least two years apart.

The child-spacing effect of breastfeeding is especially relevant to women for whom contraception is unaffordable, unavailable, or unacceptable.

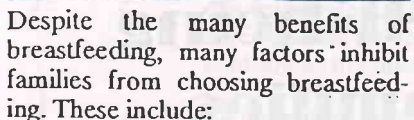
Family Economics

Breastfeeding saves families time and money that would be spent on purchasing infant formula, bottles and fuel. For example, the average cost of feeding a six-month old baby for one month on infant formula is equal to at least the average household's monthly per capita income in many developing countries.

Because breastfed babies are healthier than those who receive breastmilk substitutes, families save time and money that would be spent on visits to health practitioners and on purchasing medicines. In short, breastfeeding enables families to achieve great self-sufficiency, thus reducing their dependency upon commercial (and inferior) products.

Families and sustainable development

When women breastfeed, families and communities are contributing significantly to sustainable development. Breastfeeding is ecologically sound since it uses only renewable resources and produces only biodegradable wastes. In contrast, bottle-feeding uses non-renewable resources such as tin, plastic, glass and silicon, and produces non-biodegradable waste and pollution. Moreover, while breastmilk is produced locally, and on demand, bottle-feeding products are often transported considerable distances by multinational companies.



- Families often lack accurate information about the benefits of breastfeeding. Decades of infant formula advertising and promotion have influenced perceptions about breastfeeding and bottle-feeding. In developing countries, bottle-feeding has often been promoted as positively associated with "modernity", and wealth. In industrialised countries, health professionals often falsely equate breastmilk and infant formula.

Families sometimes lack information about basic principles of breastfeeding. For example, women may not be aware of the importance of frequent feeding and of basic information such as alternating breasts to avoid insufficient milk. Unfortunately, when older generations of women have not breastfed, they are less able to help their daughters to breastfeed.

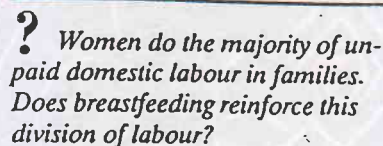
Many women who discontinue breastfeeding early do so due to concern that they have "insufficient milk". However, studies show that mothers who receive accurate information about breastfeeding and practical support are less likely to experience such anxiety during breastfeeding. In North America, women who successfully breastfeed for the longest periods tend to be of higher socio-economic status and have higher educations.

- Globally, women who give birth outside the formal health system are more likely to successfully breastfeed than those who give birth in hospitals. Midwives are particularly well-placed to support breastfeeding.

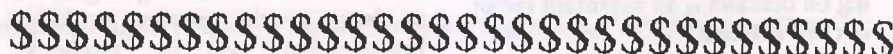
In contrast, some hospitals undermine breastfeeding by separating mother and baby after birth, and giving free infant formula supplies at discharge. The Baby-Friendly Hospital Initiative (BFHI), a world-wide campaign, aims at transforming maternity services into breastfeeding supportive institutions. Since doctors are in positions of authority, the messages that they give about breastfeeding greatly influence family decisions about infant feeding.

- Women increasingly combine unpaid domestic and child-care work with paid work outside the home. In order to successfully breastfeed in these circumstances, women need adequate support. Support may be informal and provided by their peers, such as when women working in markets cooperate in caring and feeding babies. Mother support groups are also important in formal work settings, as are policy initiatives such as paid maternity leave; infant and child-care facilities; flexible work hours; and the opportunity for mothers to express and store breastmilk.

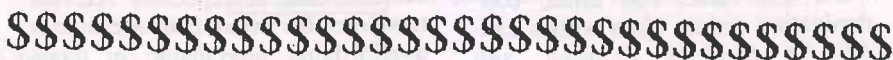
Such workplaces are "mother-friendly" in that women's productive and reproductive labour is supported. Recognising that both female and male workers must increasingly integrate family and work responsibilities, many trade unions now advocate "family-friendly" workplaces.



No, breastfeeding need not reinforce the traditional sexual division of labour in households. Many mothers who successfully breastfeed do so with the support of their husband and by re-distributing household labour to other family members. These mothers claim their right to breastfeed and challenge ideologies that represent women as having exclusive responsibility for nurturing children.



This year, 1994, national committees will be celebrating the family by sponsoring many different IYF events. Some governments may have funds budgeted for these events; others may seek corporate sponsorship to cover the costs. Be vigilant! Do not discover too late that companies who are not Family-friendly are trying to buy goodwill by supporting IYF events. For example, Canada's IYF committee includes among its sponsors, MacMillan Bloedel, the logging company engaged in clear-cut logging in British Columbia's temperate rain forests, and Nestle! Use these examples of corporate "generosity" to explore the relationships between the actions of large corporations and the challenges faced by today's families.



? *Can breastfeeding contribute to women's empowerment and equality in families and in society?*

Yes. In practising breastfeeding, women gain a strong sense of self-esteem and self-reliance as they realise their unique ability to nurture babies. Women who breastfeed are less dependent upon medical professionals and commercial products. Instead, women who breastfeed affirm their own knowledge and capabilities, particularly in the context of mother support groups. In general, women's successful breastfeeding is linked to conditions of gender equity (such as equal distribution of food within households) and to human rights (such as the right to breastfeed in public).

? *Does promoting breastfeeding suggest that women belong in the home?*

No. Women increasingly work outside the home and head households. In promoting women's right to breastfeed, WABA challenges governments and communities to acknowledge the value of women's productive and reproductive work and to encourage the development of mother-friendly workplaces. Mother-friendly and family-friendly workplaces enable women to nurture their children without loss of job security, wages or status.



Mothers

- Form mother-support groups to share practical information on breastfeeding. Establish cooperative child-care arrangements.
- Offer informal help and support to new mothers.

Other family members

- Ensure that the breastfeeding mother is well-rested and well-nourished so that she can successfully breastfeed.

? *Can family members aside from the mother play an active role in breastfeeding?*

Yes, particularly when the mother works outside the home. For example, older children or elders often care for a baby while a mother is working, and the baby is brought to the mother for feedings. Family members also support successful breastfeeding by ensuring that the mother receives adequate nutrition and rest while breastfeeding.

In many non-Western societies, the postpartum period is viewed as a time when mothers are particularly vulnerable. The period following the birth of a child is often associated with sexual abstinence and rituals to ensure the mother's well-being. During this period, the mother is able to establish breastfeeding while others take over some of her domestic work. There are valuable lessons here for families in industrialised countries who find it difficult to give mothers adequate postpartum recovery time or to make time for children.

Action for Breastfeeding Support

Family-related organisations

- Educate women, men and children about the benefits of breastfeeding.
- Educate family members about the needs of a breastfeeding mother.

Health practitioners

- Help mothers to establish breastfeeding immediately after birth.
- Provide follow-up support to mothers, including those who return to paid work. Involve family members in supporting the breastfeeding mother.

? *How do families unintentionally undermine breastfeeding?*

Families are not always successful in supporting a breastfeeding mother. When elders or young children are in charge of caring for infants full-time, a mother may be discouraged from breastfeeding. A mother will also be inhibited from breastfeeding if her partner is unsupportive.

Some men, for example, are uncomfortable with women breastfeeding. This is especially the case in contexts where breasts are seen as sex objects.

Finally, when mothers are over-burdened with work (paid or unpaid), and when mothers receive less food and rest than other family members, breastfeeding is more difficult. In order to support a breastfeeding mother, family members need to address these common inequalities.



IWTC

Non-governmental organisations

- Integrate breastfeeding and gender equity into development projects.

Employees

- Establish progressive policies that support employees in balancing their family and work responsibilities. These include: maternity and paternity leave; child-care facilities; flexible work hours; a private space where women can express and store breastmilk.

Government

- Contribute to establishing affordable infant and child-care.

Union and workers' groups

- Develop cooperative child-care programmes.
- Develop policies that support workers in balancing family and work responsibilities. Address the needs of mothers who are breastfeeding.

Recommendations from the NGO forum in Malta

Recognising that breastfeeding benefits families in that it:

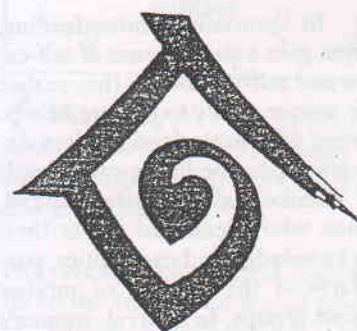
- * bonds the mother and child;
- * ensures healthy babies and better health for mother;
- * can contribute to natural family planning;
- * saves families money;
- * contributes to household food security;

And recognising that breastfeeding practice is threatened by:

- * misinformation and conflicting advice;
- * lack of a supportive environment for breastfeeding;
- * inappropriate hospital practices;
- * workplace barriers;
- * aggressive marketing practices of infant food companies;

We recommend that:

- * government institutions, policy-makers and family-related organisations take a pro-active role in supporting and promoting breastfeeding (in the workplace and in general);
- * NGO's working on family issues make a conscious attempt to integrate breastfeeding within their action plans;
- * social service organisations that have direct contact with families actively encourage breastfeeding, emphasising the role of family members in supporting breastfeeding mothers;
- * employers and communities endorse and work towards creating mother-friendly workplaces.



RESOURCES AND INFORMATION

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